



State of Rhode Island
Department of Administration / Division of Purchases
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Solicitation Information
1/22/2020

ADDENDUM #3

RFP #7599917

TITLE: Dental Health Plan(s) for Rite Smiles Program

Bid Closing Date & Time: Monday, February 3, 2020 @ 10:00 AM Eastern Time (ET)

Notice to Vendors

Attached are vendor questions with State responses. No further questions will be answered.

**Dawn Vittorioso
Buyer II**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions with State Responses for RFP #7599917 – Dental Health Plan(s) for RIte Smiles Program

Question 1: What is the anticipated budget for the project?

Answer to question 1: EOHHS will pay actuarially-certified capitation rates as outlined in the LOI [Procurement Library](#), item #28, *SFY 2021 RIte Smiles Capitation Rates*.

Question 2: Attachment (6) – Actuarial Basis for Capitation was not included (Section 3.4 Model Contract Attachments, page 182). Could you please provide this information?

Answer to question 2: Reference the [Procurement Library](#), item #28, *SFY 2021 RIte Smiles Capitation Rates*.

Question 3: Page 5 #12: “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects.” These regulations do not appear to be included in the LOI. Is this the most accurate and updated link to use to review the regulations? <http://odeo.ri.gov/documents/regulations-governing-participation-by-small-business-enterprises-in-state-purchases-of-goods-and-services-and-public-works-projects-4202017.pdf>

Answer to question 3: <http://webserver.rilin.state.ri.us/Statutes/TITLE37/37-14.1/INDEX.HTM>

Question 4: Page 5 #12: “Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal.” We cannot locate this form in the LOI. Can you please post this?

Answer to question 4: Disregard this section.

Question 5: We understand the deadline for submitting questions is through January 15, 2020 at 10:00 AM (ET). However, we do not see a date by when they will be answered. Are you able to share that information?

Answer to question 5: Agency responses to questions will be posted by 1/22/2020. Should there be additional time, the submission date will be extended, and an addendum will be posted.

Question 6: Section 3.1.1 at Page 12 of 47 of the LOI, entitled, “Dental Plan(s) Licensure and Organizational Requirements” does not list nonprofit dental service corporations as a qualified bidder. Delta Dental of Rhode Island is a nonprofit dental service corporation that is licensed/ regulated by the Department of Business Regulation (“DBR”) under Chapter 27-20.1 of the Rhode Island General Laws. Inasmuch - as the LOI is devoted entirely to the delivery of dental benefits, do we assume correctly that the omission of nonprofit dental service corporations from specific mention in Section 3.1.1 was inadvertent and not intended to exclude Delta Dental of Rhode Island as an Offeror or Contractor with respect to the LOI?

Answer to question 6: Yes.

Question 7: The Introduction (page 3) states the Initial Contract Period is for three (3) years. However, in the Proposal section (M) Plan for Enhanced Care Coordination (4), it states that the initial contract period is for twenty-four (24) months. Please confirm the length of the initial contract period.

Answer to question 7: The initial contract period will begin July 1, 2020 for three (3) years.

Question 8: Please confirm that opioid prescriptions are a benefit covered under the RItE Care medical program and not covered under the RItE Smiles program.

Answer to question 8: Confirmed.

Question 9: Please confirm whether member handbooks must be mailed (in addition to website posting) to all enrollees or if the ID card carrier meets this requirement as a “new member packet.” (Model Contract p. 24; 25)

Answer to question 9: Member handbooks must be available on the Contractor’s member website. The new member packet must contain information on how to access member handbook and if a hard copy is requested it must be made available.

Question 10: Members are covered “until their 21st birthday”. Do benefits end the day of their birthday, or end of their birthday month?

Answer to question 10: Benefits end on the last day of their birthday month.

Question 11: Attachment E: Monthly Capitation Rates - What time period is the Base Benefit Expense? What is the New Benefit Add-On? What time period will be used for the updated calculation?

Answer to question 11: The base benefit expense is estimated state fiscal year (SFY) 2021 benefit expense, which was developed using historical SFY 2017 and 2018 data. The final SFY 2021 capitation rates will be developed using more recent historical data. The new benefit add-on reflects the estimated costs for new benefits in SFY 2021 that were not covered during SFY 2017 and SFY 2018, including silver diamine fluoride, immediate and relined dentures, tooth reimplantation, and frenulectomy.

Question 12: Will the capitation rates shown on page 181 be paid to carriers based on actual enrollment and rates by age category? Or, is the one blended rate (\$19.74 estimate) paid to all carriers regardless of distribution of members by age category?

Answer to question 12: The capitation rates shown on page 181 will be paid to carriers based on actual enrollment and rates by age category.

Question 13: Please provide a summary of the historical capitation rates by age category?

Answer to question 13: Reference *RItE Smiles Rates*, which contains historical capitation rates by age category (attached).

Question 14: Please provide statistics on number of RItE Smiles members that requested second opinions?

Answer to question 14: All relevant statistics and current data analytics will be shared with awarded vendor(s).

Question 15: Please provide statistics available on number of calls to member services, the nature of the calls and call volumes by time of day and day of the week?

Answer to question 15: All relevant statistics and current data analytics will be shared with awarded vendor(s).

Question 16: Please provide statistics available on the number of calls made after normal service hours of 8am to 6pm EST?

Answer to question 16: All relevant statistics and current data analytics will be shared with awarded vendor(s).

Question 17: Please provide information regarding the number of dental claims that involved third party liability subrogation?

Answer to question 17: All relevant statistics and current data analytics will be shared with awarded vendor(s).

Question 18: Please provide information on number of RItE Smiles members that had services at school-based programs?

Answer to question 18: All relevant statistics and current data analytics will be shared with awarded vendor(s).

Question 19: What percentage of dental services received by Rite Smiles members were provided by a Federally Qualified Health Center (FQHC)?

Answer to question 19: Approximately twenty-seven percent (27%) of care is provided at FQHCs.

Question 20: Please provide information on number of RItE Smiles members that had services outside of Rhode Island?

Answer to question 20: Approximately two percent (2%) of care is delivered in bordering communities.

Question 21: Will the State provide historical - claim level information for members previously enrolled in another plan (such information is needed to prevent fraudulent/erroneous claim submissions)?

Answer to question 21: Awarded bidders will be provided historical information relevant to program implementation.

Question 22: Page 34 of 47 states: "The Bidder(s) shall attach the completed checklist to their proposal." We cannot locate the checklist in the LOI. Can you please post this checklist? Or are Bidders to create their own?

Answer to question 22: The form is attached below.

Question 23: Would the State entertain additional time to submit a proposal beyond Monday, February 3, 2020 @ 10:00 AM EST?

Answer to question 23: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

Question 24: Would the State entertain a later implementation date of February 1, 2021?

Answer to question 24: No.

Question 25: Does the State have an anticipated date to announce a decision?

Answer to question 25: No.

Question 26: What is the State's desire to have more than one carrier?

Answer to question 26: Not applicable.

Question 27: What percentage of the population is auto assigned to a carrier?

Answer to question 27: 100 percent of the population is currently auto-assigned, as there is currently only one Rite Smiles Contractor.

Question 28: Is there a minimum enrollment guarantee?

Answer to question 28: No.

Question 29: Can the State provide estimated monthly changes in enrollment?

Answer to question 29: Please see information contained in the *Medicaid Expenditure Report*, found in the LOI [Procurement Library](#).

Question 30: Can the State share additional details around the reporting requirements and reporting templates?

Answer to question 30: Relevant information will be provided to awarded Bidder(s) as part of program implementation.

Question 31: Can the State provide Dental Procedure Codes for the Schedule of In-Plan Benefits listed under Attachment A on page 169?

Answer to question 31: No.

Question 32: On page 5 of *Section 1: Introduction, Instructions and Notifications to Offerors, paragraph (8)*, the instructions state that “Any information submitted in response to this LOI that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure.”

Will the State consider allowing Bidders to submit a separate proposal copy that contains all privileged/confidential markings and accompanying explanations, rather than requiring this information on all proposal copies, so as not to impact page count? If the State will not allow Bidders to submit a separate marked copy, please verify that the accompanying explanations can be included in an Attachment to the Technical Proposal, so as not to impact page count.

Answer to question 32: The State verifies that the accompanying explanations can be included in an Attachment to the Technical Proposal, so as not to impact page count.

Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

Question 33: On page 16 of the LOI, in *Section 3.1.4, Subsection H. Member Handbook*, the Contractor is to provide the following: “An electronic copy of the Handbook is to be included on the Bidder(s) member website and available for viewing and downloading. Additionally, members may request an alternate version (paper, audio or specific language) by contacting the successful Bidder(s) member services department.” On page 36 of the LOI, *Section 4. Technical Response, Subsection B) Plan for Enrollment, paragraph (7)*, the requirement is to provide “A description of how the Bidder will mail a Member Handbook, or, if preferred by the member, make handbook available on the website, to all members within ten (10) days of being notified of their enrollment;” The requirement on page 16 for an electronic copy of the Handbook with

print copy sent upon request appears to conflict with the requirement on page 36 to mail a handbook within 10 days, with website access available upon request. Can the State please clarify?

Answer to question 33: Member handbooks must be available on the Contractor's member website. The new member packet must contain information on how to access member handbook and if a hard copy is requested it must be made available on paper within ten (10) days of their request. Translation must be made available upon request.

Question 34: On page 19 of the LOI, *Section 3.1.7 Provider Networks*, the Contractor is to provide the following: "The provider network consists of a continuum of care required to meet the diverse and often complex needs of RItE Smiles members and shall contain, but shall not be limited to, general dentists and pediatric dentists to meet the service accessibility standards outlined later in this section as well as an adequate specialty network that includes the following specialty dentists: pediatric dentists, periodontists, endodontists, prosthodontists, oral surgeons, and orthodontists." Will the State consider removing the requirement to include prosthodontists in the provider network since prosthodontist services are typically not required for children and young adults, and general/pediatric dentists generally perform these services?

Answer to question 34: No.

Question 35: On page 21 of the LOI, in *Section 3.5.2 Telehealth/Teledental*, "The Bidder(s) is required to identify policies and procedures which describe the organization, policies and procedures surrounding a Telehealth program. A Telehealth program should include but is not limited to the following covered services: monitoring of patient vital signs; patient education; medication management; equipment management; review of patient trends and/or other changes in patient condition necessitating professional intervention; and other activities deemed necessary and appropriate according to a member's plan of care." These Telehealth requirements appear to be more applicable to a Medical Plan than a Dental Plan. Will the State consider revising the requirement to allow Bidders to offer innovative Teledentistry options in lieu of the current Telehealth requirement?

Answer to question 35: While the State welcomes innovative approaches to supporting teledentistry, the State cannot change how Telehealth/Teledental is defined.

Question 36: On page 31 of the LOI, in *Section 3. Bidder's Experience, Understanding, and Readiness to Perform, paragraph (B)*, the Contractor is to provide "A description of the Bidder, and its subcontractors, regarding the type of organization and ownership; historical perspective of organization; special Federal and State designation businesses (e.g. small businesses, minority/women owned business and disability business enterprises); size of company, national recognitions; and other information that the Bidder would deem appropriate." To fully comply with the requirement to provide a description of all subcontractors' type of organization and ownership; historical perspective; special Federal and State designation; size; and national recognitions, and stay within page count, please confirm that the Bidder can include this information in an Attachment to the Technical Proposal?

Answer to question 36: Confirmed.

Question 37: On page 32 of the LOI, in *Section 3. Bidder’s Experience, Understanding, and Readiness to Perform, paragraph (I)*, the Bidder is to provide “Three (3) References from parties familiar with the Bidder providing similar services as requested in this LOI, including the Agency, contact person, e-mail address, address, telephone and fax numbers, and a description of the size and scope of the previous engagement.” In order to provide the full scope of services for the three references required, please confirm that these references can be included in an attachment to the Technical Proposal.

Answer to question 37: Confirmed.

Question 38: On page 39 of the LOI, in *Section H Plan for Meeting the Operational Data Reporting Requirements*, the Bidder is to provide “a description of how the Bidder will provide, in a time-frame determined by the State, a person-level record of all services provided.” On page 55 of the Model Contract, all references to person-level records have been removed and Encounter Data Reporting (*Section 2.13, Subsection B*) has been added. Can the State please clarify?

Answer to question 38: Successful bidders will define procedures for meeting operational data reporting and will be required to submit encounter data per specifications outlined in the LOI and model contract.

Question 39: On page 39 of the LOI, in *Section I Plan for Meeting Grievance and Appeals Requirements*, the Bidder is to provide “a description of the Bidder’s policies for processing grievances permits a provider, acting on behalf of a member and with the member’s written consent, to file an appeal of an action within thirty (30) days.” On page 60 of the Model Contract, the 30-day requirement has been removed. Can the State please clarify?

Answer to question 39: The time period remains thirty (30) days.

Question 40: On page 72 of the Model Contract, *Section 2.15 Payments To and From Plans, Subsection F. Exemption for Indians Served by Indian Healthcare* states that “The Contractor shall exempt Indians from payment of enrollment fees, premiums, deductibles, coinsurance, copayments, or similar charge for any item or service covered by Medicaid if the Indian is furnished the item or service directly by an Indian health care provider, I/T/U or through Contract Services, HIS (CHS). The Contractor must pay these providers the full Medicaid payment rate for furnishing the item or service. Their payments may not be reduced by the amount of any enrollment fee, premium, deduction, copayment, or similar charge that otherwise would be due from the Indian.” Please verify that EOHHS will identify Indians on the eligibility file for exemption purposes.

Answer to question 40: Relevant information will be provided to awarded Bidder(s) as part of program implementation.

Question 41: On page 73 of the Model Contract, *Section 2.15 Payments To and From Plans, Subsection H. Reinsurance* states that the “Contractor shall be required to obtain reinsurance coverage from a source other than the State. Proof of such reinsurance is a condition of contract award. However, the State reserves the right to review Contractor reinsurance coverage and to require changes to that coverage in the form of lower thresholds if considered necessary based on the

Contractor’s overall financial or performance condition.” Please clarify what is meant by performance condition. What will EOHHS measure and how often?

Answer to question 41: The State reserves the right to review the contract of reinsurance coverage and require higher levels of reinsurance if the financial condition warrants.

Question 42: On page 75 of the Model Contract, *Section 2.16 Financial Standards, Subsection D. Financial Data Reporting System* states that “EOHHS is implementing and requiring Contractors to report through a new Financial Data Reporting System (FDRS). The FDRS will utilize specific templates to be populated by the Contractor. The FDRS will capture the Contractor’s membership, benefit expenses, including general ledger adjustments, sub-capitated arrangements, reinsurance arrangements, reserves, benefit expense recoveries and administrative costs for each Premium Rating Group.” Please provide a definition for Premium Rating Group.

Answer to question 42: Premium rating group is the cohort for which a capitation rate is developed, also referred to as a “capitation rate cell”.

Question 43: On page 78 of the Model Contract, *Section 2.18 Compliance, Section A. General Requirements* states that the “Contractor is required to comply with H.R. 6 The SUPPORT Act Title 1; Section 1004, which mandates the following:

- Contractor must have automated drug utilization review safety edits for opioid refills
- Automated claims review process to identify refills in excess of State limits
- Monitor concurrent prescribing of opioids, benzodiazepines and/or antipsychotics (Including children’s antipsychotics)
- Maximum daily morphine equivalent (MME) safety edits; and
- Concurrent utilization alerts for beneficiaries concurrently prescribed opioids and benzodiazepines and/or antipsychotics”

Will the State consider removing the requirement for complying with H.R. 6 The SUPPORT Act Title 1; Section 1004, as it appears the pharmaceutical benefit is outside the scope of this contract? If the requirement remains in the Model Contract, please verify how the Contractor will receive the information necessary to meet this requirement (e.g., claims data, prescription information, etc.).

Answer to question 43: The pharmacy benefit is outside this contract, but the emphasis on H.R. 6 is regarding coordination with the medical Contractor as it is a Federal requirement. Relevant information will be provided to awarded Bidder(s) as part of program implementation.

Question 44: On page 80 of the Model Contract, Section 2.18D was modified from “*Disclosure by Providers: Information on Ownership and Control*” to “*Disclosure by Providers: Information Related to Business Transactions.*” Section 2.18D goes on to reference 42 CFR Section 455.104, which is a regulation on ownership and control. Can the State verify this change is an error?

Answer to question 44: The requirement requires ownership, control and other information related to business transactions.

Question 45: Attachment F of the Model Contract does not contain the Data Book and Actuarial Certification. Can you please post these documents?

Answer to question 45: Yes. These items are contained in the LOI [Procurement Library](#), item #28, *SFY 2021 RItE Smiles Capitation Rates*.

Question 46: Please confirm the ISBE participation criteria is worth up to 6 points during the evaluation.

Answer to question 46: This section shouldn't have been included in the solicitation; the rates are set rates.

Question 47: For the ISBE participation – what is the total contract price for this opportunity?

Answer to question 47: This section shouldn't have been included in the solicitation; the rates are set rates.

Question 48: Will bidders have an opportunity to ask questions about the missing documentation from this LOI (for example, the MBE, WBE and/or DisBE Plan Form, the Data Book, and Actuarial Certification) after the January 15 question submission cut off?

Answer to question 48: No.

Question 49: Page 44 of 47 provides detail on the formatting requirements for the written documents and printed copies. We understand the technical proposals should be numbered sequentially, which includes all attachments. Our audited financial documents are unable to be altered to ensure the integrity of the information contained within and therefore, we cannot number them sequentially within the master document. Can an exception be made for this circumstance?

Answer to question 49: Yes. Audited financial documents can be included as an attachment and need not be numbered in the Technical Response.

Question 50: Page 43 of 47 states: “The technical proposal is limited to fifty (50) pages. This technical response page limit excludes any attachments, requested documentation, appendices, resumes of key staff that will provide services covered by this request.”

Answer to question 50: This is not a question.

Question 51: Are bidders permitted to include attachments and other documentation that support their narrative, but that have *not* been explicitly requested within the LOI?

Answer to question 51: Yes.

Question 52: Page 43 of 47 states: The technical proposal is limited to fifty (50) pages. We typically repeat the question within our response document to ensure evaluators can easily find the answers. Will repeating the question count against the page limit?

Answer to question 52: Yes.

Question 53: As it relates to enrollment data supplied by EOHHS to the Dental Plan, will the following member information be provided on the eligibility file:

- Language
- MCO or PCP
- Communication preference (i.e. email, and if so, will email addresses be provided?)
- Designation of any special health care needs.

Answer to question 53:

- Language – Yes
- MCO or PCP – Yes
- Communication preference (i.e. email, and if so, will email addresses be provided?) – Yes
- Designation of any special health care needs. – No

Question 54: Page 3 of 47 states: “This is a Letter of Interest (LOI), not a Request for Proposal (RFP) or an Invitation to Bid (ITB).“ What is the difference between an LOI an an RFP or ITB in Rhode Island?

Answer to question 54: Not applicable to Bidders for the purpose of this procurement.

Question 55: Please confirm that these are the most current standard Rhode Island Medicaid fees: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Fee%20Schedules/Medicaid%20Fee%20Schedule.pdf>.

Answer to question 55: Confirmed.

Question 56: Please confirm the percent of RIte Smiles dental providers/claims paid in 2018/2019 using the standard Rhode Island Medicaid fees.

Answer to question 56: Not applicable.

Question 57: Regarding Section 2.15.C.xii of the Model Contract - Please confirm if a minimum or maximum fee schedule is required.

Answer to question 57: Not applicable.

Question 58: Regarding Section 2.15.C.xiii of the Model Contract - Please confirm that the Health Insurer Fee will be an additional expense billable to the state and is not included in the Capitation Rate.

Answer to question 58: Correct, provision for the health insurer fee (HIF) is not included in the capitation rate included as part of the LOI. To the extent the HIF liability is incurred by a dental plan for RIte Smiles, EOHHS intends to pay the assessment through a retroactive adjustment to the capitation rates. The adjustment will be grossed up for the associated corporate income and state taxes. The amount of the adjustment will be calculated based on the applicable health insurance providers fee (HIPF) tax rate as a percentage of earned premium reported on Form 8963 for the dental plan's parent company, multiplied by the calculated Rhode Island Medicaid premium revenue received by the dental plan that is subject to the HIPF.

Question 59: Attachment E of the Model Contract – Please explain the New Benefit Add On.

Answer to question 59: New Benefit Add On includes Silver Diamine Fluoride, immediate and reline dentures, and oral surgery procedures D7270 (Tooth reimplantation) and D7960 (Frenulectomy), as new benefits for the RIte Smiles program effective July 1, 2020. It is included in the data book.

Question 60: Can we please receive 2018 and 2019 detailed claims (claim/line level) with procedure code, tooth, surface, member age, distinct member identifier, paid amount, etc. as well as enrollment by age and month?

Answer to question 60: Relevant information will be provided to awarded Bidder(s) as part of program implementation.

Question 61: Our bidding entity holds: (i) a Rhode Island Health Plan Certificate (Certificate Number LE-210) pursuant to RI Chapter 23-17.13; and (ii) is currently regulated by the Rhode Island Department of Business Regulation in connection with transacting the business of accident and health insurance in the State of Rhode Island. We note there has been a change in requirements from the Rhode Island dental RFI released in late 2019 such that certification by a nationally known health utilization management organization (“URAC Certified”) is now required for any bidder that is not licensed as an HMO. This requirement would exclude a significant number of bidders that are currently licensed in Rhode Island as a Health Plan but are not URAC Certified.

Can you confirm that a bidder that holds a Health Plan Certificate does not need to comply with the additional requirements referenced below:

Meets that requirements under R.I. Gen. Laws section 27-18.9-8: Benefit Determination and Utilization Review Act.

Answer to question 61: The Bidder must meet the State's licensure requirements outlined in Appendix B, Model Contract, section 2.2, Licensure/Certification.

Question 62: Is certified as a utilization review entity by a nationally known health utilization management organization.

Answer to question 62: This is not a question.

Question 63: Given the benefit of a linked oral health medical health plan arrangement, how will the state balance existing relationships and the desire to balance the membership through assignment and caps?

Answer to question 63: Not applicable.

Question 64: Has the State developed the algorithm for assignment, and can that be shared?

Answer to question 64: No.

Question 65: If a current MCO successfully bids for dental coverage, will its current members (for medical coverage) who do not affirmatively choose a dental carrier be default assigned to said MCO? Please provide rationale.

Answer to question 65: Consideration of member assignment will be discussed with successful Bidder(s) during implementation.

Question 66: Is there any specific impact on bidders due to the State's choice of using an LOI compared to an RFP?

Answer to question 66: Bidders must accept the capitated rates.

Question 67: The window for implementation post award is very short. Has the State contemplated an extension of the existing contract and a delayed effective date to insure a quality transition of these children to new plans?

Answer to question 67: Yes.

Question 68: If the bid is structured through a sub-contract/vendor relationship, how do the various requirements apply? For example, would both the subcontractor and the bidder both have to demonstrate financial strength?

Answer to question 68: Yes. All contractual requirements apply to both.

Question 69: Would the State consider placing a cap on a bidder's membership at the desired maximum and closing it to additional members? Otherwise, it is unclear how the proposed maximum members will work considering the federal obligation for member choice.

Answer to question 69: Reference Appendix B, Model Contract, section 2.4.M, Market Share Capacity Limit.

Question 70: Enrollment file questions:

- a. Is the enrollment a bi-monthly or daily file?
- b. Is the enrollment effective date first of the month following the file date?

- c. How will changes (i.e., disenrollment, plan change, address/phone number changes) be communicated to the Plan, since the enrollment file is an "audit" file only?

Answer to question 70:

- a. Monthly.
- b. Yes.
- c. Monthly.



State of Rhode Island
Division of Purchases

Bid Preparation Checklist

Date:	January 22, 2020
Bid#:	7599917
Title:	Dental Health Plan(s) for RItE Smiles Program

This checklist is provided to assist the bidder in preparing a bid proposal for submission. It is not a substitute for a thorough review of the Instruction to Bidders nor a comprehensive list of all bid proposal requirements. Each bidder is responsible to review the Instructions to Bidders and to comply with all requirements of the Solicitation.

Bid Proposal Package:

- RIVIP Bidder Certification Cover Form (completed) signed in ink
- Completed Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Technical Proposal
 1. One (1) Electronic copy on a CD-R marked “Technical Proposal – Original”;
 2. One (1) printed paper copy, marked “Technical Proposal – Original” and signed;
 3. Eight (8) printed paper copies;
 4. All Addenda have been acknowledged;
 5. Erasures or corrections have been initialed by person signing the Bid Form;
 6. Bid Form is signed in ink;
 7. Assurances/Attestations.
- Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal. All CD-Rs submitted must be labeled with:
 - Vendor’s name;
 - LOI #7599917;
 - LOI Title – Dental Health Plan(s) for RItE Smiles Program;
 - Proposal type (e.g., technical proposal).
- All bid proposal documents in a sealed envelope with the specific Solicitation #, Solicitation title, and the bid proposal submission deadline marked in the upper left-hand corner of the envelope.
- Each bid proposal submitted in a separate sealed envelope.

History of Rite Smiles Payments

Average Monthly Enrollment, Premium, and Dental Benefits Paid:

	FY15	FY16	FY17	FY18	FY19
Average Premium Paid	\$1,445,582	\$1,661,281	\$1,887,525	\$2,010,016	\$2,166,551
Average Monthly Dental Component	\$1,274,826	\$1,455,386	\$1,639,713	\$1,701,488	\$1,935,106
Average Monthly Enrollment	77,971	88,684	98,601	107,336	113,291
Average PMPM	\$18.54	\$18.73	\$19.14	\$18.73	\$19.12

Data by Pay Level:

SFY	Pay Level Description	Average Enrollment	Dental Component PMPM	Overall PMPM	Monthly Benefits	Monthly Premium	HIF Indicator
FY15	MF 0-14	77,971	\$16.35	\$18.54	\$1,274,826	\$1,445,582	HIF
FY16	MF 0-2	17,602	\$2.96	\$3.38	\$52,102	\$59,495	HIF
FY16	MF 3-5	17,231	\$13.88	\$15.84	\$239,166	\$272,939	HIF
FY16	MF 6-10	29,380	\$18.75	\$21.40	\$550,875	\$628,732	HIF
FY16	MF 11-16	24,471	\$25.06	\$28.61	\$613,243	\$700,115	HIF
FY17	MF 0-2	18,411	\$3.16	\$3.63	\$58,179	\$66,832	HIF
FY17	MF 3-5	18,349	\$14.55	\$16.75	\$266,978	\$307,346	HIF
FY17	MF 6-10	30,960	\$18.94	\$21.80	\$586,382	\$674,928	HIF
FY17	MF 11-17	30,881	\$23.58	\$27.15	\$728,174	\$838,419	HIF
FY18	MF 0-2	19,587	\$3.01	\$3.40	\$58,957	\$66,576	No HIF
FY18	MF 3-5	19,290	\$14.25	\$17.03	\$274,883	\$328,509	No HIF
FY18	MF 6-10	31,494	\$19.07	\$23.05	\$600,591	\$725,937	No HIF
FY18	MF 11-14	23,493	\$22.77	\$26.24	\$534,936	\$616,456	No HIF
FY18	MF 15-18	13,472	\$17.23	\$20.23	\$232,123	\$272,539	No HIF
FY19	MF 0-2	19,483	\$4.18	\$4.68	\$81,439	\$91,180	No HIF
FY19	MF 3-5	19,468	\$15.17	\$16.98	\$295,330	\$330,567	No HIF
FY19	MF 6-10	31,131	\$20.46	\$22.91	\$636,940	\$713,211	No HIF
FY19	MF 11-15	29,489	\$22.48	\$25.17	\$662,913	\$742,238	No HIF
FY19	MF 16-19	13,720	\$18.84	\$21.09	\$258,485	\$289,355	No HIF

Notes:

[1] For FY15, EOHHS certified a single rate for all ages.

[2] Some periods included funding for the Health Insurer Fee. EOHHS financed 100% of the cost of this business expense.

Preliminary State Fiscal Year 2021 Rlte Smiles Capitation Rates

July 1, 2020 through June 30, 2021

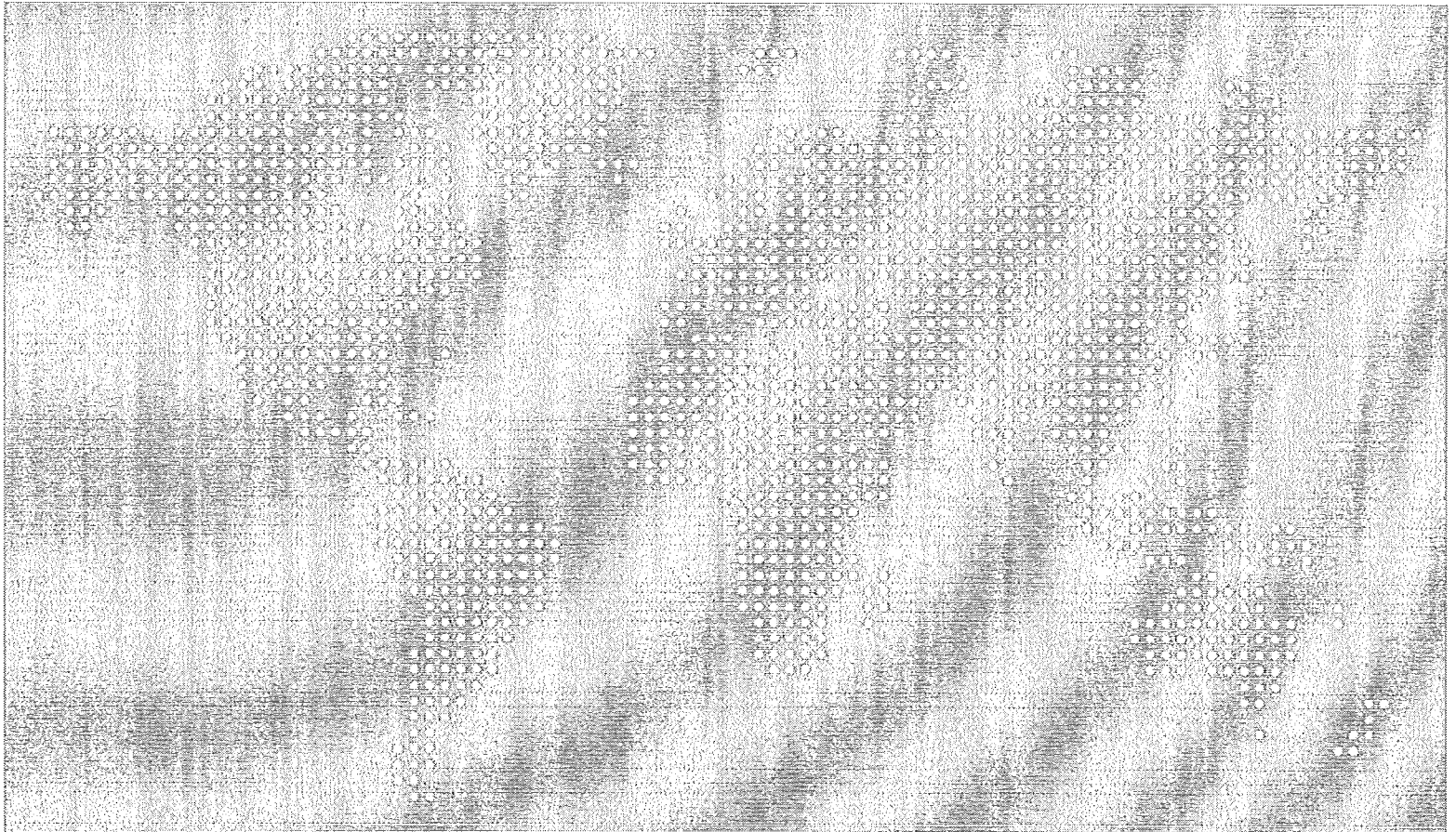
Rhode Island, Executive Office of Health and Human Services

November 8, 2019

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APPENDIX 5: SFY 2021 CAPITATION RATE DEVELOPMENT

APPENDIX 6: COVERED SERVICES

Introduction & Executive Summary

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of capitation rates for RItE Smiles, Rhode Island's Medicaid managed dental care program. This report provides documentation for the development of capitation rates effective July 1, 2020 through June 30, 2021 (SFY 2021), including consideration of program changes for the SFY 2021 rating period.

The capitation rates for the SFY 2021 rating period are considered preliminary and will be updated using an additional year of data prior to the effective date of July 1, 2020. An actuarial certification of capitation rates will be issued at that time for the SFY 2021 rates based on the updated base experience data.

To facilitate review, this document has been organized in the same manner as the 2019-2020 Medicaid Managed Care Rate Development Guide, released by the Center for Medicare and Medicaid Services in March 2019 (CMS guide). The guidance for 2020-2021 rating period has not been released by CMS at the time of writing.

FISCAL IMPACT ESTIMATE

A comparison of the SFY 2020 and preliminary SFY 2021 capitation rates for the RItE Smiles program is illustrated in Figure 1. The composite rates illustrated for both SFY 2020 and SFY 2021 were developed based on projected average monthly enrollment in SFY 2021.

FIGURE 1: COMPARISON WITH SFY 2020 RATES (PMPM)

Rate Cell	Estimated SFY 2021 Average Monthly Enrollment	SFY 2020 Capitation Rate	Preliminary SFY 2021 Capitation Rate	% Change
Age 0-2	16,289	\$ 4.62	\$ 4.83	4.5%
Age 3-5	18,672	16.53	17.10	3.4%
Age 6-10	29,337	22.83	23.56	3.2%
Age 11-15	29,184	24.92	25.62	2.8%
Age 16-21	23,067	20.56	20.10	(2.2%)
Composite	116,549	\$ 19.35	\$ 19.74	2.0%

Notes:

1. SFY 2020 and preliminary SFY 2021 composite rates were developed based on projected SFY 2021 average monthly enrollment.
2. Values shown in Figure 1 exclude amounts related to the Health Insurer Fee (HIF).

Figure 2 compares the estimated state and federal expenditures under the SFY 2020 capitation rates to the preliminary SFY 2021 capitation rates, based on estimated average monthly enrollment in SFY 2021.

FIGURE 2: COMPARISON WITH SFY 2020 RATES (AGGREGATE EXPENDITURES)

Rate Cell	SFY 2020 Annualized Expenditures	SFY 2021 Aggregate Expenditures	Expenditure Change
Age 0-2	\$ 0.9	\$ 0.9	\$ 0.0
Age 3-5	3.7	3.8	0.1
Age 6-10	8.0	8.3	0.3
Age 11-15	8.7	9.0	0.3
Age 16-21	5.7	5.6	(0.1)
Total RItE Smiles	\$ 27.1	\$ 27.6	\$ 0.5
Total Federal	14.6	14.9	0.3
Total State	12.5	12.8	0.3

Notes:

1. Values have been rounded.
2. SFY 2020 and SFY 2021 aggregate expenditures were developed based on projected SFY 2021 average monthly enrollment.
3. Values shown in Figure 2 exclude amounts related to the Health Insurer Fee (HIF).
4. State expenditures are based on Federal Fiscal Year (FFY) 2020 Federal Medical Assistance Percentage (FMAP) of 52.95% for three months and FFY 2021 FMAP of 54.09% for nine months. No adjustment was made for Children's Health Insurance Program (CHIP) or other enhanced FMAP rates.

Section I. Rlte Smiles rates

1. General information

This section provides information listed under the General Information section of CMS guide, Section I.

The final capitation rates provided for SFY 2021 will be certified as "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care organization (MCO) for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Rlte Smiles rate setting which have been enacted as of the date of this report, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the SFY 2021 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term "actuarially sound" will be defined as in ASOP 49:

"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."¹

A. RATE DEVELOPMENT STANDARDS

i. Annual basis

The capitation rates contained in this report are effective for the one-year rate period from July 1, 2020 through June 30, 2021.

ii. Required elements

(a) Actuarial certification

An actuarial certification will be provided with the final SFY 2021 Rlte Smiles capitation rates. The certifying actuary will meet the qualification standards established by the American Academy of Actuaries, follow the practice standards established by the Actuarial Standards Board, and will certify that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2021 managed care program rating period.

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

(b) Certified capitation rates for each rate cell

The preliminary capitation rates by rate cell are illustrated in Appendix 5. Projected member months illustrated in Appendix 5 represent estimated values for SFY 2021.

(c) Program information

(i) Managed Care program

This report was developed for the RItE Smiles managed care program. Comprehensive dental services have historically been provided through a single dental plan, UnitedHealthcare of New England, on a statewide basis. EOHHS is currently undergoing a dental plan procurement for the RItE Smiles program effective July 1, 2020.

EOHHS began enrolling the children into mandatory managed dental care beginning in 2006, with eligibility limited to those born on or after May 1, 2000. Each month, the maximum age of the program increases, with the oldest children being age 21 in the last month of SFY 2021. Children will age out of the program beginning at age 26.

Benefits covered under the RItE Smiles program are comprehensive in nature. The following figure outlines the core dental benefits by service type covered under the RItE Smiles capitation rates.

FIGURE 3: RITE SMILES BENEFIT PACKAGE

Category Type	Description
Type I	Oral Evaluations, Fluoride, Sealants, Prophylaxis, X-Rays, and Lab and other tests
Type II	Restorations, Endodontics, Periodontics, Oral Surgery, Emergency (Palliative), Simple Extractions, Space Maintainers, Anesthesia, and Surgical Extractions
Type III	Inlays/Onlays/Crowns, Dentures, Bridges, Other Prosthetics, and Simple Repairs
Type IV	Orthodontics

Note: Sealants and certain endodontic therapies are only covered for children ages 0-20.

Certain procedures within the broad categories outlined in Figure 3 are not covered or only covered following a prior authorization. Appendix 6 defines the covered benefits for the SFY 2021 RItE Smiles program separately for children ages 0-20 and children ages 21 and older.

Because of the difference in benefit package for children ages 21 and older, the estimated SFY 2021 RItE Smiles cost was developed separately from the children in the ages 16-20 rate cell. However, there will be limited enrollment of children age 21 in SFY 2021 (the first children will turn age 21 in May 2021). As a result, we have combined the estimated SFY 2021 cost for children ages 16-20 and 21 into a single rate cell.

While the historical ages 16-20 experience is utilized as the base data for both ages 16-20 and 21 and older, different adjustments are applied to each cohort. Appendix 1 through Appendix 4 illustrates the rate development separately for these ages. Figure 4 illustrates the combination of ages 16-21 into a single rate cell.

FIGURE 4: AGE 16-21 BLENDING

RATE CELL	MEMBER MONTHS	PMPM
Age 16-20	276,476	\$ 17.90
Age 21	329	12.66
Age 16-21	276,805	\$ 17.89

Note: Values have been rounded.

(ii) Rating period

The capitation rates are effective for the one-year rating period of July 1, 2020 through June 30, 2021.

(iii) Covered populations

EOHHS's Rlte Smiles program is mandatory for children born on or after May 1, 2000, who are enrolled in the Rhode Island Medicaid program.

(iv) Eligibility criteria

Most Medicaid beneficiaries meeting the requirements above are required to enroll in Rlte Smiles on a mandatory basis. The following children are excluded from the program and receive dental benefits through the state's fee-for-service system:

- Children who are born before May 1, 2000;
- Children with access to third party dental benefits;
- Children who reside in a nursing facility or Intermediate Care Facilities for the Developmentally Disabled; or
- Children who reside outside of the State of Rhode Island.

(v) Special contract provisions

This report contains documentation of the Rlte Smiles risk corridor arrangement. Please see Section I.4.C for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This report does not include a retroactive adjustment to the SFY 2020 capitation rates.

iii. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

iv. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

v. Effective dates

To the best of our knowledge, the effective dates of changes to the Rlte Smiles program are consistent with the assumptions used in the development of the preliminary SFY 2021 capitation rates.

vi. Medical loss ratio

Capitation rates were developed in such a way that a dental plan could reasonably achieve a medical loss ratio, as calculated under 42 CFR 438.8, of at least 85% for the rate year.

vii. Generally accepted actuarial practices and principles

(a) Reasonable, appropriate, and attainable

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs. To our knowledge, all reasonable, appropriate, and attainable costs have been included in the rate development.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The preliminary SFY 2021 capitation rates in this report illustrate the rates by rate cell. The SFY 2021 capitation rates will be adjusted based on the 2021 Health Insurer Fee attributable to the 2020 data year.

viii. Rate certification for effective time periods

The capitation rates are effective for the one-year rating period of July 1, 2020 through June 30, 2021.

ix. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

1. A contract amendment that does not affect the rates.
2. An increase or decrease of up to 1.5% in the capitation rate per rate cell.

In the cases listed above, a contract amendment must still be submitted to CMS.

B. APPROPRIATE DOCUMENTATION

i. Documentation of required elements

This report contains appropriate documentation of all elements, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

ii. Index

The index to this report is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this report continue to be provided, with an explanation of why they are not applicable.

iii. Different FMAP

The children enrolled in RItE Smiles are eligible either for the regular state FMAP or enhanced CHIP FMAP. The enhanced FMAP percentage for CHIP enrollees is not reflected in Figure 2.

iv. Comparison to final certified rates in the previous rate certification.

The previous rate certification applied to SFY 2020 capitation rates. A comparison to SFY 2020 certified rates by rate cell is provided in Figure 1. There are no material changes to the capitation rates that are not addressed in this report.

2. Data

This section provides information regarding the base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 1 and Appendix 2.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

We utilized base data files for the SFY 2016 through SFY 2018 incurred time periods with paid claim runout through December 31, 2018. EOHHS provided eligibility, capitation, encounter, and fee-for-service claim files for the SFY 2016 through SFY 2018 time periods. The remainder of this section details the base data and validation processes utilized in the preliminary SFY 2021 capitation rate development.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The primary data sources used in the development of the RItE Smiles rates are the following:

- Historical capitation and eligibility files provided by EOHHS,
- Encounter data submitted by the dental plan; and
- An MCO Survey completed for purposes of the capitation rate development.

Other sources, such as fee-for-service data, the RItE Smiles Risk Share Reporting (for risk corridor reconciliation), and File Submission Reports (used for encounter quality monitoring) were reviewed but not directly used in the RItE Smiles capitation rate development.

(ii) Age of the data

Encounter data served as the base experience in the capitation rate development process. The encounter data used in our rate development process reflected encounters incurred during SFY 2017 and SFY 2018 and paid through December 31, 2018.

For the purposes of trend development and analyzing emerging population enrollment patterns and claims experience, we reviewed encounter experience from SFY 2016 through SFY 2018. The additional encounter data was provided by EOHHS.

(iii) Data sources

The historical encounter data used for is the capitation rate development was submitted by the dental plan. The encounter data, eligibility and capitation payment data were provided to us by EOHHS for the purposes of developing the capitation rates.

The File Submission Reports, Risk Share Reports, and the MCO Survey were submitted by the dental plan to EOHHS, and EOHHS transferred this information to Milliman.

(iv) Sub-capitation

There were no sub-capitated encounter claims from the dental plan for the RItE Smiles program.

(b) Availability and quality of the data

(i) Steps taken to validate the data

The base experience used in the capitation rates relies on encounter data and MCO survey submitted to EOHHS by the RItE Smiles dental plan. Managed care eligibility is maintained by EOHHS. The actuary, participating dental plan, and EOHHS all play a role in validating the quality of encounter data used in the development of the capitation rates. The dental plan plays the initial role, collecting and summarizing data sent to the state. EOHHS focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. Additionally, we perform independent analysis of encounter data and MCO surveys to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area.

Completeness

The EOHHS Data Quality Team routinely reviews the completeness of the submitted encounter data:

- The dental plan is contractually required to submit claims for all billable services provided to Medicaid members.
- Plans submit a File Submission Report that is stratified by fiscal year. This report is required to reconcile to the plan's financials. The submitted encounter data is then compared to the Financial Summary report for completeness.

Additionally, Milliman applies several measures to the encounter data used in rate setting to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population and service category;
- Comparison against the File Submission Reports by population and service category;
- Comparison against the Risk Share Reports by population and service category; and,
- Comparison against the MCO surveys by population and service category.

We also summarize the encounter data to assess month to month completeness of the encounter data. These measures are applied to identify any months where encounter data volume is unusually large or small, indicating a potential issue with the submitted encounter data.

In addition, we reviewed each submission of the MCO Survey to identify large data variances, incomplete data, and other reporting issues.

Accuracy

The EOHHS Data Quality Team performs multiple edits to ensure the accuracy of the submitted encounter data:

- Encounters are required to pass all the edit and load criteria set out in the encounter companion guide, which are similar to the edits required for fee-for-service claims.
- The Data Quality Team meets on a bi-weekly basis to identify more nuanced errors in the data, such as encounter submission issues with specific services or for fields not specifically addressed by the automated edits.

We reviewed the accuracy of the encounter data by comparing expenditures to outside data sources including the File Submission Reports and MCO Survey submissions. We summarized the encounter data into an actuarial cost model format that is consistent with the format of the base experience illustrated in Appendix 1 and Appendix 2. Annual base period data summaries are created to ensure that the data for each service is consistent with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies service categories that may have unreasonable reported data.

Consistency of data across data sources

We performed a detailed review of the encounter data used in the development of the preliminary capitation rates effective July 1, 2020.

Assessing the encounter data for consistency with the MCO Survey was a critical part of the rate development process. We also reviewed the MCO Survey against the File Submission Reports and Risk Share Reports for consistency of expenditures across various data sources.

We reviewed enrollment records against capitation payment records, EOHHS internal counts, and the membership provided in each MCO's Risk Share Report.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by the Rhode Island Executive Office of Health and Human Services and their dental vendor. The values presented in this letter are dependent upon this reliance.

While there are areas for data improvement, as detailed in the Data concerns section below, we found the encounter data to be of appropriate quality for developing the preliminary SFY 2021 capitation rates.

(iii) Data concerns

Through discussions with EOHHS and review of the encounter data, we determined that the SFY 2017 and SFY 2018 encounter data was of sufficient quality for the development of the preliminary SFY 2021 capitation rates. We modified the base encounter data to remove encounters without a corresponding eligibility record or that are not covered in the RItE Smiles program. Figure 5 illustrates the expenditure reductions to the base data for SFY 2017 and SFY 2018.

FIGURE 5: IDENTIFIED DATA QUALITY CONCERNS

Descriptions	Description of Data Adjustment	SFY 2017 Impact	SFY 2018 Impact
Removal of experience from unmatched eligibility	Remove encounter experience for members that do not have a matching record in the eligibility data.	0.0%	0.0%
Removal of non-covered services	Remove expenditures for dental services covered out-of-plan.	0.1%	0.1%

Note: Less than \$1,000 was removed from each SFY for encounters without a matching eligibility record.

Additionally, during the rate development process we became aware that the age indicated on the capitation payment data was not always accurately populated. We worked with EOHHS to identify the best approach for assigning age to the member months utilized in rate development. As a result, we mapped on the member's age from the MMIS eligibility file to the capitation payment data to develop our exposure basis for rate setting. We have confirmed with EOHHS that this age assignment will be in alignment with the SFY 2021 rate cell assignment.

(c) Appropriate data

(i) Use of encounter and fee-for-service data

Managed care encounter data was used in the development of the capitation rates for all populations. The base data reflects the historical experience and covered services used by the covered populations.

(ii) Use of managed care encounter data

Managed care encounter data was the primary data source used in the development of the capitation rates.

(d) Reliance on a data book

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations. Appendix 1 and Appendix 2 illustrate the base data utilized for purposes of the preliminary SFY 2021 RItE Smiles capitation rate development.

iii. Data adjustments

Capitation rates were developed using SFY 2017 and SFY 2018 encounter data. Adjustments were made to the base experience for credibility, completion, and other program adjustments.

(a) Credibility adjustment

The base data used in the development of the preliminary SFY 2021 capitation rates was developed as a blend of the SFY 2017 and SFY 2018 encounter experience to enhance the credibility of the base data. A 70% weight was applied to the SFY 2018 encounter experience, and an accompanying 30% weight applied to the SFY 2017 encounter experience to estimate the composite base data. For the 0-2 rate cell, 100% weight was applied to the SFY 2018 Type I services due to observed increases in preventive dental services for the 0-2 rate cell. These increases began SFY 2018 and are a result of EOHHS initiatives to promote preventive and diagnostic pediatric dental services.

(b) Completion adjustment

The capitation rates are based on SFY 2017 and SFY 2018 experience. Encounter data is paid through December 31, 2018.

Completion factors were developed by reviewing the dental plan's estimate for incurred but not paid (IBNP) liability estimates and comparing to our estimated IBNP for the same time period. We reviewed the dental plan's estimates of IBNP for reasonableness and used them as the basis for the total IBNP for each month of incurred claims. We distributed the dental plan's IBNP estimates by service category types based on our review of the IBNP liability.

The monthly completion factors were applied to SFY 2017 and SFY 2018 experience to estimate the remaining claims liability for the base data. Results were aggregated into 12-month completion factors for each SFY. The claim completion factors applied to SFY 2017 and SFY 2018 data are illustrated by service category type in Figure 6.

FIGURE 6: COMPLETION FACTORS APPLIED TO EXPERIENCE DATA

Claims	Type I	Type II	Type III	Type IV
SFY 2017	1.0000	1.0000	1.0000	1.0001
SFY 2018	1.0014	1.0023	1.0029	1.0066

Because of the nominal SFY 2017 completion amount, this adjustment is not illustrated separately in Appendix 1. The completion adjustment is combined in the trend adjustments column in Appendix 1.

(c) Errors found in the data

We did not find significant errors in the data other than the issues previously described.

(d) Program change adjustments

We adjusted the capitation rates for program changes that have occurred in the RItE Smiles program since July 1, 2016, the beginning of the base experience period used in the capitation rate development. The impact on the total benefit expense is illustrated in the figures below.

- **Service Exclusion:** Effective July 1, 2018, EOHHS removed coverage for nutritional counseling (D1310) and oral hygiene instructions (D1330). Experience associated with these services was excluded from the base data to account for the program change.

FIGURE 7: ORAL HYGIENE EXCLUSION

Description	Description of Data Adjustment	Percent of SFY 2017 Experience	Percent of SFY 2018 Experience
Nutritional Counseling and Oral Hygiene Instructions Service Exclusion	Remove experience associated with excluded services.	4.7%	6.1%

- **Population Demographic Changes:** We applied adjustments to account for estimated population demographic differences between the base data (SFY 2017 and SFY 2018) and SFY 2021. Adjustments were applied to the Ages 16-20 rate cell to account for known population changes based on the incremental aging of the rate cell.

Because the RItE Smiles program includes children born on or after May 1, 2000, the oldest individual is 18 years old at the end of SFY 2018 and will be 21 years old at the end of SFY 2021. As previously discussed, the estimated cost of age 21 was developed separately from ages 16 to 20.

We estimated the impact of the age differences at a service category type (Type I through Type IV) based on age relativities observed in other Medicaid programs and the Milliman *Dental Cost Guidelines*. We compared the age distribution for SFY 2017 and SFY 2018 relative to the projected enrollment for SFY 2021 and corresponding age-based demographic changes. The population demographic factors used in the preliminary SFY 2021 capitation rates are illustrated in Figure 8 below.

FIGURE 8: DEMOGRAPHIC ADJUSTMENT

Program Change	Rate Cell	Category of Service	SFY 2017 Adjustment	SFY 2018 Adjustment
Population Demographic Changes	Age 16-20	Type I	0.7654	0.7984
Population Demographic Changes	Age 16-20	Type II	1.0440	0.9898
Population Demographic Changes	Age 16-20	Type III	1.1957	1.1129
Population Demographic Changes	Age 16-20	Type IV	0.8594	0.8775
Population Demographic Changes	Age 21	Type I	0.5054	0.5272
Population Demographic Changes	Age 21	Type II	0.9201	0.8724
Population Demographic Changes	Age 21	Type III	1.4963	1.3927
Population Demographic Changes	Age 21	Type IV	0.5003	0.5109

Additionally, the SFY 2017 data was adjusted to an SFY 2018 basis using utilization and cost per unit medical trends. The trend adjustments utilized are consistent with the prospective trend adjustments outlined in Section 1.3.B.iii.b. The SFY 2017 trend adjustment is illustrated in Appendix 1.

(e) Exclusion of payments or services from the data

Experience associated with nutritional counseling, oral hygiene counseling services, and non-covered dental services have been removed from the base data as discussed in Section 2.B.iii. No other exclusion of payments or services was applied to the data.

3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates.

A. RATE DEVELOPMENT STANDARDS

i. Final Capitation Rate Compliance

The capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-covered services were excluded from the capitation rate development process.

ii. Basis for Variation in Assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iii. Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iv. In Lieu Of Services

There are no in lieu of services provided as dental benefits for the RItE Smiles program. No adjustment was made to the base data for the provision of in-lieu-of services.

v. IMDs as an in lieu of service provider

There are no IMD claims provided as dental benefits for the RItE Smiles program. No adjustment was made to the base data for IMD services.

B. APPROPRIATE DOCUMENTATION

i. Projected Benefit Costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of Projected Benefit Costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries

The capitation rates were developed from historical claims and enrollment data from the RItE Smiles enrolled populations. This data consisted of SFY 2017 and SFY 2018 incurred encounter data submitted by the dental plan.

Step 2: Apply data quality adjustments

We applied data quality adjustments to the SFY 2017 and SFY 2018 incurred encounter data submitted by the dental plan. This process is outlined in Section I, item 2.B.iii.

Step 3: Blended base experience data

The SFY 2017 and SFY 2018 base experience period data was blended to represent the single data source for rate setting purposes and is illustrated in Appendix 3. Prior to blending the base experience data, the SFY 2017 experience was trended and adjusted to reflect a midpoint of January 1, 2018. The weight applied to each base data year is illustrated in the following figure.

FIGURE 9: RITE SMILES BASE EXPERIENCE BLENDING

SFY 2017	Age 0-2	Age 3-5	Age 6-10	Age 11-15	Age 16-20	Age 21
Type I	0%	30%	30%	30%	30%	30%
Type II	30%	30%	30%	30%	30%	30%
Type III	30%	30%	30%	30%	30%	30%
Type IV	30%	30%	30%	30%	30%	30%
Type VI	30%	30%	30%	30%	30%	30%
SFY 2018	Age 0-2	Age 3-5	Age 6-10	Age 11-15	Age 16-20	Age 21
Type I	100%	70%	70%	70%	70%	70%
Type II	70%	70%	70%	70%	70%	70%
Type III	70%	70%	70%	70%	70%	70%
Type IV	70%	70%	70%	70%	70%	70%
Type VI	70%	70%	70%	70%	70%	70%

Weighting was determined based on our review of the volatility of the base data. For the 0-2 rate cell, 100% weight was applied to the SFY 2018 Type I services due to observed increases in preventive dental services for the 0-2 rate cell. These increases began in SFY 2018 and are a result of EOHHS initiatives to promote preventive and diagnostic pediatric dental services.

Step 4: Membership projection

The Rite Smiles program includes children born on or after May 1, 2000. The oldest individual is 18 years old in SFY 2018 and will be 21 years old at the end of SFY 2021. In developing the projected enrollment for the preliminary SFY 2021 capitation rates, enrollment was projected based on an incrementally aging population to account for the eligibility age restrictions.

Step 5: Apply historical and other adjustments to cost summaries

As documented in the previous section, utilization and cost per service rates from the base experience period were adjusted for completion, trend, and certain program changes.

Step 6: Trend the base data to SFY 2021

Assumed trend factors were applied for 36 months to the adjusted utilization and unit cost values, or per member per month (PMPM) values, as appropriate, from the midpoint of the blended base experience period (January 1, 2018) to the midpoint of the rate period (January 1, 2021).

Step 7: Adjust for prospective program and policy changes and trend to SFY 2021

We adjusted the base experience for known policy and program changes that have occurred or are expected to be implemented between the base period and the end of the SFY 2021 rate period.

- Prior Authorization:** We applied adjustments to account for estimated change in utilization due to the removal of prior authorization requirements for crowns services for children ages 0 to 20. The estimated increase in utilization was estimated to be 10% based on the Milliman *Dental Cost Guidelines* and experience in other Medicaid managed care dental programs.

FIGURE 10: PMPM INCREASE IN CROWNS SERVICE COST FROM REMOVAL OF PRIOR AUTHORIZATION

Rate Cell	Impact of Implementing Prior Authorization Change
Age 0-2	\$ 0.00
Age 3-5	0.00
Age 6-10	0.00
Age 11-15	0.02
Age 16-20	0.05
Age 21	0.00

Figure 10 illustrates the PMPM impact by rate cell of the prior authorization adjustment for crowns. This adjustment is applied in the program adjustments column of Appendix 4.

Prior authorization changes will also be applied to other covered services; however, the utilization change for these services was estimated to be immaterial because of the limited expenditures associated with these services in the base data. Examples of services with a change in prior authorization requirements includes gingivectomies and periodontal maintenance.

- **Non-Covered Benefit:** The covered services in the Rlte Smiles program differs for children ages 0 to 20 and children ages 21 and older. We removed services not covered for children ages 21 and over from the base data in the development of the estimated SFY 2021 benefit cost for children age 21. All expenditures in the base data for these services were associated with sealants and certain endodontic therapies. Figure 11 illustrates the reduction to the estimated SFY 2021 benefit cost for children age 21 attributable to not covering these services.

FIGURE 11: NON-COVERED SERVICES FOR AGE 21

Rate Cell	Sealants (D1351)	Endodontic Therapies (D3320 and D3330)
Age 21	\$ 0.31	\$ 0.57

This adjustment is applied in the program adjustments column of Appendix 4.

- **Added Benefits:** Silver diamine fluoride, immediate and relined dentures, and oral surgery procedures D7270 (Tooth reimplantation) and D7960 (Frenulectomy) are new benefits for the Rlte Smiles program effective July 1, 2020. Figure 12 illustrates the estimated SFY 2021 PMPM cost of these benefits by age.

FIGURE 12: ADDED BENEFITS

Rate Cell	Silver Diamine Fluoride	Immediate and Relined Dentures	Oral Surgery
Age 0-2	\$ 0.01	\$ 0.00	\$ 0.03
Age 3-5	0.05	0.00	0.01
Age 6-10	0.03	0.00	0.02
Age 11-15	0.01	0.00	0.02
Age 16-20	0.01	0.00	0.03
Age 21	0.00	0.05	0.03
Composite	\$ 0.02	\$ 0.00	\$ 0.02

The inclusion of the above PMPM costs is illustrated in Appendix 5, with the age 16-20 and age 21 values composited to a single rate cell.

(b) Material changes to the data, assumptions, and methodologies

The data sources, assumptions, and methodologies utilized in the development of the projected benefit costs for the preliminary SFY 2021 capitation rate setting is generally consistent with prior rate settings. This report outlines the techniques and assumptions utilized in the preliminary SFY 2021 capitation rate development.

(c) Overpayments to providers

We did not observe nor are we aware of any overpayments to providers.

iii. Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2017 and SFY 2018) to the SFY 2021 rating period of this report. We evaluated prospective trend rates using historical experience for the RItE Smiles program, as well as external data sources.

(a) Required elements

(i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included three years of cost and utilization experience, from SFY 2016 through the base experience data period (SFY 2018).

External data sources that were referenced for evaluating trend rates developed from EOHHS data include:

- National Health Expenditure (NHE) projections developed by the CMS office of the actuary², specifically those related to Medicaid. Please note that as these are expenditure projections, projected growth reflects not only unit cost and utilization, but also aggregate enrollment growth and enrollment mix changes such as aging. For trends used in this report, we are interested only in unit cost and utilization trends, so in general, our combinations of unit cost and utilization trends should be lower than NHE trends.
- Other sources: We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2021). Historical utilization and per member per month cost data was stratified by month, rate cell, and service category for purposes of trend development.

We reviewed multiple regression models, month-over-month, and year-over year trends when developing the prospective trend estimates. The resulting utilization per 1,000 and PMPM data points were compared to historical experience, internal sources from other managed care programs, and national Medicaid cost projections. We used the resulting analysis, along with actuarial judgment, to estimate the prospective trend rates for the period from the midpoint of the base period to the midpoint of the rating period.

(iii) Comparisons

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not explicitly rely on the historical encounter data trend experience due to anomalies observed in the historical trend data. We referred to the sources listed in the prior section as well as considered changing practice patterns, the impact of reimbursement changes on utilization in the RItE Smiles population, and shifting population mix.

² <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>

(iv) Chosen trend rates

The trend rates selected are illustrated below in Section I.3.B.iii.b. There were no outlier trends or negative trends.

(b) Benefit cost trend components

Figure 13 illustrates the utilization component of the trend by rate cell and service category type. The utilization component includes the trend in number of units. The composite annual utilization trend across all service types and ages is 1.2%.

FIGURE 13: ANNUALIZED UTILIZATION TREND ASSUMPTIONS

Population	Type I	Type II	Type III	Type IV
Age 0-2	2.0%	1.0%	0.5%	0.0%
Age 3-5	1.5%	1.0%	0.5%	0.0%
Age 6-10	1.5%	1.0%	0.5%	0.5%
Age 11-15	2.0%	1.0%	1.0%	0.5%
Age 16-20	2.0%	1.0%	1.0%	0.5%
Age 21	2.0%	1.0%	1.0%	0.5%

Figure 14 illustrates the unit cost component of the trend by rate cell and service category type. The composite annual unit cost trend across all service types and ages is 1.7%.

FIGURE 14: ANNUALIZED UNIT COST TREND ASSUMPTIONS

Population	Type I	Type II	Type III	Type IV
Age 0-2	1.5%	2.5%	1.5%	0.0%
Age 3-5	1.5%	2.5%	1.5%	0.0%
Age 6-10	1.5%	2.5%	1.5%	1.5%
Age 11-15	1.0%	2.5%	2.0%	1.5%
Age 16-20	1.0%	2.5%	2.0%	1.5%
Age 21	1.0%	2.5%	2.0%	1.5%

(c) Variation**(i) Medicaid populations**

To limit the variation in benefit cost that is present across the Medicaid population as a whole, we developed trends by rate cell and major service category type. Minor trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

(ii) Rate cells

Trend rates were developed at the rate cell level.

(iii) Subsets of benefits within a category of services

We did not review subsets of the categories of service to develop the projected trend estimates. All services within a service category type receive the same trend.

(d) Material adjustments

We made adjustments to the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources. For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the other sources identified to develop prospective trend.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

iv. Mental Health Parity and Addiction Equity Act Service Adjustment

The projected benefit cost do not include any services deemed by the state to be necessary to accommodate parity compliance.

v. In Lieu of Services

There are no in lieu of services provided as dental benefits for the RItE Smiles program. No adjustment was made to the base data for the provision of in-lieu-of services.

vi. Retrospective Eligibility Periods

(a) MCO responsibility

The dental plan is not responsible for retrospective eligibility periods. Coverage in RItE Smiles does not begin until a member is enrolled in the program.

(b) Claims treatment

The dental plan is not responsible for claims incurred before enrollment in RItE Smiles. The base data experience is consistent with this requirement.

(c) Enrollment treatment

Enrollment is treated consistently with claims. We have not included retrospective eligibility in the base experience period.

(d) Adjustments

No explicit adjustment was applied for the preliminary SFY 2021 capitation rate setting.

vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the July 2019 through June 2020 rating period.

(a) Change to covered benefits

As previously discussed, children age 21 and over are not eligible for sealants and certain endodontic therapies. We removed the cost of non-covered services for children age 21 in the development of the estimated SFY 2021 benefit cost for those children. Additionally, silver diamine fluoride, immediate and relined dentures, and oral surgery procedures were added as covered benefits.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries is reflected in the base period encounter data. The dental plan indicated in their MCO Survey response that there were no additional recoveries of overpayments not reflected in the encounter data.

(c) Change to payment requirements

There were no material changes to requirements for provider payment compared to the previous certification.

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of Material Changes

Material changes to covered benefits have been described in Section I, item 2.B.iii Program Change Adjustments. This information includes the data, assumptions, and methodology used in developing the adjustment, estimated impact by population, and aggregate impact on the managed care program's benefit expense.

4. Special Contract Provisions Related to Payment

A. INCENTIVE ARRANGEMENTS

i. Rate Development Standards

There are no incentive payments for these capitation rates.

B. WITHHOLD ARRANGEMENTS

i. Rate Development Standards

There are no withhold amounts for these capitation rates.

C. RISK SHARING MECHANISMS

i. Rate Development Standards

This section provides documentation of the risk-sharing mechanisms in the Rite Smiles program.

ii. Appropriate Documentation

(a) Description of Risk-sharing Mechanism

The Rite Smiles program includes a risk corridor program in SFY 2021.

(i) Risk sharing rationale

Consistent with the remainder of the Rhode Island Medicaid managed care program, the Rite Smiles risk corridor addresses potential claims volatility and other risk factors for the dental plan.

(ii) Risk sharing implementation

The risk-sharing arrangement will be maintained in SFY 2021. The risk corridors parameters for the SFY 2021 contract year are included in the table below.

FIGURE 15: RITE SMILES RISK COORIDOR STRUCTURE

Risk Sharing Provisions	Plan Share of Expenses	State Share of Expenses
Where Dental Expense is between Baseline and 101.0% of Baseline	100%	0%
Where Dental Expense is between 101.0% of Baseline and 104.0% of Baseline	40%	60%
Where Dental Expense is greater than 104.0% of Baseline	10%	90%

Gain Sharing Provisions	Plan Share of Gain	State Share of Gain
Where Dental Expense is between Baseline and 99.0% of Baseline	100%	0%
Where Dental Expense is between 96.0% of Baseline and 99.0% of Baseline	40%	60%
Where Dental Expense is less than 96.0% of Baseline	10%	90%

Notes:

1. The Baseline amount reflects the dental benefit expense component of the SFY 2021 capitation rates for each rate cell.
2. Gain/Risk sharing amounts are calculated in aggregate for all rate cells.

(b) Medical Loss Ratio

(i) Methodology

The medical loss ratio for SFY 2021 will be reported to CMS in accordance with 42 CFR 438.8.

(ii) Formula for Remittance/Payment

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

(iii) Financial consequences

There are no financial consequences associated with MLR requirements.

(c) Reinsurance Requirements and Effect on Capitation Rates

No explicit adjustment was made to the capitation rates for the presence of reinsurance because of the minimal impact on the dental benefit.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

i. Rate Development Standards

There are no delivery system and provider payment initiatives assumed to impact the preliminary SFY 2021 capitation rate development.

ii. Appropriate Documentation

There are no delivery system and provider payment initiatives assumed to impact the preliminary SFY 2021 capitation rate development.

E. PASS-THROUGH PAYMENTS

i. Rate Development Standards

There are no pass-through payments reflected in the preliminary SFY 2021 capitation rates.

ii. Appropriate Documentation

There are no pass-through payments reflected in the preliminary SFY 2021 capitation rates.

5. Projected non-benefit costs

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to dental plan's operation of the Rlte Smiles program.

The remainder of Section I, item 5 provides documentation of the data, assumptions and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

ii. PMPM versus percentage

Administrative expenses, risk margin, and premium tax were developed as a percentage of the capitation rate.

iii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iv. Health insurance providers fee

Detail regarding the health insurance providers fee is provided in Section I, item 5.B.iii below.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

DATA

The following items were considered in determining the appropriate administrative payment for the Rlte Smiles program:

- Administrative requirements as specified in the contract;
- Dental plan financial information reported to EOHHS;
- Historical administrative efficiency in relation to industry norms by expense category;
- Average administrative costs from the financial statements of Medicaid dental plans nationally; and,
- Base claims cost.

ASSUMPTIONS AND METHODOLOGY

In developing the administrative costs, we reviewed administrative expenses reported for the Rlte Smiles program along with national Medicaid dental plan administrative expenses. We considered the size of Rlte Smiles program and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of the Rlte Smiles population.

We requested current and projected administrative expenses for the Rlte Smiles program. The data we received suggested \$1.29 PMPM for SFY 2019 administrative expenses, excluding any taxes or fees. This amount is within the range of administrative loads for similar programs.

The SFY 2019 administrative cost estimate for the Rlte Smiles program was utilized as the basis for the SFY 2021 administrative cost load. The SFY 2019 amount was trended by 2.0% annually to SFY 2021 and then distributed on a percentage basis to the rate cells covered under the Rlte Smiles program. The resulting administrative load is 7.0%.

(b) Material changes

There are no material changes to the data, assumptions, or methodology used to develop the projected non-benefit cost since the last rate certification.

(c) Other material adjustments

A 2.0% risk margin and 2.0% premium tax load are included in the non-benefit expense load.

ii. Non-benefit costs, by cost category

Figure 16 illustrates the SFY 2020 non-benefit expense components calculated as a percentage of capitation rate.

FIGURE 16: RITE SMILES NON-BENEFIT EXPENSE

Population	Administrative Cost	Risk Margin	Premium Tax
Age 0-2	7.0%	2.0%	2.0%
Age 3-5	7.0%	2.0%	2.0%
Age 6-10	7.0%	2.0%	2.0%
Age 11-15	7.0%	2.0%	2.0%
Age 16-21	7.0%	2.0%	2.0%

iii. Health insurance providers fee

(a) Whether the fee is incorporated in the rates

EOHHS recognizes the need to fund payments related to the ACA health insurer fee (HIF) for MCOs subject to the HIPF. To the extent a HIPF liability is incurred by a dental plan for the RItE Smiles program, EOHHS intends to pay the assessment through a retroactive adjustment to the capitation rates. The capitation adjustment will be grossed up for the associated corporate income and state taxes. The amount of the adjustment will be calculated based on the applicable HIPF tax rate (as a percentage of earned premium reported on Form 8963) for the dental plan's parent company, multiplied by the calculated Rhode Island Medicaid premium revenue received by the dental plan that is subject to the HIPF.

(b) Fee year or data year

The HIF is calculated based on the data year. The adjusted SFY 2021 rates will be based on the 2021 HIF attributable to the 2020 data year.

(c) Determination of fee impact to rates

The calculation of the fee will be based on the final Form 8963 premium amounts reported by the dental plan, aggregate HIF premium base, final IRS invoices provided to the dental plan subject to the HIF, Form 8963 premium amounts attributable to EOHHS, data year HIF tax percentage, and adjustments for premium revenue based on benefits described in 26 CFR 57.2(h)(2)(ix). Final fee amounts are adjusted for applicable fees and taxes that are applied to EOHHS capitation rate revenue (documented in the non-benefit expense section of this report).

(d) Timing of adjustment for health insurance providers fee

The SFY 2021 capitation rates will be amended based on the 2021 HIF attributable to the 2020 data year. We anticipate developing the rate adjustment in the last quarter of calendar year 2021. The 2022 HIF attributable to the 2021 data year (which will include six months of SFY 2021) is intended to be paid via an adjustment to the SFY 2022 RItE Smiles capitation rates.

(e) Identification of long-term care benefits

No portion of the RItE Smiles capitation rate is estimated to be attributable to long-term care benefits.

(f) Application of health insurance providers fee in 2014, 2015, and 2016 capitation rates

The prior capitation rates were certified by another actuarial firm. The application of HIF in prior capitation rates can be found in prior certification materials.

6. Risk Adjustment and Acuity Adjustments

This section provides information on the risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

There are no risk adjustments for these capitation rates.

Section II. RItE Smiles rates with long-term services and supports

Section II of the CMS Guide is not applicable to the RItE Smiles program. Managed long-term services and supports (MLTSS) populations are excluded from the RItE Smiles program.

Section III. New adult group capitation rates

Section III of the CMS Medicaid Managed Care Rate Development Guide is not applicable to the RItE Smiles program.

Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation for the development of the preliminary state fiscal year (SFY) 2021 capitation rates for the Rhode Island RItE Smiles program. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with the Center for Medicare and Medicaid Services (CMS) and dental plans submitting bids for the SFY 2021 RItE Smiles contract. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has relied upon certain data and information provided by EOHHS and the RItE Smiles dental plan in the development of the enclosures to this report. Milliman has relied upon EOHHS and UCHNE for the accuracy of the data and accept it without audit. To the extent that the data provided is not accurate, the capitation rate development would need to be modified to reflect revised information.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated June 10, 2019.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Appendix 1: SFY 2017 Base Data Development

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Retrospective Rate Development Model - SFY2017

Rate Call: Age 0-2	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 212,519	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 0.84	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.01	\$ 0.87
I-X-Rays	0.04	-	-	-	-	0.04
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	1.12	-	-	0.02	0.02	1.16
I-Fluoride	0.94	-	-	0.02	0.01	0.97
I-Sealants	-	-	-	-	-	-
I-Other	-	-	-	-	-	-
Subtotal Type I	\$ 2.94					\$ 3.04
Type II						
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	0.27	-	-	-	0.01	0.28
II-Endodontics	0.03	-	-	-	-	0.03
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.12	-	-	-	-	0.12
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	-	-	-	-	-	-
II-Anesthesia	-	-	-	-	-	-
II-Other	0.11	-	-	-	-	0.11
Subtotal Type II	\$ 0.53					\$ 0.54
Type III						
III-Inlays/Onlays/Crowns	\$ 0.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.16
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.16					\$ 0.16
Type IV						
IV-Orthodontics	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Type IV	\$ 0.00					\$ 0.00
Total Medical Costs	\$ 3.63					\$ 3.74

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Retrospective Rate Development Model - SFY2017

Rate Cell: Age 3-5	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 220,120	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.66	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	\$ 1.71
I-X-Rays	0.75	-	-	0.01	0.01	0.77
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	2.75	-	-	0.04	0.04	2.83
I-Fluoride	2.14	-	-	0.03	0.03	2.20
I-Sealants	0.08	-	-	-	-	0.08
I-Other	0.02	-	-	-	-	0.02
Subtotal Type I	\$ 7.40					\$ 7.61
Type II						
II-Space Maintainers	\$ 0.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.21
II-Restorations	2.64	-	-	0.03	0.06	2.73
II-Endodontics	0.56	-	-	0.01	0.01	0.58
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.56	-	-	0.01	0.01	0.58
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	0.01	-	-	-	-	0.01
II-Anesthesia	0.17	-	-	-	0.01	0.18
II-Other	0.64	-	-	0.01	0.01	0.66
Subtotal Type II	\$ 4.78					\$ 4.95
Type III						
III-Inlays/Onlays/Crowns	\$ 1.89	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.03	\$ 1.93
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 1.89					\$ 1.93
Type IV						
IV-Orthodontics	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Type IV	\$ 0.00					\$ 0.00
Total Medical Costs	\$ 14.07					\$ 14.49

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Rate Cell: Age 6-10	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 370,922	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.64	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	\$ 1.69
I-X-Rays	1.35	-	-	0.02	0.02	1.39
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	3.06	-	-	0.05	0.04	3.15
I-Fluoride	2.34	-	-	0.04	0.03	2.41
I-Sealants	1.15	-	-	0.02	0.01	1.18
I-Other	0.06	-	-	-	-	0.06
Subtotal Type I	\$ 9.60					\$ 9.88
Type II						
II-Space Maintainers	\$ 0.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.51
II-Restorations	3.56	-	-	0.04	0.09	3.69
II-Endodontics	0.36	-	-	-	0.01	0.37
II-Periodontics	0.01	-	-	-	-	0.01
II-Simple Extractions	1.01	-	-	0.01	0.03	1.05
II-Surgical Extractions	0.02	-	-	-	-	0.02
II-Oral Surgery	0.02	-	-	-	-	0.02
II-Emergency (Palliative)	0.02	-	-	-	-	0.02
II-Anesthesia	0.22	-	-	-	0.01	0.23
II-Other	0.31	-	-	-	0.01	0.32
Subtotal Type II	\$ 6.02					\$ 6.24
Type III						
III-Inlays/Onlays/Crowns	\$ 0.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.82
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.80					\$ 0.82
Type IV						
IV-Orthodontics	\$ 2.46	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.04	\$ 2.51
Subtotal Type IV	\$ 2.46					\$ 2.51
Total Medical Costs	\$ 18.88					\$ 19.45

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Rate Cell Age 11-15	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 337,996	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.32	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.01	\$ 1.36
I-X-Rays	1.33	-	-	0.03	0.01	1.37
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	2.74	-	-	0.05	0.03	2.82
I-Fluoride	1.98	-	-	0.04	0.02	2.04
I-Sealants	1.07	-	-	0.02	0.01	1.10
I-Other	0.09	-	-	-	-	0.09
Subtotal Type I	\$ 8.54					\$ 8.79
Type II						
II-Space Maintainers	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.08
II-Restorations	3.03	-	-	0.03	0.08	3.14
II-Endodontics	0.31	-	-	-	0.01	0.32
II-Periodontics	0.07	-	-	-	-	0.07
II-Simple Extractions	0.56	-	-	0.01	0.01	0.58
II-Surgical Extractions	0.20	-	-	-	0.01	0.21
II-Oral Surgery	0.13	-	-	-	-	0.13
II-Emergency (Palliative)	0.03	-	-	-	-	0.03
II-Anesthesia	0.06	-	-	-	-	0.06
II-Other	0.12	-	-	-	-	0.12
Subtotal Type II	\$ 4.59					\$ 4.74
Type III						
III-Inlays/Onlays/Crowns	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.10
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.04	-	-	-	-	0.04
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.14					\$ 0.14
Type IV						
IV-Orthodontics	\$ 8.11	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.12	\$ 8.27
Subtotal Type IV	\$ 8.11					\$ 8.27
Total Medical Costs	\$ 21.38					\$ 21.94

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Rate Cell: Age 16-20	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 41,798						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.21	\$ (0.28)	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.95
I-X-Rays	1.42	(0.33)	-	0.02	0.01	1.12
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	2.60	(0.61)	-	0.04	0.02	2.05
I-Fluoride	1.64	(0.38)	-	0.02	0.01	1.29
I-Sealants	0.62	(0.15)	-	0.01	0.01	0.49
I-Other	0.05	(0.01)	-	-	-	0.04
Subtotal Type I	\$ 7.54					\$ 5.94
Type II						
II-Space Maintainers	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02
II-Restorations	3.84	0.17	-	0.04	0.10	4.15
II-Endodontics	0.75	0.03	-	0.01	0.02	0.81
II-Periodontics	0.10	-	-	0.01	-	0.11
II-Simple Extractions	0.16	0.01	-	-	-	0.17
II-Surgical Extractions	1.03	0.05	-	0.01	0.02	1.11
II-Oral Surgery	0.10	-	-	0.01	-	0.11
II-Emergency (Palliative)	0.04	-	-	-	-	0.04
II-Anesthesia	0.08	-	-	-	0.01	0.09
II-Other	0.15	0.01	-	-	-	0.16
Subtotal Type II	\$ 6.27					\$ 6.77
Type III						
III-Inlays/Onlays/Crowns	\$ 0.26	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.32
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.10	0.02	-	-	-	0.12
III-Dentures	0.03	0.01	-	-	-	0.04
III-Bridges	0.07	0.01	-	-	0.01	0.09
Subtotal Type III	\$ 0.46					\$ 0.57
Type IV						
IV-Orthodontics	\$ 4.15	\$ (0.58)	\$ 0.00	\$ 0.01	\$ 0.06	\$ 3.64
Subtotal Type IV	\$ 4.15					\$ 3.64
Total Medical Costs	\$ 18.42					\$ 16.92

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Rate Cell Age 21	SFY 2017 Base Experience	Demographic Adjustments	Trend Adjustments	Adjusted Base Experience		
Member Months: 41,798	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.21	\$ (0.60)	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.63
I-X-Rays	1.42	(0.70)	-	0.01	0.01	0.74
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	2.60	(1.29)	-	0.03	0.01	1.35
I-Fluoride	1.64	(0.81)	-	0.02	-	0.85
I-Sealants	0.62	(0.31)	-	0.01	-	0.32
I-Other	0.05	(0.02)	-	-	-	0.03
Subtotal Type I	\$ 7.54					\$ 3.92
Type II						
II-Space Maintainers	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02
II-Restorations	3.84	(0.31)	-	0.04	0.09	3.66
II-Endodontics	0.75	(0.06)	-	0.01	0.01	0.71
II-Periodontics	0.10	(0.01)	-	-	0.01	0.10
II-Simple Extractions	0.16	(0.01)	-	-	-	0.15
II-Surgical Extractions	1.03	(0.08)	-	0.01	0.02	0.98
II-Oral Surgery	0.10	(0.01)	-	-	0.01	0.10
II-Emergency (Palliative)	0.04	-	-	-	-	0.04
II-Anesthesia	0.08	(0.01)	-	-	0.01	0.08
II-Other	0.15	(0.01)	-	-	-	0.14
Subtotal Type II	\$ 6.27					\$ 5.98
Type III						
III-Inlays/Onlays/Crowns	\$ 0.26	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.40
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.10	0.05	-	-	-	0.15
III-Dentures	0.03	0.01	-	0.01	-	0.05
III-Bridges	0.07	0.03	-	0.01	-	0.11
Subtotal Type III	\$ 0.46					\$ 0.71
Type IV						
IV-Orthodontics	\$ 4.15	\$ (2.07)	\$ 0.00	\$ 0.01	\$ 0.03	\$ 2.12
Subtotal Type IV	\$ 4.15					\$ 2.12
Total Medical Costs	\$ 18.42					\$ 12.73

Appendix 2: SFY 2018 Base Data Development

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Rate Cell: Age 0-2	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 221,608	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 0.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.90
I-X-Rays	0.04	-	-	-	-	0.04
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	1.28	-	-	-	-	1.28
I-Fluoride	1.02	-	-	-	-	1.02
I-Sealants	-	-	-	-	-	-
I-Other	0.01	-	-	-	-	0.01
Subtotal Type I	\$ 3.25					\$ 3.25
Type II						
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	0.21	-	-	-	-	0.21
II-Endodontics	0.04	-	-	-	-	0.04
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.08	-	-	-	-	0.08
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	-	-	-	-	-	-
II-Anesthesia	-	-	-	-	-	-
II-Other	0.09	-	-	-	-	0.09
Subtotal Type II	\$ 0.42					\$ 0.42
Type III						
III-Inlays/Onlays/Crowns	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.13
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.13					\$ 0.13
Type IV						
IV-Orthodontics	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Type IV	\$ 0.00					\$ 0.00
Total Medical Costs	\$ 3.80					\$ 3.80

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Rate Cell: Age 3-5	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 231,957	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.69
I-X-Rays	0.79	-	-	-	-	0.79
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	2.74	-	-	-	-	2.74
I-Fluoride	2.13	-	-	-	-	2.13
I-Sealants	0.07	-	-	-	-	0.07
I-Other	0.02	-	-	-	-	0.02
Subtotal Type I	\$ 7.44					\$ 7.44
Type II						
II-Space Maintainers	\$ 0.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.18
II-Restorations	2.58	-	-	0.01	-	2.59
II-Endodontics	0.56	-	-	-	-	0.56
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.54	-	-	-	-	0.54
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	0.01	-	-	-	-	0.01
II-Anesthesia	0.18	-	-	-	-	0.18
II-Other	0.54	-	-	-	-	0.54
Subtotal Type II	\$ 4.59					\$ 4.60
Type III						
III-Inlays/Onlays/Crowns	\$ 1.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.59
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 1.59					\$ 1.59
Type IV						
IV-Orthodontics	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01
Subtotal Type IV	\$ 0.01					\$ 0.01
Total Medical Costs	\$ 13.63					\$ 13.64

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Rate Cell	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 376,487	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.72
I-X-Rays	1.43	-	-	-	-	1.43
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	3.07	-	-	-	-	3.07
I-Fluoride	2.36	-	-	-	-	2.36
I-Sealants	1.13	-	-	-	-	1.13
I-Other	0.07	-	-	-	-	0.07
Subtotal Type I	\$ 9.78					\$ 9.78
Type II						
II-Space Maintainers	\$ 0.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.52
II-Restorations	3.39	-	-	0.01	-	3.40
II-Endodontics	0.41	-	-	-	-	0.41
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	1.16	-	-	-	-	1.16
II-Surgical Extractions	0.02	-	-	-	-	0.02
II-Oral Surgery	0.02	-	-	-	-	0.02
II-Emergency (Palliative)	0.02	-	-	-	-	0.02
II-Anesthesia	0.27	-	-	-	-	0.27
II-Other	0.27	-	-	-	-	0.27
Subtotal Type II	\$ 6.08					\$ 6.09
Type III						
III-Inlays/Onlays/Crowns	\$ 0.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.78
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.01	-	-	-	-	0.01
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.79					\$ 0.79
Type IV						
IV-Orthodontics	\$ 2.36	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.00	\$ 2.38
Subtotal Type IV	\$ 2.36					\$ 2.38
Total Medical Costs	\$ 19.01					\$ 19.04

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Rate Cell: Age 11-15	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 351,972	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.40
I-X-Rays	1.46	-	-	-	-	1.46
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	2.78	-	-	-	-	2.78
I-Fluoride	2.01	-	-	-	-	2.01
I-Sealants	1.04	-	-	-	-	1.04
I-Other	0.09	-	-	-	-	0.09
Subtotal Type I	\$ 8.79					\$ 8.79
Type II						
II-Space Maintainers	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09
II-Restorations	2.86	-	-	0.01	-	2.87
II-Endodontics	0.40	-	-	-	-	0.40
II-Periodontics	0.04	-	-	-	-	0.04
II-Simple Extractions	0.63	-	-	-	-	0.63
II-Surgical Extractions	0.19	-	-	-	-	0.19
II-Oral Surgery	0.18	-	-	-	-	0.18
II-Emergency (Palliative)	0.03	-	-	-	-	0.03
II-Anesthesia	0.07	-	-	-	-	0.07
II-Other	0.11	-	-	-	-	0.11
Subtotal Type II	\$ 4.60					\$ 4.61
Type III						
III-Inlays/Onlays/Crowns	\$ 0.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.23
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.06	-	-	-	-	0.06
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.29					\$ 0.29
Type IV						
IV-Orthodontics	\$ 6.85	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.00	\$ 6.90
Subtotal Type IV	\$ 6.85					\$ 6.90
Total Medical Costs	\$ 20.53					\$ 20.59

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Rate Cell: Age 16-20	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 110,813	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.23	\$(0.25)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.98
I-X-Rays	1.54	(0.31)	-	-	-	1.23
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	2.54	(0.51)	-	-	-	2.03
I-Fluoride	1.60	(0.32)	-	-	-	1.28
I-Sealants	0.49	(0.10)	-	-	-	0.39
I-Other	0.05	(0.01)	-	-	-	0.04
Subtotal Type I	\$ 7.46					\$ 5.96
Type II						
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	3.39	(0.03)	-	-	-	3.36
II-Endodontics	0.70	(0.01)	-	-	-	0.69
II-Periodontics	0.09	-	-	-	-	0.09
II-Simple Extractions	0.19	-	-	-	-	0.19
II-Surgical Extractions	1.60	(0.02)	-	0.01	-	1.59
II-Oral Surgery	0.04	-	-	-	-	0.04
II-Emergency (Palliative)	0.04	-	-	-	-	0.04
II-Anesthesia	0.11	-	-	-	-	0.11
II-Other	0.21	-	-	-	-	0.21
Subtotal Type II	\$ 6.37					\$ 6.32
Type III						
III-Inlays/Onlays/Crowns	\$ 0.42	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.47
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.13	0.01	-	0.01	-	0.15
III-Dentures	0.02	-	-	-	-	0.02
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.57					\$ 0.64
Type IV						
IV-Orthodontics	\$ 3.56	\$(0.44)	\$ 0.00	\$ 0.02	\$ 0.00	\$ 3.14
Subtotal Type IV	\$ 3.56					\$ 3.14
Total Medical Costs	\$ 17.96					\$ 16.06

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Rate Cell: Age 21	SFY 2018 Base Experience	Demographic Adjustments	Incomplete Data Adjustments	Adjusted Base Experience		
Member Months: 110,813	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.23	\$ (0.58)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.65
I-X-Rays	1.54	(0.73)	-	-	-	0.81
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	2.54	(1.20)	-	-	-	1.34
I-Fluoride	1.60	(0.76)	-	-	-	0.84
I-Sealants	0.49	(0.23)	-	-	-	0.26
I-Other	0.05	(0.02)	-	-	-	0.03
Subtotal Type I	\$ 7.46					\$ 3.94
Type II						
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	3.39	(0.43)	-	-	-	2.96
II-Endodontics	0.70	(0.09)	-	-	-	0.61
II-Periodontics	0.09	(0.01)	-	-	-	0.08
II-Simple Extractions	0.19	(0.02)	-	-	-	0.17
II-Surgical Extractions	1.60	(0.20)	-	-	-	1.40
II-Oral Surgery	0.04	(0.01)	-	-	-	0.03
II-Emergency (Palliative)	0.04	(0.01)	-	-	-	0.03
II-Anesthesia	0.11	(0.01)	-	-	-	0.10
II-Other	0.21	(0.03)	-	-	-	0.18
Subtotal Type II	\$ 6.37					\$ 5.56
Type III						
III-Inlays/Onlays/Crowns	\$ 0.42	\$ 0.16	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.59
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.13	0.05	-	-	-	0.18
III-Dentures	0.02	0.01	-	-	-	0.03
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.57					\$ 0.80
Type IV						
IV-Orthodontics	\$ 3.56	\$ (1.74)	\$ 0.00	\$ 0.01	\$ 0.00	\$ 1.83
Subtotal Type IV	\$ 3.56					\$ 1.83
Total Medical Costs	\$ 17.96					\$ 12.13

Appendix 3: SFY 2017 and SFY 2018 Base Data Blending

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Dental Capitation Rate Development
Rlte Smiles Dental Program
Base Data Blending

Rate Cell: Age 0-2	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 0.87	\$ 0.90	\$ 0.90
I-X-Rays	0.04	0.04	0.04
I-Lab and Other Tests	-	-	-
I-Prophylaxis	1.16	1.28	1.28
I-Fluoride	0.97	1.02	1.02
I-Sealants	-	-	-
I-Other	-	0.01	0.01
Subtotal Type I	\$ 3.04	\$ 3.25	\$ 3.25
Type II			
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	0.28	0.21	0.23
II-Endodontics	0.03	0.04	0.04
II-Periodontics	-	-	-
II-Simple Extractions	0.12	0.08	0.10
II-Surgical Extractions	-	-	-
II-Oral Surgery	-	-	-
II-Emergency (Palliative)	-	-	-
II-Anesthesia	-	-	-
II-Other	0.11	0.09	0.09
Subtotal Type II	\$ 0.54	\$ 0.42	\$ 0.46
Type III			
III-Inlays/Onlays/Crowns	\$ 0.16	\$ 0.13	\$ 0.14
III-Repair (Simple)	-	-	-
III-Other Prosthetics	-	-	-
III-Dentures	-	-	-
III-Bridges	-	-	-
Subtotal Type III	\$ 0.16	\$ 0.13	\$ 0.14
Type IV			
IV-Orthodontics	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Type IV	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Costs	\$ 3.74	\$ 3.80	\$ 3.85

State of Rhode Island
Executive Office of Health and Human Services
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Rlte Smiles Dental Program
Base Data Blending

Rate Cell: Age 3-5	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 1.71	\$ 1.69	\$ 1.69
I-X-Rays	0.77	0.79	0.78
I-Lab and Other Tests	-	-	-
I-Prophylaxis	2.83	2.74	2.77
I-Fluoride	2.20	2.13	2.15
I-Sealants	0.08	0.07	0.07
I-Other	0.02	0.02	0.02
Subtotal Type I	\$ 7.61	\$ 7.44	\$ 7.48
Type II			
II-Space Maintainers	\$ 0.21	\$ 0.18	\$ 0.19
II-Restorations	2.73	2.59	2.63
II-Endodontics	0.58	0.56	0.56
II-Periodontics	-	-	-
II-Simple Extractions	0.58	0.54	0.55
II-Surgical Extractions	-	-	-
II-Oral Surgery	-	-	-
II-Emergency (Palliative)	0.01	0.01	0.01
II-Anesthesia	0.18	0.18	0.18
II-Other	0.66	0.54	0.58
Subtotal Type II	\$ 4.95	\$ 4.60	\$ 4.70
Type III			
III-Inlays/Onlays/Crowns	\$ 1.93	\$ 1.59	\$ 1.69
III-Repair (Simple)	-	-	-
III-Other Prosthetics	-	-	-
III-Dentures	-	-	-
III-Bridges	-	-	-
Subtotal Type III	\$ 1.93	\$ 1.59	\$ 1.69
Type IV			
IV-Orthodontics	\$ 0.00	\$ 0.01	\$ 0.01
Subtotal Type IV	\$ 0.00	\$ 0.01	\$ 0.01
Total Medical Costs	\$ 14.49	\$ 13.64	\$ 13.88

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Dental Capitation Rate Development
Rite Smiles Dental Program
Base Data Blending

Rate Cell: Age 6-10	SFY-2017 Adjusted Base Experience	SFY-2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 1.69	\$ 1.72	\$ 1.71
I-X-Rays	1.39	1.43	1.42
I-Lab and Other Tests	-	-	-
I-Prophylaxis	3.15	3.07	3.10
I-Fluoride	2.41	2.36	2.37
I-Sealants	1.18	1.13	1.14
I-Other	0.06	0.07	0.07
Subtotal Type I	\$ 9.88	\$ 9.78	\$ 9.81
Type II			
II-Space Maintainers	\$ 0.51	\$ 0.52	\$ 0.51
II-Restorations	3.69	3.40	3.49
II-Endodontics	0.37	0.41	0.40
II-Periodontics	0.01	-	-
II-Simple Extractions	1.05	1.16	1.13
II-Surgical Extractions	0.02	0.02	0.02
II-Oral Surgery	0.02	0.02	0.02
II-Emergency (Palliative)	0.02	0.02	0.02
II-Anesthesia	0.23	0.27	0.26
II-Other	0.32	0.27	0.29
Subtotal Type II	\$ 6.24	\$ 6.09	\$ 6.14
Type III			
III-Inlays/Onlays/Crowns	\$ 0.82	\$ 0.78	\$ 0.80
III-Repair (Simple)	-	-	-
III-Other Prosthetics	-	0.01	0.01
III-Dentures	-	-	-
III-Bridges	-	-	-
Subtotal Type III	\$ 0.82	\$ 0.79	\$ 0.81
Type IV			
IV-Orthodontics	\$ 2.51	\$ 2.38	\$ 2.42
Subtotal Type IV	\$ 2.51	\$ 2.38	\$ 2.42
Total Medical Costs	\$ 19.45	\$ 19.04	\$ 19.18

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Dental Capitation Rate Development
Rite Smiles Dental Program
Base Data Blending

Rate Cell: Age 11-15	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 1.36	\$ 1.40	\$ 1.39
I-X-Rays	1.37	1.46	1.43
I-Lab and Other Tests	0.01	0.01	0.01
I-Prophylaxis	2.82	2.78	2.80
I-Fluoride	2.04	2.01	2.02
I-Sealants	1.10	1.04	1.06
I-Other	0.09	0.09	0.09
Subtotal Type I	\$ 8.79	\$ 8.79	\$ 8.80
Type II			
II-Space Maintainers	\$ 0.08	\$ 0.09	\$ 0.08
II-Restorations	3.14	2.87	2.95
II-Endodontics	0.32	0.40	0.38
II-Periodontics	0.07	0.04	0.05
II-Simple Extractions	0.58	0.63	0.61
II-Surgical Extractions	0.21	0.19	0.19
II-Oral Surgery	0.13	0.18	0.17
II-Emergency (Palliative)	0.03	0.03	0.03
II-Anesthesia	0.06	0.07	0.07
II-Other	0.12	0.11	0.12
Subtotal Type II	\$ 4.74	\$ 4.61	\$ 4.65
Type III			
III-Inlays/Onlays/Crowns	\$ 0.10	\$ 0.23	\$ 0.19
III-Repair (Simple)	-	-	-
III-Other Prosthetics	0.04	0.06	0.05
III-Dentures	-	-	-
III-Bridges	-	-	-
Subtotal Type III	\$ 0.14	\$ 0.29	\$ 0.24
Type IV			
IV-Orthodontics	\$ 8.27	\$ 6.90	\$ 7.31
Subtotal Type IV	\$ 8.27	\$ 6.90	\$ 7.31
Total Medical Costs	\$ 21.94	\$ 20.59	\$ 21.00

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Dental Capitation Rate Development
Rite Smiles Dental Program
Base Data Blending

Rate Cell: Age 16-20	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 0.95	\$ 0.98	\$ 0.98
I-X-Rays	1.12	1.23	1.20
I-Lab and Other Tests	-	0.01	0.01
I-Prophylaxis	2.05	2.03	2.04
I-Fluoride	1.29	1.28	1.29
I-Sealants	0.49	0.39	0.42
I-Other	0.04	0.04	0.04
Subtotal Type I	\$ 5.94	\$ 5.96	\$ 5.98
Type II			
II-Space Maintainers	\$ 0.02	\$ 0.00	\$ 0.01
II-Restorations	4.15	3.36	3.60
II-Endodontics	0.81	0.69	0.72
II-Periodontics	0.11	0.09	0.09
II-Simple Extractions	0.17	0.19	0.18
II-Surgical Extractions	1.11	1.59	1.44
II-Oral Surgery	0.11	0.04	0.06
II-Emergency (Palliative)	0.04	0.04	0.04
II-Anesthesia	0.09	0.11	0.11
II-Other	0.16	0.21	0.20
Subtotal Type II	\$ 6.77	\$ 6.32	\$ 6.45
Type III			
III-Inlays/Onlays/Crowns	\$ 0.32	\$ 0.47	\$ 0.43
III-Repair (Simple)	-	-	-
III-Other Prosthetics	0.12	0.15	0.15
III-Dentures	0.04	0.02	0.02
III-Bridges	0.09	-	0.03
Subtotal Type III	\$ 0.57	\$ 0.64	\$ 0.63
Type IV			
IV-Orthodontics	\$ 3.64	\$ 3.14	\$ 3.29
Subtotal Type IV	\$ 3.64	\$ 3.14	\$ 3.29
Total Medical Costs	\$ 16.92	\$ 16.06	\$ 16.35

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Dental Capitation Rate Development
Rlte Smiles Dental Program
Base Data Blending

Rate Cell: Age 21	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
Category of Service	PMPM	PMPM	PMPM
Type I			
I-Oral Evaluations	\$ 0.63	\$ 0.65	\$ 0.65
I-X-Rays	0.74	0.81	0.79
I-Lab and Other Tests	-	0.01	0.01
I-Prophylaxis	1.35	1.34	1.35
I-Fluoride	0.85	0.84	0.85
I-Sealants	0.32	0.26	0.28
I-Other	0.03	0.03	0.03
Subtotal Type I	\$ 3.92	\$ 3.94	\$ 3.96
Type II			
II-Space Maintainers	\$ 0.02	\$ 0.00	\$ 0.01
II-Restorations	3.66	2.96	3.17
II-Endodontics	0.71	0.61	0.64
II-Periodontics	0.10	0.08	0.09
II-Simple Extractions	0.15	0.17	0.17
II-Surgical Extractions	0.98	1.40	1.27
II-Oral Surgery	0.10	0.03	0.05
II-Emergency (Palliative)	0.04	0.03	0.03
II-Anesthesia	0.08	0.10	0.09
II-Other	0.14	0.18	0.17
Subtotal Type II	\$ 5.98	\$ 5.56	\$ 5.69
Type III			
III-Inlays/Onlays/Crowns	\$ 0.40	\$ 0.59	\$ 0.53
III-Repair (Simple)	-	-	-
III-Other Prosthetics	0.15	0.18	0.18
III-Dentures	0.05	0.03	0.04
III-Bridges	0.11	-	0.03
Subtotal Type III	\$ 0.71	\$ 0.80	\$ 0.78
Type IV			
IV-Orthodontics	\$ 2.12	\$ 1.83	\$ 1.92
Subtotal Type IV	\$ 2.12	\$ 1.83	\$ 1.92
Total Medical Costs	\$ 12.73	\$ 12.13	\$ 12.35

Appendix 4: SFY 2021 Projected Benefit Expense Development

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Prospective Rate Development Model

Rate Call: Age 0-2	Blended Base Experience	Trend Adjustments	Program Adjustments	Projected Experience		
Member Months: 195,463						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 0.90	\$ 0.06	\$ 0.04	\$ 0.00	\$ 0.00	\$ 1.00
I-X-Rays	0.04	-	-	-	-	0.04
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	1.28	0.08	0.06	-	-	1.42
I-Fluoride	1.02	0.06	0.05	-	-	1.13
I-Sealants	-	-	-	-	-	-
I-Other	0.01	-	-	-	-	0.01
Subtotal Type I	\$ 3.25					\$ 3.60
Type II						
II-Space Maintainers	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
II-Restorations	0.23	0.01	0.02	-	-	0.26
II-Endodontics	0.04	-	-	-	-	0.04
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.10	-	0.01	-	-	0.11
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	-	-	-	-	-	-
II-Anesthesia	-	-	-	-	-	-
II-Other	0.09	-	0.01	-	-	0.10
Subtotal Type II	\$ 0.46					\$ 0.51
Type III						
III-Inlays/Onlays/Crowns	\$ 0.14	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.15
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.14					\$ 0.15
Type IV						
IV-Orthodontics	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Type IV	\$ 0.00					\$ 0.00
Total Medical Costs	\$ 3.85					\$ 4.26

State of Rhode Island
Executive Office of Health and Human Services
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Rite Smiles Dental Program
Prospective Rate Development Model

Rate Call: Age 3-5	Blended Base Experience	Trend Adjustments	Program Adjustments	Projected Experience		
Member Months: 224,059	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.69	\$ 0.08	\$ 0.08	\$ 0.00	\$ 0.00	\$ 1.85
I-X-Rays	0.78	0.04	0.03	-	-	0.85
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	2.77	0.13	0.13	-	-	3.03
I-Fluoride	2.15	0.10	0.10	-	-	2.35
I-Sealants	0.07	-	0.01	-	-	0.08
I-Other	0.02	-	-	-	-	0.02
Subtotal Type I	\$ 7.48					\$ 8.18
Type II						
II-Space Maintainers	\$ 0.19	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.21
II-Restorations	2.63	0.08	0.21	-	-	2.92
II-Endodontics	0.56	0.02	0.04	-	-	0.62
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	0.55	0.02	0.04	-	-	0.61
II-Surgical Extractions	-	-	-	-	-	-
II-Oral Surgery	-	-	-	-	-	-
II-Emergency (Palliative)	0.01	-	-	-	-	0.01
II-Anesthesia	0.18	0.01	0.01	-	-	0.20
II-Other	0.58	0.02	0.04	-	-	0.64
Subtotal Type II	\$ 4.70					\$ 5.21
Type III						
III-Inlays/Onlays/Crowns	\$ 1.69	\$ 0.03	\$ 0.07	\$ 0.00	\$ 0.00	\$ 1.79
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	-	-	-	-	-	-
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 1.69					\$ 1.79
Type IV						
IV-Orthodontics	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01
Subtotal Type IV	\$ 0.01					\$ 0.01
Total Medical Costs	\$ 13.88					\$ 15.19

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rlte Smiles Dental Program
 Prospective Rate Development Model

Rate Cell: Age 6-10	Blended Base Experience	Trend Adjustments		Program Adjustments		Projected Experience
Member Months: 352,049	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.71	\$ 0.08	\$ 0.08	\$ 0.00	\$ 0.00	\$ 1.87
I-X-Rays	1.42	0.06	0.07	-	-	1.55
I-Lab and Other Tests	-	-	-	-	-	-
I-Prophylaxis	3.10	0.14	0.15	-	-	3.39
I-Fluoride	2.37	0.11	0.11	-	-	2.59
I-Sealants	1.14	0.05	0.06	-	-	1.25
I-Other	0.07	-	0.01	-	-	0.08
Subtotal Type I	\$ 9.81					\$ 10.73
Type II						
II-Space Maintainers	\$ 0.51	\$ 0.02	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.57
II-Restorations	3.49	0.11	0.27	-	-	3.87
II-Endodontics	0.40	0.01	0.03	-	-	0.44
II-Periodontics	-	-	-	-	-	-
II-Simple Extractions	1.13	0.03	0.09	-	-	1.25
II-Surgical Extractions	0.02	-	-	-	-	0.02
II-Oral Surgery	0.02	-	-	-	-	0.02
II-Emergency (Palliative)	0.02	-	-	-	-	0.02
II-Anesthesia	0.26	0.01	0.02	-	-	0.29
II-Other	0.29	0.01	0.02	-	-	0.32
Subtotal Type II	\$ 6.14					\$ 6.80
Type III						
III-Inlays/Onlays/Crowns	\$ 0.80	\$ 0.01	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.85
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.01	-	-	-	-	0.01
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.81					\$ 0.86
Type IV						
IV-Orthodontics	\$ 2.42	\$ 0.04	\$ 0.11	\$ 0.00	\$ 0.00	\$ 2.57
Subtotal Type IV	\$ 2.42					\$ 2.57
Total Medical Costs	\$ 19.18					\$ 20.96

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Rite Smiles Dental Program
Prospective Rate Development Model

Rate Cell: Age 11-15	Blended Base Experience	Trend Adjustments	Program Adjustments	Projected Experience		
Member Months: 350,207						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 1.39	\$ 0.09	\$ 0.04	\$ 0.00	\$ 0.00	\$ 1.52
I-X-Rays	1.43	0.09	0.04	-	-	1.56
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	2.80	0.17	0.09	-	-	3.06
I-Fluoride	2.02	0.12	0.07	-	-	2.21
I-Sealants	1.06	0.06	0.04	-	-	1.16
I-Other	0.09	0.01	-	-	-	0.10
Subtotal Type I	\$ 8.80					\$ 9.62
Type II						
II-Space Maintainers	\$ 0.08	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.09
II-Restorations	2.95	0.09	0.23	-	-	3.27
II-Endodontics	0.38	0.01	0.03	-	-	0.42
II-Periodontics	0.05	-	0.01	-	-	0.06
II-Simple Extractions	0.61	0.02	0.05	-	-	0.68
II-Surgical Extractions	0.19	0.01	0.01	-	-	0.21
II-Oral Surgery	0.17	0.01	0.01	-	-	0.19
II-Emergency (Palliative)	0.03	-	-	-	-	0.03
II-Anesthesia	0.07	-	0.01	-	-	0.08
II-Other	0.12	-	0.01	-	-	0.13
Subtotal Type II	\$ 4.65					\$ 5.16
Type III						
III-Inlays/Onlays/Crowns	\$ 0.19	\$ 0.01	\$ 0.01	\$ 0.02	\$ 0.00	\$ 0.23
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.05	-	-	-	-	0.05
III-Dentures	-	-	-	-	-	-
III-Bridges	-	-	-	-	-	-
Subtotal Type III	\$ 0.24					\$ 0.28
Type IV						
IV-Orthodontics	\$ 7.31	\$ 0.11	\$ 0.34	\$ 0.00	\$ 0.00	\$ 7.76
Subtotal Type IV	\$ 7.31					\$ 7.76
Total Medical Costs	\$ 21.00					\$ 22.82

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 Rite Smiles Dental Program
 Prospective Rate Development Model

Rate Cell: Age 16-20	Blended Base Experience	Trend Adjustments	Cost Adjustment	Utilization Adjustment	Program Adjustments	Cost Adjustment	Projected Experience
Member Months: 276,476	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Program Adjustments	Cost Adjustment	PMPM
Type I							
I-Oral Evaluations	\$ 0.98	\$ 0.06	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.07
I-X-Rays	1.20	0.07	0.04	-	-	-	1.31
I-Lab and Other Tests	0.01	-	-	-	-	-	0.01
I-Prophylaxis	2.04	0.12	0.07	-	-	-	2.23
I-Fluoride	1.29	0.08	0.04	-	-	-	1.41
I-Sealants	0.42	0.03	0.01	-	-	-	0.46
I-Other	0.04	-	-	-	-	-	0.04
Subtotal Type I	\$ 5.98						\$ 6.53
Type II							
II-Space Maintainers	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01
II-Restorations	3.60	0.11	0.28	-	-	-	3.99
II-Endodontics	0.72	0.02	0.06	-	-	-	0.80
II-Periodontics	0.09	-	0.01	-	-	-	0.10
II-Simple Extractions	0.18	0.01	0.01	-	-	-	0.20
II-Surgical Extractions	1.44	0.04	0.12	-	-	-	1.60
II-Oral Surgery	0.06	-	0.01	-	-	-	0.07
II-Emergency (Palliative)	0.04	-	-	-	-	-	0.04
II-Anesthesia	0.11	-	0.01	-	-	-	0.12
II-Other	0.20	0.01	0.01	-	-	-	0.22
Subtotal Type II	\$ 6.45						\$ 7.15
Type III							
III-Inlays/Onlays/Crowns	\$ 0.43	\$ 0.01	\$ 0.03	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.52
III-Repair (Simple)	-	-	-	-	-	-	-
III-Other Prosthetics	0.15	-	0.01	-	-	-	0.16
III-Dentures	0.02	-	-	-	-	-	0.02
III-Bridges	0.03	-	-	-	-	-	0.03
Subtotal Type III	\$ 0.63						\$ 0.73
Type IV							
IV-Orthodontics	\$ 3.29	\$ 0.05	\$ 0.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.49
Subtotal Type IV	\$ 3.29						\$ 3.49
Total Medical Costs	\$ 16.35						\$ 17.90

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Prospective Rate Development Model

Rate Cell: Age 21	Blended Base Experience	Trend Adjustments	Program Adjustments	Projected Experience		
Member Months: 329						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Type I						
I-Oral Evaluations	\$ 0.65	\$ 0.04	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.71
I-X-Rays	0.79	0.05	0.02	-	-	0.86
I-Lab and Other Tests	0.01	-	-	-	-	0.01
I-Prophylaxis	1.35	0.08	0.05	-	-	1.48
I-Fluoride	0.85	0.05	0.03	-	-	0.93
I-Sealants	0.28	0.02	0.01	(0.31)	-	-
I-Other	0.03	-	-	-	-	0.03
Subtotal Type I	\$ 3.96					\$ 4.02
Type II						
II-Space Maintainers	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01
II-Restorations	3.17	0.10	0.25	-	-	3.52
II-Endodontics	0.64	0.02	0.05	(0.57)	-	0.14
II-Periodontics	0.09	-	0.01	-	-	0.10
II-Simple Extractions	0.17	0.01	0.01	-	-	0.19
II-Surgical Extractions	1.27	0.04	0.10	-	-	1.41
II-Oral Surgery	0.05	-	0.01	-	-	0.06
II-Emergency (Palliative)	0.03	-	-	-	-	0.03
II-Anesthesia	0.09	-	0.01	-	-	0.10
II-Other	0.17	0.01	0.01	-	-	0.19
Subtotal Type II	\$ 5.69					\$ 5.75
Type III						
III-Inlays/Onlays/Crowns	\$ 0.53	\$ 0.02	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.58
III-Repair (Simple)	-	-	-	-	-	-
III-Other Prosthetics	0.18	0.01	0.01	-	-	0.20
III-Dentures	0.04	-	-	-	-	0.04
III-Bridges	0.03	-	-	-	-	0.03
Subtotal Type III	\$ 0.78					\$ 0.85
Type IV						
IV-Orthodontics	\$ 1.92	\$ 0.03	\$ 0.09	\$ 0.00	\$ 0.00	\$ 2.04
Subtotal Type IV	\$ 1.92					\$ 2.04
Total Medical Costs	\$ 12.35					\$ 12.66

Appendix 5: SFY 2021 Capitation Rate Development

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Rate Change Summary

	Projected Exposure	Base Benefit Expense	New Benefit Add On	Base Benefit Expense with Add On	Administrative Cost Allowance	Risk Margin	SFY 2021 Effective Rate	Prior Effective Rate	% Change
Rite Smiles									
Age 0-2	195,463	\$ 4.26	\$ 0.04	\$ 4.30	\$ 0.33	\$ 0.10	\$ 4.73	\$ 4.53	4.4%
Age 3-5	224,059	15.19	0.06	15.25	1.17	0.34	16.76	16.20	3.5%
Age 6-10	352,049	20.96	0.05	21.01	1.62	0.46	23.09	22.37	3.2%
Age 11-15	350,207	22.82	0.03	22.85	1.76	0.50	25.11	24.42	2.8%
Age 16-21	276,805	17.89	0.04	17.93	1.38	0.39	19.70	20.15	(2.2%)
Total Rite Smiles	1,398,583	\$ 17.56	\$ 0.04	\$ 17.60	\$ 1.36	\$ 0.39	\$ 19.34	\$ 18.96	2.0%

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2021 Dental Capitation Rate Development
 Rite Smiles Dental Program
 Rate Change Summary

	SFY 2021 Effective Rate	Premium Tax	SFY 2021 Capitation Rate	Prior Capitation Rate	% Change
Rite Smiles					
Age 0-2	\$ 4.73	\$ 0.10	\$ 4.83	\$ 4.62	4.5%
Age 3-5	16.76	0.34	17.10	16.53	3.4%
Age 6-10	23.09	0.47	23.56	22.83	3.2%
Age 11-15	25.11	0.51	25.62	24.92	2.8%
Age 16-21	19.70	0.40	20.10	20.56	(2.2%)
Total	\$ 19.34	\$ 0.39	\$ 19.74	\$ 19.35	2.0%

Appendix 6: Covered Services

Appendix 6
 State of Rhode Island
 Executive Office of Health and Human Services
 Rite Smiles Dental Program
 State Fiscal Year 2021 Capitation Rate Development
 Covered Services

Code	Procedure	Age 0-20	Age 21-25
D0120	Periodic Oral Evaluation - Established Patient	X	X
D0140	Limited Oral Evaluation - Problem Focused	X	X
D0145	Oral Evaluation Of A Patient Under Three Years Of Age And Counseling With Primary Caregiver		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	X	X
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	X	X
D0180	Comprehensive periodontal exam	X	X - PA
D0210	Intraoral - Complete Series of Radiographic Images	X	X
D0220	Intraoral - Periapical First Radiographic Image	X	X
D0230	Intraoral - Periapical Each Additional Film	X	X
D0240	Intraoral - Occlusal Radiographic Image	X	X
D0250	Extraoral - First Radiographic Image	X	X
D0270	Bitewing - Single Radiographic Image	X	X
D0272	Bitewings - Two Radiographic Images	X	X
D0273	Bitewings - Three Radiographic Images	X	X
D0274	Bitewings - Four Radiographic Images	X	X
D0280	Posterior - Anterior Or Lateral Skull And Facial Bone Survey Radiographic Image	X	X
D0310	Stalography	X - PA	X - PA
D0320	Temporomandibular Joint Arthrogram, Including Injection	X - PA	X - PA
D0330	Panoramic Radiographic Image	X - PA	X - PA
D0340	Cephalometric Radiographic Image	X	X
D1110	Prophylaxis - Adult	X	X
D1120	Prophylaxis - Child	X	X
D1206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Caries Risk Patients	X	X
D1208	Topical Application of Fluoride	X	X
D1351	Sealant - Per Tooth	X	X
D1354	Silver Diamine Fluoride (SDF)	X	X
D1510	Space Maintainer - Fixed - Unilateral	X	X
D1516	Space Maintainer - Fixed - Bilateral-maxillary	X	X
D1517	Space Maintainer - Fixed - Bilateral-mandibular	X	X
D1520	Space Maintainer - Removable - Unilateral	X	X
D1526	Space Maintainer - Removable - Bilateral-maxillary	X	X
D1527	Space Maintainer - Removable - Bilateral-mandibular	X	X
D1550	Re-Cementation Of Space Maintainer	X	X
D1555	Removal Of Fixed Space Maintainer	X	X - PA
D2140	Amalgam - One Surface, Primary Or Permanent	X	X
D2150	Amalgam - Two Surfaces, Primary Or Permanent	X	X
D2160	Amalgam - Three Surfaces, Primary Or Permanent	X	X
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	X	X
D2330	Resin-Based Composite - One Surface, Anterior	X	X
D2331	Resin-Based Composite - Two Surfaces, Anterior	X	X
D2332	Resin-Based Composite - Three Surfaces, Anterior	X	X
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	X	X
D2390	Resin-Based Composite Crown, Anterior	X	X
D2391	Resin-Based Composite - One Surface, Posterior	X	X
D2392	Resin-Based Composite - Two Surfaces, Posterior	X	X
D2393	Resin-Based Composite - Three Surfaces, Posterior	X	X
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	X	X
D2710	Crown - Resin-Based Composite (Indirect)	X	X - PA

Appendix 6
 State of Rhode Island
 Executive Office of Health and Human Services
 Rite Smiles Dental Program
 State Fiscal Year 2021 Capitation Rate Development
 Covered Services

Code	Procedure	Age 0-20	Age 21-25
D2720	Crown - Resin With High Noble Metal	X	X - PA
D2721	Crown - Resin With Predominantly Base Metal	X	X - PA
D2722	Crown - Resin With Noble Metal	X	X - PA
D2740	Crown - Porcelain/Ceramic Substrate	X	X - PA
D2750	Crown - Porcelain Fused To High Noble Metal	X	X - PA
D2751	Crown - Porcelain Fused To Predominantly Base Metal	X	X - PA
D2752	Crown - Porcelain Fused To Noble Metal	X	X - PA
D2790	Crown - Full Cast High Noble Metal	X	X - PA
D2791	Crown - Full Cast Predominantly Base Metal	X	X - PA
D2792	Crown - Full Cast Noble Metal	X	X - PA
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	X	X
D2920	Recement Crown	X	X
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	X	X
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	X	X
D2932	Prefabricated Resin Crown	X	X
D2940	Prefabricated Stainless Steel Crown With Resin Window	X	X
D2950	Protective Restoration	X	X
D2951	Core Buildup, Including Any Pins	X	X
D2952	Pin Retention - Per Tooth, In Addition To Restoration	X	X
D2954	Post And Core In Addition To Crown, Indirectly Fabricated	X	X - PA
D3220	Prefabricated Post And Core In Addition To Crown	X	X - PA
D3222	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinoenamel Junction And Application Of Medicament	X	X
D3310	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	X	X
D3320	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	X	X
D3330	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	X	X
D3351	Endodontic Therapy, Molar (Excluding Final Restoration)	X	X
D3352	Apexification / Recalcification / Pulpal Regeneration - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	X	X
D3353	Apexification / Recalcification / Pulpal Regeneration - Interim Medication Replacement (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	X	X
D3410	Apicoectomy / Periradicular Surgery - Anterior	X	X - PA
D3421	Apicoectomy / Periradicular Surgery - Bicuspid (First Root)	X	X - PA
D3425	Apicoectomy / Periradicular Surgery - Molar (First Root)	X	X - PA
D3426	Apicoectomy / Periradicular Surgery - Each Additional Root	X	X - PA
D3430	Retrograde Filling - Per Root	X	X
D3450	Root Amputation - Per Root	X	X
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	X	X
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X - PA
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X - PA
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	X	X
D4240	Gingival Flap Procedure, Including Root Planning - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X
D4241	Gingival Flap Procedure, Including Root Planning - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X
D4260	Ossous Surgery (Including Flap Entry And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X
D4261	Ossous Surgery (Including Flap Entry And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	X	X
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), First Tooth Or Edentulous Tooth Position In Graft	X	X
D4320	Provisional splinting -intraoral	X	X - PA

Appendix 6
 State of Rhode Island
 Executive Office of Health and Human Services
 Rite Smiles Dental Program
 State Fiscal Year 2021 Capitation Rate Development
 Covered Services

Code	Procedure	Age 0-20	Age 21-25
D4321	Provisional splinting-extracoral	X	X
D4341	Periodontal Scaling And Root Planning - Four Or More Teeth Per Quadrant	X	X
D4342	Periodontal Scaling And Root Planning - One To Three Teeth Per Quadrant	X	X
D4346	Periodontal Scaling where there is inflammation	X	X
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	X	X
D4381	Localized delivery of chemotherapeutic agents	X	X-PA X-PA
D4910	Periodontal Maintenance	X	X
D5110	Complete Denture - Maxillary	X	X
D5120	Complete Denture - Mandibular	X-PA X-PA	X-PA X-PA
D5130	Immediate Denture- Maxillary	X	X
D5140	Immediate Denture-Mandibular	X	X
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	X	X
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	X	X
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	X	X-PA
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	X	X-PA
D5410	Adjust Complete Denture - Maxillary	X	X
D5411	Adjust Complete Denture - Mandibular	X	X
D5421	Adjust Partial Denture - Maxillary	X	X
D5422	Adjust Partial Denture - Mandibular	X	X
D5510	Repair Broken Complete Denture Base	X	X
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	X	X
D5610	Repair Resin Denture Base	X	X
D5620	Repair Cast Framework	X	X
D5630	Repair Or Replace Broken Clasp	X	X
D5640	Replace Broken Teeth - Per Tooth	X	X
D5650	Add Tooth To Existing Partial Denture	X	X
D5660	Add Clasp To Existing Partial Denture	X	X
D5710	Rebase Complete Maxillary Denture	X	X-PA
D5711	Rebase Complete Mandibular Denture	X	X-PA
D5720	Rebase Maxillary Partial Denture	X	X-PA
D5721	Rebase Mandibular Partial Denture	X	X
D5730	Reline complete maxillary denture (chairside)	X	X
D5731	Reline complete mandibular denture (chairside)	X	X
D5740	Reline Maxillary Partial Denture (Chairside)	X	X-PA
D5741	Reline Mandibular Partial Denture (Chairside)	X	X-PA
D5750	Reline Complete Maxillary Denture (Laboratory)	X	X-PA
D5751	Reline Complete Mandibular Denture (Laboratory)	X	X-PA
D5760	Reline Maxillary Partial Denture (Laboratory)	X	X-PA
D5761	Reline Mandibular Partial Denture (Laboratory)	X	X-PA
D5810	Interim Complete Denture (Maxillary)	X-PA	X-PA
D5811	Interim Complete Denture (Mandibular)	X-PA	X-PA
D5820	Interim Partial Denture (Maxillary)	X-PA	X-PA
D5821	Interim Partial Denture (Mandibular)	X-PA	X-PA
D5850	Tissue Conditioning, Maxillary	X	X-PA
D5862	Precision attachment	X	X-PA
D6101	Debridement Of A Perimplant Defect And Surface Cleaning Of Exposed Implant Surfaces, Including Flap Entry And Closure	X	X
D6102	Debridement And Osseous Contouring Of A Perimplant Defect; Includes Surface Cleaning Of Exposed Implant Surfaces And Flap Entry And Closure	X	X
D6210	Pontic - Cast High Noble Metal	X-PA	X-PA

Appendix 6
 State of Rhode Island
 Executive Office of Health and Human Services
 Rite Smiles Dental Program
 State Fiscal Year 2021 Capitation Rate Development
 Covered Services

Code	Procedure	Age 0-20	Age 21-25
D6211	Pontic - Cast Predominantly Base Metal	X - PA	X - PA
D6212	Pontic - Cast Noble Metal	X - PA	X - PA
D6240	Pontic - Porcelain Fused To High Noble Metal	X - PA	X - PA
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	X - PA	X - PA
D6242	Pontic - Porcelain Fused To Noble Metal	X - PA	X - PA
D6250	Pontic - Resin With High Noble Metal	X - PA	X - PA
D6251	Pontic - Resin With Predominantly Base Metal	X - PA	X - PA
D6252	Pontic - Resin With Noble Metal	X - PA	X - PA
D6720	Crown - Resin With High Noble Metal	X - PA	X - PA
D6721	Crown - Resin With Predominantly Base Metal	X - PA	X - PA
D6722	Crown - Resin With Noble Metal	X - PA	X - PA
D6750	Crown - Porcelain Fused To High Noble Metal	X - PA	X - PA
D6751	Crown - Porcelain Fused To Predominantly Base Metal	X - PA	X - PA
D6752	Crown - Porcelain Fused To Noble Metal	X - PA	X - PA
D6780	Crown - 3/4 Cast High Noble Metal	X - PA	X - PA
D6790	Crown - Full Cast High Noble Metal	X - PA	X - PA
D6791	Crown - Full Cast Predominantly Base Metal	X - PA	X - PA
D6792	Crown - Full Cast Noble Metal	X - PA	X - PA
D7111	Extraction, Coronal Remnants - Deciduous Tooth	X	X
D7111	Extraction, Erupted Tooth Or Exposed Root (Elevation and/or Forceps Removal)	X	X
D7140	Surgical Removal Or Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	X	X
D7210	Removal Of Impacted Tooth - Soft Tissue	X	X
D7220	Removal Of Impacted Tooth - Partially Bony	X	X
D7230	Removal Of Impacted Tooth - Completely Bony	X	X
D7240	Surgical Removal Of Residual Tooth Tooth (Cutting Procedure)	X	X
D7250	Primary Closure Of Sinus Perforation	X	X
D7261	Tooth reimplantation	X	X
D7270	Surgical Access Of An Unerrupted Tooth	X	X - PA
D7280	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	X	X - PA
D7310	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	X	X
D7320	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	X	X
D7340	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	X	X - PA
D7350	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another	X	X - PA
D7960	Excision Of Pericoronal Gingiva	X	X
D7971	Limited Orthodontic Treatment Of The Primary Dentition	X - PA	X
D8010	Limited Orthodontic Treatment Of The Transitional Dentition	X - PA	X
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	X - PA	X - PA
D8040	Limited Orthodontic Treatment Of The Adult Dentition	X - PA	X - PA
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	X - PA	X - PA
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	X - PA	X - PA
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	X - PA	X - PA
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	X - PA	X - PA
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	X - PA	X - PA
D8210	Removable Appliance Therapy	X	X - PA
D8220	Fixed Appliance Therapy	X	X - PA
D8660	Pre-Orthodontic Treatment Visit	X	X
D8670	Periodic Orthodontic Treatment Visit (As Part Of Contract) **23 visit date, not quarterly	X	X

Appendix 6
 State of Rhode Island
 Executive Office of Health and Human Services
 Rhode Smiles Dental Program
 State Fiscal Year 2021 Capitation Rate Development
 Covered Services

Code	Procedure	Age 0-20	Age 21-25
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	X	X
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	X	X
D9223	Deep Sedation / General Anesthesia - Each 15 Minute Increment	X	X
D9230	Inhalation Of Nitrous/Oxide, Anxiolysis	X	X - PA
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	X	X
D9410	House/Extended Care Facility Call	X	X
D9420	Hospital Or Ambulatory Surgical Center Call	X	X
D9610	Therapeutic Parenteral Drug, Single Administration	X	X
D9612	Therapeutic Parenteral Drug, Two Or More Administrations, Different Medications	X	X
D9630	Other drugs and/or medications, by report	X	X
D9910	Application of Desensitizing agent	X	X
D9920	Behavior Management, By Report	X	X
D9944	Occlusal Guard, By Report-Hard appliance, full arch	X	X - PA
D9945	Occlusal Guard, By Report-Soft appliance, full arch	X	X - PA
D9946	Occlusal Guard, By Report- hard appliance, partial arch	X	X - PA



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