



Mississippi Medicaid Managed Care Savings Analysis – January 2011 through June 2018

Wakely Consulting Group, LLC

Background

Wakely Consulting Group, LLC (Wakely) has been retained by the Mississippi Association of Health Plans (MAHP) to assist in an evaluation of the programmatic savings that the Managed Care Plans (MCPs) achieved for the State of Mississippi's Coordinated Access Network program (MississippiCAN) between January 2011 and June 2018. The MississippiCAN program is administered by the Mississippi Division of Medicaid (DOM). This report includes a comparison of capitation rates for members enrolled with participating MCPs to estimated costs if those same members were enrolled in the State of Mississippi's Fee for Service (FFS) program.

Wakely relied on data provided by each of the MCPs as well as capitation rates and rating documentation from DOM in performing this analysis. We relied on the accuracy of this documentation and the assumptions imbedded in the rate development. If those assumptions differ from actual experience, then our estimates will be affected. Actual results will likely vary from our estimates. This report was prepared to assist MAHP in estimating savings achieved by MCPs participating in the MississippiCAN program between January 2011 and June 2018, and satisfies Actuarial Standard of Practice 41 reporting requirements. Other uses may be inappropriate.

We understand this report may be shared with outside parties. When it is shared, it should be shared in its entirety. This document and the supporting exhibits/files constitute the entirety of the report and supersede any previous communications on the project. Wakely does not intend to create a reliance by outside parties receiving this report. Outside parties receiving this report should retain their own qualified experts in interpreting the results. It is the responsibility of the organizations receiving this report to review the assumptions carefully and notify Wakely of any potential concerns.

Executive Summary

This report compares MCP capitation rates and MCP achieved savings in the Inpatient Savings Guarantee Program¹ to estimated costs for those same members if they had been covered by

¹The Inpatient Guaranteed Savings Program was in place for the Original population for CY 2011 and CY 2012.

traditional FFS Medicaid. MCPs achieve programmatic savings by promoting efficient use of the health care system and eliminating wasteful or inefficient spending by placing an emphasis on preventative care, managing chronic patients, and detecting and treating serious illnesses early.

In states where recent FFS data is used to set managed care rates, the comparison of estimated FFS costs to MCP capitation rates is relatively straightforward. When plan encounter data is the primary data source, it is more difficult to develop comparable FFS cost estimates. While this exercise necessarily incorporates review of older FFS experience, it uses all of the available information and, in our opinion, is reasonable and actuarially sound.

We estimate the costs for members enrolled with MCPs in the MississippiCAN program are 5.1% (\$501.8M) to 6.7% (\$670.9M) lower during the January 2011 through June 2018 period than estimated costs if DOM had served those same members in the FFS program.

The low end of the estimated range assumes that the trend assumptions used by Milliman in the capitation rate development are representative of FFS trends, and the high end assumes that annual FFS trends would have been 0.5% higher than Milliman’s trend assumptions².

The following table shows additional detail regarding the range above and includes a breakdown of the state and federal portion of those savings:

Table 1 – Estimated Savings Relative to Fee For Service

Based on no assumed trend differential	Jan 2011 – July 2018
Estimated FFS Costs	\$9,814,694,000
Calculated MississippiCAN Costs ^[1]	\$9,312,934,000
Total Dollars Saved	\$501,760,000
Total Percentage Saved	5.1%
State Portion of Savings	\$376,140,000
Federal Portion of Savings	\$125,620,000
Based on 0.5% Trend Differential	
Theoretical FFS Costs	\$9,983,789,000
Calculated MississippiCAN Costs ^[1]	\$9,312,934,000
Total Dollars Saved	\$670,855,000
Total Percentage Saved	6.7%
State Portion of Savings	\$419,274,000
Federal Portion of Savings	\$251,581,000

[1] Excludes Premium tax and Mississippi Hospital Access Program (MHAP) pass-through payments, but includes calculated inpatient costs resulting from the Inpatient Savings Guarantee Program in CY 2011 and CY 2012.

² As previously stated, managed care achieves programmatic savings by promoting efficient use of the health care system and eliminating wasteful or inefficient spending by placing an emphasis on preventative care, managing chronic patients, and detecting and treating serious illnesses early. As a result managed care trends are often lower than those observed in an unmanaged FFS environment. We believe that it is reasonable, and possibly conservative, to assume that annual FFS trends would be 0.5% higher than those used in historical MississippiCAN capitation rate setting.

The federal funding of a portion of the 3% premium tax also results in significant savings to the state of Mississippi. The reason that MississippiCAN taxes result in a budgetary benefit to the state is that the MississippiCAN program (including the premium tax component of the capitation rates) is largely federally funded, but all premium tax receipts are retained by the state. Due to the significant tax advantage to the state of Mississippi, the majority of the programmatic savings illustrated in Table 1 accrue to the state.

Definitions and Programmatic History

The following definitions and information may be helpful in understanding the various assumptions and methodology used in our analysis:

Capitation rates – Capitation rates are the monthly payments made to each MCP for Medicaid enrollees. They are published by the state’s actuary and vary by rate cell and geographic region. We have not risk adjusted plan-level capitation rates, as the composite risk level across all plans is typically 1.0³. See Appendix A for a listing of capitation rates and maternity kick payments by rate cell and by rating period for CY 2011 through SFY 2018 (note, rates in Appendix A include Premium tax).

Fee for Service Administrative Costs – We have assumed that DOM administrative costs to operate the FFS program are 2% higher than DOM administrative costs to operate the MississippiCAN program. This assumption is consistent with assumptions used in other states. Therefore, our savings estimates are approximately 2% higher than they would be otherwise in recognition of decreased state administrative costs for the MississippiCAN program.

Managed care has a long history in Mississippi’s Medicaid program. A review of the rate setting methodology from historical rating periods was necessary as the actuarial assumptions used to set those rates include the managed care savings needed for MCPs to achieve targeted financial performance. To develop comparable FFS cost estimates for CY 2013 through SFY 2018, we used rate setting information underlying the CY 2011 through CY 2015⁴ capitation rates.

For CY 2011 and January through November 2012, Mississippi had a voluntary opt-out option for SSI and Disabled Newborns and Non-Newborns, Foster Care, and Breast and Cervical Cancer rate cells (“Original population”). As a result, the CY 2013 through SFY 2015 rate developments for these populations relied on a combination of FFS and blended Encounter / Financial Reporting base data. The following table illustrates the weights applied to FFS and blended Encounter / Financial Reporting base data for CY 2013 through SFY 2015 for the Original population.

³ The CY 2012 through SFY 2015 rating documentation suggests that Milliman was using a risk score of less than 1.0 for the managed care portion of the SSI and Disabled Non-newborn populations in order to adjust for morbidity differences between those populations and their FFS counterparts. We have accounted for these morbidity adjustments in our calculations. See details later in this report.

⁴ Each capitation rate development used historical Encounter and/or FFS data from earlier periods. Appendix C summarizes the historical data underlying each capitation rating period relevant to this analysis.

Table 2 - Original Population FFS and Blended Encounter/Financial Reporting Data Weight by Rating Period

Rating Period	FFS Data Weight	Blended Encounter / Fin. Reporting Data Weight ⁵
CY 2013	25% to 80%*	20% to 75%*
Jan - June 2014	23% to 84%*	16% to 77%*
SFY 2015	23% to 84%*	16% to 77%*

*Weights vary by rate cell

The inpatient benefit was carved-out of the MississippiCAN program for CY 2011 through November 2015. During the CY 2011 and CY 2012 rating periods the Inpatient Savings Guarantee Program was in place for the Original population. The Savings Guarantee Program required MCPs to achieve at least 10% net savings above and beyond the \$10 PMPM in administration they were paid to coordinate these services. MCP's were responsible for any savings shortfall, but were allowed to share in 20% of any additional savings beyond the required 10% up to a limit of 5% of the non-inpatient capitation rates. The estimated savings achieved by this program during CY 2011 and CY 2012 were included in our calculations. FFS inpatient base data was used to estimate prospective inpatient costs in the MississippiCAN program for the December 2015 through June 2018 rating periods. We have assumed this FFS inpatient base data already reflected 15% savings based on statements included in Milliman documentation for the SFY 2017 and SFY 2018 rating periods^{6 7}.

Effective December 2012 Mississippi expanded the MississippiCAN program to include MA Adults, Pregnant Women, Non-SSI Newborns 0-2 Months and 3-12 Months, and a Delivery Kick Payment (Expansion population). Effective December 2014 Mississippi again expanded the MississippiCAN program to cover the MA Children and move over the Quasi-CHIP population (income eligibility between 100% and 133% of federal poverty limit) from the managed Children's Health Insurance Program (CHIP). See Appendix C for more detail on the data sources used to develop rates for these populations.

Additional, less impactful, program changes were also made to the MississippiCAN program during CY 2011 through SFY 2018. See Appendix D for a complete summary of the changes that occurred during this time.

⁵ For CY 2013 100% weight was applied to the Financial Reporting Data for "Other Services" while all other service categories were blended 50% / 50% between Encounter and Financial Reporting Data. For January - June 2014 and SFY 2015 all service categories were weighted 50% / 50% when blending Encounter and Financial Reporting Data.

⁶ "In the first two years of the program, the Inpatient Savings Guarantee Program demonstrated that CCOs [MCPs] achieved inpatient savings of approximately 15% for individuals enrolled in MississippiCAN."

⁷ Based on the demonstrated savings achieved in the Inpatient Savings Guarantee Program it is likely that between the end of the Inpatient Savings Guarantee Program (December 2012) and the carve-in of inpatient services into the MississippiCAN program (December 2015) that the state realized inpatient savings on the FFS side for MississippiCAN Enrollees. We have not included these savings in any of our results.

Methodology, Assumptions, and Results

Wakely estimated savings produced by the MCPs by comparing the calculated costs for the members enrolled in the MississippiCAN program to estimated costs for those same members if they had been enrolled in the FFS program. We performed the following steps to estimate the savings achieved for each period:

Calculate MississippiCAN program costs (A)

Step 1: Determine aggregate capitation payments made to participating MCPs during each rating period. This step consisted of multiplying total MississippiCAN monthly enrollment by the published capitation rates for each region and rate cell.

Step 2: Determine the estimated inpatient costs that resulted from the Inpatient Savings Guarantee Program for CY 2011 and CY 2012. This step consisted of reviewing the reported inpatient data for CY 2011 and CY 2012 and comparing those results to the inpatient targets from the CY 2011 and CY 2012 rating documents.

Estimate FFS costs for MississippiCAN enrollees (B)

Step 3: Determine estimated baseline FFS costs by rate cell. Due to the current reliance on the Encounter and Financial Reporting data in the more recent rating periods, comparative FFS data is no longer available. Historical FFS to managed care cost differentials were assumed to continue going forward. This includes adjusting implied FFS costs to remove the impact of MCP savings, MCP administrative costs, and taxes. Note, estimated unmanaged FFS inpatient costs for the Original population in CY 2011 and CY 2012 was included here since we included the estimated costs that resulted from the Inpatient Savings Guarantee Program in step 2. Additional cost savings are incorporated as appropriate for new populations (Expansion – December 2012, MA Children and Quasi-CHIP – December 2014).

Step 4: Compare the Composite MCP performance by rate cell for the historical periods to the prospective claims PMPMs originally estimated by Milliman for those same periods. Composite MCP performance was calculated based on reported results included in subsequent rating period documents. If observed MCP costs are lower than estimated by Milliman, additional cost savings are accrued since prospective rates will be reduced. If the MCP costs are higher than expected, lower managed care cost savings will be accrued since prospective rates will be increased.

Step 5: Add FFS administrative cost difference of 2% to estimated FFS costs. Note, this 2% was not added to the estimated unmanaged inpatient FFS costs for CY 2011 and CY 2012 for the Original population (which were included in step 3) since inpatient services were administered by the state during that time period.

Step 6: Apply FFS versus managed care trend differential⁸ to develop the high end of our estimated range in MCO savings. The lower end of our range assumes no trend differential.

Final Savings Estimate

Compare results of the MississippiCAN program cost calculation (A) to estimated FFS costs for MississippiCAN plan enrollees (B). Subtracting (A) from (B) results in estimated dollar savings.

To estimate the savings for the CY 2013 through SFY 2018 rating periods, we initially assumed that the CY 2011 through CY 2015 base period encounter and cost report data used to develop those rates already reflected estimated historical FFS to MCP managed care cost differentials. This is based on composite MCP experience for CY 2011 through CY 2015 that generally conformed to Milliman’s projected costs. The table below summarizes the estimated historical FFS to managed care cost differentials for each of these base period years by population:

Table 3 – Estimated Historical FFS to Managed Care Cost Differentials by Population (CY 2011 to CY 2015)

Rating Period	Original	Expansion	Children
CY 2011	-24.6%	n/a	n/a
CY 2012	-15.9%	n/a	n/a
CY 2013	-13.1%	-2.2%	-4% to -5.9%*
CY 2014	-15.2%	-12.3%	-14.6%
CY 2015	-8.0%	-4.9%	-18.9%

*Varies by which rating period used it as base data. Both SFY 2015 and SFY 2016 used CY 2013 as base data for Quasi-CHIP but reported different base pharmacy costs for CY 2013.

Other Adjustments and Considerations

With the passage of the Affordable Care Act, Medicaid payment for evaluation and management (E&M) services furnished by certain physician specialties for CY 2013 and CY 2014 must be at rates not less than the Medicare rates for those calendar years. Mississippi legislative action extended this enhanced reimbursement through June 2015. The rating documents for January to June 2014 and SFY 2015 contain adjustments for this reimbursement change and thus these impacts were included in our calculations. For CY 2013, however, the rating document states “we will adjust capitation rates retrospectively once additional guidance from CMS on this issue is provided”. As such, our calculations for CY 2013 do not include any adjustments for this impact and as a result the aggregate dollar savings for CY 2013 are likely understated.

⁸ The 0.5% trend differential was assumed to have been achieved starting with CY 2011 for the Original population’s non-inpatient and non-behavioral health, Dec. 2012 to Dec. 2013 for the Expansion population’s non-inpatient and Original population’s behavioral health, Dec. 2014 to June 2015 for the Children population’s non-inpatient and Dec. 2015 to June 2016 for all populations’ inpatient (i.e. for SFY 2018 savings the 0.5% annual trend differential was compounded for 7.5 years for the Original population’s non-inpatient and non-behavioral health). No trend differential was assumed for the Delivery Kick Payment rates.

The MississippiCAN Expenditure Projection Exhibits included in the rating documents for CY 2012 through SFY 2015 contain a budget neutral risk score for the SSI / Disabled Non-Newborn rate cell that is less than 1.0. Milliman indicated that this factor is used to reflect budget neutrality between FFS opt-outs and MississippiCAN enrollees. We believe this is equivalent to a morbidity adjustment between the FFS opt-outs and MississippiCAN populations.

It is typical for a voluntary FFS population to have a higher morbidity than the managed care population which may necessitate a morbidity adjustment when both populations are included in base data. These adjustments were included in our estimation of FFS costs for CY 2011 through SFY 2015 and in our estimation of the MississippiCAN program costs for CY 2012 through SFY 2015. We did not apply this adjustment to the estimated CY 2011 MississippiCAN program costs because there was no indication that this adjustment was made to the capitation rates paid to the MCPs during that period. If an adjustment was made to the CY 2011 capitation rates paid to MCPs then the savings estimate for CY 2011 is likely understated.

The following table summarizes the adjustments that were applied to CY 2011 through SFY 2015 estimated FFS costs and MississippiCAN program costs. In order to be as accurate as possible, our analysis used factors communicated by Milliman in the subsequent period's rating documents. These factors varied somewhat from those that Milliman applied in prospective rate setting, but the retrospective factors are likely to provide a better estimate of the relative morbidity of the two populations. No retrospective factor was indicated for SFY 2015, so the prospective rating factor was applied for that period.

Table 4 - SSI / Disabled Non-Newborn Morbidity Adjustments Applied for CY 2011 to SFY 2015

Rating Period	Est. FFS Costs	Est. MSCAN Costs
CY 2011	0.890	1.000
CY 2012	0.972	0.972
CY 2013	0.995	0.995
Jan - Dec 2014	0.995	0.995
SFY 2015	0.995	0.995

Effective January 2017 autism spectrum disorder services (ASD) were added to the MississippiCAN program. The SFY 2018 rating documents included an adjustment for this change, however, no adjustment was included in the SFY 2017 rate development. As a result, we have used the information included in the SFY 2018 rating documents to estimate the implied FFS equivalent ASD costs for January through June 2017. Including the ASD estimate in our savings calculations for SFY 2017 increases aggregate savings for the period by approximately \$7.7M (0.3% of FFS equivalent costs).

We received membership templates from each of the participating MCP's containing monthly enrollment by rate cell for the period December 2012 through June 2017. To confirm reasonability, we compared these results for December 2012 through June 2015 to base data reported by Milliman. In most instances the information was generally consistent with the base data except for the newborn rate cells (SSI / Disabled Newborns, Non-SSI / Disabled Newborns 0-2 Months and 3-12 Months)

where we observed that the templates contained member counts that were materially lower than the comparable base data information. The submitted MCP templates did appear consistent with each another in terms of the proportion of newborns by rate cell and age grouping. As a result we chose to use the template data as provided by the MCPs⁹. If the actual member months for these rate cells was underreported in the MCP templates then our aggregate savings estimates will be similarly underreported.

For SFY 2018 the projected member months from the SFY 2018 rating document were used with the regional membership distribution from SFY 2017 to estimate membership by region for use in the SFY 2018 savings calculations. If actual enrollment during SFY 2018 varies from Milliman’s projections the calculated savings would be expected to be similarly affected. See Appendix B for a summary of the membership used for all periods.

Table 5 summarizes the results of our savings analysis by rating period. See Appendix E for a summary of the savings estimates by component.

Table 5 – Estimated Savings Relative to Fee For Service

Rating Period	Based on No Trend Differential (\$M)				Based on 0.5% Annual Trend Differential (\$M)			
	Est FFS Costs	Calc MSCAN Costs ^[1]	Total Dollars Saved	Total Percent Saved	Est FFS Costs	Calc MSCAN Costs ^[1]	Total Dollars Saved	Total Percent Saved
CY 2011	\$455.7	\$451.4	\$4.3	0.9%	\$457.2	\$451.4	\$5.9	1.3%
CY 2012	\$481.1	\$433.1	\$47.9	10.0%	\$484.2	\$433.1	\$51.1	10.5%
CY 2013	\$758.4	\$697.7	\$60.7	8.0%	\$766.7	\$697.7	\$69.0	9.0%
Jan-June 2014	\$406.5	\$385.3	\$21.2	5.2%	\$412.4	\$385.3	\$27.1	6.6%
SFY 2015	\$1,060.1	\$1,012.1	\$48.0	4.5%	\$1,077.7	\$1,012.1	\$65.6	6.1%
SFY 2016	\$1,989.6	\$1,921.6	\$68.0	3.4%	\$2,020.2	\$1,921.6	\$98.6	4.9%
SFY 2017	\$2,313.8	\$2,159.5	\$154.4	6.7%	\$2,359.3	\$2,159.5	\$199.8	8.5%
SFY 2018	\$2,349.6	\$2,252.3	\$97.3	4.1%	\$2,406.1	\$2,252.3	\$153.8	6.4%
Total	\$9,814.7	\$9,312.9	\$501.8	5.1%	\$9,983.8	\$9,312.9	\$670.9	6.7%

[1] Excludes Premium tax and MHAP pass-through payments, but does include estimated inpatient costs from the Inpatient Savings Guarantee Program in CY 2011 and CY 2012.

The federal funding of a portion of the 3% premium taxes also results in significant savings to the state of Mississippi. The reason that MississippiCAN taxes result in a budgetary benefit to the state is that the MississippiCAN program (including the premium tax component of the capitation rates) is largely federally funded, but all premium tax receipts are retained by the state. Evaluating both components together is important as the managed care savings and premium tax elements of the rate setting calculations are interdependent. For example, managed care savings reduces capitation rates which lessens the premium tax advantage to the state. The loss of the premium tax advantage due to the managed care savings partially offsets the state savings associated with the managed care savings. Thus, evaluating both items together results in a more accurate understanding of their collective impact. The tax savings available to the State of Mississippi through the MississippiCAN program would not be available through a traditional FFS model.

⁹ The rating documents and one of the MCPs indicated that tracking newborn enrollment has been an issue over the years and that providing accurate information for these rate cells can be challenging.

Tables 6 and 7 show estimates of the state and federal components of the managed care savings and illustrative the impact of the premium tax component on both the “without trend” and “with trend” scenarios.

Table 6: Estimated Managed Care State vs Federal – Without Trend Assumption

Period	MMs	Estimated MSCAN Costs (\$M)									
		MSCAN Costs		Tax Transfer to State ¹⁰		Cap Rate Costs After Tax Transfer to State		Estimated FFS Costs (\$M)		Value of Managed Care Savings (\$M)	
		State	Federal	From State	From Federal	State	Federal	State	Federal	State	Federal
CY 2011	635,809	\$117.3	\$344.3	\$2.6	\$7.7	\$107.0	\$344.3	\$115.8	\$339.9	\$8.7	-\$4.4
CY 2012	676,547	\$115.2	\$327.8	\$2.6	\$7.3	\$105.3	\$327.8	\$125.1	\$355.9	\$19.8	\$28.1
CY 2013	1,702,457	\$191.8	\$527.5	\$5.8	\$15.8	\$170.2	\$527.5	\$202.2	\$556.2	\$32.0	\$28.7
Jan-June 2014	888,365	\$107.1	\$290.2	\$3.2	\$8.7	\$95.1	\$290.2	\$109.6	\$297.0	\$14.4	\$6.8
SFY 2015	2,528,518	\$277.0	\$766.3	\$8.3	\$23.0	\$245.7	\$766.3	\$281.5	\$778.6	\$35.7	\$12.3
SFY 2016	5,993,192	\$519.2	\$1,479.4	\$20.0	\$57.0	\$442.2	\$1,479.4	\$516.8	\$1,472.7	\$74.7	-\$6.7
SFY 2017	5,904,810	\$571.5	\$1,671.1	\$21.2	\$62.0	\$488.4	\$1,671.1	\$589.7	\$1,724.1	\$101.3	\$53.1
SFY 2018	6,125,690	\$575.6	\$1,763.6	\$21.4	\$65.5	\$488.6	\$1,763.6	\$578.1	\$1,771.5	\$89.5	\$7.8
Total	24,455,388	\$2,474.7	\$7,170.3	\$85.0	\$247.0	\$2,142.6	\$7,170.3	\$2,518.8	\$7,295.9	\$376.1	\$125.6

Table 7: Estimated Managed Care State vs Federal – With Trend Assumption

Period	MMs	Estimated MSCAN Costs (\$M)									
		MSCAN Costs		Tax Transfer to State ¹⁰		Cap Rate Costs After Tax Transfer to State		Estimated FFS Costs (\$M)		Value of Managed Care Savings (\$M)	
		State	Federal	From State	From Federal	State	Federal	State	Federal	State	Federal
CY 2011	635,809	\$117.3	\$344.3	\$2.6	\$7.7	\$107.0	\$344.3	\$116.2	\$341.1	\$9.1	-\$3.3
CY 2012	676,547	\$115.2	\$327.8	\$2.6	\$7.3	\$105.3	\$327.8	\$125.9	\$358.2	\$20.6	\$30.5
CY 2013	1,702,457	\$191.8	\$527.5	\$5.8	\$15.8	\$170.2	\$527.5	\$204.4	\$562.2	\$34.2	\$34.7
Jan-June 2014	888,365	\$107.1	\$290.2	\$3.2	\$8.7	\$95.1	\$290.2	\$111.1	\$301.3	\$16.0	\$11.1
SFY 2015	2,528,518	\$277.0	\$766.3	\$8.3	\$23.0	\$245.7	\$766.3	\$286.2	\$791.5	\$40.4	\$25.2
SFY 2016	5,993,192	\$519.2	\$1,479.4	\$20.0	\$57.0	\$442.2	\$1,479.4	\$524.8	\$1,495.4	\$82.6	\$16.0
SFY 2017	5,904,810	\$571.5	\$1,671.1	\$21.2	\$62.0	\$488.4	\$1,671.1	\$601.3	\$1,758.0	\$112.9	\$86.9
SFY 2018	6,125,690	\$575.6	\$1,763.6	\$21.4	\$65.5	\$488.6	\$1,763.6	\$592.0	\$1,814.1	\$103.4	\$50.5
Total	24,455,388	\$2,474.7	\$7,170.3	\$85.0	\$247.0	\$2,142.6	\$7,170.3	\$2,561.9	\$7,421.9	\$419.3	\$251.6

Estimated annual dollar savings generally increased during the January 2011 through June 2018 period. This is largely due to the addition of new populations and benefits during this timeframe. Expected annual savings beyond SFY 2018 are dependent on actuarial assumptions and MCP

¹⁰ In CY 2011 and CY 2012 the amount of tax transfer to the state is less than 3% of MSCAN costs because MSCAN costs include the inpatient FFS costs from the Inpatient Savings Guarantee Program which are not subject to premium tax. In SFY 2016, SFY 2017 and SFY 2018 the amount of tax transfer to the state is greater than 3% of MSCAN costs because MSCAN costs exclude the MHAP pass-through payments which are subject to premium tax.

performance, but are generally expected to be at, or above, the dollar savings estimated for SFY 2017 and SFY 2018.

In performing this analysis, we have not attempted to adjust for any potential errors or inconsistencies included in the rate setting processes. In our opinion, any differences arising from such issues would be more likely to increase the savings estimates than decrease them.

Conclusion

The estimated range of savings indicates that the MCPs are operating efficiently and producing significant savings compared to estimated costs had those members enrolled in the FFS program.

Taylor Pruisner and Ryan Link are responsible for this communication. We are Members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the Qualification Standards of the American Academy of Actuaries to issue this report. We completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice with no known deviations. We are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to MAHP.

The assumptions and resulting estimates included in this report are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Please do not hesitate to call us if you have any questions or if we may be of additional assistance. Thank you for the opportunity to work on this important project.

Sincerely,



Taylor Pruisner, FSA, MAAA
Senior Consulting Actuary
Wakely Consulting
9777 Pyramid Court
Suite 260
Englewood, CO 80112
(720) 226-9808



Ryan Link, FSA, MAAA
Consulting Actuary
Wakely Consulting
9777 Pyramid Court
Suite 260
Englewood, CO 80112
(720) 226-9817

Appendix A – Historical Capitation Rates by Period

Population	Rate Cell	Regional Capitation Rates – CY 2011 ¹¹		
		North	Central	South
Original	SSI and Disabled (incl Newborns)	\$514.14	\$541.77	\$574.82
Original	Foster Care	\$211.55	\$222.92	\$236.52
Original	Breast and Cervical Cancer	\$2,373.98	\$2,501.56	\$2,654.16

Population	Rate Cell	Regional Capitation Rates – Jan to Nov 2012 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$475.29	\$494.73	\$532.15
Original	Foster Care	\$194.33	\$202.28	\$217.57
Original	Breast and Cervical Cancer	\$2,425.43	\$2,524.69	\$2,715.57
Original	SSI and Disabled Newborn	\$1,467.35	\$1,527.40	\$1,642.88

Population	Rate Cell	Regional Capitation Rates – December 2012 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$553.69	\$576.35	\$619.93
Original	Foster Care	\$250.02	\$260.25	\$279.93
Original	Breast and Cervical Cancer	\$2,430.72	\$2,530.20	\$2,721.49
Original	SSI and Disabled Newborn	\$1,534.70	\$1,597.51	\$1,718.29

Population	Rate Cell	Regional Capitation Rates – CY 2013 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$541.47	\$609.22	\$619.83
Original	Foster Care	\$254.61	\$286.47	\$291.46
Original	Breast and Cervical Cancer	\$2,143.98	\$2,412.27	\$2,454.26
Original	SSI and Disabled Newborn	\$838.27	\$943.17	\$959.59
Expansion	TANF 19-39 Male ¹³	\$206.49	\$213.92	\$216.25
Expansion	TANF 40+ Male ¹³	\$356.37	\$369.19	\$373.22
Expansion	TANF 19-39 Female ¹³	\$245.24	\$254.07	\$256.84
Expansion	TANF 40+ Female ¹³	\$356.30	\$369.12	\$373.15
Expansion	Pregnant Women ¹³	\$320.46	\$331.98	\$335.61
Expansion	Newborns 0-2 Months ¹³	\$344.09	\$356.47	\$360.36
Expansion	Newborns 3-12 Months ¹³	\$173.73	\$179.98	\$181.94
Expansion	Delivery Kick Payment ¹³	\$1,415.60	\$1,466.52	\$1,482.52

¹¹ All capitation rates shown in Appendix A include Premium Tax and MHAP pass-through payments, but do not include estimated inpatient costs resulting from the Inpatient Savings Guarantee Program in CY 2011 and CY 2012.

¹² SSI and Disabled Non-Newborn rates have been adjusted by the morbidity factors shown in Table 4 for CY 2012, CY 2013, Jan – June 2014, and SFY 2015.

¹³ CY 2013 Expansion rates are also effective for December 2012



Appendix A (continued)

Population	Rate Cell	Regional Capitation Rates – Jan to June 2014 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$570.19	\$644.02	\$650.22
Original	Foster Care	\$257.39	\$290.72	\$293.52
Original	Breast and Cervical Cancer	\$1,892.73	\$2,137.82	\$2,158.42
Original	SSI and Disabled Newborn	\$1,243.88	\$1,404.94	\$1,418.48
Expansion	TANF 19-39 Male	\$223.94	\$230.62	\$237.08
Expansion	TANF 40+ Male	\$401.05	\$413.02	\$424.57
Expansion	TANF 19-39 Female	\$276.40	\$284.65	\$292.61
Expansion	TANF 40+ Female	\$388.36	\$399.95	\$411.13
Expansion	Pregnant Women	\$356.30	\$366.93	\$377.20
Expansion	Newborns 0-2 Months	\$420.97	\$433.53	\$445.66
Expansion	Newborns 3-12 Months	\$197.12	\$203.00	\$208.68
Expansion	Delivery Kick Payment	\$1,439.98	\$1,482.95	\$1,524.43

Population	Rate Cell	Regional Capitation Rates – July to Dec 2014 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$570.19	\$644.02	\$650.22
Original	Foster Care	\$257.39	\$290.72	\$293.52
Original	Breast and Cervical Cancer	\$1,892.73	\$2,137.82	\$2,158.42
Original	SSI and Disabled Newborn	\$1,243.88	\$1,404.94	\$1,418.48
Expansion	TANF 19-39 Male	\$223.94	\$230.62	\$237.08
Expansion	TANF 40+ Male	\$401.05	\$413.02	\$424.57
Expansion	TANF 19-39 Female	\$276.40	\$284.65	\$292.61
Expansion	TANF 40+ Female	\$388.36	\$399.95	\$411.13
Expansion	Pregnant Women	\$356.30	\$366.93	\$377.20
Expansion	Newborns 0-2 Months	\$420.97	\$433.53	\$445.66
Expansion	Newborns 3-12 Months	\$197.12	\$203.00	\$208.68
Expansion	Delivery Kick Payment	\$1,439.98	\$1,482.95	\$1,524.43
Children	MA Children ¹⁴	\$161.66	\$163.46	\$166.41
Children	Quasi-CHIP ¹⁴	\$178.92	\$180.92	\$184.18

Population	Rate Cell	Regional Capitation Rates – Jan to June 2015 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn ¹²	\$658.96	\$741.96	\$749.11
Original	Foster Care	\$276.75	\$311.60	\$314.61
Original	Breast and Cervical Cancer	\$2,296.20	\$2,585.41	\$2,610.34
Original	SSI and Disabled Newborn	\$1,346.70	\$1,516.32	\$1,530.94
Expansion	TANF 19-39 Male	\$253.47	\$260.23	\$267.52
Expansion	TANF 40+ Male	\$456.16	\$468.33	\$481.45
Expansion	TANF 19-39 Female	\$310.98	\$319.28	\$328.22
Expansion	TANF 40+ Female	\$440.17	\$451.92	\$464.57
Expansion	Pregnant Women	\$392.81	\$403.30	\$414.59
Expansion	Newborns 0-2 Months	\$458.40	\$470.64	\$483.82
Expansion	Newborns 3-12 Months	\$215.47	\$221.22	\$227.42
Expansion	Delivery Kick Payment	\$1,461.87	\$1,500.89	\$1,542.92
Children	MA Children	\$168.12	\$169.99	\$173.05
Children	Quasi-CHIP	\$187.39	\$189.48	\$192.89

¹⁴ The Children population was included in the MississippiCAN program effective 12/1/14



Appendix A (continued)

Population	Rate Cell	Regional Capitation Rates – July to Nov 2015 ¹¹		
		North	Central	South
Original	SSI and Disabled Non-Newborn	\$707.41	\$729.49	\$777.34
Original	Foster Care	\$261.17	\$269.32	\$286.99
Original	Breast and Cervical Cancer	\$2,535.91	\$2,615.08	\$2,786.60
Original	SSI and Disabled Newborn	\$1,806.27	\$1,862.66	\$1,984.83
Expansion	MA Adult	\$364.54	\$375.92	\$400.57
Expansion	Pregnant Women	\$409.99	\$422.79	\$450.52
Expansion	Newborns 0-2 Months	\$287.06	\$296.02	\$315.44
Expansion	Newborns 3-12 Months	\$201.49	\$207.78	\$221.41
Expansion	Delivery Kick Payment	\$1,459.96	\$1,505.54	\$1,604.29
Children	MA Children	\$171.71	\$172.93	\$178.32
Children	Quasi-CHIP	\$194.65	\$196.03	\$202.15

Population	Rate Cell	Regional Capitation Rates – Dec 2015 to June 2016 ^{11, 15}		
		North	Central	South
Original	SSI and Disabled Non-Newborn	\$881.47	\$945.56	\$961.35
Original	Foster Care	\$301.46	\$323.38	\$328.78
Original	Breast and Cervical Cancer	\$2,692.85	\$2,888.64	\$2,936.88
Original	SSI and Disabled Newborn	\$5,559.74	\$5,963.98	\$6,063.57
Expansion	MA Adult	\$407.89	\$437.55	\$444.86
Expansion	Pregnant Women	\$475.04	\$509.58	\$518.09
Expansion	Newborns 0-2 Months	\$1,464.16	\$1,570.61	\$1,596.84
Expansion	Newborns 3-12 Months	\$238.88	\$256.25	\$260.53
Expansion	Delivery Kick Payment	\$4,622.29	\$4,958.36	\$5,041.16
Children	MA Children	\$185.59	\$190.90	\$193.56
Children	Quasi-CHIP	\$205.97	\$211.87	\$214.82

Population	Rate Cell	Regional Capitation Rates – SFY 2017 ^{11, 15}		
		North	Central	South
Original	SSI and Disabled Non-Newborn	\$958.39	\$1,067.04	\$1,048.59
Original	Foster Care	\$348.31	\$387.80	\$381.09
Original	Breast and Cervical Cancer	\$3,243.16	\$3,610.83	\$3,548.39
Original	SSI and Disabled Newborn	\$6,747.29	\$7,512.22	\$7,382.32
Expansion	MA Adult	\$424.62	\$472.76	\$464.59
Expansion	Pregnant Women	\$522.30	\$581.52	\$571.46
Expansion	Newborns 0-2 Months	\$1,354.11	\$1,507.62	\$1,481.55
Expansion	Newborns 3-12 Months	\$255.13	\$284.05	\$279.14
Expansion	Delivery Kick Payment	\$4,828.79	\$5,376.23	\$5,283.26
Children	MA Children	\$178.29	\$186.91	\$184.53
Children	Quasi-CHIP	\$189.63	\$198.79	\$196.26

¹⁵ Excludes the MHAP pass-through payment amounts



Appendix A (continued)

Population	Rate Cell	Regional Capitation Rates – SFY 2018 ^{14, 15}		
		North	Central	South
Original	SSI and Disabled Non-Newborn	\$966.32	\$1,089.44	\$1,043.92
Original	Foster Care	\$336.78	\$379.69	\$363.82
Original	Breast and Cervical Cancer	\$2,886.74	\$3,254.54	\$3,118.55
Original	SSI and Disabled Newborn	\$5,986.66	\$6,749.41	\$6,467.39
Expansion	MA Adult	\$445.64	\$502.42	\$481.42
Expansion	Pregnant Women	\$534.67	\$602.79	\$577.60
Expansion	Newborns 0-2 Months	\$1,604.85	\$1,809.32	\$1,733.72
Expansion	Newborns 3-12 Months	\$283.21	\$319.29	\$305.95
Expansion	Delivery Kick Payment	\$4,690.18	\$5,287.76	\$5,066.81
Children	MA Children	\$186.91	\$195.21	\$196.17
Children	Quasi-CHIP	\$181.25	\$189.30	\$190.23



Appendix B – Historical Membership Reported by MCPs

		MMs / Deliveries by Region – CY 2011		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled (incl Newborns)	209,236	246,083	167,817
Original	Foster Care	3,156	3,726	5,020
Original	Breast and Cervical Cancer	176	270	325

		MMs / Deliveries by Region – Jan to Nov 2012		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	173,674	211,215	142,051
Original	Foster Care	1,742	2,604	2,784
Original	Breast and Cervical Cancer	215	275	448
Original	SSI / Disabled Newborn	767	1,248	658

		MMs / Deliveries by Region - December 2012		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	21,454	23,588	17,039
Original	Foster Care	769	984	940
Original	Breast and Cervical Cancer	40	43	77
Original	SSI / Disabled Newborn	105	144	95
Expansion	TANF 19-39 Male	849	747	855
Expansion	TANF 40+ Male	336	332	382
Expansion	TANF 19-39 Female	11,515	11,118	9,042
Expansion	TANF 40+ Female	1,511	1,844	1,483
Expansion	Pregnant Women	3,837	4,605	4,046
Expansion	Non-SSI / Disabled Newborns 0-2 Months	1,066	1,184	1,122
Expansion	Non-SSI / Disabled Newborns 3-12 Months	5,013	5,873	5,072
Expansion	Delivery Kick Payment	587	650	518

		MMs / Deliveries by Region - CY 2013		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	258,980	279,954	213,854
Original	Foster Care	9,083	13,174	13,063
Original	Breast and Cervical Cancer	393	588	890
Original	SSI / Disabled Newborn	1,499	2,126	1,275
Expansion	TANF 19-39 Male	9,487	8,788	9,965
Expansion	TANF 40+ Male	4,283	4,088	4,536
Expansion	TANF 19-39 Female	130,940	127,926	102,608
Expansion	TANF 40+ Female	18,340	22,364	17,506
Expansion	Pregnant Women	43,446	51,081	48,414
Expansion	Non-SSI / Disabled Newborns 0-2 Months	9,871	11,142	9,793
Expansion	Non-SSI / Disabled Newborns 3-12 Months	80,401	92,107	79,077
Expansion	Delivery Kick Payment	6,857	7,937	6,621



Appendix B (continued)

		MMs / Deliveries by Region – Jan to June 2014		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	129,761	140,412	108,109
Original	Foster Care	6,029	8,753	9,892
Original	Breast and Cervical Cancer	157	299	359
Original	SSI / Disabled Newborn	889	1,035	551
Expansion	TANF 19-39 Male	5,843	5,121	5,918
Expansion	TANF 40+ Male	2,463	2,406	2,850
Expansion	TANF 19-39 Female	74,742	71,467	57,883
Expansion	TANF 40+ Female	10,262	12,714	9,949
Expansion	Pregnant Women	20,886	24,745	23,093
Expansion	Non-SSI / Disabled Newborns 0-2 Months	4,142	5,310	4,618
Expansion	Non-SSI / Disabled Newborns 3-12 Months	40,629	46,882	40,003
Expansion	Delivery Kick Payment	3,210	3,766	3,217

		MMs / Deliveries by Region – SFY 2015		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	262,544	281,426	218,690
Original	Foster Care	12,921	18,193	22,898
Original	Breast and Cervical Cancer	317	621	526
Original	SSI / Disabled Newborn	1,498	2,189	975
Expansion	TANF 19-39 Male	15,581	14,039	16,940
Expansion	TANF 40+ Male	6,736	7,262	8,572
Expansion	TANF 19-39 Female	184,677	184,461	151,693
Expansion	TANF 40+ Female	27,980	35,186	28,356
Expansion	Pregnant Women	41,084	49,061	44,706
Expansion	Non-SSI / Disabled Newborns 0-2 Months	8,183	10,309	8,209
Expansion	Non-SSI / Disabled Newborns 3-12 Months	83,487	99,081	78,946
Expansion	Delivery Kick Payment	6,776	7,866	6,312
Children	MA Children	130,852	162,415	111,865
Children	Quasi-CHIP	55,941	66,048	53,096

		MMs / Deliveries by Region – SFY 2016		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	264,364	282,430	218,998
Original	Foster Care	14,693	20,622	26,918
Original	Breast and Cervical Cancer	293	453	556
Original	SSI / Disabled Newborn	1,419	2,677	832
Expansion	TANF 19-39 Male	16,725	15,543	19,426
Expansion	TANF 40+ Male	7,053	7,355	9,346
Expansion	TANF 19-39 Female	173,453	170,264	150,998
Expansion	TANF 40+ Female	29,818	36,454	31,828
Expansion	Pregnant Women	39,889	49,416	44,724
Expansion	Non-SSI / Disabled Newborns 0-2 Months	16,942	21,025	16,684
Expansion	Non-SSI / Disabled Newborns 3-12 Months	82,088	100,600	77,475
Expansion	Delivery Kick Payment	6,700	8,203	6,512
Children	MA Children	1,185,952	1,375,768	1,129,993
Children	Quasi-CHIP	104,245	126,462	97,997



Appendix B (continued)

		MMs / Deliveries by Region – SFY 2017		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	263,758	283,615	219,140
Original	Foster Care	16,516	19,564	28,017
Original	Breast and Cervical Cancer	198	379	582
Original	SSI / Disabled Newborn	1,588	2,786	1,042
Expansion	TANF 19-39 Male	14,409	13,311	16,828
Expansion	TANF 40+ Male	6,551	7,120	9,317
Expansion	TANF 19-39 Female	156,759	154,842	136,725
Expansion	TANF 40+ Female	28,412	33,297	30,844
Expansion	Pregnant Women	41,340	49,852	45,125
Expansion	Non-SSI / Disabled Newborns 0-2 Months	23,610	28,981	22,750
Expansion	Non-SSI / Disabled Newborns 3-12 Months	82,536	100,637	79,874
Expansion	Delivery Kick Payment	6,661	7,926	6,448
Children	MA Children	1,171,480	1,342,261	1,100,883
Children	Quasi-CHIP	109,833	133,373	105,640

		MMs / Deliveries by Region – SFY 2018		
Population	Rate Cell	North	Central	South
Original	SSI and Disabled Non-Newborn	248,508	281,359	232,949
Original	Foster Care	20,196	22,865	18,931
Original	Breast and Cervical Cancer	375	425	352
Original	SSI / Disabled Newborn	1,790	2,027	1,678
Expansion	MA Adult	194,501	220,212	182,323
Expansion	Pregnant Women	43,546	49,302	40,820
Expansion	Non-SSI / Disabled Newborns 0-2 Months	23,995	27,167	22,493
Expansion	Non-SSI / Disabled Newborns 3-12 Months	85,329	96,609	79,987
Expansion	Delivery Kick Payment	6,095	6,900	5,713
Children	MA Children	1,269,053	1,436,812	1,189,600
Children	Quasi-CHIP	102,221	115,734	95,821

Appendix C – Summary of Base Data Sources

Rating Period	Base Information Used to Develop Capitation Rates
Calendar Year 2011	<u>Original</u> : FFS data from SFY 2008 and SFY 2009
Calendar Year 2012	<u>Original</u> : FFS data from CY 2009 and CY 2010
Calendar Year 2013	<u>Original</u> : included a combination of FFS and blended Encounter / Financial Reporting data from CY 2011 <u>Expansion</u> : FFS data from CY 2010 and CY 2011 (covered Dec 2012 to Dec 2013 rating period)
Jan to June 2014	<u>Original</u> : included a combination of FFS and blended Encounter / Financial Reporting data from CY 2012 <u>Expansion</u> : FFS data from CY 2011 and Jan to Nov 2012
SFY 2015	<u>Original</u> : included a combination of FFS and blended Encounter / Financial Reporting data from CY 2012 <u>Expansion</u> : FFS data from CY 2011 and Jan to Nov 2012 <u>MA Children</u> : FFS data from CY 2013 <u>Quasi-CHIP</u> : Financial Reporting data from CY 2013
SFY 2016	<u>Original</u> : Financial Reporting data from CY 2013 <u>Expansion</u> : Financial Reporting data from CY 2013 <u>MA Children</u> : FFS data from CY 2013 <u>Quasi-CHIP</u> : Financial Reporting data from CY 2013
SFY 2017	<u>Original</u> : included blended Encounter / Financial Reporting data from CY 2014 <u>Expansion</u> : included blended Encounter / Financial Reporting data from CY 2014 <u>MA Children</u> : FFS data from CY 2014 <u>Quasi-CHIP</u> : Financial Reporting data from Jan to Nov 2014
SFY 2018	<u>Original</u> : included blended Encounter / Financial Reporting data from CY 2015 <u>Expansion</u> : included blended Encounter / Financial Reporting data from CY 2015 <u>MA Children</u> : included a combination of Jan to June 2015 FFS and CY 2015 blended Encounter / Financial Reporting data for non-inpatient and Jan to June 2015 FFS data for inpatient <u>Quasi-CHIP</u> : included blended Encounter / Financial Reporting data for CY 2015 for non-inpatient and Jan to Nov 2015 FFS data for inpatient

Appendix D – Summary Program Changes by Period

Rating Period	Rate Cell Changes	Covered Services Changes
CY 2011	-First year of managed care, voluntary opt-out -3 rate cells: SSI / Disabled, Foster Care and BCC	-Excluded IP (has savings incentive program) -Excluded Behavioral Health -Excluded Non-emergency Medical Transport
Jan - Nov 2012	-Newborn rate cell created from 3 current rate cells	-No changes
Dec 2012 - Dec 2013	-Expanded to include MA adults, newborns and pregnant women -Moved foster care newborns to expansion newborn rate cells -Mandatory enrollment where allowed by regulation -Carved out Hemophilia and Von Willebrand disease members (1/1/13)	-Added Behavioral Health services -Removed IP savings incentive program (1/1/13)
Jan - June 2014	-No change	-No change
SFY 2015	-Expanded to include MA Children (12/1/14) -Moved Quasi-CHIP over from CHIP due to ACA Changes (12/1/14)	-Added Non-emergency Medical Transportation -PDL Implemented (1/1/15)
SFY 2016	-No change -Newborns covered day 1 (12/1/15)	-Added IP with MAHP payments (pass-through) on 12/1/15
SFY 2017	-No change	-FUL adjustment applied -ASD services (1/1/17; not adjusted for in SFY 2017 rates)
SFY 2018	-No change	-No change

Appendix E – Summary of Calculated Savings by Component

Summary of Calculated Savings by Component by Rating Period

	CY 2011	CY 2012	CY 2013	Jan-June 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Claim Cost Savings versus FFS Implied in Base Period Rate Development	n/a	n/a	-1.0%	-5.5%	-4.9%	-10.2%	-9.6%	-10.0%
Additional Savings/Costs From Base Period Experience	n/a	n/a	-7.2%	-1.2%	-1.3%	3.2%	-0.8%	-0.1%
Prospective Additional Managed Care Savings	-9.2%	-16.7%	-7.5%	-6.6%	-6.5%	-3.6%	-3.2%	-1.5%
Subtotal Claims Based Savings	-9.2%	-16.7%	-15.7%	-13.2%	-12.7%	-10.6%	-13.6%	-11.6%
State Administrative Savings	-1.4%	-1.4%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
MCP Administrative Allowance	9.7%	8.1%	9.8%	10.0%	10.3%	9.2%	8.9%	9.5%
Total Estimated Savings (no trend differential)	-0.9%	-10.0%	-8.0%	-5.2%	-4.5%	-3.4%	-6.7%	-4.1%
Aggregate Total Estimated Savings (\$M)	-\$4.3	-\$47.9	-\$60.7	-\$21.2	-\$48.0	-\$68.0	-\$154.4	-\$97.3
Impact of Annual 0.5% Trend Differential	-0.3%	-0.6%	-1.1%	-1.4%	-1.6%	-1.5%	-1.9%	-2.4%
Total Estimated Savings (0.5% annual trend differential)	-1.3%	-10.5%	-9.0%	-6.6%	-6.1%	-4.9%	-8.5%	-6.4%
Aggregate Total Estimated Savings (0.5% annual trend differential; \$M)	-\$5.9	-\$51.1	-\$69.0	-\$27.1	-\$65.6	-\$98.6	-\$199.8	-\$153.8