

# Section 1115 Primary Care Network Demonstration Amendment

## Targeted Adult Medicaid/SUD Dental Benefits

### Amendment # 16

#### Background

Under a grant from the Health Resources and Services Administration (HRSA) the University of Utah School of Dentistry has been operating a study project titled “Facilitating a Lifetime of Oral Health Sustainability for Substance Use Disorder Patients & Families” or FLOSS for the past three years. A total of 803 participants from 2015-2017 of similar demographic features were admitted into a facility for Substance Use Disorder (SUD) treatment and self-identified at the time of admission by an expression of interest in participating in the study funded by HRSA to determine if integrated dental care influences outcomes of SUD treatment. The pilot program included two groups both receiving SUD treatment. The control group of patients were not given access to dental care through FLOSS and the second group of patients received comprehensive dental care through the U of U School of Dentistry. The pilot program demonstrated that comprehensive dental care can dramatically improve outcomes related to length-of-stay in treatment, higher rates of employment, higher rates of recovery, and lower rates of homelessness.

The FLOSS program targeted individuals that may now qualify for Medicaid under the 1115 demonstration population Targeted Adult Medicaid (TAM) that was implemented in November 2017. Based on the success of the FLOSS pilot program the Utah State Legislature passed House Bill 435 during the 2018 legislative session. House Bill 435 directs the Utah Department of Health to seek a waiver to provide dental benefits to members of the Targeted Adult demonstration population receiving treatment for substance use disorder(s).

#### Section I. Program Description and Objectives

Under this amendment, the State seeks to extend dental benefits to the Targeted Adult demonstration group.

This Demonstration furthers the objectives of Title XIX of the Social Security Act by promoting better clinical outcomes and reducing costs by improving the success rate of Medicaid clients receiving SUD treatment.

Based on the findings from the FLOSS project, access to comprehensive dental services can improve the likelihood of SUD treatment completion, extend recovery periods, decrease homelessness, and increase employment opportunities.

## Goals and Objectives

The primary objective of the amendment is to improve clinical health outcomes for the targeted population.

Amendment goal:

- Increase SUD treatment completion rates

## Operation and Proposed Timeline

The Demonstration will operate statewide. The State intends to implement the Demonstration effective January 1, 2019. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

## Hypothesis

With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries.

By adding dental services to the benefits received by the Targeted Adult population, the Demonstration will improve clinical outcomes for participants. The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
The amendment will improve SUD treatment completion.	• Rate of SUD treatment completion	Treatment Episode Data Set (TEDS) Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.

## Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for dental benefits under this Demonstration:

- Eligible for Targeted Adult Medicaid
- Actively receiving treatment for a Substance Use Disorder(s) as defined in Utah State Code Section 40 [62A-2-101](#), licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.

## Projected Enrollment

The projected enrollment for this Demonstration group is approximately 3,000 individuals.

### Section III. Demonstration Benefits and Cost Sharing Requirements

The dental benefits provided under this amendment will be the same as the State Plan benefits provided to pregnant women and the blind and disabled populations.

Cost sharing requirements will not differ from those provided under the State Plan.

### Section IV. Delivery System

The Department will deliver services through a fee for service payment model and by contracting with an entity that:

- Has demonstrated experience working with individuals who are being treated for both a substance use disorder and a major oral health disease;
- Operates a program, targeted at the individuals described in this amendment, that has demonstrated, through a peer-reviewed evaluation, the effectiveness of providing dental treatment to those individuals;
- Is willing to pay for an amount equal to the program's non-federal share of the cost of providing dental services to the population described.

### Section V. Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

### Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality -Attachment A for the State's historical and projected expenditures for the requested period of the Demonstration.

### Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.
Section 1902(a)(43)- Early Periodic Diagnosis, Screening and Treatment (EPSDT)	To enable the State not to cover certain services required to treat a condition identified during an EPSDT screening for 19 and 20 year old Title XIX populations affected by the Demonstration.

### Expenditure Authority

The State requests expenditure authority to provide dental benefits for Targeted Adult Medicaid individuals who are receiving substance use disorder treatment.

### Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice of the State's request for amendment and notice of Public Hearing will be published in the Utah State Bulletin on May 1, 2018 and May 15, 2018. Public notice will also be advertised in the newspapers of widest circulation and sent to an electronic mailing list. The public has through May 31, 2018 to provide comment.

A presentation regarding the amendment request will be provided to the Utah Indian Health Advisory Board on May 11, 2018. This is the first step in our approved consultation process.

Public hearings to take public comment on the amendment request will be held on, May 11, 2018 from 4:00 p.m. to 6:00 p.m., and on May 17, 2018 from 2:00 p.m. to 4:00 p.m. during the monthly Medical Care Advisory Committee meeting.

### Section IX. Demonstration Administration

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

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# ATTACHMENT A

## **Compliance with Budget Neutrality Requirements**



HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3											
4	<b>ELIGIBILITY</b>	<b>TREND</b>	<b>MONTHS</b>	<b>BASE YEAR</b>	<b>TREND</b>	<b>DEMONSTRATION YEARS (DY)</b>					<b>TOTAL</b>
5	<b>GROUP</b>	<b>RATE 1</b>	<b>OF AGING</b>	<b>DY 15 (SFY 17)</b>	<b>RATE 2</b>	<b>DY 16 (SFY 18)</b>	<b>DY 17 (SFY 19)</b>	<b>DY 18 (SFY 20)</b>	<b>DY 19 (SFY 21)</b>	<b>DY 20 (SFY 22)</b>	<b>WOW</b>
6											
7	<b>Current Eligibles</b>										
8	<b>Pop Type:</b>	<b>Medicaid</b>									
9	Eligible Member Months	0%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	<b>Demo Pop I - PCN Adults with Children</b>										
14	<b>Pop Type:</b>	<b>Hypothetical</b>									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
18											
19	<b>Demo Pop III/IV - UPP Adults with Children</b>										
20	<b>Pop Type:</b>	<b>Hypothetical</b>									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	<b>Adult Expansion I</b>										
26	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
27	Eligible Member Months					-	258,930	517,860	791,088	904,416	
28	PMPM Cost	5.3%			5.3%	\$ -	\$542.08	\$542.08	\$570.81	\$601.06	
29	Total Expenditure					\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614
30											
31	<b>Employee Sponsored Insurance (ESI)</b>										
32	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
33	Eligible Member Months			-		-	39,782	79,564	125,401	142,086	
34	PMPM Cost	5.3%		\$ -	5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72	
35	Total Expenditure					\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803
36											
37	<b>Dental - Blind/Disabled</b>										
38	<b>Pop Type:</b>	<b>Hypothetical</b>									
39	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
40	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
41	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
42											
43	<b>Former Foster</b>										
44	<b>Pop Type:</b>	<b>Hypothetical</b>									
45	Eligible Member Months	0%	24			10	10	10	10	10	
46	PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
47	Total Expenditure					\$ 9,908.70	\$ 10,384.32	\$ 10,882.76	\$ 11,405.14	\$ 11,952.58	\$ 54,533.50
48											
49	<b>SUD</b>										
50	<b>Pop Type:</b>	<b>Hypothetical</b>									
51	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
52	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
53	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW	
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)		
<b>Current Eligibles</b>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	377,866	0.0%	377,866	377,866	377,866	377,866	377,866		
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63		
Total Expenditure			\$ 377,612,297	\$ 397,625,749	\$ 418,699,913	\$ 440,891,009	\$ 464,258,232	\$ 2,099,087,200	
<b>Demo Pop I - PCN Childless Adults</b>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	70,097	4.9%	73,812	77,724	81,844	86,181	90,749		
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40		
Total Expenditure			\$ 3,806,153	\$ 4,220,297	\$ 4,679,503	\$ 5,188,675	\$ 5,753,250	\$ 23,647,879	
<b>Demo Pop III/IV - UPP Childless Adults</b>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	159	4.9%	167	175	184	193	202		
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62		
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133	
<b>Targeted Adults</b>									
<b>Pop Type: Expansion</b>									
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000		
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29		
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	\$ 424,714,116	
<b>Adult Expansion I</b>									
<b>Pop Type: Expansion</b>				Est. Start: 1/1/19					
Eligible Member Months			-	258,930	517,860	791,088	904,416		
PMPM Cost		5.3%	\$ -	\$ 542.08	\$ 542.08	\$ 570.81	\$ 601.06		
Total Expenditure			\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614	
<b>Employee Sponsored Insurance (ESI)</b>									
<b>Pop Type: Expansion</b>				Est. Start: 1/1/19					
Eligible Member Months			-	39,782	79,564	125,401	142,086		
PMPM Cost		5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72		
Total Expenditure			\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803	

<b>Demo Pop I - PCN Adults w/Children</b>									
<b>Pop Type: Hypothetical</b>									
Eligible Member Months	104,836	5.9%	111,042	117,616	124,579	131,954	139,766		
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.20	\$ 53.92	\$ 56.77	\$ 59.78		
Total Expenditure			\$ 5,399,479	\$ 6,022,242	\$ 6,716,833	\$ 7,491,536	\$ 8,355,592	\$	33,985,680

<b>Demo Pop III/V - UPP Adults with Children</b>									
<b>Pop Type: Hypothetical</b>									
Eligible Member Months	6,067	34.9%	\$ 8,181.96	\$ 11,034.19	\$ 14,880.70	\$ 20,068.12	\$ 27,063.86		
PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30		
Total Expenditure			\$ 1,293,049	\$ 1,836,227	\$ 2,607,582	\$ 3,702,963	\$ 5,258,489	\$	14,698,309

<b>Dental - Blind/Disabled</b>									
<b>Pop Type: Hypothetical</b>									
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361		
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73		
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$	40,326,548

<b>Former Foster Care</b>									
<b>Pop Type: Hypothetical</b>									
Eligible Member Months		0%	10	10	10	10	10		
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26		
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$	54,534

<b>SUD</b>									
<b>Pop Type: Hypothetical</b>									
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507		
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86		
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$	836,570,223

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

A	B	C	D	E	F	G	H	I	J	K	
<b>DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS</b>											
1											
2											
3											
4	<b>ELIGIBILITY</b>	<b>TREND</b>	<b>MONTHS</b>	<b>BASE YEAR</b>	<b>TREND</b>	<b>DEMONSTRATION YEARS (DY)</b>				<b>TOTAL</b>	
5	<b>GROUP</b>	<b>RATE 1</b>	<b>OF AGING</b>	<b>DY 15 (SFY 17)</b>	<b>RATE 2</b>	<b>DY 16 (SFY 18)</b>	<b>DY 17 (SFY 19)</b>	<b>DY 18 (SFY 20)</b>	<b>DY 19 (SFY 21)</b>	<b>DY 20 (SFY 22)</b>	<b>WOW</b>
6											
7	<b>Current Eligibles</b>										
8	<b>Pop Type:</b>	<b>Medicaid</b>									
9	Eligible Member Months	0.00%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	<b>Demo Pop I - PCN Adults with Children</b>										
14	<b>Pop Type:</b>	<b>Hypothetical</b>									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
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19	<b>Demo Pop III/V - UPP Adults with Children</b>										
20	<b>Pop Type:</b>	<b>Hypothetical</b>									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	<b>Dental - Targeted Adults</b>										
26	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
27	Eligible Member Months		0			-	18,000	36,000	36,000	36,000	
28	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
29	Total Expenditure					\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	\$ 4,595,262
30											
31	<b>Family Planning</b>										
32	<b>Pop Type:</b>	<b>Hypothetical</b>					Est. Start: 1/1/19				
33	Eligible Member Months		0	-		-	67,200	134,400	134,400	134,400	
34	PMPM Cost	5.3%	0	\$ -	5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
35	Total Expenditure					\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	\$ 10,056,348
36											
37	<b>System of Care</b>										
38	<b>Pop Type:</b>	<b>Hypothetical</b>					Est. Start: 1/1/19				
39	Eligible Member Months		0			-	720	1,440	1,440	1,440	
40	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
41	Total Expenditure					\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060
42											
43	<b>Dental - Blind/Disabled</b>										
44	<b>Pop Type:</b>	<b>Hypothetical</b>									
45	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
46	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
47	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
48											
49	<b>Former Foster</b>										
50	<b>Pop Type:</b>	<b>Hypothetical</b>									
51	Eligible Member Months	0%	24			10	10	10	10	10	
52	PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
53	Total Expenditure					\$ 9,908.70	\$ 10,384.32	\$ 10,882.76	\$ 11,405.14	\$ 11,952.58	\$ 54,533.50
54											
55	<b>SUD</b>										
56	<b>Pop Type:</b>	<b>Hypothetical</b>									
57	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
58	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
59	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	377,866	0%	377,866	377,866	377,866	377,866	377,866	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,297	\$ 397,625,749	\$ 418,699,913	\$ 440,891,009	\$ 464,258,232	
							\$ 2,099,087,200	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	70,097	4.9%	73,812	77,724	81,844	86,181	90,749	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 4,220,297	\$ 4,679,503	\$ 5,188,675	\$ 5,753,250	
							\$ 23,647,879	
<b>Demo Pop III/V - UPP Childless Adults</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
							\$ 59,133	
<b>Targeted Adults</b>								
<b>Pop Type: Expansion</b>								
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	
							\$ 424,714,116	
<b>Dental - Targeted Adults</b>								
<b>Pop Type: Expansion</b>								
Est. Start: 1/1/19								
Eligible Member Months			-	18,000	36,000	36,000	36,000	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
Total Expenditure			\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	
							\$ 4,595,262	
<b>Family Planning</b>								
<b>Pop Type: Hypothetical</b>								
Est. Start: 1/1/19								
Eligible Member Months			-	67,200	134,400	134,400	134,400	
PMPM Cost		5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
Total Expenditure			\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	
							\$ 10,056,348	

<b>System of Care</b>								
<b>Pop Type: Hypothetical</b>		Est. Start: 1/1/19						
Eligible Member Months			-	720	1,440	1,440	1,440	
PMPM Cost		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
Total Expenditure			\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060

<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type: Hypothetical</b>								
Eligible Member Months	104,836	5.9%	111,042	117,616	124,579	131,954	139,766	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.20	\$ 53.92	\$ 56.77	\$ 59.78	
Total Expenditure			\$ 5,399,479	\$ 6,022,242	\$ 6,716,833	\$ 7,491,536	\$ 8,355,592	\$ 33,985,680

<b>Demo Pop III/V - UPP Adults with Children</b>								
<b>Pop Type: Hypothetical</b>								
Eligible Member Months	6,067	34.9%	\$ 8,181.96	\$ 11,034.19	\$ 14,880.70	\$ 20,068.12	\$ 27,063.86	
PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,049	\$ 1,836,227	\$ 2,607,582	\$ 3,702,963	\$ 5,258,489	\$ 14,698,309

<b>Dental - Blind/Disabled</b>								
<b>Pop Type: Hypothetical</b>								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548

<b>Former Foster Care</b>								
<b>Pop Type: Hypothetical</b>								
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534

<b>SUD</b>								
<b>Pop Type: Hypothetical</b>								
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223