

MILLIMAN CLIENT REPORT

April 2026 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment

State of Louisiana Department of Health

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Table of Contents

1.	BACKGROUND	1
2.	EXECUTIVE SUMMARY	2
A.	SUMMARY OF METHODOLOGY	2
B.	FISCAL IMPACT ESTIMATE	3
3.	WITHHOLD ARRANGEMENT	4
B.	WITHHOLD ARRANGEMENTS	4
i.	Rate development standards	4
ii.	Appropriate documentation	4
(a)	Withhold description	4
(i)	Time period	4
(ii)	Enrollees, services, and providers	4
(iii)	Purpose	4
(iv)	Percentage withheld	4
(v)	Not reasonably achievable percentage	4
(vi)	Reasonability of total withhold arrangement	4
(vii)	Effect on capitation rates	5
(b)	Actuarial soundness of withhold	5
4.	DOULA SERVICES	6
5.	PROGRAM CHANGE ADJUSTMENTS	9
	LIMITATIONS	13
	APPENDIX 1: ACTUARIAL CERTIFICATION	
	APPENDIX 2: RATE CHANGE SUMMARY (PROVIDED IN EXCEL)	
	APPENDIX 3: PROSPECTIVE COST MODELS (PROVIDED IN EXCEL)	

1. Background

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Louisiana, Department of Health (LDH) to provide actuarial and consulting services related to the development of capitation rates for the Physical Health (PH) and Specialized Behavioral Health (SBH) programs within the Healthy Louisiana (HLA) managed care program. This report is an amendment to the capitation rates developed for state fiscal year (SFY) 2026. The previously certified capitation rates and documentation of their development were published in the following correspondence:

- *State Fiscal Year 2026 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated August 18, 2025

This amendment updates the April through June 2026 capitation rates to document changes in Louisiana's State Plan and MCO contracts, account for changes in enrollment and member acuity, address changes in fee schedules, and update projected retail pharmacy expenditures based on recent changes. Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the original certification. The required actuarial certification is in Appendix 1.

The capitation rates provided under this certification are "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care plan for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification (for all Practice Areas)); ASOP 23 (Data Quality); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2439-F) for the provisions effective for the SFY 2026 managed care program rating period.
- The *Medicaid Managed Care Rate Development Guide* referenced in the original rate certification.

Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term "actuarially sound" is defined as in ASOP 49:

*"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."*¹

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

2. Executive Summary

This report is an amendment to the capitation rate certification report developed for SFY 2026. The previously certified capitation rates were published in the following correspondence (original certification):

- *State Fiscal Year 2026 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated August 18, 2025

LDH has waived the withhold requirement for January through March 2026 and made changes to the Healthy Louisiana withhold parameters, effective April 1, 2026. This change to the withhold program parameters is required to be documented in a rate amendment. LDH has also chosen to amend the capitation rates effective as of the same date. In this amendment, we have updated the capitation rates that were provided in the certification mentioned above to reflect the following items:

- Document the shift of doula services from an in lieu of service (ILOS) to a State Plan service
- Acuity changes as a result of projected enrollment decreases
- Substance use disorder (SUD) fee schedule changes
- Reimbursement decreases for certain drugs
- Preferred drug list (PDL) changes
- Coverage of Zepbound for obstructive sleep apnea
- Non-benefit expense load update related to the items above

Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the original certification.

A. SUMMARY OF METHODOLOGY

The methodology used in developing this amendment to the certified SFY 2026 capitation rates is outlined below.

i. Step 1: Base experience

We used the projected claims data underlying the SFY 2026 capitation rates, as outlined in the original SFY 2026 certification, as base experience for developing this capitation rate amendment. These projected claims costs are inclusive of all retrospective, prospective, trend, managed care efficiency, and other claims cost adjustments made to the data as outlined in the original SFY 2026 certification.

ii. Step 2: Document changes to the quality withhold

We updated section 4.B. of the original certification to document the new withhold amount of 3% and other changes to the structure of the withhold, effective April 1, 2026. This documentation is provided in Section 3 of this report. In addition, LDH has decided to waive the withhold requirement for January through March 2026.

iii. Step 3: Document changes to in lieu of services (ILOS)

We updated section 3.B.v of the original certification to document the removal of doula services as an ILOS. These services are now a State Plan covered service. This documentation is provided in Section 4 of this report.

iv. Step 4: Program Change Adjustments

We adjusted the projected claims costs from April 2026 through June 2026 to reflect other changes to eligibility, covered services, and reimbursement that were not known at the time of the original certification. Multiplicative adjustment factors by rate cell, region, and detailed service category were developed for the changes. The resulting values establish the adjusted claim costs by rate cell for April 2026 through June 2026. Documentation about the development of the multiplicative adjustment factors is provided in Section 5 of this report. Multiplicative factors are used to reflect changes to existing covered services. Additionally, we adjusted the non-benefit expense load to account for the effect of the items in this amendment, particularly changes to enrollment that impact the projected acuity.

v. Step 5: Issuance of actuarial certification

An actuarial certification is included in Appendix 1 and signed by Anders Larson, FSA, a Principal and Consulting Actuary of Milliman. Mr. Larson meets the qualification standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board, in order to certify that the final rates meet the standards in 42 CFR §438.4(a).

B. FISCAL IMPACT ESTIMATE

The amended capitation rates for the Medicaid managed care populations are illustrated in Figure 1. The “April 2026” capitation rates are effective from April 1, 2026 through June 30, 2026. Figure 1 also provides a comparison to the original capitation rates for SFY 2026. The composite rates illustrated for SFY 2026 have been developed based on an updated estimate of projected April through June 2026 enrollment.

FIGURE 1: COMPARISON WITH ORIGINAL SFY 2026 PMPM RATES

POPULATION	ESTIMATED APRIL THROUGH JUNE 2026 AVERAGE MONTHLY ENROLLMENT	COMPOSITE CAPITATION RATES		
		SFY 2026	APRIL 2026	% CHANGE
SSI	85,300	\$ 1,741.75	\$ 1,771.76	1.7%
F&C	704,800	302.23	303.40	0.4%
SBH	119,600	61.87	62.77	1.5%
Medicaid Expansion	406,700	747.88	818.94	9.5%
All Other Populations	32,800	1,170.88	1,169.64	(0.1%)
Maternity Kick – Expansion	900	11,187.04	11,187.47	0.0%
Maternity Kick – Non-Expansion	1,700	9,357.55	9,357.71	0.0%
Composite	1,349,200	\$ 546.87	\$ 570.80	4.4%

Notes: 1. Both sets of composite rates were developed based on April through June 2026 projected monthly enrollment. Values are rounded.
2. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.

Figure 2 compares the estimated federal and state expenditures under the SFY 2026 rates, based on three months of enrollment included in Figure 1.

FIGURE 2: COMPARISON WITH ORIGINAL SFY 2026 RATES (AGGREGATE EXPENDITURES \$ MILLIONS)

POPULATION	TOTAL CAPITATION RATE PAYMENTS		% CHANGE
	SFY 2026	APRIL 2026	
SSI	\$ 445.8	\$ 453.5	\$ 7.7
F&C	639.0	641.5	2.5
SBH	22.2	22.5	0.3
Medicaid Expansion	912.5	999.2	86.7
All Other Populations	115.3	115.2	(0.1)
Maternity Kick – Expansion	29.7	29.7	0.0
Maternity Kick – Non-Expansion	48.8	48.8	0.0
Composite	\$ 2,213.3	\$ 2,310.4	\$ 97.1
Federal	\$ 1,710.2	\$ 1,795.2	\$ 85.1
State	\$ 503.1	\$ 515.1	\$ 12.0

Notes: 1. Individual values are calculated using unrounded values. Therefore, the dollar amounts cannot be calculated precisely from the rounded values shown in Figure 1.
2. Both sets of composite rates were developed based on April through June 2026 projected monthly enrollment.
3. State expenditures based on Federal Fiscal Year (FFY) 2026 FMAP of 67.83% for all except the Expansion population.
4. State expenditures based on FMAP of 90% for the Expansion population.
5. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.

3. Withhold Arrangement

This section documents the waiver of withhold requirements for January through March 2026 and describes the changes in the HLA withhold program effective April 1, 2026. The information regarding the new withheld amount has been presented consistently with requirements in the managed care rate setting guide, similar to subsection 4.B of the original certification.

B. WITHHOLD ARRANGEMENTS

i. Rate development standards

This section provides documentation of the withhold arrangement in the Medicaid managed care program.

ii. Appropriate documentation

(a) Withhold description

(i) Time period

The withhold arrangement in the HLA program is for SFY 2026, consistent with the rate period. This amendment documents the waiver of the withhold arrangement for January through March 2026 and a change in the withheld amount effective April 1, 2026.

(ii) Enrollees, services, and providers

The withhold arrangement applies to all services and enrollees covered by the HLA contract.

(iii) Purpose

The purpose of the withhold is to improve MCO quality performance measures.

(iv) Percentage withheld

Effective April 1, 2026, the withheld amount will be 3.0% of the capitation rate (i.e., excluding directed payments) for all rate cells except maternity kick payments. The withhold can be earned back by each MCO based on its performance on measures related to quality. LDH has decided to waive the withhold requirements for January through March 2026.

(v) Not reasonably achievable percentage

Based on our review of the applicable measures, we believe 100% of the withhold is reasonably achievable.

(vi) Reasonability of total withhold arrangement

The MCOs are able to earn back the withheld amount in the following way:

- Quality measures (3%).** For each Measurement Year, the MCO may earn back the applicable quality withhold based on its performance relative to incentive-based measures and targets as established by LDH for that Measurement Year. Performance measure descriptions and targets for incentive-based measures will be specified in the MCO contract prior to the start of the Measurement Year. Targets for Healthcare Effectiveness Data and Information Set (HEDIS[®]) incentive-based measure scores will be equal to or above specified percentiles from the National Committee for Quality Assurance (NCQA) Quality Compass Medicaid values for the prior Measurement Year. Targets for HEDIS[®] incentive-based measure scores without NCQA Quality Compass Medicaid percentile values will be equal to the best performance reported to LDH by any MCO for the prior measurement year. Targets for non-HEDIS incentive-based measures will be equal to the best performance reported to LDH by any MCO for the prior Measurement Year. To earn back the full withhold amount associated with each incentive-based measure, MCO performance must either meet the LDH-specified target for that measure or improve over the MCO's performance for that measure for the prior Measurement Year by at least two points.

To assess the reasonability of the withhold arrangement, we analyzed historical performance on each applicable measure from CY 2022 through 2024 for HLA MCOs and publicly available data from other comparable state Medicaid programs.

Based on a review of year-to-year performance, comparisons to other states, and comparisons to NCQA benchmarks, we determined the withhold targets established by LDH are reasonably achievable.

(vii) **Effect on capitation rates**

The withhold arrangement has no effect on the development of the capitation rates.

(b) **Actuarial soundness of withhold**

We are certifying that the capitation rates, minus any portion of the withhold that is not reasonably achievable, as actuarially sound.

4. Doula Services

This section describes the changes to ILOSs in the HLA program. Effective January 1, 2026, doula services are a State Plan covered service in the program. These services were previously available as an in lieu of service (ILOS). Given the previous use of doula services as an ILOS, which are required to be cost-effective substitutes for state plan services, we determined that this change does not have a material impact on the capitation rates. However, as required in 438.7(c)(4), we are documenting the changes to ILOSs in this rate amendment.

The updated ILOS information has been presented consistently with requirements in the managed care rate setting guide, similar to subsection 3.B.v of the original certification. For clarity, we have illustrated the removal of doula services with ~~strike throughs~~.

iii. In Lieu of Services

(a) Description of ILOSs

The following provides a brief description of each ILOS in the managed care program and whether the ILOS was provided as benefit during the base data period. Additional detail on each of these services can be found in Attachment C of the Medicaid Managed Care Organization Contract.

IMD

LDH allows the usage of IMDs as an in lieu of service for the 21 to 64-year-old population for all inpatient psychiatric or substance use disorders for up to 15 days per month. This program change was implemented in compliance with the conditions outlined in the final Medicaid managed care regulations.

The projected benefit costs include costs for in lieu of services associated with beneficiaries residing in an IMD up to fifteen days during a given month. The IMD services are classified within the Inpatient SBH service category detail.

Managed care enrollees aged 21 to 64 and residing in an IMD for more than fifteen days were identified using the encounter data. These beneficiaries and all associated enrollment and expenditures, both related to IMD stays and other services rendered, have been excluded from capitation rate development. Note that services covered by the state's 1115 waiver were not excluded as part of this adjustment.

Other ILOSs

Additional ILOSs are described below. For each ILOS, we have provided the original effective date of the service and the date provided in the current MCO contract if the dates are different. Please note that the current MCO contract was effective January 1, 2023. Therefore, the earliest service date provided in the MCO contract is January 1, 2023. The benefit expense included in the SFY 2026 capitation rates for these ILOS is consistent with State Plan services unless specified elsewhere in the certification.

- Chiropractic services for adults age 21 and older: effective date 1/1/2022; contract date 1/1/2023
- Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns: effective date 1/1/2022; contract date 1/1/2023
- ~~Doula services: effective date 1/1/2022; contract date 1/1/2023~~
- 23-Hour observation bed services for adults age 21 and older: effective date 12/1/2015; contract date 1/1/2023
- Freestanding psychiatric hospitals for adults ages 21-64: effective date 12/1/2015; contract date 1/1/2023
- Injection services provided by licensed nurses to adults age 21 and older: effective date 12/1/2015; contract date 1/1/2023
- Mental health intensive outpatient programs: effective date 9/14/2018; contract date 1/1/2023
- Population health management program: effective date 1/5/2022; contract date 1/1/2023

- Remote patient monitoring: effective date 2/9/2023
- Outpatient lactation support: effective date 1/1/2024
- Therapeutic day center for ages 5-20: effective date 1/1/2023
- Integrated behavioral health homes: effective date 7/1/2023
- Care at home: effective date 2/10/2025
- Visions of hope community service: effective date 7/1/2024
- Home-delivered meals: effective date 7/1/2025

(b) ILOS Cost Percentages

ILOS cost percentages are shown below in Figure 3. The ILOS cost percentages were developed using ILOS paid amounts in the base period, included in the MCO survey submissions, as a percentage of the total paid amounts for all services. All ILOS other than IMD account for approximately 0.47% of the total expected payments, including directed payments.

FIGURE 3: ESTIMATED ILOS PERCENTAGE, EXCLUDING IMD

IN-LIEU-OF-SERVICES/SETTINGS	TOTAL
Chiropractic services for adults age 21 and older	0.15%
Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns	0.00%
 Doula services	 0.00%
23-hour observation bed services for adults age 12 and older	0.00%
Injection services provided by licensed nurses for adults age 21 and older	0.00%
Mental health intensive outpatient services	0.09%
Population health management programs	0.03%
Remote patient monitoring	0.01%
Outpatient lactation support	0.00%
Therapeutic day center for age 5-20	0.00%
Integrated behavioral health homes	0.14%
Care at home for adults age 18 and older	0.01%
Visions of hope community services for adults age 18 and older	0.00%
Home-delivered meals	0.01%
Total	0.47%

Note: Values above shown as 0.00% are non-zero; however, these services are expected to account for less than 0.01% of SFY 2026 total expected payments.

(c) Incorporation into rate development

Other than IMDs, all other ILOSs were incorporated into rate development consistent with other State Plan services. Cost and utilization associated with these services was included in the base experience and was adjusted for trend, program changes, acuity, and other factors, consistent with other State Plan services. IMD services were adjusted, as described in Section 1, subsection 2.B.iii.d.

(d) Inclusion of IMD services

IMD services were adjusted to remove long-stay IMDs for individuals between 21 and 64 years old. Reimbursement for short stay IMDs in capitation rate development reflects unit costs that are comparable to the same services through providers included under the State Plan. We compared the average amount paid per day at IMDs and compared this to LDH's published inpatient psychiatric per diem rates for other hospitals. We determined that the average cost provided for the IMD short stays was comparable to what would have been had State Plan services been provided instead (i.e., non-IMD members). The resulting base experience reflects costs associated with the IMD stays of less than 15 days consistent with the standard inpatient psychiatric per diem rates.

5. Program Change Adjustments

This section describes program and reimbursement changes that became effective during the rate period that were not known at the time of the original SFY 2026 certification. The composite impact on the total capitation rate by rate cell can be found in Appendix 2.

Figure 4 lists material program and reimbursement changes that were not reflected in the original certification. Figure 4 includes the program change, effective date of the change, as well as the percentage impact to the April through June 2026 benefit expense by population.

FIGURE 4: PROGRAM CHANGE ADJUSTMENTS

INDEX	PROGRAM CHANGE	% IMPACT BY POPULATION						KICK - EXP	KICK - NON-EXP
		SSI	F&C	SBH	EXPANSION	OTHER			
4.a	Single PDL	(0.5%)	(0.3%)	0.0%	(0.7%)	(0.2%)	0.0%	0.0%	
4.b	Zepbound for OSA	0.1%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	
4.c	WAC Decreases	(0.7%)	(0.1%)	0.0%	(0.9%)	(0.2%)	0.0%	0.0%	
4.d	SUD Fee Schedule Changes	0.2%	0.1%	1.6%	0.6%	0.0%	0.0%	0.0%	

4.a. Single PDL

Effective January 1, 2026, several changes were made to the preferred drug list (PDL). To estimate the impact of anticipated drug mix changes, we summarized retail pharmacy expenditures by market basket, product name, Generic Product Indicator (GPI) and current preferred status based on the most recent PDL. For each product name, we estimated the projected April through June 2026 market share. This impact is primarily driven by the placement of following pharmaceutical therapies on the PDL:

- Preferred placement of Stelara biosimilars, such as Selarsdi and Steqeyma
- Generic Entresto replacing the brand
- Generic Brilinta replacing the brand

The changes are estimated to decrease the April through June 2026 capitation rates by approximately \$9 million.

4.b. Zepbound for OSA

Effective January 1, 2026, Zepbound is covered within the HLA program for the treatment of moderate to severe obstructive sleep apnea (OSA) in adults with obesity. To estimate the impact of this new coverage, we assumed that the percentage of eligible HLA members using Zepbound will average approximately 7% in the April through June period, based on historical data and observations in other managed care programs. This change is estimated to increase the April through June 2026 capitation rates by approximately \$2 million.

4.c. WAC Decreases

Wholesale Acquisition Cost for several brand drugs decreased effective January 1, 2026. The impacted drugs with the most expenditures in the base data are Jardiance, Linzess, and Eliquis. Each of these pharmaceutical therapies experienced a Wholesale Acquisition Cost (WAC) reduction of at least 40% effective January 1, 2026.

- Jardiance: WAC decrease of approximately 44%
- Linzess: WAC decrease of approximately 50%
- Eliquis: WAC decrease of approximately 43%

To model this reimbursement change, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two time periods:

1. Using the WAC effective on July 1, 2025
2. Using the reduced WACs

The composite change in price for these brand drugs was applied to the projected utilization for April through June 2026 is estimated to decrease the April through June 2026 capitation rates by approximately \$11 million.

4.d. SUD Fee Schedule Changes

The SUD fee schedule was updated effective January 1, 2026, to incorporate higher rates for certain codes related to the ASAM Criteria 4th edition. Due to uncertainty regarding the implementation of these rate changes related to the 4th edition, the original SFY 2026 capitation rates reflected only the temporary rate increases that were in place as of July 1, 2025. To model this reimbursement change, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two fee schedule time periods:

1. Using the fee schedule effective on July 1, 2025
2. Using the updated fee schedule

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates and applied to the projected utilization for April through June 2026. The updates to the SUD fee schedule are estimated to increase the April through June 2026 capitation rates by approximately \$6 million.

Acuity Adjustment

Based on discussions with LDH, we are aware of Louisiana Department of Government Efficiency (DOGE) process changes and CMS actions to strengthen exchange program integrity reviews that have impacted Medicaid enrollment and expenditure expectations within the HLA program, which were not known at the time of the original certification. These changes include, but are not limited to:

- Adult enrollees with no Medicaid utilization for 30 months must complete the standard renewal process;
- Requesting additional information from adults with full third-party medical coverage;
- Reviewing potential concurrent Medicaid enrollment with other state Medicaid agencies;
- Requesting additional information from individuals who receive only out-of-state services;
- Conducting additional reviews to confirm citizenship status

This amendment updates the projected enrollment for April through June 2026 to reflect anticipated disenrollments and third-party liability coverage in the affected rate cells resulting from these changes. Based on our review of emerging experience and information provided by LDH, we expect a faster rate of disenrollment among healthier members and the loss of third-party liability coverage, leading to acuity changes that outpace the assumptions included in the original rate certification for the following rate cells: Medicaid Expansion (age 19–64), F&C – Adult 21+ years, and SSI – Adult 21+ years.

Consistent with the methodology in the original certification used to estimate acuity impacts, we segmented members into four cohorts: stayers, leavers, joiners, and deaths. We revised the percentage of member months and average acuity for each cohort and rate cell combination during April through June 2026 to reflect emerging experience and anticipated enrollment changes. The acuity adjustment reflects the revised acuity assumption relative to the original SFY 2026 acuity assumption. Additional detail on each cohort is provided in the original certification.

In addition, we adjusted Medicaid expenditures to reflect the loss of third-party medical coverage for some members as a result of CMS's comprehensive action plan to protect consumers from unauthorized enrollment activity and safeguard the integrity of the Affordable Care Act Exchanges, as well as the expiration of the enhanced premium tax credits. We used publicly available information reported by CMS, public use files on open enrollment plan selections, and supplemental information provided by some HLA MCOs to estimate the impact of these activities on Louisiana Medicaid expenditures for April through June 2024. We estimate that due to these changes, approximately 4,000 individuals enrolled in Louisiana Medicaid have disenrolled from the Exchange.

As a result, we estimate an increase in Medicaid expenditures of approximately \$500 per member per month, or approximately \$6 million for the April through June 2026 period.

Figure 5 presents the acuity assumptions from the original certification, the revised assumptions for April through June 2026, and the multiplicative factors applied in this rate amendment by rate cell. These values reflect the combined impact of both the enrollment shifts and the loss of third-party medical coverage.

FIGURE 5: ACUITY ADJUSTMENT

RATE CELL	ORIGINAL SFY 2026 HLA ACUITY ASSUMPTION	REVISED APR - JUN 2026 HLA ACUITY ASSUMPTION	RATE AMENDMENT MULTIPLICATIVE FACTOR
Medicaid Expansion 19-64	1.097	1.216	1.109
F&C Adult 21+ Years	1.044	1.086	1.040
SSI Adult 21+ Years	1.000	1.036	1.036

Administrative Expense Load Update

In developing the administrative cost assumptions in the original SFY 2026 rate certification, we reviewed historical MCO administrative and healthcare quality improvement (HCQI) expenses along with national Medicaid health plan administrative expenses in expansion states. We considered the size of participating health plans and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of the managed care populations.

Given the magnitude and resulting acuity impact of the enrollment changes reflected in this amendment, we determined that an update to the administrative cost methodology was appropriate. Specifically, the administrative cost assumption for this period reflects a blended approach that incorporates, with equal weight, both (i) the administrative load percentages assumed in the original SFY 2026 capitation rates and (ii) the administrative PMPM amounts from the original certification. This approach maintains consistency with the certified SFY 2026 methodology while allowing administrative costs to vary appropriately with updated enrollment projections. Figure 6 illustrates the individual components and PMPMs that comprise the administrative costs. The resulting values by region and rate cell can be reviewed in Appendix 2.

FIGURE 6: PROJECTED ADMIN + HCQI PMPM

Population	ORIGINAL SFY 2026	APRIL 2026
F&C	\$ 24.99	\$ 25.04
SSI	\$ 106.99	\$ 107.94
SBH	\$ 8.37	\$ 8.43
All Other Populations	\$ 97.00	\$ 96.85
Medicaid Expansion	\$ 51.24	\$ 53.76
Maternity Kick	\$ 589.15	\$ 589.15

Note: Original SFY 2026 values shown in this table have been re-weighted using the April through June 2026 rate cell mix.

Program changes deemed immaterial to benefit expenses in the rate period

We define a program or policy adjustment to be “material” if the total benefit expense for any individual rate cell is impacted by more than 0.10% and the effects are not fully reflected in the base experience.

All policy changes provided to us by LDH were analyzed for their effect on the Medicaid managed care program. Program adjustments that were made in this April 2026 rate amendment had policy or reimbursement changes that were deemed to have a material cost impact to the MCOs. Adjustment factors that did not meet this minimum threshold criteria were deemed immaterial and were not applied to the base experience. The following is a list of program adjustments deemed immaterial based on our review of the experience data and policy change.

- *Doula services*: Effective January 1, 2026, doula services will be a State Plan covered service in the HLA program. These services were previously available as an in lieu of service (ILOS).

- The following fee schedules were updated effective October 1, 2025:
 - *Hospice fee schedule*
 - *NEMT fee schedule*
 - *Immunization fee schedules*
- The following fee schedules were updated effective January 1, 2026:
 - *American Indians 638 Facilities fee schedule*
 - *Professional fee schedule*
 - *Outpatient Hospital fee schedule*
 - *SBH fee schedule* (changes unrelated to SUD)
- *Crisis line requirement changes (Section 2.9.25 of Amendment 12)*: Effective January 1, 2026, the 24-hour crisis line is replaced with 24-hour access to intervention services in collaboration with the Louisiana Crisis Hub.
- *EPSDT fee schedule*: The EPSDT fee schedule was updated effective February 2, 2026.
- *EPSDT procedure codes H0004 and H0005 (Information Bulletin 25-23)*: Effective August 29, 2025, LDH has added H0004 (Behavioral health counseling and therapy) and H0005 (Alcohol and/or drug services; group counseling by a clinician) as covered EPSDT services.
- *EPSDT procedure code 99173 reimbursement (Information Bulletin 25-24)*: Effective July 8, 2025, LDH has corrected the reimbursement rate for procedure code 99173 (Vision Screening Rate Correction) for Local Educational Agency (LEA) providers.

Limitations

The information contained in this report has been prepared for the State of Louisiana, Department of Health (LDH) and their consultants and advisors to provide documentation of the development of the amended state fiscal year 2026 actuarially sound capitation rates for the populations served under the Healthy Louisiana Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

It is our understanding that the information contained in this report will be shared with CMS and may be utilized in a public document. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

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

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to develop amended actuarially sound capitation rates for the state fiscal year 2026 rating period. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by LDH for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

Milliman's data and information reliance includes eligibility and FFS claims and encounter data, MCO-reported financial experience, as well as information related to LDH's eligibility system and assignment of enrollees to rate cells. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Although the capitation rates have been certified as actuarially sound, the capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. LDH and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this report.

We acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that will occur during the rating period. The assumptions documented in this certification report reflect information known to us at the time of this report. We acknowledge that the resumption of redeterminations and enrollment unwinding period could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this rate certification.

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

APPENDIX 1: ACTUARIAL CERTIFICATION

**State of Louisiana
Department of Health
Healthy Louisiana Medicaid Managed Care Program
Amended April 2026 Capitation Rates
Actuarial Certification**

I, Anders Larson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Louisiana, Department of Health to perform an actuarial review and certification regarding the development of capitation rates for the Healthy Louisiana Medicaid managed care program effective April 1, 2026. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- *the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the MCO for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).*

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), “actuarial soundness” is defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”

The assumptions used in the development of the “actuarially sound” capitation rates have been documented in my correspondence with the State of Louisiana. The “actuarially sound” capitation rates that are associated with this certification reflect an amendment to the state fiscal year 2026 capitation rates, originally certified on August 18, 2025.

The “actuarially sound” capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the “actuarially sound” capitation rates, I have relied upon data and information provided by the State and MCOs. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

I acknowledge that LDH may elect to amend the capitation rates in accordance with 42 CFR 438.7(c)(3), which indicates that a capitation rate certification is not required for adjustments that increase or decrease capitation rates by 1.5% or less. The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.

I acknowledge the unique nature of the COVID-19 Public Health Emergency and associated unwinding that occurred between the base data period and rating period. The assumptions documented in this certification report reflect information known to us at the time of this report. I acknowledge that the resumption of redeterminations and enrollment unwinding period could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this rate certification.


Electronic
Signature

Anders Larson, FSA
Member, American Academy of Actuaries

April 28, 2026

Date

APPENDIX 2: RATE CHANGE SUMMARY (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Rate Change Summary													
Region: Statewide	Projected Exposure	Base Benefit Expense	IP Outlier Pool	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	April 2026 Capitation Rate	SFY 2026 Capitation Rate	% Change	
F&C													
F&C - 0-2 Months	23,887	\$ 2,325.70	\$ 119.03	\$ 20.35	\$ 2,465.09	\$ 192.26	\$ 48.07	\$ 41.20	\$ 159.86	\$ 2,906.47	\$ 2,906.51	(0.0%)	
F&C - 3-11 Months	89,368	332.60	6.42	-	339.02	26.44	6.61	5.67	21.98	399.72	399.76	(0.0%)	
F&C - Child 1-20 Years	1,808,977	197.46	0.28	0.53	198.27	15.48	3.87	3.31	12.86	233.80	234.35	(0.2%)	
F&C - Adult 21+ Years	192,033	501.51	-	-	501.51	38.48	9.62	8.37	32.48	590.46	572.25	3.2%	
Subtotal F&C	2,114,265	\$ 254.84	\$ 1.85	\$ 0.69	\$ 257.38	\$ 20.03	\$ 5.01	\$ 4.30	\$ 16.69	\$ 303.40	\$ 302.23	0.4%	
SSI													
SSI - 0-2 Months	71	\$ 27,495.16	\$ 1,548.68	\$ 0.00	\$ 29,043.84	\$ 1,657.43	\$ 394.63	\$ 473.54	\$ 1,837.37	\$ 33,406.81	\$ 33,408.27	(0.0%)	
SSI - 3-11 Months	711	6,597.41	307.63	-	6,905.04	394.08	93.83	112.58	436.83	7,942.37	7,944.04	(0.0%)	
SSI - Child 1-20 Years	86,839	859.88	2.70	17.90	880.49	50.30	11.98	14.36	55.71	1,012.83	1,014.93	(0.2%)	
SSI - Adult 21+ Years	168,323	1,843.72	-	4.17	1,847.89	104.25	24.82	30.11	116.81	2,123.89	2,077.14	2.3%	
Subtotal SSI	255,944	\$ 1,530.24	\$ 2.20	\$ 8.82	\$ 1,541.26	\$ 87.18	\$ 20.76	\$ 25.11	\$ 97.45	\$ 1,771.76	\$ 1,741.74	1.7%	
HCBS													
HCBS - Child 1-20 Years	6,845	\$ 3,119.20	\$ 5.82	\$ 0.00	\$ 3,125.02	\$ 243.84	\$ 60.96	\$ 52.23	\$ 202.66	\$ 3,684.70	\$ 3,687.69	(0.1%)	
HCBS - Adult 21+ Years	10,375	1,726.31	-	-	1,726.31	135.37	33.84	28.87	112.00	2,036.39	2,057.46	(1.0%)	
Subtotal HCBS	17,220	\$ 2,279.99	\$ 2.31	\$ 0.00	\$ 2,282.30	\$ 178.49	\$ 44.62	\$ 38.15	\$ 148.04	\$ 2,691.60	\$ 2,705.48	(0.5%)	
SBH													
SBH - HCBS - Child 1-20 Years	3,297	\$ 246.52	\$ 0.00	\$ 0.00	\$ 246.52	\$ 33.65	\$ 8.05	\$ 4.39	\$ 17.03	\$ 309.64	\$ 309.64	(0.0%)	
SBH - HCBS - Adult 21+ Years	7,443	85.54	-	-	85.54	11.68	2.79	1.52	5.91	107.44	107.42	0.0%	
SBH - LaHIPP, All Ages	1,092	7.37	-	-	7.37	1.01	0.24	0.13	0.51	9.25	9.25	(0.0%)	
SBH - CCM, All Ages	2,744	204.40	-	-	204.40	27.90	6.67	3.64	14.12	256.73	256.73	0.0%	
SBH - Dual Eligible, All Ages	335,760	40.12	-	1.81	41.93	5.67	1.36	0.75	2.89	51.68	51.68	1.8%	
SBH - Other - All Ages	8,475	226.02	-	-	226.02	30.84	7.37	4.02	15.61	283.87	283.62	0.1%	
Subtotal SBH	358,811	\$ 48.50	\$ 0.00	\$ 1.70	\$ 50.20	\$ 6.80	\$ 1.63	\$ 0.89	\$ 3.46	\$ 62.98	\$ 62.12	1.4%	
Other Populations													
Other Populations - FCC, All Ages Male & Female	44,018	\$ 543.67	\$ 1.31	\$ 0.00	\$ 544.97	\$ 42.54	\$ 10.63	\$ 9.11	\$ 35.34	\$ 642.59	\$ 643.47	(0.1%)	
Other Populations - BCG, All Ages	433	2,343.04	-	-	2,343.04	46.25	46.06	39.19	152.05	2,764.80	2,808.15	(1.6%)	
Other Populations - LAP, All Ages	12,139	238.06	0.08	-	238.14	18.60	4.65	3.98	15.44	280.81	281.59	(0.3%)	
Other Populations - CCM, All Ages	15,725	1,511.37	2.85	-	1,514.21	118.17	29.54	25.31	98.20	1,785.44	1,787.57	(0.1%)	
Subtotal Other Populations	72,315	\$ 713.57	\$ 1.43	\$ 0.00	\$ 714.99	\$ 55.81	\$ 13.95	\$ 11.95	\$ 46.37	\$ 843.08	\$ 844.47	(0.2%)	
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 3.92	\$ 0.00	\$ 0.00	\$ 3.92	\$ 0.30	\$ 0.08	\$ 0.07	\$ 0.25	\$ 4.61	\$ 4.47	3.3%	
Act 421 - LaHIPP TPL - 3-11 Months	4	13.22	-	-	13.22	1.04	0.26	0.22	0.86	15.77	15.77	(1.1%)	
Act 421 - LaHIPP TPL - Child 1-18 Years	4	206.28	-	-	206.28	16.60	4.15	3.46	13.41	243.90	258.71	(5.7%)	
Subtotal Act 421 - LaHIPP TPL	12	\$ 74.47	\$ 0.00	\$ 0.00	\$ 74.47	\$ 5.98	\$ 1.49	\$ 1.25	\$ 4.84	\$ 88.04	\$ 92.98	(5.3%)	
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	16	\$ 10,996.92	\$ 0.00	\$ 0.00	\$ 10,996.92	\$ 857.73	\$ 214.43	\$ 183.79	\$ 713.13	\$ 12,966.01	\$ 12,966.92	(0.0%)	
Act 421 - Non-TPL - 3-11 Months	70	3,068.93	8.38	-	3,077.31	240.04	60.01	51.43	199.56	3,628.35	3,629.16	(0.0%)	
Act 421 - Non-TPL - Child 1-18 Years	2,983	896.08	0.21	-	896.29	69.87	17.47	14.98	58.12	1,056.72	1,055.59	0.1%	
Subtotal Act 421 - Non-TPL	3,069	\$ 998.30	\$ 0.39	\$ 0.00	\$ 998.70	\$ 77.86	\$ 19.46	\$ 16.69	\$ 64.76	\$ 1,177.47	\$ 1,176.39	0.1%	
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	25	\$ 3,658.75	\$ 8.83	\$ 0.00	\$ 3,667.58	\$ 286.06	\$ 71.51	\$ 61.30	\$ 237.84	\$ 4,324.28	\$ 4,324.53	(0.0%)	
Act 421 - Non-LaHIPP TPL - 3-11 Months	118	945.99	0.38	-	946.37	73.82	18.46	15.82	61.37	1,115.83	1,116.08	(0.0%)	
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	5,734	596.08	0.03	-	596.11	46.53	11.63	9.96	38.66	702.89	704.05	(0.2%)	
Subtotal Act 421 - Non-LaHIPP TPL	5,877	\$ 616.13	\$ 0.07	\$ 0.00	\$ 616.20	\$ 48.10	\$ 12.02	\$ 10.30	\$ 39.96	\$ 726.59	\$ 727.72	(0.2%)	
Medicaid Expansion													
Medicaid Expansion - Age 19-64	1,215,658	\$ 709.74	\$ 0.00	\$ 0.57	\$ 710.31	\$ 42.75	\$ 11.15	\$ 11.64	\$ 45.16	\$ 821.01	\$ 749.75	9.5%	
Medicaid Expansion - High Needs	488	1,584.45	-	-	1,584.45	99.76	26.02	26.04	101.05	1,837.33	1,834.32	0.2%	
Medicaid Expansion - SBH - CCM, All Ages	185	64.51	-	-	64.51	3.99	1.04	1.06	4.11	74.70	71.97	3.8%	
Medicaid Expansion - SBH - Dual Eligible, All Ages	3,251	41.78	-	-	41.78	2.52	0.66	0.68	2.66	48.30	44.26	9.1%	
Medicaid Expansion - SBH - LaHIPP, All Ages	405	0.82	-	-	0.82	0.05	0.01	0.01	0.05	0.95	0.95	0.0%	
Medicaid Expansion - SBH - Other	145	27.74	-	-	27.74	1.74	0.45	0.46	1.77	32.17	32.00	0.5%	
Subtotal Medicaid Expansion	1,220,132	\$ 707.89	\$ 0.00	\$ 0.57	\$ 708.47	\$ 42.64	\$ 11.12	\$ 11.61	\$ 45.04	\$ 816.88	\$ 747.87	9.5%	
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	2,652	\$ 9,760.97	\$ 0.00	\$ 0.00	\$ 9,760.97	\$ 529.04	\$ 132.26	\$ 158.71	\$ 615.82	\$ 11,196.81	\$ 11,196.38	0.0%	
Medicaid Expansion - Kick - EED Kick Payment	4	4,357.01	-	-	4,357.01	236.15	59.04	70.85	274.89	4,997.92	4,997.75	0.0%	
Subtotal Medicaid Expansion - Kick	2,656	\$ 9,752.83	\$ 0.00	\$ 0.00	\$ 9,752.83	\$ 528.60	\$ 132.15	\$ 158.58	\$ 615.31	\$ 11,187.47	\$ 11,187.04	0.0%	
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	5,210	\$ 8,161.51	\$ 0.00	\$ 0.00	\$ 8,161.51	\$ 442.35	\$ 110.59	\$ 132.71	\$ 514.91	\$ 9,362.08	\$ 9,361.92	0.0%	
Non-Expansion - Kick - EED Kick Payment	4	3,198.72	-	-	3,198.72	173.37	43.34	52.01	201.81	3,669.25	3,669.20	0.0%	
Subtotal Non-Expansion - Kick	5,214	\$ 6,157.70	\$ 0.00	\$ 0.00	\$ 6,157.70	\$ 442.15	\$ 110.54	\$ 132.65	\$ 514.67	\$ 9,357.71	\$ 9,357.55	0.0%	
Total	4,047,645	\$ 488.57	\$ 1.14	\$ 1.24	\$ 490.95	\$ 32.24	\$ 8.13	\$ 8.09	\$ 31.39	\$ 570.80	\$ 546.89	4.4%	

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Rate Change Summary													
Region: Capital	Projected Exposure	Base Benefit Expense	IP Outlier Pool	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	April 2026 Capitation Rate	SFY 2026 Capitation Rate	% Change	
F&C													
F&C - 0-2 Months	6,179	\$ 2,350.19	\$ 122.11	\$ 20.35	\$ 2,492.66	\$ 194.41	\$ 48.60	\$ 41.66	\$ 161.64	\$ 2,938.98	\$ 2,939.01	(0.0%)	
F&C - 3-11 Months	23,185	349.69	8.81	-	358.50	27.96	6.99	5.99	422.70	422.74	0.0%		
F&C - Child 1-20 Years	474,109	201.13	0.35	(0.25)	201.23	15.72	3.93	3.36	13.05	237.29	237.89	(0.3%)	
F&C - Adult 21+ Years	50,626	519.88	-	-	519.88	39.89	9.97	8.68	33.66	612.09	593.16	3.2%	
Subtotal F&C	554,099	\$ 260.43	\$ 2.03	\$ 0.01	\$ 282.47	\$ 20.43	\$ 5.11	\$ 4.39	\$ 17.02	\$ 309.42	\$ 308.21	0.4%	
SSI													
SSI - 0-2 Months	32	\$ 36,787.65	\$ 1,664.32	\$ 0.00	\$ 38,451.97	\$ 2,194.28	\$ 522.45	\$ 626.93	\$ 2,432.55	\$ 44,228.18	\$ 44,228.68	(0.0%)	
SSI - 3-11 Months	200	6,537.50	280.11	-	6,817.61	389.09	92.64	111.16	431.30	7,841.80	7,843.42	(0.0%)	
SSI - Child 1-20 Years	20,361	919.48	3.27	17.90	940.66	53.74	12.79	15.34	59.51	1,082.04	1,084.35	(0.2%)	
SSI - Adult 21+ Years	35,672	2,011.22	-	4.17	2,015.39	113.69	27.07	32.83	127.40	2,316.39	2,264.96	2.3%	
Subtotal SSI	56,265	\$ 1,652.01	\$ 3.13	\$ 9.13	\$ 1,664.26	\$ 94.16	\$ 22.42	\$ 27.12	\$ 105.23	\$ 1,913.18	\$ 1,881.42	1.7%	
HCBS													
HCBS - Child 1-20 Years	2,162	\$ 3,494.75	\$ 5.95	\$ 0.00	\$ 3,500.70	\$ 273.14	\$ 68.29	\$ 58.51	\$ 227.02	\$ 4,127.66	\$ 4,130.70	(0.1%)	
HCBS - Adult 21+ Years	2,748	1,709.67	-	-	1,709.67	133.92	33.48	28.58	110.91	2,016.57	2,033.28	(0.8%)	
Subtotal HCBS	4,910	\$ 2,495.69	\$ 2.62	\$ 0.00	\$ 2,498.31	\$ 195.22	\$ 48.81	\$ 41.76	\$ 162.04	\$ 2,946.14	\$ 2,956.83	(0.4%)	
SBH													
SBH - HCBS - Child 1-20 Years	1,152	\$ 245.69	\$ 0.00	\$ 0.00	\$ 245.69	\$ 33.54	\$ 8.02	\$ 4.37	\$ 16.97	\$ 308.59	\$ 308.59	0.0%	
SBH - HCBS - Adult 21+ Years	2,060	95.42	-	-	95.42	13.02	3.11	1.70	6.59	119.85	119.80	0.0%	
SBH - LaHIPP, All Ages	444	7.34	-	-	7.34	1.00	0.24	0.13	0.51	9.22	9.22	(0.0%)	
SBH - CCM, All Ages	675	182.92	-	-	182.92	24.97	5.97	3.26	12.64	229.75	229.75	0.0%	
SBH - Dual Eligible, All Ages	77,684	36.62	-	1.81	38.43	5.20	1.24	0.68	2.65	48.21	47.37	1.8%	
SBH - Other - All Ages	2,218	167.16	-	-	167.16	22.81	5.45	2.98	11.55	209.94	209.78	0.1%	
Subtotal SBH	84,233	\$ 45.37	\$ 0.00	\$ 1.67	\$ 47.05	\$ 6.38	\$ 1.52	\$ 0.84	\$ 3.25	\$ 59.03	\$ 58.25	1.3%	
Other Populations													
Other Populations - FCC, All Ages Male & Female	12,581	\$ 563.33	\$ 0.63	\$ 0.00	\$ 563.96	\$ 44.03	\$ 11.01	\$ 9.43	\$ 36.57	\$ 664.99	\$ 666.15	(0.2%)	
Other Populations - BCC, All Ages	147	2,188.68	-	-	2,188.68	172.68	43.17	36.62	142.08	2,583.23	2,640.37	(2.2%)	
Other Populations - LAP, All Ages	3,789	241.90	0.07	-	241.97	18.90	4.73	4.04	15.69	285.33	286.27	(0.3%)	
Other Populations - CCM, All Ages	3,375	1,547.03	3.22	-	1,550.25	121.00	30.25	25.91	100.54	1,827.94	1,830.40	(0.1%)	
Subtotal Other Populations	19,892	\$ 681.02	\$ 0.96	\$ 0.00	\$ 681.97	\$ 53.25	\$ 13.31	\$ 11.40	\$ 44.23	\$ 804.17	\$ 805.92	(0.2%)	
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 5.95	\$ 0.00	\$ 0.00	\$ 5.95	\$ 0.46	\$ 0.11	\$ 0.10	\$ 0.39	\$ 7.01	\$ 6.79	3.3%	
Act 421 - LaHIPP TPL - 3-11 Months	1	13.14	-	-	13.14	1.03	0.26	0.22	0.85	15.50	15.67	(1.1%)	
Act 421 - LaHIPP TPL - Child 1-18 Years	1	220.19	-	-	220.19	17.72	4.43	3.69	14.33	260.35	276.18	(5.7%)	
Subtotal Act 421 - LaHIPP TPL	3	\$ 79.76	\$ 0.00	\$ 0.00	\$ 79.76	\$ 6.40	\$ 1.60	\$ 1.34	\$ 5.19	\$ 94.29	\$ 99.54	(5.3%)	
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	3	\$ 17,231.38	\$ 0.00	\$ 0.00	\$ 17,231.38	\$ 1,343.96	\$ 335.99	\$ 287.99	\$ 1,117.42	\$ 20,316.74	\$ 20,316.98	(0.0%)	
Act 421 - Non-TPL - 3-11 Months	35	3,062.17	16.76	-	3,078.93	240.17	60.04	51.46	199.66	3,630.26	3,631.04	(0.0%)	
Act 421 - Non-TPL - Child 1-18 Years	981	838.09	0.25	-	838.34	65.32	16.33	14.01	54.36	988.35	986.39	0.2%	
Subtotal Act 421 - Non-TPL	1,019	\$ 962.74	\$ 0.81	\$ 0.00	\$ 963.56	\$ 75.09	\$ 18.77	\$ 16.10	\$ 62.48	\$ 1,136.00	\$ 1,134.14	0.2%	
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	7	\$ 5,287.86	\$ 0.00	\$ 0.00	\$ 5,287.86	\$ 412.43	\$ 103.11	\$ 88.38	\$ 342.91	\$ 6,234.68	\$ 6,234.75	(0.0%)	
Act 421 - Non-LaHIPP TPL - 3-11 Months	55	939.70	0.82	-	940.52	73.36	18.34	15.72	60.99	1,108.94	1,109.17	(0.0%)	
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	1,836	532.73	0.01	-	532.74	41.60	10.40	8.90	34.55	628.20	629.69	(0.2%)	
Subtotal Act 421 - Non-LaHIPP TPL	1,898	\$ 562.06	\$ 0.03	\$ 0.00	\$ 562.09	\$ 43.89	\$ 10.97	\$ 9.40	\$ 36.45	\$ 662.81	\$ 664.25	(0.2%)	
Medicaid Expansion													
Medicaid Expansion - Age 19-64	306,808	\$ 746.10	\$ 0.00	\$ 0.57	\$ 746.67	\$ 44.94	\$ 11.72	\$ 12.23	\$ 47.47	\$ 863.03	\$ 788.07	9.5%	
Medicaid Expansion - High Needs	180	1,675.46	-	-	1,675.46	105.60	27.55	27.54	106.87	1,943.01	1,943.66	(0.0%)	
Medicaid Expansion - SBH - CCM, All Ages	16	540.59	-	-	540.59	33.17	8.65	8.87	34.41	625.70	594.13	5.3%	
Medicaid Expansion - SBH - Dual Eligible, All Ages	712	38.26	-	-	38.26	2.27	0.59	0.63	2.43	44.18	39.27	12.5%	
Medicaid Expansion - SBH - LaHIPP, All Ages	167	0.10	-	-	0.10	0.01	0.00	0.01	0.12	0.12	0.0%		
Medicaid Expansion - SBH - Other	84	15.46	-	-	15.46	0.97	0.25	0.25	0.99	17.93	17.93	(0.0%)	
Subtotal Medicaid Expansion	307,967	\$ 744.39	\$ 0.00	\$ 0.57	\$ 744.96	\$ 44.84	\$ 11.70	\$ 12.21	\$ 47.36	\$ 861.06	\$ 786.37	9.5%	
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	697	\$ 9,651.64	\$ 0.00	\$ 0.00	\$ 9,651.64	\$ 523.12	\$ 130.78	\$ 156.94	\$ 608.93	\$ 11,071.41	\$ 11,071.41	(0.0%)	
Medicaid Expansion - Kick - EED Kick Payment	1	4,270.06	-	-	4,270.06	231.44	57.86	69.43	269.40	4,898.19	4,898.19	(0.0%)	
Subtotal Medicaid Expansion - Kick	698	\$ 9,643.93	\$ 0.00	\$ 0.00	\$ 9,643.93	\$ 522.71	\$ 130.68	\$ 156.81	\$ 608.44	\$ 11,062.57	\$ 11,062.57	(0.0%)	
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	1,402	\$ 7,796.63	\$ 0.00	\$ 0.00	\$ 7,796.63	\$ 422.58	\$ 105.65	\$ 126.77	\$ 491.89	\$ 8,943.53	\$ 8,943.53	(0.0%)	
Non-Expansion - Kick - EED Kick Payment	1	3,026.62	-	-	3,026.62	164.04	41.01	49.21	190.95	3,471.84	3,471.84	(0.0%)	
Subtotal Non-Expansion - Kick	1,403	\$ 7,793.23	\$ 0.00	\$ 0.00	\$ 7,793.23	\$ 422.40	\$ 105.60	\$ 126.72	\$ 491.68	\$ 8,939.63	\$ 8,939.63	0.0%	
Total	1,030,286	\$ 500.68	\$ 1.29	\$ 0.81	\$ 502.78	\$ 33.10	\$ 8.35	\$ 8.29	\$ 32.16	\$ 584.68	\$ 559.99	4.7%	

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Rate Change Summary												
Region: Gulf	Projected Exposure	Base Benefit Expense	IP Outlier Pool	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	April 2026 Capitation Rate	SFY 2026 Capitation Rate	% Change
F&C												
F&C - 0-2 Months	6,250	\$ 2,383.71	\$ 119.49	\$ 20.35	\$ 2,523.55	\$ 196.82	\$ 49.21	\$ 42.18	\$ 163.65	\$ 2,975.40	\$ 2,975.43	(0.0%)
F&C - 3-11 Months	23,222	311.41	4.44	-	315.85	24.64	6.16	5.28	20.48	372.40	372.43	(0.0%)
F&C - Child 1-20 Years	477,879	202.41	0.27	1.39	204.08	15.93	3.98	3.41	13.24	240.64	241.16	(0.2%)
F&C - Adult 21+ Years	50,500	502.23	-	-	502.23	38.56	9.64	8.38	32.52	591.34	573.67	3.1%
Subtotal F&C	557,851	\$ 288.53	\$ 1.76	\$ 1.42	\$ 261.71	\$ 20.37	\$ 5.09	\$ 4.37	\$ 16.97	\$ 308.51	\$ 307.36	0.4%
SSI												
SSI - 0-2 Months	13	\$ 24,175.24	\$ 2,221.77	\$ 0.00	\$ 26,397.01	\$ 1,506.39	\$ 358.66	\$ 430.39	\$ 1,669.93	\$ 30,362.38	\$ 30,363.93	(0.0%)
SSI - 3-11 Months	197	6,970.18	314.84	-	7,285.02	415.76	98.99	118.78	460.87	8,379.41	8,380.76	(0.0%)
SSI - Child 1-20 Years	22,648	900.71	3.29	17.90	921.91	52.67	12.54	15.03	58.33	1,060.47	1,062.75	(0.2%)
SSI - Adult 21+ Years	47,557	1,908.19	-	4.17	1,912.36	107.93	25.70	31.16	120.89	2,198.04	2,151.20	2.2%
Subtotal SSI	70,415	\$ 1,602.42	\$ 2.35	\$ 8.58	\$ 1,613.35	\$ 91.27	\$ 21.73	\$ 26.29	\$ 102.01	\$ 1,854.65	\$ 1,823.75	1.7%
HCBS												
HCBS - Child 1-20 Years	1,896	\$ 3,013.38	\$ 8.94	\$ 0.00	\$ 3,022.32	\$ 235.80	\$ 58.95	\$ 50.51	\$ 196.00	\$ 3,563.59	\$ 3,565.80	(0.1%)
HCBS - Adult 21+ Years	2,459	1,457.42	-	-	1,457.42	114.29	28.57	24.37	94.56	1,719.21	1,737.24	(1.0%)
Subtotal HCBS	4,355	\$ 2,134.83	\$ 3.89	\$ 0.00	\$ 2,138.72	\$ 167.19	\$ 41.80	\$ 35.75	\$ 138.72	\$ 2,522.18	\$ 2,533.32	(0.4%)
SBH												
SBH - HCBS - Child 1-20 Years	947	\$ 245.38	\$ 0.00	\$ 0.00	\$ 245.38	\$ 33.49	\$ 8.01	\$ 4.37	\$ 16.95	\$ 308.20	\$ 308.20	0.0%
SBH - HCBS - Adult 21+ Years	1,953	55.60	-	-	55.60	7.59	1.81	0.99	3.84	69.83	69.83	(0.0%)
SBH - LaHIPP, All Ages	192	2.91	-	-	2.91	0.40	0.09	0.05	0.20	3.66	3.66	0.0%
SBH - CCM, All Ages	699	249.14	-	-	249.14	34.01	8.13	4.44	17.21	312.93	312.93	(0.0%)
SBH - Dual Eligible, All Ages	92,634	38.52	-	1.81	40.33	5.45	1.30	0.72	50.59	49.71	1.8%	
SBH - Other - All Ages	1,157	304.92	-	-	304.92	41.62	9.95	5.43	21.06	382.99	382.99	0.0%
Subtotal SBH	97,582	\$ 45.47	\$ 0.00	\$ 1.72	\$ 47.19	\$ 6.39	\$ 1.53	\$ 0.84	\$ 3.26	\$ 59.20	\$ 58.36	1.4%
Other Populations												
Other Populations - FCC, All Ages Male & Female	7,058	\$ 526.08	\$ 2.75	\$ 0.00	\$ 528.83	\$ 41.27	\$ 10.32	\$ 8.84	\$ 34.30	\$ 623.55	\$ 624.29	(0.1%)
Other Populations - BCC, All Ages	87	1,794.68	-	-	1,794.68	141.76	35.44	30.03	116.51	2,118.42	2,169.97	(2.4%)
Other Populations - LAP, All Ages	3,271	277.94	0.11	-	278.05	21.72	5.43	4.65	18.03	327.88	328.85	(0.3%)
Other Populations - CCM, All Ages	4,330	1,383.28	3.86	-	1,387.14	108.28	27.07	23.19	89.96	1,635.64	1,638.35	(0.2%)
Subtotal Other Populations	14,746	\$ 730.23	\$ 2.47	\$ 0.00	\$ 732.70	\$ 57.20	\$ 14.30	\$ 12.25	\$ 47.52	\$ 863.97	\$ 865.64	(0.2%)
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 3.91	\$ 0.00	\$ 0.00	\$ 3.91	\$ 0.30	\$ 0.08	\$ 0.07	\$ 0.25	\$ 4.60	\$ 4.46	3.3%
Act 421 - LaHIPP TPL - 3-11 Months	1	14.01	-	-	14.01	1.10	0.27	0.23	0.91	16.53	16.71	(1.1%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	215.70	-	-	215.70	17.38	4.34	3.62	14.03	255.04	270.54	(5.7%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 77.87	\$ 0.00	\$ 0.00	\$ 77.87	\$ 6.25	\$ 1.56	\$ 1.30	\$ 5.06	\$ 92.06	\$ 97.24	(5.3%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	6	\$ 11,323.71	\$ 0.00	\$ 0.00	\$ 11,323.71	\$ 883.21	\$ 220.80	\$ 189.25	\$ 734.32	\$ 13,351.30	\$ 13,352.04	(0.0%)
Act 421 - Non-TPL - 3-11 Months	10	3,264.84	-	-	3,264.84	254.66	63.67	54.57	211.72	3,849.45	3,850.09	(0.0%)
Act 421 - Non-TPL - Child 1-18 Years	729	1,058.82	0.37	-	1,059.19	82.58	20.65	17.70	68.68	1,248.80	1,247.92	0.1%
Subtotal Act 421 - Non-TPL	745	\$ 1,171.10	\$ 0.36	\$ 0.00	\$ 1,171.46	\$ 91.34	\$ 22.83	\$ 19.58	\$ 75.96	\$ 1,381.18	\$ 1,380.34	0.1%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	10	\$ 3,474.95	\$ 22.08	\$ 0.00	\$ 3,497.03	\$ 272.76	\$ 68.19	\$ 58.45	\$ 226.78	\$ 4,123.20	\$ 4,123.43	(0.0%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	24	1,001.89	-	-	1,001.89	78.15	19.54	16.74	64.97	1,181.30	1,181.49	(0.0%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	1,500	508.49	-	-	508.49	39.68	9.92	8.50	32.98	599.57	600.21	(0.1%)
Subtotal Act 421 - Non-LaHIPP TPL	1,534	\$ 535.55	\$ 0.14	\$ 0.00	\$ 535.69	\$ 41.80	\$ 10.45	\$ 8.95	\$ 34.74	\$ 631.64	\$ 632.27	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	336,811	\$ 715.92	\$ 0.00	\$ 0.57	\$ 716.49	\$ 43.14	\$ 11.25	\$ 11.74	\$ 45.55	\$ 828.18	\$ 757.06	9.4%
Medicaid Expansion - High Needs	171	1,404.74	-	-	1,404.74	88.36	23.05	23.09	89.59	1,628.82	1,623.15	0.3%
Medicaid Expansion - SBH - CCM, All Ages	47	8.98	-	-	8.98	0.57	0.15	0.15	0.57	10.41	10.41	0.0%
Medicaid Expansion - SBH - Dual Eligible, All Ages	901	38.20	-	-	38.20	2.28	0.60	0.63	2.43	44.13	39.78	11.0%
Medicaid Expansion - SBH - LaHIPP, All Ages	61	-	-	-	-	-	-	-	-	-	-	0.0%
Medicaid Expansion - SBH - Other	11	12.55	-	-	12.55	0.73	0.19	0.21	0.80	14.47	12.29	17.7%
Subtotal Medicaid Expansion	338,002	\$ 714.21	\$ 0.00	\$ 0.57	\$ 714.78	\$ 43.04	\$ 11.23	\$ 11.71	\$ 45.44	\$ 826.21	\$ 755.32	9.4%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	689	\$ 10,794.27	\$ 0.00	\$ 0.00	\$ 10,794.27	\$ 585.06	\$ 146.26	\$ 175.52	\$ 681.02	\$ 12,382.12	\$ 12,382.12	(0.0%)
Medicaid Expansion - Kick - EED Kick Payment	1	4,775.58	-	-	4,775.58	258.84	64.71	77.65	301.29	5,478.07	5,478.07	0.0%
Subtotal Medicaid Expansion - Kick	690	\$ 10,785.55	\$ 0.00	\$ 0.00	\$ 10,785.55	\$ 584.58	\$ 146.15	\$ 175.37	\$ 680.47	\$ 12,372.12	\$ 12,372.12	(0.0%)
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	1,469	\$ 8,791.63	\$ 0.00	\$ 0.00	\$ 8,791.63	\$ 476.51	\$ 119.13	\$ 142.95	\$ 554.67	\$ 10,084.89	\$ 10,084.83	0.0%
Non-Expansion - Kick - EED Kick Payment	1	3,412.87	-	-	3,412.87	184.98	46.24	55.49	215.32	3,914.91	3,914.89	0.0%
Subtotal Non-Expansion - Kick	1,470	\$ 8,787.97	\$ 0.00	\$ 0.00	\$ 8,787.97	\$ 476.31	\$ 119.08	\$ 142.89	\$ 554.44	\$ 10,080.69	\$ 10,080.64	0.0%
Total	1,085,233	\$ 502.21	\$ 1.11	\$ 1.62	\$ 504.94	\$ 32.96	\$ 8.31	\$ 8.32	\$ 32.27	\$ 586.80	\$ 582.12	4.7%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Rate Change Summary												
Region: North	Projected Exposure	Base Benefit Expense	IP Outlier Pool	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	April 2026 Capitation Rate	SFY 2026 Capitation Rate	% Change
F&C												
F&C - 0-2 Months	4,691	\$ 2,052.95	\$ 101.00	\$ 20.35	\$ 2,174.30	\$ 169.58	\$ 42.40	\$ 36.34	\$ 141.00	\$ 2,563.62	\$ 2,563.66	(0.0%)
F&C - 3-11 Months	17,709	303.99	4.57	-	308.56	24.07	6.02	5.16	20.01	363.81	363.85	(0.0%)
F&C - Child 1-20 Years	360,892	189.84	0.17	1.39	191.40	14.95	3.74	3.20	12.41	225.70	226.24	(0.2%)
F&C - Adult 21+ Years	37,084	479.77	-	-	479.77	36.79	9.20	8.01	31.07	564.84	546.79	3.3%
Subtotal F&C	420,376	\$ 241.02	\$ 1.46	\$ 1.42	\$ 243.90	\$ 18.98	\$ 4.75	\$ 4.08	\$ 15.81	\$ 287.52	\$ 286.40	0.4%
SSI												
SSI - 0-2 Months	10	\$ 19,100.28	\$ 1,653.37	\$ 0.00	\$ 20,753.63	\$ 1,184.36	\$ 281.99	\$ 338.38	\$ 1,312.92	\$ 23,871.28	\$ 23,873.28	(0.0%)
SSI - 3-11 Months	174	8,392.73	320.26	-	6,712.99	383.12	91.22	109.45	424.68	7,721.46	7,723.23	(0.0%)
SSI - Child 1-20 Years	22,660	767.12	1.58	17.90	786.60	44.93	10.70	12.83	49.77	904.82	906.59	(0.2%)
SSI - Adult 21+ Years	41,188	1,664.73	-	4.17	1,668.90	94.11	22.41	27.19	105.50	1,918.10	1,874.07	2.3%
Subtotal SSI	64,032	\$ 1,362.65	\$ 1.69	\$ 9.02	\$ 1,373.36	\$ 77.66	\$ 18.49	\$ 22.38	\$ 86.83	\$ 1,578.72	\$ 1,551.02	1.8%
HCBS												
HCBS - Child 1-20 Years	955	\$ 3,057.21	\$ 2.61	\$ 0.00	\$ 3,059.82	\$ 238.75	\$ 59.69	\$ 51.14	\$ 198.43	\$ 3,607.83	\$ 3,610.60	(0.1%)
HCBS - Adult 21+ Years	2,117	1,783.68	-	-	1,783.68	139.83	34.96	29.82	115.72	2,104.02	2,124.68	(1.0%)
Subtotal HCBS	3,072	\$ 2,179.59	\$ 0.81	\$ 0.00	\$ 2,180.40	\$ 170.58	\$ 42.65	\$ 36.45	\$ 141.43	\$ 2,571.51	\$ 2,586.61	(0.6%)
SBH												
SBH - HCBS - Child 1-20 Years	433	\$ 149.50	\$ 0.00	\$ 0.00	\$ 149.50	\$ 20.41	\$ 4.88	\$ 2.66	\$ 10.33	\$ 187.78	\$ 187.78	0.0%
SBH - HCBS - Adult 21+ Years	1,378	90.41	-	-	90.41	12.34	2.95	1.61	6.25	113.56	113.56	0.0%
SBH - LaHIPP, All Ages	144	5.40	-	-	5.40	0.74	0.18	0.10	0.37	6.78	6.78	(0.0%)
SBH - CCM, All Ages	662	138.18	-	-	138.18	18.86	4.51	2.46	9.55	173.56	173.56	0.0%
SBH - Dual Eligible, All Ages	75,877	43.96	-	1.81	45.77	6.19	1.48	0.81	3.16	57.41	56.34	1.9%
SBH - Other - All Ages	2,480	197.58	-	-	197.58	26.93	6.44	3.52	13.65	248.11	247.42	0.3%
Subtotal SBH	80,974	\$ 50.72	\$ 0.00	\$ 1.70	\$ 52.42	\$ 7.10	\$ 1.70	\$ 0.93	\$ 3.62	\$ 65.76	\$ 64.74	1.6%
Other Populations												
Other Populations - FCC, All Ages Male & Female	10,082	\$ 609.14	\$ 1.20	\$ 0.00	\$ 610.34	\$ 47.63	\$ 11.91	\$ 10.20	\$ 39.58	\$ 719.66	\$ 720.29	(0.1%)
Other Populations - BCC, All Ages	87	2,880.92	-	-	2,880.92	225.65	56.41	48.17	186.89	3,398.04	3,425.53	(0.8%)
Other Populations - LAP, All Ages	1,979	244.16	-	-	244.16	19.06	4.77	4.08	15.83	287.90	288.46	(0.2%)
Other Populations - CCM, All Ages	3,339	1,382.77	0.72	-	1,383.49	107.97	26.99	23.12	89.72	1,631.30	1,633.15	(0.1%)
Subtotal Other Populations	15,487	\$ 742.06	\$ 0.94	\$ 0.00	\$ 743.00	\$ 57.99	\$ 14.50	\$ 12.42	\$ 48.18	\$ 876.08	\$ 877.12	(0.1%)
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 3.09	\$ 0.00	\$ 0.00	\$ 3.09	\$ 0.24	\$ 0.06	\$ 0.05	\$ 0.20	\$ 3.64	\$ 3.52	3.3%
Act 421 - LaHIPP TPL - 3-11 Months	1	12.95	-	-	12.95	1.01	0.25	0.21	0.83	15.16	15.32	(1.1%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	183.71	-	-	183.71	14.78	3.70	3.08	11.95	217.21	230.37	(5.7%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 66.55	\$ 0.00	\$ 0.00	\$ 66.55	\$ 5.34	\$ 1.34	\$ 1.12	\$ 4.33	\$ 78.67	\$ 83.07	(5.3%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	1	\$ 8,946.58	\$ 0.00	\$ 0.00	\$ 8,946.58	\$ 697.82	\$ 174.45	\$ 149.53	\$ 580.17	\$ 10,548.55	\$ 10,549.50	(0.0%)
Act 421 - Non-TPL - 3-11 Months	10	2,994.36	-	-	2,994.36	233.57	58.39	50.05	194.18	3,530.55	3,531.39	(0.0%)
Act 421 - Non-TPL - Child 1-18 Years	451	1,082.89	0.21	-	1,083.10	84.46	21.11	18.10	70.24	1,277.01	1,276.49	0.0%
Subtotal Act 421 - Non-TPL	462	\$ 1,141.28	\$ 0.20	\$ 0.00	\$ 1,141.49	\$ 89.01	\$ 22.25	\$ 19.08	\$ 74.02	\$ 1,345.85	\$ 1,345.37	0.0%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 2,745.47	\$ 0.00	\$ 0.00	\$ 2,745.47	\$ 214.14	\$ 53.54	\$ 45.89	\$ 178.04	\$ 3,237.08	\$ 3,237.37	(0.0%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	18	918.89	-	-	918.89	71.68	17.92	15.36	59.59	1,083.44	1,083.69	(0.0%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	794	1,017.41	-	-	1,017.41	79.42	19.85	17.01	65.98	1,199.67	1,201.48	(0.2%)
Subtotal Act 421 - Non-LaHIPP TPL	813	\$ 1,017.35	\$ 0.00	\$ 0.00	\$ 1,017.35	\$ 79.41	\$ 19.85	\$ 17.00	\$ 65.98	\$ 1,199.60	\$ 1,201.38	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	248,615	\$ 667.35	\$ 0.00	\$ 0.57	\$ 667.92	\$ 40.19	\$ 10.48	\$ 10.94	\$ 42.46	\$ 772.00	\$ 704.66	9.6%
Medicaid Expansion - High Needs	61	2,288.85	-	-	2,288.85	144.52	37.70	37.63	146.01	2,654.71	2,665.15	(0.4%)
Medicaid Expansion - SBH - CCM, All Ages	75	1.20	-	-	1.20	0.08	0.02	0.02	0.08	1.39	1.39	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	697	42.02	-	-	42.02	2.55	0.66	0.69	2.67	48.59	45.05	7.9%
Medicaid Expansion - SBH - LaHIPP, All Ages	66	-	-	-	-	-	-	-	-	-	-	0.0%
Medicaid Expansion - SBH - Other	25	5.47	-	-	5.47	0.34	0.09	0.09	0.35	6.34	6.34	0.0%
Subtotal Medicaid Expansion	249,509	\$ 665.63	\$ 0.00	\$ 0.57	\$ 666.20	\$ 40.09	\$ 10.46	\$ 10.91	\$ 42.35	\$ 770.01	\$ 702.91	9.5%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	520	\$ 10,675.33	\$ 0.00	\$ 0.00	\$ 10,675.33	\$ 578.61	\$ 144.65	\$ 173.58	\$ 673.51	\$ 12,245.69	\$ 12,245.69	(0.0%)
Medicaid Expansion - Kick - EED Kick Payment	1	4,722.96	-	-	4,722.96	255.99	64.00	76.80	297.97	5,417.71	5,417.71	0.0%
Subtotal Medicaid Expansion - Kick	521	\$ 10,663.91	\$ 0.00	\$ 0.00	\$ 10,663.91	\$ 577.99	\$ 144.50	\$ 173.40	\$ 672.79	\$ 12,232.58	\$ 12,232.58	(0.0%)
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	934	\$ 9,185.55	\$ 0.00	\$ 0.00	\$ 9,185.55	\$ 497.86	\$ 124.47	\$ 149.36	\$ 579.52	\$ 10,536.76	\$ 10,536.76	0.0%
Non-Expansion - Kick - EED Kick Payment	1	3,565.79	-	-	3,565.79	193.27	48.32	57.98	224.97	4,090.32	4,090.32	0.0%
Subtotal Non-Expansion - Kick	935	\$ 9,179.54	\$ 0.00	\$ 0.00	\$ 9,179.54	\$ 497.54	\$ 124.38	\$ 149.26	\$ 579.14	\$ 10,529.86	\$ 10,529.86	0.0%
Total	834,728	\$ 470.14	\$ 0.89	\$ 1.75	\$ 472.77	\$ 30.94	\$ 7.79	\$ 7.79	\$ 30.22	\$ 549.51	\$ 526.73	4.3%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Rate Change Summary												
Region: South Central	Projected Exposure	Base Benefit Expense	IP Outlier Pool	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	April 2026 Capitation Rate	SFY 2026 Capitation Rate	% Change
F&C												
F&C - 0-2 Months	6,767	\$ 2,438.84	\$ 128.30	\$ 20.35	\$ 2,587.50	\$ 201.81	\$ 50.45	\$ 43.25	\$ 167.79	\$ 3,050.80	\$ 3,050.85	(0.0%)
F&C - 3-11 Months	25,252	356.47	7.33	-	363.80	28.38	7.09	6.08	23.59	428.94	428.98	(0.0%)
F&C - Child 1-20 Years	496,097	194.74	0.30	(0.18)	194.86	15.22	3.80	3.26	12.64	229.77	230.32	(0.2%)
F&C - Adult 21+ Years	53,823	498.52	-	-	498.52	38.25	9.56	8.32	32.28	586.94	588.80	3.2%
Subtotal F&C	581,939	\$ 255.95	\$ 2.06	\$ 0.09	\$ 258.10	\$ 20.09	\$ 5.02	\$ 4.31	\$ 16.73	\$ 304.25	\$ 303.04	0.4%
SSI												
SSI - 0-2 Months	16	\$ 16,854.41	\$ 705.09	\$ 0.00	\$ 17,559.50	\$ 1,002.11	\$ 238.60	\$ 286.30	\$ 1,110.86	\$ 20,197.37	\$ 20,200.36	(0.0%)
SSI - 3-11 Months	140	6,412.86	321.11	-	6,733.97	384.33	91.51	109.79	426.01	7,745.61	7,747.72	(0.0%)
SSI - Child 1-20 Years	21,170	858.18	2.73	17.90	878.81	50.20	11.95	14.33	55.60	1,010.90	1,012.97	(0.2%)
SSI - Adult 21+ Years	43,906	1,805.71	-	4.17	1,809.88	102.12	24.31	29.49	114.41	2,080.21	2,034.83	2.2%
Subtotal SSI	65,232	\$ 1,511.78	\$ 1.75	\$ 8.62	\$ 1,522.15	\$ 86.10	\$ 20.50	\$ 24.80	\$ 96.24	\$ 1,749.79	\$ 1,719.92	1.7%
HCBS												
HCBS - Child 1-20 Years	1,832	\$ 2,817.84	\$ 4.09	\$ 0.00	\$ 2,821.93	\$ 220.23	\$ 55.06	\$ 47.17	\$ 183.01	\$ 3,327.39	\$ 3,331.22	(0.1%)
HCBS - Adult 21+ Years	3,051	1,918.21	-	-	1,918.21	150.57	37.64	32.08	124.46	2,262.96	2,290.68	(1.2%)
Subtotal HCBS	4,883	\$ 2,255.73	\$ 1.54	\$ 0.00	\$ 2,257.27	\$ 176.70	\$ 44.18	\$ 37.74	\$ 146.43	\$ 2,662.31	\$ 2,681.07	(0.7%)
SBH												
SBH - HCBS - Child 1-20 Years	765	\$ 304.10	\$ 0.00	\$ 0.00	\$ 304.10	\$ 41.51	\$ 9.93	\$ 5.41	\$ 21.01	\$ 381.96	\$ 381.96	(0.0%)
SBH - HCBS - Adult 21+ Years	2,052	100.86	-	-	100.86	13.76	3.29	1.80	6.97	126.68	126.63	0.0%
SBH - LaHIPP, All Ages	312	11.06	-	-	11.06	1.51	0.36	0.20	0.76	13.89	13.89	(0.0%)
SBH - CCM, All Ages	708	242.61	-	-	242.61	33.12	7.92	4.32	16.76	304.72	304.72	(0.0%)
SBH - Dual Eligible, All Ages	89,565	41.54	-	1.81	43.35	5.87	1.40	0.77	2.99	53.50	53.50	1.7%
SBH - Other - All Ages	2,620	267.92	-	-	267.92	36.57	8.75	4.77	18.51	336.51	336.51	0.0%
Subtotal SBH	96,022	\$ 52.46	\$ 0.00	\$ 1.69	\$ 54.15	\$ 7.34	\$ 1.76	\$ 0.96	\$ 3.74	\$ 67.95	\$ 67.12	1.2%
Other Populations												
Other Populations - FCC, All Ages Male & Female	14,297	\$ 488.87	\$ 1.26	\$ 0.00	\$ 490.13	\$ 38.26	\$ 9.56	\$ 8.19	\$ 31.79	\$ 577.93	\$ 578.82	(0.2%)
Other Populations - BCC, All Ages	112	2,553.78	-	-	2,553.78	200.29	50.07	42.70	165.69	3,012.53	3,044.51	(1.1%)
Other Populations - LAP, All Ages	3,100	187.38	0.12	-	187.50	14.64	3.66	3.13	12.16	221.10	221.63	(0.2%)
Other Populations - CCM, All Ages	4,681	1,695.86	3.16	-	1,699.02	132.57	33.14	28.40	110.18	2,003.31	2,004.87	(0.1%)
Subtotal Other Populations	22,190	\$ 711.79	\$ 1.49	\$ 0.00	\$ 713.28	\$ 55.67	\$ 13.92	\$ 11.92	\$ 46.26	\$ 841.05	\$ 842.19	(0.1%)
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 2.73	\$ 0.00	\$ 0.00	\$ 2.73	\$ 0.21	\$ 0.05	\$ 0.05	\$ 0.18	\$ 3.21	\$ 3.11	3.2%
Act 421 - LaHIPP TPL - 3-11 Months	1	42.89	-	-	42.89	1.01	0.25	0.22	0.84	45.21	45.37	(1.1%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	205.51	-	-	205.51	16.54	4.13	3.44	13.36	242.99	257.74	(5.7%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 73.71	\$ 0.00	\$ 0.00	\$ 73.71	\$ 6.92	\$ 1.48	\$ 1.24	\$ 4.79	\$ 87.14	\$ 92.07	(6.4%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	6	\$ 7,894.63	\$ 0.00	\$ 0.00	\$ 7,894.63	\$ 615.79	\$ 153.95	\$ 131.94	\$ 511.95	\$ 9,308.26	\$ 9,309.68	(0.0%)
Act 421 - Non-TPL - 3-11 Months	15	3,003.79	-	-	3,003.79	234.31	58.58	50.20	194.79	3,541.68	3,542.68	(0.0%)
Act 421 - Non-TPL - Child 1-18 Years	822	718.48	0.01	-	718.49	56.01	14.00	12.01	46.59	847.11	846.41	0.1%
Subtotal Act 421 - Non-TPL	843	\$ 810.22	\$ 0.01	\$ 0.00	\$ 810.23	\$ 63.17	\$ 15.79	\$ 13.54	\$ 52.54	\$ 955.28	\$ 954.62	0.1%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	7	\$ 2,422.66	\$ 0.00	\$ 0.00	\$ 2,422.66	\$ 188.97	\$ 47.24	\$ 40.49	\$ 157.11	\$ 2,856.46	\$ 2,856.90	(0.0%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	21	921.79	-	-	921.79	71.90	17.98	15.41	59.78	1,086.85	1,087.16	(0.0%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	1,604	541.93	0.09	-	542.02	42.31	10.58	9.06	35.15	639.11	640.03	(0.1%)
Subtotal Act 421 - Non-LaHIPP TPL	1,632	\$ 554.88	\$ 0.09	\$ 0.00	\$ 554.97	\$ 43.32	\$ 10.83	\$ 9.28	\$ 35.99	\$ 654.39	\$ 655.29	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	323,424	\$ 701.39	\$ 0.00	\$ 0.57	\$ 701.96	\$ 42.23	\$ 11.02	\$ 11.50	\$ 44.62	\$ 811.34	\$ 740.46	9.6%
Medicaid Expansion - High Needs	76	1,207.86	-	-	1,207.86	75.65	19.73	19.85	77.01	1,400.09	1,383.64	1.2%
Medicaid Expansion - SBH - CCM, All Ages	47	58.98	-	-	58.98	3.72	0.97	0.97	3.76	68.40	68.40	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	971	47.52	-	-	47.52	2.90	0.76	0.78	3.02	54.98	51.54	6.7%
Medicaid Expansion - SBH - LaHIPP, All Ages	111	2.85	-	-	2.85	0.18	0.05	0.05	0.18	3.31	3.31	(0.0%)
Medicaid Expansion - SBH - Other	25	97.98	-	-	97.98	6.17	1.61	1.61	6.25	113.62	113.62	0.0%
Subtotal Medicaid Expansion	324,654	\$ 699.17	\$ 0.00	\$ 0.57	\$ 699.75	\$ 42.10	\$ 10.98	\$ 11.46	\$ 44.48	\$ 808.78	\$ 738.15	9.6%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	746	\$ 8,271.42	\$ 0.00	\$ 0.00	\$ 8,271.42	\$ 448.28	\$ 112.07	\$ 134.49	\$ 521.85	\$ 9,488.11	\$ 9,486.56	0.0%
Medicaid Expansion - Kick - EED Kick Payment	1	3,659.42	-	-	3,659.42	198.33	49.58	59.50	230.87	4,197.71	4,197.03	0.0%
Subtotal Medicaid Expansion - Kick	747	\$ 8,265.25	\$ 0.00	\$ 0.00	\$ 8,265.25	\$ 447.94	\$ 111.99	\$ 134.39	\$ 521.46	\$ 9,481.02	\$ 9,479.48	0.0%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	1,405	\$ 7,186.04	\$ 0.00	\$ 0.00	\$ 7,186.04	\$ 389.47	\$ 97.37	\$ 116.85	\$ 453.37	\$ 8,243.10	\$ 8,242.59	0.0%
Non-Expansion - Kick - EED Kick Payment	1	2,789.59	-	-	2,789.59	151.19	37.80	45.36	176.00	3,199.93	3,199.74	0.0%
Subtotal Non-Expansion - Kick	1,406	\$ 7,182.91	\$ 0.00	\$ 0.00	\$ 7,182.91	\$ 389.31	\$ 97.33	\$ 116.80	\$ 453.17	\$ 8,239.51	\$ 8,239.00	0.0%
Total	1,097,398	\$ 477.73	\$ 1.23	\$ 0.88	\$ 479.84	\$ 31.70	\$ 7.99	\$ 7.41	\$ 30.70	\$ 558.14	\$ 534.86	4.7%

APPENDIX 3: PROSPECTIVE COST MODELS (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: SSI - 0-2 Months		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 32	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
NICU/PICU	Days	183,541.1	2,046.12	31,295.63	-	-	-	-	183,541.1
Subtotal Inpatient Hospital				\$ 31,295.63					
Outpatient Hospital									
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	217.4	2.76	0.05	(0.00)	-	-	-	217.4
Outpatient Radiology	Procedures	122.4	177.42	1.81	(0.00)	-	-	-	122.4
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	2,693.0	49.28	11.06	-	-	-	-	2,693.0
Subtotal Outpatient Hospital				\$ 12.92					
Professional									
Office/Home Visits/Consults	Visits	3,728.1	\$ 64.99	\$ 20.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,728.1
Inpatient Visits	Visits	244,297.7	208.30	4,240.56	-	-	-	-	244,297.7
Radiology	Procedures	78,534.7	10.25	67.08	-	-	-	-	78,534.7
Pathology/Lab	Procedures	37,066.3	20.39	62.99	-	-	-	-	37,066.3
Vision	Visits	712.1	93.52	5.55	(0.00)	-	-	-	712.1
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-
MH/SA	Visits	267.1	33.70	0.75	(0.00)	-	-	-	267.1
Inpatient and Outpatient Surgery	Procedures	6,506.2	350.49	190.03	-	-	-	-	6,506.2
Therapy	Visits	-	-	-	-	-	-	-	-
Immunizations	Procedures	814.1	10.91	0.74	(0.00)	-	-	-	814.1
Physical Exams	Visits	1,635.9	70.42	9.60	(0.00)	-	-	-	1,635.9
Other Professional	Procedures	57,042.2	76.72	364.68	-	-	-	-	57,042.2
Emergency Room	Visits	116.4	139.17	1.35	-	-	-	-	116.4
Family Planning	Procedures	-	-	-	-	-	-	-	-
Anesthesia	Procedures	2,093.6	198.95	34.71	-	-	-	-	2,093.6
Federally Qualified Health Center/Rural Health Clinic	Visits	631.5	187.94	9.89	-	-	-	-	631.5
Subtotal Professional				\$ 5,008.12					
Retail Pharmacy									
Retail Pharmacy	Scripts	1,556.9	\$ 65.36	\$ 8.48	\$ 0.00	\$ (0.45)	\$ 0.00	\$ 0.00	1,556.9
Subtotal Retail Pharmacy				\$ 8.48					
SBH									
Professional SBH	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Inpatient SBH	Visits	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	-	-	-	-	-	-	-	-
Subtotal SBH				\$ 0.00					
Ancillary									
Non-Emergency Transportation	Trips	1,138.0	\$ 18.88	\$ 1.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,138.0
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,135.1	100.86	9.54	-	-	-	-	1,135.1
Emergency Transportation	Trips	2,043.1	2,430.89	413.87	(0.00)	-	-	-	2,043.1
Subtotal Ancillary				\$ 425.20					
LTSS									
Home Health	Days	679.5	\$ 666.67	\$ 37.75	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	679.5
Hospice	Days	-	-	-	-	-	-	-	-
Other LTSS	Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 37.75					
Total Medical Costs				\$ 36,788.10					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: SSI - 3-11 Months		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 200	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	1,223.0	\$ 2,025.52	\$ 206.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,223.0
NICU/PICU	Days	20,011.5	2,397.82	3,998.65	-	-	-	-	20,011.5
Subtotal Inpatient Hospital				\$ 4,205.09					
Outpatient Hospital									
Outpatient Emergency Room	Visits	2,256.1	\$ 565.71	\$ 106.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,256.1
Outpatient Pharmacy	Procedures	2,129.0	79.36	14.08	-	-	-	-	2,129.0
Outpatient Pathology/Lab	Procedures	2,823.0	29.08	6.84	-	-	-	-	2,823.0
Outpatient Radiology	Procedures	1,415.0	265.02	31.25	-	-	-	-	1,415.0
Outpatient Surgery	Visits	577.5	967.31	46.55	-	-	-	-	577.5
Other Outpatient	Procedures	18,261.0	92.47	140.72	0.00	-	-	-	18,261.0
Subtotal Outpatient Hospital				\$ 345.80					
Professional									
Office/Home Visits/Consults	Visits	17,115.1	\$ 70.33	\$ 100.31	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	17,115.1
Inpatient Visits	Visits	37,508.9	194.91	609.24	-	-	-	-	37,508.9
Radiology	Procedures	19,600.9	13.81	22.55	-	-	-	-	19,600.9
Pathology/Lab	Procedures	6,013.8	25.78	12.92	0.00	-	-	-	6,013.8
Vision	Visits	632.9	66.36	3.50	-	-	-	-	632.9
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	227.2	7.92	0.15	-	-	-	-	227.2
MH/SA	Visits	31.9	52.62	0.14	(0.00)	-	-	-	31.9
Inpatient and Outpatient Surgery	Procedures	4,028.2	389.20	130.65	-	-	-	-	4,028.2
Therapy	Visits	130.5	28.50	0.31	0.00	-	-	-	130.5
Immunizations	Procedures	4,060.9	13.59	4.60	0.00	-	-	-	4,060.9
Physical Exams	Visits	3,379.0	62.11	17.49	0.00	-	-	-	3,379.0
Other Professional	Procedures	19,110.0	87.68	139.63	-	-	-	-	19,110.0
Emergency Room	Visits	2,457.2	93.57	19.16	-	-	-	-	2,457.2
Family Planning	Procedures	16.2	170.61	0.23	-	-	-	-	16.2
Anesthesia	Procedures	1,631.9	234.42	31.88	-	-	-	-	1,631.9
Federally Qualified Health Center/Rural Health Clinic	Visits	789.7	144.97	9.54	0.00	-	-	-	789.7
Subtotal Professional				\$ 1,102.30					
Retail Pharmacy									
Retail Pharmacy	Scripts	13,591.8	\$ 262.05	\$ 296.81	\$ 0.00	\$ (1.46)	\$ 0.00	\$ 0.00	13,591.8
Subtotal Retail Pharmacy				\$ 296.81					
SBH									
Professional SBH	Days	38.1	\$ 66.09	\$ 0.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	38.1
Inpatient SBH	Visits	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	-	-	-	-	-	-	-	-
Subtotal SBH				\$ 0.21					
Ancillary									
Non-Emergency Transportation	Trips	3,323.6	\$ 39.35	\$ 10.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,323.6
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	16,124.4	168.30	226.15	-	-	-	-	16,124.4
Emergency Transportation	Trips	1,005.9	549.70	46.08	-	-	-	-	1,005.9
Subtotal Ancillary				\$ 283.13					
LTSS									
Home Health	Days	5,610.9	\$ 526.33	\$ 246.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,610.9
Hospice	Days	3,056.4	233.69	59.52	-	-	-	-	3,056.4
Other LTSS	Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 305.62					
Total Medical Costs				\$ 6,538.96					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proj	
Rate Cell: SSI - Child 1-20 Years		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 20,361	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	324.9	\$ 2,135.61	\$ 57.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	324.9	
NICU/PICU	Days	133.2	2,650.66	29.42	(0.00)	-	-	-	133.2	
Subtotal Inpatient Hospital				\$ 87.25						
Outpatient Hospital										
Outpatient Emergency Room	Visits	789.0	\$ 533.52	\$ 35.08	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	789.0	
Outpatient Pharmacy	Procedures	1,157.6	274.61	26.49	-	-	-	-	1,157.6	
Outpatient Pathology/Lab	Procedures	1,987.6	21.55	3.57	-	-	-	-	1,987.6	
Outpatient Radiology	Procedures	462.3	356.40	13.73	-	-	-	-	462.3	
Outpatient Surgery	Visits	129.1	1,096.57	11.80	-	-	-	-	129.1	
Other Outpatient	Procedures	3,760.7	90.59	28.39	-	-	-	-	3,760.7	
Subtotal Outpatient Hospital				\$ 119.06						
Professional										
Office/Home Visits/Consults	Visits	5,640.4	\$ 63.40	\$ 29.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,640.4	
Inpatient Visits	Visits	998.4	105.41	8.77	(0.00)	-	-	-	998.4	
Radiology	Procedures	1,131.8	33.61	3.17	0.00	-	-	-	1,131.8	
Pathology/Lab	Procedures	4,192.9	24.81	8.67	0.00	-	-	-	4,192.9	
Vision	Visits	807.0	47.58	3.20	-	-	-	-	807.0	
Applied Behavioral Analysis	Units	5,609.1	243.95	114.03	(0.00)	-	-	-	5,609.1	
Office Administered Drugs	Procedures	82.5	114.93	0.79	-	-	-	-	82.5	
MH/SA	Visits	455.5	54.27	2.06	-	-	-	-	455.5	
Inpatient and Outpatient Surgery	Procedures	393.0	239.97	7.86	-	-	-	-	393.0	
Therapy	Visits	3,204.2	51.87	13.85	-	-	-	-	3,204.2	
Immunizations	Procedures	424.5	15.26	0.54	-	-	-	-	424.5	
Physical Exams	Visits	592.1	70.93	3.50	-	-	-	-	592.1	
Other Professional	Procedures	2,317.2	186.69	36.05	-	-	-	-	2,317.2	
Emergency Room	Visits	809.8	93.36	6.30	(0.00)	-	-	-	809.8	
Family Planning	Procedures	35.4	74.66	0.22	(0.00)	-	-	-	35.4	
Anesthesia	Procedures	196.3	167.48	2.74	-	-	-	-	196.3	
Federally Qualified Health Center/Rural Health Clinic	Visits	1,367.6	164.08	18.70	-	-	-	-	1,367.6	
Subtotal Professional				\$ 260.25						
Retail Pharmacy										
Retail Pharmacy	Scripts	14,100.6	\$ 251.89	\$ 295.98	\$ 0.00	\$ (2.12)	\$ 0.00	\$ 0.00	14,100.6	
Subtotal Retail Pharmacy				\$ 295.98						
SBH										
Professional SBH	Days	817.7	\$ 94.36	\$ 6.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	817.7	
Inpatient SBH	Visits	464.3	1,399.98	54.17	-	-	-	-	464.3	
Addiction SBH	Visits	25.5	197.86	0.42	0.00	0.04	-	-	25.5	
Outpatient SBH	Visits	35.9	174.01	0.52	-	-	-	-	35.9	
Other SBH	Visits	2,641.9	133.00	29.28	0.00	-	-	-	2,641.9	
Subtotal SBH				\$ 90.82						
Ancillary										
Non-Emergency Transportation	Trips	1,582.9	\$ 66.49	\$ 8.77	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	1,582.9	
Other Ancillary	Procedures	1.3	1,171.14	0.13	-	-	-	-	1.3	
DME/Prosthetics	Devices	2,217.3	171.35	31.66	(0.00)	-	-	-	2,217.3	
Emergency Transportation	Trips	308.6	428.97	11.03	0.00	-	-	-	308.6	
Subtotal Ancillary				\$ 51.59						
LTSS										
Home Health	Days	202.4	\$ 395.47	\$ 6.67	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	202.4	
Hospice	Days	59.7	182.79	0.91	-	-	-	-	59.7	
Other LTSS	Procedures	645.9	104.23	5.61	-	-	-	-	645.9	
Personal/Custodial Care	Procedures	428.1	95.86	3.42	0.00	-	-	-	428.1	
Subtotal LTSS				\$ 16.61						
Total Medical Costs				\$ 921.56						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital	Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SSI - Adult 21+ Years	Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 35,672	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	1,886.7	\$ 1,617.89	\$ 254.38	\$ 0.00	\$ 0.00	\$ 9.07	\$ 0.00	1,954.0
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 254.38					
Outpatient Hospital									
Outpatient Emergency Room	Visits	1,637.4	\$ 775.40	\$ 105.80	\$ 0.00	\$ 0.00	\$ 3.77	\$ 0.00	1,695.7
Outpatient Pharmacy	Procedures	3,550.2	336.96	99.69	0.00	-	3.55	-	3,676.6
Outpatient Pathology/Lab	Procedures	6,456.3	14.26	7.67	0.00	-	0.27	-	6,683.6
Outpatient Radiology	Procedures	1,707.0	258.28	36.74	-	-	1.31	-	1,767.9
Outpatient Surgery	Visits	450.4	1,055.71	39.62	0.00	-	1.41	-	466.4
Other Outpatient	Procedures	5,340.9	135.28	60.21	-	-	2.15	-	5,531.6
Subtotal Outpatient Hospital				\$ 349.73					
Professional									
Office/Home Visits/Consults	Visits	8,422.1	\$ 66.55	\$ 46.71	\$ 0.00	\$ 0.00	\$ 1.66	\$ 0.00	8,721.4
Inpatient Visits	Visits	5,256.0	73.84	32.34	(0.00)	-	1.15	-	5,442.9
Radiology	Procedures	4,461.4	50.38	18.73	-	-	0.67	-	4,621.0
Pathology/Lab	Procedures	9,825.1	19.79	16.20	-	-	0.58	-	10,176.9
Vision	Visits	289.3	67.19	1.62	-	-	0.06	-	300.1
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	519.7	566.58	24.54	0.00	-	0.87	-	538.2
MH/SA	Visits	3,585.0	26.85	8.02	-	-	0.29	-	3,714.6
Inpatient and Outpatient Surgery	Procedures	1,668.3	219.31	30.49	-	-	1.09	-	1,727.9
Therapy	Visits	792.7	64.19	4.24	-	-	0.15	-	820.7
Immunizations	Procedures	108.7	39.74	0.36	0.00	-	0.01	-	111.7
Physical Exams	Visits	230.1	62.59	1.20	-	-	0.04	-	237.7
Other Professional	Procedures	3,306.2	51.65	14.23	0.00	-	0.51	-	3,424.7
Emergency Room	Visits	1,829.2	98.47	15.01	-	-	0.54	-	1,895.0
Family Planning	Procedures	41.9	91.56	0.32	-	-	0.01	-	43.3
Anesthesia	Procedures	461.1	141.05	5.42	0.00	-	0.19	-	477.3
Federally Qualified Health Center/Rural Health Clinic	Visits	2,105.7	168.11	29.50	-	-	1.05	-	2,180.7
Subtotal Professional				\$ 248.93					
Retail Pharmacy									
Retail Pharmacy	Scripts	52,908.3	\$ 185.60	\$ 818.32	\$ 1.67	\$ (27.41)	\$ 28.25	\$ 0.00	54,842.8
Subtotal Retail Pharmacy				\$ 818.32					
SBH									
Professional SBH	Days	1,660.8	\$ 59.39	\$ 8.22	\$ 0.00	\$ 0.00	\$ 0.29	\$ 0.00	1,719.4
Inpatient SBH	Visits	1,148.7	803.11	76.88	0.00	-	2.74	-	1,189.7
Addiction SBH	Visits	1,485.2	206.12	25.51	-	2.77	1.01	-	1,544.0
Outpatient SBH	Visits	588.2	179.33	8.79	-	-	0.31	-	608.9
Other SBH	Visits	1,633.2	303.90	41.36	0.00	-	1.47	-	1,691.2
Subtotal SBH				\$ 160.76					
Ancillary									
Non-Emergency Transportation	Trips	6,919.1	\$ 48.09	\$ 27.73	\$ (0.00)	\$ 0.00	\$ 0.99	\$ 0.00	7,166.1
Other Ancillary	Procedures	9.7	706.36	0.57	-	-	0.02	-	10.0
DME/Prosthetics	Devices	2,201.3	147.19	27.00	0.00	-	0.96	-	2,279.6
Emergency Transportation	Trips	1,456.1	400.12	48.55	-	-	1.73	-	1,508.0
Subtotal Ancillary				\$ 103.85					
LTSS									
Home Health	Days	1,373.8	\$ 67.61	\$ 7.74	\$ 0.00	\$ 0.00	\$ 0.28	\$ 0.00	1,423.5
Hospice	Days	728.5	188.45	11.44	0.00	-	0.41	-	754.6
Other LTSS	Procedures	192.8	439.51	7.06	-	-	0.25	-	199.6
Personal/Custodial Care	Procedures	180.1	184.55	2.77	-	-	0.10	-	186.6
Subtotal LTSS				\$ 29.01					
Total Medical Costs				\$ 1,964.98					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: F&C - 0-2 Months		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 6,179	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	4,509.8	\$ 405.92	\$ 152.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,509.8
NICU/PICU	Days	11,062.2	1,763.28	1,625.48	-	-	-	-	11,062.2
Subtotal Inpatient Hospital				\$ 1,778.03					
Outpatient Hospital									
Outpatient Emergency Room	Visits	1,197.2	\$ 413.06	\$ 41.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,197.2
Outpatient Pharmacy	Procedures	181.6	44.27	0.67	0.00	-	-	-	181.6
Outpatient Pathology/Lab	Procedures	3,418.0	14.46	4.12	-	-	-	-	3,418.0
Outpatient Radiology	Procedures	439.7	167.31	6.13	-	-	-	-	439.7
Outpatient Surgery	Visits	180.6	336.26	5.06	-	-	-	-	180.6
Other Outpatient	Procedures	4,413.3	52.80	19.42	-	-	-	-	4,413.3
Subtotal Outpatient Hospital				\$ 76.61					
Professional									
Office/Home Visits/Consults	Visits	9,632.9	\$ 52.40	\$ 42.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	9,632.9
Inpatient Visits	Visits	17,812.8	148.67	220.69	-	-	-	-	17,812.8
Radiology	Procedures	4,458.8	14.05	5.22	(0.00)	-	-	-	4,458.8
Pathology/Lab	Procedures	20,397.4	18.08	30.74	-	-	-	-	20,397.4
Vision	Visits	30.9	93.22	0.24	-	-	-	-	30.9
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	287.3	12.53	0.30	0.00	-	-	-	287.3
MH/SA	Visits	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	1,070.9	169.09	15.09	-	-	-	-	1,070.9
Therapy	Visits	80.5	37.27	0.25	-	-	-	-	80.5
Immunizations	Procedures	5,639.1	12.17	5.72	(0.00)	-	-	-	5,639.1
Physical Exams	Visits	16,936.1	53.88	76.04	-	-	-	-	16,936.1
Other Professional	Procedures	5,578.4	58.81	27.34	-	-	-	-	5,578.4
Emergency Room	Visits	1,183.3	85.59	8.44	0.00	-	-	-	1,183.3
Family Planning	Procedures	0.5	247.38	0.01	-	-	-	-	0.5
Anesthesia	Procedures	129.3	222.65	2.40	0.00	-	-	-	129.3
Federally Qualified Health Center/Rural Health Clinic	Visits	1,895.2	125.62	19.84	-	-	-	-	1,895.2
Subtotal Professional				\$ 454.38					
Retail Pharmacy									
Retail Pharmacy	Scripts	2,341.3	\$ 40.34	\$ 7.87	\$ (0.00)	\$ (0.03)	\$ 0.00	\$ 0.00	2,341.3
Subtotal Retail Pharmacy				\$ 7.87					
SBH									
Professional SBH	Days	24.6	\$ 58.46	\$ 0.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	24.6
Inpatient SBH	Visits	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	15.6	377.25	0.49	-	-	-	-	15.6
Subtotal SBH				\$ 0.61					
Ancillary									
Non-Emergency Transportation	Trips	282.4	\$ 68.42	\$ 1.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	282.4
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	195.5	59.55	0.97	-	-	-	-	195.5
Emergency Transportation	Trips	441.1	808.17	29.71	-	-	-	-	441.1
Subtotal Ancillary				\$ 32.29					
LTSS									
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice	Days	22.0	190.76	0.35	0.00	-	-	-	22.0
Other LTSS	Procedures	41.2	23.33	0.08	-	-	-	-	41.2
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.43					
Total Medical Costs				\$ 2,350.22					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: F&C - 3-11 Months		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 23,185	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	221.9	\$ 2,394.45	\$ 44.27	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	221.9
NICU/PICU	Days	363.0	2,666.27	80.65	0.00	-	-	-	363.0
Subtotal Inpatient Hospital				\$ 124.92					
Outpatient Hospital									
Outpatient Emergency Room	Visits	1,341.1	\$ 358.09	\$ 40.02	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	1,341.1
Outpatient Pharmacy	Procedures	349.3	43.28	1.26	-	-	-	-	349.3
Outpatient Pathology/Lab	Procedures	1,303.2	32.05	3.48	-	-	-	-	1,303.2
Outpatient Radiology	Procedures	323.9	209.69	5.66	0.00	-	-	-	323.9
Outpatient Surgery	Visits	121.1	551.87	5.57	(0.00)	-	-	-	121.1
Other Outpatient	Procedures	2,933.1	59.16	14.46	(0.00)	-	-	-	2,933.1
Subtotal Outpatient Hospital				\$ 70.45					
Professional									
Office/Home Visits/Consults	Visits	7,422.4	\$ 57.01	\$ 35.26	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	7,422.4
Inpatient Visits	Visits	1,049.6	163.72	14.32	0.00	-	-	-	1,049.6
Radiology	Procedures	963.0	20.31	1.63	-	-	-	-	963.0
Pathology/Lab	Procedures	4,054.7	26.70	9.02	-	-	-	-	4,054.7
Vision	Visits	79.1	65.21	0.43	-	-	-	-	79.1
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	198.5	5.44	0.09	-	-	-	-	198.5
MH/SA	Visits	3.2	36.99	0.01	-	-	-	-	3.2
Inpatient and Outpatient Surgery	Procedures	344.3	193.44	5.55	-	-	-	-	344.3
Therapy	Visits	149.8	48.87	0.61	-	-	-	-	149.8
Immunizations	Procedures	5,527.3	12.96	5.97	(0.00)	-	-	-	5,527.3
Physical Exams	Visits	3,648.4	62.36	18.96	(0.00)	-	-	-	3,648.4
Other Professional	Procedures	2,551.1	33.16	7.05	-	-	-	-	2,551.1
Emergency Room	Visits	1,327.9	84.04	9.30	0.00	-	-	-	1,327.9
Family Planning	Procedures	0.6	196.20	0.01	-	-	-	-	0.6
Anesthesia	Procedures	163.7	139.31	1.90	-	-	-	-	163.7
Federally Qualified Health Center/Rural Health Clinic	Visits	960.0	127.00	10.16	-	-	-	-	960.0
Subtotal Professional				\$ 120.27					
Retail Pharmacy									
Retail Pharmacy	Scripts	5,483.2	\$ 44.86	\$ 20.50	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	5,483.2
Subtotal Retail Pharmacy				\$ 20.50					
SBH									
Professional SBH	Days	33.6	\$ 82.06	\$ 0.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	33.6
Inpatient SBH	Visits	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	13.2	381.65	0.42	(0.00)	-	-	-	13.2
Subtotal SBH				\$ 0.65					
Ancillary									
Non-Emergency Transportation	Trips	165.6	\$ 79.72	\$ 1.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	165.6
Other Ancillary	Procedures	0.9	967.10	0.07	-	-	-	-	0.9
DME/Prosthetics	Devices	730.6	83.77	5.10	(0.00)	-	-	-	730.6
Emergency Transportation	Trips	142.7	510.49	6.07	(0.00)	-	-	-	142.7
Subtotal Ancillary				\$ 12.34					
LTSS									
Home Health	Days	2.0	\$ 363.30	\$ 0.06	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	2.0
Hospice	Days	24.8	178.93	0.37	(0.00)	-	-	-	24.8
Other LTSS	Procedures	92.5	22.04	0.17	(0.00)	-	-	-	92.5
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.60					
Total Medical Costs				\$ 349.73					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital Rate Cell: F&C - Child 1-20 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Acuity Adjustments		Proje
Member Months: 474,109 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000
Inpatient Hospital									
Inpatient Acute	Days	44.9	\$ 2,138.55	\$ 8.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	44.9
NICU/PICU	Days	18.5	2,661.84	4.11	0.00	-	-	-	18.5
Subtotal Inpatient Hospital				\$ 12.12					
Outpatient Hospital									
Outpatient Emergency Room	Visits	518.6	\$ 419.77	\$ 18.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	518.6
Outpatient Pharmacy	Procedures	233.9	205.20	4.00	-	-	-	-	233.9
Outpatient Pathology/Lab	Procedures	838.8	22.18	1.55	0.00	-	-	-	838.8
Outpatient Radiology	Procedures	222.9	191.62	3.56	-	-	-	-	222.9
Outpatient Surgery	Visits	73.7	644.81	3.96	0.00	-	-	-	73.7
Other Outpatient	Procedures	1,105.5	66.11	6.09	-	-	-	-	1,105.5
Subtotal Outpatient Hospital				\$ 37.30					
Professional									
Office/Home Visits/Consults	Visits	4,271.4	\$ 60.18	\$ 21.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,271.4
Inpatient Visits	Visits	166.8	104.30	1.45	0.00	-	-	-	166.8
Radiology	Procedures	607.3	25.49	1.29	-	-	-	-	607.3
Pathology/Lab	Procedures	3,504.7	22.43	6.55	0.00	-	-	-	3,504.7
Vision	Visits	739.3	44.64	2.75	-	-	-	-	739.3
Applied Behavioral Analysis	Units	298.3	250.22	6.22	-	-	-	-	298.3
Office Administered Drugs	Procedures	61.3	88.10	0.45	0.00	-	-	-	61.3
MH/SA	Visits	239.3	53.65	1.07	0.00	-	-	-	239.3
Inpatient and Outpatient Surgery	Procedures	259.6	153.90	3.33	-	-	-	-	259.6
Therapy	Visits	532.0	54.13	2.40	0.00	-	-	-	532.0
Immunizations	Procedures	539.7	14.68	0.66	0.00	-	-	-	539.7
Physical Exams	Visits	678.4	69.34	3.92	-	-	-	-	678.4
Other Professional	Procedures	858.0	38.18	2.73	-	-	-	-	858.0
Emergency Room	Visits	506.6	87.18	3.68	0.00	-	-	-	506.6
Family Planning	Procedures	34.0	74.01	0.21	-	-	-	-	34.0
Anesthesia	Procedures	96.8	142.62	1.15	-	-	-	-	96.8
Federally Qualified Health Center/Rural Health Clinic	Visits	880.6	156.70	11.50	-	-	-	-	880.6
Subtotal Professional				\$ 70.78					
Retail Pharmacy									
Retail Pharmacy	Scripts	5,688.3	\$ 117.84	\$ 55.86	\$ 0.00	\$ (0.56)	\$ 0.00	\$ 0.00	5,688.3
Subtotal Retail Pharmacy				\$ 55.86					
SBH									
Professional SBH	Days	251.6	\$ 67.73	\$ 1.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	251.6
Inpatient SBH	Visits	89.9	1,235.48	9.26	0.00	-	-	-	89.9
Addiction SBH	Visits	15.9	189.21	0.25	-	0.02	-	-	15.9
Outpatient SBH	Visits	7.0	171.75	0.10	0.00	-	-	-	7.0
Other SBH	Visits	763.8	131.50	8.37	0.00	-	-	-	763.8
Subtotal SBH				\$ 19.40					
Ancillary									
Non-Emergency Transportation	Trips	87.8	\$ 138.07	\$ 1.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	87.8
Other Ancillary	Procedures	0.7	704.36	0.04	-	-	-	-	0.7
DME/Prosthetics	Devices	197.1	112.62	1.85	0.00	-	-	-	197.1
Emergency Transportation	Trips	83.2	432.94	3.00	-	-	-	-	83.2
Subtotal Ancillary				\$ 5.90					
LTSS									
Home Health	Days	7.9	\$ 273.54	\$ 0.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7.9
Hospice	Days	0.6	187.77	0.01	-	-	-	-	0.6
Other LTSS	Procedures	15.3	70.77	0.09	-	-	-	-	15.3
Personal/Custodial Care	Procedures	6.0	60.21	0.03	0.00	-	-	-	6.0
Subtotal LTSS				\$ 0.31					
Total Medical Costs				\$ 201.67					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: F&C - Adult 21+ Years		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 50,626	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	224.2	\$ 1,618.88	\$ 30.24	\$ 0.00	\$ 0.00	\$ 1.22	\$ 0.00	233.2
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 30.24					
Outpatient Hospital									
Outpatient Emergency Room	Visits	841.4	\$ 620.80	\$ 43.53	\$ (0.00)	\$ 0.00	\$ 1.75	\$ 0.00	875.3
Outpatient Pharmacy	Procedures	960.5	255.25	20.43	(0.00)	-	0.82	-	999.0
Outpatient Pathology/Lab	Procedures	3,126.6	17.50	4.56	(0.00)	-	0.18	-	3,250.0
Outpatient Radiology	Procedures	681.8	214.21	12.17	-	-	0.49	-	709.2
Outpatient Surgery	Visits	151.0	833.89	10.49	-	-	0.42	-	157.0
Other Outpatient	Procedures	1,218.3	71.21	7.23	(0.00)	-	0.29	-	1,267.2
Subtotal Outpatient Hospital				\$ 98.41					
Professional									
Office/Home Visits/Consults	Visits	4,753.1	\$ 63.32	\$ 25.08	\$ 0.00	\$ 0.00	\$ 1.01	\$ 0.00	4,944.5
Inpatient Visits	Visits	663.1	76.37	4.22	-	-	0.17	-	689.8
Radiology	Procedures	3,360.2	46.25	12.95	(0.00)	-	0.52	-	3,495.1
Pathology/Lab	Procedures	10,545.4	27.05	23.77	(0.00)	-	0.96	-	10,971.3
Vision	Visits	122.2	69.74	0.71	-	-	0.03	-	127.3
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	196.8	144.48	2.37	(0.00)	-	0.10	-	205.2
MH/SA	Visits	3,062.1	19.83	5.06	(0.00)	-	0.20	-	3,183.1
Inpatient and Outpatient Surgery	Procedures	520.9	208.04	9.03	(0.00)	-	0.36	-	541.6
Therapy	Visits	377.1	57.91	1.82	(0.00)	-	0.07	-	391.7
Immunizations	Procedures	153.3	24.27	0.31	-	-	0.01	-	158.3
Physical Exams	Visits	306.9	65.70	1.68	(0.00)	-	0.07	-	319.7
Other Professional	Procedures	983.9	61.35	5.03	-	-	0.20	-	1,023.0
Emergency Room	Visits	916.5	90.48	6.91	(0.00)	-	0.28	-	953.6
Family Planning	Procedures	286.6	129.79	3.10	(0.00)	-	0.12	-	297.7
Anesthesia	Procedures	417.1	168.86	5.87	-	-	0.24	-	434.2
Federally Qualified Health Center/Rural Health Clinic	Visits	1,228.0	160.56	16.43	-	-	0.66	-	1,277.3
Subtotal Professional				\$ 124.34					
Retail Pharmacy									
Retail Pharmacy	Scripts	17,644.4	\$ 131.51	\$ 193.37	\$ 0.83	\$ (5.85)	\$ 7.57	\$ 0.00	18,410.9
Subtotal Retail Pharmacy				\$ 193.37					
SBH									
Professional SBH	Days	549.6	\$ 64.20	\$ 2.94	\$ (0.00)	\$ 0.00	\$ 0.12	\$ 0.00	572.0
Inpatient SBH	Visits	165.9	775.18	10.72	-	-	0.43	-	172.6
Addiction SBH	Visits	791.2	215.51	14.21	(0.00)	1.72	0.64	-	826.9
Outpatient SBH	Visits	48.6	172.90	0.70	(0.00)	-	0.03	-	50.7
Other SBH	Visits	575.3	150.61	7.22	(0.00)	-	0.29	-	598.4
Subtotal SBH				\$ 35.79					
Ancillary									
Non-Emergency Transportation	Trips	1,261.2	\$ 47.29	\$ 4.97	\$ (0.00)	\$ 0.00	\$ 0.20	\$ 0.00	1,312.0
Other Ancillary	Procedures	2.1	737.72	0.13	-	-	0.01	-	2.3
DME/Prosthetics	Devices	441.1	105.27	3.87	-	-	0.16	-	459.4
Emergency Transportation	Trips	320.3	406.47	10.85	-	-	0.44	-	333.3
Subtotal Ancillary				\$ 19.82					
LTSS									
Home Health	Days	59.7	\$ 82.48	\$ 0.41	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.00	62.6
Hospice	Days	18.5	200.70	0.31	-	-	0.01	-	19.1
Other LTSS	Procedures	25.4	160.70	0.34	-	-	0.01	-	26.1
Personal/Custodial Care	Procedures	3.7	163.90	0.05	-	-	-	-	3.7
Subtotal LTSS				\$ 1.11					
Total Medical Costs				\$ 503.08					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital	Base Year			Prospective Program		Acuity		Proje	
Rate Cell: HCBS - Child 1-20 Years	Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 2,162	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	855.3	\$ 1,791.59	\$ 127.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	855.3
NICU/PICU	Days	915.4	2,603.47	198.61	-	-	-	-	915.4
Subtotal Inpatient Hospital				\$ 326.30					
Outpatient Hospital									
Outpatient Emergency Room	Visits	770.7	\$ 662.52	\$ 42.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	770.7
Outpatient Pharmacy	Procedures	813.2	2,600.84	176.25	-	-	-	-	813.2
Outpatient Pathology/Lab	Procedures	3,315.8	17.08	4.72	0.00	-	-	-	3,315.8
Outpatient Radiology	Procedures	832.5	213.90	14.84	-	-	-	-	832.5
Outpatient Surgery	Visits	413.7	748.58	25.81	(0.00)	-	-	-	413.7
Other Outpatient	Procedures	9,857.8	60.12	49.39	-	-	-	-	9,857.8
Subtotal Outpatient Hospital				\$ 313.56					
Professional									
Office/Home Visits/Consults	Visits	7,990.1	\$ 68.52	\$ 45.62	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	7,990.1
Inpatient Visits	Visits	3,194.6	113.78	30.29	-	-	-	-	3,194.6
Radiology	Procedures	2,387.3	22.42	4.46	-	-	-	-	2,387.3
Pathology/Lab	Procedures	3,926.0	45.42	14.86	(0.00)	-	-	-	3,926.0
Vision	Visits	805.6	56.46	3.79	-	-	-	-	805.6
Applied Behavioral Analysis	Units	25,119.4	249.70	522.70	-	-	-	-	25,119.4
Office Administered Drugs	Procedures	90.6	629.26	4.75	-	-	-	-	90.6
MH/SA	Visits	719.2	41.21	2.47	0.00	-	-	-	719.2
Inpatient and Outpatient Surgery	Procedures	1,212.5	231.69	23.41	0.00	-	-	-	1,212.5
Therapy	Visits	11,210.6	52.53	49.07	0.00	-	-	-	11,210.6
Immunizations	Procedures	325.2	15.13	0.41	-	-	-	-	325.2
Physical Exams	Visits	624.4	72.84	3.79	-	-	-	-	624.4
Other Professional	Procedures	9,664.9	299.21	240.99	0.00	-	-	-	9,664.9
Emergency Room	Visits	864.8	101.29	7.30	(0.00)	-	-	-	864.8
Family Planning	Procedures	16.2	59.23	0.08	-	-	-	-	16.2
Anesthesia	Procedures	477.3	178.52	7.10	0.00	-	-	-	477.3
Federally Qualified Health Center/Rural Health Clinic	Visits	1,583.1	155.16	20.47	(0.00)	-	-	-	1,583.1
Subtotal Professional				\$ 981.56					
Retail Pharmacy									
Retail Pharmacy	Scripts	31,138.5	\$ 261.45	\$ 678.43	\$ 0.00	\$ (2.70)	\$ 0.00	\$ 0.00	31,138.5
Subtotal Retail Pharmacy				\$ 678.43					
SBH									
Professional SBH	Days	1,187.6	\$ 170.56	\$ 16.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,187.6
Inpatient SBH	Visits	230.7	1,158.89	22.28	0.00	-	-	-	230.7
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	4.8	175.00	0.07	-	-	-	-	4.8
Other SBH	Visits	654.1	158.33	8.63	0.00	-	-	-	654.1
Subtotal SBH				\$ 47.86					
Ancillary									
Non-Emergency Transportation	Trips	7,554.7	\$ 48.29	\$ 30.40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,554.7
Other Ancillary	Procedures	16.8	1,157.19	1.62	-	-	-	-	16.8
DME/Prosthetics	Devices	28,768.3	139.68	334.86	-	-	-	-	28,768.3
Emergency Transportation	Trips	622.9	574.12	29.80	0.00	-	-	-	622.9
Subtotal Ancillary				\$ 396.68					
LTSS									
Home Health	Days	11,807.9	\$ 515.10	\$ 506.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	11,807.9
Hospice	Days	2,450.7	175.78	35.90	(0.00)	-	-	-	2,450.7
Other LTSS	Procedures	7,459.8	107.54	66.85	0.00	-	-	-	7,459.8
Personal/Custodial Care	Procedures	19,547.6	88.07	143.46	-	-	-	-	19,547.6
Subtotal LTSS				\$ 753.06					
Total Medical Costs				\$ 3,497.45					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: HCBS - Adult 21+ Years		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 2,748	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	1,935.2	\$ 1,492.55	\$ 240.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,935.2	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 240.70						
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,193.0	\$ 792.55	\$ 78.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,193.0	
Outpatient Pharmacy	Procedures	2,366.5	321.94	63.49	-	-	-	-	2,366.5	
Outpatient Pathology/Lab	Procedures	5,772.6	12.85	6.18	-	-	-	-	5,772.6	
Outpatient Radiology	Procedures	1,103.8	244.07	22.45	-	-	-	-	1,103.8	
Outpatient Surgery	Visits	428.9	755.76	27.01	-	-	-	-	428.9	
Other Outpatient	Procedures	4,212.2	91.88	32.25	-	-	-	-	4,212.2	
Subtotal Outpatient Hospital				\$ 230.17						
Professional										
Office/Home Visits/Consults	Visits	7,986.6	\$ 65.42	\$ 43.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,986.6	
Inpatient Visits	Visits	5,119.3	71.85	30.65	-	-	-	-	5,119.3	
Radiology	Procedures	3,037.4	36.39	9.21	0.00	-	-	-	3,037.4	
Pathology/Lab	Procedures	7,477.7	17.28	10.77	-	-	-	-	7,477.7	
Vision	Visits	191.4	64.59	1.03	-	-	-	-	191.4	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	166.8	254.02	3.53	0.00	-	-	-	166.8	
MH/SA	Visits	809.5	97.69	6.59	0.00	-	-	-	809.5	
Inpatient and Outpatient Surgery	Procedures	1,595.4	152.91	20.33	-	-	-	-	1,595.4	
Therapy	Visits	1,542.3	58.28	7.49	0.00	-	-	-	1,542.3	
Immunizations	Procedures	153.7	33.56	0.43	0.00	-	-	-	153.7	
Physical Exams	Visits	309.0	61.75	1.59	(0.00)	-	-	-	309.0	
Other Professional	Procedures	2,533.3	50.31	10.62	0.00	-	-	-	2,533.3	
Emergency Room	Visits	1,335.5	100.54	11.19	-	-	-	-	1,335.5	
Family Planning	Procedures	57.5	102.33	0.49	0.00	-	-	-	57.5	
Anesthesia	Procedures	358.9	124.71	3.73	0.00	-	-	-	358.9	
Federally Qualified Health Center/Rural Health Clinic	Visits	2,375.7	169.06	33.47	-	-	-	-	2,375.7	
Subtotal Professional				\$ 194.66						
Retail Pharmacy										
Retail Pharmacy	Scripts	52,223.0	\$ 172.99	\$ 752.85	\$ 0.00	\$ (15.07)	\$ 0.00	\$ 0.00	52,223.0	
Subtotal Retail Pharmacy				\$ 752.85						
SBH										
Professional SBH	Days	1,033.0	\$ 59.13	\$ 5.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,033.0	
Inpatient SBH	Visits	532.9	781.59	34.71	-	-	-	-	532.9	
Addiction SBH	Visits	339.0	182.28	5.15	0.00	0.24	-	-	339.0	
Outpatient SBH	Visits	126.8	171.29	1.81	0.00	-	-	-	126.8	
Other SBH	Visits	1,646.2	260.75	35.77	0.00	-	-	-	1,646.2	
Subtotal SBH				\$ 82.53						
Ancillary										
Non-Emergency Transportation	Trips	7,811.7	\$ 61.03	\$ 39.73	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,811.7	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	6,829.8	153.53	87.38	-	-	-	-	6,829.8	
Emergency Transportation	Trips	1,375.5	366.67	42.03	-	-	-	-	1,375.5	
Subtotal Ancillary				\$ 169.14						
LTSS										
Home Health	Days	2,864.8	\$ 89.72	\$ 21.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,864.8	
Hospice	Days	1,537.7	180.66	23.15	0.00	-	-	-	1,537.7	
Other LTSS	Procedures	297.1	372.40	9.22	-	-	-	-	297.1	
Personal/Custodial Care	Procedures	42.6	185.97	0.66	0.00	-	-	-	42.6	
Subtotal LTSS				\$ 54.45						
Total Medical Costs				\$ 1,724.50						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SBH - CCM, All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 675		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital										
Inpatient Acute		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
NICU/PICU		Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00					
Outpatient Hospital										
Outpatient Emergency Room		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Outpatient Pharmacy		Procedures	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Outpatient Radiology		Procedures	-	-	-	-	-	-	-	-
Outpatient Surgery		Visits	-	-	-	-	-	-	-	-
Other Outpatient		Procedures	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital					\$ 0.00					
Professional										
Office/Home Visits/Consults		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Inpatient Visits		Visits	-	-	-	-	-	-	-	-
Radiology		Procedures	-	-	-	-	-	-	-	-
Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Vision		Visits	-	-	-	-	-	-	-	-
Applied Behavioral Analysis		Units	6,917.2	240.81	138.81	-	-	-	-	6,917.2
Office Administered Drugs		Procedures	-	-	-	-	-	-	-	-
MH/SA		Visits	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		Procedures	-	-	-	-	-	-	-	-
Therapy		Visits	-	-	-	-	-	-	-	-
Immunizations		Procedures	-	-	-	-	-	-	-	-
Physical Exams		Visits	-	-	-	-	-	-	-	-
Other Professional		Procedures	-	-	-	-	-	-	-	-
Emergency Room		Visits	-	-	-	-	-	-	-	-
Family Planning		Procedures	-	-	-	-	-	-	-	-
Anesthesia		Procedures	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		Visits	-	-	-	-	-	-	-	-
Subtotal Professional					\$ 138.81					
Retail Pharmacy										
Retail Pharmacy		Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Subtotal Retail Pharmacy					\$ 0.00					
SBH										
Professional SBH		Days	387.2	\$ 64.46	\$ 2.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	387.2
Inpatient SBH		Visits	309.4	642.20	16.56	-	-	-	-	309.4
Addiction SBH		Visits	-	-	-	-	-	-	-	-
Outpatient SBH		Visits	-	-	-	-	-	-	-	-
Other SBH		Visits	1,940.2	133.28	21.55	0.00	-	-	-	1,940.2
Subtotal SBH					\$ 40.19					
Ancillary										
Non-Emergency Transportation		Trips	477.7	\$ 98.47	\$ 3.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	477.7
Other Ancillary		Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics		Devices	-	-	-	-	-	-	-	-
Emergency Transportation		Trips	-	-	-	-	-	-	-	-
Subtotal Ancillary					\$ 3.92					
LTSS										
Home Health		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice		Days	-	-	-	-	-	-	-	-
Other LTSS		Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care		Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.00					
Total Medical Costs					\$ 182.92					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SBH - Dual Eligible, All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 77,684		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital										
Inpatient Acute		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
NICU/PICU		Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00					
Outpatient Hospital										
Outpatient Emergency Room		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Outpatient Pharmacy		Procedures	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Outpatient Radiology		Procedures	-	-	-	-	-	-	-	-
Outpatient Surgery		Visits	-	-	-	-	-	-	-	-
Other Outpatient		Procedures	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital					\$ 0.00					
Professional										
Office/Home Visits/Consults		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Inpatient Visits		Visits	-	-	-	-	-	-	-	-
Radiology		Procedures	-	-	-	-	-	-	-	-
Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Vision		Visits	-	-	-	-	-	-	-	-
Applied Behavioral Analysis		Units	-	-	-	-	-	-	-	-
Office Administered Drugs		Procedures	-	-	-	-	-	-	-	-
MH/SA		Visits	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		Procedures	-	-	-	-	-	-	-	-
Therapy		Visits	-	-	-	-	-	-	-	-
Immunizations		Procedures	-	-	-	-	-	-	-	-
Physical Exams		Visits	-	-	-	-	-	-	-	-
Other Professional		Procedures	-	-	-	-	-	-	-	-
Emergency Room		Visits	-	-	-	-	-	-	-	-
Family Planning		Procedures	-	-	-	-	-	-	-	-
Anesthesia		Procedures	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		Visits	-	-	-	-	-	-	-	-
Subtotal Professional					\$ 0.00					
Retail Pharmacy										
Retail Pharmacy		Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Subtotal Retail Pharmacy					\$ 0.00					
SBH										
Professional SBH		Days	18.6	\$ 58.21	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	18.6
Inpatient SBH		Visits	36.7	733.39	2.24	-	-	-	-	36.7
Addiction SBH		Visits	380.1	232.07	7.35	-	0.72	-	-	380.1
Outpatient SBH		Visits	9.7	185.24	0.15	-	-	-	-	9.7
Other SBH		Visits	420.4	351.92	12.33	-	-	-	-	420.4
Subtotal SBH					\$ 22.16					
Ancillary										
Non-Emergency Transportation		Trips	3,898.1	\$ 42.30	\$ 13.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,898.1
Other Ancillary		Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics		Devices	-	-	-	-	-	-	-	-
Emergency Transportation		Trips	-	-	-	-	-	-	-	-
Subtotal Ancillary					\$ 13.74					
LTSS										
Home Health		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice		Days	-	-	-	-	-	-	-	-
Other LTSS		Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care		Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.00					
Total Medical Costs					\$ 35.90					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital Rate Cell: SBH - LaHIPP, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Acuity Adjustments		Proje	
Member Months: 444	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	589.2	79.23	3.89	-	-	-	-	589.2	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 3.89						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	175.3	\$ 52.03	\$ 0.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	175.3	
Inpatient SBH	Visits	58.7	140.98	0.69	0.00	-	-	-	58.7	
Addiction SBH	Visits	-	-	-	-	-	-	-	-	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	161.7	85.34	1.15	(0.00)	-	-	-	161.7	
Subtotal SBH				\$ 2.60						
Ancillary										
Non-Emergency Transportation	Trips	24.7	\$ 412.21	\$ 0.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	24.7	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 0.85						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 7.34						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SBH - HCBS - Child 1-20 Years		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 1,152	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	10,372.3	228.30	197.33	-	-	-	-	10,372.3	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 197.33						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	1,107.0	\$ 163.79	\$ 15.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,107.0	
Inpatient SBH	Visits	107.8	743.50	6.68	-	-	-	-	107.8	
Addiction SBH	Visits	-	-	-	-	-	-	-	-	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	841.5	161.28	11.31	(0.00)	-	-	-	841.5	
Subtotal SBH				\$ 33.10						
Ancillary										
Non-Emergency Transportation	Trips	1,461.8	\$ 125.27	\$ 15.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,461.8	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 15.26						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 245.69						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SBH - HCBS - Adult 21+ Years		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 2,060	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 0.00						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	712.2	\$ 63.52	\$ 3.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	712.2	
Inpatient SBH	Visits	358.4	792.13	23.66	0.00	-	-	-	358.4	
Addiction SBH	Visits	706.5	144.37	8.50	-	0.04	-	-	706.5	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	705.1	459.52	27.00	0.00	-	-	-	705.1	
Subtotal SBH				\$ 62.93						
Ancillary										
Non-Emergency Transportation	Trips	5,665.1	\$ 68.74	\$ 32.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,665.1	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 32.45						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 95.38						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: SBH - Other - All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 2,218		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital										
Inpatient Acute		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
NICU/PICU		Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00					
Outpatient Hospital										
Outpatient Emergency Room		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Outpatient Pharmacy		Procedures	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Outpatient Radiology		Procedures	-	-	-	-	-	-	-	-
Outpatient Surgery		Visits	-	-	-	-	-	-	-	-
Other Outpatient		Procedures	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital					\$ 0.00					
Professional										
Office/Home Visits/Consults		Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Inpatient Visits		Visits	-	-	-	-	-	-	-	-
Radiology		Procedures	-	-	-	-	-	-	-	-
Pathology/Lab		Procedures	-	-	-	-	-	-	-	-
Vision		Visits	-	-	-	-	-	-	-	-
Applied Behavioral Analysis		Units	336.3	162.36	4.55	-	-	-	-	336.3
Office Administered Drugs		Procedures	-	-	-	-	-	-	-	-
MH/SA		Visits	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		Procedures	-	-	-	-	-	-	-	-
Therapy		Visits	-	-	-	-	-	-	-	-
Immunizations		Procedures	-	-	-	-	-	-	-	-
Physical Exams		Visits	-	-	-	-	-	-	-	-
Other Professional		Procedures	-	-	-	-	-	-	-	-
Emergency Room		Visits	-	-	-	-	-	-	-	-
Family Planning		Procedures	-	-	-	-	-	-	-	-
Anesthesia		Procedures	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		Visits	-	-	-	-	-	-	-	-
Subtotal Professional					\$ 4.55					
Retail Pharmacy										
Retail Pharmacy		Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Subtotal Retail Pharmacy					\$ 0.00					
SBH										
Professional SBH		Days	3,570.8	\$ 49.30	\$ 14.67	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	3,570.8
Inpatient SBH		Visits	1,142.9	734.23	69.93	(0.00)	-	-	-	1,142.9
Addiction SBH		Visits	60.0	244.09	1.22	(0.00)	0.14	-	-	60.0
Outpatient SBH		Visits	21.3	175.00	0.31	(0.00)	-	-	-	21.3
Other SBH		Visits	1,173.1	186.18	18.20	-	-	-	-	1,173.1
Subtotal SBH					\$ 104.33					
Ancillary										
Non-Emergency Transportation		Trips	3,393.8	\$ 205.58	\$ 58.14	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	3,393.8
Other Ancillary		Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics		Devices	-	-	-	-	-	-	-	-
Emergency Transportation		Trips	-	-	-	-	-	-	-	-
Subtotal Ancillary					\$ 58.14					
LTSS										
Home Health		Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice		Days	-	-	-	-	-	-	-	-
Other LTSS		Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care		Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.00					
Total Medical Costs					\$ 167.02					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Other Populations - FCC, All Ages Male & Female		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 12,581	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	162.4	\$ 2,579.60	\$ 34.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	162.4
NICU/PICU	Days	41.8	2,314.71	8.07	-	-	-	-	41.8
Subtotal Inpatient Hospital				\$ 42.98					
Outpatient Hospital									
Outpatient Emergency Room	Visits	623.8	\$ 482.86	\$ 25.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	623.8
Outpatient Pharmacy	Procedures	300.8	131.26	3.29	-	-	-	-	300.8
Outpatient Pathology/Lab	Procedures	1,391.3	20.10	2.33	-	-	-	-	1,391.3
Outpatient Radiology	Procedures	299.6	205.07	5.12	-	-	-	-	299.6
Outpatient Surgery	Visits	125.2	515.84	5.38	-	-	-	-	125.2
Other Outpatient	Procedures	1,772.4	79.62	11.76	-	-	-	-	1,772.4
Subtotal Outpatient Hospital				\$ 52.98					
Professional									
Office/Home Visits/Consults	Visits	5,356.9	\$ 61.15	\$ 27.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,356.9
Inpatient Visits	Visits	773.3	74.64	4.81	0.00	-	-	-	773.3
Radiology	Procedures	842.6	28.20	1.98	-	-	-	-	842.6
Pathology/Lab	Procedures	4,544.1	20.81	7.88	-	-	-	-	4,544.1
Vision	Visits	844.5	52.15	3.67	0.00	-	-	-	844.5
Applied Behavioral Analysis	Units	399.9	246.66	8.22	-	-	-	-	399.9
Office Administered Drugs	Procedures	55.9	38.61	0.18	(0.00)	-	-	-	55.9
MH/SA	Visits	804.1	55.81	3.74	0.00	-	-	-	804.1
Inpatient and Outpatient Surgery	Procedures	394.9	150.11	4.94	(0.00)	-	-	-	394.9
Therapy	Visits	816.4	51.89	3.53	-	-	-	-	816.4
Immunizations	Procedures	594.9	14.12	0.70	0.00	-	-	-	594.9
Physical Exams	Visits	706.3	72.21	4.25	-	-	-	-	706.3
Other Professional	Procedures	1,051.9	70.39	6.17	-	-	-	-	1,051.9
Emergency Room	Visits	610.7	93.33	4.75	-	-	-	-	610.7
Family Planning	Procedures	36.8	91.19	0.28	-	-	-	-	36.8
Anesthesia	Procedures	152.5	133.74	1.70	-	-	-	-	152.5
Federally Qualified Health Center/Rural Health Clinic	Visits	1,849.7	159.14	24.53	-	-	-	-	1,849.7
Subtotal Professional				\$ 108.63					
Retail Pharmacy									
Retail Pharmacy	Scripts	11,531.6	\$ 112.74	\$ 108.34	\$ 0.00	\$ (1.15)	\$ 0.00	\$ 0.00	11,531.6
Subtotal Retail Pharmacy				\$ 108.34					
SBH									
Professional SBH	Days	1,637.3	\$ 62.15	\$ 8.48	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,637.3
Inpatient SBH	Visits	889.4	2,495.79	184.99	-	-	-	-	889.4
Addiction SBH	Visits	93.4	204.33	1.59	0.00	0.12	-	-	93.4
Outpatient SBH	Visits	67.9	171.52	0.97	(0.00)	-	-	-	67.9
Other SBH	Visits	2,325.7	160.11	31.03	-	-	-	-	2,325.7
Subtotal SBH				\$ 227.06					
Ancillary									
Non-Emergency Transportation	Trips	189.3	\$ 290.39	\$ 4.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	189.3
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	476.3	140.32	5.57	-	-	-	-	476.3
Emergency Transportation	Trips	247.0	400.80	8.25	-	-	-	-	247.0
Subtotal Ancillary				\$ 18.40					
LTSS									
Home Health	Days	148.7	\$ 396.93	\$ 4.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	148.7
Hospice	Days	18.4	156.73	0.24	-	-	-	-	18.4
Other LTSS	Procedures	103.9	91.26	0.79	-	-	-	-	103.9
Personal/Custodial Care	Procedures	6.5	37.04	0.02	-	-	-	-	6.5
Subtotal LTSS				\$ 5.97					
Total Medical Costs				\$ 564.36					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Other Populations - BCC, All Ages		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 147	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	364.2	\$ 1,712.45	\$ 51.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	364.2
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 51.97					
Outpatient Hospital									
Outpatient Emergency Room	Visits	726.5	\$ 692.78	\$ 41.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	726.5
Outpatient Pharmacy	Procedures	8,568.5	778.92	556.18	(0.00)	-	-	-	8,568.5
Outpatient Pathology/Lab	Procedures	11,018.9	12.60	11.57	-	-	-	-	11,018.9
Outpatient Radiology	Procedures	4,799.1	286.10	114.42	(0.00)	-	-	-	4,799.1
Outpatient Surgery	Visits	656.4	563.11	30.80	-	-	-	-	656.4
Other Outpatient	Procedures	5,105.7	57.61	24.51	(0.00)	-	-	-	5,105.7
Subtotal Outpatient Hospital				\$ 779.42					
Professional									
Office/Home Visits/Consults	Visits	14,523.6	\$ 69.17	\$ 83.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	14,523.6
Inpatient Visits	Visits	1,063.1	93.68	8.30	(0.00)	-	-	-	1,063.1
Radiology	Procedures	7,053.6	67.37	39.60	-	-	-	-	7,053.6
Pathology/Lab	Procedures	12,624.2	32.34	34.02	(0.00)	-	-	-	12,624.2
Vision	Visits	489.8	57.82	2.36	0.00	-	-	-	489.8
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	1,700.2	677.34	95.97	-	-	-	-	1,700.2
MH/SA	Visits	688.6	72.67	4.17	-	-	-	-	688.6
Inpatient and Outpatient Surgery	Procedures	2,104.2	243.74	42.74	(0.00)	-	-	-	2,104.2
Therapy	Visits	571.7	67.37	3.21	-	-	-	-	571.7
Immunizations	Procedures	226.4	31.27	0.59	0.00	-	-	-	226.4
Physical Exams	Visits	424.8	66.38	2.35	-	-	-	-	424.8
Other Professional	Procedures	2,903.2	50.63	12.25	-	-	-	-	2,903.2
Emergency Room	Visits	767.6	94.58	6.05	-	-	-	-	767.6
Family Planning	Procedures	41.9	5.73	0.02	-	-	-	-	41.9
Anesthesia	Procedures	611.7	133.98	6.83	(0.00)	-	-	-	611.7
Federally Qualified Health Center/Rural Health Clinic	Visits	1,308.2	173.55	18.92	-	-	-	-	1,308.2
Subtotal Professional				\$ 361.10					
Retail Pharmacy									
Retail Pharmacy	Scripts	51,302.3	\$ 232.74	\$ 995.00	\$ 0.00	\$ (50.72)	\$ 0.00	\$ 0.00	51,302.3
Subtotal Retail Pharmacy				\$ 995.00					
SBH									
Professional SBH	Days	555.3	\$ 82.33	\$ 3.81	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	555.3
Inpatient SBH	Visits	206.1	762.22	13.09	-	-	-	-	206.1
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	510.4	170.00	7.23	(0.00)	-	-	-	510.4
Other SBH	Visits	140.8	88.66	1.04	-	-	-	-	140.8
Subtotal SBH				\$ 25.17					
Ancillary									
Non-Emergency Transportation	Trips	1,192.2	\$ 63.11	\$ 6.27	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	1,192.2
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	602.5	110.74	5.56	(0.00)	-	-	-	602.5
Emergency Transportation	Trips	305.5	336.58	8.57	-	-	-	-	305.5
Subtotal Ancillary				\$ 20.40					
LTSS									
Home Health	Days	113.0	\$ 165.66	\$ 1.56	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	113.0
Hospice	Days	278.0	206.32	4.78	(0.00)	-	-	-	278.0
Other LTSS	Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 6.34					
Total Medical Costs				\$ 2,239.40					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Other Populations - LAP, All Ages		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 3,789	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	24.4	\$ 1,921.88	\$ 3.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	24.4
NICU/PICU	Days	26.2	2,567.81	5.61	-	-	-	-	26.2
Subtotal Inpatient Hospital				\$ 9.52					
Outpatient Hospital									
Outpatient Emergency Room	Visits	402.8	\$ 423.63	\$ 14.22	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	402.8
Outpatient Pharmacy	Procedures	151.5	76.06	0.96	-	-	-	-	151.5
Outpatient Pathology/Lab	Procedures	1,017.1	23.24	1.97	(0.00)	-	-	-	1,017.1
Outpatient Radiology	Procedures	356.7	228.46	6.79	(0.00)	-	-	-	356.7
Outpatient Surgery	Visits	100.2	525.50	4.39	(0.00)	-	-	-	100.2
Other Outpatient	Procedures	1,738.7	74.68	10.82	(0.00)	-	-	-	1,738.7
Subtotal Outpatient Hospital				\$ 39.15					
Professional									
Office/Home Visits/Consults	Visits	4,827.3	\$ 61.18	\$ 24.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,827.3
Inpatient Visits	Visits	110.7	118.18	1.09	-	-	-	-	110.7
Radiology	Procedures	637.2	27.49	1.46	-	-	-	-	637.2
Pathology/Lab	Procedures	3,932.8	20.41	6.69	-	-	-	-	3,932.8
Vision	Visits	809.8	47.72	3.22	-	-	-	-	809.8
Applied Behavioral Analysis	Units	763.1	166.05	10.56	-	-	-	-	763.1
Office Administered Drugs	Procedures	41.4	5.80	0.02	-	-	-	-	41.4
MH/SA	Visits	401.5	56.19	1.88	(0.00)	-	-	-	401.5
Inpatient and Outpatient Surgery	Procedures	319.6	173.46	4.62	-	-	-	-	319.6
Therapy	Visits	843.8	53.19	3.74	-	-	-	-	843.8
Immunizations	Procedures	555.3	13.40	0.62	-	-	-	-	555.3
Physical Exams	Visits	858.4	68.22	4.88	-	-	-	-	858.4
Other Professional	Procedures	1,150.2	39.02	3.74	-	-	-	-	1,150.2
Emergency Room	Visits	405.3	87.65	2.96	(0.00)	-	-	-	405.3
Family Planning	Procedures	19.8	60.47	0.10	(0.00)	-	-	-	19.8
Anesthesia	Procedures	114.2	131.33	1.25	(0.00)	-	-	-	114.2
Federally Qualified Health Center/Rural Health Clinic	Visits	832.6	155.67	10.80	(0.00)	-	-	-	832.6
Subtotal Professional				\$ 82.24					
Retail Pharmacy									
Retail Pharmacy	Scripts	6,406.5	\$ 173.54	\$ 92.65	\$ (0.00)	\$ (0.83)	\$ 0.00	\$ 0.00	6,406.5
Subtotal Retail Pharmacy				\$ 92.65					
SBH									
Professional SBH	Days	884.6	\$ 92.79	\$ 6.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	884.6
Inpatient SBH	Visits	63.9	798.72	4.25	-	-	-	-	63.9
Addiction SBH	Visits	1.8	65.27	0.01	-	-	-	-	1.8
Outpatient SBH	Visits	26.1	175.00	0.38	(0.00)	-	-	-	26.1
Other SBH	Visits	390.2	131.32	4.27	(0.00)	-	-	-	390.2
Subtotal SBH				\$ 15.75					
Ancillary									
Non-Emergency Transportation	Trips	13.2	\$ 418.72	\$ 0.46	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	13.2
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	173.0	129.74	1.87	-	-	-	-	173.0
Emergency Transportation	Trips	40.1	326.01	1.09	-	-	-	-	40.1
Subtotal Ancillary				\$ 3.42					
LTSS									
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice	Days	-	-	-	-	-	-	-	-
Other LTSS	Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00					
Total Medical Costs				\$ 242.73					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Other Populations - CCM, All Ages		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 3,375	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	229.5	\$ 2,198.58	\$ 42.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	229.5
NICU/PICU	Days	264.8	2,777.39	61.29	0.00	-	-	-	264.8
Subtotal Inpatient Hospital				\$ 103.34					
Outpatient Hospital									
Outpatient Emergency Room	Visits	664.9	\$ 503.55	\$ 27.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	664.9
Outpatient Pharmacy	Procedures	768.3	553.83	35.46	0.00	-	-	-	768.3
Outpatient Pathology/Lab	Procedures	2,368.5	20.22	3.99	-	-	-	-	2,368.5
Outpatient Radiology	Procedures	533.2	236.51	10.51	0.00	-	-	-	533.2
Outpatient Surgery	Visits	233.6	919.01	17.89	-	-	-	-	233.6
Other Outpatient	Procedures	7,630.1	52.09	33.12	0.00	-	-	-	7,630.1
Subtotal Outpatient Hospital				\$ 128.87					
Professional									
Office/Home Visits/Consults	Visits	7,045.4	\$ 64.77	\$ 38.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,045.4
Inpatient Visits	Visits	1,160.8	108.03	10.45	-	-	-	-	1,160.8
Radiology	Procedures	1,144.0	24.02	2.29	0.00	-	-	-	1,144.0
Pathology/Lab	Procedures	4,164.3	39.85	13.83	0.00	-	-	-	4,164.3
Vision	Visits	850.0	50.82	3.60	0.00	-	-	-	850.0
Applied Behavioral Analysis	Units	20,210.0	252.93	425.98	0.00	-	-	-	20,210.0
Office Administered Drugs	Procedures	98.4	3,821.68	31.34	-	-	-	-	98.4
MH/SA	Visits	545.0	51.52	2.34	0.00	-	-	-	545.0
Inpatient and Outpatient Surgery	Procedures	641.3	229.98	12.29	-	-	-	-	641.3
Therapy	Visits	9,999.0	50.95	42.45	-	-	-	-	9,999.0
Immunizations	Procedures	352.4	14.64	0.43	0.00	-	-	-	352.4
Physical Exams	Visits	660.9	71.18	3.92	0.00	-	-	-	660.9
Other Professional	Procedures	2,951.5	200.03	49.20	-	-	-	-	2,951.5
Emergency Room	Visits	677.4	93.36	5.27	-	-	-	-	677.4
Family Planning	Procedures	13.3	44.96	0.05	-	-	-	-	13.3
Anesthesia	Procedures	313.1	170.92	4.46	-	-	-	-	313.1
Federally Qualified Health Center/Rural Health Clinic	Visits	1,002.0	153.78	12.84	-	-	-	-	1,002.0
Subtotal Professional				\$ 658.77					
Retail Pharmacy									
Retail Pharmacy	Scripts	17,818.1	\$ 239.09	\$ 355.01	\$ 0.00	\$ (2.18)	\$ 0.00	\$ 0.00	17,818.1
Subtotal Retail Pharmacy				\$ 355.01					
SBH									
Professional SBH	Days	1,080.1	\$ 150.65	\$ 13.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,080.1
Inpatient SBH	Visits	342.1	1,394.17	39.75	0.00	-	-	-	342.1
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	26.8	170.00	0.38	0.00	-	-	-	26.8
Other SBH	Visits	1,637.3	126.94	17.32	-	-	-	-	1,637.3
Subtotal SBH				\$ 71.01					
Ancillary									
Non-Emergency Transportation	Trips	1,214.6	\$ 69.65	\$ 7.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,214.6
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	8,926.7	158.33	117.78	0.00	-	-	-	8,926.7
Emergency Transportation	Trips	204.6	509.65	8.69	-	-	-	-	204.6
Subtotal Ancillary				\$ 133.52					
LTSS									
Home Health	Days	887.9	\$ 552.11	\$ 40.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	887.9
Hospice	Days	41.7	198.32	0.69	-	-	-	-	41.7
Other LTSS	Procedures	1,620.3	75.84	10.24	0.00	-	-	-	1,620.3
Personal/Custodial Care	Procedures	6,338.8	88.81	46.91	-	-	-	-	6,338.8
Subtotal LTSS				\$ 98.69					
Total Medical Costs				\$ 1,549.21					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital Rate Cell: Act 421 - Non-TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Acuity Adjustments		Proje
Member Months: 981 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000
Inpatient Hospital									
Inpatient Acute	Days	33.9	\$ 2,288.59	\$ 6.46	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	33.9
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 6.46					
Outpatient Hospital									
Outpatient Emergency Room	Visits	323.4	\$ 467.58	\$ 12.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	323.4
Outpatient Pharmacy	Procedures	255.9	165.98	3.54	(0.00)	-	-	-	255.9
Outpatient Pathology/Lab	Procedures	735.5	25.78	1.58	-	-	-	-	735.5
Outpatient Radiology	Procedures	238.4	636.77	12.65	0.00	-	-	-	238.4
Outpatient Surgery	Visits	96.1	430.98	3.45	(0.00)	-	-	-	96.1
Other Outpatient	Procedures	3,301.4	79.78	21.95	-	-	-	-	3,301.4
Subtotal Outpatient Hospital				\$ 55.77					
Professional									
Office/Home Visits/Consults	Visits	3,406.7	\$ 60.09	\$ 17.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,406.7
Inpatient Visits	Visits	152.8	91.88	1.17	(0.00)	-	-	-	152.8
Radiology	Procedures	387.1	36.27	1.17	(0.00)	-	-	-	387.1
Pathology/Lab	Procedures	1,401.5	18.84	2.20	-	-	-	-	1,401.5
Vision	Visits	275.3	56.23	1.29	-	-	-	-	275.3
Applied Behavioral Analysis	Units	25,417.6	177.39	375.74	-	-	-	-	25,417.6
Office Administered Drugs	Procedures	34.7	17.29	0.05	-	-	-	-	34.7
MH/SA	Visits	189.4	70.31	1.11	-	-	-	-	189.4
Inpatient and Outpatient Surgery	Procedures	361.2	105.32	3.17	(0.00)	-	-	-	361.2
Therapy	Visits	11,641.1	43.78	42.47	(0.00)	-	-	-	11,641.1
Immunizations	Procedures	140.7	12.79	0.15	-	-	-	-	140.7
Physical Exams	Visits	246.7	70.52	1.45	-	-	-	-	246.7
Other Professional	Procedures	793.6	70.76	4.68	(0.00)	-	-	-	793.6
Emergency Room	Visits	307.8	95.91	2.46	0.00	-	-	-	307.8
Family Planning	Procedures	-	-	-	-	-	-	-	-
Anesthesia	Procedures	126.1	177.03	1.86	-	-	-	-	126.1
Federally Qualified Health Center/Rural Health Clinic	Visits	264.8	137.77	3.04	(0.00)	-	-	-	264.8
Subtotal Professional				\$ 459.07					
Retail Pharmacy									
Retail Pharmacy	Scripts	7,471.0	\$ 366.62	\$ 228.25	\$ (0.00)	\$ 1.74	\$ 0.00	\$ 0.00	7,471.0
Subtotal Retail Pharmacy				\$ 228.25					
SBH									
Professional SBH	Days	1,372.3	\$ 228.93	\$ 26.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,372.3
Inpatient SBH	Visits	34.1	1,075.84	3.06	-	-	-	-	34.1
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	322.3	126.58	3.40	(0.00)	-	-	-	322.3
Subtotal SBH				\$ 32.64					
Ancillary									
Non-Emergency Transportation	Trips	124.9	\$ 32.67	\$ 0.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	124.9
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,728.9	296.86	42.77	-	-	-	-	1,728.9
Emergency Transportation	Trips	29.7	432.73	1.07	-	-	-	-	29.7
Subtotal Ancillary				\$ 44.18					
LTSS									
Home Health	Days	213.2	\$ 492.50	\$ 8.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	213.2
Hospice	Days	33.5	168.51	0.47	-	-	-	-	33.5
Other LTSS	Procedures	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	124.2	73.44	0.76	(0.00)	-	-	-	124.2
Subtotal LTSS				\$ 9.98					
Total Medical Costs				\$ 836.35					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital Rate Cell: Act 421 - Non-LaHIPP TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Acuity Adjustments		Proje
Member Months: 1,836 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000
Inpatient Hospital									
Inpatient Acute	Days	32.3	\$ 40.82	\$ 0.11	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	32.3
NICU/PICU	Days	6.7	323.00	0.18	0.00	-	-	-	6.7
Subtotal Inpatient Hospital				\$ 0.29					
Outpatient Hospital									
Outpatient Emergency Room	Visits	119.6	\$ 238.80	\$ 2.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	119.6
Outpatient Pharmacy	Procedures	178.8	44.96	0.67	(0.00)	-	-	-	178.8
Outpatient Pathology/Lab	Procedures	619.5	10.85	0.56	(0.00)	-	-	-	619.5
Outpatient Radiology	Procedures	144.9	101.05	1.22	(0.00)	-	-	-	144.9
Outpatient Surgery	Visits	22.2	1,118.46	2.07	(0.00)	-	-	-	22.2
Other Outpatient	Procedures	926.9	54.63	4.22	0.00	-	-	-	926.9
Subtotal Outpatient Hospital				\$ 11.12					
Professional									
Office/Home Visits/Consults	Visits	2,731.4	\$ 36.90	\$ 8.40	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	2,731.4
Inpatient Visits	Visits	191.6	102.07	1.63	(0.00)	-	-	-	191.6
Radiology	Procedures	350.3	26.03	0.76	(0.00)	-	-	-	350.3
Pathology/Lab	Procedures	825.2	9.89	0.68	-	-	-	-	825.2
Vision	Visits	120.5	54.76	0.55	(0.00)	-	-	-	120.5
Applied Behavioral Analysis	Units	23,754.2	108.92	215.61	(0.00)	-	-	-	23,754.2
Office Administered Drugs	Procedures	24.9	881.47	1.83	(0.00)	-	-	-	24.9
MH/SA	Visits	89.0	41.80	0.31	(0.00)	-	-	-	89.0
Inpatient and Outpatient Surgery	Procedures	255.7	105.61	2.25	-	-	-	-	255.7
Therapy	Visits	12,665.8	28.35	29.92	(0.00)	-	-	-	12,665.8
Immunizations	Procedures	12.7	28.39	0.03	-	-	-	-	12.7
Physical Exams	Visits	38.7	74.39	0.24	-	-	-	-	38.7
Other Professional	Procedures	2,886.9	305.48	73.49	(0.00)	-	-	-	2,886.9
Emergency Room	Visits	105.0	89.17	0.78	(0.00)	-	-	-	105.0
Family Planning	Procedures	2.8	170.61	0.04	-	-	-	-	2.8
Anesthesia	Procedures	75.5	130.27	0.82	(0.00)	-	-	-	75.5
Federally Qualified Health Center/Rural Health Clinic	Visits	104.2	108.26	0.94	(0.00)	-	-	-	104.2
Subtotal Professional				\$ 338.28					
Retail Pharmacy									
Retail Pharmacy	Scripts	7,222.3	\$ 178.96	\$ 107.71	\$ (0.00)	\$ (1.32)	\$ 0.00	\$ 0.00	7,222.3
Subtotal Retail Pharmacy				\$ 107.71					
SBH									
Professional SBH	Days	1,109.7	\$ 46.93	\$ 4.34	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	1,109.7
Inpatient SBH	Visits	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-
Other SBH	Visits	54.9	107.11	0.49	(0.00)	-	-	-	54.9
Subtotal SBH				\$ 4.83					
Ancillary									
Non-Emergency Transportation	Trips	637.9	\$ 40.26	\$ 2.14	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	637.9
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,830.5	210.24	32.07	(0.00)	-	-	-	1,830.5
Emergency Transportation	Trips	37.4	317.33	0.99	(0.00)	-	-	-	37.4
Subtotal Ancillary				\$ 35.20					
LTSS									
Home Health	Days	414.6	\$ 789.23	\$ 27.27	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	414.6
Hospice	Days	183.1	157.26	2.40	(0.00)	-	-	-	183.1
Other LTSS	Procedures	103.6	8.11	0.07	(0.00)	-	-	-	103.6
Personal/Custodial Care	Procedures	430.3	191.89	6.88	(0.00)	-	-	-	430.3
Subtotal LTSS				\$ 36.62					
Total Medical Costs				\$ 534.05					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Medicaid Expansion - Age 19-64		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 306,808	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	470.2	\$ 1,618.67	\$ 63.43	\$ 0.00	\$ 0.00	\$ 6.88	\$ 0.00	521.2
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 63.43					
Outpatient Hospital									
Outpatient Emergency Room	Visits	898.5	\$ 638.26	\$ 47.79	\$ 0.00	\$ 0.00	\$ 5.19	\$ 0.00	996.1
Outpatient Pharmacy	Procedures	1,199.7	242.57	24.25	-	-	2.63	-	1,329.8
Outpatient Pathology/Lab	Procedures	3,498.6	16.46	4.80	-	-	0.52	-	3,877.6
Outpatient Radiology	Procedures	941.9	213.91	16.79	0.00	-	1.82	-	1,044.0
Outpatient Surgery	Visits	211.8	940.55	16.60	(0.00)	-	1.80	-	234.8
Other Outpatient	Procedures	1,875.9	79.84	12.48	(0.00)	-	1.35	-	2,078.8
Subtotal Outpatient Hospital				\$ 122.71					
Professional									
Office/Home Visits/Consults	Visits	5,357.0	\$ 63.30	\$ 28.26	\$ 0.00	\$ 0.00	\$ 3.07	\$ 0.00	5,938.9
Inpatient Visits	Visits	1,241.1	75.32	7.79	-	-	0.85	-	1,376.5
Radiology	Procedures	2,319.7	44.33	8.57	-	-	0.93	-	2,571.5
Pathology/Lab	Procedures	8,167.0	22.52	15.33	-	-	1.66	-	9,051.3
Vision	Visits	194.0	68.65	1.11	-	-	0.12	-	215.0
Applied Behavioral Analysis	Units	0.6	206.08	0.01	-	-	-	-	0.6
Office Administered Drugs	Procedures	227.2	219.24	4.15	(0.00)	-	0.45	-	251.8
MH/SA	Visits	3,118.0	20.32	5.28	-	-	0.57	-	3,454.6
Inpatient and Outpatient Surgery	Procedures	775.6	218.32	14.11	-	-	1.53	-	859.7
Therapy	Visits	609.1	62.46	3.17	-	-	0.34	-	674.4
Immunizations	Procedures	91.6	36.69	0.28	(0.00)	-	0.03	-	101.4
Physical Exams	Visits	291.7	65.41	1.59	(0.00)	-	0.17	-	322.9
Other Professional	Procedures	1,290.8	47.88	5.15	(0.00)	-	0.56	-	1,431.1
Emergency Room	Visits	962.2	92.28	7.40	(0.00)	-	0.80	-	1,066.3
Family Planning	Procedures	117.6	93.91	0.92	-	-	0.10	-	130.3
Anesthesia	Procedures	261.0	141.16	3.07	-	-	0.33	-	289.0
Federally Qualified Health Center/Rural Health Clinic	Visits	1,329.0	164.70	18.24	-	-	1.98	-	1,473.2
Subtotal Professional				\$ 124.43					
Retail Pharmacy									
Retail Pharmacy	Scripts	21,047.4	\$ 157.85	\$ 276.86	\$ 1.10	\$ (10.66)	\$ 29.01	\$ 0.00	23,336.4
Subtotal Retail Pharmacy				\$ 276.86					
SBH									
Professional SBH	Days	746.0	\$ 64.02	\$ 3.98	\$ 0.00	\$ 0.00	\$ 0.43	\$ 0.00	826.6
Inpatient SBH	Visits	342.8	786.95	22.48	-	0.01	2.44	-	380.0
Addiction SBH	Visits	1,453.2	227.49	27.55	-	3.64	3.38	-	1,631.5
Outpatient SBH	Visits	98.7	177.56	1.46	-	-	0.16	-	109.5
Other SBH	Visits	545.0	164.71	7.48	(0.00)	-	0.81	-	604.0
Subtotal SBH				\$ 62.95					
Ancillary									
Non-Emergency Transportation	Trips	1,476.7	\$ 54.36	\$ 6.69	\$ 0.00	\$ 0.00	\$ 0.73	\$ 0.00	1,637.9
Other Ancillary	Procedures	2.8	726.68	0.17	-	-	0.02	-	3.1
DME/Prosthetics	Devices	615.7	118.70	6.09	-	-	0.66	-	682.4
Emergency Transportation	Trips	384.9	404.97	12.99	-	-	1.41	-	426.7
Subtotal Ancillary				\$ 25.94					
LTSS									
Home Health	Days	124.5	\$ 75.15	\$ 0.78	\$ (0.00)	\$ 0.00	\$ 0.08	\$ 0.00	137.3
Hospice	Days	42.3	255.35	0.90	-	-	0.10	-	47.0
Other LTSS	Procedures	29.5	373.92	0.92	-	-	0.10	-	32.7
Personal/Custodial Care	Procedures	3.9	216.82	0.07	(0.00)	-	0.01	-	4.4
Subtotal LTSS				\$ 2.67					
Total Medical Costs				\$ 678.99					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments									
Region: Capital		Base Year			Prospective Program		Acuity		Proje
Rate Cell: Medicaid Expansion - High Needs		Adjusted Base Experience			Adjustments		Adjustments		
Member Months: 180	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000
Inpatient Hospital									
Inpatient Acute	Days	1,891.8	\$ 1,917.31	\$ 302.27	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	1,891.8
NICU/PICU	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 302.27					
Outpatient Hospital									
Outpatient Emergency Room	Visits	2,370.0	\$ 598.34	\$ 118.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,370.0
Outpatient Pharmacy	Procedures	2,554.7	59.28	12.62	(0.00)	-	-	-	2,554.7
Outpatient Pathology/Lab	Procedures	5,833.8	18.06	8.78	0.00	-	-	-	5,833.8
Outpatient Radiology	Procedures	1,051.9	210.59	18.46	-	-	-	-	1,051.9
Outpatient Surgery	Visits	156.6	513.55	6.70	-	-	-	-	156.6
Other Outpatient	Procedures	2,666.1	105.73	23.49	(0.00)	-	-	-	2,666.1
Subtotal Outpatient Hospital				\$ 188.22					
Professional									
Office/Home Visits/Consults	Visits	4,980.0	\$ 74.92	\$ 31.09	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	4,980.0
Inpatient Visits	Visits	5,831.3	71.33	34.66	(0.00)	-	-	-	5,831.3
Radiology	Procedures	3,457.8	34.53	9.95	(0.00)	-	-	-	3,457.8
Pathology/Lab	Procedures	17,099.4	22.26	31.72	-	-	-	-	17,099.4
Vision	Visits	380.7	75.02	2.38	-	-	-	-	380.7
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	184.5	5.86	0.09	(0.00)	-	-	-	184.5
MH/SA	Visits	115.4	34.31	0.33	(0.00)	-	-	-	115.4
Inpatient and Outpatient Surgery	Procedures	456.8	179.70	6.84	-	-	-	-	456.8
Therapy	Visits	59.0	58.94	0.29	0.00	-	-	-	59.0
Immunizations	Procedures	61.3	17.62	0.09	(0.00)	-	-	-	61.3
Physical Exams	Visits	226.4	58.30	1.10	(0.00)	-	-	-	226.4
Other Professional	Procedures	2,084.9	29.64	5.15	(0.00)	-	-	-	2,084.9
Emergency Room	Visits	2,518.6	94.96	19.93	-	-	-	-	2,518.6
Family Planning	Procedures	-	-	-	-	-	-	-	-
Anesthesia	Procedures	191.0	156.48	2.49	(0.00)	-	-	-	191.0
Federally Qualified Health Center/Rural Health Clinic	Visits	3,413.9	179.20	50.98	(0.00)	-	-	-	3,413.9
Subtotal Professional				\$ 197.09					
Retail Pharmacy									
Retail Pharmacy	Scripts	30,612.6	\$ 171.84	\$ 438.36	\$ (0.00)	\$ (11.52)	\$ 0.00	\$ 0.00	30,612.6
Subtotal Retail Pharmacy				\$ 438.36					
SBH									
Professional SBH	Days	3,330.9	\$ 53.14	\$ 14.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,330.9
Inpatient SBH	Visits	3,211.8	770.08	206.11	-	-	-	-	3,211.8
Addiction SBH	Visits	6,955.6	271.59	157.42	-	10.94	-	-	6,955.6
Outpatient SBH	Visits	1,864.5	175.00	27.19	-	-	-	-	1,864.5
Other SBH	Visits	2,103.1	176.31	30.90	-	-	-	-	2,103.1
Subtotal SBH				\$ 436.37					
Ancillary									
Non-Emergency Transportation	Trips	2,858.4	\$ 129.89	\$ 30.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,858.4
Other Ancillary	Procedures	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	379.1	151.30	4.78	(0.00)	-	-	-	379.1
Emergency Transportation	Trips	2,449.7	381.05	77.79	-	-	-	-	2,449.7
Subtotal Ancillary				\$ 113.51					
LTSS									
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Hospice	Days	-	-	-	-	-	-	-	-
Other LTSS	Procedures	29.2	90.30	0.22	(0.00)	-	-	-	29.2
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.22					
Total Medical Costs				\$ 1,676.04					

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: Medicaid Expansion - SBH - CCM, All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 16	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 0.00						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	3,395.4	\$ 47.99	\$ 13.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,395.4	
Inpatient SBH	Visits	4,277.8	737.63	262.95	(0.00)	-	-	-	4,277.8	
Addiction SBH	Visits	7,374.0	245.06	150.59	-	28.26	-	-	7,374.0	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	641.2	1,534.00	81.97	-	-	-	-	641.2	
Subtotal SBH				\$ 509.09						
Ancillary										
Non-Emergency Transportation	Trips	257.2	\$ 151.14	\$ 3.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	257.2	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 3.24						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 512.33						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: Medicaid Expansion - SBH - Dual Eligible, All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 712	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 0.00						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	198.6	\$ 61.03	\$ 1.01	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	198.6	
Inpatient SBH	Visits	78.9	821.41	5.40	-	-	-	-	78.9	
Addiction SBH	Visits	588.1	179.97	8.82	-	4.40	-	-	588.1	
Outpatient SBH	Visits	39.4	188.88	0.62	-	-	-	-	39.4	
Other SBH	Visits	337.7	293.83	8.27	-	-	-	-	337.7	
Subtotal SBH				\$ 24.12						
Ancillary										
Non-Emergency Transportation	Trips	3,040.7	\$ 38.44	\$ 9.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,040.7	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 9.74						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 33.86						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: Medicaid Expansion - SBH - LaHIPP, All Ages		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 167	Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 0.00						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	48.6	\$ 24.72	\$ 0.10	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	48.6	
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	
Addiction SBH	Visits	-	-	-	-	-	-	-	-	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	-	-	-	-	-	-	-	-	
Subtotal SBH				\$ 0.10						
Ancillary										
Non-Emergency Transportation	Trips	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 0.00						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 0.10						

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program April 2026 Capitation Rate Amendment Prospective Adjustments										
Region: Capital		Base Year			Prospective Program		Acuity		Proje	
Rate Cell: Medicaid Expansion - SBH - Other		Adjusted Base Experience			Adjustments		Adjustments			
Member Months: 84	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	
Inpatient Hospital										
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
NICU/PICU	Days	-	-	-	-	-	-	-	-	
Subtotal Inpatient Hospital				\$ 0.00						
Outpatient Hospital										
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	
Outpatient Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	
Subtotal Outpatient Hospital				\$ 0.00						
Professional										
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	
Radiology	Procedures	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	
Vision	Visits	-	-	-	-	-	-	-	-	
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	
MH/SA	Visits	-	-	-	-	-	-	-	-	
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	
Therapy	Visits	-	-	-	-	-	-	-	-	
Immunizations	Procedures	-	-	-	-	-	-	-	-	
Physical Exams	Visits	-	-	-	-	-	-	-	-	
Other Professional	Procedures	-	-	-	-	-	-	-	-	
Emergency Room	Visits	-	-	-	-	-	-	-	-	
Family Planning	Procedures	-	-	-	-	-	-	-	-	
Anesthesia	Procedures	-	-	-	-	-	-	-	-	
Federally Qualified Health Center/Rural Health Clinic	Visits	-	-	-	-	-	-	-	-	
Subtotal Professional				\$ 0.00						
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Subtotal Retail Pharmacy				\$ 0.00						
SBH										
Professional SBH	Days	342.4	\$ 54.32	\$ 1.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	342.4	
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	
Addiction SBH	Visits	-	-	-	-	-	-	-	-	
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	
Other SBH	Visits	137.6	75.87	0.87	-	-	-	-	137.6	
Subtotal SBH				\$ 2.42						
Ancillary										
Non-Emergency Transportation	Trips	8,335.0	\$ 18.77	\$ 13.04	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	8,335.0	
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	
Subtotal Ancillary				\$ 13.04						
LTSS										
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	
Hospice	Days	-	-	-	-	-	-	-	-	
Other LTSS	Procedures	-	-	-	-	-	-	-	-	
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	
Subtotal LTSS				\$ 0.00						
Total Medical Costs				\$ 15.46						

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
2,046.12	31,295.63
\$ 31,295.63	
\$ 0.00	\$ 0.00
-	-
2.76	0.05
177.42	1.81
-	-
49.28	11.06
\$ 12.92	
\$ 64.99	\$ 20.19
208.30	4,240.56
10.25	67.08
20.39	62.99
93.52	5.55
-	-
-	-
33.70	0.75
350.49	190.03
-	-
10.91	0.74
70.42	9.60
76.72	364.68
139.17	1.35
-	-
198.95	34.71
187.94	9.89
\$ 5,008.12	
\$ 61.89	\$ 8.03
\$ 8.03	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 18.88	\$ 1.79
-	-
100.86	9.54
2,430.89	413.87
\$ 425.20	
\$ 666.67	\$ 37.75
-	-
-	-
-	-
\$ 37.75	
\$ 36,787.65	

April 2026 Estimated Benefit Expense	
Cost per Service	PMPM
\$ 2,025.52	\$ 206.44
2,397.82	3,998.65
\$ 4,205.09	
\$ 565.71	\$ 106.36
79.36	14.08
29.08	6.84
265.02	31.25
967.31	46.55
92.47	140.72
\$ 345.80	
\$ 70.33	\$ 100.31
194.91	609.24
13.81	22.55
25.78	12.92
66.36	3.50
-	-
7.92	0.15
52.62	0.14
389.20	130.65
28.50	0.31
13.59	4.60
62.11	17.49
87.68	139.63
93.57	19.16
170.61	0.23
234.42	31.88
144.97	9.54
\$ 1,102.30	
\$ 260.76	\$ 295.35
\$ 295.35	
\$ 66.09	\$ 0.21
-	-
-	-
-	-
-	-
\$ 0.21	
\$ 39.35	\$ 10.90
-	-
168.30	226.15
549.70	46.08
\$ 283.13	
\$ 526.33	\$ 246.10
233.69	59.52
-	-
-	-
\$ 305.62	
\$ 6,537.50	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,135.61	\$ 57.83
2,650.66	29.42
\$ 87.25	
\$ 533.52	\$ 35.08
274.61	26.49
21.55	3.57
356.40	13.73
1,096.57	11.80
90.59	28.39
\$ 119.06	
\$ 63.40	\$ 29.80
105.41	8.77
33.61	3.17
24.81	8.67
47.58	3.20
243.95	114.03
114.93	0.79
54.27	2.06
239.97	7.86
51.87	13.85
15.26	0.54
70.93	3.50
186.69	36.05
93.36	6.30
74.66	0.22
167.48	2.74
164.08	18.70
\$ 260.25	
\$ 250.08	\$ 293.86
\$ 293.86	
\$ 94.36	\$ 6.43
1,399.98	54.17
216.71	0.46
174.01	0.52
133.00	29.28
\$ 90.86	
\$ 66.49	\$ 8.77
1,171.14	0.13
171.35	31.66
428.97	11.03
\$ 51.59	
\$ 395.47	\$ 6.67
182.79	0.91
104.23	5.61
95.86	3.42
\$ 16.61	
\$ 919.48	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,617.89	\$ 263.45
-	-
\$ 263.45	
\$ 775.40	\$ 109.57
336.96	103.24
14.26	7.94
258.28	38.05
1,055.71	41.03
135.28	62.36
\$ 362.19	
\$ 66.55	\$ 48.37
73.84	33.49
50.38	19.40
19.79	16.78
67.19	1.68
-	-
566.58	25.41
26.85	8.31
219.31	31.58
64.19	4.39
39.74	0.37
62.59	1.24
51.65	14.74
98.47	15.55
91.56	0.33
141.05	5.61
168.11	30.55
\$ 257.80	
\$ 179.60	\$ 820.83
\$ 820.83	
\$ 59.39	\$ 8.51
803.11	79.62
227.65	29.29
179.33	9.10
303.90	42.83
\$ 169.35	
\$ 48.09	\$ 28.72
706.36	0.59
147.19	27.96
400.12	50.28
\$ 107.55	
\$ 67.61	\$ 8.02
188.45	11.85
439.51	7.31
184.55	2.87
\$ 30.05	
\$ 2,011.22	

April 2026 Estimated Benefit Expense	
Cost per Service	PMPM
\$ 405.92	\$ 152.55
1,763.28	1,625.48
\$ 1,778.03	
\$ 413.06	\$ 41.21
44.27	0.67
14.46	4.12
167.31	6.13
336.26	5.06
52.80	19.42
\$ 76.61	
\$ 52.40	\$ 42.06
148.67	220.69
14.05	5.22
18.08	30.74
93.22	0.24
-	-
12.53	0.30
-	-
169.09	15.09
37.27	0.25
12.17	5.72
53.88	76.04
58.81	27.34
85.59	8.44
247.38	0.01
222.65	2.40
125.62	19.84
\$ 454.38	
\$ 40.18	\$ 7.84
\$ 7.84	
\$ 58.46	\$ 0.12
-	-
-	-
-	-
377.25	0.49
\$ 0.61	
\$ 68.42	\$ 1.61
-	-
59.55	0.97
808.17	29.71
\$ 32.29	
\$ 0.00	\$ 0.00
190.76	0.35
23.33	0.08
-	-
\$ 0.43	
\$ 2,350.19	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,394.45	\$ 44.27
2,666.27	80.65
\$ 124.92	
\$ 358.09	\$ 40.02
43.28	1.26
32.05	3.48
209.69	5.66
551.87	5.57
59.16	14.46
\$ 70.45	
\$ 57.01	\$ 35.26
163.72	14.32
20.31	1.63
26.70	9.02
65.21	0.43
-	-
5.44	0.09
36.99	0.01
193.44	5.55
48.87	0.61
12.96	5.97
62.36	18.96
33.16	7.05
84.04	9.30
196.20	0.01
139.31	1.90
127.00	10.16
\$ 120.27	
\$ 44.78	\$ 20.46
\$ 20.46	
\$ 82.06	\$ 0.23
-	-
-	-
-	-
381.65	0.42
\$ 0.65	
\$ 79.72	\$ 1.10
967.10	0.07
83.77	5.10
510.49	6.07
\$ 12.34	
\$ 363.30	\$ 0.06
178.93	0.37
22.04	0.17
-	-
\$ 0.60	
\$ 349.69	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,138.55	\$ 8.01
2,661.84	4.11
\$ 12.12	
\$ 419.77	\$ 18.14
205.20	4.00
22.18	1.55
191.62	3.56
644.81	3.96
66.11	6.09
\$ 37.30	
\$ 60.18	\$ 21.42
104.30	1.45
25.49	1.29
22.43	6.55
44.64	2.75
250.22	6.22
88.10	0.45
53.65	1.07
153.90	3.33
54.13	2.40
14.68	0.66
69.34	3.92
38.18	2.73
87.18	3.68
74.01	0.21
142.62	1.15
156.70	11.50
\$ 70.78	
\$ 116.66	\$ 55.30
\$ 55.30	
\$ 67.73	\$ 1.42
1,235.48	9.26
204.35	0.27
171.75	0.10
131.50	8.37
\$ 19.42	
\$ 138.07	\$ 1.01
704.36	0.04
112.62	1.85
432.94	3.00
\$ 5.90	
\$ 273.54	\$ 0.18
187.77	0.01
70.77	0.09
60.21	0.03
\$ 0.31	
\$ 201.13	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,618.88	\$ 31.46
-	-
	\$ 31.46
\$ 620.80	\$ 45.28
255.25	21.25
17.50	4.74
214.21	12.66
833.89	10.91
71.21	7.52
	\$ 102.36
\$ 63.32	\$ 26.09
76.37	4.39
46.25	13.47
27.05	24.73
69.74	0.74
-	-
144.48	2.47
19.83	5.26
208.04	9.39
57.91	1.89
24.27	0.32
65.70	1.75
61.35	5.23
90.48	7.19
129.79	3.22
168.86	6.11
160.56	17.09
	\$ 129.34
\$ 127.70	\$ 195.92
	\$ 195.92
\$ 64.20	\$ 3.06
775.18	11.15
240.48	16.57
172.90	0.73
150.61	7.51
	\$ 39.02
\$ 47.29	\$ 5.17
737.72	0.14
105.27	4.03
406.47	11.29
	\$ 20.63
\$ 82.48	\$ 0.43
200.70	0.32
160.70	0.35
163.90	0.05
	\$ 1.15
	\$ 519.88

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,791.59	\$ 127.69
2,603.47	198.61
	\$ 326.30
\$ 662.52	\$ 42.55
2,600.84	176.25
17.08	4.72
213.90	14.84
748.58	25.81
60.12	49.39
	\$ 313.56
\$ 68.52	\$ 45.62
113.78	30.29
22.42	4.46
45.42	14.86
56.46	3.79
249.70	522.70
629.26	4.75
41.21	2.47
231.69	23.41
52.53	49.07
15.13	0.41
72.84	3.79
299.21	240.99
101.29	7.30
59.23	0.08
178.52	7.10
155.16	20.47
	\$ 981.56
\$ 260.41	\$ 675.73
	\$ 675.73
\$ 170.56	\$ 16.88
1,158.89	22.28
-	-
175.00	0.07
158.33	8.63
	\$ 47.86
\$ 48.29	\$ 30.40
1,157.19	1.62
139.68	334.86
574.12	29.80
	\$ 396.68
\$ 515.10	\$ 506.85
175.78	35.90
107.54	66.85
88.07	143.46
	\$ 753.06
	\$ 3,494.75

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,492.55	\$ 240.70
-	-
	\$ 240.70
\$ 792.55	\$ 78.79
321.94	63.49
12.85	6.18
244.07	22.45
755.76	27.01
91.88	32.25
	\$ 230.17
\$ 65.42	\$ 43.54
71.85	30.65
36.39	9.21
17.28	10.77
64.59	1.03
-	-
254.02	3.53
97.69	6.59
152.91	20.33
58.28	7.49
33.56	0.43
61.75	1.59
50.31	10.62
100.54	11.19
102.33	0.49
124.71	3.73
169.06	33.47
	\$ 194.66
\$ 169.53	\$ 737.78
	\$ 737.78
\$ 59.13	\$ 5.09
781.59	34.71
190.77	5.39
171.29	1.81
260.75	35.77
	\$ 82.77
\$ 61.03	\$ 39.73
-	-
153.53	87.38
366.67	42.03
	\$ 169.14
\$ 89.72	\$ 21.42
180.66	23.15
372.40	9.22
185.97	0.66
	\$ 54.45
	\$ 1,709.67

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
240.81	138.81
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 138.81	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 64.46	\$ 2.08
642.20	16.56
-	-
-	-
133.28	21.55
\$ 40.19	
\$ 98.47	\$ 3.92
-	-
-	-
\$ 3.92	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 182.92	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 58.21	\$ 0.09
733.39	2.24
254.80	8.07
185.24	0.15
351.92	12.33
\$ 22.88	
\$ 42.30	\$ 13.74
-	-
-	-
\$ 13.74	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 36.62	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
79.23	3.89
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 3.89	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 52.03	\$ 0.76
140.98	0.69
-	-
-	-
85.34	1.15
\$ 2.60	
\$ 412.21	\$ 0.85
-	-
-	-
\$ 0.85	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 7.34	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
228.30	197.33
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 197.33	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 163.79	\$ 15.11
743.50	6.68
-	-
-	-
161.28	11.31
\$ 33.10	
\$ 125.27	\$ 15.26
-	-
-	-
\$ 15.26	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 245.69	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 63.52	\$ 3.77
792.13	23.66
145.05	8.54
-	-
459.52	27.00
\$ 62.97	
\$ 68.74	\$ 32.45
-	-
-	-
\$ 32.45	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 95.42	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
162.36	4.55
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 4.55	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 49.30	\$ 14.67
734.23	69.93
272.10	1.36
175.00	0.31
186.18	18.20
\$ 104.47	
\$ 205.58	\$ 58.14
-	-
-	-
\$ 58.14	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 167.16	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,579.60	\$ 34.91
2,314.71	8.07
	\$ 42.98
\$ 482.86	\$ 25.10
131.26	3.29
20.10	2.33
205.07	5.12
515.84	5.38
79.62	11.76
	\$ 52.98
\$ 61.15	\$ 27.30
74.64	4.81
28.20	1.98
20.81	7.88
52.15	3.67
246.66	8.22
38.61	0.18
55.81	3.74
150.11	4.94
51.89	3.53
14.12	0.70
72.21	4.25
70.39	6.17
93.33	4.75
91.19	0.28
133.74	1.70
159.14	24.53
	\$ 108.63
\$ 111.54	\$ 107.19
	\$ 107.19
\$ 62.15	\$ 8.48
2,495.79	184.99
219.76	1.71
171.52	0.97
160.11	31.03
	\$ 227.18
\$ 290.39	\$ 4.58
-	-
140.32	5.57
400.80	8.25
	\$ 18.40
\$ 396.93	\$ 4.92
156.73	0.24
91.26	0.79
37.04	0.02
	\$ 5.97
	\$ 563.33

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,712.45	\$ 51.97
-	-
	\$ 51.97
\$ 692.78	\$ 41.94
778.92	556.18
12.60	11.57
286.10	114.42
563.11	30.80
57.61	24.51
	\$ 779.42
\$ 69.17	\$ 83.72
93.68	8.30
67.37	39.60
32.34	34.02
57.82	2.36
-	-
677.34	95.97
72.67	4.17
243.74	42.74
67.37	3.21
31.27	0.59
66.38	2.35
50.63	12.25
94.58	6.05
5.73	0.02
133.98	6.83
173.55	18.92
	\$ 361.10
\$ 220.87	\$ 944.28
	\$ 944.28
\$ 82.33	\$ 3.81
762.22	13.09
-	-
170.00	7.23
88.66	1.04
	\$ 25.17
\$ 63.11	\$ 6.27
-	-
110.74	5.56
336.58	8.57
	\$ 20.40
\$ 165.66	\$ 1.56
206.32	4.78
-	-
-	-
	\$ 6.34
	\$ 2,188.68

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,921.88	\$ 3.91
2,567.81	5.61
\$ 9.52	
\$ 423.63	\$ 14.22
76.06	0.96
23.24	1.97
228.46	6.79
525.50	4.39
74.68	10.82
\$ 39.15	
\$ 61.18	\$ 24.61
118.18	1.09
27.49	1.46
20.41	6.69
47.72	3.22
166.05	10.56
5.80	0.02
56.19	1.88
173.46	4.62
53.19	3.74
13.40	0.62
68.22	4.88
39.02	3.74
87.65	2.96
60.47	0.10
131.33	1.25
155.67	10.80
\$ 82.24	
\$ 171.99	\$ 91.82
\$ 91.82	
\$ 92.79	\$ 6.84
798.72	4.25
65.27	0.01
175.00	0.38
131.32	4.27
\$ 15.75	
\$ 418.72	\$ 0.46
-	-
129.74	1.87
326.01	1.09
\$ 3.42	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 241.90	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,198.58	\$ 42.05
2,777.39	61.29
\$ 103.34	
\$ 503.55	\$ 27.90
553.83	35.46
20.22	3.99
236.51	10.51
919.01	17.89
52.09	33.12
\$ 128.87	
\$ 64.77	\$ 38.03
108.03	10.45
24.02	2.29
39.85	13.83
50.82	3.60
252.93	425.98
3,821.68	31.34
51.52	2.34
229.98	12.29
50.95	42.45
14.64	0.43
71.18	3.92
200.03	49.20
93.36	5.27
44.96	0.05
170.92	4.46
153.78	12.84
\$ 658.77	
\$ 237.62	\$ 352.83
\$ 352.83	
\$ 150.65	\$ 13.56
1,394.17	39.75
-	-
170.00	0.38
126.94	17.32
\$ 71.01	
\$ 69.65	\$ 7.05
-	-
158.33	117.78
509.65	8.69
\$ 133.52	
\$ 552.11	\$ 40.85
198.32	0.69
75.84	10.24
88.81	46.91
\$ 98.69	
\$ 1,547.03	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 2,288.59	\$ 6.46
-	-
	\$ 6.46
\$ 467.58	\$ 12.60
165.98	3.54
25.78	1.58
636.77	12.65
430.98	3.45
79.78	21.95
	\$ 55.77
\$ 60.09	\$ 17.06
91.88	1.17
36.27	1.17
18.84	2.20
56.23	1.29
177.39	375.74
17.29	0.05
70.31	1.11
105.32	3.17
43.78	42.47
12.79	0.15
70.52	1.45
70.76	4.68
95.91	2.46
-	-
177.03	1.86
137.77	3.04
	\$ 459.07
\$ 369.41	\$ 229.99
	\$ 229.99
\$ 228.93	\$ 26.18
1,075.84	3.06
-	-
-	-
126.58	3.40
	\$ 32.64
\$ 32.67	\$ 0.34
-	-
296.86	42.77
432.73	1.07
	\$ 44.18
\$ 492.50	\$ 8.75
168.51	0.47
-	-
73.44	0.76
	\$ 9.98
	\$ 838.09

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 40.82	\$ 0.11
323.00	0.18
\$ 0.29	
\$ 238.80	\$ 2.38
44.96	0.67
10.85	0.56
101.05	1.22
1,118.46	2.07
54.63	4.22
\$ 11.12	
\$ 36.90	\$ 8.40
102.07	1.63
26.03	0.76
9.89	0.68
54.76	0.55
108.92	215.61
881.47	1.83
41.80	0.31
105.61	2.25
28.35	29.92
28.39	0.03
74.39	0.24
305.48	73.49
89.17	0.78
170.61	0.04
130.27	0.82
108.26	0.94
\$ 338.28	
\$ 176.77	\$ 106.39
\$ 106.39	
\$ 46.93	\$ 4.34
-	-
-	-
-	-
107.11	0.49
\$ 4.83	
\$ 40.26	\$ 2.14
-	-
210.24	32.07
317.33	0.99
\$ 35.20	
\$ 789.23	\$ 27.27
157.26	2.40
8.11	0.07
191.89	6.88
\$ 36.62	
\$ 532.73	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,618.67	\$ 70.31
-	-
	\$ 70.31
\$ 638.26	\$ 52.98
242.57	26.88
16.46	5.32
213.91	18.61
940.55	18.40
79.84	13.83
	\$ 136.02
\$ 63.30	\$ 31.33
75.32	8.64
44.33	9.50
22.52	16.99
68.65	1.23
206.08	0.01
219.24	4.60
20.32	5.85
218.32	15.64
62.46	3.51
36.69	0.31
65.41	1.76
47.88	5.71
92.28	8.20
93.91	1.02
141.16	3.40
164.70	20.22
	\$ 137.92
\$ 152.37	\$ 296.31
	\$ 296.31
\$ 64.02	\$ 4.41
787.26	24.93
254.27	34.57
177.56	1.62
164.71	8.29
	\$ 73.82
\$ 54.36	\$ 7.42
726.68	0.19
118.70	6.75
404.97	14.40
	\$ 28.76
\$ 75.15	\$ 0.86
255.35	1.00
373.92	1.02
216.82	0.08
	\$ 2.96
	\$ 746.10

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 1,917.31	\$ 302.27
-	-
	\$ 302.27
\$ 598.34	\$ 118.17
59.28	12.62
18.06	8.78
210.59	18.46
513.55	6.70
105.73	23.49
	\$ 188.22
\$ 74.92	\$ 31.09
71.33	34.66
34.53	9.95
22.26	31.72
75.02	2.38
-	-
5.86	0.09
34.31	0.33
179.70	6.84
58.94	0.29
17.62	0.09
58.30	1.10
29.64	5.15
94.96	19.93
-	-
156.48	2.49
179.20	50.98
	\$ 197.09
\$ 167.32	\$ 426.84
	\$ 426.84
\$ 53.14	\$ 14.75
770.08	206.11
290.46	168.36
175.00	27.19
176.31	30.90
	\$ 447.31
\$ 129.89	\$ 30.94
-	-
151.30	4.78
381.05	77.79
	\$ 113.51
\$ 0.00	\$ 0.00
-	-
90.30	0.22
-	-
	\$ 0.22
	\$ 1,675.46

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 47.99	\$ 13.58
737.63	262.95
291.05	178.85
-	-
1,534.00	81.97
\$ 537.35	
\$ 151.14	\$ 3.24
-	-
-	-
\$ 3.24	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 540.59	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 24.72	\$ 0.10
-	-
-	-
-	-
\$ 0.10	
\$ 0.00	\$ 0.00
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 0.10	

April 2026 cted Benefit Expense	
Cost per Service	PMPM
\$ 0.00	\$ 0.00
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
\$ 0.00	
\$ 0.00	\$ 0.00
\$ 0.00	
\$ 54.32	\$ 1.55
-	-
-	-
-	-
75.87	0.87
\$ 2.42	
\$ 18.77	\$ 13.04
-	-
-	-
\$ 13.04	
\$ 0.00	\$ 0.00
-	-
-	-
-	-
\$ 0.00	
\$ 15.46	



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