
***Commonwealth of Virginia
Department of Medical
Assistance Services***

**CY 2017 Commonwealth
Coordinated Care Plus
Medicaid Long Term Services
and Supports (CCC PLUS)
Capitation Rate Report**

Revised June 26, 2017

Submitted by:

PricewaterhouseCoopers LLP
Three Embarcadero Center
San Francisco, CA 94111





Mr. William J. Lessard, Jr.
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

June 26, 2017

Dear Bill:

**Re: CY2017 Commonwealth Coordinated Care Plus
Medicaid Managed Long Term Services and Supports (CCC Plus) Rate Development –
Revised June 2017**

This report provides a description of the methodology used to classify historical eligibility and claims for the population that will be eligible for the planned Medicaid Managed Long Term Services and Supports (**CCC PLUS**) program. We look forward to your review and comments.

Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary, oversaw the preparation of the rate certification.

Please call Sandra Hunt if you have any questions regarding the rate certification.

Very Truly Yours,

A handwritten signature in cursive script that reads "PricewaterhouseCoopers".

PricewaterhouseCoopers LLP



Disclaimer

In preparing this Commonwealth Coordinated Care Plus (CCC Plus) report, we relied on data and other information provided by the Commonwealth and select Medicaid vendors. We have not audited or verified this data or other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data for reasonableness and consistency and believe that the overall data are reasonable.

If there are material errors or omissions in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between the historical base data and future experience depends on unknown changes in policy and programs, and on the extent to which future experience conforms to the assumptions made in the report and by the reviewer. It is certain that actual experience will not conform exactly to the experience presented in the report. We also note that there are CCC Plus population summaries that are based on small numbers of CCC Plus eligibles and the historical utilization for these cohorts may be particularly unreliable.

This report is intended to assist the Commonwealth of Virginia and the contracting MCOs to continue to assess the health risk of the CCC Plus populations and to determine if the projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. It may not be appropriate for other uses. PricewaterhouseCoopers does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should be reviewed only in its entirety. It assumes the reader is familiar with the CCC Plus populations and programs and can interpret and review historical Medicaid eligibility and claims payment data.

The results in this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely upon these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.



Actuarial Certification of

CY 2017 Commonwealth Coordinated Care Plus Capitation Rates:

**Managed Long Term Services and Supports
Commonwealth of Virginia Department of Medical Assistance Services**

I, Peter Davidson, am associated with the firm PricewaterhouseCoopers (PwC). I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board.

This actuarial certification is provided in conjunction with assistance requested by the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) to develop actuarially sound capitation rates for the Commonwealth Coordinated Care Plus program for calendar year 2017. Commonwealth Coordinated Care Plus is Virginia's integrated program of acute care and managed Long Term Services and Supports (CCC Plus). The rates included in the attached report represent only Medicaid covered services, and this certification relates only to Medicaid covered services. Total payments to MCOs participating in the CCC Plus program include separate payments from the Medicare program for those who are Dual eligibles and from private insurers for those who have private insurance.

The capitation rates provided with this certification are considered actuarially sound and meet the standards in 42 CFR 438.3(c), 438.3(e), 438.4(a), 438.4(b)(1), 438.4(b)(2), 438.4(b)(5), 438.4(b)(6), 438.5(a), 438.5(g), 438.6(a), 438.6(b)(1), 438.6(b)(2), and 438.6(e). I reviewed the base data used in the development of the capitation rates for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data. The assumptions and methodology used in the development of the actuarially sound capitation rates are documented in the report to which this certification is attached.

The proposed actuarially sound rates included with this certification are a projection of future events. It may be expected that actual experience will vary from the values shown here. The capitation rates may not be appropriate for any specific health plan. Each health plan will need to review the rates in relation to the benefits it is obligated to provide. The health plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the proposed capitation rates.

A handwritten signature in black ink that reads "Peter B. Davidson".

Peter B. Davidson, FSA
Member, American Academy of Actuaries

June 26, 2017

Date

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***Commonwealth Coordinated Care Plus:
Medicaid managed long term services and supports
CY 2017 capitation rate development***

Prepared by PricewaterhouseCoopers LLP

Revised June 26, 2017

Introduction

Background

PricewaterhouseCoopers LLP (PwC) has been retained by the Virginia Department of Medical Assistance Services (DMAS) to provide actuarial and consulting services related to the development of actuarially sound capitation rates for a new Medicaid managed care expansion. This expansion is called Commonwealth Coordinated Care Plus (CCC Plus), a Medicaid Managed Long Term Services and Supports (MLTSS) program. This will include Dual eligible and Non-Dual eligible members who receive LTSS, either through an institution or through one of five of DMAS' home and community based waivers. The program also includes Non-Dual members who are Aged, Blind and Disabled in the community, but who do not receive LTSS. This group is considered at risk for LTSS. These rates will be in effect for the period August 1, 2017 to December 31, 2017. All references to "rates" or "capitation rates" refer to the Medicaid rates for the CCC Plus program.

This document has been organized to follow the order of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide) released by CMS in October 2016. Section 3 of the 2017 MMC Guide is not applicable to this rate setting.

Overview of CCC Plus program

This overview is drawn from documents provided by DMAS and materials that are publicly accessible on the DMAS Commonwealth Coordinated Care Plus (CCC Plus) website. These materials and other documents related to the development of the Medicaid managed long term services and supports (CCC Plus) program can be accessed at http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

DMAS will implement a single mandatory Medicaid CCC Plus program beginning in August 2017. Under this single Medicaid CCC Plus program, there will be mandatory enrollment of over 200,000 individuals with complex care needs, including the majority of the current fee-for-service populations, into managed care.

This will include Dual eligible and Non-Dual eligible members who receive LTSS, either through an institution or through one of five of DMAS' home and community based services (HCBS) waivers. Individuals enrolled in the CCC Dual demonstration will transition into CCC Plus when the CCC Duals demonstration program ends on December 31, 2017. Individuals enrolled in the three developmental disability waivers (Community Living, Family and Individual Support and Building Independence waivers) will be enrolled in CCC Plus for their non-waiver services only (e.g., acute, behavioral health, pharmacy, and non-LTSS waiver transportation services). These individuals will continue to receive their home and community-based LTSS through Medicaid fee-for-service until sometime after the Department of Behavioral Health and Developmental Services (DBHDS) and DMAS complete the implementation of these waivers.

DMAS has solicited MCOs to provide coverage under the CCC Plus program through a competitive procurement. Six MCOs have signed contracts with DMAS. All plans will be statewide. CCC Plus MCOs must be NCQA accredited or be in the process of acquiring NCQA accreditation and have the legal capacity to enter into a contract with DMAS and have current certificates of authority to operate in the Commonwealth of Virginia, as determined by the Virginia Bureau of Insurance and the Virginia Department of Health. CCC Plus MCOs must also have a contract approved by the Centers for Medicare and Medicaid Services (CMS), or in the process of being approved within two years by CMS, to operate as a Dual Eligible Special Needs Plan (D-SNP) in the localities where the health plan operates as a Medicaid MLTSS plan.

The CCC Plus program will operate statewide. The CCC Plus populations will be phased-in regionally for all populations except those who are currently enrolled in the CCC Duals Demonstration and the ABAD population currently enrolled in the Medallion 3.0 MCOs. Populations currently enrolled in the CCC Duals

Demonstration and the ABAD population currently enrolled in the Medallion 3.0 MCOs will join the CCC Plus program effective January 1, 2018.

Table 2 provides a summary of the features of the CCC Plus program.

Table 2
Design elements of Commonwealth Coordinated Care Plus

Design element	CCC Plus
Eligible Populations	<p>Duals with full Medicaid benefits (with or without LTSS) Includes:</p> <ul style="list-style-type: none"> • Duals excluded from the CCC demonstration • Duals who were eligible for but did not enroll in the CCC demonstration • Duals enrolled in the CCC demonstration. CCC demonstration Duals will transition to CCC Plus when the CCC program ends on December 31, 2017 <p>Non-Duals with LTSS</p> <p>Non-Dual Aged, Blind, and Disabled (ABAD) populations currently in Medallion 3.0 (this population will transition on January 1, 2018) and the remaining ABAD population in FFS that do not use LTSS.</p>
Excluded Populations	<p>ICF/ID, HIPP, Alzheimers waiver, Psychiatric Residential Treatment Level-C Facility, Veterans NF, State ICF-MH (Piedmont, Catawba, Hancock), Tangier Island, PACE, and Limited coverage groups including refugees, Governors Access Plan (GAP), and Plan First. Populations are also excluded if they receive care in any of six facilities, including the Virginia Home (Richmond), Lucy Corr (Chesterfield), Lake Taylor (Norfolk), Dogwood Village (Orange), Bedford (Bedford) and Birmingham Green (Northern Virginia)</p>
Included Services	<p>Full spectrum of care (primary, acute, long-term, behavioral health, care coordination); integrated model</p>
Excluded Services	<p>Very few carve-outs; ID, DD, and DS waiver services (including transportation to these ID/DD/DS services), dental, school services; For CY 2017 Community Mental Health Services and MH case management services</p>
Service Area	<p>Plan to phase in by region and to operate statewide</p>
MCOs	<p>Six plans determined through a competitive RFP process</p>
Federal Authority	<p>Medicaid 1915(b) and 1915(c) waivers</p>
Contract	<p>Fully-capitated risk-based; actuarially sound capitation rates. Offers value based payment opportunities</p>
Health Plan Requirements	<p>Bureau of Insurance Approval and MCHIP Certification through VDH; approved or seeking approval by CMS to operate as a Dual SNP</p>
Quality	<p>NCQA Accreditation and 1915 (c) waiver quality assurances</p>
Beneficiary Protections	<p>Continuity of care, Ombudsman, appeals, others to be determined</p>

Overview of capitation rates

The capitation rates for the CCC Plus program for the period August 1, 2017 to December 31, 2017 are presented in the following exhibits by rate cell and in Exhibit 9 of the accompanying documentation. CCC Plus populations will be phased in by region over this period of time. The rates in the exhibit are on a gross basis prior to any amounts that are expected to be paid by the enrollees and recouped by the nursing facilities and Home and Community Based Services providers. These capitation rates do not include any quality incentives. Quality incentives will be incorporated into the CCC Plus rates beginning in CY 2018.

Virginia Medicaid

CY 2017 CCC Plus Capitation Rate Development

Final Blended Capitation Rates Summary

Rate Cell Category	Age Group	Region						CY 2017 Average
		Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
Final Blended Capitation Rates (with Mix Shift)								
<i>Blended NH and EDCD</i>								
Dual	All Ages	\$3,596.26	\$3,505.77	\$4,537.70	\$3,589.01	\$3,115.93	\$3,838.16	\$3,769.30
Non-Dual	All Ages	\$4,521.96	\$3,862.18	\$4,374.75	\$4,467.41	\$5,233.91	\$4,815.84	\$4,471.67
<i>DD Waivers</i>								
Dual	All Ages							\$188.08
Non-Dual	All Ages							\$1,051.58
<i>Technology Assisted Waiver</i>	All Ages							\$12,564.28
<i>Community No LTSS</i>								
Dual	Age Under 65	\$229.69	\$182.17	\$198.78	\$178.87	\$127.91	\$240.71	\$191.70
	Age 65 and Over	\$288.58	\$302.21	\$187.18	\$409.70	\$205.53	\$280.05	\$250.42
Non-Dual	All Ages							\$430.73

Note:

Average is weighted enrollment eligibility distribution as of June 2016
 Pharmacy reinsurance applied on the Non-Dual CCC Plus population
 Non-ER transportation PMPM includes administrative cost adjustment
 Includes the ARTS adjustment

Medicaid managed care rates

1. General information

This section provides the information requested under the General Information section of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section 1.

The capitation rates provided in this certification are actuarially sound for purposes of standards in 42 CFR 438.3(c), 438.3(e), 438.4(a), 438.4(b)(1), 438.4(b)(2), 438.4(b)(5), 438.4(b)(6), 438.5(a), 438.5(g), 438.6(a), 438.6(b)(1), 438.6(b)(2), and 438.6(e), 438.7(a), and 438.7(d) as well as provisions that impact rate development including 438.2, 438.3(c) and 438.3(e) as of the effective date of the final rule (July 5, 2016).

- Capitation rates have been developed in accordance with generally accepted actuarial principles and practices
- The capitation rates are appropriate for the Medicaid populations to be covered and the Medicaid services to be covered under the contract
- The capitation rates meet the requirements of 42 CFR 438.3(c)

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we reviewed published guidance from the American Academy of Actuaries, the Actuarial Standards Board, CMS Guidance and federal regulations. Specifically, the following were reviewed during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting, including: ASOP 1 Actuarial Standards of Practice, ASOP 5 Incurred Health and Disability Claims, ASOP 23 Data Quality, ASOP 25 Credibility Procedures, ASOP 41 Actuarial Communications, and ASOP 49 Medicaid Managed Care Rate Development and Certification.
- Federal regulation 42 CFR 438.3(c)
- 2017 Medicaid Managed Care Rate Development Guide published by CMS on October 21, 2016
- The definition of actuarially sound 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.”

A. Annual basis

The capitation rates for the CCC Plus program are for the five month period August 1, 2017 to December 31, 2017. This is the first year of the program, and CCC Plus populations will be phased in by region over this period of time. Subsequent rates, starting with CY 2018, will be on an annual 12 month calendar year basis.

B. Documentation

The report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions, and methods of analyzing data, developing adjustments and trend.

C. Index

The index to the rate certification is the Table of Contents and the Exhibits included in the Appendices. The Table of Contents references section numbers that follow the 2017 MMC Guide and the related page number. Sections that are not relevant to the certification are included in the Table of Contents, and the text includes an explanation of why they are not relevant.

D. Required elements

i. Actuarial certification

The actuarial certification, signed by Peter B. Davidson, FSA, MAAA, is presented before the Table of Contents. Mr. Davidson meets the qualification standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board, that certify that the final rates meet the standards in 42 C.F.R. §§ 438.4(a), 438.4(b)(1), 438.4(b)(2), 438.4(b)(5), 438.4(b)(6), 438.5(a), 438.5(g), 438.6(a), 438.6(b)(1), 438.6(b)(2), 438.6(e), 438.7(a), and 438.7(d) as well as provisions that impact rate development including 438.2, 438.3(c) and 438.3(e) as of the effective date of the final rule (July 5, 2016).

ii. Certified rates

The certified capitation rates by rate cell are presented in the Appendix Exhibit 9. These rates represent the contracted capitation rates to be paid to the CCC Plus MCOs (MCOs) on a gross basis, prior to reduction for patient pay liability¹. -

iii. Capitation rates for each rate cell

The certified capitation rates by rate cell are presented in the Appendix Exhibit 9. These rates represent the contracted capitation rates to be paid to the CCC Plus MCOs (MCOs) on a gross basis prior to reduction for projected patient pay liability.

There will be 28 rate cells used in the CY 2017 CCC Plus program. Capitation rate cells for CCC Plus vary based on the following criteria:

- **Dual Status:** Most of the CCC Plus populations will have separate rate cells for the Dual and Non-Dual populations.
- **Waiver Category/Use of LTSS:** There will be a blended rate cell for both the Dual and Non-Dual populations that meet Nursing Facility Level of Care criteria and receive services either in a nursing home setting or in the community under the EDCD waiver. There are additional rate cells for the Dual and Non-Dual in the Community who do not meet Nursing Facility Level of Care criteria and do not qualify for any LTSS. There are rate cells for those who are in any of the Developmental Disability waivers and a rate cell for those in the Technology Assisted Waiver.
- **Demographics.** Rate cells are either All Ages or are separated for Age Under 65 and Age 65 and Over. Only Dual Community No LTSS will use the under and over 65 age rate cells in this rating period.
- **Geography.** The state is divided into five rate regions for four of the CCC Plus populations: the Dual and Non-Dual that meet Nursing Facility Level of Care criteria and receive services either in an institutional nursing home setting or in the community under the EDCD waiver and the Dual and Non-Dual Community No LTSS. The regions are: Central, Charlottesville/Western, Northern Virginia and Winchester, Roanoke-Alleghany, Southwest and Tidewater. There will be single statewide rates for Dual and Non-Dual DD Waiver, the Technology Assisted Waiver, and Non-Duals Community No LTSS.

¹ Individuals in nursing home or an HCBS waiver may incur a "patient pay liability". This amount is subtracted from the capitation payment. It is the responsibility of the managed care organization to work with its nursing facility and HCBS providers to collect this amount from the patient.

iv. Program information

(a) Managed care information

DMAS will implement a single mandatory Medicaid CCC Plus program beginning in August 2017. Under this Medicaid MLTSS program, there will be mandatory enrollment of over 200,000 individuals with complex care needs into managed care, including the majority of the current fee-for-service populations. This will include Dual eligible and Non-Dual eligible members who receive LTSS, either through an institution or through one of five of DMAS' home and community based services (HCBS) waivers. Individuals with developmental disabilities (DD) enrolled in the in the Community Living, Family and Individual Support and Building Independence Waivers will be enrolled in CCC Plus for their non-waiver services only (e.g., acute, behavioral health, pharmacy, and non-LTSS waiver transportation services). These individuals will continue to receive their home and community-based LTSS through Medicaid fee-for-service until sometime after the Department of Behavioral Health and Developmental Services (DBHDS) and DMAS complete the redesign and implementation of these Waivers.

DMAS will begin a phased in implementation of the CCC Plus program by region beginning in August 1, 2017. Individuals enrolled in the Commonwealth Coordinated Care Duals Demonstration Financial Alignment Demonstration will transition into CCC Plus when the CCC Duals demonstration program ends on December 31, 2017. Also at that time, Non-Dual Aged Blind and Disabled (ABAD) who are currently enrolled in the Medallion 3.0 Medicaid managed care program will transition to CCC Plus. These rates do not include the populations who will be transitioning to CCC Plus on January 1, 2018.

Table 1 presents the planned implementation schedule.

Section I. Table 1

Commonwealth Coordinated Care Plus: timeline for population enrollment

Region	Proposed Launch Date
Tidewater	August 1, 2017
Central	September 1, 2017
Charlottesville/Western	October 1, 2017
Roanoke/Alleghany & Southwest	November 1, 2017
Northern/Winchester	December 1, 2017
CCC Duals Enrollees & ABAD transitioning from Medallion 3.0 - Statewide	January 1, 2018

(b) Rating period

The capitation rates for the CCC Plus program are effective for the five month period August 1, 2017 to December 31, 2017.

(c) Medicaid covered populations

DMAS will implement a single mandatory Medicaid CCC Plus program beginning in August 2017. Under this single Medicaid managed long term services and supports program, there will be mandatory enrollment of both Dual Eligible and Non-Dual Eligible individuals with complex care needs.

Dual Eligible individuals

In 2017 Dual Eligible individuals fall into two categories:

- **Duals eligible for the CCC Duals Demonstration who opted out:** Based on a recent DMAS analysis, there are approximately 37,000 CCC Dual eligible individuals who chose not to participate in the CCC Duals Demonstration. This population includes individuals with LTSS and individuals in the community with no LTSS.
- **Duals who were not eligible for the CCC Duals Demonstration:** This is approximately 45,000 Duals who were not eligible for the CCC Duals program because they are Duals under age 21, Duals who participate in a HCBS waiver other than EDCD, and Duals who live outside of the CCC Duals Demonstration localities.

Non-Dual Eligible individuals who receive Long Term Services and Supports

In 2017, DMAS estimates that there are approximately 18,000 Non-Dual Medicaid-Only individuals who receive LTSS. They fall into two major categories:

- **In Medallion 3.0 MCOs:** Non-Dual Children and Adults who are currently enrolled in the Medallion 3.0 managed care program. At present, this includes Health and Acute Care Program (HAP) population who receive EDCD waiver services and some individuals in DD waivers. All of this population will be transitioned to CCC Plus in CY17 based on the geographic timeline for transition.
- **In Medicaid FFS:** Non-Dual FFS populations in nursing facilities or who use HCBS waiver services and were not eligible for enrollment into Medallion 3.0 MCOs. Many of these individuals have private insurance or have been in one of the DD waivers.

In 2018, additional Dual and Non-Dual populations will be eligible for CCC Plus.

(d) Eligibility and enrollment criteria

Because the CCC Plus program goals include enrolling the majority of the current Medicaid FFS population into managed care programs, CCC Plus eligibility criteria are broader than the criteria that exist in other DMAS managed care programs. In particular, CCC Plus will include individuals that:

- Have other major private third party liability (TPL) coverage in addition to Medicare
- Reside in a nursing facility or long stay hospital facility
- Participate in the following HCBS waivers:
 - Elderly and Disabled with Consumer Direction (EDCD)
 - Technology Assisted (Tech) Waiver
 - Community Living, Family and Individual Supports and Building Independence waivers for individuals with developmental disabilities.

Those with End Stage Renal Disease (ESRD) or those in Hospice will not be auto-enrolled in the CCC Plus program, but eligibles who, after CCC Plus enrollment, meet the requirement for ESRD or Hospice, will remain in a CCC Plus health plan for those services. For purposes of the CCC Plus rate development, these populations and their claims experience are included.

Enrollment will be mandatory for all CCC Plus eligible populations. Eligible individuals who do not voluntarily enroll will be auto-assigned to a participating CCC Plus MCO. Those auto-assigned individuals will have 90 days to decide whether to remain in the assigned CCC Plus MCO or to choose another plan available in their region.

(e) Description or list of benefits that are required to be provided by the managed care MCOs

The full list of covered benefits is available at http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

2. Data

This section provides the information on the base data used to develop the CCC Plus capitation rates and follows the outline of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section I.2. The historical base data is presented in Appendix A as the Exhibits 1.

A. Description of the data

Section I. Table 2

Description of the Data

Source	Data	Time period
Virginia DMAS	Medicaid Eligibility File (monthly) Capitation Payment invoice files (monthly) FFS paid claims files (monthly)	All service categories (invoices) for Base period CY 2014 to CY 2015 with run out to June 2016, except Base period CY 2015 with run out to June 2016, for Non-Dual EDCD Includes behavioral health paid from January 2013 to November 2013
Virginia DMAS Vendors	Magellan Behavioral Health paid claims files (monthly) Consumer Directed Services paid claims files (monthly)	Base period December 2013 to December 2015 with run out to June 2016 Base period CY 2014 to CY 2015 with run out to June 2016
Medallion 3.0 MCOs – HAP Non-Dual with EDCD	MCO encounter data (annual submission with updates) MCO subcapitation and vendor payment data	Base period CY 2014 to CY 2015 with run out to February 2016 Data through October 2015

i. Description of the data

(a) Types of data

Rate setting for the CCC Plus population currently in Medicaid FFS uses the DMAS Fee for Service paid claims files. Rate setting for the established Medicaid managed care programs use MCO encounter data.

The type of data that may be used includes:

- Virginia Medicaid eligibility and capitation payment files;
- FFS claims data for the population and services to be covered under managed care program expansions;
- Health plan encounter data for the population and services in managed care;
- Health plan vendor payments for subcontracted services;
- For some components of the analysis, health plan financial data

For the FFS population, eligibility determination used the monthly eligibility files provided by Virginia DMAS. For the current Medallion 3.0 enrollees, eligibility determination used the monthly capitation payment files provided by Virginia DMAS.

FFS Medicaid Population eligible for CCC Plus

For the current Medicaid fee-for-service populations that will be enrolled in the CCC Plus program, data includes historical fee for service payments for acute, behavioral health services, and LTSS services that are Medicaid state plan or HCBS waiver services included in the CCC Plus program. This was supplemented by vendor files for behavioral health and payroll files for those receiving consumer directed services under the EDCD waiver.

PwC obtained detailed Medicaid historical fee-for-service claims and eligibility data from DMAS Medicaid Management Information System (MMIS) for services incurred and months of enrollment during calendar years 2014 and 2015 with claims paid through June 2016. The claims in the historical database include Medicaid paid amounts net of any third party insurance payments, which are primarily Medicare payments, and the amounts for which patients are personally responsible for nursing facility and home and community base services, termed the patient pay amount.

Individuals in the base data eligible for CCC Plus were matched to other data sets to bring in the relevant costs. These are 1) behavioral health costs managed by Magellan under an administrative services arrangement that began December 1, 2013, and 2) claims associated with consumer-directed personal care and respite care services received under the EDCD waiver that are paid through a separate vendor.

All claims, non-claims payment data, and eligibility data for members who are not eligible for CCC Plus were excluded from the historical data.

Claims experience for Duals who are eligible for the CCC Duals demonstration are included up to their date of enrollment in the CCC Duals demonstration. Once these duals are enrolled in CCC, the Medicaid acute (mostly Medicare crossover) and LTSS service costs are the responsibility of the health plan and claims are no longer processed in the DMAS Medicaid Management Information System. This applies to Duals enrolled in the CCC Duals Demonstration starting in April 2014. Claims for CCC Dual eligibles who opted out or who disenrolled from CCC are included.

Health and Acute Care Program (HAP) population enrolled in Medallion 3.0

The acute care eligibility and claims history for the Health and Acute Care Program (HAP, formerly ALTC/HAP) population uses the DMAS capitation file to establish eligibility and the submitted MCO encounter data and capitation payments for acute care claims history. For the MCO enrolled population, the primary data source for acute care services is the Medallion 3.0 encounter data submitted by the Medallion 3.0 MCOs.

Supplemental components are used for certain portions of the acute care component of MCO enrolled population analysis. Specifically, we incorporated health plan data related to:

- Capitation arrangements with subcontractors, primarily for laboratory, radiology and non-emergency transportation;
- Supplemental payments, such as physician incentives and case management fees, not already reflected in the encounter data;
- Prescription drug purchasing arrangements, including rebates; and
- Health plan administrative costs.

Historical payments for LTSS and other services that are Medicaid state plan services included in the CCC Plus program, but which are carved out of the Medallion 3.0 MCO contracts, were added by matching HAP enrollees to other data sources, including DMAS FFS invoices and vendor payments.

(b) Age of the data

The base period data for the majority of the CCC Plus populations is fee for service claims in CY 2014 and CY 2015, with run out through June 2016. For the Non-Dual MCO enrolled population with EDCD and DD waivers, the base period is the same CY 2014 and CY 2015 used in the FY 2017 Medallion 3.0 rate setting. The exception is the fee for service non Dual EDCD waiver population that is not enrolled in an MCO uses only CY 2015 data. This period is used because there was a managed care expansion effective December 2014 which moved the fee-for service population with EDCD waiver (no TPL) into the Medallion 3.0 program.

(c) Data sources

As indicated in the Section I, Table 2, the sources of data included DMAS eligibility files, DMAS fee for service paid claims files, and DMAS vendor files for behavioral health and payments to EDCD caregivers. MCO encounter and subcapitated vendor files were used for the acute care component of the base data for CCC Plus eligible that are currently enrolled in the Medallion 3.0 managed care program.

(d) Arrangements with subcapitated vendors

The only arrangements with vendors that are subcapitated occurs among the CCC Plus populations that will be transitioned from the Medallion 3.0 program into the managed LTSS program. The two sub populations are Non-Dual MCO Enrolled EDCD and Non-Dual MCO enrolled in DD waivers. Some of the Medallion 3.0 MCOs subcapitate laboratory, radiology and non-emergency transportation. One plan subcapitates behavioral health. The amount of subcapitation is less than 1.0% of the total CY 2014-CY 2015 base period payments, as shown in Table 3.

Section I Table 3

Subcapitated Service Costs Added to Base Data

Aid Category	Non-Mental Health Subcapitated Service Payment (CY14-CY15)	% of Total Base Period Payment	Total Subcapitated Service Payment Including MH (CY14-CY15)	% of Total Base Period Payment
EDCD	\$632,985	0.22%	\$1,994,775	0.68%
DD Waivers	\$5,449	0.03%	\$20,048	0.11%

ii. Information related to availability and quality of the data

(a) Validation of data

i. Completeness of the data

The majority of the data used in this certification is fee for service data provided by DMAS. DMAS and PwC reviewed the data for reasonableness and compared it to a CCC Plus data book developed with CY 2013 and CY 2014 historical paid claims. DMAS provides final review and approval of the base date used in the capitation rate development. FFS claims and encounter data reflect at least six months of runout after the incurred period, which promotes the completeness of the data. Adjustments for estimated incurred but not reported claims are applied to adjust the data to a fully incurred basis.

ii. Accuracy of the data

Checks for accuracy begin with DMAS and the contracted MMIS vendor audit and review process. The fee for service data is subject to validation checks. The MCO encounter data submitted for the rate development is certified by a responsible health plan executive, such as the Chief Executive Officer, the Chief Financial Officer or the lead actuary to be accurate. PwC did not audit or verify this data or other information. DMAS and PwC

reviewed the data for reasonableness and compared it to a CCC Plus data book developed with CY 2013 and CY 2014 historical paid claims.

iii. Consistency of the data across data sources

The fee for service base data used in the capitation rate development is incurred claims and enrollment for the Duals population, it reflects enrollment that moved to the CCC Duals Demonstration. DMAS and PwC reviewed the data for reasonableness and compared it to a CCC Plus data book developed with CY 2013 and CY 2014 historical paid claims.

(b) Actuary's assessment of the data

Under ASOP 23, Data Quality, PwC relied upon data and information provided by DMAS and their vendors. The rates presented in this report are dependent upon that reliance. The fee-for-service data and MCO encounter data represents the most appropriate source of data to be used to develop actuarially sound capitation rates for the CCC Plus populations.

(c) Other concerns

There are no other concerns with the data.

iii. *Explanation if fee-for-service data or managed care encounter data not used*

This is not applicable. DMAS Medicaid fee-for service paid claims and eligibility files are the primary source for this rate development. The base data reflects the historical experience and use of covered services for the base period CY 2014 and CY 2015. A small amount of managed care encounter data is used for the acute care component of two groups, Non-Dual MCO Enrolled EDCD and Non-Dual MCO Enrolled DD Waivers.

iv. *Use of managed care encounter data*

Managed care encounter data for CY 2014 and CY 2015 is used for the HAP population that is currently enrolled in Medallion 3.0. This population is Non-Dual children and adults who are also eligible for services under the Elderly and Disabled with Consumer Direction (EDCD) and the Developmentally Disabled waivers. Their LTSS services are not a covered benefit by the Medallion 3.0 MCOs. Historical experience for the HAP carved out behavioral health and LTSS services used DMAS fee for service paid claims.

v. *Reliance on a data book*

Development of the capitation rates did not rely on a data book or other summarized data source. The actuaries were provided with detailed fee-for services claims data, managed care encounter data, and DMAS eligibility and capitation payment files for all covered services and populations. As part of the capitation rate development, the actuary summarized the detailed data that is presented in Appendix A as the Exhibits 1.

B. Data Adjustments

Development of the capitation rates used historical fee for service data for CY 2014 and CY 2015 with run out to June 2016. Program and policy adjustments, completion factors and trend are presented in Appendix B, Exhibits 2 and 3.

i. *Credibility adjustment*

The CCC Plus eligible populations in the aggregate were considered credible. Development of the rate cells included data smoothing among population groups and across ages and regions. In particular, where there were

small rate cells that were not considered credible on their own, cells were combined. We examined the data for extraordinary claims and found no further data smoothing was required.

ii. Completion adjustment

Historical fee for service and encounter claims experience was analyzed using a PwC claims reserve and trend models. Separate factors were developed for each CCC Plus population group and most categories of service. The development of completion factors was developed using usual actuarial lag triangle methodology with claims run out through June 2016. Applied completion factors are shown in Appendix B in the Exhibits 3.

iii. Errors found in the data

No specific errors were identified in the data.

iv. Program change adjustments

The base data represents the historical period used to develop projections. Adjustments were made to the portion of the base period prior to the implementation of each program change. The adjustments described below include some known to be effective July 1, 2017. Adjustments for these changes have been made to the historical base data to reflect the benefits and costs that will apply in the second half of CY 2017. Adjustments are presented in Appendix B as the Exhibits 2.

Description of program change adjustments

The following is a brief description of the program change adjustments that have been applied to the CCC Plus rate development. Many of the adjustments are based on state fiscal year changes applied to the relevant portion of the calendar year. The acute care service adjustments, with the exception of the lab fee adjustment, apply to both the FFS and the MCO enrolled populations. The adjustments to LTSS services applies to the FFS populations, with the exception of those in the DD Waivers. The DD Waivers population will be covered for acute care services only.

Prescription drug rebate and copay adjustment

FFS Populations: The prescription drug rebate and copay adjustment developed takes into consideration DMAS FFS pharmacy payments, dispensing fees and application of co-payments and adjusts them for pharmacy payment arrangements expected under the CCC Plus managed care plans.

For the duals population, most prescriptions are covered under the Medicare Part D drug benefit. The Virginia Medicaid program continues to cover the prescription drugs for which federal matching funds remain available but which are specifically excluded by law from Medicare Part D and DMAS approved over-the-counter (OTC) drugs, which are also excluded from Part D. For the Medicare Part B covered drugs, DMAS continues to pay for coinsurance and deductibles.

A FFS rebate reflects the high proportion of generic and the over the counter medicines that are paid by DMAS for which DMAS receives little or no rebate. Less than 1% of the prescriptions are for brand drugs and approximately 85% of the prescriptions are for over-the-counter drugs. For Nursing Home and EDCD, over the counter are over 75% of the dollars and for Community no LTSS over the counter prescriptions are nearly 50% of the dollars.

As mandated by Federal law, co-payments are not imposed on recipients in nursing homes or in community-based waivers, although a small amount of co-payment was reported in the FFS data and is included in the adjustment for the Nursing Home population. There is limited cost sharing for pharmacy services on the Community No LTSS and other waiver populations. These copayments are excluded from the pharmacy base data and we have not calculated or applied any further co-payment adjustment.

MCO Enrolled populations: The outpatient pharmacy adjustment is derived from an analysis of the Medallion 3.0 program health plan pharmacy payments, including unit cost and utilization rates, and takes into account discounts, rebates and administrative costs reported by the health plans.

The adjustment is modified to apply discounts and rebates to the health plan drug ingredient cost PMPM and then to add dispensing and administrative fees to the adjusted ingredient cost PMPM.

The Federal Affordable Care Act (ACA) signed in March 2010 extended Medicaid FFS pharmacy rebates to Medicaid managed care plans. MCOs submit pharmacy data to the State Medicaid agency, which then submits the information to the pharmaceutical manufacturers to claim rebates directly. Because pharmaceutical companies are now paying rebates directly to the State Medicaid agency, pharmaceutical companies modified the rebates provided MCOs. However, managed care plans furnished information that confirmed that they still receive rebates equal to 2.1% of total pharmacy expenditures.

DMAS prescription drug common core formulary adjustment

This adjustment applies only to the pharmacy claims paid for the Non-Dual EDCD and Non-Dual DD populations that are currently enrolled in MCOs.

DMAS is including a requirement in the contract that CCC Plus MCOs adopt the DMAS Preferred Drug List (PDL) and all 90 classes as the basis of their formularies. For most classes, the MCOs can add drugs from the plans' formulary. DMAS has identified 13 "closed" classes that the plans will not be allowed to add or delete drugs – these are the classes that DMAS will collect supplemental rebates. This is referred to as the Common Core Formulary. The 13 closed classes are:

- Antipsychotics, Long Acting Injectable
- Antibiotics, Inhaled
- Antihypertensives, Sympatholytics
- Anticoagulants
- COPD Agents
- Cytokine and Cam Antagonists
- Stimulants/ADHD Agents
- Opiate Dependence Treatments
- Oral Hypoglycemics SGLT2
- Hypoglycemics, Incretin Mimetics/Enhancers
- Glucocorticoids, Inhaled
- Growth Hormone

The Common Core Formulary may increase the MCOs expenditures for drugs in some of the closed classes, but it will also increase the utilization of drugs that the Commonwealth collects supplemental rebates from the pharmaceutical manufacturers. The 13 closed drug classes were selected to maximize the net benefit to DMAS, which is the additional rebate that DMAS receives directly, minus the net additional MCO cost included in the capitation rates. DMAS modeled the fiscal impact on the plans based on pharmacy utilization for the ABAD population in the April-June quarter of 2016 priced at DMAS rates of \$92,865,470. In its model, DMAS assumed that plans would have the same utilization distribution as DMAS FFS in the July-September quarter of 2016 and pay the same DMAS FFS prices. As a result of the careful selection of therapeutic classes to include in the Common Core Formulary, DMAS modeled a fiscal impact of only \$894,000, which is 1.0% of total pharmacy expenditures. We have applied this adjustment to pharmacy claims paid for the Non-Dual EDCD and Non-Dual DD populations that are currently enrolled in MCOs.

Under the Common Core Formulary policy, MCOs must include on their formularies all the drugs on the DMAS formulary for the other therapeutic classes, but these would be open classes such that MCOs could continue to authorize drugs not on the DMAS formulary. DMAS considered whether this would have a fiscal impact but determined that it would not. The policy does not anticipate much switching for patients already on a specific drug.

While it is possible that MCO physicians will start new patients on drugs on the DMAS formulary rather than drugs on the MCO formulary, this would only have a fiscal impact for those open classes where the DMAS preferred drug is a brand rather than a generic. Although DMAS does not think this is a material issue, DMAS will be monitoring this and may revise its assumptions for future rate periods based on additional data.

Hospital inpatient adjustment

There are a number of changes in DMAS hospital inpatient payment policy between the CY 2014 and CY 2015 base period and the CY 2017 rate year. This applies to both the FFS and the MCO enrolled populations.

Effective FY 2014, there was no explicit unit cost increase, but hospital reimbursement rates were rebased resulting in a weighted average cost per unit change of 4.7% for inpatient medical/surgical and -7.4% for inpatient psychiatric. FY 2014 unit cost change is applied to the operating cost component. For both FY 2015 and FY 2016, the Virginia General Assembly did not provide an inflation increase so there is no unit cost increase.

Effective FY 2017, there are updates to the unit cost and FFS rebasing factors. The Virginia General Assembly authorized a unit cost adjustment for FY 2017 equal to half the regulatory inflation of 2.1%, a value of 1.05%. Hospital inpatient reimbursements rates were rebased for FY 2017. For inpatient medical/surgical, the FFS rebasing is a negative adjustment of 7.25%, and the MCO rebasing is a negative adjustment of 2.65%. For inpatient psychiatric in acute care hospitals, the rebasing is a positive adjustment of 27.00% for FFS and MCO populations.

These same adjustments were applied to the subset of claims from Children's Hospital of the King's Daughters. However, that hospital is exempt from the FY 2017 unit cost adjustment equal to half the regulatory inflation of 2.1%. The full 2.1% fee adjustment is applied; a FY 2018 unit cost adjustment equal to 2.8% is also applied.

Hospital outpatient adjustment

There are three adjustments to outpatient hospital effective FY 2017. DMAS used to pay outpatient hospital as a percent of cost and rate setting used the outpatient hospital historical trend. As of January 1, 2014, DMAS FFS started reimbursing outpatient hospital using Enhanced Ambulatory Patient Groups (EAPGs). Inflation adjustments are now applied to outpatient hospital rates in the same manner as inpatient hospital. The FY 2017 is the first year that the outpatient hospital inflation adjustment has been modified.

Outpatient hospital rates are adjusted by half of the regulatory inflation, a 1.05% unit cost increase. The outpatient hospital adjustment is structured similarly to the inpatient hospital adjustment. There also is a FFS outpatient hospital rebasing adjustment of 0.1%. The adjustment value of 1.2% is calculated uniformly across CCC Plus eligible population.

These same adjustments were applied to the subset of claims from Children's Hospital of the King's Daughters. However, that hospital is exempt from the FY 2017 unit cost adjustment equal to half the regulatory inflation of 2.1%. The full 2.1% fee adjustment is applied; an FY 2018 unit cost adjustment equal to 2.8% is also applied.

This adjustment applies to both the FFS and the MCO enrolled populations.

Nursing facility adjustment

Under the contract, the MCOs are required to pay at least the Medicaid nursing facility rate. Effective FY 2015, DMAS implemented a fully prospective nursing facility payment. The prospective per diem amount includes adjustments for cost settlement, unit cost inflation and any policy changes. This nursing facility reimbursement change produced a substantial increase in the unit cost of claims beginning July 2014. The FY 2013 to FY 2015 capital and operating cost factor changes and the FY 2014 occupancy requirement change are incorporated in the prospective rate. The revised nursing facility adjustment is a unit cost adjustment that increases the relevant CY 2014 base period nursing facility unit cost to the FY 2015 nursing facility prospective unit cost.

There is no nursing facility fee increase for FY 2016 (effective July 1, 2015). Effective July 1, 2016, there is a 0.9% nursing facility fee increase (50% of inflation) for FY 2017. Effective FY 2018, there is a 3.1% nursing facility fee increase (100% of inflation) and an additional negative 0.85% rebasing change. The FY 2017 and FY 2018 adjustments are applied to the full CY 2014 – CY 2015 base period non-capital portion of the claims.

Adult day care fee adjustment

Effective FY 2017, there is a 2.5% rate increase across all regions.

Personal Care and Respite Care adjustment

The 2015 Virginia Appropriation Act increased personal care and respite care rates by 2% effective July 1, 2015. Under the contract, the MCOs are required to pay at least the Medicaid personal care and respite care rates. As a result, the FY 2016 change applies to relevant claims in consumer directed services and agency personal care and respite care services. Effective July 1, 2016, there was an additional 2% rate increase to rates for personal care and respite care services.

Durable medical equipment fee adjustment

The 2014 General Assembly session reduced Medicaid fees for the products covered under the Medicare DME competitive bid program to a level based on the average of the competitive bid prices in the three areas of the state participating in the Medicare DME competitive bid program effective July 1, 2014. This was estimated to result in \$4.9 million in total savings. DMAS estimated that the Medicare competitive bid rates for the targeted DME services are 33% lower than the DMAS FFS Medicaid rates. DMAS provided a list of DME HCPCS codes subject to the Medicare competitive bid program and the average Medicare bid payment rate for the three areas in Virginia that participate in the program. These were used to calculate the dollar cost savings per unit and a savings percentage per affected DME code. This information was applied to the historical claims to determine the proportion of DME claims subject to the fee reduction and the average savings percentage based on the mix of DME codes subject to the savings.

Hepatitis C treatment adjustment

The Hepatitis C treatment adjustment applies to the Non-Dual CCC Plus populations. The Dual CCC Plus populations are assumed to have the treatment covered under Medicare Part D Drug benefits.

With the recent approval of new drugs for the treatment of Hepatitis C over the past few years, standards of treatment for Hepatitis C are evolving rapidly. The initial breakthrough drugs, Sovaldi, Olysio, Harvoni, and Viekira Pak have fewer adverse side effects, are predicted to attain the desired sustained virological response levels in 90% of patients, and are much more expensive than earlier treatments. In late January 2016, the FDA approved Zepatier, another drug that can be used for treatment of Hepatitis C and does not require concurrent treatment with interferon. And Epclusa, the first all oral single pill treatment appropriate for all genotypes, was approved in June 2016. There is some reduction in the cost of the initial breakthrough drugs and the most recent drugs released cost about two-thirds of the cost of the initial drugs. The CY 2014-CY 2015 base period includes Hepatitis C treatment experience since the approval of Sovaldi in early December 2013, but does not fully reflect changing treatment patterns since January 2016.

Both the Centers for Disease Control and CMS have recommended protocols that increase the proportion of individuals being treated with drug therapies. The DMAS Pharmacy and Therapeutics (P&T) Committee first established a treatment protocol after new drugs were available for treating Hepatitis C effective July 1, 2014. The P&T Committee met in April and October 2016 and revised the state Medicaid Hepatitis C treatment protocols. The revised treatment protocol applies to patients 18 years or older. Under the original treatment protocol and the protocol approved effective July 1, 2016, the patient must be evaluated for current history of substance and alcohol abuse and level of kidney and liver impairment. Between July 1, 2014 and June 30, 2016, those with Metavir score of F3 or greater were approved for drug therapy. Starting July 1, 2016, those with a Metavir score of F2 or greater may be approved for drug therapy. Such documentation is not required if the patient 1) has a comorbid disease including HIV, hepatitis B or serious extra hepatic manifestations, 2) has renal failure, is on dialysis or has a liver transplant or 3) is diagnosed with Genotype 3 hepatitis C. If patient's life expectancy is less than a year, they do not qualify for hepatitis C drug therapy treatment. Under the most recent protocol effective January 1, 2017, Hepatitis C drug treatment is available for all individuals with a diagnosis of the disease.

Separate Hepatitis C adjustment factors were developed for all Non-Dual populations in the CCC Plus program. Using the diagnosis and cost experience for each group, the Hepatitis C Drug treatment adjustment used the historical base data for those diagnosed and treated for Hepatitis C. It also evaluated newer claims through February 2017 and data supplied by DMAS through March 2017 to assess changes in cost due to the newer treatment drugs and changes in the number of people starting treatment. This identified a small number of CCC Plus eligibles currently in FFS with a diagnosis of Hepatitis C and only five people who had received treatment. The Non Dual EDCD and Non Dual DD waiver population currently in Medallion 3.0 used the analysis of the HAP population prepared for the Medallion 3.0 Contract Year 2018 rates.

Based on the more recent actual experience, the adjustment assumes a lower cost for a course of treatment and an increase in utilization due to the new protocols. Specifically, more recent treatment data indicates that approximately half of new treatment eligibles are prescribed the lower cost Eplusea or Zepatier while the remaining 50% are prescribed Harvoni. The data for July to December 2016 indicate an increase in people starting treatment in the six months after the first change in protocol. Data after January 2017, following the second change in protocol, are limited and vary significantly by month, but indicate an additional increase in the number of people receiving treatment.

The Hepatitis C treatment adjustment applies estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The adjustment represents the estimated increase in pharmacy costs of treating those with Hepatitis C compared to costs and utilization identified in the base data.

Lab fee adjustment

The Virginia General Assembly approved budget includes a 12% reduction to lab fees (\$2.1 million in FFS savings) effective July 1, 2014. The 12% reduction was chosen to match the payment rates already in place for the Medallion 3.0 MCOs. Therefore, this adjustment is applied to any rates based on FFS claims data

ER Triage adjustment

The 2015 General Assembly final Budget eliminated ER triage for physician services. Previous DMAS FFS policy applied ER Triage review only to Level III ER claims. If a case was determined to have insufficient documentation of medical necessity for an emergency, DMAS could reduce the physician payment to an all-inclusive rate of \$22.06 for the code 99283 instead of paying the physician fee of \$43.65 plus ancillaries. Eliminating the ER Triage review increases the Level III ER payment to physicians by the difference in the triage amount and the physician fee for 99283 and the average amount of ancillary services billed on those claims.

The ER Triage adjustment reflects the additional amount estimated to cover the cost of discontinuing Level III Triage review and paying such claims at the average fee for CPT code 99283, plus the average of the ancillary

payments that are associated with the claim. The historical base FFS data was analyzed in order to identify the number of Level III ER claims paid at the ER Triage level and was re-priced to reflect DMAS FFS average cost of a Level III professional claim paid in full at \$43.65. A similar analysis was applied to the MCO enrolled populations and used the 99283 physician fee of \$43.80 for current Medallion 3.0 managed care plans.

RBRVS rebasing adjustment

Each year DMAS adjusts physician rates consistent with the Medicare RBRVS update in a budget neutral manner based on funding. Up until recently, the update was based solely on DMAS FFS data. MCOs reported that the rebasing is not cost neutral to their operations and that the impact on them varies. Therefore, the analysis was revised and the DMAS update now uses both FFS and MCO data. The FY 2018 DMAS analysis used FFS and MCO data, as repriced to the DMAS physician fee schedule. Claims covered all professional providers, including physicians, nurse practitioners, psychologists, therapists, opticians, and federally qualified health centers and the full range of CPT codes from 10000 to 99499. The new physician rates for FY18 result in a 0.71% increase to the FFS experience and -0.19% to the MCO experience. J codes for drugs administered in an office setting and anesthesia-related codes that are grouped in the professional service categories are excluded from the adjustment.

Home Health and Rehab adjustment

Effective July 1, 2016, there is an increase to the fee schedule for home health care and outpatient rehabilitation agencies. The inflation adjustments are a 1.7% increase to home health care and a 2.1% increase to outpatient rehabilitation agencies. Effective July 1, 2017, additional increases will apply based on 50% of the FY 2018 inflation rates. The adjustment reflects a 1.15% fee increase to home health care and 1.35% fee increase to outpatient rehabilitation agencies. DMAS provided a list of outpatient rehabilitation procedure codes and the provider class subject to the fee schedule inflation adjustment. The identified claims are under Physician – Other practitioner service line.

Non-emergency transportation adjustment

For the populations currently enrolled in fee-for-service, Non-emergency transportation (NET) services were contracted to a broker during the historical data period under a capitated payment methodology, and utilization is not captured in the DMAS FFS claims. The non-emergency transportation adjustment is based on the full cost, including both the service and administrative costs, of the accepted transportation vendor bid that was effective January 1, 2016. The non-emergency transportation adjustment is calculated separately for the CCC Plus populations. The adjustment is based on the service cost component (including the administrative cost) of the accepted bids.

For those who are enrolled in Medallion 3.0, NET services are reported by the MCOs and incorporated into the subcapitation component of the historical base costs in the Exhibits 1.

Managed Care Savings adjustment

Managed care savings are applied in the aggregate rather than on a service specific basis and are expected to vary by population group and their mix of service utilization. The final rates assume modest managed care savings in the first year

Two adjustments are applied after the preceding adjustments and the projected benefit trend adjustment is applied. They are included in Appendix D as part of Exhibits 5 to 10.

Post base rates additional adjustments

There are two additional adjustments that are applied after the calculation of CY 2017 base rates in Appendix C, Exhibits 4 and the rate cell blending in Appendix D, Exhibits 5d and 5e. These are the pharmacy reinsurance adjustment and the Addiction and Recovery Treatment Services (ARTS) adjustment.

Pharmacy reinsurance adjustment

A pharmacy reinsurance adjustment is subtracted after calculation of CY 2017 base rates in Appendix C, Exhibits 4.

Beginning FY 2015, DMAS established a program to reinsure 90% of drug costs above \$150,000 per member per year. This applies to the combined cost of pharmacy prescription drugs as well as drugs administered under professional supervision in a hospital outpatient or physician office setting. The reinsurance program does not focus on one drug or a group of drugs but is designed around members with high drug costs regardless of the drug therapy that is used. DMAS has determined that a reinsurance program will not cover 100% of the cost above the threshold but only 90%. This is to provide an incentive for MCOs to continue to manage the appropriate use of all drugs. The threshold will be increased to \$175,000 in FY 2018 and that amount is pro-rated to \$50,000 in the adjustment to the CY 2017 CCC Plus rates.

The reinsurance amounts were calculated separately for each Non-Dual CCC Plus population group. This calculation is not done for any of the Dual CCC Plus population groups because Medicare is the primary insurer and assumed to cover those with the highest pharmacy expense. Because the CY 2017 period is five months long and the members will be phased in by region over that time period, the adjustment is calculated by estimating the number of people who would meet the \$50,000 threshold over a three month period. Because the historical data period is two calendar years, the estimates were developed for each of the eight quarters and then averaged.

The historical data was used to build person level profiles and identify the distribution of pharmacy expenditures for the eligible population. This begins with the calculation of the discounted threshold, the annual drug cost, that when trended to CY 2017, would reach the \$50,000 reinsurance threshold. A 15% specialty drug unit cost trend was used as the discount rate. This 15% unit cost trend is supported by an analysis of the contract trend for specialty drugs, defined as all outpatient prescription drugs where payment is \$500 or more per prescription.

Appendix, Exhibit 7 summarizes the steps in the reinsurance calculation and information on the average number of people who met the threshold in each quarter. For CY 2014, the dollars above the discounted threshold amounts were trended 36 months at 15% (three years to the member weighted midpoint of the CY 2017 period ended October 31, 2017). This amount is reduced by \$50,000 per person plus the additional 10% of risk that will be retained by the MCOs. This is the estimate of the 90% reinsurance pool for that year. Because of the uncertainty, the number of people estimated to reach the threshold is increased by 20% and the reinsurance pool is increased by the number of additional individuals multiplied by the average cost with the applied specialty trend. The calculation is repeated for each quarter in CY 2015. The CY 2015 dollars above the discounted threshold amount, is trended at 15% for 24 months (two years to the member weighted midpoint of the CY 2017 period ended October 31, 2017). The number of people estimated to reach the threshold is increased by 20% and their costs are added to the reinsurance pool. The average of the eight quarters over the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

Addiction and Recovery Treatment Services (ARTS) adjustment

The 2017 Virginia budget authorized DMAS to restructure its Addiction and Recovery Treatment Services to more effectively address the opioid epidemic. This initiative includes adding inpatient services for Substance Use Disorder and increasing rates significantly for key services. DMAS implemented this initiative April 1, 2018 and is working closely with MCOs and providers to build a provider network for ARTS and to increase utilization. ARTS services will be available to members in all of the DMAS managed care programs, including Medallion 3.0, FAMIS, FAMIS Moms, CCC Duals and CCC Plus.

The Virginia budget appropriated additional funds for FY 2017 and FY 2018 for MCOs to provide the new services, higher reimbursement rates and care coordination and also assumed some increase in utilization. The FY 2018 DMAS budget allocation is \$16.7 million, with approximately \$16.3 million allocated across all health plans for ARTS services and administration.

The starting point for the adjustment for CCC Plus for the CY17 rates is the budget appropriated for FY 2018 allocated to the CCC Plus population and reduced for the five month period covered in the CY 2017 CCC Plus rates. The budget appropriation provides funding for both medical services and health plan care coordination and administration.

DMAS provided a list of diagnosis codes to identify the target population. The potentially eligible population includes individuals in managed care and those currently in Medicaid FFS who will be enrolled in CCC Plus, but excludes individuals in the Technology Assisted waivers. ARTS eligible members were identified as those who incur claims with any of the substance abuse disorder diagnoses. After the prevalence was determined by population group, that percentage was adjusted for the estimated ARTS utilization factor for each population. The utilization factors were developed by DMAS program staff and varied by age and population group,

Multiplying the prevalence and the expected utilization rates produced an estimate of the ARTS participation factor for each eligible population. These values were used to allocate the medical and the administrative components of the funding per ARTS participant. In addition to the new budget allocation, the ARTS adjustment includes the cost of substance abuse services currently paid under Fee for Service that will now be covered in the managed care programs. The estimated annual expenditure for these medical services is approximately \$2.6 million for all managed care program populations.

A full description of the calculation of the ARTS adjustment across all DMAS managed care programs is described in a memo dated April 25, 2017 that was distributed to the health plans. Appendix D, Exhibit 8 presents the CY 2017 ARTS adjustment factors for the CCC Plus rates effective August 1, 2017.

Given the uncertainty in utilization growth, there is concern that costs could exceed the funding in the rate cells. DMAS is implementing a stop loss insurance program such that if costs for ARTS exceed the funding by more than 20%, DMAS will assume 100% of the costs. The initial period for the ARTS stop loss will be the 15 months from April 1, 2017 to June 30, 2018. The stop loss will be determined for each plan based on the combined utilization across all managed care programs (Medallion 3.0, CCC Duals and CCC Plus) the plan is participating in.

v. Exclusion of payments or services from the data

There are no exclusion of payments for any services that will be covered under the CCC Plus contract.

3. Projected benefit cost and trends

A. Compliance with 42 CFR 438.4(b)(6)

B. Variations in assumptions

C. Development of projected benefit costs

i. Description of the data, assumptions and methodologies

The data used for the incurred but not reported (IBNR) and trend calculations reflect the historical experience for the period CY 2013 through CY 2015 for the populations to be enrolled in CCC Plus. Data for CY 2014 to CY 2015, with run out through June 2016, are used to evaluate the base period data trend and an additional year of data, CY 2013 with run out through June 2016, is added to the base and used to develop contract period projected trend. The historical data were evaluated using a PricewaterhouseCoopers model that estimates IBNR amounts using a variety of actuarially accepted methods, and trend using a least-squares regression methodology.

ii. Material changes to data, assumptions and methodologies

Because CY 2017 will be the first year of the CCC Plus program and trend was based primarily on the fee for service data, there is no comparison to historical benefit cost trend.

D. Projected benefit cost trend

i. Data and methodologies for projected benefit cost trend

(a) Data used or assumptions in developing projected benefit cost trends

The data used for the incurred but not reported (IBNR) and trend calculations reflect experience for the period CY 2013 through CY 2015. Data for CY 2014 to CY 2015, with run out through June 2016, are used to evaluate the base period trend and an additional year of data, CY 2013 with run out through June 2016, is added to the base and used to develop contract period projected trend.

(b) Methodologies used to develop projected benefit cost trend

The historical data were evaluated using a PricewaterhouseCoopers model that estimates IBNR amounts using a variety of actuarially accepted methods, and trend using a least-squares regression methodology.

- For the larger CCC Plus population groups, Dual and Non Dual NH Institutional, EDCD and Community No LTSS, trend and IBNR factors were developed separately for the service categories.
- For the Dual populations, the Medicare crossover trend is calculated separately and combines all services for which Medicare is the primary payer.
- For the smaller CCC Plus population groups, both Dual and Non-Dual Developmental Disability Waiver and the Technology Assisted Waiver, service categories were consolidated into an All Services trend.
- For the currently enrolled Medallion 3.0 population, the Non-Dual EDCD and Non-Dual DD, acute care trend was based on evaluation of the MCO encounter data. Because of the limited time period since the December 2014 managed care expansion, these were developed as All Service acute care trend.

Table 4 summarizes the trend service categories developed for each eligibility category

Table 4
Trend Service Categories

CCC Plus Population	TPL	Trend Service Categories
Nursing Home (Not MCO Enrolled)	Dual	Inpatient, Outpatient/ER/Ancillary/Other, Physician/Professional, Pharmacy, Nursing Facility, HCBS/Home Health Services, Mental Health/Substance Abuse, Medicare Crossover
	Non-Dual	Inpatient, Outpatient/ER/Ancillary/Other, Physician/Professional, Pharmacy, Nursing Facility, HCBS/Home Health Services, Mental Health/Substance Abuse,
EDCD (Not MCO Enrolled)	Dual	Inpatient, Outpatient/ER/Ancillary/Other, Physician/Professional, Pharmacy, Nursing Facility, HCBS/Home Health Services, Mental Health/Substance Abuse, Medicare Crossover
	Non-Dual	Inpatient/Outpatient/ER/Physician/Professional/Ancillary/Other, Pharmacy, HCBS/Home Health Services. Mental Health/Substance Abuse
EDCD (MCO Enrolled)	Non-Dual	MCO: All Acute Services (FFS: Inpatient, Physician/Professional, HCBS/Home Health Services, Mental Health/Substance Abuse, and Ancillary/Other)
DD Waivers (Not MCO Enrolled)	Dual	All Services
	Non-Dual	All Services
DD Waivers (MCO Enrolled)	Non-Dual	MCO: All Acute Services (FFS: Inpatient, Physician/Professional, HCBS/Home Health Services, Mental Health/Substance Abuse, and Ancillary/Other; excludes LTSS)
Tech Assisted Waiver (Not MCO Enrolled)	Dual and Non-Dual	All Services
Community No LTSS (Not MCO Enrolled)	Dual	Inpatient, Outpatient/ER/Ancillary/Other, Physician/Professional, Pharmacy, Nursing Facility, HCBS/Home Health Services, Mental Health/Substance Abuse, Medicare Crossover
	Non-Dual	All Services

Annual trend rates must be applied to move the historical data from the midpoint of the data period (January 1, 2015) to the midpoint of the contract period (September 30, 2017). Each category of service in Trend Exhibits 3 shows a Data Period and a Contract Period trend. Data Period trends are applied from the midpoint of the data period to the end of the data period, and were developed from the historical regression analyses and budget work described above. The Contract Period trends are applied from the end of the data period to the weighted midpoint of the contract period. The weighted mid-point, November 1, 2017, was derived by using the projected member months for the CY 2017 phased implementation.

For services with fee increases or decreases reflected in the adjustments, the contract period trend is in addition to the planned cost per unit change. Trend rates represent a combination of cost and utilization increases over time.

The trend rates used reflect utilization and rate increases when additional legislative cost increases or decreases have been applied and represent PMPM increases otherwise. There is an exception for nursing facility where the trend reflects only the utilization changes over time.

Specifically, the trend models are adjusted for the fee increases or decreases that occurred during the historical base period that are presented as adjustments. A number greater than 1 reflects an increase to bring up the underlying data to the level of the most recent period while a number less than 1 represents a decrease. Adjustments to the historical data before the analysis of trend were applied to service line trends and are presented in Table 5.

Table 5
Summary of Adjustments to Trend

Service	Time Period	CCC Plus Population	Adjustment
Nursing Facility	Jun 2012 – Jul 2014	All	1.101
HCBS	Jul 2015 – Jun 2016	NH Dual	0.985
		NH Non-Dual	0.982
		EDCD Dual	0.981
		EDCD Non-Dual	0.981
		Community No LTSS Dual	0.982
		Community No LTSS Non-Dual	0.982
Ancillary/Other	Jul 2012 – Jun 2014	NH Dual	0.826
		NH Non-Dual	0.888
		EDCD Dual	0.676
		EDCD Non-Dual	0.785
		Community No LTSS Dual	0.665
		Community No LTSS Non-Dual	0.772
	Jul 2014 – Jun 2015	NH Dual	0.977
		NH Non-Dual	0.999
		EDCD Dual	0.849
		EDCD Non-Dual	0.975
		Community No LTSS Dual	0.849
		Community No LTSS Non-Dual	0.979

The total trend rates shown in the Appendix, Exhibits 3 represent the combination of Data Period and Contract Period trends, and are calculated using compound interest calculations. These trend/IBNR factors are applied to the historical data in Exhibits 4 by applicable service category.

(c) Comparisons to historical benefit cost trends

Because CY 2017 will be the first year of the CCC Plus program and trend was based primarily on the fee for service data, there is no comparison to historical benefit cost trend.

ii. Components of projected cost trend

(a) Changes in components of projected benefit cost trend

Changes in components of projected benefit cost trend for each population group are presented in the Appendix, Exhibits 3 by applicable service category and CCC Plus population group.

i. Change in unit price

Changes in unit price for the data period are shown by eligibility group in the Appendix, Exhibits 3.

ii. Change in utilization

Changes in unit price for the data period are shown by eligibility group in the Appendix, Exhibits 3

(b) Justification for other methods used to develop projected benefit cost trend

This is not applicable.

(c) Other components used to develop projected benefit cost trend

This is not applicable.

iii. Variations in projected cost trend

(a) Medicaid eligibility groups

There are variations by Medicaid eligibility groups; these are shown in the Appendix, Exhibits 3.

(b) Rate cells

There are variations by rate cells that align with the variation by Medicaid population groups. There is no variation in the trend applied to rate cells within a Medicaid eligibility group. These are shown in the Appendix, Exhibits 3.

(c) Subsets of benefits within a category of service

There is no variation in the trend applied to subsets of benefits within a category of service. This is not applicable.

iv. Other material adjustments to projected benefit cost trend

There are no other material adjustments to projected benefit cost trend

v. Any other adjustments to projected benefit cost trend

There are no other adjustments to projected benefit cost trend

(a) Impact of managed care

There is no adjustment to trend for the impact of managed care. Expected managed care savings are applied as a policy and program adjustment.

(b) Changes to trend outside of regular changes in utilization or unit cost

There is no adjustment to trend outside of changes in utilization or unit cost. Policy and Program adjustments in the data period that affect unit cost during the base data period are applied to the trend regression models. Expected managed care savings are applied as a policy and program adjustment.

E. Adjustments to comply with Mental Health and Addiction Equity Act

- i. Service categories that contain the services*
- ii. Percentage of cost the services represent in each category of service*
- iii. How services were taken into account*

No adjustment is necessary to comply with the Mental Health and Addiction Equity Act.

F. Adjustments for in-lieu-of services

No adjustment is necessary for in-lieu of services.

G. Exclusion for Institution for Mental Disease

- i. Costs and eligibility for adults age 21-64 who were in an IMD for a stay of more than 15 days in the months were removed from the base data. Costs associated with a stay of more than 15 days*

Review of the historical base data for managed care identified one individual with an IMD stay of more than 15 days. The person was in the IMD for a stay of 19 days at a cost of \$7,406. These costs were removed.

- ii. Other costs for services delivered in a month when there is a stay of more than 15 days*

Other medical costs in that month for the person with an IMD stay of more than 15 days were \$13,340. This was for a separate inpatient hospital stay and associated professional, pharmacy and ancillary costs. These costs were removed.

- iii. Member months for services delivered in a month when there is a stay of more than 15 days*

One member month of eligibility was removed for the person with the IMD stay of more than 15 days in a month.

H. Retrospective eligibility periods

- i. CCC Plus MCO responsibility for payment for retrospective eligibility*

MCO responsibility for payment for retrospective eligibility for the CCC Plus program will apply only in the case that members can be retroactively disenrolled. A member cannot be retroactively enrolled. If a member is determined to have been eligible for CCC Plus coverage in the past, that member will be mandatorily enrolled on the first of the month following assignment. Unlike the Medallion 3.0 managed care program, newborns to CCC

Plus mothers will not be granted presumptive eligibility. The Newborns of CCC Plus enrollees will be covered by FFS. If they are subsequently determined to be eligible for Medicaid, then they will be enrolled in managed care (Medallion 3.0 or CCC Plus) on the first of the month following assignment.

If a member is retroactively disenrolled and the MCO made payments to providers with respect to a month of ineligibility, then the MCO must retract the payment from the provider. Any such payments should be voided in the encounter data.

The contract between DMAS and the contracting CCC Plus MCOs states

“The Department shall recoup a Member’s capitation payment for a given month in cases in which a Member’s exclusion or disenrollment was effective retroactively. The Department shall not recoup a Member’s capitation payment for a given month in cases in which a Member is eligible for any portion of the month.”

This provision applies to cases where the eligibility or exclusion can occur throughout the month including but not limited to, death of a Member, cessation of Medicaid eligibility, or transfer to an excluded CCC Plus program Medicaid category.

ii. How claims information are included in the base data

Because CY 2017 will be the first year of the CCC Plus program, there is no claims information in the base data. For the future, if a member is retroactively disenrolled from CCC Plus and the MCO made payments to providers with respect to a month of ineligibility, then the MCO must retract the payment from the provider. Any such payments should be voided in the encounter data.

iii. How enrollment information is included in the base data

Retrospective eligibility for the CCC Plus program will apply only in the case that members can be retroactively disenrolled. A member cannot be retroactively enrolled. Retroactive disenrollment is captured in the updates to the DMAS eligibility file.

iv. How capitation rates are adjusted to reflect retroactive eligibility period

A member cannot be retroactively enrolled in the CCC Plus program. Therefore, there will be no retroactive eligibility periods.

I. Final projected benefit costs

Final projected benefit costs are presented for each CCC Plus population group in the Appendix, Exhibits 4. There is further blending and adjustment to these projected benefit costs that are presented in the Appendix, Exhibits 5 to 10.

There are a number of adjustments to the projected base costs presented in the Exhibits 4 to develop the final projected benefit cost in the Appendix, Exhibits 5 to 10. The steps in the process include:

1. **Blend base rates for the Non-Dual EDCD and Non-Dual DD Waivers populations:** The component FFS and MCO base rates developed separately for the Non-Dual EDCD and the Non-Dual DD Waivers populations are blended in Exhibit 5c using the member month distribution as of June 2016. Because of small enrollment, Roanoke/Alleghany and Southwest regions were blended for the separate FFS and MCO components of Non-Dual EDCD; this is reflected in Exhibits 5a and 5b.
2. **Apply the administrative adjustment to the rate cells:** The administrative adjustment in Exhibit 5c is applied to the blended Non-Dual EDCD and the Non-Dual DD Waivers and the other projected base rates from Exhibits 5a and 5b. Because the NET adjustment for the FFS population includes an administrative cost component, it

is subtracted from the projected base rate, the administrative factor is applied and the NET PMPM is added to the new total.

3. **Blend Nursing Home and EDCD rates for Duals and Non-Duals:** The nursing home eligible population, those in institutions and those receiving home and community based services, will be paid a blended rate. This weighting is initially based on enrolment as of June 2016 that indicates that approximately 57% of the Dual nursing home eligible population will be in the EDCD waiver and over 87% of the Non Dual nursing home eligible population will be in the EDCD waiver.
4. **Apply Mix Shift adjustment to Nursing Home / EDCD Blended rate.** Analysis of the historical data indicates a continuing increase in the proportion of the nursing home eligible population using HCBS services. We expect this trend to continue, although the most recent data indicates the rate of change has slowed. We believe managed care can maintain the historical trend prior to the recent slowdown of 1%. We apply a weighted average 1% NH/EDCD Mix shift to project the CY 2017 population that takes into consideration the different current NH/EDCD mix between the Dual and the Non-Dual populations by region. The higher the nursing facility utilization, the more opportunity there is to reduce nursing facility utilization. The lower the nursing facility utilization, the less opportunity there is to reduce nursing facility utilization. This assumes CCC Plus will have about 58.6% of the Dual population in the EDCD waiver and 88.0% of the Non-Dual population in the EDCD waiver. These blended NH/EDCD rates with the additional mix adjustment are shown at the bottom of Exhibit 5e. Rates for the other CCC Plus populations are brought forward from Exhibit 5d
5. **Apply Drug Reinsurance and ARTS Adjustments:** The Drug Reinsurance and ARTS adjustments, described in Section B. Data, Program Adjustments of this report, are applied to the blended rates in Exhibit 5e. The Drug reinsurance adjustment is a reduction to the base rates. The ARTS adjustment is an increase to the base rates. Because the Drug reinsurance adjustment was developed from the separate FFS and MCO encounter historical data, that adjustment must be applied to the projected base rates in Exhibit 5d. After the further adjustments are applied, the Dual and Non-Dual Nursing Home and EDCD rates are re-blended and the mix shift is applied.
6. **Final CY 2017 projected benefit costs** are shown as the capitation rates in Exhibit 9. They are also shown in the table in the Overview section at the beginning of this report.

J. Impact of material changes to services or benefit since last rate certification

This section is not applicable. CY 2017 is the first year of rate development for the CCC Plus program

K. Estimated impact of changes to services or benefits

The cumulative estimated impact of change to services or benefits are presented in the Appendix, Exhibits 3 by applicable service category and CCC Plus population group under the column Policy and Program Adjustments.

4. Pass Through Payments

A. Pass through payments required by the State

There are no pass through payments included in the rate development. All pass-through payments (e.g., Graduate Medical Education, Disproportionate Share Hospital payments) are paid outside of the claims processing system and are not included in the base period FFS claims.

B. Description of pass through payments

This section is not applicable because there are no pass through payments included in the rate development

C. Supplemental payments

There are no supplemental payments included in the rate development. All supplemental payments (e.g., Graduate Medical Education, Disproportionate Share Hospital payments) are paid outside of the claims processing system and are not included in the base period FFS claims.

5. Projected non benefit costs

A. Variation in assumptions based on FMAP

Variation in projected non benefit cost is based upon valid rate development standards. There is no variation in assumptions used to develop the projected non benefit costs based upon the rate of Federal financial participation. All populations to be enrolled in the CCC Plus program receive the same Federal financial participation.

B. Development of projected non benefit costs

i. Description of the data, assumptions and methodologies

There is no prior experience with a comparable program. The non benefit costs were estimated taking into consideration administrative allocations developed for the populations in other Virginia DMAS rate development programs, review of rate development reports for other states with established MLTSS programs, and consultation with program staff familiar with the populations to be enrolled in CCC Plus.

ii. Material changes to data, assumptions and methodologies

This section is not applicable. CY 2017 is the first year of rate development for the CCC Plus program

C. Components of projected non benefit costs

Components of projected non benefit cost are shown in Appendix B as part of Exhibits 2 and vary by CCC Plus population group.

i. Administrative costs

The administrative component was estimated as a dollar PMPM amount, taking into consideration administrative allocations developed for the populations in other Virginia DMAS rate development programs, review of rate development reports for other states with established MLTSS programs, and consultation with program staff familiar with the populations to be enrolled in CCC Plus.

ii. Care coordination and management

The care coordination component was estimated as a dollar PMPM amount, taking into consideration the health complexity of the populations to be enrolled, review of rate development reports for other states with established MLTSS programs, and consultation with program staff familiar with the populations to be enrolled in CCC Plus.

iii. Provision for margin

The provision for margin is 0.5%

iv. Taxes, fees and assessments

There is no provision for federal or state taxes, fees or assessments.

v. Other material non benefit costs

There are no assumed other material non benefit costs,

D. Allocation of non benefit costs

Components of projected non benefit cost are shown in the Appendix B, Exhibits 2 and vary by CCC Plus population group.

E. Health Insurance Providers Fee (HIF)

i. How HIF is incorporated into the rates

The Health Insurance Providers Fee is not incorporated into the current rates. CY 2017 is the first year of rate development for the CCC Plus program and there is no basis for estimation of the HIF. The amount of tax due will not be known until September 2018 and will depend on the number of member months assumed by plans required to pay the tax. DMAS intends to reimburse plans for the tax through a retroactive adjustment to the rates by plan.

ii. Basis for HIF incorporated into the rates

This section is not applicable. The Health Insurance Providers Fee is not incorporated into the rates.

iii. How the amount of the fee was determined

This section is not applicable. The Health Insurance Providers Fee is not incorporated into the rates.

iv. Statement of exclusion and description of how HIF will be paid

Virginia DMAS will pay the health insurer fee adjustment for each capitated member month in CCC Plus for the period August 1, 2017 to December 31, 2017. The payment timeline is specified in the MCO contracts and will be paid in a single transaction after the PMPM cost is known.

v. Separation of acute care and long term care benefits for HIF

An exhibit will be prepared for the final CY 2017 report.

F. Exclusion of Health Insurance Providers Fee (HIF) in 2017

This section is not applicable. CY 2017 is the first year of rate development for the CCC Plus program. Therefore, There is no CY 2016 revenue that would be subject to the moratorium on paying the Health Insurance Providers Fee in 2017.

6. Rate range development

This section is not applicable because rate ranges have not been established for the CCC Plus program.

7. *Risk mitigation, incentives and related contractual provisions*

This section provides the information on the base data used to develop the CCC Plus capitation rates and follows the outline of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section 7

A. *Description of risk mitigation, incentives and related contractual provisions*

The CCC Plus program rates have been developed as full risk rates.

As an incentive and to assure expected managed care savings from the continued transition of members from nursing home to HCBS, DMAS decided to blend the capitation rates for the nursing home eligible population – calculating a weighted average of the capitation rates for enrollees residing in nursing homes and enrollees being cared for in the community through the Elderly and Disabled with Consumer Direction (EDCD) waiver. Thus, MCOs are at risk for differences between the assumed and actual mix between nursing home and EDCD sites of service.

The blending percentage used for the 2017 capitation rates assumes that the percentage of enrollees in nursing homes will continue the decline that has been observed in the absence of managed care. As a result, DMAS will apply a retrospective mix adjustment mechanism, at least for the initial periods of the program, to recognize differences in the initial nursing home mix of their enrollees. The retrospective mix adjustment will be calculated as follows:

1. **Dual and Non-Dual calculation** – the mix adjustment calculations will be performed separately for Dual and Non-Dual due to the significant variations in nursing home percentage and the expected potential for continued rebalancing.
2. **Regional calculation** – the mix adjustment calculations will be performed separately for each region due to the significant variations in nursing home percentage by region and the regional population phase-in. Additionally, the Nursing Home/EDCD capitation rates were blended based on regional mix assumptions.
3. **Mix variable** – the mix adjustment calculation will use each MCO's percentage of enrollees in nursing homes by region to measure the relative risk of their enrolled population.
4. **Mix measurement period** – relative mix will be measured based on each MCO's initial enrollment mix after a settling down period. We recommend that this be done in the month following the 90 day period that each enrollee is permitted to switch plans after the effective month of initial assignment. This will allow MCOs to realize any differential impacts they may have on nursing home percentages over the course of the contract period.
5. **Regional base per capita cost** – base per capita costs will be calculated for each region by re-blending the Nursing Home/EDCD per capita cost for the contract period based on the region-wide mix of enrollees receiving care at each site of service as of the risk measurement period. Since this calculation is based on the actual Nursing Home mix, the resulting per capita costs will differ from the blended capitation rate in the CY 2017 CCC Plus actuarial certification.

6. **Mix-adjusted per capita costs** – mix-adjusted per capita costs will be calculated for each MCO by region by re-blending the Nursing Home/EDCD per capita cost for the contract period based on each MCO’s mix of enrollees receiving care at each site of service as of the risk measurement period.
7. **MCO-specific mix adjustment** – each MCO’s mix adjustment will be calculated by taking the difference between its mix-adjusted per capita costs and the base per capita costs for each region, and multiplying by the total enrollment in each region during the contract period.
8. **Settlement date** – the MCO-specific mix adjustment settlements can be calculated after reporting of contract period enrollment is substantially complete, which is probably about two months after of the end of the contract period, in March 2018.

With two exceptions, the CCC Plus MCOs will assume risk for the cost of services covered under the contract. There is a pharmacy reinsurance program and an ARTS stop loss provision described in section I.2.B.iv of the 2017 MMC Guide: Data Adjustments, Program change adjustments.

B. Development of risk mitigation methodology

The methodology for the pharmacy reinsurance program and an ARTS stop loss provision are described in section I.2.B.iv of the 2017 MMC Guide: Data Adjustments, Program change adjustments.

C. Use of acuity adjustment

i. Description of the data, assumptions and methodologies

There will be no risk adjustment applied to the CY 2017 CCC Plus rates.

ii. Material changes to data, assumptions and methodologies

This is not applicable because CY 2017 is the first year of managed care rate setting for this population.

D. Other risk sharing arrangements

This section is not applicable because no specific risk adjustment has been applied to the CCC Plus program rates.

E. Medical Loss Ratio requirements

There is a medical loss ratio requirement in the contract. Recent revisions to the CCC Plus health plan contract added an underwriting gain limit in addition to the MLR requirement. The revised contract language is as follows:

“19.7 MINIMUM MEDICAL LOSS RATIO (MLR) and limit on underwriting gain

The contractor shall be subject to both a minimum medical loss ratio (MLR) and a limit on underwriting gain. These provisions will apply on a contract specific basis and will only include revenue and expense experience applicable to members included under the contract.

The Contractor shall be subject to a minimum MLR of 85%. The MLR shall be determined as the ratio of (i) incurred claims plus expenditures for activities that improve health care quality plus expenditures on activities to comply with certain program integrity requirements divided by (ii) adjusted premium revenue. If the MLR for a reporting year is less than 85% then the Contractor shall make payment to the Department equal to the deficiency percentage applied to the amount of adjusted premium revenue.

The Contractor is required to report a MLR annually based on 42 CFR § 438.8. The Contractor shall submit to the Department, in the form and manner prescribed by the Department, the necessary data to calculate and verify the MLR within ten (10) months of the end of the reporting year. The MLR reporting year shall be the calendar year.

The Contractor shall report to the Department the following information for each MLR reporting year based on data through September 30 of the following calendar year:

- a. Total incurred claims;*
- b. Expenditures on quality improving activities;*
- c. Expenditures on activities related to program integrity compliance;*
- d. Non-claims costs;*
- e. Premium revenue;*
- f. Taxes, licensing and regulatory fees;*
- g. Methodology for allocation of expenditures;*
- h. Any credibility adjustment applied;*
- i. The calculated MLR;*
- j. Any remittance owed to the State;*
- k. A reconciliation of the information reported in this report with the audited financial report;*
- l. A description of the aggregation method by covered population; and,*
- m. The number of Member months.*

If the Contractor is required to make a payment to the Department the payment shall be due to the Department no later than December 1 following the MLR reporting year.

The Contractor shall be subject to a maximum underwriting gain for the MLR reporting year expressed as a percentage of Medicaid premium income. The percentage shall be determined as the ratio of Medicaid underwriting gain to the amount of Medicaid premium income for the calendar year developed in the same manner as the MLR (i.e. with data through September 30 of the following calendar year). Such amounts shall be determined consistent with the reporting requirements for the Contractor's Annual Financial Statement filed with the Virginia Bureau of Insurance with two exceptions. First, the non-claims costs should exclude the amount, if any, of non-allowable expenses as described in section 19.1.3. Second, the Health Insurer Fee shall be excluded from the non-claims costs and the reimbursement from DMAS under section 19.6 shall be excluded from revenue.

If the underwriting gain percentage for the MLR year in which the contract became effective exceeds 3.00% then the Contractor shall make payment to the Department equal to the sum of 50% of the excess of the percentage over 3.00% plus 50% of the excess of the percentage over 10.00% applied to the amount of Medicaid premium income attributable to the contract. Such amount will be remitted to DMAS as a refund of an overpayment. To illustrate, if the underwriting gain is 8% then the Contractor shall refund to the Department 2.5% of Medicaid premium income. If the underwriting gain is 10% then the Contractor shall refund to the Department 3.5% of Medicaid premium income. If the underwriting gain is 4.0% then the Contractor shall refund to the Department 0.5% of Medicaid premium income.

All of the variables used in the calculation of the underwriting gain limit and the amount of any resulting payment shall be determined as if the limit did not exist but shall reflect any refund amount required due to the MLR contract provision. Contractors are required to notify the Department and provide supplemental information in the event that this limit impacted the financial results reported for a quarter. This supplemental financial information should include revised values for Medicaid underwriting gain and Medicaid premium income determined without application of the limit.

The limit on underwriting gain will not apply for a given calendar year if the Contractor has fewer than 120,000 member months during the calendar year. In addition, the limit on underwriting gain shall not apply to a Contractor for a given calendar year if the Contractor has less than 12 months of experience in the program at the beginning of the calendar year.

If the Contractor is required to make a payment to the Department under this Contract provision, the payment shall be due to the Department no later than December 1 of the following calendar year.

The Contractor is prohibited from providing bonus and/or incentive payments to contracted providers or subcontractors which are determined based in whole or in part on the applicability of this contract provision.”

F. Reinsurance requirements

There are no reinsurance requirements in the contract. MCOs may either contract for reinsurance or self-insure.

Two reinsurance programs are included as part of the Contract Year 2017 rates. These are the pharmacy reinsurance adjustment and the Addiction and Recovery Treatment Services (ARTS) stop loss described under Section I.2.B.iv, Data Adjustments, Program Change Adjustments.

G. Incentive arrangements not to exceed 105% of capitation payment

There are no incentive arrangements applied to the rates in CY 2017.

H. Incentive or withhold amounts

There is no incentive or withhold amounts applied to the rates in CY 2017.

8. Other rate development considerations

This section provides the information related to the development of the CCC Plus capitation rates and follows the outline of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section 8

A. Portions of costs subject to different FMAP rates

This is not applicable. All included costs in capitation rates are subject to the same FMAP rate.

B. Proposed differences among capitation rates not based on differences in FMAP rates

This is not applicable. We certify that proposed differences among capitation rates are not based on differences in FMAP rates.

C. Effective date of changes in rates

These rates will be effective August 1, 2017.

D. Adequately demonstrate that rates were developed using generally accepted actuarial practices and principles

This is addressed in the responses to Section I of this report and in the actuarial certification.

9. Procedures for Rate Certifications for Rate and Contract Amendments

This section provides the information related to the development of the CCC Plus capitation rates and follows the outline of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section 8

- A. CMS requires that the State will submit a new rate certification when the rates or rate ranges change.***
- B. For contract amendments that do not affect the rates or rate ranges, CMS does not require a new rate certification from the State.***
- C. There are several circumstances when CMS would not require a new rate certification:***

The Managed Care Guidelines indicate that a new rate certification is not required if the impact is less than or up to a 1.5% change in the PMPM amount of the previously certified managed care rates.

- i. a state changes the capitation rates paid to the MCOs, but the capitation rates still fall within the certified rate ranges for that rating period and contract.***
- ii. a state applies risk scores to the capitation rates paid to the MCOs under a risk adjustment methodology described in the certification for that rating period and contract.***
- D. Any time a rate changes for any reason other than application of a risk adjustment methodology which was included in the initial managed care contract, the state must submit a contract amendment to CMS, even if the rate change does not need a new rate certification.***

For contract amendments, DMAS first obtains signatures from the MCOs and then submits them to CMS for review.

Virginia DMAS and its consulting actuary confirm that they understand and will comply with the CMS requirement to submit a new rate certification when rates or rate ranges change, subject to the condition that a new rate certification is not required if the change to capitation rates still fall within the certified rate ranges for the rating period and contract or that the rate change is related to the application of a risk adjustment methodology described in the original certification for that rating period and contract.

II. Medicaid Managed Care Rates with Long Term Services and Supports

This section provides the information requested under the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section II.

1. Managed Long Term Services and Supports

Section I of this report covers both acute care services and LTSS under the CCC Plus program.

(a) Actuarial rate certification also applicable for rates for provision of MLTSS.

The actuarial rate certification provided applies to both the acute care services and LTSS under CCC Plus.

(b) Structure of the capitation rates and rate cells or rating categories.

There will be a total of 28 rate cells across all the CCC Plus populations. Criteria that were considered for rate cell development are indicated in Table 1. The final rate cells took into consideration the size of the populations, observed variability in costs and utilization and the CCC Plus program design. Final rate cells include blended rate based upon the health care status and need of the beneficiaries. Specifically, rates are blended for Dual and Non-Dual beneficiaries who are nursing home eligible, regardless of whether they receive services in an institutional setting or through the Elderly and Disabled with Consumer Direction waiver.

The rate cell structure for the CCC Plus program is presented in the following table.

Section II Table 1 CCC Plus Rate Cells		
CCC Plus Population	TPL	Rate Cells
BLENDED Nursing Home and EDCD	Dual	6 rate cells; All Ages, By six Regions
	Non-Dual	6 rate cells; All Ages, By six Regions
DD Waivers	Dual	1 rate cell; All Ages, Statewide
	Non-Dual	1 rate cell; All Ages, Statewide
Tech Assisted Waiver	Dual and Non-Dual	1 rate cell; All Ages, Statewide
Community No LTSS	Dual	12 rate cells; Age Under 65, Age and Over, By six Regions
	Non-Dual	1 rate cell; All Ages, Statewide

(c) Expected effect that managing LTSS has on the utilization and unit costs of services.

This is described under the Managed Care Savings Adjustment in Section I, 2.B, Data Program Adjustments, of the report.

- (d) D describe how the projected non-benefit costs were developed for populations receiving these services.**

This is described under the Components discussion in Section I, 5.B, Projected Non Benefit Costs.

- (e) The rate certification should provide information on historical experience, analysis, and other sources (e.g., studies or research) used to develop the assumptions used for rate setting.**

III. New Adult Group Capitation Rates

This section is not applicable to this report.

APPENDICES/EXHIBITS

Appendix A –

Exhibits 1: Historical Eligibility and Cost

Exhibits 1	Historical Eligibility, Fee-For-Service Claims, and Utilization Data – FFS populations
Exhibits 1	Historical Eligibility, MCO Encounter Claims, and Utilization Data – MCO enrolled Acute Care
Exhibits 1	Historical Eligibility, Fee-For-Service Claims, and Utilization Data – MCO Enrolled Carveout services

Appendix B –

Exhibits 2 and 3: Policy and Program Adjustments, IBNR and Trend

Exhibits 2 and 3	Policy and Program Adjustments, IBNR and Trend – FFS populations
Exhibits 2 and 3	Policy and Program Adjustments, IBNR and Trend – MCO enrolled Acute Care
Exhibits 2 and 3	Historical Eligibility, Fee-For-Service Claims, and Utilization Data – MCO enrolled Carveout services

Appendix C –

Exhibits 4: Projected Base Benefits Costs

Exhibits 4	Projected Base Rates – FFS populations
Exhibits 4	Projected Base Rates – MCO enrolled Acute Care
Exhibits 4	Projected Base Rates – MCO enrolled Carveout services

Appendix D –

Exhibits 5 to 10: Final Benefits Costs

Exhibits 5-10	Capitation Rates – CCC Plus Eligibility Groups
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Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Central Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	40,924	35,014						
Service Type								
Adult Day Care	\$0	\$79	\$0.00	\$0.00	0	14	\$0.00	\$1.98
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$115	\$993	\$0.00	\$0.03	1	5	\$57.62	\$70.90
Consumer Directed - Personal Care	\$11,194	\$16,636	\$0.27	\$0.48	333	546	\$9.87	\$10.44
Consumer Directed - Respite Care	\$2,494	\$4,414	\$0.06	\$0.13	68	129	\$10.68	\$11.72
DME/Supplies	\$28,113	\$24,559	\$0.69	\$0.70	66	42	\$125.50	\$199.67
FQHC	\$1,307	\$530	\$0.03	\$0.02	6	2	\$68.80	\$75.74
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$560,786	\$661,609	\$13.70	\$18.90	87	100	\$1,881.83	\$2,258.05
Inpatient - Medical/Surgical	\$737,421	\$401,036	\$18.02	\$11.45	16	10	\$13,168.22	\$13,367.86
Inpatient - Psych	\$146,988	\$24,396	\$3.59	\$0.70	69	12	\$628.15	\$677.67
Lab and X-ray Services	\$14,922	\$10,012	\$0.36	\$0.29	254	240	\$17.23	\$14.30
Medicare Xover - IP	\$1,037,349	\$863,800	\$25.35	\$24.67	259	239	\$1,176.13	\$1,239.31
Medicare Xover - Nursing Facility	\$1,110,064	\$1,087,774	\$27.13	\$31.07	23,790	26,374	\$13.68	\$14.14
Medicare Xover - OP	\$290,657	\$205,679	\$7.10	\$5.87	980	915	\$86.94	\$77.06
Medicare Xover - Other	\$145,748	\$111,656	\$3.56	\$3.19	3,150	2,593	\$13.57	\$14.76
Medicare Xover - Physician	\$1,159,305	\$989,317	\$28.33	\$28.25	12,985	13,111	\$26.18	\$25.86
Nursing Facility	\$186,734,068	\$163,480,947	\$4,562.98	\$4,668.98	324,330	317,498	\$168.83	\$176.47
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$43,442	\$33,606	\$1.06	\$0.96	58	33	\$219.40	\$350.07
Outpatient - Psychological	\$894	\$0	\$0.02	\$0.00	1	0	\$223.44	\$0.00
Personal Care Agency - Personal Care	\$32,050	\$6,112	\$0.78	\$0.17	704	160	\$13.34	\$13.06
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$773,023	\$524,440	\$18.89	\$14.98	30,507	27,128	\$7.43	\$6.63
Physician - Clinic	\$11,402	\$33,291	\$0.28	\$0.95	1,107	2,572	\$3.02	\$4.44
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$22,287	\$17,015	\$0.54	\$0.49	42	26	\$156.95	\$223.88
Physician - Other Practitioner	\$19,497	\$14,821	\$0.48	\$0.42	102	90	\$55.86	\$56.57
Physician - PCP	\$64,127	\$44,075	\$1.57	\$1.26	291	214	\$64.58	\$70.75
Physician - Specialist	\$48,672	\$45,963	\$1.19	\$1.31	370	375	\$38.60	\$42.05
Transportation - Emergency	\$8,419	\$2,209	\$0.21	\$0.06	28	8	\$89.56	\$100.39
Total Medicaid Only	\$193,004,343	\$168,604,968	\$4,716.20	\$4,815.32	399,604	392,435	\$141.63	\$147.24

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Charlottesville Western Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	30,871	28,570						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$428	\$803	\$0.01	\$0.03	2	4	\$85.65	\$89.19
Consumer Directed - Personal Care	\$14,494	\$22,437	\$0.47	\$0.79	577	958	\$9.77	\$9.84
Consumer Directed - Respite Care	\$6,917	\$9,448	\$0.22	\$0.33	275	404	\$9.77	\$9.83
DME/Supplies	\$46,294	\$15,516	\$1.50	\$0.54	101	50	\$178.74	\$130.39
FQHC	\$2,180	\$410	\$0.07	\$0.01	10	2	\$80.75	\$102.49
Home Health Services	\$4,641	\$0	\$0.15	\$0.00	3	0	\$580.06	\$0.00
Hospice Care	\$283,680	\$276,913	\$9.19	\$9.69	62	53	\$1,784.15	\$2,180.42
Inpatient - Medical/Surgical	\$492,332	\$577,629	\$15.95	\$20.22	14	13	\$13,675.88	\$18,050.91
Inpatient - Psych	\$95,068	\$209,086	\$3.08	\$7.32	44	172	\$848.82	\$511.21
Lab and X-ray Services	\$3,762	\$3,569	\$0.12	\$0.12	86	99	\$17.02	\$15.19
Medicare Xover - IP	\$762,895	\$680,647	\$24.71	\$23.82	263	239	\$1,128.54	\$1,194.12
Medicare Xover - Nursing Facility	\$914,117	\$972,743	\$29.61	\$34.05	25,109	25,682	\$14.15	\$15.91
Medicare Xover - OP	\$310,351	\$247,313	\$10.05	\$8.66	1,324	1,319	\$91.12	\$78.76
Medicare Xover - Other	\$100,891	\$106,443	\$3.27	\$3.73	2,581	2,705	\$15.19	\$16.53
Medicare Xover - Physician	\$778,751	\$805,577	\$25.23	\$28.20	13,562	13,518	\$22.32	\$25.03
Nursing Facility	\$137,224,156	\$131,651,701	\$4,445.04	\$4,607.98	325,592	319,480	\$163.83	\$173.08
Other Waiver Services	\$4,802	\$5,653	\$0.16	\$0.20	5	3	\$400.20	\$706.68
Outpatient - Other	\$35,196	\$34,601	\$1.14	\$1.21	77	85	\$177.76	\$171.29
Outpatient - Psychological	\$46	\$917	\$0.00	\$0.03	1	1	\$15.47	\$305.56
Personal Care Agency - Personal Care	\$37,846	\$12,804	\$1.23	\$0.45	1,155	418	\$12.74	\$12.86
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$421,875	\$333,214	\$13.67	\$11.66	23,173	19,587	\$7.08	\$7.15
Physician - Clinic	\$0	\$5,788	\$0.00	\$0.20	0	905	\$0.00	\$2.69
Physician - IP Mental Health	\$102	\$0	\$0.00	\$0.00	0	0	\$102.29	\$0.00
Physician - OP Mental Health	\$9,273	\$4,942	\$0.30	\$0.17	28	18	\$128.79	\$114.92
Physician - Other Practitioner	\$13,865	\$14,707	\$0.45	\$0.51	147	116	\$36.78	\$53.09
Physician - PCP	\$45,459	\$25,767	\$1.47	\$0.90	527	175	\$33.52	\$61.79
Physician - Specialist	\$21,711	\$17,037	\$0.70	\$0.60	178	210	\$47.51	\$34.07
Transportation - Emergency	\$4,851	\$2,464	\$0.16	\$0.09	23	11	\$83.64	\$94.76
Total Medicaid Only	\$141,635,983	\$136,038,129	\$4,587.95	\$4,761.51	394,917	386,228	\$139.41	\$147.94

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Northern & Winchester Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	27,481	25,943						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$24	\$847	\$0.00	\$0.03	0	4	\$24.23	\$105.90
Consumer Directed - Personal Care	\$88,901	\$3,324	\$3.23	\$0.13	3,121	119	\$12.44	\$12.91
Consumer Directed - Respite Care	\$5,609	\$59	\$0.20	\$0.00	197	3	\$12.41	\$9.77
DME/Supplies	\$113,444	\$16,478	\$4.13	\$0.64	79	41	\$623.32	\$185.14
FQHC	\$236	\$0	\$0.01	\$0.00	1	0	\$78.54	\$0.00
Home Health Services	\$0	\$6,107	\$0.00	\$0.24	0	5	\$0.00	\$610.69
Hospice Care	\$566,028	\$643,322	\$20.60	\$24.80	110	122	\$2,237.26	\$2,446.09
Inpatient - Medical/Surgical	\$910,069	\$879,211	\$33.12	\$33.89	28	25	\$14,219.83	\$16,588.89
Inpatient - Psych	\$58,942	\$257,640	\$2.14	\$9.93	28	218	\$935.58	\$545.85
Lab and X-ray Services	\$7,955	\$5,770	\$0.29	\$0.22	257	239	\$13.51	\$11.16
Medicare Xover - IP	\$574,488	\$553,158	\$20.90	\$21.32	200	205	\$1,254.34	\$1,248.66
Medicare Xover - Nursing Facility	\$679,492	\$671,660	\$24.73	\$25.89	19,822	19,958	\$14.97	\$15.57
Medicare Xover - OP	\$289,056	\$239,063	\$10.52	\$9.21	1,018	1,021	\$123.95	\$108.27
Medicare Xover - Other	\$64,305	\$58,132	\$2.34	\$2.24	1,923	1,867	\$14.60	\$14.40
Medicare Xover - Physician	\$661,435	\$632,968	\$24.07	\$24.40	7,860	9,018	\$36.75	\$32.46
Nursing Facility	\$147,525,798	\$142,097,523	\$5,368.26	\$5,477.31	326,976	320,078	\$197.02	\$205.35
Other Waiver Services	\$0	\$7,016	\$0.00	\$0.27	0	4	\$0.00	\$779.56
Outpatient - Other	\$68,315	\$42,911	\$2.49	\$1.65	113	69	\$263.76	\$286.07
Outpatient - Psychological	\$2,368	\$636	\$0.09	\$0.02	1	1	\$1,184.07	\$318.03
Personal Care Agency - Personal Care	\$53,772	\$80,052	\$1.96	\$3.09	1,710	2,417	\$13.73	\$15.32
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$650,579	\$490,407	\$23.67	\$18.90	32,933	29,621	\$8.63	\$7.66
Physician - Clinic	\$51,758	\$27,534	\$1.88	\$1.06	9,848	4,588	\$2.30	\$2.78
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$9,950	\$12,667	\$0.36	\$0.49	30	49	\$144.20	\$118.38
Physician - Other Practitioner	\$32,004	\$20,284	\$1.16	\$0.78	309	196	\$45.20	\$47.84
Physician - PCP	\$72,946	\$69,903	\$2.65	\$2.69	503	491	\$63.27	\$65.88
Physician - Specialist	\$45,465	\$32,819	\$1.65	\$1.27	580	431	\$34.24	\$35.21
Transportation - Emergency	\$6,358	\$6,105	\$0.23	\$0.24	35	27	\$79.48	\$105.25
Total Medicaid Only	\$152,539,297	\$146,855,596	\$5,550.70	\$5,660.71	407,682	390,819	\$163.38	\$173.81

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Roanoke/Alleghany Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	26,462	23,213						
Service Type								
Adult Day Care	\$10,963	\$2,226	\$0.41	\$0.10	89	21	\$55.65	\$55.65
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$940	\$2,026	\$0.04	\$0.09	6	11	\$67.18	\$92.08
Consumer Directed - Personal Care	\$51,127	\$16,534	\$1.93	\$0.71	2,373	867	\$9.77	\$9.86
Consumer Directed - Respite Care	\$13,859	\$1,285	\$0.52	\$0.06	643	68	\$9.77	\$9.77
DME/Supplies	\$26,952	\$13,091	\$1.02	\$0.56	68	60	\$178.49	\$111.89
FQHC	\$849	\$962	\$0.03	\$0.04	6	7	\$65.30	\$68.74
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$325,141	\$350,257	\$12.29	\$15.09	81	87	\$1,826.64	\$2,072.53
Inpatient - Medical/Surgical	\$194,023	\$115,817	\$7.33	\$4.99	10	7	\$9,239.21	\$8,272.65
Inpatient - Psych	\$191,435	\$414,079	\$7.23	\$17.84	149	420	\$581.87	\$509.32
Lab and X-ray Services	\$12,142	\$7,562	\$0.46	\$0.33	425	328	\$12.94	\$11.93
Medicare Xover - IP	\$577,048	\$492,275	\$21.81	\$21.21	233	206	\$1,122.66	\$1,233.77
Medicare Xover - Nursing Facility	\$825,973	\$738,689	\$31.21	\$31.82	24,099	24,315	\$15.54	\$15.70
Medicare Xover - OP	\$236,968	\$193,426	\$8.96	\$8.33	1,013	1,063	\$106.07	\$94.08
Medicare Xover - Other	\$79,997	\$66,469	\$3.02	\$2.86	2,760	2,616	\$13.14	\$13.13
Medicare Xover - Physician	\$656,696	\$561,772	\$24.82	\$24.20	13,599	11,376	\$21.90	\$25.53
Nursing Facility	\$115,635,983	\$104,278,719	\$4,369.95	\$4,492.19	322,109	313,358	\$162.80	\$172.03
Other Waiver Services	\$13,757	\$81,545	\$0.52	\$3.51	11	53	\$550.29	\$799.47
Outpatient - Other	\$25,850	\$7,985	\$0.98	\$0.34	59	33	\$197.33	\$126.74
Outpatient - Psychological	\$0	\$30	\$0.00	\$0.00	0	1	\$0.00	\$29.62
Personal Care Agency - Personal Care	\$5,525	\$9,988	\$0.21	\$0.43	194	400	\$12.91	\$12.92
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$474,124	\$367,992	\$17.92	\$15.85	29,429	25,215	\$7.31	\$7.54
Physician - Clinic	\$21,675	\$20,729	\$0.82	\$0.89	2,219	954	\$4.43	\$11.23
Physician - IP Mental Health	\$140	\$0	\$0.01	\$0.00	1	0	\$70.24	\$0.00
Physician - OP Mental Health	\$10,883	\$8,096	\$0.41	\$0.35	47	32	\$105.66	\$130.59
Physician - Other Practitioner	\$24,053	\$25,511	\$0.91	\$1.10	181	136	\$60.28	\$97.00
Physician - PCP	\$25,155	\$16,110	\$0.95	\$0.69	174	115	\$65.51	\$72.24
Physician - Specialist	\$25,951	\$17,561	\$0.98	\$0.76	196	204	\$60.07	\$44.46
Transportation - Emergency	\$3,469	\$1,422	\$0.13	\$0.06	19	8	\$82.61	\$88.86
Total Medicaid Only	\$119,470,681	\$107,812,159	\$4,514.87	\$4,644.41	400,196	381,963	\$135.38	\$145.91

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Southwest Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	17,256	17,310						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$0	\$629	\$0.00	\$0.04	0	11	\$0.00	\$39.33
Consumer Directed - Personal Care	\$5,344	\$4,325	\$0.31	\$0.25	380	304	\$9.77	\$9.85
Consumer Directed - Respite Care	\$684	\$576	\$0.04	\$0.03	49	40	\$9.77	\$9.94
DME/Supplies	\$5,643	\$46,813	\$0.33	\$2.70	69	69	\$57.00	\$468.13
FQHC	\$1,032	\$283	\$0.06	\$0.02	8	2	\$86.04	\$94.22
Home Health Services	\$518	\$0	\$0.03	\$0.00	2	0	\$172.63	\$0.00
Hospice Care	\$166,851	\$186,876	\$9.67	\$10.80	77	70	\$1,503.16	\$1,850.26
Inpatient - Medical/Surgical	\$174,570	\$233,236	\$10.12	\$13.47	14	13	\$8,728.51	\$12,275.57
Inpatient - Psych	\$42,792	\$34,517	\$2.48	\$1.99	32	29	\$930.26	\$821.84
Lab and X-ray Services	\$4,319	\$4,090	\$0.25	\$0.24	268	214	\$11.19	\$13.24
Medicare Xover - IP	\$387,018	\$430,870	\$22.43	\$24.89	238	266	\$1,131.63	\$1,122.06
Medicare Xover - Nursing Facility	\$576,866	\$649,229	\$33.43	\$37.51	29,603	32,945	\$13.55	\$13.66
Medicare Xover - OP	\$151,884	\$133,142	\$8.80	\$7.69	1,225	1,232	\$86.25	\$74.92
Medicare Xover - Other	\$51,530	\$56,337	\$2.99	\$3.25	3,300	3,795	\$10.86	\$10.29
Medicare Xover - Physician	\$380,771	\$394,217	\$22.07	\$22.77	19,059	18,157	\$13.89	\$15.05
Nursing Facility	\$68,049,537	\$70,591,086	\$3,943.60	\$4,077.94	311,438	305,566	\$151.95	\$160.15
Other Waiver Services	\$0	\$8,222	\$0.00	\$0.47	0	8	\$0.00	\$747.47
Outpatient - Other	\$27,011	\$7,301	\$1.57	\$0.42	186	98	\$100.79	\$51.78
Outpatient - Psychological	\$135	\$21	\$0.01	\$0.00	3	1	\$33.85	\$21.21
Personal Care Agency - Personal Care	\$8,030	\$474	\$0.47	\$0.03	433	25	\$12.91	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$288,186	\$213,185	\$16.70	\$12.32	27,265	20,608	\$7.35	\$7.17
Physician - Clinic	\$240	\$17,043	\$0.01	\$0.98	3	6,218	\$60.04	\$1.90
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$3,364	\$5,711	\$0.19	\$0.33	15	46	\$160.21	\$86.52
Physician - Other Practitioner	\$7,338	\$6,238	\$0.43	\$0.36	107	127	\$47.65	\$34.09
Physician - PCP	\$22,689	\$16,833	\$1.31	\$0.97	279	214	\$56.58	\$54.65
Physician - Specialist	\$13,955	\$9,053	\$0.81	\$0.52	257	130	\$37.82	\$48.16
Transportation - Emergency	\$5,502	\$3,726	\$0.32	\$0.22	43	15	\$88.74	\$169.34
Total Medicaid Only	\$70,375,812	\$73,054,033	\$4,078.41	\$4,220.23	394,353	390,202	\$124.10	\$129.79

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Tidewater Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	26,567	23,612						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$175	\$351	\$0.01	\$0.01	0	1	\$175.40	\$175.40
Community Behavioral Health	\$370	\$576	\$0.01	\$0.02	3	5	\$52.85	\$57.62
Consumer Directed - Personal Care	\$1,583	\$70	\$0.06	\$0.00	73	4	\$9.77	\$9.97
Consumer Directed - Respite Care	\$34	\$0	\$0.00	\$0.00	2	0	\$9.77	\$0.00
DME/Supplies	\$21,180	\$31,641	\$0.80	\$1.34	78	87	\$123.14	\$183.96
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$293,436	\$334,204	\$11.04	\$14.15	75	79	\$1,778.40	\$2,142.33
Inpatient - Medical/Surgical	\$609,745	\$253,022	\$22.95	\$10.72	16	11	\$16,937.36	\$11,501.01
Inpatient - Psych	\$41,629	\$0	\$1.57	\$0.00	22	0	\$849.58	\$0.00
Lab and X-ray Services	\$6,448	\$2,727	\$0.24	\$0.12	241	105	\$12.10	\$13.24
Medicare Xover - IP	\$594,892	\$565,069	\$22.39	\$23.93	217	231	\$1,236.78	\$1,244.65
Medicare Xover - Nursing Facility	\$480,324	\$451,030	\$18.08	\$19.10	15,041	15,306	\$14.42	\$14.98
Medicare Xover - OP	\$190,824	\$153,087	\$7.18	\$6.48	841	861	\$102.48	\$90.37
Medicare Xover - Other	\$76,386	\$64,618	\$2.88	\$2.74	2,740	2,537	\$12.59	\$12.94
Medicare Xover - Physician	\$793,757	\$770,497	\$29.88	\$32.63	16,646	16,260	\$21.54	\$24.08
Nursing Facility	\$122,913,386	\$113,108,877	\$4,626.48	\$4,790.25	325,314	315,975	\$170.66	\$181.92
Other Waiver Services	\$7,639	\$26,302	\$0.29	\$1.11	7	23	\$477.47	\$571.78
Outpatient - Other	\$54,376	\$11,394	\$2.05	\$0.48	63	43	\$388.40	\$135.64
Outpatient - Psychological	\$114	\$255	\$0.00	\$0.01	1	1	\$37.88	\$127.28
Personal Care Agency - Personal Care	\$30,377	\$51,678	\$1.14	\$2.19	1,063	2,028	\$12.91	\$12.95
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$462,610	\$341,345	\$17.41	\$14.46	23,875	20,549	\$8.75	\$8.44
Physician - Clinic	\$3,912	\$4,147	\$0.15	\$0.18	145	1,414	\$12.22	\$1.49
Physician - IP Mental Health	\$0	\$762	\$0.00	\$0.03	0	7	\$0.00	\$58.61
Physician - OP Mental Health	\$52,282	\$16,690	\$1.97	\$0.71	381	103	\$62.02	\$82.63
Physician - Other Practitioner	\$38,921	\$22,579	\$1.46	\$0.96	251	144	\$70.13	\$79.78
Physician - PCP	\$26,300	\$15,957	\$0.99	\$0.68	211	173	\$56.20	\$46.79
Physician - Specialist	\$24,644	\$14,792	\$0.93	\$0.63	206	288	\$53.93	\$26.13
Transportation - Emergency	\$1,875	\$1,062	\$0.07	\$0.04	10	7	\$85.24	\$75.85
Total Medicaid Only	\$126,727,220	\$116,242,731	\$4,770.04	\$4,922.97	387,523	376,242	\$147.71	\$157.02

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual Nursing Home

Appendix A
Exhibit 1a

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	18,988	20,502						
Service Type								
Adult Day Care	\$445	\$0	\$0.02	\$0.00	5	0	\$55.65	\$0.00
Case Management Services	\$526	\$2,463	\$0.03	\$0.12	2	11	\$175.40	\$136.82
Community Behavioral Health	\$939	\$3,850	\$0.05	\$0.19	103	118	\$5.76	\$19.06
Consumer Directed - Personal Care	\$3,094	\$6,845	\$0.16	\$0.33	178	369	\$10.98	\$10.87
Consumer Directed - Respite Care	\$1,424	\$400	\$0.08	\$0.02	79	23	\$11.44	\$10.01
DME/Supplies	\$621,414	\$605,534	\$32.73	\$29.54	1,321	1,353	\$297.19	\$262.02
FQHC	\$90,171	\$78,495	\$4.75	\$3.83	706	578	\$80.73	\$79.53
Home Health Services	\$51,892	\$96,407	\$2.73	\$4.70	100	167	\$326.37	\$338.27
Hospice Care	\$400,349	\$380,423	\$21.08	\$18.56	135	115	\$1,879.57	\$1,940.93
Inpatient - Medical/Surgical	\$24,047,985	\$24,136,961	\$1,266.50	\$1,177.32	948	832	\$16,031.99	\$16,985.90
Inpatient - Psych	\$261,937	\$201,649	\$13.80	\$9.84	205	142	\$805.96	\$833.26
Lab and X-ray Services	\$457,416	\$465,700	\$24.09	\$22.72	18,189	18,041	\$15.89	\$15.11
Medicare Xover - IP	\$0	\$262	\$0.00	\$0.01	0	1	\$0.00	\$261.94
Medicare Xover - Nursing Facility	\$1,036	\$0	\$0.05	\$0.00	49	0	\$13.28	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$5	\$19	\$0.00	\$0.00	1	1	\$2.50	\$18.98
Medicare Xover - Physician	\$161	\$0	\$0.01	\$0.00	7	0	\$14.64	\$0.00
Nursing Facility	\$116,978,982	\$126,645,704	\$6,160.76	\$6,177.36	340,190	331,165	\$217.32	\$223.84
Other Waiver Services	\$23,319	\$31,706	\$1.23	\$1.55	25	29	\$597.91	\$634.12
Outpatient - Other	\$3,257,813	\$3,338,051	\$171.57	\$162.82	7,504	7,061	\$274.39	\$276.70
Outpatient - Psychological	\$12,882	\$23,115	\$0.68	\$1.13	119	129	\$68.16	\$104.59
Personal Care Agency - Personal Care	\$4,718	\$21,586	\$0.25	\$1.05	180	756	\$16.55	\$16.71
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$12,743,167	\$14,148,884	\$671.13	\$690.14	137,320	127,594	\$58.65	\$64.91
Physician - Clinic	\$944,012	\$1,067,920	\$49.72	\$52.09	221,776	223,167	\$2.69	\$2.80
Physician - IP Mental Health	\$4,601	\$3,624	\$0.24	\$0.18	50	44	\$58.25	\$48.32
Physician - OP Mental Health	\$146,064	\$164,641	\$7.69	\$8.03	1,498	1,633	\$61.60	\$59.01
Physician - Other Practitioner	\$677,147	\$742,113	\$35.66	\$36.20	10,299	10,032	\$41.55	\$43.30
Physician - PCP	\$3,178,594	\$3,263,514	\$167.40	\$159.18	36,845	38,278	\$54.52	\$49.90
Physician - Specialist	\$1,625,647	\$1,801,709	\$85.62	\$87.88	32,139	29,738	\$31.97	\$35.46
Transportation - Emergency	\$381,793	\$423,128	\$20.11	\$20.64	2,656	2,668	\$90.84	\$92.83
Total Medicaid Only	\$165,917,534	\$177,654,700	\$8,738.14	\$8,665.41	812,630	794,044	\$129.04	\$130.96

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Central Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	47,532	48,812						
Service Type								
Adult Day Care	\$1,385,380	\$1,428,647	\$29.15	\$29.27	6,547	7,239	\$53.43	\$48.52
Case Management Services	\$5,012	\$6,669	\$0.11	\$0.14	8	10	\$167.07	\$166.72
Community Behavioral Health	\$14,870	\$20,625	\$0.31	\$0.42	2,216	3,278	\$1.69	\$1.55
Consumer Directed - Personal Care	\$32,701,871	\$39,283,862	\$687.99	\$804.81	820,684	952,368	\$10.06	\$10.14
Consumer Directed - Respite Care	\$5,822,690	\$6,841,044	\$122.50	\$140.15	147,121	166,326	\$9.99	\$10.11
DME/Supplies	\$2,520,169	\$2,085,931	\$53.02	\$42.73	7,055	6,492	\$90.18	\$78.99
FQHC	\$260	\$666	\$0.01	\$0.01	1	2	\$52.03	\$66.64
Home Health Services	\$13,188	\$3,351	\$0.28	\$0.07	6	3	\$599.46	\$304.60
Hospice Care	\$178,935	\$302,380	\$3.76	\$6.19	16	23	\$2,886.05	\$3,182.95
Inpatient - Medical/Surgical	\$391,735	\$345,656	\$8.24	\$7.08	10	9	\$9,793.38	\$9,601.57
Inpatient - Psych	\$133,694	\$39,370	\$2.81	\$0.81	42	6	\$805.39	\$1,640.41
Lab and X-ray Services	\$2,077	\$1,704	\$0.04	\$0.03	33	23	\$15.98	\$17.94
Medicare Xover - IP	\$1,742,555	\$1,818,678	\$36.66	\$37.26	438	440	\$1,005.51	\$1,016.02
Medicare Xover - Nursing Facility	\$2,105	\$6,065	\$0.04	\$0.12	79	224	\$6.75	\$6.66
Medicare Xover - OP	\$940,535	\$825,437	\$19.79	\$16.91	3,161	3,186	\$75.12	\$63.70
Medicare Xover - Other	\$781,011	\$773,462	\$16.43	\$15.85	8,462	7,895	\$23.30	\$24.08
Medicare Xover - Physician	\$2,618,296	\$2,725,919	\$55.08	\$55.85	20,389	20,113	\$32.42	\$33.32
Nursing Facility	\$17,695	\$23,381	\$0.37	\$0.48	29	29	\$152.55	\$201.56
Other Waiver Services	\$1,311,071	\$1,380,196	\$27.58	\$28.28	5,938	5,914	\$55.75	\$57.37
Outpatient - Other	\$12,467	\$9,075	\$0.26	\$0.19	18	13	\$175.59	\$168.05
Outpatient - Psychological	\$10,845	\$0	\$0.23	\$0.00	18	0	\$150.63	\$0.00
Personal Care Agency - Personal Care	\$44,055,875	\$40,680,896	\$926.86	\$833.43	854,400	761,390	\$13.02	\$13.14
Personal Care Agency - Respite Care	\$6,959,620	\$5,931,685	\$146.42	\$121.52	135,204	110,898	\$13.00	\$13.15
Pharmacy	\$137,436	\$97,096	\$2.89	\$1.99	3,697	3,168	\$9.39	\$7.54
Physician - Clinic	\$16,269	\$1,931	\$0.34	\$0.04	1,119	29	\$3.67	\$16.36
Physician - IP Mental Health	\$1,396	\$396	\$0.03	\$0.01	6	2	\$58.18	\$56.63
Physician - OP Mental Health	\$171,982	\$165,967	\$3.62	\$3.40	534	137	\$181.24	\$297.97
Physician - Other Practitioner	\$140,137	\$207,267	\$2.95	\$4.25	1,173	1,507	\$30.15	\$33.82
Physician - PCP	\$19,891	\$21,712	\$0.42	\$0.44	108	125	\$46.69	\$42.66
Physician - Specialist	\$31,937	\$30,452	\$0.67	\$0.62	205	328	\$39.38	\$22.83
Transportation - Emergency	\$1,792	\$831	\$0.04	\$0.02	5	2	\$89.62	\$83.07
Total Medicaid Only	\$102,142,798	\$105,060,350	\$2,148.91	\$2,152.36	2,018,717	2,051,180	\$12.77	\$12.59

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Charlottesville Western Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	31,298	32,220						
Service Type								
Adult Day Care	\$375,860	\$297,950	\$12.01	\$9.25	2,609	1,994	\$55.23	\$55.65
Case Management Services	\$2,944	\$1,452	\$0.09	\$0.05	8	4	\$147.19	\$132.00
Community Behavioral Health	\$9,036	\$13,538	\$0.29	\$0.42	50	187	\$68.98	\$26.92
Consumer Directed - Personal Care	\$22,709,931	\$26,114,917	\$725.61	\$810.52	891,026	984,509	\$9.77	\$9.88
Consumer Directed - Respite Care	\$4,532,015	\$5,070,084	\$144.80	\$157.36	177,816	190,576	\$9.77	\$9.91
DME/Supplies	\$1,077,747	\$1,092,109	\$34.44	\$33.90	5,941	5,872	\$69.56	\$69.27
FQHC	\$599	\$518	\$0.02	\$0.02	4	2	\$59.87	\$103.63
Home Health Services	\$2,213	\$3,650	\$0.07	\$0.11	8	8	\$100.58	\$173.82
Hospice Care	\$144,463	\$109,940	\$4.62	\$3.41	18	15	\$3,140.51	\$2,681.46
Inpatient - Medical/Surgical	\$303,988	\$511,949	\$9.71	\$15.89	15	18	\$7,794.56	\$10,665.60
Inpatient - Psych	\$36,898	\$29,690	\$1.18	\$0.92	13	21	\$1,054.22	\$530.18
Lab and X-ray Services	\$2,604	\$642	\$0.08	\$0.02	20	15	\$49.13	\$16.45
Medicare Xover - IP	\$1,165,749	\$1,118,199	\$37.25	\$34.71	432	398	\$1,035.30	\$1,047.00
Medicare Xover - Nursing Facility	\$4,840	\$2,861	\$0.15	\$0.09	204	115	\$9.08	\$9.23
Medicare Xover - OP	\$804,634	\$754,134	\$25.71	\$23.41	3,943	4,238	\$78.23	\$66.28
Medicare Xover - Other	\$604,276	\$597,487	\$19.31	\$18.54	10,128	9,449	\$22.88	\$23.55
Medicare Xover - Physician	\$1,756,307	\$1,932,262	\$56.12	\$59.97	21,496	21,035	\$31.33	\$34.21
Nursing Facility	\$33,767	\$21,170	\$1.08	\$0.66	87	47	\$149.41	\$166.69
Other Waiver Services	\$900,695	\$971,633	\$28.78	\$30.16	5,962	6,197	\$57.93	\$58.40
Outpatient - Other	\$8,537	\$11,826	\$0.27	\$0.37	15	27	\$213.43	\$164.25
Outpatient - Psychological	\$0	\$33	\$0.00	\$0.00	0	0	\$0.00	\$32.85
Personal Care Agency - Personal Care	\$20,811,015	\$19,585,582	\$664.94	\$607.87	618,906	559,818	\$12.89	\$13.03
Personal Care Agency - Respite Care	\$3,339,215	\$2,924,698	\$106.69	\$90.77	99,491	83,755	\$12.87	\$13.01
Pharmacy	\$98,719	\$78,092	\$3.15	\$2.42	4,046	3,666	\$9.36	\$7.93
Physician - Clinic	\$165	\$792	\$0.01	\$0.02	2	262	\$41.34	\$1.13
Physician - IP Mental Health	\$622	\$498	\$0.02	\$0.02	2	2	\$124.36	\$82.98
Physician - OP Mental Health	\$86,151	\$93,137	\$2.75	\$2.89	159	145	\$207.59	\$238.81
Physician - Other Practitioner	\$117,661	\$143,646	\$3.76	\$4.46	1,983	2,234	\$22.75	\$23.95
Physician - PCP	\$15,515	\$7,819	\$0.50	\$0.24	357	91	\$16.68	\$32.18
Physician - Specialist	\$17,045	\$25,501	\$0.54	\$0.79	149	308	\$43.93	\$30.84
Transportation - Emergency	\$12,968	\$7,662	\$0.41	\$0.24	33	19	\$150.79	\$153.23
Total Medicaid Only	\$58,976,180	\$61,523,469	\$1,884.36	\$1,909.48	1,844,923	1,875,026	\$12.26	\$12.22

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Northern & Winchester Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	39,240	43,643						
Service Type								
Adult Day Care	\$4,319,328	\$4,680,433	\$110.08	\$107.24	57,689	57,463	\$22.90	\$22.40
Case Management Services	\$1,228	\$4,434	\$0.03	\$0.10	2	8	\$175.40	\$158.35
Community Behavioral Health	\$4,526	\$5,889	\$0.12	\$0.13	21	22	\$66.57	\$73.62
Consumer Directed - Personal Care	\$18,370,910	\$18,903,960	\$468.17	\$433.15	483,480	440,294	\$11.62	\$11.81
Consumer Directed - Respite Care	\$3,274,655	\$3,292,258	\$83.45	\$75.44	86,770	75,949	\$11.54	\$11.92
DME/Supplies	\$1,506,489	\$1,436,507	\$38.39	\$32.91	5,765	5,147	\$79.92	\$76.74
FQHC	\$124	\$152	\$0.00	\$0.00	0	1	\$124.10	\$75.85
Home Health Services	\$6,433	\$4,571	\$0.16	\$0.10	7	5	\$292.39	\$268.90
Hospice Care	\$717,734	\$790,769	\$18.29	\$18.12	57	59	\$3,879.64	\$3,677.99
Inpatient - Medical/Surgical	\$2,646,216	\$2,962,164	\$67.44	\$67.87	60	58	\$13,570.34	\$14,105.54
Inpatient - Psych	\$60,428	\$34,933	\$1.54	\$0.80	17	12	\$1,079.08	\$831.74
Lab and X-ray Services	\$3,189	\$2,302	\$0.08	\$0.05	61	32	\$15.94	\$19.50
Medicare Xover - IP	\$885,378	\$1,087,122	\$22.56	\$24.91	254	260	\$1,065.44	\$1,150.39
Medicare Xover - Nursing Facility	\$3,895	\$4,207	\$0.10	\$0.10	192	90	\$6.20	\$12.90
Medicare Xover - OP	\$748,895	\$748,738	\$19.09	\$17.16	1,978	1,962	\$115.80	\$104.95
Medicare Xover - Other	\$343,163	\$321,571	\$8.75	\$7.37	5,839	5,267	\$17.97	\$16.79
Medicare Xover - Physician	\$1,674,545	\$1,752,062	\$42.67	\$40.15	17,007	17,304	\$30.11	\$27.84
Nursing Facility	\$23,656	\$40,849	\$0.60	\$0.94	37	54	\$195.50	\$207.35
Other Waiver Services	\$539,376	\$536,012	\$13.75	\$12.28	2,350	2,120	\$70.18	\$69.50
Outpatient - Other	\$35,757	\$2,696	\$0.91	\$0.06	9	5	\$1,153.44	\$149.77
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$73,874,853	\$87,713,692	\$1,882.66	\$2,009.79	1,501,266	1,585,511	\$15.05	\$15.21
Personal Care Agency - Respite Care	\$10,499,854	\$11,573,396	\$267.58	\$265.18	214,180	210,107	\$14.99	\$15.15
Pharmacy	\$140,909	\$127,511	\$3.59	\$2.92	3,608	3,637	\$11.94	\$9.64
Physician - Clinic	\$4,107	\$49	\$0.10	\$0.00	420	0	\$2.99	\$49.31
Physician - IP Mental Health	\$1,654	\$450	\$0.04	\$0.01	6	1	\$82.72	\$150.05
Physician - OP Mental Health	\$87,789	\$103,391	\$2.24	\$2.37	146	116	\$183.66	\$244.42
Physician - Other Practitioner	\$109,343	\$198,975	\$2.79	\$4.56	1,305	1,925	\$25.62	\$28.42
Physician - PCP	\$13,826	\$28,601	\$0.35	\$0.66	107	240	\$39.62	\$32.76
Physician - Specialist	\$17,226	\$25,035	\$0.44	\$0.57	128	554	\$41.01	\$12.43
Transportation - Emergency	\$1,507	\$143	\$0.04	\$0.00	6	1	\$83.74	\$71.42
Total Medicaid Only	\$119,916,993	\$136,382,873	\$3,056.01	\$3,124.94	2,382,768	2,408,202	\$15.39	\$15.57

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Roanoke/Alleghany Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	20,607	20,627						
Service Type								
Adult Day Care	\$225,326	\$229,727	\$10.93	\$11.14	2,368	2,404	\$55.42	\$55.58
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$10,778	\$12,645	\$0.52	\$0.61	81	90	\$77.54	\$81.58
Consumer Directed - Personal Care	\$18,540,833	\$20,966,874	\$899.72	\$1,016.47	1,105,075	1,235,377	\$9.77	\$9.87
Consumer Directed - Respite Care	\$4,075,810	\$4,174,963	\$197.78	\$202.40	242,927	245,175	\$9.77	\$9.91
DME/Supplies	\$742,393	\$657,291	\$36.03	\$31.87	5,747	5,402	\$75.22	\$70.78
FQHC	\$528	\$89	\$0.03	\$0.00	4	89	\$75.47	\$0.58
Home Health Services	\$2,385	\$2,932	\$0.12	\$0.14	9	11	\$149.04	\$154.31
Hospice Care	\$68,689	\$35,054	\$3.33	\$1.70	16	10	\$2,544.03	\$1,947.45
Inpatient - Medical/Surgical	\$190,044	\$29,860	\$9.22	\$1.45	13	3	\$8,638.38	\$4,976.67
Inpatient - Psych	\$143,250	\$15,806	\$6.95	\$0.77	150	12	\$555.23	\$790.29
Lab and X-ray Services	\$3,711	\$2,815	\$0.18	\$0.14	134	119	\$16.14	\$13.73
Medicare Xover - IP	\$697,407	\$655,693	\$33.84	\$31.79	378	349	\$1,074.59	\$1,092.82
Medicare Xover - Nursing Facility	\$2,251	\$3,140	\$0.11	\$0.15	232	255	\$5.65	\$7.15
Medicare Xover - OP	\$380,079	\$351,235	\$18.44	\$17.03	2,921	3,283	\$75.76	\$62.24
Medicare Xover - Other	\$393,779	\$445,128	\$19.11	\$21.58	10,213	9,471	\$22.45	\$27.34
Medicare Xover - Physician	\$883,326	\$925,076	\$42.86	\$44.85	18,080	16,867	\$28.45	\$31.91
Nursing Facility	\$13,228	\$12,449	\$0.64	\$0.60	49	44	\$155.62	\$163.80
Other Waiver Services	\$826,246	\$838,788	\$40.09	\$40.66	7,673	7,749	\$62.70	\$62.97
Outpatient - Other	\$19,094	\$6,070	\$0.93	\$0.29	56	36	\$198.89	\$97.90
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$9,323,354	\$7,819,489	\$452.43	\$379.09	421,205	349,281	\$12.89	\$13.02
Personal Care Agency - Respite Care	\$1,411,485	\$1,140,301	\$68.49	\$55.28	63,794	50,936	\$12.88	\$13.02
Pharmacy	\$59,682	\$48,286	\$2.90	\$2.34	3,609	3,169	\$9.63	\$8.86
Physician - Clinic	\$28,063	\$49	\$1.36	\$0.00	6,153	1	\$2.66	\$49.31
Physician - IP Mental Health	\$125	\$0	\$0.01	\$0.00	1	0	\$62.46	\$0.00
Physician - OP Mental Health	\$85,079	\$86,168	\$4.13	\$4.18	229	212	\$216.49	\$236.08
Physician - Other Practitioner	\$45,776	\$35,680	\$2.22	\$1.73	1,002	1,065	\$26.61	\$19.50
Physician - PCP	\$19,344	\$20,873	\$0.94	\$1.01	793	2,284	\$14.21	\$5.32
Physician - Specialist	\$16,336	\$11,372	\$0.79	\$0.55	196	169	\$48.48	\$39.08
Transportation - Emergency	\$162	\$1,381	\$0.01	\$0.07	1	6	\$81.01	\$138.06
Total Medicaid Only	\$38,208,563	\$38,529,235	\$1,854.11	\$1,867.90	1,893,110	1,933,870	\$11.75	\$11.59

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Southwest Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	15,820	16,503						
Service Type								
Adult Day Care	\$35,393	\$35,599	\$2.24	\$2.16	482	469	\$55.65	\$55.19
Case Management Services	\$790	\$0	\$0.05	\$0.00	148	0	\$4.05	\$0.00
Community Behavioral Health	\$1,825	\$1,846	\$0.12	\$0.11	32	27	\$43.45	\$49.90
Consumer Directed - Personal Care	\$11,499,430	\$12,977,402	\$726.88	\$786.34	892,796	955,650	\$9.77	\$9.87
Consumer Directed - Respite Care	\$1,923,156	\$2,231,625	\$121.56	\$135.22	149,310	164,059	\$9.77	\$9.89
DME/Supplies	\$563,545	\$537,570	\$35.62	\$32.57	5,836	5,856	\$73.24	\$66.75
FQHC	\$1,806	\$716	\$0.11	\$0.04	22	7	\$62.27	\$79.58
Home Health Services	\$1,564	\$8,795	\$0.10	\$0.53	8	17	\$156.43	\$366.47
Hospice Care	\$72,090	\$23,381	\$4.56	\$1.42	19	9	\$2,883.60	\$1,798.56
Inpatient - Medical/Surgical	\$47,393	\$178,784	\$3.00	\$10.83	4	13	\$9,478.69	\$9,932.42
Inpatient - Psych	\$11,694	\$15,197	\$0.74	\$0.92	16	12	\$556.85	\$949.79
Lab and X-ray Services	\$3,283	\$2,429	\$0.21	\$0.15	99	134	\$25.06	\$13.20
Medicare Xover - IP	\$592,021	\$597,186	\$37.42	\$36.19	432	403	\$1,040.46	\$1,077.95
Medicare Xover - Nursing Facility	\$75	\$1,434	\$0.00	\$0.09	7	8	\$8.32	\$130.41
Medicare Xover - OP	\$294,865	\$258,295	\$18.64	\$15.65	2,609	2,264	\$85.72	\$82.95
Medicare Xover - Other	\$399,298	\$444,168	\$25.24	\$26.91	14,655	12,802	\$20.67	\$25.23
Medicare Xover - Physician	\$422,369	\$444,485	\$26.70	\$26.93	19,528	17,517	\$16.41	\$18.45
Nursing Facility	\$1,664	\$11,517	\$0.11	\$0.70	10	52	\$127.98	\$159.95
Other Waiver Services	\$512,981	\$524,011	\$32.43	\$31.75	6,730	6,634	\$57.82	\$57.44
Outpatient - Other	\$3,954	\$6,820	\$0.25	\$0.41	33	21	\$91.96	\$235.18
Outpatient - Psychological	\$0	\$82	\$0.00	\$0.00	0	1	\$0.00	\$81.82
Personal Care Agency - Personal Care	\$5,774,144	\$5,651,590	\$364.99	\$342.45	340,012	315,319	\$12.88	\$13.03
Personal Care Agency - Respite Care	\$840,401	\$794,424	\$53.12	\$48.14	49,404	44,310	\$12.90	\$13.04
Pharmacy	\$84,091	\$86,414	\$5.32	\$5.24	7,718	7,302	\$8.26	\$8.61
Physician - Clinic	\$66	\$12	\$0.00	\$0.00	29	1	\$1.73	\$12.49
Physician - IP Mental Health	\$0	\$622	\$0.00	\$0.04	0	7	\$0.00	\$69.08
Physician - OP Mental Health	\$8,271	\$11,338	\$0.52	\$0.69	47	43	\$133.40	\$192.17
Physician - Other Practitioner	\$42,319	\$54,371	\$2.67	\$3.29	1,889	1,623	\$17.00	\$24.36
Physician - PCP	\$4,846	\$6,117	\$0.31	\$0.37	104	175	\$35.37	\$25.49
Physician - Specialist	\$5,517	\$5,600	\$0.35	\$0.34	106	94	\$39.41	\$43.41
Transportation - Emergency	\$2,358	\$2,546	\$0.15	\$0.15	4	20	\$471.54	\$90.93
Total Medicaid Only	\$23,151,208	\$24,914,376	\$1,463.40	\$1,509.64	1,492,088	1,534,846	\$11.77	\$11.80

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix A
Exhibit 1b

All Ages								
Tidewater Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	31,247	32,481						
Service Type								
Adult Day Care	\$183,982	\$189,362	\$5.89	\$5.83	1,313	1,415	\$53.80	\$49.44
Case Management Services	\$1,052	\$1,707	\$0.03	\$0.05	2	31	\$175.40	\$20.57
Community Behavioral Health	\$4,915	\$7,634	\$0.16	\$0.24	41	29	\$46.37	\$96.63
Consumer Directed - Personal Care	\$8,841,898	\$10,671,254	\$282.97	\$328.54	347,050	399,234	\$9.78	\$9.88
Consumer Directed - Respite Care	\$1,824,488	\$2,183,872	\$58.39	\$67.24	71,656	81,468	\$9.78	\$9.90
DME/Supplies	\$1,596,786	\$1,564,469	\$51.10	\$48.17	7,437	7,279	\$82.46	\$79.40
FQHC	\$102	\$103	\$0.00	\$0.00	0	0	\$102.25	\$103.37
Home Health Services	\$29,225	\$5,079	\$0.94	\$0.16	24	7	\$463.88	\$282.14
Hospice Care	\$157,915	\$179,858	\$5.05	\$5.54	17	20	\$3,672.44	\$3,330.70
Inpatient - Medical/Surgical	\$342,727	\$496,462	\$10.97	\$15.28	14	17	\$9,262.88	\$11,032.48
Inpatient - Psych	\$19,897	\$6,748	\$0.64	\$0.21	9	3	\$829.04	\$749.75
Lab and X-ray Services	\$3,189	\$2,596	\$0.10	\$0.08	42	19	\$29.26	\$49.91
Medicare Xover - IP	\$1,087,361	\$1,039,110	\$34.80	\$31.99	359	339	\$1,162.95	\$1,133.16
Medicare Xover - Nursing Facility	\$876	\$1,738	\$0.03	\$0.05	39	47	\$8.59	\$13.58
Medicare Xover - OP	\$708,410	\$644,228	\$22.67	\$19.83	3,746	3,510	\$72.62	\$67.81
Medicare Xover - Other	\$677,461	\$588,442	\$21.68	\$18.12	8,862	8,470	\$29.36	\$25.67
Medicare Xover - Physician	\$1,883,286	\$2,058,256	\$60.27	\$63.37	21,739	22,268	\$33.27	\$34.15
Nursing Facility	\$43,330	\$34,937	\$1.39	\$1.08	113	68	\$147.38	\$189.87
Other Waiver Services	\$421,898	\$456,562	\$13.50	\$14.06	2,755	2,914	\$58.80	\$57.89
Outpatient - Other	\$13,527	\$11,241	\$0.43	\$0.35	24	28	\$218.17	\$149.88
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$47,876,226	\$49,528,726	\$1,532.20	\$1,524.87	1,433,558	1,412,713	\$12.83	\$12.95
Personal Care Agency - Respite Care	\$7,192,196	\$7,315,219	\$230.17	\$225.22	215,142	207,958	\$12.84	\$13.00
Pharmacy	\$90,281	\$63,467	\$2.89	\$1.95	3,726	2,902	\$9.30	\$8.08
Physician - Clinic	\$7,238	\$56	\$0.23	\$0.00	1,056	19	\$2.63	\$1.10
Physician - IP Mental Health	\$121	\$0	\$0.00	\$0.00	0	0	\$120.91	\$0.00
Physician - OP Mental Health	\$119,723	\$97,992	\$3.83	\$3.02	189	144	\$243.34	\$251.26
Physician - Other Practitioner	\$42,008	\$92,504	\$1.34	\$2.85	487	1,357	\$33.10	\$25.18
Physician - PCP	\$24,349	\$17,402	\$0.78	\$0.54	203	140	\$46.11	\$45.91
Physician - Specialist	\$32,147	\$27,977	\$1.03	\$0.86	339	239	\$36.41	\$43.24
Transportation - Emergency	\$1,397	\$1,785	\$0.04	\$0.05	7	9	\$77.61	\$74.37
Total Medicaid Only	\$73,228,007	\$77,288,785	\$2,343.54	\$2,379.54	2,119,950	2,152,646	\$13.27	\$13.26

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Central Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	12,197			
Service Type				
Adult Day Care	\$101,088	\$8.29	1,828	\$54.41
Case Management Services	\$160,551	\$13.16	1,009	\$156.48
Community Behavioral Health	\$357,556	\$29.32	1,488	\$236.48
Consumer Directed - Personal Care	\$11,051,792	\$906.14	1,010,308	\$10.76
Consumer Directed - Respite Care	\$2,098,238	\$172.04	194,084	\$10.64
DME/Supplies	\$1,151,043	\$94.37	8,158	\$138.81
FQHC	\$5,449	\$0.45	361	\$14.85
Home Health Services	\$91,744	\$7.52	285	\$316.36
Hospice Care	\$640,052	\$52.48	181	\$3,478.54
Inpatient - Medical/Surgical	\$1,210,985	\$99.29	110	\$10,812.37
Inpatient - Psych	\$23,851	\$1.96	42	\$554.68
Lab and X-ray Services	\$10,673	\$0.88	621	\$16.91
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$76	\$0.01	4	\$18.98
Medicare Xover - Physician	\$0	\$0.00	0	\$0.00
Nursing Facility	\$0	\$0.00	0	\$0.00
Other Waiver Services	\$612,870	\$50.25	12,743	\$47.32
Outpatient - Other	\$477,152	\$39.12	1,735	\$270.65
Outpatient - Psychological	\$29,982	\$2.46	241	\$122.38
Personal Care Agency - Personal Care	\$1,852,031	\$151.85	134,750	\$13.52
Personal Care Agency - Respite Care	\$293,046	\$24.03	21,449	\$13.44
Pharmacy	\$2,028,256	\$166.30	18,223	\$109.51
Physician - Clinic	\$17,628	\$1.45	5,498	\$3.15
Physician - IP Mental Health	\$578	\$0.05	10	\$57.82
Physician - OP Mental Health	\$687,855	\$56.40	3,367	\$201.01
Physician - Other Practitioner	\$2,647,316	\$217.05	153,083	\$17.01
Physician - PCP	\$197,373	\$16.18	8,552	\$22.71
Physician - Specialist	\$143,930	\$11.80	4,294	\$32.98
Transportation - Emergency	\$21,974	\$1.80	214	\$100.80
Total Medicaid Only	\$25,913,090	\$2,124.63	1,582,638	\$16.11

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Charlottesville Western Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	5,492			
Service Type				
Adult Day Care	\$12,354	\$2.25	485	\$55.65
Case Management Services	\$79,132	\$14.41	1,106	\$156.39
Community Behavioral Health	\$262,327	\$47.76	2,130	\$269.05
Consumer Directed - Personal Care	\$4,613,774	\$840.02	1,021,195	\$9.87
Consumer Directed - Respite Care	\$816,479	\$148.65	179,965	\$9.91
DME/Supplies	\$417,473	\$76.01	7,171	\$127.20
FQHC	\$4,844	\$0.88	157	\$67.27
Home Health Services	\$38,776	\$7.06	398	\$213.06
Hospice Care	\$376,636	\$68.57	253	\$3,246.86
Inpatient - Medical/Surgical	\$415,385	\$75.63	87	\$10,384.63
Inpatient - Psych	\$53,192	\$9.68	212	\$548.37
Lab and X-ray Services	\$4,331	\$0.79	328	\$28.87
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$0	\$0.00	0	\$0.00
Medicare Xover - Physician	\$0	\$0.00	0	\$0.00
Nursing Facility	\$221	\$0.04	2	\$220.74
Other Waiver Services	\$294,866	\$53.69	12,829	\$50.22
Outpatient - Other	\$250,154	\$45.55	1,525	\$358.39
Outpatient - Psychological	\$6,950	\$1.27	98	\$154.45
Personal Care Agency - Personal Care	\$483,018	\$87.94	81,153	\$13.00
Personal Care Agency - Respite Care	\$67,199	\$12.23	11,271	\$13.03
Pharmacy	\$953,004	\$173.51	20,588	\$101.14
Physician - Clinic	\$7,733	\$1.41	6,242	\$2.71
Physician - IP Mental Health	\$0	\$0.00	0	\$0.00
Physician - OP Mental Health	\$234,351	\$42.67	2,325	\$220.25
Physician - Other Practitioner	\$674,353	\$122.78	78,564	\$18.75
Physician - PCP	\$75,566	\$13.76	3,686	\$44.79
Physician - Specialist	\$51,637	\$9.40	3,841	\$29.37
Transportation - Emergency	\$13,095	\$2.38	284	\$100.73
Total Medicaid Only	\$10,206,851	\$1,858.34	1,435,895	\$15.53

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Northern & Winchester Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	23,699			
Service Type				
Adult Day Care	\$10,220	\$0.43	116	\$44.43
Case Management Services	\$197,333	\$8.33	655	\$152.50
Community Behavioral Health	\$914,642	\$38.59	2,073	\$223.41
Consumer Directed - Personal Care	\$20,154,187	\$850.44	818,688	\$12.47
Consumer Directed - Respite Care	\$3,884,024	\$163.89	158,051	\$12.44
DME/Supplies	\$1,754,540	\$74.04	7,051	\$126.01
FQHC	\$900	\$0.04	6	\$74.99
Home Health Services	\$36,792	\$1.55	56	\$331.46
Hospice Care	\$605,018	\$25.53	91	\$3,379.99
Inpatient - Medical/Surgical	\$903,769	\$38.14	42	\$10,888.78
Inpatient - Psych	\$30,563	\$1.29	28	\$555.69
Lab and X-ray Services	\$13,542	\$0.57	274	\$25.03
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$0	\$0.00	0	\$0.00
Medicare Xover - Physician	\$0	\$0.00	0	\$0.00
Nursing Facility	\$5,285	\$0.22	16	\$170.49
Other Waiver Services	\$1,568,815	\$66.20	19,784	\$40.15
Outpatient - Other	\$414,861	\$17.51	740	\$283.96
Outpatient - Psychological	\$35,136	\$1.48	107	\$165.74
Personal Care Agency - Personal Care	\$10,974,524	\$463.09	364,167	\$15.26
Personal Care Agency - Respite Care	\$1,952,924	\$82.41	64,973	\$15.22
Pharmacy	\$2,843,410	\$119.98	11,842	\$121.59
Physician - Clinic	\$53,996	\$2.28	8,149	\$3.36
Physician - IP Mental Health	\$196	\$0.01	1	\$97.83
Physician - OP Mental Health	\$661,437	\$27.91	2,108	\$158.88
Physician - Other Practitioner	\$10,672,267	\$450.33	211,241	\$25.58
Physician - PCP	\$210,124	\$8.87	2,534	\$41.98
Physician - Specialist	\$106,576	\$4.50	1,585	\$34.05
Transportation - Emergency	\$14,153	\$0.60	80	\$89.58
Total Medicaid Only	\$58,019,236	\$2,448.22	1,674,457	\$17.55

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Roanoke/Alleghany Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	4,180			
Service Type				
Adult Day Care	\$30,552	\$7.31	1,576	\$55.65
Case Management Services	\$42,873	\$10.26	1,013	\$121.45
Community Behavioral Health	\$139,120	\$33.28	1,510	\$264.49
Consumer Directed - Personal Care	\$3,655,463	\$874.58	1,063,048	\$9.87
Consumer Directed - Respite Care	\$761,555	\$182.20	221,158	\$9.89
DME/Supplies	\$277,862	\$66.48	5,085	\$156.90
FQHC	\$721	\$0.17	32	\$65.57
Home Health Services	\$71,816	\$17.18	887	\$232.41
Hospice Care	\$164,831	\$39.44	161	\$2,943.41
Inpatient - Medical/Surgical	\$225,277	\$53.90	80	\$8,045.60
Inpatient - Psych	\$21,638	\$5.18	92	\$676.18
Lab and X-ray Services	\$5,307	\$1.27	1,369	\$11.13
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$0	\$0.00	0	\$0.00
Medicare Xover - Physician	\$0	\$0.00	0	\$0.00
Nursing Facility	\$0	\$0.00	0	\$0.00
Other Waiver Services	\$157,983	\$37.80	6,801	\$66.69
Outpatient - Other	\$81,613	\$19.53	804	\$291.48
Outpatient - Psychological	\$8,075	\$1.93	144	\$161.51
Personal Care Agency - Personal Care	\$244,120	\$58.41	53,869	\$13.01
Personal Care Agency - Respite Care	\$37,833	\$9.05	8,475	\$12.82
Pharmacy	\$897,463	\$214.72	20,841	\$123.63
Physician - Clinic	\$4,497	\$1.08	1,926	\$6.70
Physician - IP Mental Health	\$0	\$0.00	0	\$0.00
Physician - OP Mental Health	\$298,051	\$71.31	3,965	\$215.82
Physician - Other Practitioner	\$462,089	\$110.56	95,442	\$13.90
Physician - PCP	\$48,446	\$11.59	6,382	\$21.79
Physician - Specialist	\$46,738	\$11.18	4,823	\$27.82
Transportation - Emergency	\$4,231	\$1.01	155	\$78.35
Total Medicaid Only	\$7,688,154	\$1,839.42	1,499,640	\$14.72

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Southwest Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	773			
Service Type				
Adult Day Care	\$0	\$0.00	0	\$0.00
Case Management Services	\$3,778	\$4.89	2,221	\$26.42
Community Behavioral Health	\$110	\$0.14	47	\$36.53
Consumer Directed - Personal Care	\$654,697	\$847.19	1,029,873	\$9.87
Consumer Directed - Respite Care	\$130,976	\$169.49	205,804	\$9.88
DME/Supplies	\$88,874	\$115.00	9,255	\$149.12
FQHC	\$1,962	\$2.54	388	\$78.49
Home Health Services	\$17,933	\$23.21	1,009	\$275.89
Hospice Care	\$202,138	\$261.57	1,134	\$2,769.02
Inpatient - Medical/Surgical	\$108,995	\$141.04	280	\$6,055.27
Inpatient - Psych	\$11,339	\$14.67	326	\$539.95
Lab and X-ray Services	\$3,775	\$4.89	3,540	\$16.56
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$0	\$0.00	0	\$0.00
Medicare Xover - Physician	\$0	\$0.00	0	\$0.00
Nursing Facility	\$0	\$0.00	0	\$0.00
Other Waiver Services	\$28,904	\$37.40	6,599	\$68.01
Outpatient - Other	\$121,023	\$156.61	2,857	\$657.74
Outpatient - Psychological	\$2,058	\$2.66	202	\$158.34
Personal Care Agency - Personal Care	\$84,019	\$108.72	100,374	\$13.00
Personal Care Agency - Respite Care	\$8,447	\$10.93	10,093	\$13.00
Pharmacy	\$226,196	\$292.70	44,690	\$78.59
Physician - Clinic	\$85	\$0.11	435	\$3.04
Physician - IP Mental Health	\$0	\$0.00	0	\$0.00
Physician - OP Mental Health	\$68,009	\$88.00	5,916	\$178.50
Physician - Other Practitioner	\$105,614	\$136.67	63,184	\$25.96
Physician - PCP	\$19,170	\$24.81	7,112	\$41.86
Physician - Specialist	\$18,695	\$24.19	13,634	\$21.29
Transportation - Emergency	\$4,810	\$6.22	807	\$92.51
Total Medicaid Only	\$1,911,608	\$2,473.65	1,509,780	\$19.66

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1b

All Ages				
Tidewater Region	Total Payments CY2015	Unadjusted PMPM CY2015	Units/1000 CY2015	Cost/Unit CY2015
Total Member Months	8,779			
Service Type				
Adult Day Care	\$18,420	\$2.10	452	\$55.65
Case Management Services	\$116,540	\$13.27	1,542	\$103.32
Community Behavioral Health	\$157,438	\$17.93	953	\$225.88
Consumer Directed - Personal Care	\$6,688,235	\$761.83	925,159	\$9.88
Consumer Directed - Respite Care	\$1,312,895	\$149.55	181,536	\$9.89
DME/Supplies	\$861,626	\$98.14	7,126	\$165.28
FQHC	\$1,706	\$0.19	25	\$94.77
Home Health Services	\$124,233	\$14.15	446	\$381.08
Hospice Care	\$226,445	\$25.79	103	\$3,019.26
Inpatient - Medical/Surgical	\$1,016,111	\$115.74	134	\$10,368.48
Inpatient - Psych	\$14,898	\$1.70	33	\$620.74
Lab and X-ray Services	\$13,387	\$1.52	1,195	\$15.32
Medicare Xover - IP	\$0	\$0.00	0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0.00	0	\$0.00
Medicare Xover - OP	\$0	\$0.00	0	\$0.00
Medicare Xover - Other	\$0	\$0.00	0	\$0.00
Medicare Xover - Physician	\$36	\$0.00	1	\$35.56
Nursing Facility	\$3,254	\$0.37	29	\$154.95
Other Waiver Services	\$534,095	\$60.84	18,655	\$39.13
Outpatient - Other	\$369,047	\$42.04	1,575	\$320.35
Outpatient - Psychological	\$7,647	\$0.87	100	\$104.75
Personal Care Agency - Personal Care	\$3,262,409	\$371.61	342,850	\$13.01
Personal Care Agency - Respite Care	\$546,620	\$62.26	57,442	\$13.01
Pharmacy	\$1,391,680	\$158.52	21,355	\$89.08
Physician - Clinic	\$26,605	\$3.03	15,011	\$2.42
Physician - IP Mental Health	\$121	\$0.01	1	\$120.91
Physician - OP Mental Health	\$293,243	\$33.40	1,812	\$221.15
Physician - Other Practitioner	\$2,375,424	\$270.58	152,653	\$21.27
Physician - PCP	\$365,358	\$41.62	39,095	\$12.77
Physician - Specialist	\$177,807	\$20.25	17,823	\$13.64
Transportation - Emergency	\$17,234	\$1.96	295	\$79.79
Total Medicaid Only	\$19,922,514	\$2,269.30	1,787,398	\$15.24

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual DD Waivers

Appendix A
Exhibit 1c

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	74,360	76,854						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$79,982	\$77,702	\$1.08	\$1.01	74	69	\$175.40	\$175.40
Community Behavioral Health	\$6,356	\$10,897	\$0.09	\$0.14	25	31	\$40.23	\$54.48
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$2,672,558	\$2,745,830	\$35.94	\$35.73	4,079	4,101	\$105.73	\$104.54
FQHC	\$545	\$572	\$0.01	\$0.01	2	1	\$38.90	\$71.47
Home Health Services	\$10,223	\$13,796	\$0.14	\$0.18	4	2	\$378.61	\$919.73
Hospice Care	\$12,537	\$50,571	\$0.17	\$0.66	1	2	\$2,089.48	\$3,371.42
Inpatient - Medical/Surgical	\$114,421	\$172,623	\$1.54	\$2.25	4	7	\$4,237.81	\$4,014.50
Inpatient - Psych	\$241,669	\$70,437	\$3.25	\$0.92	50	19	\$787.19	\$577.35
Lab and X-ray Services	\$6,246	\$3,301	\$0.08	\$0.04	58	31	\$17.35	\$16.59
Medicare Xover - IP	\$575,028	\$665,416	\$7.73	\$8.66	99	100	\$939.59	\$1,034.86
Medicare Xover - Nursing Facility	\$1,179	\$715	\$0.02	\$0.01	17	13	\$11.02	\$8.41
Medicare Xover - OP	\$602,653	\$582,325	\$8.10	\$7.58	1,755	1,776	\$55.43	\$51.19
Medicare Xover - Other	\$542,153	\$596,495	\$7.29	\$7.76	3,076	3,013	\$28.44	\$30.91
Medicare Xover - Physician	\$1,067,950	\$1,097,173	\$14.36	\$14.28	8,922	9,016	\$19.32	\$19.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$56,004	\$57,187	\$0.75	\$0.74	25	23	\$359.00	\$394.39
Outpatient - Psychological	\$1,085	\$2,903	\$0.01	\$0.04	3	1	\$67.82	\$362.87
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$804,344	\$728,624	\$10.82	\$9.48	14,375	13,663	\$9.03	\$8.33
Physician - Clinic	\$10,975	\$8,785	\$0.15	\$0.11	1,049	726	\$1.69	\$1.89
Physician - IP Mental Health	\$287	\$0	\$0.00	\$0.00	0	0	\$143.30	\$0.00
Physician - OP Mental Health	\$2,002,982	\$2,184,123	\$26.94	\$28.42	1,180	1,745	\$273.82	\$195.41
Physician - Other Practitioner	\$48,230	\$47,099	\$0.65	\$0.61	476	495	\$16.37	\$14.86
Physician - PCP	\$29,148	\$24,467	\$0.39	\$0.32	571	666	\$8.24	\$5.73
Physician - Specialist	\$66,896	\$56,569	\$0.90	\$0.74	1,153	1,084	\$9.36	\$8.15
Transportation - Emergency	\$3,247	\$1,904	\$0.04	\$0.02	4	3	\$135.28	\$105.78
Total Medicaid Only	\$8,956,697	\$9,199,512	\$120.45	\$119.70	37,002	36,589	\$39.06	\$39.26

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual DD Waivers

Appendix A
Exhibit 1c

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	48,529	47,702						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$249,945	\$227,449	\$5.15	\$4.77	352	328	\$175.40	\$174.56
Community Behavioral Health	\$242,225	\$118,922	\$4.99	\$2.49	258	207	\$231.79	\$144.32
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$6,412,133	\$5,753,647	\$132.13	\$120.62	11,407	11,032	\$139.00	\$131.20
FQHC	\$58,407	\$46,207	\$1.20	\$0.97	550	483	\$26.24	\$24.07
Home Health Services	\$385,874	\$282,845	\$7.95	\$5.93	354	258	\$269.47	\$275.68
Hospice Care	\$60,755	\$131,743	\$1.25	\$2.76	6	11	\$2,641.54	\$2,927.63
Inpatient - Medical/Surgical	\$7,096,062	\$5,781,135	\$146.22	\$121.19	195	180	\$8,993.74	\$8,096.83
Inpatient - Psych	\$643,740	\$548,337	\$13.27	\$11.49	215	186	\$740.78	\$741.00
Lab and X-ray Services	\$199,891	\$188,340	\$4.12	\$3.95	3,060	3,020	\$16.15	\$15.69
Medicare Xover - IP	\$220	\$1,260	\$0.00	\$0.03	0	0	\$219.73	\$1,260.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$824	\$77	\$0.02	\$0.00	6	2	\$34.33	\$12.83
Medicare Xover - Physician	\$80	\$100	\$0.00	\$0.00	1	1	\$15.92	\$33.29
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$2,528,549	\$2,239,878	\$52.10	\$46.96	2,051	1,916	\$304.90	\$294.06
Outpatient - Psychological	\$104,268	\$79,984	\$2.15	\$1.68	159	144	\$161.66	\$139.83
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$19,120,538	\$20,145,934	\$394.00	\$422.33	53,162	51,484	\$88.94	\$98.44
Physician - Clinic	\$99,799	\$87,027	\$2.06	\$1.82	10,284	6,467	\$2.40	\$3.39
Physician - IP Mental Health	\$7,541	\$4,585	\$0.16	\$0.10	36	14	\$52.37	\$83.36
Physician - OP Mental Health	\$1,888,174	\$1,941,047	\$38.91	\$40.69	18,515	23,691	\$25.22	\$20.61
Physician - Other Practitioner	\$1,097,296	\$916,072	\$22.61	\$19.20	22,582	21,807	\$12.02	\$10.57
Physician - PCP	\$1,291,517	\$1,175,080	\$26.61	\$24.63	8,357	7,532	\$38.22	\$39.25
Physician - Specialist	\$1,262,399	\$1,180,451	\$26.01	\$24.75	12,673	12,413	\$24.63	\$23.92
Transportation - Emergency	\$124,948	\$113,898	\$2.57	\$2.39	325	298	\$94.95	\$96.28
Total Medicaid Only	\$42,875,186	\$40,964,019	\$883.50	\$858.74	144,549	141,473	\$73.34	\$72.84

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Total Technology Assisted Waiver

Appendix A
Exhibit 1d

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	3,521	3,455						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$46,728	\$44,402	\$13.27	\$12.85	1,206	2,087	\$132.00	\$73.88
Community Behavioral Health	\$133	\$613	\$0.04	\$0.18	10	38	\$44.35	\$55.73
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$6,614,509	\$5,861,507	\$1,878.62	\$1,696.36	155,866	144,416	\$144.63	\$140.96
FQHC	\$4,079	\$4,791	\$1.16	\$1.39	160	201	\$86.80	\$82.60
Home Health Services	\$103,492	\$71,205	\$29.39	\$20.61	2,099	1,375	\$168.01	\$179.81
Hospice Care	\$9,498	\$4,223	\$2.70	\$1.22	14	14	\$2,374.58	\$1,055.79
Inpatient - Medical/Surgical	\$4,992,674	\$3,685,281	\$1,418.00	\$1,066.54	586	594	\$29,027.17	\$21,551.35
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$13,762	\$11,228	\$3.91	\$3.25	3,149	2,955	\$14.89	\$13.19
Medicare Xover - IP	\$46,393	\$39,227	\$13.18	\$11.35	85	80	\$1,855.74	\$1,705.53
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$18,266	\$14,442	\$5.19	\$4.18	743	726	\$83.79	\$69.10
Medicare Xover - Other	\$164,742	\$195,051	\$46.79	\$56.45	19,798	21,643	\$28.36	\$31.30
Medicare Xover - Physician	\$9,371	\$9,789	\$2.66	\$2.83	4,185	4,303	\$7.63	\$7.90
Nursing Facility	\$166	\$6,588	\$0.05	\$1.91	3	42	\$166.32	\$548.96
Other Waiver Services	\$28,287,864	\$27,271,739	\$8,034.19	\$7,892.61	3,748,525	3,624,998	\$25.72	\$26.13
Outpatient - Other	\$729,224	\$910,344	\$207.11	\$263.46	6,551	5,827	\$379.41	\$542.52
Outpatient - Psychological	\$10,540	\$5,239	\$2.99	\$1.52	242	156	\$148.45	\$116.41
Personal Care Agency - Personal Care	\$10,281	\$26,732	\$2.92	\$7.74	2,771	6,140	\$12.65	\$15.12
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$3,658,782	\$3,482,073	\$1,039.15	\$1,007.73	60,778	54,385	\$205.17	\$222.35
Physician - Clinic	\$20,251	\$3,174	\$5.75	\$0.92	30,329	9,675	\$2.28	\$1.14
Physician - IP Mental Health	\$29	\$0	\$0.01	\$0.00	7	0	\$14.26	\$0.00
Physician - OP Mental Health	\$1,031,296	\$1,138,605	\$292.90	\$329.52	132,180	149,993	\$26.59	\$26.36
Physician - Other Practitioner	\$851,378	\$694,726	\$241.80	\$201.06	94,001	84,165	\$30.87	\$28.67
Physician - PCP	\$333,467	\$309,485	\$94.71	\$89.57	15,470	14,624	\$73.47	\$73.49
Physician - Specialist	\$230,025	\$204,256	\$65.33	\$59.11	21,564	22,230	\$36.36	\$31.91
Transportation - Emergency	\$30,753	\$50,627	\$8.73	\$14.65	818	934	\$128.14	\$188.21
Total Medicaid Only	\$47,217,705	\$44,045,347	\$13,410.55	\$12,747.00	4,301,141	4,151,604	\$37.41	\$36.84

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Central Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	66,237	57,890						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$5,262	\$4,560	\$0.08	\$0.08	5	5	\$175.40	\$175.40
Community Behavioral Health	\$153,224	\$159,807	\$2.31	\$2.76	9,023	12,060	\$3.08	\$2.75
Consumer Directed - Personal Care	\$1,065	\$9,942	\$0.02	\$0.17	20	207	\$9.77	\$9.94
Consumer Directed - Respite Care	\$1,456	\$2,174	\$0.02	\$0.04	27	45	\$9.77	\$9.95
DME/Supplies	\$293,805	\$238,099	\$4.44	\$4.11	589	535	\$90.40	\$92.32
FQHC	\$4,028	\$1,919	\$0.06	\$0.03	8	36	\$91.54	\$11.10
Home Health Services	\$8,514	\$6,061	\$0.13	\$0.10	3	4	\$473.00	\$356.55
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$984,901	\$861,941	\$14.87	\$14.89	19	20	\$9,380.00	\$8,795.31
Inpatient - Psych	\$1,392,990	\$299,855	\$21.03	\$5.18	296	65	\$852.50	\$961.07
Lab and X-ray Services	\$16,913	\$7,032	\$0.26	\$0.12	76	74	\$40.56	\$19.81
Medicare Xover - IP	\$1,196,993	\$1,201,576	\$18.07	\$20.76	233	240	\$929.34	\$1,037.63
Medicare Xover - Nursing Facility	\$31,528	\$23,438	\$0.48	\$0.40	275	215	\$20.78	\$22.65
Medicare Xover - OP	\$1,461,888	\$1,038,556	\$22.07	\$17.94	3,378	3,095	\$78.40	\$69.56
Medicare Xover - Other	\$454,706	\$416,247	\$6.86	\$7.19	3,387	3,367	\$24.32	\$25.62
Medicare Xover - Physician	\$3,629,865	\$3,237,870	\$54.80	\$55.93	15,490	15,864	\$42.46	\$42.31
Nursing Facility	\$538,389	\$526,045	\$8.13	\$9.09	533	576	\$183.06	\$189.43
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$246,481	\$169,441	\$3.72	\$2.93	68	48	\$655.53	\$730.35
Outpatient - Psychological	\$15,405	\$3,564	\$0.23	\$0.06	22	2	\$128.38	\$396.02
Personal Care Agency - Personal Care	\$17,492	\$23,822	\$0.26	\$0.41	231	381	\$13.70	\$12.95
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$151,916	\$133,128	\$2.29	\$2.30	2,676	2,516	\$10.29	\$10.97
Physician - Clinic	\$51,085	\$86,926	\$0.77	\$1.50	3,439	3,813	\$2.69	\$4.73
Physician - IP Mental Health	\$7,130	\$7,561	\$0.11	\$0.13	21	26	\$62.54	\$60.49
Physician - OP Mental Health	\$447,894	\$379,995	\$6.76	\$6.56	1,711	614	\$47.43	\$128.20
Physician - Other Practitioner	\$74,193	\$43,219	\$1.12	\$0.75	496	288	\$27.11	\$31.12
Physician - PCP	\$82,692	\$104,501	\$1.25	\$1.81	302	363	\$49.58	\$59.65
Physician - Specialist	\$114,297	\$94,801	\$1.73	\$1.64	853	1,012	\$24.29	\$19.41
Transportation - Emergency	\$8,380	\$3,707	\$0.13	\$0.06	16	5	\$93.11	\$154.45
Total Medicaid Only	\$11,392,492	\$9,085,789	\$172.00	\$156.95	43,196	45,477	\$47.78	\$41.41

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Central Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	57,223	51,322						
Service Type								
Adult Day Care	\$10,351	\$437	\$0.18	\$0.01	39	20	\$55.65	\$5.14
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$20,416	\$18,164	\$0.36	\$0.35	1,166	1,108	\$3.67	\$3.83
Consumer Directed - Personal Care	\$19,018	\$20,136	\$0.33	\$0.39	382	472	\$10.44	\$9.98
Consumer Directed - Respite Care	\$4,866	\$3,784	\$0.09	\$0.07	91	89	\$11.17	\$9.96
DME/Supplies	\$325,622	\$242,698	\$5.69	\$4.73	924	853	\$73.90	\$66.49
FQHC	\$770	\$1,858	\$0.01	\$0.04	2	5	\$96.30	\$84.46
Home Health Services	\$114	\$1,349	\$0.00	\$0.03	0	1	\$113.96	\$337.31
Hospice Care	\$16,888	\$264	\$0.30	\$0.01	2	0	\$1,876.43	\$264.07
Inpatient - Medical/Surgical	\$1,288,553	\$1,220,864	\$22.52	\$23.79	23	19	\$11,714.11	\$14,888.58
Inpatient - Psych	\$815,479	\$397,141	\$14.25	\$7.74	283	171	\$604.51	\$542.54
Lab and X-ray Services	\$2,525	\$2,468	\$0.04	\$0.05	28	36	\$18.84	\$16.24
Medicare Xover - IP	\$1,173,445	\$923,344	\$20.51	\$17.99	245	214	\$1,003.80	\$1,009.12
Medicare Xover - Nursing Facility	\$93,899	\$82,604	\$1.64	\$1.61	967	950	\$20.36	\$20.33
Medicare Xover - OP	\$861,385	\$703,819	\$15.05	\$13.71	2,203	2,203	\$81.98	\$74.70
Medicare Xover - Other	\$229,227	\$200,373	\$4.01	\$3.90	3,091	2,933	\$15.55	\$15.97
Medicare Xover - Physician	\$1,885,017	\$1,681,777	\$32.94	\$32.77	13,323	13,247	\$29.67	\$29.68
Nursing Facility	\$3,989,857	\$4,215,227	\$69.72	\$82.13	4,959	5,316	\$168.71	\$185.41
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$90,942	\$68,403	\$1.59	\$1.33	23	28	\$811.98	\$574.81
Outpatient - Psychological	\$8,311	\$714	\$0.15	\$0.01	16	1	\$110.81	\$119.03
Personal Care Agency - Personal Care	\$51,231	\$46,066	\$0.90	\$0.90	821	834	\$13.08	\$12.92
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$112,465	\$84,712	\$1.97	\$1.65	3,125	2,980	\$7.55	\$6.65
Physician - Clinic	\$13	\$5,561	\$0.00	\$0.11	0	114	\$12.99	\$11.37
Physician - IP Mental Health	\$1,140	\$1,084	\$0.02	\$0.02	4	5	\$67.08	\$51.64
Physician - OP Mental Health	\$37,029	\$32,396	\$0.65	\$0.63	239	46	\$32.48	\$165.28
Physician - Other Practitioner	\$36,468	\$37,262	\$0.64	\$0.73	113	109	\$67.66	\$79.96
Physician - PCP	\$43,063	\$66,590	\$0.75	\$1.30	168	365	\$53.90	\$42.63
Physician - Specialist	\$47,290	\$50,379	\$0.83	\$0.98	222	305	\$44.57	\$38.66
Transportation - Emergency	\$3,315	\$4,447	\$0.06	\$0.09	6	11	\$110.50	\$92.65
Total Medicaid Only	\$11,168,700	\$10,113,920	\$195.18	\$197.07	32,466	32,435	\$72.14	\$72.91

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Charlottesville Western Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	55,098	51,654						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$587	\$1,350	\$0.01	\$0.03	32	68	\$4.05	\$4.64
Community Behavioral Health	\$100,923	\$96,227	\$1.83	\$1.86	542	407	\$40.53	\$54.89
Consumer Directed - Personal Care	\$2,315	\$5,091	\$0.04	\$0.10	52	121	\$9.77	\$9.79
Consumer Directed - Respite Care	\$0	\$910	\$0.00	\$0.02	0	21	\$0.00	\$9.83
DME/Supplies	\$196,115	\$146,542	\$3.56	\$2.84	485	445	\$88.06	\$76.48
FQHC	\$3,926	\$2,949	\$0.07	\$0.06	11	44	\$80.12	\$15.52
Home Health Services	\$8,823	\$2,399	\$0.16	\$0.05	4	1	\$490.16	\$479.79
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$393,463	\$204,802	\$7.14	\$3.96	10	9	\$8,942.34	\$5,120.05
Inpatient - Psych	\$470,684	\$99,647	\$8.54	\$1.93	116	25	\$881.43	\$914.19
Lab and X-ray Services	\$9,863	\$7,999	\$0.18	\$0.15	34	30	\$62.82	\$61.06
Medicare Xover - IP	\$868,046	\$859,019	\$15.75	\$16.63	184	183	\$1,026.06	\$1,090.13
Medicare Xover - Nursing Facility	\$35,666	\$24,272	\$0.65	\$0.47	275	224	\$28.26	\$25.18
Medicare Xover - OP	\$1,113,911	\$915,884	\$20.22	\$17.73	3,205	3,427	\$75.70	\$62.08
Medicare Xover - Other	\$322,043	\$328,563	\$5.84	\$6.36	3,698	3,208	\$18.96	\$23.79
Medicare Xover - Physician	\$2,335,549	\$2,251,782	\$42.39	\$43.59	14,761	14,926	\$34.46	\$35.05
Nursing Facility	\$347,404	\$379,473	\$6.31	\$7.35	442	457	\$171.30	\$192.92
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$137,109	\$117,266	\$2.49	\$2.27	44	58	\$685.55	\$469.06
Outpatient - Psychological	\$1,597	\$722	\$0.03	\$0.01	2	1	\$228.10	\$180.58
Personal Care Agency - Personal Care	\$6,132	\$1,357	\$0.11	\$0.03	103	24	\$12.91	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$128,567	\$127,154	\$2.33	\$2.46	2,979	2,813	\$9.40	\$10.50
Physician - Clinic	\$18,769	\$10,735	\$0.34	\$0.21	1,247	1,482	\$3.28	\$1.68
Physician - IP Mental Health	\$1,624	\$1,129	\$0.03	\$0.02	3	4	\$116.00	\$70.59
Physician - OP Mental Health	\$406,154	\$397,187	\$7.37	\$7.69	446	444	\$198.41	\$207.84
Physician - Other Practitioner	\$20,930	\$36,624	\$0.38	\$0.71	156	217	\$29.15	\$39.17
Physician - PCP	\$35,206	\$34,536	\$0.64	\$0.67	316	400	\$24.26	\$20.04
Physician - Specialist	\$84,210	\$54,203	\$1.53	\$1.05	740	750	\$24.80	\$16.79
Transportation - Emergency	\$11,206	\$7,679	\$0.20	\$0.15	19	20	\$130.30	\$89.29
Total Medicaid Only	\$7,060,823	\$6,115,502	\$128.15	\$118.39	29,903	29,811	\$51.43	\$47.66

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Charlottesville Western Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	44,038	40,530						
Service Type								
Adult Day Care	\$0	\$334	\$0.00	\$0.01	0	2	\$0.00	\$55.65
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$12,016	\$12,715	\$0.27	\$0.31	50	76	\$65.66	\$49.67
Consumer Directed - Personal Care	\$17,896	\$9,267	\$0.41	\$0.23	499	278	\$9.77	\$9.85
Consumer Directed - Respite Care	\$4,856	\$775	\$0.11	\$0.02	135	23	\$9.77	\$9.94
DME/Supplies	\$235,627	\$186,152	\$5.35	\$4.59	863	820	\$74.40	\$67.23
FQHC	\$659	\$600	\$0.01	\$0.01	3	4	\$65.95	\$46.17
Home Health Services	\$3,002	\$5,025	\$0.07	\$0.12	2	1	\$428.86	\$1,004.94
Hospice Care	\$5,898	\$11,465	\$0.13	\$0.28	1	1	\$2,949.15	\$3,821.56
Inpatient - Medical/Surgical	\$394,522	\$402,536	\$8.96	\$9.93	8	8	\$14,090.09	\$15,482.16
Inpatient - Psych	\$1,385,003	\$269,419	\$31.45	\$6.65	714	151	\$528.83	\$529.31
Lab and X-ray Services	\$1,522	\$977	\$0.03	\$0.02	25	12	\$16.73	\$24.42
Medicare Xover - IP	\$887,630	\$780,364	\$20.16	\$19.25	244	219	\$992.87	\$1,057.40
Medicare Xover - Nursing Facility	\$112,779	\$92,238	\$2.56	\$2.28	1,407	1,278	\$21.85	\$21.36
Medicare Xover - OP	\$657,723	\$527,046	\$14.94	\$13.00	2,349	2,481	\$76.28	\$62.89
Medicare Xover - Other	\$232,658	\$226,493	\$5.28	\$5.59	3,696	3,360	\$17.15	\$19.96
Medicare Xover - Physician	\$1,241,682	\$1,107,385	\$28.20	\$27.32	13,397	13,228	\$25.25	\$24.79
Nursing Facility	\$3,876,230	\$3,708,980	\$88.02	\$91.51	6,360	5,954	\$166.07	\$184.43
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$20,948	\$40,101	\$0.48	\$0.99	25	24	\$227.69	\$495.07
Outpatient - Psychological	\$969	\$816	\$0.02	\$0.02	2	1	\$107.67	\$272.11
Personal Care Agency - Personal Care	\$9,030	\$13,026	\$0.21	\$0.32	191	298	\$12.90	\$12.92
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$100,326	\$74,913	\$2.28	\$1.85	4,004	3,489	\$6.83	\$6.36
Physician - Clinic	\$705	\$46	\$0.02	\$0.00	111	1	\$1.73	\$11.45
Physician - IP Mental Health	\$137	\$151	\$0.00	\$0.00	0	1	\$136.58	\$75.48
Physician - OP Mental Health	\$51,485	\$45,255	\$1.17	\$1.12	62	59	\$226.81	\$226.27
Physician - Other Practitioner	\$22,365	\$19,802	\$0.51	\$0.49	126	111	\$48.41	\$52.81
Physician - PCP	\$15,584	\$20,638	\$0.35	\$0.51	118	99	\$35.91	\$61.97
Physician - Specialist	\$14,569	\$31,367	\$0.33	\$0.77	137	347	\$29.08	\$26.74
Transportation - Emergency	\$5,158	\$6,272	\$0.12	\$0.15	10	16	\$135.75	\$116.15
Total Medicaid Only	\$9,310,981	\$7,594,156	\$211.43	\$187.37	34,539	32,343	\$73.46	\$69.52

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Northern & Winchester Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	40,377	37,173						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$2,806	\$4,911	\$0.07	\$0.13	5	9	\$175.40	\$175.40
Community Behavioral Health	\$91,552	\$138,615	\$2.27	\$3.73	5,570	2,870	\$4.88	\$15.59
Consumer Directed - Personal Care	\$7,036	\$2,430	\$0.17	\$0.07	168	61	\$12.48	\$12.89
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$159,914	\$113,472	\$3.96	\$3.05	421	360	\$113.01	\$101.77
FQHC	\$65	\$184	\$0.00	\$0.00	0	1	\$65.00	\$45.95
Home Health Services	\$3,437	\$2,393	\$0.09	\$0.06	1	3	\$687.46	\$239.34
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$530,001	\$165,296	\$13.13	\$4.45	11	9	\$13,947.40	\$6,122.09
Inpatient - Psych	\$183,827	\$43,203	\$4.55	\$1.16	66	22	\$831.79	\$635.34
Lab and X-ray Services	\$14,857	\$4,101	\$0.37	\$0.11	141	75	\$31.21	\$17.60
Medicare Xover - IP	\$633,837	\$614,899	\$15.70	\$16.54	148	179	\$1,275.33	\$1,107.93
Medicare Xover - Nursing Facility	\$15,114	\$7,294	\$0.37	\$0.20	200	82	\$22.49	\$28.72
Medicare Xover - OP	\$822,284	\$666,447	\$20.37	\$17.93	2,398	2,253	\$101.89	\$95.51
Medicare Xover - Other	\$217,213	\$219,241	\$5.38	\$5.90	2,801	2,818	\$23.05	\$25.12
Medicare Xover - Physician	\$1,968,024	\$1,601,971	\$48.74	\$43.09	10,446	10,901	\$55.99	\$47.44
Nursing Facility	\$446,586	\$360,323	\$11.06	\$9.69	652	459	\$203.55	\$253.21
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$128,105	\$21,845	\$3.17	\$0.59	45	20	\$848.38	\$358.11
Outpatient - Psychological	\$533	\$2,046	\$0.01	\$0.06	1	2	\$106.66	\$409.30
Personal Care Agency - Personal Care	\$23,964	\$3,572	\$0.59	\$0.10	471	77	\$15.12	\$14.94
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$130,581	\$91,373	\$3.23	\$2.46	2,222	2,007	\$17.47	\$14.70
Physician - Clinic	\$126,520	\$45,424	\$3.13	\$1.22	10,528	4,772	\$3.57	\$3.07
Physician - IP Mental Health	\$7,237	\$1,167	\$0.18	\$0.03	24	3	\$90.46	\$145.84
Physician - OP Mental Health	\$425,277	\$314,587	\$10.53	\$8.46	2,019	684	\$62.60	\$148.46
Physician - Other Practitioner	\$27,466	\$23,561	\$0.68	\$0.63	233	268	\$34.99	\$28.35
Physician - PCP	\$53,830	\$31,461	\$1.33	\$0.85	244	180	\$65.57	\$56.48
Physician - Specialist	\$81,404	\$40,456	\$2.02	\$1.09	384	329	\$62.96	\$39.66
Transportation - Emergency	\$3,502	\$3,393	\$0.09	\$0.09	10	7	\$103.00	\$154.24
Total Medicaid Only	\$6,104,972	\$4,523,664	\$151.20	\$121.69	39,210	28,451	\$46.27	\$51.33

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Northern & Winchester Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	118,576	110,683						
Service Type								
Adult Day Care	\$897	\$0	\$0.01	\$0.00	4	0	\$21.35	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$7,471	\$6,402	\$0.06	\$0.06	13	297	\$56.17	\$2.34
Consumer Directed - Personal Care	\$44,814	\$8,238	\$0.38	\$0.07	405	84	\$11.19	\$10.64
Consumer Directed - Respite Care	\$8,323	\$2,180	\$0.07	\$0.02	70	19	\$11.96	\$12.75
DME/Supplies	\$288,640	\$236,674	\$2.43	\$2.14	368	333	\$79.45	\$77.17
FQHC	\$195	\$167	\$0.00	\$0.00	0	0	\$48.70	\$83.53
Home Health Services	\$10,104	\$5,231	\$0.09	\$0.05	3	1	\$297.17	\$402.35
Hospice Care	\$16,062	\$34,845	\$0.14	\$0.31	1	1	\$2,294.53	\$3,484.49
Inpatient - Medical/Surgical	\$4,121,819	\$3,413,872	\$34.76	\$30.84	31	28	\$13,558.61	\$13,440.44
Inpatient - Psych	\$1,208,256	\$159,700	\$10.19	\$1.44	212	32	\$577.01	\$548.80
Lab and X-ray Services	\$7,383	\$6,127	\$0.06	\$0.06	49	42	\$15.22	\$15.96
Medicare Xover - IP	\$1,208,958	\$1,198,835	\$10.20	\$10.83	109	113	\$1,119.41	\$1,154.95
Medicare Xover - Nursing Facility	\$114,356	\$106,448	\$0.96	\$0.96	461	478	\$25.10	\$24.17
Medicare Xover - OP	\$1,577,848	\$1,235,470	\$13.31	\$11.16	1,131	1,148	\$141.18	\$116.65
Medicare Xover - Other	\$220,827	\$186,234	\$1.86	\$1.68	1,576	1,542	\$14.18	\$13.09
Medicare Xover - Physician	\$2,265,914	\$2,144,838	\$19.11	\$19.38	7,658	7,643	\$29.94	\$30.42
Nursing Facility	\$3,765,023	\$3,940,447	\$31.75	\$35.60	1,923	1,958	\$198.13	\$218.22
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$48,502	\$36,611	\$0.41	\$0.33	6	7	\$769.87	\$590.50
Outpatient - Psychological	\$273	\$1,407	\$0.00	\$0.01	0	0	\$272.96	\$1,406.77
Personal Care Agency - Personal Care	\$161,634	\$135,765	\$1.36	\$1.23	1,103	966	\$14.83	\$15.24
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$277,256	\$248,982	\$2.34	\$2.25	2,581	2,435	\$10.87	\$11.09
Physician - Clinic	\$11,262	\$5,959	\$0.09	\$0.05	254	154	\$4.48	\$4.20
Physician - IP Mental Health	\$785	\$248	\$0.01	\$0.00	1	0	\$112.18	\$82.67
Physician - OP Mental Health	\$58,388	\$40,336	\$0.49	\$0.36	43	35	\$136.10	\$123.35
Physician - Other Practitioner	\$23,943	\$16,855	\$0.20	\$0.15	68	58	\$35.68	\$31.74
Physician - PCP	\$62,856	\$76,061	\$0.53	\$0.69	113	196	\$56.27	\$42.14
Physician - Specialist	\$57,253	\$74,287	\$0.48	\$0.67	174	182	\$33.31	\$44.30
Transportation - Emergency	\$2,182	\$2,725	\$0.02	\$0.02	2	3	\$90.92	\$90.83
Total Medicaid Only	\$15,571,222	\$13,324,941	\$131.32	\$120.39	18,363	17,752	\$85.81	\$81.38

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Roanoke/Alleghany Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	40,552	33,896						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,551	\$877	\$0.04	\$0.03	113	2	\$4.05	\$175.40
Community Behavioral Health	\$112,439	\$104,616	\$2.77	\$3.09	983	725	\$33.84	\$51.08
Consumer Directed - Personal Care	\$7,552	\$521	\$0.19	\$0.02	229	19	\$9.77	\$9.83
Consumer Directed - Respite Care	\$733	\$159	\$0.02	\$0.00	22	6	\$9.77	\$9.92
DME/Supplies	\$125,135	\$122,475	\$3.09	\$3.61	567	609	\$65.28	\$71.16
FQHC	\$2,495	\$652	\$0.06	\$0.02	7	4	\$99.80	\$54.33
Home Health Services	\$1,318	\$120	\$0.03	\$0.00	1	0	\$329.43	\$120.33
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$306,189	\$200,809	\$7.55	\$5.92	18	19	\$5,019.50	\$3,651.08
Inpatient - Psych	\$295,069	\$95,031	\$7.28	\$2.80	99	39	\$886.09	\$863.92
Lab and X-ray Services	\$20,887	\$8,915	\$0.52	\$0.26	172	122	\$36.01	\$25.84
Medicare Xover - IP	\$657,097	\$620,956	\$16.20	\$18.32	165	194	\$1,175.49	\$1,135.20
Medicare Xover - Nursing Facility	\$22,880	\$24,769	\$0.56	\$0.73	262	267	\$25.79	\$32.85
Medicare Xover - OP	\$795,910	\$579,565	\$19.63	\$17.10	3,057	2,971	\$77.06	\$69.06
Medicare Xover - Other	\$298,088	\$250,685	\$7.35	\$7.40	3,932	3,670	\$22.44	\$24.18
Medicare Xover - Physician	\$1,347,229	\$1,147,311	\$33.22	\$33.85	13,727	13,800	\$29.04	\$29.43
Nursing Facility	\$229,453	\$356,517	\$5.66	\$10.52	413	682	\$164.60	\$185.11
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$89,829	\$60,046	\$2.22	\$1.77	64	49	\$417.81	\$431.98
Outpatient - Psychological	\$1,132	\$379	\$0.03	\$0.01	1	1	\$283.08	\$189.34
Personal Care Agency - Personal Care	\$1,285	\$92	\$0.03	\$0.00	30	2	\$12.85	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$94,539	\$78,378	\$2.33	\$2.31	2,884	2,832	\$9.70	\$9.80
Physician - Clinic	\$55,296	\$22,096	\$1.36	\$0.65	3,310	3,923	\$4.94	\$1.99
Physician - IP Mental Health	\$936	\$1,149	\$0.02	\$0.03	3	5	\$93.56	\$76.57
Physician - OP Mental Health	\$289,854	\$261,194	\$7.15	\$7.71	555	527	\$154.42	\$175.53
Physician - Other Practitioner	\$23,580	\$16,237	\$0.58	\$0.48	131	193	\$53.23	\$29.85
Physician - PCP	\$49,381	\$23,825	\$1.22	\$0.70	639	444	\$22.87	\$19.00
Physician - Specialist	\$83,135	\$50,429	\$2.05	\$1.49	585	309	\$42.07	\$57.76
Transportation - Emergency	\$7,022	\$5,477	\$0.17	\$0.16	16	16	\$130.03	\$124.49
Total Medicaid Only	\$4,920,013	\$4,033,279	\$121.33	\$118.99	31,985	31,430	\$45.52	\$45.43

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Roanoke/Alleghany Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	26,183	22,536						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$13,842	\$15,593	\$0.53	\$0.69	81	154	\$78.20	\$53.77
Consumer Directed - Personal Care	\$22,183	\$10,526	\$0.85	\$0.47	1,041	570	\$9.77	\$9.84
Consumer Directed - Respite Care	\$5,032	\$5,473	\$0.19	\$0.24	236	294	\$9.77	\$9.92
DME/Supplies	\$167,703	\$117,780	\$6.41	\$5.23	1,128	980	\$68.12	\$63.98
FQHC	\$573	\$888	\$0.02	\$0.04	4	7	\$63.71	\$68.29
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$349,734	\$195,903	\$13.36	\$8.69	14	10	\$11,281.75	\$10,310.69
Inpatient - Psych	\$2,183,311	\$998,489	\$83.39	\$44.31	2,001	1,028	\$499.96	\$517.35
Lab and X-ray Services	\$2,902	\$2,250	\$0.11	\$0.10	82	91	\$16.12	\$13.24
Medicare Xover - IP	\$578,158	\$489,107	\$22.08	\$21.70	367	243	\$721.79	\$1,072.60
Medicare Xover - Nursing Facility	\$80,753	\$64,430	\$3.08	\$2.86	1,974	1,786	\$18.74	\$19.20
Medicare Xover - OP	\$421,130	\$334,118	\$16.08	\$14.83	2,229	2,295	\$86.58	\$77.50
Medicare Xover - Other	\$162,366	\$142,445	\$6.20	\$6.32	4,200	3,978	\$17.72	\$19.07
Medicare Xover - Physician	\$677,760	\$565,192	\$25.89	\$25.08	12,745	12,176	\$24.37	\$24.72
Nursing Facility	\$2,838,937	\$2,946,010	\$108.43	\$130.72	7,921	8,581	\$164.26	\$182.81
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$26,737	\$15,813	\$1.02	\$0.70	29	23	\$417.76	\$367.74
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$7,055	\$22,448	\$0.27	\$1.00	251	923	\$12.87	\$12.95
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$58,397	\$41,903	\$2.23	\$1.86	4,320	3,597	\$6.20	\$6.20
Physician - Clinic	\$27	\$20	\$0.00	\$0.00	1	2	\$8.94	\$6.75
Physician - IP Mental Health	\$235	\$0	\$0.01	\$0.00	1	0	\$117.59	\$0.00
Physician - OP Mental Health	\$19,838	\$11,366	\$0.76	\$0.50	53	35	\$172.51	\$172.21
Physician - Other Practitioner	\$16,932	\$13,633	\$0.65	\$0.60	119	145	\$65.37	\$49.94
Physician - PCP	\$12,301	\$11,111	\$0.47	\$0.49	165	488	\$34.27	\$12.13
Physician - Specialist	\$20,849	\$18,543	\$0.80	\$0.82	196	199	\$48.83	\$49.71
Transportation - Emergency	\$2,190	\$4,102	\$0.08	\$0.18	4	4	\$273.79	\$512.77
Total Medicaid Only	\$7,668,946	\$6,027,143	\$292.90	\$267.44	39,164	37,609	\$89.75	\$85.33

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Southwest Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	62,896	61,769						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$2,410	\$4,224	\$0.04	\$0.07	114	203	\$4.05	\$4.05
Community Behavioral Health	\$44,040	\$42,604	\$0.70	\$0.69	178	261	\$47.15	\$31.77
Consumer Directed - Personal Care	\$0	\$2,127	\$0.00	\$0.03	0	42	\$0.00	\$9.94
Consumer Directed - Respite Care	\$0	\$50	\$0.00	\$0.00	0	1	\$0.00	\$9.97
DME/Supplies	\$269,993	\$222,983	\$4.29	\$3.61	648	619	\$79.53	\$69.99
FQHC	\$7,040	\$3,787	\$0.11	\$0.06	40	34	\$33.37	\$21.52
Home Health Services	\$2,849	\$5,669	\$0.05	\$0.09	1	3	\$407.02	\$436.08
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$145,437	\$110,354	\$2.31	\$1.79	10	8	\$2,796.87	\$2,758.86
Inpatient - Psych	\$100,313	\$55,036	\$1.59	\$0.89	25	15	\$765.75	\$724.16
Lab and X-ray Services	\$17,330	\$9,319	\$0.28	\$0.15	80	99	\$41.46	\$18.31
Medicare Xover - IP	\$802,874	\$826,937	\$12.77	\$13.39	148	153	\$1,037.31	\$1,053.42
Medicare Xover - Nursing Facility	\$11,314	\$10,411	\$0.18	\$0.17	138	92	\$15.69	\$22.10
Medicare Xover - OP	\$1,020,947	\$885,641	\$16.23	\$14.34	2,275	2,245	\$85.61	\$76.63
Medicare Xover - Other	\$406,348	\$384,634	\$6.46	\$6.23	4,038	3,771	\$19.20	\$19.82
Medicare Xover - Physician	\$1,413,825	\$1,352,365	\$22.48	\$21.89	13,204	12,637	\$20.43	\$20.79
Nursing Facility	\$173,844	\$241,714	\$2.76	\$3.91	217	259	\$152.76	\$181.33
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$26,203	\$26,780	\$0.42	\$0.43	21	23	\$236.07	\$230.86
Outpatient - Psychological	\$343	\$408	\$0.01	\$0.01	1	1	\$114.49	\$102.05
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$185,324	\$173,711	\$2.95	\$2.81	4,360	4,114	\$8.11	\$8.20
Physician - Clinic	\$6,158	\$9,886	\$0.10	\$0.16	709	944	\$1.66	\$2.03
Physician - IP Mental Health	\$2,352	\$1,967	\$0.04	\$0.03	6	4	\$75.87	\$89.43
Physician - OP Mental Health	\$278,643	\$219,890	\$4.43	\$3.56	267	190	\$198.75	\$225.07
Physician - Other Practitioner	\$42,678	\$43,338	\$0.68	\$0.70	255	268	\$31.99	\$31.43
Physician - PCP	\$17,272	\$26,472	\$0.27	\$0.43	152	155	\$21.70	\$33.17
Physician - Specialist	\$27,319	\$41,496	\$0.43	\$0.67	304	219	\$17.15	\$36.89
Transportation - Emergency	\$9,712	\$8,466	\$0.15	\$0.14	17	19	\$109.13	\$88.19
Total Medicaid Only	\$5,014,569	\$4,710,269	\$79.73	\$76.26	27,207	26,374	\$35.16	\$34.70

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Southwest Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	41,029	40,374						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$6,003	\$5,745	\$0.15	\$0.14	26	26	\$68.21	\$65.29
Consumer Directed - Personal Care	\$6,732	\$6,456	\$0.16	\$0.16	202	195	\$9.77	\$9.83
Consumer Directed - Respite Care	\$3,312	\$1,091	\$0.08	\$0.03	99	33	\$9.77	\$9.87
DME/Supplies	\$266,091	\$254,094	\$6.49	\$6.29	1,164	1,146	\$66.87	\$65.90
FQHC	\$4,683	\$2,170	\$0.11	\$0.05	17	8	\$82.16	\$83.47
Home Health Services	\$6,366	\$5,331	\$0.16	\$0.13	5	5	\$397.91	\$333.17
Hospice Care	\$135	\$0	\$0.00	\$0.00	0	0	\$134.79	\$0.00
Inpatient - Medical/Surgical	\$668,818	\$449,501	\$16.30	\$11.13	23	18	\$8,574.59	\$7,618.66
Inpatient - Psych	\$62,912	\$11,291	\$1.53	\$0.28	27	5	\$669.27	\$627.27
Lab and X-ray Services	\$5,628	\$4,248	\$0.14	\$0.11	89	84	\$18.39	\$15.01
Medicare Xover - IP	\$767,667	\$800,726	\$18.71	\$19.83	228	224	\$982.93	\$1,063.38
Medicare Xover - Nursing Facility	\$53,947	\$68,583	\$1.31	\$1.70	697	774	\$22.65	\$26.35
Medicare Xover - OP	\$649,630	\$502,149	\$15.83	\$12.44	1,829	1,732	\$103.86	\$86.19
Medicare Xover - Other	\$365,419	\$386,976	\$8.91	\$9.58	5,624	5,352	\$19.00	\$21.49
Medicare Xover - Physician	\$866,447	\$787,345	\$21.12	\$19.50	13,904	13,151	\$18.23	\$17.79
Nursing Facility	\$1,691,157	\$1,776,830	\$41.22	\$44.01	3,061	3,052	\$161.60	\$173.05
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$20,713	\$8,002	\$0.50	\$0.20	20	11	\$300.19	\$222.27
Outpatient - Psychological	\$14	\$502	\$0.00	\$0.01	0	0	\$13.92	\$501.88
Personal Care Agency - Personal Care	\$671	\$1,408	\$0.02	\$0.03	15	32	\$12.91	\$13.16
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$131,937	\$125,838	\$3.22	\$3.12	5,912	5,608	\$6.53	\$6.67
Physician - Clinic	\$201	\$12	\$0.00	\$0.00	3	0	\$20.12	\$12.49
Physician - IP Mental Health	\$71	\$0	\$0.00	\$0.00	0	0	\$71.33	\$0.00
Physician - OP Mental Health	\$20,774	\$13,632	\$0.51	\$0.34	32	20	\$192.35	\$203.46
Physician - Other Practitioner	\$24,518	\$32,169	\$0.60	\$0.80	184	259	\$38.92	\$36.98
Physician - PCP	\$14,503	\$10,712	\$0.35	\$0.27	132	131	\$32.09	\$24.29
Physician - Specialist	\$16,250	\$16,364	\$0.40	\$0.41	101	84	\$47.24	\$58.23
Transportation - Emergency	\$8,460	\$2,906	\$0.21	\$0.07	11	6	\$228.66	\$145.32
Total Medicaid Only	\$5,663,057	\$5,274,082	\$138.03	\$130.63	33,405	31,954	\$49.58	\$49.06

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age Under 65								
Tidewater Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	50,238	44,603						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,574	\$3,552	\$0.03	\$0.08	42	88	\$8.89	\$10.86
Community Behavioral Health	\$168,552	\$118,359	\$3.36	\$2.65	1,651	6,362	\$24.39	\$5.01
Consumer Directed - Personal Care	\$4,516	\$1,206	\$0.09	\$0.03	110	33	\$9.77	\$9.97
Consumer Directed - Respite Care	\$1,368	\$583	\$0.03	\$0.01	33	16	\$9.77	\$9.97
DME/Supplies	\$278,858	\$260,736	\$5.55	\$5.85	635	707	\$104.83	\$99.25
FQHC	\$774	\$426	\$0.02	\$0.01	3	2	\$59.54	\$53.23
Home Health Services	\$551	\$5,870	\$0.01	\$0.13	1	4	\$183.72	\$391.35
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$335,098	\$407,490	\$6.67	\$9.14	13	15	\$5,983.89	\$7,148.95
Inpatient - Psych	\$295,145	\$162,859	\$5.87	\$3.65	87	44	\$813.07	\$993.04
Lab and X-ray Services	\$10,262	\$8,174	\$0.20	\$0.18	84	75	\$29.24	\$29.30
Medicare Xover - IP	\$911,043	\$784,344	\$18.13	\$17.58	195	185	\$1,116.47	\$1,138.38
Medicare Xover - Nursing Facility	\$17,448	\$20,883	\$0.35	\$0.47	172	212	\$24.23	\$26.53
Medicare Xover - OP	\$1,208,105	\$889,231	\$24.05	\$19.94	3,711	3,488	\$77.75	\$68.60
Medicare Xover - Other	\$400,230	\$480,179	\$7.97	\$10.77	3,553	3,594	\$26.90	\$35.94
Medicare Xover - Physician	\$3,667,970	\$3,239,838	\$73.01	\$72.64	17,420	18,167	\$50.29	\$47.98
Nursing Facility	\$358,263	\$543,994	\$7.13	\$12.20	500	748	\$171.17	\$195.54
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$82,572	\$57,884	\$1.64	\$1.30	34	36	\$573.42	\$435.22
Outpatient - Psychological	\$7,718	\$889	\$0.15	\$0.02	15	2	\$120.60	\$148.23
Personal Care Agency - Personal Care	\$28,840	\$38,880	\$0.57	\$0.87	508	804	\$13.57	\$13.01
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$107,464	\$127,453	\$2.14	\$2.86	2,464	2,334	\$10.42	\$14.69
Physician - Clinic	\$49,522	\$47,995	\$0.99	\$1.08	5,077	5,036	\$2.33	\$2.56
Physician - IP Mental Health	\$774	\$2,107	\$0.02	\$0.05	3	9	\$55.32	\$63.86
Physician - OP Mental Health	\$412,425	\$381,981	\$8.21	\$8.56	383	418	\$257.28	\$245.96
Physician - Other Practitioner	\$47,856	\$95,570	\$0.95	\$2.14	625	844	\$18.29	\$30.46
Physician - PCP	\$45,038	\$66,827	\$0.90	\$1.50	831	888	\$12.95	\$20.26
Physician - Specialist	\$106,167	\$102,636	\$2.11	\$2.30	2,487	1,954	\$10.20	\$14.13
Transportation - Emergency	\$3,648	\$4,158	\$0.07	\$0.09	11	10	\$79.30	\$115.49
Total Medicaid Only	\$8,551,780	\$7,854,104	\$170.22	\$176.09	40,650	46,073	\$50.25	\$45.86

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix A
Exhibit 1e

Age 65 and Over								
Tidewater Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	40,851	37,950						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$10,017	\$12,264	\$0.25	\$0.32	220	1,946	\$13.39	\$1.99
Consumer Directed - Personal Care	\$3,041	\$545	\$0.07	\$0.01	91	17	\$9.77	\$9.92
Consumer Directed - Respite Care	\$430	\$79	\$0.01	\$0.00	13	3	\$9.77	\$9.92
DME/Supplies	\$237,656	\$196,371	\$5.82	\$5.17	953	853	\$73.28	\$72.78
FQHC	\$839	\$104	\$0.02	\$0.00	4	1	\$69.95	\$34.83
Home Health Services	\$3,822	\$0	\$0.09	\$0.00	6	0	\$182.01	\$0.00
Hospice Care	\$11,043	\$0	\$0.27	\$0.00	1	0	\$2,760.68	\$0.00
Inpatient - Medical/Surgical	\$824,670	\$581,432	\$20.19	\$15.32	23	19	\$10,308.37	\$9,531.67
Inpatient - Psych	\$76,945	\$116,544	\$1.88	\$3.07	28	67	\$809.94	\$549.73
Lab and X-ray Services	\$1,412	\$1,494	\$0.03	\$0.04	32	21	\$13.08	\$22.64
Medicare Xover - IP	\$702,065	\$642,315	\$17.19	\$16.93	191	186	\$1,078.44	\$1,094.23
Medicare Xover - Nursing Facility	\$50,015	\$50,169	\$1.22	\$1.32	619	724	\$23.75	\$21.92
Medicare Xover - OP	\$644,236	\$529,277	\$15.77	\$13.95	2,745	2,598	\$68.94	\$64.43
Medicare Xover - Other	\$193,204	\$138,736	\$4.73	\$3.66	3,144	2,958	\$18.05	\$14.83
Medicare Xover - Physician	\$1,421,982	\$1,168,152	\$34.81	\$30.78	13,979	13,523	\$29.88	\$27.31
Nursing Facility	\$3,348,320	\$3,117,590	\$81.96	\$82.15	5,897	5,328	\$166.80	\$185.03
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$22,759	\$23,758	\$0.56	\$0.63	28	25	\$239.57	\$296.98
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$98,059	\$58,319	\$2.40	\$1.54	2,237	1,434	\$12.88	\$12.86
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$76,116	\$51,567	\$1.86	\$1.36	2,733	2,119	\$8.18	\$7.70
Physician - Clinic	\$32	\$19	\$0.00	\$0.00	1	1	\$10.82	\$9.60
Physician - IP Mental Health	\$137	\$683	\$0.00	\$0.02	0	3	\$136.58	\$62.06
Physician - OP Mental Health	\$21,233	\$17,360	\$0.52	\$0.46	42	25	\$149.53	\$217.00
Physician - Other Practitioner	\$21,008	\$20,307	\$0.51	\$0.54	136	150	\$45.37	\$42.93
Physician - PCP	\$28,505	\$33,201	\$0.70	\$0.87	291	192	\$28.79	\$54.61
Physician - Specialist	\$44,809	\$43,415	\$1.10	\$1.14	287	218	\$45.86	\$62.92
Transportation - Emergency	\$2,548	\$1,676	\$0.06	\$0.04	5	7	\$141.56	\$76.20
Total Medicaid Only	\$7,844,905	\$6,805,379	\$192.03	\$179.33	33,705	32,418	\$68.37	\$66.38

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual Community No LTSS

Appendix A
Exhibit 1e

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	36,150	35,289						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$21,048	\$29,818	\$0.58	\$0.84	40	58	\$175.40	\$175.40
Community Behavioral Health	\$1,162,292	\$540,708	\$32.15	\$15.32	1,287	881	\$299.87	\$208.61
Consumer Directed - Personal Care	\$10,618	\$30,648	\$0.29	\$0.87	361	1,053	\$9.77	\$9.90
Consumer Directed - Respite Care	\$1,932	\$0	\$0.05	\$0.00	66	0	\$9.77	\$0.00
DME/Supplies	\$541,136	\$440,336	\$14.97	\$12.48	1,175	964	\$152.91	\$155.38
FQHC	\$14,710	\$14,031	\$0.41	\$0.40	193	181	\$25.28	\$26.37
Home Health Services	\$21,579	\$13,692	\$0.60	\$0.39	31	22	\$234.55	\$213.94
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$3,644,853	\$2,068,669	\$100.83	\$58.62	159	69	\$7,625.21	\$10,140.54
Inpatient - Psych	\$305,591	\$82,898	\$8.45	\$2.35	201	39	\$505.95	\$714.64
Lab and X-ray Services	\$26,317	\$18,246	\$0.73	\$0.52	460	423	\$18.97	\$14.66
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$23	\$0	\$0.00	\$0.00	0	0	\$23.03	\$0.00
Medicare Xover - Other	\$687	\$283	\$0.02	\$0.01	13	3	\$18.08	\$28.27
Medicare Xover - Physician	\$21	\$0	\$0.00	\$0.00	1	0	\$10.28	\$0.00
Nursing Facility	\$0	\$19,304	\$0.00	\$0.55	0	34	\$0.00	\$193.04
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$651,724	\$467,435	\$18.03	\$13.25	536	468	\$403.29	\$339.95
Outpatient - Psychological	\$5,633	\$9,411	\$0.16	\$0.27	25	26	\$75.11	\$123.83
Personal Care Agency - Personal Care	\$114,336	\$172,892	\$3.16	\$4.90	2,805	4,269	\$13.53	\$13.77
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$3,293,056	\$2,875,571	\$91.10	\$81.49	15,417	13,083	\$70.90	\$74.74
Physician - Clinic	\$33,614	\$39,617	\$0.93	\$1.12	2,341	6,591	\$4.77	\$2.04
Physician - IP Mental Health	\$4,287	\$2,858	\$0.12	\$0.08	36	15	\$39.33	\$64.95
Physician - OP Mental Health	\$882,436	\$718,964	\$24.41	\$20.37	2,496	1,438	\$117.38	\$170.05
Physician - Other Practitioner	\$1,387,771	\$1,438,640	\$38.39	\$40.77	23,694	20,386	\$19.44	\$24.00
Physician - PCP	\$283,532	\$389,342	\$7.84	\$11.03	3,322	3,265	\$28.34	\$40.55
Physician - Specialist	\$305,857	\$332,509	\$8.46	\$9.42	3,807	3,554	\$26.67	\$31.82
Transportation - Emergency	\$17,316	\$27,811	\$0.48	\$0.79	58	84	\$98.95	\$113.05
Total Medicaid Only	\$12,730,367	\$9,733,682	\$352.16	\$275.83	58,522	56,906	\$72.21	\$58.17

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services and a portion of Other Waiver Services include payments from external vendor.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix A
Exhibit 1f**

All Ages								
Central Region	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	13,296	23,042						
Service Type								
DME/Supplies	\$2,386,761	\$3,925,108	\$179.51	\$170.35	15,822	15,741	\$136.15	\$129.86
FQHC / RHC	\$85,467	\$135,005	\$6.43	\$5.86	1,205	1,053	\$64.02	\$66.80
Home Health	\$392,995	\$928,078	\$29.56	\$40.28	865	805	\$410.22	\$600.70
IP - Maternity	\$7,289	\$21,588	\$0.55	\$0.94	2	3	\$3,644.51	\$4,317.56
IP - Newborn	\$0	\$11,608	\$0.00	\$0.50	0	1	\$0.00	\$11,607.66
IP - Other	\$11,136,334	\$14,270,672	\$837.57	\$619.33	724	570	\$13,885.70	\$13,044.49
IP - Psych	\$419,105	\$559,141	\$31.52	\$24.27	304	232	\$1,243.63	\$1,256.50
Lab	\$99,722	\$136,711	\$7.50	\$5.93	4,616	4,908	\$19.50	\$14.51
OP - Emergency Room & Related	\$857,553	\$1,542,002	\$64.50	\$66.92	1,550	1,475	\$499.45	\$544.30
OP - Other	\$3,692,857	\$6,336,463	\$277.74	\$275.00	6,859	5,875	\$485.90	\$561.69
Pharmacy	\$6,477,178	\$11,033,403	\$487.15	\$478.84	69,237	64,301	\$84.43	\$89.36
Prof - Anesthesia	\$80,507	\$113,483	\$6.05	\$4.93	503	540	\$144.54	\$109.43
Prof - Child EPSDT	\$17,070	\$11,576	\$1.28	\$0.50	698	921	\$22.08	\$6.55
Prof - Evaluation & Management	\$1,505,383	\$2,394,764	\$113.22	\$103.93	19,281	17,165	\$70.47	\$72.66
Prof - Maternity	\$866	\$6,673	\$0.07	\$0.29	3	6	\$288.66	\$556.06
Prof - Other	\$2,887,079	\$5,149,986	\$217.14	\$223.50	13,985	14,190	\$186.32	\$189.00
Prof - Psych	\$71,867	\$94,096	\$5.41	\$4.08	559	440	\$116.10	\$111.36
Prof - Specialist	\$514,259	\$889,737	\$38.68	\$38.61	2,599	2,216	\$178.56	\$209.05
Prof - Vision	\$58,129	\$91,201	\$4.37	\$3.96	544	502	\$96.40	\$94.61
Radiology	\$292,367	\$395,353	\$21.99	\$17.16	6,024	5,133	\$43.80	\$40.11
Transportation/Ambulance	\$404,611	\$670,802	\$30.43	\$29.11	5,933	6,417	\$61.55	\$54.44
Total	\$31,387,397	\$48,717,449	\$2,360.66	\$2,114.29	151,312	142,494	\$187.22	\$178.05

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix A
Exhibit 1f**

All Ages								
Charlottesville Western Region	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	7,231	13,244						
Service Type								
DME/Supplies	\$1,021,972	\$1,785,399	\$141.33	\$134.81	13,318	12,391	\$127.35	\$130.56
FQHC / RHC	\$55,792	\$58,749	\$7.72	\$4.44	1,427	781	\$64.87	\$68.15
Home Health	\$76,269	\$119,296	\$10.55	\$9.01	368	321	\$343.56	\$337.00
IP - Maternity	\$0	\$35,687	\$0.00	\$2.69	0	6	\$0.00	\$5,098.17
IP - Newborn	\$0	\$10,351	\$0.00	\$0.78	0	1	\$0.00	\$10,351.19
IP - Other	\$4,426,059	\$6,244,896	\$612.09	\$471.53	617	454	\$11,898.01	\$12,464.86
IP - Psych	\$160,287	\$273,794	\$22.17	\$20.67	131	163	\$2,028.95	\$1,521.08
Lab	\$60,771	\$99,528	\$8.40	\$7.51	5,574	4,526	\$18.09	\$19.93
OP - Emergency Room & Related	\$424,220	\$702,039	\$58.67	\$53.01	1,421	1,360	\$495.58	\$467.71
OP - Other	\$1,718,660	\$2,795,271	\$237.68	\$211.06	6,704	6,153	\$425.41	\$411.61
Pharmacy	\$3,448,050	\$6,212,669	\$476.84	\$469.09	65,076	60,610	\$87.93	\$92.87
Prof - Anesthesia	\$37,767	\$56,280	\$5.22	\$4.25	347	345	\$180.70	\$147.72
Prof - Child EPSDT	\$3,924	\$22,781	\$0.54	\$1.72	526	479	\$12.38	\$43.06
Prof - Evaluation & Management	\$730,772	\$1,160,511	\$101.06	\$87.63	15,989	14,271	\$75.85	\$73.68
Prof - Maternity	\$0	\$3,591	\$0.00	\$0.27	0	5	\$0.00	\$598.51
Prof - Other	\$744,066	\$1,580,121	\$102.90	\$119.31	13,372	13,358	\$92.34	\$107.18
Prof - Psych	\$37,062	\$66,590	\$5.13	\$5.03	408	445	\$150.66	\$135.62
Prof - Specialist	\$206,204	\$287,151	\$28.52	\$21.68	2,519	2,113	\$135.84	\$123.13
Prof - Vision	\$27,576	\$51,463	\$3.81	\$3.89	504	549	\$90.71	\$84.92
Radiology	\$109,781	\$188,190	\$15.18	\$14.21	5,418	4,769	\$33.62	\$35.76
Transportation/Ambulance	\$282,540	\$444,397	\$39.07	\$33.55	8,533	6,931	\$54.95	\$58.09
Total	\$13,571,772	\$22,198,755	\$1,876.89	\$1,676.14	142,256	130,031	\$158.32	\$154.68

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not include capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1f

All Ages								
Northern & Winchester Region	Total Claims	Total Claims	Unadjusted	Unadjusted	Units/1000	Units/1000	Cost/Unit	Cost/Unit
	CY14	CY15	PMPM CY14	PMPM CY15	CY14	CY15	CY14	CY15
Member Months	10,283	20,177						
Service Type								
DME/Supplies	\$1,343,746	\$2,607,031	\$130.68	\$129.21	11,876	11,443	\$132.04	\$135.50
FQHC / RHC	\$2,636	\$3,863	\$0.26	\$0.19	77	67	\$39.94	\$34.18
Home Health	\$500,687	\$769,546	\$48.69	\$38.14	699	710	\$835.87	\$644.51
IP - Maternity	\$6,354	\$0	\$0.62	\$0.00	2	0	\$3,176.75	\$0.00
IP - Newborn	\$0	\$58,517	\$0.00	\$2.90	0	1	\$0.00	\$29,258.38
IP - Other	\$4,790,781	\$12,039,662	\$465.89	\$596.70	438	479	\$12,775.42	\$14,937.55
IP - Psych	\$182,892	\$270,515	\$17.79	\$13.41	151	193	\$1,417.76	\$832.36
Lab	\$69,870	\$158,093	\$6.79	\$7.84	4,045	5,107	\$20.16	\$18.41
OP - Emergency Room & Related	\$550,678	\$930,386	\$53.55	\$46.11	1,608	1,322	\$399.62	\$418.53
OP - Other	\$2,301,786	\$3,576,391	\$223.84	\$177.25	4,843	4,124	\$554.65	\$515.78
Pharmacy	\$5,053,975	\$10,362,261	\$491.49	\$513.57	53,573	48,055	\$110.09	\$128.24
Prof - Anesthesia	\$66,701	\$98,851	\$6.49	\$4.90	572	502	\$136.12	\$117.12
Prof - Child EPSDT	\$25,496	\$15,111	\$2.48	\$0.75	712	533	\$41.80	\$16.86
Prof - Evaluation & Management	\$1,029,293	\$2,167,892	\$100.10	\$107.44	16,549	16,466	\$72.58	\$78.30
Prof - Maternity	\$4,476	\$67,169	\$0.44	\$3.33	7	23	\$746.00	\$1,722.28
Prof - Other	\$6,391,776	\$9,686,780	\$621.59	\$480.09	19,755	17,476	\$377.59	\$329.65
Prof - Psych	\$40,627	\$71,220	\$3.95	\$3.53	670	620	\$70.78	\$68.35
Prof - Specialist	\$375,763	\$533,928	\$36.54	\$26.46	2,248	1,898	\$195.10	\$167.32
Prof - Vision	\$58,734	\$88,906	\$5.71	\$4.41	810	615	\$84.63	\$85.98
Radiology	\$142,322	\$233,586	\$13.84	\$11.58	4,265	4,215	\$38.94	\$32.96
Transportation/Ambulance	\$163,857	\$269,781	\$15.93	\$13.37	1,675	1,493	\$114.19	\$107.44
Total	\$23,102,451	\$44,009,491	\$2,246.66	\$2,181.17	124,573	115,344	\$216.42	\$226.92

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not include capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix A
Exhibit 1f**

All Ages								
Roanoke/Alleghany Region	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	4,559	9,253						
Service Type								
DME/Supplies	\$671,356	\$1,349,799	\$147.26	\$145.88	13,140	14,268	\$134.49	\$122.69
FQHC / RHC	\$10,914	\$17,867	\$2.39	\$1.93	824	619	\$34.87	\$37.46
Home Health	\$155,526	\$385,109	\$34.11	\$41.62	1,063	1,253	\$384.96	\$398.66
IP - Maternity	\$2,531	\$4,264	\$0.56	\$0.46	3	1	\$2,530.50	\$4,263.54
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,277,476	\$6,717,580	\$718.90	\$725.99	682	632	\$12,654.35	\$13,793.80
IP - Psych	\$88,392	\$286,967	\$19.39	\$31.01	263	463	\$883.92	\$803.83
Lab	\$63,078	\$99,247	\$13.84	\$10.73	10,000	9,349	\$16.60	\$13.77
OP - Emergency Room & Related	\$201,711	\$463,376	\$44.24	\$50.08	1,769	1,548	\$300.16	\$388.09
OP - Other	\$567,571	\$1,329,415	\$124.49	\$143.67	3,746	3,948	\$398.86	\$436.73
Pharmacy	\$2,660,430	\$5,552,722	\$583.56	\$600.10	77,325	74,251	\$90.56	\$96.98
Prof - Anesthesia	\$22,808	\$41,663	\$5.00	\$4.50	445	441	\$134.96	\$122.54
Prof - Child EPSDT	\$4,032	\$6,173	\$0.88	\$0.67	732	624	\$14.50	\$12.83
Prof - Evaluation & Management	\$568,697	\$1,018,044	\$124.74	\$110.02	19,767	17,757	\$75.73	\$74.35
Prof - Maternity	\$2,043	\$2,202	\$0.45	\$0.24	5	1	\$1,021.66	\$2,201.70
Prof - Other	\$497,974	\$1,666,591	\$109.23	\$180.11	15,256	16,690	\$85.92	\$129.50
Prof - Psych	\$29,492	\$68,302	\$6.47	\$7.38	987	1,154	\$78.64	\$76.74
Prof - Specialist	\$136,496	\$294,215	\$29.94	\$31.80	2,766	2,739	\$129.87	\$139.31
Prof - Vision	\$23,526	\$39,113	\$5.16	\$4.23	621	501	\$99.69	\$101.33
Radiology	\$115,015	\$204,838	\$25.23	\$22.14	6,957	6,461	\$43.52	\$41.12
Transportation/Ambulance	\$249,588	\$438,441	\$54.75	\$47.38	10,355	8,325	\$63.44	\$68.30
Total	\$9,348,655	\$19,985,929	\$2,050.59	\$2,159.94	166,705	161,024	\$147.61	\$160.97

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not include capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix A
Exhibit 1f**

All Ages								
Southwest Region	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	1,398	3,727						
Service Type								
DME/Supplies	\$296,757	\$880,171	\$212.27	\$236.16	22,790	24,071	\$111.77	\$117.73
FQHC / RHC	\$4,354	\$29,380	\$3.11	\$7.88	884	1,272	\$42.28	\$74.38
Home Health	\$153,980	\$372,247	\$110.14	\$99.88	3,305	3,068	\$399.95	\$390.61
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,470,003	\$3,386,223	\$1,051.50	\$908.57	1,236	940	\$10,208.35	\$11,596.65
IP - Psych	\$5,835	\$50,658	\$4.17	\$13.59	0	177	\$0.00	\$921.05
Lab	\$22,009	\$49,687	\$15.74	\$13.33	14,086	11,527	\$13.41	\$13.88
OP - Emergency Room & Related	\$101,878	\$343,073	\$72.87	\$92.05	2,043	2,344	\$428.06	\$471.25
OP - Other	\$486,573	\$959,954	\$348.05	\$257.57	7,330	6,642	\$569.76	\$465.32
Pharmacy	\$953,266	\$2,727,775	\$681.88	\$731.90	116,043	113,596	\$70.51	\$77.32
Prof - Anesthesia	\$5,692	\$17,941	\$4.07	\$4.81	481	483	\$101.65	\$119.60
Prof - Child EPSDT	\$3,547	\$3,852	\$2.54	\$1.03	3,270	1,336	\$9.31	\$9.28
Prof - Evaluation & Management	\$207,388	\$505,574	\$148.35	\$135.65	23,820	22,071	\$74.73	\$73.75
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$484,662	\$968,560	\$346.68	\$259.88	18,060	17,007	\$230.35	\$183.37
Prof - Psych	\$6,772	\$10,193	\$4.84	\$2.73	721	312	\$80.61	\$105.08
Prof - Specialist	\$46,596	\$148,409	\$33.33	\$39.82	3,416	3,342	\$117.08	\$142.98
Prof - Vision	\$6,199	\$15,184	\$4.43	\$4.07	601	563	\$88.56	\$86.77
Radiology	\$28,615	\$80,275	\$20.47	\$21.54	7,983	8,568	\$30.77	\$30.17
Transportation/Ambulance	\$169,648	\$314,496	\$121.35	\$84.38	16,026	11,446	\$90.87	\$88.47
Total	\$4,453,772	\$10,863,648	\$3,185.82	\$2,914.85	242,094	228,766	\$157.91	\$152.90

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not include capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1f

All Ages								
Tidewater Region	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	11,242	18,851						
Service Type								
DME/Supplies	\$1,648,660	\$3,012,156	\$146.65	\$159.79	13,002	14,080	\$135.35	\$136.18
FQHC / RHC	\$101,582	\$221,019	\$9.04	\$11.72	1,561	1,529	\$69.48	\$92.01
Home Health	\$454,407	\$841,980	\$40.42	\$44.67	848	950	\$572.30	\$563.95
IP - Maternity	\$28,391	\$12,876	\$2.53	\$0.68	5	1	\$5,678.29	\$6,438.04
IP - Newborn	\$0	\$16,040	\$0.00	\$0.85	0	1	\$0.00	\$16,040.20
IP - Other	\$6,261,136	\$11,961,945	\$556.94	\$634.55	659	588	\$10,147.71	\$12,945.83
IP - Psych	\$328,721	\$466,566	\$29.24	\$24.75	275	198	\$1,274.11	\$1,500.21
Lab	\$61,776	\$94,068	\$5.50	\$4.99	3,052	3,995	\$21.61	\$14.99
OP - Emergency Room & Related	\$1,504,012	\$1,696,558	\$133.79	\$90.00	2,091	1,867	\$767.74	\$578.44
OP - Other	\$2,951,622	\$4,318,260	\$262.55	\$229.07	5,363	4,758	\$587.50	\$577.69
Pharmacy	\$5,626,956	\$9,041,257	\$500.53	\$479.62	65,626	60,680	\$91.52	\$94.85
Prof - Anesthesia	\$65,292	\$98,842	\$5.81	\$5.24	465	556	\$149.75	\$113.22
Prof - Child EPSDT	\$7,820	\$10,850	\$0.70	\$0.58	751	589	\$11.11	\$11.73
Prof - Evaluation & Management	\$1,413,520	\$2,188,451	\$125.74	\$116.09	21,124	18,454	\$71.43	\$75.49
Prof - Maternity	\$4,724	\$3,691	\$0.42	\$0.20	30	3	\$168.70	\$922.66
Prof - Other	\$2,635,021	\$4,654,515	\$234.39	\$246.91	14,259	14,022	\$197.26	\$211.31
Prof - Psych	\$54,277	\$93,515	\$4.83	\$4.96	362	409	\$160.11	\$145.66
Prof - Specialist	\$401,416	\$619,542	\$35.71	\$32.87	2,920	2,525	\$146.72	\$156.17
Prof - Vision	\$41,338	\$70,394	\$3.68	\$3.73	481	483	\$91.66	\$92.75
Radiology	\$195,660	\$270,317	\$17.40	\$14.34	6,101	5,275	\$34.23	\$32.62
Transportation/Ambulance	\$327,589	\$523,546	\$29.14	\$27.77	5,126	5,084	\$68.22	\$65.56
Total	\$24,113,919	\$40,216,387	\$2,144.98	\$2,133.38	144,102	136,047	\$178.62	\$188.18

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual DD Waivers

Appendix A
Exhibit 1g

All Ages								
Statewide	Total Claims CY14	Total Claims CY15	Unadjusted PMPM CY14	Unadjusted PMPM CY15	Units/1000 CY14	Units/1000 CY15	Cost/Unit CY14	Cost/Unit CY15
Member Months	9,766	10,859						
Service Type								
DME/Supplies	\$634,059	\$702,170	\$64.93	\$64.66	5,683	6,507	\$137.09	\$119.25
FQHC / RHC	\$6,282	\$8,214	\$0.64	\$0.76	190	225	\$40.53	\$40.26
Home Health	\$29,072	\$38,620	\$2.98	\$3.56	82	103	\$433.91	\$415.27
IP - Maternity	\$0	\$4,002	\$0.00	\$0.37	0	1	\$0.00	\$4,002.10
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,120,940	\$1,536,960	\$114.78	\$141.54	96	118	\$14,371.02	\$14,364.12
IP - Psych	\$267,115	\$107,067	\$27.35	\$9.86	498	183	\$659.54	\$644.98
Lab	\$36,103	\$44,386	\$3.70	\$4.09	2,965	3,463	\$14.96	\$14.16
OP - Emergency Room & Related	\$204,907	\$220,868	\$20.98	\$20.34	811	822	\$310.46	\$296.87
OP - Other	\$627,008	\$686,234	\$64.20	\$63.19	1,789	1,674	\$430.64	\$452.96
Pharmacy	\$3,859,470	\$4,366,617	\$395.19	\$402.12	45,805	47,956	\$103.53	\$100.62
Prof - Anesthesia	\$23,183	\$23,163	\$2.37	\$2.13	198	206	\$143.99	\$124.53
Prof - Child EPSDT	\$3,396	\$4,460	\$0.35	\$0.41	275	203	\$15.16	\$24.24
Prof - Evaluation & Management	\$508,611	\$584,442	\$52.08	\$53.82	9,187	9,276	\$68.02	\$69.63
Prof - Maternity	\$179	\$2,136	\$0.02	\$0.20	2	1	\$89.33	\$2,135.77
Prof - Other	\$612,097	\$930,961	\$62.68	\$85.73	5,556	5,528	\$135.36	\$186.12
Prof - Psych	\$50,222	\$53,641	\$5.14	\$4.94	1,037	929	\$59.50	\$63.78
Prof - Specialist	\$82,403	\$92,851	\$8.44	\$8.55	1,078	981	\$93.96	\$104.56
Prof - Vision	\$12,831	\$17,223	\$1.31	\$1.59	220	239	\$71.68	\$79.74
Radiology	\$36,272	\$42,556	\$3.71	\$3.92	1,471	1,586	\$30.30	\$29.66
Transportation/Ambulance	\$106,820	\$125,036	\$10.94	\$11.51	2,392	4,677	\$54.86	\$29.55
Total	\$8,220,968	\$9,591,608	\$841.79	\$883.29	79,337	84,679	\$127.32	\$125.17

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.

Units do not include capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Central Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	13,296	23,042						
Service Type								
Adult Day Care	\$198,549	\$419,104	\$14.93	\$18.19	3,258	3,952	\$55.00	\$55.23
Case Management Services	\$36,587	\$78,563	\$2.75	\$3.41	220	259	\$149.95	\$157.76
Community Behavioral Health	\$15,057	\$36,153	\$1.13	\$1.57	4,485	6,370	\$3.03	\$2.96
Consumer Directed - Personal Care	\$11,249,999	\$21,434,540	\$846.12	\$930.24	1,002,850	1,085,707	\$10.12	\$10.28
Consumer Directed - Respite Care	\$2,350,621	\$4,243,217	\$176.79	\$184.15	211,153	215,166	\$10.05	\$10.27
DME/Supplies	\$357,904	\$632,651	\$26.92	\$27.46	991	936	\$325.96	\$351.86
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$5,268	\$0.00	\$0.23	0	2	\$0.00	\$1,316.92
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$593,400	\$990,036	\$44.63	\$42.97	11,866	11,232	\$45.14	\$45.91
Outpatient - Other	\$0	\$321	\$0.00	\$0.01	0	1	\$0.00	\$320.79
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$6,746,296	\$10,771,966	\$507.39	\$467.49	467,086	426,690	\$13.04	\$13.15
Personal Care Agency - Respite Care	\$1,093,080	\$1,709,030	\$82.21	\$74.17	76,162	67,488	\$12.95	\$13.19
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$6,121	\$7,364	\$0.46	\$0.32	2,227	2,830	\$2.48	\$1.35
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$517,100	\$859,663	\$38.89	\$37.31	1,466	1,414	\$318.41	\$316.52
Physician - Other Practitioner	\$262,509	\$450,912	\$19.74	\$19.57	23,766	23,342	\$9.97	\$10.06
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$144	\$0	\$0.01	\$0.00	3	0	\$48.02	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$23,427,366	\$41,638,787	\$1,761.99	\$1,807.08	1,805,531	1,845,390	\$11.71	\$11.75

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Charlottesville Western Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	7,231	13,244						
Service Type								
Adult Day Care	\$69,368	\$120,427	\$9.59	\$9.09	2,084	1,961	\$55.23	\$55.65
Case Management Services	\$14,871	\$41,184	\$2.06	\$3.11	186	261	\$132.77	\$143.00
Community Behavioral Health	\$4,551	\$15,034	\$0.63	\$1.14	196	445	\$38.57	\$30.62
Consumer Directed - Personal Care	\$6,740,923	\$12,985,973	\$932.23	\$980.52	1,144,937	1,190,987	\$9.77	\$9.88
Consumer Directed - Respite Care	\$1,438,453	\$2,844,384	\$198.93	\$214.77	244,334	260,065	\$9.77	\$9.91
DME/Supplies	\$111,020	\$171,256	\$15.35	\$12.93	614	614	\$300.06	\$252.59
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$8,154	\$4,970	\$1.13	\$0.38	3	5	\$4,076.81	\$993.97
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$267,407	\$520,810	\$36.98	\$39.32	6,905	7,859	\$64.27	\$60.04
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$8,576	\$0	\$1.19	\$0.00	2	0	\$8,576.32	\$0.00
Personal Care Agency - Personal Care	\$1,490,456	\$2,384,488	\$206.12	\$180.04	191,827	165,874	\$12.89	\$13.03
Personal Care Agency - Respite Care	\$216,842	\$324,982	\$29.99	\$24.54	27,902	22,584	\$12.90	\$13.04
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$7,745	\$12,803	\$1.07	\$0.97	47,892	12,720	\$0.27	\$0.91
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$260,812	\$441,042	\$36.07	\$33.30	1,484	1,310	\$291.74	\$305.01
Physician - Other Practitioner	\$90,408	\$146,074	\$12.50	\$11.03	27,804	24,734	\$5.40	\$5.35
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$47	\$0.00	\$0.00	0	2	\$0.00	\$23.59
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$10,729,585	\$20,013,474	\$1,483.83	\$1,511.14	1,696,169	1,689,420	\$10.50	\$10.73

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Northern & Winchester Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	10,283	20,177						
Service Type								
Adult Day Care	\$49,791	\$79,471	\$4.84	\$3.94	2,033	1,420	\$28.58	\$33.28
Case Management Services	\$48,178	\$99,541	\$4.69	\$4.93	368	395	\$152.95	\$149.91
Community Behavioral Health	\$8,203	\$32,341	\$0.80	\$1.60	445	603	\$21.53	\$31.89
Consumer Directed - Personal Care	\$7,648,845	\$15,024,237	\$743.83	\$744.62	761,926	743,750	\$11.72	\$12.01
Consumer Directed - Respite Care	\$1,699,920	\$3,125,740	\$165.31	\$154.92	169,032	154,504	\$11.74	\$12.03
DME/Supplies	\$293,656	\$566,108	\$28.56	\$28.06	1,014	967	\$337.92	\$348.16
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,698	\$1,705	\$0.17	\$0.08	1	1	\$1,697.91	\$852.32
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$550,823	\$842,838	\$53.57	\$41.77	17,249	12,761	\$37.27	\$39.28
Outpatient - Other	\$0	\$1,048	\$0.00	\$0.05	0	1	\$0.00	\$1,047.76
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$10,588,003	\$22,060,741	\$1,029.66	\$1,093.36	820,207	861,481	\$15.06	\$15.23
Personal Care Agency - Respite Care	\$1,605,177	\$3,002,204	\$156.10	\$148.79	124,521	117,878	\$15.04	\$15.15
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$47,684	\$44,033	\$4.64	\$2.18	27,272	17,887	\$2.04	\$1.46
Physician - IP Mental Health	\$327	\$0	\$0.03	\$0.00	1	0	\$326.50	\$0.00
Physician - OP Mental Health	\$210,171	\$511,643	\$20.44	\$25.36	930	1,141	\$263.70	\$266.62
Physician - Other Practitioner	\$211,672	\$429,656	\$20.58	\$21.29	32,183	37,707	\$7.68	\$6.78
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$22,964,149	\$45,821,305	\$2,233.21	\$2,270.97	1,957,181	1,950,496	\$13.69	\$13.97

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Roanoke/Alleghany Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	4,559	9,253						
Service Type								
Adult Day Care	\$12,915	\$64,665	\$2.83	\$6.99	626	1,507	\$54.27	\$55.65
Case Management Services	\$21,331	\$42,870	\$4.68	\$4.63	384	368	\$146.10	\$150.95
Community Behavioral Health	\$5,735	\$10,702	\$1.26	\$1.16	332	402	\$45.52	\$34.52
Consumer Directed - Personal Care	\$4,562,455	\$9,316,840	\$1,000.76	\$1,006.90	1,229,181	1,223,475	\$9.77	\$9.88
Consumer Directed - Respite Care	\$1,128,922	\$2,105,655	\$247.62	\$227.56	304,145	275,669	\$9.77	\$9.91
DME/Supplies	\$53,156	\$174,113	\$11.66	\$18.82	321	565	\$435.71	\$399.34
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,177	\$2,179	\$0.48	\$0.24	8	4	\$725.58	\$725.39
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$225,020	\$368,022	\$49.36	\$39.77	9,955	7,709	\$59.50	\$61.91
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$723,364	\$1,255,816	\$158.67	\$135.72	147,869	124,686	\$12.88	\$13.06
Personal Care Agency - Respite Care	\$131,397	\$157,525	\$28.82	\$17.02	26,909	15,718	\$12.85	\$13.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$7,880	\$15,824	\$1.73	\$1.71	14,282	11,594	\$1.45	\$1.77
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$163,137	\$278,893	\$35.78	\$30.14	2,264	1,606	\$189.69	\$225.28
Physician - Other Practitioner	\$62,614	\$130,664	\$13.73	\$14.12	16,785	18,486	\$9.82	\$9.17
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$7,100,104	\$13,923,768	\$1,557.38	\$1,504.78	1,753,061	1,681,788	\$10.66	\$10.74

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Southwest Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	1,398	3,727						
Service Type								
Adult Day Care	\$4,675	\$17,829	\$3.34	\$4.78	721	1,037	\$55.65	\$55.37
Case Management Services	\$2,904	\$6,953	\$2.08	\$1.87	189	171	\$132.00	\$131.19
Community Behavioral Health	\$452	\$2,488	\$0.32	\$0.67	52	129	\$75.26	\$62.20
Consumer Directed - Personal Care	\$1,069,168	\$3,150,200	\$764.78	\$845.24	939,345	1,027,177	\$9.77	\$9.87
Consumer Directed - Respite Care	\$208,466	\$558,408	\$149.12	\$149.83	183,154	181,538	\$9.77	\$9.90
DME/Supplies	\$8,926	\$57,479	\$6.39	\$15.42	300	589	\$255.04	\$314.09
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$46,654	\$110,526	\$33.37	\$29.66	5,219	6,240	\$76.73	\$57.03
Outpatient - Other	\$0	\$147	\$0.00	\$0.04	0	3	\$0.00	\$146.61
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$300,196	\$750,382	\$214.73	\$201.34	199,948	185,319	\$12.89	\$13.04
Personal Care Agency - Respite Care	\$51,755	\$106,242	\$37.02	\$28.51	34,498	26,292	\$12.88	\$13.01
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$5,482	\$10,780	\$3.92	\$2.89	26,421	23,752	\$1.78	\$1.46
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$43,622	\$99,223	\$31.20	\$26.62	1,691	1,520	\$221.43	\$210.22
Physician - Other Practitioner	\$30,568	\$53,977	\$21.87	\$14.48	17,330	9,015	\$15.14	\$19.28
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$1,772,867	\$4,924,634	\$1,268.15	\$1,321.34	1,408,868	1,462,782	\$10.80	\$10.84

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix A
Exhibit 1h

All Ages								
Tidewater Region	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	11,242	18,851						
Service Type								
Adult Day Care	\$49,362	\$62,105	\$4.39	\$3.29	947	710	\$55.65	\$55.65
Case Management Services	\$18,892	\$50,363	\$1.68	\$2.67	137	206	\$147.60	\$155.44
Community Behavioral Health	\$12,201	\$18,726	\$1.09	\$0.99	405	1,076	\$32.19	\$11.08
Consumer Directed - Personal Care	\$4,416,127	\$8,878,483	\$392.82	\$470.98	482,440	571,820	\$9.77	\$9.88
Consumer Directed - Respite Care	\$1,127,950	\$1,990,240	\$100.33	\$105.58	123,235	127,877	\$9.77	\$9.91
DME/Supplies	\$108,052	\$181,321	\$9.61	\$9.62	505	497	\$228.44	\$232.17
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$11,937	\$11,950	\$1.06	\$0.63	9	6	\$1,492.14	\$1,327.81
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$215,911	\$434,507	\$19.21	\$23.05	5,039	6,042	\$45.73	\$45.78
Outpatient - Other	\$560	\$0	\$0.05	\$0.00	2	0	\$279.79	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$12,687,601	\$21,415,088	\$1,128.59	\$1,136.02	1,056,416	1,048,925	\$12.82	\$13.00
Personal Care Agency - Respite Care	\$2,624,533	\$3,803,174	\$233.46	\$201.75	218,880	186,478	\$12.80	\$12.98
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$7,182	\$7,271	\$0.64	\$0.39	5,551	2,949	\$1.38	\$1.57
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$243,243	\$410,931	\$21.64	\$21.80	795	956	\$326.50	\$273.59
Physician - Other Practitioner	\$119,013	\$264,549	\$10.59	\$14.03	10,706	11,060	\$11.87	\$15.23
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$161	\$0.00	\$0.01	0	1	\$0.00	\$80.30
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$21,642,563	\$37,528,871	\$1,925.15	\$1,990.82	1,905,066	1,958,603	\$12.13	\$12.20

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual DD Waivers

Appendix A
Exhibit 1i

All Ages								
Statewide	Total Payments CY2014	Total Payments CY2015	Unadjusted PMPM CY2014	Unadjusted PMPM CY2015	Units/1000 CY2014	Units/1000 CY2015	Cost/Unit CY2014	Cost/Unit CY2015
Total Member Months	9,766	10,859						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$4,385	\$6,139	\$0.45	\$0.57	31	39	\$175.40	\$175.40
Community Behavioral Health	\$4,516	\$5,148	\$0.46	\$0.47	168	144	\$32.97	\$39.60
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$90,533	\$135,414	\$9.27	\$12.47	397	494	\$280.29	\$302.94
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$15,690	\$17,525	\$1.61	\$1.61	15	15	\$1,307.48	\$1,251.77
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$299,411	\$337,021	\$30.66	\$31.04	3,232	3,606	\$113.84	\$103.29
Physician - Other Practitioner	\$27,449	\$33,207	\$2.81	\$3.06	15,214	15,427	\$2.22	\$2.38
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Total Medicaid Only	\$441,984	\$534,453	\$45.26	\$49.22	19,057	19,724	\$28.50	\$29.94

Notes:
Total Payments = Medicaid Payments + Patient Payments
Consumer Directed Services include payments from external vendor.
Membership based on capitation file

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Prescription Drug Rebate and Copay Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2a

	Dual Nursing Home	NonDual Nursing Home	Dual EDCD	NonDual EDCD	Dual DD Waivers	NonDual DD Waivers	Technology Assisted Waiver	Dual Community No LTSS	NonDual Community No LTSS	Source
1a. Fee-for-Service Net Cost PMPM*	\$16.52	\$681.00	\$2.93	\$151.31	\$10.14	\$408.04	\$1,023.59	\$2.36	\$86.35	CY14-15 FFS Invoices
1b. Fee-for-Service Net Cost per Script	\$7.58	\$61.78	\$9.09	\$108.19	\$8.68	\$93.57	\$213.20	\$9.09	\$72.64	CY14-15 FFS Invoices
2a. Average Fee-for-Service Copayment per Script	\$0.02	\$0.03	\$0.01	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.76	CY14-15 FFS Invoices
2b. Average Fee-for-Service Copayment PMPM	\$0.04	\$0.30	\$0.00	\$0.02	\$0.01	\$0.01	\$0.01	\$0.00	\$0.90	= (2b.) * scripts / MM
3. FFS Dispensing Fee PMPM	\$6.98	\$33.63	\$1.07	\$4.88	\$4.07	\$15.18	\$15.59	\$0.91	\$4.22	CY14-15 FFS Invoices
4. Average Managed Care Rebate	0.5%	2.1%	0.5%	2.1%	0.5%	2.1%	2.1%	0.5%	2.1%	From Plan Data
5. Managed Care Dispensing Fee PMPM	\$2.81	\$14.18	\$0.41	\$1.80	\$1.50	\$5.61	\$6.18	\$0.33	\$1.53	From Plan Data
6. Average PBM Admin Cost PMPM	\$1.38	\$6.95	\$0.20	\$0.88	\$0.74	\$2.75	\$3.03	\$0.16	\$0.75	From Plan Data
7. Adjusted Cost PMPM	\$13.71	\$655.44	\$2.47	\$146.11	\$8.28	\$393.12	\$996.41	\$1.95	\$83.60	= ((1a.) + (2b.) - (3.)) * (1 - (4.)) + (5.) + (6.)
8. Pharmacy Adjustment Factor	-17.0%	-3.8%	-15.7%	-3.4%	-18.3%	-3.7%	-2.7%	-17.7%	-3.2%	= (7.) / (1.) -1

Note: Net of rebates. Standard and supplemental rebates have been applied to the base data.
 Dual Community no LTSS population is subject to limited co-payments. Copayments have been removed from the base data.
 NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Hospital Inpatient Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2b (i)

	<u>All Eligibles Nursing Home</u>		<u>Dual EDCD</u>		<u>NonDual EDCD</u>		<u>All Eligibles DD Waivers</u>		<u>All Eligibles Technology Assisted Waiver</u>		<u>All Eligibles Community No LTSS</u>		Source
	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	
1a. Total Claims in IP Service Categories	\$53,763,057	\$1,980,158	\$8,446,978	\$547,604	\$3,880,522	\$155,481	\$13,164,242	\$1,504,182	\$8,677,954	\$0	\$6,164,706	\$11,566,635	CY14-15 FFS Invoices
1b. Children Hospital King's Daughter IP Claims	\$2,429,292	\$0	\$0	\$0	\$174,839	\$0	\$316,989	\$0	\$1,904,221	\$0	\$70,255	\$0	CY14-15 FFS Invoices
2a. FY16 Capital Reimbursement Decrease	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Decrease	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$493,566	\$19,039	\$81,216	\$5,265	\$35,630	\$1,495	\$123,524	\$14,462	\$65,128	\$0	\$58,597	\$111,211	=((1a.) - (1b.)) * (1 - (3b.)) * (4a.)
5a. FY17 Hospital Rate Change - Rebasing	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	Provided by DMAS
5b. Dollar Change	(\$3,407,959)	\$489,572	(\$560,780)	\$135,389	(\$246,014)	\$38,441	(\$852,907)	\$371,893	(\$449,696)	\$0	(\$404,600)	\$2,859,723	=((1a.) - (1b.)) * (1 - (3b.)) * (5a.)
6. Hospital Inpatient Adjustmen	-5.4%	25.7%	-5.7%	25.7%	-5.4%	25.7%	-5.5%	25.7%	-4.4%	0.0%	-5.6%	25.7%	= ((4b.) + (5b.)) / (1a.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Hospital Inpatient Adjustments For Children Hospital King's Daughter
Not MCO Enrolled

Appendix B
Exhibit 2b (ii)

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in IP Med/Surg (for all ages)	\$53,763,057	\$8,446,978	\$3,880,522	\$13,164,242	\$8,677,954	\$6,164,706	CY14-15 FFS Invoices
1b. Children Hospital King's Daughter IP Med/Surg	\$2,429,292	\$0	\$174,839	\$316,989	\$1,904,221	\$70,255	CY14-15 FFS Invoices
2a. FY16 Capital Reimbursement Increase	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	= ((3c.) - (3b.)) / (3b.)
3a. FY15 Hospital Capital Percentage	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	Provided by DMAS
3b. FY16 Hospital Capital Percentage	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	Provided by DMAS
3c. FY17-18 Hospital Capital Percentage	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	Provided by DMAS
4b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	2.80%	2.80%	2.80%	Provided by DMAS
4c. Dollar Change	\$106,586	\$0	\$7,671	\$13,908	\$83,549	\$3,082	= ((1b.) * (1 - (3c.)) * ((1 + (4a.)) * (1 + (4b.)) - 1)
5a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	-2.65%	-2.65%	-2.65%	-2.65%	Provided by DMAS
5b. Dollar Change	(\$56,960)	\$0	(\$4,099)	(\$7,433)	(\$44,649)	(\$1,647)	= ((1b.) * (1 - (3c.)) * (5a.)
6. Hospital Inpatient Adjustment	0.092%	0.000%	0.092%	0.049%	0.448%	0.023%	= ((4c.) + (5b.)) / (1a.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Hospital Outpatient Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2c (i)

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in Outpatient - Other Service Category Children's Hospital of The King's Daughters OP - Other	\$6,987,851	\$141,063	\$1,713,852	\$4,881,619	\$1,639,567	\$2,706,007	CY14-15 FFS Invoices
1b. Claims	\$245,529	\$150	\$148,646	\$173,562	\$489,579	\$81,535	CY14-15 FFS Invoices
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
2b. Dollar Change	\$70,794	\$1,480	\$16,435	\$49,435	\$12,075	\$27,557	= ((1a.) - (1b.)) * (2a.)
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$6,742	\$141	\$1,565	\$4,708	\$1,150	\$2,624	= ((1a.) - (1b.)) * (3a.)
4. Hospital Outpatient Adjustment	1.1%	1.1%	1.1%	1.1%	0.8%	1.1%	= ((2b.) + (3b.)) / (1a.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters
Not MCO Enrolled

Appendix B
Exhibit 2c (ii)

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in OP - Other (for All Ages)	\$6,987,851	\$141,063	\$1,713,852	\$4,881,619	\$1,639,567	\$2,706,007	CY14-15 FFS Invoices
1b. Children Hospital King's Daughter OP Claims	\$245,529	\$150	\$148,646	\$173,562	\$489,579	\$81,535	CY14-15 FFS Invoices
2a. FY17 Hospital Rate Change - Unit Cost	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	Provided by DMAS
2c. Dollar Change	\$12,175	\$7	\$7,371	\$8,607	\$24,277	\$4,043	= (1b.) * ((1 + (2a.)) * (1 + (2b.)) - 1)
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$246	\$0	\$149	\$174	\$490	\$82	= (1b.) * (3a.)
4. Hospital Outpatient Adjustment	0.18%	0.01%	0.44%	0.18%	1.51%	0.15%	= ((2c.) + (3b.)) / (1a.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Nursing Facility Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2d

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Nursing Facility Service Claims - January 1, 2014 to June 30, 2014	\$449,112,391	\$88,606	\$0	N/A	\$166	\$10,001,160	CY14 FFS Invoices (January 1, 2014 to June 30, 2014)
1b. Nursing Facility Service Claims - July 1, 2014 to December 31, 2015	\$1,297,804,078	\$189,036	\$8,760	N/A	\$6,588	\$33,734,757	CY14-15 FFS Invoices (July 1, 2014 to December 31, 2015)
2a. FY15 Prospective Payment Change	10.1%	10.1%	10.1%	N/A	10.1%	10.1%	Provided by DMAS
2b. Dollar Change	\$45,426,428	\$8,962	\$0	N/A	\$17	\$1,011,589	= (1a.) * (2a.)
3. FY17-18 Nursing Facility Capital Percentage	9.5%	9.5%	9.5%	N/A	9.5%	9.5%	Provided by DMAS
4a. FY17 Nursing Facility Rate Change	0.9%	0.9%	0.9%	N/A	0.9%	0.9%	Provided by DMAS
4b. FY18 Nursing Facility Rate Change	3.1%	3.1%	3.1%	N/A	3.1%	3.1%	Provided by DMAS
4c. Dollar Change	\$65,335,370	\$10,447	\$319	N/A	\$247	\$1,631,158	= ((1a.) + (1b.) + (2b.)) * (1 - (3.)) * ((1 + (4a.)) * (1 + (4b.)) - 1)
5a. FY18 Nursing Facility Change - Rebasing	-0.85%	-0.85%	-0.85%	-0.85%	-0.85%	-0.85%	Provided by DMAS
5b. Dollar Change	(\$14,290,190)	(\$2,285)	(\$70)	N/A	(\$54)	(\$356,768)	= ((1a.) + (1b.) + (2b.) + (4c.)) * (1 - (3.)) * (6a.)
6. Nursing Facility Adjustment	5.5%	6.2%	2.8%	N/A	3.1%	5.2%	= ((2b.) + (4c.) + (5b.)) / ((1a.) + (1b.))

Note: NonDUALS EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Adult Day Care Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2e

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Total Claims in Adult Day Care	\$13,713	\$13,386,986	\$172,634	N/A	\$0	\$12,018	CY14-15 FFS Invoices
2. FY17 Fee Change	2.5%	2.5%	2.5%	N/A	2.5%	2.5%	Provided by DMAS, Effective July 1, 2016
3. Claims Associated with Procedure Code S5102	\$13,634	\$12,727,718	\$172,428	N/A	\$0	\$11,804	CY14-15 FFS Invoices
4. Dollar Change due to FY17 Fee Change	\$341	\$318,193	\$4,311	N/A	\$0	\$295	= (2.) * (3.)
5. Adult Day Care Adjustment	2.5%	2.4%	2.5%	N/A	0.0%	2.5%	= (4.) / (1.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Personal Care and Respite Care Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2f

		All Eligibles Nursing Home	Dual EDCC	NonDual EDCC	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1.	CY14-15 Claims in Service Categories							
	a. Personal Care Agency - Personal Care	\$355,012	\$412,695,444	\$16,900,120		\$37,013	\$1,037,376	CY14-15 FFS Invoices
	b. Personal Care Agency - Respite Care	\$0	\$59,922,494	\$2,906,069		\$0	\$0	CY14-15 FFS Invoices
	c. Consumer Directed - Personal Care	\$245,908	\$241,583,143	\$46,818,148		\$0	\$253,920	CY14-15 FFS Invoices
	d. Consumer Directed - Respite Care	\$47,202	\$45,246,659	\$9,004,168		\$0	\$49,565	CY14-15 FFS Invoices
2.	January 1, 2014 to June 30, 2015 Claims Associated with Fee Changes							
	a. Personal Care Agency - Personal Care	\$266,197	\$298,386,298	\$7,999,623		\$9,290	\$791,549	FFS Invoices - January 1, 2014 to June 30, 2015
	b. Personal Care Agency - Respite Care	\$0	\$42,967,484	\$1,293,531		\$0	\$0	FFS Invoices - January 1, 2014 to June 30, 2015
	c. Consumer Directed - Personal Care	\$224,424	\$173,205,814	\$22,074,214		\$0	\$198,100	FFS Invoices - January 1, 2014 to June 30, 2015
	d. Consumer Directed - Respite Care	\$42,520	\$29,209,647	\$3,675,898		\$0	\$36,850	FFS Invoices - January 1, 2014 to June 30, 2015
3.	July 1, 2015 to December 31, 2015 Claims Associated with Fee Changes							
	a. Personal Care Agency - Personal Care	\$74,508	\$110,980,332	\$8,875,148		\$3,582	\$239,771	FFS Invoices - July 1, 2015 to December 31, 2015
	b. Personal Care Agency - Respite Care	\$0	\$16,931,330	\$1,611,403		\$0	\$0	FFS Invoices - July 1, 2015 to December 31, 2015
	c. Consumer Directed - Personal Care	\$21,484	\$68,377,330	\$24,743,935		\$0	\$55,820	FFS Invoices - July 1, 2015 to December 31, 2015
	d. Consumer Directed - Respite Care	\$4,682	\$16,037,011	\$5,328,270		\$0	\$12,716	FFS Invoices - July 1, 2015 to December 31, 2015
4a.	FY16 Fee Change	2.0%	2.0%	2.0%		2.0%	2.0%	Provided by DMAS, Effective July 1, 2015
4b.	FY17 Fee Change	2.0%	2.0%	2.0%		2.0%	2.0%	Provided by DMAS, Effective July 1, 2016
5.	Dollar Change							
	a. Personal Care Agency - Personal Care	\$12,245	\$14,274,413	\$500,688		\$447	\$36,774	= (2a.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3a.) * (4b.)
	b. Personal Care Agency - Respite Care	\$0	\$2,074,513	\$84,487		\$0	\$0	= (2b.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3b.) * (4b.)
	c. Consumer Directed - Personal Care	\$9,496	\$8,365,061	\$1,386,677		\$0	\$9,120	= (2c.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3c.) * (4b.)
	d. Consumer Directed - Respite Care	\$1,811	\$1,500,810	\$255,072		\$0	\$1,743	= (2d.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3d.) * (4b.)
6.	Personal Care and Respite Care Adjustment							
	a. Personal Care Agency - Personal Care	3.45%	3.46%	2.96%	N/A	1.21%	3.54%	= (5a.) / (1a.)
	b. Personal Care Agency - Respite Care	0.00%	3.46%	2.91%	N/A	0.00%	0.00%	= (5b.) / (1b.)
	c. Consumer Directed - Personal Care	3.86%	3.46%	2.96%	N/A	0.00%	3.59%	= (5c.) / (1c.)
	d. Consumer Directed - Respite Care	3.84%	3.32%	2.83%	N/A	0.00%	3.52%	= (5d.) / (1d.)

Note: NonDuals EDCC uses only CY15 base data, Duals EDCC uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 DME Fee Adjustment
 Not MCO Enrolled

Appendix B
 Exhibit 2g

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Claims Associated with DME/Supplies Service Category	\$1,616,672	\$15,381,005	\$4,551,418	\$17,584,169	\$12,476,016	\$6,164,706	CY14-15 FFS Invoices
2. Jan 2014 - Jun 2014 claims subject to DME Fee Adjustment	\$57,217	\$297,691	\$0	\$694,906	\$446,572	\$166,744	Provided by DMAS
3a. FY15 DME Fee Change	-30.7%	-32.5%		-34.0%	-28.2%	-33.1%	Provided by DMAS
3b. Dollar Change	(\$17,572)	(\$96,781)	\$0	(\$236,515)	(\$126,042)	(\$55,140)	= (2.) * (3a.)
4. DME Fee Adjustment	-1.1%	-0.6%	N/A	-1.3%	-1.0%	-0.9%	= (3b.) / (1.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Hepatitis C Treatment Adjustment
Not MCO Enrolled**

**Appendix B
Exhibit 2h**

	NonDual Nursing Home	NonDual EDCD	NonDual DD Waivers	NonDual Technology Assisted Waiver	NonDual Community No LTSS	Source
1. Total Claims in Pharmacy	\$26,892,051	\$8,340,010	\$39,266,472	\$7,124,026	\$6,168,627	CY14-15 FFS Invoices
2. Unique Individuals in Base Period	4,024	6,378	4,546	319	5,214	CY14-15 FFS Invoices
3a. Proportion of Population Being Tested for Hepatitis C	2.3%	0.3%	1.6%	0.3%	0.3%	CY14-15 FFS Invoices
3b. Number of Individuals Being Tested	92	20	74	1	15	CY14-15 FFS Invoices
3c. Projected Testing Change in FY18	35%	35%	35%	35%	35%	Estimate
3d. Additional Number of People Being Tested	32	7	26	0	5	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$43.85	\$43.85	\$43.85	\$43.85	\$43.85	CY14-15 FFS Invoices
4a. Proportion of Population Diagnosed With Hepatitis C	7.50%	0.75%	0.22%	0.63%	0.52%	CY14-15 FFS Invoices
4b. Number of Individuals Diagnosed With Hepatitis C	302	48	10	2	27	CY14-15 FFS Invoices
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	5%	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	317	50	11	2	28	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.3%	4.2%	10.0%	0.0%	3.7%	CY14-15 FFS Invoices
Number of Individuals With Hepatitis C With Drug Therapy in Base Period	1	2	1	0	1	CY14-15 FFS Invoices
5b. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Current Protocol In The Base Period	0%	0%	0%	0%	0%	Estimate
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - New Protocols (Eff. Jul 2016 and Eff. Jan 2017; both protocols combined)	100%	100%	100%	100%	100%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	1	2	1	0	1	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5e. Base Period Average Cost of Drug Therapy	\$106,093	\$106,093	\$106,093	\$106,093	\$106,093	CY14-15 FFS Invoices
5f. Projected Average Cost of Drug Therapy	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$42,320	\$82,122	\$42,043	\$15	\$41,138	= ((3d.) * (3e.)) + ((5g.) - (5f.)) * (5b.) + (5e.) * (5g.)
7. Hepatitis C Treatment Adjustment	0.16%	0.98%	0.11%	0.00%	0.67%	= (6.) / (1.)

Note: NonDuals EDCC uses only CY15 base data, Duals EDCC uses full CY14-15 base period data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Lab Fee Adjustment
 Not MCO Enrolled

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in Lab Category - January to June 2014	\$254,693	\$10,432	\$0	\$114,625	\$7,622	\$65,120	FFS Invoices - January 1, 2014 to June 30, 2014
1b. Total Claims in Lab Category - July 2014 to December 2015	\$751,702	\$20,107	\$51,014	\$283,153	\$17,369	\$154,031	FFS Invoices - July 1, 2014 to December 31, 2015
2a. Lab Fee Adjustment (Effective FY15)	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	Provided by DMAS
2b. Dollar Change	(\$30,563)	(\$1,252)	\$0	(\$13,755)	(\$915)	(\$7,814)	= (1a.) * (2a.)
3. Lab Fee Adjustment	-3.0%	-4.1%	0.0%	-3.5%	-3.7%	-3.6%	= (2b.) / ((1a.) + (1b.))

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Emergency Room Triage Adjustment
 Not MCO Enrolled**

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Total Claims in Physician - Other Practitioner, PCP, Specialist	\$12,291,487	\$1,676,125	\$18,398,484	\$7,195,224	\$2,623,338	\$7,200,257	CY14-15 FFS Invoices
2. CY14-15 Number of Claims in ER Triage Level 3	251	30	45	699	50	454	CY14-15 FFS Invoices
3. ER Cost No Triage Level 3	\$43.65	\$43.65	\$43.65	\$43.65	\$43.65	\$43.65	Provided by DMAS
4. ER Triage Cost	\$22.06	\$22.06	\$22.06	\$22.06	\$22.06	\$22.06	Provided by DMAS
5. CY17 ER Triage Financial Impact (2 years)	\$5,419	\$648	\$972	\$15,091	\$1,080	\$9,802	= (2.) * ((3.) - (4.))
6. CY17 ER Triage Adjustment	0.04%	0.04%	0.01%	0.21%	0.04%	0.14%	= (5.) / (1.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Resource Based Relative Value Scale Adjustment
 Not MCO Enrolled**

**Appendix B
 Exhibit 2k**

	All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Professional Fee Adjustment - Effective FY18	0.71%	0.71%	0.71%	0.71%	0.71%	0.71%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	95.5%	97.3%	98.3%	97.4%	98.4%	96.8%	CY14-15 FFS Invoices
3. Final Professional Fee Adjustment	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	= (1.) * (2.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Home Health and Rehab Adjustment
Not MCO Enrolled**

**Appendix B
Exhibit 2I**

		All Eligibles Nursing Home	Dual EDCD	NonDual EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. CY14-15 Claims in Service Categories	a. Home Health Services	\$159,565	\$83,385	\$381,295	\$692,737	\$174,698	\$123,621	CY14-15 FFS Invoices
	b. Physician - Other Practitioner	\$1,659,077	\$1,229,686	\$16,937,064	\$2,108,697	\$1,546,104	\$3,606,925	CY14-15 FFS Invoices
2. CY14-15 Claims Associated with Fee Change	a. Home Health	\$79,819	\$42,423	\$197,186	\$406,993	\$91,875	\$71,311	CY14-15 FFS Invoices
	b. Physician - Other Practitioner	\$81,045	\$8,678	\$1,000,393	\$593,737	\$188,897	\$219,311	CY14-15 FFS Invoices
3. FY17 Fee Change	a. Home Health Inflation	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	Provided by DMAS
	b. OP Rehab Inflation	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
4. Dollar Change	a. Home Health Services	\$1,357	\$721	\$3,352	\$6,919	\$1,562	\$1,212	= ((2a.) * (3a.))
	b. Physician - Other Practitioner	\$1,702	\$182	\$21,008	\$12,468	\$3,967	\$4,606	= ((2b.) * (3b.))
5. FY18 Fee Change	a. 50% of Home Health Inflation	1.15%	1.15%	1.15%	1.15%	1.15%	1.15%	Provided by DMAS
	b. 50% of OP Rehab Inflation	1.35%	1.35%	1.35%	1.35%	1.35%	1.35%	Provided by DMAS
6. Dollar Change	a. Home Health Services	\$934	\$496	\$2,306	\$4,760	\$1,075	\$834	= ((2a.) + (4a.)) * (5a.)
	b. Physician - Other Practitioner	\$1,117	\$120	\$13,789	\$8,184	\$2,604	\$3,023	= ((2b.) + (4b.)) * (5b.)
7. Home Health and Rehab Adjustment	a. Home Health Services	1.4%	1.5%	1.5%	1.7%	1.5%	1.7%	= ((4a.) + (6a.)) / (1a.)
	b. Physician - Other Practitioner	0.17%	0.02%	0.21%	0.98%	0.42%	0.21%	= ((4b.) + (6b.)) / (1b.)

Note: NonDuals EDCD uses only CY15 base data, Duals EDCD uses full CY14-15 base period data.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Non-Emergency Transportation Adjustment
Not MCO Enrolled

Appendix B
Exhibit 2m

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
Non-ER Transportation Rate	\$82.46	\$31.80	\$31.80	\$82.46	\$31.80	From DMAS - Rates Effective January 1, 2016 - Present - includes admin

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Managed Care Savings Adjustment
Not MCO Enrolled

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Managed Care Adjustment - All Service Categories	-0.2%	-4.8%	-2.0%	-2.0%	-1.2%	Provided by DMAS

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3a**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Dual Nursing Home Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	2.1%	0.0%	2.1%	-32.7%	49.4%	0.5%	14.4%	1.2866
Outpatient/ER	1.0%	5.5%	6.6%	4.7%	-23.6%	-20.0%	0.0%	0.8000
Physician/Professional	2.6%	1.1%	3.7%	10.2%	5.8%	16.6%	7.0%	1.3208
Pharmacy	0.1%	3.4%	3.5%	-5.2%	-12.9%	-17.4%	0.0%	0.8260
Nursing Facility*	0.3%	0.0%	0.3%	0.3%	-1.4%	-1.2%	0.0%	0.9888
HCBS/Home Health Services*	0.2%	0.0%	0.2%	40.2%	-29.7%	-1.4%	10.8%	1.1902
Mental Health/Substance Abuse	0.8%	-16.3%	-15.6%	17.8%	4.9%	23.5%	33.1%	2.0865
Ancillary/Other	1.0%	-4.6%	-3.7%	4.7%	-23.6%	-20.0%	0.0%	0.8000
Medicare Crossover	0.9%	1.9%	2.8%	1.3%	2.4%	3.7%	4.3%	1.1204
Weighted Average*	0.3%	0.0%	0.3%	0.2%	-1.2%	-1.1%	0.2%	0.9930

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1 + Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3b**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - NonDual Nursing Home Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	2.0%	0.2%	2.3%	12.3%	-12.3%	-1.5%	0.5%	0.9936
Outpatient/ER	2.5%	5.5%	8.2%	0.1%	0.2%	0.3%	5.1%	1.0990
Physician/Professional	2.2%	0.8%	3.0%	-3.0%	5.8%	2.6%	0.1%	1.0285
Pharmacy	0.2%	3.4%	3.6%	10.5%	-6.3%	3.5%	2.9%	1.0898
Nursing Facility*	0.5%	0.0%	0.5%	-1.6%	-1.7%	-3.2%	0.0%	0.9680
HCBS/Home Health Services*	1.8%	0.9%	2.7%	-16.2%	59.3%	33.5%	31.6%	2.2085
Mental Health/Substance Abuse	0.5%	-3.3%	-2.8%	-0.7%	27.8%	26.9%	31.3%	2.0919
Ancillary/Other	2.5%	-4.7%	-2.3%	0.1%	0.2%	0.3%	5.1%	1.0990
Medicare Crossover	0.0%	6.5%	6.5%	0.0%	0.0%	0.0%	0.0%	1.0000
Weighted Average*	0.8%	0.4%	1.2%	1.1%	-3.0%	-2.1%	0.5%	0.9875

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1 + Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3c**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Dual EDCD Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	0.8%	-3.8%	-3.0%	99.6%	-42.0%	15.7%	0.6%	1.1708
Outpatient/ER	0.9%	1.1%	2.0%	16.5%	-5.1%	10.5%	2.7%	1.1595
Physician/Professional	1.5%	0.3%	1.8%	30.0%	-15.7%	9.6%	0.5%	1.1057
Pharmacy	0.0%	-15.7%	-15.7%	-13.7%	-9.4%	-21.8%	0.0%	0.7820
Nursing Facility*	1.0%	6.2%	7.2%	23.2%	-21.2%	-3.0%	0.0%	0.9700
HCBS/Home Health Services*	0.2%	3.4%	3.6%	-0.6%	3.8%	3.1%	2.7%	1.0832
Mental Health/Substance Abuse	0.2%	0.6%	0.8%	-5.3%	16.3%	10.1%	6.3%	1.2304
Ancillary/Other	0.9%	-0.6%	0.3%	16.5%	-5.1%	10.5%	2.7%	1.1595
Medicare Crossover	0.8%	0.0%	0.8%	-0.3%	-1.6%	-1.9%	0.1%	0.9831
Weighted Average*	0.3%	3.0%	3.3%	0.8%	2.8%	3.1%	2.6%	1.0801

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1 + Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - NonDual EDCD Population
 Not MCO Enrolled**

**Appendix B
 Exhibit 3d**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	1.9%	-4.2%	-2.4%	3.4%	-0.6%	2.8%	0.0%	1.0139
Outpatient/ER	1.9%	1.1%	3.0%	3.4%	-0.6%	2.8%	0.0%	1.0139
Physician/Professional	1.9%	0.8%	2.7%	3.4%	-0.6%	2.8%	5.6%	1.1207
Pharmacy	0.0%	-2.5%	-2.4%	24.3%	-23.7%	-5.2%	0.0%	0.9737
Nursing Facility*	0.0%	2.8%	2.8%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.3%	2.8%	3.2%	0.3%	16.8%	17.1%	4.4%	1.1712
Mental Health/Substance Abuse	0.2%	0.3%	0.6%	-2.6%	35.8%	32.3%	28.5%	1.8218
Ancillary/Other	1.9%	0.0%	1.9%	3.4%	-0.6%	2.8%	0.0%	1.0139
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Weighted Average*	0.7%	1.7%	2.4%	2.5%	10.5%	12.6%	4.9%	1.1576

Months of Trend Applied	6	6	6	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1 + Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Dual DD Waivers Population
 Not MCO Enrolled**

**Appendix B
 Exhibit 3e**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		10.7%	11.4%					
Outpatient/ER		1.2%	1.9%					
Physician/Professional		1.0%	1.6%					
Pharmacy		-18.3%	-17.8%					
Nursing Facility*		0.0%	0.6%					
HCBS/Home Health Services*		1.7%	2.3%					
Mental Health/Substance Abuse		0.7%	1.3%					
Ancillary/Other		-1.3%	-0.7%					
Medicare Crossover		0.0%	0.6%					
Weighted Average*	0.6%	-1.1%	-0.5%	1.1%	-1.8%	-0.7%	0.0%	0.9930

Months of Trend Applied	12	12	12	22

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3f**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - NonDual DD Waivers Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-2.9%	-2.4%					
Outpatient/ER		1.2%	1.7%					
Physician/Professional		1.1%	1.6%					
Pharmacy		-3.6%	-3.1%					
Nursing Facility*		0.0%	0.5%					
HCBS/Home Health Services*		1.7%	2.2%					
Mental Health/Substance Abuse		0.6%	1.1%					
Ancillary/Other		-1.4%	-0.9%					
Medicare Crossover		0.0%	0.5%					
Weighted Average*	0.5%	-2.1%	-1.6%	-0.9%	-1.2%	-2.1%	2.5%	1.0239

Months of Trend Applied	12	12	12	22

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3g**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Technology Assisted Waiver Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-4.4%	-4.0%					
Outpatient/ER		2.3%	2.8%					
Physician/Professional		1.0%	1.5%					
Pharmacy		-2.7%	-2.2%					
Nursing Facility*		3.1%	3.6%					
HCBS/Home Health Services*		0.0%	0.5%					
Mental Health/Substance Abuse		0.7%	1.2%					
Ancillary/Other		-1.0%	-0.5%					
Medicare Crossover		0.0%	0.5%					
Weighted Average*	0.5%	-0.7%	-0.2%	-1.3%	-1.5%	-2.8%	0.0%	0.9720

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1 + Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3h**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Dual Community No LTSS Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	5.7%	6.3%	12.3%	111.6%	-62.8%	-21.2%	0.0%	0.7880
Outpatient/ER	1.8%	1.2%	3.0%	8.8%	-6.8%	1.4%	6.2%	1.1330
Physician/Professional	0.0%	0.7%	0.7%	21.6%	-12.6%	6.2%	0.0%	1.0620
Pharmacy	0.0%	-17.0%	-17.0%	0.7%	-6.3%	-5.7%	0.0%	0.9430
Nursing Facility*	2.1%	5.5%	7.8%	7.1%	3.1%	10.4%	5.9%	1.2255
HCBS/Home Health Services*	0.2%	3.4%	3.6%	-1.1%	-12.8%	-13.7%	0.0%	0.8630
Mental Health/Substance Abuse	0.3%	0.5%	0.8%	-0.4%	7.5%	7.1%	1.2%	1.0955
Ancillary/Other	1.8%	-1.1%	0.6%	8.8%	-6.8%	1.4%	6.2%	1.1330
Medicare Crossover	1.2%	0.0%	1.2%	-2.4%	-0.2%	-2.6%	1.0%	0.9919
Weighted Average*	2.1%	2.2%	4.4%	20.1%	-10.3%	-2.1%	2.2%	1.0187

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3i**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - NonDual Community No LTSS Population
Not MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-3.6%	-3.1%					
Outpatient/ER		1.3%	1.8%					
Physician/Professional		1.0%	1.5%					
Pharmacy		-2.5%	-2.0%					
Nursing Facility*		5.2%	5.8%					
HCBS/Home Health Services*		3.4%	3.9%					
Mental Health/Substance Abuse		0.3%	0.8%					
Ancillary/Other		-1.0%	-0.5%					
Medicare Crossover		0.0%	0.5%					
Weighted Average*	0.5%	-1.3%	-0.8%	-4.0%	4.6%	0.4%	0.7%	1.0167

Months of Trend Applied	12	12	12	22

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Pharmacy Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2a

	NonDual EDCD	NonDual DD Waivers	Source
1. Health Plan Drug Cost PMPM	\$507.33	\$398.84	CY14-15 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$473.93	\$385.51	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.3%	0.3%	From Plan Data
4. FY18 Effective Managed Care Rebate	2.1%	2.1%	From Plan Data
5. FY18 Managed Care Dispensing Fee PMPM	\$6.39	\$4.91	From Plan Data
6. Average PBM Admin Cost PMPM	\$2.92	\$2.50	From Plan Data
7. Adjusted PMPM with FY18 Pharmacy Pricing Arrangements	\$472.08	\$383.84	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
8. Pharmacy Adjustment	-6.9%	-3.8%	= (7.) / (1.) - 1

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
DMAS Formulary Adjustment
MCO Enrolled**

**Appendix B
Exhibit 2b**

	NonDual EDCD	NonDual DD Waivers	Source
DMAS Formulary Adjustment	1.0%	1.0%	Provided by DMAS

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
Hospital Inpatient Adjustments
MCO Enrolled**

**Appendix B
Exhibit 2c (i)**

	NonDual EDCD		NonDual DD Waivers		Source
	IP - Med/Surg	IP - Psych	IP - Med/Surg	IP - Psych	
1a. Total Claims in IP Service Categories	\$86,198,263	\$3,092,873	\$2,661,902	\$374,182	CY14-15 Health Plan Encounter Data
1b. Children Hospital King's Daughter IP Claims	\$539,703	\$0	\$15,047	\$0	CY14-15 Health Plan Encounter Data
2a. FY16 Capital Reimbursement Increase	-5.28%	-5.28%	-5.28%	-5.28%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	8.43%	8.43%	Provided by DMAS
4. % Excluded Claims from Freestanding Psych Hospitals	0.00%	10.20%	0.00%	20.12%	CY14-15 Health Plan Encounter Data
5a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
5b. Dollar Change	\$823,594	\$26,704	\$25,449	\$2,874	=((1a.) - (1b.)) * (1 - (3b.)) * (1 - (4.)) * (5a.)
6a. FY17 Hospital Rate Change - Rebasing	-2.65%	27.00%	-2.65%	27.00%	Provided by DMAS
6b. Dollar Change	(\$2,078,595)	\$686,683	(\$64,229)	\$73,903	= ((1a.) - (1b.)) * (1 - (3b.)) * (1 - (4.)) * (6a.)
7. Hospital Inpatient Adjustment	-1.5%	23.1%	-1.5%	20.5%	= ((5b.) + (6b.)) / (1a.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
Hospital Inpatient Adjustments For Children Hospital King's Daughter
MCO Enrolled

Appendix B
Exhibit 2c (ii)

	NonDual EDCD	NonDual DD Waivers	Source
	IP - Med/Surg	IP - Med/Surg	
1a. Total Claims in IP Service Categories (for all ages)	\$86,198,263	\$2,661,902	CY14-15 Health Plan Encounter Data
1b. Children Hospital King's Daughter IP Claims	\$539,703	\$15,047	CY14-15 Health Plan Encounter Data
2a. FY16 Capital Reimbursement Increase	1.9%	1.9%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	9.7%	9.7%	= ((3c.) - (3b.)) / (3b.)
3a. FY15 Hospital Capital Percentage	10.3%	10.3%	Provided by DMAS
3b. FY16 Hospital Capital Percentage	10.5%	10.5%	Provided by DMAS
3c. FY17-18 Hospital Capital Percentage	11.5%	11.5%	Provided by DMAS
4. % Excluded Claims from Freestanding Psych Hospitals	0.00%	0.00%	CY14-15 Health Plan Encounter Data
5a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	Provided by DMAS
5b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	Provided by DMAS
5c. Dollar Change	\$23,680	\$660	= ((1b.) * (1 - (3c.)) * (1 - (4.)) * ((1 + (5a.)) * (1 + (5b.)) - 1)
6a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	Provided by DMAS
6b. Dollar Change	(\$12,655)	(\$353)	= ((1b.) * (1 - (3c.)) * (1 - (4.)) * (6a.)
7. Hospital Inpatient Adjustment	0.013%	0.012%	= ((5c.) + (6b.)) / (1a.)

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Freestanding Psychiatric Hospital Rate Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2d

	NonDual EDCD	NonDual DD Waivers	Source
1a. CY14 Total Claims in IP Psych	\$1,185,232	\$267,115	CY14 Health Plan Encounter Data
1b. CY15 Total Claims in IP Psych	\$1,907,641	\$107,067	CY15 Health Plan Encounter Data
2. CY14-15 Hospital Capital Percentage	4.9%	4.9%	Provided by DMAS
3. % Claims from Freestanding Psych Hospitals	10.2%	20.1%	CY14-15 Health Plan Encounter Data
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$3,150	\$752	$= ((1a.) + (1b.)) * (1 - (2.)) * (3.) * (4a.)$
5a. FY17 Hospital Rate Change - Rebasing	2.5%	2.5%	Provided by DMAS
5b. Dollar Change	\$7,500	\$1,789	$= ((1a.) + (1b.)) * (1 - (2.)) * (3.) * (5a.)$
6. Freestanding Psychiatric Hospital Rate Adjustment	0.3%	0.7%	$= ((4b.) + (5b.)) / ((1a.) + (1b.))$

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Hospital Outpatient Adjustments
 MCO Enrolled

Appendix B
 Exhibit 2e (i)

	NonDual EDCD		NonDual DD Waivers		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1a. Total Claims in OP Service Categories	\$9,317,486	\$31,034,823	\$425,775	\$1,313,241	CY14-15 Health Plan Encounter Data
1b. Children's Hospital of The King's Daughters OP Claims	\$74,644	\$891,834	\$1,070	\$25,305	CY14-15 Health Plan Encounter Data
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	2.80%	Provided by DMAS
2c. Dollar Change	\$358,567	\$1,169,367	\$16,476	\$49,964	$= ((1a.) - (1b.)) * ((1 + (2a.)) * (1 + (2b.)) - 1)$
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$9,243	\$30,143	\$425	\$1,288	$= ((1a.) - (1b.)) * (3a.)$
4. Hospital Outpatient Adjustment	3.95%	3.87%	3.97%	3.90%	$= ((2c.) + (3b.)) / (1a.)$

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters
 MCO Enrolled

Appendix B
 Exhibit 2e (ii)

	NonDual EDCD		NonDual DD Waivers		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1a. Total Claims in OP Service Categories (for all ages)	\$9,317,486	\$31,034,823	\$425,775	\$1,313,241	CY14-15 Health Plan Encounter Data
1b. Children Hospital King's Daughter OP Claims	\$74,644	\$891,834	\$1,070	\$25,305	CY14-15 Health Plan Encounter Data
2a. FY17 Hospital Rate Change - Unit Cost	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	2.8%	2.8%	2.8%	2.8%	Provided by DMAS
2c. Dollar Change	\$3,701	\$44,224	\$53	\$1,255	= (1b.) * ((1 + (2a.)) * (1 + (2b.)) - 1)
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$75	\$892	\$1	\$25	= (1b.) * (3a.)
4. Hospital Outpatient Adjustment	0.04%	0.15%	0.01%	0.10%	= ((2c.) + (3b.)) / (1a.)

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Exempt Infant Formula Carveout Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2f

	NonDual EDCD	DD Waivers	Source
1. Claims Associated with Exempt Infant Formula	\$175,846	\$6,735	CY14-15 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$20,928,916	\$1,336,230	CY14-15 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-0.8%	-0.5%	= (1.) / (2.)

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 DME Fee Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2g

	NonDual EDCD	NonDual DD Waivers	Source
1. Claims Associated with DME/Supplies Service Category	\$20,928,916	\$1,336,230	CY14-15 Health Plan Encounter Data
2. Jan 2014 - Jun 2014 claims subject to DME Fee Adjustment	\$758,767	\$56,955	Provided by DMAS
3a. FY15 DME Fee Change	-28.0%	-36.2%	Provided by DMAS
3b. Dollar Change	(\$212,684)	(\$20,626)	= (2.) * (3a.)
4. DME Fee Adjustment	-1.0%	-1.5%	= (3b.) / (1.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
Hepatitis C Treatment Adjustment
MCO Enrolled

Appendix B
Exhibit 2h

	NonDual EDCD	NonDual DD Waivers	Source
1. Total Claims in Pharmacy	\$69,149,942	\$8,226,086	CY14-15 Health Plan Encounter Data
2. Unique Individuals in Base Period	9,911	1,147	CY14-15 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	3.4%	2.1%	CY14-15 Health Plan Encounter Data
3b. Number of Individuals Being Tested	339	24	CY14-15 Health Plan Encounter Data
3c. Projected Testing Change in FY18	35%	35%	Estimate
3d. Additional Number of People Being Tested	119	8	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$72.26	\$72.26	CY14-15 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	3.49%	0.17%	CY14-15 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	346	2	CY14-15 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	363	2	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	5.8%	0.0%	CY14-15 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	20	0	CY14-15 Health Plan Encounter Data
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Current Protocols	0%	0%	Estimate
5d. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - New Protocols (Eff. Jul 2016 and Eff. Jan 2017; both protocols combined)	60%	60%	Estimate
5e. Projected Number of Additional People Going Through Drug Therapy	14	0	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$100,448	\$100,448	CY14-15 Health Plan Encounter Data
5g. Projected Average Cost of Drug Therapy	\$70,000	\$70,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$351,613	\$607	= ((3d.) * (3e.)) + ((5g.) - (5f.)) * (5b.) + (5e.) * (5g.)
7. Hepatitis C Treatment Adjustment	0.51%	0.01%	= (6.) / (1.)

Note: The Hepatitis C adjustment is evaluated for the adults only and is adjusted over all ages in the base data.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Emergency Room Triage Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2i

	NonDual EDCD	NonDual DD Waivers	Source
1. Total Claims in Prof - Evaluation & Management	\$14,890,291	\$1,093,054	CY14-15 Health Plan Encounter Data
2. CY14-15 Number of Claims in ER Triage Level 3	883	101	CY14-15 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$43.80	\$43.80	CY14-15 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. CY17 ER Triage Financial Impact (2 years)	\$19,198	\$2,196	= (2.) * ((3.) - (4.))
6. CY17 ER Triage Adjustment	0.1%	0.2%	= (5.) / (1.)

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Resource Based Relative Value Scale Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2j

	NonDual EDCD	NonDual DD Waivers	Source
1. Professional Fee Adjustment - Effective FY18	-0.19%	-0.19%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	86%	81%	CY14-15 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.16%	-0.15%	= (1.) * (2.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
Managed Care Savings Adjustment
MCO Enrolled

Appendix B
Exhibit 2k

	NonDual EDCD	NonDual DD Waivers	Source
1. Managed Care Adjustment - All Service Categories	0%	0%	Provided by DMAS

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - EDCD
 MCO Enrolled**

**Appendix B
 Exhibit 3a**

EDCD All Ages Categories								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		-1.4%	0.4%					
Inpatient Psychiatric		23.4%	25.7%					
Outpatient Hospital		3.6%	5.5%					
Practitioner		-0.1%	1.8%					
Prescription Drug		-5.5%	-3.7%					
Other		-1.4%	0.5%					
Weighted Average²	1.9%	-1.1%	0.8%	3.3%	-1.2%	2.1%	2.8%	1.0744
Months of Trend Applied				12	12	12	22	

¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY14-15), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY14-15 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY14-15 incurred claims paid through Feb 2016.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY13-15 incurred claims paid through Feb 2016.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

**Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 HAP - Health Plan Encounter Data
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - DD Waivers
 MCO Enrolled**

**Appendix B
 Exhibit 3b**

DD Waivers All Ages Categories								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		-1.4%	-0.3%					
Inpatient Psychiatric		21.2%	22.6%					
Outpatient Hospital		3.8%	5.1%					
Practitioner		-0.1%	1.1%					
Prescription Drug		-2.8%	-1.6%					
Other		-1.6%	-0.4%					
Weighted Average²	1.2%	-0.8%	0.3%	-0.2%	9.3%	9.0%	7.1%	1.2354
Months of Trend Applied				12	12	12	22	

¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY14-15), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY14-15 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY14-15 incurred claims paid through Feb 2016.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY13-15 incurred claims paid through Feb 2016.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Historical Fee-for-Service Claims
 Hospital Inpatient Adjustment
 MCO Enrolled

Appendix B
 Exhibit 2a

	NonDual EDCD	NonDual DD Waivers	Source
1a. Total Claims in IP Med/Surg	\$50,037	\$33,214	CY14-15 FFS Invoices
1b. Children Hospital King's Daughter IP Med/Surg	\$0	\$0	CY14-15 FFS Invoices
2a. FY16 Capital Reimbursement Decrease	-5.3%	-5.3%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Decrease	0.0%	0.0%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$481	\$319	=((1a.) - (1b.)) * (1 - (3b.)) * (4a.)
5a. FY17 Hospital Rate Change - Rebasing	-7.25%	-7.25%	Provided by DMAS
5b. Dollar Change	(\$3,322)	(\$2,205)	=((1a.) - (1b.)) * (1 - (3b.)) * (5a.)
6. Hospital Inpatient Adjustment	-5.7%	-5.7%	= ((4b.) + (5b.)) / (1a.)

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Personal Care and Respite Care Adjustment
MCO Enrolled**

**Appendix B
Exhibit 2b**

		NonDual EDCD	NonDual DD Waivers	Source
1.	CY14-15 Claims in Service Categories			
	a. Personal Care Agency - Personal Care	\$91,174,397	\$0	CY14-15 FFS Invoices
	b. Personal Care Agency - Respite Care	\$14,825,940	\$0	CY14-15 FFS Invoices
	c. Consumer Directed - Personal Care	\$106,477,789	\$0	CY14-15 FFS Invoices
	d. Consumer Directed - Respite Care	\$22,821,977	\$0	CY14-15 FFS Invoices
2.	January 1, 2014 to June 30, 2015 Claims Associated with Fee Changes			
	a. Personal Care Agency - Personal Care	\$59,632,301	\$0	FFS Invoices - January 1, 2014 to June 30, 2015
	b. Personal Care Agency - Respite Care	\$9,172,224	\$0	FFS Invoices - January 1, 2014 to June 30, 2015
	c. Consumer Directed - Personal Care	\$69,518,601	\$0	FFS Invoices - January 1, 2014 to June 30, 2015
	d. Consumer Directed - Respite Care	\$12,777,864	\$0	FFS Invoices - January 1, 2014 to June 30, 2015
3.	July 1, 2015 to December 31, 2015 Claims Associated with Fee Changes			
	a. Personal Care Agency - Personal Care	\$31,542,095	\$0	FFS Invoices - July 1, 2015 to December 31, 2015
	b. Personal Care Agency - Respite Care	\$5,653,716	\$0	FFS Invoices - July 1, 2015 to December 31, 2015
	c. Consumer Directed - Personal Care	\$36,959,189	\$0	FFS Invoices - July 1, 2015 to December 31, 2015
	d. Consumer Directed - Respite Care	\$10,044,113	\$0	FFS Invoices - July 1, 2015 to December 31, 2015
4a.	FY16 Fee Change	2.0%	2.0%	Provided by DMAS, Effective July 1, 2015
4b.	FY17 Fee Change	2.0%	2.0%	Provided by DMAS, Effective July 1, 2016
5.	Dollar Change			
	a. Personal Care Agency - Personal Care	\$3,039,987	\$0	= (2a.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3a.) * (4b.)
	b. Personal Care Agency - Respite Care	\$483,632	\$0	= (2b.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3b.) * (4b.)
	c. Consumer Directed - Personal Care	\$3,547,735	\$0	= (2c.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3c.) * (4b.)
	d. Consumer Directed - Respite Care	\$717,108	\$0	= (2d.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3d.) * (4b.)
6.	Personal Care and Respite Care Adjustment			
	a. Personal Care Agency - Personal Care	3.33%	N/A	= (5a.) / (1a.)
	b. Personal Care Agency - Respite Care	3.26%	N/A	= (5b.) / (1b.)
	c. Consumer Directed - Personal Care	3.33%	N/A	= (5c.) / (1c.)
	d. Consumer Directed - Respite Care	3.14%	N/A	= (5d.) / (1d.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
DME Fee Adjustment
MCO Enrolled

Appendix B
Exhibit 2c

	NonDual EDCD	NonDual DD Waivers	Source
1. Claims Associated with DME/Supplies Service Category	\$2,715,644	\$225,947	CY14-15 FFS Invoices
2. Jan 2014 - Jun 2014 claims subject to DME Fee Adjustment	\$39,547	\$10,567	Provided by DMAS
3a. FY15 DME Fee Change	-32.4%	-34.6%	Provided by DMAS
3b. Dollar Change	(\$12,813)	(\$3,656)	= (2.) * (3a.)
4. DME Fee Adjustment	-0.5%	-1.6%	= (3b.) / (1.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Resource Based Relative Value Scale Adjustment
MCO Enrolled

Appendix B
Exhibit 2d

	NonDual EDCD	NonDual DD Waivers	Source
1. Professional Fee Adjustment - Effective FY18	0.71%	0.71%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	100.0%	100.0%	CY14-15 FFS Invoices
3. Final Professional Fee Adjustment	0.7%	0.7%	= (1.) * (2.)

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Non-Emergency Transportation Adjustment
MCO Enrolled

Appendix B
Exhibit 2e

	NonDual EDCD	NonDual DD Waivers	Source
Non-ER Transportation Rate	\$31.80	\$31.80	From DMAS - Rates Effective January 1, 2016 - Present - includes admin

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Managed Care Savings Adjustment
MCO Enrolled

Appendix B
Exhibit 2f

	NonDual EDCD	NonDual DD Waivers	Source
1. Managed Care Adjustment - All Service Categories	-6.0%	-2.3%	Provided by DMAS

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - EDCD Population
MCO Enrolled**

**Appendix B
Exhibit 3a**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	0.0%	-5.7%	-5.7%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	1.8%	0.7%	2.5%	-1.3%	2.0%	0.7%	0.0%	1.0070
Pharmacy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.2%	3.2%	3.4%	-0.2%	3.3%	3.1%	2.2%	1.0727
Mental Health/Substance Abuse	0.1%	0.6%	0.8%	-20.7%	33.0%	5.4%	6.2%	1.1761
Ancillary/Other	4.0%	-0.5%	3.5%	15.4%	6.3%	22.8%	15.5%	1.6005
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Weighted Average*	0.3%	3.1%	3.4%	-0.5%	3.9%	3.3%	2.4%	1.0789

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development**

**Appendix B
Exhibit 3b**

**Historical Fee-for-Service Claims
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - DD Waivers Population
MCO Enrolled**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	0.0%	-5.7%	-5.7%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	0.3%	0.7%	1.0%	-2.4%	16.2%	13.3%	16.2%	1.4923
Pharmacy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.3%	0.0%	0.3%	-2.4%	16.2%	13.3%	16.2%	1.4923
Mental Health/Substance Abuse	0.3%	0.7%	1.0%	-2.4%	16.2%	13.3%	16.2%	1.4923
Ancillary/Other	0.3%	-1.6%	-1.3%	-2.4%	16.2%	13.3%	16.2%	1.4923
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Weighted Average*	0.3%	0.0%	0.2%	-2.4%	15.7%	12.9%	15.7%	1.4746

Months of Trend Applied	12	12	12	22
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

Data period trend are applied from the midpoint of the data period to the end of the data period using compound interest calculations. Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest.

Total Trend & IBNR = [(1 + Data Period Trend) ^ (months/12) * (1+ Contract Period Utilization Trend) ^ (months/12) * (1 + IBNR Adjustment)]

*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2014-2015 Claims)

* Nursing Facility and HCBS/Home Health Services IBNR and Trend include Medicaid Payments and Patient Payments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Central Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$79	\$0	\$0	\$2	\$81	1.19	\$97	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Community Behavioral Health	\$1,108	\$0	\$9	\$0	\$1,117	2.09	\$2,331	\$0.03
Consumer Directed - Personal Care	\$24,571	\$3,259	\$62	\$1,077	\$28,969	1.19	\$34,478	\$0.45
Consumer Directed - Respite Care	\$6,907	\$0	\$15	\$266	\$7,188	1.19	\$8,555	\$0.11
DME/Supplies	\$52,672	\$0	\$518	(\$578)	\$52,612	0.80	\$42,090	\$0.55
FQHC	\$1,837	\$0	\$47	\$0	\$1,885	1.32	\$2,489	\$0.03
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Hospice Care	\$1,094,679	\$127,716	\$31,395	\$0	\$1,253,790	1.32	\$1,655,956	\$21.81
Inpatient - Medical/Surgical	\$1,138,455	\$1	\$23,925	(\$63,010)	\$1,099,371	1.29	\$1,414,461	\$18.63
Inpatient - Psych	\$121,408	\$49,976	\$3,602	\$44,946	\$219,931	1.29	\$282,965	\$3.73
Lab and X-ray Services	\$24,934	\$0	\$245	(\$765)	\$24,415	0.80	\$19,532	\$0.26
Medicare Xover - IP	\$1,900,899	\$250	\$17,056	\$0	\$1,918,205	1.12	\$2,149,236	\$28.30
Medicare Xover - Nursing Facility	\$2,171,293	\$26,545	\$19,718	\$0	\$2,217,556	1.12	\$2,484,641	\$32.72
Medicare Xover - OP	\$495,815	\$521	\$4,453	\$0	\$500,789	1.12	\$561,105	\$7.39
Medicare Xover - Other	\$257,356	\$48	\$2,309	\$0	\$259,713	1.12	\$290,993	\$3.83
Medicare Xover - Physician	\$2,148,403	\$219	\$19,276	\$0	\$2,167,898	1.12	\$2,429,002	\$31.99
Nursing Facility	\$278,134,787	\$72,080,227	\$898,609	\$19,389,877	\$370,503,501	0.99	\$366,337,159	\$4,824.16
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Outpatient - Other	\$77,048	\$0	\$757	\$1,002	\$78,807	0.80	\$63,046	\$0.83
Outpatient - Psychological	\$505	\$389	\$9	\$0	\$903	0.80	\$722	\$0.01
Personal Care Agency - Personal Care	\$36,517	\$1,646	\$85	\$1,319	\$39,567	1.19	\$47,091	\$0.62
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$1,297,464	\$0	\$1,117	(\$220,862)	\$1,077,719	0.83	\$890,196	\$11.72
Physician - Clinic	\$44,692	\$0	\$1,148	\$311	\$46,151	1.32	\$60,954	\$0.80
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Physician - OP Mental Health	\$35,512	\$3,790	\$330	\$269	\$39,901	2.09	\$83,252	\$1.10
Physician - Other Practitioner	\$34,317	\$0	\$881	\$314	\$35,513	1.32	\$46,904	\$0.62
Physician - PCP	\$108,202	\$0	\$2,779	\$801	\$111,783	1.32	\$147,638	\$1.94
Physician - Specialist	\$94,362	\$273	\$2,431	\$701	\$97,766	1.32	\$129,126	\$1.70
Transportation - Emergency	\$10,628	\$0	\$104	\$0	\$10,732	0.80	\$8,586	\$0.11
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$289,314,452	\$72,294,858	\$1,030,882	\$19,155,669	\$381,795,861		\$379,192,603	\$5,075.91
Managed Care Adjustment								-0.07%
Base Rate								\$5,072.46

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Charlottesville Western Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Community Behavioral Health	\$1,231	\$0	\$10	\$0	\$1,241	2.09	\$2,590	\$0.04
Consumer Directed - Personal Care	\$36,717	\$214	\$82	\$1,429	\$38,443	1.19	\$45,753	\$0.77
Consumer Directed - Respite Care	\$16,365	\$0	\$36	\$629	\$17,031	1.19	\$20,269	\$0.34
DME/Supplies	\$61,810	\$0	\$608	(\$678)	\$61,739	0.80	\$49,391	\$0.83
FQHC	\$1,853	\$737	\$67	\$0	\$2,657	1.32	\$3,509	\$0.06
Home Health Services	\$4,641	\$0	\$10	\$67	\$4,718	1.19	\$5,615	\$0.09
Hospice Care	\$486,101	\$74,493	\$14,398	\$0	\$574,991	1.32	\$759,425	\$12.78
Inpatient - Medical/Surgical	\$1,069,961	\$0	\$22,485	(\$59,219)	\$1,033,227	1.29	\$1,329,360	\$22.36
Inpatient - Psych	\$216,730	\$87,424	\$6,392	\$79,765	\$390,311	1.29	\$502,178	\$8.45
Lab and X-ray Services	\$7,331	\$0	\$72	(\$225)	\$7,178	0.80	\$5,743	\$0.10
Medicare Xover - IP	\$1,443,542	\$0	\$12,951	\$0	\$1,456,492	1.12	\$1,631,914	\$27.45
Medicare Xover - Nursing Facility	\$1,797,220	\$89,640	\$16,928	\$0	\$1,903,788	1.12	\$2,133,083	\$35.89
Medicare Xover - OP	\$557,664	\$0	\$5,003	\$0	\$562,667	1.12	\$630,435	\$10.61
Medicare Xover - Other	\$207,319	\$15	\$1,860	\$0	\$209,194	1.12	\$234,390	\$3.94
Medicare Xover - Physician	\$1,584,130	\$197	\$14,214	\$0	\$1,598,541	1.12	\$1,791,071	\$30.13
Nursing Facility	\$219,258,181	\$49,617,676	\$689,903	\$14,886,483	\$284,452,243	0.99	\$281,253,554	\$4,731.59
Other Waiver Services	\$10,456	\$0	\$23	\$0	\$10,479	1.19	\$12,472	\$0.21
Outpatient - Other	\$69,797	\$0	\$686	\$907	\$71,391	0.80	\$57,113	\$0.96
Outpatient - Psychological	\$462	\$501	\$9	\$0	\$973	0.80	\$778	\$0.01
Personal Care Agency - Personal Care	\$50,457	\$193	\$113	\$1,751	\$52,514	1.19	\$62,500	\$1.05
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$755,089	\$0	\$650	(\$128,536)	\$627,203	0.83	\$518,070	\$8.72
Physician - Clinic	\$5,788	\$0	\$149	\$40	\$5,977	1.32	\$7,894	\$0.13
Physician - IP Mental Health	\$102	\$0	\$1	\$1	\$104	2.09	\$217	\$0.00
Physician - OP Mental Health	\$11,835	\$2,379	\$119	\$97	\$14,431	2.09	\$30,110	\$0.51
Physician - Other Practitioner	\$28,420	\$152	\$734	\$261	\$29,568	1.32	\$39,052	\$0.66
Physician - PCP	\$71,226	\$0	\$1,829	\$528	\$73,583	1.32	\$97,186	\$1.63
Physician - Specialist	\$37,920	\$828	\$995	\$287	\$40,030	1.32	\$52,870	\$0.89
Transportation - Emergency	\$7,315	\$0	\$72	\$0	\$7,387	0.80	\$5,910	\$0.10
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$227,799,663	\$49,874,449	\$790,400	\$14,783,587	\$293,248,100		\$291,282,450	\$4,982.77
Managed Care Adjustment								-0.07%
Base Rate								\$4,979.30

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Northern & Winchester Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Community Behavioral Health	\$871	\$0	\$7	\$0	\$879	2.09	\$1,834	\$0.03
Consumer Directed - Personal Care	\$92,015	\$210	\$206	\$3,569	\$96,000	1.19	\$114,256	\$2.14
Consumer Directed - Respite Care	\$5,667	\$0	\$13	\$218	\$5,898	1.19	\$7,019	\$0.13
DME/Supplies	\$129,922	\$0	\$1,277	(\$1,426)	\$129,773	0.80	\$103,819	\$1.94
FQHC	\$236	\$0	\$6	\$0	\$242	1.32	\$319	\$0.01
Home Health Services	\$6,107	\$0	\$14	\$88	\$6,208	1.19	\$7,389	\$0.14
Hospice Care	\$1,117,102	\$92,248	\$31,060	\$0	\$1,240,409	1.32	\$1,638,283	\$30.67
Inpatient - Medical/Surgical	\$1,789,280	\$0	\$37,602	(\$99,032)	\$1,727,851	1.29	\$2,223,069	\$41.61
Inpatient - Psych	\$263,567	\$53,015	\$6,653	\$83,024	\$406,259	1.29	\$522,697	\$9.78
Lab and X-ray Services	\$13,725	\$0	\$135	(\$421)	\$13,439	0.80	\$10,751	\$0.20
Medicare Xover - IP	\$1,127,647	(\$0)	\$10,117	\$0	\$1,137,763	1.12	\$1,274,797	\$23.86
Medicare Xover - Nursing Facility	\$1,321,282	\$29,871	\$12,122	\$0	\$1,363,274	1.12	\$1,527,469	\$28.59
Medicare Xover - OP	\$527,635	\$483	\$4,738	\$0	\$532,856	1.12	\$597,034	\$11.18
Medicare Xover - Other	\$122,436	\$0	\$1,098	\$0	\$123,535	1.12	\$138,414	\$2.59
Medicare Xover - Physician	\$1,294,338	\$66	\$11,613	\$0	\$1,306,016	1.12	\$1,463,315	\$27.39
Nursing Facility	\$238,211,090	\$51,412,232	\$743,138	\$16,035,180	\$306,401,640	0.99	\$302,956,128	\$5,670.78
Other Waiver Services	\$7,016	\$0	\$16	\$0	\$7,032	1.19	\$8,369	\$0.16
Outpatient - Other	\$111,226	\$0	\$1,093	\$1,446	\$113,765	0.80	\$91,012	\$1.70
Outpatient - Psychological	\$939	\$2,065	\$30	\$0	\$3,034	0.80	\$2,427	\$0.05
Personal Care Agency - Personal Care	\$133,716	\$108	\$298	\$4,626	\$138,748	1.19	\$165,132	\$3.09
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$1,140,986	\$0	\$982	(\$194,226)	\$947,743	0.83	\$782,835	\$14.65
Physician - Clinic	\$79,291	\$0	\$2,036	\$551	\$81,879	1.32	\$108,143	\$2.02
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Physician - OP Mental Health	\$18,166	\$4,451	\$190	\$155	\$22,961	2.09	\$47,908	\$0.90
Physician - Other Practitioner	\$52,033	\$256	\$1,343	\$478	\$54,110	1.32	\$71,466	\$1.34
Physician - PCP	\$142,790	\$60	\$3,669	\$1,058	\$147,577	1.32	\$194,913	\$3.65
Physician - Specialist	\$76,231	\$2,053	\$2,011	\$580	\$80,874	1.32	\$106,816	\$2.00
Transportation - Emergency	\$12,463	\$0	\$123	\$0	\$12,586	0.80	\$10,068	\$0.19
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$247,797,776	\$51,597,117	\$871,588	\$15,835,869	\$316,102,351		\$314,175,682	\$5,963.25
Managed Care Adjustment								-0.07%
Base Rate								\$5,958.85

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Roanoke/Alleghany Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$13,189	\$0	\$29	\$329	\$13,547	1.19	\$16,123	\$0.32
Case Management Services	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Community Behavioral Health	\$2,966	\$0	\$25	\$0	\$2,991	2.09	\$6,241	\$0.13
Consumer Directed - Personal Care	\$66,085	\$1,576	\$151	\$2,619	\$70,431	1.19	\$83,824	\$1.69
Consumer Directed - Respite Care	\$15,144	\$0	\$34	\$582	\$15,760	1.19	\$18,757	\$0.38
DME/Supplies	\$40,043	\$0	\$394	(\$440)	\$39,997	0.80	\$31,998	\$0.64
FQHC	\$1,190	\$622	\$47	\$0	\$1,858	1.32	\$2,454	\$0.05
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Hospice Care	\$596,795	\$78,604	\$17,346	\$0	\$692,745	1.32	\$914,950	\$18.42
Inpatient - Medical/Surgical	\$309,840	\$0	\$6,511	(\$17,149)	\$299,203	1.29	\$384,957	\$7.75
Inpatient - Psych	\$522,711	\$82,803	\$12,725	\$158,797	\$777,036	1.29	\$999,742	\$20.13
Lab and X-ray Services	\$19,704	\$0	\$194	(\$604)	\$19,294	0.80	\$15,435	\$0.31
Medicare Xover - IP	\$1,069,323	(\$0)	\$9,593	\$0	\$1,078,917	1.12	\$1,208,863	\$24.34
Medicare Xover - Nursing Facility	\$1,541,802	\$22,859	\$14,037	\$0	\$1,578,699	1.12	\$1,768,840	\$35.61
Medicare Xover - OP	\$430,394	\$0	\$3,861	\$0	\$434,256	1.12	\$486,558	\$9.79
Medicare Xover - Other	\$146,449	\$17	\$1,314	\$0	\$147,780	1.12	\$165,579	\$3.33
Medicare Xover - Physician	\$1,218,253	\$214	\$10,931	\$0	\$1,229,399	1.12	\$1,377,470	\$27.73
Nursing Facility	\$177,613,116	\$42,301,586	\$564,275	\$12,175,718	\$232,654,694	0.99	\$230,038,473	\$4,630.88
Other Waiver Services	\$95,303	\$0	\$212	\$0	\$95,515	1.19	\$113,679	\$2.29
Outpatient - Other	\$33,835	\$0	\$333	\$440	\$34,607	0.80	\$27,686	\$0.56
Outpatient - Psychological	\$30	\$0	\$0	\$0	\$30	0.80	\$24	\$0.00
Personal Care Agency - Personal Care	\$15,354	\$160	\$35	\$536	\$16,084	1.19	\$19,143	\$0.39
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$842,116	\$0	\$725	(\$143,350)	\$699,491	0.83	\$577,780	\$11.63
Physician - Clinic	\$42,405	\$0	\$1,089	\$295	\$43,789	1.32	\$57,835	\$1.16
Physician - IP Mental Health	\$110	\$30	\$1	\$1	\$143	2.09	\$298	\$0.01
Physician - OP Mental Health	\$15,323	\$3,657	\$159	\$130	\$19,269	2.09	\$40,204	\$0.81
Physician - Other Practitioner	\$49,564	\$0	\$1,273	\$453	\$51,290	1.32	\$67,742	\$1.36
Physician - PCP	\$41,265	\$0	\$1,060	\$306	\$42,631	1.32	\$56,305	\$1.13
Physician - Specialist	\$42,126	\$1,386	\$1,118	\$322	\$44,952	1.32	\$59,370	\$1.20
Transportation - Emergency	\$4,891	\$0	\$48	\$0	\$4,939	0.80	\$3,951	\$0.08
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$184,789,326	\$42,493,515	\$647,520	\$12,178,985	\$240,109,345		\$238,544,277	\$4,884.57
Managed Care Adjustment								-0.07%
Base Rate								\$4,880.96

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Southwest Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Community Behavioral Health	\$629	\$0	\$5	\$0	\$635	2.09	\$1,324	\$0.04
Consumer Directed - Personal Care	\$9,640	\$29	\$22	\$374	\$10,065	1.19	\$11,979	\$0.35
Consumer Directed - Respite Care	\$1,260	\$0	\$3	\$48	\$1,312	1.19	\$1,561	\$0.05
DME/Supplies	\$52,456	\$0	\$516	(\$576)	\$52,396	0.80	\$41,917	\$1.21
FQHC	\$1,315	\$0	\$34	\$0	\$1,349	1.32	\$1,782	\$0.05
Home Health Services	\$518	\$0	\$1	\$7	\$527	1.19	\$627	\$0.02
Hospice Care	\$330,457	\$23,270	\$9,085	\$0	\$362,812	1.32	\$479,187	\$13.86
Inpatient - Medical/Surgical	\$407,806	\$0	\$8,570	(\$22,571)	\$393,805	1.29	\$506,674	\$14.66
Inpatient - Psych	\$25,924	\$51,385	\$1,625	\$20,274	\$99,208	1.29	\$127,643	\$3.69
Lab and X-ray Services	\$8,409	\$0	\$83	(\$258)	\$8,234	0.80	\$6,587	\$0.19
Medicare Xover - IP	\$817,888	(\$0)	\$7,338	\$0	\$825,226	1.12	\$924,617	\$26.75
Medicare Xover - Nursing Facility	\$1,208,513	\$17,582	\$11,000	\$0	\$1,237,095	1.12	\$1,386,093	\$40.10
Medicare Xover - OP	\$285,026	\$0	\$2,557	\$0	\$287,583	1.12	\$322,220	\$9.32
Medicare Xover - Other	\$107,867	\$0	\$968	\$0	\$108,835	1.12	\$121,943	\$3.53
Medicare Xover - Physician	\$774,362	\$626	\$6,953	\$0	\$781,941	1.12	\$876,119	\$25.35
Nursing Facility	\$112,689,520	\$25,951,103	\$355,735	\$7,675,926	\$146,672,285	0.99	\$145,022,943	\$4,195.52
Other Waiver Services	\$8,222	\$0	\$18	\$0	\$8,241	1.19	\$9,808	\$0.28
Outpatient - Other	\$34,312	\$0	\$337	\$446	\$35,095	0.80	\$28,076	\$0.81
Outpatient - Psychological	\$157	\$0	\$2	\$0	\$158	0.80	\$127	\$0.00
Personal Care Agency - Personal Care	\$8,123	\$381	\$19	\$294	\$8,817	1.19	\$10,494	\$0.30
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$501,371	\$0	\$432	(\$85,346)	\$416,456	0.83	\$343,993	\$9.95
Physician - Clinic	\$17,283	\$0	\$444	\$120	\$17,847	1.32	\$23,571	\$0.68
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	2.09	\$0	\$0.00
Physician - OP Mental Health	\$7,598	\$1,478	\$76	\$62	\$9,213	2.09	\$19,223	\$0.56
Physician - Other Practitioner	\$13,576	\$0	\$349	\$124	\$14,048	1.32	\$18,555	\$0.54
Physician - PCP	\$39,523	\$0	\$1,015	\$293	\$40,831	1.32	\$53,927	\$1.56
Physician - Specialist	\$22,562	\$447	\$591	\$170	\$23,770	1.32	\$31,395	\$0.91
Transportation - Emergency	\$9,228	\$0	\$91	\$0	\$9,318	0.80	\$7,455	\$0.22
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$117,383,543	\$26,046,302	\$407,866	\$7,589,390	\$151,427,101		\$150,379,836	\$4,432.96
Managed Care Adjustment								-0.07%
Base Rate								\$4,429.81

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Tidewater Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Case Management Services	\$526	\$0	\$4	\$0	\$531	2.09	\$1,107	\$0.02
Community Behavioral Health	\$946	\$0	\$8	\$0	\$954	2.09	\$1,991	\$0.04
Consumer Directed - Personal Care	\$1,653	\$0	\$4	\$64	\$1,720	1.19	\$2,047	\$0.04
Consumer Directed - Respite Care	\$34	\$0	\$0	\$1	\$36	1.19	\$42	\$0.00
DME/Supplies	\$52,820	\$0	\$519	(\$580)	\$52,760	0.80	\$42,208	\$0.84
FQHC	\$0	\$0	\$0	\$0	\$0	1.32	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Hospice Care	\$556,454	\$71,186	\$16,120	\$0	\$643,759	1.32	\$850,252	\$16.94
Inpatient - Medical/Surgical	\$862,767	\$0	\$18,131	(\$47,752)	\$833,146	1.29	\$1,071,934	\$21.36
Inpatient - Psych	\$20,871	\$20,759	\$875	\$10,917	\$53,421	1.29	\$68,732	\$1.37
Lab and X-ray Services	\$9,175	\$0	\$90	(\$281)	\$8,984	0.80	\$7,187	\$0.14
Medicare Xover - IP	\$1,159,111	\$850	\$10,407	\$0	\$1,170,367	1.12	\$1,311,328	\$26.13
Medicare Xover - Nursing Facility	\$901,500	\$29,854	\$8,356	\$0	\$939,710	1.12	\$1,052,890	\$20.98
Medicare Xover - OP	\$343,911	\$0	\$3,085	\$0	\$346,996	1.12	\$388,789	\$7.75
Medicare Xover - Other	\$141,000	\$4	\$1,265	\$0	\$142,269	1.12	\$159,404	\$3.18
Medicare Xover - Physician	\$1,563,326	\$928	\$14,034	\$0	\$1,578,288	1.12	\$1,768,379	\$35.24
Nursing Facility	\$184,110,952	\$51,911,311	\$605,605	\$13,067,523	\$249,695,391	0.99	\$246,887,546	\$4,920.07
Other Waiver Services	\$33,942	\$0	\$76	\$0	\$34,017	1.19	\$40,486	\$0.81
Outpatient - Other	\$65,770	\$0	\$647	\$855	\$67,271	0.80	\$53,817	\$1.07
Outpatient - Psychological	\$368	\$0	\$4	\$0	\$372	0.80	\$297	\$0.01
Personal Care Agency - Personal Care	\$80,895	\$1,160	\$183	\$2,836	\$85,074	1.19	\$101,252	\$2.02
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.19	\$0	\$0.00
Pharmacy	\$803,955	\$0	\$692	(\$136,854)	\$667,793	0.83	\$551,597	\$10.99
Physician - Clinic	\$8,059	\$0	\$207	\$56	\$8,322	1.32	\$10,991	\$0.22
Physician - IP Mental Health	\$251	\$511	\$6	\$5	\$774	2.09	\$1,614	\$0.03
Physician - OP Mental Health	\$45,979	\$22,994	\$579	\$472	\$70,023	2.09	\$146,102	\$2.91
Physician - Other Practitioner	\$61,460	\$40	\$1,579	\$563	\$63,642	1.32	\$84,055	\$1.68
Physician - PCP	\$42,258	\$0	\$1,085	\$313	\$43,656	1.32	\$57,659	\$1.15
Physician - Specialist	\$37,699	\$1,737	\$1,013	\$292	\$40,741	1.32	\$53,809	\$1.07
Transportation - Emergency	\$2,937	\$0	\$29	\$0	\$2,966	0.80	\$2,373	\$0.05
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$190,908,617	\$52,061,334	\$684,602	\$12,898,431	\$256,552,983		\$254,717,888	\$5,158.58
Managed Care Adjustment								-0.06%
Base Rate								\$5,155.40

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual Nursing Home

Appendix C
Exhibit 4a

All Ages								
Statewide	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$445	\$0	\$8	\$11	\$464	2.21	\$1,026	\$0.03
Case Management Services	\$2,989	\$0	\$16	\$0	\$3,005	2.09	\$6,286	\$0.16
Community Behavioral Health	\$4,788	\$0	\$26	\$0	\$4,814	2.09	\$10,071	\$0.26
Consumer Directed - Personal Care	\$9,939	\$0	\$179	\$391	\$10,509	2.21	\$23,210	\$0.59
Consumer Directed - Respite Care	\$1,825	\$0	\$33	\$71	\$1,929	2.21	\$4,260	\$0.11
DME/Supplies	\$1,226,948	\$0	\$30,813	(\$13,671)	\$1,244,090	1.10	\$1,367,200	\$34.62
FQHC	\$168,665	\$0	\$3,666	\$0	\$172,331	1.03	\$177,246	\$4.49
Home Health Services	\$148,300	\$0	\$2,676	\$2,167	\$153,143	2.21	\$338,217	\$8.56
Hospice Care	\$776,020	\$4,752	\$16,970	\$0	\$797,741	1.03	\$820,493	\$20.78
Inpatient - Medical/Surgical	\$48,184,946	\$0	\$977,559	(\$2,665,005)	\$46,497,500	0.99	\$46,200,555	\$1,169.95
Inpatient - Psych	\$463,586	\$0	\$9,405	\$121,490	\$594,481	0.99	\$590,684	\$14.96
Lab and X-ray Services	\$923,116	\$0	\$23,183	(\$28,738)	\$917,561	1.10	\$1,008,359	\$25.53
Medicare Xover - IP	\$262	\$0	\$0	\$0	\$262	1.00	\$262	\$0.01
Medicare Xover - Nursing Facility	\$1,036	\$0	\$0	\$0	\$1,036	1.00	\$1,036	\$0.03
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$24	\$0	\$0	\$0	\$24	1.00	\$24	\$0.00
Medicare Xover - Physician	\$161	\$0	\$0	\$0	\$161	1.00	\$161	\$0.00
Nursing Facility	\$238,923,135	\$4,701,552	\$1,143,327	\$13,517,054	\$258,285,067	0.97	\$250,019,945	\$6,331.33
Other Waiver Services	\$55,024	\$0	\$993	\$0	\$56,017	2.21	\$123,715	\$3.13
Outpatient - Other	\$6,595,861	\$3	\$165,647	\$87,044	\$6,848,555	1.10	\$7,526,260	\$190.59
Outpatient - Psychological	\$35,997	\$0	\$904	\$0	\$36,901	1.10	\$40,553	\$1.03
Personal Care Agency - Personal Care	\$26,303	\$0	\$475	\$924	\$27,702	2.21	\$61,179	\$1.55
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	2.21	\$0	\$0.00
Pharmacy	\$26,892,051	\$0	\$40,880	(\$968,473)	\$25,964,458	1.09	\$28,297,206	\$716.58
Physician - Clinic	\$2,011,932	\$0	\$43,728	\$13,939	\$2,069,599	1.03	\$2,128,624	\$53.90
Physician - IP Mental Health	\$8,161	\$64	\$45	\$56	\$8,326	2.09	\$17,416	\$0.44
Physician - OP Mental Health	\$309,795	\$910	\$1,684	\$2,118	\$314,507	2.09	\$657,902	\$16.66
Physician - Other Practitioner	\$1,419,260	\$0	\$30,847	\$12,936	\$1,463,043	1.03	\$1,504,769	\$38.11
Physician - PCP	\$6,442,108	\$0	\$140,016	\$47,533	\$6,629,657	1.03	\$6,818,735	\$172.67
Physician - Specialist	\$3,427,332	\$23	\$74,492	\$25,289	\$3,527,136	1.03	\$3,627,730	\$91.87
Transportation - Emergency	\$804,921	\$0	\$20,215	\$0	\$825,136	1.10	\$906,788	\$22.96
Transportation - Non-Emergency						1.00	\$0	\$82.46
Total	\$338,864,931	\$4,707,303	\$2,727,786	\$10,155,135	\$356,455,156		\$352,279,910	\$9,003.35
Managed Care Adjustment								-0.58%
Base Rate								\$8,951.16

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Central Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$2,719,430	\$94,597	\$6,924	\$67,051	\$2,888,002	1.08	\$3,128,390	\$32.47
Case Management Services	\$11,681	\$0	\$20	\$0	\$11,700	1.23	\$14,397	\$0.15
Community Behavioral Health	\$35,494	\$0	\$60	\$0	\$35,554	1.23	\$43,747	\$0.45
Consumer Directed - Personal Care	\$70,853,077	\$1,132,656	\$177,124	\$2,498,712	\$74,661,569	1.08	\$80,876,164	\$839.45
Consumer Directed - Respite Care	\$12,663,734	\$0	\$31,160	\$421,084	\$13,115,977	1.08	\$14,207,709	\$147.47
DME/Supplies	\$4,604,438	\$1,662	\$42,157	(\$29,248)	\$4,619,008	1.16	\$5,355,612	\$55.59
FQHC	\$927	\$0	\$14	\$0	\$941	1.11	\$1,040	\$0.01
Home Health Services	\$16,539	\$0	\$41	\$242	\$16,822	1.08	\$18,222	\$0.19
Hospice Care	\$436,438	\$44,878	\$7,271	\$0	\$488,587	1.11	\$540,231	\$5.61
Inpatient - Medical/Surgical	\$737,391	\$0	\$5,562	(\$42,180)	\$700,773	1.17	\$820,442	\$8.52
Inpatient - Psych	\$46,560	\$126,504	\$1,305	\$44,787	\$219,157	1.17	\$256,581	\$2.66
Lab and X-ray Services	\$3,781	\$0	\$35	(\$156)	\$3,659	1.16	\$4,243	\$0.04
Medicare Xover - IP	\$3,561,233	\$0	\$29,894	\$0	\$3,591,127	0.98	\$3,530,418	\$36.64
Medicare Xover - Nursing Facility	\$8,107	\$63	\$69	\$0	\$8,239	0.98	\$8,099	\$0.08
Medicare Xover - OP	\$1,765,935	\$37	\$14,824	\$0	\$1,780,796	0.98	\$1,750,691	\$18.17
Medicare Xover - Other	\$1,545,582	\$8,890	\$13,049	\$0	\$1,567,521	0.98	\$1,541,022	\$15.99
Medicare Xover - Physician	\$5,342,185	\$2,030	\$44,860	\$0	\$5,389,076	0.98	\$5,297,972	\$54.99
Nursing Facility	\$38,679	\$2,397	\$412	\$2,559	\$44,047	0.97	\$42,725	\$0.44
Other Waiver Services	\$2,691,267	\$0	\$6,622	\$0	\$2,697,889	1.08	\$2,922,453	\$30.33
Outpatient - Other	\$21,542	\$0	\$197	\$250	\$21,989	1.16	\$25,495	\$0.26
Outpatient - Psychological	\$1,765	\$9,080	\$99	\$0	\$10,945	1.16	\$12,690	\$0.13
Personal Care Agency - Personal Care	\$83,808,035	\$928,736	\$208,499	\$2,938,108	\$87,883,378	1.08	\$95,198,514	\$988.11
Personal Care Agency - Respite Care	\$12,887,474	\$3,831	\$31,720	\$447,394	\$13,370,418	1.08	\$14,483,330	\$150.33
Pharmacy	\$234,532	\$0	(\$3)	(\$36,888)	\$197,641	0.78	\$154,555	\$1.60
Physician - Clinic	\$18,200	\$0	\$275	\$128	\$18,603	1.11	\$20,569	\$0.21
Physician - IP Mental Health	\$364	\$1,429	\$3	\$12	\$1,808	1.23	\$2,225	\$0.02
Physician - OP Mental Health	\$331,905	\$6,044	\$567	\$2,339	\$340,854	1.23	\$419,400	\$4.35
Physician - Other Practitioner	\$341,869	\$5,535	\$5,248	\$2,659	\$355,312	1.11	\$392,868	\$4.08
Physician - PCP	\$37,271	\$4,332	\$629	\$308	\$42,540	1.11	\$47,036	\$0.49
Physician - Specialist	\$57,017	\$5,372	\$943	\$462	\$63,793	1.11	\$70,536	\$0.73
Transportation - Emergency	\$2,623	\$0	\$24	\$0	\$2,647	1.16	\$3,069	\$0.03
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$204,825,076	\$2,378,072	\$629,600	\$6,317,623	\$214,150,371		\$231,190,445	\$2,431.43
Managed Care Adjustment								-5.22%
Base Rate								\$2,304.41

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Charlottesville Western Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$667,350	\$6,460	\$1,658	\$16,055	\$691,523	1.08	\$749,083	\$11.79
Case Management Services	\$4,396	\$0	\$7	\$0	\$4,403	1.23	\$5,418	\$0.09
Community Behavioral Health	\$22,574	\$0	\$38	\$0	\$22,612	1.23	\$27,823	\$0.44
Consumer Directed - Personal Care	\$48,226,303	\$598,545	\$120,136	\$1,694,770	\$50,639,754	1.08	\$54,854,848	\$863.61
Consumer Directed - Respite Care	\$9,602,099	\$0	\$23,626	\$319,281	\$9,945,006	1.08	\$10,772,797	\$169.60
DME/Supplies	\$2,169,634	\$223	\$19,859	(\$13,778)	\$2,175,937	1.16	\$2,522,939	\$39.72
FQHC	\$877	\$240	\$17	\$0	\$1,134	1.11	\$1,254	\$0.02
Home Health Services	\$5,863	\$0	\$14	\$86	\$5,963	1.08	\$6,460	\$0.10
Hospice Care	\$237,810	\$16,594	\$3,843	\$0	\$258,246	1.11	\$285,543	\$4.50
Inpatient - Medical/Surgical	\$815,937	\$0	\$6,154	(\$46,673)	\$775,418	1.17	\$907,834	\$14.29
Inpatient - Psych	\$32,953	\$33,635	\$502	\$17,232	\$84,323	1.17	\$98,722	\$1.55
Lab and X-ray Services	\$3,246	\$0	\$30	(\$134)	\$3,141	1.16	\$3,642	\$0.06
Medicare Xover - IP	\$2,283,949	\$0	\$19,172	\$0	\$2,303,121	0.98	\$2,264,186	\$35.65
Medicare Xover - Nursing Facility	\$6,746	\$954	\$65	\$0	\$7,765	0.98	\$7,634	\$0.12
Medicare Xover - OP	\$1,558,768	\$0	\$13,085	\$0	\$1,571,853	0.98	\$1,545,281	\$24.33
Medicare Xover - Other	\$1,201,662	\$100	\$10,088	\$0	\$1,211,850	0.98	\$1,191,364	\$18.76
Medicare Xover - Physician	\$3,688,059	\$510	\$30,963	\$0	\$3,719,532	0.98	\$3,656,652	\$57.57
Nursing Facility	\$51,063	\$3,874	\$551	\$3,422	\$58,910	0.97	\$57,142	\$0.90
Other Waiver Services	\$1,872,328	\$0	\$4,607	\$0	\$1,876,935	1.08	\$2,033,165	\$32.01
Outpatient - Other	\$20,363	\$0	\$186	\$236	\$20,786	1.16	\$24,100	\$0.38
Outpatient - Psychological	\$33	\$0	\$0	\$0	\$33	1.16	\$38	\$0.00
Personal Care Agency - Personal Care	\$39,899,549	\$497,048	\$99,398	\$1,400,686	\$41,896,681	1.08	\$45,384,028	\$714.51
Personal Care Agency - Respite Care	\$6,261,264	\$2,649	\$15,413	\$217,390	\$6,496,715	1.08	\$7,037,482	\$110.80
Pharmacy	\$176,810	\$0	(\$2)	(\$27,809)	\$148,998	0.78	\$116,517	\$1.83
Physician - Clinic	\$958	\$0	\$14	\$7	\$979	1.11	\$1,082	\$0.02
Physician - IP Mental Health	\$246	\$874	\$2	\$8	\$1,129	1.23	\$1,390	\$0.02
Physician - OP Mental Health	\$173,266	\$6,022	\$301	\$1,241	\$180,830	1.23	\$222,499	\$3.50
Physician - Other Practitioner	\$261,104	\$202	\$3,948	\$2,000	\$267,254	1.11	\$295,503	\$4.65
Physician - PCP	\$22,513	\$821	\$353	\$173	\$23,859	1.11	\$26,381	\$0.42
Physician - Specialist	\$35,003	\$7,543	\$643	\$315	\$43,504	1.11	\$48,103	\$0.76
Transportation - Emergency	\$20,630	\$0	\$189	\$0	\$20,818	1.16	\$24,138	\$0.38
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$119,323,354	\$1,176,294	\$374,858	\$3,584,506	\$124,459,013		\$134,173,046	\$2,144.17
Managed Care Adjustment								-5.83%
Base Rate								\$2,019.22

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Northern & Winchester Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$8,969,755	\$30,006	\$22,144	\$214,440	\$9,236,345	1.08	\$10,005,150	\$120.71
Case Management Services	\$5,662	\$0	\$9	\$0	\$5,671	1.23	\$6,978	\$0.08
Community Behavioral Health	\$10,416	\$0	\$17	\$0	\$10,433	1.23	\$12,838	\$0.15
Consumer Directed - Personal Care	\$36,778,271	\$496,600	\$91,716	\$1,293,856	\$38,660,443	1.08	\$41,878,417	\$505.27
Consumer Directed - Respite Care	\$6,566,913	\$0	\$16,158	\$218,357	\$6,801,428	1.08	\$7,367,558	\$88.89
DME/Supplies	\$2,942,308	\$688	\$26,935	(\$18,688)	\$2,951,244	1.16	\$3,421,885	\$41.29
FQHC	\$165	\$111	\$4	\$0	\$280	1.11	\$310	\$0.00
Home Health Services	\$11,004	\$0	\$27	\$161	\$11,192	1.08	\$12,124	\$0.15
Hospice Care	\$1,467,731	\$40,772	\$22,789	\$0	\$1,531,292	1.11	\$1,693,149	\$20.43
Inpatient - Medical/Surgical	\$5,608,380	\$0	\$42,303	(\$320,809)	\$5,329,875	1.17	\$6,240,038	\$75.29
Inpatient - Psych	\$43,064	\$52,297	\$719	\$24,679	\$120,759	1.17	\$141,381	\$1.71
Lab and X-ray Services	\$5,490	\$0	\$50	(\$227)	\$5,314	1.16	\$6,161	\$0.07
Medicare Xover - IP	\$1,972,501	\$0	\$16,558	\$0	\$1,989,058	0.98	\$1,955,433	\$23.59
Medicare Xover - Nursing Facility	\$8,101	\$0	\$68	\$0	\$8,169	0.98	\$8,031	\$0.10
Medicare Xover - OP	\$1,497,633	\$0	\$12,571	\$0	\$1,510,205	0.98	\$1,484,674	\$17.91
Medicare Xover - Other	\$664,328	\$406	\$5,580	\$0	\$670,313	0.98	\$658,982	\$7.95
Medicare Xover - Physician	\$3,426,300	\$307	\$28,764	\$0	\$3,455,371	0.98	\$3,396,957	\$40.98
Nursing Facility	\$63,426	\$1,078	\$646	\$4,018	\$69,169	0.97	\$67,094	\$0.81
Other Waiver Services	\$1,075,388	\$1	\$2,646	\$0	\$1,078,035	1.08	\$1,167,767	\$14.09
Outpatient - Other	\$38,452	\$0	\$352	\$446	\$39,250	1.16	\$45,509	\$0.55
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.16	\$0	\$0.00
Personal Care Agency - Personal Care	\$160,926,600	\$661,946	\$397,596	\$5,602,817	\$167,588,958	1.08	\$181,538,536	\$2,190.30
Personal Care Agency - Respite Care	\$22,066,469	\$6,781	\$54,312	\$766,055	\$22,893,618	1.08	\$24,799,210	\$299.21
Pharmacy	\$268,419	\$0	(\$4)	(\$42,218)	\$226,198	0.78	\$176,887	\$2.13
Physician - Clinic	\$4,157	\$0	\$63	\$29	\$4,249	1.11	\$4,698	\$0.06
Physician - IP Mental Health	\$688	\$1,417	\$4	\$15	\$2,123	1.23	\$2,612	\$0.03
Physician - OP Mental Health	\$182,395	\$8,785	\$321	\$1,323	\$192,824	1.23	\$237,257	\$2.86
Physician - Other Practitioner	\$307,107	\$1,211	\$4,658	\$2,360	\$315,336	1.11	\$348,667	\$4.21
Physician - PCP	\$39,201	\$3,226	\$641	\$314	\$43,383	1.11	\$47,968	\$0.58
Physician - Specialist	\$34,116	\$8,145	\$638	\$313	\$43,213	1.11	\$47,780	\$0.58
Transportation - Emergency	\$1,650	\$0	\$15	\$0	\$1,665	1.16	\$1,931	\$0.02
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$254,986,089	\$1,313,777	\$748,303	\$7,747,242	\$264,795,411		\$286,775,979	\$3,491.81
Managed Care Adjustment								-3.34%
Base Rate								\$3,375.04

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Roanoke/Alleghany Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$444,599	\$10,454	\$1,120	\$10,843	\$467,015	1.08	\$505,888	\$12.27
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Community Behavioral Health	\$23,423	\$0	\$39	\$0	\$23,462	1.23	\$28,869	\$0.70
Consumer Directed - Personal Care	\$38,975,305	\$532,403	\$97,210	\$1,371,360	\$40,976,279	1.08	\$44,387,015	\$1,076.45
Consumer Directed - Respite Care	\$8,250,773	\$0	\$20,301	\$274,348	\$8,545,422	1.08	\$9,256,716	\$224.49
DME/Supplies	\$1,396,778	\$2,905	\$12,810	(\$8,888)	\$1,403,606	1.16	\$1,627,442	\$39.47
FQHC	\$618	\$0	\$9	\$0	\$627	1.11	\$693	\$0.02
Home Health Services	\$5,316	\$0	\$13	\$78	\$5,407	1.08	\$5,857	\$0.14
Hospice Care	\$90,871	\$12,872	\$1,567	\$0	\$105,310	1.11	\$116,441	\$2.82
Inpatient - Medical/Surgical	\$219,904	\$0	\$1,659	(\$12,579)	\$208,984	1.17	\$244,672	\$5.93
Inpatient - Psych	\$117,847	\$41,209	\$1,200	\$41,162	\$201,418	1.17	\$235,814	\$5.72
Lab and X-ray Services	\$6,526	\$0	\$60	(\$270)	\$6,316	1.16	\$7,323	\$0.18
Medicare Xover - IP	\$1,353,100	\$0	\$11,358	\$0	\$1,364,458	0.98	\$1,341,392	\$32.53
Medicare Xover - Nursing Facility	\$5,391	\$0	\$45	\$0	\$5,436	0.98	\$5,344	\$0.13
Medicare Xover - OP	\$731,228	\$86	\$6,139	\$0	\$737,453	0.98	\$724,986	\$17.58
Medicare Xover - Other	\$838,868	\$40	\$7,042	\$0	\$845,950	0.98	\$831,649	\$20.17
Medicare Xover - Physician	\$1,805,371	\$3,031	\$15,180	\$0	\$1,823,582	0.98	\$1,792,754	\$43.48
Nursing Facility	\$23,638	\$2,039	\$257	\$1,600	\$27,534	0.97	\$26,708	\$0.65
Other Waiver Services	\$1,665,032	\$1	\$4,097	\$0	\$1,669,130	1.08	\$1,808,064	\$43.85
Outpatient - Other	\$25,164	\$0	\$230	\$292	\$25,686	1.16	\$29,782	\$0.72
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.16	\$0	\$0.00
Personal Care Agency - Personal Care	\$16,934,474	\$208,370	\$42,181	\$594,400	\$17,779,424	1.08	\$19,259,327	\$467.07
Personal Care Agency - Respite Care	\$2,550,165	\$1,621	\$6,279	\$88,560	\$2,646,625	1.08	\$2,866,922	\$69.53
Pharmacy	\$107,968	\$0	(\$2)	(\$16,982)	\$90,985	0.78	\$71,150	\$1.73
Physician - Clinic	\$28,112	\$0	\$425	\$197	\$28,734	1.11	\$31,772	\$0.77
Physician - IP Mental Health	\$25	\$100	\$0	\$1	\$126	1.23	\$155	\$0.00
Physician - OP Mental Health	\$169,392	\$1,854	\$287	\$1,185	\$172,719	1.23	\$212,520	\$5.15
Physician - Other Practitioner	\$79,238	\$2,218	\$1,231	\$624	\$83,310	1.11	\$92,116	\$2.23
Physician - PCP	\$39,507	\$710	\$608	\$298	\$41,123	1.11	\$45,469	\$1.10
Physician - Specialist	\$21,670	\$6,038	\$419	\$205	\$28,332	1.11	\$31,326	\$0.76
Transportation - Emergency	\$1,543	\$0	\$14	\$0	\$1,557	1.16	\$1,805	\$0.04
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$75,911,846	\$825,951	\$231,779	\$2,346,434	\$79,316,010		\$85,589,971	\$2,107.49
Managed Care Adjustment								-6.91%
Base Rate								\$1,961.82

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Southwest Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$70,992	\$0	\$175	\$1,692	\$72,858	1.08	\$78,923	\$2.44
Case Management Services	\$790	\$0	\$1	\$0	\$791	1.23	\$973	\$0.03
Community Behavioral Health	\$3,671	\$0	\$6	\$0	\$3,677	1.23	\$4,525	\$0.14
Consumer Directed - Personal Care	\$24,078,405	\$398,426	\$60,226	\$849,621	\$25,386,679	1.08	\$27,499,786	\$850.76
Consumer Directed - Respite Care	\$4,154,781	\$0	\$10,223	\$138,151	\$4,303,155	1.08	\$4,661,336	\$144.21
DME/Supplies	\$1,101,031	\$84	\$10,078	(\$6,992)	\$1,104,201	1.16	\$1,280,291	\$39.61
FQHC	\$1,259	\$1,263	\$38	\$0	\$2,560	1.11	\$2,831	\$0.09
Home Health Services	\$10,360	\$0	\$25	\$152	\$10,537	1.08	\$11,414	\$0.35
Hospice Care	\$91,492	\$3,979	\$1,442	\$0	\$96,913	1.11	\$107,157	\$3.32
Inpatient - Medical/Surgical	\$226,177	\$0	\$1,706	(\$12,938)	\$214,945	1.17	\$251,651	\$7.79
Inpatient - Psych	\$4,375	\$22,516	\$203	\$6,959	\$34,052	1.17	\$39,867	\$1.23
Lab and X-ray Services	\$5,711	\$0	\$52	(\$236)	\$5,527	1.16	\$6,409	\$0.20
Medicare Xover - IP	\$1,189,207	\$0	\$9,982	\$0	\$1,199,189	0.98	\$1,178,917	\$36.47
Medicare Xover - Nursing Facility	\$1,509	\$0	\$13	\$0	\$1,522	0.98	\$1,496	\$0.05
Medicare Xover - OP	\$553,160	\$0	\$4,643	\$0	\$557,803	0.98	\$548,373	\$16.97
Medicare Xover - Other	\$843,055	\$411	\$7,080	\$0	\$850,546	0.98	\$836,167	\$25.87
Medicare Xover - Physician	\$865,387	\$1,468	\$7,277	\$0	\$874,131	0.98	\$859,353	\$26.59
Nursing Facility	\$13,180	\$0	\$132	\$821	\$14,134	0.97	\$13,710	\$0.42
Other Waiver Services	\$1,036,992	\$0	\$2,552	\$0	\$1,039,543	1.08	\$1,126,071	\$34.84
Outpatient - Other	\$10,775	\$0	\$99	\$125	\$10,998	1.16	\$12,752	\$0.39
Outpatient - Psychological	\$17	\$65	\$1	\$0	\$83	1.16	\$96	\$0.00
Personal Care Agency - Personal Care	\$11,222,315	\$203,419	\$28,114	\$396,169	\$11,850,016	1.08	\$12,836,374	\$397.12
Personal Care Agency - Respite Care	\$1,634,531	\$294	\$4,023	\$56,737	\$1,695,584	1.08	\$1,836,719	\$56.82
Pharmacy	\$170,505	\$0	(\$2)	(\$26,818)	\$143,685	0.78	\$112,362	\$3.48
Physician - Clinic	\$78	\$0	\$1	\$1	\$80	1.11	\$88	\$0.00
Physician - IP Mental Health	\$165	\$456	\$1	\$4	\$627	1.23	\$772	\$0.02
Physician - OP Mental Health	\$17,424	\$2,185	\$33	\$136	\$19,778	1.23	\$24,335	\$0.75
Physician - Other Practitioner	\$96,735	(\$45)	\$1,461	\$740	\$98,891	1.11	\$109,344	\$3.38
Physician - PCP	\$10,157	\$806	\$166	\$81	\$11,210	1.11	\$12,394	\$0.38
Physician - Specialist	\$8,458	\$2,659	\$168	\$82	\$11,367	1.11	\$12,569	\$0.39
Transportation - Emergency	\$4,904	\$0	\$45	\$0	\$4,949	1.16	\$5,738	\$0.18
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$47,427,596	\$637,987	\$149,963	\$1,404,486	\$49,620,032		\$53,472,793	\$1,686.09
Managed Care Adjustment								-6.68%
Base Rate								\$1,573.41

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual EDCD

Appendix C
Exhibit 4b

All Ages								
Tidewater Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$372,825	\$518	\$919	\$8,896	\$383,158	1.08	\$415,050	\$6.51
Case Management Services	\$2,759	\$0	\$5	\$0	\$2,764	1.23	\$3,401	\$0.05
Community Behavioral Health	\$12,549	\$0	\$21	\$0	\$12,570	1.23	\$15,467	\$0.24
Consumer Directed - Personal Care	\$19,207,286	\$305,866	\$48,013	\$677,325	\$20,238,490	1.08	\$21,923,078	\$344.01
Consumer Directed - Respite Care	\$4,008,360	\$0	\$9,863	\$133,283	\$4,151,505	1.08	\$4,497,063	\$70.57
DME/Supplies	\$3,158,793	\$2,462	\$28,933	(\$20,073)	\$3,170,115	1.16	\$3,675,660	\$57.68
FQHC	\$206	\$0	\$3	\$0	\$209	1.11	\$231	\$0.00
Home Health Services	\$34,303	\$0	\$84	\$502	\$34,890	1.08	\$37,794	\$0.59
Hospice Care	\$312,465	\$25,308	\$5,103	\$0	\$342,876	1.11	\$379,117	\$5.95
Inpatient - Medical/Surgical	\$839,188	\$0	\$6,330	(\$48,003)	\$797,515	1.17	\$933,704	\$14.65
Inpatient - Psych	\$4,876	\$21,769	\$201	\$6,895	\$33,741	1.17	\$39,503	\$0.62
Lab and X-ray Services	\$5,785	\$0	\$53	(\$239)	\$5,598	1.16	\$6,491	\$0.10
Medicare Xover - IP	\$2,126,472	\$0	\$17,850	\$0	\$2,144,322	0.98	\$2,108,072	\$33.08
Medicare Xover - Nursing Facility	\$2,614	\$0	\$22	\$0	\$2,636	0.98	\$2,591	\$0.04
Medicare Xover - OP	\$1,352,638	\$0	\$11,354	\$0	\$1,363,993	0.98	\$1,340,934	\$21.04
Medicare Xover - Other	\$1,265,453	\$449	\$10,626	\$0	\$1,276,529	0.98	\$1,254,949	\$19.69
Medicare Xover - Physician	\$3,940,978	\$564	\$33,086	\$0	\$3,974,628	0.98	\$3,907,436	\$61.31
Nursing Facility	\$65,677	\$12,590	\$784	\$4,876	\$83,928	0.97	\$81,410	\$1.28
Other Waiver Services	\$878,313	\$147	\$2,161	\$0	\$880,621	1.08	\$953,921	\$14.97
Outpatient - Other	\$24,767	\$0	\$227	\$287	\$25,281	1.16	\$29,313	\$0.46
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.16	\$0	\$0.00
Personal Care Agency - Personal Care	\$96,575,657	\$829,295	\$239,669	\$3,377,357	\$101,021,978	1.08	\$109,430,730	\$1,717.17
Personal Care Agency - Respite Care	\$14,498,912	\$8,503	\$35,696	\$503,482	\$15,046,593	1.08	\$16,299,024	\$255.76
Pharmacy	\$153,748	\$0	(\$2)	(\$24,182)	\$129,564	0.78	\$101,319	\$1.59
Physician - Clinic	\$7,295	\$0	\$110	\$51	\$7,456	1.11	\$8,244	\$0.13
Physician - IP Mental Health	\$121	\$0	\$0	\$1	\$122	1.23	\$150	\$0.00
Physician - OP Mental Health	\$203,151	\$14,564	\$365	\$1,507	\$219,587	1.23	\$270,188	\$4.24
Physician - Other Practitioner	\$134,184	\$328	\$2,032	\$1,030	\$137,574	1.11	\$152,115	\$2.39
Physician - PCP	\$40,269	\$1,482	\$631	\$309	\$42,690	1.11	\$47,202	\$0.74
Physician - Specialist	\$53,741	\$6,383	\$908	\$445	\$61,477	1.11	\$67,975	\$1.07
Transportation - Emergency	\$3,182	\$0	\$29	\$0	\$3,211	1.16	\$3,723	\$0.06
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$149,286,565	\$1,230,227	\$455,077	\$4,623,747	\$155,595,617		\$167,985,854	\$2,667.81
Managed Care Adjustment								-3.22%
Base Rate								\$2,581.87

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Central Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$101,088	\$0	\$336	\$2,533	\$103,956	1.17	\$121,750	\$9.98
Case Management Services	\$160,551	\$0	\$399	\$0	\$160,950	1.82	\$293,214	\$24.04
Community Behavioral Health	\$357,556	\$0	\$888	\$0	\$358,444	1.82	\$653,005	\$53.54
Consumer Directed - Personal Care	\$11,048,917	\$2,875	\$36,684	\$328,422	\$11,416,898	1.17	\$13,371,112	\$1,096.30
Consumer Directed - Respite Care	\$2,098,238	\$0	\$6,965	\$59,637	\$2,164,839	1.17	\$2,535,391	\$207.88
DME/Supplies	\$1,116,894	\$34,149	\$21,750	\$0	\$1,172,793	1.01	\$1,189,099	\$97.49
FQHC	\$5,395	\$55	\$103	\$0	\$5,552	1.12	\$6,222	\$0.51
Home Health Services	\$91,744	\$0	\$305	\$1,366	\$93,415	1.17	\$109,404	\$8.97
Hospice Care	\$637,394	\$2,658	\$12,094	\$0	\$652,146	1.12	\$730,836	\$59.92
Inpatient - Medical/Surgical	\$1,210,985	\$0	\$22,882	(\$66,895)	\$1,166,973	1.01	\$1,183,198	\$97.01
Inpatient - Psych	\$14,176	\$9,675	\$451	\$6,242	\$30,544	1.01	\$30,969	\$2.54
Lab and X-ray Services	\$10,673	\$0	\$202	\$0	\$10,875	1.01	\$11,026	\$0.90
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$76	\$0	\$0	\$0	\$76	1.00	\$76	\$0.01
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$612,870	\$0	\$2,034	\$0	\$614,904	1.17	\$720,157	\$59.05
Outpatient - Other	\$476,877	\$275	\$9,016	\$5,553	\$491,722	1.01	\$498,559	\$40.88
Outpatient - Psychological	\$26,012	\$3,970	\$567	\$0	\$30,549	1.01	\$30,973	\$2.54
Personal Care Agency - Personal Care	\$1,844,562	\$7,469	\$6,147	\$55,051	\$1,913,229	1.17	\$2,240,714	\$183.72
Personal Care Agency - Respite Care	\$292,621	\$425	\$973	\$8,548	\$302,567	1.17	\$354,357	\$29.05
Pharmacy	\$2,028,256	\$0	\$99	(\$49,707)	\$1,978,648	0.97	\$1,926,517	\$157.96
Physician - Clinic	\$17,628	\$0	\$333	\$125	\$18,086	1.12	\$20,268	\$1.66
Physician - IP Mental Health	\$578	\$0	\$1	\$4	\$584	1.82	\$1,063	\$0.09
Physician - OP Mental Health	\$674,125	\$13,730	\$1,708	\$4,810	\$694,374	1.82	\$1,264,993	\$103.72
Physician - Other Practitioner	\$2,641,952	\$5,364	\$50,023	\$24,500	\$2,721,839	1.12	\$3,050,264	\$250.09
Physician - PCP	\$196,818	\$555	\$3,729	\$1,413	\$202,516	1.12	\$226,952	\$18.61
Physician - Specialist	\$136,398	\$7,532	\$2,720	\$1,031	\$147,681	1.12	\$165,501	\$13.57
Transportation - Emergency	\$21,974	\$0	\$415	\$0	\$22,389	1.01	\$22,700	\$1.86
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$25,824,357	\$88,733	\$180,823	\$382,634	\$26,476,547		\$30,758,319	\$2,553.69
Managed Care Adjustment								-6.12%
Base Rate								\$2,397.43

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Charlottesville Western Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$12,354	\$0	\$41	\$310	\$12,705	1.17	\$14,879	\$2.71
Case Management Services	\$79,132	\$0	\$197	\$0	\$79,329	1.82	\$144,519	\$26.31
Community Behavioral Health	\$262,278	\$49	\$652	\$0	\$262,978	1.82	\$479,087	\$87.23
Consumer Directed - Personal Care	\$4,608,608	\$5,166	\$15,314	\$137,106	\$4,766,195	1.17	\$5,582,017	\$1,016.31
Consumer Directed - Respite Care	\$816,479	\$0	\$2,710	\$23,206	\$842,395	1.17	\$986,587	\$179.63
DME/Supplies	\$416,087	\$1,385	\$7,888	\$0	\$425,361	1.01	\$431,275	\$78.52
FQHC	\$4,651	\$193	\$92	\$0	\$4,935	1.12	\$5,531	\$1.01
Home Health Services	\$38,776	\$0	\$129	\$577	\$39,483	1.17	\$46,241	\$8.42
Hospice Care	\$376,201	\$435	\$7,117	\$0	\$383,753	1.12	\$430,058	\$78.30
Inpatient - Medical/Surgical	\$415,385	\$0	\$7,849	(\$22,946)	\$400,288	1.01	\$405,854	\$73.89
Inpatient - Psych	\$53,192	\$0	\$1,005	\$13,921	\$68,118	1.01	\$69,065	\$12.57
Lab and X-ray Services	\$4,331	\$0	\$82	\$0	\$4,412	1.01	\$4,474	\$0.81
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$221	\$0	\$0	\$6	\$227	1.00	\$227	\$0.04
Other Waiver Services	\$294,866	\$0	\$979	\$0	\$295,845	1.17	\$346,485	\$63.08
Outpatient - Other	\$250,154	\$0	\$4,727	\$2,912	\$257,793	1.01	\$261,377	\$47.59
Outpatient - Psychological	\$6,950	\$0	\$131	\$0	\$7,082	1.01	\$7,180	\$1.31
Personal Care Agency - Personal Care	\$481,935	\$1,083	\$1,603	\$14,358	\$498,979	1.17	\$584,389	\$106.40
Personal Care Agency - Respite Care	\$67,199	\$0	\$223	\$1,960	\$69,382	1.17	\$81,258	\$14.79
Pharmacy	\$953,004	\$0	\$47	(\$23,356)	\$929,695	0.97	\$905,201	\$164.81
Physician - Clinic	\$7,733	\$0	\$146	\$55	\$7,934	1.12	\$8,891	\$1.62
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.82	\$0	\$0.00
Physician - OP Mental Health	\$228,729	\$5,622	\$582	\$1,639	\$236,572	1.82	\$430,981	\$78.47
Physician - Other Practitioner	\$673,853	\$500	\$12,742	\$6,241	\$693,337	1.12	\$776,997	\$141.47
Physician - PCP	\$75,280	\$286	\$1,428	\$541	\$77,535	1.12	\$86,890	\$15.82
Physician - Specialist	\$50,963	\$674	\$976	\$370	\$52,983	1.12	\$59,376	\$10.81
Transportation - Emergency	\$13,095	\$0	\$247	\$0	\$13,343	1.01	\$13,528	\$2.46
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$10,191,458	\$15,393	\$66,906	\$156,900	\$10,430,657		\$12,162,364	\$2,246.18
Managed Care Adjustment								-6.25%
Base Rate								\$2,105.87

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Northern & Winchester Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$10,220	\$0	\$34	\$256	\$10,510	1.17	\$12,308	\$0.52
Case Management Services	\$197,333	\$0	\$490	\$0	\$197,823	1.82	\$360,389	\$15.21
Community Behavioral Health	\$914,238	\$404	\$2,272	\$0	\$916,913	1.82	\$1,670,409	\$70.49
Consumer Directed - Personal Care	\$20,122,369	\$31,818	\$66,897	\$598,915	\$20,819,999	1.17	\$24,383,729	\$1,028.91
Consumer Directed - Respite Care	\$3,884,024	\$0	\$12,892	\$110,393	\$4,007,309	1.17	\$4,693,235	\$198.04
DME/Supplies	\$1,725,743	\$28,796	\$33,153	\$0	\$1,787,693	1.01	\$1,812,548	\$76.48
FQHC	\$900	\$0	\$17	\$0	\$917	1.12	\$1,027	\$0.04
Home Health Services	\$36,792	\$0	\$122	\$548	\$37,462	1.17	\$43,875	\$1.85
Hospice Care	\$605,018	\$0	\$11,432	\$0	\$616,450	1.12	\$690,833	\$29.15
Inpatient - Medical/Surgical	\$896,640	\$7,129	\$17,077	(\$49,924)	\$870,922	1.01	\$883,031	\$37.26
Inpatient - Psych	\$30,563	\$0	\$578	\$7,999	\$39,139	1.01	\$39,683	\$1.67
Lab and X-ray Services	\$13,542	\$0	\$256	\$0	\$13,798	1.01	\$13,990	\$0.59
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$5,285	\$0	\$0	\$151	\$5,436	1.00	\$5,436	\$0.23
Other Waiver Services	\$1,567,362	\$1,453	\$5,207	\$0	\$1,574,022	1.17	\$1,843,446	\$77.79
Outpatient - Other	\$414,861	\$0	\$7,839	\$4,829	\$427,529	1.01	\$433,473	\$18.29
Outpatient - Psychological	\$34,360	\$776	\$664	\$0	\$35,800	1.01	\$36,298	\$1.53
Personal Care Agency - Personal Care	\$10,966,361	\$8,162	\$36,427	\$326,214	\$11,337,164	1.17	\$13,277,731	\$560.28
Personal Care Agency - Respite Care	\$1,952,214	\$710	\$6,482	\$56,965	\$2,016,371	1.17	\$2,361,510	\$99.65
Pharmacy	\$2,843,410	\$0	\$139	(\$69,684)	\$2,773,865	0.97	\$2,700,782	\$113.96
Physician - Clinic	\$53,996	\$0	\$1,020	\$384	\$55,400	1.12	\$62,085	\$2.62
Physician - IP Mental Health	\$196	\$0	\$0	\$1	\$198	1.82	\$360	\$0.02
Physician - OP Mental Health	\$652,943	\$8,494	\$1,643	\$4,626	\$667,706	1.82	\$1,216,409	\$51.33
Physician - Other Practitioner	\$10,666,909	\$5,358	\$201,659	\$98,769	\$10,972,696	1.12	\$12,296,695	\$518.88
Physician - PCP	\$209,094	\$1,031	\$3,970	\$1,505	\$215,600	1.12	\$241,615	\$10.20
Physician - Specialist	\$100,360	\$6,216	\$2,014	\$763	\$109,353	1.12	\$122,548	\$5.17
Transportation - Emergency	\$14,153	\$0	\$267	\$0	\$14,421	1.01	\$14,621	\$0.62
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$57,918,889	\$100,346	\$412,553	\$1,092,708	\$59,524,496		\$69,218,066	\$2,952.57
Managed Care Adjustment								-5.30%
Base Rate								\$2,796.08

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Roanoke/Alleghany Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$30,552	\$0	\$101	\$765	\$31,419	1.17	\$36,797	\$8.80
Case Management Services	\$42,873	\$0	\$106	\$0	\$42,979	1.82	\$78,299	\$18.73
Community Behavioral Health	\$139,120	\$0	\$346	\$0	\$139,466	1.82	\$254,075	\$60.79
Consumer Directed - Personal Care	\$3,651,719	\$3,744	\$12,133	\$108,628	\$3,776,225	1.17	\$4,422,596	\$1,058.12
Consumer Directed - Respite Care	\$761,555	\$0	\$2,528	\$21,645	\$785,728	1.17	\$920,220	\$220.17
DME/Supplies	\$265,410	\$12,452	\$5,250	\$0	\$283,112	1.01	\$287,049	\$68.68
FQHC	\$721	\$0	\$14	\$0	\$735	1.12	\$824	\$0.20
Home Health Services	\$71,816	\$0	\$238	\$1,069	\$73,124	1.17	\$85,640	\$20.49
Hospice Care	\$164,831	\$0	\$3,115	\$0	\$167,945	1.12	\$188,210	\$45.03
Inpatient - Medical/Surgical	\$225,277	\$0	\$4,257	(\$12,444)	\$217,089	1.01	\$220,108	\$52.66
Inpatient - Psych	\$16,830	\$4,808	\$409	\$5,663	\$27,710	1.01	\$28,095	\$6.72
Lab and X-ray Services	\$5,307	\$0	\$100	\$0	\$5,407	1.01	\$5,482	\$1.31
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$157,983	\$0	\$524	\$0	\$158,507	1.17	\$185,639	\$44.41
Outpatient - Other	\$81,613	\$0	\$1,542	\$950	\$84,105	1.01	\$85,275	\$20.40
Outpatient - Psychological	\$8,019	\$56	\$153	\$0	\$8,228	1.01	\$8,342	\$2.00
Personal Care Agency - Personal Care	\$241,658	\$2,461	\$810	\$7,256	\$252,186	1.17	\$295,353	\$70.66
Personal Care Agency - Respite Care	\$37,833	\$0	\$126	\$1,104	\$39,062	1.17	\$45,748	\$10.95
Pharmacy	\$897,463	\$0	\$44	(\$21,994)	\$875,513	0.97	\$852,446	\$203.95
Physician - Clinic	\$4,497	\$0	\$85	\$32	\$4,614	1.12	\$5,171	\$1.24
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.82	\$0	\$0.00
Physician - OP Mental Health	\$291,307	\$6,744	\$740	\$2,084	\$300,876	1.82	\$548,127	\$131.14
Physician - Other Practitioner	\$461,959	\$130	\$8,731	\$4,277	\$475,097	1.12	\$532,424	\$127.38
Physician - PCP	\$48,278	\$168	\$915	\$347	\$49,708	1.12	\$55,706	\$13.33
Physician - Specialist	\$45,821	\$917	\$883	\$335	\$47,956	1.12	\$53,742	\$12.86
Transportation - Emergency	\$4,231	\$0	\$80	\$0	\$4,311	1.01	\$4,371	\$1.05
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$7,656,674	\$31,480	\$43,232	\$119,716	\$7,851,102		\$9,199,737	\$2,232.87
Managed Care Adjustment								-6.63%
Base Rate								\$2,084.80

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Southwest Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.17	\$0	\$0.00
Case Management Services	\$3,778	\$0	\$9	\$0	\$3,787	1.82	\$6,900	\$8.93
Community Behavioral Health	\$110	\$0	\$0	\$0	\$110	1.82	\$200	\$0.26
Consumer Directed - Personal Care	\$651,741	\$2,956	\$2,173	\$19,455	\$676,325	1.17	\$792,091	\$1,024.98
Consumer Directed - Respite Care	\$130,976	\$0	\$435	\$3,723	\$135,134	1.17	\$158,264	\$204.80
DME/Supplies	\$88,874	\$0	\$1,679	\$0	\$90,553	1.01	\$91,812	\$118.81
FQHC	\$1,841	\$122	\$37	\$0	\$1,999	1.12	\$2,241	\$2.90
Home Health Services	\$17,933	\$0	\$60	\$267	\$18,259	1.17	\$21,385	\$27.67
Hospice Care	\$202,138	\$0	\$3,820	\$0	\$205,958	1.12	\$230,809	\$298.67
Inpatient - Medical/Surgical	\$108,995	\$0	\$2,060	(\$6,021)	\$105,034	1.01	\$106,494	\$137.80
Inpatient - Psych	\$11,339	\$0	\$214	\$2,967	\$14,521	1.01	\$14,723	\$19.05
Lab and X-ray Services	\$3,775	\$0	\$71	\$0	\$3,847	1.01	\$3,900	\$5.05
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$28,904	\$0	\$96	\$0	\$29,000	1.17	\$33,964	\$43.95
Outpatient - Other	\$121,023	\$0	\$2,287	\$1,409	\$124,719	1.01	\$126,453	\$163.63
Outpatient - Psychological	\$2,058	\$0	\$39	\$0	\$2,097	1.01	\$2,126	\$2.75
Personal Care Agency - Personal Care	\$84,019	\$0	\$279	\$2,497	\$86,795	1.17	\$101,652	\$131.54
Personal Care Agency - Respite Care	\$8,447	\$0	\$28	\$246	\$8,722	1.17	\$10,214	\$13.22
Pharmacy	\$226,196	\$0	\$11	(\$5,543)	\$220,663	0.97	\$214,850	\$278.02
Physician - Clinic	\$85	\$0	\$2	\$1	\$87	1.12	\$98	\$0.13
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.82	\$0	\$0.00
Physician - OP Mental Health	\$67,449	\$560	\$169	\$476	\$68,654	1.82	\$125,071	\$161.84
Physician - Other Practitioner	\$105,372	\$242	\$1,996	\$977	\$108,587	1.12	\$121,690	\$157.47
Physician - PCP	\$19,124	\$45	\$362	\$137	\$19,669	1.12	\$22,043	\$28.52
Physician - Specialist	\$18,664	\$31	\$353	\$134	\$19,182	1.12	\$21,496	\$27.82
Transportation - Emergency	\$4,810	\$0	\$91	\$0	\$4,901	1.01	\$4,969	\$6.43
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$1,907,652	\$3,956	\$16,270	\$20,725	\$1,948,604		\$2,213,445	\$2,896.03
Managed Care Adjustment								-5.49%
Base Rate								\$2,736.95

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4b

All Ages								
Tidewater Region	Medicaid Payments CY15	Patient Payments CY15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$18,420	\$0	\$61	\$461	\$18,943	1.17	\$22,185	\$2.53
Case Management Services	\$116,540	\$0	\$289	\$0	\$116,830	1.82	\$212,838	\$24.24
Community Behavioral Health	\$157,438	\$0	\$391	\$0	\$157,829	1.82	\$287,529	\$32.75
Consumer Directed - Personal Care	\$6,687,755	\$480	\$22,200	\$198,752	\$6,909,187	1.17	\$8,091,823	\$921.71
Consumer Directed - Respite Care	\$1,312,895	\$0	\$4,358	\$37,315	\$1,354,569	1.17	\$1,586,428	\$180.70
DME/Supplies	\$841,632	\$19,994	\$16,281	\$0	\$877,907	1.01	\$890,113	\$101.39
FQHC	\$1,706	\$0	\$32	\$0	\$1,738	1.12	\$1,948	\$0.22
Home Health Services	\$124,233	\$0	\$412	\$1,850	\$126,495	1.17	\$148,147	\$16.87
Hospice Care	\$226,445	\$0	\$4,279	\$0	\$230,724	1.12	\$258,563	\$29.45
Inpatient - Medical/Surgical	\$1,016,111	\$0	\$19,200	(\$56,130)	\$979,181	1.01	\$992,795	\$113.09
Inpatient - Psych	\$14,898	\$0	\$282	\$3,899	\$19,078	1.01	\$19,343	\$2.20
Lab and X-ray Services	\$13,387	\$0	\$253	\$0	\$13,639	1.01	\$13,829	\$1.58
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$36	\$0	\$0	\$0	\$36	1.00	\$36	\$0.00
Nursing Facility	\$3,254	\$0	\$0	\$93	\$3,347	1.00	\$3,347	\$0.38
Other Waiver Services	\$534,040	\$56	\$1,773	\$0	\$535,868	1.17	\$627,592	\$71.49
Outpatient - Other	\$369,047	\$0	\$6,973	\$4,295	\$380,316	1.01	\$385,604	\$43.92
Outpatient - Psychological	\$7,456	\$191	\$144	\$0	\$7,791	1.01	\$7,900	\$0.90
Personal Care Agency - Personal Care	\$3,256,236	\$6,173	\$10,829	\$96,974	\$3,370,211	1.17	\$3,947,086	\$449.60
Personal Care Agency - Respite Care	\$546,620	\$0	\$1,814	\$15,944	\$564,379	1.17	\$660,982	\$75.29
Pharmacy	\$1,391,680	\$0	\$68	(\$34,106)	\$1,357,642	0.97	\$1,321,872	\$150.57
Physician - Clinic	\$26,605	\$0	\$503	\$189	\$27,297	1.12	\$30,590	\$3.48
Physician - IP Mental Health	\$121	\$0	\$0	\$1	\$122	1.82	\$222	\$0.03
Physician - OP Mental Health	\$278,656	\$14,587	\$728	\$2,051	\$296,022	1.82	\$539,285	\$61.43
Physician - Other Practitioner	\$2,373,852	\$1,571	\$44,885	\$21,984	\$2,442,293	1.12	\$2,736,987	\$311.76
Physician - PCP	\$364,864	\$494	\$6,904	\$2,616	\$374,878	1.12	\$420,112	\$47.85
Physician - Specialist	\$173,271	\$4,536	\$3,360	\$1,273	\$182,441	1.12	\$204,454	\$23.29
Transportation - Emergency	\$17,234	\$0	\$326	\$0	\$17,560	1.01	\$17,804	\$2.03
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$19,874,433	\$48,081	\$146,346	\$297,462	\$20,366,322		\$23,429,416	\$2,700.56
Managed Care Adjustment								-5.28%
Base Rate								\$2,557.94

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments
The Non-Duals EDCD population only uses CY15 data in its base period

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual DD Waivers

Appendix C
Exhibit 4c

All Ages								
Statewide	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Case Management Services	\$157,685	\$0	\$999	\$0	\$158,684	0.99	\$157,573	\$1.04
Community Behavioral Health	\$17,253	\$0	\$109	\$0	\$17,362	0.99	\$17,240	\$0.11
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
DME/Supplies	\$5,413,542	\$4,847	\$34,341	(\$73,342)	\$5,379,388	0.99	\$5,341,732	\$35.33
FQHC	\$1,040	\$77	\$7	\$0	\$1,123	0.99	\$1,116	\$0.01
Home Health Services	\$24,019	\$0	\$152	\$407	\$24,578	0.99	\$24,406	\$0.16
Hospice Care	\$61,667	\$1,441	\$400	\$0	\$63,508	0.99	\$63,064	\$0.42
Inpatient - Medical/Surgical	\$284,342	\$2,702	\$1,819	(\$16,005)	\$272,859	0.99	\$270,948	\$1.79
Inpatient - Psych	\$107,777	\$204,329	\$1,978	\$80,674	\$394,757	0.99	\$391,994	\$2.59
Lab and X-ray Services	\$9,547	\$0	\$61	(\$332)	\$9,275	0.99	\$9,210	\$0.06
Medicare Xover - IP	\$1,240,444	\$0	\$7,862	\$0	\$1,248,306	0.99	\$1,239,568	\$8.20
Medicare Xover - Nursing Facility	\$1,894	\$0	\$12	\$0	\$1,906	0.99	\$1,893	\$0.01
Medicare Xover - OP	\$1,184,978	\$0	\$7,510	\$0	\$1,192,488	0.99	\$1,184,140	\$7.83
Medicare Xover - Other	\$1,115,824	\$22,824	\$7,217	\$0	\$1,145,865	0.99	\$1,137,844	\$7.52
Medicare Xover - Physician	\$2,164,365	\$758	\$13,722	\$0	\$2,178,845	0.99	\$2,163,593	\$14.31
Nursing Facility	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Outpatient - Other	\$113,191	\$0	\$717	\$1,468	\$115,377	0.99	\$114,569	\$0.76
Outpatient - Psychological	\$3,809	\$179	\$25	\$0	\$4,013	0.99	\$3,985	\$0.03
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Pharmacy	\$1,532,967	\$0	\$9,716	(\$282,999)	\$1,259,684	0.99	\$1,250,866	\$8.27
Physician - Clinic	\$19,760	\$0	\$125	\$138	\$20,022	0.99	\$19,882	\$0.13
Physician - IP Mental Health	\$58	\$228	\$2	\$2	\$290	0.99	\$288	\$0.00
Physician - OP Mental Health	\$4,161,367	\$25,738	\$26,537	\$29,151	\$4,242,793	0.99	\$4,213,093	\$27.86
Physician - Other Practitioner	\$94,462	\$867	\$604	\$1,804	\$97,737	0.99	\$97,053	\$0.64
Physician - PCP	\$52,400	\$1,214	\$340	\$486	\$54,441	0.99	\$54,060	\$0.36
Physician - Specialist	\$103,745	\$19,720	\$782	\$1,120	\$125,368	0.99	\$124,490	\$0.82
Transportation - Emergency	\$5,151	\$0	\$33	\$0	\$5,183	0.99	\$5,147	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$17,871,286	\$284,923	\$115,071	(\$257,427)	\$18,013,853		\$17,887,756	\$150.09
Managed Care Adjustment								-1.96%
Base Rate								\$147.15

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual DD Waivers

Appendix C
Exhibit 4c

All Ages								
Statewide	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Case Management Services	\$477,394	\$0	\$2,389	\$0	\$479,783	1.02	\$491,238	\$5.10
Community Behavioral Health	\$361,147	\$0	\$1,807	\$0	\$362,954	1.02	\$371,620	\$3.86
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
DME/Supplies	\$12,125,767	\$40,013	\$60,884	(\$164,454)	\$12,062,210	1.02	\$12,350,205	\$128.34
FQHC	\$104,406	\$208	\$524	\$0	\$105,138	1.02	\$107,648	\$1.12
Home Health Services	\$668,364	\$355	\$3,347	\$11,330	\$683,396	1.02	\$699,712	\$7.27
Hospice Care	\$192,499	\$0	\$963	\$0	\$193,462	1.02	\$198,081	\$2.06
Inpatient - Medical/Surgical	\$12,872,866	\$4,331	\$64,445	(\$717,049)	\$12,224,593	1.02	\$12,516,465	\$130.07
Inpatient - Psych	\$1,186,984	\$5,093	\$5,966	\$307,722	\$1,505,764	1.02	\$1,541,716	\$16.02
Lab and X-ray Services	\$388,231	\$0	\$1,943	(\$13,492)	\$376,682	1.02	\$385,676	\$4.01
Medicare Xover - IP	\$1,480	\$0	\$7	\$0	\$1,487	1.02	\$1,523	\$0.02
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Medicare Xover - Other	\$901	\$0	\$5	\$0	\$905	1.02	\$927	\$0.01
Medicare Xover - Physician	\$179	\$0	\$1	\$0	\$180	1.02	\$185	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Outpatient - Other	\$4,768,016	\$412	\$23,864	\$61,771	\$4,854,063	1.02	\$4,969,957	\$51.65
Outpatient - Psychological	\$184,031	\$221	\$922	\$0	\$185,174	1.02	\$189,595	\$1.97
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Pharmacy	\$39,266,472	\$0	\$196,512	(\$1,401,003)	\$38,061,981	1.02	\$38,970,740	\$404.97
Physician - Clinic	\$186,826	\$0	\$935	\$1,299	\$189,060	1.02	\$193,574	\$2.01
Physician - IP Mental Health	\$12,126	\$0	\$61	\$84	\$12,271	1.02	\$12,564	\$0.13
Physician - OP Mental Health	\$3,790,527	\$38,694	\$19,164	\$26,624	\$3,875,008	1.02	\$3,967,527	\$41.23
Physician - Other Practitioner	\$2,004,193	\$9,176	\$10,076	\$38,060	\$2,061,504	1.02	\$2,110,724	\$21.93
Physician - PCP	\$2,463,592	\$3,006	\$12,344	\$22,349	\$2,501,291	1.02	\$2,561,011	\$26.61
Physician - Specialist	\$2,424,653	\$18,197	\$12,225	\$22,134	\$2,477,209	1.02	\$2,536,355	\$26.36
Transportation - Emergency	\$238,846	\$0	\$1,195	\$0	\$240,042	1.02	\$245,773	\$2.55
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$83,719,499	\$119,706	\$419,579	(\$1,804,624)	\$82,454,159		\$84,422,817	\$909.09
Managed Care Adjustment								-2.02%
Base Rate								\$890.69

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Total Technology Assisted Waiver

Appendix C
Exhibit 4d

All Ages								
Statewide	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Case Management Services	\$91,130	\$0	\$448	\$0	\$91,577	0.97	\$89,013	\$12.76
Community Behavioral Health	\$746	\$0	\$4	\$0	\$750	0.97	\$729	\$0.10
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
DME/Supplies	\$12,443,433	\$32,583	\$61,275	(\$126,661)	\$12,410,630	0.97	\$12,063,132	\$1,729.16
FQHC	\$8,870	\$0	\$44	\$0	\$8,914	0.97	\$8,664	\$1.24
Home Health Services	\$174,698	\$0	\$858	\$2,649	\$178,205	0.97	\$173,215	\$24.83
Hospice Care	\$13,721	\$0	\$67	\$0	\$13,789	0.97	\$13,403	\$1.92
Inpatient - Medical/Surgical	\$8,677,954	\$0	\$42,621	(\$386,457)	\$8,334,119	0.97	\$8,100,764	\$1,161.19
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Lab and X-ray Services	\$24,990	\$0	\$123	(\$919)	\$24,194	0.97	\$23,516	\$3.37
Medicare Xover - IP	\$85,621	\$0	\$421	\$0	\$86,041	0.97	\$83,632	\$11.99
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Medicare Xover - OP	\$32,708	\$0	\$161	\$0	\$32,869	0.97	\$31,949	\$4.58
Medicare Xover - Other	\$359,793	\$0	\$1,767	\$0	\$361,560	0.97	\$351,437	\$50.38
Medicare Xover - Physician	\$19,159	\$0	\$94	\$0	\$19,254	0.97	\$18,714	\$2.68
Nursing Facility	\$6,754	\$0	\$33	\$211	\$6,998	0.97	\$6,802	\$0.97
Other Waiver Services	\$55,513,498	\$46,105	\$272,877	\$0	\$55,832,480	0.97	\$54,269,171	\$7,779.09
Outpatient - Other	\$1,639,567	\$0	\$8,053	\$38,178	\$1,685,798	0.97	\$1,638,596	\$234.88
Outpatient - Psychological	\$15,779	\$0	\$77	\$0	\$15,856	0.97	\$15,412	\$2.21
Personal Care Agency - Personal Care	\$37,013	\$0	\$182	\$449	\$37,644	0.97	\$36,590	\$5.24
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Pharmacy	\$7,140,855	\$0	\$35,072	(\$190,554)	\$6,985,373	0.97	\$6,789,783	\$973.27
Physician - Clinic	\$23,426	\$0	\$115	\$163	\$23,703	0.97	\$23,040	\$3.30
Physician - IP Mental Health	\$29	\$0	\$0	\$0	\$29	0.97	\$28	\$0.00
Physician - OP Mental Health	\$2,169,026	\$875	\$10,657	\$15,066	\$2,195,624	0.97	\$2,134,147	\$305.91
Physician - Other Practitioner	\$1,545,881	\$223	\$7,594	\$17,977	\$1,571,675	0.97	\$1,527,668	\$218.98
Physician - PCP	\$642,874	\$78	\$3,158	\$4,730	\$650,840	0.97	\$632,617	\$90.68
Physician - Specialist	\$434,116	\$166	\$2,133	\$3,195	\$439,610	0.97	\$427,301	\$61.25
Transportation - Emergency	\$81,380	\$0	\$400	\$0	\$81,780	0.97	\$79,490	\$11.39
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
Total	\$91,183,023	\$80,029	\$448,233	(\$621,972)	\$91,089,313		\$88,538,812	\$12,773.85
Managed Care Adjustment								-2.04%
Base Rate								\$12,513.67

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Central Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$9,822	\$0	\$28	\$0	\$9,850	1.10	\$10,791	\$0.09
Community Behavioral Health	\$312,970	\$61	\$888	\$0	\$313,919	1.10	\$343,908	\$2.77
Consumer Directed - Personal Care	\$11,007	\$0	\$20	\$396	\$11,424	0.86	\$9,859	\$0.08
Consumer Directed - Respite Care	\$3,630	\$0	\$7	\$128	\$3,765	0.86	\$3,249	\$0.03
DME/Supplies	\$531,904	\$0	\$9,341	(\$4,841)	\$536,404	1.13	\$607,733	\$4.90
FQHC	\$5,650	\$298	\$0	\$0	\$5,947	1.06	\$6,316	\$0.05
Home Health Services	\$14,575	\$0	\$27	\$242	\$14,844	0.86	\$12,810	\$0.10
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$1,721,920	\$124,921	\$105,249	(\$109,564)	\$1,842,527	0.79	\$1,451,911	\$11.70
Inpatient - Psych	\$506,178	\$1,186,667	\$96,473	\$459,593	\$2,248,911	0.79	\$1,772,142	\$14.28
Lab and X-ray Services	\$23,945	\$0	\$421	(\$869)	\$23,497	1.13	\$26,621	\$0.21
Medicare Xover - IP	\$2,398,569	\$0	\$28,444	\$0	\$2,427,013	0.99	\$2,407,279	\$19.39
Medicare Xover - Nursing Facility	\$51,631	\$3,335	\$652	\$0	\$55,618	0.99	\$55,166	\$0.44
Medicare Xover - OP	\$2,500,392	\$53	\$29,652	\$0	\$2,530,097	0.99	\$2,509,524	\$20.22
Medicare Xover - Other	\$870,572	\$382	\$10,328	\$0	\$881,282	0.99	\$874,116	\$7.04
Medicare Xover - Physician	\$6,865,445	\$2,290	\$81,443	\$0	\$6,949,178	0.99	\$6,892,675	\$55.53
Nursing Facility	\$883,663	\$180,771	\$22,591	\$56,816	\$1,143,841	1.23	\$1,401,806	\$11.29
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$415,922	\$0	\$7,304	\$5,366	\$428,592	1.13	\$485,584	\$3.91
Outpatient - Psychological	\$4,783	\$14,186	\$333	\$0	\$19,302	1.13	\$21,869	\$0.18
Personal Care Agency - Personal Care	\$41,315	\$0	\$77	\$1,467	\$42,858	0.86	\$36,987	\$0.30
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$285,045	\$0	\$125	(\$50,340)	\$234,829	0.94	\$221,444	\$1.78
Physician - Clinic	\$138,011	\$0	\$0	\$955	\$138,966	1.06	\$147,582	\$1.19
Physician - IP Mental Health	\$8,520	\$6,171	\$42	\$102	\$14,834	1.10	\$16,251	\$0.13
Physician - OP Mental Health	\$801,573	\$26,316	\$2,348	\$5,744	\$835,981	1.10	\$915,843	\$7.38
Physician - Other Practitioner	\$117,290	\$122	\$0	\$1,220	\$118,633	1.06	\$125,988	\$1.01
Physician - PCP	\$187,193	\$0	\$0	\$1,550	\$188,743	1.06	\$200,445	\$1.61
Physician - Specialist	\$196,610	\$12,488	\$0	\$1,731	\$210,830	1.06	\$223,901	\$1.80
Transportation - Emergency	\$12,087	\$0	\$212	\$0	\$12,299	1.13	\$13,935	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$18,920,219	\$1,558,062	\$396,006	\$369,696	\$21,243,983		\$20,795,733	\$199.34
Managed Care Adjustment								-1.62%
Base Rate								\$196.11

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Central Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$10,788	\$0	\$20	\$265	\$11,073	0.86	\$9,556	\$0.09
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$38,580	\$0	\$109	\$0	\$38,690	1.10	\$42,386	\$0.39
Consumer Directed - Personal Care	\$38,298	\$855	\$73	\$1,409	\$40,635	0.86	\$35,068	\$0.32
Consumer Directed - Respite Care	\$8,650	\$0	\$16	\$305	\$8,971	0.86	\$7,742	\$0.07
DME/Supplies	\$568,320	\$0	\$9,981	(\$5,173)	\$573,128	1.13	\$649,340	\$5.98
FQHC	\$2,629	\$0	\$0	\$0	\$2,629	1.06	\$2,792	\$0.03
Home Health Services	\$1,463	\$0	\$3	\$24	\$1,490	0.86	\$1,286	\$0.01
Hospice Care	\$15,985	\$1,167	\$0	\$0	\$17,152	1.06	\$18,215	\$0.17
Inpatient - Medical/Surgical	\$2,509,416	\$0	\$143,009	(\$148,871)	\$2,503,554	0.79	\$1,972,800	\$18.17
Inpatient - Psych	\$986,308	\$226,312	\$69,106	\$329,216	\$1,610,942	0.79	\$1,269,422	\$11.69
Lab and X-ray Services	\$4,992	\$0	\$88	(\$181)	\$4,899	1.13	\$5,550	\$0.05
Medicare Xover - IP	\$2,096,789	(\$0)	\$24,865	\$0	\$2,121,655	0.99	\$2,104,403	\$19.39
Medicare Xover - Nursing Facility	\$176,135	\$368	\$2,093	\$0	\$178,596	0.99	\$177,144	\$1.63
Medicare Xover - OP	\$1,565,204	\$0	\$18,561	\$0	\$1,583,766	0.99	\$1,570,888	\$14.47
Medicare Xover - Other	\$429,405	\$195	\$5,095	\$0	\$434,695	0.99	\$431,161	\$3.97
Medicare Xover - Physician	\$3,562,766	\$4,028	\$42,298	\$0	\$3,609,091	0.99	\$3,579,746	\$32.98
Nursing Facility	\$6,487,670	\$1,717,414	\$174,139	\$437,963	\$8,817,186	1.23	\$10,805,679	\$99.55
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$159,345	\$0	\$2,798	\$2,056	\$164,199	1.13	\$186,033	\$1.71
Outpatient - Psychological	\$1,654	\$7,371	\$158	\$0	\$9,183	1.13	\$10,405	\$0.10
Personal Care Agency - Personal Care	\$96,740	\$557	\$180	\$3,455	\$100,933	0.86	\$87,105	\$0.80
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$197,177	\$0	\$86	(\$34,822)	\$162,441	0.94	\$153,182	\$1.41
Physician - Clinic	\$5,574	\$0	\$0	\$39	\$5,612	1.06	\$5,960	\$0.05
Physician - IP Mental Health	\$818	\$1,407	\$6	\$15	\$2,247	1.10	\$2,461	\$0.02
Physician - OP Mental Health	\$65,524	\$3,901	\$197	\$482	\$70,103	1.10	\$76,800	\$0.71
Physician - Other Practitioner	\$73,659	\$72	\$0	\$766	\$74,497	1.06	\$79,115	\$0.73
Physician - PCP	\$109,653	\$0	\$0	\$908	\$110,561	1.06	\$117,415	\$1.08
Physician - Specialist	\$95,904	\$1,766	\$0	\$809	\$98,478	1.06	\$104,584	\$0.96
Transportation - Emergency	\$7,762	\$0	\$136	\$0	\$7,898	1.13	\$8,949	\$0.08
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$19,317,208	\$1,965,411	\$493,018	\$588,665	\$22,364,303		\$23,515,189	\$248.44
Managed Care Adjustment								-0.96%
Base Rate								\$246.06

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Charlottesville Western Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$1,937	\$0	\$5	\$0	\$1,943	1.10	\$2,128	\$0.02
Community Behavioral Health	\$197,150	\$0	\$559	\$0	\$197,709	1.10	\$216,597	\$2.03
Consumer Directed - Personal Care	\$6,926	\$481	\$14	\$267	\$7,687	0.86	\$6,634	\$0.06
Consumer Directed - Respite Care	\$910	\$0	\$2	\$32	\$943	0.86	\$814	\$0.01
DME/Supplies	\$342,657	\$0	\$6,018	(\$3,119)	\$345,556	1.13	\$391,506	\$3.67
FQHC	\$5,636	\$1,239	\$0	\$0	\$6,875	1.06	\$7,301	\$0.07
Home Health Services	\$11,222	\$0	\$21	\$186	\$11,429	0.86	\$9,863	\$0.09
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$596,307	\$1,957	\$34,094	(\$35,492)	\$596,867	0.79	\$470,331	\$4.41
Inpatient - Psych	\$175,506	\$394,824	\$32,502	\$154,840	\$757,673	0.79	\$597,046	\$5.59
Lab and X-ray Services	\$17,862	\$0	\$314	(\$648)	\$17,527	1.13	\$19,858	\$0.19
Medicare Xover - IP	\$1,727,065	\$0	\$20,481	\$0	\$1,747,546	0.99	\$1,733,337	\$16.24
Medicare Xover - Nursing Facility	\$54,209	\$5,730	\$711	\$0	\$60,650	0.99	\$60,157	\$0.56
Medicare Xover - OP	\$2,029,795	\$0	\$24,071	\$0	\$2,053,866	0.99	\$2,037,166	\$19.08
Medicare Xover - Other	\$650,469	\$137	\$7,715	\$0	\$658,322	0.99	\$652,969	\$6.12
Medicare Xover - Physician	\$4,586,658	\$674	\$54,400	\$0	\$4,641,732	0.99	\$4,603,990	\$43.13
Nursing Facility	\$601,783	\$125,094	\$15,427	\$38,799	\$781,103	1.23	\$957,261	\$8.97
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$254,375	\$0	\$4,467	\$3,282	\$262,124	1.13	\$296,980	\$2.78
Outpatient - Psychological	\$1,899	\$420	\$41	\$0	\$2,360	1.13	\$2,674	\$0.03
Personal Care Agency - Personal Care	\$7,269	\$220	\$14	\$266	\$7,769	0.86	\$6,704	\$0.06
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$255,721	\$0	\$112	(\$45,162)	\$210,672	0.94	\$198,663	\$1.86
Physician - Clinic	\$29,505	\$0	\$0	\$204	\$29,709	1.06	\$31,551	\$0.30
Physician - IP Mental Health	\$955	\$1,798	\$8	\$19	\$2,780	1.10	\$3,046	\$0.03
Physician - OP Mental Health	\$775,365	\$27,976	\$2,279	\$5,573	\$811,193	1.10	\$888,686	\$8.32
Physician - Other Practitioner	\$57,443	\$112	\$0	\$598	\$58,153	1.06	\$61,758	\$0.58
Physician - PCP	\$69,742	\$0	\$0	\$577	\$70,319	1.06	\$74,679	\$0.70
Physician - Specialist	\$117,354	\$21,059	\$0	\$1,146	\$139,559	1.06	\$148,212	\$1.39
Transportation - Emergency	\$18,885	\$0	\$332	\$0	\$19,217	1.13	\$21,772	\$0.20
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$12,594,605	\$581,720	\$203,586	\$121,369	\$13,501,280		\$13,501,682	\$158.28
Managed Care Adjustment								-1.57%
Base Rate								\$155.79

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Charlottesville Western Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$334	\$0	\$1	\$8	\$343	0.86	\$296	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$24,731	\$0	\$70	\$0	\$24,801	1.10	\$27,170	\$0.32
Consumer Directed - Personal Care	\$24,905	\$2,258	\$50	\$977	\$28,191	0.86	\$24,329	\$0.29
Consumer Directed - Respite Care	\$5,631	\$0	\$10	\$198	\$5,840	0.86	\$5,040	\$0.06
DME/Supplies	\$421,779	\$0	\$7,407	(\$3,839)	\$425,348	1.13	\$481,909	\$5.70
FQHC	\$1,087	\$173	\$0	\$0	\$1,260	1.06	\$1,338	\$0.02
Home Health Services	\$8,027	\$0	\$15	\$133	\$8,175	0.86	\$7,055	\$0.08
Hospice Care	\$15,052	\$2,311	\$0	\$0	\$17,363	1.06	\$18,440	\$0.22
Inpatient - Medical/Surgical	\$797,059	\$0	\$45,423	(\$47,285)	\$795,197	0.79	\$626,615	\$7.41
Inpatient - Psych	\$1,536,405	\$118,017	\$94,284	\$449,162	\$2,197,868	0.79	\$1,731,920	\$20.48
Lab and X-ray Services	\$2,499	\$0	\$44	(\$91)	\$2,452	1.13	\$2,778	\$0.03
Medicare Xover - IP	\$1,667,994	\$0	\$19,780	\$0	\$1,687,774	0.99	\$1,674,051	\$19.80
Medicare Xover - Nursing Facility	\$195,680	\$9,337	\$2,431	\$0	\$207,449	0.99	\$205,762	\$2.43
Medicare Xover - OP	\$1,184,762	\$7	\$14,050	\$0	\$1,198,819	0.99	\$1,189,071	\$14.06
Medicare Xover - Other	\$459,020	\$131	\$5,445	\$0	\$464,596	0.99	\$460,818	\$5.45
Medicare Xover - Physician	\$2,348,802	\$264	\$27,857	\$0	\$2,376,924	0.99	\$2,357,597	\$27.88
Nursing Facility	\$6,074,402	\$1,510,808	\$160,983	\$404,876	\$8,151,069	1.23	\$9,989,337	\$118.12
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$61,048	\$0	\$1,072	\$788	\$62,908	1.13	\$71,273	\$0.84
Outpatient - Psychological	\$982	\$803	\$31	\$0	\$1,817	1.13	\$2,058	\$0.02
Personal Care Agency - Personal Care	\$22,056	\$0	\$41	\$783	\$22,880	0.86	\$19,746	\$0.23
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$175,239	\$0	\$77	(\$30,948)	\$144,368	0.94	\$136,139	\$1.61
Physician - Clinic	\$751	\$0	\$0	\$5	\$756	1.06	\$803	\$0.01
Physician - IP Mental Health	\$80	\$208	\$1	\$2	\$290	1.10	\$318	\$0.00
Physician - OP Mental Health	\$92,576	\$4,164	\$274	\$671	\$97,685	1.10	\$107,017	\$1.27
Physician - Other Practitioner	\$42,167	\$0	\$0	\$438	\$42,606	1.06	\$45,247	\$0.54
Physician - PCP	\$36,222	\$0	\$0	\$300	\$36,522	1.06	\$38,786	\$0.46
Physician - Specialist	\$45,156	\$780	\$0	\$380	\$46,316	1.06	\$49,188	\$0.58
Transportation - Emergency	\$11,430	\$0	\$201	\$0	\$11,631	1.13	\$13,178	\$0.16
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$15,255,875	\$1,649,262	\$379,548	\$776,560	\$18,061,245		\$19,287,277	\$259.87
Managed Care Adjustment								-0.86%
Base Rate								\$257.62

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Northern & Winchester Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$7,718	\$0	\$22	\$0	\$7,739	1.10	\$8,479	\$0.11
Community Behavioral Health	\$230,167	\$0	\$653	\$0	\$230,820	1.10	\$252,870	\$3.26
Consumer Directed - Personal Care	\$9,466	\$0	\$18	\$341	\$9,824	0.86	\$8,478	\$0.11
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
DME/Supplies	\$273,386	\$0	\$4,801	(\$2,488)	\$275,699	1.13	\$312,360	\$4.03
FQHC	\$249	\$0	\$0	\$0	\$249	1.06	\$264	\$0.00
Home Health Services	\$5,831	\$0	\$11	\$97	\$5,938	0.86	\$5,125	\$0.07
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$690,917	\$4,381	\$39,624	(\$41,249)	\$693,673	0.79	\$546,614	\$7.05
Inpatient - Psych	\$88,564	\$138,465	\$12,938	\$61,637	\$301,605	0.79	\$237,664	\$3.06
Lab and X-ray Services	\$18,958	\$0	\$333	(\$688)	\$18,603	1.13	\$21,077	\$0.27
Medicare Xover - IP	\$1,248,736	\$0	\$14,808	\$0	\$1,263,545	0.99	\$1,253,271	\$16.16
Medicare Xover - Nursing Facility	\$22,049	\$358	\$266	\$0	\$22,673	0.99	\$22,489	\$0.29
Medicare Xover - OP	\$1,488,731	\$0	\$17,655	\$0	\$1,506,385	0.99	\$1,494,137	\$19.27
Medicare Xover - Other	\$436,367	\$87	\$5,176	\$0	\$441,630	0.99	\$438,039	\$5.65
Medicare Xover - Physician	\$3,566,001	\$3,994	\$42,336	\$0	\$3,612,331	0.99	\$3,582,959	\$46.20
Nursing Facility	\$679,259	\$127,650	\$17,125	\$43,070	\$867,105	1.23	\$1,062,658	\$13.70
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$149,950	\$0	\$2,633	\$1,934	\$154,517	1.13	\$175,065	\$2.26
Outpatient - Psychological	\$2,110	\$470	\$45	\$0	\$2,625	1.13	\$2,974	\$0.04
Personal Care Agency - Personal Care	\$27,482	\$54	\$51	\$978	\$28,565	0.86	\$24,651	\$0.32
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$221,953	\$0	\$97	(\$39,198)	\$182,852	0.94	\$172,430	\$2.22
Physician - Clinic	\$171,944	\$0	\$0	\$1,190	\$173,134	1.06	\$183,868	\$2.37
Physician - IP Mental Health	\$3,126	\$5,278	\$24	\$58	\$8,486	1.10	\$9,297	\$0.12
Physician - OP Mental Health	\$642,431	\$97,432	\$2,099	\$5,133	\$747,096	1.10	\$818,466	\$10.55
Physician - Other Practitioner	\$48,138	\$2,890	\$0	\$530	\$51,558	1.06	\$54,754	\$0.71
Physician - PCP	\$85,264	\$26	\$0	\$706	\$85,997	1.06	\$91,328	\$1.18
Physician - Specialist	\$92,492	\$29,368	\$0	\$1,009	\$122,869	1.06	\$130,487	\$1.68
Transportation - Emergency	\$6,895	\$0	\$121	\$0	\$7,016	1.13	\$7,949	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$10,218,183	\$410,454	\$160,836	\$33,061	\$10,822,532		\$10,917,753	\$172.58
Managed Care Adjustment								-1.56%
Base Rate								\$169.88

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Northern & Winchester Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$897	\$0	\$2	\$22	\$921	0.86	\$794	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$13,874	\$0	\$39	\$0	\$13,913	1.10	\$15,242	\$0.07
Consumer Directed - Personal Care	\$52,912	\$140	\$98	\$1,909	\$55,060	0.86	\$47,516	\$0.21
Consumer Directed - Respite Care	\$10,503	\$0	\$19	\$370	\$10,893	0.86	\$9,400	\$0.04
DME/Supplies	\$525,314	\$0	\$9,226	(\$4,781)	\$529,758	1.13	\$600,203	\$2.62
FQHC	\$362	\$0	\$0	\$0	\$362	1.06	\$384	\$0.00
Home Health Services	\$15,334	\$0	\$28	\$254	\$15,617	0.86	\$13,478	\$0.06
Hospice Care	\$48,060	\$2,847	\$0	\$0	\$50,907	1.06	\$54,063	\$0.24
Inpatient - Medical/Surgical	\$7,535,691	\$0	\$429,450	(\$447,055)	\$7,518,087	0.79	\$5,924,252	\$25.84
Inpatient - Psych	\$1,277,659	\$90,296	\$77,958	\$371,388	\$1,817,302	0.79	\$1,432,034	\$6.25
Lab and X-ray Services	\$13,509	\$0	\$237	(\$490)	\$13,256	1.13	\$15,019	\$0.07
Medicare Xover - IP	\$2,407,642	\$151	\$28,553	\$0	\$2,436,346	0.99	\$2,416,537	\$10.54
Medicare Xover - Nursing Facility	\$219,622	\$1,183	\$2,618	\$0	\$223,423	0.99	\$221,606	\$0.97
Medicare Xover - OP	\$2,813,193	\$126	\$33,363	\$0	\$2,846,681	0.99	\$2,823,534	\$12.32
Medicare Xover - Other	\$406,747	\$314	\$4,827	\$0	\$411,889	0.99	\$408,540	\$1.78
Medicare Xover - Physician	\$4,409,784	\$968	\$52,306	\$0	\$4,463,058	0.99	\$4,426,769	\$19.31
Nursing Facility	\$6,314,422	\$1,391,048	\$163,535	\$411,295	\$8,280,301	1.23	\$10,147,713	\$44.26
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$85,112	\$0	\$1,495	\$1,098	\$87,705	1.13	\$99,368	\$0.43
Outpatient - Psychological	\$364	\$1,315	\$29	\$0	\$1,709	1.13	\$1,937	\$0.01
Personal Care Agency - Personal Care	\$296,741	\$658	\$551	\$10,562	\$308,512	0.86	\$266,246	\$1.16
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$526,238	\$0	\$230	(\$92,936)	\$433,532	0.94	\$408,821	\$1.78
Physician - Clinic	\$17,220	\$0	\$0	\$119	\$17,340	1.06	\$18,415	\$0.08
Physician - IP Mental Health	\$388	\$645	\$3	\$7	\$1,043	1.10	\$1,143	\$0.00
Physician - OP Mental Health	\$87,180	\$11,544	\$280	\$685	\$99,689	1.10	\$109,212	\$0.48
Physician - Other Practitioner	\$40,147	\$651	\$0	\$424	\$41,222	1.06	\$43,778	\$0.19
Physician - PCP	\$138,917	\$0	\$0	\$1,150	\$140,067	1.06	\$148,751	\$0.65
Physician - Specialist	\$125,294	\$6,245	\$0	\$1,089	\$132,628	1.06	\$140,851	\$0.61
Transportation - Emergency	\$4,907	\$0	\$86	\$0	\$4,993	1.13	\$5,657	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$27,388,033	\$1,508,131	\$804,937	\$255,112	\$29,956,212		\$29,801,263	\$161.79
Managed Care Adjustment								-1.08%
Base Rate								\$160.05

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Roanoke/Alleghany Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$2,428	\$0	\$7	\$0	\$2,435	1.10	\$2,668	\$0.04
Community Behavioral Health	\$217,056	\$0	\$616	\$0	\$217,671	1.10	\$238,466	\$3.20
Consumer Directed - Personal Care	\$8,038	\$35	\$15	\$290	\$8,379	0.86	\$7,231	\$0.10
Consumer Directed - Respite Care	\$891	\$0	\$2	\$31	\$925	0.86	\$798	\$0.01
DME/Supplies	\$247,609	\$0	\$4,349	(\$2,254)	\$249,704	1.13	\$282,909	\$3.80
FQHC	\$2,930	\$217	\$0	\$0	\$3,147	1.06	\$3,342	\$0.04
Home Health Services	\$1,438	\$0	\$3	\$24	\$1,465	0.86	\$1,264	\$0.02
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$505,071	\$1,928	\$28,893	(\$30,078)	\$505,814	0.79	\$398,582	\$5.35
Inpatient - Psych	\$116,529	\$273,570	\$22,231	\$105,909	\$518,240	0.79	\$408,373	\$5.49
Lab and X-ray Services	\$29,802	\$0	\$523	(\$1,081)	\$29,244	1.13	\$33,133	\$0.45
Medicare Xover - IP	\$1,278,052	\$0	\$15,156	\$0	\$1,293,209	0.99	\$1,282,694	\$17.23
Medicare Xover - Nursing Facility	\$42,233	\$5,416	\$565	\$0	\$48,214	0.99	\$47,822	\$0.64
Medicare Xover - OP	\$1,375,475	\$0	\$16,311	\$0	\$1,391,786	0.99	\$1,380,470	\$18.54
Medicare Xover - Other	\$548,664	\$108	\$6,508	\$0	\$555,280	0.99	\$550,765	\$7.40
Medicare Xover - Physician	\$2,493,855	\$685	\$29,582	\$0	\$2,524,122	0.99	\$2,503,599	\$33.63
Nursing Facility	\$479,152	\$106,818	\$12,436	\$31,277	\$629,683	1.23	\$771,692	\$10.37
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$149,875	\$0	\$2,632	\$1,933	\$154,440	1.13	\$174,977	\$2.35
Outpatient - Psychological	\$886	\$625	\$27	\$0	\$1,538	1.13	\$1,742	\$0.02
Personal Care Agency - Personal Care	\$1,377	\$0	\$3	\$49	\$1,428	0.86	\$1,233	\$0.02
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$172,916	\$0	\$76	(\$30,538)	\$142,454	0.94	\$134,334	\$1.80
Physician - Clinic	\$77,393	\$0	\$0	\$535	\$77,928	1.06	\$82,759	\$1.11
Physician - IP Mental Health	\$1,043	\$1,042	\$6	\$14	\$2,105	1.10	\$2,306	\$0.03
Physician - OP Mental Health	\$536,447	\$14,601	\$1,563	\$3,823	\$556,434	1.10	\$609,590	\$8.19
Physician - Other Practitioner	\$34,842	\$4,975	\$0	\$414	\$40,231	1.06	\$42,726	\$0.57
Physician - PCP	\$73,206	\$0	\$0	\$606	\$73,812	1.06	\$78,389	\$1.05
Physician - Specialist	\$103,518	\$30,045	\$0	\$1,106	\$134,669	1.06	\$143,019	\$1.92
Transportation - Emergency	\$12,499	\$0	\$220	\$0	\$12,719	1.13	\$14,410	\$0.19
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$8,513,227	\$440,065	\$141,722	\$82,063	\$9,177,077		\$9,199,291	\$155.37
Managed Care Adjustment								-1.53%
Base Rate								\$152.99

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Roanoke/Alleghany Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$29,435	\$0	\$83	\$0	\$29,519	1.10	\$32,339	\$0.66
Consumer Directed - Personal Care	\$31,026	\$1,683	\$61	\$1,177	\$33,947	0.86	\$29,296	\$0.60
Consumer Directed - Respite Care	\$10,504	\$0	\$19	\$370	\$10,894	0.86	\$9,402	\$0.19
DME/Supplies	\$285,483	\$0	\$5,014	(\$2,598)	\$287,899	1.13	\$326,182	\$6.70
FQHC	\$1,263	\$198	\$0	\$0	\$1,461	1.06	\$1,552	\$0.03
Home Health Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$545,637	\$0	\$31,095	(\$32,370)	\$544,363	0.79	\$428,958	\$8.80
Inpatient - Psych	\$2,918,052	\$263,748	\$181,327	\$863,832	\$4,226,959	0.79	\$3,330,844	\$68.37
Lab and X-ray Services	\$5,153	\$0	\$90	(\$187)	\$5,056	1.13	\$5,729	\$0.12
Medicare Xover - IP	\$1,067,264	\$0	\$12,656	\$0	\$1,079,921	0.99	\$1,071,140	\$21.99
Medicare Xover - Nursing Facility	\$141,500	\$3,683	\$1,722	\$0	\$146,905	0.99	\$145,710	\$2.99
Medicare Xover - OP	\$755,245	\$3	\$8,956	\$0	\$764,205	0.99	\$757,991	\$15.56
Medicare Xover - Other	\$304,597	\$214	\$3,615	\$0	\$308,425	0.99	\$305,918	\$6.28
Medicare Xover - Physician	\$1,242,002	\$949	\$14,740	\$0	\$1,257,691	0.99	\$1,247,465	\$25.61
Nursing Facility	\$4,580,709	\$1,204,238	\$122,776	\$308,783	\$6,216,506	1.23	\$7,618,482	\$156.38
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$42,550	\$0	\$747	\$549	\$43,846	1.13	\$49,676	\$1.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.13	\$0	\$0.00
Personal Care Agency - Personal Care	\$29,504	\$0	\$55	\$1,048	\$30,606	0.86	\$26,413	\$0.54
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$100,300	\$0	\$44	(\$17,713)	\$82,630	0.94	\$77,920	\$1.60
Physician - Clinic	\$47	\$0	\$0	\$0	\$47	1.06	\$50	\$0.00
Physician - IP Mental Health	\$48	\$187	\$1	\$2	\$237	1.10	\$260	\$0.01
Physician - OP Mental Health	\$30,281	\$923	\$89	\$216	\$31,509	1.10	\$34,519	\$0.71
Physician - Other Practitioner	\$30,517	\$48	\$0	\$318	\$30,882	1.06	\$32,797	\$0.67
Physician - PCP	\$23,412	\$0	\$0	\$194	\$23,606	1.06	\$25,070	\$0.51
Physician - Specialist	\$33,586	\$5,806	\$0	\$326	\$39,718	1.06	\$42,181	\$0.87
Transportation - Emergency	\$6,292	\$0	\$111	\$0	\$6,403	1.13	\$7,254	\$0.15
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$12,214,408	\$1,481,681	\$383,200	\$1,123,947	\$15,203,236		\$15,607,147	\$352.15
Managed Care Adjustment								-0.95%
Base Rate								\$348.81

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Southwest Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$6,634	\$0	\$19	\$0	\$6,653	1.10	\$7,288	\$0.06
Community Behavioral Health	\$86,644	\$0	\$246	\$0	\$86,889	1.10	\$95,190	\$0.76
Consumer Directed - Personal Care	\$2,127	\$0	\$4	\$77	\$2,207	0.86	\$1,905	\$0.02
Consumer Directed - Respite Care	\$50	\$0	\$0	\$2	\$52	0.86	\$45	\$0.00
DME/Supplies	\$492,976	\$0	\$8,658	(\$4,487)	\$497,147	1.13	\$563,256	\$4.52
FQHC	\$10,827	\$0	\$0	\$0	\$10,827	1.06	\$11,498	\$0.09
Home Health Services	\$8,518	\$0	\$16	\$141	\$8,675	0.86	\$7,487	\$0.06
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$255,792	\$0	\$14,577	(\$15,175)	\$255,194	0.79	\$201,093	\$1.61
Inpatient - Psych	\$41,953	\$113,395	\$8,853	\$42,176	\$206,378	0.79	\$162,626	\$1.30
Lab and X-ray Services	\$26,650	\$0	\$468	(\$967)	\$26,151	1.13	\$29,628	\$0.24
Medicare Xover - IP	\$1,629,812	\$0	\$19,328	\$0	\$1,649,139	0.99	\$1,635,730	\$13.12
Medicare Xover - Nursing Facility	\$21,387	\$338	\$258	\$0	\$21,982	0.99	\$21,804	\$0.17
Medicare Xover - OP	\$1,906,588	\$0	\$22,610	\$0	\$1,929,198	0.99	\$1,913,511	\$15.35
Medicare Xover - Other	\$790,329	\$653	\$9,380	\$0	\$800,362	0.99	\$793,854	\$6.37
Medicare Xover - Physician	\$2,763,443	\$2,747	\$32,804	\$0	\$2,798,994	0.99	\$2,776,236	\$22.27
Nursing Facility	\$351,197	\$64,360	\$8,820	\$22,181	\$446,559	1.23	\$547,269	\$4.39
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$52,983	\$0	\$930	\$684	\$54,597	1.13	\$61,858	\$0.50
Outpatient - Psychological	\$630	\$122	\$13	\$0	\$765	1.13	\$867	\$0.01
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$359,035	\$0	\$157	(\$63,407)	\$295,784	0.94	\$278,925	\$2.24
Physician - Clinic	\$16,043	\$0	\$0	\$111	\$16,154	1.06	\$17,156	\$0.14
Physician - IP Mental Health	\$1,618	\$2,702	\$12	\$30	\$4,362	1.10	\$4,778	\$0.04
Physician - OP Mental Health	\$484,148	\$14,384	\$1,414	\$3,459	\$503,406	1.10	\$551,496	\$4.42
Physician - Other Practitioner	\$86,015	\$0	\$0	\$894	\$86,909	1.06	\$92,298	\$0.74
Physician - PCP	\$43,744	\$0	\$0	\$362	\$44,106	1.06	\$46,841	\$0.38
Physician - Specialist	\$67,065	\$1,750	\$0	\$570	\$69,385	1.06	\$73,687	\$0.59
Transportation - Emergency	\$18,179	\$0	\$319	\$0	\$18,498	1.13	\$20,958	\$0.17
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$9,524,386	\$200,452	\$128,885	(\$13,350)	\$9,840,373		\$9,917,280	\$111.35
Managed Care Adjustment								-1.42%
Base Rate								\$109.77

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Southwest Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$11,748	\$0	\$33	\$0	\$11,781	1.10	\$12,907	\$0.16
Consumer Directed - Personal Care	\$13,188	\$0	\$24	\$475	\$13,687	0.86	\$11,812	\$0.15
Consumer Directed - Respite Care	\$4,403	\$0	\$8	\$155	\$4,567	0.86	\$3,941	\$0.05
DME/Supplies	\$520,185	\$0	\$9,135	(\$4,734)	\$524,586	1.13	\$594,344	\$7.30
FQHC	\$6,853	\$0	\$0	\$0	\$6,853	1.06	\$7,278	\$0.09
Home Health Services	\$11,697	\$0	\$22	\$194	\$11,913	0.86	\$10,281	\$0.13
Hospice Care	\$135	\$0	\$0	\$0	\$135	1.06	\$143	\$0.00
Inpatient - Medical/Surgical	\$1,118,319	\$0	\$63,732	(\$66,344)	\$1,115,706	0.79	\$879,176	\$10.80
Inpatient - Psych	\$35,273	\$38,929	\$4,229	\$20,145	\$98,576	0.79	\$77,678	\$0.95
Lab and X-ray Services	\$9,876	\$0	\$173	(\$358)	\$9,691	1.13	\$10,979	\$0.13
Medicare Xover - IP	\$1,568,393	(\$0)	\$18,599	\$0	\$1,586,992	0.99	\$1,574,088	\$19.34
Medicare Xover - Nursing Facility	\$120,307	\$2,223	\$1,453	\$0	\$123,983	0.99	\$122,975	\$1.51
Medicare Xover - OP	\$1,151,780	\$0	\$13,659	\$0	\$1,165,439	0.99	\$1,155,962	\$14.20
Medicare Xover - Other	\$751,985	\$409	\$8,922	\$0	\$761,317	0.99	\$755,127	\$9.28
Medicare Xover - Physician	\$1,651,346	\$2,445	\$19,612	\$0	\$1,673,403	0.99	\$1,659,797	\$20.39
Nursing Facility	\$2,803,440	\$664,547	\$73,602	\$185,111	\$3,726,700	1.23	\$4,567,163	\$56.11
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$28,715	\$0	\$504	\$370	\$29,589	1.13	\$33,524	\$0.41
Outpatient - Psychological	\$79	\$437	\$9	\$0	\$525	1.13	\$595	\$0.01
Personal Care Agency - Personal Care	\$2,079	\$0	\$4	\$74	\$2,157	0.86	\$1,861	\$0.02
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$257,776	\$0	\$113	(\$45,524)	\$212,364	0.94	\$200,259	\$2.46
Physician - Clinic	\$214	\$0	\$0	\$1	\$215	1.06	\$228	\$0.00
Physician - IP Mental Health	\$15	\$56	\$0	\$0	\$72	1.10	\$79	\$0.00
Physician - OP Mental Health	\$32,824	\$1,581	\$98	\$239	\$34,742	1.10	\$38,061	\$0.47
Physician - Other Practitioner	\$56,275	\$412	\$0	\$589	\$57,276	1.06	\$60,827	\$0.75
Physician - PCP	\$25,215	\$0	\$0	\$209	\$25,424	1.06	\$27,000	\$0.33
Physician - Specialist	\$30,110	\$2,504	\$0	\$270	\$32,883	1.06	\$34,922	\$0.43
Transportation - Emergency	\$11,367	\$0	\$200	\$0	\$11,566	1.13	\$13,104	\$0.16
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$10,223,596	\$713,544	\$214,132	\$90,871	\$11,242,143		\$11,854,112	\$177.42
Managed Care Adjustment								-1.02%
Base Rate								\$175.61

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age Under 65								
Tidewater Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$5,125	\$0	\$15	\$0	\$5,140	1.10	\$5,631	\$0.06
Community Behavioral Health	\$286,911	\$0	\$814	\$0	\$287,725	1.10	\$315,211	\$3.32
Consumer Directed - Personal Care	\$5,415	\$308	\$11	\$206	\$5,939	0.86	\$5,125	\$0.05
Consumer Directed - Respite Care	\$1,951	\$0	\$4	\$69	\$2,023	0.86	\$1,746	\$0.02
DME/Supplies	\$539,594	\$0	\$9,476	(\$4,911)	\$544,159	1.13	\$616,519	\$6.50
FQHC	\$1,200	\$0	\$0	\$0	\$1,200	1.06	\$1,274	\$0.01
Home Health Services	\$6,421	\$0	\$12	\$106	\$6,540	0.86	\$5,644	\$0.06
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$742,588	\$0	\$42,319	(\$44,054)	\$740,854	0.79	\$583,793	\$6.16
Inpatient - Psych	\$104,842	\$353,162	\$26,101	\$124,344	\$608,449	0.79	\$479,458	\$5.06
Lab and X-ray Services	\$18,436	\$0	\$324	(\$669)	\$18,091	1.13	\$20,497	\$0.22
Medicare Xover - IP	\$1,695,387	\$0	\$20,105	\$0	\$1,715,493	0.99	\$1,701,544	\$17.94
Medicare Xover - Nursing Facility	\$35,304	\$3,027	\$455	\$0	\$38,785	0.99	\$38,470	\$0.41
Medicare Xover - OP	\$2,097,126	\$210	\$24,872	\$0	\$2,122,208	0.99	\$2,104,952	\$22.19
Medicare Xover - Other	\$878,113	\$2,296	\$10,441	\$0	\$890,849	0.99	\$883,605	\$9.32
Medicare Xover - Physician	\$6,907,054	\$754	\$81,918	\$0	\$6,989,726	0.99	\$6,932,893	\$73.10
Nursing Facility	\$759,802	\$142,454	\$19,149	\$48,160	\$969,565	1.23	\$1,188,226	\$12.53
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$140,456	\$0	\$2,467	\$1,812	\$144,735	1.13	\$163,981	\$1.73
Outpatient - Psychological	\$1,420	\$7,187	\$151	\$0	\$8,759	1.13	\$9,923	\$0.10
Personal Care Agency - Personal Care	\$67,720	\$0	\$126	\$2,405	\$70,251	0.86	\$60,627	\$0.64
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$234,917	\$0	\$103	(\$41,488)	\$193,532	0.94	\$182,501	\$1.92
Physician - Clinic	\$97,517	\$0	\$0	\$675	\$98,192	1.06	\$104,279	\$1.10
Physician - IP Mental Health	\$582	\$2,300	\$8	\$20	\$2,910	1.10	\$3,188	\$0.03
Physician - OP Mental Health	\$767,812	\$26,594	\$2,253	\$5,511	\$802,171	1.10	\$878,803	\$9.27
Physician - Other Practitioner	\$142,554	\$871	\$0	\$1,491	\$144,916	1.06	\$153,901	\$1.62
Physician - PCP	\$111,801	\$64	\$0	\$926	\$112,792	1.06	\$119,785	\$1.26
Physician - Specialist	\$154,634	\$54,169	\$0	\$1,729	\$210,531	1.06	\$223,584	\$2.36
Transportation - Emergency	\$7,805	\$0	\$137	\$0	\$7,942	1.13	\$8,999	\$0.09
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$15,812,489	\$593,395	\$241,259	\$96,333	\$16,743,476		\$16,794,159	\$208.88
Managed Care Adjustment								-1.64%
Base Rate								\$205.46

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled Dual Community No LTSS

Appendix C
Exhibit 4e

Age 65 and Over								
Tidewater Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.10	\$0	\$0.00
Community Behavioral Health	\$22,281	\$0	\$63	\$0	\$22,345	1.10	\$24,479	\$0.31
Consumer Directed - Personal Care	\$3,586	\$0	\$7	\$129	\$3,722	0.86	\$3,212	\$0.04
Consumer Directed - Respite Care	\$509	\$0	\$1	\$18	\$528	0.86	\$456	\$0.01
DME/Supplies	\$434,027	\$0	\$7,622	(\$3,950)	\$437,699	1.13	\$495,902	\$6.29
FQHC	\$944	\$0	\$0	\$0	\$944	1.06	\$1,002	\$0.01
Home Health Services	\$3,822	\$0	\$7	\$63	\$3,893	0.86	\$3,359	\$0.04
Hospice Care	\$8,288	\$2,755	\$0	\$0	\$11,043	1.06	\$11,727	\$0.15
Inpatient - Medical/Surgical	\$1,406,102	\$0	\$80,132	(\$83,417)	\$1,402,817	0.79	\$1,105,420	\$14.03
Inpatient - Psych	\$141,263	\$52,225	\$11,027	\$52,531	\$257,046	0.79	\$202,552	\$2.57
Lab and X-ray Services	\$2,907	\$0	\$51	(\$105)	\$2,852	1.13	\$3,231	\$0.04
Medicare Xover - IP	\$1,344,328	\$53	\$15,943	\$0	\$1,360,323	0.99	\$1,349,263	\$17.12
Medicare Xover - Nursing Facility	\$95,628	\$4,555	\$1,188	\$0	\$101,372	0.99	\$100,548	\$1.28
Medicare Xover - OP	\$1,173,513	\$0	\$13,916	\$0	\$1,187,430	0.99	\$1,177,775	\$14.95
Medicare Xover - Other	\$331,796	\$143	\$3,936	\$0	\$335,876	0.99	\$333,145	\$4.23
Medicare Xover - Physician	\$2,589,108	\$1,026	\$30,716	\$0	\$2,620,850	0.99	\$2,599,540	\$32.99
Nursing Facility	\$5,018,473	\$1,447,437	\$137,228	\$345,131	\$6,948,269	1.23	\$8,515,275	\$108.06
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Outpatient - Other	\$46,517	\$0	\$817	\$600	\$47,934	1.13	\$54,309	\$0.69
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.13	\$0	\$0.00
Personal Care Agency - Personal Care	\$156,179	\$199	\$290	\$5,554	\$162,222	0.86	\$139,997	\$1.78
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	0.86	\$0	\$0.00
Pharmacy	\$127,683	\$0	\$56	(\$22,549)	\$105,190	0.94	\$99,194	\$1.26
Physician - Clinic	\$52	\$0	\$0	\$0	\$52	1.06	\$55	\$0.00
Physician - IP Mental Health	\$186	\$633	\$2	\$6	\$827	1.10	\$906	\$0.01
Physician - OP Mental Health	\$32,656	\$5,937	\$109	\$268	\$38,970	1.10	\$42,693	\$0.54
Physician - Other Practitioner	\$40,985	\$331	\$0	\$429	\$41,745	1.06	\$44,333	\$0.56
Physician - PCP	\$61,565	\$141	\$0	\$511	\$62,217	1.06	\$66,074	\$0.84
Physician - Specialist	\$80,582	\$7,643	\$0	\$730	\$88,955	1.06	\$94,470	\$1.20
Transportation - Emergency	\$4,224	\$0	\$74	\$0	\$4,299	1.13	\$4,870	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$13,127,205	\$1,523,078	\$303,186	\$295,948	\$15,249,418		\$16,473,788	\$240.85
Managed Care Adjustment								-0.84%
Base Rate								\$238.83

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Not MCO Enrolled NonDual Community No LTSS

Appendix C
Exhibit 4e

All Ages								
All Regions	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Case Management Services	\$50,866	\$0	\$255	\$0	\$51,121	1.02	\$51,974	\$0.73
Community Behavioral Health	\$1,702,992	\$8	\$8,523	\$0	\$1,711,523	1.02	\$1,740,101	\$24.36
Consumer Directed - Personal Care	\$41,266	\$0	\$207	\$1,489	\$42,962	1.02	\$43,679	\$0.61
Consumer Directed - Respite Care	\$1,932	\$0	\$10	\$68	\$2,010	1.02	\$2,044	\$0.03
DME/Supplies	\$981,472	\$0	\$4,912	(\$8,823)	\$977,561	1.02	\$993,884	\$13.91
FQHC	\$27,952	\$789	\$144	\$0	\$28,885	1.02	\$29,367	\$0.41
Home Health Services	\$35,271	\$0	\$177	\$587	\$36,035	1.02	\$36,636	\$0.51
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$5,681,136	\$32,386	\$28,594	(\$322,284)	\$5,419,831	1.02	\$5,510,330	\$77.13
Inpatient - Psych	\$333,107	\$55,382	\$1,944	\$100,284	\$490,718	1.02	\$498,912	\$6.98
Lab and X-ray Services	\$44,563	\$0	\$223	(\$1,597)	\$43,189	1.02	\$43,910	\$0.61
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Medicare Xover - OP	\$23	\$0	\$0	\$0	\$23	1.02	\$24	\$0.00
Medicare Xover - Other	\$970	\$0	\$5	\$0	\$974	1.02	\$991	\$0.01
Medicare Xover - Physician	\$21	\$0	\$0	\$0	\$21	1.02	\$21	\$0.00
Nursing Facility	\$13,028	\$6,276	\$97	\$1,014	\$20,415	1.02	\$20,756	\$0.29
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Outpatient - Other	\$1,119,093	\$66	\$5,601	\$14,259	\$1,139,019	1.02	\$1,158,038	\$16.21
Outpatient - Psychological	\$14,484	\$561	\$75	\$0	\$15,120	1.02	\$15,372	\$0.22
Personal Care Agency - Personal Care	\$287,228	\$0	\$1,437	\$10,233	\$298,898	1.02	\$303,889	\$4.25
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Pharmacy	\$6,168,627	\$0	\$30,871	(\$156,371)	\$6,043,127	1.02	\$6,144,033	\$86.00
Physician - Clinic	\$73,231	\$0	\$366	\$509	\$74,107	1.02	\$75,344	\$1.05
Physician - IP Mental Health	\$6,751	\$394	\$36	\$50	\$7,230	1.02	\$7,350	\$0.10
Physician - OP Mental Health	\$1,500,779	\$100,620	\$8,014	\$11,134	\$1,620,548	1.02	\$1,647,607	\$23.06
Physician - Other Practitioner	\$2,825,255	\$1,156	\$14,145	\$29,526	\$2,870,082	1.02	\$2,918,005	\$40.85
Physician - PCP	\$672,638	\$236	\$3,367	\$5,599	\$681,840	1.02	\$693,225	\$9.70
Physician - Specialist	\$616,801	\$21,565	\$3,195	\$5,312	\$646,872	1.02	\$657,673	\$9.21
Transportation - Emergency	\$45,127	\$0	\$226	\$0	\$45,352	1.02	\$46,110	\$0.65
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$22,244,611	\$219,438	\$112,423	(\$309,010)	\$22,267,462		\$22,639,276	\$348.71
Managed Care Adjustment								-1.83%
Base Rate								\$342.33

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4f

All Ages							
Central Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$6,311,869	\$119,267	(\$119,389)	\$6,311,746	1.074	\$6,781,215	\$186.61
FQHC / RHC	\$220,473	\$4,166		\$224,639	1.074	\$241,347	\$6.64
Home Health	\$1,321,073	\$24,962		\$1,346,035	1.074	\$1,446,153	\$39.80
IP - Maternity	\$28,877	\$546	(\$425)	\$28,998	1.074	\$31,155	\$0.86
IP - Newborn	\$11,608	\$219	(\$171)	\$11,656	1.074	\$12,523	\$0.34
IP - Other	\$25,407,007	\$480,081	(\$373,591)	\$25,513,496	1.074	\$27,411,195	\$754.34
IP - Psych	\$978,246	\$11,289	\$231,649	\$1,221,184	1.074	\$1,312,015	\$36.11
Lab	\$236,433	\$4,033		\$240,466	1.074	\$258,352	\$7.11
OP - Emergency Room & Related	\$2,399,555	\$45,341	\$97,504	\$2,542,399	1.074	\$2,731,504	\$75.17
OP - Other	\$10,029,320	\$189,510	\$409,818	\$10,628,648	1.074	\$11,419,209	\$314.25
Pharmacy	\$17,510,581	\$330,873	(\$975,516)	\$16,865,938	1.074	\$18,120,430	\$498.66
Prof - Anesthesia	\$193,990	\$3,666		\$197,655	1.074	\$212,357	\$5.84
Prof - Child EPSDT	\$28,646	\$541	(\$48)	\$29,139	1.074	\$31,307	\$0.86
Prof - Evaluation & Management	\$3,900,147	\$73,463	(\$1,407)	\$3,972,203	1.074	\$4,267,657	\$117.44
Prof - Maternity	\$7,539	\$142	(\$13)	\$7,668	1.074	\$8,239	\$0.23
Prof - Other	\$8,037,065	\$151,895	(\$13,457)	\$8,175,503	1.074	\$8,783,598	\$241.72
Prof - Psych	\$165,963	\$1,643	(\$275)	\$167,330	1.074	\$179,776	\$4.95
Prof - Specialist	\$1,403,995	\$26,529	(\$2,351)	\$1,428,174	1.074	\$1,534,402	\$42.23
Prof - Vision	\$149,330	\$2,174	(\$249)	\$151,255	1.074	\$162,505	\$4.47
Radiology	\$687,720	\$12,995		\$700,715	1.074	\$752,834	\$20.72
Transportation/Ambulance	\$1,075,413	\$18,316		\$1,093,729	1.074	\$1,175,080	\$32.34
Total	\$80,104,846	\$1,501,651	(\$747,921)	\$80,858,576		\$86,872,854	\$2,390.69
Managed Care Adjustment							\$0.00
Base Rate							\$2,390.69

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix C
Exhibit 4f**

All Ages							
Charlottesville Western Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$2,807,371	\$53,047	(\$53,102)	\$2,807,316	1.074	\$3,016,125	\$147.31
FQHC / RHC	\$114,540	\$2,164		\$116,705	1.074	\$125,385	\$6.12
Home Health	\$195,566	\$3,695		\$199,261	1.074	\$214,082	\$10.46
IP - Maternity	\$35,687	\$674	(\$525)	\$35,837	1.074	\$38,502	\$1.88
IP - Newborn	\$10,351	\$196	(\$152)	\$10,395	1.074	\$11,168	\$0.55
IP - Other	\$10,670,955	\$201,634	(\$156,908)	\$10,715,681	1.074	\$11,512,715	\$562.28
IP - Psych	\$434,081	\$3,110	\$102,346	\$539,538	1.074	\$579,669	\$28.31
Lab	\$160,299	\$2,808		\$163,107	1.074	\$175,238	\$8.56
OP - Emergency Room & Related	\$1,126,259	\$21,281	\$45,764	\$1,193,305	1.074	\$1,282,063	\$62.62
OP - Other	\$4,513,931	\$85,293	\$184,448	\$4,783,673	1.074	\$5,139,483	\$251.01
Pharmacy	\$9,660,719	\$182,545	(\$538,200)	\$9,305,065	1.074	\$9,997,178	\$488.26
Prof - Anesthesia	\$94,047	\$1,777		\$95,824	1.074	\$102,952	\$5.03
Prof - Child EPSDT	\$26,704	\$505	(\$45)	\$27,164	1.074	\$29,184	\$1.43
Prof - Evaluation & Management	\$1,891,284	\$35,510	(\$682)	\$1,926,112	1.074	\$2,069,376	\$101.07
Prof - Maternity	\$3,591	\$68	(\$6)	\$3,653	1.074	\$3,925	\$0.19
Prof - Other	\$2,324,187	\$43,940	(\$3,892)	\$2,364,235	1.074	\$2,540,088	\$124.06
Prof - Psych	\$103,652	\$902	(\$172)	\$104,382	1.074	\$112,146	\$5.48
Prof - Specialist	\$493,355	\$9,322	(\$826)	\$501,851	1.074	\$539,179	\$26.33
Prof - Vision	\$79,039	\$1,078	(\$132)	\$79,985	1.074	\$85,935	\$4.20
Radiology	\$297,971	\$5,630		\$303,602	1.074	\$326,184	\$15.93
Transportation/Ambulance	\$726,937	\$12,697		\$739,634	1.074	\$794,648	\$38.81
Total	\$35,770,527	\$667,877	(\$422,082)	\$36,016,323		\$38,695,225	\$1,889.88
Managed Care Adjustment							\$0.00
Base Rate							\$1,889.88

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix C
Exhibit 4f**

All Ages							
Northern & Winchester Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$3,950,777	\$74,652	(\$74,729)	\$3,950,700	1.074	\$4,244,554	\$139.35
FQHC / RHC	\$6,499	\$123		\$6,622	1.074	\$7,114	\$0.23
Home Health	\$1,270,233	\$24,002		\$1,294,235	1.074	\$1,390,500	\$45.65
IP - Maternity	\$6,354	\$120	(\$93)	\$6,380	1.074	\$6,855	\$0.23
IP - Newborn	\$58,517	\$1,106	(\$860)	\$58,762	1.074	\$63,133	\$2.07
IP - Other	\$16,830,444	\$318,021	(\$247,479)	\$16,900,986	1.074	\$18,158,085	\$596.13
IP - Psych	\$453,407	\$8,416	\$108,112	\$569,935	1.074	\$612,327	\$20.10
Lab	\$227,963	\$4,007		\$231,970	1.074	\$249,224	\$8.18
OP - Emergency Room & Related	\$1,481,064	\$27,986	\$60,182	\$1,569,232	1.074	\$1,685,951	\$55.35
OP - Other	\$5,878,177	\$111,072	\$240,194	\$6,229,443	1.074	\$6,692,790	\$219.72
Pharmacy	\$15,416,237	\$291,299	(\$858,840)	\$14,848,696	1.074	\$15,953,145	\$523.74
Prof - Anesthesia	\$165,552	\$3,128		\$168,680	1.074	\$181,227	\$5.95
Prof - Child EPSDT	\$40,607	\$767	(\$68)	\$41,307	1.074	\$44,379	\$1.46
Prof - Evaluation & Management	\$3,197,186	\$60,088	(\$1,153)	\$3,256,121	1.074	\$3,498,312	\$114.85
Prof - Maternity	\$71,645	\$1,354	(\$120)	\$72,879	1.074	\$78,299	\$2.57
Prof - Other	\$16,078,556	\$303,804	(\$26,921)	\$16,355,439	1.074	\$17,571,960	\$576.89
Prof - Psych	\$111,847	\$2,082	(\$187)	\$113,742	1.074	\$122,202	\$4.01
Prof - Specialist	\$909,691	\$17,189	(\$1,523)	\$925,357	1.074	\$994,186	\$32.64
Prof - Vision	\$147,641	\$2,279	(\$246)	\$149,673	1.074	\$160,806	\$5.28
Radiology	\$375,907	\$7,103		\$383,010	1.074	\$411,499	\$13.51
Transportation/Ambulance	\$433,638	\$6,845		\$440,484	1.074	\$473,247	\$15.54
Total	\$67,111,942	\$1,265,444	(\$803,734)	\$67,573,652		\$72,599,795	\$2,383.45
Managed Care Adjustment							\$0.00
Base Rate							\$2,383.45

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix C
Exhibit 4f**

All Ages							
Roanoke/Alleghany Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$2,021,155	\$38,191	(\$38,230)	\$2,021,116	1.074	\$2,171,447	\$157.21
FQHC / RHC	\$28,781	\$544		\$29,325	1.074	\$31,507	\$2.28
Home Health	\$540,635	\$10,216		\$550,850	1.074	\$591,823	\$42.85
IP - Maternity	\$6,794	\$128	(\$100)	\$6,823	1.074	\$7,330	\$0.53
IP - Newborn	\$0	\$0		\$0	1.074	\$0	\$0.00
IP - Other	\$9,995,056	\$188,863	(\$146,970)	\$10,036,949	1.074	\$10,783,499	\$780.73
IP - Psych	\$375,359	\$6,410	\$89,372	\$471,141	1.074	\$506,184	\$36.65
Lab	\$162,325	\$2,941		\$165,265	1.074	\$177,558	\$12.86
OP - Emergency Room & Related	\$665,087	\$12,567	\$27,025	\$704,680	1.074	\$757,094	\$54.81
OP - Other	\$1,896,986	\$35,845	\$77,515	\$2,010,346	1.074	\$2,159,876	\$156.38
Pharmacy	\$8,213,152	\$155,192	(\$457,556)	\$7,910,789	1.074	\$8,499,195	\$615.35
Prof - Anesthesia	\$64,470	\$1,218		\$65,689	1.074	\$70,575	\$5.11
Prof - Child EPSDT	\$10,205	\$193	(\$17)	\$10,381	1.074	\$11,153	\$0.81
Prof - Evaluation & Management	\$1,586,742	\$29,706	(\$572)	\$1,615,876	1.074	\$1,736,065	\$125.69
Prof - Maternity	\$4,245	\$80	(\$7)	\$4,318	1.074	\$4,639	\$0.34
Prof - Other	\$2,164,565	\$40,864	(\$3,624)	\$2,201,804	1.074	\$2,365,575	\$171.27
Prof - Psych	\$97,794	\$1,706	(\$164)	\$99,337	1.074	\$106,725	\$7.73
Prof - Specialist	\$430,711	\$8,139	(\$721)	\$438,128	1.074	\$470,716	\$34.08
Prof - Vision	\$62,639	\$827	(\$104)	\$63,362	1.074	\$68,075	\$4.93
Radiology	\$319,852	\$6,044		\$325,896	1.074	\$350,136	\$25.35
Transportation/Ambulance	\$688,030	\$12,516		\$700,546	1.074	\$752,652	\$54.49
Total	\$29,334,584	\$552,189	(\$454,154)	\$29,432,619		\$31,621,824	\$2,289.45
Managed Care Adjustment							\$0.00
Base Rate							\$2,289.45

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix C
Exhibit 4f**

All Ages							
Southwest Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$1,176,927	\$22,239	(\$22,262)	\$1,176,904	1.074	\$1,264,443	\$246.72
FQHC / RHC	\$33,734	\$637		\$34,372	1.074	\$36,928	\$7.21
Home Health	\$526,227	\$9,943		\$536,170	1.074	\$576,050	\$112.40
IP - Maternity	\$0	\$0		\$0	1.074	\$0	\$0.00
IP - Newborn	\$0	\$0		\$0	1.074	\$0	\$0.00
IP - Other	\$4,856,225	\$91,761	(\$71,407)	\$4,876,579	1.074	\$5,239,300	\$1,022.30
IP - Psych	\$56,493	\$708	\$13,391	\$70,592	1.074	\$75,842	\$14.80
Lab	\$71,696	\$1,320		\$73,015	1.074	\$78,446	\$15.31
OP - Emergency Room & Related	\$444,951	\$8,408	\$18,080	\$471,438	1.074	\$506,504	\$98.83
OP - Other	\$1,446,526	\$27,333	\$59,108	\$1,532,967	1.074	\$1,646,990	\$321.36
Pharmacy	\$3,681,041	\$69,555	(\$205,071)	\$3,545,525	1.074	\$3,809,242	\$743.27
Prof - Anesthesia	\$23,633	\$447		\$24,079	1.074	\$25,870	\$5.05
Prof - Child EPSDT	\$7,398	\$140	(\$12)	\$7,526	1.074	\$8,086	\$1.58
Prof - Evaluation & Management	\$712,961	\$13,406	(\$257)	\$726,110	1.074	\$780,118	\$152.22
Prof - Maternity	\$0	\$0		\$0	1.074	\$0	\$0.00
Prof - Other	\$1,453,222	\$27,454	(\$2,433)	\$1,478,243	1.074	\$1,588,195	\$309.89
Prof - Psych	\$16,964	\$246	(\$28)	\$17,182	1.074	\$18,460	\$3.60
Prof - Specialist	\$195,005	\$3,685	(\$327)	\$198,363	1.074	\$213,117	\$41.58
Prof - Vision	\$21,384	\$316	(\$36)	\$21,664	1.074	\$23,275	\$4.54
Radiology	\$108,890	\$2,058		\$110,947	1.074	\$119,200	\$23.26
Transportation/Ambulance	\$484,144	\$8,957		\$493,101	1.074	\$529,778	\$103.37
Total	\$15,317,420	\$288,612	(\$211,254)	\$15,394,777		\$16,539,844	\$3,227.29
Managed Care Adjustment							\$0.00
Base Rate							\$3,227.29

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual EDCD**

**Appendix C
Exhibit 4f**

All Ages							
Tidewater Region	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$4,660,816	\$88,069	(\$88,160)	\$4,660,725	1.074	\$5,007,391	\$166.40
FQHC / RHC	\$322,600	\$6,096		\$328,696	1.074	\$353,144	\$11.74
Home Health	\$1,296,387	\$24,496		\$1,320,883	1.074	\$1,419,131	\$47.16
IP - Maternity	\$41,268	\$780	(\$607)	\$41,441	1.074	\$44,523	\$1.48
IP - Newborn	\$16,040	\$303	(\$236)	\$16,107	1.074	\$17,306	\$0.58
IP - Other	\$18,223,081	\$344,336	(\$267,957)	\$18,299,460	1.074	\$19,660,578	\$653.33
IP - Psych	\$795,287	\$7,199	\$187,861	\$990,348	1.074	\$1,064,010	\$35.36
Lab	\$155,845	\$2,565		\$158,410	1.074	\$170,192	\$5.66
OP - Emergency Room & Related	\$3,200,570	\$60,477	\$130,052	\$3,391,099	1.074	\$3,643,330	\$121.07
OP - Other	\$7,269,882	\$137,369	\$297,062	\$7,704,313	1.074	\$8,277,361	\$275.06
Pharmacy	\$14,668,213	\$277,165	(\$817,168)	\$14,128,210	1.074	\$15,179,069	\$504.41
Prof - Anesthesia	\$164,133	\$3,101		\$167,235	1.074	\$179,674	\$5.97
Prof - Child EPSDT	\$18,671	\$353	(\$31)	\$18,992	1.074	\$20,405	\$0.68
Prof - Evaluation & Management	\$3,601,971	\$67,957	(\$1,299)	\$3,668,629	1.074	\$3,941,502	\$130.98
Prof - Maternity	\$8,414	\$159	(\$14)	\$8,559	1.074	\$9,196	\$0.31
Prof - Other	\$7,289,535	\$137,820	(\$12,205)	\$7,415,150	1.074	\$7,966,690	\$264.74
Prof - Psych	\$147,792	\$1,168	(\$245)	\$148,715	1.074	\$159,777	\$5.31
Prof - Specialist	\$1,020,958	\$19,292	(\$1,709)	\$1,038,540	1.074	\$1,115,787	\$37.08
Prof - Vision	\$111,732	\$1,635	(\$186)	\$113,180	1.074	\$121,599	\$4.04
Radiology	\$465,976	\$8,805		\$474,781	1.074	\$510,096	\$16.95
Transportation/Ambulance	\$851,135	\$14,333		\$865,468	1.074	\$929,841	\$30.90
Total	\$64,330,307	\$1,203,477	(\$574,842)	\$64,958,941		\$69,790,601	\$2,319.16
Managed Care Adjustment							\$0.00
Base Rate							\$2,319.16

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
HAP - Health Plan Encounter Data
MCO Enrolled NonDual DD Waivers**

**Appendix C
Exhibit 4g**

All Ages							
Statewide	Total Base Claims CY14-15	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims CY14-15	Trend Adjustment	Completed & Trended Claims CY17	PMPM CY17
Service Type							
DME/Supplies	\$1,336,230	\$15,922	(\$27,686)	\$1,324,465	1.235	\$1,636,254	\$79.33
FQHC / RHC	\$14,496	\$173		\$14,668	1.235	\$18,121	\$0.88
Home Health	\$67,692	\$807		\$68,499	1.235	\$84,624	\$4.10
IP - Maternity	\$4,002	\$48	(\$59)	\$3,991	1.235	\$4,931	\$0.24
IP - Newborn	\$0	\$0		\$0	1.235	\$0	\$0.00
IP - Other	\$2,657,900	\$31,670	(\$38,872)	\$2,650,698	1.235	\$3,274,692	\$158.77
IP - Psych	\$374,182	\$4,314	\$80,233	\$458,729	1.235	\$566,718	\$27.48
Lab	\$80,489	\$951		\$81,440	1.235	\$100,611	\$4.88
OP - Emergency Room & Related	\$425,775	\$5,073	\$17,157	\$448,005	1.235	\$553,468	\$26.83
OP - Other	\$1,313,241	\$15,648	\$53,158	\$1,382,047	1.235	\$1,707,391	\$82.78
Pharmacy	\$8,226,086	\$98,016	(\$231,653)	\$8,092,450	1.235	\$9,997,473	\$484.73
Prof - Anesthesia	\$46,346	\$552		\$46,898	1.235	\$57,938	\$2.81
Prof - Child EPSDT	\$7,856	\$94	(\$12)	\$7,938	1.235	\$9,806	\$0.48
Prof - Evaluation & Management	\$1,093,054	\$13,018	\$511	\$1,106,582	1.235	\$1,367,080	\$66.28
Prof - Maternity	\$2,314	\$28	(\$4)	\$2,338	1.235	\$2,889	\$0.14
Prof - Other	\$1,543,058	\$18,387	(\$2,416)	\$1,559,029	1.235	\$1,926,036	\$93.38
Prof - Psych	\$103,863	\$1,208	(\$163)	\$104,909	1.235	\$129,605	\$6.28
Prof - Specialist	\$175,254	\$2,088	(\$274)	\$177,068	1.235	\$218,751	\$10.61
Prof - Vision	\$30,054	\$346	(\$47)	\$30,353	1.235	\$37,498	\$1.82
Radiology	\$78,827	\$939		\$79,767	1.235	\$98,544	\$4.78
Transportation/Ambulance	\$231,856	\$2,724		\$234,580	1.235	\$289,802	\$14.05
Total	\$17,812,576	\$212,003	(\$150,127)	\$17,874,453		\$22,082,233	\$1,070.65
Managed Care Adjustment							\$0.00
Base Rate							\$1,070.65

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Central Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$617,653	\$0	\$1,234	\$0	\$618,886	1.07	\$663,909	\$18.27
Case Management Services	\$115,150	\$0	\$165	\$0	\$115,314	1.18	\$135,627	\$3.73
Community Behavioral Health	\$51,211	\$0	\$73	\$0	\$51,284	1.18	\$60,317	\$1.66
Consumer Directed - Personal Care	\$32,652,326	\$32,214	\$65,277	\$1,091,192	\$33,841,008	1.07	\$36,302,857	\$999.03
Consumer Directed - Respite Care	\$6,593,838	\$0	\$13,169	\$207,604	\$6,814,611	1.07	\$7,310,357	\$201.18
DME/Supplies	\$989,099	\$1,455	\$40,000	(\$4,863)	\$1,025,692	1.60	\$1,641,611	\$45.18
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$5,268	\$0	\$0	(\$299)	\$4,969	1.00	\$4,969	\$0.14
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$1,583,299	\$137	\$3,162	\$0	\$1,586,598	1.07	\$1,702,020	\$46.84
Outpatient - Other	\$321	\$0	\$0	\$0	\$321	1.00	\$321	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$17,507,939	\$10,322	\$34,987	\$585,270	\$18,138,519	1.07	\$19,458,051	\$535.47
Personal Care Agency - Respite Care	\$2,801,927	\$182	\$5,596	\$91,589	\$2,899,295	1.07	\$3,110,212	\$85.59
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$13,485	\$0	\$243	\$97	\$13,825	1.01	\$13,922	\$0.38
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.18	\$0	\$0.00
Physician - OP Mental Health	\$1,376,763	\$0	\$1,969	\$9,789	\$1,388,521	1.18	\$1,633,104	\$44.94
Physician - Other Practitioner	\$713,108	\$312	\$12,856	\$5,157	\$731,433	1.01	\$736,553	\$20.27
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$144	\$0	\$3	\$1	\$148	1.01	\$149	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$65,021,530	\$44,623	\$178,734	\$1,985,538	\$67,230,424		\$72,773,977	\$2,034.50
Managed Care Adjustment								-6.73%
Base Rate								\$1,897.49

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Charlottesville Western Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$189,739	\$56	\$379	\$0	\$190,173	1.07	\$204,008	\$9.96
Case Management Services	\$56,055	\$0	\$80	\$0	\$56,135	1.18	\$66,023	\$3.22
Community Behavioral Health	\$19,585	\$0	\$28	\$0	\$19,613	1.18	\$23,068	\$1.13
Consumer Directed - Personal Care	\$19,707,252	\$19,644	\$39,398	\$658,593	\$20,424,887	1.07	\$21,910,747	\$1,070.12
Consumer Directed - Respite Care	\$4,282,837	\$0	\$8,554	\$134,843	\$4,426,234	1.07	\$4,748,232	\$231.90
DME/Supplies	\$282,237	\$39	\$11,399	(\$1,386)	\$292,290	1.60	\$467,807	\$22.85
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$13,123	\$0	\$0	(\$745)	\$12,378	1.00	\$12,378	\$0.60
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$788,216	\$0	\$1,574	\$0	\$789,791	1.07	\$847,246	\$41.38
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Outpatient - Psychological	\$8,576	\$0	\$0	\$0	\$8,576	1.00	\$8,576	\$0.42
Personal Care Agency - Personal Care	\$3,870,977	\$3,967	\$7,739	\$129,459	\$4,012,142	1.07	\$4,304,015	\$210.21
Personal Care Agency - Respite Care	\$541,723	\$101	\$1,082	\$17,710	\$560,616	1.07	\$601,399	\$29.37
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$20,548	\$0	\$370	\$149	\$21,067	1.01	\$21,215	\$1.04
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.18	\$0	\$0.00
Physician - OP Mental Health	\$701,854	\$0	\$1,004	\$4,990	\$707,848	1.18	\$832,533	\$40.66
Physician - Other Practitioner	\$236,426	\$56	\$4,262	\$1,709	\$242,453	1.01	\$244,150	\$11.92
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$47	\$0	\$1	\$0	\$48	1.01	\$49	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$30,719,198	\$23,862	\$75,869	\$945,323	\$31,764,251		\$34,291,445	\$1,706.60
Managed Care Adjustment								-8.12%
Base Rate								\$1,568.08

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Northern & Winchester Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$129,262	\$0	\$258.16	\$0	\$129,520	1.07	\$138,942	\$4.56
Case Management Services	\$147,720	\$0	\$211	\$0	\$147,931	1.18	\$173,989	\$5.71
Community Behavioral Health	\$40,544	\$0	\$58	\$0	\$40,602	1.18	\$47,754	\$1.57
Consumer Directed - Personal Care	\$22,662,707	\$10,376	\$45,282	\$756,954	\$23,475,318	1.07	\$25,183,089	\$826.76
Consumer Directed - Respite Care	\$4,825,660	\$0	\$9,638	\$151,934	\$4,987,231	1.07	\$5,350,040	\$175.64
DME/Supplies	\$859,443	\$322	\$34,718	(\$4,221)	\$890,262	1.60	\$1,424,857	\$46.78
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$3,403	\$0	\$0	(\$193)	\$3,209	1.00	\$3,209	\$0.11
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$1,393,003	\$658	\$2,783	\$0	\$1,396,445	1.07	\$1,498,032	\$49.18
Outpatient - Other	\$1,048	\$0	\$0	\$0	\$1,048	1.00	\$1,048	\$0.03
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$32,642,053	\$6,691	\$65,205	\$1,090,766	\$33,804,716	1.07	\$36,263,925	\$1,190.54
Personal Care Agency - Respite Care	\$4,607,303	\$78	\$9,202	\$150,596	\$4,767,179	1.07	\$5,113,980	\$167.89
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$91,717	\$0	\$1,653	\$663	\$94,032	1.01	\$94,691	\$3.11
Physician - IP Mental Health	\$327	\$0	\$0	\$2	\$329	1.18	\$387	\$0.01
Physician - OP Mental Health	\$721,813	\$0	\$1,032	\$5,132	\$727,978	1.18	\$856,208	\$28.11
Physician - Other Practitioner	\$641,327	\$1	\$11,557	\$4,635	\$657,521	1.01	\$662,124	\$21.74
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$68,767,328	\$18,126	\$181,599	\$2,156,269	\$71,123,321		\$76,812,275	\$2,553.54
Managed Care Adjustment								-5.14%
Base Rate								\$2,422.27

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Roanoke/Alleghany Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$77,580	\$0	\$155	\$0	\$77,735	1.07	\$83,390	\$6.04
Case Management Services	\$64,201	\$0	\$92	\$0	\$64,293	1.18	\$75,617	\$5.47
Community Behavioral Health	\$16,437	\$0	\$24	\$0	\$16,461	1.18	\$19,360	\$1.40
Consumer Directed - Personal Care	\$13,874,818	\$4,477	\$27,719	\$463,368	\$14,370,383	1.07	\$15,415,793	\$1,116.12
Consumer Directed - Respite Care	\$3,234,577	\$0	\$6,460	\$101,839	\$3,342,876	1.07	\$3,586,062	\$259.63
DME/Supplies	\$227,270	\$0	\$9,177	(\$1,116)	\$235,331	1.60	\$376,646	\$27.27
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$4,356	\$0	\$0	(\$247)	\$4,109	1.00	\$4,109	\$0.30
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$593,043	\$0	\$1,184	\$0	\$594,227	1.07	\$637,456	\$46.15
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$1,977,984	\$1,196	\$3,953	\$66,123	\$2,049,255	1.07	\$2,198,333	\$159.16
Personal Care Agency - Respite Care	\$288,922	\$0	\$577	\$9,444	\$298,943	1.07	\$320,690	\$23.22
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$23,704	\$0	\$427	\$171	\$24,302	1.01	\$24,473	\$1.77
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.18	\$0	\$0.00
Physician - OP Mental Health	\$442,030	\$0	\$632	\$3,143	\$445,805	1.18	\$524,331	\$37.96
Physician - Other Practitioner	\$193,188	\$89	\$3,483	\$1,397	\$198,157	1.01	\$199,544	\$14.45
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$21,018,109	\$5,763	\$53,884	\$644,122	\$21,721,878		\$23,465,805	\$1,730.74
Managed Care Adjustment								-8.37%
Base Rate								\$1,585.86

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Southwest Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$22,504	\$0	\$45	\$0	\$22,549	1.07	\$24,189	\$4.72
Case Management Services	\$9,857	\$0	\$14	\$0	\$9,871	1.18	\$11,610	\$2.27
Community Behavioral Health	\$2,940	\$0	\$4	\$0	\$2,944	1.18	\$3,462	\$0.68
Consumer Directed - Personal Care	\$4,197,144	\$22,224	\$8,427	\$140,866	\$4,368,660	1.07	\$4,686,470	\$914.43
Consumer Directed - Respite Care	\$766,874	\$0	\$1,532	\$24,145	\$792,551	1.07	\$850,207	\$165.89
DME/Supplies	\$66,405	\$0	\$2,682	(\$326)	\$68,761	1.60	\$110,051	\$21.47
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$157,181	\$0	\$314	\$0	\$157,495	1.07	\$168,952	\$32.97
Outpatient - Other	\$147	\$0	\$0	\$0	\$147	1.00	\$147	\$0.03
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$1,049,356	\$1,222	\$2,098	\$35,099	\$1,087,775	1.07	\$1,166,908	\$227.69
Personal Care Agency - Respite Care	\$157,997	\$0	\$316	\$5,164	\$163,476	1.07	\$175,369	\$34.22
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$16,261	\$0	\$293	\$118	\$16,672	1.01	\$16,789	\$3.28
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.18	\$0	\$0.00
Physician - OP Mental Health	\$142,845	\$0	\$204	\$1,016	\$144,065	1.18	\$169,441	\$33.06
Physician - Other Practitioner	\$84,545	\$0	\$1,524	\$611	\$86,680	1.01	\$87,287	\$17.03
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
Total	\$6,674,055	\$23,446	\$17,452	\$206,692	\$6,921,645		\$7,470,881	\$1,489.53
Managed Care Adjustment								-7.81%
Base Rate								\$1,373.26

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual EDCD

Appendix C
Exhibit 4h

All Ages								
Tidewater Region	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$111,467	\$0	\$222.62	\$0	\$111,690	1.07	\$119,815	\$3.98
Case Management Services	\$69,255	\$0	\$99	\$0	\$69,354	1.18	\$81,571	\$2.71
Community Behavioral Health	\$30,928	\$0	\$44	\$0	\$30,972	1.18	\$36,427	\$1.21
Consumer Directed - Personal Care	\$13,292,492	\$2,117	\$26,552	\$443,848	\$13,765,009	1.07	\$14,766,379	\$490.69
Consumer Directed - Respite Care	\$3,118,191	\$0	\$6,228	\$98,175	\$3,222,593	1.07	\$3,457,029	\$114.88
DME/Supplies	\$287,708	\$1,665	\$11,685	(\$1,421)	\$299,638	1.60	\$479,568	\$15.94
FQHC	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Inpatient - Medical/Surgical	\$23,887	\$0	\$0	(\$1,356)	\$22,531	1.00	\$22,531	\$0.75
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$650,385	\$33	\$1,299	\$0	\$651,717	1.07	\$699,128	\$23.23
Outpatient - Other	\$560	\$0	\$0	\$0	\$560	1.00	\$560	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$34,087,310	\$15,379	\$68,109	\$1,139,342	\$35,310,140	1.07	\$37,878,865	\$1,258.73
Personal Care Agency - Respite Care	\$6,427,706	\$0	\$12,837	\$210,095	\$6,650,639	1.07	\$7,134,456	\$237.08
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$14,453	\$0	\$260	\$104	\$14,818	1.01	\$14,922	\$0.50
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.18	\$0	\$0.00
Physician - OP Mental Health	\$654,174	\$0	\$936	\$4,651	\$659,761	1.18	\$775,975	\$25.79
Physician - Other Practitioner	\$383,562	\$0	\$6,912	\$2,772	\$393,247	1.01	\$396,000	\$13.16
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Physician - Specialist	\$161	\$0	\$3	\$1	\$165	1.01	\$166	\$0.01
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.60	\$0	\$0.00
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$59,152,239	\$19,195	\$135,187	\$1,896,212	\$61,202,832		\$65,863,391	\$2,220.46
Managed Care Adjustment								-4.18%
Base Rate								\$2,127.70

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
MCO Enrolled NonDual DD Waivers

Appendix C
Exhibit 4i

All Ages								
Statewide	Medicaid Payments CY14-15	Patient Payments CY14-15	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	PMPM CY17
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Case Management Services	\$10,524	\$0	\$31	\$0	\$10,555	1.49	\$15,751	\$0.76
Community Behavioral Health	\$9,664	\$0	\$28	\$0	\$9,692	1.49	\$14,463	\$0.70
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
DME/Supplies	\$225,947	\$0	\$657	(\$3,666)	\$222,938	1.49	\$332,697	\$16.13
FQHC	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Inpatient - Medical/Surgical	\$33,214	\$0	\$0	(\$1,886)	\$31,329	1.00	\$31,329	\$1.52
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Physician - OP Mental Health	\$636,433	\$0	\$1,851	\$4,532	\$642,816	1.49	\$959,291	\$46.51
Physician - Other Practitioner	\$60,489	\$167	\$176	\$432	\$61,264	1.49	\$91,426	\$4.43
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.49	\$0	\$0.00
Transportation - Non-Emergency						1.00	\$0	\$31.80
Total	\$976,271	\$167	\$2,743	(\$588)	\$978,593		\$1,444,957	\$101.86
Managed Care Adjustment								-2.29%
Base Rate								\$99.53

Policy and program adjustments are applied to Patient Payments.
Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Not MCO Enrolled Base Rates Summary - Before Administrative Cost Adjustment

Appendix D
 Exhibit 5a

Eligibility Category	TPL Category	Age Group	Region						CY 2017 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
Nursing Home	Dual	All Ages	\$5,072.46	\$4,979.30	\$5,958.85	\$4,880.96	\$4,429.81	\$5,155.40	\$5,111.08
	NonDual	All Ages							\$8,951.16
EDCD	Dual	All Ages	\$2,304.41	\$2,019.22	\$3,375.04	\$1,961.82	\$1,573.41	\$2,581.87	\$2,461.69
	NonDual	All Ages	\$2,397.43	\$2,105.87	\$2,796.08	\$2,195.33	\$2,195.33	\$2,557.94	\$2,550.99
DD Waivers	Dual	All Ages							\$147.15
	NonDual	All Ages							\$890.69
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,513.67
Community No LTSS	Dual	Age Under 65	\$196.11	\$155.79	\$169.88	\$152.99	\$109.77	\$205.46	\$163.88
		Age 65 and Over	\$246.06	\$257.62	\$160.05	\$348.81	\$175.61	\$238.83	\$213.69
	NonDual	All Ages							\$342.33

Note:

Average is weighted enrollment eligibility distribution as of June 2016

NonDual EDCD blends Roanoke/Alleghany and Southwest

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 MCO Enrolled Base Rates Summary - Before Administrative Cost Adjustment

Appendix D
 Exhibit 5b

Eligibility Category	TPL Category	Age Group	Covered Services	Region						CY 2017 Average
				Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
EDCD	NonDual	All Ages	Acute Care Services	\$2,390.69	\$1,889.88	\$2,383.45	\$2,544.30	\$2,544.30	\$2,319.16	\$2,320.53
			Carved Out and LTSS	\$1,897.49	\$1,568.08	\$2,422.27	\$1,528.09	\$1,528.09	\$2,127.70	\$1,968.88
			All Covered Services	\$4,288.17	\$3,457.96	\$4,805.72	\$4,072.39	\$4,072.39	\$4,446.86	\$4,289.41
DD Waivers	NonDual	All Ages	Acute Care Services							\$1,070.65
			Carved Out							\$99.53
			All Covered Services							\$1,170.18

Note:
 Average is weighted by health plan enrollment distribution as of June 2016
 NonDual EDCD blends Roanoke/Alleghany and Southwest

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Administrative Cost Adjustments

Appendix D
 Exhibit 5c

	Not MCO Enrolled							MCO Enrolled		Source		
	Dual Nursing Home	NonDual Nursing Home	Dual EDCD	NonDual EDCD	Dual DD Waivers	NonDual DD Waivers	All Eligibles Tech Waiver	Dual Community No LTSS	NonDual Community No LTSS		NonDual EDCD	NonDual DD Waivers
1a. Administrative allowance PMPM	\$110.00	\$110.00	\$110.00	\$110.00	\$15.00	\$70.00	\$70.00	\$15.00	\$70.00	\$110.00	\$110.00	Provided by DMAS
1b. Care Management PMPM	\$50.00	\$50.00	\$100.00	\$100.00	\$24.00	\$24.00	\$24.00	\$15.00	\$15.00	\$100.00	\$24.00	Provided by DMAS
1c. Provision for Margin PMPM	\$26.10	\$45.37	\$13.14	\$13.69	\$0.78	\$4.79	\$62.94	\$1.02	\$1.99	\$22.42	\$6.39	Provided by DMAS
2. Administrative PMPM	\$186.10	\$205.37	\$223.14	\$223.69	\$39.78	\$98.79	\$156.94	\$31.02	\$86.99	\$232.42	\$140.39	=(1a.) + (1b.) + (1c.)
3a. Administrative allowance as % of Base Premium	2.1%	1.2%	4.2%	4.0%	9.7%	7.3%	0.6%	7.3%	17.6%	2.5%	8.6%	Provided by DMAS
3b. Care Management as % of Base Premium	1.0%	0.6%	3.8%	3.7%	15.5%	2.5%	0.2%	7.3%	3.8%	2.2%	1.9%	Provided by DMAS
3c. Provision for Margin as % of Base Premium	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	Provided by DMAS
4. Administrative Factor as % of Base Premium	3.57%	2.26%	8.49%	8.17%	25.64%	10.32%	1.25%	15.17%	21.88%	5.18%	10.98%	=(3a.) + (3b.) + (3c.)

Virginia Medicaid

CY 2017 CCC Plus Capitation Rate Development

Blended (NonDual EDCD / DD Waivers - MCO Enrolled/Not MCO Enrolled) Base Rates Summary - With Administrative Cost

Appendix D

Exhibit 5d

Eligibility Category	TPL Category	Age Group	Region						CY 2017 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
Base Capitation Rates - Before Administrative Cost Adjustment									
Nursing Home	Dual	All Ages	\$5,072.46	\$4,979.30	\$5,958.85	\$4,880.96	\$4,429.81	\$5,155.40	\$5,111.08
	NonDual	All Ages							\$8,951.16
EDCD	Dual	All Ages	\$2,304.41	\$2,019.22	\$3,375.04	\$1,961.82	\$1,573.41	\$2,581.87	\$2,461.69
	NonDual	All Ages	\$3,670.62	\$3,077.28	\$3,765.34	\$3,545.52	\$3,742.26	\$3,899.04	\$3,656.70
DD Waivers	Dual	All Ages							\$147.15
	NonDual	All Ages							\$951.90
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,513.67
Community No LTSS	Dual	Age Under 65	\$196.11	\$155.79	\$169.88	\$152.99	\$109.77	\$205.46	\$163.88
		Age 65 and Over	\$246.06	\$257.62	\$160.05	\$348.81	\$175.61	\$238.83	\$213.69
	NonDual	All Ages							\$342.33

Base Capitation Rates - With Administrative Cost Adjustment									
Nursing Home	Dual	All Ages	\$5,256.93	\$5,160.32	\$6,176.09	\$5,058.36	\$4,590.53	\$5,342.93	\$5,296.98
	NonDual	All Ages							\$9,156.53
EDCD	Dual	All Ages	\$2,515.22	\$2,203.57	\$3,685.15	\$2,140.85	\$1,716.40	\$2,818.41	\$2,687.09
	NonDual	All Ages	\$3,894.38	\$3,264.69	\$3,994.90	\$3,761.62	\$3,970.40	\$4,136.79	\$3,879.60
DD Waivers	Dual	All Ages							\$186.93
	NonDual	All Ages							\$1,060.14
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,670.61
Community No LTSS	Dual	Age Under 65	\$225.49	\$177.97	\$194.58	\$174.67	\$123.72	\$236.52	\$187.51
		Age 65 and Over	\$284.38	\$298.01	\$182.99	\$405.50	\$201.33	\$275.85	\$246.22
	NonDual	All Ages							\$429.32

Note:

Average is weighted by member months distribution as of June 2016

Non-ER transportation PMPM already includes administrative cost adjustment

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Blended (NH / EDCD) Base Rates Summary - With Administrative Cost and Mix Shift Adjustment

Appendix D
 Exhibit 5e

Eligibility Category	TPL Category	Age Group	Region						CY 2017 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
			June 2016 Member Month Distribution						
Nursing Home	Dual	All Ages	2,992	2,436	2,145	2,009	1,486	2,096	13,165
	NonDual	All Ages	479	218	365	204	143	451	1,860
EDCD	Dual	All Ages	4,430	2,879	4,137	1,824	1,409	2,959	17,637
	NonDual	All Ages	3,184	1,754	4,107	1,222	398	2,589	13,254

Dual NH / EDCD Mix Shift Assumption	1.0%	1.9%	0.0%	2.8%	2.7%	1.1%	1.3%
NonDual NH / EDCD Mix Shift Assumption	0.4%	0.2%	0.0%	0.5%	1.4%	0.5%	0.3%

			June 2016 Member Month Distribution for Blended Base Capitation Rates (After Mix Shift)						
Nursing Home	Dual	All Ages	2,921	2,338	2,145	1,901	1,408	2,038	12,751
	NonDual	All Ages	464	213	365	197	135	435	1,810
EDCD	Dual	All Ages	4,500	2,978	4,137	1,933	1,487	3,017	18,051
	NonDual	All Ages	3,199	1,758	4,107	1,229	406	2,605	13,304

			Blended Base Capitation Rates with Administrative Cost and Mix Shift Adjustments						
Blended (NH and EDCD)	Dual	All Ages	\$3,594.42	\$3,504.05	\$4,535.71	\$3,587.45	\$3,114.34	\$3,836.34	\$3,767.51
	NonDual	All Ages	\$4,561.44	\$3,902.45	\$4,416.15	\$4,506.41	\$5,268.13	\$4,854.63	\$4,511.45
DD Waivers	Dual	All Ages							\$186.93
	NonDual	All Ages							\$1,060.14
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,670.61
Community No LTSS	Dual	Age Under 65	\$225.49	\$177.97	\$194.58	\$174.67	\$123.72	\$236.52	\$187.51
		Age 65 and Over	\$284.38	\$298.01	\$182.99	\$405.50	\$201.33	\$275.85	\$246.22
	NonDual	All Ages							\$429.32

Note:
 Average is weighted by member months distribution as of June 2016

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Member Months Distribution - Not MCO Enrolled**

**Appendix D
Exhibit 6a**

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleg hany	Southwest	Tidewater	Statewide
Nursing Home	Dual	All Ages	2,992	2,436	2,145	2,009	1,486	2,096	13,165
	NonDual	All Ages	479	218	365	204	143	451	1,860
EDCD	Dual	All Ages	4,430	2,879	4,137	1,824	1,409	2,959	17,637
	NonDual	All Ages	1,040	494	2,126	343	70	751	4,824
DD Waivers	Dual	All Ages	1,832	1,065	1,195	697	450	1,301	6,540
	NonDual	All Ages	1,134	441	838	424	276	821	3,934
Technology Assisted Waiver	Dual and NonDual	All Ages	67	19	98	14	14	54	266
Community No LTSS	Dual	Age Under 65	4,941	4,209	2,953	2,786	4,980	3,775	23,643
		Age 65 and Over	4,519	3,246	9,266	1,839	3,205	3,250	25,324
	NonDual	All Ages	671	362	628	304	171	692	2,828
Total Not MCO Enrolled	Dual	All Ages	18,713	13,835	19,695	9,155	11,530	13,381	86,310
CCC Plus Population*	NonDual	All Ages	3,324	1,515	3,957	1,275	660	2,715	13,446

Note:

Average is weighted enrollment eligibility distribution as of June 2016

*Does not include the Technology Assisted Waiver population

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Member Months Distribution - MCO Enrolled**

**Appendix D
Exhibit 6b**

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleg hany	Southwest	Tidewater	Statewide
EDCD	NonDual	All Ages	2,144	1,260	1,981	879	328	1,838	8,430
DD Waivers	NonDual	All Ages	342	178	184	128	47	224	1,103
Total MCO Enrolled CCC Plus Population	NonDual	All Ages	2,486	1,438	2,165	1,007	375	2,062	9,533

Note:

Average is weighted by health plan enrollment distribution as of June 2016

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Member Months Distribution - All Members**

**Appendix D
Exhibit 6c**

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleg hany	Southwest	Tidewater	Statewide
Nursing Home	Dual	All Ages	2,992	2,436	2,145	2,009	1,486	2,096	13,165
	NonDual	All Ages	479	218	365	204	143	451	1,860
EDCD	Dual	All Ages	4,430	2,879	4,137	1,824	1,409	2,959	17,637
	NonDual	All Ages	3,184	1,754	4,107	1,222	398	2,589	13,254
DD Waivers	Dual	All Ages	1,832	1,065	1,195	697	450	1,301	6,540
	NonDual	All Ages	1,476	619	1,022	552	323	1,045	5,037
Technology Assisted Waiver	Dual and NonDual	All Ages	67	19	98	14	14	54	266
Community No LTSS	Dual	Age Under 65	4,941	4,209	2,953	2,786	4,980	3,775	23,643
		Age 65 and Over	4,519	3,246	9,266	1,839	3,205	3,250	25,324
	NonDual	All Ages	671	362	628	304	171	692	2,828
Total CCC Plus	Dual	All Ages	18,713	13,835	19,695	9,155	11,530	13,381	86,310
Population*	NonDual	All Ages	5,810	2,953	6,122	2,282	1,035	4,777	22,979

Note:

Average is weighted enrollment eligibility distribution as of June 2016

*Does not include the Technology Assisted Waiver population

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Drug Reinsurance Adjustment

Appendix D
Exhibit 7

Non-Dual Population

	NonDual Nursing Home	NonDual EDCD	NonDual DD Waivers	NonDual Technology Assisted Waiver	NonDual Community No LTSS	Source
1a. Average Quarterly Number of Individuals Exceeding the Threshold	1.43	18.00	3.86	2.57	0.00	FFS Invoices/Health Plan Encounter Data
1b. Average Quarterly Additional Individuals	0.29	3.60	0.77	0.51	0.00	20% Increase of People who exceed the threshold
1c. Average Quarterly Estimated PMPM	\$2.60	\$79.59	\$9.88	\$130.51	\$0.00	Based on reinsurance analysis
2. Average Annual Reinsurance Amount	\$50,414	\$5,852,361	\$576,570	\$372,180	\$0	Based on reinsurance analysis
3. Annualized Historical Member Months	19,745	123,271	58,428	2,803	35,719	CY15 FFS Invoices for not MCO enrolled EDCCD; CY14-15 FFS Invoices for all other populations
4. Estimated PMPM	\$2.55	\$47.48	\$9.87	\$132.78	\$0.00	= (2.) / (3.)

Note:

Discounted threshold is based upon CY17 reinsurance threshold of \$50,000 per person per quarter discounted by annualized 15% unit cost trend
The NonDual FFS EDCCD population is evaluated using the CY15 base period only.

Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Addiction Rehabilitation and Treatment Services (ARTS) Adjustment

Appendix D
Exhibit 8

	Dual Nursing Home	NonDual Nursing Home	Dual EDCD	NonDual EDCD	Dual DD Waivers	NonDual DD Waivers	Dual Community No LTSS	NonDual Community No LTSS	Source
1a. ARTS Medical PMPM (Per Participant)	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	Estimated for FY18
1b. ARTS Admin PMPM (Per Participant)	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	N/A for Apr-Jun 17
1c. Medical PMPM For New Carve-In Services (Per Participant)	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	Estimated for FY18
2a. ARTS Participants	16	5	485	282	65	70	1,858	37	Projected Dec 2017 snapshot
2b. Other members	13,919	2,167	19,717	13,086	6,891	6,561	52,605	3,170	Projected Dec 2017 snapshot
3a. ARTS Medical PMPM (Rate Adjustment)	\$0.13	\$0.26	\$2.84	\$2.49	\$1.11	\$1.26	\$4.04	\$1.36	= ((1a.) + (1c.)) * (2a.) / ((2a.) + (2b.))
3b. ARTS Admin PMPM (Rate Adjustment)	\$0.01	\$0.01	\$0.11	\$0.10	\$0.04	\$0.05	\$0.16	\$0.05	= (1b.) * (2a.) / ((2a.) + (2b.))
3c. ARTS Total PMPM (Rate Adjustment)	\$0.14	\$0.27	\$2.95	\$2.59	\$1.15	\$1.31	\$4.20	\$1.41	= (3a.) + (3b.)

Notes

Effective August 2017 - Dec 2017 the Admin PMPM (Per Participant) will be \$4.72, based on SFY18 funding

NonDual EDCD and DD Waivers reflects the weighted average of the Med 3.0 HAP population and FFS equivalent.

Virginia Medicaid
 CY 2017 CCC Plus Capitation Rate Development
 Final Capitation Rates Summary with ARTS Adjustment, Net of Drug Reinsurance

Appendix D
 Exhibit 9

Eligibility Category	TPL Category	Age Group	Region						CY 2017 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
Base Capitation Rates with Administrative Cost and ARTS Adjustment, Net of Drug Reinsurance									
Nursing Home	Dual	All Ages	\$5,257.07	\$5,160.46	\$6,176.23	\$5,058.49	\$4,590.67	\$5,343.07	\$5,297.12
	NonDual	All Ages							\$9,154.25
EDCD	Dual	All Ages	\$2,518.17	\$2,206.52	\$3,688.10	\$2,143.80	\$1,719.35	\$2,821.36	\$2,690.04
	NonDual	All Ages	\$3,849.50	\$3,219.81	\$3,950.02	\$3,716.74	\$3,925.52	\$4,091.91	\$3,834.72
DD Waivers	Dual	All Ages							\$188.08
	NonDual	All Ages							\$1,051.58
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,564.28
Community No LTSS	Dual	Age Under 65	\$229.69	\$182.17	\$198.78	\$178.87	\$127.91	\$240.71	\$191.70
		Age 65 and Over	\$288.58	\$302.21	\$187.18	\$409.70	\$205.53	\$280.05	\$250.42
	NonDual	All Ages							\$430.73

			June 2016 Member Month Distribution						
Nursing Home	Dual	All Ages	2,992	2,436	2,145	2,009	1,486	2,096	13,165
	NonDual	All Ages	479	218	365	204	143	451	1,860
EDCD	Dual	All Ages	4,430	2,879	4,137	1,824	1,409	2,959	17,637
	NonDual	All Ages	3,184	1,754	4,107	1,222	398	2,589	13,254

Dual NH / EDCD Mix Shift Assumption	1.0%	1.9%	0.0%	2.8%	2.7%	1.1%	1.3%
NonDual NH / EDCD Mix Shift Assumption	0.4%	0.2%	0.0%	0.5%	1.4%	0.5%	0.3%

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
Final Capitation Rates Summary with ARTS Adjustment, Net of Drug Reinsurance**

**Appendix D
Exhibit 9**

Eligibility Category	TPL Category	Age Group	Region						CY 2017 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
Final Blended Capitation Rates (with Mix Shift)									
Blended (NH and EDCD)	Dual	All Ages	\$3,596.26	\$3,505.77	\$4,537.70	\$3,589.01	\$3,115.93	\$3,838.16	\$3,769.30
	NonDual	All Ages	\$4,521.96	\$3,862.18	\$4,374.75	\$4,467.41	\$5,233.91	\$4,815.84	\$4,471.67
DD Waivers	Dual	All Ages							\$188.08
	NonDual	All Ages							\$1,051.58
Technology Assisted Waiver	Dual and NonDual	All Ages							\$12,564.28
Community No LTSS	Dual	Age Under 65	\$229.69	\$182.17	\$198.78	\$178.87	\$127.91	\$240.71	\$191.70
		Age 65 and Over	\$288.58	\$302.21	\$187.18	\$409.70	\$205.53	\$280.05	\$250.42
	NonDual	All Ages							\$430.73

Note:

Average is weighted enrollment eligibility distribution as of June 2016

Reinsurance applied on the Nondual CCC Plus population

Non-ER transportation PMPM already includes administrative cost adjustment

**Virginia Medicaid
CY 2017 CCC Plus Capitation Rate Development
County Listing by Region**

**Appendix D
Exhibit 10**

Central Virginia		Charlottesville/ Western	Northern/ Winchester	Roanoke/ Alleghany	Southwest	Tidewater
Amelia	Lancaster	Albemarle	Alexandria	Alleghany	Bland	Accomack
Brunswick	Lunenburg	Amherst	Arlington	Bath	Bristol	Chesapeake
Caroline	Mathews	Appomattox	Clarke	Bedford County	Buchanan	Gloucester
Charles City	Mecklenburg	Augusta	Culpeper	Botetourt	Carroll	Hampton
Chesterfield	Middlesex	Buckingham	Fairfax City	Buena Vista	Dickenson	Isle of Wight
Colonial Heights	New Kent	Campbell	Fairfax County	Covington	Galax	James City County
Cumberland	Northumberland	Charlotte	Falls Church	Craig	Grayson	Newport News
Dinwiddie	Nottoway	Charlottesville	Fauquier	Floyd	Lee	Norfolk
Emporia	Petersburg	Danville	Frederick	Franklin County	Norton	Northampton
Essex	Powhatan	Fluvanna	Loudoun	Giles	Russell	Poquoson
Franklin City	Prince Edward	Greene	Manassas City	Henry	Scott	Portsmouth
Fredericksburg	Prince George	Halifax	Manassas Park City	Highland	Smyth	Suffolk
Goochland	Richmond City	Harrisonburg	Page	Lexington	Tazewell	Virginia Beach
Greensville	Richmond County	Louisa	Prince William	Martinsville	Washington	Williamsburg
Hanover	Southampton	Lynchburg	Rappahannock	Montgomery	Wise	York
Henrico	Spotsylvania	Madison	Shenandoah	Patrick		
Hopewell	Stafford	Nelson	Warren	Pulaski		
King and Queen	Surry	Orange	Winchester	Radford		
King George	Sussex	Pittsylvania		Roanoke City		
King William	Westmoreland	Rockingham		Roanoke County		
		Staunton		Rockbridge		
		Waynesboro		Salem		
				Wythe		