

January through June 2022 Medicaid Managed Care Capitation Rate Amendment

January 1, 2022 through June 30, 2022

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) 2022. 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, 2022 through June 30, 2022.

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

- SFY 2022 Medicaid Managed Care Capitation Rate Certification dated June 4, 2021

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 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).

At the time of this report, we acknowledge there is uncertainty regarding the impact of the COVID-19 pandemic on future projections, including whether the pandemic will increase or decrease costs in SFY 2022. 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 2022 time period.
- 2020-2021 Medicaid Managed Care Rate Development Guide, released by the Centers for Medicare and Medicaid Services in July 2020.
- 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

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

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

II. Executive Summary

This report is an amendment to the documentation of the Original capitation rate certification for January through June 2022. 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, 2022 is outlined below.

Step 1: Base Experience

We used the projected claims data underlying the SFY 2022 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 2022. 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 2022 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 program.

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 2022 capitation rates to the amended January through June 2022 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 2022 AND JAN-JUN 2022 AMENDED CAPITATION RATES

RATE CELL	ESTIMATED JAN-JUN 2022 ENROLLMENT	EXCLUDING ADD-ONS			INCLUDING ADD-ONS		
		ORIGINAL SFY 2022 RATE	AMENDED JAN-JUN 2022 RATE	INCREASE / (DECREASE)	ORIGINAL SFY 2022 RATE	AMENDED JAN-JUN 2022 RATE	INCREASE / (DECREASE)
TANF: 0-2 months old (AH3)	40,948	\$ 2,225.74	\$ 2,236.92	0.5%	\$ 2,423.36	\$ 2,427.48	0.2%
TANF: 3-12 months old (AI3)	170,519	236.81	237.21	0.2%	263.20	262.65	(0.2%)
TANF: Age 1-6 (AB3)	1,306,854	138.76	139.96	0.9%	146.98	147.89	0.6%
TANF: Age 7-13 (AC3)	1,513,387	137.77	139.13	1.0%	143.95	145.10	0.8%
TANF: Age 14-18, Male (AD1)	495,721	150.71	152.58	1.2%	158.00	159.63	1.0%
TANF: Age 14-18, Female (AD2)	500,887	190.41	192.39	1.0%	199.98	201.64	0.8%
TANF: Age 19-44, Male (AE1)	312,440	192.68	193.33	0.3%	201.32	201.67	0.2%
TANF: Age 19-44, Female (AE2)	1,044,983	308.50	309.96	0.5%	324.93	325.82	0.3%
TANF: Age 45+ (AF3)	183,528	552.85	552.92	0.0%	578.18	577.34	(0.1%)
SSI - Children (SO3)	67,914	649.90	663.61	2.1%	680.11	692.92	1.9%
SSI - Adults (SP3)	317,472	1,396.61	1,401.21	0.3%	1,452.45	1,455.10	0.2%
OCWI (WG2)	241,453	255.17	250.93	(1.7%)	285.90	280.47	(1.9%)
DUAL	-	176.49	176.76	0.2%	176.49	176.76	0.2%
Foster Care - Children (FG3)	28,847	916.21	952.27	3.9%	940.02	975.72	3.8%
KICK (MG2/NG2)	11,472	7,055.39	7,114.07	0.8%	7,150.95	7,207.20	0.8%
Composite	6,224,953	\$ 294.30	\$ 296.05	0.6%	\$ 309.49	\$ 310.71	0.4%

Notes:

1. Values have been rounded.
2. All composite rates reflect projected January through June 2022 enrollment by rate cell.
3. Add-Ons include Hospital Quality Payment Initiative and Supplemental Teaching Payments.
4. KICK estimated enrollment reflects estimated January through June 2022 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 2022 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 2022 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 2022 through June 2022

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 2022. The impact of these items to the managed care capitation rates can be viewed in Appendix 2 and Appendix 3 of this document.

Removal of Out of State Individuals

SCDHHS identified approximately 3,000 managed care members ineligible for the SC Medicaid program due to out-of-state status, and who were disenrolled from the managed care program effective September 1, 2021. Based on our review of the March 2019 through February 2020 base data experience and guidance from SCDHHS, we identified and removed approximately 36,000 member months and approximately \$36,000 in claims experience (approximately \$1.00 PMPM) in the March 2019 through February 2020 base experience period. The impact by rate cell that is related to the January through June 2022 time period is illustrated in Appendix 2.

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, January 16, 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 maintenance of effort (MOE) requirements outlined in the FFCRA, we assume that the disenrollment freeze will continue through April 30, 2022.
- If SCDHHS's eligibility review process were to begin in May 2022 for individuals impacted by the disenrollment freeze, SCDHHS anticipates that the first disenrollments would occur July 1, 2022, which is after the end of SFY 2022.
- No net reductions in monthly enrollment are expected through the end of SFY 2022.

As a result of this update, we assumed the following enrollment increases in SFY 2022 (note that the increases through February 2022 are consistent with the Original certification):

- **TANF Children:** Approximately 3,600 individuals per month through February 2022 and 1,800 individuals per month from March through June 2022
- **TANF Adult:** Approximately 3,900 individuals per month through February 2022 and 2,900 individuals per month from March through June 2022
- **OCWI:** Approximately 1,100 individuals per month through February 2022 and 900 individuals per month through from March June 2022

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 2022 capitation rates by rate cell for the January through June 2022 contract period.

FIGURE 2: EXTENSION OF PHE - MORBIDITY ADJUSTMENT

RATE CELL	ORIGINAL CERTIFICATION			SFY 2022 PROJECTED ENROLLMENT					
	SFY 2022 ANTICIPATED MIX (%DISENROLLMENT FREEZE)	RELATIVITY TO BASE DATA	ADJUSTMENT FACTOR	WITHOUT DISENROLLMENT FREEZE	ANTICIPATED GAIN IN ENROLLMENT	SFY 2022 ANTICIPATED MIX (% DISENROLLMENT FREEZE)	RELATIVITY TO BASE DATA	ADJUSTMENT FACTOR	ADJUSTMENT FACTOR IMPACT
TANF: Age 1-6 (AB3)	13.5%	0.90	0.9865	2,238,753	352,715	13.6%	0.90	0.9864	0.9999
TANF: Age 7-13 (AC3)	10.3%	0.80	0.9793	2,690,532	313,397	10.4%	0.80	0.9791	0.9998
TANF: Age 14-18, Male (AD1)	20.6%	0.80	0.9589	768,350	202,262	20.8%	0.80	0.9583	0.9994
TANF: Age 14-18, Female (AD2)	20.6%	0.80	0.9589	775,062	204,205	20.9%	0.80	0.9583	0.9994
TANF: Age 19-44, Male (AE1)	51.8%	0.80	0.8964	268,683	316,634	54.1%	0.80	0.8918	0.9949
TANF: Age 19-44, Female (AE2)	28.4%	0.80	0.9432	1,380,331	646,463	31.9%	0.80	0.9362	0.9926
TANF: Age 45+ (AF3)	30.4%	0.85	0.9543	232,899	119,069	33.8%	0.85	0.9493	0.9947
SSI - Children (SO3)	5.2%	0.70	0.9844	128,585	7,244	5.3%	0.70	0.9840	0.9996
SSI - Adults (SP3)	4.6%	1.00	1.0000	606,172	28,772	4.5%	1.00	1.0000	1.0000
OCWI (WG2)	59.6%	0.60	0.7616	157,736	288,159	64.6%	0.60	0.7415	0.9737

Inpatient and Outpatient Reimbursement Changes

Effective October 1, 2021, SCDHHS updated the inpatient hospital-specific DRG base rates and outpatient hospital multipliers to remove the normalization actions that were implemented in July 1, 2014 and October 1, 2015. To estimate the impact of these reimbursement changes, we performed a repricing analysis on inpatient and outpatient claims in the March 2019 through February 2020 base data.

The repricing analysis was performed by comparing hospital reimbursement at the Medicaid FFS fee schedule assumed in the Original certification and the Medicaid FFS fee schedule effective October 1, 2021 for all impacted hospitals. For the dual rate cell, inpatient and outpatient reimbursement impacts are assumed to be consistent with the dual-eligible population assumptions documented in the CY 2022 Healthy Connections Prime capitation rate certification, dated November 30, 2021. The adjustment factor applied in the capitation rates reflects the estimated impact related to the January through June 2022 time period only. Based on January through June 2022 projected membership, this program change reflects an increase to inpatient hospital expenditures of approximately 0.6%, or \$2.1 million and an increase to outpatient hospital expenditures of approximately 1.2%, or \$3.6 million.

Psychiatric Residential Treatment Facilities (PRTF) Per Diem Rate Changes

Effective October 1, 2021, SCDHHS updated the PRTF payment rates, with an aggregate increase across all PRTFs of approximately 7.6%. We estimated the impact of this reimbursement change by repricing all PRTF claims in the March 2019 through February 2020 base data at the October 1, 2021 fee schedule. An adjustment is applied to the Inpatient MH/SA category of service to reflect the impact related to the January through June 2022 time period only and is estimated at approximately \$0.6 million based on January through June 2022 projected membership.

Effective April 1, 2022, SCDHHS anticipates applying an additional reimbursement update of approximately 50.0% to the October 1, 2021 PRTF payment rates. We estimated the impact of this reimbursement change by repricing all PRTF claims in the March 2019 through February 2020 base data and evaluating the impact between the October 1, 2021 fee schedule and the April 1, 2022 fee schedule. To account for the April 1, 2022 effective date, the increase to the last three months of the January through June 2022 contract period is spread over the full 6 month period based on projected enrollment. The adjustment is applied to the Inpatient MH/SA category of service and is estimated at approximately \$2.5 million for the January through June 2022 time period.

SC Department of Mental Health (DMH) Long-Term Psychiatric Facility Per Diem Rate Changes

Effective October 1, 2021, SCDHHS implemented an update to the SC DMH long-term psychiatric facility per diem rates. We estimated the impact of this rate change by repricing all impacted claims at the October 1, 2021 fee schedule. The adjustment factor applied in the capitation rates reflects the estimated impact related to the January through June 2022 time period only. Based on January through June 2022 projected membership, this program change reflects an increase of approximately \$0.3 million to inpatient hospital MH/SA expenditures for the January through June 2022 time period.

Autism Spectrum Disorder (ASD) Fee Schedule Update

Effective January 1, 2022, SCDHHS is anticipated to implement a rate of \$45.00 per hour, an increase of 30.2% for therapy services provided by Registered Behavioral Technicians (RBTs) and a rate of \$85.00 per hour, an increase of 35.0%, for therapy services provided by BCBA's and BCaBA's. To estimate the impact of this reimbursement change, ASD services in the March 2019 through February 2020 base data period were repriced at the anticipated January 1, 2022 fee schedule. Additionally, based on guidance from SCDHHS, utilization of ASD services are anticipated to increase by 20% due to provider capacity increases resulting from the ASD fee schedule update. The estimated impact of this program change based on January through June 2022 projected membership is an increase to ASD expenditures of approximately \$1.3 million

Department of Alcohol and Other Drug Abuse Services (DAODAS) Fee Schedule Update

Effective January 1, 2022, SCDHHS is anticipated to apply a 15% increase to DAODAS procedure codes H0011, H0015, H0001, and H004, and all corresponding modifiers. To estimate the impact of this reimbursement change, applicable DAODAS expenditures in the March 2019 through February 2020 base data period were repriced at the anticipated January 1, 2022 fee schedule. An adjustment is applied to the Professional MH/SA category of service and is estimated at approximately \$0.4 million for the January through June 2022 time period.

Immaterial Program Adjustments

Adjustment factors were developed for policy and program changes estimated to **materially** affect the managed care program during July 2021 through June 2022 that were not reflected in the Original certification. Program adjustments were applied in the rate development process to the extent a policy or reimbursement change is deemed to have a material cost impact to the MCOs. 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 program adjustments were deemed immaterial based on our review of the policy change.

- **Incontinence Supplies.** Effective January 1, 2022, SCDHHS is anticipated to apply a 10% fee schedule increase for all incontinence supplies. Based on our review of existing incontinence supply utilization, this policy change is assumed to be immaterial to the SFY 2022 capitation rates.

IV. Special Contract Provisions Related to Payment

WITHHOLD AND INCENTIVE ARRANGEMENTS

The withhold and incentive arrangements in the South Carolina Medicaid managed care program remain unchanged from the Original certification.

RISK SHARING MECHANISMS

Risk sharing mechanisms among SCDHHS and the MCOs, including implementation of a pharmacy high cost no experience program, a COVID-19 vaccine administration non-risk arrangement, 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 approved preprint and total pass-through payments in accordance with 42 CFR §438.6(d)(5), actual July through December 2021 enrollment provided by SCDHHS was used in the evaluation of the estimated January through June 2022 PMPMs provided in Figures 3 and 4 below.

i. Rate Development Standards

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

- Hospital quality payment initiative for all in-state acute care and critical access hospitals

(a) Description of Managed Care Plan Requirement

Effective July 1, 2019, SCDHHS is requiring the MCOs to participate in a uniform dollar increase state directed fee schedule model for all participating in-state acute care and critical access hospitals.

(b) How Payment Arrangement is Reflected in Managed Care Rates

Hospital Quality Payment Initiative

The 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 2022 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 2022 time period. The total SFY 2022 projected Hospital Quality Payment is estimated by summing the following two time periods:

- **July through December 2021.** Based on actual July through December 2021 enrollment provided by SCDHHS and the hospital quality PMPMs documented in Figure 18 of the Original certification.
- **January through June 2022.** Based on updated January through June 2022 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)	\$ 29.28
TANF: 3-12 months old (AI3)	3.11
TANF: Age 1-6 (AB3)	1.83
TANF: Age 7-13 (AC3)	1.82
TANF: Age 14-18, Male (AD1)	2.00
TANF: Age 14-18, Female (AD2)	2.52
TANF: Age 19-44, Male (AE1)	2.53
TANF: Age 19-44, Female (AE2)	4.06
TANF: Age 45+ (AF3)	7.24
SSI - Children (SO3)	8.69
SSI - Adults (SP3)	18.34
OCWI (WG2)	3.28
DUAL	-
Foster Care - Children (FG3)	12.47
KICK (MG2/NG2)	93.13

Summing across both time periods, the total SFY 2022 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_20210701-20220630).

(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.

ii. Appropriate Documentation

(a) Description of Delivery System and Provider Payment Initiatives

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

Hospital Quality Payment Initiative

Effective July 1, 2019, the hospital quality payment initiative was developed to align SCDHHS's quality and transparency-promotion activities with hospital quality payments.² 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.³

Provider Class (Tier) Defined

Based on documentation provided in the CMS-approved 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:

² Hospital Quality Payment approved preprint (SC_Fee_IPH_Renewal_20210701-20220630) Question 42 (Table 7a)

³ Hospital Quality Payment approved preprint (SC_Fee_IPH_Renewal_20210701-20220630) Question 19d

Provider Class (tier)	Performance Results
Gold	82.3% - 90.0%
Silver	58.3% - 81.5%
Bronze	42.3% - 57.0%

The provider class assignment for each hospital will be effective for the entirety of the SFY 2022 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 Hospital Quality Payment initiative uses the same dollar increase for all hospitals within each class, applied to each Medicaid managed care hospital inpatient claim during the SFY 2022 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	\$732
Silver	\$559
Bronze	\$401

Upon final reconciliation of the SFY 2022 contract year utilization and resulting state-directed payments, the uniform dollar increases may be adjusted as described further in the pre-print approved by CMS on December 20, 2021 (Pre-print identifier: SC_Fee_IPH_Renewal_20210701-20220630).

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

Not applicable. The 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 2022 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 2022 hospital inpatient claims.

Aggregate amount of payment applicable to rate certification.

The aggregate amount of the 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 payout by rate cell

The estimated PMPM payout by rate cell is provided in Figure 3.

Consistency with 438.6(c) preprint

The SFY 2022 payment arrangement described in this amendment is consistent with the pre-print approved by CMS on December 20, 2021, referred to as SC_Fee_IPH_Renewal_20210701-20220630.

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

To the extent the final state-directed pay-for-performance PMPM payments by rate cell for the hospital quality payment initiative vary from the initial estimates presented in Figure 3, the rate certification will be updated to reflect the final payments made to the hospitals.

(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.

PASS-THROUGH PAYMENTS

The supplemental teaching physician (STP) pass-through payment is consistent with the documentation included in Section I.4.E of the Original certification, with the exception of the rate cell-specific STP PMPMs that are added to the January through June 2022 capitation rates.

The estimated STP PMPMs for each rate cell for the January through June 2022 time period are illustrated in Figure 4. The total SFY 2022 projected pass-through payment is estimated by summing the following two time periods:

- **July through December 2021.** Based on actual July through December 2021 enrollment provided by SCDHHS and the STP PMPMs documented in Appendix 9 of the Original certification.
- **January through June 2022.** Based on updated January through June 2022 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)	\$ 161.28
TANF: 3-12 months old (AI3)	22.32
TANF: Age 1-6 (AB3)	6.11
TANF: Age 7-13 (AC3)	4.15
TANF: Age 14-18, Male (AD1)	5.06
TANF: Age 14-18, Female (AD2)	6.73
TANF: Age 19-44, Male (AE1)	5.81
TANF: Age 19-44, Female (AE2)	11.80
TANF: Age 45+ (AF3)	17.18
SSI - Children (SO3)	20.62
SSI - Adults (SP3)	35.55
OCWI (WG2)	26.26
DUAL	-
Foster Care - Children (FG3)	10.98
KICK (MG2/NG2)	-

Summing across both time periods, the total estimated pass-through payments incorporated into the SFY 2022 capitation rates is approximately \$133.5 million. In accordance with 42 CFR §438.6(d)(5), the estimated aggregate pass-through payment of \$133.5 million is no more than the total dollar amount included in the rating period that complies with requirements of 42 CFR 438.6(d)(1)(i).

V. Non-Benefit Expenses

The development of the actuarially sound capitation rates for January through June 2022 includes an update to the non-benefit expense cost allowance assumptions included in the Original certification. Based on SCDHHS guidance, the administrative expense, care coordination and care management, and pharmacy administrative PMPMs for the January through June 2022 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 2022 non-benefit cost allowance by rate cell is illustrated in Figure 4 below.

FIGURE 4: NON-BENEFIT COST ALLOWANCE BY RATE CELL

RATE CELL	ORIGINAL SFY 2022 PMPMS			JAN-JUNE 2022 AMENDED PMPMS		
	ADMINISTRATIVE EXPENSES	RISK MARGIN	TOTAL ADMIN	ADMINISTRATIVE EXPENSE	RISK MARGIN	TOTAL AMENDED ADMIN
TANF: 0-2 months old (AH3)	\$145.34	\$ 22.26	\$ 167.60	\$ 145.34	\$ 22.37	\$ 167.71
TANF: 3-12 months old (AI3)	\$27.77	\$ 2.38	\$ 30.15	\$ 27.77	\$ 2.37	\$ 30.14
TANF: Age 1-6 (AB3)	\$16.68	\$ 1.39	\$ 18.07	\$ 16.68	\$ 1.40	\$ 18.08
TANF: Age 7-13 (AC3)	\$16.85	\$ 1.38	\$ 18.23	\$ 16.85	\$ 1.39	\$ 18.24
TANF: Age 14-18, Male (AD1)	\$18.25	\$ 1.51	\$ 19.76	\$ 18.25	\$ 1.53	\$ 19.78
TANF: Age 14-18, Female (AD2)	\$23.32	\$ 1.91	\$ 25.23	\$ 23.32	\$ 1.92	\$ 25.24
TANF: Age 19-44, Male (AE1)	\$19.04	\$ 1.92	\$ 20.96	\$ 19.04	\$ 1.93	\$ 20.97
TANF: Age 19-44, Female (AE2)	\$30.91	\$ 3.09	\$ 34.00	\$ 30.91	\$ 3.10	\$ 34.01
TANF: Age 45+ (AF3)	\$55.84	\$ 5.53	\$ 61.37	\$ 55.84	\$ 5.53	\$ 61.37
SSI - Children (SO3)	\$52.84	\$ 6.50	\$ 59.34	\$ 52.84	\$ 6.64	\$ 59.48
SSI - Adults (SP3)	\$100.98	\$ 13.96	\$ 114.94	\$ 100.98	\$ 14.01	\$ 114.99
OCWI (WG2)	\$26.08	\$ 2.55	\$ 28.63	\$ 26.08	\$ 2.51	\$ 28.59
DUAL	\$92.50	\$ 12.66	\$ 105.16	\$ 92.50	\$ 12.71	\$ 105.21
Foster Care - Children (FG3)	\$88.05	\$ 9.16	\$ 97.21	\$ 88.05	\$ 9.52	\$ 97.57
KICK (MG2/NG2)	\$141.11	\$ 70.55	\$ 211.66	\$ 141.11	\$ 71.14	\$ 212.25

VI. 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 2022 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.

At the time of this report, we acknowledge there is uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the capitation rates presented in this report.

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 2022 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, 2021.

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 2022 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, 2022 through June 30, 2022. 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.

At the time of this rate certification, there is uncertainty regarding the impact of the COVID-19 pandemic, including whether the pandemic will increase or decrease costs in SFY 2022. 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
Jeremy D. Palmer

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

February 9, 2022

Date

Appendix 2: Capitation Rate Development

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - 0 - 2 Months, Male & Female January - June 2022 Member Months: 40,948 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 1,190.44	1.0000	1.0000	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1,196.12
Inpatient Well Newborn	347.12	1.0000	1.0000	1.0144	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	352.11
Inpatient MH/SA	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.33
Other Inpatient	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Subtotal Inpatient Hospital	\$ 1,537.91										\$ 1,548.58
Outpatient Hospital											
Surgery	\$ 7.28	1.0000	1.0000	1.0000	1.0103	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.35
Non-Surg - Emergency Room	18.67	1.0000	1.0000	1.0000	1.0102	1.0000	1.0000	1.0000	1.0000	1.0000	18.86
Non-Surg - Other	14.05	1.0000	1.0000	1.0000	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	14.12
Observation Room	4.24	1.0000	1.0000	1.0000	1.0036	1.0000	1.0000	1.0000	1.0000	1.0000	4.26
Treatment/Therapy/Testing	5.83	1.0000	1.0000	1.0000	1.0086	1.0000	1.0000	1.0000	1.0000	1.0000	5.88
Other Outpatient	0.39	1.0000	1.0000	1.0000	1.0134	1.0000	1.0000	1.0000	1.0000	1.0000	0.40
Subtotal Outpatient Hospital	\$ 50.46										\$ 50.86
Retail Pharmacy											
Prescription Drugs	\$ 3.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 3.80
Subtotal Retail Pharmacy	\$ 3.80										\$ 3.80
Ancillary											
Transportation	\$ 5.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 5.06
DME/Prosthetics	4.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.62
Dental	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	1.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.86
Subtotal Ancillary	\$ 11.54										\$ 11.54
Professional											
Inpatient and Outpatient Surgery	\$ 21.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 21.97
Anesthesia	1.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.90
Inpatient Visits	229.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	229.40
MH/SA	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0608	1.0000	0.08
Emergency Room	6.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.83
Office/Home Visits/Consults	58.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	58.73
Pathology/Lab	7.23	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.23
Radiology	3.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.57
Office Administered Drugs	0.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.31
Physical Exams	106.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	106.67
Therapy	0.23	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.23
Vision	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.15
Other Professional	17.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.36
Subtotal Professional	\$ 454.43										\$ 454.43
Total Medical Costs	\$ 2,058.14										\$ 2,069.22

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - 3 - 12 Months, Male & Female January - June 2022 Member Months: 170,519 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 31.92	1.0001	1.0000	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 31.93
Inpatient Well Newborn	0.01	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Inpatient MH/SA	-	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Inpatient	-	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 31.93										\$ 31.94
Outpatient Hospital											
Surgery	\$ 11.04	1.0001	1.0000	1.0000	1.0066	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 11.11
Non-Surg - Emergency Room	17.79	1.0001	1.0000	1.0000	1.0079	1.0000	1.0000	1.0000	1.0000	1.0000	17.93
Non-Surg - Other	9.07	1.0001	1.0000	1.0000	1.0112	1.0000	1.0000	1.0000	1.0000	1.0000	9.17
Observation Room	1.30	1.0001	1.0000	1.0000	1.0079	1.0000	1.0000	1.0000	1.0000	1.0000	1.31
Treatment/Therapy/Testing	4.21	1.0001	1.0000	1.0000	1.0074	1.0000	1.0000	1.0000	1.0000	1.0000	4.24
Other Outpatient	0.82	1.0001	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0000	1.0000	0.84
Subtotal Outpatient Hospital	\$ 44.23										\$ 44.61
Retail Pharmacy											
Prescription Drugs	\$ 11.35	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 11.35
Subtotal Retail Pharmacy	\$ 11.35										\$ 11.35
Ancillary											
Transportation	\$ 0.96	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.96
DME/Prosthetics	4.57	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.57
Dental	0.33	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.33
Other Ancillary	0.35	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.35
Subtotal Ancillary	\$ 6.21										\$ 6.21
Professional											
Inpatient and Outpatient Surgery	\$ 4.79	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.79
Anesthesia	1.45	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.45
Inpatient Visits	9.63	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.63
MH/SA	0.45	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0061	1.0000	0.45
Emergency Room	6.15	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.15
Office/Home Visits/Consults	35.70	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	35.70
Pathology/Lab	3.01	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.01
Radiology	0.86	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.86
Office Administered Drugs	2.05	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.05
Physical Exams	40.97	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	40.98
Therapy	2.74	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.74
Vision	0.28	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.28
Other Professional	4.86	1.0001	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.86
Subtotal Professional	\$ 112.94										\$ 112.96
Total Medical Costs	\$ 206.66										\$ 207.07

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 1 - 6, Male & Female January - June 2022 Member Months: 1,306,854 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 7.81	1.0034	0.9999	1.0011	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.84
Inpatient Well Newborn	-	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	0.08	1.0034	0.9999	1.0074	1.0000	1.0123	1.0979	1.0000	1.0000	1.0206	0.09
Other Inpatient	-	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 7.89										\$ 7.94
Outpatient Hospital											
Surgery	\$ 8.25	1.0034	0.9999	1.0000	1.0063	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 8.33
Non-Surg - Emergency Room	11.00	1.0034	0.9999	1.0000	1.0070	1.0000	1.0000	1.0000	1.0000	1.0000	11.11
Non-Surg - Other	3.30	1.0034	0.9999	1.0000	1.0183	1.0000	1.0000	1.0000	1.0000	1.0000	3.37
Observation Room	0.59	1.0034	0.9999	1.0000	1.0076	1.0000	1.0000	1.0000	1.0000	1.0000	0.60
Treatment/Therapy/Testing	3.67	1.0034	0.9999	1.0000	1.0168	1.0000	1.0000	1.0000	1.0000	1.0000	3.74
Other Outpatient	1.35	1.0034	0.9999	1.0000	1.0055	1.0000	1.0000	1.0000	1.0000	1.0000	1.36
Subtotal Outpatient Hospital	\$ 28.16										\$ 28.52
Retail Pharmacy											
Prescription Drugs	\$ 12.65	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 12.69
Subtotal Retail Pharmacy	\$ 12.65										\$ 12.69
Ancillary											
Transportation	\$ 0.48	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.48
DME/Prosthetics	1.99	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.00
Dental	1.48	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.48
Other Ancillary	0.08	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.08
Subtotal Ancillary	\$ 4.03										\$ 4.04
Professional											
Inpatient and Outpatient Surgery	\$ 2.71	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.72
Anesthesia	1.18	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.18
Inpatient Visits	0.77	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.77
MH/SA	5.91	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0850	1.0002	1.0000	6.43
Emergency Room	3.35	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.36
Office/Home Visits/Consults	23.18	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.26
Pathology/Lab	2.46	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.47
Radiology	0.49	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.49
Office Administered Drugs	0.25	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.25
Physical Exams	9.44	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.47
Therapy	12.87	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.91
Vision	1.20	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.20
Other Professional	4.15	1.0034	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.16
Subtotal Professional	\$ 67.96										\$ 68.69
Total Medical Costs	\$ 120.69										\$ 121.88

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 7 - 13, Male & Female January - June 2022 Member Months: 1,513,387 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 4.78	1.0040	0.9998	1.0011	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.80
Inpatient Well Newborn	-	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	3.31	1.0040	0.9998	1.0046	1.0000	1.0253	1.0203	1.0000	1.0000	1.1157	3.90
Other Inpatient	-	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 8.09										\$ 8.70
Outpatient Hospital											
Surgery	\$ 4.66	1.0040	0.9998	1.0000	1.0100	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.72
Non-Surg - Emergency Room	7.04	1.0040	0.9998	1.0000	1.0067	1.0000	1.0000	1.0000	1.0000	1.0000	7.11
Non-Surg - Other	2.20	1.0040	0.9998	1.0000	1.0166	1.0000	1.0000	1.0000	1.0000	1.0000	2.25
Observation Room	0.25	1.0040	0.9998	1.0000	1.0044	1.0000	1.0000	1.0000	1.0000	1.0000	0.25
Treatment/Therapy/Testing	2.86	1.0040	0.9998	1.0000	1.0118	1.0000	1.0000	1.0000	1.0000	1.0000	2.90
Other Outpatient	0.70	1.0040	0.9998	1.0000	1.0099	1.0000	1.0000	1.0000	1.0000	1.0000	0.71
Subtotal Outpatient Hospital	\$ 17.71										\$ 17.95
Retail Pharmacy											
Prescription Drugs	\$ 28.38	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 28.49
Subtotal Retail Pharmacy	\$ 28.38										\$ 28.49
Ancillary											
Transportation	\$ 0.31	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.31
DME/Prosthetics	1.66	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.67
Dental	0.16	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.16
Other Ancillary	0.26	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Subtotal Ancillary	\$ 2.39										\$ 2.40
Professional											
Inpatient and Outpatient Surgery	\$ 1.76	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.77
Anesthesia	0.46	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.46
Inpatient Visits	0.60	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.60
MH/SA	21.62	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0064	1.0002	1.0000	21.84
Emergency Room	2.06	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.07
Office/Home Visits/Consults	19.09	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	19.16
Pathology/Lab	1.76	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.77
Radiology	0.67	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.67
Office Administered Drugs	1.08	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.08
Physical Exams	5.47	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.49
Therapy	1.93	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.94
Vision	3.21	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.22
Other Professional	3.26	1.0040	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.27
Subtotal Professional	\$ 62.97										\$ 63.35
Total Medical Costs	\$ 119.54										\$ 120.89

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 14 - 18, Male January - June 2022 Member Months: 495,721 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 9.44	1.0034	0.9994	1.0012	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 9.48
Inpatient Well Newborn	-	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	8.17	1.0034	0.9994	1.0028	1.0000	1.0226	1.0189	1.0000	1.0000	1.0942	9.37
Other Inpatient	-	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 17.61										\$ 18.84
Outpatient Hospital											
Surgery	\$ 6.22	1.0034	0.9994	1.0000	1.0114	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 6.31
Non-Surg - Emergency Room	7.73	1.0034	0.9994	1.0000	1.0071	1.0000	1.0000	1.0000	1.0000	1.0000	7.81
Non-Surg - Other	1.59	1.0034	0.9994	1.0000	1.0135	1.0000	1.0000	1.0000	1.0000	1.0000	1.62
Observation Room	0.25	1.0034	0.9994	1.0000	1.0050	1.0000	1.0000	1.0000	1.0000	1.0000	0.25
Treatment/Therapy/Testing	4.41	1.0034	0.9994	1.0000	1.0162	1.0000	1.0000	1.0000	1.0000	1.0000	4.49
Other Outpatient	0.58	1.0034	0.9994	1.0000	1.0052	1.0000	1.0000	1.0000	1.0000	1.0000	0.58
Subtotal Outpatient Hospital	\$ 20.78										\$ 21.06
Retail Pharmacy											
Prescription Drugs	\$ 31.64	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 31.73
Subtotal Retail Pharmacy	\$ 31.64										\$ 31.73
Ancillary											
Transportation	\$ 0.78	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.78
DME/Prosthetics	2.63	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.64
Dental	0.03	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.03
Other Ancillary	0.28	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.28
Subtotal Ancillary	\$ 3.72										\$ 3.73
Professional											
Inpatient and Outpatient Surgery	\$ 2.70	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.71
Anesthesia	0.64	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.64
Inpatient Visits	1.11	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.11
MH/SA	17.27	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0003	1.0035	1.0000	17.39
Emergency Room	2.44	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.45
Office/Home Visits/Consults	15.65	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.69
Pathology/Lab	1.82	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.83
Radiology	1.23	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.23
Office Administered Drugs	2.95	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.96
Physical Exams	4.05	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.06
Therapy	1.06	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.06
Vision	2.56	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.57
Other Professional	3.72	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.73
Subtotal Professional	\$ 57.20										\$ 57.43
Total Medical Costs	\$ 130.95										\$ 132.80

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 14 - 18, Female January - June 2022 Member Months: 500,887 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 12.47	1.0034	0.9994	1.0012	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 12.52
Inpatient Well Newborn	0.01	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Inpatient MH/SA	9.31	1.0034	0.9994	1.0049	1.0000	1.0077	1.0138	1.0000	1.0000	1.0939	10.48
Other Inpatient	-	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 21.79										\$ 23.01
Outpatient Hospital											
Surgery	\$ 7.34	1.0034	0.9994	1.0000	1.0122	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.45
Non-Surg - Emergency Room	13.71	1.0034	0.9994	1.0000	1.0058	1.0000	1.0000	1.0000	1.0000	1.0000	13.83
Non-Surg - Other	2.99	1.0034	0.9994	1.0000	1.0115	1.0000	1.0000	1.0000	1.0000	1.0000	3.03
Observation Room	0.37	1.0034	0.9994	1.0000	1.0051	1.0000	1.0000	1.0000	1.0000	1.0000	0.37
Treatment/Therapy/Testing	6.58	1.0034	0.9994	1.0000	1.0128	1.0000	1.0000	1.0000	1.0000	1.0000	6.68
Other Outpatient	0.82	1.0034	0.9994	1.0000	1.0137	1.0000	1.0000	1.0000	1.0000	1.0000	0.83
Subtotal Outpatient Hospital	\$ 31.81										\$ 32.20
Retail Pharmacy											
Prescription Drugs	\$ 31.25	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 31.34
Subtotal Retail Pharmacy	\$ 31.25										\$ 31.34
Ancillary											
Transportation	\$ 0.92	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.92
DME/Prosthetics	2.31	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.32
Dental	0.02	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Other Ancillary	0.45	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.45
Subtotal Ancillary	\$ 3.70										\$ 3.71
Professional											
Inpatient and Outpatient Surgery	\$ 2.72	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.73
Anesthesia	0.72	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.72
Inpatient Visits	1.58	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.58
MH/SA	21.43	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0006	1.0014	1.0000	21.53
Emergency Room	4.12	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.13
Office/Home Visits/Consults	23.12	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.18
Pathology/Lab	4.82	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.83
Radiology	1.75	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.75
Office Administered Drugs	1.76	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.76
Physical Exams	4.46	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.47
Therapy	1.14	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.14
Vision	4.07	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.08
Other Professional	4.94	1.0034	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.95
Subtotal Professional	\$ 76.63										\$ 76.88
Total Medical Costs	\$ 165.18										\$ 167.14

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 19 - 44, Male January - June 2022 Member Months: 312,440 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 37.54	1.0051	0.9949	1.0047	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 37.72
Inpatient Well Newborn	-	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	4.92	1.0051	0.9949	1.0007	1.0000	0.9994	1.0000	1.0000	1.0000	1.0003	4.92
Other Inpatient	0.07	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.07
Subtotal Inpatient Hospital	\$ 42.53										\$ 42.71
Outpatient Hospital											
Surgery	\$ 10.06	1.0051	0.9949	1.0000	1.0171	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 10.23
Non-Surg - Emergency Room	13.03	1.0051	0.9949	1.0000	1.0031	1.0000	1.0000	1.0000	1.0000	1.0000	13.07
Non-Surg - Other	0.94	1.0051	0.9949	1.0000	1.0122	1.0000	1.0000	1.0000	1.0000	1.0000	0.95
Observation Room	0.24	1.0051	0.9949	1.0000	1.0090	1.0000	1.0000	1.0000	1.0000	1.0000	0.24
Treatment/Therapy/Testing	7.94	1.0051	0.9949	1.0000	1.0133	1.0000	1.0000	1.0000	1.0000	1.0000	8.05
Other Outpatient	0.65	1.0051	0.9949	1.0000	1.0127	1.0000	1.0000	1.0000	1.0000	1.0000	0.66
Subtotal Outpatient Hospital	\$ 32.86										\$ 33.20
Retail Pharmacy											
Prescription Drugs	\$ 42.35	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 42.35
Subtotal Retail Pharmacy	\$ 42.35										\$ 42.35
Ancillary											
Transportation	\$ 1.43	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.43
DME/Prosthetics	2.73	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.73
Dental	-	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	0.59	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.59
Subtotal Ancillary	\$ 4.75										\$ 4.75
Professional											
Inpatient and Outpatient Surgery	\$ 4.18	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.18
Anesthesia	1.03	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.03
Inpatient Visits	2.86	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.86
MH/SA	9.48	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0135	1.0000	9.61
Emergency Room	4.37	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.37
Office/Home Visits/Consults	13.33	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.33
Pathology/Lab	2.43	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.43
Radiology	2.21	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.21
Office Administered Drugs	4.44	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.44
Physical Exams	0.57	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.57
Therapy	0.78	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.78
Vision	0.65	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.65
Other Professional	2.90	1.0051	0.9949	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.90
Subtotal Professional	\$ 49.23										\$ 49.36
Total Medical Costs	\$ 171.72										\$ 172.36

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 19 - 44, Female January - June 2022 Member Months: 1,044,983 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 35.62	1.0080	0.9926	1.0054	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 35.83
Inpatient Well Newborn	0.01	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Inpatient MH/SA	4.13	1.0080	0.9926	1.0004	1.0000	1.0000	1.0000	1.0000	1.0000	1.0003	4.14
Other Inpatient	0.15	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.15
Subtotal Inpatient Hospital	\$ 39.91										\$ 40.13
Outpatient Hospital											
Surgery	\$ 20.03	1.0080	0.9926	1.0000	1.0197	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 20.43
Non-Surg - Emergency Room	27.22	1.0080	0.9926	1.0000	1.0083	1.0000	1.0000	1.0000	1.0000	1.0000	27.46
Non-Surg - Other	4.09	1.0080	0.9926	1.0000	1.0069	1.0000	1.0000	1.0000	1.0000	1.0000	4.12
Observation Room	1.05	1.0080	0.9926	1.0000	1.0096	1.0000	1.0000	1.0000	1.0000	1.0000	1.06
Treatment/Therapy/Testing	15.86	1.0080	0.9926	1.0000	1.0154	1.0000	1.0000	1.0000	1.0000	1.0000	16.11
Other Outpatient	1.62	1.0080	0.9926	1.0000	1.0185	1.0000	1.0000	1.0000	1.0000	1.0000	1.65
Subtotal Outpatient Hospital	\$ 69.87										\$ 70.84
Retail Pharmacy											
Prescription Drugs	\$ 61.01	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 61.04
Subtotal Retail Pharmacy	\$ 61.01										\$ 61.04
Ancillary											
Transportation	\$ 1.83	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.83
DME/Prosthetics	2.54	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.54
Dental	-	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	1.38	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.38
Subtotal Ancillary	\$ 5.75										\$ 5.75
Professional											
Inpatient and Outpatient Surgery	\$ 7.26	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 7.26
Anesthesia	1.97	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.97
Inpatient Visits	3.01	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.01
MH/SA	15.23	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0120	1.0000	15.42
Emergency Room	8.34	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.34
Office/Home Visits/Consults	28.06	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	28.07
Pathology/Lab	10.35	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.36
Radiology	5.01	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.01
Office Administered Drugs	7.56	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.56
Physical Exams	1.95	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.95
Therapy	1.01	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.01
Vision	0.82	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.82
Other Professional	7.39	1.0080	0.9926	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.39
Subtotal Professional	\$ 97.96										\$ 98.19
Total Medical Costs	\$ 274.50										\$ 275.95

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: TANF - Age 45+, Male & Female January - June 2022 Member Months: 183,528 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 97.30	1.0009	0.9947	1.0052	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 97.38
Inpatient Well Newborn	-	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	4.12	1.0009	0.9947	1.0029	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.11
Other Inpatient	0.88	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.88
Subtotal Inpatient Hospital	\$ 102.30										\$ 102.37
Outpatient Hospital											
Surgery	\$ 31.06	1.0009	0.9947	1.0000	1.0184	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 31.49
Non-Surg - Emergency Room	20.62	1.0009	0.9947	1.0000	1.0089	1.0000	1.0000	1.0000	1.0000	1.0000	20.71
Non-Surg - Other	3.90	1.0009	0.9947	1.0000	1.0128	1.0000	1.0000	1.0000	1.0000	1.0000	3.93
Observation Room	1.32	1.0009	0.9947	1.0000	1.0061	1.0000	1.0000	1.0000	1.0000	1.0000	1.32
Treatment/Therapy/Testing	40.81	1.0009	0.9947	1.0000	1.0184	1.0000	1.0000	1.0000	1.0000	1.0000	41.38
Other Outpatient	3.81	1.0009	0.9947	1.0000	1.0217	1.0000	1.0000	1.0000	1.0000	1.0000	3.88
Subtotal Outpatient Hospital	\$ 101.52										\$ 102.71
Retail Pharmacy											
Prescription Drugs	\$ 143.59	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 142.96
Subtotal Retail Pharmacy	\$ 143.59										\$ 142.96
Ancillary											
Transportation	\$ 2.12	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.11
DME/Prosthetics	8.00	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.96
Dental	-	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	2.32	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.31
Subtotal Ancillary	\$ 12.44										\$ 12.39
Professional											
Inpatient and Outpatient Surgery	\$ 14.99	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 14.92
Anesthesia	3.61	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.59
Inpatient Visits	5.67	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.65
MH/SA	12.67	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0063	1.0000	12.69
Emergency Room	6.88	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.85
Office/Home Visits/Consults	41.52	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	41.34
Pathology/Lab	7.84	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.81
Radiology	8.49	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.45
Office Administered Drugs	15.34	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.27
Physical Exams	2.07	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.06
Therapy	2.90	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.89
Vision	1.37	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.36
Other Professional	8.28	1.0009	0.9947	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.24
Subtotal Professional	\$ 131.63										\$ 131.13
Total Medical Costs	\$ 491.48										\$ 491.55

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: SSI - Children January - June 2022 Member Months: 67,914 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 55.92	1.0000	0.9996	1.0011	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 55.96
Inpatient Well Newborn	-	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	31.38	1.0000	0.9996	1.0026	1.0000	1.0448	1.0141	1.0000	1.0000	1.1550	38.49
Other Inpatient	-	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 87.30										\$ 94.44
Outpatient Hospital											
Surgery	\$ 15.44	1.0000	0.9996	1.0000	1.0086	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 15.57
Non-Surg - Emergency Room	16.32	1.0000	0.9996	1.0000	1.0065	1.0000	1.0000	1.0000	1.0000	1.0000	16.42
Non-Surg - Other	9.52	1.0000	0.9996	1.0000	1.0083	1.0000	1.0000	1.0000	1.0000	1.0000	9.60
Observation Room	2.41	1.0000	0.9996	1.0000	1.0009	1.0000	1.0000	1.0000	1.0000	1.0000	2.41
Treatment/Therapy/Testing	24.67	1.0000	0.9996	1.0000	1.0166	1.0000	1.0000	1.0000	1.0000	1.0000	25.07
Other Outpatient	2.66	1.0000	0.9996	1.0000	1.0101	1.0000	1.0000	1.0000	1.0000	1.0000	2.69
Subtotal Outpatient Hospital	\$ 71.02										\$ 71.75
Retail Pharmacy											
Prescription Drugs	\$ 206.07	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 205.99
Subtotal Retail Pharmacy	\$ 206.07										\$ 205.99
Ancillary											
Transportation	\$ 1.97	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.97
DME/Prosthetics	21.66	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	21.65
Dental	0.57	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.57
Other Ancillary	1.45	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.45
Subtotal Ancillary	\$ 25.65										\$ 25.64
Professional											
Inpatient and Outpatient Surgery	\$ 4.67	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.67
Anesthesia	2.13	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.13
Inpatient Visits	7.86	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.86
MH/SA	63.55	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0919	1.0003	1.0000	69.39
Emergency Room	5.42	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.42
Office/Home Visits/Consults	37.92	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	37.91
Pathology/Lab	3.06	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.06
Radiology	1.75	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.75
Office Administered Drugs	15.45	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	15.44
Physical Exams	5.85	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.85
Therapy	32.17	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	32.16
Vision	3.59	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.59
Other Professional	17.10	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	17.09
Subtotal Professional	\$ 200.52										\$ 206.31
Total Medical Costs	\$ 590.56										\$ 604.13

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: SSI - Adults January - June 2022 Member Months: 317,472 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments										Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr		
Inpatient Hospital												
Inpatient Medical/Surgical/Non-Delivery	\$ 322.77	1.0000	1.0000	1.0044	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 324.18
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	27.64	1.0000	1.0000	1.0006	1.0000	1.0004	1.0002	1.0000	1.0000	1.0009	1.0000	27.70
Other Inpatient	9.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.39
Subtotal Inpatient Hospital	\$ 359.80											\$ 361.27
Outpatient Hospital												
Surgery	\$ 47.93	1.0000	1.0000	1.0000	1.0158	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 48.69
Non-Surg - Emergency Room	52.74	1.0000	1.0000	1.0000	1.0082	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	53.17
Non-Surg - Other	9.72	1.0000	1.0000	1.0000	1.0102	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.82
Observation Room	3.55	1.0000	1.0000	1.0000	1.0062	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.57
Treatment/Therapy/Testing	100.29	1.0000	1.0000	1.0000	1.0151	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	101.80
Other Outpatient	5.67	1.0000	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.77
Subtotal Outpatient Hospital	\$ 219.90											\$ 222.82
Retail Pharmacy												
Prescription Drugs	\$ 396.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 396.47
Subtotal Retail Pharmacy	\$ 396.47											\$ 396.47
Ancillary												
Transportation	\$ 10.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 10.25
DME/Prosthetics	27.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	27.13
Dental	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Other Ancillary	10.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.75
Subtotal Ancillary	\$ 48.14											\$ 48.14
Professional												
Inpatient and Outpatient Surgery	\$ 21.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 21.15
Anesthesia	5.59	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.59
Inpatient Visits	27.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	27.20
MH/SA	27.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0056	1.0000	1.0000	27.73
Emergency Room	16.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.64
Office/Home Visits/Consults	57.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	57.70
Pathology/Lab	10.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.51
Radiology	13.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.22
Office Administered Drugs	47.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	47.64
Physical Exams	2.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.29
Therapy	2.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.32
Vision	1.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.57
Other Professional	23.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.95
Subtotal Professional	\$ 257.36											\$ 257.51
Total Medical Costs	\$ 1,281.67											\$ 1,286.22

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: OCWI January - June 2022 Member Months: 241,453 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 25.02	1.0013	0.9737	1.0066	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 24.55
Inpatient Well Newborn	0.05	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.05
Inpatient MH/SA	1.24	1.0013	0.9737	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	0.9998	1.21
Other Inpatient	-	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 26.31										\$ 25.81
Outpatient Hospital											
Surgery	\$ 21.06	1.0013	0.9737	1.0000	1.0153	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 20.85
Non-Surg - Emergency Room	27.13	1.0013	0.9737	1.0000	1.0116	1.0000	1.0000	1.0000	1.0000	1.0000	26.76
Non-Surg - Other	11.19	1.0013	0.9737	1.0000	1.0048	1.0000	1.0000	1.0000	1.0000	1.0000	10.96
Observation Room	3.82	1.0013	0.9737	1.0000	1.0149	1.0000	1.0000	1.0000	1.0000	1.0000	3.78
Treatment/Therapy/Testing	18.07	1.0013	0.9737	1.0000	1.0256	1.0000	1.0000	1.0000	1.0000	1.0000	18.07
Other Outpatient	1.08	1.0013	0.9737	1.0000	1.0171	1.0000	1.0000	1.0000	1.0000	1.0000	1.07
Subtotal Outpatient Hospital	\$ 82.35										\$ 81.48
Retail Pharmacy											
Prescription Drugs	\$ 23.49	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 22.90
Subtotal Retail Pharmacy	\$ 23.49										\$ 22.90
Ancillary											
Transportation	\$ 2.01	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.96
DME/Prosthetics	2.19	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.14
Dental	-	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Other Ancillary	3.76	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.67
Subtotal Ancillary	\$ 7.96										\$ 7.76
Professional											
Inpatient and Outpatient Surgery	\$ 3.78	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 3.69
Anesthesia	1.09	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.06
Inpatient Visits	4.71	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.59
MH/SA	8.15	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0158	1.0000	8.07
Emergency Room	8.04	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.84
Office/Home Visits/Consults	14.60	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.23
Pathology/Lab	15.16	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.78
Radiology	6.66	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.49
Office Administered Drugs	4.28	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.17
Physical Exams	1.69	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.65
Therapy	0.37	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36
Vision	0.68	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.66
Other Professional	17.22	1.0013	0.9737	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.79
Subtotal Professional	\$ 86.43										\$ 84.39
Total Medical Costs	\$ 226.54										\$ 222.34

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: DUAL January - June 2022 Member Months: 3,486 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments										Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr		
Inpatient Hospital												
Inpatient Medical/Surgical/Non-Delivery	\$ 13.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 13.34
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	0.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0000	0.91
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 14.23											\$ 14.25
Outpatient Hospital												
Surgery	\$ 1.09	1.0000	1.0000	1.0000	1.0158	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.11
Non-Surg - Emergency Room	2.59	1.0000	1.0000	1.0000	1.0082	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.61
Non-Surg - Other	0.67	1.0000	1.0000	1.0000	1.0102	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.68
Observation Room	0.08	1.0000	1.0000	1.0000	1.0062	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.08
Treatment/Therapy/Testing	4.07	1.0000	1.0000	1.0000	1.0151	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.13
Other Outpatient	0.25	1.0000	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.25
Subtotal Outpatient Hospital	\$ 8.75											\$ 8.86
Retail Pharmacy												
Prescription Drugs	\$ 2.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 2.00
Subtotal Retail Pharmacy	\$ 2.00											\$ 2.00
Ancillary												
Transportation	\$ 0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.09
DME/Prosthetics	6.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.15
Dental	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.01
Other Ancillary	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.33
Subtotal Ancillary	\$ 6.58											\$ 6.58
Professional												
Inpatient and Outpatient Surgery	\$ 0.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 0.85
Anesthesia	0.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.18
Inpatient Visits	1.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.58
MH/SA	14.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0062	1.0000	14.18
Emergency Room	0.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.61
Office/Home Visits/Consults	10.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.15
Pathology/Lab	0.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.28
Radiology	0.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.80
Office Administered Drugs	9.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9.00
Physical Exams	0.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.10
Therapy	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.09
Vision	0.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.22
Other Professional	1.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.82
Subtotal Professional	\$ 39.77											\$ 39.86
Total Medical Costs	\$ 71.33											\$ 71.55

**South Carolina Department of Health and Human Services
Medicaid Managed Care Program
January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: Foster Care Children January - June 2022 Member Months: 28,847 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	\$ 19.43	1.0000	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 19.31
Inpatient Well Newborn	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Inpatient MH/SA	140.08	1.0000	1.0000	1.0016	1.0000	1.0564	1.0128	1.0000	1.0000	1.1650	174.91
Other Inpatient	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-
Subtotal Inpatient Hospital	\$ 159.51										\$ 194.22
Outpatient Hospital											
Surgery	\$ 13.37	1.0000	1.0000	1.0000	1.0012	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 13.39
Non-Surg - Emergency Room	15.81	1.0000	1.0000	1.0000	1.0059	1.0000	1.0000	1.0000	1.0000	1.0000	15.90
Non-Surg - Other	7.25	1.0000	1.0000	1.0000	1.0068	1.0000	1.0000	1.0000	1.0000	1.0000	7.30
Observation Room	0.67	1.0000	1.0000	1.0000	1.0084	1.0000	1.0000	1.0000	1.0000	1.0000	0.68
Treatment/Therapy/Testing	8.45	1.0000	1.0000	1.0000	1.0054	1.0000	1.0000	1.0000	1.0000	1.0000	8.50
Other Outpatient	1.67	1.0000	1.0000	1.0000	1.0105	1.0000	1.0000	1.0000	1.0000	1.0000	1.69
Subtotal Outpatient Hospital	\$ 47.22										\$ 47.45
Retail Pharmacy											
Prescription Drugs	\$ 62.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 62.16
Subtotal Retail Pharmacy	\$ 62.16										\$ 62.16
Ancillary											
Transportation	\$ 1.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1.87
DME/Prosthetics	5.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.48
Dental	0.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.96
Other Ancillary	1.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.18
Subtotal Ancillary	\$ 9.49										\$ 9.49
Professional											
Inpatient and Outpatient Surgery	\$ 4.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4.42
Anesthesia	1.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.47
Inpatient Visits	8.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8.05
MH/SA	399.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0016	1.0003	1.0000	400.53
Emergency Room	4.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.98
Office/Home Visits/Consults	59.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	59.28
Pathology/Lab	4.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.19
Radiology	1.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.24
Office Administered Drugs	7.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.24
Physical Exams	13.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	13.37
Therapy	23.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	23.24
Vision	5.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.92
Other Professional	7.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.46
Subtotal Professional	\$ 540.62										\$ 541.39
Total Medical Costs	\$ 819.00										\$ 854.70

**South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 January through June 2022 Capitation Rate Amendment**

Region: Statewide Rate Cell: KICK January - June 2022 Deliveries: 11,472 Category of Service	Original SFY 2022 Benefit Expense PMPM	1/1/2022 Adjustments									Amended Jan-Jun 2022 Benefit Expense PMPM
		Out of State Members	PHE Extension	Inpatient Fee Schedule	Outpatient Fee Schedule	PRTF Oct	DMH IMD	Autism	DAODAS	PRTF Apr	
Inpatient Hospital											
Inpatient Maternity Delivery	\$ 4,419.92	1.0000	1.0000	1.0130	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 4,477.51
Subtotal Inpatient Hospital	\$ 4,419.92										\$ 4,477.51
Outpatient Hospital											
Outpatient Hospital - Maternity	\$ 28.71	1.0000	1.0000	1.0000	1.0174	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 29.21
Subtotal Outpatient Hospital	\$ 28.71										\$ 29.21
Professional											
Maternity Delivery	\$ 1,011.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$ 1,011.61
Maternity Anesthesia	349.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	349.46
Maternity Office Visits	640.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	640.32
Maternity Radiology	393.53	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	393.53
Maternity Non-Delivery	0.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.18
Subtotal Professional	\$ 2,395.10										\$ 2,395.10
Total Medical Costs	\$ 6,843.73										\$ 6,901.82

Appendix 3: Capitation Rate Change Summary

South Carolina Department of Health and Human Services
 Medicaid Managed Care Program
 State Fiscal Year 2022 Capitation Rate Development - Amendment
 Rate Change Summary
 January 2022 through June 2022

	Jan-Jun 2022 Projected Exposure	Amended Jan-Jun 2022 Benefit Expense	Admin Expense	Care Management	Risk Margin	Non-Benefit Expense	Amended Jan-Jun 2022 Capitation Rate w/o Add-Ons	Original SFY 2022 Capitation Rate w/o Add- Ons	% Change	Hospital Quality Payment	Supplemental Teaching Payment	Amended Jan-Jun 2022 Capitation Rate w/ Add-Ons	Original SFY 2022 Capitation Rate w/ Add-Ons	% Change
TANF Children														
TANF - 0 - 2 Months, Male & Female	40,948	\$ 2,069.22	\$ 123.08	\$ 22.26	\$ 22.37	\$ 167.71	\$ 2,236.92	\$ 2,225.74	0.5%	\$ 29.28	\$ 161.28	\$ 2,427.48	\$ 2,423.36	0.2%
TANF - 3 - 12 Months, Male & Female	170,519	207.07	23.63	4.14	2.37	30.14	237.21	236.81	0.2%	3.11	22.32	262.65	263.20	(0.2%)
TANF - Age 1 - 6, Male & Female	1,306,854	121.88	14.25	2.43	1.40	18.08	139.96	138.76	0.9%	1.83	6.11	147.89	146.98	0.6%
TANF - Age 7 - 13, Male & Female	1,513,387	120.89	14.44	2.41	1.39	18.24	139.13	137.77	1.0%	1.82	4.15	145.10	143.95	0.8%
TANF - Age 14 - 18, Male	495,721	132.80	15.61	2.64	1.53	19.78	152.58	150.71	1.2%	2.00	5.06	159.63	158.00	1.0%
TANF - Age 14 - 18, Female	500,887	167.14	19.99	3.33	1.92	25.24	192.39	190.41	1.0%	2.52	6.73	201.64	199.98	0.8%
Subtotal TANF Children	4,028,316	\$ 151.88	\$ 16.71	\$ 2.83	\$ 1.73	\$ 21.27	\$ 173.15	\$ 171.65	0.9%	\$ 2.27	\$ 7.58	\$ 183.00	\$ 181.85	0.6%
TANF Adult														
TANF - Age 19 - 44, Male	312,440	\$ 172.36	\$ 16.15	\$ 2.89	\$ 1.93	\$ 20.97	\$ 193.33	\$ 192.68	0.3%	\$ 2.53	\$ 5.81	\$ 201.67	\$ 201.32	0.2%
TANF - Age 19 - 44, Female	1,044,983	275.95	26.28	4.63	3.10	34.01	309.96	308.50	0.5%	4.06	11.80	325.82	324.93	0.3%
TANF - Age 45+, Male & Female	183,528	491.55	47.55	8.29	5.53	61.37	552.92	552.85	0.0%	7.24	17.18	577.34	578.18	(0.1%)
Subtotal TANF Adult	1,540,951	\$ 280.62	\$ 26.76	\$ 4.71	\$ 3.15	\$ 34.62	\$ 315.25	\$ 314.12	0.4%	\$ 4.13	\$ 11.22	\$ 330.60	\$ 330.03	0.2%
Disabled														
SSI - Children	67,914	\$ 604.13	\$ 43.09	\$ 9.75	\$ 6.64	\$ 59.48	\$ 663.61	\$ 649.90	2.1%	\$ 8.69	\$ 20.62	\$ 692.92	\$ 680.11	1.9%
SSI - Adults	317,472	1,286.22	83.52	17.46	14.01	114.99	1,401.21	1,396.61	0.3%	18.34	35.55	1,455.10	1,452.45	0.2%
Subtotal Disabled	385,386	\$ 1,166.02	\$ 76.40	\$ 16.10	\$ 12.71	\$ 105.21	\$ 1,271.23	\$ 1,265.02	0.5%	\$ 16.64	\$ 32.92	\$ 1,320.79	\$ 1,316.35	0.3%
OCWI	241,453	\$ 222.34	\$ 22.25	\$ 3.83	\$ 2.51	\$ 28.59	\$ 250.93	\$ 255.17	(1.7%)	\$ 3.28	\$ 26.26	\$ 280.47	\$ 285.90	(1.9%)
DUAL	-	\$ 71.55	\$ 76.40	\$ 16.10	\$ 12.71	\$ 105.21	\$ 176.76	\$ 176.49	0.2%	\$ 0.00	\$ 0.00	\$ 176.76	\$ 176.49	0.2%
Foster Care Children	28,847	\$ 854.70	\$ 55.98	\$ 32.07	\$ 9.52	\$ 97.57	\$ 952.27	\$ 916.21	3.9%	\$ 12.47	\$ 10.98	\$ 975.72	\$ 940.02	3.8%
KICK	11,472	\$ 6,901.82	\$ 123.47	\$ 17.64	\$ 71.14	\$ 212.25	\$ 7,114.07	\$ 7,055.39	0.8%	\$ 93.13	\$ 0.00	\$ 7,207.20	\$ 7,150.95	0.8%
Total	6,224,953	\$ 265.24	\$ 23.51	\$ 4.33	\$ 2.96	\$ 30.80	\$ 296.05	\$ 294.30	0.6%	\$ 3.88	\$ 10.79	\$ 310.71	\$ 309.49	0.4%



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