

Social and human service programs review: Utilization trends

State of Rhode Island, Office of the Health Insurance Commissioner

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Background

Milliman has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires 10 assessments covering various rate and programmatic elements of the social and human service programs, with the 10th assessment being a culmination of the prior nine assessments that may be used to inform the recommended rate adjustments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging.

The assessments will be completed in two phases, with Phase One published in May 2023 and Phase Two published by September 1, 2023. The first phase includes the first nine assessments with a limited scope of services. The second phase will include updates of the first nine assessments with additional services as well as the 10th report. Milliman is currently working with OHIC to determine the breadth of services that may be included in each assessment in Phase Two of the social and human service programs review.

This Phase One report addresses RIGL § 42-14.5-3(t) task 3: “An assessment and detailed reporting on utilization trends from the period of January 1, 2017, through December 31, 2021.” This report provides state fiscal year (SFY) 2017 through SFY 2022 Medicaid fee-for-service and Medicaid managed care unique monthly utilizer and expenditure information for social and human services identified in *Social and Human Service Programs Review: Reimbursement Rates* report (Reimbursement Rates Report), dated March 29, 2023.¹ This report contains additional utilization information for six months prior and six months beyond the statutorily required reporting period. Utilization information for non-Medicaid services will be included as available in the Phase Two version of this report.

¹ Clarkson, J., McCulla, I., Kasey, J., & Hunt, Z. (2023, March 29). *Social and human service programs review: Reimbursement rates*. Retrieved May 24, 2023, from

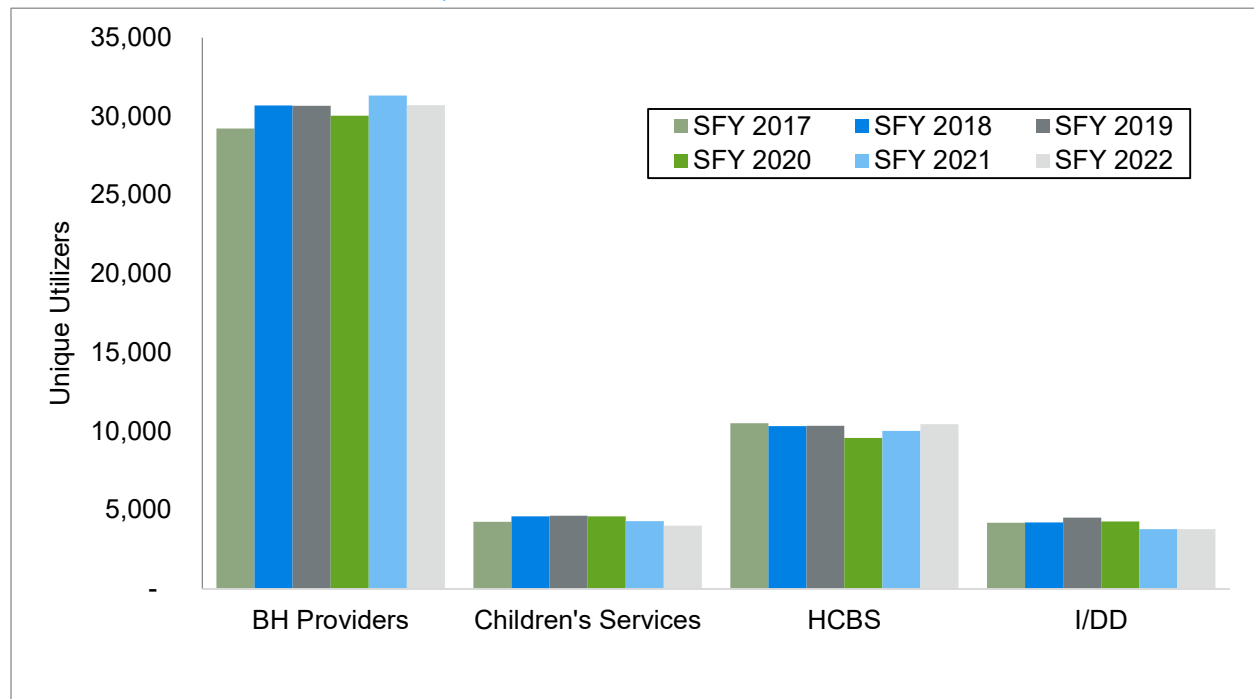
<https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-03/Social%20and%20Human%20Service%20Programs%20Review%20Report%201.pdf>

Executive summary

The information contained in this report provides the state and other interested stakeholders a baseline understanding of Medicaid service utilization for social and human services provided by the state of Rhode Island. The Medicaid utilization contained in this report represents \$689.2 million in Medicaid program expenditures in SFY 2022 and over 45,000 unique Medicaid program recipients as of June 2022. The total Medicaid program medical expenditures were over \$3.0 billion in SFY 2022² and over 350,000 full benefit Medicaid enrollees as of June 2022.³

Figure 1 illustrates the average monthly unique utilizers for each social and human service program major service category: intellectual and developmental disability (I/DD) services, home and community-based services (HCBS), behavioral health providers, and children’s services. This figure illustrates a reduction in average monthly unique utilizers for I/DD and children’s services in recent years. This observation is attributable to utilization reductions coinciding with the COVID-19 pandemic starting in March 2020. While HCBS and behavioral health services also decreased due to the COVID-19 pandemic in SFY 2020, utilization returned to near pre-pandemic levels during SFY 2021, and the unique utilizers of HCBS services have continued to increase through SFY 2022.

FIGURE 1: AVERAGE MONTHLY UNIQUE UTILIZERS BY STATE FISCAL YEAR



Year-over-Year Trends	SFY 2017 - SFY 2018	SFY 2018 - SFY 2019	SFY 2019 - SFY 2020	SFY 2020 - SFY 2021	SFY 2021 - SFY 2022
Behavioral Health Providers	5.0%	(0.1%)	(2.1%)	4.3%	(1.9%)
Children's Services	8.4%	0.6%	(0.7%)	(6.7%)	(6.6%)
HCBS	(1.7%)	0.2%	(7.4%)	4.5%	4.3%
Intellectual and Developmental Disability Services	0.4%	7.2%	(5.5%)	(11.2%)	(0.1%)

Notes:

² Rhode Island EOHHS (October 26, 2022). *November 2022 CEC Testimony*. Retrieved from: <https://www.rilegislature.gov/Special/rcc/REC202211/Nov 2022 CEC - Attachments FINAL v20221021.pdf> page 1

³ Rhode Island EOHHS (April 24, 2023). *May 2023 CEC Testimony*. Retrieved from: <https://www.rilegislature.gov/Special/rcc/REC202305/Medical Assistance - May 2023 CEC - Attachments.pdf> page 8

1. Values include both fee-for-service (FFS) and Medicaid managed care organization (MCO) encounter claims as received from EOHHS. MCO encounters include all managed care programs, including Rhody Health Options.
2. Utilizers are not mutually exclusive between major service categories. As an example, a member using I/DD services and HCBS services will be counted in both.

During the COVID-19 public health emergency (PHE), states are eligible to receive enhanced federal funding if meeting maintenance of eligibility (MOE) requirements. One aspect of the MOE requires states to provide continuous eligibility during the PHE, which has resulted in states pausing normal Medicaid redetermination activities. As a byproduct of this pause, Rhode Island Medicaid enrollment has increased by over 25% from February 2020 through June 2022. This material enrollment increase may contribute to the unique utilizer trends observed in Figure 1. However, growth in the overall Medicaid population may not proportionally contribute to the increase in utilization for these services, as the enrollment growth is observed to primarily be attributable to healthy adults who are not material utilizers of HCBS, I/DD, and children's services. In addition, provider capacity and workforce shortage dynamics during the PHE may affect the utilization of services. These variables are not explicitly measured in this report.

The remainder of this report provides more detailed service category utilization metrics, utilization information stratified between the fee-for-service (FFS) claims and Medicaid managed care organization (MCO) encounters, and expenditure information where available. Certain expenditure information is redacted to prevent the disclosure of proprietary Medicaid MCO provider reimbursement information. Descriptions of the data summarization and redaction procedures are available in the Methodology section of this report. Additional utilization and expenditure granularity is provided in the appendices and data book included with this report.

- Appendix 1 provides average unique monthly utilizer information stratified by state fiscal year, detailed service category, and delivery system (FFS/MCO).
- Appendix 2 provides annual expenditure information stratified by state fiscal year, detailed service category, and delivery system (FFS/MCO).
- Appendix 3 provides a crosswalk of provider type to major service category.
- The data book provides the same information provided in Appendix 1 and Appendix 2 at the provider type, procedure code, and modifier level of detail by state fiscal year and by month.

Utilization summaries

Rhode Island Medicaid utilization metrics are illustrated at various level of granularity in this report, including the major social and human service program, service category, and procedure code. Appendix 3 of this report illustrates the provider type to service category crosswalk, which is consistent with the Reimbursement Rates Report.

The following utilization metrics are contained in this report:

- **Average unique monthly utilizers.** The average unique monthly utilizers metric represents the average number of people accessing services in a month. Because multiple services may be accessed by a single person, the unique utilizers from various services cannot be aggregated to calculate a composite number. Throughout the report, unique utilizers is specific to the set of services represented in the figure, and therefore the values representing a larger number of services will always be less than or equal to the sum of the unique utilizers for the individual services.
- **Annual expenditures.** The annual expenditures metric represents the total dollar value of Medicaid paid claims for a particular service. While annual expenditures is not a direct utilization metric, it is a helpful metric to understand the resources allocated to the various social and human service programs. Expenditures may be aggregated across service categories, facilitating a consistent comparison of varying levels of service summarization.

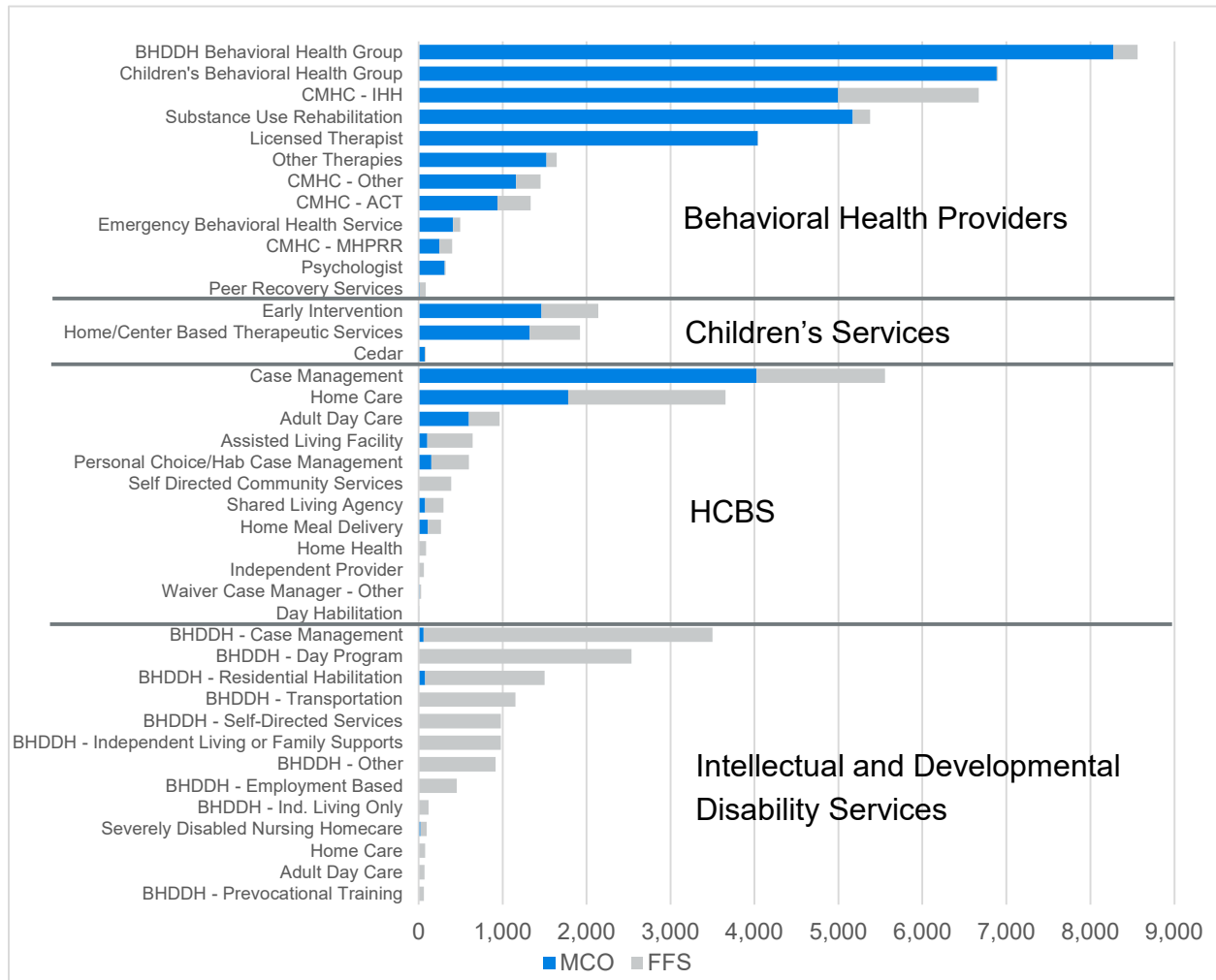
Unit count metrics are not included in this report due to observed inconsistencies in unit definitions. For example, some behavioral health services are reported on a 15-minute unit basis while other similar services are reported with units representing a count of visits. We will work with state agencies as needed to provide this information for use in developing fiscal impact estimates required by RIGL § 42-14.5-3(u).

SFY 2022 UTILIZATION BY SERVICE CATEGORY

Figure 2 illustrates the average unique monthly utilizers in SFY 2022 for each service category stratified by the FFS and MCO populations. Behavioral health services are primarily covered by the MCOs, with approximately 75% of integrated health home (IHH) utilization provided by community mental health centers (CMHCs) being covered by MCOs, and approximately 95% of the utilization for the remaining services covered by the MCOs. Conversely, most I/DD services are covered under the FFS program, with only 4.2% of services covered by MCOs.

Children's services and HCBS are more evenly covered by the FFS and MCO populations. Over 70% of the FFS utilizers of children's services are children only eligible for early intervention benefits through an early intervention limited benefit eligibility pathway along with children enrolled in the FFS Katie Beckett program. Similarly, approximately 75% of the FFS utilizers of HCBS are attributable to members dually eligible for Medicaid and Medicare coverage and not enrolled with an MCO. Effective October 1, 2018, Rhode Island ended the Rhody Health Options Unity program for adults receiving long-term services and supports (LTSS) through Medicaid, which consisted primarily of members dual-eligible for Medicaid and Medicare coverage. Many members enrolled in this program transitioned to FFS coverage with the end of the Rhody Health Options Unity program.

FIGURE 2: SFY 2022 AVERAGE UNIQUE MONTHLY UTILIZERS BY SERVICE CATEGORY



Notes:

1. Figure represents unique utilizers for each service category. To the extent a member utilized a service paid for by both the FFS program and an MCO in the same month, the member is counted once. The FFS allocation in this figure illustrates the proportion of all unique utilizers covered by FFS.
2. Self-directed services provided by the MCOs are not submitted as encounters and therefore MCO utilizers are not represented in Figure 2.
3. See the Methodology section for additional data caveats and limitations.

SFY 2017 THROUGH SFY 2022 UTILIZATION

Figure 3 and Figure 4 provide the average monthly unique utilizers and annual expenditures separately for the FFS and MCO delivery systems for each service category. This longitudinal view illustrates year-over-year trends for both service users and expenditures.

The SFY 2021 and SFY 2022 FFS expenditures include the following temporary enhanced rate funding for American Rescue Plan Act (ARPA) workforce development initiatives:⁴

- **Home and community-based services.** SFY 2022 FFS expenditures include an estimated \$29.0 million of enhanced reimbursement for home care agencies, home health, adult day care, habilitation group homes, and case management services.
- **Children's services.** SFY 2021 FFS expenditures for children's services include an estimated \$5.7 million of enhanced reimbursement for home-based therapeutic services (HBTS) and personal assistance service and supports (PASS).
- **Behavioral health providers.** SFY 2022 FFS expenditures include an estimated \$11.7 million of enhanced reimbursement for CMHCs and peer recovery programs.

In addition to the temporary FFS enhanced reimbursement rates, certain providers received funding through the managed care system or direct grants. This funding was distributed outside of FFS and MCO claims payment systems and is not included in the values presented in this report.

To the extent expenditure trends exceed utilizer trends, this indicates an increase in the cost per recipient for the services. ARPA workforce development initiatives represent a key contributor to the situations where this occurs in the figures below, along with I/DD rate increases effective July 2021.⁵

FIGURE 3: AVERAGE MONTHLY UTILIZATION METRICS BY FISCAL YEAR

Service Category	SFY 2017 Utilizers	SFY 2018 Utilizers	SFY 2019 Utilizers	SFY 2020 Utilizers	SFY 2021 Utilizers	SFY 2022 Utilizers	SFY 2017-2018% Change	SFY 2018-2019% Change	SFY 2019-2020% Change	SFY 2020-2021% Change	SFY 2021-2022% Change
Behavioral Health Providers											
FFS	1,707	1,838	2,467	2,849	2,986	2,787	7.7%	34.2%	15.5%	4.8%	(6.7%)
MCO	27,554	28,917	28,295	27,295	28,515	28,037	4.9%	(2.2%)	(3.5%)	4.5%	(1.7%)
Total	29,225	30,691	30,671	30,024	31,312	30,706	5.0%	(0.1%)	(2.1%)	4.3%	(1.9%)
Children's Services											
FFS	1,643	1,597	1,486	1,407	1,313	1,284	(2.8%)	(6.9%)	(5.4%)	(6.6%)	(2.2%)
MCO	2,663	3,072	3,195	3,229	3,011	2,759	15.3%	4.0%	1.1%	(6.7%)	(8.4%)
Total	4,253	4,612	4,641	4,610	4,303	4,021	8.4%	0.6%	(0.7%)	(6.7%)	(6.6%)
HCBS											
FFS	2,968	2,848	3,212	3,632	3,859	4,141	(4.0%)	12.8%	13.1%	6.3%	7.3%
MCO	7,591	7,534	7,199	6,008	6,204	6,371	(0.8%)	(4.4%)	(16.5%)	3.3%	2.7%
Total	10,507	10,333	10,351	9,584	10,017	10,448	(1.7%)	0.2%	(7.4%)	4.5%	4.3%
Intellectual and Developmental Disability Services											
FFS	4,028	4,000	4,342	4,119	3,641	3,633	(0.7%)	8.6%	(5.1%)	(11.6%)	(0.2%)
MCO	177	222	182	155	157	161	25.5%	(18.1%)	(14.7%)	1.1%	2.8%
Total	4,198	4,213	4,518	4,269	3,793	3,790	0.4%	7.2%	(5.5%)	(11.2%)	(0.1%)

Notes:

1. Members receiving FFS and MCO services are not mutually exclusive. Total unique utilizers are less than the sum of FFS and MCO unique utilizers.
2. See the Methodology section for additional data caveats and limitations.

⁴ Rhode Island Executive Office of Health and Human Services. (2023, January 17). *RI State Spending Narrative for ARPA HCBS FMAP: Quarterly Update – Submitted July 18, 2022*. Retrieved May 24, 2023, from <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

⁵ Rhode Island BHDDH (July 1, 2021). *Comparison of BHDDH Rates Effective October 1, 2019 and July 1, 2021*. Retrieved from: <https://bhddh.ri.gov/sites/g/files/xkqbur411/files/2021-07/BHDDH%20JULY%201%202021%20RATE%20INCREASE%20.pdf>

FIGURE 4: ANNUAL EXPENDITURE METRICS BY FISCAL YEAR

Service Category	SFY 2017 (\$Millions)	SFY 2018 (\$Millions)	SFY 2019 (\$Millions)	SFY 2020 (\$Millions)	SFY 2021 (\$Millions)	SFY 2022 (\$Millions)	SFY 2017-2018% Change	SFY 2018-2019% Change	SFY 2019-2020% Change	SFY 2020-2021% Change	SFY 2021-2022% Change
Behavioral Health Providers											
FFS	\$ 22.2	\$ 23.9	\$ 29.6	\$ 33.7	\$ 34.8	\$ 45.4	7.6%	23.6%	13.7%	3.4%	30.6%
MCO	132.3	144.6	139.1	131.5	138.2	144.3	9.3%	(3.8%)	(5.5%)	5.1%	4.5%
Total	\$ 154.6	\$ 168.5	\$ 168.7	\$ 165.1	\$ 173.0	\$ 189.8	9.0%	0.1%	(2.1%)	4.8%	9.7%
Children's Services											
FFS	\$ 17.9	\$ 17.4	\$ 16.0	\$ 13.2	\$ 16.4	\$ 12.8	(2.9%)	(8.1%)	(17.3%)	23.9%	(22.0%)
MCO	23.5	26.4	30.1	28.4	27.8	28.9	12.4%	13.8%	(5.5%)	(2.3%)	4.1%
Total	\$ 41.4	\$ 43.8	\$ 46.1	\$ 41.7	\$ 44.2	\$ 41.7	5.8%	5.1%	(9.6%)	6.0%	(5.6%)
HCBS											
FFS	\$ 43.1	\$ 41.1	\$ 52.2	\$ 66.8	\$ 76.0	\$ 114.4	(4.7%)	27.1%	28.1%	13.8%	50.5%
MCO	46.3	40.2	44.5	47.4	50.3	51.4	(13.2%)	10.6%	6.6%	6.0%	2.2%
Total	\$ 89.4	\$ 81.3	\$ 96.7	\$ 114.2	\$ 126.3	\$ 165.8	(9.1%)	18.9%	18.2%	10.5%	31.3%
Intellectual and Developmental Disability Services											
FFS	\$ 217.5	\$ 230.8	\$ 245.7	\$ 247.3	\$ 238.8	\$ 289.4	6.1%	6.5%	0.6%	(3.4%)	21.2%
MCO	3.0	3.4	3.0	3.1	3.0	2.6	14.6%	(14.1%)	4.0%	(1.7%)	(15.6%)
Total	\$ 220.5	\$ 234.2	\$ 248.7	\$ 250.3	\$ 241.9	\$ 292.0	6.2%	6.2%	0.7%	(3.4%)	20.7%

Notes:

1. See the Methodology section for additional data caveats and limitations.

Unique utilizers of children's services decreased in both the FFS and Medicaid managed care programs from SFY 2020 to SFY 2022, whereas unique utilizers of HCBS increased in both programs during this same period. This observation is indicative of the systemic influence COVID-19 had on service utilization over the past several years. FFS and MCO HCBS utilization and expenditures are also influenced by the termination of the Rhode Health Options Unity program on October 1, 2018, as members from this program transitioned to FFS or the Rhode Health Options Integrity/Medicare-Medicaid Plan (MMP) managed care program.

As illustrated in Appendix 1, increases in FFS utilization for behavioral health providers are primarily attributable to CMHC services such as integrated health homes (IHH) and assertive community treatment (ACT) programs, while trends in the managed care program are influenced by various mental health and substance use services. Decreases in utilization of I/DD services are consistently observed across the service categories, with an observed increase in self-directed services from SFY 2018 to SFY 2022.

As previously mentioned, FFS expenditures in SFY 2021 and SFY 2022 were impacted by ARPA workforce development initiatives and I/DD rate changes, which influence year-over-year comparisons. Annualized SFY 2017 to SFY 2022 MCO expenditures changes varied from approximately 2% to 4%, with the exception of MCO I/DD services, which have limited volume, indicating moderate utilization and cost per utilizer changes from SFY 2017 to SFY 2022.

Appendix 1 and Appendix 2 provide similar information as that presented in Figure 3 and Figure 4, respectively, at a detailed service category level. The data book provides this information at the provider type, procedure code, and modifier level of detail by state fiscal year and by month.

Methodology

This report provides an analysis of utilization and expenditure information from SFY 2017 through SFY 2022. This section outlines the data, service category logic, and data redaction methodologies underlying this report.

DATA

We used Medicaid FFS claims and MCO encounters provided by EOHHS on January 15, 2023, as the primary data sources for the analysis of SFY 2020 through SFY 2022. ARPA workforce development funding distributed through FFS claims payments are included in the paid amounts illustrated in this report. We used a Medicaid dataset provided by EOHHS on May 2, 2023, for SFY 2017 through SFY 2019 data.

The MCO encounter data consists of encounters from the Medicaid managed care program covering RlTe Care children and adults, Children with Special Healthcare Needs, and Rhody Health Partners populations, as well as Rhody Health Options Unity encounters and MMP encounters. Known limitations with the MCO encounter data include missing data and the assignment of provider type. Recent data quality reporting indicates the encounter data is generally between 96% and 100% complete, but this completion percentage can vary by time period, MCO, and type of service. The remainder of MCO encounters are considered missing data and represent services provided by the MCOs that are not accepted into the state's encounter data warehouse. We did not include an adjustment for missing encounter data in this report. The MCO encounter provider type assignment is discussed in more detail in the Service Category Logic section below.

SERVICE CATEGORY LOGIC

The services reviewed in this report are consistent with the scope of services outlined in the Reimbursement Rates Report. Certain procedure codes are in the data book included with this report that were not in the reimbursement rates report due to there being no reimbursement rate listed on the Rhode Island Medicaid fee schedule. These codes were added to fully reflect the FFS and MCO utilization of services, and include codes solely used by the MCOs are FFS codes with manually priced reimbursement.

The methodology to assign claims and encounter data to a service category is consistent with the methodology used in the reimbursement rates report. Appendix 3 illustrates the provider type to service category crosswalk underlying this analysis. We observed situations where the provider type on the MCO encounter data is not consistently populated. Given this data limitation, we used the following hierarchical steps to assign provider type:

- Limit MCO encounters to procedure codes that exist in Appendix 1 of the Reimbursement Rates Report
- If a procedure code/modifier combination appears only under a single provider type in the FFS program, any encounter data with that procedure code/modifier is assigned that same provider type
- Assign the provider type that corresponds to the FFS provider type with a matching National Provider Identifier (NPI) and procedure code with the most FFS expenditures in SFY 2022
- Assign the provider type that corresponds to the FFS provider type with a matching Federal Employer Identification Number (FEIN) and procedure code with the most FFS expenditures in SFY 2022
- Assign the provider type that corresponds to the FFS provider type with a matching NPI with the most FFS expenditures in SFY 2022
- Assign the provider type that corresponds to the FFS provider type with a matching FEIN with the most FFS expenditures in SFY 2022
- Assign the provider type currently on the encounter claim

In addition, to the extent that a provider type/procedure code/modifier combination does not exist in the FFS program after this assignment process, we assign the expenditures and utilization to the most similar provider type/procedure code/modifier combination. For example, MCO encounter data may contain additional modifiers that are unused in the FFS program. These encounters are included with the procedure-code-level data without modifiers in these instances.

This methodology was performed to improve the accuracy and robustness of the MCO encounter data provider type to better reflect the scope of services provided in the Medicaid managed care program. This process is inherently unable to address all potential issues with the MCO encounter data. We relied upon the FFS and encounter data received and accepted it without audit. To the extent that there remain other data inconsistencies, errors, or omissions, the values provided in this report may likewise be inaccurate or incomplete. We expect further refinement to the process may occur as results of this and other social and human service programs reports are reviewed with stakeholders.

DATA REDACTION

The data sharing agreement with EOHHS and Milliman prohibits disclosing MCO reimbursement rates unless certain criteria are met. The MCO expenditure data included in this report is redacted unless the data is supported by at least 10 unique utilizers and encounter data from all three MCOs contracted by EOHHS.

Conclusion

The delivery of social and human service programs in Rhode Island varies by service and population, with behavioral services primarily covered by Medicaid MCOs, I/DD services being covered in the FFS program, and children's services and HCBS being covered by a combination of the two. While behavioral health services are the highest utilized social and human service reviewed in this report, with approximately 30,000 monthly Medicaid recipients, the highest expenditure volume is associated with I/DD services. This report helps identify the number of Medicaid members and volume of Medicaid expenditures that may be influenced by any changes proposed to social and human service programs. In addition, we will utilize this report and the underlying data to support Rhode Island state agencies in developing the fiscal impact estimates required by RIGL § 42-14.5-3(u) based on forthcoming OHIC rate recommendations.

This Phase One report is limited to Medicaid utilization and expenditures. We will work with OHIC and other state agencies to incorporate utilization and expenditure metrics for non-Medicaid services in Phase Two of this report.

Limitations and data reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman recognizes that materials delivered to OHIC may be public records subject to disclosure to third parties. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is prepared solely for the use and benefit of the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties; however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work and may include disclaimer language on its work product so stating. OHIC agrees not to remove any such disclaimer language from Milliman's work.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to summarize Medicaid fee-for-service and managed care expenditures and utilization for SFY 2020 through SFY 2022 to understand the trends and patterns for services subject to the social and human service programs review. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by OHIC for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the sources discussed in this correspondence. The models, including all input, calculations, and output, may not be appropriate for any other purpose.

The services provided for this project were performed under the contract between Milliman and OHIC dated January 26, 2023.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson, Ian McCulla, and Zach Hunt are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Appendix 1: Monthly Average Unique Utilizers by Detailed Service Category and State Fiscal Year

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1 Monthly Average Unique Utilizers												
	SFY 2017				SFY 2018				SFY 2019			
	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS
Behavioral Health Providers												
BHDDH Behavioral Health Group	9,935	297	10,229	2.9%	9,141	303	9,441	3.2%	8,963	381	9,340	4.1%
Children's Behavioral Health Group	6,563	24	6,586	0.4%	6,289	24	6,314	0.4%	6,405	31	6,435	0.5%
CMHC - ACT	667	173	840	20.6%	733	177	910	19.4%	725	263	988	26.6%
CMHC - IHH	4,324	953	5,276	18.1%	4,951	976	5,925	16.5%	4,686	1,302	5,985	21.7%
CMHC - MHPRR	218	93	311	29.8%	260	100	359	27.7%	234	130	363	35.8%
CMHC - Other	1,828	237	2,063	11.5%	1,710	233	1,941	12.0%	1,447	271	1,716	15.8%
Emergency Behavioral Health Service	203	-	203	0.0%	255	-	255	0.0%	394	16	401	4.1%
Licensed Therapist	2,454	6	2,460	0.3%	3,477	7	3,485	0.2%	3,512	5	3,517	0.1%
Other Therapies	2,119	111	2,228	5.0%	2,152	127	2,274	5.6%	1,818	178	1,992	9.0%
Peer Recovery Services	324	-	324	0.0%	346	-	346	0.0%	298	-	298	0.0%
Psychologist	59	1	60	1.4%	77	1	78	1.5%	350	2	352	0.7%
Substance Use Rehabilitation	5,424	222	5,636	3.9%	6,868	302	7,149	4.2%	6,813	432	7,218	6.0%
Behavioral Health Providers - Composite	27,554	1,707	29,225	5.8%	28,917	1,838	30,691	6.0%	28,295	2,467	30,671	8.0%
Children's Services												
Cedar	38	87	125	69.5%	16	80	96	83.4%	30	27	56	47.4%
Early Intervention	1,830	666	2,478	26.9%	1,965	703	2,647	26.6%	1,889	659	2,534	26.0%
Home/Center-Based Therapeutic Services	1,238	897	2,113	42.5%	1,314	820	2,118	38.7%	1,425	806	2,211	36.4%
Children's Services - Composite	2,663	1,643	4,253	38.6%	3,072	1,597	4,612	34.6%	3,195	1,486	4,641	32.0%
HCBS												
Adult Day Care	696	356	1,052	33.9%	779	319	1,098	29.1%	787	342	1,128	30.3%
Assisted Living Facility	229	242	470	51.4%	203	243	444	54.6%	240	333	573	58.2%
Case Management	5,248	1,074	6,303	17.0%	5,435	1,156	6,562	17.6%	5,026	1,378	6,375	21.6%
Day Habilitation	1	9	10	90.2%	5	4	9	42.7%	4	5	9	52.8%
Home Care	1,737	1,643	3,378	48.6%	1,371	1,476	2,845	51.9%	1,618	1,433	3,049	47.0%
Home Health	1	102	103	99.0%	2	77	79	97.9%	1	69	71	98.0%
Home Meal Delivery	152	124	276	44.9%	136	94	229	40.9%	95	111	206	54.0%
Independent Provider	-	-	-	-	-	-	-	-	-	-	-	-
Personal Choice/Hab Case Management	145	178	323	55.0%	136	163	299	54.6%	93	251	344	72.9%
Self-Directed Community Services	4	195	199	98.2%	-	177	178	99.9%	-	261	261	100.0%
Shared Living Agency	77	39	117	33.8%	101	36	137	26.4%	82	87	170	51.4%
Waiver Case Manager - Other	13	16	29	53.7%	19	20	39	50.7%	23	29	53	55.8%
HCBS - Composite	7,591	2,968	10,507	28.2%	7,534	2,848	10,333	27.6%	7,199	3,212	10,351	31.0%
Intellectual and Developmental Disability Services												
Adult Day Care	-	139	139	100.0%	-	153	153	100.0%	-	181	181	100.0%
BHDDH - Case Management	75	3,386	3,460	97.8%	84	3,395	3,479	97.6%	64	3,484	3,548	98.2%
BHDDH - Day Program	-	3,038	3,038	100.0%	-	3,035	3,035	100.0%	-	3,054	3,054	100.0%
BHDDH - Employment-Based	-	585	585	100.0%	-	741	741	100.0%	-	800	800	100.0%
BHDDH - Ind. Living Only	-	120	120	100.0%	-	125	125	100.0%	-	131	131	100.0%
BHDDH - Independent Living or Family Supports	4	1,196	1,200	99.6%	8	1,195	1,203	99.3%	14	1,258	1,272	98.9%
BHDDH - Other	-	771	771	100.0%	-	798	798	100.0%	-	831	831	100.0%
BHDDH - Prevocational Training	-	184	184	100.0%	-	238	238	100.0%	-	340	340	100.0%
BHDDH - Residential Habilitation	76	1,451	1,527	95.0%	99	1,440	1,539	93.6%	81	1,436	1,517	94.6%
BHDDH - Self-Directed Services	-	825	825	100.0%	-	735	735	100.0%	-	760	760	100.0%
BHDDH - Transportation	-	1,862	1,862	100.0%	-	1,656	1,656	100.0%	-	1,673	1,673	100.0%
Home Care	-	385	385	100.0%	-	344	344	100.0%	-	599	599	100.0%
Severely Disabled Nursing Homecare	22	97	119	81.4%	32	86	118	73.1%	24	76	100	76.3%
I/DD - Composite	177	4,028	4,198	96.0%	222	4,000	4,213	94.9%	182	4,342	4,518	96.1%

Notes:

- Utilizers between detailed service categories are not mutually exclusive.
- See the Methodology section of attached report for additional data caveats and limitations.
- Values have been rounded to the nearest integer.

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1 Monthly Average Unique Utilizers												
	SFY 2020				SFY 2021				SFY 2022			
	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS
Behavioral Health Providers												
BHDDH Behavioral Health Group	8,408	452	8,857	5.1%	9,142	348	9,488	3.7%	8,275	291	8,564	3.4%
Children's Behavioral Health Group	6,382	22	6,404	0.3%	6,552	15	6,566	0.2%	6,885	15	6,900	0.2%
CMHC - ACT	768	339	1,106	30.7%	869	401	1,269	31.6%	938	396	1,333	29.7%
CMHC - IHH	4,672	1,546	6,216	24.9%	4,939	1,704	6,642	25.7%	4,999	1,673	6,671	25.1%
CMHC - MHPRR	222	153	374	40.8%	229	164	392	41.7%	248	151	399	37.8%
CMHC - Other	1,290	300	1,588	18.9%	1,238	316	1,552	20.4%	1,165	290	1,452	20.0%
Emergency Behavioral Health Service	438	59	478	12.4%	397	86	470	18.4%	423	88	497	17.7%
Licensed Therapist	3,881	3	3,885	0.1%	3,873	3	3,876	0.1%	4,041	3	4,045	0.1%
Other Therapies	1,459	151	1,606	9.4%	1,494	100	1,590	6.3%	1,528	123	1,646	7.4%
Peer Recovery Services	184	26	208	12.6%	104	181	279	64.8%	16	71	87	81.8%
Psychologist	319	2	321	0.7%	282	5	287	1.6%	310	11	321	3.4%
Substance Use Rehabilitation	6,009	449	6,437	7.0%	5,891	271	6,155	4.4%	5,176	206	5,379	3.8%
Behavioral Health Providers - Composite	27,295	2,849	30,024	9.5%	28,515	2,986	31,312	9.5%	28,037	2,787	30,706	9.1%
Children's Services												
Cedar	43	13	57	23.7%	70	22	92	24.3%	75	12	87	14.3%
Early Intervention	1,761	692	2,440	28.4%	1,562	667	2,217	30.1%	1,475	677	2,140	31.6%
Home/Center-Based Therapeutic Services	1,569	705	2,264	31.2%	1,492	631	2,116	29.8%	1,331	600	1,923	31.2%
Children's Services - Composite	3,229	1,407	4,610	30.5%	3,011	1,313	4,303	30.5%	2,759	1,284	4,021	31.9%
HCBS												
Adult Day Care	663	370	1,032	35.8%	319	229	547	41.8%	598	368	965	38.1%
Assisted Living Facility	236	407	643	63.3%	184	455	640	71.2%	102	541	643	84.1%
Case Management	3,623	1,500	5,109	29.4%	3,940	1,509	5,437	27.8%	4,044	1,528	5,554	27.5%
Day Habilitation	4	5	9	55.9%	4	4	8	50.5%	5	5	9	50.0%
Home Care	1,812	1,725	3,534	48.8%	1,888	1,947	3,831	50.8%	1,785	1,876	3,657	51.3%
Home Health	1	74	75	99.0%	1	81	82	99.1%	1	87	87	99.3%
Home Meal Delivery	80	119	199	59.8%	88	145	233	62.3%	111	157	268	58.6%
Independent Provider	-	-	-	-	-	13	13	100.0%	-	63	63	100.0%
Personal Choice/Hab Case Management	92	314	406	77.3%	113	342	455	75.1%	151	448	599	74.8%
Self-Directed Community Services	-	318	318	99.9%	-	330	330	100.0%	-	388	388	100.0%
Shared Living Agency	70	138	208	66.5%	72	172	245	70.5%	78	217	295	73.7%
Waiver Case Manager - Other	15	28	43	64.7%	12	26	37	69.1%	10	20	30	66.0%
HCBS - Composite	6,008	3,632	9,584	37.9%	6,204	3,859	10,017	38.5%	6,371	4,141	10,448	39.6%
Intellectual and Developmental Disability Services												
Adult Day Care	-	132	132	100.0%	-	31	31	100.0%	-	72	72	100.0%
BHDDH - Case Management	52	3,506	3,558	98.5%	55	3,404	3,459	98.4%	60	3,438	3,498	98.3%
BHDDH - Day Program	-	2,841	2,841	100.0%	-	2,382	2,382	100.0%	-	2,537	2,537	100.0%
BHDDH - Employment-Based	-	624	624	100.0%	-	454	454	100.0%	-	457	457	100.0%
BHDDH - Ind. Living Only	-	123	123	100.0%	-	119	119	100.0%	-	118	118	100.0%
BHDDH - Independent Living or Family Supports	9	1,168	1,177	99.3%	1	1,001	1,002	99.9%	1	977	978	99.9%
BHDDH - Other	-	836	836	100.0%	-	783	783	100.0%	-	916	916	100.0%
BHDDH - Prevocational Training	-	191	191	100.0%	-	76	76	100.0%	-	63	63	100.0%
BHDDH - Residential Habilitation	70	1,434	1,504	95.4%	72	1,428	1,500	95.2%	77	1,425	1,502	94.8%
BHDDH - Self-Directed Services	-	796	796	100.0%	-	860	860	100.0%	-	980	980	100.0%
BHDDH - Transportation	-	1,378	1,378	100.0%	-	935	935	100.0%	-	1,152	1,152	100.0%
Home Care	-	396	396	100.0%	-	114	114	100.0%	-	76	76	100.0%
Severely Disabled Nursing Homecare	25	72	97	74.7%	29	68	97	70.1%	23	73	95	76.3%
I/DDDS - Composite	155	4,119	4,269	96.5%	157	3,641	3,793	96.0%	161	3,633	3,790	95.8%

Notes:

- Utilizers between detailed service categories are not mutually exclusive.
- See the Methodology section of attached report for additional data caveats and limitations.
- Values have been rounded to the nearest integer.

Appendix 2: Monthly Average Expenditures by Detailed Service Category and State Fiscal Year

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 2
Annual Expenditures**

	SFY 2017				SFY 2018				SFY 2019			
	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS
Behavioral Health Providers												
BHDDH Behavioral Health Group	N/A	\$ 396,318	N/A	N/A	\$ 15,384,177	\$ 382,600	\$ 15,766,777	2.4%	\$ 15,038,692	\$ 507,371	\$ 15,546,063	3.3%
Children's Behavioral Health Group	N/A	36,897	N/A	N/A	19,869,678	41,302	19,910,979	0.2%	21,781,215	56,164	21,837,379	0.3%
CMHC - ACT	N/A	2,534,007	N/A	N/A	10,714,796	2,601,751	13,316,547	19.5%	10,674,245	3,850,043	14,524,287	26.5%
CMHC - IHH	N/A	4,734,619	N/A	N/A	25,572,371	4,866,384	30,438,755	16.0%	23,511,748	6,470,206	29,981,953	21.6%
CMHC - MHPRR	N/A	3,994,989	N/A	N/A	11,267,511	4,255,735	15,523,246	27.4%	9,913,016	5,546,345	15,459,361	35.9%
CMHC - Other	N/A	8,327,371	N/A	N/A	14,822,424	8,720,876	23,543,299	37.0%	12,190,736	9,569,445	21,760,180	44.0%
Emergency Behavioral Health Service	N/A	-	N/A	N/A	2,895,911	-	2,895,911	0.0%	2,464,200	96,330	2,560,530	3.8%
Licensed Therapist	N/A	39,151	N/A	N/A	6,613,389	45,047	6,658,436	0.7%	6,841,479	25,382	6,866,861	0.4%
Other Therapies	N/A	224,077	N/A	N/A	4,266,416	281,177	4,547,593	6.2%	3,877,764	491,430	4,369,194	11.2%
Peer Recovery Services	N/A	-	N/A	N/A	581,919	-	581,919	0.0%	492,598	-	492,598	0.0%
Psychologist	N/A	999	N/A	N/A	243,547	1,300	244,847	0.5%	2,337,206	5,596	2,342,802	0.2%
Substance Use Rehabilitation	N/A	1,959,656	N/A	N/A	32,333,736	2,745,419	35,079,155	7.8%	30,017,117	2,975,044	32,992,161	9.0%
Behavioral Health Providers - Composite	\$ 132,303,246	\$ 22,248,085	\$ 154,551,330	14.4%	\$ 144,565,875	\$ 23,941,590	\$ 168,507,464	14.2%	\$ 139,140,015	\$ 29,593,354	\$ 168,733,369	17.5%
Children's Services												
Cedar	N/A	\$ 964,871	N/A	N/A	N/A	\$ 643,350	N/A	N/A	\$ 140,657	\$ 164,575	\$ 305,232	53.9%
Early Intervention	N/A	3,359,622	N/A	N/A	N/A	3,502,669	N/A	N/A	9,326,872	3,150,352	12,477,224	25.2%
Home/Center-Based Therapeutic Services	N/A	13,426,157	N/A	N/A	N/A	13,162,967	N/A	N/A	20,632,311	12,681,167	33,313,479	38.1%
Children's Services - Composite	\$ 23,525,868	\$ 17,913,805	\$ 41,439,673	43.2%	\$ 26,448,897	\$ 17,397,493	\$ 43,846,390	39.7%	\$ 30,099,841	\$ 15,996,094	\$ 46,095,935	34.7%
HCBS												
Adult Day Care	N/A	\$ 3,118,145	N/A	N/A	N/A	\$ 2,822,787	N/A	N/A	\$ 8,654,915	\$ 3,172,273	\$ 11,827,188	26.8%
Assisted Living Facility	N/A	2,877,281	N/A	N/A	N/A	2,955,166	N/A	N/A	N/A	6,564,124	N/A	N/A
Case Management	N/A	1,472,475	N/A	N/A	2,821,364	1,682,433	4,503,798	37.4%	2,762,339	2,046,885	4,809,224	42.6%
Day Habilitation	N/A	728,202	N/A	N/A	N/A	363,174	N/A	N/A	N/A	377,366	N/A	N/A
Home Care	N/A	26,126,752	N/A	N/A	N/A	24,986,243	N/A	N/A	N/A	27,814,592	N/A	N/A
Home Health	N/A	537,860	N/A	N/A	N/A	395,741	N/A	N/A	N/A	584,480	N/A	N/A
Home Meal Delivery	N/A	140,554	N/A	N/A	N/A	97,235	N/A	N/A	N/A	178,214	N/A	N/A
Independent Provider	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A
Personal Choice/Hab Case Management	N/A	259,666	N/A	N/A	N/A	254,415	N/A	N/A	N/A	398,815	N/A	N/A
Self-Directed Community Services	N/A	6,267,996	N/A	N/A	N/A	6,031,961	N/A	N/A	N/A	8,279,864	N/A	N/A
Shared Living Agency	N/A	1,063,807	N/A	N/A	N/A	971,279	N/A	N/A	N/A	2,276,898	N/A	N/A
Waiver Case Manager - Other	N/A	482,777	N/A	N/A	N/A	497,934	N/A	N/A	N/A	479,309	N/A	N/A
HCBS - Composite	\$ 46,322,509	\$ 43,075,512	\$ 89,398,021	48.2%	\$ 40,223,968	\$ 41,058,368	\$ 81,282,337	50.5%	\$ 44,487,084	\$ 52,172,821	\$ 96,659,905	54.0%
Intellectual and Developmental Disability Services												
Adult Day Care	N/A	\$ 1,449,995	N/A	N/A	N/A	\$ 1,526,488	N/A	N/A	N/A	\$ 2,072,852	N/A	N/A
BHDDH - Case Management	N/A	6,452,613	N/A	N/A	N/A	6,912,298	N/A	N/A	N/A	7,158,718	N/A	N/A
BHDDH - Day Program	N/A	45,060,035	N/A	N/A	N/A	52,483,091	N/A	N/A	N/A	54,632,651	N/A	N/A
BHDDH - Employment-Based	N/A	2,668,921	N/A	N/A	N/A	3,574,631	N/A	N/A	N/A	4,050,338	N/A	N/A
BHDDH - Ind. Living Only	N/A	797,375	N/A	N/A	N/A	857,224	N/A	N/A	N/A	905,555	N/A	N/A
BHDDH - Independent Living or Family Supports	N/A	14,198,036	N/A	N/A	N/A	14,621,088	N/A	N/A	N/A	15,523,920	N/A	N/A
BHDDH - Other	N/A	15,310,603	N/A	N/A	N/A	11,345,916	N/A	N/A	N/A	10,868,135	N/A	N/A
BHDDH - Prevocational Training	N/A	593,618	N/A	N/A	N/A	709,836	N/A	N/A	N/A	877,372	N/A	N/A
BHDDH - Residential Habilitation	N/A	94,091,674	N/A	N/A	N/A	103,567,917	N/A	N/A	N/A	104,797,990	N/A	N/A
BHDDH - Self-Directed Services	N/A	20,318,396	N/A	N/A	N/A	19,724,583	N/A	N/A	N/A	21,152,520	N/A	N/A
BHDDH - Transportation	N/A	6,899,349	N/A	N/A	N/A	6,032,115	N/A	N/A	N/A	6,076,086	N/A	N/A
Home Care	N/A	5,164,697	N/A	N/A	N/A	5,217,997	N/A	N/A	N/A	12,555,675	N/A	N/A
Severely Disabled Nursing Homecare	N/A	4,493,732	N/A	N/A	N/A	4,199,816	N/A	N/A	N/A	5,073,740	N/A	N/A
I/DD - Composite	\$ 3,002,894	\$ 217,499,044	\$ 220,501,937	98.6%	\$ 3,442,791	\$ 230,773,000	\$ 234,215,791	98.5%	\$ 2,956,640	\$ 245,745,551	\$ 248,702,191	98.8%

Notes:

1. Agreements with EOHHS require that expenditures not be reported for managed care organizations where there is insufficient data. These instances are marked with N/A.
2. See the Methodology section of attached report for additional data caveats and limitations.
3. Values have been rounded.

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 2
Annual Expenditures**

	SFY 2020				SFY 2021				SFY 2022			
	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS	MCO	FFS	Composite	% FFS
Behavioral Health Providers												
BHDDH Behavioral Health Group	\$ 15,254,632	\$ 587,610	\$ 15,842,242	3.7%	\$ 17,148,823	\$ 440,970	\$ 17,589,793	2.5%	\$ 14,897,506	\$ 339,397	\$ 15,236,902	2.2%
Children's Behavioral Health Group	22,052,601	31,640	22,084,241	0.1%	25,041,246	21,981	25,063,227	0.1%	26,327,500	24,128	26,351,627	0.1%
CMHC - ACT	11,403,371	5,028,944	16,432,316	30.6%	12,798,162	5,922,572	18,720,734	31.6%	13,833,586	10,731,048	24,564,634	43.7%
CMHC - IHH	23,355,862	7,727,398	31,083,260	24.9%	24,584,918	8,498,388	33,083,306	25.7%	24,974,342	8,362,924	33,337,266	25.1%
CMHC - MHPRR	9,631,650	6,625,110	16,256,760	40.8%	10,154,855	7,016,380	17,171,235	40.9%	10,890,801	11,658,702	22,549,503	51.7%
CMHC - Other	8,627,854	10,213,713	18,841,566	54.2%	7,375,722	10,217,609	17,593,330	58.1%	9,563,351	12,072,542	21,635,893	55.8%
Emergency Behavioral Health Service	1,656,750	456,592	2,113,342	21.6%	1,600,621	685,283	2,285,904	30.0%	1,810,282	691,268	2,501,549	27.6%
Licensed Therapist	8,335,803	8,983	8,344,786	0.1%	8,941,734	7,539	8,949,273	0.1%	9,299,227	2,428	9,301,655	0.0%
Other Therapies	3,125,733	401,731	3,527,464	11.4%	3,215,773	398,639	3,614,412	11.0%	3,827,416	410,617	4,238,033	9.7%
Peer Recovery Services	255,871	27,755	283,625	9.8%	204,690	190,671	395,360	48.2%	150,680	146,942	297,622	49.4%
Psychologist	1,987,433	7,041	1,994,474	0.4%	1,509,152	12,837	1,521,988	0.8%	1,714,397	18,665	1,733,063	1.1%
Substance Use Rehabilitation	25,771,228	2,535,503	28,306,730	9.0%	25,601,353	1,372,448	26,973,800	5.1%	27,054,341	966,469	28,020,810	3.4%
Behavioral Health Providers - Composite	\$ 131,458,788	\$ 33,652,017	\$ 165,110,806	20.4%	\$ 138,177,048	\$ 34,785,315	\$ 172,962,364	20.1%	\$ 144,343,428	\$ 45,425,129	\$ 189,768,557	23.9%
Children's Services												
Cedar	\$ 156,640	\$ 61,632	\$ 218,273	28.2%	\$ 297,781	\$ 67,750	\$ 365,531	18.5%	\$ 381,600	\$ 52,350	\$ 433,950	12.1%
Early Intervention	7,963,310	3,276,301	11,239,611	29.1%	7,175,991	3,340,086	10,516,077	31.8%	7,328,123	3,191,438	10,519,560	30.3%
Home/Center-Based Therapeutic Services	20,319,933	9,891,453	30,211,386	32.7%	20,314,339	12,986,636	33,300,974	39.0%	21,209,861	9,541,273	30,751,134	31.0%
Children's Services - Composite	\$ 28,439,884	\$ 13,229,386	\$ 41,669,270	31.7%	\$ 27,788,110	\$ 16,394,472	\$ 44,182,582	37.1%	\$ 28,919,584	\$ 12,785,061	\$ 41,704,644	30.7%
HCBS												
Adult Day Care	\$ 6,414,605	\$ 2,916,442	\$ 9,331,047	31.3%	N/A	\$ 1,943,263	N/A	N/A	N/A	\$ 5,367,763	N/A	N/A
Assisted Living Facility	N/A	8,534,634	N/A	N/A	N/A	9,871,937	N/A	N/A	N/A	15,135,192	N/A	N/A
Case Management	1,751,164	1,989,276	3,740,440	53.2%	1,706,450	1,947,138	3,653,588	53.3%	1,847,843	2,491,239	4,339,082	57.4%
Day Habilitation	N/A	381,485	N/A	N/A	N/A	329,915	N/A	N/A	N/A	480,647	N/A	N/A
Home Care	N/A	37,740,129	N/A	N/A	N/A	45,366,797	N/A	N/A	N/A	69,834,933	N/A	N/A
Home Health	N/A	739,510	N/A	N/A	N/A	762,167	N/A	N/A	N/A	978,061	N/A	N/A
Home Meal Delivery	N/A	195,571	N/A	N/A	N/A	220,096	N/A	N/A	N/A	236,181	N/A	N/A
Independent Provider	N/A	-	N/A	N/A	N/A	230,878	N/A	N/A	N/A	1,280,496	N/A	N/A
Personal Choice/Hab Case Management	N/A	490,245	N/A	N/A	N/A	537,570	N/A	N/A	N/A	706,260	N/A	N/A
Self-Directed Community Services	N/A	9,601,052	N/A	N/A	N/A	9,679,408	N/A	N/A	N/A	11,306,876	N/A	N/A
Shared Living Agency	N/A	3,753,599	N/A	N/A	N/A	4,645,225	N/A	N/A	N/A	6,062,870	N/A	N/A
Waiver Case Manager - Other	N/A	486,768	N/A	N/A	N/A	499,237	N/A	N/A	N/A	516,418	N/A	N/A
HCBS - Composite	\$ 47,417,635	\$ 66,828,712	\$ 114,246,347	58.5%	\$ 50,261,083	\$ 76,033,630	\$ 126,294,714	60.2%	\$ 51,382,212	\$ 114,396,937	\$ 165,779,149	69.0%
Intellectual and Developmental Disability Services												
Adult Day Care	N/A	\$ 1,515,228	N/A	N/A	N/A	\$ 379,938	N/A	N/A	N/A	\$ 1,253,781	N/A	N/A
BHDDH - Case Management	N/A	7,204,592	N/A	N/A	N/A	7,106,332	N/A	N/A	N/A	7,248,741	N/A	N/A
BHDDH - Day Program	N/A	54,501,270	N/A	N/A	N/A	52,716,975	N/A	N/A	N/A	65,659,073	N/A	N/A
BHDDH - Employment-Based	N/A	3,076,811	N/A	N/A	N/A	2,226,645	N/A	N/A	N/A	2,560,165	N/A	N/A
BHDDH - Ind. Living Only	N/A	887,796	N/A	N/A	N/A	893,044	N/A	N/A	N/A	1,049,014	N/A	N/A
BHDDH - Independent Living or Family Supports	N/A	14,977,388	N/A	N/A	N/A	13,259,145	N/A	N/A	N/A	15,096,375	N/A	N/A
BHDDH - Other	N/A	12,460,832	N/A	N/A	N/A	14,684,520	N/A	N/A	N/A	18,306,361	N/A	N/A
BHDDH - Prevocational Training	N/A	447,652	N/A	N/A	N/A	158,091	N/A	N/A	N/A	202,610	N/A	N/A
BHDDH - Residential Habilitation	N/A	111,079,963	N/A	N/A	N/A	109,779,571	N/A	N/A	N/A	128,194,007	N/A	N/A
BHDDH - Self-Directed Services	N/A	22,240,461	N/A	N/A	N/A	25,569,092	N/A	N/A	N/A	33,877,545	N/A	N/A
BHDDH - Transportation	N/A	4,837,076	N/A	N/A	N/A	2,866,470	N/A	N/A	N/A	4,038,825	N/A	N/A
Home Care	N/A	8,359,266	N/A	N/A	N/A	3,708,589	N/A	N/A	N/A	4,832,752	N/A	N/A
Severely Disabled Nursing Homecare	N/A	5,676,195	N/A	N/A	N/A	5,491,497	N/A	N/A	N/A	7,082,458	N/A	N/A
I/DDIS - Composite	\$ 3,074,609	\$ 247,264,530	\$ 250,339,139	98.8%	\$ 3,021,810	\$ 238,839,908	\$ 241,861,718	98.8%	\$ 2,551,057	\$ 289,401,707	\$ 291,952,764	99.1%

Notes:

1. Agreements with EOHS require that expenditures not be reported for managed care organizations where there is insufficient data. These instances are marked with N/A.
2. See the Methodology section of attached report for additional data caveats and limitations.
3. Values have been rounded.

Appendix 3: Mapping of Provider Code to Service Category

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 3
Mapping of Provider Code to Service Category

Major Service Category	Detailed Service Category	Billing Provider Code	Billing Provider Code Description
Behavioral Health Providers	BHDDH Behavioral Health Group	066	BHDDH Behavioral Health Group
Behavioral Health Providers	CMHC - ACT	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - IHH	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - MHPRR	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - Other	061	CMHC/Rehab Option
Behavioral Health Providers	Children's Behavioral Health Group	047	Children's Behavioral Health Group
Behavioral Health Providers	Emergency Behavioral Health Service	111	Emergency Behavioral Health Service
Behavioral Health Providers	Licensed Therapist	017	Licensed Therapist
Behavioral Health Providers	Other Therapies	073	Other Therapies/Hippotherapy
Behavioral Health Providers	Peer Recovery Services	109	Peer Recovery Services
Behavioral Health Providers	Psychologist	030	Psychologist
Behavioral Health Providers	Substance Use Rehabilitation	060	Substance Use Rehab
Children's Services	Cedar	082	Cedar Center
Children's Services	DCYF	067	Department of Children Youth and Families
Children's Services	Early Intervention	059	Early Intervention
Children's Services	Home/Center-Based Therapeutic Services	080	Home/Center-Based Therapeutic Services
HCBS	Adult Day Care	050	Adult Day Care
HCBS	Assisted Living Facility	033	Assisted Living Facility
HCBS	Case Management	044	Case Management
HCBS	Day Habilitation	055	Day Habilitation
HCBS	Home Care	072	Personal Care Aide/Assistant
HCBS	Home Health	010	Skilled Nursing
HCBS	Home Meal Delivery	077	Home Meal Delivery
HCBS	Independent Provider	116	Independent Provider
HCBS	Personal Choice/Hab Case Management	069	Personal Choice/Hab Case Management
HCBS	Self-Directed Community Services	071	Self-Directed Community Services
HCBS	Shared Living Agency	051	Shared Living Agency
HCBS	Waiver Case Manager - Other	057	Waiver Case Manager - Other
Intellectual and Developmental Disability Services	Adult Day Care	050	Adult Day Care
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Employment-Based	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Ind. Living Only	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Other	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	Home Care	072	Personal Care Aide/Assistant
Intellectual and Developmental Disability Services	RICLAS	026	RICLAS
Intellectual and Developmental Disability Services	Severely Disabled Nursing Homecare	065	Severely Disabled Nursing Homecare
Intellectual and Developmental Disability Services	Tavares	022	Rhode Island State Nursing Home

Notes

1. BHDDH claims assigned by provider code 088 and CMHC claims assigned by provider code 061 are further subdivided by the HCPCS associated with the claim.

Data Book
(Microsoft Excel Attachment)