

MILLIMAN REPORT

# State of New Hampshire Department of Health and Human Services

## Rate Year (RY) 2024 Capitation Rate Development for Medicaid Care Management Program

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## I. EXECUTIVE SUMMARY

This report documents the development of the rate year (RY) 2024 managed care organization (MCO) capitation rates for New Hampshire's Medicaid Care Management (MCM) program, including the following populations:

- Standard Medicaid, which also includes the Children's Health Insurance Program (CHIP) population.
- Granite Advantage Health Care Program (GAHCP), which is New Hampshire's adult Medicaid expansion program.

The MCM program began enrolling the Standard Medicaid population in 2013. The GAHCP expansion population was added in 2014. This program provides comprehensive coverage for basic acute care services, such as emergency room, hospital, preventative care services, and prescription drugs. Long-term care services, such as nursing home care and waiver services, are not included as part of the managed care program. Three MCOs currently serve the Standard Medicaid and GAHCP populations across all counties in New Hampshire.

The New Hampshire 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. The RY 2024 capitation rates are included in Amendment #10 of the MCM program contracts with the three MCOs.

Our role is to certify that the RY 2024 capitation rates produced by the rating methodology are actuarially sound to comply with Centers for Medicare and Medicaid Services (CMS) regulations. We developed actuarially sound capitation rates using published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), CMS, and federal regulations to ensure compliance with generally accepted actuarial practices and regulatory requirements.

### RY 2024 PROGRAM CHANGES

The RY 2024 capitation rates reflect several program changes from the SFY 2023 capitation rates presented in our December 9, 2022 certification. The changes are as follows:

- Implementation of a directed payment for professional services at state-owned hospitals to bring total reimbursement to Medicare levels. This directed payment accounts for the difference between the Medicare and Medicaid fee schedules for these professional services.
- Implementation of a preliminary acuity adjustment to reflect the impact of the maintenance of eligibility (MOE) unwind process on estimated RY 2024 enrollment and costs.
- Transition from CY 2019 to SFY 2022 MCO encounter base experience data and inclusion of partial encounter data for the GAHCP population enrolled in a behavioral health rate cell.
- The RY 2024 MCM capitation rates cover the 14-month July 1, 2023 through August 31, 2024 period to accommodate the start of a new MCO contract that will be effective September 1, 2024.

### COVID-19 CONSIDERATIONS IN RY 2024 RATE DEVELOPMENT

As of the time of this report, the impact on RY 2024 capitation rates due to the end of the continuous enrollment tied to the COVID-19 pandemic and PHE is difficult to predict. As such, a minimum and maximum medical loss ratio (MLR) will be in effect in RY 2024 to address the uncertainty in the capitation rates due to COVID-19. The minimum and maximum MLR provision is described in more detail in Section III.

In addition, explicit adjustments for COVID-19 are made in the rate development for the following issues, as described in Section IV:

- Since April 1, 2023, states have been able to terminate Medicaid enrollment for individuals no longer eligible. The RY 2024 capitation rates in Amendment #10 of the MCM contract reflect lower enrollment estimates that take into account the continued PHE unwind process.



- The return of Medicaid eligibility redeterminations is expected to significantly impact the acuity of the population remaining enrolled in Medicaid. Amendment #10 MCM capitation rates include a preliminary acuity adjustment based on DHHS' intended unwind process. This adjustment will be updated for the Amendment #11 capitation rates since DHHS anticipates over 80% of Medicaid enrollees targeted for enrollment redetermination will have gone through the unwind process by early RY 2024.
- The capitation rates do not include provisions for expected vaccination administration fees related to COVID-19 in RY 2024 as these costs remain carved out of the MCM program.

The RY 2024 capitation rates do not include any explicit adjustments for the following issues. The MCM program risk mitigation provisions protect DHHS and the MCOs from material overpayments or underpayments.

- COVID-19 testing and treatment cost: The prevalence of COVID-19 infection rates in RY 2024 is dependent on many variables that make it difficult to predict to include an estimate for the cost of testing for and treating individuals with COVID-19 including, but not limited to:
  - The take-up rate and timing of COVID-19 vaccinations
  - The emergence of COVID-19 variants and the efficacy of vaccines on these variants
- Deferred and foregone services: Once thought to be one of the most significant fiscal impacts of COVID-19, the deferral of non-essential services is no longer a major concern with several large insurers publicly commenting on its minimal impact. We reviewed MCM emerging claims data incurred through December 2022 by population type (to remove the impact of membership mix changes) to look for patterns of deferred or foregone services. It is difficult to use this historical data to project the impact of deferred services for RY 2024 for many reasons.
  - Utilization by service category has varied since CY 2020 through SFY 2022 as the level of COVID-19 diagnoses and hospital admissions has changed in New Hampshire over the course of the pandemic. Therefore, the unknown future prevalence of COVID-19 will be a key variable in future service utilization changes relative to pre-pandemic levels.
  - In the MCM data we reviewed it is difficult to isolate the impact of deferred services from changes in utilization due to other drivers, such as member acuity changes or change in service mix.
- Service Mix Changes: In response to the pandemic, the mix of services used to treat patients has changed, such as the use of telehealth services. It is unknown if these provider and patient changes will persist after the end of the pandemic.

## RY 2024 CAPITATION RATE CHANGE

Table 1A below shows the statewide rate change by population from the Amendment #9 SFY 2023 capitation rates to the Amendment #10 RY 2024 rates presented in this report using current DHHS enrollment estimates and excluding directed payments. Exhibit A1 shows the rate change by rate cell excluding directed payments. Exhibit A2 shows the rate change by rate cell including directed payments. Exhibit A3 shows the rate change by rate cell including directed payments and the estimated impact of hospital inpatient psychiatric kick payments.

The composite capitation rates shown below for Amendment #9 and Amendment #10 are based on projected RY 2024 enrollment, which includes considerations for the unwind process following the end of the MOE. The enrollment projections are included in Exhibit E.

<b>Table 1A</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Capitation Rate Change</b> <b>Based on Projected RY 2024 Enrollment by Rate Cell</b> <b>Excluding Directed Payments</b>			
<b>Population</b>	<b>Amendment #9</b> <b>SFY 2023</b>	<b>Amendment #10</b> <b>RY 2024</b>	<b>Rate Change</b>
<b>Standard Medicaid</b>			
Base Population	\$363.62	\$374.67	3.0%
CHIP	232.80	227.44	-2.3%
Behavioral Health Population	1,456.15	1,390.67	-4.5%
<b>Total Standard Medicaid</b>	<b>\$427.60</b>	<b>\$430.73</b>	<b>0.7%</b>
<b>Granite Advantage Health Care Program</b>			
Medically Frail	\$1,074.95	\$1,051.49	-2.2%
Non-Medically Frail	414.34	454.27	9.6%
Behavioral Health Population	2,010.41	1,920.66	-4.5%
<b>Total GAHCP</b>	<b>\$568.13</b>	<b>\$592.88</b>	<b>4.4%</b>
<b>Grand Total</b>	<b>\$473.92</b>	<b>\$484.17</b>	<b>2.2%</b>

The RY 2024 capitation rates include directed payments to community mental health centers (CMHCs), critical access hospitals, qualifying children's hospitals, and state-owned hospitals for professional services (all subject to CMS approval). While these amounts are included in the MCO capitation rates, MCOs are not at risk for the amount of these directed payments. Table 1B below shows the statewide rate change by population from the SFY 2023 capitation rates to the RY 2024 rates, including directed payments.

<b>Table 1B</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Capitation Rate Change</b> <b>Based on Projected RY 2024 Enrollment by Rate Cell</b> <b>Including Directed Payments</b>			
<b>Population</b>	<b>Amendment #9</b> <b>SFY 2023</b>	<b>Amendment #10</b> <b>RY 2024</b>	<b>Rate Change</b>
<b>Standard Medicaid</b>			
Base Population	\$375.37	\$389.84	3.9%
CHIP	238.53	236.01	-1.1%
Behavioral Health Population	1,507.71	1,451.59	-3.7%
<b>Total Standard Medicaid</b>	<b>\$441.52</b>	<b>\$448.43</b>	<b>1.6%</b>
<b>Granite Advantage Health Care Program</b>			
Medically Frail	\$1,113.50	\$1,106.91	-0.6%
Non-Medically Frail	423.65	483.31	14.1%
Behavioral Health Population	2,045.37	2,004.32	-2.0%
<b>Total GAHCP</b>	<b>\$582.04</b>	<b>\$627.46</b>	<b>7.8%</b>
<b>Grand Total</b>	<b>\$487.83</b>	<b>\$507.44</b>	<b>4.0%</b>

We project an overall MCO medical loss ratio (MLR) for at-risk services of 90.8% for the Standard Medicaid population and 89.9% for the GAHCP population in RY 2024, which includes:

- An overall 7.7% administrative cost allowance for the Standard Medicaid population, and 8.6% for the GAHCP population
- A 1.5% risk margin applied as a percentage of revenue prior to the directed payments and the premium tax allowance

The projected MLR for at-risk services excludes the impact of the directed payments and the 2.0% premium tax allowance in both the numerator and denominator of the MLR calculation, which is consistent with the treatment of directed payments and premium taxes in federal MLR calculations.

The RY 2024 MCM capitation rates do not include funding for the COVID-19 vaccines or vaccine counseling services. DHHS will continue to cover the vaccine administration and vaccine counseling costs under a non-risk arrangement for RY 2024.

Table 2 shows a breakdown of the capitation rate changes by major rate component for the RY 2024 capitation rates compared to the SFY 2023 capitation rates on a percentage and aggregate dollar basis. Please note, the various rate change components include the impact of attributed administrative allowance, risk / profit margin and premium tax beyond the service costs alone.

**Table 2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 MCM Capitation Rate Change by Component<sup>1</sup>**  
**Based on Projected RY 2024 Enrollment by Rate Cell**

Rate Component	Standard Medicaid		GAHCP		Total	
	Rate Change	14-Month Dollar Impact	Rate Change	14-Month Dollar Impact	Rate Change	14-Month Dollar Impact
<b>Assumption Changes</b>						
Administrative Allowance	0.44%	\$3,220,106	0.51%	\$2,424,415	0.46%	\$5,644,521
Durable Medical Equipment "Lesser of Logic" Adjustment	0.04%	278,840	0.02%	109,119	0.03%	387,959
Pharmacy Efficiency Savings	-0.30%	(2,205,421)	-0.52%	(2,513,724)	-0.39%	(4,719,145)
Preliminary Acuity Assumption	3.75%	27,753,850	8.20%	39,316,015	5.50%	67,069,865
Hospital Outpatient Cost to Charge Ratio Adjustment	0.71%	5,250,415	1.05%	5,045,704	0.84%	10,296,119
Applied Behavioral Analysis Trends	0.57%	4,251,192	0.00%	4,412	0.35%	4,255,604
Pharmacy Trends (including Preferred Drug List and Rebate Changes)	-0.36%	(2,645,817)	-0.67%	(3,196,102)	-0.48%	(5,841,919)
Utilization Trends	1.44%	10,620,911	1.57%	7,536,848	1.49%	18,157,759
Unit Cost Trends	0.37%	2,725,939	0.57%	2,712,625	0.45%	5,438,564
Boston Children's Hospital Risk Pool	0.36%	2,651,220	0.06%	286,003	0.24%	2,937,223
Impact of Granite Advantage Behavioral Health Population Non-CMHC Experience	-1.37%	(10,140,829)	-2.60%	(12,468,506)	-1.85%	(22,609,335)
Base Data and Other	-4.94%	(36,527,649)	-3.93%	(18,867,778)	-4.54%	(55,395,428)
<b>Total Assumption Changes<sup>2</sup></b>	<b>0.71%</b>	<b>\$5,232,757</b>	<b>4.25%</b>	<b>\$20,389,030</b>	<b>2.10%</b>	<b>\$25,621,787</b>
<b>Directed Payments</b>						
Children's Hospital Directed Payment	0.11%	\$797,291	0.00%	\$23,011	0.07%	\$820,302
State Owned Hospital Professional Services Directed Payment	0.13%	994,998	0.08%	388,011	0.11%	1,383,010
CMHC Directed Payment	0.04%	273,575	0.13%	616,522	0.07%	890,097
Critical Access Hospital Directed Payment	0.58%	4,284,773	3.34%	16,000,055	1.66%	20,284,828
<b>Total Directed Payment Changes</b>	<b>0.86%</b>	<b>\$6,350,637</b>	<b>3.55%</b>	<b>\$17,027,600</b>	<b>1.92%</b>	<b>\$23,378,237</b>
<b>Total Changes</b>	<b>1.57%</b>	<b>\$11,583,394</b>	<b>7.80%</b>	<b>\$37,416,630</b>	<b>4.02%</b>	<b>\$49,000,024</b>

<sup>1</sup> The various rate change components include the impact of attributed administrative allowance, risk / profit margin, and premium tax beyond the service costs alone.

<sup>2</sup> Differences from Table 1A results are due to rounding and the order in which the rate changes are calculated.

We note, the RY 2024 assumption changes in Table 2 are expressed relative to the same components in the SFY 2023 rates.

## RY 2024 CAPITATION RATE CHANGE OBSERVATIONS AND DISCUSSION

The SFY 2021 through SFY 2023 MCM capitation rates were developed from CY 2018 and CY 2019 MCO encounter data. The transition to SFY 2022 MCO encounter data for the RY 2024 capitation rates captures three years of changes that would otherwise have incrementally affected the capitation rates during a typical three-year rating schedule. Therefore, we include additional details on some of the key large rate changes for specific rate cells.

### Neonatal Abstinence Syndrome Kick Payment

The neonatal abstinence syndrome (NAS) kick payment increased by 88.4%. Over the last few years, we observed a steady decrease in the number of neonatal abstinence syndrome (NAS) admissions. In SFY 2019, there were 169 NAS admissions that decreased by 37% to 107 during SFY 2022. We believe this decrease could be a result of DHHS' efforts to combat the opioid epidemic, which leaves only the most severe cases in the Medicaid program while more modest cases are prevented. In fact, since SFY 2017, DHHS made significant investments to fight the opioid epidemic and secured waivers from CMS to provide better care to the opioid addiction population.

- Since CY 2018, the average length of stay for NAS newborn admissions has increased approximately 20%, which directly impacts total costs per admission as the admissions are paid on a per diem basis.
- The mix of DRGs has shifted towards more expensive admissions contributing an additional estimated 20% increase in intensity in addition to the length of stay increase.
- The fee-for-service Medicaid payments rates have increased about 6.2% since CY 2019, and MCO reimbursement as a percentage of Medicaid fees also increased by 5.5%, which combined increases provider reimbursement for these services by nearly 12%.

### Newborn Kick Payment

The newborn kick payment also increased relative to SFY 2023 for many of the same reasons as the NAS kick payment. However, these drivers are more moderate which results in a 27.1% rate increase for the newborn kick payment.

- Since CY 2019 the average length of stay for newborn admissions has increased approximately 10%.
- The mix of DRGs has shifted towards more expensive admissions contributing an estimated 10% increase in intensity.
- The fee-for-service Medicaid payments rates have increased about 6.2% since CY 2019, and MCO reimbursement as a percentage of Medicaid fees decreased by 5.0%, which combined increases provider reimbursement for these services by nearly 1.2%.

### Elderly and Disabled Adults

For these two rate cells, the base experience data increased by 7% between CY 2019 and SFY 2022. This observed cost increase, along with the change in acuity due to estimated enrollment decreases from the unwind process, result in a 10.6% and 13.8% rate increase for these rate cells.

### Dual Eligibles

For this rate cell, the 13.4% capitation rate decrease is almost entirely due to the base experience data decrease of 11% between CY 2019 and SFY 2022.

### Foster Care / Adoption

For this rate cell, the 14.0% capitation rate increase is almost entirely due to the base experience data increase of 10% between CY 2019 and SFY 2022.

### Low Income Children - Age 0 to 11 Months

For this rate cell, the 14.8% capitation rate change is almost entirely due to an increase in the Boston Children's Hospital (BCH) risk pool allocation, described later in this report, and a small increase (roughly 3.5%) in the base period experience data between CY 2018 / CY 2019 and SFY 2022.

### Non-Medically Frail

The 13.6% rate change for this rate cell can be attributed almost entirely to the change in acuity due to estimated enrollment decreases from the unwind process, which increases the non-medically frail rates by 7%.

### RY 2024 CAPITATION RATES

Table 3 shows statewide capitation rates for the base population that DHHS will pay to MCOs for each member meeting these rate cell criteria. Note, the base population rate cells exclude the behavioral health population and the GAHCP populations, which have separate rate cells as shown in Tables 4 and 5. The rate changes by rate cell are shown in the accompanying Excel workbooks.

<b>Table 3</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Base Population Capitation Rates<sup>1</sup></b>	
<b>Base Population Rate Cell</b>	<b>RY 2024</b>
Low Income Children and Adults	
0 to 11 months	\$404.28
1 to 18	197.72
19+	487.49
CHIP	186.44
Foster Care / Adoption	428.42
Severely Disabled Children	1,682.15
Elderly and Disabled Adults – 19 to 64	1,433.61
Elderly and Disabled Adults – 65+	1,174.03
Dual Eligibles	278.83
Newborn Kick Payment	6,762.03
Neonatal Abstinence Syndrome Kick Payment	21,023.17
Maternity Kick Payment	3,385.41

<sup>1</sup> Excludes the behavioral health population, and GAHCP populations.

Table 4 shows the statewide capitation rates for the behavioral health population that DHHS will pay to the MCOs for each member meeting these rate cell criteria. The behavioral health population includes all Standard Medicaid and GAHCP population members eligible for enhanced behavioral health services.

<b>Table 4</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Behavioral Health Population Capitation Rates<sup>1</sup></b>	
<b>Behavioral Health Population Rate Cells</b>	<b>RY 2024</b>
Severe / Persistent Mental Illness – Medicaid Only	\$2,374.70
Severe / Persistent Mental Illness – Dual Eligibles	1,723.35
Severe Mental Illness – Medicaid Only	1,666.72
Severe Mental Illness – Dual Eligibles	1,137.10
Low Utilizer – Medicaid Only	1,650.59
Low Utilizer – Dual Eligibles	684.24
Serious Emotionally Disturbed Child	1,117.54

<sup>1</sup> Excludes the base population, GAHCP Medically Frail, and GAHCP Non-Medically Frail populations.

Table 5 shows the statewide capitation rates for the GAHCP Medically Frail and Non-Medically Frail populations that DHHS will pay to the MCOs for each member meeting these rate cell criteria.

<b>Table 5</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 GAHCP Population Capitation Rates<sup>1</sup></b>	
<b>GAHCP Rate Cell</b>	<b>RY 2024</b>
Medically Frail	\$1,106.91
Non-Medically Frail	483.31

<sup>1</sup> Excludes the behavioral health population.

Table 6 shows the kick payments DHHS will pay to the MCOs for each hospital inpatient psychiatric admission.

<b>Table 6</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Hospital Inpatient Psychiatric Admission Kick Payments<sup>1</sup></b>	
<b>Psychiatric Kick Payment</b>	<b>RY 2024</b>
Peer Group 01 and 07	\$3,867.90
Peer Group 02	2,973.40
Peer Group 06	8,350.17
Peer Group 09	20,092.70

<sup>1</sup> Does not apply to dual eligibles or admissions for adults at New Hampshire Hospital.

It should be emphasized that capitation rates are a projection of future costs for an efficient MCO based on a set of assumptions. Actual MCO costs will be dependent on each MCO's situation and the extent to which future experience conforms to the assumptions made in the capitation rate development calculations.

## REPORT STRUCTURE

The accompanying Excel workbook documents the development of the RY 2024 capitation rates for all populations. Exhibit A shows a comparison of the Amendment #10 RY 2024 capitation rates to the Amendment #9 SFY 2023 capitation rates documented in our December 9, 2022 rate certification. Exhibit B shows the fiscal impact of the Amendment #10 RY 2024 capitation rates based on projected RY 2024 member months. The actuarial certification of the RY 2024 New Hampshire MCM program capitation rates is included as Exhibit I.

Section II provides an overview of the methodology, including a summary of methodology changes. Section III documents the capitation rate base data and medical cost projections. Section IV summarizes final capitation rate adjustments for all rate cells, including various program adjustments and the administrative / margin allowance. Section V of the report provides information regarding the assignment of service categories. Section VI discusses issues related to the CMS rate setting checklist. Section VII includes comments on items related to the 2023-2024 Medicaid Managed Care Rate Development Guide.

## DATA RELIANCE AND IMPORTANT CAVEATS

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate RY 2024 capitation rates. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs).

The models rely on data and information as input to the models. We used fee-for-service (FFS) and MCO encounter cost and eligibility data for July 2020 through December 2022, MCO financial data, historical reimbursement information, TPL recoveries, current fee schedules, and other DHHS and MCO information to calculate the New Hampshire MCM program capitation rates shown in this report. This data was provided by DHHS and participating MCOs. We did not audit 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 did not find material defects in the data. If there are material defects in the data, it is possible 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. Please see the data reliance letter for a full list of the data relied upon to develop the RY 2024 capitation rates.

We constructed several projection models to develop the capitation rates shown in this report. 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 in the RY 2024 capitation rates due to differences in health care trend, managed care efficiency, provider reimbursement levels, and many other factors. 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 RY 2024 MCM program capitation rates. The report and the models used to develop the values in 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 DHHS. We understand 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 Department of Health and Human Services effective July 1, 2022, apply to this report and its use.



## II. METHODOLOGY OVERVIEW

This section of the report provides an overview of the RY 2024 New Hampshire MCM program capitation rate methodology and highlights program changes effective for RY 2024.

### BASE DATA

We summarized the SFY 2022 MCO encounter experience with run out through December 31, 2022 by rate cell and service category for the Standard Medicaid population and the GAHCP populations.

- We obtained MCO encounter data and sub-capitated expenditures directly from the participating MCOs. The RY 2024 capitation rates include sub-capitated expenditures for services not capitated through an affiliated organization. For related entities, the RY 2024 rates include actual encounter payments to providers for those services, when available. We removed administrative payments made by the MCOs to related parties from the encounter data. Actual MCO encounter data is used for all CMHC services. The MCOs also provided summarized provider incentive payments and settlements made outside of the claims data and these items were included in the base data.
- We obtained eligibility and MCM enrollment information from DHHS.
- We obtained SFY 2022 admission data for hospital inpatient psychiatric admissions at New Hampshire Hospital (NHH) from DHHS. We excluded admissions over 60 days from the rate development process. Admissions at NHH for individuals aged 21 to 65 years old is not included in the base MCO encounter data.

We summarized detailed MCO encounter claims data 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 reflect gross ingredient cost and dispensing fees prior to any pharmacy rebates.
- We excluded all Part D covered drugs for dual eligibles.
- We excluded Zolgensma, Skysona, Zytenglo, Hemgenix, hemophilia drugs, and the other specific high-cost drugs (e.g., Carbaglu and Ravicti) that are currently carved out of the MCM program. Exhibit G lists the specific National Drug Codes (NDCs) currently excluded from the MCM program.

We believe the encounter data is of appropriate quality and completeness to use as the primary basis for developing actuarially sound rates for the New Hampshire MCM program. We validated the MCO encounter data using the following process:

- We compared the submitted encounter data to quarterly financial data summaries provided by the MCOs. The quarterly financial data summaries included FFS and sub-capitated payments made by the MCOs to providers by rate cell, broad service category, and quarter. The financial data was not audited but is certified by each MCO as accurate and complete.
- DHHS and Milliman provided an opportunity for MCOs to play a significant role in the base data validation for the RY 2024 capitation rate development process. As we worked on the development of the RY 2024 capitation rates, we provided MCOs with a series of detailed data summaries in order to further our understanding of the data, complete the validation process, and offer more transparency on the process leading to the capitation rates.
- Through this detailed review process, Milliman, DHHS, and the MCOs validated the encounter data for use in the capitation rate setting process.



Table 7 below shows a summary of the encounter data reconciliation to the financial statement information provided by the MCOs. Overall, the SFY 2022 base encounter data is about 0.1% higher than the financial summaries provided by MCOs.

<b>Table 7</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>SFY 2022 Data Validation Summary</b>		
<b>Quarter</b>	<b>Dollar Difference</b>	<b>Percentage Difference</b>
3Q2021	(\$98,572)	0.0%
4Q2021	\$99,128	0.0%
1Q2022	\$207,353	0.1%
2Q2022	\$317,634	0.1%
<b>SFY 2022 Total</b>	<b>\$525,543</b>	<b>0.1%</b>

In recent years, the MCM program capitation rate development process relied upon base data from CY 2018 and CY 2019, as the impact of the COVID-19 pandemic on costs beginning in early 2020 presents challenges to using SFY 2020 and SFY 2021 base period data for setting capitation rates. We performed a substantial review of the SFY 2022 experience and consider it to be reliable base data experience for the RY 2024 rates.

Historically, we have observed lower than expected experience for GAHCP members eligible for enhanced behavioral health services at the CMHCs. The SFY 2022 base data claims for CMHC services for GAHCP members with behavioral health certifications is excluded from rate development due to service funding concerns. However, the SFY 2022 base data claims for non-CMHC services for GAHCP members with behavioral health certifications is credible and is included in rate development.

Additionally, we applied an adjustment to reflect payments or recoveries for covered services for enrolled individuals that are not processed through plans' claim adjudication system (i.e., provider incentive payments, crisis line arrangements, etc.).

Appendix A summarizes the SFY 2022 base data by rate cell and service category. Note, the hospital inpatient psychiatric admissions and BCH experience are not included in Appendix A as they are included later in the rate setting process.

We did not identify any material concerns with the quality or availability of the data with respect to total claims in aggregate or our ability to allocate encounter data to major service categories. Our data reconciliation efforts are consistent with Actuarial Standard of Practice #23 on data quality.

The base experience data used in the development of the capitation rates does not include services invalidated by courts of law, or by changes in federal statutes, regulations, or approvals. Also, in accordance with CFR §438.602(i), we understand that no claims submitted to the encounter data system were paid to a network provider, out-of-network provider, sub-contractor or financial institution located outside of the U.S.

## METHODOLOGY OVERVIEW

We used the following methodology to develop the New Hampshire MCM program capitation rates:

1. Summarize SFY 2022 encounter experience data for the Standard Medicaid and GAHCP eligible populations.
2. Project estimated statewide RY 2024 MCM program medical costs for all covered services by rate cell.
3. Adjust RY 2024 projected medical costs for all rate cells for benefits not included in the base experience data, expected administrative expenses, margin, and premium tax.

Sections III and IV of this report document the rate setting methodology in detail.

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## COMMUNITY MENTAL HEALTH CENTER COST COMPONENT SUMMARY

Exhibit D provides DHHS and the MCOs with a summary of the CMHC cost component included in the RY 2024 MCM capitation rates. This summary includes all services provided by CMHCs and funding sources provided to CMHCs, including housing services currently covered under the MCM program. This information can be used by MCOs and CMHCs to set a baseline for contract negotiations.

## RETROACTIVE ACUITY ADJUSTMENT

Due to the uncertainty surrounding the unwind process following the end of the MOE, DHHS will implement a non-budget neutral retrospective acuity adjustment. During its call with the National Association of Medicaid Directors on April 8, 2022, CMS indicated states should work to appropriately capture population acuity before, during, and after redetermination, and that a retroactive acuity adjustment would be an appropriate way to handle the unknown acuity related to the PHE unwind. As such, we include a preliminary acuity assumption that will be updated for Amendment #11.

The final acuity adjustment factor will incorporate SFY 2023 MCO encounter data, actual disenrolled members, and the timing of their disenrollment. It is estimated that by September 2023, over 80% of the unwind activities will be completed, allowing us to review additional data and refine the calculation of the acuity adjustments. As part of this update, we may also look at how enrollment continues to change between SFY 2022 and RY 2024 to account for the new entrants to Medicaid during the redetermination process.

## RISK MITIGATION STRUCTURE

The risk mitigation structure described below is consistent with the structure included in the SFY 2023 capitation rates.

### Boston Children's Hospital (BCH) Risk Pool

Historical spend at BCH has varied significantly among the MCOs over the past several years. In order to better allocate funds across MCOs for children's specialty services provided at BCH, DHHS created a budget-neutral risk pool to redistribute funds at the end of each contract period based on actual expenditure levels. Inpatient and outpatient facility services provided at BCH will qualify for the risk pool calculation. Below we outline the approach for developing and administering this risk pool:

- At the beginning of each contract period, Milliman and DHHS will calculate the BCH funding level as a PMPM amount by rate cell and estimate the total risk pool amount based on projected enrollment. This amount will be trued-up at the end of the contract period based on actual enrollment by rate cell and risk adjustment results.
- At the end of the contract period, Milliman and DHHS will collect detailed BCH encounter claims data. Milliman and DHHS will calculate final BCH paid claim amounts by MCO. The final BCH paid claim amounts by MCO does not include the funds associated with the Children's Hospital Directed Payment.
- The final risk pool amount will then be reallocated based on a distribution of paid claims at BCH across MCOs.
- All funds will be allocated. In the case of a surplus, an MCO may receive funds in excess of their actual expenditures. In the case of a deficit, a MCO may receive less funds than their actual expenditures.

In order to avoid unintended interactions between the risk pool funding reallocation process and the stop-loss provision of the MCO contract, the high-cost patient stop-loss calculation will exclude BCH claims.

### High-Cost Patient Stop-Loss

Effective September 1, 2015, DHHS implemented a stop-loss arrangement for high-cost patients where DHHS began sharing 50% of the cost above \$500,000 for members that have total expenses valued at Medicaid fee levels above that threshold. In order to avoid unintended interactions between the BCH risk pool funding reallocation process and the stop-loss provision of the MCO contract, the high-cost patient stop loss arrangement excludes BCH claims.

The original stop loss attachment point of \$500,000 is indexed annually at a rate of 3.0% from its inception in SFY 2016 and rounded to the nearest \$1,000. The RY 2024 attachment point will be \$740,000 ( $\$634,000 * 14/12$ ), which accounts for the 14-month rating period. The indexing of the attachment point addresses historical inflation and recent provider reimbursement increases and maintains a level of MCO risk consistent with program goals.

## Risk Adjustment

The RY 2024 capitation rates will use an actuarially sound prospective risk adjustment model to adjust the rates for each participating MCO in a manner that is budget-neutral to the state. A brief description of the methodology is provided below. The full methodology will be documented in the risk adjustment reports. Risk adjustment will be calculated on a quarterly basis. The RY 2024 risk adjustment process will be consistent with the current methodology in use for SFY 2023 with the exception of a transition to CDPS+Rx version 7.0. We do not anticipate any other modifications will be made from the current process for RY 2024.

The risk adjustment process will use the CDPS+Rx model to assign scored individuals to a demographic category and disease categories based on their medical claims and drug utilization during the study period. Only a single incidence of an International Classification of Disease Code (ICD) or drug is necessary to establish a CDPS+Rx disease category. We will exclude diagnosis codes related to radiology and laboratory services to avoid including false positive diagnostic indicators for tests run on an individual.

CDPS uses ICD-10 diagnosis codes to assess risk and assigns each member to one or more of 53 possible medical condition categories from 19 major diagnostic categories. Each member is also assigned to one of 11 age / gender categories. All of the 19 major diagnostic categories are “hierarchical” categories in that only the single most severe diagnosis within the major category is counted. This counting rule simplifies the model and strengthens its resistance to additional coding. Single counting within major categories is intended to avoid encouraging a proliferation of different diagnoses reported for a single disease process just to increase payment. However, as with most models, CDPS considers not only a person’s single most serious diagnosis, but also diagnoses from other major categories.

The CDPS+Rx model includes the full set of diagnosis categories from the CDPS model, as well as 15 MRX categories from the Medicaid Rx model that are embedded within the CDPS hierarchy. The researchers at UCSD who developed the CDPS+Rx model decided to limit the MRX categories to the 15 that added predictive power to the diagnostic model (i.e., both relatively common and significant predictors of cost) and that were relatively less susceptible to variations in practice patterns.

We will score individuals with at least six months of eligibility and claims experience in the base data. Each scored individual receives a demographic relative cost weight and can have multiple disease categories assigned depending on that individual’s health status. For each scored member, the weights for all of the disease categories assigned are combined with their demographic information to calculate a total individual risk score. We will continue to calculate customized risk adjustment weights to reflect the emerging cost to treat the opioid addiction population.

Additionally, each scored member with less than 12 months of experience in the base data period will also be assigned a durational adjustment to compensate for missing diagnoses due to shorter enrollment durations, similar to a missing data adjustment. This additional adjustment will contribute to a more equitable allocation of resources as AmeriHealth Caritas of New Hampshire’s (ACNH) members build up Medicaid experience to be used in the base experience data period for risk adjustment.

Finally, each unscored member will be assigned a demographic-only risk weight that considers the historical costs of unscored members. This provision of the risk adjustment methodology reflects the relative risk of unscored populations compared to scored populations within a rate cell. We are currently evaluating a separate adjustment for members that are auto-assigned to an MCO vs. members who choose an MCO.

For the RY 2024 contract period, we will continue using the actual enrollment by MCO in each quarter to calculate risk scores in order to capture actual membership changes for each MCO.

For each MCO, the unadjusted plan factors for scored members are derived by performing a weighted average of the cost weights using the count of scored adults and children associated with each CDPS+Rx category. The budget neutral plan factor for scored members is calculated by dividing each individual MCO’s unadjusted plan factor by the total population’s unadjusted plan factor.

Similarly, the demographic only risk scores for the unscored population is normalized, by rate cell, across MCOs. We will analyze historical cost differences between scored and unscored members and introduce an adjustment to reflect any observed differences (i.e., if unscored members are shown to be less expensive than scored members, we will adjust risk scores accordingly).

The final risk score for each MCO and rate cell will be the weighted average risk scores between the scored and unscored population. These final risk scores will be used to adjust payments made to MCOs.

### Minimum and Maximum MLR Provision

On page 10 of the *2023-2024 Medicaid Managed Care Rate Development Guide*, “CMS recommends all states implement a 2-sided risk mitigation strategy for rating periods impacted by the public health emergency.” Due to population and cost uncertainty related to the ongoing PHE and the anticipated enrollment redetermination process, we understand DHHS intends to maintain the minimum and maximum medical loss ratio (MLR) provision for RY 2024. The minimum and maximum MLR provision will continue to use an MLR definition consistent with the rate setting process rather than the federal MLR definition.

The MCM capitation rates reflect a target MLR, which measures the projected medical service costs as a percentage of the total at-risk MCO capitation rates. The minimum MLR will limit MCO gains if the actual MLR is lower than the minimum MLR. The maximum MLR will limit MCO losses if the actual MLR is higher than the maximum MLR. The target MLR for at-risk services is 90.8% for Standard Medicaid and 89.9% for GAHCP based on the RY 2024 projected enrollment distribution. Note, each program’s target MLR may change in future rate amendments as a result of changes to underlying assumptions.

The minimum MLR is set on a program-wide basis for each major population, such that maximum profit achievable is 4%, which is equal to the 1.5% target margin plus the amount between the target MLR and the minimum MLR (2.5%). Based on the target MLRs in this report, the minimum MLR will be 88.3% for the Standard Medicaid population and 87.4% for the GAHCP population. The maximum MLR is also set on a program-wide basis for each major population 3.5% above the target MLR, such that MCOs will have a maximum loss of 2.0%. Based on the target MLRs in this report, the maximum MLR will be 94.3% for the Standard Medicaid population and 93.4% for the GAHCP population. The final minimum and maximum MLRs for Standard Medicaid and GAHCP will be updated to capture any changes implemented in the expected January 1, 2024 contract Amendment #11.

There are several operational requirements related to administering the minimum and maximum MLR settlement:

- The settlement will be done separately for the Standard Medicaid and GAHCP populations.
- Other MCM program risk mitigation provisions will apply prior to the minimum and maximum MLR settlement (i.e., Boston Children’s Hospital risk pool, high-cost patient stop-loss arrangement, and prospective risk adjustment).
- The numerator of each MCO’s actual MLR will include all payments made to providers, such as fee-for-service payments, sub-capitation payments, incentive payments, and settlement payments. The numerator of each MCO’s actual MLR will not include costs related to quality improvement activities or fraud, waste, and abuse prevention.
- Payments and revenue related to directed payments and premium taxes will be excluded from the numerator and denominator of each MCO’s actual MLR.
- Payments related to the withhold and incentive program will be excluded from the minimum and maximum MLR settlement.
- The minimum and maximum MLR settlement will occur after the contract year is closed and sufficient paid claims runout is available.

### III. MEDICAL COST PROJECTIONS

This section of the report describes the projection of the MCO encounter data for all rate cells.

We used the following methodology to project the encounter data used in the calculation of the medical component of the capitation rates:

1. Summarize base period MCO encounter experience data for the population eligible for and the services covered by the MCM program.
2. Apply adjustments to the base data to project RY 2024 medical costs.

Each of the above steps is described in detail below.

#### STEP 1: SUMMARIZE BASE EXPERIENCE DATA

In this step, we summarize the encounter base experience by rate cell and service category for the populations eligible to enroll in the MCM program.

##### Base Data

We summarized the SFY 2022 MCO encounter experience by rate cell and service category for the Standard Medicaid population and the GAHCP populations as shown in Appendices A1 to A3. Please refer to Section II of this report for a more detailed review of the base encounter experience data preparation and validation.

##### Non-Covered Services Adjustment

MCOs are allowed to provide services not explicitly covered under the MCM program to beneficiaries' in-lieu of a covered service. As part of the capitation rate development process, the encounter data must be adjusted to remove any portion of the cost of in-lieu of services that exceeds the cost of the corresponding covered service.

MCOs currently provide Medical Nutrition and Diabetes Self-Management services defined by Procedure Codes 97802, 97803, and G0108 with an average unit cost of \$20.05 per unit using staff nutritionists for the Standard Medicaid population. For the GAHCP population, the average unit cost is \$17.37 per unit using staff nutritionists. Alternatively, these services would be provided as a covered service by a physician in an office setting at the cost of \$35.71 per unit (based on the Medicaid fee for 99202-office visit). This comparison shows that Medical Nutrition and Diabetes Self-Management services are cost effective. Therefore, we did not make any adjustment to the base period data for non-covered services.

The in lieu of services (ILOS) are expected to have a non-material impact on rates as the aggregate projected ILOS cost percentage is 0.02%. This percentage was calculated by estimating the portion of the total capitation rates attributed to ILOS divided by the total capitation rates including all state directed payments. We estimated the portion of the total capitation rates attributed to ILOS by summarizing the SFY 2022 ILOS base experience PMPM and projecting to RY 2024 by applying trends as described in Step 2 below.

##### Retroactive Eligibility and Enrollment Lag

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

The MCOs do not cover these retroactive enrollment periods. The enrollment data provided by DHHS excluded retroactive enrollment periods; therefore, a special adjustment was not necessary because we only summarized claims for individuals with non-retroactive enrollment records. The encounter data already excludes the retroactive eligibility period and enrollment lag so no adjustments were needed.

## Eligibility Category Assignment

We grouped Medicaid enrollees into the RY 2024 rate cell structure using the following hierarchy based on their eligibility status on the first day of each eligibility span:

- Behavioral health population rate cells (including all qualifying Standard Medicaid, CHIP, and GAHCP members)
- GAHCP population rate cells
- Standard Medicaid population rate cells (including CHIP)

Table 8 below shows the RY 2024 rate cell structure.

<b>Table 8</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>RY 2024 Rate Cell Structure</b>	
<b>Behavioral Health Population Rate Cells</b>	
Severe / Persistent Mental Illness – Non-Dual	
Severe / Persistent Mental Illness – Dual	
Severe Mental Illness – Non-Dual	
Severe Mental Illness – Dual	
Low Utilizer – Non-Dual	
Low Utilizer – Dual	
Serious Emotionally Disturbed Child	
<b>Granite Advantage Health Care Program Population Rate Cells</b>	
Medically Frail	
Non-Medically Frail	
<b>Standard Medicaid Population Rate Cells</b>	
Low Income Children and Adults – 0 to 11 months	
Low Income Children and Adults – 1 to 18	
Low Income Children and Adults – 19+	
CHIP	
Foster Care / Adoption	
Severely Disabled Children	
Elderly and Disabled Adults – Age 19 to 64	
Elderly and Disabled Adults – Age 65+	
Dual Eligibles	
<b>Kick Payments</b>	
Newborn Kick Payment	
Neonatal Abstinence Syndrome Newborn Kick Payment	
Maternity Kick Payment	
Psychiatric Admissions Peer Group 01 and 07	
Psychiatric Admissions Peer Group 02	
Psychiatric Admissions Peer Group 06	
Psychiatric Admissions Peer Group 09	

The behavioral health rate cells are structured around the target populations eligible for enhanced behavioral health services at the CMHCs. These individuals were historically identified through the following modifier codes found on CMHC FFS claims:

- Modifier 1 is HW for all enhanced behavioral health eligible patients
- Modifier 2 is U1 for Severe / Persistent Mental Illness (SPMI)
- Modifier 2 is U2 for Severe Mental Illness (SMI)
- Modifier 2 is U5 for Low Utilizer



- Modifier 2 is U6 for Serious Emotionally Disturbed Child (SED)
- Modifier 2 is U7 for Serious Emotionally Disturbed Child, Interagency Involvement (SED-I)

To identify the behavioral health population enrolled in an MCO, we used a separate data file provided by DHHS that includes behavioral health certification information for each individual. We separated each group into rate cells based on Medicare eligibility as follows:

- Severe / Persistent Mental Illness (SPMI) – Medicaid Only
- Severe / Persistent Mental Illness (SPMI) – Dual Eligibles
- Severe Mental Illness (SMI) – Medicaid Only
- Severe Mental Illness (SMI) – Dual Eligibles
- Low Utilizers – Medicaid Only
- Low Utilizers – Dual Eligibles
- Serious Emotionally Disturbed Child (SED) – Medicaid Only and Dual Eligibles

The GAHCP population rates cells are defined using the MGIM and MGIA eligibility categories for the Medically Frail and Non-Medically Frail populations, respectively.

We identified and classified all other Standard Medicaid population using the eligibility codes found in the enrollment file. Please refer to our rate cell logic letter dated January 16, 2020 in Exhibit H for more details.

The various eligibility groups have been further segmented into rate cells based on analysis of the per capita costs of various population sub-groups. These sub-groups were defined by age within the covered eligibility categories and grouped into rate cells based on similarities in average costs. There are four additional kick payments made for maternity costs, newborn costs, and hospital inpatient psychiatric admissions.

The population identification is done on a first of eligibility span basis, consistent with capitation rate payment from MMIS under the next day enrollment process.

We also proactively assigned “Pending Duals” to their respective dual rate cell. Based on DHHS’ review of several cases, DHHS ultimately retroactively assigns a dual eligible status to these individuals in more than 90% of cases.

The eligibility category assignment process is consistent with the guidance provided in the Actuarial Standards of Practice #12 for risk classification.

### Maternity Kick Payment Definition

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 = 87%
- A maternity delivery physician claim only = 12%
- A maternity delivery DRG only = 1%

We used the following criteria to identify claims information to calculate the maternity kick payment.

- Hospital inpatient services with MS DRG codes of:
  - Prior to DRG version 37: 765 – 768, 774 – 775
  - DRG version 37: 783 – 788, 796 – 798, 805 – 807
- Hospital outpatient and professional services with a primary diagnosis code of:
  - ICD10: O60 – O82, and Z37

This would include delivery related anesthesia services (CPT-4 codes 00850, 00857, 00946, 00955, 01960, 01961, 01967, 01968), as long as a relevant primary diagnosis code is present

- Delivery and post-partum care services (CPT-4 codes 59400, 59409, 59410, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622)

Prenatal and postpartum 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 amounts to prenatal and delivery services using RBRVS ratios corresponding to the codes without prenatal care: 59410, 59515, 59614, and 59622, respectively. The prenatal care allocation is then assigned to the corresponding monthly rate cell.

### **Newborn and Neonatal Abstinence Syndrome Kick Payment Definition**

The neonatal abstinence syndrome (NAS) kick payment is provided for babies who have a diagnosis code of P96.1 (ICD10) in their birth month on an inpatient claim. The regular newborn kick payment is provided for all other babies.

### **Hospital Inpatient Psychiatric Admission Kick Payment Definition**

Effective July 1, 2021, DHHS transferred the funding for hospital inpatient psychiatric admissions to a kick payment structure designed to promote the expansion of Designated Receiving Facility (DRF) bed capacity to eliminate emergency department psychiatric boarding. MCOs receive a per admission kick payment from DHHS for every applicable hospital inpatient psychiatric admission.

The hospital inpatient psychiatric admission kick payment structure includes four different kick payments corresponding to the hospital peer group assigned to the admission in New Hampshire's FFS payment structure:

- Peer Group 01 and 07
- Peer Group 02
- Peer Group 06
- Peer Group 09

The hospital inpatient psychiatric admission kick payment amounts are developed from SFY 2022 DRG distributions by peer group for MS DRGs 880 to 887 in conjunction with the most recent DRG payment rate table. Within each peer group, we calculated a composite base DRG price using this distribution and per admit reimbursement.

We made a reimbursement adjustment to account for expected changes in reimbursement levels in RY 2024. Similar to hospital inpatient services described below, we estimated the expected October 2023 DRG weight update to increase 0.7% based on our review of historical DRG weight changes. We applied the 0.7% DRG weight increase as a 0.64% adjustment since it impacts only the last 11 months of RY 2024.

The hospital inpatient psychiatric admission kick payment amounts include a 1.5% allowance for risk margin and a 2.0% allowance for premium tax. Related administrative costs are funded through the administrative allowance included in the monthly rate cell capitation payments.

The hospital inpatient psychiatric admission kick payments do not apply to dually eligible members or any admissions at New Hampshire Hospital or Hampstead Hospital.

Appendix A3 contains a summary of the SFY 2022 hospital inpatient psychiatric experience. Appendix B3 contains a summary of the estimated hospital inpatient psychiatric PMPM by rate cell. Given the kick payment structure, this PMPM is not accounted for in the individual rate cell capitation rates, rather it is only used in the calculation of the composite capitation rates for comparison purposes.

## **STEP 2: APPLY ADJUSTMENTS TO THE BASE EXPERIENCE DATA TO PROJECT RY 2024 MEDICAL COSTS**

In this step, we apply adjustment factors to reflect differences between the base period data and the projected RY 2024 MCM program medical costs. We explain each adjustment factor in detail below.

Appendix B1 shows adjusted and trended values for each rate cell along with the detailed adjustment factors by service category.



### Incurred But Not Reported (IBNR) Adjustment

We developed completion factors (CFs) by major service category for claims incurred in the base experience period. We applied a 1.05 underreporting adjustment to the encounter base experience data for CMHC services only. We developed the underreporting adjustment in order to correct for data reporting issues between the CMHCs and MCOs as we understand there is not an actual reduction in services provided by the CMHCs.

### Reimbursement Adjustment

We reviewed the MCO provider reimbursement levels in the base experience period as a percentage of Medicaid fees to better understand MCO provider contracts and payment levels. We determined that payment levels in the base experience period were relatively consistent with previous assumptions. We maintained historical reimbursement levels compared to Medicaid fees for all services.

### Hospital Inpatient Services

We used the DRG rate table effective October 2022 in conjunction with admit distributions by rate cell to develop reimbursement adjustment factors. We also made a trend adjustment to account for known changes in reimbursement levels in RY 2024. For hospital inpatient services, we estimated an October 2023 DRG weight update of 0.7%, which we intend to update in the January 2024 Amendment #11 to capture the actual October 2023 information. We applied the 0.7% DRG weight increase as a 0.64% adjustment to trend, since it impacts only the last 11 months of RY 2024. Table 9 shows a summary of the impact of the hospital inpatient pricing adjustment for each of the base data periods:

<b>Table 9 New Hampshire Department of Health and Human Services Medicaid Care Management Program Impact of Repricing for Hospital Inpatient Services Average Impact for All Rate Cells Combined</b>	
<b>Base Period Data</b>	<b>Total Impact</b>
Standard Medicaid	1.0807
Medically Frail	1.0051
Non-Medically Frail	1.0033

The funding level for BCH hospital inpatient services is described later in this report.

### Hospital Outpatient Services

We applied a 4.6% increase to hospital outpatient services to account for the change in cost to charge ratios (CCRs) from the SFY 2022 CCRs to the SFY 2023 CCRs. The RY 2024 CCRs are not yet available and will be incorporated in the January 2024 Amendment #11.

We address increases to cost-based reimbursement in the trend development section of this report.

The funding level for BCH hospital outpatient services is also described later in this report.

### Professional and Other Services

The reimbursement adjustment factors for professional and other services are based on a comparison of the Medicaid fees effective during the base period to the most recent fee schedules as of January 1, 2023. We also incorporated known fee changes not included in the current fee schedules. For each CPT and HCPCS code, we compared the current FFS amount to the corresponding amount in the fee schedules effective on the date of service. We then summarized the data by rate cell and service category to obtain the adjustment factors.

Table 10 shows a summary of the impact of the reimbursement change for professional and other services. There is additional variation by rate cell based on the services used by the population in each rate cell.

<b>Table 10</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>Impact of Repricing for Professional and Other Services</b> <b>Average Impact for All Rate Cells Combined</b>	
<b>Base Period Data</b>	<b>Total Impact</b>
Standard Medicaid	1.0165
Medically Frail	1.0026
Non-Medically Frail	1.0109

Please refer to Section IV of this report for details on other fee schedule changes not included in the reimbursement adjustment.

[Minimum DME Fee Schedule](#)

Effective January 1, 2020, DHHS implemented a minimum DME fee schedule in the MCM program to help create a sustainable environment for the local DME providers. The minimum fee schedule is set at 80% of the current Medicaid DME fee schedule. It was brought to our attention that at least one MCO used a “lesser of” logic when DME vendors bill amounts less than the minimum fee schedule. In other terms, the health plan would pay the lesser of the billed amount and the 80% minimum DME fee schedule. Per DHHS, it is not appropriate to retain the “lesser of” logic in order to comply with the minimum DME fee schedule requirement. The 80% minimum DME schedule should be paid for all claims in total across payers (except in the case of COB). We applied an adjustment to reflect the correction of the “lesser of” logic” using DME reconciliation payment information provided by the MCOs.

DHHS completed and submitted a pre-print as required by 438.6(c), which is pending approval from CMS.

[Federally Qualified Health Center Services](#)

We adjusted claims for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to reflect the most recent per encounter rate at each facility as of July 1, 2023. We applied an estimated rate increase of 2.1% from the July 1, 2022 to the July 1, 2023 encounter rates for FQHCs and RHCs.

[Medical Trend from Base Period to RY 2024](#)

We applied trend rates from the base period experience data to RY 2024 by type of service.

Table 11 below summarizes the annual medical trend rate assumptions by major service category:

<b>Table 11</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>Annual Trends from Base Period to RY 2024</b>		
<b>Service Category</b>	<b>Utilization Trend</b>	<b>Unit Cost Trend</b>
Hospital Inpatient	0.0%	0.7% <sup>1</sup>
Hospital Outpatient	2.0%	2.9%
Professional	1.0%	0.0%
Community Mental Health Center	1.0%	0.0%
Other Services	1.0%	0.0%

<sup>1</sup> Unit cost trend for hospital inpatient services is applied as a one-time allowance for the expected 0.64% increase in DRG reimbursement on October 1, 2023 (not as an annual trend rate).

Utilization trends are based on nationwide Medicaid market utilization trends. There are several challenges associated with the use of program-specific historical utilization trend rates, including but not limited to numerous program changes, enrollment / demographic changes, and in recent years, the impact of MOE.

Although we repriced hospital inpatient, professional, and other services using the DRG rate table and the fee schedules effective October 1, 2022, we also made a trend adjustment to account for expected changes in reimbursement levels in RY 2024. For hospital inpatient services, we estimated the expected October 2023 DRG weight update to increase 0.7% based on our review of historical DRG weights. We applied the 0.7% DRG weight increase as a 0.64% adjustment since it impacts only the last 11 months of RY 2024. For professional and other services, we assumed no fee schedule changes would be implemented through August 2024 other than those discussed later in this report.

Hospital outpatient reimbursement changes are tied to changes in each hospital's operating cost. We developed the 2.9% annual cost trend for hospital outpatient services by reviewing the average annual change in the Bureau of Labor Statistics (BLS) Producer Price Index (PPI) for hospital services from CY 2021 to CY 2022 (Series ID PCU622---622---).

For Applied Behavioral Analysis (ABA) services, we reviewed historical data through December 2022 to develop separate utilization and unit cost trends. With MCOs expanding their ABA networks in recent years, we looked at the percentage of members with autism receiving ABA services over time to evaluate the change in utilization and average ABA cost per member for changes in unit costs. We selected an overall annual utilization trend of 22.4% (varies by rate cell) and a 1.0% annual trend for unit cost. We then trended Q2 2022 experience data at these annual rates to develop our projected RY 2024 costs PMPM. The resulting composite annual ABA trend rate from SFY 2022 to RY 2024 is 23.5%.

Table 12 below shows the rate cell specific ABA trends used.

<b>Table 12</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>ABA Annual Trends from Base Period to RY 2024</b>		
<b>Service Category</b>	<b>Utilization Trend</b>	<b>Unit Cost Trend</b>
Low Income Children	23.6%	1.0%
CHIP	23.2%	1.0%
Foster Care / Adoption	22.9%	1.0%
Severely Disabled Children	16.0%	1.0%
Elderly and Disabled Adults	33.7%	1.0%
Duals	0.0%	0.0%
SED Children	35.0%	1.0%

### Prescription Drug Trend from Base Period to RY 2024

The pharmacy trends developed in this section are applied from SFY 2022 to RY 2024, including the impact of state preferred drug list (PDL) changes and emerging experience.

We analyzed July 2021 through December 2022 pharmacy experience for the eligible population and developed utilization and cost summaries by traditional and specialty drug types and population. We developed cost projections through RY 2024 using those summaries, considering annual script utilization per 1,000 and average script cost changes for traditional and specialty drugs. The SFY 2022 to RY 2024 trend inputs were developed using marketplace intelligence including major pipeline drug launches, blockbuster biosimilar and generic launches, expanded indications, expanded treatable population, as well as consideration of the PDL and state drug mix. Unit cost and utilization trend inputs were developed by therapeutic class and eligibility grouping.

Tables 13A shows a summary of annual utilization prescription drug trends by eligibility grouping.

Table 13A New Hampshire Department of Health and Human Services Medicaid Care Management Program Annual Utilization Prescription Drug Trends SFY 2022 to RY 2024					
Eligibility Grouping	Generic	Brand	Specialty	Hepatitis C	Total
Low Income Children*	4.4%	4.4%	4.0%	4.0%	4.4%
Low Income Adults	-3.7%	-3.7%	2.9%	2.9%	-3.6%
Foster Care / Adoption	2.1%	2.1%	2.9%	2.9%	2.1%
Severely Disabled Children	0.0%	0.0%	6.3%	6.3%	0.2%
Elderly and Disabled Adults	-3.2%	-3.2%	3.7%	3.7%	-3.2%
Behavioral Health Adult	-0.1%	-0.1%	0.8%	0.8%	-0.1%
SED Children	1.2%	1.2%	2.8%	2.8%	1.2%
Duals**	1.3%	1.3%	26.9%	26.9%	1.3%
Medically Frail	-3.3%	-3.3%	4.5%	4.5%	-3.2%
Non-Medically Frail	-3.8%	-3.8%	1.9%	1.9%	-3.8%

\*Includes CHIP.  
\*\*All Duals including Behavioral Health Duals.

Table 13B below shows a summary of annual prescription drug unit cost trends by eligibility grouping. The unit cost trends include preliminary adjustments for known price changes to insulin products, potentially related to the removal of the Average Manufacturer’s Price (AMP) cap through the American Rescue Plan Act (ARPA).

The current AMP cap limits the amount manufacturers are required to pay state Medicaid programs when drug prices outpace inflation. With the cap’s removal, effective January 1, 2024, manufacturers will be required to pay larger rebates in the event that their drug prices exceed this cap, and in some cases, even paying rebates that exceed the sale price for a given drug. Several manufacturers have responded by decreasing prices on insulin products, with potentially more to follow suit on insulin and non-insulin products in the coming months.

We reviewed the total spend for insulin products coming from each of these manufacturers and applied the price decrease to adjust our projected insulin cost trends starting in 2024.

We anticipate making further adjustments as part of the January 2024 Amendment #11 if other manufacturers adjust prices.

Table 13B New Hampshire Department of Health and Human Services Medicaid Care Management Program Annual Unit Cost Prescription Drug Trends SFY 2022 to RY 2024					
Eligibility Grouping	Generic	Brand	Specialty	Hepatitis C	Total
Low Income Children	-5.7%	-5.7%	2.3%	2.3%	-1.0%
Low Income Adults	-0.2%	-0.2%	3.3%	3.3%	4.3%
Foster Care / Adoption	-4.9%	-4.9%	3.0%	3.0%	-0.7%
Severely Disabled Children	-3.2%	-3.2%	5.6%	5.6%	5.1%
Elderly and Disabled Adults	-0.7%	-0.7%	1.6%	1.6%	3.1%
Behavioral Health Adult	1.1%	1.1%	1.6%	1.6%	1.5%
SED Children	-6.4%	-6.4%	7.5%	7.5%	0.2%
Duals	8.8%	8.8%	-15.5%	-15.5%	8.8%
Medically Frail	-0.6%	-0.6%	0.3%	0.3%	3.5%
Non-Medically Frail	-0.1%	-0.1%	4.7%	4.7%	4.3%

Tables 13C shows a summary of annual PMPM prescription drug trends by eligibility grouping.

Table 13C New Hampshire Department of Health and Human Services Medicaid Care Management Program Annual PMPM Prescription Drug Trends SFY 2022 to RY 2024					
Eligibility Grouping	Generic	Brand	Specialty	Hepatitis C	Total
Low Income Children	-1.5%	-1.5%	6.4%	6.4%	3.3%
Low Income Adults	-3.9%	-3.9%	6.3%	6.3%	0.5%
Foster Care / Adoption	-2.8%	-2.8%	5.9%	5.9%	1.4%
Severely Disabled Children	-3.2%	-3.2%	12.2%	12.2%	5.4%
Elderly and Disabled Adults	-3.9%	-3.9%	5.3%	5.3%	-0.2%
Behavioral Health Adult	1.0%	1.0%	2.5%	2.5%	1.3%
SED Children	-5.3%	-5.3%	10.6%	10.6%	1.4%
Duals	10.3%	10.3%	7.3%	7.3%	10.2%
Medically Frail	-3.9%	-3.9%	4.8%	4.8%	0.2%
Non-Medically Frail	-3.9%	-3.9%	6.6%	6.6%	0.4%

We included an adjustment for MCO supplemental rebates. Based on recent MCO data, we estimate that MCO supplemental rebates are approximately 0.8% of gross costs.

#### High-Cost Patient Stop-Loss Adjustment

Effective September 1, 2015, DHHS implemented a stop-loss arrangement for high-cost patients where DHHS began sharing 50% of the cost above \$500,000 for members that have total expenses valued at Medicaid fee levels above that threshold. In order to avoid unintended interactions between the BCH risk pool funding reallocation process and the stop-loss provision of the MCO contract, the high-cost patient stop loss arrangement excludes BCH claims.

The original stop loss attachment point of \$500,000 is indexed annually at a rate of 3.0% from its inception in SFY 2016 and rounded to the nearest \$1,000. The RY 2024 attachment point will be \$740,000 ( $\$634,000 * 14/12$ ), which accounts for the 14-month rating period.

The resulting adjustment factors reduce the base experience data by about 0.09% to reflect the MCO liability under the stop-loss agreement. This program helps to reduce the variability of MCO financial results due to large cases. To evaluate the impact of this arrangement, we did not use claims re-priced at Medicaid fee levels, since the majority of expenses leading to those large cases were for prescribed medicine.

#### Acuity Adjustment

The Families First Coronavirus Response Act (FFCRA) imposed a moratorium on eligibility redetermination for most individuals enrolled in Medicaid in order to claim a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP). With this continuous enrollment condition ending on March 31, 2023 per the Consolidated Appropriations Act 2023, states must, over time, return to normal eligibility and enrollment operations. States now have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid.

Since April 1, 2023, states have been able to terminate Medicaid enrollment for individuals no longer eligible. The return of Medicaid eligibility redeterminations is expected to significantly impact the acuity of the population remaining enrolled in Medicaid.

Amendment #10 MCM capitation rates include a preliminary acuity adjustment based on DHHS' intended unwind process. This adjustment will be updated for the January Amendment #11 capitation rates since DHHS anticipates over 80% of Medicaid enrollees targeted for enrollment redetermination will have gone through the unwind process by early RY 2024.

[Preliminary Acuity Adjustment](#)

We developed the preliminary acuity adjustment using the list of Medicaid enrollees targeted for redetermination during the unwind period and the detailed redetermination schedule prepared by DHHS. The provided list includes member identification numbers, the month they are scheduled for eligibility redetermination, and an estimate of the percentage of members that are expected to leave the Medicaid program from each redetermination cohort.

We sequentially modeled the redetermination process in each month removing the PMPM claim cost for a set portion of the population to be redetermined each month. By comparing the PMPM cost of the redetermined population to the base period data, we are able to calculate the incremental change in acuity as the unwind process progresses. We also modeled the normal enrollment churn expected to resume beginning April 1, 2023, using historical monthly enrollment changes by rate cell. For the preliminary acuity adjustment, we assumed the new entrants population have PMPM claims costs similar to those remaining in the Medicaid program once the unwind process is complete. The new entrant population essentially dampens the estimated acuity impact resulting from the unwind process.

Consistent with prior rate certifications, we do not calculate acuity adjustment factors for the Low Income Children - Age 0 to 11 Months, Severely Disabled Children, Duals, and behavioral health rate cells. Enrollment for these rate cells was stable during the PHE. As such, we do not expect the return to normal enrollment processing to materially impact acuity levels for these rate cells.

Table 14 below shows our preliminary acuity adjustment factors.

<b>Table 14</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>Acuity Adjustment</b>			
<b>Eligibility Category</b>	<b>SFY 2022 Base Period PMPM</b>	<b>Revised SFY 2022 Base Period PMPM Adjusted for Expected Disenrollment</b>	<b>Preliminary Acuity Adjustment</b>
Children*	\$140.77	\$145.87	1.036
Low Income Adults	353.38	380.20	1.076
Elderly and Disabled Adults	497.40	511.36	1.028
Medically Frail	846.05	891.60	1.054
Non-Medically Frail	355.29	375.52	1.057

\*Includes Low Income Children Ages 1 to 18, CHIP, and Foster Care / Adoption.

[Final Acuity Adjustment](#)

The final acuity adjustment factor will incorporate SFY 2023 MCO encounter data, actual disenrolled members, and the timing of their disenrollment. It is estimated that by September 2023, over 80% of the unwind activities will be completed, allowing us to review additional data and refine the calculation of the acuity adjustments. As part of this update, we may also look at how enrollment continues to change between SFY 2022 and RY 2024 to account for the new entrants to Medicaid during the redetermination process.

[Removal of Opioid Trend Adjustment](#)

The preliminary (and final) acuity adjustment methodology inherently incorporates changes to the opioid addiction population based on estimated (for the preliminary adjustment) and actual (for the final adjustment) enrollment changes. Additionally, we have observed continued stabilization in the opioid addiction population since first including this adjustment. Therefore, we removed the opioid trend adjustment used in prior years' capitation rate calculations.



## IV. FINAL CAPITATION RATE ADJUSTMENTS

This section of the report describes the final adjustments to calculate the New Hampshire MCM program capitation rates from the projected RY 2024 medical costs developed in Section III of this report.

### CALCULATE FINAL PROJECTED MEDICAL COSTS

In this step, we use PMPM adjustments to account for specific changes to the projected service costs, such as adding (removing) benefits to (from) the base experience data, capturing program savings or other initiatives, and moving services to a directed payment. These adjustments include:

- Expanded mental health services under the Community Mental Health Agreement
- State-Owned Hospital costs
- State-Owned Hospital professional services at Medicaid fees
- Boston Children's Hospital risk pool and shift from Tufts
- Community Residential Services
- Home visiting benefit
- Genetic testing allowance
- Mobile Crisis Response Team and Emergency Services carve out
- Additional benefits and fee schedule changes
- Birthing Centers
- Non-emergency Medica Transportation friends and family reimbursement
- Remote Patient Monitoring
- Targeted pharmacy savings

Appendix D shows the details of our calculations.

### Expanded Mental Health Services

DHHS is continuing its expansion of mental health service capacity consistent with the Community Mental Health Agreement (CMHA). New Hampshire's RY 2024 Medicaid budget for expanded services is maintained from its SFY 2023 level and includes approximately \$18.0 million for additional Medicaid-funded services, such as adult ACT teams and supported employment for a 12-month period. Roughly \$15.1 million of this funding is allocated to the population in the MCM program. We increased this amount to \$17.6 million to cover the 14-month rating period.

We developed the PMPM add-on by rate cell using the rate cell structure for RY 2024 and the CMHC expenditures by rate cell to allocate the CMHA funding for all behavioral health rate cells.

### State-Owned Hospital Costs

Effective July 1, 2022, DHHS implemented its SMI / SED 1115 waiver amendment to the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 Demonstration. This waiver amendment allows DHHS to claim federal matching for many Medicaid enrollees residing in an Institution for Mental Disease (IMD) for mental health treatment. As such, DHHS began providing Medicaid payments for individuals ages 21 to 64 receiving mental health services in an IMD under the standard fee-for-service Medicaid and Medicaid managed care programs. These admissions to New Hampshire Hospital and Hampstead Hospital are included as an at-risk service for MCOs in addition to the admissions for individuals ages under 21 and 65 and older. All IMD stays longer than 60 days are excluded from the rate development since these stays do not qualify for the waiver.

For RY 2024, all admissions to both New Hampshire and Hampstead Hospital will be covered under a minimum fee schedule directed payment of \$1,506 per diem.

For dually eligible members, Medicare benefits also provide coverage for these admissions. We applied an adjustment to account for the coordination of benefits between Medicare and Medicaid payments for these admissions. The coordination of benefits adjustment was calculated as the ratio between SFY 2022 average paid per diems for duals vs non-duals for admissions at New Hampshire Hospital and Hampstead Hospital.

Appendix A2 contains a summary of the SFY 2022 state-owned hospital admission experience. Appendix B2 contains a summary of the estimated state-owned hospital admission PMPM by rate cell.

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### State-Owned Professional Services at Medicaid Fees

Effective January 1, 2023, New Hampshire Hospital and Hampstead Hospital will begin billing MCOs for professional services provided to the MCM population. Reimbursement for professional services will be set at Medicare fee levels starting on July 1, 2023. We include the funding for reimbursement for these professional services at Medicaid fee levels in at-risk base capitation rates. The reimbursement difference between the Medicare and Medicaid fee levels for these professional services is covered under a directed payment (subject to CMS approval) as discussed later in this report.

We used professional services claim information for commercial and Medicare patients provided by New Hampshire Hospital to estimate the cost of professional services on a per admission basis. We estimate the per admission professional services cost to be \$1,570.93 under Medicaid fee-for-service reimbursement and \$3,181.31 under Medicare reimbursement.

### Boston Children’s Hospital Risk Pool and Shift from Tufts

Expenditures at BCH have varied significantly among the MCOs over the past several years. In order to better allocate funds across MCOs for services provided at BCH, DHHS created a budget-neutral risk pool to redistribute funds at the end of each contract period based on actual expenditure levels. Inpatient and outpatient facility services provided at BCH will qualify for risk pool calculation.

We set the funding level for BCH hospital inpatient and outpatient services consistent with the SFY 2022 experience of \$17.3 million and \$3.0 million, respectively. We then adjusted the base period data for incurred but not reported claims liability using BCH services specific completion patterns and trended to RY 2024 using an annual hospital operating cost trend of 2.9% for a total projected inpatient and outpatient funding of \$19.2 million and \$3.3 million, respectively. The projected funding also reflects the 14-month rating period and enrollment changes in the updated enrollment projections for RY 2024.

The BCH risk pool also includes an additional \$1.1 million to account for pediatric claims incurred at Tufts Hospital that moved to BCH following the closure of Tufts’ pediatric unit as of July 1, 2022.

### Community Residential Services Minimum Fee Schedule

Effective July 1, 2021, DHHS implemented a minimum fee schedule for community residential services and increasing payments consistent with the current per diem rate for transitional housing services of \$232.79. The recent increase in per diem rates is reflected in the reimbursement adjustment discussed above. However, we also allocated roughly \$1.2 million in funding to reflect 14 new beds available beginning July 1, 2022.

### Home Visiting Benefit

Effective October 1, 2021, eligibility and service unit restrictions for pregnant women and for infants ages 0 to 1 were removed following the passage of House Bill 2 (which amends RSA 167:68-a, Home Visiting Programs); existing eligibility and service restrictions for children ages 1 to 21 remain unchanged. We are allocating \$360,000 in addition to the Home Visiting costs included in the base data.

### Genetic Testing Allowance

House Bill 600 instructed DHHS to set up reimbursement for newborn genetic screening tests performed by hospitals. The bill provides a mechanism for hospitals to receive compensation to offset the cost for purchasing filter papers and administration in support of the newborn screening program. This new reimbursement was effective November 20, 2021.

There is a \$75 allowance for each pediatric genetic testing performed by hospitals. We are allocating \$89,000 for the two newborn rate cells in addition to the genetic testing allowance included in the base data.

### Mobile Crisis Response Team and Emergency Services Carve Out

Effective July 1, 2021, DHHS implemented a redesign of its mobile crisis response team (MCRT) infrastructure to provide enhanced regional delivery of mental health services for children, youth, and adults with a centralized portal



and single source phone-based access point for behavioral health crises. This mental health access point provides an integrated point of entry for local and regional information for mental health and substance use crisis services. DHHS factored in the existing regional infrastructure, which includes, but is not limited to, the Doorway program, Integrated Delivery Networks, and Regional Public Health Networks to determine how to leverage and centralize access points for individuals and families.

Funding for MCRT and emergency services continues to be carved out of the MCM program until DHHS has a better understanding of actual utilization of these services. We identified some utilization of these services in the SFY 2022 base experience. As a result, we removed roughly \$116,000 from the projected RY 2024 experience in Appendix D, which is based on the historical costs for these services provided by the MCOs.

### Additional Benefits and Fee Schedule Changes

The RY 2024 capitation rates include a number of fee schedule updates as follows:

- **Peristeen Pumps:** Effective January 1, 2022, DHHS began covering the cost of peristeen pumps for eligible members. The peristeen pump is a transanal irrigation system for people who suffer from fecal incontinence and constipation. DHHS estimated that four children and fifteen adults would be candidates for this device. We summarized the peristeen pump costs during the base experience period. We developed rate cell specific adjustments based on a combination of DHHS estimates and emerging experience.
- **Breast Milk Storage Bags:** Effective October 1, 2021 breast pumping bags are covered at a cost of \$0.24 per unit. DHHS estimates the cost of this benefit to be about \$280,200 annually. We used the distribution of newborn deliveries by rate cell to allocate the total cost of this benefit. We summarized the breast milk storage bag costs during the base experience period. We developed rate cell specific adjustments based on a combination of DHHS estimates and emerging experience.
- **Advanced Testing for Ovarian and Breast Cancer:** Effective, January 1, 2023, DHHS began covering the cost of the MyChoice CDx lab test. The MyChoice CDx (0172U) lab test determines homologous recombination deficiency (HRD) status using somatic mutation analysis to detect variants in tumor suppressor genes BRCA1 and BRCA2 for breast and ovarian cancer. The resulting genomic instability score provides an algorithmic measurement of certain biomarkers valuable for selection of cancer treatment using Lynparza or Zejula.

We estimate the annual utilization for this laboratory test ranges from 150 to 230 tests, assuming that 20% to 35% of Medicaid enrollees with either breast or ovarian cancer will be provided the test.

We developed our utilization estimate by reviewing fee for service and encounter data for the MCM program to count the annual number of cases for breast and ovarian cancer. We determined approximately 0.3% of the New Hampshire Medicaid program population, or 780 members, are breast or ovarian cancer patients. We selected our testing percentage range assumption based on information from breastcancer.org citing that 24.1% of breast cancer patients and 30.9% of ovarian cancer patients are tested for a BCRA mutation. We used a +/- 5% range around these values as our testing percentage range.

The reimbursement on the fee schedule for this test is \$2,424.

### Birthing Centers

We made an adjustment for the closure of Frisbie Memorial Hospital's birthing center. We assumed these deliveries would move to Portsmouth Regional Hospital, Wentworth Douglas Hospital, or other comparable hospitals, resulting in MCO reimbursement levels approximately 2.0% higher than the historical reimbursement level at Frisbie Memorial Hospital. We applied the increase in reimbursement by rate cell based on the distribution of historical SFY 2022 encounter claims at Frisbie's birthing center.

### Non-Emergency Medical Transportation (NEMT), and Friends and Family Reimbursement

**Friends and Family:** Effective January 1, 2023, reimbursement was increased to \$0.625 per mile for the friends and family reimbursement code A0090. We applied the rate increase to the SFY 2022 MCO encounter data to estimate the impact of this rate increase.

Chair Car Transportation Rates: Effective January 1, 2023 the RY 2024 capitation rates include additional funding for the following codes when they are used for chair car transportation:

- A0100
- S0215
- A0130
- S0209
- T2005
- T2049
- A0428
- A0380
- A0426
- A0390

This estimated RY 2024 funding increase, roughly \$0.18 PMPM, is based on information provided by the MCOs regarding the updated fee schedule relative to their historical contracts with NEMT providers.

### Remote Patient Monitoring

Effective January 1, 2023, remote patient monitoring and store and forward services will be covered under the MCM contract. We reviewed emerging CY 2021 and CY 2022 claims experience for a Medicare enrolled population for select CPT codes provided by DHHS. We calculated the remote patient monitoring and store and forward services expenditures as a percentage of home health services spending. We determined these services represent about 0.5% of home health expenditures based on a review of emerging Medicare fee-for-service and Medicare Advantage data. Medicare began covering these services in 2019 and utilization has ramped up from 2019 to 2022. We used this same percentage across rate cells to develop a PMPM adjustment to the rates.

### Targeted Pharmacy Savings Adjustment

The RY 2024 capitation rates include additional adjustments for targeted pharmacy savings initiatives. We summarized SFY 2022 pharmacy data to identify potentially inefficient prescribing and dispensing patterns. We applied the pharmacy analyses in a stepwise process to ensure savings were not duplicated across analyses. We also applied a clinically appropriate offset to each analysis to account for situations where payment of the claim was justified. These situations may include clinically accepted off-label utilization, prior authorization, or third-party liability, among others. The pharmacy efficiency analyses include a clinical claims review, opioid analysis, and fraud, waste, and abuse analysis. Lastly, we excluded all nursing facility members from these pharmacy efficiency analyses. Please refer to our letter dated April 14, 2022 for more details on the methodology used.

Table 15 below shows the overall potentially inefficient prescribing and dispensing for each pharmacy efficiency measure.

<b>Table 15</b> <b>New Hampshire Department of Health and Human Services</b> <b>Medicaid Care Management Program</b> <b>Identified Pharmacy Savings Opportunities – SFY 2022 Basis</b>	
<b>Analysis</b>	<b>Clinically Appropriate Adjusted PMPM Savings</b>
Retrospective Drug Utilization Review	\$0.26
Opioid Review	0.02
Fraud, Waste and Abuse	0.07
Appropriate Diagnosis	1.81
<b>Total</b>	<b>\$2.16</b>

Details by rate cell are provided in Exhibit F. The pharmacy efficiency savings are applied at a rate cell level; therefore, the total PMPM impact varies slightly between Table 15 and Exhibit F due to differences in enrollment mix between SFY 2022 and RY 2024.

## 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, inclusion of directed payments, and an allowance for state premium tax. Appendix E shows the details of our calculations.

### Third Party Liability Recoveries and Other Transactional Adjustment

MCOs are expected to pursue and collect third party liability (TPL) recoveries from other payers. DHHS believes there is substantial opportunity for the MCOs to enhance their recovery, provider overpayment, coordination of benefits, and subrogation efforts. In other established Medicaid programs, we typically see a range of 0.5% to 1.5% in savings for these programs. Based on our understanding of current efforts, we included a TPL savings adjustment of 0.75% in the RY 2024 rates. We believe these assumptions represent reasonably achievable levels of savings in this program. DHHS will continue to monitor TPL recoveries in the MCM program.

The aggregate adjustment factor for TPL and other transactional adjustments is 0.9925 for RY 2024.

### Fraud, Waste and Abuse Adjustment

The RY 2024 MCM capitation rates do not include additional considerations for fraud, waste, and abuse adjustments beyond what is reflected in the base period data.

### MCO Administration / Margin Allowance

The composite MCO administration / margin allowance is \$45.04 PMPM across all MCM program populations, which represents 9.5% of MCO revenue prior to the directed payments and the premium tax allowance. The administration / margin allowance provides for 8.0% of revenue for administrative expenses (\$37.96 PMPM) and 1.5% for profit and risk margin (\$7.08 PMPM).

Table 16 below shows a summary of the administration / margin allowance by population.

<b>Table 16</b>			
<b>New Hampshire Department of Health and Human Services</b>			
<b>Medicaid Care Management Program</b>			
<b>Composite MCO Administration / Margin Allowance</b>			
<b>RY 2024 Contract Period</b>			
<b>Population</b>	<b>MCO</b>		<b>Total Allowance</b>
	<b>Administration Allowance</b>	<b>Risk / Profit Margin</b>	
<b>Standard Medicaid Population</b>			
Base Population	\$28.91	\$5.50	\$34.41
CHIP	19.56	3.34	22.90
Behavioral Health Population	91.84	20.28	112.13
<b>Standard Medicaid – PMPM</b>	<b>\$32.35</b>	<b>\$6.31</b>	<b>\$38.66</b>
<b>Standard Medicaid – Percentage of At-Risk Revenue<sup>1</sup></b>	<b>7.7%</b>	<b>1.5%</b>	<b>9.2%</b>
<b>GAHCP Population</b>			
Medically Frail	\$73.92	\$15.46	\$89.38
Non-Medically Frail	41.52	6.68	48.20
Behavioral Health Population	132.18	27.64	159.82
<b>GAHCP – PMPM</b>	<b>\$49.37</b>	<b>\$8.65</b>	<b>\$58.01</b>
<b>GAHCP – Percentage of At-Risk Revenue<sup>1</sup></b>	<b>8.6%</b>	<b>1.5%</b>	<b>10.1%</b>
<b>Total</b>			
<b>Total – PMPM</b>	<b>\$37.96</b>	<b>\$7.08</b>	<b>\$45.04</b>
<b>Total – Percentage of At-Risk Revenue<sup>1</sup></b>	<b>8.0%</b>	<b>1.5%</b>	<b>9.5%</b>

<sup>1</sup>Excluding Directed Payments and Premium Tax.

The administration allowance by rate cell is outlined in Appendix E.

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We developed the aggregate administrative cost target on a PMPM basis from the information gathered from participating MCOs and supplemented by Milliman developed administrative cost benchmarks consistent with SFY 2022 and SFY 2023 aggregate administrative cost target PMPM. We trended the SFY 2022 aggregate administrative cost target PMPM to RY 2024 using two years of 3.0% annual trend. The 3.0% annual trend is comparable to recent Employment Cost Index calculations published by the Bureau of Labor Statistics.

### CMHC Directed Payment

The RY 2024 capitation rates include a directed payment of \$5,833,333 to the CMHCs across all populations (Standard Medicaid and GAHCP), pending approval by CMS. MCOs are required to pay these amounts directly to CMHCs according to criteria approved by CMS. The directed payment amount has been adjusted for the RY 2024 14-month contract period.

The directed payment is targeted to all Medicaid beneficiaries in the behavioral health population (members identified as SPMI, SMI, low utilizer, and SED children). We developed the PMPM directed payment funding by rate cell using the CMHC expenditures for these populations to allocate the total directed payment amount. Since these amounts are to be paid directly to the providers by the MCOs, we did not include an additional allowance for administrative expense or risk margin. Please see Appendix E for the rate cell specific PMPM amount for the CMHC directed payment.

DHHS has submitted the appropriate 438.6(c) pre-print and is awaiting approval from CMS.

### Critical Access Hospital Directed Payment

The RY 2024 capitation rates include a directed payment of \$49 million to New Hampshire critical access hospitals, pending approval by CMS. MCOs are required to pay these amounts directly to hospitals according to criteria approved by CMS.

The directed payments is directly tied to actual hospital services provided: the number of inpatient discharges and outpatient visits reported by qualifying providers to New Hampshire MCOs. DHHS and CMS will be able to tie each payment to a specific service provided to a specific beneficiary through the data consistent with the managed care rule. Payment amounts are a uniform dollar increase initially determined by dividing the projected quality pool amount by the number of projected inpatient discharges and outpatient visits for RY 2024. To determine the final uniform dollar amount for the qualified directed payments for inpatient discharges and the uniform dollar amount for qualified directed payments for outpatient visits, DHHS will apply weights based on the relative costs of those services and use actual utilization to ensure the quality and access pool is fully distributed.

The hospital directed payments will be made to qualifying providers out of a quality and access pool for each of the hospital classes. We developed the PMPM directed payment funding by rate cell (excluding kick payments) using the hospital inpatient and outpatient expenditures to allocate the total directed payment amount.

Since these amounts are to be paid directly to the providers by the MCOs, we did not include an additional allowance for administrative expense or risk margin. Please see Appendix E for the rate cell specific PMPM amount for the hospital directed payment.

DHHS has submitted the appropriate 438.6(c) pre-print and is awaiting approval from CMS.

### Children's Hospital Directed Payment

Effective July 1, 2023, New Hampshire will reimburse eligible children's hospitals an additional \$1,300 per inpatient admission and \$70 per outpatient encounter, pending approval by CMS.

We developed the PMPM directed payment funding by rate cell (excluding kick payments) using SFY 2022 hospital inpatient admissions and outpatient encounters at the eligible providers to allocate the total directed payment amount. Since these amounts are to be paid directly to the providers by the MCOs, we did not include an additional allowance for administrative expense or risk margin.

The funding for the children's hospital directed payment is set to \$803,000. Based on recent conversations with CMS, the details of the directed payment amount may change. Please see Appendix E for the rate cell specific PMPM amount for the children's hospital directed payment.

### State-Owned Hospital Professional Services at Medicare Levels Directed Payment

Effective July 1, 2023, New Hampshire Hospital and Hampstead Hospital will begin billing MCOs for professional services provided to the MCM population at Medicare fee levels. We include the funding for reimbursement for these professional services at Medicaid fee levels in at-risk base capitation rates as mentioned above. The reimbursement difference between the Medicare and Medicaid fee levels for these professional services is covered under a directed payment (subject to CMS approval).

We used professional services claim information for commercial and Medicare patients provided by NHH to estimate the cost of professional services on a per admission basis. We estimate the per admission professional services cost to be \$1,570.93 under Medicaid fee-for-service reimbursement and \$3,181.31 under Medicare reimbursement. Please see Appendix E for the rate cell specific PMPM amount for the state-owned hospital professional services directed payment.

### Premium Tax Allowance

The capitation rates include an allowance for the 2.0% premium tax collected by the New Hampshire Insurance Department. Note, the premium tax is also applied to directed payments, since those amounts are considered MCO revenue.

### Withhold and Incentive Arrangement

DHHS has implemented a withhold and incentive arrangement for the RY 2024 contract period through which DHHS will withhold 2% of the MCO rate. The terms of the withhold and incentive arrangement are outlined in the contract with the MCOs. As required by CMS, the incentive will not exceed 5% of the capitation rates. The capitation rates shown in this report do not reflect the withhold provision. The withhold and incentive arrangement will be implemented in a retrospective manner, such that 100% of the capitation payments are made and funds will be recouped in the event that an MCO does not meet all criteria to earn back the calculated withhold amount.

The MCO contract includes the following language regarding incentive payments included in the withhold and incentive program:

- “Insofar as the withhold incentive is capped at one hundred five percent (105%) of approved Capitation Payments, and the design of the Withhold and Incentive Program is to maintain withhold funds in the program, should there be a remaining amount in withheld funds within the program, additional incentives shall be available through performance metrics determined by the State so that all funds will be disbursed before the end of the contract term in accordance with separate guidance.”

Furthermore, the RY 2024 capitation rates as documented in this report are actuarially sound, since unearned withhold amounts would be returned to the program in the form of incentive payments to higher-performing MCOs. As a result, the withhold will not increase or decrease the aggregate capitation rate paid in the MCM program.

Any incentive payments made to higher-performing MCOs will not impact the minimum or maximum MLR provision of the contract.

### ANTICIPATED FUTURE AMENDMENT

DHHS is considering one or more amendments to the RY 2024 MCM capitation rates to account for the following items:

- Update to the acuity adjustment factors using actual unwind redeterminations
- Updates to the pharmacy trends for pipeline drugs, PDL changes, and other market reaction to the removal of the Average Manufacturer’s Price (AMP) cap
- Acuity adjustment for the 12-month continuous enrollment period for children beginning January 1, 2024
- Consideration for Non-Alcoholic Steatohepatitis (NASH) medications
- Consideration for emergency department utilization decrease due to adult dental benefit implementation
- Review of specialty pharmacy expenditures
- Consideration for provider rate increase appropriated under House Bill 2
- Other legislative changes

## V. 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 MCM program 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.

To prepare the attached cost models, we grouped claims into service categories. 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 miscellaneous hospital services, medical supplies, and equipment.

The hospital inpatient claims are assigned a service category based on Diagnostic Related Group (DRG) codes from version 39. Milliman's algorithm classifies hospital inpatient claims using the following groupings of CMS v39 DRG codes:

Table 17 New Hampshire Department of Health and Human Services Medicaid Care Management Program Hospital Inpatient Service Groupings by DRG Code	
Service Category	Diagnosis Related Group
Medical	'014'-'018','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','998'-'999'
Surgical	'001'-'013','019'-'042','113'-'117','129'-'145','163'-'168','215'-'274','319'-'358','405'-'425','453'-'522','570'-'585','614'-'630','650'-'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', '783-788', '796-798', '805-807'
Maternity Non-Delivery	'769'-'770', '776'-'782', '817-819', '831-833'
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 18 New Hampshire Department of Health and Human Services Medicaid Care Management Program 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'-'0359','0400'-'0403','0404','0409','0610'-'0619'
Pathology / Lab	'0300'-'0319','0923','0925'
Pharmacy	'0250'-'0269','0331'-'0332','0335','0630'-'0637','0870'-'0875','0890'-'0892'
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','0961'
Alcohol and Drug Abuse	'0906', '0944'-'0945'
Other	'0001','0220'-'0249','0270'-'0299','0370'-'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','0953','0990'-'0999','2100'-'3109'

## PROFESSIONAL

Professional services are assigned to a service category using a condensed version of Milliman's *Health Cost Guidelines™ (HCGs)* grouping logic and other categories defined by DHHS. 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.

## COMMUNITY MENTAL HEALTH CENTER

Community Mental Health Center services are split into detailed service categories in order to provide more comprehensive medical cost information for the populations eligible for enhanced mental health services through the CMHCs. We reviewed the CMHC expenditures for those eligible for enhanced mental health services and developed the following service categories with the help of DHHS staff:

Table 19 New Hampshire Department of Health and Human Services Medicaid Care Management Program Community Mental Health Center Service Groupings by CPT Code	
Service Category	CPT Code
Case Management	T1016
Long Term Support Service	H0034, H2011, H2015, H2019, H2020, T1027
Partial Hospital	H2001, H2018
Psychotherapy	90875, 90801, 90804, 90806, 90808, 90816, 90818, 90821, 90832, 90833, 90834, 90836, 90837, 90839, 90840, 90846, 90847, 90853
Evidence Based Practice	H2027
Medication Management	90805, 90807, 90809, 90817, 90819, 90862, H2010, M0064, T1001
Emergency Service 24/7	S9484
APRTP	S9485
Supported Employment	H2023

## PHARMACY

The pharmacy category includes pharmaceuticals as ordered by licensed prescribers and obtained at an outpatient pharmacy. Prescription drugs are identified by the presence of a National Drug Code (NDC) in the claims file. We used Medi-Span information to separate prescription drug expenditures into generic, single source brand, multi-source brand, specialty, Hepatitis C, and other scripts. We used a definition of specialty drugs consistent with Milliman's HCGs.

## OTHER

The other service categories 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

Other services are also assigned a service category using CPT codes. Other, unidentifiable services are assigned an "unknown" category of service.



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## VI. CMS RATE SETTING CHECKLIST ISSUES

This section of the report lists each item in the November 10, 2014 CMS checklist and discusses how DHHS addresses each issue and / 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 Rates Being Paid Under the Contract

The RY 2024 managed care organization (MCO) capitation rates for the Medicaid Care Management program are developed using SFY 2022 MCO encounter data for the MCO eligible population, along with other information.

Please refer to this report for background on the program and more details around the rate development.

### AA.1.1 – Actuarial Certification

The Actuarial Certification of the RY 2024 MCM capitation rates is shown in Exhibit I. The RY 2024 MCM 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

Exhibit B includes a projection of total expenditures based on estimated enrollment and RY 2024 capitation rates.

### AA.1.3 – Risk Contracts

The MCM program contract meets the criteria of a risk contract.

### AA.1.4 – Modifications

The RY 2024 rates documented in this report are the original capitation rates for the MCM population for the RY 2024 MCM contract period. These RY 2024 capitation rates are included in Amendment #10 to the MCM program contracts with the three MCOs.

Note: There is no AA.1.5 on the Rate Setting Checklist.

### 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 – Risk and Profit

The RY 2024 MCM capitation rates include a targeted margin of 1.5% for risk, profit, and contribution to reserves. We believe that this margin is appropriate given the variability of expenses under the program.

### AA.1.8 – Family Planning Enhanced Match

DHHS claims enhanced match for family planning services for the population covered under this program.

### AA.1.9 – Indian Health Service (IHS) Facility Enhanced Match

DHHS does not claim enhanced match for Indian Health Services for the population covered under this program.

### AA.1.10 – Newly Eligible Enhanced Match

The GAHCP population is part of the newly eligible Medicaid population. Therefore, the rates for those rate cells are eligible for the enhanced Federal match under Section 1905(y). Capitation rates for the Medically Frail and Non-Medically Frail populations are developed separately from the Standard Medicaid populations. The GAHCP

population eligible for enhanced behavioral health services receive the same capitation payment as similar members in the Standard Medicaid population.

#### **AA.1.11 – Retroactive Adjustments**

The RY 2024 rates documented in this report are the original capitation rates for the RY 2024 MCM contracts.

#### **AA.2.0 – Based Only Upon Services Covered Under the State Plan**

The SFY 2022 MCO encounter experience data includes a cost effective non-covered service that qualifies as an in-lieu of service and meets cost effectiveness requirements. Please see Section III of this report for more details.

#### **AA.2.1 – Provided Under the Contract to Medicaid-Eligible Individuals**

The RY 2024 capitation rate development methodology relies on MCO encounter data for all MCM eligible populations.

#### **AA.2.2 – Data Sources**

The RY 2024 capitation rates are developed using SFY 2022 MCO encounter and eligibility data.

Please refer to Sections II and III of this report for more details.

#### **AA.3.0 – Adjustments to Base Year Data**

All adjustments to the base year data are discussed in this report. In addition, each item in the checklist is addressed in items AA.3.1 – AA.3.17 below.

#### **AA.3.1 – Benefit Differences**

The base data used to calculate the capitation rates includes the services covered under the MCM contract.

Section IV of this report documents the development of PMPM add-ons for services that were not offered under the MCM contract in the base period but are part of the MCM contract for RY 2024.

Please refer to Section IV of this report for more details.

#### **AA.3.2 – Administrative Cost Allowance Calculations**

The capitation rates include explicit administrative allowances by rate cell. Please see Section IV in the report for more details regarding the administrative allowance calculation.

#### **AA.3.3 – Special Populations' Adjustments**

The RY 2024 capitation rates methodology does not include an adjustment for special populations as the base FFS and encounter data used to calculate the capitation rates is consistent with the eligible population.

#### **AA.3.4 – Eligibility Adjustments**

The base data only reflects experience for time periods where members were eligible to enroll in an MCO.

#### **AA.3.5 – Third Party Liability (TPL)**

The managed care organizations are responsible for the collection of any TPL recoveries. The capitation rates include an adjustment to reflect additional TPL recoveries that are not reflected in the base year FFS data portion.

### **A.3.6 – Indian Health Care Provider Payments**

The MCOs are responsible for the entirety of any IHC payments, which are fully reflected in the claims data.

### **AA.3.7 – DSH Payments**

DSH payments are not included in the capitation rates.

### **AA.3.8 – FQHC and RHC Reimbursement**

The MCOs are responsible for the entirety of the FQHC and RHC encounter payments, which are fully reflected in the claims data.

### **AA.3.9 – Graduate Medical Education (GME)**

GME payments are not included as part of the capitation rates.

### **AA.3.10 – Copayments, Coinsurance, and Deductibles in Capitated Rates**

The MCM population with an income over 100% of FPL must pay a \$1 / \$2 preferred / non-preferred copay for prescription drugs. The FFS and MCO encounter data reflect the copayment collection.

### **AA.3.11 – Medical Cost / Trend Inflation**

Section III of this report documents the trend assumptions used to project the base period costs to RY 2024.

### **AA.3.12 – Utilization Adjustments**

Utilization trend is included in AA.3.11.

### **AA.3.13 – Utilization and Cost Assumptions**

The utilization and cost assumptions are appropriate for the population to be covered.

### **AA.3.14 – Post-Eligibility Treatment of Income (PETI)**

Long-term care services that are subject to patient liability are excluded from the MCM population capitation rates.

### **AA.3.15 – Incomplete Data Adjustment**

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

### **AA.3.16 – Primary Care Rate Enhancement**

The RY 2024 capitation rates are priced at levels consistent with current MCO reimbursement levels with considerations for expected MCM fee schedule changes.

### **AA.3.17 – Health Homes**

Not Applicable.

### **AA.4.0 – Establish Rate Category Groupings**

The RY 2024 capitation rates use several rate cells developed from Medicaid eligibility categories to designate the eligible population. Please see Section II of this report and Exhibit H for more details.

There are also separate maternity and newborn kick payments.

#### **AA.4.1 – Eligibility Categories**

The eligibility categories included in the RY 2024 capitation rates are defined in Section II of this report.

#### **AA.4.2 – Age**

Age is used for certain rate category groupings.

#### **AA.4.3 – Gender**

Gender is not used as a rating variable.

#### **AA.4.4 – Locality / Region**

Region is not used as a rating variable.

#### **AA.4.5 – Risk Adjustments**

The MCM population capitation rates will use an actuarially sound risk adjustment model to adjust the rates for each participating MCO. Section II of this report includes an overview of the risk adjustment methodology.

We will provide a separate report documenting the development of the MCO Adjusted Risk Factors that will be applied to the RY 2024 capitation rates.

#### **AA.5.0 – Data Smoothing**

We did not perform any data smoothing.

#### **AA.5.1 – Cost-Neutral Data Smoothing Adjustment**

We did not perform any data smoothing.

#### **AA.5.2 – Data Distortion Assessment**

Our review of the base FFS and MCO encounter data did not detect any material distortions or outliers.

#### **AA.5.3 – Data Smoothing Techniques**

We determined that a data smoothing mechanism resulting from data distortions was not required.

#### **AA.5.4 – Risk Adjustments**

The MCM population capitation rates will use an actuarially sound risk adjustment model to adjust the rates for each participating MCO. Section II of this report includes an overview of the risk adjustment methodology.

We will provide a separate report documenting the development of the MCO Adjusted Risk Factors that will be applied to the RY 2024 capitation rates.

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

DHHS administers a stop-loss arrangement for high-cost patients where DHHS shares 50% of the cost above \$740,000 for members that have total expenses for capitated services valued at Medicaid fee levels above that threshold. The stop-loss provision will exclude claims incurred at Boston Children's Hospital, due to the creation of a separate risk pool for those services.

The stop-loss adjustment factors reduce the base experience data by about 0.09% to reflect the MCO liability under the stop-loss agreement. This change is intended to be budget neutral to DHHS and the MCOs. It helps to reduce the variability of MCO financial results due to large cases.

The RY 2024 MCM capitation rates also feature a risk pool for Boston Children’s Hospital services described in Section II of this report.

#### **AA.6.1 – Commercial Reinsurance**

DHHS does not require entities to purchase commercial reinsurance.

#### **AA.6.2 – Stop-Loss Program**

DHHS administers a stop-loss arrangement for high-cost patients where DHHS shares 50% of the cost above \$740,000 for member that have total expenses for capitated services valued at Medicaid fee levels above that threshold. The stop-loss provision will exclude claims incurred at Boston Children’s Hospital due to the creation of a separate risk pool for those services.

The adjustment factors reduce the base experience data by about 0.09% to reflect the MCO liability under the stop-loss agreement. This change is intended to be budget neutral to DHHS and the MCOs. It helps to reduce the variability of MCO financial results due to large cases.

#### **AA.6.3 – Risk Corridor Program**

The RY 2024 MCM capitation rates also feature a minimum and maximum MLR provision, similar to a risk corridor, as described in Section II of this report.

#### **AA.7.0 – Incentive Arrangements**

The MCO contract includes a withhold and incentive program in which unearned withheld dollars will be used to finance an incentive pool that is available for additional incentive payments to be made to high-performing MCOs. The amount of an incentive pool awarded to a particular MCO will not exceed 5.0% of the MCO’s qualifying capitation revenue.

Please refer to the Withhold and Incentive Program policy included in the MCO contract for more details.

#### **AA.7.1 – Electronic Health Records (EHR) Incentive Payments**

DHHS has not implemented incentive payments related to EHRs for the RY 2024 contract period.

## VII. RESPONSE TO 2023-2024 MEDICAID CARE RATE DEVELOPMENT GUIDE (MAY 2023)

### SECTION I. MEDICAID MANAGED CARE RATES

#### 1. General Information

##### A. Rate Development Standards

- i. The RY 2024 capitation rates do not include rate ranges.
- ii. The rate certification included herein is for the RY 2024 contract period which is July 1, 2023 through August 31, 2024.
- iii. This rate certification submission was prepared in accordance with 42 CFR §438.4, 438.5, 438.6, and 438.7.
  - a. The actuarial certification report signed by John Meerschaert, FSA, MAAA certifies that the final capitation rates meet the standards in 42 CFR §438.3(c), 438.3(e), 438.4, 438.5, 438.6, and 438.7. The certification can be found in Exhibit I.
  - b. The final and certified capitation rates for all rate cells can be found in Exhibit A.
  - c. The items requested can be found in Sections I through IV of this report.
- iv. Differences in capitation rates for covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered population.
- v. Each rate cell is developed independently to be actuarially sound and does not cross-subsidize payments for another rate cell.
- vi. The effective dates of changes to the Medicaid program are consistent with the assumptions used to develop the capitation rates.
- vii. The capitation rates are developed in a way that the MCO can reasonably achieve a medical loss ratio of at least 85% for the rate year.
- viii. The RY 2024 capitation rates do not include rate ranges.
- ix. The RY 2024 capitation rates do not include rate ranges.
- x. The rate certification submission demonstrates that the capitation rates were developed using generally accepted actuarial practices and principles.
  - a. All adjustment to the capitation rates reflect reasonable, appropriate, and attainable costs.
  - b. No adjustments to the rates are performed outside of the initial rate setting process beyond those outlined in Section III of the report.
  - c. The final contracted rates in each cell match the capitation rates in the certification.
- xi. The capitation rates included in this submission are certified for all time periods in which they are effective. No rates for a previous time period are used for a future time period.
- xii. Section I includes documentation of the COVID-19 and related unwinding considerations in the RY 2024 capitation rate development.
- xiii. This rate certification conforms to the procedure for rate certifications for rate and contract amendments.

**B. Appropriate Documentation**

- i. The RY 2024 capitation rates do not include rate ranges.
- ii. We believe the attached report properly documents all the elements included in the rate certification and provides CMS enough detail to determine that regulation standards are met.

Please see Sections I through IV of this report for the following details:

- a. Data used, including citations to studies, research papers, other states' analyses, or similar secondary data sources.
  - b. Assumptions made, including any basis or justification for the assumption.
  - c. Methods for analyzing data and developing assumptions and adjustments.
- iii. This capitation rate certification includes a specific rate for each rate cell developed from specific assumptions for each rate cell. All assumptions and adjustments underlying the certified capitation rates are properly documented.
  - iv. The RY 2024 capitation rates do not include rate ranges.
  - v. We detail within our responses in this guide the section of our report where each item described in the 2022 to 2023 Medicaid Managed Care Rate Development Guide can be found.
  - vi. In accordance with 42 CFR § 438.4(b)(1), differences in capitation rates for covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered population.
  - vii. DHHS claims enhanced match for family planning services for the population covered under this program. All other services and populations included in this rate certification are subject to the regular state FMAP except for the CHIP and the newly eligible population as described in Section III.
  - viii. Please see Sections I and II of this report for the requested documentation. The capitation rates for the previous rating period were not adjusted by a de minimis amount using the authority in 42 CFR § 438.7(c)(3).
  - ix. Section IV outlines the anticipated rate amendment details.
  - x. Section I includes documentation of the COVID-19 and related unwinding considerations in the RY 2024 capitation rate development.

**2. Data**

**A. Rate Development Standards**

- i. Our report includes a thorough description of the data used and shows compliance with 42 CFR §438.5(c).
  - a. DHHS provided Milliman with validated encounter data and financial reports for at least the three most recent and complete years prior to the rating period.
  - b. The rate development methodology uses current MCO encounter data.
  - c. The data used is derived from the Medicaid population served under the Medicaid Care Management program.
  - d. The rate development methodology uses recent MCO encounter data.



**B. Appropriate Documentation**

- i. Milliman requested and received a full claims and enrollment database from DHHS and the MCOs. This information is summarized in Appendix A1.
- ii. A detailed description of the data used in the rate development methodology can be found in Section III of this report. Section III also includes comments on the availability and quality of the data used for rate development.
- iii. The rate certification and attached report thoroughly describe any material adjustments, and the basis for the adjustments, that are made to the data. Please see Section III and IV of this report for more details.

**3. Projected Benefit Costs and Trends**

**A. Rate Development Standards**

- i. The final capitation rates shown in Exhibit A are based only upon services described in 42 CFR §438.3(c)(1)(ii) and 438.3(e).
- ii. Each projected benefit cost trend assumption is reasonable and developed in accordance with generally accepted actuarial principles and practices using actual experience of the Medicaid population and consideration of other factors that may affect projected benefit cost trends through the rating period.
- iii. Please refer to Section III of this report for the details related to the treatment of in lieu of services.

New Hampshire's Substance Use Disorder Treatment and Recovery Access 1115 Demonstration Waiver allows for the coverage of substance use disorder (SUD) services provided in an IMD. The SMI / SED 1115 waiver amendment to the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 demonstration will allow DHHS to receive federal matching funds for the IMD services.

- iv. Please refer to Section III of this report for the details related to the treatment of in lieu of services.
- v. New Hampshire's Substance Use Disorder Treatment and Recovery Access 1115 Demonstration Waiver allows for the coverage of substance use disorder (SUD) services provided in an IMD. The SMI / SED 1115 waiver amendment to the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 demonstration will allow DHHS to receive federal matching funds for the IMD services.

**B. Appropriate Documentation**

- i. The various Appendices and Exhibits included in this report document the final projected benefit costs by relevant level of detail and is consistent with how the State makes payments to the plans.
- ii. Please refer to Section III of this report for the methodology and assumptions used to project contract period benefit costs. Section II of the report highlights key methodological changes since the previous rate development.
- iii. The rate certification includes a section on projected benefit cost trends in compliance with 42 CFR §438.7(b)(2). See Step 2 of Section III for details related to the development of projected benefit cost trends.
- iv. This certification does not include additional services deemed by the state to be necessary to comply with the parity standards of the Mental Health Parity and Addiction Equity Act. It is our understanding that the state of New Hampshire is in compliance with the act.
- v. Please refer to Section III of this report for the details related to the requested documentation for in lieu of services.
- vi. Section III includes a description of how retrospective eligibility periods are accounted for in rate development.

- vii. Section I documents the impact on projected costs for all material changes to covered benefits or services since the last rate certification.
- viii. The rate certification includes an estimated impact of each covered benefit or service change on the amount of projected benefit costs and a description of the data, assumptions, and methodologies used to develop the adjustment for each change related to covered benefits or services.

#### 4. Special Contract Provisions Related to Payment

##### A. Incentive Arrangements

###### i. Rate Development Standards

The RY 2024 capitation rate methodology does include an incentive arrangement. Total payments under the incentive arrangement will not exceed 105 percent of the approved capitation payments under the contract that are attributable to the enrollees or services covered by the incentive arrangements. Please refer to the Withhold and Incentive Program policy included in the MCO contract for more details.

###### ii. Appropriate Documentation

The RY 2024 capitation rate methodology does include an incentive arrangement. Total payments under the incentive arrangement will not exceed 105 percent of the approved capitation payments under the contract that are attributable to the enrollees or services covered by the incentive arrangements. Please refer to the Withhold and Incentive Program policy included in the MCO contract for more details.

##### B. Withhold Arrangements

###### i. Rate Development Standards

The RY 2024 capitation rate methodology does include a withhold arrangement. Please refer to the Withhold and Incentive Program policy included in the MCO contract for more details.

###### ii. Appropriate Documentation

The RY 2024 capitation rate methodology does include a withhold arrangement. Please refer to the Withhold and Incentive Program policy included in the MCO contract for more details.

##### C. Risk Sharing Mechanism

###### i. Rate Development Standards

Section III of the report documents the High-Cost Patient Stop-Loss Adjustment, minimum / maximum MLR provisions, and the Boston Children's Hospital risk pool.

###### ii. Appropriate Documentation

Section III of the report documents the High-Cost Patient Stop-Loss Adjustment, minimum / maximum MLR provisions, and the Boston Children's Hospital risk pool.

##### D. State Directed Payments

###### i. Rate Development Standards

Section IV of the report documents the directed payments and minimum fee schedule items and are pending CMS approval. There are no additional directed payments in the program that are not addressed in the certification. The directed payments are in compliance with 42 C.F.R. § 438.6(c),

###### ii. Appropriate Documentation

Please review tables 1 to 3 below for the requested information.

Table 1 New Hampshire Department of Health and Human Services State Directed Payments			
Control name of the state directed payment	Type of payment	Brief description	Is the payment included as a rate adjustment or separate payment term?
CMHC	Medicaid-specific delivery system reform or performance improvement initiative.	Payments are made to CMHCs who achieve various quality measures.	Separate payment term
Critical Access Hospital	Uniform percentage increase for network providers that provide a particular service under the contract.	Payment made to critical access hospitals (CAH) tied to actual hospital services provided; the number of inpatient discharges and outpatient visits.	Separate payment term
State Owned Hospitals: Professional Services	Minimum fee schedule.	The minimum fee schedule for professional services at the state-owned hospitals (New Hampshire Hospital and Hampstead Hospital) is set at the current Medicare fee schedule. The reimbursement difference between the Medicare and Medicaid fee levels for these professional services is covered under this directed payment.	Separate payment term
Children's Hospitals	Uniform payment increase for network providers that provide a particular service under the contract.	Payment made to qualifying Children's Hospitals for each eligible inpatient and outpatient hospital service encounter.	Separate payment term
DME Minimum Fee Schedule	Minimum fee schedule.	The minimum fee schedule for DME services is set at 80% of the current Medicaid fee schedule.	Rate adjustment
Designated Receiving Facility Minimum Fee Schedule	Minimum Fee Schedule.	The minimum fee schedule for DRF services is set at the current Medicaid fee schedule.	Rate adjustment
Community Residential Minimum Fee Schedule	Minimum fee schedule.	The maintenance of effort (MOE) requirement is incorporated into the MCM program effective 7/1/2021. There are concerns that the return of this risk on the capitation rates in conjunction with the emergency department boarding crisis will disincentivize the CMHCs to support capacity expansion. Therefore, reimbursement for community residential services is moved to a directed payment.	Rate adjustment
State Owned Hospitals: Inpatient Services	Minimum fee schedule.	The minimum fee schedule for admissions at these hospitals is set at \$1,506 per day for RY 2024.	Rate adjustment
Neuropsychological Testing Services	Minimum fee schedule.	The minimum fee schedule for neuropsychological testing service is set at the current Medicaid fee schedule.	Rate adjustment
Birthing Centers	Minimum fee schedule.	The minimum fee schedule for services at hospital-based and free-standing birthing centers is set at the current Medicaid fee schedule.	Rate adjustment

**Table 2**  
**New Hampshire Department of Health and Human Services**  
**State Directed Payment – Rate Adjustments**

<b>Control name of the state directed payment</b>	<b>Rate cells affected</b>	<b>Impact</b>	<b>Description of the adjustment</b>	<b>Confirmation the rates are consistent with the preprint</b>	<b>For maximum fee schedules, provide the information requested</b>
State Owned Hospitals: Professional Services	All rate cells	Please see Appendix E.	Estimated per admission cost using historical professional services claim information from New Hampshire Hospital. This directed payment is the difference between the Medicaid and Medicare fee schedules.	The directed payment is consistent with the pre-print.	Not a maximum fee schedule
Children's Hospitals	All rate cells	Please see Appendix E.	Estimated PMPM using historical hospital inpatient admissions and outpatient encounters at the eligible providers.	The directed payment is consistent with the pre-print.	Not a maximum fee schedule
DME Minimum Fee Schedule	All rate cells	Please see Appendix B1 for the reimbursement factor adjustment related to DME services.	Implemented as a reimbursement adjustment to bring the base encounter data in line with the minimum fee schedule.	The directed payment is consistent with the pre-print.	Not a maximum fee schedule
Designated Receiving Facility Minimum Fee Schedule	All rate cells	Please see Exhibit A.	Implemented as a reimbursement adjustment to the hospital inpatient psychiatric admission kick payment for Peer Group 06.	Minimum fee schedule set equal to the Medicaid fee schedule; therefore, no pre-print is required.	Not a maximum fee schedule
Community Residential Minimum Fee Schedule	All rate cells	Please see Appendix D.	Implemented as a reimbursement adjustment to bring the base encounter data in line with the minimum fee schedule.	Minimum fee schedule set equal to the Medicaid fee schedule; therefore, no pre-print is required.	Not a maximum fee schedule
State Owned Hospitals: Inpatient Services	All rate cells	Please see Appendix D.	Adjusted historical expenditure to account for new fee schedule minimum.	Minimum fee schedule set equal to the Medicaid fee schedule; therefore, no pre-print is required.	Not a maximum fee schedule
Neuropsychological Testing Services	All rate cells	Please see Appendix B1 for the reimbursement factor adjustment related to neuropsychological services.	Implemented as a reimbursement adjustment to bring the base encounter data in line with the minimum fee schedule.	Minimum fee schedule set equal to the Medicaid fee schedule; therefore, no pre-print is required.	Not a maximum fee schedule
Birthing Centers	All rate cells	Please see Appendix B1 for the reimbursement factor adjustment related to birthing center services.	Implemented as a reimbursement adjustment to bring the base encounter data in line with the minimum fee schedule.	Minimum fee schedule set equal to the Medicaid fee schedule; therefore, no pre-print is required.	Not a maximum fee schedule

**Table 3**  
**New Hampshire Department of Health and Human Services**  
**State Directed Payment – Separate Payments**

<b>Control name of the state directed payment</b>	<b>Aggregate amount included in the certification</b>	<b>Statement that the actuary is certifying the separate payment term</b>	<b>The magnitude on a PMPM basis</b>	<b>Confirmation the rate development is consistent with the preprint</b>	<b>Confirmation that the state and actuary will submit required documentation at the end of the rating period (as applicable)</b>
CMHC	\$5,833,000	We certify the amount of the separate payment term disclosed in the certification.	Please refer to Appendix E for the PMPM impact by rate cell.	The directed payment is consistent with the pre-print.	The state and its actuary will submit required documentation at the end of the rating period.
Critical Access Hospital	\$49,000,000	We certify the amount of the separate payment term disclosed in the certification.	Please refer to Appendix E for the PMPM impact by rate cell.	The directed payment is consistent with the pre-print.	The state and its actuary will submit required documentation at the end of the rating period.
State Owned Hospitals: Professional Services	\$1,355,993	We certify the amount of the separate payment term disclosed in the certification.	Please refer to Appendix E for the PMPM impact by rate cell.	The directed payment is consistent with the pre-print.	The state and its actuary will submit required documentation at the end of the rating period.
Children's Hospitals	\$803,008	We certify the amount of the separate payment term disclosed in the certification.	Please refer to Appendix E for the PMPM impact by rate cell.	The directed payment is consistent with the pre-print.	The state and its actuary will submit required documentation at the end of the rating period.

E. Pass-Through Payments

i. Rate Development Standards

The RY 2024 capitation rate methodology does not include any pass-through payments.

ii. Appropriate Documentation

The RY 2024 capitation rate methodology does not include any pass-through payments.

**5. Projected Non-Benefit Costs**

A. Rate Development Standards

- i. The development of the non-benefit component of the RY 2024 rates is compliant with 42 CFR §438.5(e) and includes reasonable, appropriate, and attainable expenses related to MCO administration, taxes, licensing and regulatory fees, contribution to reserves, risk margin, and cost of capital.
- ii. The non-benefit costs included in the RY 2024 capitation rates are developed as a target PMPM and applied using percentages of projected benefit costs that vary by rate cell grouping.

**B. Appropriate Documentation**

- i. Please refer to Section IV of this report for a detailed description of the data and methodology used to develop of the projected non-benefit costs included in the capitation rates. The report includes a description of changes made since the last rate development.
- ii. The projected non-benefit costs include appropriate consideration for administrative costs, taxes, licensing and regulatory fees, other assessments and fees, contribution to reserves, risk margin, and cost of capital.
- iii. MCOs provided non-benefit cost data as part of the data validation and reconciliation to financial statements efforts. We reviewed this information for general reasonableness and to understand the operations of the MCOs. The targeted PMPM administrative allowance was negotiated with the MCOs and compared to national benchmarks adjusted for New Hampshire's contractual requirements.

**6. Risk Adjustment**

**A. Rate Development Standards**

- i. The RY 2024 capitation rates will use the risk adjustment arrangement described in Section II of this report.
- ii. The risk adjustment arrangement described in Section II has been developed in accordance with generally accepted actuarial principles and practices and is budget neutral to the state in total.

**B. Appropriate Documentation**

- i. The RY 2024 capitation rates will use the risk adjustment arrangement described in Section II of this report.
- ii. The RY 2024 capitation rate methodology does not include any retrospective risk adjustment components.
- iii. Proposed changes to the risk adjustment methodology will be documented in a separate correspondence. The risk adjustment process is and will remain budget neutral to the state in total.

**7. Acuity Adjustments**

**A. Rate Development Standards**

- i. Section III of this report documents the acuity adjustment related to the end of the PHE and related enrollment levels. Amendment #10 MCM capitation rates include a preliminary acuity adjustment based on DHHS' intended unwind process. This adjustment will be updated for the Amendment #11 capitation rates since DHHS anticipates over 80% of Medicaid enrollees targeted for enrollment redetermination will have gone through the unwind process by early RY 2024.

**B. Appropriate Documentation**

- i. Please see Section III of this report for the requested documentation regarding the acuity adjustment. The acuity adjustment mechanism described in Section III has been developed in accordance with generally accepted actuarial principles and practices.



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## SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES AND SUPPORTS

This certification does not include rates for managed long-term services and supports (MLTSS).

## SECTION III. NEW ADULT GROUP CAPITATION RATES

This section includes the documentation for the rates for the new adult group under 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

### 1. Data

- A. A detailed description of the data can be found in Sections II and III of this report.
- B. The Medically Frail and Non-Medically Frail populations were covered starting in September 2014. The RY 2024 rates are based on SFY 2022 encounter data for the Medically Frail and Non-Medically Frail populations, which is the most recent data available for these populations.

### 2. Projected Benefit Costs

- A. Our report includes a thorough discussion of issues related to the projected benefit costs for the new adult group:
  - i. We relied on data for the Medically Frail and Non-Medically Frail populations available from previous rating periods. The rates are based on the data time periods noted above. The base data, methodology, and assumptions used to calculate the RY 2024 capitation rates is generally similar to the methodology used to calculate the SFY 2023 capitation rates.
  - ii. Not applicable – the new adult group was covered in previous rating periods.
  - iii. We made an adjustment for acuity to reflect of the impact of the COVID-19 pandemic and PHE. We did not make any adjustments for pent-up demand, adverse selection, and demographic differences to either Medically Frail or Non-Medically Frail populations.
- B. Table 2 in Section I of the report quantifies the impact of program changes implemented for RY 2024.

### 3. Projected Non-Benefit Costs

- A. The methodology used to develop the RY 2024 non-benefit costs is consistent with those used to develop the SFY 2023 non-benefits costs.
- B. Please refer to Section IV of this report for more details on the development of the non-benefit costs for the Medically Frail and Non-Medically Frail populations and how these assumptions compare to the Standard Medicaid population.

### 4. Final Certified Rates

- A. Please refer to Tables 1 and 2 in Section I of the report for a comparison of the RY 2024 capitation rates to the SFY 2023 capitation rates.

### 5. Risk Mitigation Strategy

- A. The RY 2024 capitation rate for the Medically Frail and Non-Medically Frail populations will use the same risk adjustment, minimum loss ratio requirement with remittance, High-Cost Patient Stop-Loss arrangement, and Boston Children's Hospital risk pool, as the Standard Medicaid population, as described in Section II of this report. Moreover, DHHS is implementing a minimum and maximum MLR provision for the RY 2024 contract period to address the uncertainty of future medical costs due to the COVID-19 pandemic and the public health emergency.
- B. DHHS is implementing a minimum and maximum MLR provision for the RY 2024 contract period to address the uncertainty of future medical costs due to the COVID-19 pandemic and the public health emergency. Refer to Section II of the report for the detailed provisions of the MLR provisions. This structure is consistent with the prior rating period.

## EXHIBIT H

### State of New Hampshire Department of Health and Human Services Medicaid Care Management Program Rate Cell Assignment Logic



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Mathieu Doucet, FSA, MAAA  
Consulting Actuary

mathieu.doucet@milliman.com

January 16, 2020

Mr. Henry D. Lipman, FACHE  
Medicaid Director  
New Hampshire Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

**Re: SFY 2021 Rate Cell Recommendation**

Dear Henry:

At your request, we are providing the New Hampshire Department of Health and Human Services (DHHS) with a recommendation for a rate cell structure for the Medicaid Care Management (MCM) program for contract year SFY 2021 and beyond.

#### **RATE CELL ASSIGNMENT LOGIC**

The proposed structure has two major changes from the SFY 2020 MCM rate cell structure.

1. The behavioral health rate cells will contain both Standard Medicaid and Granite Advantage individuals. We moved the behavioral health rate cells to first priority in the hierarchy, above the expansion population rate cells. We expect this change will help facilitate the contracting arrangement between community mental health centers (CMHCs) and managed care organizations (MCOs) for all individuals with enhanced behavioral health needs. We also renamed the "Medicaid – Only" rate cells to "Non-Dual" for clarity.
2. The new rate cell for the Children's Health Insurance Program (CHIP) population will allow for easier Federal Medical Assistance Percentages (FMAP) reporting and claiming by DHS.

Table 1 below shows the rate cell definitions for the Standard Medicaid and Granite Advantage Health Care Program (GAHCP) populations, which includes rate cell assignment using the following hierarchy:

- Behavioral health rate cells
- Expansion population rate cells
- All other rate cells



Mr. Henry Lipman  
 NH Department of Health and Human Services  
 January 16, 2020  
 Page 2 of 4

**Table 1**  
**New Hampshire Department of Health and Human Services**  
**Medicaid Care Management Program**  
**SFY 2021 Rate Cell Definitions**

Rate Cell	Age / Gender Categories	Eligibility Category	Dual Status Code*	Other Criteria
<b>Hierarchy: First Priority</b>				
Severe / Persistent Mental Illness – Dual Eligibles	All	Any except MGIA or MGIM	Y	CMHC certification code U1
Severe / Persistent Mental Illness – Non-Dual Eligibles	All	Any	N	CMHC certification code U1
Severe Mental Illness –Dual Eligibles	All	Any except MGIA or MGIM	Y	CMHC certification code U2
Severe Mental Illness – Non-Dual Eligibles	All	Any	N	CMHC certification code U2
Low Utilizer – Dual Eligibles	All	Any except MGIA or MGIM	Y	CMHC certification code U5
Low Utilizer – Non-Dual Eligibles	All	Any	N	CMHC certification code U5
Serious Emotionally Disturbed Child	All	Any	All	CMHC certification code U6 or U7
<b>Hierarchy: Second Priority</b>				
Granite Advantage – Medically Frail	All	MGIM	All	
Granite Advantage – Non-Medically Frail	All	MGIA	All	
<b>Hierarchy: Third Priority</b>				
Low Income Children and Adults	Separate rate cells for the following age groups: 0 to 11 months** 1 to 18 19 +	MAEM, MAEN, MAER, MAES, MAEU, MAFR, MAFU, MCER, MCEU, MCFR, MCFU, MCN, MCRA, MCRF, ME12, ME4, MMER, MMEU, MMFR, MMFU, MMRA, MMRF, MP C, MP P, MPQC, MPQP, MCIS, MGIC, MGIF, MGIN, MGIP, MGIW	N	
CHIP	All	MCIE, MGIE	All	
Foster Care / Adoption	All	MCP1, MCP2, MCPI, MCPN, MMP2, MMPN	N	
Severely Disabled Children	All	MAAB, MCAB, MCDC, MCHC, MMAB, MMDC, MMHC, MSPB, MSPP	N	Age <19 for category codes MAAB, MCAB, MMAB, MSPB, MSPP
Disabled Adults	Separate rate cells for the following age groups: 19 to 64 65+	MAAA, MAAB, MAAD, MBCC, MCAA, MCAB, MCAD, MEAD, MMAA, MMAB, MMAD, MSPB, MSPP	N	Age 19+ for category code MAAB, MCAB, MMAB, MSPB, MSPP (includes 18 year olds in other eligibility categories)
Dual Eligibles	All	Any	Y	
<b>Kick Payments</b>				
Newborn Kick Payment		Any	N	First two months of life
Neonatal Abstinence Syndrome Newborn Kick Payment		Any	N	Same as newborn criteria with diagnosis code requirement
Maternity Kick Payment		Any	N	Service description below

\* Dual eligibility status determined by Dual Status indicator “Y” and the presence of a Medicaid Eligibility Category code and excludes SLMB and QMB Only.

\*\* The Low Income Children and Adults – 0 to 11 Months rate cell also includes the first month of life (excluding the birth month) for babies born prior to Medicaid enrollment (and, therefore, excluded from the newborn kick payment).



Mr. Henry Lipman  
NH Department of Health and Human Services  
January 16, 2020  
Page 3 of 4

The neonatal abstinence syndrome (NAS) kick payment is provided for babies who have a diagnosis code of P96.1 (ICD10) or 779.5 (ICD9) in their birth month on an inpatient claim. The regular newborn kick payment is provided for all other newborns.

The maternity kick payment includes the following services:

- Hospital inpatient services with MS-DRG codes of 765 to 768, 774 to 775
- Hospital outpatient and professional services with a primary diagnosis code of:

ICD9: v27.0 - v27.9, 650, and 651.01 - 669.92 (with the 5<sup>th</sup> digit being 1 or 2)  
ICD10: O60 - O82, and Z37

This includes delivery related anesthesia services (CPT-4 codes 00850, 00857, 00946, 00955, 01960, 01961, 01967, 01968), as long as a relevant primary diagnosis code is present.

- Delivery and post-partum care services (CPT-4 codes 59400, 59409, 59410, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622)

The maternity kick payment includes all facility and professional claims associated with deliveries. Prenatal and postpartum services are not included in the maternity kick payment.

#### **CAVEATS AND LIMITATIONS ON USE**

This letter is designed to assist DHHS with reviewing rate cell assignment logic for the SFY 2021 MCM capitation rates. This information may not be appropriate, and should not be used, for other purposes.

The information contained in this letter has been prepared for DHHS. To the extent that the information contained in this letter is provided to third parties, this letter should be distributed in its entirety. Any user of this information must possess a certain level of expertise in actuarial science and healthcare modeling, so as not to misinterpret the information presented.

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

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this letter.

The terms of Milliman's contract with DHHS effective July 1, 2017 apply to this letter and its use.





Mr. Henry Lipman  
NH Department of Health and Human Services  
January 16, 2020  
Page 4 of 4

Henry, please call me at 262 784 2250 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Mathieu Doucet".

Mathieu Doucet, FSA, MAAA  
Consulting Actuary

MD/laa



## EXHIBIT I

# State of New Hampshire Department of Health and Human Services Medicaid Care Management Program RY 2024 Actuarial Certification

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State of New Hampshire Department of Health and Human Services  
RY 2024 Capitation Rate Development for Medicaid Care Management Program

June 13, 2023

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. This report was prepared solely to provide assistance to DHHS to set RY 2024 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.



June 13, 2023

**New Hampshire Department of Health and Human Services  
Capitated Contracts Ratesetting  
Actuarial Certification  
RY 2024 Medicaid Care Management Program 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 program capitation rates for rate year (RY) 2024 for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the calculated capitation rates and am familiar with the relevant requirements of 42 CFR 438; the CMS "Attachment A, PAHP, PIHP and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting;" the 2023 to 2024 Medicaid Managed Care Rate Development Guide; and Actuarial Standard of Practice (ASOP) 49.

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for RY 2024. To the best of my information, knowledge and belief, the capitation rates offered by DHHS are in compliance with the relevant requirements of 42 § CFR 438.3(c), 438.3(e), 438.4, 438.5, 438.6, and 438.7. The attached actuarial report describes the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, as defined in Actuarial Standard of Practice (ASOP) 49, 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 prepared by DHHS, as well as encounter data, financial data summaries, and other information prepared by the participating MCOs. 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.

The capitation rates developed may not be appropriate for any specific MCO. Any MCO will need to review the rates in relation to the benefits provided. Each MCO should compare the rates with its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with DHHS. The MCO may require rates above, equal to, or below the actuarially sound capitation rates.

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 MCO's situation and experience.

This Opinion assumes the reader is familiar with the New Hampshire Medicaid program, Medicaid eligibility rules, 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  
Member, American Academy of Actuaries  
June 13, 2023

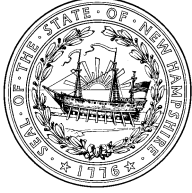
## RELIANCE LETTER

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**State of New Hampshire Department of Health and Human Services**  
RY 2024 Capitation Rate Development for Medicaid Care Management Program

June 13, 2023

This report assumes that the reader is familiar with the State of New Hampshire's Medicaid program, its benefits, and rate setting principles. This report was prepared solely to provide assistance to DHHS to set RY 2024 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.



Lori A. Weaver  
Interim Commissioner

Henry D. Lipman  
Director

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF MEDICAID SERVICES***

129 PLEASANT STREET, CONCORD, NH 03301  
1-844-ASK-DHHS (1-844-275-3447)  
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 26, 2023

Mr. John D. Meerschaert, F.S.A.  
Milliman, Inc.  
17335 Golf Parkway, Suite 100  
Brookfield, WI 53045

**Re: Actuarial Certification of RY 2024 Capitation Rates for New Hampshire Medicaid Care Management Program Capitation Rates**

Dear John:

I, Henry D. Lipman, 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 RY 2024 New Hampshire Medicaid Care Management (MCM) program 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 RY 2024 capitation rate calculation, including, but not limited to:
  - Technical Definition for NH MCM Data Book Services Scope V3.doc
  - Reference Files.xls
  - NH Provider Type Codes and Descriptions.xls
  - Eligibility Category Detail.xlsx
  - Medicaid CAHs.xls
  - OP-RHC-FQHC Reimbursement Process as of 2-5-13.doc
  - Provider Payment Algorithms2011.docx
  - NH+Medicaid+rebranded+detailed+FQHC+Provider+Manual+2-1-18.pdf
  - Newborn Reporting Procedures Guidance Statement 20121130.doc
  - NH MCM Rate Cells Definition 2014-02-20.xls
  - Community Mental Health Agreement 1.22.15.pdf
  - Fiscal Impact Change of Scope & LAL SFY19.xlsx
  - FY20\_21 Provider Rate Increases by Senate Bill and Milliman Exh 1.xlsx
  - NHM PDL 20230328.xlsx
  - PG02+PG09 Provider Numbers.xlsx
  - DME MP for Analysis 09\_01\_2020.xlsx
  - Initial Estimate Funding ALL MCOs (Pmts 0722-0623).xlsx
  - Rate Increase Impacts-Peristeen A4459 & catheters.xlsx
  - Metric Quantity Request with MMIS Units.xlsx
  - StopLossData\_SF22\_SF23.xlsx
  - DME Request Template.xlsx
  - PHI\_DC3\_NHH Discharges\_Jan2020-Dec2022.xlsx

- PHI\_DC3\_HH Discharges\_Jun2022\_Dec2022.xlsx
- Draft Enrollment Proj for DHHS sent to Milliman 04.18.23.xlsx
- Protected Baseline for Mar16A.xlsx

2. Fee schedule files:

1) CY/SFY/FFY 2022 fee schedules:

- ASC Fee Schedule 20220408.xlsx
- FQHC APM Based Rate Table SFY22.xls
- FFY22 DRG Rate Sheet.xlsx
- ASC Rates\_20220125\_Fee Sched\_1.26.22.xlsx
- 2022 Hospice Rates.xlsx
- SFY22 Rate Log to Milliman 5.10.22.xlsx
- Manual Priced Procedures 01012021.xlsx
- Covered procedures Fee schedule as of 01012021.xlsx

2) CY/SFY/FFY 2023 fee schedules:

- SFY23 RATE CHANGE LOG.xlsx
- List of Fee Schedules.docx
- Updated FFY23 DRG Rate Sheet 10.1.2022.xlsx
- 2023 Fee Schedule - Covered Procedures Report with SA Requirement as of 01-01-2023.xlsx
- 2023 Fee Schedule - Manually Priced Items with SA Requirements as of 01-01-2023.xlsx
- Hospice Rates - Effective 10.1.2022.xlsx
- FQHC-RHC Fee Schedule 7.1.2022.xlsx
- Current J-Code Pricing 2023-01.xlsx
- SFY 23 Outpatient Rates.xls

3. January 2019 – December 2022 Medicaid eligibility data and claims from MMIS and MCO encounter files, including:

- Biweekly claims data (facility, professional and drug)
- Biweekly enrollment data
- Provider reference files.
- Supplemental eligibility/ineligibility files
- Sub capitation claims data
- Additional FFS Hospice claims:
  - SFY 2018 Hospice data for Milliman.xlsx
  - 2020\_3\_4\_Hospice\_SFY2019 Data for Milliman.xlsx
- Additional FFS CTS claims:
  - CTS FFS Encounter Data.csv
  - CTS PAP Encounter Data.csv
- Additional BDAS claims:
  - tblWITS\_SFY18\_SvcInMedicaidSpan.xlsx
- Plan Selection Period info:
  - Fee for Service Spans for Andrew 1-1-2018 to current.xls
- IMD Claims:
  - NHH\_Medicaid\_2016-2019.xlsx

4. Other supporting documentation, including:
- MCO contract
  - Financial Reconciliation data from participating health plans
  - Pharmacy rebate information from participating health plans
  - Enrollment redetermination plan information
  - MCO administrative cost survey results
  - DRF identification process
  - CMHC directed payment details
  - Hospital directed payment details
  - Children’s hospital directed payment details
  - Community Residential Service expansion details
  - Mobile Crisis Response Team and Emergency Services identification process
  - Genetic Testing for Hospitals details
  - Fiscal impact and appropriation amounts for various legislative provisions
  - Other computer files
  - Conversations concerning supplied data

Best regards,

A handwritten signature in black ink that reads "Henry D. Lipman". The signature is written in a cursive, flowing style.

Henry D. Lipman, FACHE  
Medicaid Director  
May 26, 2023



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Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 0-11 Months

Member Months: 47,519

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,564,311	250	1,744	63.1	440.4	\$6,257.24	\$32.92
Surgical	179,487	20	226	5.1	57.1	8,974.35	3.78
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	608	1	1	0.3	0.3	607.78	0.01
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,744,406	271	1,971	68.4	497.7	\$6,436.92	\$36.71
<b>Hospital Outpatient</b>							
Emergency Room	\$1,083,379		2,987		754.3	\$362.70	\$22.80
Surgery	119,448		126		31.8	948.00	2.51
Radiology	108,003		616		155.6	175.33	2.27
Pathology	273,094		6,689		1,689.2	40.83	5.75
Pharmacy	40,307		4,199		1,060.4	9.60	0.85
Cardiovascular	15,853		126		31.8	125.81	0.33
PT/OT/ST	60,006		1,707		431.1	35.15	1.26
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	596,533		10,705		2,703.4	55.72	12.55
	\$2,296,623		27,155		6,857.5	\$84.57	\$48.33
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$7,311		20		5.1	\$365.54	\$0.15
Office Visits	727,741		13,108		3,310.2	55.52	15.31
Preventive Medicine	947,060		43,134		10,892.7	21.96	19.93
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	5,452		156		39.4	34.95	0.11
PT/OT/ST	55,708		2,087		527.0	26.69	1.17
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	185,330		7,067		1,784.6	26.22	3.90
Home Health and Private Duty Nursing	269,530		5,807		1,466.4	46.42	5.67
Ambulance	83,726		5,112		1,290.9	16.38	1.76
Non-Emergency Transportation	22,247		930		234.9	23.92	0.47
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	976,977		5,915		1,493.7	165.17	20.56
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	1,017,880		359,436		90,769.2	2.83	21.42
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,459,973		42,657		10,772.3	34.23	30.72
	\$5,758,935		485,429		122,586.5	\$11.86	\$121.19
<b>Prescription Drugs</b>							
Generic Scripts	\$202,150		8,270		2,088.4	\$24.44	\$4.25
Single-Source Brand	108,302		464		117.2	233.41	2.28
Multi-Source Brand	918		31		7.8	29.61	0.02
Specialty	480,001		96		24.2	5,000.01	10.10
Hepatitis C	0		0		0.0	0.00	0.00
Other	12		2		0.5	5.76	0.00
	\$791,383		8,863		2,238.2	\$89.29	\$16.65
<b>Community Mental Health Center</b>							
Case Management	\$833		2		0.5	\$416.60	\$0.02
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	120		1		0.3	119.79	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	343		2		0.5	171.44	0.01
	\$1,296		5		1.3	\$259.18	\$0.03
<b>All Services</b>	<b>\$10,592,643</b>	<b>271</b>	<b>523,423</b>	<b>68.4</b>	<b>132,181.2</b>	<b>\$20.24</b>	<b>\$222.92</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 1-18 Years

Member Months: 810,168

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$2,404,539	394	1,570	5.8	23.3	\$6,102.89	\$2.97
Surgical	660,462	89	392	1.3	5.8	7,420.92	0.82
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	4,955	3	7	0.0	0.1	1,651.63	0.01
Well Newborn	591	1	2	0.0	0.0	591.47	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	22,959	4	18	0.1	0.3	5,739.63	0.03
Other	0	0	0	0.0	0.0	0.00	0.00
	\$3,093,506	491	1,989	7.3	29.5	\$6,300.42	\$3.82
<b>Hospital Outpatient</b>							
Emergency Room	\$9,374,296		19,725		292.2	\$475.25	\$11.57
Surgery	1,893,416		1,806		26.7	1,048.40	2.34
Radiology	1,936,089		9,537		141.3	203.01	2.39
Pathology	3,364,985		116,168		1,720.6	28.97	4.15
Pharmacy	1,341,270		141,681		2,098.5	9.47	1.66
Cardiovascular	86,964		753		11.2	115.49	0.11
PT/OT/ST	906,876		26,961		399.3	33.64	1.12
Psychiatric	90,255		325		4.8	277.71	0.11
Substance Abuse	0		0		0.0	0.00	0.00
Other	4,258,439		111,740		1,655.1	38.11	5.26
	\$23,252,592		428,696		6,349.7	\$54.24	\$28.70
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$213,356		558		8.3	\$382.36	\$0.26
Office Visits	7,111,993		128,032		1,896.4	55.55	8.78
Preventive Medicine	2,951,514		97,454		1,443.5	30.29	3.64
Maternity	35,548		158		2.3	225.05	0.04
Certified Midwife	1,478		10		0.1	152.86	0.00
PT/OT/ST	3,202,165		93,400		1,383.4	34.28	3.95
Psychiatric and Substance Abuse	3,821,828		106,432		1,576.4	35.91	4.72
Radiology and Pathology	2,674,081		97,054		1,437.5	27.55	3.30
Home Health and Private Duty Nursing	3,155,222		189,735		2,810.3	16.63	3.89
Ambulance	441,942		22,075		327.0	20.02	0.55
Non-Emergency Transportation	271,814		12,112		179.4	22.44	0.34
Opioid Treatment Program	467		43		0.6	10.87	0.00
Federally Qualified and Rural Health Clinics	6,935,583		43,324		641.7	160.09	8.56
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	205,067		35,244		522.0	5.82	0.25
Durable Medical Equipment	4,239,024		1,753,387		25,970.7	2.42	5.23
Applied Behavioral Analysis	7,116,213		424,629		6,289.5	16.76	8.78
Other	6,615,955		410,095		6,074.2	16.13	8.17
	\$48,993,249		3,413,741		50,563.4	\$14.35	\$60.47
<b>Prescription Drugs</b>							
Generic Scripts	\$7,021,549		205,045		3,037.1	\$34.24	\$8.67
Single-Source Brand	5,651,424		18,963		280.9	298.02	6.98
Multi-Source Brand	515,549		1,254		18.6	411.12	0.64
Specialty	18,722,035		2,432		36.0	7,698.21	23.11
Hepatitis C	226,607		12		0.2	18,883.88	0.28
Other	349		28		0.4	12.47	0.00
	\$32,137,513		227,734		3,373.1	\$141.12	\$39.67
<b>Community Mental Health Center</b>							
Case Management	\$717,494		1,810		26.8	\$396.41	\$0.89
Long Term Support Service	191,776		3,204		47.5	59.86	0.24
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	254,041		3,163		46.8	80.32	0.31
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	57		2		0.0	28.32	0.00
Emergency Service 24/7	1,151		41		0.6	28.07	0.00
APRTP	3,798		6		0.1	633.02	0.00
Supported Employment Services	0		6		0.1	0.00	0.00
Other	437,230		3,076		45.6	142.14	0.54
	\$1,605,547		11,308		167.5	\$141.98	\$1.98
<b>All Services</b>	<b>\$109,082,407</b>	<b>491</b>	<b>4,083,468</b>	<b>7.3</b>	<b>60,483.3</b>	<b>\$26.71</b>	<b>\$134.64</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Adults

Member Months: 205,837

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$2,474,120	630	2,910	36.7	169.6	\$3,927.17	\$12.02
Surgical	2,193,070	204	1,234	11.9	71.9	10,750.34	10.65
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	307,436	113	348	6.6	20.3	2,720.68	1.49
Well Newborn	11,041	17	30	1.0	1.7	649.47	0.05
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	185,194	65	302	3.8	17.6	2,849.13	0.90
Other	0	0	0	0.0	0.0	0.00	0.00
	\$5,170,861	1,029	4,824	60.0	281.2	\$5,025.13	\$25.12
<b>Hospital Outpatient</b>							
Emergency Room	\$7,426,376		9,024		526.1	\$822.96	\$36.08
Surgery	2,048,252		1,734		101.1	1,181.23	9.95
Radiology	2,601,587		12,405		723.2	209.72	12.64
Pathology	1,721,743		94,110		5,486.5	18.30	8.36
Pharmacy	1,601,948		267,721		15,607.7	5.98	7.78
Cardiovascular	197,145		1,062		61.9	185.64	0.96
PT/OT/ST	504,350		15,505		903.9	32.53	2.45
Psychiatric	338,348		1,388		80.9	243.77	1.64
Substance Abuse	117,362		979		57.1	119.88	0.57
Other	2,670,465		85,371		4,977.0	31.28	12.97
	\$19,227,578		489,299		28,525.4	\$39.30	\$93.41
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$135,627		412		24.0	\$329.19	\$0.66
Office Visits	3,256,941		54,612		3,183.8	59.64	15.82
Preventive Medicine	1,091,835		20,120		1,173.0	54.27	5.30
Maternity	1,238,115		4,265		248.7	290.27	6.02
Certified Midwife	54,017		261		15.2	206.98	0.26
PT/OT/ST	235,596		9,688		564.8	24.32	1.14
Psychiatric and Substance Abuse	4,070,941		39,299		2,291.1	103.59	19.78
Radiology and Pathology	2,421,794		79,815		4,653.1	30.34	11.77
Home Health and Private Duty Nursing	232,086		11,488		669.7	20.20	1.13
Ambulance	343,637		13,479		785.8	25.49	1.67
Non-Emergency Transportation	1,872,567		87,575		5,105.5	21.38	9.10
Opioid Treatment Program	1,521,746		140,766		8,206.4	10.81	7.39
Federally Qualified and Rural Health Clinics	3,236,571		19,908		1,160.6	162.58	15.72
Adult Medical Day Care	18,255		617		36.0	29.59	0.09
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	900,182		123,302		7,188.3	7.30	4.37
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	4,095,721		406,525		23,699.8	10.07	19.90
	\$24,725,628		1,012,133		59,005.8	\$24.43	\$120.12
<b>Prescription Drugs</b>							
Generic Scripts	\$5,181,385		198,687		11,583.2	\$26.08	\$25.17
Single-Source Brand	6,814,987		15,452		900.8	441.04	33.11
Multi-Source Brand	720,132		2,573		150.0	279.88	3.50
Specialty	8,858,133		1,466		85.5	6,042.38	43.03
Hepatitis C	757,996		72		4.2	10,527.72	3.68
Other	237		15		0.9	15.80	0.00
	\$22,332,870		218,265		12,724.5	\$102.32	\$108.50
<b>Community Mental Health Center</b>							
Case Management	\$53,852		132		7.7	\$407.97	\$0.26
Long Term Support Service	50,654		671		39.1	75.49	0.25
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	188,563		2,880		167.9	65.47	0.92
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	2,218		78		4.5	28.44	0.01
Emergency Service 24/7	528		21		1.2	25.15	0.00
AP RTP	36,273		57		3.3	636.36	0.18
Supported Employment Services	1,900		62		3.6	30.65	0.01
Other	382,436		3,624		211.3	105.53	1.86
	\$716,423		7,525		438.7	\$95.21	\$3.48
<b>All Services</b>	\$72,173,360	1,029	1,732,046	60.0	100,975.6	\$41.67	\$350.63

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: CHIP

Member Months: 233,235

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$280,860	80	251	4.1	12.9	\$3,510.76	\$1.20
Surgical	191,751	25	117	1.3	6.0	7,670.02	0.82
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$472,611	105	368	5.4	18.9	\$4,501.06	\$2.03
<b>Hospital Outpatient</b>							
Emergency Room	\$2,171,282		4,235		217.9	\$512.70	\$9.31
Surgery	605,037		519		26.7	1,165.77	2.59
Radiology	534,599		2,624		135.0	203.73	2.29
Pathology	875,337		31,201		1,605.3	28.05	3.75
Pharmacy	232,019		43,298		2,227.7	5.36	0.99
Cardiovascular	35,682		246		12.7	145.05	0.15
PT/OT/ST	279,346		8,120		417.8	34.40	1.20
Psychiatric	87,724		313		16.1	280.27	0.38
Substance Abuse	0		0		0.0	0.00	0.00
Other	1,269,767		32,368		1,665.3	39.23	5.44
	\$6,090,793		122,924		6,324.5	\$49.55	\$26.11
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$61,070		14,751		758.9	\$4.14	\$0.26
Office Visits	2,048,072		37,203		1,914.1	55.05	8.78
Preventive Medicine	899,426		28,912		1,487.5	31.11	3.86
Maternity	6,425		29		1.5	221.62	0.03
Certified Midwife	47		1		0.1	46.77	0.00
PT/OT/ST	997,357		29,951		1,541.0	33.30	4.28
Psychiatric and Substance Abuse	1,121,718		31,986		1,645.7	35.07	4.81
Radiology and Pathology	838,017		29,714		1,528.8	28.20	3.59
Home Health and Private Duty Nursing	516,498		52,705		2,711.7	9.80	2.21
Ambulance	74,144		4,259		219.1	17.41	0.32
Non-Emergency Transportation	25,758		1,734		89.2	14.85	0.11
Opioid Treatment Program	804		74		3.8	10.87	0.00
Federally Qualified and Rural Health Clinics	1,281,437		8,343		429.2	153.59	5.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	1,854		244		12.6	7.60	0.01
Durable Medical Equipment	1,196,696		319,127		16,419.2	3.75	5.13
Applied Behavioral Analysis	2,619,275		165,407		8,510.2	15.84	11.23
Other	1,630,584		105,400		5,422.9	15.47	6.99
	\$13,319,183		829,840		42,695.5	\$16.05	\$57.11
<b>Prescription Drugs</b>							
Generic Scripts	\$1,899,177		53,610		2,758.3	\$35.43	\$8.14
Single-Source Brand	1,667,659		5,757		296.2	289.67	7.15
Multi-Source Brand	125,317		346		17.8	362.19	0.54
Specialty	6,434,686		661		34.0	9,734.78	27.59
Hepatitis C	0		0		0.0	0.00	0.00
Other	44		7		0.4	6.22	0.00
	\$10,126,882		60,381		3,106.6	\$167.72	\$43.42
<b>Community Mental Health Center</b>							
Case Management	\$124,947		313		16.1	\$399.19	\$0.54
Long Term Support Service	46,603		845		43.5	55.15	0.20
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	84,128		1,170		60.2	71.90	0.36
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	28		1		0.1	28.32	0.00
Emergency Service 24/7	150		6		0.3	24.94	0.00
AP RTP	3,221		5		0.3	644.22	0.01
Supported Employment Services	0		0		0.0	0.00	0.00
Other	86,060		633		32.6	135.96	0.37
	\$345,137		2,973		153.0	\$116.09	\$1.48
<b>All Services</b>	<b>\$30,354,605</b>	<b>105</b>	<b>1,016,486</b>	<b>5.4</b>	<b>52,298.5</b>	<b>\$29.86</b>	<b>\$130.15</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Foster Care / Adoption

Member Months: 28,314

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$123,060	31	140	13.1	59.3	\$3,969.66	\$4.35
Surgical	95,935	5	21	2.1	8.9	19,186.96	3.39
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$218,994	36	161	15.3	68.2	\$6,083.18	\$7.73
<b>Hospital Outpatient</b>							
Emergency Room	\$412,907		693		293.7	\$595.82	\$14.58
Surgery	122,378		113		47.9	1,082.99	4.32
Radiology	76,111		405		171.6	187.93	2.69
Pathology	162,163		5,813		2,463.7	27.90	5.73
Pharmacy	197,637		7,260		3,076.9	27.22	6.98
Cardiovascular	2,821		35		14.8	80.59	0.10
PT/OT/ST	53,198		1,456		617.1	36.54	1.88
Psychiatric	12,361		51		21.6	242.36	0.44
Substance Abuse	0		0		0.0	0.00	0.00
Other	219,993		5,937		2,516.2	37.05	7.77
	\$1,259,568		21,763		9,223.6	\$57.88	\$44.49
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$9,823		24		10.2	\$409.31	\$0.35
Office Visits	336,063		5,805		2,460.3	57.89	11.87
Preventive Medicine	126,117		4,061		1,721.1	31.06	4.45
Maternity	1,220		3		1.1	457.56	0.04
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	226,824		6,837		2,897.7	33.18	8.01
Psychiatric and Substance Abuse	339,798		5,330		2,259.0	63.75	12.00
Radiology and Pathology	116,783		4,105		1,739.8	28.45	4.12
Home Health and Private Duty Nursing	1,189,954		48,330		20,483.2	24.62	42.03
Ambulance	27,890		1,523		645.5	18.31	0.99
Non-Emergency Transportation	16,509		516		218.7	31.99	0.58
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	259,423		1,731		733.6	149.87	9.16
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	42,683		7,404		3,138.0	5.76	1.51
Durable Medical Equipment	532,907		204,120		86,510.2	2.61	18.82
Applied Behavioral Analysis	300,514		17,808		7,547.4	16.88	10.61
Other	382,220		25,994		11,016.8	14.70	13.50
	\$3,908,729		333,591		141,382.4	\$11.72	\$138.05
<b>Prescription Drugs</b>							
Generic Scripts	\$671,566		22,484		9,529.2	\$29.87	\$23.72
Single-Source Brand	590,861		1,590		673.9	371.61	20.87
Multi-Source Brand	86,660		132		55.9	656.52	3.06
Specialty	1,080,122		186		78.8	5,807.11	38.15
Hepatitis C	137,259		7		3.0	19,608.48	4.85
Other	7		9		3.8	0.77	0.00
	\$2,566,476		24,408		10,344.6	\$105.15	\$90.64
<b>Community Mental Health Center</b>							
Case Management	\$83,011		208		88.2	\$399.09	\$2.93
Long Term Support Service	41,497		843		357.3	49.23	1.47
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	37,751		487		206.4	77.52	1.33
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	299		12		5.1	24.94	0.01
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	50,343		403		170.8	124.92	1.78
	\$212,901		1,953		827.7	\$109.01	\$7.52
<b>All Services</b>	<b>\$8,166,668</b>	<b>36</b>	<b>381,876</b>	<b>15.3</b>	<b>161,846.6</b>	<b>\$21.39</b>	<b>\$288.43</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severely Disabled Children

Member Months: 10,661

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$213,706	28	178	31.5	200.4	\$7,632.35	\$20.05
Surgical	123,139	9	71	10.1	79.9	13,682.10	11.55
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$336,845	37	249	41.6	280.3	\$9,103.91	\$31.60
<b>Hospital Outpatient</b>							
Emergency Room	\$100,142		159		179.0	\$629.82	\$9.39
Surgery	29,134		36		40.5	809.28	2.73
Radiology	90,616		217		244.3	417.58	8.50
Pathology	50,795		2,953		3,324.0	17.20	4.76
Pharmacy	101,644		4,838		5,445.8	21.01	9.53
Cardiovascular	2,207		19		21.4	116.18	0.21
PT/OT/ST	92,474		2,351		2,646.4	39.33	8.67
Psychiatric	8,875		30		33.8	295.85	0.83
Substance Abuse	0		0		0.0	0.00	0.00
Other	86,150		1,507		1,696.3	57.17	8.08
	\$562,038		12,110		13,631.4	\$46.41	\$52.72
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$4,244		10		11.3	\$424.43	\$0.40
Office Visits	147,403		1,934		2,177.0	76.22	13.83
Preventive Medicine	18,262		477		536.9	38.29	1.71
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	303,756		12,217		13,751.8	24.86	28.49
Psychiatric and Substance Abuse	92,844		7,763		8,738.3	11.96	8.71
Radiology and Pathology	40,012		1,574		1,771.7	25.42	3.75
Home Health and Private Duty Nursing	4,383,828		207,524		233,595.1	21.12	411.21
Ambulance	20,264		872		981.1	23.25	1.90
Non-Emergency Transportation	75,910		2,856		3,214.8	26.58	7.12
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	20,655		154		173.3	134.13	1.94
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	516,120		89,389		100,618.9	5.77	48.41
Durable Medical Equipment	1,369,375		672,505		756,991.3	2.04	128.45
Applied Behavioral Analysis	788,318		56,970		64,127.1	13.84	73.95
Other	338,212		19,332		21,760.7	17.49	31.73
	\$8,119,203		1,073,577		1,208,449.2	\$7.56	\$761.60
<b>Prescription Drugs</b>							
Generic Scripts	\$790,439		13,610		15,319.8	\$58.08	\$74.15
Single-Source Brand	424,300		1,401		1,577.0	302.86	39.80
Multi-Source Brand	527,217		603		678.8	874.32	49.45
Specialty	1,980,540		454		511.0	4,362.42	185.78
Hepatitis C	0		0		0.0	0.00	0.00
Other	273		8		9.0	34.11	0.03
	\$3,722,769		16,076		18,095.6	\$231.57	\$349.20
<b>Community Mental Health Center</b>							
Case Management	\$22,741		56		63.0	\$406.10	\$2.13
Long Term Support Service	24,853		875		984.9	28.40	2.33
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	4,523		53		59.7	85.35	0.42
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	51		2		2.3	25.38	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	12,183		138		155.3	88.28	1.14
	\$64,351		1,124		1,265.2	\$57.25	\$6.04
<b>All Services</b>	\$12,805,206	37	1,103,136	41.6	1,241,721.6	\$11.61	\$1,201.16



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 19-64

Member Months: 68,497

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$3,703,481	763	5,920	133.7	1,037.1	\$4,853.84	\$54.07
Surgical	2,580,524	241	2,744	42.2	480.7	10,707.57	37.67
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	164,999	47	235	8.2	41.2	3,510.63	2.41
Other	0	0	0	0.0	0.0	0.00	0.00
	\$6,449,003	1,051	8,899	184.1	1,559.0	\$6,136.06	\$94.15
<b>Hospital Outpatient</b>							
Emergency Room	\$3,940,328		4,038		707.4	\$975.81	\$57.53
Surgery	1,602,554		1,797		314.8	891.79	23.40
Radiology	2,190,255		6,924		1,213.0	316.33	31.98
Pathology	660,209		43,461		7,614.0	15.19	9.64
Pharmacy	2,738,587		308,551		54,055.4	8.88	39.98
Cardiovascular	201,648		925		162.1	218.00	2.94
PT/OT/ST	433,145		13,162		2,305.9	32.91	6.32
Psychiatric	117,231		468		82.0	250.49	1.71
Substance Abuse	51,961		723		126.7	71.87	0.76
Other	2,309,853		54,788		9,598.4	42.16	33.72
	\$14,245,771		434,837		76,179.5	\$32.76	\$207.98
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$93,830		379		66.4	\$247.57	\$1.37
Office Visits	1,865,260		28,789		5,043.6	64.79	27.23
Preventive Medicine	172,176		5,415		948.7	31.80	2.51
Maternity	14,005		59		10.3	238.97	0.20
Certified Midwife	19		2		0.4	9.74	0.00
PT/OT/ST	275,074		11,327		1,984.4	24.28	4.02
Psychiatric and Substance Abuse	1,520,572		16,169		2,832.7	94.04	22.20
Radiology and Pathology	975,843		33,515		5,871.5	29.12	14.25
Home Health and Private Duty Nursing	4,740,019		201,517		35,304.0	23.52	69.20
Ambulance	709,617		17,235		3,019.3	41.17	10.36
Non-Emergency Transportation	2,495,192		82,088		14,381.1	30.40	36.43
Opioid Treatment Program	696,655		64,404		11,283.0	10.82	10.17
Federally Qualified and Rural Health Clinics	1,209,732		7,422		1,300.3	162.99	17.66
Adult Medical Day Care	76,413		3,648		639.1	20.95	1.12
Personal Care	1,080,469		188,333		32,994.2	5.74	15.77
Durable Medical Equipment	3,291,682		1,477,154		258,784.1	2.23	48.06
Applied Behavioral Analysis	992		62		10.9	16.00	0.01
Other	4,597,727		372,014		65,173.5	12.36	67.12
	\$23,815,277		2,509,531		439,647.3	\$9.49	\$347.69
<b>Prescription Drugs</b>							
Generic Scripts	\$5,511,375		215,671		37,783.6	\$25.55	\$80.46
Single-Source Brand	12,471,244		23,743		4,159.6	525.26	182.07
Multi-Source Brand	1,747,851		3,131		548.5	558.24	25.52
Specialty	13,970,717		1,797		314.8	7,774.47	203.96
Hepatitis C	261,267		24		4.2	10,886.13	3.81
Other	642		82		14.4	7.83	0.01
	\$33,963,095		244,448		42,825.1	\$138.94	\$495.84
<b>Community Mental Health Center</b>							
Case Management	\$42,287		103		18.0	\$410.56	\$0.62
Long Term Support Service	72,020		1,667		292.0	43.20	1.05
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	146,314		2,191		383.8	66.78	2.14
Evidence Based Practice	113		4		0.7	28.21	0.00
Medication Management	2,940		88		15.4	33.41	0.04
Emergency Service 24/7	1,573		63		11.0	24.96	0.02
APRTP	31,729		50		8.8	634.59	0.46
Supported Employment Services	680		22		3.9	30.90	0.01
Other	205,099		3,019		528.8	67.95	2.99
	\$502,755		7,207		1,262.5	\$69.76	\$7.34
<b>All Services</b>	\$78,975,902	1,051	3,204,922	184.1	561,473.5	\$24.64	\$1,152.99

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 65+

Member Months: 14,665

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,654,995	275	2,289	225.0	1,873.0	\$6,018.16	\$112.85
Surgical	1,110,716	62	1,066	50.7	872.3	17,914.78	75.74
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$2,765,711	337	3,355	275.8	2,745.3	\$8,206.86	\$188.59
<b>Hospital Outpatient</b>							
Emergency Room	\$816,496		672		549.9	\$1,215.02	\$55.68
Surgery	264,762		277		226.7	955.82	18.05
Radiology	445,597		1,743		1,426.2	255.65	30.39
Pathology	140,337		11,384		9,315.2	12.33	9.57
Pharmacy	153,575		34,452		28,191.1	4.46	10.47
Cardiovascular	56,242		351		287.2	160.23	3.84
PT/OT/ST	69,172		2,767		2,264.2	25.00	4.72
Psychiatric	93		1		0.8	93.35	0.01
Substance Abuse	0		0		0.0	0.00	0.00
Other	586,093		12,625		10,330.7	46.42	39.97
	\$2,532,367		64,272		52,592.0	\$39.40	\$172.68
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$43,114		335		274.1	\$128.70	\$2.94
Office Visits	365,900		5,954		4,872.0	61.45	24.95
Preventive Medicine	33,467		1,151		941.8	29.08	2.28
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	28,164		1,105		904.2	25.49	1.92
Psychiatric and Substance Abuse	143,160		1,998		1,634.9	71.65	9.76
Radiology and Pathology	239,063		8,464		6,925.9	28.24	16.30
Home Health and Private Duty Nursing	759,402		20,323		16,629.8	37.37	51.78
Ambulance	126,182		3,445		2,819.2	36.63	8.60
Non-Emergency Transportation	171,384		5,009		4,098.7	34.22	11.69
Opioid Treatment Program	11,880		1,104		903.4	10.76	0.81
Federally Qualified and Rural Health Clinics	395,998		2,561		2,095.6	154.63	27.00
Adult Medical Day Care	290,978		12,676		10,372.4	22.96	19.84
Personal Care	81,557		13,795		11,288.5	5.91	5.56
Durable Medical Equipment	389,591		199,774		163,469.6	1.95	26.57
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,061,218		47,910		39,203.4	22.15	72.36
	\$4,141,057		325,605		266,433.4	\$12.72	\$282.38
<b>Prescription Drugs</b>							
Generic Scripts	\$801,056		46,822		38,313.2	\$17.11	\$54.62
Single-Source Brand	2,378,730		6,339		5,187.0	375.25	162.20
Multi-Source Brand	150,324		253		207.0	594.17	10.25
Specialty	932,052		156		127.7	5,974.69	63.56
Hepatitis C	7,680		1		0.8	7,680.00	0.52
Other	88		8		6.5	11.03	0.01
	\$4,269,931		53,579		43,842.2	\$79.69	\$291.16
<b>Community Mental Health Center</b>							
Case Management	\$1,246		3		2.5	\$415.39	\$0.08
Long Term Support Service	198		5		4.1	39.57	0.01
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	2,123		34		27.8	62.43	0.14
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	8,205		1,019		833.9	8.05	0.56
	\$11,771		1,061		868.3	\$11.09	\$0.80
<b>All Services</b>	<b>\$13,720,838</b>	<b>337</b>	<b>447,872</b>	<b>275.8</b>	<b>366,481.2</b>	<b>\$30.64</b>	<b>\$935.62</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Dual Eligibles

Member Months: 183,803

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$3,332,664	1,970	11,717	128.6	765.0	\$1,691.71	\$18.13
Surgical	780,590	432	3,851	28.2	251.4	1,806.92	4.25
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	7,780	5	15	0.3	1.0	1,556.00	0.04
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	185,875	71	1,078	4.6	70.4	2,617.96	1.01
Alcohol and Drug Abuse	43,636	21	149	1.4	9.7	2,077.88	0.24
Other	0	0	0	0.0	0.0	0.00	0.00
	\$4,350,544	2,499	16,810	163.2	1,097.5	\$1,740.91	\$23.67
<b>Hospital Outpatient</b>							
Emergency Room	\$4,190,268		6,865		448.2	\$610.38	\$22.80
Surgery	1,383,373		4,339		283.3	318.82	7.53
Radiology	1,221,445		11,670		761.9	104.67	6.65
Pathology	248,398		31,727		2,071.4	7.83	1.35
Pharmacy	1,750,015		432,780		28,255.1	4.04	9.52
Cardiovascular	174,444		2,728		178.1	63.95	0.95
PT/OT/ST	395,300		35,274		2,302.9	11.21	2.15
Psychiatric	51,747		961		62.7	53.85	0.28
Substance Abuse	8,068		23		1.5	350.78	0.04
Other	2,945,707		119,408		7,795.8	24.67	16.03
	\$12,368,765		645,775		42,161.0	\$19.15	\$67.29
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$29,083		471		30.8	\$61.75	\$0.16
Office Visits	886,193		26,798		1,749.6	33.07	4.82
Preventive Medicine	111,769		3,153		205.9	35.45	0.61
Maternity	13,331		74		4.8	180.28	0.07
Certified Midwife	94		2		0.1	46.77	0.00
PT/OT/ST	142,924		19,961		1,303.2	7.16	0.78
Psychiatric and Substance Abuse	1,372,621		15,081		984.6	91.02	7.47
Radiology and Pathology	318,392		20,728		1,353.3	15.36	1.73
Home Health and Private Duty Nursing	1,598,332		100,213		6,542.7	15.95	8.70
Ambulance	1,059,529		22,591		1,474.9	46.90	5.76
Non-Emergency Transportation	5,857,851		146,844		9,587.1	39.89	31.87
Opioid Treatment Program	383,877		35,444		2,314.0	10.83	2.09
Federally Qualified and Rural Health Clinics	257,048		2,086		136.2	123.23	1.40
Adult Medical Day Care	238,335		8,559		558.8	27.85	1.30
Personal Care	4,514,224		781,910		51,048.9	5.77	24.56
Durable Medical Equipment	2,598,037		3,399,649		221,954.4	0.76	14.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	2,135,746		448,542		29,284.2	4.76	11.62
	\$21,517,387		5,032,106		328,533.4	\$4.28	\$117.07
<b>Prescription Drugs</b>							
Generic Scripts	\$137,775		42,324		2,763.2	\$3.26	\$0.75
Single-Source Brand	85,015		1,683		109.9	50.51	0.46
Multi-Source Brand	1,773		134		8.7	13.23	0.01
Specialty	6,769		8		0.5	846.11	0.04
Hepatitis C	0		0		0.0	0.00	0.00
Other	304		165		10.8	1.84	0.00
	\$231,635		44,314		2,893.1	\$5.23	\$1.26
<b>Community Mental Health Center</b>							
Case Management	\$146,447		367		24.0	\$399.04	\$0.80
Long Term Support Service	232,216		4,051		264.5	57.32	1.26
Partial Hospital	8,956		116		7.6	77.20	0.05
Psychotherapy	225,357		4,556		297.4	49.46	1.23
Evidence Based Practice	338		23		1.5	14.70	0.00
Medication Management	7,984		254		16.6	31.43	0.04
Emergency Service 24/7	3,023		121		7.9	24.98	0.02
APRTP	67,251		105		6.9	640.49	0.37
Supported Employment Services	4,806		215		14.0	22.35	0.03
Other	344,148		15,473		1,010.2	22.24	1.87
	\$1,040,526		25,281		1,650.6	\$41.16	\$5.66
<b>All Services</b>	<b>\$39,508,858</b>	<b>2,499</b>	<b>5,764,286</b>	<b>163.2</b>	<b>376,335.6</b>	<b>\$6.85</b>	<b>\$214.95</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Newborn Kick Payment

Member Months: 2,678

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$6,459,774	1,257	8,521	469.4	3,181.9	\$5,139.04	\$2,412.16
Surgical	212,197	4	116	1.5	43.3	53,049.30	79.24
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	4,732	1	2	0.4	0.7	4,731.86	1.77
Well Newborn	794,425	1,265	2,447	472.4	913.7	628.00	296.65
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$7,471,128	2,527	11,086	943.6	4,139.7	\$2,956.52	\$2,789.82
<b>Hospital Outpatient</b>							
Emergency Room	\$111,943		286		106.8	\$391.41	\$41.80
Surgery	3,398		5		1.9	679.57	1.27
Radiology	13,946		86		32.1	162.16	5.21
Pathology	21,082		1,579		589.6	13.35	7.87
Pharmacy	1,659		647		241.6	2.56	0.62
Cardiovascular	1,719		18		6.7	95.50	0.64
PT/OT/ST	3,683		62		23.2	59.40	1.38
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	141,160		1,255		468.6	112.48	52.71
	\$298,590		3,938		1,470.5	\$75.82	\$111.50
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	95,427		1,843		688.2	51.78	35.63
Preventive Medicine	327,234		6,651		2,483.6	49.20	122.19
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	547		14		5.2	39.06	0.20
PT/OT/ST	605		19		7.1	31.85	0.23
Psychiatric and Substance Abuse	636		1		0.4	636.35	0.24
Radiology and Pathology	30,396		2,100		784.2	14.47	11.35
Home Health and Private Duty Nursing	50,627		790		295.0	64.08	18.90
Ambulance	56,090		4,032		1,505.6	13.91	20.94
Non-Emergency Transportation	1,985		73		27.3	27.20	0.74
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	261,552		1,372		512.3	190.64	97.67
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	16,406		6,257		2,336.4	2.62	6.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,388,814		15,230		5,687.1	91.19	518.60
	\$2,230,319		38,382		14,332.3	\$58.11	\$832.83
<b>Prescription Drugs</b>							
Generic Scripts	\$9,677		422		157.6	\$22.93	\$3.61
Single-Source Brand	1,468		13		4.9	112.93	0.55
Multi-Source Brand	48		7		2.6	6.82	0.02
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$11,192		442		165.0	\$25.32	\$4.18
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$10,011,229</b>	<b>2,527</b>	<b>53,848</b>	<b>943.6</b>	<b>20,107.5</b>	<b>\$185.92</b>	<b>\$3,738.32</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Neonatal Abstinence Syndrome Kick Payment

Member Months: 92

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$969,696	107	1,261	1,163.0	13,706.5	\$9,062.58	\$10,540.18
Surgical	0	0	0	0.0	0.0	0.00	0.00
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$969,696	107	1,261	1,163.0	13,706.5	\$9,062.58	\$10,540.18
<b>Hospital Outpatient</b>							
Emergency Room	\$6,651		13		141.3	\$511.63	\$72.30
Surgery	3,162		3		32.6	1,053.92	34.37
Radiology	82		1		10.9	82.09	0.89
Pathology	721		44		478.3	16.39	7.84
Pharmacy	48		27		293.5	1.79	0.52
Cardiovascular	490		1		10.9	490.26	5.33
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	8,349		209		2,271.7	39.95	90.75
	\$19,504		298		3,239.1	\$65.45	\$212.00
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	3,738		68		739.1	54.96	40.63
Preventive Medicine	11,546		229		2,489.1	50.42	125.50
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	1,926		164		1,782.6	11.74	20.93
Home Health and Private Duty Nursing	5,390		58		630.4	92.93	58.58
Ambulance	5,670		470		5,108.7	12.06	61.63
Non-Emergency Transportation	69		8		87.0	8.61	0.75
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	8,801		47		510.9	187.25	95.66
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	2,130		1,019		11,076.1	2.09	23.15
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	128,715		1,248		13,565.2	103.14	1,399.07
	\$167,984		3,311		35,989.1	\$50.74	\$1,825.91
<b>Prescription Drugs</b>							
Generic Scripts	\$654		29		315.2	\$22.55	\$7.11
Single-Source Brand	550		2		21.7	274.89	5.98
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$1,204		31		337.0	\$38.83	\$13.08
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$1,158,388</b>	<b>107</b>	<b>4,901</b>	<b>1,163.0</b>	<b>53,271.7</b>	<b>\$236.36</b>	<b>\$12,591.17</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Maternity Kick Payment

Member Months: 3,173

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$146,795	54	136	17.0	42.9	\$2,718.43	\$46.26
Surgical	0	0	0	0.0	0.0	0.00	0.00
Maternity Delivery	6,111,789	2,308	6,186	727.4	1,949.6	2,648.09	1,926.19
Maternity Non-Delivery	33,109	17	45	5.4	14.2	1,947.61	10.43
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$6,291,694	2,379	6,367	749.8	2,006.6	\$2,644.68	\$1,982.88
<b>Hospital Outpatient</b>							
Emergency Room	\$23,088		23		7.2	\$1,003.81	\$7.28
Surgery	14,105		12		3.8	1,175.43	4.45
Radiology	5,835		38		12.0	153.55	1.84
Pathology	6,654		408		128.6	16.31	2.10
Pharmacy	6,568		2,179		686.7	3.01	2.07
Cardiovascular	0		0		0.0	0.00	0.00
PT/OT/ST	591		21		6.6	28.13	0.19
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	77,944		949		299.1	82.13	24.56
	\$134,784		3,630		1,144.0	\$37.13	\$42.48
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	3,640		71		22.4	51.27	1.15
Preventive Medicine	1,040		16		5.0	64.98	0.33
Maternity	1,682,746		3,228		1,017.4	521.25	530.33
Certified Midwife	30,717		65		20.5	472.37	9.68
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	4,694		224		70.6	20.95	1.48
Home Health and Private Duty Nursing	715		8		2.5	89.37	0.23
Ambulance	9,709		982		309.5	9.89	3.06
Non-Emergency Transportation	0		0		0.0	0.00	0.00
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	4,723		30		9.5	157.44	1.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	388		22		6.9	17.64	0.12
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	20,526		2,163		681.7	9.49	6.47
	\$1,758,898		6,809		2,146.0	\$258.31	\$554.33
<b>Prescription Drugs</b>							
Generic Scripts	\$0		0		0.0	\$0.00	\$0.00
Single-Source Brand	0		0		0.0	0.00	0.00
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$8,185,377</b>	<b>2,379</b>	<b>16,806</b>	<b>749.8</b>	<b>5,296.7</b>	<b>\$487.04</b>	<b>\$2,579.70</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Non-Dual

Member Months: 32,334

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,084,239	234	1,660	86.8	616.1	\$4,633.50	\$33.53
Surgical	527,348	60	448	22.3	166.3	8,789.14	16.31
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	8,263	3	9	1.1	3.3	2,754.23	0.26
Well Newborn	591	1	3	0.4	1.1	591.47	0.02
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	121,047	35	214	13.0	79.4	3,458.49	3.74
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,741,488	333	2,334	123.6	866.2	\$5,229.70	\$53.86
<b>Hospital Outpatient</b>							
Emergency Room	\$2,713,357		3,299		1,224.3	\$822.48	\$83.92
Surgery	568,180		585		217.1	971.25	17.57
Radiology	505,063		2,279		845.8	221.62	15.62
Pathology	312,234		19,950		7,404.0	15.65	9.66
Pharmacy	258,258		127,179		47,199.4	2.03	7.99
Cardiovascular	67,316		370		137.3	181.93	2.08
PT/OT/ST	165,827		6,000		2,226.8	27.64	5.13
Psychiatric	288,279		1,164		432.0	247.66	8.92
Substance Abuse	31,670		422		156.6	75.05	0.98
Other	690,754		24,844		9,220.3	27.80	21.36
	\$5,600,938		186,092		69,063.6	\$30.10	\$173.22
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$50,071		160		59.4	\$312.95	\$1.55
Office Visits	912,850		14,441		5,359.4	63.21	28.23
Preventive Medicine	144,078		3,029		1,124.1	47.57	4.46
Maternity	21,567		84		31.0	257.91	0.67
Certified Midwife	201		6		2.2	33.52	0.01
PT/OT/ST	80,806		3,271		1,214.0	24.70	2.50
Psychiatric and Substance Abuse	1,449,325		13,049		4,842.8	111.07	44.82
Radiology and Pathology	553,136		20,391		7,567.6	27.13	17.11
Home Health and Private Duty Nursing	360,378		10,909		4,048.6	33.03	11.15
Ambulance	351,956		8,492		3,151.7	41.44	10.89
Non-Emergency Transportation	1,069,079		40,610		15,071.4	26.33	33.06
Opioid Treatment Program	270,410		25,043		9,294.1	10.80	8.36
Federally Qualified and Rural Health Clinics	581,130		3,463		1,285.2	167.81	17.97
Adult Medical Day Care	34,278		1,277		473.9	26.84	1.06
Personal Care	74,664		12,946		4,804.6	5.77	2.31
Durable Medical Equipment	475,999		111,473		41,370.5	4.27	14.72
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,563,755		125,040		46,405.6	12.51	48.36
	\$7,993,683		393,684		146,106.2	\$20.30	\$247.22
<b>Prescription Drugs</b>							
Generic Scripts	\$2,524,016		136,613		50,700.6	\$18.48	\$78.06
Single-Source Brand	10,359,083		12,223		4,536.3	847.51	320.38
Multi-Source Brand	375,638		1,035		384.1	362.94	11.62
Specialty	3,713,390		693		257.2	5,358.43	114.84
Hepatitis C	272,280		33		12.2	8,250.91	8.42
Other	100		73		27.1	1.37	0.00
	\$17,244,507		150,670		55,917.5	\$114.45	\$533.32
<b>Community Mental Health Center</b>							
Case Management	\$4,799,298		11,613		9,040.0	\$413.27	\$311.33
Long Term Support Service	3,780,258		116,899		90,998.8	32.34	245.23
Partial Hospital	15,391		178		138.6	86.46	1.00
Psychotherapy	1,305,775		18,455		14,366.1	70.75	84.71
Evidence Based Practice	48,407		2,207		1,718.0	21.93	3.14
Medication Management	47,924		1,581		1,230.7	30.31	3.11
Emergency Service 24/7	38,710		1,550		1,206.6	24.97	2.51
AP RTP	31,018		49		38.1	633.02	2.01
Supported Employment Services	222,182		7,244		5,639.0	30.67	14.41
Other	739,533		10,216		7,952.9	72.39	47.97
	\$11,028,495		169,992		132,328.8	\$64.88	\$715.42
<b>All Services</b>	\$43,609,112	333	902,772	123.6	404,282.4	\$48.31	\$1,723.04



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Dual

Member Months: 26,083

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$520,461	280	1,946	128.8	895.3	\$1,858.79	\$19.95
Surgical	144,854	60	645	27.6	296.7	2,414.23	5.55
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	182,440	102	921	46.9	423.7	1,788.62	6.99
Alcohol and Drug Abuse	16,754	8	43	3.7	19.8	2,094.19	0.64
Other	0	0	0	0.0	0.0	0.00	0.00
	\$864,508	450	3,555	207.0	1,635.6	\$1,921.13	\$33.14
<b>Hospital Outpatient</b>							
Emergency Room	\$720,828		1,851		851.6	\$389.43	\$27.64
Surgery	217,889		723		332.6	301.37	8.35
Radiology	199,732		2,034		935.8	98.20	7.66
Pathology	51,433		6,816		3,135.9	7.55	1.97
Pharmacy	341,971		81,380		37,440.7	4.20	13.11
Cardiovascular	24,996		425		195.5	58.81	0.96
PT/OT/ST	68,898		5,812		2,673.9	11.85	2.64
Psychiatric	28,510		280		128.8	101.82	1.09
Substance Abuse	5,353		44		20.2	121.66	0.21
Other	442,117		22,554		10,376.5	19.60	16.95
	\$2,101,727		121,919		56,091.5	\$17.24	\$80.58
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$4,431		103		47.4	\$43.02	\$0.17
Office Visits	144,671		5,046		2,321.5	28.67	5.55
Preventive Medicine	22,934		486		223.6	47.19	0.88
Maternity	38		5		2.3	7.58	0.00
Certified Midwife	5		1		0.5	4.55	0.00
PT/OT/ST	25,385		3,684		1,694.9	6.89	0.97
Psychiatric and Substance Abuse	1,198,388		11,628		5,349.7	103.06	45.95
Radiology and Pathology	67,878		3,718		1,710.5	18.26	2.60
Home Health and Private Duty Nursing	37,546		947		435.7	39.65	1.44
Ambulance	126,977		2,430		1,117.8	52.26	4.87
Non-Emergency Transportation	716,199		25,644		11,798.1	27.93	27.46
Opioid Treatment Program	77,166		7,110		3,271.1	10.85	2.96
Federally Qualified and Rural Health Clinics	38,779		369		169.8	105.09	1.49
Adult Medical Day Care	32,430		1,365		628.0	23.76	1.24
Personal Care	153,702		26,766		12,314.3	5.74	5.89
Durable Medical Equipment	192,835		185,338		85,268.8	1.04	7.39
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	283,624		78,918		36,308.0	3.59	10.87
	\$3,122,990		353,558		162,661.9	\$8.83	\$119.73
<b>Prescription Drugs</b>							
Generic Scripts	\$28,075		9,641		4,435.6	\$2.91	\$1.08
Single-Source Brand	36,889		337		155.0	109.46	1.41
Multi-Source Brand	83		15		6.9	5.51	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	99		125		57.5	0.79	0.00
	\$65,146		10,118		4,655.0	\$6.44	\$2.50
<b>Community Mental Health Center</b>							
Case Management	\$8,515,102		20,579		9,467.8	\$413.78	\$326.46
Long Term Support Service	11,699,678		309,450		142,369.2	37.81	448.56
Partial Hospital	180,773		1,900		874.1	95.14	6.93
Psychotherapy	1,148,158		23,001		10,582.1	49.92	44.02
Evidence Based Practice	113,907		5,361		2,466.4	21.25	4.37
Medication Management	115,055		3,724		1,713.3	30.90	4.41
Emergency Service 24/7	82,774		3,308		1,521.9	25.02	3.17
APRTP	589,465		924		425.1	637.95	22.60
Supported Employment Services	923,887		30,166		13,878.5	30.63	35.42
Other	736,194		19,677		9,052.9	37.41	28.23
	\$24,104,993		418,090		192,351.5	\$57.66	\$924.17
<b>All Services</b>	\$30,259,364	450	907,240	207.0	417,395.5	\$33.35	\$1,160.12

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Non-Dual

Member Months: 27,463

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,045,083	224	1,374	97.9	600.4	\$4,665.55	\$38.05
Surgical	568,802	60	563	26.2	246.0	9,480.03	20.71
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	34,951	9	31	3.9	13.5	3,883.47	1.27
Well Newborn	1,594	1	1	0.4	0.4	1,594.44	0.06
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	205,260	84	437	36.7	190.9	2,443.57	7.47
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,855,691	378	2,406	165.2	1,051.3	\$4,909.23	\$67.57
<b>Hospital Outpatient</b>							
Emergency Room	\$2,339,094		3,054		1,334.5	\$765.91	\$85.17
Surgery	346,615		319		139.4	1,086.57	12.62
Radiology	491,944		1,876		819.7	262.23	17.91
Pathology	265,796		15,903		6,948.8	16.71	9.68
Pharmacy	288,520		52,390		22,891.9	5.51	10.51
Cardiovascular	42,779		254		111.0	168.42	1.56
PT/OT/ST	111,670		3,850		1,682.3	29.01	4.07
Psychiatric	312,394		1,372		599.5	227.69	11.38
Substance Abuse	121,117		1,014		443.1	119.44	4.41
Other	590,491		15,610		6,820.8	37.83	21.50
	\$4,910,419		95,642		41,790.9	\$51.34	\$178.80
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$31,380		98		42.8	\$320.21	\$1.14
Office Visits	737,918		11,513		5,030.6	64.09	26.87
Preventive Medicine	119,980		2,478		1,082.8	48.42	4.37
Maternity	31,721		135		59.1	234.49	1.16
Certified Midwife	33		1		0.4	33.05	0.00
PT/OT/ST	67,237		2,831		1,237.0	23.75	2.45
Psychiatric and Substance Abuse	1,895,397		14,879		6,501.4	127.39	69.02
Radiology and Pathology	507,960		17,565		7,675.1	28.92	18.50
Home Health and Private Duty Nursing	110,123		2,312		1,010.2	47.63	4.01
Ambulance	210,467		7,168		3,131.9	29.36	7.66
Non-Emergency Transportation	999,748		37,111		16,215.7	26.94	36.40
Opioid Treatment Program	308,938		28,551		12,475.4	10.82	11.25
Federally Qualified and Rural Health Clinics	614,854		3,807		1,663.5	161.51	22.39
Adult Medical Day Care	1,128		76		33.2	14.84	0.04
Personal Care	7,685		1,293		565.0	5.94	0.28
Durable Medical Equipment	259,774		28,284		12,358.7	9.18	9.46
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,196,265		77,008		33,648.8	15.53	43.56
	\$7,100,610		235,110		102,731.7	\$30.20	\$258.55
<b>Prescription Drugs</b>							
Generic Scripts	\$1,573,559		74,865		32,712.4	\$21.02	\$57.30
Single-Source Brand	3,609,782		5,463		2,387.1	660.77	131.44
Multi-Source Brand	175,766		567		247.8	309.99	6.40
Specialty	2,032,934		398		173.9	5,107.87	74.02
Hepatitis C	554,233		58		25.3	9,555.74	20.18
Other	9		7		3.1	1.29	0.00
	\$7,946,283		81,358		35,549.5	\$97.67	\$289.35
<b>Community Mental Health Center</b>							
Case Management	\$1,784,229		4,310		6,265.9	\$413.97	\$216.16
Long Term Support Service	434,760		15,259		22,183.7	28.49	52.67
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	659,682		8,570		12,459.2	76.98	79.92
Evidence Based Practice	19,363		718		1,043.8	26.97	2.35
Medication Management	6,150		214		311.1	28.74	0.75
Emergency Service 24/7	8,831		352		511.7	25.09	1.07
AP RTP	85,771		135		196.3	635.34	10.39
Supported Employment Services	65,878		2,165		3,147.5	30.43	7.98
Other	304,757		3,584		5,210.4	85.03	36.92
	\$3,369,420		35,307		51,329.7	\$95.43	\$408.21
<b>All Services</b>	<b>\$25,182,423</b>	<b>378</b>	<b>449,823</b>	<b>165.2</b>	<b>232,453.1</b>	<b>\$55.98</b>	<b>\$1,202.48</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Dual

Member Months: 3,911

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$50,662	34	154	104.3	472.6	\$1,490.07	\$12.96
Surgical	10,271	7	58	21.5	178.0	1,467.34	2.63
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	53,569	24	238	73.6	730.3	2,232.03	13.70
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$114,503	65	450	199.5	1,380.9	\$1,761.58	\$29.28
<b>Hospital Outpatient</b>							
Emergency Room	\$151,958		329		1,009.6	\$461.88	\$38.86
Surgery	32,906		86		263.9	382.63	8.41
Radiology	18,085		281		862.3	64.36	4.62
Pathology	7,673		809		2,482.5	9.48	1.96
Pharmacy	64,136		15,227		46,725.1	4.21	16.40
Cardiovascular	2,721		51		156.5	53.35	0.70
PT/OT/ST	8,636		755		2,316.8	11.44	2.21
Psychiatric	4,015		37		113.5	108.51	1.03
Substance Abuse	0		0		0.0	0.00	0.00
Other	51,650		2,984		9,156.6	17.31	13.21
	\$341,780		20,559		63,086.6	\$16.62	\$87.40
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$836		11		33.8	\$76.01	\$0.21
Office Visits	25,942		742		2,276.9	34.96	6.63
Preventive Medicine	4,638		156		478.7	29.73	1.19
Maternity	57		3		9.2	19.01	0.01
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	4,023		802		2,461.0	5.02	1.03
Psychiatric and Substance Abuse	163,220		1,543		4,734.8	105.78	41.74
Radiology and Pathology	10,926		537		1,647.8	20.35	2.79
Home Health and Private Duty Nursing	45,294		715		2,194.0	63.35	11.58
Ambulance	15,606		393		1,204.6	39.76	3.99
Non-Emergency Transportation	147,363		5,699		17,487.8	25.86	37.68
Opioid Treatment Program	12,718		1,183		3,630.1	10.75	3.25
Federally Qualified and Rural Health Clinics	16,666		104		319.1	160.25	4.26
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	35,685		26,946		82,685.6	1.32	9.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	101,669		24,700		75,793.6	4.12	26.00
	\$584,643		63,534		194,956.9	\$9.20	\$149.50
<b>Prescription Drugs</b>							
Generic Scripts	\$4,361		845		2,592.9	\$5.16	\$1.12
Single-Source Brand	8,732		78		239.3	111.95	2.23
Multi-Source Brand	4		1		3.1	4.41	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$13,098		924		2,835.4	\$14.17	\$3.35
<b>Community Mental Health Center</b>							
Case Management	\$1,040,683		2,514		7,714.4	\$413.95	\$266.12
Long Term Support Service	451,874		16,005		49,112.4	28.23	115.55
Partial Hospital	1,954		21		64.4	93.05	0.50
Psychotherapy	213,399		4,034		12,378.6	52.90	54.57
Evidence Based Practice	4,740		170		521.7	27.88	1.21
Medication Management	8,457		287		880.7	29.47	2.16
Emergency Service 24/7	12,479		499		1,531.2	25.01	3.19
APRTP	98,413		157		481.8	626.83	25.17
Supported Employment Services	76,388		2,490		7,640.7	30.68	19.53
Other	108,322		2,217		6,803.0	48.86	27.70
	\$2,016,707		28,394		87,128.9	\$71.03	\$515.70
<b>All Services</b>	<b>\$3,070,730</b>	<b>65</b>	<b>113,861</b>	<b>199.5</b>	<b>349,388.6</b>	<b>\$26.97</b>	<b>\$785.23</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Non-Dual

Member Months: 4,800

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$137,041	32	165	80.0	412.5	\$4,282.55	\$28.55
Surgical	97,978	11	72	27.5	180.0	8,907.12	20.41
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	20,955	4	23	10.0	57.5	5,238.64	4.37
Other	0	0	0	0.0	0.0	0.00	0.00
	\$255,974	47	260	117.5	650.0	\$5,446.26	\$53.33
<b>Hospital Outpatient</b>							
Emergency Room	\$309,109		338		845.1	\$914.52	\$64.40
Surgery	104,281		88		220.0	1,185.02	21.73
Radiology	95,252		418		1,045.1	227.88	19.85
Pathology	46,607		3,019		7,548.0	15.44	9.71
Pharmacy	133,934		18,272		45,682.9	7.33	27.90
Cardiovascular	12,675		64		160.0	198.04	2.64
PT/OT/ST	30,997		933		2,332.6	33.22	6.46
Psychiatric	26,397		126		315.0	209.50	5.50
Substance Abuse	4,586		38		95.0	120.69	0.96
Other	105,409		4,940		12,350.8	21.34	21.96
	\$869,247		28,236		70,594.4	\$30.79	\$181.10
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$13,118		37		92.5	\$354.53	\$2.73
Office Visits	127,613		2,071		5,177.8	61.62	26.59
Preventive Medicine	20,756		503		1,257.6	41.26	4.32
Maternity	1,561		8		19.1	203.87	0.33
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	8,039		324		810.1	24.81	1.67
Psychiatric and Substance Abuse	140,165		1,829		4,572.8	76.63	29.20
Radiology and Pathology	75,223		2,748		6,870.4	27.37	15.67
Home Health and Private Duty Nursing	49,257		4,055		10,138.1	12.15	10.26
Ambulance	19,831		590		1,475.1	33.61	4.13
Non-Emergency Transportation	50,580		2,187		5,467.8	23.13	10.54
Opioid Treatment Program	43,545		4,074		10,185.6	10.69	9.07
Federally Qualified and Rural Health Clinics	121,481		770		1,925.1	157.77	25.31
Adult Medical Day Care	6,635		189		472.5	35.11	1.38
Personal Care	13,339		2,328		5,820.4	5.73	2.78
Durable Medical Equipment	76,066		25,264		63,164.0	3.01	15.85
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	249,396		12,635		31,589.5	19.74	51.96
	\$1,016,604		59,612		149,038.5	\$17.05	\$211.81
<b>Prescription Drugs</b>							
Generic Scripts	\$414,554		20,074		50,188.2	\$20.65	\$86.37
Single-Source Brand	1,226,516		1,841		4,602.8	666.22	255.54
Multi-Source Brand	60,912		201		502.5	303.05	12.69
Specialty	406,123		78		195.0	5,206.71	84.61
Hepatitis C	69,117		9		22.5	7,679.67	14.40
Other	5		7		17.5	0.73	0.00
	\$2,177,228		22,210		55,528.5	\$98.03	\$453.62
<b>Community Mental Health Center</b>							
Case Management	\$589,791		1,427		7,412.8	\$413.31	\$255.31
Long Term Support Service	83,454		2,902		15,074.9	28.76	36.13
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	67,706		839		4,358.3	80.70	29.31
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	7,308		257		1,335.0	28.44	3.16
Emergency Service 24/7	549		22		114.3	24.94	0.24
APRTP	3,798		6		31.2	633.02	1.64
Supported Employment Services	28,851		972		5,049.2	29.68	12.49
Other	76,335		830		4,311.6	91.97	33.04
	\$857,793		7,255		37,687.3	\$118.23	\$371.33
<b>All Services</b>	\$5,176,846	47	117,573	117.5	313,498.8	\$44.03	\$1,271.19

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Dual

Member Months: 3,589

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$36,077	24	119	80.2	397.8	\$1,503.19	\$10.05
Surgical	14,590	10	173	33.4	578.4	1,459.02	4.06
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	6,030	4	22	13.4	73.5	1,507.44	1.68
Alcohol and Drug Abuse	1,556	1	1	3.3	3.3	1,556.05	0.43
Other	0	0	0	0.0	0.0	0.00	0.00
	\$58,253	39	315	130.4	1,053.1	\$1,493.66	\$16.23
<b>Hospital Outpatient</b>							
Emergency Room	\$66,060		164		548.3	\$402.81	\$18.40
Surgery	22,779		57		190.6	399.63	6.35
Radiology	27,093		298		996.2	90.92	7.55
Pathology	3,648		674		2,253.3	5.41	1.02
Pharmacy	15,488		2,848		9,521.2	5.44	4.31
Cardiovascular	2,626		49		163.8	53.59	0.73
PT/OT/ST	9,760		1,141		3,814.5	8.55	2.72
Psychiatric	1,102		13		43.5	84.76	0.31
Substance Abuse	0		0		0.0	0.00	0.00
Other	37,958		2,372		7,929.8	16.00	10.57
	\$186,514		7,616		25,461.1	\$24.49	\$51.96
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$107		3		10.0	\$35.70	\$0.03
Office Visits	17,768		526		1,758.5	33.78	4.95
Preventive Medicine	2,001		106		354.4	18.87	0.56
Maternity	16		1		3.3	16.49	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	3,669		291		972.8	12.61	1.02
Psychiatric and Substance Abuse	17,633		127		424.6	138.84	4.91
Radiology and Pathology	5,482		347		1,160.1	15.80	1.53
Home Health and Private Duty Nursing	16,304		670		2,239.9	24.34	4.54
Ambulance	8,088		67		224.0	120.71	2.25
Non-Emergency Transportation	151,685		2,213		7,398.3	68.54	42.26
Opioid Treatment Program	5,520		499		1,668.2	11.06	1.54
Federally Qualified and Rural Health Clinics	3,652		33		110.3	110.67	1.02
Adult Medical Day Care	547		47		157.1	11.63	0.15
Personal Care	30,263		5,277		17,641.6	5.73	8.43
Durable Medical Equipment	33,600		37,766		126,255.7	0.89	9.36
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	28,720		7,437		24,862.7	3.86	8.00
	\$325,055		55,410		185,241.5	\$5.87	\$90.56
<b>Prescription Drugs</b>							
Generic Scripts	\$2,829		949		3,172.6	\$2.98	\$0.79
Single-Source Brand	146		18		60.2	8.11	0.04
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	1		1		3.3	0.69	0.00
	\$2,976		968		3,236.1	\$3.07	\$0.83
<b>Community Mental Health Center</b>							
Case Management	\$885,787		2,141		7,157.6	\$413.73	\$246.77
Long Term Support Service	127,964		4,707		15,736.0	27.19	35.65
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	69,186		1,581		5,285.4	43.76	19.27
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	15,210		501		1,674.9	30.36	4.24
Emergency Service 24/7	849		34		113.7	24.97	0.24
APRTP	7,596		12		40.1	633.02	2.12
Supported Employment Services	34,596		1,142		3,817.8	30.29	9.64
Other	63,775		1,397		4,670.3	45.65	17.77
	\$1,204,962		11,515		38,495.9	\$104.64	\$335.69
<b>All Services</b>	<b>\$1,777,759</b>	<b>39</b>	<b>75,824</b>	<b>130.4</b>	<b>253,487.6</b>	<b>\$23.45</b>	<b>\$495.27</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Serious Emotionally Disturbed Child

Member Months: 84,127

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$218,441	70	267	10.0	38.1	\$3,120.59	\$2.60
Surgical	173,441	20	89	2.9	12.7	8,672.07	2.06
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	16,968	3	21	0.4	3.0	5,656.05	0.20
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$408,850	93	377	13.3	53.8	\$4,396.24	\$4.86
<b>Hospital Outpatient</b>							
Emergency Room	\$2,028,167		3,274		467.0	\$619.48	\$24.11
Surgery	273,971		247		35.2	1,109.19	3.26
Radiology	299,760		1,616		230.5	185.49	3.56
Pathology	500,927		20,074		2,863.4	24.95	5.95
Pharmacy	50,594		25,021		3,569.0	2.02	0.60
Cardiovascular	8,954		111		15.8	80.67	0.11
PT/OT/ST	165,495		5,211		743.3	31.76	1.97
Psychiatric	143,815		474		67.6	303.41	1.71
Substance Abuse	0		0		0.0	0.00	0.00
Other	560,132		15,753		2,247.0	35.56	6.66
	\$4,031,814		71,781		10,239.0	\$56.17	\$47.93
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$30,668		78		11.1	\$393.18	\$0.36
Office Visits	1,241,914		21,289		3,036.7	58.34	14.76
Preventive Medicine	359,891		10,836		1,545.7	33.21	4.28
Maternity	5,956		38		5.4	158.15	0.07
Certified Midwife	47		1		0.1	46.77	0.00
PT/OT/ST	524,823		17,957		2,561.4	29.23	6.24
Psychiatric and Substance Abuse	410,213		6,715		957.8	61.09	4.88
Radiology and Pathology	461,179		17,428		2,486.0	26.46	5.48
Home Health and Private Duty Nursing	207,362		30,808		4,394.5	6.73	2.46
Ambulance	153,606		7,573		1,080.3	20.28	1.83
Non-Emergency Transportation	77,518		2,797		399.0	27.71	0.92
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	798,047		5,580		795.9	143.02	9.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	436,211		175,765		25,071.5	2.48	5.19
Applied Behavioral Analysis	624,293		36,843		5,255.4	16.94	7.42
Other	1,308,362		78,577		11,208.4	16.65	15.55
	\$6,640,090		412,285		58,809.2	\$16.11	\$78.93
<b>Prescription Drugs</b>							
Generic Scripts	\$2,609,023		101,520		14,481.0	\$25.70	\$31.01
Single-Source Brand	2,293,113		6,307		899.6	363.58	27.26
Multi-Source Brand	148,554		298		42.5	498.50	1.77
Specialty	3,240,093		400		57.1	8,100.23	38.51
Hepatitis C	12,672		1		0.1	12,672.00	0.15
Other	182		27		3.9	6.75	0.00
	\$8,303,637		108,553		15,484.2	\$76.49	\$98.70
<b>Community Mental Health Center</b>							
Case Management	\$22,894,245		55,447		8,049.9	\$412.90	\$276.98
Long Term Support Service	7,459,811		274,870		39,905.9	27.14	90.25
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	10,387,016		111,096		16,129.0	93.50	125.67
Evidence Based Practice	85		3		0.4	28.21	0.00
Medication Management	5,619		192		27.9	29.27	0.07
Emergency Service 24/7	21,157		836		121.4	25.31	0.26
AP RTP	20,835		32		4.6	651.10	0.25
Supported Employment Services	3,856		126		18.3	30.60	0.05
Other	1,390,956		13,686		1,986.9	101.63	16.83
	\$42,183,580		456,288		66,244.4	\$92.45	\$510.35
<b>All Services</b>	\$61,567,971	93	1,049,284	13.3	150,830.5	\$58.68	\$740.77

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Medically Frail

Member Months: 105,701

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$5,007,530	931	6,102	105.7	692.7	\$5,378.66	\$47.37
Surgical	2,739,547	248	2,805	28.2	318.4	11,046.56	25.92
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	13,158	5	9	0.6	1.0	2,631.56	0.12
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	612,967	258	1,278	29.3	145.1	2,375.84	5.80
Other	0	0	0	0.0	0.0	0.00	0.00
	\$8,373,201	1,442	10,194	163.7	1,157.3	\$5,806.66	\$79.22
<b>Hospital Outpatient</b>							
Emergency Room	\$5,602,087		6,342		720.0	\$883.33	\$53.00
Surgery	1,724,306		1,751		198.8	984.75	16.31
Radiology	2,126,361		7,177		814.8	296.27	20.12
Pathology	852,968		52,549		5,965.7	16.23	8.07
Pharmacy	4,234,655		336,113		38,158.0	12.60	40.06
Cardiovascular	264,118		1,050		119.2	251.54	2.50
PT/OT/ST	519,020		16,288		1,849.1	31.87	4.91
Psychiatric	1,153,181		4,626		525.2	249.28	10.91
Substance Abuse	255,314		2,140		242.9	119.31	2.42
Other	2,769,414		67,467		7,659.4	41.05	26.20
	\$19,501,424		495,503		56,253.1	\$39.36	\$184.50
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$105,233		481		54.6	\$218.78	\$1.00
Office Visits	2,615,460		39,088		4,437.6	66.91	24.74
Preventive Medicine	243,685		6,912		784.7	35.26	2.31
Maternity	33,612		108		12.3	310.49	0.32
Certified Midwife	1,067		5		0.5	228.64	0.01
PT/OT/ST	243,786		9,905		1,124.5	24.61	2.31
Psychiatric and Substance Abuse	5,921,704		47,340		5,374.4	125.09	56.02
Radiology and Pathology	1,832,974		56,607		6,426.4	32.38	17.34
Home Health and Private Duty Nursing	1,437,010		82,360		9,350.1	17.45	13.59
Ambulance	557,070		18,759		2,129.7	29.70	5.27
Non-Emergency Transportation	4,086,001		152,938		17,362.6	26.72	38.66
Opioid Treatment Program	1,814,538		167,924		19,064.0	10.81	17.17
Federally Qualified and Rural Health Clinics	1,835,910		10,828		1,229.3	169.55	17.37
Adult Medical Day Care	6,014		279		31.7	21.55	0.06
Personal Care	126,303		21,871		2,483.0	5.77	1.19
Durable Medical Equipment	1,574,681		367,232		41,690.9	4.29	14.90
Applied Behavioral Analysis	3,437		207		23.5	16.60	0.03
Other	5,111,695		387,222		43,960.3	13.20	48.36
	\$27,550,179		1,370,066		155,539.9	\$20.11	\$260.64
<b>Prescription Drugs</b>							
Generic Scripts	\$5,596,383		198,543		22,540.1	\$28.19	\$52.95
Single-Source Brand	10,578,002		19,778		2,245.3	534.84	100.07
Multi-Source Brand	1,092,244		2,999		340.5	364.20	10.33
Specialty	13,527,083		2,110		239.5	6,410.94	127.97
Hepatitis C	1,594,411		154		17.5	10,353.32	15.08
Other	54		23		2.6	2.36	0.00
	\$32,388,178		223,607		25,385.5	\$144.84	\$306.41
<b>Community Mental Health Center</b>							
Case Management	\$62,319		150		17.0	\$415.46	\$0.59
Long Term Support Service	65,533		926		105.1	70.77	0.62
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	169,072		3,866		438.9	43.73	1.60
Evidence Based Practice	254		13		1.5	19.57	0.00
Medication Management	5,974		202		22.9	29.57	0.06
Emergency Service 24/7	1,201		48		5.4	25.03	0.01
APRTP	94,738		148		16.8	640.12	0.90
Supported Employment Services	611		20		2.3	30.53	0.01
Other	544,911		6,775		769.1	80.43	5.16
	\$944,613		12,148		1,379.1	\$77.76	\$8.94
<b>All Services</b>	<b>\$88,757,593</b>	<b>1,442</b>	<b>2,111,518</b>	<b>163.7</b>	<b>239,715.0</b>	<b>\$42.03</b>	<b>\$839.70</b>



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Non-Medically Frail

Member Months: 825,732

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$13,081,427	2,632	16,319	38.2	237.2	\$4,970.15	\$15.84
Surgical	9,856,415	985	9,171	14.3	133.3	10,006.51	11.94
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	172,313	67	178	1.0	2.6	2,571.84	0.21
Well Newborn	2,389	4	6	0.1	0.1	597.22	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	2,515,364	1,152	5,502	16.7	80.0	2,183.48	3.05
Other	0	0	0	0.0	0.0	0.00	0.00
	\$25,627,909	4,840	31,176	70.3	453.1	\$5,295.02	\$31.04
<b>Hospital Outpatient</b>							
Emergency Room	\$24,983,398		29,180		424.1	\$856.18	\$30.26
Surgery	8,535,194		8,255		120.0	1,033.94	10.34
Radiology	10,924,026		39,055		567.6	279.71	13.23
Pathology	4,595,845		265,657		3,860.7	17.30	5.57
Pharmacy	10,939,281		1,252,897		18,207.8	8.73	13.25
Cardiovascular	1,131,209		5,015		72.9	225.57	1.37
PT/OT/ST	2,194,640		67,474		980.6	32.53	2.66
Psychiatric	3,483,245		14,151		205.7	246.15	4.22
Substance Abuse	1,155,494		9,834		142.9	117.50	1.40
Other	10,398,182		315,711		4,588.1	32.94	12.59
	\$78,340,513		2,007,229		29,170.2	\$39.03	\$94.87
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$571,852		1,889		27.5	\$302.73	\$0.69
Office Visits	11,565,152		181,454		2,637.0	63.74	14.01
Preventive Medicine	2,133,341		55,042		799.9	38.76	2.58
Maternity	406,078		1,602		23.3	253.53	0.49
Certified Midwife	22,358		130		1.9	172.43	0.03
PT/OT/ST	1,066,659		43,989		639.3	24.25	1.29
Psychiatric and Substance Abuse	21,930,795		173,437		2,520.5	126.45	26.56
Radiology and Pathology	8,010,156		264,279		3,840.7	30.31	9.70
Home Health and Private Duty Nursing	1,451,961		40,709		591.6	35.67	1.76
Ambulance	1,483,026		55,097		800.7	26.92	1.80
Non-Emergency Transportation	7,307,522		290,257		4,218.2	25.18	8.85
Opioid Treatment Program	4,154,795		383,049		5,566.7	10.85	5.03
Federally Qualified and Rural Health Clinics	7,950,383		48,577		705.9	163.67	9.63
Adult Medical Day Care	35,340		1,141		16.6	30.97	0.04
Personal Care	11		2		0.0	5.62	0.00
Durable Medical Equipment	3,556,510		350,741		5,097.2	10.14	4.31
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	18,753,226		1,366,004		19,851.5	13.73	22.71
	\$90,399,166		3,257,398		47,338.4	\$27.75	\$109.48
<b>Prescription Drugs</b>							
Generic Scripts	\$18,865,451		723,408		10,513.0	\$26.08	\$22.85
Single-Source Brand	34,396,401		69,586		1,011.3	494.30	41.66
Multi-Source Brand	1,965,692		7,519		109.3	261.43	2.38
Specialty	34,431,679		5,783		84.0	5,953.95	41.70
Hepatitis C	4,064,130		386		5.6	10,528.83	4.92
Other	746		54		0.8	13.81	0.00
	\$93,724,100		806,736		11,723.9	\$116.18	\$113.50
<b>Community Mental Health Center</b>							
Case Management	\$192,362		464		6.7	\$414.57	\$0.23
Long Term Support Service	248,765		3,202		46.5	77.69	0.30
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	677,293		11,541		167.7	58.69	0.82
Evidence Based Practice	144		5		0.1	28.72	0.00
Medication Management	12,077		423		6.1	28.55	0.01
Emergency Service 24/7	3,926		150		2.2	26.17	0.00
AP RTP	269,631		421		6.1	640.45	0.33
Supported Employment Services	6,512		215		3.1	30.29	0.01
Other	1,318,367		14,856		215.9	88.74	1.60
	\$2,729,076		31,277		454.5	\$87.26	\$3.31
<b>All Services</b>	\$290,820,764	4,840	6,133,816	70.3	89,140.1	\$47.41	\$352.20



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital - 0 to 21 and 65+ Years Old and Hampstead Hospital (All Ages)

Eligibility Category	New Hampshire Hospital			Hampstead Hospital			Combined		
	Admission Per 1,000	Days Per 1,000	Total Dollars Paid	Admission Per 1,000	Days Per 1,000	Total Dollars Paid	Admission Per 1,000	Days Per 1,000	Total Dollars Paid
Low Income Children - Age 0-11 Months	0.00	0.00	\$0	0.00	0.00	\$0	0.00	0.00	\$0
Low Income Children - Age 1-18 Years	0.01	0.28	27,139	1.428,34	18.41	2,168,077	1,744.23	18.69	2,195,215
Low Income Adults	0.12	1.40	36,634	1,526.42	2.91	124,225	1,744.23	4.31	160,860
CHP	0.00	0.00	0	0.00	1.59	469,730	2,007.39	12.04	469,730
Foster Care / Adoption	0.42	1.27	4,518	11.87	227.17	456,910	852.44	228.44	461,428
Severely Disabled Children	0.00	0.00	0	0.00	3.38	34,407	1,810.92	21.39	34,407
Elderly and Disabled Adults - Age 19-64	0.00	0.00	0	0.88	6.13	84,441	2,412.58	6.13	84,441
Elderly and Disabled Adults - Age 65+	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Dual Eligibles	0.20	7.44	67,006	587.77	0.26	1,558	389.45	7.70	68,564
Newborn Kick Payment	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Maternity Kick Payment	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Severe/Persistent Mental Illness - Non-Dual	1.86	37.11	126,390	3.71	23.75	161,010	2,515.77	60.86	287,400
Severe/Persistent Mental Illness - Dual	4.14	88.79	57,057	2.30	16.56	7,636	212.11	105.36	64,693
Severe Mental Illness - Non-Dual	2.62	37.58	118,360	7.43	45.01	266,363	2,586.05	82.58	384,742
Severe Mental Illness - Dual	6.14	294.58	5,637	6.14	30.69	10,529	1,062.89	325.27	16,166
Low Utilizer - Non-Dual	2.50	85.01	16,566	2.50	15.00	16,885	2,814.16	100.01	33,451
Low Utilizer - Dual	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Serious Emotionally Disturbed Child	0.43	2.14	22,560	38.66	447.61	4,473,976	1,425.74	449.75	4,496,566
Granite Advantage - Medically Frail	0.11	0.23	3,012	1.70	9.88	243,927	2,803.76	10.10	246,939
Granite Advantage - Non-Medically Frail	0.15	2.03	188,250	0.57	2.85	584,614	2,982.73	4.88	772,864
<b>Total</b>	<b>0.19</b>	<b>3.65</b>	<b>673,178</b>	<b>2.54</b>	<b>25.45</b>	<b>9,104,288</b>	<b>1,580.33</b>	<b>29.10</b>	<b>9,777,466</b>

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital and Hampstead Hospital - 21 to 64 Years Old

Eligibility Category	New Hampshire Hospital	
	Admission Per 1,000	Days Per 1,000
Low Income Children - Age 0-11 Months	0.00	0.00
Low Income Children - Age 1-18 Years	0.00	0.00
Low Income Adults	0.29	1.92
CHIP	0.00	0.00
Foster Care / Adoption	0.00	0.00
Severely Disabled Children	0.00	0.00
Elderly and Disabled Adults - Age 19-64	1.75	22.25
Elderly and Disabled Adults - Age 65+	0.00	0.00
Dual Eligibles	1.83	31.08
Newborn Kick Payment	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00
Maternity Kick Payment	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	29.69	524.03
Severe/Persistent Mental Illness - Dual	60.73	1,294.18
Severe Mental Illness - Non-Dual	20.10	343.44
Severe Mental Illness - Dual	61.37	1,212.08
Low Utilizer - Non-Dual	10.00	72.50
Low Utilizer - Dual	0.00	0.00
Serious Emotionally Disturbed Child	0.00	0.00
Granite Advantage - Medically Frail	4.54	74.13
Granite Advantage - Non-Medically Frail	0.81	13.30
<b>Total</b>	<b>1.86</b>	<b>33.75</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Eligibility Category	New Hampshire Hospital		Hamstead Hospital		Combined	
	Admission Per 1,000	Days Per 1,000	Admission Per 1,000	Days Per 1,000	Admission Per 1,000	Days Per 1,000
Low Income Children - Age 0-11 Months	0.00	0.00	0.00	0.00	0.00	0.00
Low Income Children - Age 1-18 Years	0.01	0.28	2.04	18.41	2.06	18.69
Low Income Adults	0.41	3.32	0.47	2.91	0.87	6.24
CHIP	0.00	0.00	1.59	12.04	1.59	12.04
Foster Care / Adoption	0.42	1.27	11.87	227.17	12.29	228.44
Severely Disabled Children	0.00	0.00	3.38	21.39	3.38	21.39
Elderly and Disabled Adults - Age 19-64	1.75	22.25	0.88	6.13	2.63	28.38
Elderly and Disabled Adults - Age 65+	0.00	0.00	0.00	0.00	0.00	0.00
Dual Eligibles	2.02	38.52	0.07	0.26	2.09	38.78
Newborn Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	31.55	561.14	3.71	23.75	35.26	584.89
Severe/Persistent Mental Illness - Dual	64.87	1,382.98	2.30	16.56	67.17	1,399.54
Severe Mental Illness - Non-Dual	22.72	381.02	7.43	45.01	30.15	426.03
Severe Mental Illness - Dual	67.51	1,506.67	6.14	30.69	73.65	1,537.35
Low Utilizer - Non-Dual	12.50	157.51	2.50	15.00	15.00	172.51
Low Utilizer - Dual	0.00	0.00	0.00	0.00	0.00	0.00
Serious Emotionally Disturbed Child	0.43	2.14	38.66	447.61	39.08	449.75
Granite Advantage - Medically Frail	4.65	74.36	1.70	9.88	6.36	84.24
Granite Advantage - Non-Medically Frail	0.96	15.33	0.57	2.85	1.53	18.18
<b>Total</b>	<b>2.05</b>	<b>37.39</b>	<b>2.54</b>	<b>25.45</b>	<b>4.59</b>	<b>62.84</b>

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital and Hamstead Hospital - Total

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Eligibility Category	Admission Per 1,000		Average Paid Per Admit		Per Capita Monthly Paid Cost		
	Peer Group 01 & 07	Peer Group 02	Peer Group 01 & 07	Peer Group 02	Peer Group 01 & 07	Peer Group 02	
Low Income Children - Age 0-11 Months	0.25	0.00	\$3,348.05	\$0.00	\$0.00	\$0.00	
Low Income Children - Age 1-18 Years	0.24	0.13	4,070.12	15,191.98	0.00	0.00	
Low Income Adults	3.56	0.93	5,292.90	4,762.73	7,929.97	0.06	
OHP	0.31	0.15	3,318.78	4,896.54	0.00	0.83	
Foster Care / Adoption	0.42	0.42	17,922.85	1,000.00	0.00	0.00	
Severely Disabled Children	2.25	0.00	6,927.82	0.00	0.00	0.00	
Elderly and Disabled Adults - Age 19-64	6.66	1.23	4,127.71	6,780.68	7,906.58	0.00	
Elderly and Disabled Adults - Age 65+	1.64	0.00	3,985.96	0.00	0.00	0.00	
Dual Eligibles	0.00	0.00	0.00	0.00	0.00	0.00	
Newborn Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	
Maternity Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	
Severe/Persistent Mental Illness - Non-Dual	53.07	13.36	\$6,468.39	\$8,965.17	\$7,989.54	\$16.17	
Severe/Persistent Mental Illness - Dual	0.00	0.00	0.00	0.00	0.00	0.00	
Severe Mental Illness - Non-Dual	52.00	24.03	6,953.66	7,323.11	9,100.44	10.27	
Severe Mental Illness - Dual	0.00	0.00	0.00	0.00	0.00	0.00	
Low Utilizer - Non-Dual	30.00	2.50	5,216.04	7,830.55	7,906.58	0.00	
Low Utilizer - Dual	0.00	0.00	0.00	0.00	0.00	0.00	
Serious Emotionally Disturbed Child	2.42	1.43	3,453.53	13,035.44	6,574.82	0.00	
Grants Advantage - Medically Frail	11.35	2.61	\$4,683.23	\$8,207.67	\$0.00	\$1.81	
Grants Advantage - Non-Medically Frail	3.55	1.73	5,914.56	6,654.17	8,544.68	0.44	
<b>Total</b>	<b>3.37</b>	<b>1.24</b>	<b>\$5,762.59</b>	<b>\$7,301.64</b>	<b>\$8,108.35</b>	<b>\$0.75</b>	
							<b>\$0.31</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 0-11 Months

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$32.92	1.0368	1.1138	1.0000	1.0064	1.0000	1.0000	1.0000	\$38.26
Surgical	3.78	1.0368	1.0075	1.0000	1.0064	1.0000	1.0000	1.0000	3.97
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.01	1.0368	1.3161	1.0000	1.0064	1.0000	1.0000	1.0000	0.02
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$36.71								\$42.25
<b>Hospital Outpatient</b>									
Emergency Room	\$22.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$26.99
Surgery	2.51	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.98
Radiology	2.27	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.69
Pathology	5.75	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.80
Pharmacy	0.85	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.00
Cardiovascular	0.33	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.39
PT/OT/ST	1.26	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.49
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	12.55	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.86
	\$48.33								\$57.21
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.15	1.0179	1.0052	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.16
Office Visits	15.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	15.91
Preventive Medicine	19.93	1.0179	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	20.73
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.11	1.0179	1.0039	1.0209	1.0000	1.0000	1.0000	1.0000	0.12
PT/OT/ST	1.17	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.22
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	3.90	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.05
Home Health and Private Duty Nursing	5.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.89
Ambulance	1.76	1.0179	1.4716	1.0209	1.0000	1.0000	1.0000	1.0000	2.69
Non-Emergency Transportation	0.47	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.49
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	20.56	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	22.31
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	21.42	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0184	22.67
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	30.72	1.0179	0.9999	1.0209	1.0000	1.0000	1.0000	1.0000	31.92
	\$121.19								\$128.18
<b>Prescription Drugs</b>									
Generic Scripts	\$4.25	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$4.09
Single-Source Brand	2.28	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	2.19
Multi-Source Brand	0.02	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.02
Specialty	10.10	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	11.41
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$16.65								\$17.70
<b>Community Mental Health Center</b>									
Case Management	\$0.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.02
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
	\$0.03								\$0.03
<b>All Services</b>	<b>\$222.92</b>								<b>\$245.37</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 1-18 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2.97	1.0368	0.9946	1.0000	1.0064	1.0000	0.9999	1.0000	\$3.08
Surgical	0.82	1.0368	0.9983	1.0000	1.0064	1.0000	0.9999	1.0000	0.85
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Maternity Non-Delivery	0.01	1.0368	0.9391	1.0000	1.0064	1.0000	0.9999	1.0000	0.01
Well Newborn	0.00	1.0368	1.3161	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Alcohol and Drug Abuse	0.03	1.0368	1.0070	1.0000	1.0064	1.0000	0.9999	1.0000	0.03
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
	\$3.82								\$3.97
<b>Hospital Outpatient</b>									
Emergency Room	\$11.57	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	\$13.69
Surgery	2.34	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	2.77
Radiology	2.39	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	2.83
Pathology	4.15	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	4.92
Pharmacy	1.66	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	1.96
Cardiovascular	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	0.13
PT/OT/ST	1.12	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	1.32
Psychiatric	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	0.13
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	0.9999	1.0000	0.00
Other	5.26	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	6.22
	\$28.70								\$33.97
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.26	1.0179	1.0152	1.0209	1.0000	1.0000	0.9999	1.0000	\$0.28
Office Visits	8.78	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	9.12
Preventive Medicine	3.64	1.0179	1.0148	1.0209	1.0000	1.0000	0.9999	1.0000	3.84
Maternity	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.05
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
PT/OT/ST	3.95	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	4.11
Psychiatric and Substance Abuse	4.72	1.0179	1.0005	1.0209	1.0000	1.0000	0.9999	1.0000	4.90
Radiology and Pathology	3.30	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	3.43
Home Health and Private Duty Nursing	3.89	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	4.05
Ambulance	0.55	1.0179	1.3608	1.0209	1.0000	1.0000	0.9999	1.0000	0.77
Non-Emergency Transportation	0.34	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.35
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Federally Qualified and Rural Health Clinics	8.56	1.0179	1.0210	1.0209	1.0228	1.0000	0.9999	1.0000	9.29
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Personal Care	0.25	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.26
Durable Medical Equipment	5.23	1.0179	1.0001	1.0209	1.0000	1.0000	0.9999	1.0116	5.50
Applied Behavioral Analysis	8.78	1.0179	1.0000	1.5539	1.0202	1.0000	0.9999	1.0000	14.17
Other	8.17	1.0179	1.0174	1.0209	1.0000	1.0000	0.9999	1.0000	8.63
	\$60.47								\$68.75
<b>Prescription Drugs</b>									
Generic Scripts	\$8.67	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	\$8.32
Single-Source Brand	6.98	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	6.70
Multi-Source Brand	0.64	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	0.61
Specialty	23.11	1.0000	1.0000	1.0856	1.0486	0.9920	0.9999	1.0000	26.09
Hepatitis C	0.28	1.0000	1.0000	1.0856	1.0486	0.9920	0.9999	1.0000	0.32
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	0.00
	\$39.67								\$42.04
<b>Community Mental Health Center</b>									
Case Management	\$0.89	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	\$0.96
Long Term Support Service	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.26
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Psychotherapy	0.31	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.34
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.01
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Other	0.54	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.58
	\$1.98								\$2.14
<b>All Services</b>	\$134.64								\$150.86

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Adults

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$12.02	1.0368	1.0122	1.0000	1.0064	1.0000	1.0000	1.0000	\$12.70
Surgical	10.65	1.0368	0.9987	1.0000	1.0064	1.0000	1.0000	1.0000	11.10
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.49	1.0368	1.0094	1.0000	1.0064	1.0000	1.0000	1.0000	1.57
Well Newborn	0.05	1.0368	1.3310	1.0000	1.0064	1.0000	1.0000	1.0000	0.07
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.90	1.0368	1.0203	1.0000	1.0064	1.0000	1.0000	1.0000	0.96
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$25.12								\$26.40
<b>Hospital Outpatient</b>									
Emergency Room	\$36.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$42.70
Surgery	9.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.78
Radiology	12.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.96
Pathology	8.36	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.90
Pharmacy	7.78	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.21
Cardiovascular	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
PT/OT/ST	2.45	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.90
Psychiatric	1.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.95
Substance Abuse	0.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.67
Other	12.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.36
	\$93.41								\$110.56
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.66	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.73
Office Visits	15.82	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.44
Preventive Medicine	5.30	1.0179	1.0837	1.0209	1.0000	1.0000	1.0000	1.0000	5.97
Maternity	6.02	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.25
Certified Midwife	0.26	1.0179	0.9972	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
PT/OT/ST	1.14	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.19
Psychiatric and Substance Abuse	19.78	1.0179	1.0199	1.0209	1.0000	1.0000	1.0000	1.0000	20.96
Radiology and Pathology	11.77	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.23
Home Health and Private Duty Nursing	1.13	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.17
Ambulance	1.67	1.0179	1.3384	1.0209	1.0000	1.0000	1.0000	1.0000	2.32
Non-Emergency Transportation	9.10	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.45
Opioid Treatment Program	7.39	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.68
Federally Qualified and Rural Health Clinics	15.72	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	17.06
Adult Medical Day Care	0.09	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.09
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	4.37	1.0179	1.0031	1.0209	1.0000	1.0000	1.0000	1.0038	4.58
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	19.90	1.0179	1.0086	1.0209	1.0000	1.0000	1.0000	1.0000	20.86
	\$120.12								\$127.27
<b>Prescription Drugs</b>									
Generic Scripts	\$25.17	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	\$23.00
Single-Source Brand	33.11	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	30.25
Multi-Source Brand	3.50	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	3.20
Specialty	43.03	1.0000	1.0000	1.0614	1.0708	0.9920	1.0000	1.0000	48.52
Hepatitis C	3.68	1.0000	1.0000	1.0614	1.0708	0.9920	1.0000	1.0000	4.15
Other	0.00	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	0.00
	\$108.50								\$109.11
<b>Community Mental Health Center</b>									
Case Management	\$0.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.28
Long Term Support Service	0.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.92	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.99
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.18	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.19
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Other	1.86	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.00
	\$3.48								\$3.75
<b>All Services</b>	<b>\$350.63</b>								<b>\$377.10</b>



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: CHIP

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$1.20	1.0368	0.9808	1.0000	1.0064	1.0000	0.9841	1.0000	\$1.21
Surgical	0.82	1.0368	0.9861	1.0000	1.0064	1.0000	0.9841	1.0000	0.83
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
	\$2.03								\$2.05
<b>Hospital Outpatient</b>									
Emergency Room	\$9.31	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	\$10.84
Surgery	2.59	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	3.02
Radiology	2.29	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	2.67
Pathology	3.75	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	4.37
Pharmacy	0.99	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	1.16
Cardiovascular	0.15	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	0.18
PT/OT/ST	1.20	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	1.40
Psychiatric	0.38	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	0.44
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	0.9841	1.0000	0.00
Other	5.44	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	6.34
	\$26.11								\$30.42
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.26	1.0179	1.0277	1.0209	1.0000	1.0000	0.9841	1.0000	\$0.28
Office Visits	8.78	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	8.98
Preventive Medicine	3.86	1.0179	1.0146	1.0209	1.0000	1.0000	0.9841	1.0000	4.00
Maternity	0.03	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.03
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
PT/OT/ST	4.28	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	4.37
Psychiatric and Substance Abuse	4.81	1.0179	1.0019	1.0209	1.0000	1.0000	0.9841	1.0000	4.93
Radiology and Pathology	3.59	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	3.67
Home Health and Private Duty Nursing	2.21	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	2.26
Ambulance	0.32	1.0179	1.3579	1.0209	1.0000	1.0000	0.9841	1.0000	0.44
Non-Emergency Transportation	0.11	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.11
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Federally Qualified and Rural Health Clinics	5.49	1.0179	1.0210	1.0209	1.0228	1.0000	0.9841	1.0000	5.87
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Personal Care	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.01
Durable Medical Equipment	5.13	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0209	5.36
Applied Behavioral Analysis	11.23	1.0179	1.0000	1.5436	1.0202	1.0000	0.9841	1.0000	17.72
Other	6.99	1.0179	1.0303	1.0209	1.0000	1.0000	0.9841	1.0000	7.37
	\$57.11								\$65.40
<b>Prescription Drugs</b>									
Generic Scripts	\$8.14	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	\$7.70
Single-Source Brand	7.15	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	6.76
Multi-Source Brand	0.54	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	0.51
Specialty	27.59	1.0000	1.0000	1.0856	1.0486	0.9920	0.9841	1.0000	30.66
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	0.9841	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	0.00
	\$43.42								\$45.62
<b>Community Mental Health Center</b>									
Case Management	\$0.54	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	\$0.57
Long Term Support Service	0.20	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.21
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Psychotherapy	0.36	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.38
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
APRTP	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.01
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Other	0.37	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.39
	\$1.48								\$1.57
<b>All Services</b>	\$130.15								\$145.05

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Foster Care / Adoption

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$4.35	1.0368	1.0062	1.0000	1.0064	1.0000	1.0000	1.0000	\$4.56
Surgical	3.39	1.0368	1.0112	1.0000	1.0064	1.0000	1.0000	1.0000	3.58
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$7.73								\$8.14
<b>Hospital Outpatient</b>									
Emergency Room	\$14.58	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$17.26
Surgery	4.32	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.12
Radiology	2.69	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.18
Pathology	5.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.78
Pharmacy	6.98	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.26
Cardiovascular	0.10	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.12
PT/OT/ST	1.88	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.22
Psychiatric	0.44	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.52
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	7.77	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.20
	\$44.49								\$52.65
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.35	1.0179	0.9727	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.35
Office Visits	11.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.33
Preventive Medicine	4.45	1.0179	1.0204	1.0209	1.0000	1.0000	1.0000	1.0000	4.72
Maternity	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.04
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	8.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.32
Psychiatric and Substance Abuse	12.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.47
Radiology and Pathology	4.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.29
Home Health and Private Duty Nursing	42.03	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	43.67
Ambulance	0.99	1.0179	1.3676	1.0209	1.0000	1.0000	1.0000	1.0000	1.40
Non-Emergency Transportation	0.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.61
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	9.16	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	9.94
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	1.51	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.57
Durable Medical Equipment	18.82	1.0179	1.0003	1.0209	1.0000	1.0000	1.0000	1.0026	19.62
Applied Behavioral Analysis	10.61	1.0179	1.0000	1.5368	1.0202	1.0000	1.0000	1.0000	16.94
Other	13.50	1.0179	0.9976	1.0209	1.0000	1.0000	1.0000	1.0000	13.99
	\$138.05								\$150.27
<b>Prescription Drugs</b>									
Generic Scripts	\$23.72	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	\$22.16
Single-Source Brand	20.87	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	19.49
Multi-Source Brand	3.06	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	2.86
Specialty	38.15	1.0000	1.0000	1.0612	1.0627	0.9920	1.0000	1.0000	42.68
Hepatitis C	4.85	1.0000	1.0000	1.0612	1.0627	0.9920	1.0000	1.0000	5.42
Other	0.00	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	0.00
	\$90.64								\$92.61
<b>Community Mental Health Center</b>									
Case Management	\$2.93	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.16
Long Term Support Service	1.47	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.58
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	1.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.44
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	1.78	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	1.92
	\$7.52								\$8.11
<b>All Services</b>	\$288.43								\$311.79

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severely Disabled Children

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$20.05	1.0368	1.0084	1.0000	1.0064	1.0000	1.0000	1.0000	\$21.09
Surgical	11.55	1.0368	1.0398	1.0000	1.0064	1.0000	1.0000	1.0000	12.53
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$31.60								\$33.63
<b>Hospital Outpatient</b>									
Emergency Room	\$9.39	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$11.12
Surgery	2.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.23
Radiology	8.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.06
Pathology	4.76	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.64
Pharmacy	9.53	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.29
Cardiovascular	0.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.25
PT/OT/ST	8.67	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.27
Psychiatric	0.83	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.99
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	8.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.56
	\$52.72								\$62.40
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.40	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.41
Office Visits	13.83	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	14.37
Preventive Medicine	1.71	1.0179	1.0328	1.0209	1.0000	1.0000	1.0000	1.0000	1.84
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	28.49	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	29.61
Psychiatric and Substance Abuse	8.71	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.05
Radiology and Pathology	3.75	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.90
Home Health and Private Duty Nursing	411.21	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	427.32
Ambulance	1.90	1.0179	1.3938	1.0209	1.0000	1.0000	1.0000	1.0000	2.75
Non-Emergency Transportation	7.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.40
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	1.94	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	2.10
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	48.41	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	50.31
Durable Medical Equipment	128.45	1.0179	1.0006	1.0209	1.0000	1.0000	1.0000	1.0361	138.37
Applied Behavioral Analysis	73.95	1.0179	1.0000	1.3617	1.0202	1.0000	1.0000	1.0000	104.56
Other	31.73	1.0179	1.1285	1.0209	1.0000	1.0000	1.0000	1.0000	37.20
	\$761.60								\$829.21
<b>Prescription Drugs</b>									
Generic Scripts	\$74.15	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	\$68.75
Single-Source Brand	39.80	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	36.90
Multi-Source Brand	49.45	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	45.85
Specialty	185.78	1.0000	1.0000	1.1364	1.1195	0.9920	1.0000	1.0000	234.46
Hepatitis C	0.00	1.0000	1.0000	1.1364	1.1195	0.9920	1.0000	1.0000	0.00
Other	0.03	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	0.02
	\$349.20								\$385.99
<b>Community Mental Health Center</b>									
Case Management	\$2.13	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$2.30
Long Term Support Service	2.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.51
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.42	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.46
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	1.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.23
	\$6.04								\$6.51
<b>All Services</b>	\$1,201.16								\$1,317.74

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 19-64

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$54.07	1.0368	1.0095	1.0000	1.0064	1.0000	0.9965	1.0000	\$56.75
Surgical	37.67	1.0368	0.9925	1.0000	1.0064	1.0000	0.9965	1.0000	38.88
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Alcohol and Drug Abuse	2.41	1.0368	1.0081	1.0000	1.0064	1.0000	0.9965	1.0000	2.52
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
	\$94.15								\$98.16
<b>Hospital Outpatient</b>									
Emergency Room	\$57.53	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	\$67.85
Surgery	23.40	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	27.59
Radiology	31.98	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	37.71
Pathology	9.64	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	11.37
Pharmacy	39.98	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	47.16
Cardiovascular	2.94	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	3.47
PT/OT/ST	6.32	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	7.46
Psychiatric	1.71	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	2.02
Substance Abuse	0.76	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	0.89
Other	33.72	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	39.77
	\$207.98								\$245.30
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.37	1.0179	1.0475	1.0209	1.0000	1.0000	0.9965	1.0000	\$1.49
Office Visits	27.23	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	28.20
Preventive Medicine	2.51	1.0179	1.0386	1.0209	1.0000	1.0000	0.9965	1.0000	2.70
Maternity	0.20	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.21
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
PT/OT/ST	4.02	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	4.16
Psychiatric and Substance Abuse	22.20	1.0179	1.0362	1.0209	1.0000	1.0000	0.9965	1.0000	23.82
Radiology and Pathology	14.25	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	14.75
Home Health and Private Duty Nursing	69.20	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	71.66
Ambulance	10.36	1.0179	1.3318	1.0209	1.0000	1.0000	0.9965	1.0000	14.29
Non-Emergency Transportation	36.43	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	37.72
Opioid Treatment Program	10.17	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	10.53
Federally Qualified and Rural Health Clinics	17.66	1.0179	1.0210	1.0209	1.0228	1.0000	0.9965	1.0000	19.10
Adult Medical Day Care	1.12	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	1.16
Personal Care	15.77	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	16.33
Durable Medical Equipment	48.06	1.0179	1.0001	1.0209	1.0000	1.0000	0.9965	1.0153	50.53
Applied Behavioral Analysis	0.01	1.0179	1.0000	1.8302	1.0202	1.0000	0.9965	1.0000	0.03
Other	67.12	1.0179	1.0222	1.0209	1.0000	1.0000	0.9965	1.0000	71.05
	\$347.69								\$367.72
<b>Prescription Drugs</b>									
Generic Scripts	\$80.46	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	\$73.19
Single-Source Brand	182.07	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	165.62
Multi-Source Brand	25.52	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	23.21
Specialty	203.96	1.0000	1.0000	1.0777	1.0332	0.9920	0.9965	1.0000	224.50
Hepatitis C	3.81	1.0000	1.0000	1.0777	1.0332	0.9920	0.9965	1.0000	4.20
Other	0.01	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	0.01
	\$495.84								\$490.72
<b>Community Mental Health Center</b>									
Case Management	\$0.62	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	\$0.66
Long Term Support Service	1.05	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	1.13
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
Psychotherapy	2.14	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	2.30
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
Medication Management	0.04	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.05
Emergency Service 24/7	0.02	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.02
APRTP	0.46	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.50
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.01
Other	2.99	1.0565	0.9998	1.0209	1.0000	1.0000	0.9965	1.0000	3.22
	\$7.34								\$7.89
<b>All Services</b>	<b>\$1,152.99</b>								<b>\$1,209.79</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 65+

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$112.85	1.0368	1.0055	1.0000	1.0064	1.0000	1.0000	1.0000	\$118.40
Surgical	75.74	1.0368	1.0076	1.0000	1.0064	1.0000	1.0000	1.0000	79.64
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$188.59								\$198.04
<b>Hospital Outpatient</b>									
Emergency Room	\$55.68	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$65.90
Surgery	18.05	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	21.37
Radiology	30.39	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	35.96
Pathology	9.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.33
Pharmacy	10.47	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.40
Cardiovascular	3.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.54
PT/OT/ST	4.72	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.58
Psychiatric	0.01	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.01
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	39.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	47.30
	\$172.68								\$204.39
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$2.94	1.0179	1.0203	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.12
Office Visits	24.95	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.93
Preventive Medicine	2.28	1.0179	1.1140	1.0209	1.0000	1.0000	1.0000	1.0000	2.64
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.92	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.00
Psychiatric and Substance Abuse	9.76	1.0179	1.1328	1.0209	1.0000	1.0000	1.0000	1.0000	11.49
Radiology and Pathology	16.30	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.94
Home Health and Private Duty Nursing	51.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	53.81
Ambulance	8.60	1.0179	1.3265	1.0209	1.0000	1.0000	1.0000	1.0000	11.86
Non-Emergency Transportation	11.69	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.14
Opioid Treatment Program	0.81	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.84
Federally Qualified and Rural Health Clinics	27.00	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	29.30
Adult Medical Day Care	19.84	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	20.62
Personal Care	5.56	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.78
Durable Medical Equipment	26.57	1.0179	1.0007	1.0209	1.0000	1.0000	1.0000	1.0185	28.14
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	72.36	1.0179	1.0256	1.0209	1.0000	1.0000	1.0000	1.0000	77.13
	\$282.38								\$301.74
<b>Prescription Drugs</b>									
Generic Scripts	\$54.62	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	\$49.86
Single-Source Brand	162.20	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	148.07
Multi-Source Brand	10.25	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	9.36
Specialty	63.56	1.0000	1.0000	1.0777	1.0332	0.9920	1.0000	1.0000	70.20
Hepatitis C	0.52	1.0000	1.0000	1.0777	1.0332	0.9920	1.0000	1.0000	0.58
Other	0.01	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	0.01
	\$291.16								\$278.08
<b>Community Mental Health Center</b>									
Case Management	\$0.08	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.09
Long Term Support Service	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.16
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.56	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.60
	\$0.80								\$0.87
<b>All Services</b>	<b>\$935.62</b>								<b>\$983.11</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Dual Eligibles

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$18.13	1.0368	1.0055	1.0000	1.0064	1.0000	1.0000	1.0000	\$19.02
Surgical	4.25	1.0368	1.0076	1.0000	1.0064	1.0000	1.0000	1.0000	4.47
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.04	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.04
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	1.01	1.0368	1.0453	1.0000	1.0064	1.0000	1.0000	1.0000	1.10
Alcohol and Drug Abuse	0.24	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.25
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$23.67								\$24.88
<b>Hospital Outpatient</b>									
Emergency Room	\$22.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$26.98
Surgery	7.53	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.91
Radiology	6.65	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.87
Pathology	1.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.60
Pharmacy	9.52	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.27
Cardiovascular	0.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.12
PT/OT/ST	2.15	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.55
Psychiatric	0.28	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.33
Substance Abuse	0.04	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.05
Other	16.03	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	18.97
	\$67.29								\$79.65
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.16	1.0179	1.0203	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.17
Office Visits	4.82	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.01
Preventive Medicine	0.61	1.0179	1.1140	1.0209	1.0000	1.0000	1.0000	1.0000	0.70
Maternity	0.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.08
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.81
Psychiatric and Substance Abuse	7.47	1.0179	1.1328	1.0209	1.0000	1.0000	1.0000	1.0000	8.79
Radiology and Pathology	1.73	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.80
Home Health and Private Duty Nursing	8.70	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.04
Ambulance	5.76	1.0179	1.3265	1.0209	1.0000	1.0000	1.0000	1.0000	7.95
Non-Emergency Transportation	31.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	33.12
Opioid Treatment Program	2.09	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.17
Federally Qualified and Rural Health Clinics	1.40	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.52
Adult Medical Day Care	1.30	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.35
Personal Care	24.56	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.52
Durable Medical Equipment	14.13	1.0179	1.0007	1.0209	1.0000	1.0000	1.0000	1.0007	14.71
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	11.62	1.0179	1.0256	1.0209	1.0000	1.0000	1.0000	1.0000	12.38
	\$117.07								\$125.11
<b>Prescription Drugs</b>									
Generic Scripts	\$0.75	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$0.91
Single-Source Brand	0.46	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.56
Multi-Source Brand	0.01	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.01
Specialty	0.04	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.04
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$1.26								\$1.53
<b>Community Mental Health Center</b>									
Case Management	\$0.80	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.86
Long Term Support Service	1.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.36
Partial Hospital	0.05	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Psychotherapy	1.23	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.32
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.04	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Emergency Service 24/7	0.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.02
APRTP	0.37	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.39
Supported Employment Services	0.03	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.03
Other	1.87	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.02
	\$5.66								\$6.11
<b>All Services</b>	\$214.95								\$237.28

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Newborn Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2,412.16	1.0368	1.2141	1.0000	1.0064	1.0000	1.0000	1.0000	\$3,055.97
Surgical	79.24	1.0368	0.9843	1.0000	1.0064	1.0000	1.0000	1.0000	81.38
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.77	1.0368	1.0657	1.0000	1.0064	1.0000	1.0000	1.0000	1.96
Well Newborn	296.65	1.0368	1.3308	1.0000	1.0064	1.0000	1.0000	1.0000	411.96
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$2,789.82								\$3,551.27
<b>Hospital Outpatient</b>									
Emergency Room	\$41.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$49.48
Surgery	1.27	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.50
Radiology	5.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.16
Pathology	7.87	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.32
Pharmacy	0.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.73
Cardiovascular	0.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.76
PT/OT/ST	1.38	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.63
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	52.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	62.39
	\$111.50								\$131.97
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	35.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	37.03
Preventive Medicine	122.19	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	126.98
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.20	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.21
PT/OT/ST	0.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.23
Psychiatric and Substance Abuse	0.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.25
Radiology and Pathology	11.35	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.79
Home Health and Private Duty Nursing	18.90	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	19.65
Ambulance	20.94	1.0179	1.7907	1.0209	1.0000	1.0000	1.0000	1.0000	38.98
Non-Emergency Transportation	0.74	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.77
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	97.67	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	105.98
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	6.13	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.37
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	518.60	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	538.92
	\$832.83								\$887.16
<b>Prescription Drugs</b>									
Generic Scripts	\$3.61	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$3.47
Single-Source Brand	0.55	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.53
Multi-Source Brand	0.02	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.02
Specialty	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$4.18								\$4.01
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$3,738.32								\$4,574.42

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Neonatal Abstinence Syndrome Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$10,540.18	1.0368	1.2333	1.0000	1.0064	1.0000	1.0000	1.0000	\$13,564.73
Surgical	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$10,540.18								\$13,564.73
<b>Hospital Outpatient</b>									
Emergency Room	\$72.30	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$85.57
Surgery	34.37	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	40.68
Radiology	0.89	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.06
Pathology	7.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.28
Pharmacy	0.52	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.62
Cardiovascular	5.33	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.31
PT/OT/ST	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	90.75	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	107.41
	\$212.00								\$250.92
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	40.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	42.22
Preventive Medicine	125.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	130.42
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	20.93	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	21.75
Home Health and Private Duty Nursing	58.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	60.88
Ambulance	61.63	1.0179	1.6777	1.0209	1.0000	1.0000	1.0000	1.0000	107.45
Non-Emergency Transportation	0.75	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.78
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	95.66	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	103.81
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	23.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	24.06
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	1,399.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1,453.89
	\$1,825.91								\$1,945.25
<b>Prescription Drugs</b>									
Generic Scripts	\$7.11	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$6.83
Single-Source Brand	5.98	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	5.74
Multi-Source Brand	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$13.08								\$12.56
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$12,591.17								\$15,773.47



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Maternity Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$46.26	1.0368	1.0178	1.0000	1.0064	1.0000	1.0000	1.0000	\$49.14
Surgical	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Delivery	1,926.19	1.0368	1.2334	1.0000	1.0064	1.0000	1.0000	1.0000	2,479.08
Maternity Non-Delivery	10.43	1.0368	0.9394	1.0000	1.0064	1.0000	1.0000	1.0000	10.23
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$1,982.88								\$2,538.44
<b>Hospital Outpatient</b>									
Emergency Room	\$7.28	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$8.61
Surgery	4.45	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.26
Radiology	1.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.18
Pathology	2.10	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.48
Pharmacy	2.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.45
Cardiovascular	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.19	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.22
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	24.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	29.08
	\$42.48								\$50.28
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	1.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.19
Preventive Medicine	0.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.34
Maternity	530.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	551.11
Certified Midwife	9.68	1.0179	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	10.06
PT/OT/ST	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	1.48	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.54
Home Health and Private Duty Nursing	0.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.23
Ambulance	3.06	1.0179	1.3888	1.0209	1.0000	1.0000	1.0000	1.0000	4.42
Non-Emergency Transportation	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	1.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.62
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	0.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.13
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	6.47	1.0179	0.9998	1.0209	1.0000	1.0000	1.0000	1.0000	6.72
	\$554.33								\$577.36
<b>Prescription Drugs</b>									
Generic Scripts	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Single-Source Brand	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Multi-Source Brand	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$2,579.70								\$3,166.08

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$33.53	1.0368	1.0109	1.0000	1.0064	1.0000	1.0000	1.0000	\$35.37
Surgical	16.31	1.0368	0.9941	1.0000	1.0064	1.0000	1.0000	1.0000	16.92
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.26	1.0368	0.9694	1.0000	1.0064	1.0000	1.0000	1.0000	0.26
Well Newborn	0.02	1.0368	1.3161	1.0000	1.0064	1.0000	1.0000	1.0000	0.03
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	3.74	1.0368	1.0130	1.0000	1.0064	1.0000	1.0000	1.0000	3.96
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$53.86								\$56.53
<b>Hospital Outpatient</b>									
Emergency Room	\$83.92	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$99.33
Surgery	17.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	20.80
Radiology	15.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	18.49
Pathology	9.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.43
Pharmacy	7.99	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.45
Cardiovascular	2.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.46
PT/OT/ST	5.13	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.07
Psychiatric	8.92	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.55
Substance Abuse	0.98	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.16
Other	21.36	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.29
	\$173.22								\$205.03
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.55	1.0179	1.0817	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.74
Office Visits	28.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	29.34
Preventive Medicine	4.46	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	4.95
Maternity	0.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.69
Certified Midwife	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
PT/OT/ST	2.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.60
Psychiatric and Substance Abuse	44.82	1.0179	1.0545	1.0209	1.0000	1.0000	1.0000	1.0000	49.12
Radiology and Pathology	17.11	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	17.78
Home Health and Private Duty Nursing	11.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.58
Ambulance	10.89	1.0179	1.3308	1.0209	1.0000	1.0000	1.0000	1.0000	15.05
Non-Emergency Transportation	33.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	34.36
Opioid Treatment Program	8.36	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.69
Federally Qualified and Rural Health Clinics	17.97	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	19.50
Adult Medical Day Care	1.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.10
Personal Care	2.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.40
Durable Medical Equipment	14.72	1.0179	0.9983	1.0209	1.0000	1.0000	1.0000	1.0155	15.51
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	48.36	1.0179	1.0336	1.0209	1.0000	1.0000	1.0000	1.0000	51.94
	\$247.22								\$266.37
<b>Prescription Drugs</b>									
Generic Scripts	\$78.06	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$79.01
Single-Source Brand	320.38	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	324.28
Multi-Source Brand	11.62	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	11.76
Specialty	114.84	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	119.89
Hepatitis C	8.42	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	8.79
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$533.32								\$543.74
<b>Community Mental Health Center</b>									
Case Management	\$311.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$335.81
Long Term Support Service	245.23	1.0565	1.0396	1.0209	1.0000	1.0000	1.0000	1.0000	274.98
Partial Hospital	1.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.08
Psychotherapy	84.71	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	91.37
Evidence Based Practice	3.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.39
Medication Management	3.11	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.35
Emergency Service 24/7	2.51	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.71
APRTP	2.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.17
Supported Employment Services	14.41	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	15.55
Other	47.97	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	51.75
	\$715.42								\$782.15
<b>All Services</b>	\$1,723.04								\$1,853.81

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$19.95	1.0368	1.0109	1.0000	1.0064	1.0000	1.0000	1.0000	\$21.05
Surgical	5.55	1.0368	0.9941	1.0000	1.0064	1.0000	1.0000	1.0000	5.76
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	6.99	1.0368	1.0194	1.0000	1.0064	1.0000	1.0000	1.0000	7.44
Alcohol and Drug Abuse	0.64	1.0368	1.0130	1.0000	1.0064	1.0000	1.0000	1.0000	0.68
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$33.14								\$34.93
<b>Hospital Outpatient</b>									
Emergency Room	\$27.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$32.71
Surgery	8.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.89
Radiology	7.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.06
Pathology	1.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.33
Pharmacy	13.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.52
Cardiovascular	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
PT/OT/ST	2.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.13
Psychiatric	1.09	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.29
Substance Abuse	0.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.24
Other	16.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	20.06
	\$80.58								\$95.38
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.17	1.0179	1.0817	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.19
Office Visits	5.55	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.76
Preventive Medicine	0.88	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	0.98
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.97	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.01
Psychiatric and Substance Abuse	45.95	1.0179	1.0545	1.0209	1.0000	1.0000	1.0000	1.0000	50.35
Radiology and Pathology	2.60	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.70
Home Health and Private Duty Nursing	1.44	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.50
Ambulance	4.87	1.0179	1.3308	1.0209	1.0000	1.0000	1.0000	1.0000	6.73
Non-Emergency Transportation	27.46	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	28.53
Opioid Treatment Program	2.96	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.07
Federally Qualified and Rural Health Clinics	1.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.61
Adult Medical Day Care	1.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.29
Personal Care	5.89	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.12
Durable Medical Equipment	7.39	1.0179	0.9983	1.0209	1.0000	1.0000	1.0000	1.0025	7.69
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	10.87	1.0179	1.0336	1.0209	1.0000	1.0000	1.0000	1.0000	11.68
	\$119.73								\$129.23
<b>Prescription Drugs</b>									
Generic Scripts	\$1.08	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$1.31
Single-Source Brand	1.41	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	1.72
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$2.50								\$3.04
<b>Community Mental Health Center</b>									
Case Management	\$326.46	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$352.14
Long Term Support Service	448.56	1.0565	1.0396	1.0209	1.0000	1.0000	1.0000	1.0000	502.98
Partial Hospital	6.93	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.48
Psychotherapy	44.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	47.48
Evidence Based Practice	4.37	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.71
Medication Management	4.41	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.76
Emergency Service 24/7	3.17	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.42
APRTP	22.60	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	24.38
Supported Employment Services	35.42	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	38.21
Other	28.23	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	30.45
	\$924.17								\$1,016.00
<b>All Services</b>	\$1,160.12								\$1,278.57

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$38.05	1.0368	1.0117	1.0000	1.0064	1.0000	1.0000	1.0000	\$40.17
Surgical	20.71	1.0368	1.0009	1.0000	1.0064	1.0000	1.0000	1.0000	21.63
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.27	1.0368	0.9062	1.0000	1.0064	1.0000	1.0000	1.0000	1.20
Well Newborn	0.06	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.06
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	7.47	1.0368	1.0167	1.0000	1.0064	1.0000	1.0000	1.0000	7.93
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$67.57								\$71.00
<b>Hospital Outpatient</b>									
Emergency Room	\$85.17	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$100.81
Surgery	12.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.94
Radiology	17.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	21.20
Pathology	9.68	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.46
Pharmacy	10.51	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.43
Cardiovascular	1.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.84
PT/OT/ST	4.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.81
Psychiatric	11.38	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	13.46
Substance Abuse	4.41	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.22
Other	21.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.45
	\$178.80								\$211.63
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.14	1.0179	1.0046	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.19
Office Visits	26.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.92
Preventive Medicine	4.37	1.0179	1.0724	1.0209	1.0000	1.0000	1.0000	1.0000	4.87
Maternity	1.16	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.20
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	2.45	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.54
Psychiatric and Substance Abuse	69.02	1.0179	1.0274	1.0209	1.0000	1.0000	1.0000	1.0000	73.69
Radiology and Pathology	18.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	19.22
Home Health and Private Duty Nursing	4.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.17
Ambulance	7.66	1.0179	1.3246	1.0209	1.0000	1.0000	1.0000	1.0000	10.55
Non-Emergency Transportation	36.40	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	37.83
Opioid Treatment Program	11.25	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.69
Federally Qualified and Rural Health Clinics	22.39	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	24.30
Adult Medical Day Care	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.04
Personal Care	0.28	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.29
Durable Medical Equipment	9.46	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0693	10.52
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	43.56	1.0179	1.0239	1.0209	1.0000	1.0000	1.0000	1.0000	46.35
	\$258.55								\$276.37
<b>Prescription Drugs</b>									
Generic Scripts	\$57.30	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$58.00
Single-Source Brand	131.44	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	133.05
Multi-Source Brand	6.40	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	6.48
Specialty	74.02	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	77.27
Hepatitis C	20.18	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	21.07
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$289.35								\$295.86
<b>Community Mental Health Center</b>									
Case Management	\$216.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$233.16
Long Term Support Service	52.67	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	56.81
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	79.92	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	86.21
Evidence Based Practice	2.35	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.53
Medication Management	0.75	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.80
Emergency Service 24/7	1.07	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.15
APRTP	10.39	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.21
Supported Employment Services	7.98	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	8.61
Other	36.92	1.0565	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	39.87
	\$408.21								\$440.35
<b>All Services</b>	\$1,202.48								\$1,295.21

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$12.96	1.0368	1.0117	1.0000	1.0064	1.0000	1.0000	1.0000	\$13.68
Surgical	2.63	1.0368	1.0009	1.0000	1.0064	1.0000	1.0000	1.0000	2.74
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	13.70	1.0368	1.0204	1.0000	1.0064	1.0000	1.0000	1.0000	14.59
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$29.28								\$31.00
<b>Hospital Outpatient</b>									
Emergency Room	\$38.86	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$45.99
Surgery	8.41	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.96
Radiology	4.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.47
Pathology	1.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.32
Pharmacy	16.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	19.41
Cardiovascular	0.70	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.82
PT/OT/ST	2.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.61
Psychiatric	1.03	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.22
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	13.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.63
	\$87.40								\$103.45
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.21	1.0179	1.0046	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.22
Office Visits	6.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.89
Preventive Medicine	1.19	1.0179	1.0724	1.0209	1.0000	1.0000	1.0000	1.0000	1.32
Maternity	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.02
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.03	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.07
Psychiatric and Substance Abuse	41.74	1.0179	1.0274	1.0209	1.0000	1.0000	1.0000	1.0000	44.56
Radiology and Pathology	2.79	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.90
Home Health and Private Duty Nursing	11.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.04
Ambulance	3.99	1.0179	1.3246	1.0209	1.0000	1.0000	1.0000	1.0000	5.49
Non-Emergency Transportation	37.68	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	39.16
Opioid Treatment Program	3.25	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.38
Federally Qualified and Rural Health Clinics	4.26	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	4.62
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	9.13	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0003	9.49
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	26.00	1.0179	1.0239	1.0209	1.0000	1.0000	1.0000	1.0000	27.66
	\$149.50								\$158.83
<b>Prescription Drugs</b>									
Generic Scripts	\$1.12	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$1.36
Single-Source Brand	2.23	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	2.72
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$3.35								\$4.08
<b>Community Mental Health Center</b>									
Case Management	\$266.12	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$287.04
Long Term Support Service	115.55	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	124.64
Partial Hospital	0.50	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.54
Psychotherapy	54.57	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	58.86
Evidence Based Practice	1.21	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.31
Medication Management	2.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.33
Emergency Service 24/7	3.19	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.44
APRTP	25.17	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.14
Supported Employment Services	19.53	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	21.07
Other	27.70	1.0565	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	29.91
	\$515.70								\$556.29
<b>All Services</b>	\$785.23								\$853.65

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$28.55	1.0368	1.0220	1.0000	1.0064	1.0000	1.0000	1.0000	\$30.45
Surgical	20.41	1.0368	0.9800	1.0000	1.0064	1.0000	1.0000	1.0000	20.88
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	4.37	1.0368	0.9963	1.0000	1.0064	1.0000	1.0000	1.0000	4.54
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$53.33								\$55.86
<b>Hospital Outpatient</b>									
Emergency Room	\$64.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$76.23
Surgery	21.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.72
Radiology	19.85	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	23.49
Pathology	9.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.49
Pharmacy	27.90	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	33.03
Cardiovascular	2.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.13
PT/OT/ST	6.46	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.64
Psychiatric	5.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.51
Substance Abuse	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
Other	21.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.99
	\$181.10								\$214.36
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$2.73	1.0179	1.1445	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.25
Office Visits	26.59	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.63
Preventive Medicine	4.32	1.0179	1.0577	1.0209	1.0000	1.0000	1.0000	1.0000	4.75
Maternity	0.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.34
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.74
Psychiatric and Substance Abuse	29.20	1.0179	1.0020	1.0209	1.0000	1.0000	1.0000	1.0000	30.41
Radiology and Pathology	15.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.29
Home Health and Private Duty Nursing	10.26	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	10.66
Ambulance	4.13	1.0179	1.3231	1.0209	1.0000	1.0000	1.0000	1.0000	5.68
Non-Emergency Transportation	10.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	10.95
Opioid Treatment Program	9.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.43
Federally Qualified and Rural Health Clinics	25.31	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	27.47
Adult Medical Day Care	1.38	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.44
Personal Care	2.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.89
Durable Medical Equipment	15.85	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0000	16.48
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	51.96	1.0179	1.0205	1.0209	1.0000	1.0000	1.0000	1.0000	55.10
	\$211.81								\$224.50
<b>Prescription Drugs</b>									
Generic Scripts	\$86.37	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$87.42
Single-Source Brand	255.54	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	258.66
Multi-Source Brand	12.69	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	12.85
Specialty	84.61	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	88.33
Hepatitis C	14.40	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	15.03
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$453.62								\$462.29
<b>Community Mental Health Center</b>									
Case Management	\$255.31	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$275.39
Long Term Support Service	36.13	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	38.97
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	29.31	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	31.61
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	3.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.41
Emergency Service 24/7	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.26
APRTP	1.64	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.77
Supported Employment Services	12.49	1.0565	1.0309	1.0209	1.0000	1.0000	1.0000	1.0000	13.89
Other	33.04	1.0565	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	35.65
	\$371.33								\$400.95
<b>All Services</b>	\$1,271.19								\$1,357.96

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$18.05	1.0368	1.0220	1.0000	1.0064	1.0000	1.0000	1.0000	\$10.72
Surgical	4.06	1.0368	0.9800	1.0000	1.0064	1.0000	1.0000	1.0000	4.16
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	1.68	1.0368	1.0108	1.0000	1.0064	1.0000	1.0000	1.0000	1.77
Alcohol and Drug Abuse	0.43	1.0368	0.9963	1.0000	1.0064	1.0000	1.0000	1.0000	0.45
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$16.23								\$17.10
<b>Hospital Outpatient</b>									
Emergency Room	\$18.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$21.78
Surgery	6.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.51
Radiology	7.55	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.93
Pathology	1.02	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.20
Pharmacy	4.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.11
Cardiovascular	0.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.87
PT/OT/ST	2.72	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.22
Psychiatric	0.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.36
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	10.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.52
	\$51.96								\$61.50
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.03	1.0179	1.1445	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.04
Office Visits	4.95	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.14
Preventive Medicine	0.56	1.0179	1.0577	1.0209	1.0000	1.0000	1.0000	1.0000	0.61
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.02	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.06
Psychiatric and Substance Abuse	4.91	1.0179	1.0020	1.0209	1.0000	1.0000	1.0000	1.0000	5.12
Radiology and Pathology	1.53	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.59
Home Health and Private Duty Nursing	4.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.72
Ambulance	2.25	1.0179	1.3231	1.0209	1.0000	1.0000	1.0000	1.0000	3.10
Non-Emergency Transportation	42.26	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	43.91
Opioid Treatment Program	1.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.60
Federally Qualified and Rural Health Clinics	1.02	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.10
Adult Medical Day Care	0.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.16
Personal Care	8.43	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.76
Durable Medical Equipment	9.36	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0000	9.73
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	8.00	1.0179	1.0205	1.0209	1.0000	1.0000	1.0000	1.0000	8.49
	\$90.56								\$95.13
<b>Prescription Drugs</b>									
Generic Scripts	\$0.79	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$0.96
Single-Source Brand	0.04	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.05
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$0.83								\$1.01
<b>Community Mental Health Center</b>									
Case Management	\$246.77	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$266.18
Long Term Support Service	35.65	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	38.45
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	19.27	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	20.79
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	4.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.57
Emergency Service 24/7	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.26
APRTP	2.12	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.28
Supported Employment Services	9.64	1.0565	1.0309	1.0209	1.0000	1.0000	1.0000	1.0000	10.72
Other	17.77	1.0565	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	19.17
	\$335.69								\$362.42
<b>All Services</b>	\$495.27								\$537.16

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Serious Emotionally Disturbed Child

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2.60	1.0368	1.0165	1.0000	1.0064	1.0000	1.0000	1.0000	\$2.75
Surgical	2.06	1.0368	0.9884	1.0000	1.0064	1.0000	1.0000	1.0000	2.13
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.20	1.0368	0.9403	1.0000	1.0064	1.0000	1.0000	1.0000	0.20
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$4.86								\$5.08
<b>Hospital Outpatient</b>									
Emergency Room	\$24.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$28.54
Surgery	3.26	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.85
Radiology	3.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.22
Pathology	5.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.05
Pharmacy	0.60	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.71
Cardiovascular	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.13
PT/OT/ST	1.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.33
Psychiatric	1.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.02
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	6.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.88
	\$47.93								\$56.73
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.36	1.0179	0.9829	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.37
Office Visits	14.76	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	15.34
Preventive Medicine	4.28	1.0179	1.0324	1.0209	1.0000	1.0000	1.0000	1.0000	4.59
Maternity	0.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.07
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	6.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.48
Psychiatric and Substance Abuse	4.88	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.07
Radiology and Pathology	5.48	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.70
Home Health and Private Duty Nursing	2.46	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.56
Ambulance	1.83	1.0179	1.3419	1.0209	1.0000	1.0000	1.0000	1.0000	2.55
Non-Emergency Transportation	0.92	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.96
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	9.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	10.29
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	5.19	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0371	5.59
Applied Behavioral Analysis	7.42	1.0179	1.0000	1.8677	1.0202	1.0000	1.0000	1.0000	14.39
Other	15.55	1.0179	1.0494	1.0209	1.0000	1.0000	1.0000	1.0000	16.96
	\$78.93								\$90.93
<b>Prescription Drugs</b>									
Generic Scripts	\$31.01	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	\$27.46
Single-Source Brand	27.26	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	24.14
Multi-Source Brand	1.77	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	1.56
Specialty	38.51	1.0000	1.0000	1.0599	1.1634	0.9920	1.0000	1.0000	47.11
Hepatitis C	0.15	1.0000	1.0000	1.0599	1.1634	0.9920	1.0000	1.0000	0.18
Other	0.00	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	0.00
	\$98.70								\$100.46
<b>Community Mental Health Center</b>									
Case Management	\$276.98	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$298.77
Long Term Support Service	90.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	97.35
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	125.67	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	135.55
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.07	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.07
Emergency Service 24/7	0.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.28
APRTP	0.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
Supported Employment Services	0.05	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Other	16.83	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	18.15
	\$510.35								\$550.49
<b>All Services</b>	\$740.77								\$803.68



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Medically Frail

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$47.37	1.0368	1.0062	1.0000	1.0064	1.0000	1.0000	1.0000	\$49.74
Surgical	25.92	1.0368	1.0026	1.0000	1.0064	1.0000	1.0000	1.0000	27.12
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.12	1.0368	0.9444	1.0000	1.0064	1.0000	1.0000	1.0000	0.12
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	5.80	1.0368	1.0092	1.0000	1.0064	1.0000	1.0000	1.0000	6.11
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$79.22								\$83.09
<b>Hospital Outpatient</b>									
Emergency Room	\$53.00	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$62.73
Surgery	16.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	19.31
Radiology	20.12	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	23.81
Pathology	8.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.55
Pharmacy	40.06	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	47.42
Cardiovascular	2.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.96
PT/OT/ST	4.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.81
Psychiatric	10.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.91
Substance Abuse	2.42	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.86
Other	26.20	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	31.01
	\$184.50								\$218.37
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.00	1.0179	0.9978	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.03
Office Visits	24.74	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.71
Preventive Medicine	2.31	1.0179	1.0526	1.0209	1.0000	1.0000	1.0000	1.0000	2.52
Maternity	0.32	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.33
Certified Midwife	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
PT/OT/ST	2.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.40
Psychiatric and Substance Abuse	56.02	1.0179	1.0330	1.0209	1.0000	1.0000	1.0000	1.0000	60.14
Radiology and Pathology	17.34	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	18.02
Home Health and Private Duty Nursing	13.59	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	14.13
Ambulance	5.27	1.0179	1.1993	1.0209	1.0000	1.0000	1.0000	1.0000	6.57
Non-Emergency Transportation	38.66	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	40.17
Opioid Treatment Program	17.17	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	17.84
Federally Qualified and Rural Health Clinics	17.37	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	18.85
Adult Medical Day Care	0.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.06
Personal Care	1.19	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.24
Durable Medical Equipment	14.90	1.0179	0.9992	1.0209	1.0000	1.0000	1.0000	1.0131	15.67
Applied Behavioral Analysis	0.03	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03
Other	48.36	1.0179	0.9444	1.0209	1.0000	1.0000	1.0000	1.0000	47.46
	\$260.64								\$272.18
<b>Prescription Drugs</b>									
Generic Scripts	\$52.95	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	\$48.36
Single-Source Brand	100.07	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	91.41
Multi-Source Brand	10.33	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	9.44
Specialty	127.97	1.0000	1.0000	1.0970	1.0058	0.9920	1.0000	1.0000	140.08
Hepatitis C	15.08	1.0000	1.0000	1.0970	1.0058	0.9920	1.0000	1.0000	16.51
Other	0.00	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	0.00
	\$306.41								\$305.80
<b>Community Mental Health Center</b>									
Case Management	\$0.59	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.64
Long Term Support Service	0.62	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.67
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	1.60	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.73
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.06	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.06
Emergency Service 24/7	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.90	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.97
Supported Employment Services	0.01	1.0565	1.0060	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Other	5.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.56
	\$8.94								\$9.64
<b>All Services</b>	\$839.70								\$889.09

Eligibility Category: Granite Advantage - Non-Medically Frail

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$15.84	1.0368	1.0061	1.0000	1.0064	1.0000	0.9998	1.0000	\$16.63
Surgical	11.94	1.0368	0.9969	1.0000	1.0064	1.0000	0.9998	1.0000	12.41
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Maternity Non-Delivery	0.21	1.0368	0.9718	1.0000	1.0064	1.0000	0.9998	1.0000	0.21
Well Newborn	0.00	1.0368	1.3448	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Alcohol and Drug Abuse	3.05	1.0368	1.0157	1.0000	1.0064	1.0000	0.9998	1.0000	3.23
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
	\$31.04								\$32.49
<b>Hospital Outpatient</b>									
Emergency Room	\$30.26	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	\$35.80
Surgery	10.34	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	12.23
Radiology	13.23	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	15.65
Pathology	5.57	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	6.59

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1 New Hampshire Department of Health and Human Services RY 2024 Medicaid Care Management Capitation Rate Development Data Adjustments for SFY 2022 MCO Encounter Base Experience Data										
Pharmacy	13.25	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	15.68	
Cardiovascular	1.37	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	1.62	
PT/OT/ST	2.66	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	3.15	
Psychiatric	4.22	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	4.99	
Substance Abuse	1.40	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	1.66	
Other	12.59	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	14.90	
	\$94.87								\$112.27	
<b>Professional and Other State Plan Services</b>										
Ambulatory Surgery Center	\$0.69	1.0179	1.0210	1.0209	1.0000	1.0000	0.9998	1.0000	\$0.73	
Office Visits	14.01	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	14.55	
Preventive Medicine	2.58	1.0179	1.0568	1.0209	1.0000	1.0000	0.9998	1.0000	2.84	
Maternity	0.49	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.51	
Certified Midwife	0.03	1.0179	0.9963	1.0209	1.0000	1.0000	0.9998	1.0000	0.03	
PT/OT/ST	1.29	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.34	
Psychiatric and Substance Abuse	26.56	1.0179	1.0279	1.0209	1.0000	1.0000	0.9998	1.0000	28.36	
Radiology and Pathology	9.70	1.0179	1.0001	1.0209	1.0000	1.0000	0.9998	1.0000	10.08	
Home Health and Private Duty Nursing	1.76	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.83	
Ambulance	1.80	1.0179	1.2009	1.0209	1.0000	1.0000	0.9998	1.0000	2.24	
Non-Emergency Transportation	8.85	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	9.19	
Opioid Treatment Program	5.03	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	5.23	
Federally Qualified and Rural Health Clinics	9.63	1.0179	1.0210	1.0209	1.0228	1.0000	0.9998	1.0000	10.45	
Adult Medical Day Care	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.04	
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Durable Medical Equipment	4.31	1.0179	1.0002	1.0209	1.0000	1.0000	0.9998	1.0184	4.56	
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	0.9998	1.0000	0.00	
Other	22.71	1.0179	0.9877	1.0209	1.0000	1.0000	0.9998	1.0000	23.31	
	0	\$109.48							\$115.29	
<b>Prescription Drugs</b>										
Generic Scripts	\$22.85	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	\$20.85	
Single-Source Brand	41.66	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	38.02	
Multi-Source Brand	2.38	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	2.17	
Specialty	41.70	1.0000	1.0000	1.0398	1.0997	0.9920	0.9998	1.0000	47.29	
Hepatitis C	4.92	1.0000	1.0000	1.0398	1.0997	0.9920	0.9998	1.0000	5.58	
Other	0.00	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	0.00	
	\$113.50								\$113.92	
<b>Community Mental Health Center</b>										
Case Management	\$0.23	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	\$0.25	
Long Term Support Service	0.30	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.32	
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Psychotherapy	0.82	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.88	
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Medication Management	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.02	
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.01	
APRTP	0.33	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.35	
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.01	
Other	1.60	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.72	
	\$3.31								\$3.56	
<b>All Services</b>	\$352.20								\$377.52	

**Appendix B2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Data Adjustments for SFY 2022 MCO Encounter Base Experience Data**  
**New Hampshire Hospital and Hampstead Hospital**

Eligibility Category	Admission Per 1,000	Days Per 1,000	Acuity Adjustment	Projected RY 2024 Per Diem	Coordination of Benefits Percentage	Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	-	-	1,000	\$1,506.00	100%	\$0.00
Low Income Children - Age 1-18 Years	2.06	18.69	1,036	1,506.00	100%	2.43
Low Income Adults	0.87	6.24	1,076	1,506.00	100%	0.84
CHIP	1.59	12.04	1,036	1,506.00	100%	1.57
Foster Care / Adoption	12.29	228.44	1,036	1,506.00	100%	29.71
Severely Disabled Children	3.38	21.39	1,000	1,506.00	100%	2.68
Elderly and Disabled Adults - Age 19-64	2.63	28.38	1,028	1,506.00	100%	3.66
Elderly and Disabled Adults - Age 65+	-	-	1,028	1,506.00	100%	0.00
Dual Eligibles	2.09	38.78	1,000	1,506.00	21%	1.02
Newborn Kick Payment	-	-	1,000	1,506.00	100%	0.00
Neonatal Abstinence Syndrome Kick Payment	-	-	1,000	1,506.00	100%	0.00
Maternity Kick Payment	-	-	1,000	1,506.00	100%	0.00
Severe/Persistent Mental Illness - Non-Dual	35.26	584.89	1,000	\$1,506.00	100%	\$73.40
Severe/Persistent Mental Illness - Dual	67.17	1,399.54	1,000	1,506.00	21%	36.93
Severe Mental Illness - Non-Dual	30.15	426.03	1,000	1,506.00	100%	53.47
Severe Mental Illness - Dual	73.65	1,537.35	1,000	1,506.00	21%	40.57
Low Utilizer - Non-Dual	15.00	172.51	1,000	1,506.00	100%	21.65
Low Utilizer - Dual	-	-	1,000	1,506.00	21%	0.00
Serious Emotionally Disturbed Child	39.08	449.75	1,000	1,506.00	100%	56.44
Granite Advantage - Medically Frail	6.36	84.24	1,054	\$1,506.00	100%	\$11.14
Granite Advantage - Non-Medically Frail	1.53	18.18	1,057	1,506.00	100%	2.41
<b>Total</b>	<b>4.73</b>	<b>65.24</b>	<b>1,036</b>	<b>\$1,506.00</b>	<b>\$0.00</b>	<b>\$6.44</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B3  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data  
 Hospital Inpatient Psychiatric Admissions

Eligibility Category	Composite DRG Payment:										
	Peer Group 01 & 07		Admission Per 1,000		Acuity Adjustment	Per Capita Monthly Paid Cost				Total	
	Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09		Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09		
Low Income Children - Age 0-11 Months	0.25	0.00	0.00	0.00	1.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.08	\$0.08
Low Income Children - Age 1-18 Years	0.24	0.13	0.04	0.00	1.036	0.08	0.08	0.08	0.00	0.19	0.19
Low Income Adults	3.56	0.93	0.76	0.06	1.076	1.23	0.25	1.37	0.04	2.89	2.89
CHIP	0.31	0.15	0.00	0.00	1.036	0.10	0.04	0.00	0.00	0.14	0.14
Foster Care / Adoption	0.42	0.42	0.00	0.42	1.036	0.14	0.11	0.00	0.31	0.56	0.56
Severely Disabled Children	2.25	0.00	0.00	0.00	1.000	0.73	0.00	0.00	0.00	0.73	0.73
Elderly and Disabled Adults - Age 19-64	6.66	1.23	0.00	0.53	1.028	2.21	0.31	0.00	0.38	2.89	2.89
Elderly and Disabled Adults - Age 65+	1.64	0.00	0.00	0.00	1.028	0.54	0.00	0.00	0.00	0.54	0.54
Dual Eligibles <sup>1</sup>	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Newborn Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	53.07	13.36	12.62	2.97	1.000	\$17.11	\$3.31	\$21.13	\$2.07	\$43.61	\$43.61
Severe/Persistent Mental Illness - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Severe Mental Illness - Non-Dual	52.00	24.03	6.12	13.55	1.000	16.76	5.95	10.24	9.43	42.38	42.38
Severe Mental Illness - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Low Utilizer - Non-Dual	30.00	2.50	7.50	5.00	1.000	9.67	0.62	12.56	3.48	26.33	26.33
Low Utilizer - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Serious Emotionally Disturbed Child	2.42	1.43	0.00	3.71	1.000	0.78	0.35	0.00	2.58	3.72	3.72
Granite Advantage - Medically Frail	11.35	2.61	1.02	0.00	1.054	\$3.86	\$0.68	\$1.80	\$0.00	\$6.34	\$6.34
Granite Advantage - Non-Medically Frail	3.55	1.73	0.36	0.45	1.057	1.21	0.45	0.64	0.33	2.64	2.64
<b>Total</b>	3.35	1.19	0.45	0.44	1.036	\$1.11	\$0.31	\$0.77	\$0.31	\$2.51	\$2.51

3,867.90      2,973.40      20,092.70      8,350.17

**Appendix C**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Projected Medical Cost Based on SFY 2022 Experience**

Eligibility Category	SFY 2022 Encounter Member Months	SFY 2022 Encounter Projected Per Capita Monthly Paid Cost	Acuity Adjustment	Final Projected Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	47,519	\$245.37	1.0000	\$245.37
Low Income Children - Age 1-18 Years	810,168	150.86	1.0362	156.33
Low Income Adults	205,837	377.10	1.0759	405.72
CHIP	233,235	145.05	1.0362	150.31
Foster Care / Adoption	28,314	311.79	1.0362	323.09
Severely Disabled Children	10,661	1,317.74	1.0000	1,317.74
Elderly and Disabled Adults - Age 19-64	68,497	1,209.79	1.0281	1,243.74
Elderly and Disabled Adults - Age 65+	14,665	983.11	1.0281	1,010.70
Dual Eligibles	183,803	237.28	1.0000	237.28
Newborn Kick Payment	2,678	4,574.42	1.0000	4,574.42
Neonatal Abstinence Syndrome Kick Payment	92	15,773.47	1.0000	15,773.47
Maternity Kick Payment	3,173	3,166.08	1.0000	3,166.08
Severe/Persistent Mental Illness - Non-Dual	32,334	\$1,853.81	1.0000	\$1,853.81
Severe/Persistent Mental Illness - Dual	26,083	1,278.57	1.0000	1,278.57
Severe Mental Illness - Non-Dual	27,463	1,295.21	1.0000	1,295.21
Severe Mental Illness - Dual	3,911	853.65	1.0000	853.65
Low Utilizer - Non-Dual	4,800	1,357.96	1.0000	1,357.96
Low Utilizer - Dual	3,589	537.16	1.0000	537.16
Serious Emotionally Disturbed Child	84,127	803.68	1.0000	803.68
<b>Standard Subtotal<sup>1</sup></b>	<b>1,785,004</b>	<b>\$359.17</b>	<b>1.0228</b>	<b>\$367.34</b>
Granite Advantage - Medically Frail	105,701	\$889.09	1.0538	\$936.95
Granite Advantage - Non-Medically Frail	825,732	377.52	1.0569	399.01
<b>GAHCP Subtotal<sup>2</sup></b>	<b>931,433</b>	<b>\$435.58</b>	<b>1.0562</b>	<b>\$460.06</b>
<b>Total<sup>1</sup></b>	<b>2,716,437</b>	<b>\$385.37</b>	<b>1.0357</b>	<b>\$399.13</b>

<sup>1</sup> Member Months totals exclude kick payments.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

Eligibility Category	Projected Per Capita Monthly Paid Cost	PMPM Add-On for Expanded Mental Health Services	State Owned Hospitals	State Owned Hospital Professional Services at Medicaid Fees	Tufts Children Hospital Claims to BCH	Boston Children's Hospital	Community Residential Services	Home Visiting	Genetic Testing	MCRT / ES Services Carve Out	Additional Pricing Changes	Birthing Centers	NEMT Changes	Remote Patient Monitoring	Pharmacy Savings	Final Projected Benefit Cost
Low Income Children - Age 0-1 Months	\$245.97	\$0.00	\$0.00	\$0.00	\$0.00	\$90.22	\$0.00	\$3.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.23	\$0.03	(\$0.07)	\$0.93
Low Income Children - Age 1-18 Years	150.31	0.00	0.00	0.11	0.00	0.26	0.00	0.11	0.00	0.00	0.01	0.00	0.23	0.01	(\$0.77)	150.31
Low Income Adults	405.72	0.00	0.64	0.11	0.00	0.36	0.00	0.32	0.00	0.00	0.37	0.00	0.23	0.01	(\$1.71)	405.72
CHIP	150.31	0.00	1.57	0.23	(0.11)	6.79	0.00	0.11	0.00	(0.01)	0.00	0.00	0.21	0.01	(\$1.71)	150.31
Foster Care / Adoption	323.09	0.00	29.71	1.11	(0.29)	18.11	0.00	0.13	0.00	(0.04)	0.00	0.00	0.28	0.22	(3.42)	323.09
Severely Disabled Children	1,317.74	0.00	2.68	0.59	(6.87)	185.49	0.00	0.14	0.00	(0.01)	0.87	0.00	1.73	2.14	(6.44)	1,317.74
Elderly and Disabled Adults - Age 19-64	1,243.74	0.00	3.66	0.37	0.00	6.02	0.10	0.00	0.00	(0.01)	1.22	0.00	2.10	0.36	(9.94)	1,243.74
Elderly and Disabled Adults - Age 65+	1,010.70	0.00	0.00	0.00	0.00	0.00	0.92	0.00	0.00	0.00	1.15	0.00	0.26	0.27	(5.66)	1,010.70
Neonatal Eligible Payment	4,574.35	0.00	0.00	0.00	0.00	1,717.55	0.00	0.00	0.00	0.00	0.00	0.36	0.24	0.00	(0.00)	4,574.35
Neonatal Abstinence Syndrome Kick Payment	15,773.47	0.00	0.00	0.00	0.00	3,845.86	0.00	0.00	29.18	0.00	0.00	4.79	0.30	0.00	0.00	19,653.83
Maternity Kick Payment	3,165.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.17	6.30	0.18	0.00	0.00	3,173.53
Severe/Persistent Mental Illness - Non-Dual	\$1,853.81	\$123.72	\$73.40	\$4.71	\$0.00	\$2.85	\$12.13	\$0.00	\$0.00	(\$1.15)	\$0.40	\$0.00	\$1.36	\$0.06	(\$5.44)	\$2,061.36
Severe/Persistent Mental Illness - Dual	1,276.57	159.82	36.93	1.75	0.00	0.00	28.29	0.00	0.00	(0.66)	0.64	0.00	0.83	0.01	(0.00)	1,506.08
Severe Mental Illness - Non-Dual	1,295.21	70.59	53.47	3.89	0.00	6.44	0.42	0.00	0.00	(0.41)	0.29	0.00	0.96	0.02	(4.90)	1,425.20
Severe Mental Illness - Dual	1,150.35	69.14	11.72	1.14	0.00	0.00	0.00	0.00	0.00	(0.48)	0.36	0.00	0.80	0.05	(1.71)	1,238.04
Low Utilizer - Non-Dual	1,357.96	84.22	21.65	1.86	0.00	0.00	0.05	0.00	0.00	(0.48)	0.36	0.00	1.18	0.05	(14.52)	1,437.45
Low Utilizer - Dual	537.16	58.05	0.09	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.61	0.00	0.53	0.02	(0.01)	595.74
Serious Emotionally Disturbed Child	803.68	88.26	56.44	5.14	(0.43)	15.14	0.00	0.13	0.00	(0.30)	0.00	0.00	0.25	0.01	(2.46)	865.37
Granite Advantage - Medically Frail	\$936.95	\$0.00	\$11.14	\$0.83	\$0.00	\$0.48	\$0.02	\$0.00	\$0.00	(\$0.41)	\$0.70	\$0.00	\$2.53	\$0.07	(\$4.50)	\$944.25
Granite Advantage - Non-Medically Frail	399.01	0.00	2.41	0.20	0.00	0.47	0.00	0.00	0.00	(0.01)	0.11	0.00	0.65	0.01	(2.87)	396.14

Appendix E  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Final Capitation Rate Development

Eligibility Category	Projected Per Capita Monthly Paid Cost	TPL Adjustment	Adjusted Per Capita Monthly Paid Cost	Administrative Cost Load	Administrative Expense Allowance	Risk/Profit Margin	Risk/Profit Allowance	CMHC Directed Payment	Hospital Directed Payment	State Owned Hospital Professional Services Directed Payment	Children's Hospital Directed Payment	Premium Tax Load	Premium Tax Allowance	Final Capitation Rate	Withhold Adjustment	Final Capitation Rate Less Withhold	Exhibit
Low Income Children - Age 0-11 Months	\$339.03	0.9925	\$336.49	9.3%	\$35.19	1.5%	\$5.66	\$0.00	\$15.86	\$0.00	\$2.99	2.0%	\$6.09	\$404.28	100%	\$404.28	-2
Low Income Children - Age 1-18 Years	167.58	0.9925	166.32	9.3%	17.39	1.5%	2.80	0.00	6.51	0.31	0.44	2.0%	3.95	197.72	100%	197.72	1
Low Income Adults	405.29	0.9925	402.25	9.3%	42.07	1.5%	6.77	0.00	26.50	0.12	0.04	2.0%	9.75	487.99	100%	487.99	2
CHIP	158.48	0.9925	157.29	9.3%	16.45	1.5%	2.65	0.00	5.74	0.23	0.35	2.0%	3.73	186.44	100%	186.44	3
Foster Care / Adoption	368.68	0.9925	366.12	9.3%	38.29	1.5%	6.16	0.00	7.31	1.14	0.84	2.0%	8.57	428.42	100%	428.42	4
Severely Disabled Children	1,498.17	0.9925	1,486.93	7.2%	116.80	1.5%	24.42	0.00	14.46	0.60	5.28	2.0%	33.64	1,682.15	100%	1,682.15	5
Elderly and Disabled Adults - Age 19-64	1,247.61	0.9925	1,238.25	7.2%	97.27	1.5%	20.34	0.00	48.44	0.38	0.26	2.0%	28.67	1,433.61	100%	1,433.61	6
Elderly and Disabled Adults - Age 65+	1,007.64	0.9925	1,000.09	7.2%	78.96	1.5%	16.43	0.00	55.47	0.00	0.00	2.0%	23.48	1,174.03	100%	1,174.03	7
Dual Eligibles	240.59	0.9925	238.78	5.7%	14.77	1.5%	3.86	0.00	15.76	0.06	0.02	2.0%	5.58	278.68	100%	278.68	8
Newborn Kick Payment	6,321.85	0.9925	6,274.43	3.6%	237.12	1.5%	98.16	0.00	0.00	0.00	16.07	2.0%	135.24	6,762.03	100%	6,762.03	9
Neonatal Abstinence Syndrome Kick Payment	19,653.78	0.9925	19,506.38	3.6%	737.18	1.5%	308.28	0.00	0.00	0.00	50.87	2.0%	420.46	21,023.17	100%	21,023.17	10
Maternity Kick Payment	3,172.73	0.9925	3,148.93	3.6%	119.00	1.5%	49.77	0.00	0.00	0.00	0.00	2.0%	67.71	3,385.41	100%	3,385.41	11
Severe/Persistent Mental Illness - Non-Dual	\$2,061.86	0.9925	\$2,046.39	7.2%	\$160.75	1.5%	\$33.61	\$40.96	\$40.53	\$4.83	\$0.14	2.0%	\$47.49	\$2,374.70	100%	\$2,374.70	12
Severe/Persistent Mental Illness - Dual	1,506.18	0.9925	1,494.88	5.7%	92.49	1.5%	24.17	52.91	22.64	1.79	0.01	2.0%	34.47	1,723.35	100%	1,723.35	13
Severe Mental Illness - Non-Dual	1,426.00	0.9925	1,415.31	7.2%	111.18	1.5%	23.25	23.37	95.16	3.99	0.14	2.0%	33.53	1,666.72	100%	1,666.72	14
Severe Mental Illness - Dual	996.69	0.9925	979.29	5.7%	60.99	1.5%	15.94	28.53	27.23	1.89	0.00	2.0%	22.74	1,197.10	100%	1,197.10	15
Low Utilizer - Non-Dual	1,432.46	0.9925	1,421.72	7.2%	111.68	1.5%	23.35	21.26	37.56	2.01	0.00	2.0%	33.01	1,650.59	100%	1,650.59	16
Low Utilizer - Dual	596.44	0.9925	591.97	5.7%	36.63	1.5%	8.57	18.22	13.07	0.08	0.00	2.0%	13.68	684.24	100%	684.24	17
Serious Emotionally Disturbed Child	963.57	0.9925	958.63	7.2%	73.30	1.5%	15.75	23.22	10.39	3.26	0.64	2.0%	22.35	1,117.94	100%	1,117.94	18
Grant Advantage - Medically Frail	\$948.20	0.9925	\$941.09	7.2%	\$73.92	1.5%	\$15.46	\$0.00	\$53.41	\$0.85	\$0.04	2.0%	\$23.14	\$1,106.91	100%	\$1,106.91	19
Grant Advantage - Non-Medically Frail	399.99	0.9925	396.99	9.3%	41.52	1.5%	6.88	0.00	28.23	0.20	0.02	2.0%	9.67	483.31	100%	483.31	20

**Exhibit A1**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Excluding Directed Payments**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$340.01	\$385.04	13.2%
Low Income Children - Age 1-18 Years	758,431	185.24	190.32	2.7%
Low Income Adults	172,430	471.57	460.29	-2.4%
CHIP	214,088	183.83	179.99	-2.1%
Foster Care / Adoption	37,883	362.65	418.94	15.5%
Severely Disabled Children	11,640	1,766.99	1,661.39	-6.0%
Elderly and Disabled Adults - Age 19-64	80,011	1,237.79	1,383.53	11.8%
Elderly and Disabled Adults - Age 65+	17,887	986.14	1,117.42	13.3%
Dual Eligibles	198,733	307.18	262.67	-14.5%
Newborn Kick Payment	2,934	5,320.36	6,745.63	26.8%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	20,971.26	87.9%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,428.23	\$2,286.48	-5.8%
Severe/Persistent Mental Illness - Dual	24,543	1,802.65	1,644.43	-8.8%
Severe Mental Illness - Non-Dual	22,567	1,651.17	1,581.36	-4.2%
Severe Mental Illness - Dual	3,139	1,055.24	1,077.26	2.1%
Low Utilizer - Non-Dual	5,611	1,534.96	1,588.52	3.5%
Low Utilizer - Dual	3,506	653.43	651.20	-0.3%
Serious Emotionally Disturbed Child	80,021	1,092.88	1,071.10	-2.0%
Granite Advantage - Medically Frail	97,739	\$1,074.95	\$1,051.49	-2.2%
Granite Advantage - Non-Medically Frail	689,684	414.34	454.27	9.6%
IP Psych Kick Payment				
PG 01 & 07		\$3,681.70	\$3,867.90	5.1%
PG 02		2,836.28	2,973.40	4.8%
PG 09		8,000.60	8,350.17	4.4%
PG 06		17,606.39	20,092.70	14.1%
Base Population Rate Cells	1,324,730	\$363.62	\$374.67	3.0%
CHIP Population Rate Cell <sup>1</sup>	225,823	232.80	227.44	-2.3%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,456.15	1,390.67	-4.5%
GAHCP Rate Cells	787,423	501.45	531.50	6.0%
GAHCP Behavioral Health Population Rate Cells	36,402	2,010.41	1,920.66	-4.5%
<b>Total<sup>3</sup></b>	<b>2,499,560</b>	<b>\$473.92</b>	<b>\$484.17</b>	<b>2.2%</b>

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.



**Exhibit A2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Including Directed Payments**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$352.08	\$404.28	14.8%
Low Income Children - Age 1-18 Years	758,431	190.48	197.72	3.8%
Low Income Adults	172,430	486.29	487.49	0.2%
CHIP	214,088	187.20	186.44	-0.4%
Foster Care / Adoption	37,883	370.51	428.42	15.6%
Severely Disabled Children	11,640	1,780.54	1,682.15	-5.5%
Elderly and Disabled Adults - Age 19-64	80,011	1,291.59	1,433.61	11.0%
Elderly and Disabled Adults - Age 65+	17,887	1,030.39	1,174.03	13.9%
Dual Eligibles	198,733	321.91	278.83	-13.4%
Newborn Kick Payment	2,934	5,320.36	6,762.03	27.1%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	21,023.17	88.4%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,476.79	\$2,374.70	-4.1%
Severe/Persistent Mental Illness - Dual	24,543	1,878.89	1,723.35	-8.3%
Severe Mental Illness - Non-Dual	22,567	1,674.92	1,666.72	-0.5%
Severe Mental Illness - Dual	3,139	1,105.42	1,137.10	2.9%
Low Utilizer - Non-Dual	5,611	1,549.86	1,650.59	6.5%
Low Utilizer - Dual	3,506	673.86	684.24	1.5%
Serious Emotionally Disturbed Child	80,021	1,142.02	1,117.54	-2.1%
Granite Advantage - Medically Frail	97,739	\$1,113.50	\$1,106.91	-0.6%
Granite Advantage - Non-Medically Frail	689,684	423.65	483.31	14.1%
IP Psych Kick Payment				
PG 01 & 07		\$3,681.70	\$3,867.90	5.1%
PG 02		2,836.28	2,973.40	4.8%
PG 09		8,000.60	8,350.17	4.4%
PG 06		17,606.39	20,092.70	14.1%
Base Population Rate Cells	1,324,730	\$375.37	\$389.84	3.9%
CHIP Population Rate Cell <sup>1</sup>	225,823	238.53	236.01	-1.1%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,507.71	1,451.59	-3.7%
GAHCP Rate Cells	787,423	514.39	563.81	9.6%
GAHCP Behavioral Health Population Rate Cells	36,402	2,045.37	2,004.32	-2.0%
<b>Total<sup>3</sup></b>	<b>2,499,560</b>	<b>\$487.83</b>	<b>\$507.44</b>	<b>4.0%</b>

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.

**Exhibit A3**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Including Directed Payments and Estimated Impact of Hospital Based Kick Payment**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$352.08	\$404.36	14.8%
Low Income Children - Age 1-18 Years	758,431	190.98	197.91	3.6%
Low Income Adults	172,430	488.80	490.38	0.3%
CHIP	214,088	187.80	186.58	-0.6%
Foster Care / Adoption	37,883	376.42	428.98	14.0%
Severely Disabled Children	11,640	1,780.87	1,682.88	-5.5%
Elderly and Disabled Adults - Age 19-64	80,011	1,298.42	1,436.50	10.6%
Elderly and Disabled Adults - Age 65+	17,887	1,032.25	1,174.57	13.8%
Dual Eligibles	198,733	321.91	278.83	-13.4%
Newborn Kick Payment	2,934	5,321.27	6,762.03	27.1%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	21,023.17	88.4%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,525.40	\$2,418.31	-4.2%
Severe/Persistent Mental Illness - Dual	24,543	1,878.89	1,723.35	-8.3%
Severe Mental Illness - Non-Dual	22,567	1,710.90	1,709.10	-0.1%
Severe Mental Illness - Dual	3,139	1,105.42	1,137.10	2.9%
Low Utilizer - Non-Dual	5,611	1,564.90	1,676.92	7.2%
Low Utilizer - Dual	3,506	673.86	684.24	1.5%
Serious Emotionally Disturbed Child	80,021	1,147.51	1,121.26	-2.3%
Granite Advantage - Medically Frail	97,739	\$1,126.28	\$1,113.25	-1.2%
Granite Advantage - Non-Medically Frail	689,684	427.68	485.95	13.6%
Base Population Rate Cells	1,324,730	\$375.37	\$389.84	3.9%
CHIP Population Rate Cell <sup>1</sup>	225,823	238.53	236.01	-1.1%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,507.71	1,451.59	-3.7%
GAHCP Rate Cells	787,423	514.39	563.81	9.6%
GAHCP Behavioral Health Population Rate Cells	36,402	2,045.37	2,004.32	-2.0%
<b>Total<sup>3</sup></b>	<b>2,499,560</b>	<b>\$487.83</b>	<b>\$507.44</b>	<b>4.0%</b>

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.

**Exhibit B**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Estimated Fiscal Impact**

Eligibility Category	Estimated Member Months	Average Total Capitation Rate	Federal Capitation Rate Liability	Federal Capitation Total Cost Liability	State Capitation Rate Liability	State Capitation Total Cost Liability
Low Income Children - Age 0-11 Months	47,713	\$404.28	\$205.61	\$9,810,121	\$198.67	\$9,479,443
Low Income Children - Age 1-18 Years	758,431	197.72	100.55	76,263,821	97.17	73,693,130
Low Income Adults	172,430	487.49	247.92	42,749,558	239.57	41,308,562
CHIP	214,088	186.44	122.30	26,183,915	64.14	13,730,590
Foster Care / Adoption	37,883	428.42	217.88	8,253,951	210.54	7,975,728
Severely Disabled Children	11,640	1,682.15	855.49	9,958,311	826.66	9,622,638
Elderly and Disabled Adults - Age 19-64	80,011	1,433.61	729.09	58,335,772	704.52	56,369,397
Elderly and Disabled Adults - Age 65+	17,887	1,174.03	597.08	10,680,104	576.95	10,320,100
Dual Eligibles	198,733	278.83	141.80	28,181,397	137.03	27,231,462
Newborn Kick Payment	2,934	6,762.03	3,438.98	10,090,430	3,323.05	9,750,303
Neonatal Abstinence Syndrome Kick Payment	102	21,023.17	10,691.78	1,092,091	10,331.39	1,055,279
Maternity Kick Payment	3,929	3,385.41	1,721.72	6,763,923	1,663.69	6,535,925
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,374.70	\$1,652.53	\$56,073,594	\$722.17	\$24,504,743
Severe/Persistent Mental Illness - Dual	24,543	1,723.35	876.45	21,510,440	846.90	20,785,369
Severe Mental Illness - Non-Dual	22,567	1,666.72	1,318.51	29,754,470	348.21	7,857,879
Severe Mental Illness - Dual	3,139	1,137.10	578.30	1,815,108	558.80	1,753,925
Low Utilizer - Non-Dual	5,611	1,650.59	1,152.09	6,464,572	498.50	2,797,173
Low Utilizer - Dual	3,506	684.24	347.98	1,220,139	336.26	1,179,011
Serious Emotionally Disturbed Child	80,021	1,117.54	574.70	45,987,990	542.84	43,439,192
Granite Advantage - Medically Frail	97,739	\$1,106.91	\$996.22	\$97,369,573	\$110.69	\$10,818,841
Granite Advantage - Non-Medically Frail	689,684	483.31	434.98	299,998,099	48.33	33,333,122
Base Population Rate Cells	1,324,730	\$389.84	\$198.26	\$262,646,151	\$191.58	\$253,792,910
CHIP Population Rate Cells	225,823	236.01	154.82	34,962,464	81.19	18,333,975
Behavioral Health Population Rate Cells	125,182	1,451.59	738.24	92,413,935	713.35	89,298,858
GAHCP Rate Cells	787,423	563.81	507.43	399,561,172	56.38	44,395,686
GAHCP Behavioral Health Rate Cells	36,402	2,004.32	1,803.88	65,664,672	200.43	7,296,075
<b>Total</b>	<b>2,499,560</b>	<b>\$507.44</b>	<b>\$342.16</b>	<b>\$855,248,393</b>	<b>\$165.28</b>	<b>\$413,117,503</b>

\*CHIP population rate cell composite includes the CHIP and SED rate cells.

\*\*Standard Behavioral Health Population Rate Cells composite excludes CHIP.

\*\*\*Member Months totals exclude kicks.

**Exhibit C1**  
**New Hampshire Department of Health and Human Services**  
**FY 2024 Medicaid Care Management Capitation Rate Development**  
**Projected BCH Medical Cost Based on SFY 2022 Experience**

Exhibit G-2 – Cost Development (August 2023) (pending CMS approval)

Eligibility Category	SFY 2022 Encounter Member Months	SFY 2022 Encounter Projected Per Capita Monthly Paid Cost	Acuity Adjustment	Projected Per Capita Monthly Paid Cost	Additional PMPM	Final Projected Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	47,519	\$78.77	1.0000	\$78.77	\$11.45	\$90.22
Low Income Children - Age 1-18 Years	810,168	8.00	1.0362	8.29	1.21	9.50
Low Income Adults	205,837	0.29	1.0759	0.31	0.05	0.36
CHIP	233,235	5.72	1.0362	5.93	0.86	6.79
Foster Care / Adoption	28,314	15.26	1.0362	15.81	2.30	18.11
Severely Disabled Children	10,661	161.95	1.0000	161.95	23.54	185.49
Elderly and Disabled Adults - Age 19-64	68,497	5.11	1.0281	5.25	0.76	6.02
Elderly and Disabled Adults - Age 65+	14,665	0.00	1.0281	0.00	0.00	0.00
Dual Eligibles	183,803	0.04	1.0000	0.04	0.01	0.05
Newborn Kick Payment	2,678	1,499.61	1.0000	1,499.61	217.94	1,717.55
Neonatal Abstinence Syndrome Kick Payment	92	3,357.86	1.0000	3,357.86	488.00	3,845.86
Maternity Kick Payment	3,173	0.00	1.0000	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	32,334	\$2.49	1.0000	\$2.49	\$0.36	\$2.85
Severe/Persistent Mental Illness - Dual	26,083	0.00	1.0000	0.00	0.00	0.00
Severe Mental Illness - Non-Dual	27,463	5.63	1.0000	5.63	0.82	6.44
Severe Mental Illness - Dual	3,911	0.00	1.0000	0.00	0.00	0.00
Low Utilizer - Non-Dual	4,800	0.00	1.0000	0.00	0.00	0.00
Low Utilizer - Dual	3,589	0.00	1.0000	0.00	0.00	0.00
Serious Emotionally Disturbed Child	84,127	13.22	1.0000	13.22	1.92	15.34
<b>Standard Subtotal<sup>1</sup></b>	<b>1,785,004</b>	<b>\$11.10</b>	<b>1.0228</b>	<b>\$11.27</b>	<b>\$1.64</b>	<b>\$12.91</b>
Granite Advantage - Medically Frail	105,701	0.39	1.0538	0.42	\$0.06	0.48
Granite Advantage - Non-Medically Frail	825,732	0.39	1.0569	0.41	0.06	0.47
<b>GAHCP Subtotal<sup>2</sup></b>	<b>931,433</b>	<b>\$0.39</b>	<b>1.0562</b>	<b>\$0.41</b>	<b>\$0.06</b>	<b>\$0.47</b>
<b>Total<sup>1</sup></b>	<b>2,716,437</b>	<b>\$7.43</b>	<b>1.0357</b>	<b>\$7.55</b>	<b>\$1.10</b>	<b>\$8.65</b>

<sup>1</sup> Member Months totals exclude kicks.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

**Exhibit C2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Total Projected BCH Funding**

Eligibility Category	Projected BCH RY 2024 Funding	Total Additional BCH Funding	Total BCH Funding
Low Income Children - Age 0-11 Months	\$3,758,520	\$546,231	\$4,304,751
Low Income Children - Age 1-18 Years	6,290,898	914,265	7,205,163
Low Income Adults	54,166	7,872	62,038
CHIP	1,269,452	184,491	1,453,944
Foster Care / Adoption	599,034	87,058	686,092
Severely Disabled Children	1,885,219	273,981	2,159,200
Elderly and Disabled Adults - Age 19-64	420,271	61,079	481,349
Elderly and Disabled Adults - Age 65+	0	0	0
Dual Eligibles	8,716	1,267	9,983
Newborn Kick Payment	4,400,060	639,467	5,039,526
Neonatal Abstinence Syndrome Kick Payment	342,982	49,846	392,828
Maternity Kick Payment	0	0	0
Severe/Persistent Mental Illness - Non-Dual	84,563	12,290	96,853
Severe/Persistent Mental Illness - Dual	36	5	41
Severe Mental Illness - Non-Dual	126,977	18,454	145,430
Severe Mental Illness - Dual	0	0	0
Low Utilizer - Non-Dual	0	0	0
Low Utilizer - Dual	0	0	0
Serious Emotionally Disturbed Child	1,057,854	153,739	1,211,593
<b>Standard Subtotal<sup>1</sup></b>	<b>\$20,298,748</b>	<b>\$2,950,044</b>	<b>\$23,248,792</b>
Granite Advantage - Medically Frail	40,631	5,905	46,536
Granite Advantage - Non-Medically Frail	283,474	41,198	324,672
<b>GAHCP Subtotal<sup>2</sup></b>	<b>\$324,105</b>	<b>\$47,103</b>	<b>\$371,208</b>
<b>Total<sup>1</sup></b>	<b>\$20,622,853</b>	<b>\$2,997,147</b>	<b>\$23,620,000</b>

<sup>1</sup> Member Months totals exclude kicks.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

**Exhibit D**  
**New Hampshire Department of Health and Human Services**  
**Medicaid Care Management Capitation Rate Development**  
**Estimated RY 2024 Community Mental Health Center Services Funding**

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Rate Cell	RY 2024 Projected Member Months	CMHC Service Costs				Expanded Mental Health Services	MCRT / ES Services Carve Out	CMHC Directed Payment	Community Residential Services	Total
		SFY 2022	SFY 2023	Blended	Total					
Low Income Children - Age 0-11 Months	47,713	\$0.03	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.03	
Low Income Children - Age 1-18 Years	758,431	2.14	0.00	2.14	0.00	0.00	0.00	0.00	2.13	
Low Income Adults	172,430	3.75	0.00	3.75	0.00	0.00	0.00	0.00	3.75	
CHIP	214,088	1.57	0.00	1.57	0.00	0.00	0.00	0.00	1.56	
Foster Care / Adoption	37,883	8.11	0.00	8.11	0.00	0.00	0.00	0.00	8.07	
Severely Disabled Children	11,640	6.51	0.00	6.51	0.00	0.00	0.00	0.00	6.51	
Elderly and Disabled Adults - Age 19-64	80,011	7.89	0.00	7.89	0.00	0.00	0.00	0.10	7.98	
Elderly and Disabled Adults - Age 65+	17,887	0.87	0.00	0.87	0.00	0.00	0.00	0.92	1.78	
Dual Eligibles	198,733	6.11	0.00	6.11	0.00	0.00	0.00	0.16	6.26	
Newborn Kick Payment	2,934	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Neonatal Abstinence Syndrome Kick Payment	102	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Maternity Kick Payment	3,929	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Severe/Persistent Mental Illness - Non-Dual	17,694	\$782.15	\$0.00	\$782.15	\$123.72	\$123.72	\$40.96	\$12.13	\$957.81	
Severe/Persistent Mental Illness - Dual	24,543	1,016.00	0.00	1,016.00	159.82	159.82	52.91	28.29	1,256.35	
Severe Mental Illness - Non-Dual	6,279	440.35	0.00	440.35	70.59	70.59	23.37	0.42	534.33	
Severe Mental Illness - Dual	3,139	556.29	0.00	556.29	89.18	89.18	29.53	0.55	675.11	
Low Utilizer - Non-Dual	2,896	400.95	0.00	400.95	64.22	64.22	21.26	0.06	486.01	
Low Utilizer - Dual	3,506	362.42	0.00	362.42	58.05	58.05	19.22	0.00	439.69	
Serious Emotionally Disturbed Child	78,860	550.49	0.00	550.49	88.26	88.26	29.22	0.00	667.67	
<b>Standard Subtotal</b>	<b>1,675,735</b>	<b>\$56.08</b>	<b>\$0.00</b>	<b>\$56.08</b>	<b>\$8.46</b>	<b>\$8.46</b>	<b>\$2.80</b>	<b>\$0.58</b>	<b>\$67.88</b>	
Granite Advantage - Severe/Persistent Mental Illness	16,238	\$782.15	\$0.00	\$782.15	\$123.72	\$123.72	\$40.96	\$12.13	\$957.81	
Granite Advantage - Severe Mental Illness	16,287	440.35	0.00	440.35	70.59	70.59	23.37	0.42	534.33	
Granite Advantage - Low Utilizer	2,715	400.95	0.00	400.95	64.22	64.22	21.26	0.06	486.01	
Granite Advantage - Serious Emotionally Disturbed Child	1,161	550.49	0.00	550.49	88.26	88.26	29.22	0.00	667.67	
Granite Advantage - Medically Frail	97,739	9.64	0.00	9.64	0.00	0.00	0.00	0.02	9.65	
Granite Advantage - Non-Medically Frail	689,684	3.56	0.00	3.56	0.00	0.00	0.00	0.00	3.56	
<b>GAHCP Subtotal</b>	<b>823,825</b>	<b>\$30.35</b>	<b>\$0.00</b>	<b>\$30.35</b>	<b>\$4.17</b>	<b>\$4.17</b>	<b>\$1.38</b>	<b>\$0.25</b>	<b>\$36.11</b>	
<b>Total</b>	<b>2,499,560</b>	<b>\$47.60</b>	<b>\$0.00</b>	<b>\$47.60</b>	<b>\$7.05</b>	<b>\$7.05</b>	<b>\$2.33</b>	<b>\$0.47</b>	<b>\$57.41</b>	

**Exhibit E**  
**New Hampshire Department of Health and Human Services**  
**Medicaid Care Management Program**  
**RY 2024 Enrollment Projections**

Eligibility Category	Total
Low Income Children - Age 0-11 Months	47,713
Low Income Children - Age 1-18 Years	758,431
Low Income Adults	172,430
CHIP	214,088
Foster Care / Adoption	37,883
Severely Disabled Children	11,640
Elderly and Disabled Adults - Age 19-64	80,011
Elderly and Disabled Adults - Age 65+	17,887
Dual Eligibles	198,733
Newborn Kick Payment	2,934
Neonatal Abstinence Syndrome Kick Payment	102
Maternity Kick Payment	3,929
Severe/Persistent Mental Illness - Non-Dual	33,932
Severe/Persistent Mental Illness - Dual	24,543
Severe Mental Illness - Non-Dual	22,567
Severe Mental Illness - Dual	3,139
Low Utilizer - Non-Dual	5,611
Low Utilizer - Dual	3,506
Serious Emotionally Disturbed Child	80,021
<b>Standard Subtotal</b>	<b>1,719,102</b>
Granite Advantage - Medically Frail	97,739
Granite Advantage - Non-Medically Frail	689,684
<b>GAHCP Subtotal</b>	<b>787,423</b>
<b>Total excluding kicks</b>	<b>2,499,560</b>

Eligibility Category	Age Limit	Quantity Limit	Medication Possession Ratio	Anti-Inflammatory	Appropriate Diagnosis				Therapeutic Duplication				Concurrent Utilization	Opioid Use Disorder	Agonists	Adjusted Total	PHPS	
					Asthma COPD	Cystic Fibrosis	Diabetes	Pancreatic Enzyme	Stimulants	Substance Abuse	Corticosteroids	Asthma COPD Long-Acting Beta Agonists						Long-Acting Muscarinic Antagonists
Low Income Children - Age 0-11 Months	0	0	203	368,654	4,155	27,506	61,726	560	150,990	218	269	7,968	-	-	-	134	3,287	PHPS
Low Income Children - Age 1-18 Years	59,132	51,418	19,235	428,580	151,726	18,434	22,849	309	40,000	83,120	1,288	1,658	-	23	-	924	551,803	PHPS
Low Income Adults	15,919	18,434	4,081	48,760	48,760	22,849	22,849	309	40,000	83,120	1,288	1,658	-	10,821	2,11	946	140,655	PHPS
CHIP	2,847	17,646	3,039	58,991	8,120	21,773	1,427	1,410	42,322	275	275	-	-	-	-	0	64,738	PHPS
Foster Care / Adoption	15,700	6,373	3,039	338,571	22,999	2,485	7,427	1,410	35,919	43,373	10,514	2,756	-	-	-	3,815	62,153	PHPS
Severely Disabled Children	7,320	333	8,092	338,571	22,999	2,485	7,427	1,410	35,919	43,373	10,514	2,756	-	-	3,815	62,153	PHPS	
Severely Disabled Adults - Age 18-64	133	107	8,092	338,571	22,999	2,485	7,427	1,410	35,919	43,373	10,514	2,756	-	-	3,815	62,153	PHPS	
EHRN and Disabled Adults - Age 65+	133	107	8,092	338,571	22,999	2,485	7,427	1,410	35,919	43,373	10,514	2,756	-	-	3,815	62,153	PHPS	
Dual Eligible	133	107	8,092	338,571	22,999	2,485	7,427	1,410	35,919	43,373	10,514	2,756	-	-	3,815	62,153	PHPS	
Newborn Kick Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86,939	PHPS
Maternity Kick Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	192	PHPS
Severe/ Persistent Mental Illness - Non-Dual	3,579	24,203	22,740	98,738	72,849	-	36,707	24,041	142,859	5,817	4,502	-	842	162	357	13,472	299,420	PHPS
Severe Mental Illness - Dual	2,006	19,935	3,104	23,720	28,126	-	19,916	43,412	50,721	6,432	423	-	-	308	37	350	131,616	PHPS
Severe Mental Illness - Non-Dual	61	8,993	4,888	77,027	7,045	-	812	-	18,957	-	-	-	-	-	-	114	68,363	PHPS
Low Utilizer - Non-Dual	16,508	25,519	2,287	60,848	26,875	-	40,231	-	138,768	-	-	-	-	-	-	-	66,963	PHPS
Serious Emotionally Disturbed Child	117,635	275,363	135,162	1,520,791	648,123	-	456,711	75,356	939,554	140,469	37,659	4,366	8,112	24,677	636	18,625	2,023,008	PHPS
Standard Subtotal	7,704	43,860	34,201	728,540	191,600	-	28,270	17,841	95,901	79,620	262	1,640	9,842	15,077	723	2,934	476,263	PHPS
Grants Advantage - Medically Fragile	40,143	108,759	76,998	1,454,648	703,974	-	463,288	69,848	635,519	312,684	24,464	3,256	6,490	3,744	602	3,692	2,955,264	PHPS
Grants Advantage - Non-Medically Fragile	47,347	152,339	111,959	1,851,187	894,564	-	491,558	87,859	730,610	392,304	35,100	8,132	16,132	18,821	1,325	6,026	2,841,528	PHPS
<b>Total</b>	165,382	427,703	246,361	3,201,979	1,745,686	29,991	928,288	163,155	1,670,165	532,803	70,756	7,884	12,489	43,996	1,961	24,651	5,620,418	PHPS



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
71894012002	00026037220	52276031205	73554211101	73554311101	00053010010
71894012103	00026037230	52276031260			00053011011
71894012203	00026037250	75987005006			00053012012
71894012303	00026037920	76325010004			00053013013
71894012404	00026037930	76325010025			00053014014
71894012504	00026037950	71863011460			00053015015
71894012604	00026378220				00053016016
71894012705	00026378225				00053017017
71894012805	00026378330				00053018018
71894012905	00026378335				00053019019
71894013006	00026378550				00053020020
71894013106	00026378555				00053021021
71894013206	00026378660				00053022022
71894013307	00026378665				00053023023
71894013407	00026378770				00053024024
71894013507	00026378775				00053025025
71894013608	00026379220				00053026026
71894013708	00026379330				00053027027
71894013808	00026379550				00053028028
71894013909	00026379660				00053029029
71894014009	00026379770				00053030030
71894014109	00026382125				00053031031
	00026382225				00053032032
	00026382425				00053033033
	00026382650				00053034034
	00026382850				00053035035
	00026394225				00053036036
	00026394425				00053037037
	00026394625				00053038038
	00026394825				00053039039
	00026482101				00053040040
	00026482201				00053041041
	00026482401				00053042042
	00026482601				00053043043
	00026482801				00053044044
	00053623302				00053045045
	00053761505				00053046046
	00053761510				00053047047
	00053761520				00053048048
	00053762005				
	00053762010				
	00053762020				
	00053763302				
	00053763402				
	00053765601				
	00053765602				
	00053765604				
	00053765605				
	00053766801				
	00053766802				
	00053766804				
	00053813001				
	00053813002				
	00053813004				
	00053813005				
	00053813102				
	00053813202				
	00053813302				
	00053813402				
	00053813502				
	00169701001				
	00169701301				
	00169702001				
	00169704001				
	00169705001				
	00169706001				
	00169706101				
	00169706201				
	00169720101				
	00169720201				
	00169720501				
	00169720801				
	00169781001				
	00169781501				
	00169782001				
	00169782501				
	00169783001				
	00169785001				
	00169790101				
	00169790201				
	00169790501				
	00169810001				
	00169815001				
	00169820001				
	00169830001				
	00169850001				
	00944058101				
	00944130110				
	00944130210				
	00944130310				
	00944130410				
	00944283110				
	00944283210				
	00944283310				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	00944283401				
	00944283410				
	00944283501				
	00944283510				
	00944284110				
	00944284210				
	00944284310				
	00944284410				
	00944284510				
	00944292102				
	00944292202				
	00944292302				
	00944292402				
	00944293001				
	00944293101				
	00944293201				
	00944293301				
	00944293501				
	00944293502				
	00944293503				
	00944293504				
	00944293801				
	00944293802				
	00944293803				
	00944294001				
	00944294002				
	00944294003				
	00944294004				
	00944294010				
	00944294110				
	00944294210				
	00944294310				
	00944294410				
	00944294510				
	00944294610				
	00944294810				
	00944296010				
	00944296110				
	00944296210				
	00944296310				
	00944296410				
	00944296510				
	00944302602				
	00944302802				
	00944303002				
	00944303202				
	00944303402				
	00944304510				
	00944304610				
	00944304710				
	00944305102				
	00944305202				
	00944305302				
	00944305402				
	00944394002				
	00944394202				
	00944394402				
	00944394602				
	00944425202				
	00944425402				
	00944425602				
	00944425802				
	00944462201				
	00944462301				
	00944462401				
	00944462501				
	00944462601				
	00944462602				
	00944462701				
	00944462702				
	00944462801				
	00944462802				
	00944500101				
	00944500105				
	00944500110				
	00944755102				
	00944755302				
	13533066520				
	13533066530				
	13533066550				
	50242092001				
	50242092101				
	50242092201				
	50242092301				
	52769046001				
	53270027005				
	53270027105				
	53270027106				
	53270027205				
	53270027206				
	58394000101				
	58394000105				
	58394000106				
	58394000201				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	58394000205				
	58394000206				
	58394000301				
	58394000305				
	58394000306				
	58394000502				
	58394000504				
	58394000602				
	58394000604				
	58394000702				
	58394000704				
	58394000802				
	58394000803				
	58394001102				
	58394001104				
	58394001201				
	58394001202				
	58394001301				
	58394001302				
	58394001401				
	58394001402				
	58394001501				
	58394001502				
	58394001603				
	58394002203				
	58394002303				
	58394002403				
	58394002503				
	58394063303				
	58394063403				
	58394063503				
	58394063603				
	58394063703				
	63833038602				
	63833038702				
	63833051802				
	63833061502				
	63833061602				
	63833061702				
	63833089151				
	63833089190				
	63833891501				
	64193022203				
	64193022204				
	64193022205				
	64193022302				
	64193022402				
	64193022502				
	64193024402				
	64193042302				
	64193042402				
	64193042502				
	64193042602				
	64193044502				
	64208775201				
	64208775301				
	64406048308				
	64406048408				
	64406048508				
	64406048608				
	64406048708				
	64406048808				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	64406048908				
	64406080101				
	64406080201				
	64406080301				
	64406080401				
	64406080501				
	64406080601				
	64406080701				
	64406080801				
	64406080901				
	64406081001				
	64406091101				
	64406092201				
	64406093301				
	64406094401				
	64406096601				
	64406097701				
	67467018101				
	67467018102				
	67467018201				
	67467018202				
	68516320002				
	68516320003				
	68516320004				
	68516320005				
	68516320101				
	68516320202				
	68516320302				
	68516320401				
	68516320502				
	68516320602				
	68516320701				
	68516320802				
	68516320902				
	68516360002				
	68516360004				
	68516360005				
	68516360006				
	68516360102				
	68516360202				
	68516360302				
	68516360402				
	68516360502				
	68516360602				
	68516360702				
	68516360802				
	68516360902				
	68516460001				
	68516460002				
	68516460101				
	68516460201				
	68516460302				
	68516460402				
	68516460501				
	68516460601				
	68516460702				
	68516460802				
	68516460902				
	68516461002				
	68516461101				
	68516461201				
	68516461302				
	68516461402				
	68516461502				
	68982013901				
	68982014001				
	68982014101				
	68982014201				
	68982014301				
	68982014401				
	68982014501				
	68982014601				
	68982014701				
	68982014801				
	68982014901				
	68982015001				
	68982015101				
	68982015201				
	68982018201				
	68982018202				
	68982034701				
	68982034801				
	69911047402				
	69911047502				
	69911047602				
	69911047702				
	69911047802				
	69911048002				
	69911048102				
	69911086402				
	69911086502				
	69911086602				
	69911086702				
	69911086902				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	70504028205				
	70504028305				
	70504028405				
	70504028506				
	70504028606				
	70504028705				
	70504028805				
	70504028905				
	71104048308				
	71104048408				
	71104048508				
	71104048608				
	71104048708				
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	71104048908				
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	71104049208				
	71104080101				
	71104080201				
	71104080301				
	71104080401				
	71104080501				
	71104080601				
	71104080701				
	71104080801				
	71104080901				
	71104081001				
	71104091101				
	71104092201				
	71104093301				
	71104094401				
	71104096601				
	71104097701				
	76125025020				
	76125025620				
	76125050030				
	76125066730				
	76125066750				
	76125066830				
	76125067250				
	76125067351				
	76125067650				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 0-11 Months

Member Months: 47,519

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,564,311	250	1,744	63.1	440.4	\$6,257.24	\$32.92
Surgical	179,487	20	226	5.1	57.1	8,974.35	3.78
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	608	1	1	0.3	0.3	607.78	0.01
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,744,406	271	1,971	68.4	497.7	\$6,436.92	\$36.71
<b>Hospital Outpatient</b>							
Emergency Room	\$1,083,379		2,987		754.3	\$362.70	\$22.80
Surgery	119,448		126		31.8	948.00	2.51
Radiology	108,003		616		155.6	175.33	2.27
Pathology	273,094		6,689		1,689.2	40.83	5.75
Pharmacy	40,307		4,199		1,060.4	9.60	0.85
Cardiovascular	15,853		126		31.8	125.81	0.33
PT/OT/ST	60,006		1,707		431.1	35.15	1.26
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	596,533		10,705		2,703.4	55.72	12.55
	\$2,296,623		27,155		6,857.5	\$84.57	\$48.33
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$7,311		20		5.1	\$365.54	\$0.15
Office Visits	727,741		13,108		3,310.2	55.52	15.31
Preventive Medicine	947,060		43,134		10,892.7	21.96	19.93
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	5,452		156		39.4	34.95	0.11
PT/OT/ST	55,708		2,087		527.0	26.69	1.17
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	185,330		7,067		1,784.6	26.22	3.90
Home Health and Private Duty Nursing	269,530		5,807		1,466.4	46.42	5.67
Ambulance	83,726		5,112		1,290.9	16.38	1.76
Non-Emergency Transportation	22,247		930		234.9	23.92	0.47
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	976,977		5,915		1,493.7	165.17	20.56
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	1,017,880		359,436		90,769.2	2.83	21.42
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,459,973		42,657		10,772.3	34.23	30.72
	\$5,758,935		485,429		122,586.5	\$11.86	\$121.19
<b>Prescription Drugs</b>							
Generic Scripts	\$202,150		8,270		2,088.4	\$24.44	\$4.25
Single-Source Brand	108,302		464		117.2	233.41	2.28
Multi-Source Brand	918		31		7.8	29.61	0.02
Specialty	480,001		96		24.2	5,000.01	10.10
Hepatitis C	0		0		0.0	0.00	0.00
Other	12		2		0.5	5.76	0.00
	\$791,383		8,863		2,238.2	\$89.29	\$16.65
<b>Community Mental Health Center</b>							
Case Management	\$833		2		0.5	\$416.60	\$0.02
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	120		1		0.3	119.79	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	343		2		0.5	171.44	0.01
	\$1,296		5		1.3	\$259.18	\$0.03
<b>All Services</b>	<b>\$10,592,643</b>	<b>271</b>	<b>523,423</b>	<b>68.4</b>	<b>132,181.2</b>	<b>\$20.24</b>	<b>\$222.92</b>

Appendix A1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 1-18 Years

Member Months: 810,168

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$2,404,539	394	1,570	5.8	23.3	\$6,102.89	\$2.97
Surgical	660,462	89	392	1.3	5.8	7,420.92	0.82
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	4,955	3	7	0.0	0.1	1,651.63	0.01
Well Newborn	591	1	2	0.0	0.0	591.47	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	22,959	4	18	0.1	0.3	5,739.63	0.03
Other	0	0	0	0.0	0.0	0.00	0.00
	\$3,093,506	491	1,989	7.3	29.5	\$6,300.42	\$3.82
<b>Hospital Outpatient</b>							
Emergency Room	\$9,374,296		19,725		292.2	\$475.25	\$11.57
Surgery	1,893,416		1,806		26.7	1,048.40	2.34
Radiology	1,936,089		9,537		141.3	203.01	2.39
Pathology	3,364,985		116,168		1,720.6	28.97	4.15
Pharmacy	1,341,270		14,168		2,098.5	9.47	1.66
Cardiovascular	86,964		753		11.2	115.49	0.11
PT/OT/ST	906,876		26,961		399.3	33.64	1.12
Psychiatric	90,255		325		4.8	277.71	0.11
Substance Abuse	0		0		0.0	0.00	0.00
Other	4,258,439		111,740		1,655.1	38.11	5.26
	\$23,252,592		428,696		6,349.7	\$54.24	\$28.70
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$213,356		558		8.3	\$382.36	\$0.26
Office Visits	7,111,993		128,032		1,896.4	56.55	8.78
Preventive Medicine	2,951,514		97,454		30.29	3.64	3.64
Maternity	35,548		158		2.3	225.05	0.04
Certified Midwife	1,478		10		0.1	152.86	0.00
PT/OT/ST	3,202,165		93,400		1,388.4	34.28	3.95
Psychiatric and Substance Abuse	3,821,828		106,432		1,576.4	35.91	4.72
Radiology and Pathology	2,674,081		97,054		1,437.5	27.55	3.30
Home Health and Private Duty Nursing	3,155,222		189,735		2,810.3	16.63	3.89
Ambulance	441,942		22,075		327.0	20.02	0.55
Non-Emergency Transportation	271,814		12,112		179.4	22.44	0.34
Opioi Treatment Program	467		43		0.6	10.87	0.00
Federally Qualified and Rural Health Clinics	6,935,583		43,324		641.7	160.09	8.56
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	205,067		35,244		522.0	5.82	0.25
Durable Medical Equipment	4,239,024		1,753,387		25,970.7	2.42	5.23
Applied Behavioral Analysis	7,116,213		424,629		6,289.5	16.76	8.78
Other	6,615,955		410,095		6,074.2	16.13	8.17
	\$48,993,249		3,413,741		50,563.4	\$14.35	\$60.47
<b>Prescription Drugs</b>							
Generic Scripts	\$7,021,549		205,045		3,037.1	\$34.24	\$8.67
Single-Source Brand	5,651,424		18,963		280.9	298.02	6.98
Multi-Source Brand	515,549		1,254		18.6	411.12	0.64
Specialty	18,722,035		2,432		36.0	7,698.21	23.11
Hepatitis C	226,607		12		0.2	18,883.88	0.28
Other	349		28		0.4	12.47	0.00
	\$32,137,513		227,734		3,373.1	\$141.12	\$39.67
<b>Community Mental Health Center</b>							
Case Management	\$717,494		1,810		26.8	\$396.41	\$0.89
Long Term Support Service	191,776		3,204		47.5	59.86	0.24
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	254,041		3,163		46.8	80.32	0.31
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	57		2		0.0	28.32	0.00
Emergency Service 24/7	1,151		41		0.6	28.07	0.00
APR TP	3,798		6		0.1	633.02	0.00
Supported Employment Services	0		6		0.1	142.14	0.00
Other	437,230		3,076		45.6	\$141.98	\$1.94
	\$1,605,547		11,308		167.5	\$26.71	\$134.64
<b>All Services</b>	\$109,082,407	491	4,083,468	7.3	60,483.3	\$26.71	\$134.64

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Adults

Member Months: 205,837

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$2,474,120	630	2,910	36.7	169.6	\$3,927.17	\$12.02
Surgical	2,193,070	204	1,234	11.9	71.9	10,750.34	10.65
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	307,436	113	348	6.6	20.3	2,720.68	1.49
Well Newborn	11,041	17	30	1.0	1.7	649.47	0.05
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	185,194	65	302	3.8	17.6	2,849.13	0.90
Other	0	0	0	0.0	0.0	0.00	0.00
	\$5,170,861	1,029	4,824	60.0	281.2	\$5,025.13	\$25.12
<b>Hospital Outpatient</b>							
Emergency Room	\$7,426,376		9,024		526.1	\$822.96	\$36.08
Surgery	2,048,252		1,734		101.1	1,181.23	9.95
Radiology	2,601,587		12,405		723.2	209.72	12.64
Pathology	1,721,743		94,110		5,486.5	18.30	8.36
Pharmacy	1,601,948		267,721		15,607.7	5.98	7.78
Cardiovascular	197,145		1,062		61.9	185.64	0.96
PT/OT/ST	504,350		15,505		903.9	32.53	2.45
Psychiatric	338,348		1,388		80.9	243.77	1.64
Substance Abuse	117,362		979		57.1	119.88	0.57
Other	2,670,465		85,371		4,977.0	31.28	12.97
	\$19,227,578		489,299		28,525.4	\$39.30	\$93.41
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$135,627		412		24.0	\$329.19	\$0.66
Office Visits	3,256,941		54,612		3,183.8	59.64	15.82
Preventive Medicine	1,091,835		20,120		1,173.0	54.27	5.30
Maternity	1,238,115		4,265		248.7	290.27	6.02
Certified Midwife	54,017		261		15.2	206.98	0.26
PT/OT/ST	235,596		9,688		564.8	24.32	1.14
Psychiatric and Substance Abuse	4,070,941		39,299		2,291.1	103.59	19.78
Radiology and Pathology	2,421,794		79,815		4,653.1	30.34	11.77
Home Health and Private Duty Nursing	232,086		11,488		669.7	20.20	1.13
Ambulance	343,637		13,479		785.8	25.49	1.67
Non-Emergency Transportation	1,872,567		87,575		5,105.5	21.38	9.10
Opioid Treatment Program	1,521,746		140,766		8,206.4	10.81	7.39
Federally Qualified and Rural Health Clinics	3,236,571		19,908		1,160.6	162.58	15.72
Adult Medical Day Care	18,255		617		36.0	29.59	0.09
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	900,182		123,302		7,188.3	7.30	4.37
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	4,095,721		406,525		23,699.8	10.07	19.90
	\$24,725,628		1,012,133		59,005.8	\$24.43	\$120.12
<b>Prescription Drugs</b>							
Generic Scripts	\$5,181,385		198,687		11,583.2	\$26.08	\$25.17
Single-Source Brand	6,814,987		15,452		900.8	441.04	33.11
Multi-Source Brand	720,132		2,573		150.0	279.88	3.50
Specialty	8,858,133		1,466		85.5	6,042.38	43.03
Hepatitis C	757,996		72		4.2	10,527.72	3.68
Other	237		15		0.9	15.80	0.00
	\$22,332,870		218,265		12,724.5	\$102.32	\$108.50
<b>Community Mental Health Center</b>							
Case Management	\$53,852		132		7.7	\$407.97	\$0.26
Long Term Support Service	50,654		671		39.1	75.49	0.25
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	188,563		2,880		167.9	65.47	0.92
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	2,218		78		4.5	28.44	0.01
Emergency Service 24/7	528		21		1.2	25.15	0.00
APRTP	36,273		57		3.3	636.36	0.18
Supported Employment Services	1,900		62		3.6	30.65	0.01
Other	382,436		3,624		211.3	105.53	1.86
	\$716,423		7,525		438.7	\$95.21	\$3.48
<b>All Services</b>	\$72,173,360	1,029	1,732,046	60.0	100,975.6	\$41.67	\$350.63



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: CHIP

Member Months: 233,235

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$280,860	80	251	4.1	12.9	\$3,510.76	\$1.20
Surgical	191,751	25	117	1.3	6.0	7,670.02	0.82
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$472,611	105	368	5.4	18.9	\$4,501.06	\$2.03
<b>Hospital Outpatient</b>							
Emergency Room	\$2,171,282		4,235		217.9	\$512.70	\$9.31
Surgery	605,037		519		26.7	1,165.77	2.59
Radiology	534,599		2,624		135.0	203.73	2.29
Pathology	875,337		31,201		1,605.3	28.05	3.75
Pharmacy	232,019		43,298		2,227.7	5.36	0.99
Cardiovascular	35,682		246		12.7	145.05	0.15
PT/OT/ST	279,346		8,120		417.8	34.40	1.20
Psychiatric	87,724		313		16.1	280.27	0.38
Substance Abuse	0		0		0.0	0.00	0.00
Other	1,269,767		32,368		1,665.3	39.23	5.44
	\$6,090,793		122,924		6,324.5	\$49.55	\$26.11
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$61,070		14,751		758.9	\$4.14	\$0.26
Office Visits	2,048,072		37,203		1,914.1	55.05	8.78
Preventive Medicine	899,426		28,912		1,487.5	31.11	3.86
Maternity	6,425		29		1.5	221.62	0.03
Certified Midwife	47		1		0.1	46.77	0.00
PT/OT/ST	997,357		29,951		1,541.0	33.30	4.28
Psychiatric and Substance Abuse	1,121,718		31,986		1,645.7	35.07	4.81
Radiology and Pathology	838,017		29,714		1,528.8	28.20	3.59
Home Health and Private Duty Nursing	516,498		52,705		2,711.7	9.80	2.21
Ambulance	74,144		4,259		219.1	17.41	0.32
Non-Emergency Transportation	25,758		1,734		89.2	14.85	0.11
Opioid Treatment Program	804		74		3.8	10.87	0.00
Federally Qualified and Rural Health Clinics	1,281,437		8,343		429.2	153.59	5.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	1,854		244		12.6	7.60	0.01
Durable Medical Equipment	1,196,696		319,127		16,419.2	3.75	5.13
Applied Behavioral Analysis	2,619,275		165,407		8,510.2	15.84	11.23
Other	1,630,584		105,400		5,422.9	15.47	6.99
	\$13,319,183		829,840		42,695.5	\$16.05	\$57.11
<b>Prescription Drugs</b>							
Generic Scripts	\$1,899,177		53,610		2,758.3	\$35.43	\$8.14
Single-Source Brand	1,667,659		5,757		296.2	289.67	7.15
Multi-Source Brand	125,317		346		17.8	362.19	0.54
Specialty	6,434,686		661		34.0	9,734.78	27.59
Hepatitis C	0		0		0.0	0.00	0.00
Other	44		7		0.4	6.22	0.00
	\$10,126,882		60,381		3,106.6	\$167.72	\$43.42
<b>Community Mental Health Center</b>							
Case Management	\$124,947		313		16.1	\$399.19	\$0.54
Long Term Support Service	46,603		845		43.5	55.15	0.20
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	84,128		1,170		60.2	71.90	0.36
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	28		1		0.1	28.32	0.00
Emergency Service 24/7	150		6		0.3	24.94	0.00
APRTP	3,221		5		0.3	644.22	0.01
Supported Employment Services	0		0		0.0	0.00	0.00
Other	86,060		633		32.6	135.96	0.37
	\$345,137		2,973		153.0	\$116.09	\$1.48
<b>All Services</b>	<b>\$30,354,605</b>	<b>105</b>	<b>1,016,486</b>	<b>5.4</b>	<b>52,298.5</b>	<b>\$29.86</b>	<b>\$130.15</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Foster Care / Adoption

Member Months: 28,314

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$123,060	31	140	13.1	59.3	\$3,969.66	\$4.35
Surgical	95,935	5	21	2.1	8.9	19,186.96	3.39
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$218,994	36	161	15.3	68.2	\$6,083.18	\$7.73
<b>Hospital Outpatient</b>							
Emergency Room	\$412,907		693		293.7	\$595.82	\$14.58
Surgery	122,378		113		47.9	1,082.99	4.32
Radiology	76,111		405		171.6	187.93	2.69
Pathology	162,163		5,813		2,463.7	27.90	5.73
Pharmacy	197,637		7,260		3,076.9	27.22	6.98
Cardiovascular	2,821		35		14.8	80.59	0.10
PT/OT/ST	53,198		1,456		617.1	36.54	1.88
Psychiatric	12,361		51		21.6	242.36	0.44
Substance Abuse	0		0		0.0	0.00	0.00
Other	219,993		5,937		2,516.2	37.05	7.77
	\$1,259,568		21,763		9,223.6	\$57.88	\$44.49
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$9,823		24		10.2	\$409.31	\$0.35
Office Visits	336,063		5,805		2,460.3	57.89	11.87
Preventive Medicine	126,117		4,061		1,721.1	31.06	4.45
Maternity	1,220		3		1.1	457.56	0.04
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	226,824		6,837		2,897.7	33.18	8.01
Psychiatric and Substance Abuse	339,798		5,330		2,259.0	63.75	12.00
Radiology and Pathology	116,783		4,105		1,739.8	28.45	4.12
Home Health and Private Duty Nursing	1,189,954		48,330		20,483.2	24.62	42.03
Ambulance	27,890		1,523		645.5	18.31	0.99
Non-Emergency Transportation	16,509		516		218.7	31.99	0.58
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	259,423		1,731		733.6	149.87	9.16
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	42,683		7,404		3,138.0	5.76	1.51
Durable Medical Equipment	532,907		204,120		86,510.2	2.61	18.82
Applied Behavioral Analysis	300,514		17,808		7,547.4	16.88	10.61
Other	382,220		25,994		11,016.8	14.70	13.50
	\$3,908,729		333,591		141,382.4	\$11.72	\$138.05
<b>Prescription Drugs</b>							
Generic Scripts	\$671,566		22,484		9,529.2	\$29.87	\$23.72
Single-Source Brand	590,861		1,590		673.9	371.61	20.87
Multi-Source Brand	86,660		132		55.9	656.52	3.06
Specialty	1,080,122		186		78.8	5,807.11	38.15
Hepatitis C	137,259		7		3.0	19,608.48	4.85
Other	7		9		3.8	0.77	0.00
	\$2,566,476		24,408		10,344.6	\$105.15	\$90.64
<b>Community Mental Health Center</b>							
Case Management	\$83,011		208		88.2	\$399.09	\$2.93
Long Term Support Service	41,497		843		357.3	49.23	1.47
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	37,751		487		206.4	77.52	1.33
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	299		12		5.1	24.94	0.01
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	50,343		403		170.8	124.92	1.78
	\$212,901		1,953		827.7	\$109.01	\$7.52
<b>All Services</b>	<b>\$8,166,668</b>	<b>36</b>	<b>381,876</b>	<b>15.3</b>	<b>161,846.6</b>	<b>\$21.39</b>	<b>\$288.43</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severely Disabled Children

Member Months: 10,661

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$213,706	28	178	31.5	200.4	\$7,632.35	\$20.05
Surgical	123,139	9	71	10.1	79.9	13,682.10	11.55
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$336,845	37	249	41.6	280.3	\$9,103.91	\$31.60
<b>Hospital Outpatient</b>							
Emergency Room	\$100,142		159		179.0	\$629.82	\$9.39
Surgery	29,134		36		40.5	809.28	2.73
Radiology	90,616		217		244.3	417.58	8.50
Pathology	50,795		2,953		3,324.0	17.20	4.76
Pharmacy	101,644		4,838		5,445.8	21.01	9.53
Cardiovascular	2,207		19		21.4	116.18	0.21
PT/OT/ST	92,474		2,351		2,646.4	39.33	8.67
Psychiatric	8,875		30		33.8	295.85	0.83
Substance Abuse	0		0		0.0	0.00	0.00
Other	86,150		1,507		1,696.3	57.17	8.08
	\$562,038		12,110		13,631.4	\$46.41	\$52.72
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$4,244		10		11.3	\$424.43	\$0.40
Office Visits	147,403		1,934		2,177.0	76.22	13.83
Preventive Medicine	18,262		477		536.9	38.29	1.71
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	303,756		12,217		13,751.8	24.86	28.49
Psychiatric and Substance Abuse	92,844		7,763		8,738.3	11.96	8.71
Radiology and Pathology	40,012		1,574		1,771.7	25.42	3.75
Home Health and Private Duty Nursing	4,383,828		207,524		233,595.1	21.12	411.21
Ambulance	20,264		872		981.1	23.25	1.90
Non-Emergency Transportation	75,910		2,856		3,214.8	26.58	7.12
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	20,655		154		173.3	134.13	1.94
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	516,120		89,389		100,618.9	5.77	48.41
Durable Medical Equipment	1,369,375		672,505		756,991.3	2.04	128.45
Applied Behavioral Analysis	788,318		56,970		64,127.1	13.84	73.95
Other	338,212		19,332		21,760.7	17.49	31.73
	\$8,119,203		1,073,577		1,208,449.2	\$7.56	\$761.60
<b>Prescription Drugs</b>							
Generic Scripts	\$790,439		13,610		15,319.8	\$58.08	\$74.15
Single-Source Brand	424,300		1,401		1,577.0	302.86	39.80
Multi-Source Brand	527,217		603		678.8	874.32	49.45
Specialty	1,980,540		454		511.0	4,362.42	185.78
Hepatitis C	0		0		0.0	0.00	0.00
Other	273		8		9.0	34.11	0.03
	\$3,722,769		16,076		18,095.6	\$231.57	\$349.20
<b>Community Mental Health Center</b>							
Case Management	\$22,741		56		63.0	\$406.10	\$2.13
Long Term Support Service	24,853		875		984.9	28.40	2.33
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	4,523		53		59.7	85.35	0.42
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	51		2		2.3	25.38	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	12,183		138		155.3	88.28	1.14
	\$64,351		1,124		1,265.2	\$57.25	\$6.04
<b>All Services</b>	\$12,805,206	37	1,103,136	41.6	1,241,721.6	\$11.61	\$1,201.16

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 19-64

Member Months: 68,497

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$3,703,481	763	5,920	133.7	1,037.1	\$4,853.84	\$54.07
Surgical	2,580,524	241	2,744	42.2	480.7	10,707.57	37.67
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	164,999	47	235	8.2	41.2	3,510.63	2.41
Other	0	0	0	0.0	0.0	0.00	0.00
	\$6,449,003	1,051	8,899	184.1	1,559.0	\$6,136.06	\$94.15
<b>Hospital Outpatient</b>							
Emergency Room	\$3,940,328		4,038		707.4	\$975.81	\$57.53
Surgery	1,602,554		1,797		314.8	891.79	23.40
Radiology	2,190,255		6,924		1,213.0	316.33	31.98
Pathology	660,209		43,461		7,614.0	15.19	9.64
Pharmacy	2,738,587		308,551		54,055.4	8.88	39.98
Cardiovascular	201,648		925		162.1	218.00	2.94
PT/OT/ST	433,145		13,162		2,305.9	32.91	6.32
Psychiatric	117,231		468		82.0	250.49	1.71
Substance Abuse	51,961		723		126.7	71.87	0.76
Other	2,309,853		54,788		9,598.4	42.16	33.72
	\$14,245,771		434,837		76,179.5	\$32.76	\$207.98
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$93,830		379		66.4	\$247.57	\$1.37
Office Visits	1,865,260		28,789		5,043.6	64.79	27.23
Preventive Medicine	172,176		5,415		948.7	31.80	2.51
Maternity	14,005		59		10.3	238.97	0.20
Certified Midwife	19		2		0.4	9.74	0.00
PT/OT/ST	275,074		11,327		1,984.4	24.28	4.02
Psychiatric and Substance Abuse	1,520,572		16,169		2,832.7	94.04	22.20
Radiology and Pathology	975,843		33,515		5,871.5	29.12	14.25
Home Health and Private Duty Nursing	4,740,019		201,517		35,304.0	23.52	69.20
Ambulance	709,617		17,235		3,019.3	41.17	10.36
Non-Emergency Transportation	2,495,192		82,088		14,381.1	30.40	36.43
Opioid Treatment Program	696,655		64,404		11,283.0	10.82	10.17
Federally Qualified and Rural Health Clinics	1,209,732		7,422		1,300.3	162.99	17.66
Adult Medical Day Care	76,413		3,648		639.1	20.95	1.12
Personal Care	1,080,469		188,333		32,994.2	5.74	15.77
Durable Medical Equipment	3,291,682		1,477,154		258,784.1	2.23	48.06
Applied Behavioral Analysis	992		62		10.9	16.00	0.01
Other	4,597,727		372,014		65,173.5	12.36	67.12
	\$23,815,277		2,509,531		439,647.3	\$9.49	\$347.69
<b>Prescription Drugs</b>							
Generic Scripts	\$5,511,375		215,671		37,783.6	\$25.55	\$80.46
Single-Source Brand	12,471,244		23,743		4,159.6	525.26	182.07
Multi-Source Brand	1,747,851		3,131		548.5	558.24	25.52
Specialty	13,970,717		1,797		314.8	7,774.47	203.96
Hepatitis C	261,267		24		4.2	10,886.13	3.81
Other	642		82		14.4	7.83	0.01
	\$33,963,095		244,448		42,825.1	\$138.94	\$495.84
<b>Community Mental Health Center</b>							
Case Management	\$42,287		103		18.0	\$410.56	\$0.62
Long Term Support Service	72,020		1,667		292.0	43.20	1.05
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	146,314		2,191		383.8	66.78	2.14
Evidence Based Practice	113		4		0.7	28.21	0.00
Medication Management	2,940		88		15.4	33.41	0.04
Emergency Service 24/7	1,573		63		11.0	24.96	0.02
APRTP	31,729		50		8.8	634.59	0.46
Supported Employment Services	680		22		3.9	30.90	0.01
Other	205,099		3,019		528.8	67.95	2.99
	\$502,755		7,207		1,262.5	\$69.76	\$7.34
<b>All Services</b>	\$78,975,902	1,051	3,204,922	184.1	561,473.5	\$24.64	\$1,152.99

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 65+

Member Months: 14,665

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,654,995	275	2,289	225.0	1,873.0	\$6,018.16	\$112.85
Surgical	1,110,716	62	1,066	50.7	872.3	17,914.78	75.74
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$2,765,711	337	3,355	275.8	2,745.3	\$8,206.86	\$188.59
<b>Hospital Outpatient</b>							
Emergency Room	\$816,496		672		549.9	\$1,215.02	\$55.68
Surgery	264,762		277		226.7	955.82	18.05
Radiology	445,597		1,743		1,426.2	255.65	30.39
Pathology	140,337		11,384		9,315.2	12.33	9.57
Pharmacy	153,575		34,452		28,191.1	4.46	10.47
Cardiovascular	56,242		351		287.2	160.23	3.84
PT/OT/ST	69,172		2,767		2,264.2	25.00	4.72
Psychiatric	93		1		0.8	93.35	0.01
Substance Abuse	0		0		0.0	0.00	0.00
Other	586,093		12,625		10,330.7	46.42	39.97
	\$2,532,367		64,272		52,592.0	\$39.40	\$172.68
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$43,114		335		274.1	\$128.70	\$2.94
Office Visits	365,900		5,954		4,872.0	61.45	24.95
Preventive Medicine	33,467		1,151		941.8	29.08	2.28
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	28,164		1,105		904.2	25.49	1.92
Psychiatric and Substance Abuse	143,160		1,998		1,634.9	71.65	9.76
Radiology and Pathology	239,063		8,464		6,925.9	28.24	16.30
Home Health and Private Duty Nursing	759,402		20,323		16,629.8	37.37	51.78
Ambulance	126,182		3,445		2,819.2	36.63	8.60
Non-Emergency Transportation	171,384		5,009		4,098.7	34.22	11.69
Opioid Treatment Program	11,880		1,104		903.4	10.76	0.81
Federally Qualified and Rural Health Clinics	395,998		2,561		2,095.6	154.63	27.00
Adult Medical Day Care	290,978		12,676		10,372.4	22.96	19.84
Personal Care	81,557		13,795		11,288.5	5.91	5.56
Durable Medical Equipment	389,591		199,774		163,469.6	1.95	26.57
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,061,218		47,910		39,203.4	22.15	72.36
	\$4,141,057		325,605		266,433.4	\$12.72	\$282.38
<b>Prescription Drugs</b>							
Generic Scripts	\$801,056		46,822		38,313.2	\$17.11	\$54.62
Single-Source Brand	2,378,730		6,339		5,187.0	375.25	162.20
Multi-Source Brand	150,324		253		207.0	594.17	10.25
Specialty	932,052		156		127.7	5,974.69	63.56
Hepatitis C	7,680		1		0.8	7,680.00	0.52
Other	88		8		6.5	11.03	0.01
	\$4,269,931		53,579		43,842.2	\$79.69	\$291.16
<b>Community Mental Health Center</b>							
Case Management	\$1,246		3		2.5	\$415.39	\$0.08
Long Term Support Service	198		5		4.1	39.57	0.01
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	2,123		34		27.8	62.43	0.14
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	8,205		1,019		833.9	8.05	0.56
	\$11,771		1,061		868.3	\$11.09	\$0.80
<b>All Services</b>	<b>\$13,720,838</b>	<b>337</b>	<b>447,872</b>	<b>275.8</b>	<b>366,481.2</b>	<b>\$30.64</b>	<b>\$935.62</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Dual Eligibles

Member Months: 183,803

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$3,332,664	1,970	11,717	128.6	765.0	\$1,691.71	\$18.13
Surgical	780,590	432	3,851	28.2	251.4	1,806.92	4.25
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	7,780	5	15	0.3	1.0	1,556.00	0.04
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	185,875	71	1,078	4.6	70.4	2,617.96	1.01
Alcohol and Drug Abuse	43,636	21	149	1.4	9.7	2,077.88	0.24
Other	0	0	0	0.0	0.0	0.00	0.00
	\$4,350,544	2,499	16,810	163.2	1,097.5	\$1,740.91	\$23.67
<b>Hospital Outpatient</b>							
Emergency Room	\$4,190,268		6,865		448.2	\$610.38	\$22.80
Surgery	1,383,373		4,339		283.3	318.82	7.53
Radiology	1,221,445		11,670		761.9	104.67	6.65
Pathology	248,398		31,727		2,071.4	7.83	1.35
Pharmacy	1,750,015		432,780		28,255.1	4.04	9.52
Cardiovascular	174,444		2,728		178.1	63.95	0.95
PT/OT/ST	395,300		35,274		2,302.9	11.21	2.15
Psychiatric	51,747		961		62.7	53.85	0.28
Substance Abuse	8,068		23		1.5	350.78	0.04
Other	2,945,707		119,408		7,795.8	24.67	16.03
	\$12,368,765		645,775		42,161.0	\$19.15	\$67.29
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$29,083		471		30.8	\$61.75	\$0.16
Office Visits	886,193		26,798		1,749.6	33.07	4.82
Preventive Medicine	111,769		3,153		205.9	35.45	0.61
Maternity	13,331		74		4.8	180.28	0.07
Certified Midwife	94		2		0.1	46.77	0.00
PT/OT/ST	142,924		19,961		1,303.2	7.16	0.78
Psychiatric and Substance Abuse	1,372,621		15,081		984.6	91.02	7.47
Radiology and Pathology	318,392		20,728		1,353.3	15.36	1.73
Home Health and Private Duty Nursing	1,598,332		100,213		6,542.7	15.95	8.70
Ambulance	1,059,529		22,591		1,474.9	46.90	5.76
Non-Emergency Transportation	5,857,851		146,844		9,587.1	39.89	31.87
Opioid Treatment Program	383,877		35,444		2,314.0	10.83	2.09
Federally Qualified and Rural Health Clinics	257,048		2,086		136.2	123.23	1.40
Adult Medical Day Care	238,335		8,559		558.8	27.85	1.30
Personal Care	4,514,224		781,910		51,048.9	5.77	24.56
Durable Medical Equipment	2,598,037		3,399,649		221,954.4	0.76	14.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	2,135,746		448,542		29,284.2	4.76	11.62
	\$21,517,387		5,032,106		328,533.4	\$4.28	\$117.07
<b>Prescription Drugs</b>							
Generic Scripts	\$137,775		42,324		2,763.2	\$3.26	\$0.75
Single-Source Brand	85,015		1,683		109.9	50.51	0.46
Multi-Source Brand	1,773		134		8.7	13.23	0.01
Specialty	6,769		8		0.5	846.11	0.04
Hepatitis C	0		0		0.0	0.00	0.00
Other	304		165		10.8	1.84	0.00
	\$231,635		44,314		2,893.1	\$5.23	\$1.26
<b>Community Mental Health Center</b>							
Case Management	\$146,447		367		24.0	\$399.04	\$0.80
Long Term Support Service	232,216		4,051		264.5	57.32	1.26
Partial Hospital	8,956		116		7.6	77.20	0.05
Psychotherapy	225,357		4,556		297.4	49.46	1.23
Evidence Based Practice	338		23		1.5	14.70	0.00
Medication Management	7,984		254		16.6	31.43	0.04
Emergency Service 24/7	3,023		121		7.9	24.98	0.02
AP RTP	67,251		105		6.9	640.49	0.37
Supported Employment Services	4,806		215		14.0	22.35	0.03
Other	344,148		15,473		1,010.2	22.24	1.87
	\$1,040,526		25,281		1,650.6	\$41.16	\$5.66
<b>All Services</b>	<b>\$39,508,858</b>	<b>2,499</b>	<b>5,764,286</b>	<b>163.2</b>	<b>376,335.6</b>	<b>\$6.85</b>	<b>\$214.95</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Newborn Kick Payment

Member Months: 2,678

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$6,459,774	1,257	8,521	469.4	3,181.9	\$5,139.04	\$2,412.16
Surgical	212,197	4	116	1.5	43.3	53,049.30	79.24
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	4,732	1	2	0.4	0.7	4,731.86	1.77
Well Newborn	794,425	1,265	2,447	472.4	913.7	628.00	296.65
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$7,471,128	2,527	11,086	943.6	4,139.7	\$2,956.52	\$2,789.82
<b>Hospital Outpatient</b>							
Emergency Room	\$111,943		286		106.8	\$391.41	\$41.80
Surgery	3,398		5		1.9	679.57	1.27
Radiology	13,946		86		32.1	162.16	5.21
Pathology	21,082		1,579		589.6	13.35	7.87
Pharmacy	1,659		647		241.6	2.56	0.62
Cardiovascular	1,719		18		6.7	95.50	0.64
PT/OT/ST	3,683		62		23.2	59.40	1.38
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	141,160		1,255		468.6	112.48	52.71
	\$298,590		3,938		1,470.5	\$75.82	\$111.50
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	95,427		1,843		688.2	51.78	35.63
Preventive Medicine	327,234		6,651		2,483.6	49.20	122.19
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	547		14		5.2	39.06	0.20
PT/OT/ST	605		19		7.1	31.85	0.23
Psychiatric and Substance Abuse	636		1		0.4	636.35	0.24
Radiology and Pathology	30,396		2,100		784.2	14.47	11.35
Home Health and Private Duty Nursing	50,627		790		295.0	64.08	18.90
Ambulance	56,090		4,032		1,505.6	13.91	20.94
Non-Emergency Transportation	1,985		73		27.3	27.20	0.74
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	261,552		1,372		512.3	190.64	97.67
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	16,406		6,257		2,336.4	2.62	6.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,388,814		15,230		5,687.1	91.19	518.60
	\$2,230,319		38,382		14,332.3	\$58.11	\$832.83
<b>Prescription Drugs</b>							
Generic Scripts	\$9,677		422		157.6	\$22.93	\$3.61
Single-Source Brand	1,468		13		4.9	112.93	0.55
Multi-Source Brand	48		7		2.6	6.82	0.02
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$11,192		442		165.0	\$25.32	\$4.18
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
AP RTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$10,011,229</b>	<b>2,527</b>	<b>53,848</b>	<b>943.6</b>	<b>20,107.5</b>	<b>\$185.92</b>	<b>\$3,738.32</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Neonatal Abstinence Syndrome Kick Payment

Member Months: 92

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$969,696	107	1,261	1,163.0	13,706.5	\$9,062.58	\$10,540.18
Surgical	0	0	0	0.0	0.0	0.00	0.00
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$969,696	107	1,261	1,163.0	13,706.5	\$9,062.58	\$10,540.18
<b>Hospital Outpatient</b>							
Emergency Room	\$6,651		13		141.3	\$511.63	\$72.30
Surgery	3,162		3		32.6	1,053.92	34.37
Radiology	82		1		10.9	82.09	0.89
Pathology	721		44		478.3	16.39	7.84
Pharmacy	48		27		293.5	1.79	0.52
Cardiovascular	490		1		10.9	490.26	5.33
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	8,349		209		2,271.7	39.95	90.75
	\$19,504		298		3,239.1	\$65.45	\$212.00
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	3,738		68		739.1	54.96	40.63
Preventive Medicine	11,546		229		2,489.1	50.42	125.50
Maternity	0		0		0.0	0.00	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	1,926		164		1,782.6	11.74	20.93
Home Health and Private Duty Nursing	5,390		58		630.4	92.93	58.58
Ambulance	5,670		470		5,108.7	12.06	61.63
Non-Emergency Transportation	69		8		87.0	8.61	0.75
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	8,801		47		510.9	187.25	95.66
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	2,130		1,019		11,076.1	2.09	23.15
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	128,715		1,248		13,565.2	103.14	1,399.07
	\$167,984		3,311		35,989.1	\$50.74	\$1,825.91
<b>Prescription Drugs</b>							
Generic Scripts	\$654		29		315.2	\$22.55	\$7.11
Single-Source Brand	550		2		21.7	274.89	5.98
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$1,204		31		337.0	\$38.83	\$13.08
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$1,158,388</b>	<b>107</b>	<b>4,901</b>	<b>1,163.0</b>	<b>53,271.7</b>	<b>\$236.36</b>	<b>\$12,591.17</b>



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Maternity Kick Payment

Member Months: 3,173

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$146,795	54	136	17.0	42.9	\$2,718.43	\$46.26
Surgical	0	0	0	0.0	0.0	0.00	0.00
Maternity Delivery	6,111,789	2,308	6,186	727.4	1,949.6	2,648.09	1,926.19
Maternity Non-Delivery	33,109	17	45	5.4	14.2	1,947.61	10.43
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$6,291,694	2,379	6,367	749.8	2,006.6	\$2,644.68	\$1,982.88
<b>Hospital Outpatient</b>							
Emergency Room	\$23,088		23		7.2	\$1,003.81	\$7.28
Surgery	14,105		12		3.8	1,175.43	4.45
Radiology	5,835		38		12.0	153.55	1.84
Pathology	6,654		408		128.6	16.31	2.10
Pharmacy	6,568		2,179		686.7	3.01	2.07
Cardiovascular	0		0		0.0	0.00	0.00
PT/OT/ST	591		21		6.6	28.13	0.19
Psychiatric	0		0		0.0	0.00	0.00
Substance Abuse	0		0		0.0	0.00	0.00
Other	77,944		949		299.1	82.13	24.56
	\$134,784		3,630		1,144.0	\$37.13	\$42.48
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$0		0		0.0	\$0.00	\$0.00
Office Visits	3,640		71		22.4	51.27	1.15
Preventive Medicine	1,040		16		5.0	64.98	0.33
Maternity	1,682,746		3,228		1,017.4	521.25	530.33
Certified Midwife	30,717		65		20.5	472.37	9.68
PT/OT/ST	0		0		0.0	0.00	0.00
Psychiatric and Substance Abuse	0		0		0.0	0.00	0.00
Radiology and Pathology	4,694		224		70.6	20.95	1.48
Home Health and Private Duty Nursing	715		8		2.5	89.37	0.23
Ambulance	9,709		982		309.5	9.89	3.06
Non-Emergency Transportation	0		0		0.0	0.00	0.00
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	4,723		30		9.5	157.44	1.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	388		22		6.9	17.64	0.12
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	20,526		2,163		681.7	9.49	6.47
	\$1,758,898		6,809		2,146.0	\$258.31	\$554.33
<b>Prescription Drugs</b>							
Generic Scripts	\$0		0		0.0	\$0.00	\$0.00
Single-Source Brand	0		0		0.0	0.00	0.00
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>Community Mental Health Center</b>							
Case Management	\$0		0		0.0	\$0.00	\$0.00
Long Term Support Service	0		0		0.0	0.00	0.00
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	0		0		0.0	0.00	0.00
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	0		0		0.0	0.00	0.00
Emergency Service 24/7	0		0		0.0	0.00	0.00
APRTP	0		0		0.0	0.00	0.00
Supported Employment Services	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$0		0		0.0	\$0.00	\$0.00
<b>All Services</b>	<b>\$8,185,377</b>	<b>2,379</b>	<b>16,806</b>	<b>749.8</b>	<b>5,296.7</b>	<b>\$487.04</b>	<b>\$2,579.70</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Non-Dual

Member Months: 32,334

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,084,239	234	1,660	86.8	616.1	\$4,633.50	\$33.53
Surgical	527,348	60	448	22.3	166.3	8,789.14	16.31
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	8,263	3	9	1.1	3.3	2,754.23	0.26
Well Newborn	591	1	3	0.4	1.1	591.47	0.02
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	121,047	35	214	13.0	79.4	3,458.49	3.74
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,741,488	333	2,334	123.6	866.2	\$5,229.70	\$53.86
<b>Hospital Outpatient</b>							
Emergency Room	\$2,713,357		3,299		1,224.3	\$822.48	\$83.92
Surgery	568,180		585		217.1	971.25	17.57
Radiology	505,063		2,279		845.8	221.62	15.62
Pathology	312,234		19,950		7,404.0	15.65	9.66
Pharmacy	258,258		127,179		47,199.4	2.03	7.99
Cardiovascular	67,316		370		137.3	181.93	2.08
PT/OT/ST	165,827		6,000		2,226.8	27.64	5.13
Psychiatric	288,279		1,164		432.0	247.66	8.92
Substance Abuse	31,670		422		156.6	75.05	0.98
Other	690,754		24,844		9,220.3	27.80	21.36
	\$5,600,938		186,092		69,063.6	\$30.10	\$173.22
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$50,071		160		59.4	\$312.95	\$1.55
Office Visits	912,850		14,441		5,359.4	63.21	28.23
Preventive Medicine	144,078		3,029		1,124.1	47.57	4.46
Maternity	21,567		84		31.0	257.91	0.67
Certified Midwife	201		6		2.2	33.52	0.01
PT/OT/ST	80,806		3,271		1,214.0	24.70	2.50
Psychiatric and Substance Abuse	1,449,325		13,049		4,842.8	111.07	44.82
Radiology and Pathology	553,136		20,391		7,567.6	27.13	17.11
Home Health and Private Duty Nursing	360,378		10,909		4,048.6	33.03	11.15
Ambulance	351,956		8,492		3,151.7	41.44	10.89
Non-Emergency Transportation	1,069,079		40,610		15,071.4	26.33	33.06
Opioid Treatment Program	270,410		25,043		9,294.1	10.80	8.36
Federally Qualified and Rural Health Clinics	581,130		3,463		1,285.2	167.81	17.97
Adult Medical Day Care	34,278		1,277		473.9	26.84	1.06
Personal Care	74,664		12,946		4,804.6	5.77	2.31
Durable Medical Equipment	475,999		111,473		41,370.5	4.27	14.72
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,563,755		125,040		46,405.6	12.51	48.36
	\$7,993,683		393,684		146,106.2	\$20.30	\$247.22
<b>Prescription Drugs</b>							
Generic Scripts	\$2,524,016		136,613		50,700.6	\$18.48	\$78.06
Single-Source Brand	10,359,083		12,223		4,536.3	847.51	320.38
Multi-Source Brand	375,638		1,035		384.1	362.94	11.62
Specialty	3,713,390		693		257.2	5,358.43	114.84
Hepatitis C	272,280		33		12.2	8,250.91	8.42
Other	100		73		27.1	1.37	0.00
	\$17,244,507		150,670		55,917.5	\$114.45	\$533.32
<b>Community Mental Health Center</b>							
Case Management	\$4,799,298		11,613		9,040.0	\$413.27	\$311.33
Long Term Support Service	3,780,258		116,899		90,998.8	32.34	245.23
Partial Hospital	15,391		178		138.6	86.46	1.00
Psychotherapy	1,305,775		18,455		14,366.1	70.75	84.71
Evidence Based Practice	48,407		2,207		1,718.0	21.93	3.14
Medication Management	47,924		1,581		1,230.7	30.31	3.11
Emergency Service 24/7	38,710		1,550		1,206.6	24.97	2.51
AP RTP	31,018		49		38.1	633.02	2.01
Supported Employment Services	222,182		7,244		5,639.0	30.67	14.41
Other	739,533		10,216		7,952.9	72.39	47.97
	\$11,028,495		169,992		132,328.8	\$64.88	\$715.42
<b>All Services</b>	\$43,609,112	333	902,772	123.6	404,282.4	\$48.31	\$1,723.04

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Dual

Member Months: 26,083

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$520,461	280	1,946	128.8	895.3	\$1,858.79	\$19.95
Surgical	144,854	60	645	27.6	296.7	2,414.23	5.55
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	182,440	102	921	46.9	423.7	1,788.62	6.99
Alcohol and Drug Abuse	16,754	8	43	3.7	19.8	2,094.19	0.64
Other	0	0	0	0.0	0.0	0.00	0.00
	\$864,508	450	3,555	207.0	1,635.6	\$1,921.13	\$33.14
<b>Hospital Outpatient</b>							
Emergency Room	\$720,828		1,851		851.6	\$389.43	\$27.64
Surgery	217,889		723		332.6	301.37	8.35
Radiology	199,732		2,034		935.8	98.20	7.66
Pathology	51,433		6,816		3,135.9	7.55	1.97
Pharmacy	341,971		81,380		37,440.7	4.20	13.11
Cardiovascular	24,996		425		195.5	58.81	0.96
PT/OT/ST	68,898		5,812		2,673.9	11.85	2.64
Psychiatric	28,510		280		128.8	101.82	1.09
Substance Abuse	5,353		44		20.2	121.66	0.21
Other	442,117		22,554		10,376.5	19.60	16.95
	\$2,101,727		121,919		56,091.5	\$17.24	\$80.58
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$4,431		103		47.4	\$43.02	\$0.17
Office Visits	144,671		5,046		2,321.5	28.67	5.55
Preventive Medicine	22,934		486		223.6	47.19	0.88
Maternity	38		5		2.3	7.58	0.00
Certified Midwife	5		1		0.5	4.55	0.00
PT/OT/ST	25,385		3,684		1,694.9	6.89	0.97
Psychiatric and Substance Abuse	1,198,388		11,628		5,349.7	103.06	45.95
Radiology and Pathology	67,878		3,718		1,710.5	18.26	2.60
Home Health and Private Duty Nursing	37,546		947		435.7	39.65	1.44
Ambulance	126,977		2,430		1,117.8	52.26	4.87
Non-Emergency Transportation	716,199		25,644		11,798.1	27.93	27.46
Opioid Treatment Program	77,166		7,110		3,271.1	10.85	2.96
Federally Qualified and Rural Health Clinics	38,779		369		169.8	105.09	1.49
Adult Medical Day Care	32,430		1,365		628.0	23.76	1.24
Personal Care	153,702		26,766		12,314.3	5.74	5.89
Durable Medical Equipment	192,835		185,338		85,268.8	1.04	7.39
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	283,624		78,918		36,308.0	3.59	10.87
	\$3,122,990		353,558		162,661.9	\$8.83	\$119.73
<b>Prescription Drugs</b>							
Generic Scripts	\$28,075		9,641		4,435.6	\$2.91	\$1.08
Single-Source Brand	36,889		337		155.0	109.46	1.41
Multi-Source Brand	83		15		6.9	5.51	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	99		125		57.5	0.79	0.00
	\$65,146		10,118		4,655.0	\$6.44	\$2.50
<b>Community Mental Health Center</b>							
Case Management	\$8,515,102		20,579		9,467.8	\$413.78	\$326.46
Long Term Support Service	11,699,678		309,450		142,369.2	37.81	448.56
Partial Hospital	180,773		1,900		874.1	95.14	6.93
Psychotherapy	1,148,158		23,001		10,582.1	49.92	44.02
Evidence Based Practice	113,907		5,361		2,466.4	21.25	4.37
Medication Management	115,055		3,724		1,713.3	30.90	4.41
Emergency Service 24/7	82,774		3,308		1,521.9	25.02	3.17
APRTP	589,465		924		425.1	637.95	22.60
Supported Employment Services	923,887		30,166		13,878.5	30.63	35.42
Other	736,194		19,677		9,052.9	37.41	28.23
	\$24,104,993		418,090		192,351.5	\$57.66	\$924.17
<b>All Services</b>	<b>\$30,259,364</b>	<b>450</b>	<b>907,240</b>	<b>207.0</b>	<b>417,395.5</b>	<b>\$33.35</b>	<b>\$1,160.12</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Non-Dual

Member Months: 27,463

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$1,045,083	224	1,374	97.9	600.4	\$4,665.55	\$38.05
Surgical	568,802	60	563	26.2	246.0	9,480.03	20.71
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	34,951	9	31	3.9	13.5	3,883.47	1.27
Well Newborn	1,594	1	1	0.4	0.4	1,594.44	0.06
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	205,260	84	437	36.7	190.9	2,443.57	7.47
Other	0	0	0	0.0	0.0	0.00	0.00
	\$1,855,691	378	2,406	165.2	1,051.3	\$4,909.23	\$67.57
<b>Hospital Outpatient</b>							
Emergency Room	\$2,339,094		3,054		1,334.5	\$765.91	\$85.17
Surgery	346,615		319		139.4	1,086.57	12.62
Radiology	491,944		1,876		819.7	262.23	17.91
Pathology	265,796		15,903		6,948.8	16.71	9.68
Pharmacy	288,520		52,390		22,891.9	5.51	10.51
Cardiovascular	42,779		254		111.0	168.42	1.56
PT/OT/ST	111,670		3,850		1,682.3	29.01	4.07
Psychiatric	312,394		1,372		599.5	227.69	11.38
Substance Abuse	121,117		1,014		443.1	119.44	4.41
Other	590,491		15,610		6,820.8	37.83	21.50
	\$4,910,419		95,642		41,790.9	\$51.34	\$178.80
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$31,380		98		42.8	\$320.21	\$1.14
Office Visits	737,918		11,513		5,030.6	64.09	26.87
Preventive Medicine	119,980		2,478		1,082.8	48.42	4.37
Maternity	31,721		135		59.1	234.49	1.16
Certified Midwife	33		1		0.4	33.05	0.00
PT/OT/ST	67,237		2,831		1,237.0	23.75	2.45
Psychiatric and Substance Abuse	1,895,397		14,879		6,501.4	127.39	69.02
Radiology and Pathology	507,960		17,565		7,675.1	28.92	18.50
Home Health and Private Duty Nursing	110,123		2,312		1,010.2	47.63	4.01
Ambulance	210,467		7,168		3,131.9	29.36	7.66
Non-Emergency Transportation	999,748		37,111		16,215.7	26.94	36.40
Opioid Treatment Program	308,938		28,551		12,475.4	10.82	11.25
Federally Qualified and Rural Health Clinics	614,854		3,807		1,663.5	161.51	22.39
Adult Medical Day Care	1,128		76		33.2	14.84	0.04
Personal Care	7,685		1,293		565.0	5.94	0.28
Durable Medical Equipment	259,774		28,284		12,358.7	9.18	9.46
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	1,196,265		77,008		33,648.8	15.53	43.56
	\$7,100,610		235,110		102,731.7	\$30.20	\$258.55
<b>Prescription Drugs</b>							
Generic Scripts	\$1,573,559		74,865		32,712.4	\$21.02	\$57.30
Single-Source Brand	3,609,782		5,463		2,387.1	660.77	131.44
Multi-Source Brand	175,766		567		247.8	309.99	6.40
Specialty	2,032,934		398		173.9	5,107.87	74.02
Hepatitis C	554,233		58		25.3	9,555.74	20.18
Other	9		7		3.1	1.29	0.00
	\$7,946,283		81,358		35,549.5	\$97.67	\$289.35
<b>Community Mental Health Center</b>							
Case Management	\$1,784,229		4,310		6,265.9	\$413.97	\$216.16
Long Term Support Service	434,760		15,259		22,183.7	28.49	52.67
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	659,682		8,570		12,459.2	76.98	79.92
Evidence Based Practice	19,363		718		1,043.8	26.97	2.35
Medication Management	6,150		214		311.1	28.74	0.75
Emergency Service 24/7	8,831		352		511.7	25.09	1.07
APRTP	85,771		135		196.3	635.34	10.39
Supported Employment Services	65,878		2,165		3,147.5	30.43	7.98
Other	304,757		3,584		5,210.4	85.03	36.92
	\$3,369,420		35,307		51,329.7	\$95.43	\$408.21
<b>All Services</b>	<b>\$25,182,423</b>	<b>378</b>	<b>449,823</b>	<b>165.2</b>	<b>232,453.1</b>	<b>\$55.98</b>	<b>\$1,202.48</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Dual

Member Months: 3,911

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$50,662	34	154	104.3	472.6	\$1,490.07	\$12.96
Surgical	10,271	7	58	21.5	178.0	1,467.34	2.63
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	53,569	24	238	73.6	730.3	2,232.03	13.70
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$114,503	65	450	199.5	1,380.9	\$1,761.58	\$29.28
<b>Hospital Outpatient</b>							
Emergency Room	\$151,958		329		1,009.6	\$461.88	\$38.86
Surgery	32,906		86		263.9	382.63	8.41
Radiology	18,085		281		862.3	64.36	4.62
Pathology	7,673		809		2,482.5	9.48	1.96
Pharmacy	64,136		15,227		46,725.1	4.21	16.40
Cardiovascular	2,721		51		156.5	53.35	0.70
PT/OT/ST	8,636		755		2,316.8	11.44	2.21
Psychiatric	4,015		37		113.5	108.51	1.03
Substance Abuse	0		0		0.0	0.00	0.00
Other	51,650		2,984		9,156.6	17.31	13.21
	\$341,780		20,559		63,086.6	\$16.62	\$87.40
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$836		11		33.8	\$76.01	\$0.21
Office Visits	25,942		742		2,276.9	34.96	6.63
Preventive Medicine	4,638		156		478.7	29.73	1.19
Maternity	57		3		9.2	19.01	0.01
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	4,023		802		2,461.0	5.02	1.03
Psychiatric and Substance Abuse	163,220		1,543		4,734.8	105.78	41.74
Radiology and Pathology	10,926		537		1,647.8	20.35	2.79
Home Health and Private Duty Nursing	45,294		715		2,194.0	63.35	11.58
Ambulance	15,606		393		1,204.6	39.76	3.99
Non-Emergency Transportation	147,363		5,699		17,487.8	25.86	37.68
Opioid Treatment Program	12,718		1,183		3,630.1	10.75	3.25
Federally Qualified and Rural Health Clinics	16,666		104		319.1	160.25	4.26
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	35,685		26,946		82,685.6	1.32	9.13
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	101,669		24,700		75,793.6	4.12	26.00
	\$584,643		63,534		194,956.9	\$9.20	\$149.50
<b>Prescription Drugs</b>							
Generic Scripts	\$4,361		845		2,592.9	\$5.16	\$1.12
Single-Source Brand	8,732		78		239.3	111.95	2.23
Multi-Source Brand	4		1		3.1	4.41	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	0		0		0.0	0.00	0.00
	\$13,098		924		2,835.4	\$14.17	\$3.35
<b>Community Mental Health Center</b>							
Case Management	\$1,040,683		2,514		7,714.4	\$413.95	\$266.12
Long Term Support Service	451,874		16,005		49,112.4	28.23	115.55
Partial Hospital	1,954		21		64.4	93.05	0.50
Psychotherapy	213,399		4,034		12,378.6	52.90	54.57
Evidence Based Practice	4,740		170		521.7	27.88	1.21
Medication Management	8,457		287		880.7	29.47	2.16
Emergency Service 24/7	12,479		499		1,531.2	25.01	3.19
APRTP	98,413		157		481.8	626.83	25.17
Supported Employment Services	76,388		2,490		7,640.7	30.68	19.53
Other	108,322		2,217		6,803.0	48.86	27.70
	\$2,016,707		28,394		87,128.9	\$71.03	\$515.70
<b>All Services</b>	<b>\$3,070,730</b>	<b>65</b>	<b>113,861</b>	<b>199.5</b>	<b>349,388.6</b>	<b>\$26.97</b>	<b>\$785.23</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Non-Dual

Member Months: 4,800

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$137,041	32	165	80.0	412.5	\$4,282.55	\$28.55
Surgical	97,978	11	72	27.5	180.0	8,907.12	20.41
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	20,955	4	23	10.0	57.5	5,238.64	4.37
Other	0	0	0	0.0	0.0	0.00	0.00
	\$255,974	47	260	117.5	650.0	\$5,446.26	\$53.33
<b>Hospital Outpatient</b>							
Emergency Room	\$309,109		338		845.1	\$914.52	\$64.40
Surgery	104,281		88		220.0	1,185.02	21.73
Radiology	95,252		418		1,045.1	227.88	19.85
Pathology	46,607		3,019		7,548.0	15.44	9.71
Pharmacy	133,934		18,272		45,682.9	7.33	27.90
Cardiovascular	12,675		64		160.0	198.04	2.64
PT/OT/ST	30,997		933		2,332.6	33.22	6.46
Psychiatric	26,397		126		315.0	209.50	5.50
Substance Abuse	4,586		38		95.0	120.69	0.96
Other	105,409		4,940		12,350.8	21.34	21.96
	\$869,247		28,236		70,594.4	\$30.79	\$181.10
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$13,118		37		92.5	\$354.53	\$2.73
Office Visits	127,613		2,071		5,177.8	61.62	26.59
Preventive Medicine	20,756		503		1,257.6	41.26	4.32
Maternity	1,561		8		19.1	203.87	0.33
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	8,039		324		810.1	24.81	1.67
Psychiatric and Substance Abuse	140,165		1,829		4,572.8	76.63	29.20
Radiology and Pathology	75,223		2,748		6,870.4	27.37	15.67
Home Health and Private Duty Nursing	49,257		4,055		10,138.1	12.15	10.26
Ambulance	19,831		590		1,475.1	33.61	4.13
Non-Emergency Transportation	50,580		2,187		5,467.8	23.13	10.54
Opioid Treatment Program	43,545		4,074		10,185.6	10.69	9.07
Federally Qualified and Rural Health Clinics	121,481		770		1,925.1	157.77	25.31
Adult Medical Day Care	6,635		189		472.5	35.11	1.38
Personal Care	13,339		2,328		5,820.4	5.73	2.78
Durable Medical Equipment	76,066		25,264		63,164.0	3.01	15.85
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	249,396		12,635		31,589.5	19.74	51.96
	\$1,016,604		59,612		149,038.5	\$17.05	\$211.81
<b>Prescription Drugs</b>							
Generic Scripts	\$414,554		20,074		50,188.2	\$20.65	\$86.37
Single-Source Brand	1,226,516		1,841		4,602.8	666.22	255.54
Multi-Source Brand	60,912		201		502.5	303.05	12.69
Specialty	406,123		78		195.0	5,206.71	84.61
Hepatitis C	69,117		9		22.5	7,679.67	14.40
Other	5		7		17.5	0.73	0.00
	\$2,177,228		22,210		55,528.5	\$98.03	\$453.62
<b>Community Mental Health Center</b>							
Case Management	\$589,791		1,427		7,412.8	\$413.31	\$255.31
Long Term Support Service	83,454		2,902		15,074.9	28.76	36.13
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	67,706		839		4,358.3	80.70	29.31
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	7,308		257		1,335.0	28.44	3.16
Emergency Service 24/7	549		22		114.3	24.94	0.24
APRTP	3,798		6		31.2	633.02	1.64
Supported Employment Services	28,851		972		5,049.2	29.68	12.49
Other	76,335		830		4,311.6	91.97	33.04
	\$857,793		7,255		37,687.3	\$118.23	\$371.33
<b>All Services</b>	\$5,176,846	47	117,573	117.5	313,498.8	\$44.03	\$1,271.19

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Dual

Member Months: 3,589

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$36,077	24	119	80.2	397.8	\$1,503.19	\$10.05
Surgical	14,590	10	173	33.4	578.4	1,459.02	4.06
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	0	0	0	0.0	0.0	0.00	0.00
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	6,030	4	22	13.4	73.5	1,507.44	1.68
Alcohol and Drug Abuse	1,556	1	1	3.3	3.3	1,556.05	0.43
Other	0	0	0	0.0	0.0	0.00	0.00
	\$58,253	39	315	130.4	1,053.1	\$1,493.66	\$16.23
<b>Hospital Outpatient</b>							
Emergency Room	\$66,060		164		548.3	\$402.81	\$18.40
Surgery	22,779		57		190.6	399.63	6.35
Radiology	27,093		298		996.2	90.92	7.55
Pathology	3,648		674		2,253.3	5.41	1.02
Pharmacy	15,488		2,848		9,521.2	5.44	4.31
Cardiovascular	2,626		49		163.8	53.59	0.73
PT/OT/ST	9,760		1,141		3,814.5	8.55	2.72
Psychiatric	1,102		13		43.5	84.76	0.31
Substance Abuse	0		0		0.0	0.00	0.00
Other	37,958		2,372		7,929.8	16.00	10.57
	\$186,514		7,616		25,461.1	\$24.49	\$51.96
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$107		3		10.0	\$35.70	\$0.03
Office Visits	17,768		526		1,758.5	33.78	4.95
Preventive Medicine	2,001		106		354.4	18.87	0.56
Maternity	16		1		3.3	16.49	0.00
Certified Midwife	0		0		0.0	0.00	0.00
PT/OT/ST	3,669		291		972.8	12.61	1.02
Psychiatric and Substance Abuse	17,633		127		424.6	138.84	4.91
Radiology and Pathology	5,482		347		1,160.1	15.80	1.53
Home Health and Private Duty Nursing	16,304		670		2,239.9	24.34	4.54
Ambulance	8,088		67		224.0	120.71	2.25
Non-Emergency Transportation	151,685		2,213		7,398.3	68.54	42.26
Opioid Treatment Program	5,520		499		1,668.2	11.06	1.54
Federally Qualified and Rural Health Clinics	3,652		33		110.3	110.67	1.02
Adult Medical Day Care	547		47		157.1	11.63	0.15
Personal Care	30,263		5,277		17,641.6	5.73	8.43
Durable Medical Equipment	33,600		37,766		126,255.7	0.89	9.36
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	28,720		7,437		24,862.7	3.86	8.00
	\$325,055		55,410		185,241.5	\$5.87	\$90.56
<b>Prescription Drugs</b>							
Generic Scripts	\$2,829		949		3,172.6	\$2.98	\$0.79
Single-Source Brand	146		18		60.2	8.11	0.04
Multi-Source Brand	0		0		0.0	0.00	0.00
Specialty	0		0		0.0	0.00	0.00
Hepatitis C	0		0		0.0	0.00	0.00
Other	1		1		3.3	0.69	0.00
	\$2,976		968		3,236.1	\$3.07	\$0.83
<b>Community Mental Health Center</b>							
Case Management	\$885,787		2,141		7,157.6	\$413.73	\$246.77
Long Term Support Service	127,964		4,707		15,736.0	27.19	35.65
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	69,186		1,581		5,285.4	43.76	19.27
Evidence Based Practice	0		0		0.0	0.00	0.00
Medication Management	15,210		501		1,674.9	30.36	4.24
Emergency Service 24/7	849		34		113.7	24.97	0.24
APRTP	7,596		12		40.1	633.02	2.12
Supported Employment Services	34,596		1,142		3,817.8	30.29	9.64
Other	63,775		1,397		4,670.3	45.65	17.77
	\$1,204,962		11,515		38,495.9	\$104.64	\$335.69
<b>All Services</b>	<b>\$1,777,759</b>	<b>39</b>	<b>75,824</b>	<b>130.4</b>	<b>253,487.6</b>	<b>\$23.45</b>	<b>\$495.27</b>



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Serious Emotionally Disturbed Child

Member Months: 84,127

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$218,441	70	267	10.0	38.1	\$3,120.59	\$2.60
Surgical	173,441	20	89	2.9	12.7	8,672.07	2.06
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	16,968	3	21	0.4	3.0	5,656.05	0.20
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	0	0	0	0.0	0.0	0.00	0.00
Other	0	0	0	0.0	0.0	0.00	0.00
	\$408,850	93	377	13.3	53.8	\$4,396.24	\$4.86
<b>Hospital Outpatient</b>							
Emergency Room	\$2,028,167		3,274		467.0	\$619.48	\$24.11
Surgery	273,971		247		35.2	1,109.19	3.26
Radiology	299,760		1,616		230.5	185.49	3.56
Pathology	500,927		20,074		2,863.4	24.95	5.95
Pharmacy	50,594		25,021		3,569.0	2.02	0.60
Cardiovascular	8,954		111		15.8	80.67	0.11
PT/OT/ST	165,495		5,211		743.3	31.76	1.97
Psychiatric	143,815		474		67.6	303.41	1.71
Substance Abuse	0		0		0.0	0.00	0.00
Other	560,132		15,753		2,247.0	35.56	6.66
	\$4,031,814		71,781		10,239.0	\$56.17	\$47.93
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$30,668		78		11.1	\$393.18	\$0.36
Office Visits	1,241,914		21,289		3,036.7	58.34	14.76
Preventive Medicine	359,891		10,836		1,545.7	33.21	4.28
Maternity	5,956		38		5.4	158.15	0.07
Certified Midwife	47		1		0.1	46.77	0.00
PT/OT/ST	524,823		17,957		2,561.4	29.23	6.24
Psychiatric and Substance Abuse	410,213		6,715		957.8	61.09	4.88
Radiology and Pathology	461,179		17,428		2,486.0	26.46	5.48
Home Health and Private Duty Nursing	207,362		30,808		4,394.5	6.73	2.46
Ambulance	153,606		7,573		1,080.3	20.28	1.83
Non-Emergency Transportation	77,518		2,797		399.0	27.71	0.92
Opioid Treatment Program	0		0		0.0	0.00	0.00
Federally Qualified and Rural Health Clinics	798,047		5,580		795.9	143.02	9.49
Adult Medical Day Care	0		0		0.0	0.00	0.00
Personal Care	0		0		0.0	0.00	0.00
Durable Medical Equipment	436,211		175,765		25,071.5	2.48	5.19
Applied Behavioral Analysis	624,293		36,843		5,255.4	16.94	7.42
Other	1,308,362		78,577		11,208.4	16.65	15.55
	\$6,640,090		412,285		58,809.2	\$16.11	\$78.93
<b>Prescription Drugs</b>							
Generic Scripts	\$2,609,023		101,520		14,481.0	\$25.70	\$31.01
Single-Source Brand	2,293,113		6,307		899.6	363.58	27.26
Multi-Source Brand	148,554		298		42.5	498.50	1.77
Specialty	3,240,093		400		57.1	8,100.23	38.51
Hepatitis C	12,672		1		0.1	12,672.00	0.15
Other	182		27		3.9	6.75	0.00
	\$8,303,637		108,553		15,484.2	\$76.49	\$98.70
<b>Community Mental Health Center</b>							
Case Management	\$22,894,245		55,447		8,049.9	\$412.90	\$276.98
Long Term Support Service	7,459,811		274,870		39,905.9	27.14	90.25
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	10,387,016		111,096		16,129.0	93.50	125.67
Evidence Based Practice	85		3		0.4	28.21	0.00
Medication Management	5,619		192		27.9	29.27	0.07
Emergency Service 24/7	21,157		836		121.4	25.31	0.26
AP RTP	20,835		32		4.6	651.10	0.25
Supported Employment Services	3,856		126		18.3	30.60	0.05
Other	1,390,956		13,686		1,986.9	101.63	16.83
	\$42,183,580		456,288		66,244.4	\$92.45	\$510.35
<b>All Services</b>	\$61,567,971	93	1,049,284	13.3	150,830.5	\$58.68	\$740.77



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Medically Frail

Member Months: 105,701

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$5,007,530	931	6,102	105.7	692.7	\$5,378.66	\$47.37
Surgical	2,739,547	248	2,805	28.2	318.4	11,046.56	25.92
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	13,158	5	9	0.6	1.0	2,631.56	0.12
Well Newborn	0	0	0	0.0	0.0	0.00	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	612,967	258	1,278	29.3	145.1	2,375.84	5.80
Other	0	0	0	0.0	0.0	0.00	0.00
	\$8,373,201	1,442	10,194	163.7	1,157.3	\$5,806.66	\$79.22
<b>Hospital Outpatient</b>							
Emergency Room	\$5,602,087		6,342		720.0	\$883.33	\$53.00
Surgery	1,724,306		1,751		198.8	984.75	16.31
Radiology	2,126,361		7,177		814.8	296.27	20.12
Pathology	852,968		52,549		5,965.7	16.23	8.07
Pharmacy	4,234,655		336,113		38,158.0	12.60	40.06
Cardiovascular	264,118		1,050		119.2	251.54	2.50
PT/OT/ST	519,020		16,288		1,849.1	31.87	4.91
Psychiatric	1,153,181		4,626		525.2	249.28	10.91
Substance Abuse	255,314		2,140		242.9	119.31	2.42
Other	2,769,414		67,467		7,659.4	41.05	26.20
	\$19,501,424		495,503		56,253.1	\$39.36	\$184.50
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$105,233		481		54.6	\$218.78	\$1.00
Office Visits	2,615,460		39,088		4,437.6	66.91	24.74
Preventive Medicine	243,685		6,912		784.7	35.26	2.31
Maternity	33,612		108		12.3	310.49	0.32
Certified Midwife	1,067		5		0.5	228.64	0.01
PT/OT/ST	243,786		9,905		1,124.5	24.61	2.31
Psychiatric and Substance Abuse	5,921,704		47,340		5,374.4	125.09	56.02
Radiology and Pathology	1,832,974		56,607		6,426.4	32.38	17.34
Home Health and Private Duty Nursing	1,437,010		82,360		9,350.1	17.45	13.59
Ambulance	557,070		18,759		2,129.7	29.70	5.27
Non-Emergency Transportation	4,086,001		152,938		17,362.6	26.72	38.66
Opioid Treatment Program	1,814,538		167,924		19,064.0	10.81	17.17
Federally Qualified and Rural Health Clinics	1,835,910		10,828		1,229.3	169.55	17.37
Adult Medical Day Care	6,014		279		31.7	21.55	0.06
Personal Care	126,303		21,871		2,483.0	5.77	1.19
Durable Medical Equipment	1,574,681		367,232		41,690.9	4.29	14.90
Applied Behavioral Analysis	3,437		207		23.5	16.60	0.03
Other	5,111,695		387,222		43,960.3	13.20	48.36
	\$27,550,179		1,370,066		155,539.9	\$20.11	\$260.64
<b>Prescription Drugs</b>							
Generic Scripts	\$5,596,383		198,543		22,540.1	\$28.19	\$52.95
Single-Source Brand	10,578,002		19,778		2,245.3	534.84	100.07
Multi-Source Brand	1,092,244		2,999		340.5	364.20	10.33
Specialty	13,527,083		2,110		239.5	6,410.94	127.97
Hepatitis C	1,594,411		154		17.5	10,353.32	15.08
Other	54		23		2.6	2.36	0.00
	\$32,388,178		223,607		25,385.5	\$144.84	\$306.41
<b>Community Mental Health Center</b>							
Case Management	\$62,319		150		17.0	\$415.46	\$0.59
Long Term Support Service	65,533		926		105.1	70.77	0.62
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	169,072		3,866		438.9	43.73	1.60
Evidence Based Practice	254		13		1.5	19.57	0.00
Medication Management	5,974		202		22.9	29.57	0.06
Emergency Service 24/7	1,201		48		5.4	25.03	0.01
AP RTP	94,738		148		16.8	640.12	0.90
Supported Employment Services	611		20		2.3	30.53	0.01
Other	544,911		6,775		769.1	80.43	5.16
	\$944,613		12,148		1,379.1	\$77.76	\$8.94
<b>All Services</b>	<b>\$88,757,593</b>	<b>1,442</b>	<b>2,111,518</b>	<b>163.7</b>	<b>239,715.0</b>	<b>\$42.03</b>	<b>\$839.70</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Non-Medically Frail

Member Months: 825,732

Benefits	Total Paid Dollars	Total Paid Admits	Total Paid Services	Admits Per 1,000	Utilization Per 1,000	Average Paid Charge	Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>							
Medical	\$13,081,427	2,632	16,319	38.2	237.2	\$4,970.15	\$15.84
Surgical	9,856,415	985	9,171	14.3	133.3	10,006.51	11.94
Maternity Delivery	0	0	0	0.0	0.0	0.00	0.00
Maternity Non-Delivery	172,313	67	178	1.0	2.6	2,571.84	0.21
Well Newborn	2,389	4	6	0.1	0.1	597.22	0.00
Psychiatric	0	0	0	0.0	0.0	0.00	0.00
Alcohol and Drug Abuse	2,515,364	1,152	5,502	16.7	80.0	2,183.48	3.05
Other	0	0	0	0.0	0.0	0.00	0.00
	\$25,627,909	4,840	31,176	70.3	453.1	\$5,295.02	\$31.04
<b>Hospital Outpatient</b>							
Emergency Room	\$24,983,398		29,180		424.1	\$856.18	\$30.26
Surgery	8,535,194		8,255		120.0	1,033.94	10.34
Radiology	10,924,026		39,055		567.6	279.71	13.23
Pathology	4,595,845		265,657		3,860.7	17.30	5.57
Pharmacy	10,939,281		1,252,897		18,207.8	8.73	13.25
Cardiovascular	1,131,209		5,015		72.9	225.57	1.37
PT/OT/ST	2,194,640		67,474		980.6	32.53	2.66
Psychiatric	3,483,245		14,151		205.7	246.15	4.22
Substance Abuse	1,155,494		9,834		142.9	117.50	1.40
Other	10,398,182		315,711		4,588.1	32.94	12.59
	\$78,340,513		2,007,229		29,170.2	\$39.03	\$94.87
<b>Professional and Other State Plan Services</b>							
Ambulatory Surgery Center	\$571,852		1,889		27.5	\$302.73	\$0.69
Office Visits	11,565,152		181,454		2,637.0	63.74	14.01
Preventive Medicine	2,133,341		55,042		799.9	38.76	2.58
Maternity	406,078		1,602		23.3	253.53	0.49
Certified Midwife	22,358		130		1.9	172.43	0.03
PT/OT/ST	1,066,659		43,989		639.3	24.25	1.29
Psychiatric and Substance Abuse	21,930,795		173,437		2,520.5	126.45	26.56
Radiology and Pathology	8,010,156		264,279		3,840.7	30.31	9.70
Home Health and Private Duty Nursing	1,451,961		40,709		591.6	35.67	1.76
Ambulance	1,483,026		55,097		800.7	26.92	1.80
Non-Emergency Transportation	7,307,522		290,257		4,218.2	25.18	8.85
Opioid Treatment Program	4,154,795		383,049		5,566.7	10.85	5.03
Federally Qualified and Rural Health Clinics	7,950,383		48,577		705.9	163.67	9.63
Adult Medical Day Care	35,340		1,141		16.6	30.97	0.04
Personal Care	11		2		0.0	5.62	0.00
Durable Medical Equipment	3,556,510		350,741		5,097.2	10.14	4.31
Applied Behavioral Analysis	0		0		0.0	0.00	0.00
Other	18,753,226		1,366,004		19,851.5	13.73	22.71
	\$90,399,166		3,257,398		47,338.4	\$27.75	\$109.48
<b>Prescription Drugs</b>							
Generic Scripts	\$18,865,451		723,408		10,513.0	\$26.08	\$22.85
Single-Source Brand	34,396,401		69,586		1,011.3	494.30	41.66
Multi-Source Brand	1,965,692		7,519		109.3	261.43	2.38
Specialty	34,431,679		5,783		84.0	5,953.95	41.70
Hepatitis C	4,064,130		386		5.6	10,528.83	4.92
Other	746		54		0.8	13.81	0.00
	\$93,724,100		806,736		11,723.9	\$116.18	\$113.50
<b>Community Mental Health Center</b>							
Case Management	\$192,362		464		6.7	\$414.57	\$0.23
Long Term Support Service	248,765		3,202		46.5	77.69	0.30
Partial Hospital	0		0		0.0	0.00	0.00
Psychotherapy	677,293		11,541		167.7	58.69	0.82
Evidence Based Practice	144		5		0.1	28.72	0.00
Medication Management	12,077		423		6.1	28.55	0.01
Emergency Service 24/7	3,926		150		2.2	26.17	0.00
AP RTP	269,631		421		6.1	640.45	0.33
Supported Employment Services	6,512		215		3.1	30.29	0.01
Other	1,318,367		14,856		215.9	88.74	1.60
	\$2,729,076		31,277		454.5	\$87.26	\$3.31
<b>All Services</b>	\$290,820,764	4,840	6,133,816	70.3	89,140.1	\$47.41	\$352.20

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital - 0 to 21 and 65+ Years Old and Hampstead Hospital (All Ages)

Eligibility Category	New Hampshire Hospital				Hampstead Hospital				Combined			
	Admission Per 1,000	Days Per 1,000	Total Dollars Paid	Base Period Paid Per Diem	Admission Per 1,000	Days Per 1,000	Total Dollars Paid	Base Period Paid Per Diem	Admission Per 1,000	Days Per 1,000	Total Dollars Paid	Base Period Paid Per Diem
Low Income Children - Age 0-11 Months	0.00	0.00	\$0	\$0.00	0.00	0.00	\$0	\$0.00	0.00	0.00	\$0	\$0.00
Low Income Children - Age 1-18 Years	0.01	0.28	27,139	1,428.34	2.04	18.41	2,168,077	1,744.23	2.06	18.69	2,195,215	1,739.47
Low Income Adults	0.12	1.40	36,634	1,526.42	0.47	2.91	124,225	2,484.51	0.58	4.31	160,860	2,173.78
CHIP	0.00	0.00	0	0.00	1.59	12.04	469,730	2,007.39	1.59	12.04	469,730	2,007.39
Foster Care / Adoption	0.42	1.27	4,518	1,506.00	11.87	227.17	456,910	852.44	12.29	228.44	461,428	856.08
Severely Disabled Children	0.00	0.00	0	0.00	3.38	21.39	34,407	1,810.92	3.38	21.39	34,407	1,810.92
Elderly and Disabled Adults - Age 19-64	0.00	0.00	0	0.00	0.88	6.13	84,441	2,412.59	0.88	6.13	84,441	2,412.59
Elderly and Disabled Adults - Age 65+	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0	0.00
Dual Eligibles	0.20	7.44	67,006	587.77	0.07	0.26	1,558	389.45	0.26	7.70	68,564	581.05
Newborn Kick Payment	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0	0.00
Maternity Kick Payment	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0	0.00
Severe/Persistent Mental Illness - Non-Dual	1.86	37.11	126,390	1,263.90	3.71	23.75	161,010	2,515.77	5.57	60.86	287,400	1,752.44
Severe/Persistent Mental Illness - Dual	4.14	88.79	57,057	295.63	2.30	16.56	7,636	212.11	6.44	105.36	64,693	282.50
Severe Mental Illness - Non-Dual	2.62	37.58	118,380	1,376.51	7.43	45.01	266,363	2,586.05	10.05	82.58	384,742	2,035.67
Severe Mental Illness - Dual	6.14	294.58	5,637	58.72	6.14	30.69	10,529	1,052.89	12.27	325.27	16,166	152.51
Low Utilizer - Non-Dual	2.50	85.01	16,566	487.24	2.50	15.00	16,885	2,814.16	5.00	100.01	33,451	836.27
Low Utilizer - Dual	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00	0	0.00
Serious Emotionally Disturbed Child	0.43	2.14	22,590	1,506.00	38.66	447.61	4,473,976	1,425.74	39.08	449.75	4,496,566	1,426.12
Granite Advantage - Medically Frail	0.11	0.23	3,012	1,506.00	1.70	9.88	243,927	2,803.76	1.82	10.10	246,939	2,774.59
Granite Advantage - Non-Medically Frail	0.15	2.03	188,250	1,344.64	0.57	2.85	584,614	2,982.73	0.71	4.88	772,864	2,300.19
<b>Total</b>	<b>0.19</b>	<b>3.65</b>	<b>673,178</b>	<b>814.99</b>	<b>2.54</b>	<b>25.45</b>	<b>9,104,288</b>	<b>1,580.33</b>	<b>2.73</b>	<b>29.10</b>	<b>9,777,466</b>	<b>1,484.36</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital and Hampstead Hospital - 21 to 64 Years Old

Eligibility Category	New Hampshire Hospital	
	Admission Per 1,000	Days Per 1,000
Low Income Children - Age 0-11 Months	0.00	0.00
Low Income Children - Age 1-18 Years	0.00	0.00
Low Income Adults	0.29	1.92
CHIP	0.00	0.00
Foster Care / Adoption	0.00	0.00
Severely Disabled Children	0.00	0.00
Elderly and Disabled Adults - Age 19-64	1.75	22.25
Elderly and Disabled Adults - Age 65+	0.00	0.00
Dual Eligibles	1.83	31.08
Newborn Kick Payment	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00
Maternity Kick Payment	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	29.69	524.03
Severe/Persistent Mental Illness - Dual	60.73	1,294.18
Severe Mental Illness - Non-Dual	20.10	343.44
Severe Mental Illness - Dual	61.37	1,212.08
Low Utilizer - Non-Dual	10.00	72.50
Low Utilizer - Dual	0.00	0.00
Serious Emotionally Disturbed Child	0.00	0.00
Granite Advantage - Medically Frail	4.54	74.13
Granite Advantage - Non-Medically Frail	0.81	13.30
<b>Total</b>	<b>1.86</b>	<b>33.75</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A2  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 New Hampshire Hospital and Hampstead Hospital - Total

Eligibility Category	New Hampshire Hospital		Hampstead Hospital		Combined	
	Admission Per 1,000	Days Per 1,000	Admission Per 1,000	Days Per 1,000	Admission Per 1,000	Days Per 1,000
Low Income Children - Age 0-11 Months	0.00	0.00	0.00	0.00	0.00	0.00
Low Income Children - Age 1-18 Years	0.01	0.28	2.04	18.41	2.06	18.69
Low Income Adults	0.41	3.32	0.47	2.91	0.87	6.24
CHIP	0.00	0.00	1.59	12.04	1.59	12.04
Foster Care / Adoption	0.42	1.27	11.87	227.17	12.29	228.44
Severely Disabled Children	0.00	0.00	3.38	21.39	3.38	21.39
Elderly and Disabled Adults - Age 19-64	1.75	22.25	0.88	6.13	2.63	28.38
Elderly and Disabled Adults - Age 65+	0.00	0.00	0.00	0.00	0.00	0.00
Dual Eligibles	2.02	38.52	0.07	0.26	2.09	38.78
Newborn Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	31.55	561.14	3.71	23.75	35.26	584.89
Severe/Persistent Mental Illness - Dual	64.87	1,382.98	2.30	16.56	67.17	1,399.54
Severe Mental Illness - Non-Dual	22.72	381.02	7.43	45.01	30.15	426.03
Severe Mental Illness - Dual	67.51	1,506.67	6.14	30.69	73.65	1,537.35
Low Utilizer - Non-Dual	12.50	157.51	2.50	15.00	15.00	172.51
Low Utilizer - Dual	0.00	0.00	0.00	0.00	0.00	0.00
Serious Emotionally Disturbed Child	0.43	2.14	38.66	447.61	39.08	449.75
Granite Advantage - Medically Frail	4.65	74.36	1.70	9.88	6.36	84.24
Granite Advantage - Non-Medically Frail	0.96	15.33	0.57	2.85	1.53	18.18
<b>Total</b>	<b>2.05</b>	<b>37.39</b>	<b>2.54</b>	<b>25.45</b>	<b>4.59</b>	<b>62.84</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix A3  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 SFY 2022 MCO Encounter Base Experience Data  
 Hospital Inpatient Psychiatric Admissions

Eligibility Category	Admission Per 1,000				Average Paid Per Admit				Per Capita Monthly Paid Cost			
	Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09	Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09	Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09
Low Income Children - Age 0-11 Months	0.25	0.00	0.00	0.00	\$3,349.05	\$0.00	\$0.00	\$0.00	\$0.07	\$0.00	\$0.00	\$0.00
Low Income Children - Age 1-18 Years	0.24	0.13	0.04	0.00	4,070.12	6,482.53	15,191.98	0.00	0.08	0.07	0.06	0.00
Low Income Adults	3.56	0.93	0.76	0.06	5,292.90	4,762.73	13,185.66	7,929.97	1.57	0.37	0.83	0.04
CHIP	0.31	0.15	0.00	0.00	3,318.78	4,896.54	0.00	0.00	0.09	0.06	0.00	0.00
Foster Care / Adoption	0.42	0.42	0.00	0.42	17,922.85	1,000.00	0.00	5,630.53	0.63	0.04	0.00	0.20
Severely Disabled Children	2.25	0.00	0.00	0.00	6,927.82	0.00	0.00	0.00	1.30	0.00	0.00	0.00
Elderly and Disabled Adults - Age 19-64	6.66	1.23	0.00	0.53	4,127.71	6,780.66	0.00	7,906.58	2.29	0.69	0.00	0.35
Elderly and Disabled Adults - Age 65+	1.64	0.00	0.00	0.00	3,935.96	0.00	0.00	0.00	0.54	0.00	0.00	0.00
Dual Eligibles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Newborn Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	53.07	13.36	12.62	2.97	\$6,468.39	\$8,956.17	\$15,376.04	\$7,989.54	\$28.61	\$9.97	\$16.17	\$1.98
Severe/Persistent Mental Illness - Dual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Severe Mental Illness - Non-Dual	52.00	24.03	6.12	13.55	6,953.66	7,323.11	16,411.38	9,100.44	30.13	14.67	8.37	10.27
Severe Mental Illness - Dual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Low Utilizer - Non-Dual	30.00	2.50	7.50	5.00	5,216.04	7,830.55	19,556.24	7,906.58	13.04	1.63	12.22	3.29
Low Utilizer - Dual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Serious Emotionally Disturbed Child	2.42	1.43	0.00	3.71	3,458.93	13,035.44	0.00	6,574.82	0.70	1.55	0.00	2.03
Granite Advantage - Medically Frail	11.35	2.61	1.02	0.00	\$4,683.23	\$8,327.57	\$13,794.47	\$0.00	\$4.41	\$1.81	\$1.17	\$0.00
Granite Advantage - Non-Medically Frail	3.55	1.73	0.36	0.45	5,914.56	6,654.17	14,654.23	8,544.68	1.75	0.96	0.44	0.32
<b>Total</b>	<b>3.37</b>	<b>1.24</b>	<b>0.45</b>	<b>0.46</b>	<b>\$5,762.59</b>	<b>\$7,301.64</b>	<b>\$15,036.72</b>	<b>\$8,106.35</b>	<b>\$1.62</b>	<b>\$0.75</b>	<b>\$0.56</b>	<b>\$0.31</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 0-11 Months

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$32.92	1.0368	1.1138	1.0000	1.0064	1.0000	1.0000	1.0000	\$38.26
Surgical	3.78	1.0368	1.0075	1.0000	1.0064	1.0000	1.0000	1.0000	3.97
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.01	1.0368	1.3161	1.0000	1.0064	1.0000	1.0000	1.0000	0.02
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$36.71								\$42.25
<b>Hospital Outpatient</b>									
Emergency Room	\$22.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$26.99
Surgery	2.51	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.98
Radiology	2.27	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.69
Pathology	5.75	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.80
Pharmacy	0.85	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.00
Cardiovascular	0.33	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.39
PT/OT/ST	1.26	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.49
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	12.55	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.86
	\$48.33								\$57.21
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.15	1.0179	1.0052	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.16
Office Visits	15.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	15.91
Preventive Medicine	19.93	1.0179	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	20.73
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.11	1.0179	1.0039	1.0209	1.0000	1.0000	1.0000	1.0000	0.12
PT/OT/ST	1.17	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.22
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	3.90	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.05
Home Health and Private Duty Nursing	5.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.89
Ambulance	1.76	1.0179	1.4716	1.0209	1.0000	1.0000	1.0000	1.0000	2.69
Non-Emergency Transportation	0.47	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.49
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	20.56	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	22.31
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	21.42	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0184	22.67
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	30.72	1.0179	0.9999	1.0209	1.0000	1.0000	1.0000	1.0000	31.92
	\$121.19								\$128.18
<b>Prescription Drugs</b>									
Generic Scripts	\$4.25	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$4.09
Single-Source Brand	2.28	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	2.19
Multi-Source Brand	0.02	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.02
Specialty	10.10	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	11.41
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$16.65								\$17.70
<b>Community Mental Health Center</b>									
Case Management	\$0.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.02
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
	\$0.03								\$0.03
<b>All Services</b>	<b>\$222.92</b>								<b>\$245.37</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Children - Age 1-18 Years

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2.97	1.0368	0.9946	1.0000	1.0064	1.0000	0.9999	1.0000	\$3.08
Surgical	0.82	1.0368	0.9983	1.0000	1.0064	1.0000	0.9999	1.0000	0.85
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Maternity Non-Delivery	0.01	1.0368	0.9391	1.0000	1.0064	1.0000	0.9999	1.0000	0.01
Well Newborn	0.00	1.0368	1.3161	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
Alcohol and Drug Abuse	0.03	1.0368	1.0070	1.0000	1.0064	1.0000	0.9999	1.0000	0.03
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9999	1.0000	0.00
	\$3.82								\$3.97
<b>Hospital Outpatient</b>									
Emergency Room	\$11.57	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	\$13.69
Surgery	2.34	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	2.77
Radiology	2.39	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	2.83
Pathology	4.15	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	4.92
Pharmacy	1.66	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	1.96
Cardiovascular	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	0.13
PT/OT/ST	1.12	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	1.32
Psychiatric	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	0.13
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	0.9999	1.0000	0.00
Other	5.26	1.0232	1.0462	1.0421	1.0610	1.0000	0.9999	1.0000	6.22
	\$28.70								\$33.97
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.26	1.0179	1.0152	1.0209	1.0000	1.0000	0.9999	1.0000	\$0.28
Office Visits	8.78	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	9.12
Preventive Medicine	3.64	1.0179	1.0148	1.0209	1.0000	1.0000	0.9999	1.0000	3.84
Maternity	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.05
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
PT/OT/ST	3.95	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	4.11
Psychiatric and Substance Abuse	4.72	1.0179	1.0005	1.0209	1.0000	1.0000	0.9999	1.0000	4.90
Radiology and Pathology	3.30	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	3.43
Home Health and Private Duty Nursing	3.89	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	4.05
Ambulance	0.55	1.0179	1.3608	1.0209	1.0000	1.0000	0.9999	1.0000	0.77
Non-Emergency Transportation	0.34	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.35
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Federally Qualified and Rural Health Clinics	8.56	1.0179	1.0210	1.0209	1.0228	1.0000	0.9999	1.0000	9.29
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Personal Care	0.25	1.0179	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.26
Durable Medical Equipment	5.23	1.0179	1.0001	1.0209	1.0000	1.0000	0.9999	1.0116	5.50
Applied Behavioral Analysis	8.78	1.0179	1.0000	1.5539	1.0202	1.0000	0.9999	1.0000	14.17
Other	8.17	1.0179	1.0174	1.0209	1.0000	1.0000	0.9999	1.0000	8.63
	\$60.47								\$68.75
<b>Prescription Drugs</b>									
Generic Scripts	\$8.67	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	\$8.32
Single-Source Brand	6.98	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	6.70
Multi-Source Brand	0.64	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	0.61
Specialty	23.11	1.0000	1.0000	1.0856	1.0486	0.9920	0.9999	1.0000	26.09
Hepatitis C	0.28	1.0000	1.0000	1.0856	1.0486	0.9920	0.9999	1.0000	0.32
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	0.9999	1.0000	0.00
	\$39.67								\$42.04
<b>Community Mental Health Center</b>									
Case Management	\$0.89	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	\$0.96
Long Term Support Service	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.26
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Psychotherapy	0.31	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.34
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.01
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.00
Other	0.54	1.0565	1.0000	1.0209	1.0000	1.0000	0.9999	1.0000	0.58
	\$1.98								\$2.14
<b>All Services</b>	\$134.64								\$150.86



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Income Adults

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$12.02	1.0368	1.0122	1.0000	1.0064	1.0000	1.0000	1.0000	\$12.70
Surgical	10.65	1.0368	0.9987	1.0000	1.0064	1.0000	1.0000	1.0000	11.10
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.49	1.0368	1.0094	1.0000	1.0064	1.0000	1.0000	1.0000	1.57
Well Newborn	0.05	1.0368	1.3310	1.0000	1.0064	1.0000	1.0000	1.0000	0.07
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.90	1.0368	1.0203	1.0000	1.0064	1.0000	1.0000	1.0000	0.96
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$25.12								\$26.40
<b>Hospital Outpatient</b>									
Emergency Room	\$36.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$42.70
Surgery	9.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.78
Radiology	12.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.96
Pathology	8.36	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.90
Pharmacy	7.78	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.21
Cardiovascular	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
PT/OT/ST	2.45	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.90
Psychiatric	1.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.95
Substance Abuse	0.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.67
Other	12.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.36
	\$93.41								\$110.56
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.66	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.73
Office Visits	15.82	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.44
Preventive Medicine	5.30	1.0179	1.0837	1.0209	1.0000	1.0000	1.0000	1.0000	5.97
Maternity	6.02	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.25
Certified Midwife	0.26	1.0179	0.9972	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
PT/OT/ST	1.14	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.19
Psychiatric and Substance Abuse	19.78	1.0179	1.0199	1.0209	1.0000	1.0000	1.0000	1.0000	20.96
Radiology and Pathology	11.77	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.23
Home Health and Private Duty Nursing	1.13	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.17
Ambulance	1.67	1.0179	1.3384	1.0209	1.0000	1.0000	1.0000	1.0000	2.32
Non-Emergency Transportation	9.10	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.45
Opioid Treatment Program	7.39	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.68
Federally Qualified and Rural Health Clinics	15.72	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	17.06
Adult Medical Day Care	0.09	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.09
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	4.37	1.0179	1.0031	1.0209	1.0000	1.0000	1.0000	1.0038	4.58
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	19.90	1.0179	1.0086	1.0209	1.0000	1.0000	1.0000	1.0000	20.86
	\$120.12								\$127.27
<b>Prescription Drugs</b>									
Generic Scripts	\$25.17	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	\$23.00
Single-Source Brand	33.11	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	30.25
Multi-Source Brand	3.50	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	3.20
Specialty	43.03	1.0000	1.0000	1.0614	1.0708	0.9920	1.0000	1.0000	48.52
Hepatitis C	3.68	1.0000	1.0000	1.0614	1.0708	0.9920	1.0000	1.0000	4.15
Other	0.00	1.0000	1.0000	0.9250	0.9956	0.9920	1.0000	1.0000	0.00
	\$108.50								\$109.11
<b>Community Mental Health Center</b>									
Case Management	\$0.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.28
Long Term Support Service	0.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.92	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.99
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.18	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.19
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Other	1.86	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.00
	\$3.48								\$3.75
<b>All Services</b>	<b>\$350.63</b>								<b>\$377.10</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: CHIP

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$1.20	1.0368	0.9808	1.0000	1.0064	1.0000	0.9841	1.0000	\$1.21
Surgical	0.82	1.0368	0.9861	1.0000	1.0064	1.0000	0.9841	1.0000	0.83
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9841	1.0000	0.00
	\$2.03								\$2.05
<b>Hospital Outpatient</b>									
Emergency Room	\$9.31	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	\$10.84
Surgery	2.59	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	3.02
Radiology	2.29	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	2.67
Pathology	3.75	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	4.37
Pharmacy	0.99	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	1.16
Cardiovascular	0.15	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	0.18
PT/OT/ST	1.20	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	1.40
Psychiatric	0.38	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	0.44
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	0.9841	1.0000	0.00
Other	5.44	1.0232	1.0462	1.0421	1.0610	1.0000	0.9841	1.0000	6.34
	\$26.11								\$30.42
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.26	1.0179	1.0277	1.0209	1.0000	1.0000	0.9841	1.0000	\$0.28
Office Visits	8.78	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	8.98
Preventive Medicine	3.86	1.0179	1.0146	1.0209	1.0000	1.0000	0.9841	1.0000	4.00
Maternity	0.03	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.03
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
PT/OT/ST	4.28	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	4.37
Psychiatric and Substance Abuse	4.81	1.0179	1.0019	1.0209	1.0000	1.0000	0.9841	1.0000	4.93
Radiology and Pathology	3.59	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	3.67
Home Health and Private Duty Nursing	2.21	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	2.26
Ambulance	0.32	1.0179	1.3579	1.0209	1.0000	1.0000	0.9841	1.0000	0.44
Non-Emergency Transportation	0.11	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.11
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Federally Qualified and Rural Health Clinics	5.49	1.0179	1.0210	1.0209	1.0228	1.0000	0.9841	1.0000	5.87
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Personal Care	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.01
Durable Medical Equipment	5.13	1.0179	1.0000	1.0209	1.0000	1.0000	0.9841	1.0209	5.36
Applied Behavioral Analysis	11.23	1.0179	1.0000	1.5436	1.0202	1.0000	0.9841	1.0000	17.72
Other	6.99	1.0179	1.0303	1.0209	1.0000	1.0000	0.9841	1.0000	7.37
	\$57.11								\$65.40
<b>Prescription Drugs</b>									
Generic Scripts	\$8.14	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	\$7.70
Single-Source Brand	7.15	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	6.76
Multi-Source Brand	0.54	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	0.51
Specialty	27.59	1.0000	1.0000	1.0856	1.0486	0.9920	0.9841	1.0000	30.66
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	0.9841	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	0.9841	1.0000	0.00
	\$43.42								\$45.62
<b>Community Mental Health Center</b>									
Case Management	\$0.54	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	\$0.57
Long Term Support Service	0.20	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.21
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Psychotherapy	0.36	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.38
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
APRTP	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.01
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.00
Other	0.37	1.0565	1.0000	1.0209	1.0000	1.0000	0.9841	1.0000	0.39
	\$1.48								\$1.57
<b>All Services</b>	\$130.15								\$145.05

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Foster Care / Adoption

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$4.35	1.0368	1.0062	1.0000	1.0064	1.0000	1.0000	1.0000	\$4.56
Surgical	3.39	1.0368	1.0112	1.0000	1.0064	1.0000	1.0000	1.0000	3.58
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$7.73								\$8.14
<b>Hospital Outpatient</b>									
Emergency Room	\$14.58	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$17.26
Surgery	4.32	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.12
Radiology	2.69	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.18
Pathology	5.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.78
Pharmacy	6.98	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.26
Cardiovascular	0.10	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.12
PT/OT/ST	1.88	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.22
Psychiatric	0.44	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.52
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	7.77	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.20
	\$44.49								\$52.65
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.35	1.0179	0.9727	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.35
Office Visits	11.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.33
Preventive Medicine	4.45	1.0179	1.0204	1.0209	1.0000	1.0000	1.0000	1.0000	4.72
Maternity	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.04
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	8.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.32
Psychiatric and Substance Abuse	12.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.47
Radiology and Pathology	4.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.29
Home Health and Private Duty Nursing	42.03	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	43.67
Ambulance	0.99	1.0179	1.3676	1.0209	1.0000	1.0000	1.0000	1.0000	1.40
Non-Emergency Transportation	0.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.61
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	9.16	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	9.94
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	1.51	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.57
Durable Medical Equipment	18.82	1.0179	1.0003	1.0209	1.0000	1.0000	1.0000	1.0026	19.62
Applied Behavioral Analysis	10.61	1.0179	1.0000	1.5368	1.0202	1.0000	1.0000	1.0000	16.94
Other	13.50	1.0179	0.9976	1.0209	1.0000	1.0000	1.0000	1.0000	13.99
	\$138.05								\$150.27
<b>Prescription Drugs</b>									
Generic Scripts	\$23.72	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	\$22.16
Single-Source Brand	20.87	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	19.49
Multi-Source Brand	3.06	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	2.86
Specialty	38.15	1.0000	1.0000	1.0612	1.0627	0.9920	1.0000	1.0000	42.68
Hepatitis C	4.85	1.0000	1.0000	1.0612	1.0627	0.9920	1.0000	1.0000	5.42
Other	0.00	1.0000	1.0000	1.0451	0.9010	0.9920	1.0000	1.0000	0.00
	\$90.64								\$92.61
<b>Community Mental Health Center</b>									
Case Management	\$2.93	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.16
Long Term Support Service	1.47	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.58
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	1.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.44
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	1.78	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	1.92
	\$7.52								\$8.11
<b>All Services</b>	\$288.43								\$311.79

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severely Disabled Children

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$20.05	1.0368	1.0084	1.0000	1.0064	1.0000	1.0000	1.0000	\$21.09
Surgical	11.55	1.0368	1.0398	1.0000	1.0064	1.0000	1.0000	1.0000	12.53
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$31.60								\$33.63
<b>Hospital Outpatient</b>									
Emergency Room	\$9.39	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$11.12
Surgery	2.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.23
Radiology	8.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.06
Pathology	4.76	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.64
Pharmacy	9.53	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.29
Cardiovascular	0.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.25
PT/OT/ST	8.67	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.27
Psychiatric	0.83	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.99
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	8.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.56
	\$52.72								\$62.40
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.40	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.41
Office Visits	13.83	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	14.37
Preventive Medicine	1.71	1.0179	1.0328	1.0209	1.0000	1.0000	1.0000	1.0000	1.84
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	28.49	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	29.61
Psychiatric and Substance Abuse	8.71	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.05
Radiology and Pathology	3.75	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.90
Home Health and Private Duty Nursing	411.21	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	427.32
Ambulance	1.90	1.0179	1.3938	1.0209	1.0000	1.0000	1.0000	1.0000	2.75
Non-Emergency Transportation	7.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.40
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	1.94	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	2.10
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	48.41	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	50.31
Durable Medical Equipment	128.45	1.0179	1.0006	1.0209	1.0000	1.0000	1.0000	1.0361	138.37
Applied Behavioral Analysis	73.95	1.0179	1.0000	1.3617	1.0202	1.0000	1.0000	1.0000	104.56
Other	31.73	1.0179	1.1285	1.0209	1.0000	1.0000	1.0000	1.0000	37.20
	\$761.60								\$829.21
<b>Prescription Drugs</b>									
Generic Scripts	\$74.15	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	\$68.75
Single-Source Brand	39.80	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	36.90
Multi-Source Brand	49.45	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	45.85
Specialty	185.78	1.0000	1.0000	1.1364	1.1195	0.9920	1.0000	1.0000	234.46
Hepatitis C	0.00	1.0000	1.0000	1.1364	1.1195	0.9920	1.0000	1.0000	0.00
Other	0.03	1.0000	1.0000	1.0008	0.9340	0.9920	1.0000	1.0000	0.02
	\$349.20								\$385.99
<b>Community Mental Health Center</b>									
Case Management	\$2.13	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$2.30
Long Term Support Service	2.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.51
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.42	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.46
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	1.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.23
	\$6.04								\$6.51
<b>All Services</b>	\$1,201.16								\$1,317.74

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 19-64

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$54.07	1.0368	1.0095	1.0000	1.0064	1.0000	0.9965	1.0000	\$56.75
Surgical	37.67	1.0368	0.9925	1.0000	1.0064	1.0000	0.9965	1.0000	38.88
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
Alcohol and Drug Abuse	2.41	1.0368	1.0081	1.0000	1.0064	1.0000	0.9965	1.0000	2.52
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9965	1.0000	0.00
	\$94.15								\$98.16
<b>Hospital Outpatient</b>									
Emergency Room	\$57.53	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	\$67.85
Surgery	23.40	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	27.59
Radiology	31.98	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	37.71
Pathology	9.64	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	11.37
Pharmacy	39.98	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	47.16
Cardiovascular	2.94	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	3.47
PT/OT/ST	6.32	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	7.46
Psychiatric	1.71	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	2.02
Substance Abuse	0.76	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	0.89
Other	33.72	1.0232	1.0462	1.0421	1.0610	1.0000	0.9965	1.0000	39.77
	\$207.98								\$245.30
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.37	1.0179	1.0475	1.0209	1.0000	1.0000	0.9965	1.0000	\$1.49
Office Visits	27.23	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	28.20
Preventive Medicine	2.51	1.0179	1.0386	1.0209	1.0000	1.0000	0.9965	1.0000	2.70
Maternity	0.20	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.21
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
PT/OT/ST	4.02	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	4.16
Psychiatric and Substance Abuse	22.20	1.0179	1.0362	1.0209	1.0000	1.0000	0.9965	1.0000	23.82
Radiology and Pathology	14.25	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	14.75
Home Health and Private Duty Nursing	69.20	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	71.66
Ambulance	10.36	1.0179	1.3318	1.0209	1.0000	1.0000	0.9965	1.0000	14.29
Non-Emergency Transportation	36.43	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	37.72
Opioid Treatment Program	10.17	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	10.53
Federally Qualified and Rural Health Clinics	17.66	1.0179	1.0210	1.0209	1.0228	1.0000	0.9965	1.0000	19.10
Adult Medical Day Care	1.12	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	1.16
Personal Care	15.77	1.0179	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	16.33
Durable Medical Equipment	48.06	1.0179	1.0001	1.0209	1.0000	1.0000	0.9965	1.0153	50.53
Applied Behavioral Analysis	0.01	1.0179	1.0000	1.8302	1.0202	1.0000	0.9965	1.0000	0.03
Other	67.12	1.0179	1.0222	1.0209	1.0000	1.0000	0.9965	1.0000	71.05
	\$347.69								\$367.72
<b>Prescription Drugs</b>									
Generic Scripts	\$80.46	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	\$73.19
Single-Source Brand	182.07	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	165.62
Multi-Source Brand	25.52	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	23.21
Specialty	203.96	1.0000	1.0000	1.0777	1.0332	0.9920	0.9965	1.0000	224.50
Hepatitis C	3.81	1.0000	1.0000	1.0777	1.0332	0.9920	0.9965	1.0000	4.20
Other	0.01	1.0000	1.0000	0.9336	0.9856	0.9920	0.9965	1.0000	0.01
	\$495.84								\$490.72
<b>Community Mental Health Center</b>									
Case Management	\$0.62	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	\$0.66
Long Term Support Service	1.05	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	1.13
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
Psychotherapy	2.14	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	2.30
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.00
Medication Management	0.04	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.05
Emergency Service 24/7	0.02	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.02
APRTP	0.46	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.50
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9965	1.0000	0.01
Other	2.99	1.0565	0.9998	1.0209	1.0000	1.0000	0.9965	1.0000	3.22
	\$7.34								\$7.89
<b>All Services</b>	<b>\$1,152.99</b>								<b>\$1,209.79</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Elderly and Disabled Adults - Age 65+

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$112.85	1.0368	1.0055	1.0000	1.0064	1.0000	1.0000	1.0000	\$118.40
Surgical	75.74	1.0368	1.0076	1.0000	1.0064	1.0000	1.0000	1.0000	79.64
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$188.59								\$198.04
<b>Hospital Outpatient</b>									
Emergency Room	\$55.68	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$65.90
Surgery	18.05	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	21.37
Radiology	30.39	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	35.96
Pathology	9.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.33
Pharmacy	10.47	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.40
Cardiovascular	3.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.54
PT/OT/ST	4.72	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.58
Psychiatric	0.01	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.01
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	39.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	47.30
	\$172.68								\$204.39
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$2.94	1.0179	1.0203	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.12
Office Visits	24.95	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.93
Preventive Medicine	2.28	1.0179	1.1140	1.0209	1.0000	1.0000	1.0000	1.0000	2.64
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.92	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.00
Psychiatric and Substance Abuse	9.76	1.0179	1.1328	1.0209	1.0000	1.0000	1.0000	1.0000	11.49
Radiology and Pathology	16.30	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.94
Home Health and Private Duty Nursing	51.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	53.81
Ambulance	8.60	1.0179	1.3265	1.0209	1.0000	1.0000	1.0000	1.0000	11.86
Non-Emergency Transportation	11.69	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.14
Opioid Treatment Program	0.81	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.84
Federally Qualified and Rural Health Clinics	27.00	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	29.30
Adult Medical Day Care	19.84	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	20.62
Personal Care	5.56	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.78
Durable Medical Equipment	26.57	1.0179	1.0007	1.0209	1.0000	1.0000	1.0000	1.0185	28.14
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	72.36	1.0179	1.0256	1.0209	1.0000	1.0000	1.0000	1.0000	77.13
	\$282.38								\$301.74
<b>Prescription Drugs</b>									
Generic Scripts	\$54.62	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	\$49.86
Single-Source Brand	162.20	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	148.07
Multi-Source Brand	10.25	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	9.36
Specialty	63.56	1.0000	1.0000	1.0777	1.0332	0.9920	1.0000	1.0000	70.20
Hepatitis C	0.52	1.0000	1.0000	1.0777	1.0332	0.9920	1.0000	1.0000	0.58
Other	0.01	1.0000	1.0000	0.9336	0.9856	0.9920	1.0000	1.0000	0.01
	\$291.16								\$278.08
<b>Community Mental Health Center</b>									
Case Management	\$0.08	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.09
Long Term Support Service	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.16
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.56	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.60
	\$0.80								\$0.87
<b>All Services</b>	<b>\$935.62</b>								<b>\$983.11</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Dual Eligibles

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$18.13	1.0368	1.0055	1.0000	1.0064	1.0000	1.0000	1.0000	\$19.02
Surgical	4.25	1.0368	1.0076	1.0000	1.0064	1.0000	1.0000	1.0000	4.47
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.04	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.04
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	1.01	1.0368	1.0453	1.0000	1.0064	1.0000	1.0000	1.0000	1.10
Alcohol and Drug Abuse	0.24	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.25
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$23.67								\$24.88
<b>Hospital Outpatient</b>									
Emergency Room	\$22.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$26.98
Surgery	7.53	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.91
Radiology	6.65	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.87
Pathology	1.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.60
Pharmacy	9.52	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.27
Cardiovascular	0.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.12
PT/OT/ST	2.15	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.55
Psychiatric	0.28	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.33
Substance Abuse	0.04	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.05
Other	16.03	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	18.97
	\$67.29								\$79.65
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.16	1.0179	1.0203	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.17
Office Visits	4.82	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.01
Preventive Medicine	0.61	1.0179	1.1140	1.0209	1.0000	1.0000	1.0000	1.0000	0.70
Maternity	0.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.08
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.81
Psychiatric and Substance Abuse	7.47	1.0179	1.1328	1.0209	1.0000	1.0000	1.0000	1.0000	8.79
Radiology and Pathology	1.73	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.80
Home Health and Private Duty Nursing	8.70	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.04
Ambulance	5.76	1.0179	1.3265	1.0209	1.0000	1.0000	1.0000	1.0000	7.95
Non-Emergency Transportation	31.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	33.12
Opioid Treatment Program	2.09	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.17
Federally Qualified and Rural Health Clinics	1.40	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.52
Adult Medical Day Care	1.30	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.35
Personal Care	24.56	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.52
Durable Medical Equipment	14.13	1.0179	1.0007	1.0209	1.0000	1.0000	1.0000	1.0007	14.71
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	11.62	1.0179	1.0256	1.0209	1.0000	1.0000	1.0000	1.0000	12.38
	\$117.07								\$125.11
<b>Prescription Drugs</b>									
Generic Scripts	\$0.75	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$0.91
Single-Source Brand	0.46	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.56
Multi-Source Brand	0.01	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.01
Specialty	0.04	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.04
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$1.26								\$1.53
<b>Community Mental Health Center</b>									
Case Management	\$0.80	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.86
Long Term Support Service	1.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.36
Partial Hospital	0.05	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Psychotherapy	1.23	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.32
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.04	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Emergency Service 24/7	0.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.02
APRTP	0.37	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.39
Supported Employment Services	0.03	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.03
Other	1.87	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.02
	\$5.66								\$6.11
<b>All Services</b>	\$214.95								\$237.28

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Newborn Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2,412.16	1.0368	1.2141	1.0000	1.0064	1.0000	1.0000	1.0000	\$3,055.97
Surgical	79.24	1.0368	0.9843	1.0000	1.0064	1.0000	1.0000	1.0000	81.38
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.77	1.0368	1.0657	1.0000	1.0064	1.0000	1.0000	1.0000	1.96
Well Newborn	296.65	1.0368	1.3308	1.0000	1.0064	1.0000	1.0000	1.0000	411.96
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$2,789.82								\$3,551.27
<b>Hospital Outpatient</b>									
Emergency Room	\$41.80	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$49.48
Surgery	1.27	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.50
Radiology	5.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.16
Pathology	7.87	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.32
Pharmacy	0.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.73
Cardiovascular	0.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.76
PT/OT/ST	1.38	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.63
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	52.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	62.39
	\$111.50								\$131.97
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	35.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	37.03
Preventive Medicine	122.19	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	126.98
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.20	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.21
PT/OT/ST	0.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.23
Psychiatric and Substance Abuse	0.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.25
Radiology and Pathology	11.35	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.79
Home Health and Private Duty Nursing	18.90	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	19.65
Ambulance	20.94	1.0179	1.7907	1.0209	1.0000	1.0000	1.0000	1.0000	38.98
Non-Emergency Transportation	0.74	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.77
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	97.67	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	105.98
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	6.13	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.37
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	518.60	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	538.92
	\$832.83								\$887.16
<b>Prescription Drugs</b>									
Generic Scripts	\$3.61	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$3.47
Single-Source Brand	0.55	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.53
Multi-Source Brand	0.02	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.02
Specialty	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$4.18								\$4.01
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$3,738.32								\$4,574.42



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Neonatal Abstinence Syndrome Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$10,540.18	1.0368	1.2333	1.0000	1.0064	1.0000	1.0000	1.0000	\$13,564.73
Surgical	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$10,540.18								\$13,564.73
<b>Hospital Outpatient</b>									
Emergency Room	\$72.30	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$85.57
Surgery	34.37	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	40.68
Radiology	0.89	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.06
Pathology	7.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.28
Pharmacy	0.52	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.62
Cardiovascular	5.33	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.31
PT/OT/ST	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	90.75	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	107.41
	\$212.00								\$250.92
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	40.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	42.22
Preventive Medicine	125.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	130.42
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	20.93	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	21.75
Home Health and Private Duty Nursing	58.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	60.88
Ambulance	61.63	1.0179	1.6777	1.0209	1.0000	1.0000	1.0000	1.0000	107.45
Non-Emergency Transportation	0.75	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.78
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	95.66	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	103.81
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	23.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	24.06
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	1,399.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1,453.89
	\$1,825.91								\$1,945.25
<b>Prescription Drugs</b>									
Generic Scripts	\$7.11	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	\$6.83
Single-Source Brand	5.98	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	5.74
Multi-Source Brand	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0856	1.0486	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0932	0.8855	0.9920	1.0000	1.0000	0.00
	\$13.08								\$12.56
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$12,591.17								\$15,773.47

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Maternity Kick Payment

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$46.26	1.0368	1.0178	1.0000	1.0064	1.0000	1.0000	1.0000	\$49.14
Surgical	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Delivery	1,926.19	1.0368	1.2334	1.0000	1.0064	1.0000	1.0000	1.0000	2,479.08
Maternity Non-Delivery	10.43	1.0368	0.9394	1.0000	1.0064	1.0000	1.0000	1.0000	10.23
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$1,982.88								\$2,538.44
<b>Hospital Outpatient</b>									
Emergency Room	\$7.28	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$8.61
Surgery	4.45	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.26
Radiology	1.84	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.18
Pathology	2.10	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.48
Pharmacy	2.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.45
Cardiovascular	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.19	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.22
Psychiatric	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	24.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	29.08
	\$42.48								\$50.28
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Office Visits	1.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.19
Preventive Medicine	0.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.34
Maternity	530.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	551.11
Certified Midwife	9.68	1.0179	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	10.06
PT/OT/ST	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychiatric and Substance Abuse	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Radiology and Pathology	1.48	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.54
Home Health and Private Duty Nursing	0.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.23
Ambulance	3.06	1.0179	1.3888	1.0209	1.0000	1.0000	1.0000	1.0000	4.42
Non-Emergency Transportation	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	1.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.62
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	0.12	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.13
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	6.47	1.0179	0.9998	1.0209	1.0000	1.0000	1.0000	1.0000	6.72
	\$554.33								\$577.36
<b>Prescription Drugs</b>									
Generic Scripts	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Single-Source Brand	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Multi-Source Brand	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>Community Mental Health Center</b>									
Case Management	\$0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.00
Long Term Support Service	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
APRTP	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Supported Employment Services	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
	\$0.00								\$0.00
<b>All Services</b>	\$2,579.70								\$3,166.08

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$33.53	1.0368	1.0109	1.0000	1.0064	1.0000	1.0000	1.0000	\$35.37
Surgical	16.31	1.0368	0.9941	1.0000	1.0064	1.0000	1.0000	1.0000	16.92
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.26	1.0368	0.9694	1.0000	1.0064	1.0000	1.0000	1.0000	0.26
Well Newborn	0.02	1.0368	1.3161	1.0000	1.0064	1.0000	1.0000	1.0000	0.03
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	3.74	1.0368	1.0130	1.0000	1.0064	1.0000	1.0000	1.0000	3.96
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$53.86								\$56.53
<b>Hospital Outpatient</b>									
Emergency Room	\$83.92	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$99.33
Surgery	17.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	20.80
Radiology	15.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	18.49
Pathology	9.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.43
Pharmacy	7.99	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.45
Cardiovascular	2.08	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.46
PT/OT/ST	5.13	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.07
Psychiatric	8.92	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	10.55
Substance Abuse	0.98	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.16
Other	21.36	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.29
	\$173.22								\$205.03
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.55	1.0179	1.0817	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.74
Office Visits	28.23	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	29.34
Preventive Medicine	4.46	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	4.95
Maternity	0.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.69
Certified Midwife	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
PT/OT/ST	2.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.60
Psychiatric and Substance Abuse	44.82	1.0179	1.0545	1.0209	1.0000	1.0000	1.0000	1.0000	49.12
Radiology and Pathology	17.11	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	17.78
Home Health and Private Duty Nursing	11.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.58
Ambulance	10.89	1.0179	1.3308	1.0209	1.0000	1.0000	1.0000	1.0000	15.05
Non-Emergency Transportation	33.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	34.36
Opioid Treatment Program	8.36	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.69
Federally Qualified and Rural Health Clinics	17.97	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	19.50
Adult Medical Day Care	1.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.10
Personal Care	2.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.40
Durable Medical Equipment	14.72	1.0179	0.9983	1.0209	1.0000	1.0000	1.0000	1.0155	15.51
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	48.36	1.0179	1.0336	1.0209	1.0000	1.0000	1.0000	1.0000	51.94
	\$247.22								\$266.37
<b>Prescription Drugs</b>									
Generic Scripts	\$78.06	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$79.01
Single-Source Brand	320.38	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	324.28
Multi-Source Brand	11.62	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	11.76
Specialty	114.84	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	119.89
Hepatitis C	8.42	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	8.79
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$533.32								\$543.74
<b>Community Mental Health Center</b>									
Case Management	\$311.33	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$335.81
Long Term Support Service	245.23	1.0565	1.0396	1.0209	1.0000	1.0000	1.0000	1.0000	274.98
Partial Hospital	1.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.08
Psychotherapy	84.71	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	91.37
Evidence Based Practice	3.14	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.39
Medication Management	3.11	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.35
Emergency Service 24/7	2.51	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.71
APRTP	2.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.17
Supported Employment Services	14.41	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	15.55
Other	47.97	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	51.75
	\$715.42								\$782.15
<b>All Services</b>	\$1,723.04								\$1,853.81

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe/Persistent Mental Illness - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$19.95	1.0368	1.0109	1.0000	1.0064	1.0000	1.0000	1.0000	\$21.05
Surgical	5.55	1.0368	0.9941	1.0000	1.0064	1.0000	1.0000	1.0000	5.76
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	6.99	1.0368	1.0194	1.0000	1.0064	1.0000	1.0000	1.0000	7.44
Alcohol and Drug Abuse	0.64	1.0368	1.0130	1.0000	1.0064	1.0000	1.0000	1.0000	0.68
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$33.14								\$34.93
<b>Hospital Outpatient</b>									
Emergency Room	\$27.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$32.71
Surgery	8.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.89
Radiology	7.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.06
Pathology	1.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.33
Pharmacy	13.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.52
Cardiovascular	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
PT/OT/ST	2.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.13
Psychiatric	1.09	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.29
Substance Abuse	0.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.24
Other	16.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	20.06
	\$80.58								\$95.38
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.17	1.0179	1.0817	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.19
Office Visits	5.55	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.76
Preventive Medicine	0.88	1.0179	1.0697	1.0209	1.0000	1.0000	1.0000	1.0000	0.98
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	0.97	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.01
Psychiatric and Substance Abuse	45.95	1.0179	1.0545	1.0209	1.0000	1.0000	1.0000	1.0000	50.35
Radiology and Pathology	2.60	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.70
Home Health and Private Duty Nursing	1.44	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.50
Ambulance	4.87	1.0179	1.3308	1.0209	1.0000	1.0000	1.0000	1.0000	6.73
Non-Emergency Transportation	27.46	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	28.53
Opioid Treatment Program	2.96	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.07
Federally Qualified and Rural Health Clinics	1.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.61
Adult Medical Day Care	1.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.29
Personal Care	5.89	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.12
Durable Medical Equipment	7.39	1.0179	0.9983	1.0209	1.0000	1.0000	1.0000	1.0025	7.69
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	10.87	1.0179	1.0336	1.0209	1.0000	1.0000	1.0000	1.0000	11.68
	\$119.73								\$129.23
<b>Prescription Drugs</b>									
Generic Scripts	\$1.08	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$1.31
Single-Source Brand	1.41	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	1.72
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$2.50								\$3.04
<b>Community Mental Health Center</b>									
Case Management	\$326.46	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$352.14
Long Term Support Service	448.56	1.0565	1.0396	1.0209	1.0000	1.0000	1.0000	1.0000	502.98
Partial Hospital	6.93	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	7.48
Psychotherapy	44.02	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	47.48
Evidence Based Practice	4.37	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.71
Medication Management	4.41	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.76
Emergency Service 24/7	3.17	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.42
APRTP	22.60	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	24.38
Supported Employment Services	35.42	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	38.21
Other	28.23	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	30.45
	\$924.17								\$1,016.00
<b>All Services</b>	\$1,160.12								\$1,278.57

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$38.05	1.0368	1.0117	1.0000	1.0064	1.0000	1.0000	1.0000	\$40.17
Surgical	20.71	1.0368	1.0009	1.0000	1.0064	1.0000	1.0000	1.0000	21.63
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	1.27	1.0368	0.9062	1.0000	1.0064	1.0000	1.0000	1.0000	1.20
Well Newborn	0.06	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.06
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	7.47	1.0368	1.0167	1.0000	1.0064	1.0000	1.0000	1.0000	7.93
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$67.57								\$71.00
<b>Hospital Outpatient</b>									
Emergency Room	\$85.17	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$100.81
Surgery	12.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	14.94
Radiology	17.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	21.20
Pathology	9.68	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.46
Pharmacy	10.51	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.43
Cardiovascular	1.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.84
PT/OT/ST	4.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.81
Psychiatric	11.38	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	13.46
Substance Abuse	4.41	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.22
Other	21.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.45
	\$178.80								\$211.63
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.14	1.0179	1.0046	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.19
Office Visits	26.87	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.92
Preventive Medicine	4.37	1.0179	1.0724	1.0209	1.0000	1.0000	1.0000	1.0000	4.87
Maternity	1.16	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.20
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	2.45	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.54
Psychiatric and Substance Abuse	69.02	1.0179	1.0274	1.0209	1.0000	1.0000	1.0000	1.0000	73.69
Radiology and Pathology	18.50	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	19.22
Home Health and Private Duty Nursing	4.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.17
Ambulance	7.66	1.0179	1.3246	1.0209	1.0000	1.0000	1.0000	1.0000	10.55
Non-Emergency Transportation	36.40	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	37.83
Opioid Treatment Program	11.25	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.69
Federally Qualified and Rural Health Clinics	22.39	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	24.30
Adult Medical Day Care	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.04
Personal Care	0.28	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.29
Durable Medical Equipment	9.46	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0693	10.52
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	43.56	1.0179	1.0239	1.0209	1.0000	1.0000	1.0000	1.0000	46.35
	\$258.55								\$276.37
<b>Prescription Drugs</b>									
Generic Scripts	\$57.30	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$58.00
Single-Source Brand	131.44	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	133.05
Multi-Source Brand	6.40	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	6.48
Specialty	74.02	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	77.27
Hepatitis C	20.18	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	21.07
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$289.35								\$295.86
<b>Community Mental Health Center</b>									
Case Management	\$216.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$233.16
Long Term Support Service	52.67	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	56.81
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	79.92	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	86.21
Evidence Based Practice	2.35	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.53
Medication Management	0.75	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.80
Emergency Service 24/7	1.07	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.15
APRTP	10.39	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	11.21
Supported Employment Services	7.98	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	8.61
Other	36.92	1.0565	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	39.87
	\$408.21								\$440.35
<b>All Services</b>	\$1,202.48								\$1,295.21

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Severe Mental Illness - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$12.96	1.0368	1.0117	1.0000	1.0064	1.0000	1.0000	1.0000	\$13.68
Surgical	2.63	1.0368	1.0009	1.0000	1.0064	1.0000	1.0000	1.0000	2.74
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	13.70	1.0368	1.0204	1.0000	1.0064	1.0000	1.0000	1.0000	14.59
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$29.28								\$31.00
<b>Hospital Outpatient</b>									
Emergency Room	\$38.86	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$45.99
Surgery	8.41	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.96
Radiology	4.62	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.47
Pathology	1.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.32
Pharmacy	16.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	19.41
Cardiovascular	0.70	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.82
PT/OT/ST	2.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.61
Psychiatric	1.03	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.22
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	13.21	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	15.63
	\$87.40								\$103.45
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.21	1.0179	1.0046	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.22
Office Visits	6.63	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.89
Preventive Medicine	1.19	1.0179	1.0724	1.0209	1.0000	1.0000	1.0000	1.0000	1.32
Maternity	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.02
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.03	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.07
Psychiatric and Substance Abuse	41.74	1.0179	1.0274	1.0209	1.0000	1.0000	1.0000	1.0000	44.56
Radiology and Pathology	2.79	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.90
Home Health and Private Duty Nursing	11.58	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	12.04
Ambulance	3.99	1.0179	1.3246	1.0209	1.0000	1.0000	1.0000	1.0000	5.49
Non-Emergency Transportation	37.68	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	39.16
Opioid Treatment Program	3.25	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.38
Federally Qualified and Rural Health Clinics	4.26	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	4.62
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	9.13	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0003	9.49
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	26.00	1.0179	1.0239	1.0209	1.0000	1.0000	1.0000	1.0000	27.66
	\$149.50								\$158.83
<b>Prescription Drugs</b>									
Generic Scripts	\$1.12	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$1.36
Single-Source Brand	2.23	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	2.72
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$3.35								\$4.08
<b>Community Mental Health Center</b>									
Case Management	\$266.12	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$287.04
Long Term Support Service	115.55	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	124.64
Partial Hospital	0.50	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.54
Psychotherapy	54.57	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	58.86
Evidence Based Practice	1.21	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.31
Medication Management	2.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.33
Emergency Service 24/7	3.19	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.44
APRTP	25.17	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.14
Supported Employment Services	19.53	1.0565	1.0001	1.0209	1.0000	1.0000	1.0000	1.0000	21.07
Other	27.70	1.0565	1.0011	1.0209	1.0000	1.0000	1.0000	1.0000	29.91
	\$515.70								\$556.29
<b>All Services</b>	\$785.23								\$853.65

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Non-Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$28.55	1.0368	1.0220	1.0000	1.0064	1.0000	1.0000	1.0000	\$30.45
Surgical	20.41	1.0368	0.9800	1.0000	1.0064	1.0000	1.0000	1.0000	20.88
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	4.37	1.0368	0.9963	1.0000	1.0064	1.0000	1.0000	1.0000	4.54
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$53.33								\$55.86
<b>Hospital Outpatient</b>									
Emergency Room	\$64.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$76.23
Surgery	21.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.72
Radiology	19.85	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	23.49
Pathology	9.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	11.49
Pharmacy	27.90	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	33.03
Cardiovascular	2.64	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.13
PT/OT/ST	6.46	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.64
Psychiatric	5.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	6.51
Substance Abuse	0.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.13
Other	21.96	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	25.99
	\$181.10								\$214.36
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$2.73	1.0179	1.1445	1.0209	1.0000	1.0000	1.0000	1.0000	\$3.25
Office Visits	26.59	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	27.63
Preventive Medicine	4.32	1.0179	1.0577	1.0209	1.0000	1.0000	1.0000	1.0000	4.75
Maternity	0.33	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.34
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.74
Psychiatric and Substance Abuse	29.20	1.0179	1.0020	1.0209	1.0000	1.0000	1.0000	1.0000	30.41
Radiology and Pathology	15.67	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	16.29
Home Health and Private Duty Nursing	10.26	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	10.66
Ambulance	4.13	1.0179	1.3231	1.0209	1.0000	1.0000	1.0000	1.0000	5.68
Non-Emergency Transportation	10.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	10.95
Opioid Treatment Program	9.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	9.43
Federally Qualified and Rural Health Clinics	25.31	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	27.47
Adult Medical Day Care	1.38	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.44
Personal Care	2.78	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.89
Durable Medical Equipment	15.85	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0000	16.48
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	51.96	1.0179	1.0205	1.0209	1.0000	1.0000	1.0000	1.0000	55.10
	\$211.81								\$224.50
<b>Prescription Drugs</b>									
Generic Scripts	\$86.37	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	\$87.42
Single-Source Brand	255.54	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	258.66
Multi-Source Brand	12.69	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	12.85
Specialty	84.61	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	88.33
Hepatitis C	14.40	1.0000	1.0000	1.0175	1.0342	0.9920	1.0000	1.0000	15.03
Other	0.00	1.0000	1.0000	0.9972	1.0232	0.9920	1.0000	1.0000	0.00
	\$453.62								\$462.29
<b>Community Mental Health Center</b>									
Case Management	\$255.31	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$275.39
Long Term Support Service	36.13	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	38.97
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	29.31	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	31.61
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	3.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	3.41
Emergency Service 24/7	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.26
APRTP	1.64	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.77
Supported Employment Services	12.49	1.0565	1.0309	1.0209	1.0000	1.0000	1.0000	1.0000	13.89
Other	33.04	1.0565	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	35.65
	\$371.33								\$400.95
<b>All Services</b>	\$1,271.19								\$1,357.96

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Low Utilizer - Dual

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$18.05	1.0368	1.0220	1.0000	1.0064	1.0000	1.0000	1.0000	\$10.72
Surgical	4.06	1.0368	0.9800	1.0000	1.0064	1.0000	1.0000	1.0000	4.16
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	1.68	1.0368	1.0108	1.0000	1.0064	1.0000	1.0000	1.0000	1.77
Alcohol and Drug Abuse	0.43	1.0368	0.9963	1.0000	1.0064	1.0000	1.0000	1.0000	0.45
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$16.23								\$17.10
<b>Hospital Outpatient</b>									
Emergency Room	\$18.40	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$21.78
Surgery	6.35	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.51
Radiology	7.55	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	8.93
Pathology	1.02	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	1.20
Pharmacy	4.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.11
Cardiovascular	0.73	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.87
PT/OT/ST	2.72	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.22
Psychiatric	0.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.36
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	10.57	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.52
	\$51.96								\$61.50
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.03	1.0179	1.1445	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.04
Office Visits	4.95	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.14
Preventive Medicine	0.56	1.0179	1.0577	1.0209	1.0000	1.0000	1.0000	1.0000	0.61
Maternity	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	1.02	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.06
Psychiatric and Substance Abuse	4.91	1.0179	1.0020	1.0209	1.0000	1.0000	1.0000	1.0000	5.12
Radiology and Pathology	1.53	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.59
Home Health and Private Duty Nursing	4.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.72
Ambulance	2.25	1.0179	1.3231	1.0209	1.0000	1.0000	1.0000	1.0000	3.10
Non-Emergency Transportation	42.26	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	43.91
Opioid Treatment Program	1.54	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.60
Federally Qualified and Rural Health Clinics	1.02	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	1.10
Adult Medical Day Care	0.15	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.16
Personal Care	8.43	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	8.76
Durable Medical Equipment	9.36	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0000	9.73
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other	8.00	1.0179	1.0205	1.0209	1.0000	1.0000	1.0000	1.0000	8.49
	\$90.56								\$95.13
<b>Prescription Drugs</b>									
Generic Scripts	\$0.79	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	\$0.96
Single-Source Brand	0.04	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.05
Multi-Source Brand	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
Specialty	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Hepatitis C	0.00	1.0000	1.0000	1.6439	0.7045	0.9920	1.0000	1.0000	0.00
Other	0.00	1.0000	1.0000	1.0280	1.1931	0.9920	1.0000	1.0000	0.00
	\$0.83								\$1.01
<b>Community Mental Health Center</b>									
Case Management	\$246.77	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$266.18
Long Term Support Service	35.65	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	38.45
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	19.27	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	20.79
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	4.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	4.57
Emergency Service 24/7	0.24	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.26
APRTP	2.12	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.28
Supported Employment Services	9.64	1.0565	1.0309	1.0209	1.0000	1.0000	1.0000	1.0000	10.72
Other	17.77	1.0565	1.0002	1.0209	1.0000	1.0000	1.0000	1.0000	19.17
	\$335.69								\$362.42
<b>All Services</b>	\$495.27								\$537.16



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Serious Emotionally Disturbed Child

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$2.60	1.0368	1.0165	1.0000	1.0064	1.0000	1.0000	1.0000	\$2.75
Surgical	2.06	1.0368	0.9884	1.0000	1.0064	1.0000	1.0000	1.0000	2.13
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.20	1.0368	0.9403	1.0000	1.0064	1.0000	1.0000	1.0000	0.20
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$4.86								\$5.08
<b>Hospital Outpatient</b>									
Emergency Room	\$24.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$28.54
Surgery	3.26	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	3.85
Radiology	3.56	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	4.22
Pathology	5.95	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.05
Pharmacy	0.60	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.71
Cardiovascular	0.11	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	0.13
PT/OT/ST	1.97	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.33
Psychiatric	1.71	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.02
Substance Abuse	0.00	1.0232	1.0000	1.0421	1.0610	1.0000	1.0000	1.0000	0.00
Other	6.66	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	7.88
	\$47.93								\$56.73
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$0.36	1.0179	0.9829	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.37
Office Visits	14.76	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	15.34
Preventive Medicine	4.28	1.0179	1.0324	1.0209	1.0000	1.0000	1.0000	1.0000	4.59
Maternity	0.07	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.07
Certified Midwife	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
PT/OT/ST	6.24	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	6.48
Psychiatric and Substance Abuse	4.88	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.07
Radiology and Pathology	5.48	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.70
Home Health and Private Duty Nursing	2.46	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.56
Ambulance	1.83	1.0179	1.3419	1.0209	1.0000	1.0000	1.0000	1.0000	2.55
Non-Emergency Transportation	0.92	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.96
Opioid Treatment Program	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Federally Qualified and Rural Health Clinics	9.49	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	10.29
Adult Medical Day Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Durable Medical Equipment	5.19	1.0179	1.0005	1.0209	1.0000	1.0000	1.0000	1.0371	5.59
Applied Behavioral Analysis	7.42	1.0179	1.0000	1.8677	1.0202	1.0000	1.0000	1.0000	14.39
Other	15.55	1.0179	1.0494	1.0209	1.0000	1.0000	1.0000	1.0000	16.96
	\$78.93								\$90.93
<b>Prescription Drugs</b>									
Generic Scripts	\$31.01	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	\$27.46
Single-Source Brand	27.26	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	24.14
Multi-Source Brand	1.77	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	1.56
Specialty	38.51	1.0000	1.0000	1.0599	1.1634	0.9920	1.0000	1.0000	47.11
Hepatitis C	0.15	1.0000	1.0000	1.0599	1.1634	0.9920	1.0000	1.0000	0.18
Other	0.00	1.0000	1.0000	1.0242	0.8716	0.9920	1.0000	1.0000	0.00
	\$98.70								\$100.46
<b>Community Mental Health Center</b>									
Case Management	\$276.98	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$298.77
Long Term Support Service	90.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	97.35
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	125.67	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	135.55
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.07	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.07
Emergency Service 24/7	0.26	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.28
APRTP	0.25	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.27
Supported Employment Services	0.05	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.05
Other	16.83	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	18.15
	\$510.35								\$550.49
<b>All Services</b>	\$740.77								\$803.68

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data

Eligibility Category: Granite Advantage - Medically Frail

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$47.37	1.0368	1.0062	1.0000	1.0064	1.0000	1.0000	1.0000	\$49.74
Surgical	25.92	1.0368	1.0026	1.0000	1.0064	1.0000	1.0000	1.0000	27.12
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Maternity Non-Delivery	0.12	1.0368	0.9444	1.0000	1.0064	1.0000	1.0000	1.0000	0.12
Well Newborn	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
Alcohol and Drug Abuse	5.80	1.0368	1.0092	1.0000	1.0064	1.0000	1.0000	1.0000	6.11
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	1.0000	1.0000	0.00
	\$79.22								\$83.09
<b>Hospital Outpatient</b>									
Emergency Room	\$53.00	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	\$62.73
Surgery	16.31	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	19.31
Radiology	20.12	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	23.81
Pathology	8.07	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	9.55
Pharmacy	40.06	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	47.42
Cardiovascular	2.50	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.96
PT/OT/ST	4.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	5.81
Psychiatric	10.91	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	12.91
Substance Abuse	2.42	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	2.86
Other	26.20	1.0232	1.0462	1.0421	1.0610	1.0000	1.0000	1.0000	31.01
	\$184.50								\$218.37
<b>Professional and Other State Plan Services</b>									
Ambulatory Surgery Center	\$1.00	1.0179	0.9978	1.0209	1.0000	1.0000	1.0000	1.0000	\$1.03
Office Visits	24.74	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	25.71
Preventive Medicine	2.31	1.0179	1.0526	1.0209	1.0000	1.0000	1.0000	1.0000	2.52
Maternity	0.32	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.33
Certified Midwife	0.01	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
PT/OT/ST	2.31	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	2.40
Psychiatric and Substance Abuse	56.02	1.0179	1.0330	1.0209	1.0000	1.0000	1.0000	1.0000	60.14
Radiology and Pathology	17.34	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	18.02
Home Health and Private Duty Nursing	13.59	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	14.13
Ambulance	5.27	1.0179	1.1993	1.0209	1.0000	1.0000	1.0000	1.0000	6.57
Non-Emergency Transportation	38.66	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	40.17
Opioid Treatment Program	17.17	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	17.84
Federally Qualified and Rural Health Clinics	17.37	1.0179	1.0210	1.0209	1.0228	1.0000	1.0000	1.0000	18.85
Adult Medical Day Care	0.06	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.06
Personal Care	1.19	1.0179	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.24
Durable Medical Equipment	14.90	1.0179	0.9992	1.0209	1.0000	1.0000	1.0000	1.0131	15.67
Applied Behavioral Analysis	0.03	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03
Other	48.36	1.0179	0.9444	1.0209	1.0000	1.0000	1.0000	1.0000	47.46
	\$260.64								\$272.18
<b>Prescription Drugs</b>									
Generic Scripts	\$52.95	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	\$48.36
Single-Source Brand	100.07	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	91.41
Multi-Source Brand	10.33	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	9.44
Specialty	127.97	1.0000	1.0000	1.0970	1.0058	0.9920	1.0000	1.0000	140.08
Hepatitis C	15.08	1.0000	1.0000	1.0970	1.0058	0.9920	1.0000	1.0000	16.51
Other	0.00	1.0000	1.0000	0.9334	0.9866	0.9920	1.0000	1.0000	0.00
	\$306.41								\$305.80
<b>Community Mental Health Center</b>									
Case Management	\$0.59	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	\$0.64
Long Term Support Service	0.62	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.67
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Psychotherapy	1.60	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	1.73
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.00
Medication Management	0.06	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.06
Emergency Service 24/7	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
APRTP	0.90	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	0.97
Supported Employment Services	0.01	1.0565	1.0060	1.0209	1.0000	1.0000	1.0000	1.0000	0.01
Other	5.16	1.0565	1.0000	1.0209	1.0000	1.0000	1.0000	1.0000	5.56
	\$8.94								\$9.64
<b>All Services</b>	\$839.70								\$889.09

Eligibility Category: Granite Advantage - Non-Medically Frail

Benefits	Per Capita Monthly Paid Cost	IBNR Adjustment	Reimbursement Adjustment	Utilization Trend Factors	Unit Cost Trend Factors	Rx Rebate	Stop Loss Adjustment	DME Adjustment	Projected Per Capita Monthly Paid Cost
<b>Hospital Inpatient</b>									
Medical	\$15.84	1.0368	1.0061	1.0000	1.0064	1.0000	0.9998	1.0000	\$16.63
Surgical	11.94	1.0368	0.9969	1.0000	1.0064	1.0000	0.9998	1.0000	12.41
Maternity Delivery	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Maternity Non-Delivery	0.21	1.0368	0.9718	1.0000	1.0064	1.0000	0.9998	1.0000	0.21
Well Newborn	0.00	1.0368	1.3448	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Psychiatric	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
Alcohol and Drug Abuse	3.05	1.0368	1.0157	1.0000	1.0064	1.0000	0.9998	1.0000	3.23
Other	0.00	1.0368	1.0000	1.0000	1.0064	1.0000	0.9998	1.0000	0.00
	\$31.04								\$32.49
<b>Hospital Outpatient</b>									
Emergency Room	\$30.26	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	\$35.80
Surgery	10.34	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	12.23
Radiology	13.23	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	15.65
Pathology	5.57	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	6.59

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B1 New Hampshire Department of Health and Human Services RY 2024 Medicaid Care Management Capitation Rate Development Data Adjustments for SFY 2022 MCO Encounter Base Experience Data										
Pharmacy	13.25	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	15.68	
Cardiovascular	1.37	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	1.62	
PT/OT/ST	2.66	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	3.15	
Psychiatric	4.22	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	4.99	
Substance Abuse	1.40	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	1.66	
Other	12.59	1.0232	1.0462	1.0421	1.0610	1.0000	0.9998	1.0000	14.90	
	\$94.87								\$112.27	
<b>Professional and Other State Plan Services</b>										
Ambulatory Surgery Center	\$0.69	1.0179	1.0210	1.0209	1.0000	1.0000	0.9998	1.0000	\$0.73	
Office Visits	14.01	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	14.55	
Preventive Medicine	2.58	1.0179	1.0568	1.0209	1.0000	1.0000	0.9998	1.0000	2.84	
Maternity	0.49	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.51	
Certified Midwife	0.03	1.0179	0.9963	1.0209	1.0000	1.0000	0.9998	1.0000	0.03	
PT/OT/ST	1.29	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.34	
Psychiatric and Substance Abuse	26.56	1.0179	1.0279	1.0209	1.0000	1.0000	0.9998	1.0000	28.36	
Radiology and Pathology	9.70	1.0179	1.0001	1.0209	1.0000	1.0000	0.9998	1.0000	10.08	
Home Health and Private Duty Nursing	1.76	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.83	
Ambulance	1.80	1.0179	1.2009	1.0209	1.0000	1.0000	0.9998	1.0000	2.24	
Non-Emergency Transportation	8.85	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	9.19	
Opioid Treatment Program	5.03	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	5.23	
Federally Qualified and Rural Health Clinics	9.63	1.0179	1.0210	1.0209	1.0228	1.0000	0.9998	1.0000	10.45	
Adult Medical Day Care	0.04	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.04	
Personal Care	0.00	1.0179	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Durable Medical Equipment	4.31	1.0179	1.0002	1.0209	1.0000	1.0000	0.9998	1.0184	4.56	
Applied Behavioral Analysis	0.00	1.0179	1.0000	1.0000	1.0000	1.0000	0.9998	1.0000	0.00	
Other	22.71	1.0179	0.9877	1.0209	1.0000	1.0000	0.9998	1.0000	23.31	
	0	\$109.48							\$115.29	
<b>Prescription Drugs</b>										
Generic Scripts	\$22.85	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	\$20.85	
Single-Source Brand	41.66	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	38.02	
Multi-Source Brand	2.38	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	2.17	
Specialty	41.70	1.0000	1.0000	1.0398	1.0997	0.9920	0.9998	1.0000	47.29	
Hepatitis C	4.92	1.0000	1.0000	1.0398	1.0997	0.9920	0.9998	1.0000	5.58	
Other	0.00	1.0000	1.0000	0.9224	0.9977	0.9920	0.9998	1.0000	0.00	
	\$113.50								\$113.92	
<b>Community Mental Health Center</b>										
Case Management	\$0.23	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	\$0.25	
Long Term Support Service	0.30	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.32	
Partial Hospital	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Psychotherapy	0.82	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.88	
Evidence Based Practice	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.00	
Medication Management	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.02	
Emergency Service 24/7	0.00	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.01	
APRTP	0.33	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.35	
Supported Employment Services	0.01	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	0.01	
Other	1.60	1.0565	1.0000	1.0209	1.0000	1.0000	0.9998	1.0000	1.72	
	\$3.31								\$3.56	
<b>All Services</b>	\$352.20								\$377.52	

**Appendix B2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Data Adjustments for SFY 2022 MCO Encounter Base Experience Data**  
**New Hampshire Hospital and Hampstead Hospital**

Eligibility Category	Admission Per 1,000	Days Per 1,000	Acuity Adjustment	Projected RY 2024 Per Diem	Coordination of Benefits Percentage	Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	-	-	1.000	\$1,506.00	100%	\$0.00
Low Income Children - Age 1-18 Years	2.06	18.69	1.036	1,506.00	100%	2.43
Low Income Adults	0.87	6.24	1.076	1,506.00	100%	0.84
CHIP	1.59	12.04	1.036	1,506.00	100%	1.57
Foster Care / Adoption	12.29	228.44	1.036	1,506.00	100%	29.71
Severely Disabled Children	3.38	21.39	1.000	1,506.00	100%	2.68
Elderly and Disabled Adults - Age 19-64	2.63	28.38	1.028	1,506.00	100%	3.66
Elderly and Disabled Adults - Age 65+	-	-	1.028	1,506.00	100%	0.00
Dual Eligibles	2.09	38.78	1.000	1,506.00	21%	1.02
Newborn Kick Payment	-	-	1.000	1,506.00	100%	0.00
Neonatal Abstinence Syndrome Kick Payment	-	-	1.000	1,506.00	100%	0.00
Maternity Kick Payment	-	-	1.000	1,506.00	100%	0.00
Severe/Persistent Mental Illness - Non-Dual	35.26	584.89	1.000	\$1,506.00	100%	\$73.40
Severe/Persistent Mental Illness - Dual	67.17	1,399.54	1.000	1,506.00	21%	36.93
Severe Mental Illness - Non-Dual	30.15	426.03	1.000	1,506.00	100%	53.47
Severe Mental Illness - Dual	73.65	1,537.35	1.000	1,506.00	21%	40.57
Low Utilizer - Non-Dual	15.00	172.51	1.000	1,506.00	100%	21.65
Low Utilizer - Dual	-	-	1.000	1,506.00	21%	0.00
Serious Emotionally Disturbed Child	39.08	449.75	1.000	1,506.00	100%	56.44
Granite Advantage - Medically Frail	6.36	84.24	1.054	\$1,506.00	100%	\$11.14
Granite Advantage - Non-Medically Frail	1.53	18.18	1.057	1,506.00	100%	2.41
<b>Total</b>	<b>4.73</b>	<b>65.24</b>	<b>1.036</b>	<b>\$1,506.00</b>	<b>\$0.00</b>	<b>\$6.44</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix B3  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Data Adjustments for SFY 2022 MCO Encounter Base Experience Data  
 Hospital Inpatient Psychiatric Admissions

Composite DRG Payment: 3,867.90 2,973.40 20,092.70 8,350.17

Eligibility Category	Admission Per 1,000				Acuity Adjustment	Per Capita Monthly Paid Cost				Total
	Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09		Peer Group 01 & 07	Peer Group 02	Peer Group 06	Peer Group 09	
Low Income Children - Age 0-11 Months	0.25	0.00	0.00	0.00	1.000	\$0.08	\$0.00	\$0.00	\$0.00	\$0.08
Low Income Children - Age 1-18 Years	0.24	0.13	0.04	0.00	1.036	0.08	0.03	0.08	0.00	0.19
Low Income Adults	3.56	0.93	0.76	0.06	1.076	1.23	0.25	1.37	0.04	2.89
CHIP	0.31	0.15	0.00	0.00	1.036	0.10	0.04	0.00	0.00	0.14
Foster Care / Adoption	0.42	0.42	0.00	0.42	1.036	0.14	0.11	0.00	0.31	0.56
Severely Disabled Children	2.25	0.00	0.00	0.00	1.000	0.73	0.00	0.00	0.00	0.73
Elderly and Disabled Adults - Age 19-64	6.66	1.23	0.00	0.53	1.028	2.21	0.31	0.00	0.38	2.89
Elderly and Disabled Adults - Age 65+	1.64	0.00	0.00	0.00	1.028	0.54	0.00	0.00	0.00	0.54
Dual Eligibles1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Newborn Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	53.07	13.36	12.62	2.97	1.000	\$17.11	\$3.31	\$21.13	\$2.07	\$43.61
Severe/Persistent Mental Illness - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Severe Mental Illness - Non-Dual	52.00	24.03	6.12	13.55	1.000	16.76	5.95	10.24	9.43	42.38
Severe Mental Illness - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Low Utilizer - Non-Dual	30.00	2.50	7.50	5.00	1.000	9.67	0.62	12.56	3.48	26.33
Low Utilizer - Dual1	0.00	0.00	0.00	0.00	1.000	0.00	0.00	0.00	0.00	0.00
Serious Emotionally Disturbed Child	2.42	1.43	0.00	3.71	1.000	0.78	0.35	0.00	2.58	3.72
Granite Advantage - Medically Frail	11.35	2.61	1.02	0.00	1.054	\$3.86	\$0.68	\$1.80	\$0.00	\$6.34
Granite Advantage - Non-Medically Frail	3.55	1.73	0.36	0.45	1.057	1.21	0.45	0.64	0.33	2.64
<b>Total</b>	<b>3.35</b>	<b>1.19</b>	<b>0.45</b>	<b>0.44</b>	<b>1.036</b>	<b>\$1.11</b>	<b>\$0.31</b>	<b>\$0.77</b>	<b>\$0.31</b>	<b>\$2.51</b>

## Appendix C

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Projected Medical Cost Based on SFY 2022 Experience

Eligibility Category	SFY 2022 Encounter Member Months	SFY 2022 Encounter Projected Per Capita Monthly Paid Cost	Acuity Adjustment	Final Projected Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	47,519	\$245.37	1.0000	\$245.37
Low Income Children - Age 1-18 Years	810,168	150.86	1.0362	156.33
Low Income Adults	205,837	377.10	1.0759	405.72
CHIP	233,235	145.05	1.0362	150.31
Foster Care / Adoption	28,314	311.79	1.0362	323.09
Severely Disabled Children	10,661	1,317.74	1.0000	1,317.74
Elderly and Disabled Adults - Age 19-64	68,497	1,209.79	1.0281	1,243.74
Elderly and Disabled Adults - Age 65+	14,665	983.11	1.0281	1,010.70
Dual Eligibles	183,803	237.28	1.0000	237.28
Newborn Kick Payment	2,678	4,574.42	1.0000	4,574.42
Neonatal Abstinence Syndrome Kick Payment	92	15,773.47	1.0000	15,773.47
Maternity Kick Payment	3,173	3,166.08	1.0000	3,166.08
Severe/Persistent Mental Illness - Non-Dual	32,334	\$1,853.81	1.0000	\$1,853.81
Severe/Persistent Mental Illness - Dual	26,083	1,278.57	1.0000	1,278.57
Severe Mental Illness - Non-Dual	27,463	1,295.21	1.0000	1,295.21
Severe Mental Illness - Dual	3,911	853.65	1.0000	853.65
Low Utilizer - Non-Dual	4,800	1,357.96	1.0000	1,357.96
Low Utilizer - Dual	3,589	537.16	1.0000	537.16
Serious Emotionally Disturbed Child	84,127	803.68	1.0000	803.68
<b>Standard Subtotal<sup>1</sup></b>	<b>1,785,004</b>	<b>\$359.17</b>	<b>1.0228</b>	<b>\$367.34</b>
Granite Advantage - Medically Frail	105,701	\$889.09	1.0538	\$936.95
Granite Advantage - Non-Medically Frail	825,732	377.52	1.0569	399.01
<b>GAHCP Subtotal<sup>2</sup></b>	<b>931,433</b>	<b>\$435.58</b>	<b>1.0562</b>	<b>\$460.06</b>
<b>Total<sup>1</sup></b>	<b>2,716,437</b>	<b>\$385.37</b>	<b>1.0357</b>	<b>\$399.13</b>

<sup>1</sup> Member Months totals exclude kick payments.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix D  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Medicaid Care Management Benefit Add-Ons

Eligibility Category	Projected Per Capita Monthly Paid Cost	PMPM Add-On for Expanded Mental Health Services	State Owned Hospitals	State Owned Hospital Professional Services at Medicaid Fees	Tufts Children Hospital Claims to BCH	Boston Children's Hospital	Community Residential Services	Home Visiting	Genetic Testing	MCRT / ES Services Carve Out	Additional Pricing Changes	Birthing Centers	NEMT Changes	Remote Patient Monitoring	Pharmacy Savings	Final Projected Benefit Cost
Low Income Children - Age 0-11 Months	\$245.37	\$0.00	\$0.00	\$0.00	\$0.00	\$90.22	\$0.00	\$3.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.23	\$0.03	(\$0.07)	\$339.03
Low Income Children - Age 1-18 Years	158.33	0.00	2.43	0.30	(0.64)	9.50	0.00	0.14	0.00	(0.51)	0.01	0.00	0.22	0.02	(0.72)	167.58
Low Income Adults	405.72	0.00	0.84	0.11	0.00	0.36	0.00	0.32	0.00	(0.01)	0.37	0.00	0.73	0.01	(3.17)	405.29
CHIP	150.31	0.00	1.57	0.23	(0.11)	6.79	0.00	0.11	0.00	(0.01)	0.00	0.00	0.21	0.01	(0.63)	158.48
Foster Care / Adoption	323.09	0.00	29.71	1.11	(0.28)	18.11	0.00	0.13	0.00	(0.04)	0.00	0.00	0.26	0.22	(3.42)	368.88
Severely Disabled Children	1,317.74	0.00	2.68	0.59	(6.87)	185.49	0.00	0.14	0.00	0.00	0.97	0.00	1.73	2.14	(6.44)	1,498.17
Elderly and Disabled Adults - Age 19-64	1,243.74	0.00	3.66	0.37	0.00	6.02	0.10	0.00	0.00	(0.01)	1.22	0.00	2.10	0.36	(9.94)	1,247.61
Elderly and Disabled Adults - Age 65+	1,010.70	0.00	0.00	0.00	0.00	0.00	0.92	0.00	0.00	0.00	1.15	0.00	0.26	0.27	(5.66)	1,007.64
Dual Eligibles	237.28	0.00	1.02	0.06	0.00	0.05	0.16	0.00	(0.51)	1.07	0.00	0.00	0.90	0.06	(0.00)	240.59
Newborn Kick Payment	4,574.42	0.00	0.00	0.00	0.00	1,717.55	0.00	0.00	0.00	29.18	0.00	0.00	0.36	0.24	0.10	6,321.85
Neonatal Abstinence Syndrome Kick Payment	15,773.47	0.00	0.00	0.00	0.00	3,845.86	0.00	0.00	29.18	0.00	0.00	4.79	0.18	0.30	0.00	19,653.78
Maternity Kick Payment	3,166.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.17	6.30	0.18	0.00	0.00	3,172.73
Severe/Persistent Mental Illness - Non-Dual	\$1,853.81	\$123.72	\$73.40	\$4.71	\$0.00	\$2.85	\$12.13	\$0.00	\$0.00	(\$1.15)	\$0.40	\$0.00	\$1.36	\$0.06	(\$9.44)	\$2,061.86
Severe/Persistent Mental Illness - Dual	1,278.57	159.82	36.93	1.75	0.00	0.00	28.29	0.00	0.00	(0.66)	0.64	0.00	0.83	0.01	(0.00)	1,506.18
Severe Mental Illness - Non-Dual	1,295.21	70.59	53.47	3.89	0.00	6.44	0.42	0.00	0.00	(0.41)	0.29	0.00	0.98	0.02	(4.90)	1,426.00
Severe Mental Illness - Dual	853.65	89.18	40.57	1.85	0.00	0.00	0.55	0.00	0.00	(0.43)	0.57	0.00	0.69	0.06	(0.00)	986.69
Low Utilizer - Non-Dual	1,357.96	64.22	21.65	1.96	0.00	0.00	0.06	0.00	0.00	(0.48)	0.36	0.00	1.18	0.05	(14.52)	1,432.46
Low Utilizer - Dual	537.16	58.05	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.61	0.00	0.53	0.02	(0.01)	596.44
Serious Emotionally Disturbed Child	803.68	88.26	56.44	5.14	(0.43)	15.14	0.00	0.13	0.00	(0.30)	0.00	0.00	0.25	0.01	(2.46)	965.87
Granite Advantage - Medically Frail	\$936.95	\$0.00	\$11.14	\$0.83	\$0.00	\$0.48	\$0.02	\$0.00	\$0.00	(\$0.01)	\$0.70	\$0.00	\$2.53	\$0.07	(\$4.50)	\$948.20
Granite Advantage - Non-Medically Frail	399.01	0.00	2.41	0.20	0.00	0.47	0.00	0.00	0.00	(0.01)	0.11	0.00	0.66	0.01	(2.87)	399.99

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Appendix E  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Final Capitation Rate Development

Eligibility Category	Projected Per Capita Monthly Paid Cost	TPL Adjustment	Adjusted Per Capita Monthly Paid Cost	Administrative Cost Load	Administrative Expense Allowance	Risk/Profit Margin	Risk/Profit Margin Allowance	CMHC Directed Payment	Hospital Directed Payment	State Owned Hospital Professional Services Directed Payment	Children's Hospital Directed Payment	Premium Tax Load	Premium Tax Allowance	Final Capitation Rate	Withhold Adjustment	Final Capitation Rate Less Withhold
Low Income Children - Age 0-11 Months	\$339,03	0,9925	\$336,49	9,3%	\$35,19	1,5%	\$5,66	\$0,00	\$15,86	\$0,00	\$2,99	2,0%	\$8,09	\$404,28	100%	\$404,28
Low Income Children - Age 1-18 Years	167,58	0,9925	166,32	9,3%	17,39	1,5%	2,80	0,00	6,51	0,31	0,44	2,0%	3,95	197,72	100%	197,72
Low Income Adults	405,29	0,9925	402,25	9,3%	42,07	1,5%	6,77	0,00	26,50	0,12	0,04	2,0%	9,75	487,49	100%	487,49
CHIP	158,48	0,9925	157,29	9,3%	16,45	1,5%	2,65	0,00	5,74	0,23	0,35	2,0%	3,73	186,44	100%	186,44
Foster Care / Adoption	368,88	0,9925	366,12	9,3%	38,29	1,5%	6,16	0,00	7,31	1,14	0,84	2,0%	8,57	428,42	100%	428,42
Severely Disabled Children	1,498,17	0,9925	1,486,93	7,2%	116,80	1,5%	24,42	0,00	14,46	0,60	5,28	2,0%	33,64	1,682,15	100%	1,682,15
Elderly and Disabled Adults - Age 19-64	1,247,61	0,9925	1,238,25	7,2%	97,27	1,5%	20,34	0,00	48,44	0,38	0,26	2,0%	28,67	1,433,61	100%	1,433,61
Elderly and Disabled Adults - Age 65+	1,007,64	0,9925	1,000,09	7,2%	78,56	1,5%	16,43	0,00	55,47	0,00	0,00	2,0%	23,48	1,174,03	100%	1,174,03
Dual Eligibles	240,59	0,9925	238,78	5,7%	14,77	1,5%	3,86	0,00	15,76	0,06	0,02	2,0%	5,58	278,83	100%	278,83
Newborn Kick Payment	6,321,85	0,9925	6,274,43	3,6%	237,12	1,5%	99,16	0,00	0,00	0,00	16,07	2,0%	135,24	6,762,03	100%	6,762,03
Neonatal Abstinence Syndrome Kick Payment	19,653,78	0,9925	19,506,38	3,6%	737,18	1,5%	308,28	0,00	0,00	0,00	50,87	2,0%	420,46	21,023,17	100%	21,023,17
Maternity Kick Payment	3,172,73	0,9925	3,148,93	3,6%	119,00	1,5%	49,77	0,00	0,00	0,00	0,00	2,0%	67,71	3,385,41	100%	3,385,41
Severe/Persistent Mental Illness - Non-Dual	\$2,061,96	0,9925	\$2,046,39	7,2%	\$160,75	1,5%	\$33,61	\$40,96	\$40,53	\$4,83	\$0,14	2,0%	\$47,49	\$2,374,70	100%	\$2,374,70
Severe/Persistent Mental Illness - Dual	1,506,18	0,9925	1,494,88	5,7%	92,49	1,5%	24,17	52,91	22,64	1,79	0,01	2,0%	34,47	1,723,35	100%	1,723,35
Severe Mental Illness - Non-Dual	1,426,00	0,9925	1,415,31	7,2%	111,18	1,5%	23,25	23,37	56,16	3,99	0,14	2,0%	33,33	1,666,72	100%	1,666,72
Severe Mental Illness - Dual	986,59	0,9925	979,29	5,7%	60,59	1,5%	15,84	29,53	27,23	1,89	0,00	2,0%	22,74	1,137,10	100%	1,137,10
Low Utilizer - Non-Dual	1,432,46	0,9925	1,421,72	7,2%	111,68	1,5%	23,35	21,26	37,56	2,01	0,00	2,0%	33,01	1,650,59	100%	1,650,59
Low Utilizer - Dual	596,44	0,9925	591,97	5,7%	36,63	1,5%	9,57	19,22	13,07	0,09	0,00	2,0%	13,68	684,24	100%	684,24
Serious Emotionally Disturbed Child	965,87	0,9925	958,63	7,2%	75,30	1,5%	15,75	29,22	10,39	5,26	0,64	2,0%	22,35	1,117,54	100%	1,117,54
Granite Advantage - Medically Frail	\$948,20	0,9925	\$941,09	7,2%	\$73,92	1,5%	\$15,46	\$0,00	\$53,41	\$0,85	\$0,04	2,0%	\$22,14	\$1,106,91	100%	\$1,106,91
Granite Advantage - Non-Medically Frail	399,99	0,9925	396,99	9,3%	41,52	1,5%	6,68	0,00	28,23	0,20	0,02	2,0%	9,67	483,31	100%	483,31



**Exhibit A1**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Excluding Directed Payments**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$340.01	\$385.04	13.2%
Low Income Children - Age 1-18 Years	758,431	185.24	190.32	2.7%
Low Income Adults	172,430	471.57	460.29	-2.4%
CHIP	214,088	183.83	179.99	-2.1%
Foster Care / Adoption	37,883	362.65	418.94	15.5%
Severely Disabled Children	11,640	1,766.99	1,661.39	-6.0%
Elderly and Disabled Adults - Age 19-64	80,011	1,237.79	1,383.53	11.8%
Elderly and Disabled Adults - Age 65+	17,887	986.14	1,117.42	13.3%
Dual Eligibles	198,733	307.18	262.67	-14.5%
Newborn Kick Payment	2,934	5,320.36	6,745.63	26.8%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	20,971.26	87.9%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,428.23	\$2,286.48	-5.8%
Severe/Persistent Mental Illness - Dual	24,543	1,802.65	1,644.43	-8.8%
Severe Mental Illness - Non-Dual	22,567	1,651.17	1,581.36	-4.2%
Severe Mental Illness - Dual	3,139	1,055.24	1,077.26	2.1%
Low Utilizer - Non-Dual	5,611	1,534.96	1,588.52	3.5%
Low Utilizer - Dual	3,506	653.43	651.20	-0.3%
Serious Emotionally Disturbed Child	80,021	1,092.88	1,071.10	-2.0%
Granite Advantage - Medically Frail	97,739	\$1,074.95	\$1,051.49	-2.2%
Granite Advantage - Non-Medically Frail	689,684	414.34	454.27	9.6%
IP Psych Kick Payment				
PG 01 & 07		\$3,681.70	\$3,867.90	5.1%
PG 02		2,836.28	2,973.40	4.8%
PG 09		8,000.60	8,350.17	4.4%
PG 06		17,606.39	20,092.70	14.1%
Base Population Rate Cells	1,324,730	\$363.62	\$374.67	3.0%
CHIP Population Rate Cell <sup>1</sup>	225,823	232.80	227.44	-2.3%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,456.15	1,390.67	-4.5%
GAHCP Rate Cells	787,423	501.45	531.50	6.0%
GAHCP Behavioral Health Population Rate Cells	36,402	2,010.41	1,920.66	-4.5%
Total <sup>3</sup>	2,499,560	\$473.92	\$484.17	2.2%

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.

**Exhibit A2**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Including Directed Payments**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$352.08	\$404.28	14.8%
Low Income Children - Age 1-18 Years	758,431	190.48	197.72	3.8%
Low Income Adults	172,430	486.29	487.49	0.2%
CHIP	214,088	187.20	186.44	-0.4%
Foster Care / Adoption	37,883	370.51	428.42	15.6%
Severely Disabled Children	11,640	1,780.54	1,682.15	-5.5%
Elderly and Disabled Adults - Age 19-64	80,011	1,291.59	1,433.61	11.0%
Elderly and Disabled Adults - Age 65+	17,887	1,030.39	1,174.03	13.9%
Dual Eligibles	198,733	321.91	278.83	-13.4%
Newborn Kick Payment	2,934	5,320.36	6,762.03	27.1%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	21,023.17	88.4%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,476.79	\$2,374.70	-4.1%
Severe/Persistent Mental Illness - Dual	24,543	1,878.89	1,723.35	-8.3%
Severe Mental Illness - Non-Dual	22,567	1,674.92	1,666.72	-0.5%
Severe Mental Illness - Dual	3,139	1,105.42	1,137.10	2.9%
Low Utilizer - Non-Dual	5,611	1,549.86	1,650.59	6.5%
Low Utilizer - Dual	3,506	673.86	684.24	1.5%
Serious Emotionally Disturbed Child	80,021	1,142.02	1,117.54	-2.1%
Granite Advantage - Medically Frail	97,739	\$1,113.50	\$1,106.91	-0.6%
Granite Advantage - Non-Medically Frail	689,684	423.65	483.31	14.1%
IP Psych Kick Payment				
PG 01 & 07		\$3,681.70	\$3,867.90	5.1%
PG 02		2,836.28	2,973.40	4.8%
PG 09		8,000.60	8,350.17	4.4%
PG 06		17,606.39	20,092.70	14.1%
Base Population Rate Cells	1,324,730	\$375.37	\$389.84	3.9%
CHIP Population Rate Cell <sup>1</sup>	225,823	238.53	236.01	-1.1%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,507.71	1,451.59	-3.7%
GAHCP Rate Cells	787,423	514.39	563.81	9.6%
GAHCP Behavioral Health Population Rate Cells	36,402	2,045.37	2,004.32	-2.0%
<b>Total<sup>3</sup></b>	<b>2,499,560</b>	<b>\$487.83</b>	<b>\$507.44</b>	<b>4.0%</b>

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.

**Exhibit A3**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Comparison of Composite Rates to Amendment #9 SFY 2023 Capitation Rates**  
**Including Directed Payments and Estimated Impact of Hospital Based Kick Payment**

Eligibility Category	RY 2024 Projected Member Months	Amendment #9 - SFY 2023 Rates	Amendment #10 - RY 2024 Rates	Proposed Rate Change
Low Income Children - Age 0-11 Months	47,713	\$352.08	\$404.36	14.8%
Low Income Children - Age 1-18 Years	758,431	190.98	197.91	3.6%
Low Income Adults	172,430	488.80	490.38	0.3%
CHIP	214,088	187.80	186.58	-0.6%
Foster Care / Adoption	37,883	376.42	428.98	14.0%
Severely Disabled Children	11,640	1,780.87	1,682.88	-5.5%
Elderly and Disabled Adults - Age 19-64	80,011	1,298.42	1,436.50	10.6%
Elderly and Disabled Adults - Age 65+	17,887	1,032.25	1,174.57	13.8%
Dual Eligibles	198,733	321.91	278.83	-13.4%
Newborn Kick Payment	2,934	5,321.27	6,762.03	27.1%
Neonatal Abstinence Syndrome Kick Payment	102	11,159.68	21,023.17	88.4%
Maternity Kick Payment	3,929	3,376.29	3,385.41	0.3%
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,525.40	\$2,418.31	-4.2%
Severe/Persistent Mental Illness - Dual	24,543	1,878.89	1,723.35	-8.3%
Severe Mental Illness - Non-Dual	22,567	1,710.90	1,709.10	-0.1%
Severe Mental Illness - Dual	3,139	1,105.42	1,137.10	2.9%
Low Utilizer - Non-Dual	5,611	1,564.90	1,676.92	7.2%
Low Utilizer - Dual	3,506	673.86	684.24	1.5%
Serious Emotionally Disturbed Child	80,021	1,147.51	1,121.26	-2.3%
Granite Advantage - Medically Frail	97,739	\$1,126.28	\$1,113.25	-1.2%
Granite Advantage - Non-Medically Frail	689,684	427.68	485.95	13.6%
Base Population Rate Cells	1,324,730	\$375.37	\$389.84	3.9%
CHIP Population Rate Cell <sup>1</sup>	225,823	238.53	236.01	-1.1%
Standard Behavioral Health Population Rate Cells <sup>2</sup>	125,182	1,507.71	1,451.59	-3.7%
GAHCP Rate Cells	787,423	514.39	563.81	9.6%
GAHCP Behavioral Health Population Rate Cells	36,402	2,045.37	2,004.32	-2.0%
<b>Total<sup>3</sup></b>	<b>2,499,560</b>	<b>\$487.83</b>	<b>\$507.44</b>	<b>4.0%</b>

<sup>1</sup> CHIP population rate cell composite includes the CHIP and SED rate cells.

<sup>2</sup> Standard Behavioral Health Population Rate Cells composite excludes CHIP.

<sup>3</sup> Member Months totals exclude kicks.

**Exhibit B**  
**New Hampshire Department of Health and Human Services**  
**RY 2024 Medicaid Care Management Capitation Rate Development**  
**Estimated Fiscal Impact**

Eligibility Category	Estimated Member Months	Average Total Capitation Rate	Federal Capitation Rate Liability	Federal Capitation Total Cost Liability	State Capitation Rate Liability	State Capitation Total Cost Liability
Low Income Children - Age 0-11 Months	47,713	\$404.28	\$205.61	\$9,810,121	\$198.67	\$9,479,443
Low Income Children - Age 1-18 Years	758,431	197.72	100.55	76,263,821	97.17	73,693,130
Low Income Adults	172,430	487.49	247.92	42,749,558	239.57	41,308,562
CHIP	214,088	186.44	122.30	26,183,915	64.14	13,730,590
Foster Care / Adoption	37,883	428.42	217.88	8,253,951	210.54	7,975,728
Severely Disabled Children	11,640	1,682.15	855.49	9,958,311	826.66	9,622,638
Elderly and Disabled Adults - Age 19-64	80,011	1,433.61	729.09	58,335,772	704.52	56,369,397
Elderly and Disabled Adults - Age 65+	17,887	1,174.03	597.08	10,680,104	576.95	10,320,100
Dual Eligibles	198,733	278.83	141.80	28,181,397	137.03	27,231,462
Newborn Kick Payment	2,934	6,762.03	3,438.98	10,090,430	3,323.05	9,750,303
Neonatal Abstinence Syndrome Kick Payment	102	21,023.17	10,691.78	1,092,091	10,331.39	1,055,279
Maternity Kick Payment	3,929	3,385.41	1,721.72	6,763,923	1,663.69	6,535,925
Severe/Persistent Mental Illness - Non-Dual	33,932	\$2,374.70	\$1,652.53	\$56,073,594	\$722.17	\$24,504,743
Severe/Persistent Mental Illness - Dual	24,543	1,723.35	876.45	21,510,440	846.90	20,785,369
Severe Mental Illness - Non-Dual	22,567	1,666.72	1,318.51	29,754,470	348.21	7,857,879
Severe Mental Illness - Dual	3,139	1,137.10	578.30	1,815,108	558.80	1,753,925
Low Utilizer - Non-Dual	5,611	1,650.59	1,152.09	6,464,572	498.50	2,797,173
Low Utilizer - Dual	3,506	684.24	347.98	1,220,139	336.26	1,179,011
Serious Emotionally Disturbed Child	80,021	1,117.54	574.70	45,987,990	542.84	43,439,192
Granite Advantage - Medically Frail	97,739	\$1,106.91	\$996.22	\$97,369,573	\$110.69	\$10,818,841
Granite Advantage - Non-Medically Frail	689,684	483.31	434.98	299,998,099	48.33	33,333,122
Base Population Rate Cells	1,324,730	\$389.84	\$198.26	\$262,646,151	\$191.58	\$253,792,910
CHIP Population Rate Cells	225,823	236.01	154.82	34,962,464	81.19	18,333,975
Behavioral Health Population Rate Cells	125,182	1,451.59	738.24	92,413,935	713.35	89,298,858
GAHCP Rate Cells	787,423	563.81	507.43	399,561,172	56.38	44,395,686
GAHCP Behavioral Health Rate Cells	36,402	2,004.32	1,803.88	65,664,672	200.43	7,296,075
<b>Total</b>	<b>2,499,560</b>	<b>\$507.44</b>	<b>\$342.16</b>	<b>\$855,248,393</b>	<b>\$165.28</b>	<b>\$413,117,503</b>

\*CHIP population rate cell composite includes the CHIP and SED rate cells.

\*\*Standard Behavioral Health Population Rate Cells composite excludes CHIP.

\*\*\*Member Months totals exclude kicks.

Exhibit C1

New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Projected BCH Medical Cost Based on SFY 2022 Experience

Eligibility Category	SFY 2022 Encounter Member Months	SFY 2022 Encounter Projected Per Capita Monthly Paid Cost	Acuity Adjustment	Projected Per Capita Monthly Paid Cost	Additional PMPM	Final Projected Per Capita Monthly Paid Cost
Low Income Children - Age 0-11 Months	47,519	\$78.77	1.0000	\$78.77	\$11.45	\$90.22
Low Income Children - Age 1-18 Years	810,168	8.00	1.0362	8.29	1.21	9.50
Low Income Adults	205,837	0.29	1.0759	0.31	0.05	0.36
CHIP	233,235	5.72	1.0362	5.93	0.86	6.79
Foster Care / Adoption	28,314	15.26	1.0362	15.81	2.30	18.11
Severely Disabled Children	10,661	161.95	1.0000	161.95	23.54	185.49
Elderly and Disabled Adults - Age 19-64	68,497	5.11	1.0281	5.25	0.76	6.02
Elderly and Disabled Adults - Age 65+	14,665	0.00	1.0281	0.00	0.00	0.00
Dual Eligibles	183,803	0.04	1.0000	0.04	0.01	0.05
Newborn Kick Payment	2,678	1,499.61	1.0000	1,499.61	217.94	1,717.55
Neonatal Abstinence Syndrome Kick Payment	92	3,357.86	1.0000	3,357.86	488.00	3,845.86
Maternity Kick Payment	3,173	0.00	1.0000	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	32,334	\$2.49	1.0000	\$2.49	\$0.36	\$2.85
Severe/Persistent Mental Illness - Dual	26,083	0.00	1.0000	0.00	0.00	0.00
Severe Mental Illness - Non-Dual	27,463	5.63	1.0000	5.63	0.82	6.44
Severe Mental Illness - Dual	3,911	0.00	1.0000	0.00	0.00	0.00
Low Utilizer - Non-Dual	4,800	0.00	1.0000	0.00	0.00	0.00
Low Utilizer - Dual	3,589	0.00	1.0000	0.00	0.00	0.00
Serious Emotionally Disturbed Child	84,127	13.22	1.0000	13.22	1.92	15.14
<b>Standard Subtotal<sup>1</sup></b>	<b>1,785,004</b>	<b>\$11.10</b>	<b>1.0228</b>	<b>\$11.27</b>	<b>\$1.64</b>	<b>\$12.91</b>
Granite Advantage - Medically Frail	105,701	0.39	1.0538	0.42	\$0.06	0.48
Granite Advantage - Non-Medically Frail	825,732	0.39	1.0569	0.41	0.06	0.47
<b>GAHCP Subtotal<sup>2</sup></b>	<b>931,433</b>	<b>\$0.39</b>	<b>1.0562</b>	<b>\$0.41</b>	<b>\$0.06</b>	<b>\$0.47</b>
<b>Total<sup>1</sup></b>	<b>2,716,437</b>	<b>\$7.43</b>	<b>1.0357</b>	<b>\$7.55</b>	<b>\$1.10</b>	<b>\$8.65</b>

<sup>1</sup> Member Months totals exclude kicks.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

**Exhibit C2**

**New Hampshire Department of Health and Human Services  
RY 2024 Medicaid Care Management Capitation Rate Development  
Total Projected BCH Funding**

<b>Eligibility Category</b>	<b>Projected BCH RY 2024 Funding</b>	<b>Total Additional BCH Funding</b>	<b>Total BCH Funding</b>
Low Income Children - Age 0-11 Months	\$3,758,520	\$546,231	\$4,304,751
Low Income Children - Age 1-18 Years	6,290,898	914,265	7,205,163
Low Income Adults	54,166	7,872	62,038
CHIP	1,269,452	184,491	1,453,944
Foster Care / Adoption	599,034	87,058	686,092
Severely Disabled Children	1,885,219	273,981	2,159,200
Elderly and Disabled Adults - Age 19-64	420,271	61,079	481,349
Elderly and Disabled Adults - Age 65+	0	0	0
Dual Eligibles	8,716	1,267	9,983
Newborn Kick Payment	4,400,060	639,467	5,039,526
Neonatal Abstinence Syndrome Kick Payment	342,982	49,846	392,828
Maternity Kick Payment	0	0	0
Severe/Persistent Mental Illness - Non-Dual	84,563	12,290	96,853
Severe/Persistent Mental Illness - Dual	36	5	41
Severe Mental Illness - Non-Dual	126,977	18,454	145,430
Severe Mental Illness - Dual	0	0	0
Low Utilizer - Non-Dual	0	0	0
Low Utilizer - Dual	0	0	0
Serious Emotionally Disturbed Child	1,057,854	153,739	1,211,593
<b>Standard Subtotal<sup>1</sup></b>	<b>\$20,298,748</b>	<b>\$2,950,044</b>	<b>\$23,248,792</b>
Granite Advantage - Medically Frail	40,631	5,905	46,536
Granite Advantage - Non-Medically Frail	283,474	41,198	324,672
<b>GAHCP Subtotal<sup>2</sup></b>	<b>\$324,105</b>	<b>\$47,103</b>	<b>\$371,208</b>
<b>Total<sup>1</sup></b>	<b>\$20,622,853</b>	<b>\$2,997,147</b>	<b>\$23,620,000</b>

<sup>1</sup> Member Months totals exclude kicks.

<sup>2</sup> GAHCP Subtotal excludes behavioral health rate cells.

Exhibit D

New Hampshire Department of Health and Human Services  
 Medicaid Care Management Capitation Rate Development  
 Estimated RY 2024 Community Mental Health Center Services Funding

Rate Cell	RY 2024 Projected Member Months	CMHC Service Costs			Expanded Mental Health Services	MCRT / ES Services Carve Out	CMHC Directed Payment	Community Residential Services	Total
		SFY 2022	SFY 2023	Blended					
Low Income Children - Age 0-11 Months	47,713	\$0.03	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.03
Low Income Children - Age 1-18 Years	758,431	2.14	0.00	2.14	0.00	-0.01	0.00	0.00	2.13
Low Income Adults	172,430	3.75	0.00	3.75	0.00	-0.01	0.00	0.00	3.75
CHIP	214,088	1.57	0.00	1.57	0.00	-0.01	0.00	0.00	1.56
Foster Care / Adoption	37,883	8.11	0.00	8.11	0.00	-0.04	0.00	0.00	8.07
Severely Disabled Children	11,640	6.51	0.00	6.51	0.00	0.00	0.00	0.00	6.51
Elderly and Disabled Adults - Age 19-64	80,011	7.89	0.00	7.89	0.00	-0.01	0.00	0.10	7.98
Elderly and Disabled Adults - Age 65+	17,887	0.87	0.00	0.87	0.00	0.00	0.00	0.92	1.78
Dual Eligibles	198,733	6.11	0.00	6.11	0.00	-0.01	0.00	0.16	6.26
Newborn Kick Payment	2,934	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Neonatal Abstinence Syndrome Kick Payment	102	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maternity Kick Payment	3,929	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Severe/Persistent Mental Illness - Non-Dual	17,694	\$782.15	\$0.00	\$782.15	\$123.72	-\$1.15	\$40.96	\$12.13	\$957.81
Severe/Persistent Mental Illness - Dual	24,543	1,016.00	0.00	1,016.00	159.82	-0.66	52.91	28.29	1,256.35
Severe Mental Illness - Non-Dual	6,279	440.35	0.00	440.35	70.59	-0.41	23.37	0.42	534.33
Severe Mental Illness - Dual	3,139	556.29	0.00	556.29	89.18	-0.43	29.53	0.55	675.11
Low Utilizer - Non-Dual	2,896	400.95	0.00	400.95	64.22	-0.48	21.26	0.06	486.01
Low Utilizer - Dual	3,506	362.42	0.00	362.42	58.05	0.00	19.22	0.00	439.69
Serious Emotionally Disturbed Child	78,860	550.49	0.00	550.49	88.26	-0.30	29.22	0.00	667.67
<b>Standard Subtotal</b>	<b>1,675,735</b>	<b>\$56.08</b>	<b>\$0.00</b>	<b>\$56.08</b>	<b>\$8.46</b>	<b>-\$0.05</b>	<b>\$2.80</b>	<b>\$0.58</b>	<b>\$67.88</b>
Granite Advantage - Severe/Persistent Mental Illness	16,238	\$782.15	\$0.00	\$782.15	\$123.72	-\$1.15	\$40.96	\$12.13	\$957.81
Granite Advantage - Severe Mental Illness	16,287	440.35	0.00	440.35	70.59	-0.41	23.37	0.42	534.33
Granite Advantage - Low Utilizer	2,715	400.95	0.00	400.95	64.22	-0.48	21.26	0.06	486.01
Granite Advantage - Serious Emotionally Disturbed Child	1,161	550.49	0.00	550.49	88.26	-0.30	29.22	0.00	667.67
Granite Advantage - Medically Frail	97,739	9.64	0.00	9.64	0.00	-0.01	0.00	0.02	9.65
Granite Advantage - Non-Medically Frail	689,684	3.56	0.00	3.56	0.00	-0.01	0.00	0.00	3.56
<b>GAHCP Subtotal</b>	<b>823,825</b>	<b>\$30.35</b>	<b>\$0.00</b>	<b>\$30.35</b>	<b>\$4.17</b>	<b>-\$0.04</b>	<b>\$1.38</b>	<b>\$0.25</b>	<b>\$36.11</b>
<b>Total</b>	<b>2,499,560</b>	<b>\$47.60</b>	<b>\$0.00</b>	<b>\$47.60</b>	<b>\$7.05</b>	<b>-\$0.05</b>	<b>\$2.33</b>	<b>\$0.47</b>	<b>\$57.41</b>

**Exhibit E**  
**New Hampshire Department of Health and Human Services**  
**Medicaid Care Management Program**  
**RY 2024 Enrollment Projections**

Eligibility Category	Total
Low Income Children - Age 0-11 Months	47,713
Low Income Children - Age 1-18 Years	758,431
Low Income Adults	172,430
CHIP	214,088
Foster Care / Adoption	37,883
Severely Disabled Children	11,640
Elderly and Disabled Adults - Age 19-64	80,011
Elderly and Disabled Adults - Age 65+	17,887
Dual Eligibles	198,733
Newborn Kick Payment	2,934
Neonatal Abstinence Syndrome Kick Payment	102
Maternity Kick Payment	3,929
Severe/Persistent Mental Illness - Non-Dual	33,932
Severe/Persistent Mental Illness - Dual	24,543
Severe Mental Illness - Non-Dual	22,567
Severe Mental Illness - Dual	3,139
Low Utilizer - Non-Dual	5,611
Low Utilizer - Dual	3,506
Serious Emotionally Disturbed Child	80,021
<b>Standard Subtotal</b>	<b>1,719,102</b>
Granite Advantage - Medically Frail	97,739
Granite Advantage - Non-Medically Frail	689,684
<b>GAHCP Subtotal</b>	<b>787,423</b>
<b>Total excluding kicks</b>	<b>2,499,560</b>



Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit F  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 Pharmacy Efficiency Measures - Fiscal Year 2022 Basis

Eligibility Category	Age Limit	Quantity Limit	Medication Possession Ratio	Appropriate Diagnosis							Therapeutic Duplication						Opioid			Adjusted Total	PMPM						
				Anti-Inflammatory	Asthma COPD	Cystic Fibrosis	Diabetes	Pancreatic Enzyme	Stimulants	Substance Abuse	Asthma / COPD	Long-Acting Beta Agonists	Long-Acting Muscarinic Antagonists	Autoimmune	HIV Non-Complete	HIV Complete	Concurrent Utilization	Opioid Use Disorder	Agonists								
Low Income Children - Age 0-11 Months	-	0	203	-	4,155	-	-	-	-	-	-	-	269	-	-	-	-	-	-	-	-	-	-	-	-	3,287	0.07
Low Income Children - Age 1-18 Years	58,132	51,418	19,235	369,854	151,726	27,506	51,726	550	150,990	-	218	7,868	-	-	-	-	-	-	-	134	23	-	-	-	551,803	0.68	
Low Income Adults	11,223	38,186	10,521	426,880	175,387	-	156,407	317	175,481	-	83,770	10,359	1,113	1,668	-	-	-	-	-	996	-	211	-	10,895	648,008	3.15	
CHIP	15,919	18,434	4,081	-	48,760	-	22,849	309	90,090	-	-	-	-	1,288	-	-	-	-	-	46	1	-	-	-	140,655	0.60	
Foster Care / Adoption	2,847	17,646	3,039	58,991	8,120	-	21,773	-	42,322	-	-	-	-	275	-	-	-	-	-	0	-	-	-	-	94,738	3.35	
Severely Disabled Children	333	15,120	6,373	-	22,999	2,485	-	1,427	35,919	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	62,153	5.83	
Elderly and Disabled Adults - Age 19-64	7,328	54,965	50,482	336,571	248,854	-	75,162	2,721	82,540	-	43,373	10,511	2,756	859	3,958	-	117,124	6,312	-	3,895	-	-	-	13,172	687,965	10.04	
Elderly and Disabled Adults - Age 65+	-	798	8,091	65,563	53,227	-	9,681	2,506	1,109	-	890	859	497	987	-	-	-	-	-	108	-	-	-	-	86,939	5.93	
Dual Eligibles	-	133	107	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	192	0.00	
Newborn Kick Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neonatal Abstinence Syndrome Kick Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maternity Kick Payment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Severe/Persistent Mental Illness - Non-Dual	3,579	24,203	22,740	99,738	72,849	-	36,707	24,041	142,658	5,817	4,502	-	-	842	4,154	-	-	-	-	13,472	-	-	-	162	357	299,420	9.26
Severe/Persistent Mental Illness - Dual	-	112	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89	0.00
Severe Mental Illness - Non-Dual	2,006	19,935	3,104	23,720	28,126	-	19,916	43,412	50,721	6,432	423	-	-	-	-	-	-	-	-	350	-	-	-	308	37	131,616	4.79
Severe Mental Illness - Dual	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0.00
Low Utilizer - Non-Dual	61	8,963	4,898	77,027	7,045	-	812	-	18,957	-	-	-	-	-	-	-	-	-	-	114	-	-	-	-	4	68,363	14.24
Low Utilizer - Dual	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25	0.01
Serious Emotionally Disturbed Child	16,508	25,519	2,287	60,848	26,875	-	40,231	-	138,768	-	-	-	-	-	-	-	-	-	-	8	-	-	-	17	-	203,008	2.41
<b>Standard Subtotal</b>	<b>117,935</b>	<b>275,363</b>	<b>135,162</b>	<b>1,520,791</b>	<b>848,123</b>	<b>29,991</b>	<b>436,711</b>	<b>75,266</b>	<b>939,554</b>	<b>140,499</b>	<b>37,659</b>	<b>4,366</b>	<b>4,356</b>	<b>8,112</b>	<b>117,124</b>	<b>6,312</b>	<b>18,925</b>	<b>24,577</b>	<b>636</b>	<b>2,978,860</b>	<b>1,741</b>	<b>636</b>	<b>2,978,860</b>	<b>1,741</b>	<b>636</b>	<b>2,978,860</b>	<b>1,741</b>
Granite Advantage - Medically Frail	7,204	43,580	34,201	226,540	191,590	-	28,270	17,941	95,091	79,620	8,636	262	1,642	-	3,842	-	-	-	-	2,334	-	-	-	15,077	723	476,263	4.51
Granite Advantage - Non-Medically Frail	40,143	108,759	76,998	1,454,648	702,974	-	463,288	69,948	635,519	312,684	24,464	3,256	6,490	26,639	34,263	-	-	-	-	3,692	-	-	-	3,744	602	2,365,264	2.86
<b>GAHCP Subtotal</b>	<b>47,347</b>	<b>152,339</b>	<b>111,199</b>	<b>1,681,187</b>	<b>894,564</b>	<b>-</b>	<b>491,558</b>	<b>87,889</b>	<b>730,610</b>	<b>392,304</b>	<b>33,100</b>	<b>3,518</b>	<b>8,132</b>	<b>26,639</b>	<b>38,105</b>	<b>-</b>	<b>6,026</b>	<b>18,821</b>	<b>1,325</b>	<b>2,841,528</b>	<b>3,071</b>	<b>1,325</b>	<b>2,841,528</b>	<b>3,071</b>	<b>1,325</b>	<b>2,841,528</b>	<b>3,071</b>
<b>Total</b>	<b>165,282</b>	<b>427,703</b>	<b>246,361</b>	<b>3,201,979</b>	<b>1,742,686</b>	<b>29,991</b>	<b>928,268</b>	<b>163,155</b>	<b>1,670,165</b>	<b>532,803</b>	<b>70,759</b>	<b>7,884</b>	<b>12,489</b>	<b>34,751</b>	<b>155,229</b>	<b>6,312</b>	<b>24,951</b>	<b>43,399</b>	<b>1,961</b>	<b>5,820,418</b>	<b>2,161</b>	<b>1,961</b>	<b>5,820,418</b>	<b>2,161</b>	<b>1,961</b>	<b>5,820,418</b>	<b>2,161</b>

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
71894012002	00026037220	52276031205	73554211101	73554311101	00053010010
71894012103	00026037230	52276031260			00053011011
71894012203	00026037250	75987005006			00053012012
71894012303	00026037920	76325010004			00053013013
71894012404	00026037930	76325010025			00053014014
71894012504	00026037950	71863011460			00053015015
71894012604	00026378220				00053016016
71894012705	00026378225				00053017017
71894012805	00026378330				00053018018
71894012905	00026378335				00053019019
71894013006	00026378550				00053020020
71894013106	00026378555				00053021021
71894013206	00026378660				00053022022
71894013307	00026378665				00053023023
71894013407	00026378770				00053024024
71894013507	00026378775				00053025025
71894013608	00026379220				00053026026
71894013708	00026379330				00053027027
71894013808	00026379550				00053028028
71894013909	00026379660				00053029029
71894014009	00026379770				00053030030
71894014109	00026382125				00053031031
	00026382225				00053032032
	00026382425				00053033033
	00026382650				00053034034
	00026382850				00053035035
	00026394225				00053036036
	00026394425				00053037037
	00026394625				00053038038
	00026394825				00053039039
	00026482101				00053040040
	00026482201				00053041041
	00026482401				00053042042
	00026482601				00053043043
	00026482801				00053044044
	00053623302				00053045045
	00053761505				00053046046
	00053761510				00053047047
	00053761520				00053048048
	00053762005				
	00053762010				
	00053762020				
	00053763302				
	00053763402				
	00053765601				
	00053765602				
	00053765604				
	00053765605				
	00053766801				
	00053766802				
	00053766804				
	00053813001				
	00053813002				
	00053813004				
	00053813005				
	00053813102				
	00053813202				
	00053813302				
	00053813402				
	00053813502				
	00169701001				
	00169701301				
	00169702001				
	00169704001				
	00169705001				
	00169706001				
	00169706101				
	00169706201				
	00169720101				
	00169720201				
	00169720501				
	00169720801				
	00169781001				
	00169781501				
	00169782001				
	00169782501				
	00169783001				
	00169785001				
	00169790101				
	00169790201				
	00169790501				
	00169810001				
	00169815001				
	00169820001				
	00169830001				
	00169850001				
	00944058101				
	00944130110				
	00944130210				
	00944130310				
	00944130410				
	00944283110				
	00944283210				
	00944283310				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	00944283401				
	00944283410				
	00944283501				
	00944283510				
	00944284110				
	00944284210				
	00944284310				
	00944284410				
	00944284510				
	00944292102				
	00944292202				
	00944292302				
	00944292402				
	00944293001				
	00944293101				
	00944293201				
	00944293301				
	00944293501				
	00944293502				
	00944293503				
	00944293504				
	00944293801				
	00944293802				
	00944293803				
	00944294001				
	00944294002				
	00944294003				
	00944294004				
	00944294010				
	00944294110				
	00944294210				
	00944294310				
	00944294410				
	00944294510				
	00944294610				
	00944294810				
	00944296010				
	00944296110				
	00944296210				
	00944296310				
	00944296410				
	00944296510				
	00944302602				
	00944302802				
	00944303002				
	00944303202				
	00944303402				
	00944304510				
	00944304610				
	00944304710				
	00944305102				
	00944305202				
	00944305302				
	00944305402				
	00944394002				
	00944394202				
	00944394402				
	00944394602				
	00944425202				
	00944425402				
	00944425602				
	00944425802				
	00944462201				
	00944462301				
	00944462401				
	00944462501				
	00944462601				
	00944462602				
	00944462701				
	00944462702				
	00944462801				
	00944462802				
	00944500101				
	00944500105				
	00944500110				
	00944755102				
	00944755302				
	13533066520				
	13533066530				
	13533066550				
	50242092001				
	50242092101				
	50242092201				
	50242092301				
	52769046001				
	53270027005				
	53270027105				
	53270027106				
	53270027205				
	53270027206				
	58394000101				
	58394000105				
	58394000106				
	58394000201				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	58394000205				
	58394000206				
	58394000301				
	58394000305				
	58394000306				
	58394000502				
	58394000504				
	58394000602				
	58394000604				
	58394000702				
	58394000704				
	58394000802				
	58394000803				
	58394001102				
	58394001104				
	58394001201				
	58394001202				
	58394001301				
	58394001302				
	58394001401				
	58394001402				
	58394001501				
	58394001502				
	58394001603				
	58394002203				
	58394002303				
	58394002403				
	58394002503				
	58394063303				
	58394063403				
	58394063503				
	58394063603				
	58394063703				
	63833038602				
	63833038702				
	63833051802				
	63833061502				
	63833061602				
	63833061702				
	63833089151				
	63833089190				
	63833891501				
	64193022203				
	64193022204				
	64193022205				
	64193022302				
	64193022402				
	64193022502				
	64193024402				
	64193042302				
	64193042402				
	64193042502				
	64193042602				
	64193044502				
	64208775201				
	64208775301				
	64406048308				
	64406048408				
	64406048508				
	64406048608				
	64406048708				
	64406048808				

Exhibit G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) (Pending CMS approval)

Exhibit G  
 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	64406048908				
	64406080101				
	64406080201				
	64406080301				
	64406080401				
	64406080501				
	64406080601				
	64406080701				
	64406080801				
	64406080901				
	64406081001				
	64406091101				
	64406092201				
	64406093301				
	64406094401				
	64406096601				
	64406097701				
	67467018101				
	67467018102				
	67467018201				
	67467018202				
	68516320002				
	68516320003				
	68516320004				
	68516320005				
	68516320101				
	68516320202				
	68516320302				
	68516320401				
	68516320502				
	68516320602				
	68516320701				
	68516320802				
	68516320902				
	68516360002				
	68516360004				
	68516360005				
	68516360006				
	68516360102				
	68516360202				
	68516360302				
	68516360402				
	68516360502				
	68516360602				
	68516360702				
	68516360802				
	68516360902				
	68516460001				
	68516460002				
	68516460101				
	68516460201				
	68516460302				
	68516460402				
	68516460501				
	68516460601				
	68516460702				
	68516460802				
	68516460902				
	68516461002				
	68516461101				
	68516461201				
	68516461302				
	68516461402				
	68516461502				
	68982013901				
	68982014001				
	68982014101				
	68982014201				
	68982014301				
	68982014401				
	68982014501				
	68982014601				
	68982014701				
	68982014801				
	68982014901				
	68982015001				
	68982015101				
	68982015201				
	68982018201				
	68982018202				
	68982034701				
	68982034801				
	69911047402				
	69911047502				
	69911047602				
	69911047702				
	69911047802				
	69911048002				
	69911048102				
	69911086402				
	69911086502				
	69911086602				
	69911086702				
	69911086902				

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 New Hampshire Department of Health and Human Services  
 RY 2024 Medicaid Care Management Capitation Rate Development  
 National Drug Codes for Carved-Out Prescription Drugs

Zolgensma	Hemophilia	Hyperammonemia (Carbaglu & Ravicti)	Skysona	Zynteglo	Hemgenix
	70504028205				
	70504028305				
	70504028405				
	70504028506				
	70504028606				
	70504028705				
	70504028805				
	70504028905				
	71104048308				
	71104048408				
	71104048508				
	71104048608				
	71104048708				
	71104048808				
	71104048908				
	71104049008				
	71104049108				
	71104049208				
	71104080101				
	71104080201				
	71104080301				
	71104080401				
	71104080501				
	71104080601				
	71104080701				
	71104080801				
	71104080901				
	71104081001				
	71104091101				
	71104092201				
	71104093301				
	71104094401				
	71104096601				
	71104097701				
	76125025020				
	76125025620				
	76125050030				
	76125066730				
	76125066750				
	76125066830				
	76125067250				
	76125067351				
	76125067650				