



**State of New Hampshire
Department of Health and Human Services**

**July 2012 – June 2013 Capitation Rate Development
For Medicaid Care Management Program**

Prepared for:
New Hampshire Department of Health and Human Services

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I. EXECUTIVE SUMMARY

This report documents the development of July 2012 – June 2013 managed care organization (MCO) capitation rates for New Hampshire’s Medicaid care management program. The New Hampshire Institute for Health Policy and Practice (NHIHPP) and Department of Health and Human Services (DHHS) retained Milliman to calculate, document, and certify its capitation rate development. We developed the capitation rates using the methodology described in this report. Our role is to certify that the July 2012 – June 2013 capitation rates produced by the rating methodology are actuarially sound to comply with Centers for Medicare and Medicaid Services (CMS) regulations.

Section II documents the New Hampshire Medicaid care management capitation rate methodology. Section III of the report provides information regarding the assignment of service categories. Section IV documents compliance with the CMS rate setting checklist.

STATE FISCAL YEAR 2012 - 2013 CAPITATION RATES

Table 1 shows the State Fiscal Year 2012 - 2013 (SFY 12/13) statewide care management rates by rate cell for the Medicaid care management program. The capitation rates for each rate cell meet the CMS actuarial soundness requirements.

Table 1 New Hampshire Department of Health and Human Services Medicaid Care Management Program Capitation Rates SFY 12/13	
Rate Cell	Capitation Rates
Low Income Children and Adults	
2-11 months	\$176.03
1-5	101.68
6-13	148.09
14-18 female	184.03
14-18 male	166.97
19-44 female	344.91
19-44 male	263.72
45+	445.68
Foster Care / Adoption	400.08
Breast and Cervical Cancer Program	1,149.27
Disabled Children (non-dual / non-NF resident)	1,187.31
Disabled Adults (non-dual / non-NF resident)	
19-44 female	864.59
19-44 male	854.85
45+	1,164.74
Old Age Assistance Program (non-dual / non-NF resident)	724.42
Nursing Facility (NF) Residents (non-dual)	1,528.78
Nursing Facility (NF) Residents (dual)	77.55
Dual Eligibles (non-NF resident)	
0-44	395.25
45-64	519.63
65+	241.77
Newborn Kick Payment	1,923.73
Maternity Kick Payment	2,746.77

The actuarial certification of the July 2012 – June 2013 Medicaid care management capitation rates is included as Appendix E. It should be emphasized that the Medicaid care management capitation rates are estimates of future costs based on a set of assumptions. Actual DHHS costs under the care management program will equal the final risk adjusted capitation rates multiplied by the actual enrollment. Each MCO's costs will be dependent on their utilization experience, provider contracts, medical management, and administrative efficiency.

CAVEATS AND LIMITATION ON USE

We used FFS cost and eligibility data for CY 2008 through CY 2010, historical reimbursement information, TPL recoveries, current fee schedules, and other DHHS information to calculate the New Hampshire Medicaid care management capitation rates shown in this report. This data was provided by DHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

In order to provide the information requested by NHIHPP and DHHS we constructed several projection models. Differences between the capitation rates and actual MCO experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate development calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is higher or lower than expected.

Milliman prepared this report for the specific purpose of developing SFY 12/13 Medicaid care management capitation rate. This report should not be used for any other purpose. This report has been prepared solely for the internal business use of and is only to be relied upon by the management of NHIHPP and DHHS. We anticipate this report may be shared with participating MCOs, CMS, and other interested parties. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work. This report should only be reviewed in its entirety.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The authors of this report are consulting actuaries for Milliman, members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. To the best of their knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

The terms of Milliman's contract with the New Hampshire Institute for Health Policy and Practice signed on October 20, 2011 apply to this report and its use.

II. RATE SETTING METHODOLOGY

This section of our report describes the SFY 12/13 New Hampshire Medicaid care management capitation rate methodology.

RATE SETTING METHODOLOGY STEPS

We used the following steps to develop the SFY 12/13 capitation rates:

1. Summarize FFS base data for the population eligible for and the services covered by the Medicaid care management program.
2. Apply adjustments to project SFY 12/13 medical costs.
3. Calculate final capitation rates by rate cell.

The details of our calculations are presented in Appendices A through C.

STEP 1: SUMMARIZE FFS BASE DATA

In this step the FFS experience for calendar year (CY) 2010 is summarized by rate cell and service category for populations eligible to enroll in the Medicaid care management program. Appendix A shows the summarized CY 2010 FFS base experience data for each rate cell.

Base Data:

We extracted detailed FFS claims data from New Hampshire's MMIS claims payment system for claims with dates of service between January 2010 and December 2010 with dates of payment through August 2011 with the following specifications:

- > The cost and utilization data reflect the claim header information for claims paid at the header level and line item detail for claims paid at the detail level.
- > Claims for FQHC and RHC providers reflect their normal prospective per encounter rates.
- > Prescription drug claims do not reflect FFS rebates.
- > Prescription drug claims are net of FFS copays, which will remain in place under the care management program.

The only data adjustments that were made to the base experience data are as follows:

- > Adjustment to payments to the Coos County Hospital due to enhanced maternity reimbursement. We divided the payment amounts for Billing Provider ID = 3030022 by three to remove the enhanced payments. DHHS will continue to make these enhanced payments outside of the MCO capitation payments.
- > We removed the Indirect Medical Education payments that are in the MMIS claims payment system using the historical multipliers by Provider Codes as shown in Table 2 below.

Table 2 New Hampshire Department of Health and Human Services Historical IME DRG Multipliers			
Provider ID	Before 7/1/2009	7/1/2009 – 3/31/2010	4/1/2010 to Present
80300001	1.073510	1.057500	1.000000
30002675	1.073510	1.057500	1.000000
80300003	1.346235	1.217500	1.000000
80300900	1.346235	1.217500	1.000000
40300020	1.019772	1.009500	1.000000
40004799	1.019772	1.009500	1.000000

Retroactive Eligibility and Enrollment Lag:

Recipient enrollment in the fee-for-service program can and does occur retroactively. When an individual applies and qualifies for Medicaid coverage, DHHS reimburses claims which occurred during the retroactive qualification period prior to their application. DHHS backdates the eligibility of the individual to accommodate the retroactive coverage.

There will be a lag between the first date of eligibility and the date of enrollment in an MCO due to the length of time it will take for a Medicaid beneficiary to select and enroll in an MCO. Once a Medicaid beneficiary signs up for an MCO, they will be enrolled on the first day of the subsequent month.

The retroactive enrollment period will not be covered by the MCO. Retroactive exposure and claims were included in the data provided by DHHS. A beneficiary's retroactive eligibility period is not directly retained in the enrollment data, therefore an estimate of the retroactive exposure and claims were removed for the purposes of developing the capitation rates using the following criteria:

- > Newborns of mothers enrolled in an MCO will be enrolled at birth, therefore we included newborn claims and enrollment from the month of birth.
- > Two months of claims and eligibility were removed for all other Medicaid beneficiaries.

Eligibility Category Assignment:

The following Medicaid recipients are mandated for enrollment into MCOs, with member opt-outs as noted, as of the Care Management program start date:

- > Old Age Assistance (OAA)
- > Aid to the Needy Blind (ANB)
- > Aid to the Permanently and Totally Disabled (APTD)
- > Medicaid for Employed Adults with Disabilities (MEAD)
- > TANF / Poverty
- > Foster Care / Adoption (with member opt out)
- > Home Care for Children with Severe Disabilities (HC-CSD), commonly known as Katie Beckett (with member opt out)
- > Breast and Cervical Cancer Program (BCCP)
- > New Hampshire Healthy Kids Silver Children's Health Insurance Program (CHIP) population, which will transition to Medicaid expansion coverage
- > Populations with third party liability coverage, except for members with Veteran's Administration (VA) benefits
- > Auto eligible and assigned newborns
- > Medicare-Medicaid Dual Eligibles (with member opt out)

The various eligibility groups have been further segmented into rate cells developed based on analysis of the per capita costs of various population sub-groups. These sub-groups were defined by age and gender within the covered eligibility categories and grouped into rate cells based on similarities in average costs. There are a total of 22 rate cells across 11 different eligibility categories.

Table 3 below shows the definitions we used for the various rate cells.

Table 3 New Hampshire Department of Health and Human Services Medicaid Care Management Program Rate Cell Definitions				
Rate Cell	Age / Gender Categories	Aid Code Categories	Dual Status Code*	Other Criteria
Low Income Children and Families	2 - 11 months			
	1 - 5			
	6 - 13	20, 21, 22, 24,		
	14 - 18 female	27, 28, 2E, 2F,	00	Includes Healthy Kids Silver CHIP population
	14 - 18 male	2H, 2U, 2V,		
19 - 44 female	2W, 2X, 61			
19 - 44 male				
45+				
Foster Care / Adoption	All	40, 41, 42	00	
Breast and Cervical Cancer Program (BCCP)	All	86	00	
Disabled Children (non-dual / non-NF resident)	All	2B, 2C, 2D, 2K, and 30-32	00	Age <19 for category code 30-32
Disabled Adults (non-dual / non-NF resident)	19 - 44 female	30, 31, 32, 50,		
	19 - 44 male	51, 52, 70, 71,	00	Age 19+ for category code 30-32
	45+	72, 80, 81, 82, 83, 84, 85		
OAA (non-dual / non-NF resident)	All	10, 11, 12	00	
Nursing Facility (NF) Residents (non-dual)		All aid categories	00	Presence of a claim under Fund Code B, C, or E (determined each month)
	All			
Nursing Facility (NF) Residents (dual)		All aid categories	02, 04, 08	Presence of a claim under Fund Code B, C, or E (determined each month)
	All			
Dual Eligibles (non-NF resident)	0 - 44 45 - 64 65+	All aid categories	02, 04, 08	Medicare coverage (excluding SLMB and QMB)
Newborn Kick Payment		All aid categories	00	First two months of life (e.g., for a baby born on July 15, all costs incurred in July and August)
Maternity Kick Payment		All aid categories	00	Service description below

* Code 00 = non-dual; Codes 02, 04, 08 = duals with full Medicaid.

The Maternity Kick Payment includes all facility and professional claims associated with deliveries. Maternity Kick Payment cases are counted as women who have either a maternity delivery DRG or a physician maternity delivery claim (or both). The Maternity Kick Payment only includes women already enrolled in Medicaid at time of delivery.

The Maternity Kick Payment cases are distributed in the following manner:

- > Both a maternity delivery DRG and a physician claim = 89%
- > A maternity delivery physician claim only = 6%
- > A maternity delivery DRG only = 5%

We used the following criteria to identify claims information to calculate the Maternity Kick Payment.

- > Hospital Inpatient services with DRG codes of 765 – 768, 774 – 775.
- > Hospital Outpatient services with a primary diagnosis code of v27.0 – v27.9, 650, and 651.01 - 669.92 (with the 5th digit being 1 or 2)
- > Delivery and post-partum care services (CPT codes 59400, 59409, 59410, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 00850, 00857, 00946, 00955, 01960, 01961, 01967, and 01968).

Prenatal services are not included in the Maternity Kick Payment. These services are included in the rate cell corresponding to the person receiving the services. For global reimbursement CPT-4 codes such as 59400, 59510, 59610, and 59618, we allocated the total allowed and paid amount to prenatal and delivery services using RBRVS ratios corresponding to the codes without prenatal care: 59410, 59515, 59614, and 59622 respectively.

STEP 2: APPLY ADJUSTMENTS TO PROJECT SFY 12/13 MEDICAL COSTS

In this step we apply adjustment factors to reflect differences between the base period Medicaid FFS data and the projected SFY 12/13 Medicaid care management program medical costs. Each adjustment factor is explained in detail below.

Appendix B shows the impact of the Step 2 adjustments.

IBNR Adjustment:

We developed completion factors (CFs) by eligibility category and major service category for each year of data provided in the data book.

We used Milliman's *Claim Reserve Estimation Workbook (CREW)* to calculate the completion factors shown in Table 4 below. CREW calculates incurred but not reported (IBNR) reserve estimates by blending two different estimation methods: the lag completion method and the projection method.

The lag method reflects the historical average lag between the time a claim is incurred and the time it is paid. In order to measure this average lag, claims are separated by month of incurral and month of payment. Using this data, historical lag relationships are used to estimate ultimate incurred claims (i.e., total claims for a given incurral month after all claims are paid) for a specific incurral month based on cumulative paid claims for each month.

The projection method develops estimates for incurred claims in recent incurral months by trending an average base period incurred cost per unit to the midpoint of the incurred month at an assumed annual trend rate, and applying an additional factor to account for the seasonality of claim costs and the differing number of working days between months. The base period is chosen by selecting a group (usually 12) of recent consecutive months for which the lag completion method provides reasonable results.

The lag completion and projection methods are combined to produce the final incurred claim estimate. Final incurred claim estimates are calculated as a weighted average of these two methods.

Table 4 below shows the IBNR adjustment factors applied to the CY 2010 experience data.

Table 4 New Hampshire Department of Health and Human Services Incurred But Not Reported Claims Adjustment					
Eligibility Category	Hospital Inpatient Services	Hospital Outpatient Services	Physician Services	Prescription Drugs	Other Services
Low Income Children and Adults	1.0024	1.0037	1.0025	1.0000	1.0061
Foster Care / Adoption	1.0000	1.0020	1.0019	1.0000	1.0023
Breast and Cervical Cancer Program	1.0000	1.0122	1.0063	1.0000	1.0000
Disabled Children	1.0000	1.0007	1.0011	1.0000	1.0037
Disabled Adults	1.0048	1.0062	1.0048	1.0000	1.0032
Old Age Assistance Program	1.0000	1.0002	1.0029	1.0000	1.0039
Nursing Facility Residents - Medicaid Only	1.0015	1.0075	1.0073	1.0010	1.0085
Nursing Facility Residents - Dual Eligibles	1.0061	1.0132	1.0388	1.0002	1.0088
Dual Eligibles	1.0029	1.0112	1.0034	1.0000	1.0068
Newborn Kick Payment	1.0036	1.0055	1.0092	1.0000	1.0095
Maternity Kick Payment	1.0019	1.0000	1.0019	1.0000	1.0000

CHIP Inclusion Adjustment:

The Healthy Kids Silver (CHIP) population will be covered under the Medicaid care management program. However, the experience data for the Healthy Kids Silver (CHIP) population was not available for inclusion in the rate development. We used the average Clinical Risk Group (CRG) risk scores for the Low Income Children (Medicaid) and Healthy Kids Silver (CHIP) population provided by DHHS to adjust the FFS Medicaid base data for acuity differences between the two populations.

Table 5 below shows the calculation of the adjustment factor.

Table 5 New Hampshire Department of Health and Human Services Low Income Children vs. Healthy Kids Silver (CHIP) Risk Scores						
Age Group	Medicaid Low Income		Healthy Kids Silver (CHIP)		Composite Population	Adjustment Factors
	Scored Members	Average Risk Score	Scored Members	Average Risk Score	Average Risk Score	
Age 1 to 5	20,038	0.552	932	0.457	0.548	0.992
Age 6 to 13	27,286	0.570	2,280	0.485	0.563	0.989
Age 14 to 18 Female	7,054	0.643	781	0.598	0.639	0.993
Age 14 to 18 Male	7,280	0.674	774	0.512	0.658	0.977
Total	61,658	0.585	4,767	0.502	0.579	0.989

Reimbursement Adjustment:

We applied an adjustment factor to reflect the recent changes in FFS provider reimbursement. Our adjustment factors are based on a repricing of the FFS base experience data using various fee schedules provided by DHHS.

The hospital inpatient reimbursement adjustment reflects the following changes made to the DRG payment system:

- > Suspension of inpatient outlier payments and indirect medical education payments
- > Update of the system DRG tables with the new MS-DRG codes, relative weights, and geometric mean length of stay values
- > Update of the system DRG tables with the new outlier per diem values
- > Update of the relative weights for psychiatric DRGs

We used the DRG rate table effective October 1, 2011 to reprice the CY 2010 claim experience and determine the overall change in hospital inpatient expenditures. We understand there are no plans to revise the DRG rate table during the SFY 12/13 contract period, therefore we did not include an additional reimbursement adjustment beyond the October 1, 2011 rate table.

We did not apply a specific reimbursement adjustment for hospital outpatient services since most outpatient services will continue to be reimbursed on a cost basis under FFS. Increases to cost-based reimbursement are addressed in the trend development.

The reimbursement adjustment factors for physician and other services are based on a complete claims repricing exercise using the Level 1 and Level 3 pricing fee schedules that are effective December 1, 2011. For each CPT and HCPCS code, we compared the current FFS amount to the corresponding amount in the December 1, 2011 fee schedules. We then summarized the data by rate cell and service category to obtain the adjustment factor. We understand there are no plans to revise the fee schedule for physician and other services during the SFY 12/13 contract period, therefore we did not include an additional reimbursement adjustment beyond the December 1, 2011 fee schedule.

Benefit Adjustment:

Between CY 2010 and July 1, 2012, DHHS modified benefit limits for several service categories for which we considered making an adjustment in projecting medical costs for the capitation rates. The information regarding program changes can be found in Appendix H of the data book dated November 1, 2011.

For the benefits that were previously subject to a limit on the number of visits per year, we developed continuance curves to assess the impact of removing those limits on expected cost and determined that an adjustment was not necessary. For the services impacted by these limits, the data showed that it is common for DHHS to waive the limits when services are medically necessary. Therefore, we did not make an adjustment for lifting these limits.

We did develop adjustment factors for newly imposed benefit limits on emergency visit and podiatry services. For the emergency room visit limit, we determined the impact of limiting visits to 4 annually and then used the square root of the resulting adjustment factor to dampen the impact to allow for additional physician services. For the podiatry benefit, we also determined the impact of limiting visits to 4 annually from a previous limit of 12 visits per year. We applied the resulting adjustment factor to the podiatry service category in our projections.

Trend from CY 2010 to SFY 12/13:

We developed trend rates from CY 2010 to SFY 12/13 by rate category and type of service using FFS data from SFY 05 / 06 to CY 2010 and our experience with similar populations in other states. Table 6 below summarizes the trend rate assumptions by major service category.

Table 6 New Hampshire Department of Health and Human Services Annual Trends from CY 2010 to SFY 12/13		
Rate Cell	Utilization Trend	Unit Cost Trend
Hospital Inpatient Services	0.0%	0.0%
Hospital Outpatient Services	2.0%	2.0%
Physician Services	2.0%	1.0%
Prescription Drugs ¹	1.0%	2.0%
Prescription Drugs ²	2.0%	3.0%
Other Services	1.0%	1.0%

1 Applied to Low Income Children and Adults, Foster Care / Adoption, BCCP, Dual Eligibles, and Newborn Kick Payment

2 Applied to Disabled Children, Disabled Adults, OAA, and Nursing Facility Residents

MCO Reimbursement Adjustment:

We made adjustments to reflect the contractual arrangements between MCOs and providers. MCOs expect to contract with providers at a rate greater than the FFS reimbursement for medical services to establish networks that provide adequate access to medical services for the Medicaid enrollees. However, MCOs typically have more favorable discounts on ingredient cost and dispensing fees from PBMs than states can usually obtain.

Table 7 below shows the MCO reimbursement assumptions.

Table 7 New Hampshire Department of Health and Human Services MCO Reimbursement Assumptions	
Service Category	Reimbursement Assumption
Hospital Inpatient Services	1.7%
Hospital Outpatient Services	1.7%
Physician Services	1.2%
Mental Health Center	1.2%
Prescription Drugs	-1.3%
Other Services	0.7%

Managed Care Savings Adjustment:

The managed care savings adjustment reflects the medical cost savings generated through MCO care management activities. We developed the managed care savings adjustments based on a comparison of New Hampshire’s FFS Medicaid utilization levels to Milliman’s *Medicaid Health Cost Guidelines*, medical cost savings achieved by similar programs in other states, and other information.

The managed care savings adjustments are shown in Table 8 below.

Table 8 New Hampshire Department of Health and Human Services Medicaid Managed Care Savings Assumptions	
Service Category	Managed Care Savings Assumptions
Hospital Inpatient Services	20.0%
Hospital Outpatient Services	20.0%
Physician Services	10.0%
Mental Health Center	15.0%
Prescription Drugs	17.5%
Other Services	20.0%
Maternity Kick Payment	10.0% for hospital inpatient services only

Non-Emergency Transportation and Hospice Claims Adjustments:

Currently non-emergency transportation services are part of DHHS’s administrative expenses and therefore not processed through the MMIS claims payment system and are excluded from the base period experience data shown in Appendix A. Non-emergency transportation services are part of the covered services in the Medicaid care management program. DHHS provided historical non-emergency transportation expenses. We calculated PMPM values from the information provided by DHHS and made the same adjustments such as IBNR, inclusion of CHIP members, and trends as for other services as described above. This approach allowed us to include an allowance for non-emergency transportation services that is consistent with current Medicaid fee-for-service expenditures.

A hospice benefit was introduced in July 2010 and is part of the covered services under the Medicaid care management program. The expenses for the hospice benefit are currently paid manually and therefore outside of the MMIS claims payment system. DHHS provided historical hospice expenses. For the hospice component, we used the information provided and selected the most appropriate base period depending on monthly PMPM variations. For example, the hospice cost PMPM for the Nursing Home Resident - Medicaid Only rate cell increases very rapidly from July 2010 through June 2011. Therefore, we selected the last six months of experience data to develop our hospice cost PMPM. Similar to the non-emergency transportation cost, we also applied the same IBNR, CHIP inclusion, and trend factors as we did for the other service categories.

STEP 3: CALCULATE FINAL CAPITATION RATES BY RATE CELL

In this step we apply adjustment factors to reflect third party liability recoveries, an allowance for MCO administration/margin, and an allowance for state premium tax.

Appendix C shows the impact of the Step 3 adjustments for each scenario.

Third Party Liability Recoveries:

MCOs are expected to pursue and collect third party liability (TPL) recoveries from other payers. DHHS provided a summary of actual DHHS recoveries that are not already captured in the MMIS claims payment system, and therefore are also not reflected in Appendix A. The recoveries reflect both state and federal dollars. We used the information provided by DHHS to develop an appropriate TPL adjustment factor.

The TPL adjustment factor for CY 2010 is 0.9955.

MCO Administration / Margin Allowance:

Table 9 shows the MCO administration / margin allowance by eligibility category as a percentage of capitation revenue. The total administration / margin allowance is set as a percentage of the final capitation rates based on managed care industry experience and MCO administrative cost benchmark data.

Table 9 New Hampshire Department of Health and Human Services MCO Administration/Margin Allowance as a Percent of Revenue	
Rate Cell	MCO Administration/Margin Allowance
Low Income Children and Adults	12.0%
Foster Care / Adoption	12.0%
Breast and Cervical Cancer Program	9.2%
Disabled Children	9.2%
Disabled Adults	9.2%
Old Age Assistance Program	7.4%
Nursing Facility Residents	7.4%
Dual Eligibles	7.4%
Newborn and Maternity Kick Payments	4.6%

Premium Tax Allowance:

The capitation rates include an allowance for the 2% premium tax collected by the New Hampshire Insurance Department.

III. SERVICE CATEGORY ASSIGNMENT

This section of the report provides information about the service category assignment used to create the cost models included in the New Hampshire Medicaid care management capitation rate development. This information can be used by participating MCOs to monitor their experience in a format and detail similar to the rate development process. MCOs are encouraged to monitor their emerging experience and take corrective actions when necessary.

To prepare the attached cost models, we grouped claims into our standard service categories used in Milliman’s market leading *Health Cost Guidelines*®. We then regrouped certain service categories into broader groups to allow easier summarization and evaluation of each eligibility category’s cost. The service category assignment described below does not account for excluded or limited services. The next few paragraphs detail how the claim level detail is assigned to the service categories shown in Appendices A and B.

HOSPITAL INPATIENT

Hospital inpatient services are those items and services, provided under the direction of a physician, furnished to a patient who is admitted to a general acute care or psychiatric medical facility for facility and professional services on a continuous basis that is expected to last for a period greater than 24 hours. An admission occurs when the Severity of Illness / Intensity of Services criteria set forth by the review contractor and approved by DHHS is met. Among other services, hospital inpatient services encompass a full range of necessary diagnostic, therapeutic care including surgical, medical, general nursing, radiological, and rehabilitative services in emergency or non-emergency conditions. Additional hospital inpatient services would include room and board, miscellaneous hospital services, medical supplies, and equipment.

The hospital inpatient claims are assigned a service category based on Diagnostic Related Group (DRG) codes. Milliman’s algorithm classifies hospital inpatient claims using the following groupings of CMS v24 DRG codes.

Table 10 New Hampshire Department of Health and Human Services Hospital Inpatient Service Groupings by DRG Code	
Service Category	Diagnosis Related Group
Medical	'052'-'103','121'-'125','146'-'159','175'-'208','280'-'316','368'-'395','432'-'446','533'-'566','592'-'607','637'-'645','682'-'700','722'-'730','754'-'761','789'-'794','808'-'816','834'-'849','862'-'872','913'-'923','933'-'935','945'-'951','963'-'965','974'-'977'
Surgical	'001'-'042','113'-'117','129'-'139','163'-'168','215'-'265','326'-'358','405'-'425','453'-'517','573'-'585','614'-'630','652'-'675','707'-'718','734'-'750','799'-'804','820'-'830','853'-'858','876'-'876','901'-'909','927'-'929','939'-'941','955'-'959','969'-'970','981'-'989'
Maternity Delivery	'765'-'768','774'-'775'
Maternity Non-Delivery	'769'-'770','776'-'782'
Newborn	'795'
Psychiatric	'880'-'887'
Alcohol and Drug Abuse	'894'-'897'
Other	'998'-'999'

HOSPITAL OUTPATIENT

Hospital outpatient services are defined as those preventive, diagnostic, therapeutic, rehabilitative, surgical, and emergency services received by a patient through an outpatient / ambulatory care facility for the treatment of a disease or injury for a period of time generally not exceeding 24 hours. Outpatient / ambulatory care facilities include hospital outpatient departments, diagnostic / treatment centers, ambulatory surgical centers, emergency rooms, end stage renal disease (ESRD) clinics, and outpatient pediatric AIDS clinics (OPAC). Costs include facility charges only and do not include professional charges unless performed by staff of the facility and billed on a UB-92 (hospital) claims form. All facility-billed items not part of an inpatient admission are considered hospital outpatient services.

The hospital outpatient claims are assigned a service category based on revenue codes. Milliman's algorithm classifies hospital outpatient claims using the following groupings of revenue codes. Table 11 shows our standard hospital outpatient claims classification and is not meant to define covered services under the New Hampshire Medicaid care management program.

Table 11 New Hampshire Department of Health and Human Services Hospital Outpatient Service Groupings by Revenue Code	
Service Category	Revenue Code
Emergency Room	'0450'-'0459'
Surgery	'0360'-'0369','0481','0490'-'0499','0750'-'0759','0790'-'0799'
Radiology	'0320'-'0330','0333','0339'-'0349','0350'-'0359','0400'-'0403','0404','0409','0610'-'0619'
Pathology/Lab	'0300'-'0319','0923','0925'
Pharmacy	'0250'-'0269','0331'-'0332','0335','0630'-'0637'
Cardiovascular	'0480','0482'-'0489','0730'-'0739'
PT / OT / ST	'0420'-'0449','0470'-'0479','0530'-'0539','0930'-'0932','0951'-'0952'
Psychiatric	'0513','0900'-'0905','0907'-'0919'
Alcohol and Drug Abuse	'0906', '0944'-'0945'
Other	'0001','0220'-'0249','0270'-'0279','0280'-'0289','0290'-'0299','0370'-'0379','0380'-'0399','0410'-'0419','0460'-'0469','0500'-'0509','0510'-'0512','0514'-'0521','0523','0526','0528','0529','0550'-'0569','0600'-'0609','0621'-'0624','0650','0655'-'0659','0670'-'0729','0740'-'0749','0760'-'0769','0770'-'0789','0800'-'0809','0810'-'0819','0820'-'0859','0860'-'0861','0880'-'0889','0920'-'0922','0924','0929','0940'-'0943','0946'-'0947','0948','0949','0990'-'0999','2100'-'3109'

PROFESSIONAL

Professional services include the full range of preventive care services, primary care medical services, and physician specialty services. All services must be medically necessary and appropriate for the treatment of a specific diagnosis, as needed for the prevention, diagnostic, therapeutic care, and treatment of the specific condition. Physician services are performed at physician's offices, patients' homes, clinics, and skilled nursing facilities. Technical services performed in a physician's office are considered part of the professional services delivered in an ambulatory setting unless designated as a separate service.

Physician services are assigned to a service category using the DHHS classification system.

OTHER

The other service category includes the following services:

- > Home health services including intermittent skilled nursing, home health aide, physical, occupational and speech therapy services, and physician ordered supplies.
- > Emergency transportation or acute care situation where normal transportation would potentially endanger the life of the patient.
- > Durable medical equipment that provides therapeutic benefits or enables a recipient to perform certain tasks that he or she would be unable to undertake otherwise due to certain medical conditions and / or illnesses.
- > Hearing aids and hearing aid accessories.
- > Dental services.
- > Pharmaceutical as ordered by licensed prescribers.

Other services are also assigned to a service category using the DHHS classification system.

IV. CMS RATE SETTING CHECKLIST ISSUES

This section of the report lists each item in the CMS checklist and either discusses how DHHS addresses each issue or directs the reader to other parts of this report. CMS uses the rate setting checklist to review and approve a state's Medicaid capitation rates.

AA.1.0 – Overview of Rate Setting Methodology

The MCO capitation rates are developed using New Hampshire fee-for-service Medicaid data for a comparable population to that enrolled in MCOs. DHHS calculates State-set rates by rate category on a statewide basis. Please refer to Sections II – III of this report for more details.

AA.1.1 – Actuarial Certification

Please refer to Appendix E for our actuarial certification of the SFY 12/13 capitation rates. The SFY 12/13 New Hampshire Medicaid care management capitation rates have been developed in accordance with generally accepted actuarial principles and practices and are appropriate for the populations to be covered and the services to be furnished under the contract.

AA.1.2 – Projection of Expenditures

Appendix D includes a projection of total expenditures and Federal-only expenditures based on CY 2010 FFS enrollment and SFY 12/13 capitation rates. We used a 50.0% FMAP rate to calculate the Federal expenditures.

AA.1.3 – Procurement, Prior Approval, and Rate Setting

DHHS develops state set rates. Please refer to Sections II – III of this report for details.

Note – There is No Item AA.1.4 in the Checklist

AA.1.5 – Risk Contracts

The New Hampshire Medicaid care management program meets the criteria of a risk contract.

AA.1.6 – Limit on Payment to Other Providers

It is our understanding no payment is made to a provider other than the participating MCOs for services available under the contract.

AA.1.7 – Rate Modifications

The SFY 12/13 rates documented in this report are the initial capitation rates for the SFY 12/13 Medicaid care management contract.

AA.2.0 – Base Year Utilization and Cost Data

The base year utilization and cost data is CY 2010 fee-for-service data for the population that is eligible to enroll in an MCO.

Only State Plan services that are covered under the New Hampshire Medicaid care management contract have been included in the rate development.

AA.2.1 – Medicaid Eligibles Under the Contract

Data for fee-for-service populations not eligible to enroll in the New Hampshire Medicaid care management program has been excluded from the base data used in rate development.

AA.2.2 – Dual Eligibles

The rate structure includes rate cells that apply to individuals who are dually eligible. The Dual Eligible rate cells include all Medicaid services and Medicare crossover claims payments that are the responsibility of the MCOs for a dually eligible individual.

AA.2.3 – Spend Down

The spend down population is excluded from the Medicaid care management program and the capitation rate development.

AA.2.4 – State Plan Services Only

The base utilization and cost data is CY 2010 fee-for-service data and includes only State Plan services.

AA.2.5 – Services that may be Covered by a Capitated Entity Out of Contract Savings

Services that may be covered by a capitated entity out of contract savings are not included in the data used to develop the SFY 12/13 capitation rates.

AA.3.0 – Adjustments to Base Year Data

All adjustments to the base year data are discussed in Sections II – III of this report. In addition, each item in the checklist is addressed in items AA.3.1 – AA.3.14 below.

AA.3.1 – Benefit Differences

The base data used to calculate the capitation rates has been adjusted to only include services covered under the Medicaid care management program contract.

AA.3.2 – Administrative Cost Allowance Calculations

The MCO capitation rates include explicit administrative allowances by rate cell. Please see Section II of the report for more details regarding the administrative cost calculation.

AA.3.3 – Special Population Adjustments

The fee-for-service base data used to calculate the capitation rates is consistent with the Medicaid care management program population. No special population adjustment was necessary.

AA.3.4 – Eligibility Adjustments

The fee-for-service base data used to calculate the capitation rates is consistent with the Medicaid care management program population. No special eligibility adjustment was necessary.

AA.3.5 – DSH Payments

DSH payments are not included in the capitation rates.

AA.3.6 – Third Party Liability (TPL)

The managed care organizations are responsible for the collection of any TPL recoveries. The capitation rates include a 0.9955 adjustment to reflect additional TPL recoveries that are not reflected in the base year fee-for-service data.

AA.3.7 – Copayments, Coinsurance, and Deductibles in Capitated Rates

The New Hampshire Medicaid care management program includes the FFS member cost sharing amounts for pharmacy services.

AA.3.8 – Graduate Medical Education (GME)

GME payments were removed from the base data in the capitation rate calculation.

AA.3.9 – FQHC and RHC Reimbursement

The rate development methodology includes the prospective per encounter rate for services rendered by FQHCs and RHCs. The MCOs are responsible for the entirety of the FQHC and RHC payments.

AA.3.10 – Medical Cost Trend Inflation

Trend rates from CY 2010 to SFY 12/13 were developed by rate category and type of service for Medicaid care management eligible services and individuals using fee-for-service data from SFY 05/06 through CY 2010 and actuarial judgment.

We are comfortable that the trend rates and inflation factors represent the expected change in per capita cost between CY 2010 and SFY 12/13.

AA.3.11 – Utilization Adjustments

Utilization trend is included in AA.3.10.

AA.3.12 – Utilization and Cost Assumptions

The SFY 12/13 capitation rates will use the CDPS+Rx risk adjuster to adjust the rates for each participating MCO. CPDS+Rx uses recipients' diagnosis and prescription drug usage information to develop a risk score for each individual.

AA.3.13 – Post-Eligibility Treatment of Income (PETI)

Not applicable.

AA.3.14 – Incomplete Data Adjustment

The capitation rates include an adjustment to reflect IBNR claims. Please refer to Section II of this report for more information on the development of these adjustment factors.

AA.4.0 – Establish Rate Category Groupings

Please refer to Section II of this report.

AA.4.1 – Age

Please refer to Section II of this report.

AA.4.2 – Gender

Please refer to Section II of this report.

AA.4.3 – Locality / Region

Region is not used as a rating variable.

AA.4.4 – Eligibility Categories

Please refer to Section II of this report.

AA.5.0 – Data Smoothing

We did not perform any data smoothing.

AA.5.1 – Special Populations and Assessment of the Data for Distortions

We did not identify any material distortions caused by special populations.

AA.5.2 – Cost-Neutral Data Smoothing Adjustment

We did not perform any data smoothing.

AA.5.3 – Risk Adjustment

The SFY 12/13 capitation rates will use the CDPS+Rx risk adjuster to adjust the rates for each participating MCO. CDPS+Rx uses recipients' diagnosis and prescription drug usage information to develop a risk score for each individual.

Milliman will provide a separate letter documenting the development of the MCO Adjusted Risk Factors that will be applied to the SFY 12/13 capitation rates.

AA.6.0 – Stop Loss, Reinsurance, or Risk Sharing Arrangements

None

AA.6.1 – Commercial Reinsurance

DHHS does not require entities to purchase commercial reinsurance.

AA.6.2 – Simple Stop Loss Program

None

AA.6.3 – Risk Corridor Program

None

AA.7.0 – Incentive Arrangements

DHHS has implemented a withhold and incentive arrangement for the contract period of July 2012 through June 2013. The terms of the withhold and incentive arrangement are outlined in the contract with the MCOs. The incentive will not exceed 105% of the capitation rates. The withhold and incentive will be based on an actuarially sound methodology and will be based on the provisions of the contract. The capitation rates shown in this report do not reflect the withhold provision. Withhold payments will be available to both private and public contractors, and will not be conditioned upon intergovernmental transfer agreements. Withhold payments will be reviewed on an annual basis, and will not be renewed automatically.

ATTACHMENT 1

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program
April 6, 2012

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHHS to set July 2012 – June 2013 capitation rates for the Medicaid care management program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Attachment 1
New Hampshire Department of Health and Human Services
Medicaid Care Management Program
List of Acronyms

Acronym	Definition
ANB	Aid to the Needy Blind
APTD	Aid to the Permanently and Totally Disabled
BCCP	Breast and Cervical Cancer Program
CDPS	Chronic Illness and Disability Payment System
CF	Completion Factor
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CRG	Clinical Risk Group
CY	Calendar Year
DHHS	Department of Health and Human Services
DRG	Diagnostic Related Group
DSH	Disproportionate Share Hospital
ESRD	End Stage Renal Disease
FFS	Fee-For-Service
FMAP	Federal Medical Assistance Percentages
FQHC	Federally Qualified Health Center
GME	Graduate Medical Education
HC-CSD	Home Care for Children with Severe Disabilities
HCPCS	Healthcare Common Procedure Coding System
IBNR	Incurred But Not Reported
IME	Indirect Medical Education
MCO	Managed Care Organization
MEAD	Medicaid for Employed Adults with Disabilities
MMIS	Medicaid Management Information Systems
MS-DRG	Medicare Severity-Diagnosis Related Group
NF	Nursing Facility
NHIPP	New Hampshire Institute for Health Policy and Practice
OAA	Old Age Assistance
OPAC	Outpatient Pediatric AIDS Clinics
PETI	Post-Eligibility Treatment of Income
PMPM	Per Member Per Month
QMB	Qualified Medicare Beneficiary
RBRVS	Resource Based Relative Value Scale
RHC	Rural Health Center
SFY	State Fiscal Year
SLMB	Service Limited Medicare Beneficiary
TANF	Temporary Assistance for Needy Families
TPL	Third Party Liability
VA	Veteran's Administration

APPENDIX A

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program
April 6, 2012

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHHS to set July 2012 – June 2013 capitation rates for the Medicaid care management program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Age 2-11 Months

Member Months: 54,728

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$839,576	751	164.67	\$1,117.94	\$15.34
Surgical	591,040	225	49.33	2,626.84	10.80
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	0	0	0.00	0.00	0.00
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$1,430,616	976	214.00	\$1,465.79	\$26.14
Hospital Outpatient					
Emergency Room	\$354,813	4,622	1,013.45	\$76.77	\$6.48
Surgery	195,324	335	73.45	583.06	3.57
Radiology	155,461	2,108	462.21	73.75	2.84
Pathology/Lab	63,547	8,686	1,904.55	7.32	1.16
Pharmacy	127,108	7,007	1,536.40	18.14	2.32
Cardiovascular	31,658	294	64.46	107.68	0.58
PT/OT/ST	40,543	1,639	359.38	24.74	0.74
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	273,249	7,591	1,664.45	36.00	4.99
	\$1,241,704	32,282	7,078.36	\$38.46	\$22.69
Professional					
Ambulatory Surgery Center	\$43,823	131	28.72	\$334.52	\$0.80
Physician	2,852,423	127,778	28,017.42	22.32	52.12
Advance Registered Nurse Practitioner	412	17	3.73	24.24	0.01
Certified Midwife	150	2	0.44	75.04	0.00
Family Planning	6,079	429	94.07	14.17	0.11
Audiology	2,116	559	122.57	3.78	0.04
Psychology	290	5	1.10	58.00	0.01
Physical Therapy	13,802	596	130.68	23.16	0.25
Speech Therapy	1,060	42	9.21	25.24	0.02
Occupational Therapy	3,851	176	38.59	21.88	0.07
Podiatry	96	3	0.66	31.93	0.00
Mental Health Center	25,800	1,720	377.14	15.00	0.47
Laboratory	5,249	819	179.58	6.41	0.10
X-Ray	1,609	55	12.06	29.25	0.03
Clinic Services	153,332	10,373	2,274.45	14.78	2.80
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	15,473	637	139.67	24.29	0.28
Federally Qualified and Rural Health Clinics	940,849	9,200	2,017.25	102.27	17.19
Other	0	0	0.00	0.00	0.00
	\$4,066,413	152,542	33,447.34	\$26.66	\$74.30
Other Services					
Prescription Drugs	\$874,128	18,913	4,146.99	\$46.22	\$15.97
Home Health	313,120	20,834	4,568.20	15.03	5.72
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,076,153	1,500,786	329,071.97	0.72	19.66
Ambulance	54,397	4,741	1,039.54	11.47	0.99
Wheelchair Van	0	0	0.00	0.00	0.00
Optometry / Glasses	1,354	41	8.99	33.02	0.02
Private Duty Nursing	88,721	2,275	498.83	39.00	1.62
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$2,407,873	1,547,590	339,334.52	\$1.56	\$44.00
All Services	\$9,146,606	1,733,390	380,074.22	\$5.28	\$167.13

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Age 1-5 Years

Member Months: 270,443

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$1,764,385	1,095	48.59	\$1,611.31	\$6.52
Surgical	1,656,419	374	16.59	4,428.93	6.12
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	2,361	9	0.40	262.38	0.01
Alcohol and Drug Abuse	1,781	4	0.18	445.33	0.01
Other	150,422	75	3.33	2,005.63	0.56
	\$3,575,369	1,557	69.09	\$2,296.32	\$13.22
Hospital Outpatient					
Emergency Room	\$1,412,306	17,943	796.16	\$78.71	\$5.22
Surgery	850,529	1,576	69.93	539.68	3.14
Radiology	493,716	6,822	302.70	72.37	1.83
Pathology/Lab	366,778	47,689	2,116.04	7.69	1.36
Pharmacy	265,245	42,471	1,884.51	6.25	0.98
Cardiovascular	66,269	559	24.80	118.55	0.25
PT/OT/ST	430,599	16,610	737.01	25.92	1.59
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	1,392,405	100,834	4,474.16	13.81	5.15
	\$5,277,848	234,504	10,405.31	\$22.51	\$19.52
Professional					
Ambulatory Surgery Center	\$191,369	560	24.85	\$341.73	\$0.71
Physician	6,525,529	272,297	12,082.25	23.96	24.13
Advance Registered Nurse Practitioner	8,786	342	15.18	25.69	0.03
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	470	115	5.10	4.09	0.00
Audiology	13,508	3,158	140.13	4.28	0.05
Psychology	233,468	3,671	162.89	63.60	0.86
Physical Therapy	42,055	1,927	85.50	21.82	0.16
Speech Therapy	131,529	7,190	319.03	18.29	0.49
Occupational Therapy	152,732	6,715	297.96	22.74	0.56
Podiatry	2,835	59	2.62	48.05	0.01
Mental Health Center	2,103,863	42,111	1,868.53	49.96	7.78
Laboratory	35,397	5,410	240.05	6.54	0.13
X-Ray	4,929	184	8.16	26.79	0.02
Clinic Services	137,106	9,596	425.79	14.29	0.51
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	28,130	1,308	58.04	21.51	0.10
Federally Qualified and Rural Health Clinics	1,960,298	19,192	851.58	102.14	7.25
Other	0	0	0.00	0.00	0.00
	\$11,572,006	373,835	16,587.65	\$30.95	\$42.79
Other Services					
Prescription Drugs	\$3,698,069	87,081	3,863.92	\$42.47	\$13.67
Home Health	348,192	45,548	2,021.04	7.64	1.29
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,450,336	1,156,978	51,336.94	1.25	5.36
Ambulance	152,921	9,455	419.53	16.17	0.57
Wheelchair Van	6,217	1,330	59.01	4.67	0.02
Optometry / Glasses	85,177	2,866	127.17	29.72	0.31
Private Duty Nursing	290,980	7,439	330.08	39.12	1.08
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$6,031,892	1,310,697	58,157.69	\$4.60	\$22.30
All Services	\$26,457,114	1,920,593	85,219.74	\$13.78	\$97.83

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Age 6-13 Years

Member Months: 365,390

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$671,212	515	16.91	\$1,303.32	\$1.84
Surgical	1,137,019	433	14.22	2,625.91	3.11
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	101,900	202	6.63	504.45	0.28
Alcohol and Drug Abuse	1,781	0	0.00	0.00	0.00
Other	1,116,417	1,184	38.88	942.92	3.06
	\$3,028,328	2,334	76.65	\$1,297.48	\$8.29
Hospital Outpatient					
Emergency Room	\$1,298,070	15,553	510.79	\$83.46	\$3.55
Surgery	805,729	1,521	49.95	529.74	2.21
Radiology	773,174	11,293	370.88	68.46	2.12
Pathology/Lab	430,125	54,601	1,793.18	7.88	1.18
Pharmacy	305,350	45,326	1,488.58	6.74	0.84
Cardiovascular	110,576	893	29.33	123.83	0.30
PT/OT/ST	330,976	13,731	450.95	24.10	0.91
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	1,422,998	121,963	4,005.46	11.67	3.89
	\$5,476,999	264,881	8,699.11	\$20.68	\$14.99
Professional					
Ambulatory Surgery Center	\$118,475	355	11.66	\$333.73	\$0.32
Physician	6,384,300	230,408	7,566.96	27.71	17.47
Advance Registered Nurse Practitioner	35,370	1,045	34.32	33.85	0.10
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	2,882	265	8.70	10.87	0.01
Audiology	9,617	2,285	75.04	4.21	0.03
Psychology	1,563,704	24,802	814.54	63.05	4.28
Physical Therapy	159,584	7,153	234.92	22.31	0.44
Speech Therapy	70,986	3,866	126.97	18.36	0.19
Occupational Therapy	131,597	5,760	189.17	22.85	0.36
Podiatry	22,374	617	20.26	36.26	0.06
Mental Health Center	16,860,748	350,823	11,521.58	48.06	46.14
Laboratory	41,514	6,202	203.68	6.69	0.11
X-Ray	27,319	542	17.80	50.40	0.07
Clinic Services	53,215	3,734	122.63	14.25	0.15
Methadone Treatment Clinic	225	22	0.72	10.22	0.00
Medical Services Clinic	26,064	1,157	38.00	22.53	0.07
Federally Qualified and Rural Health Clinics	1,641,876	15,216	499.72	107.90	4.49
Other	0	0	0.00	0.00	0.00
	\$27,149,851	654,252	21,486.67	\$41.50	\$74.30
Other Services					
Prescription Drugs	\$13,784,709	170,874	5,611.77	\$80.67	\$37.73
Home Health	545,037	86,229	2,831.90	6.32	1.49
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,182,529	623,931	20,490.88	1.90	3.24
Ambulance	137,033	10,937	359.19	12.53	0.38
Wheelchair Van	9,010	1,375	45.16	6.55	0.02
Optometry / Glasses	600,399	21,588	708.98	27.81	1.64
Private Duty Nursing	226,923	5,759	189.13	39.40	0.62
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$16,485,641	920,693	30,237.02	\$17.91	\$45.12
All Services	\$52,140,819	1,842,160	60,499.46	\$28.30	\$142.70

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Female Age 14-18 Years

Member Months: 94,260

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$309,539	290	36.92	\$1,067.38	\$3.28
Surgical	350,165	121	15.40	2,893.93	3.71
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	38,253	69	8.78	554.40	0.41
Newborn	0	0	0.00	0.00	0.00
Psychiatric	141,946	242	30.81	586.56	1.51
Alcohol and Drug Abuse	1,781	4	0.51	445.33	0.02
Other	692,167	765	97.39	904.79	7.34
	\$1,533,852	1,491	189.82	\$1,028.74	\$16.27
Hospital Outpatient					
Emergency Room	\$651,676	6,910	879.69	\$94.31	\$6.91
Surgery	303,696	531	67.60	571.93	3.22
Radiology	552,590	5,831	742.33	94.77	5.86
Pathology/Lab	424,979	46,232	5,885.68	9.19	4.51
Pharmacy	134,626	26,510	3,374.92	5.08	1.43
Cardiovascular	74,632	651	82.88	114.64	0.79
PT/OT/ST	120,424	5,325	677.91	22.61	1.28
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	587,947	29,684	3,779.00	19.81	6.24
	\$2,850,570	121,674	15,490.01	\$23.43	\$30.24
Professional					
Ambulatory Surgery Center	\$36,794	105	13.37	\$350.41	\$0.39
Physician	2,423,192	72,521	9,232.47	33.41	25.71
Advance Registered Nurse Practitioner	19,038	511	65.05	37.26	0.20
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	74,464	3,424	435.90	21.75	0.79
Audiology	1,558	372	47.36	4.19	0.02
Psychology	432,642	6,775	862.51	63.86	4.59
Physical Therapy	169,750	7,754	987.14	21.89	1.80
Speech Therapy	854	43	5.47	19.85	0.01
Occupational Therapy	8,169	387	49.27	21.11	0.09
Podiatry	9,532	201	25.59	47.42	0.10
Mental Health Center	3,401,021	53,091	6,758.88	64.06	36.08
Laboratory	78,530	8,959	1,140.55	8.77	0.83
X-Ray	25,669	438	55.76	58.60	0.27
Clinic Services	12,834	794	101.08	16.16	0.14
Methadone Treatment Clinic	9,040	726	92.43	12.45	0.10
Medical Services Clinic	32,452	1,058	134.69	30.67	0.34
Federally Qualified and Rural Health Clinics	877,006	7,395	941.44	118.59	9.30
Other	0	0	0.00	0.00	0.00
	\$7,612,543	164,554	20,948.96	\$46.26	\$80.76
Other Services					
Prescription Drugs	\$4,063,714	73,588	9,368.30	\$55.22	\$43.11
Home Health	100,893	13,027	1,658.43	7.74	1.07
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	182,651	41,961	5,341.95	4.35	1.94
Ambulance	93,359	6,320	804.58	14.77	0.99
Wheelchair Van	27	1	0.13	27.35	0.00
Optometry / Glasses	196,655	6,955	885.42	28.28	2.09
Private Duty Nursing	68,174	1,711	217.82	39.84	0.72
Personal Care	33,342	7,530	958.63	4.43	0.35
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$4,738,814	151,093	19,235.27	\$31.36	\$50.27
All Services	\$16,735,779	438,812	55,864.06	\$38.14	\$177.55

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Male Age 14-18 Years

Member Months: 96,379

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$335,364	286	35.61	\$1,172.60	\$3.48
Surgical	333,674	163	20.29	2,047.08	3.46
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	87,469	145	18.05	603.23	0.91
Alcohol and Drug Abuse	1,139	2	0.25	569.55	0.01
Other	413,408	474	59.02	872.17	4.29
	\$1,171,054	1,070	133.22	\$1,094.44	\$12.15
Hospital Outpatient					
Emergency Room	\$525,761	5,817	724.27	\$90.38	\$5.46
Surgery	342,507	437	54.41	783.77	3.55
Radiology	388,420	4,947	615.94	78.52	4.03
Pathology/Lab	192,391	20,565	2,560.51	9.36	2.00
Pharmacy	168,393	22,669	2,822.48	7.43	1.75
Cardiovascular	62,209	545	67.86	114.15	0.65
PT/OT/ST	88,387	3,582	445.99	24.68	0.92
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	578,665	91,691	11,416.30	6.31	6.00
	\$2,346,733	150,253	18,707.76	\$15.62	\$24.35
Professional					
Ambulatory Surgery Center	\$39,058	109	13.57	\$358.33	\$0.41
Physician	1,729,840	54,337	6,765.41	31.84	17.95
Advance Registered Nurse Practitioner	7,963	274	34.12	29.06	0.08
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	814	79	9.84	10.30	0.01
Audiology	1,032	287	35.73	3.60	0.01
Psychology	406,388	6,519	811.67	62.34	4.22
Physical Therapy	110,928	4,947	615.94	22.42	1.15
Speech Therapy	3,084	186	23.16	16.58	0.03
Occupational Therapy	1,445	68	8.47	21.24	0.01
Podiatry	18,013	474	59.02	38.00	0.19
Mental Health Center	3,673,371	65,067	8,101.39	56.46	38.11
Laboratory	23,123	2,832	352.61	8.16	0.24
X-Ray	25,317	338	42.08	74.90	0.26
Clinic Services	2,846	214	26.64	13.30	0.03
Methadone Treatment Clinic	3,889	366	45.57	10.62	0.04
Medical Services Clinic	6,564	225	28.01	29.17	0.07
Federally Qualified and Rural Health Clinics	440,158	3,909	486.70	112.60	4.57
Other	43	1	0.12	42.72	0.00
	\$6,493,873	140,232	17,460.06	\$46.31	\$67.38
Other Services					
Prescription Drugs	\$5,165,783	55,400	6,897.76	\$93.25	\$53.60
Home Health	161,923	25,007	3,113.58	6.48	1.68
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	242,066	215,227	26,797.56	1.12	2.51
Ambulance	91,282	5,337	664.50	17.10	0.95
Wheelchair Van	14,635	4,298	535.14	3.40	0.15
Optometry / Glasses	149,566	5,480	682.31	27.29	1.55
Private Duty Nursing	8,845	256	31.87	34.55	0.09
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$5,834,099	311,005	38,722.73	\$18.76	\$60.53
All Services	\$15,845,759	602,560	75,023.77	\$26.30	\$164.41

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Female Age 19-44 Years

Member Months: 127,990

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$750,431	883	82.79	\$849.87	\$5.86
Surgical	994,574	579	54.29	1,717.74	7.77
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	497,449	688	64.50	723.04	3.89
Newborn	0	0	0.00	0.00	0.00
Psychiatric	291,864	519	48.66	562.36	2.28
Alcohol and Drug Abuse	61,045	106	9.94	575.90	0.48
Other	2,551	3	0.28	850.36	0.02
	\$2,597,915	2,778	260.46	\$935.17	\$20.30
Hospital Outpatient					
Emergency Room	\$1,862,024	20,544	1,926.15	\$90.64	\$14.55
Surgery	1,236,804	2,445	229.24	505.85	9.66
Radiology	2,191,496	23,136	2,169.16	94.72	17.12
Pathology/Lab	1,504,393	160,948	15,090.02	9.35	11.75
Pharmacy	811,216	122,097	11,447.46	6.64	6.34
Cardiovascular	211,276	2,307	216.30	91.58	1.65
PT/OT/ST	275,699	12,652	1,186.22	21.79	2.15
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	2,370,217	122,397	11,475.59	19.36	18.52
	\$10,463,125	466,526	43,740.14	\$22.43	\$81.75
Professional					
Ambulatory Surgery Center	\$276,210	1,023	95.91	\$270.00	\$2.16
Physician	8,923,184	218,163	20,454.34	40.90	69.72
Advance Registered Nurse Practitioner	61,750	1,976	185.26	31.25	0.48
Certified Midwife	42,178	564	52.88	74.78	0.33
Family Planning	195,345	5,484	514.16	35.62	1.53
Audiology	786	48	4.50	16.38	0.01
Psychology	501,682	7,824	733.56	64.12	3.92
Physical Therapy	235,893	10,851	1,017.36	21.74	1.84
Speech Therapy	103	4	0.38	25.82	0.00
Occupational Therapy	4,739	250	23.44	18.96	0.04
Podiatry	26,274	450	42.19	58.39	0.21
Mental Health Center	2,187,925	32,194	3,018.42	67.96	17.09
Laboratory	386,777	42,270	3,963.11	9.15	3.02
X-Ray	137,948	2,846	266.83	48.47	1.08
Clinic Services	56,475	3,433	321.87	16.45	0.44
Methadone Treatment Clinic	1,234,365	108,430	10,166.09	11.38	9.64
Medical Services Clinic	91,694	2,367	221.92	38.74	0.72
Federally Qualified and Rural Health Clinics	3,262,513	23,710	2,222.98	137.60	25.49
Other	0	0	0.00	0.00	0.00
	\$17,625,841	461,887	43,305.20	\$38.16	\$137.71
Other Services					
Prescription Drugs	\$9,869,556	209,625	19,653.84	\$47.08	\$77.11
Home Health	274,408	14,083	1,320.38	19.49	2.14
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	294,618	46,080	4,320.33	6.39	2.30
Ambulance	263,660	17,878	1,676.19	14.75	2.06
Wheelchair Van	2,792	728	68.26	3.84	0.02
Optometry / Glasses	217,558	7,800	731.31	27.89	1.70
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$10,922,592	296,194	27,770.30	\$36.88	\$85.34
All Services	\$41,609,472	1,227,385	115,076.09	\$33.90	\$325.10

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Male Age 19-44 Years

Member Months: 20,165

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$219,308	275	163.65	\$797.48	\$10.88
Surgical	287,764	175	104.14	1,644.37	14.27
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	509	3	1.79	169.66	0.03
Psychiatric	42,997	72	42.85	597.19	2.13
Alcohol and Drug Abuse	14,314	49	29.16	292.13	0.71
Other	0	0	0.00	0.00	0.00
	\$564,892	574	341.57	\$984.13	\$28.01
Hospital Outpatient					
Emergency Room	\$259,666	2,898	1,724.53	\$89.60	\$12.88
Surgery	175,267	588	349.91	298.07	8.69
Radiology	296,027	2,584	1,537.68	114.56	14.68
Pathology/Lab	100,061	10,271	6,112.04	9.74	4.96
Pharmacy	83,184	16,575	9,863.40	5.02	4.13
Cardiovascular	44,539	445	264.81	100.09	2.21
PT/OT/ST	54,085	2,437	1,450.20	22.19	2.68
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	274,479	13,145	7,822.29	20.88	13.61
	\$1,287,308	48,943	29,124.86	\$26.30	\$63.84
Professional					
Ambulatory Surgery Center	\$81,850	327	194.59	\$250.30	\$4.06
Physician	853,335	24,241	14,425.27	35.20	42.32
Advance Registered Nurse Practitioner	8,648	207	123.18	41.78	0.43
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	378	12	7.14	31.51	0.02
Audiology	45	7	4.17	6.36	0.00
Psychology	45,111	713	424.29	63.27	2.24
Physical Therapy	38,624	1,753	1,043.17	22.03	1.92
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	1,990	101	60.10	19.71	0.10
Podiatry	5,292	129	76.76	41.02	0.26
Mental Health Center	232,457	3,483	2,072.65	66.74	11.53
Laboratory	20,681	1,989	1,183.61	10.40	1.03
X-Ray	20,990	564	335.62	37.22	1.04
Clinic Services	7	3	1.79	2.40	0.00
Methadone Treatment Clinic	266,497	23,535	14,005.14	11.32	13.22
Medical Services Clinic	1,745	39	23.21	44.75	0.09
Federally Qualified and Rural Health Clinics	176,180	1,400	833.11	125.84	8.74
Other	0	0	0.00	0.00	0.00
	\$1,753,830	58,503	34,813.80	\$29.98	\$86.97
Other Services					
Prescription Drugs	\$1,294,978	24,032	14,300.90	\$53.89	\$64.22
Home Health	33,782	1,654	984.26	20.42	1.68
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	71,006	4,721	2,809.36	15.04	3.52
Ambulance	39,374	2,348	1,397.24	16.77	1.95
Wheelchair Van	2,041	564	335.62	3.62	0.10
Optometry / Glasses	34,678	1,261	750.39	27.50	1.72
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$1,475,859	34,580	20,577.77	\$42.68	\$73.19
All Services	\$5,081,889	142,600	84,858.01	\$35.64	\$252.01

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Low Income Children and Adults - Age 45+ Years

Member Months: 15,425

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$332,714	392	304.97	\$848.76	\$21.57
Surgical	288,739	225	175.05	1,283.28	18.72
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	1,929	2	1.56	964.30	0.13
Newborn	0	0	0.00	0.00	0.00
Psychiatric	53,986	131	101.92	412.10	3.50
Alcohol and Drug Abuse	14,915	26	20.23	573.65	0.97
Other	1,100	4	3.11	275.00	0.07
	\$693,382	780	606.82	\$888.95	\$44.95
Hospital Outpatient					
Emergency Room	\$160,122	1,574	1,224.54	\$101.73	\$10.38
Surgery	237,770	589	458.23	403.68	15.42
Radiology	312,257	2,931	2,280.26	106.54	20.24
Pathology/Lab	140,044	13,757	10,702.65	10.18	9.08
Pharmacy	206,672	27,332	21,263.71	7.56	13.40
Cardiovascular	66,499	687	534.47	96.80	4.31
PT/OT/ST	84,456	3,862	3,004.55	21.87	5.48
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	324,906	18,387	14,304.69	17.67	21.06
	\$1,532,727	69,119	53,773.10	\$22.18	\$99.37
Professional					
Ambulatory Surgery Center	\$77,652	292	227.17	\$265.93	\$5.03
Physician	1,053,496	30,189	23,486.40	34.90	68.30
Advance Registered Nurse Practitioner	10,546	284	220.95	37.13	0.68
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	1,063	55	42.79	19.33	0.07
Audiology	0	0	0.00	0.00	0.00
Psychology	69,461	1,064	827.77	65.28	4.50
Physical Therapy	61,930	2,840	2,209.46	21.81	4.01
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	374	18	14.00	20.78	0.02
Podiatry	9,069	118	91.80	76.86	0.59
Mental Health Center	287,508	4,012	3,121.25	71.66	18.64
Laboratory	19,176	1,993	1,550.51	9.62	1.24
X-Ray	35,951	623	484.68	57.71	2.33
Clinic Services	180	12	9.34	15.00	0.01
Methadone Treatment Clinic	96,544	8,354	6,499.23	11.56	6.26
Medical Services Clinic	1,296	43	33.45	30.14	0.08
Federally Qualified and Rural Health Clinics	205,124	1,552	1,207.42	132.17	13.30
Other	0	3	2.33	0.00	0.00
	\$1,929,369	51,452	40,028.55	\$37.50	\$125.08
Other Services					
Prescription Drugs	\$2,146,350	40,938	31,848.89	\$52.43	\$139.15
Home Health	53,340	2,054	1,597.97	25.97	3.46
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	141,736	9,411	7,321.56	15.06	9.19
Ambulance	33,035	1,857	1,444.71	17.79	2.14
Wheelchair Van	2,143	172	133.81	12.46	0.14
Optometry / Glasses	48,703	1,866	1,451.71	26.10	3.16
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	10,514	2,378	1,850.03	4.42	0.68
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$2,435,821	58,676	45,648.67	\$41.51	\$157.92
All Services	\$6,591,299	180,027	140,057.15	\$36.61	\$427.32

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Foster Care / Adoption

Member Months: 24,834

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$306,422	179	86.49	\$1,711.85	\$12.34
Surgical	122,556	19	9.18	6,450.34	4.93
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	36,985	64	30.92	577.88	1.49
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	726,498	844	407.82	860.78	29.25
	\$1,192,460	1,106	534.42	\$1,078.17	\$48.02
Hospital Outpatient					
Emergency Room	\$144,634	1,402	677.45	\$103.16	\$5.82
Surgery	103,443	117	56.53	884.13	4.17
Radiology	89,355	1,236	597.23	72.29	3.60
Pathology/Lab	95,557	10,502	5,074.56	9.10	3.85
Pharmacy	61,397	4,755	2,297.61	12.91	2.47
Cardiovascular	26,971	200	96.64	134.86	1.09
PT/OT/ST	91,088	3,743	1,808.62	24.34	3.67
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	183,533	6,261	3,025.31	29.31	7.39
	\$795,978	28,216	13,633.96	\$28.21	\$32.05
Professional					
Ambulatory Surgery Center	\$12,998	36	17.40	\$361.04	\$0.52
Physician	602,439	21,159	10,224.02	28.47	24.26
Advance Registered Nurse Practitioner	9,066	196	94.71	46.25	0.37
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	1,487	77	37.21	19.31	0.06
Audiology	416	27	13.05	15.42	0.02
Psychology	484,690	7,842	3,789.25	61.81	19.52
Physical Therapy	34,854	1,602	774.09	21.76	1.40
Speech Therapy	20,021	1,097	530.07	18.25	0.81
Occupational Therapy	31,535	1,390	671.65	22.69	1.27
Podiatry	3,017	84	40.59	35.91	0.12
Mental Health Center	2,458,206	51,209	24,744.17	48.00	98.98
Laboratory	142,327	16,277	7,865.04	8.74	5.73
X-Ray	2,640	34	16.43	77.66	0.11
Clinic Services	204	19	9.18	10.75	0.01
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	3,513	164	79.24	21.42	0.14
Federally Qualified and Rural Health Clinics	236,926	2,084	1,006.99	113.69	9.54
Other	0	0	0.00	0.00	0.00
	\$4,044,339	103,297	49,913.08	\$39.15	\$162.85
Other Services					
Prescription Drugs	\$2,951,109	32,321	15,617.50	\$91.31	\$118.83
Home Health	42,013	4,568	2,207.26	9.20	1.69
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	298,676	352,664	170,407.15	0.85	12.03
Ambulance	31,867	2,421	1,169.83	13.16	1.28
Wheelchair Van	0	0	0.00	0.00	0.00
Optometry / Glasses	48,167	1,752	846.57	27.49	1.94
Private Duty Nursing	224,446	5,591	2,701.57	40.14	9.04
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$3,596,278	399,317	192,949.87	\$9.01	\$144.81
All Services	\$9,629,055	531,936	257,031.33	\$18.10	\$387.73

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Breast and Cervical Cancer Program

Member Months: 1,990

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$59,631	86	518.63	\$693.39	\$29.97
Surgical	61,791	52	313.59	1,188.30	31.05
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	2,521	19	114.58	132.68	1.27
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	1,100	11	66.34	100.00	0.55
	\$125,044	168	1,013.15	\$744.31	\$62.84
Hospital Outpatient					
Emergency Room	\$21,782	213	1,284.52	\$102.26	\$10.95
Surgery	123,521	320	1,929.80	386.00	62.08
Radiology	227,987	2,204	13,291.51	103.44	114.58
Pathology/Lab	41,759	3,929	23,694.34	10.63	20.99
Pharmacy	495,378	13,845	83,494.06	35.78	248.95
Cardiovascular	17,160	151	910.62	113.64	8.62
PT/OT/ST	13,892	663	3,998.31	20.95	6.98
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	144,148	5,478	33,035.79	26.31	72.44
	\$1,085,627	26,803	161,638.95	\$40.50	\$545.58
Professional					
Ambulatory Surgery Center	\$2,152	7	42.21	\$307.40	\$1.08
Physician	537,039	13,547	81,696.93	39.64	269.89
Advance Registered Nurse Practitioner	755	29	174.89	26.02	0.38
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	1,086	31	186.95	35.03	0.55
Audiology	0	0	0.00	0.00	0.00
Psychology	2,502	38	229.16	65.84	1.26
Physical Therapy	15,484	690	4,161.13	22.44	7.78
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	194	9	54.28	21.56	0.10
Podiatry	1,091	22	132.67	49.59	0.55
Mental Health Center	11,350	211	1,272.46	53.79	5.70
Laboratory	3,598	345	2,080.57	10.43	1.81
X-Ray	11,527	109	657.34	105.75	5.79
Clinic Services	0	0	0.00	0.00	0.00
Methadone Treatment Clinic	3,986	390	2,351.95	10.22	2.00
Medical Services Clinic	639	17	102.52	37.59	0.32
Federally Qualified and Rural Health Clinics	32,560	215	1,296.59	151.44	16.36
Other	0	0	0.00	0.00	0.00
	\$623,961	15,660	94,439.65	\$39.84	\$313.57
Other Services					
Prescription Drugs	\$345,382	5,163	31,136.14	\$66.90	\$173.57
Home Health	10,996	186	1,121.70	59.12	5.53
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	19,031	661	3,986.25	28.79	9.56
Ambulance	2,296	164	989.02	14.00	1.15
Wheelchair Van	0	0	0.00	0.00	0.00
Optometry / Glasses	4,056	152	916.66	26.68	2.04
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$381,761	6,326	38,149.76	\$60.35	\$191.86
All Services	\$2,216,393	48,957	295,241.50	\$45.27	\$1,113.85

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Disabled Children (non-dual / non-NF resident)

Member Months: 20,267

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$682,353	193	114.27	\$3,535.51	\$33.67
Surgical	514,668	157	92.96	3,278.14	25.39
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	46,031	37	21.91	1,244.08	2.27
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	305,100	344	203.68	886.92	15.05
	\$1,548,153	731	432.82	\$2,117.86	\$76.39
Hospital Outpatient					
Emergency Room	\$53,276	694	410.91	\$76.77	\$2.63
Surgery	119,946	176	104.21	681.51	5.92
Radiology	77,162	977	578.48	78.98	3.81
Pathology/Lab	60,985	11,103	6,574.02	5.49	3.01
Pharmacy	97,853	4,030	2,386.14	24.28	4.83
Cardiovascular	14,960	141	83.49	106.10	0.74
PT/OT/ST	242,036	14,334	8,487.07	16.89	11.94
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	236,265	67,320	39,859.75	3.51	11.66
	\$902,482	98,775	58,484.06	\$9.14	\$44.53
Professional					
Ambulatory Surgery Center	\$5,303	21	12.43	\$252.50	\$0.26
Physician	424,112	15,516	9,186.93	27.33	20.93
Advance Registered Nurse Practitioner	1,031	37	21.91	27.87	0.05
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	3	1	0.59	3.05	0.00
Audiology	248	16	9.47	15.48	0.01
Psychology	63,608	1,296	767.35	49.08	3.14
Physical Therapy	118,378	7,942	4,702.41	14.91	5.84
Speech Therapy	83,158	4,887	2,893.56	17.02	4.10
Occupational Therapy	142,955	7,903	4,679.32	18.09	7.05
Podiatry	978	36	21.32	27.17	0.05
Mental Health Center	3,150,700	89,085	52,746.67	35.37	155.46
Laboratory	8,762	960	568.41	9.13	0.43
X-Ray	1,058	115	68.09	9.20	0.05
Clinic Services	30	6	3.55	5.00	0.00
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	0	0	0.00	0.00	0.00
Federally Qualified and Rural Health Clinics	28,120	394	233.28	71.37	1.39
Other	0	0	0.00	0.00	0.00
	\$4,028,443	128,215	75,915.30	\$31.42	\$198.77
Other Services					
Prescription Drugs	\$6,136,278	44,205	26,173.50	\$138.81	\$302.77
Home Health	3,480,478	578,631	342,603.79	6.02	171.73
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	2,636,575	1,593,024	943,219.54	1.66	130.09
Ambulance	21,459	2,329	1,378.99	9.21	1.06
Wheelchair Van	25,254	6,140	3,635.46	4.11	1.25
Optometry / Glasses	14,551	631	373.61	23.06	0.72
Private Duty Nursing	5,625,305	145,041	85,877.87	38.78	277.56
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$17,939,900	2,370,001	1,403,262.75	\$7.57	\$885.18
All Services	\$24,418,979	2,597,722	1,538,094.93	\$9.40	\$1,204.86

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Female Age 19-44 Years

Member Months: 30,207

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$942,124	1,369	543.86	\$688.18	\$31.19
Surgical	707,957	487	193.47	1,453.71	23.44
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	57,198	97	38.53	589.67	1.89
Newborn	0	0	0.00	0.00	0.00
Psychiatric	460,761	950	377.40	485.01	15.25
Alcohol and Drug Abuse	35,246	79	31.38	446.16	1.17
Other	125,321	162	64.36	773.58	4.15
	\$2,328,608	3,144	1,249.00	\$740.65	\$77.09
Hospital Outpatient					
Emergency Room	\$678,108	7,026	2,791.19	\$96.51	\$22.45
Surgery	381,148	821	326.15	464.25	12.62
Radiology	611,419	6,159	2,446.76	99.27	20.24
Pathology/Lab	443,377	46,330	18,405.30	9.57	14.68
Pharmacy	345,204	47,326	18,800.98	7.29	11.43
Cardiovascular	78,047	1,013	402.43	77.05	2.58
PT/OT/ST	96,191	4,407	1,750.75	21.83	3.18
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	703,378	32,940	13,085.92	21.35	23.29
	\$3,336,873	146,022	58,009.48	\$22.85	\$110.47
Professional					
Ambulatory Surgery Center	\$109,172	452	179.56	\$241.53	\$3.61
Physician	2,405,726	98,057	38,954.65	24.53	79.64
Advance Registered Nurse Practitioner	26,892	699	277.69	38.47	0.89
Certified Midwife	994	18	7.15	55.23	0.03
Family Planning	17,502	653	259.41	26.80	0.58
Audiology	565	29	11.52	19.47	0.02
Psychology	194,482	3,074	1,221.19	63.27	6.44
Physical Therapy	109,794	5,134	2,039.56	21.39	3.63
Speech Therapy	1,310	70	27.81	18.72	0.04
Occupational Therapy	11,044	510	202.61	21.66	0.37
Podiatry	11,151	232	92.17	48.06	0.37
Mental Health Center	4,942,437	96,781	38,447.74	51.07	163.62
Laboratory	77,394	7,579	3,010.87	10.21	2.56
X-Ray	49,424	874	347.21	56.55	1.64
Clinic Services	5,605	346	137.45	16.20	0.19
Methadone Treatment Clinic	304,312	26,796	10,645.12	11.36	10.07
Medical Services Clinic	5,312	181	71.91	29.35	0.18
Federally Qualified and Rural Health Clinics	477,879	3,816	1,515.96	125.23	15.82
Other	65	4	1.59	16.30	0.00
	\$8,751,060	245,305	97,451.18	\$35.67	\$289.71
Other Services					
Prescription Drugs	\$8,052,370	109,584	43,533.93	\$73.48	\$266.58
Home Health	1,141,899	180,094	71,545.11	6.34	37.80
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	743,600	331,342	131,630.70	2.24	24.62
Ambulance	203,867	10,535	4,185.19	19.35	6.75
Wheelchair Van	32,839	6,526	2,592.55	5.03	1.09
Optometry / Glasses	63,549	2,333	926.82	27.24	2.10
Private Duty Nursing	562,306	15,140	6,014.60	37.14	18.62
Personal Care	443,269	100,840	40,060.24	4.40	14.67
Adult Medical Day Care	13,745	454	180.36	30.28	0.46
Other	0	0	0.00	0.00	0.00
	\$11,257,443	756,848	300,669.50	\$14.87	\$372.68
All Services	\$25,673,984	1,151,319	457,379.17	\$22.30	\$849.95

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Male Age 19-44 Years

Member Months: 29,406

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$980,300	1,126	459.49	\$870.60	\$33.34
Surgical	945,124	668	272.59	1,414.86	32.14
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	322,127	578	235.87	557.31	10.95
Alcohol and Drug Abuse	37,023	71	28.97	521.45	1.26
Other	175,248	237	96.71	739.44	5.96
	\$2,459,821	2,680	1,093.64	\$917.84	\$83.65
Hospital Outpatient					
Emergency Room	\$390,613	3,937	1,606.59	\$99.22	\$13.28
Surgery	299,685	472	192.61	634.93	10.19
Radiology	438,434	3,799	1,550.27	115.41	14.91
Pathology/Lab	255,073	26,587	10,849.46	9.59	8.67
Pharmacy	468,721	42,518	17,350.48	11.02	15.94
Cardiovascular	74,707	792	323.19	94.33	2.54
PT/OT/ST	85,711	3,587	1,463.76	23.90	2.91
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	537,800	61,081	24,925.56	8.80	18.29
	\$2,550,745	142,773	58,261.93	\$17.87	\$86.74
Professional					
Ambulatory Surgery Center	\$61,562	256	104.47	\$240.48	\$2.09
Physician	1,471,543	74,998	30,604.72	19.62	50.04
Advance Registered Nurse Practitioner	7,187	264	107.73	27.22	0.24
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	470	27	11.02	17.40	0.02
Audiology	84	6	2.45	13.99	0.00
Psychology	126,241	2,048	835.74	61.64	4.29
Physical Therapy	61,490	3,207	1,308.69	19.17	2.09
Speech Therapy	5,927	414	168.94	14.32	0.20
Occupational Therapy	6,301	346	141.19	18.21	0.21
Podiatry	8,387	184	75.09	45.58	0.29
Mental Health Center	4,493,994	93,455	38,136.54	48.09	152.82
Laboratory	29,248	3,227	1,316.85	9.06	0.99
X-Ray	21,362	408	166.49	52.36	0.73
Clinic Services	248	9	3.67	27.58	0.01
Methadone Treatment Clinic	174,810	15,326	6,254.14	11.41	5.94
Medical Services Clinic	3,796	136	55.50	27.91	0.13
Federally Qualified and Rural Health Clinics	212,198	1,796	732.90	118.15	7.22
Other	0	0	0.00	0.00	0.00
	\$6,684,847	196,107	80,026.14	\$34.09	\$227.33
Other Services					
Prescription Drugs	\$8,924,931	73,177	29,861.62	\$121.96	\$303.50
Home Health	1,185,689	179,198	73,126.01	6.62	40.32
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,034,490	810,552	330,765.06	1.28	35.18
Ambulance	145,349	10,366	4,230.09	14.02	4.94
Wheelchair Van	45,197	12,679	5,173.97	3.56	1.54
Optometry / Glasses	38,472	1,454	593.34	26.46	1.31
Private Duty Nursing	1,127,108	28,991	11,830.47	38.88	38.33
Personal Care	699,857	158,989	64,879.25	4.40	23.80
Adult Medical Day Care	2,281	93	37.95	24.53	0.08
Other	0	0	0.00	0.00	0.00
	\$13,203,374	1,275,499	520,497.77	\$10.35	\$449.00
All Services	\$24,898,787	1,617,059	659,879.47	\$15.40	\$846.71

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Age 45+ Years

Member Months: 48,501

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$4,364,189	5,250	1,298.95	\$831.27	\$89.98
Surgical	2,805,506	1,906	471.58	1,471.93	57.84
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	373,107	1,144	283.05	326.14	7.69
Alcohol and Drug Abuse	129,425	237	58.64	546.10	2.67
Other	95,285	141	34.89	675.78	1.96
	\$7,767,512	8,678	2,147.10	\$895.08	\$160.15
Hospital Outpatient					
Emergency Room	\$807,714	7,388	1,827.93	\$109.33	\$16.65
Surgery	993,088	2,100	519.58	472.90	20.48
Radiology	1,692,624	14,240	3,523.25	118.86	34.90
Pathology/Lab	741,202	76,501	18,927.80	9.69	15.28
Pharmacy	1,589,326	116,188	28,747.12	13.68	32.77
Cardiovascular	311,827	3,278	811.04	95.13	6.43
PT/OT/ST	256,717	11,375	2,814.39	22.57	5.29
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	1,608,972	69,140	17,106.55	23.27	33.17
	\$8,001,469	300,210	74,277.66	\$26.65	\$164.98
Professional					
Ambulatory Surgery Center	\$238,463	897	221.93	\$265.85	\$4.92
Physician	5,883,915	312,367	77,285.53	18.84	121.32
Advance Registered Nurse Practitioner	27,512	942	233.07	29.21	0.57
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	3,153	153	37.86	20.61	0.07
Audiology	979	43	10.64	22.76	0.02
Psychology	146,160	2,270	561.64	64.39	3.01
Physical Therapy	154,116	6,939	1,716.84	22.21	3.18
Speech Therapy	67	4	0.99	16.80	0.00
Occupational Therapy	4,652	222	54.93	20.95	0.10
Podiatry	45,883	1,107	273.89	41.45	0.95
Mental Health Center	7,413,704	148,666	36,782.79	49.87	152.86
Laboratory	98,381	11,020	2,726.56	8.93	2.03
X-Ray	123,276	2,455	607.41	50.21	2.54
Clinic Services	560	74	18.31	7.57	0.01
Methadone Treatment Clinic	218,469	19,336	4,784.09	11.30	4.50
Medical Services Clinic	6,437	185	45.77	34.79	0.13
Federally Qualified and Rural Health Clinics	829,419	7,357	1,820.26	112.74	17.10
Other	0	1	0.25	0.00	0.00
	\$15,195,145	514,038	127,182.76	\$29.56	\$313.30
Other Services					
Prescription Drugs	\$20,058,183	258,165	63,874.92	\$77.70	\$413.56
Home Health	1,074,797	53,321	13,192.63	20.16	22.16
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,812,850	392,742	97,171.83	4.62	37.38
Ambulance	462,035	24,811	6,138.71	18.62	9.53
Wheelchair Van	216,912	38,206	9,452.89	5.68	4.47
Optometry / Glasses	130,433	5,025	1,243.28	25.96	2.69
Private Duty Nursing	18,593	468	115.79	39.73	0.38
Personal Care	741,711	168,523	41,695.79	4.40	15.29
Adult Medical Day Care	43,856	2,015	498.55	21.76	0.90
Other	0	0	0.00	0.00	0.00
	\$24,559,369	943,276	233,384.40	\$26.04	\$506.37
All Services	\$55,523,495	1,766,202	436,991.92	\$31.44	\$1,144.80

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Old Age Assistance Program (non-dual / non-NF resident)

Member Months: 9,007

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$688,023	943	1,256.33	\$729.61	\$76.39
Surgical	414,622	307	409.01	1,350.56	46.03
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	10,662	170	226.49	62.72	1.18
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	3,103	8	10.66	387.94	0.34
	\$1,116,411	1,428	1,902.48	\$781.80	\$123.95
Hospital Outpatient					
Emergency Room	\$74,670	578	770.05	\$129.19	\$8.29
Surgery	115,501	345	459.63	334.79	12.82
Radiology	221,702	1,954	2,603.25	113.46	24.61
Pathology/Lab	105,581	11,207	14,930.72	9.42	11.72
Pharmacy	175,460	16,406	21,857.18	10.69	19.48
Cardiovascular	68,333	622	828.67	109.86	7.59
PT/OT/ST	33,380	1,529	2,037.04	21.83	3.71
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	209,252	7,707	10,267.79	27.15	23.23
	\$1,003,879	40,348	53,754.33	\$24.88	\$111.45
Professional					
Ambulatory Surgery Center	\$37,842	107	142.55	\$353.66	\$4.20
Physician	944,259	54,308	72,352.79	17.39	104.83
Advance Registered Nurse Practitioner	2,332	81	107.91	28.78	0.26
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	715	11	14.65	65.00	0.08
Audiology	78	5	6.66	15.66	0.01
Psychology	348	5	6.66	69.56	0.04
Physical Therapy	9,841	448	596.86	21.97	1.09
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	75	4	5.33	18.70	0.01
Podiatry	5,132	160	213.16	32.07	0.57
Mental Health Center	640,671	15,189	20,235.81	42.18	71.13
Laboratory	14,413	1,879	2,503.33	7.67	1.60
X-Ray	21,784	386	514.26	56.44	2.42
Clinic Services	0	0	0.00	0.00	0.00
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	0	0	0.00	0.00	0.00
Federally Qualified and Rural Health Clinics	120,317	841	1,120.44	143.06	13.36
Other	40	3	4.00	13.44	0.00
	\$1,797,846	73,427	97,824.42	\$24.48	\$199.60
Other Services					
Prescription Drugs	\$2,011,549	37,794	50,351.72	\$53.22	\$223.33
Home Health	173,713	6,027	8,029.58	28.82	19.29
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	202,062	55,788	74,324.55	3.62	22.43
Ambulance	44,341	1,811	2,412.74	24.48	4.92
Wheelchair Van	33,374	4,473	5,959.23	7.46	3.71
Optometry / Glasses	19,338	809	1,077.80	23.90	2.15
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	65,453	2,370	3,157.47	27.62	7.27
Other	0	0	0.00	0.00	0.00
	\$2,549,828	109,072	145,313.10	\$23.38	\$283.09
All Services	\$6,467,964	224,275	298,794.32	\$28.84	\$718.09

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Nursing Facility (NF) Residents (non-dual)

Member Months: 1,846

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$349,828	418	2,716.90	\$836.91	\$189.48
Surgical	136,359	89	578.48	1,532.12	73.86
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	27,158	199	1,293.45	136.47	14.71
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	40,976	32	207.99	1,280.50	22.19
	\$554,321	738	4,796.83	\$751.11	\$300.25
Hospital Outpatient					
Emergency Room	\$20,528	136	883.97	\$150.94	\$11.12
Surgery	25,379	53	344.49	478.84	13.75
Radiology	28,341	319	2,073.43	88.84	15.35
Pathology/Lab	33,400	4,321	28,085.50	7.73	18.09
Pharmacy	16,068	2,585	16,801.90	6.22	8.70
Cardiovascular	3,318	50	324.99	66.37	1.80
PT/OT/ST	4,182	147	955.47	28.45	2.27
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	50,961	1,415	9,197.17	36.01	27.60
	\$182,177	9,026	58,666.91	\$20.18	\$98.68
Professional					
Ambulatory Surgery Center	\$1,296	3	19.50	\$432.00	\$0.70
Physician	329,060	37,847	245,996.74	8.69	178.23
Advance Registered Nurse Practitioner	1,840	66	428.98	27.87	1.00
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	0	0	0.00	0.00	0.00
Audiology	0	0	0.00	0.00	0.00
Psychology	4,564	70	454.98	65.20	2.47
Physical Therapy	98	12	78.00	8.15	0.05
Speech Therapy	22	1	6.50	21.73	0.01
Occupational Therapy	0	0	0.00	0.00	0.00
Podiatry	4,810	188	1,221.96	25.58	2.61
Mental Health Center	9,848	100	649.98	98.48	5.33
Laboratory	6,962	1,018	6,616.76	6.84	3.77
X-Ray	5,287	342	2,222.92	15.46	2.86
Clinic Services	0	0	0.00	0.00	0.00
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	0	0	0.00	0.00	0.00
Federally Qualified and Rural Health Clinics	21,389	174	1,130.96	122.92	11.59
Other	1	7	45.50	0.14	0.00
	\$385,175	39,828	258,872.78	\$9.67	\$208.63
Other Services					
Prescription Drugs	\$1,161,821	19,614	127,486.46	\$59.23	\$629.30
Home Health	40,436	5,342	34,721.76	7.57	21.90
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	97,391	19,954	129,696.38	4.88	52.75
Ambulance	87,293	7,756	50,412.20	11.25	47.28
Wheelchair Van	47,139	8,002	52,011.15	5.89	25.53
Optometry / Glasses	2,237	83	539.48	26.95	1.21
Private Duty Nursing	60,791	1,553	10,094.14	39.14	32.93
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$1,497,107	62,304	404,961.58	\$24.03	\$810.90
All Services	\$2,618,780	111,896	727,298.10	\$23.40	\$1,418.46

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Nursing Facility (NF) Residents (dual)

Member Months: 47,093

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$16,928	80	20.39	\$211.60	\$0.36
Surgical	0	12	3.06	0.00	0.00
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	6,421	23	5.86	279.17	0.14
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	780,647	3,088	786.88	252.80	16.58
	\$803,996	3,203	816.18	\$251.01	\$17.07
Hospital Outpatient					
Emergency Room	\$7,686	139	35.42	\$55.30	\$0.16
Surgery	26,349	94	23.95	280.31	0.56
Radiology	109,680	1,345	342.73	81.55	2.33
Pathology/Lab	69,812	1,797	457.91	38.85	1.48
Pharmacy	351,573	12,082	3,078.70	29.10	7.47
Cardiovascular	11,943	229	58.35	52.15	0.25
PT/OT/ST	31,127	292	74.41	106.60	0.66
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	158,267	4,501	1,146.93	35.16	3.36
	\$766,438	20,479	5,218.41	\$37.43	\$16.28
Professional					
Ambulatory Surgery Center	\$260	34	8.66	\$7.66	\$0.01
Physician	445,994	75,284	19,183.68	5.92	9.47
Advance Registered Nurse Practitioner	720	439	111.86	1.64	0.02
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	0	0	0.00	0.00	0.00
Audiology	572	40	10.19	14.31	0.01
Psychology	8,303	455	115.94	18.25	0.18
Physical Therapy	0	0	0.00	0.00	0.00
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	0	0	0.00	0.00	0.00
Podiatry	18,138	1,911	486.96	9.49	0.39
Mental Health Center	50,104	1,387	353.43	36.12	1.06
Laboratory	3,647	480	122.31	7.60	0.08
X-Ray	3,563	2,200	560.60	1.62	0.08
Clinic Services	0	0	0.00	0.00	0.00
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	0	0	0.00	0.00	0.00
Federally Qualified and Rural Health Clinics	108,415	3,867	985.38	28.04	2.30
Other	5,335	1,410	359.29	3.78	0.11
	\$645,052	87,507	22,298.31	\$7.37	\$13.70
Other Services					
Prescription Drugs	\$369,195	79,645	20,294.94	\$4.64	\$7.84
Home Health	1,916	83	21.15	23.08	0.04
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	260,871	66,237	16,878.34	3.94	5.54
Ambulance	116,590	14,223	3,624.27	8.20	2.48
Wheelchair Van	716,775	122,022	31,093.33	5.87	15.22
Optometry / Glasses	25,851	1,466	373.56	17.63	0.55
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	2,505	572	145.76	4.38	0.05
Adult Medical Day Care	350	32	8.15	10.94	0.01
Other	0	0	0.00	0.00	0.00
	\$1,494,054	284,280	72,439.50	\$5.26	\$31.73
All Services	\$3,709,539	395,469	100,772.40	\$9.38	\$78.77

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Dual Eligibles (non-NF resident) - Age 0-44

Member Months: 46,657

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$82,780	123	31.64	\$673.01	\$1.77
Surgical	6,423	5	1.29	1,284.53	0.14
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	5,447	6	1.54	907.79	0.12
Newborn	0	0	0.00	0.00	0.00
Psychiatric	21,540	51	13.12	422.35	0.46
Alcohol and Drug Abuse	5,791	5	1.29	1,158.24	0.12
Other	832,932	3,128	804.51	266.28	17.85
	\$954,913	3,318	853.38	\$287.80	\$20.47
Hospital Outpatient					
Emergency Room	\$186,948	2,949	758.47	\$63.39	\$4.01
Surgery	100,660	297	76.39	338.92	2.16
Radiology	350,002	3,464	890.93	101.04	7.50
Pathology/Lab	293,190	12,827	3,299.05	22.86	6.28
Pharmacy	773,148	32,790	8,433.45	23.58	16.57
Cardiovascular	35,469	383	98.51	92.61	0.76
PT/OT/ST	79,147	2,237	575.35	35.38	1.70
Psychiatric	2,681	62	15.95	43.24	0.06
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	416,489	13,702	3,524.10	30.40	8.93
	\$2,237,734	68,711	17,672.19	\$32.57	\$47.96
Professional					
Ambulatory Surgery Center	\$31,505	333	85.65	\$94.61	\$0.68
Physician	1,053,417	91,120	23,435.69	11.56	22.58
Advance Registered Nurse Practitioner	9,876	787	202.41	12.55	0.21
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	9,426	389	100.05	24.23	0.20
Audiology	289	41	10.55	7.04	0.01
Psychology	87,933	2,601	668.97	33.81	1.88
Physical Therapy	18,505	2,223	571.75	8.32	0.40
Speech Therapy	80	4	1.03	20.06	0.00
Occupational Therapy	1,846	127	32.66	14.53	0.04
Podiatry	3,764	303	77.93	12.42	0.08
Mental Health Center	7,337,625	176,414	45,372.96	41.59	157.27
Laboratory	18,179	2,077	534.20	8.75	0.39
X-Ray	8,943	410	105.45	21.81	0.19
Clinic Services	4,867	256	65.84	19.01	0.10
Methadone Treatment Clinic	306,498	27,151	6,983.13	11.29	6.57
Medical Services Clinic	1,474	74	19.03	19.93	0.03
Federally Qualified and Rural Health Clinics	186,841	3,532	908.42	52.90	4.00
Other	5,987	1,310	336.93	4.57	0.13
	\$9,087,054	309,152	79,512.64	\$29.39	\$194.76
Other Services					
Prescription Drugs	\$1,782,256	32,680	8,405.16	\$54.54	\$38.20
Home Health	460,876	59,943	15,417.10	7.69	9.88
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	753,689	657,427	169,087.56	1.15	16.15
Ambulance	48,023	3,959	1,018.24	12.13	1.03
Wheelchair Van	107,673	23,749	6,108.15	4.53	2.31
Optometry / Glasses	66,907	2,744	705.75	24.38	1.43
Private Duty Nursing	1,008,281	25,428	6,539.98	39.65	21.61
Personal Care	1,463,355	332,441	85,502.48	4.40	31.36
Adult Medical Day Care	51,508	1,742	448.04	29.57	1.10
Other	0	0	0.00	0.00	0.00
	\$5,742,568	1,140,113	293,232.44	\$5.04	\$123.08
All Services	\$18,022,269	1,521,294	391,270.64	\$11.85	\$386.27

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Dual Eligibles (non-NF resident) - Age 45-64

Member Months: 46,708

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$48,062	30	7.71	\$1,602.07	\$1.03
Surgical	95,116	78	20.04	1,219.44	2.04
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	5,542	119	30.57	46.57	0.12
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	1,121,962	4,432	1,138.64	253.15	24.02
	\$1,270,682	4,659	1,196.96	\$272.74	\$27.20
Hospital Outpatient					
Emergency Room	\$114,437	1,627	418.00	\$70.34	\$2.45
Surgery	106,035	354	90.95	299.53	2.27
Radiology	447,312	4,749	1,220.08	94.19	9.58
Pathology/Lab	302,155	10,726	2,755.66	28.17	6.47
Pharmacy	1,113,866	43,870	11,270.81	25.39	23.85
Cardiovascular	65,269	616	158.26	105.96	1.40
PT/OT/ST	118,070	3,044	782.05	38.79	2.53
Psychiatric	1,779	52	13.36	34.20	0.04
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	514,940	16,733	4,298.94	30.77	11.02
	\$2,783,861	81,771	21,008.11	\$34.04	\$59.60
Professional					
Ambulatory Surgery Center	\$36,826	509	130.77	\$72.35	\$0.79
Physician	1,256,620	156,929	40,317.24	8.01	26.90
Advance Registered Nurse Practitioner	8,016	885	227.37	9.06	0.17
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	360	19	4.88	18.97	0.01
Audiology	165	34	8.74	4.84	0.00
Psychology	56,305	1,822	468.10	30.90	1.21
Physical Therapy	15,934	2,354	604.78	6.77	0.34
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	3,090	228	58.58	13.55	0.07
Podiatry	9,504	886	227.63	10.73	0.20
Mental Health Center	11,589,524	307,715	79,056.27	37.66	248.13
Laboratory	9,887	1,453	373.30	6.80	0.21
X-Ray	13,627	1,134	291.34	12.02	0.29
Clinic Services	1,371	82	21.07	16.72	0.03
Methadone Treatment Clinic	96,596	8,455	2,172.21	11.42	2.07
Medical Services Clinic	1,210	61	15.67	19.84	0.03
Federally Qualified and Rural Health Clinics	181,266	4,484	1,152.00	40.43	3.88
Other	7,726	2,054	527.70	3.76	0.17
	\$13,288,027	489,104	125,657.63	\$27.17	\$284.49
Other Services					
Prescription Drugs	\$1,071,199	40,520	10,410.15	\$26.44	\$22.93
Home Health	372,972	22,411	5,757.70	16.64	7.99
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	1,236,447	923,975	237,382.04	1.34	26.47
Ambulance	78,587	7,791	2,001.62	10.09	1.68
Wheelchair Van	733,666	129,253	33,206.90	5.68	15.71
Optometry / Glasses	85,587	3,845	987.83	22.26	1.83
Private Duty Nursing	51,413	1,247	320.37	41.23	1.10
Personal Care	3,047,444	692,412	177,890.28	4.40	65.24
Adult Medical Day Care	223,102	7,387	1,897.82	30.20	4.78
Other	0	0	0.00	0.00	0.00
	\$6,900,416	1,828,841	469,854.71	\$3.77	\$147.73
All Services	\$24,242,987	2,404,375	617,717.41	\$10.08	\$519.03

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Dual Eligibles (non-NF resident) - Age 65+

Member Months: 41,629

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$48,536	231	66.59	\$210.11	\$1.17
Surgical	31,401	76	21.91	413.17	0.75
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	0	17	4.90	0.00	0.00
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	1,471,616	5,771	1,663.56	255.00	35.35
	\$1,551,553	6,095	1,756.96	\$254.56	\$37.27
Hospital Outpatient					
Emergency Room	\$32,120	509	146.73	\$63.10	\$0.77
Surgery	50,629	221	63.71	229.09	1.22
Radiology	302,336	3,052	879.78	99.06	7.26
Pathology/Lab	218,667	5,161	1,487.72	42.37	5.25
Pharmacy	1,115,313	29,113	8,392.18	38.31	26.79
Cardiovascular	44,772	468	134.91	95.67	1.08
PT/OT/ST	70,834	1,398	402.99	50.67	1.70
Psychiatric	225	12	3.46	18.77	0.01
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	369,178	11,513	3,318.76	32.07	8.87
	\$2,204,075	51,447	14,830.23	\$42.84	\$52.95
Professional					
Ambulatory Surgery Center	\$7,977	209	60.25	\$38.17	\$0.19
Physician	819,110	91,092	26,258.38	8.99	19.68
Advance Registered Nurse Practitioner	1,076	308	88.78	3.49	0.03
Certified Midwife	0	0	0.00	0.00	0.00
Family Planning	0	0	0.00	0.00	0.00
Audiology	274	12	3.46	22.80	0.01
Psychology	4,676	288	83.02	16.23	0.11
Physical Therapy	2,639	763	219.94	3.46	0.06
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	94	78	22.48	1.21	0.00
Podiatry	10,295	1,116	321.70	9.22	0.25
Mental Health Center	1,975,405	44,358	12,786.74	44.53	47.45
Laboratory	3,399	558	160.85	6.09	0.08
X-Ray	12,558	1,172	337.84	10.71	0.30
Clinic Services	373	25	7.21	14.92	0.01
Methadone Treatment Clinic	4,069	356	102.62	11.43	0.10
Medical Services Clinic	181	6	1.73	30.22	0.00
Federally Qualified and Rural Health Clinics	121,210	3,581	1,032.27	33.85	2.91
Other	7,437	2,250	648.59	3.31	0.18
	\$2,970,772	146,172	42,135.87	\$20.32	\$71.36
Other Services					
Prescription Drugs	\$351,010	23,166	6,677.88	\$15.15	\$8.43
Home Health	247,088	15,225	4,388.79	16.23	5.94
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	873,031	661,361	190,645.39	1.32	20.97
Ambulance	31,001	4,751	1,369.53	6.53	0.74
Wheelchair Van	896,365	134,320	38,719.38	6.67	21.53
Optometry / Glasses	41,534	2,057	592.96	20.19	1.00
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	631,642	143,626	41,401.95	4.40	15.17
Adult Medical Day Care	400,294	17,213	4,961.86	23.26	9.62
Other	0	1	0.29	0.00	0.00
	\$3,471,964	1,001,720	288,758.03	\$3.47	\$83.40
All Services	\$10,198,364	1,205,434	347,481.08	\$8.46	\$244.98

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Newborn Kick Payment

Cases: 5,869

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$7,396,683	7,085	1,207.19	\$1,043.99	\$1,260.30
Surgical	743,404	227	38.68	3,274.91	126.67
Maternity Delivery	0	0	0.00	0.00	0.00
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	1,461,239	6,775	1,154.37	215.68	248.98
Psychiatric	2,678	5	0.85	535.52	0.46
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$9,604,004	14,092	2,401.09	\$681.52	\$1,636.40
Hospital Outpatient					
Emergency Room	\$46,391	597	101.72	\$77.71	\$7.90
Surgery	7,705	30	5.11	256.82	1.31
Radiology	26,702	413	70.37	64.65	4.55
Pathology/Lab	21,837	3,543	603.68	6.16	3.72
Pharmacy	4,139	360	61.34	11.50	0.71
Cardiovascular	9,354	93	15.85	100.58	1.59
PT/OT/ST	4,019	117	19.94	34.35	0.68
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	45,443	1,648	280.80	27.57	7.74
	\$165,590	6,801	1,158.80	\$24.35	\$28.21
Professional					
Ambulatory Surgery Center	\$0	0	0.00	\$0.00	\$0.00
Physician	1,910,851	36,720	6,256.60	52.04	325.58
Advance Registered Nurse Practitioner	37	1	0.17	37.00	0.01
Certified Midwife	9,894	180	30.67	54.97	1.69
Family Planning	2,135	183	31.18	11.67	0.36
Audiology	949	264	44.98	3.59	0.16
Psychology	0	0	0.00	0.00	0.00
Physical Therapy	0	0	0.00	0.00	0.00
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	110	5	0.85	21.98	0.02
Podiatry	0	0	0.00	0.00	0.00
Mental Health Center	6,945	463	78.89	15.00	1.18
Laboratory	452	84	14.31	5.38	0.08
X-Ray	370	8	1.36	46.22	0.06
Clinic Services	40,656	2,722	463.79	14.94	6.93
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	3,725	92	15.68	40.48	0.63
Federally Qualified and Rural Health Clinics	460,001	4,593	782.59	100.15	78.38
Other	0	0	0.00	0.00	0.00
	\$2,436,125	45,315	7,721.08	\$53.76	\$415.08
Other Services					
Prescription Drugs	\$28,723	1,213	206.68	\$23.68	\$4.89
Home Health	124,088	4,481	763.50	27.69	21.14
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	32,938	55,417	9,442.32	0.59	5.61
Ambulance	81,745	9,109	1,552.05	8.97	13.93
Wheelchair Van	0	0	0.00	0.00	0.00
Optometry / Glasses	34	1	0.17	33.60	0.01
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$267,528	70,221	11,964.73	\$3.81	\$45.58
All Services	\$12,473,246	136,429	23,245.70	\$91.43	\$2,125.28

Appendix A
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Fee-For-Service Base Experience Data - CY 2010

Eligibility Category: Maternity Kick Payment

Cases: 4,045

Benefits	Total Paid Dollars	Total Paid Services	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
Hospital Inpatient					
Medical	\$0	0	0.00	\$0.00	\$0.00
Surgical	0	0	0.00	0.00	0.00
Maternity Delivery	7,116,358	10,185	2,517.92	698.71	1,759.30
Maternity Non-Delivery	0	0	0.00	0.00	0.00
Newborn	0	0	0.00	0.00	0.00
Psychiatric	0	0	0.00	0.00	0.00
Alcohol and Drug Abuse	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$7,116,358	10,185	2,517.92	\$698.71	\$1,759.30
Hospital Outpatient					
Emergency Room	\$1,567	2	0.49	\$783.64	\$0.39
Surgery	0	0	0.00	0.00	0.00
Radiology	32	1	0.25	31.74	0.01
Pathology/Lab	546	38	9.39	14.37	0.14
Pharmacy	6	5	1.24	1.25	0.00
Cardiovascular	0	0	0.00	0.00	0.00
PT/OT/ST	0	0	0.00	0.00	0.00
Psychiatric	0	0	0.00	0.00	0.00
Alcohol & Drug Abuse	0	0	0.00	0.00	0.00
Other	97	4	0.99	24.32	0.02
	\$2,249	50	12.36	\$44.98	\$0.56
Professional					
Ambulatory Surgery Center	\$0	0	0.00	\$0.00	\$0.00
Physician	2,682,954	48,536	11,999.01	55.28	663.28
Advance Registered Nurse Practitioner	20,377	1,515	374.54	13.45	5.04
Certified Midwife	28,839	58	14.34	497.23	7.13
Family Planning	600	30	7.42	20.00	0.15
Audiology	0	0	0.00	0.00	0.00
Psychology	0	0	0.00	0.00	0.00
Physical Therapy	0	0	0.00	0.00	0.00
Speech Therapy	0	0	0.00	0.00	0.00
Occupational Therapy	0	0	0.00	0.00	0.00
Podiatry	0	0	0.00	0.00	0.00
Mental Health Center	0	0	0.00	0.00	0.00
Laboratory	0	0	0.00	0.00	0.00
X-Ray	0	0	0.00	0.00	0.00
Clinic Services	0	0	0.00	0.00	0.00
Methadone Treatment Clinic	0	0	0.00	0.00	0.00
Medical Services Clinic	38,818	66	16.32	588.16	9.60
Federally Qualified and Rural Health Clinics	487,981	594	146.85	821.52	120.64
Other	0	0	0.00	0.00	0.00
	\$3,259,570	50,799	12,558.47	\$64.17	\$805.83
Other Services					
Prescription Drugs	\$0	0	0.00	\$0.00	\$0.00
Home Health	0	0	0.00	0.00	0.00
Hospice	0	0	0.00	0.00	0.00
Durable Medical Equipment	0	0	0.00	0.00	0.00
Ambulance	0	0	0.00	0.00	0.00
Wheelchair Van	0	0	0.00	0.00	0.00
Optometry / Glasses	0	0	0.00	0.00	0.00
Private Duty Nursing	0	0	0.00	0.00	0.00
Personal Care	0	0	0.00	0.00	0.00
Adult Medical Day Care	0	0	0.00	0.00	0.00
Other	0	0	0.00	0.00	0.00
	\$0	0	0.00	\$0.00	\$0.00
All Services	\$10,378,176	61,034	15,088.75	\$170.04	\$2,565.68

APPENDIX B

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program
April 6, 2012

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHHS to set July 2012 – June 2013 capitation rates for the Medicaid care management program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Age 2-11 Months

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$15.34	1.0024	1.0000	0.9725	1.0000	1.0000	1.0000	1.0170	0.8000		\$12.17
Surgical	10.80	1.0024	1.0000	0.9567	1.0000	1.0000	1.0000	1.0170	0.8000		8.43
Maternity Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Alcohol and Drug Abuse	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
	\$26.14										\$20.59
Hospital Outpatient											
Emergency Room	\$6.48	1.0037	1.0000	1.0000	0.9695	1.0508	1.0508	1.0170	0.8000		\$5.67
Surgery	3.57	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.22
Radiology	2.84	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.56
Pathology/Lab	1.16	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.05
Pharmacy	2.32	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.09
Cardiovascular	0.58	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.52
PT/OT/ST	0.74	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.67
Psychiatric	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	4.99	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.50
	\$22.69										\$20.28
Professional											
Ambulatory Surgery Center	\$0.80	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.79
Physician	52.12	1.0025	1.0000	0.9990	1.0000	1.0508	1.0252	1.0119	0.9000		51.21
Advance Registered Nurse Practitioner	0.01	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Certified Midwife	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.11	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.11
Audiology	0.04	1.0025	1.0000	1.0416	1.0000	1.0508	1.0252	1.0119	0.9000		0.04
Psychology	0.01	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Physical Therapy	0.25	1.0025	1.0000	0.9806	1.0000	1.0508	1.0252	1.0119	0.9000		0.24
Speech Therapy	0.02	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Occupational Therapy	0.07	1.0025	1.0000	0.9877	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Podiatry	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Mental Health Center	0.47	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.8500		0.44
Laboratory	0.10	1.0025	1.0000	0.9200	1.0000	1.0508	1.0252	1.0119	0.9000		0.09
X-Ray	0.03	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Clinic Services	2.80	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		2.76
Methadone Treatment Clinic	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.28	1.0025	1.0000	0.9997	1.0000	1.0508	1.0252	1.0119	0.9000		0.28
Federally Qualified and Rural Health Clinics	17.19	1.0025	1.0000	1.0375	1.0000	1.0508	1.0252	1.0119	0.9000		17.54
Other	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$74.30										\$73.62
Other Services											
Prescription Drugs	\$15.97	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$14.01
Home Health	5.72	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		4.87
Hospice	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	19.66	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		16.75
Ambulance	0.99	1.0061	1.0000	0.9883	1.0000	1.0252	1.0252	1.0069	0.8000		0.84
Wheelchair Van	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Optometry / Glasses	0.02	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.02
Private Duty Nursing	1.62	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.38
Personal Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.14	0.14
	\$44.00										\$38.00
All Services	\$167.13										\$152.49

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Age 1-5 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$6.52	1.0024	0.9924	0.9597	1.0000	1.0000	1.0000	1.0170	0.8000		\$5.07
Surgical	6.12	1.0024	0.9924	0.9282	1.0000	1.0000	1.0000	1.0170	0.8000		4.60
Maternity Delivery	0.00	1.0024	0.9924	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0024	0.9924	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0024	0.9924	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.01	1.0024	0.9924	0.9824	1.0000	1.0000	1.0000	1.0170	0.8000		0.01
Alcohol and Drug Abuse	0.01	1.0024	0.9924	1.0635	1.0000	1.0000	1.0000	1.0170	0.8000		0.01
Other	0.56	1.0024	0.9924	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.45
	\$13.22										\$10.13
Hospital Outpatient											
Emergency Room	\$5.22	1.0037	0.9924	1.0000	0.9809	1.0508	1.0508	1.0170	0.8000		\$4.58
Surgery	3.14	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.81
Radiology	1.83	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.63
Pathology/Lab	1.36	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.21
Pharmacy	0.98	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.88
Cardiovascular	0.25	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.22
PT/OT/ST	1.59	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.42
Psychiatric	0.00	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	5.15	1.0037	0.9924	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.61
	\$19.52										\$17.37
Professional											
Ambulatory Surgery Center	\$0.71	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.69
Physician	24.13	1.0025	0.9924	0.9987	1.0000	1.0508	1.0252	1.0119	0.9000		23.52
Advance Registered Nurse Practitioner	0.03	1.0025	0.9924	0.9995	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Certified Midwife	0.00	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.00	1.0025	0.9924	0.9884	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Audiology	0.05	1.0025	0.9924	1.0362	1.0000	1.0508	1.0252	1.0119	0.9000		0.05
Psychology	0.86	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.84
Physical Therapy	0.16	1.0025	0.9924	0.9796	1.0000	1.0508	1.0252	1.0119	0.9000		0.15
Speech Therapy	0.49	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.47
Occupational Therapy	0.56	1.0025	0.9924	0.9875	1.0000	1.0508	1.0252	1.0119	0.9000		0.54
Podiatry	0.01	1.0025	0.9924	0.9983	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Mental Health Center	7.78	1.0025	0.9924	0.9640	1.0000	1.0508	1.0252	1.0119	0.8500		6.91
Laboratory	0.13	1.0025	0.9924	0.9002	1.0000	1.0508	1.0252	1.0119	0.9000		0.11
X-Ray	0.02	1.0025	0.9924	1.0014	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Clinic Services	0.51	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.49
Methadone Treatment Clinic	0.00	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.10	1.0025	0.9924	0.9950	1.0000	1.0508	1.0252	1.0119	0.9000		0.10
Federally Qualified and Rural Health Clinics	7.25	1.0025	0.9924	1.0365	1.0000	1.0508	1.0252	1.0119	0.9000		7.33
Other	0.00	1.0025	0.9924	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$42.79										\$41.29
Other Services											
Prescription Drugs	\$13.67	1.0000	0.9924	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$11.90
Home Health	1.29	1.0061	0.9924	0.9999	1.0000	1.0252	1.0252	1.0069	0.8000		1.09
Hospice	0.00	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	5.36	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		4.53
Ambulance	0.57	1.0061	0.9924	0.9945	1.0000	1.0252	1.0252	1.0069	0.8000		0.48
Wheelchair Van	0.02	1.0061	0.9924	0.9988	1.0000	1.0252	1.0252	1.0069	0.8000		0.02
Optometry / Glasses	0.31	1.0061	0.9924	0.9998	1.0000	1.0252	1.0252	1.0069	0.8000		0.27
Private Duty Nursing	1.08	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.91
Personal Care	0.00	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	0.9924	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.12	0.12
	\$22.30										\$19.31
All Services	\$97.83										\$88.09

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Age 6-13 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$1.84	1.0024	0.9885	0.9788	1.0000	1.0000	1.0000	1.0170	0.8000		\$1.45
Surgical	3.11	1.0024	0.9885	0.9545	1.0000	1.0000	1.0000	1.0170	0.8000		2.39
Maternity Delivery	0.00	1.0024	0.9885	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0024	0.9885	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0024	0.9885	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.28	1.0024	0.9885	0.9369	1.0000	1.0000	1.0000	1.0170	0.8000		0.21
Alcohol and Drug Abuse	0.00	1.0024	0.9885	1.0635	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	3.06	1.0024	0.9885	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		2.46
	\$8.29										\$6.52
Hospital Outpatient											
Emergency Room	\$3.55	1.0037	0.9885	1.0000	0.9849	1.0508	1.0508	1.0170	0.8000		\$3.12
Surgery	2.21	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.97
Radiology	2.12	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.89
Pathology/Lab	1.18	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.05
Pharmacy	0.84	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.74
Cardiovascular	0.30	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.27
PT/OT/ST	0.91	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.81
Psychiatric	0.00	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	3.89	1.0037	0.9885	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.47
	\$14.99										\$13.31
Professional											
Ambulatory Surgery Center	\$0.32	1.0025	0.9885	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.32
Physician	17.47	1.0025	0.9885	0.9979	1.0000	1.0508	1.0252	1.0119	0.9000		16.95
Advance Registered Nurse Practitioner	0.10	1.0025	0.9885	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.09
Certified Midwife	0.00	1.0025	0.9885	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.01	1.0025	0.9885	0.9964	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Audiology	0.03	1.0025	0.9885	1.0376	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Psychology	4.28	1.0025	0.9885	1.0001	1.0000	1.0508	1.0252	1.0119	0.9000		4.16
Physical Therapy	0.44	1.0025	0.9885	0.9788	1.0000	1.0508	1.0252	1.0119	0.9000		0.42
Speech Therapy	0.19	1.0025	0.9885	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.19
Occupational Therapy	0.36	1.0025	0.9885	0.9901	1.0000	1.0508	1.0252	1.0119	0.9000		0.35
Podiatry	0.06	1.0025	0.9885	0.9999	0.9578	1.0508	1.0252	1.0119	0.9000		0.06
Mental Health Center	46.14	1.0025	0.9885	0.9893	1.0000	1.0508	1.0252	1.0119	0.8500		41.91
Laboratory	0.11	1.0025	0.9885	0.9031	1.0000	1.0508	1.0252	1.0119	0.9000		0.10
X-Ray	0.07	1.0025	0.9885	1.0006	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Clinic Services	0.15	1.0025	0.9885	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.14
Methadone Treatment Clinic	0.00	1.0025	0.9885	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.07	1.0025	0.9885	0.9987	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Federally Qualified and Rural Health Clinics	4.49	1.0025	0.9885	1.0331	1.0000	1.0508	1.0252	1.0119	0.9000		4.51
Other	0.00	1.0025	0.9885	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$74.30										\$69.37
Other Services											
Prescription Drugs	\$37.73	1.0000	0.9885	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$32.70
Home Health	1.49	1.0061	0.9885	0.9994	1.0000	1.0252	1.0252	1.0069	0.8000		1.26
Hospice	0.00	1.0061	0.9885	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	3.24	1.0061	0.9885	1.0005	1.0000	1.0252	1.0252	1.0069	0.8000		2.73
Ambulance	0.38	1.0061	0.9885	0.9923	1.0000	1.0252	1.0252	1.0069	0.8000		0.31
Wheelchair Van	0.02	1.0061	0.9885	0.9946	1.0000	1.0252	1.0252	1.0069	0.8000		0.02
Optometry / Glasses	1.64	1.0061	0.9885	0.9999	1.0000	1.0252	1.0252	1.0069	0.8000		1.38
Private Duty Nursing	0.62	1.0061	0.9885	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.52
Personal Care	0.00	1.0061	0.9885	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	0.9885	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	0.9885	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.17	0.17
	\$45.12										\$39.09
All Services	\$142.70										\$128.30

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Female Age 14-18 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$3.28	1.0024	0.9930	0.9872	1.0000	1.0000	1.0000	1.0170	0.8000		\$2.63
Surgical	3.71	1.0024	0.9930	0.9798	1.0000	1.0000	1.0000	1.0170	0.8000		2.95
Maternity Delivery	0.00	1.0024	0.9930	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.41	1.0024	0.9930	0.9337	1.0000	1.0000	1.0000	1.0170	0.8000		0.31
Newborn	0.00	1.0024	0.9930	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	1.51	1.0024	0.9930	0.9006	1.0000	1.0000	1.0000	1.0170	0.8000		1.10
Alcohol and Drug Abuse	0.02	1.0024	0.9930	1.0635	1.0000	1.0000	1.0000	1.0170	0.8000		0.02
Other	7.34	1.0024	0.9930	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		5.95
	\$16.27										\$12.94
Hospital Outpatient											
Emergency Room	\$6.91	1.0037	0.9930	1.0000	0.9574	1.0508	1.0508	1.0170	0.8000		\$5.93
Surgery	3.22	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.88
Radiology	5.86	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.25
Pathology/Lab	4.51	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.04
Pharmacy	1.43	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.28
Cardiovascular	0.79	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.71
PT/OT/ST	1.28	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.14
Psychiatric	0.00	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	6.24	1.0037	0.9930	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.58
	\$30.24										\$26.81
Professional											
Ambulatory Surgery Center	\$0.39	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.38
Physician	25.71	1.0025	0.9930	0.9959	1.0000	1.0508	1.0252	1.0119	0.9000		25.00
Advance Registered Nurse Practitioner	0.20	1.0025	0.9930	0.9990	1.0000	1.0508	1.0252	1.0119	0.9000		0.20
Certified Midwife	0.00	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.79	1.0025	0.9930	0.9973	1.0000	1.0508	1.0252	1.0119	0.9000		0.77
Audiology	0.02	1.0025	0.9930	1.0380	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Psychology	4.59	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		4.48
Physical Therapy	1.80	1.0025	0.9930	0.9704	1.0000	1.0508	1.0252	1.0119	0.9000		1.71
Speech Therapy	0.01	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Occupational Therapy	0.09	1.0025	0.9930	0.9841	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Podiatry	0.10	1.0025	0.9930	1.0000	0.8784	1.0508	1.0252	1.0119	0.9000		0.09
Mental Health Center	36.08	1.0025	0.9930	0.9643	1.0000	1.0508	1.0252	1.0119	0.8500		32.09
Laboratory	0.83	1.0025	0.9930	0.9139	1.0000	1.0508	1.0252	1.0119	0.9000		0.74
X-Ray	0.27	1.0025	0.9930	1.0002	1.0000	1.0508	1.0252	1.0119	0.9000		0.27
Clinic Services	0.14	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.13
Methadone Treatment Clinic	0.10	1.0025	0.9930	0.8208	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Medical Services Clinic	0.34	1.0025	0.9930	0.9979	1.0000	1.0508	1.0252	1.0119	0.9000		0.34
Federally Qualified and Rural Health Clinics	9.30	1.0025	0.9930	1.0371	1.0000	1.0508	1.0252	1.0119	0.9000		9.42
Other	0.00	1.0025	0.9930	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$80.76										\$75.81
Other Services											
Prescription Drugs	\$43.11	1.0000	0.9930	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$37.54
Home Health	1.07	1.0061	0.9930	0.9997	1.0000	1.0252	1.0252	1.0069	0.8000		0.91
Hospice	0.00	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	1.94	1.0061	0.9930	1.0008	1.0000	1.0252	1.0252	1.0069	0.8000		1.64
Ambulance	0.99	1.0061	0.9930	0.9939	1.0000	1.0252	1.0252	1.0069	0.8000		0.83
Wheelchair Van	0.00	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Optometry / Glasses	2.09	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.76
Private Duty Nursing	0.72	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.61
Personal Care	0.35	1.0061	0.9930	0.9892	1.0000	1.0252	1.0252	1.0069	0.8000		0.30
Adult Medical Day Care	0.00	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	0.9930	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.27	0.27
	\$50.27										\$43.86
All Services	\$177.55										\$159.42

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Male Age 14-18 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$3.48	1.0024	0.9769	1.0069	1.0000	1.0000	1.0000	1.0170	0.8000		\$2.79
Surgical	3.46	1.0024	0.9769	0.9810	1.0000	1.0000	1.0000	1.0170	0.8000		2.71
Maternity Delivery	0.00	1.0024	0.9769	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0024	0.9769	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0024	0.9769	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.91	1.0024	0.9769	0.9414	1.0000	1.0000	1.0000	1.0170	0.8000		0.68
Alcohol and Drug Abuse	0.01	1.0024	0.9769	1.0704	1.0000	1.0000	1.0000	1.0170	0.8000		0.01
Other	4.29	1.0024	0.9769	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		3.42
	\$12.15										\$9.61
Hospital Outpatient											
Emergency Room	\$5.46	1.0037	0.9769	1.0000	0.9722	1.0508	1.0508	1.0170	0.8000		\$4.67
Surgery	3.55	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.13
Radiology	4.03	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.55
Pathology/Lab	2.00	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.76
Pharmacy	1.75	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.54
Cardiovascular	0.65	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.57
PT/OT/ST	0.92	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.81
Psychiatric	0.00	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	6.00	1.0037	0.9769	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.29
	\$24.35										\$21.31
Professional											
Ambulatory Surgery Center	\$0.41	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.39
Physician	17.95	1.0025	0.9769	0.9973	1.0000	1.0508	1.0252	1.0119	0.9000		17.20
Advance Registered Nurse Practitioner	0.08	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Certified Midwife	0.00	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.01	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Audiology	0.01	1.0025	0.9769	1.0465	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	4.22	1.0025	0.9769	1.0001	1.0000	1.0508	1.0252	1.0119	0.9000		4.05
Physical Therapy	1.15	1.0025	0.9769	0.9663	1.0000	1.0508	1.0252	1.0119	0.9000		1.07
Speech Therapy	0.03	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Occupational Therapy	0.01	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Podiatry	0.19	1.0025	0.9769	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.16
Mental Health Center	38.11	1.0025	0.9769	0.9738	1.0000	1.0508	1.0252	1.0119	0.8500		33.68
Laboratory	0.24	1.0025	0.9769	0.9238	1.0000	1.0508	1.0252	1.0119	0.9000		0.21
X-Ray	0.26	1.0025	0.9769	0.9995	1.0000	1.0508	1.0252	1.0119	0.9000		0.25
Clinic Services	0.03	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Methadone Treatment Clinic	0.04	1.0025	0.9769	0.9619	1.0000	1.0508	1.0252	1.0119	0.9000		0.04
Medical Services Clinic	0.07	1.0025	0.9769	0.9977	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Federally Qualified and Rural Health Clinics	4.57	1.0025	0.9769	1.0313	1.0000	1.0508	1.0252	1.0119	0.9000		4.53
Other	0.00	1.0025	0.9769	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$67.38										\$61.81
Other Services											
Prescription Drugs	\$53.60	1.0000	0.9769	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$45.92
Home Health	1.68	1.0061	0.9769	0.9984	1.0000	1.0252	1.0252	1.0069	0.8000		1.40
Hospice	0.00	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	2.51	1.0061	0.9769	1.0001	1.0000	1.0252	1.0252	1.0069	0.8000		2.09
Ambulance	0.95	1.0061	0.9769	0.9960	1.0000	1.0252	1.0252	1.0069	0.8000		0.79
Wheelchair Van	0.15	1.0061	0.9769	0.9967	1.0000	1.0252	1.0252	1.0069	0.8000		0.13
Optometry / Glasses	1.55	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.29
Private Duty Nursing	0.09	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.08
Personal Care	0.00	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	0.9769	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.24	0.24
	\$60.53										\$51.93
All Services	\$164.41										\$144.65

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Female Age 19-44 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$5.86	1.0024	1.0000	1.0080	1.0000	1.0000	1.0000	1.0170	0.8000		\$4.82
Surgical	7.77	1.0024	1.0000	1.0228	1.0000	1.0000	1.0000	1.0170	0.8000		6.48
Maternity Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	3.89	1.0024	1.0000	0.9640	1.0000	1.0000	1.0000	1.0170	0.8000		3.06
Newborn	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	2.28	1.0024	1.0000	0.9245	1.0000	1.0000	1.0000	1.0170	0.8000		1.72
Alcohol and Drug Abuse	0.48	1.0024	1.0000	1.0439	1.0000	1.0000	1.0000	1.0170	0.8000		0.41
Other	0.02	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.02
	\$20.30										\$16.50
Hospital Outpatient											
Emergency Room	\$14.55	1.0037	1.0000	1.0000	0.9155	1.0508	1.0508	1.0170	0.8000		\$12.01
Surgery	9.66	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		8.71
Radiology	17.12	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		15.44
Pathology/Lab	11.75	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.60
Pharmacy	6.34	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.71
Cardiovascular	1.65	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.49
PT/OT/ST	2.15	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.94
Psychiatric	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	18.52	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		16.70
	\$81.75										\$72.59
Professional											
Ambulatory Surgery Center	\$2.16	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$2.12
Physician	69.72	1.0025	1.0000	0.9942	1.0000	1.0508	1.0252	1.0119	0.9000		68.17
Advance Registered Nurse Practitioner	0.48	1.0025	1.0000	0.9888	1.0000	1.0508	1.0252	1.0119	0.9000		0.47
Certified Midwife	0.33	1.0025	1.0000	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.32
Family Planning	1.53	1.0025	1.0000	0.9976	1.0000	1.0508	1.0252	1.0119	0.9000		1.50
Audiology	0.01	1.0025	1.0000	0.9320	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	3.92	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		3.85
Physical Therapy	1.84	1.0025	1.0000	0.9713	1.0000	1.0508	1.0252	1.0119	0.9000		1.76
Speech Therapy	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.04	1.0025	1.0000	0.9585	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Podiatry	0.21	1.0025	1.0000	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.19
Mental Health Center	17.09	1.0025	1.0000	0.9741	1.0000	1.0508	1.0252	1.0119	0.8500		15.47
Laboratory	3.02	1.0025	1.0000	0.9245	1.0000	1.0508	1.0252	1.0119	0.9000		2.75
X-Ray	1.08	1.0025	1.0000	1.0022	1.0000	1.0508	1.0252	1.0119	0.9000		1.06
Clinic Services	0.44	1.0025	1.0000	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.43
Methadone Treatment Clinic	9.64	1.0025	1.0000	0.8973	1.0000	1.0508	1.0252	1.0119	0.9000		8.51
Medical Services Clinic	0.72	1.0025	1.0000	0.9979	1.0000	1.0508	1.0252	1.0119	0.9000		0.70
Federally Qualified and Rural Health Clinics	25.49	1.0025	1.0000	1.0457	1.0000	1.0508	1.0252	1.0119	0.9000		26.22
Other	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$137.71										\$133.57
Other Services											
Prescription Drugs	\$77.11	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$67.62
Home Health	2.14	1.0061	1.0000	0.9980	1.0000	1.0252	1.0252	1.0069	0.8000		1.82
Hospice	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	2.30	1.0061	1.0000	1.0008	1.0000	1.0252	1.0252	1.0069	0.8000		1.96
Ambulance	2.06	1.0061	1.0000	0.9936	1.0000	1.0252	1.0252	1.0069	0.8000		1.74
Wheelchair Van	0.02	1.0061	1.0000	0.9980	1.0000	1.0252	1.0252	1.0069	0.8000		0.02
Optometry / Glasses	1.70	1.0061	1.0000	0.9996	1.0000	1.0252	1.0252	1.0069	0.8000		1.45
Private Duty Nursing	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.49	1.49
	\$85.34										\$76.11
All Services	\$325.10										\$298.77

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Male Age 19-44 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$10.88	1.0024	1.0000	1.0052	1.0000	1.0000	1.0000	1.0170	0.8000		\$8.92
Surgical	14.27	1.0024	1.0000	1.0265	1.0000	1.0000	1.0000	1.0170	0.8000		11.95
Maternity Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.03	1.0024	1.0000	0.9217	1.0000	1.0000	1.0000	1.0170	0.8000		0.02
Psychiatric	2.13	1.0024	1.0000	1.0268	1.0000	1.0000	1.0000	1.0170	0.8000		1.79
Alcohol and Drug Abuse	0.71	1.0024	1.0000	1.0587	1.0000	1.0000	1.0000	1.0170	0.8000		0.61
Other	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
	\$28.01										\$23.28
Hospital Outpatient											
Emergency Room	\$12.88	1.0037	1.0000	1.0000	0.9158	1.0508	1.0508	1.0170	0.8000		\$10.63
Surgery	8.69	1.0037	1.0000	1.0000	0.9731	1.0508	1.0508	1.0170	0.8000		7.84
Radiology	14.68	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.23
Pathology/Lab	4.96	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.47
Pharmacy	4.13	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.72
Cardiovascular	2.21	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.99
PT/OT/ST	2.68	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.42
Psychiatric	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	13.61	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		12.27
	\$63.84										\$56.57
Professional											
Ambulatory Surgery Center	\$4.06	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$3.99
Physician	42.32	1.0025	1.0000	0.9869	1.0000	1.0508	1.0252	1.0119	0.9000		41.07
Advance Registered Nurse Practitioner	0.43	1.0025	1.0000	0.9731	1.0000	1.0508	1.0252	1.0119	0.9000		0.41
Certified Midwife	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.02	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Audiology	0.00	1.0025	1.0000	1.0674	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	2.24	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		2.20
Physical Therapy	1.92	1.0025	1.0000	0.9767	1.0000	1.0508	1.0252	1.0119	0.9000		1.84
Speech Therapy	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.10	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.10
Podiatry	0.26	1.0025	1.0000	1.0000	0.9067	1.0508	1.0252	1.0119	0.9000		0.23
Mental Health Center	11.53	1.0025	1.0000	0.9719	1.0000	1.0508	1.0252	1.0119	0.8500		10.41
Laboratory	1.03	1.0025	1.0000	0.9266	1.0000	1.0508	1.0252	1.0119	0.9000		0.93
X-Ray	1.04	1.0025	1.0000	1.0031	1.0000	1.0508	1.0252	1.0119	0.9000		1.03
Clinic Services	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	13.22	1.0025	1.0000	0.9024	1.0000	1.0508	1.0252	1.0119	0.9000		11.73
Medical Services Clinic	0.09	1.0025	1.0000	0.9993	1.0000	1.0508	1.0252	1.0119	0.9000		0.09
Federally Qualified and Rural Health Clinics	8.74	1.0025	1.0000	1.0379	1.0000	1.0508	1.0252	1.0119	0.9000		8.92
Other	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$86.97										\$82.97
Other Services											
Prescription Drugs	\$64.22	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$56.31
Home Health	1.68	1.0061	1.0000	0.9964	1.0000	1.0252	1.0252	1.0069	0.8000		1.42
Hospice	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	3.52	1.0061	1.0000	0.9943	1.0000	1.0252	1.0252	1.0069	0.8000		2.98
Ambulance	1.95	1.0061	1.0000	0.9958	1.0000	1.0252	1.0252	1.0069	0.8000		1.66
Wheelchair Van	0.10	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.09
Optometry / Glasses	1.72	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.46
Private Duty Nursing	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.70	1.70
	\$73.19										\$65.62
All Services	\$252.01										\$228.44

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Low Income Children and Adults - Age 45+ Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$21.57	1.0024	1.0000	1.0012	1.0000	1.0000	1.0000	1.0170	0.8000		\$17.61
Surgical	18.72	1.0024	1.0000	1.0297	1.0000	1.0000	1.0000	1.0170	0.8000		15.72
Maternity Delivery	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.13	1.0024	1.0000	0.9454	1.0000	1.0000	1.0000	1.0170	0.8000		0.10
Newborn	0.00	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	3.50	1.0024	1.0000	0.9519	1.0000	1.0000	1.0000	1.0170	0.8000		2.72
Alcohol and Drug Abuse	0.97	1.0024	1.0000	1.0161	1.0000	1.0000	1.0000	1.0170	0.8000		0.80
Other	0.07	1.0024	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.06
	\$44.95										\$37.00
Hospital Outpatient											
Emergency Room	\$10.38	1.0037	1.0000	1.0000	0.9563	1.0508	1.0508	1.0170	0.8000		\$8.95
Surgery	15.42	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.90
Radiology	20.24	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		18.25
Pathology/Lab	9.08	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		8.19
Pharmacy	13.40	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		12.08
Cardiovascular	4.31	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.89
PT/OT/ST	5.48	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.94
Psychiatric	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	21.06	1.0037	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		18.99
	\$99.37										\$89.18
Professional											
Ambulatory Surgery Center	\$5.03	1.0025	1.0000	1.0015	1.0000	1.0508	1.0252	1.0119	0.9000		\$4.96
Physician	68.30	1.0025	1.0000	0.9950	1.0000	1.0508	1.0252	1.0119	0.9000		66.84
Advance Registered Nurse Practitioner	0.68	1.0025	1.0000	0.9764	1.0000	1.0508	1.0252	1.0119	0.9000		0.66
Certified Midwife	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.07	1.0025	1.0000	0.9988	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Audiology	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	4.50	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		4.43
Physical Therapy	4.01	1.0025	1.0000	0.9659	1.0000	1.0508	1.0252	1.0119	0.9000		3.81
Speech Therapy	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.02	1.0025	1.0000	0.9929	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Podiatry	0.59	1.0025	1.0000	1.0000	0.9412	1.0508	1.0252	1.0119	0.9000		0.54
Mental Health Center	18.64	1.0025	1.0000	0.9724	1.0000	1.0508	1.0252	1.0119	0.8500		16.84
Laboratory	1.24	1.0025	1.0000	0.9293	1.0000	1.0508	1.0252	1.0119	0.9000		1.14
X-Ray	2.33	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		2.29
Clinic Services	0.01	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Methadone Treatment Clinic	6.26	1.0025	1.0000	0.8843	1.0000	1.0508	1.0252	1.0119	0.9000		5.44
Medical Services Clinic	0.08	1.0025	1.0000	0.9971	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Federally Qualified and Rural Health Clinics	13.30	1.0025	1.0000	1.0351	1.0000	1.0508	1.0252	1.0119	0.9000		13.54
Other	0.00	1.0025	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$125.08										\$120.67
Other Services											
Prescription Drugs	\$139.15	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$122.03
Home Health	3.46	1.0061	1.0000	0.9935	1.0000	1.0252	1.0252	1.0069	0.8000		2.93
Hospice	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	9.19	1.0061	1.0000	1.0022	1.0000	1.0252	1.0252	1.0069	0.8000		7.84
Ambulance	2.14	1.0061	1.0000	0.9939	1.0000	1.0252	1.0252	1.0069	0.8000		1.81
Wheelchair Van	0.14	1.0061	1.0000	0.9990	1.0000	1.0252	1.0252	1.0069	0.8000		0.12
Optometry / Glasses	3.16	1.0061	1.0000	0.9999	1.0000	1.0252	1.0252	1.0069	0.8000		2.69
Private Duty Nursing	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.68	1.0061	1.0000	0.9907	1.0000	1.0252	1.0252	1.0069	0.8000		0.58
Adult Medical Day Care	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0061	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.20	1.20
	\$157.92										\$139.19
All Services	\$427.32										\$386.05

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Foster Care / Adoption

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$12.34	1.0000	1.0000	0.9494	1.0000	1.0000	1.0000	1.0170	0.8000		\$9.53
Surgical	4.93	1.0000	1.0000	0.9132	1.0000	1.0000	1.0000	1.0170	0.8000		3.67
Maternity Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	1.49	1.0000	1.0000	0.8775	1.0000	1.0000	1.0000	1.0170	0.8000		1.06
Alcohol and Drug Abuse	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	29.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		23.80
	\$48.02										\$38.06
Hospital Outpatient											
Emergency Room	\$5.82	1.0020	1.0000	1.0000	0.9512	1.0508	1.0508	1.0170	0.8000		\$4.99
Surgery	4.17	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.75
Radiology	3.60	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.24
Pathology/Lab	3.85	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.46
Pharmacy	2.47	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.23
Cardiovascular	1.09	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.98
PT/OT/ST	3.67	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.30
Psychiatric	0.00	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	7.39	1.0020	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.65
	\$32.05										\$28.59
Professional											
Ambulatory Surgery Center	\$0.52	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.51
Physician	24.26	1.0019	1.0000	0.9978	1.0000	1.0508	1.0252	1.0119	0.9000		23.79
Advance Registered Nurse Practitioner	0.37	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.36
Certified Midwife	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.06	1.0019	1.0000	0.9969	1.0000	1.0508	1.0252	1.0119	0.9000		0.06
Audiology	0.02	1.0019	1.0000	0.9886	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Psychology	19.52	1.0019	1.0000	0.9992	1.0000	1.0508	1.0252	1.0119	0.9000		19.17
Physical Therapy	1.40	1.0019	1.0000	0.9788	1.0000	1.0508	1.0252	1.0119	0.9000		1.35
Speech Therapy	0.81	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.79
Occupational Therapy	1.27	1.0019	1.0000	0.9861	1.0000	1.0508	1.0252	1.0119	0.9000		1.23
Podiatry	0.12	1.0019	1.0000	1.0000	0.9439	1.0508	1.0252	1.0119	0.9000		0.11
Mental Health Center	98.98	1.0019	1.0000	0.9784	1.0000	1.0508	1.0252	1.0119	0.8500		89.90
Laboratory	5.73	1.0019	1.0000	0.9556	1.0000	1.0508	1.0252	1.0119	0.9000		5.38
X-Ray	0.11	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.10
Clinic Services	0.01	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Methadone Treatment Clinic	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.14	1.0019	1.0000	0.9984	1.0000	1.0508	1.0252	1.0119	0.9000		0.14
Federally Qualified and Rural Health Clinics	9.54	1.0019	1.0000	1.0278	1.0000	1.0508	1.0252	1.0119	0.9000		9.64
Other	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$162.85										\$152.57
Other Services											
Prescription Drugs	\$118.83	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$104.21
Home Health	1.69	1.0023	1.0000	0.9984	1.0000	1.0252	1.0252	1.0069	0.8000		1.43
Hospice	0.00	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	12.03	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		10.21
Ambulance	1.28	1.0023	1.0000	0.9924	1.0000	1.0252	1.0252	1.0069	0.8000		1.08
Wheelchair Van	0.00	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Optometry / Glasses	1.94	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.65
Private Duty Nursing	9.04	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		7.67
Personal Care	0.00	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0023	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.10	1.10
	\$144.81										\$127.34
All Services	\$387.73										\$346.56

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Breast and Cervical Cancer Program

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$29.97	1.0000	1.0000	0.9945	1.0000	1.0000	1.0000	1.0170	0.8000		\$24.25
Surgical	31.05	1.0000	1.0000	1.0185	1.0000	1.0000	1.0000	1.0170	0.8000		25.73
Maternity Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	1.27	1.0000	1.0000	1.0348	1.0000	1.0000	1.0000	1.0170	0.8000		1.07
Alcohol and Drug Abuse	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	0.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.45
	\$62.84										\$51.49
Hospital Outpatient											
Emergency Room	\$10.95	1.0122	1.0000	1.0000	0.8398	1.0508	1.0508	1.0170	0.8000		\$8.36
Surgery	62.08	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		56.44
Radiology	114.58	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		104.17
Pathology/Lab	20.99	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		19.08
Pharmacy	248.95	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		226.35
Cardiovascular	8.62	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		7.84
PT/OT/ST	6.98	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.35
Psychiatric	0.00	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	72.44	1.0122	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		65.87
	\$545.58										\$494.46
Professional											
Ambulatory Surgery Center	\$1.08	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$1.07
Physician	269.89	1.0063	1.0000	1.0005	1.0000	1.0508	1.0252	1.0119	0.9000		266.58
Advance Registered Nurse Practitioner	0.38	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.37
Certified Midwife	0.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.55	1.0063	1.0000	0.9864	1.0000	1.0508	1.0252	1.0119	0.9000		0.53
Audiology	0.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	1.26	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		1.24
Physical Therapy	7.78	1.0063	1.0000	0.9686	1.0000	1.0508	1.0252	1.0119	0.9000		7.44
Speech Therapy	0.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.10	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.10
Podiatry	0.55	1.0063	1.0000	1.0000	0.7716	1.0508	1.0252	1.0119	0.9000		0.42
Mental Health Center	5.70	1.0063	1.0000	0.9826	1.0000	1.0508	1.0252	1.0119	0.8500		5.23
Laboratory	1.81	1.0063	1.0000	0.9335	1.0000	1.0508	1.0252	1.0119	0.9000		1.67
X-Ray	5.79	1.0063	1.0000	0.9994	1.0000	1.0508	1.0252	1.0119	0.9000		5.72
Clinic Services	0.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	2.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		1.98
Medical Services Clinic	0.32	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.32
Federally Qualified and Rural Health Clinics	16.36	1.0063	1.0000	1.0316	1.0000	1.0508	1.0252	1.0119	0.9000		16.67
Other	0.00	1.0063	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$313.57										\$309.32
Other Services											
Prescription Drugs	\$173.57	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$152.21
Home Health	5.53	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		4.68
Hospice	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	9.56	1.0000	1.0000	1.0336	1.0000	1.0252	1.0252	1.0069	0.8000		8.37
Ambulance	1.15	1.0000	1.0000	0.9951	1.0000	1.0252	1.0252	1.0069	0.8000		0.97
Wheelchair Van	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Optometry / Glasses	2.04	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.73
Private Duty Nursing	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	3.59	3.59
	\$191.86										\$171.55
All Services	\$1,113.85										\$1,026.83

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Disabled Children (non-dual / non-NF resident)

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$33.67	1.0000	1.0000	0.9376	1.0000	1.0000	1.0000	1.0170	0.8000		\$25.68
Surgical	25.39	1.0000	1.0000	0.9505	1.0000	1.0000	1.0000	1.0170	0.8000		19.64
Maternity Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	2.27	1.0000	1.0000	0.9052	1.0000	1.0000	1.0000	1.0170	0.8000		1.67
Alcohol and Drug Abuse	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	15.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		12.25
	\$76.39										\$59.24
Hospital Outpatient											
Emergency Room	\$2.63	1.0007	1.0000	1.0000	0.9405	1.0508	1.0508	1.0170	0.8000		\$2.22
Surgery	5.92	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.32
Radiology	3.81	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.42
Pathology/Lab	3.01	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.70
Pharmacy	4.83	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.34
Cardiovascular	0.74	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.66
PT/OT/ST	11.94	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.73
Psychiatric	0.00	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	11.66	1.0007	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.48
	\$44.53										\$39.89
Professional											
Ambulatory Surgery Center	\$0.26	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.26
Physician	20.93	1.0011	1.0000	1.0006	1.0000	1.0508	1.0252	1.0119	0.9000		20.57
Advance Registered Nurse Practitioner	0.05	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.05
Certified Midwife	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Audiology	0.01	1.0011	1.0000	0.9808	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	3.14	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		3.08
Physical Therapy	5.84	1.0011	1.0000	0.9690	1.0000	1.0508	1.0252	1.0119	0.9000		5.56
Speech Therapy	4.10	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		4.03
Occupational Therapy	7.05	1.0011	1.0000	0.9828	1.0000	1.0508	1.0252	1.0119	0.9000		6.81
Podiatry	0.05	1.0011	1.0000	1.0000	0.9316	1.0508	1.0252	1.0119	0.9000		0.04
Mental Health Center	155.46	1.0011	1.0000	0.9768	1.0000	1.0508	1.0252	1.0119	0.8500		140.86
Laboratory	0.43	1.0011	1.0000	0.9409	1.0000	1.0508	1.0252	1.0119	0.9000		0.40
X-Ray	0.05	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.05
Clinic Services	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Federally Qualified and Rural Health Clinics	1.39	1.0011	1.0000	1.0242	1.0000	1.0508	1.0252	1.0119	0.9000		1.40
Other	0.00	1.0011	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$198.77										\$183.11
Other Services											
Prescription Drugs	\$302.77	1.0000	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$278.85
Home Health	171.73	1.0037	1.0000	0.9997	1.0000	1.0252	1.0252	1.0069	0.8000		145.88
Hospice	0.00	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	130.09	1.0037	1.0000	1.0024	1.0000	1.0252	1.0252	1.0069	0.8000		110.81
Ambulance	1.06	1.0037	1.0000	0.9907	1.0000	1.0252	1.0252	1.0069	0.8000		0.89
Wheelchair Van	1.25	1.0037	1.0000	0.9940	1.0000	1.0252	1.0252	1.0069	0.8000		1.05
Optometry / Glasses	0.72	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.61
Private Duty Nursing	277.56	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		235.85
Personal Care	0.00	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0037	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	4.62	4.62
	\$885.18										\$778.57
All Services	\$1,204.86										\$1,060.81

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Female Age 19-44 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$31.19	1.0048	1.0000	1.0064	1.0000	1.0000	1.0000	1.0170	0.8000		\$25.66
Surgical	23.44	1.0048	1.0000	1.0223	1.0000	1.0000	1.0000	1.0170	0.8000		19.59
Maternity Delivery	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	1.89	1.0048	1.0000	0.9383	1.0000	1.0000	1.0000	1.0170	0.8000		1.45
Newborn	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	15.25	1.0048	1.0000	0.9751	1.0000	1.0000	1.0000	1.0170	0.8000		12.16
Alcohol and Drug Abuse	1.17	1.0048	1.0000	1.0366	1.0000	1.0000	1.0000	1.0170	0.8000		0.99
Other	4.15	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		3.39
	\$77.09										\$63.23
Hospital Outpatient											
Emergency Room	\$22.45	1.0062	1.0000	1.0000	0.8381	1.0508	1.0508	1.0170	0.8000		\$17.01
Surgery	12.62	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		11.40
Radiology	20.24	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		18.29
Pathology/Lab	14.68	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.27
Pharmacy	11.43	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.33
Cardiovascular	2.58	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.34
PT/OT/ST	3.18	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.88
Psychiatric	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	23.29	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		21.05
	\$110.47										\$96.56
Professional											
Ambulatory Surgery Center	\$3.61	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$3.56
Physician	79.64	1.0048	1.0000	0.9935	1.0000	1.0508	1.0252	1.0119	0.9000		77.99
Advance Registered Nurse Practitioner	0.89	1.0048	1.0000	0.9908	1.0000	1.0508	1.0252	1.0119	0.9000		0.87
Certified Midwife	0.03	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Family Planning	0.58	1.0048	1.0000	0.9976	1.0000	1.0508	1.0252	1.0119	0.9000		0.57
Audiology	0.02	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Psychology	6.44	1.0048	1.0000	0.9997	1.0000	1.0508	1.0252	1.0119	0.9000		6.34
Physical Therapy	3.63	1.0048	1.0000	0.9667	1.0000	1.0508	1.0252	1.0119	0.9000		3.46
Speech Therapy	0.04	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.04
Occupational Therapy	0.37	1.0048	1.0000	0.9810	1.0000	1.0508	1.0252	1.0119	0.9000		0.35
Podiatry	0.37	1.0048	1.0000	0.9359	1.0000	1.0508	1.0252	1.0119	0.9000		0.34
Mental Health Center	163.62	1.0048	1.0000	0.9750	1.0000	1.0508	1.0252	1.0119	0.8500		148.52
Laboratory	2.56	1.0048	1.0000	0.9229	1.0000	1.0508	1.0252	1.0119	0.9000		2.33
X-Ray	1.64	1.0048	1.0000	1.0051	1.0000	1.0508	1.0252	1.0119	0.9000		1.62
Clinic Services	0.19	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.18
Methadone Treatment Clinic	10.07	1.0048	1.0000	0.8999	1.0000	1.0508	1.0252	1.0119	0.9000		8.94
Medical Services Clinic	0.18	1.0048	1.0000	0.9942	1.0000	1.0508	1.0252	1.0119	0.9000		0.17
Federally Qualified and Rural Health Clinics	15.82	1.0048	1.0000	1.0436	1.0000	1.0508	1.0252	1.0119	0.9000		16.27
Other	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$289.71										\$271.64
Other Services											
Prescription Drugs	\$266.58	1.0000	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$245.52
Home Health	37.80	1.0032	1.0000	0.9988	1.0000	1.0252	1.0252	1.0069	0.8000		32.07
Hospice	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	3.57	3.57
Durable Medical Equipment	24.62	1.0032	1.0000	0.9948	1.0000	1.0252	1.0252	1.0069	0.8000		20.80
Ambulance	6.75	1.0032	1.0000	0.9960	1.0000	1.0252	1.0252	1.0069	0.8000		5.71
Wheelchair Van	1.09	1.0032	1.0000	0.9951	1.0000	1.0252	1.0252	1.0069	0.8000		0.92
Optometry / Glasses	2.10	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.79
Private Duty Nursing	18.62	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		15.81
Personal Care	14.67	1.0032	1.0000	0.9959	1.0000	1.0252	1.0252	1.0069	0.8000		12.41
Adult Medical Day Care	0.46	1.0032	1.0000	0.9939	1.0000	1.0252	1.0252	1.0069	0.8000		0.38
Other	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	2.07	2.07
	\$372.68										\$341.05
All Services	\$849.95										\$772.48

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Male Age 19-44 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$33.34	1.0048	1.0000	1.0061	1.0000	1.0000	1.0000	1.0170	0.8000		\$27.42
Surgical	32.14	1.0048	1.0000	0.9970	1.0000	1.0000	1.0000	1.0170	0.8000		26.19
Maternity Delivery	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	10.95	1.0048	1.0000	0.9176	1.0000	1.0000	1.0000	1.0170	0.8000		8.22
Alcohol and Drug Abuse	1.26	1.0048	1.0000	1.0471	1.0000	1.0000	1.0000	1.0170	0.8000		1.08
Other	5.96	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		4.87
	\$83.65										\$67.78
Hospital Outpatient											
Emergency Room	\$13.28	1.0062	1.0000	1.0000	0.8911	1.0508	1.0508	1.0170	0.8000		\$10.70
Surgery	10.19	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		9.21
Radiology	14.91	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.48
Pathology/Lab	8.67	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		7.84
Pharmacy	15.94	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		14.41
Cardiovascular	2.54	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.30
PT/OT/ST	2.91	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.63
Psychiatric	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	18.29	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		16.53
	\$86.74										\$77.09
Professional											
Ambulatory Surgery Center	\$2.09	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$2.06
Physician	50.04	1.0048	1.0000	0.9982	1.0000	1.0508	1.0252	1.0119	0.9000		49.24
Advance Registered Nurse Practitioner	0.24	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.24
Certified Midwife	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.02	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Audiology	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	4.29	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		4.23
Physical Therapy	2.09	1.0048	1.0000	0.9775	1.0000	1.0508	1.0252	1.0119	0.9000		2.01
Speech Therapy	0.20	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.20
Occupational Therapy	0.21	1.0048	1.0000	0.9888	1.0000	1.0508	1.0252	1.0119	0.9000		0.21
Podiatry	0.29	1.0048	1.0000	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.25
Mental Health Center	152.82	1.0048	1.0000	0.9700	1.0000	1.0508	1.0252	1.0119	0.8500		138.01
Laboratory	0.99	1.0048	1.0000	0.9139	1.0000	1.0508	1.0252	1.0119	0.9000		0.90
X-Ray	0.73	1.0048	1.0000	1.0004	1.0000	1.0508	1.0252	1.0119	0.9000		0.72
Clinic Services	0.01	1.0048	1.0000	0.9956	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Methadone Treatment Clinic	5.94	1.0048	1.0000	0.8960	1.0000	1.0508	1.0252	1.0119	0.9000		5.25
Medical Services Clinic	0.13	1.0048	1.0000	0.9907	1.0000	1.0508	1.0252	1.0119	0.9000		0.13
Federally Qualified and Rural Health Clinics	7.22	1.0048	1.0000	1.0350	1.0000	1.0508	1.0252	1.0119	0.9000		7.36
Other	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$227.33										\$210.84
Other Services											
Prescription Drugs	\$303.50	1.0000	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$279.52
Home Health	40.32	1.0032	1.0000	0.9994	1.0000	1.0252	1.0252	1.0069	0.8000		34.23
Hospice	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	3.57	3.57
Durable Medical Equipment	35.18	1.0032	1.0000	0.9989	1.0000	1.0252	1.0252	1.0069	0.8000		29.85
Ambulance	4.94	1.0032	1.0000	0.9955	1.0000	1.0252	1.0252	1.0069	0.8000		4.18
Wheelchair Van	1.54	1.0032	1.0000	0.9954	1.0000	1.0252	1.0252	1.0069	0.8000		1.30
Optometry / Glasses	1.31	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.11
Private Duty Nursing	38.33	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		32.55
Personal Care	23.80	1.0032	1.0000	0.9950	1.0000	1.0252	1.0252	1.0069	0.8000		20.11
Adult Medical Day Care	0.08	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.07
Other	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.58	1.58
	\$449.00										\$408.07
All Services	\$846.71										\$763.78

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Disabled Adults (non-dual / non-NF resident) - Age 45+ Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$89.98	1.0048	1.0000	1.0065	1.0000	1.0000	1.0000	1.0170	0.8000		\$74.03
Surgical	57.84	1.0048	1.0000	1.0127	1.0000	1.0000	1.0000	1.0170	0.8000		47.89
Maternity Delivery	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	7.69	1.0048	1.0000	0.9414	1.0000	1.0000	1.0000	1.0170	0.8000		5.92
Alcohol and Drug Abuse	2.67	1.0048	1.0000	1.0412	1.0000	1.0000	1.0000	1.0170	0.8000		2.27
Other	1.96	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		1.61
	\$160.15										\$131.72
Hospital Outpatient											
Emergency Room	\$16.65	1.0062	1.0000	1.0000	0.8898	1.0508	1.0508	1.0170	0.8000		\$13.39
Surgery	20.48	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		18.51
Radiology	34.90	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		31.54
Pathology/Lab	15.28	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.81
Pharmacy	32.77	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		29.62
Cardiovascular	6.43	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.81
PT/OT/ST	5.29	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.78
Psychiatric	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	33.17	1.0062	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		29.98
	\$164.98										\$147.45
Professional											
Ambulatory Surgery Center	\$4.92	1.0048	1.0000	1.0012	1.0000	1.0508	1.0252	1.0119	0.9000		\$4.85
Physician	121.32	1.0048	1.0000	0.9960	1.0000	1.0508	1.0252	1.0119	0.9000		119.11
Advance Registered Nurse Practitioner	0.57	1.0048	1.0000	0.9997	1.0000	1.0508	1.0252	1.0119	0.9000		0.56
Certified Midwife	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.07	1.0048	1.0000	0.9983	1.0000	1.0508	1.0252	1.0119	0.9000		0.06
Audiology	0.02	1.0048	1.0000	0.9765	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Psychology	3.01	1.0048	1.0000	1.0016	1.0000	1.0508	1.0252	1.0119	0.9000		2.98
Physical Therapy	3.18	1.0048	1.0000	0.9707	1.0000	1.0508	1.0252	1.0119	0.9000		3.04
Speech Therapy	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.10	1.0048	1.0000	0.9977	1.0000	1.0508	1.0252	1.0119	0.9000		0.09
Podiatry	0.95	1.0048	1.0000	1.0006	1.0000	1.0508	1.0252	1.0119	0.9000		0.67
Mental Health Center	152.86	1.0048	1.0000	0.9757	1.0000	1.0508	1.0252	1.0119	0.8500		138.85
Laboratory	2.03	1.0048	1.0000	0.9170	1.0000	1.0508	1.0252	1.0119	0.9000		1.83
X-Ray	2.54	1.0048	1.0000	1.0018	1.0000	1.0508	1.0252	1.0119	0.9000		2.51
Clinic Services	0.01	1.0048	1.0000	0.9781	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Methadone Treatment Clinic	4.50	1.0048	1.0000	0.9045	1.0000	1.0508	1.0252	1.0119	0.9000		4.02
Medical Services Clinic	0.13	1.0048	1.0000	0.9971	1.0000	1.0508	1.0252	1.0119	0.9000		0.13
Federally Qualified and Rural Health Clinics	17.10	1.0048	1.0000	1.0390	1.0000	1.0508	1.0252	1.0119	0.9000		17.51
Other	0.00	1.0048	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$313.30										\$296.25
Other Services											
Prescription Drugs	\$413.56	1.0000	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$380.89
Home Health	22.16	1.0032	1.0000	0.9953	1.0000	1.0252	1.0252	1.0069	0.8000		18.73
Hospice	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	3.57	3.57
Durable Medical Equipment	37.38	1.0032	1.0000	1.0019	1.0000	1.0252	1.0252	1.0069	0.8000		31.81
Ambulance	9.53	1.0032	1.0000	0.9955	1.0000	1.0252	1.0252	1.0069	0.8000		8.05
Wheelchair Van	4.47	1.0032	1.0000	0.9950	1.0000	1.0252	1.0252	1.0069	0.8000		3.78
Optometry / Glasses	2.69	1.0032	1.0000	0.9993	1.0000	1.0252	1.0252	1.0069	0.8000		2.28
Private Duty Nursing	0.38	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.33
Personal Care	15.29	1.0032	1.0000	0.9952	1.0000	1.0252	1.0252	1.0069	0.8000		12.93
Adult Medical Day Care	0.90	1.0032	1.0000	0.9975	1.0000	1.0252	1.0252	1.0069	0.8000		0.77
Other	0.00	1.0032	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	2.09	2.09
	\$506.37										\$465.23
All Services	\$1,144.80										\$1,040.64

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Old Age Assistance Program (non-dual / non-NF resident)

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$76.39	1.0000	1.0000	1.0039	1.0000	1.0000	1.0000	1.0170	0.8000		\$62.38
Surgical	46.03	1.0000	1.0000	1.0228	1.0000	1.0000	1.0000	1.0170	0.8000		38.30
Maternity Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	1.18	1.0000	1.0000	1.0093	1.0000	1.0000	1.0000	1.0170	0.8000		0.97
Alcohol and Drug Abuse	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	0.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.28
	\$123.95										\$101.94
Hospital Outpatient											
Emergency Room	\$8.29	1.0002	1.0000	1.0000	0.9759	1.0508	1.0508	1.0170	0.8000		\$7.27
Surgery	12.82	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		11.52
Radiology	24.61	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		22.11
Pathology/Lab	11.72	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.53
Pharmacy	19.48	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		17.50
Cardiovascular	7.59	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.82
PT/OT/ST	3.71	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.33
Psychiatric	0.00	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	23.23	1.0002	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		20.87
	\$111.45										\$99.95
Professional											
Ambulatory Surgery Center	\$4.20	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$4.13
Physician	104.83	1.0029	1.0000	0.9947	1.0000	1.0508	1.0252	1.0119	0.9000		102.60
Advance Registered Nurse Practitioner	0.26	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.25
Certified Midwife	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.08	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Audiology	0.01	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	0.04	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.04
Physical Therapy	1.09	1.0029	1.0000	0.9582	1.0000	1.0508	1.0252	1.0119	0.9000		1.03
Speech Therapy	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.01	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Podiatry	0.57	1.0029	1.0000	0.9999	1.0000	1.0508	1.0252	1.0119	0.9000		0.50
Mental Health Center	71.13	1.0029	1.0000	0.9980	1.0000	1.0508	1.0252	1.0119	0.8500		65.96
Laboratory	1.60	1.0029	1.0000	0.9145	1.0000	1.0508	1.0252	1.0119	0.9000		1.44
X-Ray	2.42	1.0029	1.0000	0.9991	1.0000	1.0508	1.0252	1.0119	0.9000		2.38
Clinic Services	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Federally Qualified and Rural Health Clinics	13.36	1.0029	1.0000	1.0360	1.0000	1.0508	1.0252	1.0119	0.9000		13.62
Other	0.00	1.0029	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$199.60										\$192.05
Other Services											
Prescription Drugs	\$223.33	1.0000	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$205.68
Home Health	19.29	1.0039	1.0000	0.9898	1.0000	1.0252	1.0252	1.0069	0.8000		16.22
Hospice	0.00	1.0039	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	9.34	9.34
Durable Medical Equipment	22.43	1.0039	1.0000	1.0102	1.0000	1.0252	1.0252	1.0069	0.8000		19.26
Ambulance	4.92	1.0039	1.0000	0.9958	1.0000	1.0252	1.0252	1.0069	0.8000		4.17
Wheelchair Van	3.71	1.0039	1.0000	0.9965	1.0000	1.0252	1.0252	1.0069	0.8000		3.14
Optometry / Glasses	2.15	1.0039	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.82
Private Duty Nursing	0.00	1.0039	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.00	1.0039	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	7.27	1.0039	1.0000	0.9953	1.0000	1.0252	1.0252	1.0069	0.8000		6.15
Other	0.00	1.0039	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.70	0.70
	\$283.09										\$266.48
All Services	\$718.09										\$660.43

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Nursing Facility (NF) Residents (non-dual)

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$189.48	1.0015	1.0000	1.0017	1.0000	1.0000	1.0000	1.0170	0.8000		\$154.65
Surgical	73.86	1.0015	1.0000	1.0747	1.0000	1.0000	1.0000	1.0170	0.8000		64.68
Maternity Delivery	0.00	1.0015	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0015	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0015	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	14.71	1.0015	1.0000	0.9522	1.0000	1.0000	1.0000	1.0170	0.8000		11.41
Alcohol and Drug Abuse	0.00	1.0015	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	22.19	1.0015	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		18.08
	\$300.25										\$248.83
Hospital Outpatient											
Emergency Room	\$11.12	1.0075	1.0000	1.0000	0.9332	1.0508	1.0508	1.0170	0.8000		\$9.39
Surgery	13.75	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		12.44
Radiology	15.35	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		13.89
Pathology/Lab	18.09	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		16.37
Pharmacy	8.70	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		7.88
Cardiovascular	1.80	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.63
PT/OT/ST	2.27	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.05
Psychiatric	0.00	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	27.60	1.0075	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		24.98
	\$98.68										\$88.63
Professional											
Ambulatory Surgery Center	\$0.70	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.69
Physician	178.23	1.0073	1.0000	0.9918	1.0000	1.0508	1.0252	1.0119	0.9000		174.69
Advance Registered Nurse Practitioner	1.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.98
Certified Midwife	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Audiology	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	2.47	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		2.44
Physical Therapy	0.05	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.05
Speech Therapy	0.01	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Occupational Therapy	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Podiatry	2.61	1.0073	1.0000	0.9999	0.9308	1.0508	1.0252	1.0119	0.9000		2.40
Mental Health Center	5.33	1.0073	1.0000	0.9491	1.0000	1.0508	1.0252	1.0119	0.8500		4.72
Laboratory	3.77	1.0073	1.0000	0.9325	1.0000	1.0508	1.0252	1.0119	0.9000		3.47
X-Ray	2.86	1.0073	1.0000	1.0046	1.0000	1.0508	1.0252	1.0119	0.9000		2.84
Clinic Services	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Federally Qualified and Rural Health Clinics	11.59	1.0073	1.0000	1.0215	1.0000	1.0508	1.0252	1.0119	0.9000		11.69
Other	0.00	1.0073	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$208.63										\$204.00
Other Services											
Prescription Drugs	\$629.30	1.0010	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$580.14
Home Health	21.90	1.0085	1.0000	0.9973	1.0000	1.0252	1.0252	1.0069	0.8000		18.65
Hospice	0.00	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	117.41	117.41
Durable Medical Equipment	52.75	1.0085	1.0000	1.0006	1.0000	1.0252	1.0252	1.0069	0.8000		45.06
Ambulance	47.28	1.0085	1.0000	0.9892	1.0000	1.0252	1.0252	1.0069	0.8000		39.93
Wheelchair Van	25.53	1.0085	1.0000	0.9933	1.0000	1.0252	1.0252	1.0069	0.8000		21.65
Optometry / Glasses	1.21	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		1.03
Private Duty Nursing	32.93	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		28.11
Personal Care	0.00	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0085	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.27	0.27
	\$810.90										\$852.25
All Services	\$1,418.46										\$1,393.71

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Nursing Facility (NF) Residents (dual)

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$0.36	1.0061	1.0000	1.0139	1.0000	1.0000	1.0000	1.0170	0.8000		\$0.30
Surgical	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Delivery	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.14	1.0061	1.0000	0.9885	1.0000	1.0000	1.0000	1.0170	0.8000		0.11
Alcohol and Drug Abuse	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	16.58	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		13.57
	\$17.07										\$13.98
Hospital Outpatient											
Emergency Room	\$0.16	1.0132	1.0000	1.0000	0.9971	1.0508	1.0508	1.0170	0.8000		\$0.15
Surgery	0.56	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.51
Radiology	2.33	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.12
Pathology/Lab	1.48	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.35
Pharmacy	7.47	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.79
Cardiovascular	0.25	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.23
PT/OT/ST	0.66	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.60
Psychiatric	0.00	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	3.36	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.06
	\$16.28										\$14.81
Professional											
Ambulatory Surgery Center	\$0.01	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.01
Physician	9.47	1.0388	1.0000	1.0233	1.0000	1.0508	1.0252	1.0119	0.9000		9.88
Advance Registered Nurse Practitioner	0.02	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Certified Midwife	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Audiology	0.01	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	0.18	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.18
Physical Therapy	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Speech Therapy	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Podiatry	0.39	1.0388	1.0000	0.7679	0.9985	1.0508	1.0252	1.0119	0.9000		0.30
Mental Health Center	1.06	1.0388	1.0000	1.0179	1.0000	1.0508	1.0252	1.0119	0.8500		1.04
Laboratory	0.08	1.0388	1.0000	0.9106	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
X-Ray	0.08	1.0388	1.0000	1.0059	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Clinic Services	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Methadone Treatment Clinic	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Federally Qualified and Rural Health Clinics	2.30	1.0388	1.0000	1.0383	1.0000	1.0508	1.0252	1.0119	0.9000		2.44
Other	0.11	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.12
	\$13.70										\$14.13
Other Services											
Prescription Drugs	\$7.84	1.0002	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$7.22
Home Health	0.04	1.0088	1.0000	0.9566	1.0000	1.0252	1.0252	1.0069	0.8000		0.03
Hospice	0.00	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	5.54	1.0088	1.0000	0.9987	1.0000	1.0252	1.0252	1.0069	0.8000		4.73
Ambulance	2.48	1.0088	1.0000	1.1026	1.0000	1.0252	1.0252	1.0069	0.8000		2.33
Wheelchair Van	15.22	1.0088	1.0000	0.9947	1.0000	1.0252	1.0252	1.0069	0.8000		12.93
Optometry / Glasses	0.55	1.0088	1.0000	1.0394	1.0000	1.0252	1.0252	1.0069	0.8000		0.49
Private Duty Nursing	0.00	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.05	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.05
Adult Medical Day Care	0.01	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.01
Other	0.00	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
	\$31.73										\$27.79
All Services	\$78.77										\$70.71

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Dual Eligibles (non-NF resident) - Age 0-44

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$1.77	1.0061	1.0000	1.0371	1.0000	1.0000	1.0000	1.0170	0.8000		\$1.51
Surgical	0.14	1.0061	1.0000	1.0438	1.0000	1.0000	1.0000	1.0170	0.8000		0.12
Maternity Delivery	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.12	1.0061	1.0000	1.0290	1.0000	1.0000	1.0000	1.0170	0.8000		0.10
Newborn	0.00	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.46	1.0061	1.0000	0.9441	1.0000	1.0000	1.0000	1.0170	0.8000		0.36
Alcohol and Drug Abuse	0.12	1.0061	1.0000	1.0391	1.0000	1.0000	1.0000	1.0170	0.8000		0.11
Other	17.85	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		14.61
	\$20.47										\$16.80
Hospital Outpatient											
Emergency Room	\$4.01	1.0132	1.0000	1.0000	0.9166	1.0508	1.0508	1.0170	0.8000		\$3.34
Surgery	2.16	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.96
Radiology	7.50	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.83
Pathology/Lab	6.28	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.72
Pharmacy	16.57	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		15.08
Cardiovascular	0.76	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.69
PT/OT/ST	1.70	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.54
Psychiatric	0.06	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.05
Alcohol & Drug Abuse	0.00	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	8.93	1.0132	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		8.12
	\$47.96										\$43.35
Professional											
Ambulatory Surgery Center	\$0.68	1.0388	1.0000	1.0520	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.72
Physician	22.58	1.0388	1.0000	1.0372	1.0000	1.0508	1.0252	1.0119	0.9000		23.87
Advance Registered Nurse Practitioner	0.21	1.0388	1.0000	1.2648	1.0000	1.0508	1.0252	1.0119	0.9000		0.27
Certified Midwife	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.20	1.0388	1.0000	1.0094	1.0000	1.0508	1.0252	1.0119	0.9000		0.21
Audiology	0.01	1.0388	1.0000	1.0832	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	1.88	1.0388	1.0000	1.1815	1.0000	1.0508	1.0252	1.0119	0.9000		2.27
Physical Therapy	0.40	1.0388	1.0000	1.0267	1.0000	1.0508	1.0252	1.0119	0.9000		0.41
Speech Therapy	0.00	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.04	1.0388	1.0000	0.9932	1.0000	1.0508	1.0252	1.0119	0.9000		0.04
Podiatry	0.08	1.0388	1.0000	1.0644	0.9219	1.0508	1.0252	1.0119	0.9000		0.08
Mental Health Center	157.27	1.0388	1.0000	0.9928	1.0000	1.0508	1.0252	1.0119	0.8500		150.28
Laboratory	0.39	1.0388	1.0000	0.9658	1.0000	1.0508	1.0252	1.0119	0.9000		0.38
X-Ray	0.19	1.0388	1.0000	0.9799	1.0000	1.0508	1.0252	1.0119	0.9000		0.19
Clinic Services	0.10	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.11
Methadone Treatment Clinic	6.57	1.0388	1.0000	0.9053	1.0000	1.0508	1.0252	1.0119	0.9000		6.06
Medical Services Clinic	0.03	1.0388	1.0000	1.0384	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Federally Qualified and Rural Health Clinics	4.00	1.0388	1.0000	1.0455	1.0000	1.0508	1.0252	1.0119	0.9000		4.27
Other	0.13	1.0388	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.13
	\$194.76										\$189.33
Other Services											
Prescription Drugs	\$38.20	1.0002	1.0000	1.0000	1.0000	1.0508	1.0767	0.9868	0.8250		\$35.19
Home Health	9.88	1.0088	1.0000	0.9993	1.0000	1.0252	1.0252	1.0069	0.8000		8.43
Hospice	0.00	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	16.15	1.0088	1.0000	1.0509	1.0000	1.0252	1.0252	1.0069	0.8000		14.50
Ambulance	1.03	1.0088	1.0000	1.0730	1.0000	1.0252	1.0252	1.0069	0.8000		0.94
Wheelchair Van	2.31	1.0088	1.0000	0.9932	1.0000	1.0252	1.0252	1.0069	0.8000		1.96
Optometry / Glasses	1.43	1.0088	1.0000	1.0547	1.0000	1.0252	1.0252	1.0069	0.8000		1.29
Private Duty Nursing	21.61	1.0088	1.0000	1.0002	1.0000	1.0252	1.0252	1.0069	0.8000		18.46
Personal Care	31.36	1.0088	1.0000	0.9950	1.0000	1.0252	1.0252	1.0069	0.8000		26.65
Adult Medical Day Care	1.10	1.0088	1.0000	0.9961	1.0000	1.0252	1.0252	1.0069	0.8000		0.94
Other	0.00	1.0088	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	2.50	2.50
	\$123.08										\$110.86
All Services	\$386.27										\$360.34

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Dual Eligibles (non-NF resident) - Age 45-64

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$1.03	1.0029	1.0000	0.9985	1.0000	1.0000	1.0000	1.0170	0.8000		\$0.84
Surgical	2.04	1.0029	1.0000	1.0068	1.0000	1.0000	1.0000	1.0170	0.8000		1.67
Maternity Delivery	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.12	1.0029	1.0000	1.0348	1.0000	1.0000	1.0000	1.0170	0.8000		0.10
Alcohol and Drug Abuse	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	24.02	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		19.60
	\$27.20										\$22.21
Hospital Outpatient											
Emergency Room	\$2.45	1.0112	1.0000	1.0000	0.9219	1.0508	1.0508	1.0170	0.8000		\$2.05
Surgery	2.27	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.06
Radiology	9.58	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		8.70
Pathology/Lab	6.47	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		5.88
Pharmacy	23.85	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		21.66
Cardiovascular	1.40	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.27
PT/OT/ST	2.53	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		2.30
Psychiatric	0.04	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.03
Alcohol & Drug Abuse	0.00	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	11.02	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		10.01
	\$59.60										\$53.96
Professional											
Ambulatory Surgery Center	\$0.79	1.0034	1.0000	1.1321	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.88
Physician	26.90	1.0034	1.0000	1.0269	1.0000	1.0508	1.0252	1.0119	0.9000		27.19
Advance Registered Nurse Practitioner	0.17	1.0034	1.0000	1.0302	1.0000	1.0508	1.0252	1.0119	0.9000		0.17
Certified Midwife	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.01	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Audiology	0.00	1.0034	1.0000	1.2918	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Psychology	1.21	1.0034	1.0000	1.1996	1.0000	1.0508	1.0252	1.0119	0.9000		1.42
Physical Therapy	0.34	1.0034	1.0000	1.0656	1.0000	1.0508	1.0252	1.0119	0.9000		0.36
Speech Therapy	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.07	1.0034	1.0000	1.0373	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
Podiatry	0.20	1.0034	1.0000	1.0837	0.9384	1.0508	1.0252	1.0119	0.9000		0.20
Mental Health Center	248.13	1.0034	1.0000	1.0008	1.0000	1.0508	1.0252	1.0119	0.8500		230.86
Laboratory	0.21	1.0034	1.0000	0.9365	1.0000	1.0508	1.0252	1.0119	0.9000		0.20
X-Ray	0.29	1.0034	1.0000	1.0032	1.0000	1.0508	1.0252	1.0119	0.9000		0.29
Clinic Services	0.03	1.0034	1.0000	0.9985	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Methadone Treatment Clinic	2.07	1.0034	1.0000	0.8945	1.0000	1.0508	1.0252	1.0119	0.9000		1.82
Medical Services Clinic	0.03	1.0034	1.0000	1.1185	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Federally Qualified and Rural Health Clinics	3.88	1.0034	1.0000	1.0338	1.0000	1.0508	1.0252	1.0119	0.9000		3.95
Other	0.17	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.16
	\$284.49										\$267.64
Other Services											
Prescription Drugs	\$22.93	1.0000	1.0000	1.0000	1.0000	1.0252	1.0767	0.9868	0.8250		\$20.61
Home Health	7.99	1.0068	1.0000	0.9936	1.0000	1.0252	1.0252	1.0069	0.8000		6.76
Hospice	0.00	1.0068	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	26.47	1.0068	1.0000	1.0345	1.0000	1.0252	1.0252	1.0069	0.8000		23.34
Ambulance	1.68	1.0068	1.0000	1.0726	1.0000	1.0252	1.0252	1.0069	0.8000		1.54
Wheelchair Van	15.71	1.0068	1.0000	0.9957	1.0000	1.0252	1.0252	1.0069	0.8000		13.33
Optometry / Glasses	1.83	1.0068	1.0000	1.0987	1.0000	1.0252	1.0252	1.0069	0.8000		1.72
Private Duty Nursing	1.10	1.0068	1.0000	1.0008	1.0000	1.0252	1.0252	1.0069	0.8000		0.94
Personal Care	65.24	1.0068	1.0000	0.9951	1.0000	1.0252	1.0252	1.0069	0.8000		55.34
Adult Medical Day Care	4.78	1.0068	1.0000	0.9962	1.0000	1.0252	1.0252	1.0069	0.8000		4.06
Other	0.00	1.0068	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	2.28	2.28
	\$147.73										\$129.92
All Services	\$519.03										\$473.73

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Dual Eligibles (non-NF resident) - Age 65+

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$1.17	1.0029	1.0000	1.0332	1.0000	1.0000	1.0000	1.0170	0.8000		\$0.98
Surgical	0.75	1.0029	1.0000	1.0298	1.0000	1.0000	1.0000	1.0170	0.8000		0.63
Maternity Delivery	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Psychiatric	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Alcohol and Drug Abuse	0.00	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	35.35	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		28.84
	\$37.27										\$30.46
Hospital Outpatient											
Emergency Room	\$0.77	1.0112	1.0000	1.0000	0.9875	1.0508	1.0508	1.0170	0.8000		\$0.69
Surgery	1.22	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.10
Radiology	7.26	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.60
Pathology/Lab	5.25	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.77
Pharmacy	26.79	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		24.33
Cardiovascular	1.08	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.98
PT/OT/ST	1.70	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.55
Psychiatric	0.01	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	8.87	1.0112	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		8.05
	\$52.95										\$48.08
Professional											
Ambulatory Surgery Center	\$0.19	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.19
Physician	19.68	1.0034	1.0000	1.0176	1.0000	1.0508	1.0252	1.0119	0.9000		19.71
Advance Registered Nurse Practitioner	0.03	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.03
Certified Midwife	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Family Planning	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Audiology	0.01	1.0034	1.0000	0.9357	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Psychology	0.11	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.11
Physical Therapy	0.06	1.0034	1.0000	1.2975	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
Speech Therapy	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.00	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Podiatry	0.25	1.0034	1.0000	0.9086	0.9857	1.0508	1.0252	1.0119	0.9000		0.22
Mental Health Center	47.45	1.0034	1.0000	0.9958	1.0000	1.0508	1.0252	1.0119	0.8500		43.93
Laboratory	0.08	1.0034	1.0000	0.9135	1.0000	1.0508	1.0252	1.0119	0.9000		0.07
X-Ray	0.30	1.0034	1.0000	1.0151	1.0000	1.0508	1.0252	1.0119	0.9000		0.30
Clinic Services	0.01	1.0034	1.0000	0.9572	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Methadone Treatment Clinic	0.10	1.0034	1.0000	0.8943	1.0000	1.0508	1.0252	1.0119	0.9000		0.09
Medical Services Clinic	0.00	1.0034	1.0000	0.9351	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Federally Qualified and Rural Health Clinics	2.91	1.0034	1.0000	1.0380	1.0000	1.0508	1.0252	1.0119	0.9000		2.98
Other	0.18	1.0034	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.18
	\$71.36										\$67.90
Other Services											
Prescription Drugs	\$8.43	1.0000	1.0000	1.0000	1.0000	1.0252	1.0767	0.9868	0.8250		\$7.58
Home Health	5.94	1.0068	1.0000	0.9798	1.0000	1.0252	1.0252	1.0069	0.8000		4.96
Hospice	0.00	1.0068	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	0.00	0.00
Durable Medical Equipment	20.97	1.0068	1.0000	1.0880	1.0000	1.0252	1.0252	1.0069	0.8000		19.45
Ambulance	0.74	1.0068	1.0000	1.2406	1.0000	1.0252	1.0252	1.0069	0.8000		0.79
Wheelchair Van	21.53	1.0068	1.0000	0.9948	1.0000	1.0252	1.0252	1.0069	0.8000		18.26
Optometry / Glasses	1.00	1.0068	1.0000	1.0518	1.0000	1.0252	1.0252	1.0069	0.8000		0.89
Private Duty Nursing	0.00	1.0068	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	15.17	1.0068	1.0000	0.9959	1.0000	1.0252	1.0252	1.0069	0.8000		12.88
Adult Medical Day Care	9.62	1.0068	1.0000	0.9961	1.0000	1.0252	1.0252	1.0069	0.8000		8.16
Other	0.00	1.0068	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000	1.01	1.01
	\$83.40										\$73.98
All Services	\$244.98										\$220.42

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Newborn Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$1,260.30	1.0036	1.0000	0.9998	1.0000	1.0000	1.0000	1.0170	0.8000		\$1,028.88
Surgical	126.67	1.0036	1.0000	0.9106	1.0000	1.0000	1.0000	1.0170	0.8000		94.18
Maternity Delivery	0.00	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Maternity Non-Delivery	0.00	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Newborn	248.98	1.0036	1.0000	1.0221	1.0000	1.0000	1.0000	1.0170	0.8000		207.78
Psychiatric	0.46	1.0036	1.0000	1.0081	1.0000	1.0000	1.0000	1.0170	0.8000		0.38
Alcohol and Drug Abuse	0.00	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
Other	0.00	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.8000		0.00
	\$1,636.40										\$1,331.23
Hospital Outpatient											
Emergency Room	\$7.90	1.0055	1.0000	1.0000	0.9837	1.0508	1.0508	1.0170	0.8000		\$7.02
Surgery	1.31	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.19
Radiology	4.55	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		4.11
Pathology/Lab	3.72	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		3.36
Pharmacy	0.71	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.64
Cardiovascular	1.59	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		1.44
PT/OT/ST	0.68	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.62
Psychiatric	0.00	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Alcohol & Drug Abuse	0.00	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		0.00
Other	7.74	1.0055	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	0.8000		6.99
	\$28.21										\$25.37
Professional											
Ambulatory Surgery Center	\$0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		\$0.00
Physician	325.58	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		322.35
Advance Registered Nurse Practitioner	0.01	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.01
Certified Midwife	1.69	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		1.67
Family Planning	0.36	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.36
Audiology	0.16	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.16
Psychology	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Physical Therapy	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Speech Therapy	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Occupational Therapy	0.02	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.02
Podiatry	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Mental Health Center	1.18	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.8500		1.11
Laboratory	0.08	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.08
X-Ray	0.06	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.06
Clinic Services	6.93	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		6.86
Methadone Treatment Clinic	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
Medical Services Clinic	0.63	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.63
Federally Qualified and Rural Health Clinics	78.38	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		77.60
Other	0.00	1.0092	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	0.9000		0.00
	\$415.08										\$410.90
Other Services											
Prescription Drugs	\$4.89	1.0095	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	0.8250		\$4.33
Home Health	21.14	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		17.90
Hospice	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Durable Medical Equipment	5.61	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		4.75
Ambulance	13.93	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		11.79
Wheelchair Van	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Optometry / Glasses	0.01	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Private Duty Nursing	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Personal Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Adult Medical Day Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
Other	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	0.8000		0.00
	\$45.58										\$38.78
All Services	\$2,125.28										\$1,806.27

Appendix B
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 Projection of SFY 12/13 Medical Costs by Rate Cell

Eligibility Category: Maternity Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	CHIP Inclusion	Reimbursement Adjustment	Benefit Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	MCO Reimbursement Adjustment	Managed Care Savings Adjustment	PMPM Add-on for NET and Hospice	Per Capita Monthly Paid Cost
Hospital Inpatient											
Medical	\$0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		\$0.00
Surgical	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
Maternity Delivery	1,759.30	1.0019	1.0000	1.0527	1.0000	1.0000	1.0000	1.0170	0.9000		1,698.35
Maternity Non-Delivery	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
Newborn	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
Psychiatric	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
Alcohol and Drug Abuse	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
Other	0.00	1.0019	1.0000	1.0000	1.0000	1.0000	1.0000	1.0170	0.9000		0.00
	\$1,759.30										\$1,698.35
Hospital Outpatient											
Emergency Room	\$0.39	1.0000	1.0000	1.0000	0.9924	1.0508	1.0508	1.0170	1.0000		\$0.43
Surgery	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
Radiology	0.01	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.01
Pathology/Lab	0.14	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.15
Pharmacy	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
Cardiovascular	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
PT/OT/ST	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
Psychiatric	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
Alcohol & Drug Abuse	0.00	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.00
Other	0.02	1.0000	1.0000	1.0000	1.0000	1.0508	1.0508	1.0170	1.0000		0.03
	\$0.56										\$0.62
Professional											
Ambulatory Surgery Center	\$0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		\$0.00
Physician	663.28	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		724.39
Advance Registered Nurse Practitioner	5.04	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		5.50
Certified Midwife	7.13	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		7.79
Family Planning	0.15	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.16
Audiology	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Psychology	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Physical Therapy	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Speech Therapy	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Occupational Therapy	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Podiatry	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Mental Health Center	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Laboratory	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
X-Ray	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Clinic Services	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Methadone Treatment Clinic	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
Medical Services Clinic	9.60	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		10.48
Federally Qualified and Rural Health Clinics	120.64	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		131.75
Other	0.00	1.0019	1.0000	1.0000	1.0000	1.0508	1.0252	1.0119	1.0000		0.00
	\$805.83										\$880.08
Other Services											
Prescription Drugs	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0508	0.9868	1.0000		\$0.00
Home Health	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Hospice	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Durable Medical Equipment	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Ambulance	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Wheelchair Van	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Optometry / Glasses	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Private Duty Nursing	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Personal Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Adult Medical Day Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
Other	0.00	1.0000	1.0000	1.0000	1.0000	1.0252	1.0252	1.0069	1.0000		0.00
	\$0.00										\$0.00
All Services	\$2,565.68										\$2,579.05

APPENDIX C

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program

April 6, 2012

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHHS to set July 2012 – June 2013 capitation rates for the Medicaid care management program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix C
 New Hampshire Department of Health and Human Services
 Medicaid Care Management Capitation Rate Development
 SFY 12/13 Capitation Rates by Rate Cell

Eligibility Category	Per Capita Monthly Paid Cost	TPL Adjustment	Managed Care Equivalent Cost	MCO Administration/ Margin Allowance	MCO Administration/ Margin Allocation	Premium Tax Allowance	Premium Tax Amount	Capitation Rate
Low Income Children and Adults - Age 2-11 Months	\$152.49	0.9955	\$151.81	12.0%	\$20.70	2.0%	\$3.52	\$176.03
Low Income Children and Adults - Age 1-5 Years	88.09	0.9955	87.70	12.0%	11.94	2.0%	2.03	101.68
Low Income Children and Adults - Age 6-13 Years	128.30	0.9955	127.72	12.0%	17.41	2.0%	2.96	148.09
Low Income Children and Adults - Female Age 14-18 Years	159.42	0.9955	158.70	12.0%	21.64	2.0%	3.68	184.03
Low Income Children and Adults - Male Age 14-18 Years	144.65	0.9955	144.00	12.0%	19.63	2.0%	3.34	166.97
Low Income Children and Adults - Female Age 19-44 Years	298.77	0.9955	297.42	12.0%	40.59	2.0%	6.90	344.91
Low Income Children and Adults - Male Age 19-44 Years	228.44	0.9955	227.42	12.0%	31.03	2.0%	5.27	263.72
Low Income Children and Adults - Age 45+ Years	386.05	0.9955	384.31	12.0%	52.45	2.0%	8.91	445.68
Foster Care / Adoption	346.56	0.9955	345.00	12.0%	47.08	2.0%	8.00	400.08
Breast and Cervical Cancer Program	1,026.83	0.9955	1,022.21	9.2%	104.08	2.0%	22.99	1,149.27
Disabled Children (non-dual / non-NF resident)	1,060.81	0.9955	1,056.03	9.2%	107.53	2.0%	23.75	1,187.31
Disabled Adults (non-dual / non-NF resident) - Female Age 19-44 Years	772.48	0.9955	769.00	9.2%	78.29	2.0%	17.29	864.59
Disabled Adults (non-dual / non-NF resident) - Male Age 19-44 Years	763.78	0.9955	760.34	9.2%	77.41	2.0%	17.10	854.85
Disabled Adults (non-dual / non-NF resident) - Age 45+ Years	1,040.64	0.9955	1,035.96	9.2%	105.48	2.0%	23.29	1,164.74
Old Age Assistance Program (non-dual / non-NF resident)	660.43	0.9955	657.46	7.4%	52.48	2.0%	14.49	724.42
Nursing Facility (NF) Residents (non-dual)	1,393.71	0.9955	1,387.44	7.4%	110.77	2.0%	30.58	1,528.78
Nursing Facility (NF) Residents (dual)	70.71	0.9955	70.39	7.4%	5.60	2.0%	1.55	77.55
Dual Eligibles (non-NF resident) - Age 0-44	360.34	0.9955	358.72	7.4%	28.62	2.0%	7.90	395.25
Dual Eligibles (non-NF resident) - Age 45-64	473.73	0.9955	471.60	7.4%	37.64	2.0%	10.39	519.63
Dual Eligibles (non-NF resident) - Age 65+	220.42	0.9955	219.43	7.4%	17.50	2.0%	4.84	241.77
Newborn Kick Payment	1,806.27	0.9955	1,798.14	4.6%	87.12	2.0%	38.47	1,923.73
Maternity Kick Payment	2,579.05	0.9955	2,567.45	4.6%	124.39	2.0%	54.94	2,746.77

APPENDIX D

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program

April 6, 2012

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Appendix D
New Hampshire Department of Health and Human Services
SFY 12/13 Medicaid Care Management Capitation Rate Development
Estimated Fiscal Impact of Medicaid Care Management Program

Eligibility Category	Total Enrollment (Includes CHIP)	Capitation Rate	Total Expenditures	State Only Expenditures (at 50%)
Low Income Children and Adults - Age 2-11 Months	54,728	\$176.03	\$9,633,638	\$4,816,819
Low Income Children and Adults - Age 1-5 Years	294,139	101.68	29,907,004	14,953,502
Low Income Children and Adults - Age 6-13 Years	409,379	148.09	60,626,702	30,313,351
Low Income Children and Adults - Female Age 14-18 Years	108,413	184.03	19,950,727	9,975,363
Low Income Children and Adults - Male Age 14-18 Years	110,643	166.97	18,474,260	9,237,130
Low Income Children and Adults - Female Age 19-44 Years	127,990	344.91	44,144,513	22,072,256
Low Income Children and Adults - Male Age 19-44 Years	20,165	263.72	5,317,968	2,658,984
Low Income Children and Adults - Age 45+ Years	15,425	445.68	6,874,369	3,437,184
Foster Care / Adoption	12,417	400.08	4,967,915	2,483,957
Breast and Cervical Cancer Program	1,990	1,149.27	2,286,872	1,143,436
Disabled Children (non-dual / non-NF resident)	10,134	1,187.31	12,031,617	6,015,809
Disabled Adults (non-dual / non-NF resident) - Female Age 19-44 Years	30,207	864.59	26,116,128	13,058,064
Disabled Adults (non-dual / non-NF resident) - Male Age 19-44 Years	29,406	854.85	25,138,030	12,569,015
Disabled Adults (non-dual / non-NF resident) - Age 45+ Years	48,501	1,164.74	56,490,545	28,245,273
Old Age Assistance Program (non-dual / non-NF resident)	9,007	724.42	6,525,015	3,262,508
Nursing Facility (NF) Residents (non-dual)	1,846	1,528.78	2,822,465	1,411,233
Nursing Facility (NF) Residents (dual)	23,546	77.55	1,825,912	912,956
Dual Eligibles (non-NF resident) - Age 0-44	23,329	395.25	9,220,496	4,610,248
Dual Eligibles (non-NF resident) - Age 45-64	23,354	519.63	12,135,560	6,067,780
Dual Eligibles (non-NF resident) - Age 65+	20,814	241.77	5,032,212	2,516,106
Newborn Kick Payment	5,869	1,923.73	11,290,388	5,645,194
Maternity Kick Payment	4,045	2,746.77	11,110,695	5,555,347
Grand Total	1,385,347	\$277.67	\$381,923,030	\$190,961,515

APPENDIX E

New Hampshire Department of Health and Human Services

July 2012 – June 2013 Capitation Rate Development for Medicaid Care Management Program

April 6, 2012

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April 6, 2012

**New Hampshire Department of Health and Human Services
Capitated Contracts Ratesetting
Actuarial Certification
July 2012 – June 2013 Medicaid Care Management Capitation Rates**

I, John D. Meerschaert, am associated with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I was retained by the New Hampshire Department of Health and Human Services (DHHS) to perform an actuarial certification of the Medicaid care management capitation rates for July 2012 – June 2013 for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the capitation rates development and am familiar with the Code of Federal Regulations, 42 CFR 438.6(c) and the CMS "Appendix A, PAHP, PIHP and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting."

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for July 2012 - June 2013. To the best of my information, knowledge and belief, for the period of July 2012 - June 2013, the capitation rates offered by DHHS are in compliance with 42 CFR 438.6(c). The attached actuarial report describes the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, were developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract.

In making my opinion, I relied upon the accuracy of the underlying claims and eligibility data records and other information. A copy of the reliance letter received from DHHS is attached and constitutes part of this opinion. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted managed care organization's situation and experience.



This Opinion assumes the reader is familiar with the New Hampshire Medicaid program, Medicaid care management programs, and actuarial rating techniques. The Opinion is intended for the State of New Hampshire and the Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

A handwritten signature in black ink, appearing to read "John D. Meerschaert", written over a horizontal line.

John D. Meerschaert
Principal and Consulting Actuary
Member, American Academy of Actuaries

April 6, 2012



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY**

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Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

March 28, 2012

Mr. John D. Meerschaert, F.S.A.
Milliman, Inc.
15800 Bluemound Road, Suite 100
Brookfield, WI 53005

Re: Actuarial Certification of July 1, 2012 – June 30, 2013 Capitation Rates for Medicaid MCO Capitation Rates

Dear John:

I, Kathleen Dunn, Medicaid Director for the New Hampshire Department of Health and Human Services, hereby affirm that the data prepared and submitted to Milliman, Inc. (Milliman) for the purpose of certifying the July 1, 2012 – June 30, 2013 Medicaid MCO capitation rates were prepared under my direction, and to the best of my knowledge and belief are accurate and complete. This data includes:

1. Computer files supporting the July 1, 2012 – June 30, 2013 capitation rate calculation, including:
 - a. Care Management Members and Services - Final V3.xls
 - b. Technical Definition for NH MCM Data Book Services Scope V3.doc
 - c. cmhc procedure codes modifiers and appropriation codes.xls
 - d. complete rate change history 1980's through 7-1-2011.xls
 - e. CRG Avg By Age Cat.xlsx
 - f. Medicaid Extract and Claims Information.doc
 - g. NH Provider Type Codes and Descriptions.xls
 - h. Reference Files.xls
 - i. Relevant NH Medicaid Rate Change.docx
 - j. Type of Service and Claim Type.xls
 - k. 2011-12-05 Current Fee Schedule.xls
 - l. 2011-12-05 NH Pricing Readme.doc
 - m. drg_2011-10-19.doc
 - n. FFY 2012 drg rate table with explanations.xls
 - o. medicaidrates2010.pdf
2. January 2008 – June 2011 FFS claims and eligibility data
3. Other supporting documentation, including:
 - a. New Hampshire Medicaid fee schedules
 - b. Other computer files
 - c. Conversations concerning supplied data

Kathleen A. Dunn
Signature
Kathleen A. Dunn
Name
Medicaid Director
Title
3/28/12
Date