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

Cost Effectiveness Summary Sheet Conversion Renewal
State of Nebraska

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
MCHIP (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co.)	315	$ 330.29	$ -	$ 4.45	$ 35.86	**$ 370.60**
MCHIP (No CSHCN or AI/AN) - PIHP statewide	111,487	$ 30.20	$ -	$ 0.41	$ 3.28	**$ 33.88**
Title XIX (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co)	61,818	$ 933.44	$ -	$ 14.54	$ 101.35	**$ 1,049.33**
Title XIX (No CSHCN or AI/AN) - PIHP statewide	1,718,331	$ 64.27	$ -	$ 2.83	$ 6.98	**$ 74.08**
Total	**1,891,951**					
BY Overall PMPM for BY (BY MMs)		**$ 90.70**	**$ -**	**$ 3.07**	**$ 9.85**	**$ 103.62**
Total Base Year Expenditures						**$ 196,050,202**

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 BY to P2 Change (annual)
MCHIP (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co.)	351	$ 373.08	$ 0.17	$ 4.72	$ 33.04	$ 411.01	**5.3%**
MCHIP (No CSHCN or AI/AN) - PIHP statewide	124,188	$ 37.09	$ 0.17	$ 0.43	$ 3.02	$ 40.71	**9.6%**
Title XIX (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co)	68,861	$ 1,069.88	$ 0.17	$ 15.42	$ 93.38	$ 1,178.85	**6.0%**
Title XIX (No CSHCN or AI/AN) - PIHP statewide	1,914,090	$ 85.63	$ 0.17	$ 3.00	$ 6.43	$ 95.24	**13.4%**
Total	**2,107,489**						
P2 Weighted Average PMPM Casemix for BY (BY MMs)		**$ 114.98**	**$ 0.17**	**$ 3.26**	**$ 9.07**	**$ 127.48**	**10.9%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 114.98**	**$ 0.17**	**$ 3.26**	**$ 9.07**	**$ 127.48**	**10.9%**
Total Projected Waiver Expenditures P2 including casemix						**$ 268,669,009**	

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months): P3 PMPM State Plan Service Cost Projection	P3 PMPM Incentive Cost Projection	P3 PMPM 1915(b)(3) Service Cost Projection	P3 PMPM Administration Cost Projection	P3 PMPM Projected Waiver Costs	Overall P2 to P3 Change (annual)
MCHIP (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co.)	370	$ 397.34	$ 0.16	$ 4.86	$ 32.86	$ 435.22	**5.9%**
MCHIP (No CSHCN or AI/AN) - PIHP statewide	131,071	$ 40.91	$ 0.16	$ 0.44	$ 3.00	$ 44.51	**9.3%**
Title XIX (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co)	72,677	$ 1,149.18	$ 0.16	$ 15.88	$ 92.86	$ 1,258.09	**6.7%**
Title XIX (No CSHCN or AI/AN) - PIHP statewide	2,020,180	$ 98.85	$ 0.16	$ 3.09	$ 6.39	$ 108.50	**13.9%**
Total	**2,224,299**						
P3 Weighted Average PMPM Casemix for BY (BY MMs)		**$ 129.80**	**$ 0.16**	**$ 3.36**	**$ 9.02**	**$ 142.34**	**11.7%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 129.80**	**$ 0.16**	**$ 3.36**	**$ 9.02**	**$ 142.34**	**11.7%**
Total Projected Waiver Expenditures P3 including casemix						**$ 316,613,333**	

Medicaid Eligibility Group (MEG)	Projected Year 2 and 3 Member Months (P2 +P3)	Overall BY to P3 Change (annualized)
MCHIP (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co.)	721	**5.5%**
MCHIP (No CSHCN or AI/AN) - PIHP statewide	255,259	**9.5%**
Title XIX (CSHCN or AI/AN) - MCO/PCCM/PIHP (3 co)	141,538	**6.2%**
Title XIX (No CSHCN or AI/AN) - PIHP statewide	3,934,270	**13.6%**
Total	**4,331,788**	
P3 Weighted Average PMPM Casemix for BY (BY MMs)		**11.2%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**11.2%**
Total Projected Waiver Expenditures P3 + P2 including casemix	**$ 585,282,342**	