



December 21, 2015
Ms. Lori Coyner
Director of Health Analytics
Oregon Health Authority
500 Summer Street N.E.
Salem, OR 97301

Subject: Oregon Health Plan CY2016 Dental Care Organization Rate Development

Dear Lori:

Thank you for the opportunity to assist the Oregon Health Authority (OHA) with the development of the January – December 2016 Dental Care Organizations (DCOs) capitation rate ranges. It was a pleasure to work with your team throughout this project. The following report summarizes the methodology used for the development of the capitation rate ranges, effective January 1, 2016 – December 31, 2016. We have also provided our actuarial certification for these rate ranges, compliant with CMS guidelines and requirements. Please send me an e-mail at zachary.aters@optumas.com or call me at 480.588.2495 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Zachary Aters". The signature is fluid and cursive.

Zachary Aters, ASA, MAAA
Senior Actuary, Optumas

CC: Steve Schramm, **Optumas**
Jessica Grado, **Optumas**
Barry Jordan, **Optumas**

Oregon Health Authority

DCO Rate Development Actuarial Certification

January 1, 2016 – December 31, 2016 Capitation Rate Ranges



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1. Background

Since September 2012, the State of Oregon has contracted with Coordinated Care Organizations (CCOs) to provide coordinated care to its Medicaid-eligible population; there are currently 16 CCOs that will cover the population in 2016. The goal of the CCO program is to achieve the triple aim of better health, better health care, and lower per capita cost. As of September 2014, 90% of the Oregon Health Plan (OHP) members were enrolled in CCOs for one or more of Physical Health, Mental Health, and Dental services, while 10% were enrolled in Fee-for-Service (FFS). As part of the process to transition care to CCOs, seven Dental Care Organizations (DCOs) still remain in effect.

Populations covered within the DCO program are categorized into the following major categories of aid:

1. Temporary Assistance to Needy Families (TANF)
2. Poverty Level Medical (PLM) Adults
3. PLM, TANF, and Children's Health Insurance Program (CHIP) Children
4. Blind, Disabled, and General Assistance Client (AB/AD) and Old Age Assistance (OAA)
5. Children in Adoptive, Substitute, or Foster Care (CAF)
6. Affordable Care Act (ACA) Adults

The populations noted above are covered statewide; the statewide population has been split into the following rating regions for the DCO program:

1. Tri-County Region (Clackamas, Multnomah, and Washington counties)
2. Non Tri-County Region

The remainder of this report provides further detail surrounding the data, assumptions, and adjustments used to develop the CY 2016 DCO capitation rates. The appendices contain substantiation and summaries related to the rate development that may provide insight into particular adjustments and/or the overall rate methodology.

2. Rate Development Process

2.01 Rate Range Development

The goal of the rate development process was to develop actuarially sound rate ranges using a methodology that is consistent with all applicable guidelines and Actuarial Standards of Practice (ASOPs):

- ASOP 5 – Incurred Health and Disability Claim
- ASOP 23 – Data Quality
- ASOP 41 – Actuarial Communications
- ASOP 49 – Medicaid Managed Care Capitation Rate Development and Certification

These rate ranges are then used to guide the payment rate selection that is thought to best reflect the inherent risk of the covered population under the DCO program, matching payment to risk across all cohorts. The following rating categories of aid (COAs) are included in the CY16 DCO rate development:

| COA | Description |
|-------------|---|
| TANF | Temporary Assistance to Needy Families (TANF) - Ages 19 to 64 |
| PLMA | Poverty Level Medical (PLM) Female Adults |
| CHILD 00-01 | PLM, TANF, and CHIP - Age Under 1 |
| CHILD 01-05 | PLM, TANF, and CHIP - Ages 1 to 5 |
| CHILD 06-18 | PLM, TANF, and CHIP - Ages 6 to 18 |
| DUAL-MEDS | Blind, Disabled, and General Assistance Client (AB/AD) and Old Age Assistance (OAA) - Duals |
| ABAD & OAA | Blind, Disabled, and General Assistance Client (AB/AD) and Old Age Assistance (OAA) - Non-Duals |
| CAF | Children in Adoptive, Substitute, or Foster Care |
| ACA 19-44 | Affordable Care Act (ACA) - Expansion Male and Female Adults Ages 19-44 |
| ACA 45-54 | Affordable Care Act (ACA) - Expansion Male and Female Adults Ages 45-54 |
| ACA 55-64 | Affordable Care Act (ACA) - Expansion Male and Female Adults Ages 55-64 |

Optumas used CY13 encounter and enrollment data, provided by OHA, as the primary data source for the dental rate development. This data was trended forward three years, to the CY16 contract period. The dental rates were developed for two regions, Tri-county and Non Tri-county, to account for varied utilization levels for each region. Additionally, the base data was summarized by COA; since the ACA populations were not covered until CY14, the base data for this population is the CY13 TANF encounter data, split into the appropriate 19-44, 45-54, and 55-64 age bands.

Since dental services are provided via a variety of delivery systems, including staff model systems and subcapitation by the CCOs, the encounter data does not contain reliable paid amounts, only utilization. To develop a unit cost component for the CCO dental base data, **Optumas** shadow priced the CY13 encounter data using procedure code level unit costs from Colorado’s Delta Dental CHP+ program. In the event that the external fee schedule could not produce a proxy cost, **Optumas** utilized the 20th percentile of the 2013 American Dental Associate (ADA) Survey of Dental Fees to reprice the remaining encounters. Cost-of-Living Adjustments (COLA) were applied to the repriced encounters to account for underlying reimbursement differences inherent in the use of cost information derived from a program in

a different state; this adjustment has been applied to all COAs as an 8%-12% increase, at the lower bound and upper bound, respectively.

Additionally, an annualized utilization trend of 2.5%-3.5%, and unit cost trend of 1.5%-2.5%, have been applied to all COAs at the lower and upper bounds, respectively. Finally, a flat administrative load of 8% was applied to all COAs. Appendices I.C. and I.D show the build-up of the dental rate ranges for the Tri-County and Non Tri-County regions.

2.02 Payment Rate Selection

Once the actuarially sound capitation rate ranges are developed, OHA determines its selection within the ranges. This selection is used to determine the capitation rates to be paid to the DCOs during the CY16 contract period. Per CMS guidelines, the budget selection was not incorporated within the rate development process nor in the actuarially sound capitation rate ranges; however, once the rate ranges were developed, **Optumas** assisted OHA in selecting a payment rate for each COA. In general, the payment percentile selections are consistent with those used in the payment rates chosen for the CCO rates, by category of aid:

1. PLMA, CHILD 00-01, DUAL-MEDS, and CAF cohorts: 25th percentile
2. TANF, CHILD 01-05, CHILD 06-18, and ABAD & OAA (Non-Duals): 10th percentile
3. ACA cohorts (ACA 19-44, ACA 45-54, and ACA 55-64): 20th percentile

The resulting payment rates, by region and COA, can be found below:

| Tri-County Payment Rate Selection | | | | |
|-----------------------------------|-------------|-------------|--------------------|------------|
| COA | Lower Bound | Upper Bound | Payment Percentile | Final Rate |
| TANF | \$31.58 | \$34.73 | 10% | \$31.90 |
| PLMA | \$37.51 | \$41.24 | 25% | \$38.44 |
| CHILD 00-01 | \$0.39 | \$0.43 | 25% | \$0.40 |
| CHILD 01-05 | \$20.34 | \$22.36 | 10% | \$20.54 |
| CHILD 06-18 | \$26.38 | \$29.00 | 10% | \$26.64 |
| DUAL-MEDS | \$25.95 | \$28.53 | 25% | \$26.60 |
| ABAD & OAA | \$27.21 | \$29.92 | 10% | \$27.48 |
| CAF | \$25.38 | \$27.90 | 25% | \$26.01 |
| ACA 19-44 | \$31.07 | \$34.16 | 20% | \$31.69 |
| ACA 45-54 | \$35.45 | \$38.98 | 20% | \$36.16 |
| ACA 55-64 | \$35.61 | \$39.16 | 20% | \$36.32 |

| Non Tri-County Payment Rate Selection | | | | |
|---------------------------------------|-------------|-------------|--------------------|------------|
| COA | Lower Bound | Upper Bound | Payment Percentile | Final Rate |
| TANF | \$26.70 | \$29.35 | 10% | \$26.96 |
| PLMA | \$31.53 | \$34.66 | 25% | \$32.31 |
| CHILD 00-01 | \$0.37 | \$0.40 | 25% | \$0.38 |
| CHILD 01-05 | \$18.87 | \$20.75 | 10% | \$19.06 |
| CHILD 06-18 | \$24.42 | \$26.85 | 10% | \$24.66 |
| DUAL-MEDS | \$19.14 | \$21.04 | 25% | \$19.61 |

| Non Tri-County Payment Rate Selection | | | | |
|---------------------------------------|-------------|-------------|--------------------|------------|
| COA | Lower Bound | Upper Bound | Payment Percentile | Final Rate |
| ABAD & OAA | \$25.04 | \$27.53 | 10% | \$25.29 |
| CAF | \$24.10 | \$26.50 | 25% | \$24.70 |
| ACA 19-44 | \$26.53 | \$29.17 | 20% | \$27.06 |
| ACA 45-54 | \$28.05 | \$30.84 | 20% | \$28.61 |
| ACA 55-64 | \$29.27 | \$32.18 | 20% | \$29.85 |

The table below shows the rate change between the CY15 and CY16 DCO rates, by region and COA:

Tri-County DCO Rate Change Summary

| COA | Jan-Aug 2015 DCO MMs | CY15 Rate | CY16 Rate | Change |
|--------------|----------------------|----------------|----------------|-------------|
| TANF | 7,143 | \$29.70 | \$31.90 | 7.4% |
| PLMA | 6,781 | \$35.60 | \$38.44 | 8.0% |
| CHILD 00-01 | 1,945 | \$0.30 | \$0.40 | 36.3% |
| CHILD 01-05 | 12,382 | \$19.71 | \$20.54 | 4.2% |
| CHILD 06-18 | 32,150 | \$24.90 | \$26.64 | 7.0% |
| DUAL-MEDS | 4,332 | \$22.44 | \$26.60 | 18.5% |
| ABAD & OAA | 11,276 | \$26.05 | \$27.48 | 5.5% |
| CAF | 2,210 | \$23.26 | \$26.01 | 11.8% |
| ACA 19-44 | 30,208 | \$30.22 | \$31.69 | 4.9% |
| ACA 45-54 | 5,943 | \$30.22 | \$36.16 | 19.7% |
| ACA 55-64 | 3,940 | \$30.22 | \$36.32 | 20.2% |
| Total | 118,310 | \$26.65 | \$28.72 | 7.8% |

Non Tri-County DCO Rate Change Summary

| COA | Jan-Aug 2015 DCO MMs | CY15 Rate | CY16 Rate | Change |
|--------------|----------------------|----------------|----------------|-------------|
| TANF | 15,999 | \$27.39 | \$26.96 | -1.5% |
| PLMA | 18,534 | \$32.83 | \$32.31 | -1.6% |
| CHILD 00-01 | 4,589 | \$0.27 | \$0.38 | 37.8% |
| CHILD 01-05 | 29,900 | \$18.18 | \$19.06 | 4.9% |
| CHILD 06-18 | 86,659 | \$22.96 | \$24.66 | 7.4% |
| DUAL-MEDS | 43,526 | \$18.59 | \$19.61 | 5.5% |
| ABAD & OAA | 19,363 | \$24.02 | \$25.29 | 5.3% |
| CAF | 11,469 | \$21.45 | \$24.70 | 15.2% |
| ACA 19-44 | 66,115 | \$27.87 | \$27.06 | -2.9% |
| ACA 45-54 | 13,379 | \$27.87 | \$28.61 | 2.6% |
| ACA 55-64 | 10,965 | \$27.87 | \$29.85 | 7.1% |
| Total | 320,499 | \$23.78 | \$24.54 | 3.2% |

3. Rate Certification

I, Zach Aters, Senior Actuary at **Optumas**, Member of the American Academy of Actuaries (MAAA), and an Associate of the Society of Actuaries (ASA), am certifying the calculation of the rate ranges and associated payment rates. OHA's rate selections fall within the certified rate ranges. Section 2.02 contains the final capitation rates for all cohorts. I meet the qualification standards established by the American Academy of Actuaries and have followed the practice standards established from time to time by the Actuarial Standards Board.

The capitation rates provided with this certification are considered actuarially sound for purposes of the 42 CFR 438.6(c), according to the following criteria:

- The capitation rate ranges have been developed in accordance with generally accepted actuarial principles and practices;
- The capitation rate ranges and associated payment rates are appropriate for the populations to be covered, and the services to be furnished under the contract; and
- The capitation rate ranges meet the requirements of 42 CFR 438.6(c).

The actuarially sound rate ranges and payment rates that are associated with this certification are effective January 1, 2016 through December 31, 2016 for the Oregon DCO managed care program.

The actuarially sound capitation rate ranges and associated payment rates are based on a projection of future events. Actual experience may vary from the experience assumed in any rate picked within the rate ranges. The capitation rates offered may not be appropriate for any specific Managed Care Entity (MCE). An individual MCE should review the rates in relation to the benefits that it is obligated to provide to the covered population and to its specific business model. The MCE should evaluate the rates in the context of its own experience, expenses, capital, surplus, and profit requirements prior to agreeing to contract with OHA. As a result of this evaluation, the MCE may require rates above, within, or below the actuarially sound rate range and payment rate associated with this certification.

Please feel free to contact me at 480.588.2495 for any additional information.

Sincerely,



Zach Aters, ASA, MAAA
Senior Actuary, Optumas

4. Appendices

Appendix I. Rate Development

Appendix I.A: CMS Ratesetting Checklist

| CMS Item # | Subject | Compliance | January – December 2016 Rate Comments |
|---|---|------------|--|
| Subsection AA. 1 - General | | | |
| AA.1.0 | Overview of rates being paid under the contract | ✓ | <i>See Section 2.01.</i> |
| AA.1.1 | Actuarial Certification | ✓ | <i>See Section 3.</i> |
| AA.1.2 | Projection of expenditures | ✓ | <i>The tables in section 2.02 include the CY15 and CY16 DCO capitation rates, on a PMPM basis by COA.</i> |
| AA.1.3 | Risk contracts | ✓ | |
| AA.1.4 | Modifications | ✓ | <i>The rates certified in this report are effective January 1, 2016 to December 31, 2016. A modification is anticipated during the contract period to account for a potential program change effective July 1, 2016, rates will be adjusted accordingly.</i> |
| AA.1.5 | N/A | N/A | <i>There is no item AA.1.5 in the CMS Checklist</i> |
| AA.1.6 | Limit on payment to other providers | ✓ | |
| AA.1.7 | Risk and Profit | ✓ | <i>See Section 2.01.</i> |
| AA.1.8 | Family Planning enhanced match | ✓ | <i>Family Planning services are not provided under the DCO contract.</i> |
| AA.1.9 | Indian Health Service (IHS) Facility enhanced match | ✓ | <i>Indian Health Services are provided via FFS.</i> |
| AA.1.10 | Newly eligible enhanced match | ✓ | <i>Development of rates for newly eligible adults are consistent with CMS guidance.</i> |
| AA.1.11 | Retroactive adjustments | ✓ | N/A |
| Subsection AA. 2 – Base Year Utilization and Cost Data | | | |

| CMS Item # | Subject | Compliance | January – December 2016 Rate Comments |
|---|--|------------|---|
| AA.2.0 | Based only upon services covered under the State plan | ✓ | <i>The base data only includes costs directly related to services covered under the State Plan. See Section 2.01.</i> |
| AA.2.1 | Provided under the contract to Medicaid-eligible individuals | ✓ | <i>The certified payment rates are only for Medicaid-eligible individuals included under the managed care contract. See Section 2.01.</i> |
| AA.2.2 | Data sources | ✓ | <i>See Section 2.01.</i> |
| Subsection AA. 3 – Adjustments to the Base Year Data | | | |
| AA.3.0 | Adjustments to the base year data | ✓ | <i>See Section 2.01.</i> |
| AA.3.1 | Benefit differences | ✓ | <i>No changes to the benefit package have occurred between the base period and the CY16 contract period.</i> |
| AA.3.2 | Administrative cost allowance calculations | ✓ | <i>See Section 2.01</i> |
| AA.3.3 | Special populations’ adjustments | ✓ | <i>N/A</i> |
| AA.3.4 | Eligibility adjustments | ✓ | <i>N/A</i> |
| AA.3.5 | Third Party Liability (TPL) | ✓ | <i>N/A</i> |
| AA.3.6 | Indian Health Care provider payments | ✓ | <i>Indian Health Services are provided via FFS.</i> |
| AA.3.7 | DSH payments | ✓ | <i>DSH is excluded from the base data.</i> |
| AA.3.8 | FQHC and RHC reimbursement | ✓ | <i>N/A</i> |
| AA.3.9 | Graduate Medical Education (GME) | ✓ | <i>GME is excluded from the base data.</i> |
| AA.3.10 | Copayments, coinsurance, and deductibles in capitated rates | ✓ | <i>N/A</i> |
| AA.3.11 | Medical cost/Trend inflation | ✓ | <i>See Section 2.01.</i> |
| AA.3.12 | Utilization adjustments | ✓ | <i>See Section 2.01.</i> |
| AA.3.13 | Utilization and cost assumptions | ✓ | <i>The population base data is comparable to the population that will be covered in the contract period; See section 2.01 for information related to re-pricing of dental claims.</i> |

| CMS Item # | Subject | Compliance | January – December 2016 Rate Comments |
|---|--|------------|--|
| AA.3.14 | Post-Eligibility Treatment of Income (PETI) | ✓ | N/A |
| AA.3.15 | Incomplete data adjustment | ✓ | CY13 encounter data was used, with payment dates through March 2015; due to the 15 months of runout contained in the base data, no adjustments were made for IBNR. |
| AA.3.16 | Primary Care Rate Enhancement | ✓ | N/A |
| AA.3.17 | Health Homes | ✓ | N/A |
| Subsection AA. 4 – Establish Rate Category Groupings | | | |
| AA.4.0 | Establish rate category groupings | ✓ | See Section 2.01. |
| AA.4.1 | Eligibility categories | ✓ | See Section 2.01. |
| AA.4.2 | Age | ✓ | See Section 2.01. |
| AA.4.3 | Gender | ✓ | See Section 2.01. |
| AA.4.4 | Locality/Region | ✓ | See Sections 1 and 2. |
| AA.4.5 | Risk adjustments | ✓ | N/A |
| Subsection AA. 5 – Data Smoothing, Special Populations and Catastrophic Claims | | | |
| AA.5.0 | Data smoothing | ✓ | N/A |
| AA.5.1 | Cost-neutral data smoothing adjustment | ✓ | N/A |
| AA.5.2 | Data distortion assessment | ✓ | N/A |
| AA.5.3 | Data smoothing techniques | ✓ | N/A |
| AA.5.4 | Risk-Adjustment | ✓ | N/A |
| Subsection AA. 6 – Risk Sharing: Stop Loss Limits, Corridors, Reinsurance | | | |
| AA.6.0 | Stop loss, reinsurance, or risk-sharing arrangements | ✓ | N/A |
| AA.6.1 | Commercial reinsurance | ✓ | N/A |
| AA.6.2 | Stop-loss program | ✓ | N/A |
| AA.6.3 | Risk corridor program | ✓ | N/A |
| Subsection AA. 7 – Incentive Arrangements | | | |
| AA.7.0 | Incentive arrangements | ✓ | N/A |

| CMS Item # | Subject | Compliance | January – December 2016 Rate Comments |
|------------|--|------------|---------------------------------------|
| AA.7.1 | Electronic Health Records (EHR) incentive payments | ✓ | N/A |

Appendix I.B: 2016 Managed Care Rate Setting Consultation Guide Checklist

| Section | Subject | January – December 2016 Rate Comments |
|---|--|--|
| Section I. Medicaid Managed Care Rates | | |
| General Information | | |
| | Letter from the certifying actuary | <i>See Section 3.</i> |
| | Final and certified capitation rates or rate ranges for all rate cells and regions | <i>See Section 2.02 for the final capitation rates for all cohorts covered under the DCO contract.</i> |
| | If rate ranges are certified, assurances that the capitation rate for each rate cell is within the certified rate range | <i>See Section 3.</i> |
| | Specific state Medicaid managed care programs covered by certification | <i>See Section 1.</i> |
| | Rating periods covered by certification | <i>See Section 3.</i> |
| | Medicaid populations covered through managed care programs for which the certification applies | <i>See Section 2.01.</i> |
| | Any eligibility or enrollment criteria that could have a significant influence on the specific population to be covered within the managed care program | <i>See Section 2.01.</i> |
| | General description or list of the benefits that are required to be provided by the managed care plan or plans, particularly noting any benefits that are carved out of the managed care program or that are new to the managed care program in that rating period covered | <i>See Section 2.01.</i> |
| Data | | |
| | Types of data used | <i>See Section 2.01.</i> |
| | Age or time periods of all data used | <i>See Section 2.01.</i> |
| | Sources of all data used | <i>See Section 2.01.</i> |
| | Description of the data received from subcapitated plans or providers | <i>See Section 2.01.</i> |
| | Description of how the historical costs related to subcapitated arrangements were developed or verified | <i>See Section 2.01.</i> |
| | Information related to the availability and the quality of the data used for rate development | <i>See Section 2.01.</i> |

| Section | Subject | January – December 2016 Rate Comments |
|-------------------------|---|--|
| | Steps taken by the actuary or others to validate the completeness, quality, and accuracy of the data | <i>See Section 2.01</i> |
| | Summary of the actuary’s assessment of the data | <i>See Section 2.01.</i> |
| | Any other concerns that the actuary has over the availability or quality of the data | <i>See Section 2.01.</i> |
| | If fee-for service claims or managed care encounter data are not used, an explanation of why that data was not used and why the data used in the rate development is appropriate for setting capitation rates for the populations and services to be covered | <i>N/A</i> |
| | If the managed care program is considered mature and has been in operation for more than three years, but managed care encounter data was not used in the rate development, an explanation of why encounter data was not used as well as any review of the encounter data and the concerns identified which led to not including the encounter data | <i>N/A</i> |
| | If there is any reliance or use of a data book in the rate development, the details of the template and relevant instructions used in the data book | <i>N/A</i> |
| | Rate certification must thoroughly describe any significant adjustments, and the basis for the adjustments, that are made to the data, including but not limited to adjustments for: | |
| | (a) Credibility of the data | <i>See Section 2.01.</i> |
| | (b) Completion Factors | <i>N/A</i> |
| | (c) Errors found in the data | <i>See Section 2.01.</i> |
| | (d) Changes in the program between the time period from which the data is obtained and the rating period | <i>No changes in benefit package have occurred between the CY13 base and CY16 contract period.</i> |
| | (e) Exclusions of certain payments or services from the data | <i>No valid services within the encounter data were excluded.</i> |
| Projected benefit costs | | |

| Section | Subject | January – December 2016 Rate Comments |
|---------|--|--|
| | Description of the data, assumptions, and methodologies used to develop the projected benefit costs and, in particular, all significant and material items in developing the projected benefit costs | <i>See Section 2.01.</i> |
| | Any material changes to the data, assumptions, and methodologies used to develop projected benefit costs since the last certification must be described | <i>See Section 2 which describes the base data and applicable adjustments as part of the rate development process.</i> |
| | Any data used or assumptions made in developing projected benefit cost trends, including a description of the sources of those data and assumptions | <i>See Section 2.01.</i> |
| | Methodologies used to develop projected benefit trends | <i>See Section 2.01.</i> |
| | Any comparisons to historical benefit cost trends, or other program benefit costs trends, that were analyzed as part of the development of the trend for the rating period of the rate certification. | <i>See Section 2.01.</i> |
| | Projected benefit cost trends separated into changes in price and changes in utilization | <i>See Section 2.01.</i> |
| | If the actuary did not develop the projected benefit cost trends using price and utilization components, the actuary must describe and justify the method(s) used to develop projected benefit cost trends | <i>While CY13 base data was reviewed over time, supplemental data related to commercial dental programs, in conjunction with the Actuary's professional judgement, was ultimately relied upon to develop the trend ranges.</i> |
| | Projected cost trends may include other components as applicable and used by the actuary in developing rates | <i>See Section 2.01.</i> |
| | Variations in the projected benefit cost trends by Medicaid populations, rate cells, or subsets of benefits within a category of services | <i>See Section 2.01.</i> |
| | Any material adjustments to projected benefit cost trends, including a description of the data, assumptions, and methodologies used to determine those adjustments | <i>See Section 2.01.</i> |
| | Description of any other adjustments to the projected benefit costs trends, including the impact of managed care on the utilization and the unit costs of health care services or changes to projected benefit cost trends in the rating period outside of regular changes in utilization or unit cost of services | <i>See Section 2.01.</i> |
| | Categories of service that contain in lieu of services | <i>N/A</i> |

| Section | Subject | January – December 2016 Rate Comments |
|-----------------------|---|--|
| | Percentage of costs that in lieu of services represent in each category of service | N/A |
| | How the in lieu of services were taken into account in the development of the projected benefit costs, and if this approach was different than that for any of the other services in the categories of service | N/A |
| | Describe how retrospective eligibility periods are accounted for in rate development | <i>Program does not include retrospective eligibility.</i> |
| | Clearly document the final projected benefit costs by relevant level of detail | <i>See Appendix I.C and I.D</i> |
| | Clearly document the impact on projected costs for all material changes to covered benefits or services since the last rate certification | N/A |
| | Estimated impact of the change on the amount of projected benefit costs and a description of the data, assumptions, and methodologies used to develop the adjustment. | <i>See Section 2.01.</i> |
| Pass Through Payments | | |
| | Any amount that the State requires a managed care plan to pay providers | N/A |
| | Any amount added by the State or any amount required by the State to be added, to the payments from the plans to the providers that is not included in the contracted payment rates between the plans and the providers for a health care service/benefit | N/A |
| | Description of the pass-through payment | N/A |
| | Amount of the pass-through payments, both in total and on a per member per month basis | N/A |
| | Providers receiving the pass-through payments | N/A |
| | Financing mechanism for the pass-through payment | N/A |

| Section | Subject | January – December 2016 Rate Comments |
|------------------------------------|--|---------------------------------------|
| | Amount of pass-through payments made to providers in previous years. | N/A |
| | Description of the supplemental payments | N/A |
| | Total amount of the supplemental payments | N/A |
| | Providers receiving the supplemental payments | N/A |
| | Methodology that the actuary used to incorporate the supplemental payment into the capitation rates | N/A |
| | Payment mechanisms associated with incorporating the supplemental payment into the capitation rates | N/A |
| | Analysis and certification that the payment mechanisms is consistent with 'Projection Non-Benefit Costs' | N/A |
| Projected Non-Benefit Costs | | |
| | Description of the data, assumptions, and methodologies used to develop the projected non-benefit costs, and in particular, all significant and material items in developing the projected non-benefit costs | <i>See Section 2.01.</i> |
| | Any material changes to the data, assumptions, and methodologies used to develop projected non-benefit costs since the last rate certification | <i>See Section 2.01.</i> |
| | Rate certification must thoroughly describe any significant adjustments, and the basis for the adjustments, that are made to the data, including but not limited to adjustments for: | |
| | (a) Administrative costs | <i>See Section 2.01.</i> |
| | (b) Care coordination and care management | <i>See Section 2.01.</i> |
| | (c) Provision for operating or profit margin | <i>See Section 2.01.</i> |
| | (d) Taxes, fees, and assessments | <i>See Section 2.01.</i> |

Appendix I. Rate Development | Optumas

| Section | Subject | January – December 2016 Rate Comments |
|--|--|--|
| | (e) Other material non-benefit costs | <i>See Section 2.01.</i> |
| | Non-benefit costs developed as a per member per month (PMPM) costs or as a percentage of projected benefit costs or capitation rates | <i>See Section 2.01 & Appendices I.C-I.D.</i> |
| | Specifically address how Health Insurance Providers Fee (HIPF) is incorporated into capitation rates | <i>The HIPF is not applicable for the DCOs under contract with OHA</i> |
| | If the HIPF is incorporated into the rates in the initial rate certification, an explanation of whether the amount included in the rates is based on the data year or fee year during the rating period of the rate certification | <i>N/A</i> |
| | Description of how the amount of the HIPF was determined, and whether or not any adjustments would be made to the rates once the actual amount of the fee is known | <i>N/A</i> |
| | If the HIPF is not incorporated into the rates in the rate certification because the rates will be adjusted to account for the fee subsequently, an explicit statement that the fee is not included, and a description of when and how the rates will ultimately be adjusted to account for the fee | <i>N/A</i> |
| | If the capitation rates include benefits as described in 26 CFR 57.2(h)(2)(ix), CMS recommends that the per member per month cost associated with those benefits be explicitly reported as a separate amount in the rate certification in order to more accurately account for the appropriate revenue on which the plans will be assessed | <i>N/A</i> |
| Rate Range Development | | |
| | Any assumptions for which values vary in order to develop rate ranges | <i>See Section 2.01.</i> |
| | Values of each of the assumptions used to develop the minimum, the mid-point or best estimate, and the maximum of the rate ranges | <i>See Section 2.01.</i> |
| | Description of the data, assumptions, and methodologies that were used to develop the values of the assumptions for the minimum, the mid-point or best estimate, and the maximum of the rate ranges | <i>See Section 2.01.</i> |
| | Description of other information related to projected benefit costs | <i>See Section 2.01.</i> |
| Risk Mitigation, Incentives and Related | | |

| Section | Subject | January – December 2016 Rate Comments |
|------------------------|---|---|
| Contractual Provisions | | |
| | Rate certification and supporting documentation must describe any risk mitigation, incentives, or similar contractual provisions that may affect the rates, rate ranges, or the final net payments to the health plans under the applicable contract. | N/A |
| | Risk adjustment model(s) being used to calculate risk scores | <i>Risk scores are not utilized in the development of the DCO capitation rates.</i> |
| | Specific data, including the sources(s) of the data, being used by the risk adjustment model(s) | N/A |
| | Any changes that are made to the risk adjustment model(s) | N/A |
| | How frequently the risk scores are calculated | N/A |
| | How the risk scores are being used to adjust the capitation rates | N/A |
| | Attestation that the risk adjustment model is cost neutral. (See 42 CFR 438.6(c)(1)(C)(iii) and 438.6(c)(3)(iv).) | N/A |
| | Reason that there is significant uncertainty about the health status of the population and the need for an acuity adjustment | N/A |
| | Risk adjustment or acuity adjustment model(s) being used to calculate acuity adjustment scores | N/A |
| | Specific data, including the source(s) of the data, being used by the risk adjustment or acuity adjustment model(s) | N/A |
| | Relationship and potential interactions between the acuity adjustment and the risk adjustment | N/A |
| | How frequently the acuity adjustment scores are calculated | N/A |
| | Description of how the acuity adjustment scores are being used to adjust the capitation rates | N/A |
| | Supporting documentation detailing any other risk-sharing arrangements, such as a risk corridor or a large claims pool | N/A |
| | Detailed description of, or citation for, the methodology used to calculate the medical loss ratio | N/A |

| Section | Subject | January – December 2016 Rate Comments |
|--|---|---------------------------------------|
| | Description of the consequences for having a medical loss ratio below the minimum requirements | N/A |
| | Provide a detailed description of any reinsurance requirements under the contract associated with the rate certification, including a description of any effect that the reinsurance requirements have on the development of the capitation rates | N/A |
| | Certification that the incentive payments will not exceed 105% of the certified rates being paid under the contract | N/A |
| | Description of the percentage of the certified capitation rates being withheld through withhold arrangements | N/A |
| | Estimate of the percentage of the withheld amount through a withhold arrangement that is expected to be returned and the basis for that determination | N/A |
| | Description of any effect that the incentive or withhold arrangements have on the development of the capitation rates | N/A |
| Other Rate Development Considerations | | |
| | All adjustments to the capitation rates, or to any portion of the capitation rates, must reflect reasonable, appropriate, and attainable costs in the actuary's judgement and must be included in the rate certification | <i>See Section 3.</i> |
| | Adjustments to the rates or rate ranges that are performed outside of the rate setting process described in the rate certification are not considered actuarially sound under 42 CFR §438.6(c) | <i>See Section 3.</i> |
| | Final contracted rates must either match the capitation rates or be within the rate ranges in the rate certification. This is required in total and for each and every rate cell | <i>See Section 3.</i> |
| Section II. Medicaid Managed Care Rates with Long-Term Services and Support | | |
| | Managed Long-Term Services and support | |

| Section | Subject | January – December 2016 Rate Comments |
|---|---|---|
| | For managed long-term services and supports (MLTSS) programs, or for programs that include MLTSS as part of the covered benefits, the actuarial rate certification must provide the information described in Section I of this guidance that is specific to MLTSS | N/A |
| | Specifically address the following considerations for MLTSS programs or for programs that include MLTSS as part of the covered benefits: (a) Structure of the capitation rates and rate cells or rating categories (b) Structure of the rates and the rate cells, and the data, assumptions, and methodology used to develop the rates in light of the overall rate setting approach. | N/A |
| | Describe the expected effect that managing LTSS has on the utilization and unit costs of services. The certification must describe any effect that the management of this care is expected to have within each care setting and any effect in managing the level of care that the beneficiary receives | N/A |
| | Projected non-benefit costs, such as administrative costs and care coordination costs, may differ for populations receiving MLTSS from other managed care programs, and the rate certification shall describe how the projected non-benefit costs were developed for populations receiving these services | N/A |
| | Provide information on historical experience, analysis, and other sources used to develop the assumptions used for rate setting | N/A |
| Section III. New adult population capitation rates | | |
| Data | | |
| | Describe any data used to develop new adult group rates | <i>See Section 2.01.</i> |
| | Any new data that is available for use in 2016 rate setting | <i>Data used to develop CY16 dental rates for the new ACA/Expansion populations rely on CY13 TANF data, by age band correlating to each ACA cohort.</i> |
| | How the state and the actuary followed through on any plans to monitor costs and experience for newly eligible adults | N/A |

Appendix I. Rate Development | **Optumas**

| Section | Subject | January – December 2016 Rate Comments |
|------------------------------------|---|---|
| | How actual experience and costs in 2014 and/or 2015 have differed from assumptions and expectations in previous rate certifications | <i>Due to the immaturity of the ACA dental data, actual experience for the ACA cohorts in 2014 was not utilized.</i> |
| | How differences between projected and actual experience in 2014 and/or 2015 have been used to adjust the 2016 rates | N/A |
| Projected Benefit Costs | | |
| | Any data and experience specific to newly eligible adults covered in 2014 and/or 2015 that was used to develop projected benefit costs for capitation rates | N/A |
| | Any changes in data sources, assumptions, or methodologies used to develop projected benefit costs for capitation rates since the last certification | <i>See Sections 2.01. The prior certification was not developed by Optumas but relied on encounter data from July 2011 to June 2012. The CY16 rates have been developed using CY13 encounter data.</i> |
| | How assumptions changed from the 2014 and/or 2015 rate certification on the following issues: (a) Acuity or health status adjustments (b) Pent-up demand (c) Adverse selection (d) Demographics of newly eligible adults (e) Differences in provider reimbursement rates or provider networks (f) Other material adjustments to newly eligible adults projected benefit costs | <i>See Sections 2.01 for a description of the base data and assumptions utilized in the CY16 rate development.</i> |
| | Describe any changes to the benefit plan offered to the new adult group | N/A |
| | Describe any other material changes or adjustments to projected benefit costs | <i>See Section 2.01.</i> |
| Projected Non-Benefit Costs | | |
| | For states that covered the new adult group in Medicaid managed care plans in 2014 and/or 2015, any changes in data sources, assumptions, or | N/A |

| Section | Subject | January – December 2016 Rate Comments |
|--------------------------------------|--|---------------------------------------|
| | methodologies used to develop projected non-benefit costs since the last rate certification | |
| | How assumptions changed from the 2014 and/or 2015 rate certification on the following issues: | N/A |
| | (a) Administrative costs | |
| | (b) Care coordination and care management | |
| | (c) Provision for operating or profit margin | |
| | (d) Taxes, fees, and assessments | |
| | (e) Other material non-benefit costs | |
| Final Certified Rates or Rate Ranges | | |
| | Comparison to the final certified rates or rate ranges in the previous rate certification | <i>See Section 2.02.</i> |
| | Description of any other material changes to the capitation rates or the rate development process not otherwise addressed in the other sections of this guidance | N/A |
| Risk Mitigation Strategies | | |
| | Describe the risk mitigation strategy specific to the new adult group rates | N/A |
| | Any changes in the risk mitigation strategy from those used during 2014 and/or 2015; | N/A |
| | Rationale for making the change in the risk mitigation strategy | N/A |
| | Any relevant experience, results, or preliminary information available related to the risk mitigation strategy used during 2014 and/or 2015 | N/A |

Appendix I.C: Tri-County RRDS

Lower Bound Build-Up

| | | Base Data | | COLA Adjustment | | Annualized Trend | | | Admin Load | |
|-------------|-------------------------|-----------|------------|-----------------|-------------|------------------|---------|---------|------------|--|
| COA | Jan-Aug 2015 DCO MMs | PMPM | Adjustment | PMPM | Utilization | Unit Cost | PMPM | Admin % | PMPM | |
| TANF | 7,143 | \$23.89 | 8.0% | \$25.80 | 2.5% | 1.5% | \$29.06 | 8.0% | \$31.58 | |
| PLMA | 6,781 | \$28.37 | 8.0% | \$30.64 | 2.5% | 1.5% | \$34.51 | 8.0% | \$37.51 | |
| CHILD 00-01 | 1,945 | \$0.30 | 8.0% | \$0.32 | 2.5% | 1.5% | \$0.36 | 8.0% | \$0.39 | |
| CHILD 01-05 | 12,382 | \$15.38 | 8.0% | \$16.61 | 2.5% | 1.5% | \$18.71 | 8.0% | \$20.34 | |
| CHILD 06-18 | 32,150 | \$19.95 | 8.0% | \$21.55 | 2.5% | 1.5% | \$24.27 | 8.0% | \$26.38 | |
| ABAD-Med | 2,905 | \$22.00 | 8.0% | \$23.76 | 2.5% | 1.5% | \$26.76 | 8.0% | \$29.09 | |
| ABAD | 11,212 | \$20.60 | 8.0% | \$22.25 | 2.5% | 1.5% | \$25.05 | 8.0% | \$27.23 | |
| OAA-Med | 1,426 | \$14.80 | 8.0% | \$15.98 | 2.5% | 1.5% | \$18.00 | 8.0% | \$19.56 | |
| OAA | 65 | \$17.71 | 8.0% | \$19.13 | 2.5% | 1.5% | \$21.54 | 8.0% | \$23.41 | |
| CAF | 2,210 | \$19.20 | 8.0% | \$20.73 | 2.5% | 1.5% | \$23.35 | 8.0% | \$25.38 | |
| ACA 19-44 | 30,208 | \$23.50 | 8.0% | \$25.38 | 2.5% | 1.5% | \$28.58 | 8.0% | \$31.07 | |
| ACA 45-54 | 5,943 | \$26.82 | 8.0% | \$28.97 | 2.5% | 1.5% | \$32.62 | 8.0% | \$35.45 | |
| ACA 55-64 | 3,940 | \$26.94 | 8.0% | \$29.09 | 2.5% | 1.5% | \$32.76 | 8.0% | \$35.61 | |
| Total | 118,310 | \$21.39 | 8.0% | \$23.10 | 2.5% | 1.5% | \$26.01 | 8.0% | \$28.28 | |

| Dual/Non-Dual Roll-Up | | |
|-----------------------|-------------------------|---------|
| COA | Jan-Aug 2015 DCO MMs | PMPM |
| TANF | 7,143 | \$31.58 |
| PLMA | 6,781 | \$37.51 |
| CHILD 00-01 | 1,945 | \$0.39 |
| CHILD 01-05 | 12,382 | \$20.34 |
| CHILD 06-18 | 32,150 | \$26.38 |
| DUAL-MEDS | 4,332 | \$25.95 |
| ABAD & OAA | 11,276 | \$27.21 |
| CAF | 2,210 | \$25.38 |
| ACA 19-44 | 30,208 | \$31.07 |
| ACA 45-54 | 5,943 | \$35.45 |
| ACA 55-64 | 3,940 | \$35.61 |
| Total | 118,310 | \$28.28 |

Upper Bound Build-Up

| COA | Jan-Aug 2015 DCO MMs | Base Data | COLA Adjustment | | Annualized Trend | | | Admin Load | |
|--------------|-------------------------|----------------|-----------------|----------------|------------------|-------------|----------------|-------------|----------------|
| | | PMPM | Adjustment | PMPM | Utilization | Unit Cost | PMPM | Admin % | PMPM |
| TANF | 7,143 | \$23.89 | 12.0% | \$26.76 | 3.5% | 2.5% | \$31.95 | 8.0% | \$34.73 |
| PLMA | 6,781 | \$28.37 | 12.0% | \$31.78 | 3.5% | 2.5% | \$37.94 | 8.0% | \$41.24 |
| CHILD 00-01 | 1,945 | \$0.30 | 12.0% | \$0.33 | 3.5% | 2.5% | \$0.40 | 8.0% | \$0.43 |
| CHILD 01-05 | 12,382 | \$15.38 | 12.0% | \$17.23 | 3.5% | 2.5% | \$20.57 | 8.0% | \$22.36 |
| CHILD 06-18 | 32,150 | \$19.95 | 12.0% | \$22.35 | 3.5% | 2.5% | \$26.68 | 8.0% | \$29.00 |
| ABAD-Med | 2,905 | \$22.00 | 12.0% | \$24.64 | 3.5% | 2.5% | \$29.42 | 8.0% | \$31.98 |
| ABAD | 11,212 | \$20.60 | 12.0% | \$23.07 | 3.5% | 2.5% | \$27.54 | 8.0% | \$29.94 |
| OAA-Med | 1,426 | \$14.80 | 12.0% | \$16.57 | 3.5% | 2.5% | \$19.79 | 8.0% | \$21.51 |
| OAA | 65 | \$17.71 | 12.0% | \$19.83 | 3.5% | 2.5% | \$23.68 | 8.0% | \$25.74 |
| CAF | 2,210 | \$19.20 | 12.0% | \$21.50 | 3.5% | 2.5% | \$25.67 | 8.0% | \$27.90 |
| ACA 19-44 | 30,208 | \$23.50 | 12.0% | \$26.32 | 3.5% | 2.5% | \$31.43 | 8.0% | \$34.16 |
| ACA 45-54 | 5,943 | \$26.82 | 12.0% | \$30.04 | 3.5% | 2.5% | \$35.86 | 8.0% | \$38.98 |
| ACA 55-64 | 3,940 | \$26.94 | 12.0% | \$30.17 | 3.5% | 2.5% | \$36.02 | 8.0% | \$39.16 |
| Total | 118,310 | \$21.39 | 12.0% | \$23.96 | 3.5% | 2.5% | \$28.60 | 8.0% | \$31.09 |

| Dual/Non-Dual Roll-Up | | |
|-----------------------|-------------------------|----------------|
| COA | Jan-Aug 2015 DCO MMs | PMPM |
| TANF | 7,143 | \$34.73 |
| PLMA | 6,781 | \$41.24 |
| CHILD 00-01 | 1,945 | \$0.43 |
| CHILD 01-05 | 12,382 | \$22.36 |
| CHILD 06-18 | 32,150 | \$29.00 |
| DUAL-MEDS | 4,332 | \$28.53 |
| ABAD & OAA | 11,276 | \$29.92 |
| CAF | 2,210 | \$27.90 |
| ACA 19-44 | 30,208 | \$34.16 |
| ACA 45-54 | 5,943 | \$38.98 |
| ACA 55-64 | 3,940 | \$39.16 |
| Total | 118,310 | \$31.09 |

Appendix I.D: Non Tri-County RRDS

Lower Bound Build-Up

| COA | Jan-Aug 2015 DCO MMs | Base Data | COLA Adjustment | | Annualized Trend | | | Admin Load | |
|-------------|-------------------------|-----------|-----------------|---------|------------------|-----------|---------|------------|---------|
| | | PMPM | Adjustment | PMPM | Utilization | Unit Cost | PMPM | Admin % | PMPM |
| TANF | 15,999 | \$20.19 | 8.0% | \$21.81 | 2.5% | 1.5% | \$24.56 | 8.0% | \$26.70 |
| PLMA | 18,534 | \$23.85 | 8.0% | \$25.76 | 2.5% | 1.5% | \$29.00 | 8.0% | \$31.53 |
| CHILD 00-01 | 4,589 | \$0.28 | 8.0% | \$0.30 | 2.5% | 1.5% | \$0.34 | 8.0% | \$0.37 |
| CHILD 01-05 | 29,900 | \$14.28 | 8.0% | \$15.42 | 2.5% | 1.5% | \$17.36 | 8.0% | \$18.87 |
| CHILD 06-18 | 86,659 | \$18.47 | 8.0% | \$19.95 | 2.5% | 1.5% | \$22.47 | 8.0% | \$24.42 |
| ABAD-Med | 20,344 | \$19.36 | 8.0% | \$20.90 | 2.5% | 1.5% | \$23.54 | 8.0% | \$25.59 |
| ABAD | 19,254 | \$18.95 | 8.0% | \$20.47 | 2.5% | 1.5% | \$23.05 | 8.0% | \$25.06 |
| OAA-Med | 23,183 | \$10.19 | 8.0% | \$11.01 | 2.5% | 1.5% | \$12.40 | 8.0% | \$13.48 |
| OAA | 110 | \$16.89 | 8.0% | \$18.24 | 2.5% | 1.5% | \$20.54 | 8.0% | \$22.33 |
| CAF | 11,469 | \$18.23 | 8.0% | \$19.69 | 2.5% | 1.5% | \$22.17 | 8.0% | \$24.10 |
| ACA 19-44 | 66,115 | \$20.07 | 8.0% | \$21.67 | 2.5% | 1.5% | \$24.41 | 8.0% | \$26.53 |
| ACA 45-54 | 13,379 | \$21.22 | 8.0% | \$22.92 | 2.5% | 1.5% | \$25.81 | 8.0% | \$28.05 |
| ACA 55-64 | 10,965 | \$22.14 | 8.0% | \$23.91 | 2.5% | 1.5% | \$26.92 | 8.0% | \$29.27 |
| Total | 320,499 | \$18.26 | 8.0% | \$19.72 | 2.5% | 1.5% | \$22.21 | 8.0% | \$24.14 |

| Dual/Non-Dual Roll-Up | | |
|-----------------------|-------------------------|---------|
| COA | Jan-Aug 2015 DCO MMs | PMPM |
| TANF | 15,999 | \$26.70 |
| PLMA | 18,534 | \$31.53 |
| CHILD 00-01 | 4,589 | \$0.37 |
| CHILD 01-05 | 29,900 | \$18.87 |
| CHILD 06-18 | 86,659 | \$24.42 |
| DUAL-MEDS | 43,526 | \$19.14 |
| ABAD & OAA | 19,363 | \$25.04 |
| CAF | 11,469 | \$24.10 |
| ACA 19-44 | 66,115 | \$26.53 |
| ACA 45-54 | 13,379 | \$28.05 |
| ACA 55-64 | 10,965 | \$29.27 |
| Total | 320,499 | \$24.14 |

Appendix I. Rate Development **Optumas**

Upper Bound Build-Up

| COA | Jan-Aug 2015 DCO MMs | Base Data | COLA Adjustment | | Annualized Trend | | | Admin Load | |
|--------------|----------------------|----------------|-----------------|----------------|------------------|-------------|----------------|-------------|----------------|
| | | PMPM | Adjustment | PMPM | Utilization | Unit Cost | PMPM | Admin % | PMPM |
| TANF | 15,999 | \$20.19 | 12.0% | \$22.62 | 3.5% | 2.5% | \$27.00 | 8.0% | \$29.35 |
| PLMA | 18,534 | \$23.85 | 12.0% | \$26.71 | 3.5% | 2.5% | \$31.89 | 8.0% | \$34.66 |
| CHILD 00-01 | 4,589 | \$0.28 | 12.0% | \$0.31 | 3.5% | 2.5% | \$0.37 | 8.0% | \$0.40 |
| CHILD 01-05 | 29,900 | \$14.28 | 12.0% | \$15.99 | 3.5% | 2.5% | \$19.09 | 8.0% | \$20.75 |
| CHILD 06-18 | 86,659 | \$18.47 | 12.0% | \$20.69 | 3.5% | 2.5% | \$24.70 | 8.0% | \$26.85 |
| ABAD-Med | 20,344 | \$19.36 | 12.0% | \$21.68 | 3.5% | 2.5% | \$25.88 | 8.0% | \$28.13 |
| ABAD | 19,254 | \$18.95 | 12.0% | \$21.23 | 3.5% | 2.5% | \$25.35 | 8.0% | \$27.55 |
| OAA-Med | 23,183 | \$10.19 | 12.0% | \$11.42 | 3.5% | 2.5% | \$13.63 | 8.0% | \$14.82 |
| OAA | 110 | \$16.89 | 12.0% | \$18.92 | 3.5% | 2.5% | \$22.59 | 8.0% | \$24.55 |
| CAF | 11,469 | \$18.23 | 12.0% | \$20.42 | 3.5% | 2.5% | \$24.38 | 8.0% | \$26.50 |
| ACA 19-44 | 66,115 | \$20.07 | 12.0% | \$22.48 | 3.5% | 2.5% | \$26.84 | 8.0% | \$29.17 |
| ACA 45-54 | 13,379 | \$21.22 | 12.0% | \$23.76 | 3.5% | 2.5% | \$28.37 | 8.0% | \$30.84 |
| ACA 55-64 | 10,965 | \$22.14 | 12.0% | \$24.80 | 3.5% | 2.5% | \$29.61 | 8.0% | \$32.18 |
| Total | 320,499 | \$18.26 | 12.0% | \$20.46 | 3.5% | 2.5% | \$24.42 | 8.0% | \$26.55 |

| Dual/Non-Dual Roll-Up | | |
|-----------------------|----------------------|----------------|
| COA | Jan-Aug 2015 DCO MMs | PMPM |
| TANF | 15,999 | \$29.35 |
| PLMA | 18,534 | \$34.66 |
| CHILD 00-01 | 4,589 | \$0.40 |
| CHILD 01-05 | 29,900 | \$20.75 |
| CHILD 06-18 | 86,659 | \$26.85 |
| DUAL-MEDS | 43,526 | \$21.04 |
| ABAD & OAA | 19,363 | \$27.53 |
| CAF | 11,469 | \$26.50 |
| ACA 19-44 | 66,115 | \$29.17 |
| ACA 45-54 | 13,379 | \$30.84 |
| ACA 55-64 | 10,965 | \$32.18 |
| Total | 320,499 | \$26.55 |