

Exhibit FF - Medicaid Behavioral Health Retroactivity Adjustment

Fiscal Year		Adults 65 and Older	Disabled Individuals	Low Income Adults ⁽¹⁾	Expansion Parents & Caretakers ⁽²⁾	MAGI Adults	Eligible Children	Foster Care
FY 2007-08	Average Monthly Claims	36,907	61,336	69,407	-	-	225,162	17,810
	Average Caseload	36,284	56,079	59,761	-	-	204,022	17,141
	Claims as a Percentage of Caseload	101.72%	109.37%	116.14%	-	-	110.36%	103.90%
FY 2008-09	Average Monthly Claims	37,865	62,496	77,211	-	-	251,445	18,597
	Average Caseload	37,619	57,802	68,850	-	-	235,129	18,033
	Claims as a Percentage of Caseload	100.65%	108.12%	112.14%	-	-	106.94%	103.13%
FY 2009-10	Average Monthly Claims	38,645	65,337	94,478	-	-	290,971	18,842
	Average Caseload	38,487	60,313	82,669	-	-	275,672	18,381
	Claims as a Percentage of Caseload	100.41%	108.33%	114.28%	-	-	105.55%	102.51%
FY 2010-11	Average Monthly Claims	38,337	68,739	127,056	-	-	323,244	18,792
	Average Caseload	38,921	64,052	116,149	-	-	302,410	18,393
	Claims as a Percentage of Caseload	98.50%	107.32%	109.39%	-	-	106.89%	102.17%
FY 2011-12	Average Monthly Claims	39,691	72,084	145,631	-	6,856	351,100	18,402
	Average Caseload	39,740	67,869	136,315	-	6,810	334,633	18,034
	Claims as a Percentage of Caseload	99.88%	106.21%	106.83%	-	100.68%	104.92%	102.04%
FY 2012-13	Estimated Average Monthly Claims	40,123	74,703	159,244	-	10,729	380,186	18,072
	Average Caseload	40,827	71,859	149,305	-	10,634	368,079	17,777
	Claims as a Percentage of Caseload	98.27%	103.96%	106.66%	-	100.89%	103.29%	101.66%
FY 2013-14	Estimated Average Monthly Claims	40,782	77,257	199,988	-	90,902	429,909	18,610
	Average Caseload	41,836	76,837	185,979	-	87,243	424,377	18,267
	Claims as a Percentage of Caseload	97.48%	100.55%	107.53%	-	104.19%	101.30%	101.88%
FY 2014-15 ⁽³⁾	Estimated Average Monthly Claims	40,840	81,219	179,955	75,187	244,890	501,502	20,194
	Average Caseload	41,817	80,641	178,328	71,989	241,392	495,836	20,036
	Claims as a Percentage of Caseload	97.66%	100.72%	100.91%	104.44%	101.45%	101.14%	100.79%
Weighted Average Claims as a Percentage of Caseload ⁽⁴⁾		97.66%	100.72%	100.91%	101.45%	101.45%	101.14%	100.79%
Retroactivity Adjustment Factor		-2.34%	0.72%	0.91%	1.45%	1.45%	1.14%	0.79%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Low Income Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² Expansion Adults is being reported as its own category beginning FY 2013-14. Prior to that, the category was baked in to the Low Income Adults category.

³ Factors for Expansion Adults and MAGI Adults are incorrectly skewed. Due to a system issue, which incorrectly associated Expansion Adults claims with MAGI Adults, the retroactivity is overstated in Expansion Adults and understated in MAGI Adults.

⁴ The retroactivity adjustment captures the actual monthly claims paid versus average caseload reported. After analyzing the data and historical trends, the Department determined that the most recent year with adequate runout, which in this request is FY 2014-15, most accurately represents the relationship between the claims-based rate and the capitation rate for all eligibility categories.

Exhibit FF - Medicaid Behavioral Health Partial Month Adjustment Multiplier

Fiscal Year		Adults 65 and Older	Disabled Individuals	Low Income Adults ⁽¹⁾	Expansion Parents and Caretakers ⁽⁵⁾	MAGI Adults	Eligible Children	Foster Care
FY 2007-08	Weighted Claims-Based Rate	\$13.07	\$113.61	\$17.48	-	-	\$13.87	\$260.01
	Weighted Capitation Rate	\$13.15	\$114.07	\$17.51	-	-	\$13.94	\$262.46
	Claims as a Percentage of Capitation	99.36%	99.60%	99.84%	-	-	99.49%	99.07%
FY 2008-09	Weighted Claims-Based Rate	\$13.49	\$122.69	\$18.40	-	-	\$14.47	\$253.56
	Weighted Capitation Rate ⁽³⁾	\$13.57	\$123.19	\$18.47	-	-	\$14.57	\$255.41
	Claims as a Percentage of Capitation	99.42%	99.59%	99.62%	-	-	99.34%	99.27%
FY 2009-10	Weighted Claims-Based Rate	\$13.21	\$127.20	\$18.74	-	-	\$14.21	\$225.86
	Weighted Capitation Rate ⁽³⁾	\$13.29	\$127.70	\$18.82	-	-	\$14.29	\$227.45
	Claims as a Percentage of Capitation	99.40%	99.61%	99.56%	-	-	99.44%	99.30%
FY 2010-11	Weighted Claims-Based Rate	\$13.50	\$136.46	\$20.56	-	-	\$15.11	\$191.24
	Weighted Capitation Rate ⁽³⁾	\$13.58	\$137.00	\$20.64	-	-	\$15.19	\$192.53
	Claims as a Percentage of Capitation	99.44%	99.61%	99.62%	-	-	99.44%	99.33%
FY 2011-12	Weighted Claims-Based Rate	\$13.69	\$139.19	\$21.46	-	\$100.82	\$16.12	\$176.56
	Weighted Capitation Rate	\$13.77	\$139.69	\$21.49	-	\$100.83	\$16.20	\$177.70
	Claims as a Percentage of Capitation	99.42%	99.64%	99.84%	-	100.00%	99.53%	99.36%
FY 2012-13	Weighted Claims-Based Rate	\$13.57	\$139.85	\$21.86	-	\$100.67	\$16.70	\$171.02
	Weighted Capitation Rate	\$13.65	\$140.33	\$21.90	-	\$100.97	\$16.76	\$171.84
	Claims as a Percentage of Capitation	99.40%	99.66%	99.84%	-	99.70%	99.65%	99.52%
FY 2013-14 ⁽²⁾	Weighted Claims-Based Rate	\$13.89	\$144.72	\$23.99	\$23.99	\$79.25	\$17.18	\$174.11
	Weighted Capitation Rate	\$13.96	\$144.99	\$24.05	\$24.05	\$79.38	\$17.22	\$174.80
	Claims as a Percentage of Capitation	99.49%	99.82%	99.73%	99.73%	99.84%	99.78%	99.61%
FY 2014-15	Weighted Claims-Based Rate	\$14.14	\$146.38	\$25.95	\$25.95	\$55.52	\$19.18	\$215.25
	Weighted Capitation Rate	\$14.22	\$146.82	\$25.96	\$25.96	\$55.53	\$19.20	\$215.41
	Claims as a Percentage of Capitation	99.46%	99.70%	99.97%	99.97%	99.98%	99.88%	99.93%
Average Claims as a Percentage of Capitation ⁽⁴⁾		99.46%	99.70%	99.97%	99.97%	99.98%	99.88%	99.93%
Partial Month Adjustment Multiplier		-0.54%	-0.30%	-0.03%	-0.03%	-0.02%	-0.12%	-0.07%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² Expansion Parents and Caretakers is being reported as its own category beginning FY 2013-14. Prior to that, the category was baked in to the Parents and Caretakers category.

³ The Department has adjusted the rates paid to the BHOs in FY 2008-09 through FY 2010-11 due to budget actions. The numbers provided, here, reflects the actual paid rates and therefore do not match the numbers in Exhibit GG, which demonstrate the trend on the actuarial point estimates.

⁴ The partial month adjustment captures the difference in the amount paid per claim versus the capitation rate due to paying an adjusted rate for clients enrolled for only part of a month. After analyzing the data and historical trends, the Department determined that the most recent year with adequate runout, which in this request is FY 2014-15, most accurately represents the relationship between the claims-based rate and the capitation rate for all eligibility categories.

⁵ Due to system limitations resulting in an incorrect payment rate for expansion parents and caretakers, FY 2013-14 and FY 2014-15 are based on the parents and caretakers category as it most closely resembles the population. Reconciliations on the difference in rates are completed outside the MMIS, and therefore, do not show up in the claims data.