# Medicaid Advisory Hospital Group

Division of Medicaid Services

Bureau of Rate Setting

October 5, 2023

Wisconsin Department of Health Services

# Agenda

1. Introduction and Welcome
2. Hospital Rate Year 2024 Updates
3. Access Payment Updates
4. Potentially Preventable Readmissions
5. Other P4P Programs
6. Additional Updates
7. Questions
8. Adjournment

# Introductions

# Hospital Payment Rate Year 2024 Updates

# Rate Year (RY) 2024 Goals and Policy Overview

- Update to newer inpatient and outpatient grouper versions (for more details on grouper version changes, refer to the 6/9/2023 MAHG presentation)
- **Routine** annual hospital base rate updates for:
  - Inflation increases to acute hospital standardized amounts (3.08%) and new wage indices and GME add-ons
  - New cost-based rates for inpatient per diem hospitals and Critical Access Hospitals
- **Additional** rate increases per legislative direction to acute hospital base rates and for inpatient behavioral health (BH) services at in-state acute hospitals with DHS 61.71 certified BH units
- Hospital-specific rate sheets are available on the ForwardHealth portal for review

# RY 2024 Data & Model Sources

- *DHS:*
  - RY 2024 model claims data based on federal fiscal year (FFY) 2022 Medicaid hospital fee-for-service (FFS) and managed care encounter data, from the June 2023 Medicaid Management Information System (MMIS) extract
- *CMS:*
  - Medicare cost report data (generally hospital FYE 2021 or 2022) based on the 3/31/2023 HCRIS database release
  - FFY 2023 Medicare IPPS wage indices and outlier cost-to-charge ratios (CCRs) (1)
  - Hospital market basket inflation data released July 2023
- *3M:*
  - APR DRG v40 output and national weights (updated from v39)
  - EAPG v3.18 output and national weights (updated from v3.17)

Note: (1) For modeling RY 2024 inpatient outlier payments, Wisconsin Medicaid RY 2022 outlier CCRs were applied to FFY 2022 claims to align CCRs to charges.

# APR DRG v40 Weight Normalization

- Rate Year 2024 APR DRG weight normalization factor calculation applied to 3M's APR DRG v40 traditional national weights:

| | Modeled RY 2023 v39 (Normalized) | Modeled RY 2024 v40 (Unnormalized) | Modeled RY 2024 v40 (Normalized) |
|---|---|---|---|
| Modeled case mix using FFY 2022 data | 1.0428 | 0.8925 | 1.0428 |
| Normalization factor | 1.1081 | 1.0000 | 1.1684 |

*Normalization calculation note: Factors based on FFY 2022 FFS claims and HMO encounters paid under APR DRGs for non-Critical Access Hospitals (CAHs), excluding transfer-adjusted payment claims, extracted from the MMIS in June 2023.*

# Other RY 2024 APR DRG Updates

| Component | DHS Approach |
|---|---|
| **DRG base rate inflation** | ▪ Applied a one-year inflation factor of **1.0308** to the RY 2023 standardized amount based on changes in CMS market basket index levels<br>▪ Applied an additional factor of **1.00311** to incorporate $1.4M in legislatively appropriated funding to result in an approximately an aggregate 85.0% inpatient pay-to-cost ratio for in-state acute hospitals(1) |
| **DRG base rate wage index adjustments** | ▪ Updated to FFY 2023 Medicare IPPS correction notice, with proxies for Medicare IPPS-exempt hospitals based on the county weighted average wage index |
| **DRG base rate GME add-ons** | ▪ Updated GME add-ons based on most recently available Medicare cost report data from 3/31/2023 HCRIS extract |
| **Outlier payment parameters** | ▪ Updated to FFY 2023 Medicare IPPS outlier cost-to-charge ratios (CCRs) based on CMS' provider-specific file, and Medicaid-specific costs for Medicare IPPS exempt hospitals<br>▪ No other outlier parameter changes |
| **DRG policy adjusters** | ▪ New policy adjuster of **1.80** applied to inpatient claims with BH DRGs at in-state acute hospitals with DHS "61.71 certified" BH units to incorporate $20.3M in legislatively appropriated funding |

*Note: 1. In-state acute hospital estimated pay-to-cost ratio target includes Access payments, excludes the new BH policy adjuster, and includes the Medicaid portion of assessments in the estimate of costs.*

# RY 2024 Inpatient Policy Adjusters

| Policy Adjuster | Claim Identification Basis | Factor |
|---|---|---|
| Neonate | DRG | 1.30 |
| Normal Newborn | DRG | 1.80 |
| Pediatric | Age (17 and under) | 1.20 |
| Transplant | DRG | 1.50 |
| Level I Trauma Services | Provider trauma designation | 1.30 |
| *New: BH service-unit* | *DRG and BH unit* | *1.80* |

*Note: Only the highest policy adjuster factor is applied to each claim for payment (for claims that qualify for multiple policy adjusters)*

# RY 2024 Inpatient Outlier Parameters

- Outlier payment methodology unchanged

| Criteria | RY23 Outlier Values | RY24 Outlier Values |
|---|---|---|
| Critical Access Hospitals | $300 | $300 |
| In-State, <100 Beds | $46,587 | $46,587 |
| In-State, ≥100 Beds & Border Providers | $46,587 | $46,587 |
| Severity of Illness 1 or 2 Marginal Percentage | 80% | 80% |
| Severity of Illness 3 or 4 Marginal Percentage | 95% | 95% |

# EAPG v3.18 Weight Normalization

- RY 2024 EAPG weight scaling and normalization factor calculation applied to 3M's EAPG v3.18 national weights:

| | Modeled RY 2023 v3.17 (Normalized) | Preliminary Modeled RY 2024 v3.18 (with 2.0 Adjustment) | Preliminary Modeled RY 2024 v3.18 (Normalized) |
|---|---|---|---|
| Modeled case mix using FFY 2022 data | 1.8314 | 1.6928 | 1.8314 |
| Normalization factor | 2.0 x 1.0565 = 2.1130 | 2.0 | 2.0 x 1.0819 = 2.1638 |

*Normalization calculation note: Factors based on FFY 2022 outpatient FFS claims and HMO encounters paid under EAPGs for non-CAHs, extracted from the MMIS in June 2023. DHS' EAPG national weight normalization has traditionally been calculated by multiplying 2.0 by an additional factor.*

# Acute Hospital RY 2024 EAPG Updates

| Component | DHS Approach |
|---|---|
| **EAPG base rate inflation** | ▪ Applied a one-year inflation factor of **1.0308** to the standardized amount based on changes in CMS market basket index levels<br>▪ Applied an additional factor of **1.16483** to incorporate the remaining $44.0M in legislatively appropriated funding resulting in an approximately an aggregate 60.4% outpatient pay-to-cost ratio for in-state acute hospitals(1) |
| **EAPG base rate GME add-ons** | ▪ Update based on most recently available Medicare cost report data from 3/31/2023 HCRIS extract |

*Note: 1. In-state acute hospital estimated pay-to-cost ratio includes Access payments and the Medicaid portion of assessments in the estimate of costs.*

# RY 2024 Cost-based Rates

- DHS updated cost-based rates using FFY 2022 FFS claims and HMO encounter data and the most recent Medicare cost report data (generally hospital FYE 2021-2022)
  - Critical Access Hospital DRG base rates
  - Critical Access Hospital EAPG base rates
  - Psychiatric Hospital per diems
  - Psychiatric Hospital EAPG base rates
  - Long Term Acute Care per diems
  - Rehabilitation Hospital per diems
  - Department of Corrections CCR
- RY 2024 calculations move the base data forward by 12 months from FFY 2021 to FFY 2022

# Ventilator and Brain Injury Rates

- DHS has updated carve-out rates listed in §7900 of State Plan Attachment 4.19-A to account for inflation.
- Brain injury rates will be consolidated to use the higher "coma-recovery" rate for all cases.
- Rates will be inflated annually going forward.
- RY 2024 rates:
  - Ventilator-dependent member: $1,612 per diem
  - Brain-injury care: $2,249 per diem

# Outpatient Dental Payment Add-On

- 2019 WI Act 9, §9119(9) appropriated $1.5 million a year to increase reimbursement rates for dental services provided to recipients of Medical Assistance who have disabilities
- DHS will continue to enhance payments for outpatient dental services where deep sedation/anesthesia is provided with a per visit add-on of **$700** (in addition to the EAPG payment) and will continue to monitor expenditure levels
  - Add-on applicable to the Medicaid fee schedule
  - Providers will continue to bill for these services using CPT code 41899 (Other Procedures on the Dentoalveolar Structures)
  - Providers must also report a CPT modifier to qualify for payment
  - Enhanced payment for these services will be subject to prior authorization and post-payment review

# Inpatient Payment Model Totals

| Provider Type | RY23 Simulated Claim-Based Payments | RY24 Simulated Claim-Based Payments | Estimated Payment Change | RY 2024 Notes |
|---|---|---|---|---|
| **Acute Hospitals** | $1,016.5M | $1,060.7M | $44.2M | ▪ $22.5M increase from inflation increase to base rates<br>▪ $1.4M increase from legislative appropriation for additional base rate increases<br>▪ $20.3M increase from legislative appropriation for new BH unit policy adjuster |
| **Critical Access Hospitals** | 71.2M | 68.8M | (2.4M) | ▪ DRG base rates based on 100% of estimated RY24 claims cost<br>▪ CAHs have a YoY aggregate cost increase consistent with volume increases, but a reduction in case mix adjusted average cost per discharge |
| **Psychiatric Hospitals** | 82.5M | 89.5M | 7.0M | ▪ Per diem rates based on 85.08% of estimated RY24 claims cost (state-owned based on 100%) |
| **Rehabilitation Hospitals** | 5.6M | 6.0M | 0.4M | ▪ Per diem rates based on 85.08% of estimated RY24 claims cost |
| **Long Term Acute Care (LTAC) Hospitals** | 9.5M | 9.9M | 0.4M | ▪ Per diem rates based on 85.08% of estimated RY24 claims cost |
| **Total Claim-Based Payments** | **$1,185.3M** | **$1,234.9M** | **$49.6M** | ▪ 4.2% aggregate increase |

***Notes:***
*1. Modeled based on FFY 2022 claims data.*
*2. Non-CAH base rates include a GME add-on (using the same methodology as prior years).*
*3. Includes out-of-state major border hospitals.*

# RY 2024 Inpatient Rate Exhibits

## Report Appendix A

- Acute Care Hospital DRG Base Rates
- Critical Access Hospital DRG Base Rates
- Per Diem Rates (Psychiatric, Rehabilitation, and LTAC)
- APR DRG version 40 weights

# Outpatient Payment Model Totals

| Provider Type | RY23 Simulated Claim-Based Payments | RY24 Simulated Claim-Based Payments | Estimated Payment Change | RY 2024 Notes |
|---|---|---|---|---|
| **Acute Hospitals** | $282.4M | $331.9M | $49.5M | ▪ $5.5M increase from inflation increase to base rates<br>▪ $44.0M from legislative appropriation for additional base rate increases<br>▪ Includes current $1.5M dental add-on |
| **Critical Access Hospitals** | 174.3M | 162.0M | (12.3M) | ▪ EAPG base rates based on 100% of estimated RY24 claims cost<br>▪ CAHs have a YoY aggregate cost increase consistent with volume increases, but a reduction in case mix adjusted average cost per discharge |
| **Psychiatric Hospitals** | 0.9M | 1.0M | 0.1M | ▪ EAPG base rates based on 85.08% of estimated RY24 claims cost (state-owned based on 100%) |
| **Rehabilitation Hospitals** | 0.5M | 0.6M | 0.1M | ▪ Same EAPG base rate as acute |
| **LTAC Hospitals** | 0.0M | 0.0M | 0.0M | ▪ N/A |
| **Total Claim-Based Payments** | **$458.1M** | **$495.5M** | **$37.4M** | ▪ 8.2% aggregate increase |

***Notes:***

*1. Modeled based on FFY 2022 claims data.*

*2. Non-CAH base rates include a GME add-on (using the same methodology as prior years).*

*3. Includes out-of-state major border hospitals.*

# Inpatient and Outpatient Totals

| Provider Type | RY 2024 Simulated Payments With Access Payments[1] | RY 2024 Estimated Costs (With Medicaid Assessment Portion)[2] | RY 2024 Estimated Pay-to-Cost Ratio |
|---|---|---|---|
| **Acute Hospitals** | $2,009.4M | $2,639.4M | 76.1% |
| **Critical Access Hospitals** | $240.6M | $231.9M | 104.0% |
| **Psychiatric Hospitals** | $90.5M | $102.4M | 88.4% |
| **Rehabilitation Hospitals** | $6.0M | $7.1M | 84.9% |
| **LTAC Hospitals** | $10.0M | $11.6M | 86.4% |
| **Total Payments With Access** | **$2,356.6M** | **$2,992.0M** | **78.8%** |
| **Non-Access Supplemental Payments[3]** | **$234.4M** | **$0.0M** | **N/A** |
| **Total With Supplemental Payments** | **$2,591.0M** | **$2,992.0M** | **86.6%** |

***Notes:***

1. *Excludes out-of-state hospitals, providers without Medicare cost reports, and carveout services (non-DRG, non-EAPG, and non-cost-based per diems). Includes SFY 2023 Access payments.*
2. *Estimated costs are calculated at the claim detail line level using FFY 2022 Medicaid claims data and Medicare cost report data with matching reporting periods. Cost report cost centers were merged to Medicaid claims data using DHS' standard revenue code crosswalk. Estimated costs include the Medicaid portion of SFY 2023 assessments.*
3. *Includes SFY 2024 DSH, CCS, GME, and other supplemental payments including those with legislatively appropriated increases.*

# RY 2024 Outpatient Rate Exhibits

## Report Appendix B

- Acute and Rehabilitation Hospital EAPG Base Rates (non-CAHs)
- Critical Access Hospital EAPG Base Rates
- Psychiatric Hospital EAPG Base Rates
- EAPG v3.18 Weights

# 2024 Rates – Next Steps

- Rate sheets are available today on the ForwardHealth Portal
- Providers have 60 days to appeal their inpatient or outpatient rates
- Appeal criteria are listed in §12200 of the Inpatient Hospital State Plan and §6200 of the Outpatient Hospital State Plan
- Randy McElhose is the contact for rate documentation questions
  - Email:Randy.McElhose@dhs.wisconsin.gov

# Access Payment Updates

# SFY 2024 Access Payment Add-ons

- SFY 2024 Access payment allocation between the fee for service (FFS) and Health Maintenance Organization (HMO) pools are based on a **25%/75%** split
  - Updated from the 28%/72% split in prior years, resulting in a $10M shift from the FFS to HMO SFY 2024 Access payment pools compared to SFY 2023
  - Change in allocation made to reflect actual utilization and to offset the estimated RY 2024 FFS base claim payment increases to maintain sufficient FFS Upper Payment Limit gap
- SFY 2024 **FFS** Access payment add-ons for **Acute, Rehabilitation, and LTAC Hospitals** are as follows:
  - **$3,101** per inpatient admission and **$248** per outpatient visit
  - SFY 2024 **FFS** Access payment add-ons will be retroactively implemented back to **July 1, 2023**
- SFY 2024 **FFS** Access payment add-ons for **CAHs** are as follows:
  - **$581** per inpatient admission and **$16** per outpatient visit
  - CY 2024 **HMO** Access payments will be made by DHS via capitation rate add-ons and will consider SFY 2024 target
  - HMO per admission/visit add-ons paid to hospitals are determined each month based on actual utilization and each HMO's add-on

# SFY 2024 Access Payment Update

- New SFY 2024 Access Payment pools:

| Provider Type | Acute, LTAC, and Rehab Hospitals | CAHs |
|---|---|---|
| **SFY 2024 Total Assessments** | **$414,507,300** | **$5,331,692** |
| **SFY 2024 Total Access Payments** | **$672,028,696** | **$8,644,118** |
| IP FFS Pool (55% of FFS) | $97,948,182 | $1,169,428 |
| OP FFS Pool (45% of FFS) | $80,139,422 | $956,805 |
| **FFS Pool (25% of total Access)** | **$178,087,604** | **$2,126,233** |
| IP HMO Pool (55% of HMO) | $271,667,600 | $3,584,837 |
| OP HMO Pool (45% of HMO) | $222,273,491 | $2,933,048 |
| **HMO Pool (75% of total Access)(1)** | **$493,941,092** | **$6,517,885** |

***Notes:***

*(1) Includes adjustment related to implementing 1/1/2024 for the new managed care contract year*

# SFY 2024 Access Payment Update

- FFS access payment add-ons will begin applying to claims by late October 2023
  - Adjustment process to begin shortly after
- HMO January/February Payment Reminder
  - As of CY 2021, there are no longer HMO Access payments made in January
  - Both January and February HMO Access payments are made in February
- SFY 2023 FFS claims "shut-off" occurred June 21, 2023
- SFY 2023 reconciliation process has begun
  - Estimated timeline of completion by December 31, 2023

# Potentially Preventable Readmissions (PPRs)

# MY 2022 Readmission Rates

- Measurement Year (MY) 2022 final readmission results based on PPR grouper output have been calculated for each hospital
  - Narrative report and provider-specific exhibits have been distributed
- MY 2023 Q2 readmission results have also been calculated and distributed
  - MY 2023 preliminary results are subject to change based on the next quarterly MMIS extract and do not represent the final PPR analyses and withholding impacts for MY 2023

# Statewide Readmission Rates - HMO

| HMO Amount | Final MY 2019 | Final MY 2020 | Final MY 2021 | Final MY 2022 |
|---|---|---|---|---|
| **Badger Care Plus Readmission Rate** | 4.24% | 4.32% | 4.45% | 4.45% |
| **SSI Readmission Rate** | 13.48% | 11.58% | 10.73% | 12.10% |

**Sources:**

Final MY 2019: DHS September 25, 2020 MAHG meeting presentation

Final MY 2020: Milliman September 8, 2021 report "Hospital Measurement Year 2020 Final Readmissions Results"

Final MY 2021: Milliman September 20, 2022 report "Hospital Measurement Year 2021 Final Readmissions Results"

Final MY 2022: Milliman September 27, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"

# Statewide Readmission Rates - FFS

| FFS Amount | Final MY 2019 | Final MY 2020 | Final MY 2021 | Final MY 2022 |
|---|---|---|---|---|
| **Readmission Rate** | 7.18% | 7.73% | 8.11% | 7.34% |
| **Full benchmark (100%)** | 7.12% | 7.25% | 7.66% | 7.74% |
| **Actual to Full Benchmark ratio** | **1.008** | **1.066** | **1.060** | **0.948** |
| **Target benchmark (92.5%)** | 6.59% | 6.71% | 7.08% | 7.16% |
| **Actual to Target Benchmark ratio** | **1.090** | **1.153** | **1.146** | **1.025** |

DHS' MY 2022 Hospital P4P guide listed a MY 2022 Goal Rate of **6.52%**

**Sources:**

Final MY 2019: DHS September 25, 2020 MAHG meeting presentation
Final MY 2020: Milliman September 8, 2021 report "Hospital Measurement Year 2020 Final Readmissions Results"
Final MY 2021: Milliman September 20, 2022 report "Hospital Measurement Year 2021 Final Readmissions Results"
Final MY 2022: Milliman September 27, 2023 report "Hospital Measurement Year 2022 Final Readmissions Results"

# PPR Dashboard Access Process

- Milliman has created a new online PPR dashboard using PowerBI
- Interactive dashboard contains:
  - MY 2019 Final (with 2017 benchmark)
  - MY 2020 Final (with 2018 benchmark)
  - MY 2021 Final (with 2019 benchmark)
  - MY 2022 Final (with 2020 benchmark)
  - MY 2023 Q2 (with 2021 benchmark)

# PPR Dashboard Access Process

1. Submit request via email to DHS at **DHSDMSBRS@dhs.Wisconsin.gov** and provide:
   - Name
   - Organization Name
   - *Hospital only:* Requested hospital name(s) and MA ID#
   - Email Address
   - Phone Number
2. Once approved by DHS, Milliman will provide a temporary password via email (see User Guide)
3. PPR dashboard can be accessed at **https://app.powerbi.com/** (see User Guide)
4. Users must review and accept the user agreement

# Measurement Year (MY) 2022 PPRs

- MY 2022 P4P results were posted to the ForwardHealth Portal on Wednesday, October 4
- Hospitals will have two full weeks to review
  - If you have any questions, contact Alicia Cheversia
    - Email: alicia.cheversia@dhs.wisconsin.gov
- Payments will be posted by the end of October



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# Other P4P Programs

# MY2022 Assessment P4P Program

- MY 2022 P4P results were posted to the ForwardHealth Portal on Wednesday, October 4
- Hospitals will have two full weeks to review
  - If you have any questions, contact Alicia Cheversia
    - Email: alicia.cheversia@dhs.wisconsin.gov
- Payments will be posted by the end of October
- Patient Experience of Care (HCAHPS Survey) is based on the full 12-month data period
  - Last year data was truncated by Q4 due to CMS delayed release from the PHE

# MY2023 HIE P4P Program

- Performance metrics for MY2023 based upon "Live" participation status in each interface
- Participating interfaces:
  - Admission, Discharge, and Transfer (ADT)
  - Consolidation Clinical Document Architecture (CCDA)
  - Lab/Pathology/Radiology
    - Must meet all 3 to be eligible
- All in-state hospitals are eligible to participate
- No minimum discharge requirements

# MY2023 HIE P4P Program (cont.)

- Payments based on projected CY2023 Inpatient, Outpatient, FFS, and HMO Medicaid funding
  - Minimum of $15,000 per interface
  - Maximum of $40,000 per interface
  - New eligible hospitals will receive the minimum funding amount per interface
- Deadline for participation status is December 31, 2023
- Final results will be available March 2024
  - If you have any questions, contact Alicia Cheversia
    - Email: alicia.cheversia@dhs.wisconsin.gov

# Additional Updates

# Hospital Supplemental Payments

- **SFY24 Disproportionate Share Hospital (DSH) and Rural Critical Care Supplement (CCS) Payments**
  - ~50% increase to DSH and 100% increase to CCS GPR pools from 2023 – 2025 state budget
  - Payments are made on a quarterly basis to qualifying/participating providers. Q1 and Q2 payments will be made together by December
- **SFY20 Examination/Audit**
  - Payment exceeding hospital DSH limit will be recouped and reallocated to other qualifying hospitals in early spring 2024
- **DSH SFY25 Estimates and SFY21 Exam/Audit**
  - Entrance conference/educational session early 2024

# Graduate Medical Education (GME) Grant Opportunities

- **GME Program Development Grant**
  - **Purpose:** Assist hospitals in developing accredited GME programs in medical specialties in rural and underserved areas of Wisconsin
  - Grants may also be used to establish new fellowship programs or to develop rural tracks
  - **Grant period**: Up to five years (*increased from three years per biennial budget*)
  - **Funding:** Up to $750,000
  - Annual DHS Request for Applications (RFA) released in March

# Graduate Medical Education (GME) Grant Opportunities

- **GME Residency Expansion Grant**
  - **Purpose:** Expand residency positions in existing GME programs.
  - Priority specialties include primary care, general surgery and psychiatry. Other specialties may also be considered.
  - **Grant period**: Length of residency or fellowship, dependent on proposal
  - **Funding:** Up to $150,000 per new resident position with a maximum of three full time grant funded positions at any one time
    - *Per residency max increased from $75,000 per biennial budget*
  - Annual DHS Request for Applications (RFA) released in July

# Additional Resources

- DHS and Milliman will provide APR-DRG and EAPG calculators for RY 2024 on the FH Portal.
  - Past years' EAPG and APR-DRG calculators remain available.
- APR-DRG assignment tool and APR-DRG and EAPG manuals are available to Wisconsin providers at https://aprdrgassign.com
  - Email DHSDMSBRS for a registration code.

# Questions

All questions can be sent by email to:
DHSDMSBRS@dhs.Wisconsin.gov



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# Caveats and Limitations

*The terms of Milliman's contract #435400-O21-0818RATESET-00 with DHS apply to this presentation and its use. The results shown in these analyses are for discussion purposes and represent DHS' proposed rate year (RY) 2024 model rates, weights, and factors. Final RY 2024 hospital rates are subject to change based on public notice, final DHS policy decisions, and CMS approval.*

*The information contained in this presentation has been prepared solely for the business use of DHS and related Divisions for a hospital stakeholder workgroup meeting presentation on October 5, 2023, and is not appropriate for other purposes. We understand this presentation will be shared with Wisconsin Medicaid hospital stakeholders. This presentation must not be shared with other third parties without Milliman's prior consent. To the extent that the information contained in this presentation is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in health care modeling that will allow appropriate use of the data presented.*

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*Milliman has developed certain models to estimate the values included in this presentation . We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose.*

*Differences between our estimate payments and actual amounts depend on the extent to which future experience conforms to the assumptions made for these analyses. Future results may change from these estimates due to a number of factors, including final DHS policy decisions, changes to medical management policies, enrollment, provider utilization and service mix, unwinding of the public health emergency, and other factors.*

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