



Planning for Healthy Babies (P4HB) Rate Range Development

For the Contract Period July 1, 2012 through June 30, 2014

State of Georgia
Department of Community Health

Aon Hewitt
Health and Benefits
May 23, 2014





May 23, 2014

Mr. Jerry Dubberly
Chief Medicaid Division
Georgia Department of Community Health
2 Peachtree Street, NW – 34th Floor
Atlanta, Georgia 30303-3159

Re: Actuarial Rate Ranges for the Planning for Healthy Babies (P4HB) for July 2012 – June 2014

Dear Mr. Dubberly:

We have calculated the actuarial rate ranges for the Care Management Organizations (CMOs) participating in the State's family planning demonstration, Planning for Healthy Babies (P4HB), for the contract period July 1, 2012 through June 30, 2014.

The following report describes the methods used for calculating the rates. This certification includes an adjustment for the ACA Health Insurance Providers Fee (HIF). Refer to section AA.3.2 of the attached report for additional details on the HIF adjustment.

Thank you for our continued partnership. We value and appreciate the relationship. Please call me at 336-856-8286 if you have any questions regarding these capitation rates or the methods that were used in the calculation.

Sincerely,

A handwritten signature in black ink that reads 'Sabrina H. Gibson'. The signature is written in a cursive style and is enclosed in a light gray rectangular box.

Sabrina H. Gibson, FSA, MAAA
Senior Vice President
Aon Hewitt

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Overview of Report

This report provides an actuarial certification of the rate ranges for the State of Georgia's Medicaid family planning demonstration, Planning for Healthy Babies (P4HB), for the contract period effective July 1, 2012 through June 30, 2014.

The Georgia P4HB section 1115(a) Medicaid Demonstration expands the provision of family planning (FP) services to uninsured women, ages 18 through 44, who have family income at or below 200 percent of the Federal poverty level (FPL), and who are not otherwise eligible for Medicaid or the Children's Health Insurance Program (CHIP).

In addition, the Demonstration provides Interpregnancy Care (IPC) services to women who meet the same eligibility requirements above and who deliver a very low birth weight (VLBW) baby (less than 1,500 grams or 3 pounds, 5 ounces) on or after January 1, 2011.

Lastly, women, ages 18 through 44, who have family income at or below 200 percent of the FPL, who deliver a VLBW baby on or after January 1, 2011, and who qualify under the Low Income Medicaid Class of Assistance, or the Aged Blind and Disabled Classes of Assistance, under the Georgia Medicaid State plan are eligible for the Resource Mothers Outreach (RMO) component of the demonstration.

This report has been structured in a manner to facilitate the Centers for Medicare and Medicaid Services (CMS) ease in using its rate-setting checklist in reviewing the Planning for Healthy Babies (P4HB) rates.

Summary of Rate Ranges

The table below outlines the full risk capitation and health insurance provider fee rate ranges with and without the PCP rate increase for the contract period effective July 1, 2012 through June 30, 2014. For the Planning for Healthy Babies (P4HB) program, the rate ranges reflect all health care services provided to enrollees. The per member per month rate structure is split for those eligible for family planning (FP), those eligible for interpregnancy care (IPC) and those eligible for resource mother only services (RMO). In addition to the cost of health care and care management services, the rates include an administrative cost allowance.

Members under the FP portion of the P4HB demonstration receive family planning services only and members in the RMO portion of the P4HB demonstration receive outreach services only; however, members in the IPC portion of the demonstration receive family planning services and resource mothers outreach services plus additional services to treat chronic conditions including primary care services. Therefore, the IPC rate ranges are adjusted to include the ACA required PCP enhancement. Please note that the PCP enhancement payment rate ranges are calculated for the twelve month period, January 1, 2013 to December 31, 2013, to reflect the CY2013 Medicare rates and estimated eligible services. Additionally, the PCP enhancement payment rate ranges are calculated for the six month period, January 1, 2014 to June 30, 2014, to reflect the CY2014 Medicare rates and estimated eligible services. Finally, rate ranges without the PCP enhancement are applicable for the six month period, July 1, 2012 to December 30, 2012. Please refer to Table 1B-1C below for a summary of the rate ranges with the PCP rate increase. Section AA.3.10 provides additional details about the PCP rate increase.

Adjustments to the rate ranges for the Health Insurance Providers Fee (HIF) defined in Section 9010 of the Patient Protection and Affordable Care Act have been estimated and included in this certification. Refer to Table 1D below for a summary of the proposed rate range adjustments for the HIF. Also, section AA.3.2 contains additional details about the HIF adjustment.

TABLE 1A -Capitation Rate Ranges without the PCP rate increase for the contract period July 1, 2012 to December 31, 2012:

	Rate Range w/o PCP	
	July 1, 2012 - December 31, 2012	
	Low PMPM	High PMPM
Family Planning (FP)	\$31.93	\$47.90
Interpregnancy Care (IPC)	\$228.00	\$263.06
Resource Mother Only (RMO)	\$119.73	

TABLE 1B - Capitation Rate Ranges with the PCP rate increase for the contract period January 1, 2013 to December 31, 2013:

	Rate Range w/ PCP	
	January 1, 2013 - December 31, 2013	
	Low PMPM	High PMPM
Family Planning (FP)	\$31.93	\$47.90
Interpregnancy Care (IPC)	\$231.25	\$267.12
Resource Mother Only (RMO)	\$119.73	

TABLE 1C - Capitation Rate Ranges with the PCP rate increase for the contract period January 1, 2014 to June 30, 2014:

	Rate Range w/ PCP	
	Jan 1, 2014 - Jun 30, 2014	
	Low PMPM	High PMPM
Family Planning (FP)	\$31.93	\$47.90
Interpregnancy Care (IPC)	\$231.16	\$267.00
Resource Mother Only (RMO)	\$119.73	

TABLE 1D - Capitation and HIF Adjustment to the Rate Ranges for the contract period July 1, 2013 to June 30, 2014:

	Rate Range w/ PCP				Rate Range -Blend		HIF Adjustment to the Rate			
	Jul 2013 - Dec 2013		Jan 2014 - Jun 2014				July 2013 - Jun 2014			
	Low PMPM	High PMPM	Low PMPM	High PMPM	Low PMPM	High PMPM	Low %	High %	Low PMPM	High PMPM
Family Planning (FP)	\$31.93	\$47.90	\$31.93	\$47.90	\$31.93	\$47.90	0.0%	5.0%	\$0.00	\$2.40
Interpregnancy Care (IPC)	\$231.25	\$267.12	\$231.16	\$267.00	\$231.20	\$267.06	0.0%	5.0%	\$0.00	\$13.35
Resource Mother Only (RMO)	\$119.73	\$119.73	\$119.73	\$119.73	\$119.73	\$119.73	0.0%	5.0%	\$0.00	\$5.99

AA.1.0 Overview of Rate-Setting Methodology

Aon Hewitt established the full risk capitation rate ranges for the Planning for Healthy Babies (P4HB) program, effective for the contract period effective July 1, 2012 through June 30, 2014.

The per member per month capitation rates were developed to appropriately reflect the risk of the Planning for Healthy Babies (P4HB) eligibility groups.

The original capitation rate ranges effective with the start of the program, beginning January 1, 2011 were developed through an analysis of the covered services under the family planning demonstration. Base period per member per month (PMPM) cost ranges were developed using a range of low and high projected utilization assumptions and expected unit costs for the P4HB services, and those PMPMs served as the base period experience for the development of the rate ranges that took effective with the start of the program. Because this program initially had limited enrollment, credible historical P4HB program claim experience is not available. Therefore without credible historical P4HB program experience to serve as the base, the original base period utilization and unit cost estimates will continue to serve as the basis for the development of the prospective rate ranges for the contract period, July 1, 2012-June 30 2014. Please refer to section AA 2.0 for more details on the base period cost development.

The base period PMPMs are projected to the contract period using appropriate factors as outlined in the remaining sections of this document.

The Rate Setting Checklist detail sections below provide additional details for the rate setting methodology.

Exhibit 1 summarizes the base period utilization and unit cost ranges for medical and prescription drug services covered under the program. This exhibit outlines a low and high estimate for services covered under the FP and IPC portions of the program.

Exhibit 2 summarizes the projected rate ranges for FP and IPC, with and without the PCP rate increase. Exhibit 2 also outlines the projected cost estimate for care management services for members under the Resource Mother Only portion of the program. The RMO projected cost was developed as a single best estimate PMPM.

Exhibit 3 summarizes the expected total expenditures under the proposed rates.

AA.1.1 Actuarial Certification

I, Sabrina Gibson am associated with the firm Aon Hewitt. 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 practice standards established from time-to-time by the Actuarial Standards Board. I am contracted with the State of Georgia and am generally familiar with the Planning For Healthy Babies program including eligibility rules and benefit provisions.

The capitation rates provided with this certification are considered actuarially sound for purposes of 42 CFR 438.6(c), according to the following criteria:

- The capitation rates have been developed in accordance with generally accepted actuarial principles and practices;
- The capitation rates are appropriate for the populations to be covered, and services to be furnished under the contract; and
- The capitation rates meet the requirements of 42 CFR 438.6(c).

For the purposes of this certification, actuarial soundness is defined as follows:

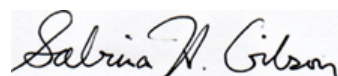
Medicaid benefit plan capitation rates are “actuarially sound” if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums – including expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income – provide for all reasonable, appropriate and attainable costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, any government-mandated assessments, fees, and taxes, and the cost of capital.

The assumptions used in the development of the actuarially sound capitation rates have been documented in this report. The actuarially sound capitation rate ranges that are associated with this certification are effective for the 6-month period beginning July 1, 2012 and ending December 31, 2012, the 12-month period beginning July 1, 2013 and ending December 31, 2013 and the 6-month period beginning January 1, 2014 and ending June 30, 2014. The difference in the three sets of rates is the inclusion of the ACA mandated PCP enhancement payment and the Health Insurance Providers Fee adjustment.

The actuarially sound capitation rates are based on a projection of future events. It may be expected that actual experience will vary from the experience assumed in the rates.

In developing the actuarially sound capitation rates, we have relied upon data and information provided by the Care Management Organizations and the State of Georgia. Detailed data has been validated to financial records provided by the State and their intermediary, Myers and Stauffer. We did not audit the data. But in addition to financial record validation, the data was reviewed for reasonableness and consistency.

The health plans should evaluate the rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plans may require rates above, equal to, or below the actuarially sound capitation rates that are associated with this certification.



Sabrina H. Gibson, F.S.A., M.A.A.A.
Member, American Academy of Actuaries
Fellow, Society of Actuaries

AA.1.2 Projection of Expenditures

Exhibit 3 outlines the projected expenditures based on enrollment assumptions for the contract period July 1, 2012 to June 30, 2014 for the P4HB demonstration program. Note that the total expenditures are based on proposed rates excluding the HIF adjustments to the rates.

AA.1.3 Procurement, Prior Approval and Rate Setting

Table 1 shows the rate ranges with and without the PCP rate increase calculated by Aon Hewitt in an actuarially sound manner. The Department of Community Health negotiates the rates with each CMO within the actuarial sound rate ranges.

AA.1.5 Risk Contracts

The Care Management Organizations (CMOs) assume the risk for the cost of services covered under the contract and incur losses if the costs of furnishing the services exceed the payments under the contract. The CMOs must accept as payment in full the amount paid by the state for all services and eligible populations defined in the special terms and conditions of the Georgia Families contract.

AA.1.6 Limits on Payments to Other Providers

No supplemental payments are made to providers for the same services included in the capitation payments.

AA.2.0 Base Year Utilization and Cost Data

As stated in the overview, this program initially had limited enrollment and credible historical P4HB claim experience was not available at the time the rates in this report were developed. Therefore, Aon Hewitt continued to use the original base period utilization and unit cost estimates as described below to develop the FP and IPC rate ranges.

Since enrollees under this demonstration are enrolled with the CMOs that currently service the enrollees under the Georgia Families (GF) program, Aon Hewitt used the detailed CMO medical and prescription drug claim data incurred October 1, 2008 through September 30, 2009 paid through December 31, 2009 from the Georgia Families program to estimate the expected unit costs under this demonstration program. This CMO data covered all eligibles in the Georgia Families program during the data period – data samples were not used. Aon Hewitt obtained the following data from the State of Georgia:

- Detailed inpatient, outpatient, professional and prescription drug claim data with dates of service from October 1, 2007 through September 30, 2009, paid through December 31, 2009; and
- Detailed eligibility data for the enrollees from October 2007 to February 2010.

Aon Hewitt analyzed unit costs from the data received to help determine the appropriate unit cost for each of the services to be covered under P4HB.

Aon Hewitt also obtained national Medicaid studies and family planning surveys including:

- January 26, 2004 Memo regarding CMS study of Medicaid family planning waiver programs from the Alan Guttmacher Institute
- Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007 by C. Brindis et al.

Aon Hewitt utilized these studies along with guidance provided by the state to project a low to high range of anticipated utilization. Using the estimated unit costs and projected utilization ranges, the FP and IPC per member per month (PMPM) costs for the base period were determined.

The members in the IPC and the RMO portions of the demonstration have access to a resource mother for case management services. The PMPM cost estimate for this service is based on the anticipated cost to employ nurse case managers and resource mother outreach coordinators for the projected membership in these portions of the demonstration.

AA.2.1 Medicaid Eligibles Under the Contract

Aon Hewitt, with guidance from the state, reviewed enrollment criteria this demonstration program.

The following are eligible for the family planning portion of the demonstration program:

- Uninsured women, ages 18 through 44, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.

The following will be eligible for the interpregnancy portion of the program:

- Uninsured women, ages 18 through 44, who deliver a very low birth weight (VLBW) baby on or after January 1, 2011, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.

The following will be eligible for the resource mother only portion of the program:

- Women, ages 18 through 44, who have family income at or below 200 percent of the FPL, who deliver a VLBW baby on or after January 1, 2011, and who qualify under the Low Income Medicaid Class of Assistance, or the Aged Blind and Disabled Classes of Assistance, under the Georgia Medicaid State.

AA.2.2 Dual Eligibles

Dual eligible beneficiaries only receive resource mother outreach services through this demonstration.

AA.2.3 Spend Down

Individuals with spend down requirements are not included in the rate development process, because they are not a covered class for this demonstration program.

AA.2.4 State Plan Services Only

Only services covered under the demonstration plan were considered in the rate development.

AA.2.5 Services by Capitated Entity out of Contracted Savings

Additional services were not included in the capitated rate. Only services covered under the demonstration were considered.

AA.3.0 Adjustments to the Base Year Data

The following section describes adjustments made to the data. Care was taken to ensure the actuarial soundness of each component. All the adjustments are mutually exclusive and have not been taken twice.

AA.3.1 Benefit Differences

Only services covered under the demonstration plan were considered, so benefit adjustments are not needed.

AA.3.2 Administrative Cost Allowance Calculations

The rate ranges illustrated in Table 1 include a combined administrative and profit allowance of 12.0%. In addition, we have included a 2.25% premium tax which was provided by DCH.

Section 9010 of the ACA requires each non-exempt health insurer to pay a portion of the total 2014 HIF amount based on the insurer's share of total non-exempt net written health insurance premiums in calendar year 2013. This includes Medicaid Managed Care Organizations. This fee and the tax consequence of the fee being non-tax deductible must be included in the capitation rates to maintain the actuarial soundness of the capitation rates. Therefore, a HIF adjustment to the capitation rate range for covering the expected cost of the fee is included as part of the capitation rate development.

The HIF adjustment to the rate range was developed as a percentage of the FY14 capitation rates similar to other taxes. Since the HIF amounts are unknown at this time, we developed a range of possible percentages to produce the HIF adjustment to the rate range. The range was 0% to 5% and the HIF adjustment to the capitation rate range was developed by multiplying these percentages by the blended FY14 rates – low end of each range by each other and high end of each range by each other. The blended FY14 rates were developed by weighting together the July 1, 2013 – December 31, 2013 rates and the January 1, 2014 – June 30, 2014 rates.

DCH has developed a capitation payment process for the HIF payment owed by each CMO in 2014 by which the actual HIF rates within the HIF adjustment rate ranges are calculated after the CMO HIF payment amount is known. The rates will be multiplied by the CMO's by rate cell member months for FY14 as of July 2014 to develop an aggregate lump sum capitation payment. This lump sum capitation payment is targeted to be paid to the CMOs in September 2014.

AA.3.3 Special Populations Adjustment

The CMO claim and financial data is appropriate to use as the basis to estimate unit costs of the population expected to enroll in the program during the contract period. Utilization estimates for the expected enrollees in this demonstration were determined using guidance from the state, national Medicaid studies and family planning surveys from other states. Rates have been segregated by those eligible for FP, those eligible for IPC and those eligible for RMO portions of the demonstration to ensure the capitation rates are reflective of expected costs under the program.

AA.3.4 Eligibility Adjustment

Rate ranges have been developed based on utilization and unit cost estimates previously mentioned for the covered P4HB population and no additional eligibility adjustment is required.

AA.3.5 DSH Payments

DSH payments are not included as part of the capitation rates. These payments are made separately by the State.

AA.3.6 Third Party Liability

The rates are based on the experience of the current CMOs and reflect the CMO's TPL collections. The level of collections is not expected to be different for this demonstration compared to the current CMOs TPL collections under the Georgia Families program. Aon Hewitt confirmed with the CMOs that all TPL collections have been reflected in the claims data as offsets requiring no specific TPL adjustment to be made.

AA.3.7 Copayments, Coinsurance and Deductibles in Capitated Rates

The unit cost estimates reflect the cost sharing under the Georgia Families program, and that cost sharing is not significantly different with this demonstration.

AA.3.8 Graduate Medical Education

The cost of Graduate Medical Education are not included as part of the capitation rates. These payments are made separately by the State.

AA.3.9 FQHC and RHC reimbursement

Beginning July 1, 2008, CMOs are required to contract with FQHCs in their regions at PPS levels. By January 1, 2009, all CMOs claims systems were configured to pay FQHCs at the PPS level.

AA.3.10 Medical Cost/Trend Inflation

Trend is comprised of changes in cost per unit of service as well as changes in the volume of services used per person over time. Using the historical Georgia trend reported for the P4HB program by the CMOs through the end of state fiscal year 2012, Aon Hewitt developed an annual composite trend rate of 0.5%. The trend was applied for 51 months. This projects the claims data from October 1, 2008 through September 30, 2009 centered at April 1, 2009 to the contract period, July 1, 2012 through June 30, 2014, centered at July 1, 2013. The trend factor is applied to the base period experience shown in Exhibit 2.

Below are further details other cost adjustments:

- Base period expenditures for pharmacy reported on Exhibit 1 are gross of rebates. Based on historical pharmacy rebates achieved by the CMOs for family planning services and expectations for the upcoming contract period, a pharmacy rebate adjustment of 1.5% is applied to account for anticipated rebates.
- In addition, unit costs in Exhibit 1 include the adjustment for the hospital reimbursement increase of 11.88% that applied to all hospitals excluding critical access and mental health facilities effective 7/1/2010. This increase was required per the Provider Payment Act.
- Effective April 1, 2014, the state updated their current Diagnosis-Related Group (DRG) from Tricare version 24 to Tricare version 30. Because the members in this demonstration receive limited inpatient services, Aon Hewitt included the impact for this change within the expected trend factors.

Members under the FP portion of the P4HB demonstration receive family planning services only and members in the RMO portion of the P4HB demonstration receive outreach services only; however, members in the IPC portion of the demonstration receive family planning services plus

additional services including primary care services. Since ACA requires that the eligible primary care services provided by eligible providers to Medicaid populations be reimbursed at no less than the corresponding Medicare rate level in calendar years 2013 and 2014, rate ranges for the IPC portion of this demonstration have been calculated to include the impact of the enhanced PCP payments for the contract period.

In the Medicaid Managed Care Payment for PCP Services 2013 and 2014 Technical Guidance and Rate Setting Practices document, the Centers for Medicare and Medicaid Services (CMS) presented three approved models for passing the enhanced payments through capitated arrangements. The State implemented this provision under Model 1: Full Risk Prospective Capitation. Using the methodology as described in the PCP payment adjustment proposal approved by CMS, the July 1, 2013 to December 31, 2013 enhanced PCP differential estimates for Low Income Medicaid Age 21-44 Female rate cell are used as the basis to adjust the IPC rate ranges for January 1, 2013 to December 31, 2013. Additionally, the January 1, 2014 to June 30, 2014 enhanced PCP differential estimates for the Low Income Medicaid Age 21-44 Female rate cell are used as the basis to adjust the IPC rate ranges for January 1, 2014 to June 30, 2014.

Because the members in the IPC portion are receiving evaluation and management services similar to the Low Income (LIM) GA Families members and because no credible P4HB specific historical experience is available, Aon Hewitt is using the percentage increase due to the PCP enhanced rate for the LIM Female 21-44 rate cell to adjust the IPC rate ranges for 2013 and 2014. Exhibit 2 outlines the calculation for the PCP rate adjustment for the 12 month period January 1, 2013 to December 31, 2013 and the PCP rate adjustment for the six month period from January 1, 2014 to June 30, 2014. Note that no PCP rate adjustment is needed for the FP or RMO only portions of the demonstration, since family planning services are expected to be provided by OB/GYN providers and would not be eligible for the ACA primary care rate increase.

AA.3.11 Utilization Adjustments

The capitation rate range reflects a range of low to high utilization for family planning and interpregnancy services. Aon Hewitt utilized national studies and surveys along with guidance provided by the state to estimate anticipated utilization ranges.

AA.3.12 Utilization and Cost Assumptions

Capitation rate ranges were based on claim data and aggregate financial expenditure data previously mentioned for the covered population. The program is mandatory and no further adjustments need to be made to correct for possible adverse selection.

AA.3.13 Post Eligibility Treatment of Income

The claim data is net of any patient liability.

AA.3.14 Incomplete Data Adjustment

Historical CMO data used to estimate the unit costs includes consideration for incurred but not reported claims.

AA.4.0 Establish Rate Category Groupings

See sections AA.4.1 – AA.4.4 below.

AA.4.1 Age

Because only adults ages 18 to 44 are eligible for the demonstration, by design, rates reflect the appropriate age grouping.

AA.4.2 Gender

Because only women are eligible for the demonstration, by design, rates by gender are generated.

AA.4.3 Locality Region

The rate ranges that have been established for this demonstration are statewide, and we do not expect significant differences that would warrant regional rates.

AA.4.4 Eligibility Categories

Rate ranges were established to reflect the cost patterns for particular eligibility categories. Populations covered under this demonstration include:

- Family Planning: Uninsured women, ages 18 through 44, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.
- Interpregnancy Care: Uninsured women, ages 18 through 44, who deliver a very low birth weight (VLBW) baby on or after January 1, 2011, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.
- Resource Mother Only: Women, ages 18 through 44, who have family income at or below 200 percent of the FPL, who deliver a VLBW baby on or after January 1, 2011, and who qualify under the Low Income Medicaid Class of Assistance, or the Aged Blind and Disabled Classes of Assistance, under the Georgia Medicaid State plan.

AA.5.0 Data Smoothing

No data smoothing adjustments were necessary.

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

See section AA.5.0.

AA.5.2 Cost Neutral Data Smoothing Adjustment

See section AA.5.0.



**State of GA - Department of Community Health
 Planning For Healthy Babies
 Utilization and Unit Cost Details - Family Planning (FP)**

Exhibit 1

Base Period Ranges with Low to High Utilization Assumptions:

Service	Low Utilization			High Utilization		
	Utilization Per 1000	Unit Cost	PMPM	Utilization Per 1000	Unit Cost	PMPM
Family Planning Services:						
Office Visits						
Annual Comprehensive	400	\$ 87.45	\$ 2.92	600	\$ 87.45	\$ 4.37
Follow up visits	800	\$ 41.74	\$ 2.78	1,200	\$ 41.74	\$ 4.17
Lab						
Urine Pregnancy Tests	480	\$ 9.90	\$ 0.40	720	\$ 9.90	\$ 0.59
Cytopathology & Other	502	\$ 19.92	\$ 0.83	753	\$ 19.92	\$ 1.25
Diagnostic Tests						
STD Diagnostic Tests	2,000	\$ 14.32	\$ 2.39	3,000	\$ 14.32	\$ 3.58
Contraceptives						
Non-Oral	1,670	\$ 28.67	\$ 3.99	2,504	\$ 28.67	\$ 5.98
Oral	2,420	\$ 29.83	\$ 6.02	3,630	\$ 29.83	\$ 9.02
Radiology & Surgery						
Radiology	8	\$ 77.73	\$ 0.05	12	\$ 77.73	\$ 0.08
Surgery	25	\$ 2,104.20	\$ 4.35	37	\$ 2,104.20	\$ 6.53
Other Services						
Immunizations	152	\$ 19.21	\$ 0.24	228	\$ 19.21	\$ 0.37
Vitamins	1,200	\$ 4.59	\$ 0.46	1,800	\$ 4.59	\$ 0.69
STD Treatments	100	\$ 19.24	\$ 0.16	150	\$ 19.24	\$ 0.24
Other Drugs & Miscellaneous	631	\$ 47.46	\$ 2.50	947	\$ 47.46	\$ 3.75
Family Planning PMPM Total			\$ 27.08			\$ 40.62



**State of GA - Department of Community Health
 Planning For Healthy Babies
 Utilization and Unit Cost Details - Interpregnancy (IPC)**

Exhibit 1

Base Period Ranges with Low to High Utilization Assumptions:

Service	Low Utilization			High Utilization		
	Utilization Per 1000	Unit Cost	PMPM	Utilization Per 1000	Unit Cost	PMPM
Family Planning Services:						
Office Visits						
Annual Comprehensive	400	\$ 87.45	\$ 2.92	600	\$ 87.45	\$ 4.37
Follow up visits	800	\$ 41.74	\$ 2.78	1,200	\$ 41.74	\$ 4.17
Lab						
Urine Pregnancy Tests	480	\$ 9.90	\$ 0.40	720	\$ 9.90	\$ 0.59
Cytopathology & Other	502	\$ 19.92	\$ 0.83	753	\$ 19.92	\$ 1.25
Diagnostic Tests						
STD Diagnostic Tests	2,000	\$ 14.32	\$ 2.39	3,000	\$ 14.32	\$ 3.58
Contraceptives						
Non-Oral	1,670	\$ 28.67	\$ 3.99	2,504	\$ 28.67	\$ 5.98
Oral	2,420	\$ 29.83	\$ 6.02	3,630	\$ 29.83	\$ 9.02
Radiology & Surgery						
Radiology	8	\$ 77.73	\$ 0.05	12	\$ 77.73	\$ 0.08
Surgery	25	\$ 2,104.20	\$ 4.35	37	\$ 2,104.20	\$ 6.53
Other Services						
Immunizations	152	\$ 19.21	\$ 0.24	228	\$ 19.21	\$ 0.37
Vitamins	1,200	\$ 4.59	\$ 0.46	1,800	\$ 4.59	\$ 0.69
STD Treatments	100	\$ 19.24	\$ 0.16	150	\$ 19.24	\$ 0.24
Other Drugs & Miscellaneous	631	\$ 47.46	\$ 2.50	947	\$ 47.46	\$ 3.75
Sub Total - Family Planning Portion			\$ 27.08			\$ 40.62
Primary Care Office Visits						
New Patient Visits	800	\$ 139.04	\$ 9.27	1,000	\$ 139.04	\$ 11.59
Follow Up Visits	2,000	\$ 44.95	\$ 7.49	2,500	\$ 44.95	\$ 9.36
Substance Abuse						
Inpatient	90	\$ 500.00	\$ 3.73	112	\$ 500.00	\$ 4.67
Outpatient	672	\$ 125.00	\$ 7.00	840	\$ 125.00	\$ 8.75
Dental Care						
Visits	400	\$ 54.24	\$ 1.81	500	\$ 54.24	\$ 2.26
Extractions	132	\$ 79.52	\$ 0.87	165	\$ 79.52	\$ 1.09
Non Family Planning Medications						
Prescriptions	13,292	\$ 31.27	\$ 34.64	16,615	\$ 31.27	\$ 43.30
Sub Total - Other IPC Services			\$ 64.81			\$ 81.02
Interpregnancy PMPM Grand Total			\$ 91.89			\$ 121.64



State of GA - Department of Community Health
 Planning For Healthy Babies
 Summary of Projected Rate Ranges - Family Planning (FP)
 Period: July 1, 2012 to June 30, 2014

Exhibit 2

PMPM-Low								
	Base Period			Factor Adjustments		PMPM	MC Savings	PMPM
	Utilization Per 1000	Unit Cost	PMPM	Trend	Rx Rebates			
Family Planning Services:								
Office Visits								
Annual Comprehensive	400	\$ 87.45	\$ 2.92	1.021	1.000	\$ 2.98	0.0%	\$ 2.98
Follow up visits	800	\$ 41.74	\$ 2.78	1.021	1.000	\$ 2.84	0.0%	\$ 2.84
Lab Work								
Urine Pregnancy Tests	480	\$ 9.90	\$ 0.40	1.021	1.000	\$ 0.40	0.0%	\$ 0.40
Cytopathology	502	\$ 19.92	\$ 0.83	1.021	1.000	\$ 0.85	0.0%	\$ 0.85
STD Diagnostic Tests								
All STD Diagnostic Tests	2,000	\$ 14.32	\$ 2.39	1.021	1.000	\$ 2.44	0.0%	\$ 2.44
Contraceptives								
Non-Oral	1,670	\$ 28.67	\$ 3.99	1.021	0.985	\$ 4.01	0.0%	\$ 4.01
Oral	2,420	\$ 29.83	\$ 6.02	1.021	0.985	\$ 6.05	0.0%	\$ 6.05
Radiology & Surgery								
Radiology	8	\$ 77.73	\$ 0.05	1.021	1.000	\$ 0.05	0.0%	\$ 0.05
Surgery	25	\$ 2,104.20	\$ 4.35	1.021	1.000	\$ 4.44	0.0%	\$ 4.44
Other Services								
Immunizations	152	\$ 19.21	\$ 0.24	1.021	1.000	\$ 0.25	0.0%	\$ 0.25
Vitamins	1,200	\$ 4.59	\$ 0.46	1.021	1.000	\$ 0.47	0.0%	\$ 0.47
STD Treatments	100	\$ 19.24	\$ 0.16	1.021	1.000	\$ 0.16	0.0%	\$ 0.16
Other Drugs & Miscellaneous	631	\$ 47.46	\$ 2.50	1.021	0.985	\$ 2.51	0.0%	\$ 2.51
Family Planning PMPM Total			\$ 27.08					\$ 27.47
Admin								12.00%
Premium Tax								2.25%
Total Premium Rate								\$ 31.93

Experience period used to determine unit cost: 10/1/08 to 9/30/09.
 Rates projected for 7/1/2012 to 6/30/14. Annual trend =0.5% (for 51 months).



State of GA - Department of Community Health
 Planning For Healthy Babies
 Summary of Projected Rate Ranges - Family Planning (FP)
 Period: July 1, 2012 to June 30, 2014

Exhibit 2

PMPM-High								
	Base Period			Factor Adjustments		PMPM	MC Savings	PMPM
	Utilization Per 1000	Unit Cost	PMPM	Trend	Rx Rebates			
Family Planning Services:								
Office Visits								
Annual Comprehensive	600	\$ 87.45	\$ 4.37	1.021	1.000	\$ 4.47	0.0%	\$ 4.47
Follow up visits	1,200	\$ 41.74	\$ 4.17	1.021	1.000	\$ 4.26	0.0%	\$ 4.26
Lab Work								
Urine Pregnancy Tests	720	\$ 9.90	\$ 0.59	1.021	1.000	\$ 0.61	0.0%	\$ 0.61
Cytopathology	753	\$ 19.92	\$ 1.25	1.021	1.000	\$ 1.28	0.0%	\$ 1.28
STD Diagnostic Tests								
All STD Diagnostic Tests	3,000	\$ 14.32	\$ 3.58	1.021	1.000	\$ 3.66	0.0%	\$ 3.66
Contraceptives								
Non-Oral	2,504	\$ 28.67	\$ 5.98	1.021	0.985	\$ 6.02	0.0%	\$ 6.02
Oral	3,630	\$ 29.83	\$ 9.02	1.021	0.985	\$ 9.08	0.0%	\$ 9.08
Radiology & Surgery								
Radiology	12	\$ 77.73	\$ 0.08	1.021	1.000	\$ 0.08	0.0%	\$ 0.08
Surgery	37	\$ 2,104.20	\$ 6.53	1.021	1.000	\$ 6.67	0.0%	\$ 6.67
Other Services								
Immunizations	228	\$ 19.21	\$ 0.37	1.021	1.000	\$ 0.37	0.0%	\$ 0.37
Vitamins	1,800	\$ 4.59	\$ 0.69	1.021	1.000	\$ 0.70	0.0%	\$ 0.70
STD Treatments	150	\$ 19.24	\$ 0.24	1.021	1.000	\$ 0.25	0.0%	\$ 0.25
Other Drugs & Miscellaneous	947	\$ 47.46	\$ 3.75	1.021	0.985	\$ 3.77	0.0%	\$ 3.77
Family Planning PMPM Total			\$ 40.62					\$ 41.20
Admin								12.00%
Premium Tax								2.25%
Total Premium Rate								\$ 47.90

Experience period used to determine unit cost: 10/1/08 to 9/30/09.
 Rates projected for 7/1/2012 to 6/30/14. Annual trend =0.5% (for 51 months).



State of GA - Department of Community Health
 Planning For Healthy Babies
 Summary of Projected Rate Ranges - Interpregnancy (IPC)
 Period: July 1, 2012 to June 30, 2014

Exhibit 2

PMPM-Low								
	Base Period			Factor Adjustments		PMPM	MC Savings	PMPM
	Utilization Per 1000	Unit Cost	PMPM	Trend	Rx Rebates			
Family Planning Services:								
Office Visits								
Annual Comprehensive	400	\$ 87.45	\$ 2.92	1.021	1.000	\$ 2.98	0.0%	\$ 2.98
Follow up visits	800	\$ 41.74	\$ 2.78	1.021	1.000	\$ 2.84	0.0%	\$ 2.84
Lab Work								
Urine Pregnancy Tests	480	\$ 9.90	\$ 0.40	1.021	1.000	\$ 0.40	0.0%	\$ 0.40
Cytopathology	502	\$ 19.92	\$ 0.83	1.021	1.000	\$ 0.85	0.0%	\$ 0.85
STD Diagnostic Tests								
All STD Diagnostic Tests	2,000	\$ 14.32	\$ 2.39	1.021	1.000	\$ 2.44	0.0%	\$ 2.44
Contraceptives								
Non-Oral	1,670	\$ 28.67	\$ 3.99	1.021	0.985	\$ 4.01	0.0%	\$ 4.01
Oral	2,420	\$ 29.83	\$ 6.02	1.021	0.985	\$ 6.05	0.0%	\$ 6.05
Radiology & Surgery								
Radiology	8	\$ 77.73	\$ 0.05	1.021	1.000	\$ 0.05	0.0%	\$ 0.05
Surgery	25	\$ 2,104.20	\$ 4.35	1.021	1.000	\$ 4.44	0.0%	\$ 4.44
Other Services								
Immunizations	152	\$ 19.21	\$ 0.24	1.021	1.000	\$ 0.25	0.0%	\$ 0.25
Vitamins	1,200	\$ 4.59	\$ 0.46	1.021	1.000	\$ 0.47	0.0%	\$ 0.47
STD Treatments	100	\$ 19.24	\$ 0.16	1.021	1.000	\$ 0.16	0.0%	\$ 0.16
Other Drugs & Miscellaneous	631	\$ 47.46	\$ 2.50	1.021	0.985	\$ 2.51	0.0%	\$ 2.51
Sub Total - Family Planning Portion			\$ 27.08			\$ 27.47		\$ 27.47
Primary Care Office Visits								
New Patient Visits	800	\$ 139.04	\$ 9.27	1.021	1.000	\$ 9.47	0.0%	\$ 9.47
Follow Up Visits	2,000	\$ 44.95	\$ 7.49	1.021	1.000	\$ 7.65	0.0%	\$ 7.65
Substance Abuse								
Inpatient	90	\$ 500.00	\$ 3.73	1.021	1.000	\$ 3.81	0.0%	\$ 3.81
Outpatient	672	\$ 125.00	\$ 7.00	1.021	1.000	\$ 7.15	0.0%	\$ 7.15
Dental Care								
Visits	400	\$ 54.24	\$ 1.81	1.021	1.000	\$ 1.85	0.0%	\$ 1.85
Extractions	132	\$ 79.52	\$ 0.87	1.021	1.000	\$ 0.89	0.0%	\$ 0.89
Non Family Planning Medications								
Prescriptions	13,292	\$ 31.27	\$ 34.64	1.021	0.985	\$ 34.85	0.0%	\$ 34.85
Sub Total - Other IPC Services			\$ 64.81			\$ 65.67		\$ 65.67
Resource Mother/Case Mgt			\$ 102.99	1.000	1.000	\$ 102.99	0.0%	\$ 102.99
IP Grand Total			\$ 194.88					\$ 196.13
Admin								12.00%
Premium Tax								2.25%
Total Premium Rate								\$ 228.00

Experience period used to determine unit cost: 10/1/08 to 9/30/09.
 Rates projected for 7/1/2012 to 6/30/14. Annual trend =0.5% (for 51 months).



State of GA - Department of Community Health
Planning For Healthy Babies
Summary of Projected Rate Ranges - Interpregnancy (IPC)
Period: July 1, 2012 to June 30, 2014

Exhibit 2

PMPM-High								
	Base Period			Factor Adjustments		PMPM	MC Savings	PMPM
	Utilization Per 1000	Unit Cost	PMPM	Trend	Rx Rebates			
Family Planning Services:								
Office Visits								
Annual Comprehensive	600	\$ 87.45	\$ 4.37	1.021	1.000	\$ 4.47	0.0%	\$ 4.47
Follow up visits	1,200	\$ 41.74	\$ 4.17	1.021	1.000	\$ 4.26	0.0%	\$ 4.26
Lab Work								
Urine Pregnancy Tests	720	\$ 9.90	\$ 0.59	1.021	1.000	\$ 0.61	0.0%	\$ 0.61
Cytopathology	753	\$ 19.92	\$ 1.25	1.021	1.000	\$ 1.28	0.0%	\$ 1.28
STD Diagnostic Tests								
All STD Diagnostic Tests	3,000	\$ 14.32	\$ 3.58	1.021	1.000	\$ 3.66	0.0%	\$ 3.66
Contraceptives								
Non-Oral	2,504	\$ 28.67	\$ 5.98	1.021	0.985	\$ 6.02	0.0%	\$ 6.02
Oral	3,630	\$ 29.83	\$ 9.02	1.021	0.985	\$ 9.08	0.0%	\$ 9.08
Radiology & Surgery								
Radiology	12	\$ 77.73	\$ 0.08	1.021	1.000	\$ 0.08	0.0%	\$ 0.08
Surgery	37	\$ 2,104.20	\$ 6.53	1.021	1.000	\$ 6.67	0.0%	\$ 6.67
Other Services								
Immunizations	228	\$ 19.21	\$ 0.37	1.021	1.000	\$ 0.37	0.0%	\$ 0.37
Vitamins	1,800	\$ 4.59	\$ 0.69	1.021	1.000	\$ 0.70	0.0%	\$ 0.70
STD Treatments	150	\$ 19.24	\$ 0.24	1.021	1.000	\$ 0.25	0.0%	\$ 0.25
Other Drugs & Miscellaneous	947	\$ 47.46	\$ 3.75	1.021	0.985	\$ 3.77	0.0%	\$ 3.77
Sub Total - Family Planning Portion			\$ 40.62			\$ 41.20		\$ 41.20
Primary Care Office Visits								
New Patient Visits	1,000	\$ 139.04	\$ 11.59	1.021	1.000	\$ 11.84	0.0%	\$ 11.84
Follow Up Visits	2,500	\$ 44.95	\$ 9.36	1.021	1.000	\$ 9.56	0.0%	\$ 9.56
Substance Abuse								
Inpatient	112	\$ 500.00	\$ 4.67	1.021	1.000	\$ 4.77	0.0%	\$ 4.77
Outpatient	840	\$ 125.00	\$ 8.75	1.021	1.000	\$ 8.94	0.0%	\$ 8.94
Dental Care								
Visits	500	\$ 54.24	\$ 2.26	1.021	1.000	\$ 2.31	0.0%	\$ 2.31
Extractions	165	\$ 79.52	\$ 1.09	1.021	1.000	\$ 1.12	0.0%	\$ 1.12
Non Family Planning Medications								
Prescriptions	16,615	\$ 31.27	\$ 43.30	1.021	0.985	\$ 43.56	0.0%	\$ 43.56
Sub Total - Other IPC Services			\$ 81.02			\$ 82.09		\$ 82.09
Resource Mother/Case Mgt			\$ 102.99	1.000	1.000	\$ 102.99	0.0%	\$ 102.99
IP Grand Total			\$ 224.62					\$ 226.28
Admin								12.00%
Premium Tax								2.25%
Total Premium Rate								\$ 263.06

Experience period used to determine unit cost: 10/1/08 to 9/30/09.
Rates projected for 7/1/2012 to 6/30/14. Annual trend =0.5% (for 51 months).



State of GA - Department of Community Health
 Planning For Healthy Babies

Exhibit 2

Summary of Projected Rate Ranges - Interpregnancy ACA PCP Enhanced Payment - January 1, 2013 - December 31, 2013

	A	B	C=A/B	D	E=C*D	F	G=E+F	H=G/E-1	
LIM Age 21-44 Female	Projected FY13 Claim Cost			% Evaluation & Mgt	Low FY13 Rate w/o PCP	Low FY13 Rate Evaluation & Mgt	FY13 Low Rate ACA PCP Differential PMPM	Enhanced PMPM w/ low PCP Differential	Increase w/PCP vs. w/o PCP
Region	Proj FY13 MMs	Evaluation & Mgt	Total						
Atlanta	583,525	\$ 39.70	\$ 289.25	13.7%	\$ 339.15	\$ 46.55	\$ 8.50	\$ 55.05	18.3%
Central	185,933	\$ 36.50	\$ 286.77	12.7%	\$ 336.25	\$ 42.80	\$ 9.36	\$ 52.16	21.9%
East	83,982	\$ 38.07	\$ 328.57	11.6%	\$ 385.25	\$ 44.64	\$ 7.85	\$ 52.48	17.6%
North	161,453	\$ 50.69	\$ 381.15	13.3%	\$ 446.91	\$ 59.44	\$ 11.45	\$ 70.89	19.3%
SE	116,176	\$ 40.84	\$ 335.09	12.2%	\$ 392.90	\$ 47.89	\$ 8.45	\$ 56.34	17.6%
SW	143,270	\$ 32.49	\$ 293.65	11.1%	\$ 344.31	\$ 38.09	\$ 7.73	\$ 45.82	20.3%
Total	1,274,339	\$ 39.81	\$ 307.80	12.9%	\$ 360.90	\$ 46.68	\$ 8.86	\$ 55.54	19.0%

P4HB - ACA PCP Enhanced Rate Estimate - Low

	Base Period			Trend (Utilization)	Projected Contract Period			ACA - PCP Enhanced Payment		
	Util/1000	Unit Cost	PMPM		Util/1000	Unit Cost	PMPM	% Chg (column H above)	PMPM w/Enh Pymt	PCP Differential
IPC - Primary Care										
Initial Visits	800	\$ 139.04	\$ 9.27	1.021	817	\$ 139.04	\$ 9.47	19.0%	\$ 11.27	\$ 1.80
Follow up Visits	2,000	\$ 44.95	\$ 7.49	1.021	2,043	\$ 44.95	\$ 7.65	19.0%	\$ 9.10	\$ 1.45
Total	2,800		\$ 16.76		2,860	\$ 71.83	\$ 17.12	19.0%	\$ 20.37	\$ 3.25

P4HB - ACA PCP Enhanced Rate Estimate - High

	Base Period			Trend (Utilization)	Projected Contract Period			ACA - PCP Enhanced Payment		
	Util/1000	Unit Cost	PMPM		Util/1000	Unit Cost	PMPM	% Chg (column H above)	PMPM w/Enh Pymt	PCP Differential
IPC - Primary Care										
Initial Visits	1,000	\$ 139.04	\$ 11.59	1.021	1,021	\$ 139.04	\$ 11.84	19.0%	\$ 14.08	\$ 2.25
Follow up Visits	2,500	\$ 44.95	\$ 9.36	1.021	2,554	\$ 44.95	\$ 9.56	19.0%	\$ 11.38	\$ 1.82
Total	3,500		\$ 20.95		3,575	\$ 71.83	\$ 21.40	19.0%	\$ 25.46	\$ 4.06

Interpregnancy - Rate Ranges

Rate Range 7/1/12 - 12/31/12		
	Low Rate	High Rate
Interpregnancy	\$ 228.00	\$ 263.06

Rate Range 1/1/13 - 12/31/13						
	Low Rate Range			High Rate Range		
	Low Rate	PCP Differential	Low w/PCP	High Rate	PCP Differential	High w/PCP
Interpregnancy	\$ 228.00	\$ 3.25	\$ 231.25	\$ 263.06	\$ 4.06	\$ 267.12



**State of GA - Department of Community Health
Planning For Healthy Babies**

Exhibit 2

Summary of Projected Rate Ranges - Interpregnancy ACA PCP Enhanced Payment - January 1, 2014 - June 30, 2014

	A	B	C=A/B	D	E=C*D	F	G=E+F	H=G/E-1	
LIM Age 21-44 Female	Projected FY14 Claim Cost			% Evaluation & Mgt	Low FY14 Rate w/o PCP	FY14 Low Rate ACA PCP	Enhanced PMPM w/ low PCP Differential	Increase w/PCP vs. w/o PCP	
Region	Proj FY14 MMs	Evaluation & Mgt	Total			Differential PMPM			
Atlanta	603,243	\$ 38.62	\$ 298.41	12.9%	\$ 344.95	\$ 44.64	\$ 7.94	\$ 52.59	17.8%
Central	181,000	\$ 33.43	\$ 288.02	11.6%	\$ 332.93	\$ 38.64	\$ 8.10	\$ 46.74	20.9%
East	86,840	\$ 35.91	\$ 329.31	10.9%	\$ 380.66	\$ 41.51	\$ 7.33	\$ 48.84	17.7%
North	159,271	\$ 47.59	\$ 392.60	12.1%	\$ 453.82	\$ 55.02	\$ 10.38	\$ 65.40	18.9%
SE	119,572	\$ 40.27	\$ 344.74	11.7%	\$ 398.50	\$ 46.55	\$ 8.02	\$ 54.57	17.2%
SW	140,646	\$ 32.72	\$ 306.47	10.7%	\$ 354.27	\$ 37.82	\$ 7.35	\$ 45.17	19.4%
Total	1,290,572	\$ 38.33	\$ 315.83	12.1%	\$ 365.08	\$ 44.30	\$ 8.17	\$ 52.47	18.4%

P4HB - ACA PCP Enhanced Rate Estimate - Low

	Base Period			Trend (Utilization)	Projected Contract Period			ACA - PCP Enhanced Payment		
	Util/1000	Unit Cost	PMPM		Util/1000	Unit Cost	PMPM	% Chg (column H above)	PMPM w/Enh Pymt	PCP Differential
IPC - Primary Care										
Initial Visits	800	\$ 139.04	\$ 9.27	1.021	817	\$ 139.04	\$ 9.47	18.4%	\$ 11.21	\$ 1.75
Follow up Visits	2,000	\$ 44.95	\$ 7.49	1.021	2,043	\$ 44.95	\$ 7.65	18.4%	\$ 9.06	\$ 1.41
Total	2,800		\$ 16.76		2,860	\$ 71.83	\$ 17.12	18.4%	\$ 20.28	\$ 3.16

P4HB - ACA PCP Enhanced Rate Estimate - High

	Base Period			Trend (Utilization)	Projected Contract Period			ACA - PCP Enhanced Payment		
	Util/1000	Unit Cost	PMPM		Util/1000	Unit Cost	PMPM	% Chg (column H above)	PMPM w/Enh Pymt	PCP Differential
IPC - Primary Care										
Initial Visits	1,000	\$ 139.04	\$ 11.59	1.021	1,021	\$ 139.04	\$ 11.84	18.4%	\$ 14.02	\$ 2.18
Follow up Visits	2,500	\$ 44.95	\$ 9.36	1.021	2,554	\$ 44.95	\$ 9.56	18.4%	\$ 11.33	\$ 1.76
Total	3,500		\$ 20.95		3,575	\$ 71.83	\$ 21.40	18.4%	\$ 25.34	\$ 3.94

Rate Range 1/1/14 - 06/30/14

	Low Rate Range			High Rate Range		
	Low Rate	PCP Differential	Low w/PCP	High Rate	PCP Differential	High w/PCP
Interpregnancy	\$ 228.00	\$ 3.16	\$ 231.16	\$ 263.06	\$ 3.94	\$ 267.00



**State of GA - Department of Community Health
Planning For Healthy Babies
Summary of Projected Rate Ranges - Resource Mother Only (RMO)
Period: July 1, 2012 to June 30, 2014**

Exhibit 2

PMPM			
Estimated Cost			
	Projected Annual Cost	Proj. Avg Monthly Membership	PMPM
Resource Mother/Case Management Cost	\$ 147,562	119	\$ 102.99
Admin			12.00%
Premium Tax			2.25%
Total Premium Rate			\$ 119.73



**State of GA - Department of Community Health
Planning For Healthy Babies
Total Expenditures for Contract Period July 2012-June 2014**

Exhibit 3

	Avg Monthly Membership July 12-Jun14	Projected MMs July 12-Jun14	P4HB Rate PMPM	Total Cost
Family Planning	39,512	948,299	\$ 41.35	\$ 39,212,180
Interpregnancy	163	3,915	\$ 240.00	\$ 939,612
Resource Mother Only	119	2,866	\$ 119.73	\$ 343,094
Total	39,795	955,080		\$ 40,494,885