

Attachment S.1.a  
CCN-P Provider Incentive Programs (RFP Appendix OO)

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

**Fee for Service Payment Rates**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	15,435	11,719	7,515	11,591	0	0	0	0	9,393
		PMPM								
		Children and Families								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,936	1,800	1,204	1,668	0	0	0	0	1,327

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

**Sub-Capitation Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	15,435	11,719	7,515	11,591	0	0	0	0	9,393
		PMPM								
		Children and Families								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,936	1,800	1,204	1,668	0	0	0	0	1,327

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

**Bonus Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	15,435	11,719	7,515	11,591	0	0	0	0	9,393
		PMPM								
		Children and Families								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,936	1,800	1,204	1,668	0	0	0	0	1,327

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

**Pay for Performance Incentive Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.68	\$ 0.61	\$ 0.68	\$ 0.68	\$ 0.68	\$ 0.68	\$ 0.68	\$ 0.68	\$ 0.68
Projected enrollment	Based on Enrollment of 75,000	15,435	11,719	7,515	11,591	0	0	0	0	9,393
		PMPM								
		Children and Families								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.65	\$ 0.59	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Projected enrollment	Based on Enrollment of 75,000	2,936	1,800	1,204	1,668	0	0	0	0	1,327

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

**Other Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Children and Families								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	15,435	11,719	7,515	11,591	0	0	0	0	9,393
		PMPM								
		Children and Families								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,936	1,800	1,204	1,668	0	0	0	0	1,327

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_SSI

**Fee for Service Payment Rates**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	939	651	465	496	0	0	0	0	385
		PMPM								
		SSI								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,058	1,218	918	1,384	0	0	0	0	1,059

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_SSI

**Sub-Capitation Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	939	651	465	496	0	0	0	0	385
		PMPM								
		SSI								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,058	1,218	918	1,384	0	0	0	0	1,059

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

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**Bonus Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	939	651	465	496	0	0	0	0	385
		PMPM								
		SSI								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,058	1,218	918	1,384	0	0	0	0	1,059

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Provider Incentive Programs**

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**Pay for Performance Incentive Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.78	\$ 0.67	\$ 0.78	\$ 0.78	\$ 0.78	\$ 0.78	\$ 0.78	\$ 0.78	\$ 0.78
Projected enrollment	Based on Enrollment of 75,000	939	651	465	496	0	0	0	0	385
		PMPM								
		SSI								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.72	\$ 0.63	\$ 0.72	\$ 0.72	\$ 0.72	\$ 0.72	\$ 0.72	\$ 0.72	\$ 0.72
Projected enrollment	Based on Enrollment of 75,000	2,058	1,218	918	1,384	0	0	0	0	1,059

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_SSI

**Other Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		SSI								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	939	651	465	496	0	0	0	0	385
		PMPM								
		SSI								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	2,058	1,218	918	1,384	0	0	0	0	1,059

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_Other

**Fee for Service Payment Rates**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	145	119	70	190	0	0	0	0	227
		PMPM								
		Other								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	Estimated claim cost for reimbursement exceeding 100% of LA Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	24	17	12	16	0	0	0	0	22

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_Other

**Sub-Capitation Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	145	119	70	190	0	0	0	0	227
		PMPM								
		Other								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known subcapitation agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	24	17	12	16	0	0	0	0	22

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_Other

**Bonus Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	145	119	70	190	0	0	0	0	227

  

		PMPM								
		Other								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Physician - Primary Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	24	17	12	16	0	0	0	0	22

**Louisiana Coordinated Care Networks - Prepaid  
Provider Incentive Programs**

CCN P\_Other

**Pay for Performance Incentive Payments**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.70	\$ 0.62	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70
Projected enrollment	Based on Enrollment of 75,000	145	119	70	190	0	0	0	0	227
		PMPM								
		Other								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	See Section S1 describing Pay for Performance Program.	\$ 0.65	\$ 0.59	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Projected enrollment	Based on Enrollment of 75,000	24	17	12	16	0	0	0	0	22

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CCN P\_Other

**Other Payment Arrangements**

Express all amounts on projected PMPM basis. Provide supporting documentation of how amounts were determined. Amounts should reflect only payments to non-related parties; i.e. exclude all payment variations in which the related party receives the variance.

		PMPM								
		Other								
		Children (Ages 0-18)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	145	119	70	190	0	0	0	0	227
		PMPM								
		Other								
		Adults (Ages 19+)								
<i>Service</i>	<i>Description of payment methodology (attach additional detail as necessary)</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>	<i>Region 8</i>	<i>Region 9</i>
Total	No known other arrangements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Projected enrollment	Based on Enrollment of 75,000	24	17	12	16	0	0	0	0	22