

January through June 2023 Medicaid Managed Care Capitation Rate Amendment

January 1, 2023 through June 30, 2023

South Carolina Department of Health and Human Services

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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) 2023. 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, 2023 through June 30, 2023.

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

- SFY 2023 Medicaid Managed Care Capitation Rate Certification dated June 7, 2022

Throughout this report we will refer to this document as the Original certification. We updated the capitation rates to include new and revised program adjustments not reflected in the Original certification. **Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate certification documentation included in the Original report.** 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 pandemic. The assumptions documented in this certification report reflect our best estimate based on information known to us at the time of this report. The capitation rates include adjustments related to morbidity, the estimated impact of COVID-19 on base data experience and COVID-19 policy changes as documented in the report. It is possible that the COVID-19 pandemic, as well as future legislative changes to address the pandemic, could have a material impact on morbidity, 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 2023 time period.
- 2022-2023 Medicaid Managed Care Rate Development Guide, released by the Centers for Medicare and Medicaid Services in April 2022.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

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

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

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

¹ 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 documentation of the Original capitation rate certification for January through June 2023. We have updated those rates to include new and revised adjustments not reflected in the Original certification. Unless stated otherwise, all assumptions are consistent with the Original 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, 2023 is outlined below.

Step 1: Base Experience

We used the projected claims data underlying the SFY 2023 Medicaid managed care capitation rates, as outlined in the Original certification, as base experience for developing the amended capitation rates effective during January through June 2023. 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 but are incorporated in the January through June 2023 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 included 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. This amendment also includes updated documentation related to the Hospital Quality Payment and Supplemental Teaching Physician programs.

Step 4: Development and issuance of actuarial certification

An actuarial certification is included and signed by Jeremy D. Palmer, FSA, a Principal and Consulting Actuary of Milliman, Inc. Mr. Palmer 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).

FISCAL IMPACT ESTIMATE

Figure 1 provides a comparison of the Original SFY 2023 capitation rates to the amended January through June 2023 capitation rates for the Medicaid managed care program. Note that all capitation rates are presented both including and excluding the 438.6 Hospital Quality Payment Initiative and the Supplemental Teaching Payment, referred to collectively as add-ons.

FIGURE 1: COMPARISON OF SFY 2023 AND JAN-JUN 2023 AMENDED CAPITATION RATES

| RATE CELL | ESTIMATED JAN-JUN 2023 ENROLLMENT | EXCLUDING ADD-ONS | | | INCLUDING ADD-ONS | | |
|-------------------------------|---|------------------------------|---------------------------------|--------------------------|------------------------------|---------------------------------|--------------------------|
| | | ORIGINAL SFY 2023 RATE | AMENDED JAN-JUN 2023 RATE | INCREASE / (DECREASE) | ORIGINAL SFY 2023 RATE | AMENDED JAN-JUN 2023 RATE | INCREASE / (DECREASE) |
| | | | | | | | |
| TANF: 0-2 months old (AH3) | 41,766 | \$ 2,291.79 | \$ 2,291.79 | 0.0% | \$ 2,596.10 | \$ 2,590.66 | (0.2%) |
| TANF: 3-12 months old (AI3) | 174,458 | 221.26 | 221.26 | 0.0% | 244.17 | 241.70 | (1.0%) |
| TANF: Age 1-6 (AB3) | 1,334,640 | 121.36 | 121.79 | 0.4% | 126.68 | 126.53 | (0.1%) |
| TANF: Age 7-13 (AC3) | 1,549,326 | 128.08 | 127.92 | (0.1%) | 132.11 | 131.52 | (0.4%) |
| TANF: Age 14-18, Male (AD1) | 533,190 | 153.68 | 153.08 | (0.4%) | 159.06 | 157.84 | (0.8%) |
| TANF: Age 14-18, Female (AD2) | 533,520 | 200.98 | 200.21 | (0.4%) | 209.29 | 207.55 | (0.8%) |
| TANF: Age 19-44, Male (AE1) | 399,366 | 191.42 | 186.77 | (2.4%) | 198.69 | 192.74 | (3.0%) |
| TANF: Age 19-44, Female (AE2) | 1,163,832 | 318.73 | 312.14 | (2.1%) | 337.71 | 328.42 | (2.8%) |
| TANF: Age 45+ (AF3) | 210,924 | 567.75 | 561.53 | (1.1%) | 590.05 | 580.65 | (1.6%) |
| SSI - Children (SO3) | 69,701 | 669.62 | 669.72 | 0.0% | 694.16 | 691.88 | (0.3%) |
| SSI - Adults (SP3) | 321,023 | 1,456.89 | 1,456.89 | 0.0% | 1,506.32 | 1,502.70 | (0.2%) |
| OCWI (WG2) | 287,388 | 218.86 | 210.95 | (3.6%) | 266.51 | 245.98 | (7.7%) |
| DUAL | - | 177.36 | 177.40 | 0.0% | 177.36 | 177.40 | 0.0% |
| Foster Care - Children (FG3) | 28,748 | 1,039.30 | 1,040.87 | 0.2% | 1,050.54 | 1,051.01 | 0.0% |
| KICK (MG2/NG2) | 12,935 | 6,957.00 | 6,957.00 | 0.0% | 6,957.00 | 6,957.00 | 0.0% |
| Composite | 6,647,882 | \$ 293.05 | \$ 291.03 | (0.7%) | \$ 307.89 | \$ 304.02 | (1.3%) |

Notes:

1. Values have been rounded.
2. All composite rates reflect projected January through June 2023 enrollment by rate cell.
3. Add-Ons include Hospital Quality Program and Supplemental Teaching Physician payments.
4. KICK estimated enrollment reflects estimated January through June 2023 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 2023 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 2023 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 2023 through June 2023

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 2023. The impact of these items to the managed care capitation rates can be viewed in Appendix 2 and Appendix 3 of this document.

Extension of the Public Health Emergency (PHE)

In response to the Families First Coronavirus Response Act (FFCRA) enacted on March 18, 2020, SCDHHS will treat all individuals eligible for Medicaid as of March 1, 2020 as eligible for such benefits through the end of the month in which the national emergency period ends. Effective, October 13, 2022, the Secretary of Health and Human Services renewed the PHE nationwide. As a result of this announcement, we have relied on SCDHHS to provide updates to the Original certification for certain COVID-19 assumptions related to the PHE duration and redetermination timing. In consultation with SCDHHS, we have assumed the following related to the FFCRA disenrollment freeze and the redetermination reinstatement process. **Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation certification documentation included in the Original report.**

- Because the PHE declaration can be extended for up to 90 days at a time and given the Biden administration's commitment to providing a 60-day notice prior to terminating the PHE², SCDHHS has requested that we assume the PHE will continue through April 2023.
- If SCDHHS's eligibility review process were to begin in May 2023 for individuals impacted by the disenrollment freeze, SCDHHS anticipates that the first disenrollments would occur July 1, 2023, which is after the end of SFY 2023.
- No net reductions in monthly enrollment are expected through the end of SFY 2023.

As a result of this update, we assumed the following enrollment increases in SFY 2023, consistent with the enrollment growth in the Original certification.

- **TANF Children:** Approximately 2,350 individuals per month
- **TANF Adult:** Approximately 3,600 individuals per month
- **OCWI:** Approximately 850 individuals per month

Utilizing the morbidity assumptions documented in the Original certification and the updated enrollment assumptions discussed above, the following adjustment factors in Figure 2 were developed and applied to the original SFY 2023 capitation rates by rate cell for the January through June 2023 contract period.

² Secretary of Health and Human Services Letter to the Governors dated January 22, 2021, Source: <https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf>

FIGURE 2: FFCRA - DISENROLLMENT FREEZE REVIEW (SFY 2023 AMENDED RELATIVE TO SFY 2023 ORIGINAL)

| RATE CELL | ESTIMATED MIX | | RELATIVE MORBIDITY | AVERAGE MORBIDITY | | ADJUSTMENT FACTOR |
|-------------------------------|--------------------------|----------------------|--------------------|-------------------|--------------|-------------------|
| | (% DISENROLLMENT FREEZE) | | | ORIGINAL | AMENDED | |
| | ORIGINAL SFY23 | AMENDED JAN-JUN 2023 | | SFY23 | JAN-JUN 2023 | |
| TANF - Age 1 - 6 | 14.5% | 15.0% | 0.90 | 0.9855 | 0.9850 | 0.9994 |
| TANF - Age 7 - 13 | 11.3% | 11.9% | 0.80 | 0.9775 | 0.9761 | 0.9986 |
| TANF - Age 14 - 18, Male | 24.8% | 26.9% | 0.80 | 0.9504 | 0.9462 | 0.9956 |
| TANF - Age 14 - 18, Female | 24.2% | 26.3% | 0.80 | 0.9517 | 0.9475 | 0.9956 |
| TANF - Age 19 - 44, Male | 53.9% | 66.0% | 0.80 | 0.8921 | 0.8680 | 0.9730 |
| TANF - Age 19 - 44, Female | 29.3% | 40.2% | 0.80 | 0.9413 | 0.9197 | 0.9770 |
| TANF - Age 45+, Male & Female | 36.0% | 43.7% | 0.85 | 0.9460 | 0.9345 | 0.9878 |
| OCWI | 65.2% | 72.6% | 0.60 | 0.7393 | 0.7095 | 0.9597 |

Therapeutic Child Care (TCC) Fee Schedule Update

Effective October 1, 2022, SCDHHS increased the reimbursement rate for the Therapeutic Child Care services (procedure code H2037). To estimate the impact of this reimbursement change, applicable TCC expenditures in the SFY 2021 base data period were repriced to the October 1, 2022 fee schedule. An adjustment is applied to the Professional MH/SA category of service to reflect the impact related to the January through June 2023 time period only and is estimated at approximately \$0.7 million based on January through June 2023 projected membership.

IV. In-Lieu-Of Services

SCDHHS anticipates permitting the use of intensive outpatient and partial hospitalization services as an in lieu of service for Psychiatric Residential Treatment Facilities (PRTFs) effective March 1, 2023.

(a) Categories of covered service

Effective March 1, 2023, SCDHHS anticipates permitting the use of intensive outpatient and partial hospitalization services as an in lieu of service for PRTFs, which are included in the Inpatient MH/SA category of service.

(b) Percentage of cost

As a result of the anticipated ramp-up period and MCO provider contracting updates, intensive outpatient and partial hospitalization in lieu of services are assumed to represent 0% of the SFY 2023 Inpatient MH/SA category of service.

(c) Development of projected benefit costs

Based on guidance from SCDHHS, it is anticipated that intensive outpatient and partial hospitalization services are to be offered in lieu of PRTF services and are intended to be cost effective to the state. Additionally, with a March 1, 2023 effective date and the anticipated ramp up period, there is no estimated material impact to cost and utilization in SFY 2023.

V. Special Contract Provisions Related to Payment

WITHHOLD AND INCENTIVE ARRANGEMENTS

Effective January 1, 2023, SCDHHS anticipates updating the quality withhold program. The methodology and description of the program has been communicated with the MCOs and is anticipated to be outlined in Section 15 of the January 2023 update to the Managed Care Policy and Procedure Manual. Based on discussions with SCDHHS, the CY 2023 quality withhold program is assumed to be similarly achievable as the current program. As such, we believe it is reasonably achievable in the context of the January through June 2023 capitation rate amendment for the MCOs to meet the quality withhold targets for 100% return of the withhold for CY 2023.

RISK SHARING MECHANISMS

Risk sharing mechanisms among SCDHHS and the MCOs, including implementation of a pharmacy high cost no experience program, a PRTF risk pool, and minimum medical loss ratio requirement, remain unchanged from the Original certification.

DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

Unless otherwise stated or addressed in this section, all documentation related to delivery system and provider payment initiatives is consistent with the Original certification. Additionally, to ensure compliance with estimated payments documented in the Hospital Quality Payment and Supplemental Teaching Physician approved preprints, projected July through December 2022 enrollment was used in the evaluation of the estimated January through June 2023 PMPMs provided in Figures 3 and 4 below.

ii. Rate Development Standards

(a) Description of Managed Care Plan Requirement

Consistent with guidance in 42 CFR §438.6(c), the South Carolina managed care capitation rates reflect the following delivery system and provider payment initiatives:

- **Hospital Quality Program.** Hospital quality state directed payment initiative for all in-state acute care and critical access hospitals
- **Supplemental Teaching Physician Program.** Physician state directed payment for all services performed by qualifying rendering teaching physicians billing through a qualified teaching academic facility

(b) Prior written approval

SCDHHS has received CMS approval for the Hospital Quality Program and Supplemental Teaching Physician directed payment preprints.

- **Hospital Quality Program.** For SFY 2023, SCDHHS submitted the Hospital Quality Program preprint and received written approval from CMS on September 23, 2022. The approved preprint is referred to by CMS as SC_Fee_IPH_Renewal_20220701-20230630.
- **Supplemental Teaching Physician Program.** For SFY 2023, SCDHHS submitted the STP Directed Payment preprint and received written approval from CMS on June 10, 2022. The approved preprint is referred to by CMS as SC_Fee_AMC_New_20220701-20230630.

(c) Generally accepted actuarial principles

The contract arrangements that direct MCO expenditures were developed in accordance with guidance in 42 CFR §438.4, the standards in §438.5, and generally accepted actuarial principles and practices.

(d) How Payment Arrangement is reflected in managed care rates**Hospital Quality Program (HQP)**

The HQP payment arrangement will be reflected through a separate payment term in which an estimated PMPM by rate cell, projected at \$48 million in total, will be directed to the hospital quality payment pool and distributed to eligible hospitals. Each hospital is assigned to one of three hospital tiers based on hospital quality metrics, with each tier applying a specified uniform dollar increase to each hospital inpatient claim during the SFY 2023 contract period.

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

Documentation related to the separate payment term is addressed in Item ii(a)(iii) below.

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

Figure 3 illustrates the estimated PMPM for each rate cell for the January through June 2023 time period. The total SFY 2023 projected Hospital Quality Payment is estimated by summing the following two time periods:

- **July through December 2022.** Based on projected July through December 2022 enrollment consistent with the Original certification and the hospital quality PMPMs documented in Figure 20 of the Original certification.
- **January through June 2023.** Based on updated January through June 2023 projected enrollment and the hospital quality PMPMs provided in Figure 3.

FIGURE 3: HOSPITAL QUALITY PAYMENT PMPM BY RATE CELL

| RATE CELL | PMPM |
|-------------------------------|-----------|
| TANF: 0-2 months old (AH3) | \$ 172.92 |
| TANF: 3-12 months old (AI3) | 1.09 |
| TANF: Age 1-6 (AB3) | 0.31 |
| TANF: Age 7-13 (AC3) | 0.32 |
| TANF: Age 14-18, Male (AD1) | 0.51 |
| TANF: Age 14-18, Female (AD2) | 1.30 |
| TANF: Age 19-44, Male (AE1) | 0.76 |
| TANF: Age 19-44, Female (AE2) | 4.09 |
| TANF: Age 45+ (AF3) | 2.63 |
| SSI - Children (SO3) | 2.75 |
| SSI - Adults (SP3) | 12.74 |
| OCWI (WG2) | 11.98 |
| DUAL | - |
| Foster Care - Children (FG3) | 1.39 |
| KICK (MG2/NG2) | - |

Summing across both time periods, the total SFY 2023 projected Hospital Quality Payment is estimated at approximately \$48 million, consistent with the total dollar amount included in the approved preprint (SC_Fee_IPH_Renewal_20220701-20230630).

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

To the extent the final state-directed PMPM payments by rate cell vary from the initial estimates presented in Figure 3, the rate certification will be updated to reflect the final aggregate payments made to the hospitals.

(iv) Change from initial base rate certification

As indicated above, the rate certification will be updated through a rate amendment if the total payment amount or distribution methodology varies from the initial estimates presented in Figure 3.

Supplemental Teaching Program (STP)

The STP payment arrangement will be reflected through a separate payment term in which an estimated PMPM by rate cell, projected at \$133 million in total, will be directed to qualified rendering teaching physicians billing through a qualified academic teaching facility on behalf of Medicaid beneficiaries covered under the Medicaid managed care program.

The state directed payment applies a uniform methodology to the provider class, which brings qualified rendering teaching physician payments at a qualified academic teaching facility up to 100% of average commercial rate (ACR) during the SFY 2023 contract period.

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

Documentation related to the separate payment term is addressed in Item ii(a)(iii) below.

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

Figure 4 illustrates the estimated PMPM for each rate cell for the January through June 2023 time period. The total SFY 2023 projected STP Payment is estimated by summing the following two time periods:

- **July through December 2022.** Based on projected July through December 2022 enrollment consistent with the Original certification and the STP PMPMs documented in Figure 21 of the Original certification.
- **January through June 2023.** Based on updated January through June 2023 projected enrollment and the STP PMPMs provided in Figure 4.

FIGURE 4: STP PMPM BY RATE CELL

| RATE CELL | PMPM |
|-------------------------------|-----------|
| TANF: 0-2 months old (AH3) | \$ 125.95 |
| TANF: 3-12 months old (AI3) | 19.35 |
| TANF: Age 1-6 (AB3) | 4.43 |
| TANF: Age 7-13 (AC3) | 3.28 |
| TANF: Age 14-18, Male (AD1) | 4.25 |
| TANF: Age 14-18, Female (AD2) | 6.04 |
| TANF: Age 19-44, Male (AE1) | 5.21 |
| TANF: Age 19-44, Female (AE2) | 12.19 |
| TANF: Age 45+ (AF3) | 16.49 |
| SSI - Children (SO3) | 19.41 |
| SSI - Adults (SP3) | 33.07 |
| OCWI (WG2) | 23.05 |
| DUAL | - |
| Foster Care - Children (FG3) | 8.75 |
| KICK (MG2/NG2) | - |

Summing across both time periods, the total SFY 2023 projected STP Payment is estimated at approximately \$133 million, consistent with the total dollar amount included in the approved preprint (SC_Fee_AMC_New_20220701-20230630).

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

To the extent the final state-directed PMPM payments by rate cell vary from the initial estimates presented in Figure 4, the rate certification will be updated to reflect the final aggregate payments made to the qualifying teaching physicians.

(iv) Change from initial base rate certification

As indicated above, the rate certification will be updated through a rate amendment if the total payment amount or distribution methodology varies from the initial estimates presented in Figure 4.

iii. Appropriate Documentation

(a) Description of Delivery System and Provider Payment Initiatives

Figure 5 provides a description of each state directed payment included in the SFY 2023 Medicaid managed care program.

FIGURE 5 - DESCRIPTION OF STATE DIRECTED PAYMENTS

| CONTROL NAME OF THE STATE DIRECTED PAYMENT | TYPE OF PAYMENT | BRIEF DESCRIPTION | RATE ADJUSTMENT OR SEPARATE PAYMENT TERM |
|---|-----------------------------|---|--|
| SC_Fee_IPH_Renewal_20220701-20230630 (Hospital Quality Program) | Uniform per admit increase | Uniform increase to hospital inpatient admissions by provider tier | Separate payment term |
| SC_Fee_AMC_New_20220701-20230630 (Supplemental Teaching Physician Program) | Uniform percentage increase | Uniform increase to physician reimbursement for teaching physicians | Separate payment term |

Hospital Quality Program - State Directed Payment

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

Effective July 1, 2019, the HQP was developed to align SCDHHS's quality and transparency-promotion activities with hospital quality payments.³ SCDHHS believes that by utilizing these dollars through a directed payment, the agency can improve hospital quality and significantly impact its quality strategy for all Medicaid participants. These payments are anticipated to bring greater accountability to hospital quality across the provider class.⁴

Provider Class (Tier) Defined

Based on documentation provided in the SCDHHS-submitted preprint, the uniform dollar increase state-directed fee schedule assigns eligible SC hospitals into one of three provider classes, or tiers. Hospitals are assigned to a specific tier based on an assessment of twelve quality performance metrics, with each hospital assigned an overall "score" from 0 to 100 based on the percentage of the quality metrics achieved.

Based on the results of these performance metrics, each hospital is assigned into one of three hospital tiers based on the following table:

| Provider Class (tier) | Performance Results |
|-----------------------|---------------------|
| Gold | 82.5% - 90.0% |
| Silver | 57.5% - 81.8% |
| Bronze | 41.0% - 55.3% |

The provider class assignment for each hospital will be effective for the entirety of the SFY 2023 contract period for application of the uniform dollar increase and the final directed payment and is established to reward the highest performing hospitals based on quality performance metrics selected by SCDHHS.

Application of Uniform Dollar Increase

The HQP uses the same dollar increase for all hospitals within each class, applied to each Medicaid managed care hospital inpatient claim during the SFY 2023 contract year. Each of the three hospital provider classes applies a uniform dollar increase specific to the class of hospitals within the tier. The specific uniform dollar increase was developed for each class to achieve the highest payment increase for the highest performing hospitals, classified as the Gold tier, followed by the Silver tier, and the Bronze tier, to target the estimated payment pool of \$48 million as established by SCDHHS for the state-directed payment program. The uniform dollar increase applied to each hospital claim is illustrated in the following table:

| Provider Class | Dollar Increase |
|----------------|-----------------|
| Gold | \$814 |
| Silver | \$623 |
| Bronze | \$452 |

Upon final reconciliation of the SFY 2023 contract year utilization and resulting state-directed payments, the uniform dollar increases may be adjusted as described further in the SCDHHS submitted preprint.⁵

³ Hospital Quality Payment submitted preprint (SC_Fee_IPH_Renewal_20220701-20230630) Question 42 (Table 7a)

⁴ Hospital Quality Payment submitted preprint (SC_Fee_IPH_Renewal_20220701-20230630) Question 19d

⁵ Hospital Quality Payment submitted preprint (SC_Fee_IPH_Renewal_20220701-20230630) Question 19c

(ii) Description of payment arrangement if incorporated as a rate adjustment

Not applicable. The HQP state-directed payment is reflected through a separate payment term as described in i(b) above.

(iii) Description of payment arrangement if incorporated as a separate payment term

The payment arrangement will be incorporated through a separate payment term in which an estimated PMPM by rate cell, projected at \$48 million in total based on projected SFY 2023 enrollment, will be directed to the hospital quality payment pool and distributed to eligible hospitals based on a uniform dollar increase applied to all SFY 2023 hospital inpatient claims.

Aggregate amount of payment applicable to rate certification.

The aggregate amount of the HQP state-directed payment is estimated at \$48.0 million.

Explicit statement from actuary certifying the amount of the separate payment term

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

Provider types receiving the payment

The hospital quality payment initiative applies to all in-state acute care and critical access hospitals, provided that they:

- Are Medicare-registered;
- Are Medicaid-enrolled;
- Participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs; and,
- Use a Safe Surgery Checklist and participate in the South Carolina Hospital Association's Zero Harm Collaborative.

Distribution methodology

SCDHHS will supply the MCOs with a listing of payments by hospital. MCOs are responsible for remitting the appropriate share to each hospital per SCDHHS requirements as described in the MCO contract.

Estimated PMPM by rate cell

The estimated PMPM by rate cell is provided in Figure 3

Consistency with 438.6(c) preprint

The SFY 2023 payment arrangement described above is consistent with the pre-print submitted to CMS and approved on September 23, 2022, referred to as SC_Fee_IPH_Renewal_20220701-20230630.

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

To the extent the final HQP state-directed PMPM payments by rate cell vary from the initial estimates presented in Figure 3, the rate certification will be updated to reflect the final payments made to the hospitals.

Supplemental Teaching Physician - State Directed Payment**(i) Description of delivery system and provider payment Initiatives included in the capitation rates**

Effective July 1, 2022, the STP state directed payment program was developed to utilize a uniform percentage increase methodology to increase provider reimbursement for Medicaid physicians performed by qualified rendering teaching physicians billing through a qualified teaching facility up to the average commercial rate (ACR). SCDHHS believes that by utilizing these dollars through a directed payment, the agency can impact Medicaid member access to pediatric subspecialty care and materially impact its quality strategy around access to care for all Medicaid participants.⁶

⁶ Supplemental Teaching Physician submitted preprint (SC_Fee_AMC_New_20220701-20230630) Question 19d

Provider Class (Tier) Defined

Based on documentation provided SCDHHS-submitted preprint, the STP program establishes one provider class for all teaching physicians with faculty appointment or a teaching physician agreement with one of the following entities:

- The Medical University of South Carolina (MUSC);
- The University of South Carolina School of Medicine (USC); or,
- A SC Area Health Education Consortium (AHEC) Teaching Health System.

Only professional services billed by a SC academic medical center, its component units, or an SC AHE Teaching Health System are eligible for state directed payments. Teaching physicians must involve residents and/or medical students in the care of his or her patients or directly supervise residents in the care of patients.

Application of Uniform Methodology

The STP state directed payment applies a uniform methodology to the provider class, which brings qualified rendering teaching physician payments at a qualified academic teaching facility up to 100% of ACR.

Upon final reconciliation of the SFY 2023 contract year utilization and resulting state-directed payments, the uniform payments may be adjusted as described further in the SCDHHS submitted preprint.

(ii) Description of payment arrangement if incorporated as a rate adjustment

Not applicable. The STP state-directed payment is reflected through a separate payment term as described in i(b) above.

(iii) Description of payment arrangement if incorporated as a separate payment term

The payment arrangement will be incorporated through a separate payment term in which an estimated PMPM by rate cell, projected at \$133 million in total based on projected SFY 2023 enrollment, will be directed to the STP payment pool and distributed to qualified rendering teaching physicians billing through a qualified academic teaching facility on behalf of Medicaid beneficiaries covered under the Medicaid managed care program. The state directed payment applies a uniform methodology to the provider class, which brings qualified rendering teaching physician payments at a qualified academic teaching facility up to 100% of average commercial rate (ACR) during the SFY 2023 contract period.

Aggregate amount of payment applicable to rate certification.

The aggregate amount of the STP state-directed payment is estimated at \$133.0 million.

Explicit statement from actuary certifying the amount of the separate payment term

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

Provider types receiving the payment

The STP program applies to all teaching physicians with faculty appointment or a teaching physician agreement with one of the following entities:

- The Medical University of South Carolina (MUSC);
- The University of South Carolina School of Medicine (USC); or,
- A SC Area Health Education Consortium (AHEC) Teaching Health System.

Only professional services billed by a SC academic medical center, its component units, or an SC AHE Teaching Health System are eligible for state directed payments. Teaching physicians must involve residents and/or medical students in the care of his or her patients or directly supervise residents in the care of patients.

Distribution methodology

SCDHHS will supply the MCOs with a listing of payments by qualified academic teaching facility based on projected interim quarterly payments for the first three quarters of SFY 2023 and a withhold pool of 10% subject to participation in a provider survey. The final quarterly reconciled payment will be based on actual SFY 2023 contract period utilization and final withhold survey participation results.

MCOs are responsible for remitting the appropriate share to each provider per SCDHHS requirements as described in the MCO contract.

Estimated PMPM by rate cell

The estimated PMPM by rate cell is provided in Figure 4.

Consistency with 438.6(c) preprint

The SFY 2023 payment arrangement described above is consistent with the pre-print submitted to CMS and approved on June 10, 2022, referred to as SC_Fee_AMC_New_20220701-20230630.

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

To the extent the final STP state-directed PMPM payments by rate cell vary from the initial estimates presented in Figure 4, the rate certification will be updated to reflect the final payments made to the qualified teaching physicians.

(b) Additional Directed Payments Not Addressed in the Certification

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

(c) Confirmation of Reimbursement Rates that Plans Must Pay Providers

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

VI. Non-Benefit Expenses

The development of the actuarially sound capitation rates for January through June 2023 includes an update to the non-benefit expense cost allowance assumptions included in the Original certification. Based on SCDHHS guidance, the administrative expense and care coordination and care management PMPMs for the January through June 2023 amended capitation rates are consistent with the values documented in Appendix 4 in the Original certification. The risk margin PMPM reflects an update to the Original certification to maintain a 1% risk margin load, excluding the hospital quality payment and supplemental teaching physician add-ons, on all rate cells. The January through June 2023 non-benefit cost allowance by rate cell is illustrated in Figure 6 below.

FIGURE 6: NON-BENEFIT COST ALLOWANCE BY RATE CELL

| RATE CELL | ORIGINAL SFY 2023 PMPMS | | | JAN-JUNE 2023 AMENDED PMPMS | | |
|-------------------------------|-------------------------|-------------|-------------|-----------------------------|-------------|---------------------|
| | ADMINISTRATIVE EXPENSES | RISK MARGIN | TOTAL ADMIN | ADMINISTRATIVE EXPENSE | RISK MARGIN | TOTAL AMENDED ADMIN |
| TANF: 0-2 months old (AH3) | \$148.97 | \$ 22.91 | \$ 171.88 | \$ 148.97 | \$ 22.91 | \$ 171.88 |
| TANF: 3-12 months old (AI3) | 26.00 | 2.21 | 28.21 | 26.00 | 2.21 | 28.21 |
| TANF: Age 1-6 (AB3) | 15.17 | 1.21 | 16.38 | 15.17 | 1.22 | 16.39 |
| TANF: Age 7-13 (AC3) | 16.01 | 1.28 | 17.29 | 16.01 | 1.28 | 17.29 |
| TANF: Age 14-18, Male (AD1) | 19.21 | 1.54 | 20.75 | 19.21 | 1.53 | 20.74 |
| TANF: Age 14-18, Female (AD2) | 25.13 | 2.00 | 27.13 | 25.13 | 2.00 | 27.13 |
| TANF: Age 19-44, Male (AE1) | 19.14 | 1.92 | 21.06 | 19.14 | 1.87 | 21.01 |
| TANF: Age 19-44, Female (AE2) | 31.87 | 3.19 | 35.06 | 31.87 | 3.12 | 34.99 |
| TANF: Age 45+ (AF3) | 56.78 | 5.67 | 62.45 | 56.78 | 5.62 | 62.40 |
| SSI - Children (SO3) | 55.24 | 6.70 | 61.94 | 55.24 | 6.70 | 61.94 |
| SSI - Adults (SP3) | 109.27 | 14.57 | 123.84 | 109.27 | 14.57 | 123.84 |
| OCWI (WG2) | 22.43 | 2.19 | 24.62 | 22.43 | 2.11 | 24.54 |
| DUAL | 99.60 | 13.16 | 112.76 | 99.63 | 13.17 | 112.80 |
| Foster Care - Children (FG3) | 98.74 | 10.39 | 109.13 | 98.74 | 10.41 | 109.15 |
| KICK (MG2/NG2) | 139.14 | 69.57 | 208.71 | 139.14 | 69.57 | 208.71 |

VII. 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 January through June 2023 capitation rates 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 ongoing nature of the COVID-19 pandemic. The assumptions documented in this certification report reflect our best estimate based on information known to us at the time of this report. The capitation rates include adjustments related to morbidity, the estimated impact of COVID-19 on base data experience and COVID-19 policy changes as documented in the report. It is possible that the COVID-19 pandemic, as well as future legislative changes to address the pandemic, could have a material impact on morbidity, enrollment, providers, and other factors related to the capitation rates illustrated in this report. Due to this uncertainty, we have relied on SCDHHS to provide certain COVID-19 assumptions related to the Public Health Emergency duration and redetermination timing.

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 2023 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.

The services provided by Milliman to SCDHHS were performed under the signed consulting agreement between Milliman and SCDHHS effective July 1, 2022.

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 2023 Capitation Rate Amendment
Medicaid Managed Care Program
Actuarial Certification**

I, Jeremy D. Palmer, 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, 2023 through June 30, 2023. 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 ongoing nature of the COVID-19 pandemic. The assumptions documented in this certification report reflect our best estimate based on information known to us at the time of this report. We acknowledge that the COVID-19 pandemic could have a material impact on morbidity, enrollment, providers, and other factors related to the capitation rates illustrated in this rate certification.

 Electronic
Signature
Jeremy D. Palmer

Jeremy D. Palmer, FSA
Member, American Academy of Actuaries

December 19, 2022

Date

Appendix 2: Capitation Rate Development

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
State Fiscal Year 2023 Capitation Rate Development
January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - 0 - 2 Months, Male & Female SFY 2023 Member Months: 83,532 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 1,221.23 | 1.0000 | 1.0000 | \$ 1,221.23 |
| Inpatient Well Newborn | 360.17 | 1.0000 | 1.0000 | 360.17 |
| Inpatient MH/SA | 0.61 | 1.0000 | 1.0000 | 0.61 |
| Other Inpatient | - | 1.0000 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 1,582.01 | | | \$ 1,582.01 |
| Outpatient Hospital | | | | |
| Surgery | \$ 7.83 | 1.0000 | 1.0000 | \$ 7.83 |
| Non-Surg - Emergency Room | 17.76 | 1.0000 | 1.0000 | 17.76 |
| Non-Surg - Other | 14.27 | 1.0000 | 1.0000 | 14.27 |
| Observation Room | 3.55 | 1.0000 | 1.0000 | 3.55 |
| Treatment/Therapy/Testing | 6.76 | 1.0000 | 1.0000 | 6.76 |
| Other Outpatient | 0.48 | 1.0000 | 1.0000 | 0.48 |
| Subtotal Outpatient Hospital | \$ 50.65 | | | \$ 50.65 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 6.56 | 1.0000 | 1.0000 | \$ 6.56 |
| Subtotal Retail Pharmacy | \$ 6.56 | | | \$ 6.56 |
| Ancillary | | | | |
| Transportation | \$ 4.58 | 1.0000 | 1.0000 | \$ 4.58 |
| DME/Prosthetics | 4.24 | 1.0000 | 1.0000 | 4.24 |
| Dental | - | 1.0000 | 1.0000 | - |
| Other Ancillary | 1.43 | 1.0000 | 1.0000 | 1.43 |
| Subtotal Ancillary | \$ 10.25 | | | \$ 10.25 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 20.69 | 1.0000 | 1.0000 | \$ 20.69 |
| Anesthesia | 1.96 | 1.0000 | 1.0000 | 1.96 |
| Inpatient Visits | 234.38 | 1.0000 | 1.0000 | 234.38 |
| MH/SA | 0.05 | 1.0000 | 1.0000 | 0.05 |
| Emergency Room | 4.69 | 1.0000 | 1.0000 | 4.69 |
| Office/Home Visits/Consults | 58.45 | 1.0000 | 1.0000 | 58.45 |
| Pathology/Lab | 8.41 | 1.0000 | 1.0000 | 8.41 |
| Radiology | 3.76 | 1.0000 | 1.0000 | 3.76 |
| Office Administered Drugs | 0.05 | 1.0000 | 1.0000 | 0.05 |
| Physical Exams | 116.35 | 1.0000 | 1.0000 | 116.35 |
| Therapy | 0.28 | 1.0000 | 1.0000 | 0.28 |
| Vision | 0.21 | 1.0000 | 1.0000 | 0.21 |
| Other Professional | 21.16 | 1.0000 | 1.0000 | 21.16 |
| Subtotal Professional | \$ 470.44 | | | \$ 470.44 |
| Total Medical Costs | \$ 2,119.91 | | | \$ 2,119.91 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - 3 - 12 Months, Male & Female SFY 2023 Member Months: 348,045 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 31.44 | 1.0000 | 1.0000 | \$ 31.44 |
| Inpatient Well Newborn | - | 1.0000 | 1.0000 | - |
| Inpatient MH/SA | - | 1.0000 | 1.0000 | - |
| Other Inpatient | - | 1.0000 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 31.44 | | | \$ 31.44 |
| Outpatient Hospital | | | | |
| Surgery | \$ 9.83 | 1.0000 | 1.0000 | \$ 9.83 |
| Non-Surg - Emergency Room | 13.97 | 1.0000 | 1.0000 | 13.97 |
| Non-Surg - Other | 8.39 | 1.0000 | 1.0000 | 8.39 |
| Observation Room | 1.13 | 1.0000 | 1.0000 | 1.13 |
| Treatment/Therapy/Testing | 4.89 | 1.0000 | 1.0000 | 4.89 |
| Other Outpatient | 0.61 | 1.0000 | 1.0000 | 0.61 |
| Subtotal Outpatient Hospital | \$ 38.82 | | | \$ 38.82 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 13.93 | 1.0000 | 1.0000 | \$ 13.93 |
| Subtotal Retail Pharmacy | \$ 13.93 | | | \$ 13.93 |
| Ancillary | | | | |
| Transportation | \$ 0.87 | 1.0000 | 1.0000 | \$ 0.87 |
| DME/Prosthetics | 3.75 | 1.0000 | 1.0000 | 3.75 |
| Dental | 0.34 | 1.0000 | 1.0000 | 0.34 |
| Other Ancillary | 0.06 | 1.0000 | 1.0000 | 0.06 |
| Subtotal Ancillary | \$ 5.02 | | | \$ 5.02 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 4.19 | 1.0000 | 1.0000 | \$ 4.19 |
| Anesthesia | 1.32 | 1.0000 | 1.0000 | 1.32 |
| Inpatient Visits | 9.78 | 1.0000 | 1.0000 | 9.78 |
| MH/SA | 0.17 | 1.0000 | 1.0033 | 0.17 |
| Emergency Room | 3.68 | 1.0000 | 1.0000 | 3.68 |
| Office/Home Visits/Consults | 26.98 | 1.0000 | 1.0000 | 26.98 |
| Pathology/Lab | 3.36 | 1.0000 | 1.0000 | 3.36 |
| Radiology | 0.79 | 1.0000 | 1.0000 | 0.79 |
| Office Administered Drugs | 1.61 | 1.0000 | 1.0000 | 1.61 |
| Physical Exams | 44.86 | 1.0000 | 1.0000 | 44.86 |
| Therapy | 2.83 | 1.0000 | 1.0000 | 2.83 |
| Vision | 0.27 | 1.0000 | 1.0000 | 0.27 |
| Other Professional | 4.00 | 1.0000 | 1.0000 | 4.00 |
| Subtotal Professional | \$ 103.84 | | | \$ 103.84 |
| Total Medical Costs | \$ 193.05 | | | \$ 193.05 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 1 - 6, Male & Female SFY 2023 Member Months: 2,641,261 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 6.27 | 0.9994 | 1.0000 | \$ 6.27 |
| Inpatient Well Newborn | - | 0.9994 | 1.0000 | - |
| Inpatient MH/SA | 0.09 | 0.9994 | 1.0000 | 0.09 |
| Other Inpatient | - | 0.9994 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 6.36 | | | \$ 6.36 |
| Outpatient Hospital | | | | |
| Surgery | \$ 7.62 | 0.9994 | 1.0000 | \$ 7.62 |
| Non-Surg - Emergency Room | 7.85 | 0.9994 | 1.0000 | 7.85 |
| Non-Surg - Other | 2.93 | 0.9994 | 1.0000 | 2.93 |
| Observation Room | 0.48 | 0.9994 | 1.0000 | 0.48 |
| Treatment/Therapy/Testing | 3.99 | 0.9994 | 1.0000 | 3.99 |
| Other Outpatient | 1.31 | 0.9994 | 1.0000 | 1.31 |
| Subtotal Outpatient Hospital | \$ 24.18 | | | \$ 24.17 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 9.93 | 0.9994 | 1.0000 | \$ 9.92 |
| Subtotal Retail Pharmacy | \$ 9.93 | | | \$ 9.92 |
| Ancillary | | | | |
| Transportation | \$ 0.42 | 0.9994 | 1.0000 | \$ 0.42 |
| DME/Prosthetics | 1.88 | 0.9994 | 1.0000 | 1.88 |
| Dental | 1.77 | 0.9994 | 1.0000 | 1.77 |
| Other Ancillary | 0.03 | 0.9994 | 1.0000 | 0.03 |
| Subtotal Ancillary | \$ 4.10 | | | \$ 4.10 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 2.17 | 0.9994 | 1.0000 | \$ 2.17 |
| Anesthesia | 1.07 | 0.9994 | 1.0000 | 1.07 |
| Inpatient Visits | 0.64 | 0.9994 | 1.0000 | 0.64 |
| MH/SA | 6.28 | 0.9994 | 1.0771 | 6.76 |
| Emergency Room | 2.04 | 0.9994 | 1.0000 | 2.04 |
| Office/Home Visits/Consults | 16.59 | 0.9994 | 1.0000 | 16.58 |
| Pathology/Lab | 2.55 | 0.9994 | 1.0000 | 2.55 |
| Radiology | 0.41 | 0.9994 | 1.0000 | 0.41 |
| Office Administered Drugs | 0.47 | 0.9994 | 1.0000 | 0.47 |
| Physical Exams | 10.66 | 0.9994 | 1.0000 | 10.65 |
| Therapy | 14.20 | 0.9994 | 1.0000 | 14.19 |
| Vision | 0.94 | 0.9994 | 1.0000 | 0.94 |
| Other Professional | 2.39 | 0.9994 | 1.0000 | 2.39 |
| Subtotal Professional | \$ 60.41 | | | \$ 60.86 |
| Total Medical Costs | \$ 104.98 | | | \$ 105.40 |

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
State Fiscal Year 2023 Capitation Rate Development
January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 7 - 13, Male & Female SFY 2023 Member Months: 3,063,239 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 6.06 | 0.9986 | 1.0000 | \$ 6.05 |
| Inpatient Well Newborn | - | 0.9986 | 1.0000 | - |
| Inpatient MH/SA | 3.75 | 0.9986 | 1.0000 | 3.74 |
| Other Inpatient | - | 0.9986 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 9.81 | | | \$ 9.80 |
| Outpatient Hospital | | | | |
| Surgery | \$ 4.62 | 0.9986 | 1.0000 | \$ 4.61 |
| Non-Surg - Emergency Room | 5.47 | 0.9986 | 1.0000 | 5.46 |
| Non-Surg - Other | 1.91 | 0.9986 | 1.0000 | 1.91 |
| Observation Room | 0.30 | 0.9986 | 1.0000 | 0.30 |
| Treatment/Therapy/Testing | 2.97 | 0.9986 | 1.0000 | 2.97 |
| Other Outpatient | 0.26 | 0.9986 | 1.0000 | 0.26 |
| Subtotal Outpatient Hospital | \$ 15.53 | | | \$ 15.51 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 27.95 | 0.9986 | 1.0000 | \$ 27.91 |
| Subtotal Retail Pharmacy | \$ 27.95 | | | \$ 27.91 |
| Ancillary | | | | |
| Transportation | \$ 0.35 | 0.9986 | 1.0000 | \$ 0.35 |
| DME/Prosthetics | 1.61 | 0.9986 | 1.0000 | 1.61 |
| Dental | 0.19 | 0.9986 | 1.0000 | 0.19 |
| Other Ancillary | 0.17 | 0.9986 | 1.0000 | 0.17 |
| Subtotal Ancillary | \$ 2.32 | | | \$ 2.32 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 1.58 | 0.9986 | 1.0000 | \$ 1.58 |
| Anesthesia | 0.42 | 0.9986 | 1.0000 | 0.42 |
| Inpatient Visits | 0.72 | 0.9986 | 1.0000 | 0.72 |
| MH/SA | 19.28 | 0.9986 | 1.0000 | 19.25 |
| Emergency Room | 1.38 | 0.9986 | 1.0000 | 1.38 |
| Office/Home Visits/Consults | 15.38 | 0.9986 | 1.0000 | 15.36 |
| Pathology/Lab | 1.63 | 0.9986 | 1.0000 | 1.63 |
| Radiology | 0.58 | 0.9986 | 1.0000 | 0.58 |
| Office Administered Drugs | 1.04 | 0.9986 | 1.0000 | 1.04 |
| Physical Exams | 5.83 | 0.9986 | 1.0000 | 5.82 |
| Therapy | 2.44 | 0.9986 | 1.0000 | 2.44 |
| Vision | 2.62 | 0.9986 | 1.0000 | 2.62 |
| Other Professional | 2.28 | 0.9986 | 1.0000 | 2.28 |
| Subtotal Professional | \$ 55.18 | | | \$ 55.10 |
| Total Medical Costs | \$ 110.79 | | | \$ 110.63 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 14 - 18, Male SFY 2023 Member Months: 1,032,778 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 12.76 | 0.9956 | 1.0000 | \$ 12.70 |
| Inpatient Well Newborn | - | 0.9956 | 1.0000 | - |
| Inpatient MH/SA | 8.98 | 0.9956 | 1.0000 | 8.94 |
| Other Inpatient | - | 0.9956 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 21.74 | | | \$ 21.64 |
| Outpatient Hospital | | | | |
| Surgery | \$ 6.46 | 0.9956 | 1.0000 | \$ 6.43 |
| Non-Surg - Emergency Room | 7.49 | 0.9956 | 1.0000 | 7.46 |
| Non-Surg - Other | 1.56 | 0.9956 | 1.0000 | 1.55 |
| Observation Room | 0.36 | 0.9956 | 1.0000 | 0.36 |
| Treatment/Therapy/Testing | 4.99 | 0.9956 | 1.0000 | 4.97 |
| Other Outpatient | 0.25 | 0.9956 | 1.0000 | 0.25 |
| Subtotal Outpatient Hospital | \$ 21.11 | | | \$ 21.02 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 33.57 | 0.9956 | 1.0000 | \$ 33.42 |
| Subtotal Retail Pharmacy | \$ 33.57 | | | \$ 33.42 |
| Ancillary | | | | |
| Transportation | \$ 0.86 | 0.9956 | 1.0000 | \$ 0.86 |
| DME/Prosthetics | 2.25 | 0.9956 | 1.0000 | 2.24 |
| Dental | 0.01 | 0.9956 | 1.0000 | 0.01 |
| Other Ancillary | 0.23 | 0.9956 | 1.0000 | 0.23 |
| Subtotal Ancillary | \$ 3.35 | | | \$ 3.34 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 2.52 | 0.9956 | 1.0000 | \$ 2.51 |
| Anesthesia | 0.62 | 0.9956 | 1.0000 | 0.62 |
| Inpatient Visits | 1.36 | 0.9956 | 1.0000 | 1.35 |
| MH/SA | 15.76 | 0.9956 | 1.0000 | 15.69 |
| Emergency Room | 2.00 | 0.9956 | 1.0000 | 1.99 |
| Office/Home Visits/Consults | 13.73 | 0.9956 | 1.0000 | 13.67 |
| Pathology/Lab | 1.98 | 0.9956 | 1.0000 | 1.97 |
| Radiology | 1.11 | 0.9956 | 1.0000 | 1.11 |
| Office Administered Drugs | 4.21 | 0.9956 | 1.0000 | 4.19 |
| Physical Exams | 4.27 | 0.9956 | 1.0000 | 4.25 |
| Therapy | 1.14 | 0.9956 | 1.0000 | 1.13 |
| Vision | 2.24 | 0.9956 | 1.0000 | 2.23 |
| Other Professional | 2.22 | 0.9956 | 1.0000 | 2.21 |
| Subtotal Professional | \$ 53.16 | | | \$ 52.93 |
| Total Medical Costs | \$ 132.93 | | | \$ 132.34 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 14 - 18, Female SFY 2023 Member Months: 1,033,480 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 10.44 | 0.9956 | 1.0000 | \$ 10.39 |
| Inpatient Well Newborn | - | 0.9956 | 1.0000 | - |
| Inpatient MH/SA | 13.43 | 0.9956 | 1.0000 | 13.37 |
| Other Inpatient | - | 0.9956 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 23.87 | | | \$ 23.76 |
| Outpatient Hospital | | | | |
| Surgery | \$ 7.69 | 0.9956 | 1.0000 | \$ 7.66 |
| Non-Surg - Emergency Room | 14.14 | 0.9956 | 1.0000 | 14.08 |
| Non-Surg - Other | 2.99 | 0.9956 | 1.0000 | 2.98 |
| Observation Room | 0.62 | 0.9956 | 1.0000 | 0.62 |
| Treatment/Therapy/Testing | 7.39 | 0.9956 | 1.0000 | 7.36 |
| Other Outpatient | 0.39 | 0.9956 | 1.0000 | 0.39 |
| Subtotal Outpatient Hospital | \$ 33.22 | | | \$ 33.07 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 36.19 | 0.9956 | 1.0000 | \$ 36.03 |
| Subtotal Retail Pharmacy | \$ 36.19 | | | \$ 36.03 |
| Ancillary | | | | |
| Transportation | \$ 1.13 | 0.9956 | 1.0000 | \$ 1.12 |
| DME/Prosthetics | 1.90 | 0.9956 | 1.0000 | 1.89 |
| Dental | 0.02 | 0.9956 | 1.0000 | 0.02 |
| Other Ancillary | 0.32 | 0.9956 | 1.0000 | 0.32 |
| Subtotal Ancillary | \$ 3.37 | | | \$ 3.36 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 2.51 | 0.9956 | 1.0000 | \$ 2.50 |
| Anesthesia | 0.69 | 0.9956 | 1.0000 | 0.69 |
| Inpatient Visits | 2.10 | 0.9956 | 1.0000 | 2.09 |
| MH/SA | 23.89 | 0.9956 | 1.0000 | 23.78 |
| Emergency Room | 3.46 | 0.9956 | 1.0000 | 3.44 |
| Office/Home Visits/Consults | 21.39 | 0.9956 | 1.0000 | 21.30 |
| Pathology/Lab | 5.02 | 0.9956 | 1.0000 | 5.00 |
| Radiology | 1.70 | 0.9956 | 1.0000 | 1.69 |
| Office Administered Drugs | 2.26 | 0.9956 | 1.0000 | 2.25 |
| Physical Exams | 4.83 | 0.9956 | 1.0000 | 4.81 |
| Therapy | 1.31 | 0.9956 | 1.0000 | 1.30 |
| Vision | 3.54 | 0.9956 | 1.0000 | 3.52 |
| Other Professional | 4.50 | 0.9956 | 1.0000 | 4.48 |
| Subtotal Professional | \$ 77.20 | | | \$ 76.86 |
| Total Medical Costs | \$ 173.85 | | | \$ 173.08 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 19 - 44, Male SFY 2023 Member Months: 587,591 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 39.18 | 0.9730 | 1.0000 | \$ 38.12 |
| Inpatient Well Newborn | - | 0.9730 | 1.0000 | - |
| Inpatient MH/SA | 4.71 | 0.9730 | 1.0000 | 4.58 |
| Other Inpatient | 0.03 | 0.9730 | 1.0000 | 0.03 |
| Subtotal Inpatient Hospital | \$ 43.92 | | | \$ 42.73 |
| Outpatient Hospital | | | | |
| Surgery | \$ 9.38 | 0.9730 | 1.0000 | \$ 9.13 |
| Non-Surg - Emergency Room | 11.89 | 0.9730 | 1.0000 | 11.57 |
| Non-Surg - Other | 0.84 | 0.9730 | 1.0000 | 0.82 |
| Observation Room | 0.30 | 0.9730 | 1.0000 | 0.29 |
| Treatment/Therapy/Testing | 6.75 | 0.9730 | 1.0000 | 6.57 |
| Other Outpatient | 0.49 | 0.9730 | 1.0000 | 0.48 |
| Subtotal Outpatient Hospital | \$ 29.65 | | | \$ 28.85 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 43.85 | 0.9730 | 1.0000 | \$ 42.67 |
| Subtotal Retail Pharmacy | \$ 43.85 | | | \$ 42.67 |
| Ancillary | | | | |
| Transportation | \$ 1.64 | 0.9730 | 1.0000 | \$ 1.60 |
| DME/Prosthetics | 2.89 | 0.9730 | 1.0000 | 2.81 |
| Dental | - | 0.9730 | 1.0000 | - |
| Other Ancillary | 0.45 | 0.9730 | 1.0000 | 0.44 |
| Subtotal Ancillary | \$ 4.98 | | | \$ 4.85 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 3.77 | 0.9730 | 1.0000 | \$ 3.67 |
| Anesthesia | 1.00 | 0.9730 | 1.0000 | 0.97 |
| Inpatient Visits | 2.71 | 0.9730 | 1.0000 | 2.64 |
| MH/SA | 9.04 | 0.9730 | 1.0000 | 8.80 |
| Emergency Room | 3.70 | 0.9730 | 1.0000 | 3.60 |
| Office/Home Visits/Consults | 12.25 | 0.9730 | 1.0000 | 11.92 |
| Pathology/Lab | 2.54 | 0.9730 | 1.0000 | 2.47 |
| Radiology | 2.07 | 0.9730 | 1.0000 | 2.01 |
| Office Administered Drugs | 7.26 | 0.9730 | 1.0000 | 7.06 |
| Physical Exams | 0.65 | 0.9730 | 1.0000 | 0.63 |
| Therapy | 0.75 | 0.9730 | 1.0000 | 0.73 |
| Vision | 0.64 | 0.9730 | 1.0000 | 0.62 |
| Other Professional | 1.58 | 0.9730 | 1.0000 | 1.54 |
| Subtotal Professional | \$ 47.96 | | | \$ 46.66 |
| Total Medical Costs | \$ 170.36 | | | \$ 165.76 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: TANF - Age 19 - 44, Female SFY 2023 Member Months: 1,964,094 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 40.24 | 0.9770 | 1.0000 | \$ 39.32 |
| Inpatient Well Newborn | 0.01 | 0.9770 | 1.0000 | 0.01 |
| Inpatient MH/SA | 4.70 | 0.9770 | 1.0000 | 4.59 |
| Other Inpatient | 0.08 | 0.9770 | 1.0000 | 0.08 |
| Subtotal Inpatient Hospital | \$ 45.03 | | | \$ 44.00 |
| Outpatient Hospital | | | | |
| Surgery | \$ 20.70 | 0.9770 | 1.0000 | \$ 20.22 |
| Non-Surg - Emergency Room | 24.58 | 0.9770 | 1.0000 | 24.02 |
| Non-Surg - Other | 3.87 | 0.9770 | 1.0000 | 3.78 |
| Observation Room | 1.08 | 0.9770 | 1.0000 | 1.06 |
| Treatment/Therapy/Testing | 17.76 | 0.9770 | 1.0000 | 17.35 |
| Other Outpatient | 1.18 | 0.9770 | 1.0000 | 1.15 |
| Subtotal Outpatient Hospital | \$ 69.17 | | | \$ 67.58 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 65.13 | 0.9770 | 1.0000 | \$ 63.63 |
| Subtotal Retail Pharmacy | \$ 65.13 | | | \$ 63.63 |
| Ancillary | | | | |
| Transportation | \$ 2.03 | 0.9770 | 1.0000 | \$ 1.98 |
| DME/Prosthetics | 2.72 | 0.9770 | 1.0000 | 2.66 |
| Dental | - | 0.9770 | 1.0000 | - |
| Other Ancillary | 1.39 | 0.9770 | 1.0000 | 1.36 |
| Subtotal Ancillary | \$ 6.14 | | | \$ 6.00 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 7.38 | 0.9770 | 1.0000 | \$ 7.21 |
| Anesthesia | 2.01 | 0.9770 | 1.0000 | 1.96 |
| Inpatient Visits | 3.09 | 0.9770 | 1.0000 | 3.02 |
| MH/SA | 15.56 | 0.9770 | 1.0000 | 15.20 |
| Emergency Room | 7.11 | 0.9770 | 1.0000 | 6.95 |
| Office/Home Visits/Consults | 27.75 | 0.9770 | 1.0000 | 27.11 |
| Pathology/Lab | 10.85 | 0.9770 | 1.0000 | 10.60 |
| Radiology | 5.13 | 0.9770 | 1.0000 | 5.01 |
| Office Administered Drugs | 9.05 | 0.9770 | 1.0000 | 8.84 |
| Physical Exams | 2.05 | 0.9770 | 1.0000 | 2.00 |
| Therapy | 1.12 | 0.9770 | 1.0000 | 1.09 |
| Vision | 0.79 | 0.9770 | 1.0000 | 0.77 |
| Other Professional | 6.31 | 0.9770 | 1.0000 | 6.17 |
| Subtotal Professional | \$ 98.20 | | | \$ 95.94 |
| Total Medical Costs | \$ 283.67 | | | \$ 277.15 |

South Carolina Department of Health and Human Services
Medicaid Managed Care Program
State Fiscal Year 2023 Capitation Rate Development
January through June 2023 Capitation Rate Amendment

| Region: Statewide Rate Cell: TANF - Age 45+, Male & Female SFY 2023 Member Months: 369,227 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 108.15 | 0.9878 | 1.0000 | \$ 106.83 |
| Inpatient Well Newborn | - | 0.9878 | 1.0000 | - |
| Inpatient MH/SA | 4.18 | 0.9878 | 1.0000 | 4.13 |
| Other Inpatient | 1.61 | 0.9878 | 1.0000 | 1.59 |
| Subtotal Inpatient Hospital | \$ 113.94 | | | \$ 112.55 |
| Outpatient Hospital | | | | |
| Surgery | \$ 31.96 | 0.9878 | 1.0000 | \$ 31.57 |
| Non-Surg - Emergency Room | 17.89 | 0.9878 | 1.0000 | 17.67 |
| Non-Surg - Other | 3.23 | 0.9878 | 1.0000 | 3.19 |
| Observation Room | 1.50 | 0.9878 | 1.0000 | 1.48 |
| Treatment/Therapy/Testing | 39.75 | 0.9878 | 1.0000 | 39.26 |
| Other Outpatient | 3.15 | 0.9878 | 1.0000 | 3.11 |
| Subtotal Outpatient Hospital | \$ 97.48 | | | \$ 96.29 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 150.72 | 0.9878 | 1.0000 | \$ 148.88 |
| Subtotal Retail Pharmacy | \$ 150.72 | | | \$ 148.88 |
| Ancillary | | | | |
| Transportation | \$ 2.31 | 0.9878 | 1.0000 | \$ 2.28 |
| DME/Prosthetics | 7.47 | 0.9878 | 1.0000 | 7.38 |
| Dental | - | 0.9878 | 1.0000 | - |
| Other Ancillary | 2.61 | 0.9878 | 1.0000 | 2.58 |
| Subtotal Ancillary | \$ 12.39 | | | \$ 12.24 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 15.06 | 0.9878 | 1.0000 | \$ 14.88 |
| Anesthesia | 3.62 | 0.9878 | 1.0000 | 3.58 |
| Inpatient Visits | 6.63 | 0.9878 | 1.0000 | 6.55 |
| MH/SA | 12.33 | 0.9878 | 1.0000 | 12.18 |
| Emergency Room | 5.77 | 0.9878 | 1.0000 | 5.70 |
| Office/Home Visits/Consults | 40.13 | 0.9878 | 1.0000 | 39.64 |
| Pathology/Lab | 8.22 | 0.9878 | 1.0000 | 8.12 |
| Radiology | 8.17 | 0.9878 | 1.0000 | 8.07 |
| Office Administered Drugs | 18.52 | 0.9878 | 1.0000 | 18.29 |
| Physical Exams | 1.95 | 0.9878 | 1.0000 | 1.93 |
| Therapy | 3.06 | 0.9878 | 1.0000 | 3.02 |
| Vision | 1.17 | 0.9878 | 1.0000 | 1.16 |
| Other Professional | 6.14 | 0.9878 | 1.0000 | 6.06 |
| Subtotal Professional | \$ 130.77 | | | \$ 129.17 |
| Total Medical Costs | \$ 505.30 | | | \$ 499.13 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: SSI - Children SFY 2023 Member Months: 139,769 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 53.81 | 1.0000 | 1.0000 | \$ 53.81 |
| Inpatient Well Newborn | - | 1.0000 | 1.0000 | - |
| Inpatient MH/SA | 46.59 | 1.0000 | 1.0000 | 46.59 |
| Other Inpatient | - | 1.0000 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 100.40 | | | \$ 100.40 |
| Outpatient Hospital | | | | |
| Surgery | \$ 17.82 | 1.0000 | 1.0000 | \$ 17.82 |
| Non-Surg - Emergency Room | 14.01 | 1.0000 | 1.0000 | 14.01 |
| Non-Surg - Other | 7.69 | 1.0000 | 1.0000 | 7.69 |
| Observation Room | 1.82 | 1.0000 | 1.0000 | 1.82 |
| Treatment/Therapy/Testing | 25.70 | 1.0000 | 1.0000 | 25.70 |
| Other Outpatient | 1.91 | 1.0000 | 1.0000 | 1.91 |
| Subtotal Outpatient Hospital | \$ 68.95 | | | \$ 68.95 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 206.78 | 1.0000 | 1.0000 | \$ 206.78 |
| Subtotal Retail Pharmacy | \$ 206.78 | | | \$ 206.78 |
| Ancillary | | | | |
| Transportation | \$ 1.94 | 1.0000 | 1.0000 | \$ 1.94 |
| DME/Prosthetics | 21.28 | 1.0000 | 1.0000 | 21.28 |
| Dental | 0.79 | 1.0000 | 1.0000 | 0.79 |
| Other Ancillary | 1.01 | 1.0000 | 1.0000 | 1.01 |
| Subtotal Ancillary | \$ 25.02 | | | \$ 25.02 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 4.48 | 1.0000 | 1.0000 | \$ 4.48 |
| Anesthesia | 2.27 | 1.0000 | 1.0000 | 2.27 |
| Inpatient Visits | 6.27 | 1.0000 | 1.0000 | 6.27 |
| MH/SA | 74.29 | 1.0000 | 1.0014 | 74.39 |
| Emergency Room | 4.09 | 1.0000 | 1.0000 | 4.09 |
| Office/Home Visits/Consults | 32.91 | 1.0000 | 1.0000 | 32.91 |
| Pathology/Lab | 2.98 | 1.0000 | 1.0000 | 2.98 |
| Radiology | 1.74 | 1.0000 | 1.0000 | 1.74 |
| Office Administered Drugs | 27.56 | 1.0000 | 1.0000 | 27.56 |
| Physical Exams | 5.82 | 1.0000 | 1.0000 | 5.82 |
| Therapy | 33.42 | 1.0000 | 1.0000 | 33.42 |
| Vision | 2.98 | 1.0000 | 1.0000 | 2.98 |
| Other Professional | 7.72 | 1.0000 | 1.0000 | 7.72 |
| Subtotal Professional | \$ 206.53 | | | \$ 206.63 |
| Total Medical Costs | \$ 607.68 | | | \$ 607.78 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: SSI - Adults SFY 2023 Member Months: 641,286 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 331.64 | 1.0000 | 1.0000 | \$ 331.64 |
| Inpatient Well Newborn | - | 1.0000 | 1.0000 | - |
| Inpatient MH/SA | 28.18 | 1.0000 | 1.0000 | 28.18 |
| Other Inpatient | 9.53 | 1.0000 | 1.0000 | 9.53 |
| Subtotal Inpatient Hospital | \$ 369.35 | | | \$ 369.35 |
| Outpatient Hospital | | | | |
| Surgery | \$ 48.35 | 1.0000 | 1.0000 | \$ 48.35 |
| Non-Surg - Emergency Room | 46.36 | 1.0000 | 1.0000 | 46.36 |
| Non-Surg - Other | 8.99 | 1.0000 | 1.0000 | 8.99 |
| Observation Room | 3.80 | 1.0000 | 1.0000 | 3.80 |
| Treatment/Therapy/Testing | 107.21 | 1.0000 | 1.0000 | 107.21 |
| Other Outpatient | 4.83 | 1.0000 | 1.0000 | 4.83 |
| Subtotal Outpatient Hospital | \$ 219.54 | | | \$ 219.54 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 431.86 | 1.0000 | 1.0000 | \$ 431.86 |
| Subtotal Retail Pharmacy | \$ 431.86 | | | \$ 431.86 |
| Ancillary | | | | |
| Transportation | \$ 10.52 | 1.0000 | 1.0000 | \$ 10.52 |
| DME/Prosthetics | 29.01 | 1.0000 | 1.0000 | 29.01 |
| Dental | - | 1.0000 | 1.0000 | - |
| Other Ancillary | 10.27 | 1.0000 | 1.0000 | 10.27 |
| Subtotal Ancillary | \$ 49.80 | | | \$ 49.80 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 20.54 | 1.0000 | 1.0000 | \$ 20.54 |
| Anesthesia | 5.37 | 1.0000 | 1.0000 | 5.37 |
| Inpatient Visits | 26.99 | 1.0000 | 1.0000 | 26.99 |
| MH/SA | 23.29 | 1.0000 | 1.0000 | 23.29 |
| Emergency Room | 14.24 | 1.0000 | 1.0000 | 14.24 |
| Office/Home Visits/Consults | 57.49 | 1.0000 | 1.0000 | 57.49 |
| Pathology/Lab | 10.15 | 1.0000 | 1.0000 | 10.15 |
| Radiology | 13.48 | 1.0000 | 1.0000 | 13.48 |
| Office Administered Drugs | 65.93 | 1.0000 | 1.0000 | 65.93 |
| Physical Exams | 1.77 | 1.0000 | 1.0000 | 1.77 |
| Therapy | 2.46 | 1.0000 | 1.0000 | 2.46 |
| Vision | 1.33 | 1.0000 | 1.0000 | 1.33 |
| Other Professional | 19.46 | 1.0000 | 1.0000 | 19.46 |
| Subtotal Professional | \$ 262.50 | | | \$ 262.50 |
| Total Medical Costs | \$ 1,333.05 | | | \$ 1,333.05 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: OCWI SFY 2023 Member Months: 451,448 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 23.63 | 0.9597 | 1.0000 | \$ 22.68 |
| Inpatient Well Newborn | 0.05 | 0.9597 | 1.0000 | 0.05 |
| Inpatient MH/SA | 2.32 | 0.9597 | 1.0000 | 2.23 |
| Other Inpatient | 0.02 | 0.9597 | 1.0000 | 0.02 |
| Subtotal Inpatient Hospital | \$ 26.02 | | | \$ 24.97 |
| Outpatient Hospital | | | | |
| Surgery | \$ 17.16 | 0.9597 | 1.0000 | \$ 16.47 |
| Non-Surg - Emergency Room | 22.16 | 0.9597 | 1.0000 | 21.27 |
| Non-Surg - Other | 7.44 | 0.9597 | 1.0000 | 7.14 |
| Observation Room | 2.36 | 0.9597 | 1.0000 | 2.26 |
| Treatment/Therapy/Testing | 13.37 | 0.9597 | 1.0000 | 12.83 |
| Other Outpatient | 0.86 | 0.9597 | 1.0000 | 0.83 |
| Subtotal Outpatient Hospital | \$ 63.35 | | | \$ 60.79 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 28.24 | 0.9597 | 1.0000 | \$ 27.10 |
| Subtotal Retail Pharmacy | \$ 28.24 | | | \$ 27.10 |
| Ancillary | | | | |
| Transportation | \$ 1.63 | 0.9597 | 1.0000 | \$ 1.56 |
| DME/Prosthetics | 1.83 | 0.9597 | 1.0000 | 1.76 |
| Dental | - | 0.9597 | 1.0000 | - |
| Other Ancillary | 1.67 | 0.9597 | 1.0000 | 1.60 |
| Subtotal Ancillary | \$ 5.13 | | | \$ 4.92 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 3.90 | 0.9597 | 1.0000 | \$ 3.74 |
| Anesthesia | 1.09 | 0.9597 | 1.0000 | 1.05 |
| Inpatient Visits | 3.40 | 0.9597 | 1.0000 | 3.26 |
| MH/SA | 8.19 | 0.9597 | 1.0000 | 7.86 |
| Emergency Room | 5.83 | 0.9597 | 1.0000 | 5.59 |
| Office/Home Visits/Consults | 15.18 | 0.9597 | 1.0000 | 14.57 |
| Pathology/Lab | 11.93 | 0.9597 | 1.0000 | 11.45 |
| Radiology | 5.08 | 0.9597 | 1.0000 | 4.88 |
| Office Administered Drugs | 3.21 | 0.9597 | 1.0000 | 3.08 |
| Physical Exams | 1.58 | 0.9597 | 1.0000 | 1.52 |
| Therapy | 0.50 | 0.9597 | 1.0000 | 0.48 |
| Vision | 0.48 | 0.9597 | 1.0000 | 0.46 |
| Other Professional | 11.13 | 0.9597 | 1.0000 | 10.68 |
| Subtotal Professional | \$ 71.50 | | | \$ 68.62 |
| Total Medical Costs | \$ 194.24 | | | \$ 186.41 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: DUAL | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| Category of Service | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 11.86 | 1.0000 | 1.0000 | \$ 11.86 |
| Inpatient Well Newborn | - | 1.0000 | 1.0000 | - |
| Inpatient MH/SA | 0.87 | 1.0000 | 1.0000 | 0.87 |
| Other Inpatient | - | 1.0000 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 12.73 | | | \$ 12.73 |
| Outpatient Hospital | | | | |
| Surgery | \$ 0.97 | 1.0000 | 1.0000 | \$ 0.97 |
| Non-Surg - Emergency Room | 1.84 | 1.0000 | 1.0000 | 1.84 |
| Non-Surg - Other | 0.58 | 1.0000 | 1.0000 | 0.58 |
| Observation Room | 0.08 | 1.0000 | 1.0000 | 0.08 |
| Treatment/Therapy/Testing | 5.66 | 1.0000 | 1.0000 | 5.66 |
| Other Outpatient | 0.29 | 1.0000 | 1.0000 | 0.29 |
| Subtotal Outpatient Hospital | \$ 9.42 | | | \$ 9.42 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 1.60 | 1.0000 | 1.0000 | \$ 1.60 |
| Subtotal Retail Pharmacy | \$ 1.60 | | | \$ 1.60 |
| Ancillary | | | | |
| Transportation | \$ 0.07 | 1.0000 | 1.0000 | \$ 0.07 |
| DME/Prosthetics | 5.25 | 1.0000 | 1.0000 | 5.25 |
| Dental | - | 1.0000 | 1.0000 | - |
| Other Ancillary | 0.27 | 1.0000 | 1.0000 | 0.27 |
| Subtotal Ancillary | \$ 5.59 | | | \$ 5.59 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 0.68 | 1.0000 | 1.0000 | \$ 0.68 |
| Anesthesia | 0.22 | 1.0000 | 1.0000 | 0.22 |
| Inpatient Visits | 1.23 | 1.0000 | 1.0000 | 1.23 |
| MH/SA | 10.15 | 1.0000 | 1.0000 | 10.15 |
| Emergency Room | 0.47 | 1.0000 | 1.0000 | 0.47 |
| Office/Home Visits/Consults | 9.65 | 1.0000 | 1.0000 | 9.65 |
| Pathology/Lab | 0.34 | 1.0000 | 1.0000 | 0.34 |
| Radiology | 0.79 | 1.0000 | 1.0000 | 0.79 |
| Office Administered Drugs | 10.42 | 1.0000 | 1.0000 | 10.42 |
| Physical Exams | 0.07 | 1.0000 | 1.0000 | 0.07 |
| Therapy | 0.09 | 1.0000 | 1.0000 | 0.09 |
| Vision | 0.18 | 1.0000 | 1.0000 | 0.18 |
| Other Professional | 0.97 | 1.0000 | 1.0000 | 0.97 |
| Subtotal Professional | \$ 35.26 | | | \$ 35.26 |
| Total Medical Costs | \$ 64.60 | | | \$ 64.60 |

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
State Fiscal Year 2023 Capitation Rate Development
January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: Foster Care Children SFY 2023 Member Months: 57,459 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|---|---|----------------------|--------|--|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Medical/Surgical/Non-Delivery | \$ 16.74 | 1.0000 | 1.0000 | \$ 16.74 |
| Inpatient Well Newborn | - | 1.0000 | 1.0000 | - |
| Inpatient MH/SA | 316.79 | 1.0000 | 1.0000 | 316.79 |
| Other Inpatient | - | 1.0000 | 1.0000 | - |
| Subtotal Inpatient Hospital | \$ 333.53 | | | \$ 333.53 |
| Outpatient Hospital | | | | |
| Surgery | \$ 11.08 | 1.0000 | 1.0000 | \$ 11.08 |
| Non-Surg - Emergency Room | 14.98 | 1.0000 | 1.0000 | 14.98 |
| Non-Surg - Other | 6.45 | 1.0000 | 1.0000 | 6.45 |
| Observation Room | 0.63 | 1.0000 | 1.0000 | 0.63 |
| Treatment/Therapy/Testing | 8.25 | 1.0000 | 1.0000 | 8.25 |
| Other Outpatient | 0.90 | 1.0000 | 1.0000 | 0.90 |
| Subtotal Outpatient Hospital | \$ 42.29 | | | \$ 42.29 |
| Retail Pharmacy | | | | |
| Prescription Drugs | \$ 67.26 | 1.0000 | 1.0000 | \$ 67.26 |
| Subtotal Retail Pharmacy | \$ 67.26 | | | \$ 67.26 |
| Ancillary | | | | |
| Transportation | \$ 2.37 | 1.0000 | 1.0000 | \$ 2.37 |
| DME/Prosthetics | 4.41 | 1.0000 | 1.0000 | 4.41 |
| Dental | 0.59 | 1.0000 | 1.0000 | 0.59 |
| Other Ancillary | 0.77 | 1.0000 | 1.0000 | 0.77 |
| Subtotal Ancillary | \$ 8.14 | | | \$ 8.14 |
| Professional | | | | |
| Inpatient and Outpatient Surgery | \$ 3.15 | 1.0000 | 1.0000 | \$ 3.15 |
| Anesthesia | 1.10 | 1.0000 | 1.0000 | 1.10 |
| Inpatient Visits | 5.87 | 1.0000 | 1.0000 | 5.87 |
| MH/SA | 355.26 | 1.0000 | 1.0044 | 356.81 |
| Emergency Room | 3.60 | 1.0000 | 1.0000 | 3.60 |
| Office/Home Visits/Consults | 36.53 | 1.0000 | 1.0000 | 36.53 |
| Pathology/Lab | 4.72 | 1.0000 | 1.0000 | 4.72 |
| Radiology | 1.10 | 1.0000 | 1.0000 | 1.10 |
| Office Administered Drugs | 14.68 | 1.0000 | 1.0000 | 14.68 |
| Physical Exams | 14.13 | 1.0000 | 1.0000 | 14.13 |
| Therapy | 28.01 | 1.0000 | 1.0000 | 28.01 |
| Vision | 5.37 | 1.0000 | 1.0000 | 5.37 |
| Other Professional | 5.43 | 1.0000 | 1.0000 | 5.43 |
| Subtotal Professional | \$ 478.95 | | | \$ 480.50 |
| Total Medical Costs | \$ 930.17 | | | \$ 931.72 |

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2023 Capitation Rate Development
 January through June 2023 Capitation Rate Amendment**

| Region: Statewide Rate Cell: KICK SFY 2022 Deliveries: 25,869 Category of Service | Original SFY 2023 Benefit Expense PMPM | 1/1/2023 Adjustments | | Amended Jan-Jun 2023 Benefit Expense PMPM |
|--|---|----------------------|--------|---|
| | | PHE Extension | TCC | |
| Inpatient Hospital | | | | |
| Inpatient Maternity Delivery | \$ 4,369.57 | 1.0000 | 1.0000 | \$ 4,369.57 |
| Subtotal Inpatient Hospital | \$ 4,369.57 | | | \$ 4,369.57 |
| Outpatient Hospital | | | | |
| Outpatient Hospital - Maternity | \$ 32.12 | 1.0000 | 1.0000 | \$ 32.12 |
| Subtotal Outpatient Hospital | \$ 32.12 | | | \$ 32.12 |
| Professional | | | | |
| Maternity Delivery | \$ 969.14 | 1.0000 | 1.0000 | \$ 969.14 |
| Maternity Anesthesia | 335.77 | 1.0000 | 1.0000 | 335.77 |
| Maternity Office Visits | 622.38 | 1.0000 | 1.0000 | 622.38 |
| Maternity Radiology | 419.01 | 1.0000 | 1.0000 | 419.01 |
| Maternity Non-Delivery | 0.30 | 1.0000 | 1.0000 | 0.30 |
| Subtotal Professional | \$ 2,346.60 | | | \$ 2,346.60 |
| Total Medical Costs | \$ 6,748.29 | | | \$6,748.29 |

Appendix 3: Capitation Rate Change Summary

South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 Draft State Fiscal Year 2023 Capitation Rate Development - January Amendment
 Rate Change Summary
 January 2023 through June 2023

| | Amended Jan-Jun 2023 Projected Exposure | Amended Jan-Jun 2023 Benefit Expense | Admin Expense | Care Mgmt | Risk Margin | Non-Benefit Expense | Amended Jan-Jun 2023 Capitation Rate w/o Add-Ons | Original SFY 2023 Capitation Rate w/o Add-Ons | % Change | Hospital Quality Payment | Supp Teaching Payment (STP) | Amended Jan-Jun 2023 Capitation Rate w/ Add-Ons | Original SFY 2023 Capitation Rate w/ Add-Ons | % Change |
|-------------------------------------|--|---|------------------|-----------------|-----------------|------------------------|--|---|---------------|--------------------------------|--------------------------------------|---|--|---------------|
| TANF Children | | | | | | | | | | | | | | |
| TANF - 0 - 2 Months, Male & Female | 41,766 | \$ 2,119.91 | \$ 126.05 | \$ 22.92 | \$ 22.91 | \$ 171.88 | \$ 2,291.79 | \$ 2,291.79 | 0.0% | \$ 172.92 | \$ 125.95 | \$ 2,590.66 | \$ 2,596.10 | (0.2%) |
| TANF - 3 - 12 Months, Male & Female | 174,458 | 193.05 | 22.13 | 3.87 | 2.21 | 28.21 | 221.26 | 221.26 | 0.0% | 1.09 | 19.35 | 241.70 | 244.17 | (1.0%) |
| TANF - Age 1 - 6, Male & Female | 1,334,640 | 105.40 | 13.05 | 2.12 | 1.22 | 16.39 | 121.79 | 121.36 | 0.4% | 0.31 | 4.43 | 126.53 | 126.68 | (0.1%) |
| TANF - Age 7 - 13, Male & Female | 1,549,326 | 110.63 | 13.77 | 2.24 | 1.28 | 17.29 | 127.92 | 128.08 | (0.1%) | 0.32 | 3.28 | 131.52 | 132.11 | (0.4%) |
| TANF - Age 14 - 18, Male | 533,190 | 132.34 | 16.52 | 2.69 | 1.53 | 20.74 | 153.08 | 153.68 | (0.4%) | 0.51 | 4.25 | 157.84 | 159.06 | (0.8%) |
| TANF - Age 14 - 18, Female | 533,520 | 173.08 | 21.61 | 3.52 | 2.00 | 27.13 | 200.21 | 200.98 | (0.4%) | 1.30 | 6.04 | 207.55 | 209.29 | (0.8%) |
| Subtotal TANF Children | 4,166,900 | \$ 143.32 | \$ 16.37 | \$ 2.70 | \$ 1.64 | \$ 20.71 | \$ 164.03 | \$ 164.13 | (0.1%) | \$ 2.23 | \$ 6.03 | \$ 172.29 | \$ 173.09 | (0.5%) |
| TANF Adult | | | | | | | | | | | | | | |
| TANF - Age 19 - 44, Male | 399,366 | \$ 165.76 | \$ 16.27 | \$ 2.87 | \$ 1.87 | \$ 21.01 | \$ 186.77 | \$ 191.42 | (2.4%) | \$ 0.76 | \$ 5.21 | \$ 192.74 | \$ 198.69 | (3.0%) |
| TANF - Age 19 - 44, Female | 1,163,832 | 277.15 | 27.09 | 4.78 | 3.12 | 34.99 | 312.14 | 318.73 | (2.1%) | 4.09 | 12.19 | 328.42 | 337.71 | (2.8%) |
| TANF - Age 45+, Male & Female | 210,924 | 499.13 | 48.26 | 8.52 | 5.62 | 62.40 | 561.53 | 567.75 | (1.1%) | 2.63 | 16.49 | 580.65 | 590.05 | (1.6%) |
| Subtotal TANF Adult | 1,774,122 | \$ 278.47 | \$ 27.17 | \$ 4.79 | \$ 3.14 | \$ 35.10 | \$ 313.57 | \$ 319.68 | (1.9%) | \$ 3.17 | \$ 11.13 | \$ 327.87 | \$ 336.42 | (2.5%) |
| Disabled | | | | | | | | | | | | | | |
| SSI - Children | 69,701 | \$ 607.78 | \$ 45.20 | \$ 10.04 | \$ 6.70 | \$ 61.94 | \$ 669.72 | \$ 669.62 | 0.0% | \$ 2.75 | \$ 19.41 | \$ 691.88 | \$ 694.16 | (0.3%) |
| SSI - Adults | 321,023 | 1,333.05 | 91.06 | 18.21 | 14.57 | 123.84 | 1,456.89 | 1,456.89 | 0.0% | 12.74 | 33.07 | 1,502.70 | 1,506.32 | (0.2%) |
| Subtotal Disabled | 390,724 | \$ 1,203.67 | \$ 82.88 | \$ 16.75 | \$ 13.17 | \$ 112.80 | \$ 1,316.47 | \$ 1,316.45 | 0.0% | \$ 10.96 | \$ 30.63 | \$ 1,358.06 | \$ 1,361.44 | (0.2%) |
| OCWI | 287,388 | \$ 186.41 | \$ 19.15 | \$ 3.28 | \$ 2.11 | \$ 24.54 | \$ 210.95 | \$ 218.86 | (3.6%) | \$ 11.98 | \$ 23.05 | \$ 245.98 | \$ 266.51 | (7.7%) |
| DUAL | - | 64.60 | 82.88 | 16.75 | 13.17 | 112.80 | 177.40 | 177.36 | 0.0% | \$ 0.00 | \$ 0.00 | 177.40 | 177.36 | 0.0% |
| Foster Care Children | 28,748 | 931.72 | 62.36 | 36.38 | 10.41 | 109.15 | 1,040.87 | 1,039.30 | 0.2% | \$ 1.39 | \$ 8.75 | 1,051.01 | 1,050.54 | 0.0% |
| KICK | 12,935 | 6,748.29 | 121.75 | 17.39 | 69.57 | 208.71 | 6,957.00 | 6,957.00 | 0.0% | \$ 0.00 | \$ 0.00 | 6,957.00 | 6,957.00 | 0.0% |
| Total | 6,647,882 | \$ 260.11 | \$ 23.72 | \$ 4.29 | \$ 2.91 | \$ 30.92 | \$ 291.03 | \$ 293.05 | (0.7%) | \$ 3.41 | \$ 9.58 | \$ 304.02 | \$ 307.89 | (1.3%) |



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