

# January through June 2024 Medicaid Managed Care Capitation Rate Amendment

January 1, 2024 through June 30, 2024

South Carolina Department of Health and Human Services

December 14, 2023

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## I. Background

Milliman, Inc. (Milliman) has been retained by the State of South Carolina, Department of Health and Human Services (SCDHHS) to provide actuarial and consulting services related to the development of capitation rates for its Medicaid Managed Care Program during state fiscal year (SFY) 2024. This report provides a summary of the methodology used in the development of an amendment to the certified capitation rates for the period of January 1, 2024 through June 30, 2024.

The previously certified capitation rates and the documentation of their development were published in the following correspondence provided by Milliman:

- SFY 2024 Medicaid Managed Care Capitation Rate Certification dated June 21, 2023 (Original)
- SFY 2024 Medicaid Managed Care Capitation Rate Amendment, dated August 30, 2023 (SFY 2024 Amendment)

Throughout this report we will refer to the previously published documents noted above as the Original certification and the SFY 2024 Amendment. Please note that the SFY 2024 Amendment included an update to the estimated total dollar amount of the Health, Access, Workforce, and Quality (HAWQ) state directed payment only. All other components of the Original capitation rate certification were unchanged.

We updated the capitation rates to include new and revised program adjustments not reflected in the SFY 2024 Amendment. **Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate certification documentation included in the Original and SFY 2024 Amendment reports.** The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

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

We acknowledge the ongoing nature of the COVID-19 public health emergency (PHE) and the resumption of redeterminations and terminations in coverage associated with the PHE unwinding during SFY 2024. The assumptions documented in this certification report reflect our best estimate based on information known to us at the time of this report and SCDHHS guidance related to the remaining enrollment unwinding period. It is possible that the resumption of redeterminations and enrollment unwinding period, as well as future legislative changes to address the pandemic, could have a material impact on acuity, enrollment, providers, and other factors related to the capitation rates illustrated in this report.

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

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification for All Practice Areas); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the January through June 2024 time period.
- 2023-2024 Medicaid Managed Care Rate Development Guide, released by the Centers for Medicare and Medicaid Services in May 2023.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

*“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income.*

*For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”<sup>1</sup>*

This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

<sup>1</sup> Actuarial Standards Board; Actuarial Standard of Practice No. 49; source: <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

## II. Executive Summary

This report is an amendment to the Original and SFY 2024 Amendment capitation rate certification reports for the January through June 2024 time period, which includes rate updates based on new adjustments not documented in these prior certification reports. Unless stated otherwise, all assumptions are consistent with the Original and SFY 2024 Amendment certification.

### SUMMARY OF METHODOLOGY

The methodology used in developing the amendment to the certified capitation rates for the period of January 1 through June 30, 2024 is outlined below.

#### **Step 1: Base Experience**

We used the projected claims data underlying the SFY 2024 Medicaid managed care capitation rates, as documented in the Original certification, as base experience for developing the amended capitation rates effective during January through June 2024. These projected claims costs are inclusive of all retrospective, prospective, trend, managed care efficiency, and other claims cost adjustments made to the data as outlined in the Original certification.

#### **Step 2: Adjustments for prospective program and policy changes**

The base experience is adjusted for known policy and program changes that were not considered in the Original certification and SFY 2024 Amendment, but are incorporated in the January through June 2024 period. Documentation of items requiring the calculation of adjustment factors is provided in this report. Adjustments were applied to the base experience data to reflect program changes not documented in the Original certification. The resulting values establish the adjusted claim cost by rate cell for the contract period.

#### **Step 3: Incorporation of non-claims items and other adjustments**

The adjusted claim cost is modified to include the impact of certain non-benefit items, such as an administrative allowance and risk margin.

#### **Step 4: Development and issuance of actuarial certification**

An actuarial certification is included and signed by Marlene T. Howard, FSA, a Principal and Consulting Actuary of Milliman, Inc. Ms. Howard meets the qualification standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board, to certify that the final rates meet the standards in 42 CFR 438.4(a).

### CAPITATION RATE IMPACT

Figure 1 provides a comparison of the SFY 2024 Amended capitation rates to the amended January through June 2024 capitation rates for the Medicaid managed care program. Note that all capitation rates are presented both including and excluding the 438.6 Supplemental Teaching Payment, HAWQ, and the independent pharmacy state-directed payments, referred to collectively as add-ons.

**FIGURE 1: COMPARISON OF AMENDED SFY 2024 AND JAN-JUN 2024 AMENDED CAPITATION RATES**

RATE CELL	ESTIMATED JAN-JUN 2024 ENROLLMENT	EXCLUDING ADD-ONS			INCLUDING ADD-ONS		
		AMENDED SFY 2024 RATE	AMENDED JAN-JUN 2024 RATE	INCREASE / (DECREASE)	AMENDED SFY 2024 RATE	AMENDED JAN-JUN 2024 RATE	INCREASE / (DECREASE)
TANF: 0-2 months old (AH3)	40,902	\$ 2,213.02	\$ 2,213.02	0.0%	\$ 4,891.36	\$ 4,891.36	0.0%
TANF: 3-12 months old (AI3)	170,406	260.31	264.99	1.8%	417.32	422.00	1.1%
TANF: Age 1-6 (AB3)	1,222,034	152.22	153.97	1.1%	215.64	217.39	0.8%
TANF: Age 7-13 (AC3)	1,470,307	136.32	137.73	1.0%	182.91	184.32	0.8%
TANF: Age 14-18, Male (AD1)	413,486	162.96	168.24	3.2%	243.98	249.26	2.2%
TANF: Age 14-18, Female (AD2)	417,804	212.88	215.61	1.3%	327.45	330.18	0.8%
TANF: Age 19-44, Male (AE1)	158,422	214.76	217.46	1.3%	407.78	410.48	0.7%
TANF: Age 19-44, Female (AE2)	804,952	342.77	344.04	0.4%	618.32	619.59	0.2%
TANF: Age 45+ (AF3)	139,050	615.50	618.35	0.5%	1,036.93	1,039.78	0.3%
SSI - Children (SO3)	65,919	749.70	766.95	2.3%	1,058.68	1,075.93	1.6%
SSI - Adults (SP3)	306,109	1,469.15	1,474.91	0.4%	2,466.57	2,472.33	0.2%
OCWI (WG2)	148,417	241.12	241.98	0.4%	755.97	756.83	0.1%
DUAL	-	189.23	190.01	0.4%	189.23	190.01	0.4%
Foster Care - Children (FG3)	27,503	1,001.34	1,011.69	1.0%	1,442.69	1,453.04	0.7%
KICK (MG2/NG2)	12,993	7,178.13	7,178.13	0.0%	7,178.13	7,178.13	0.0%
<b>Composite</b>	<b>5,385,311</b>	<b>\$ 321.04</b>	<b>\$ 323.55</b>	<b>0.8%</b>	<b>\$ 523.24</b>	<b>\$ 525.74</b>	<b>0.5%</b>

## Notes:

1. Values have been rounded.
2. Amended SFY 2024 Rates reflect values from the SFY 2024 Medicaid Managed Care Capitation Rate Amendment, dated August 30, 2023
3. All composite rates reflect projected January through June 2024 enrollment by rate cell.
4. SFY 2024 add-ons include the following state-directed payments: STP, HAWQ, and independent pharmacy.
5. KICK estimated enrollment reflects estimated January through June 2024 maternity delivery kick payments.

Appendix 1 contains the actuarial certification.

Appendix 2 contains a summary of the capitation rate development for the January through June 2024 time period, including program adjustment impacts by rate cell.

Appendix 3 contains a summary of the benefit expense and non-benefit cost allowance components of the amended January through June 2024 capitation rates by rate cell.

### III. Prospective Data Adjustments

This section provides information regarding the development of the projected benefit expense portion of the capitation rates. The impact of the items described in this section is illustrated in Appendix 2.

#### Program Adjustments: January 2024 through June 2024

Adjustment factors for the rate amendment were developed for the following policy and program changes, known as of the date of this report, that are anticipated to affect the Medicaid managed care program during January through June 2024. The impact of these items to the managed care capitation rates can be viewed in Appendix 2 and Appendix 3 of this document.

##### Crisis Stabilization Units

Effective January 1, 2024, SCDHHS anticipates adding two new crisis stabilization state plan services, procedure codes S9484 (crisis intervention, hourly) and S9485 (crisis intervention, daily), for individuals in mental health crisis or suffering from substance use with or without co-occurring mental health disorders. To develop the adjustment impact, we estimated January through June 2024 utilization based on facility-specific bed (S9485) and chair (S9484) capacity assumptions provided by SCDHHS, as well as effective dates for four facilities anticipated to offer crisis stabilization services beginning in the January through June 2024 time period. The estimated utilization for each service was multiplied by the anticipated January 1, 2024 fee schedule<sup>2</sup> to determine the estimated impact. An adjustment is applied to the Inpatient MH/SA and Other Outpatient categories of service and is estimated at approximately \$1.4 million based on January through June 2024 projected membership.

##### Intensive In-Home Services

Effective January 1, 2024, SCDHHS will be adding a new state plan service for multisystemic therapy (H2033, MST). To develop the adjustment impact, we estimated January through June 2024 utilization for MST based on the following assumptions provided by SCDHHS: projected Medicaid beneficiaries served and average number of days in treatment per beneficiary. The estimated utilization in total days was multiplied by the anticipated per diem reimbursement rate of \$309.56 to determine the estimated impact. An adjustment is applied to the professional MH/SA category of service and is estimated at approximately \$2.0 million based on January through June 2024 projected membership.

##### Nutritional Counseling Reimbursement and Coverage Updates

Effective January 1, 2024, SCDHHS anticipates implementing reimbursement rate increases for dietitians and increasing benefit frequency limits for nutritional counseling services to support SCDHHS's anti-obesity initiative. Based on discussions with SCDHHS, projected utilization increases were applied to individual nutritional therapy services, procedure codes 97802 (initial assessment) and 97803 (re-assessment). Additionally, the reimbursement rates for these services are assumed to increase to \$26.50 and \$23.05 per unit for 97802 and 97803, respectively. An adjustment is applied to the Other Professional category of service and is estimated at approximately \$2.2 million based on January through June 2024 projected membership.

##### Cochlear Implant Coverage Expansion

Effective January 1, 2024, SCDHHS anticipates expanding coverage of cochlear implant services for all adult beneficiaries. Based on assumptions provided by SCDHHS, an adjustment was developed utilizing the National Institute of Health (NIH) prevalence assumptions for adults with severe or profound hearing loss and projected utilization of cochlear implant services for impacted beneficiaries. The estimated cochlear implant service recipients were multiplied by anticipated costs per year per recipient to develop the adjustment impact. As a portion of the total assumed costs for this service are already covered by the MCOs, the related costs in the SFY 2022 base data were subtracted from the total projected costs in development of the adjustment. An adjustment is applied to the Outpatient Hospital - Surgery, Ancillary - DME/Prosthetics, and Professional - Inpatient and Outpatient Surgery categories of service, with the majority of the impact in the Outpatient Hospital - Surgery category. The impact is estimated at approximately \$0.9 million based on January through June 2024 projected membership.

<sup>2</sup> Medicaid Bulletin (December 7, 2023) "Addition of hospital-based Crisis Stabilization Services": [https://www.scdhhs.gov/sites/default/files/documents/\(2023-12-7\)%20Addition%20of%20Hospital-based%20Crisis%20Stabilization%20Services%20v7.pdf](https://www.scdhhs.gov/sites/default/files/documents/(2023-12-7)%20Addition%20of%20Hospital-based%20Crisis%20Stabilization%20Services%20v7.pdf), Accessed December 13, 2023



## Insulin Price Reductions

Effective on or before January 1, 2024, various drug manufacturers have announced price reductions for several of their key insulin products. To estimate the impact of this reimbursement change, applicable insulin pharmaceutical treatments in the SFY 2022 pharmacy base data experience were repriced at the NDC level to reflect the anticipated reimbursement reductions. An adjustment is applied to the Prescription Drugs category of service to reflect the impact related to the January through June 2024 time period only and is estimated at a decrease to the rates of approximately \$1.8 million based on January through June 2024 projected membership.

## Transplant Services Carve-In

Effective February 1, 2024, SCDHHS anticipates carving in the cost of transplant events<sup>3</sup> to managed care, in addition to the post-transplant event services the MCOs have been responsible for historically. To estimate the impact of this program change, we reviewed historical fee-for-service transplant experience for MCO members. An adjustment is applied to the Inpatient Medical/Surgical/Non-Delivery category of service and is estimated at approximately \$5.1 million based on January through June 2024 projected membership.

## Development Evaluation Center (DEC) Carve-In

Effective February 1, 2024, SCDHHS anticipates carving in coverage of DEC services to the managed care program. To estimate the impact of this program change, we summarized and reviewed SFY 2022 fee-for-service DEC expenditures for the MCO population. An adjustment is applied to the Other Professional category of service to reflect the anticipated impact related to the February through June 2024 time period and is estimated at approximately \$2.0 million based on January through June 2024 projected membership.

## Program changes deemed immaterial to benefit expenses in the rate period

Program adjustments were made in the rate development process to the extent a policy or reimbursement change is deemed to have a material cost impact to the MCOs. In general, we defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following is a list of program adjustments deemed immaterial based on our review of the experience data and policy change.

- **Nucleic Acid Amplification Testing (NAAT) for Bacterial Vaginosis.** Effective January 1, 2024, SCDHHS anticipates adding a new state plan service (procedure code 81513) for a clinical lab used for the diagnosis of bacterial vaginosis.
- **COVID-19 Vaccination Costs.** Effective September 2023, COVID-19 vaccination costs for adults aged 19 and over transitioned from Federal government funding to MCO financial responsibility. Based on a review of historical and emerging utilization and an anticipated cost per vaccine of \$120, the estimated impact by adult rate cell is less than 0.1%. There is no impact related to COVID-19 vaccination costs for the children population, as those costs have transitioned to SC's Vaccines for Children program.

<sup>3</sup> The following inpatient services outlined in the In-rate criteria provided by SCDHHS on 2/14/23 are anticipated to be carved into managed care effective February 1, 2024: DRGs 001, 002, 003, 006, 007, 008, 440

## IV. Non-Benefit Expenses

The development of the January 2024 capitation rates includes non-benefit expense assumptions consistent with the percentage of the capitation rates documented in the Original certification.

## V. Limitations and Data Reliance

The information contained in this report has been prepared for SCDHHS to provide documentation of the development of an amendment to the certified SFY 2024 capitation rates for the January through June 2024 time period for the Medicaid managed care program in the State of South Carolina. The data and information may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for SCDHHS and their consultants and advisors. It is our understanding that the information contained in this report will be distributed to CMS and to each of the MCOs and may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, the report should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

We acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that are continuing throughout SFY 2024. The capitation rates documented in this certification report reflect our best estimate assumptions based on information known to us at the time of this report and SCDHHS guidance related to the enrollment unwinding period.

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

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate adjustments to be considered in the development of the January through June 2024 capitation rate amendment. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We have relied upon certain data and information provided by SCDHHS and the participating MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

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

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

## Appendix 1: Actuarial Certification

**South Carolina Department of Health and Human Services  
January through June 2024 Capitation Rate Amendment  
Medicaid Managed Care Program  
Actuarial Certification**

I, Marlene T. Howard, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of South Carolina and am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

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

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

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

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

The assumptions used in the development of the “actuarially sound” capitation rates have been documented in my correspondence with the State of South Carolina. The “actuarially sound” capitation rates that are associated with this certification are effective for January 1, 2024 through June 30, 2024. I acknowledge that the State may elect to increase or decrease the capitation rates up to 1.5% per rate cell as allowed under 42 CFR 438.7(c)(3) of CMS 2390-F.

The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned.

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

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

The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.

We acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that continue to occur during SFY 2024. The capitation rates documented in this certification report reflect our best estimate assumptions based on information known to us at the time of this report. We acknowledge that the resumption of redeterminations and enrollment unwinding period, as well as future legislative changes to address the pandemic, could have a material impact on acuity, enrollment, providers, and other factors related to the capitation rates illustrated in this rate certification.



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Marlene T. Howard, FSA  
Member, American Academy of Actuaries

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December 14, 2023

Date

## Appendix 2: Capitation Rate Development

**South Carolina Department of Health and Human Services  
 Medicaid Managed Care Program  
 State Fiscal Year 2024 Capitation Rate Development  
 January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - 0 - 2 Months, Male & Female SFY 2024 Member Months: 81,804 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 1,158.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1,158.55
Inpatient Well Newborn	355.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	355.21
Inpatient MH/SA	0.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.42
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 1,514.18</b>								<b>\$ 1,514.18</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 8.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 8.90
Non-Surg - Emergency Room	20.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.65
Non-Surg - Other	14.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.20
Observation Room	5.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.13
Treatment/Therapy/Testing	6.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.38
Other Outpatient	0.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.21
<b>Subtotal Outpatient Hospital</b>	<b>\$ 55.47</b>								<b>\$ 55.47</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 5.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 5.12
<b>Subtotal Retail Pharmacy</b>	<b>\$ 5.12</b>								<b>\$ 5.12</b>
<b>Ancillary</b>									
Transportation	\$ 4.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.27
DME/Prosthetics	3.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.05
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	1.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.21
<b>Subtotal Ancillary</b>	<b>\$ 8.53</b>								<b>\$ 8.53</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 20.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 20.00
Anesthesia	1.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.44
Inpatient Visits	214.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	214.55
MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
Emergency Room	6.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.27
Office/Home Visits/Consults	61.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	61.40
Pathology/Lab	8.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.99
Radiology	2.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.95
Office Administered Drugs	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03
Physical Exams	123.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	123.24
Therapy	0.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.29
Vision	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.13
Other Professional	18.86	1.0000	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	18.86
<b>Subtotal Professional</b>	<b>\$ 458.21</b>								<b>\$ 458.21</b>
<b>Total Medical Costs</b>	<b>\$ 2,041.51</b>								<b>\$ 2,041.51</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - 3 - 12 Months, Male & Female SFY 2024 Member Months: 339,962 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 38.33	1.0970	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 42.05
Inpatient Well Newborn	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.05
Inpatient MH/SA	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 38.38</b>								<b>\$ 42.10</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 11.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 11.32
Non-Surg - Emergency Room	19.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.00
Non-Surg - Other	10.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.34
Observation Room	1.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.80
Treatment/Therapy/Testing	4.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.94
Other Outpatient	0.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.19
<b>Subtotal Outpatient Hospital</b>	<b>\$ 47.59</b>								<b>\$ 47.59</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 10.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 10.96
<b>Subtotal Retail Pharmacy</b>	<b>\$ 10.96</b>								<b>\$ 10.96</b>
<b>Ancillary</b>									
Transportation	\$ 1.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.04
DME/Prosthetics	4.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.28
Dental	0.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.29
Other Ancillary	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
<b>Subtotal Ancillary</b>	<b>\$ 5.65</b>								<b>\$ 5.65</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 4.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.72
Anesthesia	1.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.31
Inpatient Visits	10.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.10
MH/SA	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.08
Emergency Room	5.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.34
Office/Home Visits/Consults	37.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	37.01
Pathology/Lab	6.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.14
Radiology	0.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.88
Office Administered Drugs	0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.95
Physical Exams	49.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	49.26
Therapy	2.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.93
Vision	0.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.19
Other Professional	4.98	1.0000	1.0706	1.0000	1.0000	1.0000	1.0000	1.0000	5.33
<b>Subtotal Professional</b>	<b>\$ 123.89</b>								<b>\$ 124.24</b>
<b>Total Medical Costs</b>	<b>\$ 226.47</b>								<b>\$ 230.54</b>



**South Carolina Department of Health and Human Services  
Medicaid Managed Care Program  
State Fiscal Year 2024 Capitation Rate Development  
January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 1 - 6, Male & Female SFY 2024 Member Months: 2,459,747 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 7.52	1.0256	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.71
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 7.58</b>								<b>\$ 7.77</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 8.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 8.27
Non-Surg - Emergency Room	11.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.81
Non-Surg - Other	3.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.65
Observation Room	0.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.61
Treatment/Therapy/Testing	3.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.98
Other Outpatient	1.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.20
<b>Subtotal Outpatient Hospital</b>	<b>\$ 29.52</b>								<b>\$ 29.52</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 12.37	1.0000	1.0000	0.9980	1.0000	1.0000	1.0000	1.0000	\$ 12.34
<b>Subtotal Retail Pharmacy</b>	<b>\$ 12.37</b>								<b>\$ 12.34</b>
<b>Ancillary</b>									
Transportation	\$ 0.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.54
DME/Prosthetics	2.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.09
Dental	1.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.64
Other Ancillary	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03
<b>Subtotal Ancillary</b>	<b>\$ 4.30</b>								<b>\$ 4.30</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 2.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.50
Anesthesia	1.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.03
Inpatient Visits	0.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.77
MH/SA	8.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.73
Emergency Room	2.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.96
Office/Home Visits/Consults	25.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	25.28
Pathology/Lab	5.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.31
Radiology	0.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.45
Office Administered Drugs	0.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.47
Physical Exams	11.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.14
Therapy	15.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.03
Vision	0.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.78
Other Professional	3.07	1.0000	1.2785	1.0000	1.0000	1.0000	1.1250	1.0000	4.42
<b>Subtotal Professional</b>	<b>\$ 77.52</b>								<b>\$ 78.87</b>
<b>Total Medical Costs</b>	<b>\$ 131.29</b>								<b>\$ 132.80</b>

**South Carolina Department of Health and Human Services  
Medicaid Managed Care Program  
State Fiscal Year 2024 Capitation Rate Development  
January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 7 - 13, Male & Female SFY 2024 Member Months: 2,944,491 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 6.35	1.0396	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 6.60
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	3.52	1.0000	1.0000	1.0000	1.0789	1.0000	1.0000	1.0000	3.80
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 9.87</b>								<b>\$ 10.40</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 4.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.88
Non-Surg - Emergency Room	7.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.51
Non-Surg - Other	2.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.32
Observation Room	0.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.32
Treatment/Therapy/Testing	3.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.11
Other Outpatient	0.38	1.0000	1.0000	1.0000	1.1319	1.0000	1.0000	1.0000	0.43
<b>Subtotal Outpatient Hospital</b>	<b>\$ 18.52</b>								<b>\$ 18.57</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 27.05	1.0000	1.0000	0.9961	1.0000	1.0000	1.0000	1.0000	\$ 26.95
<b>Subtotal Retail Pharmacy</b>	<b>\$ 27.05</b>								<b>\$ 26.95</b>
<b>Ancillary</b>									
Transportation	\$ 0.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.40
DME/Prosthetics	1.59	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.59
Dental	0.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.21
Other Ancillary	0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14
<b>Subtotal Ancillary</b>	<b>\$ 2.34</b>								<b>\$ 2.34</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 1.59	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.59
Anesthesia	0.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.41
Inpatient Visits	0.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.71
MH/SA	16.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.49
Emergency Room	1.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.73
Office/Home Visits/Consults	20.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.09
Pathology/Lab	3.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.74
Radiology	0.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.65
Office Administered Drugs	1.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.29
Physical Exams	5.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.93
Therapy	2.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.40
Vision	2.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.25
Other Professional	2.52	1.0000	1.1410	1.0000	1.0000	1.0000	1.1326	1.0000	3.26
<b>Subtotal Professional</b>	<b>\$ 59.80</b>								<b>\$ 60.54</b>
<b>Total Medical Costs</b>	<b>\$ 117.58</b>								<b>\$ 118.79</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 14 - 18, Male SFY 2024 Member Months: 859,617 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments								Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants		
<b>Inpatient Hospital</b>										
Inpatient Medical/Surgical/Non-Delivery	\$ 13.59	1.0407	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 14.14
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	7.19	1.0000	1.0000	1.0000	1.0339	1.0000	1.0000	1.0000	1.0000	7.43
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 20.78</b>									<b>\$ 21.58</b>
<b>Outpatient Hospital</b>										
Surgery	\$ 8.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 8.29
Non-Surg - Emergency Room	8.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.94
Non-Surg - Other	1.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.89
Observation Room	0.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.42
Treatment/Therapy/Testing	5.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.83
Other Outpatient	0.10	1.0000	1.0000	1.0000	1.4393	1.0000	1.0000	1.0000	1.0000	0.14
<b>Subtotal Outpatient Hospital</b>	<b>\$ 25.47</b>									<b>\$ 25.51</b>
<b>Retail Pharmacy</b>										
Prescription Drugs	\$ 35.90	1.0000	1.0000	0.9919	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 35.61
<b>Subtotal Retail Pharmacy</b>	<b>\$ 35.90</b>									<b>\$ 35.61</b>
<b>Ancillary</b>										
Transportation	\$ 0.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.94
DME/Prosthetics	2.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.28
Dental	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Other Ancillary	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.20
<b>Subtotal Ancillary</b>	<b>\$ 3.43</b>									<b>\$ 3.43</b>
<b>Professional</b>										
Inpatient and Outpatient Surgery	\$ 2.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.51
Anesthesia	0.60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.60
Inpatient Visits	1.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.36
MH/SA	12.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.2807	1.0000	1.0000	16.21
Emergency Room	2.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.16
Office/Home Visits/Consults	17.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.13
Pathology/Lab	3.35	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.35
Radiology	1.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.26
Office Administered Drugs	4.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.12
Physical Exams	4.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.38
Therapy	1.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.21
Vision	1.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.92
Other Professional	2.31	1.0000	1.0561	1.0000	1.0000	1.0000	1.1340	1.0000	1.0000	2.77
<b>Subtotal Professional</b>	<b>\$ 54.97</b>									<b>\$ 58.98</b>
<b>Total Medical Costs</b>	<b>\$ 140.55</b>									<b>\$ 145.11</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 14 - 18, Female SFY 2024 Member Months: 865,192 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 13.14	1.0355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 13.61
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	12.83	1.0000	1.0000	1.0000	1.0338	1.0000	1.0000	1.0000	13.26
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 25.97</b>								<b>\$ 26.87</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 7.91	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.91
Non-Surg - Emergency Room	15.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.49
Non-Surg - Other	3.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.10
Observation Room	0.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.72
Treatment/Therapy/Testing	7.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.37
Other Outpatient	0.38	1.0000	1.0000	1.0000	1.2059	1.0000	1.0000	1.0000	0.46
<b>Subtotal Outpatient Hospital</b>	<b>\$ 34.97</b>								<b>\$ 35.05</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 37.99	1.0000	1.0000	0.9939	1.0000	1.0000	1.0000	1.0000	\$ 37.76
<b>Subtotal Retail Pharmacy</b>	<b>\$ 37.99</b>								<b>\$ 37.76</b>
<b>Ancillary</b>									
Transportation	\$ 1.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.28
DME/Prosthetics	1.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.80
Dental	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Other Ancillary	0.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.30
<b>Subtotal Ancillary</b>	<b>\$ 3.40</b>								<b>\$ 3.40</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 2.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.47
Anesthesia	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.63
Inpatient Visits	2.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.18
MH/SA	22.52	1.0000	1.0000	1.0000	1.0000	1.0520	1.0000	1.0000	23.69
Emergency Room	3.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.56
Office/Home Visits/Consults	25.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	25.61
Pathology/Lab	6.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.44
Radiology	1.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.65
Office Administered Drugs	2.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.57
Physical Exams	4.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.97
Therapy	1.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.34
Vision	2.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.93
Other Professional	4.41	1.0000	1.0229	1.0000	1.0000	1.0000	1.0735	1.0000	4.84
<b>Subtotal Professional</b>	<b>\$ 81.28</b>								<b>\$ 82.88</b>
<b>Total Medical Costs</b>	<b>\$ 183.61</b>								<b>\$ 185.96</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 19 - 44, Male SFY 2024 Member Months: 340,393 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 39.95	1.0519	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 42.02
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	5.86	1.0000	1.0000	1.0000	1.0112	1.0000	1.0000	1.0000	5.93
Other Inpatient	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.33
<b>Subtotal Inpatient Hospital</b>	<b>\$ 46.14</b>								<b>\$ 48.28</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 10.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 10.92
Non-Surg - Emergency Room	14.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.94
Non-Surg - Other	0.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.98
Observation Room	0.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.45
Treatment/Therapy/Testing	8.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.45
Other Outpatient	0.12	1.0000	1.0000	1.0000	1.6739	1.0000	1.0000	1.0000	0.20
<b>Subtotal Outpatient Hospital</b>	<b>\$ 35.86</b>								<b>\$ 35.94</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 52.45	1.0000	1.0000	0.9940	1.0000	1.0000	1.0000	1.0000	\$ 52.14
<b>Subtotal Retail Pharmacy</b>	<b>\$ 52.45</b>								<b>\$ 52.14</b>
<b>Ancillary</b>									
Transportation	\$ 2.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.00
DME/Prosthetics	3.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.02
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.50
<b>Subtotal Ancillary</b>	<b>\$ 5.52</b>								<b>\$ 5.52</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 3.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 3.77
Anesthesia	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.97
Inpatient Visits	3.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.07
MH/SA	9.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.04
Emergency Room	4.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.08
Office/Home Visits/Consults	13.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.97
Pathology/Lab	3.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.02
Radiology	2.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.11
Office Administered Drugs	6.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.44
Physical Exams	1.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.05
Therapy	0.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.77
Vision	0.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.79
Other Professional	1.55	1.0000	1.0044	1.0000	1.0000	1.0000	1.3121	1.0000	2.04
<b>Subtotal Professional</b>	<b>\$ 50.63</b>								<b>\$ 51.12</b>
<b>Total Medical Costs</b>	<b>\$ 190.60</b>								<b>\$ 193.00</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 19 - 44, Female SFY 2024 Member Months: 1,697,450 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 41.39	1.0113	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 41.86
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	4.65	1.0000	1.0000	1.0000	1.0181	1.0000	1.0000	1.0000	4.73
Other Inpatient	0.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.24
<b>Subtotal Inpatient Hospital</b>	<b>\$ 46.28</b>								<b>\$ 46.83</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 21.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0211	\$ 21.96
Non-Surg - Emergency Room	29.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	29.44
Non-Surg - Other	3.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.95
Observation Room	1.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.22
Treatment/Therapy/Testing	18.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	18.62
Other Outpatient	0.95	1.0000	1.0000	1.0000	1.1092	1.0000	1.0000	1.0000	1.05
<b>Subtotal Outpatient Hospital</b>	<b>\$ 75.69</b>								<b>\$ 76.25</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 70.13	1.0000	1.0000	0.9934	1.0000	1.0000	1.0000	1.0000	\$ 69.67
<b>Subtotal Retail Pharmacy</b>	<b>\$ 70.13</b>								<b>\$ 69.67</b>
<b>Ancillary</b>									
Transportation	\$ 2.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.36
DME/Prosthetics	3.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.06
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	1.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.36
<b>Subtotal Ancillary</b>	<b>\$ 6.78</b>								<b>\$ 6.78</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 7.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0009	\$ 7.04
Anesthesia	1.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.84
Inpatient Visits	3.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.40
MH/SA	15.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.76
Emergency Room	7.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.38
Office/Home Visits/Consults	31.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	31.28
Pathology/Lab	12.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.12
Radiology	5.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.27
Office Administered Drugs	10.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.04
Physical Exams	2.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.79
Therapy	1.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.14
Vision	1.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.02
Other Professional	6.26	1.0000	1.0004	1.0000	1.0000	1.0000	1.0766	1.0000	6.74
<b>Subtotal Professional</b>	<b>\$ 105.33</b>								<b>\$ 105.82</b>
<b>Total Medical Costs</b>	<b>\$ 304.21</b>								<b>\$ 305.34</b>

**South Carolina Department of Health and Human Services  
Medicaid Managed Care Program  
State Fiscal Year 2024 Capitation Rate Development  
January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 45+, Male & Female SFY 2024 Member Months: 299,998 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 108.52	1.0227	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 110.99
Inpatient Well Newborn	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.13
Inpatient MH/SA	3.84	1.0000	1.0000	1.0000	1.0178	1.0000	1.0000	1.0000	3.91
Other Inpatient	1.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.55
<b>Subtotal Inpatient Hospital</b>	<b>\$ 114.04</b>								<b>\$ 116.58</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 34.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0196	\$ 35.18
Non-Surg - Emergency Room	21.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	21.86
Non-Surg - Other	3.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.90
Observation Room	1.60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.60
Treatment/Therapy/Testing	45.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	45.55
Other Outpatient	3.80	1.0000	1.0000	1.0000	1.0221	1.0000	1.0000	1.0000	3.88
<b>Subtotal Outpatient Hospital</b>	<b>\$ 111.21</b>								<b>\$ 111.97</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 159.66	1.0000	1.0000	0.9922	1.0000	1.0000	1.0000	1.0000	\$ 158.42
<b>Subtotal Retail Pharmacy</b>	<b>\$ 159.66</b>								<b>\$ 158.42</b>
<b>Ancillary</b>									
Transportation	\$ 2.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.67
DME/Prosthetics	8.60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.60
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	2.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.48
<b>Subtotal Ancillary</b>	<b>\$ 13.75</b>								<b>\$ 13.75</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 14.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0005	\$ 14.67
Anesthesia	3.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.54
Inpatient Visits	7.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.22
MH/SA	12.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.61
Emergency Room	6.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.02
Office/Home Visits/Consults	44.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	44.34
Pathology/Lab	9.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.15
Radiology	8.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.64
Office Administered Drugs	28.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	28.37
Physical Exams	2.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.13
Therapy	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.97
Vision	1.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.31
Other Professional	6.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0691	1.0000	7.10
<b>Subtotal Professional</b>	<b>\$ 147.60</b>								<b>\$ 148.07</b>
<b>Total Medical Costs</b>	<b>\$ 546.26</b>								<b>\$ 548.78</b>

**South Carolina Department of Health and Human Services  
Medicaid Managed Care Program  
State Fiscal Year 2024 Capitation Rate Development  
January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: SSI - Children SFY 2024 Member Months: 133,164 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 70.87	1.1536	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 81.75
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	45.23	1.0000	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	46.33
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 116.10</b>								<b>\$ 128.08</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 18.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 18.81
Non-Surg - Emergency Room	16.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.98
Non-Surg - Other	9.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.24
Observation Room	1.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.65
Treatment/Therapy/Testing	23.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.54
Other Outpatient	1.63	1.0000	1.0000	1.0000	1.1219	1.0000	1.0000	1.0000	1.83
<b>Subtotal Outpatient Hospital</b>	<b>\$ 71.85</b>								<b>\$ 72.05</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 231.18	1.0000	1.0000	0.9981	1.0000	1.0000	1.0000	1.0000	\$ 230.75
<b>Subtotal Retail Pharmacy</b>	<b>\$ 231.18</b>								<b>\$ 230.75</b>
<b>Ancillary</b>									
Transportation	\$ 2.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.72
DME/Prosthetics	23.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.88
Dental	0.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.42
Other Ancillary	0.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.86
<b>Subtotal Ancillary</b>	<b>\$ 27.88</b>								<b>\$ 27.88</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 5.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 5.10
Anesthesia	2.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.19
Inpatient Visits	7.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.54
MH/SA	76.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	76.64
Emergency Room	4.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.74
Office/Home Visits/Consults	41.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	41.01
Pathology/Lab	5.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.16
Radiology	2.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.81
Office Administered Drugs	37.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	37.69
Physical Exams	6.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.87
Therapy	34.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	34.69
Vision	2.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.70
Other Professional	8.08	1.0000	1.4276	1.0000	1.0000	1.0000	1.0431	1.0000	12.03
<b>Subtotal Professional</b>	<b>\$ 235.22</b>								<b>\$ 239.17</b>
<b>Total Medical Costs</b>	<b>\$ 682.23</b>								<b>\$ 697.93</b>



**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: SSI - Adults SFY 2024 Member Months: 614,239 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 318.53	1.0176	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 324.13
Inpatient Well Newborn	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
Inpatient MH/SA	26.65	1.0000	1.0000	1.0000	1.0039	1.0000	1.0000	1.0000	26.75
Other Inpatient	11.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	11.42
<b>Subtotal Inpatient Hospital</b>	<b>\$ 356.66</b>								<b>\$ 362.36</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 51.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	\$ 52.29
Non-Surg - Emergency Room	51.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	51.89
Non-Surg - Other	10.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.77
Observation Room	3.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.86
Treatment/Therapy/Testing	105.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	105.16
Other Outpatient	4.64	1.0000	1.0000	1.0000	1.0277	1.0000	1.0000	1.0000	4.77
<b>Subtotal Outpatient Hospital</b>	<b>\$ 227.74</b>								<b>\$ 228.74</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 427.63	1.0000	1.0000	0.9949	1.0000	1.0000	1.0000	1.0000	\$ 425.44
<b>Subtotal Retail Pharmacy</b>	<b>\$ 427.63</b>								<b>\$ 425.44</b>
<b>Ancillary</b>									
Transportation	\$ 11.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 11.72
DME/Prosthetics	31.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0078	31.74
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	9.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.30
<b>Subtotal Ancillary</b>	<b>\$ 52.51</b>								<b>\$ 52.76</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 20.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0005	\$ 20.23
Anesthesia	4.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.86
Inpatient Visits	26.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	26.87
MH/SA	25.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	25.83
Emergency Room	13.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.78
Office/Home Visits/Consults	61.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	61.42
Pathology/Lab	10.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.48
Radiology	13.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.24
Office Administered Drugs	69.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	69.76
Physical Exams	2.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.10
Therapy	2.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.55
Vision	1.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.33
Other Professional	19.95	1.0000	1.0005	1.0000	1.0000	1.0000	1.0231	1.0000	20.42
<b>Subtotal Professional</b>	<b>\$ 272.39</b>								<b>\$ 272.87</b>
<b>Total Medical Costs</b>	<b>\$ 1,336.93</b>								<b>\$ 1,342.17</b>

**South Carolina Department of Health and Human Services  
Medicaid Managed Care Program  
State Fiscal Year 2024 Capitation Rate Development  
January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: OCWI SFY 2024 Member Months: 317,624 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments								Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants		
<b>Inpatient Hospital</b>										
Inpatient Medical/Surgical/Non-Delivery	\$ 25.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 25.49
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	2.48	1.0000	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	2.54
Other Inpatient	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
<b>Subtotal Inpatient Hospital</b>	<b>\$ 28.01</b>									<b>\$ 28.07</b>
<b>Outpatient Hospital</b>										
Surgery	\$ 18.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0489	1.0000	\$ 19.39
Non-Surg - Emergency Room	24.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	24.82
Non-Surg - Other	5.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.95
Observation Room	2.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.13
Treatment/Therapy/Testing	14.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.82
Other Outpatient	0.26	1.0000	1.0000	1.0000	1.2662	1.0000	1.0000	1.0000	1.0000	0.33
<b>Subtotal Outpatient Hospital</b>	<b>\$ 66.47</b>									<b>\$ 67.44</b>
<b>Retail Pharmacy</b>										
Prescription Drugs	\$ 35.23	1.0000	1.0000	0.9784	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 34.47
<b>Subtotal Retail Pharmacy</b>	<b>\$ 35.23</b>									<b>\$ 34.47</b>
<b>Ancillary</b>										
Transportation	\$ 1.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.69
DME/Prosthetics	2.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.62
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	1.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.41
<b>Subtotal Ancillary</b>	<b>\$ 5.72</b>									<b>\$ 5.72</b>
<b>Professional</b>										
Inpatient and Outpatient Surgery	\$ 4.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0015	1.0000	\$ 4.34
Anesthesia	1.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.21
Inpatient Visits	3.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.49
MH/SA	9.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.14
Emergency Room	6.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.11
Office/Home Visits/Consults	20.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	20.06
Pathology/Lab	12.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.50
Radiology	5.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.33
Office Administered Drugs	3.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.07
Physical Exams	2.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.02
Therapy	0.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.55
Vision	0.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.62
Other Professional	10.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0483	1.0000	1.0000	10.62
<b>Subtotal Professional</b>	<b>\$ 78.56</b>									<b>\$ 79.06</b>
<b>Total Medical Costs</b>	<b>\$ 213.99</b>									<b>\$ 214.76</b>

**South Carolina Department of Health and Human Services  
 Medicaid Managed Care Program  
 State Fiscal Year 2024 Capitation Rate Development  
 January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: DUAL	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
Category of Service									
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 13.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 13.56
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	0.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.66
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 14.22</b>								<b>\$ 14.22</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 1.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.06
Non-Surg - Emergency Room	2.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.28
Non-Surg - Other	0.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.78
Observation Room	0.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.12
Treatment/Therapy/Testing	6.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.71
Other Outpatient	0.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.31
<b>Subtotal Outpatient Hospital</b>	<b>\$ 11.26</b>								<b>\$ 11.26</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 1.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.65
<b>Subtotal Retail Pharmacy</b>	<b>\$ 1.65</b>								<b>\$ 1.65</b>
<b>Ancillary</b>									
Transportation	\$ 0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.07
DME/Prosthetics	5.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.39
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	0.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.29
<b>Subtotal Ancillary</b>	<b>\$ 5.75</b>								<b>\$ 5.75</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 0.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.74
Anesthesia	0.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.21
Inpatient Visits	1.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.11
MH/SA	10.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.36
Emergency Room	0.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.43
Office/Home Visits/Consults	10.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.69
Pathology/Lab	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.33
Radiology	0.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.80
Office Administered Drugs	9.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.61
Physical Exams	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.08
Therapy	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.16
Vision	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.15
Other Professional	1.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.00
<b>Subtotal Professional</b>	<b>\$ 35.67</b>								<b>\$ 35.67</b>
<b>Total Medical Costs</b>	<b>\$ 68.55</b>								<b>\$ 68.55</b>

**South Carolina Department of Health and Human Services**  
**Medicaid Managed Care Program**  
**State Fiscal Year 2024 Capitation Rate Development**  
**January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: Foster Care Children SFY 2024 Member Months: 54,972 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	\$ 21.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 21.47
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	295.15	1.0000	1.0000	1.0000	1.0201	1.0000	1.0000	1.0000	301.08
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
<b>Subtotal Inpatient Hospital</b>	<b>\$ 316.62</b>								<b>\$ 322.55</b>
<b>Outpatient Hospital</b>									
Surgery	\$ 10.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 10.94
Non-Surg - Emergency Room	16.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.00
Non-Surg - Other	7.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.42
Observation Room	1.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.28
Treatment/Therapy/Testing	7.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.90
Other Outpatient	0.85	1.0000	1.0000	1.0000	2.2581	1.0000	1.0000	1.0000	1.92
<b>Subtotal Outpatient Hospital</b>	<b>\$ 44.39</b>								<b>\$ 45.46</b>
<b>Retail Pharmacy</b>									
Prescription Drugs	\$ 55.30	1.0000	1.0000	0.9974	1.0000	1.0000	1.0000	1.0000	\$ 55.16
<b>Subtotal Retail Pharmacy</b>	<b>\$ 55.30</b>								<b>\$ 55.16</b>
<b>Ancillary</b>									
Transportation	\$ 2.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.81
DME/Prosthetics	5.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.41
Dental	0.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.45
Other Ancillary	0.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.72
<b>Subtotal Ancillary</b>	<b>\$ 9.39</b>								<b>\$ 9.39</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	\$ 3.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 3.57
Anesthesia	1.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.01
Inpatient Visits	6.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.50
MH/SA	325.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	325.65
Emergency Room	4.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.17
Office/Home Visits/Consults	41.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	41.85
Pathology/Lab	6.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.38
Radiology	1.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.22
Office Administered Drugs	17.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.21
Physical Exams	15.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.76
Therapy	29.59	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	29.59
Vision	5.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.04
Other Professional	5.04	1.0000	1.3709	1.0000	1.0000	1.0000	1.0658	1.0000	7.36
<b>Subtotal Professional</b>	<b>\$ 462.99</b>								<b>\$ 465.31</b>
<b>Total Medical Costs</b>	<b>\$ 888.69</b>								<b>\$ 897.87</b>

**South Carolina Department of Health and Human Services  
 Medicaid Managed Care Program  
 State Fiscal Year 2024 Capitation Rate Development  
 January through June 2024 Capitation Rate Amendment**

Region: Statewide Rate Cell: KICK SFY 2024 Deliveries: 25,985 Category of Service	Amended SFY 2024 Benefit Expense PMPM	1/1/2024 Adjustments							Amended Jan-Jun 2024 Benefit Expense PMPM
		Transplants Carve-In	DEC Carve-In	Insulin Price Reduction	Crisis Stabilization	Intensive In- Home	Nutritional Counseling	Cochlear Implants	
<b>Inpatient Hospital</b>									
Inpatient Maternity Delivery	\$ 4,468.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4,468.98
<b>Subtotal Inpatient Hospital</b>	<b>\$ 4,468.98</b>								<b>\$ 4,468.98</b>
<b>Outpatient Hospital</b>									
Outpatient Hospital - Maternity	\$ 28.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 28.77
<b>Subtotal Outpatient Hospital</b>	<b>\$ 28.77</b>								<b>\$ 28.77</b>
<b>Professional</b>									
Maternity Delivery	\$ 976.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 976.41
Maternity Anesthesia	342.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	342.39
Maternity Office Visits	677.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	677.17
Maternity Radiology	450.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	450.86
Maternity Non-Delivery	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
<b>Subtotal Professional</b>	<b>\$ 2,447.09</b>								<b>\$ 2,447.09</b>
<b>Total Medical Costs</b>	<b>\$ 6,944.84</b>								<b>\$6,944.84</b>

## Appendix 3: Capitation Rate Change Summary

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South Carolina Department of Health and Human Services  
 Medicaid Managed Care Program  
 State Fiscal Year 2024 Capitation Rate Development - January Amendment  
 Rate Change Summary  
 January 2024 through June 2024

	Jan-Jun 2024 Projected Exposure	Amended Jan-Jun 2024 Benefit Expense	Admin Expense	Care Mgmt	Risk Margin	Non- Benefit Expense	Amended Jan-Jun 2024 Capitation Rate w/o Add-Ons	Amended SFY 2024 Capitation Rate w/o Add-Ons	% Change	Health, Access, and Workforce Quality	Pharmacy Dispensing Fee	Supp Teaching Payment (STP)	Amended Jan-Jun 2024 Capitation Rate w/ Add-Ons	Amended SFY 2024 Capitation Rate w/ Add-Ons	% Change
<b>TANF Children</b>															
TANF - 0 - 2 Months, Male & Female	40,902	\$ 2,041.51	\$ 127.25	\$ 22.13	\$ 22.13	\$ 171.51	\$ 2,213.02	\$ 2,213.02	0.0%	\$ 2,532.08	\$ 0.24	\$ 146.02	\$ 4,891.36	\$ 4,891.36	0.0%
TANF - 3 - 12 Months, Male & Female	170,406	230.54	27.16	4.64	2.65	34.45	264.99	260.31	1.8%	131.76	0.38	24.87	422.00	417.32	1.1%
TANF - Age 1 - 6, Male & Female	1,222,034	132.80	16.94	2.69	1.54	21.17	153.97	152.22	1.1%	56.85	0.35	6.22	217.39	215.64	0.8%
TANF - Age 7 - 13, Male & Female	1,470,307	118.79	15.15	2.41	1.38	18.94	137.73	136.32	1.0%	41.81	0.44	4.34	184.32	182.91	0.8%
TANF - Age 14 - 18, Male	413,486	145.11	18.51	2.94	1.68	23.13	168.24	162.96	3.2%	75.28	0.49	5.25	249.26	243.98	2.2%
TANF - Age 14 - 18, Female	417,804	185.96	23.72	3.77	2.16	29.65	215.61	212.88	1.3%	106.41	0.73	7.43	330.18	327.45	0.8%
<b>Subtotal TANF Children</b>	<b>3,734,939</b>	<b>\$ 159.96</b>	<b>\$ 18.84</b>	<b>\$ 3.03</b>	<b>\$ 1.84</b>	<b>\$ 23.71</b>	<b>\$ 183.67</b>	<b>\$ 181.44</b>	<b>1.2%</b>	<b>\$ 89.04</b>	<b>\$ 0.44</b>	<b>\$ 7.89</b>	<b>\$ 281.04</b>	<b>\$ 278.81</b>	<b>0.8%</b>
<b>TANF Adult</b>															
TANF - Age 19 - 44, Male	158,422	\$ 193.00	\$ 19.03	\$ 3.26	\$ 2.17	\$ 24.46	\$ 217.46	\$ 214.76	1.3%	\$ 187.12	\$ 0.51	\$ 5.39	\$ 410.48	\$ 407.78	0.7%
TANF - Age 19 - 44, Female	804,952	305.34	30.10	5.16	3.44	38.70	344.04	342.77	0.4%	259.09	0.82	15.64	619.59	618.32	0.2%
TANF - Age 45+, Male & Female	139,050	548.78	54.11	9.28	6.18	69.57	618.35	615.50	0.5%	399.52	1.74	20.17	1,039.78	1,036.93	0.3%
<b>Subtotal TANF Adult</b>	<b>1,102,424</b>	<b>\$ 319.90</b>	<b>\$ 31.54</b>	<b>\$ 5.41</b>	<b>\$ 3.60</b>	<b>\$ 40.55</b>	<b>\$ 360.45</b>	<b>\$ 358.77</b>	<b>0.5%</b>	<b>\$ 266.46</b>	<b>\$ 0.89</b>	<b>\$ 14.74</b>	<b>\$ 642.54</b>	<b>\$ 640.86</b>	<b>0.3%</b>
<b>Disabled</b>															
SSI - Children	65,919	\$ 697.93	\$ 49.85	\$ 11.50	\$ 7.67	\$ 69.02	\$ 766.95	\$ 749.70	2.3%	\$ 284.82	\$ 1.52	\$ 22.64	\$ 1,075.93	\$ 1,058.68	1.6%
SSI - Adults	306,109	1,342.17	95.87	22.12	14.75	132.74	1,474.91	1,469.15	0.4%	954.87	2.38	40.17	2,472.33	2,466.57	0.2%
<b>Subtotal Disabled</b>	<b>372,028</b>	<b>\$ 1,228.02</b>	<b>\$ 87.72</b>	<b>\$ 20.24</b>	<b>\$ 13.50</b>	<b>\$ 121.45</b>	<b>\$ 1,349.48</b>	<b>\$ 1,341.67</b>	<b>0.6%</b>	<b>\$ 836.14</b>	<b>\$ 2.23</b>	<b>\$ 37.06</b>	<b>\$ 2,224.90</b>	<b>\$ 2,217.11</b>	<b>0.4%</b>
OCWI	148,417	\$ 214.76	\$ 21.17	\$ 3.63	\$ 2.42	\$ 27.22	\$ 241.98	\$ 241.12	0.4%	\$ 478.97	\$ 0.97	\$ 34.91	\$ 756.83	\$ 755.97	0.1%
DUAL	4,488	68.55	87.72	20.24	13.50	121.46	190.01	189.23	0.4%	\$ 0.00	\$ 0.00	\$ 0.00	190.01	189.23	0.4%
Foster Care Children	27,503	897.87	65.76	37.94	10.12	113.82	1,011.69	1,001.34	1.0%	\$ 433.06	\$ 1.33	\$ 6.96	1,453.04	1,442.69	0.7%
KICK	12,993	6,944.84	143.56	17.95	71.78	233.29	7,178.13	7,178.13	0.0%	\$ 0.00	\$ 0.00	\$ 0.00	7,178.13	7,178.13	0.0%
<b>Total</b>	<b>5,385,311</b>	<b>\$ 288.52</b>	<b>\$ 26.85</b>	<b>\$ 4.94</b>	<b>\$ 3.24</b>	<b>\$ 35.03</b>	<b>\$ 323.55</b>	<b>\$ 321.04</b>	<b>0.8%</b>	<b>\$ 189.47</b>	<b>\$ 0.68</b>	<b>\$ 12.05</b>	<b>\$ 525.74</b>	<b>\$ 523.24</b>	<b>0.5%</b>

Note: Amended SFY 2024 Capitation Rates are from the State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Amendment dated August 30, 2023



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