

Appendix L - Risk Share Agreement

Objective of the Program

The State acknowledges that due to circumstances beyond the control of the MCOs and the State, the established capitation rates may not be appropriate for the services to be provided. Even with utilization data and experience serving enrollees, it is difficult for the plans and the State to accurately predict the actual performance or utilization of services by the enrolled population. It is possible that more recipients will utilize more services than estimated, or that unit costs may exceed estimates. Conversely, it is also possible that more recipients will utilize substantially fewer services than estimated, or that unit costs are lower.

To address the unknown risk to the MCOs and the State, the DHS will implement a risk share program. All of the settlements are MCO specific (with the exception of the high risk newborn pool) and a MCO's settlement does not depend on the results of the program in aggregate.

We have included a template for each of these settlements. The templates are populated with an example to help illustrate the calculation of the settlements.

Note that service coordination costs are reported as healthcare services and not as administrative costs for this computation.

1. Retroactive Settlement Corridor

Background

Some Medicaid and CHIP members are retroactively enrolled with a MCO. During this retroactive enrollment period, a member may accrue claims prior to a MCO being aware of the member enrolling with the MCO. The MCO is financially responsible for these costs, but has no way to manage the member and their care during the retroactive enrollment period. To mitigate the MCO's risk during the retroactive period, the State introduced a retroactive settlement corridor in CY 2015.

Applies to the following

- Populations
 - Family and Children and Expansion
 - NOT applicable to the ABD population
- MCOs
 - All MCOs

Exclusions

- Revenue
 - Supplemental Payments
 - Premium Tax Revenue
 - Facility Pay for Performance Pool Revenue
 - Administrative Load
- Health Care Expenses
 - Supplemental Payments
 - Facility Pay for Performance Pool

Items needed from the MCOs

- Populated Retroactive Settlement Form
 - Detailed Retroactive Claims
-

Mechanics

- Retroactive periods are identified by the contract type Q. During the retroactive period an enhanced premium (premiums are higher than for non-retroactive members of the same rate code) is paid on behalf of the enrollee. This enhanced payment is paid for only during the retroactive period. All prospective periods of enrollment are paid at the standard capitation rates and are subject to the risk share program described below in "4 - Aggregate Gain/Loss Share."
- Revenue includes the full amount of withhold regardless of how much was earned. Assumed administrative load is as follows:
 - Expansion 8.5%
 - Family & Children 8.5%
 - Note that MCOs who do not participate on all islands will have administration reduced by 0.50%. The MCO specific administrative assumption will be used for that calculation.
- Expenses include all high cost drug costs during the retroactive period.
- Expenses for a member will be adjusted to be consistent with any pricing adjustments included in the rate development. Specifically, if there are unit cost issues with a plan such that repricing was required for the rate development material, that same repricing would be applied to the claims before application of the retroactive settlement.
- Transition of Care
 - If a retroactive member remains admitted in a facility after being assigned to a MCO then facility costs continue to be associated with the retroactive period.
 - Costs will be excluded from the retroactive settlement and will be covered by the non-retroactive capitation rate after a transition of care occurs, based on the transition of care rules as included in the contract.
 - This is consistent with how costs are transferred from one MCO to another when a member in a facility changes MCOs.
 - Professional fees and enabling services (e.g. meals, transportation, and lodging) are considered prospective once the member is enrolled in the MCO. During the retroactive period these costs are associated with the retroactive settlement.
- If there are MCO-specific gains relative to the costs during the retroactive period included in the rates, the DHS would share equally in the gain between 0% and 2.5%.
 - The DHS would recover all gains exceeding 2.5%. If there are MCO specific losses the DHS would share equally in the losses between 0% and 2.5%.
 - DHS will reimburse all losses exceeding 2.5%.
- The settlements will be calculated separately for each population for each MCO.

Timing

- The settlement will take place within one year after the end of the contract period.
-

TEMPLATE 1 - Retroactive Settlement				
State of Hawai'i, Department of Human Services			Threshold	2.50%
Retroactive Settlement Calculation			Share	50.00%
Effective Period: July 1, 2021 - December 31, 2021			Prem Tax	0.00%
	ABD	F&C	Expansion	Total
1. Member Months	NA	12,000	4,000	16,000
2. Revenue				
Total Reported Retroactive Revenue ⁽¹⁾	NA	\$ 1,950,000	\$ 1,400,000	\$ 3,350,000
P4P Withhold	NA	\$ (30,000)	\$ (20,000)	\$ (50,000)
Supplemental Payments	NA	\$ 45,000	\$ 35,000	\$ 80,000
Premium Tax Revenue	NA	\$ 45,000	\$ 35,000	\$ 80,000
Facility Pay for Performance Pool Revenue	NA	\$ 45,000	\$ 35,000	\$ 80,000
Net Total Retroactive Revenue	NA	\$ 1,845,000	\$ 1,315,000	\$ 3,160,000
Health Care Services Portion of Total Revenue % ⁽²⁾	NA	91.50%	91.50%	91.50%
Health Care Services portion of Total Revenue \$	NA	\$ 1,688,175	\$ 1,203,225	\$ 2,891,400
3. Health Care Expense				
Retroactive Incurred Health Care Expenses	NA			
Hospital Facility		\$ 601,500	\$ 601,500	\$ 1,203,000
Professional/Other		\$ 300,750	\$ 300,750	\$ 601,500
Rx (Excluding High Cost Drugs)		\$ 300,750	\$ 300,750	\$ 601,500
Other Benefit Costs Not Included Above	NA	\$ 6,000	\$ 3,000	\$ 9,000
Other Supplemental Rx Rebates (Excluding High Cost Drugs)	NA	\$ (6,000)	\$ (3,000)	\$ (9,000)
Retroactive High Cost Drug Expenses	NA	\$ 4,000	\$ 450,000	\$ 454,000
Retroactive High Cost Drug Rebates	NA	\$ (100)	\$ (3,600)	\$ (3,700)
Total Retroactive Health Care Expenses	NA	\$ 1,206,900	\$ 1,649,400	\$ 2,856,300
4. Settlement Calculations				
Net Gain/Loss	NA	\$ 481,275	\$ (446,175)	\$ 35,100
Calculated Gain/Loss Percentage	NA	28.51%	-37.08%	
Below 2.50%	NA	2.50%	-2.50%	
Excess of 2.50%	NA	26.01%	-34.58%	
Plan Share of Gain/(Loss) < 2.50%	NA	\$ 21,102	\$ (15,040)	
DHS Share of Gain/(Loss) < 2.50%	NA	\$ 21,102	\$ (15,040)	
DHS Share of Gain/(Loss) > 2.50%	NA	\$ 439,071	\$ (416,094)	
Total DHS Share - Pre Tax	NA	\$ 460,173	\$ (431,135)	\$ 29,038
Total DHS Share - Post Tax	NA	\$ 460,173	\$ (431,135)	\$ 29,038
(1) - The revenue is net of the P4P amount withheld and does not include any P4P withhold amount earned by the health plan.				
(2) - Note that health plans who do not participate on all islands will have administration reduced by 0.50% and 0.25% for non-ABD and ABD populations, respectively. The health plan specific administrative assumption will be used for that calculation.				

2. High Cost Drug Risk Corridor

Background

Some Medicaid members have conditions requiring very expensive drug treatments. These members are infrequent and not evenly distributed among the MCOs. To mitigate the MCO's risk, the State introduced a high cost drug corridor in CY 2018 and will continue to implement this corridor in July 2021 through December 2021. The State adjusted the threshold of the High Cost Drug Risk Corridor from \$125,000 per member per drug per year to \$75,000 per member for July to December 2021 due to the half year rate period. For the purpose of the drug corridor, drugs are defined as 10-digit GPs or J-code HCPCS. High cost drugs include drugs in excess of \$75,000 per member per code for the rate setting period. Zolgensma is not included in this corridor as the financial liability of this drug lies with the state.

Applies to the following

- Populations
 - All QUEST Integration populations
- MCOs
 - All MCOs

Exclusions

- Member Months
 - Retroactive enrollment for Family and Children and Expansion populations
 - Dual eligible enrollment for all populations
- Health Care Expenses
 - Retroactive drug claims
 - Dual eligible member claims

Items needed from the MCOs

- MCOs will provide a validation of data from State's data warehouse intended to be included in the settlement and rebates received for high cost drugs.

Mechanics

- Eligible Claims
 - This corridor is specific to drug costs exceeding \$75,000 per member per drug during July 2021 through December 2021. Supplemental rebates are included in the total costs.
 - According to the "Affordable Care Act Medicaid Prescription Drug Rebate Provision" memo "Health plans are required to provide NDC information for all J code reimbursement." Consistent with this memo, to be an eligible claim, the claims must be an accepted claim with an NDC in the State's data warehouse.
 - For Family and Children and the Expansion populations, there is a retroactive settlement corridor in place. Drug costs incurred during a retroactive enrollment period are excluded for this settlement. For the Medicaid only ABD population, all drug costs unless otherwise noted are included in this settlement since there is no retroactive settlement corridor.
 - Table 9-1 summarizes the high cost drug PMPM loaded into the July through December 2021 rates. The actual costs from the MCOs will be compared to these costs for the final settlement calculation.
-

TABLE 9-1: QUEST INTEGRATION – HIGH COST DRUG CORRIDOR PMPMS

POPULATION	PMPM
ABD - Medicaid Only	\$61.40
Family and Children	\$3.98
Expansion	\$7.10

- For the gain/loss calculation, the net gain or loss percentage will be computed for each MCO separately.
 - If there is MCO-specific gain/losses exceeding 3%, the DHS will share equally in the gain/loss between 3% and 6%.
 - The DHS will recover/reimburse all gains/losses exceeding 6%.

Timing

- The settlement will take place once the retroactive settlement corridor has been finalized.

TEMPLATE 2 - High Cost Drug State of Hawai'i, Department of Human Services High Cost Drug Risk Corridor Calculation Effective Period: July 1, 2021 - December 31, 2021				Threshold	3.00%
				Share	50.00%
				Prem Tax	0.00%
	ABD	F&C	Expansion	Rebate Percentage	Total
1. Member Months⁽¹⁾					
ABD					140,000
Medicaid Only	140,000				
Family and Children		140,000			140,000
Expansion			40,000		40,000
Total Membership	140,000	140,000	40,000		320,000
2. Revenue					
Revenue for High Cost Drug PMPM					
ABD					
Medicaid Only	\$ 61.40			-4.00%	\$ 61.40
Family and Children		\$ 3.98		-4.00%	\$ 3.98
Expansion			\$ 7.10	-4.00%	\$ 7.10
High Cost Drug Subtotal	\$ 8,595,954	\$ 557,297	\$ 283,930		\$ 9,437,181
Assumed High Cost Drug Rebates	\$ (343,838)	\$ (22,292)	\$ (11,357)		\$ (377,487)
Total Revenue for High Cost Drugs	\$ 8,252,116	\$ 535,005	\$ 272,572		\$ 9,059,694
3. Health Care Expense					
High Cost Drug Costs (Including Retroactive High Cost Drugs)	\$ 9,000,000	\$ 630,000	\$ 700,000		\$ 10,330,000
Other Supplemental Rx Rebates (Excluding Retroactive Enrollment)	\$ (360,000)	\$ (12,600)	\$ (28,000)		\$ (400,600)
Retroactive High Cost Drug Claims	NA	\$ 3,900	\$ 446,400		\$ 450,300
Total High Cost Drug Expenses	\$ 8,640,000	\$ 613,500	\$ 225,600		\$ 9,479,100
4. Settlement Calculations					
Net Gain/Loss	\$ (387,884)	\$ (78,495)	\$ 46,972		\$ (419,406)
Calculated Gain/Loss Percentage	-4.70%	-14.67%	17.23%		
Below 3.00%	-3.00%	-3.00%	3.00%		
Between 3.00% and 6.00%	-1.70%	-3.00%	3.00%		
Above 6.00%	0.00%	-8.67%	11.23%		
Plan Share of Gain/(Loss) < 3.00%	\$ (247,563)	\$ (16,050)	\$ 8,177		
Plan Share of Gain/(Loss) 3.00% to 6.00%	\$ (70,160)	\$ (8,025)	\$ 4,089		
DHS Share of Gain/(Loss) 3.00% to 6.00%	\$ (70,160)	\$ (8,025)	\$ 4,089		
DHS Share of Gain/(Loss) > 6.00%	\$ -	\$ (46,394)	\$ 30,618		
Total DHS Share - Pre Tax	\$ (70,160)	\$ (54,419)	\$ 34,707		\$ (89,873)
Total DHS Share - Post Tax	\$ (70,160)	\$ (54,419)	\$ 34,707		\$ (89,873)

(1) - Excludes Retroactive Enrollment for Family and Children and Expansion populations.

3. High Risk Newborn Risk Pool

Background

In recent years, the State has become increasingly aware of the volatility of newborn costs between MCOs and the resulting impact on MCO performance. In many cases, the MCOs are automatically assigned a newborn or a late-term pregnant mother, not enabling them to manage the care in order to reduce costs. In response to this concern, the State introduced a High Risk Newborn Pool (HRNBP) to protect MCOs with high risk newborns in CY 2019, and will continue to implement this pool in July 2021 through December 2021.

Applies to the following

- Populations
 - All Family and Children and Expansion newborns (defined as being in an 'Ages < 1' rate code)
 - Medicaid Only ABD newborns (defined as being in an 'Ages < 1' rate code)
- MCOs
 - All MCOs

Exclusions

- Membership
 - Retroactive enrollment for Family and Children and Expansion newborns
 - Dual eligible enrollment for all newborns
- Health Care Expenses
 - Claims not meeting the eligibility criteria described below.

Items needed from the MCOs

- MCOs will provide a validation of data from State's data warehouse intended to be included in the pool and IBNP assumptions and documentation for eligible claims.

Mechanics

- Eligible Claims
 - High risk newborns will be determined using APR Diagnosis-Related Groups (DRGs) version consistent with the effective year of the risk pool. Eligible DRGs include neonates with a birthweight below 1,500 grams (588, 589, 591, 593, 602, 603, 607, 608), neonates above 1,500 grams with major procedure (609, 630, and 631), and neonates with ECMO (583). Only costs associated with these DRGs are eligible for the risk pool.
 - Eligible claims will be determined based on admission date. If a claim crosses between multiple rating periods, the dollars will be included in the rating period corresponding to the admission date of the claim.
 - Claims must be an accepted claim in the State's data warehouse, but will allow for an incomplete claim adjustment.
 - The risk pool amount is based on a PMPM calculated using eligible claims in the base year multiplied by the current period's newborn member months. The PMPM loaded into the July through December 2021 rates is \$301.12. MCOs hold this funding as a placeholder but final revenue will be based on this settlement.
 - To minimize cash flow issues, this risk pool amount will initially be allocated to each MCO on a PMPM basis based on their number of newborns from the Family and Children population during the rate setting period. This funding is not guaranteed revenue for each MCO but will instead be re-allocated to the appropriate MCOs once the high risk newborn settlement takes place after the rate setting period.
 - The risk pool will be budget-neutral from the State's perspective, simply shifting money between MCOs based on which MCOs get a larger share of high risk newborns. The pool will be allocated between MCOs based on their actual costs for eligible newborns with eligible DRGs costs, including transfers, identified as members discharged and admitted within one day. An MCO's share of the pool will be the MCOs eligible costs / the sum of eligible costs across the entire QI program for the rate setting period. Regardless
-

of the actual high risk newborn claims paid out in July 2021 through December 2021, the total amount paid out of the HRNBP will be no less than/greater than the amount loaded into the risk pool.

- IBNP for Open claims
 - For claims that are still open when the final settlement is calculated, an MCO will be required to provide an Incurred-But-Not-Paid (IBNP) estimate for the remainder of the claim. MCOs must provide detailed documentation of IBNP assumptions.
 - Once reviewed and approved, IBNP estimates related to eligible claims will be included with eligible costs.
- The settlements will be calculated in total across populations and MCOs.

Timing

- Quarterly Updates
 - The State will provide quarterly updates to the MCOs showing their current share of the pool relative to the rest of the QI program.
 - These updates are informational only and no money will be paid out with these updates.
- Final Settlement
 - A final settlement will take place once the retroactive and high cost drug risk corridor settlements have been finalized.

TEMPLATE 3 - High Risk Newborn Pool State of Hawai'i, Department of Human Services High Risk Newborn Pool Calculation Effective Period: July 1, 2021 - December 31, 2021		
	Individual MCO	All MCOs ⁽¹⁾
1. Member Months		
Newborn Member Months (Excluding Retroactive Enrollment)	20,000	100,000
2. Risk Pool Amount Eligible		
Base Year High Risk Newborn Pool Eligible Costs (Excluding High Cost Drugs and Retroactive Enrollment)		\$ 30,170,982
Base Year Newborn Member Months		100,197
Base Year High Risk Newborn Pool Funding PMPM	\$ 301.12	\$ 301.12
Total High Risk Newborn Pool Funding Received	\$ 6,022,308	\$ 30,111,540
3. Risk Pool Distribution		
High Risk Newborn Pool Eligible Costs Paid (Excluding High Cost Drugs and Retroactive Enrollment)	\$ 7,000,000	\$ 21,000,000
High Risk Newborn Pool Eligible IBNP (Excluding High Cost Drugs and Retroactive Enrollment) ⁽²⁾	\$ 1,000,000	\$ 3,500,000
Total High Risk Newborn Pool Eligible Costs (Excluding High Cost Drugs and Retroactive Enrollment)	\$ 8,000,000	\$ 24,500,000
Risk Pool Distribution Percentage	33%	
Total Risk Pool Revenue	\$ 9,832,340	\$ 30,111,540
4. Settlement Calculations		
Redistributed Revenue	\$ 3,810,032	\$ -
(1) Total High Risk Newborn Pool Eligible Costs won't be known until we receive forms from all the MCOs (2) MCOs must provide detailed documentation supporting IBNP assumptions.		

4. Aggregate Gain/Loss Share

Background

There was concern relative to the gain-share program being one-sided. The program was changed in CY 2017 to provide two sided protection to the MCOs. Additionally, gains or losses are determined by MCO across all populations.

Applies to the following

- Populations
 - All QUEST Integration populations
- MCOs
 - All MCOs

Exclusions

- Revenue
 - Supplemental Payments
 - Premium Tax Revenue
 - Facility Pay for Performance Pool
 - Reinsurance Premium
 - Retroactive Revenue
 - High Cost Drug Revenue
 - Administrative Load
- MCO Expenses
 - Retroactive High Cost Drug Claims
 - High Cost Drug Claims
 - Supplemental Payments
 - Facility Pay for Performance Pool

Items needed from the MCOs

- Populated Aggregate Financials
- Claim Lag Triangles

Mechanics

- Other risk protections will be accounted to ensure there is no overlapping of risk corridors. The other risk corridors include the retroactive enrollment corridor, high cost drug corridor, and the high risk newborn pool. High risk newborn pool revenue and claims will be included in the settlement, but revenue will be adjusted for the redistribution from the pool that takes place.
 - This will not be applied separately for each population, but in aggregate for all of managed care.
 - Costs for a member will be adjusted to be consistent with any pricing adjustments included in the rate development. Specifically, if there are unit cost issues with a plan such that repricing was required for the rate development material, that same repricing would be applied to the claims before application of the aggregate gain/loss share settlement.
 - Revenue includes the full amount of withhold regardless of how much was earned. Assumed administrative load is as follows:
 - Expansion 8.5%
 - Aged, Blind, and Disabled (ABD) 6.05%
-

- o Family and Children 8.5%
- o Note that MCOs who do not participate on all islands will have administration reduced by 0.50% for the Family & Child and Expansion populations and 0.25% for ABD population, respectively. The MCO specific administrative assumption will be used for that calculation.
- For the gain/loss calculation, the net gain or loss percentage will be computed for each MCO separately.
 - o If there is MCO-specific gain/losses exceeding 3%, the DHS will share equally in the gain/loss between 3% and 5%.
 - o The DHS will recover/reimburse all gains/losses exceeding 5%.

Timing

- The settlement will take place once the retroactive, high cost drug risk corridor, and high risk newborn pool settlements have been finalized.

TEMPLATE 4 - Aggregate Gain Loss Share					
State of Hawai'i, Department of Human Services				Threshold	3.00%
Aggregate Gain Loss Share Calculation					5.00%
Effective Period: July 1, 2021 - December 31, 2021				Share	50.00%
				Prem Tax	0.00%
	ABD⁽¹⁾	F&C	Expansion	Total	
1. Member Months	140,000	140,000	40,000	320,000	
2. Revenue					
Total Reported Revenue ⁽²⁾	\$ 28,500,000	\$ 39,000,000	\$ 28,000,000	\$ 95,500,000	
P4P Withhold	\$ (2,000,000)	\$ (300,000)	\$ (200,000)	\$ (2,500,000)	
Supplemental Payments	\$ 300,000	\$ 400,000	\$ 300,000	\$ 1,000,000	
Premium Tax Revenue	\$ 1,300,000	\$ 1,800,000	\$ 1,300,000	\$ 4,400,000	
Facility Pay for Performance Pool Revenue	\$ 700,000	\$ 800,000	\$ 600,000	\$ 2,100,000	
Reinsurance Premium	\$ 600,000	\$ 600,000	\$ 600,000	\$ 1,800,000	
Revenue Covered Under Other Settlements					
Retroactive Revenue	NA	\$ 1,845,000	\$ 1,315,000	\$ 3,160,000	
High Cost Drug Revenue ⁽³⁾	\$ 8,783,519	\$ 584,705	\$ 297,893	\$ 9,666,118	
High Risk Newborn Pool Revenue ⁽³⁾	\$ -	\$ 4,163,969	NA	\$ 4,163,969	
Net Total Revenue	\$ 18,816,481	\$ 29,106,326	\$ 23,787,107	\$ 71,709,913	
Health Care Services Portion of Total Revenue % ⁽⁴⁾	93.95%	91.50%	91.50%	92.14%	
Health Care Services Portion of Total Revenue \$	\$ 17,678,084	\$ 26,632,288	\$ 21,765,203	\$ 66,075,575	
3. Health Care Expense					
Incurred Claims					
Medical	\$ 6,150,000	\$ 15,540,000	\$ 11,475,000	\$ 33,165,000	
Pharmacy	\$ 6,075,000	\$ 7,770,000	\$ 5,737,500	\$ 19,582,500	
LTSS	\$ 15,000,000			\$ 15,000,000	
Other Benefit Costs					
Subcapitation	\$ -	\$ -	\$ -	\$ -	
Care coordination/case management	\$ 3,000,000	\$ 2,500,000	\$ 1,300,000	\$ 6,800,000	
Provider incentive and bonus payments	\$ 500,000	\$ 1,000,000	\$ 500,000	\$ 2,000,000	
Recoveries (TPL, subrogation, fraud, reinsurance)	\$ (400,000)	\$ (200,000)		\$ (600,000)	
Other medical/benefit costs	\$ 2,000,000	\$ 2,500,000	\$ 1,000,000	\$ 5,500,000	
Other Supplemental Rx Rebates	\$ (250,000)	\$ (250,000)	\$ (250,000)	\$ (750,000)	
Total Health Care Expenses	\$ 32,075,000	\$ 28,860,000	\$ 19,762,500	\$ 80,697,500	
Expenses Covered Under Other Settlements					
Retroactive Health Care Expenses	NA	\$ 1,206,900	\$ 1,649,400	\$ 2,856,300	
High Cost Drug Expenses	\$ 8,640,000	\$ 613,500	\$ 225,600	\$ 9,479,100	
Total Health Care Expenses Eligible for Aggregate Gain Share	\$ 23,435,000	\$ 27,039,600	\$ 17,887,500	\$ 68,362,100	
4. Settlement Calculations					
Net Gain/Loss	\$ (5,756,916)	\$ (407,312)	\$ 3,877,703	\$ (2,286,525)	
Calculated Gain/Loss Percentage	-32.57%	-1.53%	17.82%	-3.46%	
Below 3.00%				-3.00%	
Between 3.00% and 5.00%				-0.46%	
Above 5.00%				0.00%	
Plan Share of Gain/(Loss) < 3.00%				\$ (1,982,267)	
Plan Share of Gain/(Loss) 3.00% to 5.00%				\$ (152,129)	
DHS Share of Gain/(Loss) 3.00% to 5.00%				\$ (152,129)	
DHS Share of Gain/(Loss) > 5.00%				\$ -	
Total DHS Share - Pre Tax				\$ (152,129)	
Total DHS Share - Post Tax				\$ (152,129)	
(1) - Retroactive revenue and expenses are included since there is not a separate retroactive settlement for ABD. (2) - The revenue is net of the P4P amount withheld and does not include any P4P withhold amount earned by the health plan. (3) - Total high cost drug and newborn risk pool revenue includes administrative load. (4) - Note that health plans who do not participate on all islands will have administration reduced by 0.50% and 0.25% for non-ABD and ABD populations, respectively. The health plan specific administrative assumption will be used for that calculation.					