



Office of State Procurement Contract Certification of Approval

This certificate serves as a confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000683511

Amendment Number: 11

Vendor: LOUISIANA HEALTHCARE CONNECTIONS INC

Description: Managed Care Organizations 3.0

Approved By: PAMELA RICE

Approval Date: 10/24/2025 16:16:12

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 11

LAGOV#: 2000683511

LDH #:

Original Contract Amount

Original Contract Begin Date 01-01-2023

Original Contract End Date 12-31-2025

RFP Number: 3000017417

MVA

(Regional/ Program/
Facility

Medical Vendor Administration

Bureau of Health Services Financing

AND

Louisiana Healthcare Connections, Inc.

Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount:

Current Contract Term : 01/01/23-12/31/25

Attachment A10 - Model Contract
Attachment D8 - Rate Certification effective 7/1/2024
Attachment D9 - Rate Certification effective 7/1/2024
Attachment D10 – Rate Update Memorandum effective 7/1/2024
Attachment G10 - Table of Monetary Penalties
Attachment H10- Quality Performance Measures
Attachment J - MCO Pharmacy Benefits Manager Requirements

Change Contract To: If Changed, Maximum Amount:

If Changed, Contract Term:

Attachment A11 - Model Contract; Attachment D8 - Rate Certification effective 7/1/2024; Attachment D9 - Rate Certification effective 7/1/2024; Attachment D10 – Rate Update Memorandum effective 7/1/2024; Attachment D11a - SFY2025 Rate Certification effective 7/1/2024; Attachment D11b - SFY2026 Rate Certification effective 7/1/2025; Attachment G11 - Table of Monetary Penalties; Attachment H11 - Quality Performance Measures; Attachment J11 - MCO Pharmacy Benefits Manager Requirements; and Attachment L - Addendum to CF-1, LDH Firearms and Ammunitions Clause

Justifications For Amendment:

Revisions contained in this amendment are within scope and comply with the terms and conditions as set forth in the RFP.

This amendment contains necessary revisions for several attachments in order to align with all provisions of state and federal laws, regulations, rules, the State Plan, waivers applicable to managed care, and current practice.

This amendment will also provide the Healthy Louisiana Capitation Rate Update for SFY2025 (July 1, 2024 - June 30, 2025) and the Healthy Louisiana Capitation Rate Update for SFY2026 (July 1, 2025 through June 30, 2026).

This Amendment Becomes Effective: 07-01-2024

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

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

CONTRACTOR

Louisiana Healthcare Connections, Inc.

Signed by: Joseph M. Sullivan 9/24/2025
AA305A3877394C7...
CONTRACTOR SIGNATURE DATE

PRINT NAME Joseph M. Sullivan

CONTRACTOR TITLE Chief Executive Officer

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

Signed by: Bruce D. Greenstein 9/26/2025
SIGNATURE
F2B21E10F2204B1...
DATE

NAME Bruce D. Greenstein

TITLE Secretary

OFFICE Louisiana Department of Health

DocuSigned by: Drew Maranto 9/25/2025
F2B21E10F2204B1...
PROGRAM SIGNATURE DATE

NAME Drew Maranto



MCO Amendment 11
Attachment A11 – Changes to Attachment A, *Model Contract*

Item	Change From	Change To	Justification
1	LIST OF CONTRACT ATTACHMENTS ... Attachment J: MCO Pharmacy Benefits Manager Requirements	LIST OF CONTRACT ATTACHMENTS ... ~~Attachment J: MCO Pharmacy Benefits Manager Requirements~~	This revision is necessary to align with the Louisiana Medicaid transition from a Single (Pharmacy Benefits Manager) PBM to each MCO having their individual PBMs effective October 1, 2025.
2	Part 1: Glossary and Acronyms Glossary ... Single Pharmacy Benefits Manager (PBM) – The single entity designated by LDH to be the third party administrator of outpatient retail prescription drug programs.	~~Single Pharmacy Benefits Manager (PBM)~~ – The single entity designated by LDH to be the third party administrator of outpatient retail prescription drug programs.	This revision is necessary to align with the Louisiana Medicaid transition from a Single (Pharmacy Benefits Manager) PBM to each MCO having their individual PBMs effective October 1, 2025.
3	Part 1: Glossary and Acronyms Glossary [new definition and acronym]	<u>Louisiana Crisis Hub (LCH): A statewide crisis line that acts as the primary access point for Louisiana Crisis Response System services through a process of triage, referral and dispatch. The crisis line is available twenty-four (24) hours a day, seven (7) days a week, collaborates with MCOs and crisis providers to track data and ensure coordination of supports.</u> <u>LCH – Louisiana Crisis Hub</u>	Add definition and acronym for Louisiana Crisis Hub

Item	Change From	Change To	Justification
4	Part 2: Contractor Responsibilities [...] 2.2.2.4.4.4 The Behavioral Health Medical Director shall be a physician with a current, unencumbered license through the Louisiana State Board of Medical Examiners. The Behavioral Health Medical Director shall be board-certified in psychiatry with at least three (3) years of training in a medical specialty. The Behavioral Health Medical Director shall ensure Timely medical decisions, including after-hours consultation, as needed. During periods when the Behavioral Health Medical Director is not available, the Contractor shall have physician staff available to provide competent medical direction. The Behavioral Health Medical Director shall serve exclusively in this position and may not function in an Executive Capacity for another insurance product. The Behavioral Health Medical Director shall attend meetings in person, when requested. The Behavioral Health Medical Director shall share responsibility for the management of the behavioral health services delivery system, including the 24-hour behavioral health crisis line, with the Contractor's Behavioral Health Coordinator, and shall be actively involved in all major clinical and quality management components of the behavioral health services of the Contractor. The Behavioral Health Medical Director shall meet regularly with the CMO. The Behavioral Health Medical Director's responsibilities shall include, but not be limited to, the following:	Part 2: Contractor Responsibilities [...] 2.2.2.4.4.4 The Behavioral Health Medical Director shall be a physician with a current, unencumbered license through the Louisiana State Board of Medical Examiners. The Behavioral Health Medical Director shall be board-certified in psychiatry with at least three (3) years of training in a medical specialty. The Behavioral Health Medical Director shall ensure Timely medical decisions, including after-hours consultation, as needed. During periods when the Behavioral Health Medical Director is not available, the Contractor shall have physician staff available to provide competent medical direction. The Behavioral Health Medical Director shall serve exclusively in this position and may not function in an Executive Capacity for another insurance product. The Behavioral Health Medical Director shall attend meetings in person, when requested. The Behavioral Health Medical Director shall share responsibility for the management of the behavioral health services delivery system, ~~including the 24-hour behavioral health crisis line,~~ with the Contractor's Behavioral Health Coordinator, and shall be actively involved in all major clinical and quality management components of the behavioral health services of the Contractor. The Behavioral Health Medical Director shall meet regularly with the CMO. The Behavioral Health Medical Director's responsibilities shall include, but not be limited to, the following:	This revision removes the direct reference to 24-hour behavioral health crisis line as that function is being replaced by the Louisiana Crisis Hub.

Item	Change From	Change To	Justification
5	2.2.2.7.6.4 For 24-hour behavioral health crisis line staff – participation in OBH-approved trainings related to the Louisiana Crisis Response System.	~~2.2.2.7.6.4. For 24-hour behavioral health crisis line staff – participation in OBH-approved trainings related to the Louisiana Crisis Response System.~~	This revision removes the 24-hour behavioral health crisis line staff as that function is being replaced by the Crisis Hub.
6	2.2.3.12 Use of a Pharmacy Benefits Manager (PBM) 2.2.3.12.1 The Contractor shall subcontract with and provide remuneration to the Single PBM designated by LDH for pharmacy Claims payment and administrative services. LDH has the sole discretion to establish the subcontract terms. 2.2.3.12.1.1 If the Contractor fails to provide payment of undisputed amounts to the Single PBM within the deadlines specified in the subcontract, the Contractor shall pay the Single PBM at a rate of the Prime Rate plus one percent (1%) on any overdue amount not reasonably disputed by the Contractor, calculated daily for the full period in which a fully and properly prepared invoice remains unpaid beyond the applicable deadline. Interest owed to the Single PBM shall be paid within ten (10) Business Days of the Contractor’s receipt of the applicable invoice for such interest. Any interest payment shall be reported pursuant to instructions provided by LDH. 2.2.3.12.1.2 If the Single PBM notifies LDH, in writing, that the Contractor has failed to provide timely	2.2.3.12 Use of a Pharmacy Benefits Manager (PBM) ~~2.2.3.12.1 The Contractor shall subcontract with and provide remuneration to the Single PBM designated by LDH for pharmacy Claims payment and administrative services. LDH has the sole discretion to establish the subcontract terms.~~ ~~2.2.3.12.1.1 If the Contractor fails to provide payment of undisputed amounts to the Single PBM within the deadlines specified in the subcontract, the Contractor shall pay the Single PBM at a rate of the Prime Rate plus one percent (1%) on any overdue amount not reasonably disputed by the Contractor, calculated daily for the full period in which a fully and properly prepared invoice remains unpaid beyond the applicable deadline. Interest owed to the Single PBM shall be paid within ten (10) Business Days of the Contractor’s receipt of the applicable invoice for such interest. Any interest payment shall be reported pursuant to instructions provided by LDH.~~ ~~2.2.3.12.1.2 If the Single PBM notifies LDH, in writing, that the Contractor has failed to provide timely payment to the Single PBM, LDH has the sole discretion to withhold the amount in dispute from the Contractor’s monthly Capitation Payment unless~~	This revision is necessary to align with the Louisiana Medicaid transition from a Single PBM to each MCO having their individual PBMs effective October 1, 2025.

Item	Change From	Change To	Justification
	payment to the Single PBM, LDH has the sole discretion to withhold the amount in dispute from the Contractor's monthly Capitation Payment unless and until the Contractor has submitted all amounts owed to the Single PBM. 2.2.3.12.1.3 The Contractor is liable for any costs incurred by LDH due to the Contractor's failure to provide timely payment to the Single PBM and/or for the Contractor's failure to perform any other services required by the subcontract between the Contractor and the Single PBM. LDH may recoup these costs from Contractor through methods that include, but are not limited to, the following: a withhold from the Contractor's monthly Capitation Payment, an offset from the withhold in the last month of payment under Section 6.54, a claim against the performance bond required under section 4.17, or an offset against any other monies owed by LDH to the Contractor. 2.2.3.12.2 The Contractor shall not make amendments to the Single PBM subcontract without prior written approval from LDH. 2.2.3.12.4 All performance standards established in the Contract also apply to functions performed by the Single PBM, with the following exceptions. 2.2.3.12.4.1 The following performance standards shall apply to the functions performed by the Single PBM	~~and until the Contractor has submitted all amounts owed to the Single PBM.~~ ~~2.2.3.12.1.3 The Contractor is liable for any costs incurred by LDH due to the Contractor's failure to provide timely payment to the Single PBM and/or for the Contractor's failure to perform any other services required by the subcontract between the Contractor and the Single PBM. LDH may recoup these costs from Contractor through methods that include, but are not limited to, the following: a withhold from the Contractor's monthly Capitation Payment, an offset from the withhold in the last month of payment under Section 6.54, a claim against the performance bond required under section 4.17, or an offset against any other monies owed by LDH to the Contractor.~~ ~~2.2.3.12.2 The Contractor shall not make amendments to the Single PBM subcontract without prior written approval from LDH.~~ ~~2.2.3.12.4 All performance standards established in the Contract also apply to functions performed by the Single PBM, with the following exceptions.~~ ~~2.2.3.12.4.1 The following performance standards shall apply to the functions performed by the Single PBM based upon the aggregate performance across all MCOs in the Managed Care Program:~~ ~~• Call center performance standards; and~~ ~~• Prompt pay claims processing standards.~~	

Item	Change From	Change To	Justification
	based upon the aggregate performance across all MCOs in the Managed Care Program: • Call center performance standards; and • Prompt pay claims processing standards. 2.2.3.12.4.2 The Encounter Data completion standard for pharmacy Encounters processed by the Single PBM shall be a three percent (3%) error threshold (i.e., Encounters are at least ninety-seven percent [97%] but no greater than one hundred percent [100%] of cash disbursements). 2.2.3.12.5 Single PBM Non-Compliance 2.2.3.12.5.1 If LDH assesses a Monetary Penalty for Single PBM non-compliance that impacts the Managed Care Program at the program level, LDH shall assess each MCO an equal share of the permissible amount established in the Contract (i.e., a permissible amount divided by the number of MCOs in the Managed Care Program). 2.2.3.12.5.2 If LDH assesses a Monetary Penalty for Single PBM non-compliance, the Contractor shall not pass the Monetary Penalty through to the Single PBM at an amount greater than was assessed by LDH in the Notice of Monetary Penalty.	~~2.2.3.12.4.2 The Encounter Data completion standard for pharmacy Encounters processed by the Single PBM shall be a three percent (3%) error threshold (i.e., Encounters are at least ninety-seven percent [97%] but no greater than one hundred percent [100%] of cash disbursements).~~ ~~2.2.3.12.5 Single PBM Non-Compliance~~ ~~2.2.3.12.5.1 If LDH assesses a Monetary Penalty for Single PBM non-compliance that impacts the Managed Care Program at the program level, LDH shall assess each MCO an equal share of the permissible amount established in the Contract (i.e., a permissible amount divided by the number of MCOs in the Managed Care Program).~~ ~~2.2.3.12.5.2 If LDH assesses a Monetary Penalty for Single PBM non-compliance, the Contractor shall not pass the Monetary Penalty through to the Single PBM at an amount greater than was assessed by LDH in the Notice of Monetary Penalty.~~ ~~2.2.3.12.5.3 The Single PBM may appeal the assessment of a Monetary Penalty directly to LDH in accordance with the process established in the Contract. If the Contractor, or the Single PBM, appeals the assessment of a Monetary Penalty at the program level, the Contractor, or the Single PBM, should submit a joint appeal with other MCOs in the Managed Care Program.~~	

Item	Change From	Change To	Justification
	2.2.3.12.5.3 The Single PBM may appeal the assessment of a Monetary Penalty directly to LDH in accordance with the process established in the Contract. If the Contractor, or the Single PBM, appeals the assessment of a Monetary Penalty at the program level, the Contractor, or the Single PBM, should submit a joint appeal with other MCOs in the Managed Care Program.	<u>2.2.3.12.1 If the MCO utilizes a PBM for pharmacy claims payment and administrative services, then the Contractor and its PBM shall comply with the following requirements:</u> <u>2.2.3.12.1.1 The Contractor shall identify the proposed PBM and the ownership of the proposed PBM. Before entering into a subcontract with a PBM, the contractor shall obtain written approval from LDH. The Contractor shall submit a written description of the assurances and procedures that shall be put in place under the proposed PBM subcontract, such as an independent audit, to prevent patient steering, to ensure no conflicts of interest exist and ensure the confidentiality of proprietary information. The Contractor shall provide a plan documenting how it will monitor such PBM. These assurances and procedures shall be transmitted to LDH for review and approval prior to the Operational Start Date.</u> <u>2.2.3.12.1.2 The Contractor shall submit a plan for oversight of the PBM's performance prior to the implementation of the Contractor's PBM. The plan shall be subject to LDH approval and comply with this Contract and all LDH requirements.</u> <u>2.2.3.12.1.3 The Contractor's PBM shall not deny any Louisiana-licensed pharmacy or Louisiana-licensed pharmacist the right to be a participating provider in the Contractor or PBM provider network if the pharmacy or pharmacist is in good standing and meets all requirements of participation in the Louisiana Medicaid program.</u>	

Item	Change From	Change To	Justification
		<u>2.2.3.12.1.4 Any contract for PBM services shall be a direct contract with the Contractor:</u> <u>2.2.3.12.1.4.1 As payment in-full for the services performed under the contract, the Contractor shall pay the PBM an all-inclusive administrative fee, calculated by multiplying the number of processed claims by a transaction fee, which shall not exceed \$1.25 per pharmacy claim processed.</u> <u>2.2.3.12.1.4.2 In accordance with La. R.S. 46:450.7, the contract shall prohibit "spread pricing," defined as any amount charged or claimed by a PBM to the Contractor that is in excess of the amount paid to the dispensing pharmacy, including the ingredient cost, provider fee and dispensing fee.</u> <u>2.2.3.12.1.4.3 The PBM or other Subcontractor shall provide the MCO pharmacy staff real-time, unredacted, read access to view the pharmacy claims processing system and prior authorization records, at no cost to the Contractor.</u> <u>2.2.3.12.1.4.4 The PBM shall coordinate with the Contractor the dissemination of materials to enrollees and providers such that the Contractor can obtain the appropriate prior approvals from LDH, when necessary.</u> <u>2.2.3.12.1.4.5 If the PBM contracts with a subcontractor, the Contractor shall request prior approval of the subcontract and any amendment thereto. To obtain such approval, the Contractor shall submit a written request and a copy of the</u>	

Item	Change From	Change To	Justification
		<u>proposed subcontract. The request shall also describe how the Contractor and PBM will oversee the subcontractor. The Contractor shall provide any additional information requested by LDH. LDH shall review and approve or deny the subcontractor contract.</u> <u>2.2.3.12.1.4.6 The PBM shall not make or allow any direct or indirect reduction of payment to a pharmacist or pharmacy for a drug, device, or service under a reconciliation process to an effective rate of reimbursement, including, but not limited to, generic effective rates, brand effective rates, direct and indirect remuneration fees, or any other reduction or aggregate reduction of payment.</u> <u>2.2.3.12.1.4.7 The Encounter Data completion standard for pharmacy Encounters processed by a PBM shall be a three percent (3%) error threshold (i.e., Encounters are at least ninety-seven percent [97%] but no greater than one hundred percent [100%] of cash disbursements).</u>	

Item	Change From	Change To	Justification
7	2.3.12.4 Newborn Enrollment ... 2.3.12.4.3 If LDH discovers that a newborn was incorrectly enrolled in a different MCO than its mother for the month of birth, LDH shall immediately: 2.3.12.4.3.1 Disenroll the newborn from the MCO in which the newborn was incorrectly enrolled; 2.3.12.4.3.2 Enroll the newborn in the correct MCO with the same effective date as when the newborn was enrolled in the incorrect MCO; 2.3.12.4.3.3 Recoup any payments made to the incorrect MCO for the newborn ; and 2.3.12.4.3.4 Make payments only to the MCO in which the newborn is correctly enrolled for the period of coverage. 2.3.12.4.5 The MCO in which the newborn is correctly enrolled shall be responsible for the coverage of, and payment for, MCO Covered Services provided to the newborn for the full period of coverage. The MCO in which the newborn was incorrectly enrolled shall have no liability for the coverage of, or payment for, any services during the period of incorrect Enrollment. LDH shall be liable only for the Capitation Payment to the MCO in which the newborn is correctly enrolled and	2.3.12.4 Newborn Enrollment ... 2.3.12.4.3 If LDH discovers that a newborn was incorrectly enrolled in a different MCO than its mother for the month of birth, LDH shall immediately: 2.3.12.4.3.1 Disenroll the newborn from the MCO in which the newborn was incorrectly enrolled <u>effective the last day of the month of discovery, unless an MCO choice separate from the mother's MCO is on record;</u> 2.3.12.4.3.2 Enroll the newborn in the correct MCO ~~with the same effective date as when the newborn was enrolled in the incorrect MCO~~ <u>effective the first day of the month following discovery, unless a MCO choice separate from the mother's MCO is on record;</u> 2.3.12.4.3.3 ~~Recoup any payments made to the incorrect MCO for the newborn ; and~~ 2.3.12.4.3.4 ~~Make payments only to the MCO in which the newborn is correctly enrolled for the period of coverage.~~ 2.3.12.4.5 The MCO in which the newborn is correctly enrolled shall be responsible for the coverage of, and payment for, MCO Covered Services provided to the newborn for the full period of coverage. ~~The MCO in which the newborn was incorrectly enrolled shall have no liability for the coverage of, or payment for, any services during the period of incorrect Enrollment.~~ LDH shall be liable only for the Capitation Payment to the MCO in which the newborn is correctly enrolled and may recoup the	This revision is necessary to end retroactive correction of newborn eligibility to simplify the newborn enrollment process will only enroll newborns into the mother's plan prospectively.

Item	Change From	Change To	Justification
	may recoup the Capitation Payment from the MCO in which the newborn was incorrectly enrolled. 2.3.12.4.6 For newborns disenrolled, the MCO in which the newborn was incorrectly enrolled shall not recover Claim payments from the provider. The MCO in which the newborn is incorrectly enrolled shall seek such Claim payments from the MCO in which the newborn should have been enrolled on the dates of service.	~~Capitation Payment from the MCO in which the newborn was incorrectly enrolled.~~ ~~2.3.12.4.6 For newborns disenrolled, the MCO in which the newborn was incorrectly enrolled shall not recover Claim payments from the provider. The MCO in which the newborn is incorrectly enrolled shall seek such Claim payments from the MCO in which the newborn should have been enrolled on the dates of service.~~	
8	2.5 Population Health and Social Determinants ... [new provision]	<u>2.5.4 CMS Cell and Gene Therapy Model</u> <u>2.5.4.1 The MCO shall follow all requirements of the CMS Cell and Gene Therapy Model identified by LDH. Certain high-cost drugs provided in an inpatient hospital setting will be reimbursed separately from the per diem payment, or cost-based reimbursement. The hospital may submit a separate outpatient hospital claim to receive reimbursement for certain high-cost drugs during a time of inpatient services. Providers must be paid no less than the actual acquisition cost of the drug(s). The actual acquisition cost shall be determined by an invoice or the cost substantiated by the wholesaler or manufacturer. The list of high-cost drugs is maintained by LDH.</u>	This revision is necessary to align with the LDH application and approval from CMS to participate in the Cell and Gene Therapy model (CGT). The CGT model provides curative therapies for sickle cell disease. The CMS deadline to have documentation and procedures completed is July 1, 2025.
9	2.7.7 Independent Evaluations for PASRR Level II [...]	2.7.7 Independent Evaluations for PASRR Level II [...] <u>2.7.7.11 The Contractor and its Level II evaluators shall utilize technology and systems required by LDH for the transferring of</u>	This revision is necessary to include additional language allowing use by MCOs of mandated systems associated with the PASRR Level II system including rightfax and/or use of the OpenText/Providerlink system which is currently

Item	Change From	Change To	Justification
		<u>Level II evaluations and receipt of final determinations as outlined within the DOJ Compliance Guide.</u>	used to transfer information related to determinations with hospitals, nursing facilities, and other referral sources throughout the state.
10	2.9.25 Specialized Behavioral Health Providers ... 2.9.25.9. The Contractor shall have a fully operational network of behavioral health crisis response Providers offering a complete array of crisis response services, available twenty-four (24) hours per day, seven (7) days per week. Crisis response services shall include an on-call, twenty-four (24)-hour crisis hotline, for crisis counseling and linkage to ongoing behavioral health management and intervention services, crisis stabilization for children and adults, mobile crisis response teams, community brief crisis support and behavioral health crisis care. Louisiana crisis services will be delivered in the least restrictive setting using approaches that minimize the use of coercive interventions. These crisis services will allow Enrollees to receive services in the community rather than in EDs when there are no medical or other contraindications to doing so. The Contractor shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. This includes utilizing standardized processes for the 24-hour behavioral health crisis line and referral to crisis response services	2.9.25 Specialized Behavioral Health Providers ... 2.9.25.9. The Contractor shall have a fully operational network of behavioral health crisis response Providers offering a complete array of crisis response services <u>operating in compliance with state-established licensing and service standards outlined within the Behavioral Health Services Provider Manual</u>, ~~available twenty-four (24) hours per day, seven (7) days per week.~~ Crisis response services shall include an ~~on-call, twenty-four (24)-hour crisis hotline~~ <u>access to ongoing behavioral health management and</u> ~~including,~~ crisis stabilization for children and adults, mobile crisis response teams, community brief crisis support and behavioral health crisis care. Louisiana crisis services will be delivered in the least restrictive setting using approaches that minimize the use of coercive interventions. These crisis services will allow Enrollees to receive services in the community rather than in EDs when there are no medical or other contraindications to doing so. The Contractor shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. This includes <u>collaboration with the Louisiana Crisis Hub (LCH) and crisis providers in conformance with service standards</u> ~~utilizing standardized processes for the 24-hour behavioral health crisis line and referral to crisis response services~~	This revision is necessary to reword in consideration of removal of 24-hour behavioral health crisis line and implementation of/ replacement with the Louisiana Crisis Hub.

Item	Change From	Change To	Justification
	developed through the Louisiana Crisis Response System and as outlined within the Louisiana Crisis Response System Companion Guide. 2.9.25.10 The Contractor shall also coordinate with community resources, including but not limited to, law enforcement, emergency departments, statewide and regional crisis coalitions, dispatch call centers, and emergency management service organizations personnel, to expand the crisis response. The community-based crisis response system may include other innovative approaches to crisis services beyond that which is established as reimbursable through the Louisiana Medicaid Program. The Contractor shall familiarize itself with the local crisis collaborative and work with it to facilitate crisis resolution. 2.9.25.17 The Contractor must track and document behavioral health crisis contacts from Enrollees and ensure that this information is shared as soon as possible and no later than the next Business Day with the Contractor case manager, community case management Provider, Assertive Community Treatment (ACT) Team if appropriate or other behavioral health Provider for appropriate follow-up.	~~developed through the Louisiana Crisis Response System and as outlined within the Louisiana Crisis Response System Companion Guide.~~ 2.9.25.10 The Contractor shall also coordinate with community resources, including but not limited to, law enforcement, emergency departments, statewide and regional crisis coalitions, dispatch call centers <u>(including 911 and the LCH)</u>, and emergency management service organizations personnel, to expand the crisis response. The community-based crisis response system may include other innovative approaches to crisis services beyond that which is established as reimbursable through the Louisiana Medicaid Program. The Contractor shall familiarize itself with the local crisis collaborative and work with it to facilitate crisis resolution. 2.9.25.17 The Contractor must track and document behavioral health crisis contacts from Enrollees <u>in conjunction with the LCH</u> and ensure that this information is shared as soon as possible and no later than the next Business Day with the Contractor case manager, community case management Provider, Assertive Community Treatment (ACT) Team if appropriate or other behavioral health Provider for appropriate follow-up. <u>2.9.25.31 The Contractor must complete all necessary agreements with the LCH needed in order to ensure collaboration in congruence with the DOJ Compliance Guide. This includes but is not limited to Data Sharing and Master User Agreements as well as Memoranda of Understanding.</u> <u>2.9.25.32 The Contractor must work with crisis service providers and the LCH to schedule outpatient follow-up</u>	

Item	Change From	Change To	Justification
		<u>appointments via a warm handoff to support connection to ongoing care following a crisis episode.</u>	
11	2.11 Provider Reimbursement ... 2.11.15 Payment for Physician Services The Contractor shall use the increased physician services funds received above the base rate (subject to risk adjustment) to the Full Medicaid Pricing, or any successive payment model, as detailed in Attachment D, <i>Actuarial Rate Certification Letter</i> , for reimbursement of physician services in compliance with 42 CFR §438.6.	2.11 Provider Reimbursement ... 2.11.15 Payment for Physician Services ~~The Contractor shall use the increased physician services funds received above the base rate (subject to risk adjustment) to the Full Medicaid Pricing, or any successive payment model, as detailed in Attachment D, <i>Actuarial Rate Certification Letter</i>, for reimbursement of physician services in compliance with 42 CFR §438.6.~~ <u>In accordance with 42 CFR §438.6 (c), LDH will utilize a CMS – approved directed payment arrangement for eligible Practitioner/Practitioner Groups (physician, physician assistants, certified registered nurse practitioners, and certified nurse anesthetists). The payment arrangement will utilize a uniform percentage increase for qualified physician services, based upon provider’s class. CMS approval of a directed payment arrangement is for one (1) rating period and it is not renewed automatically.</u> <u>This directed payment arrangement will be made through a separate payment term outside of the monthly capitation payment.</u> <u>The Contractor shall make directed payments to qualified Practitioner/Practitioner Groups as directed by LDH and in</u>	These revisions are necessary to comply with requirements of CMS SMD# 21-001 and 42 CFR §438.6 (c).

Item	Change From	Change To	Justification
		<u>accordance with the written approval from CMS for the applicable rating period.</u> <u>2.11.15.1 The directed payment arrangement shall be detailed in Attachment D, Actuarial Rate Certification Letter.</u>	
12	2.13.6 Member Handbook ... 2.13.6.2.11.3 The process and procedures for obtaining Emergency Services, including use of the 911-telephone system or its local equivalent; 2.13.6.6.3.4 Contractor service hours and availability with contact information including, but not limited to, Enrollee Services, Nurse Line, Behavioral Health Crisis Line, reporting suspected Fraud and Abuse, Pharmacy Benefits Manager, and any Subcontractor providing MCO Covered Services or Value-Added Benefits;	2.13.6 Member Handbook ... 2.13.6.2.11.3 The process and procedures for obtaining Emergency or Crisis Response Services, including use of the LCH, 911-telephone system or its local equivalent; 2.13.6.6.3.4 Contractor service hours and availability with contact information including, but not limited to, Enrollee Services, Nurse Line, ~~Behavioral Health Crisis Line~~, reporting suspected Fraud and Abuse, Pharmacy Benefits Manager, and any Subcontractor providing MCO Covered Services or Value-Added Benefits;	This revision is necessary to reword in consideration of removal of 24-hour behavioral health crisis line and implementation of/ replacement with the Louisiana Crisis Hub.

Item	Change From	Change To	Justification
13	2.13.7 Member Identification (ID) Cards ... 2.13.7.1.3.9 The toll-free number(s) for: - The 24-hour Nurse Line; - The Member Services Line; - The 24-hour behavioral health crisis line; - Filing Appeals and Grievances; - Provider services and Prior Authorization; - Pharmacy benefit assistance; - Pharmacy services and Prior Authorization; and - Reporting Medicaid Fraud (1-800-488-2917).	2.13.7 Member Identification (ID) Cards ... 2.13.7.1.3.9 The toll-free number(s) for: - The 24-hour Nurse Line; - The Member Services Line; <u>The Louisiana Crisis Hub Line</u> 24-hour behavioral health crisis line; - Filing Appeals and Grievances; - Provider services and Prior Authorization; - Pharmacy benefit assistance; - Pharmacy services and Prior Authorization; and - Reporting Medicaid Fraud (1-800-488-2917).	This revision removes the reference to 24-hour behavioral health crisis line staff as that function is being replaced by the Crisis Hub. This addition is expected for new cards issued upon approval of the contract amendment.
14	2.13.10 Enrollee Call Center [new provision]	2.13.10 Enrollee Call Center ... <u>2.13.10.11 Assist callers contacting either the Enrollee Call Center or the Nurse Triage/Advice line, if separate, who may be in behavioral health crisis that are voluntarily seeking access to care by effectuating an immediate transfer to the LCH via a “warm transfer”.</u>	Add provision due to deletion of 24-hour BH Crisis Line Section

Item	Change From	Change To	Justification
15	2.13.11 24-Hour Behavioral Health Crisis Line 2.13.11.1 The Contractor shall maintain a twenty-four (24)-hour toll-free crisis response center to respond to specialized behavioral health needs. The call center may be combined with the Contractor’s twenty-four (24)-hour nurse line or may be a separate line, but must: 2.13.11.1.1 Provide access to staff Twenty-four (24) hours a day, seven (7) days a week; 2.13.11.1.2 Answer with a live voice at all times within thirty (30) seconds; 2.13.11.1.3 Have sufficient telephone lines to answer incoming calls and meet performance standards set forth in this Contract; 2.13.11.1.4 Assist and triage callers who may be in crisis by effectuating an immediate transfer via a warm line to an LMHP for those who need a higher level of clinical skill, or a Recognized Peer Support Specialist (RPSS). 2.13.11.1.5 Be staffed with an adequate number of LMHPs overseeing clinical triage and other trained staff to handle to all calls received; 2.13.11.1.6 Coordinate connections to crisis mobile response team services closest to the Enrollee’s location at the time of crisis;	~~2.13.11 24-Hour Behavioral Health Crisis Line~~ ~~2.13.11.1 — The Contractor shall maintain a twenty-four (24)-hour toll-free crisis response center to respond to specialized behavioral health needs. The call center may be combined with the Contractor’s twenty-four (24)-hour nurse line or may be a separate line, but must:~~ ~~2.13.11.1.1 — Provide access to staff Twenty-four (24) hours a day, seven (7) days a week;~~ ~~2.13.11.1.2 — Answer with a live voice at all times within thirty (30) seconds;~~ ~~2.13.11.1.3 — Have sufficient telephone lines to answer incoming calls and meet performance standards set forth in this Contract;~~ ~~2.13.11.1.4 — Assist and triage callers who may be in crisis by effectuating an immediate transfer via a warm line to an LMHP for those who need a higher level of clinical skill, or a Recognized Peer Support Specialist (RPSS).~~ ~~2.13.11.1.5 Be staffed with an adequate number of LMHPs overseeing clinical triage and other trained staff to handle to all calls received;~~ ~~2.13.11.1.6 Coordinate connections to crisis mobile response team services closest to the Enrollee’s location at the time of crisis;~~ ~~2.13.11.1.7 Schedule outpatient follow-up appointments via a warm handoff to support connection to ongoing care following a crisis episode; and~~	Removed direct reference to 24-hour behavioral health crisis line as that function is being replaced by the Crisis Hub.

Item	Change From	Change To	Justification
	2.13.11.1.7 Schedule outpatient follow-up appointments via a warm handoff to support connection to ongoing care following a crisis episode; and 2.13.11.1.8 Connect Enrollees to facility-based care through warm handoffs and coordination of transportation as needed. 2.13.11.2 During each call, behavioral health crisis line staff shall: 2.13.11.2.1 Try to resolve the crisis over the phone, and if needed will provide assistance in accessing face-to-face intervention, arranging an urgent outpatient appointment, providing phone consultation with an LMHP if a higher level of clinical skill is needed, or connecting the Enrollee with peer support services. 2.13.11.2.2 Engage individuals in a respectful and rapport-building manner providing assessment of risk of suicide for every call in a manner that meets National Suicide Prevention Lifeline standards and minimizes danger to others; 2.13.11.2.3 Initiate emergency response services when needed to secure the immediate safety of the Enrollee if the Enrollee is in need of medically necessary rescue services for an emergency medical need or when there is a concern for public safety; 2.13.11.2.4 Use call processing protocols (e.g., Robert’s Model of Crisis Intervention), standardized	~~2.13.11.1.8 Connect Enrollees to facility-based care through warm handoffs and coordination of transportation as needed.~~ ~~2.13.11.2 During each call, behavioral health crisis line staff shall:~~ ~~2.13.11.2.1 Try to resolve the crisis over the phone, and if needed will provide assistance in accessing face-to-face intervention, arranging an urgent outpatient appointment, providing phone consultation with an LMHP if a higher level of clinical skill is needed, or connecting the Enrollee with peer support services.~~ ~~2.13.11.2.2 Engage individuals in a respectful and rapport-building manner providing assessment of risk of suicide for every call in a manner that meets National Suicide Prevention Lifeline standards and minimizes danger to others;~~ ~~2.13.11.2.3 Initiate emergency response services when needed to secure the immediate safety of the Enrollee if the Enrollee is in need of medically necessary rescue services for an emergency medical need or when there is a concern for public safety;~~ ~~2.13.11.2.4 Use call processing protocols (e.g., Robert’s Model of Crisis Intervention), standardized risk assessments/instruments, and triage protocols to determine level of response for each call;~~ ~~2.13.11.2.5 Use de-escalation and resolution techniques by engaging Enrollees in brief phone-based counseling and intervention to de-escalate the crisis with the goal of~~	

Item	Change From	Change To	Justification
	risk assessments/instruments, and triage protocols to determine level of response for each call; 2.13.11.2.5 Use de-escalation and resolution techniques by engaging Enrollees in brief phone-based counseling and intervention to de-escalate the crisis with the goal of determining appropriate level of need and resolving the situation so that higher levels of care are not necessary; 2.13.11.2.6 Practice active engagement with persons calling on behalf of an Enrollee to determine the least invasive, most collaborative actions to best ensure the safety of the person at risk; and 2.13.11.2.7 Connect Enrollees to clinically appropriate additional care that uses the least invasive intervention and considers involuntary emergency interventions as a last resort. 2.13.11.3 The Contractor should use workforce management technology and tools to ensure adequate coverage of call volume and efficiencies and require internal monitoring of behavioral health crisis call processes. This can include coordinating overflow coverage with a resource that meets all 24-hour behavioral health crisis line expectations as outlined within the Louisiana Crisis Response Companion Guide when implemented. 2.13.11.4 In addition to standard call center reporting metrics, the Contractor shall report on 24-hour behavioral health crisis line specific functions,	~~determining appropriate level of need and resolving the situation so that higher levels of care are not necessary;~~ ~~2.13.11.2.6 Practice active engagement with persons calling on behalf of an Enrollee to determine the least invasive, most collaborative actions to best ensure the safety of the person at risk; and~~ ~~2.13.11.2.7 Connect Enrollees to clinically appropriate additional care that uses the least invasive intervention and considers involuntary emergency interventions as a last resort.~~ ~~2.13.11.3 The Contractor should use workforce management technology and tools to ensure adequate coverage of call volume and efficiencies and require internal monitoring of behavioral health crisis call processes. This can include coordinating overflow coverage with a resource that meets all 24-hour behavioral health crisis line expectations as outlined within the Louisiana Crisis Response Companion Guide when implemented.~~ ~~2.13.11.4 In addition to standard call center reporting metrics, the Contractor shall report on 24-hour behavioral health crisis line specific functions, including, but not limited to, service level, call resolution, crisis mobile response team dispatch, and involvement of law enforcement or EMS, as specified by LDH.~~ ~~2.13.11.5 For the 24-hour behavioral health crisis line, the Contractor shall incorporate Caller ID functionality in collaboration with partner crisis mobile response teams to more efficiently dispatch care to Enrollees in need.~~ ~~2.13.11.6 The Contractor must have an after hours system to route emergent and crisis behavioral health calls outside of its~~	

Item	Change From	Change To	Justification
	including, but not limited to, service level, call resolution, crisis mobile response team dispatch, and involvement of law enforcement or EMS, as specified by LDH. 2.13.11.5 For the 24-hour behavioral health crisis line, the Contractor shall incorporate Caller ID functionality in collaboration with partner crisis mobile response teams to more efficiently dispatch care to Enrollees in need. 2.13.11.6 The Contractor must have an after-hours system to route emergent and crisis behavioral health calls outside of its Enrollee services hours of operation in order to ensure Enrollees in crisis are able to access crisis services necessary to meet their needs.	~~Enrollee services hours of operation in order to ensure Enrollees in crisis are able to access crisis services necessary to meet their needs.~~	
16	2.18.2.3 The Contractor shall not automatically adjust, down-code, or pay Claims at a lower level of service than what was submitted by the provider.	2.18.2.3 The Contractor shall ~~not automatically adjust, down-code, or pay Claims at a lower level of service than what was submitted by the provider.~~ <u>comply with 2025 Regular Legislative Session Act 293 requirements and any subsequent rules promulgated by LDH. If the Contractor does not maintain compliance with this contractual obligation, LDH shall impose a Monetary Penalty as specified in Attachment G, Table of Monetary Penalties.</u>	This revision is necessary to align with HB 565 passed in the 2025 Regular Legislative Session and signed by the Governor as Act 293.

Item	Change From	Change To	Justification
17	2.18.17.5 Use of a Pharmacy Benefits Manager (PBM) 2.18.17.5.1 The Contractor shall utilize a Single PBM designated by LDH for pharmacy Claims payment and administrative services. 2.18.17.5.2 The Contractor shall submit a plan for oversight of the PBM’s performance during Readiness Review to LDH or its designee. The plan shall be subject to LDH approval and comply with this Contract and all LDH requirements; and	2.18.17.5 Use of a Pharmacy Benefits Manager (PBM) 2.18.17.5.1 The Contractor shall ~~utilize~~ may utilize a Single PBM of its choosing designated by LDH for pharmacy Claims payment and administrative services. All administrative services must be included in the transaction fee paid the PBM by the contractor. 2.18.17.5.2 The Contractor shall submit a plan for oversight of the PBM’s performance during Readiness Review readiness prior to implementation with the MCOs pharmacy director attestation to LDH or its designee. The plan shall be subject to LDH approval and comply with this Contract and all LDH requirements; and	This revision is necessary to align with the Louisiana Medicaid transition from a Single PBM to each MCO having their individual PBMs effective October 1, 2025.

MILLIMAN CLIENT REPORT

State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment

State of Louisiana Department of Health

September 10, 2025

[Anders Larson](#), FSA, MAAA, Principal and Consulting Actuary

[Zach Fohl](#), FSA, MAAA, Consulting Actuary

[Amine Elmeghni](#), FSA, MAAA, MSc, Consulting Actuary





Table of Contents

1.	BACKGROUND	1
2.	EXECUTIVE SUMMARY	2
A.	SUMMARY OF METHODOLOGY	2
B.	FISCAL IMPACT ESTIMATE	2
3.	PHYSICIAN FMP AND STATE DIRECTED PAYMENTS	4
D.	DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES	4
	i. Rate development standards	4
	(a) Description of Managed Care Plan Requirement	4
	(b) Approval by CMS and consistency with preprints	4
	(c) Contract arrangements with MCOs	4
	(d) Inclusion of Provider Payment Initiatives in Capitation Rates	4
	(i) Documentation related to separate payment term included in the rate certification	4
	(ii) PMPM estimate of directed payments addressed through separate payment term	4
	(iii) Final documentation of total directed payment amount by rate cell	5
	(iv) Changes from initial base rate certification	5
	ii. Appropriate documentation	5
	(a) Description of Delivery System and Provider Payment Initiatives	5
	(i) Description of delivery system and provider payment initiatives included in the capitation rates	5
	(ii) Description of payment arrangements incorporated as a rate adjustment	5
	(iii) Description of payment arrangements incorporated as a separate payment term	5
	(b) Additional directed payments not addressed in the certification	6
	(c) Other requirements regarding reimbursement rates	6
	LIMITATIONS	7
	APPENDIX 1: ACTUARIAL CERTIFICATION	
	APPENDIX 2: SEPARATE PAYMENT TERMS (PROVIDED IN EXCEL)	
	APPENDIX 3: RATE CHANGE SUMMARY (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 managed care program. This report is an amendment to the capitation rates developed for state fiscal year (SFY) 2025. The previously certified capitation rates and documentation of their development were published in the following correspondences:

- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated June 21, 2024
- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment*, dated November 27, 2024

After the issuance of the SFY 2025 Capitation Rate Amendment, dated November 27, 2024, the SFY 2025 capitation rates were also adjusted using the de minimis flexibility, provided under 42 CFR 438.7(c)(3), without a rate amendment. The impact of that rate change was an increase of 1.5% (excluding Full Medicaid Pricing (FMP) and state directed payments) and it affected all regions and rate cells uniformly.

This amendment updates the SFY 2025 capitation rates to incorporate the physician state directed payments as a separate payment term replacing physician FMP payments. 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 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

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 (original certification):

- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated June 21, 2024
- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment*, dated November 27, 2024

After the issuance of the SFY 2025 Capitation Rate Amendment, dated November 27, 2024, the SFY 2025 capitation rates were also adjusted using the de minimis flexibility, provided under 42 CFR 438.7(c)(3), without a rate amendment. The impact of that rate change was an increase of 1.5% (excluding FMP and state directed payments) and it affected all regions and rate cells uniformly.

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

- Inclusion of physician state directed payments
- Removal of physician FMP amounts

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 2025 capitation rates is outlined below.

i. Step 1: Inclusion of physician state directed payments and removal of physician FMP

The physician state directed payment was approved by CMS on August 28, 2025, for the SFY 2025 rating period. To reflect this approval, we have incorporated this state directed payment as a separate payment term for SFY 2025. This only impacts the "Expected Payments" rates, as the capitation rates do not include state directed payments. The funding of the physician state directed payment can be found in Figure 5 of this report.

As a result of the implementation of the physician state directed payment, LDH will no longer maintain the physician FMP program for the SFY 2025 rating period.

Documentation about the inclusion of the physician state directed payment and the removal of the physician FMP 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 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. These rates are effective from July 1, 2024 through June 30, 2025. Figure 1 also provides a comparison to the previously effective capitation rates for July 1, 2024. The rates are inclusive of directed payments and FMP amounts, where applicable. The FMP amounts have been set to \$0 in the "Updated SFY 2025" rates. The "SFY 2025 de minimis" rates refer to the set of rates included in the amendment dated November 27, 2024, after an increase of 1.5%. The composite rates illustrated for SFY 2025 have been developed based on an estimate of projected enrollment in SFY 2025.

FIGURE 1: COMPARISON WITH SFY 2025 DE MINIMIS PMPM RATES

POPULATION	ESTIMATED SFY 2025 AVERAGE MONTHLY ENROLLMENT	COMPOSITE MCO EXPECTED PAYMENTS		
		SFY 2025 DE MINIMIS	UPDATED SFY 2025	% CHANGE
SSI	94,100	\$ 2,322.28	\$ 2,395.49	3.2%
F&C	769,300	414.72	438.61	5.8%
SBH	133,300	60.62	60.98	0.6%
Medicaid Expansion	575,500	838.87	880.90	5.0%
All Other Populations	28,900	1,358.90	1,390.48	2.3%
Maternity Kick – Expansion	1,200	23,733.97	25,338.45	6.8%
Maternity Kick – Non-Expansion	1,700	20,933.15	22,184.44	6.0%
Composite	1,601,100	\$ 707.28	\$ 741.33	4.8%

Notes:

- Both sets of SFY 2025 composite rates were developed based on SFY 2025 projected monthly enrollment.
- 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 2025 rates, based on estimated enrollment in SFY 2025. Revenue shown in Figure 3 includes state directed payment and FMP amounts, where applicable. The “Updated SFY 2025” rates do not include any revenue for FMP.

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

POPULATION	TOTAL MCO EXPECTED PAYMENTS		% CHANGE
	SFY 2025 DE MINIMIS	UPDATED SFY 2025	
SSI	\$ 2,621.4	\$ 2,704.1	\$ 82.6
F&C	3,828.7	4,049.2	220.6
SBH	97.0	97.5	0.6
Medicaid Expansion	5,793.7	6,083.9	290.3
All Other Populations	472.5	483.5	11.0
Maternity Kick – Expansion	352.2	376.0	23.8
Maternity Kick – Non-Expansion	424.5	449.8	25.4
Composite	\$ 13,590.0	\$ 14,244.2	\$ 654.2
Federal	\$ 10,590.5	\$ 11,104.3	\$ 513.8
State	\$ 2,999.5	\$ 3,139.9	\$ 140.4

Notes:

- Individual values are calculated using unrounded values. Therefore, the dollar amounts cannot be calculated precisely from the rounded values shown in Figure 1.
- Original and amended SFY 2025 composite rates were developed based on SFY 2025 projected monthly enrollment.
- State expenditures based on Federal Fiscal Year (FFY) 2024 FMAP of 67.67% for 3 months and FFY 2025 FMAP of 68.06% for 9 months for all except the Expansion population.
- State expenditures based on FMAP of 90% for the Expansion population.
- 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. Physician FMP and State Directed Payments

This section describes a new state directed payment that is being incorporated into the capitation rates, as well as the removal of FMP amounts.

Physician FMP

LDH will not maintain the physician FMP program for the SFY 2025 rating period, based on guidance from CMS, any payment arrangements formerly using this mechanism will be converted to a separate payment term. This separate payment term is described in the *"Description of payment arrangements incorporated as a separate payment term"* section of this certification.

State Directed Payments

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 new directed payments, included in this amendment, for certain providers which are pertinent to the SFY 2025 capitation rates.

(a) Description of Managed Care Plan Requirement

Effective July 1, 2024, payments formerly made as Full Medicaid Pricing (FMP) for hospital-based physician services provided at participating facilities by participating physicians will be made through a state directed payment, administered as a separate payment term. The pool of providers has also been expanded to include all physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists with at least \$10,000 of Medicaid payments during SFY 2023. Payments will be determined to bring Medicaid reimbursement for these services up to a level consistent with rates paid by commercial payers for the same service.

The new directed payments described in this rate certification are consistent with LDH descriptions of the 438.6(c) pre-prints that have been submitted to CMS, if required. For minimum fee schedules, CMS does not require preprints if the fee schedules are consistent with approved State Plan rates.

(b) Approval by CMS and consistency with preprints

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

(c) Contract arrangements with MCOs

All contract arrangements that direct MCO'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

Physician directed payments

The payments for the physician directed payment are made on a retrospective basis to the managed care health plans.

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

Documentation related to the separate payment term is addressed in Item 3.D.ii.a.iii.

(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 3.

(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 by region and rate cell 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 3.

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 DIRECTED PAYMENTS 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?
LA_Fee_AMC.PC.SP_New_20240701-20250630	Add-on based on utilization	Add-on paid to physicians and mid-level providers	Separate payment term

New separate payment term directed payments included in this amendment:

- **Physician (LA_Fee_AMC.PC.SP_New_20240701-20250630)**

The physician directed payment is established as a uniform percentage increase for all physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists with at least \$10,000 of Medicaid payments in SFY 2023. Providers are grouped into six classes, each with a separate uniform percentage increase. The uniform percentages were established to target 100% of the ACR for classes 1 through 5 and approximately 68% for Class 6.

(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 ¹	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
LA_Fee_Oth1_Ne_20240701-20250630	\$ 1,243.1 million	Yes	\$64.70	Yes	Yes

Note:

1. Values shown are net of premium tax.

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 physician directed payment include physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists. Providers with less than \$10,000 of Medicaid payments in SFY 2023 are excluded.

Distribution methodology

For the physician directed payments, MCO encounter data will be used to directly link payments to utilization of professional services for MCO enrollees. Once the encounter submitted by the MCOs is accepted, LDH will calculate the hospital's payment increase. Payments will be made on a quarterly basis based on utilization in the preceding quarter. The development of the payment increases is described in Item 3.D.ii(a)(i).

Estimated PMPM payout by rate cell

The estimated PMPM payout by population, rate cell, and region 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 approved by 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 the amended state fiscal year 2025 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 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, 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 State Fiscal Year 2025 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 July 1, 2024. 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 21, 2024 and a subsequent amendment dated November 27, 2024. The rates were also adjusted by a de minimis amount, as documented in a memorandum dated July 7, 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 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.

An electronic signature of Anders Larson, consisting of a stylized cursive script in black ink, with the words "Electronic Signature" in a light blue font overlaid on the signature.

Anders Larson, FSA
Member, American Academy of Actuaries

September 10, 2025

Date

APPENDIX 2: SEPARATE PAYMENT TERMS (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Separate Payment Term Summary											
Region: Statewide		Projected Exposure	State Directed Payments								Total
			Acute SDP	LPR SDP	BHO SDP	NEMT SDP	HH SDP	DBT SDP	Physician SDP	Premium Tax	
F&C											
F&C - 0-2 Months		122,148	\$ 4,810.86	\$ 0.06	\$ 0.02	\$ 0.10	\$ 0.01	\$ 0.00	\$ 439.53	\$ 293.95	\$ 5,344.54
F&C - 3-11 Months		-	250.66	0.05	0.02	0.03	0.01	-	71.94	18.78	341.49
F&C - Child 1-20 Years		7,769,908	1.42	0.48	0.04	0.04	0.02	0.08	33.23	3.38	61.40
F&C - Adult 21+ Years		955,252	22.76	1.42	0.87	0.11	0.10	0.12	83.21	9.03	164.26
Subtotal F&C		9,231,968	\$ 97.67	\$ 1.46	\$ 0.49	\$ 0.05	\$ 0.02	\$ 0.08	\$ 45.39	\$ 8.45	\$ 153.61
SSI											
SSI - 0-2 Months		456	\$ 69,275.77	\$ 0.00	\$ 0.00	\$ 15.20	\$ 0.00	\$ 0.00	\$ 5,706.74	\$ 4,364.95	\$ 79,362.66
SSI - 3-11 Months		4,260	13,635.50	0.31	0.10	0.97	1.10	-	947.84	848.91	15,434.72
SSI - Child 1-20 Years		347,108	268.58	7.39	2.50	0.32	0.53	0.48	60.30	19.79	359.90
SSI - Adult 21+ Years		776,988	569.09	11.30	3.82	0.73	1.41	0.80	166.60	43.87	797.62
Subtotal SSI		1,128,812	\$ 553.75	\$ 10.05	\$ 3.40	\$ 0.61	\$ 1.14	\$ 0.70	\$ 139.10	\$ 41.25	\$ 750.00
HCBS											
HCBS - Child 1-20 Years		21,648	\$ 918.91	\$ 5.95	\$ 2.01	\$ 1.40	\$ 16.02	\$ 0.52	\$ 115.64	\$ 61.72	\$ 1,122.17
HCBS - Adult 21+ Years		34,584	667.75	7.00	2.37	1.43	2.04	0.44	142.54	47.93	871.50
Subtotal HCBS		56,232	\$ 764.44	\$ 6.59	\$ 2.23	\$ 1.42	\$ 7.42	\$ 0.47	\$ 132.19	\$ 53.24	\$ 968.00
SBH											
SBH - HCBS - Child 1-20 Years		15,708	\$ 0.00	\$ 5.41	\$ 1.83	\$ 0.25	\$ 0.00	\$ 0.57	\$ 1.57	\$ 0.56	\$ 10.19
SBH - HCBS - Adult 21+ Years		32,736	-	3.94	1.33	0.75	-	0.24	4.83	0.65	11.74
SBH - LaHIPP, All Ages		6,420	-	0.38	0.13	0.03	-	0.01	0.24	0.05	0.83
SBH - CCM, All Ages		17,088	-	6.25	2.11	0.32	-	0.53	1.81	0.64	11.66
SBH - Dual Eligible, All Ages		1,495,859	-	1.59	0.54	0.37	-	0.03	0.36	0.17	3.05
SBH - Other - All Ages		31,656	-	10.70	3.62	1.98	-	1.12	10.44	1.62	29.49
Subtotal SBH		1,599,467	\$ 0.00	\$ 1.90	\$ 0.64	\$ 0.40	\$ 0.00	\$ 0.07	\$ 0.68	\$ 0.21	\$ 3.90
Other Populations											
Other Populations - FCC, All Ages Male & Female		175,932	\$ 72.20	\$ 13.53	\$ 4.57	\$ 0.23	\$ 0.21	\$ 1.33	\$ 41.96	\$ 7.80	\$ 141.82
Other Populations - BCC, All Ages		3,588	274.43	0.45	0.15	0.13	-	-	149.07	24.69	448.93
Other Populations - LAP, All Ages		26,028	10.27	0.79	0.27	0.03	0.02	0.05	27.64	2.27	41.34
Other Populations - CCM, All Ages		60,108	281.65	6.10	2.06	0.33	1.35	0.49	69.92	21.06	382.97
Subtotal Other Populations		265,656	\$ 116.25	\$ 10.42	\$ 3.52	\$ 0.24	\$ 0.45	\$ 0.99	\$ 48.33	\$ 10.49	\$ 190.69
Act 421 - LaHIPP TPL											
Act 421 - LaHIPP TPL - 0-2 Months		4	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months		4	-	-	-	-	-	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years		4	-	-	-	-	-	-	-	-	-
Subtotal Act 421 - LaHIPP TPL		12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL											
Act 421 - Non-TPL - 0-2 Months		97	\$ 2,143.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 502.97	\$ 154.04	\$ 2,800.67
Act 421 - Non-TPL - 3-11 Months		360	1,715.72	-	-	0.15	-	-	75.99	104.29	1,896.15
Act 421 - Non-TPL - Child 1-18 Years		14,042	207.47	7.66	2.59	0.05	0.04	0.84	22.02	14.01	254.68
Subtotal Act 421 - Non-TPL		14,499	\$ 257.87	\$ 7.41	\$ 2.51	\$ 0.05	\$ 0.04	\$ 0.81	\$ 26.58	\$ 17.19	\$ 312.47
Act 421 - Non-LaHIPP TPL											
Act 421 - Non-LaHIPP TPL - 0-2 Months		62	\$ 39.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 93.86	\$ 7.74	\$ 140.73
Act 421 - Non-LaHIPP TPL - 3-11 Months		588	8.52	-	-	0.16	-	-	26.00	2.02	36.70
Act 421 - Non-LaHIPP TPL - Child 1-18 Years		10,694	6.39	0.45	0.15	0.07	0.03	0.01	18.33	1.48	26.93
Subtotal Act 421 - Non-LaHIPP TPL		11,344	\$ 6.68	\$ 0.43	\$ 0.14	\$ 0.08	\$ 0.03	\$ 0.01	\$ 19.14	\$ 1.54	\$ 28.06
Medicaid Expansion											
Medicaid Expansion - Age 19-64		6,835,256	\$ 118.04	\$ 3.39	\$ 1.15	\$ 0.13	\$ 0.18	\$ 0.20	\$ 80.63	\$ 11.86	\$ 215.57
Medicaid Expansion - High Needs		1,536	486.28	25.93	8.77	0.62	2.54	1.86	161.95	40.04	727.99
Medicaid Expansion - SBH - CCM, All Ages		732	-	3.45	1.17	0.06	-	0.30	-	0.29	5.26
Medicaid Expansion - SBH - Dual Eligible, All Ages		65,172	-	0.76	0.26	0.23	-	0.01	3.58	0.28	5.11
Medicaid Expansion - SBH - LaHIPP, All Ages		3,444	-	0.03	0.01	0.08	-	0.00	0.05	0.01	0.19
Medicaid Expansion - SBH - Other		372	-	0.91	0.31	1.00	-	0.12	16.59	1.10	20.04
Subtotal Medicaid Expansion		6,906,512	\$ 116.93	\$ 3.37	\$ 1.14	\$ 0.13	\$ 0.18	\$ 0.20	\$ 79.87	\$ 11.75	\$ 213.56
Medicaid Expansion - Kick											
Medicaid Expansion - Kick - Maternity Kick Payment		14,837	\$ 11,781.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,049.67	\$ 863.21	\$ 15,690.64
Medicaid Expansion - Kick - EED Kick Payment		4	-	-	-	-	-	-	-	-	-
Subtotal Medicaid Expansion - Kick		14,841	\$ 11,778.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,048.85	\$ 862.97	\$ 15,690.41
Non-Expansion - Kick											
Non-Expansion - Kick - Maternity Kick Payment		20,273	\$ 10,852.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,378.18	\$ 770.02	\$ 14,000.40
Non-Expansion - Kick - EED Kick Payment		4	-	-	-	-	-	-	-	-	-
Subtotal Non-Expansion - Kick		20,277	\$ 10,850.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,377.71	\$ 769.87	\$ 13,997.64
Total		19,214,502	\$ 146.08	\$ 2.83	\$ 0.96	\$ 0.15	\$ 0.17	\$ 0.17	\$ 64.70	\$ 12.52	\$ 227.57

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Separate Payment Term Summary											
Region: Capital		State Directed Payments									
Projected Exposure		Acute SDP	LPR SDP	BHO SDP	NEMT SDP	HH SDP	DBT SDP	Physician SDP	Premium Tax	Total	
F&C											
F&C - 0-2 Months	32,628	\$ 5,098.94	\$ 0.07	\$ 0.02	\$ 0.05	\$ 0.01	\$ 0.00	\$ 1,172.94	\$ 365.04	\$ 6,637.06	
F&C - 3-11 Months	100,428	266.90	0.06	0.02	0.02	0.00		92.54	20.93	380.48	
F&C - Child 1-20 Years	2,029,521	29.37	1.44	0.49	0.04	0.03	0.09	35.90	3.92	71.28	
F&C - Adult 21+ Years	245,857	68.69	2.39	0.81	0.11	0.14	0.12	89.48	9.41	171.17	
Subtotal F&C	2,408,434	\$ 1111.97	\$ 1.46	\$ 0.50	\$ 0.04	\$ 0.04	\$ 0.09	\$ 59.13	\$ 10.08	\$ 183.32	
SSI											
SSI - 0-2 Months	120	\$ 51,585.95	\$ 0.00	\$ 0.00	\$ 1.53	\$ 0.00	\$ 0.00	\$ 12,097.63	\$ 3,706.54	\$ 67,391.65	
SSI - 3-11 Months	1,164	6,190.12	0.55	0.19	0.55	1.32		876.02	411.41	7,480.16	
SSI - Child 1-20 Years	81,509	273.51	7.37	2.49	0.29	0.93	0.54	68.84	20.60	374.58	
SSI - Adult 21+ Years	165,063	670.57	11.81	4.00	0.75	1.38	0.90	186.19	50.96	926.56	
Subtotal SSI	247,856	\$ 590.57	\$ 10.29	\$ 3.48	\$ 0.60	\$ 1.23	\$ 0.78	\$ 156.61	\$ 44.44	\$ 807.99	
HCBS											
HCBS - Child 1-20 Years	6,984	\$ 1,130.95	\$ 2.58	\$ 0.87	\$ 0.70	\$ 22.68	\$ 0.23	\$ 138.31	\$ 75.45	\$ 1,371.78	
HCBS - Adult 21+ Years	9,144	838.26	7.18	2.43	1.40	1.09	0.42	173.51	59.61	1,083.90	
Subtotal HCBS	16,128	\$ 965.01	\$ 5.19	\$ 1.75	\$ 1.10	\$ 10.44	\$ 0.34	\$ 158.27	\$ 66.47	\$ 1,208.67	
SBH											
SBH - HCBS - Child 1-20 Years	5,352	\$ 0.00	\$ 2.05	\$ 0.69	\$ 0.23	\$ 0.00	\$ 0.11	\$ 2.29	\$ 0.31	\$ 5.68	
SBH - HCBS - Adult 21+ Years	8,976	-	4.24	1.44	0.76	-	0.29	6.05	0.74	13.53	
SBH - LaHIPP, All Ages	2,652	-	0.26	0.09	0.00	-	-	0.56	0.05	0.97	
SBH - CCM, All Ages	4,464	-	5.21	1.76	0.21	-	0.51	2.65	0.60	10.94	
SBH - Dual Eligible, All Ages	346,376	-	1.44	0.49	0.34	-	0.04	0.34	0.15	2.79	
SBH - Other - All Ages	8,124	-	9.40	3.18	1.57	-	1.04	10.87	1.52	27.57	
Subtotal SBH	375,944	\$ 0.00	\$ 1.72	\$ 0.58	\$ 0.37	\$ 0.00	\$ 0.07	\$ 0.76	\$ 0.20	\$ 3.71	
Other Populations											
Other Populations - FCC, All Ages Male & Female	50,244	\$ 72.08	\$ 13.42	\$ 4.54	\$ 0.23	\$ 0.65	\$ 1.39	\$ 48.42	\$ 8.19	\$ 148.92	
Other Populations - BCC, All Ages	1,272	383.38	0.33	0.11	0.11	-	-	201.57	34.08	619.57	
Other Populations - LAP, All Ages	7,908	3.93	0.72	0.24	0.01	0.00	0.02	26.72	1.84	33.50	
Other Populations - CCM, All Ages	13,404	303.57	5.23	1.77	0.26	4.20	0.51	84.55	23.29	423.37	
Subtotal Other Populations	72,828	\$ 112.73	\$ 10.30	\$ 3.49	\$ 0.21	\$ 1.22	\$ 1.05	\$ 55.39	\$ 10.73	\$ 195.12	
Act 421 - LaHIPP TPL											
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	
Act 421 - LaHIPP TPL - 3-11 Months	1	-	-	-	-	-	-	-	-	-	
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-	-	-	-	-	-	-	-	-	
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Act 421 - Non-TPL											
Act 421 - Non-TPL - 0-2 Months	48	\$ 4,331.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 874.26	303.01	\$ 5,509.25	
Act 421 - Non-TPL - 3-11 Months	108	118.15	-	-	0.44	-	-	84.33	11.81	214.73	
Act 421 - Non-TPL - Child 1-18 Years	4,899	574.27	5.05	1.71	0.01	0.11	0.57	23.03	35.20	639.94	
Subtotal Act 421 - Non-TPL	5,055	\$ 600.20	\$ 4.89	\$ 1.65	\$ 0.02	\$ 0.11	\$ 0.55	\$ 32.42	\$ 37.24	\$ 677.09	
Act 421 - Non-LaHIPP TPL											
Act 421 - Non-LaHIPP TPL - 0-2 Months	48	\$ 50.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 99.43	8.73	\$ 158.70	
Act 421 - Non-LaHIPP TPL - 3-11 Months	228	21.97	-	-	0.04	-	-	26.46	2.82	51.29	
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,990	14.99	0.30	0.10	0.03	0.01	0.02	22.77	2.22	40.44	
Subtotal Act 421 - Non-LaHIPP TPL	4,266	\$ 15.76	\$ 0.28	\$ 0.10	\$ 0.03	\$ 0.01	\$ 0.02	\$ 23.83	\$ 2.33	\$ 42.35	
Medicaid Expansion											
Medicaid Expansion - Age 19-64	1,723,232	\$ 133.91	\$ 3.54	\$ 1.20	\$ 0.14	\$ 0.21	\$ 0.21	\$ 88.29	\$ 13.24	\$ 240.73	
Medicaid Expansion - High Needs	456	263.40	27.35	9.25	0.57	-	1.93	191.43	28.75	522.67	
Medicaid Expansion - SBH - CCM, All Ages	108	-	4.86	1.64	0.17	-	0.64	-	0.43	7.73	
Medicaid Expansion - SBH - Dual Eligible, All Ages	15,229	-	0.65	0.22	0.25	-	0.01	5.56	0.39	7.07	
Medicaid Expansion - SBH - LaHIPP, All Ages	1,380	-	0.06	0.02	0.02	-	0.01	0.08	0.01	0.20	
Medicaid Expansion - SBH - Other	132	-	-	-	-	-	-	1.74	0.10	1.85	
Subtotal Medicaid Expansion	1,740,537	\$ 132.65	\$ 3.52	\$ 1.19	\$ 0.14	\$ 0.21	\$ 0.21	\$ 87.51	\$ 13.12	\$ 238.54	
Medicaid Expansion - Kick											
Medicaid Expansion - Kick - Maternity Kick Payment	3,958	\$ 10,953.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,601.00	\$ 847.08	\$ 15,401.46	
Medicaid Expansion - Kick - EED Kick Payment	1	-	-	-	-	-	-	-	-	-	
Subtotal Medicaid Expansion - Kick	3,959	\$ 10,950.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,600.09	\$ 846.87	\$ 15,397.57	
Non-Expansion - Kick											
Non-Expansion - Kick - Maternity Kick Payment	5,459	\$ 9,747.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,733.28	\$ 726.39	\$ 13,207.16	
Non-Expansion - Kick - EED Kick Payment	1	-	-	-	-	-	-	-	-	-	
Subtotal Non-Expansion - Kick	5,460	\$ 9,745.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,732.78	\$ 726.26	\$ 13,204.74	
Total	4,871,051	\$ 158.15	\$ 2.81	\$ 0.95	\$ 0.14	\$ 0.21	\$ 0.18	\$ 75.93	\$ 13.87	\$ 252.25	

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Separate Payment Term Summary											
Region: Gulf		Projected Exposure	State Directed Payments								Total
			Acute SDP	LPR SDP	BHO SDP	NEMT SDP	HH SDP	DBT SDP	Physician SDP	Premium Tax	
F&C											
F&C - 0-2 Months		32,088	\$ 4,557.12	\$ 0.04	\$ 0.01	\$ 0.04	\$ 0.02	\$ 0.00	\$ 227.90	\$ 278.50	\$ 5,063.63
F&C - 3-11 Months		104,088	226.62	0.07	0.02	0.02	0.02	-	65.38	17.01	309.33
F&C - Child 1-20 Years		2,061,192	21.00	1.13	0.38	0.03	0.00	0.06	38.34	3.55	64.48
F&C - Adult 21+ Years		252,518	72.31	2.13	0.72	0.08	0.12	0.10	105.14	10.51	191.12
Subtotal F&C		2,449,886	\$ 94.44	\$ 1.17	\$ 0.40	\$ 0.04	\$ 0.02	\$ 0.06	\$ 48.85	\$ 8.44	\$ 153.42
SSI											
SSI - 0-2 Months		132	\$ 97,643.97	\$ 0.00	\$ 0.00	\$ 47.21	\$ 0.00	\$ 0.00	\$ 5,112.27	\$ 5,983.27	\$ 108,786.71
SSI - 3-11 Months		1,224	19,164.82	-	-	0.34	0.72	-	1,294.31	1,190.80	21,650.99
SSI - Child 1-20 Years		91,732	286.02	6.02	2.04	0.24	0.74	0.35	68.80	21.20	385.40
SSI - Adult 21+ Years		222,741	588.11	11.08	3.75	0.61	0.77	192.37	192.37	46.43	844.16
Subtotal SSI		315,829	\$ 612.93	\$ 9.56	\$ 3.24	\$ 0.52	\$ 0.95	\$ 0.65	\$ 162.81	\$ 46.02	\$ 836.67
HCBS											
HCBS - Child 1-20 Years		5,844	\$ 1,125.91	\$ 4.68	\$ 1.58	\$ 2.01	\$ 4.06	\$ 0.33	\$ 128.52	\$ 73.75	\$ 1,340.84
HCBS - Adult 21+ Years		8,040	372.09	5.46	1.85	0.93	0.55	0.33	140.80	30.38	552.38
Subtotal HCBS		13,884	\$ 689.39	\$ 5.13	\$ 1.74	\$ 1.38	\$ 2.02	\$ 0.33	\$ 135.63	\$ 48.63	\$ 884.25
SBH											
SBH - HCBS - Child 1-20 Years		4,440	\$ 0.00	\$ 4.59	\$ 1.55	\$ 0.21	\$ 0.00	\$ 0.49	\$ 1.74	\$ 0.50	\$ 9.08
SBH - HCBS - Adult 21+ Years		8,604	-	2.53	0.86	0.44	-	0.15	5.30	0.54	9.81
SBH - LaHIPP, All Ages		1,164	-	0.69	0.23	0.12	-	0.05	0.03	0.07	1.19
SBH - CCM, All Ages		4,080	-	3.01	1.02	0.17	-	0.15	3.24	0.44	8.02
SBH - Dual Eligible, All Ages		424,458	-	1.71	0.58	0.25	-	0.02	0.55	0.18	3.29
SBH - Other - All Ages		4,176	-	8.44	2.86	2.16	-	0.94	13.16	1.60	29.17
Subtotal SBH		446,922	\$ 0.00	\$ 1.82	\$ 0.62	\$ 0.27	\$ 0.00	\$ 0.04	\$ 0.79	\$ 0.21	\$ 3.75
Other Populations											
Other Populations - FCC, All Ages Male & Female		28,860	\$ 119.86	\$ 10.18	\$ 3.44	\$ 0.28	\$ 0.07	\$ 0.93	\$ 52.84	\$ 10.92	\$ 198.51
Other Populations - BCC, All Ages		780	110.60	1.26	0.43	-	-	-	112.08	13.06	237.43
Other Populations - LAP, All Ages		7,068	13.88	0.77	0.26	0.01	-	0.06	32.99	2.79	50.75
Other Populations - CCM, All Ages		17,112	246.79	4.27	1.44	0.18	0.59	0.26	82.86	19.58	355.97
Subtotal Other Populations		53,820	\$ 146.17	\$ 6.93	\$ 2.35	\$ 0.21	\$ 0.22	\$ 0.59	\$ 60.64	\$ 12.64	\$ 229.74
Act 421 - LaHIPP TPL											
Act 421 - LaHIPP TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months		1	-	-	-	-	-	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years		1	-	-	-	-	-	-	-	-	-
Subtotal Act 421 - LaHIPP TPL		3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL											
Act 421 - Non-TPL - 0-2 Months		24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 256.01	14.90	\$ 270.91
Act 421 - Non-TPL - 3-11 Months		156	3,877.55	-	-	0.05	-	-	62.83	229.34	4,169.77
Act 421 - Non-TPL - Child 1-18 Years		2,795	2.59	2.92	0.99	0.02	-	-	26.52	1.92	34.97
Subtotal Act 421 - Non-TPL		2,975	\$ 205.76	\$ 2.75	\$ 0.93	\$ 0.02	\$ 0.00	\$ 0.00	\$ 30.28	\$ 13.95	\$ 253.69
Act 421 - Non-LaHIPP TPL											
Act 421 - Non-LaHIPP TPL - 0-2 Months		12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 82.27	4.79	\$ 87.06
Act 421 - Non-LaHIPP TPL - 3-11 Months		156	-	-	-	0.07	-	-	25.33	1.48	26.88
Act 421 - Non-LaHIPP TPL - Child 1-18 Years		2,496	0.09	0.63	0.21	0.02	0.00	0.01	18.90	1.16	21.02
Subtotal Act 421 - Non-LaHIPP TPL		2,664	\$ 0.08	\$ 0.59	\$ 0.20	\$ 0.02	\$ 0.00	\$ 0.01	\$ 19.56	\$ 1.19	\$ 21.66
Medicaid Expansion											
Medicaid Expansion - Age 19-64		1,938,031	\$ 116.39	\$ 2.85	\$ 0.96	\$ 0.09	\$ 0.11	\$ 0.17	\$ 92.34	\$ 12.39	\$ 225.30
Medicaid Expansion - High Needs		564	851.94	31.61	10.69	1.08	6.91	2.25	157.31	61.80	1,123.58
Medicaid Expansion - SBH - CCM, All Ages		216	-	3.86	1.30	0.08	-	-	-	0.31	5.55
Medicaid Expansion - SBH - Dual Eligible, All Ages		18,935	-	0.67	0.23	0.15	-	-	4.20	0.31	5.55
Medicaid Expansion - SBH - LaHIPP, All Ages		516	-	-	-	0.14	-	-	0.10	0.01	0.24
Medicaid Expansion - SBH - Other		36	-	-	-	-	-	-	-	-	-
Subtotal Medicaid Expansion		1,958,298	\$ 115.43	\$ 2.83	\$ 0.96	\$ 0.09	\$ 0.11	\$ 0.17	\$ 91.47	\$ 12.28	\$ 223.35
Medicaid Expansion - Kick											
Medicaid Expansion - Kick - Maternity Kick Payment		3,850	\$ 12,360.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,324.07	\$ 971.04	\$ 17,655.35
Medicaid Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Medicaid Expansion - Kick		3,851	\$ 12,357.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,322.95	\$ 970.79	\$ 17,650.77
Non-Expansion - Kick											
Non-Expansion - Kick - Maternity Kick Payment		5,705	\$ 11,651.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,325.05	\$ 871.64	\$ 15,848.01
Non-Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Non-Expansion - Kick		5,706	\$ 11,649.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,324.47	\$ 871.49	\$ 15,845.23
Total		5,244,281	\$ 149.33	\$ 2.42	\$ 0.82	\$ 0.11	\$ 0.11	\$ 0.14	\$ 74.65	\$ 13.25	\$ 240.83

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Separate Payment Term Summary											
Region: North		Projected Exposure	State Directed Payments								Total
			Acute SDP	LPR SDP	BHO SDP	NEMT SDP	HH SDP	DBT SDP	Physician SDP	Premium Tax	
F&C											
F&C - 0-2 Months		23,988	\$ 3,925.93	\$ 0.17	\$ 0.06	\$ 0.17	\$ 0.00	\$ 0.00	\$ 165.53	\$ 238.15	\$ 4,330.02
F&C - 3-11 Months		73,932	176.13	0.04	0.01	0.06	-	-	60.53	13.78	250.55
F&C - Child 1-20 Years		1,553,309	19.37	1.98	0.67	0.04	0.08	0.04	26.11	2.81	51.08
F&C - Adult 21+ Years		188,748	69.69	3.21	1.09	0.10	0.14	0.10	52.31	7.37	134.00
Subtotal F&C		1,839,977	\$ 81.76	\$ 2.01	\$ 0.68	\$ 0.05	\$ 0.02	\$ 0.08	\$ 32.00	\$ 6.79	\$ 123.38
SSI											
SSI - 0-2 Months		72	\$ 47,921.79	\$ 0.00	\$ 0.00	\$ 5.95	\$ 0.00	\$ 0.00	\$ 2,288.69	\$ 2,922.65	\$ 53,139.08
SSI - 3-11 Months		960	16,192.69	0.68	0.23	1.86	-	-	821.71	990.42	18,007.58
SSI - Child 1-20 Years		89,646	229.50	9.47	3.20	0.35	0.06	0.54	41.87	16.59	301.57
SSI - Adult 21+ Years		187,355	540.25	11.13	3.76	0.67	1.65	0.69	106.18	38.66	702.99
Subtotal SSI		278,033	\$ 506.37	\$ 10.56	\$ 3.57	\$ 0.57	\$ 1.13	\$ 0.64	\$ 88.48	\$ 35.58	\$ 646.89
HCBS											
HCBS - Child 1-20 Years		3,312	\$ 439.53	\$ 7.99	\$ 2.70	\$ 1.22	\$ 45.89	\$ 0.60	\$ 88.80	\$ 34.15	\$ 620.87
HCBS - Adult 21+ Years		7,212	841.23	8.97	3.03	1.29	5.73	0.55	110.95	56.56	1,028.31
Subtotal HCBS		10,524	\$ 714.81	\$ 8.66	\$ 2.93	\$ 1.27	\$ 18.37	\$ 0.56	\$ 103.98	\$ 49.50	\$ 900.09
SBH											
SBH - HCBS - Child 1-20 Years		2,184	\$ 0.00	\$ 18.99	\$ 6.42	\$ 0.16	\$ 0.00	\$ 2.32	\$ 0.70	\$ 1.66	\$ 30.26
SBH - HCBS - Adult 21+ Years		6,276	-	4.40	1.49	0.71	-	0.16	2.80	0.56	10.12
SBH - LaHIPP, All Ages		756	-	0.45	0.15	0.01	-	-	-	0.04	0.65
SBH - CCM, All Ages		3,888	-	11.17	3.78	0.33	-	1.01	0.58	0.98	17.85
SBH - Dual Eligible, All Ages		328,142	-	1.70	0.57	0.44	-	0.02	0.26	0.17	3.17
SBH - Other - All Ages		9,828	-	9.58	3.24	2.00	-	0.97	8.26	1.40	25.44
Subtotal SBH		351,074	\$ 0.00	\$ 2.17	\$ 0.74	\$ 0.49	\$ 0.00	\$ 0.08	\$ 0.53	\$ 0.23	\$ 4.24
Other Populations											
Other Populations - FCC, All Ages Male & Female		39,516	\$ 65.05	\$ 19.76	\$ 6.68	\$ 0.19	\$ 0.04	\$ 1.89	\$ 30.83	\$ 7.24	\$ 131.67
Other Populations - BCC, All Ages		780	410.02	0.19	0.06	0.12	-	-	113.99	30.52	554.90
Other Populations - LAP, All Ages		4,512	8.92	1.00	0.34	-	-	0.05	21.37	1.84	33.52
Other Populations - CCM, All Ages		12,936	330.90	11.02	3.73	0.61	0.23	0.91	54.09	23.37	424.84
Subtotal Other Populations		57,744	\$ 124.88	\$ 16.07	\$ 5.44	\$ 0.27	\$ 0.08	\$ 1.50	\$ 36.42	\$ 10.75	\$ 195.40
Act 421 - LaHIPP TPL											
Act 421 - LaHIPP TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months		1	-	-	-	-	-	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years		1	-	-	-	-	-	-	-	-	-
Subtotal Act 421 - LaHIPP TPL		3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL											
Act 421 - Non-TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 366.16	21.31	\$ 387.47
Act 421 - Non-TPL - 3-11 Months		48	-	-	-	-	-	-	168.18	9.79	177.96
Act 421 - Non-TPL - Child 1-18 Years		2,484	1.57	27.36	9.25	0.02	-	3.59	31.40	4.26	77.46
Subtotal Act 421 - Non-TPL		2,533	\$ 1.54	\$ 26.83	\$ 9.08	\$ 0.02	\$ 0.00	\$ 3.52	\$ 34.12	\$ 4.37	\$ 79.48
Act 421 - Non-LaHIPP TPL											
Act 421 - Non-LaHIPP TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months		84	-	-	-	0.91	-	-	15.23	0.94	17.09
Act 421 - Non-LaHIPP TPL - Child 1-18 Years		1,421	4.79	0.25	0.08	0.25	0.22	-	22.97	1.66	30.22
Subtotal Act 421 - Non-LaHIPP TPL		1,506	\$ 4.52	\$ 0.24	\$ 0.08	\$ 0.29	\$ 0.20	\$ 0.00	\$ 22.52	\$ 1.62	\$ 29.47
Medicaid Expansion											
Medicaid Expansion - Age 19-64		1,385,017	\$ 118.04	\$ 3.59	\$ 1.21	\$ 0.11	\$ 0.28	\$ 0.17	\$ 51.52	\$ 10.18	\$ 185.11
Medicaid Expansion - High Needs		228	308.25	18.95	6.41	0.12	-	0.77	62.22	23.09	419.80
Medicaid Expansion - SBH - CCM, All Ages		228	-	3.61	1.22	0.04	-	0.50	-	0.31	5.67
Medicaid Expansion - SBH - Dual Eligible, All Ages		12,059	-	0.95	0.32	0.18	-	0.00	1.02	0.14	2.62
Medicaid Expansion - SBH - LaHIPP, All Ages		576	-	-	-	0.11	-	-	-	0.01	0.12
Medicaid Expansion - SBH - Other		84	-	3.03	1.03	0.05	-	0.42	-	0.26	4.78
Subtotal Medicaid Expansion		1,398,192	\$ 116.98	\$ 3.57	\$ 1.21	\$ 0.11	\$ 0.28	\$ 0.17	\$ 51.05	\$ 10.09	\$ 183.46
Medicaid Expansion - Kick											
Medicaid Expansion - Kick - Maternity Kick Payment		2,855	\$ 12,168.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,858.96	\$ 816.40	\$ 14,843.59
Medicaid Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Medicaid Expansion - Kick		2,856	\$ 12,163.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,858.31	\$ 816.11	\$ 14,838.39
Non-Expansion - Kick											
Non-Expansion - Kick - Maternity Kick Payment		3,617	\$ 11,447.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,407.90	\$ 748.19	\$ 13,603.47
Non-Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Non-Expansion - Kick		3,618	\$ 11,444.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,407.51	\$ 747.98	\$ 13,599.71
Total		3,939,586	\$ 138.51	\$ 3.42	\$ 1.16	\$ 0.15	\$ 0.24	\$ 0.18	\$ 42.84	\$ 10.85	\$ 197.35

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Separate Payment Term Summary											
Region: South Central		Projected Exposure	State Directed Payments								
			Acute SDP	LPR SDP	BHO SDP	NEMT SDP	HH SDP	DBT SDP	Physician SDP	Premium Tax	Total
F&C											
F&C - 0-2 Months		33,444	\$ 4,677.53	\$ 0.01	\$ 0.00	\$ 0.15	\$ 0.01	\$ 0.00	\$ 123.61	\$ 279.44	\$ 5,080.75
F&C - 3-11 Months		106,212	310.55	0.02	0.01	0.04	0.03		66.83	21.97	399.45
F&C - Child 1-20 Years		2,125,886	20.63	1.25	0.42	0.05	0.02	0.07	30.95	3.11	56.50
F&C - Adult 21+ Years		266,129	63.02	2.67	0.90	0.13	0.03	0.15	78.56	8.47	153.94
Subtotal F&C		2,533,671	\$ 98.74	\$ 1.34	\$ 0.45	\$ 0.06	\$ 0.02	\$ 0.08	\$ 38.71	\$ 8.11	\$ 147.51
SSI											
SSI - 0-2 Months		132	\$ 68,636.87	\$ 0.00	\$ 0.00	\$ 0.65	\$ 0.00	\$ 0.00	\$ 2,355.72	\$ 4,131.88	\$ 75,125.12
SSI - 3-11 Months		912	13,025.44	0.01	0.00	1.39	2.50		707.28	799.49	14,536.12
SSI - Child 1-20 Years		84,221	286.42	6.69	2.26	0.40	0.44	0.52	62.40	20.90	380.03
SSI - Adult 21+ Years		201,829	491.87	11.28	3.81	0.90	1.61	0.86	178.23	40.07	728.63
Subtotal SSI		287,094	\$ 502.75	\$ 9.89	\$ 3.35	\$ 0.75	\$ 1.27	\$ 0.75	\$ 146.93	\$ 38.74	\$ 704.43
HCBS											
HCBS - Child 1-20 Years		5,508	\$ 718.66	\$ 10.34	\$ 3.50	\$ 1.75	\$ 2.30	\$ 1.03	\$ 89.39	\$ 48.13	\$ 875.10
HCBS - Adult 21+ Years		10,188	625.24	6.65	2.25	1.95	1.45	0.47	138.49	45.19	821.69
Subtotal HCBS		15,696	\$ 658.02	\$ 7.95	\$ 2.69	\$ 1.88	\$ 1.75	\$ 0.66	\$ 121.26	\$ 46.22	\$ 840.43
SBH											
SBH - HCBS - Child 1-20 Years		3,732	\$ 0.00	\$ 3.24	\$ 1.10	\$ 0.38	\$ 0.00	\$ 0.30	\$ 0.86	\$ 0.34	\$ 6.22
SBH - HCBS - Adult 21+ Years		8,880	-	4.68	1.58	1.06	-	0.34	4.57	0.71	12.95
SBH - LaHIPP, All Ages		1,848	-	0.33	0.11	0.02	-	0.00	-	0.03	0.49
SBH - CCM, All Ages		4,656	-	5.99	2.02	0.56	-	0.48	0.78	0.57	10.39
SBH - Dual Eligible, All Ages		396,883	-	1.50	0.51	0.44	-	0.05	0.27	0.16	2.93
SBH - Other - All Ages		9,528	-	13.96	4.72	2.23	-	1.43	11.14	1.95	35.43
Subtotal SBH		425,527	\$ 0.00	\$ 1.90	\$ 0.64	\$ 0.50	\$ 0.00	\$ 0.10	\$ 0.61	\$ 0.22	\$ 3.96
Other Populations											
Other Populations - FCC, All Ages Male & Female		57,312	\$ 53.22	\$ 11.01	\$ 3.72	\$ 0.25	\$ 0.01	\$ 1.08	\$ 38.48	\$ 6.27	\$ 114.05
Other Populations - BCC, All Ages		756	120.26	0.08	0.03	0.32	-	-	135.12	14.89	270.69
Other Populations - LAP, All Ages		6,540	14.96	0.76	0.26	0.10	0.09	0.06	27.29	2.53	46.04
Other Populations - CCM, All Ages		16,656	261.58	4.85	1.64	0.35	0.72	0.37	57.14	19.01	345.66
Subtotal Other Populations		81,264	\$ 93.47	\$ 8.82	\$ 2.98	\$ 0.26	\$ 0.16	\$ 0.85	\$ 42.30	\$ 8.66	\$ 157.51
Act 421 - LaHIPP TPL											
Act 421 - LaHIPP TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months		1	-	-	-	-	-	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years		1	-	-	-	-	-	-	-	-	-
Subtotal Act 421 - LaHIPP TPL		3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL											
Act 421 - Non-TPL - 0-2 Months		24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13.05	0.76	\$ 13.81
Act 421 - Non-TPL - 3-11 Months		48	-	-	-	-	-	-	7.82	0.46	8.28
Act 421 - Non-TPL - Child 1-18 Years		3,864	22.99	1.72	0.58	0.14	-	0.02	11.47	2.15	39.07
Subtotal Act 421 - Non-TPL		3,936	\$ 22.57	\$ 1.69	\$ 0.57	\$ 0.13	\$ 0.00	\$ 0.02	\$ 11.43	\$ 2.12	\$ 38.54
Act 421 - Non-LaHIPP TPL											
Act 421 - Non-LaHIPP TPL - 0-2 Months		1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 59.82	3.48	\$ 63.31
Act 421 - Non-LaHIPP TPL - 3-11 Months		120	-	-	-	-	-	-	33.52	1.95	35.47
Act 421 - Non-LaHIPP TPL - Child 1-18 Years		2,787	0.54	0.63	0.21	0.09	-	0.02	9.09	0.62	11.20
Subtotal Act 421 - Non-LaHIPP TPL		2,908	\$ 0.52	\$ 0.60	\$ 0.20	\$ 0.09	\$ 0.00	\$ 0.02	\$ 10.12	\$ 0.67	\$ 12.22
Medicaid Expansion											
Medicaid Expansion - Age 19-64		1,788,976	\$ 104.53	\$ 3.69	\$ 1.25	\$ 0.17	\$ 0.16	\$ 0.24	\$ 83.09	\$ 11.24	\$ 204.38
Medicaid Expansion - High Needs		288	264.03	18.11	6.13	0.20	-	1.88	203.28	28.73	522.35
Medicaid Expansion - SBH - CCM, All Ages		180	-	1.90	0.64	-	-	0.21	-	0.16	2.91
Medicaid Expansion - SBH - Dual Eligible, All Ages		18,949	-	0.82	0.28	0.32	-	0.02	2.99	0.26	4.69
Medicaid Expansion - SBH - LaHIPP, All Ages		972	-	0.03	0.01	0.13	-	-	0.00	0.01	0.18
Medicaid Expansion - SBH - Other		120	-	0.71	0.24	3.06	-	0.08	49.52	3.12	56.73
Subtotal Medicaid Expansion		1,809,485	\$ 103.39	\$ 3.66	\$ 1.24	\$ 0.17	\$ 0.16	\$ 0.24	\$ 82.22	\$ 11.12	\$ 202.20
Medicaid Expansion - Kick											
Medicaid Expansion - Kick - Maternity Kick Payment		4,174	\$ 11,769.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,165.84	\$ 811.04	\$ 14,746.27
Medicaid Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Medicaid Expansion - Kick		4,175	\$ 11,766.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,165.32	\$ 810.85	\$ 14,742.74
Non-Expansion - Kick											
Non-Expansion - Kick - Maternity Kick Payment		5,492	\$ 10,728.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,680.64	\$ 722.21	\$ 13,131.02
Non-Expansion - Kick - EED Kick Payment		1	-	-	-	-	-	-	-	-	-
Subtotal Non-Expansion - Kick		5,493	\$ 10,726.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,680.33	\$ 722.07	\$ 13,128.63
Total		5,159,584	\$ 137.15	\$ 2.81	\$ 0.95	\$ 0.18	\$ 0.15	\$ 0.19	\$ 60.66	\$ 11.76	\$ 213.85

APPENDIX 3: RATE CHANGE SUMMARY (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Final Rate Change Summary												
Region: Statewide	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	122,148	\$ 2,740.55	\$ 2,740.55	0.0%	\$ 0.00	\$ 2,740.55	\$ 2,974.36	(7.9%)				
F&C - 3-11 Months	384,660	371.19	371.19	0.0%	-	371.19	409.46	(9.3%)	\$ 5,344.54	\$ 8,085.10	\$ 7,853.79	2.9%
F&C - Child 1-20 Years	7,769,908	211.04	211.04	0.0%	-	211.04	228.72	(7.7%)	341.49	712.68	674.83	5.6%
F&C - Adult 21+ Years	955,252	537.88	537.88	0.0%	-	537.88	582.14	(7.8%)	61.40	272.44	254.95	6.9%
Subtotal F&C	9,231,968	\$ 285.00	\$ 285.00	0.0%	\$ 0.00	\$ 285.00	\$ 309.15	(7.8%)	\$ 153.61	\$ 438.61	\$ 414.72	5.8%
SSI												
SSI - 0-2 Months	456	\$ 35,544.76	\$ 35,544.76	0.0%	\$ 0.00	\$ 35,544.76	\$ 38,580.42	(7.9%)	\$ 79,362.66	\$ 114,907.42	\$ 111,904.19	2.7%
SSI - 3-11 Months	4,260	9,112.83	9,112.83	(0.0%)	-	9,112.83	9,617.02	(5.2%)	15,434.72	24,547.55	24,048.74	2.1%
SSI - Child 1-20 Years	347,108	961.95	961.95	0.0%	-	961.95	994.02	(3.2%)	359.90	1,321.85	1,290.12	2.5%
SSI - Adult 21+ Years	776,988	1,890.02	1,890.02	0.0%	-	1,890.02	1,976.64	(4.5%)	797.62	2,667.63	2,599.96	3.4%
Subtotal SSI	1,128,912	\$ 1,645.49	\$ 1,645.49	0.0%	\$ 0.00	\$ 1,645.49	\$ 1,779.48	(4.3%)	\$ 750.00	\$ 2,398.49	\$ 2,322.28	3.2%
HCBS												
HCBS - Child 1-20 Years	21,648	\$ 3,845.10	\$ 3,845.10	0.0%	\$ 0.00	\$ 3,845.10	\$ 3,906.61	(1.6%)	\$ 1,122.17	\$ 4,967.27	\$ 4,906.41	1.2%
HCBS - Adult 21+ Years	34,584	2,009.43	2,009.43	0.0%	-	2,009.43	2,085.25	(3.6%)	871.50	2,880.93	2,805.91	2.7%
Subtotal HCBS	56,232	\$ 2,716.12	\$ 2,716.12	0.0%	\$ 0.00	\$ 2,716.12	\$ 2,786.43	(2.5%)	\$ 968.00	\$ 3,684.12	\$ 3,614.55	1.9%
SBH												
SBH - HCBS - Child 1-20 Years	15,708	\$ 318.10	\$ 318.10	0.0%	\$ 0.00	\$ 318.10	\$ 318.94	(0.3%)	\$ 10.19	\$ 328.29	\$ 327.46	0.3%
SBH - HCBS - Adult 21+ Years	32,736	134.34	134.34	0.0%	-	134.34	136.91	(1.9%)	11.74	146.08	143.54	1.8%
SBH - LaHIPP, All Ages	6,420	45.88	45.88	0.0%	-	45.88	46.01	(0.3%)	0.83	46.71	46.59	0.3%
SBH - CCM, All Ages	17,088	261.76	261.76	0.0%	-	261.76	262.72	(0.4%)	11.66	273.42	272.47	0.3%
SBH - Dual Eligible, All Ages	1,495,859	45.88	45.88	0.0%	-	45.88	46.07	(0.4%)	3.05	48.93	48.74	0.4%
SBH - Other - All Ages	31,656	268.47	268.47	0.0%	-	268.47	274.03	(2.0%)	29.49	297.96	292.46	1.9%
Subtotal SBH	1,599,487	\$ 57.08	\$ 57.08	0.0%	\$ 0.00	\$ 57.08	\$ 57.44	(0.6%)	\$ 3.90	\$ 60.96	\$ 60.62	0.6%
Other Populations												
Other Populations - FCC, All Ages Male & Female	175,932	\$ 494.36	\$ 494.36	0.0%	\$ 0.00	\$ 494.36	\$ 516.68	(4.3%)	\$ 141.62	\$ 636.19	\$ 614.11	3.6%
Other Populations - BCC, All Ages	3,588	2,979.96	2,979.96	0.0%	-	2,979.96	3,059.26	(2.6%)	446.93	3,428.88	3,350.43	2.3%
Other Populations - LAP, All Ages	26,028	213.16	213.16	0.0%	-	213.16	227.87	(6.5%)	41.34	254.50	239.96	6.1%
Other Populations - CCM, All Ages	60,108	1,616.94	1,616.94	0.0%	-	1,616.94	1,654.14	(2.2%)	382.97	1,999.91	1,963.11	1.9%
Subtotal Other Populations	265,656	\$ 754.38	\$ 754.38	0.0%	\$ 0.00	\$ 754.38	\$ 780.09	(3.3%)	\$ 190.69	\$ 945.67	\$ 919.64	2.8%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 317.27	\$ 317.27	0.0%	\$ 0.00	\$ 317.27	\$ 317.27	0.0%	\$ 0.00	\$ 317.27	\$ 317.27	0.0%
Act 421 - LaHIPP TPL - 3-11 Months	4	23.11	23.11	0.0%	-	23.11	23.11	0.0%	-	23.11	23.11	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	4	210.64	210.64	0.0%	-	210.64	210.64	0.0%	-	210.64	210.64	0.0%
Subtotal Act 421 - LaHIPP TPL	12	\$ 183.67	\$ 183.67	0.0%	\$ 0.00	\$ 183.67	\$ 183.67	0.0%	\$ 0.00	\$ 183.67	\$ 183.67	0.0%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	97	\$ 12,822.55	\$ 12,822.55	0.0%	\$ 0.00	\$ 12,822.55	\$ 13,090.10	(2.0%)	\$ 2,800.67	\$ 15,623.22	\$ 15,358.53	1.7%
Act 421 - Non-TPL - 3-11 Months	360	3,481.34	3,481.34	0.0%	-	3,481.34	3,521.77	(1.1%)	1,896.15	5,377.49	5,337.50	0.7%
Act 421 - Non-TPL - Child 1-18 Years	14,042	873.39	873.39	0.0%	-	873.39	885.11	(1.3%)	254.88	1,128.07	1,116.48	1.0%
Subtotal Act 421 - Non-TPL	14,499	\$ 1,018.09	\$ 1,018.09	0.0%	\$ 0.00	\$ 1,018.09	\$ 1,032.23	(1.4%)	\$ 312.47	\$ 1,330.55	\$ 1,316.57	1.1%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	62	\$ 3,845.33	\$ 3,845.33	0.0%	\$ 0.00	\$ 3,845.33	\$ 3,895.26	(1.3%)	\$ 140.73	\$ 3,986.06	\$ 3,936.66	1.3%
Act 421 - Non-LaHIPP TPL - 3-11 Months	588	1,157.63	1,157.63	0.0%	-	1,157.63	1,171.46	(1.2%)	36.70	1,194.33	1,180.64	1.2%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	10,694	446.15	446.15	0.0%	-	446.15	455.90	(2.1%)	26.93	473.08	463.43	2.1%
Subtotal Act 421 - Non-LaHIPP TPL	11,344	\$ 501.61	\$ 501.61	0.0%	\$ 0.00	\$ 501.61	\$ 511.79	(2.0%)	\$ 28.06	\$ 529.67	\$ 519.99	1.9%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	6,835,256	\$ 673.89	\$ 673.89	0.0%	\$ 0.00	\$ 673.89	\$ 716.78	(6.0%)	\$ 215.57	\$ 689.46	\$ 647.03	5.0%
Medicaid Expansion - High Needs	1,536	673.89	673.89	0.0%	-	673.89	760.04	(11.3%)	727.99	1,401.88	1,316.65	6.5%
Medicaid Expansion - SBH - CCM, All Ages	732	261.76	261.76	0.0%	-	261.76	261.76	0.0%	5.26	267.02	267.02	0.0%
Medicaid Expansion - SBH - Dual Eligible, All Ages	65,172	21.42	21.42	0.0%	-	21.42	23.32	(8.2%)	5.11	26.53	24.65	7.6%
Medicaid Expansion - SBH - LaHIPP, All Ages	3,444	21.42	21.42	0.0%	-	21.42	21.45	(0.1%)	0.19	21.61	21.58	0.1%
Medicaid Expansion - SBH - Other	372	268.47	268.47	0.0%	-	268.47	277.30	(3.2%)	20.04	288.51	279.77	3.1%
Subtotal Medicaid Expansion	6,906,512	\$ 667.34	\$ 667.34	0.0%	\$ 0.00	\$ 667.34	\$ 709.83	(6.0%)	\$ 213.56	\$ 680.90	\$ 638.87	5.0%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	14,837	\$ 9,649.53	\$ 9,649.53	0.0%	\$ 0.00	\$ 9,649.53	\$ 11,271.77	(14.4%)	\$ 15,694.64	\$ 25,344.17	\$ 23,739.25	6.8%
Medicaid Expansion - Kick - EED Kick Payment	4	4,130.34	4,130.34	0.0%	-	4,130.34	4,130.34	0.0%	-	4,130.34	4,130.34	0.0%
Subtotal Medicaid Expansion - Kick	14,841	\$ 9,648.04	\$ 9,648.04	0.0%	\$ 0.00	\$ 9,648.04	\$ 11,269.85	(14.4%)	\$ 15,690.41	\$ 25,338.45	\$ 23,733.97	6.8%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	20,273	\$ 8,187.80	\$ 8,187.80	0.0%	\$ 0.00	\$ 8,187.80	\$ 9,452.86	(13.4%)	\$ 14,000.40	\$ 22,186.20	\$ 20,936.66	6.0%
Non-Expansion - Kick - EED Kick Payment	4	3,122.79	3,122.79	0.0%	-	3,122.79	3,122.79	0.0%	-	3,122.79	3,122.79	0.0%
Subtotal Non-Expansion - Kick	20,277	\$ 8,186.80	\$ 8,186.80	0.0%	\$ 0.00	\$ 8,186.80	\$ 9,451.61	(13.4%)	\$ 13,997.64	\$ 22,184.44	\$ 20,933.15	6.0%
Total	19,214,502	\$ 513.76	\$ 513.76	0.0%	\$ 0.00	\$ 513.76	\$ 548.17	(6.3%)	\$ 227.57	\$ 741.33	\$ 707.28	4.8%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Final Rate Change Summary												
Region: Capital	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	32,628	\$ 2,839.30	\$ 2,839.30	0.0%	\$ 0.00	\$ 2,839.30	\$ 3,463.24	(18.0%)	\$ 6,637.06	\$ 9,476.36	\$ 8,859.09	7.0%
F&C - 3-11 Months	100,428	351.60	351.60	0.0%	-	351.60	400.82	(12.3%)	380.48	732.07	683.38	7.1%
F&C - Child 1-20 Years	2,029,521	209.81	209.81	0.0%	-	209.81	228.91	(8.3%)	71.28	281.10	262.21	7.2%
F&C - Adult 21+ Years	245,857	557.04	557.04	0.0%	-	557.04	604.64	(7.9%)	171.17	728.20	681.11	7.9%
Subtotal F&C	2,408,434	\$ 286.79	\$ 286.79	0.0%	\$ 0.00	\$ 286.79	\$ 318.25	(9.9%)	\$ 183.32	\$ 470.12	\$ 439.00	7.1%
SSI												
SSI - 0-2 Months	120	\$ 35,544.76	\$ 35,544.76	0.0%	\$ 0.00	\$ 35,544.76	\$ 41,980.00	(15.3%)	\$ 67,391.65	\$ 102,936.41	\$ 96,569.92	6.6%
SSI - 3-11 Months	1,164	9,112.83	9,112.83	(0.0%)	-	9,112.83	9,578.82	(4.9%)	7,480.16	16,592.98	16,131.97	2.9%
SSI - Child 1-20 Years	81,509	1,048.91	1,048.91	(0.0%)	-	1,048.91	1,085.52	(3.4%)	374.58	1,423.48	1,387.26	2.6%
SSI - Adult 21+ Years	165,063	2,052.89	2,052.89	0.0%	-	2,052.89	2,151.93	(4.6%)	926.56	2,979.45	2,881.46	3.4%
Subtotal SSI	247,856	\$ 1,772.10	\$ 1,772.10	0.0%	\$ 0.00	\$ 1,772.10	\$ 1,855.40	(4.5%)	\$ 807.99	\$ 2,580.09	\$ 2,497.67	3.3%
HCBS												
HCBS - Child 1-20 Years	6,984	\$ 3,845.10	\$ 3,845.10	0.0%	\$ 0.00	\$ 3,845.10	\$ 3,918.67	(1.9%)	\$ 1,371.78	\$ 5,216.88	\$ 5,144.09	1.4%
HCBS - Adult 21+ Years	9,144	2,062.08	2,062.08	(0.0%)	-	2,062.08	2,154.38	(4.3%)	1,083.90	3,145.99	3,054.67	3.0%
Subtotal HCBS	16,128	\$ 2,834.19	\$ 2,834.19	0.0%	\$ 0.00	\$ 2,834.19	\$ 2,918.38	(2.9%)	\$ 1,208.57	\$ 4,042.76	\$ 3,959.47	2.1%
SBH												
SBH - HCBS - Child 1-20 Years	5,352	\$ 318.10	\$ 318.10	0.0%	\$ 0.00	\$ 318.10	\$ 319.32	(0.4%)	\$ 5.68	\$ 323.78	\$ 322.58	0.4%
SBH - HCBS - Adult 21+ Years	8,976	161.40	161.40	0.0%	-	161.40	164.62	(2.0%)	13.53	174.93	171.75	1.9%
SBH - LaHIPP, All Ages	2,652	41.07	41.07	(0.0%)	-	41.07	41.37	(0.7%)	0.97	42.04	41.74	0.7%
SBH - CCM, All Ages	4,464	244.46	244.46	(0.0%)	-	244.46	245.86	(0.6%)	10.94	255.39	254.00	0.5%
SBH - Dual Eligible, All Ages	346,376	41.07	41.07	(0.0%)	-	41.07	41.25	(0.4%)	2.79	43.86	43.68	0.4%
SBH - Other - All Ages	8,124	268.47	268.47	0.0%	-	268.47	274.25	(2.1%)	27.57	296.04	290.32	2.0%
Subtotal SBH	375,944	\$ 55.22	\$ 55.22	(0.0%)	\$ 0.00	\$ 55.22	\$ 55.62	(0.7%)	\$ 3.71	\$ 58.93	\$ 58.52	0.7%
Other Populations												
Other Populations - FCC, All Ages Male & Female	50,244	\$ 516.19	\$ 516.19	0.0%	\$ 0.00	\$ 516.19	\$ 541.94	(4.8%)	\$ 148.92	\$ 665.10	\$ 639.62	4.0%
Other Populations - BCC, All Ages	1,272	2,979.96	2,979.96	(0.0%)	-	2,979.96	3,087.18	(3.5%)	619.57	3,599.52	3,493.45	3.0%
Other Populations - LAP, All Ages	7,908	213.16	213.16	0.0%	-	213.16	227.38	(6.3%)	33.50	246.66	232.60	6.0%
Other Populations - CCM, All Ages	13,404	1,770.41	1,770.41	0.0%	-	1,770.41	1,815.39	(2.5%)	423.37	2,193.78	2,149.29	2.1%
Subtotal Other Populations	72,828	\$ 757.16	\$ 757.16	0.0%	\$ 0.00	\$ 757.16	\$ 786.62	(3.7%)	\$ 195.12	\$ 952.27	\$ 923.12	3.2%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 243.21	\$ 243.21	(0.0%)	\$ 0.00	\$ 243.21	\$ 243.21	(0.0%)	\$ 0.00	\$ 243.21	\$ 243.21	(0.0%)
Act 421 - LaHIPP TPL - 3-11 Months	1	13.79	13.79	0.0%	-	13.79	13.79	0.0%	-	13.79	13.79	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	229.96	229.96	(0.0%)	-	229.96	229.96	(0.0%)	-	229.96	229.96	(0.0%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 162.32	\$ 162.32	(0.0%)	\$ 0.00	\$ 162.32	\$ 162.32	(0.0%)	\$ 0.00	\$ 162.32	\$ 162.32	(0.0%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	48	\$ 9,868.84	\$ 9,868.84	0.0%	\$ 0.00	\$ 9,868.84	\$ 10,333.89	(4.5%)	\$ 5,509.25	\$ 15,378.09	\$ 14,918.00	3.1%
Act 421 - Non-TPL - 3-11 Months	108	2,046.91	2,046.91	0.0%	-	2,046.91	2,091.76	(2.1%)	214.73	2,261.54	2,217.26	2.0%
Act 421 - Non-TPL - Child 1-18 Years	4,899	873.39	873.39	0.0%	-	873.39	885.64	(1.4%)	639.94	1,513.33	1,501.21	0.8%
Subtotal Act 421 - Non-TPL	5,055	\$ 983.88	\$ 983.88	0.0%	\$ 0.00	\$ 983.88	\$ 1,001.13	(1.7%)	\$ 677.09	\$ 1,660.97	\$ 1,643.91	1.0%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	48	\$ 3,279.11	\$ 3,279.11	0.0%	\$ 0.00	\$ 3,279.11	\$ 3,332.00	(1.6%)	\$ 158.70	\$ 3,437.81	\$ 3,385.49	1.5%
Act 421 - Non-LaHIPP TPL - 3-11 Months	228	742.67	742.67	(0.0%)	-	742.67	756.74	(1.9%)	51.29	793.96	780.03	1.8%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,990	446.15	446.15	0.0%	-	446.15	458.27	(2.6%)	40.44	486.59	474.61	2.5%
Subtotal Act 421 - Non-LaHIPP TPL	4,266	\$ 493.87	\$ 493.87	0.0%	\$ 0.00	\$ 493.87	\$ 506.55	(2.5%)	\$ 42.35	\$ 536.23	\$ 523.69	2.4%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,723,232	\$ 711.17	\$ 711.17	0.0%	\$ 0.00	\$ 711.17	\$ 758.14	(6.2%)	\$ 240.73	\$ 951.91	\$ 905.44	5.1%
Medicaid Expansion - High Needs	456	711.17	711.17	(0.0%)	-	711.17	813.00	(12.5%)	522.67	1,233.84	1,133.10	8.9%
Medicaid Expansion - SBH - CCM, All Ages	108	244.46	244.46	(0.0%)	-	244.46	244.46	(0.0%)	7.73	252.19	252.19	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	15,229	19.70	19.70	(0.0%)	-	19.70	22.66	(13.1%)	7.07	26.77	23.85	12.3%
Medicaid Expansion - SBH - LaHIPP, All Ages	1,380	19.70	19.70	(0.0%)	-	19.70	19.74	(0.2%)	0.20	19.90	19.66	0.2%
Medicaid Expansion - SBH - Other	132	268.47	268.47	0.0%	-	268.47	269.40	(0.3%)	1.85	270.32	269.40	0.3%
Subtotal Medicaid Expansion	1,740,537	\$ 704.51	\$ 704.51	0.0%	\$ 0.00	\$ 704.51	\$ 751.06	(6.2%)	\$ 238.54	\$ 943.05	\$ 897.00	5.1%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	3,958	\$ 9,407.82	\$ 9,407.82	(0.0%)	\$ 0.00	\$ 9,407.82	\$ 11,323.35	(16.9%)	\$ 15,401.46	\$ 24,809.28	\$ 22,914.22	8.3%
Medicaid Expansion - Kick - EED Kick Payment	1	3,984.70	3,984.70	(0.0%)	-	3,984.70	3,984.70	(0.0%)	-	3,984.70	3,984.70	(0.0%)
Subtotal Medicaid Expansion - Kick	3,959	\$ 9,406.45	\$ 9,406.45	(0.0%)	\$ 0.00	\$ 9,406.45	\$ 11,321.49	(16.9%)	\$ 15,397.87	\$ 24,804.02	\$ 22,909.44	8.3%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,459	\$ 7,727.49	\$ 7,727.49	(0.0%)	\$ 0.00	\$ 7,727.49	\$ 9,181.44	(15.8%)	\$ 13,207.16	\$ 20,934.65	\$ 19,496.24	7.4%
Non-Expansion - Kick - EED Kick Payment	1	2,908.42	2,908.42	0.0%	-	2,908.42	2,908.42	0.0%	-	2,908.42	2,908.42	0.0%
Subtotal Non-Expansion - Kick	5,460	\$ 7,726.61	\$ 7,726.61	(0.0%)	\$ 0.00	\$ 7,726.61	\$ 9,180.29	(15.8%)	\$ 13,204.74	\$ 20,931.35	\$ 19,493.20	7.4%
Total	4,871,051	\$ 526.44	\$ 526.44	0.0%	\$ 0.00	\$ 526.44	\$ 566.83	(7.1%)	\$ 252.25	\$ 778.69	\$ 738.73	5.4%

State of Louisiana
Department of Health
Louisiana Medicaid Managed Care Program
SFY 2025 Capitation Rate Amendment
Final Rate Change Summary

Region: Gulf	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	32,088	\$ 2,815.72	\$ 2,815.72	(0.0%)	\$ 0.00	\$ 2,815.72	\$ 2,936.95	(4.1%)	\$ 5,063.63	\$ 7,879.36	\$ 7,759.43	1.5%
F&C - 3-11 Months	104,088	366.47	366.47	(0.0%)	-	366.47	401.25	(8.7%)	309.33	675.81	641.40	5.4%
F&C - Child 1-20 Years	2,061,192	210.54	210.54	0.0%	-	210.54	230.93	(8.8%)	64.48	275.02	254.85	7.9%
F&C - Adult 21+ Years	252,518	536.61	536.61	0.0%	-	536.61	592.54	(9.4%)	191.12	727.74	672.41	8.2%
Subtotal F&C	2,449,886	\$ 284.90	\$ 284.90	0.0%	\$ 0.00	\$ 284.90	\$ 310.88	(8.4%)	\$ 153.42	\$ 438.31	\$ 412.60	6.2%
SSI												
SSI - 0-2 Months	132	\$ 35,544.76	\$ 35,544.76	0.0%	\$ 0.00	\$ 35,544.76	\$ 38,264.19	(7.1%)	\$ 108,786.71	\$ 144,331.47	\$ 141,641.09	1.9%
SSI - 3-11 Months	1,224	9,112.83	9,112.83	(0.0%)	-	9,112.83	9,801.32	(7.0%)	21,650.99	30,763.82	30,082.68	2.3%
SSI - Child 1-20 Years	91,732	961.76	961.76	(0.0%)	-	961.76	998.36	(3.7%)	385.40	1,347.16	1,310.95	2.8%
SSI - Adult 21+ Years	222,741	1,961.79	1,961.79	0.0%	-	1,961.79	2,064.13	(5.0%)	844.16	2,805.96	2,704.72	3.7%
Subtotal SSI	316,929	\$ 1,713.08	\$ 1,713.08	0.0%	\$ 0.00	\$ 1,713.08	\$ 1,799.69	(4.8%)	\$ 536.67	\$ 2,648.75	\$ 2,464.07	3.5%
HCBS												
HCBS - Child 1-20 Years	5,844	\$ 3,845.10	\$ 3,845.10	0.0%	\$ 0.00	\$ 3,845.10	\$ 3,913.46	(1.7%)	\$ 1,340.84	\$ 5,185.94	\$ 5,118.30	1.3%
HCBS - Adult 21+ Years	8,040	1,742.83	1,742.83	0.0%	-	1,742.83	1,817.73	(4.1%)	552.38	2,295.21	2,221.11	3.3%
Subtotal HCBS	13,884	\$ 2,627.71	\$ 2,627.71	0.0%	\$ 0.00	\$ 2,627.71	\$ 2,699.86	(2.7%)	\$ 884.25	\$ 3,511.97	\$ 3,440.59	2.1%
SBH												
SBH - HCBS - Child 1-20 Years	4,440	\$ 318.10	\$ 318.10	0.0%	\$ 0.00	\$ 318.10	\$ 319.03	(0.3%)	\$ 9.08	\$ 327.19	\$ 326.27	0.3%
SBH - HCBS - Adult 21+ Years	8,604	82.15	82.15	0.0%	-	82.15	84.96	(3.3%)	9.81	91.96	89.17	3.1%
SBH - LaHIPP, All Ages	1,164	43.28	43.28	(0.0%)	-	43.28	43.39	(0.0%)	1.19	44.47	44.45	0.0%
SBH - CCM, All Ages	4,080	215.63	215.63	(0.0%)	-	215.63	217.96	(0.8%)	8.02	223.65	221.95	0.8%
SBH - Dual Eligible, All Ages	424,458	43.28	43.28	(0.0%)	-	43.28	43.57	(0.7%)	3.29	46.57	46.28	0.6%
SBH - Other - All Ages	4,176	268.47	268.47	0.0%	-	268.47	275.47	(2.5%)	29.17	297.64	290.71	2.4%
Subtotal SBH	446,922	\$ 50.44	\$ 50.44	(0.0%)	\$ 0.00	\$ 50.44	\$ 50.86	(0.8%)	\$ 3.75	\$ 54.16	\$ 53.77	0.8%
Other Populations												
Other Populations - FCC, All Ages Male & Female	28,960	\$ 479.44	\$ 479.44	(0.0%)	\$ 0.00	\$ 479.44	\$ 507.54	(5.5%)	\$ 198.51	\$ 677.95	\$ 650.14	4.3%
Other Populations - BCC, All Ages	790	2,979.96	2,979.96	(0.0%)	-	2,979.96	3,039.58	(2.0%)	237.43	3,217.38	3,158.40	1.9%
Other Populations - LAP, All Ages	7,068	213.16	213.16	0.0%	-	213.16	230.71	(7.6%)	50.75	263.92	246.55	7.0%
Other Populations - CCM, All Ages	17,112	1,479.01	1,479.01	(0.0%)	-	1,479.01	1,523.09	(2.9%)	355.97	1,834.99	1,791.38	2.4%
Subtotal Other Populations	53,820	\$ 798.52	\$ 798.52	(0.0%)	\$ 0.00	\$ 798.52	\$ 830.78	(3.9%)	\$ 229.74	\$ 1,628.26	\$ 1,596.35	3.2%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 453.16	\$ 453.16	0.0%	\$ 0.00	\$ 453.16	\$ 453.16	0.0%	\$ 0.00	\$ 453.16	\$ 453.16	0.0%
Act 421 - LaHIPP TPL - 3-11 Months	1	28.63	28.63	0.0%	-	28.63	28.63	0.0%	-	28.63	28.63	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	210.16	210.16	0.0%	-	210.16	210.16	0.0%	-	210.16	210.16	0.0%
Subtotal Act 421 - LaHIPP TPL	3	\$ 230.65	\$ 230.65	0.0%	\$ 0.00	\$ 230.65	\$ 230.65	0.0%	\$ 0.00	\$ 230.65	\$ 230.65	0.0%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	24	\$ 18,203.63	\$ 18,203.63	(0.0%)	\$ 0.00	\$ 18,203.63	\$ 18,339.81	(0.7%)	\$ 270.91	\$ 18,474.54	\$ 18,339.81	0.7%
Act 421 - Non-TPL - 3-11 Months	156	4,335.94	4,335.94	(0.0%)	-	4,335.94	4,369.36	(0.8%)	4,169.77	8,505.71	8,472.65	0.4%
Act 421 - Non-TPL - Child 1-18 Years	2,795	873.39	873.39	0.0%	-	873.39	897.50	(1.6%)	34.97	908.36	894.40	1.6%
Subtotal Act 421 - Non-TPL	2,875	\$ 1,194.76	\$ 1,194.76	(0.0%)	\$ 0.00	\$ 1,194.76	\$ 1,210.87	(1.3%)	\$ 253.69	\$ 1,448.45	\$ 1,432.52	1.1%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	12	\$ 6,107.82	\$ 6,107.82	(0.0%)	\$ 0.00	\$ 6,107.82	\$ 6,151.59	(0.7%)	\$ 87.06	\$ 6,194.88	\$ 6,151.59	0.7%
Act 421 - Non-LaHIPP TPL - 3-11 Months	156	1,541.17	1,541.17	0.0%	-	1,541.17	1,554.65	(0.9%)	26.88	1,568.06	1,554.72	0.9%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,496	446.15	446.15	0.0%	-	446.15	456.21	(2.2%)	21.02	467.17	457.22	2.2%
Subtotal Act 421 - Non-LaHIPP TPL	2,664	\$ 535.78	\$ 535.78	0.0%	\$ 0.00	\$ 535.78	\$ 546.18	(1.9%)	\$ 21.66	\$ 557.44	\$ 547.14	1.9%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,938,031	\$ 682.59	\$ 682.59	0.0%	\$ 0.00	\$ 682.59	\$ 731.71	(6.7%)	\$ 225.30	\$ 907.89	\$ 859.30	5.7%
Medicaid Expansion - High Needs	564	682.59	682.59	0.0%	-	682.59	766.27	(10.9%)	1,123.58	1,806.17	1,723.39	4.8%
Medicaid Expansion - SBH - CCM, All Ages	216	215.63	215.63	(0.0%)	-	215.63	215.63	(0.0%)	5.55	221.19	221.19	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,935	17.51	17.51	0.0%	-	17.51	19.75	(11.3%)	5.55	23.06	20.86	10.6%
Medicaid Expansion - SBH - LaHIPP, All Ages	516	17.51	17.51	0.0%	-	17.51	17.56	(0.3%)	0.24	17.76	17.71	0.3%
Medicaid Expansion - SBH - Other	36	268.47	268.47	0.0%	-	268.47	268.47	0.0%	-	268.47	268.47	0.0%
Subtotal Medicaid Expansion	1,968,298	\$ 675.92	\$ 675.92	0.0%	\$ 0.00	\$ 675.92	\$ 724.68	(6.7%)	\$ 223.35	\$ 899.27	\$ 851.14	5.7%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	3,850	\$ 10,629.30	\$ 10,629.30	(0.0%)	\$ 0.00	\$ 10,629.30	\$ 12,929.46	(17.8%)	\$ 17,655.35	\$ 28,284.65	\$ 26,009.07	8.7%
Medicaid Expansion - Kick - EED Kick Payment	1	4,502.06	4,502.06	0.0%	-	4,502.06	4,502.06	0.0%	-	4,502.06	4,502.06	0.0%
Subtotal Medicaid Expansion - Kick	3,851	\$ 10,627.71	\$ 10,627.71	0.0%	\$ 0.00	\$ 10,627.71	\$ 12,927.27	(17.8%)	\$ 17,650.77	\$ 28,278.48	\$ 26,003.48	8.7%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,705	\$ 8,825.37	\$ 8,825.37	0.0%	\$ 0.00	\$ 8,825.37	\$ 10,594.10	(16.7%)	\$ 15,848.01	\$ 24,673.38	\$ 22,923.54	7.6%
Non-Expansion - Kick - EED Kick Payment	1	3,321.63	3,321.63	(0.0%)	-	3,321.63	-	(0.0%)	-	3,321.63	3,321.63	(0.0%)
Subtotal Non-Expansion - Kick	5,706	\$ 8,824.41	\$ 8,824.41	0.0%	\$ 0.00	\$ 8,824.41	\$ 10,592.23	(16.7%)	\$ 15,845.23	\$ 24,669.64	\$ 22,920.11	7.6%
Total	5,244,281	\$ 526.46	\$ 526.46	0.0%	\$ 0.00	\$ 526.46	\$ 566.17	(7.0%)	\$ 240.83	\$ 767.30	\$ 728.01	5.4%

State of Louisiana Department of Health Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Final Rate Change Summary												
Region: North	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	23,988	\$ 2,486.71	\$ 2,486.71	(0.0%)	\$ 0.00	\$ 2,486.71	\$ 2,574.76	(3.4%)	\$ 4,330.02	\$ 6,816.73	\$ 6,729.62	1.3%
F&C - 3-11 Months	73,932	342.60	342.60	(0.0%)	-	342.60	374.79	(8.6%)	250.55	593.14	561.29	5.7%
F&C - Child 1-20 Years	1,553,309	214.32	214.32	(0.0%)	-	214.32	228.21	(6.1%)	51.08	265.40	251.66	5.5%
F&C - Adult 21+ Years	186,748	516.21	516.21	0.0%	-	516.21	544.04	(5.1%)	134.00	650.21	622.69	4.4%
Subtotal F&C	1,839,977	\$ 280.07	\$ 280.07	(0.0%)	\$ 0.00	\$ 280.07	\$ 287.09	(5.7%)	\$ 123.38	\$ 460.45	\$ 386.61	4.4%
SSI												
SSI - 0-2 Months	72	\$ 35,544.76	\$ 35,544.76	0.0%	\$ 0.00	\$ 35,544.76	\$ 36,762.21	(3.3%)	\$ 53,139.08	\$ 88,683.84	\$ 87,479.40	1.4%
SSI - 3-11 Months	960	9,112.83	9,112.83	(0.0%)	-	9,112.83	9,549.93	(4.6%)	18,007.58	27,120.40	26,687.97	1.6%
SSI - Child 1-20 Years	89,646	863.96	863.96	0.0%	-	863.96	886.23	(2.5%)	301.57	1,165.53	1,143.50	1.9%
SSI - Adult 21+ Years	187,355	1,695.25	1,695.25	0.0%	-	1,695.25	1,751.73	(3.3%)	702.99	2,386.24	2,342.36	2.4%
Subtotal SSI	278,033	\$ 1,461.60	\$ 1,461.60	0.0%	\$ 0.00	\$ 1,461.60	\$ 1,508.86	(3.1%)	\$ 646.89	\$ 2,198.49	\$ 2,061.92	2.3%
HCBS												
HCBS - Child 1-20 Years	3,312	\$ 3,845.10	\$ 3,845.10	0.0%	\$ 0.00	\$ 3,845.10	\$ 3,892.33	(1.2%)	\$ 620.87	\$ 4,465.97	\$ 4,419.24	1.1%
HCBS - Adult 21+ Years	7,212	2,195.72	2,195.72	0.0%	-	2,195.72	2,254.74	(2.6%)	1,028.31	3,224.03	3,165.64	1.8%
Subtotal HCBS	10,524	\$ 2,714.79	\$ 2,714.79	0.0%	\$ 0.00	\$ 2,714.79	\$ 2,770.10	(2.0%)	\$ 900.09	\$ 3,614.88	\$ 3,560.16	1.5%
SBH												
SBH - HCBS - Child 1-20 Years	2,184	\$ 318.10	\$ 318.10	0.0%	\$ 0.00	\$ 318.10	\$ 318.48	(0.1%)	\$ 30.26	\$ 348.36	\$ 347.99	0.1%
SBH - HCBS - Adult 21+ Years	6,276	127.18	127.18	(0.0%)	-	127.18	128.67	(1.2%)	10.12	137.30	135.83	1.1%
SBH - LaHIPP, All Ages	756	50.88	50.88	0.0%	-	50.88	50.88	0.0%	0.65	51.53	51.53	0.0%
SBH - CCM, All Ages	3,888	230.01	230.01	(0.0%)	-	230.01	230.32	(0.1%)	17.85	247.86	247.56	0.1%
SBH - Dual Eligible, All Ages	328,142	50.88	50.88	0.0%	-	50.88	51.02	(0.3%)	3.17	54.05	53.91	0.3%
SBH - Other - All Ages	9,828	268.47	268.47	0.0%	-	268.47	272.86	(1.6%)	25.44	293.91	289.57	1.5%
Subtotal SBH	351,074	\$ 611.98	\$ 611.98	0.0%	\$ 0.00	\$ 611.98	\$ 622.26	(0.8%)	\$ 4.24	\$ 66.22	\$ 65.94	0.4%
Other Populations												
Other Populations - FCC, All Ages Male & Female	39,516	\$ 565.69	\$ 565.69	0.0%	\$ 0.00	\$ 565.69	\$ 582.09	(2.8%)	\$ 131.67	\$ 697.37	\$ 691.14	2.4%
Other Populations - BCC, All Ages	780	2,979.96	2,979.96	(0.0%)	-	2,979.96	3,040.59	(2.0%)	554.80	3,534.86	3,474.87	1.7%
Other Populations - LAP, All Ages	4,512	213.16	213.16	0.0%	-	213.16	224.53	(5.1%)	33.52	246.68	235.44	4.8%
Other Populations - CCM, All Ages	12,936	1,654.27	1,654.27	(0.0%)	-	1,654.27	1,683.05	(1.7%)	424.84	2,079.12	2,050.65	1.4%
Subtotal Other Populations	67,744	\$ 914.62	\$ 914.62	0.0%	\$ 0.00	\$ 914.62	\$ 934.00	(2.3%)	\$ 195.40	\$ 1,910.82	\$ 1,900.85	1.9%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 236.97	\$ 236.97	0.0%	\$ 0.00	\$ 236.97	\$ 236.97	0.0%	\$ 0.00	\$ 236.97	\$ 236.97	0.0%
Act 421 - LaHIPP TPL - 3-11 Months	1	26.88	26.88	0.0%	-	26.88	26.88	0.0%	-	26.88	26.88	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	188.16	188.16	0.0%	-	188.16	188.16	0.0%	-	188.16	188.16	0.0%
Subtotal Act 421 - LaHIPP TPL	3	\$ 150.67	\$ 150.67	0.0%	\$ 0.00	\$ 150.67	\$ 150.67	0.0%	\$ 0.00	\$ 150.67	\$ 150.67	0.0%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	1	\$ 9,518.76	\$ 9,518.76	(0.0%)	\$ 0.00	\$ 9,518.76	\$ 9,713.54	(2.0%)	\$ 387.47	\$ 9,906.23	\$ 9,713.54	2.0%
Act 421 - Non-TPL - 3-11 Months	48	3,984.03	3,984.03	0.0%	-	3,984.03	4,073.49	(2.2%)	177.96	4,162.00	4,073.49	2.2%
Act 421 - Non-TPL - Child 1-18 Years	2,484	873.39	873.39	0.0%	-	873.39	890.09	(1.9%)	77.46	950.85	934.32	1.8%
Subtotal Act 421 - Non-TPL	2,533	\$ 935.75	\$ 935.75	0.0%	\$ 0.00	\$ 935.75	\$ 953.90	(1.9%)	\$ 79.48	\$ 1,015.23	\$ 997.28	1.8%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 3,193.81	\$ 3,193.81	(0.0%)	\$ 0.00	\$ 3,193.81	\$ 3,193.81	(0.0%)	\$ 0.00	\$ 3,193.81	\$ 3,193.81	(0.0%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	84	1,446.72	1,446.72	0.0%	-	1,446.72	1,454.83	(0.6%)	17.09	1,463.81	1,455.79	0.6%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	1,421	446.15	446.15	0.0%	-	446.15	458.37	(2.7%)	30.22	476.37	464.28	2.6%
Subtotal Act 421 - Non-LaHIPP TPL	1,506	\$ 903.78	\$ 903.78	0.0%	\$ 0.00	\$ 903.78	\$ 915.77	(2.3%)	\$ 29.47	\$ 933.25	\$ 921.40	2.3%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,385,017	\$ 640.17	\$ 640.17	(0.0%)	\$ 0.00	\$ 640.17	\$ 667.57	(4.1%)	\$ 185.11	\$ 925.27	\$ 798.16	3.4%
Medicaid Expansion - High Needs	228	640.17	640.17	(0.0%)	-	640.17	673.26	(4.9%)	419.80	1,059.96	1,027.22	3.2%
Medicaid Expansion - SBH - CCM, All Ages	228	230.01	230.01	(0.0%)	-	230.01	230.01	(0.0%)	5.67	235.69	235.69	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	12,059	22.31	22.31	(0.0%)	-	22.31	22.86	(2.4%)	2.62	24.93	24.39	2.2%
Medicaid Expansion - SBH - LaHIPP, All Ages	576	22.31	22.31	(0.0%)	-	22.31	22.31	(0.0%)	0.12	22.44	22.44	(0.0%)
Medicaid Expansion - SBH - Other	84	268.47	268.47	0.0%	-	268.47	268.47	0.0%	4.78	273.26	273.26	0.0%
Subtotal Medicaid Expansion	1,398,192	\$ 634.49	\$ 634.49	(0.0%)	\$ 0.00	\$ 634.49	\$ 661.65	(4.1%)	\$ 183.46	\$ 917.95	\$ 791.08	3.4%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,855	\$ 10,741.23	\$ 10,741.23	0.0%	\$ 0.00	\$ 10,741.23	\$ 11,730.09	(8.4%)	\$ 14,843.59	\$ 25,584.82	\$ 24,606.52	4.0%
Medicaid Expansion - Kick - EED Kick Payment	1	4,549.47	4,549.47	(0.0%)	-	4,549.47	4,549.47	(0.0%)	-	4,549.47	4,549.47	(0.0%)
Subtotal Medicaid Expansion - Kick	2,856	\$ 10,739.06	\$ 10,739.06	0.0%	\$ 0.00	\$ 10,739.06	\$ 11,727.57	(8.4%)	\$ 14,838.39	\$ 25,577.45	\$ 24,599.50	4.0%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	3,617	\$ 9,548.61	\$ 9,548.61	(0.0%)	\$ 0.00	\$ 9,548.61	\$ 10,297.54	(7.3%)	\$ 13,603.47	\$ 23,152.09	\$ 22,411.17	3.3%
Non-Expansion - Kick - EED Kick Payment	1	3,593.84	3,593.84	0.0%	-	3,593.84	3,593.84	0.0%	-	3,593.84	3,593.84	0.0%
Subtotal Non-Expansion - Kick	3,618	\$ 9,546.97	\$ 9,546.97	(0.0%)	\$ 0.00	\$ 9,546.97	\$ 10,296.68	(7.3%)	\$ 13,599.71	\$ 23,146.68	\$ 22,405.97	3.3%
Total	3,939,586	\$ 501.21	\$ 501.21	0.0%	\$ 0.00	\$ 501.21	\$ 524.00	(4.3%)	\$ 197.35	\$ 698.55	\$ 676.01	3.3%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Final Rate Change Summary												
Region: South Central	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	33,444	\$ 2,754.17	\$ 2,754.17	0.0%	\$ 0.00	\$ 2,754.17	\$ 2,819.92	(2.3%)	\$ 5,080.75	\$ 7,834.92	\$ 7,769.86	0.8%
F&C - 3-11 Months	106,212	414.25	414.25	(0.0%)	-	414.25	449.80	(7.9%)	399.45	813.70	778.53	4.5%
F&C - Child 1-20 Years	2,125,886	210.29	210.29	(0.0%)	-	210.29	226.76	(7.3%)	56.50	266.80	250.51	6.5%
F&C - Adult 21+ Years	208,139	536.76	536.76	0.0%	-	536.76	578.55	(7.2%)	153.94	690.71	649.36	6.4%
Subtotal F&C	2,533,671	\$ 286.97	\$ 286.97	(0.0%)	\$ 0.00	\$ 286.97	\$ 307.56	(6.7%)	\$ 147.51	\$ 434.48	\$ 414.11	4.9%
SSI												
SSI - 0-2 Months	132	\$ 35,544.76	\$ 35,544.76	0.0%	\$ 0.00	\$ 35,544.76	\$ 36,797.86	(3.4%)	\$ 75,125.12	\$ 110,669.88	\$ 109,430.16	1.1%
SSI - 3-11 Months	912	9,112.83	9,112.83	(0.0%)	-	9,112.83	9,489.06	(4.0%)	14,536.12	23,648.95	23,276.73	1.6%
SSI - Child 1-20 Years	84,221	982.29	982.29	0.0%	-	982.29	1,015.49	(3.3%)	380.03	1,362.32	1,329.48	2.5%
SSI - Adult 21+ Years	201,859	1,858.40	1,858.40	(0.0%)	-	1,858.40	1,953.20	(4.9%)	728.63	2,587.03	2,493.24	3.8%
Subtotal SSI	207,094	\$ 1,638.92	\$ 1,638.92	(0.0%)	\$ 0.00	\$ 1,638.92	\$ 1,716.06	(4.6%)	\$ 704.43	\$ 2,344.35	\$ 2,287.03	2.4%
HCBS												
HCBS - Child 1-20 Years	5,508	\$ 3,845.10	\$ 3,845.10	0.0%	\$ 0.00	\$ 3,845.10	\$ 3,892.65	(1.2%)	\$ 875.10	\$ 4,720.19	\$ 4,673.15	1.0%
HCBS - Adult 21+ Years	10,188	2,040.69	2,040.69	(0.0%)	-	2,040.69	2,114.36	(3.5%)	821.69	2,862.37	2,789.49	2.6%
Subtotal HCBS	15,696	\$ 2,673.88	\$ 2,673.88	(0.0%)	\$ 0.00	\$ 2,673.88	\$ 2,738.39	(2.4%)	\$ 840.43	\$ 3,514.31	\$ 3,450.50	1.8%
SBH												
SBH - HCBS - Child 1-20 Years	3,732	\$ 318.10	\$ 318.10	0.0%	\$ 0.00	\$ 318.10	\$ 318.56	(0.1%)	\$ 6.22	\$ 324.33	\$ 323.87	0.1%
SBH - HCBS - Adult 21+ Years	8,880	162.61	162.61	0.0%	-	162.61	165.04	(1.5%)	12.95	175.56	173.15	1.4%
SBH - LaHIPP, All Ages	1,548	48.74	48.74	0.0%	-	48.74	48.74	0.0%	0.49	49.23	49.23	0.0%
SBH - CCM, All Ages	4,656	346.10	346.10	0.0%	-	346.10	346.52	(0.1%)	10.39	356.49	356.09	0.1%
SBH - Dual Eligible, All Ages	396,883	48.74	48.74	0.0%	-	48.74	48.89	(0.3%)	2.93	51.67	51.53	0.3%
SBH - Other - All Ages	9,528	268.47	268.47	0.0%	-	268.47	274.39	(2.2%)	35.43	303.90	298.04	2.0%
Subtotal SBH	425,527	\$ 611.66	\$ 611.66	0.0%	\$ 0.00	\$ 611.66	\$ 611.98	(0.5%)	\$ 3.96	\$ 65.62	\$ 65.30	0.5%
Other Populations												
Other Populations - FCC, All Ages Male & Female	57,312	\$ 433.57	\$ 433.57	0.0%	\$ 0.00	\$ 433.57	\$ 454.04	(4.5%)	\$ 114.05	\$ 547.62	\$ 527.37	3.8%
Other Populations - BCC, All Ages	756	2,979.96	2,979.96	(0.0%)	-	2,979.96	3,051.84	(2.4%)	270.69	3,250.65	3,179.54	2.2%
Other Populations - LAP, All Ages	6,540	213.16	213.16	0.0%	-	213.16	227.68	(6.4%)	46.04	259.20	244.84	5.9%
Other Populations - CCM, All Ages	16,656	1,606.15	1,606.15	(0.0%)	-	1,606.15	1,636.54	(1.9%)	345.66	1,951.81	1,921.74	1.6%
Subtotal Other Populations	81,264	\$ 679.86	\$ 679.86	0.0%	\$ 0.00	\$ 679.86	\$ 702.36	(3.2%)	\$ 157.61	\$ 637.36	\$ 615.10	2.7%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 335.75	\$ 335.75	0.0%	\$ 0.00	\$ 335.75	\$ 335.75	0.0%	\$ 0.00	\$ 335.75	\$ 335.75	0.0%
Act 421 - LaHIPP TPL - 3-11 Months	1	23.13	23.13	(0.0%)	-	23.13	23.13	(0.0%)	-	23.13	23.13	(0.0%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	214.28	214.28	(0.0%)	-	214.28	214.28	(0.0%)	-	214.28	214.28	(0.0%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 191.05	\$ 191.05	(0.0%)	\$ 0.00	\$ 191.05	\$ 191.05	(0.0%)	\$ 0.00	\$ 191.05	\$ 191.05	(0.0%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	24	\$ 13,486.55	\$ 13,486.55	0.0%	\$ 0.00	\$ 13,486.55	\$ 13,493.49	(0.1%)	\$ 13.81	\$ 13,500.36	\$ 13,493.49	0.1%
Act 421 - Non-TPL - 3-11 Months	48	3,426.69	3,426.69	0.0%	-	3,426.69	3,432.85	(0.1%)	8.28	3,436.97	3,432.85	0.1%
Act 421 - Non-TPL - Child 1-18 Years	3,864	873.39	873.39	0.0%	-	873.39	875.49	(0.2%)	39.07	912.47	906.43	0.7%
Subtotal Act 421 - Non-TPL	3,836	\$ 981.46	\$ 981.46	0.0%	\$ 0.00	\$ 981.46	\$ 987.54	(0.6%)	\$ 38.54	\$ 1,020.01	\$ 1,013.99	0.6%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 4,525.11	\$ 4,525.11	(0.0%)	\$ 0.00	\$ 4,525.11	\$ 4,556.93	(0.7%)	\$ 63.31	\$ 4,588.42	\$ 4,556.93	0.7%
Act 421 - Non-LaHIPP TPL - 3-11 Months	120	1,245.06	1,245.06	(0.0%)	-	1,245.06	1,262.89	(1.4%)	35.47	1,280.53	1,262.89	1.4%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,787	446.15	446.15	(0.0%)	-	446.15	450.99	(1.1%)	11.20	457.35	452.57	1.1%
Subtotal Act 421 - Non-LaHIPP TPL	2,908	\$ 486.52	\$ 486.52	(0.0%)	\$ 0.00	\$ 486.52	\$ 485.99	(0.1%)	\$ 12.22	\$ 492.74	\$ 487.42	1.1%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,788,976	\$ 654.66	\$ 654.66	(0.0%)	\$ 0.00	\$ 654.66	\$ 698.87	(6.3%)	\$ 204.38	\$ 659.05	\$ 615.32	5.4%
Medicaid Expansion - High Needs	288	654.66	654.66	(0.0%)	-	654.66	762.80	(14.2%)	922.35	1,177.01	1,070.04	10.0%
Medicaid Expansion - SBH - CCM, All Ages	180	346.10	346.10	0.0%	-	346.10	346.10	0.0%	2.91	349.01	349.01	0.0%
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,949	26.10	26.10	(0.0%)	-	26.10	27.70	(5.7%)	4.69	30.79	29.22	5.4%
Medicaid Expansion - SBH - LaHIPP, All Ages	972	26.10	26.10	(0.0%)	-	26.10	26.11	(0.0%)	0.18	26.28	26.28	0.0%
Medicaid Expansion - SBH - Other	120	268.47	268.47	0.0%	-	268.47	294.81	(8.9%)	56.73	325.20	299.14	8.7%
Subtotal Medicaid Expansion	1,809,485	\$ 647.69	\$ 647.69	(0.0%)	\$ 0.00	\$ 647.69	\$ 691.42	(6.3%)	\$ 202.20	\$ 649.89	\$ 606.62	5.4%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	4,174	\$ 8,228.28	\$ 8,228.28	(0.0%)	\$ 0.00	\$ 8,228.28	\$ 9,380.38	(12.3%)	\$ 14,746.27	\$ 22,974.55	\$ 21,834.76	5.2%
Medicaid Expansion - Kick - EED Kick Payment	1	3,485.11	3,485.11	0.0%	-	3,485.11	3,485.11	0.0%	-	3,485.11	3,485.11	0.0%
Subtotal Medicaid Expansion - Kick	4,175	\$ 8,227.15	\$ 8,227.15	(0.0%)	\$ 0.00	\$ 8,227.15	\$ 9,376.97	(12.3%)	\$ 14,742.74	\$ 22,969.88	\$ 21,830.36	5.2%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,492	\$ 7,086.83	\$ 7,086.83	(0.0%)	\$ 0.00	\$ 7,086.83	\$ 7,980.83	(11.2%)	\$ 13,131.02	\$ 20,217.85	\$ 19,333.40	4.6%
Non-Expansion - Kick - EED Kick Payment	1	2,687.29	2,687.29	(0.0%)	-	2,687.29	2,687.29	(0.0%)	-	2,687.29	2,687.29	(0.0%)
Subtotal Non-Expansion - Kick	5,493	\$ 7,086.02	\$ 7,086.02	(0.0%)	\$ 0.00	\$ 7,086.02	\$ 7,979.86	(11.2%)	\$ 13,126.83	\$ 20,214.66	\$ 19,330.36	4.6%
Total	5,159,584	\$ 498.46	\$ 498.46	0.0%	\$ 0.00	\$ 498.46	\$ 530.73	(6.1%)	\$ 213.85	\$ 712.32	\$ 680.40	4.7%



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.

milliman.com

© 2025 Milliman, Inc. All Rights Reserved. The materials in this document represent the opinion of the authors and are not representative of the views of Milliman, Inc. Milliman does not certify the information, nor does it guarantee the accuracy and completeness of such information. Use of such information is voluntary and should not be relied upon unless an independent review of its accuracy and completeness has been performed. Materials may not be reproduced without the express consent of Milliman.

MILLIMAN CLIENT REPORT

State Fiscal Year 2026 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification

State of Louisiana Department of Health

August 18, 2025

[Anders Larson](#), FSA, MAAA, Principal and Consulting Actuary

[Zach Fohl](#), FSA, MAAA, Senior Consulting Actuary

[Amine Elmeghni](#), FSA, MAAA, MSc, Consulting Actuary

[Jennifer Prather](#), Pharm D, Pharmacy Management Consultant





Table of Contents

INTRODUCTION & EXECUTIVE SUMMARY	1
SECTION I. MEDICAID MANAGED CARE RATES.....	4
1. GENERAL INFORMATION	4
A. RATE DEVELOPMENT STANDARDS	4
i. All standards and documentation expectations for rate ranges	4
ii. 12-month rating period.....	4
iii. Required elements.....	5
(a) Actuarial certification	5
(b) Certified capitation rates for each rate cell	5
(c) Program information	5
(i) Managed care program	5
(ii) Rating period	5
(iii) Covered populations	5
(iv) Eligibility criteria.....	8
(v) Special contract provisions.....	8
(vi) Retroactive adjustment to capitation rates	9
iv. Differences among capitation rates	9
v. Cross-subsidization of rate cell payment.....	9
vi. Effective dates	9
vii. Minimum medical loss ratio.....	9
viii. Conditions for actuarially sound rate ranges.....	9
ix. Documentation for actuarially sound rate ranges	9
x. Generally accepted actuarial practices and principles	9
(a) Reasonable, appropriate, and attainable.....	9
(b) Outside the rate setting process	9
(c) Final contracted rates	9
xi. Rate certification for effective time periods	9
xii. COVID-19 public health emergency	10
xiii. Procedures for rate certification and amendment.....	10
B. APPROPRIATE DOCUMENTATION	10
i. Actuarial certification	10
ii. Documentation of required elements	10
iii. Ranges of assumptions	10
iv. Requirements for a certified capitation rate range	10
v. Index	10
vi. Consistency with rate of FFP	10
vii. Different FMAP	10
viii. Comparison to prior rates.....	11
(a) Comparison to prior rates.....	11
(b) Description of other material changes	11
(c) De minimis adjustment in prior rating period	11
ix. Known amendments.....	11
x. COVID-19	11
(a) State specific, and other applicable national or regional data	11
(b) Direct and indirect impacts reflected in capitation rates	11
(c) COVID-19 costs covered on non-risk basis	13
(d) Risk mitigation strategies	14
2. DATA.....	15
A. RATE DEVELOPMENT STANDARDS	15
B. APPROPRIATE DOCUMENTATION	15
i. Requested data	15
ii. Data used to develop the capitation rates	15
(a) Description of the data	15

(i)	Types of data	15
(ii)	Age of the data	15
(iii)	Data sources	16
(iv)	Sub-capitation	16
(v)	Exception to base data requirements	17
(b)	Availability and quality of the data	17
(i)	Steps taken to validate the data	17
(ii)	Actuary's assessment	17
(iii)	Data concerns	18
(c)	Appropriate data	18
(i)	Use of encounter and fee-for-service data	18
(ii)	Use of managed care encounter data	18
(d)	Reliance on a data book	18
iii.	Data adjustments	18
(a)	Credibility adjustment	19
(b)	Errors found in the data	20
(c)	Program change adjustments	20
(d)	Exclusion of payments or services from benefit expense data	28
3.	PROJECTED BENEFIT COST AND TRENDS	30
A.	RATE DEVELOPMENT STANDARDS	30
i.	Final capitation rate compliance	30
ii.	Benefit cost trend assumptions	30
iii.	In lieu of services	30
iv.	ILOS Cost Percentages	30
v.	Benefit expenses associated with members residing in an IMD	30
B.	APPROPRIATE DOCUMENTATION	31
i.	Projected benefit costs	31
ii.	Development of projected benefit costs	31
(a)	Description of the data, assumptions, and methodologies	31
(b)	Material changes to the data, assumptions, and methodologies	35
(c)	Overpayments to providers	35
iii.	Projected benefit cost trends	36
(a)	Required elements	36
(i)	Data	36
(ii)	Methodology	36
(iii)	Comparisons	37
(iv)	Documentation of Trends	37
(b)	Required elements	37
(c)	Variation	38
(d)	Material adjustments	38
(e)	Any other adjustments	39
(i)	Impact of managed care	39
(ii)	Trend changes other than utilization and cost	39
iv.	Mental Health Parity and Addiction Equity Act Service Adjustment	39
v.	In Lieu of Services	39
(a)	Description of ILOSs	39
(b)	ILOS Cost Percentages	40
(c)	Incorporation into rate development	40
(d)	Inclusion of IMD services	40
vi.	Retrospective Eligibility Periods	41
(a)	MCO responsibility	41
(b)	Claims treatment	41
(c)	Enrollment treatment	41
(d)	Adjustments	41
vii.	Impact of Material Changes	41
(a)	Change to covered benefits	41
(b)	Recoveries of overpayments	41
(c)	Change to payment requirements	41
(d)	Change to waiver requirements	41
(e)	Change due to litigation	41
viii.	Documentation of Material Changes	41

4.	SPECIAL CONTRACT PROVISIONS RELATED TO PAYMENT	42
A.	INCENTIVE ARRANGEMENTS	42
i.	Rate development standards	42
ii.	Appropriate documentation	42
(a)	Managed Care Incentive Program (MCIP)	42
(i)	Time period	42
(ii)	Covered enrollees, services, and providers	42
(iii)	Purpose	42
(iv)	Payments will not exceed 105 percent	42
(v)	Effect on capitation rates	42
B.	WITHHOLD ARRANGEMENTS	42
i.	Rate development standards	42
ii.	Appropriate documentation	42
(a)	Withhold description	42
(i)	Time period	42
(ii)	Enrollees, services, and providers	42
(iii)	Purpose	42
(iv)	Percentage withheld	42
(v)	Not reasonably achievable percentage	43
(vi)	Reasonability of total withhold arrangement	43
(vii)	Effect on capitation rates	43
(b)	Actuarial soundness of withhold	43
C.	RISK SHARING MECHANISMS	43
i.	Rate development standards	43
ii.	Appropriate documentation	43
(a)	Description of the risk-sharing mechanism	43
(b)	Medical loss ratio	44
(c)	Reinsurance requirements and effect on capitation rates	44
D.	DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES	44
i.	Rate development standards	44
(a)	Description of Managed Care Plan Requirement	45
(b)	Approval by CMS and consistency with preprints	45
(c)	Contract arrangements with MCOs	45
(d)	Inclusion of Provider Payment Initiatives in Capitation Rates	45
(i)	Documentation related to separate payment term included in the rate certification	46
(ii)	PMPM estimate of directed payments addressed through separate payment term	46
(iii)	Final documentation of total directed payment amount by rate cell	46
(iv)	Changes from initial base rate certification	46
ii.	Appropriate documentation	46
(a)	Description of Delivery System and Provider Payment Initiatives	46
(i)	Description of delivery system and provider payment initiatives included in the capitation rates	46
(ii)	Description of payment arrangements incorporated as a rate adjustment	47
(iii)	Description of payment arrangements incorporated as a separate payment term	48
(b)	Additional directed payments not addressed in the certification	49
(c)	Other requirements regarding reimbursement rates	49
E.	PASS-THROUGH PAYMENTS	49
i.	Rate development standards	49
5.	PROJECTED NON-BENEFIT COSTS	50
A.	RATE DEVELOPMENT STANDARDS	50
i.	Overview	50
ii.	PMPM versus percentage	50
B.	APPROPRIATE DOCUMENTATION	50
i.	Development of non-benefit costs	50
(a)	Description of the data, assumptions, and methodologies	50

(b)	Material changes since last rate certification	52
(c)	Other material adjustments	52
ii.	Non-benefit costs, by cost category	52
iii.	Historical non-benefit cost data	52
6.	RISK ADJUSTMENT AND ACUITY ADJUSTMENTS	53
A.	RATE DEVELOPMENT STANDARDS	53
i.	Overview	53
ii.	Risk adjustment model	53
iii.	Acuity adjustments	53
B.	APPROPRIATE DOCUMENTATION	53
i.	Prospective risk adjustment	53
(a)	Data	53
(b)	Risk adjustment model	53
(c)	Risk adjustment methodology	53
(d)	Magnitude of the adjustment	54
(e)	Assessment of predictive value	54
(f)	Any concerns the actuary has with the risk adjustment process	54
ii.	Retrospective risk adjustment	54
iii.	Risk adjustment documentation	55
(a)	Risk adjustment model	55
(b)	Budget neutrality	55
iv.	Acuity adjustments	55
	SECTION II. MEDICAID MANAGED CARE RATES WITH LONG TERM SERVICES AND SUPPORTS	56
	SECTION III. NEW ADULT GROUP CAPITATION RATES	57
1.	DATA	57
2.	PROJECTED BENEFIT COSTS	57
i.	Description of projected benefit costs	57
(a)	Experience specific to newly eligible adults	57
(b)	Changes in data sources, assumptions, or methodologies since last certification	57
(c)	Assumption changes since last certification	58
3.	PROJECTED NON-BENEFIT COSTS	58
A.	CHANGES IN DATA SOURCES, ASSUMPTIONS, OR METHODOLOGIES SINCE LAST CERTIFICATION	58
B.	ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS	58
4.	FINAL CERTIFIED RATES	59
A.	COMPARISON TO PREVIOUS CERTIFICATION	59
B.	DESCRIPTION OF OTHER MATERIAL CHANGES TO THE CAPITATION RATES	59
5.	RISK MITIGATION STRATEGIES	59
A.	DESCRIPTION OF RISK MITIGATION STRATEGY	59
B.	CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS	59
	LIMITATIONS	60

APPENDIX 1: ACTUARIAL CERTIFICATION

APPENDIX 2: RATE DEVELOPMENT (PROVIDED IN EXCEL)

APPENDIX 3: RATE CHANGE SUMMARIES (PROVIDED IN EXCEL)

APPENDIX 4: PARISH TO REGION MAPPING

APPENDIX 5: COVERED POPULATIONS

APPENDIX 6: COVERED SERVICES

APPENDIX 7: HIGH COST DRUG RISK POOL (PROVIDED IN EXCEL)

APPENDIX 8: RETROSPECTIVE COST MODELS (PROVIDED IN EXCEL)

APPENDIX 9: PROSPECTIVE COST MODELS (PROVIDED IN EXCEL)

APPENDIX 10: HEPATITIS C RISK CORRIDOR (PROVIDED IN EXCEL)

APPENDIX 11: ATTRIBUTION (PROVIDED IN EXCEL)

Introduction & Executive Summary

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 documents the development of the actuarially sound capitation rates for the state fiscal year (SFY) 2026 rating period. It also includes the required actuarial certification in Appendix 1.

To facilitate review, this document has been organized in the same manner as the 2024-2025 Medicaid Managed Care Rate Development Guide, finalized by the Centers for Medicare and Medicaid Services in January 2024 (CMS guide). Section II of the CMS guide is not applicable to HLA because long-term care supports and services (LTSS) are not covered by the managed care program. Section III of the CMS Guide and this certification is only applicable to the Medicaid Expansion population.

CONTRACTED MCOS AND PAYMENT METHODOLOGY

The following six MCOs will participate in the Medicaid managed care program on a statewide basis during SFY 2026:

- AmeriHealth Caritas Louisiana
- Healthy Blue of Louisiana
- Louisiana Healthcare Connections
- Aetna Better Health
- UnitedHealthcare of Louisiana
- Humana Healthy Horizons

Each MCO will receive a separate capitation payment for each rate cell. For most rate cells, the capitation rates vary by region and will be risk-adjusted based on the relative acuity of members enrolled with each MCO. Rate cells with statewide rates are described in Section 1, subsection 2.B.iii.a. Risk adjustment is discussed in more detail in Section 1, subsection 6. The regions and rate cells are described in more detail in Section I, subsection 4.A.iii(c)(iii). The parishes in Louisiana will be grouped into the same four rating regions used for the SFY 2025 HLA managed care capitation rate development. These regions are listed below. A mapping of the parishes to regions can be found in Appendix 4.

- Gulf
- Capital
- South Central
- North

FISCAL IMPACT ESTIMATE

The certified capitation rates for the Medicaid managed care populations are summarized in Figure 1. These rates are effective from July 1, 2025 through June 30, 2026 (SFY 2026). The rates are inclusive of state directed payments. The composite rates illustrated for SFY 2026 have been developed based on estimated enrollment for SFY 2026. The previously certified capitation rates were published in the following correspondences:

- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated June 21, 2024
- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment*, dated November 21, 2024

After the issuance of the SFY 2025 Capitation Rate Amendment, dated November 21, 2024, the SFY 2025 capitation rates were also adjusted using the de minimis flexibility without a rate amendment. The impact of that rate change was an increase of 1.5% (excluding state directed payments) and it affected all regions and rate cells uniformly. Throughout this document, the SFY 2025 rates reflect the capitation rates *after* the de minimis adjustment.

FIGURE 1: COMPARISON WITH AMENDED SFY 2025 PMPM RATES

POPULATION	ESTIMATED SFY 2026 AVERAGE MONTHLY ENROLLMENT	COMPOSITE MCO EXPECTED PAYMENTS		
		AMENDED SFY 2025	SFY 2026	% CHANGE
SSI	91,100	\$ 2,284.50	\$ 2,786.29	22.0%
F&C	730,400	409.54	513.62	25.4%
SBH	122,900	60.90	65.71	7.9%
Medicaid Expansion	504,500	843.74	1,074.80	27.4%
All Other Populations	33,900	1,264.08	1,496.88	18.4%
Maternity Kick – Expansion	900	23,726.22	34,092.42	43.7%
Maternity Kick – Non-Expansion	1,700	20,931.78	29,146.29	39.2%
Composite	1,482,800	\$ 701.69	\$ 883.92	26.0%

Notes:

1. Amended SFY 2025 and SFY 2026 composite rates were developed based on SFY 2026 estimated average monthly enrollment.
2. The estimated average monthly enrollment values are rounded to the nearest hundred.
3. 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 provides similar information as contained in Figure 1 with illustrated rate values reflecting the SFY 2026 capitation rate (the capitated amount excluding state directed payment). The SFY 2026 capitation rate does not include Full Medicaid Pricing (FMP) payments. The most appropriate prior rate for the comparison in Figure 2 is the amended SFY 2025 limited capitation rate, which excluded the FMP portion of the capitation rate. The rest of this certification will no longer refer to a limited capitation rate, as the full capitation rate will not include FMP payments for SFY 2026.

FIGURE 2: COMPARISON WITH AMENDED SFY 2025 PMPM RATES

POPULATION	ESTIMATED SFY 2026 AVERAGE MONTHLY ENROLLMENT	COMPOSITE CAPITATION RATES		
		AMENDED SFY 2025	SFY 2026	% CHANGE
SSI	91,100	\$ 1,628.67	\$ 1,769.15	8.6%
F&C	730,400	281.68	308.10	9.4%
SBH	122,900	57.31	61.93	8.1%
Medicaid Expansion	504,500	671.21	747.42	11.4%
All Other Populations	33,900	1,001.23	1,117.04	11.6%
Maternity Kick – Expansion	900	9,649.17	11,190.04	16.0%
Maternity Kick – Non-Expansion	1,700	8,188.01	9,358.86	14.3%
Composite	1,482,800	\$ 510.09	\$ 562.98	10.4%

Notes:

1. Amended SFY 2025 and SFY 2026 composite rates were developed based on SFY 2026 estimated average monthly enrollment.
2. The estimated average monthly enrollment values are rounded to the nearest hundred.
3. 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 3 compares the estimated federal and state expenditures under the SFY 2026 rates, based on estimated enrollment in SFY 2026. Revenue shown in Figure 3 includes state directed payments.

FIGURE 3: COMPARISON WITH AMENDED SFY 2025 RATES (AGGREGATE EXPENDITURES \$ MILLIONS)

POPULATION	TOTAL MCO EXPECTED PAYMENTS		CHANGE
	AMENDED SFY 2025	SFY 2026	
SSI	\$ 2,496.1	\$ 3,044.4	\$ 548.3
F&C	3,589.5	4,501.8	912.2
SBH	89.9	96.9	7.1
Medicaid Expansion	5,108.2	6,507.1	1,398.9
All Other Populations	512.8	607.3	94.4
Maternity Kick – Expansion	252.2	362.4	110.2
Maternity Kick – Non-Expansion	436.3	607.5	171.2
Composite	\$ 12,485.1	\$ 15,727.4	\$ 3,242.4
Federal	\$ 9,661.1	\$ 12,196.0	\$ 2,534.9
State	\$ 2,823.9	\$ 3,531.4	\$ 707.5

Notes:

1. Amended SFY 2025 and SFY 2026 aggregate expenditures were developed based on SFY 2026 estimated average monthly enrollment.
2. State expenditures based on Federal Fiscal Year (FFY) 2025 FMAP of 68.06% for 3 months and FFY 2026 FMAP of 67.83% for 9 months for all except the Expansion population.
3. State expenditures based on FMAP of 90% for the Expansion population.
4. 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.
5. Values are rounded to the nearest hundred thousand.

Figure 4 provides similar information as contained in Figure 3 with illustrated rate values reflecting the capitation rate (the capitated amount excluding state directed payment). Similar to Figure 2, the SFY 2026 capitation rate payments are compared to payments based on the amended SFY 2025 limited capitation rate.

FIGURE 4: COMPARISON WITH AMENDED SFY 2025 RATES (AGGREGATE EXPENDITURES \$ MILLIONS)

POPULATION	TOTAL CAPITATION RATE PAYMENTS		CHANGE
	AMENDED SFY 2025	SFY 2026	
SSI	\$ 1,779.5	\$ 1,933.0	\$ 153.5
F&C	2,468.9	2,700.4	231.6
SBH	84.6	91.4	6.8
Medicaid Expansion	4,063.7	4,525.1	461.4
All Other Populations	406.2	453.2	47.0
Maternity Kick – Expansion	102.6	119.0	16.4
Maternity Kick – Non-Expansion	170.7	195.1	24.4
Composite	\$ 9,076.1	\$ 10,017.1	\$ 941.0
Federal	\$ 7,082.8	\$ 7,827.3	\$ 744.5
State	\$ 1,993.3	\$ 2,189.8	\$ 196.5

Notes:

1. Amended SFY 2025 and SFY 2026 aggregate expenditures were developed based on SFY 2026 estimated average monthly enrollment.
2. State expenditures based on Federal Fiscal Year (FFY) 2025 FMAP of 68.06% for 3 months and FFY 2026 FMAP of 67.83% for 9 months for all except the Expansion population.
3. State expenditures based on FMAP of 90% for the Expansion population.
4. 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.
5. Values are rounded to the nearest hundred thousand.

Section I. Medicaid Managed Care Rates

1. General Information

This section provides information listed under the General Information section of CMS guide, Section I.

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 the 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 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” will be 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 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.

A. RATE DEVELOPMENT STANDARDS

i. All standards and documentation expectations for rate ranges

Unless otherwise stated, all standards and documentation outlined in the CMS guide apply to the development of the rates in this certification. This certification does not include rate ranges.

ii. 12-month rating period

The actuarial certification contained in this report is effective for the capitation rates for the one-year rating period from July 1, 2025, through June 30, 2026.

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

iii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Anders Larson, FSA, is in Appendix 1. Mr. Larson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2026 managed care program rating period.

(b) Certified capitation rates for each rate cell

The certified rates by region, rate cell, and MCO are contained in Appendix 3. Prior to risk adjustment, capitation rates are the same for all MCOs. These rates represent the contracted capitation rates prior to risk adjustment. Projected member months illustrated in Appendix 3 represent estimated values for SFY 2026 across all MCOs combined.

(c) Program information

(i) Managed care program

This certification was developed for the HLA Medicaid managed care program operated by the State of Louisiana.

Since 2012, LDH has contracted with the following three managed care organizations (MCOs) participating in the HLA program on a statewide basis:

- Amerihealth Caritas Louisiana
- Healthy Blue of Louisiana
- Louisiana Healthcare Connections

Aetna Better Health of Louisiana and UnitedHealthcare of Louisiana joined the HLA program in 2015. Starting in January 2023, Humana Healthy Horizons entered the HLA program. Due to the delayed implementation of the single statewide Pharmacy Benefit Manager (PBM), Humana did not cover prescription drugs until the Single PBM was implemented on October 28, 2023. Upon implementation of the Single PBM, the pharmacy benefit for all MCOs have been managed by Magellan Medicaid Administration Inc (Magellan).

Each MCO will receive a regional, risk adjusted capitation payment for each rate cell. The parishes in Louisiana will be grouped into the same four rating regions used for the HLA managed care capitation rate development and payment used for SFY 2025. These regions are listed below. A mapping of the parishes to regions can be found in Appendix 4.

- Gulf
- Capital
- South Central
- North

HLA is split into separate physical health (PH) and specialized behavioral health (SBH) programs. The PH program broadly covers medical, prescription drugs, and behavioral health services. The SBH program covers a subset of the PH program services, limited to certain behavioral health services and non-emergency transportation (NEMT). All programs exclude LTSS. The covered services and populations are described in more detail later in this section.

(ii) Rating period

This actuarial certification is effective for the one-year rating period of July 1, 2025 through June 30, 2026.

(iii) Covered populations

HLA is split into separate PH and SBH programs. This section will describe the managed care populations covered under each program. Appendix 5 also includes details on inclusions and exclusions for HLA.

Physical Health

There are several mandatory populations in the PH program:

Supplemental Security Income (SSI)

The SSI population includes disabled children and adults who are not eligible for Medicare. This population is divided into the following rate cells:

- 0 to 2 months
- 3 to 11 months
- Child 1 to 20 years
- Adult 21+ years

Family & Children (F&C)

The F&C population includes non-disabled children and adults who are not eligible for Medicare and do not qualify for one of the other populations noted below. This population is divided into the following rate cells:

- 0 to 2 months
- 3 to 11 months
- Child 1 to 20 years
- Adult 21+ years

Foster Care Children (FCC)

The FCC population includes children currently residing in foster care. There is only a single rate cell for the FCC population. Note that the 'Former Foster Care Children' and 'Youth Aging Out of Foster Care' are separately included within the F&C population.

Breast and Cervical Cancer (BCC)

The BCC population includes non-disabled children and adults who are identified through the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and who need treatment for breast or cervical cancer. There is only a single rate cell for the BCC population.

Louisiana Children's Health Insurance Program (LaCHIP)

The LaCHIP population includes children qualifying for coverage under the Children's Health Insurance Program (CHIP). For capitation rate purposes, these members are included within the F&C rate cells.

Affordable Plan (LAP)

The LAP population includes uninsured children in moderate income families whose income is above the maximum qualifying income threshold for regular LaCHIP. A monthly premium per household applies for families that have at least one child enrolled in LAP. There is only a single rate cell for the LAP population.

Act 421 Children's Medicaid Option (CMO)

Act 421 CMO expanded Medicaid eligibility effective January 1, 2022, to certain children with disabilities, even if their parents earn above the maximum qualifying income threshold for Medicaid.

Disabled children living at home with their family that apply for Act 421-CMO must meet an institutional level of care for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Nursing Facility or Hospital to be considered for this program.

Members without third-party insurance (e.g., individual or employer-sponsored coverage), or with third-party insurance and not enrolled in the Louisiana Health Insurance Premium Payment Program (LaHIPP) will receive all PH program services through HLA. This population is divided into the following rate cells:

- Non-TPL
 - 0 to 2 months
 - 3 to 11 months
 - Child 1 to 18 years

- Non-LaHIPP TPL
 - 0 to 2 months
 - 3 to 11 months
 - Child 1 to 18 years

Medicaid Expansion

The Affordable Care Act (ACA) Expansion Adults population is comprised of Louisiana residents between 19 and 64 years of age, who are U.S. citizens or who have legal status and are eligible for Medicaid and have a monthly income less than 138% of the federal poverty level (FPL). This population is divided into the following rate cells:

- Age 19-64
- High Needs

Voluntary Populations

Home and Community Based Services (HCBS) waiver participants and Chisholm Class Members (CCM) can enroll in HLA on a voluntary basis. These members are not automatically enrolled into the HLA PH program, but they may choose to enroll at any time. They may also choose to disenroll at any time, effective in the earliest possible month the action can be administratively handled. Voluntary opt-in individuals may also re-enroll during the annual open enrollment period. The voluntary populations are divided into the following rate cells:

- HCBS Waiver
 - Child 1 to 20 Years
 - Adult 21+ Years
- CCM
 - All Ages

Excluded Populations

Appendix 5 includes details on aid category and type case combinations that are excluded for the PH program.

Maternity Kick Payment

For populations covered under the PH program, maternity delivery services are included in separate kick payment rate cells. There are four kick payment rate cells:

- Maternity Kick Payment (non-Expansion)
- Early Elective Delivery (EED) Kick Payment (non-Expansion)
- Medicaid Expansion – Maternity Kick Payment
- Medicaid Expansion – EED Kick Payment

Specialized Behavioral Health

The HLA SBH program includes individuals classified as SBH Dual and SBH Other as mandatory populations. The voluntary opt-in populations that did not opt into the HLA PH program are automatically included in the SBH program. These populations are identified as SBH HCBS waiver participants and SBH CCM for purposes of capitation rate setting.

In addition, members in the LaHIPP program will receive SBH and NEMT services only through HLA.

Finally, members in the Act 421 CMO population who have third-party insurance and are enrolled in LaHIPP will receive only SBH and NEMT only services through HLA. For purposes of the SBH covered services, Applied Behavioral Analysis (ABA therapy) is treated as an SBH service, although it is shown under the Professional service category in the actuarial cost models.

The SBH program is divided into the following rate cells:

- SBH – Duals
 - Non-Expansion, SBH – Dual Eligible, All Ages
 - Expansion, Age 19-64
- SBH – LaHIPP
 - Non-Expansion, LaHIPP – Dual Eligible, All Ages
 - Expansion, Age 19-64
- SBH – HCBS Waiver
 - Child 1 to 20 Years
 - Adult 21+ Years
- SBH – CCM
 - Non-Expansion, CCM, All Ages
 - Expansion, Age 19-64
- SBH – Other
 - Non-Expansion, CCM, All Ages
 - Expansion, Age 19-64
- Act 421 LaHIPP TPL
 - 0 to 2 months
 - 3 to 11 months
 - Child 1 to 18 years

Summary Groupings

Throughout this certification, we have aggregated rate cells into several groupings for purposes of summarizing various components of our rate development. The rate cell groupings are listed below:

- SSI
 - Includes all SSI rate cells
- F&C
 - Includes all F&C rate cells
 - Excludes kick payments
- SBH
 - Includes all non-Expansion SBH rate cells, except for Act 421 LaHIPP TPL
- Medicaid Expansion
 - Includes all Medicaid Expansion rate cells
 - Excludes kick payments
- Other Populations
 - Includes HCBS, Act 421, Foster Care Children, BCC, LaHIPP Affordable Plan, and non-SBH CCM rate cells
- Maternity Kick – Non-Expansion
 - Includes both EED and non-EED kick payments
 - Includes deliveries for members from any above population except Medicaid Expansion
- Maternity Kick – Expansion
 - Includes both EED and non-EED kick payments

(iv) Eligibility criteria

Appendix 5 includes details on which aid category and type combinations are considered mandatory and which are excluded populations for the PH and SBH programs.

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold arrangement
- Minimum medical loss ratio requirement
- Directed payments made as separate payment terms

- Incentive program
- Risk adjustment
- Hepatitis C risk corridor
- High cost drug pool

Please see Section I, subsection 4 for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report is for prospective SFY 2026 capitation rates.

iv. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation (FFP) associated with the covered populations.

v. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

vi. Effective dates

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2026 contracted capitation rates.

vii. Minimum medical loss ratio

The capitation rates were developed such that the MCOs are reasonably expected to achieve a medical loss ratio (MLR), as calculated under 42 CFR 438.8, greater than 85 percent for the rate year. The capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs. The HLA contract has remittance provisions with a minimum MLR of 85 percent separately for the Medicaid Expansion and all other populations combined. The terms and conditions are outlined in Section I, subsection 4.C.ii.(b).

viii. Conditions for actuarially sound rate ranges

This certification does not include rate ranges.

ix. Documentation for actuarially sound rate ranges

This certification does not include rate ranges.

x. Generally accepted actuarial practices and principles

(d) Reasonable, appropriate, and attainable

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs. To our knowledge, there are no reasonable, appropriate, and attainable costs that have not been included in the certification.

(e) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(f) Final contracted rates

The SFY 2026 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment.

xi. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period of July 1, 2025, through June 30, 2026.

xii. COVID-19 public health emergency

Please see Section 1, subsection 1.B.x for details on rate adjustments related to the COVID-19 public health emergency (PHE).

xiii. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the capitation rates change. The following exceptions are allowed per §438.7 of CMS 2439-F:

1. A contract amendment that does not affect the rates.
2. A de minimis increase or decrease of up to 1.5% in the capitation rate per rate cell.
3. Risk adjustment, under a methodology described in the initial certification that changes the rates paid to the MCOs.

In cases 1 and 2 described above, a contract amendment must still be submitted to CMS. In the event program provisions are invalidated by courts of law or by changes in statutes, regulations, or approvals, an amendment will be submitted.

B. APPROPRIATE DOCUMENTATION

i. Actuarial certification

The actuary is certifying capitation rates for the MCOs. This certification does not include rate ranges.

ii. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

iii. Ranges of assumptions

The specific assumptions underlying the capitation rates have been disclosed in this certification. We have not developed ranges around assumptions used in the capitation rate development.

iv. Requirements for a certified capitation rate range

This certification does not include rate ranges.

v. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

vi. Consistency with rate of FFP

The capitation rates for all populations were developed in a manner consistent with 42 CFR 438.4(b)(1), including that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations are based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations, and that these differences do not vary with the rate of FFP associated with the covered populations in a manner that increases federal costs.

vii. Different FMAP

Capitated payments made for children enrolled in the F&C population who are eligible for Title XXI benefits receive an enhanced FMAP rate of 77.48% during federal fiscal year (FFY) 2026. A portion of capitated payments attributable to family planning services in all populations except Medicaid Expansion receive an enhanced FMAP rate of 90.0%.

Capitated payments made for the Medicaid Expansion population receive an FMAP rate of 90.0% during SFY 2026. All other capitated payments made receive the regular state FMAP of 68.06% for FFY 2025 and 67.83% for FFY 2026. The enhanced FMAP percentages (except for the 90.0% rate for the Medicaid Expansion population) are not reflected in values provided in this certification.

viii. Comparison to prior rates

(a) Comparison to prior rates

Figures 1 and 2 above provide a summarized comparison of the SFY 2026 capitation rates to the prior amended rates for SFY 2025. A summarized comparison by population with amounts attributable to each adjustment is provided in Appendix 11.

As demonstrated in Appendix 11, the following are the key drivers of the rate changes:

- New base period benefit expenses
- Medical utilization trends
- Pharmacy utilization and unit cost trends
- Updated acuity assumptions
- Non-benefit cost increases due to inflation and reduced economies of scale
- Physician reimbursement changes due to 2024 Louisiana Senate Bill 190
- Hospital cost trend, affecting outpatient hospital cost settlements and certain providers whose rates are updated annually

(b) Description of other material changes

There are no material changes to the capitation rates or the rate development process that are not otherwise addressed in this report.

(c) De minimis adjustment in prior rating period

LDH adjusted the actuarially sound capitation rates in the previous rating period by a *de minimis* amount of 1.5% using the authority in 42 C.F.R 438.7(c)(3).

ix. Known amendments

We anticipate that the capitation rates may be amended to reflect program changes effective January 1, 2026. These future program changes are not known as of the date of this certification. If applicable, this amendment is anticipated to be provided in the fourth quarter of calendar year 2025.

x. COVID-19

(a) State specific, and other applicable national or regional data

The following data sources were examined in developing rate setting adjustments for the COVID-19 PHE:

- Changes in delivery system utilization since the onset of the COVID-19 PHE, including analysis of HLA emergency room visits, telehealth services, office visits, and preventive services.
- Enrollment and estimated acuity changes by region and HLA rate cell, monitoring changes in per member cost and risk scores using MCO encounter data.
- Seasonality patterns in CY 2019, CY 2021, CY 2022, CY 2023, and CY 2024.
- Direct testing, treatment, and vaccine costs related to COVID-19 in MCO encounter data incurred from the start of the COVID-19 national health emergency through December 2024.
- Centers for Disease Control and Prevention, COVID Data Tracker²: statewide data for COVID cases, deaths, testing volume, hospitalizations, and vaccination trends.

(b) Direct and indirect impacts reflected in capitation rates

We are applying adjustments to the SFY 2026 capitation rates for items related to the COVID-19 PHE and related unwinding.

² <https://covid.cdc.gov/covid-data-tracker/>

We have evaluated a potential adjustment for COVID-19 treatment, testing, and vaccinations using the data sources outlined above and have determined that these items have an immaterial impact on the SFY 2026 capitation rates. We also reviewed emerging data on the treatment of other respiratory illnesses and have found that potential impact to be immaterial as well. The PHE unwinding adjustment is summarized in Figure 5 and described below.

FIGURE 5: COVID-19 RELATED ADJUSTMENTS

INDEX	COVID-19 ADJUSTMENT	% IMPACT BY POPULATION						
		SSI	F&C	SBH	EXPANSION	OTHER	KICK - EXP	KICK - NON-EXP
5.a	Unwinding Acuity Adjustment	0.0%	2.7%	0.0%	9.7%	0.0%	0.0%	0.0%

Notes: 1. The percentage impact is illustrated as a percentage of the SFY 2026 benefit expenses.

2. Percentage impacts illustrated at 0.0% indicate minimal change at a population level; however, these adjustments were determined to be material for at least one rate cell.

5.a. Unwinding acuity adjustment

As part of the Consolidated Appropriations Act, 2023, continuous enrollment requirements were decoupled from the PHE on March 31, 2023, allowing eligibility reviews to begin prior to the expiration of the PHE. In Louisiana, the COVID-19 unwinding period began at the start of SFY 2024, with the first disenrollments occurring on July 1, 2023. Based on discussions with LDH, disenrollments from the unwinding process was completed by the end of June 2024.

We reviewed the enrollment changes for all rate cells and populations during the COVID-19 PHE and the unwinding period to evaluate which rate cells experienced the greatest change during these periods. Based on actual enrollment and emerging acuity data, the acuity of the F&C Child 1-20 Years, the F&C Adult 21+, and Medicaid Expansion 19-64 rate cells have been materially impacted by the unwinding process. As a result, we reviewed the estimated acuity during SFY 2024 (base period) and the projected acuity during SFY 2026 (projection period) to estimate the impact of changing membership at the rate cell level. Except for the F&C Child 1-20 Years, the F&C Adult 21+, and Medicaid Expansion 19-64 rate cells, we believe the population morbidity covered by the managed care programs during SFY 2024 is reasonably reflective of the estimated SFY 2026 population morbidity.

To estimate the unwinding acuity, we categorized members into the following distinct cohorts: stayers, leavers, joiners, and deaths. Using data through March 2025, we estimated the percentage of member months and average acuity for each cohort and rate cell combination during the base period (SFY 2024) and the projection period (SFY 2026). We then analyzed the relative acuity of each cohort and rate cell combination in comparison to the average acuity for the rate cell during SFY 2024. Detailed descriptions of each cohort is provided below and key assumptions are provided in Figures 6 through 8.

- Leavers:** This cohort includes members who leave the rate cell during the 12-month period. The experience in this cohort only reflects the members' experience prior to leaving the rate cell. This cohort includes individuals that transitioned to another rate cell or program within Louisiana Medicaid, as well as individuals who are no longer enrolled in Louisiana Medicaid. This cohort excludes members that disenrolled from Medicaid because of death. Using actual experience during SFY 2024, we were able to calculate the PMPM costs of Medicaid members prior to leaving the rate cell, which we used as our measure of acuity. For SFY 2026, we reviewed emerging experience to understand the rate at which members were leaving the rate cell. We used claim experience for these members during SFY 2024 to project the relative acuity for this cohort during SFY 2026. The relative acuity for this cohort is not necessarily the same between SFY 2024 and SFY 2026 because more emerging enrollment was used to estimate the SFY 2026 relative acuity. In general, the members who have left the rate cell more recently have a higher relative acuity than members who left during SFY 2024.
- Joiners:** This cohort includes members who enter the rate cell during the 12-month period. The experience in this cohort only reflects the members' experience after returning to the rate cell and includes individuals that transitioned from another rate cell, new to Medicaid, or returned to Medicaid.

Using actual experience during SFY 2024, we were able to calculate the actual PMPM costs of Medicaid members upon joining the rate cell, which we used as our measure of acuity. To estimate the SFY 2026 relative joiner acuity, we used the SFY 2024 relative acuity by detailed cohort (new to Medicaid, returners, and members that transitioned into the rate cell). We modeled the projected member month distribution based on emerging enrollment data. Thus, differences in the relative joiner acuity between SFY 2024 and SFY 2026 within the same rate cell represent a difference in projected member month mix within the detailed cohorts.

- **Stayers:** This cohort includes members who remain in the rate cell for the entirety of the 12-month period. Using actual experience during SFY 2024, we were able to calculate the PMPM costs of Medicaid members who remained in the rate cell for the entire 12-month period, which we used as our measure of acuity. To estimate the relative acuity of this cohort during SFY 2026, we reviewed the SFY 2024 claims for members who remained in the rate cell from April 2024 through March 2025. Since this period only included three quarterly wage checks, we modeled the impact of one additional quarterly wage check process for the Medicaid expansion rate cell increasing the SFY 2026 relative acuity. The relative acuity for the cohort is not necessarily the same between SFY 2024 and SFY 2026 because more recent experience was used to estimate the SFY 2026 relative acuity. However, the members who have remained in the cohort for a more recent 12-month period had a similar relative acuity to members remained through SFY 2024.
- **Deaths:** This cohort includes members who pass away while enrolled in the rate cell. The experience in this cohort only reflects the members experience leading up to death. Using actual experience during SFY 2024, we were able to calculate the PMPM costs of these members, which we used as our measure of acuity. The SFY 2024 acuity by rate cell remained consistent into SFY 2026.

To review if the modeled results are reasonable, we compared the relative acuity projections to the changes in the rate cell risk scores from SFY 2024 through March 2025 using emerging experience. We found that for each of the three rate cells, the change in risk scores between SFY 2024 through March 2025 was within 1% of the calculated acuity factors below.

FIGURE 6: SFY 2026 ACUITY - MEDICAID EXPANSION - AGE 19-64

	Stayers	Leavers	Joiners	Deaths	Composite
SFY24 Member Month Distribution	61.3%	24.9%	13.5%	0.3%	100.0%
SFY24 Acuity	1.10	0.66	1.02	7.76	1.0000
SFY26 Member Month Distribution	68.7%	15.8%	15.1%	0.3%	100.0%
SFY26 Acuity	1.13	0.87	1.04	7.76	1.0968

FIGURE 7: SFY 2026 ACUITY - F&C - CHILD 1-20 YEARS

	Stayers	Leavers	Joiners	Deaths	Composite
SFY24 Member Month Distribution	78.0%	12.9%	9.0%	0.0%	100.0%
SFY24 Acuity	1.04	0.75	0.99	24.15	1.0000
SFY26 Member Month Distribution	83.6%	7.2%	9.2%	0.0%	100.0%
SFY26 Acuity	1.02	1.06	1.00	24.15	1.0303

FIGURE 8: SFY 2026 ACUITY - F&C - ADULT 21+ YEARS

	Stayers	Leavers	Joiners	Deaths	Composite
SFY24 Member Month Distribution	47.1%	27.6%	25.2%	0.1%	100.0%
SFY24 Acuity	1.16	0.84	0.84	8.34	1.0000
SFY26 Member Month Distribution	52.9%	23.9%	23.1%	0.1%	100.0%
SFY26 Acuity	1.16	0.96	0.83	8.34	1.0437

(c) COVID-19 costs covered on non-risk basis

The COVID-19 vaccine and administration costs are discussed in the previous section. No adjustment is being made to the SFY 2026 capitation rates for these items due to immateriality. There are no other COVID-19 related costs that are covered on a non-risk basis.

(d) Risk mitigation strategies

As documented in Section 1, subsection 4.C.ii.(b), LDH has elected to maintain its minimum medical loss ratio (MLR) requirement at 85% for the SFY 2026 contract year. Other risk mitigation strategies are structurally consistent with the prior rating period. This is discussed further in Section 1, subsection 4.C.

2. Data

This section provides information on the base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 2.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section 1, subsection 2 provides documentation of the data types, sources, validation process, material adjustments, and other information related to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

We requested and received data specifically for the capitation rate development. In addition, we intake and summarize monthly eligibility and expenditure data using information provided by LDH. The remainder of this section details the base data and validation processes utilized in the SFY 2026 capitation rate development. In addition, Appendix 2 summarizes the adjusted base data.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The SFY 2026 capitation rate development utilized the following data sources:

- Historical eligibility files provided by LDH
- Encounter data submitted to LDH
- LDH fee schedules applicable to services affected by reimbursement changes
- Enrollment detail related to the PHE unwinding
- Preferred drug lists (PDLs) and other pharmacy coverage policies
- Financial reporting templates submitted by the MCOs
 - Financial reporting guide templates (FRGTs)
 - MCO survey
- MCO statutory financial statements

The capitation rates for all populations and regions were developed from historical SFY 2024 claims and enrollment data from the managed care enrolled populations. We used utilization and expenditures from the encounter data with runout through December 2024. We applied an adjustment to gross up the expenditures to the MCO-reported level in the FRGTs. This adjustment is described in more detail in Section 1, subsection 2.B.iii.

(ii) Age of the data

The data utilized as the base experience in the rate development for this report represents benefit expenses incurred during SFY 2024 (claims runout through December 2024). We used encounter data corresponding to the same time period for the purposes of evaluating the impact of most policy, program, and reimbursement adjustments. For certain pharmacy-related adjustments, we reviewed encounter data submitted through April 2025.

For the purposes of non-pharmacy trend development, we reviewed monthly MCO encounter data on an incurred basis over the period from January 2020 through December 2024. Actuarial judgment was applied when reviewing the data due to disruptions related to the COVID-19 pandemic and changes in emerging experience.

For pharmacy trend development, we reviewed quarterly pharmacy expenditures on an incurred basis over the period from January 2020 through February 2025. Additionally, specific adjustments were made to emerging experience to reflect the amounts included in the single pharmacy benefit manager contract.

(iii) Data sources

Capitation payment and eligibility information

On a monthly basis, we receive eligibility and enrollment extracts from the State's Medicaid Management Information System (MMIS) for encounters, fee-for-service claims, and eligibility data. To develop the SFY 2026 HLA capitation rates, we reviewed data from January 2020 through February 2025.

FFS and MCO encounter data

We received FFS claims and MCO encounter data extracts from the State's MMIS concurrently with the eligibility and enrollment extracts noted above. Our analysis was based on data submitted to the MMIS through March 2025.

LDH fee schedules

We received LDH fee schedules for services affected by reimbursement changes during or after the base experience period. In some cases, these fee schedules were accessed through the LDH website; however, in other cases, LDH provided these to us directly. For certain reimbursement changes, in lieu of providing a complete fee schedule, LDH confirmed that reimbursement for a set of services would increase by a specific percentage or amount.

Enrollment detail related to the PHE unwinding

We received actual redetermination data for individuals that were reviewed during the PHE unwinding process, which began on July 1, 2023 and was completed over a 12-month period, with the last month of unwinding disenrollment being June 2024.

PDLs and other pharmacy coverage policies

We received weekly preferred drug list (PDL) files from LDH for July 2022 through March 2025. These PDL files were used to review and estimate changes in pharmacy utilization because of LDH's PDL updates. In addition, LDH provided us with other information to appropriately project MCO pharmacy expenditures during SFY 2026. This included items such as 340B pharmacy lists, clotting factor reimbursement, and local pharmacy providers.

Financial reports – FRGTs

On a quarterly basis, each MCO was requested to complete a financial reporting template. The recent submission includes data paid through December 2024. Utilization and expenditures were reported by each MCO by region, rate cell, and high-level category of service. The financial reporting template also captured information related to sub-capitated arrangements, affiliated party contracts, non-benefit costs, and other information pertinent to the SFY 2026 rate development. Information in the standard FRGTs is generally reported on an incurred basis.

Financial reports – MCO survey

The MCO survey requests incurred experience during SFY 2024 with runout through December 2024 to align with the base data period. The MCO survey is intended to provide additional data used in the development of the SFY 2026 capitation rates, including provider reimbursement and non-benefit expenses.

MCO statutory financial statements

CY 2020 through CY 2024 statutory financial statements were accessed through S&P Global Market Intelligence.

(iv) Sub-capitation

As part of the data collection process, each MCO was required to provide the following information in the FRGTs for each sub-capitated arrangement and non-State Plan service effective during the base period:

- Subcontractor name
- Related party (yes or no)
- Service description
- Provider/benefit manager/other
- Proxy pricing methodology
- Member value-added service

- Amount of sub-capitation attributable to healthcare quality improvement
- Amount of sub-capitation attributable to administrative costs
- Amount of sub-capitation attributable to health care expenses

This information was used to allocate costs associated with sub-capitated arrangements and non-State Plan services between benefit and non-benefit expenses. For sub-capitated benefit expenses, we included the sum of the health care expenses and proxy reserves. Amounts delegated for healthcare quality improvement and administrative costs are included in the development of the non-benefit expense assumptions used in the capitation rates.

(v) **Exception to base data requirements**

We have not requested an exception to the base data requirements due to the COVID-19 public health emergency.

(b) Availability and quality of the data

(i) **Steps taken to validate the data**

We received eligibility and enrollment extracts from the State's Medicaid Management Information System (MMIS) for encounters, fee-for-service claims, and eligibility data from January 2020 through March 2025. The actuary, the MCOs, and LDH all play a role in validating the quality of encounter and financial reporting information used in the development of the capitation rates. The MCOs play the initial role, collecting and summarizing data sent to the State. In addition, LDH focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. We perform independent analysis of encounter data and financial reporting information to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area that are applied by either Milliman or LDH.

Completeness

We validated that we had received complete transmissions by comparing summarized values to control totals provided by the state's fiscal agent contractor (FAC).

Accuracy

MCO encounter data was reviewed relative to utilization and expenditures reported in the MCO FRGTs. We found material amounts of utilization and expenditures were missing from MCO encounter data and determined that it was not appropriate to use the encounter data as the base experience for rate development without additional adjustments to align with the MCO reported financial templates. The magnitude of these adjustments was similar to prior capitation rate certifications. We reviewed that the allocation of encounter utilization and expenditures by population, region, and service category was reasonably consistent with the reported financial experience, making it appropriate to use for most program change adjustments, acuity adjustments, trend analysis, and other modeling.

Consistency of data across data sources

We compared data across all sources during our base data review and analysis. Through the data validation process, we identified some inconsistencies in reported data across sources. We addressed deviations in MCO survey submissions on an individual basis with each MCO. After addressing the deviations, we believe that the encounter data is reasonably consistent with the MCO reported financial templates, such that it is appropriate to use as the base experience in rate development, with adjustment to gross up the expenditures to the level reported by the MCOs.

(ii) **Actuary's assessment**

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that we have relied upon certain data and information provided by LDH and its vendors, primarily the MCOs. The values presented in this report are dependent upon this reliance.

We find the data used to develop the SFY 2026 capitation rates to be suitable for the purpose of developing actuarially sound rates, with certain adjustments as outlined in the following sections. The data has been reviewed by multiple parties for completeness, accuracy, and consistency.

The managed care experience base data used in the development of the SFY 2026 certified rates is reasonably consistent with the reported financial experience of MCOs.

(iii) Data concerns

Minor data adjustments were made to the data submitted by the MCOs to account for various issues identified during the review process. For example, we found that MCOs occasionally misallocated expenditures between the newborn (0-2 month) and other child rate cells in the F&C and SSI populations. This was addressed through the true-up process, as described in more detail in Section 2.B.iii.a.

(c) Appropriate data

(i) Use of encounter and fee-for-service data

Fee-for-service data was not used during the rate development process.

(ii) Use of managed care encounter data

Managed care encounter data in SFY 2024 was used as base experience in the rate development for all populations. We applied an adjustment to gross up the expenditures to the level reported in the MCO reported financial templates.

(d) Reliance on a data book

We did not rely on a data book for the SFY 2026 capitation rate development.

iii. Data adjustments

The capitation rates were developed from SFY 2024 managed care encounter data for all regions and rate cells. Adjustments were made to the base experience to gross-up expenditures to the level reported in the MCO financial templates. Additional adjustments were made for credibility, completion, policy/program changes, and other data adjustments.

True-up to MCO surveys

For all regions and populations, encounter data submitted by the MCOs served as the base data. However, due to concerns with the completeness of the encounter data, we adjusted the data such that the total expenditures are consistent with the MCO financial templates. This process is summarized below.

1. Prior to applying any data adjustments described later in this section, we first removed expenditures from our base data related to physical health services for members who were in an SBH rate cell at the date of service. This adjustment is described in more detail in Section 1, subsection 2.B.iii.e.
2. We summarized the remaining expenditures from the encounter data by major service type (medical vs. prescription drugs). These summaries reflected only services incurred in SFY 2024.
3. We summarized comparable expenditures from the MCO financial reporting templates by major service type (medical vs. prescription drugs). The expenditures include values reported by the MCOs for benefit expenses, excluding settlements and FMP payments. We excluded expenditures for ineligible service categories for members in SBH rate cells.
4. We developed initial factors to apply to the encounter data. These factors are equal to the total expenditures from the MCO reporting templates divided by the total expenditures from the base data, by major service type (medical vs. retail pharmacy).
5. We adjusted encounter completion factors based on a comparison of member months in the base data relative to the MCO financial reporting templates. Because we did not directly adjust our base member months, we instead adjusted the final true-up factors to account for differences in member months between the base data and the FRGTs. This adjustment was equal to total member months from the base data divided by the total expenditures from the FRGTs.

In addition, we added costs associated with value-based payments, which were reported by the MCOs in the FGTs by service category and major population (expansion, non-expansion physical health, and SBH). We also added settlements for non-outpatient service categories. Outpatient settlements (including those reported as pending) were incorporated later as part of the outpatient reimbursement adjustment, described in Section 1, subsection 2.B.iii.d.

We made some modifications to the reported financial data based on our review and discussions with the MCOs:

- We removed all value-added services and/or administrative expenses for delegated vendors.
- We subtracted outpatient settlements if the MCO indicated these were included along with other claims-based hospital expenses. These settlements, if any, were incorporated separately as part of the outpatient reimbursement adjustment.

The figure below summarizes the impact of the true-up adjustments by region and population.

FIGURE 9: TRUE-UP ADJUSTMENT IMPACT BY REGION AND POPULATION

POPULATION	CAPITAL	GULF	NORTH	SOUTH CENTRAL
SSI	3.3%	3.1%	3.4%	3.2%
F&C	4.4%	4.4%	4.8%	4.6%
SBH	3.3%	3.3%	3.0%	3.4%
Medicaid Expansion	3.1%	3.1%	3.3%	3.2%
All Other Populations	4.1%	4.3%	4.4%	4.3%
Maternity Kick – Expansion	4.8%	4.7%	4.9%	4.7%
Maternity Kick – Non-Expansion	5.5%	5.4%	5.6%	5.5%

Notes:

1. The percentage impact is illustrated as a percentage of the base period benefit expenses.

(a) Credibility adjustment

Several rate cells had low enrollment within each region (fewer than 1,000-5,000 members in each region). Due to low enrollment, we established the capitation rates on a statewide basis for the following rate cells:

- SSI 0-2 months
- SSI 3-11 months
- Breast & Cervical Cancer
- HCBS Child 1-20 years
- SBH – HCBS Child 1-20 years
- ACT 421 Non-TPL Child 1-18 years
- ACT 421 Non-LaHIPP TPL Child 1-18 years

There were also instances where separate rate cells were expected to have similar membership profiles, but one of the rate cells had much higher membership than the other. In these cases, we developed regional rates, but blended across multiple rate cells within each region. These situations are noted below:

- Medicaid Expansion – Age 19-64 + Medicaid Expansion – High Needs
- SBH – Dual Eligible + Medicaid Expansion - SBH – Dual Eligible
- SBH – LaHIPP + Medicaid Expansion - SBH – LaHIPP
- SBH – Chisholm Class Members + Medicaid Expansion – SBH – Chisholm Class members
- SBH – Other + Medicaid Expansion – SBH – Other

Finally, there were some instances for the ACT 421 rate cells where we determined we did not have sufficient historical data for these populations to use for establishing capitation rates. Instead, we used a proxy population comprised of SSI rate cells as the base experience and applied acuity, cost-sharing, and coverage adjustments. This is discussed in more detail in Section 1, Subsection 3.B.ii.a. These situations are noted below:

- LaHIPP TPL: all rate cells
- Non-TPL: infant rate cells only
- Non-LaHIPP TPL: infant rate cells only

Completion adjustment

The capitation rates are based on SFY 2024 MCO experience. In the quarterly FRGTs, MCOs were requested to provide monthly incurred but not paid (IBNP) estimates by major service category and population.

We ran the MCO reported data through a Robust Time Series (RTS) reserving model and analyzed reported MCO claims completion for reasonableness. Based upon our review and comparison to the RTS model, we adjusted the MCO estimates downward by approximately \$10 million, primarily in the inpatient hospital service category.

The impact of applying the claim completion factors to the base data is illustrated by region and population in Figure 10 below. The detailed adjustments by rate cell and service category can be found in Appendix 2 of this report.

FIGURE 10: COMPLETION ADJUSTMENT IMPACT BY REGION AND POPULATION

POPULATION	CAPITAL	GULF	NORTH	SOUTH CENTRAL
SSI	0.5%	0.4%	0.5%	0.4%
F&C	0.7%	0.7%	0.7%	0.7%
SBH	0.7%	0.6%	0.6%	0.7%
Medicaid Expansion	0.4%	0.4%	0.5%	0.4%
All Other Populations	0.7%	0.7%	0.7%	0.7%
Maternity Kick – Expansion	0.7%	0.7%	0.7%	0.7%
Maternity Kick – Non-Expansion	1.0%	1.1%	1.0%	1.1%

Notes:

1. The percentage impact is illustrated as a percentage of the base period benefit expenses.

(b) Errors found in the data

On an overall basis, we believe that the encounter data was reasonably consistent with the MCO reported financial templates, such that we were comfortable using it as the base experience, with an adjustment to true-up the expenditures to the level reported by the MCOs.

(c) Program change adjustments

Figure 11 lists program and reimbursement changes that occurred since the beginning of the base experience period used in rate development.

Figure 11 includes the program change, effective date of the change, as well as the percentage impact to the SFY 2026 benefit expenses by population. The impacts shown in Figure 11 are prior to the application of trend and managed care efficiency adjustments.

Item 11.a through 11.e occurred prior to the end of the base experience period, necessitating a retrospective adjustment, and is illustrated in Appendix 8. The remaining items in Figure 11 occurred after the end of the base experience period, requiring a prospective adjustment, and are illustrated in Appendix 9. Medicaid FFS reimbursement changes are reflected in the rate development because based upon reimbursement information submitted with the MCO surveys, the vast majority of MCO provider reimbursement is tied to FFS reimbursement.

FIGURE 11: PROGRAM CHANGE ADJUSTMENTS

INDEX	PROGRAM CHANGE	EFFECTIVE DATE	% IMPACT BY POPULATION						
			SSI	F&C	SBH	EXPANSION	OTHER	KICK - EXP	KICK - NON-EXP
11.a	Out-of-State Hospital Reimbursement	9/20/2023	(0.1%)	(0.1%)	0.0%	(0.1%)	(0.1%)	(0.5%)	(0.4%)
11.b	ACT Adjustment	10/1/2023	0.1%	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%
11.c	Paxlovid Coverage	11/1/2023	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
11.d	AMP Cap Removal	1/1/2024	(0.5%)	(0.1%)	0.0%	(0.4%)	(0.2%)	0.0%	0.0%
11.e	Single PDL	7/1/2024	(1.5%)	(1.9%)	0.0%	(1.7%)	(1.9%)	0.0%	0.0%
11.f	Wegovy Adjustment	7/1/2024	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
11.g	DBT Service Coverage	3/1/2025	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%

INDEX	PROGRAM CHANGE	EFFECTIVE DATE	SSI	F&C	% IMPACT BY POPULATION			KICK - EXP	KICK - NON-EXP
					SBH	EXPANSION	OTHER		
11.h	SB 190 Reimbursement Update (Fee Schedule Update)	7/1/2025	1.4%	3.2%	0.7%	2.3%	1.6%	6.5%	5.1%
11.i	Outpatient Hospital	7/1/2025	2.3%	2.0%	0.0%	2.7%	1.2%	3.0%	2.4%
11.j	Inpatient Hospital Per Diems (Fee Schedule Update)	7/1/2025	1.6%	0.0%	0.2%	1.6%	0.3%	3.0%	2.7%
11.k	Independent RHC (Fee Schedule Update)	7/1/2025	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
11.l	Provider-based RHC (Fee Schedule Update)	7/1/2025	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
11.m	FQHC/RHC (Fee Schedule Update)	7/1/2025	0.1%	0.4%	0.0%	0.2%	0.2%	0.0%	0.0%
11.n	SBH (Fee Schedule Update)	7/1/2025	0.3%	0.1%	2.8%	0.9%	0.0%	0.0%	0.0%
11.o	Humira Biosimilars Adjustment	10/1/2025	(0.0%)	(0.0%)	0.0%	(0.1%)	(0.0%)	0.0%	0.0%

Notes: 1. The percentage impact is illustrated as a percentage of the SFY 2026 benefit expenses.

2. Percentage impacts illustrated at 0.0% indicate minimal change at a population level; however, these adjustments were determined to be material for at least one rate cell.

11.a. Out-of-State Hospital Reimbursement

Effective September 20, 2023, LDH updated the inpatient hospital reimbursement for out-of-state providers to be consistent with the in-state inpatient hospital per diem rates for similar hospitals and services. To estimate the impact of this adjustment, we summarized the out-of-state inpatient hospital expenditures incurred between the start of the base data period, SFY 2024, and the effective date of this program change. Claims with non-zero third-party liability amounts were excluded.

Based on discussions with LDH, we determined that it would not be possible for MCOs to contract with certain providers at the lower rates during SFY 2026. In particular, we assumed that reimbursement would remain at historical levels for certain hospitals that provide specialized services not available at in-state hospitals. We repriced the remaining out-of-state hospital inpatient claims using the current in-state inpatient hospital per diem rates to calculate inpatient hospital savings of approximately \$8 million.

11.b. Assertive Community Treatment (Fee Schedule Update)

Effective October 1, 2023, LDH updated the specialized behavioral health fee schedule to increase the assertive community treatment (ACT) reimbursement. 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 the date of service.
2. Using the fee schedule effective October 1, 2023.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates.

11.c. Coverage of Paxlovid expenditures

On October 13, 2023, HHS and Pfizer reached an agreement to transition Paxlovid to the commercial market in November 2023 while ensuring individuals on Medicaid will continue to have access to Paxlovid without member copays through calendar year 2024. As a result of this agreement, the MCOs are responsible for paying for Paxlovid treatments beginning in November 2023. In reviewing emerging experience, it appeared that supply of Paxlovid prior to MCOs being at risk did not run out until about January 2025. We estimated the fiscal impact based on emerging utilization of Paxlovid, with a Wholesale Acquisition Cost of \$1,496.13, effective 1/1/2025. The fiscal impact to pharmacy expenditures as a result of MCOs covering Paxlovid treatments beginning in November 2023 is an increase of approximately \$5 million.

In addition, as of October 2024, the MCOs no longer covered Lagevrio an alternative for Paxlovid. In reviewing emerging utilization of Lagevrio and Paxlovid, we estimated an additional \$1 million increase to the projected SFY 2026 expenditures due to Lagevrio utilizers potentially switching to Paxlovid.

11.d. Average Manufacturer Price (AMP) Cap Removal

Effective January 1, 2024, provisions of the American Rescue Plan Act no longer capped the Federal Medicaid rebates at the average manufacturer price (AMP). As a result of these provisions, drug manufacturers have lowered the average manufacturer price of specific drugs. We followed the following steps to estimate the fiscal impact of this legislation on the HLA capitation rates.

Step 1: Identify drugs likely impacted by the AMP cap removal

Some manufacturers, such as insulin manufacturers, reduced the price of drugs whose rebates were previously capped to avoid additional rebate liability. Therefore, to identify drugs that were likely impacted by these provisions, we reviewed drugs that had a price reduction of at least 15% since January 1, 2025.

Step 2: Estimate the fiscal impact by drug

To calculate the fiscal impact, we summarized expenditures for each drug identified as being impacted by the AMP cap removal and estimated the impact of the price reduction. The dollar impact by drug was adjusted to reflect changes in utilization resulting from changes to the preferred drug list.

The fiscal impact to pharmacy expenditures as a result of the AMP cap removal is a decrease to the projected SFY 2026 expenditures of approximately \$29 million, which is reflected in the Retail Pharmacy service category in the prospective cost models. The drugs with the largest impact are insulins and Januvia.

11.e. PDL Changes

The MCOs and the single PBM have used a preferred drug list (PDL) maintained by LDH since 2019. We adjusted the benefit expenses to reflect the expected drug mix changes based upon the current PDL, and PDL changes that occurred during or after the base data period. The adjustment also includes a recent policy change effective July 1, 2024 in which LDH will prefer generic alternatives for the brands that were previously part of the brand over generic list. Furthermore, on January 1, 2025, LDH updated the PDL to only prefer the generic formulations of the drugs. 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 and known changes for July 1, 2025. For each product name, we estimated the projected SFY 2025 market share. Drugs with the largest reduction in program costs include Suboxone, Vyvanse, Adderall XR, Farxiga, Symbicort, Revlimid, Advair, and Flovent HFA.

Some of the PDL changes resulted in increased projected costs due to the anticipated shifting to higher cost products. The drugs with the largest increase in program cost include Qulipta and Ubrelvy.

The net impact to pharmacy expenditures as a result of the PDL changes and brand drug cost reductions is a decrease to the projected SFY 2026 expenditures of approximately \$137 million, which is reflected in the Retail Pharmacy service category in the prospective cost models.

11.f. Wegovy Adjustment

Wegovy® (semaglutide) was approved by the FDA in SFY 2024 for use in reducing the risk of heart attack, stroke, and cardiovascular disease in obese adults with cardiovascular disease. LDH developed utilization criteria stipulating which HLA members would be eligible to receive Wegovy beginning July 1, 2024. We have reviewed emerging Wegovy utilization experience through April 2025 in order to develop an adjustment for the SFY 2026 capitation rates. We projected SFY 2026 utilization levels using emerging SFY 2025 experience, assuming that recent uptake rates are representative for the SFY 2026 rating period. We estimate the cost of Wegovy coverage during SFY 2026 will be approximately \$4 million.

11.g. DBT Service Coverage

Based on guidance from LDH, Dialectical Behavior Therapy (DBT) services will be covered at full risk under the HLA capitation rates effective March 1, 2025. Based upon information provided by LDH, we estimate the cost of covering these services during SFY 2026 will be approximately \$4 million.

11.h. Senate Bill 190 (SB 190) Reimbursement Update (Anticipated Fee Schedule Update)

The Louisiana Department of Health (LDH) is planning to increase Medicaid reimbursement for physicians to one hundred percent of the calendar year 2024 Medicare rates consistent with the requirements provided in Senate Bill 190. The implementation plan consists of a phased in approach in which the Louisiana Medicaid professional fee schedule will be increased to one hundred percent of calendar year 2024 Medicare rates over a two-year period, increasing Medicaid reimbursement to 85% of Medicare in Year 1 or SFY 2026. The professional reimbursement for each procedure code will only change during Year 1 if the current Louisiana Medicaid reimbursement for that code is below 85% of Medicare; otherwise, it will remain unchanged.

The increase in provider reimbursement will apply to physicians, as well as Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants, collectively referred to as mid-level providers. Year 1 will maintain the mid-level provider reimbursement at 80% of the physician rate, consistent with the current Louisiana Medicaid reimbursement.

One of the primary objectives of increasing Medicaid reimbursement is to enhance access to professional services for Medicaid beneficiaries. As a result, we anticipate that increasing Medicaid reimbursement will lead to a 2.5% increase in the average Medicaid beneficiary's utilization of professional services. In addition, it is anticipated that emergency department visits will decrease by 2.5%, as Medicaid members gain greater access to primary care services that will substitute for or otherwise prevent certain emergency department visits.

We estimate the increasing Medicaid reimbursement of professional services to 85% of Medicare will increase the projected SFY 2026 benefit expense by approximately \$200 million.

11.i. Outpatient Hospital Reimbursement Changes

Outpatient hospital services are reimbursed in one of two ways:

1. Using a CPT/HCPCS fee schedule for lab services, as well as surgery and clinic services at non-rural hospitals. The fee schedules vary for different types of hospitals, such as small rural, state hospital, sole community, etc.
2. Using a cost percentage for all other services. Hospital-specific cost percentages are established by LDH and are generally higher for rural hospitals compared to other hospitals. Claims are paid on an interim basis using a prospectively established cost-to-charge ratio but are ultimately settled using actual cost reports for each hospital. The cost settlements are handled outside the claims system and are often completed multiple years after the date of service. These settlements result in positive or negative payments to each hospital.

To model these reimbursement changes, we used separate approaches for claims subject to a fee schedule and claims subject to a cost percentage. Note that in Figure 11, we have labeled this adjustment with an effective date of January 1, 2025, which is consistent with the most recent cost settlement percentages available to us.

Fee Schedule-Based Reimbursement

We repriced all applicable claims in our base experience under two fee schedule time periods:

1. Using the fee schedule effective on the date of service.
2. Using the fee schedule effective on January 1, 2025.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the two fee schedule effective dates.

Cost-Based Reimbursement

First, we adjusted the base claims cost by incorporating the estimated settlements applicable to SFY 2024 dates of service.

Settlement values were estimated by each MCO and accounted for invoices paid, invoices received but not yet paid, and any accruals for settlements not yet received. This included both payables and receivables. Total settlement dollars were converted to an MCO-specific uniform percentage adjustment, which was applied to each claim in our base data. We then applied a cost trend adjustment to the settlement-adjusted claims. The selected annualized cost trend was 3.4%, which is consistent with the CMS Market Basket³ projections for Inpatient Prospective Payment System (IPPS) Hospital services from SFY 2025 to SFY 2026. We also adjusted the projected data to account for a small number of hospitals that had a change in their cost settlement percentage since the base period. Notably, this includes an increase to the reimbursement for University Medical Center, effective July 1, 2024.

Summary

The figure below summarizes the adjustments applied to each type of outpatient hospital service. Values shown represent the impact to the base benefit expenses and do not account for true-up adjustment, completion, trend, or any other capitation rate adjustments.

FIGURE 12: OUTPATIENT HOSPITAL ADJUSTMENT (\$ MILLIONS)

REIMBURSEMENT TYPE	COST
Base Claims	\$ 1,422.9
Settlements	\$ 52.3
Fee Schedule Adjustment	\$ 0.0
Hospital Base Rate Changes	\$ 86.5
Cost Trend Adjustment	\$ 70.8
Final Adjusted Claims	\$ 1,632.4
Net Adjustment	\$ 209.5

Notes:

1. Values shown represent the impact to the base benefit expenses and do not account for true-up adjustment, completion, trend, or any other capitation rate adjustments.

11.j. Inpatient Hospital Reimbursement Changes

Inpatient hospital per diems have been updated as recently as July 1, 2025. The known increases include rates for University Medical Center, effective July 1, 2024. To model these reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two fee schedule time periods:

1. Using the per diem rates effective on the date of service.
2. Using the most current per diem rates.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the two fee schedule effective dates.

11.k. Independent Rural Health Clinic (Fee Schedule Update)

Effective July 1, 2025, the Independent Rural Health Clinic fee schedule was updated. To model the reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under the following fee schedules:

1. Using the encounter rates effective on the date of service.
2. Using the most current encounter rates.

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates.

11.l. Provider-based Rural Health Clinic (Fee Schedule Update)

Effective July 1, 2025, the Provider-based Rural Health Clinic fee schedule was updated. To model the reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under the following fee schedules:

1. Using the encounter rates effective on the date of service.
2. Using the most current encounter rates.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates.

11.m. FQHC (Fee Schedule Update)

Effective July 1, 2025, the Federally Qualified Health Center (FQHC) fee schedule was updated. To model the reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under the following fee schedules:

1. Using the encounter rates effective on the date of service.
2. Using the most current encounter rates.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates.

11.n. SBH (Fee Schedule Update)

Effective July 1, 2025, the SBH fee schedule was updated to reflect a continuation of the temporary 25% increase for SUD services that was in effect for service dates between October 1, 2024, through June 30, 2025.

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

1. Using the encounter rates effective on the date of service.
2. Using an estimated impact of the temporary fee schedule increase effective July 1, 2025.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates.

11.o. Humira Biosimilar Adjustment

Effective January 1, 2025, multiple Humira biosimilars were added to the single PDL in a co-preferred status with Humira. Effective October 1, 2025, LDH plans to reinstate multiple pharmacy benefit managers (PBM) allowing MCOs to contract with their own PBM. As a result of the addition of Humira biosimilars to the PDL, and the MCOs ability to use their own PBM, we anticipate that approximately 5% of the current Humira utilization will shift to the lower gross cost preferred Humira biosimilar, leading to a projected cost savings of about \$5 million in the projected SFY 2026 benefit expense. The shifting assumption reflects an average across the entire rating period, after accounting for the PBM transition date and anticipated ramp-up.

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 the SFY 2026 rate development 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.

- *Medicaid Reimbursement for Licensed Midwife or Certified Nurse Midwife Services.* Effective August 1, 2023, LDH adopted provisions in the Professional Services Program governing reimbursement for services provided by licensed midwives and certified nurse midwives and amended the provisions governing free-standing birth centers in order to increase the reimbursement rate for services rendered by these providers. We have reviewed the impact of this change and determined it does not have a material impact on the capitation rate development.
- *Reimbursement for Clotting Factor.* The clotting factor reimbursement methodology changed as a result of the single PBM implementation and was implemented on February 1, 2024. We reviewed the potential utilization and cost associated with this coverage change and determined it does not have a material impact on the capitation rate development.
- *Supports Waiver.* Effective February 20, 2024, LDH updated the listing of covered services for supports waiver beneficiaries. We have reviewed emerging experience for these services and have determined that it does not have a material impact on capitation rate development.
- *Youth Crisis services.* Effective April 1, 2024, LDH added mobile crisis response and community brief crisis support services for children to the Louisiana Medicaid State Plan. As a result, the MCOs will be responsible for covering these services. Based upon information provided by LDH and a review of emerging utilization data, we have not reflected any additional utilization for these services beyond what is captured in the base experience.
- *Mary Bird Perkins biosimilar drug coverage.* Effective January 20, 2025, LDH will allow coverage of physician-administered biosimilar drugs in Mary Bird Perkins Cancer Centers and establish reimbursement methodology for their use. Based upon information provided by LDH and a review of historical utilization for applicable services, we have determined that it does not have a material impact on capitation rate development.
- *Mammogram coverage change.* Effective June 1, 2024, LDH revised the coverage of screening mammograms to include beneficiaries aged 30-39 meeting certain clinical criteria. We reviewed the potential utilization and cost associated with this coverage change and determined it does not have a material impact on capitation rate development.
- *Other fee schedule updates.* LDH periodically updates other fee schedules to incorporate new procedure codes or make minor rate adjustments. We have reviewed the impact of these other fee schedule changes and determined they do not have a material impact on capitation rate development.

Each of the program adjustments listed above were determined to be immaterial on a stand-alone basis (i.e., impacted the rates for each individual rate cell by less than 0.10%). We evaluated the composite impact of the immaterial items listed above to assess whether an aggregate impact should be applied in the SFY 2026 rate development process. Based on this analysis, the aggregate impact of immaterial program adjustments was also determined to be immaterial so no further adjustments were applied.

Full Medicaid Pricing (FMP)

LDH will not maintain the physician FMP program for the SFY 2026 rating period, based on guidance from CMS, any payment arrangements formerly using this mechanism will be converted to a separate payment term. This separate payment term is described in the “*Description of payment arrangements incorporated as a separate payment term*” section of this certification.

Inpatient Outlier Pool

As part of the State Plan, hospitals receive an additional payment for high-cost inpatient stays for children under six years, called outliers. These payments are for inpatient stays with a total cost to the hospital in excess of \$150,000, in which the cost is determined based on the hospital's Neonatal Intensive Care Unit-specific or Pediatric Intensive Care Unit-specific cost-to-charge ratio (CCR).

LDH makes payments up to a maximum of \$21,092,179 annually, which are paid by the MCOs to the applicable hospitals. We incorporated a PMPM add-on for applicable rate cells to fund the outlier payments. The PMPMs were allocated to rate cells based on their proportion of inpatient hospital expenses for members under age 6, such that the total add-ons were equivalent to \$21,092,179 when applied to projected SFY 2026 enrollment.

SFY 2026 outlier pool amounts by region and rate cell are included in Appendix 2.

Other data adjustments

The following adjustments are not policy or program changes. The data adjustments listed in Figure 13 were identified by LDH or through our review of the base experience as outlined in Section I, subsection 2.A.ii of this report.

FIGURE 13: OTHER DATA ADJUSTMENTS

INDEX	OTHER DATA ADJUSTMENT	% IMPACT BY POPULATION						
		SSI	F&C	SBH	EXPANSION	OTHER	KICK - EXP	KICK – NON-EXP
13.a	IMD Adjustment	(0.1%)	(0.0%)	(0.4%)	(0.0%)	(0.0%)	(0.0%)	0.0%
13.b	EED Kick Payment	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13.c	Hurricane Adjustment	(0.1%)	(0.2%)	0.0%	(0.1%)	0.0%	0.0%	0.0%
13.d	Humana Rx Adjustment	0.2%	0.2%	0.0%	0.4%	0.1%	0.0%	0.0%

Notes:

1. The percentage impact is illustrated as a percentage of the SFY 2026 benefit expenses.
2. IMD adjustment reflects the impact of removing all costs associated with long stay IMD visits for members 21 to 64.
3. EED adjustment impacts not shown due to difficulty in projecting this subset of deliveries
3. Percentage impacts illustrated at 0.0% indicate minimal change at a population level; however, these adjustments were determined to be material for at least one rate cell.

13.a. IMD adjustment

We adjusted the base data to remove all costs and member months for months in which a member aged 21 to 64 had an inpatient stay at an institution for mental disease (IMD) that exceeded 15 days in a given month (long stay IMD) that are not covered by the 1115 waiver. Figure 13 illustrates the impact of the long stay IMD adjustment. Note that Louisiana received approval for an 1115 waiver to maintain access to care for Medicaid beneficiaries in need of Opioid Use Disorder and Substance Use Disorder (OUD/SUD) services in residential facilities. This waiver allows LDH to provide services to beneficiaries residing in IMDs with more than 16 beds and primarily serves individuals with OUD/SUD diagnosis for stays longer than 15 days. Services covered by this waiver were *not* removed as part of this adjustment.

For inpatient stays at an IMD for individuals aged 21 to 64 that are less than 15 days in a given month (short stay IMD), we are required to incorporate the unit cost of “providers delivering the same services included in the State plan, as opposed to the unit costs of the IMD services.” 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.

13.b. EED kick payment adjustment

Facility and delivering physician costs for early elective deliveries (EED) are not covered under the HLA Program. MCOs receive an EED kick payment for deliveries that occur prior to 39 weeks for reasons that are not medically indicated in the Louisiana Electronic Event Registration System (LEERS) maintained by the Office of Public Health/Vital Records. Deliveries that occur prior to 39 weeks for reasons that are medically indicated in LEERS will receive the maternity kick payment.

To develop the EED kick payment capitation rates, we developed an adjustment to the standard kick payment by calculating the portion of kick payment costs that were associated with facility and delivering physician costs in the base experience. These adjustments were equal to 38.8% and 44.2% for the Non-Expansion and Medicaid Expansion maternity kick payments, respectively.

13.c. Humana Rx data adjustment

Humana entered the HLA program as an MCO on January 1, 2023 and, at the direction of LDH, did not cover prescription drugs until the single PBM was implemented on October 28, 2023. To include the Humana prescription drug claims in our rate development, we developed explicit adjustment factors to include their member’s pharmacy utilization and spend in the base data. As a result, SFY 2024 base data for the Retail Pharmacy service category increased by about \$23 million.

13.d. Hurricane adjustment

Based on a review of monthly historical data, we did not observe suppressed expenditures because of a hurricane during the base data period.

Consistent with the methodology used last year, we reviewed information from the National Oceanic and Atmospheric Administration (NOAA) that projects hurricane “return periods” for each coastal segment in the US to estimate the likelihood of a disruptive hurricane hitting a specific region. The return periods indicate the average number of years between hurricanes; alternatively, they can be used to roughly indicate the probability of a hurricane in a given year. There are five coastal segments in Louisiana, as well as one in neighboring Mississippi and one on the northeastern edge of Texas. For each of these segments, the return periods for a major hurricane (category 3-5) ranges from 20 to 34 years. However, the likelihood of a hurricane in *any* of these segments in a given year is likely higher, which we assume to be 10% to 20% depending on the correlation of hurricane probability in each segment.

We also reviewed historical data for hurricanes making landfall in this area as a category 3-5 storm. Since 2000, there have been five storms of this magnitude hitting Louisiana, plus one additional making landfall in Texas, resulting in an average of approximately 0.23 to 0.27 major storms per year.

There have also been other natural disasters causing health care delivery system disruption in Louisiana not caused by hurricanes, including the 2016 floods that caused damages exceeding \$10 billion.

Based on the data points above, we believe it is reasonable to assume a roughly 1 in 4 chance of a major natural disaster (hurricane, flood, etc.) affecting Louisiana each year that would cause similar disruption as observed with Hurricane Ida during SFY 2022.

Under this assumption, we made a downward adjustment to the base data to reflect 25% of the Hurricane Ida adjustment made to the SFY 2022 base data in the SFY 2024 HLA capitation rates. This is intended to reflect the expectation that SFY 2026 will be an “average” year in terms of hurricane prevalence. This resulted in the final adjustment removing approximately \$8 million in Gulf and \$2 million in Capital to our base data. This methodology is consistent with the SFY 2025 capitation rate development.

(d) Exclusion of payments or services from benefit expense data

Figure 14 summarizes the impact of adjustments made to the MCO base experience to reflect encounters for carved-out services, third-party liability recoveries, and fraud, waste, and abuse recoveries.

FIGURE 14: EXCLUSIONS

INDEX	OTHER DATA ADJUSTMENT	% IMPACT BY POPULATION						
		SSI	F&C	SBH	EXPANSION	OTHER	KICK - EXP	KICK – NON-EXP
14.a	In Rate Criteria	0.0%	0.0%	(27.1%)	(0.2%)	0.0%	0.0%	0.0%
14.b	Recoveries	(0.3%)	(0.4%)	(0.3%)	(0.3%)	(0.4%)	(0.5%)	(0.5%)

Notes:

1. The percentage impact is illustrated as a percentage of the SFY 2026 benefit expenses.

2. Percentage impacts illustrated at 0.0% indicate minimal change at a population level; however, these adjustments were determined to be material for at least one rate cell.

14.a. In rate criteria

HLA plans are only required to cover SBH and NEMT services for members in SBH rate cells. Based on discussions with LDH, in circumstances where members are retroactively assigned from a full benefit rate cell to an SBH rate cell, MCOs are expected to review their claims and identify the claims that are not covered by the HLA capitation rate in their newly assigned rate cell. If the MCOs have paid for services not covered in the members newly assigned rate cell, these claims should be voided by the MCO so the provider can re-bill them appropriately. In the base experience, we identified claims for members in these rate cells that fell in other service categories and excluded them from capitation rate development.

14.b. Recoveries

In the MCO survey, we requested information from each MCO about fraud, waste, and abuse (FWA) and third-party liability (TPL) recoveries. These amounts were reported separately for recoveries reflected in the encounter data (as a reduction to the paid amount on each claim) and recoveries outside of the encounter data. We adjusted the base experience downward to account for recoveries outside of the encounter data. This adjustment was applied as a uniform multiplicative factor across all regions and rate cells, separately for medical and prescription drugs.

3. Projected Benefit Cost and Trends

This section provides information on the development of projected benefit costs in the capitation rates.

A. RATE DEVELOPMENT STANDARDS

i. Final capitation rate compliance

The final capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-covered services provided by the MCOs, with the exception of approved in lieu of services (ILOS), have been excluded from the capitation rate development. MCOs utilize institutions for mental disease (IMD) as an approved ILOS.

ii. Benefit cost trend assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. In addition, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iii. In lieu of services

The projected benefit costs reflect the utilization and unit costs of ILOSs. For short stay IMDs, we are required to incorporate the unit cost of “providers delivering the same services included in the State plan, as opposed to the unit costs of the IMD services.” 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.

iv. ILOS Cost Percentages

In accordance with the State Medicaid Directors Letter published on January 4, 2023, when a managed care program includes ILOSs, with the exception of short term stays in an IMD, states must provide documentation of the projected ILOS of the projected ILOS Cost Percentage and the final ILOS Cost Percentage, as well as summary of actuarial managed care plan costs for delivering ILOSs. The projected ILOS Cost Percentage is the portion of the total capitation payments attributable to all ILOSs, excluding short term stays in an IMD, for the specific managed care program (numerator) divided by the total projected dollar amount of capitation payments specific to the Medicaid managed care program that includes the ILOS (denominator), which must include all state directed payments in accordance with 42 CFR § 438.6(c) and pass-through payments in accordance with 42 CFR § 438.6(d). The projected ILOS Cost Percentage is shown in Section 1, Subsection 3.B.v.b.

The projected ILOS Cost Percentage will be updated and documented with each applicable amendment. In addition, a separate actuarial report documenting the final ILOS Cost Percentage will be submitted to CMS no later than two years after the completion of the contract year.

v. Benefit expenses associated with members residing in an IMD

LDH allows MCOs to authorize short term IMD stays for members aged 21 to 64 as an in lieu of service under §438.6(e). We utilized benefit expenses reported by the MCOs as the base experience for the IMD base managed care experience. 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.

In addition, we excluded all costs and member months for months in which a member had a stay at an IMD of greater than 15 days in a given month. These adjustments are described and quantified in Section 1, subsection 2.B.iii(d). Note, services covered by the state's 1115 waiver were not excluded as part of this adjustment.

B. APPROPRIATE DOCUMENTATION

i. Projected benefit costs

This section provides documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of projected benefit costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries

For all populations and regions, the capitation rates were developed from historical SFY 2024 claims and enrollment data.

We used utilization and expenditures from the encounter data with runout through December 2024. We applied adjustments to true-up the expenditures to the level reported by the MCOs, to the extent these values appeared reasonable. Utilization and costs are reported by population, rate cell, region, and detailed service category. We reviewed the allocation of costs by region and rate cell relative to encounter data for each MCO. To the extent the cost allocation is not consistent between the two data sources, we evaluated the need to re-allocate utilization and expenditures reported by the MCOs.

Claims experience was summarized on a rate cell and region basis, with rate cell assignment based on SFY 2026 criteria.

The base data was described further in section 2.B.ii.

Step 2: Apply historical and other adjustments to cost summaries

As documented in a previous section, utilization and cost per service rates from the base experience period were adjusted for a number of items, including, but not limited to, non-covered services, recoveries, and policy and program changes that occurred during the base data experience period. Note, based on the MCO surveys, the vast majority of HLA provider reimbursement is based on methodologies linked to the state Medicaid fee schedule. Therefore, we apply adjustments to the MCO experience to account for LDH fee schedule changes.

Step 3: Adjust for prospective program and policy changes and trend to state fiscal year 2026

We adjusted the base experience for known policy and program changes that have occurred or are expected to be implemented between the base data experience period and the end of the SFY 2026 rate period. In a previous section, we documented these items and the adjustment factors for each covered population.

Assumed trend factors were applied for 24 months to the adjusted utilization and unit cost values, or per member per month (PMPM) values, as appropriate, from the midpoint of the base experience period (January 1, 2024) to the midpoint of the rate period (January 1, 2026).

Step 4: Adjust for managed care efficiency gains

We estimated adjustments to the base experience data to reflect the utilization and cost per unit differential between the base period and the levels targeted for the rating period managed care environment.

Managed care efficiency adjustments by major category of service were developed based on SFY 2024 utilization as reported in encounter data and the FRGTs. We estimated adjustments to the base experience data to reflect the utilization and cost per unit differential between the base period and the levels targeted for the rating period managed care environment.

Figure 15 illustrates the composite, statewide impact of managed care efficiency adjustments by population and major category of service. Note, for categories of service not listed in Figure 15, managed care efficiency adjustments were not applied.

FIGURE 15: MANAGED CARE EFFICIENCY ADJUSTMENTS COMPOSITED BY POPULATION GROUP AND MAJOR SERVICE CATEGORY

		STATEWIDE IMPACT		
ADJUSTMENT	SERVICE CATEGORY	UTILIZATION	COST PER UNIT	TOTAL
Inpatient Potentially Avoidable Admissions				
	Inpatient Hospital	(0.27%)	(0.02%)	(0.29%)
	Composite	(0.03%)	(0.00%)	(0.04%)
Inpatient Length of Stay				
	Inpatient Hospital	(1.52%)		(1.52%)
	Composite	(0.16%)		(0.16%)
Maternity Delivery Mix				
	Inpatient Hospital	(0.09%)		(0.09%)
	Outpatient Hospital	(0.03%)		(0.03%)
	Professional	(0.03%)		(0.03%)
	Composite	(0.02%)		(0.02%)
All adjustments		(0.21%)	(0.00%)	(0.21%)

Notes: 1. The percentage impact is illustrated as a percentage of the SFY 2026 benefit expenses in the applicable service category.
2. Values have been rounded. Values shown as 0.00% may have a non-zero impact to SFY 2026 benefit expenses.

Inpatient hospital length of stay

Inpatient hospital services in the HLA program are reimbursed on a per diem basis, and therefore longer lengths of stay will lead to higher expenditures. We analyzed the average length of stay by MCO, region, and MS-DRG code⁴. For each MS-DRG code, we compared the observed length of stay to benchmarks published by CMS. We then aggregated the observed and benchmark length of stay by MCO and region and calculated an actual-to-expected ratio. In order to account for improvements relative to the previous year, we maintained same the actual-to-expected ratio benchmark from the SFY 2025 capitation rate development.

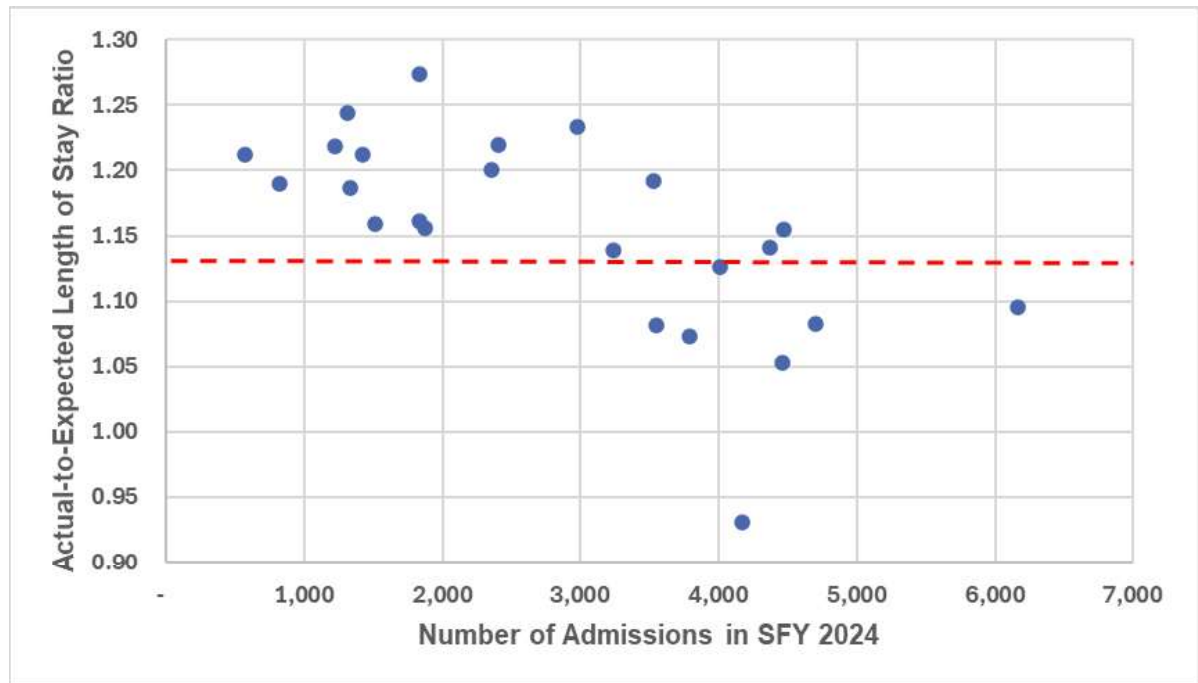
For MCO/region combinations above this benchmark, we adjusted inpatient days downward to achieve the target ratio. When applying the adjustment, we assumed the avoided days would be replaced by an equivalent number of days in a lower acuity setting, such as home health or hospice. No adjustments were applied to MCO/region combinations below the benchmark. The adjustment was applied as a multiplicative factor to the Inpatient Hospital service category, with separate factors by region.

To avoid interactions with the inpatient hospital outlier program, which is a fixed annual pool for high-cost inpatient hospital admissions for members under age 6, we excluded infant rate cells from this analysis. In addition, for other claims for members under age 6, we set the benchmark length of stay equal to the observed length of stay, effectively assuming no savings potential for these admissions. Similarly, we set the benchmark length of stay equal to the observed length of stay for COVID-related admissions to avoid interactions with the separate COVID-related adjustments described in Section 1, Subsection 1.B.x.

In Figure 16, each point represents one of the health plan/region combinations in our analysis. The position on the vertical axis represents the actual-to-expected ratio and the position on the horizontal axis represents the number of admissions included in the analysis. The dashed line indicates the target actual-to-expected ratio used to develop the adjustment factor.

⁴ MS-DRG was not directly available on the encounter data. We mapped this onto the encounter data using the MS-DRG grouper, version 38.

FIGURE 16: INPATIENT ADMISSIONS COMPARED TO ACTUAL-TO-EXPECTED LENGTH OF STAY RATIOS FOR EACH MCO/REGION COMBINATION



Inpatient hospital potentially avoidable admissions

We also developed inpatient managed care adjustments based on SFY 2024 experience to reflect higher levels of care management during the rating period relative to the base period. These managed care adjustments were developed by applying assumed reductions to potentially avoidable inpatient admissions. We analyzed the frequency of potentially avoidable admissions using the Agency for Healthcare Research and Quality (AHRQ) prevention quality indicators (PQI).

Our analysis was conducted by reducing admissions for select PQIs by 5%. In completing our analysis, we estimated inpatient hospital unit cost changes based on the utilization reductions outlined above. Unit cost changes were less than 1% for all regions and rate cells. All SBH inpatient admissions were excluded from this analysis, and hospital admissions related to COVID-19 were not considered avoidable and were not reduced in this adjustment. We have updated the definition of a readmission to reflect [CMS's January 2025 report](#) on the calculation of Plan All-Cause Readmissions (PCR) quality measure. Specifically, we are now explicitly excluding any transfers to other facilities or voluntary discharges. We are also requiring at least one day between a discharge and the subsequent admission.

Figure 17 outlines the PQIs included in our analysis.

FIGURE 17: PREVENTION QUALITY INDICATORS

PQI Number	Description
PQI #01	Diabetes short-term complications admission rate
PQI #02	Perforated appendix admission rate
PQI #03	Diabetes long-term complications admission rate
PQI #05	Chronic obstructive pulmonary disease (COPD) admission rate
PQI #07	Hypertension admission rate
PQI #08	Congestive heart failure (CHF) admission rate
PQI #10	Dehydration admission rate
PQI #11	Bacterial pneumonia admission rate
PQI #12	Urinary tract infection admission rate
PQI #13	Angina without procedure admission rate
PQI #14	Uncontrolled diabetes admission rate
PQI #15	Adult asthma admission rate
PQI #16	Rate of lower-extremity amputation among patients with diabetes

Maternity delivery mix

We reviewed the mix of vaginal and cesarean section deliveries by MCO to determine appropriate efficiency adjustments for kick payments. Delivery managed care efficiency adjustments were developed by analyzing the percent of cesarean and vaginal deliveries by MCO and region in the SFY 2024 base period. Similar to the Inpatient Length of Stay analysis, we maintained the same target delivery mix from the SFY 2025 capitation rate development to capture improvements in efficiency relative to the previous year.

This target mix was 69.4% vaginal / 30.6% cesarean. For MCO/region combinations above this benchmark, managed care savings were estimated by evaluating the maternity cost difference between cesarean and vaginal deliveries, then re-calculating the average maternity cost at the target mix. No adjustments were applied to MCO/region combinations already below the target. No adjustment was made to the total number of deliveries.

Provider contracting

Based on a comparison of payment amounts in the SFY 2024 encounter data to internally repriced encounters according to the published LDH FFS fee schedules, we determined that MCO reimbursement levels were not materially different from the LDH FFS fee schedules. After discussions with LDH, we determined that a managed care efficiency adjustment related to provider contracting was not necessary for the SFY 2026 rating period.

Emergency room

We reviewed the encounter data to evaluate the need for a managed care efficiency adjustment related to emergency department utilization. We determined that emergency room utilization in the base period was materially below pre-COVID levels and has not increased materially since SFY 2022. It is likely that both potentially avoidable and clinically appropriate emergency room visits have been avoided to a greater degree during the base period. Based on this review, we did not apply a managed care efficiency adjustment to emergency room services.

Prescription drugs

We have accounted for anticipated changes in prescription drug behavior patterns relative to the base experience period through various pharmacy adjustment and pharmacy trend assumptions, and therefore we have not applied a separate managed care efficiency adjustment to prescription drugs.

Step 5: Acuity adjustments

The COVID-19 pandemic has driven significant changes in Medicaid enrollment since CY 2020 as a result of the pause in redeterminations and newly-eligible persons entering the Medicaid program. We reviewed potential acuity changes from the SFY 2023 experience period through the SFY 2025 rating period. Even though we considered emerging experience, there is uncertainty related to the unwinding process. The redeterminations started in May 2023 with the first disenrollment occurring July 2023. The redetermination process was completed over 12 months with the last disenrollment occurring June 1, 2024. We have applied acuity adjustments related to COVID-19, as discussed in Section 1. The remainder of this subsection describes other acuity adjustments unrelated to COVID-19.

Act 421 children acuity and coverage adjustments

Act 421 CMO expanded Medicaid eligibility effective January 1, 2022, to certain children with disabilities, even if their parents earn too much money to qualify for Medicaid. These children are broken into nine rate cells based on age and third-party insurance coverage status. The base experience period included roughly 1,000 member months for all rate cells combined, excluding the Non-TPL Child 1-18 years and Non-LaHIPP TPL Child 1-18 years rate cells. Besides these two rate cells, we determined it would be inappropriate to rely on the base experience. Instead, we have used proxy rate cells from the SSI population to establish the capitation rates for the Act 421 children, with further adjustments to reflect differences in acuity, covered services, and third-party insurance coverage. Experience for the Non-TPL Child 1-18 years and Non-LaHIPP TPL Child 1-18 years rate cells had sufficient credibility on a statewide basis, but was not credible on a regional basis. As a result, statewide rates were used for these two rate cells.

- To develop the acuity adjustment, we compared prospective CDPS+Rx risk scores for the December 2024 enrollees in the Act 421 rate cell to the December 2024 enrollees in the comparable proxy population. We included medical and prescription drug claims incurred in SFY 2024 and used CDPS+Rx version 7.2 with standard weights for this adjustment.
 - Because risk scores are not reliable for newborns, we set the acuity adjustment for the 0-2 month rate cells equal to the acuity adjustment for the 3-11 month rate cells.
 - There were no members enrolled in the Act 421 LaHIPP TPL rate cells as of December 2024. We applied the Act 421 Non-LaHIPP TPL acuity adjustments to the Act 421 LaHIPP TPL infant rate cells. We used the actual cost experience for the Act 421 Non-TPL rate cell compared to the SSI Child 1-18 rate cell to determine an acuity adjustment for the Act 421 LaHIPP Child 1-18 years rate cell.
- For rate cells with TPL coverage, we also applied an adjustment to account for the portion of expenditures that are expected to be covered by the third-party insurer. To estimate the impact of the TPL coverage, we compared the risk-adjusted costs during CY 2024 between the Non-LaHIPP TPL and Non-TPL rate cells. The residual difference was assumed to be related to the TPL coverage.
- For the LaHIPP TPL rate cells, we also applied an adjustment to exclude services not covered under the SBH program. These adjustment factors were based on the percentage of expenditures in the projected benefit expenses for the proxy populations that were for services not covered under the PH program. We have assumed a TPL adjustment of 1.000 for the LaHIPP TPL rate cells under the assumption that the remaining services covered for these populations will not receive any TPL coverage.

Figure 18 below summarizes the adjustments for each Act 421 rate cell.

FIGURE 18: ACT 421 ADJUSTMENT FACTORS, BY RATE CELL

RATE CELL	PROXY RATE CELL	ACUITY ADJUSTMENT	TPL ADJUSTMENT	SBH ADJUSTMENT	FINAL ADJUSTMENT APPLIED
Act 421 - LaHIPP TPL - 0-2 Months	SSI 0-2 Months	0.3974	1.0000	0.0004	0.0002
Act 421 - LaHIPP TPL - 3-11 Months	SSI 3-11 Months	0.3974	1.0000	0.0051	0.0020
Act 421 - LaHIPP TPL - Child 1-18 Years	SSI Child 1-20 Years	1.0472	1.0000	0.2427	0.2542
Act 421 - Non-LaHIPP TPL - 0-2 Months	SSI 0-2 Months	0.3974	0.3617	1.0000	0.1437
Act 421 - Non-LaHIPP TPL - 3-11 Months	SSI 3-11 Months	0.3974	0.3617	1.0000	0.1437
Act 421 - Non-TPL - 0-2 Months	SSI 0-2 Months	0.4684	1.0000	1.0000	0.4684
Act 421 - Non-TPL - 3-11 Months	SSI 3-11 Months	0.4684	1.0000	1.0000	0.4684

Notes: SBH adjustment values in table represent statewide aggregate impact. This adjustment was applied at the service category level at the end of our capitation rate development, and therefore the impact will vary slightly by region.

(b) Material changes to the data, assumptions, and methodologies

Material changes to the data and methodologies for this rate development in comparison to the prior rate development include:

- Incorporating enrollment and acuity adjustments to reflect expected enrollment shifts in line with the state's planned PHE unwinding due to the resumption of Medicaid redeterminations.

All material assumptions are documented in this rate certification report.

Overpayments to providers

We are not aware of any overpayments to providers reflected in the base experience period. Outpatient hospital claims are cost settled after the end of each year, which may result in the base encounter data reflecting higher or lower expenditures than the final cost settlements for certain hospital/MCO combinations.

However, we have accounted for these differences by including the settlements as part of our outpatient hospital reimbursement adjustment, as described in Section 2, subsection 2.B.iii.(d).

iii. Projected benefit cost trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period to the rating period of this certification. We evaluated prospective trend rates using base and emerging experience, as well as external data sources. Note, trend rates do not reflect any changes in population acuity or delivery system utilization changes resulting from the COVID-19 pandemic.

(a) Required elements

(i) Data

We analyzed January 2020 through December 2024 non-pharmacy expenditure data from the encounter data to develop estimated prospective trend rates. For pharmacy, we analyzed expenditure data from January 2020 through February 2025 from the encounter data to develop estimated prospective trend rates. In addition, we evaluated observed trend rates against external data sources to determine the trend assumptions that would be applied to the base experience data. We referenced the Medicaid Pharmacy Trend Report™ 2024 Ninth Edition by Magellan Rx Management⁵. We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

Non-pharmacy utilization trends

To evaluate prospective non-pharmacy trend, we primarily focused on a mix of long-term and emerging trends, including data between January 2020 and December 2024. Prior to evaluation, encounter claims were adjusted for completion, program changes, fee schedule increases, and changes in population acuity. We then stratified encounter claims experience by population and summarized by trend category of service. Trends were evaluated and applied on a statewide basis.

The resulting utilization per 1,000 and PMPM data points were compared to historical experience and internal sources from other managed care programs. Based on our review, we believe that during the SFY 2024 base period, utilization in all categories were not impacted by COVID-19.

Non-pharmacy unit cost trends

Unit cost trends were applied for certain outpatient hospital services that are reimbursed using a cost settlement percentage. However, these trends were incorporated as part of the outpatient hospital reimbursement program change, discussed in Section 1, subsection 2.B.iii.(d). All other changes in reimbursement are accounted for through program changes related to fee schedule changes. Therefore, no unit cost changes are incorporated as part of the trend component of our capitation rate development.

Pharmacy trends

Pharmacy trends were developed by the following populations: Infant, F&C - Child, Foster Care Children, F&C - Adult, Medicaid Expansion, Specialized Behavioral Health, SSI – Child, and SSI - Adult.

To evaluate prospective pharmacy utilization trend, we summarized historical scripts by population, brand/generic, and age group on a monthly basis. The data was normalized for changes in population acuity and known program changes, such as changes to the preferred drug list.

To account for changes in underlying utilization patterns, we reviewed emerging data through February 2025. Rolling 12-month, 9-month, 6-month, and 3-month trends were calculated to identify changes in the underlying patterns over time. We applied the composite annualized utilization trend rates from the midpoint of the adjusted base period to the midpoint of the rating period.

⁵ <https://issuu.com/primetherapeutics/docs/2024-medicaid-pharmacy-trend-report?fr=sYT10Nzc5NDY1NDA>

To evaluate prospective pharmacy unit cost trend, we evaluated emerging experience from July 2024 through February 2025 by therapeutic class.

We reviewed the combined impact of the utilization and unit cost trends to ensure they aligned with expected pharmacy costs PMPM during the projection period. The estimated pharmacy trends account for price changes on existing products and dispensing fees, expansion of clinical indications for existing products, new pipeline products entering the market, provider prescribing practices, and patient behavior up through the rating period. We did not make any adjustments for upcoming brand drug patent expirations through the rating period because the single PDL will not necessarily designate the new generic alternatives as preferred. Changes to the single PDL were evaluated separately and a program change adjustment was made as discussed in Section I.2.B.iii.(d).

High-cost drug risk pool

In SFY 2026, LDH will continue to operate a high-cost drug risk pool, which is described further in Section 1, Subsection 4.C. The estimated costs for drugs in this pool were developed separately from the pharmacy trend assumptions. Based on a review of members potentially eligible for these treatments, we projected total costs associated with these drugs in SFY 2026. To avoid double-counting in the overall capitation rate development, we removed high-cost claims from the base data and added the full value of expected costs in SFY 2026. A summary of PMPM by region and rate cell of the base claims that were removed, dampening adjustment for Rx trend, and the pool funding are shown in Appendix 7. The total impact of these components is shown in Appendix 2.

(iii) Comparisons

Historical trends should not be used in a simple, formulaic manner to determine future trends; a great deal of actuarial judgment is also needed.

We referred to the sources listed in the prior section as well as considered changing practice patterns and the impact of reimbursement changes on utilization in the managed care populations.

Explicit adjustments were made outside of trend to reflect all recent or planned changes in benefits and reimbursement from the base experience period to the rating period.

For this capitation rate development, we did not review the overall trend assumptions by population relative to CMS Office of the Actuary projections because they would include impacts related to the COVID-19 pandemic.

(iv) Documentation of Trends

Documentation supporting the chosen trend selections is provided in Section I, subsection 3.B.iii.(b) below. There were no outlier or negative trends selected for the HLA program.

(b) Required elements

Figure 19 illustrates the utilization component of the trend rate assumptions by population and category of service for non-pharmacy services from the base experience period to the rating period for all regions.

As directed by CMS in its rate setting guide, utilization trend assumptions also account for estimated future changes in the mix or intensity of services. The trend assumptions reflect projected utilization changes in the absence of managed care efficiency gains. Note, the trend values in Figure 19 reflect the average annualized trend rates.

FIGURE 19: ANNUALIZED UTILIZATION TREND ASSUMPTIONS, ALL REGIONS

TREND GROUP	ANCILLARY	INPATIENT HOSPITAL	OUTPATIENT OTHER	PROFESSIONAL	EMERGENCY ROOM	SBH OTHER	SBH INPATIENT
Expansion	5.0%	5.0%	4.0%	3.5%	0.0%	5.0%	4.0%
F&C - Adult	4.0%	4.0%	2.5%	4.0%	0.0%	3.5%	0.0%
F&C - Child	4.0%	0.5%	0.5%	3.5%	0.0%	3.5%	3.0%
F&C - Infant	2.0%	4.0%	2.5%	2.0%	0.0%	3.0%	0.0%
Foster Care	6.0%	0.0%	2.0%	4.0%	0.0%	1.0%	6.0%
SSI - Adult	3.0%	1.5%	3.5%	3.5%	0.0%	2.0%	1.5%
SSI - Child	3.0%	0.5%	2.0%	1.5%	0.0%	2.0%	3.0%
SSI - Infant	2.0%	0.0%	0.0%	1.0%	0.0%	3.5%	0.0%
SBH	4.0%	0.0%	0.0%	0.0%	0.0%	4.0%	2.0%
Other Populations	2.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%

Figure 20 illustrates the pharmacy unit cost and utilization trend rate assumptions by population rate group. Pharmacy trend rates were developed consistently across all regions. Note, the pharmacy trend assumptions illustrated in Figure 20 reflect the annualized trend from the base period to the rating period.

FIGURE 20: ANNUALIZED PHARMACY TREND ASSUMPTIONS

TREND GROUP	UTILIZATION	COST PER UNIT	COMPOSITE
Expansion	0.0%	7.0%	7.0%
F&C - Adult	0.0%	7.0%	7.0%
F&C - Child	0.5%	10.0%	10.5%
F&C - Infant	1.0%	7.0%	8.0%
Foster Care	3.5%	9.0%	13.0%
SSI - Adult	0.5%	8.5%	9.0%
SSI - Child	0.5%	10.5%	11.0%
SSI - Infant	1.0%	7.0%	8.0%
Other Populations	0.0%	8.5%	8.5%
SBH	0.0%	0.0%	0.0%

*Pharmacy trends were rounded to the 0.5%

(c) Variation

We developed trends by population rate group and major category of service as outlined in the prior subsection of this report. The estimated trend rates reflect variation due to mix of services and the case-mix for each population. We did not observe significant variation within a credible population and have made no further delineations in the application of trend rates other than those outlined herein. The trend rate assumptions outlined in the previous section were applied to all populations accordingly.

(d) Material adjustments

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not explicitly rely on the historical experience-based trend projections due to anomalies observed in the data as well as impact from managed care expansion.

We referred to the sources listed in the prior section, considered changing practice patterns, the impact of reimbursement changes on utilization in the Medicaid managed care populations, and shifting population mix.

We made adjustments to the non-pharmacy trend rates derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources. For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the methodologies identified to develop prospective trend.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect impacts related to managed care efficiencies for utilization or unit cost. The capitation rates have separate, explicit adjustments for the managed care efficiencies.

As stated in our illustration of overall estimated benefit expense trends by population, we made an explicit adjustment for estimated managed care efficiency changes within the managed care population.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

iv. Mental Health Parity and Addiction Equity Act Service Adjustment

LDH assessed the State's compliance with the parity standards of the Mental Health Parity and Addiction Equity Act (MHPAEA) as required by 42 CFR 438.3(c)(1)(ii). Results of the analysis indicate compliance with MHPAEA for both quantitative and non-quantitative treatment limits. Accordingly, we have not made any rating adjustments to accommodate parity compliance.

v. 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 21. 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 21: 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 0.02% 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.

vi. Retrospective Eligibility Periods

(a) MCO responsibility

During the base period, MCOs were responsible for periods of retroactive eligibility of up to 12 months. MCO requirements for the rating period are consistent with the base period and continue to be responsible for periods of retroactive eligibility.

(b) Claims treatment

As noted earlier, claims for retrospective eligibility periods are reflected in the MCO base data.

(c) Enrollment treatment

Enrollment is treated consistently with claims.

(d) Adjustments

It was not necessary to make any adjustments to the MCO base data for retroactive eligibility.

vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the SFY 2025 rating period.

(a) Change to covered benefits

Material changes to covered benefits have been described in program adjustments described in Section I, subsection 2.B.iii Program Change Adjustments.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the MCOs in the MCO survey and FRGTs and an adjustment factor was applied to reflect any such recoveries.

(c) Change to payment requirements

Material changes to required provider payments have been described in program adjustments in Section I, subsection 2.B.iii Program Change Adjustments.

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of Material Changes

Material changes to covered benefits and provider payments have been described in program adjustments described in Section I, subsection 2.B.iii Program Change Adjustments. This information includes the data, assumptions, and methodology used in developing the adjustment, estimated impact by population, and aggregate impact on the managed care program's benefit expense. Non-material changes to covered benefits or provider payments have also been described in that section of the report.

4. Special Contract Provisions Related to Payment

A. INCENTIVE ARRANGEMENTS

i. Rate development standards

This section provides documentation of the incentive payment structure in the Medicaid managed care program.

ii. Appropriate documentation

(a) Managed Care Incentive Program (MCIP)

Since February 2018, MCOs have been able to earn up to 5.0% above the approved capitation payment attributable to enrollees or services covered by the incentive arrangements implemented by LDH. These incentives will support the activities, targets, performance measures, or quality-based outcomes specified in LDH's quality strategy.

(i) Time period

The incentive arrangement is operated on a calendar year basis but is effective for the entirety of SFY 2026, consistent with the rating period.

(ii) Covered enrollees, services, and providers

The incentive arrangement covers enrollees in the HLA program.

(iii) Purpose

The purpose of the incentive is to improve the quality of care provided to HLA enrollees.

(iv) Payments will not exceed 105 percent

LDH will evaluate total capitation payments after the state fiscal year and ensure that the total incentive payments does not exceed 105 percent of the total capitation payments during the state fiscal year.

(v) Effect on capitation rates

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

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 is operated on a calendar year basis but is effective for the entirety of SFY 2026, consistent with the rating period.

(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

The withheld percentage will be 2.0% of the capitation rate (i.e., excluding directed payments) for SFY 2026 for all rate cells except maternity kick payments.

Quality and health outcomes will account for 1.0% of the withhold, value-based payments (VBP) will account for 0.5% of the withhold, and health equity measures will account for 0.5% of the withhold.

(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**

To assess the overall reasonableness of the withhold metrics, we evaluated the three components of the withhold arrangement separately for reasonableness:

Quality measures (1%). MCOs may earn back the quality withhold for the measurement year based on its performance on incentive-based measures relative to targets as established by LDH. LDH aligns HEDIS benchmarks to the NCQA Quality Compass Medicaid National 50th percentile. Targets for non-HEDIS incentive-based measures (or HEDIS measures without an NCQA Quality Compass standard) are 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 target for that measure or improve by at least two points from the prior measurement year. Based on LDH using the national 50th percentile, the best MCO performance value in the prior measurement period, and also allowing the full amount of the withhold to be returned based on a two-percentage point improvement, we believe it is reasonably achievable for an MCO to receive the full 1% related to the quality measure withhold.

Value-based payments (0.5%). The VBP requirements include the MCOs establishing a minimum VBP threshold for the total percentage of provider reimbursement linked to a VBP model, at least one new network provider agreement for a VBP model, and submission of an annual report to LDH demonstrating how the MCO is progressing on its VBP model. Based on discussions with LDH, it was determined that these measures can be reasonably achieved by the MCOs during the rating period.

Health equity measure (0.5%). The health equity measures are process oriented and include, but are not limited to, the following measures: developing a multi-year Health Equity Plan, stratification of quality measures to identify/address disparities, staff/provider training requirements related to equity, the inclusion of social needs / equity questions in member Health Needs Assessments, and reporting requirements. We do not believe any of these process requirements impose unreasonable requirements on the MCOs.

(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.

C. RISK SHARING MECHANISMS

i. **Rate development standards**

This section provides documentation of the risk-sharing mechanisms in the Medicaid managed care program.

ii. **Appropriate documentation**

(a) **Description of the risk-sharing mechanism**

LDH has two risk-sharing mechanisms that will apply in SFY 2026: a Hepatitis C risk corridor and high-cost drug risk pool.

Hepatitis C risk corridor

Since implementation of LDH's Hepatitis C Subscription Model on July 1, 2019, LDH has maintained a risk corridor for Hepatitis C-related pharmacy, physician, and laboratory costs.

Under the risk corridor, if the actual costs related to these services during the contract year deviate from the amount assumed in the capitation rate development by more than 1.0%, there will be a transfer to or from the MCOs for 99.0% of the difference between actual and assumed costs. Additional detail on the development of the funding for the Hepatitis C risk corridor can be found in Appendix 10.

High-cost drug risk pool

In SFY 2026, the drug risk pool was expanded to include FDA approved treatments meeting the following criteria. The individual drugs are not included in the rate certification because drugs meeting these criteria might be approved by the FDA during the rating period and added to the high-cost drug risk pool at LDH's discretion.

- FDA approved therapy
- Labeler participated in the Federal Rebate Program
- Estimated treatment cost of at least \$1 million on a wholesale acquisition cost basis

The risk pool is funded separately for each of several applicable rate cells based on the projected utilization and cost per service of the drugs expected to meet the high-cost drug risk pool criteria. These projections are included in the capitation rate certification. After the rating year is complete, the risk pool funding through the capitation rates is determined for each of the MCOs based on their share of the members in the applicable rate cells. The funding for the risk pool in SFY 2026 is expected to be approximately \$50 million. Their share of the funding is then compared to the MCO's actual share of high-cost drug utilization during the rating period. Based on a comparison of each MCO's share of funding through the capitation rates to their share of actual utilization, transfer payments will be made to/(from) the MCO in line with their shortfall/(excess) in the funding received through the capitation rates. All HLA members are included in the high-cost drug risk pool and transfer payments are calculated based on the aggregate MCO experience rather than experience at the rate cell level. A summary of PMPM by region and rate cell of the base claims that were removed, dampening adjustment for Rx trend, and the pool funding are shown in Appendix 7. The total impact of these components is shown in Appendix 2.

To be counted toward the risk pool reconciliation, claims must have a valid National Drug Code (NDC) identifier corresponding to one of the drugs in the pool. Drugs delivered in an inpatient setting must be billed on a separate claim identifying the cost of the drug treatment (separately from any hospital per diem reimbursement) and must contain a valid NDC. Claims to be included in the risk pool must adhere to all standard LDH coverage and billing requirements. The risk pool is also limited to claims specifically for the delivery of the high-cost drug and does not include any other services that may be required as part of the course of treatment.

(b) Medical loss ratio

Description

LDH required all MCOs participating in the HLA managed care program to maintain a minimum medical loss ratio (MLR) of 85%, separately for the Medicaid Expansion and all other populations combined. For each of the two MLR calculations, the MLR is defined as the ratio of the numerator, as defined in accordance with 42 CFR 438.8(e), to the denominator, as defined in accordance with 42 CFR 438.8(f), plus a credibility adjustment, as defined in accordance with 42 CFR 438.8(h). These items will be accrued on an incurred year basis for the MLR calculation.

Financial consequences

If an MCO does not meet the minimum MLR threshold, then LDH will recoup the capitation revenue that represents the difference between the total capitation revenue for the applicable population multiplied by the minimum medical loss ratio, less actual benefit expenses incurred.

(c) Reinsurance requirements and effect on capitation rates

LDH does not require that MCOs participating in the Medicaid managed care program maintain a specific stop-loss reinsurance policy. Reinsurance premiums and recoveries have not been reflected in the rate development.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

i. Rate development standards

This section provides information on directed payments for certain providers which are pertinent to the SFY 2026 capitation rates.

(a) Description of Managed Care Plan Requirement

Since July 1, 2022, LDH has paid hospitals a uniform percentage increase directed payment for both inpatient and outpatient services. There are several classes of hospitals, each with a separate percentage increase. These payments are incorporated into the capitation rates as separate payment term. In SFY 2026, there are three separate hospital preprints: long-term acute care, psychiatric, and rehabilitation (LPR) hospitals; rural acute hospitals; and non-rural acute hospitals.

Effective July 1, 2025, payments formerly made as Full Medicaid Pricing (FMP) for hospital-based physician services provided at participating facilities by participating physicians will be made through a state directed payment, administered as a separate payment term. The pool of providers has also been expanded to include all physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists with at least \$10,000 of Medicaid payments during SFY 2024. Payments will be determined to bring Medicaid reimbursement for these services up to a level consistent with rates paid by commercial payers for the same service.

Since January 1, 2024, MCOs have paid qualifying NEMT providers add-on payments based on the number of vehicles in use each month.

Since January 1, 2024, MCOs have paid qualifying home health providers recruitment and retention add-on payments.

All directed payments described in this rate certification are consistent with LDH descriptions of the 438.6(c) preprints that have been submitted to CMS, if required. For minimum fee schedules, CMS does not require preprints if the fee schedules are consistent with approved State Plan rates.

(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-preints that have been submitted to CMS.

(c) Contract arrangements with MCOs

All contract arrangements that direct MCO'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

Hospital directed payments

The payments for the three hospital directed payment initiatives are made on a retrospective basis to the managed care health plans.

Physician directed payments

The payments for the physician directed payment are made on a retrospective basis to the managed care health plans.

Non-emergency transportation directed payments

The payments for the NEMT directed payment are made on a retrospective basis to the managed care health plans.

Home health directed payments

The payments for the home health directed payment are made on a retrospective basis to the managed care health plans.

Minimum fee schedules

The minimum fee schedule directed payments are incorporated into the capitation rates through the program change adjustments or managed care efficiencies, described in Section 1, subsection 2.B.iii.d . MCOs will be required to contract with providers at no less than the approved State Plan rates for these services. The contracting managed care efficiency reprises the base claims to the appropriate fee schedule in effect when the service was rendered. Any changes subsequent changes to the fee schedules are reflected in the program change adjustments.

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

Documentation related to the separate payment term is addressed in Section I, Item 4.D.ii.a.iii.

(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 3.

(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 by region and rate cell 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 22 below.

FIGURE 22: SUMMARY OF DIRECTED PAYMENTS 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?
LA_Fee_IPH.OPH2_New_20250701-20260630	Add-on based on utilization	Add-on paid to rural acute hospitals based on utilization of inpatient and outpatient services	Separate payment term
LA_Fee_IPH.OPH_Renewal_20250701-20260630	Add-on based on utilization	Add-on paid to non-rural acute hospitals based on utilization of inpatient and outpatient services	Separate payment term
LA_Fee_IPH.OPH1_Renewal_20240701-20250630	Add-on based on utilization	Add-on paid to non-acute hospitals based on utilization of inpatient and outpatient services	Separate payment term
LA_Fee_AMC.PC.SP_Renewal_20250701-20260630	Add-on based on utilization	Add-on paid to physicians and mid-level providers	Separate payment term
LA_Fee_Oth1_Renewal_20250701-20260630	Add-on based on utilization	Add-on paid to NEMT providers based on the number of vehicles in use each month	Separate payment term
LA_Fee_HCBS2_Renewal_20250701-20260630	Add-on based on utilization	Add-on paid to home health providers based on the number of nurses providing services to enrollees under the age of 21	Separate payment term
Minimum fee schedules ¹	Minimum fee schedule	List of applicable services provided below	Rate adjustment

Notes:

1. LDH is not required to submit pre-prints for minimum fee schedules on an annual basis and therefore we do not have a current control name for these directed payments.

Separate payment term directed payments were established for the SFY 2026 rating period:

▪ **Rural Acute Hospital (LA_Fee_IPH.OPH2_New_20250701-20260630)**

The rural acute hospital directed payment is established as a uniform percentage increase for inpatient and outpatient hospital services provided by rural acute care providers. The estimated total payment was developed by calculating a uniform percent rate increase separately for inpatient and outpatient hospital services, which equates to 100% of the average commercial rate (ACR).

▪ **Non-Rural Acute Hospital (LA_Fee_IPH.OPH_Renewal_20250701-20260630)**

The non-rural acute hospital directed payment is established as a combination of a value-based payment and uniform percentage increase for inpatient and outpatient hospital services provided by non-rural acute care providers. The estimated total payment was developed based on grouping eligible providers into three classes (hospital service districts, children's hospitals, and other non-rural hospitals).

Providers in each class receive a percentage increase intended to target a specific percentage of Medicare reimbursement. The percentage of Medicare target is the same for all hospitals within a class; however, due to differences in base rates and Medicare rates by hospital, the percentage increase required for each hospital varies. The percentage of Medicare targets were established to equate a specific percentage of ACR for each class (generally between 95% and 100%).

- **LPR Hospital (LA_Fee_IPH.OPH1_Renewal_20240701-20250630)**

The Non-Acute (LPR) Hospital Directed Payment is established as a uniform percentage increase for inpatient and outpatient hospital services for long-term acute care, psychiatric, and rehabilitation providers. The estimated total payment was developed based on grouping eligible providers into the three separate classes with uniform percentage rate increases calculated separately for each class to target 95% of an average commercial rate (ACR).

- **Physician (LA_Fee_AMC.PC.SP_Renewal_20250701-20260630)**

The physician directed payment is established as a uniform percentage increase for all physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists with at least \$10,000 of Medicaid payments in SFY 2024. Providers are grouped into six classes, each with a separate uniform percentage increase. The uniform percentages were established to target 100% of the ACR for classes 1 through 5 and approximately 85% for Class 6.

- **NEMT (LA_Fee_Oth1_Renewal_20250701-20260630)**

The NEMT providers will be eligible for a bonus payment of \$500 per month for each vehicle that was in use for the previous month, with a maximum of \$1,500 per provider per month.

- **Home Health (LA_Fee_HCBS2_Renewal_20250701-20260630)**

The home health providers will be eligible for a bonus payment of up to \$200 per month for each nurse providing a minimum of 120 hours a month to enrollees under the age of 21. Additionally, new or existing nurses may be eligible to receive a one-time bonus payment of \$5,000 dollars.

MCOs are required to contract at or above the State Plan fee schedule for the following services:

- Pharmacy prescriptions through the single PBM
- Services provided by Indian Health Service providers
- Services provided by an FQHC or RHC
- Outpatient hospital and other cost-based services
- Ground and air ambulance
- NEMT

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

State directed payments incorporated in the capitation rates as a rate adjustment are listed in Figure 23 below, with more description following the table.

FIGURE 23: DIRECTED PAYMENTS INCORPORATED AS RATE ADJUSTMENTS

CONTROL NAME OF THE STATE DIRECTED PAYMENT	RATE CELLS AFFECTED	IMPACT	DESCRIPTION OF THE ADJUSTMENT	CONFIRMATION THE RATES ARE CONSISTENT WITH PREPRINT	ADDITIONAL INFORMATION OR MAXIMUM FEE SCHEDULES
Minimum fee schedules	All	Included in base experience	Included in base experience	N/A	N/A

The minimum fee schedule directed payments are incorporated into the capitation rates through the program change adjustments or managed care efficiencies, described in Section 1, subsection 2.B.iii.d . MCOs will be required to contract with providers at no less than the approved state plan rates for these services. The contracting managed care efficiency reprises the base claims to the appropriate fee schedule in effect when the service was rendered. Any changes subsequent changes to the fee schedules are reflected in the program change adjustments.

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

State directed payments incorporated in the capitation rates as a separate payment term are listed in Figure 24 below, with more description following the table.

FIGURE 24: DIRECTED PAYMENTS INCORPORATED AS SEPARATE PAYMENT TERMS

CONTROL NAME OF THE STATE DIRECTED PAYMENT	AGGREGATE AMOUNT INCLUDED IN THE CERTIFICATION ¹	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
LA_Fee_IPH.OPH2_New_20250701-20260630	\$ 314.8 million	Yes	\$17.69	Yes	Yes
LA_Fee_IPH.OPH_Renewal_20250701-20260630	\$ 3,832.3 million	Yes	\$215.39	Yes	Yes
LA_Fee_IPH.OPH1_Renewal_20240701-20250630	\$ 61.5 million	Yes	\$3.45	Yes	Yes
LA_Fee_AMC.PC.SP_Renewal_20250701-20260630	\$ 1,181.7 million	Yes	\$66.42	Yes	Yes
LA_Fee_Oth1_Renewal_20250701-20260630	\$ 2.8 million	Yes	\$0.16	Yes	Yes
LA_Fee_HCBS2_Renewal_20250701-20260630	\$ 3.3 million	Yes	\$0.19	Yes	Yes

Note:

1. Values shown are net of premium tax.

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 rural acute hospital directed payment include in-state, rural providers of inpatient and outpatient hospital services licensed and enrolled in Medicaid on or before December 31, 2024, excluding freestanding psychiatric hospitals, freestanding rehabilitation hospitals, and long-term acute care hospitals.

Providers who are part of the non-rural acute hospital directed payment include in-state, non-rural providers of inpatient and outpatient hospital services licensed and enrolled in Medicaid on or before December 31, 2024, excluding freestanding psychiatric hospitals, freestanding rehabilitation hospitals, and long-term acute care hospitals.

The non-acute directed payment includes in-state hospital providers of long-term acute care, psychiatric services, and rehabilitation services for both inpatient and outpatient hospital services licensed and enrolled in Medicaid on or before December 31, 2024. Notwithstanding the foregoing, all public state-operated hospitals and freestanding psychiatric hospitals participating in DSH are not included in the psychiatric provider class and are excluded from participating in the state directed payment program.

Providers who are part of the physician directed payment include physicians, physician assistants, certified nurse practitioners, and certified nurse anesthetists. Providers with less than \$10,000 of Medicaid payments in SFY 2024 are excluded.

Providers who are part of the NEMT directed payment include NEMT providers as defined in the LDH state plan.

Providers who are part of the home health directed payment include pediatric home health nurses and home health agencies.

Distribution methodology

For all hospital directed payments, MCO encounter data will be used to directly link payments to utilization of inpatient and outpatient services for MCO enrollees. Once the encounter submitted by the MCOs is accepted, LDH will calculate the hospital's payment increase. The uniform percentage add-on will differ for inpatient and outpatient services. Payments will be made on an interim basis based on CY 2023 utilization, with a reconciliation after the conclusion of SFY 2026 to adjust payments to align with actual utilization during SFY 2026. Uniform scaling factors will be applied to ensure the total pool size is consistent with the preprint. The development of the payment increases is described in Section I, Item 4.D.ii(a)(i).

For the physician directed payments, MCO encounter data will be used to directly link payments to utilization of professional services for MCO enrollees. Once the encounter submitted by the MCOs is accepted, LDH will calculate the hospital's payment increase. Payments will be made on a quarterly basis based on utilization in the preceding quarter. The development of the payment increases is described in Section I, Item 4.D.ii(a)(i).

The NEMT providers will be eligible for a bonus payment of \$500 per month for each vehicle that was in use for the previous month, with a maximum of \$1,500 per provider per month. NEMT providers will invoice MCOs on a quarterly basis, and LDH will pay each MCO an add-on payment equal to the amount invoiced by providers, plus a quarterly administrative fee for the MCOs, which totals approximately 5% of expected payments for the administrative entity.

The home health providers will receive recruitment and retention bonus payments as follows:

- Up to \$200 a month for each nurse that provides 120 hours of home health service to enrollees under the age of 21.
- A one-time payment of \$5,000 dollars to a new nurse that commits to providing 120 hours of home health services to enrollees under the age of 21.
- A one-time payment of \$5,000 dollars to existing nurses that provided 120 hours of home health services to enrollees under the age of 21 in the month previous to the start of the recruitment and retention payments.

The State will monitor the MCOs to ensure no nurse receives more than one lump-sum payment.

Estimated PMPM payout by rate cell

The estimated PMPM payout by population, rate cell, and region 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.

E. PASS-THROUGH PAYMENTS

i. Rate development standards

There are no pass-through payments applicable to the HLA program in SFY 2026.

5. Projected Non-Benefit Costs

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit cost component of the capitation rates includes reasonable, appropriate, and attainable expenses related to MCO operation of the Medicaid managed care program.

The remainder of Section I, item 5, provides documentation of the data, assumptions, and methodology that we utilized to develop the non-benefit cost component of the capitation rates.

ii. PMPM versus percentage

The non-benefit cost was developed as a percentage of the capitation rates.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

Data

The SFY 2026 MCO Survey contained reported administrative costs by MCO and population for SFY 2024. This was the primary data source used in the development of the SFY 2024 non-benefit costs. Non-benefit costs were established for each population as a percentage of the capitation rates (excluding directed payments).

In addition, we reviewed average costs from the financial statements of Medicaid health plans nationally, as summarized by [Palmer, Pettit, McCulla, and Kinnick](#)⁶. We primarily utilized the summarized financial results for CY 2023 and 2024. The Milliman report with the 2024 results has not been published, but financial results are available and were used as part of our review.

Assumptions and methodology

In developing the non-benefit costs, we reviewed historical MCO administrative and healthcare quality improvement (HCQI) expenses for the Medicaid managed care program along with national Medicaid health plan administrative expenses. 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.

MCO-reported administrative and HQI expenses were reconciled between the available data sources, such as the MCO survey, for the purpose of evaluating the quality of the data provided. Administrative and HQI expenses reported in the SFY 2024 FRGTs were analyzed for reasonableness and completeness. In addition, we reviewed changes in the MCO-reported administrative expenses from CY 2019 through CY 2023 using prior financial reporting templates provided by LDH. Overall, values reported by the MCOs were consistent with values reported in the SFY 2026 MCO Survey for the SFY 2024 experience period.

This data included delegated administrative and care coordination costs related to sub-capitated arrangements that were otherwise reported as benefit expense in the statutory financial data. This data formed the targeted baseline for projected non-benefit expense amounts for the rating period.

We developed the non-benefit expense assumptions using the following steps:

1. SFY 2024 MCO reported administrative costs were summarized. Based upon information provided by the MCOs, we were able to isolate the administrative costs associated with State Plan services. MCO penalties and administrative costs associated with providing non-State Plan services were deducted from reported administrative costs. In addition, pharmacy administrative costs were summarized separately.

⁶ <https://www.milliman.com/en/insight/medicaid-managed-care-financial-results-2024>

2. An efficient MCO should be able to operate between the 25th and 50th percentile of the national benchmark. We used the CY 2022 and CY 2023 NAIC reported administrative expense ratio for expansion states as the national benchmark for the HLA program. Based on our review, we selected the average of the CY 2023 and CY 2024 50th percentile administrative loss ratio for expansion states (net of taxes and fees) as the benchmark which was 8.0%. We then converted the administrative loss ratio to a \$35.72 PMPM using the January 2024 amended HLA capitation rates.
3. Individual MCO-reported administrative costs were then capped and floored at a 10% variance relative to the national (expansion state) benchmark. The resulting average of the floored and capped MCO values was 1.8% above the national benchmark. Three of the six MCOs' SFY 2024 normalized administrative costs were within or below the 10% national benchmark corridor.
4. Effective October 1, 2025, LDH plans to remove the Single PBM and allow MCOs to contract with their own PBM. Therefore, we have projected the pharmacy-related administrative costs for SFY 2026 based on reported costs prior to the implementation of the Single PBM in SFY 2023. The pharmacy-related administrative costs of approximately \$1.40 PMPM as collectively reported by the MCOs was removed from the floored and capped administrative cost benchmark.
5. The adjusted SFY 2024 administrative cost PMPM was then trended for a 24-month period at an annualized 3.0% trend rate. This trend rate was chosen based on published inflationary values as of February 2025 and forecasts for the SFY 2026 rating period^{7,8}. All administrative adjustments discussed below were applied to the floored and capped national administrative benchmark net of pharmacy cost.
6. In recognition of the resumption of Medicaid redeterminations in July 2023, we evaluated estimated changes in administrative economies of scale that may occur with changes in total HLA enrollment between the SFY 2024 experience period and SFY 2026 rating period. Based upon emerging enrollment data, the Family and Children and Medicaid Expansion populations are anticipated to be impacted the most from disenrollments. We anticipate that the enrollment in these two populations will be approximately 15% lower in SFY 2026 than SFY 2024. Therefore, we have applied an economies of scale adjustment to the Family and Children and Medicaid expansion population. Based on our review of historical administrative PMPM costs, reported enrollment, and inflation from CY 2019 through CY 2023, we applied a 5.2% increase to the administrative costs for the Family and Children and Medicaid Expansion populations for SFY 2026.
7. As a result of an agreement between LDH and the Department of Justice, the MCOs participating in the HLA program were required to develop and implement a specialized community case management program using subcontractors who meet the qualifications established by LDH. The MCOs were required to execute a contract with the LDH-approved subcontractors by November 12, 2021, with community case management services provided to DOJ Agreement Target Population members beginning January 2022. Based on our review of LDH-approved subcontractor invoices, utilization of these case management services are anticipated to be higher during the rating period than were reported during the base period. We added \$0.05 PMPM (in aggregate) to the estimated administrative expense PMPM to reflect additional utilization of these services in SFY 2026 relative to SFY 2024. The impact is concentrated in rate cells with members utilizing these services.
8. The final step was to replace the pharmacy-related admin costs removed in step #5 with the \$1.92 PMPM in pharmacy administrative costs reported by the MCOs, excluding Humana, for SFY 2023 in the previous version of the MCO Survey. Similar to step #5, the \$1.92 PMPM of reported SFY 2023 pharmacy admin was trended at 3.0% for a period of three years.

Risk margin. Risk margin assumptions have been maintained from SFY 2024 and apply to all benefit expenses included in the capitation rate (which excludes directed payments made as a separate payment term). As MCO's will have additional risk-based capital requirements related to reimbursement adjustments, we believe it is appropriate to apply the margin assumptions to all incremental benefit expense changes.

In evaluating the reasonableness of the margin assumptions, we have considered the minimum medical loss ratio requirement for SFY 2026, which is 85% and applied separately for the expansion and non-expansion populations to each MCO's reported experience.

⁷ <https://www.philadelphiafed.org/-/media/frbp/assets/surveys-and-data/survey-of-professional-forecasters/2025/spfq125.pdf>

⁸ https://www.bls.gov/regions/southwest/summary/blssummary_neworleans.pdf

Under CFR 438.8, adjustments are made to each MCO's medical loss ratio calculation for quality improvement expenses (numerator) and taxes and regulatory fees (denominator). Based on NAIC health industry filings for Medicaid business, we estimate there is a spread of approximately 4% to 6% between a traditional medical loss ratio (claims / premium) and the CMS medical loss ratio definition with adjustments for quality improvement expenses and taxes and fees. Relative to the limited rate net of premium tax, the composite breakeven medical loss ratio is approximately 92.5% for both the Medicaid expansion and non-expansion populations, allowing for significant margin opportunities with the 85% minimum MLR requirement for the expansion and non-expansion populations.

In addition, we reviewed the underwriting gain model released in June 2022 by the Society of Actuaries (SOA).⁹ In evaluating the model's results and with consideration for investment income earned by health insurers, we believe the margin assumptions included in rates provide a reasonable allowance for capital requirements and experience fluctuation.

Premium tax. The final capitation rate is grossed up for a 5.5% premium tax.

(b) Material changes since last rate certification

There were no material changes since the prior certification.

(c) Other material adjustments

No other material adjustments were made.

ii. Non-benefit costs, by cost category

The SFY 2026 non-benefit cost allowance was developed as a percentage of the capitation rate (net of premium tax) for each rate cell on a statewide basis.

Figure 25 illustrates the individual components and percentages that comprise the non-benefit costs. The resulting values of these items on a PMPM basis can be reviewed by region and rate cell in Appendix 2.

FIGURE 25: NON-BENEFIT COSTS AS A PERCENTAGE OF CAPITATION RATES, PRIOR TO PREMIUM TAX

POPULATION	ADMIN	QUALITY	MARGIN
SSI	5.25%	1.25%	1.50%
F&C	7.00%	1.75%	1.50%
SBH	11.50%	2.75%	1.50%
Medicaid Expansion	5.75%	1.50%	1.50%
All Other Populations	7.00%	1.75%	1.50%
Maternity Kick	5.00%	1.25%	1.50%

iii. Historical non-benefit cost data

Figure 26 below summarizes the administrative and quality expenses incurred by the HLA MCOs on a PMPM basis for SFY 2022, SFY 2023, and SFY 2024. The composite PMPMs are calculated using SFY 2024 enrollment.

These values are based on MCO financial reporting contained in the SFY 2024 FRGTs. For the administrative and quality expenses, we compared the historical actuals to the loads included in previous capitation rates to help assess the adequacy of the loads in the SFY 2026 capitation rates.

FIGURE 26: HISTORICAL NON-BENEFIT COSTS PMPM

TIME PERIOD	TOTAL NON-BENEFIT EXPENSE PMPM
SFY 2022	\$ 37.20
SFY 2023	\$ 37.39
SFY 2024	\$ 38.80

⁹ <https://www.soa.org/resources/research-reports/2022/medicaid-underwriting-margin-model/>

6. Risk adjustment and acuity adjustments

This section provides information on risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

The Medicaid managed care capitation rates have been developed as full risk rates. The MCOs assume risk for the cost of services covered under the contract and incur losses if the cost of furnishing the services exceeds the payments under the contract.

The composite rates for all populations will be risk adjusted using prospective risk adjustment by MCO on a regional basis to reflect estimated prospective morbidity differences in the underlying population enrolling with each MCO.

ii. Risk adjustment model

Detail regarding the risk adjustment models is provided in Section I, item 6.B.i.(b) below.

iii. Acuity adjustments

Acuity adjustments made in rate development are discussed in Section III(B)(ii)(a), "Step 5 acuity adjustments."

B. APPROPRIATE DOCUMENTATION

i. Prospective risk adjustment

(a) Data

We anticipate that SFY 2026 capitation rates will be risk adjusted on a semi-annual basis. Risk adjustment for the first half of SFY 2026 will reflect MCO experience incurred during CY 2024 (January 1, 2024 through December 31, 2024), while risk adjustment for the second half of SFY 2026 will utilize SFY 2025 experience. Additional adjustments may be applied to the risk adjusted rates for enrollment changes resulting from the economic impact of COVID-19. We will monitor enrollment changes during the unwinding process and consider more frequent risk adjustment updates if appropriate.

(b) Risk adjustment model

The Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) version 7.2 or the most recent version of CDPS+Rx available will be used for the risk adjustment model. To the extent the national drug codes (NDCs) included in the algorithm are out-of-date, we anticipate updating the algorithm to include additional NDCs based on therapeutic class mapping to disease risk categories. If applicable, we will document additional NDCs.

We will recalibrate the weights between the diagnostic and pharmacy components of the CDPS+Rx model based on observed experience for the HLA population. Diagnosis code and NDC information from SFY 2023 will be utilized to train a model to explain MCO covered claims expenditures from CY 2024. The weights will be developed on a statewide basis. MCO expenditures incorporated as part of the Maternity kick payment will not be included in the training of the risk adjustment model.

(c) Risk adjustment methodology

We expect to perform risk adjustment for the 2H CY 2025 and 1H CY 2026 rating periods. In each period, risk scores will be calculated for each MCO by region and rate group. The rate groups for the purposes of risk adjustment are:

- SSI – Child 1-20 Years
- SSI – Adult 21+ Years
- Family and Children – Child 1-20 Years
- Family and Children – Adult 21+ Years
- Medicaid Expansion – Age 19-64

The following rate cells will not be risk-adjusted:

- Newborn rate cells (< 1 year)
- Breast and cervical cancer
- HCBS waiver
- Chisholm Class members
- SBH program
- Foster Care Children
- LaCHIP Affordable Plan
- Act 421 rate cells
- Maternity kick payments

Risk adjustment is performed on a budget neutral basis, separately for each rate group. Relative risk scores will be normalized to result in a risk score of 1.000 for each rate group, across all MCOs. For rate groups with significant enrollment, we will consider implementing the normalization process on a regional basis.

Prospective risk adjustment is expected to take place on a semi-annual basis for the July 2025 through June 2026 period:

- **July 2025 through December 2025 rates:** Prospective risk adjustment will be performed using the member risk scores weighted based on actual MCO enrollment from June 2025.
- **January 2026 through June 2026 rates:** Prospective risk adjustment will be performed using the member risk scores weighted based on actual MCO enrollment from December 2025.

Members with six or more months of full benefit Medicaid eligibility during the diagnosis capture period will be assigned a risk score. The average risk score for unscored members for each MCO plan will be modeled based on the distribution of unscored members by age/gender category and the proportion auto-assigned to the MCO. The average risk score across all MCOs by region, rate cell, and age/gender category will be weighted by each MCO's distribution of unscored members. This will then be adjusted to account for differences in the proportion of unscored members auto-assigned to the MCO. This adjustment will be developed based on a review of historical experience.

(d) Magnitude of the adjustment

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(e) Assessment of predictive value

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(f) Any concerns the actuary has with the risk adjustment process

Currently, we have no concerns with the risk adjustment process.

ii. Retrospective risk adjustment

Hepatitis C risk corridor

Since implementation of LDH's Hepatitis C Subscription Model on July 1, 2019, LDH has maintained a risk corridor for Hepatitis C-related pharmacy, physician, and laboratory costs.

Under the risk corridor, if the actual costs related to these services during the contract year deviate from the amount assumed in the capitation rate development by more than 1.0%, there will be a transfer to or from the MCOs for 99.0% of the difference between actual and assumed costs. Additional detail on the development of the funding for the Hepatitis C risk corridor can be found in Appendix 10.

High-cost drug risk pool

In SFY 2026, the drug risk pool was expanded to include FDA approved treatments meeting the following criteria. The individual drugs are not included in the rate certification because drugs meeting these criteria might be approved by the FDA during the rating period and added to the high-cost drug risk pool at LDH's discretion.

- FDA approved therapy
- Labeler participated in the Federal Rebate Program
- Estimated treatment cost of at least \$1 million on a wholesale acquisition cost basis

The risk pool is funded separately for each of several applicable rate cells based on the projected utilization and cost per service of the drugs expected to meet the high-cost drug risk pool criteria. These projections are included in the capitation rate certification. After the rating year is complete, the risk pool funding through the capitation rates is determined for each of the MCOs based on their share of the members in the applicable rate cells. The funding for the risk pool in SFY 2026 is expected to be approximately \$50 million. Their share of the funding is then compared to the MCO's actual share of high-cost drug utilization during the rating period. Based on a comparison of each MCO's share of funding through the capitation rates to their share of actual utilization, transfer payments will be made to/(from) the MCO in line with their shortfall/(excess) in the funding received through the capitation rates. All HLA members are included in the high-cost drug risk pool and transfer payments are calculated based on the aggregate MCO experience rather than experience at the rate cell level. A summary of PMPM by region and rate cell of the base claims that were removed, dampening adjustment for Rx trend, and the pool funding are shown in Appendix 7. The total impact of these components is shown in Appendix 2.

To be counted toward the risk pool reconciliation, claims must have a valid National Drug Code (NDC) identifier corresponding to one of the drugs in the pool. Drugs delivered in an inpatient setting must be billed on a separate claim identifying the cost of the drug treatment (separately from any hospital per diem reimbursement) and must contain a valid NDC. Claims to be included in the risk pool must adhere to all standard LDH coverage and billing requirements. The risk pool is also limited to claims specifically for the delivery of the high-cost drug and does not include any other services that may be required as part of the course of treatment.

iii. Risk adjustment documentation

(a) Risk adjustment model

Since the last risk adjustment period, we have not made changes to the risk adjustment model.

(b) Budget neutrality

The risk adjustment model is budget neutral in accordance with 42 CFR 438.5(g).

iv. Acuity adjustments

Acuity adjustments made in rate development are discussed in Section III(B)(ii)(a), "Step 5 acuity adjustments."

Section II. Medicaid Managed Care Rates with Long Term Services and Supports

Section II of the CMS Guide is not applicable to the HLA program. Managed long-term services and supports (MLTSS) populations are generally excluded from the HLA program. MCOs are required to cover certain home and community based services (HCBS) services, such as personal care services for individuals under age 20. Nursing home services are not covered.

Section III. New Adult Group Capitation Rates

LDH began enrolling beneficiaries into the Medicaid Expansion population beginning July 1, 2016.

1. Data

A. DATA USED IN CERTIFICATION

Section I, subsection 2 of this report thoroughly describes the data used in developing actuarially sound SFY 2026 capitation rates for the Medicaid Expansion population.

B. 2025 EXPERIENCE VS. ASSUMPTIONS

Figure 27 illustrates a comparison of SFY 2025 estimated and actual member months for the Medicaid Expansion population. The actual SFY 2025 member months are based on observed member months from July 2024 through April 2025, adjusted to reflect enrollment changes through the remainder of the unwinding process. Using this method, actual member months were approximately 7.5% below estimated member months.

FIGURE 27: SFY 2025 PROJECTED VERSUS ACTUAL MEMBER MONTHS FOR THE MEDICAID EXPANSION POPULATION

POPULATION	ESTIMATED MEMBER MONTHS	ACTUAL MEMBER MONTHS	% DIFFERENCE
Medicaid Expansion	6,906,512	6,388,624	(7.5%)
Medicaid Expansion – Kick	14,841	10,989	(26.0%)
Composite	6,906,512	6,388,624	(7.5%)

Note: Values in member months column for kick payment rate cells represent deliveries.

Figure 28 illustrates a comparison of SFY 2025 estimated and actual benefit costs for the Medicaid Expansion population. On an aggregate basis, actual experience was approximately 0.4% above the estimated benefit expenses. Note that the actual benefit costs in the figure below are based on encounter data incurred from July to December 2024, paid through April 2025, and does not include any adjustments for encounter data completeness or IBNR.

FIGURE 28: SFY 2025 PROJECTED VERSUS ACTUAL BENEFIT COST PMPMS FOR THE MEDICAID EXPANSION POPULATION

POPULATION	ESTIMATED BENEFIT COST	ACTUAL BENEFIT COST	% DIFFERENCE
Medicaid Expansion	\$ 579.65	\$ 581.79	0.4%
Medicaid Expansion – Kick	\$ 8,695.92	\$ 8,882.42	2.1%
Composite	\$ 594.61	\$ 597.07	0.4%

Note: Values for kick payment rate cells represent costs per delivery.

We have made no specific adjustments to reflect differences in projected versus actual experience.

2. Projected Benefit Costs

A. DESCRIPTION OF PROJECTED BENEFIT COSTS

i. Description of projected benefit costs

(a) Experience specific to newly eligible adults

SFY 2024 MCO experience for the Medicaid Expansion population comprised the underlying data used in the development of the SFY 2026 Medicaid Expansion capitation rates as outlined in Section I of this report.

(b) Changes in data sources, assumptions, or methodologies since last certification

The data sources, assumptions, and methodologies are consistent with the SFY 2025 certification with the exceptions outlined in Section I of this report.

(c) Assumption changes since last certification

SFY 2024 MCO experience was used as the underlying data source in the development of the SFY 2026 capitation rates. SFY 2023 MCO experience was used as the underlying data source for SFY 2025 capitation rates. Other assumptions are generally consistent with the SFY 2025 rate certification.

C. DESCRIPTION OF KEY ASSUMPTIONS

Adjustment for pent-up demand. Consistent with the SFY 2025 rate setting, it was assumed that the baseline experience data did not require these adjustments.

Adjustment for adverse selection. Consistent with the SFY 2025 rate setting, it was assumed that the baseline experience data did not require these adjustments.

Adjustment for demographics of the new adult group. We believe the current rate cell structure of the Expansion population appropriately adjusts capitation payments to the extent the demographic mix of the Expansion population changes significantly during the SFY 2026 rate period.

Differences in provider reimbursement rates or provider networks. We are not aware of any provider network differences between the Medicaid Expansion population and other Medicaid populations. Variations in assumptions by covered population were not based on the rate of federal financial participation associated with the population.

D. CHANGES TO BENEFIT PLAN

No benefit changes have been made to services covered under the State Plan for the Expansion population, other than those discussed in Section I of this report.

E. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

No other material changes or adjustments were made in the rate development process other than those discussed in Section I of this report.

3. Projected Non-Benefit Costs

A. CHANGES IN DATA SOURCES, ASSUMPTIONS, OR METHODOLOGIES SINCE LAST CERTIFICATION

MCO non-benefit costs were available for SFY 2024. We reviewed this information as we developed non-benefit cost assumptions as outlined in Section I, subsection 5 of this report. Figure 29 illustrates the non-benefit cost assumptions for the SFY 2025 and SFY 2026 Medicaid Expansion capitation rates. The quality values in this figure reflect the care management add-on in addition to the original quality allowance. Note the values here reflect a composite value across both the standard and kick payment rate cells for Medicaid Expansion.

FIGURE 29: NON-BENEFIT COSTS AS A PERCENTAGE OF CAPITATION RATES FOR THE MEDICAID EXPANSION POPULATION

	ADMIN + QUALITY	PREMIUM TAX	RISK MARGIN	TOTAL NON-BENEFIT COSTS
SFY 2025 Rate	6.9%	5.5%	1.5%	13.9%
SFY 2026 Rate	6.8%	5.5%	1.5%	13.8%

B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 30 provides the non-benefit expense assumptions for the Medicaid Expansion population and other Medicaid managed care populations for the SFY 2026 rates. The quality values in these figures reflect the care management add-on in addition to the original quality allowance.

FIGURE 30: NON-BENEFIT COSTS AS A PERCENTAGE OF CAPITATION RATES

POPULATION	ADMINISTRATIVE EXPENSES	QUALITY	RISK MARGIN	TOTAL NON- BENEFIT COSTS
SSI	5.25%	1.25%	1.50%	8.00%
F&C	7.00%	1.75%	1.50%	10.30%
SBH	11.50%	2.75%	1.50%	15.80%
Medicaid Expansion	5.75%	1.50%	1.50%	8.80%
All Other Populations	7.00%	1.75%	1.50%	10.30%
Kick	5.00%	1.25%	1.50%	7.80%

4. Final Certified Rates

A. COMPARISON TO PREVIOUS CERTIFICATION

Figure 31 illustrates the changes in estimated member months and capitation rates from SFY 2025 to SFY 2026 rates. The SFY 2025 rates reflect the SFY 2025 Capitation Rate Amendment, dated November 21, 2024, and the de minimis rate adjustment submitted to CMS in July 2025. All values reflect total expected payments, including directed payments. On an aggregate basis, the SFY 2025 rates are estimated to increase by approximately 28.1%.

FIGURE 31: COMPARISON OF SFY 2025 AND SFY 2026 MEMBERS AND RATES FOR THE MEDICAID POPULATION

POPULATION	ESTIMATED SFY 2025 MONTHLY MEMBERS	ESTIMATED SFY 2026 MONTHLY MEMBERS	% DIFFERENCE	SFY 2025 COMPOSITE STATEWIDE RATE	SFY 2026 COMPOSITE STATEWIDE RATE	% DIFFERENCE
Medicaid Expansion	6,906,512	6,054,269	(12.3%)	\$ 843.94	\$ 1,074.80	27.4%
Medicaid Expansion - Kick	14,841	10,631	(28.4%)	\$ 23,726.22	\$ 34,092.42	43.7%
Composite	6,906,512	6,054,269	(12.3%)	\$ 885.60	\$ 1,134.66	28.1%

Notes: Values include the estimated value of directed payments made as separate payment terms.

B. DESCRIPTION OF OTHER MATERIAL CHANGES TO THE CAPITATION RATES

All material changes to the Medicaid Expansion rate development methodology are outlined in Section I of this report.

5. Risk Mitigation Strategies

A. DESCRIPTION OF RISK MITIGATION STRATEGY

The risk mitigation strategy for the Medicaid Expansion population is outlined in Section I, subsection 7 of this report. No additional risk mitigation strategies are in effect for the SFY 2026 rating period.

B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

Consistent with the other HLA populations, the minimum medical loss ratio (MLR) requirement will remain at 85% for the SFY 2026 contract year. Other risk mitigation strategies are structurally consistent with the prior rating period, although LDH has made some adjustments to the drugs to be included in the high-cost drug risk pool. This is discussed further in Section 1, subsection 4.C.

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 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 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 prior to 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
State Fiscal Year 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 July 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 are effective for state fiscal year 2026.

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.

An electronic signature of Anders Larson, consisting of a stylized cursive script in black ink, with the words "Electronic Signature" in a smaller, lighter font overlaid on the signature.

Anders Larson, FSA
Member, American Academy of Actuaries

August 18, 2025

Date

APPENDIX 2: RATE DEVELOPMENT (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development 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	SFY 2026 Capitation Rate	SFY 2025 De Minimis Limited Rate	% Change
F&C												
F&C - 0-2 Months	113,004	\$ 2,325.73	\$ 119.03	\$ 20.35	\$ 2,465.12	\$ 192.27	\$ 48.07	\$ 41.20	\$ 159.86	\$ 2,906.51	\$ 2,739.77	6.1%
F&C - 3-11 Months	385,536	332.64	6.42	-	339.05	26.44	6.61	5.67	21.99	399.76	371.38	7.6%
F&C - Child 1-20 Years	7,435,757	197.95	0.28	0.53	198.76	15.50	3.88	3.32	12.89	234.35	211.04	11.0%
F&C - Adult 21+ Years	830,461	485.35	-	-	485.35	37.85	9.46	8.11	31.47	572.25	538.10	6.3%
Subtotal F&C	8,764,758	\$ 258.54	\$ 2.05	\$ 0.71	\$ 261.31	\$ 20.38	\$ 5.10	\$ 4.37	\$ 16.95	\$ 308.10	\$ 281.68	9.4%
SSI												
SSI - 0-2 Months	360	\$ 27,563.92	\$ 1,544.99	\$ 0.00	\$ 29,108.91	\$ 1,661.11	\$ 395.50	\$ 474.60	\$ 1,841.49	\$ 33,481.61	\$ 32,522.06	3.0%
SSI - 3-11 Months	3,408	6,598.71	307.63	-	6,906.34	394.11	93.84	112.60	436.91	7,943.80	9,088.88	(12.6%)
SSI - Child 1-20 Years	346,285	961.77	2.70	17.90	962.38	50.35	11.99	14.39	55.82	1,014.93	961.68	5.5%
SSI - Adult 21+ Years	742,584	1,801.69	-	4.17	1,805.87	103.05	24.54	29.44	114.24	2,077.14	1,888.91	10.0%
Subtotal SSI	1,092,637	\$ 1,527.26	\$ 2.33	\$ 8.51	\$ 1,538.10	\$ 87.77	\$ 20.90	\$ 25.08	\$ 97.30	\$ 1,769.15	\$ 1,627.60	8.7%
HCBS												
HCBS - Child 1-20 Years	25,187	\$ 3,121.84	\$ 5.82	\$ 0.00	\$ 3,127.65	\$ 243.94	\$ 60.98	\$ 52.27	\$ 202.82	\$ 3,687.67	\$ 3,839.60	(4.0%)
HCBS - Adult 21+ Years	40,587	1,745.00	-	-	1,745.00	136.10	34.02	29.16	113.16	2,057.44	2,007.38	2.5%
Subtotal HCBS	65,774	\$ 2,272.23	\$ 2.23	\$ 0.00	\$ 2,274.46	\$ 177.40	\$ 44.35	\$ 38.01	\$ 147.49	\$ 2,681.71	\$ 2,709.00	(1.0%)
SBH												
SBH - HCBS - Child 1-20 Years	14,484	\$ 246.51	\$ 0.00	\$ 0.00	\$ 246.51	\$ 33.65	\$ 8.05	\$ 4.39	\$ 17.03	\$ 309.63	\$ 317.01	(2.3%)
SBH - HCBS - Adult 21+ Years	31,357	85.52	-	-	85.52	11.67	2.79	1.52	5.91	107.42	134.61	(20.2%)
SBH - LaHIPP, All Ages	5,436	7.37	-	-	7.37	1.01	0.24	0.13	0.51	9.26	12.68	(27.0%)
SBH - CCM, All Ages	12,336	204.39	-	-	204.39	27.90	6.67	3.64	14.12	256.72	268.71	(4.5%)
SBH - Dual Eligible, All Ages	1,378,488	39.33	-	1.81	41.14	5.62	1.34	0.73	2.84	51.68	46.08	12.1%
SBH - Other - All Ages	33,288	225.81	-	-	225.81	30.82	7.37	4.02	15.60	283.62	271.69	4.4%
Subtotal SBH	1,475,389	\$ 47.81	\$ 0.00	\$ 1.69	\$ 49.51	\$ 6.76	\$ 1.62	\$ 0.88	\$ 3.42	\$ 62.18	\$ 57.45	8.2%
Other Populations												
Other Populations - FCC, All Ages Male & Female	175,163	\$ 544.45	\$ 1.31	\$ 0.00	\$ 545.75	\$ 42.57	\$ 10.64	\$ 9.12	\$ 35.39	\$ 643.47	\$ 494.80	30.0%
Other Populations - BCC, All Ages	1,824	2,381.89	-	-	2,381.89	185.77	46.44	39.81	154.46	2,808.38	2,993.58	(6.2%)
Other Populations - LAP, All Ages	65,982	238.75	0.08	-	238.83	18.63	4.66	3.99	15.49	281.59	213.47	31.9%
Other Populations - CCM, All Ages	60,204	1,513.26	2.85	-	1,516.11	118.25	29.56	25.34	98.32	1,787.58	1,616.62	10.6%
Subtotal Other Populations	303,173	\$ 681.36	\$ 1.34	\$ 0.00	\$ 682.69	\$ 53.25	\$ 13.31	\$ 11.41	\$ 44.27	\$ 804.93	\$ 671.37	19.9%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 3.79	\$ 0.00	\$ 0.00	\$ 3.79	\$ 0.30	\$ 0.07	\$ 0.06	\$ 0.25	\$ 4.47	\$ 317.27	(98.6%)
Act 421 - LaHIPP TPL - 3-11 Months	4	13.37	-	-	13.37	1.04	0.26	0.22	0.87	15.77	23.11	(31.8%)
Act 421 - LaHIPP TPL - Child 1-18 Years	4	219.42	-	-	219.42	17.11	4.28	3.67	14.23	258.71	210.64	22.8%
Subtotal Act 421 - LaHIPP TPL	12	\$ 78.86	\$ 0.00	\$ 0.00	\$ 78.86	\$ 6.15	\$ 1.54	\$ 1.32	\$ 5.11	\$ 92.98	\$ 183.67	(49.4%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	49	\$ 11,152.00	\$ 0.00	\$ 0.00	\$ 11,152.00	\$ 869.79	\$ 217.45	\$ 186.38	\$ 723.18	\$ 13,148.81	\$ 14,496.34	(9.3%)
Act 421 - Non-TPL - 3-11 Months	336	3,069.65	8.38	-	3,078.03	240.07	60.02	51.44	199.60	3,629.16	2,946.74	23.2%
Act 421 - Non-TPL - Child 1-18 Years	12,528	895.07	0.21	-	895.27	69.83	17.46	14.96	58.06	1,055.58	849.85	24.2%
Subtotal Act 421 - Non-TPL	12,913	\$ 990.57	\$ 0.42	\$ 0.00	\$ 990.99	\$ 77.29	\$ 19.32	\$ 16.56	\$ 64.26	\$ 1,168.43	\$ 956.20	22.2%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	134	\$ 3,696.77	\$ 8.73	\$ 0.00	\$ 3,705.51	\$ 289.01	\$ 72.25	\$ 61.93	\$ 240.29	\$ 4,368.99	\$ 4,769.23	(8.4%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	552	946.23	0.38	-	946.61	73.83	18.46	15.82	61.39	1,116.11	1,104.65	1.0%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	23,120	597.07	0.03	-	597.10	46.57	11.64	9.98	38.72	704.01	452.16	55.7%
Subtotal Act 421 - Non-LaHIPP TPL	23,806	\$ 622.61	\$ 0.09	\$ 0.00	\$ 622.70	\$ 48.57	\$ 12.14	\$ 10.41	\$ 40.38	\$ 734.19	\$ 491.59	49.3%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	6,028,602	\$ 645.95	\$ 0.00	\$ 0.57	\$ 646.52	\$ 40.74	\$ 10.63	\$ 10.63	\$ 41.24	\$ 749.75	\$ 673.25	11.4%
Medicaid Expansion - High Needs	2,064	1,581.56	-	-	1,581.56	99.66	26.00	26.00	100.87	1,834.09	2,688.48	(31.8%)
Medicaid Expansion - SBH - CCM, All Ages	791	61.15	-	-	61.15	3.85	1.01	1.01	3.90	70.92	48.61	45.9%
Medicaid Expansion - SBH - Dual Eligible, All Ages	20,172	38.17	-	-	38.17	2.40	0.63	0.63	2.43	44.26	22.47	97.0%
Medicaid Expansion - SBH - LaHIPP, All Ages	2,208	0.82	-	-	0.82	0.05	0.01	0.01	0.05	0.95	4.02	(76.3%)
Medicaid Expansion - SBH - Other	432	27.86	-	-	27.86	1.76	0.46	0.46	1.78	32.31	32.40	(0.3%)
Subtotal Medicaid Expansion	6,054,269	\$ 643.89	\$ 0.00	\$ 0.57	\$ 644.46	\$ 40.61	\$ 10.59	\$ 10.59	\$ 41.10	\$ 747.36	\$ 671.40	11.3%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	10,620	\$ 9,760.68	\$ 0.00	\$ 0.00	\$ 9,760.68	\$ 529.03	\$ 132.26	\$ 158.71	\$ 615.81	\$ 11,196.49	\$ 9,654.93	16.0%
Medicaid Expansion - Kick - EED Kick Payment	11	4,323.57	-	-	4,323.57	234.34	58.58	70.30	272.78	4,959.57	4,092.23	21.2%
Subtotal Medicaid Expansion - Kick	10,631	\$ 9,755.05	\$ 0.00	\$ 0.00	\$ 9,755.05	\$ 528.73	\$ 132.18	\$ 158.62	\$ 615.45	\$ 11,190.04	\$ 9,649.17	16.0%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	20,832	\$ 8,161.34	\$ 0.00	\$ 0.00	\$ 8,161.34	\$ 442.35	\$ 110.59	\$ 132.70	\$ 514.90	\$ 9,361.89	\$ 8,190.71	14.3%
Non-Expansion - Kick - EED Kick Payment	11	3,165.29	-	-	3,165.29	171.56	42.89	51.47	199.70	3,630.91	3,079.97	17.9%
Subtotal Non-Expansion - Kick	20,843	\$ 8,158.71	\$ 0.00	\$ 0.00	\$ 8,158.71	\$ 442.21	\$ 110.55	\$ 132.66	\$ 514.74	\$ 9,358.86	\$ 8,168.01	14.3%
Total	17,792,731	\$ 481.15	\$ 1.19	\$ 1.21	\$ 483.55	\$ 32.33	\$ 8.16	\$ 7.98	\$ 30.96	\$ 562.98	\$ 510.09	10.4%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development 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	SFY 2026 Capitation Rate	SFY 2025 De Minimis Limited Rate	% Change
F&C												
F&C - 0-2 Months	29,231	\$ 2,350.22	\$ 122.11	\$ 20.35	\$ 2,492.69	\$ 194.42	\$ 48.60	\$ 41.66	\$ 161.65	\$ 2,939.01	\$ 2,839.30	3.5%
F&C - 3-11 Months	100,022	349.73	8.81	-	358.54	27.96	6.99	5.99	23.25	422.74	351.60	20.2%
F&C - Child 1-20 Years	1,948,813	201.67	0.35	(0.25)	201.77	15.74	3.93	3.37	13.08	237.89	209.81	13.4%
F&C - Adult 21+ Years	218,936	503.08	-	-	503.08	39.24	9.81	8.41	32.62	593.16	557.04	6.5%
Subtotal F&C	2,297,002	\$ 264.19	\$ 2.23	\$ 0.05	\$ 266.47	\$ 20.78	\$ 5.20	\$ 4.45	\$ 17.28	\$ 314.18	\$ 282.54	11.2%
SSI												
SSI - 0-2 Months	164	\$ 36,788.10	\$ 1,664.32	\$ 0.00	\$ 38,452.42	\$ 2,194.30	\$ 522.45	\$ 626.94	\$ 2,432.58	\$ 44,228.68	\$ 26,399.23	67.5%
SSI - 3-11 Months	959	6,538.96	280.11	-	6,819.07	389.13	92.65	111.18	431.39	7,843.42	5,403.45	45.2%
SSI - Child 1-20 Years	81,195	921.56	3.27	17.90	942.74	53.80	12.81	15.37	59.64	1,084.35	1,048.91	3.4%
SSI - Adult 21+ Years	157,372	1,964.98	-	4.17	1,969.15	112.37	26.75	32.11	124.57	2,264.96	2,052.89	10.3%
Subtotal SSI	239,690	\$ 1,653.65	\$ 3.37	\$ 8.81	\$ 1,665.82	\$ 95.06	\$ 22.63	\$ 27.16	\$ 105.38	\$ 1,916.06	\$ 1,742.86	9.9%
HCBS												
HCBS - Child 1-20 Years	7,955	\$ 3,497.45	\$ 5.95	\$ 0.00	\$ 3,503.40	\$ 273.25	\$ 68.31	\$ 58.55	\$ 227.19	\$ 4,130.70	\$ 4,436.66	(6.9%)
HCBS - Adult 21+ Years	10,750	1,724.50	-	-	1,724.50	134.50	33.63	28.82	111.83	2,033.28	2,062.08	(1.4%)
Subtotal HCBS	18,705	\$ 2,478.51	\$ 2.53	\$ 0.00	\$ 2,481.04	\$ 193.51	\$ 48.38	\$ 41.47	\$ 160.89	\$ 2,925.28	\$ 3,071.96	(4.8%)
SBH												
SBH - HCBS - Child 1-20 Years	5,063	\$ 245.69	\$ 0.00	\$ 0.00	\$ 245.69	\$ 33.54	\$ 8.02	\$ 4.37	\$ 16.97	\$ 308.59	\$ 252.44	22.2%
SBH - HCBS - Adult 21+ Years	8,680	95.38	-	-	95.38	13.02	3.11	1.70	6.59	119.80	161.40	(25.8%)
SBH - LaHIPP, All Ages	2,211	7.34	-	-	7.34	1.00	0.24	0.13	0.51	9.22	6.63	39.0%
SBH - CCM, All Ages	3,037	182.92	-	-	182.92	24.97	5.97	3.26	12.64	229.75	248.58	(7.6%)
SBH - Dual Eligible, All Ages	318,936	35.90	-	1.81	37.71	5.15	1.23	0.67	47.37	2.61	41.33	14.6%
SBH - Other - All Ages	8,713	167.02	-	-	167.02	22.80	5.45	2.97	11.54	209.78	232.96	(9.9%)
Subtotal SBH	346,640	\$ 44.86	\$ 0.00	\$ 1.67	\$ 46.52	\$ 6.35	\$ 1.52	\$ 0.83	\$ 3.21	\$ 58.44	\$ 53.83	8.5%
Other Populations												
Other Populations - FCC, All Ages Male & Female	50,064	\$ 564.36	\$ 0.63	\$ 0.00	\$ 564.99	\$ 44.07	\$ 11.02	\$ 9.44	\$ 36.64	\$ 666.15	\$ 516.19	29.1%
Other Populations - BCC, All Ages	620	2,239.40	-	-	2,239.40	174.66	43.67	37.43	145.22	2,640.37	3,310.39	(20.2%)
Other Populations - LAP, All Ages	20,593	242.73	0.07	-	242.80	18.94	4.73	4.06	15.74	286.27	248.91	15.0%
Other Populations - CCM, All Ages	12,921	1,549.21	3.22	-	1,552.43	121.08	30.27	25.95	100.67	1,830.40	1,770.41	3.4%
Subtotal Other Populations	84,198	\$ 649.17	\$ 0.89	\$ 0.00	\$ 650.05	\$ 50.70	\$ 12.68	\$ 10.86	\$ 42.15	\$ 766.44	\$ 663.86	15.5%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 5.76	\$ 0.00	\$ 0.00	\$ 5.76	\$ 0.45	\$ 0.11	\$ 0.10	\$ 0.37	\$ 6.79	\$ 243.21	(97.2%)
Act 421 - LaHIPP TPL - 3-11 Months	1	13.29	-	-	13.29	1.04	0.26	0.22	0.86	15.67	13.79	13.7%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	234.23	-	-	234.23	18.27	4.57	3.91	15.19	276.18	229.96	20.1%
Subtotal Act 421 - LaHIPP TPL	3	\$ 84.43	\$ 0.00	\$ 0.00	\$ 84.43	\$ 6.58	\$ 1.65	\$ 1.41	\$ 5.47	\$ 99.54	\$ 162.32	(38.7%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	10	\$ 17,231.59	\$ 0.00	\$ 0.00	\$ 17,231.59	\$ 1,343.97	\$ 335.99	\$ 287.99	\$ 1,117.43	\$ 20,316.98	\$ 9,868.84	105.9%
Act 421 - Non-TPL - 3-11 Months	168	3,062.86	16.76	-	3,079.62	240.19	60.05	51.47	199.71	3,631.04	2,046.91	77.4%
Act 421 - Non-TPL - Child 1-18 Years	4,118	836.35	0.25	-	836.60	65.25	16.31	13.98	54.25	986.39	884.78	11.5%
Subtotal Act 421 - Non-TPL	4,296	\$ 961.58	\$ 0.89	\$ 0.00	\$ 962.48	\$ 75.07	\$ 18.77	\$ 16.09	\$ 62.41	\$ 1,134.81	\$ 951.14	19.3%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 5,287.93	\$ 0.00	\$ 0.00	\$ 5,287.93	\$ 412.43	\$ 103.11	\$ 88.38	\$ 342.91	\$ 6,234.75	\$ 3,279.11	90.1%
Act 421 - Non-LaHIPP TPL - 3-11 Months	255	939.91	0.82	-	940.73	73.37	18.34	15.72	61.00	1,109.17	742.67	49.3%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	7,405	534.05	0.01	-	534.06	41.65	10.41	8.93	34.63	629.69	358.65	75.6%
Subtotal Act 421 - Non-LaHIPP TPL	7,700	\$ 572.19	\$ 0.04	\$ 0.00	\$ 572.22	\$ 44.63	\$ 11.16	\$ 9.56	\$ 37.11	\$ 674.68	\$ 386.54	74.5%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,521,501	\$ 678.99	\$ 0.00	\$ 0.57	\$ 679.56	\$ 42.82	\$ 11.17	\$ 11.17	\$ 43.34	\$ 788.07	\$ 710.56	10.9%
Medicaid Expansion - High Needs	761	1,676.04	-	-	1,676.04	105.61	27.55	27.55	106.90	1,943.66	3,025.95	(35.8%)
Medicaid Expansion - SBH - CCM, All Ages	67	512.33	-	-	512.33	32.28	8.42	8.42	32.68	594.13	73.83	704.8%
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,416	33.86	-	-	33.86	2.13	0.56	0.56	2.16	39.27	21.32	84.2%
Medicaid Expansion - SBH - LaHIPP, All Ages	913	0.10	-	-	0.10	0.01	0.00	0.00	0.12	0.12	1.79	(93.5%)
Medicaid Expansion - SBH - Other	248	15.46	-	-	15.46	0.97	0.25	0.25	0.99	17.93	0.00	0.0%
Subtotal Medicaid Expansion	1,527,906	\$ 677.10	\$ 0.00	\$ 0.57	\$ 677.67	\$ 42.70	\$ 11.14	\$ 11.14	\$ 43.22	\$ 785.88	\$ 709.16	10.8%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,791	\$ 9,651.64	\$ 0.00	\$ 0.00	\$ 9,651.64	\$ 523.12	\$ 130.78	\$ 156.94	\$ 608.93	\$ 11,071.41	\$ 9,407.82	17.7%
Medicaid Expansion - Kick - EED Kick Payment	3	4,270.06	-	-	4,270.06	231.44	57.86	69.43	269.40	4,898.19	3,984.70	22.9%
Subtotal Medicaid Expansion - Kick	2,794	\$ 9,645.86	\$ 0.00	\$ 0.00	\$ 9,645.86	\$ 522.81	\$ 130.70	\$ 156.84	\$ 608.56	\$ 11,064.78	\$ 9,402.00	17.7%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,606	\$ 7,796.63	\$ 0.00	\$ 0.00	\$ 7,796.63	\$ 422.58	\$ 105.65	\$ 126.77	\$ 491.89	\$ 8,943.53	\$ 7,727.49	15.7%
Non-Expansion - Kick - EED Kick Payment	3	3,026.62	-	-	3,026.62	164.04	41.01	49.21	190.95	3,471.84	2,908.42	19.4%
Subtotal Non-Expansion - Kick	5,609	\$ 7,794.08	\$ 0.00	\$ 0.00	\$ 7,794.08	\$ 422.44	\$ 105.61	\$ 126.73	\$ 491.73	\$ 8,940.60	\$ 7,724.92	15.7%
Total	4,526,140	\$ 493.47	\$ 1.34	\$ 0.81	\$ 495.62	\$ 33.22	\$ 8.40	\$ 8.18	\$ 31.74	\$ 577.16	\$ 521.18	10.7%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development 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	SFY 2026 Capitation Rate	SFY 2025 De Minimis Limited Rate	% Change
F&C												
F&C - 0-2 Months	29,568	\$ 2,383.73	\$ 119.49	\$ 20.35	\$ 2,523.57	\$ 196.82	\$ 49.21	\$ 42.18	\$ 163.65	\$ 2,975.43	\$ 2,815.72	5.7%
F&C - 3-11 Months	100,180	311.44	4.44	-	315.88	24.64	6.16	5.28	372.43	372.43	366.47	1.6%
F&C - Child 1-20 Years	1,964,311	202.87	0.27	1.39	204.54	15.95	3.99	3.42	13.26	241.16	210.54	14.5%
F&C - Adult 21+ Years	218,392	486.55	-	-	486.55	37.95	9.49	8.13	31.55	573.67	536.61	6.9%
Subtotal F&C	2,312,451	\$ 262.25	\$ 1.95	\$ 1.44	\$ 265.65	\$ 20.72	\$ 5.18	\$ 4.44	\$ 17.23	\$ 313.21	\$ 281.40	11.3%
SSI												
SSI - 0-2 Months	65	\$ 24,176.63	\$ 2,221.77	\$ 0.00	\$ 26,398.40	\$ 1,506.43	\$ 358.67	\$ 430.41	\$ 1,670.02	\$ 30,363.93	\$ 48,974.99	(38.0%)
SSI - 3-11 Months	943	6,971.39	314.84	-	7,286.23	415.79	99.00	118.80	460.94	8,380.76	11,392.99	(26.4%)
SSI - Child 1-20 Years	90,313	902.76	3.29	17.90	923.96	52.73	12.55	15.06	58.45	1,062.75	961.76	10.5%
SSI - Adult 21+ Years	209,807	1,866.08	-	4.17	1,870.25	106.73	25.41	30.49	118.32	2,151.20	1,961.79	9.7%
Subtotal SSI	301,128	\$ 1,597.97	\$ 2.45	\$ 8.28	\$ 1,608.70	\$ 91.80	\$ 21.86	\$ 26.23	\$ 101.77	\$ 1,850.36	\$ 1,701.55	8.7%
HCBS												
HCBS - Child 1-20 Years	6,977	\$ 3,015.34	\$ 8.94	\$ 0.00	\$ 3,024.28	\$ 235.88	\$ 58.97	\$ 50.55	\$ 196.12	\$ 3,565.80	\$ 3,653.21	(2.4%)
HCBS - Adult 21+ Years	9,621	1,473.42	-	-	1,473.42	114.92	28.73	24.63	95.55	1,737.24	1,742.83	(0.3%)
Subtotal HCBS	16,598	\$ 2,121.57	\$ 3.76	\$ 0.00	\$ 2,125.33	\$ 165.76	\$ 41.44	\$ 35.62	\$ 137.82	\$ 2,505.88	\$ 2,545.86	(1.6%)
SBH												
SBH - HCBS - Child 1-20 Years	4,158	\$ 245.38	\$ 0.00	\$ 0.00	\$ 245.38	\$ 33.49	\$ 8.01	\$ 4.37	\$ 16.95	\$ 308.20	\$ 350.57	(12.1%)
SBH - HCBS - Adult 21+ Years	8,226	55.60	-	-	55.60	7.59	1.81	0.99	3.84	69.83	82.15	(15.0%)
SBH - LaHIPP, All Ages	956	2.91	-	-	2.91	0.40	0.09	0.05	0.20	3.66	15.92	(77.0%)
SBH - CCM, All Ages	3,141	249.14	-	-	249.14	34.01	8.13	4.44	17.21	312.93	223.94	39.7%
SBH - Dual Eligible, All Ages	380,316	37.76	-	1.81	39.57	5.40	1.29	0.70	2.73	49.71	43.36	14.6%
SBH - Other - All Ages	4,546	304.92	-	-	304.92	41.62	9.95	5.43	21.06	382.99	242.38	58.0%
Subtotal SBH	401,343	\$ 44.87	\$ 0.00	\$ 1.72	\$ 46.59	\$ 6.36	\$ 1.52	\$ 0.83	\$ 3.22	\$ 58.52	\$ 50.94	14.9%
Other Populations												
Other Populations - FCC, All Ages Male & Female	28,088	\$ 526.73	\$ 2.75	\$ 0.00	\$ 529.48	\$ 41.30	\$ 10.32	\$ 8.85	\$ 34.34	\$ 624.29	\$ 479.44	30.2%
Other Populations - BCC, All Ages	365	1,840.43	-	-	1,840.43	143.54	35.89	30.76	119.35	2,169.97	2,200.39	(1.4%)
Other Populations - LAP, All Ages	17,778	278.80	0.11	-	278.91	21.75	5.44	4.66	18.09	328.85	223.48	47.2%
Other Populations - CCM, All Ages	16,576	1,385.69	3.86	-	1,389.55	108.38	27.09	23.22	90.11	1,638.35	1,479.01	10.8%
Subtotal Other Populations	62,907	\$ 690.88	\$ 2.28	\$ 0.00	\$ 693.16	\$ 54.06	\$ 13.52	\$ 11.58	\$ 44.95	\$ 817.27	\$ 680.79	20.0%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 3.78	\$ 0.00	\$ 0.00	\$ 3.78	\$ 0.29	\$ 0.07	\$ 0.06	\$ 0.25	\$ 4.46	\$ 453.16	(99.0%)
Act 421 - LaHIPP TPL - 3-11 Months	1	14.17	-	-	14.17	1.11	0.28	0.24	0.92	16.71	28.63	(41.6%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	229.46	-	-	229.46	17.90	4.47	3.83	14.88	270.54	210.16	28.7%
Subtotal Act 421 - LaHIPP TPL	3	\$ 82.47	\$ 0.00	\$ 0.00	\$ 82.47	\$ 6.43	\$ 1.61	\$ 1.38	\$ 5.35	\$ 97.24	\$ 230.65	(57.8%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	19	\$ 11,324.36	\$ 0.00	\$ 0.00	\$ 11,324.36	\$ 883.24	\$ 220.81	\$ 189.27	\$ 734.36	\$ 13,352.04	\$ 18,203.63	(26.7%)
Act 421 - Non-TPL - 3-11 Months	48	3,265.41	-	-	3,265.41	254.68	63.67	54.58	211.76	3,850.09	4,335.94	(11.2%)
Act 421 - Non-TPL - Child 1-18 Years	3,063	1,058.04	0.37	-	1,058.41	82.55	20.64	17.69	68.64	1,247.92	577.83	116.0%
Subtotal Act 421 - Non-TPL	3,130	\$ 1,154.21	\$ 0.36	\$ 0.00	\$ 1,154.57	\$ 90.05	\$ 22.51	\$ 19.30	\$ 74.87	\$ 1,361.31	\$ 742.45	83.4%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	53	\$ 3,475.15	\$ 22.08	\$ 0.00	\$ 3,497.23	\$ 272.76	\$ 68.19	\$ 58.45	\$ 226.79	\$ 4,123.43	\$ 6,107.82	(32.5%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	113	1,002.07	-	-	1,002.07	78.16	19.54	16.75	64.98	1,181.49	1,541.17	(23.3%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,048	509.06	-	-	509.06	39.70	9.93	8.51	33.01	600.21	422.42	42.1%
Subtotal Act 421 - Non-LaHIPP TPL	6,214	\$ 543.32	\$ 0.19	\$ 0.00	\$ 543.51	\$ 42.39	\$ 10.60	\$ 9.08	\$ 35.25	\$ 640.83	\$ 491.25	30.4%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,670,286	\$ 652.25	\$ 0.00	\$ 0.57	\$ 652.82	\$ 41.14	\$ 10.73	\$ 10.73	\$ 41.64	\$ 757.06	\$ 682.17	11.0%
Medicaid Expansion - High Needs	722	1,399.66	-	-	1,399.66	88.20	23.01	23.01	89.27	1,623.15	2,117.16	(23.3%)
Medicaid Expansion - SBH - CCM, All Ages	201	8.98	-	-	8.98	0.57	0.15	0.15	0.57	10.41	58.79	(82.3%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	5,592	34.30	-	-	34.30	2.16	0.56	0.56	2.19	39.78	17.83	123.1%
Medicaid Expansion - SBH - LaHIPP, All Ages	333	-	-	-	-	-	-	-	-	-	5.82	(100.0%)
Medicaid Expansion - SBH - Other	32	10.60	-	-	10.60	0.67	0.17	0.17	0.68	12.29	-	0.0%
Subtotal Medicaid Expansion	1,677,166	\$ 650.29	\$ 0.00	\$ 0.57	\$ 650.87	\$ 41.01	\$ 10.70	\$ 10.70	\$ 41.51	\$ 754.79	\$ 680.35	10.9%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,759	\$ 10,794.27	\$ 0.00	\$ 0.00	\$ 10,794.27	\$ 585.06	\$ 146.26	\$ 175.52	\$ 681.02	\$ 12,382.12	\$ 10,629.30	16.5%
Medicaid Expansion - Kick - EED Kick Payment	3	4,775.58	-	-	4,775.58	258.84	64.71	77.65	301.29	5,478.07	4,502.06	21.7%
Subtotal Medicaid Expansion - Kick	2,762	\$ 10,787.73	\$ 0.00	\$ 0.00	\$ 10,787.73	\$ 584.70	\$ 146.18	\$ 175.41	\$ 680.60	\$ 12,374.62	\$ 10,622.65	16.5%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,874	\$ 8,791.58	\$ 0.00	\$ 0.00	\$ 8,791.58	\$ 476.51	\$ 119.13	\$ 142.95	\$ 554.67	\$ 10,084.83	\$ 8,825.37	14.3%
Non-Expansion - Kick - EED Kick Payment	3	3,412.85	-	-	3,412.85	184.98	46.24	55.49	215.32	3,914.89	3,321.63	17.9%
Subtotal Non-Expansion - Kick	5,877	\$ 8,788.83	\$ 0.00	\$ 0.00	\$ 8,788.83	\$ 476.36	\$ 119.09	\$ 142.91	\$ 554.49	\$ 10,081.68	\$ 8,822.56	14.3%
Total	4,780,840	\$ 494.33	\$ 1.14	\$ 1.57	\$ 497.04	\$ 33.05	\$ 8.34	\$ 8.20	\$ 31.81	\$ 578.45	\$ 522.13	10.8%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development 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	SFY 2026 Capitation Rate	SFY 2025 De Minimis Limited Rate	% Change
F&C												
F&C - 0-2 Months	22,192	\$ 2,052.98	\$ 101.00	\$ 20.35	\$ 2,174.33	\$ 169.59	\$ 42.40	\$ 36.34	\$ 141.00	\$ 2,563.66	\$ 2,486.71	3.1%
F&C - 3-11 Months	76,396	304.02	4.57	-	308.59	24.07	6.02	5.16	20.01	363.85	342.60	6.2%
F&C - Child 1-20 Years	1,483,439	190.32	0.17	1.39	191.88	14.97	3.74	3.21	12.44	226.24	214.32	5.6%
F&C - Adult 21+ Years	160,371	463.75	-	-	463.75	36.17	9.04	7.75	30.07	546.79	516.21	5.9%
Subtotal F&C	1,742,398	\$ 2,442.20	\$ 1.63	\$ 1.45	\$ 2,472.27	\$ 192.29	\$ 4.82	\$ 4.13	\$ 16.04	\$ 291.55	\$ 276.67	5.4%
SSI												
SSI - 0-2 Months	49	\$ 19,102.06	\$ 1,653.37	\$ 0.00	\$ 20,755.43	\$ 1,184.41	\$ 282.00	\$ 338.40	\$ 1,313.03	\$ 23,873.28	\$ 25,773.43	(7.4%)
SSI - 3-11 Months	837	6,394.32	320.26	-	6,714.58	383.17	91.23	109.48	424.78	7,723.23	10,660.43	(27.6%)
SSI - Child 1-20 Years	90,359	768.71	1.58	17.90	788.19	44.98	10.71	12.85	49.86	906.59	863.96	4.9%
SSI - Adult 21+ Years	181,707	1,625.14	-	4.17	1,629.31	92.98	22.14	26.56	103.07	1,874.07	1,695.25	10.5%
Subtotal SSI	272,952	\$ 1,359.39	\$ 1.80	\$ 8.71	\$ 1,369.89	\$ 78.17	\$ 18.61	\$ 22.34	\$ 86.66	\$ 1,575.68	\$ 1,451.87	8.5%
HCBS												
HCBS - Child 1-20 Years	3,513	\$ 3,059.67	\$ 2.61	\$ 0.00	\$ 3,062.28	\$ 238.84	\$ 59.71	\$ 51.18	\$ 198.58	\$ 3,610.60	\$ 3,514.26	2.7%
HCBS - Adult 21+ Years	8,281	1,802.02	-	-	1,802.02	140.55	35.14	30.12	116.86	2,124.68	2,195.72	(3.2%)
Subtotal HCBS	11,794	\$ 2,176.63	\$ 0.78	\$ 0.00	\$ 2,177.41	\$ 169.83	\$ 42.46	\$ 36.39	\$ 141.20	\$ 2,567.28	\$ 2,588.46	(0.8%)
SBH												
SBH - HCBS - Child 1-20 Years	1,903	\$ 149.50	\$ 0.00	\$ 0.00	\$ 149.50	\$ 20.41	\$ 4.88	\$ 2.66	\$ 10.33	\$ 187.78	\$ 397.48	(52.8%)
SBH - HCBS - Adult 21+ Years	5,806	90.41	-	-	90.41	12.34	2.95	1.61	6.25	113.56	127.18	(10.7%)
SBH - LaHIPP, All Ages	714	5.40	-	-	5.40	0.74	0.18	0.10	0.37	6.78	29.10	(76.7%)
SBH - CCM, All Ages	2,975	138.18	-	-	138.18	18.86	4.51	2.46	9.55	173.56	240.50	(27.8%)
SBH - Dual Eligible, All Ages	311,520	43.04	-	1.81	44.85	6.12	1.46	0.80	3.10	56.34	50.93	10.6%
SBH - Other - All Ages	9,740	196.99	-	-	196.99	26.89	6.43	3.51	13.61	247.42	245.19	0.9%
Subtotal SBH	332,658	\$ 49.75	\$ 0.00	\$ 1.70	\$ 51.45	\$ 7.02	\$ 1.68	\$ 0.92	\$ 3.55	\$ 64.62	\$ 61.58	4.9%
Other Populations												
Other Populations - FCC, All Ages Male & Female	40,119	\$ 609.70	\$ 1.20	\$ 0.00	\$ 610.90	\$ 47.65	\$ 11.91	\$ 10.21	\$ 39.62	\$ 720.29	\$ 565.69	27.3%
Other Populations - BCC, All Ages	365	2,905.32	-	-	2,905.32	226.60	56.65	48.56	188.40	3,425.53	3,086.39	11.0%
Other Populations - LAP, All Ages	10,759	244.65	-	-	244.65	19.08	4.77	4.09	15.87	288.46	193.85	48.8%
Other Populations - CCM, All Ages	12,784	1,384.41	0.72	-	1,385.13	108.03	27.01	23.15	89.82	1,633.15	1,654.27	(1.3%)
Subtotal Other Populations	64,027	\$ 716.13	\$ 0.90	\$ 0.00	\$ 717.03	\$ 55.92	\$ 13.98	\$ 11.98	\$ 46.50	\$ 845.41	\$ 734.93	15.0%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 2.99	\$ 0.00	\$ 0.00	\$ 2.99	\$ 0.23	\$ 0.06	\$ 0.05	\$ 0.19	\$ 3.52	\$ 236.97	(98.5%)
Act 421 - LaHIPP TPL - 3-11 Months	1	13.00	-	-	13.00	1.01	0.25	0.22	1.01	0.84	26.88	(43.0%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	195.38	-	-	195.38	15.24	3.81	3.27	12.67	230.37	188.16	22.4%
Subtotal Act 421 - LaHIPP TPL	3	\$ 70.46	\$ 0.00	\$ 0.00	\$ 70.46	\$ 5.50	\$ 1.37	\$ 1.18	\$ 4.57	\$ 83.07	\$ 150.67	(44.9%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	1	\$ 8,947.43	\$ 0.00	\$ 0.00	\$ 8,947.43	\$ 697.85	\$ 174.46	\$ 149.54	\$ 580.22	\$ 10,549.50	\$ 9,518.76	10.8%
Act 421 - Non-TPL - 3-11 Months	48	2,995.11	-	-	2,995.11	233.60	58.40	50.06	194.23	3,531.39	3,984.03	(11.4%)
Act 421 - Non-TPL - Child 1-18 Years	1,893	1,082.43	0.21	-	1,082.64	84.44	21.11	18.09	70.21	1,276.49	1,255.38	1.7%
Subtotal Act 421 - Non-TPL	1,942	\$ 1,133.76	\$ 0.20	\$ 0.00	\$ 1,133.96	\$ 88.44	\$ 22.11	\$ 18.95	\$ 73.53	\$ 1,337.00	\$ 1,327.08	0.7%
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 2,745.73	\$ 0.00	\$ 0.00	\$ 2,745.73	\$ 214.15	\$ 53.54	\$ 45.89	\$ 178.06	\$ 3,237.37	\$ 3,193.81	1.4%
Act 421 - Non-LaHIPP TPL - 3-11 Months	85	919.12	-	-	919.12	71.69	17.92	15.36	59.60	1,083.69	1,446.72	(25.1%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,200	1,019.02	-	-	1,019.02	79.48	19.87	17.03	66.08	1,201.48	621.79	93.2%
Subtotal Act 421 - Non-LaHIPP TPL	3,286	\$ 1,016.96	\$ 0.00	\$ 0.00	\$ 1,016.96	\$ 79.32	\$ 19.83	\$ 17.00	\$ 65.95	\$ 1,199.05	\$ 643.91	86.2%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,232,914	\$ 607.06	\$ 0.00	\$ 0.57	\$ 607.63	\$ 38.29	\$ 9.99	\$ 9.99	\$ 38.76	\$ 704.66	\$ 639.50	10.2%
Medicaid Expansion - High Needs	258	2,298.19	-	-	2,298.19	144.82	37.78	37.78	146.58	2,665.15	4,658.46	(42.8%)
Medicaid Expansion - SBH - CCM, All Ages	322	1.20	-	-	1.20	0.08	0.02	0.02	0.08	1.39	51.11	(97.3%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,140	38.85	-	-	38.85	2.45	0.64	0.64	2.48	45.05	23.15	94.6%
Medicaid Expansion - SBH - LaHIPP, All Ages	358	-	-	-	-	-	-	-	-	-	4.91	(100.0%)
Medicaid Expansion - SBH - Other	76	5.47	-	-	5.47	0.34	0.09	0.09	0.35	6.34	43.68	(85.5%)
Subtotal Medicaid Expansion	1,238,068	\$ 605.14	\$ 0.00	\$ 0.57	\$ 605.71	\$ 38.17	\$ 9.96	\$ 9.96	\$ 38.63	\$ 702.43	\$ 637.91	10.1%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,083	\$ 10,675.33	\$ 0.00	\$ 0.00	\$ 10,675.33	\$ 578.61	\$ 144.65	\$ 173.58	\$ 673.51	\$ 12,245.69	\$ 10,741.23	14.0%
Medicaid Expansion - Kick - EED Kick Payment	2	4,722.96	-	-	4,722.96	255.99	64.00	76.80	297.97	5,417.71	4,549.47	19.1%
Subtotal Medicaid Expansion - Kick	2,085	\$ 10,669.62	\$ 0.00	\$ 0.00	\$ 10,669.62	\$ 578.30	\$ 144.57	\$ 173.49	\$ 673.15	\$ 12,239.14	\$ 10,735.29	14.0%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	3,734	\$ 9,185.55	\$ 0.00	\$ 0.00	\$ 9,185.55	\$ 497.86	\$ 124.47	\$ 149.36	\$ 579.52	\$ 10,536.76	\$ 9,548.61	10.3%
Non-Expansion - Kick - EED Kick Payment	2	3,565.79	-	-	3,565.79	193.27	48.32	57.98	224.97	4,090.32	3,593.84	13.8%
Subtotal Non-Expansion - Kick	3,736	\$ 9,182.54	\$ 0.00	\$ 0.00	\$ 9,182.54	\$ 497.70	\$ 124.42	\$ 149.31	\$ 579.33	\$ 10,533.31	\$ 9,545.43	10.3%
Total	3,667,128	\$ 462.46	\$ 0.93	\$ 1.68	\$ 465.07	\$ 30.98	\$ 7.81	\$ 7.67	\$ 29.77	\$ 541.31	\$ 498.74	8.5%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development 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	SFY 2026 Capitation Rate	SFY 2025 De Minimis Limited Rate	% Change
F&C												
F&C - 0-2 Months	32,013	\$ 2,438.88	\$ 128.30	\$ 20.35	\$ 2,587.54	\$ 201.81	\$ 50.45	\$ 43.25	\$ 167.80	\$ 3,050.85	\$ 2,754.17	10.8%
F&C - 3-11 Months	108,938	356.51	7.33	-	363.84	28.38	7.09	6.08	23.59	428.98	414.25	3.6%
F&C - Child 1-20 Years	2,039,194	195.22	0.30	(0.18)	195.34	15.24	3.81	3.26	12.67	230.32	210.29	9.5%
F&C - Adult 21+ Years	232,762	482.42	-	-	482.42	37.63	9.41	8.06	31.28	568.80	536.76	6.0%
Subtotal F&C	2,412,907	\$ 259.97	\$ 2.28	\$ 0.12	\$ 262.38	\$ 20.46	\$ 5.12	\$ 4.39	\$ 17.01	\$ 309.36	\$ 284.75	8.6%
SSI												
SSI - 0-2 Months	82	\$ 16,857.10	\$ 705.09	\$ 0.00	\$ 17,562.19	\$ 1,002.19	\$ 238.62	\$ 286.34	\$ 1,111.02	\$ 20,200.36	\$ 35,758.46	(43.5%)
SSI - 3-11 Months	669	6,414.75	321.11	-	6,735.86	384.38	91.52	109.82	426.12	7,747.72	9,157.89	(15.4%)
SSI - Child 1-20 Years	84,418	860.04	2.73	17.90	880.67	50.26	11.97	14.36	55.71	1,012.97	982.29	3.1%
SSI - Adult 21+ Years	193,698	1,764.91	-	4.17	1,769.08	100.95	24.04	28.84	111.92	2,034.83	1,858.40	9.5%
Subtotal SSI	278,867	\$ 1,506.58	\$ 1.80	\$ 8.32	\$ 1,516.71	\$ 86.55	\$ 20.61	\$ 24.73	\$ 95.95	\$ 1,744.54	\$ 1,620.67	7.6%
HCBS												
HCBS - Child 1-20 Years	6,742	\$ 2,821.24	\$ 4.09	\$ 0.00	\$ 2,825.33	\$ 220.36	\$ 55.09	\$ 47.22	\$ 183.22	\$ 3,331.22	\$ 3,497.54	(4.8%)
HCBS - Adult 21+ Years	11,935	1,942.81	-	-	1,942.81	151.53	37.88	32.47	125.99	2,290.68	2,040.69	12.3%
Subtotal HCBS	18,677	\$ 2,259.90	\$ 1.48	\$ 0.00	\$ 2,261.38	\$ 176.38	\$ 44.09	\$ 37.79	\$ 146.65	\$ 2,666.29	\$ 2,566.58	3.9%
SBH												
SBH - HCBS - Child 1-20 Years	3,360	\$ 304.10	\$ 0.00	\$ 0.00	\$ 304.10	\$ 41.51	\$ 9.93	\$ 5.41	\$ 21.01	\$ 381.96	\$ 327.19	16.7%
SBH - HCBS - Adult 21+ Years	8,645	100.82	-	-	100.82	13.76	3.29	1.80	6.96	126.63	162.61	(22.1%)
SBH - LaHIPP, All Ages	1,555	11.06	-	-	11.06	1.51	0.36	0.20	0.76	13.89	11.76	18.1%
SBH - CCM, All Ages	3,183	242.61	-	-	242.61	33.12	7.92	4.32	16.76	304.72	358.48	(15.0%)
SBH - Dual Eligible, All Ages	367,716	40.78	-	1.81	42.59	5.81	1.39	0.76	2.94	53.50	48.92	9.4%
SBH - Other - All Ages	10,289	267.92	-	-	267.92	36.57	8.75	4.77	18.51	336.51	342.53	(1.8%)
Subtotal SBH	394,748	\$ 51.77	\$ 0.00	\$ 1.69	\$ 53.46	\$ 7.30	\$ 1.74	\$ 0.95	\$ 3.69	\$ 67.14	\$ 63.78	5.3%
Other Populations												
Other Populations - FCC, All Ages Male & Female	56,892	\$ 489.66	\$ 1.26	\$ 0.00	\$ 490.92	\$ 38.29	\$ 9.57	\$ 8.20	\$ 31.83	\$ 578.82	\$ 433.57	33.5%
Other Populations - BCC, All Ages	474	2,582.16	-	-	2,582.16	201.39	50.35	43.16	167.45	3,044.51	3,118.50	(2.4%)
Other Populations - LAP, All Ages	16,852	187.85	0.12	-	187.97	14.66	3.67	3.14	12.19	221.63	172.13	28.8%
Other Populations - CCM, All Ages	17,923	1,697.24	3.16	-	1,700.40	132.62	33.16	28.42	110.27	2,004.87	1,606.15	24.8%
Subtotal Other Populations	92,141	\$ 680.12	\$ 1.41	\$ 0.00	\$ 681.53	\$ 53.16	\$ 13.29	\$ 11.39	\$ 44.20	\$ 803.57	\$ 627.65	28.0%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 2.64	\$ 0.00	\$ 0.00	\$ 2.64	\$ 0.21	\$ 0.05	\$ 0.04	\$ 0.17	\$ 3.11	\$ 335.75	(99.1%)
Act 421 - LaHIPP TPL - 3-11 Months	1	13.04	-	-	13.04	1.02	0.25	0.22	0.85	15.37	23.13	(33.5%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	218.60	-	-	218.60	17.05	4.26	3.65	14.18	257.74	214.28	20.3%
Subtotal Act 421 - LaHIPP TPL	3	\$ 78.09	\$ 0.00	\$ 0.00	\$ 78.09	\$ 6.09	\$ 1.52	\$ 1.31	\$ 5.06	\$ 92.07	\$ 191.05	(51.8%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	19	\$ 7,895.89	\$ 0.00	\$ 0.00	\$ 7,895.89	\$ 615.84	\$ 153.96	\$ 131.96	\$ 512.03	\$ 9,309.68	\$ 13,486.55	(31.0%)
Act 421 - Non-TPL - 3-11 Months	72	3,004.68	-	-	3,004.68	234.35	58.59	50.22	194.85	3,542.68	3,428.69	3.3%
Act 421 - Non-TPL - Child 1-18 Years	3,454	717.86	0.01	-	717.87	55.99	14.00	12.00	46.55	846.41	827.18	2.3%
Subtotal Act 421 - Non-TPL	3,545	\$ 802.78	\$ 0.01	\$ 0.00	\$ 802.79	\$ 62.61	\$ 15.65	\$ 13.42	\$ 52.06	\$ 946.53	\$ 947.86	(0.1%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 2,423.04	\$ 0.00	\$ 0.00	\$ 2,423.04	\$ 188.98	\$ 47.25	\$ 40.50	\$ 157.13	\$ 2,856.90	\$ 4,525.11	(36.9%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	99	922.06	-	-	922.06	71.92	17.98	15.41	59.79	1,087.16	1,245.06	(12.7%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,467	542.74	0.09	-	542.83	42.34	10.58	9.07	35.20	640.03	503.13	27.2%
Subtotal Act 421 - Non-LaHIPP TPL	6,606	\$ 559.81	\$ 0.09	\$ 0.00	\$ 559.90	\$ 43.67	\$ 10.92	\$ 9.36	\$ 36.31	\$ 660.15	\$ 538.60	22.6%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,603,901	\$ 637.93	\$ 0.00	\$ 0.57	\$ 638.50	\$ 40.23	\$ 10.50	\$ 10.50	\$ 40.73	\$ 740.46	\$ 654.51	13.1%
Medicaid Expansion - High Needs	323	1,193.13	-	-	1,193.13	75.18	19.61	19.61	76.10	1,383.64	1,596.91	(13.4%)
Medicaid Expansion - SBH - CCM, All Ages	201	58.98	-	-	58.98	3.72	0.97	0.97	3.76	68.40	26.01	162.9%
Medicaid Expansion - SBH - Dual Eligible, All Ages	6,024	44.44	-	-	44.44	2.80	0.73	0.73	2.83	51.54	27.14	89.9%
Medicaid Expansion - SBH - LaHIPP, All Ages	604	2.85	-	-	2.85	0.18	0.05	0.05	0.18	3.31	5.85	(43.5%)
Medicaid Expansion - SBH - Other	76	97.98	-	-	97.98	6.17	1.61	1.61	6.25	113.62	140.47	(19.1%)
Subtotal Medicaid Expansion	1,611,129	\$ 635.49	\$ 0.00	\$ 0.57	\$ 636.06	\$ 40.08	\$ 10.46	\$ 10.46	\$ 40.57	\$ 737.62	\$ 652.01	13.1%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,987	\$ 6,270.03	\$ 0.00	\$ 0.00	\$ 6,270.03	\$ 448.24	\$ 112.06	\$ 134.47	\$ 521.76	\$ 9,486.56	\$ 8,228.28	15.3%
Medicaid Expansion - Kick - EED Kick Payment	3	3,658.81	-	-	3,658.81	198.31	49.58	59.49	230.84	4,197.03	3,485.11	20.4%
Subtotal Medicaid Expansion - Kick	2,990	\$ 8,265.40	\$ 0.00	\$ 0.00	\$ 8,265.40	\$ 447.99	\$ 112.00	\$ 134.40	\$ 521.47	\$ 9,481.26	\$ 8,223.52	15.3%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,618	\$ 7,185.58	\$ 0.00	\$ 0.00	\$ 7,185.58	\$ 389.46	\$ 97.37	\$ 116.84	\$ 453.34	\$ 8,242.59	\$ 7,086.83	16.3%
Non-Expansion - Kick - EED Kick Payment	3	2,789.41	-	-	2,789.41	151.19	37.80	45.36	175.99	3,199.74	2,667.29	20.0%
Subtotal Non-Expansion - Kick	5,621	\$ 7,183.23	\$ 0.00	\$ 0.00	\$ 7,183.23	\$ 389.34	\$ 97.33	\$ 116.80	\$ 453.19	\$ 8,239.90	\$ 7,084.47	16.3%
Total	4,818,623	\$ 470.72	\$ 1.28	\$ 0.87	\$ 472.87	\$ 31.79	\$ 8.03	\$ 7.81	\$ 30.29	\$ 550.80	\$ 496.36	11.0%

APPENDIX 3: RATE CHANGE SUMMARIES (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Summary - Prior to Rate Cell Blending								
Region: Statewide	Projected Exposure	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C								
F&C - 0-2 Months	113,004	\$ 2,906.51	\$ 2,739.77	6.1%	\$ 7,820.19	\$ 10,726.70	\$ 7,844.60	36.7%
F&C - 3-11 Months	385,536	399.76	371.38	7.6%	467.36	867.12	675.16	28.4%
F&C - Child 1-20 Years	7,435,757	234.35	211.04	11.0%	75.22	309.58	254.95	21.4%
F&C - Adult 21+ Years	830,461	572.25	538.10	6.3%	214.46	786.72	658.64	19.4%
Subtotal F&C	8,764,758	\$ 308.10	\$ 281.68	9.4%	\$ 205.52	\$ 513.62	\$ 409.54	25.4%
SSI								
SSI - 0-2 Months	360	\$ 33,481.61	\$ 32,522.06	3.0%	\$ 102,797.64	\$ 136,279.25	\$ 106,399.73	28.1%
SSI - 3-11 Months	3,408	7,943.80	9,088.88	(12.6%)	18,859.10	26,802.90	23,987.23	11.7%
SSI - Child 1-20 Years	346,285	1,014.93	961.68	5.5%	418.20	1,433.14	1,289.66	11.1%
SSI - Adult 21+ Years	742,584	2,077.14	1,888.91	10.0%	1,165.22	3,242.36	2,598.35	24.8%
Subtotal SSI	1,092,637	\$ 1,769.15	\$ 1,627.60	8.7%	\$ 1,017.14	\$ 2,786.29	\$ 2,284.50	22.0%
HCBS								
HCBS - Child 1-20 Years	25,187	\$ 3,687.67	\$ 3,839.60	(4.0%)	\$ 1,334.40	\$ 5,022.07	\$ 4,909.79	2.3%
HCBS - Adult 21+ Years	40,587	2,057.44	2,007.38	2.5%	1,132.16	3,189.60	2,801.74	13.8%
Subtotal HCBS	65,774	\$ 2,681.71	\$ 2,709.00	(1.0%)	\$ 1,209.60	\$ 3,891.31	\$ 3,608.98	7.8%
SBH								
SBH - HCBS - Child 1-20 Years	14,484	\$ 309.63	\$ 317.01	(2.3%)	\$ 5.80	\$ 315.42	\$ 327.28	(3.6%)
SBH - HCBS - Adult 21+ Years	31,357	107.42	134.61	(20.2%)	11.47	118.90	143.82	(17.3%)
SBH - LaHIPP, All Ages	5,436	9.26	12.68	(27.0%)	0.51	9.77	45.65	(78.6%)
SBH - CCM, All Ages	12,336	256.72	268.71	(4.5%)	7.56	264.29	270.63	(2.3%)
SBH - Dual Eligible, All Ages	1,378,488	51.68	46.08	12.1%	3.02	54.69	48.80	12.1%
SBH - Other - All Ages	33,288	283.62	271.69	4.4%	26.39	310.01	292.54	6.0%
Subtotal SBH	1,475,389	\$ 62.18	\$ 57.45	8.2%	\$ 3.78	\$ 65.96	\$ 60.90	8.3%
Other Populations								
Other Populations - FCC, All Ages Male & Female	175,163	\$ 643.47	\$ 494.80	30.0%	\$ 225.22	\$ 868.69	\$ 614.36	41.4%
Other Populations - BCC, All Ages	1,824	2,808.38	2,993.58	(6.2%)	570.32	3,378.70	3,341.11	1.1%
Other Populations - LAP, All Ages	65,982	281.59	213.47	31.9%	53.42	335.01	239.95	39.6%
Other Populations - CCM, All Ages	60,204	1,787.58	1,616.62	10.6%	467.68	2,255.25	1,962.06	14.9%
Subtotal Other Populations	303,173	\$ 804.93	\$ 671.37	19.9%	\$ 238.05	\$ 1,042.99	\$ 816.90	27.7%
Act 421 - LaHIPP TPL								
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 4.47	\$ 317.27	(98.6%)	\$ 0.00	\$ 4.47	\$ 317.27	(98.6%)
Act 421 - LaHIPP TPL - 3-11 Months	4	15.77	23.11	(31.8%)	-	15.77	23.11	(31.8%)
Act 421 - LaHIPP TPL - Child 1-18 Years	4	258.71	210.64	22.8%	-	258.71	210.64	22.8%
Subtotal Act 421 - LaHIPP TPL	12	\$ 92.98	\$ 183.67	(49.4%)	\$ 0.00	\$ 92.98	\$ 183.67	(49.4%)
Act 421 - Non-TPL								
Act 421 - Non-TPL - 0-2 Months	49	\$ 13,148.81	\$ 14,496.34	(9.3%)	\$ 1,001.60	\$ 14,150.41	\$ 15,586.25	(9.2%)
Act 421 - Non-TPL - 3-11 Months	336	3,629.16	2,946.74	23.2%	707.73	4,336.89	3,636.55	19.3%
Act 421 - Non-TPL - Child 1-18 Years	12,528	1,055.58	849.85	24.2%	136.00	1,191.58	1,103.21	8.0%
Subtotal Act 421 - Non-TPL	12,913	\$ 1,168.43	\$ 956.20	22.2%	\$ 154.16	\$ 1,322.59	\$ 1,224.09	8.0%
Act 421 - Non-LaHIPP TPL								
Act 421 - Non-LaHIPP TPL - 0-2 Months	134	\$ 4,368.99	\$ 4,769.23	(8.4%)	\$ 1,418.76	\$ 5,787.76	\$ 4,827.80	19.9%
Act 421 - Non-LaHIPP TPL - 3-11 Months	552	1,116.11	1,104.65	1.0%	55.48	1,171.59	1,129.28	3.7%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	23,120	704.01	452.16	55.7%	13.81	717.82	462.47	55.2%
Subtotal Act 421 - Non-LaHIPP TPL	23,806	\$ 734.19	\$ 491.59	49.3%	\$ 22.69	\$ 756.88	\$ 502.50	50.6%
Medicaid Expansion								
Medicaid Expansion - Age 19-64	6,028,602	\$ 749.75	\$ 673.25	11.4%	\$ 328.33	\$ 1,078.09	\$ 846.74	27.3%
Medicaid Expansion - High Needs	2,064	1,834.09	2,688.48	(31.8%)	1,125.24	2,959.33	1,316.48	124.8%
Medicaid Expansion - SBH - CCM, All Ages	791	70.92	48.61	45.9%	5.29	76.21	262.20	(70.9%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	20,172	44.26	22.47	97.0%	14.20	58.46	24.73	136.3%
Medicaid Expansion - SBH - LaHIPP, All Ages	2,208	0.95	4.02	(76.3%)	0.12	1.07	21.71	(95.1%)
Medicaid Expansion - SBH - Other	432	32.31	32.40	(0.3%)	16.37	48.68	275.24	(82.3%)
Subtotal Medicaid Expansion	6,054,269	\$ 747.36	\$ 671.40	11.3%	\$ 327.38	\$ 1,074.74	\$ 843.74	27.4%
Medicaid Expansion - Kick								
Medicaid Expansion - Kick - Maternity Kick Payment	10,620	\$ 11,196.49	\$ 9,654.93	16.0%	\$ 22,926.11	\$ 34,122.60	\$ 23,746.56	43.7%
Medicaid Expansion - Kick - EED Kick Payment	11	4,959.57	4,092.23	21.2%	-	4,959.57	4,092.23	21.2%
Subtotal Medicaid Expansion - Kick	10,631	\$ 11,190.04	\$ 9,649.17	16.0%	\$ 22,902.39	\$ 34,092.42	\$ 23,726.22	43.7%
Non-Expansion - Kick								
Non-Expansion - Kick - Maternity Kick Payment	20,832	\$ 9,361.89	\$ 8,190.71	14.3%	\$ 19,797.88	\$ 29,159.77	\$ 20,941.20	39.2%
Non-Expansion - Kick - EED Kick Payment	11	3,630.91	3,079.97	17.9%	-	3,630.91	3,079.97	17.9%
Subtotal Non-Expansion - Kick	20,843	\$ 9,358.86	\$ 8,188.01	14.3%	\$ 19,787.43	\$ 29,146.29	\$ 20,931.78	39.2%
Total	17,792,731	\$ 562.98	\$ 510.09	10.4%	\$ 320.94	\$ 883.92	\$ 701.69	26.0%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Summary - Prior to Rate Cell Blending								
Region: Capital	Projected Exposure	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C								
F&C - 0-2 Months	29,231	\$ 2,939.01	\$ 2,839.30	3.5%	\$ 9,010.86	\$ 11,949.88	\$ 8,859.09	34.9%
F&C - 3-11 Months	100,022	422.74	351.60	20.2%	634.14	1,056.88	683.38	54.7%
F&C - Child 1-20 Years	1,948,813	237.89	209.81	13.4%	90.64	328.53	262.21	25.3%
F&C - Adult 21+ Years	218,936	593.16	557.04	6.5%	231.29	824.45	681.11	21.0%
Subtotal F&C	2,297,002	\$ 314.18	\$ 282.54	11.2%	\$ 241.23	\$ 555.41	\$ 429.87	29.2%
SSI								
SSI - 0-2 Months	164	\$ 44,228.68	\$ 26,399.23	67.5%	\$ 144,323.77	\$ 188,552.46	\$ 96,569.92	95.2%
SSI - 3-11 Months	959	7,843.42	5,403.45	45.2%	19,265.78	27,109.20	16,131.97	68.0%
SSI - Child 1-20 Years	81,195	1,084.35	1,048.91	3.4%	459.84	1,544.19	1,387.26	11.3%
SSI - Adult 21+ Years	157,372	2,264.96	2,052.89	10.3%	1,331.93	3,596.89	2,881.46	24.8%
Subtotal SSI	239,690	\$ 1,916.06	\$ 1,742.86	9.9%	\$ 1,206.10	\$ 3,122.16	\$ 2,492.42	25.3%
HCBS								
HCBS - Child 1-20 Years	7,955	\$ 4,130.70	\$ 4,436.66	(6.9%)	\$ 1,562.60	\$ 5,693.30	\$ 5,144.09	10.7%
HCBS - Adult 21+ Years	10,750	2,033.28	2,062.08	(1.4%)	1,216.41	3,249.69	3,054.67	6.4%
Subtotal HCBS	18,705	\$ 2,925.28	\$ 3,071.96	(4.8%)	\$ 1,363.64	\$ 4,288.93	\$ 3,943.28	8.8%
SBH								
SBH - HCBS - Child 1-20 Years	5,063	\$ 308.59	\$ 252.44	22.2%	\$ 5.92	\$ 314.52	\$ 322.58	(2.5%)
SBH - HCBS - Adult 21+ Years	8,680	119.80	161.40	(25.8%)	12.89	132.69	171.75	(22.7%)
SBH - LaHIPP, All Ages	2,211	9.22	6.63	39.0%	0.91	10.13	41.74	(75.7%)
SBH - CCM, All Ages	3,037	229.75	248.58	(7.6%)	7.70	237.45	254.00	(6.5%)
SBH - Dual Eligible, All Ages	318,936	47.37	41.33	14.6%	2.70	50.07	43.68	14.6%
SBH - Other - All Ages	8,713	209.78	232.96	(9.9%)	21.34	231.12	290.32	(20.4%)
Subtotal SBH	346,640	\$ 58.44	\$ 53.83	8.5%	\$ 3.50	\$ 61.94	\$ 58.99	5.0%
Other Populations								
Other Populations - FCC, All Ages Male & Female	50,064	\$ 666.15	\$ 516.19	29.1%	\$ 257.67	\$ 923.83	\$ 639.62	44.4%
Other Populations - BCC, All Ages	620	2,640.37	3,310.39	(20.2%)	647.15	3,287.53	3,493.45	(5.9%)
Other Populations - LAP, All Ages	20,593	286.27	248.91	15.0%	53.04	339.31	232.60	45.9%
Other Populations - CCM, All Ages	12,921	1,830.40	1,770.41	3.4%	546.67	2,377.07	2,149.29	10.6%
Subtotal Other Populations	84,198	\$ 766.44	\$ 663.86	15.5%	\$ 254.84	\$ 1,021.29	\$ 792.76	28.8%
Act 421 - LaHIPP TPL								
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 6.79	\$ 243.21	(97.2%)	\$ 0.00	\$ 6.79	\$ 243.21	(97.2%)
Act 421 - LaHIPP TPL - 3-11 Months	1	15.67	13.79	13.7%	-	15.67	13.79	13.7%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	276.18	229.96	20.1%	-	276.18	229.96	20.1%
Subtotal Act 421 - LaHIPP TPL	3	\$ 99.54	\$ 162.32	(38.7%)	\$ 0.00	\$ 99.54	\$ 162.32	(38.7%)
Act 421 - Non-TPL								
Act 421 - Non-TPL - 0-2 Months	10	\$ 20,316.98	\$ 9,868.84	105.9%	\$ 4,221.39	\$ 24,538.37	\$ 14,918.00	64.5%
Act 421 - Non-TPL - 3-11 Months	168	3,631.04	2,046.91	77.4%	1,306.10	4,937.14	2,217.26	122.7%
Act 421 - Non-TPL - Child 1-18 Years	4,118	986.39	884.78	11.5%	58.77	1,045.16	1,501.21	(30.4%)
Subtotal Act 421 - Non-TPL	4,296	\$ 1,134.81	\$ 951.14	19.3%	\$ 117.24	\$ 1,252.05	\$ 1,560.44	(19.8%)
Act 421 - Non-LaHIPP TPL								
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 6,234.75	\$ 3,279.11	90.1%	\$ 120.02	\$ 6,354.78	\$ 3,385.49	87.7%
Act 421 - Non-LaHIPP TPL - 3-11 Months	255	1,109.17	742.67	49.3%	83.35	1,192.52	780.03	52.9%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	7,405	629.69	358.65	75.6%	14.15	643.84	474.61	35.7%
Subtotal Act 421 - Non-LaHIPP TPL	7,700	\$ 674.68	\$ 386.54	74.5%	\$ 17.00	\$ 691.68	\$ 499.85	38.4%
Medicaid Expansion								
Medicaid Expansion - Age 19-64	1,521,501	\$ 788.07	\$ 710.56	10.9%	\$ 359.76	\$ 1,147.83	\$ 905.44	26.8%
Medicaid Expansion - High Needs	761	1,943.66	3,025.95	(35.8%)	1,479.00	3,422.66	1,133.10	202.1%
Medicaid Expansion - SBH - CCM, All Ages	67	594.13	73.83	704.8%	44.14	638.28	252.19	153.1%
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,416	39.27	21.32	84.2%	21.64	60.90	23.85	155.4%
Medicaid Expansion - SBH - LaHIPP, All Ages	913	0.12	1.79	(93.5%)	0.13	0.24	19.86	(98.8%)
Medicaid Expansion - SBH - Other	248	17.93	-	0.0%	1.50	19.43	269.40	(92.8%)
Subtotal Medicaid Expansion	1,527,906	\$ 785.88	\$ 709.16	10.8%	\$ 359.05	\$ 1,144.93	\$ 902.35	26.9%
Medicaid Expansion - Kick								
Medicaid Expansion - Kick - Maternity Kick Payment	2,791	\$ 11,071.41	\$ 9,407.82	17.7%	\$ 22,542.79	\$ 33,614.20	\$ 22,914.22	46.7%
Medicaid Expansion - Kick - EED Kick Payment	3	4,898.19	3,984.70	22.9%	-	4,898.19	3,984.70	22.9%
Subtotal Medicaid Expansion - Kick	2,794	\$ 11,064.78	\$ 9,402.00	17.7%	\$ 22,518.58	\$ 33,583.37	\$ 22,893.89	46.7%
Non-Expansion - Kick								
Non-Expansion - Kick - Maternity Kick Payment	5,606	\$ 8,943.53	\$ 7,727.49	15.7%	\$ 18,147.32	\$ 27,090.84	\$ 19,496.24	39.0%
Non-Expansion - Kick - EED Kick Payment	3	3,471.84	2,908.42	19.4%	-	3,471.84	2,908.42	19.4%
Subtotal Non-Expansion - Kick	5,609	\$ 8,940.60	\$ 7,724.92	15.7%	\$ 18,137.61	\$ 27,078.21	\$ 19,487.37	39.0%
Total	4,526,140	\$ 577.16	\$ 521.18	10.7%	\$ 354.66	\$ 931.82	\$ 730.93	27.5%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Summary - Prior to Rate Cell Blending									
Region: Gulf	Projected Exposure	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change	
F&C									
F&C - 0-2 Months	29,568	\$ 2,975.43	\$ 2,815.72	5.7%	\$ 7,762.92	\$ 10,738.34	\$ 7,759.43	38.4%	
F&C - 3-11 Months	100,180	372.43	366.47	1.6%	339.66	712.09	641.40	11.0%	
F&C - Child 1-20 Years	1,964,311	241.16	210.54	14.5%	83.73	324.89	254.85	27.5%	
F&C - Adult 21+ Years	218,392	573.67	536.61	6.9%	246.34	820.01	672.41	22.0%	
Subtotal F&C	2,312,451	\$ 313.21	\$ 281.40	11.3%	\$ 208.36	\$ 521.57	\$ 406.99	28.2%	
SSI									
SSI - 0-2 Months	65	\$ 30,363.93	\$ 48,974.99	(38.0%)	\$ 88,554.94	\$ 118,918.87	\$ 141,641.09	(16.0%)	
SSI - 3-11 Months	943	8,380.76	11,392.99	(26.4%)	20,934.14	29,314.89	30,082.68	(2.6%)	
SSI - Child 1-20 Years	90,313	1,062.75	961.76	10.5%	512.53	1,575.28	1,310.95	20.2%	
SSI - Adult 21+ Years	209,807	2,151.20	1,961.79	9.7%	1,401.06	3,552.26	2,704.72	31.3%	
Subtotal SSI	301,128	\$ 1,850.36	\$ 1,701.55	8.7%	\$ 1,214.55	\$ 3,064.91	\$ 2,402.43	27.6%	
HCBS									
HCBS - Child 1-20 Years	6,977	\$ 3,565.80	\$ 3,653.21	(2.4%)	\$ 1,690.02	\$ 5,255.82	\$ 5,118.30	2.7%	
HCBS - Adult 21+ Years	9,621	1,737.24	1,742.83	(0.3%)	901.33	2,638.57	2,221.11	18.8%	
Subtotal HCBS	16,598	\$ 2,505.88	\$ 2,545.86	(1.6%)	\$ 1,232.86	\$ 3,738.73	\$ 3,438.95	8.7%	
SBH									
SBH - HCBS - Child 1-20 Years	4,158	\$ 308.20	\$ 350.57	(12.1%)	\$ 4.44	\$ 312.65	\$ 326.27	(4.2%)	
SBH - HCBS - Adult 21+ Years	8,226	69.83	82.15	(15.0%)	9.73	79.57	89.17	(10.8%)	
SBH - LaHIPP, All Ages	956	3.66	15.92	(77.0%)	0.04	3.69	44.45	(91.7%)	
SBH - CCM, All Ages	3,141	312.93	223.94	39.7%	9.15	322.08	221.95	45.1%	
SBH - Dual Eligible, All Ages	380,316	49.71	43.36	14.6%	3.36	53.06	45.28	14.7%	
SBH - Other - All Ages	4,546	382.99	242.38	58.0%	35.59	418.58	290.71	44.0%	
Subtotal SBH	401,343	\$ 58.52	\$ 50.94	14.9%	\$ 3.90	\$ 62.42	\$ 54.20	15.2%	
Other Populations									
Other Populations - FCC, All Ages Male & Female	28,088	\$ 624.29	\$ 479.44	30.2%	\$ 291.81	\$ 916.10	\$ 650.14	40.9%	
Other Populations - BCC, All Ages	365	2,169.97	2,200.39	(1.4%)	341.08	2,511.05	3,158.40	(20.5%)	
Other Populations - LAP, All Ages	17,778	328.85	223.48	47.2%	75.03	403.87	246.55	63.8%	
Other Populations - CCM, All Ages	16,576	1,638.35	1,479.01	10.8%	534.57	2,172.93	1,791.38	21.3%	
Subtotal Other Populations	62,807	\$ 817.27	\$ 680.79	20.0%	\$ 294.81	\$ 1,112.08	\$ 851.67	30.6%	
Act 421 - LaHIPP TPL									
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 4.46	\$ 453.16	(99.0%)	\$ 0.00	\$ 4.46	\$ 453.16	(99.0%)	
Act 421 - LaHIPP TPL - 3-11 Months	1	16.71	28.63	(41.6%)	-	16.71	28.63	(41.6%)	
Act 421 - LaHIPP TPL - Child 1-18 Years	1	270.54	210.16	28.7%	-	270.54	210.16	28.7%	
Subtotal Act 421 - LaHIPP TPL	3	\$ 97.24	\$ 230.65	(57.8%)	\$ 0.00	\$ 97.24	\$ 230.65	(57.8%)	
Act 421 - Non-TPL									
Act 421 - Non-TPL - 0-2 Months	19	\$ 13,352.04	\$ 18,203.63	(26.7%)	\$ 325.31	\$ 13,677.35	\$ 18,339.81	(25.4%)	
Act 421 - Non-TPL - 3-11 Months	48	3,850.09	4,335.94	(11.2%)	205.40	4,055.49	8,472.65	(52.1%)	
Act 421 - Non-TPL - Child 1-18 Years	3,063	1,247.92	577.83	116.0%	404.30	1,652.22	894.40	84.7%	
Subtotal Act 421 - Non-TPL	3,130	\$ 1,361.31	\$ 742.45	83.4%	\$ 400.77	\$ 1,762.08	\$ 1,116.52	57.8%	
Act 421 - Non-LaHIPP TPL									
Act 421 - Non-LaHIPP TPL - 0-2 Months	53	\$ 4,123.43	\$ 6,107.82	(32.5%)	\$ 3,495.34	\$ 7,618.77	\$ 6,151.59	23.9%	
Act 421 - Non-LaHIPP TPL - 3-11 Months	113	1,181.49	1,541.17	(23.3%)	35.18	1,216.68	1,554.72	(21.7%)	
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,048	600.21	422.42	42.1%	13.64	613.85	457.22	34.3%	
Subtotal Act 421 - Non-LaHIPP TPL	6,214	\$ 640.83	\$ 491.25	30.4%	\$ 43.73	\$ 684.56	\$ 525.75	30.2%	
Medicaid Expansion									
Medicaid Expansion - Age 19-64	1,670,286	\$ 757.06	\$ 682.17	11.0%	\$ 383.91	\$ 1,140.97	\$ 859.30	32.8%	
Medicaid Expansion - High Needs	722	1,623.15	2,117.16	(23.3%)	840.99	2,464.13	1,723.39	43.0%	
Medicaid Expansion - SBH - CCM, All Ages	201	10.41	58.79	(82.3%)	0.58	10.99	221.19	(95.0%)	
Medicaid Expansion - SBH - Dual Eligible, All Ages	5,592	39.78	17.83	123.1%	16.77	56.55	20.86	171.1%	
Medicaid Expansion - SBH - LaHIPP, All Ages	333	-	5.82	(100.0%)	0.15	0.15	17.71	(99.2%)	
Medicaid Expansion - SBH - Other	32	12.29	-	0.0%	0.79	13.08	268.47	(95.1%)	
Subtotal Medicaid Expansion	1,677,166	\$ 754.79	\$ 680.35	10.9%	\$ 382.75	\$ 1,137.54	\$ 856.62	32.8%	
Medicaid Expansion - Kick									
Medicaid Expansion - Kick - Maternity Kick Payment	2,759	\$ 12,382.12	\$ 10,629.30	16.5%	\$ 26,135.34	\$ 38,517.46	\$ 26,009.07	48.1%	
Medicaid Expansion - Kick - EED Kick Payment	3	5,478.07	4,502.06	21.7%	-	5,478.07	4,502.06	21.7%	
Subtotal Medicaid Expansion - Kick	2,762	\$ 12,374.62	\$ 10,622.65	16.5%	\$ 26,106.95	\$ 38,481.58	\$ 25,985.71	48.1%	
Non-Expansion - Kick									
Non-Expansion - Kick - Maternity Kick Payment	5,874	\$ 10,084.83	\$ 8,825.37	14.3%	\$ 22,029.17	\$ 32,114.00	\$ 22,923.54	40.1%	
Non-Expansion - Kick - EED Kick Payment	3	3,914.89	3,321.63	17.9%	-	3,914.89	3,321.63	17.9%	
Subtotal Non-Expansion - Kick	5,877	\$ 10,081.68	\$ 8,822.56	14.3%	\$ 22,017.93	\$ 32,099.61	\$ 22,913.54	40.1%	
Total	4,780,840	\$ 578.45	\$ 522.13	10.8%	\$ 362.50	\$ 940.95	\$ 720.96	30.5%	

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Summary - Prior to Rate Cell Blending									
Region: North	Projected Exposure	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change	
F&C									
F&C - 0-2 Months	22,192	\$ 2,563.66	\$ 2,486.71	3.1%	\$ 6,173.96	\$ 8,737.62	\$ 6,729.62		29.8%
F&C - 3-11 Months	76,396	363.85	342.60	6.2%	330.11	693.96	561.29		23.6%
F&C - Child 1-20 Years	1,483,439	226.24	214.32	5.6%	52.09	278.33	251.66		10.6%
F&C - Adult 21+ Years	160,371	546.79	516.21	5.9%	175.86	722.64	622.69		16.1%
Subtotal F&C	1,742,398	\$ 291.55	\$ 276.67	5.4%	\$ 153.64	\$ 445.19	\$ 381.89		16.6%
SSI									
SSI - 0-2 Months	49	\$ 23,873.28	\$ 25,773.43	(7.4%)	\$ 58,397.69	\$ 82,270.97	\$ 87,479.40		(6.0%)
SSI - 3-11 Months	837	7,723.23	10,660.43	(27.6%)	17,452.28	25,175.51	26,687.97		(5.7%)
SSI - Child 1-20 Years	90,359	906.69	863.96	4.9%	304.06	1,210.65	1,143.50		5.9%
SSI - Adult 21+ Years	181,707	1,874.07	1,695.25	10.5%	974.10	2,848.17	2,342.36		21.6%
Subtotal SSI	272,952	\$ 1,575.68	\$ 1,451.87	8.5%	\$ 813.13	\$ 2,388.80	\$ 2,035.43		17.4%
HCBS									
HCBS - Child 1-20 Years	3,513	\$ 3,610.60	\$ 3,514.26	2.7%	\$ 621.24	\$ 4,231.84	\$ 4,419.24		(4.2%)
HCBS - Adult 21+ Years	8,281	2,124.68	2,195.72	(3.2%)	1,409.57	3,534.25	3,165.64		11.6%
Subtotal HCBS	11,794	\$ 2,567.28	\$ 2,588.46	(0.8%)	\$ 1,174.76	\$ 3,742.04	\$ 3,539.04		5.7%
SBH									
SBH - HCBS - Child 1-20 Years	1,903	\$ 187.78	\$ 397.48	(52.8%)	\$ 4.87	\$ 192.64	\$ 347.99		(44.6%)
SBH - HCBS - Adult 21+ Years	5,806	113.56	127.18	(10.7%)	10.04	123.59	135.83		(9.0%)
SBH - LaHIPP, All Ages	714	6.78	28.10	(76.7%)	0.14	6.92	51.53		(86.6%)
SBH - CCM, All Ages	2,975	173.56	240.50	(27.8%)	8.94	182.50	247.56		(26.3%)
SBH - Dual Eligible, All Ages	311,520	56.34	50.93	10.6%	3.07	53.91	59.41		10.2%
SBH - Other - All Ages	9,740	247.42	245.19	0.9%	22.61	270.03	289.57		(6.7%)
Subtotal SBH	332,658	\$ 64.62	\$ 61.58	4.9%	\$ 3.82	\$ 68.44	\$ 65.65		4.3%
Other Populations									
Other Populations - FCC, All Ages Male & Female	40,119	\$ 720.29	\$ 565.69	27.3%	\$ 225.41	\$ 945.70	\$ 681.14		38.8%
Other Populations - BCC, All Ages	365	3,425.53	3,086.39	11.0%	763.19	4,188.72	3,474.87		20.5%
Other Populations - LAP, All Ages	10,759	288.46	193.85	48.8%	48.87	337.33	235.44		43.3%
Other Populations - CCM, All Ages	12,784	1,633.15	1,654.27	(1.3%)	237.93	1,871.08	2,050.65		(8.8%)
Subtotal Other Populations	64,027	\$ 845.41	\$ 734.93	15.0%	\$ 201.31	\$ 1,046.72	\$ 895.62		16.9%
Act 421 - LaHIPP TPL									
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 3.52	\$ 236.97	(98.5%)	\$ 0.00	\$ 3.52	\$ 236.97		(98.5%)
Act 421 - LaHIPP TPL - 3-11 Months	1	15.32	26.88	(43.0%)	-	15.32	26.88		(43.0%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	230.37	188.16	22.4%	-	230.37	188.16		22.4%
Subtotal Act 421 - LaHIPP TPL	3	\$ 83.07	\$ 150.67	(44.9%)	\$ 0.00	\$ 83.07	\$ 150.67		(44.9%)
Act 421 - Non-TPL									
Act 421 - Non-TPL - 0-2 Months	1	\$ 10,549.50	\$ 9,518.76	10.8%	\$ 368.33	\$ 10,917.83	\$ 9,713.54		12.4%
Act 421 - Non-TPL - 3-11 Months	48	3,531.39	3,984.03	(11.4%)	169.46	3,700.85	4,073.49		(9.1%)
Act 421 - Non-TPL - Child 1-18 Years	1,893	1,276.49	1,255.38	1.7%	91.25	1,367.73	934.32		46.4%
Subtotal Act 421 - Non-TPL	1,942	\$ 1,337.00	\$ 1,327.08	0.7%	\$ 93.32	\$ 1,430.32	\$ 1,016.43		40.7%
Act 421 - Non-LaHIPP TPL									
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 3,237.37	\$ 3,193.81	1.4%	\$ 0.00	\$ 3,237.37	\$ 3,193.81		1.4%
Act 421 - Non-LaHIPP TPL - 3-11 Months	85	1,083.69	1,446.72	(25.1%)	15.54	1,099.23	1,455.79		(24.5%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,200	1,201.48	621.79	93.2%	11.01	1,212.49	464.28		161.2%
Subtotal Act 421 - Non-LaHIPP TPL	3,286	\$ 1,199.05	\$ 643.91	86.2%	\$ 11.13	\$ 1,210.18	\$ 490.76		146.6%
Medicaid Expansion									
Medicaid Expansion - Age 19-64	1,232,914	\$ 704.66	\$ 639.50	10.2%	\$ 266.48	\$ 971.14	\$ 798.16		21.7%
Medicaid Expansion - High Needs	258	2,665.15	4,658.46	(42.8%)	1,793.08	4,458.23	1,027.22		334.0%
Medicaid Expansion - SBH - CCM, All Ages	322	1.39	51.11	(97.3%)	0.11	1.50	235.69		(99.4%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,140	45.05	23.15	94.6%	5.71	50.76	24.39		108.1%
Medicaid Expansion - SBH - LaHIPP, All Ages	358	-	4.91	(100.0%)	-	-	22.44		(100.0%)
Medicaid Expansion - SBH - Other	76	6.34	43.68	(85.5%)	0.41	6.76	273.26		(97.5%)
Subtotal Medicaid Expansion	1,238,068	\$ 702.43	\$ 637.91	10.1%	\$ 265.77	\$ 968.20	\$ 795.22		21.8%
Medicaid Expansion - Kick									
Medicaid Expansion - Kick - Maternity Kick Payment	2,083	\$ 12,245.69	\$ 10,741.23	14.0%	\$ 22,819.15	\$ 35,064.84	\$ 24,606.52		42.5%
Medicaid Expansion - Kick - EED Kick Payment	2	5,417.71	4,549.47	19.1%	-	5,417.71	4,549.47		19.1%
Subtotal Medicaid Expansion - Kick	2,085	\$ 12,239.14	\$ 10,735.29	14.0%	\$ 22,797.27	\$ 35,036.40	\$ 24,587.28		42.5%
Non-Expansion - Kick									
Non-Expansion - Kick - Maternity Kick Payment	3,734	\$ 10,536.76	\$ 9,548.61	10.3%	\$ 20,275.11	\$ 30,811.87	\$ 22,411.17		37.5%
Non-Expansion - Kick - EED Kick Payment	2	4,090.32	3,593.84	13.8%	-	4,090.32	3,593.84		13.8%
Subtotal Non-Expansion - Kick	3,736	\$ 10,533.31	\$ 9,545.43	10.3%	\$ 20,264.26	\$ 30,797.57	\$ 22,401.09		37.5%
Total	3,667,128	\$ 541.31	\$ 498.74	8.5%	\$ 264.56	\$ 805.87	\$ 672.12		19.9%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Summary - Prior to Rate Cell Blending									
Region: South Central	Projected Exposure	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change	
F&C									
F&C - 0-2 Months	32,013	\$ 3,050.85	\$ 2,754.17	10.8%	\$ 7,927.07	\$ 10,977.92	\$ 7,769.86	41.3%	
F&C - 3-11 Months	108,938	428.98	414.25	3.6%	527.89	956.87	778.53	22.9%	
F&C - Child 1-20 Years	2,039,194	230.32	210.29	9.5%	69.13	299.44	250.51	19.5%	
F&C - Adult 21+ Years	232,762	568.80	536.76	6.0%	195.33	764.13	649.36	17.7%	
Subtotal F&C	2,412,907	\$ 309.36	\$ 284.75	8.6%	\$ 206.27	\$ 515.63	\$ 412.59	25.0%	
SSI									
SSI - 0-2 Months	82	\$ 20,200.36	\$ 35,758.46	(43.5%)	\$ 57,567.00	\$ 77,767.36	\$ 109,430.16	(28.9%)	
SSI - 3-11 Months	669	7,747.72	9,157.89	(15.4%)	17,111.36	24,859.08	23,276.73	6.8%	
SSI - Child 1-20 Years	84,418	1,012.97	982.29	3.1%	399.43	1,412.40	1,329.48	6.2%	
SSI - Adult 21+ Years	193,698	2,034.83	1,858.40	9.5%	953.60	2,988.44	2,493.24	19.9%	
Subtotal SSI	278,867	\$ 1,744.54	\$ 1,620.67	7.6%	\$ 841.25	\$ 2,585.80	\$ 2,222.25	16.4%	
HCBS									
HCBS - Child 1-20 Years	6,742	\$ 3,331.22	\$ 3,497.54	(4.8%)	\$ 1,068.71	\$ 4,399.93	\$ 4,673.15	(5.8%)	
HCBS - Adult 21+ Years	11,935	2,290.68	2,040.69	12.3%	1,049.87	3,340.55	2,789.49	19.8%	
Subtotal HCBS	18,677	\$ 2,666.29	\$ 2,566.58	3.9%	\$ 1,056.67	\$ 3,722.96	\$ 3,469.45	7.3%	
SBH									
SBH - HCBS - Child 1-20 Years	3,360	\$ 381.96	\$ 327.19	16.7%	\$ 7.81	\$ 389.77	\$ 323.87	20.3%	
SBH - HCBS - Adult 21+ Years	8,645	126.63	162.61	(22.1%)	12.68	139.31	173.15	(19.5%)	
SBH - LaHIPP, All Ages	1,555	13.89	11.76	18.1%	0.40	14.29	49.23	(71.0%)	
SBH - CCM, All Ages	3,183	304.72	358.48	(15.0%)	4.58	309.30	355.09	(13.1%)	
SBH - Dual Eligible, All Ages	367,716	53.50	48.92	9.4%	2.89	56.39	51.53	9.4%	
SBH - Other - All Ages	10,289	336.51	342.53	(1.8%)	30.19	366.70	298.04	23.0%	
Subtotal SBH	394,748	\$ 67.14	\$ 63.78	5.3%	\$ 3.87	\$ 71.01	\$ 65.38	8.6%	
Other Populations									
Other Populations - FCC, All Ages Male & Female	56,892	\$ 578.82	\$ 433.57	33.5%	\$ 163.65	\$ 742.46	\$ 527.37	40.8%	
Other Populations - BCC, All Ages	474	3,044.51	3,118.50	(2.4%)	497.84	3,542.35	3,179.54	11.4%	
Other Populations - LAP, All Ages	16,852	221.63	172.13	28.8%	33.98	255.61	244.84	4.4%	
Other Populations - CCM, All Ages	17,923	2,004.87	1,606.15	24.8%	512.73	2,517.60	1,921.74	31.0%	
Subtotal Other Populations	92,141	\$ 803.57	\$ 627.65	28.0%	\$ 209.55	\$ 1,013.12	\$ 760.57	33.2%	
Act 421 - LaHIPP TPL									
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 3.11	\$ 335.75	(99.1%)	\$ 0.00	\$ 3.11	\$ 335.75	(99.1%)	
Act 421 - LaHIPP TPL - 3-11 Months	1	15.37	23.13	(33.5%)	-	15.37	23.13	(33.5%)	
Act 421 - LaHIPP TPL - Child 1-18 Years	1	257.74	214.28	20.3%	-	257.74	214.28	20.3%	
Subtotal Act 421 - LaHIPP TPL	3	\$ 92.07	\$ 191.05	(51.8%)	\$ 0.00	\$ 92.07	\$ 191.05	(51.8%)	
Act 421 - Non-TPL									
Act 421 - Non-TPL - 0-2 Months	19	\$ 9,309.68	\$ 13,486.55	(31.0%)	\$ 16.58	\$ 9,326.26	\$ 13,493.49	(30.9%)	
Act 421 - Non-TPL - 3-11 Months	72	3,542.68	3,428.69	3.3%	5.25	3,547.92	3,432.85	3.4%	
Act 421 - Non-TPL - Child 1-18 Years	3,454	846.41	827.18	2.3%	14.69	861.10	906.43	(5.0%)	
Subtotal Act 421 - Non-TPL	3,545	\$ 946.53	\$ 947.86	(0.1%)	\$ 14.51	\$ 961.04	\$ 1,025.21	(6.3%)	
Act 421 - Non-LaHIPP TPL									
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 2,856.90	\$ 4,525.11	(36.9%)	\$ 1.50	\$ 2,858.40	\$ 4,556.93	(37.3%)	
Act 421 - Non-LaHIPP TPL - 3-11 Months	99	1,087.16	1,245.06	(12.7%)	41.15	1,128.31	1,262.89	(10.7%)	
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,467	640.03	503.13	27.2%	14.97	654.99	452.57	44.7%	
Subtotal Act 421 - Non-LaHIPP TPL	6,606	\$ 660.15	\$ 538.60	22.6%	\$ 15.28	\$ 675.43	\$ 489.56	38.0%	
Medicaid Expansion									
Medicaid Expansion - Age 19-64	1,603,901	\$ 740.46	\$ 654.51	13.1%	\$ 288.20	\$ 1,028.65	\$ 815.32	26.2%	
Medicaid Expansion - High Needs	323	1,383.64	1,596.91	(13.4%)	393.69	1,777.33	1,070.04	66.1%	
Medicaid Expansion - SBH - CCM, All Ages	201	68.40	26.01	162.9%	5.34	73.74	349.01	(78.9%)	
Medicaid Expansion - SBH - Dual Eligible, All Ages	6,024	51.54	27.14	89.9%	12.19	63.73	29.22	118.1%	
Medicaid Expansion - SBH - LaHIPP, All Ages	604	3.31	5.85	(43.5%)	0.15	3.46	26.28	(86.8%)	
Medicaid Expansion - SBH - Other	76	113.62	140.47	(19.1%)	87.42	201.05	299.14	(32.8%)	
Subtotal Medicaid Expansion	1,611,129	\$ 737.62	\$ 652.01	13.1%	\$ 287.03	\$ 1,024.65	\$ 812.05	26.2%	
Medicaid Expansion - Kick									
Medicaid Expansion - Kick - Maternity Kick Payment	2,987	\$ 9,486.56	\$ 8,228.28	15.3%	\$ 20,394.60	\$ 29,881.17	\$ 21,834.76	36.9%	
Medicaid Expansion - Kick - EED Kick Payment	3	4,197.03	3,485.11	20.4%	-	4,197.03	3,485.11	20.4%	
Subtotal Medicaid Expansion - Kick	2,990	\$ 9,481.26	\$ 8,223.52	15.3%	\$ 20,374.14	\$ 29,855.40	\$ 21,816.35	36.8%	
Non-Expansion - Kick									
Non-Expansion - Kick - Maternity Kick Payment	5,618	\$ 8,242.59	\$ 7,086.83	16.3%	\$ 18,794.76	\$ 27,037.35	\$ 19,333.40	39.8%	
Non-Expansion - Kick - EED Kick Payment	3	3,199.74	2,667.29	20.0%	-	3,199.74	2,667.29	20.0%	
Subtotal Non-Expansion - Kick	5,621	\$ 8,239.90	\$ 7,084.47	16.3%	\$ 18,784.73	\$ 27,024.63	\$ 19,324.50	39.8%	
Total	4,818,623	\$ 550.80	\$ 496.36	11.0%	\$ 290.95	\$ 841.74	\$ 677.58	24.2%	

APPENDIX 4: PARISH TO REGION MAPPING

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Appendix 4 - Parish Mapping	
Parish	Region
Ascension	Capital
East Baton Rouge	Capital
East Feliciana	Capital
Iberville	Capital
Livingston	Capital
Pointe Coupee	Capital
St. Helena	Capital
St. Tammany	Capital
Tangipahoa	Capital
Washington	Capital
West Baton Rouge	Capital
West Feliciana	Capital
Assumption	Gulf
Jefferson	Gulf
Lafourche	Gulf
Orleans	Gulf
Plaquemines	Gulf
St. Bernard	Gulf
St. Charles	Gulf
St. James	Gulf
St. John The Baptist	Gulf
St. Mary	Gulf
Terrebonne	Gulf
Bienville	North
Bossier	North
Caddo	North
Caldwell	North
Claiborne	North
DeSoto	North
East Carroll	North
Franklin	North
Jackson	North
Lincoln	North
Madison	North
Morehouse	North
Natchitoches	North
Ouachita	North
Red River	North
Richland	North
Sabine	North
Tensas	North
Union	North
Webster	North
West Carroll	North
Acadia	South Central
Allen	South Central
Avoyelles	South Central
Beauregard	South Central
Calcasieu	South Central
Cameron	South Central
Catahoula	South Central
Concordia	South Central
Evangeline	South Central
Grant	South Central
Iberia	South Central
Jefferson Davis	South Central
LaSalle	South Central
Lafayette	South Central
Rapides	South Central
St. Landry	South Central
St. Martin	South Central
Vermilion	South Central
Vernon	South Central
Winn	South Central

APPENDIX 5: COVERED POPULATIONS

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2025 Certification Rate Certification Appendix Ss - Covered Populations					
Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt In	SBH and NEMT
CCM*				x	x
Dual Eligibles**					x
ABD (Aged, Blind, and					
	Acute Care Hospitals (LOS > 30 days)	All Ages	x		
	ADHC (Adult Day Health Services Waiver)	All Ages		x	
	BPL (Walker vs. Bayer)	All Ages	x		
	Children's Medicaid Option (LaHIPP)	Child			x
	Children's Medicaid Option (Non-LaHIPP TPL)	Child	x		
	Children's Medicaid Option (Non-TPL)	Child			
	Children's Waiver - Louisiana Children's Choice	All Ages		x	
	Community Choice Waiver	All Ages		x	
	Disability Medicaid	All Ages	x		
	Disabled Adult Child	All Ages	x		
	Disabled Widow/Widower (DWW)	All Ages	x		
	Early Widow/Widowers	All Ages			
	Excess Home Equity Over SIL and NF Fee (Aged)	Adult			x
	Excess Home Equity Over SIL and NF Fee (Blind and Disabled)	All Ages			x
	Excess Home Equity SSI Under SIL (Aged)	Adult			x
	Excess Home Equity SSI Under SIL (Blind and Disabled)	All Ages			x
	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Adult			x
	Excess Home Equity SSI Under SIL-Reg LTC (Blind and Disabled)	All Ages			x
	Family Opportunity Program	All Ages	x		
	Forced Benefits (Aged)	Adult			x
	Forced Benefits (Blind)	All Ages			x
	Former SSI	All Ages	x		
	LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	All Ages			
	LTC (Long Term Care) (Aged)	Adult	x		x
	LTC (Long Term Care) (Blind and Disabled)	All Ages			x
	LTC MNP/Transfer of Resources (Aged)	Adult			x
	LTC MNP/Transfer of Resources (Blind and Disabled)	All Ages			x
	LTC Payment Denial/Late Admission Packet (Aged)	Adult			x
	LTC Payment Denial/Late Admission Packet (Blind and Disabled)	All Ages			x
	LTC Spenddown MNP (Aged)	Adult			x
	LTC Spenddown MNP (Blind and Disabled)	All Ages			x
	Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)	All Ages	x		
	New Opportunities Waiver - SSI	All Ages		x	
	New Opportunities Waiver Fund	All Ages		x	
	New Opportunities Waiver, non-SSI	All Ages		x	
	PICKLE	All Ages	x		
	Provisional Medicaid	All Ages	x		
	Residential Options Waiver - NON-SSI	All Ages		x	
	Residential Options Waiver - SSI	All Ages		x	
	Section 4913 Children	All Ages	x		
	SGA Disabled W/WDS	All Ages	x		
	SSI (Supplemental Security Income)	All Ages			
	SSI Children's Waiver - Louisiana Children's Choice	All Ages		x	
	SSI Community Choice Waiver	All Ages		x	
	SSI Conversion	All Ages	x		
	SSI Conversion/Refugee Cash Assistance (RCA) / LFC Basic	All Ages	x		
	SSI New Opportunities Waiver Fund	All Ages		x	
	SSI Payment Denial/Late Admission (Aged)	Adult			x
	SSI Payment Denial/Late Admission (Blind and Disabled)	All Ages			x
	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Child			x
	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Child			x
	SSI Transfer of Resource(s)/LTC (Aged)	Adult			x
	SSI Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			x
	SSI/ADHC	All Ages		x	
	SSI/LTC (Aged)	Adult			x
	SSI/LTC (Blind and Disabled)	All Ages			x
	SSI/Private ICF/DD (Blind)	Child			x
	SSI/Public ICF/DD (Blind)	Child			x
	Supports Waiver	All Ages		x	
	Supports Waiver SSI	All Ages		x	
	Transfer of Resource(s)/LTC (Aged)	Adult			x
	Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			x
Families and Children					
	Breast and/or Cervical Cancer	All Ages	x		
	CHAMP Child	All Ages	x		
	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	x		
	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	x		
	Deemed Eligible	All Ages	x		
	ELE - Food Stamps (Express Lane Eligibility-Food Stamps)	All Ages	x		
	Forced Benefits	All Ages			x
	Former Foster Care children	All Ages	x		
	LaCHIP Affordable Plan	All Ages	x		
	LaCHIP Phase 1	All Ages	x		
	LaCHIP Phase 2	All Ages	x		
	LaCHIP Phase 3	All Ages	x		
	LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	All Ages	x		
	LFC Basic	All Ages	x		
	LTC (Long-Term Care)	All Ages			x
	LTC Spenddown MNP	All Ages			x
	PAP - Prohibited AFDC Provisions	All Ages	x		
	Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	All Ages	x		
	Public ICF/DD	Child			x
	Regular MNP (Medically Needy Program)	All Ages	x		
	Transitional Medicaid	All Ages			
	Youth Aging Out of Foster Care (Chaffee Option)	All Ages			
LFC					
	Grant Review/Child Support Continuance	All Ages	x		
	LFC - Unemployed Parent / CHAMP	All Ages	x		
	LFC Basic	All Ages	x		
	Transitional Medicaid	All Ages	x		
Medicaid Expansion					
	Adult Group	All Ages	x		
	Adult Group - High Need	All Ages	x		
Non Traditional					
	CSOC	All Ages	x		
OCS/OVD					
	CHAMP Child	All Ages	x		
	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	x		
	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	x		
	Children's Waiver - Louisiana Children's Choice	All Ages		x	
	Forced Benefits	Child			x
	Former SSI	All Ages	x		
	Foster Care IV-E - Suspended SSI	All Ages	x		
	IV-E Foster Care	All Ages	x		
	LaCHIP Phase 1	All Ages	x		
	LTC (Long-Term Care)	All Ages			x
	LTC (Long-Term Care)	Child			x
	New Opportunities Waiver - SSI	All Ages		x	
	New Opportunities Waiver Fund	All Ages		x	
	New Opportunities Waiver, non-SSI	All Ages		x	
	OVD - V Category Child	All Ages	x		
	Private ICF/DD	Child			x
	Public ICF/DD	Child			x
	Regular Foster Care Child	All Ages	x		
	Regular Foster Care Child - MNP	All Ages	x		
	Residential Options Waiver - NON-SSI	All Ages		x	
	Residential Options Waiver - SSI	All Ages		x	
	SSI (Supplemental Security Income)	All Ages	x		
	SSI Children's Waiver - Louisiana Children's Choice	All Ages		x	
	SSI New Opportunities Waiver Fund	All Ages		x	
	SSI/LTC	All Ages			x
	SSI/LTC	Child			x
	SSI/Private ICF/DD	Child			x
	SSI/Public ICF/DD	Child			x
	YAP (Young Adult Program) (OCS/OVD (XX))	All Ages	x		
	YAP/OVD	All Ages	x		
Presumptive Eligible					
	Adult Group	All Ages	x		
	HPE BCC	All Ages	x		
	HPE CHAMP	All Ages	x		
	HPE Children Under Age 19 Years	All Ages	x		
	HPE Former Foster Care	All Ages	x		
	HPE LaCHIP	All Ages	x		
	HPE LaCHIP Unborn	All Ages	x		
	HPE Parent/Caretaker Relative	All Ages	x		
	HPE Pregnant Woman	All Ages	x		
TB					
	Tuberculosis (TB)	All Ages	x		

* Individuals under the age of 21 years otherwise eligible for Medicaid who are listed on the OCDD's Request for Services Registry who are CCM.

** Dual eligibles included in Healthy Louisiana for SBH and NEMT services must be in a mandatory, voluntary opt-in or SBH and NEMT population. They must also be eligible for Medicare, which is identified based on the Medicare Duals Eligibility table supplied by the State's fiscal agent. Dual eligible individuals are represented by Dual Status code 02, 04, and 08.

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Appendix 5b - Excluded Populations		
Aid Category Description	Type Case Description	Adult/Child/AllAges
ABD (Aged, Blind, and Disabled)	DD Waiver	All Ages
	Denied SSI Prior Period	All Ages
	Disabled Adults Authorized for Special Hurricane Katrina Assistance	All Ages
	EDA Waiver	All Ages
	Excess Home Equity Over SIL and NF Fee (Aged)	Child
	Excess Home Equity SSI Under SIL (Aged)	Child
	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Child
	Forced Benefits (Aged)	Child
	Forced Benefits (Disabled)	All Ages
	Illegal/Ineligible Aliens Emergency Services	All Ages
	LBHP - Adult 1915(i)	All Ages
	LTC (Long-Term Care) (Aged)	Child
	LTC Co-Insurance	All Ages
	LTC MNP/Transfer of Resources (Aged)	Child
	LTC Payment Denial/Late Admission Packet (Aged)	Child
	LTC Spenddown MNP (Aged)	Child
	LTC Spenddown MNP (Income > Facility Fee)	All Ages
	PACE SSI	All Ages
	PACE SSI-related	All Ages
	PCA Waiver	All Ages
	Private ICF/DD (Aged and Disabled)	All Ages
	Private ICF/DD (Blind)	Adult
	Private ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
	Private ICF/DD Spenddown Medically Needy Program (Aged and Disabled)	All Ages
	Private ICF/DD Spenddown Medically Needy Program (Blind)	Adult
	Private ICF/DD Spenddown MNP/Income Over Facility Fee	All Ages
	Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	Public ICF/DD (Aged and Disabled)	All Ages
	Public ICF/DD (Blind)	Adult
	Public ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
	Public ICF/DD Spenddown MNP	All Ages
	Public ICF/DD Spenddown Medically Needy Program (Blind and Disabled)	Adult
	Public ICF/DD Spenddown MNP/Income Over Facility Fee	All Ages
	Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	QI-1 (Qualified Individual - 1)	All Ages
	QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)	All Ages
	SLMB (Specified Low-Income Medicare Beneficiary)	All Ages
	Spenddown MNP	All Ages
	Spenddown Denial of Payment/Late Packet (Aged and Disabled)	All Ages
	Spenddown Denial of Payment/Late Packet (Blind)	Adult
	SSI DD Waiver	All Ages
	SSI Payment Denial/Late Admission (Aged)	Child
	SSI PCA Waiver	All Ages
	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	SSI Transfer of Resource(s)/LTC (Aged)	Child
	SSI/EDA Waiver	All Ages
	SSI/LTC (Aged)	Child
	SSI/Private ICF/DD (Aged and Disabled)	All Ages
	SSI/Private ICF/DD (Blind)	Adult
	SSI/Public ICF/DD (Aged and Disabled)	All Ages
	SSI/Public ICF/DD (Blind)	Adult
	Terminated SSI Prior Period	All Ages
	Transfer of Resource(s)/LTC (Aged)	Child
Families and Children	DD Waiver	All Ages
	Grant Review	All Ages
	Illegal/Ineligible Aliens Emergency Services	All Ages
	LBHP - Adult 1915(i)	All Ages
	Public ICF/DD	Adult
Family Planning	Spenddown MNP	All Ages
	Take Charge Plus	All Ages
GNOCHC		All Ages
Hurricane Evacuees		All Ages
Med Asst/Appeal	Community Choice Waiver	All Ages
	LTC (Long-Term Care)	All Ages
	PCA Waiver	All Ages
	Regular MNP (Medically Needy Program)	All Ages
	State Retirees	All Ages
Non Traditional	Family Planning, New eligibility/Non LaMOMS	All Ages
	Family Planning, Previous LaMOMS eligibility	All Ages
OCS/OYD	DD Waiver	All Ages
	Forced Benefits	Adult
	LTC (Long-Term Care)	Adult
	OCS Child Under Age 18 Years (State Funded)	All Ages
	OYD (Office of Youth Development)	All Ages
	Private ICF/DD	Adult
	Public ICF/DD	Adult
	SSI DD Waiver	All Ages
	SSI/LTC	Adult
	SSI/Private ICF/DD	Adult
Presumptive Eligible	SSI/Public ICF/DD	Adult
	YAP (Young Adult Program) (OCS/OYD Child)	All Ages
	HPE Family Planning	All Ages
QMB	HPE Take Charge Plus	All Ages
		All Ages
Refugee Asst	Forced Benefits	All Ages
	Regular MNP (Medically Needy Program)	All Ages
	SSI Conversion / Refugee Cash Assistance (RCA)/LIFC Basic	All Ages

APPENDIX 6: COVERED SERVICES

**State of Louisiana
Department of Health
Healthy Louisiana Medicaid Managed Care Program
State Fiscal Year 2026 Capitation Rate Certification
Appendix 6 - Covered Services**

MCO Covered Service	Category
Ambulatory Surgical Services	Physical Health
Audiology Services	Physical Health
Chiropractic Services (Age 0-20)	Physical Health
Durable Medical Equipment (DME)	Physical Health
Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (Age 0-20)	Physical Health
Emergency Services	Physical Health
End Stage Renal Disease Services	Physical Health
Eye Care and Vision Services	Physical Health
Family Planning Services	Physical Health
Federally Qualified Health Center (FQHC)/Rural Health Clinic	Physical Health
Home Health - Extended Services (Age 0-20)	Physical Health
Home Health Services	Physical Health
Hospice Services	Physical Health
Immunizations	Physical Health
Inpatient Hospital Services	Physical Health
Laboratory and Radiology Services	Physical Health
Limited Abortion Services	Physical Health
Medical Transportation Services (Emergency and Non-Emergency)	Physical Health
Outpatient Hospital Services	Physical Health
Pediatric Day Healthcare Services (Age 0-20)	Physical Health
Personal Care Services (Age 0-20)	Physical Health
Pharmacy Services	Physical Health
Physician/Professional Services	Physical Health
Podiatry Services	Physical Health
Pregnancy-related Services	Physical Health
Routine Qualifying Clinical Trial Costs (Section 1905(gg) of SSA)	Physical Health
Telemedicine	Physical Health
Therapy Services	Physical Health
Tobacco Cessation Services	Physical Health
Basic Behavioral Health Services	Behavioral Health
Applied Behavioral Analysis (Age 0-20)	Behavioral Health (SBH)
Licensed Practitioner Outpatient Therapy	Behavioral Health (SBH)
Mental Health Rehabilitation Services	Behavioral Health (SBH)
• Community Psychiatric Support and Treatment (CPST)	Behavioral Health (SBH)
◦ Multi Systemic Therapy (MST) (Age 0-20)	Behavioral Health (SBH)
◦ Functional Family Therapy (FFT) (Age 0-20)	Behavioral Health (SBH)
◦ Homebuilders® (Age 0-20)	Behavioral Health (SBH)
◦ Assertive Community Treatment (Age 18 and older)	Behavioral Health (SBH)
• Psychosocial Rehabilitation (PSR)	Behavioral Health (SBH)
• Crisis Intervention	Behavioral Health (SBH)
Crisis Stabilization	Behavioral Health (SBH)
Therapeutic Group Homes (Age 0-20)	Behavioral Health (SBH)
Crisis Response Services (Age 21+)	Behavioral Health (SBH)
• Mobile Crisis Response (MCR)	Behavioral Health (SBH)
• Community Brief Crisis Support (CBCS)	Behavioral Health (SBH)
• Behavioral Health Crisis Care (BHCC)	Behavioral Health (SBH)
Peer Support Services (Age 21+)	Behavioral Health (SBH)
Psychiatric Residential Treatment Facilities (Age 0-20)	Behavioral Health (SBH)
Inpatient Hospitalization in a Freestanding Psychiatric Hospital (Age 0-20, 65+)	Behavioral Health (SBH)
Inpatient Hospitalization in a Distinct Part Psychiatric Unit	Behavioral Health (SBH)
Outpatient, Residential, and Inpatient Substance Use Disorder Services	Behavioral Health (SBH)
Medication Assisted Treatment	Behavioral Health (SBH)
Personal Care Services for DOJ Agreement Target Population (Age 21+)	Behavioral Health (SBH)
Individual Placement Support Services for DOJ Agreement Target Population (Age 21+)	Behavioral Health (SBH)

Note: For SBH rate cells, MCOs are only responsible for services identified as SBH in the table above. For all other Healthy Louisiana rate cells, MCOs are responsible for all services listed above.

**APPENDIX 7: HIGH COST DRUG RISK POOL
(PROVIDED IN EXCEL)**

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary					
Region: Statewide	Projected Exposure	Base Claims Removal	Rx Trend Dampening	High Cost Drug Pool	Total
F&C					
F&C - 0-2 Months	113,004	\$ 0.00	\$ 0.00	\$ 20.35	\$ 20.35
F&C - 3-11 Months	385,536	-	-	-	-
F&C - Child 1-20 Years	7,435,757	(1.01)	(0.36)	1.91	0.53
F&C - Adult 21+ Years	830,461	-	-	-	-
Subtotal F&C	8,764,758	\$ (0.86)	\$ (0.31)	\$ 1.88	\$ 0.71
SSI					
SSI - 0-2 Months	360	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SSI - 3-11 Months	3,408	-	-	-	-
SSI - Child 1-20 Years	346,285	(8.67)	(2.57)	29.15	17.90
SSI - Adult 21+ Years	742,584	(8.52)	(0.00)	12.69	4.17
Subtotal SSI	1,092,637	\$ (8.54)	\$ (0.81)	\$ 17.86	\$ 8.51
HCBS					
HCBS - Child 1-20 Years	25,187	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS - Adult 21+ Years	40,587	-	-	-	-
Subtotal HCBS	65,774	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH					
SBH - HCBS - Child 1-20 Years	14,484	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH - HCBS - Adult 21+ Years	31,357	-	-	-	-
SBH - LaHIPP, All Ages	5,436	-	-	-	-
SBH - CCM, All Ages	12,336	-	-	-	-
SBH - Dual Eligible, All Ages	1,378,488	-	1.81	-	1.81
SBH - Other - All Ages	33,288	-	-	-	-
Subtotal SBH	1,475,389	\$ 0.00	\$ 1.69	\$ 0.00	\$ 1.69
Other Populations					
Other Populations - FCC, All Ages Male & Female	175,163	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Populations - BCC, All Ages	1,824	-	-	-	-
Other Populations - LAP, All Ages	65,982	-	-	-	-
Other Populations - CCM, All Ages	60,204	-	-	-	-
Subtotal Other Populations	303,173	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL					
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	4	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	4	-	-	-	-
Subtotal Act 421 - LaHIPP TPL	12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL					
Act 421 - Non-TPL - 0-2 Months	49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	336	-	-	-	-
Act 421 - Non-TPL - Child 1-18 Years	12,528	-	-	-	-
Subtotal Act 421 - Non-TPL	12,913	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL					
Act 421 - Non-LaHIPP TPL - 0-2 Months	134	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	552	-	-	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	23,120	-	-	-	-
Subtotal Act 421 - Non-LaHIPP TPL	23,806	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion					
Medicaid Expansion - Age 19-64	6,028,602	\$ (0.71)	\$ (0.98)	\$ 2.27	\$ 0.57
Medicaid Expansion - High Needs	2,064	-	-	-	-
Medicaid Expansion - SBH - CCM, All Ages	791	-	-	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	20,172	-	-	-	-
Medicaid Expansion - SBH - LaHIPP, All Ages	2,208	-	-	-	-
Medicaid Expansion - SBH - Other	432	-	-	-	-
Subtotal Medicaid Expansion	6,054,269	\$ (0.71)	\$ (0.98)	\$ 2.26	\$ 0.57
Medicaid Expansion - Kick					
Medicaid Expansion - Kick - Maternity Kick Payment	10,620	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion - Kick - EED Kick Payment	11	-	-	-	-
Subtotal Medicaid Expansion - Kick	10,631	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick					
Non-Expansion - Kick - Maternity Kick Payment	20,832	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	11	-	-	-	-
Subtotal Non-Expansion - Kick	20,843	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	17,792,731	\$ (1.19)	\$ (0.39)	\$ 2.79	\$ 1.21

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary		

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary					
Region: Capital	Projected Exposure	Base Claims Removal	Rx Trend Dampening	High Cost Drug Pool	Total
F&C					
F&C - 0-2 Months	29,231	\$ 0.00	\$ 0.00	\$ 20.35	\$ 20.35
F&C - 3-11 Months	100,022	-	-	-	-
F&C - Child 1-20 Years	1,948,813	(1.76)	(0.40)	1.91	(0.25)
F&C - Adult 21+ Years	218,936	-	-	-	-
Subtotal F&C	2,297,002	\$ (1.49)	\$ (0.34)	\$ 1.88	\$ 0.05
SSI					
SSI - 0-2 Months	164	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SSI - 3-11 Months	959	-	-	-	-
SSI - Child 1-20 Years	81,195	(6.11)	(5.13)	29.15	17.90
SSI - Adult 21+ Years	157,372	-	(8.52)	12.69	4.17
Subtotal SSI	239,690	\$ (2.07)	\$ (7.33)	\$ 18.21	\$ 8.81
HCBS					
HCBS - Child 1-20 Years	7,955	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS - Adult 21+ Years	10,750	-	-	-	-
Subtotal HCBS	18,705	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH					
SBH - HCBS - Child 1-20 Years	5,063	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,680	-	-	-	-
SBH - LaHIPP, All Ages	2,211	-	-	-	-
SBH - CCM, All Ages	3,037	-	-	-	-
SBH - Dual Eligible, All Ages	318,936	-	1.81	-	1.81
SBH - Other - All Ages	8,713	-	-	-	-
Subtotal SBH	346,640	\$ 0.00	\$ 1.67	\$ 0.00	\$ 1.67
Other Populations					
Other Populations - FCC, All Ages Male & Female	50,064	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Populations - BCC, All Ages	620	-	-	-	-
Other Populations - LAP, All Ages	20,593	-	-	-	-
Other Populations - CCM, All Ages	12,921	-	-	-	-
Subtotal Other Populations	84,198	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL					
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-	-	-	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL					
Act 421 - Non-TPL - 0-2 Months	10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	168	-	-	-	-
Act 421 - Non-TPL - Child 1-18 Years	4,118	-	-	-	-
Subtotal Act 421 - Non-TPL	4,296	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL					
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	255	-	-	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	7,405	-	-	-	-
Subtotal Act 421 - Non-LaHIPP TPL	7,700	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion					
Medicaid Expansion - Age 19-64	1,521,501	\$ (2.30)	\$ 0.60	\$ 2.27	\$ 0.57
Medicaid Expansion - High Needs	761	-	-	-	-
Medicaid Expansion - SBH - CCM, All Ages	67	-	-	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,416	-	-	-	-
Medicaid Expansion - SBH - LaHIPP, All Ages	913	-	-	-	-
Medicaid Expansion - SBH - Other	248	-	-	-	-
Subtotal Medicaid Expansion	1,527,906	\$ (2.29)	\$ 0.60	\$ 2.26	\$ 0.57
Medicaid Expansion - Kick					
Medicaid Expansion - Kick - Maternity Kick Payment	2,791	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Medicaid Expansion - Kick	2,794	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick					
Non-Expansion - Kick - Maternity Kick Payment	5,606	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Non-Expansion - Kick	5,609	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	4,526,140	\$ (1.64)	\$ (0.23)	\$ 2.68	\$ 0.81

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary		

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary					
Region: Gulf	Projected Exposure	Base Claims Removal	Rx Trend Dampening	High Cost Drug Pool	Total
F&C					
F&C - 0-2 Months	29,568	\$ 0.00	\$ 0.00	\$ 20.35	\$ 20.35
F&C - 3-11 Months	100,180	-	-	-	-
F&C - Child 1-20 Years	1,964,311	-	(0.51)	1.91	1.39
F&C - Adult 21+ Years	218,392	-	-	-	-
Subtotal F&C	2,312,451	\$ 0.00	\$ (0.44)	\$ 1.88	\$ 1.44
SSI					
SSI - 0-2 Months	65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SSI - 3-11 Months	943	-	-	-	-
SSI - Child 1-20 Years	90,313	(10.40)	(0.84)	29.15	17.90
SSI - Adult 21+ Years	209,807	-	(8.52)	12.69	4.17
Subtotal SSI	301,128	\$ (3.12)	\$ (6.19)	\$ 17.59	\$ 8.28
HCBS					
HCBS - Child 1-20 Years	6,977	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS - Adult 21+ Years	9,621	-	-	-	-
Subtotal HCBS	16,598	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH					
SBH - HCBS - Child 1-20 Years	4,158	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,226	-	-	-	-
SBH - LaHIPP, All Ages	956	-	-	-	-
SBH - CCM, All Ages	3,141	-	-	-	-
SBH - Dual Eligible, All Ages	380,316	-	1.81	-	1.81
SBH - Other - All Ages	4,546	-	-	-	-
Subtotal SBH	401,343	\$ 0.00	\$ 1.72	\$ 0.00	\$ 1.72
Other Populations					
Other Populations - FCC, All Ages Male & Female	28,088	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Populations - BCC, All Ages	365	-	-	-	-
Other Populations - LAP, All Ages	17,778	-	-	-	-
Other Populations - CCM, All Ages	16,576	-	-	-	-
Subtotal Other Populations	62,807	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL					
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-	-	-	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL					
Act 421 - Non-TPL - 0-2 Months	19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	48	-	-	-	-
Act 421 - Non-TPL - Child 1-18 Years	3,063	-	-	-	-
Subtotal Act 421 - Non-TPL	3,130	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL					
Act 421 - Non-LaHIPP TPL - 0-2 Months	53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	113	-	-	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,048	-	-	-	-
Subtotal Act 421 - Non-LaHIPP TPL	6,214	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion					
Medicaid Expansion - Age 19-64	1,670,286	\$ (0.13)	\$ (1.56)	\$ 2.27	\$ 0.57
Medicaid Expansion - High Needs	722	-	-	-	-
Medicaid Expansion - SBH - CCM, All Ages	201	-	-	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	5,592	-	-	-	-
Medicaid Expansion - SBH - LaHIPP, All Ages	333	-	-	-	-
Medicaid Expansion - SBH - Other	32	-	-	-	-
Subtotal Medicaid Expansion	1,677,166	\$ (0.13)	\$ (1.56)	\$ 2.26	\$ 0.57
Medicaid Expansion - Kick					
Medicaid Expansion - Kick - Maternity Kick Payment	2,759	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Medicaid Expansion - Kick	2,762	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick					
Non-Expansion - Kick - Maternity Kick Payment	5,874	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Non-Expansion - Kick	5,877	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	4,780,840	\$ (0.24)	\$ (1.00)	\$ 2.81	\$ 1.57

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary		

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary					
Region: North	Projected Exposure	Base Claims Removal	Rx Trend Dampening	High Cost Drug Pool	Total
F&C					
F&C - 0-2 Months	22,192	\$ 0.00	\$ 0.00	\$ 20.35	\$ 20.35
F&C - 3-11 Months	76,396	-	-	-	-
F&C - Child 1-20 Years	1,483,439	(0.62)	0.10	1.91	1.39
F&C - Adult 21+ Years	160,371	-	-	-	-
Subtotal F&C	1,742,398	\$ (0.53)	\$ 0.09	\$ 1.88	\$ 1.45
SSI					
SSI - 0-2 Months	49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SSI - 3-11 Months	837	-	-	-	-
SSI - Child 1-20 Years	90,359	(9.45)	(1.79)	29.15	17.90
SSI - Adult 21+ Years	181,707	(25.53)	17.01	12.69	4.17
Subtotal SSI	272,952	\$ (20.12)	\$ 10.73	\$ 18.10	\$ 8.71
HCBS					
HCBS - Child 1-20 Years	3,513	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS - Adult 21+ Years	8,281	-	-	-	-
Subtotal HCBS	11,794	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH					
SBH - HCBS - Child 1-20 Years	1,903	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH - HCBS - Adult 21+ Years	5,806	-	-	-	-
SBH - LaHIPP, All Ages	714	-	-	-	-
SBH - CCM, All Ages	2,975	-	-	-	-
SBH - Dual Eligible, All Ages	311,520	-	1.81	-	1.81
SBH - Other - All Ages	9,740	-	-	-	-
Subtotal SBH	332,658	\$ 0.00	\$ 1.70	\$ 0.00	\$ 1.70
Other Populations					
Other Populations - FCC, All Ages Male & Female	40,119	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Populations - BCC, All Ages	365	-	-	-	-
Other Populations - LAP, All Ages	10,759	-	-	-	-
Other Populations - CCM, All Ages	12,784	-	-	-	-
Subtotal Other Populations	64,027	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL					
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-	-	-	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL					
Act 421 - Non-TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	48	-	-	-	-
Act 421 - Non-TPL - Child 1-18 Years	1,893	-	-	-	-
Subtotal Act 421 - Non-TPL	1,942	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL					
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	85	-	-	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,200	-	-	-	-
Subtotal Act 421 - Non-LaHIPP TPL	3,286	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion					
Medicaid Expansion - Age 19-64	1,232,914	\$ 0.00	\$ (1.69)	\$ 2.27	\$ 0.57
Medicaid Expansion - High Needs	258	-	-	-	-
Medicaid Expansion - SBH - CCM, All Ages	322	-	-	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,140	-	-	-	-
Medicaid Expansion - SBH - LaHIPP, All Ages	358	-	-	-	-
Medicaid Expansion - SBH - Other	76	-	-	-	-
Subtotal Medicaid Expansion	1,238,068	\$ 0.00	\$ (1.69)	\$ 2.26	\$ 0.57
Medicaid Expansion - Kick					
Medicaid Expansion - Kick - Maternity Kick Payment	2,083	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion - Kick - EED Kick Payment	2	-	-	-	-
Subtotal Medicaid Expansion - Kick	2,085	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick					
Non-Expansion - Kick - Maternity Kick Payment	3,734	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	2	-	-	-	-
Subtotal Non-Expansion - Kick	3,736	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	3,667,128	\$ (1.75)	\$ 0.43	\$ 3.01	\$ 1.68

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary		

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary					
Region: South Central	Projected Exposure	Base Claims Removal	Rx Trend Dampening	High Cost Drug Pool	Total
F&C					
F&C - 0-2 Months	32,013	\$ 0.00	\$ 0.00	\$ 20.35	\$ 20.35
F&C - 3-11 Months	108,938	-	-	-	-
F&C - Child 1-20 Years	2,039,194	(1.57)	(0.52)	1.91	(0.18)
F&C - Adult 21+ Years	232,762	-	-	-	-
Subtotal F&C	2,412,907	\$ (1.33)	\$ (0.44)	\$ 1.88	\$ 0.12
SSI					
SSI - 0-2 Months	82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SSI - 3-11 Months	669	-	-	-	-
SSI - Child 1-20 Years	84,418	(8.44)	(2.80)	29.15	17.90
SSI - Adult 21+ Years	193,698	(8.72)	0.20	12.69	4.17
Subtotal SSI	278,867	\$ (8.61)	\$ (0.71)	\$ 17.64	\$ 8.32
HCBS					
HCBS - Child 1-20 Years	6,742	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS - Adult 21+ Years	11,935	-	-	-	-
Subtotal HCBS	18,677	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH					
SBH - HCBS - Child 1-20 Years	3,360	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,645	-	-	-	-
SBH - LaHIPP, All Ages	1,555	-	-	-	-
SBH - CCM, All Ages	3,183	-	-	-	-
SBH - Dual Eligible, All Ages	367,716	-	1.81	-	1.81
SBH - Other - All Ages	10,289	-	-	-	-
Subtotal SBH	394,748	\$ 0.00	\$ 1.69	\$ 0.00	\$ 1.69
Other Populations					
Other Populations - FCC, All Ages Male & Female	56,892	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Populations - BCC, All Ages	474	-	-	-	-
Other Populations - LAP, All Ages	16,852	-	-	-	-
Other Populations - CCM, All Ages	17,923	-	-	-	-
Subtotal Other Populations	92,141	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL					
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-	-	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-	-	-	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL					
Act 421 - Non-TPL - 0-2 Months	19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	72	-	-	-	-
Act 421 - Non-TPL - Child 1-18 Years	3,454	-	-	-	-
Subtotal Act 421 - Non-TPL	3,545	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL					
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	99	-	-	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,467	-	-	-	-
Subtotal Act 421 - Non-LaHIPP TPL	6,606	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion					
Medicaid Expansion - Age 19-64	1,603,901	\$ (0.35)	\$ (1.35)	\$ 2.27	\$ 0.57
Medicaid Expansion - High Needs	323	-	-	-	-
Medicaid Expansion - SBH - CCM, All Ages	201	-	-	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	6,024	-	-	-	-
Medicaid Expansion - SBH - LaHIPP, All Ages	604	-	-	-	-
Medicaid Expansion - SBH - Other	76	-	-	-	-
Subtotal Medicaid Expansion	1,611,129	\$ (0.35)	\$ (1.34)	\$ 2.26	\$ 0.57
Medicaid Expansion - Kick					
Medicaid Expansion - Kick - Maternity Kick Payment	2,987	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Medicaid Expansion - Kick	2,990	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick					
Non-Expansion - Kick - Maternity Kick Payment	5,618	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	3	-	-	-	-
Subtotal Non-Expansion - Kick	5,621	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	4,818,623	\$ (1.28)	\$ (0.57)	\$ 2.72	\$ 0.87

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development High Cost Drug Risk Pool Summary		

**APPENDIX 8: RETROSPECTIVE COST MODELS
(PROVIDED IN EXCEL)**

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SSI - 0-2 Months		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 114	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	174,210.5	2,046.12	29,704.66	1,498.56	-	316.27	-	(147.86)	-	-	-	183,986.9	2,046.12	31,371.63
Subtotal Inpatient Hospital				\$ 29,704.66											\$ 31,371.63
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	210.5	2.85	0.05	-	-	-	-	-	-	-	-	210.5	2.85	0.05
Outpatient Radiology	Procedures	105.3	177.84	1.56	0.06	-	-	-	-	-	-	-	109.3	177.84	1.62
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	2,526.3	49.31	10.38	0.37	-	0.05	-	(0.05)	-	-	-	2,616.4	49.31	10.75
Subtotal Outpatient Hospital				\$ 11.99											\$ 12.42
Professional															
Office/Home Visits/Consults	Visits	2,842.1	\$ 64.98	\$ 15.39	\$ 1.28	\$ 0.00	\$ 0.15	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.00	\$ 0.00	3,091.4	\$ 64.98	\$ 16.74
Inpatient Visits	Visits	216,842.1	208.30	3,763.98	312.27	-	37.36	-	(19.30)	-	-	-	235,872.3	208.30	4,094.31
Radiology	Procedures	66,526.3	10.25	56.82	4.71	-	0.57	-	(0.29)	-	-	-	72,368.7	10.25	61.81
Pathology/Lab	Procedures	27,368.4	20.39	46.51	3.86	-	0.46	-	(0.24)	-	-	-	29,769.3	20.39	50.59
Vision	Visits	631.6	93.48	4.92	0.41	-	0.05	-	(0.03)	-	-	-	686.8	93.48	5.35
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	210.5	33.63	0.59	0.05	-	-	-	-	-	-	-	228.4	33.63	0.64
Inpatient and Outpatient Surgery	Procedures	5,684.2	350.49	166.02	13.77	-	1.65	-	(0.85)	-	-	-	6,183.1	350.49	180.59
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations	Procedures	736.8	10.91	0.67	0.06	-	-	-	-	-	-	-	802.8	10.91	0.73
Physical Exams	Visits	1,473.7	70.44	8.65	0.72	-	0.08	-	(0.04)	-	-	-	1,603.2	70.44	9.41
Other Professional	Procedures	51,052.6	76.72	326.39	27.08	-	3.24	-	(1.68)	-	-	-	55,532.4	76.72	355.03
Emergency Room	Visits	105.3	139.08	1.22	0.10	-	0.01	-	-	-	-	-	114.8	139.08	1.33
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	1,894.7	198.93	31.41	2.61	-	0.31	-	(0.16)	-	-	-	2,061.2	198.93	34.17
Federally Qualified Health Center/Rural Health Clinic	Visits	526.3	187.87	8.24	0.68	-	0.09	-	(0.05)	-	-	-	572.3	187.87	8.96
Subtotal Professional				\$ 4,430.81											\$ 4,819.66
Retail Pharmacy															
Retail Pharmacy	Scripts	1,368.4	\$ 65.33	\$ 7.45	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,375.8	\$ 65.33	\$ 7.49
Subtotal Retail Pharmacy				\$ 7.45											\$ 7.49
SBH															
Professional SBH	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Ancillary															
Non-Emergency Transportation	Trips	1,052.6	\$ 18.92	\$ 1.66	\$ 0.06	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	1,090.7	\$ 18.92	\$ 1.72
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,052.6	100.89	8.85	0.31	-	0.06	-	(0.05)	-	-	-	1,090.7	100.89	9.17
Emergency Transportation	Trips	1,894.7	2,430.92	383.83	13.60	-	2.25	-	(1.88)	-	-	-	1,963.7	2,430.92	397.80
Subtotal Ancillary				\$ 394.34											\$ 408.69
LTSS															
Home Health	Days	631.6	\$ 666.71	\$ 35.09	\$ 1.24	\$ 0.00	\$ 0.12	\$ 0.00	\$ (0.17)	\$ 0.00	\$ 0.00	\$ 0.00	653.0	\$ 666.71	\$ 36.28
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 35.09											\$ 36.28
Total Medical Costs				\$ 34,584.34											\$ 36,656.17

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SSI - 3-11 Months		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 849	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
Inpatient Hospital															
Inpatient Acute	Days	1,102.5	\$ 2,025.52	\$ 186.09	\$ 9.39	\$ 0.00	\$ 1.98	\$ 0.00	\$ (0.93)	\$ 0.00	\$ 0.00	\$ 0.00	1,164.3	\$ 2,025.52	\$ 196.53
NICU/PICU	Days	18,713.8	2,397.82	3,739.35	188.65	-	39.81	-	(18.61)	-	-	-	19,764.0	2,397.82	3,949.20
Subtotal Inpatient Hospital				\$ 3,925.44											\$ 4,145.73
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,922.3	\$ 565.71	\$ 90.62	\$ 3.22	\$ 0.00	\$ 0.48	\$ 0.00	\$ (0.67)	\$ 0.00	\$ 0.00	\$ 0.00	1,986.5	\$ 565.71	\$ 93.65
Outpatient Pharmacy	Procedures	1,894.0	79.39	12.53	0.45	-	0.06	-	(0.09)	-	-	-	1,957.5	79.39	12.95
Outpatient Pathology/Lab	Procedures	2,727.9	29.08	6.61	0.24	-	0.03	-	(0.05)	-	-	-	2,818.7	29.08	6.83
Outpatient Radiology	Procedures	1,229.7	265.04	27.16	0.97	-	0.14	-	(0.20)	-	-	-	1,270.9	265.04	28.07
Outpatient Surgery	Visits	494.7	967.37	39.88	1.42	-	0.21	-	(0.30)	-	-	-	511.2	967.37	41.21
Other Outpatient	Procedures	16,296.8	92.47	125.58	4.47	-	0.66	-	(0.93)	-	-	-	16,841.9	92.47	129.78
Subtotal Outpatient Hospital				\$ 302.38											\$ 312.49
Professional															
Office/Home Visits/Consults	Visits	13,201.4	\$ 70.33	\$ 77.37	\$ 6.42	\$ 0.00	\$ 0.77	\$ 0.00	\$ (0.61)	\$ 0.00	\$ 0.00	\$ 0.00	14,324.1	\$ 70.33	\$ 83.95
Inpatient Visits	Visits	32,947.0	194.91	535.14	44.40	-	5.31	-	(4.18)	-	-	-	35,750.1	194.91	580.67
Radiology	Procedures	16,664.3	13.80	19.17	1.59	-	0.19	-	(0.15)	-	-	-	18,081.3	13.80	20.80
Pathology/Lab	Procedures	4,523.0	25.79	9.72	0.81	-	0.09	-	(0.07)	-	-	-	4,909.2	25.79	10.55
Vision	Visits	508.8	66.27	2.81	0.23	-	0.03	-	(0.02)	-	-	-	552.3	66.27	3.05
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	212.0	7.92	0.14	0.01	-	-	-	-	-	-	-	227.2	7.92	0.15
MH/SA	Visits	28.3	50.94	0.12	0.01	-	-	-	-	-	-	-	30.6	50.94	0.13
Inpatient and Outpatient Surgery	Procedures	3,491.2	389.20	113.23	9.39	-	1.13	-	(0.89)	-	-	-	3,788.1	389.20	122.86
Therapy	Visits	14.1	25.47	0.03	-	-	-	-	-	-	-	-	14.1	25.47	0.03
Immunizations	Procedures	3,674.9	13.58	4.16	0.35	-	0.04	-	(0.04)	-	-	-	3,984.1	13.58	4.51
Physical Exams	Visits	3,053.0	62.10	15.80	1.31	-	0.16	-	(0.13)	-	-	-	3,311.9	62.10	17.14
Other Professional	Procedures	17,060.1	87.68	124.65	10.34	-	1.24	-	(0.97)	-	-	-	18,512.2	87.68	135.26
Emergency Room	Visits	2,219.1	93.55	17.30	1.44	-	0.17	-	(0.14)	-	-	-	2,407.6	93.55	18.77
Family Planning	Procedures	14.1	169.80	0.20	0.02	-	-	-	-	-	-	-	15.5	169.80	0.22
Anesthesia	Procedures	1,470.0	234.45	28.72	2.38	-	0.29	-	(0.23)	-	-	-	1,594.9	234.45	31.16
Federally Qualified Health Center/Rural Health Clinic	Visits	664.3	145.05	8.03	0.67	-	0.08	-	(0.07)	-	-	-	720.6	145.05	8.71
Subtotal Professional				\$ 956.59											\$ 1,037.96
Retail Pharmacy															
Retail Pharmacy	Scripts	12,537.1	\$ 262.05	\$ 273.78	\$ 1.59	\$ 0.00	\$ 0.03	\$ 0.00	\$ 8.18	\$ (7.43)	\$ 0.00	\$ (0.28)	12,985.9	\$ 254.93	\$ 275.87
Subtotal Retail Pharmacy				\$ 273.78											\$ 275.87
SBH															
Professional SBH	Days	28.3	\$ 67.92	\$ 0.16	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	30.0	\$ 67.92	\$ 0.17
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal SBH				\$ 0.16											\$ 0.17
Ancillary															
Non-Emergency Transportation	Trips	3,081.3	\$ 39.37	\$ 10.11	\$ 0.36	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	3,194.0	\$ 39.37	\$ 10.48
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	14,954.1	168.31	209.74	7.43	-	1.23	-	(1.03)	-	-	-	15,498.1	168.31	217.37
Emergency Transportation	Trips	932.9	549.66	42.73	1.51	-	0.25	-	(0.20)	-	-	-	966.9	549.66	44.29
Subtotal Ancillary				\$ 262.58											\$ 272.14
LTSS															
Home Health	Days	5,215.5	\$ 526.33	\$ 228.76	\$ 8.06	\$ 0.00	\$ 0.83	\$ 0.00	\$ (1.11)	\$ 0.00	\$ 0.00	\$ 0.00	5,392.9	\$ 526.33	\$ 236.54
Hospice	Days	2,841.0	233.71	55.33	1.95	-	0.20	-	(0.27)	-	-	-	2,937.5	233.71	57.21
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 284.09											\$ 293.75
Total Medical Costs				\$ 6,005.02											\$ 6,338.11

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments																
Region: Capital Rate Cell: SSI - Child 1-20 Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience			
Member Months: 88,874 Category of Service		Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital																
Inpatient Acute		Days	292.2	\$ 2,135.60	\$ 52.00	\$ 2.62	\$ 0.00	\$ 0.56	\$ 0.00	\$ (0.26)	\$ 0.00	\$ 0.00	\$ 0.00	308.6	\$ 2,135.60	\$ 54.92
NICU/PICU		Days	121.5	2,650.42	26.84	1.35	-	0.29	-	(0.13)	-	-	-	128.4	2,650.42	28.35
Subtotal Inpatient Hospital					\$ 78.84											\$ 83.27
Outpatient Hospital																
Outpatient Emergency Room		Visits	678.1	\$ 533.56	\$ 30.15	\$ 1.07	\$ 0.00	\$ 0.16	\$ 0.00	\$ (0.22)	\$ 0.00	\$ 0.00	\$ 0.00	700.8	\$ 533.56	\$ 31.16
Outpatient Pharmacy		Procedures	972.8	274.58	22.26	0.79	-	0.12	-	(0.17)	-	-	-	1,005.2	274.58	23.00
Outpatient Pathology/Lab		Procedures	1,842.8	21.55	3.31	0.12	-	0.02	-	(0.03)	-	-	-	1,904.0	21.55	3.42
Outpatient Radiology		Procedures	383.3	356.25	11.38	0.40	-	0.07	-	(0.09)	-	-	-	396.1	356.25	11.76
Outpatient Surgery		Visits	107.2	1,096.93	9.80	0.35	-	0.05	-	(0.07)	-	-	-	110.8	1,096.93	10.13
Other Outpatient		Procedures	3,251.3	90.57	24.54	0.87	-	0.13	-	(0.18)	-	-	-	3,360.0	90.57	25.36
Subtotal Outpatient Hospital					\$ 101.44											\$ 104.83
Professional																
Office/Home Visits/Consults		Visits	3,995.5	\$ 63.40	\$ 21.11	\$ 1.75	\$ 0.00	\$ 0.21	\$ 0.00	\$ (0.16)	\$ 0.00	\$ 0.00	\$ 0.00	4,336.1	\$ 63.40	\$ 22.91
Inpatient Visits		Visits	813.1	105.37	7.14	0.59	-	0.07	-	(0.05)	-	-	-	882.6	105.37	7.75
Radiology		Procedures	960.6	33.61	2.69	0.22	-	0.03	-	(0.02)	-	-	-	1,042.7	33.61	2.92
Pathology/Lab		Procedures	3,403.7	24.82	7.04	0.58	-	0.07	-	(0.05)	-	-	-	3,693.7	24.82	7.64
Vision		Visits	637.7	47.61	2.53	0.21	-	0.03	-	(0.02)	-	-	-	693.2	47.61	2.75
Applied Behavioral Analysis		Units	5,017.6	243.94	102.00	8.46	-	1.01	-	(0.79)	-	-	-	5,444.6	243.94	110.68
Office Administered Drugs		Procedures	73.0	114.99	0.70	0.06	-	0.01	-	(0.01)	-	-	-	79.3	114.99	0.76
MH/SA		Visits	309.5	54.29	1.40	0.12	-	0.01	-	(0.01)	-	-	-	336.0	54.29	1.52
Inpatient and Outpatient Surgery		Procedures	331.9	240.08	6.64	0.55	-	0.07	-	(0.06)	-	-	-	359.9	240.08	7.20
Therapy		Visits	2,470.4	51.88	10.68	0.89	-	0.10	-	(0.08)	-	-	-	2,680.9	51.88	11.59
Immunizations		Procedures	374.8	15.37	0.48	0.04	-	-	-	-	-	-	-	406.1	15.37	0.52
Physical Exams		Visits	528.6	70.83	3.12	0.26	-	0.03	-	(0.02)	-	-	-	574.4	70.83	3.39
Other Professional		Procedures	2,055.4	186.70	31.98	2.65	-	0.32	-	(0.25)	-	-	-	2,230.3	186.70	34.70
Emergency Room		Visits	702.5	93.43	5.47	0.45	-	0.06	-	(0.04)	-	-	-	762.9	93.43	5.94
Family Planning		Procedures	29.6	73.05	0.18	0.01	-	0.01	-	-	-	-	-	32.9	73.05	0.20
Anesthesia		Procedures	171.5	167.25	2.39	0.20	-	0.02	-	(0.02)	-	-	-	185.8	167.25	2.59
Federally Qualified Health Center/Rural Health Clinic		Visits	1,084.9	164.03	14.83	1.23	-	0.15	-	(0.12)	-	-	-	1,177.1	164.03	16.09
Subtotal Professional					\$ 220.38											\$ 239.15
Retail Pharmacy																
Retail Pharmacy		Scripts	12,058.1	\$ 251.89	\$ 253.11	\$ 1.47	\$ 0.00	\$ 0.03	\$ 0.00	\$ 2.14	\$ 2.64	\$ 0.00	\$ (1.06)	12,231.5	\$ 253.44	\$ 258.33
Subtotal Retail Pharmacy					\$ 253.11											\$ 258.33
SBH																
Professional SBH		Days	634.6	\$ 94.36	\$ 4.99	\$ 0.18	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	656.2	\$ 94.36	\$ 5.16
Inpatient SBH		Visits	419.9	1,399.98	48.99	1.72	-	0.29	-	(0.36)	-	-	-	434.1	1,399.98	50.64
Addiction SBH		Visits	18.5	201.10	0.31	0.01	-	-	-	-	-	-	-	19.1	201.10	0.32
Outpatient SBH		Visits	32.8	175.55	0.48	0.02	-	-	-	-	-	-	-	34.2	175.55	0.50
Other SBH		Visits	2,428.0	133.00	26.91	0.95	-	0.16	-	(0.20)	-	-	0.02	2,510.1	133.10	27.84
Subtotal SBH					\$ 81.68											\$ 84.46
Ancillary																
Non-Emergency Transportation		Trips	1,440.6	\$ 66.47	\$ 7.98	\$ 0.28	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	1,492.9	\$ 66.47	\$ 8.27
Other Ancillary		Procedures	1.1	1,222.02	0.11	-	-	-	-	-	-	-	-	1.1	1,222.02	0.11
DME/Prosthetics		Devices	2,016.0	171.37	28.79	1.02	-	0.17	-	(0.14)	-	-	-	2,089.5	171.37	29.84
Emergency Transportation		Trips	280.6	428.97	10.03	0.36	-	0.05	-	(0.04)	-	-	-	290.9	428.97	10.40
Subtotal Ancillary					\$ 46.91											\$ 48.62
LTSS																
Home Health		Days	182.3	\$ 395.65	\$ 6.01	\$ 0.21	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	188.3	\$ 395.65	\$ 6.21
Hospice		Days	53.7	183.11	0.82	0.03	-	-	-	-	-	-	-	55.7	183.11	0.85
Other LTSS		Procedures	581.1	104.28	5.05	0.18	-	0.02	-	(0.03)	-	-	-	600.7	104.28	5.22
Personal/Custodial Care		Procedures	384.8	95.73	3.07	0.11	-	0.01	-	(0.02)	-	-	-	397.3	95.73	3.17
Subtotal LTSS					\$ 14.95											\$ 15.45
Total Medical Costs					\$ 797.31											\$ 834.11

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments																
Region: Capital Rate Cell: SSI - Adult 21+ Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience			
Member Months: 176,863 Category of Service		Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital																
Inpatient Acute		Days	1,650.7	\$ 1,617.93	\$ 222.56	\$ 11.23	\$ 0.00	\$ 2.37	\$ 0.00	\$ (1.14)	\$ 0.00	\$ 0.00	\$ (2.19)	1,743.1	\$ 1,602.85	\$ 232.83
NICU/PICU		Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 222.56											\$ 232.83
Outpatient Hospital																
Outpatient Emergency Room		Visits	1,368.5	\$ 775.41	\$ 88.43	\$ 3.14	\$ 0.00	\$ 0.47	\$ 0.00	\$ (0.50)	\$ 0.00	\$ 0.00	\$ 0.00	1,416.6	\$ 775.41	\$ 91.54
Outpatient Pharmacy		Procedures	2,832.9	336.97	79.55	2.83	-	0.42	-	(0.45)	-	-	-	2,932.6	336.97	82.35
Outpatient Pathology/Lab		Procedures	5,813.7	14.26	6.91	0.25	-	0.03	-	(0.04)	-	-	-	6,015.6	14.26	7.15
Outpatient Radiology		Procedures	1,317.2	258.28	28.35	1.01	-	0.15	-	(0.16)	-	-	-	1,363.6	258.28	29.35
Outpatient Surgery		Visits	343.0	1,055.58	30.17	1.07	-	0.16	-	(0.17)	-	-	-	355.0	1,055.58	31.23
Other Outpatient		Procedures	4,315.3	135.28	48.65	1.73	-	0.26	-	(0.28)	-	-	-	4,467.0	135.28	50.36
Subtotal Outpatient Hospital					\$ 282.06											\$ 291.98
Professional																
Office/Home Visits/Consults		Visits	5,344.2	\$ 66.55	\$ 29.64	\$ 2.46	\$ 0.00	\$ 0.29	\$ 0.00	\$ (0.17)	\$ 0.00	\$ 0.00	\$ 0.00	5,809.4	\$ 66.55	\$ 32.22
Inpatient Visits		Visits	3,705.9	73.83	22.80	1.89	-	0.23	-	(0.14)	-	-	-	4,027.7	73.83	24.78
Radiology		Procedures	3,613.2	50.38	15.17	1.26	-	0.15	-	(0.09)	-	-	-	3,927.6	50.38	16.49
Pathology/Lab		Procedures	7,669.6	19.79	12.65	1.05	-	0.13	-	(0.08)	-	-	-	8,336.5	19.79	13.75
Vision		Visits	188.6	67.44	1.06	0.09	-	0.01	-	(0.01)	-	-	-	204.6	67.44	1.15
Applied Behavioral Analysis		Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs		Procedures	445.6	566.56	21.04	1.75	-	0.20	-	(0.12)	-	-	-	484.4	566.56	22.87
MH/SA		Visits	2,527.4	26.83	5.65	0.47	-	0.05	-	(0.03)	-	-	-	2,746.6	26.83	6.14
Inpatient and Outpatient Surgery		Procedures	1,285.5	219.28	23.49	1.95	-	0.23	-	(0.14)	-	-	-	1,397.1	219.28	25.53
Therapy		Visits	582.1	64.12	3.11	0.26	-	0.03	-	(0.02)	-	-	-	632.6	64.12	3.38
Immunizations		Procedures	93.8	39.67	0.31	0.03	-	-	-	-	-	-	-	102.8	39.67	0.34
Physical Exams		Visits	155.6	62.48	0.81	0.07	-	0.01	-	(0.01)	-	-	-	169.0	62.48	0.88
Other Professional		Procedures	2,574.4	51.65	11.08	0.92	-	0.11	-	(0.07)	-	-	-	2,797.5	51.65	12.04
Emergency Room		Visits	1,455.4	98.45	11.94	0.99	-	0.12	-	(0.07)	-	-	-	1,582.2	98.45	12.98
Family Planning		Procedures	32.3	92.89	0.25	0.02	-	-	-	-	-	-	-	34.9	92.89	0.27
Anesthesia		Procedures	353.0	141.07	4.15	0.34	-	0.05	-	(0.03)	-	-	-	383.6	141.07	4.51
Federally Qualified Health Center/Rural Health Clinic		Visits	1,605.6	168.09	22.49	1.87	-	0.22	-	(0.14)	-	-	-	1,744.8	168.09	24.44
Subtotal Professional					\$ 185.64											\$ 201.77
Retail Pharmacy																
Retail Pharmacy		Scripts	46,085.1	\$ 185.60	\$ 712.79	\$ 4.14	\$ 0.00	\$ 0.08	\$ 0.00	\$ 4.05	\$ (0.44)	\$ 0.00	\$ (9.51)	46,619.8	\$ 183.04	\$ 711.11
Subtotal Retail Pharmacy					\$ 712.79											\$ 711.11
SBH																
Professional SBH		Days	1,212.6	\$ 59.38	\$ 6.00	\$ 0.21	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	1,255.0	\$ 59.38	\$ 6.21
Inpatient SBH		Visits	1,067.1	803.06	71.41	2.51	-	0.42	-	(3.34)	-	-	-	1,060.9	803.06	71.00
Addiction SBH		Visits	1,103.4	206.08	18.95	0.67	-	0.11	-	(0.11)	-	-	-	1,142.4	206.08	19.62
Outpatient SBH		Visits	544.9	179.26	8.14	0.29	-	0.04	-	(0.04)	-	-	-	564.3	179.26	8.43
Other SBH		Visits	1,422.6	303.92	36.03	1.27	-	0.21	-	(0.20)	-	-	1.90	1,473.1	319.40	39.21
Subtotal SBH					\$ 140.53											\$ 144.47
Ancillary																
Non-Emergency Transportation		Trips	6,295.7	\$ 48.09	\$ 25.23	\$ 0.89	\$ 0.00	\$ 0.15	\$ 0.00	\$ (0.13)	\$ 0.00	\$ 0.00	\$ 0.00	6,522.7	\$ 48.09	\$ 26.14
Other Ancillary		Procedures	7.7	713.66	0.46	0.02	-	-	-	-	-	-	-	8.1	713.66	0.48
DME/Prosthetics		Devices	2,002.1	147.21	24.56	0.87	-	0.14	-	(0.12)	-	-	-	2,074.6	147.21	25.45
Emergency Transportation		Trips	1,324.4	400.12	44.16	1.56	-	0.26	-	(0.22)	-	-	-	1,372.4	400.12	45.76
Subtotal Ancillary					\$ 94.41											\$ 97.83
LTSS																
Home Health		Days	1,236.5	\$ 67.64	\$ 6.97	\$ 0.25	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,279.1	\$ 67.64	\$ 7.21
Hospice		Days	656.8	188.37	10.31	0.36	-	0.04	-	(0.05)	-	-	-	679.1	188.37	10.66
Other LTSS		Procedures	173.4	439.39	6.35	0.22	-	0.03	-	(0.04)	-	-	-	179.2	439.39	6.56
Personal/Custodial Care		Procedures	162.2	184.26	2.49	0.09	-	0.01	-	(0.02)	-	-	-	167.4	184.26	2.57
Subtotal LTSS					\$ 26.12											\$ 27.00
Total Medical Costs					\$ 1,664.11											\$ 1,706.99

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: F&C - 0-2 Months		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 28,388 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	3,801.0	\$ 405.93	\$ 128.58	\$ 6.49	\$ 0.00	\$ 2.24	\$ 0.00	\$ (0.65)	\$ 0.00	\$ 0.00	\$ 0.00	4,039.9	\$ 405.93	\$ 136.66
NICU/PICU	Days	9,741.4	1,763.28	1,431.41	72.21	-	24.93	-	(7.17)	-	-	(0.81)	10,353.7	1,762.34	1,520.57
Subtotal Inpatient Hospital				\$ 1,559.99											\$ 1,657.23
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,036.1	\$ 413.02	\$ 35.66	\$ 1.27	\$ 0.00	\$ 0.18	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	1,073.0	\$ 413.02	\$ 36.93
Outpatient Pharmacy	Procedures	147.5	43.92	0.54	0.02	-	-	-	-	-	-	-	153.0	43.92	0.56
Outpatient Pathology/Lab	Procedures	3,127.7	14.46	3.77	0.13	-	0.02	-	(0.02)	-	-	-	3,235.5	14.46	3.90
Outpatient Radiology	Procedures	357.2	167.30	4.98	0.18	-	0.02	-	(0.02)	-	-	-	370.1	167.30	5.16
Outpatient Surgery	Visits	149.6	336.00	4.19	0.15	-	0.02	-	(0.02)	-	-	-	155.0	336.00	4.34
Other Outpatient	Procedures	3,878.8	52.81	17.07	0.61	-	0.08	-	(0.08)	-	-	-	4,017.4	52.81	17.68
Subtotal Outpatient Hospital				\$ 66.21											\$ 68.57
Professional															
Office/Home Visits/Consults	Visits	6,724.1	\$ 52.40	\$ 29.36	\$ 2.44	\$ 0.00	\$ 0.27	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.00	\$ 0.00	7,310.4	\$ 52.40	\$ 31.92
Inpatient Visits	Visits	15,204.6	148.68	188.38	15.63	-	1.77	-	(0.97)	-	-	-	16,530.7	148.68	204.81
Radiology	Procedures	3,648.9	14.04	4.27	0.35	-	0.04	-	(0.02)	-	-	-	3,965.0	14.04	4.64
Pathology/Lab	Procedures	16,747.5	18.09	25.24	2.09	-	0.24	-	(0.13)	-	-	-	18,207.3	18.09	27.44
Vision	Visits	24.1	94.63	0.19	0.02	-	-	-	-	-	-	-	26.6	94.63	0.21
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	255.7	12.67	0.27	0.02	-	-	-	-	-	-	-	274.7	12.67	0.29
MH/SA	Visits	0.8	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	886.9	169.14	12.50	1.04	-	0.11	-	(0.06)	-	-	-	964.2	169.14	13.59
Therapy	Visits	63.0	38.10	0.20	0.02	-	-	-	-	-	-	-	69.3	38.10	0.22
Immunizations	Procedures	4,983.8	12.18	5.06	0.42	-	0.05	-	(0.03)	-	-	-	5,417.2	12.18	5.50
Physical Exams	Visits	13,425.4	53.88	60.28	5.00	-	0.57	-	(0.31)	-	-	-	14,596.9	53.88	65.54
Other Professional	Procedures	4,854.9	58.80	23.79	1.97	-	0.23	-	(0.13)	-	-	-	5,277.3	58.80	25.86
Emergency Room	Visits	1,062.3	85.63	7.58	0.63	-	0.07	-	(0.04)	-	-	-	1,154.8	85.63	8.24
Family Planning	Procedures	0.4	283.88	0.01	-	-	-	-	-	-	-	-	0.4	283.88	0.01
Anesthesia	Procedures	112.9	222.21	2.09	0.17	-	0.02	-	(0.01)	-	-	-	122.6	222.21	2.27
Federally Qualified Health Center/Rural Health Clinic	Visits	1,548.4	125.63	16.21	1.34	-	0.16	-	(0.09)	-	-	-	1,683.1	125.63	17.62
Subtotal Professional				\$ 375.43											\$ 408.16
Retail Pharmacy															
Retail Pharmacy	Scripts	2,021.0	\$ 40.32	\$ 6.79	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.18	\$ (0.06)	\$ 0.00	\$ 0.00	2,086.5	\$ 39.97	\$ 6.95
Subtotal Retail Pharmacy				\$ 6.79											\$ 6.95
SBH															
Professional SBH	Days	19.9	\$ 60.40	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	19.9	\$ 60.40	\$ 0.10
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	3.4	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	13.9	378.51	0.44	0.02	-	-	-	-	-	-	-	14.6	378.51	0.46
Subtotal SBH				\$ 0.54											\$ 0.56
Ancillary															
Non-Emergency Transportation	Trips	262.1	\$ 68.22	\$ 1.49	\$ 0.05	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	272.6	\$ 68.22	\$ 1.55
Other Ancillary	Procedures	0.4	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	181.3	59.56	0.90	0.03	-	0.01	-	(0.01)	-	-	-	187.4	59.56	0.93
Emergency Transportation	Trips	408.8	808.19	27.53	0.98	-	0.19	-	(0.14)	-	-	-	424.1	808.19	28.56
Subtotal Ancillary				\$ 29.92											\$ 31.04
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	20.7	191.18	0.33	0.01	-	-	-	-	-	-	-	21.3	191.18	0.34
Other LTSS	Procedures	43.5	22.05	0.08	-	-	-	-	-	-	-	-	43.5	22.05	0.08
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.41											\$ 0.42
Total Medical Costs				\$ 2,039.29											\$ 2,172.93

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments																
Region: Capital Rate Cell: F&C - 3-11 Months		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience			
Member Months: 102,849 Category of Service		Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital																
Inpatient Acute		Days	186.1	\$ 2,394.22	\$ 37.13	\$ 1.87	\$ 0.00	\$ 0.65	\$ 0.00	\$ (0.19)	\$ 0.00	\$ 0.00	\$ 0.00	197.8	\$ 2,394.22	\$ 39.46
NICU/PICU		Days	311.4	2,666.21	69.19	3.49	-	1.21	-	(0.35)	-	-	-	331.0	2,666.21	73.54
Subtotal Inpatient Hospital					\$ 106.32											\$ 113.00
Outpatient Hospital																
Outpatient Emergency Room		Visits	1,165.7	\$ 358.13	\$ 34.79	\$ 1.24	\$ 0.00	\$ 0.17	\$ 0.00	\$ (0.30)	\$ 0.00	\$ 0.00	\$ 0.00	1,202.9	\$ 358.13	\$ 35.90
Outpatient Pharmacy		Procedures	283.1	43.24	1.02	0.04	-	-	-	(0.01)	-	-	-	291.4	43.24	1.05
Outpatient Pathology/Lab		Procedures	1,197.1	32.08	3.20	0.11	-	0.02	-	(0.03)	-	-	-	1,234.5	32.08	3.30
Outpatient Radiology		Procedures	266.0	209.76	4.65	0.17	-	0.02	-	(0.04)	-	-	-	274.6	209.76	4.80
Outpatient Surgery		Visits	99.5	552.23	4.58	0.16	-	0.03	-	(0.04)	-	-	-	102.8	552.23	4.73
Other Outpatient		Procedures	2,585.0	59.14	12.74	0.45	-	0.07	-	(0.11)	-	-	-	2,668.1	59.14	13.15
Subtotal Outpatient Hospital					\$ 60.98											\$ 62.93
Professional																
Office/Home Visits/Consults		Visits	5,196.4	\$ 57.02	\$ 24.69	\$ 2.05	\$ 0.00	\$ 0.23	\$ 0.00	\$ (0.23)	\$ 0.00	\$ 0.00	\$ 0.00	5,627.8	\$ 57.02	\$ 26.74
Inpatient Visits		Visits	890.9	163.78	12.16	1.01	-	0.11	-	(0.11)	-	-	-	964.9	163.78	13.17
Radiology		Procedures	811.0	20.27	1.37	0.11	-	0.02	-	(0.02)	-	-	-	876.1	20.27	1.48
Pathology/Lab		Procedures	3,260.7	26.68	7.25	0.60	-	0.07	-	(0.07)	-	-	-	3,530.6	26.68	7.85
Vision		Visits	61.7	66.10	0.34	0.03	-	-	-	-	-	-	-	67.2	66.10	0.37
Applied Behavioral Analysis		Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs		Procedures	166.1	5.78	0.08	0.01	-	-	-	-	-	-	-	186.9	5.78	0.09
MH/SA		Visits	4.2	28.57	0.01	-	-	-	-	-	-	-	-	4.2	28.57	0.01
Inpatient and Outpatient Surgery		Procedures	291.7	193.36	4.70	0.39	-	0.04	-	(0.04)	-	-	-	315.9	193.36	5.09
Therapy		Visits	122.3	49.07	0.50	0.04	-	0.01	-	(0.01)	-	-	-	132.1	49.07	0.54
Immunizations		Procedures	4,904.5	12.97	5.30	0.44	-	0.05	-	(0.05)	-	-	-	5,311.6	12.97	5.74
Physical Exams		Visits	3,237.1	62.35	16.82	1.40	-	0.15	-	(0.15)	-	-	-	3,506.5	62.35	18.22
Other Professional		Procedures	2,222.2	33.16	6.14	0.51	-	0.06	-	(0.06)	-	-	-	2,406.8	33.16	6.65
Emergency Room		Visits	1,197.0	84.01	8.38	0.70	-	0.07	-	(0.07)	-	-	-	1,297.0	84.01	9.08
Family Planning		Procedures	0.7	171.42	0.01	-	-	-	-	-	-	-	-	0.7	171.42	0.01
Anesthesia		Procedures	142.0	139.44	1.65	0.14	-	0.01	-	(0.01)	-	-	-	154.0	139.44	1.79
Federally Qualified Health Center/Rural Health Clinic		Visits	786.3	126.98	8.32	0.69	-	0.08	-	(0.08)	-	-	-	851.5	126.98	9.01
Subtotal Professional					\$ 97.72											\$ 105.84
Retail Pharmacy																
Retail Pharmacy		Scripts	4,754.3	\$ 44.85	\$ 17.77	\$ 0.10	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.31	\$ 0.15	\$ 0.00	\$ 0.00	4,866.7	\$ 45.22	\$ 18.34
Subtotal Retail Pharmacy					\$ 17.77											\$ 18.34
SBH																
Professional SBH		Days	25.9	\$ 83.39	\$ 0.18	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	27.3	\$ 83.39	\$ 0.19
Inpatient SBH		Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH		Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH		Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH		Visits	12.1	385.68	0.39	0.01	-	0.01	-	(0.01)	-	-	-	12.4	385.68	0.40
Subtotal SBH					\$ 0.57											\$ 0.59
Ancillary																
Non-Emergency Transportation		Trips	154.0	\$ 79.47	\$ 1.02	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	160.1	\$ 79.47	\$ 1.06
Other Ancillary		Procedures	0.7	1,028.49	0.06	-	-	-	-	-	-	-	-	0.7	1,028.49	0.06
DME/Prosthetics		Devices	676.3	83.76	4.72	0.17	-	0.03	-	(0.02)	-	-	-	702.0	83.76	4.90
Emergency Transportation		Trips	132.2	510.16	5.62	0.20	-	0.04	-	(0.03)	-	-	-	137.1	510.16	5.83
Subtotal Ancillary					\$ 11.42											\$ 11.85
LTSS																
Home Health		Days	2.0	\$ 363.00	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.0	\$ 363.00	\$ 0.06
Hospice		Days	23.7	177.33	0.35	0.01	-	-	-	-	-	-	-	24.4	177.33	0.36
Other LTSS		Procedures	79.2	22.72	0.15	0.01	-	-	-	-	-	-	-	84.5	22.72	0.16
Personal/Custodial Care		Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.56											\$ 0.58
Total Medical Costs					\$ 295.34											\$ 313.13

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments																
Region: Capital Rate Cell: F&C - Child 1-20 Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience			
Member Months: 2,076,108 Category of Service		Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital																
Inpatient Acute		Days	39.2	\$ 2,138.52	\$ 6.99	\$ 0.35	\$ 0.00	\$ 0.12	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ (0.01)	41.7	\$ 2,135.64	\$ 7.42
NICU/PICU		Days	16.2	2,662.82	3.59	0.18	-	0.06	-	(0.01)	-	-	-	17.2	2,662.82	3.82
Subtotal Inpatient Hospital					\$ 10.58											\$ 11.24
Outpatient Hospital																
Outpatient Emergency Room		Visits	435.5	\$ 419.64	\$ 15.23	\$ 0.54	\$ 0.00	\$ 0.08	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.00	449.2	\$ 419.64	\$ 15.71
Outpatient Pharmacy		Procedures	192.0	204.99	3.28	0.12	-	0.01	-	(0.03)	-	-	-	197.9	204.99	3.38
Outpatient Pathology/Lab		Procedures	780.5	22.14	1.44	0.05	-	0.01	-	(0.01)	-	-	-	807.6	22.14	1.49
Outpatient Radiology		Procedures	184.9	191.43	2.95	0.10	-	0.02	-	(0.03)	-	-	-	190.6	191.43	3.04
Outpatient Surgery		Visits	61.1	645.78	3.29	0.12	-	0.01	-	(0.03)	-	-	-	63.0	645.78	3.39
Other Outpatient		Procedures	969.4	66.10	5.34	0.19	-	0.03	-	(0.05)	-	-	-	1,000.3	66.10	5.51
Subtotal Outpatient Hospital					\$ 31.53											\$ 32.52
Professional																
Office/Home Visits/Consults		Visits	2,762.8	\$ 60.16	\$ 13.85	\$ 1.15	\$ 0.00	\$ 0.13	\$ 0.00	\$ (0.13)	\$ 0.00	\$ 0.00	\$ 0.00	2,992.2	\$ 60.16	\$ 15.00
Inpatient Visits		Visits	128.0	104.10	1.11	0.09	-	0.01	-	(0.01)	-	-	-	138.3	104.10	1.20
Radiology		Procedures	473.7	25.59	1.01	0.08	-	0.01	-	(0.01)	-	-	-	511.2	25.59	1.09
Pathology/Lab		Procedures	2,662.3	22.45	4.98	0.41	-	0.05	-	(0.05)	-	-	-	2,881.5	22.45	5.39
Vision		Visits	547.5	44.71	2.04	0.17	-	0.02	-	(0.02)	-	-	-	593.1	44.71	2.21
Applied Behavioral Analysis		Units	250.0	250.08	5.21	0.43	-	0.05	-	(0.05)	-	-	-	270.6	250.08	5.64
Office Administered Drugs		Procedures	51.3	88.83	0.38	0.03	-	0.01	-	(0.01)	-	-	-	55.4	88.83	0.41
MH/SA		Visits	144.1	53.29	0.64	0.05	-	0.01	-	(0.01)	-	-	-	155.4	53.29	0.69
Inpatient and Outpatient Surgery		Procedures	199.9	153.65	2.56	0.21	-	0.03	-	(0.03)	-	-	-	216.3	153.65	2.77
Therapy		Visits	381.9	54.05	1.72	0.14	-	0.02	-	(0.02)	-	-	-	413.0	54.05	1.86
Immunizations		Procedures	447.1	14.76	0.55	0.05	-	-	-	-	-	-	-	487.7	14.76	0.60
Physical Exams		Visits	568.4	69.25	3.28	0.27	-	0.03	-	(0.03)	-	-	-	615.2	69.25	3.55
Other Professional		Procedures	668.7	38.22	2.13	0.18	-	0.02	-	(0.02)	-	-	-	725.2	38.22	2.31
Emergency Room		Visits	434.5	87.28	3.16	0.26	-	0.03	-	(0.03)	-	-	-	470.2	87.28	3.42
Family Planning		Procedures	26.8	75.98	0.17	0.01	-	0.01	-	(0.01)	-	-	-	28.4	75.98	0.18
Anesthesia		Procedures	77.5	142.39	0.92	0.08	-	-	-	-	-	-	-	84.3	142.39	1.00
Federally Qualified Health Center/Rural Health Clinic		Visits	666.9	156.73	8.71	0.72	-	0.08	-	(0.08)	-	-	-	722.0	156.73	9.43
Subtotal Professional					\$ 52.42											\$ 56.75
Retail Pharmacy																
Retail Pharmacy		Scripts	4,872.2	\$ 117.85	\$ 47.85	\$ 0.28	\$ 0.00	\$ 0.02	\$ 0.00	\$ 1.14	\$ (0.33)	\$ 0.00	\$ (0.21)	5,018.9	\$ 116.56	\$ 48.75
Subtotal Retail Pharmacy					\$ 47.85											\$ 48.75
SBH																
Professional SBH		Days	165.4	\$ 67.46	\$ 0.93	\$ 0.03	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	170.8	\$ 67.46	\$ 0.96
Inpatient SBH		Visits	78.7	1,234.96	8.10	0.29	-	0.05	-	(0.07)	-	-	-	81.3	1,234.96	8.37
Addiction SBH		Visits	10.9	186.84	0.17	0.01	-	-	-	-	-	-	-	11.6	186.84	0.18
Outpatient SBH		Visits	6.2	173.33	0.09	-	-	-	-	-	-	-	-	6.2	173.33	0.09
Other SBH		Visits	659.3	131.42	7.22	0.25	-	0.05	-	(0.06)	-	-	-	681.2	131.42	7.46
Subtotal SBH					\$ 16.51											\$ 17.06
Ancillary																
Non-Emergency Transportation		Trips	76.7	\$ 137.61	\$ 0.88	\$ 0.03	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	79.4	\$ 137.61	\$ 0.91
Other Ancillary		Procedures	0.5	715.90	0.03	-	-	-	-	-	-	-	-	0.5	715.90	0.03
DME/Prosthetics		Devices	170.1	112.85	1.60	0.06	-	0.01	-	(0.01)	-	-	-	176.5	112.85	1.66
Emergency Transportation		Trips	71.8	432.70	2.59	0.09	-	0.02	-	(0.01)	-	-	-	74.6	432.70	2.69
Subtotal Ancillary					\$ 5.10											\$ 5.29
LTSS																
Home Health		Days	6.7	\$ 270.09	\$ 0.15	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7.1	\$ 270.09	\$ 0.16
Hospice		Days	0.4	340.35	0.01	-	-	-	-	-	-	-	-	0.4	340.35	0.01
Other LTSS		Procedures	14.4	66.68	0.08	-	-	-	-	-	-	-	-	14.4	66.68	0.08
Personal/Custodial Care		Procedures	5.9	60.53	0.03	-	-	-	-	-	-	-	-	5.9	60.53	0.03
Subtotal LTSS					\$ 0.27											\$ 0.28
Total Medical Costs					\$ 164.26											\$ 171.89

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: F&C - Adult 21+ Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 268,586 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	175.9	\$ 1,619.15	\$ 23.74	\$ 1.20	\$ 0.00	\$ 0.41	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	\$ 0.00	187.0	\$ 1,619.15	\$ 25.23
NICU/PICU	Days	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 23.74											\$ 25.23
Outpatient Hospital															
Outpatient Emergency Room	Visits	684.7	\$ 620.77	\$ 35.42	\$ 1.26	\$ 0.00	\$ 0.18	\$ 0.00	\$ (0.24)	\$ 0.00	\$ 0.00	\$ 0.00	707.9	\$ 620.77	\$ 36.62
Outpatient Pharmacy	Procedures	741.8	255.26	15.78	0.56	-	0.08	-	(0.11)	-	-	-	766.8	255.26	16.31
Outpatient Pathology/Lab	Procedures	2,748.0	17.51	4.01	0.14	-	0.02	-	(0.02)	-	-	-	2,844.0	17.51	4.15
Outpatient Radiology	Procedures	517.3	214.12	9.23	0.33	-	0.04	-	(0.06)	-	-	-	534.7	214.12	9.54
Outpatient Surgery	Visits	113.3	833.84	7.87	0.28	-	0.04	-	(0.05)	-	-	-	117.1	833.84	8.14
Other Outpatient	Procedures	981.4	71.17	5.82	0.21	-	0.03	-	(0.04)	-	-	-	1,015.1	71.17	6.02
Subtotal Outpatient Hospital				\$ 78.13											\$ 80.78
Professional															
Office/Home Visits/Consults	Visits	2,764.8	\$ 63.32	\$ 14.59	\$ 1.21	\$ 0.00	\$ 0.14	\$ 0.00	\$ (0.11)	\$ 0.00	\$ 0.00	\$ 0.00	2,999.8	\$ 63.32	\$ 15.83
Inpatient Visits	Visits	449.0	76.44	2.86	0.24	-	0.02	-	(0.02)	-	-	-	486.6	76.44	3.10
Radiology	Procedures	2,526.5	46.26	9.74	0.81	-	0.09	-	(0.07)	-	-	-	2,741.8	46.26	10.57
Pathology/Lab	Procedures	7,652.9	27.05	17.25	1.43	-	0.16	-	(0.12)	-	-	-	8,305.0	27.05	18.72
Vision	Visits	75.7	69.72	0.44	0.04	-	-	-	-	-	-	-	82.6	69.72	0.48
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	160.4	144.43	1.93	0.16	-	0.02	-	(0.02)	-	-	-	173.6	144.43	2.09
MH/SA	Visits	1,945.3	19.80	3.21	0.27	-	0.03	-	(0.03)	-	-	-	2,108.9	19.80	3.48
Inpatient and Outpatient Surgery	Procedures	381.0	207.89	6.60	0.55	-	0.06	-	(0.05)	-	-	-	413.3	207.89	7.16
Therapy	Visits	266.0	57.75	1.28	0.11	-	0.01	-	(0.01)	-	-	-	288.8	57.75	1.39
Immunizations	Procedures	122.1	24.58	0.25	0.02	-	-	-	-	-	-	-	131.8	24.58	0.27
Physical Exams	Visits	197.4	65.66	1.08	0.09	-	0.01	-	(0.01)	-	-	-	213.8	65.66	1.17
Other Professional	Procedures	749.3	61.33	3.83	0.32	-	0.03	-	(0.02)	-	-	-	813.9	61.33	4.16
Emergency Room	Visits	693.3	90.53	5.23	0.43	-	0.05	-	(0.03)	-	-	-	752.9	90.53	5.68
Family Planning	Procedures	215.9	130.04	2.34	0.19	-	0.03	-	(0.02)	-	-	-	234.4	130.04	2.54
Anesthesia	Procedures	246.2	168.63	3.46	0.29	-	0.03	-	(0.02)	-	-	-	267.6	168.63	3.76
Federally Qualified Health Center/Rural Health Clinic	Visits	893.4	160.50	11.95	0.99	-	0.11	-	(0.08)	-	-	-	969.7	160.50	12.97
Subtotal Professional				\$ 86.04											\$ 93.37
Retail Pharmacy															
Retail Pharmacy	Scripts	15,434.7	\$ 131.51	\$ 169.15	\$ 0.98	\$ 0.00	\$ 0.06	\$ 0.00	\$ 2.06	\$ (0.41)	\$ 0.00	\$ (1.04)	15,717.5	\$ 130.40	\$ 170.80
Subtotal Retail Pharmacy				\$ 169.15											\$ 170.80
SBH															
Professional SBH	Days	358.8	\$ 64.22	\$ 1.92	\$ 0.07	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	371.8	\$ 64.22	\$ 1.99
Inpatient SBH	Visits	147.4	774.83	9.52	0.34	-	0.06	-	(0.06)	-	-	-	152.7	774.83	9.86
Addiction SBH	Visits	546.6	215.59	9.82	0.35	-	0.06	-	(0.06)	-	-	-	566.1	215.59	10.17
Outpatient SBH	Visits	41.4	174.03	0.60	0.02	-	0.01	-	(0.01)	-	-	-	42.8	174.03	0.62
Other SBH	Visits	468.3	150.68	5.88	0.21	-	0.04	-	(0.04)	-	-	0.10	485.0	153.16	6.19
Subtotal SBH				\$ 27.74											\$ 28.83
Ancillary															
Non-Emergency Transportation	Trips	1,075.9	\$ 47.29	\$ 4.24	\$ 0.15	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	1,116.5	\$ 47.29	\$ 4.40
Other Ancillary	Procedures	1.6	746.07	0.10	-	-	-	-	-	-	-	-	1.6	746.07	0.10
DME/Prosthetics	Devices	377.5	105.22	3.31	0.12	-	0.02	-	(0.02)	-	-	-	391.2	105.22	3.43
Emergency Transportation	Trips	273.4	406.39	9.26	0.33	-	0.06	-	(0.04)	-	-	-	283.8	406.39	9.61
Subtotal Ancillary				\$ 16.91											\$ 17.54
LTSS															
Home Health	Days	50.4	\$ 83.34	\$ 0.35	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	51.8	\$ 83.34	\$ 0.36
Hospice	Days	15.3	204.19	0.26	0.01	-	-	-	-	-	-	-	15.9	204.19	0.27
Other LTSS	Procedures	21.4	162.61	0.29	0.01	-	-	-	-	-	-	-	22.1	162.61	0.30
Personal/Custodial Care	Procedures	2.8	170.53	0.04	-	-	-	-	-	-	-	-	2.8	170.53	0.04
Subtotal LTSS				\$ 0.94											\$ 0.97
Total Medical Costs				\$ 402.65											\$ 417.52

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: HCBS - Child 1-20 Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 7,051 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	799.9	\$ 1,791.55	\$ 119.42	\$ 6.02	\$ 0.00	\$ 1.90	\$ 0.00	\$ (0.60)	\$ 0.00	\$ 0.00	\$ 0.00	848.9	\$ 1,791.55	\$ 126.74
NICU/PICU	Days	840.7	2,603.45	182.40	9.20	-	2.89	-	(0.91)	-	-	-	892.3	2,603.45	193.58
Subtotal Inpatient Hospital				\$ 301.82											\$ 320.32
Outpatient Hospital															
Outpatient Emergency Room	Visits	653.5	\$ 662.50	\$ 36.08	\$ 1.28	\$ 0.00	\$ 0.26	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	678.2	\$ 662.50	\$ 37.44
Outpatient Pharmacy	Procedures	697.8	2,600.79	151.23	5.38	-	1.06	-	(0.74)	-	-	-	724.1	2,600.79	156.93
Outpatient Pathology/Lab	Procedures	3,199.5	17.06	4.55	0.16	-	0.03	-	(0.02)	-	-	-	3,319.1	17.06	4.72
Outpatient Radiology	Procedures	711.4	213.89	12.68	0.45	-	0.09	-	(0.06)	-	-	-	738.3	213.89	13.16
Outpatient Surgery	Visits	354.0	748.49	22.08	0.79	-	0.15	-	(0.11)	-	-	-	367.3	748.49	22.91
Other Outpatient	Procedures	8,979.2	60.13	44.99	1.60	-	0.31	-	(0.22)	-	-	-	9,316.4	60.13	46.68
Subtotal Outpatient Hospital				\$ 271.61											\$ 281.84
Professional															
Office/Home Visits/Consults	Visits	5,680.9	\$ 68.52	\$ 32.44	\$ 2.69	\$ 0.00	\$ 0.36	\$ 0.00	\$ (0.17)	\$ 0.00	\$ 0.00	\$ 0.00	6,185.2	\$ 68.52	\$ 35.32
Inpatient Visits	Visits	2,586.9	113.79	24.53	2.04	-	0.27	-	(0.13)	-	-	-	2,816.8	113.79	26.71
Radiology	Procedures	1,981.0	22.41	3.70	0.31	-	0.04	-	(0.02)	-	-	-	2,157.7	22.41	4.03
Pathology/Lab	Procedures	3,223.4	45.42	12.20	1.01	-	0.14	-	(0.07)	-	-	-	3,508.7	45.42	13.28
Vision	Visits	622.9	56.45	2.93	0.24	-	0.04	-	(0.02)	-	-	-	678.2	56.45	3.19
Applied Behavioral Analysis	Units	22,173.9	249.70	461.41	38.28	-	5.08	-	(2.37)	-	-	-	24,143.7	249.70	502.40
Office Administered Drugs	Procedures	80.0	628.59	4.19	0.35	-	0.04	-	(0.02)	-	-	-	87.1	628.59	4.56
MH/SA	Visits	427.2	41.29	1.47	0.12	-	0.02	-	(0.01)	-	-	-	465.0	41.29	1.60
Inpatient and Outpatient Surgery	Procedures	1,017.7	231.69	19.65	1.63	-	0.22	-	(0.10)	-	-	-	1,108.4	231.69	21.40
Therapy	Visits	8,174.2	52.53	35.78	2.97	-	0.39	-	(0.18)	-	-	-	8,900.7	52.53	38.96
Immunizations	Procedures	285.9	15.11	0.36	0.03	-	-	-	-	-	-	-	309.7	15.11	0.39
Physical Exams	Visits	549.7	72.91	3.34	0.28	-	0.03	-	(0.01)	-	-	-	599.1	72.91	3.64
Other Professional	Procedures	8,497.5	299.21	211.88	17.58	-	2.33	-	(1.09)	-	-	-	9,252.3	299.21	230.70
Emergency Room	Visits	750.5	101.37	6.34	0.53	-	0.07	-	(0.04)	-	-	-	816.8	101.37	6.90
Family Planning	Procedures	11.9	60.44	0.06	-	-	0.01	-	-	-	-	-	13.9	60.44	0.07
Anesthesia	Procedures	406.8	178.49	6.05	0.50	-	0.07	-	(0.03)	-	-	-	443.1	178.49	6.59
Federally Qualified Health Center/Rural Health Clinic	Visits	1,208.3	155.12	15.62	1.30	-	0.17	-	(0.08)	-	-	-	1,315.9	155.12	17.01
Subtotal Professional				\$ 841.95											\$ 916.75
Retail Pharmacy															
Retail Pharmacy	Scripts	28,533.8	\$ 261.45	\$ 621.68	\$ 3.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.18	\$ 4.61	\$ 0.00	\$ (1.74)	28,707.8	\$ 262.65	\$ 628.34
Subtotal Retail Pharmacy				\$ 621.68											\$ 628.34
SBH															
Professional SBH	Days	1,067.1	\$ 170.60	\$ 15.17	\$ 0.53	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.00	\$ 0.00	1,106.5	\$ 170.60	\$ 15.73
Inpatient SBH	Visits	221.2	1,159.08	21.37	0.75	-	0.15	-	(0.11)	-	-	-	229.4	1,159.08	22.16
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	5.1	164.52	0.07	-	-	-	-	-	-	-	-	5.1	164.52	0.07
Other SBH	Visits	599.1	158.25	7.90	0.28	-	0.05	-	(0.04)	-	-	0.13	621.1	160.76	8.32
Subtotal SBH				\$ 44.51											\$ 46.28
Ancillary															
Non-Emergency Transportation	Trips	6,998.2	\$ 48.29	\$ 28.16	\$ 1.00	\$ 0.00	\$ 0.20	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.00	7,261.6	\$ 48.29	\$ 29.22
Other Ancillary	Procedures	13.6	1,154.60	1.31	0.05	-	0.01	-	(0.01)	-	-	-	14.1	1,154.60	1.36
DME/Prosthetics	Devices	26,648.1	139.68	310.18	10.99	-	2.21	-	(1.52)	-	-	-	27,651.6	139.68	321.86
Emergency Transportation	Trips	576.9	574.06	27.60	0.98	-	0.19	-	(0.13)	-	-	-	598.7	574.06	28.64
Subtotal Ancillary				\$ 367.25											\$ 381.08
LTSS															
Home Health	Days	10,835.9	\$ 515.10	\$ 465.13	\$ 16.40	\$ 0.00	\$ 2.10	\$ 0.00	\$ (2.27)	\$ 0.00	\$ 0.00	\$ 0.00	11,214.0	\$ 515.10	\$ 481.36
Hospice	Days	2,251.6	175.77	32.98	1.16	-	0.15	-	(0.16)	-	-	-	2,330.1	175.77	34.13
Other LTSS	Procedures	6,833.1	107.53	61.23	2.16	-	0.28	-	(0.30)	-	-	-	7,071.9	107.53	63.37
Personal/Custodial Care	Procedures	17,878.3	88.07	131.21	4.63	-	0.59	-	(0.64)	-	-	-	18,502.4	88.07	135.79
Subtotal LTSS				\$ 690.55											\$ 714.65
Total Medical Costs				\$ 3,139.37											\$ 3,289.26

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: HCBS - Adult 21+ Years		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 8,731	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,749.6	\$ 1,492.57	\$ 217.62	\$ 10.98	\$ 0.00	\$ 3.45	\$ 0.00	\$ (1.09)	\$ 0.00	\$ 0.00	\$ 0.00	1,856.9	\$ 1,492.57	\$ 230.96
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 217.62											\$ 230.96
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,000.6	\$ 792.51	\$ 66.08	\$ 2.35	\$ 0.00	\$ 0.46	\$ 0.00	\$ (0.32)	\$ 0.00	\$ 0.00	\$ 0.00	1,038.3	\$ 792.51	\$ 68.57
Outpatient Pharmacy	Procedures	1,991.5	321.94	53.43	1.90	-	0.37	-	(0.26)	-	-	-	2,066.4	321.94	55.44
Outpatient Pathology/Lab	Procedures	5,569.1	12.84	5.96	0.21	-	0.04	-	(0.03)	-	-	-	5,774.7	12.84	6.18
Outpatient Radiology	Procedures	900.2	244.07	18.31	0.65	-	0.13	-	(0.09)	-	-	-	934.2	244.07	19.00
Outpatient Surgery	Visits	369.7	755.60	23.28	0.83	-	0.16	-	(0.11)	-	-	-	383.7	755.60	24.16
Other Outpatient	Procedures	3,684.8	91.87	28.21	1.00	-	0.20	-	(0.14)	-	-	-	3,823.3	91.87	29.27
Subtotal Outpatient Hospital				\$ 195.27											\$ 202.62
Professional															
Office/Home Visits/Consults	Visits	5,148.6	\$ 65.42	\$ 28.07	\$ 2.33	\$ 0.00	\$ 0.31	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.00	\$ 0.00	5,605.3	\$ 65.42	\$ 30.56
Inpatient Visits	Visits	3,672.4	71.85	21.99	1.82	-	0.25	-	(0.12)	-	-	-	3,998.1	71.85	23.94
Radiology	Procedures	2,506.9	36.38	7.60	0.63	-	0.08	-	(0.03)	-	-	-	2,731.2	36.38	8.28
Pathology/Lab	Procedures	6,051.5	17.29	8.72	0.72	-	0.10	-	(0.05)	-	-	-	6,585.9	17.29	9.49
Vision	Visits	123.7	65.00	0.67	0.06	-	-	-	-	-	-	-	134.8	65.00	0.73
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	147.1	253.77	3.11	0.26	-	0.03	-	(0.01)	-	-	-	160.3	253.77	3.39
MH/SA	Visits	619.9	97.76	5.05	0.42	-	0.05	-	(0.02)	-	-	-	675.1	97.76	5.50
Inpatient and Outpatient Surgery	Procedures	1,230.1	152.87	15.67	1.30	-	0.17	-	(0.08)	-	-	-	1,339.2	152.87	17.06
Therapy	Visits	1,092.7	58.32	5.31	0.44	-	0.06	-	(0.03)	-	-	-	1,189.4	58.32	5.78
Immunizations	Procedures	137.4	33.18	0.38	0.03	-	0.01	-	(0.01)	-	-	-	148.3	33.18	0.41
Physical Exams	Visits	215.8	61.73	1.11	0.09	-	0.01	-	-	-	-	-	235.2	61.73	1.21
Other Professional	Procedures	1,984.7	50.31	8.32	0.69	-	0.09	-	(0.04)	-	-	-	2,161.2	50.31	9.06
Emergency Room	Visits	1,062.4	100.53	8.90	0.74	-	0.10	-	(0.05)	-	-	-	1,156.7	100.53	9.69
Family Planning	Procedures	48.1	102.28	0.41	0.03	-	0.01	-	-	-	-	-	52.8	102.28	0.45
Anesthesia	Procedures	280.4	124.55	2.91	0.24	-	0.03	-	(0.01)	-	-	-	305.4	124.55	3.17
Federally Qualified Health Center/Rural Health Clinic	Visits	1,876.1	169.06	26.43	2.19	-	0.29	-	(0.13)	-	-	-	2,042.9	169.06	28.78
Subtotal Professional				\$ 144.65											\$ 157.50
Retail Pharmacy															
Retail Pharmacy	Scripts	46,203.6	\$ 172.99	\$ 666.07	\$ 3.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.90	\$ (1.24)	\$ 0.00	\$ (9.74)	46,672.6	\$ 170.17	\$ 661.85
Subtotal Retail Pharmacy				\$ 666.07											\$ 661.85
SBH															
Professional SBH	Days	773.8	\$ 59.09	\$ 3.81	\$ 0.13	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	802.2	\$ 59.09	\$ 3.95
Inpatient SBH	Visits	508.5	781.54	33.12	1.17	-	0.22	-	(0.16)	-	-	-	527.4	781.54	34.35
Addiction SBH	Visits	261.1	182.43	3.97	0.14	-	0.03	-	(0.02)	-	-	-	271.0	182.43	4.12
Outpatient SBH	Visits	122.3	171.68	1.75	0.06	-	0.01	-	(0.01)	-	-	-	126.5	171.68	1.81
Other SBH	Visits	1,473.4	260.79	32.02	1.13	-	0.21	-	(0.15)	-	-	1.93	1,528.1	275.95	35.14
Subtotal SBH				\$ 74.67											\$ 79.37
Ancillary															
Non-Emergency Transportation	Trips	7,234.9	\$ 61.04	\$ 36.80	\$ 1.30	\$ 0.00	\$ 0.27	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	7,508.2	\$ 61.04	\$ 38.19
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	6,326.4	153.53	80.94	2.87	-	0.57	-	(0.39)	-	-	-	6,564.8	153.53	83.99
Emergency Transportation	Trips	1,274.1	366.66	38.93	1.38	-	0.28	-	(0.19)	-	-	-	1,322.2	366.66	40.40
Subtotal Ancillary				\$ 156.67											\$ 162.58
LTSS															
Home Health	Days	2,627.9	\$ 89.73	\$ 19.65	\$ 0.69	\$ 0.00	\$ 0.09	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.00	\$ 0.00	2,720.2	\$ 89.73	\$ 20.34
Hospice	Days	1,412.9	180.65	21.27	0.75	-	0.10	-	(0.11)	-	-	-	1,462.1	180.65	22.01
Other LTSS	Procedures	272.1	372.61	8.45	0.30	-	0.04	-	(0.05)	-	-	-	281.5	372.61	8.74
Personal/Custodial Care	Procedures	38.5	187.09	0.60	0.02	-	-	-	-	-	-	-	39.8	187.09	0.62
Subtotal LTSS				\$ 49.97											\$ 51.71
Total Medical Costs				\$ 1,504.92											\$ 1,546.59

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SBH - CCM, All Ages		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 4,168	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	2.9	\$ 208.40	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	25.9	13.89	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
Outpatient Radiology	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 0.08											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	218.8	\$ 45.52	\$ 0.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.83)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	54.7	50.45	0.23	-	-	-	-	(0.23)	-	-	-	-	-	-
Radiology	Procedures	2.9	41.68	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	2.9	83.36	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	6,138.2	240.81	123.18	14.37	-	1.92	-	(0.66)	-	-	-	6,917.1	240.81	138.81
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	287.9	86.28	2.07	-	-	-	-	(2.07)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	48.9	132.40	0.54	-	-	-	-	(0.54)	-	-	-	-	-	-
Emergency Room	Visits	2.9	83.36	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	365.6	178.53	5.44	-	-	-	-	(5.44)	-	-	-	-	-	-
Subtotal Professional				\$ 132.34											\$ 138.81
Retail Pharmacy															
Retail Pharmacy	Scripts	970.2	\$ 83.98	\$ 6.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (6.79)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 6.79											\$ 0.00
SBH															
Professional SBH	Days	244.7	\$ 64.24	\$ 1.31	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	255.9	\$ 64.24	\$ 1.37
Inpatient SBH	Visits	285.0	642.04	15.25	0.65	-	0.09	-	(0.07)	-	-	-	297.6	642.04	15.92
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	1,701.5	133.29	18.90	0.81	-	0.11	-	(0.09)	-	-	-	1,776.3	133.29	19.73
Subtotal SBH				\$ 35.46											\$ 37.02
Ancillary															
Non-Emergency Transportation	Trips	423.2	\$ 98.39	\$ 3.47	\$ 0.12	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	441.5	\$ 98.39	\$ 3.62
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.47											\$ 3.62
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 178.14											\$ 179.45

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SBH - Dual Eligible, All Ages		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 332,598 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	4.0	\$ 1,632.75	\$ 0.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.54)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.54											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	7.6	\$ 760.22	\$ 0.48	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.48)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	13.8	69.65	0.08	-	-	-	-	(0.08)	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	44.6	13.45	0.05	-	-	-	-	(0.05)	-	-	-	-	-	-
Outpatient Radiology	Procedures	14.4	200.06	0.24	-	-	-	-	(0.24)	-	-	-	-	-	-
Outpatient Surgery	Visits	4.3	1,136.38	0.41	-	-	-	-	(0.41)	-	-	-	-	-	-
Other Outpatient	Procedures	60.4	196.58	0.99	-	-	-	-	(0.99)	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 2.25											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	42.8	\$ 67.30	\$ 0.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.24)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	17.5	68.72	0.10	-	-	-	-	(0.10)	-	-	-	-	-	-
Radiology	Procedures	27.9	43.08	0.10	-	-	-	-	(0.10)	-	-	-	-	-	-
Pathology/Lab	Procedures	58.6	18.43	0.09	-	-	-	-	(0.09)	-	-	-	-	-	-
Vision	Visits	1.7	72.30	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	2.8	127.92	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
MH/SA	Visits	160.5	49.34	0.66	-	-	-	-	(0.66)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	10.6	306.49	0.27	-	-	-	-	(0.27)	-	-	-	-	-	-
Therapy	Visits	8.6	69.87	0.05	-	-	-	-	(0.05)	-	-	-	-	-	-
Immunizations	Procedures	0.8	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1.4	83.15	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Other Professional	Procedures	25.5	70.57	0.15	-	-	-	-	(0.15)	-	-	-	-	-	-
Emergency Room	Visits	8.2	87.91	0.06	-	-	-	-	(0.06)	-	-	-	-	-	-
Family Planning	Procedures	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	3.8	126.70	0.04	-	-	-	-	(0.04)	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	15.4	171.36	0.22	-	-	-	-	(0.22)	-	-	-	-	-	-
Subtotal Professional				\$ 2.03											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	476.1	\$ 178.71	\$ 7.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (7.09)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 7.09											\$ 0.00
SBH															
Professional SBH	Days	12.4	\$ 57.84	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	12.4	\$ 57.84	\$ 0.06
Inpatient SBH	Visits	36.4	731.78	2.22	0.09	-	0.02	-	(0.18)	-	-	-	35.3	731.78	2.15
Addiction SBH	Visits	269.4	232.03	5.21	0.22	-	0.03	-	(0.02)	-	-	-	281.3	232.03	5.44
Outpatient SBH	Visits	8.3	187.18	0.13	0.01	-	-	-	-	-	-	-	9.0	187.18	0.14
Other SBH	Visits	346.0	352.06	10.15	0.43	-	0.06	-	(0.05)	-	-	0.61	361.0	372.34	11.20
Subtotal SBH				\$ 17.77											\$ 18.99
Ancillary															
Non-Emergency Transportation	Trips	3,451.3	\$ 42.28	\$ 12.16	\$ 0.44	\$ 0.00	\$ 0.16	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.00	3,604.5	\$ 42.28	\$ 12.70
Other Ancillary	Procedures	0.1	831.50	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
DME/Prosthetics	Devices	11.5	208.53	0.20	-	-	-	-	(0.20)	-	-	-	-	-	-
Emergency Transportation	Trips	4.9	415.75	0.17	-	-	-	-	(0.17)	-	-	-	-	-	-
Subtotal Ancillary				\$ 12.54											\$ 12.70
LTSS															
Home Health	Days	8.1	\$ 59.39	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	0.3	475.14	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Personal/Custodial Care	Procedures	14.3	142.42	0.17	-	-	-	-	(0.17)	-	-	-	-	-	-
Subtotal LTSS				\$ 0.22											\$ 0.00
Total Medical Costs				\$ 42.44											\$ 31.69

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SBH - LaHIPP, All Ages		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 2,706 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	8.9	\$ 54.12	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 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				\$ 0.04											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	26.6	\$ 54.12	\$ 0.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	53.2	13.53	0.06	-	-	-	-	(0.06)	-	-	-	-	-	-
Vision	Visits	4.4	81.18	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	523.3	79.12	3.45	0.40	-	0.06	-	(0.02)	-	-	-	590.0	79.12	3.89
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	31.0	193.29	0.50	-	-	-	-	(0.50)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	4.4	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	26.6	13.53	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
Emergency Room	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	261.6	77.05	1.68	-	-	-	-	(1.68)	-	-	-	-	-	-
Subtotal Professional				\$ 5.87											\$ 3.89
Retail Pharmacy															
Retail Pharmacy	Scripts	434.6	\$ 44.18	\$ 1.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.60)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 1.60											\$ 0.00
SBH															
Professional SBH	Days	102.0	\$ 51.77	\$ 0.44	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	106.6	\$ 51.77	\$ 0.46
Inpatient SBH	Visits	53.2	142.07	0.63	0.03	-	-	-	-	-	-	-	55.7	142.07	0.66
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	133.0	85.69	0.95	0.04	-	0.01	-	(0.01)	-	-	-	138.6	85.69	0.99
Subtotal SBH				\$ 2.02											\$ 2.11
Ancillary															
Non-Emergency Transportation	Trips	22.2	\$ 411.31	\$ 0.76	\$ 0.03	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	23.0	\$ 411.31	\$ 0.79
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.76											\$ 0.79
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 10.29											\$ 6.79

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: SBH - HCBS - Child 1-20 Years		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 5,323	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	2.3	\$ 798.45	\$ 0.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	4.5	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Radiology	Procedures	2.3	106.46	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Outpatient Surgery	Visits	6.8	479.07	0.27	-	-	-	-	(0.27)	-	-	-	-	-	-
Other Outpatient	Procedures	6.8	70.97	0.04	-	-	-	-	(0.04)	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 0.48											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	117.2	\$ 57.32	\$ 0.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.56)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	4.5	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	15.8	15.21	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Vision	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Applied Behavioral Analysis	Units	9,204.6	228.29	175.11	20.43	-	2.72	-	(0.93)	-	-	-	10,372.6	228.29	197.33
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	135.3	55.89	0.63	-	-	-	-	(0.63)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	4.5	26.62	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Therapy	Visits	36.1	73.19	0.22	-	-	-	-	(0.22)	-	-	-	-	-	-
Immunizations	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	6.8	70.97	0.04	-	-	-	-	(0.04)	-	-	-	-	-	-
Other Professional	Procedures	60.9	39.43	0.20	-	-	-	-	(0.20)	-	-	-	-	-	-
Emergency Room	Visits	2.3	106.46	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	4.5	133.08	0.05	-	-	-	-	(0.05)	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	322.4	180.16	4.84	-	-	-	-	(4.84)	-	-	-	-	-	-
Subtotal Professional				\$ 181.70											\$ 197.33
Retail Pharmacy															
Retail Pharmacy	Scripts	475.7	\$ 115.79	\$ 4.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (4.59)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 4.59											\$ 0.00
SBH															
Professional SBH	Days	949.1	\$ 163.74	\$ 12.95	\$ 0.55	\$ 0.00	\$ 0.08	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.00	990.9	\$ 163.74	\$ 13.52
Inpatient SBH	Visits	99.2	744.01	6.15	0.26	-	0.04	-	(0.03)	-	-	-	103.5	744.01	6.42
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	716.9	161.20	9.63	0.41	-	0.06	-	(0.05)	-	-	0.27	748.2	165.53	10.32
Subtotal SBH				\$ 28.73											\$ 30.26
Ancillary															
Non-Emergency Transportation	Trips	1,294.0	\$ 125.29	\$ 13.51	\$ 0.49	\$ 0.00	\$ 0.18	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 0.00	1,351.5	\$ 125.29	\$ 14.11
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	315.6	213.30	5.61	-	-	-	-	(5.61)	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 19.12											\$ 14.11
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 234.62											\$ 241.70

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: SBH - HCBS - Adult 21+ Years		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 9,123		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service		Type	per 1,000	Service											
Inpatient Hospital															
Inpatient Acute	Days	23.7	\$ 1,865.15	\$ 3.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (3.68)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 3.68											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	53.9	\$ 749.87	\$ 3.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (3.37)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	57.9	55.98	0.27	-	-	-	-	(0.27)	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	302.5	13.49	0.34	-	-	-	-	(0.34)	-	-	-	-	-	-
Outpatient Radiology	Procedures	73.7	216.67	1.33	-	-	-	-	(1.33)	-	-	-	-	-	-
Outpatient Surgery	Visits	25.0	436.94	0.91	-	-	-	-	(0.91)	-	-	-	-	-	-
Other Outpatient	Procedures	315.7	55.50	1.46	-	-	-	-	(1.46)	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 7.68											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	514.3	\$ 73.96	\$ 3.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (3.17)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	105.2	75.26	0.66	-	-	-	-	(0.66)	-	-	-	-	-	-
Radiology	Procedures	148.6	33.10	0.41	-	-	-	-	(0.41)	-	-	-	-	-	-
Pathology/Lab	Procedures	276.2	15.21	0.35	-	-	-	-	(0.35)	-	-	-	-	-	-
Vision	Visits	5.3	45.62	0.02	-	-	-	-	(0.02)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	14.5	174.17	0.21	-	-	-	-	(0.21)	-	-	-	-	-	-
MH/SA	Visits	395.9	36.07	1.19	-	-	-	-	(1.19)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	67.1	189.62	1.06	-	-	-	-	(1.06)	-	-	-	-	-	-
Therapy	Visits	105.2	76.41	0.67	-	-	-	-	(0.67)	-	-	-	-	-	-
Immunizations	Procedures	7.9	45.62	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
Physical Exams	Visits	13.2	54.74	0.06	-	-	-	-	(0.06)	-	-	-	-	-	-
Other Professional	Procedures	107.9	50.07	0.45	-	-	-	-	(0.45)	-	-	-	-	-	-
Emergency Room	Visits	65.8	94.88	0.52	-	-	-	-	(0.52)	-	-	-	-	-	-
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	10.5	239.48	0.21	-	-	-	-	(0.21)	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	355.1	175.70	5.20	-	-	-	-	(5.20)	-	-	-	-	-	-
Subtotal Professional				\$ 14.21											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	3,060.8	\$ 144.04	\$ 36.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (36.74)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 36.74											\$ 0.00
SBH															
Professional SBH	Days	513.0	\$ 63.63	\$ 2.72	\$ 0.12	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	535.6	\$ 63.63	\$ 2.84
Inpatient SBH	Visits	317.0	792.30	20.93	0.89	-	0.13	-	(0.10)	-	-	-	330.9	792.30	21.85
Addiction SBH	Visits	501.2	144.39	6.03	0.26	-	0.03	-	(0.03)	-	-	-	522.8	144.39	6.29
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	577.4	459.48	22.11	0.94	-	0.14	-	(0.11)	-	-	1.46	602.8	488.54	24.54
Subtotal SBH				\$ 51.79											\$ 55.52
Ancillary															
Non-Emergency Transportation	Trips	5,014.1	\$ 68.73	\$ 28.72	\$ 1.03	\$ 0.00	\$ 0.39	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.00	5,237.6	\$ 68.73	\$ 30.00
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	360.4	149.50	4.49	-	-	-	-	(4.49)	-	-	-	-	-	-
Emergency Transportation	Trips	73.7	457.78	2.81	-	-	-	-	(2.81)	-	-	-	-	-	-
Subtotal Ancillary				\$ 36.02											\$ 30.00
LTSS															
Home Health	Days	243.3	\$ 56.22	\$ 1.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.14)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	-	-	0.09	-	-	-	-	(0.09)	-	-	-	-	-	-
Other LTSS	Procedures	173.6	40.09	0.58	-	-	-	-	(0.58)	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 1.81											\$ 0.00
Total Medical Costs				\$ 151.93											\$ 85.52

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: SBH - Other - All Ages		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 8,233 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	107.9	\$ 2,021.54	\$ 18.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (18.17)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 18.17											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	39.4	\$ 1,481.94	\$ 4.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (4.86)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	122.4	831.14	8.48	-	-	-	-	(8.48)	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	173.4	21.45	0.31	-	-	-	-	(0.31)	-	-	-	-	-	-
Outpatient Radiology	Procedures	29.2	284.04	0.69	-	-	-	-	(0.69)	-	-	-	-	-	-
Outpatient Surgery	Visits	4.4	439.09	0.16	-	-	-	-	(0.16)	-	-	-	-	-	-
Other Outpatient	Procedures	158.9	134.45	1.78	-	-	-	-	(1.78)	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 16.28											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	126.8	\$ 65.30	\$ 0.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.69)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	698.2	57.92	3.37	-	-	-	-	(3.37)	-	-	-	-	-	-
Radiology	Procedures	300.3	90.72	2.27	-	-	-	-	(2.27)	-	-	-	-	-	-
Pathology/Lab	Procedures	96.2	16.22	0.13	-	-	-	-	(0.13)	-	-	-	-	-	-
Vision	Visits	5.8	61.75	0.03	-	-	-	-	(0.03)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	298.8	162.25	4.04	0.47	-	0.06	-	(0.02)	-	-	-	336.5	162.25	4.55
Office Administered Drugs	Procedures	17.5	795.86	1.16	-	-	-	-	(1.16)	-	-	-	-	-	-
MH/SA	Visits	753.6	239.35	15.03	-	-	-	-	(15.03)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	42.3	150.47	0.53	-	-	-	-	(0.53)	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations	Procedures	1.5	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1.5	82.33	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Other Professional	Procedures	122.4	55.87	0.57	-	-	-	-	(0.57)	-	-	-	-	-	-
Emergency Room	Visits	59.8	104.42	0.52	-	-	-	-	(0.52)	-	-	-	-	-	-
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	4.4	137.22	0.05	-	-	-	-	(0.05)	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	65.6	188.44	1.03	-	-	-	-	(1.03)	-	-	-	-	-	-
Subtotal Professional				\$ 29.43											\$ 4.55
Retail Pharmacy															
Retail Pharmacy	Scripts	3,869.8	\$ 81.49	\$ 26.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (26.28)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 26.28											\$ 0.00
SBH															
Professional SBH	Days	2,466.2	\$ 49.29	\$ 10.13	\$ 0.43	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	2,573.3	\$ 49.29	\$ 10.57
Inpatient SBH	Visits	1,059.6	734.29	64.84	2.77	-	0.39	-	(2.20)	-	-	-	1,075.3	734.29	65.80
Addiction SBH	Visits	42.3	244.15	0.86	0.04	-	-	-	-	-	-	-	44.2	244.15	0.90
Outpatient SBH	Visits	18.9	177.33	0.28	0.01	-	-	-	-	-	-	-	19.6	177.33	0.29
Other SBH	Visits	997.0	186.21	15.47	0.66	-	0.09	-	(0.07)	-	-	0.31	1,040.8	189.78	16.46
Subtotal SBH				\$ 91.58											\$ 94.02
Ancillary															
Non-Emergency Transportation	Trips	3,004.0	\$ 205.57	\$ 51.46	\$ 1.85	\$ 0.00	\$ 0.70	\$ 0.00	\$ (0.26)	\$ 0.00	\$ 0.00	\$ 0.00	3,137.7	\$ 205.57	\$ 53.75
Other Ancillary	Procedures	2.9	1,111.46	0.27	-	-	-	-	(0.27)	-	-	-	-	-	-
DME/Prosthetics	Devices	67.0	254.15	1.42	-	-	-	-	(1.42)	-	-	-	-	-	-
Emergency Transportation	Trips	40.8	394.01	1.34	-	-	-	-	(1.34)	-	-	-	-	-	-
Subtotal Ancillary				\$ 54.49											\$ 53.75
LTSS															
Home Health	Days	4.4	\$ 109.77	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	43.7	189.36	0.69	-	-	-	-	(0.69)	-	-	-	-	-	-
Other LTSS	Procedures	2.9	4,651.65	1.13	-	-	-	-	(1.13)	-	-	-	-	-	-
Personal/Custodial Care	Procedures	16.0	187.11	0.25	-	-	-	-	(0.25)	-	-	-	-	-	-
Subtotal LTSS				\$ 2.11											\$ 0.00
Total Medical Costs				\$ 238.34											\$ 152.32

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Other Populations - FCC, All Ages Male & Female		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 49,810	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	145.3	\$ 2,579.71	\$ 31.23	\$ 1.58	\$ 0.00	\$ 0.42	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.00	\$ 0.00	153.9	\$ 2,579.71	\$ 33.08
NICU/PICU	Days	38.3	2,315.07	7.39	0.37	-	0.10	-	(0.03)	-	-	-	40.6	2,315.07	7.83
Subtotal Inpatient Hospital				\$ 38.62											\$ 40.91
Outpatient Hospital															
Outpatient Emergency Room	Visits	523.8	\$ 482.75	\$ 21.07	\$ 0.75	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.00	\$ 0.00	542.6	\$ 482.75	\$ 21.83
Outpatient Pharmacy	Procedures	240.9	131.50	2.64	0.09	-	0.02	-	(0.02)	-	-	-	249.1	131.50	2.73
Outpatient Pathology/Lab	Procedures	1,289.9	20.10	2.16	0.08	-	0.01	-	(0.01)	-	-	-	1,337.6	20.10	2.24
Outpatient Radiology	Procedures	239.7	205.25	4.10	0.15	-	0.02	-	(0.02)	-	-	-	248.5	205.25	4.25
Outpatient Surgery	Visits	101.7	515.80	4.37	0.16	-	0.02	-	(0.02)	-	-	-	105.4	515.80	4.53
Other Outpatient	Procedures	1,508.4	79.64	10.01	0.36	-	0.05	-	(0.05)	-	-	-	1,562.6	79.64	10.37
Subtotal Outpatient Hospital				\$ 44.35											\$ 45.95
Professional															
Office/Home Visits/Consults	Visits	3,531.1	\$ 61.17	\$ 18.00	\$ 1.49	\$ 0.00	\$ 0.18	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.00	\$ 0.00	3,841.1	\$ 61.17	\$ 19.58
Inpatient Visits	Visits	571.5	74.55	3.55	0.29	-	0.04	-	(0.02)	-	-	-	621.4	74.55	3.86
Radiology	Procedures	667.6	28.22	1.57	0.13	-	0.02	-	(0.01)	-	-	-	727.1	28.22	1.71
Pathology/Lab	Procedures	3,429.2	20.82	5.95	0.49	-	0.06	-	(0.03)	-	-	-	3,728.9	20.82	6.47
Vision	Visits	635.3	52.13	2.76	0.23	-	0.03	-	(0.02)	-	-	-	690.5	52.13	3.00
Applied Behavioral Analysis	Units	340.2	246.58	6.99	0.58	-	0.07	-	(0.04)	-	-	-	369.9	246.58	7.60
Office Administered Drugs	Procedures	48.4	39.65	0.16	0.01	-	-	-	-	-	-	-	51.5	39.65	0.17
MH/SA	Visits	470.0	55.91	2.19	0.18	-	0.02	-	(0.01)	-	-	-	510.8	55.91	2.38
Inpatient and Outpatient Surgery	Procedures	308.4	150.21	3.86	0.32	-	0.04	-	(0.02)	-	-	-	335.5	150.21	4.20
Therapy	Visits	595.1	51.83	2.57	0.21	-	0.03	-	(0.01)	-	-	-	648.3	51.83	2.80
Immunizations	Procedures	506.4	14.22	0.60	0.05	-	0.01	-	(0.01)	-	-	-	548.6	14.22	0.65
Physical Exams	Visits	597.7	72.28	3.60	0.30	-	0.03	-	(0.01)	-	-	-	650.8	72.28	3.92
Other Professional	Procedures	867.1	70.45	5.09	0.42	-	0.05	-	(0.02)	-	-	-	943.7	70.45	5.54
Emergency Room	Visits	527.4	93.29	4.10	0.34	-	0.04	-	(0.02)	-	-	-	573.7	93.29	4.46
Family Planning	Procedures	29.4	89.82	0.22	0.02	-	-	-	-	-	-	-	32.1	89.82	0.24
Anesthesia	Procedures	124.3	134.18	1.39	0.12	-	0.01	-	(0.01)	-	-	-	135.0	134.18	1.51
Federally Qualified Health Center/Rural Health Clinic	Visits	1,418.5	159.12	18.81	1.56	-	0.18	-	(0.09)	-	-	-	1,542.9	159.12	20.46
Subtotal Professional				\$ 81.41											\$ 88.55
Retail Pharmacy															
Retail Pharmacy	Scripts	10,609.9	\$ 112.74	\$ 99.68	\$ 0.58	\$ 0.00	\$ 0.04	\$ 0.00	\$ 0.08	\$ 0.03	\$ 0.00	\$ (0.21)	10,684.4	\$ 112.54	\$ 100.20
Subtotal Retail Pharmacy				\$ 99.68											\$ 100.20
SBH															
Professional SBH	Days	1,155.4	\$ 62.11	\$ 5.98	\$ 0.21	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,201.8	\$ 62.11	\$ 6.22
Inpatient SBH	Visits	758.6	2,495.72	157.78	5.55	-	1.45	-	(0.77)	-	-	-	788.6	2,495.72	164.01
Addiction SBH	Visits	70.3	204.70	1.20	0.04	-	0.01	-	-	-	-	-	73.3	204.70	1.25
Outpatient SBH	Visits	63.6	171.69	0.91	0.03	-	0.01	-	-	-	-	-	66.4	171.69	0.95
Other SBH	Visits	2,166.3	160.09	28.90	1.02	-	0.26	-	(0.14)	-	-	-	2,251.8	160.09	30.04
Subtotal SBH				\$ 194.77											\$ 202.47
Ancillary															
Non-Emergency Transportation	Trips	162.4	\$ 290.44	\$ 3.93	\$ 0.14	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	168.6	\$ 290.44	\$ 4.08
Other Ancillary	Procedures	0.5	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	408.4	140.47	4.78	0.17	-	0.04	-	(0.03)	-	-	-	423.7	140.47	4.96
Emergency Transportation	Trips	211.8	400.63	7.07	0.25	-	0.06	-	(0.04)	-	-	-	219.9	400.63	7.34
Subtotal Ancillary				\$ 15.78											\$ 16.38
LTSS															
Home Health	Days	126.5	\$ 396.58	\$ 4.18	\$ 0.15	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	131.0	\$ 396.58	\$ 4.33
Hospice	Days	15.7	153.26	0.20	0.01	-	-	-	-	-	-	-	16.4	153.26	0.21
Other LTSS	Procedures	88.4	90.93	0.67	0.02	-	0.01	-	(0.01)	-	-	-	91.1	90.93	0.69
Personal/Custodial Care	Procedures	7.5	32.14	0.02	-	-	-	-	-	-	-	-	7.5	32.14	0.02
Subtotal LTSS				\$ 5.07											\$ 5.25
Total Medical Costs				\$ 479.68											\$ 499.71

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data				True-up		Completion		Data		Retrospective Program		Base Year	
Rate Cell: Other Populations - BCC, All Ages		Base Year Experience				Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 1,271		Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
															PMPM
Inpatient Hospital															
Inpatient Acute	Days	339.9	\$ 1,712.32	\$ 48.50		\$ 2.45	\$ 0.00	\$ 0.66	\$ 0.00	\$ (0.24)	\$ 0.00	\$ 0.00	\$ 0.00	360.0	\$ 1,712.32
NICU/PICU	Days	-	-	-		-	-	-	-	-	-	-	-	-	\$ 51.37
Subtotal Inpatient Hospital					\$ 48.50										\$ 51.37
Outpatient Hospital															
Outpatient Emergency Room	Visits	623.1	\$ 692.70	\$ 35.97		\$ 1.28	\$ 0.00	\$ 0.19	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	645.5	\$ 692.70
Outpatient Pharmacy	Procedures	7,326.5	778.91	475.56		16.91	-	2.51	-	(2.32)	-	-	-	7,590.0	778.91
Outpatient Pathology/Lab	Procedures	10,621.6	12.60	11.15		0.40	-	0.06	-	(0.06)	-	-	-	11,002.6	12.60
Outpatient Radiology	Procedures	4,107.0	286.11	97.92		3.48	-	0.52	-	(0.48)	-	-	-	4,254.6	286.11
Outpatient Surgery	Visits	557.0	563.12	26.14		0.93	-	0.14	-	(0.13)	-	-	-	577.1	563.12
Other Outpatient	Procedures	4,361.9	57.61	20.94		0.74	-	0.12	-	(0.11)	-	-	-	4,518.1	57.61
Subtotal Outpatient Hospital					\$ 667.68										\$ 691.68
Professional															
Office/Home Visits/Consults	Visits	8,733.3	\$ 69.17	\$ 50.34		\$ 4.18	\$ 0.00	\$ 0.49	\$ 0.00	\$ (0.26)	\$ 0.00	\$ 0.00	\$ 0.00	9,498.4	\$ 69.17
Inpatient Visits	Visits	802.5	93.75	6.27		0.52	-	0.06	-	(0.03)	-	-	-	872.9	93.75
Radiology	Procedures	5,693.2	67.37	31.96		2.65	-	0.31	-	(0.16)	-	-	-	6,191.9	67.37
Pathology/Lab	Procedures	9,290.3	32.34	25.04		2.08	-	0.24	-	(0.13)	-	-	-	10,102.9	32.34
Vision	Visits	321.0	57.94	1.55		0.13	-	0.01	-	-	-	-	-	350.0	57.94
Applied Behavioral Analysis	Units	-	-	-		-	-	-	-	-	-	-	-	-	1.69
Office Administered Drugs	Procedures	1,501.2	677.31	84.73		7.03	-	0.83	-	(0.44)	-	-	-	1,632.6	677.31
MH/SA	Visits	377.7	72.76	2.29		0.19	-	0.02	-	(0.01)	-	-	-	410.6	72.76
Inpatient and Outpatient Surgery	Procedures	1,671.1	243.72	33.94		2.82	-	0.33	-	(0.18)	-	-	-	1,817.4	243.72
Therapy	Visits	424.9	67.50	2.39		0.20	-	0.02	-	(0.01)	-	-	-	462.2	67.50
Immunizations	Procedures	198.3	31.47	0.52		0.04	-	0.01	-	-	-	-	-	217.3	31.47
Physical Exams	Visits	292.7	66.42	1.62		0.13	-	0.02	-	(0.01)	-	-	-	318.0	66.42
Other Professional	Procedures	2,294.3	50.63	9.68		0.80	-	0.10	-	(0.05)	-	-	-	2,495.7	50.63
Emergency Room	Visits	604.2	94.53	4.76		0.39	-	0.05	-	(0.02)	-	-	-	657.6	94.53
Family Planning	Procedures	18.9	6.36	0.01		-	-	-	-	-	-	-	-	18.9	6.36
Anesthesia	Procedures	481.5	134.08	5.38		0.45	-	0.05	-	(0.03)	-	-	-	523.6	134.08
Federally Qualified Health Center/Rural Health Clinic	Visits	1,066.9	173.55	15.43		1.28	-	0.15	-	(0.08)	-	-	-	1,160.2	173.55
Subtotal Professional					\$ 275.91										\$ 300.08
Retail Pharmacy															
Retail Pharmacy	Scripts	44,006.3	\$ 232.74	\$ 853.49		\$ 4.95	\$ 0.00	\$ 0.32	\$ 0.00	\$ 3.06	\$ (3.18)	\$ 0.00	\$ (3.09)	44,435.8	\$ 231.04
Subtotal Retail Pharmacy					\$ 853.49										\$ 855.55
SBH															
Professional SBH	Days	472.1	\$ 82.36	\$ 3.24		\$ 0.11	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	491.0	\$ 82.36
Inpatient SBH	Visits	198.3	761.99	12.59		0.44	-	0.12	-	(0.06)	-	-	-	206.1	761.99
Addiction SBH	Visits	-	-	-		-	-	-	-	-	-	-	-	-	13.09
Outpatient SBH	Visits	491.0	170.12	6.96		0.25	-	0.06	-	(0.04)	-	-	-	510.0	170.12
Other SBH	Visits	103.9	88.97	0.77		0.03	-	-	-	-	-	-	-	107.9	88.97
Subtotal SBH					\$ 23.56										\$ 24.49
Ancillary															
Non-Emergency Transportation	Trips	1,104.6	\$ 63.12	\$ 5.81		\$ 0.21	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,146.5	\$ 63.12
Other Ancillary	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	\$ 6.03
DME/Prosthetics	Devices	557.0	110.73	5.14		0.18	-	0.04	-	(0.02)	-	-	-	578.7	110.73
Emergency Transportation	Trips	283.2	336.39	7.94		0.28	-	0.06	-	(0.04)	-	-	-	293.9	336.39
Subtotal Ancillary					\$ 18.89										\$ 19.61
LTSS															
Home Health	Days	103.9	\$ 165.23	\$ 1.43		\$ 0.05	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	107.5	\$ 165.23
Hospice	Days	254.9	206.18	4.38		0.15	-	0.03	-	(0.02)	-	-	-	264.2	206.18
Other LTSS	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	4.54
Personal/Custodial Care	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 5.81										\$ 6.02
Total Medical Costs					\$ 1,893.84										\$ 1,948.80

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data				True-up		Completion		Data		Retrospective Program		Base Year	
Rate Cell: Other Populations - LAP, All Ages		Base Year Experience				Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 9,063		Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
															PMPM
Inpatient Hospital															
Inpatient Acute	Days	22.5	\$ 1,919.22	\$ 3.60		\$ 0.18	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	23.8	\$ 1,919.22
NICU/PICU	Days	23.8	2,567.85	5.10		0.26	-	0.07	-	(0.03)	-	-	-	25.2	2,567.85
Subtotal Inpatient Hospital					\$ 8.70										\$ 9.21
Outpatient Hospital															
Outpatient Emergency Room	Visits	350.9	\$ 423.74	\$ 12.39		\$ 0.44	\$ 0.00	\$ 0.07	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.00	363.6	\$ 423.74
Outpatient Pharmacy	Procedures	128.4	75.68	0.81		0.03	-	-	-	-	-	-	-	133.2	75.68
Outpatient Pathology/Lab	Procedures	982.5	23.21	1.90		0.07	-	0.01	-	(0.01)	-	-	-	1,018.7	23.21
Outpatient Radiology	Procedures	307.2	228.53	5.85		0.21	-	0.03	-	(0.03)	-	-	-	318.2	228.53
Outpatient Surgery	Visits	86.1	525.65	3.77		0.13	-	0.02	-	(0.01)	-	-	-	89.3	525.65
Other Outpatient	Procedures	1,575.6	74.71	9.81		0.35	-	0.05	-	(0.05)	-	-	-	1,631.9	74.71
Subtotal Outpatient Hospital					\$ 34.53										\$ 35.78
Professional															
Office/Home Visits/Consults	Visits	3,323.4	\$ 61.17	\$ 16.94		\$ 1.41	\$ 0.00	\$ 0.16	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.00	\$ 0.00	3,613.8	\$ 61.17
Inpatient Visits	Visits	91.4	118.21	0.90		0.07	-	0.01	-	-	-	-	-	99.5	118.21
Radiology	Procedures	533.6	27.44	1.22		0.10	-	0.01	-	-	-	-	-	581.7	27.44
Pathology/Lab	Procedures	3,112.9	20.43	5.30		0.44	-	0.05	-	(0.03)	-	-	-	3,383.1	20.43
Vision	Visits	631.6	47.69	2.51		0.21	-	0.02	-	(0.01)	-	-	-	686.9	47.69
Applied Behavioral Analysis	Units	673.9	166.13	9.33		0.77	-	0.10	-	(0.05)	-	-	-	733.2	166.13
Office Administered Drugs	Procedures	43.7	5.49	0.02		-	-	-	-	-	-	-	-	43.7	5.49
MH/SA	Visits	241.0	56.27	1.13		0.09	-	0.01	-	-	-	-	-	262.3	56.27
Inpatient and Outpatient Surgery	Procedures	263.5	173.52	3.81		0.32	-	0.03	-	(0.02)	-	-	-	286.3	173.52
Therapy	Visits	648.8	53.27	2.88		0.24	-	0.03	-	(0.02)	-	-	-	705.1	53.27
Immunizations	Procedures	493.9	13.36	0.55		0.05	-	-	-	-	-	-	-	538.8	13.36
Physical Exams	Visits	757.4	68.29	4.31		0.36	-	0.04	-	(0.02)	-	-	-	824.1	68.29
Other Professional	Procedures	950.7	39.00	3.09		0.26	-	0.03	-	(0.02)	-	-	-	1,033.7	39.00
Emergency Room	Visits	357.5	87.61	2.61		0.22	-	0.02	-	(0.01)	-	-	-	389.0	87.61
Family Planning	Procedures	13.2	63.44	0.07		0.01	-	-	-	-	-	-	-	15.1	63.44
Anesthesia	Procedures	99.3	131.72	1.09		0.09	-	0.01	-	-	-	-	-	108.4	131.72
Federally Qualified Health Center/Rural Health Clinic	Visits	668.7	155.60	8.67		0.72	-	0.08	-	(0.04)	-	-	-	727.3	155.60
Subtotal Professional					\$ 64.43										\$ 70.08
Retail Pharmacy															
Retail Pharmacy	Scripts	5,918.6	\$ 173.54	\$ 85.59		\$ 0.50	\$ 0.00	\$ 0.03	\$ 0.00	\$ 1.50	\$ (0.65)	\$ 0.00	\$ (0.67)	6,058.9	\$ 170.92
Subtotal Retail Pharmacy					\$ 85.59										\$ 86.30
SBH															
Professional SBH	Days	638.2	\$ 92.70	\$ 4.93		\$ 0.17	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	662.8	\$ 92.70
Inpatient SBH	Visits	60.9	797.94	4.05		0.14	-	0.04	-	(0.02)	-	-	-	63.3	797.94
Addiction SBH	Visits	1.3	90.63	0.01		-	-	-	-	-	-	-	-	1.3	90.63
Outpatient SBH	Visits	25.2	176.49	0.37		0.01	-	0.01	-	(0.01)	-	-	-	25.8	176.49
Other SBH	Visits	364.1	131.17	3.98		0.14	-	0.04	-	(0.02)	-	-	-	378.8	131.17
Subtotal SBH					\$ 13.34										\$ 13.86
Ancillary															
Non-Emergency Transportation	Trips	11.9	\$ 422.94	\$ 0.42		\$ 0.01	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	12.5	\$ 422.94
Other Ancillary	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	160.2	129.58	1.73		0.06	-	0.01	-	-	-	-	-	166.7	129.58
Emergency Transportation	Trips	37.1	326.92	1.01		0.04	-	-	-	-	-	-	-	38.5	326.92
Subtotal Ancillary					\$ 3.16										\$ 3.29
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice	Days	-	-	-		-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	1.3	-	-		-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.00										\$ 0.00
Total Medical Costs					\$ 209.75										\$ 218.52

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital Rate Cell: Other Populations - CCM, All Ages		MCO Encounter Data Base Year Experience			True-up Adjustments		Completion Adjustments		Data Adjustments		Retrospective Program Adjustments		Base Year Adjusted Base Experience		
Member Months: 13,249 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	211.9	\$ 2,198.54	\$ 38.83	\$ 1.96	\$ 0.00	\$ 0.53	\$ 0.00	\$ (0.19)	\$ 0.00	\$ 0.00	\$ 0.00	224.5	\$ 2,198.54	\$ 41.13
NICU/PICU	Days	242.7	2,777.35	56.18	2.83	-	0.77	-	(0.28)	-	-	-	257.1	2,777.35	59.50
Subtotal Inpatient Hospital				\$ 95.01											\$ 100.63
Outpatient Hospital															
Outpatient Emergency Room	Visits	575.1	\$ 503.46	\$ 24.13	\$ 0.86	\$ 0.00	\$ 0.13	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	\$ 0.00	595.9	\$ 503.46	\$ 25.00
Outpatient Pharmacy	Procedures	656.7	553.90	30.31	1.08	-	0.16	-	(0.15)	-	-	-	680.3	553.90	31.40
Outpatient Pathology/Lab	Procedures	2,262.5	20.21	3.81	0.14	-	0.02	-	(0.02)	-	-	-	2,345.6	20.21	3.95
Outpatient Radiology	Procedures	460.1	236.55	9.07	0.32	-	0.05	-	(0.04)	-	-	-	476.9	236.55	9.40
Outpatient Surgery	Visits	204.7	919.22	15.68	0.56	-	0.08	-	(0.08)	-	-	-	212.0	919.22	16.24
Other Outpatient	Procedures	7,037.5	52.09	30.55	1.09	-	0.16	-	(0.15)	-	-	-	7,290.9	52.09	31.65
Subtotal Outpatient Hospital				\$ 113.55											\$ 117.64
Professional															
Office/Home Visits/Consults	Visits	4,949.8	\$ 64.78	\$ 26.72	\$ 2.22	\$ 0.00	\$ 0.26	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.00	5,383.3	\$ 64.78	\$ 29.06
Inpatient Visits	Visits	942.0	108.03	8.48	0.70	-	0.09	-	(0.05)	-	-	-	1,024.2	108.03	9.22
Radiology	Procedures	961.9	24.08	1.93	0.16	-	0.02	-	(0.01)	-	-	-	1,046.6	24.08	2.10
Pathology/Lab	Procedures	3,345.8	39.85	11.11	0.92	-	0.11	-	(0.06)	-	-	-	3,637.9	39.85	12.08
Vision	Visits	666.6	50.76	2.82	0.23	-	0.03	-	(0.01)	-	-	-	725.7	50.76	3.07
Applied Behavioral Analysis	Units	17,861.0	252.93	376.47	31.23	-	3.67	-	(1.93)	-	-	-	19,425.2	252.93	409.44
Office Administered Drugs	Procedures	86.9	3,821.51	27.69	2.30	-	0.27	-	(0.14)	-	-	-	94.6	3,821.51	30.12
MH/SA	Visits	349.6	51.49	1.50	0.12	-	0.02	-	(0.01)	-	-	-	379.9	51.49	1.63
Inpatient and Outpatient Surgery	Procedures	536.2	230.07	10.28	0.85	-	0.10	-	(0.05)	-	-	-	583.1	230.07	11.18
Therapy	Visits	7,497.6	50.94	31.83	2.64	-	0.31	-	(0.16)	-	-	-	8,154.8	50.94	34.62
Immunizations	Procedures	310.7	14.68	0.38	0.03	-	0.01	-	(0.01)	-	-	-	335.2	14.68	0.41
Physical Exams	Visits	584.2	71.28	3.47	0.29	-	0.03	-	(0.02)	-	-	-	634.7	71.28	3.77
Other Professional	Procedures	2,578.6	200.01	42.98	3.57	-	0.41	-	(0.22)	-	-	-	2,804.2	200.01	46.74
Emergency Room	Visits	598.7	93.40	4.66	0.39	-	0.04	-	(0.02)	-	-	-	651.4	93.40	5.07
Family Planning	Procedures	14.5	41.40	0.05	-	-	-	-	-	-	-	-	14.5	41.40	0.05
Anesthesia	Procedures	271.7	170.91	3.87	0.32	-	0.04	-	(0.02)	-	-	-	295.6	170.91	4.21
Federally Qualified Health Center/Rural Health Clinic	Visits	768.1	153.74	9.84	0.82	-	0.09	-	(0.05)	-	-	-	835.2	153.74	10.70
Subtotal Professional				\$ 564.08											\$ 613.47
Retail Pharmacy															
Retail Pharmacy	Scripts	16,160.9	\$ 239.09	\$ 321.99	\$ 1.87	\$ 0.00	\$ 0.12	\$ 0.00	\$ 0.96	\$ 0.43	\$ 0.00	\$ (0.53)	16,309.0	\$ 239.01	\$ 324.84
Subtotal Retail Pharmacy				\$ 321.99											\$ 324.84
SBH															
Professional SBH	Days	967.3	\$ 150.60	\$ 12.14	\$ 0.43	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.00	1,005.6	\$ 150.60	\$ 12.62
Inpatient SBH	Visits	327.9	1,394.07	38.09	1.34	-	0.35	-	(0.19)	-	-	-	340.8	1,394.07	39.59
Addiction SBH	Visits	0.9	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	26.3	169.04	0.37	0.01	-	0.01	-	(0.01)	-	-	-	27.0	169.04	0.38
Other SBH	Visits	1,555.1	126.93	16.45	0.58	-	0.15	-	(0.08)	-	-	0.01	1,616.6	127.01	17.11
Subtotal SBH				\$ 67.05											\$ 69.70
Ancillary															
Non-Emergency Transportation	Trips	1,124.9	\$ 69.66	\$ 6.53	\$ 0.23	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,168.0	\$ 69.66	\$ 6.78
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	8,263.0	158.33	109.02	3.86	-	0.86	-	(0.53)	-	-	-	8,580.5	158.33	113.21
Emergency Transportation	Trips	189.3	509.67	8.04	0.28	-	0.07	-	(0.04)	-	-	-	196.6	509.67	8.35
Subtotal Ancillary				\$ 123.59											\$ 128.34
LTSS															
Home Health	Days	814.3	\$ 552.07	\$ 37.46	\$ 1.32	\$ 0.00	\$ 0.20	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	843.4	\$ 552.07	\$ 38.80
Hospice	Days	38.9	197.19	0.64	0.02	-	0.01	-	(0.01)	-	-	-	40.2	197.19	0.66
Other LTSS	Procedures	1,484.5	75.82	9.38	0.33	-	0.05	-	(0.05)	-	-	-	1,536.7	75.82	9.71
Personal/Custodial Care	Procedures	5,793.0	88.80	42.87	1.51	-	0.23	-	(0.21)	-	-	-	5,999.8	88.80	44.40
Subtotal LTSS				\$ 90.35											\$ 93.57
Total Medical Costs				\$ 1,375.62											\$ 1,448.19

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Act 421 - Non-TPL - Child 1-18 Years		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 3,061		Utilization	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
															PMPM
Inpatient Hospital															
Inpatient Acute	Days	31.4	\$ 2,288.10	\$ 5.98		\$ 0.30	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	33.0	\$ 2,288.10
NICU/PICU	Days	-	-	-		-	-	-	-	-	-	-	-	-	\$ 6.29
Subtotal Inpatient Hospital					\$ 5.98										\$ 6.29
Outpatient Hospital															
Outpatient Emergency Room	Visits	278.3	\$ 467.77	\$ 10.85		\$ 0.39	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	289.9	\$ 467.77
Outpatient Pharmacy	Procedures	219.5	166.17	3.04		0.11	-	0.03	-	(0.02)	-	-	-	228.2	166.17
Outpatient Pathology/Lab	Procedures	709.6	25.71	1.52		0.05	-	0.02	-	(0.01)	-	-	-	737.6	25.71
Outpatient Radiology	Procedures	203.9	636.92	10.82		0.38	-	0.12	-	(0.06)	-	-	-	212.1	636.92
Outpatient Surgery	Visits	82.3	431.46	2.96		0.11	-	0.03	-	(0.02)	-	-	-	85.7	431.46
Other Outpatient	Procedures	2,952.0	79.80	19.63		0.70	-	0.20	-	(0.09)	-	-	-	3,073.8	79.80
Subtotal Outpatient Hospital					\$ 48.82										\$ 50.82
Professional															
Office/Home Visits/Consults	Visits	2,195.4	\$ 60.07	\$ 10.99		\$ 0.91	\$ 0.00	\$ 0.16	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.00	2,397.1	\$ 60.07
Inpatient Visits	Visits	117.6	91.83	0.90		0.07	-	0.02	-	(0.01)	-	-	-	128.1	91.83
Radiology	Procedures	325.4	36.14	0.98		0.08	-	0.02	-	(0.01)	-	-	-	355.3	36.14
Pathology/Lab	Procedures	1,038.9	18.83	1.63		0.14	-	0.02	-	(0.01)	-	-	-	1,134.5	18.83
Vision	Visits	215.6	56.21	1.01		0.08	-	0.02	-	(0.01)	-	-	-	234.8	56.21
Applied Behavioral Analysis	Units	22,369.2	177.39	330.68		27.43	-	4.74	-	(1.70)	-	-	-	24,430.3	177.39
Office Administered Drugs	Procedures	31.4	19.13	0.05		-	-	-	-	-	-	-	-	31.4	19.13
MH/SA	Visits	113.7	70.72	0.67		0.06	-	0.01	-	(0.01)	-	-	-	123.9	70.72
Inpatient and Outpatient Surgery	Procedures	294.0	105.30	2.58		0.21	-	0.04	-	(0.01)	-	-	-	321.4	105.30
Therapy	Visits	8,154.2	43.78	29.75		2.47	-	0.42	-	(0.15)	-	-	-	8,905.2	43.78
Immunizations	Procedures	121.5	12.84	0.13		0.01	-	-	-	-	-	-	-	130.9	12.84
Physical Exams	Visits	215.6	70.68	1.27		0.11	-	0.01	-	-	-	-	-	236.0	70.68
Other Professional	Procedures	623.3	70.85	3.68		0.31	-	0.05	-	(0.02)	-	-	-	680.9	70.85
Emergency Room	Visits	274.4	95.77	2.19		0.18	-	0.03	-	(0.01)	-	-	-	299.5	95.77
Family Planning	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	109.8	177.10	1.62		0.13	-	0.03	-	(0.01)	-	-	-	119.9	177.10
Federally Qualified Health Center/Rural Health Clinic	Visits	211.7	137.75	2.43		0.20	-	0.04	-	(0.02)	-	-	-	230.9	137.75
Subtotal Professional					\$ 390.56										\$ 426.53
Retail Pharmacy															
Retail Pharmacy	Scripts	6,617.4	\$ 366.61	\$ 202.17		\$ 1.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.38	\$ (1.67)	\$ 0.00	\$ (0.48)	6,733.6	\$ 362.78
Subtotal Retail Pharmacy					\$ 202.17										\$ 203.57
SBH															
Professional SBH	Days	1,305.5	\$ 228.89	\$ 24.90		\$ 0.88	\$ 0.00	\$ 0.14	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	\$ 0.00	1,352.6	\$ 228.89
Inpatient SBH	Visits	31.4	1,075.18	2.81		0.10	-	0.02	-	(0.02)	-	-	-	32.5	1,075.18
Addiction SBH	Visits	-	-	-		-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-		-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	297.9	126.47	3.14		0.11	-	0.02	-	(0.02)	-	-	-	308.4	126.47
Subtotal SBH					\$ 30.85										\$ 31.96
Ancillary															
Non-Emergency Transportation	Trips	117.6	\$ 32.65	\$ 0.32		\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	121.3	\$ 32.65
Other Ancillary	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,599.5	296.87	39.57		1.40	-	0.33	-	(0.19)	-	-	-	1,661.7	296.87
Emergency Transportation	Trips	27.4	432.91	0.99		0.04	-	-	-	-	-	-	-	28.6	432.91
Subtotal Ancillary					\$ 40.88										\$ 42.47
LTSS															
Home Health	Days	196.0	\$ 492.21	\$ 8.04		\$ 0.28	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	202.6	\$ 492.21
Hospice	Days	31.4	168.36	0.44		0.02	-	-	-	(0.01)	-	-	-	32.1	168.36
Other LTSS	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	113.7	73.89	0.70		0.02	-	0.01	-	(0.01)	-	-	-	116.9	73.89
Subtotal LTSS					\$ 9.18										\$ 9.48
Total Medical Costs					\$ 728.44										\$ 771.12

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Act 421 - Non-LaHIPP TPL - Child 1-18 Years		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 3,840	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	28.1	\$ 42.67	\$ 0.10	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	30.9	\$ 42.67	\$ 0.11
NICU/PICU	Days	6.3	326.40	0.17	0.01	-	-	-	-	-	-	-	6.6	326.40	0.18
Subtotal Inpatient Hospital				\$ 0.27											\$ 0.29
Outpatient Hospital															
Outpatient Emergency Room	Visits	103.1	\$ 238.55	\$ 2.05	\$ 0.07	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	107.1	\$ 238.55	\$ 2.13
Outpatient Pharmacy	Procedures	153.1	44.67	0.57	0.02	-	0.01	-	(0.01)	-	-	-	158.5	44.67	0.59
Outpatient Pathology/Lab	Procedures	593.8	10.91	0.54	0.02	-	-	-	-	-	-	-	615.7	10.91	0.56
Outpatient Radiology	Procedures	121.9	101.42	1.03	0.04	-	0.01	-	(0.01)	-	-	-	126.6	101.42	1.07
Outpatient Surgery	Visits	18.8	1,120.00	1.75	0.06	-	0.02	-	(0.01)	-	-	-	19.5	1,120.00	1.82
Other Outpatient	Procedures	840.6	54.67	3.83	0.14	-	0.04	-	(0.02)	-	-	-	875.7	54.67	3.99
Subtotal Outpatient Hospital				\$ 9.77											\$ 10.16
Professional															
Office/Home Visits/Consults	Visits	1,231.3	\$ 36.94	\$ 3.79	\$ 0.31	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	1,345.0	\$ 36.94	\$ 4.14
Inpatient Visits	Visits	134.4	101.80	1.14	0.09	-	0.02	-	-	-	-	-	147.3	101.80	1.25
Radiology	Procedures	278.1	25.89	0.60	0.05	-	0.01	-	-	-	-	-	305.9	25.89	0.66
Pathology/Lab	Procedures	268.8	9.82	0.22	0.02	-	-	-	-	-	-	-	293.2	9.82	0.24
Vision	Visits	90.6	54.29	0.41	0.03	-	0.01	-	-	-	-	-	99.5	54.29	0.45
Applied Behavioral Analysis	Units	20,906.3	108.92	189.76	15.74	-	2.72	-	(0.98)	-	-	-	22,832.1	108.92	207.24
Office Administered Drugs	Procedures	21.9	883.20	1.61	0.13	-	0.03	-	(0.01)	-	-	-	23.9	883.20	1.76
MH/SA	Visits	40.6	41.35	0.14	0.01	-	-	-	-	-	-	-	43.5	41.35	0.15
Inpatient and Outpatient Surgery	Procedures	196.9	105.45	1.73	0.14	-	0.03	-	(0.01)	-	-	-	215.1	105.45	1.89
Therapy	Visits	7,421.9	28.34	17.53	1.45	-	0.26	-	(0.09)	-	-	-	8,107.8	28.34	19.15
Immunizations	Procedures	12.5	28.80	0.03	-	-	-	-	-	-	-	-	12.5	28.80	0.03
Physical Exams	Visits	34.4	73.31	0.21	0.02	-	-	-	-	-	-	-	37.6	73.31	0.23
Other Professional	Procedures	2,521.9	305.49	64.20	5.33	-	0.92	-	(0.33)	-	-	-	2,754.4	305.49	70.12
Emergency Room	Visits	87.5	89.14	0.65	0.05	-	0.01	-	-	-	-	-	95.6	89.14	0.71
Family Planning	Procedures	3.1	153.60	0.04	-	-	-	-	-	-	-	-	3.1	153.60	0.04
Anesthesia	Procedures	84.4	130.84	0.92	0.08	-	0.01	-	(0.01)	-	-	-	91.7	130.84	1.00
Federally Qualified Health Center/Rural Health Clinic	Visits	87.5	108.34	0.79	0.07	-	0.01	-	(0.01)	-	-	-	95.3	108.34	0.86
Subtotal Professional				\$ 283.77											\$ 309.92
Retail Pharmacy															
Retail Pharmacy	Scripts	6,400.0	\$ 178.97	\$ 95.45	\$ 0.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.31	\$ (0.27)	\$ 0.00	\$ (0.19)	6,457.7	\$ 178.11	\$ 95.85
Subtotal Retail Pharmacy				\$ 95.45											\$ 95.85
SBH															
Professional SBH	Days	1,028.1	\$ 46.92	\$ 4.02	\$ 0.14	\$ 0.00	\$ 0.03	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	1,066.5	\$ 46.92	\$ 4.17
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	46.9	107.52	0.42	0.01	-	0.01	-	-	-	-	-	49.1	107.52	0.44
Subtotal SBH				\$ 4.44											\$ 4.61
Ancillary															
Non-Emergency Transportation	Trips	590.6	\$ 40.23	\$ 1.98	\$ 0.07	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	614.5	\$ 40.23	\$ 2.06
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,693.8	210.21	29.67	1.05	-	0.25	-	(0.15)	-	-	-	1,759.4	210.21	30.82
Emergency Transportation	Trips	34.4	317.67	0.91	0.03	-	0.01	-	-	-	-	-	35.9	317.67	0.95
Subtotal Ancillary				\$ 32.56											\$ 33.83
LTSS															
Home Health	Days	381.3	\$ 789.09	\$ 25.07	\$ 0.88	\$ 0.00	\$ 0.07	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	\$ 0.00	393.9	\$ 789.09	\$ 25.90
Hospice	Days	168.8	157.16	2.21	0.08	-	-	-	(0.01)	-	-	-	174.1	157.16	2.28
Other LTSS	Procedures	96.9	8.67	0.07	-	-	-	-	-	-	-	-	96.9	8.67	0.07
Personal/Custodial Care	Procedures	393.8	192.00	6.30	0.22	-	0.02	-	(0.03)	-	-	-	406.9	192.00	6.51
Subtotal LTSS				\$ 33.65											\$ 34.76
Total Medical Costs				\$ 459.91											\$ 489.42

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Medicaid Expansion - Age 19-64		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 1,990,905		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service		Type	per 1,000	Service											
Inpatient Hospital				PMPM											
Inpatient Acute	Days	345.1	\$ 1,618.61	\$ 46.55	\$ 1.62	\$ 0.00	\$ 0.56	\$ 0.00	\$ (0.23)	\$ 0.00	\$ 0.00	\$ (0.27)	359.6	\$ 1,609.60	\$ 48.23
	NICU/PICU	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 46.55											\$ 48.23
Outpatient Hospital															
Outpatient Emergency Room	Visits	692.6	\$ 638.31	\$ 36.84	\$ 1.31	\$ 0.00	\$ 0.27	\$ 0.00	\$ (0.29)	\$ 0.00	\$ 0.00	\$ 0.00	716.8	\$ 638.31	\$ 38.13
Outpatient Pharmacy	Procedures	859.4	242.54	17.37	0.62	-	0.12	-	(0.13)	-	-	-	889.6	242.54	17.98
Outpatient Pathology/Lab	Procedures	2,839.6	16.48	3.90	0.14	-	0.03	-	(0.03)	-	-	-	2,941.5	16.48	4.04
Outpatient Radiology	Procedures	664.4	213.86	11.84	0.42	-	0.09	-	(0.10)	-	-	-	687.4	213.86	12.25
Outpatient Surgery	Visits	146.6	940.45	11.49	0.41	-	0.08	-	(0.09)	-	-	-	151.7	940.45	11.89
Other Outpatient	Procedures	1,382.7	79.84	9.20	0.33	-	0.06	-	(0.07)	-	-	-	1,430.8	79.84	9.52
Subtotal Outpatient Hospital				\$ 90.64											\$ 93.81
Professional															
Office/Home Visits/Consults	Visits	3,010.4	\$ 63.30	\$ 15.88	\$ 1.35	\$ 0.00	\$ 0.12	\$ 0.00	\$ (0.13)	\$ 0.00	\$ 0.00	\$ 0.00	3,264.4	\$ 63.30	\$ 17.22
Inpatient Visits	Visits	803.8	75.39	5.05	0.43	-	0.04	-	(0.04)	-	-	-	872.3	75.39	5.48
Radiology	Procedures	1,705.2	44.34	6.30	0.53	-	0.05	-	(0.05)	-	-	-	1,848.6	44.34	6.83
Pathology/Lab	Procedures	5,809.2	22.52	10.90	0.93	-	0.08	-	(0.09)	-	-	-	6,299.5	22.52	11.82
Vision	Visits	116.7	68.92	0.67	0.06	-	-	-	-	-	-	-	127.1	68.92	0.73
Applied Behavioral Analysis	Units	0.5	239.87	0.01	-	-	-	-	-	-	-	-	0.5	239.87	0.01
Office Administered Drugs	Procedures	178.1	219.02	3.25	0.28	-	0.02	-	(0.03)	-	-	-	192.9	219.02	3.52
MH/SA	Visits	1,866.1	20.32	3.16	0.27	-	0.02	-	(0.02)	-	-	-	2,025.6	20.32	3.43
Inpatient and Outpatient Surgery	Procedures	545.2	218.36	9.92	0.84	-	0.08	-	(0.08)	-	-	-	591.3	218.36	10.76
Therapy	Visits	409.6	62.41	2.13	0.18	-	0.02	-	(0.02)	-	-	-	444.2	62.41	2.31
Immunizations	Procedures	72.3	36.52	0.22	0.02	-	-	-	-	-	-	-	78.9	36.52	0.24
Physical Exams	Visits	184.1	65.17	1.00	0.08	-	0.01	-	(0.01)	-	-	-	198.9	65.17	1.08
Other Professional	Procedures	934.0	47.92	3.73	0.32	-	0.03	-	(0.04)	-	-	-	1,011.7	47.92	4.04
Emergency Room	Visits	694.1	92.32	5.34	0.45	-	0.05	-	(0.05)	-	-	-	752.6	92.32	5.79
Family Planning	Procedures	84.3	93.96	0.66	0.06	-	-	-	-	-	-	-	92.0	93.96	0.72
Anesthesia	Procedures	174.8	141.38	2.06	0.17	-	0.02	-	(0.02)	-	-	-	189.3	141.38	2.23
Federally Qualified Health Center/Rural Health Clinic	Visits	928.1	164.72	12.74	1.08	-	0.10	-	(0.10)	-	-	-	1,006.8	164.72	13.82
Subtotal Professional				\$ 83.02											\$ 90.03
Retail Pharmacy															
Retail Pharmacy	Scripts	17,335.4	\$ 157.85	\$ 228.03	\$ 1.58	\$ 0.00	\$ 0.01	\$ 0.00	\$ 2.45	\$ (0.25)	\$ 0.00	\$ (1.83)	17,642.5	\$ 156.43	\$ 229.99
Subtotal Retail Pharmacy				\$ 228.03											\$ 229.99
SBH															
Professional SBH	Days	451.2	\$ 64.09	\$ 2.41	\$ 0.09	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	466.2	\$ 64.09	\$ 2.49
Inpatient SBH	Visits	270.6	786.82	17.74	0.64	-	0.11	-	(0.23)	-	-	(0.01)	278.5	786.39	18.25
Addiction SBH	Visits	930.7	227.43	17.64	0.64	-	0.10	-	(0.14)	-	-	-	962.4	227.43	18.24
Outpatient SBH	Visits	78.7	176.96	1.16	0.04	-	0.01	-	(0.01)	-	-	-	81.4	176.96	1.20
Other SBH	Visits	410.2	164.69	5.63	0.20	-	0.04	-	(0.05)	-	-	0.10	424.1	167.52	5.92
Subtotal SBH				\$ 44.58											\$ 46.10
Ancillary															
Non-Emergency Transportation	Trips	1,177.0	\$ 54.34	\$ 5.33	\$ 0.19	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,221.1	\$ 54.34	\$ 5.53
Other Ancillary	Procedures	2.1	745.87	0.13	-	-	0.01	-	(0.01)	-	-	-	2.1	745.87	0.13
DME/Prosthetics	Devices	490.1	118.75	4.85	0.18	-	0.03	-	(0.02)	-	-	-	509.3	118.75	5.04
Emergency Transportation	Trips	306.3	405.13	10.34	0.37	-	0.08	-	(0.05)	-	-	-	318.1	405.13	10.74
Subtotal Ancillary				\$ 20.65											\$ 21.44
LTSS															
Home Health	Days	99.8	\$ 74.56	\$ 0.62	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	103.0	\$ 74.56	\$ 0.64
Hospice	Days	33.3	255.66	0.71	0.03	-	-	-	-	-	-	-	34.7	255.66	0.74
Other LTSS	Procedures	23.2	373.10	0.72	0.03	-	-	-	-	-	-	-	24.1	373.10	0.75
Personal/Custodial Care	Procedures	3.2	225.81	0.06	-	-	-	-	-	-	-	-	3.2	225.81	0.06
Subtotal LTSS				\$ 2.11											\$ 2.19
Total Medical Costs				\$ 515.58											\$ 531.79

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data				True-up		Completion		Data		Retrospective Program		Base Year	
Rate Cell: Medicaid Expansion - High Needs		Base Year Experience				Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 471		Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
															PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,528.7	\$ 1,917.28	\$ 244.24		\$ 8.51	\$ 0.00	\$ 2.93	\$ 0.00	\$ (1.20)	\$ 0.00	\$ 0.00	\$ 0.00	1,592.8	\$ 1,917.28
NICU/PICU	Days	-	-	-		-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 244.24										\$ 254.48
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,910.8	\$ 598.36	\$ 95.28		\$ 3.39	\$ 0.00	\$ 0.69	\$ 0.00	\$ (0.46)	\$ 0.00	\$ 0.00	\$ 0.00	1,983.4	\$ 598.36
Outpatient Pharmacy	Procedures	1,961.8	59.27	9.69		0.34	-	0.08	-	(0.05)	-	-	-	2,036.7	59.27
Outpatient Pathology/Lab	Procedures	5,197.5	18.06	7.82		0.28	-	0.06	-	(0.04)	-	-	-	5,396.8	18.06
Outpatient Radiology	Procedures	840.8	210.52	14.75		0.52	-	0.11	-	(0.07)	-	-	-	872.7	210.52
Outpatient Surgery	Visits	127.4	513.39	5.45		0.19	-	0.04	-	(0.02)	-	-	-	132.3	513.39
Other Outpatient	Procedures	1,681.5	105.76	14.82		0.53	-	0.10	-	(0.07)	-	-	-	1,745.1	105.76
Subtotal Outpatient Hospital					\$ 147.81										\$ 153.43
Professional															
Office/Home Visits/Consults	Visits	3,388.5	\$ 74.90	\$ 21.15		\$ 1.80	\$ 0.00	\$ 0.16	\$ 0.00	\$ (0.11)	\$ 0.00	\$ 0.00	\$ 0.00	3,684.9	\$ 74.90
Inpatient Visits	Visits	4,203.8	71.34	24.99		2.12	-	0.20	-	(0.13)	-	-	-	4,572.2	71.34
Radiology	Procedures	2,828.0	34.54	8.14		0.69	-	0.06	-	(0.04)	-	-	-	3,074.7	34.54
Pathology/Lab	Procedures	13,579.6	22.26	25.19		2.14	-	0.20	-	(0.13)	-	-	-	14,771.0	22.26
Vision	Visits	280.3	74.93	1.75		0.15	-	0.01	-	(0.01)	-	-	-	304.3	74.93
Applied Behavioral Analysis	Units	-	-	-		-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	152.9	5.50	0.07		0.01	-	-	-	-	-	-	-	174.7	5.50
MH/SA	Visits	76.4	34.54	0.22		0.02	-	-	-	-	-	-	-	83.4	34.54
Inpatient and Outpatient Surgery	Procedures	382.2	179.61	5.72		0.49	-	0.04	-	(0.03)	-	-	-	415.6	179.61
Therapy	Visits	51.0	58.88	0.25		0.02	-	-	-	-	-	-	-	55.0	58.88
Immunizations	Procedures	51.0	16.49	0.07		0.01	-	-	-	-	-	-	-	58.2	16.49
Physical Exams	Visits	152.9	58.09	0.74		0.06	-	0.01	-	(0.01)	-	-	-	165.3	58.09
Other Professional	Procedures	1,732.5	29.65	4.28		0.36	-	0.04	-	(0.03)	-	-	-	1,882.3	29.65
Emergency Room	Visits	2,038.2	94.97	16.13		1.37	-	0.13	-	(0.09)	-	-	-	2,216.4	94.97
Family Planning	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	127.4	156.37	1.66		0.14	-	0.01	-	-	-	-	-	138.9	156.37
Federally Qualified Health Center/Rural Health Clinic	Visits	2,598.7	179.21	38.81		3.29	-	0.31	-	(0.20)	-	-	-	2,826.4	179.21
Subtotal Professional					\$ 149.17										\$ 162.23
Retail Pharmacy															
Retail Pharmacy	Scripts	28,203.8	\$ 171.84	\$ 403.87		\$ 2.80	\$ 0.00	\$ 0.02	\$ 0.00	\$ 4.47	\$ (3.82)	\$ 0.00	\$ (8.59)	28,712.9	\$ 166.65
Subtotal Retail Pharmacy					\$ 403.87										\$ 398.75
SBH															
Professional SBH	Days	2,369.4	\$ 53.13	\$ 10.49		\$ 0.38	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	2,457.5	\$ 53.13
Inpatient SBH	Visits	2,751.6	770.09	176.58		6.37	-	1.06	-	(0.86)	-	-	-	2,854.0	770.09
Addiction SBH	Visits	4,866.2	271.58	110.13		3.97	-	0.67	-	(0.54)	-	-	-	5,047.4	271.58
Outpatient SBH	Visits	1,630.6	175.01	23.78		0.86	-	0.14	-	(0.12)	-	-	-	1,690.9	175.01
Other SBH	Visits	1,503.2	176.35	22.09		0.80	-	0.13	-	(0.11)	-	-	3.25	1,559.0	201.36
Subtotal SBH					\$ 343.07										\$ 359.08
Ancillary															
Non-Emergency Transportation	Trips	2,496.8	\$ 129.91	\$ 27.03		\$ 0.98	\$ 0.00	\$ 0.19	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.00	2,592.0	\$ 129.91
Other Ancillary	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	331.2	151.44	4.18		0.15	-	0.03	-	(0.02)	-	-	-	343.9	151.44
Emergency Transportation	Trips	2,140.1	381.06	67.96		2.46	-	0.47	-	(0.33)	-	-	-	2,222.0	381.06
Subtotal Ancillary					\$ 99.17										\$ 102.96
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice	Days	-	-	-		-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	25.5	89.49	0.19		0.01	-	-	-	-	-	-	-	26.8	89.49
Personal/Custodial Care	Procedures	-	-	-		-	-	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.19										\$ 0.20
Total Medical Costs					\$ 1,387.52										\$ 1,431.13

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data				True-up		Completion		Data		Retrospective Program		Base Year	
Rate Cell: Medicaid Expansion - SBH - CCM, All Ages		Base Year Experience				Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 107		Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
															PMPM
Inpatient Hospital															
Inpatient Acute	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU	Days	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00										\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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										\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	224.3		188.32	3.52	-	-	-	-	(3.52)	-	-	-	-	-
Subtotal Professional					\$ 3.52										\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Subtotal Retail Pharmacy					\$ 0.00										\$ 0.00
SBH															
Professional SBH	Days	1,794.4		\$ 48.02	\$ 7.18	\$ 0.26	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	1,861.9	\$ 48.02
Inpatient SBH	Visits	3,813.1		737.64	234.39	8.45	-	1.42	-	(1.15)	-	-	-	3,954.9	737.64
Addiction SBH	Visits	5,158.9		245.05	105.35	3.80	-	0.63	-	(0.51)	-	-	-	5,350.8	245.05
Outpatient SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	560.7		1,533.95	71.68	2.58	-	0.44	-	(0.35)	-	-	-	581.6	1,533.95
Subtotal SBH					\$ 418.60										\$ 434.18
Ancillary															
Non-Emergency Transportation	Trips	224.3		\$ 151.41	\$ 2.83	\$ 0.10	\$ 0.00	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	233.0	\$ 151.41
Other Ancillary	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-		-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary					\$ 2.83										\$ 2.94
LTSS															
Home Health	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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										\$ 0.00
Total Medical Costs					\$ 424.95										\$ 437.12

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Medicaid Expansion - SBH - Dual Eligible, All Ages		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 14,096	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	149.8	\$ 1,593.01	\$ 19.89	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (19.89)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 19.89											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	164.3	\$ 977.96	\$ 13.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (13.39)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	448.6	170.38	6.37	-	-	-	-	(6.37)	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	1,088.0	12.24	1.11	-	-	-	-	(1.11)	-	-	-	-	-	-
Outpatient Radiology	Procedures	254.5	252.22	5.35	-	-	-	-	(5.35)	-	-	-	-	-	-
Outpatient Surgery	Visits	73.2	1,270.28	7.75	-	-	-	-	(7.75)	-	-	-	-	-	-
Other Outpatient	Procedures	2,100.2	151.82	26.57	-	-	-	-	(26.57)	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 60.54											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	1,023.3	\$ 63.80	\$ 5.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (5.44)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Visits	Visits	311.6	76.26	1.98	-	-	-	-	(1.98)	-	-	-	-	-	-
Radiology	Procedures	580.6	47.54	2.30	-	-	-	-	(2.30)	-	-	-	-	-	-
Pathology/Lab	Procedures	1,425.1	20.55	2.44	-	-	-	-	(2.44)	-	-	-	-	-	-
Vision	Visits	45.1	71.81	0.27	-	-	-	-	(0.27)	-	-	-	-	-	-
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	46.0	261.04	1.00	-	-	-	-	(1.00)	-	-	-	-	-	-
MH/SA	Visits	571.2	18.07	0.86	-	-	-	-	(0.86)	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	269.9	279.25	6.28	-	-	-	-	(6.28)	-	-	-	-	-	-
Therapy	Visits	355.8	60.03	1.78	-	-	-	-	(1.78)	-	-	-	-	-	-
Immunizations	Procedures	15.3	46.99	0.06	-	-	-	-	(0.06)	-	-	-	-	-	-
Physical Exams	Visits	27.2	61.67	0.14	-	-	-	-	(0.14)	-	-	-	-	-	-
Other Professional	Procedures	538.9	64.36	2.89	-	-	-	-	(2.89)	-	-	-	-	-	-
Emergency Room	Visits	180.5	99.07	1.49	-	-	-	-	(1.49)	-	-	-	-	-	-
Family Planning	Procedures	3.4	458.12	0.13	-	-	-	-	(0.13)	-	-	-	-	-	-
Anesthesia	Procedures	76.6	123.73	0.79	-	-	-	-	(0.79)	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	292.8	175.38	4.28	-	-	-	-	(4.28)	-	-	-	-	-	-
Subtotal Professional				\$ 32.13											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	10,116.1	\$ 136.70	\$ 115.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (115.24)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 115.24											\$ 0.00
SBH															
Professional SBH	Days	132.0	\$ 60.93	\$ 0.67	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	135.9	\$ 60.93	\$ 0.69
Inpatient SBH	Visits	69.0	821.40	4.72	0.17	-	0.03	-	(0.02)	-	-	-	71.6	821.40	4.90
Addiction SBH	Visits	411.2	180.07	6.17	0.22	-	0.04	-	(0.03)	-	-	-	426.5	180.07	6.40
Outpatient SBH	Visits	34.1	190.30	0.54	0.02	-	-	-	-	-	-	-	35.3	190.30	0.56
Other SBH	Visits	266.5	293.63	6.52	0.24	-	0.03	-	(0.03)	-	-	0.61	276.3	320.13	7.37
Subtotal SBH				\$ 18.62											\$ 19.92
Ancillary															
Non-Emergency Transportation	Trips	2,653.5	\$ 38.44	\$ 8.50	\$ 0.31	\$ 0.00	\$ 0.06	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	2,756.5	\$ 38.44	\$ 8.83
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	353.3	197.68	5.82	-	-	-	-	(5.82)	-	-	-	-	-	-
Emergency Transportation	Trips	91.9	344.57	2.64	-	-	-	-	(2.64)	-	-	-	-	-	-
Subtotal Ancillary				\$ 16.96											\$ 8.83
LTSS															
Home Health	Days	34.9	\$ 151.27	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.44)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	25.5	183.25	0.39	-	-	-	-	(0.39)	-	-	-	-	-	-
Other LTSS	Procedures	0.9	140.96	0.01	-	-	-	-	(0.01)	-	-	-	-	-	-
Personal/Custodial Care	Procedures	99.6	149.39	1.24	-	-	-	-	(1.24)	-	-	-	-	-	-
Subtotal LTSS				\$ 2.08											\$ 0.00
Total Medical Costs				\$ 265.46											\$ 28.75

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data				True-up		Completion		Data		Retrospective Program		Base Year	
Rate Cell: Medicaid Expansion - SBH - LaHIPP, All Ages		Base Year Experience				Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 1,234		Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per
Category of Service		Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service
Inpatient Hospital															
Inpatient Acute	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU	Days	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00										\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	9.7		\$ 777.42	\$ 0.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.63)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	77.8		12.34	0.08	-	-	-	-	(0.08)	-	-	-	-	-
Outpatient Radiology	Procedures	19.4		49.36	0.08	-	-	-	-	(0.08)	-	-	-	-	-
Outpatient Surgery	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital					\$ 0.79										\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	38.9		\$ 55.53	\$ 0.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.18)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	19.4		24.68	0.04	-	-	-	-	(0.04)	-	-	-	-	-
Pathology/Lab	Procedures	116.7		12.34	0.12	-	-	-	-	(0.12)	-	-	-	-	-
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	9.7		12.34	0.01	-	-	-	-	(0.01)	-	-	-	-	-
Emergency Room	Visits	9.7		123.40	0.10	-	-	-	-	(0.10)	-	-	-	-	-
Family Planning	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	38.9		111.06	0.36	-	-	-	-	(0.36)	-	-	-	-	-
Subtotal Professional					\$ 0.81										\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	427.9		\$ 20.19	\$ 0.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.72)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Subtotal Retail Pharmacy					\$ 0.72										\$ 0.00
SBH															
Professional SBH	Days	38.9		\$ 24.68	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	38.9	\$ 24.68
Inpatient SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal SBH					\$ 0.08										\$ 0.08
Ancillary															
Non-Emergency Transportation	Trips	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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										\$ 0.00
LTSS															
Home Health	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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										\$ 0.00
Total Medical Costs					\$ 2.40										\$ 0.08

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Retrospective Adjustments															
Region: Capital		MCO Encounter Data			True-up		Completion		Data		Retrospective Program		Base Year		
Rate Cell: Medicaid Expansion - SBH - Other		Base Year Experience			Adjustments		Adjustments		Adjustments		Adjustments		Adjusted Base Experience		
Member Months: 244		Utilization	Utilization	Cost per	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service		Type	per 1,000	Service											
Inpatient Hospital															
Inpatient Acute	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-		-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00										\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	196.7		\$ 498.98	\$ 8.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (8.18)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy	Procedures	836.1		35.45	2.47	-	-	-	-	(2.47)	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	1,229.5		11.81	1.21	-	-	-	-	(1.21)	-	-	-	-	-
Outpatient Radiology	Procedures	491.8		622.93	25.53	-	-	-	-	(25.53)	-	-	-	-	-
Outpatient Surgery	Visits	49.2		2,008.12	8.23	-	-	-	-	(8.23)	-	-	-	-	-
Other Outpatient	Procedures	1,573.8		132.60	17.39	-	-	-	-	(17.39)	-	-	-	-	-
Subtotal Outpatient Hospital					\$ 63.01										\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	1,131.1		\$ 65.03	\$ 6.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (6.13)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits	Visits	98.4		96.38	0.79	-	-	-	-	(0.79)	-	-	-	-	-
Radiology	Procedures	639.3		46.74	2.49	-	-	-	-	(2.49)	-	-	-	-	-
Pathology/Lab	Procedures	688.5		38.17	2.19	-	-	-	-	(2.19)	-	-	-	-	-
Vision	Visits	147.5		69.13	0.85	-	-	-	-	(0.85)	-	-	-	-	-
Applied Behavioral Analysis	Units	-		-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	49.2		73.20	0.30	-	-	-	-	(0.30)	-	-	-	-	-
MH/SA	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Inpatient and Outpatient Surgery	Procedures	393.4		161.96	5.31	-	-	-	-	(5.31)	-	-	-	-	-
Therapy	Visits	1,770.5		78.55	11.59	-	-	-	-	(11.59)	-	-	-	-	-
Immunizations	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	49.2		73.20	0.30	-	-	-	-	(0.30)	-	-	-	-	-
Other Professional	Procedures	786.9		50.94	3.34	-	-	-	-	(3.34)	-	-	-	-	-
Emergency Room	Visits	196.7		90.28	1.48	-	-	-	-	(1.48)	-	-	-	-	-
Family Planning	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	98.4		93.94	0.77	-	-	-	-	(0.77)	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic	Visits	442.6		184.08	6.79	-	-	-	-	(6.79)	-	-	-	-	-
Subtotal Professional					\$ 42.33										\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	3,590.2		\$ 204.93	\$ 61.31	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (61.31)	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Subtotal Retail Pharmacy					\$ 61.31										\$ 0.00
SBH															
Professional SBH	Days	196.7		\$ 54.29	\$ 0.89	\$ 0.03	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	203.4	\$ 54.29
Inpatient SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-		-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	98.4		75.64	0.62	0.02	-	0.01	-	(0.01)	-	-	-	101.5	75.64
Subtotal SBH					\$ 1.51										\$ 1.56
Ancillary															
Non-Emergency Transportation	Trips	7,278.7		\$ 18.78	\$ 11.39	\$ 0.41	\$ 0.00	\$ 0.08	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ 0.00	7,559.9	\$ 18.78
Other Ancillary	Procedures	-		-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-		-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	196.7		519.11	8.51	-	-	-	-	(8.51)	-	-	-	-	-
Subtotal Ancillary					\$ 19.90										\$ 11.83
LTSS															
Home Health	Days	-		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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										\$ 0.00
Total Medical Costs					\$ 188.06										\$ 13.39

APPENDIX 9: PROSPECTIVE COST MODELS (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SSI - 0-2 Months		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 164 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	183,986.9	2,046.12	31,371.63	-	-	-	(76.00)	-	-	-	-	183,986.9	2,041.16	31,295.63
Subtotal Inpatient Hospital				\$ 31,371.63											\$ 31,295.63
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Pharmacy	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	Procedures	210.5	2.85	0.05	-	-	-	-	-	-	-	-	210.5	2.85	0.05
Outpatient Radiology	Procedures	109.3	177.84	1.62	-	-	-	0.19	-	-	-	-	109.3	198.70	1.81
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	2,616.4	49.31	10.75	-	-	-	0.31	-	-	-	-	2,616.4	50.73	11.06
Subtotal Outpatient Hospital				\$ 12.42											\$ 12.92
Professional															
Office/Home Visits/Consults	Visits	3,091.4	\$ 64.98	\$ 16.74	\$ 0.34	\$ 0.00	\$ 0.00	\$ 3.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,154.2	\$ 76.81	\$ 20.19
Inpatient Visits	Visits	235,872.3	208.30	4,094.31	82.30	-	-	63.95	-	-	-	-	240,613.6	211.49	4,240.56
Radiology	Procedures	72,368.7	10.25	61.81	1.24	-	-	4.03	-	-	-	-	73,820.6	10.90	67.08
Pathology/Lab	Procedures	29,769.3	20.39	50.59	1.02	-	-	11.38	-	-	-	-	30,369.5	24.89	62.99
Vision	Visits	686.8	93.48	5.35	0.11	-	-	0.09	-	-	-	-	700.9	95.02	5.55
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	228.4	33.63	0.64	0.01	-	-	0.10	-	-	-	-	231.9	38.80	0.75
Inpatient and Outpatient Surgery	Procedures	6,183.1	350.49	180.59	3.63	-	-	5.81	-	-	-	-	6,307.3	361.54	190.03
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Immunizations	Procedures	802.8	10.91	0.73	0.01	-	-	-	-	-	-	-	813.8	10.91	0.74
Physical Exams	Visits	1,603.2	70.44	9.41	0.19	-	-	-	-	-	-	-	1,635.5	70.44	9.60
Other Professional	Procedures	55,532.4	76.72	355.03	7.14	-	-	2.51	-	-	-	-	56,649.2	77.25	364.68
Emergency Room	Visits	114.8	139.08	1.33	-	-	-	0.02	-	-	-	-	114.8	141.17	1.35
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	2,061.2	198.93	34.17	0.69	-	-	(0.15)	-	-	-	-	2,102.9	198.07	34.71
Federally Qualified Health Center/Rural Health Clinic	Visits	572.3	187.87	8.96	0.18	-	-	0.75	-	-	-	-	583.8	203.29	9.89
Subtotal Professional				\$ 4,819.66											\$ 5,008.12
Retail Pharmacy															
Retail Pharmacy	Scripts	1,375.8	\$ 65.33	\$ 7.49	\$ 0.15	\$ 1.11	\$ 0.00	\$ (0.27)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,403.3	\$ 72.51	\$ 8.48
Subtotal Retail Pharmacy				\$ 7.49											\$ 8.48
SBH															
Professional SBH	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Ancillary															
Non-Emergency Transportation	Trips	1,090.7	\$ 18.92	\$ 1.72	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,135.1	\$ 18.92	\$ 1.79
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,090.7	100.89	9.17	0.37	-	-	-	-	-	-	-	1,134.7	100.89	9.54
Emergency Transportation	Trips	1,963.7	2,430.92	397.80	16.07	-	-	-	-	-	-	-	2,043.0	2,430.92	413.87
Subtotal Ancillary				\$ 408.69											\$ 425.20
LTSS															
Home Health	Days	653.0	\$ 666.71	\$ 36.28	\$ 1.47	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	679.5	\$ 666.71	\$ 37.75
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 36.28											\$ 37.75
Total Medical Costs				\$ 36,656.17											\$ 36,788.10

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SSI - 3-11 Months		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 959 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,164.3	\$ 2,025.52	\$ 196.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,164.3	\$ 2,127.65	\$ 206.44
NICU/PICU	Days	19,764.0	2,397.82	3,949.20	(0.00)	-	-	49.45	-	-	-	-	19,764.0	2,427.84	3,998.65
Subtotal Inpatient Hospital				\$ 4,145.73											\$ 4,205.09
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,986.5	\$ 565.71	\$ 93.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,986.5	\$ 642.49	\$ 106.36
Outpatient Pharmacy	Procedures	1,957.5	79.39	12.95	(0.00)	-	-	1.13	-	-	-	-	1,957.5	86.32	14.08
Outpatient Pathology/Lab	Procedures	2,818.7	29.08	6.83	-	-	-	0.01	-	-	-	-	2,818.7	29.12	6.84
Outpatient Radiology	Procedures	1,270.9	265.04	28.07	-	-	-	3.18	-	-	-	-	1,270.9	295.07	31.25
Outpatient Surgery	Visits	511.2	967.37	41.21	-	-	-	5.34	-	-	-	-	511.2	1,092.73	46.55
Other Outpatient	Procedures	16,841.9	92.47	129.78	-	-	-	10.94	-	-	-	-	16,841.9	100.26	140.72
Subtotal Outpatient Hospital				\$ 312.49											\$ 345.80
Professional															
Office/Home Visits/Consults	Visits	14,324.1	\$ 70.33	\$ 83.95	\$ 1.69	\$ 0.00	\$ 0.00	\$ 14.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	14,612.5	\$ 82.38	\$ 100.31
Inpatient Visits	Visits	35,750.1	194.91	580.67	11.67	-	-	16.90	-	-	-	-	36,468.6	200.47	609.24
Radiology	Procedures	18,081.3	13.80	20.80	0.42	-	-	1.33	-	-	-	-	18,446.4	14.67	22.55
Pathology/Lab	Procedures	4,909.2	25.79	10.55	0.21	-	-	2.16	-	-	-	-	5,006.9	30.97	12.92
Vision	Visits	552.3	66.27	3.05	0.06	-	-	0.39	-	-	-	-	563.2	74.58	3.50
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	227.2	7.92	0.15	(0.00)	-	-	-	-	-	-	-	227.2	7.92	0.15
MH/SA	Visits	30.6	50.94	0.13	-	-	-	0.01	-	-	-	-	30.6	54.86	0.14
Inpatient and Outpatient Surgery	Procedures	3,788.1	389.20	122.86	2.47	-	-	5.32	-	-	-	-	3,864.2	405.72	130.65
Therapy	Visits	14.1	25.47	0.03	-	-	-	0.28	-	-	-	-	14.1	263.19	0.31
Immunizations	Procedures	3,984.1	13.58	4.51	0.09	-	-	-	-	-	-	-	4,063.6	13.58	4.60
Physical Exams	Visits	3,311.9	62.10	17.14	0.34	-	-	0.01	-	-	-	-	3,377.6	62.14	17.49
Other Professional	Procedures	18,512.2	87.68	135.26	2.72	-	-	1.65	-	-	-	-	18,884.5	88.73	139.63
Emergency Room	Visits	2,407.6	93.55	18.77	-	-	-	0.39	-	-	-	-	2,407.6	95.50	19.16
Family Planning	Procedures	15.5	169.80	0.22	-	-	-	0.01	-	-	-	-	15.5	177.52	0.23
Anesthesia	Procedures	1,594.9	234.45	31.16	0.63	-	-	0.09	-	-	-	-	1,627.1	235.12	31.88
Federally Qualified Health Center/Rural Health Clinic	Visits	720.6	145.05	8.71	0.18	-	-	0.65	-	-	-	-	735.5	155.66	9.54
Subtotal Professional				\$ 1,037.96											\$ 1,102.30
Retail Pharmacy															
Retail Pharmacy	Scripts	12,985.9	\$ 254.93	\$ 275.87	\$ 5.54	\$ 40.78	\$ 0.00	\$ (25.38)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	13,246.7	\$ 268.88	\$ 296.81
Subtotal Retail Pharmacy				\$ 275.87											\$ 296.81
SBH															
Professional SBH	Days	30.0	\$ 67.92	\$ 0.17	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	31.8	\$ 79.24	\$ 0.21
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal SBH				\$ 0.17											\$ 0.21
Ancillary															
Non-Emergency Transportation	Trips	3,194.0	\$ 39.37	\$ 10.48	\$ 0.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,322.0	\$ 39.37	\$ 10.90
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	15,498.1	168.31	217.37	8.78	-	-	-	-	-	-	-	16,124.1	168.31	226.15
Emergency Transportation	Trips	966.9	549.66	44.29	1.79	-	-	-	-	-	-	-	1,006.0	549.66	46.08
Subtotal Ancillary				\$ 272.14											\$ 283.13
LTSS															
Home Health	Days	5,392.9	\$ 526.33	\$ 236.54	\$ 9.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,610.9	\$ 526.33	\$ 246.10
Hospice	Days	2,937.5	233.71	57.21	2.31	-	-	-	-	-	-	-	3,056.1	233.71	59.52
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 293.75											\$ 305.62
Total Medical Costs				\$ 6,338.11											\$ 6,538.96

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SSI - Child 1-20 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 81,195 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	308.6	\$ 2,135.60	\$ 54.92	\$ 0.55	\$ 0.00	\$ 0.00	\$ 3.00	\$ 0.00	\$ 0.00	\$ (0.65)	\$ 0.01	308.0	\$ 2,252.86	\$ 57.83
NICU/PICU	Days	128.4	2,650.42	28.35	0.28	-	-	0.79	-	-	-	-	129.6	2,723.55	29.42
Subtotal Inpatient Hospital				\$ 83.27											\$ 87.25
Outpatient Hospital															
Outpatient Emergency Room	Visits	700.8	\$ 533.56	\$ 31.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	700.8	\$ 600.69	\$ 35.08
Outpatient Pharmacy	Procedures	1,005.2	274.58	23.00	0.93	-	-	2.56	-	-	-	-	1,045.8	303.95	26.49
Outpatient Pathology/Lab	Procedures	1,904.0	21.55	3.42	0.14	-	-	0.01	-	-	-	-	1,982.0	21.61	3.57
Outpatient Radiology	Procedures	396.1	356.25	11.76	0.48	-	-	1.49	-	-	-	-	412.3	399.61	13.73
Outpatient Surgery	Visits	110.8	1,096.93	10.13	0.41	-	-	1.26	-	-	-	-	115.3	1,228.07	11.80
Other Outpatient	Procedures	3,360.0	90.57	25.36	1.02	-	-	2.01	-	-	-	-	3,495.1	97.47	28.39
Subtotal Outpatient Hospital				\$ 104.83											\$ 119.06
Professional															
Office/Home Visits/Consults	Visits	4,336.1	\$ 63.40	\$ 22.91	\$ 0.69	\$ 0.00	\$ 0.00	\$ 6.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,466.7	\$ 80.06	\$ 29.80
Inpatient Visits	Visits	882.6	105.37	7.75	0.23	-	-	0.79	-	-	-	-	908.8	115.81	8.77
Radiology	Procedures	1,042.7	33.61	2.92	0.09	-	-	0.16	-	-	-	-	1,074.8	35.39	3.17
Pathology/Lab	Procedures	3,693.7	24.82	7.64	0.23	-	-	0.80	-	-	-	-	3,804.9	27.34	8.67
Vision	Visits	693.2	47.61	2.75	0.08	-	-	0.37	-	-	-	-	713.3	53.83	3.20
Applied Behavioral Analysis	Units	5,444.6	243.94	110.68	3.35	-	-	-	-	-	-	-	5,609.4	243.94	114.03
Office Administered Drugs	Procedures	79.3	114.99	0.76	0.02	-	-	0.01	-	-	-	-	81.4	116.47	0.79
MH/SA	Visits	336.0	54.29	1.52	0.05	-	-	0.49	-	-	-	-	347.1	71.23	2.06
Inpatient and Outpatient Surgery	Procedures	359.9	240.08	7.20	0.22	-	-	0.44	-	-	-	-	370.9	254.32	7.86
Therapy	Visits	2,680.9	51.88	11.59	0.35	-	-	1.91	-	-	-	-	2,761.8	60.18	13.85
Immunizations	Procedures	406.1	15.37	0.52	0.02	-	-	-	-	-	-	-	421.7	15.37	0.54
Physical Exams	Visits	574.4	70.83	3.39	0.10	-	-	0.01	-	-	-	-	591.3	71.03	3.50
Other Professional	Procedures	2,230.3	186.70	34.70	1.05	-	-	0.30	-	-	-	-	2,297.8	188.27	36.05
Emergency Room	Visits	762.9	93.43	5.94	-	-	-	0.36	-	-	-	-	762.9	99.10	6.30
Family Planning	Procedures	32.9	73.05	0.20	0.01	-	-	0.01	-	-	-	-	34.5	76.53	0.22
Anesthesia	Procedures	185.8	167.25	2.59	0.08	-	-	0.07	-	-	-	-	191.6	171.64	2.74
Federally Qualified Health Center/Rural Health Clinic	Visits	1,177.1	164.03	16.09	0.49	-	-	2.12	-	-	-	-	1,212.9	185.01	18.70
Subtotal Professional				\$ 239.15											\$ 260.25
Retail Pharmacy															
Retail Pharmacy	Scripts	12,231.5	\$ 253.44	\$ 258.33	\$ 2.59	\$ 57.67	\$ 0.00	\$ (22.61)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	12,354.1	\$ 287.50	\$ 295.98
Subtotal Retail Pharmacy				\$ 258.33											\$ 295.98
SBH															
Professional SBH	Days	656.2	\$ 94.36	\$ 5.16	\$ 0.21	\$ 0.00	\$ 0.00	\$ 1.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	682.9	\$ 112.98	\$ 6.43
Inpatient SBH	Visits	434.1	1,399.98	50.64	3.08	-	-	0.45	-	-	-	-	460.5	1,411.71	54.17
Addiction SBH	Visits	19.1	201.10	0.32	0.01	-	-	0.09	-	-	-	-	19.7	255.95	0.42
Outpatient SBH	Visits	34.2	175.55	0.50	0.02	-	-	-	-	-	-	-	35.5	175.55	0.52
Other SBH	Visits	2,510.1	133.10	27.84	1.12	-	-	0.32	-	-	-	-	2,611.1	134.57	29.28
Subtotal SBH				\$ 84.46											\$ 90.82
Ancillary															
Non-Emergency Transportation	Trips	1,492.9	\$ 66.47	\$ 8.27	\$ 0.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,583.2	\$ 66.47	\$ 8.77
Other Ancillary	Procedures	1.1	1,222.02	0.11	0.01	-	-	0.01	-	-	-	-	1.2	1,323.85	0.13
DME/Prosthetics	Devices	2,089.5	171.37	29.84	1.82	-	-	-	-	-	-	-	2,217.0	171.37	31.66
Emergency Transportation	Trips	290.9	428.97	10.40	0.63	-	-	-	-	-	-	-	308.6	428.97	11.03
Subtotal Ancillary				\$ 48.62											\$ 51.59
LTSS															
Home Health	Days	188.3	\$ 395.65	\$ 6.21	\$ 0.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.00	202.3	\$ 395.65	\$ 6.67
Hospice	Days	55.7	183.11	0.85	0.05	-	-	-	-	-	0.01	-	59.6	183.11	0.91
Other LTSS	Procedures	600.7	104.28	5.22	0.32	-	-	-	-	-	0.07	-	645.6	104.28	5.61
Personal/Custodial Care	Procedures	397.3	95.73	3.17	0.19	-	-	-	-	-	0.06	-	428.7	95.73	3.42
Subtotal LTSS				\$ 15.45											\$ 16.61
Total Medical Costs				\$ 834.11											\$ 921.56

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SSI - Adult 21+ Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 157,372 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,743.1	\$ 1,602.85	\$ 232.83	\$ 7.04	\$ 0.00	\$ 0.00	\$ 18.63	\$ 0.00	\$ 0.00	\$ (4.05)	\$ (0.07)	1,765.5	\$ 1,729.01	\$ 254.38
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 232.83											\$ 254.38
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,416.6	\$ 775.41	\$ 91.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 14.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,416.6	\$ 896.20	\$ 105.80
Outpatient Pharmacy	Procedures	2,932.6	336.97	82.35	5.87	-	-	11.47	-	-	-	-	3,141.7	380.78	99.69
Outpatient Pathology/Lab	Procedures	6,015.6	14.26	7.15	0.51	-	-	0.01	-	-	-	-	6,444.7	14.28	7.67
Outpatient Radiology	Procedures	1,363.6	258.28	29.35	2.09	-	-	5.30	-	-	-	-	1,460.7	301.82	36.74
Outpatient Surgery	Visits	355.0	1,055.58	31.23	2.22	-	-	6.17	-	-	-	-	380.3	1,250.29	39.62
Other Outpatient	Procedures	4,467.0	135.28	50.36	3.59	-	-	6.26	-	-	-	-	4,785.5	150.98	60.21
Subtotal Outpatient Hospital				\$ 291.98											\$ 349.73
Professional															
Office/Home Visits/Consults	Visits	5,809.4	\$ 66.55	\$ 32.22	\$ 2.29	\$ 0.00	\$ 0.00	\$ 12.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,222.3	\$ 90.08	\$ 46.71
Inpatient Visits	Visits	4,027.7	73.83	24.78	1.76	-	-	5.80	-	-	-	-	4,313.8	89.96	32.34
Radiology	Procedures	3,927.6	50.38	16.49	1.17	-	-	1.07	-	-	-	-	4,206.2	53.43	18.73
Pathology/Lab	Procedures	8,336.5	19.79	13.75	0.98	-	-	1.47	-	-	-	-	8,930.7	21.77	16.20
Vision	Visits	204.6	67.44	1.15	0.08	-	-	0.39	-	-	-	-	218.9	88.82	1.62
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	484.4	566.56	22.87	1.63	-	-	0.04	-	-	-	-	518.9	567.49	24.54
MH/SA	Visits	2,746.6	26.83	6.14	0.44	-	-	1.44	-	-	-	-	2,943.5	32.70	8.02
Inpatient and Outpatient Surgery	Procedures	1,397.1	219.28	25.53	1.82	-	-	3.14	-	-	-	-	1,496.7	244.46	30.49
Therapy	Visits	632.6	64.12	3.38	0.24	-	-	0.62	-	-	-	-	677.5	75.10	4.24
Immunizations	Procedures	102.8	39.67	0.34	0.02	-	-	-	-	-	-	-	108.9	39.67	0.36
Physical Exams	Visits	169.0	62.48	0.88	0.06	-	-	0.26	-	-	-	-	180.5	79.76	1.20
Other Professional	Procedures	2,797.5	51.65	12.04	0.86	-	-	1.33	-	-	-	-	2,997.3	56.97	14.23
Emergency Room	Visits	1,582.2	98.45	12.98	-	-	-	2.03	-	-	-	-	1,582.2	113.84	15.01
Family Planning	Procedures	34.9	92.89	0.27	0.02	-	-	0.03	-	-	-	-	37.5	102.50	0.32
Anesthesia	Procedures	383.6	141.07	4.51	0.32	-	-	0.59	-	-	-	-	410.9	158.30	5.42
Federally Qualified Health Center/Rural Health Clinic	Visits	1,744.8	168.09	24.44	1.74	-	-	3.32	-	-	-	-	1,869.0	189.40	29.50
Subtotal Professional				\$ 201.77											\$ 248.93
Retail Pharmacy															
Retail Pharmacy	Scripts	46,619.8	\$ 183.04	\$ 711.11	\$ 7.13	\$ 127.29	\$ 0.00	\$ (27.21)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	47,087.2	\$ 208.55	\$ 818.32
Subtotal Retail Pharmacy				\$ 711.11											\$ 818.32
SBH															
Professional SBH	Days	1,255.0	\$ 59.38	\$ 6.21	\$ 0.25	\$ 0.00	\$ 0.00	\$ 1.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,305.6	\$ 75.55	\$ 8.22
Inpatient SBH	Visits	1,060.9	803.06	71.00	2.15	-	-	3.73	-	-	-	-	1,093.1	844.01	76.88
Addiction SBH	Visits	1,142.4	206.08	19.62	0.79	-	-	5.10	-	-	-	-	1,188.4	257.58	25.51
Outpatient SBH	Visits	564.3	179.26	8.43	0.34	-	-	0.02	-	-	-	-	587.1	179.67	8.79
Other SBH	Visits	1,473.1	319.40	39.21	1.58	-	-	0.57	-	-	-	-	1,532.5	323.86	41.36
Subtotal SBH				\$ 144.47											\$ 160.76
Ancillary															
Non-Emergency Transportation	Trips	6,522.7	\$ 48.09	\$ 26.14	\$ 1.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,919.5	\$ 48.09	\$ 27.73
Other Ancillary	Procedures	8.1	713.66	0.48	0.03	-	-	0.06	-	-	-	-	8.6	797.62	0.57
DME/Prosthetics	Devices	2,074.6	147.21	25.45	1.55	-	-	-	-	-	-	-	2,201.0	147.21	27.00
Emergency Transportation	Trips	1,372.4	400.12	45.76	2.79	-	-	-	-	-	-	-	1,456.1	400.12	48.55
Subtotal Ancillary				\$ 97.83											\$ 103.85
LTSS															
Home Health	Days	1,279.1	\$ 67.64	\$ 7.21	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09	\$ 0.00	1,373.1	\$ 67.64	\$ 7.74
Hospice	Days	679.1	188.37	10.66	0.65	-	-	-	-	-	0.13	-	728.8	188.37	11.44
Other LTSS	Procedures	179.2	439.39	6.56	0.40	-	-	-	-	-	0.10	-	192.8	439.39	7.06
Personal/Custodial Care	Procedures	167.4	184.26	2.57	0.16	-	-	-	-	-	0.04	-	180.4	184.26	2.77
Subtotal LTSS				\$ 27.00											\$ 29.01
Total Medical Costs				\$ 1,706.99											\$ 1,964.98

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: F&C - 0-2 Months		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 29,231 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	4,039.9	\$ 405.93	\$ 136.66	\$ 11.15	\$ 0.00	\$ 0.00	\$ 4.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,369.5	\$ 418.95	\$ 152.55
NICU/PICU	Days	10,353.7	1,762.34	1,520.57	124.08	-	-	(19.17)	-	-	-	-	11,198.6	1,741.80	1,625.48
Subtotal Inpatient Hospital				\$ 1,657.23											\$ 1,778.03
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,073.0	\$ 413.02	\$ 36.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,073.0	\$ 460.89	\$ 41.21
Outpatient Pharmacy	Procedures	153.0	43.92	0.56	0.03	-	-	0.08	-	-	-	-	161.2	49.88	0.67
Outpatient Pathology/Lab	Procedures	3,235.5	14.46	3.90	0.20	-	-	0.02	-	-	-	-	3,401.4	14.54	4.12
Outpatient Radiology	Procedures	370.1	167.30	5.16	0.26	-	-	0.71	-	-	-	-	388.8	189.22	6.13
Outpatient Surgery	Visits	155.0	336.00	4.34	0.22	-	-	0.50	-	-	-	-	162.9	372.85	5.06
Other Outpatient	Procedures	4,017.4	52.81	17.68	0.90	-	-	0.84	-	-	-	-	4,221.9	55.20	19.42
Subtotal Outpatient Hospital				\$ 68.57											\$ 76.61
Professional															
Office/Home Visits/Consults	Visits	7,310.4	\$ 52.40	\$ 31.92	\$ 1.29	\$ 0.00	\$ 0.00	\$ 8.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,605.8	\$ 66.36	\$ 42.06
Inpatient Visits	Visits	16,530.7	148.68	204.81	8.27	-	-	7.61	-	-	-	-	17,198.2	153.99	220.69
Radiology	Procedures	3,965.0	14.04	4.64	0.19	-	-	0.39	-	-	-	-	4,127.4	15.18	5.22
Pathology/Lab	Procedures	18,207.3	18.09	27.44	1.11	-	-	2.19	-	-	-	-	18,943.8	19.47	30.74
Vision	Visits	26.6	94.63	0.21	0.01	-	-	0.02	-	-	-	-	27.9	103.23	0.24
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	274.7	12.67	0.29	0.01	-	-	-	-	-	-	-	284.2	12.67	0.30
MH/SA	Visits	964.2	169.14	13.59	0.55	-	-	0.95	-	-	-	-	1,003.2	180.50	15.09
Inpatient and Outpatient Surgery	Procedures	69.3	38.10	0.22	0.01	-	-	0.02	-	-	-	-	72.4	41.42	0.25
Therapy	Procedures	5,417.2	12.18	5.50	0.22	-	-	-	-	-	-	-	5,633.9	12.18	5.72
Physical Exams	Visits	14,596.9	53.88	65.54	2.65	-	-	7.85	-	-	-	-	15,187.1	60.08	76.04
Other Professional	Procedures	5,277.3	58.80	25.86	1.04	-	-	0.44	-	-	-	-	5,489.5	59.76	27.34
Emergency Room	Visits	1,154.8	85.63	8.24	-	-	-	0.20	-	-	-	-	1,154.8	87.71	8.44
Family Planning	Procedures	0.4	283.88	0.01	-	-	-	-	-	-	-	-	0.4	283.88	0.01
Anesthesia	Procedures	122.6	222.21	2.27	0.09	-	-	0.04	-	-	-	-	127.4	225.98	2.40
Federally Qualified Health Center/Rural Health Clinic	Visits	1,683.1	125.63	17.62	0.71	-	-	1.51	-	-	-	-	1,750.9	135.98	19.84
Subtotal Professional				\$ 408.16											\$ 454.38
Retail Pharmacy															
Retail Pharmacy	Scripts	2,086.5	\$ 39.97	\$ 6.95	\$ 0.14	\$ 1.03	\$ 0.00	\$ (0.25)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,128.5	\$ 44.37	\$ 7.87
Subtotal Retail Pharmacy				\$ 6.95											\$ 7.87
SBH															
Professional SBH	Days	19.9	\$ 60.40	\$ 0.10	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	21.9	\$ 65.89	\$ 0.12
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	14.6	378.51	0.46	0.03	-	-	-	-	-	-	-	15.5	378.51	0.49
Subtotal SBH				\$ 0.56											\$ 0.61
Ancillary															
Non-Emergency Transportation	Trips	272.6	\$ 68.22	\$ 1.55	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	283.2	\$ 68.22	\$ 1.61
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	187.4	59.56	0.93	0.04	-	-	-	-	-	-	-	195.4	59.56	0.97
Emergency Transportation	Trips	424.1	808.19	28.56	1.15	-	-	-	-	-	-	-	441.1	808.19	29.71
Subtotal Ancillary				\$ 31.04											\$ 32.29
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	21.3	191.18	0.34	0.01	-	-	-	-	-	-	-	22.0	191.18	0.35
Other LTSS	Procedures	43.5	22.05	0.08	-	-	-	-	-	-	-	-	43.5	22.05	0.08
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.42											\$ 0.43
Total Medical Costs				\$ 2,172.93											\$ 2,350.22

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: F&C - 3-11 Months		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 100,022 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	197.8	\$ 2,394.22	\$ 39.46	\$ 3.22	\$ 0.00	\$ 0.00	\$ 1.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	213.9	\$ 2,483.42	\$ 44.27
NICU/PICU	Days	331.0	2,666.21	73.54	6.00	-	-	1.11	-	-	-	-	358.0	2,703.42	80.65
Subtotal Inpatient Hospital				\$ 113.00											\$ 124.92
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,202.9	\$ 358.13	\$ 35.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,202.9	\$ 399.23	\$ 40.02
Outpatient Pharmacy	Procedures	291.4	43.24	1.05	0.05	-	-	0.16	-	-	-	-	305.3	49.53	1.26
Outpatient Pathology/Lab	Procedures	1,234.5	32.08	3.30	0.17	-	-	0.01	-	-	-	-	1,298.1	32.17	3.48
Outpatient Radiology	Procedures	274.6	209.76	4.80	0.24	-	-	0.62	-	-	-	-	288.3	235.56	5.66
Outpatient Surgery	Visits	102.8	552.23	4.73	0.24	-	-	0.60	-	-	-	-	108.0	618.89	5.57
Other Outpatient	Procedures	2,668.1	59.14	13.15	0.67	-	-	0.64	-	-	-	-	2,804.1	61.88	14.46
Subtotal Outpatient Hospital				\$ 62.93											\$ 70.45
Professional															
Office/Home Visits/Consults	Visits	5,627.8	\$ 57.02	\$ 26.74	\$ 1.08	\$ 0.00	\$ 0.00	\$ 7.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,855.2	\$ 72.26	\$ 35.26
Inpatient Visits	Visits	964.9	163.78	13.17	0.53	-	-	0.62	-	-	-	-	1,003.8	171.19	14.32
Radiology	Procedures	876.1	20.27	1.48	0.06	-	-	0.09	-	-	-	-	911.7	21.46	1.63
Pathology/Lab	Procedures	3,530.6	26.68	7.85	0.32	-	-	0.85	-	-	-	-	3,674.5	29.46	9.02
Vision	Visits	67.2	66.10	0.37	0.01	-	-	0.05	-	-	-	-	69.0	74.80	0.43
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	186.9	5.78	0.09	-	-	-	-	-	-	-	-	186.9	5.78	0.09
MH/SA	Visits	4.2	28.57	0.01	-	-	-	-	-	-	-	-	4.2	28.57	0.01
Inpatient and Outpatient Surgery	Procedures	315.9	193.36	5.09	0.21	-	-	0.25	-	-	-	-	328.9	202.48	5.55
Therapy	Visits	132.1	49.07	0.54	0.02	-	-	0.05	-	-	-	-	136.9	53.45	0.61
Immunizations	Procedures	5,311.6	12.97	5.74	0.23	-	-	-	-	-	-	-	5,524.5	12.97	5.97
Physical Exams	Visits	3,506.5	62.35	18.22	0.74	-	-	-	-	-	-	-	3,648.9	62.35	18.96
Other Professional	Procedures	2,406.8	33.16	6.65	0.27	-	-	0.13	-	-	-	-	2,504.5	33.78	7.05
Emergency Room	Visits	1,297.0	84.01	9.08	-	-	-	0.22	-	-	-	-	1,297.0	86.05	9.30
Family Planning	Procedures	0.7	171.42	0.01	-	-	-	-	-	-	-	-	0.7	171.42	0.01
Anesthesia	Procedures	154.0	139.44	1.79	0.07	-	-	0.04	-	-	-	-	160.1	142.44	1.90
Federally Qualified Health Center/Rural Health Clinic	Visits	851.5	126.98	9.01	0.36	-	-	0.79	-	-	-	-	885.5	137.68	10.16
Subtotal Professional				\$ 105.84											\$ 120.27
Retail Pharmacy															
Retail Pharmacy	Scripts	4,866.7	\$ 45.22	\$ 18.34	\$ 0.37	\$ 2.71	\$ 0.00	\$ (0.92)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,964.9	\$ 49.55	\$ 20.50
Subtotal Retail Pharmacy				\$ 18.34											\$ 20.50
SBH															
Professional SBH	Days	27.3	\$ 83.39	\$ 0.19	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	28.8	\$ 95.90	\$ 0.23
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	12.4	385.68	0.40	0.02	-	-	-	-	-	-	-	13.1	385.68	0.42
Subtotal SBH				\$ 0.59											\$ 0.65
Ancillary															
Non-Emergency Transportation	Trips	160.1	\$ 79.47	\$ 1.06	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	166.1	\$ 79.47	\$ 1.10
Other Ancillary	Procedures	0.7	1,028.49	0.06	(0.00)	-	-	0.01	-	-	-	-	0.7	1,199.91	0.07
DME/Prosthetics	Devices	702.0	83.76	4.90	0.20	-	-	-	-	-	-	-	730.7	83.76	5.10
Emergency Transportation	Trips	137.1	510.16	5.83	0.24	-	-	-	-	-	-	-	142.8	510.16	6.07
Subtotal Ancillary				\$ 11.85											\$ 12.34
LTSS															
Home Health	Days	2.0	\$ 363.00	\$ 0.06	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.0	\$ 363.00	\$ 0.06
Hospice	Days	24.4	177.33	0.36	0.01	-	-	-	-	-	-	-	25.0	177.33	0.37
Other LTSS	Procedures	84.5	22.72	0.16	0.01	-	-	-	-	-	-	-	89.8	22.72	0.17
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.58											\$ 0.60
Total Medical Costs				\$ 313.13											\$ 349.73

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: F&C - Child 1-20 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 1,948,813 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	41.7	\$ 2,135.64	\$ 7.42	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.37	\$ 0.24	\$ 0.00	\$ (0.09)	\$ 0.00	42.9	\$ 2,239.07	\$ 8.01
NICU/PICU	Days	17.2	2,662.82	3.82	0.04	-	-	0.13	0.12	-	-	-	17.9	2,749.79	4.11
Subtotal Inpatient Hospital				\$ 11.24											\$ 12.12
Outpatient Hospital															
Outpatient Emergency Room	Visits	449.2	\$ 419.64	\$ 15.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.89	\$ 0.54	\$ 0.00	\$ 0.00	\$ 0.00	464.7	\$ 468.44	\$ 18.14
Outpatient Pharmacy	Procedures	197.9	204.99	3.38	0.03	-	-	0.48	0.11	-	-	-	206.1	232.94	4.00
Outpatient Pathology/Lab	Procedures	807.6	22.14	1.49	0.01	-	-	0.01	0.04	-	-	-	834.7	22.28	1.55
Outpatient Radiology	Procedures	190.6	191.43	3.04	0.03	-	-	0.38	0.11	-	-	-	199.3	214.31	3.56
Outpatient Surgery	Visits	63.0	645.78	3.39	0.03	-	-	0.42	0.12	-	-	-	65.8	722.40	3.96
Other Outpatient	Procedures	1,000.3	66.10	5.51	0.06	-	-	0.34	0.18	-	-	-	1,043.9	70.01	6.09
Subtotal Outpatient Hospital				\$ 32.52											\$ 37.30
Professional															
Office/Home Visits/Consults	Visits	2,992.2	\$ 60.16	\$ 15.00	\$ 1.07	\$ 0.00	\$ 0.00	\$ 4.72	\$ 0.63	\$ 0.00	\$ 0.00	\$ 0.00	3,331.3	\$ 77.16	\$ 21.42
Inpatient Visits	Visits	138.3	104.10	1.20	0.09	-	-	0.11	0.05	-	-	-	154.5	112.64	1.45
Radiology	Procedures	511.2	25.59	1.09	0.08	-	-	0.08	0.04	-	-	-	567.5	27.28	1.29
Pathology/Lab	Procedures	2,881.5	22.45	5.39	0.38	-	-	0.58	0.20	-	-	-	3,191.6	24.63	6.55
Vision	Visits	593.1	44.71	2.21	0.16	-	-	0.30	0.08	-	-	-	657.5	50.19	2.75
Applied Behavioral Analysis	Units	270.6	250.08	5.64	0.40	-	-	0.30	0.18	-	-	-	298.5	250.08	6.22
Office Administered Drugs	Procedures	55.4	88.83	0.41	0.03	-	-	-	0.01	-	-	-	60.8	88.83	0.45
MH/SA	Visits	155.4	53.29	0.69	0.05	-	-	0.30	0.03	-	-	-	173.4	74.06	1.07
Inpatient and Outpatient Surgery	Procedures	216.3	153.65	2.77	0.20	-	-	0.27	0.09	-	-	-	239.0	167.21	3.33
Therapy	Visits	413.0	54.05	1.86	0.13	-	-	0.34	0.07	-	-	-	457.4	62.97	2.40
Immunizations	Procedures	487.7	14.76	0.60	0.04	-	-	-	0.02	-	-	-	536.5	14.76	0.66
Physical Exams	Visits	615.2	69.25	3.55	0.25	-	-	0.01	0.11	-	-	-	677.5	69.43	3.92
Other Professional	Procedures	725.2	38.22	2.31	0.16	-	-	0.18	0.08	-	-	-	800.6	40.92	2.73
Emergency Room	Visits	470.2	87.28	3.42	(0.00)	-	-	0.15	0.11	-	-	-	485.3	90.99	3.68
Family Planning	Procedures	28.4	75.98	0.18	0.01	-	-	0.02	-	-	-	-	30.0	83.98	0.21
Anesthesia	Procedures	84.3	142.39	1.00	0.07	-	-	0.05	0.03	-	-	-	92.7	148.86	1.15
Federally Qualified Health Center/Rural Health Clinic	Visits	722.0	156.73	9.43	0.67	-	-	1.06	0.34	-	-	-	799.3	172.65	11.50
Subtotal Professional				\$ 56.75											\$ 70.78
Retail Pharmacy															
Retail Pharmacy	Scripts	5,018.9	\$ 116.56	\$ 48.75	\$ 0.49	\$ 10.34	\$ 0.00	\$ (5.37)	\$ 1.65	\$ 0.00	\$ 0.00	\$ 0.00	5,239.2	\$ 127.94	\$ 55.86
Subtotal Retail Pharmacy				\$ 48.75											\$ 55.86
SBH															
Professional SBH	Days	170.8	\$ 67.46	\$ 0.96	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.35	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	190.3	\$ 89.52	\$ 1.42
Inpatient SBH	Visits	81.3	1,234.96	8.37	0.51	-	-	0.10	0.28	-	-	-	89.0	1,248.44	9.26
Addiction SBH	Visits	11.6	186.84	0.18	0.01	-	-	0.05	0.01	-	-	-	12.8	233.55	0.25
Outpatient SBH	Visits	6.2	173.33	0.09	0.01	-	-	-	-	-	-	-	6.9	173.33	0.10
Other SBH	Visits	681.2	131.42	7.46	0.53	-	-	0.14	0.24	-	-	-	751.5	133.65	8.37
Subtotal SBH				\$ 17.06											\$ 19.40
Ancillary															
Non-Emergency Transportation	Trips	79.4	\$ 137.61	\$ 0.91	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	88.1	\$ 137.61	\$ 1.01
Other Ancillary	Procedures	0.5	715.90	0.03	(0.00)	-	-	0.01	-	-	-	-	0.5	954.53	0.04
DME/Prosthetics	Devices	176.5	112.85	1.66	0.14	-	-	-	0.05	-	-	-	196.7	112.85	1.85
Emergency Transportation	Trips	74.6	432.70	2.69	0.22	-	-	-	0.09	-	-	-	83.2	432.70	3.00
Subtotal Ancillary				\$ 5.29											\$ 5.90
LTSS															
Home Health	Days	7.1	\$ 270.09	\$ 0.16	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	8.0	\$ 270.09	\$ 0.18
Hospice	Days	0.4	340.35	0.01	-	-	-	-	-	-	-	-	0.4	340.35	0.01
Other LTSS	Procedures	14.4	66.68	0.08	0.01	-	-	-	-	-	-	-	16.2	66.68	0.09
Personal/Custodial Care	Procedures	5.9	60.53	0.03	(0.00)	-	-	-	-	-	-	-	5.9	60.53	0.03
Subtotal LTSS				\$ 0.28											\$ 0.31
Total Medical Costs				\$ 171.89											\$ 201.67

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: F&C - Adult 21+ Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 218,936 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	187.0	\$ 1,619.15	\$ 25.23	\$ 2.06	\$ 0.00	\$ 0.00	\$ 2.09	\$ 1.28	\$ 0.00	\$ (0.42)	\$ 0.00	208.6	\$ 1,739.37	\$ 30.24
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 25.23											\$ 30.24
Outpatient Hospital															
Outpatient Emergency Room	Visits	707.9	\$ 620.77	\$ 36.62	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 5.09	\$ 1.82	\$ 0.00	\$ 0.00	\$ 0.00	743.1	\$ 702.97	\$ 43.53
Outpatient Pharmacy	Procedures	766.8	255.26	16.31	0.83	-	-	2.43	0.86	-	-	-	846.2	289.72	20.43
Outpatient Pathology/Lab	Procedures	2,844.0	17.51	4.15	0.21	-	-	0.01	0.19	-	-	-	3,118.1	17.55	4.56
Outpatient Radiology	Procedures	534.7	214.12	9.54	0.48	-	-	1.64	0.51	-	-	-	590.1	247.46	12.17
Outpatient Surgery	Visits	117.1	833.84	8.14	0.41	-	-	1.50	0.44	-	-	-	129.4	972.96	10.49
Other Outpatient	Procedures	1,015.1	71.17	6.02	0.30	-	-	0.61	0.30	-	-	-	1,116.3	77.72	7.23
Subtotal Outpatient Hospital				\$ 80.78											\$ 98.41
Professional															
Office/Home Visits/Consults	Visits	2,999.8	\$ 63.32	\$ 15.83	\$ 1.29	\$ 0.00	\$ 0.00	\$ 6.91	\$ 1.05	\$ 0.00	\$ 0.00	\$ 0.00	3,443.3	\$ 87.41	\$ 25.08
Inpatient Visits	Visits	486.6	76.44	3.10	0.25	-	-	0.69	0.18	-	-	-	554.2	91.38	4.22
Radiology	Procedures	2,741.8	46.26	10.57	0.86	-	-	0.98	0.54	-	-	-	3,104.9	50.05	12.95
Pathology/Lab	Procedures	8,305.0	27.05	18.72	1.53	-	-	2.52	1.00	-	-	-	9,427.5	30.26	23.77
Vision	Visits	82.6	69.72	0.48	0.04	-	-	0.16	0.03	-	-	-	94.7	90.00	0.71
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	173.6	144.43	2.09	0.17	-	-	0.01	0.10	-	-	-	196.1	145.05	2.37
MH/SA	Visits	2,108.9	19.80	3.48	0.28	-	-	1.08	0.22	-	-	-	2,411.9	25.17	5.06
Inpatient and Outpatient Surgery	Procedures	413.3	207.89	7.16	0.58	-	-	0.91	0.38	-	-	-	468.7	231.19	9.03
Therapy	Visits	288.8	57.75	1.39	0.11	-	-	0.24	0.08	-	-	-	328.3	66.52	1.82
Immunizations	Procedures	131.8	24.58	0.27	0.02	-	-	-	0.02	-	-	-	151.4	24.58	0.31
Physical Exams	Visits	213.8	65.66	1.17	0.10	-	-	0.34	0.07	-	-	-	244.9	82.32	1.68
Other Professional	Procedures	813.9	61.33	4.16	0.34	-	-	0.32	0.21	-	-	-	921.5	65.50	5.03
Emergency Room	Visits	752.9	90.53	5.68	-	-	-	0.94	0.29	-	-	-	791.4	104.78	6.91
Family Planning	Procedures	234.4	130.04	2.54	0.21	-	-	0.22	0.13	-	-	-	265.8	139.98	3.10
Anesthesia	Procedures	267.6	168.63	3.76	0.31	-	-	1.56	0.24	-	-	-	306.7	229.66	5.87
Federally Qualified Health Center/Rural Health Clinic	Visits	969.7	160.50	12.97	1.06	-	-	1.71	0.69	-	-	-	1,100.5	179.15	16.43
Subtotal Professional				\$ 93.37											\$ 124.34
Retail Pharmacy															
Retail Pharmacy	Scripts	15,717.5	\$ 130.40	\$ 170.80	\$ 0.00	\$ 24.75	\$ 0.00	\$ (10.28)	\$ 8.10	\$ 0.00	\$ 0.00	\$ 0.00	16,462.9	\$ 140.95	\$ 193.37
Subtotal Retail Pharmacy				\$ 170.80											\$ 193.37
SBH															
Professional SBH	Days	371.8	\$ 64.22	\$ 1.99	\$ 0.14	\$ 0.00	\$ 0.00	\$ 0.69	\$ 0.12	\$ 0.00	\$ 0.00	\$ 0.00	420.4	\$ 83.91	\$ 2.94
Inpatient SBH	Visits	152.7	774.83	9.86	-	-	-	0.41	0.45	-	-	-	159.7	805.64	10.72
Addiction SBH	Visits	566.1	215.59	10.17	0.72	-	-	2.73	0.59	-	-	-	639.0	266.86	14.21
Outpatient SBH	Visits	42.8	174.03	0.62	0.04	-	-	0.01	0.03	-	-	-	47.6	176.55	0.70
Other SBH	Visits	485.0	153.16	6.19	0.44	-	-	0.29	0.30	-	-	-	543.0	159.56	7.22
Subtotal SBH				\$ 28.83											\$ 35.79
Ancillary															
Non-Emergency Transportation	Trips	1,116.5	\$ 47.29	\$ 4.40	\$ 0.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.21	\$ 0.00	\$ 0.00	\$ 0.00	1,261.2	\$ 47.29	\$ 4.97
Other Ancillary	Procedures	1.6	746.07	0.10	0.01	-	-	0.01	0.01	-	-	-	1.9	808.24	0.13
DME/Prosthetics	Devices	391.2	105.22	3.43	0.28	-	-	-	0.16	-	-	-	441.4	105.22	3.87
Emergency Transportation	Trips	283.8	406.39	9.61	0.78	-	-	-	0.46	-	-	-	320.4	406.39	10.85
Subtotal Ancillary				\$ 17.54											\$ 19.82
LTSS															
Home Health	Days	51.8	\$ 83.34	\$ 0.36	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	59.0	\$ 83.34	\$ 0.41
Hospice	Days	15.9	204.19	0.27	0.02	-	-	-	0.01	-	0.01	-	18.2	204.19	0.31
Other LTSS	Procedures	22.1	162.61	0.30	0.02	-	-	-	0.02	-	-	-	25.1	162.61	0.34
Personal/Custodial Care	Procedures	2.8	170.53	0.04	-	-	-	-	0.01	-	-	-	3.5	170.53	0.05
Subtotal LTSS				\$ 0.97											\$ 1.11
Total Medical Costs				\$ 417.52											\$ 503.08

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: HCBS - Child 1-20 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 7,955 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	848.9	\$ 1,791.55	\$ 126.74	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 2.37	\$ 0.00	\$ 0.00	\$ (1.46)	\$ 0.04	839.1	\$ 1,826.02	\$ 127.69
NICU/PICU	Days	892.3	2,603.45	193.58	(0.00)	-	-	5.03	-	-	-	-	892.3	2,671.09	198.61
Subtotal Inpatient Hospital				\$ 320.32											\$ 326.30
Outpatient Hospital															
Outpatient Emergency Room	Visits	678.2	\$ 662.50	\$ 37.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	678.2	\$ 752.92	\$ 42.55
Outpatient Pharmacy	Procedures	724.1	2,600.79	156.93	(0.00)	-	-	19.32	-	-	-	-	724.1	2,920.98	176.25
Outpatient Pathology/Lab	Procedures	3,319.1	17.06	4.72	-	-	-	-	-	-	-	-	3,319.1	17.06	4.72
Outpatient Radiology	Procedures	738.3	213.89	13.16	-	-	-	1.68	-	-	-	-	738.3	241.20	14.84
Outpatient Surgery	Visits	367.3	748.49	22.91	-	-	-	2.90	-	-	-	-	367.3	843.24	25.81
Other Outpatient	Procedures	9,316.4	60.13	46.68	(0.00)	-	-	2.71	-	-	-	-	9,316.4	63.62	49.39
Subtotal Outpatient Hospital				\$ 281.84											\$ 313.56
Professional															
Office/Home Visits/Consults	Visits	6,185.2	\$ 68.52	\$ 35.32	\$ 1.43	\$ 0.00	\$ 0.00	\$ 8.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,435.7	\$ 85.06	\$ 45.62
Inpatient Visits	Visits	2,816.8	113.79	26.71	1.08	-	-	2.50	-	-	-	-	2,930.7	124.03	30.29
Radiology	Procedures	2,157.7	22.41	4.03	0.16	-	-	0.27	-	-	-	-	2,243.3	23.86	4.46
Pathology/Lab	Procedures	3,508.7	45.42	13.28	0.54	-	-	1.04	-	-	-	-	3,651.4	48.84	14.86
Vision	Visits	678.2	56.45	3.19	0.13	-	-	0.47	-	-	-	-	705.8	64.44	3.79
Applied Behavioral Analysis	Units	24,143.7	249.70	502.40	20.30	-	-	-	-	-	-	-	25,119.3	249.70	522.70
Office Administered Drugs	Procedures	87.1	628.59	4.56	0.18	-	-	0.01	-	-	-	-	90.5	629.92	4.75
MH/SA	Visits	465.0	41.29	1.60	0.06	-	-	0.81	-	-	-	-	482.4	61.44	2.47
Inpatient and Outpatient Surgery	Procedures	1,108.4	231.69	21.40	0.86	-	-	1.15	-	-	-	-	1,152.9	243.66	23.41
Therapy	Visits	8,900.7	52.53	38.96	1.57	-	-	8.54	-	-	-	-	9,259.3	63.59	49.07
Immunizations	Procedures	309.7	15.11	0.39	0.02	-	-	-	-	-	-	-	325.6	15.11	0.41
Physical Exams	Visits	599.1	72.91	3.64	0.15	-	-	-	-	-	-	-	623.8	72.91	3.79
Other Professional	Procedures	9,252.3	299.21	230.70	9.32	-	-	0.97	-	-	-	-	9,626.1	300.42	240.99
Emergency Room	Visits	816.8	101.37	6.90	-	-	-	0.40	-	-	-	-	816.8	107.24	7.30
Family Planning	Procedures	13.9	60.44	0.07	-	-	-	0.01	-	-	-	-	13.9	69.07	0.08
Anesthesia	Procedures	443.1	178.49	6.59	0.27	-	-	0.24	-	-	-	-	461.2	184.73	7.10
Federally Qualified Health Center/Rural Health Clinic	Visits	1,315.9	155.12	17.01	0.69	-	-	2.77	-	-	-	-	1,369.2	179.40	20.47
Subtotal Professional				\$ 916.75											\$ 981.56
Retail Pharmacy															
Retail Pharmacy	Scripts	28,707.8	\$ 262.65	\$ 628.34	\$ (0.00)	\$ 111.36	\$ 0.00	\$ (61.27)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	28,707.8	\$ 283.59	\$ 678.43
Subtotal Retail Pharmacy				\$ 628.34											\$ 678.43
SBH															
Professional SBH	Days	1,106.5	\$ 170.60	\$ 15.73	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 1.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,106.5	\$ 183.07	\$ 16.88
Inpatient SBH	Visits	229.4	1,159.08	22.16	-	-	-	0.12	-	-	-	-	229.4	1,165.35	22.28
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	5.1	164.52	0.07	-	-	-	-	-	-	-	-	5.1	164.52	0.07
Other SBH	Visits	621.1	160.76	8.32	(0.00)	-	-	0.31	-	-	-	-	621.1	166.75	8.63
Subtotal SBH				\$ 46.28											\$ 47.86
Ancillary															
Non-Emergency Transportation	Trips	7,261.6	\$ 48.29	\$ 29.22	\$ 1.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,554.8	\$ 48.29	\$ 30.40
Other Ancillary	Procedures	14.1	1,154.60	1.36	0.05	-	-	0.21	-	-	-	-	14.7	1,326.56	1.62
DME/Prosthetics	Devices	27,651.6	139.68	321.86	13.00	-	-	-	-	-	-	-	28,768.4	139.68	334.86
Emergency Transportation	Trips	598.7	574.06	28.64	1.16	-	-	-	-	-	-	-	622.9	574.06	29.80
Subtotal Ancillary				\$ 381.08											\$ 396.68
LTSS															
Home Health	Days	11,214.0	\$ 515.10	\$ 481.36	\$ 19.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6.04	\$ 0.00	11,807.8	\$ 515.10	\$ 506.85
Hospice	Days	2,330.1	175.77	34.13	1.38	-	-	-	-	-	0.39	-	2,450.9	175.77	35.90
Other LTSS	Procedures	7,071.9	107.53	63.37	2.56	-	-	-	-	-	0.92	-	7,460.2	107.53	66.85
Personal/Custodial Care	Procedures	18,502.4	88.07	135.79	5.49	-	-	-	-	-	2.18	-	19,547.5	88.07	143.46
Subtotal LTSS				\$ 714.65											\$ 753.06
Total Medical Costs				\$ 3,289.26											\$ 3,497.45

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: HCBS - Adult 21+ Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 10,750 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,856.9	\$ 1,492.57	\$ 230.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13.30	\$ 0.00	\$ 0.00	\$ (3.34)	\$ (0.22)	1,830.0	\$ 1,578.34	\$ 240.70
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 230.96											\$ 240.70
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,038.3	\$ 792.51	\$ 68.57	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 10.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,038.3	\$ 910.63	\$ 78.79
Outpatient Pharmacy	Procedures	2,066.4	321.94	55.44	-	-	-	8.05	-	-	-	-	2,066.4	368.69	63.49
Outpatient Pathology/Lab	Procedures	5,774.7	12.84	6.18	-	-	-	-	-	-	-	-	5,774.7	12.84	6.18
Outpatient Radiology	Procedures	934.2	244.07	19.00	-	-	-	3.45	-	-	-	-	934.2	288.39	22.45
Outpatient Surgery	Visits	383.7	755.60	24.16	-	-	-	2.85	-	-	-	-	383.7	844.74	27.01
Other Outpatient	Procedures	3,823.3	91.87	29.27	-	-	-	2.98	-	-	-	-	3,823.3	101.22	32.25
Subtotal Outpatient Hospital				\$ 202.62											\$ 230.17
Professional															
Office/Home Visits/Consults	Visits	5,605.3	\$ 65.42	\$ 30.56	\$ 1.23	\$ 0.00	\$ 0.00	\$ 11.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,830.9	\$ 89.61	\$ 43.54
Inpatient Visits	Visits	3,998.1	71.85	23.94	0.97	-	-	5.74	-	-	-	-	4,160.1	88.41	30.65
Radiology	Procedures	2,731.2	36.38	8.28	0.33	-	-	0.60	-	-	-	-	2,840.1	38.91	9.21
Pathology/Lab	Procedures	6,585.9	17.29	9.49	0.38	-	-	0.90	-	-	-	-	6,849.6	18.87	10.77
Vision	Visits	134.8	65.00	0.73	0.03	-	-	0.27	-	-	-	-	140.3	88.09	1.03
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	160.3	253.77	3.39	0.14	-	-	-	-	-	-	-	166.9	253.77	3.53
MH/SA	Visits	675.1	97.76	5.50	0.22	-	-	0.87	-	-	-	-	702.1	112.63	6.59
Inpatient and Outpatient Surgery	Procedures	1,339.2	152.87	17.06	0.69	-	-	2.58	-	-	-	-	1,393.4	175.09	20.33
Therapy	Visits	1,189.4	58.32	5.78	0.23	-	-	1.48	-	-	-	-	1,236.7	72.68	7.49
Immunizations	Procedures	148.3	33.18	0.41	0.02	-	-	-	-	-	-	-	155.5	33.18	0.43
Physical Exams	Visits	235.2	61.73	1.21	0.05	-	-	0.33	-	-	-	-	244.9	77.90	1.59
Other Professional	Procedures	2,161.2	50.31	9.06	0.37	-	-	1.19	-	-	-	-	2,249.4	56.65	10.62
Emergency Room	Visits	1,156.7	100.53	9.69	-	-	-	1.50	-	-	-	-	1,156.7	116.09	11.19
Family Planning	Procedures	52.8	102.28	0.45	0.02	-	-	0.02	-	-	-	-	55.1	106.63	0.49
Anesthesia	Procedures	305.4	124.55	3.17	0.13	-	-	0.43	-	-	-	-	318.0	140.77	3.73
Federally Qualified Health Center/Rural Health Clinic	Visits	2,042.9	169.06	28.78	1.16	-	-	3.53	-	-	-	-	2,125.2	188.99	33.47
Subtotal Professional				\$ 157.50											\$ 194.66
Retail Pharmacy															
Retail Pharmacy	Scripts	46,672.6	\$ 170.17	\$ 661.85	\$ 0.00	\$ 117.30	\$ 0.00	\$ (26.30)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	46,672.6	\$ 193.57	\$ 752.85
Subtotal Retail Pharmacy				\$ 661.85											\$ 752.85
SBH															
Professional SBH	Days	802.2	\$ 59.09	\$ 3.95	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 1.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	802.2	\$ 76.14	\$ 5.09
Inpatient SBH	Visits	527.4	781.54	34.35	-	-	-	0.36	-	-	-	-	527.4	789.73	34.71
Addiction SBH	Visits	271.0	182.43	4.12	-	-	-	1.03	-	-	-	-	271.0	228.04	5.15
Outpatient SBH	Visits	126.5	171.68	1.81	-	-	-	-	-	-	-	-	126.5	171.68	1.81
Other SBH	Visits	1,528.1	275.95	35.14	-	-	-	0.63	-	-	-	-	1,528.1	280.89	35.77
Subtotal SBH				\$ 79.37											\$ 82.53
Ancillary															
Non-Emergency Transportation	Trips	7,508.2	\$ 61.04	\$ 38.19	\$ 1.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7,811.0	\$ 61.04	\$ 39.73
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	6,564.8	153.53	83.99	3.39	-	-	-	-	-	-	-	6,829.8	153.53	87.38
Emergency Transportation	Trips	1,322.2	366.66	40.40	1.63	-	-	-	-	-	-	-	1,375.5	366.66	42.03
Subtotal Ancillary				\$ 162.58											\$ 169.14
LTSS															
Home Health	Days	2,720.2	\$ 89.73	\$ 20.34	\$ 0.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.26	\$ 0.00	2,864.6	\$ 89.73	\$ 21.42
Hospice	Days	1,462.1	180.65	22.01	0.89	-	-	-	-	-	0.25	-	1,537.8	180.65	23.15
Other LTSS	Procedures	281.5	372.61	8.74	0.35	-	-	-	-	-	0.13	-	296.9	372.61	9.22
Personal/Custodial Care	Procedures	39.8	187.09	0.62	0.03	-	-	-	-	-	0.01	-	42.3	187.09	0.66
Subtotal LTSS				\$ 51.71											\$ 54.45
Total Medical Costs				\$ 1,546.59											\$ 1,724.50

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - CCM, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 3,037	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Type														
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	6,917.1	240.81	138.81	-	-	-	-	-	-	-	-	6,917.1	240.81	138.81
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											\$ 138.81
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	255.9	\$ 64.24	\$ 1.37	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	276.5	\$ 90.28	\$ 2.08
Inpatient SBH	Visits	297.6	642.04	15.92	0.64	-	-	-	-	-	-	-	309.5	642.04	16.56
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	1,776.3	133.29	19.73	1.61	-	-	0.21	-	-	-	-	1,921.2	134.60	21.55
Subtotal SBH				\$ 37.02											\$ 40.19
Ancillary															
Non-Emergency Transportation	Trips	441.5	\$ 98.39	\$ 3.62	\$ 0.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	478.1	\$ 98.39	\$ 3.92
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.62											\$ 3.92
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 179.45											\$ 182.92

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - Dual Eligible, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 318,936	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	12.4	\$ 57.84	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	12.4	\$ 86.76	\$ 0.09
Inpatient SBH	Visits	35.3	731.78	2.15	0.09	-	-	-	-	-	-	-	36.7	731.78	2.24
Addiction SBH	Visits	281.3	232.03	5.44	0.44	-	-	1.47	-	-	-	-	304.1	290.04	7.35
Outpatient SBH	Visits	9.0	187.18	0.14	0.01	-	-	-	-	-	-	-	9.6	187.18	0.15
Other SBH	Visits	361.0	372.34	11.20	0.91	-	-	0.22	-	-	-	-	390.3	379.10	12.33
Subtotal SBH				\$ 18.99											\$ 22.16
Ancillary															
Non-Emergency Transportation	Trips	3,604.5	\$ 42.28	\$ 12.70	\$ 1.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,899.7	\$ 42.28	\$ 13.74
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 12.70											\$ 13.74
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 31.69											\$ 35.90

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - LaHIPP, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 2,211 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	590.0	79.12	3.89	(0.00)	-	-	-	-	-	-	-	590.0	79.12	3.89
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											\$ 3.89
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	106.6	\$ 51.77	\$ 0.46	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	115.9	\$ 78.69	\$ 0.76
Inpatient SBH	Visits	55.7	142.07	0.66	0.03	-	-	-	-	-	-	-	58.3	142.07	0.69
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	138.6	85.69	0.99	0.08	-	-	0.08	-	-	-	-	149.8	92.10	1.15
Subtotal SBH				\$ 2.11											\$ 2.60
Ancillary															
Non-Emergency Transportation	Trips	23.0	\$ 411.31	\$ 0.79	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	24.8	\$ 411.31	\$ 0.85
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.79											\$ 0.85
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 6.79											\$ 7.34

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - HCBS - Child 1-20 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 5,063 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	10,372.6	228.29	197.33	-	-	-	-	-	-	-	-	10,372.6	228.29	197.33
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											\$ 197.33
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	990.9	\$ 163.74	\$ 13.52	\$ 1.10	\$ 0.00	\$ 0.00	\$ 0.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,071.5	\$ 169.22	\$ 15.11
Inpatient SBH	Visits	103.5	744.01	6.42	0.26	-	-	-	-	-	-	-	107.7	744.01	6.68
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	748.2	165.53	10.32	0.84	-	-	0.15	-	-	-	-	809.1	167.75	11.31
Subtotal SBH				\$ 30.26											\$ 33.10
Ancillary															
Non-Emergency Transportation	Trips	1,351.5	\$ 125.29	\$ 14.11	\$ 1.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,461.6	\$ 125.29	\$ 15.26
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 14.11											\$ 15.26
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 241.70											\$ 245.69

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - HCBS - Adult 21+ Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 8,680	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	535.6	\$ 63.63	\$ 2.84	\$ 0.23	\$ 0.00	\$ 0.00	\$ 0.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	579.0	\$ 78.13	\$ 3.77
Inpatient SBH	Visits	330.9	792.30	21.85	0.88	-	-	0.93	-	-	-	-	344.3	824.72	23.66
Addiction SBH	Visits	522.8	144.39	6.29	0.51	-	-	1.70	-	-	-	-	565.1	180.48	8.50
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	602.8	488.54	24.54	2.00	-	-	0.46	-	-	-	-	651.9	497.01	27.00
Subtotal SBH				\$ 55.52											\$ 62.93
Ancillary															
Non-Emergency Transportation	Trips	5,237.6	\$ 68.73	\$ 30.00	\$ 2.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,665.3	\$ 68.73	\$ 32.45
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 30.00											\$ 32.45
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 85.52											\$ 95.38

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: SBH - Other - All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 8,713	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	336.5	162.25	4.55	-	-	-	-	-	-	-	-	336.5	162.25	4.55
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											\$ 4.55
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	2,573.3	\$ 49.29	\$ 10.57	\$ 0.86	\$ 0.00	\$ 0.00	\$ 3.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,782.7	\$ 63.26	\$ 14.67
Inpatient SBH	Visits	1,075.3	734.29	65.80	2.66	-	-	1.47	-	-	-	-	1,118.8	750.06	69.93
Addiction SBH	Visits	44.2	244.15	0.90	0.07	-	-	0.25	-	-	-	-	47.7	307.08	1.22
Outpatient SBH	Visits	19.6	177.33	0.29	0.02	-	-	-	-	-	-	-	21.0	177.33	0.31
Other SBH	Visits	1,040.8	189.78	16.46	1.34	-	-	0.40	-	-	-	-	1,125.5	194.04	18.20
Subtotal SBH				\$ 94.02											\$ 104.33
Ancillary															
Non-Emergency Transportation	Trips	3,137.7	\$ 205.57	\$ 53.75	\$ 4.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,394.0	\$ 205.57	\$ 58.14
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 53.75											\$ 58.14
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 152.32											\$ 167.02

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Other Populations - FCC, All Ages Male & Female		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 50,064 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	153.9	\$ 2,579.71	\$ 33.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.21	\$ 0.00	\$ 0.00	\$ (0.38)	\$ 0.00	152.1	\$ 2,754.06	\$ 34.91
NICU/PICU	Days	40.6	2,315.07	7.83	(0.00)	-	-	0.24	-	-	-	-	40.6	2,386.03	8.07
Subtotal Inpatient Hospital				\$ 40.91											\$ 42.98
Outpatient Hospital															
Outpatient Emergency Room	Visits	542.6	\$ 482.75	\$ 21.83	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 3.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	542.6	\$ 555.06	\$ 25.10
Outpatient Pharmacy	Procedures	249.1	131.50	2.73	0.11	-	-	0.45	-	-	-	-	259.2	152.33	3.29
Outpatient Pathology/Lab	Procedures	1,337.6	20.10	2.24	0.09	-	-	-	-	-	-	-	1,391.4	20.10	2.33
Outpatient Radiology	Procedures	248.5	205.25	4.25	0.17	-	-	0.70	-	-	-	-	258.4	237.75	5.12
Outpatient Surgery	Visits	105.4	515.80	4.53	0.18	-	-	0.67	-	-	-	-	109.6	589.18	5.38
Other Outpatient	Procedures	1,562.6	79.64	10.37	0.42	-	-	0.97	-	-	-	-	1,625.9	86.79	11.76
Subtotal Outpatient Hospital				\$ 45.95											\$ 52.98
Professional															
Office/Home Visits/Consults	Visits	3,841.1	\$ 61.17	\$ 19.58	\$ 1.60	\$ 0.00	\$ 0.00	\$ 6.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4,154.9	\$ 78.85	\$ 27.30
Inpatient Visits	Visits	621.4	74.55	3.86	0.31	-	-	0.64	-	-	-	-	671.3	85.99	4.81
Radiology	Procedures	727.1	28.22	1.71	0.14	-	-	0.13	-	-	-	-	786.6	30.20	1.98
Pathology/Lab	Procedures	3,728.9	20.82	6.47	0.53	-	-	0.88	-	-	-	-	4,034.3	23.44	7.88
Vision	Visits	690.5	52.13	3.00	0.24	-	-	0.43	-	-	-	-	745.8	59.05	3.67
Applied Behavioral Analysis	Units	369.9	246.58	7.60	0.62	-	-	-	-	-	-	-	400.0	246.58	8.22
Office Administered Drugs	Procedures	51.5	39.65	0.17	0.01	-	-	-	-	-	-	-	54.5	39.65	0.18
MH/SA	Visits	510.8	55.91	2.38	0.19	-	-	1.17	-	-	-	-	551.6	81.37	3.74
Inpatient and Outpatient Surgery	Procedures	335.5	150.21	4.20	0.34	-	-	0.40	-	-	-	-	362.7	163.44	4.94
Therapy	Visits	648.3	51.83	2.80	0.23	-	-	0.50	-	-	-	-	701.6	60.38	3.53
Immunizations	Procedures	548.6	14.22	0.65	0.05	-	-	-	-	-	-	-	590.8	14.22	0.70
Physical Exams	Visits	650.8	72.28	3.92	0.32	-	-	0.01	-	-	-	-	704.0	72.45	4.25
Other Professional	Procedures	943.7	70.45	5.54	0.45	-	-	0.18	-	-	-	-	1,020.4	72.56	6.17
Emergency Room	Visits	573.7	93.29	4.46	-	-	-	0.29	-	-	-	-	573.7	99.36	4.75
Family Planning	Procedures	32.1	89.82	0.24	0.02	-	-	0.02	-	-	-	-	34.7	96.73	0.28
Anesthesia	Procedures	135.0	134.18	1.51	0.12	-	-	0.07	-	-	-	-	145.8	139.94	1.70
Federally Qualified Health Center/Rural Health Clinic	Visits	1,542.9	159.12	20.46	1.67	-	-	2.40	-	-	-	-	1,668.9	176.38	24.53
Subtotal Professional				\$ 88.55											\$ 108.63
Retail Pharmacy															
Retail Pharmacy	Scripts	10,684.4	\$ 112.54	\$ 100.20	\$ 7.14	\$ 20.19	\$ 0.00	\$ (19.19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	11,445.8	\$ 113.59	\$ 108.34
Subtotal Retail Pharmacy				\$ 100.20											\$ 108.34
SBH															
Professional SBH	Days	1,201.8	\$ 62.11	\$ 6.22	\$ 0.13	\$ 0.00	\$ 0.00	\$ 2.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,226.9	\$ 82.94	\$ 8.48
Inpatient SBH	Visits	788.6	2,495.72	164.01	20.27	-	-	0.71	-	-	-	-	886.1	2,505.34	184.99
Addiction SBH	Visits	73.3	204.70	1.25	0.03	-	-	0.31	-	-	-	-	75.0	254.27	1.59
Outpatient SBH	Visits	66.4	171.69	0.95	0.02	-	-	-	-	-	-	-	67.8	171.69	0.97
Other SBH	Visits	2,251.8	160.09	30.04	0.60	-	-	0.39	-	-	-	-	2,296.7	162.13	31.03
Subtotal SBH				\$ 202.47											\$ 227.06
Ancillary															
Non-Emergency Transportation	Trips	168.6	\$ 290.44	\$ 4.08	\$ 0.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	189.2	\$ 290.44	\$ 4.58
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	423.7	140.47	4.96	0.61	-	-	-	-	-	-	-	475.8	140.47	5.57
Emergency Transportation	Trips	219.9	400.63	7.34	0.91	-	-	-	-	-	-	-	247.1	400.63	8.25
Subtotal Ancillary				\$ 16.38											\$ 18.40
LTSS															
Home Health	Days	131.0	\$ 396.58	\$ 4.33	\$ 0.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.00	148.9	\$ 396.58	\$ 4.92
Hospice	Days	16.4	153.26	0.21	0.03	-	-	-	-	-	-	-	18.8	153.26	0.24
Other LTSS	Procedures	91.1	90.93	0.69	0.09	-	-	-	-	-	0.01	-	104.3	90.93	0.79
Personal/Custodial Care	Procedures	7.5	32.14	0.02	-	-	-	-	-	-	-	-	7.5	32.14	0.02
Subtotal LTSS				\$ 5.25											\$ 5.97
Total Medical Costs				\$ 499.71											\$ 564.36

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Other Populations - BCC, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 620 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	360.0	\$ 1,712.32	\$ 51.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.48	\$ 0.00	\$ 0.00	\$ (0.85)	\$ (0.03)	354.0	\$ 1,761.47	\$ 51.97
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 51.37											\$ 51.97
Outpatient Hospital															
Outpatient Emergency Room	Visits	645.5	\$ 692.70	\$ 37.26	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 4.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	645.5	\$ 779.70	\$ 41.94
Outpatient Pharmacy	Procedures	7,590.0	778.91	492.66	0.00	-	-	63.52	-	-	-	-	7,590.0	879.34	556.18
Outpatient Pathology/Lab	Procedures	11,002.6	12.60	11.55	-	-	-	0.02	-	-	-	-	11,002.6	12.62	11.57
Outpatient Radiology	Procedures	4,254.6	286.11	101.44	0.00	-	-	12.98	-	-	-	-	4,254.6	322.72	114.42
Outpatient Surgery	Visits	577.1	563.12	27.08	-	-	-	3.72	-	-	-	-	577.1	640.47	30.80
Other Outpatient	Procedures	4,518.1	57.61	21.69	-	-	-	2.82	-	-	-	-	4,518.1	65.10	24.51
Subtotal Outpatient Hospital				\$ 691.68											\$ 779.42
Professional															
Office/Home Visits/Consults	Visits	9,498.4	\$ 69.17	\$ 54.75	\$ 2.21	\$ 0.00	\$ 0.00	\$ 26.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	9,881.8	\$ 101.67	\$ 83.72
Inpatient Visits	Visits	872.9	93.75	6.82	0.28	-	-	1.20	-	-	-	-	908.8	109.60	8.30
Radiology	Procedures	6,191.9	67.37	34.76	1.40	-	-	3.44	-	-	-	-	6,441.3	73.77	39.60
Pathology/Lab	Procedures	10,102.9	32.34	27.23	1.10	-	-	5.69	-	-	-	-	10,511.0	38.84	34.02
Vision	Visits	350.0	57.94	1.69	0.07	-	-	0.60	-	-	-	-	364.5	77.70	2.36
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	1,632.6	677.31	92.15	3.72	-	-	0.10	-	-	-	-	1,698.6	678.01	95.97
MH/SA	Visits	410.6	72.76	2.49	0.10	-	-	1.58	-	-	-	-	427.1	117.15	4.17
Inpatient and Outpatient Surgery	Procedures	1,817.4	243.72	36.91	1.49	-	-	4.34	-	-	-	-	1,890.7	271.26	42.74
Therapy	Visits	462.2	67.50	2.80	0.11	-	-	0.50	-	-	-	-	481.7	79.96	3.21
Immunizations	Procedures	217.3	31.47	0.57	0.02	-	-	-	-	-	-	-	225.0	31.47	0.59
Physical Exams	Visits	318.0	66.42	1.76	0.07	-	-	0.52	-	-	-	-	330.6	85.29	2.35
Other Professional	Procedures	2,495.7	50.63	10.53	0.43	-	-	1.29	-	-	-	-	2,597.6	56.59	12.25
Emergency Room	Visits	657.6	94.53	5.18	(0.00)	-	-	0.87	-	-	-	-	657.6	110.41	6.05
Family Planning	Procedures	18.9	6.36	0.01	-	-	-	0.01	-	-	-	-	18.9	12.71	0.02
Anesthesia	Procedures	523.6	134.08	5.85	0.24	-	-	0.74	-	-	-	-	545.1	150.37	6.83
Federally Qualified Health Center/Rural Health Clinic	Visits	1,160.2	173.55	16.78	0.68	-	-	1.46	-	-	-	-	1,207.2	188.07	18.92
Subtotal Professional				\$ 300.08											\$ 361.10
Retail Pharmacy															
Retail Pharmacy	Scripts	44,435.8	\$ 231.04	\$ 855.55	\$ 0.00	\$ 151.62	\$ 0.00	\$ (12.17)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	44,435.8	\$ 268.70	\$ 995.00
Subtotal Retail Pharmacy				\$ 855.55											\$ 995.00
SBH															
Professional SBH	Days	491.0	\$ 82.36	\$ 3.37	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	491.0	\$ 93.11	\$ 3.81
Inpatient SBH	Visits	206.1	761.99	13.09	-	-	-	-	-	-	-	-	206.1	761.99	13.09
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	510.0	170.12	7.23	0.00	-	-	-	-	-	-	-	510.0	170.12	7.23
Other SBH	Visits	107.9	88.97	0.80	-	-	-	0.24	-	-	-	-	107.9	115.66	1.04
Subtotal SBH				\$ 24.49											\$ 25.17
Ancillary															
Non-Emergency Transportation	Trips	1,146.5	\$ 63.12	\$ 6.03	\$ 0.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,192.1	\$ 63.12	\$ 6.27
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	578.7	110.73	5.34	0.22	-	-	-	-	-	-	-	602.6	110.73	5.56
Emergency Transportation	Trips	293.9	336.39	8.24	0.33	-	-	-	-	-	-	-	305.7	336.39	8.57
Subtotal Ancillary				\$ 19.61											\$ 20.40
LTSS															
Home Health	Days	107.5	\$ 165.23	\$ 1.48	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.00	113.3	\$ 165.23	\$ 1.56
Hospice	Days	264.2	206.18	4.54	0.18	-	-	-	-	-	0.06	-	278.2	206.18	4.78
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 6.02											\$ 6.34
Total Medical Costs				\$ 1,948.80											\$ 2,239.40

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Other Populations - LAP, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 20,593 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	23.8	\$ 1,919.22	\$ 3.81	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	23.5	\$ 1,995.79	\$ 3.91
NICU/PICU	Days	25.2	2,567.85	5.40	0.00	-	-	0.21	-	-	-	-	25.2	2,667.71	5.61
Subtotal Inpatient Hospital				\$ 9.21											\$ 9.52
Outpatient Hospital															
Outpatient Emergency Room	Visits	363.6	\$ 423.74	\$ 12.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	363.6	\$ 469.28	\$ 14.22
Outpatient Pharmacy	Procedures	133.2	75.68	0.84	-	-	-	0.12	-	-	-	-	133.2	86.49	0.96
Outpatient Pathology/Lab	Procedures	1,018.7	23.21	1.97	-	-	-	-	-	-	-	-	1,018.7	23.21	1.97
Outpatient Radiology	Procedures	318.2	228.53	6.06	0.00	-	-	0.73	-	-	-	-	318.2	256.06	6.79
Outpatient Surgery	Visits	89.3	525.65	3.91	-	-	-	0.48	-	-	-	-	89.3	590.18	4.39
Other Outpatient	Procedures	1,631.9	74.71	10.16	-	-	-	0.66	-	-	-	-	1,631.9	79.57	10.82
Subtotal Outpatient Hospital				\$ 35.78											\$ 39.15
Professional															
Office/Home Visits/Consults	Visits	3,613.8	\$ 61.17	\$ 18.42	\$ 0.74	\$ 0.00	\$ 0.00	\$ 5.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,758.9	\$ 78.56	\$ 24.61
Inpatient Visits	Visits	99.5	118.21	0.98	0.04	-	-	0.07	-	-	-	-	103.5	126.33	1.09
Radiology	Procedures	581.7	27.44	1.33	0.05	-	-	0.08	-	-	-	-	603.6	29.03	1.46
Pathology/Lab	Procedures	3,383.1	20.43	5.76	0.23	-	-	0.70	-	-	-	-	3,518.1	22.82	6.69
Vision	Visits	686.9	47.69	2.73	0.11	-	-	0.38	-	-	-	-	714.6	54.07	3.22
Applied Behavioral Analysis	Units	733.2	166.13	10.15	0.41	-	-	-	-	-	-	-	762.8	166.13	10.56
Office Administered Drugs	Procedures	43.7	5.49	0.02	-	-	-	-	-	-	-	-	43.7	5.49	0.02
MH/SA	Visits	262.3	56.27	1.23	0.05	-	-	0.60	-	-	-	-	273.0	82.65	1.88
Inpatient and Outpatient Surgery	Procedures	286.3	173.52	4.14	0.17	-	-	0.31	-	-	-	-	298.1	186.00	4.62
Therapy	Visits	705.1	53.27	3.13	0.13	-	-	0.48	-	-	-	-	734.4	61.11	3.74
Immunizations	Procedures	538.8	13.36	0.60	0.02	-	-	-	-	-	-	-	556.7	13.36	0.62
Physical Exams	Visits	824.1	68.29	4.69	0.19	-	-	-	-	-	-	-	857.5	68.29	4.88
Other Professional	Procedures	1,033.7	39.00	3.36	0.14	-	-	0.24	-	-	-	-	1,076.8	41.68	3.74
Emergency Room	Visits	389.0	87.61	2.84	0.00	-	-	0.12	-	-	-	-	389.0	91.31	2.96
Family Planning	Procedures	15.1	63.44	0.08	-	-	-	0.02	-	-	-	-	15.1	79.30	0.10
Anesthesia	Procedures	108.4	131.72	1.19	0.05	-	-	0.01	-	-	-	-	113.0	132.78	1.25
Federally Qualified Health Center/Rural Health Clinic	Visits	727.3	155.60	9.43	0.38	-	-	0.99	-	-	-	-	756.6	171.30	10.80
Subtotal Professional				\$ 70.08											\$ 82.24
Retail Pharmacy															
Retail Pharmacy	Scripts	6,058.9	\$ 170.92	\$ 86.30	\$ 0.00	\$ 15.29	\$ 0.00	\$ (8.94)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,058.9	\$ 183.50	\$ 92.65
Subtotal Retail Pharmacy				\$ 86.30											\$ 92.65
SBH															
Professional SBH	Days	662.8	\$ 92.70	\$ 5.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	662.8	\$ 123.84	\$ 6.84
Inpatient SBH	Visits	63.3	797.94	4.21	-	-	-	0.04	-	-	-	-	63.3	805.52	4.25
Addiction SBH	Visits	1.3	90.63	0.01	-	-	-	-	-	-	-	-	1.3	90.63	0.01
Outpatient SBH	Visits	25.8	176.49	0.38	0.00	-	-	-	-	-	-	-	25.8	176.49	0.38
Other SBH	Visits	378.8	131.17	4.14	0.00	-	-	0.13	-	-	-	-	378.8	135.29	4.27
Subtotal SBH				\$ 13.86											\$ 15.75
Ancillary															
Non-Emergency Transportation	Trips	12.5	\$ 422.94	\$ 0.44	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	13.1	\$ 422.94	\$ 0.46
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	166.7	129.58	1.80	0.07	-	-	-	-	-	-	-	173.2	129.58	1.87
Emergency Transportation	Trips	38.5	326.92	1.05	0.04	-	-	-	-	-	-	-	40.0	326.92	1.09
Subtotal Ancillary				\$ 3.29											\$ 3.42
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 218.52											\$ 242.73

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Other Populations - CCM, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 12,921 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	224.5	\$ 2,198.54	\$ 41.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.37	\$ 0.00	\$ 0.00	\$ (0.45)	\$ 0.00	222.0	\$ 2,272.58	\$ 42.05
NICU/PICU	Days	257.1	2,777.35	59.50	-	-	-	1.79	-	-	-	-	257.1	2,860.90	61.29
Subtotal Inpatient Hospital				\$ 100.63											\$ 103.34
Outpatient Hospital															
Outpatient Emergency Room	Visits	595.9	\$ 503.46	\$ 25.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	595.9	\$ 561.86	\$ 27.90
Outpatient Pharmacy	Procedures	680.3	553.90	31.40	-	-	-	4.06	-	-	-	-	680.3	625.52	35.46
Outpatient Pathology/Lab	Procedures	2,345.6	20.21	3.95	-	-	-	0.04	-	-	-	-	2,345.6	20.41	3.99
Outpatient Radiology	Procedures	476.9	236.55	9.40	-	-	-	1.11	-	-	-	-	476.9	264.49	10.51
Outpatient Surgery	Visits	212.0	919.22	16.24	(0.00)	-	-	1.65	-	-	-	-	212.0	1,012.62	17.89
Other Outpatient	Procedures	7,290.9	52.09	31.65	-	-	-	1.47	-	-	-	-	7,290.9	54.51	33.12
Subtotal Outpatient Hospital				\$ 117.64											\$ 128.87
Professional															
Office/Home Visits/Consults	Visits	5,383.3	\$ 64.78	\$ 29.06	\$ 1.17	\$ 0.00	\$ 0.00	\$ 7.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5,600.0	\$ 81.49	\$ 38.03
Inpatient Visits	Visits	1,024.2	108.03	9.22	0.37	-	-	0.86	-	-	-	-	1,065.3	117.72	10.45
Radiology	Procedures	1,046.6	24.08	2.10	0.08	-	-	0.11	-	-	-	-	1,086.5	25.29	2.29
Pathology/Lab	Procedures	3,637.9	39.85	12.08	0.49	-	-	1.26	-	-	-	-	3,785.4	43.84	13.83
Vision	Visits	725.7	50.76	3.07	0.12	-	-	-	-	-	-	-	754.1	57.29	3.60
Applied Behavioral Analysis	Units	19,425.2	252.93	409.44	16.54	-	-	0.41	-	-	-	-	20,209.9	252.93	425.98
Office Administered Drugs	Procedures	94.6	3,821.51	30.12	1.22	-	-	-	-	-	-	-	98.4	3,821.51	31.34
MH/SA	Visits	379.9	51.49	1.63	0.07	-	-	0.64	-	-	-	-	396.2	70.87	2.34
Inpatient and Outpatient Surgery	Procedures	583.1	230.07	11.18	0.45	-	-	0.66	-	-	-	-	606.6	243.12	12.29
Therapy	Visits	8,154.8	50.94	34.62	1.40	-	-	6.43	-	-	-	-	8,484.6	60.04	42.45
Immunizations	Procedures	335.2	14.68	0.41	0.02	-	-	-	-	-	-	-	351.5	14.68	0.43
Physical Exams	Visits	634.7	71.28	3.77	0.15	-	-	-	-	-	-	-	660.0	71.28	3.92
Other Professional	Procedures	2,804.2	200.01	46.74	1.89	-	-	0.57	-	-	-	-	2,917.6	202.36	49.20
Emergency Room	Visits	651.4	93.40	5.07	-	-	-	0.20	-	-	-	-	651.4	97.09	5.27
Family Planning	Procedures	14.5	41.40	0.05	-	-	-	-	-	-	-	-	14.5	41.40	0.05
Anesthesia	Procedures	295.6	170.91	4.21	0.17	-	-	0.08	-	-	-	-	307.5	174.03	4.46
Federally Qualified Health Center/Rural Health Clinic	Visits	835.2	153.74	10.70	0.43	-	-	1.71	-	-	-	-	868.7	177.36	12.84
Subtotal Professional				\$ 613.47											\$ 658.77
Retail Pharmacy															
Retail Pharmacy	Scripts	16,309.0	\$ 239.01	\$ 324.84	\$ 0.00	\$ 57.57	\$ 0.00	\$ (27.40)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	16,309.0	\$ 261.21	\$ 355.01
Subtotal Retail Pharmacy				\$ 324.84											\$ 355.01
SBH															
Professional SBH	Days	1,005.6	\$ 150.60	\$ 12.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,005.6	\$ 161.82	\$ 13.56
Inpatient SBH	Visits	340.8	1,394.07	39.59	(0.00)	-	-	0.16	-	-	-	-	340.8	1,399.71	39.75
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	27.0	169.04	0.38	-	-	-	-	-	-	-	-	27.0	169.04	0.38
Other SBH	Visits	1,616.6	127.01	17.11	0.00	-	-	0.21	-	-	-	-	1,616.6	128.57	17.32
Subtotal SBH				\$ 69.70											\$ 71.01
Ancillary															
Non-Emergency Transportation	Trips	1,168.0	\$ 69.66	\$ 6.78	\$ 0.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,214.5	\$ 69.66	\$ 7.05
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	8,580.5	158.33	113.21	4.57	-	-	-	-	-	-	-	8,926.9	158.33	117.78
Emergency Transportation	Trips	196.6	509.67	8.35	0.34	-	-	-	-	-	-	-	204.6	509.67	8.69
Subtotal Ancillary				\$ 128.34											\$ 133.52
LTSS															
Home Health	Days	843.4	\$ 552.07	\$ 38.80	\$ 1.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.48	\$ 0.00	887.9	\$ 552.07	\$ 40.85
Hospice	Days	40.2	197.19	0.66	0.03	-	-	-	-	-	-	-	42.0	197.19	0.69
Other LTSS	Procedures	1,536.7	75.82	9.71	0.39	-	-	-	-	-	0.14	-	1,620.6	75.82	10.24
Personal/Custodial Care	Procedures	5,999.8	88.80	44.40	1.79	-	-	-	-	-	0.72	-	6,339.0	88.80	46.91
Subtotal LTSS				\$ 93.57											\$ 98.69
Total Medical Costs				\$ 1,448.19											\$ 1,549.21

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Act 421 - Non-TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 4,118 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	33.0	\$ 2,288.10	\$ 6.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.23	\$ 0.00	\$ 0.00	\$ (0.06)	\$ 0.00	32.7	\$ 2,372.57	\$ 6.46
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 6.29											\$ 6.46
Outpatient Hospital															
Outpatient Emergency Room	Visits	289.9	\$ 467.77	\$ 11.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	289.9	\$ 521.59	\$ 12.60
Outpatient Pharmacy	Procedures	228.2	166.17	3.16	(0.00)	-	-	0.38	-	-	-	-	228.2	186.15	3.54
Outpatient Pathology/Lab	Procedures	737.6	25.71	1.58	(0.00)	-	-	-	-	-	-	-	737.6	25.71	1.58
Outpatient Radiology	Procedures	212.1	636.92	11.26	-	-	-	1.39	-	-	-	-	212.1	715.55	12.65
Outpatient Surgery	Visits	85.7	431.46	3.08	0.00	-	-	0.37	-	-	-	-	85.7	483.29	3.45
Other Outpatient	Procedures	3,073.8	79.80	20.44	0.00	-	-	1.51	-	-	-	-	3,073.8	85.69	21.95
Subtotal Outpatient Hospital				\$ 50.82											\$ 55.77
Professional															
Office/Home Visits/Consults	Visits	2,397.1	\$ 60.07	\$ 12.00	\$ 0.48	\$ 0.00	\$ 0.00	\$ 4.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,493.0	\$ 82.12	\$ 17.06
Inpatient Visits	Visits	128.1	91.83	0.98	0.04	-	-	0.15	-	-	-	-	133.3	105.33	1.17
Radiology	Procedures	355.3	36.14	1.07	0.04	-	-	0.06	-	-	-	-	368.5	38.10	1.17
Pathology/Lab	Procedures	1,134.5	18.83	1.78	0.07	-	-	0.35	-	-	-	-	1,179.1	22.39	2.20
Vision	Visits	234.8	56.21	1.10	0.04	-	-	-	-	-	-	-	243.4	63.61	1.29
Applied Behavioral Analysis	Units	24,430.3	177.39	361.15	14.59	-	-	0.15	-	-	-	-	25,417.3	177.39	375.74
Office Administered Drugs	Procedures	31.4	19.13	0.05	-	-	-	-	-	-	-	-	31.4	19.13	0.05
MH/SA	Visits	123.9	70.72	0.73	0.03	-	-	0.35	-	-	-	-	129.0	103.29	1.11
Inpatient and Outpatient Surgery	Procedures	321.4	105.30	2.82	0.11	-	-	0.24	-	-	-	-	333.9	113.92	3.17
Therapy	Visits	8,905.2	43.78	32.49	1.31	-	-	8.67	-	-	-	-	9,264.3	55.01	42.47
Immunizations	Procedures	130.9	12.84	0.14	0.01	-	-	-	-	-	-	-	140.2	12.84	0.15
Physical Exams	Visits	236.0	70.68	1.39	0.06	-	-	-	-	-	-	-	246.2	70.68	1.45
Other Professional	Procedures	680.9	70.85	4.02	0.16	-	-	0.50	-	-	-	-	708.0	79.32	4.68
Emergency Room	Visits	299.5	95.77	2.39	-	-	-	0.07	-	-	-	-	299.5	98.57	2.46
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	119.9	177.10	1.77	0.07	-	-	0.02	-	-	-	-	124.7	179.03	1.86
Federally Qualified Health Center/Rural Health Clinic	Visits	230.9	137.75	2.65	0.11	-	-	0.28	-	-	-	-	240.4	151.72	3.04
Subtotal Professional				\$ 426.53											\$ 459.07
Retail Pharmacy															
Retail Pharmacy	Scripts	6,733.6	\$ 362.78	\$ 203.57	\$ 0.00	\$ 36.08	\$ 0.00	\$ (11.40)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,733.6	\$ 406.76	\$ 228.25
Subtotal Retail Pharmacy				\$ 203.57											\$ 228.25
SBH															
Professional SBH	Days	1,352.6	\$ 228.89	\$ 25.80	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,352.6	\$ 232.26	\$ 26.18
Inpatient SBH	Visits	32.5	1,075.18	2.91	(0.00)	-	-	0.15	-	-	-	-	32.5	1,130.60	3.06
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	308.4	126.47	3.25	-	-	-	0.15	-	-	-	-	308.4	132.30	3.40
Subtotal SBH				\$ 31.96											\$ 32.64
Ancillary															
Non-Emergency Transportation	Trips	121.3	\$ 32.65	\$ 0.33	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	125.0	\$ 32.65	\$ 0.34
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,661.7	296.87	41.11	1.66	-	-	-	-	-	-	-	1,728.8	296.87	42.77
Emergency Transportation	Trips	28.6	432.91	1.03	0.04	-	-	-	-	-	-	-	29.7	432.91	1.07
Subtotal Ancillary				\$ 42.47											\$ 44.18
LTSS															
Home Health	Days	202.6	\$ 492.21	\$ 8.31	\$ 0.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.00	213.3	\$ 492.21	\$ 8.75
Hospice	Days	32.1	168.36	0.45	0.02	-	-	-	-	-	-	-	33.5	168.36	0.47
Other LTSS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Personal/Custodial Care	Procedures	116.9	73.89	0.72	0.03	-	-	-	-	-	0.01	-	123.4	73.89	0.76
Subtotal LTSS				\$ 9.48											\$ 9.98
Total Medical Costs				\$ 771.12											\$ 836.35

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Act 421 - Non-LaHIPP TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 7,405 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	30.9	\$ 42.67	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	28.1	\$ 46.93	\$ 0.11
NICU/PICU	Days	6.6	326.40	0.18	-	-	-	-	-	-	-	-	6.6	326.40	0.18
Subtotal Inpatient Hospital				\$ 0.29											\$ 0.29
Outpatient Hospital															
Outpatient Emergency Room	Visits	107.1	\$ 238.55	\$ 2.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.25	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	107.1	\$ 266.54	\$ 2.38
Outpatient Pharmacy	Procedures	158.5	44.67	0.59	-	-	-	0.08	-	-	-	-	158.5	50.73	0.67
Outpatient Pathology/Lab	Procedures	615.7	10.91	0.56	-	-	-	-	-	-	-	-	615.7	10.91	0.56
Outpatient Radiology	Procedures	126.6	101.42	1.07	(0.00)	-	-	0.15	-	-	-	-	126.6	115.63	1.22
Outpatient Surgery	Visits	19.5	1,120.00	1.82	-	-	-	0.25	-	-	-	-	19.5	1,273.85	2.07
Other Outpatient	Procedures	875.7	54.67	3.99	-	-	-	0.23	-	-	-	-	875.7	57.83	4.22
Subtotal Outpatient Hospital				\$ 10.16											\$ 11.12
Professional															
Office/Home Visits/Consults	Visits	1,345.0	\$ 36.94	\$ 4.14	\$ 0.17	\$ 0.00	\$ 0.00	\$ 4.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,400.2	\$ 71.99	\$ 8.40
Inpatient Visits	Visits	147.3	101.80	1.25	0.05	-	-	0.33	-	-	-	-	153.2	127.65	1.63
Radiology	Procedures	305.9	25.89	0.66	0.03	-	-	0.07	-	-	-	-	319.8	28.51	0.76
Pathology/Lab	Procedures	293.2	9.82	0.24	0.01	-	-	0.43	-	-	-	-	305.4	26.72	0.68
Vision	Visits	99.5	54.29	0.45	0.02	-	-	-	-	-	-	-	103.9	63.53	0.55
Applied Behavioral Analysis	Units	22,832.1	108.92	207.24	8.37	-	-	0.08	-	-	-	-	23,754.2	108.92	215.61
Office Administered Drugs	Procedures	23.9	883.20	1.76	0.07	-	-	-	-	-	-	-	24.9	883.20	1.83
MH/SA	Visits	43.5	41.35	0.15	0.01	-	-	0.15	-	-	-	-	46.4	80.12	0.31
Inpatient and Outpatient Surgery	Procedures	215.1	105.45	1.89	0.08	-	-	0.28	-	-	-	-	224.2	120.44	2.25
Therapy	Visits	8,107.8	28.34	19.15	0.77	-	-	10.00	-	-	-	-	8,433.8	42.57	29.92
Immunizations	Procedures	12.5	28.80	0.03	-	-	-	-	-	-	-	-	12.5	28.80	0.03
Physical Exams	Visits	37.6	73.31	0.23	0.01	-	-	-	-	-	-	-	39.3	73.31	0.24
Other Professional	Procedures	2,754.4	305.49	70.12	2.83	-	-	0.54	-	-	-	-	2,865.6	307.75	73.49
Emergency Room	Visits	95.6	89.14	0.71	-	-	-	0.07	-	-	-	-	95.6	97.93	0.78
Family Planning	Procedures	3.1	153.60	0.04	-	-	-	-	-	-	-	-	3.1	153.60	0.04
Anesthesia	Procedures	91.7	130.84	1.00	0.04	-	-	(0.22)	-	-	-	-	95.4	103.17	0.82
Federally Qualified Health Center/Rural Health Clinic	Visits	95.3	108.34	0.86	0.03	-	-	0.05	-	-	-	-	98.6	114.43	0.94
Subtotal Professional				\$ 309.92											\$ 338.28
Retail Pharmacy															
Retail Pharmacy	Scripts	6,457.7	\$ 178.11	\$ 95.85	\$ 0.00	\$ 16.99	\$ 0.00	\$ (5.13)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6,457.7	\$ 200.15	\$ 107.71
Subtotal Retail Pharmacy				\$ 95.85											\$ 107.71
SBH															
Professional SBH	Days	1,066.5	\$ 46.92	\$ 4.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,066.5	\$ 48.83	\$ 4.34
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	49.1	107.52	0.44	-	-	-	0.05	-	-	-	-	49.1	119.74	0.49
Subtotal SBH				\$ 4.61											\$ 4.83
Ancillary															
Non-Emergency Transportation	Trips	614.5	\$ 40.23	\$ 2.06	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	638.4	\$ 40.23	\$ 2.14
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	1,759.4	210.21	30.82	1.25	-	-	-	-	-	-	-	1,830.8	210.21	32.07
Emergency Transportation	Trips	35.9	317.67	0.95	0.04	-	-	-	-	-	-	-	37.4	317.67	0.99
Subtotal Ancillary				\$ 33.83											\$ 35.20
LTSS															
Home Health	Days	393.9	\$ 789.09	\$ 25.90	\$ 1.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.32	\$ 0.00	414.7	\$ 789.09	\$ 27.27
Hospice	Days	174.1	157.16	2.28	0.09	-	-	-	-	-	0.03	-	183.3	157.16	2.40
Other LTSS	Procedures	96.9	8.67	0.07	-	-	-	-	-	-	-	-	96.9	8.67	0.07
Personal/Custodial Care	Procedures	406.9	192.00	6.51	0.26	-	-	-	-	-	0.11	-	430.0	192.00	6.88
Subtotal LTSS				\$ 34.76											\$ 36.62
Total Medical Costs				\$ 489.42											\$ 534.05

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - Age 19-64		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 1,521,501 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	359.6	\$ 1,609.60	\$ 48.23	\$ 4.94	\$ 0.00	\$ 0.00	\$ 5.53	\$ 5.68	\$ 0.00	\$ (0.94)	\$ (0.01)	431.7	\$ 1,763.02	\$ 63.43
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 48.23											\$ 63.43
Outpatient Hospital															
Outpatient Emergency Room	Visits	716.8	\$ 638.31	\$ 38.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.45	\$ 4.21	\$ 0.00	\$ 0.00	\$ 0.00	796.0	\$ 720.48	\$ 47.79
Outpatient Pharmacy	Procedures	889.6	242.54	17.98	1.47	-	-	2.66	2.14	-	-	-	1,068.2	272.43	24.25
Outpatient Pathology/Lab	Procedures	2,941.5	16.48	4.04	0.33	-	-	0.01	0.42	-	-	-	3,487.6	16.52	4.80
Outpatient Radiology	Procedures	687.4	213.86	12.25	1.00	-	-	2.06	1.48	-	-	-	826.5	243.77	16.79
Outpatient Surgery	Visits	151.7	940.45	11.89	0.97	-	-	2.28	1.46	-	-	-	182.7	1,090.19	16.60
Other Outpatient	Procedures	1,430.8	79.84	9.52	0.78	-	-	1.08	1.10	-	-	-	1,713.4	87.40	12.48
Subtotal Outpatient Hospital				\$ 93.81											\$ 122.71
Professional															
Office/Home Visits/Consults	Visits	3,264.4	\$ 63.30	\$ 17.22	\$ 1.23	\$ 0.00	\$ 0.00	\$ 7.32	\$ 2.49	\$ 0.00	\$ 0.00	\$ 0.00	3,969.7	\$ 85.43	\$ 28.26
Inpatient Visits	Visits	872.3	75.39	5.48	0.39	-	-	1.24	0.68	-	-	-	1,042.6	89.66	7.79
Radiology	Procedures	1,848.6	44.34	6.83	0.49	-	-	0.49	0.76	-	-	-	2,186.9	47.02	8.57
Pathology/Lab	Procedures	6,299.5	22.52	11.82	0.84	-	-	1.32	1.35	-	-	-	7,466.6	24.64	15.33
Vision	Visits	127.1	68.92	0.73	0.05	-	-	0.23	0.10	-	-	-	153.2	86.93	1.11
Applied Behavioral Analysis	Units	0.5	239.87	0.01	-	-	-	-	-	-	-	-	0.5	239.87	0.01
Office Administered Drugs	Procedures	192.9	219.02	3.52	0.25	-	-	0.01	0.37	-	-	-	226.8	219.55	4.15
MH/SA	Visits	2,025.6	20.32	3.43	0.24	-	-	1.15	0.46	-	-	-	2,438.9	25.98	5.28
Inpatient and Outpatient Surgery	Procedures	591.3	218.36	10.76	0.77	-	-	1.34	1.24	-	-	-	701.8	241.27	14.11
Therapy	Visits	444.2	62.41	2.31	0.16	-	-	0.42	0.28	-	-	-	528.8	71.94	3.17
Immunizations	Procedures	78.9	36.52	0.24	0.02	-	-	-	0.02	-	-	-	92.0	36.52	0.28
Physical Exams	Visits	198.9	65.17	1.08	0.08	-	-	0.29	0.14	-	-	-	239.4	79.71	1.59
Other Professional	Procedures	1,011.7	47.92	4.04	0.29	-	-	0.36	0.46	-	-	-	1,199.5	51.52	5.15
Emergency Room	Visits	752.6	92.32	5.79	-	-	-	0.96	0.65	-	-	-	837.1	106.08	7.40
Family Planning	Procedures	92.0	93.96	0.72	0.05	-	-	0.07	0.08	-	-	-	108.6	101.70	0.92
Anesthesia	Procedures	189.3	141.38	2.23	0.16	-	-	0.41	0.27	-	-	-	225.8	163.18	3.07
Federally Qualified Health Center/Rural Health Clinic	Visits	1,006.8	164.72	13.82	0.98	-	-	1.83	1.61	-	-	-	1,195.5	183.09	18.24
Subtotal Professional				\$ 90.03											\$ 124.43
Retail Pharmacy															
Retail Pharmacy	Scripts	17,642.5	\$ 156.43	\$ 229.99	\$ 0.00	\$ 33.33	\$ 0.00	\$ (10.89)	\$ 24.43	\$ 0.00	\$ 0.00	\$ 0.00	19,516.5	\$ 170.23	\$ 276.86
Subtotal Retail Pharmacy				\$ 229.99											\$ 276.86
SBH															
Professional SBH	Days	466.2	\$ 64.09	\$ 2.49	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.88	\$ 0.35	\$ 0.00	\$ 0.00	\$ 0.00	580.4	\$ 82.28	\$ 3.98
Inpatient SBH	Visits	278.5	786.39	18.25	1.49	-	-	0.75	1.99	-	-	-	331.6	813.53	22.48
Addiction SBH	Visits	962.4	227.43	18.24	1.87	-	-	5.01	2.43	-	-	-	1,189.3	277.99	27.55
Outpatient SBH	Visits	81.4	176.96	1.20	0.12	-	-	0.01	0.13	-	-	-	98.3	178.18	1.46
Other SBH	Visits	424.1	167.52	5.92	0.61	-	-	0.29	0.66	-	-	-	515.1	174.27	7.48
Subtotal SBH				\$ 46.10											\$ 62.95
Ancillary															
Non-Emergency Transportation	Trips	1,221.1	\$ 54.34	\$ 5.53	\$ 0.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.59	\$ 0.00	\$ 0.00	\$ 0.00	1,477.3	\$ 54.34	\$ 6.69
Other Ancillary	Procedures	2.1	745.87	0.13	0.01	-	-	0.02	0.01	-	-	-	2.4	845.32	0.17
DME/Prosthetics	Devices	509.3	118.75	5.04	0.52	-	-	-	0.53	-	-	-	615.4	118.75	6.09
Emergency Transportation	Trips	318.1	405.13	10.74	1.10	-	-	-	1.15	-	-	-	384.8	405.13	12.99
Subtotal Ancillary				\$ 21.44											\$ 25.94
LTSS															
Home Health	Days	103.0	\$ 74.56	\$ 0.64	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.06	\$ 0.00	\$ 0.01	\$ 0.00	125.5	\$ 74.56	\$ 0.78
Hospice	Days	34.7	255.66	0.74	0.08	-	-	-	0.07	-	0.01	-	42.2	255.66	0.90
Other LTSS	Procedures	24.1	373.10	0.75	0.08	-	-	-	0.08	-	0.01	-	29.6	373.10	0.92
Personal/Custodial Care	Procedures	3.2	225.81	0.06	0.01	-	-	-	-	-	-	-	3.7	225.81	0.07
Subtotal LTSS				\$ 2.19											\$ 2.67
Total Medical Costs				\$ 531.79											\$ 678.99

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - High Needs		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 761 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	1,592.8	\$ 1,917.28	\$ 254.48	\$ 26.08	\$ 0.00	\$ 0.00	\$ 25.74	\$ 0.00	\$ 0.00	\$ (4.52)	\$ 0.49	1,727.7	\$ 2,099.47	\$ 302.27
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 254.48											\$ 302.27
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,983.4	\$ 598.36	\$ 98.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 19.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,983.4	\$ 714.94	\$ 118.17
Outpatient Pharmacy	Procedures	2,036.7	59.27	10.06	0.82	-	-	1.74	-	-	-	-	2,202.7	68.75	12.62
Outpatient Pathology/Lab	Procedures	5,396.8	18.06	8.12	0.66	-	-	-	-	-	-	-	5,835.5	18.06	8.78
Outpatient Radiology	Procedures	872.7	210.52	15.31	1.25	-	-	1.90	-	-	-	-	943.9	234.68	18.46
Outpatient Surgery	Visits	132.3	513.39	5.66	0.46	-	-	0.58	-	-	-	-	143.0	562.04	6.70
Other Outpatient	Procedures	1,745.1	105.76	15.38	1.26	-	-	6.85	-	-	-	-	1,888.0	149.30	23.49
Subtotal Outpatient Hospital				\$ 153.43											\$ 188.22
Professional															
Office/Home Visits/Consults	Visits	3,684.9	\$ 74.90	\$ 23.00	\$ 1.64	\$ 0.00	\$ 0.00	\$ 6.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,947.7	\$ 94.51	\$ 31.09
Inpatient Visits	Visits	4,572.2	71.34	27.18	1.94	-	-	5.54	-	-	-	-	4,898.6	84.91	34.66
Radiology	Procedures	3,074.7	34.54	8.85	0.63	-	-	0.47	-	-	-	-	3,293.6	36.25	9.95
Pathology/Lab	Procedures	14,771.0	22.26	27.40	1.95	-	-	2.37	-	-	-	-	15,822.2	24.06	31.72
Vision	Visits	304.3	74.93	1.90	0.14	-	-	0.34	-	-	-	-	326.7	87.42	2.38
Applied Behavioral Analysis	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	174.7	5.50	0.08	0.01	-	-	-	-	-	-	-	196.5	5.50	0.09
MH/SA	Visits	83.4	34.54	0.24	0.02	-	-	0.07	-	-	-	-	90.3	43.84	0.33
Inpatient and Outpatient Surgery	Procedures	415.6	179.61	6.22	0.44	-	-	0.18	-	-	-	-	445.0	184.46	6.84
Therapy	Visits	55.0	58.88	0.27	0.02	-	-	-	-	-	-	-	59.1	58.88	0.29
Immunizations	Procedures	58.2	16.49	0.08	0.01	-	-	-	-	-	-	-	65.5	16.49	0.09
Physical Exams	Visits	165.3	58.09	0.80	0.06	-	-	0.24	-	-	-	-	177.7	74.30	1.10
Other Professional	Procedures	1,882.3	29.65	4.65	0.33	-	-	0.17	-	-	-	-	2,015.8	30.66	5.15
Emergency Room	Visits	2,216.4	94.97	17.54	0.00	-	-	2.39	-	-	-	-	2,216.4	107.91	19.93
Family Planning	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anesthesia	Procedures	138.9	156.37	1.81	0.13	-	-	0.55	-	-	-	-	148.9	200.70	2.49
Federally Qualified Health Center/Rural Health Clinic	Visits	2,826.4	179.21	42.21	3.01	-	-	5.76	-	-	-	-	3,027.9	202.04	50.98
Subtotal Professional				\$ 162.23											\$ 197.09
Retail Pharmacy															
Retail Pharmacy	Scripts	28,712.9	\$ 166.65	\$ 398.75	\$ 0.00	\$ 57.78	\$ 0.00	\$ (18.17)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	28,712.9	\$ 183.20	\$ 438.36
Subtotal Retail Pharmacy				\$ 398.75											\$ 438.36
SBH															
Professional SBH	Days	2,457.5	\$ 53.13	\$ 10.88	\$ 1.12	\$ 0.00	\$ 0.00	\$ 2.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,710.5	\$ 65.30	\$ 14.75
Inpatient SBH	Visits	2,854.0	770.09	183.15	14.95	-	-	8.01	-	-	-	-	3,086.9	801.22	206.11
Addiction SBH	Visits	5,047.4	271.58	114.23	11.71	-	-	31.48	-	-	-	-	5,564.8	339.46	157.42
Outpatient SBH	Visits	1,690.9	175.01	24.66	2.53	-	-	-	-	-	-	-	1,864.4	175.01	27.19
Other SBH	Visits	1,559.0	201.36	26.16	2.68	-	-	2.06	-	-	-	-	1,718.7	215.74	30.90
Subtotal SBH				\$ 359.08											\$ 436.37
Ancillary															
Non-Emergency Transportation	Trips	2,592.0	\$ 129.91	\$ 28.06	\$ 2.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,858.0	\$ 129.91	\$ 30.94
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	343.9	151.44	4.34	0.44	-	-	-	-	-	-	-	378.8	151.44	4.78
Emergency Transportation	Trips	2,222.0	381.06	70.56	7.23	-	-	-	-	-	-	-	2,449.7	381.06	77.79
Subtotal Ancillary				\$ 102.96											\$ 113.51
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other LTSS	Procedures	26.8	89.49	0.20	0.02	-	-	-	-	-	-	-	29.5	89.49	0.22
Personal/Custodial Care	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.20											\$ 0.22
Total Medical Costs				\$ 1,431.13											\$ 1,676.04

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - SBH - CCM, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 67 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	1,861.9	\$ 48.02	\$ 7.45	\$ 0.76	\$ 0.00	\$ 0.00	\$ 5.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,051.8	\$ 79.42	\$ 13.58
Inpatient SBH	Visits	3,954.9	737.64	243.11	19.84	-	-	-	-	-	-	-	4,277.7	737.64	262.95
Addiction SBH	Visits	5,350.8	245.05	109.27	11.20	-	-	30.12	-	-	-	-	5,899.3	306.32	150.59
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	581.6	1,533.95	74.35	7.62	-	-	-	-	-	-	-	641.2	1,533.95	81.97
Subtotal SBH				\$ 434.18											\$ 509.09
Ancillary															
Non-Emergency Transportation	Trips	233.0	\$ 151.41	\$ 2.94	\$ 0.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	256.8	\$ 151.41	\$ 3.24
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 2.94											\$ 3.24
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 437.12											\$ 512.33

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - SBH - Dual Eligible, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 4,416 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	135.9	\$ 60.93	\$ 0.69	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.25	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	149.7	\$ 80.97	\$ 1.01
Inpatient SBH	Visits	71.6	821.40	4.90	0.40	-	-	0.10	-	-	-	-	77.4	836.89	5.40
Addiction SBH	Visits	426.5	180.07	6.40	0.66	-	-	1.76	-	-	-	-	470.5	224.96	8.82
Outpatient SBH	Visits	35.3	190.30	0.56	0.06	-	-	-	-	-	-	-	39.1	190.30	0.62
Other SBH	Visits	276.3	320.13	7.37	0.76	-	-	0.14	-	-	-	-	304.8	325.64	8.27
Subtotal SBH				\$ 19.92											\$ 24.12
Ancillary															
Non-Emergency Transportation	Trips	2,756.5	\$ 38.44	\$ 8.83	\$ 0.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3,040.6	\$ 38.44	\$ 9.74
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 8.83											\$ 9.74
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 28.75											\$ 33.86

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - SBH - LaHIPP, All Ages		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 913 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	38.9	\$ 24.68	\$ 0.08	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	43.8	\$ 27.42	\$ 0.10
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal SBH				\$ 0.08											\$ 0.10
Ancillary															
Non-Emergency Transportation	Trips	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 0.08											\$ 0.10

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Prospective Adjustments															
Region: Capital Rate Cell: Medicaid Expansion - SBH - Other		Base Year Adjusted Base Experience			Trend Adjustments		Prospective Program Adjustments		Acuity Adjustments		Managed Care Efficiencies Adjustments		SFY 2026 Projected Benefit Expense		
Member Months: 248 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Acute	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
NICU/PICU	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00											\$ 0.00
Outpatient Hospital															
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Professional															
Office/Home Visits/Consults	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
SBH															
Professional SBH	Days	203.4	\$ 54.29	\$ 0.92	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	223.2	\$ 83.32	\$ 1.55
Inpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Addiction SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient SBH	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other SBH	Visits	101.5	75.64	0.64	0.07	-	-	0.16	-	-	-	-	112.6	92.69	0.87
Subtotal SBH				\$ 1.56											\$ 2.42
Ancillary															
Non-Emergency Transportation	Trips	7,559.9	\$ 18.78	\$ 11.83	\$ 1.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	8,333.1	\$ 18.78	\$ 13.04
Other Ancillary	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DME/Prosthetics	Devices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Transportation	Trips	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 11.83											\$ 13.04
LTSS															
Home Health	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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											\$ 0.00
Total Medical Costs				\$ 13.39											\$ 15.46

APPENDIX 10: HEPATITIS C RISK CORRIDOR (PROVIDED IN EXCEL)

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Hepatitis C Risk Corridor Summary		
Region: Statewide	Projected Exposure	Base Benefit Expense
F&C		
F&C - 0-2 Months	113,004	\$ 0.00
F&C - 3-11 Months	385,536	-
F&C - Child 1-20 Years	7,435,757	0.03
F&C - Adult 21+ Years	830,461	2.54
Subtotal F&C	8,764,758	\$ 0.27
SSI		
SSI - 0-2 Months	360	\$ 0.00
SSI - 3-11 Months	3,408	-
SSI - Child 1-20 Years	346,285	-
SSI - Adult 21+ Years	742,584	8.67
Subtotal SSI	1,092,637	\$ 5.89
HCBS		
HCBS - Child 1-20 Years	25,187	\$ 0.00
HCBS - Adult 21+ Years	40,587	0.63
Subtotal HCBS	65,774	\$ 0.39
SBH		
SBH - HCBS - Child 1-20 Years	14,484	\$ 0.00
SBH - HCBS - Adult 21+ Years	31,357	-
SBH - LaHIPP, All Ages	5,436	-
SBH - CCM, All Ages	12,336	-
SBH - Dual Eligible, All Ages	1,378,488	-
SBH - Other - All Ages	33,288	-
Subtotal SBH	1,475,389	\$ 0.00
Other Populations		
Other Populations - FCC, All Ages Male & Female	175,163	\$ 1.27
Other Populations - BCC, All Ages	1,824	-
Other Populations - LAP, All Ages	65,982	-
Other Populations - CCM, All Ages	60,204	-
Subtotal Other Populations	303,173	\$ 0.73
Act 421 - LaHIPP TPL		
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	4	-
Act 421 - LaHIPP TPL - Child 1-18 Years	4	-
Subtotal Act 421 - LaHIPP TPL	12	\$ 0.00
Act 421 - Non-TPL		
Act 421 - Non-TPL - 0-2 Months	49	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	336	-
Act 421 - Non-TPL - Child 1-18 Years	12,528	-
Subtotal Act 421 - Non-TPL	12,913	\$ 0.00
Act 421 - Non-LaHIPP TPL		
Act 421 - Non-LaHIPP TPL - 0-2 Months	134	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	552	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	23,120	-
Subtotal Act 421 - Non-LaHIPP TPL	23,806	\$ 0.00
Medicaid Expansion		
Medicaid Expansion - Age 19-64	6,028,602	\$ 4.65
Medicaid Expansion - High Needs	2,064	20.40
Medicaid Expansion - SBH - CCM, All Ages	791	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	20,172	-
Medicaid Expansion - SBH - LaHIPP, All Ages	2,208	-
Medicaid Expansion - SBH - Other	432	-
Subtotal Medicaid Expansion	6,054,269	\$ 4.64
Medicaid Expansion - Kick		
Medicaid Expansion - Kick - Maternity Kick Payment	10,620	\$ 0.14
Medicaid Expansion - Kick - EED Kick Payment	11	0.06
Subtotal Medicaid Expansion - Kick	10,631	\$ 0.14
Non-Expansion - Kick		
Non-Expansion - Kick - Maternity Kick Payment	20,832	\$ 0.03
Non-Expansion - Kick - EED Kick Payment	11	0.01
Subtotal Non-Expansion - Kick	20,843	\$ 0.03
Total	17,792,731	\$ 2.08

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Hepatitis C Risk Corridor Summary		
Region: Capital	Projected Exposure	Base Benefit Expense
F&C		
F&C - 0-2 Months	29,231	\$ 0.00
F&C - 3-11 Months	100,022	-
F&C - Child 1-20 Years	1,948,813	0.02
F&C - Adult 21+ Years	218,936	3.99
Subtotal F&C	2,297,002	\$ 0.40
SSI		
SSI - 0-2 Months	164	\$ 0.00
SSI - 3-11 Months	959	-
SSI - Child 1-20 Years	81,195	-
SSI - Adult 21+ Years	157,372	9.77
Subtotal SSI	239,690	\$ 6.41
HCBS		
HCBS - Child 1-20 Years	7,955	\$ 0.00
HCBS - Adult 21+ Years	10,750	0.91
Subtotal HCBS	18,705	\$ 0.52
SBH		
SBH - HCBS - Child 1-20 Years	5,063	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,680	-
SBH - LaHIPP, All Ages	2,211	-
SBH - CCM, All Ages	3,037	-
SBH - Dual Eligible, All Ages	318,936	-
SBH - Other - All Ages	8,713	-
Subtotal SBH	346,640	\$ 0.00
Other Populations		
Other Populations - FCC, All Ages Male & Female	50,064	\$ 0.15
Other Populations - BCC, All Ages	620	-
Other Populations - LAP, All Ages	20,593	-
Other Populations - CCM, All Ages	12,921	-
Subtotal Other Populations	84,198	\$ 0.09
Act 421 - LaHIPP TPL		
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00
Act 421 - Non-TPL		
Act 421 - Non-TPL - 0-2 Months	10	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	168	-
Act 421 - Non-TPL - Child 1-18 Years	4,118	-
Subtotal Act 421 - Non-TPL	4,296	\$ 0.00
Act 421 - Non-LaHIPP TPL		
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	255	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	7,405	-
Subtotal Act 421 - Non-LaHIPP TPL	7,700	\$ 0.00
Medicaid Expansion		
Medicaid Expansion - Age 19-64	1,521,501	\$ 6.09
Medicaid Expansion - High Needs	761	0.08
Medicaid Expansion - SBH - CCM, All Ages	67	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,416	-
Medicaid Expansion - SBH - LaHIPP, All Ages	913	-
Medicaid Expansion - SBH - Other	248	-
Subtotal Medicaid Expansion	1,527,906	\$ 6.06
Medicaid Expansion - Kick		
Medicaid Expansion - Kick - Maternity Kick Payment	2,791	\$ 0.02
Medicaid Expansion - Kick - EED Kick Payment	3	0.01
Subtotal Medicaid Expansion - Kick	2,794	\$ 0.02
Non-Expansion - Kick		
Non-Expansion - Kick - Maternity Kick Payment	5,606	\$ 0.01
Non-Expansion - Kick - EED Kick Payment	3	0.00
Subtotal Non-Expansion - Kick	5,609	\$ 0.01
Total	4,526,140	\$ 2.59

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Hepatitis C Risk Corridor Summary		
Region: Gulf	Projected Exposure	Base Benefit Expense
F&C		
F&C - 0-2 Months	29,568	\$ 0.00
F&C - 3-11 Months	100,180	-
F&C - Child 1-20 Years	1,964,311	0.02
F&C - Adult 21+ Years	218,392	3.02
Subtotal F&C	2,312,451	\$ 0.30
SSI		
SSI - 0-2 Months	65	\$ 0.00
SSI - 3-11 Months	943	-
SSI - Child 1-20 Years	90,313	-
SSI - Adult 21+ Years	209,807	11.15
Subtotal SSI	301,128	\$ 7.77
HCBS		
HCBS - Child 1-20 Years	6,977	\$ 0.00
HCBS - Adult 21+ Years	9,621	-
Subtotal HCBS	16,598	\$ 0.00
SBH		
SBH - HCBS - Child 1-20 Years	4,158	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,226	-
SBH - LaHIPP, All Ages	956	-
SBH - CCM, All Ages	3,141	-
SBH - Dual Eligible, All Ages	380,316	-
SBH - Other - All Ages	4,546	-
Subtotal SBH	401,343	\$ 0.00
Other Populations		
Other Populations - FCC, All Ages Male & Female	28,088	\$ 0.00
Other Populations - BCC, All Ages	365	-
Other Populations - LAP, All Ages	17,778	-
Other Populations - CCM, All Ages	16,576	-
Subtotal Other Populations	62,807	\$ 0.00
Act 421 - LaHIPP TPL		
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00
Act 421 - Non-TPL		
Act 421 - Non-TPL - 0-2 Months	19	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	48	-
Act 421 - Non-TPL - Child 1-18 Years	3,063	-
Subtotal Act 421 - Non-TPL	3,130	\$ 0.00
Act 421 - Non-LaHIPP TPL		
Act 421 - Non-LaHIPP TPL - 0-2 Months	53	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	113	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,048	-
Subtotal Act 421 - Non-LaHIPP TPL	6,214	\$ 0.00
Medicaid Expansion		
Medicaid Expansion - Age 19-64	1,670,286	\$ 5.09
Medicaid Expansion - High Needs	722	58.24
Medicaid Expansion - SBH - CCM, All Ages	201	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	5,592	-
Medicaid Expansion - SBH - LaHIPP, All Ages	333	-
Medicaid Expansion - SBH - Other	32	-
Subtotal Medicaid Expansion	1,677,166	\$ 5.09
Medicaid Expansion - Kick		
Medicaid Expansion - Kick - Maternity Kick Payment	2,759	\$ 0.10
Medicaid Expansion - Kick - EED Kick Payment	3	0.04
Subtotal Medicaid Expansion - Kick	2,762	\$ 0.10
Non-Expansion - Kick		
Non-Expansion - Kick - Maternity Kick Payment	5,874	\$ 0.05
Non-Expansion - Kick - EED Kick Payment	3	0.02
Subtotal Non-Expansion - Kick	5,877	\$ 0.05
Total	4,780,840	\$ 2.42

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Hepatitis C Risk Corridor Summary		
Region: North	Projected Exposure	Base Benefit Expense
F&C		
F&C - 0-2 Months	22,192	\$ 0.00
F&C - 3-11 Months	76,396	-
F&C - Child 1-20 Years	1,483,439	0.09
F&C - Adult 21+ Years	160,371	1.03
Subtotal F&C	1,742,398	\$ 0.17
SSI		
SSI - 0-2 Months	49	\$ 0.00
SSI - 3-11 Months	837	-
SSI - Child 1-20 Years	90,359	-
SSI - Adult 21+ Years	181,707	5.74
Subtotal SSI	272,952	\$ 3.82
HCBS		
HCBS - Child 1-20 Years	3,513	\$ 0.00
HCBS - Adult 21+ Years	8,281	-
Subtotal HCBS	11,794	\$ 0.00
SBH		
SBH - HCBS - Child 1-20 Years	1,903	\$ 0.00
SBH - HCBS - Adult 21+ Years	5,806	-
SBH - LaHIPP, All Ages	714	-
SBH - CCM, All Ages	2,975	-
SBH - Dual Eligible, All Ages	311,520	-
SBH - Other - All Ages	9,740	-
Subtotal SBH	332,658	\$ 0.00
Other Populations		
Other Populations - FCC, All Ages Male & Female	40,119	\$ 0.02
Other Populations - BCC, All Ages	365	-
Other Populations - LAP, All Ages	10,759	-
Other Populations - CCM, All Ages	12,784	-
Subtotal Other Populations	64,027	\$ 0.01
Act 421 - LaHIPP TPL		
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00
Act 421 - Non-TPL		
Act 421 - Non-TPL - 0-2 Months	1	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	48	-
Act 421 - Non-TPL - Child 1-18 Years	1,893	-
Subtotal Act 421 - Non-TPL	1,942	\$ 0.00
Act 421 - Non-LaHIPP TPL		
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	85	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,200	-
Subtotal Act 421 - Non-LaHIPP TPL	3,286	\$ 0.00
Medicaid Expansion		
Medicaid Expansion - Age 19-64	1,232,914	\$ 2.93
Medicaid Expansion - High Needs	258	-
Medicaid Expansion - SBH - CCM, All Ages	322	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	4,140	-
Medicaid Expansion - SBH - LaHIPP, All Ages	358	-
Medicaid Expansion - SBH - Other	76	-
Subtotal Medicaid Expansion	1,238,068	\$ 2.92
Medicaid Expansion - Kick		
Medicaid Expansion - Kick - Maternity Kick Payment	2,083	\$ 0.23
Medicaid Expansion - Kick - EED Kick Payment	2	0.10
Subtotal Medicaid Expansion - Kick	2,085	\$ 0.23
Non-Expansion - Kick		
Non-Expansion - Kick - Maternity Kick Payment	3,734	\$ 0.05
Non-Expansion - Kick - EED Kick Payment	2	0.02
Subtotal Non-Expansion - Kick	3,736	\$ 0.05
Total	3,667,128	\$ 1.35

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2026 Capitation Rate Certification Hepatitis C Risk Corridor Summary		
Region: South Central	Projected Exposure	Base Benefit Expense
F&C		
F&C - 0-2 Months	32,013	\$ 0.00
F&C - 3-11 Months	108,938	-
F&C - Child 1-20 Years	2,039,194	0.01
F&C - Adult 21+ Years	232,762	1.78
Subtotal F&C	2,412,907	\$ 0.18
SSI		
SSI - 0-2 Months	82	\$ 0.00
SSI - 3-11 Months	669	-
SSI - Child 1-20 Years	84,418	-
SSI - Adult 21+ Years	193,698	7.82
Subtotal SSI	278,867	\$ 5.43
HCBS		
HCBS - Child 1-20 Years	6,742	\$ 0.00
HCBS - Adult 21+ Years	11,935	1.33
Subtotal HCBS	18,677	\$ 0.85
SBH		
SBH - HCBS - Child 1-20 Years	3,360	\$ 0.00
SBH - HCBS - Adult 21+ Years	8,645	-
SBH - LaHIPP, All Ages	1,555	-
SBH - CCM, All Ages	3,183	-
SBH - Dual Eligible, All Ages	367,716	-
SBH - Other - All Ages	10,289	-
Subtotal SBH	394,748	\$ 0.00
Other Populations		
Other Populations - FCC, All Ages Male & Female	56,892	\$ 3.76
Other Populations - BCC, All Ages	474	-
Other Populations - LAP, All Ages	16,852	-
Other Populations - CCM, All Ages	17,923	-
Subtotal Other Populations	92,141	\$ 2.32
Act 421 - LaHIPP TPL		
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	1	-
Act 421 - LaHIPP TPL - Child 1-18 Years	1	-
Subtotal Act 421 - LaHIPP TPL	3	\$ 0.00
Act 421 - Non-TPL		
Act 421 - Non-TPL - 0-2 Months	19	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	72	-
Act 421 - Non-TPL - Child 1-18 Years	3,454	-
Subtotal Act 421 - Non-TPL	3,545	\$ 0.00
Act 421 - Non-LaHIPP TPL		
Act 421 - Non-LaHIPP TPL - 0-2 Months	40	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	99	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	6,467	-
Subtotal Act 421 - Non-LaHIPP TPL	6,606	\$ 0.00
Medicaid Expansion		
Medicaid Expansion - Age 19-64	1,603,901	\$ 4.14
Medicaid Expansion - High Needs	323	-
Medicaid Expansion - SBH - CCM, All Ages	201	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	6,024	-
Medicaid Expansion - SBH - LaHIPP, All Ages	604	-
Medicaid Expansion - SBH - Other	76	-
Subtotal Medicaid Expansion	1,611,129	\$ 4.12
Medicaid Expansion - Kick		
Medicaid Expansion - Kick - Maternity Kick Payment	2,987	\$ 0.24
Medicaid Expansion - Kick - EED Kick Payment	3	0.11
Subtotal Medicaid Expansion - Kick	2,990	\$ 0.24
Non-Expansion - Kick		
Non-Expansion - Kick - Maternity Kick Payment	5,618	\$ 0.00
Non-Expansion - Kick - EED Kick Payment	3	-
Subtotal Non-Expansion - Kick	5,621	\$ 0.00
Total	4,818,623	\$ 1.83

APPENDIX 11: ATTRIBUTION (PROVIDED IN EXCEL)

		State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2026 Capitation Rate Development Rate Change Attribution																						
		F&C		SSI		HCBS		SBH		Other Populations		Act 421 - Non-LaHIPP TPL		Act 421 - Non-TPL		Medicaid Expansion		Medicaid Expansion - Kick		Non-Expansion - Kick		Total		
			% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025		% of De Minimis Amended SFY 2025			
		Effective Date	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM	\$ (Millions)	% of De Minimis Amended SFY 2025	
SFY 2026 Projected Avg Monthly Enrollment		730,000		\$1,000		5,000		123,000		25,000		2,000		1,000		505,000		1,000		2,000		1,483,000		
Composite De Minimis Amended SFY 2025 Limited Rate		\$ 285.00		\$ 1,645.49		\$ 2,716.12		\$ 57.08		\$ 754.38		\$ 501.61		\$ 1,018.09		\$ 667.34		\$ 9,648.04		\$ 8,186.80		\$ 9,126.0		
Adjust to SFY 2026 Projected Enrollment		(3.31)		(16.82)		(5.02)		0.23		(83.15)		(15.85)		(39.05)		3.87		1.13		1.21		(50.1)		
Recomposed De Minimis Amended SFY 2025 Limited Rate		\$ 281.68		\$ 1,628.67		\$ 2,711.10		\$ 57.30		\$ 671.23		\$ 485.75		\$ 979.03		\$ 671.21		\$ 9,649.17		\$ 8,188.01		\$ 9,075.9		
Rebase and new retrospective adjustments																								
New base period benefit expenses		\$1.67	0.6%	\$25.87	1.6%	(\$159.85)	(5.9%)	\$2.17	3.8%	\$64.76	9.6%	\$183.41	37.8%	\$116.00	11.8%	\$8.84	1.3%	\$429.06	4.4%	\$316.38	3.9%	\$ 125.8	1.4%	
Projection adjustments																								
Acuity		\$ 1.38	0.5%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 11.38	1.7%	\$ 0.00	0.0%	\$ 0.00	0.0%	\$ 80.9	0.9%	
Trend from 2025 to 2026		9.70	3.4%	68.12	4.2%	75.16	2.8%	1.52	2.7%	25.77	3.8%	15.75	3.2%	22.01	2.2%	25.89	3.9%	-	0.0%	-	0.0%	331.8	3.7%	
Managed Care Efficiencies 2025 to 2026		(0.09)	(0.0%)	(2.41)	(0.1%)	1.98	0.1%	-	0.0%	0.12	0.0%	0.54	0.1%	0.46	0.0%	(0.83)	(0.1%)	(34.21)	(0.4%)	(28.45)	(0.3%)	(9.2)	(0.1%)	
New or materially updated prospective program changes																								
DBT Carve-in		Mar-25	\$ 0.17	0.1%	\$ 0.31	0.0%	\$ 0.34	0.0%	\$ 0.01	0.0%	\$ 0.54	0.1%	\$ 0.09	0.0%	\$ 0.05	0.0%	\$ 0.31	0.0%	\$ 0.02	0.0%	\$ 0.02	0.0%	\$ 3.9	0.0%
Independent RHC Fee Schedule		Jul-25	0.15	0.1%	0.20	0.0%	0.21	0.0%	-	0.0%	0.16	0.0%	0.01	0.0%	0.05	0.0%	0.13	0.0%	-	0.0%	-	0.0%	2.4	0.0%
Provider-based RHC Fee Schedule		Jul-25	0.24	0.1%	0.40	0.0%	0.28	0.0%	0.00	0.0%	0.28	0.0%	0.05	0.0%	0.11	0.0%	0.26	0.0%	-	0.0%	-	0.0%	4.3	0.0%
FQHC Fee Schedule		Jul-25	1.01	0.4%	1.94	0.1%	2.34	0.1%	0.00	0.0%	1.51	0.2%	0.10	0.0%	0.22	0.0%	1.25	0.2%	-	0.0%	-	0.0%	19.2	0.2%
In-State Inpatient Hospital Fee Schedule		Jul-25	0.01	0.0%	6.02	0.4%	3.26	0.1%	0.03	0.0%	0.26	0.0%	0.01	0.0%	0.07	0.0%	2.28	0.3%	65.21	0.7%	49.64	0.6%	22.5	0.2%
Outpatient Hospital		Jul-25	1.19	0.4%	8.72	0.5%	6.72	0.2%	-	0.0%	2.17	0.3%	0.34	0.1%	0.96	0.1%	3.85	0.6%	67.31	0.7%	46.30	0.6%	46.1	0.5%
SB 190 Adjustment		Jul-25	7.88	2.8%	21.50	1.3%	26.11	1.0%	0.31	0.5%	12.68	1.9%	14.99	3.1%	18.47	1.9%	13.61	2.0%	602.30	6.2%	401.39	4.9%	197.2	2.1%
Humira Biosimilars Adjustment		Oct-25	(0.11)	(0.0%)	(0.77)	(0.0%)	(0.44)	(0.0%)	-	0.0%	(0.16)	(0.0%)	-	0.0%	(0.05)	(0.0%)	(0.53)	(0.1%)	-	0.0%	-	0.0%	(5.1)	(0.1%)
Non-benefit expenses																								
Admin			\$1.28	0.5%	\$0.79	0.0%	\$16.37	0.6%	\$0.52	0.9%	\$16.37	2.4%	\$16.37	3.4%	\$16.37	1.7%	\$4.46	0.7%	\$304.59	3.2%	\$304.59	3.7%	\$ 56.1	0.6%
Risk Margin			0.37	0.1%	2.01	0.1%	(0.39)	(0.0%)	0.07	0.1%	1.89	0.3%	3.44	0.7%	3.01	0.3%	1.08	0.2%	21.84	0.2%	16.60	0.2%	13.3	0.1%
Premium Tax			1.45	0.5%	7.79	0.5%	(1.50)	(0.1%)	0.26	0.5%	7.35	1.1%	13.34	2.7%	11.67	1.2%	4.18	0.6%	84.75	0.9%	64.40	0.8%	51.8	0.6%
SFY 2026 MCO Limited Rate			\$ 308.10		\$ 1,769.15		\$ 2,681.71		\$ 62.18		\$ 804.93		\$ 734.19		\$ 1,168.43		\$ 747.36		\$ 11,190.04		\$ 9,358.86		\$ 10,016.9	
Total MCO Limited Rate Change			\$26.41	9.4%	\$140.48	8.6%	(\$29.39)	(1.1%)	\$4.88	8.5%	\$133.71	19.9%	\$248.44	61.1%	\$189.40	19.3%	\$76.15	11.3%	\$1,540.86	16.0%	\$1,170.85	14.3%	\$ 941.0	10.4%

Notes:

1. Both SFY 2026 and De Minimis amended SFY 2025 total expenditures developed based upon SFY 2026 projected monthly enrollment.

2. Monthly enrollment values are rounded to the nearest thousand.

3. New base period benefit expenses include all program changes included in the amended SFY 2025 capitation rates, such as emergency ambulance reimbursement, out-of-state hospital reimbursement changes, AMP cap adjustment, and many others. Additionally, the values reflect the one year of trend and one year of managed care efficiencies. We have estimated that the vast majority of the acuity impact belongs in the new base period benefit expenses line.

4. Due to large base reimbursement changes in certain fee schedules effective July 2025, we have reflected the entire value of these adjustments as new program changes, rather than incorporating them as part of the new base period benefit expenses.

5. The "Acuity" line reflects changes relating to the unwinding of the COVID-19 Public Health Emergency. The value on this exhibit is the estimated impact from SFY 2025 to SFY 2026. The impact from SFY 2024 to SFY 2025 is incorporated within the new base period benefit expenses.

6. For all program changes and other adjustments that were included in the SFY 2025 rate development, the values shown in this exhibit represent the incremental change relative to the De Minimis amended SFY 2025 rates.

7. The Act 421 LaHIPP TPL population is excluded from this analysis as their rates are primarily based on a proxy population. Consequently, the aggregate totals here will not match Figures 2/4 of the certification.



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.

[milliman.com](https://www.milliman.com)

© 2025 Milliman, Inc. All Rights Reserved. The materials in this document represent the opinion of the authors and are not representative of the views of Milliman, Inc. Milliman does not certify the information, nor does it guarantee the accuracy and completeness of such information. Use of such information is voluntary and should not be relied upon unless an independent review of its accuracy and completeness has been performed. Materials may not be reproduced without the express consent of Milliman.



MCO Amendment 11
Attachment G11 – Changes to Attachment G, *Table of Monetary Penalties*

Item	Change From	Change To		Justification
1	[new monetary penalty]	Failed Deliverable or Deficiency	Penalty	The addition of this monetary penalty is necessary to align with HB 565 passed in the 2025 Regular Legislative Session and signed by the Governor as Act 293.
		Claims Management		
		<u>Claim Adjustments</u>	<u>Managed care organizations shall be strictly prohibited from amending, modifying, or changing in any manner a claim submitted by a healthcare provider or adjusting, down-coding, or paying a claim at a lower level of service than what was submitted by the healthcare provider.</u> <u>Twenty-five thousand dollar (\$25,000) minimum penalty per violation.</u> <u>One hundred thousand dollar (\$100,000) minimum penalty for multiple violations.</u>	



MCO Amendment 11

Attachment H11– Changes to Attachment H, *Quality Performance Measures* (Effective Measurement Year ~~2024~~ **2025**)

Item	Change From:			Change To:			Justification
	Objectives	Measures	Measure Description	Objectives	Measures	Measure Description	
1	Promote oral health in children	27. Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	Ensure timely and approximate access to primary and specialty care	<u>4. Appropriate Testing for Pharyngitis (CWP)</u>	<u>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode</u>	This measure was previously added to an incorrect Objective category and is now corrected. This also changed the numbering of the measure.
2	[new measure]			Ensure timely and approximate access to primary and specialty care	<u>6. Acute Hospital Utilization</u>	<u>For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharging during the measurement year. Note: For Medicaid, report only members 18-64 years of age.</u>	This is a new HEDIS measure from NCQA.

Item	Change From:			Change To:			Justification
3	Measures	Measure Description	Steward	Measures	Measure Description	Steward	The original measure steward listed was incorrect and is now being corrected.
	23. Percentage of Low Birthweight Births	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period.	AHRQ	~~23.~~ 25. Percentage of Low Birthweight Births	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period.	~~AHRQ~~ CDC/NCHS	
4	Measures	Measure Description		Measures	Measure Description		LDH is retiring this measure
	28. Childhood Immunization Status (CIS)	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. (\$\$: Combo 3)		~~28. Childhood Immunization Status (CIS)~~	~~The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. (\$\$: Combo 3)~~		

Item	Change From:		Change To:		Justification
5	Measures	Measure Description	Measures	Measure Description	LDH is retiring this measure
	29. Immunizations for Adolescents (IMA)	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations. (\$\$: Combo 2)	~~29. Immunizations for Adolescents (IMA)~~	~~Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations. (\$\$: Combo 2)~~	
6	Measures	Measure Description	Measures	Measure Description	NCQA revised the description and technical specifications of this measure.
	35. Chlamydia Screening in Women (CHL)	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	~~35. Chlamydia Screening in Women (CHL)~~ Chlamydia Screening (CHL)	The percentage of women 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year. ~~identified as sexually active and who had at least one test for Chlamydia during the measurement year.~~	
7	Measures	Measure Description	Measures	Measure Description	NCQA changed this measure to be ECDS only.
	36. Cervical Cancer Screening (CCS)		38. Cervical Cancer Screening (CCS) – moving to ECDS only		

Item	Change From:			Change To:			Justification
8	Measures	Measure Description	Steward	Measures	Measure Description	Steward	The original measure steward listed was incorrect and is now being corrected.
	49. Asthma Medication Ratio (AMR)	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Ages 5–64 as of December 31 of the measurement year. Report the following age stratifications and a total rate: 5–11 years. 12–18 years. 19–50 years. 51–64 years. - Total.	AHRQ	~~49.~~ 51. Asthma Medication Ratio (AMR)	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Ages 5–64 as of December 31 of the measurement year. Report the following age stratifications and a total rate: 5–11 years. 12–18 years. 19–50 years. 51–64 years. - Total.	~~AHRQ~~ NCQA	
9	Measures	Measure Description		Measures	Measure Description		NCQA retired this measure.
	56. Antidepressant Medication Management (AMM)	The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.		~~56. Antidepressant Medication Management (AMM)~~	~~The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.~~		

Item	Change From:			Change To:			Justification
10	Objectives	Measures	Measure Description	Objectives	Measures	Measure Description	CMS has new stratified measure reporting requirements effective MY2024. These changes reflect their new requirements. Also, two measures are being removed from Attachment H and therefore are being removed from the list of stratified measures.
	Stratify key quality measures by race/ethnicity and rural/urban status, and narrow health disparities	57. Measures for stratified data: a. Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21–44 b. Child: Well Child Visits in the First 30 Months of Life, Childhood Immunizations (Combo 3), Immunizations for Adolescents (Combo 2), c. Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Cervical Cancer Screening d. Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness (within 30 days), Follow-Up After Emergency Department Visit for Substance Use (within 30 days), Follow-Up After Hospitalization for Mental Illness (within 30 days)	*Refer to individual measures	Stratify key quality measures by race/ethnicity and rural/urban status, and sex and narrow health disparities	57⁹. Measures for stratified data: a. Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21–44, Prenatal and Postpartum Care (PPC), Low-Risk Cesarean Delivery (LRCD) b. Child: Well Child Visits in the First 30 Months of Life, Childhood Immunizations (Combo 3), Immunizations for Adolescents (Combo 2), Child and Adolescent Well-Care Visits (WCV) c. Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Cervical Cancer Screening d. Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness (within 30 days), Follow-Up After Emergency Department Visit for	*Refer to individual measures	

Item	Change From:	Change To:			Justification
			Substance Use (within 30 days), Follow-Up After Hospitalization for Mental Illness (within 30 days), Initiation and Engagement of Substance Use Disorder Treatment (IET)		



MCO Amendment 11
Attachment J11 – Changes to Attachment J, MCO PBM Requirements

Item	Change From	Change To	Justification
1	Attachment J – MCO PBM Requirements 1. Use of an MCO Pharmacy Benefits Manager (PBM) If the LDH-designated single PBM is not operational by the Operational Start Date, the Contractor, if not a New Entrant, shall continue its PBM subcontract from its previous contract with LDH. The Contractor and its PBM shall comply with the following requirements: 1.1. The Contractor shall identify the PBM and the ownership of the PBM. The Contractor shall submit a written description of the assurances and procedures that shall be put in place under the PBM subcontract, such as an independent audit, to prevent patient steering, to ensure no conflicts of interest exist and ensure the confidentiality of proprietary information. The Contractor shall provide a plan documenting how it will monitor such PBM. These assurances and procedures shall be transmitted to LDH for review and approval prior to the Operational Start Date. 1.2. The Contractor shall submit a plan for oversight of the PBM’s performance. The plan shall be subject to LDH approval and comply with this Contract and all LDH requirements. 1.3. The Contractor’s PBM shall not deny any Louisiana-licensed pharmacy or Louisiana-licensed pharmacist the right to be a participating provider in the Contractor or PBM provider network if the pharmacy or pharmacist meets all	~~Attachment J – MCO PBM Requirements~~ ~~1. Use of an MCO Pharmacy Benefits Manager (PBM)~~ ~~If the LDH-designated single PBM is not operational by the Operational Start Date, the Contractor, if not a New Entrant, shall continue its PBM subcontract from its previous contract with LDH. The Contractor and its PBM shall comply with the following requirements:~~ ~~1.1. The Contractor shall identify the PBM and the ownership of the PBM. The Contractor shall submit a written description of the assurances and procedures that shall be put in place under the PBM subcontract, such as an independent audit, to prevent patient steering, to ensure no conflicts of interest exist and ensure the confidentiality of proprietary information. The Contractor shall provide a plan documenting how it will monitor such PBM. These assurances and procedures shall be transmitted to LDH for review and approval prior to the Operational Start Date.~~ ~~1.2. The Contractor shall submit a plan for oversight of the PBM’s performance. The plan shall be subject to LDH approval and comply with this Contract and all LDH requirements.~~ ~~1.3. The Contractor’s PBM shall not deny any Louisiana-licensed pharmacy or Louisiana-licensed pharmacist the right to be a participating provider in the Contractor or~~	This revision is necessary to align with the Louisiana Medicaid transition from a Single PBM to each MCO having their individual PBMs effective October 1, 2025. The removal of Attachment J aligns with the changes made in Attachment A – Model Contract. The requirements that remain applicable have been incorporated in Attachment A – Model Contract.

Item	Change From	Change To	Justification
	requirements of participation in the Louisiana Medicaid program. 1.4. Any contract for PBM services shall be a direct contract with the Contractor: 1.4.1. As payment in-full for the services performed under the contract, the Contractor shall pay the PBM an all-inclusive administrative fee, calculated by multiplying the number of processed claims by a transaction fee, which shall not exceed \$1.25 per pharmacy claim processed. 1.4.2. In accordance with La. R.S. 46:450.7, the contract shall prohibit "spread pricing," defined as any amount charged or claimed by a PBM to the Contractor that is in excess of the amount paid to the dispensing pharmacy, including the ingredient cost, provider fee and dispensing fee. 1.4.3. The PBM or other Subcontractor shall provide the MCO pharmacy staff real-time, unredacted, read access to view the pharmacy claims processing system and prior authorization records, at no cost to the Contractor. 1.4.4. The PBM shall coordinate with the Contractor the dissemination of materials to enrollees and providers such that the Contractor can obtain the appropriate prior approvals from LDH, when necessary. 1.4.5. If the PBM contracts with a subcontractor, the Contractor shall request prior approval of the subcontract and any amendment thereto. To obtain such approval, the Contractor shall submit a written request and a copy of the	~~PBM provider network if the pharmacy or pharmacist meets all requirements of participation in the Louisiana Medicaid program.~~ ~~1.4. Any contract for PBM services shall be a direct contract with the Contractor:~~ ~~1.4.1. As payment in-full for the services performed under the contract, the Contractor shall pay the PBM an all-inclusive administrative fee, calculated by multiplying the number of processed claims by a transaction fee, which shall not exceed \$1.25 per pharmacy claim processed.~~ ~~1.4.2. In accordance with La. R.S. 46:450.7, the contract shall prohibit "spread pricing," defined as any amount charged or claimed by a PBM to the Contractor that is in excess of the amount paid to the dispensing pharmacy, including the ingredient cost, provider fee and dispensing fee.~~ ~~1.4.3. The PBM or other Subcontractor shall provide the MCO pharmacy staff real-time, unredacted, read access to view the pharmacy claims processing system and prior authorization records, at no cost to the Contractor.~~ ~~1.4.4. The PBM shall coordinate with the Contractor the dissemination of materials to enrollees and providers such that the Contractor can obtain the appropriate prior approvals from LDH, when necessary.~~ ~~1.4.5. If the PBM contracts with a subcontractor, the Contractor shall request prior approval of the subcontract~~	

Item	Change From	Change To	Justification
	proposed subcontract. The request shall also describe how the Contractor and PBM will oversee the subcontractor. The Contractor shall provide LDH with any additional information requested by LDH. LDH shall review and approve or deny the subcontractor contract. 1.4.6. The PBM shall not make or allow any direct or indirect reduction of payment to a pharmacist or pharmacy for a drug, device, or service under a reconciliation process to an effective rate of reimbursement, including, but not limited to, generic effective rates, brand effective rates, direct and indirect remuneration fees, or any other reduction or aggregate reduction of payment.	~~and any amendment thereto. To obtain such approval, the Contractor shall submit a written request and a copy of the proposed subcontract. The request shall also describe how the Contractor and PBM will oversee the subcontractor. The Contractor shall provide LDH with any additional information requested by LDH. LDH shall review and approve or deny the subcontractor contract.~~ ~~1.4.6. The PBM shall not make or allow any direct or indirect reduction of payment to a pharmacist or pharmacy for a drug, device, or service under a reconciliation process to an effective rate of reimbursement, including, but not limited to, generic effective rates, brand effective rates, direct and indirect remuneration fees, or any other reduction or aggregate reduction of payment.~~	

ADDENDUM TO CF-1

The following language shall supplement the language contained in the CF-1:

TERMINATION FOR NONAPPROPRIATION OF FUNDS.

When funds are not appropriated or otherwise made available to support continuation of performance in the following fiscal year of a multiyear contract for professional or consulting services, the contract for the remaining term shall be canceled, and the Contractor shall be reimbursed in accordance with the terms of the Contract for the reasonable value of any non-recurring costs incurred but not amortized in the price of the services being delivered pursuant to the Contract. The cost of cancellation may be paid from appropriations made specifically for the payment of such cancellation costs or unobligated funds of the using agency.

With respect to all multiyear contracts for professional services and consulting services pursuant to this Subsection, there shall be no provisions for penalty to the state for cancellation or early payment of the Contract.

PROHIBITION OF COMPANIES THAT DISCRIMINATE AGAINST FIREARM AND AMMUNITION INDUSTRIES.

In accordance with LSA R.S. 39:1602.2, the following applies to any competitive sealed bids, competitive sealed proposals, or contract(s) with a value of \$100,000.00 or more involving a for-profit company with at least fifty full-time employees:

Unless otherwise exempted by law, by submitting a response to this solicitation or entering into this Contract, the Bidder, Proposer or Contractor certifies the following:

1. The company does not have a practice, policy guidance or directive that discriminates against a firearm entity or firearm trade association based solely on the entity's or association's status as a firearm entity or firearm trade association.
2. The company will not discriminate against a firearm entity or firearm trade association during the term of the Contract based solely on the entity's or association's status as a firearm entity or firearm trade association.

The State reserves the right to reject the response of the Bidder, Proposer or Contractor if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response or if the certification is no longer true.