


Department of Health Care Policy and Financing

Funding Request for the FY 2022-23 Budget Cycle

Request Title

R-04 Medicare Modernization Act State Contribution

Dept. Approval By:  _____ Supplemental FY 2021-22

OSPB Approval By: _____ Budget Amendment FY 2022-23

X

Change Request FY 2022-23

Summary Information	Fund	FY 2021-22		FY 2022-23		FY 2023-24
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$193,398,121	\$0	\$193,398,121	\$27,863,762	\$34,838,035
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$193,398,121	\$0	\$193,398,121	\$27,863,762	\$34,838,035
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2021-22		FY 2022-23		FY 2023-24
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$193,398,121	\$0	\$193,398,121	\$27,863,762	\$34,838,035
06. Other Medical Services, (A) Other Medical Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Other Medical Services - Medicare Modernization Act State Contribution Payment	GF	\$193,398,121	\$0	\$193,398,121	\$27,863,762	\$34,838,035
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data

Requires Legislation?	NO		
Type of Request?	Health Care Policy and Financing Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact



Department Priority: R-04
Request Detail: Medicare Modernization Act

Summary of Funding Change for FY 2022-23			
	FY 2021-22 Appropriation	Incremental Change	
		FY 2022-23 Request	FY 2023-24 Request
Total Funds	\$193,398,121	\$27,863,762	\$34,838,035
FTE	0.0	0.0	0.0
General Fund	\$193,398,121	\$27,863,762	\$34,838,035
Cash Funds	\$0	\$0	\$0
Reappropriated Funds	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0

Summary of Request

The Department of Health Care Policy & Financing requests an increase of \$3,803,082 General Fund for FY 2021-22; an increase of \$27,863,762 General Fund for FY 2022-23; and an increase of \$34,838,035 General Fund for FY 2023-24 to true up funding related to the state’s share of the costs of the Medicare Part D outpatient prescription drug benefit for dual-eligible clients. This request does not require any additional FTE.

Current Program

On January 1, 2006, the federal Centers for Medicare and Medicaid Services (CMS) assumed responsibility for the Medicare Part D prescription-drug benefit that replaced the Medicaid prescription-drug coverage for dual-eligible clients, who are individuals eligible for both Medicare and Medicaid. States are required to make mandatory state payments to the federal government, known as the “clawback” payment, to help finance the Medicaid Part D benefit for the dual-eligible population for the states’ share of the costs of outpatient prescription drugs. The amount of each state’s clawback payment roughly reflects the expenditures of its own funds that the state would make if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual-eligible clients. These clawback payments, if left unpaid, are subject to automatic deduction – plus interest – from the federal funds the state receives for the Medicaid program.

Problem or Opportunity

The Department of Health Care Policy & Financing anticipates that the appropriations for Medicare Modernization Act in FY 2021-22, FY 2022-23, and FY 2023-24 are not sufficient to make payments for the required clawback payments in those years.

Proposed Solution

The department requests an increase of \$3,803,082 General Fund for FY 2021-22; an increase of \$27,863,762 General Fund for FY 2022-23; and an increase of \$34,838,035 General Fund for FY 2023-24 for funding adjustment to the Medicare Modernization Act State Contribution Payment line item to cover the state’s share of the costs of the Medicare Part D outpatient prescription drug benefit for dual-eligible clients. The Medicare Modernization Act (MMA) State Contribution Payment line item is funded entirely through the General Fund, as it is a reimbursement to the federal government and is not eligible to receive a federal match.

Anticipated Outcomes

One of the department’s top priorities in its Performance Plan is cost control within the Medicaid program. The approval of this request will be a direct implementation of this goal by allowing the department to meet its obligation to the federal government and ensuring that no

amount of federal funds owed to the state for Medicaid will be subject to deduction plus interest.

Assumptions and Calculations

Detailed calculations for the request are included in the attached appendix.

A summary of the funding request for the Medicare Modernization Act State Contribution Payment line item by fund type is provided for FY 2021-22, FY 2022-23, and FY 2023-24 in tables 1.1, 1.2, and 1.3, respectively.

The state's clawback payment is calculated according to three factors:

1. The projected number of Medicare and Medicaid dual-eligible clients enrolled in a Part D plan;
2. A per member per month (PMPM) estimate of the amount the state otherwise would have spent on Medicaid prescription drugs for dual-eligible clients; and
3. A "phasedown" percentage of the state's obligation for the PMPM rate was set forth by the MMA starting at 90% in 2006 and declined by 1.67% each year thereafter until 2015 when it reached 75%, where it will remain ongoing.

The department's current estimates of the clawback payment are \$197,201,203, for FY 2021-22; \$221,261,883 for FY 2022-23; and \$228,236,156 for FY 2023-24, based on the department's most recent caseload projections and actual and projected per member per month (PMPM) rates paid by the state as required by federal regulations.

The total caseload and expenditure estimates for FY 2021-22, FY 2022-23, and FY 2023-24 are calculated in tables 2.1, 2.2, and 2.3, respectively. Following the declaration of a public health emergency by the Secretary of Health and Human Services during the COVID-19 pandemic, CMS notified states that an increased Federal Medical Assistance Percentage (FMAP) would be available for each calendar quarter occurring during the public health emergency, including retroactively to January 1, 2020. The department assumes that the temporary increase to the FMAP will be effective through December 31st, 2021. To be eligible to receive the 6.2 percentage point FMAP increase, states must adhere to a set of requirements which include, but are not limited to, not terminating individuals from Medicaid if such individuals were enrolled in the Medicaid program as of the date of the beginning of the emergency period or during the emergency period. Because of this requirement, the department has seen a steady increase in the dual-eligible caseload reported by CMS on monthly clawback invoices. The department has assumed that the dual-eligible caseload will continue to grow at a more considerable rate through the end of the public health emergency. Following the end of the public health emergency, the department assumes that the caseload will decline once the

department returns to its standard eligibility and determination practices. Apart from the increases due to the public health emergency requirements, the department assumes the dual-eligible caseload will follow a 1.92% annual growth trend, consistent with monthly growth prior to the public health emergency. This method estimates the caseload by increasing the total caseload incurred each month by 0.16% to forecast the total caseload for the following month. Rows A through L on tables 2.1, 2.2 and 2.3 of the appendix show the actual and projected caseload for a given month by the calendar year for which the caseload is attributed. Due to a two-month delay between when the department receives an invoice from CMS and when the invoice is paid, the amount paid in the state fiscal year includes invoices received between May and April. Retroactivity is also considered in this forecast because clients can be retroactively enrolled and disenrolled for up to 36 months. The PMPM rates are adjusted based on changes in the FMAP rate which occur on a federal fiscal year (October 1st through September 30th timespan) as follows:

- FFY 2018: 50.00%
- FFY 2019: 50.00%
- FFY 2020: 54.65%
- FFY 2021: 56.20%
- FFY 2022: 51.55%

The changes in the PMPM rate are based on a prescribed methodology established by CMS. Table 3.1 shows the actual Calendar Year (CY) 2021 PMPM for January through December 2021 at an enhanced FMAP. The estimated PMPM rates for CY 2022, CY 2023, and CY 2024 are calculated in tables 3.2, 3.3, and 3.4, respectively. The CY 2022 final percentage change in rate prior to applying the phasedown is calculated by adding the annual percentage increase (API) with the prior year revisions, found in table 3.2, rows A and B, respectively. For CY 2023 and CY 2024, the department uses the average of the last eight years of the API in average per capita Part D expenditures from CY 2014 to CY 2021 to project the percentage change in the rate. The final percentage change in the PMPM rate is calculated in row C of tables 3.2, 3.3, and 3.4.

Table 4.1 provides actual caseload history from FY 2006-07 through FY 2020-21 and caseload projections based on current trends for FY 2021-22 through FY 2023-24. Table 4.2 provides actual and projected aggregate monthly caseload history by number of member months and average monthly caseload. Table 4.3 shows the PMPM rate history from CY 2014 to CY 2010 and projected PMPM rates for CY 2022 to CY 2024. Table 4.4 shows the actual PMPM rate history by each quarter of the calendar year from CY 2006 to CY 2021 and projected PMPM rates for CY 2022 to CY 2024.

Supplemental, 1331 Supplemental or Budget Amendment Criteria:

The supplemental request is necessary as a result of changes in the dual-eligible caseload, which impacts the amount paid in the clawback payment.

R-4 Medicare Modernization Act State Contribution Payment
Appendix A: Calculations and Assumptions

Table 1.1 FY 2021-22 Summary of Incremental Funding Request LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2021-22 Spending Authority	\$193,398,121	\$193,398,121	Long Bill Appropriation (SB21-205)
B	Projected FY 2021-22 Expenditures	\$197,201,203	\$197,201,203	Table 2.1, Row O
C	FY 2021-22 Estimated Change from Appropriation	\$3,803,082	\$3,803,082	Row B - Row A

Table 1.2 FY 2022-23 Summary of Incremental Funding Request LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2022-23 Spending Authority	\$193,398,121	\$193,398,121	Long Bill Appropriation (SB21-205)
B	Projected FY 2022-23 Expenditures	\$221,261,883	\$221,261,883	Table 2.2, Row O
C	FY 2022-23 Estimated Change from Appropriation	\$27,863,762	\$27,863,762	Row B - Row A

Table 1.3 FY 2023-24 Summary of Incremental Funding Request LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2023-24 Spending Authority	\$193,398,121	\$193,398,121	Long Bill Appropriation (SB21-205)
B	Projected FY 2023-24 Expenditures	\$228,236,156	\$228,236,156	Table 2.3, Row O
C	FY 2023-24 Estimated Change from Appropriation	\$34,838,035	\$34,838,035	Row B - Row A

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Appendix A: Calculations and Assumptions

Table 2.1							
FY 2021-22 Projected Caseload and Expenditures							
Row	Month	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	FY 2021-22 TOTAL
A	May 2021	638	1,861	1,831	91,956	0	96,286
B	June 2021	27	99	335	92,791	0	93,252
C	July 2021	0	78	545	95,025	0	95,648
D	August 2021	0	60	462	96,042	0	96,564
E	September 2021	0	42	396	97,062	0	97,500
F	October 2021	0	26	344	98,043	0	98,413
G	November 2021	0	12	296	99,000	0	99,308
H	December 2021	0	0	260	99,926	0	100,186
I	January 2022	0	0	217	3,715	96,446	100,378
J	February 2022	0	0	188	2,102	98,264	100,554
K	March 2022	0	0	165	1,496	99,071	100,732
L	April 2022	0	0	143	1,092	99,664	100,899
M	CY Client Total	665	2,178	5,182	778,250	393,445	1,179,720
N	CY PMPM Rate	\$160.92	\$164.04	\$151.18	\$155.49	\$190.48	
O	Expenditures	\$107,012	\$357,279	\$783,415	\$121,010,093	\$74,943,404	\$197,201,203

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Row	Month	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	FY 2022-23 TOTAL
A	May 2022	0	124	858	100,091	0	101,073
B	June 2022	0	102	722	100,417	0	101,241
C	July 2022	0	85	613	98,947	0	99,645
D	August 2022	0	67	529	97,430	0	98,026
E	September 2022	0	46	451	95,884	0	96,381
F	October 2022	0	30	390	94,310	0	94,730
G	November 2022	0	13	342	92,719	0	93,074
H	December 2022	0	0	294	91,111	0	91,405
I	January 2023	0	0	249	3,546	87,698	91,493
J	February 2023	0	0	214	2,043	89,353	91,610
K	March 2023	0	0	189	1,460	90,087	91,736
L	April 2023	0	0	163	1,077	90,624	91,864
M	CY Client Total	0	467	5,014	779,035	357,762	1,142,278
N	CY PMPM Rate	\$164.04	\$151.18	\$155.49	\$190.48	\$201.31	
O	Expenditures	\$0	\$70,601	\$779,627	\$148,390,587	\$72,021,068	\$221,261,883

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Table 2.3							
FY 2023-24 Projected Caseload and Expenditures							
Row	Month	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	FY 2023-24 TOTAL
A	May 2023	0	138	851	91,015	0	92,004
B	June 2023	0	116	715	91,310	0	92,141
C	July 2023	0	97	610	91,574	0	92,281
D	August 2023	0	73	524	91,823	0	92,420
E	September 2023	0	53	451	92,058	0	92,562
F	October 2023	0	34	389	92,285	0	92,708
G	November 2023	0	15	342	92,493	0	92,850
H	December 2023	0	0	299	92,695	0	92,994
I	January 2024	0	0	248	3,497	89,395	93,140
J	February 2024	0	0	217	1,988	91,080	93,285
K	March 2024	0	0	185	1,417	91,830	93,432
L	April 2024	0	0	165	1,042	92,377	93,584
M	CY Client Total	0	526	4,996	743,197	364,682	1,113,401
N	CY PMPM Rate	\$151.18	\$155.49	\$190.48	\$201.31	\$212.76	
O	Expenditures	\$0	\$81,788	\$951,638	\$149,612,988	\$77,589,742	\$228,236,156

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Appendix A: Calculations and Assumptions

Table 3.1 Estimated CY 2021 PMPM Rate Calculation		
Row	Item	Source
Figures from Announcement of Calendar Year (CY) 2020 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS		
A	Annual percentage trend for CY 2020	3.16% Centers for Medicare and Medicaid Services (CMS)
B	Prior Year Revisions of the Annual Percentage Trend	-0.30% Centers for Medicare and Medicaid Services (CMS)
C	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2021	2.85% Row A + Row B
D	CY 2020 PMPM Rate Prior to FMAP and Phasedown	\$460.24 Prior year actual
E	CY 2021 PMPM Rate Prior to FMAP and Phasedown	\$473.35 Row C * (1 + Row D)
F	CY 2021 FMAP State Share with Enhanced FMAP	43.80% Enhanced FMAP of 56.2% through December 2021
G	Ongoing Phasedown Percentage Rate	75.00% Statutory rate : Sec. 1935. (C) (5) [42 U.S.C. 1396u-5]
H	CY 2021 PMPM Rate (January through December 2021 with Enhanced 56.2% FMAP)	\$155.49 Row E * Row F * Row G

Source: Announcements of CY 2021 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies, Attachment V, Table V-1.

Table 3.2 Estimated CY 2022 PMPM Rate Calculation		
Row	Item	Source
Figures from Announcement of Calendar Year (CY) 2021 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS		
A	Annual percentage trend for CY 2021	5.36% Centers for Medicare and Medicaid Services (CMS)
B	Prior Year Revisions of the Annual Percentage Trend	1.85% Centers for Medicare and Medicaid Services (CMS)
C	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2022	7.31% Row A + Row B
D	CY 2021 PMPM Rate Prior to FMAP and Phasedown	\$473.35 Table 3.2 Row E
E	Projected CY 2022 PMPM Rate Prior to FMAP and Phasedown	\$507.95 Row C * (1 + Row D)
F	Projected FFY 22 FMAP State Share	50.00% Estimated FFY 22 FMAP is 50.00%
G	Projected CY 2022 PMPM Rate Prior to Phasedown	\$253.97 Row E * Row F
H	Ongoing Phasedown Percentage Rate	75.00% Statutory rate : Sec. 1935. (C) (5) [42 U.S.C. 1396u-5]
I	Estimated CY 2022 PMPM Rate (January through December 2022 with 50.00% FMAP)	\$190.48 Row G * Row H

Source: Announcement of Calendar Year (CY) 2021 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, Attachment V, Table V-1.

Table 3.3 Estimated CY 2023 PMPM Rate Calculation		
Row	Item	Source
Projected Figures from Announcement of Calendar Year (CY) 2022 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS		
A	Projected Annual percentage trend for CY 2022	4.89% Average from CY 2014 to CY 2021
B	Projected Prior Year Revisions of the Annual Percentage Trend	0.80% Average from CY 2014 to CY 2021
C	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2023	5.69% Row A + Row B
D	CY 2022 PMPM Rate Prior to FMAP and Phasedown	\$507.95 Table 3.2 Row E
E	Projected CY 2023 PMPM Rate Prior to FMAP and Phasedown	\$536.84 Row C * (1 + Row D)
F	Projected FFY 23 FMAP State Share	50.00% Estimated FFY 23 FMAP is 50.00%
G	Projected CY 2023 PMPM Rate Prior to Phasedown	\$268.42 Row E * Row F
H	Ongoing Phasedown Percentage Rate	75.00% Statutory rate : Sec. 1935. (C) (5) [42 U.S.C. 1396u-5]
I	Estimated CY 2023 PMPM Rate (January through December 2022 with 50.00% FMAP)	\$201.31 Row G * Row H

Table 3.4 Estimated CY 2024 PMPM Rate Calculation		
Row	Item	Source
Projected Figures from Announcement of Calendar Year (CY) 2022 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS		
A	Projected Annual percentage trend for CY 2022	4.89% Average from CY 2014 to CY 2021
B	Projected Prior Year Revisions of the Annual Percentage Trend	0.80% Average from CY 2014 to CY 2021
C	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2023	5.69% Row A + Row B
D	CY 2023 PMPM Rate Prior to FMAP and Phasedown	\$536.84 Table 3.3 Row E
E	Projected CY 2024 PMPM Rate Prior to FMAP and Phasedown	\$567.37 Row C * (1 + Row D)
F	Projected FFY 24 FMAP State Share	50.00% Estimated FFY 24 FMAP is 50.00%
G	Projected CY 2024 PMPM Rate Prior to Phasedown	\$283.68 Row E * Row F
H	Ongoing Phasedown Percentage Rate	75.00% Statutory rate : Sec. 1935. (C) (5) [42 U.S.C. 1396u-5]
I	Estimated CY 2024 PMPM Rate (January through December 2022 with 50.00% FMAP)	\$212.76 Row G * Row H

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Appendix A: Calculations and Assumptions

Table 4.1		
Invoice Caseload History		
Item	Total Member Months Caseload	Average Monthly Caseload
FY 2006-07	611,212	50,934
FY 2007-08	642,840	53,570
% Change from FY 2006-07	5.17%	5.18%
FY 2008-09	651,968	54,331
% Change from FY 2007-08	1.42%	1.42%
FY 2009-10	664,292	55,358
% Change from FY 2008-09	1.89%	1.89%
FY 2010-11	697,817	58,151
% Change from FY 2009-10	5.05%	5.05%
FY 2011-12	725,075	60,423
% Change from FY 2010-11	3.91%	3.91%
FY 2012-13	750,509	62,542
% Change from FY 2011-12	3.51%	3.51%
FY 2013-14	812,812	62,542
% Change from FY 2012-13	8.30%	0.00%
FY 2014-15	865,253	72,104
% Change from FY 2013-14	6.45%	15.29%
FY 2015-16	877,707	73,142
% Change from FY 2014-15	1.44%	1.44%
FY 2016-17	882,749	73,562
% Change from FY 2015-16	0.57%	0.57%
FY 2017-18	897,632	74,803
% Change from FY 2016-17	1.69%	1.69%
FY 2018-19	919,107	76,592
% Change from FY 2017-18	2.39%	1.69%
FY 2019-20	959,778	80,004
% Change from FY 2018-19	4.43%	2.39%
FY 2020-21	1,044,981	87,085
% Change from FY 2019-20	8.88%	8.85%
FY 2021-22 Projection	1,179,720	98,355
% Change from FY 2020-21	12.89%	12.94%
FY 2022-23 Projection	1,142,278	95,190
% Change from FY 2021-22 Projection	-3.17%	-3.22%
FY 2023-24 Projection	1,113,401	92,783
% Change from FY 2022-23 Projection	-2.53%	-2.53%

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Table 4.2		
Aggregate Monthly Caseload History		
Item	Total Member Months Caseload	Average Monthly Caseload
FY 2006-07	618,862	51,572
FY 2007-08	630,715	52,560
% Change from FY 2006-07	1.92%	1.92%
FY 2008-09	649,533	54,128
% Change from FY 2007-08	2.98%	2.98%
FY 2009-10	665,732	55,478
% Change from FY 2008-09	2.49%	2.49%
FY 2010-11	693,267	57,772
% Change from FY 2009-10	4.14%	4.13%
FY 2011-12	728,875	60,740
% Change from FY 2010-11	5.14%	5.14%
FY 2012-13	757,424	63,119
% Change from FY 2011-12	3.92%	3.92%
FY 2013-14	803,259	66,938
% Change from FY 2012-13	6.05%	6.05%
FY 2014-15	860,591	71,716
% Change from FY 2013-14	7.14%	7.14%
FY 2015-16	864,799	72,067
% Change from FY 2014-15	0.49%	0.49%
FY 2016-17	890,604	74,217
% Change from FY 2015-16	2.98%	2.98%
FY 2017-18	915,947	76,329
% Change from FY 2016-17	2.85%	2.85%
FY 2018-19	933,274	77,773
% Change from FY 2017-18	1.89%	1.89%
FY 2019-20	942,549	78,546
% Change from FY 2018-19	0.99%	0.99%
FY 2020-21	1,049,855	87,488
% Change from FY 2019-20	11.38%	11.38%
FY 2021-22 Projection	1,179,942	98,328
% Change from FY 2020-21 Projection	12.39%	12.39%
FY 2022-23 Projection	1,141,437	95,120
% Change from FY 2021-22 Projection	-3.26%	-3.26%
FY 2023-24 Projection	1,113,325	92,777
% Change from FY 2022-23 Projection	-2.46%	-2.46%

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Appendix A: Calculations and Assumptions

Table 4.3				
Summary of PMPM Rates by Calendar Year (CY) with FMAP Adjustments				
Row	Year	Rate	FMAP	Source
CY 2014				
A	Jan-Sept 2014	\$125.50	50.00%	Actual CMS
B	Oct-Dec 2014	\$122.97	51.01%	Actual CMS
CY 2015				
C	Jan-Sept 2015	\$124.68	51.01%	Actual CMS
D	Oct-Dec 2015	\$125.42	50.72%	Actual CMS
CY 2016				
E	Jan-Sept 2016	\$139.98	50.72%	Actual CMS
F	Oct-Dec 2016	\$141.97	50.02%	Actual CMS
CY 2017				
G	Jan-Sept 2017	\$158.91	50.02%	Actual CMS
H	Oct-Dec 2017	\$158.97	50.00%	Actual CMS
CY 2018				
I	Jan-Dec 2018	\$160.92	50.00%	Actual CMS
J	Oct-Dec 2018	\$160.92	50.00%	Actual CMS
CY 2019				
K	Jan-Dec 2019	\$164.04	50.00%	Actual CMS
CY 2020				
L	Jan-Dec 2020	\$151.18	56.20%	Actual CMS
CY 2021				
M	Jan-Dec 2021	\$155.49	56.20%	Actual CMS
CY 2022				
N	Estimated Jan-Dec 2022	\$190.48	50.00%	Table 3.2 Row I
CY 2023				
O	Estimated Jan-Dec 2023	\$201.31	50.00%	Table 3.3 Row I
CY 2024				
P	Estimated Jan-Dec 2024	\$212.76	50.00%	Table 3.4 Row I

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Table 4.4					
Quarterly PMPM Rate History					
Item	Q1	Q2	Q3	Q4	Average PMPM Rate
CY 2006	\$114.71	\$114.71	\$114.71	\$114.71	\$114.71
CY 2007	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30
% Change from CY 2006					4.87%
CY 2008	\$120.03	\$120.03	\$120.03	\$98.95	\$114.76
% Change from CY 2007					-4.61%
CY 2009	\$106.03	\$98.81	\$98.81	\$98.81	\$100.62
% Change from CY 2008					-12.33%
CY 2010	\$101.49	\$101.49	\$101.49	\$101.49	\$101.49
% Change from CY 2009					0.87%
CY 2011	\$107.07	\$111.97	\$129.84	\$129.84	\$119.68
% Change from CY 2010					17.92%
CY 2012	\$132.41	\$132.41	\$132.41	\$132.41	\$132.41
% Change from CY 2011					10.64%
CY 2013	\$133.62	\$133.62	\$133.62	\$133.62	\$133.62
% Change from CY 2012					0.91%
CY 2014	\$125.50	\$125.50	\$125.50	\$122.97	\$124.87
% Change from CY 2013					-6.55%
CY 2015	\$124.68	\$124.68	\$124.68	\$125.42	\$124.87
% Change from CY 2014					0.00%
CY 2016	\$139.98	\$139.98	\$139.98	\$141.97	\$140.48
% Change from CY 2015					12.50%
CY 2017	\$158.91	\$158.91	\$158.91	\$158.97	\$158.93
% Change from CY 2016					13.13%
CY 2018	\$160.92	\$160.92	\$160.92	\$160.92	\$160.92
% Change from CY 2017					1.26%
CY 2019	\$164.04	\$164.04	\$164.04	\$164.04	\$164.04
% Change from CY 2018					1.94%
CY 2020	\$151.18	\$151.18	\$151.18	\$151.18	\$151.18
% Change from CY 2019					-7.84%
CY 2021	\$155.49	\$155.49	\$155.49	\$155.49	\$155.49
% Change from CY 2020					2.85%
CY 2022 Projection	\$190.48	\$190.48	\$190.48	\$190.48	\$190.48
% Change from CY 2021					22.50%
CY 2023 Projection	\$201.31	\$201.31	\$201.31	\$201.31	\$201.31
% Change from CY 2022 Projection					5.69%
CY 2024 Projection	\$212.76	\$212.76	\$212.76	\$212.76	\$212.76
% Change from CY 2023 Projection					5.69%