Row # / Column Letter

2 **Estimated Member Month Calculations**

3 **State of Connecticut - Conversion Renewal**

4 **Enrollment Projections for the Time Period 7/1/04 - 6/30/06 (State Fiscal Years 2005 and 2006)**

5

6		All Regions											
7		Base Year (BY)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Year 1 (P1)	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Year 2 (P2)	Total Projected
8	**Medicaid Eligibility Group (MEG)**	**SFY2003**	**7/1/04-9/30/04**	**10/1/04-12/31/04**	**1/1/05-3/31/05**	**4/1/05-6/30/05**	**SFY2005**	**7/1/05-9/30/05**	**10/1/05-12/31/05**	**1/1/06-3/31/06**	**4/1/06-6/30/06**	**SFY2006**	**(H+M)**
9	MEG 1 - HUSKY A	3,457,922	929,577	943,780	957,982	972,184	3,803,523	986,386	1,000,588	1,014,791	1,028,993	4,030,758	7,834,281
10													
11													
12													
13	**Total Member Months**	**3,457,922**	**929,577**	**943,780**	**957,982**	**972,184**	**3,803,523**	**986,386**	**1,000,588**	**1,014,791**	**1,028,993**	**4,030,758**	**7,834,281**
14	**Quarterly % Increase**			**1.5%**	**1.5%**	**1.5%**		**1.5%**	**1.4%**	**1.4%**	**1.4%**		
15	**Annualized % Increase Base Year to Year 1 to Year 2**						**4.9%**					**6.0%**	

16
17
18
19
20

21 Note: In some cases totals may not equal the sum of their respective column due to rounding.

Row # / Column Letter

Services in Actual Waiver Cost (Comprehensive and Expedited)
State of Connecticut
Base Year Conversion Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.
Please note with a * if there are any proposed changes.

B	C	D	E	F	G	H	I	J	K
State Plan Services									
Service Category	**State Plan Approved Services**	**1915(b)(3) Services**	**MCO Capitated Reimbursement**	**FFS services Impacted by MCO**	**PCCM Fee-for Service Reimbursement**	**PIHP Capitated Reimbursement**	**PIHP Fee-for Service Reimbursement**	**PAHP Capitated Reimbursement**	**PAHP Fee-for Service Reimbursement**
Birth to Three Services	X			X					
Chiropractic Services up to age 20	X		X						
Christian Science Sanitoria	X		X						
Dental Services	X		X						
Diagnostic Services	X		X						
Dialysis	X		X						
Durable Medical Equipment	X		X						
Emergency Services	X		X						
EPSDT Screening	X		X						
Family Planning Services	X		X						
FQHC Services	X		X						
Home Health Services	X		X						
Hospice	X		X						
Immunizations	X		X						
Inpatient Hospital - Other	X		X						
Inpatient Hospital - Psych	X		X	X					
Inpatient Substance Abuse Services	X		X	X					
Lab and X-ray	X		X						
Medical Surgical Supplies	X		X						
Mental Health Services	X		X	X					
Naturopathic Services up to age 20	X		X						
Nurse Midwife	X		X						
Nurse Practitioner	X		X						
Nursing Facility	X		X						
Obstetrical Services	X		X						
Orthotics and Prosthetics	X		X						
Outpatient Hospital - All Other	X		X						
Outpatient Hospital - Lab & X-ray	X		X						
Pharmacy	X		X						
Psychologist Services up to age 20	X		X						
Physical Therapy up to age 20	X		X						
Physician Services	X		X						
Podiatry up to age 20	X		X						
Prof. & Clinic and other Lab & X-ray	X		X						
Rehabilitation Treatment Services	X		X						
School Based Child Health	X			X					
School Based Clinic	X		X						
Speech Therapy	X		X						
Transportation - Emergency	X		X						
Transportation - Non-Emergency	X		X						
Vision Exams and Glasses	X		X						

Row # / Column Letter

Administration in Actual Waiver Cost (Comprehensive and Expedited)
State of Connecticut
Base Year Conversion Renewal Waiver

CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
1	FAMILY PLANNING		90% FFP	$ -
2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS		90% FFP	$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	$ -
B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	$ -
C.	DRUG CLAIMS SYSTEM		90% FFP	$ -
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	Medical Care Admin Division	75% FFP	$ 49,786
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	Medical Operations	75% FFP	$ 1,447,675
4	OPERATION OF AN APPROVED MMIS*:		75% FFP	$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	$ -
B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP	$ -
5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS	System Planning and Contract Mgt Unit	50% FFP	$ 122,414
B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP	$ -
6	PEER REVIEW ORGANIZATIONS (PRO)	Medical Operations	75% FFP	$ 174,045
7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	$ -
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	$ -
8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	$ -
9	NURSE AIDE TRAINING COSTS		50% FFP	$ -
10	PREADMISSION SCREENING COSTS		75% FFP	$ -
11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	$ -
12	DRUG USE REVIEW PROGRAM	Medical Operations	75% FFP	$ 129,728
13	OUTSTATIONED ELIGIBILITY WORKERS	Outstationed Hospital Wkr	50% FFP	$ 159,495
14.	TANF BASE		90% FFP	$ -
15.	TANF SECONDARY 90%		90% FFP	$ -
15.	TANF SECONDARY 90%		90% FFP	$ -
16.	TANF SECONDARY 75%		75% FFP	$ -
17.	EXTERNAL REVIEW		75% FFP	$ -
18.	ENROLLMENT BROKERS	Medical Operations	50% FFP	$ 4,360,672
19.	OTHER FINANCIAL PARTICIPATION	Centralized Processing Division	50% FFP	$ 84,376
19.	OTHER FINANCIAL PARTICIPATION	Child Beh Hlth	50% FFP	$ 86,345
19.	OTHER FINANCIAL PARTICIPATION	Commissioner's Office	50% FFP	$ 426,040
19.	OTHER FINANCIAL PARTICIPATION	Conf Fees	50% FFP	$ 40
19.	OTHER FINANCIAL PARTICIPATION	Contract Administration Division	50% FFP	$ 69,206
19.	OTHER FINANCIAL PARTICIPATION	Deputy Commissioner - Admin	50% FFP	$ 18,128
19.	OTHER FINANCIAL PARTICIPATION	Deputy Commissioner - Program	50% FFP	$ 47,276
19.	OTHER FINANCIAL PARTICIPATION	Equip Depreciation	50% FFP	$ 57,570
19.	OTHER FINANCIAL PARTICIPATION	External Audits Unit	50% FFP	$ 41,296
19.	OTHER FINANCIAL PARTICIPATION	Family Services Division	50% FFP	$ 34,261
19.	OTHER FINANCIAL PARTICIPATION	Fiscal Analysis Division	50% FFP	$ 278,058
19.	OTHER FINANCIAL PARTICIPATION	Human Resources Division	50% FFP	$ 58,286
19.	OTHER FINANCIAL PARTICIPATION	Medical Care Admin Division	50% FFP	$ 68,489
19.	OTHER FINANCIAL PARTICIPATION	Medical Operations	50% FFP	$ 2,145,717
19.	OTHER FINANCIAL PARTICIPATION	Operations Division	50% FFP	$ 304,692
19.	OTHER FINANCIAL PARTICIPATION	Other	50% FFP	$ 37,257
19.	OTHER FINANCIAL PARTICIPATION	Quality Assurance Division	50% FFP	$ 14,480
19.	OTHER FINANCIAL PARTICIPATION	RO - Admin	50% FFP	$ 1,025,787
19.	OTHER FINANCIAL PARTICIPATION	RO - Adult Services	50% FFP	$ 335,586
19.	OTHER FINANCIAL PARTICIPATION	RO - Case Maintenance	50% FFP	$ 293,924
19.	OTHER FINANCIAL PARTICIPATION	RO - Child Support	50% FFP	$ 1,617
19.	OTHER FINANCIAL PARTICIPATION	RO - Correct Act Spec	50% FFP	$ 51
19.	OTHER FINANCIAL PARTICIPATION	RO - Family Services	50% FFP	$ 1,751,936

Row # / Column Letter

B C D E F

2 **Administration in Actual Waiver Cost (Comprehensive and Expedited)**
3 **State of Connecticut**
4 **Base Year Conversion Renewal Waiver**
5
6

7	CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
59	19.	OTHER FINANCIAL PARTICIPATION	RO - Gen Soc Wrk	50% FFP	$ 219,938
60	19.	OTHER FINANCIAL PARTICIPATION	RO - Intake	50% FFP	$ 242,900
61	19.	OTHER FINANCIAL PARTICIPATION	RO - Multiple Programs	50% FFP	$ 1,608,283
62	19.	OTHER FINANCIAL PARTICIPATION	RO - Resources	50% FFP	$ 358,549
63	19.	OTHER FINANCIAL PARTICIPATION	Statewide Costs	50% FFP	$ 931,155
64	19.	OTHER FINANCIAL PARTICIPATION	System Planning and Contract Mgt Unit	50% FFP	$ 27,741
65	19.	OTHER FINANCIAL PARTICIPATION	UConn Staff Devlp & Train	50% FFP	$ 9,384
69	**20.**	**Total**			**$ 17,022,178**

70
71 *Allocation basis is _x_% of Medicaid costs OR ___ % of Medicaid eligibles OR ___ other, please explain:

Row # / Column Letter

Actual Waiver Cost Conversion Renewal Comprehensive Version
State of Connecticut

Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year (BY) Aggregate Costs: MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs (1)	State Plan Service Costs (D+E)	FFS Incentive Costs	1915(b)(3) Service Costs	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)	Total Actual Waiver Costs (F+G+H+I)	Base Year (BY) Per Member Per Month (PMPM) Costs: State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)	Total Actual Waiver Costs (J/C)
MEG 1 - HUSKY A	3,457,922	$ 594,336,711	$ 32,580,575	$ 626,917,286	$ -	$ -	$ 17,022,178	**$ 643,939,464**	$ 181.30	$ -	$ -	$ 4.92	**$ 186.22**
Total	**3,457,922**	**$ 594,336,711**	**$ 32,580,575**	**$ 626,917,286**	**$ -**	**$ -**	**$ 17,022,178**	**$ 643,939,464**					
BY Overall Casemix for BY (BY MMs)									**$ 181.30**	**$ -**	**$ -**	**$ 4.92**	**$ 186.22**

(1) Fee-for-Service Cost Components:
- (a) Includes $26,467,776 in FFS payments for Inpatient Psychiatric.
- (b) Includes $5,212,301 in FFS payments for School Based Child Health Services.
- (c) Includes $1,122,378 in FFS payments for Birth to Three Services.
- (d) Includes -$221,879 TPL adjustment.

Row # / Column Letter | B | C | D

2 **Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)**

3 **State of Connecticut**

4 **Prospective Years 1 and 2 (P1 and P2)**

5 **Conversion Renewal**

6 *** If a change please note**

7

	Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
8			
9	State Plan Trend	X	Tab: D5; Column: J; Rows: 13, 30
10	State Plan Programmatic/Policy/Pricing changes	X	Tab: D5; Column: L; Row: 13
11	Administrative Cost Adjustment	X	Tab: D5; Column: Y; Rows: 13, 30
12	1915(b)(3) Service Trend		
13	Incentives (not in cap payment) Adjustments		
14	Other		

Waiver Cost Projection Conversion Renewal Comprehensive Version
State of Connecticut
Note: Complete this Appendix for all Prospective Years
Waiver Cost Projection

Row # / Column Letter	B	C	D	E	F	G	H	I	J	K	L	M	N	O
8			Base Year Per Member Per Month (PMPM) Costs					Prospective Year 1 (P1) Projection for State Plan Services**						
9–12	Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	Base Year PMPM State Plan Service Costs (Same as D13)	State Plan Inflation Adjustment (Annual Year 1)	PMPM Effect of Inflation Adjustment I*(1+J)^(2)-I	Program Adjustment	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)
13	MEG 1 - HUSKY A	3,457,922	$ 181.30	$ -	$ -	$ 4.92	$ 186.22	$ 181.30	6.7%	$ 25.28	-2.7%	$ (5.56)	$ 19.72	$ 201.02
14														
15														
16														
17	**Total**	**3,457,922**												
18	**P1 PMPM Casemix for BY (BY MMs)**		**$ 181.30**	**$ -**	**$ -**	**$ 4.92**	**$ 186.22**	**$ 181.30**	**6.7%**	**$ 25.28**	**-2.7%**	**$ (5.56)**	**$ 19.72**	**$ 201.02**

* For comprehensive waivers, Columns D, E, F, G and H are columns K, L, M, N, and O from the Actual Waiver Cost Spreadsheet D3. For expedited waivers, sum the CMS-64.9 WAV and 64.21UWAV forms and divide by the member months for column D.
Sum the CMS 64.10 WAV forms and divide by the member months for Column G. Sum D+G for Column H.
** If additional columns are needed in order to identify all of the adjustments being made, please insert the appropriate number of columns and label them accordingly.

Row #	B	C	D	E	F	G	H	I	J	K	L	M	N	O
25			P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**						
26–29	Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P1 PMPM State Plan Service Costs (same as O13-O18)	P1 PMPM Incentive Service Costs (same as S13-S18)	P1 PMPM 1915(b)(3) Service Costs (same as W13-W18)	P1 PMPM Administration Service Costs (same as AA13-AA18)	P1 PMPM Total Actual Waiver Costs (same as AB13-AB18)	P1 PMPM State Plan Service Cost Projection (Same as D30)	State Plan Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (JxI)	Program Adjustment	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
30	MEG 1 - HUSKY A	3,457,922	$ 201.02	$ -	$ -	$ 4.97	$ 205.99	$ 201.02	7.7%	$ 15.50	4.6%	$ 10.06	$ 25.56	$ 226.58
31														
32														
33														
34	**Total**	**3,457,922**												
35	**P2 PMPM Casemix for BY (BY MMs)**		**$ 201.02**	**$ -**	**$ -**	**$ 4.97**	**$ 205.99**	**$ 201.02**	**7.7%**	**$ 15.50**	**4.6%**	**$ 10.06**	**$ 25.56**	**$ 226.58**

Actual Waiver Cost Conversion Renewal Comprehensive Version
State of Connecticut
Note: Complete this Appendix for all Prospective Years
Waiver Cost Projection

Row # / Column Letter	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
8		P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				
9–12	Medicaid Eligibility Group (MEG)	Base Year PMPM Incentive Costs (Same as E13)	Incentive Cost Inflation Adjustment (Annual Year 1)	PMPM Effect of Inflation Adjustment P*(1+Q)^(2)-P	Total P1 PMPM Incentive Cost Projection (P+R)	Base Year PMPM 1915(b)(3) Service Costs (Same as F13)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1)	PMPM Effect of Inflation Adjustment T*(1+U)^(2)-T	Total P1 PMPM 1915(b)(3) Service Cost Projection (T+V)	Base Year PMPM Administration Costs (Same as G13)	Administration Costs Inflation Adjustment (Annual Year 1)	PMPM Effect of Inflation Adjustment X*(1+Y)^(2)-X	Total P1 PMPM Administration Cost Projection (X+Z)	Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
13	MEG 1 - HUSKY A	$ -	0.0%	$ -	$ -	$ -	0.0%	$ -	$ -	$ 4.92	0.5%	$ 0.05	$ 4.97	$ 205.99
14														
15														
16														
17	**Total**													
18	**P1 PMPM Casemix for BY (BY MMs)**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 4.92**	**0.5%**	**$ 0.05**	**$ 4.97**	**$ 205.99**

Row # / Column Letter	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
25		P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				
26–29	Medicaid Eligibility Group (MEG)	P1 PMPM Incentive Cost Projection (Same as E30)	Incentive Cost Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (PxQ)	Total P2 PMPM Incentive Cost Projection (P+R)	P1 PMPM 1915(b)(3) Service Cost Projection (Same as F30)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (TxU)	Total P2 PMPM 1915(b)(3) Service Cost Projection (T+V)	P1 PMPM Administration Cost Projection (Same as G30)	Administration Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
30	MEG 1 - HUSKY A	$ -	0.0%	$ -	$ -	$ -	0.0%	$ -	$ -	$ 4.97	44.6%	$ 2.22	$ 7.19	$ 233.77
31														
32														
33														
34	**Total**													
35	**P2 PMPM Casemix for BY (BY MMs)**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 4.97**	**44.6%**	**$ 2.22**	**$ 7.19**	**$ 233.77**

Row # / Column Letter: B C D E F G H I J K L M N O

Quarterly CMS Targets for RO Monitoring
State of Connecticut
Projection for Upcoming Waiver Period

Projected Year 1

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals Weighted on Projected Year 1 Member Months): Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	Total PMPM Projected Service Costs (Column H-G)
MEG 1 - HUSKY A	3,803,523	$ 201.02	$ -	$ -	$ 4.97	$ 205.99	$ 201.02
Total	**3,803,523**						
P1 PMPM Casemix for P1 (P1 MMs)		**$ 201.02**	**$ -**	**$ -**	**$ 4.97**	**$ 205.99**	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q2 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q3 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q4 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Total P1 Projected Waiver Costs
MEG 1 - HUSKY A	929,577	$ 186,860,539.91	$ 4,621,754.47	943,780	$ 189,715,420.19	$ 4,692,366.25	957,982	$ 192,570,300.48	$ 4,762,978.03	972,184	$ 195,425,180.77	$ 4,833,589.82	**$ 783,482,129.93**
Total	**929,577**	**$ 186,860,539.91**	**$ 4,621,754.47**	**943,780**	**$ 189,715,420.19**	**$ 4,692,366.25**	**957,982**	**$ 192,570,300.48**	**$ 4,762,978.03**	**972,184**	**$ 195,425,180.77**	**$ 4,833,589.82**	**$ 783,482,129.93**

Projected Year 2

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals Weighted on Projected Year 2 Member Months): Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	Total PMPM Projected Service Costs (Column H-G)
MEG 1 - HUSKY A	4,030,758	$ 226.58	$ -	$ -	$ 7.19	$ 233.77	$ 226.58
Total	**4,030,758**						
P2 PMPM Casemix for P2 (P2 MMs)		**$ 226.58**	**$ -**	**$ -**	**$ 7.19**	**$ 233.77**	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q6 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q7 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Q8 Quarterly Projected Costs: Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	Total P2 Projected Waiver Costs
MEG 1 - HUSKY A	986,386	$ 223,492,475.72	$ 7,092,113.32	1,000,588	$ 226,710,369.95	$ 7,194,227.14	1,014,791	$ 229,928,264.18	$ 7,296,340.96	1,028,993	$ 233,146,158.40	$ 7,398,454.78	**$ 942,258,404.44**
Total	**986,386**	**$ 223,492,475.72**	**$ 7,092,113.32**	**1,000,588**	**$ 226,710,369.95**	**$ 7,194,227.14**	**1,014,791**	**$ 229,928,264.18**	**$ 7,296,340.96**	**1,028,993**	**$ 233,146,158.40**	**$ 7,398,454.78**	**$ 942,258,404.44**

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal
State of Connecticut
Projection for Upcoming Waiver Period
Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 - July 1, 2004 - June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs Start 7/1/2004	Q2 Quarterly Projected Costs Start 10/1/2004	Q3 Quarterly Projected Costs Start 1/1/2005	Q4 Quarterly Projected Costs Start 4/1/2005
64.9 Waiver Form	MEG 1 - HUSKY A	$ 186,860,539.91	$ 189,715,420.19	$ 192,570,300.48	$ 195,425,180.77
64.10 Waiver Form	**Administration Cost**	**$ 4,621,754.47**	**$ 4,692,366.25**	**$ 4,762,978.03**	**$ 4,833,589.82**

Projected Year 2 - July 1, 2005 - June 30, 2006

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs Start 7/1/2005	Q6 Quarterly Projected Costs Start 10/1/2005	Q7 Quarterly Projected Costs Start 1/1/2006	Q8 Quarterly Projected Costs Start 4/1/2006
64.9 Waiver Form	MEG 1 - HUSKY A	$ 223,492,475.72	$ 226,710,369.95	$ 229,928,264.18	$ 233,146,158.40
64.10 Waiver Form	**Administration Cost**	**$ 7,092,113.32**	**$ 7,194,227.14**	**$ 7,296,340.96**	**$ 7,398,454.78**

V W X Y Z AA AB AC AD AE AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring
State of Connecticut

Projection for Upcoming Waiver Period

Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1 - July 1, 2004 - June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission P1 Projected PMPM From Column I (services) From Column G (Administration)
64.9 Waiver Form	MEG 1 - HUSKY A	$ 201.02
64.10 Waiver Form	Administration Cost	$ 4.97

Projected Year 1 - July 1, 2004 - June 30, 2005

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q1 Quarterly Actual Costs Member Months Actuals Start 7/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q2 Quarterly Actual Costs Member Months Actuals Start 10/1/2004	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q3 Quarterly Actual Costs Member Months Actuals Start 1/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q4 Quarterly Actual Costs Member Months Actuals Start 4/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	MEG 1 - HUSKY A			$ -			$ -			$ -			$ -
64.10 Waiver Form	Administration Cost			$ -			$ -			$ -			$ -

Projected Year 2 - July 1, 2005 - June 30, 2006

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission P1 Projected PMPM From Column I (services) From Column G (Administration)
64.9 Waiver Form	MEG 1 - HUSKY A	$ 226.58
64.10 Waiver Form	Administration Cost	$ 7.19

Projected Year 2 - July 1, 2005 - June 30, 2006

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For Ongoing Monitoring Q5 Quarterly Actual Costs Member Months Actuals Start 7/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For Ongoing Monitoring Q6 Quarterly Actual Costs Member Months Actuals Start 10/1/2005	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For Ongoing Monitoring Q7 Quarterly Actual Costs Member Months Actuals Start 1/1/2006	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For Ongoing Monitoring Q8 Quarterly Actual Costs Member Months Actuals Start 4/1/2006	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	MEG 1 - HUSKY A			$ -			$ -			$ -			$ -
64.10 Waiver Form	Administration Cost			$ -			$ -			$ -			$ -

Row # / Column Letter: B, C, D, E, F, G, H, I

Cost Effectiveness Summary Sheet Conversion Renewal
State of Connecticut

Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year Per Member Per Month (PMPM) Costs: BY PMPM State Plan Service Costs	BY PMPM Incentive Costs	BY PMPM 1915(b)(3) Service Costs	BY PMPM Administration Costs	BY PMPM Total Actual Waiver Costs
MEG 1 - HUSKY A	3,457,922	$ 181.30	$ -	$ -	$ 4.92	**$ 186.22**
Total	**3,457,922**					
BY Overall PMPM for BY (BY MMs)		**$ 181.30**	**$ -**	**$ -**	**$ 4.92**	**$ 186.22**
Total Base Year Expenditures						**$643,939,464**

Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected P1 Member Months): P1 PMPM State Plan Service Cost Projection	P1 PMPM Incentive Cost Projection	P1 PMPM 1915(b)(3) Service Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs	Overall BY to P1 Change (annual)
MEG 1 - HUSKY A	3,803,523	$ 201.02	$ -	$ -	$ 4.97	$ 205.99	**5.2%**
Total	**3,803,523**						
P1 Weighted Average PMPM Casemix for BY (BY MMs)		**$ 201.02**	**$ -**	**$ -**	**$ 4.97**	**$ 205.99**	**5.2%**
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 201.02**	**$ -**	**$ -**	**$ 4.97**	**$ 205.99**	**5.2%**
Total Projected Waiver Expenditures P1 (P1 MMs)						**$783,482,130**	

Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months): P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs	Overall P1 to P2 Change (annual)
MEG 1 - HUSKY A	4,030,758	$ 226.58	$ -	$ -	$ 7.19	$ 233.77	**13.5%**
Total	**4,030,758**						
P2 Weighted Average PMPM Casemix for BY (BY MMs)		**$ 226.58**	**$ -**	**$ -**	**$ 7.19**	**$ 233.77**	**13.5%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 226.58**	**$ -**	**$ -**	**$ 7.19**	**$ 233.77**	**13.5%**
Total Projected Waiver Expenditures P2 (P2 MMs)						**$942,258,404**	

Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 +P2)	Overall BY to P2 Change (monthly)	Overall BY to P2 Change (annualized)
MEG 1 - HUSKY A	7,834,281	**0.6%**	**7.9%**
Total	**7,834,281**		
P2 Weighted Average PMPM Casemix for BY (BY MMs)		**0.6%**	**7.9%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**0.6%**	**7.9%**
Total Projected Waiver Expenditures P2 + P1 including casemix		**$1,725,740,534**	

NUMBER OF MONTHS OF DATA	
BY	12
Gap (end of BY to P1)	12
P1	12
P2	12
TOTAL	48