

MILLIMAN CLIENT REPORT

SFY 2025 Louisiana Medicaid Dental Managed Care Capitation Rate Amendment

State of Louisiana Department of Health

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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 Medicaid dental managed care program. This report is an amendment to the dental capitation rates developed for state fiscal year (SFY) 2025. The previously certified capitation rates and documentation of their development were published in the following correspondence:

- *State Fiscal Year 2025 Louisiana Medicaid Dental Managed Care Capitation Rate Certification*, dated June 11, 2024

We have updated the SFY 2025 capitation rates that were provided in the SFY 2025 certification to incorporate the Dental Incentive Payment Program (DIPP) state directed payment as a separate payment term. The capitation rates in this amendment will be effective for the period January 2025 through June 2025. Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the original SFY 2025 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 56 (Modeling); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F, CMS-2408-F, and CMS 2349-F) for the provisions effective for the SFY 2025 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.

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

The capitation rates developed may not be appropriate for any specific dental health plan. An individual dental health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The dental 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 dental health plan may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.

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 2025. The previously certified capitation rates were published in the following correspondence:

- *State Fiscal Year 2025 Louisiana Medicaid Dental Managed Care Capitation Rate Certification*, dated June 11, 2024

We have updated the capitation rates that were provided in the amended certification report mentioned above to reflect the following items:

- Inclusion of the Dental Incentive Payment Program (DIPP) state directed payment as a separate payment term

Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the SFY 2025 certification.

A. SUMMARY OF METHODOLOGY

The methodology used in developing this amendment to the certified SFY 2025 capitation rates is outlined below.

i. Step 1: Incorporate DIPP State Directed Payments

We incorporated the projected payments from the DIPP state directed payment into the total dental expected payments for the January to June 2025 time period. This impact is based on information available in the 438.6(c) preprint that was submitted to CMS. These costs are shown on a PMPM basis and are incorporated in the total expected payments line in Appendix 2.

Documentation about the directed payment is provided in Section 3 of this report.

ii. Step 2: Issuance of actuarial certification

An actuarial certification is included in Appendix 1 and signed by Chris Pettit, FSA, a Principal and Consulting Actuary of Milliman. Mr. Pettit 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 dental managed care program are illustrated by rate cell in Figure 1. These rates are effective from January 1, 2025, through June 30, 2025. Figure 1 also provides a comparison to the original certified dental capitation rates for SFY 2025. The rates are inclusive of directed payment amounts.

FIGURE 1: COMPARISON WITH ORIGINAL SFY 2025 PMPM RATES

POPULATION	ESTIMATED AVERAGE MONTHLY ENROLLMENT	COMPOSITE MCO EXPECTED PAYMENTS		
		ORIGINAL SFY 2025	JAN-JUN 2025	% CHANGE
LaCHIP Affordable Plan	2,600	\$ 25.62	\$ 26.39	3.0%
Medicaid Adult	259,600	1.43	1.43	0.0%
Medicaid Child/CHIP	725,500	24.87	27.61	11.0%
Medicaid Expansion Adult	578,900	1.12	1.12	0.0%
Medicaid Expansion Child	44,100	19.77	20.67	4.6%
Act 450	11,900	3.06	3.29	7.5%
Adult ICF/IID	3,800	1.96	1.97	0.5%
Composite	1,626,400	\$ 12.32	\$ 13.57	10.1%

Notes: 1. Average monthly enrollment is rounded to the nearest hundred. Individual values are rounded and the composite row cannot be calculated precisely from the rounded values shown in this figure.
2. Jan-Jun 2025 and Original SFY 2025 composite rates were developed based on the January through June projected monthly enrollment. The enrollment projection is unchanged in this amendment.

Figure 2 compares the estimated federal and state expenditures under the original and the amended SFY 2025 rates. Revenue shown in Figure 2 includes state directed payments.

FIGURE 2: COMPARISON WITH ORIGINAL SFY 2025 RATES (AGGREGATE EXPENDITURES \$ MILLIONS)

POPULATION	TOTAL DBPM EXPECTED PAYMENTS		CHANGE
	ORIGINAL SFY 2025	JAN-JUN 2025	
LaCHIP Affordable Plan	\$ 0.4	\$ 0.4	\$ 0.0
Medicaid Adult	2.2	2.2	0.0
Medicaid Child/CHIP	108.3	120.2	11.9
Medicaid Expansion Adult	3.9	3.9	0.0
Medicaid Expansion Child	5.2	5.5	0.2
Act 450	0.2	0.2	0.0
Adult ICF/IID	0.0	0.0	0.0
Composite	\$ 120.3	\$ 132.5	\$ 12.2
Federal	\$83.9	\$92.2	\$8.4
State	\$ 36.4	\$ 40.3	\$ 3.8

- 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. Jan-Jun 2025 and Original SFY 2025 composite rates were developed based on the January through June projected monthly enrollment. The enrollment projection is unchanged in this amendment.
 3. State expenditures based on Federal Fiscal Year (FFY) 2025 FMAP of 68.06% for non-Expansion populations. FMAP values do not include CHIP enhanced FMAP.
 4. State expenditures based on FMAP of 90% for the Expansion population.

3. DIPP State Directed Payment

This section describes the incorporation of the DIPP state directed payment into the total expected payments.

State Directed Payment

The information regarding the new state directed payments has been presented consistently with requirements in the managed care rate setting guide, similar to Section 1, subsection 4.D of the original certification.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

i. Rate development standards

This section provides information on the DIPP state directed payment, which was not included in the original rate certification.

(a) Description of Managed Care Plan Requirement

Effective January 1, 2025, LDH will implement a value-based state directed payment for general and pediatric dentists practicing in dental clinics, Federally Qualified Health Centers, and Rural Health Clinics and who are participating in the Louisiana Medicaid dental program. Clinics will earn incentive payments based on their performance on quality measures.

All directed payments described in this amendment are consistent with LDH descriptions of the 438.6(c) pre-prints which have been submitted to CMS, if required.

(b) Approval by CMS and consistency with preprints

All directed payments described in this rate certification have been submitted to CMS. The descriptions in this rate certification are consistent with the 438.6(c) pre-prints that have been submitted to CMS.

(c) Contract arrangements with MCOs

All contract arrangements that direct dental benefit program manager's (DBPM's) expenditures were developed in accordance with 42 CFR §438.4 and 42 CFR §438.5.

(d) Inclusion of Provider Payment Initiatives in Capitation Rates

DIPP Directed Payments

The payments for the DIPP directed payment are made on a retrospective basis to the DBPM's.

(i) Documentation related to separate payment term included in the rate certification

Documentation related to the separate payment term is addressed in Section 4.D.

(ii) PMPM estimate of directed payments addressed through separate payment term

The estimated rating period PMPM amounts of the directed payments are illustrated by rate cell in Appendix 2.

(iii) Final documentation of total directed payment amount by rate cell

After the rating period is complete, a separate report documenting the actual directed payment amounts will be provided to CMS.

(iv) Changes from initial base rate certification

The rate certification will be updated through a rate amendment if the total payment amount or distribution methodology varies from the initial estimates presented in Appendix 2.

ii. Appropriate documentation

(a) Description of Delivery System and Provider Payment Initiatives

(i) Description of delivery system and provider payment initiatives included in the capitation rates

State directed payments incorporated in the capitation rates are listed in Figure 3 below.

FIGURE 3: SUMMARY OF NEW DIRECTED PAYMENT INCLUDED IN CERTIFICATION

CONTROL NAME OF THE STATE DIRECTED PAYMENT	TYPE OF PAYMENT	BRIEF DESCRIPTION	IS THE PAYMENT INCLUDED AS A RATE ADJUSTMENT OR SEPARATE PAYMENT TERM?
TBD	Add-on based on utilization	Add-on paid to general and pediatric dentists based on utilization of dental services	Separate payment term

New separate payment term directed payments included in this amendment:

- **DIPP**

DIPP is a value-based state directed payment for general and pediatric dentists practicing in dental clinics, Federally Qualified Health Centers, and Rural Health Clinics and who are participating in the Louisiana Medicaid dental program.

Clinics will earn incentive payments based on their performance on quality measures. Clinic performance will be tracked by the dental plans and reported to LDH twice a year. The program will include the following three measures.

Each measure will have a benchmark. The benchmark for each reporting round is equal to the state Medicaid median for all dental clinics during the same six-month period of the prior year.

Each participating clinic will have a performance target for each measure. During SFY 2025, the performance target will be equal to the clinic’s performance on a given measure in the prior year.

(ii) Description of payment arrangements incorporated as a rate adjustment

There are no new state directed payments incorporated in the capitation rates as a rate adjustment, other than those described in the original certification.

(iii) Description of payment arrangements incorporated as a separate payment term

New state directed payments incorporated in the capitation rates as a separate payment term are listed in Figure 4 below, with more description following the table.

FIGURE 4: DIRECTED PAYMENTS INCORPORATED AS SEPARATE PAYMENT TERMS

CONTROL NAME OF THE STATE DIRECTED PAYMENT	AGGREGATE AMOUNT INCLUDED IN THE CERTIFICATION	STATEMENT THE ACTUARY IS CERTIFYING THE SEPARATE PAYMENT TERM	MAGNITUDE ON A PMPM BASIS	CONFIRMATION THE RATES ARE CONSISTENT WITH PREPRINT	CONFIRMATION THE ACTUARY WILL SUBMIT REQUIRED DOCUMENTATION AT END OF RATING PERIOD
TBD	\$ 12.2 million	Yes	\$1.25	Yes	Yes

Actuarial certification of separate payment terms.

The actuary certifies the amounts of the separate payment terms provided in this document.

Provider types receiving the payment

Providers who are part of the DIPP directed payment include general and pediatric dentists practicing in dental clinics, Federally Qualified Health Centers, and Rural Health Clinics and who are participating in the Louisiana Medicaid dental program.

Distribution methodology

DPBM encounter data will be used to directly link payments to utilization of dental services for DPBM enrollees.

Once a clinic's performance is reported, each participating clinic will receive a weight for a measure based on the clinic's performance during the measurement period. A participating clinic's payment for a given period will be determined by the clinic's performance relative to the benchmark and the clinic's performance target.

- 100% weight applied for clinics with performance during the measurement period that is equal to or greater than the benchmark and equal to or greater than the clinic-specific performance target
- 80% weight applied for clinics with performance during the measurement period that is below the benchmark and equal to or greater than the clinic-specific performance target
- 60% weight applied for clinics with performance during the measurement period that is greater than or equal to the benchmark but below the performance target
- 0% weight applied for clinics with performance during the measurement period that is below the benchmark and below the performance target

The value of the incentive earned by each clinic will be determined based on the clinic's proportion of total number of numerator cases (subsequent dental exams, fluoride services, or restorative services) across all participating providers during the measurement period, weighted based on the clinic's quality incentive weight.

Estimated PMPM payout

The estimated PMPM payout is provided in Appendix 2.

Consistency with 438.6(c) preprint

The directed payments, as described in this rate certification, are consistent with 438.6(c) preprints submitted to CMS.

Statement that certification will be amended if rates vary from initial estimate

To the extent the final directed payments by rate cell vary from the initial estimates presented in Appendix 2, the rate certification will be amended to reflect the final payments made to the providers.

(b) Additional directed payments not addressed in the certification

There are not any additional directed payments in the managed care program that are not addressed in this certification.

(c) Other requirements regarding reimbursement rates

There are not any additional requirements regarding the reimbursement rates the plans must pay to any providers unless specified in this certification as a directed payment or authorized under applicable law, regulation, or waiver.

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 an amendment to the state fiscal year 2025 actuarially sound capitation rates for the populations served under the Louisiana Medicaid dental managed care program for January 2025 through June 2025 effective period. 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 the DBPMs 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 actuarially sound capitation rates for the state fiscal year 2025 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, DBPM-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 DBPM. 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 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
Louisiana Medicaid Dental Managed Care Program
Amended January through June 2025 Capitation Rates
Actuarial Certification

I, Chris Pettit, 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 Louisiana Medicaid dental managed care program effective January 1, 2025. 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 2025 capitation rates, originally certified on June 11, 2024.

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 DBPMs. 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 dental 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 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. 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.



Chris Pettit, FSA
Member, American Academy of Actuaries

February 28, 2025

Date

APPENDIX 2: RATE DEVELOPMENT (PROVIDED IN EXCEL)

Louisiana Department of Health Managed Care Dental Capitation Rate Amendment Development January 1, 2025 to June 30, 2025									
	LaCHIP Affordable Plan	Medicaid Adult	Medicaid Child/CHIP	Medicaid Expansion Adult	Medicaid Expansion Child	Act 450	Adult ICF/IID	Composite	
Projected Member Months (2H-SFY 2025)	15,700	1,557,800	4,353,150	3,473,350	264,450	71,200	22,550	9,758,200	
Base Claims PMPM	\$ 13.59	\$ 0.63	\$ 13.60	\$ 0.49	\$ 11.56	\$ 2.07	\$ 1.50	\$ 6.70	
Fee Adjusted PMPM	\$ 18.72	\$ 1.05	\$ 18.88	\$ 0.86	\$ 15.23	\$ 2.45	\$ 1.58	\$ 9.36	
IBNR Completion Adjustment	1.0055	1.0198	1.0062	1.0174	1.0049	1.0225	1.0193		
Adjusted Base Claims PMPM	\$ 18.82	\$ 1.07	\$ 19.00	\$ 0.88	\$ 15.31	\$ 2.51	\$ 1.61	\$ 9.42	
Trend	1.0743	1.0530	1.0730	1.0562	1.0736	1.0518	1.0479		
Unwinding Adjustment	1.0906	1.0855	1.0503	1.0354	1.0353	1.0000	1.0000		
Projected SFY 2025 PMPM Benefit Expense	\$ 22.05	\$ 1.23	\$ 21.41	\$ 0.96	\$ 17.01	\$ 2.64	\$ 1.68	\$ 10.61	
Administrative Expense PMPM	\$ 2.51	\$ 0.14	\$ 2.43	\$ 0.11	\$ 1.94	\$ 0.30	\$ 0.20	\$ 1.20	
Profit/Surplus PMPM	0.50	0.03	0.49	0.02	0.39	0.06	0.04	\$ 0.24	
Premium Tax PMPM	0.56	0.03	0.54	0.03	0.43	0.06	0.04	\$ 0.27	
Proposed January 2025 PMPM Capitation Rate	\$ 25.62	\$ 1.43	\$ 24.87	\$ 1.12	\$ 19.77	\$ 3.06	\$ 1.96	\$ 12.32	
SFY 2025 Capitation Rate	\$ 25.62	\$ 1.43	\$ 24.87	\$ 1.12	\$ 19.77	\$ 3.06	\$ 1.96	\$ 12.32	
Rate Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
State Directed Payment	\$ 0.77	\$ 0.00	\$ 2.74	\$ 0.00	\$ 0.90	\$ 0.23	\$ 0.01	\$ 1.25	
Proposed January 2025 PMPM Total Expected Payments	\$ 26.39	\$ 1.43	\$ 27.61	\$ 1.12	\$ 20.67	\$ 3.29	\$ 1.97	\$ 13.57	
Proposed January 2025 PMPM Capitation Rate	\$ 25.62	\$ 1.43	\$ 24.87	\$ 1.12	\$ 19.77	\$ 3.06	\$ 1.96	\$ 12.32	
Rate Change	3.0%	0.0%	11.0%	0.0%	4.6%	7.5%	0.5%	10.1%	



Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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