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

**Medallion 3.0
Data Book and Capitation Rates**

**Contract Year 2018
Effective: July 1, 2017 through
November 30, 2018**

REVISED May 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

May 25, 2017

Dear Bill:

Re: REVISED Contract Year 2018 Medallion 3.0 Data Book and Capitation Rates: Effective: July 1, 2017 through November 30, 2018

The enclosed report provides a detailed description of the methodology used for calculating capitation rates for the Virginia Medicaid Medallion 3.0 program. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the 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. She can be reached at 415.498.5365.

Very Truly Yours,

PricewaterhouseCoopers

PricewaterhouseCoopers LLP



Disclaimer

In preparing this Medallion 3.0 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 Medallion 3.0 population summaries that are based on small numbers of Medallion 3.0 eligibles and the historical utilization for these cohorts may be particularly unreliable.

This report is intended to assist the Commonwealth of Virginia and the potential participating MCOs to continue to assess the health risk of the Medallion 3.0 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 Medallion 3.0 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
Proposed Contract Year 2018 Medallion 3.0 Capitation Rates**

Commonwealth of Virginia Department of Medical Assistance Services

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers. I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of the contract year 2018 capitation rates developed for the Medicaid managed care program known as the Medallion 3.0 program under the Virginia Department of Medical Assistance Services (DMAS) Medicaid program. This certification applies to the established Medallion 3.0 program. It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for State Plan services. Detailed descriptions of the methodology and assumptions used in the development of the capitation rates and considered in the actuarial certification are contained in the capitation rate setting report, including base data and adjustments, projected benefit cost trends, projected non-benefit cost trends, pass-through payments, and risk and contractual provisions. In the development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the Virginia Department of Medical Assistance Services and the participating contracted health plans. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data. The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

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 provided. 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". The signature is written in a cursive style and is positioned above a horizontal red line.

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

May 25, 2017

Date

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- Appendix I: Contract Year 2018 LIFC and ABAD rate development**
- Appendix II: Contract Year 2018 Adoption Assistance and Foster Care rate development**
- Appendix III: Contract Year 2018 HAP rate development**

Introduction

Background

PricewaterhouseCoopers LLP (PwC) has prepared a report describing the calculation of the Medallion 3.0 Medicaid managed care capitation rates for the Virginia Department of Medical Assistance Services (DMAS) Medicaid Medallion 3.0 program Contract Year 2018 in effect for the period July 1, 2017 to November 30, 2018. Because of changes in the structure of the DMAS managed care programs, the final capitation rates and certification reflects rates for the transition of the populations to new programs. This extends the rating period to 17 months, from July 1, 2017 to November 30, 2018 and is referred to as the Contract Year.

Medallion 3.0 covers the longstanding Medicaid managed care program for Medicaid eligibles in the Low Income Families and Children (LIFC) and Medicaid only Aged, Blind and Disabled (ABAD) aid categories. It also covers Adoption Assistance and Foster Care (AA/FC), and those eligible for Home and Community-Based Services waiver services through Managed Care Organizations (MCOs) under the Health and Acute Care Program (HAP).

This report and the accompanying actuarial certification provides documentation for the development of actuarially sound capitation rates. The documentation has been developed to demonstrate compliance with regulations and guidance issued by the Centers for Medicare and Medicaid Services (CMS) under the 2016 Managed Care Rate Setting Consultation Guide and the 2017 Managed Care Rate Development Guide.

This information will help CMS and the Commonwealth of Virginia, Department of Medical Assistance Services ensure that the Medallion 3.0 Medicaid managed care rates meet three sets of standards:

- Medicaid managed care capitation rates and the rate development process comply with all applicable laws, regulations, and other guidance for Medicaid managed care, including that the rates have been developed in accordance with generally accepted actuarial principles and practices.
- The rate development reflects, as appropriate, program compliance with all applicable laws, regulation, and other guidance for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity.
- The final capitation rates must be reasonable, and the documentation must be sufficient to demonstrate that the rates comply with applicable law.

Regulations issued by the Centers for Medicare and Medicaid Services under 42 CFR §438.6(c) govern the development of capitation payments for Medicaid managed care programs. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS issued a Managed Care Rate Development Guide in late 2016 and a revised rate development guide in 2017. We have followed the 2017 guide outline in developing the rates shown here. The final rates will be established through signed contracts with health plans, which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care and that they expect to remain financially sound throughout the contract period.

The general guidelines for developing actuarially sound payment rates encompass the following concepts:

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;

-
- Medicaid fee-for-service (FFS) payment rates per unit of service are an appropriate benchmark for developing capitation rates;
 - Differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
 - Appropriate levels of health plan administrative costs should be included in the rates;
 - Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and

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 2 and Section 3 of the 2017 MMC Guide are not applicable to this rate setting.

Overview of capitation rates

The capitation rates for the Medallion 3.0 program for the period July 1, 2017 to November 30, 2018 are presented in the exhibits in the appendices of the accompanying documentation.

Virginia DMAS is in the process of modifying the structure of the Medicaid managed care programs and changes will take place over the 17 month time period, July 1, 2017 to November 30, 2018. The HAP Medallion 3.0 populations will transition to the Commonwealth Coordinated Care Plus (CCC Plus) managed care program in regional phases during the first six months of Contract Year 2018. The ABAD population will transition to CCC Plus as of January 1, 2018. At the beginning of FY 2019, the remaining Medallion 3.0 LIFC, AA, and FC populations will transition to the new Medallion 4.0 Medicaid managed care program in regional phases over the period August 1, 2018 to November 30, 2018.

Medallion 3.0 contract capitation rates that will be paid over this period are shown in the summary table below based on the scheduled for transition of each Medallion 3.0 population to the new programs. These capitation rates are referred to as the Contract Year 2018 rates, and reflect the rates that will actually be paid under the contract.

Representative Fiscal Year (FY) 2018 base rates are presented for comparison to prior year Medallion 3.0 rate development reports and certifications which have historically been developed on a fiscal year basis. Contract Year 2018 base rate exhibits which reflect the time period for transition of each Medallion 3.0 population follow the presentation of the projected benefit cost for FY 2018. Both FY 2018 and Contract Year 2018 base rates are compared to the current FY 2017 base rates. All adjustments applied after the calculation of the FY 2018 and Contract Year 2018 base rates in the Appendices Exhibits 5 are applied to the Contract Year 2018 base rates only.

These capitation rates do not include capitation rate adjustments for the health insurance fee or any quality incentives because these adjustments will be applied retroactively.

Section I Table 1

Contract Year 2018 Medallion 3.0 Capitation Rate Development: Base Rates, Effective July 1, 2017 to November 30, 2018

Region

Aid Category	Age Group	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	Contract Year Average
Aged, Blind, and Disabled	Under 1	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04
	1-5	\$2,010.08	\$1,214.74	\$1,387.99	\$999.92	\$1,585.20	\$1,516.23	\$1,137.63	\$1,453.70
	6-14	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$689.45
	Female 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$669.45
	Female 21-44	\$1,161.08	\$1,120.18	\$1,182.61	\$1,087.27	\$1,168.22	\$1,239.75	\$1,148.09	\$1,164.27
	Male 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$676.37
	Male 21-44	\$1,045.96	\$1,043.11	\$973.22	\$857.66	\$1,056.68	\$900.61	\$918.75	\$980.79
	Over 44	\$1,500.75	\$1,600.56	\$1,792.44	\$1,580.93	\$1,738.15	\$1,630.85	\$1,380.16	\$1,621.90
Low Income Families with Children	Under 1	\$453.31	\$561.34	\$589.13	\$619.46	\$667.64	\$564.83	\$655.13	\$568.37
	1-5	\$125.32	\$129.84	\$141.39	\$146.19	\$147.28	\$137.59	\$146.71	\$137.97
	6-14	\$110.70	\$131.19	\$131.89	\$141.88	\$139.66	\$151.07	\$168.09	\$133.18
	Female 15-20	\$202.05	\$280.86	\$262.62	\$267.13	\$262.12	\$310.20	\$313.07	\$259.98
	Female 21-44	\$609.74	\$558.67	\$566.27	\$592.78	\$539.74	\$619.31	\$619.05	\$576.86
	Male 15-20	\$154.41	\$159.85	\$170.39	\$163.12	\$177.63	\$189.64	\$178.66	\$169.47
	Male 21-44	\$323.88	\$384.71	\$352.84	\$436.73	\$338.77	\$409.57	\$426.58	\$372.09
	Over 44	\$638.36	\$783.72	\$794.87	\$760.32	\$800.24	\$837.26	\$803.45	\$759.61
HAP Child	20 and Under								\$1,783.26
HAP Adult	21-64								\$2,429.87
AA	N/A								\$371.77
FC	N/A								\$424.39

Note:

Highlighted base rates effective July 1, 2017 to December 31, 2017

I. 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 rate exhibits that are incorporated into the contract year certification cover a 17 month time period. The certification for each population group under Medallion 3.0 is for the time period the population group remains in Medallion 3.0 during the transition period. The master DMAS contract with the MCOs will be for 17 months. Capitation rates for the HAP population are certified for the period July 1, 2017 to November 30, 2017, capitation rates for the ABAD population are certified for the period July 1, 2017 to December 31, 2017 and the capitation rates for the LIFC, Adoption Assistance and Foster Care programs are for the 17 month period July 1, 2017 to November 30, 2018.

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 the application of 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).

The documentation in this rate book on base data and adjustments, projected benefit cost trends, projected non-benefit cost trends, pass-through payments, and risk and contractual provisions are considered part of the actuarial certification.

ii. Certified rates

The certified capitation rates by rate cell are presented in the separate appendices for each of the Medallion 3.0 populations. Within each population group, the exhibits present two sets of base capitation rates: 1) the capitation rates developed for FY 2018 and 2) the capitation rates that will be paid during the period July 1, 2017 to December 31, 2018 that align with the transition of the Medallion 3.0 populations to new DMAS Medicaid managed care programs. The final Contract Year 2018 certified rates that will be paid to the participating Medallion 3.0 MCOs are in Appendix I, Exhibits 9a to 9f for LIFC and ABAD, in Appendix II, Exhibit 7 for Adoption Assistance and Foster Care and in Appendix III, Exhibit 7 for HAP Child and Adult.

Appendix I: Contract Year 2018 LIFC and ABAD rate development

- Contract Year 2018 Medallion 3.0 rates for the ABAD population for the period July 1, 2017 to December 31, 2017.
- Contract Year 2018 Medallion 3.0 rates for the LIFC population for the period July 1, 2017 to November 30, 2018.

Appendix II: Contract year Adoption Assistance and Foster Care rate development

- Contract Year 2018 Medallion 3.0 rates for the Adoption Assistance and Foster Care populations for the period July 1, 2017 to November 30, 2018.

Appendix III: Contract Year HAP rate development

- Contract Year 2018 Medallion 3.0 rates for the HAP population for the period July 1, 2017 to November 30, 2017.

iii. Capitation rates for each rate cell

The certified capitation rates by rate cell are presented in the Appendix for each population group as indicated in section ii. Certified rates. These rates represent the contracted capitation rates to be paid to the Medallion 3.0 Managed Care Organizations (MCOs).

The number of rate cells in the Medallion 3.0 program varies by population group. The certified capitation rates are presented in separate appendices for the three program categories covered by this certification.

- **LIFC/ABAD Base Rates:** There are 28 rate cells each for the LIFC and ABAD populations. These rates vary by age-gender and region.
- **Adoption Assistance/Foster Care:** There is a single statewide rate for each of these population groups.
- **Health and Acute Care Program:** There are two statewide rates for this population group that vary by Child Age Under 21 and Adult Age 21 and older.

iv. *Program information*

(a) **Managed care information**

This report includes capitation rate development for the Virginia Medallion 3.0 program. This covers the Low Income Families and Children (LIFC) and Aged, Blind and Disabled (ABAD) populations, and two more recent expansion groups, Adoption Assistance and Foster Children (AA/FC), and the Health and Acute Care Program (HAP) population.

The Virginia Medallion 3.0 program provides health care coverage statewide to Medicaid members through a mandatory enrollment mechanism for designated eligibility categories. The primary exclusions are members who are dually eligible for Medicare and Medicaid, who have comprehensive private insurance as a primary payer, who reside in nursing homes, and some members who are in a home and community based waiver. Rates are developed separately by aid category, and may use age/gender group and region to allow for automatic adjustment to payments when enrollment changes. In that way, any variation in the mix of enrollment by rate cell is reflected in the payment amounts to the health plans.

Capitation rate cells for Medallion 3.0 vary based on the following criteria:

- **Aid Category.** Members eligible for participation in the programs include Low Income Families with Children (LIFC), and Aged, Blind, and Disabled (ABAD). In addition, the following LIFC and ABAD subgroups are in separate rate setting categories: Foster Care, Adoption Assistance and the Health and Acute Care Program (HAP).
- **Demographics.** LIFC and ABAD capitation rates will be paid separately for the following age/gender groups: Under 1, 1-5, 6-14, 15-20, Female 15-20, Male 15-20, Female 21-44, Male 21-44, and 45 and Over. The HAP group has separate capitation rates for over and under 21. There are no age rate cells for the foster care and adoption assistance rate cells; all eligibles are under 21.
- **Region.** The state is divided into seven rate regions for LIFC and ABAD: Northern Virginia, Other Metropolitan Statistical Area (Other MSA), Richmond and Charlottesville, Rural, Tidewater, Roanoke-Alleghany, and Far Southwest. Statewide rates are developed for the Foster Care, Adoption Assistance and HAP rate cells.

Payments to managed care plans for Medallion 3.0 are subject to federal rules. As a Medicaid program, the state must comply with federal regulations set forth by CMS regarding payment levels. Specifically, payments to managed care plans must be actuarially sound. To develop proposed capitation rates, we analyzed the health plan encounter data from the established plans in the Medallion 3.0 program. Individual health plan data were separately reviewed by rate category and region and then combined across health plans for each geographic region of the state. Adjustments were made to reflect modifications of payment arrangements under the Virginia Medicaid FFS program, which are assumed to be shadowed by the health plans in their provider arrangements, and payment rates were updated to reflect the contract period covered by these rates. Under the regulations, health plan administrative costs must be explicitly added to the payment amounts, and we have done so in this analysis.

Finally, the LIFC and ABAD rates are adjusted for differences in health status among health plans within each geographic region.

(b) Rating period

The rate report and discussion is for capitation payments to be made during the Contract Year 2018 transition period, with effective dates from July 1, 2017 to November 30, 2018.

(c) Medicaid covered populations

Medallion 3.0 covers the longstanding Medicaid managed care program for Medicaid eligibles in the Low Income Families and Children (LIFC) and Medicaid only Aged, Blind and Disabled (ABAD) aid categories. It also covers Adoption Assistance and Foster Care (AA/FC), and those eligible for Home and Community-Based Services waiver services through Managed Care Organizations (MCOs) under Health and Acute Care Program (HAP).

(d) Eligibility and enrollment criteria

Medallion 3.0 includes all full benefit Medicaid eligibles for each population group. The major exclusions are individuals that are dual eligible for Medicare, have other major private third party liability (TPL) coverage, are living in institutions (Nursing facilities, ICF-IDs, residential treatment centers) or are receiving services under HCBC waivers other than the Elderly and Disabled with Consumer Direction (EDCD) waiver.

We work with health plan representatives to review and analyze the health plan encounter data. The member month count and claim matching process uses the DMAS capitation payment file rather than the DMAS eligibility file as the record of health plan membership and the length of eligibility. Consistent with DMAS operations and the health plan contract terms, a person is assumed to be eligible for the full month for which a capitation payment is made. The calculation of age for rate cell groupings uses the first of the month rather than the last of the month.

During the contract period, certain populations will move from the Medallion 3.0 program to CCC Plus, a managed long-term services and support program. The HAP population will transition by region between August and December 2017. The ABAD population will transition on January 1, 2018. The LIFC and AA/FC populations will transition from the Medallion 3.0 program to the Medallion 4.0 program by region between August and November 2018.

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

The services covered by the health plans are the same for each of the covered populations. Managed care plans are responsible for nearly the full range of acute health services, with certain specific exceptions. Managed care plans are not responsible for the ingredient cost of immunizations if providers participate in the Vaccines for Children program, for school-based health services, community based behavioral health services, dental services, Applied Behavioral Analysis services, and for Early Intervention (Part C) services. Managed care plans are also not responsible for the home and community based waiver services for the HAP populations.

2. Data

This section provides the information on the base data used to develop the Medallion 3.0 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 FY 2014 to FY 2016 with run out to February 2017
Participating Health Plans	MCO encounter data (annual submission of three years of data with updates) MCO subcapitation and vendor payment data Administrative data, as requested	Base period FY 2014 to FY 2016 with run out to February 2017
BOI Report	Financial data as submitted to the Virginia Bureau of Insurance (annual)	Base period CY 2016

i. Description of the data

(a) Types of data

These established Medicaid managed care programs use managed care organization encounter data. As necessary, analysis may use DMAS FFS claims data or a combination of MCO encounter data and the DMAS FFS claims data. The type of data that may be used includes:

- Virginia Medicaid eligibility and capitation payment files;
- FFS data for the population covered by recent managed care program expansions;
- Health plan encounter data for the population in managed care;
- Health plan vendor payments for subcontracted services;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- Other administrative data, such as the health insurance premium fee assessment;
- For some components of the analysis, data from other Medicaid programs.

The medical component of the rates reported in this certification use managed care encounter and vendor data. Eligibility determination used the monthly capitation payment files provided by Virginia DMAS.

(b) Age of the data

The historical data period used to develop the rates is the same for each of the Medallion 3.0 program categories, except for HAP. Base data covers the two year period, from July 1, 2014 to June 30, 2016, which corresponds to State Fiscal Years 2015 and 2016. The ABAD and AA/FC contract period trend development uses three years of

data, State Fiscal Years 2014, 2015, and 2016 with run out through February 2017, while the LIFC trend development uses State Fiscal Years 2015 and 2016 with run out through February 2017.

Capitation rates for the HAP Expansion are developed by analyzing and adjusting the historical eligibility and claims experience for those who are in MCOs after the FFS HAP population was transitioned to the MCOs. The twenty three month MCO HAP post expansion period is from December 2014 to October 2016. The HAP post expansion base period data identified a monthly average of approximately 9,000 people who receive waiver services, and continues to increase. By February 2017, there were nearly 10,200 HAP members. The majority are enrolled in the EDCD waiver and the remainder are in the developmental disability waivers. For HAP members, claims associated with cost of EDCD and other waiver services are excluded from the capitation rates. These services continue to be paid through Medicaid FFS.

(c) Data sources

As indicated in the Section I, Table 2, the sources of data included DMAS eligibility files, MCO encounter files, and MCO subcapitated vendor files.

(d) Arrangements with subcapitated vendors

Subcapitation data submitted by the health plan is primarily for lab / x-ray, mental health, and non-emergency transportation. In the base data, one plan had a subcapitation vendor for behavioral and mental health services for the entire base period, and there is six months of subcapitated behavioral and mental health services for another plan, representing the time period before it converted to a FFS contract on January 1, 2015. There is limited primary care professional services capitation.

Section I Table 3

Subcapitated Service Costs Added to Base Data

Aid Category	Time Period	Non-Mental Health Subcapitated Service Payment	% of Total Non-Mental Health Subcapitated Service Payment to Total Base Period Payment	Mental Health Subcapitated Service Payment	Total Subcapitated Service Payment Including MH	% of Total Subcapitated Service Payment to Total Base Period Payment
ABAD	FY 2015-FY 2016	\$9,695,972	0.53%	\$25,044,734	\$34,740,706	1.91%
LIFC	FY 2015-FY 2016	\$79,287,105	2.71%	\$31,119,272	\$110,406,376	3.77%
AA	FY 2015-FY 2016	\$774,265	1.98%	\$1,207,006	\$1,981,271	5.06%
FC	FY 2015-FY 2016	\$635,165	1.54%	\$2,742,823	\$3,377,988	8.19%
HAP	Dec 2014 - Oct 2016	\$1,107,427	0.29%	\$1,470,248	\$2,577,676	0.67%
TOTAL		\$91,499,934	1.76%	\$61,584,083	\$153,084,018	2.94%

ii. *Information related to availability and quality of the data*

(a) **Validation of data**

(i.) **Completeness of the data**

The data used in this certification is encounter data provided by MCOs. Each year, MCOs submit data for the most recent three years. For the Contract Year 2018 rate development, this was the period FY 2014 through FY 2016. The two most recent years, FY 2015 and FY 2016, are used for the base period data and the FY 2014 period is used to evaluate contract period trend, except as noted for the LIFC and HAP populations. Participating MCOs and PwC reviewed the data for reasonableness and compared it to the prior MCOs data submission for the FY 2017 rate development. DMAS provides final review and approval of the base date used in the capitation rate development. Claims and encounter data reflect at least four 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 participating MCOs review process. The MCO encounter data submitted for rate development is certified to be accurate by a responsible health plan executive, such as the Chief Executive Officer, the Chief Financial Officer or the lead actuary, and is subject to validation checks by the consulting actuary. PwC did not audit or verify this data or other information. DMAS and PwC reviewed the data for reasonableness and compared it to the FY 2017 Medallion 3.0 data book developed with FY 2014 and FY 2015 historical paid claims.

(iii.) **Data Concerns**

After initial cleaning to remove duplicate claims and claims incurred outside of the historical base data period, members and their associated claims may be dropped due to missing or invalid ID, assignment to an aid category that is not included in the Medallion 3.0 program, or claims that were incurred outside of the member eligibility period.

DMAS policy provides three months for the mother and the health plan to submit the necessary documentation to obtain a permanent ID for an eligible newborn. There is a separate reconciliation process where MCOs submit information on the number of newborns to be reimbursed for capitation payments due to coverage during the three-month temporary eligibility period. Capitation payments for the newborn may not be reflected in the capitation payment file until a few months after the birth.

The newborn processing requires multiple steps. We make an adjustment to count member months for the period up until a newborn is assigned a permanent Medicaid identification number. This is based on checking the first nine digits of the newborn ID to match the mother ID, checking for the mother's eligibility, and then imputing up to three months of membership based on the first record of a newborn capitation payment made within four months of the birth. However, a newborn ID does not necessarily link to the mother's ID. To the extent these steps do not identify all newborns, the imputed member months were underestimated.

To assure that all newborn MM are included, we use the birth date on the capitation payment file to identify all newborns in the past three years who had a capitation payment within the first four months of birth. These newborn IDs are captured and then compared to the DMAS eligibility file to confirm the newborn eligibility before the first month of capitation payment. Up to three months of eligibility, the month of birth and the two months following, can be added to the member month count. For populations covered under this certification, 49,680 newborn member months were added to the base period age under 1 count. This represents 5.3% of the age under 1 population.

Newborn claims that still could not be matched to a newborn ID are first assigned based on the health plan encounter record information. As a final step, non-matched newborns and their claims are allocated based on each plan's matched newborn distribution by aid category and region.

Data concerns, including any adjustments, review for outliers, or data smoothing are described separately for the three program categories. For all populations, the processing redistributes “shock” claims, primarily inpatient hospital claims, if the paid amount is greater than \$250,000. They are redistributed to the same service category across all rate cells within the population group. All inpatient hospital trend models search for claims that exceed \$100,000 and remove the dollars greater than that amount before evaluating trend model results. Other data concerns, such as small numbers in rate cells, may result in combining rate cells. In trend evaluation, if there are small numbers of member months or claims payments, an all services trend may be applied rather than a trend by service category. Alternatively, trend developed for a similar population may be used, such as applying LIFC Child trend to the Adoption Assistance and Foster Care populations.

The Kaiser MCO encounter data was incorporated into the historical base as is, with the exception of repricing of professional claims paid to Kaiser salaried physicians. The Kaiser professional paid amounts were submitted as if they had been paid at the Medicare fee schedule. Those paid amounts were re-priced to 90% of the Medicare Washington DC-Baltimore MD–Northern Virginia fee schedule, similar to the percent of Medicare that Kaiser paid to external physicians. Total Kaiser paid amounts represented about 4.3% of the Northern Virginia region total paid amounts and about 0.7% of total paid claims in the base historical data. We expect this proportion to grow as Kaiser continues to increase enrollment.

(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 MCO encounter data represents the most appropriate source of data to be used to develop actuarially sound capitation rates for the Medallion 3.0 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. MCOs encounter paid claims, subcapitation vendor payments, and DMAS Medicaid 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 FY 2015 and FY 2016.

iv. *Use of managed care encounter data*

Managed care encounter data for FY 2015 and FY 2016 were used for the population that is currently enrolled in Medallion 3.0.

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 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 the accompanying appendices for each population group as the Exhibits 1.

B. Data Adjustments

Development of the capitation rates used historical managed care encounter data for FY 2015 and FY 2016 with run out to October 2016. There are a variety of methodologically similar adjustments that are applied to the base data

to develop adjustments for each of the Medallion 3.0 population groups, but adjustment values can vary by population group. Within each appendix, policy and program adjustments are presented in the exhibits labeled Exhibits 2. Data and contract period trend adjustments, discussed in Section 4, Projected benefit costs and trends, are in the appendices as Exhibits 3. Risk adjustment applied to the LIFC and ABAD populations is discussed in Section 8, Risk mitigation, incentives and related contractual provisions. There are also adjustments applied later in the rate development, after the major program change adjustments, trend, and administration.

i. Credibility adjustment

Data for the Medallion 3.0 eligible populations in the aggregate are considered credible. Development of the rate cells included data smoothing among program categories 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 encounter claims experience was analyzed using a PwC claims reserve and trend models. Separate factors were developed for each Medallion 3.0 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 October 2016. Applied completion factors are shown in the Exhibits 3 labeled Incurred But Not Reported, Policy/Program and Trend Adjustments in each of the Appendices.

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 Contract Year 2018. Adjustments are presented in each Appendix as the Exhibits 2.

The following table summarizes the program change adjustments made to each of the population groups in the Medallion 3.0 program.

**Section I Table 4
Medallion 3.0 Program Adjustments**

Medallion 3.0 Adjustment Name	LIFC Child	LIFC Adult	ABAD	AA/FC	HAP Child	HAP Adult
Pharmacy Adjustment	✓	✓	✓	✓	✓	✓
Exempt Infant Formula Carveout	✓	✓	✓	✓	✓	✓
Hospital Inpatient Adjustment	✓	✓	✓	✓	✓	✓
Hospital Inpatient Adjustment-CHKD	✓			✓	✓	
Freestanding Psychiatric Hospital Adjustment	✓	✓	✓	✓	✓	✓
Hospital Outpatient Adjustment	✓	✓	✓	✓	✓	✓
Hospital Outpatient Adjustment-CHKD	✓			✓	✓	
Hepatitis C Treatment Adjustment	✓	✓	✓	✓	✓	✓
Provider Incentive Adjustment	✓	✓	✓	✓	✓	✓
ER Triage Adjustment	✓	✓	✓	✓	✓	✓
RBRVS Rebasing Adjustment	✓	✓	✓	✓	✓	✓
Admin Adjustment	✓	✓	✓	✓	✓	✓

Additional Adjustments to Base Rates

Drug Reinsurance Adjustment	✓	✓	✓	✓	✓	✓
Behavioral Health Home Pilot Adjustment			✓			
Tidewater Physician Access Adjustment	✓	✓	✓			
University Teaching Hospital Physician Adjustment	✓	✓	✓			
Addiction and Recovery Treatment Services Adjustment	✓	✓	✓	✓	✓	✓
Performance Incentive Award* *Not Applied to Rates	✓	✓	✓	✓	✓	✓

Description of program change adjustments

The following is a brief description of the program change adjustments listed in the table that have been applied to the Medallion 3.0 rate development. Many of the adjustments are based on state fiscal year changes applied to the relevant portion of the fiscal year and apply to all Medallion 3.0 population groups. The calculation of the majority of these adjustments are presented in the Exhibits 2 section of the each appendix. We also describe adjustments that are applied as supplemental adjustments to the base rates and may not apply to all the population groups. These will be labeled as Exhibits 6 and greater in each appendix

Prescription drug rebate and copay adjustment

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

We continue to observe annual increases in the proportion of generic prescriptions, although the change has slowed in recent years. The proportion of generic utilization in the Virginia Medicaid managed care program is over 80% and is similar to that observed as best practice in other state Medicaid managed care programs; therefore, no adjustment is made for further increases in the generic to brand name drug mix for FY 2018 rate development.

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 reduced the rebates provided to MCOs. However, managed care plans furnished information that confirmed that they still receive rebates equal to 2.1% of total pharmacy expenditures.

Separate pharmacy adjustment factors were developed for each of the Medallion 3.0 aid categories and are presented in the Exhibits 2 section of each appendix.

Exempt infant formula carve-out adjustment

This adjustment removes the amount that the health plans pay for selected formulas after children up to age 19 have met the Women, Infants, and Children (WIC) benefit cap. The exempt formulas excluded for the adjustment are developed from a code list provided by DMAS and is applied to the DME/Supplies service line.

Separate Exempt infant formula carve-out adjustment factors were developed for each of the Medallion 3.0 aid categories.

Hospital inpatient adjustments

The hospital capital percentage averaged 8.7% during the FY 2015- FY 2016 base period. The percentage was decreased to 8.43% in FY 2017 and remains at that value in FY 2018.

There are no unit cost adjustments for either FY 2015, FY 2016 or FY 2018. 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 reimbursement rates were rebased for FY 2017. For inpatient medical/surgical, the rebasing was a negative adjustment of 2.65%. For inpatient psychiatric in acute care hospitals, the positive adjustment is 27.0%.

These adjustments are applied to the total inpatient hospital claims in the base period. This amount excludes inpatient payments to Children's Hospital of the King's Daughters (CHKD), which are separately adjusted. The inpatient psychiatric factor is applied to mental health claims that are submitted with FFS payment detail and to the allocated inpatient mental health subcapitation dollars, but exclude payments to freestanding psychiatric hospitals.

The FY 2017 unit cost adjustment is different for CHKD, a hospital that serves children primarily in the Rural and Tidewater regions. The hospital has a higher inpatient capital percentage than the statewide average, 10.4% in the base period, and it increases to 11.52% for FY 2017 and FY 2018. The Virginia General Assembly authorized a unit cost adjustment for FY 2017 equal to the full value of the regulatory inflation, 2.1%, for CHKD. For FY 2018, CHKD is the only hospital authorized to receive a unit cost adjustment, an increase of 2.8%. The base dollars are total Rural and Tidewater region child hospital inpatient payments. The 2.1% and 2.8% unit cost increases are applied to the CHKD total Rural and Tidewater region child inpatient hospital claims. This is then decreased by the value of the FY 2017 MCO hospital rebasing factor.

These adjustment factors are applied to LIFC and ABAD age under 21 rate cells in the Rural region and the Tidewater region. A similar calculation is done for AA, FC and HAP-Child and applied as a statewide adjustment.

Freestanding inpatient psychiatric hospital rate adjustment

The freestanding inpatient psychiatric hospital capital percentage averaged 4.9% during the FY 2015- FY 2016 base period

There is no FY 2016 unit cost adjustment. The Virginia General Assembly authorized a unit cost adjustment for FY 2017 equal to half the regulatory inflation of 2.1%, or a value of, 1.05%. There is no unit cost adjustment for FY 2018.

Hospital inpatient reimbursement rates were rebased for FY 2017 and the rebasing adjustment is 2.50%. The adjustment is applicable to all Medallion 3.0 program categories.

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 trend based on the 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. FY 2017 is the first year that the outpatient hospital inflation adjustment has been modified.

The outpatient hospital adjustment is structured similarly to the inpatient hospital adjustment. Effective FY 2017, outpatient hospital rates are adjusted by half of the regulatory inflation, a 1.05% unit cost increase. There also is an outpatient hospital rebasing adjustment of 0.1%. The adjustment value is calculated similarly across the Medallion 3.0 eligible population.

Children's Hospital of the King's Daughters 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. CHKD also receives a full inflation unit cost increase in FY 2018, a 2.8% increase. There also is an outpatient hospital rebasing adjustment of 0.1%.

The CHKD adjustment factors are applied to LIFC and ABAD age under 21 rate cells in the Rural region and the Tidewater region. A similar calculation is done for AA, FC and HAP-Child and applied as a statewide adjustment.

Hepatitis C treatment adjustment

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 FY 2015-FY 2016 base period now fully includes Hepatitis C treatment experience since the approval of Sovaldi in early December 2013.

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 all populations in the Medallion 3.0 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 the claims runout 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.

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, the treatment data indicates that approximately half of new treatment eligibles are prescribed the lower cost Epclusa or Zepatier while the remaining 50% are prescribed Harvoni. The data for July to December 2016 indicate about a 30% 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.

Provider incentive adjustment

The Provider Incentive Payment adjustment takes into consideration the various ways that health plans provide incentive payments to providers for coordinating care, ensuring access, or improving quality. Depending on the plan, incentive payments are paid through an increase in provider fee schedules, payment of case management fees, provider incentive programs, and/or alternative payment models. To the extent that it has been used to increase professional fee schedules, the amount is already included in the claims and encounter data. Some plans reported the case management and incentive amounts as capitation payments. To avoid double counting, we did not include

the value of the capitation amounts or other non-claim incentive payments that plans reported as payments in the base data. Their value has been incorporated into the Provider Incentive Payment Adjustment.

The estimated weighted average value of the case management and provider incentive programs paid outside of the encounter data is \$1.73 PMPM for ABAD and LIFC, and \$1.81 PMPM for HAP. The adjustment is presented as the percentage of the weighted average of the medical cost component of each population's base rates.

ER Triage adjustment

The 2015 Virginia General Assembly budget eliminated the ER triage reduction 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 \$43.20 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 encounter paid 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 \$43.20.

This adjustment is applied to the FY 2015 period of the base data and separate adjustment factors were developed for each of the Medallion 3.0 aid categories.

RBRVS rebasing adjustment

Each year DMAS adjusts physician rates consistent with the Medicare RBRVS update in a budget neutral manner based on funding and uses both FFS and MCO encounter data, as re-priced to the DMAS fee schedule. Claims cover 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. 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.

This is a single factor provided by DMAS and is applied to all Medallion 3.0 populations. The calculation for Contract Year 2018 is a 0.19% decrease to the MCO experience.

Additional Adjustments

There are a number of policy adjustments that are applied after the development of the Contract Year 2018 base rates to produce the Final Projected Benefit Cost. Each is listed in the table but are discussed in later sections of the certification, including, Section 5. Pass through payments, and Section 8, Risk mitigation, incentives and related provisions. The Behavioral Health Home adjustment is for a limited pilot program in selected regions and is described below.

Pharmacy reinsurance adjustment

There is a pharmacy reinsurance adjustment for all Medallion 3.0 population groups. It is described in 8.F, Risk Mitigation, Incentives and Related Contractual Provisions, Reinsurance, and is applied after the base rate development.

Behavioral health home pilot adjustment

In collaboration with the Office of the Governor and in alignment with the Governor's - A Healthy Virginia plan, DMAS and the Medallion 3.0 MCOs established behavioral health home pilot programs to coordinate care for beneficiaries who are insured through the Medallion 3.0 Medicaid program. The pilot was effective July 1, 2015. The Behavioral Health Home (BHH) pilot program includes adult members over the age of 21 who have a serious mental illness or a serious emotional disturbance. These health homes adopt a "whole person" philosophy for treatment that calls for team-based care of all primary, acute, behavioral health, and some substance abuse services. Virginia uses behavioral health homes to enhance the treatment of both mental and physical health conditions and significantly decrease the level of impairment experienced by these individuals. Five of the MCOs are participating and the pilot programs have a presence in every major region in the state. The following table lists the BHH pilots by health plan and region.

MCO	BHH Model Design	Service Area
Aetna Better Health	In-house and/or co-located partnership model of integrated care.	Richmond Region
Anthem HealthKeepers Plus	Enhanced Care Coordination (CCC model)	Richmond Region
InTotal	Case Management / Home Health model	Northern Virginia Region
Optima	Blended model of in-house (one location), co-located and facilitated referral system to integrate care services.	Tidewater Region
Virginia Premier	Primary Care Physician (PCP) assignment to members being seen in the behavioral health home.	Far Southwest

In the first two years, DMAS included funding for case management services to support the behavioral health home pilot. This funding is now fully incorporated into plan administrative costs reported for CY 2016 and it is not necessary to include an adjustment to the capitation rates for administrative costs.

One plan, Anthem, administered and directly paid the non-traditional behavioral health services that are otherwise carved out of Medallion 3.0. In order to reimburse the plan for these services, there is a separate rate adjustment PMPM to the ABAD Adult rate cells for Anthem in the Richmond region. There is no medical component adjustment for any other MCO.

Tidewater physician access adjustment

This is discussed in Section 5, Pass through payments.

University teaching hospital adjustment

This is discussed in Section 5, Pass through payments.

Addiction and Recovery Treatment Services (ARTS) adjustment

This is a new service covered under the MCO contracts and is discussed in Section 8.J. Risk Mitigation, Incentives and Related Contractual Provisions, Material changes to services or benefits since last rate certification.

v. *Exclusion of payments or services from the data*

There are no exclusion of payments for any services that will be covered under the Medallion 3.0 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 FY 2015 through FY 2016 for the populations to be enrolled in Medallion 3.0. Data for FY 2015 to FY 2016, with run out through October 2016, are used to evaluate the base period data trend and an additional year of data, FY 2014 with run out through February 2017, is added to the base and used to develop contract period projected trend. LIFC Child and Adult contract period trend does not use the FY 2014 data for reasons described below. 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

Virginia DMAS is in the process of modifying the structure of the Medicaid managed care programs and changes will take place over the 17 month time period, July 1, 2017 to November 30, 2018. Medallion 3.0 capitation rates that will be paid over this period will vary from FY 2018 rates shown as reference based on the schedule for transition of each Medallion 3.0 population to the new programs.

The HAP Medallion 3.0 populations will transition to the Commonwealth Coordinated Care Plus (CCC Plus) managed care program in regional phases during the first six months of Contract Year 2018. The ABAD population will transition to CCC Plus effective January 1, 2018. During the extended Contract Year 2018, the remaining Medallion 3.0 LIFC, AA, and FC populations will transition to the new Medallion 4.0 Medicaid managed care program in regional phases over the period August 1, 2018 to November 30, 2018. Additional exhibits which reflect the time period for transition of each Medallion 3.0 population follow the presentation of projected benefit cost that reflects rates for FY 2018.

Therefore, this certification presents the Contract Year 2018 final rates in two stages. For reference, the report presents FY 2018 base capitation rates as if all Medallion 3.0 populations remain in the program for the full fiscal year. This set of rates is used for comparison purposes against FY 2017 base rates. The second set of rates presents the final certified capitation rates for the contract period that reflect the expected population mix change over the transition period, July 1, 2017 to November 30, 2018. The base period Exhibits 1 and the adjustments in Exhibits 2 are the same for both the FY 2018 and the Contract Year 2018 base rates. The main difference in the sets of rates is the number of months of contract period trend that is applied.

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 FY2014 through FY2016. Data for FY 2015 to FY 2016, with run out through October 2016, are used to evaluate the

base period trend and an additional year of data, FY 2014 with run out through February 2017, 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.

Due to the robustness of the data (both the population size and the long data period) and the maturity of the program, development of trend for Contract Year 2018 primarily relied on the regression analysis starting July 1, 2013 using a 6 month rolling average. However, we review all trends for reasonableness. Where we consider the historical trend experience by service category to be an unreliable indicator of future trend, we examine the overall rate of change, additional data provided by the plans, estimates of cost increases provided by DMAS and other sources to derive recommended trend assumptions. For population groups where we have sufficient data, we calculate high level service category trends. For the Adoption Assistance and Foster Care populations, we calculate an all service trend. Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Unlike prior years, we have included negative contract period trends, but have modified them if we consider them an unreliable indicator of future trend.

Trend and IBNR factors were developed separately for LIFC Under 21, LIFC 21 and Over, and ABAD and for the following service categories: Inpatient Medical/Surgical, Inpatient Psychiatric, Hospital Outpatient, Practitioner, Prescription Drug, and Other (Transportation, DME, Lab/X-Ray).

For the FY 2018 reference rates, trend adjustments are applied to move the historical data from the midpoint of the data period (July 1, 2015) to the midpoint of the 2018 fiscal year (January 1, 2018), or 30 months. For the Contract Year 2018 rates, trend adjustments are applied to move the historical data from the midpoint of the data period (generally July 1, 2015) to the midpoint of the contract period, which varies by the population group. Data period trend are developed from a regression analysis on the 24 months of historical Virginia health plan data with run-out through October 2016 used for these capitation rates. Contract period trend rates for the majority of the services are developed to reflect our best estimate of trend in the future and are based primarily on incurred claims from July 2013, the beginning of FY 2014, through December 2016, or 36 months with run out through February 2017.

Table 4
Trend Service Categories

Medallion 3.0 Program Categories	Age	Trend Categories
ABAD	All	Inpatient Med/Surg and Psych, Outpatient/ER/Ancillary, Physician/Professional, Pharmacy, Other
HAP	Child	Inpatient Med/Surg and Psych, Outpatient/ER/Ancillary, Physician/Professional, Pharmacy, Other
	Adult	Inpatient Med/Surg and Psych, Outpatient/ER/Ancillary, Physician/Professional, Pharmacy, Other
LIFC	Child	Inpatient Med/Surg and Psych, Outpatient/ER/Ancillary, Physician/Professional, Pharmacy, Other
	Adult	Inpatient Med/Surg and Psych, Outpatient/ER/Ancillary, Physician/Professional, Pharmacy, Other
Foster Care & Adoption Assistance	Child	All Services

Modifications to Trend

- Removal of Outliers

For all population groups, Inpatient Hospital Med/Surg and Psych trend was evaluated after capping claims at \$100,000.

- LIFC Child and LIFC Adult Trend

LIFC Child and LIFC Adult trend were evaluated using the time period that begins July 2014. We observed differences in trend after implementation of the Affordable Care Act January 1, 2014. These differences may be affected by ACA changes in eligibility under new MAGI family income determination rules, the increase in eligibility to 138% of the Federal Poverty Level for children 6 and over, enrollment of previously Medicaid eligible adults and children due to expanded marketing and outreach, and backlogs in eligibility processing that persisted until the middle of that year.

- Modification to Six Month Rolling Average

Final ABAD rates use a 12-month rolling average for Inpatient Med/Surg and Psych contract period trend rather than the six-month rolling average results. Because of seasonality, LIFC Child pharmacy and other service category trend uses the 12-month rolling average.

- Pharmacy Trend

Pharmacy trend estimates rely upon the standard models, but the LIFC Adult, ABAD and HAP Adult pharmacy trend reflects adjustments for drugs used to treat Hepatitis C. Beginning February 2015, total pharmacy trend shows a significant step up in costs reflecting the introduction of Hepatitis C treatment with Sovaldi and Olysio. The upward trend continues consistent with the later approval of Harvoni. Because of this, two adjustments are made to LIFC Adult and ABAD pharmacy trend: 1) drug costs observed in the data due to Hepatitis C treatment changes are removed prior to estimating the regression and 2) an adjustment to base costs to reflect Hepatitis C treatment costs as of the end of the data period rather than the average cost over the base period.

We adjusted the pharmacy prior data period, July 2014 to July 2016, with an increase in the PMPM that reflects the difference in average PMPM pre and post usage availability of the new Hepatitis C regimens. This change was applied to the relevant months in the data period pharmacy trend for the LIFC Adult, ABAD, and HAP Adult populations. The additional dollars are added to the trend data used in the regression models in each month, and the regression is recalculated. The effect is to dampen the data period unit cost trend calculated using the original claims data.

The equivalent of the dollars added to the data trend model are also added to the LIFC Adult, ABAD and HAP Adult base data in the Exhibit 4 rate cell calculations under the column "Base Claims Redistribution and Adjustments FY15-FY16". Approximately \$4.0 million is added across the LIFC Adult rate cells, \$13.3 million across the ABAD rate cells, and \$1.7 million across HAP Adult rate cells. These amounts bring the Hepatitis C PMPM to about \$4.64 PMPM for LIFC Adult, \$26.31 PMPM for ABAD, and \$40.17 PMPM for HAP Adult at the end of the base period.

The pharmacy trend for these populations is calculated excluding the Hepatitis C drug therapies. In conjunction with the separate Hepatitis C adjustment, we believe that this adequately accounts for expected pharmacy costs in Contract Year 2018. Pharmacy reinsurance also protects plans from unexpected pharmacy costs.

- Age-Gender Mix Adjustment

Analysis of changes in the age/gender distribution of the Medallion 3.0 is done to evaluate any population mix shift over the experience period. We develop an estimate of the risk mix of the each population each month during the data period based on Medallion 3.0 cost relativities to a benchmark rate cell applied to each month's enrollment distribution. The monthly risk mix factor was applied to normalize each monthly data point in the Medallion 3.0 data and contract trend regression models.

The impact mix changes was analyzed over the full time period review for the contract trend, from as early as July 2013, the beginning of FY 2014, to February 2017. For LIFC Child, the risk mix for all services combined decreased 2.3%, primarily due to a decrease in the proportion under age 1 and less inpatient utilization, while for LIFC Adult, the risk mix for all services combined increased 0.2%. For ABAD, the adjustment for all services combined increased 1.8% from July 2013 to October 2016. Because they are applied as the reciprocal, the negative age-gender adjustment increases the PMPM values and the positive age-gender adjustment reduces the data and contract period PMPM values that are evaluated for trend.

Section I Table 5

Estimated Change in Age-Gender Mix

Aid Category	Time Period	IP Med/Surg & Psych	OP/HH	Prof	Pharmacy	Other	All Services
ABAD	July 2013 - Feb 2017	2.85%	1.62%	-0.61%	2.14%	1.31%	1.75%
LIFC Child	July 2014 - Feb 2017	-7.23%	-0.36%	-2.15%	1.18%	-0.18%	-2.33%
LIFC Adult	July 2014 - Feb 2017	-0.09%	0.22%	-0.42%	1.19%	-0.20%	0.16%
AA	Sep 2013 - Feb 2017	-0.77%	-0.77%	-0.77%	-0.77%	-0.77%	-0.77%
FC	Sep 2013 - Feb 2017	-1.71%	-1.71%	-1.71%	-1.71%	-1.71%	-1.71%
HAP Child	Dec 2014 - Feb 2017	-3.29%	-3.93%	-4.95%	-0.49%	-1.99%	-3.16%
HAP Adult	Dec 2014 - Feb 2017	0.30%	0.34%	0.26%	0.21%	0.13%	0.26%

- Trend Modifications for Policy Adjustments

In addition to the age-gender adjustments, the trend models apply an adjustment to offset the impact of increases or decreases to services that are already reflected in the adjustments in Exhibits 2.

Specifically, the trend models are adjusted for the fee increases or decreases that occurred during the historical base period. 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.

Hospital Inpatient Med/Surg data and contract period trend were modified to reflect the unit cost and rebasing adjustments included in Exhibit 2c and is the same for all Medallion 3.0 population groups. It is presented in Table 6.

Section I Table 6

Summary of Adjustments to Trend

Service	Medallion 3.0 Population	Time Period	Adjustment
Inpatient Hospital	All	FY 2014-FY 2016	1.00
		FY 2017	0.99

- Other Trend Modifications

For some populations, we have included negative contract period trends, but have modified them if we consider them an unreliable indicator of future trend.

For the Child and Adult HAP populations, we observe substantial decreases in PMPM costs for selected categories of service between the two periods in the base data. These decreases are reflected in the data period trend that is applied in the exhibits. However, we believe that these decreases, particularly the utilization decreases observed for Inpatient Med/Surg and Hospital Outpatient, reflect the managed care savings achieved on the portion of the HAP population that was moved from Fee for Service to MCOs in late 2014. We do not believe that such decreases will continue. Therefore, for Inpatient Hospital Med/Surg, although the contract trend regression results suggest substantial negative trend, the estimate was reduced by two thirds. The Hospital Outpatient negative contract trend regression results were reduced by one half.

Other negative contract period trend for HAP Child and Adult services were retained without modifications. The total weighted average contract trend for HAP Child is slightly negative at -0.1% while the total weighted average contract trend for HAP Adult is slightly positive at 0.7%.

- Months of Applied Contract Trend: FY 2018 compared to Contract Year 2018

The schedule of the transition of the Medallion 3.0 populations into the Commonwealth Coordinated Care Plus (CCC Plus) and the new Medallion 4.0 programs affects the contract year midpoint for current Medallion 3.0 populations. The new program regions do not exactly align with the current Medallion 3.0 regions. While the county and locality definitions for Medallion 3.0 and the new programs are generally similar for the Far Southwest, Roanoke/Alleghany, and Tidewater regions, the new Medallion 4.0 regions Central Virginia, Charlottesville/Western and Northern/Winchester will include counties and localities from as many as four of the current Medallion 3.0 regions.

The specific schedule for the Medallion 3.0 program transitions is presented in Table 7.

Section I Table 7

Medallion 3.0 Phase Out Schedule

Aid Category	New Program Region	New Program	Program Transition Month
HAP Adult, HAP Child	Tidewater	CCC Plus	8/1/2017
	Central Virginia	CCC Plus	9/1/2017
	Charlottesville/Western	CCC Plus	10/1/2017
	Roanoke/Alleghany	CCC Plus	11/1/2017
	Southwest	CCC Plus	11/1/2017
	Northern/Winchester	CCC Plus	12/1/2017
ABAD	Statewide	CCC Plus	1/1/2018
LIFC Child, LIFC Adult, FC, AA	Tidewater	Med 4.0	8/1/2018
	Central Virginia	Med 4.0	9/1/2018
	Northern/Winchester	Med 4.0	10/1/2018
	Charlottesville/Western	Med 4.0	11/1/2018
	Roanoke/Alleghany	Med 4.0	12/1/2018
	Southwest	Med 4.0	12/1/2018

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. For FY2018, contract trend is applied for 18 months, to the midpoint of the 2018 fiscal year, December 31, 2017. For Contract Year 2018 rates, the number of months of applied contract trend varies by population group to reflect the managed care program transitions. Because the LIFC population has the largest enrollment, the contract period midpoint is applied by region. All other population groups use the statewide weighted average member month number of months.

The number of applied contract period member months in the Exhibits 5 for each Medallion 3.0 population group reflect the difference between the FY 2016 projection and the Contract Year 2018 projection. For the HAP population, the FY 2018 months of contract trend is less because the base period is the 22 months from December 2014 to October 2016. Two of the population groups, HAP and ABAD, will transition to CCC Plus by December 31, 2017; therefore, the number of contract period months applied for contract period is less than the FY 2018 value. These differences are shown in Table 8.

Section I Table 8

Months of Contract Period Trend

Aid Category	Med 3.0 Region	Months for Fiscal Year 2018 Trend	Months for Contract Year 2018 Trend
ABAD	Statewide	18	15.0
LIFC Child	Far Southwest	18	23.5
	Northern Virginia	18	22.5
	Richmond	18	22.2
	Roanoke	18	23.5
	Rural	18	22.5
	Other MSA	18	22.9
	Tidewater	18	21.5
LIFC Adult	Far Southwest	18	23.5
	Northern Virginia	18	22.4
	Richmond	18	22.2
	Roanoke	18	23.5
	Rural	18	22.6
	Other MSA	18	22.9
	Tidewater	18	21.5
AA	Statewide	18	22.9
FC	Statewide	18	22.9
HAP Child	Statewide	14	9.7
HAP Adult	Statewide	14	9.9

- Final Trend Exhibits

Each category of service in the Appendices, 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 population group contract year period.

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.

The total trend rates shown in each Appendix, Exhibits 3. The layout of the Exhibits 3 is:

- Column 1: IBNR completion factors are applied to the total claims in the first column of Exhibits 4 of each Appendix, and the dollar value of the IBNR completion factors are shown in the fourth column, labeled “Completion Factor Adjustment.”
- Column 2: Information on the cumulative impact of the policy and program adjustments in Exhibits 2 are summarized in column two. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.
- Column 3: Total base adjustments are the combination of IBNR and Policy and Program Adjustments.
- Columns 4-6: Data Period trend is presented as the annualized cost and utilization components and the total data period trend.
- Column 7: Contract Period trend is presented as the annualized total contract trend.

- Columns 8-9: The last two columns of Exhibits 3 present the cumulative applied trend using Data Period and Contract Period trends, and are calculated using compound interest calculations. There are separate columns for total trend applied for FY 2018 reference rates and total trend for the Contract Year 2018 that reflects the transition of Medallion 3.0 populations to the new managed care programs.

The IBNR, Data Period and Contract Year trend factors are applied to the historical data in Exhibits 4 of each Appendix by applicable service category.

(c) Comparisons to historical benefit cost trends

The methodology for developing data period and contract period trends has been consistent over many years of rate development. The current base period, FY 2015 and FY 2016 reflects population and eligibility changes as a result of implementation of the Affordable Care Act. Although Virginia is not a state that adopted Medicaid expansion for low income adults, there were eligibility changes as a result of MAGI income and asset criteria, enrollment through hospital presumptive eligibility procedures, and other new enrollment directed from the state individual market exchange hosted by healthcare.gov.

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 Medallion 3.0 population group.

(i.) Change in unit price

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Inpatient hospital med/surg trend was evaluated after capping claims at \$100,000. Values are incorporated as derived from the data and contract period trend models. For most trends, we use 6-month rolling averages. Because of seasonality, LIFC Child pharmacy trend uses the 12-month rolling average.

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

(ii.) Change in utilization

As indicated in the Exhibits 3, data period trend for most of the Medallion 3.0 was driven by changes in unit cost trend. The exception is the HAP Child group where we observe a large decrease in utilization during the base period.

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 in projected cost trend by Medicaid eligibility groups; these are shown in the Appendices in Exhibits 3.

(b) Rate cells

There are variations by rate cells that align with the variation by Medicaid aid code categories. There is no variation in the trend applied to rate cells within a Medicaid aid code category. 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, if any, would be 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. When there are expected managed care savings, they 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

There is no adjustment for in-lieu of services.

G. Exclusion for Institution for Mental Disease

i. Costs associated with a stay of more than 15 days

Review of the historical base data for managed care identified 22 individuals with an IMD stay of more than 15 days in a month. Of the 22 individuals, 18 were in ABAD, 2 were LIFC Adult and 2 were HAP Adult. Total costs for stays in IMD were \$531,868. These costs were removed from the base data.

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 adults with an IMD stay of more than 15 days were \$87,239. These costs could include acute care hospital stay, professional, pharmacy and ancillary costs. These costs were removed from the base data.

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

Twenty two member months of eligibility were removed from the base data for people with the IMD stay of more than 15 days in a month.

H. *Retrospective eligibility periods*

i. *Medallion 3.0 MCO responsibility for payment for retrospective eligibility*

A member cannot be retroactively enrolled in an MCO. If a member is determined to have been eligible for Medallion 3.0 coverage in the past, that member will be mandatorily enrolled on the first of the month following assignment. Newborns to Medallion 3.0 mothers will be granted presumptive eligibility and will be enrolled in Medallion 3.0 on the first of the month following assignment.

Members can be retroactively disenrolled and the capitation payment will be retracted. 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 Medallion 3.0 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 another Medicaid category.

ii. *How claims information are included in the base data*

If a member is retroactively disenrolled from Medallion 3.0 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*

Months of enrollment reflect capitation payments made that have not been retracted. Retroactive disenrollment is captured in the updates to the DMAS capitation payment files.

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

A member cannot be retroactively enrolled in the Medallion 3.0 program. Therefore, there will be no retroactive eligibility periods.

I. Final projected benefit costs

Final projected benefit costs are presented for each Medallion 3.0 program categories in each Appendix, Exhibits 4. There are further adjustment to these projected benefit costs that are presented in the Appendices in Exhibits 5 and higher. The number of additional exhibits may vary by population group.

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 labeled, Exhibits 5 and above. The steps in the process include:

1. Summarize historical encounter data for all Medallion 3.0 populations: MCO historical base is developed for Contract Year 2018 using data from July 1, 2014 to June 30, 2016.
2. Apply program adjustments for changes in covered service: Each of these adjustments is described in detail in Exhibits 2.
3. Apply IBNR and trend adjustments for projected benefit costs: This is developed and applied by service level for most of the population groups and is summarized in Exhibits 3. The base capitation rates have been trended to the midpoint of the contract year. The midpoint varies by Medallion 3.0 population group.
4. Apply the administrative adjustment to the rate cells: The administrative adjustment in Exhibits 2 is applied to projected base rates in Exhibits 4.
5. Develop base rates for all Medallion 3.0 populations: The report presents two comparison base rates: 1) those that would apply for rates based on FY 2018, from July 1, 2017 to June 30, 2018, and 2) those that apply for rates based on Contract Year 2018, from July 1, 2017 to November 30, 2018. Total weighted averages use the February 2017 member month distribution.
6. Develop MCO rates with CDPS adjustments for LIFC and ABAD: The analysis builds upon the CDPS Version 6.2 Med/Surg with Rx VA weight model to adjust base capitation rates for differences in health plan relative risk scores within region. The CDPS relative risk adjustment within a region is calculated to be cost neutral to the base rate for that region for the currently enrolled MCO members. CDPS risk adjustment is applied to the LIFC and ABAD populations.
7. Apply Additional Adjustments for LIFC and ABAD: Additional adjustments follow the CDPS adjusted base rates for LIFC and ABAD. These include the Tidewater Physician Access adjustment and the University Teaching Hospital Physician adjustment.
8. Apply Drug Reinsurance and ARTS Adjustment: All Medallion 3.0 population receive additional adjustments for Drug Reinsurance and ARTS. The Drug Reinsurance, described in Section 8.F.i. of this report, is a reduction to the base rates. The ARTS adjustment is an increase to the base rates.
9. Final Contract Year 2018 projected benefit costs: Because DMAS is reorganizing the Medicaid managed care programs over the 17 months July 1, 2017 to November 30, 2018, rates have been prepared to reflect the schedule of movement of the Medallion 3.0 population to the new programs.

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

There is one new services covered under the MCO contracts. The Addiction and Recovery Treatment Services (ARTS) adjustment was effective for DMAS managed care programs as of April 1, 2017. An adjustment was made for the last three months of the FY 2017 Medallion program. The adjustment will be in effect for the full Contract Year 2018 period and is described below.

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.

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 Medallion 3.0. 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.

The ARTS Stop Loss program is described in Section 8.

K. Estimated impact of changes to services or benefits

The cumulative estimated impact of change to services or benefits are presented in the appendices Exhibits 3 by applicable service category and Medallion 3.0 program categories under the column Policy and Program Adjustments.

4. Pass Through Payments

A. Pass through payments required by the State

Tidewater physician access adjustment and university teaching hospital adjustment are two pass through payments included in the rate development.

B. Description of pass through payments

i. Tidewater physician access adjustment

Beginning FY 2016, DMAS pays a managed care supplemental payment for professional claims associated with physicians affiliated with a medical school in Eastern Virginia/Tidewater that is a political subdivision of the Commonwealth. This is the managed care equivalent of supplemental professional payments that have been made to Eastern Virginia Medical School for the FFS Medicaid population. These supplemental physician payments are not included in the historical base data presented in Exhibits 1.

This adjustment uses professional claims in the MCO historical (FY 2015-FY 2016) base for the same physicians included in the FFS supplemental payment program. The physicians were identified using Provider NPIs. Using similar rules as the FFS supplemental payments pricing, the professional claims were re-priced to the Average Commercial Rate, defined as 137% of the CY 2017 Medicare Fee RBRVS for Virginia Rest of State. Anaesthesia pricing used the claims reported units rather than the Medicare national average units. There were some non-Medicare covered services, such as child preventive care, that have RBRVS units and were re-priced by using CY 2016 RVUs with Virginia geographic factor and its conversion factor. We also applied such rules as lower payment for second surgeon and multiple procedures on same day.

This calculation assumes that the CY 2017 Medicare pricing will be used for the entire Contract Year 2018. We have not applied any prospective utilization and unit cost trends to the estimated supplemental payment.

There is an estimated \$3.45 million annualized managed care supplemental payment in FY 2018 for all health plans in all aid categories. The adjustment is applied as \$1.92 PMPM for ABAD and LIFC in the Tidewater Region only. It is not applied to other Medallion 3.0 populations. These physician pass through payments will sunset at the end of FY 2022 in compliance with 42 CFR 438.6(d)(5).

ii. State university teaching hospital physician adjustment

In order to assure access to professional services at state university teaching hospitals, DMAS will pay a managed care supplemental payment for physicians in practice plans affiliated with University of Virginia Medical Center and Virginia Commonwealth University through pass through capitation payments to the Virginia Premier health plan. These supplemental physician payments are not included in the historical base data presented in Exhibits 1. The supplemental payment is equal to 5% of the CDPS adjusted Virginia Premier health plan rates. These physician pass through payments will sunset at the end of FY2022 in compliance with 42 CFR 438.6(d)(5).

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.

B. Development of projected non benefit costs

i. Description of the data, assumptions and methodologies

The first step of the calculation of the administrative factor develops an administrative dollar PMPM using administrative costs reported to the Bureau of Insurance for the most recent completed calendar year. The administrative adjustment uses figures from these reports, adjusted to remove self-reported payment of state taxes and other disallowed costs as identified by DMAS in periodic health plan audits and reported to DMAS by the plans in non-audit years. The administrative expense also excludes payment of any health insurer fee related to the DMAS line of business, which were included in a retroactive rate adjustment for the FY 2016 capitation rates and reported in MCO CY 2016 administrative costs.

The adjusted administrative dollar PMPM for each health plan is weighted by the calendar year member month distribution to arrive at an average administrative cost across all contracted health plans. This average administrative dollar PMPM is then apportioned across the eligibility groups enrolled in the Virginia DMAS managed care programs – ABAD, HAP, LIFC Child, LIFC Adult, FAMIS, FAMIS MOMS, and Adoption Assistance/Foster Care using the ratios of the adjusted and trended base medical expense PMPM for each aid category. Using the breakdown of administrative expenses from the BOI reports, the salary and all other general administrative components of the historical PMPM are separately trended to the rate period.

To reflect an estimate of administrative activity, the administrative dollars PMPM are reallocated based on weighting by claims volume PMPM for each eligibility group. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2018 base rates to determine separate administrative allowances as a percentage of the base capitation rate. This percentage is increased by a 1.50% provision for margin.

ii. Material changes to data, assumptions and methodologies

There are no material changes to data, assumptions, and methodologies in estimating non benefit costs.

C. Components of projected non benefit costs

Components of projected non benefit cost are shown in the Appendices as part of Exhibits 2 and PMPM values vary by Medallion 3.0 program category.

i. Administrative costs

The CMS regulations require that administrative costs directly related to the provision of Medicaid State Plan approved services be incorporated into the rate setting process. Each health plan provided revenue and administrative cost data for calendar year 2016 as part of its submission to the Virginia Bureau of Insurance (BOI) on the required form entitled Analysis of Operations by Lines of Business, and as necessary, notes to interpret the financial figures. We also received the Underwriting and Investment Exhibit, Part 3, Analysis of Expenses.

The first step of the calculation of the administrative adjustment uses figures from these reports, adjusted to remove self-reported payment of state taxes and other disallowed costs as identified by DMAS in the health plan audits. The administrative expense also excludes payment of any health insurer fee related to the DMAS line of

business, which were included in a retroactive rate adjustment for the FY 2016 capitation rates. Any health insurer fee for Contract Year 2018 will be included in a retroactive rate adjustment for Contract Year 2018. The adjusted value is weighted by the calendar year member month distribution to arrive at an average administrative cost across all contracted health plans.

The average administrative PMPM for CY 2016 across all Medallion 3.0 health plans was \$23.87 PMPM. .

The average administrative dollar PMPM is apportioned across the eligibility groups enrolled in the Virginia DMAS Medallion 3.0 programs – ABAD, HAP, LIFC Child, LIFC Adult, FAMIS, FAMIS MOMS, and Adoption Assistance/Foster Care using the ratio of the adjusted and trended base medical expense PMPM for each aid category.

Using the breakdown of administrative expenses from the BOI reports, the salary and all other general administrative components of the historical PMPM are separately trended to the FY 2018 period. The salary component is trended using the Bureau of Labor Statistics calendar year 2016 employment cost trend for total compensation, private industry, management, business and financial services. The non-salary administrative component and the Claims Adjustment Expense components are trended using the calendar year 2016 Consumer Price Index for All Urban Consumers (CPI-U).

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM are reallocated based on weighting by claims volume PMPM for each eligibility group. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2018 base rates to determine separate administrative allowances as a percentage of the base capitation rate. This percentage is increased by a 1.50% provision for margin. This administrative cost factor is applied to the Contract Year 2018 total adjusted and trended claims amount for the appropriate rate payment category. This adjustment factor is applied in the final steps of the per capita cost calculations at the bottom of each rate cell worksheet in the Exhibits 4 in each appendix.

A rate adjustment for the health insurance premium excise tax is not included in the administrative cost adjustment presented here. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. This 2017 moratorium applies to fee year 2017. Therefore, no fee will be due in fee year 2017 based on the 2016 data year. If the moratorium is not extended, an aggregated retrospective adjustment process will be used to pay the health insurer fee adjustment for the FY 2017 rates in the fall of 2018.

ii. Care coordination and management

The administrative adjustment uses CY 2016 BOI reporting for all lines of service. Care management is included in general administrative expenses but it is not broken out either overall or for the Medicaid related lines of service. There is no separate information on the care coordination and management components of their Medicaid administrative cost. DMAS will begin to ask for this information with the financial reports required for purposes of determining the Medical Loss Ratio.

iii. Provision for margin

The provision for margin is 1.5%. Based on a Society of Actuaries report titled “Medicaid Managed Care Organizations: Considerations in Calculating Margin in Rate Setting, the provision for margin in most states’ capitation rates range from 0.5% to 2.5%. Virginia Medicaid’s provision for margin of 1.5% is based on a DMAS analysis of risk-based capital reports for CY2013, and is within other states’ Medicaid margin range.

iv. Taxes, fees and assessments

There are no applicable state taxes, fees or assessments. The health insurer provider fee is discussed in Section E.

v. *Other material non benefit costs*

There are no assumed other material non benefit costs.

D. *Allocation of non benefit costs*

The first step of the calculation of the administrative adjustment uses figures from the CY 2016 BOI reports, adjusted to remove self-reported payment of state taxes and other disallowed costs as identified by DMAS in the health plan audits. The administrative expense also excludes payment of any health insurer fee related to the DMAS line of business, which were included in a rate adjustment for the FY 2016 capitation rates. The adjusted value is weighted by the calendar year member month distribution to arrive at an average administrative cost across all contracted health plans.

The average administrative dollar PMPM is apportioned across the eligibility groups enrolled in the Virginia DMAS Medallion 3.0 programs – ABAD, HAP, LIFC Child, LIFC Adult, FAMIS, FAMIS MOMS, and Adoption Assistance/Foster Care using the ratio of the adjusted and trended base medical expense PMPM for each aid category. The resulting CY 2016 administrative cost ranges from \$11.54 PMPM for LIFC Child to \$142.15 PMPM for HAP and is the sum of lines 1 and 2 of the administrative adjustment exhibit for each population group.

Using the breakdown of administrative expenses from the BOI reports, the salary and all other general administrative components of the historical PMPM are separately trended to FY 2018. The salary component is trended using the Bureau of Labor Statistics 2016 calendar year employment cost trend for total compensation, private industry, management, business and financial services. The non-salary administrative component and the Claims Adjustment Expense components are trended using the 2016 calendar year Consumer Price Index for All Urban Consumers (CPI-U).

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM are reallocated based on weighting by claims volume PMPM for each eligibility group. This ranges from 1.54 average claims PMPM for LIFC Child to 11.24 average claims PMPM for the HAP population, with an overall average of 2.6 claims across all program categories, including Medallion 3.0, HAP, Adoption Assistance/Foster Care and FAMIS and FAMIS MOMS. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2018 base rates to determine separate administrative allowances as a percentage of the base Contract Year 2018 capitation rate. This percentage is increased by a 1.50% provision for margin. The provision for margin is the same as in last year's rate setting. This administrative cost factor is applied to the Contract Year 2018 total adjusted and trended claims amount for the appropriate rate payment category.

Components of projected non benefit cost vary by Medallion 3.0 program and is the last program adjustment in the Exhibits 2. This adjustment factor is applied in the final steps of the per capita cost calculations at the bottom of each rate cell worksheet in the Exhibits 4 in each appendix.

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.

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

A rate adjustment for the health insurance premium provider fee is not included in the administrative cost adjustment presented in the Contract Year 2018 Medallion 3.0 capitation rates. There is a moratorium on the health insurer fee for fee year 2017. While its future is uncertain, the current status for fee year 2018 is that a health insurance fee will be due in September 2018 based on DMAS revenue and members in CY 2017.

If there is a payment due, there will be a plan specific retroactive capitation payment adjustment for the Contract Year 2018 rate year to account for the plan cost. The September 2018 health plan assessment, a calculation based on their DMAS revenue and members in CY 2017 will not be final until August 2018 and will not be paid by the MCOs until September 2018.

Any payment will be calculated as a plan specific PMPM health insurer fee adjustment for each capitated member month in Medallion 3.0 for the period July 1, 2017 to November 30, 2018. The payment timeline is specified in the MCO contracts and will be paid in a single transaction after the PMPM cost is known.

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

The exclusion of health insurer provider fee in 2017 is not applicable to rates developed for Medallion 3.0 programs for Contract Year 2018. The DMAS provision for paying this fee is a retroactive adjustment. The exclusion applies to paying the Health Insurance Providers Fee in 2017 which would have been a retroactive adjustment to the FY 2017 Medallion 3.0 capitation rates.

6. *Rate range development*

This section is not applicable because rate ranges have not been established for the Medallion 3.0 program and are not permitted under the managed care regulations.

7. Risk mitigation, incentives and related contractual provisions

This section provides the information on the base data used to develop the Medallion 3.0 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 Medallion 3.0 program rates have been developed as full risk rates.

The Medallion 3.0 MCOs will assume risk for the cost of services covered under the contract. There are a variety of risk mitigation, incentives, and related contractual provisions. They include:

- Risk adjustment to LIFC and ABAD rates
- A pharmacy reinsurance program
- An ARTS stop loss provision
- Medical Loss Ratio requirements and a limit in underwriting gain.

B. Development of risk mitigation methodology

There is a pharmacy reinsurance program and an ARTS stop loss provision described below.

C. Use of acuity adjustment

i. Description of the data, assumptions and methodologies

The Virginia Medallion 3.0 base capitation rates have been developed using health plan encounter data. The development of the capitation rates included an analysis of differences in expected risk and implied cost using the Chronic Illness and Disability Payment System (CDPS). The risk calculation is performed at the regional level for ABAD and LIFC rate cells to match the methods used for developing the base capitation rates. None of the other Medallion 3.0 program capitation rates are risk adjusted.

The CDPS scores represent each health plan's regional risk assessment score relative to the average of all health plan risk assessment scores within each region. This method results in risk-adjusted rates by health plan that are budget neutral within each region. Each risk score that is greater than 1.0 results in an increase in payments for a given health plan that must be offset by a lower risk score and a reduction in payments to other health plan(s) within the region.

DMAS policy for development of the person-level risk scores uses all the diagnosis codes included on the health plan encounter data and any available FFS claims data within the evaluation period.

Virginia specific relative weights are used for the CDPS assessment. This report uses the CDPS model Version 6.2 Med/Surg with Rx Virginia specific weights developed from the FY 2014 to FY 2016 encounter data.

CDPS scores are developed using encounter claims records from both the FFS and managed care delivery systems. Each person enrolled in the Virginia Medicaid program that is enrolled in a managed care plan, or who could be enrolled if a plan were operational in his or her area, receives a risk assessment score. The score is calculated based

on all available data for the individual; if the individual changes health plan or delivery system, information from all relevant sources is combined to gain an overall risk profile.

The CDPS score for each person is based on his or her demographic and health status characteristics. Individuals with no health status information receive a base score derived from the demographic characteristics of the person. Because the CDPS model is additive, scores based only on demographic information are lower than scores that are adjusted for the presence of specified medical conditions. Three separate models classify individuals based on their eligibility category and age. Specifically, there are models for LIFC children, LIFC adults, and ABAD. The different models use largely the same risk status classification system, but the value attached to each characteristic varies among the models. There are also slight differences in the medical conditions included in the various models. For example, a larger percentage of the ABAD population has claims and an identifiable medical condition than does the LIFC population. Consequently, the base values for age and gender contribute less to the risk score for the ABAD population than for the LIFC population, and the value associated with the various medical conditions represents a larger contribution to the risk score.

A health plan score is calculated based on an aggregation of the individual scores for the plan's enrollees using claims for the second year of the data period and assigned to the health plan of enrollment indicated on the capitation payment file as of the most recent date known. Risk scores for a health plan are developed first at the rate cell level and then by summing the scores for all enrollees in the region and dividing by the number of eligible people. Average scores for each health plan are compared to the average score across all plans for the eligibility category in a region and a relative risk score is developed for each health plan.

The CDPS relative risk scores that are applied to the Contract Year 2018 base rates:

1. Use calculations based on the most recent fiscal year of both MCO and DMAS FFS data, FY 2016, with a minimum length of Medicaid eligibility of three months;
2. Assign members based upon the last known eligibility status and health plan enrollment;
3. Use all available ICD-diagnosis codes per record and pharmacy claims to identify each individual's health status;
4. Use Medicaid utilization in both fee-for-service and health plans to develop an individual's CDPS score;
5. Exclude health plan member scores in eligibility categories and regions where average monthly plan membership during the period of risk analysis is below the credibility threshold, and
6. Adjust the CDPS calculation to take into account variation in underlying per capita cost by region, eligibility category, and age/gender.

CDPS risk adjustment scores applied to the base rates are shown in Exhibit 6. Kaiser Permanente, a health plan operating only in the Northern Virginia region, is not included in the risk adjustment calculation. The relative risk scores for the health plan regions for the rates use health plan enrollment determined as of February 2016.

ii. Material changes to data, assumptions and methodologies

The Contract Year 2018 risk adjusted rates for each health plan, effective July 1, 2017 are shown in Appendix I, Exhibits 7a to 7f. The CDPS model was updated from Med/Surg and RX Version 5.4 to Version 6.2 to include ICD-9 and ICD-10 codes and the more recent drug list. Due to model changes, and per DMAS policy to update the Virginia specific weights approximately every three years, CDPS weights were recalibrated using paid amounts on claims incurred from FY 2014 to FY 2016. The recalibration resulting in updated CDPS risk score weights.

Exhibit 7g displays the regional average capitation rates with the CDPS adjustment. These rates reflect both the enrollment mix of each health plan as of February 2017 and the CDPS adjustment factors and are provided for informational purposes only because it is prior to additional adjustments applicable to the final rates.

D. Other risk sharing arrangements

This section is not applicable because no specific risk sharing has been applied to the Medallion 3.0 program rates.

E. Medical Loss Ratio requirements

There is a medical loss ratio requirement in the contract. The Medallion 3.0 health plan contract maintains a revised 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 the contract. 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 is no DMAS contractual requirement for Medallion 3.0 MCOs to obtain reinsurance. The larger MCOs have their own reinsurance arrangements and/or may self insure.

Two reinsurance programs are included as part of the Contract Year 2018 rates.

Drug reinsurance adjustment

Beginning FY 2015, DMAS established a program to reinsure 90% of drug costs above \$150,000 per member per year. Effective FY 2018, the threshold will be increased from \$150,000 to \$175,000; because of the Medallion 3.0 program transitions during Contract Year 2018, the new \$175,000 threshold is pro-rated to the nearest \$25,000 for the expected length of enrollment of each population in Medallion 3.0. The threshold ranges from a \$50,000 for the HAP population to \$225,000 for LIFC. The threshold applies to the combined cost of retail 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 drugs therapy that is used. The goal is to address the high cost drug issue using financial criteria rather than drug criteria. DMAS has determined that a reinsurance program will not cover 100% of the cost. This is to provide an incentive for plans to continue to manage the appropriate use of all drugs and alternative treatments.

Continuance tables using FY 2015 and FY 2016 base data were analyzed to determine the total dollars and the number of members with drug costs in increments of \$25,000. This was supplemented with health plan reinsurance claims submissions for FY 2017 through March 2017 (3Q).

Data was first examined to identify people who met the drug reinsurance threshold in FY 2016 and by the FY 2017 3Q. The “persistent” members who met drug reinsurance attachment points in both FY 2016 and by FY2017 3Q

consistently utilized more expensive drugs with higher cost trends. Based on that data, drug claims for persistent members were trended at 20%. Drug claims costs for the non-persistent members who met the attachment point in one of the years (either FY 2016 or by FY 2017 3Q) were trended at 15%. This 15% unit cost trend is supported by an analysis of the contract trend for specialty drugs, defined as all outpatient prescription drugs where MCO plans pay \$500 or more per prescription.

The reinsurance amounts were calculated separately for LIFC Child, LIFC Adult, ABAD, AA/FC and HAP for each year and pro-rated to match the period of enrollment in Medallion 3.0. Data for the HAP population was evaluated by quarter to reflect an average three months of enrollment during the Contract Year 2018 and a threshold of \$50,000. The ABAD population continuance tables were developed using 6 month periods and a threshold of \$100,000. The LIFC, Adoption Assistance and Foster Care used 15 month accumulation periods and a threshold of \$225,000. Across all populations, only a small number of people are projected to meet the thresholds, and the projected number of people can vary substantially year to year and the drug reinsurance adjustment uses the 2016 base period with the higher number of projected claimants.

Exhibit 8a presents the steps in the reinsurance calculation and information on the number of people who met the threshold. Reinsurance payouts for FY 2015, FY 2016 and the first three quarters of FY 2017 showed actual reinsurance payouts higher than projected by the past years' methodology. 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 drug reinsurance amounts will be subtracted from the health plan capitation payment for those rate cells to fund drug reinsurance payments as required by CMS.

ARTS Stop Loss

Given the uncertainty in utilization growth for the ARTS adjustment described in section 4.J, 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 stop loss will be based on experience over the 15 month period April 2017 to June 2018 and will be determined for each plan based on the combined utilization across all managed care programs (Medallion 3.0, FAMIS/FAMIS Moms, CCC Duals and CCC Plus) the plan participates in.

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

There are no incentive arrangements applied to the rates in Contract Year 2018.

H. Incentive or withhold amounts

i. Incentives

Beginning FY 2016, DMAS implemented a Performance Incentive Award (PIA) program. This builds upon a pilot program established in FY 2015 and is based upon criteria established by DMAS using three HEDIS measures and three administrative measures designed to measure managed care quality. The Performance Incentive Award, or penalty, will be relative to performance among the contracting health plans. The maximum amount at risk for each Contractor is 0.15% of the PMPM capitation rate and the maximum award is 0.15% of the PMPM capitation rate. Total awards for all MCOs will equal total penalties for all MCOs. This complies with 42 CFR 438.6(b)(2).

The structure of the PIA follows the HEDIS reporting year timeframe. HEDIS 2018, for instance, reflects services provided in the calendar year 2017. The three administrative measures are based on the monthly reporting deliverables received by the Department from July 1 to June 30 of each measurement year.

DMAS anticipates that Performance Incentive Award report cards for each health plan will be completed by December 31, 2018 for FY 2018. Payment or penalties pursuant to the PIA will be distributed by March 2019. This process and the schedule will recur in the following years. Therefore, the FY 2019 PIA will be complete by December 31, 2019 and payment or penalties will be distributed by March 2020.

The value of the 0.15% maximum Performance Incentive award or penalty is not reflected in the Contract Year 2018 capitation rates because total awards for all MCOs will equal total penalties for all MCOs.

ii. *Withholds*

Apart from the Performance Incentive amount, there are no withhold amounts applied to the rates in Contract Year 2018.

8. Other rate development considerations

This section provides the information related to the development of the Medallion 3.0 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

The Virginia Medicaid FMAP rate is 50.0 %. There is a small portion of the LIFC Child population who are eligible under the Children's Health Insurance Program. They are approximately 6% of the Medallion 3.0 LIFC Child population and receive a higher FMAP of 88%. In addition, DMAS claims 90% for family planning services, which is determined by multiplying a family planning factor times the capitation payments. The family planning factor is based on an historical analysis of family planning costs as a percentage of total managed care covered costs.

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

We certify that proposed differences among capitation rates is not based on differences in FMAP rates. Differences among capitation rates are based on differences in the underlying and projected costs and utilization of the Medallion 3.0 populations.

C. Effective date of changes in rates

These rates will be effective July 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 Medallion 3.0 capitation rates and follows the outline of the 2017 Medicaid Managed Care Rate Development Guide (2017 MMC Guide), Section 9

A. CMS requires that the State will submit a new rate certification when the rates or rate ranges change.

DMAS and their consulting actuary certifies that the State will submit a new rate certification when the rates or rate ranges change unless there is a circumstance when a new rate certification is not required.

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.

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 is not applicable to this report.

III. New Adult Group Capitation Rates

This section is not applicable to this report, as there are not new adult groups under the Medallion 3.0 program in Contract Year 2018.

APPENDICES/EXHIBITS

Appendix I: Contract Year 2018 LIFC and ABAD

MCO LIFC and ABAD Base Data	
Exhibit 1a	Historical Eligibility and Claims – Health Plan Encounter Data – LIFC
Exhibit 1b	Historical Eligibility and Claims – Health Plan Encounter Data – ABAD
MCO LIFC and ABAD Health Plan Encounter Adjustments	
Exhibit 2a	Pharmacy Adjustment
Exhibit 2b	Exempt Infant Formula Carveout Adjustment
Exhibit 2c.1	Hospital Inpatient Adjustments
Exhibit 2c.2	Hospital Inpatient Adjustments– Children’s Hospital of the King’s Daughters
Exhibit 2d	Freestanding Psychiatric Hospital Rate Adjustment
Exhibit 2e.1	Hospital Outpatient Adjustment
Exhibit 2e.2	Hospital Outpatient Adjustments – Children’s Hospital of the King’s Daughters
Exhibit 2f	Hepatitis C Treatment Adjustment
Exhibit 2g	Provider Incentive Payment Adjustment
Exhibit 2h	Emergency Room Triage Adjustment
Exhibit 2i	Resource Based Relative Value Scale Adjustment
Exhibit 2j	Administrative Cost Adjustment
Exhibit 3a	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Under 21
Exhibit 3a.1	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Far Southwest
Exhibit 3a.2	IBNR, Policy/Program, and Trend Adjustments – LIFC Child NOVA
Exhibit 3a.3	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Other MSA
Exhibit 3a.4	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Richmond
Exhibit 3a.5	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Roanoke
Exhibit 3a.6	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Rural
Exhibit 3a.7	IBNR, Policy/Program, and Trend Adjustments – LIFC Child Tidewater
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age Under 1								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	132,869	138,952						
Service Type								
DME/Supplies	\$382,018	\$390,998	\$2.88	\$2.81	677	636	\$50.96	\$53.08
FQHC / RHC	\$3,611	\$6,813	\$0.03	\$0.05	6	11	\$58.24	\$52.81
Home Health	\$35,189	\$96,689	\$0.26	\$0.70	8	11	\$390.99	\$792.54
IP - Maternity	\$2,083	\$2,174	\$0.02	\$0.02	0	0	\$2,083.21	\$2,174.28
IP - Newborn	\$21,205,361	\$6,612,507	\$159.60	\$47.59	446	128	\$4,297.80	\$4,470.93
IP - Other	\$3,871,672	\$20,406,467	\$29.14	\$146.86	40	354	\$8,642.12	\$4,983.26
IP - Psych	\$237	\$3,351	\$0.00	\$0.02	0	0	-	\$1,675.31
Lab	\$293,019	\$268,010	\$2.21	\$1.93	1,527	1,454	\$17.33	\$15.92
OP - Emergency Room & Related	\$1,865,933	\$1,917,434	\$14.04	\$13.80	972	942	\$173.43	\$175.80
OP - Other	\$1,268,952	\$1,379,573	\$9.55	\$9.93	361	357	\$317.79	\$334.12
Pharmacy	\$2,216,807	\$2,689,562	\$16.68	\$19.36	4,056	4,235	\$49.36	\$54.85
Prof - Anesthesia	\$95,567	\$108,334	\$0.72	\$0.78	53	61	\$163.92	\$153.23
Prof - Child EPSDT	\$886,401	\$834,203	\$6.67	\$6.00	5,679	5,847	\$14.10	\$12.32
Prof - Evaluation & Management	\$11,721,624	\$13,058,048	\$88.22	\$93.98	13,273	13,593	\$79.76	\$82.96
Prof - Maternity	\$1,391	\$1,993	\$0.01	\$0.01	0	0	\$695.29	\$1,992.94
Prof - Other	\$3,221,998	\$4,026,446	\$24.25	\$28.98	8,214	9,120	\$35.43	\$38.13
Prof - Psych	\$318	\$254	\$0.00	\$0.00	0	0	\$158.76	\$126.77
Prof - Specialist	\$634,723	\$674,620	\$4.78	\$4.86	530	508	\$108.24	\$114.65
Prof - Vision	\$201,160	\$218,042	\$1.51	\$1.57	74	76	\$246.22	\$249.19
Radiology	\$188,990	\$207,084	\$1.42	\$1.49	986	989	\$17.31	\$18.08
Transportation/Ambulance	\$485,373	\$567,430	\$3.65	\$4.08	99	100	\$443.67	\$490.86
Total	\$48,582,426	\$53,470,031	\$365.64	\$384.81				

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Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Exhibit 1a

Age 1-5								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	455,223	464,187						
Service Type								
DME/Supplies	\$768,328	\$691,692	\$1.69	\$1.49	274	225	\$73.82	\$79.50
FQHC / RHC	\$7,356	\$5,533	\$0.02	\$0.01	3	3	\$64.53	\$53.20
Home Health	\$25,339	\$22,149	\$0.06	\$0.05	2	1	\$372.63	\$481.51
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,495,711	\$5,909,755	\$12.07	\$12.73	14	12	\$10,010.40	\$12,819.42
IP - Psych	\$16,282	\$27,834	\$0.04	\$0.06	0	1	\$1,017.65	\$1,210.15
Lab	\$1,145,908	\$1,083,054	\$2.52	\$2.33	1,967	1,736	\$15.36	\$16.13
OP - Emergency Room & Related	\$4,589,249	\$4,520,869	\$10.08	\$9.74	690	644	\$175.26	\$181.46
OP - Other	\$5,061,356	\$5,277,975	\$11.12	\$11.37	226	216	\$589.15	\$632.02
Pharmacy	\$6,842,373	\$6,841,602	\$15.03	\$14.74	4,298	4,148	\$41.97	\$42.63
Prof - Anesthesia	\$295,711	\$292,563	\$0.65	\$0.63	68	75	\$114.13	\$100.50
Prof - Child EPSDT	\$786,184	\$714,039	\$1.73	\$1.54	1,455	1,443	\$14.24	\$12.79
Prof - Evaluation & Management	\$14,615,887	\$15,245,942	\$32.11	\$32.84	5,686	5,608	\$67.75	\$70.29
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$4,735,557	\$3,877,803	\$10.40	\$8.35	2,660	2,823	\$46.94	\$35.52
Prof - Psych	\$102,666	\$106,160	\$0.23	\$0.23	39	40	\$69.79	\$69.11
Prof - Specialist	\$1,019,385	\$933,925	\$2.24	\$2.01	336	305	\$80.02	\$79.17
Prof - Vision	\$881,291	\$922,494	\$1.94	\$1.99	139	151	\$166.82	\$157.99
Radiology	\$276,442	\$264,498	\$0.61	\$0.57	360	339	\$20.26	\$20.19
Transportation/Ambulance	\$1,433,169	\$1,681,741	\$3.15	\$3.62	59	64	\$645.28	\$674.31
Total	\$48,098,193	\$48,419,629	\$105.66	\$104.31				

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Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 6-14								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	671,895	711,042						
Service Type								
DME/Supplies	\$609,843	\$731,278	\$0.91	\$1.03	121	124	\$89.85	\$99.48
FQHC / RHC	\$3,839	\$12,365	\$0.01	\$0.02	1	3	\$66.20	\$65.08
Home Health	\$110,929	\$42,166	\$0.17	\$0.06	1	1	\$1,352.79	\$702.77
IP - Maternity	\$13,026	\$2,294	\$0.02	\$0.00	0	0	\$2,605.21	\$2,293.52
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,389,533	\$4,350,961	\$8.02	\$6.12	7	7	\$13,177.34	\$10,638.05
IP - Psych	\$1,283,996	\$1,512,382	\$1.91	\$2.13	38	41	\$607.67	\$624.95
Lab	\$1,416,987	\$1,382,434	\$2.11	\$1.94	1,488	1,239	\$17.01	\$18.82
OP - Emergency Room & Related	\$4,550,665	\$4,850,495	\$6.77	\$6.82	377	363	\$215.42	\$225.70
OP - Other	\$4,984,330	\$5,002,329	\$7.42	\$7.04	172	162	\$516.51	\$522.00
Pharmacy	\$15,888,516	\$18,727,816	\$23.65	\$26.34	3,887	3,825	\$73.00	\$82.64
Prof - Anesthesia	\$226,613	\$256,830	\$0.34	\$0.36	35	43	\$116.75	\$101.31
Prof - Child EPSDT	\$182,735	\$129,239	\$0.27	\$0.18	205	165	\$15.89	\$13.23
Prof - Evaluation & Management	\$14,365,186	\$15,721,096	\$21.38	\$22.11	3,708	3,656	\$69.19	\$72.57
Prof - Maternity	\$8,004	\$2,204	\$0.01	\$0.00	0	0	\$571.75	\$1,102.01
Prof - Other	\$5,162,903	\$4,712,218	\$7.68	\$6.63	2,271	2,336	\$40.60	\$34.04
Prof - Psych	\$1,040,351	\$1,089,438	\$1.55	\$1.53	278	283	\$66.93	\$65.03
Prof - Specialist	\$1,371,072	\$1,482,436	\$2.04	\$2.08	253	238	\$96.78	\$104.97
Prof - Vision	\$1,697,928	\$1,906,891	\$2.53	\$2.68	259	290	\$117.29	\$110.90
Radiology	\$585,120	\$599,980	\$0.87	\$0.84	397	397	\$26.32	\$25.48
Transportation/Ambulance	\$2,069,153	\$2,485,455	\$3.08	\$3.50	53	50	\$699.98	\$837.42
Total	\$60,960,731	\$65,000,309	\$90.73	\$91.42				

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Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 15-20 Female								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	97,782	103,842						
Service Type								
DME/Supplies	\$90,508	\$121,883	\$0.93	\$1.17	92	98	\$121.16	\$143.90
FQHC / RHC	\$502	\$3,360	\$0.01	\$0.03	1	6	\$83.72	\$63.39
Home Health	\$3,714	\$1,330	\$0.04	\$0.01	1	1	\$309.46	\$190.03
IP - Maternity	\$2,000,543	\$1,896,474	\$20.46	\$18.26	78	70	\$3,145.51	\$3,124.34
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$785,466	\$1,151,990	\$8.03	\$11.09	12	14	\$7,776.89	\$9,520.58
IP - Psych	\$599,865	\$856,921	\$6.13	\$8.25	120	156	\$615.88	\$632.88
Lab	\$378,199	\$391,281	\$3.87	\$3.77	2,379	2,039	\$19.51	\$22.18
OP - Emergency Room & Related	\$1,587,965	\$1,712,312	\$16.24	\$16.49	653	666	\$298.60	\$297.07
OP - Other	\$1,258,076	\$1,377,942	\$12.87	\$13.27	380	369	\$406.75	\$431.15
Pharmacy	\$2,724,747	\$2,869,421	\$27.87	\$27.63	5,564	5,765	\$60.10	\$57.52
Prof - Anesthesia	\$139,389	\$173,941	\$1.43	\$1.68	113	121	\$151.18	\$166.13
Prof - Child EPSDT	\$32,224	\$28,036	\$0.33	\$0.27	222	215	\$17.82	\$15.08
Prof - Evaluation & Management	\$2,502,460	\$2,899,522	\$25.59	\$27.92	4,317	4,418	\$71.14	\$75.84
Prof - Maternity	\$953,778	\$932,854	\$9.75	\$8.98	185	153	\$631.64	\$703.51
Prof - Other	\$792,800	\$932,612	\$8.11	\$8.98	2,027	2,201	\$47.99	\$48.97
Prof - Psych	\$287,281	\$363,681	\$2.94	\$3.50	518	625	\$68.01	\$67.20
Prof - Specialist	\$304,768	\$374,366	\$3.12	\$3.61	439	445	\$85.18	\$97.26
Prof - Vision	\$230,586	\$271,892	\$2.36	\$2.62	246	277	\$115.12	\$113.34
Radiology	\$461,991	\$474,162	\$4.72	\$4.57	1,086	1,077	\$52.21	\$50.90
Transportation/Ambulance	\$374,368	\$447,805	\$3.83	\$4.31	156	159	\$293.62	\$325.44
Total	\$15,509,231	\$17,281,785	\$158.61	\$166.42				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 21-44 Female								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	145,147	157,780						
Service Type								
DME/Supplies	\$587,365	\$589,766	\$4.05	\$3.74	332	318	\$146.44	\$140.89
FQHC / RHC	\$5,111	\$6,872	\$0.04	\$0.04	7	9	\$62.33	\$61.35
Home Health	\$54,639	\$53,759	\$0.38	\$0.34	13	13	\$341.49	\$308.96
IP - Maternity	\$14,586,281	\$15,259,562	\$100.49	\$96.71	359	337	\$3,360.89	\$3,442.27
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$8,647,503	\$7,124,186	\$59.58	\$45.15	66	57	\$10,891.06	\$9,486.27
IP - Psych	\$759,735	\$895,381	\$5.23	\$5.67	89	94	\$709.37	\$727.36
Lab	\$1,526,017	\$1,789,024	\$10.51	\$11.34	5,314	5,169	\$23.74	\$26.32
OP - Emergency Room & Related	\$6,735,551	\$6,806,082	\$46.41	\$43.14	1,573	1,453	\$354.09	\$356.28
OP - Other	\$6,970,860	\$7,191,756	\$48.03	\$45.58	1,273	1,221	\$452.62	\$448.14
Pharmacy	\$10,842,124	\$12,532,592	\$74.70	\$79.43	16,515	16,115	\$54.27	\$59.15
Prof - Anesthesia	\$930,306	\$981,027	\$6.41	\$6.22	540	559	\$142.55	\$133.44
Prof - Child EPSDT	\$67,831	\$80,113	\$0.47	\$0.51	298	291	\$18.84	\$20.91
Prof - Evaluation & Management	\$7,006,353	\$7,836,771	\$48.27	\$49.67	8,668	8,275	\$66.83	\$72.03
Prof - Maternity	\$6,900,938	\$7,246,495	\$47.54	\$45.93	836	750	\$682.11	\$735.16
Prof - Other	\$2,559,276	\$3,050,687	\$17.63	\$19.34	2,972	3,017	\$71.18	\$76.90
Prof - Psych	\$350,507	\$441,900	\$2.41	\$2.80	459	525	\$63.09	\$64.03
Prof - Specialist	\$1,764,872	\$1,892,996	\$12.16	\$12.00	1,329	1,307	\$109.76	\$110.12
Prof - Vision	\$248,224	\$279,458	\$1.71	\$1.77	171	184	\$119.86	\$115.72
Radiology	\$3,129,122	\$3,284,367	\$21.56	\$20.82	4,197	3,948	\$61.64	\$63.27
Transportation/Ambulance	\$717,865	\$839,476	\$4.95	\$5.32	354	330	\$167.73	\$193.52
Total	\$74,390,478	\$78,182,268	\$512.52	\$495.51				

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Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 15-20 Male								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	91,571	98,215						
Service Type								
DME/Supplies	\$116,999	\$121,710	\$1.28	\$1.24	94	92	\$162.50	\$161.85
FQHC / RHC	\$732	\$1,372	\$0.01	\$0.01	1	2	\$73.21	\$68.61
Home Health	\$2,630	\$1,380	\$0.03	\$0.01	2	1	\$202.28	\$276.00
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,424,490	\$1,301,122	\$15.56	\$13.25	10	7	\$18,743.28	\$23,656.76
IP - Psych	\$365,273	\$488,212	\$3.99	\$4.97	75	96	\$639.71	\$618.77
Lab	\$162,287	\$153,047	\$1.77	\$1.56	1,107	865	\$19.21	\$21.62
OP - Emergency Room & Related	\$902,791	\$912,187	\$9.86	\$9.29	396	385	\$298.44	\$289.86
OP - Other	\$990,350	\$933,183	\$10.82	\$9.50	218	186	\$595.52	\$611.52
Pharmacy	\$3,094,674	\$3,740,117	\$33.80	\$38.08	3,717	3,674	\$109.11	\$124.37
Prof - Anesthesia	\$49,746	\$46,535	\$0.54	\$0.47	48	53	\$136.29	\$107.72
Prof - Child EPSDT	\$23,645	\$19,328	\$0.26	\$0.20	196	168	\$15.84	\$14.07
Prof - Evaluation & Management	\$1,636,329	\$1,859,492	\$17.87	\$18.93	3,006	2,983	\$71.33	\$76.16
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,324,130	\$1,292,170	\$25.38	\$13.16	1,908	2,175	\$159.62	\$72.58
Prof - Psych	\$173,227	\$203,181	\$1.89	\$2.07	361	420	\$62.97	\$59.15
Prof - Specialist	\$323,974	\$345,363	\$3.54	\$3.52	337	331	\$126.11	\$127.49
Prof - Vision	\$190,736	\$235,762	\$2.08	\$2.40	192	238	\$129.93	\$120.90
Radiology	\$144,294	\$154,670	\$1.58	\$1.57	602	605	\$31.42	\$31.21
Transportation/Ambulance	\$301,056	\$372,143	\$3.29	\$3.79	82	84	\$482.46	\$538.56
Total	\$12,227,365	\$12,180,974	\$133.53	\$124.02				

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Age 21-44 Male								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	21,680	24,389						
Service Type								
DME/Supplies	\$46,375	\$91,954	\$2.14	\$3.77	257	285	\$99.73	\$158.81
FQHC / RHC	\$348	\$420	\$0.02	\$0.02	3	3	\$57.97	\$69.94
Home Health	\$4,184	\$8,655	\$0.19	\$0.35	9	9	\$261.47	\$455.52
IP - Maternity	\$0	\$2,660	\$0.00	\$0.11	0	0	-	\$2,660.40
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,650,450	\$1,394,655	\$76.13	\$57.18	53	53	\$17,373.16	\$12,913.48
IP - Psych	\$138,712	\$120,275	\$6.40	\$4.93	104	85	\$737.83	\$695.23
Lab	\$71,755	\$84,442	\$3.31	\$3.46	2,153	2,125	\$18.45	\$19.55
OP - Emergency Room & Related	\$536,876	\$537,622	\$24.76	\$22.04	862	749	\$344.81	\$353.00
OP - Other	\$593,896	\$850,046	\$27.39	\$34.85	423	369	\$776.33	\$1,134.91
Pharmacy	\$1,575,023	\$1,422,794	\$72.65	\$58.34	11,385	11,005	\$76.57	\$63.61
Prof - Anesthesia	\$29,867	\$29,196	\$1.38	\$1.20	136	155	\$121.91	\$92.69
Prof - Child EPSDT	\$5,872	\$8,020	\$0.27	\$0.33	187	210	\$17.37	\$18.78
Prof - Evaluation & Management	\$587,796	\$701,976	\$27.11	\$28.78	4,747	4,661	\$68.53	\$74.10
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$312,703	\$516,195	\$14.42	\$21.17	1,917	2,087	\$90.27	\$121.69
Prof - Psych	\$22,082	\$33,078	\$1.02	\$1.36	213	286	\$57.51	\$56.83
Prof - Specialist	\$190,316	\$186,992	\$8.78	\$7.67	862	826	\$122.23	\$111.44
Prof - Vision	\$41,048	\$40,625	\$1.89	\$1.67	211	156	\$107.46	\$128.16
Radiology	\$125,043	\$133,367	\$5.77	\$5.47	1,430	1,390	\$48.41	\$47.21
Transportation/Ambulance	\$92,521	\$105,395	\$4.27	\$4.32	190	165	\$268.96	\$313.67
Total	\$6,024,867	\$6,268,368	\$277.90	\$257.02				

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Age 45 and Over								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	28,724	32,511						
Service Type								
DME/Supplies	\$172,091	\$158,053	\$5.99	\$4.86	699	577	\$102.80	\$101.12
FQHC / RHC	\$1,293	\$1,327	\$0.04	\$0.04	9	8	\$58.75	\$57.72
Home Health	\$34,287	\$42,150	\$1.19	\$1.30	38	30	\$376.78	\$520.37
IP - Maternity	\$35,029	\$26,418	\$1.22	\$0.81	4	3	\$3,502.95	\$3,302.30
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,980,826	\$3,220,620	\$103.77	\$99.06	97	95	\$12,793.25	\$12,531.59
IP - Psych	\$124,599	\$159,416	\$4.34	\$4.90	67	80	\$778.74	\$738.04
Lab	\$211,722	\$217,397	\$7.37	\$6.69	4,612	4,032	\$19.18	\$19.90
OP - Emergency Room & Related	\$1,038,058	\$1,035,081	\$36.14	\$31.84	1,001	939	\$433.07	\$406.71
OP - Other	\$2,281,195	\$2,266,759	\$79.42	\$69.72	1,216	1,172	\$783.92	\$713.94
Pharmacy	\$4,703,572	\$4,853,700	\$163.75	\$149.29	28,905	28,506	\$67.98	\$62.85
Prof - Anesthesia	\$91,866	\$81,630	\$3.20	\$2.51	318	324	\$120.72	\$93.08
Prof - Child EPSDT	\$10,991	\$15,905	\$0.38	\$0.49	390	402	\$11.77	\$14.59
Prof - Evaluation & Management	\$1,508,448	\$1,821,942	\$52.52	\$56.04	9,303	9,249	\$67.74	\$72.71
Prof - Maternity	\$16,423	\$17,030	\$0.57	\$0.52	17	7	\$410.57	\$946.13
Prof - Other	\$581,600	\$946,230	\$20.25	\$29.10	4,447	4,672	\$54.64	\$74.75
Prof - Psych	\$85,549	\$89,427	\$2.98	\$2.75	564	501	\$63.32	\$65.85
Prof - Specialist	\$636,877	\$642,928	\$22.17	\$19.78	1,904	1,752	\$139.73	\$135.44
Prof - Vision	\$117,767	\$146,106	\$4.10	\$4.49	634	693	\$77.58	\$77.84
Radiology	\$481,384	\$481,377	\$16.76	\$14.81	3,500	3,244	\$57.45	\$54.78
Transportation/Ambulance	\$151,755	\$173,924	\$5.28	\$5.35	574	358	\$110.37	\$179.30
Total	\$15,265,332	\$16,397,424	\$531.45	\$504.37				

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All Age Categories								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,644,891	1,730,918						
Service Type								
DME/Supplies	\$2,773,527	\$2,897,334	\$1.69	\$1.67	236	217	\$85.84	\$92.43
FQHC / RHC	\$22,792	\$38,061	\$0.01	\$0.02	3	4	\$63.31	\$59.75
Home Health	\$270,910	\$268,279	\$0.16	\$0.15	4	4	\$509.23	\$521.94
IP - Maternity	\$16,636,963	\$17,189,583	\$10.11	\$9.93	36	35	\$3,332.72	\$3,403.20
IP - Newborn	\$21,205,361	\$6,612,507	\$12.89	\$3.82	36	10	\$4,297.80	\$4,470.93
IP - Other	\$30,245,652	\$44,859,755	\$18.39	\$25.92	20	43	\$11,181.39	\$7,169.53
IP - Psych	\$3,288,700	\$4,063,772	\$2.00	\$2.35	37	43	\$645.73	\$654.60
Lab	\$5,205,893	\$5,368,690	\$3.16	\$3.10	2,056	1,840	\$18.47	\$20.23
OP - Emergency Room & Related	\$21,807,088	\$22,292,082	\$13.26	\$12.88	652	620	\$243.96	\$249.37
OP - Other	\$23,409,014	\$24,279,564	\$14.23	\$14.03	336	324	\$508.16	\$519.27
Pharmacy	\$47,887,837	\$53,677,606	\$29.11	\$31.01	5,755	5,737	\$60.71	\$64.86
Prof - Anesthesia	\$1,859,064	\$1,970,057	\$1.13	\$1.14	102	112	\$133.42	\$121.79
Prof - Child EPSDT	\$1,995,884	\$1,828,884	\$1.21	\$1.06	1,005	984	\$14.49	\$12.89
Prof - Evaluation & Management	\$53,944,082	\$59,144,790	\$32.79	\$34.17	5,574	5,525	\$70.60	\$74.22
Prof - Maternity	\$7,880,533	\$8,200,576	\$4.79	\$4.74	85	78	\$674.53	\$731.93
Prof - Other	\$19,690,967	\$19,354,360	\$11.97	\$11.18	2,919	3,096	\$49.21	\$43.33
Prof - Psych	\$2,061,980	\$2,327,119	\$1.25	\$1.34	228	249	\$65.91	\$64.68
Prof - Specialist	\$6,245,987	\$6,533,625	\$3.80	\$3.77	446	430	\$102.21	\$105.42
Prof - Vision	\$3,608,740	\$4,021,270	\$2.19	\$2.32	204	228	\$128.80	\$122.35
Radiology	\$5,392,387	\$5,599,506	\$3.28	\$3.23	890	873	\$44.21	\$44.48
Transportation/Ambulance	\$5,625,260	\$6,673,369	\$3.42	\$3.86	103	99	\$397.01	\$465.72
Total	\$281,058,623	\$297,200,788	\$170.87	\$171.70				

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Age Under 1								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	37,250	38,749						
Service Type								
DME/Supplies	\$120,276	\$120,655	\$3.23	\$3.11	526	492	\$73.65	\$75.98
FQHC / RHC	\$330,872	\$330,525	\$8.88	\$8.53	2,924	2,793	\$36.46	\$36.65
Home Health	\$4,493	\$2,216	\$0.12	\$0.06	8	4	\$179.73	\$170.44
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$9,027,751	\$2,954,877	\$242.36	\$76.26	661	185	\$4,398.98	\$4,941.27
IP - Other	\$3,022,692	\$5,538,517	\$81.15	\$142.93	65	549	\$14,963.82	\$3,122.17
IP - Psych	\$85,387	\$86,427	\$2.29	\$2.23	0	0	-	-
Lab	\$55,310	\$55,974	\$1.48	\$1.44	1,180	1,130	\$15.10	\$15.34
OP - Emergency Room & Related	\$465,941	\$514,546	\$12.51	\$13.28	960	1,021	\$156.35	\$156.14
OP - Other	\$641,349	\$729,710	\$17.22	\$18.83	813	817	\$254.29	\$276.43
Pharmacy	\$536,628	\$721,369	\$14.41	\$18.62	4,359	4,249	\$39.66	\$52.57
Prof - Anesthesia	\$39,628	\$36,500	\$1.06	\$0.94	66	64	\$192.37	\$177.07
Prof - Child EPSDT	\$139,768	\$137,992	\$3.75	\$3.56	3,802	3,791	\$11.84	\$11.27
Prof - Evaluation & Management	\$3,522,749	\$3,840,870	\$94.57	\$99.12	12,984	13,282	\$87.40	\$89.55
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$656,799	\$595,441	\$17.63	\$15.37	7,172	7,129	\$29.50	\$25.87
Prof - Psych	\$49,898	\$49,752	\$1.34	\$1.28	0	0	-	-
Prof - Specialist	\$234,045	\$272,568	\$6.28	\$7.03	544	579	\$138.57	\$145.89
Prof - Vision	\$71,296	\$72,560	\$1.91	\$1.87	104	107	\$220.05	\$210.20
Radiology	\$70,387	\$99,182	\$1.89	\$2.56	1,480	1,539	\$15.32	\$19.96
Transportation/Ambulance	\$201,141	\$251,349	\$5.40	\$6.49	417	652	\$155.56	\$119.46
Total	\$19,276,410	\$16,411,029	\$517.49	\$423.52				

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Age 1-5								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	131,602	134,958						
Service Type								
DME/Supplies	\$199,859	\$226,600	\$1.52	\$1.68	221	167	\$82.35	\$120.92
FQHC / RHC	\$485,181	\$498,733	\$3.69	\$3.70	1,222	1,083	\$36.20	\$40.94
Home Health	\$1,682	\$1,306	\$0.01	\$0.01	0	0	\$336.50	\$435.23
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,835,999	\$1,236,908	\$13.95	\$9.17	22	19	\$7,524.58	\$5,647.98
IP - Psych	\$339,808	\$328,091	\$2.58	\$2.43	2	3	\$13,592.32	\$9,649.73
Lab	\$223,080	\$214,678	\$1.70	\$1.59	1,499	1,411	\$13.57	\$13.53
OP - Emergency Room & Related	\$1,141,560	\$1,216,422	\$8.67	\$9.01	662	668	\$157.15	\$161.91
OP - Other	\$1,963,936	\$2,009,969	\$14.92	\$14.89	427	439	\$419.02	\$407.29
Pharmacy	\$1,928,523	\$2,034,888	\$14.65	\$15.08	4,708	4,499	\$37.35	\$40.22
Prof - Anesthesia	\$106,593	\$115,969	\$0.81	\$0.86	84	92	\$115.99	\$112.59
Prof - Child EPSDT	\$123,124	\$122,871	\$0.94	\$0.91	964	983	\$11.65	\$11.12
Prof - Evaluation & Management	\$3,445,470	\$3,640,035	\$26.18	\$26.97	4,588	4,565	\$68.48	\$70.90
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$911,282	\$1,058,613	\$6.92	\$7.84	2,327	2,519	\$35.70	\$37.37
Prof - Psych	\$233,348	\$252,497	\$1.77	\$1.87	100	147	\$211.75	\$153.21
Prof - Specialist	\$322,079	\$325,624	\$2.45	\$2.41	278	277	\$105.74	\$104.60
Prof - Vision	\$248,475	\$253,085	\$1.89	\$1.88	78	87	\$289.94	\$260.11
Radiology	\$97,201	\$97,400	\$0.74	\$0.72	397	394	\$22.30	\$22.00
Transportation/Ambulance	\$550,855	\$583,246	\$4.19	\$4.32	429	440	\$117.08	\$117.99
Total	\$14,158,056	\$14,216,936	\$107.58	\$105.34				

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Age 6-14								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	205,797	217,603						
Service Type								
DME/Supplies	\$232,987	\$250,198	\$1.13	\$1.15	154	140	\$88.42	\$98.70
FQHC / RHC	\$407,053	\$401,889	\$1.98	\$1.85	616	565	\$38.55	\$39.26
Home Health	\$1,872	\$1,212	\$0.01	\$0.01	0	0	\$374.49	\$134.62
IP - Maternity	\$8,410	\$19,865	\$0.04	\$0.09	0	0	\$2,803.21	\$2,837.82
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,475,847	\$1,821,417	\$7.17	\$8.37	11	10	\$7,977.55	\$9,953.10
IP - Psych	\$998,189	\$1,079,749	\$4.85	\$4.96	57	69	\$1,024.84	\$865.88
Lab	\$310,627	\$328,167	\$1.51	\$1.51	1,227	1,139	\$14.76	\$15.89
OP - Emergency Room & Related	\$1,186,638	\$1,502,002	\$5.77	\$6.90	349	389	\$198.20	\$212.90
OP - Other	\$1,814,598	\$1,928,630	\$8.82	\$8.86	350	339	\$302.48	\$313.55
Pharmacy	\$7,078,293	\$7,480,410	\$34.39	\$34.38	5,813	5,844	\$71.00	\$70.59
Prof - Anesthesia	\$76,292	\$79,331	\$0.37	\$0.36	37	37	\$119.02	\$117.70
Prof - Child EPSDT	\$21,600	\$19,046	\$0.10	\$0.09	109	94	\$11.52	\$11.17
Prof - Evaluation & Management	\$3,847,661	\$4,211,451	\$18.70	\$19.35	3,293	3,268	\$68.14	\$71.07
Prof - Maternity	\$6,117	\$11,319	\$0.03	\$0.05	2	2	\$174.76	\$343.00
Prof - Other	\$993,997	\$1,058,758	\$4.83	\$4.87	1,696	1,694	\$34.17	\$34.46
Prof - Psych	\$973,146	\$1,096,483	\$4.73	\$5.04	744	805	\$76.28	\$75.13
Prof - Specialist	\$450,187	\$441,109	\$2.19	\$2.03	230	218	\$114.23	\$111.42
Prof - Vision	\$461,888	\$461,001	\$2.24	\$2.12	151	137	\$178.68	\$185.59
Radiology	\$247,745	\$249,121	\$1.20	\$1.14	492	498	\$29.37	\$27.56
Transportation/Ambulance	\$834,084	\$960,058	\$4.05	\$4.41	791	1,004	\$61.48	\$52.73
Total	\$21,427,233	\$23,401,214	\$104.12	\$107.54				

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Age 15-20 Female								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	36,885	39,514						
Service Type								
DME/Supplies	\$64,942	\$62,269	\$1.76	\$1.58	162	166	\$130.14	\$113.84
FQHC / RHC	\$108,223	\$109,308	\$2.93	\$2.77	738	673	\$47.70	\$49.33
Home Health	\$1,277	\$210	\$0.03	\$0.01	1	1	\$425.58	\$105.00
IP - Maternity	\$1,020,108	\$880,909	\$27.66	\$22.29	124	101	\$2,677.45	\$2,645.37
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$426,926	\$879,502	\$11.57	\$22.26	19	30	\$7,489.93	\$8,974.51
IP - Psych	\$295,482	\$393,760	\$8.01	\$9.97	128	213	\$753.78	\$560.11
Lab	\$232,030	\$223,419	\$6.29	\$5.65	4,122	3,557	\$18.31	\$19.08
OP - Emergency Room & Related	\$628,915	\$870,921	\$17.05	\$22.04	788	912	\$259.67	\$289.92
OP - Other	\$842,152	\$869,582	\$22.83	\$22.01	1,057	946	\$259.20	\$279.07
Pharmacy	\$1,380,513	\$1,685,721	\$37.43	\$42.66	9,683	9,909	\$46.38	\$51.66
Prof - Anesthesia	\$77,037	\$81,029	\$2.09	\$2.05	144	147	\$173.90	\$167.76
Prof - Child EPSDT	\$15,986	\$17,198	\$0.43	\$0.44	299	251	\$17.38	\$20.77
Prof - Evaluation & Management	\$1,118,328	\$1,263,204	\$30.32	\$31.97	5,033	5,090	\$72.29	\$75.37
Prof - Maternity	\$626,057	\$570,064	\$16.97	\$14.43	526	436	\$387.17	\$397.26
Prof - Other	\$343,856	\$378,535	\$9.32	\$9.58	2,353	2,345	\$47.53	\$49.03
Prof - Psych	\$175,145	\$244,223	\$4.75	\$6.18	831	1,100	\$68.60	\$67.45
Prof - Specialist	\$133,739	\$170,618	\$3.63	\$4.32	571	573	\$76.25	\$90.47
Prof - Vision	\$88,480	\$88,488	\$2.40	\$2.24	196	171	\$146.98	\$157.17
Radiology	\$226,903	\$212,848	\$6.15	\$5.39	1,348	1,309	\$54.78	\$49.38
Transportation/Ambulance	\$203,717	\$263,819	\$5.52	\$6.68	818	1,110	\$81.03	\$72.16
Total	\$8,009,816	\$9,265,625	\$217.16	\$234.49				

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Age 21-44 Female								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	70,918	76,677						
Service Type								
DME/Supplies	\$273,906	\$303,880	\$3.86	\$3.96	493	431	\$93.96	\$110.38
FQHC / RHC	\$233,070	\$281,669	\$3.29	\$3.67	704	653	\$56.01	\$67.50
Home Health	\$10,232	\$26,975	\$0.14	\$0.35	7	11	\$255.79	\$374.65
IP - Maternity	\$4,762,054	\$4,716,317	\$67.15	\$61.51	278	244	\$2,894.87	\$3,023.28
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,180,255	\$3,427,166	\$44.84	\$44.70	58	74	\$9,244.93	\$7,291.84
IP - Psych	\$432,587	\$435,318	\$6.10	\$5.68	107	90	\$686.65	\$754.45
Lab	\$962,969	\$954,782	\$13.58	\$12.45	6,979	6,328	\$23.35	\$23.61
OP - Emergency Room & Related	\$2,567,869	\$3,113,425	\$36.21	\$40.60	1,465	1,535	\$296.55	\$317.44
OP - Other	\$3,633,300	\$3,581,832	\$51.23	\$46.71	2,060	1,887	\$298.50	\$297.03
Pharmacy	\$6,350,048	\$6,707,688	\$89.54	\$87.48	22,574	21,379	\$47.60	\$49.10
Prof - Anesthesia	\$331,449	\$357,252	\$4.67	\$4.66	349	349	\$160.82	\$160.06
Prof - Child EPSDT	\$41,123	\$47,415	\$0.58	\$0.62	449	420	\$15.49	\$17.67
Prof - Evaluation & Management	\$3,246,801	\$3,466,826	\$45.78	\$45.21	7,978	7,726	\$68.86	\$70.22
Prof - Maternity	\$2,651,380	\$2,768,747	\$37.39	\$36.11	1,113	1,074	\$403.07	\$403.49
Prof - Other	\$1,158,623	\$1,206,890	\$16.34	\$15.74	3,177	3,264	\$61.71	\$57.88
Prof - Psych	\$246,942	\$289,081	\$3.48	\$3.77	611	664	\$68.44	\$68.18
Prof - Specialist	\$833,902	\$886,966	\$11.76	\$11.57	1,454	1,387	\$97.07	\$100.09
Prof - Vision	\$146,272	\$145,654	\$2.06	\$1.90	185	168	\$133.83	\$136.00
Radiology	\$1,102,315	\$1,118,835	\$15.54	\$14.59	3,179	3,091	\$58.67	\$56.65
Transportation/Ambulance	\$572,744	\$612,465	\$8.08	\$7.99	1,487	1,547	\$65.17	\$61.94
Total	\$32,737,840	\$34,449,183	\$461.63	\$449.28				

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Age 15-20 Male								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	30,635	33,614						
Service Type								
DME/Supplies	\$86,615	\$56,205	\$2.83	\$1.67	213	169	\$159.51	\$119.08
FQHC / RHC	\$46,159	\$37,872	\$1.51	\$1.13	408	313	\$44.34	\$43.23
Home Health	\$1,745	\$840	\$0.06	\$0.02	1	1	\$872.33	\$420.00
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$622,822	\$555,686	\$20.33	\$16.53	21	11	\$11,751.35	\$17,365.18
IP - Psych	\$180,952	\$171,257	\$5.91	\$5.09	84	89	\$845.57	\$685.03
Lab	\$50,122	\$51,028	\$1.64	\$1.52	1,178	1,055	\$16.66	\$17.26
OP - Emergency Room & Related	\$258,719	\$374,923	\$8.45	\$11.15	400	475	\$253.40	\$281.90
OP - Other	\$436,220	\$463,239	\$14.24	\$13.78	389	395	\$438.85	\$418.46
Pharmacy	\$1,064,816	\$1,148,107	\$34.76	\$34.16	5,626	5,629	\$74.14	\$72.81
Prof - Anesthesia	\$14,242	\$14,532	\$0.46	\$0.43	40	40	\$138.27	\$130.92
Prof - Child EPSDT	\$4,019	\$4,129	\$0.13	\$0.12	135	131	\$11.68	\$11.22
Prof - Evaluation & Management	\$547,493	\$624,506	\$17.87	\$18.58	2,943	2,981	\$72.86	\$74.78
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$174,501	\$182,100	\$5.70	\$5.42	1,799	1,696	\$38.00	\$38.34
Prof - Psych	\$131,840	\$129,537	\$4.30	\$3.85	615	661	\$83.97	\$69.98
Prof - Specialist	\$111,338	\$132,134	\$3.63	\$3.93	320	340	\$136.44	\$138.94
Prof - Vision	\$63,408	\$65,145	\$2.07	\$1.94	109	101	\$227.27	\$229.38
Radiology	\$70,446	\$68,084	\$2.30	\$2.03	832	802	\$33.15	\$30.31
Transportation/Ambulance	\$154,021	\$154,695	\$5.03	\$4.60	615	630	\$98.10	\$87.70
Total	\$4,019,476	\$4,234,020	\$131.21	\$125.96				

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Age 21-44 Male								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	9,637	10,635						
Service Type								
DME/Supplies	\$57,191	\$51,010	\$5.93	\$4.80	585	592	\$121.68	\$97.16
FQHC / RHC	\$9,203	\$7,924	\$0.95	\$0.75	252	206	\$45.56	\$43.30
Home Health	\$6,867	\$6,051	\$0.71	\$0.57	12	24	\$686.74	\$288.15
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$503,566	\$814,983	\$52.25	\$76.63	70	78	\$8,992.26	\$11,811.35
IP - Psych	\$158,526	\$88,876	\$16.45	\$8.36	314	160	\$629.07	\$625.88
Lab	\$55,704	\$41,511	\$5.78	\$3.90	3,381	2,307	\$20.52	\$20.30
OP - Emergency Room & Related	\$254,486	\$373,710	\$26.41	\$35.14	1,046	1,225	\$302.96	\$344.12
OP - Other	\$311,493	\$512,833	\$32.32	\$48.22	933	1,063	\$415.88	\$544.41
Pharmacy	\$840,149	\$770,905	\$87.18	\$72.49	16,910	17,180	\$61.87	\$50.63
Prof - Anesthesia	\$9,196	\$9,662	\$0.95	\$0.91	93	96	\$122.61	\$113.67
Prof - Child EPSDT	\$3,480	\$2,176	\$0.36	\$0.20	291	252	\$14.87	\$9.76
Prof - Evaluation & Management	\$321,540	\$400,404	\$33.37	\$37.65	5,811	6,376	\$68.90	\$70.86
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$96,732	\$117,299	\$10.04	\$11.03	2,451	2,719	\$49.15	\$48.67
Prof - Psych	\$25,995	\$30,960	\$2.70	\$2.91	441	476	\$73.43	\$73.36
Prof - Specialist	\$87,729	\$109,635	\$9.10	\$10.31	966	931	\$113.05	\$132.89
Prof - Vision	\$16,336	\$19,109	\$1.70	\$1.80	101	125	\$201.68	\$172.15
Radiology	\$59,460	\$76,571	\$6.17	\$7.20	2,096	2,327	\$35.33	\$37.13
Transportation/Ambulance	\$67,639	\$71,834	\$7.02	\$6.75	1,007	987	\$83.61	\$82.10
Total	\$2,885,292	\$3,505,452	\$299.40	\$329.61				

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Age 45 and Over								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	8,052	9,392						
Service Type								
DME/Supplies	\$102,663	\$116,158	\$12.75	\$12.37	1,650	1,455	\$92.74	\$101.98
FQHC / RHC	\$22,923	\$20,139	\$2.85	\$2.14	852	676	\$40.08	\$38.07
Home Health	\$15,118	\$18,198	\$1.88	\$1.94	49	77	\$458.12	\$303.30
IP - Maternity	\$4,538	\$3,712	\$0.56	\$0.40	1	1	\$4,538.32	\$3,712.33
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$973,513	\$1,405,631	\$120.90	\$149.66	133	152	\$10,938.35	\$11,812.03
IP - Psych	\$100,578	\$59,988	\$12.49	\$6.39	130	88	\$1,156.07	\$869.40
Lab	\$76,587	\$91,528	\$9.51	\$9.75	6,821	5,578	\$16.73	\$20.96
OP - Emergency Room & Related	\$272,729	\$327,763	\$33.87	\$34.90	987	1,008	\$411.98	\$415.42
OP - Other	\$724,118	\$773,383	\$89.93	\$82.34	2,700	2,373	\$399.62	\$416.47
Pharmacy	\$1,802,382	\$1,605,100	\$223.84	\$170.90	43,861	40,839	\$61.24	\$50.22
Prof - Anesthesia	\$17,514	\$21,741	\$2.18	\$2.31	204	245	\$127.84	\$113.23
Prof - Child EPSDT	\$5,575	\$4,989	\$0.69	\$0.53	653	556	\$12.73	\$11.47
Prof - Evaluation & Management	\$456,468	\$508,492	\$56.69	\$54.14	9,751	9,164	\$69.76	\$70.90
Prof - Maternity	\$2,149	\$1,836	\$0.27	\$0.20	3	11	\$1,074.29	\$204.00
Prof - Other	\$254,540	\$287,707	\$31.61	\$30.63	5,644	5,554	\$67.21	\$66.19
Prof - Psych	\$36,268	\$61,330	\$4.50	\$6.53	985	1,124	\$54.87	\$69.69
Prof - Specialist	\$175,460	\$207,119	\$21.79	\$22.05	2,322	2,264	\$112.62	\$116.88
Prof - Vision	\$28,668	\$31,030	\$3.56	\$3.30	462	427	\$92.48	\$92.91
Radiology	\$122,326	\$133,483	\$15.19	\$14.21	3,990	4,011	\$45.70	\$42.52
Transportation/Ambulance	\$86,699	\$83,783	\$10.77	\$8.92	3,368	3,774	\$38.36	\$28.36
Total	\$5,280,816	\$5,763,112	\$655.84	\$613.62				

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All Age Categories								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	530,776	561,142						
Service Type								
DME/Supplies	\$1,138,440	\$1,186,974	\$2.14	\$2.12	276	244	\$93.09	\$103.82
FQHC / RHC	\$1,642,685	\$1,688,058	\$3.09	\$3.01	933	843	\$39.79	\$42.83
Home Health	\$43,287	\$57,007	\$0.08	\$0.10	3	4	\$351.92	\$313.23
IP - Maternity	\$5,795,110	\$5,620,803	\$10.92	\$10.02	46	41	\$2,854.73	\$2,956.76
IP - Newborn	\$9,027,751	\$2,954,877	\$17.01	\$5.27	46	13	\$4,398.98	\$4,941.27
IP - Other	\$12,041,619	\$15,679,810	\$22.69	\$27.94	28	63	\$9,789.93	\$5,290.21
IP - Psych	\$2,591,509	\$2,643,467	\$4.88	\$4.71	58	65	\$1,006.80	\$874.74
Lab	\$1,966,430	\$1,961,087	\$3.70	\$3.49	2,382	2,174	\$18.67	\$19.29
OP - Emergency Room & Related	\$6,776,857	\$8,293,712	\$12.77	\$14.78	675	725	\$227.14	\$244.79
OP - Other	\$10,367,166	\$10,869,178	\$19.53	\$19.37	728	702	\$322.12	\$331.31
Pharmacy	\$20,981,351	\$22,154,188	\$39.53	\$39.48	8,713	8,607	\$54.44	\$55.04
Prof - Anesthesia	\$671,950	\$716,016	\$1.27	\$1.28	104	107	\$146.55	\$142.83
Prof - Child EPSDT	\$354,676	\$355,816	\$0.67	\$0.63	652	632	\$12.30	\$12.05
Prof - Evaluation & Management	\$16,506,510	\$17,955,789	\$31.10	\$32.00	5,164	5,149	\$72.26	\$74.57
Prof - Maternity	\$3,285,702	\$3,351,966	\$6.19	\$5.97	186	178	\$399.14	\$401.96
Prof - Other	\$4,590,330	\$4,885,343	\$8.65	\$8.71	2,560	2,612	\$40.54	\$39.99
Prof - Psych	\$1,872,582	\$2,153,863	\$3.53	\$3.84	511	583	\$82.84	\$79.02
Prof - Specialist	\$2,348,479	\$2,545,774	\$4.42	\$4.54	501	497	\$105.93	\$109.56
Prof - Vision	\$1,124,823	\$1,136,072	\$2.12	\$2.02	139	132	\$183.46	\$184.27
Radiology	\$1,996,784	\$2,055,524	\$3.76	\$3.66	1,058	1,068	\$42.66	\$41.16
Transportation/Ambulance	\$2,670,899	\$2,981,248	\$5.03	\$5.31	803	949	\$75.22	\$67.16
Total	\$107,794,939	\$111,246,571	\$203.09	\$198.25				

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Age Under 1								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	93,545	94,162						
Service Type								
DME/Supplies	\$497,645	\$531,643	\$5.32	\$5.65	1,175	1,192	\$54.34	\$56.86
FQHC / RHC	\$75,806	\$50,868	\$0.81	\$0.54	167	155	\$58.31	\$41.73
Home Health	\$60,966	\$74,036	\$0.65	\$0.79	15	14	\$525.57	\$679.23
IP - Maternity	\$21,862	\$816	\$0.23	\$0.01	0	0	\$10,930.96	\$815.52
IP - Newborn	\$21,258,160	\$6,928,434	\$227.25	\$73.58	647	166	\$4,212.63	\$5,333.67
IP - Other	\$3,792,009	\$18,728,651	\$40.54	\$198.90	77	540	\$6,278.16	\$4,423.01
IP - Psych	\$185,630	\$153,895	\$1.98	\$1.63	0	1	-	\$38,473.75
Lab	\$169,752	\$155,917	\$1.81	\$1.66	1,555	1,433	\$14.00	\$13.87
OP - Emergency Room & Related	\$1,885,976	\$1,829,330	\$20.16	\$19.43	1,313	1,271	\$184.25	\$183.42
OP - Other	\$2,321,949	\$2,264,359	\$24.82	\$24.05	1,408	1,428	\$211.49	\$202.02
Pharmacy	\$1,380,325	\$1,314,301	\$14.76	\$13.96	4,306	4,225	\$41.12	\$39.65
Prof - Anesthesia	\$98,696	\$100,447	\$1.06	\$1.07	85	101	\$148.42	\$127.12
Prof - Child EPSDT	\$533,059	\$461,524	\$5.70	\$4.90	5,148	5,287	\$13.28	\$11.12
Prof - Evaluation & Management	\$9,235,958	\$9,739,483	\$98.73	\$103.43	14,653	14,727	\$80.86	\$84.28
Prof - Maternity	\$781	\$996	\$0.01	\$0.01	0	0	\$781.45	\$996.14
Prof - Other	\$1,600,738	\$1,511,384	\$17.11	\$16.05	6,474	6,049	\$31.72	\$31.84
Prof - Psych	\$112,314	\$87,790	\$1.20	\$0.93	3	1	\$5,348.29	\$8,779.01
Prof - Specialist	\$652,764	\$709,456	\$6.98	\$7.53	735	704	\$113.92	\$128.39
Prof - Vision	\$142,828	\$144,490	\$1.53	\$1.53	57	64	\$320.24	\$286.24
Radiology	\$164,069	\$171,596	\$1.75	\$1.82	1,320	1,346	\$15.94	\$16.25
Transportation/Ambulance	\$399,624	\$438,002	\$4.27	\$4.65	298	381	\$171.88	\$146.39
Total	\$44,590,913	\$45,397,418	\$476.68	\$482.12				

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Age 1-5								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	361,700	349,157						
Service Type								
DME/Supplies	\$802,864	\$837,911	\$2.22	\$2.40	467	432	\$57.02	\$66.73
FQHC / RHC	\$99,444	\$68,904	\$0.27	\$0.20	78	60	\$42.46	\$39.74
Home Health	\$505,365	\$304,595	\$1.40	\$0.87	14	10	\$1,159.09	\$1,050.33
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,349,180	\$3,874,870	\$12.02	\$11.10	26	21	\$5,547.42	\$6,352.25
IP - Psych	\$745,941	\$639,814	\$2.06	\$1.83	1	3	\$31,080.89	\$8,764.57
Lab	\$687,536	\$667,171	\$1.90	\$1.91	1,662	1,647	\$13.73	\$13.92
OP - Emergency Room & Related	\$4,722,931	\$4,327,959	\$13.06	\$12.40	877	854	\$178.71	\$174.23
OP - Other	\$7,222,511	\$7,397,410	\$19.97	\$21.19	693	689	\$345.69	\$369.10
Pharmacy	\$5,728,987	\$5,685,223	\$15.84	\$16.28	4,510	4,488	\$42.15	\$43.54
Prof - Anesthesia	\$329,198	\$321,670	\$0.91	\$0.92	100	113	\$109.40	\$97.48
Prof - Child EPSDT	\$476,100	\$375,433	\$1.32	\$1.08	1,209	1,182	\$13.06	\$10.92
Prof - Evaluation & Management	\$10,149,459	\$10,049,796	\$28.06	\$28.78	4,957	4,993	\$67.93	\$69.17
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,424,037	\$2,021,115	\$6.70	\$5.79	2,096	2,093	\$38.38	\$33.19
Prof - Psych	\$598,589	\$514,578	\$1.65	\$1.47	111	116	\$178.95	\$152.33
Prof - Specialist	\$937,409	\$932,541	\$2.59	\$2.67	295	273	\$105.28	\$117.48
Prof - Vision	\$562,331	\$534,618	\$1.55	\$1.53	68	65	\$274.31	\$280.79
Radiology	\$217,646	\$223,135	\$0.60	\$0.64	429	430	\$16.81	\$17.84
Transportation/Ambulance	\$1,333,777	\$1,343,507	\$3.69	\$3.85	190	188	\$232.57	\$245.03
Total	\$41,893,304	\$40,120,250	\$115.82	\$114.91				

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Age 6-14								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	553,695	557,094						
Service Type								
DME/Supplies	\$705,514	\$832,963	\$1.27	\$1.50	208	216	\$73.59	\$82.91
FQHC / RHC	\$136,477	\$122,004	\$0.25	\$0.22	65	57	\$45.55	\$45.80
Home Health	\$15,882	\$7,359	\$0.03	\$0.01	1	1	\$330.88	\$294.35
IP - Maternity	\$26,243	\$27,483	\$0.05	\$0.05	0	0	\$2,915.86	\$3,053.62
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,606,977	\$4,737,066	\$8.32	\$8.50	13	13	\$7,614.84	\$7,974.86
IP - Psych	\$2,660,159	\$2,260,031	\$4.80	\$4.06	58	56	\$989.27	\$876.66
Lab	\$807,863	\$833,914	\$1.46	\$1.50	1,096	1,074	\$15.98	\$16.72
OP - Emergency Room & Related	\$4,885,231	\$4,664,453	\$8.82	\$8.37	478	483	\$221.60	\$208.10
OP - Other	\$6,557,783	\$6,680,933	\$11.84	\$11.99	469	470	\$303.12	\$306.02
Pharmacy	\$17,385,108	\$18,019,111	\$31.40	\$32.34	5,321	5,428	\$70.81	\$71.50
Prof - Anesthesia	\$229,507	\$227,602	\$0.41	\$0.41	44	49	\$113.51	\$99.52
Prof - Child EPSDT	\$73,512	\$51,724	\$0.13	\$0.09	121	102	\$13.15	\$10.91
Prof - Evaluation & Management	\$10,354,778	\$10,963,078	\$18.70	\$19.68	3,266	3,363	\$68.71	\$70.22
Prof - Maternity	\$14,208	\$16,750	\$0.03	\$0.03	1	0	\$430.54	\$930.54
Prof - Other	\$3,998,764	\$3,337,942	\$7.22	\$5.99	1,751	1,787	\$49.51	\$40.25
Prof - Psych	\$1,838,635	\$2,058,470	\$3.32	\$3.70	579	636	\$68.78	\$69.76
Prof - Specialist	\$1,155,847	\$1,173,586	\$2.09	\$2.11	202	187	\$123.78	\$135.14
Prof - Vision	\$957,984	\$918,340	\$1.73	\$1.65	115	98	\$181.30	\$200.95
Radiology	\$464,495	\$470,095	\$0.84	\$0.84	451	456	\$22.33	\$22.21
Transportation/Ambulance	\$1,937,126	\$2,078,984	\$3.50	\$3.73	396	390	\$106.06	\$114.92
Total	\$58,812,092	\$59,481,887	\$106.22	\$106.77				

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Age 15-20 Female								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	98,593	101,324						
Service Type								
DME/Supplies	\$164,011	\$177,763	\$1.66	\$1.75	158	188	\$126.07	\$112.22
FQHC / RHC	\$73,732	\$63,577	\$0.75	\$0.63	168	123	\$53.35	\$61.07
Home Health	\$22,456	\$8,021	\$0.23	\$0.08	7	2	\$387.16	\$534.71
IP - Maternity	\$2,293,270	\$1,983,897	\$23.26	\$19.58	96	76	\$2,899.20	\$3,104.69
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$983,352	\$1,887,948	\$9.97	\$18.63	16	31	\$7,393.63	\$7,205.91
IP - Psych	\$1,073,817	\$1,268,821	\$10.89	\$12.52	202	245	\$646.88	\$612.66
Lab	\$490,520	\$450,618	\$4.98	\$4.45	2,865	2,552	\$20.84	\$20.91
OP - Emergency Room & Related	\$2,451,523	\$2,422,492	\$24.87	\$23.91	1,045	1,035	\$285.66	\$277.14
OP - Other	\$2,421,297	\$2,497,237	\$24.56	\$24.65	991	966	\$297.27	\$306.03
Pharmacy	\$3,413,402	\$4,182,669	\$34.62	\$41.28	8,543	8,705	\$48.63	\$56.90
Prof - Anesthesia	\$193,907	\$173,949	\$1.97	\$1.72	150	155	\$157.65	\$133.19
Prof - Child EPSDT	\$27,110	\$22,776	\$0.27	\$0.22	210	169	\$15.72	\$15.93
Prof - Evaluation & Management	\$2,651,742	\$2,964,868	\$26.90	\$29.26	4,749	4,851	\$67.96	\$72.38
Prof - Maternity	\$1,195,352	\$1,111,735	\$12.12	\$10.97	198	182	\$736.05	\$723.31
Prof - Other	\$818,250	\$852,799	\$8.30	\$8.42	1,970	2,025	\$50.55	\$49.87
Prof - Psych	\$394,054	\$469,553	\$4.00	\$4.63	783	918	\$61.22	\$60.58
Prof - Specialist	\$360,978	\$389,804	\$3.66	\$3.85	394	379	\$111.38	\$121.89
Prof - Vision	\$174,352	\$169,100	\$1.77	\$1.67	122	106	\$173.31	\$188.94
Radiology	\$443,748	\$459,267	\$4.50	\$4.53	1,203	1,248	\$44.88	\$43.58
Transportation/Ambulance	\$473,720	\$515,498	\$4.80	\$5.09	497	498	\$115.94	\$122.53
Total	\$20,120,591	\$22,072,391	\$204.08	\$217.84				

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Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	209,648	216,148						
Service Type								
DME/Supplies	\$679,680	\$809,294	\$3.24	\$3.74	319	325	\$122.09	\$138.25
FQHC / RHC	\$264,783	\$317,325	\$1.26	\$1.47	242	264	\$62.55	\$66.72
Home Health	\$76,750	\$91,118	\$0.37	\$0.42	12	15	\$352.06	\$336.23
IP - Maternity	\$13,677,805	\$12,271,381	\$65.24	\$56.77	240	205	\$3,262.84	\$3,325.58
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$11,291,470	\$13,582,488	\$53.86	\$62.84	66	92	\$9,801.62	\$8,192.09
IP - Psych	\$1,460,272	\$1,467,591	\$6.97	\$6.79	111	114	\$750.40	\$714.85
Lab	\$1,888,646	\$1,838,169	\$9.01	\$8.50	4,823	4,268	\$22.41	\$23.91
OP - Emergency Room & Related	\$11,376,781	\$11,128,241	\$54.27	\$51.48	1,958	1,922	\$332.58	\$321.50
OP - Other	\$13,045,369	\$12,929,872	\$62.23	\$59.82	1,885	1,790	\$396.14	\$400.91
Pharmacy	\$17,218,014	\$18,630,402	\$82.13	\$86.19	20,540	20,333	\$47.98	\$50.87
Prof - Anesthesia	\$1,112,983	\$1,039,807	\$5.31	\$4.81	430	443	\$148.18	\$130.30
Prof - Child EPSDT	\$64,385	\$63,657	\$0.31	\$0.29	227	205	\$16.25	\$17.25
Prof - Evaluation & Management	\$8,753,145	\$9,507,551	\$41.75	\$43.99	7,759	7,667	\$64.57	\$68.85
Prof - Maternity	\$6,733,672	\$6,845,604	\$32.12	\$31.67	539	534	\$714.68	\$711.16
Prof - Other	\$3,098,681	\$3,061,629	\$14.78	\$14.16	2,170	2,114	\$81.72	\$80.39
Prof - Psych	\$700,444	\$765,029	\$3.34	\$3.54	584	651	\$68.60	\$65.21
Prof - Specialist	\$2,430,555	\$2,505,545	\$11.59	\$11.59	922	888	\$150.86	\$156.61
Prof - Vision	\$287,356	\$289,169	\$1.37	\$1.34	96	98	\$171.35	\$163.10
Radiology	\$2,787,500	\$2,811,577	\$13.30	\$13.01	3,246	3,304	\$49.16	\$47.25
Transportation/Ambulance	\$1,282,872	\$1,343,110	\$6.12	\$6.21	966	938	\$76.00	\$79.47
Total	\$98,231,161	\$101,298,560	\$468.55	\$468.65				

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Age 15-20 Male								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	84,234	86,806						
Service Type								
DME/Supplies	\$220,856	\$177,530	\$2.62	\$2.05	177	185	\$177.39	\$132.88
FQHC / RHC	\$23,325	\$22,345	\$0.28	\$0.26	73	65	\$45.29	\$47.54
Home Health	\$8,353	\$5,211	\$0.10	\$0.06	4	2	\$309.37	\$400.88
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,093,498	\$1,620,573	\$12.98	\$18.67	12	19	\$12,568.94	\$11,743.29
IP - Psych	\$611,624	\$504,553	\$7.26	\$5.81	113	96	\$770.31	\$724.93
Lab	\$120,049	\$115,499	\$1.43	\$1.33	889	814	\$19.24	\$19.61
OP - Emergency Room & Related	\$1,197,709	\$1,136,312	\$14.22	\$13.09	533	525	\$320.07	\$299.03
OP - Other	\$1,378,163	\$1,353,900	\$16.36	\$15.60	468	447	\$419.79	\$418.52
Pharmacy	\$2,692,368	\$3,497,990	\$31.96	\$40.30	4,961	5,147	\$77.31	\$93.95
Prof - Anesthesia	\$49,961	\$55,859	\$0.59	\$0.64	56	71	\$126.48	\$108.68
Prof - Child EPSDT	\$10,678	\$7,756	\$0.13	\$0.09	119	105	\$12.74	\$10.17
Prof - Evaluation & Management	\$1,371,647	\$1,511,384	\$16.28	\$17.41	2,825	2,898	\$69.17	\$72.09
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,337,941	\$863,656	\$15.88	\$9.95	1,597	1,534	\$119.32	\$77.83
Prof - Psych	\$294,883	\$322,108	\$3.50	\$3.71	631	662	\$66.54	\$67.25
Prof - Specialist	\$312,896	\$341,877	\$3.71	\$3.94	287	280	\$155.28	\$168.83
Prof - Vision	\$134,463	\$134,859	\$1.60	\$1.55	83	78	\$230.64	\$239.11
Radiology	\$133,006	\$130,141	\$1.58	\$1.50	728	713	\$26.03	\$25.22
Transportation/Ambulance	\$321,509	\$355,513	\$3.82	\$4.10	248	225	\$184.46	\$218.64
Total	\$11,312,930	\$12,157,067	\$134.30	\$140.05				

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Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	25,760	27,920						
Service Type								
DME/Supplies	\$113,908	\$108,242	\$4.42	\$3.88	398	439	\$133.38	\$105.91
FQHC / RHC	\$14,648	\$9,508	\$0.57	\$0.34	128	93	\$53.27	\$44.02
Home Health	\$20,456	\$8,071	\$0.79	\$0.29	23	11	\$417.46	\$310.42
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,895,209	\$1,811,325	\$73.57	\$64.88	69	64	\$12,805.47	\$12,238.68
IP - Psych	\$251,628	\$201,772	\$9.77	\$7.23	160	137	\$731.48	\$632.51
Lab	\$52,226	\$50,114	\$2.03	\$1.79	1,417	1,273	\$17.17	\$16.92
OP - Emergency Room & Related	\$873,946	\$933,597	\$33.93	\$33.44	1,245	1,262	\$326.95	\$317.87
OP - Other	\$992,401	\$1,022,277	\$38.52	\$36.61	803	729	\$575.97	\$602.76
Pharmacy	\$1,784,483	\$1,871,386	\$69.27	\$67.03	13,597	12,953	\$61.14	\$62.09
Prof - Anesthesia	\$38,976	\$41,858	\$1.51	\$1.50	150	151	\$121.42	\$119.25
Prof - Child EPSDT	\$5,875	\$2,695	\$0.23	\$0.10	120	124	\$22.86	\$9.36
Prof - Evaluation & Management	\$712,823	\$797,978	\$27.67	\$28.58	5,092	4,877	\$65.22	\$70.33
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$208,036	\$470,903	\$8.08	\$16.87	1,535	1,465	\$63.14	\$138.14
Prof - Psych	\$65,161	\$74,623	\$2.53	\$2.67	385	367	\$78.89	\$87.28
Prof - Specialist	\$207,292	\$245,228	\$8.05	\$8.78	637	623	\$151.53	\$169.12
Prof - Vision	\$32,781	\$36,295	\$1.27	\$1.30	82	88	\$185.20	\$177.05
Radiology	\$118,293	\$127,556	\$4.59	\$4.57	1,815	1,718	\$30.35	\$31.91
Transportation/Ambulance	\$137,629	\$148,925	\$5.34	\$5.33	467	330	\$137.22	\$194.17
Total	\$7,525,772	\$7,962,352	\$292.15	\$285.18				

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Age 45 and Over								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	27,715	29,663						
Service Type								
DME/Supplies	\$238,879	\$262,196	\$8.62	\$8.84	958	1,053	\$107.94	\$100.73
FQHC / RHC	\$25,454	\$35,589	\$0.92	\$1.20	271	318	\$40.73	\$45.22
Home Health	\$55,285	\$50,160	\$1.99	\$1.69	75	55	\$319.56	\$368.82
IP - Maternity	\$2,159	\$9,206	\$0.08	\$0.31	0	1	\$2,158.58	\$3,068.60
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,317,075	\$4,268,306	\$155.77	\$143.89	155	142	\$12,025.28	\$12,125.87
IP - Psych	\$290,624	\$313,822	\$10.49	\$10.58	181	162	\$695.27	\$784.55
Lab	\$159,682	\$165,848	\$5.76	\$5.59	3,999	3,714	\$17.29	\$18.07
OP - Emergency Room & Related	\$1,204,713	\$1,153,606	\$43.47	\$38.89	1,278	1,206	\$408.10	\$386.86
OP - Other	\$2,652,742	\$2,986,153	\$95.72	\$100.67	2,371	2,236	\$484.43	\$540.28
Pharmacy	\$5,212,045	\$6,056,401	\$188.06	\$204.17	38,500	38,615	\$58.61	\$63.45
Prof - Anesthesia	\$94,115	\$92,733	\$3.40	\$3.13	350	353	\$116.34	\$106.35
Prof - Child EPSDT	\$9,681	\$7,025	\$0.35	\$0.24	420	316	\$9.99	\$8.98
Prof - Evaluation & Management	\$1,466,951	\$1,546,179	\$52.93	\$52.12	9,562	9,057	\$66.43	\$69.07
Prof - Maternity	\$1,233	\$7,836	\$0.04	\$0.26	1	9	\$616.73	\$356.16
Prof - Other	\$666,533	\$874,409	\$24.05	\$29.48	3,696	3,543	\$78.08	\$99.84
Prof - Psych	\$141,348	\$164,034	\$5.10	\$5.53	965	1,021	\$63.44	\$64.96
Prof - Specialist	\$597,781	\$646,735	\$21.57	\$21.80	1,553	1,385	\$166.65	\$188.88
Prof - Vision	\$70,637	\$72,320	\$2.55	\$2.44	291	296	\$105.11	\$98.80
Radiology	\$318,213	\$421,968	\$11.48	\$14.23	3,715	3,582	\$37.09	\$47.66
Transportation/Ambulance	\$189,707	\$198,776	\$6.84	\$6.70	1,591	1,827	\$51.64	\$44.01
Total	\$17,714,855	\$19,333,304	\$639.18	\$651.76				

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All Age Categories								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,454,890	1,462,274						
Service Type								
DME/Supplies	\$3,423,357	\$3,737,543	\$2.35	\$2.56	363	364	\$77.79	\$84.27
FQHC / RHC	\$713,669	\$690,120	\$0.49	\$0.47	113	106	\$52.21	\$53.55
Home Health	\$765,512	\$548,571	\$0.53	\$0.38	9	7	\$680.45	\$619.85
IP - Maternity	\$16,021,338	\$14,292,781	\$11.01	\$9.77	41	36	\$3,207.48	\$3,291.75
IP - Newborn	\$21,258,160	\$6,928,434	\$14.61	\$4.74	42	11	\$4,212.63	\$5,333.67
IP - Other	\$32,328,770	\$50,511,227	\$22.22	\$34.54	32	66	\$8,349.37	\$6,316.77
IP - Psych	\$7,279,697	\$6,810,297	\$5.00	\$4.66	65	67	\$924.41	\$831.13
Lab	\$4,376,273	\$4,277,250	\$3.01	\$2.93	1,972	1,851	\$18.30	\$18.97
OP - Emergency Room & Related	\$28,598,810	\$27,595,991	\$19.66	\$18.87	914	905	\$257.96	\$250.19
OP - Other	\$36,592,216	\$37,132,140	\$25.15	\$25.39	867	853	\$348.28	\$357.21
Pharmacy	\$54,814,732	\$59,257,484	\$37.68	\$40.52	8,223	8,357	\$54.98	\$58.19
Prof - Anesthesia	\$2,147,344	\$2,053,925	\$1.48	\$1.40	132	143	\$134.53	\$118.04
Prof - Child EPSDT	\$1,200,399	\$992,590	\$0.83	\$0.68	742	719	\$13.35	\$11.34
Prof - Evaluation & Management	\$44,696,502	\$47,080,318	\$30.72	\$32.20	5,293	5,340	\$69.64	\$72.35
Prof - Maternity	\$7,945,246	\$7,982,920	\$5.46	\$5.46	91	92	\$716.95	\$712.51
Prof - Other	\$14,152,980	\$12,993,837	\$9.73	\$8.89	2,240	2,214	\$52.12	\$48.17
Prof - Psych	\$4,145,427	\$4,456,186	\$2.85	\$3.05	447	497	\$76.44	\$73.60
Prof - Specialist	\$6,655,522	\$6,944,773	\$4.57	\$4.75	415	396	\$132.33	\$143.95
Prof - Vision	\$2,362,732	\$2,299,191	\$1.62	\$1.57	98	91	\$198.63	\$206.25
Radiology	\$4,646,969	\$4,815,335	\$3.19	\$3.29	1,058	1,086	\$36.24	\$36.40
Transportation/Ambulance	\$6,075,964	\$6,422,315	\$4.18	\$4.39	443	448	\$113.12	\$117.66
Total	\$300,201,619	\$307,823,230	\$206.34	\$210.51				

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Age Under 1								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	45,571	45,648						
Service Type								
DME/Supplies	\$159,074	\$179,423	\$3.49	\$3.93	616	696	\$68.01	\$67.73
FQHC / RHC	\$115,738	\$80,430	\$2.54	\$1.76	556	461	\$54.85	\$45.91
Home Health	\$15,522	\$15,022	\$0.34	\$0.33	26	23	\$156.78	\$170.70
IP - Maternity	\$2,550	\$2,910	\$0.06	\$0.06	0	0	\$2,550.00	\$2,909.95
IP - Newborn	\$11,008,074	\$3,913,609	\$241.56	\$85.73	704	189	\$4,117.91	\$5,450.71
IP - Other	\$2,260,318	\$9,750,579	\$49.60	\$213.60	82	574	\$7,267.90	\$4,463.18
IP - Psych	\$113,629	\$105,995	\$2.49	\$2.32	1	0	\$37,876.29	-
Lab	\$83,891	\$76,233	\$1.84	\$1.67	1,494	1,403	\$14.79	\$14.28
OP - Emergency Room & Related	\$757,263	\$714,888	\$16.62	\$15.66	1,171	1,064	\$170.32	\$176.63
OP - Other	\$1,080,204	\$1,121,653	\$23.70	\$24.57	1,064	1,053	\$267.43	\$279.96
Pharmacy	\$678,721	\$624,286	\$14.89	\$13.68	4,671	4,584	\$38.26	\$35.80
Prof - Anesthesia	\$62,248	\$50,003	\$1.37	\$1.10	81	87	\$201.45	\$150.57
Prof - Child EPSDT	\$199,426	\$171,130	\$4.38	\$3.75	4,089	4,050	\$12.84	\$11.11
Prof - Evaluation & Management	\$4,755,085	\$4,866,124	\$104.34	\$106.60	15,088	14,846	\$82.99	\$86.17
Prof - Maternity	\$0	\$1,955	\$0.00	\$0.04	0	0	-	\$1,954.98
Prof - Other	\$639,699	\$624,906	\$14.04	\$13.69	7,188	7,550	\$23.43	\$21.76
Prof - Psych	\$63,323	\$61,016	\$1.39	\$1.34	0	0	-	-
Prof - Specialist	\$367,138	\$372,913	\$8.06	\$8.17	809	769	\$119.43	\$127.44
Prof - Vision	\$80,842	\$76,491	\$1.77	\$1.68	94	79	\$226.45	\$254.85
Radiology	\$89,541	\$94,437	\$1.96	\$2.07	1,467	1,560	\$16.08	\$15.91
Transportation/Ambulance	\$291,847	\$283,005	\$6.40	\$6.20	689	553	\$111.52	\$134.64
Total	\$22,824,133	\$23,187,010	\$500.85	\$507.95				

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Age 1-5								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	165,346	163,595						
Service Type								
DME/Supplies	\$297,834	\$273,117	\$1.80	\$1.67	268	236	\$80.71	\$84.71
FQHC / RHC	\$139,181	\$134,359	\$0.84	\$0.82	229	247	\$44.06	\$39.98
Home Health	\$36,381	\$26,310	\$0.22	\$0.16	10	13	\$277.71	\$146.17
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,199,075	\$1,587,326	\$13.30	\$9.70	27	21	\$5,992.03	\$5,669.02
IP - Psych	\$413,896	\$397,570	\$2.50	\$2.43	1	0	\$21,783.98	\$79,514.01
Lab	\$291,770	\$308,830	\$1.76	\$1.89	1,553	1,541	\$13.64	\$14.70
OP - Emergency Room & Related	\$1,819,367	\$1,865,291	\$11.00	\$11.40	804	771	\$164.17	\$177.53
OP - Other	\$3,383,814	\$4,051,300	\$20.47	\$24.76	610	629	\$402.50	\$472.62
Pharmacy	\$2,775,686	\$2,608,052	\$16.79	\$15.94	4,909	4,937	\$41.03	\$38.75
Prof - Anesthesia	\$177,722	\$201,673	\$1.07	\$1.23	99	108	\$129.82	\$137.29
Prof - Child EPSDT	\$192,121	\$170,737	\$1.16	\$1.04	1,146	1,152	\$12.16	\$10.87
Prof - Evaluation & Management	\$4,685,953	\$4,781,667	\$28.34	\$29.23	5,057	5,055	\$67.25	\$69.39
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,345,052	\$1,226,055	\$8.13	\$7.49	1,938	2,174	\$50.37	\$41.37
Prof - Psych	\$315,056	\$300,768	\$1.91	\$1.84	111	112	\$205.65	\$197.74
Prof - Specialist	\$483,651	\$484,345	\$2.93	\$2.96	320	298	\$109.67	\$119.03
Prof - Vision	\$280,208	\$276,519	\$1.69	\$1.69	70	72	\$290.67	\$280.16
Radiology	\$100,861	\$101,350	\$0.61	\$0.62	405	414	\$18.06	\$17.95
Transportation/Ambulance	\$693,503	\$721,974	\$4.19	\$4.41	414	395	\$121.67	\$133.92
Total	\$19,631,131	\$19,517,243	\$118.73	\$119.30				

Virginia Medicaid
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Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 6-14								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	268,955	271,637						
Service Type								
DME/Supplies	\$270,552	\$325,599	\$1.01	\$1.20	120	129	\$100.84	\$111.51
FQHC / RHC	\$187,926	\$178,609	\$0.70	\$0.66	186	178	\$45.09	\$44.32
Home Health	\$52,369	\$45,920	\$0.19	\$0.17	9	10	\$247.02	\$205.92
IP - Maternity	\$5,615	\$8,304	\$0.02	\$0.03	0	0	\$2,807.34	\$2,767.85
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,718,526	\$1,966,875	\$10.11	\$7.24	11	9	\$11,519.18	\$9,234.15
IP - Psych	\$1,032,799	\$1,224,413	\$3.84	\$4.51	39	47	\$1,174.97	\$1,154.02
Lab	\$372,894	\$371,455	\$1.39	\$1.37	1,075	999	\$15.48	\$16.42
OP - Emergency Room & Related	\$2,154,829	\$2,200,515	\$8.01	\$8.10	468	450	\$205.28	\$216.20
OP - Other	\$3,704,436	\$3,870,531	\$13.77	\$14.25	534	556	\$309.30	\$307.70
Pharmacy	\$9,865,595	\$11,169,858	\$36.68	\$41.12	5,912	6,174	\$74.46	\$79.93
Prof - Anesthesia	\$112,753	\$105,902	\$0.42	\$0.39	40	41	\$125.98	\$115.24
Prof - Child EPSDT	\$29,208	\$22,599	\$0.11	\$0.08	109	86	\$11.97	\$11.60
Prof - Evaluation & Management	\$5,050,416	\$5,347,314	\$18.78	\$19.69	3,316	3,380	\$67.96	\$69.89
Prof - Maternity	\$1,014	\$2,419	\$0.00	\$0.01	0	0	\$253.49	\$268.73
Prof - Other	\$1,502,646	\$1,626,253	\$5.59	\$5.99	1,335	1,483	\$50.22	\$48.46
Prof - Psych	\$887,606	\$958,614	\$3.30	\$3.53	541	566	\$73.19	\$74.82
Prof - Specialist	\$620,788	\$554,870	\$2.31	\$2.04	222	210	\$124.66	\$116.69
Prof - Vision	\$529,221	\$499,622	\$1.97	\$1.84	136	114	\$173.97	\$193.05
Radiology	\$231,258	\$229,770	\$0.86	\$0.85	464	469	\$22.26	\$21.66
Transportation/Ambulance	\$1,119,053	\$1,181,839	\$4.16	\$4.35	535	516	\$93.39	\$101.25
Total	\$30,449,504	\$31,891,279	\$113.21	\$117.40				

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Contract Year 2018 Capitation Rate Development
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Exhibit 1a

Age 15-20 Female								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	48,486	49,733						
Service Type								
DME/Supplies	\$82,139	\$106,530	\$1.69	\$2.14	174	172	\$116.51	\$149.83
FQHC / RHC	\$117,828	\$81,880	\$2.43	\$1.65	519	397	\$56.24	\$49.74
Home Health	\$20,925	\$21,362	\$0.43	\$0.43	18	22	\$294.71	\$229.70
IP - Maternity	\$1,219,249	\$1,237,576	\$25.15	\$24.88	106	96	\$2,848.71	\$3,117.32
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$598,524	\$573,338	\$12.34	\$11.53	21	21	\$6,959.58	\$6,590.09
IP - Psych	\$333,393	\$307,229	\$6.88	\$6.18	122	120	\$679.01	\$619.41
Lab	\$272,804	\$289,503	\$5.63	\$5.82	3,669	3,395	\$18.40	\$20.58
OP - Emergency Room & Related	\$1,085,754	\$1,113,886	\$22.39	\$22.40	953	967	\$281.94	\$277.99
OP - Other	\$1,353,211	\$1,367,069	\$27.91	\$27.49	1,134	1,166	\$295.33	\$282.98
Pharmacy	\$1,745,182	\$1,883,941	\$35.99	\$37.88	9,623	9,804	\$44.89	\$46.36
Prof - Anesthesia	\$89,390	\$91,525	\$1.84	\$1.84	144	150	\$153.59	\$147.38
Prof - Child EPSDT	\$27,280	\$29,523	\$0.56	\$0.59	301	289	\$22.43	\$24.68
Prof - Evaluation & Management	\$1,365,042	\$1,462,958	\$28.15	\$29.42	5,020	5,053	\$67.30	\$69.86
Prof - Maternity	\$699,035	\$691,089	\$14.42	\$13.90	378	333	\$458.08	\$500.79
Prof - Other	\$398,439	\$457,372	\$8.22	\$9.20	1,783	1,954	\$55.29	\$56.47
Prof - Psych	\$204,869	\$210,821	\$4.23	\$4.24	791	732	\$64.12	\$69.49
Prof - Specialist	\$212,613	\$197,232	\$4.39	\$3.97	587	566	\$89.60	\$84.07
Prof - Vision	\$97,149	\$92,356	\$2.00	\$1.86	153	122	\$157.20	\$183.25
Radiology	\$244,966	\$251,218	\$5.05	\$5.05	1,242	1,302	\$48.82	\$46.56
Transportation/Ambulance	\$265,772	\$295,103	\$5.48	\$5.93	752	884	\$87.48	\$80.59
Total	\$10,433,563	\$10,761,510	\$215.19	\$216.39				

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Exhibit 1a

Age 21-44 Female								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	95,228	95,555						
Service Type								
DME/Supplies	\$342,865	\$341,768	\$3.60	\$3.58	369	372	\$117.18	\$115.23
FQHC / RHC	\$477,926	\$438,364	\$5.02	\$4.59	876	814	\$68.74	\$67.60
Home Health	\$153,692	\$148,909	\$1.61	\$1.56	47	53	\$409.85	\$355.39
IP - Maternity	\$7,074,615	\$6,338,059	\$74.29	\$66.33	282	248	\$3,165.38	\$3,209.14
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,663,288	\$5,015,784	\$48.97	\$52.49	62	69	\$9,420.78	\$9,186.42
IP - Psych	\$557,577	\$668,345	\$5.86	\$6.99	87	103	\$811.61	\$812.08
Lab	\$955,366	\$941,999	\$10.03	\$9.86	5,567	5,071	\$21.62	\$23.33
OP - Emergency Room & Related	\$4,138,095	\$4,241,900	\$43.45	\$44.39	1,705	1,670	\$305.85	\$318.89
OP - Other	\$6,903,667	\$6,328,943	\$72.50	\$66.23	2,209	2,142	\$393.78	\$371.02
Pharmacy	\$8,195,708	\$8,853,099	\$86.06	\$92.65	21,381	20,908	\$48.30	\$53.18
Prof - Anesthesia	\$476,416	\$429,533	\$5.00	\$4.50	400	401	\$149.96	\$134.65
Prof - Child EPSDT	\$60,109	\$58,015	\$0.63	\$0.61	356	332	\$21.30	\$21.95
Prof - Evaluation & Management	\$3,876,163	\$3,944,665	\$40.70	\$41.28	7,618	7,435	\$64.12	\$66.63
Prof - Maternity	\$3,660,765	\$3,466,802	\$38.44	\$36.28	963	883	\$479.22	\$493.21
Prof - Other	\$1,323,622	\$1,426,308	\$13.90	\$14.93	2,250	2,264	\$74.12	\$79.12
Prof - Psych	\$328,947	\$322,380	\$3.45	\$3.37	645	646	\$64.25	\$62.63
Prof - Specialist	\$1,214,053	\$1,185,910	\$12.75	\$12.41	1,363	1,307	\$112.27	\$113.92
Prof - Vision	\$156,665	\$141,349	\$1.65	\$1.48	143	128	\$138.03	\$139.12
Radiology	\$1,272,441	\$1,258,696	\$13.36	\$13.17	2,995	2,975	\$53.53	\$53.13
Transportation/Ambulance	\$790,455	\$863,297	\$8.30	\$9.03	1,645	1,683	\$60.56	\$64.41
Total	\$46,622,434	\$46,414,124	\$489.59	\$485.73				

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Age 15-20 Male								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	42,245	43,738						
Service Type								
DME/Supplies	\$95,544	\$72,619	\$2.26	\$1.66	194	186	\$139.68	\$107.27
FQHC / RHC	\$35,749	\$39,882	\$0.85	\$0.91	202	192	\$50.21	\$57.14
Home Health	\$8,795	\$17,231	\$0.21	\$0.39	13	14	\$187.13	\$337.87
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$467,826	\$711,221	\$11.07	\$16.26	15	17	\$8,826.90	\$11,289.22
IP - Psych	\$200,866	\$269,832	\$4.75	\$6.17	63	120	\$904.80	\$614.65
Lab	\$53,976	\$53,265	\$1.28	\$1.22	853	820	\$17.97	\$17.81
OP - Emergency Room & Related	\$474,120	\$579,032	\$11.22	\$13.24	529	555	\$254.77	\$286.22
OP - Other	\$761,799	\$849,730	\$18.03	\$19.43	552	559	\$391.67	\$417.35
Pharmacy	\$1,758,923	\$1,542,956	\$41.64	\$35.28	5,354	5,519	\$93.31	\$76.71
Prof - Anesthesia	\$21,214	\$24,202	\$0.50	\$0.55	45	55	\$134.27	\$119.81
Prof - Child EPSDT	\$4,303	\$3,293	\$0.10	\$0.08	107	94	\$11.47	\$9.66
Prof - Evaluation & Management	\$664,874	\$769,178	\$15.74	\$17.59	2,751	2,950	\$68.66	\$71.54
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$356,629	\$174,979	\$8.44	\$4.00	1,145	1,293	\$88.45	\$37.14
Prof - Psych	\$138,305	\$155,886	\$3.27	\$3.56	477	525	\$82.42	\$81.49
Prof - Specialist	\$145,195	\$156,270	\$3.44	\$3.57	297	301	\$138.68	\$142.32
Prof - Vision	\$75,272	\$74,714	\$1.78	\$1.71	95	86	\$225.37	\$237.19
Radiology	\$62,894	\$71,910	\$1.49	\$1.64	756	773	\$23.62	\$25.53
Transportation/Ambulance	\$191,606	\$211,790	\$4.54	\$4.84	511	548	\$106.51	\$106.05
Total	\$5,517,890	\$5,777,991	\$130.62	\$132.10				

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Age 21-44 Male								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	13,871	14,157						
Service Type								
DME/Supplies	\$60,380	\$101,941	\$4.35	\$7.20	602	531	\$86.75	\$162.58
FQHC / RHC	\$13,996	\$8,230	\$1.01	\$0.58	228	168	\$53.22	\$41.57
Home Health	\$23,481	\$36,166	\$1.69	\$2.55	40	72	\$510.46	\$425.49
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$930,919	\$1,529,454	\$67.11	\$108.04	82	90	\$9,799.15	\$14,428.81
IP - Psych	\$119,801	\$141,443	\$8.64	\$9.99	106	203	\$981.97	\$591.81
Lab	\$30,593	\$31,964	\$2.21	\$2.26	1,404	1,527	\$18.85	\$17.75
OP - Emergency Room & Related	\$496,391	\$545,624	\$35.79	\$38.54	1,389	1,378	\$309.28	\$335.56
OP - Other	\$802,070	\$848,273	\$57.82	\$59.92	1,255	1,256	\$552.77	\$572.38
Pharmacy	\$978,670	\$1,143,796	\$70.56	\$80.79	16,024	15,565	\$52.84	\$62.29
Prof - Anesthesia	\$22,472	\$21,311	\$1.62	\$1.51	151	148	\$128.41	\$121.78
Prof - Child EPSDT	\$8,661	\$1,897	\$0.62	\$0.13	175	161	\$42.88	\$9.99
Prof - Evaluation & Management	\$404,008	\$464,537	\$29.13	\$32.81	5,327	5,537	\$65.61	\$71.12
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$85,780	\$435,646	\$6.18	\$30.77	1,331	1,749	\$55.74	\$211.17
Prof - Psych	\$36,794	\$35,706	\$2.65	\$2.52	495	384	\$64.33	\$78.82
Prof - Specialist	\$152,995	\$150,988	\$11.03	\$10.67	947	954	\$139.72	\$134.21
Prof - Vision	\$19,252	\$19,970	\$1.39	\$1.41	80	71	\$207.01	\$237.74
Radiology	\$81,582	\$78,797	\$5.88	\$5.57	2,171	2,118	\$32.50	\$31.53
Transportation/Ambulance	\$98,218	\$104,230	\$7.08	\$7.36	834	769	\$101.89	\$114.92
Total	\$4,366,062	\$5,699,975	\$314.76	\$402.63				

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Age 45 and Over								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	12,235	13,064						
Service Type								
DME/Supplies	\$143,256	\$133,511	\$11.71	\$10.22	1,455	1,382	\$96.60	\$88.77
FQHC / RHC	\$53,504	\$56,302	\$4.37	\$4.31	1,055	873	\$49.73	\$59.27
Home Health	\$48,474	\$65,086	\$3.96	\$4.98	118	96	\$403.95	\$619.87
IP - Maternity	\$3,725	\$4,889	\$0.30	\$0.37	1	2	\$3,724.57	\$2,444.37
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,988,196	\$1,672,870	\$162.50	\$128.05	151	136	\$12,910.36	\$11,303.18
IP - Psych	\$80,822	\$61,830	\$6.61	\$4.73	79	70	\$997.80	\$813.55
Lab	\$74,467	\$75,271	\$6.09	\$5.76	4,033	3,491	\$18.11	\$19.81
OP - Emergency Room & Related	\$457,861	\$479,758	\$37.42	\$36.72	1,060	1,055	\$423.55	\$417.91
OP - Other	\$1,334,246	\$1,289,073	\$109.05	\$98.67	2,782	2,687	\$470.47	\$440.71
Pharmacy	\$2,365,685	\$2,457,460	\$193.35	\$188.11	41,238	40,535	\$56.26	\$55.69
Prof - Anesthesia	\$43,355	\$36,370	\$3.54	\$2.78	316	298	\$134.64	\$112.25
Prof - Child EPSDT	\$5,553	\$6,064	\$0.45	\$0.46	443	415	\$12.29	\$13.42
Prof - Evaluation & Management	\$604,519	\$650,170	\$49.41	\$49.77	8,798	8,604	\$67.39	\$69.41
Prof - Maternity	\$2,199	\$2,386	\$0.18	\$0.18	1	5	\$2,198.58	\$477.27
Prof - Other	\$193,643	\$218,254	\$15.83	\$16.71	3,404	3,585	\$55.79	\$55.92
Prof - Psych	\$39,813	\$51,004	\$3.25	\$3.90	530	741	\$73.73	\$63.20
Prof - Specialist	\$281,849	\$303,278	\$23.04	\$23.21	1,974	1,904	\$140.01	\$146.30
Prof - Vision	\$31,153	\$32,277	\$2.55	\$2.47	316	281	\$96.75	\$105.48
Radiology	\$130,307	\$136,425	\$10.65	\$10.44	3,579	3,459	\$35.71	\$36.23
Transportation/Ambulance	\$103,846	\$129,083	\$8.49	\$9.88	2,312	2,610	\$44.06	\$45.44
Total	\$7,986,473	\$7,861,363	\$652.76	\$601.76				

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All Age Categories								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	691,937	697,127						
Service Type								
DME/Supplies	\$1,451,645	\$1,534,507	\$2.10	\$2.20	264	263	\$95.47	\$100.44
FQHC / RHC	\$1,141,848	\$1,018,056	\$1.65	\$1.46	356	329	\$55.60	\$53.25
Home Health	\$359,638	\$376,007	\$0.52	\$0.54	19	21	\$326.65	\$302.26
IP - Maternity	\$8,305,753	\$7,591,737	\$12.00	\$10.89	46	41	\$3,114.27	\$3,192.49
IP - Newborn	\$11,008,074	\$3,913,609	\$15.91	\$5.61	46	12	\$4,117.91	\$5,450.71
IP - Other	\$15,826,673	\$22,807,447	\$22.87	\$32.72	31	62	\$8,807.27	\$6,287.08
IP - Psych	\$2,852,783	\$3,176,658	\$4.12	\$4.56	43	54	\$1,139.29	\$1,012.00
Lab	\$2,135,760	\$2,148,522	\$3.09	\$3.08	2,062	1,928	\$17.96	\$19.18
OP - Emergency Room & Related	\$11,383,680	\$11,740,894	\$16.45	\$16.84	832	806	\$237.39	\$250.67
OP - Other	\$19,323,447	\$19,726,572	\$27.93	\$28.30	915	921	\$366.19	\$368.79
Pharmacy	\$28,364,170	\$30,283,449	\$40.99	\$43.44	8,773	8,852	\$56.07	\$58.89
Prof - Anesthesia	\$1,005,569	\$960,518	\$1.45	\$1.38	121	124	\$143.92	\$132.81
Prof - Child EPSDT	\$526,660	\$463,257	\$0.76	\$0.66	673	652	\$13.56	\$12.23
Prof - Evaluation & Management	\$21,406,060	\$22,286,614	\$30.94	\$31.97	5,321	5,314	\$69.76	\$72.20
Prof - Maternity	\$4,363,012	\$4,164,652	\$6.31	\$5.97	159	145	\$475.79	\$494.38
Prof - Other	\$5,845,510	\$6,189,774	\$8.45	\$8.88	2,047	2,216	\$49.52	\$48.09
Prof - Psych	\$2,014,713	\$2,096,196	\$2.91	\$3.01	429	442	\$81.36	\$81.61
Prof - Specialist	\$3,478,281	\$3,405,806	\$5.03	\$4.89	517	496	\$116.70	\$118.25
Prof - Vision	\$1,269,761	\$1,213,298	\$1.84	\$1.74	119	105	\$184.96	\$198.90
Radiology	\$2,213,850	\$2,222,603	\$3.20	\$3.19	1,026	1,039	\$37.42	\$36.82
Transportation/Ambulance	\$3,554,299	\$3,790,321	\$5.14	\$5.44	720	723	\$85.63	\$90.30
Total	\$147,831,189	\$151,110,496	\$213.65	\$216.76				

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Exhibit 1a

Age Under 1								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	102,734	105,164						
Service Type								
DME/Supplies	\$227,097	\$222,492	\$2.21	\$2.12	381	339	\$69.53	\$74.91
FQHC / RHC	\$22,571	\$34,180	\$0.22	\$0.33	74	80	\$35.71	\$48.55
Home Health	\$77,648	\$71,957	\$0.76	\$0.68	36	14	\$255.42	\$571.09
IP - Maternity	\$2,783	\$0	\$0.03	\$0.00	0	0	\$1,391.63	-
IP - Newborn	\$26,940,291	\$16,889,936	\$262.23	\$160.61	669	207	\$4,707.01	\$9,331.46
IP - Other	\$6,078,497	\$18,708,131	\$59.17	\$177.89	43	569	\$16,340.05	\$3,754.38
IP - Psych	\$169,204	\$171,666	\$1.65	\$1.63	0	0	-	-
Lab	\$206,793	\$208,994	\$2.01	\$1.99	932	895	\$25.90	\$26.65
OP - Emergency Room & Related	\$2,043,117	\$2,014,616	\$19.89	\$19.16	1,208	1,158	\$197.56	\$198.50
OP - Other	\$2,800,599	\$2,784,623	\$27.26	\$26.48	650	636	\$503.12	\$499.21
Pharmacy	\$1,356,813	\$1,345,999	\$13.21	\$12.80	3,754	3,676	\$42.21	\$41.78
Prof - Anesthesia	\$194,412	\$152,727	\$1.89	\$1.45	98	98	\$232.27	\$178.42
Prof - Child EPSDT	\$527,603	\$527,323	\$5.14	\$5.01	4,681	5,181	\$13.16	\$11.61
Prof - Evaluation & Management	\$11,057,660	\$12,808,263	\$107.63	\$121.79	14,744	15,316	\$87.60	\$95.43
Prof - Maternity	\$3,146	\$0	\$0.03	\$0.00	0	0	\$1,573.14	-
Prof - Other	\$1,937,801	\$1,537,097	\$18.86	\$14.62	7,663	7,675	\$29.54	\$22.85
Prof - Psych	\$124,732	\$126,621	\$1.21	\$1.20	0	0	-	\$126,621.25
Prof - Specialist	\$989,929	\$872,332	\$9.64	\$8.29	909	808	\$127.27	\$123.19
Prof - Vision	\$185,614	\$184,920	\$1.81	\$1.76	126	125	\$172.34	\$168.26
Radiology	\$162,698	\$168,821	\$1.58	\$1.61	1,142	1,218	\$16.64	\$15.81
Transportation/Ambulance	\$429,097	\$489,154	\$4.18	\$4.65	326	374	\$153.69	\$149.31
Total	\$55,538,105	\$59,319,852	\$540.60	\$564.07				

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Exhibit 1a

Age 1-5								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	380,498	385,850						
Service Type								
DME/Supplies	\$737,390	\$693,637	\$1.94	\$1.80	231	186	\$100.52	\$115.80
FQHC / RHC	\$50,738	\$42,379	\$0.13	\$0.11	52	46	\$30.90	\$28.69
Home Health	\$187,860	\$83,574	\$0.49	\$0.22	15	4	\$384.96	\$726.73
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,490,159	\$5,849,452	\$11.80	\$15.16	12	14	\$11,723.65	\$13,144.84
IP - Psych	\$664,751	\$684,562	\$1.75	\$1.77	1	0	\$36,930.58	\$52,658.64
Lab	\$841,150	\$919,682	\$2.21	\$2.38	1,157	1,125	\$22.93	\$25.41
OP - Emergency Room & Related	\$5,302,108	\$4,951,143	\$13.93	\$12.83	854	800	\$195.76	\$192.45
OP - Other	\$8,423,537	\$8,849,782	\$22.14	\$22.94	499	508	\$532.33	\$541.90
Pharmacy	\$6,137,117	\$6,668,322	\$16.13	\$17.28	4,009	4,016	\$48.28	\$51.64
Prof - Anesthesia	\$399,661	\$399,451	\$1.05	\$1.04	81	91	\$155.15	\$135.78
Prof - Child EPSDT	\$463,031	\$404,661	\$1.22	\$1.05	1,164	1,119	\$12.55	\$11.24
Prof - Evaluation & Management	\$9,993,452	\$10,976,934	\$26.26	\$28.45	4,558	4,634	\$69.15	\$73.68
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$3,209,953	\$2,958,030	\$8.44	\$7.67	2,849	3,001	\$35.54	\$30.66
Prof - Psych	\$597,556	\$610,131	\$1.57	\$1.58	103	109	\$183.58	\$174.67
Prof - Specialist	\$1,086,466	\$1,109,094	\$2.86	\$2.87	428	364	\$79.97	\$94.88
Prof - Vision	\$615,431	\$612,657	\$1.62	\$1.59	64	64	\$305.27	\$297.26
Radiology	\$234,160	\$214,333	\$0.62	\$0.56	382	394	\$19.31	\$16.91
Transportation/Ambulance	\$1,425,018	\$1,577,077	\$3.75	\$4.09	215	241	\$209.04	\$203.18
Total	\$44,859,536	\$47,604,900	\$117.90	\$123.38				

Virginia Medicaid
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Appendix I
Exhibit 1a

Age 6-14								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	582,412	612,651						
Service Type								
DME/Supplies	\$785,924	\$958,659	\$1.35	\$1.56	176	173	\$92.17	\$108.48
FQHC / RHC	\$63,661	\$69,468	\$0.11	\$0.11	39	40	\$33.65	\$34.19
Home Health	\$19,144	\$8,080	\$0.03	\$0.01	1	1	\$277.45	\$183.63
IP - Maternity	\$48,038	\$34,888	\$0.08	\$0.06	0	0	\$3,695.26	\$3,171.64
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,331,858	\$4,199,308	\$5.72	\$6.85	7	7	\$10,127.23	\$11,963.84
IP - Psych	\$1,702,225	\$2,169,201	\$2.92	\$3.54	61	73	\$579.38	\$581.71
Lab	\$1,114,150	\$1,201,462	\$1.91	\$1.96	849	827	\$27.05	\$28.44
OP - Emergency Room & Related	\$5,561,524	\$5,430,937	\$9.55	\$8.86	453	443	\$252.93	\$240.03
OP - Other	\$8,272,494	\$9,973,452	\$14.20	\$16.28	355	395	\$480.29	\$493.98
Pharmacy	\$21,561,894	\$23,690,471	\$37.02	\$38.67	5,301	5,465	\$83.80	\$84.90
Prof - Anesthesia	\$287,977	\$286,482	\$0.49	\$0.47	38	40	\$154.49	\$139.41
Prof - Child EPSDT	\$90,557	\$67,296	\$0.16	\$0.11	147	116	\$12.73	\$11.40
Prof - Evaluation & Management	\$10,386,590	\$12,177,455	\$17.83	\$19.88	3,070	3,221	\$69.70	\$74.05
Prof - Maternity	\$23,814	\$14,455	\$0.04	\$0.02	1	0	\$350.20	\$722.77
Prof - Other	\$4,013,826	\$3,703,691	\$6.89	\$6.05	1,975	2,129	\$41.88	\$34.07
Prof - Psych	\$1,665,250	\$1,848,114	\$2.86	\$3.02	592	644	\$57.99	\$56.23
Prof - Specialist	\$1,377,071	\$1,526,538	\$2.36	\$2.49	291	263	\$97.58	\$113.51
Prof - Vision	\$935,890	\$963,290	\$1.61	\$1.57	81	77	\$237.11	\$244.24
Radiology	\$421,528	\$427,042	\$0.72	\$0.70	401	414	\$21.65	\$20.19
Transportation/Ambulance	\$2,130,016	\$2,476,463	\$3.66	\$4.04	254	316	\$172.58	\$153.62
Total	\$63,793,432	\$71,226,751	\$109.53	\$116.26				

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Age 15-20 Female								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	107,652	112,871						
Service Type								
DME/Supplies	\$307,216	\$257,433	\$2.85	\$2.28	209	194	\$163.67	\$141.06
FQHC / RHC	\$50,785	\$56,559	\$0.47	\$0.50	89	88	\$63.96	\$68.31
Home Health	\$18,121	\$15,608	\$0.17	\$0.14	6	4	\$355.32	\$371.62
IP - Maternity	\$2,711,469	\$2,522,000	\$25.19	\$22.34	108	89	\$2,798.21	\$3,023.98
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,197,253	\$1,218,527	\$11.12	\$10.80	15	20	\$8,675.74	\$6,346.49
IP - Psych	\$607,809	\$607,787	\$5.65	\$5.38	162	176	\$418.03	\$367.02
Lab	\$373,594	\$365,476	\$3.47	\$3.24	2,010	1,796	\$20.72	\$21.63
OP - Emergency Room & Related	\$2,798,426	\$2,708,731	\$26.00	\$24.00	963	926	\$323.78	\$310.85
OP - Other	\$2,696,153	\$2,876,797	\$25.05	\$25.49	547	551	\$549.45	\$555.04
Pharmacy	\$4,404,825	\$4,801,227	\$40.92	\$42.54	8,073	8,184	\$60.82	\$62.37
Prof - Anesthesia	\$232,976	\$207,436	\$2.16	\$1.84	166	156	\$156.78	\$141.30
Prof - Child EPSDT	\$71,128	\$70,441	\$0.66	\$0.62	338	309	\$23.43	\$24.22
Prof - Evaluation & Management	\$2,692,015	\$3,094,204	\$25.01	\$27.41	4,263	4,416	\$70.39	\$74.49
Prof - Maternity	\$1,584,165	\$1,361,579	\$14.72	\$12.06	243	219	\$728.02	\$660.32
Prof - Other	\$1,144,197	\$1,173,488	\$10.63	\$10.40	2,116	2,271	\$60.27	\$54.93
Prof - Psych	\$365,603	\$405,897	\$3.40	\$3.60	756	827	\$53.94	\$52.21
Prof - Specialist	\$508,395	\$470,429	\$4.72	\$4.17	647	581	\$87.53	\$86.13
Prof - Vision	\$175,440	\$184,252	\$1.63	\$1.63	92	93	\$212.91	\$210.81
Radiology	\$523,481	\$543,522	\$4.86	\$4.82	1,060	1,046	\$55.07	\$55.24
Transportation/Ambulance	\$487,601	\$551,341	\$4.53	\$4.88	482	532	\$112.77	\$110.27
Total	\$22,950,653	\$23,492,734	\$213.19	\$208.14				

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Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Exhibit 1a

Age 21-44 Female								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	254,217	270,835						
Service Type								
DME/Supplies	\$1,283,823	\$1,609,480	\$5.05	\$5.94	461	478	\$131.51	\$149.04
FQHC / RHC	\$851,634	\$689,478	\$3.35	\$2.55	455	377	\$88.44	\$81.12
Home Health	\$122,934	\$136,639	\$0.48	\$0.50	14	19	\$411.15	\$316.29
IP - Maternity	\$16,881,688	\$17,787,230	\$66.41	\$65.68	261	242	\$3,058.83	\$3,262.51
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$10,220,715	\$13,236,239	\$40.20	\$48.87	61	65	\$7,856.05	\$9,004.24
IP - Psych	\$1,099,422	\$1,132,606	\$4.32	\$4.18	90	87	\$577.43	\$579.04
Lab	\$1,425,181	\$1,530,635	\$5.61	\$5.65	2,908	2,560	\$23.13	\$26.50
OP - Emergency Room & Related	\$13,770,480	\$13,624,692	\$54.17	\$50.31	1,751	1,703	\$371.14	\$354.47
OP - Other	\$11,091,800	\$11,171,113	\$43.63	\$41.25	900	921	\$582.00	\$537.15
Pharmacy	\$19,526,913	\$23,387,607	\$76.81	\$86.35	17,833	17,842	\$51.69	\$58.08
Prof - Anesthesia	\$1,373,090	\$1,354,181	\$5.40	\$5.00	463	487	\$140.10	\$123.14
Prof - Child EPSDT	\$192,727	\$205,023	\$0.76	\$0.76	399	360	\$22.79	\$25.24
Prof - Evaluation & Management	\$9,570,206	\$10,935,136	\$37.65	\$40.38	6,915	7,025	\$65.33	\$68.97
Prof - Maternity	\$9,174,842	\$9,172,379	\$36.09	\$33.87	679	671	\$637.76	\$605.28
Prof - Other	\$4,567,855	\$5,641,160	\$17.97	\$20.83	2,484	2,574	\$86.80	\$97.11
Prof - Psych	\$820,681	\$897,080	\$3.23	\$3.31	690	750	\$56.12	\$53.03
Prof - Specialist	\$3,428,562	\$3,594,369	\$13.49	\$13.27	1,424	1,393	\$113.63	\$114.35
Prof - Vision	\$298,228	\$324,773	\$1.17	\$1.20	83	89	\$168.78	\$162.47
Radiology	\$3,588,850	\$3,955,131	\$14.12	\$14.60	2,736	2,787	\$61.91	\$62.87
Transportation/Ambulance	\$1,406,461	\$1,698,383	\$5.53	\$6.27	1,136	1,440	\$58.44	\$52.27
Total	\$110,696,091	\$122,083,333	\$435.44	\$450.77				

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Age 15-20 Male								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	89,844	94,425						
Service Type								
DME/Supplies	\$207,014	\$216,277	\$2.30	\$2.29	208	187	\$133.21	\$147.33
FQHC / RHC	\$16,635	\$9,602	\$0.19	\$0.10	43	33	\$51.50	\$36.65
Home Health	\$22,446	\$7,308	\$0.25	\$0.08	8	4	\$380.45	\$251.99
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,266,643	\$1,484,119	\$14.10	\$15.72	13	14	\$12,924.93	\$13,870.28
IP - Psych	\$379,809	\$403,088	\$4.23	\$4.27	99	103	\$511.87	\$498.25
Lab	\$158,446	\$161,734	\$1.76	\$1.71	615	572	\$34.42	\$35.93
OP - Emergency Room & Related	\$1,231,902	\$1,151,939	\$13.71	\$12.20	475	455	\$346.43	\$322.04
OP - Other	\$2,012,922	\$1,968,518	\$22.40	\$20.85	409	411	\$657.60	\$609.07
Pharmacy	\$4,631,954	\$4,171,690	\$51.56	\$44.18	4,516	4,812	\$136.99	\$110.18
Prof - Anesthesia	\$52,612	\$55,144	\$0.59	\$0.58	51	53	\$138.82	\$132.56
Prof - Child EPSDT	\$14,845	\$12,341	\$0.17	\$0.13	159	143	\$12.46	\$10.97
Prof - Evaluation & Management	\$1,397,517	\$1,584,341	\$15.55	\$16.78	2,635	2,692	\$70.84	\$74.80
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$804,578	\$432,229	\$8.96	\$4.58	1,572	1,623	\$68.38	\$33.84
Prof - Psych	\$258,828	\$274,257	\$2.88	\$2.90	588	610	\$58.78	\$57.12
Prof - Specialist	\$371,488	\$364,833	\$4.13	\$3.86	364	329	\$136.43	\$140.92
Prof - Vision	\$144,598	\$150,192	\$1.61	\$1.59	71	77	\$272.31	\$248.25
Radiology	\$119,891	\$119,223	\$1.33	\$1.26	650	615	\$24.64	\$24.62
Transportation/Ambulance	\$356,581	\$405,664	\$3.97	\$4.30	276	238	\$172.76	\$216.59
Total	\$13,448,709	\$12,972,499	\$149.69	\$137.38				

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Age 21-44 Male								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	23,480	26,007						
Service Type								
DME/Supplies	\$165,471	\$150,345	\$7.05	\$5.78	583	526	\$145.15	\$132.00
FQHC / RHC	\$110,472	\$23,377	\$4.70	\$0.90	299	177	\$188.84	\$61.04
Home Health	\$13,825	\$20,449	\$0.59	\$0.79	19	32	\$363.80	\$292.13
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,483,438	\$1,435,882	\$63.18	\$55.21	59	49	\$12,899.46	\$13,546.06
IP - Psych	\$69,191	\$189,468	\$2.95	\$7.29	71	171	\$497.77	\$510.70
Lab	\$53,197	\$51,175	\$2.27	\$1.97	822	736	\$33.08	\$32.08
OP - Emergency Room & Related	\$831,340	\$802,627	\$35.41	\$30.86	1,190	1,077	\$356.95	\$343.74
OP - Other	\$989,320	\$961,835	\$42.13	\$36.98	696	642	\$726.37	\$691.47
Pharmacy	\$1,528,679	\$1,821,833	\$65.11	\$70.05	12,893	12,480	\$60.60	\$67.36
Prof - Anesthesia	\$37,777	\$39,030	\$1.61	\$1.50	168	182	\$114.82	\$98.81
Prof - Child EPSDT	\$5,988	\$5,122	\$0.26	\$0.20	221	178	\$13.86	\$13.30
Prof - Evaluation & Management	\$623,566	\$703,661	\$26.56	\$27.06	4,828	4,629	\$66.01	\$70.14
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$213,659	\$198,310	\$9.10	\$7.63	1,571	1,575	\$69.51	\$58.10
Prof - Psych	\$63,068	\$73,705	\$2.69	\$2.83	433	549	\$74.37	\$61.99
Prof - Specialist	\$278,224	\$273,532	\$11.85	\$10.52	965	853	\$147.36	\$148.02
Prof - Vision	\$30,258	\$30,912	\$1.29	\$1.19	93	88	\$167.17	\$162.69
Radiology	\$112,999	\$103,455	\$4.81	\$3.98	1,671	1,418	\$34.57	\$33.65
Transportation/Ambulance	\$111,105	\$144,493	\$4.73	\$5.56	723	991	\$78.52	\$67.27
Total	\$6,721,575	\$7,029,210	\$286.27	\$270.28				

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Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Age 45 and Over								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	26,914	30,324						
Service Type								
DME/Supplies	\$403,038	\$438,973	\$14.98	\$14.48	1,533	1,512	\$117.20	\$114.85
FQHC / RHC	\$95,965	\$101,768	\$3.57	\$3.36	745	628	\$57.43	\$64.13
Home Health	\$44,071	\$44,829	\$1.64	\$1.48	44	52	\$445.16	\$342.21
IP - Maternity	\$29,424	\$2,377	\$1.09	\$0.08	0	0	\$29,424.00	\$2,376.75
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,668,876	\$4,535,281	\$136.32	\$149.56	146	149	\$11,185.60	\$12,061.92
IP - Psych	\$126,521	\$159,136	\$4.70	\$5.25	102	139	\$554.92	\$452.09
Lab	\$133,220	\$140,510	\$4.95	\$4.63	2,342	2,027	\$25.37	\$27.43
OP - Emergency Room & Related	\$1,314,596	\$1,388,165	\$48.84	\$45.78	1,164	1,139	\$503.68	\$482.34
OP - Other	\$2,783,630	\$2,777,100	\$103.43	\$91.58	2,071	2,032	\$599.40	\$540.82
Pharmacy	\$4,610,885	\$6,116,960	\$171.32	\$201.72	36,290	36,392	\$56.65	\$66.52
Prof - Anesthesia	\$109,415	\$105,211	\$4.07	\$3.47	417	432	\$116.90	\$96.35
Prof - Child EPSDT	\$13,881	\$15,335	\$0.52	\$0.51	725	608	\$8.54	\$9.98
Prof - Evaluation & Management	\$1,494,627	\$1,725,780	\$55.53	\$56.91	9,826	9,660	\$67.82	\$70.70
Prof - Maternity	\$539	\$2,453	\$0.02	\$0.08	1	2	\$179.66	\$613.35
Prof - Other	\$965,501	\$974,013	\$35.87	\$32.12	4,105	4,105	\$104.88	\$93.89
Prof - Psych	\$104,502	\$132,634	\$3.88	\$4.37	980	1,218	\$47.54	\$43.09
Prof - Specialist	\$774,138	\$807,787	\$28.76	\$26.64	2,296	2,232	\$150.35	\$143.22
Prof - Vision	\$72,500	\$71,376	\$2.69	\$2.35	367	323	\$87.99	\$87.47
Radiology	\$350,687	\$389,433	\$13.03	\$12.84	3,831	3,657	\$40.81	\$42.14
Transportation/Ambulance	\$151,904	\$178,498	\$5.64	\$5.89	2,611	3,488	\$25.94	\$20.25
Total	\$17,247,920	\$20,107,617	\$640.85	\$663.09				

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All Age Categories								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,567,751	1,638,127						
Service Type								
DME/Supplies	\$4,116,973	\$4,547,295	\$2.63	\$2.78	282	270	\$111.57	\$123.40
FQHC / RHC	\$1,262,461	\$1,026,812	\$0.81	\$0.63	131	116	\$73.53	\$65.10
Home Health	\$506,049	\$388,443	\$0.32	\$0.24	11	7	\$359.67	\$392.76
IP - Maternity	\$19,673,402	\$20,346,496	\$12.55	\$12.42	50	46	\$3,024.82	\$3,230.63
IP - Newborn	\$26,940,291	\$16,889,936	\$17.18	\$10.31	44	13	\$4,707.01	\$9,331.46
IP - Other	\$31,737,440	\$50,666,938	\$20.24	\$30.93	23	59	\$10,358.17	\$6,309.70
IP - Psych	\$4,818,932	\$5,517,515	\$3.07	\$3.37	57	65	\$649.19	\$620.92
Lab	\$4,305,731	\$4,579,668	\$2.75	\$2.80	1,354	1,261	\$24.33	\$26.60
OP - Emergency Room & Related	\$32,853,493	\$32,072,851	\$20.96	\$19.58	870	838	\$289.06	\$280.25
OP - Other	\$39,070,454	\$41,363,220	\$24.92	\$25.25	548	570	\$545.32	\$531.41
Pharmacy	\$63,759,080	\$72,004,108	\$40.67	\$43.96	7,709	7,889	\$63.30	\$66.86
Prof - Anesthesia	\$2,687,921	\$2,599,661	\$1.71	\$1.59	139	148	\$147.62	\$128.56
Prof - Child EPSDT	\$1,379,760	\$1,307,542	\$0.88	\$0.80	756	743	\$13.96	\$12.90
Prof - Evaluation & Management	\$47,215,633	\$54,005,774	\$30.12	\$32.97	5,019	5,152	\$72.01	\$76.78
Prof - Maternity	\$10,786,505	\$10,550,867	\$6.88	\$6.44	127	126	\$648.42	\$612.00
Prof - Other	\$16,857,369	\$16,618,019	\$10.75	\$10.14	2,659	2,773	\$48.52	\$43.91
Prof - Psych	\$4,000,220	\$4,368,438	\$2.55	\$2.67	466	514	\$65.77	\$62.30
Prof - Specialist	\$8,814,273	\$9,018,913	\$5.62	\$5.51	622	580	\$108.53	\$113.89
Prof - Vision	\$2,457,958	\$2,522,371	\$1.57	\$1.54	85	85	\$220.11	\$217.67
Radiology	\$5,514,293	\$5,920,958	\$3.52	\$3.61	961	985	\$43.91	\$44.06
Transportation/Ambulance	\$6,497,783	\$7,521,073	\$4.14	\$4.59	457	568	\$108.88	\$97.06
Total	\$335,256,020	\$363,836,899	\$213.85	\$222.11				

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Age Under 1								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	46,070	46,797						
Service Type								
DME/Supplies	\$172,285	\$159,784	\$3.74	\$3.41	685	515	\$65.53	\$79.57
FQHC / RHC	\$128,964	\$94,974	\$2.80	\$2.03	636	591	\$52.85	\$41.24
Home Health	\$26,560	\$48,921	\$0.58	\$1.05	26	43	\$268.28	\$289.48
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$12,363,101	\$3,036,467	\$268.35	\$64.89	722	198	\$4,460.60	\$3,923.08
IP - Other	\$971,618	\$8,615,722	\$21.09	\$184.11	64	541	\$3,949.67	\$4,081.96
IP - Psych	\$44,089	\$35,377	\$0.96	\$0.76	1	0	\$8,817.72	-
Lab	\$97,704	\$97,689	\$2.12	\$2.09	2,014	1,978	\$12.63	\$12.66
OP - Emergency Room & Related	\$552,937	\$561,204	\$12.00	\$11.99	983	970	\$146.51	\$148.32
OP - Other	\$482,314	\$467,278	\$10.47	\$9.99	344	395	\$365.17	\$303.17
Pharmacy	\$913,692	\$779,672	\$19.83	\$16.66	4,597	4,658	\$51.77	\$42.92
Prof - Anesthesia	\$55,971	\$49,027	\$1.21	\$1.05	71	65	\$205.02	\$192.84
Prof - Child EPSDT	\$211,809	\$195,310	\$4.60	\$4.17	4,407	4,441	\$12.52	\$11.28
Prof - Evaluation & Management	\$4,657,993	\$5,010,496	\$101.11	\$107.07	14,561	14,926	\$83.32	\$86.08
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,089,808	\$1,061,997	\$23.66	\$22.69	8,329	8,629	\$34.08	\$31.56
Prof - Psych	\$25,773	\$20,365	\$0.56	\$0.44	2	0	\$3,681.88	-
Prof - Specialist	\$329,349	\$354,059	\$7.15	\$7.57	604	630	\$141.96	\$144.13
Prof - Vision	\$92,585	\$94,281	\$2.01	\$2.01	99	145	\$244.29	\$166.47
Radiology	\$73,365	\$76,428	\$1.59	\$1.63	1,129	1,268	\$16.92	\$15.45
Transportation/Ambulance	\$272,163	\$246,364	\$5.91	\$5.26	365	428	\$194.26	\$147.70
Total	\$22,562,080	\$21,005,418	\$489.73	\$448.86				

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Age 1-5								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	166,239	167,183						
Service Type								
DME/Supplies	\$267,948	\$275,784	\$1.61	\$1.65	301	222	\$64.24	\$89.34
FQHC / RHC	\$138,436	\$156,864	\$0.83	\$0.94	248	250	\$40.34	\$45.09
Home Health	\$19,949	\$13,086	\$0.12	\$0.08	3	3	\$474.97	\$373.88
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,806,931	\$2,757,782	\$22.90	\$16.50	24	21	\$11,677.70	\$9,444.46
IP - Psych	\$134,591	\$136,422	\$0.81	\$0.82	1	1	\$13,459.06	\$8,024.84
Lab	\$374,025	\$369,508	\$2.25	\$2.21	1,981	1,898	\$13.63	\$13.98
OP - Emergency Room & Related	\$1,552,204	\$1,500,880	\$9.34	\$8.98	733	706	\$152.87	\$152.59
OP - Other	\$1,600,627	\$1,951,603	\$9.63	\$11.67	258	291	\$447.98	\$481.88
Pharmacy	\$2,956,996	\$2,807,687	\$17.79	\$16.79	5,070	5,197	\$42.10	\$38.78
Prof - Anesthesia	\$116,362	\$137,220	\$0.70	\$0.82	83	86	\$101.72	\$114.64
Prof - Child EPSDT	\$174,039	\$155,894	\$1.05	\$0.93	1,087	1,062	\$11.56	\$10.54
Prof - Evaluation & Management	\$5,433,811	\$5,814,773	\$32.69	\$34.78	5,261	5,261	\$74.55	\$79.34
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,500,854	\$1,369,660	\$9.03	\$8.19	2,533	2,516	\$42.78	\$39.07
Prof - Psych	\$227,777	\$199,684	\$1.37	\$1.19	162	148	\$101.78	\$96.84
Prof - Specialist	\$506,367	\$513,643	\$3.05	\$3.07	287	281	\$127.16	\$131.20
Prof - Vision	\$333,541	\$321,958	\$2.01	\$1.93	85	86	\$283.38	\$270.10
Radiology	\$116,749	\$155,395	\$0.70	\$0.93	411	409	\$20.51	\$27.26
Transportation/Ambulance	\$554,009	\$550,672	\$3.33	\$3.29	231	224	\$172.91	\$176.55
Total	\$19,815,215	\$19,188,514	\$119.20	\$114.78				

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Age 6-14								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	260,615	268,655						
Service Type								
DME/Supplies	\$311,594	\$341,535	\$1.20	\$1.27	134	151	\$106.82	\$100.87
FQHC / RHC	\$165,042	\$171,431	\$0.63	\$0.64	181	172	\$42.05	\$44.53
Home Health	\$14,142	\$19,763	\$0.05	\$0.07	3	5	\$231.84	\$195.67
IP - Maternity	\$7,057	\$12,225	\$0.03	\$0.05	0	0	\$2,352.26	\$2,444.95
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,442,879	\$1,713,094	\$5.54	\$6.38	10	13	\$6,528.86	\$6,032.02
IP - Psych	\$1,311,490	\$1,189,111	\$5.03	\$4.43	87	80	\$697.60	\$663.20
Lab	\$553,647	\$585,928	\$2.12	\$2.18	1,754	1,701	\$14.54	\$15.39
OP - Emergency Room & Related	\$1,639,432	\$1,743,079	\$6.29	\$6.49	443	438	\$170.56	\$177.87
OP - Other	\$1,858,932	\$2,156,460	\$7.13	\$8.03	238	255	\$360.12	\$377.66
Pharmacy	\$11,922,725	\$12,996,943	\$45.75	\$48.38	7,136	7,503	\$76.94	\$77.37
Prof - Anesthesia	\$83,854	\$95,957	\$0.32	\$0.36	34	40	\$112.86	\$107.21
Prof - Child EPSDT	\$38,878	\$25,428	\$0.15	\$0.09	152	124	\$11.75	\$9.13
Prof - Evaluation & Management	\$6,738,121	\$7,615,942	\$25.85	\$28.35	3,873	3,955	\$80.11	\$86.01
Prof - Maternity	\$6,568	\$6,218	\$0.03	\$0.02	1	0	\$505.21	\$690.89
Prof - Other	\$1,318,482	\$1,356,497	\$5.06	\$5.05	1,720	1,730	\$35.31	\$35.02
Prof - Psych	\$1,015,368	\$1,076,148	\$3.90	\$4.01	619	635	\$75.47	\$75.75
Prof - Specialist	\$614,291	\$667,859	\$2.36	\$2.49	282	290	\$100.16	\$102.99
Prof - Vision	\$550,471	\$573,337	\$2.11	\$2.13	102	118	\$248.74	\$217.83
Radiology	\$274,666	\$269,756	\$1.05	\$1.00	539	524	\$23.45	\$23.01
Transportation/Ambulance	\$847,437	\$830,241	\$3.25	\$3.09	391	435	\$99.75	\$85.20
Total	\$30,715,076	\$33,446,952	\$117.86	\$124.50				

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Age 15-20 Female								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	49,764	51,794						
Service Type								
DME/Supplies	\$85,296	\$85,704	\$1.71	\$1.65	154	173	\$133.69	\$114.88
FQHC / RHC	\$54,534	\$60,317	\$1.10	\$1.16	320	349	\$41.13	\$40.08
Home Health	\$15,863	\$17,803	\$0.32	\$0.34	23	18	\$166.98	\$228.24
IP - Maternity	\$1,674,022	\$1,267,799	\$33.64	\$24.48	139	103	\$2,901.25	\$2,848.99
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$636,592	\$800,957	\$12.79	\$15.46	20	25	\$7,763.32	\$7,348.23
IP - Psych	\$514,516	\$657,680	\$10.34	\$12.70	199	239	\$622.15	\$637.29
Lab	\$415,649	\$431,124	\$8.35	\$8.32	5,617	5,468	\$17.84	\$18.27
OP - Emergency Room & Related	\$820,140	\$851,871	\$16.48	\$16.45	916	905	\$215.83	\$217.98
OP - Other	\$1,040,450	\$1,145,822	\$20.91	\$22.12	822	746	\$305.30	\$355.73
Pharmacy	\$2,792,665	\$2,493,564	\$56.12	\$48.14	11,424	11,804	\$58.95	\$48.94
Prof - Anesthesia	\$111,278	\$101,281	\$2.24	\$1.96	170	145	\$157.62	\$161.53
Prof - Child EPSDT	\$34,894	\$34,409	\$0.70	\$0.66	361	326	\$23.28	\$24.46
Prof - Evaluation & Management	\$1,835,897	\$2,055,674	\$36.89	\$39.69	5,785	5,817	\$76.53	\$81.87
Prof - Maternity	\$985,410	\$818,281	\$19.80	\$15.80	490	410	\$485.18	\$462.83
Prof - Other	\$573,099	\$582,848	\$11.52	\$11.25	2,283	2,296	\$60.52	\$58.82
Prof - Psych	\$216,955	\$281,949	\$4.36	\$5.44	753	902	\$69.51	\$72.41
Prof - Specialist	\$223,626	\$213,277	\$4.49	\$4.12	785	784	\$68.68	\$63.01
Prof - Vision	\$101,966	\$108,793	\$2.05	\$2.10	111	118	\$221.66	\$212.90
Radiology	\$325,626	\$304,498	\$6.54	\$5.88	1,510	1,415	\$52.02	\$49.85
Transportation/Ambulance	\$222,136	\$239,523	\$4.46	\$4.62	449	540	\$119.36	\$102.76
Total	\$12,680,616	\$12,553,172	\$254.82	\$242.37				

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Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	96,276	99,390						
Service Type								
DME/Supplies	\$422,903	\$314,416	\$4.39	\$3.16	384	355	\$137.22	\$106.87
FQHC / RHC	\$134,358	\$130,165	\$1.40	\$1.31	376	337	\$44.56	\$46.67
Home Health	\$81,777	\$101,447	\$0.85	\$1.02	45	52	\$224.05	\$234.29
IP - Maternity	\$6,885,444	\$6,411,895	\$71.52	\$64.51	273	238	\$3,141.17	\$3,249.82
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,602,741	\$5,841,172	\$47.81	\$58.77	61	83	\$9,451.21	\$8,527.26
IP - Psych	\$651,291	\$574,051	\$6.76	\$5.78	129	112	\$631.71	\$617.92
Lab	\$1,513,241	\$1,777,482	\$15.72	\$17.88	8,754	11,265	\$21.55	\$19.05
OP - Emergency Room & Related	\$2,959,865	\$3,367,734	\$30.74	\$33.88	1,487	1,531	\$248.06	\$265.53
OP - Other	\$5,661,701	\$5,758,845	\$58.81	\$57.94	1,661	1,619	\$424.93	\$429.44
Pharmacy	\$10,066,258	\$11,267,012	\$104.56	\$113.36	25,806	25,721	\$48.62	\$52.89
Prof - Anesthesia	\$469,286	\$471,554	\$4.87	\$4.74	394	392	\$148.27	\$145.23
Prof - Child EPSDT	\$84,687	\$85,445	\$0.88	\$0.86	470	434	\$22.48	\$23.76
Prof - Evaluation & Management	\$4,760,964	\$5,153,813	\$49.45	\$51.85	8,306	8,382	\$71.44	\$74.24
Prof - Maternity	\$3,736,013	\$3,668,976	\$38.81	\$36.91	956	854	\$487.09	\$518.66
Prof - Other	\$1,525,985	\$1,704,836	\$15.85	\$17.15	2,798	2,764	\$67.98	\$74.48
Prof - Psych	\$405,951	\$447,606	\$4.22	\$4.50	816	901	\$62.00	\$59.97
Prof - Specialist	\$1,357,315	\$1,390,494	\$14.10	\$13.99	1,697	1,775	\$99.68	\$94.57
Prof - Vision	\$189,850	\$184,979	\$1.97	\$1.86	112	100	\$210.94	\$222.60
Radiology	\$1,389,023	\$1,415,151	\$14.43	\$14.24	3,296	3,415	\$52.53	\$50.03
Transportation/Ambulance	\$719,407	\$766,814	\$7.47	\$7.72	1,153	1,312	\$77.79	\$70.59
Total	\$47,618,062	\$50,833,888	\$494.60	\$511.46				

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Age 15-20 Male								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	41,821	43,785						
Service Type								
DME/Supplies	\$94,754	\$115,206	\$2.27	\$2.63	164	216	\$165.65	\$146.20
FQHC / RHC	\$25,474	\$28,901	\$0.61	\$0.66	178	152	\$41.02	\$52.17
Home Health	\$6,425	\$1,589	\$0.15	\$0.04	7	2	\$279.34	\$198.65
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$895,572	\$514,078	\$21.41	\$11.74	20	16	\$13,170.18	\$8,713.18
IP - Psych	\$341,313	\$409,943	\$8.16	\$9.36	153	181	\$639.16	\$622.07
Lab	\$90,041	\$92,273	\$2.15	\$2.11	1,534	1,560	\$16.84	\$16.21
OP - Emergency Room & Related	\$400,542	\$442,406	\$9.58	\$10.10	531	548	\$216.28	\$221.31
OP - Other	\$638,325	\$602,550	\$15.26	\$13.76	348	335	\$526.24	\$493.49
Pharmacy	\$1,930,335	\$2,165,454	\$46.16	\$49.46	6,893	7,085	\$80.36	\$83.76
Prof - Anesthesia	\$21,311	\$17,011	\$0.51	\$0.39	48	43	\$126.85	\$109.04
Prof - Child EPSDT	\$7,598	\$4,967	\$0.18	\$0.11	169	133	\$12.92	\$10.24
Prof - Evaluation & Management	\$1,010,234	\$1,167,860	\$24.16	\$26.67	3,487	3,637	\$83.13	\$88.01
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$347,861	\$257,371	\$8.32	\$5.88	1,437	1,336	\$69.46	\$52.80
Prof - Psych	\$143,344	\$172,362	\$3.43	\$3.94	561	639	\$73.36	\$73.91
Prof - Specialist	\$194,150	\$174,560	\$4.64	\$3.99	407	411	\$136.92	\$116.45
Prof - Vision	\$82,880	\$85,434	\$1.98	\$1.95	90	90	\$263.95	\$261.27
Radiology	\$82,562	\$77,283	\$1.97	\$1.77	889	859	\$26.65	\$24.67
Transportation/Ambulance	\$159,623	\$166,209	\$3.82	\$3.80	353	326	\$129.67	\$139.91
Total	\$6,472,346	\$6,495,457	\$154.76	\$148.35				

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Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	16,369	16,990						
Service Type								
DME/Supplies	\$70,111	\$52,984	\$4.28	\$3.12	502	438	\$102.35	\$85.46
FQHC / RHC	\$16,434	\$12,773	\$1.00	\$0.75	269	212	\$44.78	\$42.58
Home Health	\$9,818	\$14,712	\$0.60	\$0.87	22	26	\$327.28	\$397.61
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$947,529	\$1,325,675	\$57.89	\$78.03	74	99	\$9,381.47	\$9,469.11
IP - Psych	\$159,402	\$157,029	\$9.74	\$9.24	199	176	\$586.04	\$630.64
Lab	\$100,250	\$112,656	\$6.12	\$6.63	3,370	5,268	\$21.81	\$15.10
OP - Emergency Room & Related	\$430,632	\$474,900	\$26.31	\$27.95	1,296	1,319	\$243.57	\$254.37
OP - Other	\$642,728	\$742,456	\$39.26	\$43.70	889	908	\$529.87	\$577.34
Pharmacy	\$1,589,546	\$1,551,603	\$97.11	\$91.32	21,150	19,840	\$55.10	\$55.24
Prof - Anesthesia	\$18,323	\$24,763	\$1.12	\$1.46	123	150	\$109.07	\$116.26
Prof - Child EPSDT	\$4,466	\$2,682	\$0.27	\$0.16	274	261	\$11.94	\$7.27
Prof - Evaluation & Management	\$616,649	\$689,395	\$37.67	\$40.58	6,250	6,228	\$72.33	\$78.18
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$164,537	\$122,175	\$10.05	\$7.19	1,875	1,713	\$64.35	\$50.36
Prof - Psych	\$51,110	\$50,814	\$3.12	\$2.99	673	684	\$55.68	\$52.44
Prof - Specialist	\$186,593	\$216,507	\$11.40	\$12.74	1,132	1,128	\$120.85	\$135.57
Prof - Vision	\$29,513	\$29,245	\$1.80	\$1.72	89	77	\$243.91	\$268.31
Radiology	\$95,429	\$97,224	\$5.83	\$5.72	2,357	2,264	\$29.68	\$30.33
Transportation/Ambulance	\$99,226	\$108,155	\$6.06	\$6.37	696	932	\$104.45	\$82.00
Total	\$5,232,297	\$5,785,748	\$319.65	\$340.54				

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Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Exhibit 1a

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	11,478	13,243						
Service Type								
DME/Supplies	\$104,734	\$121,824	\$9.12	\$9.20	1,226	1,330	\$89.29	\$82.99
FQHC / RHC	\$32,865	\$37,771	\$2.86	\$2.85	893	818	\$38.48	\$41.83
Home Health	\$22,526	\$36,344	\$1.96	\$2.74	64	84	\$369.28	\$390.79
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,608,442	\$2,048,143	\$140.13	\$154.66	145	162	\$11,571.53	\$11,442.14
IP - Psych	\$158,931	\$179,760	\$13.85	\$13.57	229	164	\$725.71	\$993.15
Lab	\$143,085	\$165,995	\$12.47	\$12.53	7,775	9,456	\$19.24	\$15.91
OP - Emergency Room & Related	\$289,593	\$328,275	\$25.23	\$24.79	992	945	\$305.16	\$314.74
OP - Other	\$886,410	\$1,258,040	\$77.23	\$95.00	2,006	2,117	\$461.91	\$538.54
Pharmacy	\$2,431,039	\$3,275,405	\$211.80	\$247.33	47,170	49,201	\$53.88	\$60.32
Prof - Anesthesia	\$27,759	\$38,754	\$2.42	\$2.93	252	326	\$115.18	\$107.65
Prof - Child EPSDT	\$5,439	\$6,526	\$0.47	\$0.49	544	571	\$10.46	\$10.36
Prof - Evaluation & Management	\$655,458	\$789,605	\$57.11	\$59.62	9,425	9,539	\$72.71	\$75.01
Prof - Maternity	\$0	\$106	\$0.00	\$0.01	0	1	-	\$105.84
Prof - Other	\$286,652	\$300,248	\$24.97	\$22.67	4,131	4,053	\$72.55	\$67.12
Prof - Psych	\$48,338	\$61,999	\$4.21	\$4.68	822	818	\$61.50	\$68.66
Prof - Specialist	\$268,142	\$389,303	\$23.36	\$29.40	2,387	2,744	\$117.45	\$128.57
Prof - Vision	\$33,588	\$35,489	\$2.93	\$2.68	280	245	\$125.33	\$131.44
Radiology	\$110,289	\$140,395	\$9.61	\$10.60	3,610	3,856	\$31.94	\$33.00
Transportation/Ambulance	\$119,027	\$142,613	\$10.37	\$10.77	2,784	3,144	\$44.70	\$41.10
Total	\$7,232,317	\$9,356,595	\$630.10	\$706.53				

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Exhibit 1a

All Age Categories								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	688,632	707,837						
Service Type								
DME/Supplies	\$1,529,625	\$1,467,237	\$2.22	\$2.07	276	255	\$96.40	\$97.52
FQHC / RHC	\$696,106	\$693,196	\$1.01	\$0.98	278	266	\$43.56	\$44.20
Home Health	\$197,060	\$253,665	\$0.29	\$0.36	14	16	\$253.94	\$265.90
IP - Maternity	\$8,566,523	\$7,691,918	\$12.44	\$10.87	48	41	\$3,090.38	\$3,174.54
IP - Newborn	\$12,363,101	\$3,036,467	\$17.95	\$4.29	48	13	\$4,460.60	\$3,923.08
IP - Other	\$14,912,304	\$23,616,623	\$21.65	\$33.36	29	65	\$8,929.52	\$6,120.39
IP - Psych	\$3,315,623	\$3,339,374	\$4.81	\$4.72	83	82	\$693.94	\$687.11
Lab	\$3,287,643	\$3,632,654	\$4.77	\$5.13	3,209	3,606	\$17.85	\$17.08
OP - Emergency Room & Related	\$8,645,346	\$9,270,350	\$12.55	\$13.10	764	762	\$197.20	\$206.38
OP - Other	\$12,811,487	\$14,083,054	\$18.60	\$19.90	543	556	\$411.51	\$429.68
Pharmacy	\$34,603,256	\$37,337,340	\$50.25	\$52.75	10,373	10,693	\$58.13	\$59.19
Prof - Anesthesia	\$904,144	\$935,568	\$1.31	\$1.32	115	118	\$136.83	\$134.63
Prof - Child EPSDT	\$561,810	\$510,661	\$0.82	\$0.72	733	702	\$13.36	\$12.34
Prof - Evaluation & Management	\$25,709,127	\$28,297,558	\$37.33	\$39.98	5,807	5,886	\$77.15	\$81.51
Prof - Maternity	\$4,727,992	\$4,493,581	\$6.87	\$6.35	169	150	\$486.72	\$507.63
Prof - Other	\$6,807,277	\$6,755,632	\$9.89	\$9.54	2,576	2,577	\$46.05	\$44.44
Prof - Psych	\$2,134,617	\$2,310,927	\$3.10	\$3.26	506	540	\$73.54	\$72.60
Prof - Specialist	\$3,679,834	\$3,919,701	\$5.34	\$5.54	602	628	\$106.50	\$105.74
Prof - Vision	\$1,414,394	\$1,433,517	\$2.05	\$2.03	102	109	\$242.52	\$222.65
Radiology	\$2,467,710	\$2,536,129	\$3.58	\$3.58	1,119	1,142	\$38.43	\$37.65
Transportation/Ambulance	\$2,993,030	\$3,050,591	\$4.35	\$4.31	506	571	\$103.02	\$90.51
Total	\$152,328,009	\$158,665,744	\$221.20	\$224.16				

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Age Under 1								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	27,122	26,627						
Service Type								
DME/Supplies	\$107,589	\$116,356	\$3.97	\$4.37	800	652	\$59.53	\$80.41
FQHC / RHC	\$18,608	\$14,318	\$0.69	\$0.54	176	150	\$46.75	\$43.00
Home Health	\$15,332	\$14,813	\$0.57	\$0.56	24	23	\$278.76	\$284.86
IP - Maternity	\$3,971	\$0	\$0.15	\$0.00	0	0	\$3,971.43	-
IP - Newborn	\$6,003,215	\$2,382,814	\$221.34	\$89.49	778	245	\$3,414.44	\$4,388.24
IP - Other	\$1,521,594	\$6,458,948	\$56.10	\$242.57	94	628	\$7,143.63	\$4,632.28
IP - Psych	\$27,971	\$22,245	\$1.03	\$0.84	0	0	-	-
Lab	\$68,396	\$66,591	\$2.52	\$2.50	2,268	1,990	\$13.34	\$15.08
OP - Emergency Room & Related	\$463,942	\$442,499	\$17.11	\$16.62	1,308	1,272	\$156.96	\$156.74
OP - Other	\$319,258	\$316,763	\$11.77	\$11.90	802	799	\$176.07	\$178.68
Pharmacy	\$426,718	\$436,449	\$15.73	\$16.39	5,652	5,654	\$33.40	\$34.79
Prof - Anesthesia	\$27,253	\$33,362	\$1.00	\$1.25	85	88	\$141.94	\$171.68
Prof - Child EPSDT	\$111,568	\$90,070	\$4.11	\$3.38	3,723	3,534	\$13.26	\$11.49
Prof - Evaluation & Management	\$2,943,367	\$3,091,861	\$108.52	\$116.12	16,106	16,396	\$80.86	\$84.98
Prof - Maternity	\$2,342	\$414	\$0.09	\$0.02	1	2	\$780.53	\$103.52
Prof - Other	\$741,483	\$907,013	\$27.34	\$34.06	9,880	10,792	\$33.20	\$37.88
Prof - Psych	\$17,286	\$12,805	\$0.64	\$0.48	0	0	-	-
Prof - Specialist	\$206,918	\$243,097	\$7.63	\$9.13	775	831	\$118.17	\$131.84
Prof - Vision	\$43,251	\$47,512	\$1.59	\$1.78	60	117	\$320.38	\$183.09
Radiology	\$50,764	\$53,644	\$1.87	\$2.01	1,386	1,538	\$16.21	\$15.72
Transportation/Ambulance	\$196,559	\$190,754	\$7.25	\$7.16	459	455	\$189.36	\$189.05
Total	\$13,317,385	\$14,942,330	\$491.02	\$561.17				

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Age 1-5								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	99,317	100,413						
Service Type								
DME/Supplies	\$154,924	\$131,981	\$1.56	\$1.31	289	190	\$64.74	\$82.85
FQHC / RHC	\$42,086	\$39,006	\$0.42	\$0.39	113	106	\$45.06	\$44.17
Home Health	\$6,577	\$2,256	\$0.07	\$0.02	2	2	\$469.81	\$150.38
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$976,121	\$902,646	\$9.83	\$8.99	27	23	\$4,300.09	\$4,605.33
IP - Psych	\$95,743	\$74,277	\$0.96	\$0.74	0	1	-	\$14,855.41
Lab	\$272,428	\$277,937	\$2.74	\$2.77	2,624	2,527	\$12.55	\$13.14
OP - Emergency Room & Related	\$1,332,280	\$1,269,577	\$13.41	\$12.64	1,006	950	\$159.98	\$159.66
OP - Other	\$1,258,308	\$1,408,272	\$12.67	\$14.02	598	652	\$254.20	\$258.30
Pharmacy	\$1,906,976	\$2,055,113	\$19.20	\$20.47	6,457	6,606	\$35.69	\$37.18
Prof - Anesthesia	\$98,959	\$92,883	\$1.00	\$0.93	133	135	\$90.21	\$82.05
Prof - Child EPSDT	\$107,494	\$91,701	\$1.08	\$0.91	1,041	1,008	\$12.47	\$10.87
Prof - Evaluation & Management	\$3,439,908	\$3,609,320	\$34.64	\$35.94	6,311	6,350	\$65.86	\$67.92
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$899,523	\$905,571	\$9.06	\$9.02	2,534	2,865	\$42.89	\$37.78
Prof - Psych	\$133,915	\$118,188	\$1.35	\$1.18	140	136	\$115.94	\$103.67
Prof - Specialist	\$370,496	\$399,872	\$3.73	\$3.98	419	444	\$106.83	\$107.61
Prof - Vision	\$191,418	\$186,066	\$1.93	\$1.85	120	123	\$192.57	\$180.47
Radiology	\$88,046	\$89,791	\$0.89	\$0.89	570	558	\$18.67	\$19.24
Transportation/Ambulance	\$411,881	\$425,447	\$4.15	\$4.24	310	353	\$160.64	\$144.12
Total	\$11,787,083	\$12,079,903	\$118.68	\$120.30				

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Age 6-14								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	164,555	170,181						
Service Type								
DME/Supplies	\$256,397	\$199,032	\$1.56	\$1.17	159	141	\$117.29	\$99.77
FQHC / RHC	\$93,085	\$93,710	\$0.57	\$0.55	149	147	\$45.43	\$45.01
Home Health	\$13,298	\$9,573	\$0.08	\$0.06	3	2	\$340.98	\$319.09
IP - Maternity	\$7,609	\$4,413	\$0.05	\$0.03	0	0	\$2,536.45	\$2,206.41
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,524,646	\$1,256,973	\$9.27	\$7.39	15	14	\$7,547.75	\$6,546.74
IP - Psych	\$402,946	\$376,249	\$2.45	\$2.21	29	32	\$997.39	\$839.84
Lab	\$396,511	\$399,471	\$2.41	\$2.35	2,056	1,955	\$14.06	\$14.41
OP - Emergency Room & Related	\$1,737,683	\$1,854,465	\$10.56	\$10.90	653	660	\$194.13	\$198.25
OP - Other	\$1,814,805	\$1,507,897	\$11.03	\$8.86	459	472	\$288.16	\$225.33
Pharmacy	\$7,284,442	\$7,897,267	\$44.27	\$46.41	8,491	8,753	\$62.56	\$63.62
Prof - Anesthesia	\$80,205	\$72,550	\$0.49	\$0.43	61	54	\$96.40	\$93.98
Prof - Child EPSDT	\$21,875	\$15,690	\$0.13	\$0.09	138	117	\$11.56	\$9.42
Prof - Evaluation & Management	\$4,425,411	\$4,769,835	\$26.89	\$28.03	5,048	5,065	\$63.93	\$66.40
Prof - Maternity	\$6,252	\$4,724	\$0.04	\$0.03	1	1	\$625.18	\$295.24
Prof - Other	\$1,703,342	\$2,286,161	\$10.35	\$13.43	1,993	2,112	\$62.33	\$76.31
Prof - Psych	\$659,890	\$735,570	\$4.01	\$4.32	619	683	\$77.79	\$75.97
Prof - Specialist	\$508,788	\$508,144	\$3.09	\$2.99	368	378	\$100.89	\$94.84
Prof - Vision	\$381,444	\$387,698	\$2.32	\$2.28	238	235	\$117.01	\$116.46
Radiology	\$239,144	\$245,069	\$1.45	\$1.44	752	751	\$23.20	\$23.00
Transportation/Ambulance	\$680,156	\$669,419	\$4.13	\$3.93	565	614	\$87.86	\$76.84
Total	\$22,237,929	\$23,293,910	\$135.14	\$136.88				

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Age 15-20 Female								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	34,711	36,176						
Service Type								
DME/Supplies	\$50,249	\$77,119	\$1.45	\$2.13	187	198	\$92.88	\$129.18
FQHC / RHC	\$31,569	\$38,698	\$0.91	\$1.07	249	276	\$43.78	\$46.57
Home Health	\$23,246	\$27,547	\$0.67	\$0.76	7	9	\$1,223.47	\$1,059.48
IP - Maternity	\$1,130,059	\$893,735	\$32.56	\$24.71	146	107	\$2,684.23	\$2,758.44
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$655,232	\$548,844	\$18.88	\$15.17	29	40	\$7,800.38	\$4,573.70
IP - Psych	\$185,287	\$234,729	\$5.34	\$6.49	85	117	\$750.15	\$664.95
Lab	\$237,934	\$247,998	\$6.85	\$6.86	4,789	4,633	\$17.17	\$17.76
OP - Emergency Room & Related	\$1,004,969	\$986,553	\$28.95	\$27.27	1,307	1,303	\$265.86	\$251.16
OP - Other	\$975,437	\$926,243	\$28.10	\$25.60	1,344	1,335	\$250.95	\$230.18
Pharmacy	\$1,368,858	\$1,514,316	\$39.44	\$41.86	12,700	13,330	\$37.26	\$37.68
Prof - Anesthesia	\$96,948	\$83,538	\$2.79	\$2.31	233	215	\$143.84	\$129.12
Prof - Child EPSDT	\$15,198	\$15,765	\$0.44	\$0.44	287	299	\$18.31	\$17.50
Prof - Evaluation & Management	\$1,253,422	\$1,386,991	\$36.11	\$38.34	6,449	6,465	\$67.19	\$71.16
Prof - Maternity	\$696,425	\$611,285	\$20.06	\$16.90	450	403	\$534.48	\$503.53
Prof - Other	\$362,372	\$417,295	\$10.44	\$11.54	2,286	2,294	\$54.81	\$60.35
Prof - Psych	\$141,542	\$169,723	\$4.08	\$4.69	661	766	\$73.99	\$73.47
Prof - Specialist	\$183,032	\$165,254	\$5.27	\$4.57	798	821	\$79.30	\$66.77
Prof - Vision	\$82,513	\$93,615	\$2.38	\$2.59	258	301	\$110.61	\$103.33
Radiology	\$287,040	\$296,585	\$8.27	\$8.20	1,990	1,935	\$49.86	\$50.84
Transportation/Ambulance	\$188,401	\$192,100	\$5.43	\$5.31	488	596	\$133.33	\$106.84
Total	\$8,969,734	\$8,927,931	\$258.41	\$246.79				

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Age 21-44 Female								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	66,950	69,303						
Service Type								
DME/Supplies	\$206,390	\$287,088	\$3.08	\$4.14	430	445	\$85.96	\$111.79
FQHC / RHC	\$124,291	\$96,051	\$1.86	\$1.39	441	364	\$50.50	\$45.70
Home Health	\$41,610	\$32,770	\$0.62	\$0.47	25	24	\$303.72	\$235.76
IP - Maternity	\$3,919,599	\$3,668,434	\$58.55	\$52.93	233	197	\$3,017.40	\$3,220.75
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,549,584	\$4,275,029	\$53.02	\$61.69	80	104	\$7,923.18	\$7,113.19
IP - Psych	\$416,157	\$383,155	\$6.22	\$5.53	109	101	\$684.47	\$653.85
Lab	\$952,686	\$866,491	\$14.23	\$12.50	7,860	7,450	\$21.73	\$20.14
OP - Emergency Room & Related	\$2,841,723	\$2,980,378	\$42.45	\$43.01	1,763	1,850	\$288.94	\$278.93
OP - Other	\$3,591,860	\$3,818,209	\$53.65	\$55.09	1,900	1,912	\$338.82	\$345.79
Pharmacy	\$8,235,735	\$9,589,312	\$123.01	\$138.37	32,376	33,405	\$45.59	\$49.71
Prof - Anesthesia	\$339,229	\$331,686	\$5.07	\$4.79	462	446	\$131.59	\$128.91
Prof - Child EPSDT	\$29,286	\$32,349	\$0.44	\$0.47	432	462	\$12.15	\$12.11
Prof - Evaluation & Management	\$2,905,950	\$3,250,674	\$43.40	\$46.91	8,100	8,358	\$64.30	\$67.35
Prof - Maternity	\$2,120,993	\$2,162,686	\$31.68	\$31.21	694	678	\$547.49	\$552.27
Prof - Other	\$747,425	\$915,189	\$11.16	\$13.21	2,212	2,406	\$60.56	\$65.85
Prof - Psych	\$187,393	\$190,889	\$2.80	\$2.75	530	574	\$63.35	\$57.62
Prof - Specialist	\$861,503	\$864,018	\$12.87	\$12.47	1,474	1,537	\$104.79	\$97.31
Prof - Vision	\$133,153	\$129,970	\$1.99	\$1.88	200	177	\$119.21	\$127.05
Radiology	\$981,086	\$1,216,576	\$14.65	\$17.55	3,467	4,004	\$50.72	\$52.61
Transportation/Ambulance	\$480,224	\$535,983	\$7.17	\$7.73	990	1,056	\$86.95	\$87.91
Total	\$32,665,878	\$35,626,937	\$487.91	\$514.07				

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Age 15-20 Male								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	30,337	32,550						
Service Type								
DME/Supplies	\$66,368	\$72,768	\$2.19	\$2.24	225	195	\$116.84	\$137.30
FQHC / RHC	\$17,591	\$18,097	\$0.58	\$0.56	165	159	\$42.08	\$42.09
Home Health	\$10,926	\$2,420	\$0.36	\$0.07	5	4	\$840.49	\$201.69
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$468,481	\$417,006	\$15.44	\$12.81	22	24	\$8,517.84	\$6,515.72
IP - Psych	\$106,553	\$120,354	\$3.51	\$3.70	51	69	\$825.99	\$647.07
Lab	\$60,373	\$69,772	\$1.99	\$2.14	1,509	1,617	\$15.83	\$15.91
OP - Emergency Room & Related	\$507,903	\$573,471	\$16.74	\$17.62	811	814	\$247.64	\$259.61
OP - Other	\$369,214	\$497,661	\$12.17	\$15.29	499	540	\$292.56	\$339.93
Pharmacy	\$1,222,170	\$1,483,795	\$40.29	\$45.59	8,133	8,414	\$59.44	\$65.01
Prof - Anesthesia	\$17,288	\$19,478	\$0.57	\$0.60	59	67	\$115.25	\$107.62
Prof - Child EPSDT	\$4,117	\$4,012	\$0.14	\$0.12	197	173	\$8.25	\$8.56
Prof - Evaluation & Management	\$700,242	\$827,483	\$23.08	\$25.42	4,119	4,321	\$67.25	\$70.60
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$149,772	\$202,997	\$4.94	\$6.24	1,408	1,554	\$42.08	\$48.17
Prof - Psych	\$106,996	\$103,394	\$3.53	\$3.18	548	498	\$77.25	\$76.59
Prof - Specialist	\$133,196	\$142,608	\$4.39	\$4.38	431	465	\$122.20	\$113.18
Prof - Vision	\$62,798	\$71,615	\$2.07	\$2.20	180	214	\$138.32	\$123.47
Radiology	\$75,572	\$80,975	\$2.49	\$2.49	1,139	1,107	\$26.24	\$26.96
Transportation/Ambulance	\$126,355	\$148,444	\$4.17	\$4.56	284	536	\$175.74	\$102.09
Total	\$4,205,915	\$4,856,353	\$138.64	\$149.20				

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Age 21-44 Male								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	16,557	17,925						
Service Type								
DME/Supplies	\$68,244	\$84,454	\$4.12	\$4.71	493	571	\$100.36	\$99.01
FQHC / RHC	\$20,930	\$20,898	\$1.26	\$1.17	336	315	\$45.21	\$44.37
Home Health	\$41,163	\$15,161	\$2.49	\$0.85	36	29	\$823.25	\$352.58
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$763,055	\$1,292,279	\$46.09	\$72.09	70	71	\$7,866.54	\$12,191.31
IP - Psych	\$149,793	\$189,498	\$9.05	\$10.57	147	116	\$737.90	\$1,095.36
Lab	\$137,427	\$97,729	\$8.30	\$5.45	4,362	4,260	\$22.83	\$15.36
OP - Emergency Room & Related	\$607,084	\$624,012	\$36.67	\$34.81	1,588	1,537	\$277.08	\$271.78
OP - Other	\$630,608	\$723,659	\$38.09	\$40.37	957	991	\$477.37	\$488.96
Pharmacy	\$1,881,218	\$2,163,883	\$113.62	\$120.72	28,374	28,443	\$48.05	\$50.93
Prof - Anesthesia	\$20,248	\$19,861	\$1.22	\$1.11	141	129	\$104.37	\$103.44
Prof - Child EPSDT	\$3,528	\$5,245	\$0.21	\$0.29	309	289	\$8.26	\$12.14
Prof - Evaluation & Management	\$597,443	\$650,602	\$36.08	\$36.30	6,662	6,312	\$65.00	\$69.00
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$109,167	\$131,901	\$6.59	\$7.36	1,581	1,428	\$50.03	\$61.84
Prof - Psych	\$47,365	\$40,320	\$2.86	\$2.25	551	430	\$62.32	\$62.71
Prof - Specialist	\$150,562	\$153,031	\$9.09	\$8.54	891	865	\$122.51	\$118.45
Prof - Vision	\$28,411	\$31,326	\$1.72	\$1.75	146	147	\$140.65	\$143.04
Radiology	\$105,682	\$175,429	\$6.38	\$9.79	2,395	2,826	\$31.98	\$41.55
Transportation/Ambulance	\$117,747	\$116,266	\$7.11	\$6.49	969	763	\$88.07	\$101.99
Total	\$5,479,673	\$6,535,554	\$330.96	\$364.61				

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Age 45 and Over								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	8,396	9,594						
Service Type								
DME/Supplies	\$86,064	\$101,380	\$10.25	\$10.57	1,685	1,919	\$73.00	\$66.09
FQHC / RHC	\$34,598	\$26,476	\$4.12	\$2.76	778	675	\$63.60	\$49.03
Home Health	\$17,555	\$24,918	\$2.09	\$2.60	40	86	\$626.97	\$361.12
IP - Maternity	\$0	\$4,066	\$0.00	\$0.42	0	1	-	\$4,066.04
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,115,510	\$1,420,282	\$132.86	\$148.04	147	151	\$10,830.19	\$11,737.87
IP - Psych	\$68,783	\$35,041	\$8.19	\$3.65	133	56	\$739.60	\$778.68
Lab	\$125,233	\$95,500	\$14.92	\$9.95	8,181	7,652	\$21.88	\$15.61
OP - Emergency Room & Related	\$316,825	\$359,301	\$37.74	\$37.45	1,189	1,327	\$380.80	\$338.64
OP - Other	\$749,163	\$830,443	\$89.23	\$86.56	2,524	2,393	\$424.21	\$434.11
Pharmacy	\$1,930,953	\$2,027,103	\$229.98	\$211.29	55,837	58,802	\$49.43	\$43.12
Prof - Anesthesia	\$23,751	\$23,008	\$2.83	\$2.40	310	266	\$109.45	\$108.02
Prof - Child EPSDT	\$4,169	\$4,359	\$0.50	\$0.45	737	692	\$8.08	\$7.88
Prof - Evaluation & Management	\$470,588	\$570,531	\$56.05	\$59.47	10,030	10,221	\$67.05	\$69.82
Prof - Maternity	\$0	\$1,296	\$0.00	\$0.14	0	4	-	\$431.88
Prof - Other	\$112,128	\$170,353	\$13.35	\$17.76	3,626	3,660	\$44.20	\$58.22
Prof - Psych	\$32,850	\$37,019	\$3.91	\$3.86	806	826	\$58.24	\$56.09
Prof - Specialist	\$175,806	\$194,704	\$20.94	\$20.29	2,225	2,235	\$112.91	\$108.96
Prof - Vision	\$26,669	\$30,535	\$3.18	\$3.18	416	405	\$91.65	\$94.24
Radiology	\$93,757	\$118,773	\$11.17	\$12.38	4,013	4,230	\$33.39	\$35.12
Transportation/Ambulance	\$99,137	\$91,505	\$11.81	\$9.54	1,944	1,921	\$72.90	\$59.57
Total	\$5,483,537	\$6,166,591	\$653.11	\$642.75				

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All Age Categories								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	447,945	462,769						
Service Type								
DME/Supplies	\$996,223	\$1,070,178	\$2.22	\$2.31	315	288	\$84.75	\$96.26
FQHC / RHC	\$382,757	\$347,254	\$0.85	\$0.75	214	199	\$47.92	\$45.26
Home Health	\$169,707	\$129,456	\$0.38	\$0.28	10	10	\$478.05	\$335.38
IP - Maternity	\$5,061,239	\$4,570,647	\$11.30	\$9.88	46	38	\$2,935.75	\$3,117.77
IP - Newborn	\$6,003,215	\$2,382,814	\$13.40	\$5.15	47	14	\$3,414.44	\$4,388.24
IP - Other	\$10,574,222	\$16,572,009	\$23.61	\$35.81	38	72	\$7,399.74	\$5,930.57
IP - Psych	\$1,453,234	\$1,435,548	\$3.24	\$3.10	45	47	\$862.97	\$799.30
Lab	\$2,250,988	\$2,121,489	\$5.03	\$4.58	3,437	3,297	\$17.54	\$16.69
OP - Emergency Room & Related	\$8,812,409	\$9,090,255	\$19.67	\$19.64	1,043	1,045	\$226.40	\$225.52
OP - Other	\$9,708,652	\$10,029,147	\$21.67	\$21.67	855	877	\$304.36	\$296.37
Pharmacy	\$24,257,070	\$27,167,238	\$54.15	\$58.71	13,362	13,935	\$48.63	\$50.55
Prof - Anesthesia	\$703,881	\$676,367	\$1.57	\$1.46	159	153	\$118.62	\$114.55
Prof - Child EPSDT	\$297,235	\$259,192	\$0.66	\$0.56	632	596	\$12.59	\$11.28
Prof - Evaluation & Management	\$16,736,331	\$18,157,296	\$37.36	\$39.24	6,652	6,701	\$67.40	\$70.26
Prof - Maternity	\$2,826,012	\$2,780,405	\$6.31	\$6.01	139	134	\$544.51	\$539.57
Prof - Other	\$4,825,211	\$5,936,481	\$10.77	\$12.83	2,622	2,799	\$49.31	\$54.99
Prof - Psych	\$1,327,238	\$1,407,909	\$2.96	\$3.04	461	495	\$77.08	\$73.72
Prof - Specialist	\$2,590,302	\$2,670,728	\$5.78	\$5.77	661	690	\$105.01	\$100.36
Prof - Vision	\$949,659	\$978,337	\$2.12	\$2.11	193	199	\$131.92	\$127.53
Radiology	\$1,921,091	\$2,276,841	\$4.29	\$4.92	1,400	1,512	\$36.77	\$39.05
Transportation/Ambulance	\$2,300,460	\$2,369,918	\$5.14	\$5.12	581	640	\$106.04	\$95.96
Total	\$104,147,135	\$112,429,510	\$232.50	\$242.95				

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All Age Categories								
All Regions	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	7,026,822	7,260,194						
Service Type								
DME/Supplies	\$15,429,790	\$16,441,068	\$2.20	\$2.26	287	273	\$91.69	\$99.39
FQHC / RHC	\$5,862,319	\$5,501,558	\$0.83	\$0.76	200	184	\$50.11	\$49.48
Home Health	\$2,312,162	\$2,021,428	\$0.33	\$0.28	9	9	\$426.68	\$392.21
IP - Maternity	\$80,060,327	\$77,303,966	\$11.39	\$10.65	44	39	\$3,117.13	\$3,240.03
IP - Newborn	\$107,805,953	\$42,718,645	\$15.34	\$5.88	43	12	\$4,319.32	\$5,915.89
IP - Other	\$147,666,680	\$224,713,809	\$21.01	\$30.95	27	59	\$9,365.55	\$6,324.98
IP - Psych	\$25,600,477	\$26,986,631	\$3.64	\$3.72	55	60	\$801.74	\$747.45
Lab	\$23,528,718	\$24,089,359	\$3.35	\$3.32	2,108	2,011	\$19.06	\$19.80
OP - Emergency Room & Related	\$118,877,684	\$120,356,135	\$16.92	\$16.58	810	794	\$250.55	\$250.70
OP - Other	\$151,282,436	\$157,482,876	\$21.53	\$21.69	633	630	\$408.03	\$412.85
Pharmacy	\$274,667,495	\$301,881,414	\$39.09	\$41.58	8,160	8,277	\$57.48	\$60.28
Prof - Anesthesia	\$9,979,873	\$9,912,113	\$1.42	\$1.37	123	130	\$138.19	\$125.64
Prof - Child EPSDT	\$6,316,424	\$5,717,944	\$0.90	\$0.79	785	765	\$13.74	\$12.36
Prof - Evaluation & Management	\$226,214,246	\$246,928,138	\$32.19	\$34.01	5,428	5,465	\$71.17	\$74.69
Prof - Maternity	\$41,815,003	\$41,524,965	\$5.95	\$5.72	122	116	\$583.15	\$589.71
Prof - Other	\$72,769,645	\$72,733,446	\$10.36	\$10.02	2,555	2,654	\$48.64	\$45.30
Prof - Psych	\$17,556,777	\$19,120,638	\$2.50	\$2.63	410	447	\$73.17	\$70.68
Prof - Specialist	\$33,812,678	\$35,039,319	\$4.81	\$4.83	519	504	\$111.29	\$114.83
Prof - Vision	\$13,188,067	\$13,604,057	\$1.88	\$1.87	132	135	\$171.04	\$165.95
Radiology	\$24,153,084	\$25,426,895	\$3.44	\$3.50	1,022	1,039	\$40.38	\$40.45
Transportation/Ambulance	\$29,717,694	\$32,808,835	\$4.23	\$4.52	436	481	\$116.39	\$112.68
Total	\$1,428,617,534	\$1,502,313,238	\$203.31	\$206.92				

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Children <21								
All Regions	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	5,837,570	5,998,692						
Service Type								
DME/Supplies	\$9,800,452	\$10,212,350	\$1.68	\$1.70	247	229	\$81.43	\$89.31
FQHC / RHC	\$3,318,514	\$3,179,133	\$0.57	\$0.53	162	150	\$42.05	\$42.28
Home Health	\$1,413,419	\$1,038,861	\$0.24	\$0.17	6	4	\$474.14	\$464.19
IP - Maternity	\$12,197,967	\$10,797,760	\$2.09	\$1.80	9	7	\$2,871.46	\$2,982.81
IP - Newborn	\$107,805,953	\$42,718,645	\$18.47	\$7.12	51	14	\$4,319.32	\$5,915.89
IP - Other	\$76,684,520	\$144,036,358	\$13.14	\$24.01	18	54	\$8,881.69	\$5,332.31
IP - Psych	\$18,225,524	\$19,372,830	\$3.12	\$3.23	44	50	\$857.75	\$776.62
Lab	\$12,879,465	\$12,969,138	\$2.21	\$2.16	1,550	1,441	\$17.08	\$18.00
OP - Emergency Room & Related	\$65,562,189	\$65,729,641	\$11.23	\$10.96	649	631	\$207.65	\$208.44
OP - Other	\$84,009,861	\$88,859,975	\$14.39	\$14.81	452	454	\$382.22	\$391.63
Pharmacy	\$160,998,368	\$173,775,372	\$27.58	\$28.97	5,306	5,385	\$62.38	\$64.55
Prof - Anesthesia	\$4,362,481	\$4,361,944	\$0.75	\$0.73	67	71	\$134.36	\$122.29
Prof - Child EPSDT	\$5,683,116	\$5,057,886	\$0.97	\$0.84	872	855	\$13.39	\$11.83
Prof - Evaluation & Management	\$175,573,781	\$190,811,449	\$30.08	\$31.81	4,968	5,013	\$72.65	\$76.14
Prof - Maternity	\$6,813,858	\$6,160,333	\$1.17	\$1.03	25	22	\$569.15	\$568.51
Prof - Other	\$53,536,969	\$49,963,104	\$9.17	\$8.33	2,545	2,654	\$43.25	\$37.66
Prof - Psych	\$13,715,668	\$14,830,020	\$2.35	\$2.47	367	399	\$76.91	\$74.34
Prof - Specialist	\$17,758,154	\$18,191,254	\$3.04	\$3.03	350	331	\$104.43	\$110.01
Prof - Vision	\$11,149,739	\$11,482,090	\$1.91	\$1.91	127	132	\$180.11	\$174.09
Radiology	\$7,597,295	\$7,752,308	\$1.30	\$1.29	587	592	\$26.58	\$26.19
Transportation/Ambulance	\$22,121,507	\$24,351,827	\$3.79	\$4.06	302	329	\$150.37	\$147.95
Total	\$871,208,801	\$905,652,278	\$149.24	\$150.97				

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Adults 21+								
All Regions	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,189,252	1,261,502						
Service Type								
DME/Supplies	\$5,629,339	\$6,228,718	\$4.73	\$4.94	484	486	\$117.47	\$121.97
FQHC / RHC	\$2,543,806	\$2,322,425	\$2.14	\$1.84	384	342	\$66.84	\$64.53
Home Health	\$898,743	\$982,566	\$0.76	\$0.78	25	28	\$368.64	\$336.96
IP - Maternity	\$67,862,360	\$66,506,206	\$57.06	\$52.72	216	193	\$3,165.81	\$3,286.04
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$70,982,160	\$80,677,451	\$59.69	\$63.95	72	81	\$9,951.24	\$9,473.63
IP - Psych	\$7,374,953	\$7,613,801	\$6.20	\$6.04	108	106	\$690.34	\$682.24
Lab	\$10,649,252	\$11,120,221	\$8.95	\$8.82	4,849	4,721	\$22.16	\$22.41
OP - Emergency Room & Related	\$53,315,495	\$54,626,494	\$44.83	\$43.30	1,602	1,567	\$335.88	\$331.58
OP - Other	\$67,272,575	\$68,622,901	\$56.57	\$54.40	1,523	1,470	\$445.61	\$443.99
Pharmacy	\$113,669,127	\$128,106,042	\$95.58	\$101.55	22,173	22,027	\$51.73	\$55.32
Prof - Anesthesia	\$5,617,392	\$5,550,168	\$4.72	\$4.40	401	411	\$141.32	\$128.40
Prof - Child EPSDT	\$633,309	\$660,058	\$0.53	\$0.52	357	333	\$17.90	\$18.84
Prof - Evaluation & Management	\$50,640,465	\$56,116,689	\$42.58	\$44.48	7,686	7,611	\$66.48	\$70.14
Prof - Maternity	\$35,001,145	\$35,364,633	\$29.43	\$28.03	603	567	\$585.95	\$593.57
Prof - Other	\$19,232,675	\$22,770,342	\$16.17	\$18.05	2,605	2,654	\$74.51	\$81.60
Prof - Psych	\$3,841,109	\$4,290,618	\$3.23	\$3.40	622	676	\$62.34	\$60.40
Prof - Specialist	\$16,054,524	\$16,848,065	\$13.50	\$13.36	1,350	1,330	\$120.02	\$120.55
Prof - Vision	\$2,038,328	\$2,121,966	\$1.71	\$1.68	153	152	\$134.08	\$132.44
Radiology	\$16,555,789	\$17,674,587	\$13.92	\$14.01	3,152	3,163	\$53.00	\$53.16
Transportation/Ambulance	\$7,596,188	\$8,457,008	\$6.39	\$6.70	1,092	1,204	\$70.20	\$66.81
Total	\$557,408,734	\$596,660,960	\$468.71	\$472.98				

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Children <21								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,449,340	1,516,238						
Service Type								
DME/Supplies	\$1,967,695	\$2,057,561	\$1.36	\$1.36	217	198	\$75.22	\$82.25
FQHC / RHC	\$16,041	\$29,442	\$0.01	\$0.02	2	4	\$64.16	\$59.36
Home Health	\$177,801	\$163,715	\$0.12	\$0.11	2	2	\$670.95	\$682.15
IP - Maternity	\$2,015,652	\$1,900,942	\$1.39	\$1.25	5	5	\$3,139.65	\$3,121.42
IP - Newborn	\$21,205,361	\$6,612,507	\$14.63	\$4.36	41	12	\$4,297.80	\$4,470.93
IP - Other	\$16,966,873	\$33,120,294	\$11.71	\$21.84	13	41	\$10,718.18	\$6,442.38
IP - Psych	\$2,265,654	\$2,888,699	\$1.56	\$1.91	30	36	\$616.67	\$629.62
Lab	\$3,396,399	\$3,277,827	\$2.34	\$2.16	1,678	1,442	\$16.76	\$18.00
OP - Emergency Room & Related	\$13,496,604	\$13,913,297	\$9.31	\$9.18	550	524	\$203.22	\$210.10
OP - Other	\$13,563,064	\$13,971,003	\$9.36	\$9.21	223	212	\$502.52	\$521.60
Pharmacy	\$30,767,118	\$34,868,519	\$21.23	\$23.00	4,134	4,084	\$61.62	\$67.56
Prof - Anesthesia	\$807,026	\$878,203	\$0.56	\$0.58	53	60	\$126.06	\$115.07
Prof - Child EPSDT	\$1,911,189	\$1,724,846	\$1.32	\$1.14	1,100	1,081	\$14.38	\$12.63
Prof - Evaluation & Management	\$44,841,486	\$48,784,100	\$30.94	\$32.17	5,203	5,173	\$71.36	\$74.64
Prof - Maternity	\$963,173	\$937,051	\$0.66	\$0.62	13	11	\$631.17	\$705.08
Prof - Other	\$16,237,388	\$14,841,248	\$11.20	\$9.79	2,898	3,087	\$46.38	\$38.05
Prof - Psych	\$1,603,842	\$1,762,714	\$1.11	\$1.16	199	215	\$66.85	\$64.95
Prof - Specialist	\$3,653,923	\$3,810,710	\$2.52	\$2.51	322	304	\$93.89	\$99.34
Prof - Vision	\$3,201,700	\$3,555,081	\$2.21	\$2.34	199	224	\$133.14	\$125.81
Radiology	\$1,656,838	\$1,700,394	\$1.14	\$1.12	499	494	\$27.50	\$27.26
Transportation/Ambulance	\$4,663,119	\$5,554,574	\$3.22	\$3.66	68	69	\$570.76	\$639.56
Total	\$185,377,946	\$196,352,728	\$127.91	\$129.50				

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Adults 21+								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	195,551	214,680						
Service Type								
DME/Supplies	\$805,832	\$839,773	\$4.12	\$3.91	377	354	\$131.03	\$132.71
FQHC / RHC	\$6,751	\$8,619	\$0.03	\$0.04	7	8	\$61.38	\$61.13
Home Health	\$93,109	\$104,563	\$0.48	\$0.49	16	15	\$348.72	\$381.62
IP - Maternity	\$14,621,310	\$15,288,641	\$74.77	\$71.22	267	248	\$3,361.22	\$3,441.84
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$13,278,780	\$11,739,461	\$67.90	\$54.68	69	62	\$11,834.92	\$10,519.23
IP - Psych	\$1,023,046	\$1,175,073	\$5.23	\$5.47	87	91	\$720.96	\$725.35
Lab	\$1,809,493	\$2,090,863	\$9.25	\$9.74	4,861	4,651	\$22.85	\$25.13
OP - Emergency Room & Related	\$8,310,485	\$8,378,785	\$42.50	\$39.03	1,410	1,295	\$361.70	\$361.61
OP - Other	\$9,845,950	\$10,308,561	\$50.35	\$48.02	1,171	1,116	\$516.14	\$516.15
Pharmacy	\$17,120,719	\$18,809,087	\$87.55	\$87.61	17,766	17,411	\$59.13	\$60.39
Prof - Anesthesia	\$1,052,038	\$1,091,853	\$5.38	\$5.09	462	478	\$139.68	\$127.79
Prof - Child EPSDT	\$84,695	\$104,038	\$0.43	\$0.48	299	299	\$17.38	\$19.45
Prof - Evaluation & Management	\$9,102,596	\$10,360,690	\$46.55	\$48.26	8,326	8,012	\$67.09	\$72.28
Prof - Maternity	\$6,917,361	\$7,263,525	\$35.37	\$33.83	623	552	\$681.04	\$735.55
Prof - Other	\$3,453,579	\$4,513,112	\$17.66	\$21.02	3,072	3,162	\$68.99	\$79.78
Prof - Psych	\$458,138	\$564,405	\$2.34	\$2.63	447	494	\$62.84	\$63.84
Prof - Specialist	\$2,592,065	\$2,722,915	\$13.26	\$12.68	1,362	1,320	\$116.79	\$115.30
Prof - Vision	\$407,039	\$466,189	\$2.08	\$2.17	244	258	\$102.50	\$101.15
Radiology	\$3,735,549	\$3,899,112	\$19.10	\$18.16	3,788	3,551	\$60.52	\$61.38
Transportation/Ambulance	\$962,141	\$1,118,795	\$4.92	\$5.21	368	315	\$160.38	\$198.23
Total	\$95,680,677	\$100,848,060	\$489.29	\$469.76				

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Children <21								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	442,169	464,438						
Service Type								
DME/Supplies	\$704,680	\$715,926	\$1.59	\$1.54	210	181	\$91.08	\$102.04
FQHC / RHC	\$1,377,489	\$1,378,326	\$3.12	\$2.97	986	892	\$37.90	\$39.92
Home Health	\$11,070	\$5,783	\$0.03	\$0.01	1	1	\$276.74	\$199.41
IP - Maternity	\$1,028,518	\$900,773	\$2.33	\$1.94	10	9	\$2,678.43	\$2,649.33
IP - Newborn	\$9,027,751	\$2,954,877	\$20.42	\$6.36	56	15	\$4,398.98	\$4,941.27
IP - Other	\$7,384,285	\$10,032,030	\$16.70	\$21.60	20	60	\$9,965.30	\$4,350.53
IP - Psych	\$1,899,819	\$2,059,285	\$4.30	\$4.43	44	58	\$1,183.69	\$921.79
Lab	\$871,169	\$873,266	\$1.97	\$1.88	1,542	1,417	\$15.33	\$15.93
OP - Emergency Room & Related	\$3,681,773	\$4,478,815	\$8.33	\$9.64	534	574	\$187.14	\$201.77
OP - Other	\$5,698,255	\$6,001,130	\$12.89	\$12.92	474	464	\$326.53	\$334.35
Pharmacy	\$11,988,773	\$13,070,495	\$27.11	\$28.14	5,672	5,650	\$57.37	\$59.77
Prof - Anesthesia	\$313,792	\$327,362	\$0.71	\$0.70	63	65	\$135.72	\$130.73
Prof - Child EPSDT	\$304,497	\$301,236	\$0.69	\$0.65	692	677	\$11.94	\$11.50
Prof - Evaluation & Management	\$12,481,701	\$13,580,066	\$28.23	\$29.24	4,615	4,614	\$73.39	\$76.04
Prof - Maternity	\$632,173	\$581,383	\$1.43	\$1.25	45	38	\$382.67	\$396.04
Prof - Other	\$3,080,436	\$3,273,447	\$6.97	\$7.05	2,407	2,443	\$34.73	\$34.62
Prof - Psych	\$1,563,377	\$1,772,493	\$3.54	\$3.82	488	561	\$86.94	\$81.63
Prof - Specialist	\$1,251,388	\$1,342,053	\$2.83	\$2.89	305	304	\$111.27	\$113.95
Prof - Vision	\$933,547	\$940,279	\$2.11	\$2.02	126	120	\$200.89	\$202.25
Radiology	\$712,681	\$726,634	\$1.61	\$1.56	642	646	\$30.13	\$29.07
Transportation/Ambulance	\$1,943,817	\$2,213,167	\$4.40	\$4.77	642	793	\$82.20	\$72.15
Total	\$66,890,991	\$67,528,824	\$151.28	\$145.40				

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Adults 21+								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	88,607	96,704						
Service Type								
DME/Supplies	\$433,761	\$471,048	\$4.90	\$4.87	608	548	\$96.56	\$106.64
FQHC / RHC	\$265,196	\$309,732	\$2.99	\$3.20	668	606	\$53.74	\$63.40
Home Health	\$32,217	\$51,224	\$0.36	\$0.53	11	19	\$388.16	\$334.80
IP - Maternity	\$4,766,592	\$4,720,029	\$53.79	\$48.81	223	194	\$2,895.86	\$3,023.72
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,657,334	\$5,647,780	\$52.56	\$58.40	66	82	\$9,524.20	\$8,583.25
IP - Psych	\$691,691	\$584,182	\$7.81	\$6.04	131	98	\$713.82	\$741.35
Lab	\$1,095,260	\$1,087,821	\$12.36	\$11.25	6,573	5,813	\$22.57	\$23.22
OP - Emergency Room & Related	\$3,095,084	\$3,814,897	\$34.93	\$39.45	1,376	1,450	\$304.60	\$326.53
OP - Other	\$4,668,911	\$4,868,048	\$52.69	\$50.34	1,995	1,844	\$316.90	\$327.64
Pharmacy	\$8,992,578	\$9,083,694	\$101.49	\$93.93	23,892	22,807	\$50.97	\$49.42
Prof - Anesthesia	\$358,158	\$388,655	\$4.04	\$4.02	308	311	\$157.57	\$154.90
Prof - Child EPSDT	\$50,179	\$54,580	\$0.57	\$0.56	450	415	\$15.09	\$16.33
Prof - Evaluation & Management	\$4,024,809	\$4,375,723	\$45.42	\$45.25	7,904	7,718	\$68.97	\$70.36
Prof - Maternity	\$2,653,528	\$2,770,583	\$29.95	\$28.65	891	853	\$403.27	\$403.23
Prof - Other	\$1,509,894	\$1,611,896	\$17.04	\$16.67	3,322	3,426	\$61.55	\$58.38
Prof - Psych	\$309,205	\$381,370	\$3.49	\$3.94	626	688	\$66.88	\$68.81
Prof - Specialist	\$1,097,091	\$1,203,720	\$12.38	\$12.45	1,480	1,422	\$100.42	\$105.05
Prof - Vision	\$191,276	\$195,793	\$2.16	\$2.02	201	188	\$128.89	\$129.15
Radiology	\$1,284,102	\$1,328,889	\$14.49	\$13.74	3,135	3,096	\$55.48	\$53.26
Transportation/Ambulance	\$727,081	\$768,081	\$8.21	\$7.94	1,606	1,702	\$61.32	\$55.99
Total	\$40,903,948	\$43,717,747	\$461.63	\$452.08				

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Children <21								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,191,767	1,188,543						
Service Type								
DME/Supplies	\$2,390,890	\$2,557,810	\$2.01	\$2.15	356	352	\$67.59	\$73.35
FQHC / RHC	\$408,784	\$327,698	\$0.34	\$0.28	86	72	\$47.90	\$45.97
Home Health	\$613,022	\$399,222	\$0.51	\$0.34	7	5	\$894.92	\$883.23
IP - Maternity	\$2,341,374	\$2,012,195	\$1.96	\$1.69	8	7	\$2,919.42	\$3,100.45
IP - Newborn	\$21,258,160	\$6,928,434	\$17.84	\$5.83	51	13	\$4,212.63	\$5,333.67
IP - Other	\$14,825,016	\$30,849,108	\$12.44	\$25.96	22	59	\$6,699.06	\$5,283.86
IP - Psych	\$5,277,172	\$4,827,113	\$4.43	\$4.06	52	55	\$1,021.32	\$890.28
Lab	\$2,275,719	\$2,223,119	\$1.91	\$1.87	1,435	1,378	\$15.96	\$16.29
OP - Emergency Room & Related	\$15,143,369	\$14,380,547	\$12.71	\$12.10	715	704	\$213.19	\$206.12
OP - Other	\$19,901,704	\$20,193,838	\$16.70	\$16.99	654	651	\$306.49	\$313.19
Pharmacy	\$30,600,190	\$32,699,295	\$25.68	\$27.51	5,236	5,315	\$58.84	\$62.11
Prof - Anesthesia	\$901,270	\$879,527	\$0.76	\$0.74	74	83	\$123.11	\$107.30
Prof - Child EPSDT	\$1,120,458	\$919,214	\$0.94	\$0.77	853	836	\$13.22	\$11.10
Prof - Evaluation & Management	\$33,763,584	\$35,228,610	\$28.33	\$29.64	4,765	4,835	\$71.35	\$73.56
Prof - Maternity	\$1,210,341	\$1,129,480	\$1.02	\$0.95	17	16	\$730.00	\$725.89
Prof - Other	\$10,179,730	\$8,586,896	\$8.54	\$7.22	2,233	2,216	\$45.89	\$39.12
Prof - Psych	\$3,238,474	\$3,452,500	\$2.72	\$2.90	413	459	\$79.05	\$75.98
Prof - Specialist	\$3,419,894	\$3,547,264	\$2.87	\$2.98	294	276	\$117.01	\$129.60
Prof - Vision	\$1,971,958	\$1,901,407	\$1.65	\$1.60	94	85	\$210.48	\$225.34
Radiology	\$1,422,963	\$1,454,233	\$1.19	\$1.22	594	605	\$24.10	\$24.27
Transportation/Ambulance	\$4,465,756	\$4,731,504	\$3.75	\$3.98	324	327	\$138.89	\$146.04
Total	\$176,729,831	\$179,229,014	\$148.29	\$150.80				

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Adults 21+								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	263,123	273,731						
Service Type								
DME/Supplies	\$1,032,466	\$1,179,733	\$3.92	\$4.31	394	416	\$119.58	\$124.46
FQHC / RHC	\$304,885	\$362,422	\$1.16	\$1.32	234	252	\$59.40	\$62.93
Home Health	\$152,490	\$149,350	\$0.58	\$0.55	20	19	\$346.57	\$344.92
IP - Maternity	\$13,679,963	\$12,280,586	\$51.99	\$44.86	191	162	\$3,262.57	\$3,325.37
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$17,503,754	\$19,662,119	\$66.52	\$71.83	76	95	\$10,550.79	\$9,111.27
IP - Psych	\$2,002,525	\$1,983,185	\$7.61	\$7.25	124	122	\$739.48	\$715.43
Lab	\$2,100,554	\$2,054,131	\$7.98	\$7.50	4,403	3,903	\$21.76	\$23.07
OP - Emergency Room & Related	\$13,455,440	\$13,215,445	\$51.14	\$48.28	1,817	1,777	\$337.80	\$326.04
OP - Other	\$16,690,512	\$16,938,302	\$63.43	\$61.88	1,830	1,730	\$415.91	\$429.10
Pharmacy	\$24,214,542	\$26,558,189	\$92.03	\$97.02	21,752	21,562	\$50.77	\$54.00
Prof - Anesthesia	\$1,246,073	\$1,174,398	\$4.74	\$4.29	394	403	\$144.20	\$127.61
Prof - Child EPSDT	\$79,941	\$73,376	\$0.30	\$0.27	237	209	\$15.41	\$15.41
Prof - Evaluation & Management	\$10,932,918	\$11,851,708	\$41.55	\$43.30	7,688	7,533	\$64.86	\$68.97
Prof - Maternity	\$6,734,905	\$6,853,439	\$25.60	\$25.04	430	423	\$714.65	\$710.35
Prof - Other	\$3,973,250	\$4,406,941	\$15.10	\$16.10	2,269	2,203	\$79.87	\$87.70
Prof - Psych	\$906,953	\$1,003,686	\$3.45	\$3.67	605	662	\$68.38	\$66.42
Prof - Specialist	\$3,235,628	\$3,397,509	\$12.30	\$12.41	961	915	\$153.59	\$162.77
Prof - Vision	\$390,774	\$397,784	\$1.49	\$1.45	115	119	\$154.70	\$146.78
Radiology	\$3,224,006	\$3,361,102	\$12.25	\$12.28	3,155	3,172	\$46.60	\$46.45
Transportation/Ambulance	\$1,610,208	\$1,690,811	\$6.12	\$6.18	983	973	\$74.69	\$76.22
Total	\$123,471,788	\$128,594,216	\$469.26	\$469.78				

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Children <21								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	570,603	574,351						
Service Type								
DME/Supplies	\$905,144	\$957,287	\$1.59	\$1.67	212	213	\$89.61	\$94.03
FQHC / RHC	\$596,423	\$515,160	\$1.05	\$0.90	257	240	\$48.71	\$44.85
Home Health	\$133,991	\$125,845	\$0.23	\$0.22	12	13	\$239.27	\$198.18
IP - Maternity	\$1,227,413	\$1,248,790	\$2.15	\$2.17	9	8	\$2,847.83	\$3,114.19
IP - Newborn	\$11,008,074	\$3,913,609	\$19.29	\$6.81	56	15	\$4,117.91	\$5,450.71
IP - Other	\$8,244,270	\$14,589,338	\$14.45	\$25.40	22	59	\$7,829.32	\$5,159.49
IP - Psych	\$2,094,583	\$2,305,040	\$3.67	\$4.01	34	42	\$1,297.76	\$1,151.94
Lab	\$1,075,335	\$1,099,287	\$1.88	\$1.91	1,451	1,380	\$15.59	\$16.65
OP - Emergency Room & Related	\$6,291,333	\$6,473,611	\$11.03	\$11.27	667	643	\$198.23	\$210.44
OP - Other	\$10,283,465	\$11,260,283	\$18.02	\$19.61	651	669	\$332.26	\$351.61
Pharmacy	\$16,824,107	\$17,829,094	\$29.48	\$31.04	5,796	5,960	\$61.04	\$62.50
Prof - Anesthesia	\$463,327	\$473,304	\$0.81	\$0.82	70	74	\$139.85	\$133.58
Prof - Child EPSDT	\$452,337	\$397,282	\$0.79	\$0.69	744	723	\$12.79	\$11.48
Prof - Evaluation & Management	\$16,521,370	\$17,227,241	\$28.95	\$29.99	4,863	4,880	\$71.44	\$73.75
Prof - Maternity	\$700,049	\$695,463	\$1.23	\$1.21	32	29	\$457.55	\$500.33
Prof - Other	\$4,242,465	\$4,109,566	\$7.44	\$7.16	2,001	2,188	\$44.58	\$39.24
Prof - Psych	\$1,609,158	\$1,687,105	\$2.82	\$2.94	390	403	\$86.83	\$87.51
Prof - Specialist	\$1,829,385	\$1,765,629	\$3.21	\$3.07	334	317	\$115.17	\$116.20
Prof - Vision	\$1,062,692	\$1,019,702	\$1.86	\$1.78	112	98	\$199.94	\$217.23
Radiology	\$729,520	\$748,684	\$1.28	\$1.30	615	635	\$24.96	\$24.62
Transportation/Ambulance	\$2,561,781	\$2,693,711	\$4.49	\$4.69	529	519	\$101.92	\$108.51
Total	\$88,856,221	\$91,135,034	\$155.72	\$158.67				

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Adults 21+								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	121,334	122,776						
Service Type								
DME/Supplies	\$546,502	\$577,220	\$4.50	\$4.70	505	498	\$107.05	\$113.25
FQHC / RHC	\$545,426	\$502,896	\$4.50	\$4.10	820	746	\$65.78	\$65.88
Home Health	\$225,647	\$250,161	\$1.86	\$2.04	54	60	\$417.09	\$410.77
IP - Maternity	\$7,078,339	\$6,342,948	\$58.34	\$51.66	221	193	\$3,165.63	\$3,208.37
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$7,582,403	\$8,218,108	\$62.49	\$66.94	74	78	\$10,191.40	\$10,272.64
IP - Psych	\$758,200	\$871,618	\$6.25	\$7.10	88	111	\$851.91	\$765.92
Lab	\$1,060,426	\$1,049,234	\$8.74	\$8.55	4,937	4,494	\$21.24	\$22.82
OP - Emergency Room & Related	\$5,092,347	\$5,267,282	\$41.97	\$42.90	1,604	1,571	\$314.03	\$327.65
OP - Other	\$9,039,983	\$8,466,290	\$74.50	\$68.96	2,158	2,098	\$414.32	\$394.42
Pharmacy	\$11,540,063	\$12,454,355	\$95.11	\$101.44	22,771	22,380	\$50.12	\$54.39
Prof - Anesthesia	\$542,242	\$487,214	\$4.47	\$3.97	363	361	\$147.59	\$132.07
Prof - Child EPSDT	\$74,323	\$65,976	\$0.61	\$0.54	344	321	\$21.38	\$20.08
Prof - Evaluation & Management	\$4,884,690	\$5,059,372	\$40.26	\$41.21	7,475	7,340	\$64.63	\$67.37
Prof - Maternity	\$3,662,963	\$3,469,189	\$30.19	\$28.26	756	687	\$479.45	\$493.20
Prof - Other	\$1,603,046	\$2,080,209	\$13.21	\$16.94	2,262	2,345	\$70.10	\$86.70
Prof - Psych	\$405,555	\$409,091	\$3.34	\$3.33	616	626	\$65.08	\$63.85
Prof - Specialist	\$1,648,896	\$1,640,176	\$13.59	\$13.36	1,377	1,330	\$118.44	\$120.53
Prof - Vision	\$207,069	\$193,596	\$1.71	\$1.58	153	137	\$133.59	\$137.69
Radiology	\$1,484,330	\$1,473,919	\$12.23	\$12.00	2,960	2,928	\$49.60	\$49.20
Transportation/Ambulance	\$992,518	\$1,096,610	\$8.18	\$8.93	1,619	1,676	\$60.62	\$63.94
Total	\$58,974,968	\$59,975,462	\$486.05	\$488.50				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Children <21								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,263,140	1,310,961						
Service Type								
DME/Supplies	\$2,264,641	\$2,348,497	\$1.79	\$1.79	214	193	\$100.38	\$111.36
FQHC / RHC	\$204,390	\$212,189	\$0.16	\$0.16	50	49	\$38.69	\$40.01
Home Health	\$325,219	\$186,526	\$0.26	\$0.14	9	3	\$334.93	\$523.95
IP - Maternity	\$2,762,291	\$2,556,888	\$2.19	\$1.95	9	8	\$2,807.21	\$3,025.90
IP - Newborn	\$26,940,291	\$16,889,936	\$21.33	\$12.88	54	17	\$4,707.01	\$9,331.46
IP - Other	\$16,364,411	\$31,459,537	\$12.96	\$24.00	13	56	\$12,397.28	\$5,175.96
IP - Psych	\$3,523,798	\$4,036,304	\$2.79	\$3.08	49	57	\$683.97	\$650.28
Lab	\$2,694,134	\$2,857,349	\$2.13	\$2.18	1,031	986	\$24.83	\$26.54
OP - Emergency Room & Related	\$16,937,076	\$16,257,366	\$13.41	\$12.40	680	648	\$236.51	\$229.65
OP - Other	\$24,205,704	\$26,453,173	\$19.16	\$20.18	443	462	\$519.63	\$523.68
Pharmacy	\$38,092,603	\$40,677,708	\$30.16	\$31.03	4,966	5,082	\$72.87	\$73.26
Prof - Anesthesia	\$1,167,638	\$1,101,239	\$0.92	\$0.84	68	71	\$163.49	\$142.33
Prof - Child EPSDT	\$1,167,163	\$1,082,063	\$0.92	\$0.83	839	836	\$13.22	\$11.85
Prof - Evaluation & Management	\$35,527,233	\$40,641,197	\$28.13	\$31.00	4,539	4,672	\$74.37	\$79.63
Prof - Maternity	\$1,611,125	\$1,376,034	\$1.28	\$1.05	21	19	\$717.33	\$660.92
Prof - Other	\$11,110,355	\$9,804,536	\$8.80	\$7.48	2,684	2,807	\$39.32	\$31.98
Prof - Psych	\$3,011,968	\$3,265,020	\$2.38	\$2.49	410	448	\$69.80	\$66.72
Prof - Specialist	\$4,333,349	\$4,343,225	\$3.43	\$3.31	418	369	\$98.47	\$107.86
Prof - Vision	\$2,056,973	\$2,095,311	\$1.63	\$1.60	80	79	\$245.02	\$244.12
Radiology	\$1,461,758	\$1,472,939	\$1.16	\$1.12	530	542	\$26.22	\$24.89
Transportation/Ambulance	\$4,828,313	\$5,499,698	\$3.82	\$4.20	269	312	\$170.38	\$161.60
Total	\$200,590,434	\$214,616,737	\$158.80	\$163.71				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Adults 21+								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	304,611	327,166						
Service Type								
DME/Supplies	\$1,852,332	\$2,198,798	\$6.08	\$6.72	565	578	\$129.16	\$139.52
FQHC / RHC	\$1,058,071	\$814,623	\$3.47	\$2.49	468	384	\$89.02	\$77.81
Home Health	\$180,830	\$201,917	\$0.59	\$0.62	17	23	\$414.75	\$318.98
IP - Maternity	\$16,911,112	\$17,789,607	\$55.52	\$54.37	217	200	\$3,063.61	\$3,262.35
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$15,373,029	\$19,207,401	\$50.47	\$58.71	69	72	\$8,814.81	\$9,839.86
IP - Psych	\$1,295,134	\$1,481,211	\$4.25	\$4.53	89	98	\$570.29	\$552.90
Lab	\$1,611,597	\$1,722,320	\$5.29	\$5.26	2,697	2,365	\$23.54	\$26.71
OP - Emergency Room & Related	\$15,916,416	\$15,815,485	\$52.25	\$48.34	1,656	1,601	\$378.58	\$362.32
OP - Other	\$14,864,749	\$14,910,047	\$48.80	\$45.57	987	1,002	\$593.07	\$545.70
Pharmacy	\$25,666,477	\$31,326,400	\$84.26	\$95.75	19,083	19,135	\$52.99	\$60.05
Prof - Anesthesia	\$1,520,283	\$1,498,422	\$4.99	\$4.58	436	458	\$137.38	\$120.03
Prof - Child EPSDT	\$212,596	\$225,480	\$0.70	\$0.69	414	368	\$20.22	\$22.45
Prof - Evaluation & Management	\$11,688,399	\$13,364,577	\$38.37	\$40.85	7,011	7,079	\$65.68	\$69.25
Prof - Maternity	\$9,175,381	\$9,174,833	\$30.12	\$28.04	567	556	\$637.67	\$605.28
Prof - Other	\$5,747,014	\$6,813,483	\$18.87	\$20.83	2,557	2,636	\$88.54	\$94.79
Prof - Psych	\$988,252	\$1,103,418	\$3.24	\$3.37	696	777	\$55.93	\$52.09
Prof - Specialist	\$4,480,924	\$4,675,688	\$14.71	\$14.29	1,466	1,428	\$120.42	\$120.13
Prof - Vision	\$400,986	\$427,060	\$1.32	\$1.31	109	110	\$144.66	\$142.12
Radiology	\$4,052,535	\$4,448,019	\$13.30	\$13.60	2,751	2,759	\$58.03	\$59.13
Transportation/Ambulance	\$1,669,470	\$2,021,375	\$5.48	\$6.18	1,235	1,594	\$53.27	\$46.52
Total	\$134,665,587	\$149,220,161	\$442.09	\$456.10				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Children <21								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	564,509	578,214						
Service Type								
DME/Supplies	\$931,876	\$978,013	\$1.65	\$1.69	232	208	\$85.28	\$97.65
FQHC / RHC	\$512,450	\$512,488	\$0.91	\$0.89	250	243	\$43.64	\$43.84
Home Health	\$82,938	\$101,162	\$0.15	\$0.17	7	8	\$259.18	\$258.73
IP - Maternity	\$1,681,079	\$1,280,024	\$2.98	\$2.21	12	9	\$2,898.41	\$2,844.50
IP - Newborn	\$12,363,101	\$3,036,467	\$21.90	\$5.25	59	16	\$4,460.60	\$3,923.08
IP - Other	\$7,753,592	\$14,401,633	\$13.74	\$24.91	20	59	\$8,222.26	\$5,044.92
IP - Psych	\$2,345,998	\$2,428,535	\$4.16	\$4.20	69	73	\$720.52	\$693.67
Lab	\$1,531,067	\$1,576,521	\$2.71	\$2.73	2,166	2,107	\$15.03	\$15.53
OP - Emergency Room & Related	\$4,965,256	\$5,099,440	\$8.80	\$8.82	621	609	\$170.09	\$173.88
OP - Other	\$5,620,649	\$6,323,713	\$9.96	\$10.94	312	327	\$382.96	\$401.68
Pharmacy	\$20,516,413	\$21,243,320	\$36.34	\$36.74	6,680	6,960	\$65.29	\$63.35
Prof - Anesthesia	\$388,775	\$400,497	\$0.69	\$0.69	64	65	\$128.14	\$127.99
Prof - Child EPSDT	\$467,218	\$416,008	\$0.83	\$0.72	795	764	\$12.50	\$11.31
Prof - Evaluation & Management	\$19,676,056	\$21,664,745	\$34.86	\$37.47	5,294	5,363	\$79.01	\$83.84
Prof - Maternity	\$991,978	\$824,499	\$1.76	\$1.43	43	37	\$485.31	\$463.98
Prof - Other	\$4,830,104	\$4,628,374	\$8.56	\$8.00	2,527	2,537	\$40.63	\$37.87
Prof - Psych	\$1,629,218	\$1,750,508	\$2.89	\$3.03	442	467	\$78.43	\$77.82
Prof - Specialist	\$1,867,784	\$1,923,397	\$3.31	\$3.33	364	368	\$109.17	\$108.42
Prof - Vision	\$1,161,443	\$1,183,804	\$2.06	\$2.05	97	109	\$255.66	\$226.42
Radiology	\$872,968	\$883,360	\$1.55	\$1.53	661	656	\$28.07	\$27.95
Transportation/Ambulance	\$2,055,369	\$2,033,008	\$3.64	\$3.52	344	375	\$126.93	\$112.63
Total	\$92,245,332	\$92,689,513	\$163.41	\$160.30				

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Adults 21+								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	124,123	129,623						
Service Type								
DME/Supplies	\$597,749	\$489,225	\$4.82	\$3.77	478	466	\$121.00	\$97.26
FQHC / RHC	\$183,657	\$180,708	\$1.48	\$1.39	410	370	\$43.36	\$45.27
Home Health	\$114,122	\$152,503	\$0.92	\$1.18	44	52	\$250.27	\$270.88
IP - Maternity	\$6,885,444	\$6,411,895	\$55.47	\$49.47	212	183	\$3,141.17	\$3,249.82
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$7,158,712	\$9,214,990	\$57.67	\$71.09	70	93	\$9,846.92	\$9,178.28
IP - Psych	\$969,624	\$910,839	\$7.81	\$7.03	147	126	\$637.07	\$670.23
Lab	\$1,756,576	\$2,056,133	\$14.15	\$15.86	7,953	10,295	\$21.35	\$18.49
OP - Emergency Room & Related	\$3,680,090	\$4,170,910	\$29.65	\$32.18	1,416	1,444	\$251.22	\$267.49
OP - Other	\$7,190,839	\$7,759,341	\$57.93	\$59.86	1,591	1,577	\$436.97	\$455.57
Pharmacy	\$14,086,843	\$16,094,020	\$113.49	\$124.16	27,167	27,349	\$50.13	\$54.48
Prof - Anesthesia	\$515,369	\$535,071	\$4.15	\$4.13	346	354	\$144.20	\$140.07
Prof - Child EPSDT	\$94,592	\$94,654	\$0.76	\$0.73	451	425	\$20.29	\$20.60
Prof - Evaluation & Management	\$6,033,071	\$6,632,813	\$48.61	\$51.17	8,138	8,218	\$71.67	\$74.72
Prof - Maternity	\$3,736,013	\$3,669,082	\$30.10	\$28.31	742	655	\$487.09	\$518.60
Prof - Other	\$1,977,173	\$2,127,258	\$15.93	\$16.41	2,799	2,758	\$68.29	\$71.41
Prof - Psych	\$505,399	\$560,419	\$4.07	\$4.32	798	864	\$61.25	\$60.03
Prof - Specialist	\$1,812,050	\$1,996,304	\$14.60	\$15.40	1,686	1,789	\$103.88	\$103.28
Prof - Vision	\$252,951	\$249,714	\$2.04	\$1.93	125	112	\$196.24	\$206.37
Radiology	\$1,594,742	\$1,652,769	\$12.85	\$12.75	3,201	3,310	\$48.16	\$46.23
Transportation/Ambulance	\$937,661	\$1,017,583	\$7.55	\$7.85	1,243	1,449	\$72.91	\$65.01
Total	\$60,082,677	\$65,976,231	\$484.06	\$508.99				

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

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Exhibit 1a

Children <21								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	356,042	365,947						
Service Type								
DME/Supplies	\$635,525	\$597,256	\$1.78	\$1.63	253	202	\$84.79	\$96.93
FQHC / RHC	\$202,938	\$203,828	\$0.57	\$0.56	152	149	\$44.90	\$44.71
Home Health	\$69,380	\$56,608	\$0.19	\$0.15	5	4	\$495.57	\$419.32
IP - Maternity	\$1,141,640	\$898,148	\$3.21	\$2.45	14	11	\$2,686.21	\$2,755.05
IP - Newborn	\$6,003,215	\$2,382,814	\$16.86	\$6.51	59	18	\$3,414.44	\$4,388.24
IP - Other	\$5,146,074	\$9,584,418	\$14.45	\$26.19	26	64	\$6,589.08	\$4,874.26
IP - Psych	\$818,500	\$827,855	\$2.30	\$2.26	26	33	\$1,049.36	\$834.53
Lab	\$1,035,642	\$1,061,769	\$2.91	\$2.90	2,450	2,349	\$14.24	\$14.82
OP - Emergency Room & Related	\$5,046,778	\$5,126,564	\$14.17	\$14.01	879	861	\$193.62	\$195.18
OP - Other	\$4,737,022	\$4,656,836	\$13.30	\$12.73	614	636	\$260.13	\$239.98
Pharmacy	\$12,209,164	\$13,386,941	\$34.29	\$36.58	8,087	8,361	\$50.88	\$52.51
Prof - Anesthesia	\$320,653	\$301,812	\$0.90	\$0.82	99	96	\$108.88	\$103.14
Prof - Child EPSDT	\$260,252	\$217,239	\$0.73	\$0.59	683	633	\$12.85	\$11.25
Prof - Evaluation & Management	\$12,762,350	\$13,685,490	\$35.85	\$37.40	6,300	6,314	\$68.28	\$71.07
Prof - Maternity	\$705,019	\$616,423	\$1.98	\$1.68	44	40	\$535.73	\$499.53
Prof - Other	\$3,856,492	\$4,719,037	\$10.83	\$12.90	2,723	2,919	\$47.73	\$53.02
Prof - Psych	\$1,059,630	\$1,139,681	\$2.98	\$3.11	436	475	\$81.91	\$78.69
Prof - Specialist	\$1,402,431	\$1,458,975	\$3.94	\$3.99	460	480	\$102.67	\$99.57
Prof - Vision	\$761,426	\$786,506	\$2.14	\$2.15	188	200	\$136.24	\$128.82
Radiology	\$740,567	\$766,064	\$2.08	\$2.09	903	904	\$27.64	\$27.78
Transportation/Ambulance	\$1,603,351	\$1,626,164	\$4.50	\$4.44	454	522	\$118.99	\$102.11
Total	\$60,518,046	\$64,100,427	\$169.97	\$175.16				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Appendix I
Exhibit 1a

Adults 21+								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	91,903	96,822						
Service Type								
DME/Supplies	\$360,698	\$472,922	\$3.92	\$4.88	556	614	\$84.67	\$95.44
FQHC / RHC	\$179,819	\$143,426	\$1.96	\$1.48	453	386	\$51.85	\$46.07
Home Health	\$100,328	\$72,848	\$1.09	\$0.75	28	31	\$466.64	\$290.23
IP - Maternity	\$3,919,599	\$3,672,500	\$42.65	\$37.93	170	141	\$3,017.40	\$3,221.49
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,428,149	\$6,987,591	\$59.06	\$72.17	85	103	\$8,376.77	\$8,439.12
IP - Psych	\$634,734	\$607,693	\$6.91	\$6.28	118	100	\$702.14	\$755.84
Lab	\$1,215,346	\$1,059,719	\$13.22	\$10.95	7,259	6,879	\$21.86	\$19.09
OP - Emergency Room & Related	\$3,765,632	\$3,963,690	\$40.97	\$40.94	1,679	1,740	\$292.86	\$282.27
OP - Other	\$4,971,630	\$5,372,311	\$54.10	\$55.49	1,787	1,789	\$363.21	\$372.17
Pharmacy	\$12,047,905	\$13,780,298	\$131.09	\$142.33	33,798	35,003	\$46.54	\$48.79
Prof - Anesthesia	\$383,229	\$374,555	\$4.17	\$3.87	390	369	\$128.21	\$125.77
Prof - Child EPSDT	\$36,983	\$41,954	\$0.40	\$0.43	438	453	\$11.03	\$11.48
Prof - Evaluation & Management	\$3,973,981	\$4,471,806	\$43.24	\$46.19	8,017	8,164	\$64.72	\$67.89
Prof - Maternity	\$2,120,993	\$2,163,982	\$23.08	\$22.35	506	486	\$547.49	\$552.18
Prof - Other	\$968,719	\$1,217,444	\$10.54	\$12.57	2,228	2,350	\$56.78	\$64.22
Prof - Psych	\$267,608	\$268,228	\$2.91	\$2.77	559	572	\$62.50	\$58.11
Prof - Specialist	\$1,187,871	\$1,211,753	\$12.93	\$12.52	1,437	1,482	\$107.92	\$101.33
Prof - Vision	\$188,233	\$191,831	\$2.05	\$1.98	210	194	\$116.92	\$122.50
Radiology	\$1,180,525	\$1,510,777	\$12.85	\$15.60	3,324	3,808	\$46.37	\$49.17
Transportation/Ambulance	\$697,108	\$743,754	\$7.59	\$7.68	1,073	1,087	\$84.81	\$84.78
Total	\$43,629,088	\$48,329,083	\$474.73	\$499.15				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 1b

Age Under 1								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	86	135						
Service Type								
DME/Supplies	\$5,646	\$6,395	\$65.65	\$47.37	12,000	7,911	\$65.65	\$71.86
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$2,677	\$32,760	\$31.12	\$242.67	1,674	1,422	\$223.05	\$2,047.50
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$4,324	\$0	\$50.28	\$0.00	279	0	\$2,162.07	-
IP - Other	\$12,013	\$213,641	\$139.69	\$1,582.53	140	267	\$12,013.30	\$71,213.76
IP - Psych	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Lab	\$205	\$170	\$2.39	\$1.26	2,233	978	\$12.83	\$15.45
OP - Emergency Room & Related	\$1,058	\$3,926	\$12.31	\$29.08	837	1,067	\$176.40	\$327.19
OP - Other	\$3,694	\$7,182	\$42.95	\$53.20	1,953	1,778	\$263.84	\$359.08
Pharmacy	\$21,988	\$17,206	\$255.67	\$127.45	11,302	10,044	\$271.45	\$152.26
Prof - Anesthesia	\$657	\$1,197	\$7.64	\$8.86	558	444	\$164.34	\$239.34
Prof - Child EPSDT	\$272	\$469	\$3.17	\$3.47	2,372	1,956	\$16.03	\$21.31
Prof - Evaluation & Management	\$16,322	\$35,844	\$189.80	\$265.51	27,488	20,800	\$82.86	\$153.18
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$25,516	\$39,482	\$296.70	\$292.46	20,233	13,422	\$175.97	\$261.47
Prof - Psych	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Specialist	\$1,848	\$3,694	\$21.49	\$27.36	558	1,244	\$462.02	\$263.84
Prof - Vision	\$275	\$644	\$3.20	\$4.77	558	1,156	\$68.72	\$49.51
Radiology	\$238	\$992	\$2.76	\$7.35	1,256	4,800	\$26.39	\$18.38
Transportation/Ambulance	\$410	\$2,239	\$4.77	\$16.59	279	533	\$205.00	\$373.22
Total	\$97,144	\$365,840	\$1,129.58	\$2,709.93				

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 1b

Age 1-5								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	2,954	2,673						
Service Type								
DME/Supplies	\$306,272	\$175,145	\$103.68	\$65.52	7,568	7,210	\$164.40	\$109.06
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$124,544	\$114,466	\$42.16	\$42.82	394	426	\$1,283.95	\$1,204.90
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,975,134	\$727,806	\$668.63	\$272.28	232	166	\$34,651.47	\$19,670.42
IP - Psych	\$0	\$88	\$0.00	\$0.03	0	0	-	-
Lab	\$15,727	\$10,363	\$5.32	\$3.88	2,376	1,845	\$26.88	\$25.21
OP - Emergency Room & Related	\$78,524	\$73,946	\$26.58	\$27.66	1,194	1,239	\$267.09	\$267.92
OP - Other	\$847,674	\$811,951	\$286.96	\$303.76	3,961	4,552	\$869.41	\$800.74
Pharmacy	\$565,231	\$599,078	\$191.34	\$224.12	14,031	14,002	\$163.65	\$192.07
Prof - Anesthesia	\$16,911	\$16,244	\$5.72	\$6.08	455	507	\$150.99	\$143.75
Prof - Child EPSDT	\$2,994	\$3,730	\$1.01	\$1.40	938	1,437	\$12.96	\$11.66
Prof - Evaluation & Management	\$265,764	\$229,282	\$89.97	\$85.78	13,454	11,874	\$80.24	\$86.69
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,545,374	\$1,284,372	\$523.15	\$480.50	20,031	22,788	\$313.40	\$253.03
Prof - Psych	\$4,280	\$536	\$1.45	\$0.20	297	31	\$58.63	\$76.62
Prof - Specialist	\$53,652	\$58,483	\$18.16	\$21.88	1,089	1,149	\$200.19	\$228.45
Prof - Vision	\$14,873	\$11,750	\$5.03	\$4.40	650	525	\$92.96	\$100.43
Radiology	\$9,086	\$7,404	\$3.08	\$2.77	1,954	1,728	\$18.89	\$19.23
Transportation/Ambulance	\$18,831	\$14,884	\$6.37	\$5.57	349	341	\$218.96	\$195.84
Total	\$5,844,868	\$4,139,527	\$1,978.63	\$1,548.64				

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Age 6-20								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	17,635	18,454						
Service Type								
DME/Supplies	\$463,729	\$493,819	\$26.30	\$26.76	1,881	2,096	\$167.77	\$153.17
FQHC / RHC	\$764	\$1,297	\$0.04	\$0.07	7	10	\$76.42	\$81.08
Home Health	\$180,140	\$261,278	\$10.21	\$14.16	88	110	\$1,385.69	\$1,546.03
IP - Maternity	\$44,448	\$12,332	\$2.52	\$0.67	6	2	\$4,938.70	\$4,110.74
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$976,664	\$1,263,315	\$55.38	\$68.46	48	47	\$13,952.34	\$17,546.04
IP - Psych	\$294,079	\$322,720	\$16.68	\$17.49	310	349	\$646.33	\$600.97
Lab	\$58,574	\$46,917	\$3.32	\$2.54	1,626	1,328	\$24.52	\$22.96
OP - Emergency Room & Related	\$315,543	\$287,676	\$17.89	\$15.59	749	657	\$286.60	\$284.55
OP - Other	\$1,151,540	\$1,390,806	\$65.30	\$75.37	1,307	1,337	\$599.45	\$676.46
Pharmacy	\$3,063,197	\$3,484,180	\$173.70	\$188.80	13,979	13,791	\$149.11	\$164.28
Prof - Anesthesia	\$28,634	\$33,968	\$1.62	\$1.84	129	187	\$151.50	\$118.36
Prof - Child EPSDT	\$4,320	\$3,077	\$0.24	\$0.17	202	193	\$14.55	\$10.36
Prof - Evaluation & Management	\$691,430	\$775,931	\$39.21	\$42.05	6,314	6,389	\$74.52	\$78.98
Prof - Maternity	\$12,803	\$7,524	\$0.73	\$0.41	61	8	\$143.85	\$626.99
Prof - Other	\$1,002,262	\$1,330,888	\$56.83	\$72.12	4,886	5,327	\$139.59	\$162.46
Prof - Psych	\$73,515	\$95,548	\$4.17	\$5.18	833	1,018	\$60.06	\$61.05
Prof - Specialist	\$92,441	\$139,594	\$5.24	\$7.56	443	510	\$142.00	\$178.05
Prof - Vision	\$47,022	\$51,177	\$2.67	\$2.77	265	290	\$120.88	\$114.75
Radiology	\$49,303	\$53,017	\$2.80	\$2.87	1,083	1,020	\$30.99	\$33.81
Transportation/Ambulance	\$87,804	\$95,898	\$4.98	\$5.20	460	244	\$129.89	\$255.05
Total	\$8,638,212	\$10,150,962	\$489.83	\$550.07				

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Age 21-44 Female								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	12,139	12,200						
Service Type								
DME/Supplies	\$117,236	\$103,706	\$9.66	\$8.50	1,115	934	\$103.93	\$109.16
FQHC / RHC	\$1,363	\$672	\$0.11	\$0.06	29	12	\$47.01	\$55.97
Home Health	\$7,391	\$41,434	\$0.61	\$3.40	22	97	\$335.94	\$418.53
IP - Maternity	\$185,479	\$142,227	\$15.28	\$11.66	52	37	\$3,499.61	\$3,742.82
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,934,950	\$1,868,241	\$159.40	\$153.13	228	185	\$8,376.41	\$9,937.45
IP - Psych	\$778,305	\$990,919	\$64.12	\$81.22	1,072	1,435	\$717.99	\$679.18
Lab	\$92,756	\$100,745	\$7.64	\$8.26	4,779	5,037	\$19.19	\$19.67
OP - Emergency Room & Related	\$970,964	\$951,082	\$79.99	\$77.96	2,811	2,579	\$341.41	\$362.73
OP - Other	\$976,426	\$1,011,572	\$80.44	\$82.92	1,383	1,297	\$697.95	\$766.92
Pharmacy	\$3,603,300	\$4,002,985	\$296.84	\$328.11	36,021	36,438	\$98.89	\$108.06
Prof - Anesthesia	\$40,653	\$39,917	\$3.35	\$3.27	313	351	\$128.24	\$111.81
Prof - Child EPSDT	\$3,752	\$6,359	\$0.31	\$0.52	375	448	\$9.90	\$13.98
Prof - Evaluation & Management	\$968,139	\$1,037,091	\$79.75	\$85.01	14,511	14,120	\$65.95	\$72.25
Prof - Maternity	\$67,661	\$56,715	\$5.57	\$4.65	135	102	\$493.87	\$545.34
Prof - Other	\$458,031	\$343,113	\$37.73	\$28.12	4,897	4,686	\$92.46	\$72.02
Prof - Psych	\$89,749	\$98,429	\$7.39	\$8.07	1,393	1,520	\$63.70	\$63.71
Prof - Specialist	\$201,584	\$247,284	\$16.61	\$20.27	1,573	1,527	\$126.70	\$159.33
Prof - Vision	\$33,400	\$31,960	\$2.75	\$2.62	322	327	\$102.45	\$96.27
Radiology	\$192,689	\$182,088	\$15.87	\$14.93	3,973	3,830	\$47.94	\$46.76
Transportation/Ambulance	\$160,175	\$177,167	\$13.20	\$14.52	1,910	1,868	\$82.91	\$93.30
Total	\$10,884,001	\$11,433,709	\$896.61	\$937.19				

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Exhibit 1b

Age 21-44 Male								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	13,640	14,334						
Service Type								
DME/Supplies	\$195,077	\$190,832	\$14.30	\$13.31	1,299	1,041	\$132.17	\$153.53
FQHC / RHC	\$563	\$389	\$0.04	\$0.03	11	9	\$46.89	\$35.38
Home Health	\$9,194	\$11,565	\$0.67	\$0.81	27	31	\$296.58	\$312.57
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,667,505	\$2,309,727	\$195.56	\$161.14	160	150	\$14,656.62	\$12,903.50
IP - Psych	\$951,120	\$1,065,179	\$69.73	\$74.31	1,189	1,324	\$703.49	\$673.74
Lab	\$49,274	\$53,276	\$3.61	\$3.72	2,755	2,538	\$15.73	\$17.57
OP - Emergency Room & Related	\$548,994	\$548,652	\$40.25	\$38.28	1,389	1,300	\$347.68	\$353.29
OP - Other	\$1,057,082	\$983,895	\$77.50	\$68.64	1,068	954	\$870.74	\$863.07
Pharmacy	\$4,428,853	\$4,451,674	\$324.70	\$310.57	26,249	25,827	\$148.44	\$144.30
Prof - Anesthesia	\$24,714	\$22,882	\$1.81	\$1.60	197	172	\$110.33	\$111.62
Prof - Child EPSDT	\$1,867	\$2,640	\$0.14	\$0.18	163	232	\$10.09	\$9.53
Prof - Evaluation & Management	\$725,135	\$807,198	\$53.16	\$56.31	9,735	9,567	\$65.53	\$70.63
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$462,452	\$420,315	\$33.90	\$29.32	2,785	3,097	\$146.07	\$113.63
Prof - Psych	\$56,114	\$77,222	\$4.11	\$5.39	771	1,041	\$64.06	\$62.13
Prof - Specialist	\$155,310	\$179,027	\$11.39	\$12.49	1,152	1,005	\$118.56	\$149.06
Prof - Vision	\$25,808	\$25,791	\$1.89	\$1.80	194	196	\$116.78	\$110.22
Radiology	\$81,332	\$93,153	\$5.96	\$6.50	1,873	1,928	\$38.20	\$40.45
Transportation/Ambulance	\$168,539	\$208,277	\$12.36	\$14.53	1,783	1,618	\$83.15	\$107.75
Total	\$11,608,934	\$11,451,694	\$851.09	\$798.92				

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Age 45 and Over								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	58,214	61,106						
Service Type								
DME/Supplies	\$1,197,323	\$1,127,743	\$20.57	\$18.46	1,898	1,694	\$130.06	\$130.75
FQHC / RHC	\$6,242	\$3,459	\$0.11	\$0.06	16	11	\$78.02	\$60.68
Home Health	\$269,281	\$374,329	\$4.63	\$6.13	172	214	\$323.65	\$343.74
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$19,510,389	\$20,298,576	\$335.15	\$332.19	301	286	\$13,363.28	\$13,960.51
IP - Psych	\$1,945,261	\$1,636,542	\$33.42	\$26.78	511	449	\$785.01	\$716.21
Lab	\$472,220	\$528,667	\$8.11	\$8.65	6,100	6,102	\$15.96	\$17.02
OP - Emergency Room & Related	\$2,771,287	\$2,867,452	\$47.61	\$46.93	1,218	1,266	\$469.15	\$444.77
OP - Other	\$6,516,733	\$6,964,252	\$111.94	\$113.97	1,986	1,991	\$676.36	\$686.81
Pharmacy	\$23,905,675	\$27,809,919	\$410.65	\$455.11	58,421	58,665	\$84.35	\$93.09
Prof - Anesthesia	\$241,598	\$234,600	\$4.15	\$3.84	428	476	\$116.32	\$96.86
Prof - Child EPSDT	\$33,392	\$37,543	\$0.57	\$0.61	627	688	\$10.98	\$10.72
Prof - Evaluation & Management	\$4,887,039	\$5,562,784	\$83.95	\$91.03	14,760	14,960	\$68.25	\$73.02
Prof - Maternity	\$0	\$273	\$0.00	\$0.00	0	0	-	\$273.38
Prof - Other	\$2,340,244	\$3,145,283	\$40.20	\$51.47	5,984	6,483	\$80.62	\$95.27
Prof - Psych	\$187,683	\$187,923	\$3.22	\$3.08	616	618	\$62.81	\$59.75
Prof - Specialist	\$1,738,811	\$1,986,854	\$29.87	\$32.51	2,615	2,626	\$137.08	\$148.59
Prof - Vision	\$362,732	\$404,325	\$6.23	\$6.62	997	1,049	\$74.96	\$75.69
Radiology	\$1,242,466	\$1,292,156	\$21.34	\$21.15	4,618	4,692	\$55.46	\$54.08
Transportation/Ambulance	\$656,185	\$682,383	\$11.27	\$11.17	1,683	1,436	\$80.39	\$93.35
Total	\$68,284,560	\$75,145,063	\$1,172.99	\$1,229.75				

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Exhibit 1b

All Age Categories								
Northern Virginia	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	104,668	108,902						
Service Type								
DME/Supplies	\$2,285,281	\$2,097,640	\$21.83	\$19.26	1,894	1,734	\$138.31	\$133.29
FQHC / RHC	\$8,932	\$5,817	\$0.09	\$0.05	15	11	\$68.18	\$60.59
Home Health	\$593,225	\$835,832	\$5.67	\$7.68	129	166	\$527.78	\$555.37
IP - Maternity	\$229,928	\$154,559	\$2.20	\$1.42	7	5	\$3,708.51	\$3,769.74
IP - Newborn	\$4,324	\$0	\$0.04	\$0.00	0	0	\$2,162.07	-
IP - Other	\$27,076,655	\$26,681,306	\$258.69	\$245.00	229	213	\$13,531.56	\$13,803.06
IP - Psych	\$3,968,766	\$4,015,447	\$37.92	\$36.87	616	646	\$739.20	\$685.00
Lab	\$688,756	\$740,139	\$6.58	\$6.80	4,649	4,594	\$16.99	\$17.75
OP - Emergency Room & Related	\$4,686,371	\$4,732,735	\$44.77	\$43.46	1,345	1,314	\$399.49	\$397.01
OP - Other	\$10,553,148	\$11,169,657	\$100.82	\$102.57	1,738	1,729	\$696.21	\$711.94
Pharmacy	\$35,588,244	\$40,365,041	\$340.01	\$370.65	42,851	43,092	\$95.22	\$103.22
Prof - Anesthesia	\$353,167	\$348,808	\$3.37	\$3.20	335	373	\$120.82	\$102.92
Prof - Child EPSDT	\$46,597	\$53,818	\$0.45	\$0.49	476	537	\$11.23	\$11.05
Prof - Evaluation & Management	\$7,553,829	\$8,448,130	\$72.17	\$77.58	12,627	12,635	\$68.59	\$73.67
Prof - Maternity	\$80,463	\$64,513	\$0.77	\$0.59	26	13	\$356.03	\$551.39
Prof - Other	\$5,833,879	\$6,563,454	\$55.74	\$60.27	5,664	6,049	\$118.09	\$119.56
Prof - Psych	\$411,341	\$459,658	\$3.93	\$4.22	753	827	\$62.61	\$61.25
Prof - Specialist	\$2,243,646	\$2,614,935	\$21.44	\$24.01	1,893	1,893	\$135.90	\$152.23
Prof - Vision	\$484,110	\$525,647	\$4.63	\$4.83	681	714	\$81.51	\$81.07
Radiology	\$1,575,113	\$1,628,810	\$15.05	\$14.96	3,512	3,537	\$51.42	\$50.75
Transportation/Ambulance	\$1,091,944	\$1,180,848	\$10.43	\$10.84	1,477	1,278	\$84.74	\$101.80
Total	\$105,357,719	\$112,686,794	\$1,006.59	\$1,034.75				

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Age Under 1								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	85	91						
Service Type								
DME/Supplies	\$6,594	\$5,117	\$77.58	\$56.24	10,729	7,385	\$86.77	\$91.38
FQHC / RHC	\$114	\$0	\$1.34	\$0.00	706	0	\$22.71	-
Home Health	\$315	\$0	\$3.71	\$0.00	141	0	\$315.00	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$27,449	\$0	\$322.93	\$0.00	141	0	\$27,449.46	-
IP - Other	\$35,588	\$51,716	\$418.68	\$568.30	424	264	\$11,862.72	\$25,857.85
IP - Psych	\$1,683	\$1,322	\$19.80	\$14.52	0	0	-	-
Lab	\$183	\$218	\$2.15	\$2.39	2,259	2,901	\$11.43	\$9.89
OP - Emergency Room & Related	\$974	\$2,490	\$11.46	\$27.36	988	1,978	\$139.10	\$165.98
OP - Other	\$4,120	\$15,691	\$48.47	\$172.43	3,388	4,220	\$171.68	\$490.36
Pharmacy	\$1,383	\$24,648	\$16.28	\$270.86	5,647	10,549	\$34.59	\$308.10
Prof - Anesthesia	\$1,278	\$1,336	\$15.04	\$14.68	565	923	\$319.60	\$190.90
Prof - Child EPSDT	\$114	\$238	\$1.34	\$2.62	1,553	2,769	\$10.38	\$11.34
Prof - Evaluation & Management	\$10,591	\$20,812	\$124.60	\$228.70	19,059	22,418	\$78.45	\$122.42
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$91,103	\$25,968	\$1,071.80	\$285.36	14,541	9,626	\$884.50	\$355.73
Prof - Psych	\$264	\$207	\$3.10	\$2.27	0	0	-	-
Prof - Specialist	\$9,120	\$2,383	\$107.30	\$26.19	1,694	1,055	\$760.01	\$297.89
Prof - Vision	\$1,331	\$1,059	\$15.66	\$11.64	2,541	2,374	\$73.95	\$58.85
Radiology	\$352	\$541	\$4.14	\$5.95	3,247	5,011	\$15.31	\$14.24
Transportation/Ambulance	\$275	\$3,023	\$3.24	\$33.22	2,682	13,582	\$14.48	\$29.35
Total	\$192,832	\$156,770	\$2,268.62	\$1,722.74				

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Age 1-5								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	2,369	1,999						
Service Type								
DME/Supplies	\$148,892	\$151,833	\$62.85	\$75.95	5,410	5,883	\$139.41	\$154.93
FQHC / RHC	\$81,697	\$81,854	\$34.49	\$40.95	3,272	3,638	\$126.47	\$135.07
Home Health	\$9,660	\$2,165	\$4.08	\$1.08	101	60	\$483.02	\$216.49
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$546,518	\$1,013,600	\$230.70	\$507.05	233	216	\$11,880.83	\$28,155.57
IP - Psych	\$48,468	\$35,770	\$20.46	\$17.89	0	0	-	-
Lab	\$5,511	\$4,752	\$2.33	\$2.38	1,813	1,687	\$15.39	\$16.91
OP - Emergency Room & Related	\$40,126	\$54,379	\$16.94	\$27.20	973	1,315	\$208.99	\$248.31
OP - Other	\$267,389	\$249,852	\$112.87	\$124.99	2,659	3,176	\$509.31	\$472.31
Pharmacy	\$266,391	\$262,134	\$112.45	\$131.13	13,464	15,548	\$100.22	\$101.21
Prof - Anesthesia	\$11,079	\$19,924	\$4.68	\$9.97	390	576	\$143.89	\$207.55
Prof - Child EPSDT	\$1,684	\$1,096	\$0.71	\$0.55	790	630	\$10.79	\$10.44
Prof - Evaluation & Management	\$163,592	\$148,927	\$69.06	\$74.50	9,503	10,259	\$87.20	\$87.14
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$377,935	\$258,741	\$159.53	\$129.44	14,933	14,593	\$128.20	\$106.43
Prof - Psych	\$9,830	\$5,640	\$4.15	\$2.82	142	162	\$351.06	\$208.89
Prof - Specialist	\$21,006	\$39,315	\$8.87	\$19.67	689	810	\$154.46	\$291.22
Prof - Vision	\$7,318	\$6,481	\$3.09	\$3.24	284	330	\$130.68	\$117.83
Radiology	\$7,005	\$9,662	\$2.96	\$4.83	1,844	2,119	\$19.24	\$27.37
Transportation/Ambulance	\$39,798	\$30,396	\$16.80	\$15.21	3,338	4,094	\$60.39	\$44.57
Total	\$2,053,901	\$2,376,521	\$866.99	\$1,188.86				

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Age 6-20								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	19,216	19,248						
Service Type								
DME/Supplies	\$210,090	\$241,502	\$10.93	\$12.55	1,068	1,142	\$122.86	\$131.90
FQHC / RHC	\$81,688	\$96,398	\$4.25	\$5.01	939	1,092	\$54.31	\$55.02
Home Health	\$1,531	\$2,807	\$0.08	\$0.15	2	5	\$510.46	\$350.85
IP - Maternity	\$17,501	\$39,063	\$0.91	\$2.03	4	10	\$2,500.20	\$2,441.46
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$732,487	\$1,031,435	\$38.12	\$53.59	49	54	\$9,271.99	\$11,993.43
IP - Psych	\$624,828	\$539,773	\$32.52	\$28.04	427	361	\$914.83	\$932.25
Lab	\$57,002	\$56,344	\$2.97	\$2.93	2,252	2,037	\$15.81	\$17.25
OP - Emergency Room & Related	\$232,100	\$304,558	\$12.08	\$15.82	644	714	\$225.12	\$265.76
OP - Other	\$656,154	\$653,978	\$34.15	\$33.98	1,009	1,065	\$406.04	\$382.89
Pharmacy	\$3,220,370	\$3,468,235	\$167.59	\$180.19	17,529	17,602	\$114.73	\$122.84
Prof - Anesthesia	\$20,546	\$24,962	\$1.07	\$1.30	90	103	\$142.68	\$150.37
Prof - Child EPSDT	\$3,092	\$4,152	\$0.16	\$0.22	137	133	\$14.05	\$19.49
Prof - Evaluation & Management	\$657,940	\$680,660	\$34.24	\$35.36	5,746	5,677	\$71.50	\$74.75
Prof - Maternity	\$10,712	\$27,405	\$0.56	\$1.42	22	38	\$297.54	\$449.27
Prof - Other	\$1,586,849	\$1,485,211	\$82.58	\$77.16	4,905	5,004	\$202.04	\$185.03
Prof - Psych	\$198,248	\$219,549	\$10.32	\$11.41	1,674	1,728	\$73.97	\$79.23
Prof - Specialist	\$98,355	\$80,538	\$5.12	\$4.18	491	454	\$125.13	\$110.63
Prof - Vision	\$53,169	\$51,416	\$2.77	\$2.67	271	246	\$122.51	\$130.17
Radiology	\$56,797	\$57,607	\$2.96	\$2.99	952	1,112	\$37.24	\$32.29
Transportation/Ambulance	\$187,518	\$184,031	\$9.76	\$9.56	3,913	4,467	\$29.93	\$25.68
Total	\$8,706,976	\$9,249,626	\$453.11	\$480.55				

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Age 21-44 Female								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	11,873	11,804						
Service Type								
DME/Supplies	\$187,687	\$182,765	\$15.81	\$15.48	1,756	1,499	\$108.05	\$123.91
FQHC / RHC	\$41,703	\$37,356	\$3.51	\$3.16	991	895	\$42.51	\$42.45
Home Health	\$14,388	\$11,142	\$1.21	\$0.94	65	40	\$224.82	\$285.69
IP - Maternity	\$223,153	\$308,763	\$18.79	\$26.16	63	57	\$3,599.23	\$5,513.63
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,849,410	\$2,007,237	\$155.77	\$170.05	225	195	\$8,293.32	\$10,454.36
IP - Psych	\$546,510	\$397,276	\$46.03	\$33.66	695	446	\$794.35	\$904.96
Lab	\$152,558	\$142,900	\$12.85	\$12.11	7,745	7,129	\$19.91	\$20.38
OP - Emergency Room & Related	\$756,104	\$893,146	\$63.68	\$75.66	2,398	2,698	\$318.63	\$336.53
OP - Other	\$1,078,167	\$1,210,808	\$90.81	\$102.58	2,649	2,560	\$411.36	\$480.86
Pharmacy	\$3,579,055	\$3,369,212	\$301.44	\$285.43	47,429	47,696	\$76.27	\$71.81
Prof - Anesthesia	\$30,978	\$31,820	\$2.61	\$2.70	211	233	\$148.22	\$138.95
Prof - Child EPSDT	\$8,114	\$6,541	\$0.68	\$0.55	553	510	\$14.83	\$13.03
Prof - Evaluation & Management	\$844,419	\$874,013	\$71.12	\$74.04	12,278	12,466	\$69.51	\$71.28
Prof - Maternity	\$73,619	\$76,154	\$6.20	\$6.45	160	230	\$465.94	\$336.97
Prof - Other	\$287,132	\$332,846	\$24.18	\$28.20	4,988	4,646	\$58.18	\$72.83
Prof - Psych	\$99,472	\$109,719	\$8.38	\$9.30	1,405	1,625	\$71.56	\$68.66
Prof - Specialist	\$193,804	\$204,559	\$16.32	\$17.33	1,967	1,931	\$99.59	\$107.72
Prof - Vision	\$34,109	\$34,208	\$2.87	\$2.90	334	321	\$103.36	\$108.25
Radiology	\$169,518	\$195,001	\$14.28	\$16.52	4,135	4,274	\$41.44	\$46.38
Transportation/Ambulance	\$297,725	\$271,487	\$25.08	\$23.00	9,471	9,246	\$31.77	\$29.85
Total	\$10,467,625	\$10,696,954	\$881.63	\$906.21				

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Age 21-44 Male								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	10,445	10,581						
Service Type								
DME/Supplies	\$211,358	\$179,031	\$20.24	\$16.92	1,649	1,500	\$147.29	\$135.32
FQHC / RHC	\$21,467	\$17,781	\$2.06	\$1.68	493	491	\$50.04	\$41.06
Home Health	\$17,063	\$10,985	\$1.63	\$1.04	53	48	\$370.93	\$261.54
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,350,730	\$1,783,328	\$225.06	\$168.54	209	169	\$12,916.10	\$11,968.64
IP - Psych	\$524,130	\$392,181	\$50.18	\$37.06	784	631	\$768.52	\$705.36
Lab	\$48,429	\$37,992	\$4.64	\$3.59	3,041	2,506	\$18.30	\$17.19
OP - Emergency Room & Related	\$361,935	\$419,550	\$34.65	\$39.65	1,403	1,419	\$296.42	\$335.37
OP - Other	\$898,459	\$737,714	\$86.02	\$69.72	1,821	1,468	\$566.85	\$570.10
Pharmacy	\$3,220,373	\$3,186,224	\$308.32	\$301.13	28,849	27,164	\$128.25	\$133.03
Prof - Anesthesia	\$18,861	\$13,924	\$1.81	\$1.32	134	115	\$161.20	\$137.86
Prof - Child EPSDT	\$2,600	\$1,000	\$0.25	\$0.09	177	120	\$16.88	\$9.44
Prof - Evaluation & Management	\$501,828	\$481,685	\$48.04	\$45.52	8,212	7,617	\$70.21	\$71.72
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$651,438	\$465,110	\$62.37	\$43.96	2,607	3,233	\$287.10	\$163.14
Prof - Psych	\$47,786	\$56,229	\$4.58	\$5.31	716	734	\$76.70	\$86.91
Prof - Specialist	\$116,607	\$106,519	\$11.16	\$10.07	1,151	1,052	\$116.37	\$114.78
Prof - Vision	\$26,468	\$22,107	\$2.53	\$2.09	222	212	\$137.14	\$118.22
Radiology	\$63,011	\$62,793	\$6.03	\$5.93	2,405	2,275	\$30.11	\$31.30
Transportation/Ambulance	\$192,550	\$177,967	\$18.43	\$16.82	8,557	10,683	\$25.85	\$18.89
Total	\$9,275,094	\$8,152,118	\$887.99	\$770.45				

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Age 45 and Over								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	34,252	35,218						
Service Type								
DME/Supplies	\$1,130,333	\$1,050,002	\$33.00	\$29.81	4,235	3,848	\$93.52	\$92.98
FQHC / RHC	\$116,992	\$117,928	\$3.42	\$3.35	1,116	1,035	\$36.72	\$38.81
Home Health	\$200,384	\$164,039	\$5.85	\$4.66	216	171	\$324.77	\$326.12
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$11,064,803	\$12,072,828	\$323.04	\$342.80	361	357	\$10,742.53	\$11,508.89
IP - Psych	\$1,213,987	\$1,172,785	\$35.44	\$33.30	444	448	\$958.92	\$891.17
Lab	\$431,703	\$379,845	\$12.60	\$10.79	8,671	7,515	\$17.44	\$17.22
OP - Emergency Room & Related	\$1,576,079	\$1,825,680	\$46.01	\$51.84	1,297	1,459	\$425.74	\$426.46
OP - Other	\$5,030,456	\$5,437,871	\$146.87	\$154.41	3,648	3,821	\$483.14	\$484.92
Pharmacy	\$14,272,816	\$16,837,975	\$416.70	\$478.11	77,215	77,171	\$64.76	\$74.35
Prof - Anesthesia	\$106,038	\$107,046	\$3.10	\$3.04	259	272	\$143.49	\$133.98
Prof - Child EPSDT	\$27,728	\$22,964	\$0.81	\$0.65	738	716	\$13.17	\$10.94
Prof - Evaluation & Management	\$2,731,276	\$2,857,068	\$79.74	\$81.13	13,666	13,633	\$70.02	\$71.41
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,557,730	\$1,710,872	\$45.48	\$48.58	7,529	7,510	\$72.49	\$77.62
Prof - Psych	\$154,608	\$154,019	\$4.51	\$4.37	554	597	\$97.73	\$87.91
Prof - Specialist	\$1,004,466	\$952,442	\$29.33	\$27.04	3,159	2,976	\$111.38	\$109.06
Prof - Vision	\$159,744	\$157,261	\$4.66	\$4.47	657	638	\$85.24	\$83.96
Radiology	\$610,372	\$655,449	\$17.82	\$18.61	5,233	5,321	\$40.86	\$41.97
Transportation/Ambulance	\$907,887	\$1,060,350	\$26.51	\$30.11	11,961	14,035	\$26.59	\$25.74
Total	\$42,297,402	\$46,736,427	\$1,234.89	\$1,327.06				

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All Age Categories								
Other MSA	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	78,240	78,941						
Service Type								
DME/Supplies	\$1,894,954	\$1,810,251	\$24.22	\$22.93	2,778	2,578	\$104.62	\$106.75
FQHC / RHC	\$343,661	\$351,317	\$4.39	\$4.45	1,035	1,020	\$50.91	\$52.36
Home Health	\$243,342	\$191,138	\$3.11	\$2.42	115	92	\$324.02	\$317.50
IP - Maternity	\$240,654	\$347,827	\$3.08	\$4.41	11	11	\$3,487.74	\$4,830.93
IP - Newborn	\$27,449	\$0	\$0.35	\$0.00	0	0	\$27,449.46	-
IP - Other	\$16,579,536	\$17,960,143	\$211.91	\$227.51	240	230	\$10,607.51	\$11,862.71
IP - Psych	\$2,959,607	\$2,539,107	\$37.83	\$32.16	509	439	\$891.72	\$878.58
Lab	\$695,386	\$622,050	\$8.89	\$7.88	5,988	5,297	\$17.81	\$17.85
OP - Emergency Room & Related	\$2,967,317	\$3,499,802	\$37.93	\$44.33	1,308	1,454	\$348.03	\$365.86
OP - Other	\$7,934,746	\$8,305,915	\$101.42	\$105.22	2,574	2,629	\$472.78	\$480.25
Pharmacy	\$24,560,389	\$27,148,428	\$313.91	\$343.91	49,571	49,899	\$75.99	\$82.71
Prof - Anesthesia	\$188,781	\$199,013	\$2.41	\$2.52	198	213	\$146.34	\$142.36
Prof - Child EPSDT	\$43,333	\$35,992	\$0.55	\$0.46	490	463	\$13.57	\$11.81
Prof - Evaluation & Management	\$4,909,645	\$5,063,165	\$62.75	\$64.14	10,662	10,637	\$70.63	\$72.36
Prof - Maternity	\$84,331	\$103,559	\$1.08	\$1.31	30	44	\$434.70	\$360.83
Prof - Other	\$4,552,188	\$4,278,748	\$58.18	\$54.20	6,073	6,079	\$114.96	\$106.99
Prof - Psych	\$510,206	\$545,363	\$6.52	\$6.91	967	1,033	\$80.95	\$80.26
Prof - Specialist	\$1,443,358	\$1,385,757	\$18.45	\$17.55	1,979	1,890	\$111.89	\$111.48
Prof - Vision	\$282,139	\$272,533	\$3.61	\$3.45	446	432	\$97.12	\$95.83
Radiology	\$907,055	\$981,054	\$11.59	\$12.43	3,533	3,648	\$39.38	\$40.88
Transportation/Ambulance	\$1,625,754	\$1,727,255	\$20.78	\$21.88	8,881	10,284	\$28.08	\$25.53
Total	\$72,993,831	\$77,368,416	\$932.95	\$980.08				

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Age Under 1								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	172	143						
Service Type								
DME/Supplies	\$7,536	\$5,166	\$43.81	\$36.13	9,349	6,126	\$56.24	\$70.77
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$48	\$0	\$0.28	\$0.00	279	0	\$11.88	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$30,917	\$16,552	\$179.75	\$115.75	279	252	\$7,729.22	\$5,517.19
IP - Psych	\$2,737	\$1,498	\$15.91	\$10.47	0	0	-	-
Lab	\$324	\$211	\$1.89	\$1.47	1,395	1,510	\$16.22	\$11.71
OP - Emergency Room & Related	\$2,918	\$1,836	\$16.97	\$12.84	907	503	\$224.49	\$305.93
OP - Other	\$20,453	\$37,017	\$118.91	\$258.86	4,884	4,196	\$292.19	\$740.34
Pharmacy	\$23,263	\$37,591	\$135.25	\$262.88	6,349	5,287	\$255.64	\$596.69
Prof - Anesthesia	\$907	\$1,486	\$5.27	\$10.39	419	1,259	\$151.14	\$99.09
Prof - Child EPSDT	\$107	\$326	\$0.62	\$2.28	767	2,517	\$9.74	\$10.86
Prof - Evaluation & Management	\$29,729	\$7,668	\$172.84	\$53.62	17,023	9,483	\$121.84	\$67.86
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$6,872	\$24,451	\$39.95	\$170.98	3,349	8,308	\$143.17	\$246.98
Prof - Psych	\$433	\$235	\$2.52	\$1.64	70	0	\$433.47	-
Prof - Specialist	\$3,275	\$3,551	\$19.04	\$24.83	837	923	\$272.92	\$322.79
Prof - Vision	\$412	\$179	\$2.40	\$1.25	349	0	\$82.45	-
Radiology	\$521	\$679	\$3.03	\$4.75	3,000	2,014	\$12.11	\$28.31
Transportation/Ambulance	\$978	\$449	\$5.69	\$3.14	1,116	336	\$61.12	\$112.16
Total	\$131,430	\$138,894	\$764.13	\$971.29				

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Age 1-5								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	3,958	3,924						
Service Type								
DME/Supplies	\$395,787	\$421,850	\$100.00	\$107.51	8,638	11,630	\$138.92	\$110.93
FQHC / RHC	\$639	\$1,055	\$0.16	\$0.27	39	80	\$49.15	\$40.58
Home Health	\$219,178	\$185,642	\$55.38	\$47.31	385	419	\$1,725.81	\$1,355.05
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,201,691	\$1,011,231	\$303.61	\$257.70	209	187	\$17,415.81	\$16,577.56
IP - Psych	\$61,785	\$34,361	\$15.61	\$8.76	15	0	\$12,357.09	-
Lab	\$13,998	\$13,177	\$3.54	\$3.36	2,316	2,000	\$18.32	\$20.15
OP - Emergency Room & Related	\$104,753	\$102,585	\$26.47	\$26.14	1,316	1,226	\$241.37	\$255.82
OP - Other	\$822,134	\$817,554	\$207.71	\$208.35	5,906	6,226	\$422.04	\$401.55
Pharmacy	\$451,666	\$613,802	\$114.11	\$156.42	14,289	14,538	\$95.83	\$129.11
Prof - Anesthesia	\$20,708	\$17,031	\$5.23	\$4.34	437	502	\$143.81	\$103.85
Prof - Child EPSDT	\$3,720	\$2,742	\$0.94	\$0.70	916	817	\$12.32	\$10.27
Prof - Evaluation & Management	\$240,549	\$256,692	\$60.78	\$65.42	10,235	10,627	\$71.25	\$73.87
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$775,491	\$1,079,702	\$195.93	\$275.15	10,523	14,523	\$223.42	\$227.35
Prof - Psych	\$21,879	\$18,388	\$5.53	\$4.69	658	798	\$100.82	\$70.45
Prof - Specialist	\$68,220	\$50,723	\$17.24	\$12.93	907	835	\$228.16	\$185.80
Prof - Vision	\$12,528	\$12,493	\$3.17	\$3.18	367	254	\$103.54	\$150.51
Radiology	\$10,538	\$14,005	\$2.66	\$3.57	1,513	1,618	\$21.12	\$26.47
Transportation/Ambulance	\$35,618	\$39,651	\$9.00	\$10.10	1,971	2,168	\$54.80	\$55.93
Total	\$4,460,882	\$4,692,684	\$1,127.05	\$1,195.89				

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Age 6-20								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	49,480	48,679						
Service Type								
DME/Supplies	\$709,310	\$841,177	\$14.34	\$17.28	1,386	1,499	\$124.14	\$138.37
FQHC / RHC	\$15,823	\$16,758	\$0.32	\$0.34	96	86	\$39.86	\$48.15
Home Health	\$49,297	\$35,224	\$1.00	\$0.72	15	12	\$782.49	\$718.86
IP - Maternity	\$133,949	\$109,956	\$2.71	\$2.26	11	9	\$2,976.65	\$2,971.77
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,186,548	\$3,165,032	\$44.19	\$65.02	64	65	\$8,345.60	\$12,080.28
IP - Psych	\$1,774,346	\$1,257,826	\$35.86	\$25.84	410	350	\$1,048.67	\$887.04
Lab	\$125,028	\$104,270	\$2.53	\$2.14	1,516	1,284	\$19.99	\$20.02
OP - Emergency Room & Related	\$1,078,389	\$1,050,556	\$21.79	\$21.58	905	833	\$289.11	\$311.00
OP - Other	\$2,413,646	\$2,537,131	\$48.78	\$52.12	1,502	1,383	\$389.61	\$452.25
Pharmacy	\$6,749,844	\$7,490,927	\$136.42	\$153.88	14,718	14,827	\$111.23	\$124.54
Prof - Anesthesia	\$68,179	\$64,213	\$1.38	\$1.32	122	134	\$136.09	\$118.04
Prof - Child EPSDT	\$6,925	\$5,188	\$0.14	\$0.11	109	99	\$15.46	\$12.87
Prof - Evaluation & Management	\$1,612,482	\$1,624,047	\$32.59	\$33.36	5,652	5,580	\$69.19	\$71.75
Prof - Maternity	\$68,422	\$68,037	\$1.38	\$1.40	20	20	\$844.71	\$829.72
Prof - Other	\$2,344,198	\$2,099,968	\$47.38	\$43.14	2,884	2,681	\$197.16	\$193.08
Prof - Psych	\$353,336	\$438,888	\$7.14	\$9.02	1,289	1,657	\$66.47	\$65.28
Prof - Specialist	\$242,650	\$236,604	\$4.90	\$4.86	362	321	\$162.42	\$181.86
Prof - Vision	\$91,573	\$89,235	\$1.85	\$1.83	132	128	\$168.02	\$171.28
Radiology	\$106,196	\$109,555	\$2.15	\$2.25	971	972	\$26.52	\$27.79
Transportation/Ambulance	\$265,577	\$263,553	\$5.37	\$5.41	1,169	1,339	\$55.10	\$48.54
Total	\$20,395,717	\$21,608,146	\$412.20	\$443.89				

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Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	28,333	28,434						
Service Type								
DME/Supplies	\$422,565	\$467,690	\$14.91	\$16.45	1,382	1,424	\$129.50	\$138.66
FQHC / RHC	\$32,672	\$41,939	\$1.15	\$1.47	291	363	\$47.56	\$48.77
Home Health	\$51,167	\$42,731	\$1.81	\$1.50	73	58	\$297.48	\$311.91
IP - Maternity	\$504,988	\$594,862	\$17.82	\$20.92	64	66	\$3,366.59	\$3,813.22
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,220,377	\$6,372,079	\$184.25	\$224.10	225	246	\$9,812.74	\$10,929.81
IP - Psych	\$1,788,357	\$1,686,503	\$63.12	\$59.31	1,003	1,092	\$755.22	\$651.91
Lab	\$249,587	\$209,557	\$8.81	\$7.37	5,019	4,368	\$21.06	\$20.25
OP - Emergency Room & Related	\$2,552,353	\$2,579,722	\$90.08	\$90.73	2,864	2,942	\$377.51	\$370.06
OP - Other	\$2,803,861	\$2,927,040	\$98.96	\$102.94	2,533	2,414	\$468.79	\$511.72
Pharmacy	\$7,478,396	\$8,327,252	\$263.95	\$292.86	41,058	40,922	\$77.14	\$85.88
Prof - Anesthesia	\$99,685	\$94,607	\$3.52	\$3.33	343	378	\$123.07	\$105.59
Prof - Child EPSDT	\$14,473	\$9,269	\$0.51	\$0.33	276	230	\$22.20	\$17.04
Prof - Evaluation & Management	\$2,051,099	\$2,287,258	\$72.39	\$80.44	13,264	13,632	\$65.49	\$70.81
Prof - Maternity	\$220,255	\$239,789	\$7.77	\$8.43	133	160	\$699.22	\$631.02
Prof - Other	\$731,131	\$648,656	\$25.80	\$22.81	3,657	3,371	\$84.67	\$81.20
Prof - Psych	\$225,092	\$247,036	\$7.94	\$8.69	1,460	1,812	\$65.30	\$57.54
Prof - Specialist	\$458,940	\$452,976	\$16.20	\$15.93	1,289	1,156	\$150.77	\$165.44
Prof - Vision	\$51,263	\$51,095	\$1.81	\$1.80	165	174	\$131.44	\$124.02
Radiology	\$335,251	\$359,838	\$11.83	\$12.66	4,000	4,201	\$35.50	\$36.15
Transportation/Ambulance	\$438,806	\$477,798	\$15.49	\$16.80	6,893	8,326	\$26.96	\$24.22
Total	\$25,730,319	\$28,117,696	\$908.14	\$988.88				

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Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	27,096	28,157						
Service Type								
DME/Supplies	\$401,232	\$474,837	\$14.81	\$16.86	1,388	1,405	\$128.03	\$144.06
FQHC / RHC	\$27,577	\$41,403	\$1.02	\$1.47	151	248	\$81.11	\$71.02
Home Health	\$50,141	\$51,140	\$1.85	\$1.82	81	56	\$274.00	\$390.38
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,978,108	\$6,090,213	\$220.63	\$216.29	166	207	\$15,984.25	\$12,557.14
IP - Psych	\$1,725,012	\$1,564,163	\$63.66	\$55.55	1,113	1,045	\$686.44	\$637.91
Lab	\$64,905	\$68,767	\$2.40	\$2.44	1,956	1,849	\$14.70	\$15.85
OP - Emergency Room & Related	\$1,346,150	\$1,413,644	\$49.68	\$50.21	1,598	1,655	\$373.10	\$364.06
OP - Other	\$1,913,779	\$1,922,082	\$70.63	\$68.26	1,592	1,411	\$532.34	\$580.69
Pharmacy	\$6,137,266	\$7,382,743	\$226.50	\$262.20	24,906	24,898	\$109.13	\$126.37
Prof - Anesthesia	\$43,671	\$42,887	\$1.61	\$1.52	157	176	\$123.02	\$104.09
Prof - Child EPSDT	\$2,032	\$3,118	\$0.07	\$0.11	80	158	\$11.29	\$8.43
Prof - Evaluation & Management	\$1,201,659	\$1,431,172	\$44.35	\$50.83	8,114	8,681	\$65.59	\$70.26
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$910,300	\$1,262,241	\$33.60	\$44.83	2,284	2,818	\$176.48	\$190.90
Prof - Psych	\$145,917	\$168,257	\$5.39	\$5.98	918	1,105	\$70.39	\$64.91
Prof - Specialist	\$294,013	\$293,294	\$10.85	\$10.42	773	679	\$168.39	\$184.00
Prof - Vision	\$45,981	\$45,660	\$1.70	\$1.62	137	137	\$148.81	\$142.24
Radiology	\$136,042	\$158,056	\$5.02	\$5.61	2,110	2,264	\$28.55	\$29.75
Transportation/Ambulance	\$390,114	\$428,970	\$14.40	\$15.23	7,124	7,032	\$24.25	\$26.00
Total	\$20,813,899	\$22,842,646	\$768.15	\$811.26				

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Age 45 and Over								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	79,847	83,264						
Service Type								
DME/Supplies	\$1,955,951	\$2,240,663	\$24.50	\$26.91	2,984	2,941	\$98.51	\$109.80
FQHC / RHC	\$197,657	\$237,829	\$2.48	\$2.86	581	604	\$51.15	\$56.71
Home Health	\$495,615	\$441,134	\$6.21	\$5.30	253	207	\$294.13	\$307.41
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$33,361,156	\$36,438,364	\$417.81	\$437.62	393	395	\$12,747.86	\$13,303.53
IP - Psych	\$4,815,842	\$3,544,543	\$60.31	\$42.57	875	667	\$827.04	\$765.89
Lab	\$517,251	\$520,934	\$6.48	\$6.26	5,101	4,866	\$15.24	\$15.43
OP - Emergency Room & Related	\$5,271,295	\$5,560,472	\$66.02	\$66.78	1,572	1,599	\$503.90	\$501.26
OP - Other	\$14,374,923	\$15,906,528	\$180.03	\$191.04	4,144	4,035	\$521.30	\$568.15
Pharmacy	\$34,194,136	\$39,215,436	\$428.25	\$470.98	70,569	71,628	\$72.82	\$78.90
Prof - Anesthesia	\$350,898	\$357,934	\$4.39	\$4.30	402	454	\$131.18	\$113.52
Prof - Child EPSDT	\$25,726	\$36,796	\$0.32	\$0.44	446	417	\$8.68	\$12.73
Prof - Evaluation & Management	\$6,702,526	\$7,424,246	\$83.94	\$89.17	14,882	15,297	\$67.69	\$69.95
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$3,758,405	\$3,911,205	\$47.07	\$46.97	5,242	5,190	\$107.76	\$108.60
Prof - Psych	\$397,308	\$434,369	\$4.98	\$5.22	835	964	\$71.50	\$64.96
Prof - Specialist	\$2,492,069	\$2,584,566	\$31.21	\$31.04	2,143	2,049	\$174.75	\$181.82
Prof - Vision	\$323,114	\$324,543	\$4.05	\$3.90	568	547	\$85.46	\$85.50
Radiology	\$1,223,558	\$1,286,083	\$15.32	\$15.45	5,250	5,300	\$35.02	\$34.97
Transportation/Ambulance	\$1,630,189	\$1,711,724	\$20.42	\$20.56	12,246	13,169	\$20.01	\$18.73
Total	\$112,087,620	\$122,177,370	\$1,403.78	\$1,467.35				

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All Age Categories								
Richmond/Charlottesville	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	188,886	192,601						
Service Type								
DME/Supplies	\$3,892,380	\$4,451,383	\$20.61	\$23.11	2,220	2,307	\$111.37	\$120.21
FQHC / RHC	\$274,369	\$338,983	\$1.45	\$1.76	337	375	\$51.76	\$56.39
Home Health	\$865,446	\$755,872	\$4.58	\$3.92	142	118	\$387.40	\$400.14
IP - Maternity	\$638,937	\$704,817	\$3.38	\$3.66	12	12	\$3,276.60	\$3,651.90
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$47,978,797	\$53,093,471	\$254.01	\$275.67	245	258	\$12,436.18	\$12,846.23
IP - Psych	\$10,168,080	\$8,088,894	\$53.83	\$42.00	788	691	\$819.94	\$729.72
Lab	\$971,093	\$916,916	\$5.14	\$4.76	3,637	3,385	\$16.96	\$16.88
OP - Emergency Room & Related	\$10,355,858	\$10,708,816	\$54.83	\$55.60	1,589	1,603	\$414.12	\$416.17
OP - Other	\$22,348,797	\$24,147,353	\$118.32	\$125.38	2,882	2,786	\$492.65	\$539.93
Pharmacy	\$55,034,570	\$63,067,751	\$291.36	\$327.45	43,723	44,695	\$79.97	\$87.92
Prof - Anesthesia	\$584,047	\$578,158	\$3.09	\$3.00	285	323	\$130.05	\$111.53
Prof - Child EPSDT	\$52,982	\$57,439	\$0.28	\$0.30	290	281	\$11.62	\$12.75
Prof - Evaluation & Management	\$11,838,044	\$13,031,082	\$62.67	\$67.66	11,155	11,529	\$67.42	\$70.42
Prof - Maternity	\$288,677	\$307,826	\$1.53	\$1.60	25	29	\$728.98	\$666.29
Prof - Other	\$8,526,397	\$9,026,224	\$45.14	\$46.86	4,071	4,133	\$133.06	\$136.06
Prof - Psych	\$1,143,966	\$1,307,173	\$6.06	\$6.79	1,055	1,281	\$68.87	\$63.59
Prof - Specialist	\$3,559,167	\$3,621,714	\$18.84	\$18.80	1,325	1,254	\$170.65	\$179.90
Prof - Vision	\$524,871	\$523,205	\$2.78	\$2.72	327	320	\$101.90	\$101.93
Radiology	\$1,812,106	\$1,928,216	\$9.59	\$10.01	3,411	3,522	\$33.75	\$34.11
Transportation/Ambulance	\$2,761,283	\$2,922,145	\$14.62	\$15.17	7,581	8,333	\$23.14	\$21.85
Total	\$183,619,866	\$199,577,436	\$972.12	\$1,036.22				

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Age Under 1								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	57	59						
Service Type								
DME/Supplies	\$7,050	\$2,022	\$123.69	\$34.26	19,789	6,712	\$75.00	\$61.26
FQHC / RHC	\$59	\$0	\$1.04	\$0.00	211	0	\$59.16	-
Home Health	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$15,741	\$0	\$276.16	\$0.00	211	0	\$15,741.09	-
IP - Other	\$31,719	\$6,303	\$556.48	\$106.83	421	203	\$15,859.54	\$6,303.11
IP - Psych	\$1,687	\$1,233	\$29.60	\$20.91	0	0	-	-
Lab	\$95	\$63	\$1.67	\$1.07	2,105	1,220	\$9.54	\$10.48
OP - Emergency Room & Related	\$4,445	\$1,805	\$77.97	\$30.59	2,947	2,441	\$317.47	\$150.40
OP - Other	\$45,085	\$10,091	\$790.96	\$171.03	13,684	7,729	\$693.61	\$265.55
Pharmacy	\$23,639	\$8,887	\$414.71	\$150.63	23,789	16,271	\$209.19	\$111.09
Prof - Anesthesia	\$1,773	\$0	\$31.10	\$0.00	1,263	0	\$295.47	-
Prof - Child EPSDT	\$133	\$177	\$2.33	\$2.99	2,526	3,254	\$11.05	\$11.03
Prof - Evaluation & Management	\$36,150	\$5,485	\$634.21	\$92.97	53,474	16,271	\$142.32	\$68.57
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$50,848	\$12,865	\$892.07	\$218.06	31,368	13,627	\$341.26	\$192.02
Prof - Psych	\$264	\$193	\$4.64	\$3.27	0	0	-	-
Prof - Specialist	\$5,274	\$344	\$92.52	\$5.83	4,000	1,220	\$277.56	\$57.30
Prof - Vision	\$441	\$321	\$7.74	\$5.45	1,895	1,017	\$49.05	\$64.30
Radiology	\$1,210	\$187	\$21.23	\$3.17	20,421	2,441	\$12.47	\$15.61
Transportation/Ambulance	\$1,314	\$217	\$23.05	\$3.68	14,316	407	\$19.32	\$108.65
Total	\$226,926	\$50,194	\$3,981.17	\$850.75				

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Age 1-5								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	2,431	2,241						
Service Type								
DME/Supplies	\$153,681	\$143,221	\$63.22	\$63.91	5,933	6,420	\$127.85	\$119.45
FQHC / RHC	\$6,778	\$6,643	\$2.79	\$2.96	508	562	\$65.80	\$63.26
Home Health	\$13,011	\$1,891	\$5.35	\$0.84	64	43	\$1,000.84	\$236.36
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$350,698	\$538,407	\$144.26	\$240.25	242	123	\$7,157.10	\$23,408.99
IP - Psych	\$47,276	\$41,982	\$19.45	\$18.73	0	0	-	-
Lab	\$6,359	\$4,311	\$2.62	\$1.92	2,241	1,489	\$14.01	\$15.51
OP - Emergency Room & Related	\$84,337	\$45,533	\$34.69	\$20.32	1,348	1,173	\$308.93	\$207.91
OP - Other	\$274,116	\$328,760	\$112.76	\$146.70	3,100	3,133	\$436.49	\$561.98
Pharmacy	\$341,863	\$284,686	\$140.63	\$127.04	12,918	12,139	\$130.63	\$125.58
Prof - Anesthesia	\$10,627	\$16,400	\$4.37	\$7.32	336	418	\$156.28	\$210.26
Prof - Child EPSDT	\$3,410	\$1,687	\$1.40	\$0.75	1,071	910	\$15.71	\$9.92
Prof - Evaluation & Management	\$151,313	\$141,349	\$62.24	\$63.07	9,937	9,339	\$75.17	\$81.05
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$324,873	\$317,916	\$133.64	\$141.86	6,318	8,648	\$253.81	\$196.85
Prof - Psych	\$7,920	\$8,401	\$3.26	\$3.75	429	562	\$91.03	\$80.01
Prof - Specialist	\$19,600	\$34,035	\$8.06	\$15.19	706	755	\$137.07	\$241.38
Prof - Vision	\$6,570	\$5,028	\$2.70	\$2.24	257	209	\$126.34	\$128.92
Radiology	\$12,457	\$7,548	\$5.12	\$3.37	1,713	1,719	\$35.90	\$23.51
Transportation/Ambulance	\$35,558	\$47,176	\$14.63	\$21.05	4,077	4,064	\$43.05	\$62.16
Total	\$1,850,448	\$1,974,973	\$761.19	\$881.29				

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Age 6-20								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	23,812	22,525						
Service Type								
DME/Supplies	\$391,673	\$306,669	\$16.45	\$13.61	1,306	1,203	\$151.11	\$135.75
FQHC / RHC	\$81,078	\$61,832	\$3.40	\$2.75	431	401	\$94.83	\$82.22
Home Health	\$146,813	\$130,283	\$6.17	\$5.78	52	54	\$1,411.67	\$1,277.28
IP - Maternity	\$79,282	\$43,679	\$3.33	\$1.94	4	8	\$9,910.19	\$2,911.91
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,366,853	\$1,426,674	\$57.40	\$63.34	72	58	\$9,625.72	\$13,209.95
IP - Psych	\$772,853	\$621,631	\$32.46	\$27.60	320	242	\$1,219.01	\$1,369.23
Lab	\$53,564	\$48,880	\$2.25	\$2.17	1,563	1,519	\$17.27	\$17.14
OP - Emergency Room & Related	\$391,534	\$391,957	\$16.44	\$17.40	790	788	\$249.86	\$265.02
OP - Other	\$996,838	\$1,079,317	\$41.86	\$47.92	1,333	1,377	\$376.88	\$417.69
Pharmacy	\$5,444,927	\$5,805,994	\$228.66	\$257.76	17,381	18,149	\$157.87	\$170.43
Prof - Anesthesia	\$28,543	\$27,132	\$1.20	\$1.20	102	103	\$140.61	\$139.86
Prof - Child EPSDT	\$4,890	\$3,901	\$0.21	\$0.17	160	120	\$15.43	\$17.26
Prof - Evaluation & Management	\$754,973	\$726,286	\$31.71	\$32.24	5,492	5,447	\$69.28	\$71.04
Prof - Maternity	\$16,038	\$19,951	\$0.67	\$0.89	12	13	\$668.25	\$798.03
Prof - Other	\$484,547	\$430,006	\$20.35	\$19.09	2,438	2,529	\$100.15	\$90.57
Prof - Psych	\$152,893	\$149,895	\$6.42	\$6.65	1,127	1,136	\$68.35	\$70.27
Prof - Specialist	\$105,733	\$100,653	\$4.44	\$4.47	413	419	\$129.10	\$127.90
Prof - Vision	\$53,954	\$48,917	\$2.27	\$2.17	200	172	\$136.25	\$151.45
Radiology	\$48,747	\$45,671	\$2.05	\$2.03	892	909	\$27.53	\$26.75
Transportation/Ambulance	\$175,177	\$180,238	\$7.36	\$8.00	3,102	3,485	\$28.46	\$27.56
Total	\$11,550,911	\$11,649,567	\$485.09	\$517.18				

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Age 21-44 Female								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	14,441	14,084						
Service Type								
DME/Supplies	\$224,549	\$190,795	\$15.55	\$13.55	1,990	1,627	\$93.76	\$99.94
FQHC / RHC	\$146,331	\$94,907	\$10.13	\$6.74	1,928	1,514	\$63.07	\$53.41
Home Health	\$71,025	\$38,496	\$4.92	\$2.73	90	114	\$657.64	\$287.29
IP - Maternity	\$194,691	\$171,174	\$13.48	\$12.15	51	42	\$3,191.65	\$3,493.34
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,746,847	\$2,203,151	\$190.21	\$156.43	209	222	\$10,900.19	\$8,473.66
IP - Psych	\$775,166	\$544,664	\$53.68	\$38.67	852	533	\$756.26	\$870.07
Lab	\$129,333	\$119,134	\$8.96	\$8.46	5,453	5,192	\$19.71	\$19.55
OP - Emergency Room & Related	\$964,723	\$1,003,269	\$66.80	\$71.23	2,604	2,482	\$307.82	\$344.41
OP - Other	\$1,589,081	\$1,591,436	\$110.04	\$113.00	2,957	2,991	\$446.62	\$453.27
Pharmacy	\$3,587,038	\$3,988,018	\$248.39	\$283.16	42,669	44,649	\$69.86	\$76.10
Prof - Anesthesia	\$45,236	\$38,100	\$3.13	\$2.71	278	263	\$135.44	\$123.30
Prof - Child EPSDT	\$9,370	\$9,640	\$0.65	\$0.68	449	443	\$17.35	\$18.54
Prof - Evaluation & Management	\$912,210	\$932,924	\$63.17	\$66.24	11,707	11,588	\$64.75	\$68.59
Prof - Maternity	\$97,940	\$73,991	\$6.78	\$5.25	179	128	\$455.53	\$493.27
Prof - Other	\$373,341	\$300,927	\$25.85	\$21.37	4,004	3,825	\$77.47	\$67.04
Prof - Psych	\$101,510	\$102,541	\$7.03	\$7.28	1,381	1,294	\$61.08	\$67.51
Prof - Specialist	\$247,883	\$245,403	\$17.17	\$17.42	1,683	1,792	\$122.41	\$116.69
Prof - Vision	\$30,343	\$32,553	\$2.10	\$2.31	248	267	\$101.82	\$104.00
Radiology	\$157,789	\$153,052	\$10.93	\$10.87	3,600	3,648	\$36.42	\$35.74
Transportation/Ambulance	\$241,983	\$252,447	\$16.76	\$17.92	9,877	10,794	\$20.36	\$19.93
Total	\$12,646,390	\$12,086,623	\$875.73	\$858.18				

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Age 21-44 Male								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	13,598	13,970						
Service Type								
DME/Supplies	\$159,025	\$187,411	\$11.69	\$13.42	1,038	936	\$135.23	\$171.94
FQHC / RHC	\$61,711	\$72,147	\$4.54	\$5.16	614	838	\$88.67	\$73.92
Home Health	\$23,126	\$29,153	\$1.70	\$2.09	75	67	\$272.07	\$373.76
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,279,072	\$2,395,035	\$167.60	\$171.44	163	167	\$12,319.31	\$12,345.54
IP - Psych	\$562,785	\$430,700	\$41.39	\$30.83	724	449	\$686.32	\$823.52
Lab	\$39,452	\$38,796	\$2.90	\$2.78	2,420	2,064	\$14.39	\$16.14
OP - Emergency Room & Related	\$544,454	\$583,331	\$40.04	\$41.76	1,319	1,426	\$364.18	\$351.40
OP - Other	\$1,084,278	\$1,343,933	\$79.74	\$96.20	1,827	1,803	\$523.81	\$640.27
Pharmacy	\$2,543,232	\$3,040,028	\$187.03	\$217.61	25,783	26,889	\$87.05	\$97.12
Prof - Anesthesia	\$22,862	\$20,937	\$1.68	\$1.50	135	147	\$149.42	\$122.44
Prof - Child EPSDT	\$2,924	\$2,139	\$0.21	\$0.15	146	127	\$17.72	\$14.45
Prof - Evaluation & Management	\$507,913	\$576,259	\$37.35	\$41.25	6,735	7,159	\$66.55	\$69.15
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$711,868	\$538,637	\$52.35	\$38.56	2,953	2,724	\$212.75	\$169.86
Prof - Psych	\$70,914	\$80,172	\$5.22	\$5.74	661	841	\$94.68	\$81.89
Prof - Specialist	\$146,969	\$146,565	\$10.81	\$10.49	1,130	1,123	\$114.82	\$112.14
Prof - Vision	\$22,496	\$23,232	\$1.65	\$1.66	161	161	\$122.93	\$124.24
Radiology	\$67,197	\$76,325	\$4.94	\$5.46	2,059	2,134	\$28.80	\$30.73
Transportation/Ambulance	\$215,390	\$279,371	\$15.84	\$20.00	9,789	10,553	\$19.42	\$22.74
Total	\$9,065,668	\$9,864,171	\$666.69	\$706.10				

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Age 45 and Over								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	45,695	46,394						
Service Type								
DME/Supplies	\$1,061,874	\$1,070,916	\$23.24	\$23.08	3,472	3,259	\$80.32	\$85.01
FQHC / RHC	\$398,959	\$400,806	\$8.73	\$8.64	1,646	1,572	\$63.67	\$65.94
Home Health	\$263,041	\$401,763	\$5.76	\$8.66	150	187	\$459.86	\$555.69
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$14,853,054	\$16,478,166	\$325.05	\$355.18	315	310	\$12,367.24	\$13,743.26
IP - Psych	\$1,579,464	\$1,490,442	\$34.57	\$32.13	483	405	\$858.40	\$952.36
Lab	\$304,574	\$289,816	\$6.67	\$6.25	5,034	4,862	\$15.89	\$15.42
OP - Emergency Room & Related	\$2,243,965	\$2,419,684	\$49.11	\$52.16	1,441	1,393	\$408.96	\$449.42
OP - Other	\$8,817,209	\$9,344,923	\$192.96	\$201.43	4,236	4,335	\$546.63	\$557.64
Pharmacy	\$16,951,040	\$20,768,531	\$370.96	\$447.66	72,136	73,363	\$61.71	\$73.22
Prof - Anesthesia	\$162,703	\$180,439	\$3.56	\$3.89	313	392	\$136.73	\$119.10
Prof - Child EPSDT	\$23,321	\$28,431	\$0.51	\$0.61	597	559	\$10.26	\$13.15
Prof - Evaluation & Management	\$3,202,085	\$3,496,409	\$70.08	\$75.36	12,318	12,845	\$68.27	\$70.41
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,648,292	\$2,144,421	\$36.07	\$46.22	4,976	5,220	\$86.99	\$106.26
Prof - Psych	\$209,264	\$216,998	\$4.58	\$4.68	677	709	\$81.14	\$79.14
Prof - Specialist	\$1,328,155	\$1,463,348	\$29.07	\$31.54	2,704	2,749	\$128.97	\$137.70
Prof - Vision	\$186,921	\$179,206	\$4.09	\$3.86	584	566	\$84.12	\$81.90
Radiology	\$717,096	\$726,233	\$15.69	\$15.65	4,718	4,808	\$39.91	\$39.07
Transportation/Ambulance	\$1,001,774	\$1,190,407	\$21.92	\$25.66	11,559	12,279	\$22.76	\$25.07
Total	\$54,952,790	\$62,290,939	\$1,202.60	\$1,342.65				

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Appendix I
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All Age Categories								
Rural	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	100,034	99,273						
Service Type								
DME/Supplies	\$1,997,852	\$1,901,034	\$19.97	\$19.15	2,481	2,307	\$96.61	\$99.59
FQHC / RHC	\$694,915	\$636,334	\$6.95	\$6.41	1,229	1,171	\$67.86	\$65.68
Home Health	\$517,017	\$601,586	\$5.17	\$6.06	106	126	\$586.19	\$575.68
IP - Maternity	\$273,972	\$214,852	\$2.74	\$2.16	8	8	\$3,970.61	\$3,357.07
IP - Newborn	\$15,741	\$0	\$0.16	\$0.00	0	0	\$15,741.09	-
IP - Other	\$21,628,242	\$23,047,736	\$216.21	\$232.17	220	216	\$11,812.26	\$12,911.90
IP - Psych	\$3,739,232	\$3,130,653	\$37.38	\$31.54	518	383	\$865.76	\$988.21
Lab	\$533,378	\$501,001	\$5.33	\$5.05	3,843	3,678	\$16.65	\$16.46
OP - Emergency Room & Related	\$4,233,458	\$4,445,579	\$42.32	\$44.78	1,436	1,410	\$353.67	\$381.04
OP - Other	\$12,806,608	\$13,698,459	\$128.02	\$137.99	3,010	3,091	\$510.30	\$535.62
Pharmacy	\$28,891,740	\$33,896,145	\$288.82	\$341.44	47,081	48,805	\$73.61	\$83.95
Prof - Anesthesia	\$271,743	\$283,008	\$2.72	\$2.85	234	274	\$139.07	\$124.84
Prof - Child EPSDT	\$44,048	\$45,974	\$0.44	\$0.46	423	392	\$12.50	\$14.18
Prof - Evaluation & Management	\$5,564,645	\$5,878,711	\$55.63	\$59.22	9,811	10,111	\$68.04	\$70.28
Prof - Maternity	\$113,978	\$93,942	\$1.14	\$0.95	29	21	\$476.89	\$536.81
Prof - Other	\$3,593,767	\$3,744,773	\$35.93	\$37.72	4,004	4,143	\$107.66	\$109.27
Prof - Psych	\$542,766	\$558,201	\$5.43	\$5.62	877	904	\$74.21	\$74.65
Prof - Specialist	\$1,853,614	\$1,990,348	\$18.53	\$20.05	1,749	1,810	\$127.10	\$132.95
Prof - Vision	\$300,725	\$289,259	\$3.01	\$2.91	379	369	\$95.17	\$94.68
Radiology	\$1,004,496	\$1,009,015	\$10.04	\$10.16	3,221	3,312	\$37.42	\$36.83
Transportation/Ambulance	\$1,671,196	\$1,949,856	\$16.71	\$19.64	8,882	9,638	\$22.57	\$24.46
Total	\$90,293,133	\$97,916,467	\$902.62	\$986.34				

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Age Under 1								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	148	188						
Service Type								
DME/Supplies	\$10,700	\$1,707	\$72.30	\$9.08	3,730	1,085	\$232.62	\$100.41
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$669	\$643	\$4.52	\$3.42	162	255	\$334.35	\$160.86
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$71,147	\$845	\$480.72	\$4.49	243	64	\$23,715.64	\$844.50
IP - Other	\$500	\$2,109	\$3.38	\$11.22	81	64	\$500.00	\$2,109.39
IP - Psych	\$2,336	\$3,304	\$15.78	\$17.57	0	0	-	-
Lab	\$391	\$365	\$2.64	\$1.94	1,459	1,404	\$21.72	\$16.60
OP - Emergency Room & Related	\$2,914	\$2,518	\$19.69	\$13.39	1,297	766	\$182.12	\$209.81
OP - Other	\$22,955	\$15,272	\$155.10	\$81.23	3,568	1,851	\$521.70	\$526.62
Pharmacy	\$3,250	\$45,769	\$21.96	\$243.45	4,378	9,638	\$60.19	\$303.10
Prof - Anesthesia	\$831	\$266	\$5.62	\$1.42	324	128	\$207.84	\$133.22
Prof - Child EPSDT	\$669	\$578	\$4.52	\$3.07	4,216	3,255	\$12.87	\$11.33
Prof - Evaluation & Management	\$24,454	\$35,651	\$165.23	\$189.63	18,892	16,915	\$104.95	\$134.53
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$37,896	\$13,736	\$256.05	\$73.06	12,324	9,894	\$249.32	\$88.62
Prof - Psych	\$366	\$517	\$2.47	\$2.75	0	0	-	-
Prof - Specialist	\$1,867	\$703	\$12.61	\$3.74	1,378	830	\$109.80	\$54.11
Prof - Vision	\$601	\$1,137	\$4.06	\$6.05	1,054	1,532	\$46.26	\$47.39
Radiology	\$599	\$369	\$4.05	\$1.96	3,405	1,404	\$14.26	\$16.76
Transportation/Ambulance	\$460	\$985	\$3.11	\$5.24	1,216	1,213	\$30.65	\$51.86
Total	\$182,605	\$126,475	\$1,233.82	\$672.74				

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Age 1-5								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	4,688	4,733						
Service Type								
DME/Supplies	\$336,089	\$375,442	\$71.69	\$79.32	4,564	4,036	\$188.50	\$235.83
FQHC / RHC	\$998	\$327	\$0.21	\$0.07	77	25	\$33.28	\$32.69
Home Health	\$180,174	\$124,651	\$38.43	\$26.34	704	309	\$655.18	\$1,021.73
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,365,170	\$1,490,505	\$291.21	\$314.92	192	233	\$18,202.27	\$16,201.14
IP - Psych	\$92,361	\$98,369	\$19.70	\$20.78	0	0	-	-
Lab	\$17,542	\$27,043	\$3.74	\$5.71	1,403	1,663	\$32.01	\$41.22
OP - Emergency Room & Related	\$151,787	\$179,297	\$32.38	\$37.88	1,277	1,316	\$304.18	\$345.47
OP - Other	\$1,004,108	\$1,111,616	\$214.19	\$234.86	4,300	4,713	\$597.68	\$597.96
Pharmacy	\$625,226	\$768,012	\$133.37	\$162.27	14,560	15,456	\$109.92	\$125.99
Prof - Anesthesia	\$33,309	\$36,740	\$7.11	\$7.76	376	479	\$226.59	\$194.39
Prof - Child EPSDT	\$4,013	\$4,513	\$0.86	\$0.95	888	923	\$11.56	\$12.40
Prof - Evaluation & Management	\$355,258	\$388,367	\$75.78	\$82.06	10,372	11,189	\$87.67	\$88.01
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,199,003	\$1,737,164	\$255.76	\$367.03	16,587	20,666	\$185.03	\$213.12
Prof - Psych	\$16,992	\$17,910	\$3.62	\$3.78	159	177	\$274.07	\$255.85
Prof - Specialist	\$79,551	\$96,194	\$16.97	\$20.32	1,034	1,164	\$196.91	\$209.57
Prof - Vision	\$14,658	\$14,318	\$3.13	\$3.03	394	375	\$95.18	\$96.74
Radiology	\$15,069	\$17,914	\$3.21	\$3.78	1,840	2,082	\$20.96	\$21.82
Transportation/Ambulance	\$28,105	\$26,665	\$6.00	\$5.63	2,040	1,521	\$35.26	\$44.44
Total	\$5,519,412	\$6,515,046	\$1,177.35	\$1,376.52				

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Age 6-20								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	50,180	49,244						
Service Type								
DME/Supplies	\$949,081	\$901,639	\$18.91	\$18.31	1,218	1,283	\$186.31	\$171.28
FQHC / RHC	\$14,241	\$10,174	\$0.28	\$0.21	68	45	\$49.79	\$54.70
Home Health	\$218,676	\$136,268	\$4.36	\$2.77	68	57	\$767.28	\$579.86
IP - Maternity	\$79,778	\$106,077	\$1.59	\$2.15	6	8	\$2,954.74	\$3,214.45
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,900,337	\$2,762,948	\$57.80	\$56.11	59	52	\$11,742.25	\$12,971.59
IP - Psych	\$1,533,708	\$1,645,613	\$30.56	\$33.42	413	472	\$887.05	\$850.01
Lab	\$120,751	\$148,225	\$2.41	\$3.01	1,202	1,110	\$24.02	\$32.55
OP - Emergency Room & Related	\$1,150,456	\$1,020,811	\$22.93	\$20.73	771	744	\$356.95	\$334.47
OP - Other	\$2,875,759	\$3,011,834	\$57.31	\$61.16	1,169	1,199	\$588.09	\$612.16
Pharmacy	\$9,391,040	\$10,983,241	\$187.15	\$223.04	14,603	15,667	\$153.79	\$170.83
Prof - Anesthesia	\$77,217	\$85,220	\$1.54	\$1.73	109	128	\$169.33	\$162.02
Prof - Child EPSDT	\$12,503	\$11,109	\$0.25	\$0.23	197	158	\$15.21	\$17.12
Prof - Evaluation & Management	\$1,644,307	\$1,750,690	\$32.77	\$35.55	5,249	5,388	\$74.92	\$79.18
Prof - Maternity	\$43,080	\$48,302	\$0.86	\$0.98	20	16	\$512.86	\$720.93
Prof - Other	\$2,590,269	\$2,827,564	\$51.62	\$57.42	3,920	4,281	\$158.00	\$160.94
Prof - Psych	\$341,523	\$361,785	\$6.81	\$7.35	1,413	1,517	\$57.82	\$58.10
Prof - Specialist	\$306,368	\$273,017	\$6.11	\$5.54	501	466	\$146.38	\$142.79
Prof - Vision	\$95,535	\$98,117	\$1.90	\$1.99	127	144	\$179.58	\$166.58
Radiology	\$116,473	\$151,340	\$2.32	\$3.07	1,001	915	\$27.83	\$40.29
Transportation/Ambulance	\$270,608	\$277,428	\$5.39	\$5.63	1,280	1,715	\$50.54	\$39.43
Total	\$24,731,708	\$26,611,403	\$492.86	\$540.40				

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Age 21-44 Female								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	29,285	29,438						
Service Type								
DME/Supplies	\$699,443	\$632,518	\$23.88	\$21.49	1,816	1,748	\$157.78	\$147.47
FQHC / RHC	\$126,351	\$116,065	\$4.31	\$3.94	661	526	\$78.33	\$89.90
Home Health	\$98,781	\$44,578	\$3.37	\$1.51	89	68	\$457.32	\$268.55
IP - Maternity	\$575,736	\$553,300	\$19.66	\$18.80	66	62	\$3,553.92	\$3,664.24
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,785,135	\$5,447,269	\$163.40	\$185.04	241	216	\$8,124.17	\$10,258.51
IP - Psych	\$1,398,818	\$1,373,815	\$47.77	\$46.67	1,054	896	\$544.08	\$624.75
Lab	\$145,557	\$141,663	\$4.97	\$4.81	2,811	2,515	\$21.22	\$22.96
OP - Emergency Room & Related	\$2,851,228	\$2,751,651	\$97.36	\$93.47	2,591	2,658	\$450.93	\$421.97
OP - Other	\$2,813,912	\$2,815,386	\$96.09	\$95.64	1,549	1,648	\$744.62	\$696.19
Pharmacy	\$7,842,434	\$8,118,181	\$267.80	\$275.77	37,463	37,936	\$85.78	\$87.23
Prof - Anesthesia	\$107,683	\$111,504	\$3.68	\$3.79	350	426	\$125.94	\$106.80
Prof - Child EPSDT	\$27,413	\$24,443	\$0.94	\$0.83	564	545	\$19.91	\$18.30
Prof - Evaluation & Management	\$2,010,411	\$2,177,603	\$68.65	\$73.97	12,159	12,388	\$67.75	\$71.66
Prof - Maternity	\$219,468	\$227,790	\$7.49	\$7.74	172	211	\$522.54	\$439.75
Prof - Other	\$1,461,336	\$1,764,488	\$49.90	\$59.94	3,888	4,082	\$154.00	\$176.20
Prof - Psych	\$240,465	\$274,714	\$8.21	\$9.33	1,914	2,168	\$51.47	\$51.65
Prof - Specialist	\$528,591	\$560,586	\$18.05	\$19.04	1,635	1,671	\$132.45	\$136.73
Prof - Vision	\$57,395	\$55,607	\$1.96	\$1.89	224	226	\$105.12	\$100.37
Radiology	\$344,042	\$362,975	\$11.75	\$12.33	3,503	3,609	\$40.24	\$41.00
Transportation/Ambulance	\$342,527	\$371,778	\$11.70	\$12.63	8,163	10,597	\$17.20	\$14.30
Total	\$26,676,723	\$27,925,916	\$910.93	\$948.63				

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Age 21-44 Male								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	27,857	28,884						
Service Type								
DME/Supplies	\$659,032	\$528,431	\$23.66	\$18.29	1,482	1,403	\$191.52	\$156.43
FQHC / RHC	\$50,868	\$58,210	\$1.83	\$2.02	374	346	\$58.60	\$69.80
Home Health	\$61,547	\$76,736	\$2.21	\$2.66	61	72	\$436.50	\$441.01
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,297,644	\$4,600,152	\$190.17	\$159.26	183	165	\$12,465.04	\$11,558.17
IP - Psych	\$1,625,877	\$1,615,856	\$58.37	\$55.94	1,306	1,142	\$536.42	\$587.80
Lab	\$70,588	\$68,907	\$2.53	\$2.39	1,051	1,001	\$28.93	\$28.60
OP - Emergency Room & Related	\$1,576,971	\$1,492,264	\$56.61	\$51.66	1,512	1,503	\$449.41	\$412.46
OP - Other	\$1,905,331	\$1,748,228	\$68.40	\$60.53	1,012	973	\$811.12	\$746.47
Pharmacy	\$7,782,254	\$8,445,925	\$279.36	\$292.41	24,083	24,257	\$139.20	\$144.65
Prof - Anesthesia	\$50,881	\$53,829	\$1.83	\$1.86	176	189	\$124.71	\$118.57
Prof - Child EPSDT	\$6,014	\$10,053	\$0.22	\$0.35	205	327	\$12.63	\$12.76
Prof - Evaluation & Management	\$1,254,854	\$1,344,961	\$45.05	\$46.56	8,118	7,888	\$66.58	\$70.84
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,571,178	\$2,473,523	\$92.30	\$85.64	3,457	3,231	\$320.44	\$318.06
Prof - Psych	\$156,400	\$181,537	\$5.61	\$6.29	975	1,136	\$69.08	\$66.40
Prof - Specialist	\$341,328	\$326,689	\$12.25	\$11.31	1,048	976	\$140.35	\$139.02
Prof - Vision	\$45,467	\$45,398	\$1.63	\$1.57	164	145	\$119.65	\$130.45
Radiology	\$169,507	\$130,294	\$6.08	\$4.51	1,950	1,762	\$37.45	\$30.72
Transportation/Ambulance	\$281,091	\$293,879	\$10.09	\$10.17	8,178	8,230	\$14.81	\$14.84
Total	\$23,906,831	\$23,494,870	\$858.20	\$813.42				

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Age 45 and Over								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	88,657	92,868						
Service Type								
DME/Supplies	\$2,912,409	\$3,198,354	\$32.85	\$34.44	3,591	3,358	\$109.77	\$123.06
FQHC / RHC	\$725,780	\$726,306	\$8.19	\$7.82	1,301	1,243	\$75.51	\$75.48
Home Health	\$692,310	\$615,451	\$7.81	\$6.63	195	225	\$481.10	\$353.71
IP - Maternity	\$7,715	\$0	\$0.09	\$0.00	0	0	\$3,857.38	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$30,850,782	\$35,789,080	\$347.98	\$385.38	386	362	\$10,824.84	\$12,790.95
IP - Psych	\$3,269,867	\$3,468,466	\$36.88	\$37.35	731	592	\$605.87	\$757.14
Lab	\$520,678	\$483,975	\$5.87	\$5.21	3,137	2,770	\$22.47	\$22.58
OP - Emergency Room & Related	\$6,860,728	\$6,466,125	\$77.39	\$69.63	1,602	1,636	\$579.50	\$510.71
OP - Other	\$14,220,759	\$14,380,019	\$160.40	\$154.84	2,787	2,807	\$690.56	\$662.06
Pharmacy	\$39,377,731	\$44,570,609	\$444.16	\$479.94	67,799	68,307	\$78.61	\$84.31
Prof - Anesthesia	\$426,824	\$423,952	\$4.81	\$4.57	505	553	\$114.40	\$99.03
Prof - Child EPSDT	\$82,769	\$59,141	\$0.93	\$0.64	794	746	\$14.11	\$10.24
Prof - Evaluation & Management	\$7,673,696	\$8,390,421	\$86.55	\$90.35	15,054	15,067	\$69.00	\$71.96
Prof - Maternity	\$5,009	\$0	\$0.06	\$0.00	1	0	\$455.40	-
Prof - Other	\$5,962,570	\$6,550,146	\$67.25	\$70.53	6,227	6,084	\$129.61	\$139.12
Prof - Psych	\$461,312	\$528,192	\$5.20	\$5.69	852	963	\$73.31	\$70.85
Prof - Specialist	\$3,116,440	\$3,144,015	\$35.15	\$33.85	2,933	2,778	\$143.83	\$146.25
Prof - Vision	\$373,040	\$394,780	\$4.21	\$4.25	615	622	\$82.11	\$81.97
Radiology	\$1,519,864	\$1,592,540	\$17.14	\$17.15	5,239	5,250	\$39.26	\$39.19
Transportation/Ambulance	\$1,190,446	\$1,354,524	\$13.43	\$14.59	11,143	13,264	\$14.46	\$13.20
Total	\$120,250,730	\$132,136,096	\$1,356.36	\$1,422.84				

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All Age Categories								
Tidewater	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	200,815	205,355						
Service Type								
DME/Supplies	\$5,566,755	\$5,638,092	\$27.72	\$27.46	2,470	2,368	\$134.70	\$139.11
FQHC / RHC	\$918,239	\$911,083	\$4.57	\$4.44	742	698	\$74.00	\$76.29
Home Health	\$1,252,156	\$998,326	\$6.24	\$4.86	141	143	\$531.02	\$408.98
IP - Maternity	\$663,228	\$659,377	\$3.30	\$3.21	11	11	\$3,472.40	\$3,583.57
IP - Newborn	\$71,147	\$845	\$0.35	\$0.00	0	0	\$23,715.64	\$844.50
IP - Other	\$45,199,567	\$50,092,063	\$225.08	\$243.93	250	236	\$10,795.22	\$12,420.55
IP - Psych	\$7,922,967	\$8,205,422	\$39.45	\$39.96	761	670	\$622.48	\$715.69
Lab	\$875,509	\$870,177	\$4.36	\$4.24	2,275	2,059	\$23.00	\$24.69
OP - Emergency Room & Related	\$12,594,083	\$11,912,666	\$62.71	\$58.01	1,518	1,542	\$495.65	\$451.53
OP - Other	\$22,842,824	\$23,082,355	\$113.75	\$112.40	1,992	2,040	\$685.25	\$661.12
Pharmacy	\$65,021,935	\$72,931,737	\$323.79	\$355.15	42,728	43,863	\$90.93	\$97.16
Prof - Anesthesia	\$696,744	\$711,511	\$3.47	\$3.46	335	380	\$124.40	\$109.53
Prof - Child EPSDT	\$133,380	\$109,837	\$0.66	\$0.53	534	524	\$14.92	\$12.25
Prof - Evaluation & Management	\$12,962,980	\$14,087,694	\$64.55	\$68.60	11,113	11,264	\$69.70	\$73.08
Prof - Maternity	\$267,557	\$276,092	\$1.33	\$1.34	31	34	\$519.53	\$471.95
Prof - Other	\$13,822,251	\$15,366,621	\$68.83	\$74.83	5,172	5,303	\$159.71	\$169.33
Prof - Psych	\$1,217,058	\$1,364,655	\$6.06	\$6.65	1,147	1,274	\$63.40	\$62.58
Prof - Specialist	\$4,374,145	\$4,401,204	\$21.78	\$21.43	1,829	1,772	\$142.92	\$145.11
Prof - Vision	\$586,695	\$609,358	\$2.92	\$2.97	369	379	\$95.12	\$94.05
Radiology	\$2,165,554	\$2,255,431	\$10.78	\$10.98	3,390	3,408	\$38.17	\$38.67
Transportation/Ambulance	\$2,113,236	\$2,325,260	\$10.52	\$11.32	7,613	9,123	\$16.59	\$14.89
Total	\$201,268,010	\$216,809,806	\$1,002.26	\$1,055.78				

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Age Under 1								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	143	91						
Service Type								
DME/Supplies	\$13,127	\$5,489	\$91.80	\$60.32	6,378	9,758	\$172.72	\$74.18
FQHC / RHC	\$671	\$0	\$4.69	\$0.00	1,343	0	\$41.94	-
Home Health	\$2,454	\$0	\$17.16	\$0.00	587	0	\$350.58	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$51,904	\$0	\$362.96	\$0.00	168	0	\$25,951.80	-
IP - Other	\$10,269	\$0	\$71.81	\$0.00	84	0	\$10,269.15	-
IP - Psych	\$704	\$485	\$4.92	\$5.33	0	0	-	-
Lab	\$576	\$259	\$4.03	\$2.85	5,287	3,560	\$9.14	\$9.60
OP - Emergency Room & Related	\$2,703	\$757	\$18.90	\$8.31	1,343	923	\$168.96	\$108.09
OP - Other	\$4,016	\$3,395	\$28.08	\$37.30	2,853	1,187	\$118.12	\$377.18
Pharmacy	\$87,587	\$27,259	\$612.50	\$299.55	15,357	8,703	\$478.62	\$413.02
Prof - Anesthesia	\$1,166	\$162	\$8.15	\$1.78	336	132	\$291.45	\$161.76
Prof - Child EPSDT	\$504	\$291	\$3.52	\$3.19	3,524	3,429	\$12.00	\$11.17
Prof - Evaluation & Management	\$17,143	\$7,897	\$119.88	\$86.78	17,538	14,242	\$82.03	\$73.12
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$58,242	\$32,659	\$407.29	\$358.89	15,021	10,945	\$325.37	\$393.48
Prof - Psych	\$110	\$76	\$0.77	\$0.83	0	0	-	-
Prof - Specialist	\$5,763	\$292	\$40.30	\$3.20	1,343	1,187	\$360.19	\$32.40
Prof - Vision	\$1,407	\$709	\$9.84	\$7.79	1,091	1,451	\$108.26	\$64.41
Radiology	\$377	\$243	\$2.63	\$2.67	2,266	1,582	\$13.95	\$20.22
Transportation/Ambulance	\$1,497	\$243	\$10.47	\$2.67	1,091	0	\$115.16	-
Total	\$260,220	\$80,214	\$1,819.72	\$881.47				

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Age 1-5								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	4,266	3,785						
Service Type								
DME/Supplies	\$290,055	\$314,174	\$67.99	\$83.01	4,284	5,073	\$190.45	\$196.36
FQHC / RHC	\$2,588	\$1,751	\$0.61	\$0.46	180	168	\$40.44	\$33.04
Home Health	\$12,328	\$8,293	\$2.89	\$2.19	113	98	\$308.21	\$267.51
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$628,992	\$1,194,269	\$147.44	\$315.53	248	241	\$7,147.63	\$15,714.07
IP - Psych	\$21,743	\$14,802	\$5.10	\$3.91	8	0	\$7,247.71	-
Lab	\$18,240	\$16,803	\$4.28	\$4.44	3,685	3,646	\$13.92	\$14.61
OP - Emergency Room & Related	\$75,343	\$60,414	\$17.66	\$15.96	1,184	1,043	\$178.96	\$183.63
OP - Other	\$289,009	\$321,752	\$67.75	\$85.01	2,076	2,261	\$391.61	\$451.26
Pharmacy	\$516,804	\$722,556	\$121.14	\$190.90	14,467	16,039	\$100.49	\$142.83
Prof - Anesthesia	\$19,140	\$26,037	\$4.49	\$6.88	391	327	\$137.70	\$252.79
Prof - Child EPSDT	\$4,132	\$4,812	\$0.97	\$1.27	906	973	\$12.83	\$15.67
Prof - Evaluation & Management	\$291,855	\$310,237	\$68.41	\$81.96	10,281	10,887	\$79.85	\$90.34
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,865,707	\$2,430,899	\$437.34	\$642.25	13,052	15,944	\$402.09	\$483.38
Prof - Psych	\$14,486	\$15,061	\$3.40	\$3.98	473	561	\$86.22	\$85.09
Prof - Specialist	\$50,492	\$48,735	\$11.84	\$12.88	827	723	\$171.74	\$213.75
Prof - Vision	\$24,238	\$18,915	\$5.68	\$5.00	599	507	\$113.80	\$118.22
Radiology	\$11,520	\$8,113	\$2.70	\$2.14	1,513	1,481	\$21.41	\$17.37
Transportation/Ambulance	\$38,229	\$68,171	\$8.96	\$18.01	1,336	1,151	\$80.48	\$187.80
Total	\$4,174,902	\$5,585,795	\$978.65	\$1,475.77				

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Age 6-20								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	23,716	24,028						
Service Type								
DME/Supplies	\$395,292	\$398,308	\$16.67	\$16.58	1,330	1,370	\$150.42	\$145.16
FQHC / RHC	\$21,117	\$20,559	\$0.89	\$0.86	237	247	\$45.12	\$41.53
Home Health	\$15,324	\$36,874	\$0.65	\$1.53	19	42	\$403.26	\$433.81
IP - Maternity	\$37,491	\$26,758	\$1.58	\$1.11	6	5	\$3,124.29	\$2,675.76
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,940,701	\$3,064,275	\$81.83	\$127.53	63	56	\$15,525.61	\$27,117.48
IP - Psych	\$688,219	\$469,699	\$29.02	\$19.55	516	331	\$674.72	\$708.45
Lab	\$86,574	\$94,933	\$3.65	\$3.95	3,044	2,823	\$14.39	\$16.80
OP - Emergency Room & Related	\$343,467	\$262,520	\$14.48	\$10.93	814	684	\$213.60	\$191.76
OP - Other	\$889,287	\$854,222	\$37.50	\$35.55	829	894	\$542.58	\$477.22
Pharmacy	\$6,921,886	\$6,011,377	\$291.87	\$250.18	21,483	21,644	\$163.03	\$138.71
Prof - Anesthesia	\$39,934	\$35,676	\$1.68	\$1.48	137	131	\$147.91	\$136.17
Prof - Child EPSDT	\$5,360	\$5,949	\$0.23	\$0.25	172	182	\$15.81	\$16.34
Prof - Evaluation & Management	\$1,097,288	\$1,137,691	\$46.27	\$47.35	6,980	6,833	\$79.55	\$83.16
Prof - Maternity	\$22,300	\$14,041	\$0.94	\$0.58	20	12	\$571.79	\$585.06
Prof - Other	\$5,857,326	\$10,968,863	\$246.98	\$456.50	5,226	5,611	\$567.13	\$976.31
Prof - Psych	\$203,383	\$204,981	\$8.58	\$8.53	1,377	1,398	\$74.75	\$73.23
Prof - Specialist	\$171,445	\$121,951	\$7.23	\$5.08	669	610	\$129.69	\$99.80
Prof - Vision	\$66,529	\$65,029	\$2.81	\$2.71	225	211	\$149.50	\$154.10
Radiology	\$58,471	\$52,351	\$2.47	\$2.18	1,125	990	\$26.30	\$26.40
Transportation/Ambulance	\$196,869	\$171,185	\$8.30	\$7.12	1,557	1,802	\$63.96	\$47.43
Total	\$19,058,263	\$24,017,240	\$803.60	\$999.55				

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Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	17,423	17,191						
Service Type								
DME/Supplies	\$279,071	\$284,627	\$16.02	\$16.56	1,776	1,876	\$108.21	\$105.89
FQHC / RHC	\$38,089	\$40,378	\$2.19	\$2.35	715	699	\$36.69	\$40.34
Home Health	\$49,717	\$69,175	\$2.85	\$4.02	117	151	\$292.45	\$318.78
IP - Maternity	\$299,009	\$237,383	\$17.16	\$13.81	52	49	\$3,934.33	\$3,391.18
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,129,897	\$3,746,011	\$179.64	\$217.91	200	244	\$10,755.66	\$10,733.55
IP - Psych	\$1,086,026	\$764,393	\$62.33	\$44.46	1,119	822	\$668.74	\$649.44
Lab	\$280,120	\$325,988	\$16.08	\$18.96	10,052	12,490	\$19.19	\$18.22
OP - Emergency Room & Related	\$947,667	\$987,566	\$54.39	\$57.45	2,475	2,555	\$263.75	\$269.83
OP - Other	\$1,571,419	\$1,670,298	\$90.19	\$97.16	2,130	2,179	\$508.22	\$535.18
Pharmacy	\$5,869,026	\$5,901,371	\$336.86	\$343.28	56,556	58,113	\$71.47	\$70.89
Prof - Anesthesia	\$50,926	\$51,680	\$2.92	\$3.01	315	312	\$111.44	\$115.62
Prof - Child EPSDT	\$19,562	\$15,375	\$1.12	\$0.89	849	627	\$15.88	\$17.12
Prof - Evaluation & Management	\$1,454,769	\$1,523,873	\$83.50	\$88.64	14,203	14,563	\$70.55	\$73.05
Prof - Maternity	\$116,279	\$107,303	\$6.67	\$6.24	173	187	\$463.26	\$400.38
Prof - Other	\$435,813	\$446,359	\$25.01	\$25.96	4,489	4,557	\$66.86	\$68.38
Prof - Psych	\$192,077	\$201,698	\$11.02	\$11.73	1,920	2,200	\$68.89	\$63.99
Prof - Specialist	\$359,555	\$358,236	\$20.64	\$20.84	2,368	2,392	\$104.58	\$104.53
Prof - Vision	\$47,066	\$43,535	\$2.70	\$2.53	200	188	\$162.30	\$161.84
Radiology	\$216,911	\$235,376	\$12.45	\$13.69	4,500	4,722	\$33.20	\$34.80
Transportation/Ambulance	\$391,248	\$418,767	\$22.46	\$24.36	6,361	7,362	\$42.37	\$39.71
Total	\$16,834,248	\$17,429,390	\$966.21	\$1,013.87				

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Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	14,099	14,667						
Service Type								
DME/Supplies	\$248,585	\$259,173	\$17.63	\$17.67	1,460	1,296	\$144.95	\$163.62
FQHC / RHC	\$17,501	\$16,876	\$1.24	\$1.15	356	304	\$41.87	\$45.36
Home Health	\$40,016	\$56,024	\$2.84	\$3.82	99	109	\$344.97	\$421.23
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,846,426	\$2,386,560	\$130.96	\$162.72	171	184	\$9,186.20	\$10,606.93
IP - Psych	\$611,974	\$774,620	\$43.41	\$52.81	762	1,065	\$683.77	\$594.95
Lab	\$88,168	\$97,659	\$6.25	\$6.66	4,319	5,748	\$17.38	\$13.90
OP - Emergency Room & Related	\$415,508	\$445,195	\$29.47	\$30.35	1,337	1,447	\$264.49	\$251.81
OP - Other	\$766,714	\$758,021	\$54.38	\$51.68	997	1,180	\$654.75	\$525.67
Pharmacy	\$3,823,334	\$4,243,041	\$271.18	\$289.29	32,995	33,400	\$98.63	\$103.94
Prof - Anesthesia	\$20,680	\$25,820	\$1.47	\$1.76	130	151	\$135.16	\$140.33
Prof - Child EPSDT	\$2,479	\$2,568	\$0.18	\$0.18	192	323	\$10.97	\$6.50
Prof - Evaluation & Management	\$681,755	\$818,328	\$48.35	\$55.79	7,940	8,800	\$73.08	\$76.08
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$352,228	\$450,816	\$24.98	\$30.74	3,192	3,127	\$93.93	\$117.95
Prof - Psych	\$69,871	\$87,223	\$4.96	\$5.95	883	1,095	\$67.38	\$65.19
Prof - Specialist	\$167,140	\$184,882	\$11.85	\$12.61	1,298	1,456	\$109.60	\$103.92
Prof - Vision	\$31,672	\$30,822	\$2.25	\$2.10	156	155	\$173.07	\$163.08
Radiology	\$76,916	\$90,899	\$5.46	\$6.20	2,247	2,454	\$29.13	\$30.30
Transportation/Ambulance	\$245,688	\$281,456	\$17.43	\$19.19	5,735	6,326	\$36.46	\$36.40
Total	\$9,506,653	\$11,009,982	\$674.28	\$750.66				

Virginia Medicaid
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Age 45 and Over								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	50,763	52,094						
Service Type								
DME/Supplies	\$1,281,696	\$1,187,570	\$25.25	\$22.80	4,123	3,915	\$73.48	\$69.87
FQHC / RHC	\$121,238	\$122,155	\$2.39	\$2.34	704	651	\$40.71	\$43.23
Home Health	\$529,844	\$441,096	\$10.44	\$8.47	308	302	\$406.63	\$336.97
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$20,018,310	\$17,803,275	\$394.35	\$341.75	395	361	\$11,987.01	\$11,361.38
IP - Psych	\$1,896,926	\$1,758,851	\$37.37	\$33.76	588	584	\$762.74	\$693.83
Lab	\$739,416	\$742,699	\$14.57	\$14.26	10,175	10,996	\$17.18	\$15.56
OP - Emergency Room & Related	\$1,743,622	\$1,807,244	\$34.35	\$34.69	1,216	1,246	\$338.96	\$333.99
OP - Other	\$6,113,305	\$6,366,672	\$120.43	\$122.22	2,700	2,738	\$535.18	\$535.55
Pharmacy	\$22,979,727	\$27,158,229	\$452.69	\$521.33	80,861	81,819	\$67.18	\$76.46
Prof - Anesthesia	\$170,636	\$175,983	\$3.36	\$3.38	347	370	\$116.24	\$109.51
Prof - Child EPSDT	\$30,495	\$28,910	\$0.60	\$0.55	638	624	\$11.29	\$10.66
Prof - Evaluation & Management	\$4,271,055	\$4,485,880	\$84.14	\$86.11	13,985	13,898	\$72.19	\$74.35
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,651,117	\$2,174,448	\$52.23	\$41.74	5,637	5,358	\$111.17	\$93.49
Prof - Psych	\$252,929	\$245,696	\$4.98	\$4.72	798	808	\$74.92	\$70.04
Prof - Specialist	\$1,572,580	\$1,571,046	\$30.98	\$30.16	3,227	3,238	\$115.18	\$111.75
Prof - Vision	\$188,062	\$206,770	\$3.70	\$3.97	410	445	\$108.33	\$107.13
Radiology	\$741,378	\$701,809	\$14.60	\$13.47	5,015	4,951	\$34.94	\$32.65
Transportation/Ambulance	\$1,230,522	\$1,284,662	\$24.24	\$24.66	6,782	7,322	\$42.89	\$40.42
Total	\$66,532,858	\$68,262,995	\$1,310.66	\$1,310.38				

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All Age Categories								
Roanoke/Alleghany	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	110,410	111,856						
Service Type								
DME/Supplies	\$2,507,826	\$2,449,341	\$22.71	\$21.90	2,822	2,756	\$96.59	\$95.35
FQHC / RHC	\$201,204	\$201,718	\$1.82	\$1.80	541	509	\$40.39	\$42.49
Home Health	\$649,685	\$611,461	\$5.88	\$5.47	182	190	\$388.10	\$344.49
IP - Maternity	\$336,501	\$264,140	\$3.05	\$2.36	10	9	\$3,823.87	\$3,301.76
IP - Newborn	\$51,904	\$0	\$0.47	\$0.00	0	0	\$25,951.80	-
IP - Other	\$27,574,595	\$28,194,390	\$249.75	\$252.06	258	250	\$11,605.47	\$12,100.60
IP - Psych	\$4,305,592	\$3,782,848	\$39.00	\$33.82	655	609	\$714.15	\$666.35
Lab	\$1,213,094	\$1,278,341	\$10.99	\$11.43	7,619	8,527	\$17.30	\$16.08
OP - Emergency Room & Related	\$3,528,311	\$3,563,695	\$31.96	\$31.86	1,343	1,346	\$285.62	\$284.10
OP - Other	\$9,633,748	\$9,974,360	\$87.25	\$89.17	1,967	2,034	\$532.34	\$525.99
Pharmacy	\$40,198,364	\$44,063,833	\$364.08	\$393.93	55,509	56,615	\$78.71	\$83.50
Prof - Anesthesia	\$302,482	\$315,358	\$2.74	\$2.82	271	279	\$121.43	\$121.11
Prof - Child EPSDT	\$62,533	\$57,904	\$0.57	\$0.52	528	504	\$12.86	\$12.32
Prof - Evaluation & Management	\$7,813,865	\$8,283,907	\$70.77	\$74.06	11,604	11,712	\$73.18	\$75.88
Prof - Maternity	\$138,579	\$121,344	\$1.26	\$1.08	32	31	\$477.86	\$415.56
Prof - Other	\$11,220,433	\$16,504,044	\$101.63	\$147.55	5,354	5,359	\$227.77	\$330.37
Prof - Psych	\$732,855	\$754,735	\$6.64	\$6.75	1,097	1,177	\$72.63	\$68.77
Prof - Specialist	\$2,326,975	\$2,285,142	\$21.08	\$20.43	2,201	2,223	\$114.92	\$110.27
Prof - Vision	\$358,974	\$365,780	\$3.25	\$3.27	313	320	\$124.64	\$122.70
Radiology	\$1,105,571	\$1,088,791	\$10.01	\$9.73	3,606	3,618	\$33.32	\$32.29
Transportation/Ambulance	\$2,104,053	\$2,224,484	\$19.06	\$19.89	5,242	5,797	\$43.63	\$41.17
Total	\$116,367,143	\$126,385,616	\$1,053.95	\$1,129.90				

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Exhibit 1b

Age Under 1								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	36	37						
Service Type								
DME/Supplies	\$305	\$14,255	\$8.47	\$385.28	1,333	27,892	\$76.20	\$165.76
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$0	\$1,609	\$0.00	\$43.49	0	1,946	-	\$268.21
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$725	\$0	\$20.15	\$0.00	333	0	\$725.44	-
IP - Other	\$10,838	\$105,099	\$301.06	\$2,840.52	667	1,946	\$5,419.01	\$17,516.53
IP - Psych	\$498	\$88	\$13.83	\$2.38	0	0	-	-
Lab	\$88	\$137	\$2.46	\$3.71	3,333	3,243	\$8.85	\$13.73
OP - Emergency Room & Related	\$1,550	\$1,644	\$43.06	\$44.43	1,667	1,946	\$310.06	\$274.01
OP - Other	\$0	\$5,198	\$0.00	\$140.48	0	5,838	-	\$288.77
Pharmacy	\$1,084	\$43,385	\$30.12	\$1,172.56	10,000	38,270	\$36.14	\$367.67
Prof - Anesthesia	\$0	\$646	\$0.00	\$17.46	0	1,622	-	\$129.24
Prof - Child EPSDT	\$136	\$118	\$3.79	\$3.19	3,333	3,243	\$13.64	\$11.80
Prof - Evaluation & Management	\$3,016	\$8,599	\$83.77	\$232.41	13,000	28,865	\$77.32	\$96.62
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$809	\$6,647	\$22.48	\$179.65	7,000	18,162	\$38.53	\$118.69
Prof - Psych	\$78	\$14	\$2.17	\$0.37	0	0	-	-
Prof - Specialist	\$106	\$951	\$2.93	\$25.69	333	1,297	\$105.53	\$237.68
Prof - Vision	\$32	\$590	\$0.89	\$15.94	0	1,946	-	\$98.32
Radiology	\$32	\$224	\$0.88	\$6.05	1,000	4,216	\$10.59	\$17.23
Transportation/Ambulance	\$106	\$1,172	\$2.95	\$31.69	0	5,189	-	\$73.28
Total	\$19,404	\$190,377	\$538.99	\$5,145.33				

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Age 1-5								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	1,678	1,572						
Service Type								
DME/Supplies	\$110,066	\$137,140	\$65.59	\$87.24	6,279	7,977	\$125.36	\$131.23
FQHC / RHC	\$835	\$776	\$0.50	\$0.49	93	115	\$64.21	\$51.74
Home Health	\$3,472	\$7,778	\$2.07	\$4.95	122	229	\$204.23	\$259.26
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$193,913	\$1,063,513	\$115.56	\$676.53	222	229	\$6,255.27	\$35,450.42
IP - Psych	\$12,155	\$7,327	\$7.24	\$4.66	0	8	-	\$7,327.42
Lab	\$7,050	\$10,200	\$4.20	\$6.49	4,055	3,656	\$12.43	\$21.29
OP - Emergency Room & Related	\$32,914	\$37,786	\$19.62	\$24.04	1,237	1,450	\$190.25	\$198.87
OP - Other	\$151,895	\$199,899	\$90.52	\$127.16	2,732	3,351	\$397.63	\$455.35
Pharmacy	\$308,402	\$298,746	\$183.79	\$190.04	17,735	17,038	\$124.36	\$133.85
Prof - Anesthesia	\$7,474	\$7,966	\$4.45	\$5.07	386	649	\$138.41	\$93.72
Prof - Child EPSDT	\$1,812	\$1,508	\$1.08	\$0.96	1,030	1,260	\$12.58	\$9.14
Prof - Evaluation & Management	\$121,561	\$159,023	\$72.44	\$101.16	11,721	14,427	\$74.17	\$84.14
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$200,807	\$232,462	\$119.67	\$147.88	10,834	13,924	\$132.55	\$127.45
Prof - Psych	\$3,111	\$1,617	\$1.85	\$1.03	150	53	\$148.16	\$231.04
Prof - Specialist	\$21,700	\$29,055	\$12.93	\$18.48	958	1,229	\$161.94	\$180.47
Prof - Vision	\$7,313	\$6,431	\$4.36	\$4.09	501	458	\$104.47	\$107.18
Radiology	\$6,530	\$8,564	\$3.89	\$5.45	1,766	3,443	\$26.44	\$18.99
Transportation/Ambulance	\$12,903	\$16,401	\$7.69	\$10.43	2,696	1,817	\$34.23	\$68.91
Total	\$1,203,913	\$2,226,191	\$717.47	\$1,416.15				

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Age 6-20								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	12,592	12,411						
Service Type								
DME/Supplies	\$196,476	\$252,546	\$15.60	\$20.35	1,483	1,540	\$126.27	\$158.53
FQHC / RHC	\$8,952	\$10,694	\$0.71	\$0.86	173	206	\$49.19	\$50.21
Home Health	\$13,649	\$5,274	\$1.08	\$0.42	45	22	\$290.40	\$229.32
IP - Maternity	\$17,322	\$3,860	\$1.38	\$0.31	7	2	\$2,474.59	\$1,930.23
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$692,883	\$519,463	\$55.03	\$41.86	59	62	\$11,175.54	\$8,116.60
IP - Psych	\$150,228	\$156,907	\$11.93	\$12.64	164	172	\$873.42	\$881.50
Lab	\$48,250	\$69,284	\$3.83	\$5.58	3,055	3,254	\$15.05	\$20.59
OP - Emergency Room & Related	\$244,502	\$256,403	\$19.42	\$20.66	1,055	1,048	\$220.87	\$236.53
OP - Other	\$488,952	\$574,852	\$38.83	\$46.32	1,253	1,393	\$371.83	\$398.93
Pharmacy	\$4,531,871	\$4,210,584	\$359.90	\$339.26	24,953	25,466	\$173.08	\$159.87
Prof - Anesthesia	\$16,937	\$21,019	\$1.35	\$1.69	148	173	\$109.27	\$117.42
Prof - Child EPSDT	\$4,166	\$2,200	\$0.33	\$0.18	224	187	\$17.73	\$11.40
Prof - Evaluation & Management	\$581,437	\$629,233	\$46.18	\$50.70	8,061	8,471	\$68.74	\$71.82
Prof - Maternity	\$8,309	\$3,486	\$0.66	\$0.28	25	14	\$319.56	\$248.99
Prof - Other	\$1,003,543	\$436,151	\$79.70	\$35.14	4,308	4,512	\$221.97	\$93.45
Prof - Psych	\$122,372	\$129,789	\$9.72	\$10.46	1,543	1,667	\$75.58	\$75.28
Prof - Specialist	\$71,417	\$76,762	\$5.67	\$6.18	722	766	\$94.22	\$96.92
Prof - Vision	\$32,333	\$32,106	\$2.57	\$2.59	285	273	\$108.14	\$113.85
Radiology	\$40,157	\$45,962	\$3.19	\$3.70	1,353	1,452	\$28.28	\$30.60
Transportation/Ambulance	\$113,352	\$115,886	\$9.00	\$9.34	2,529	3,378	\$42.71	\$33.17
Total	\$8,387,106	\$7,552,462	\$666.07	\$608.53				

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Age 21-44 Female								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	17,972	16,948						
Service Type								
DME/Supplies	\$324,666	\$290,509	\$18.07	\$17.14	2,479	2,242	\$87.46	\$91.76
FQHC / RHC	\$43,977	\$35,816	\$2.45	\$2.11	748	627	\$39.23	\$40.47
Home Health	\$89,203	\$46,275	\$4.96	\$2.73	166	118	\$359.69	\$278.76
IP - Maternity	\$116,877	\$80,819	\$6.50	\$4.77	25	18	\$3,075.71	\$3,108.41
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,301,868	\$2,775,215	\$183.72	\$163.75	240	212	\$9,171.86	\$9,281.66
IP - Psych	\$503,132	\$399,609	\$28.00	\$23.58	445	393	\$754.32	\$720.02
Lab	\$300,745	\$228,506	\$16.73	\$13.48	9,621	9,559	\$20.87	\$16.93
OP - Emergency Room & Related	\$1,241,228	\$1,252,739	\$69.06	\$73.92	2,732	2,909	\$303.33	\$304.95
OP - Other	\$1,687,800	\$1,422,007	\$93.91	\$83.90	2,488	2,601	\$452.98	\$387.15
Pharmacy	\$5,873,079	\$6,130,037	\$326.79	\$361.70	69,036	71,245	\$56.80	\$60.92
Prof - Anesthesia	\$55,257	\$51,077	\$3.07	\$3.01	330	322	\$111.86	\$112.26
Prof - Child EPSDT	\$10,547	\$9,381	\$0.59	\$0.55	704	671	\$10.01	\$9.91
Prof - Evaluation & Management	\$1,388,510	\$1,370,533	\$77.26	\$80.87	13,933	13,915	\$66.54	\$69.74
Prof - Maternity	\$66,534	\$49,834	\$3.70	\$2.94	81	74	\$549.87	\$479.17
Prof - Other	\$350,624	\$322,336	\$19.51	\$19.02	3,919	4,166	\$59.74	\$54.78
Prof - Psych	\$101,836	\$93,648	\$5.67	\$5.53	1,014	1,006	\$67.04	\$65.90
Prof - Specialist	\$336,182	\$331,041	\$18.71	\$19.53	2,012	2,204	\$111.58	\$106.34
Prof - Vision	\$45,790	\$46,360	\$2.55	\$2.74	287	329	\$106.49	\$99.70
Radiology	\$246,049	\$302,826	\$13.69	\$17.87	4,916	5,603	\$33.42	\$38.27
Transportation/Ambulance	\$375,191	\$366,185	\$20.88	\$21.61	4,524	5,337	\$55.37	\$48.58
Total	\$16,459,093	\$15,604,755	\$915.82	\$920.74				

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Age 21-44 Male								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	12,915	12,534						
Service Type								
DME/Supplies	\$343,947	\$234,496	\$26.63	\$18.71	2,052	1,602	\$155.70	\$140.17
FQHC / RHC	\$15,061	\$13,233	\$1.17	\$1.06	336	307	\$41.60	\$41.23
Home Health	\$56,246	\$45,821	\$4.36	\$3.66	123	94	\$426.11	\$467.56
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,170,753	\$2,895,378	\$168.08	\$231.00	192	205	\$10,486.73	\$13,529.80
IP - Psych	\$389,776	\$331,549	\$30.18	\$26.45	406	389	\$891.94	\$816.62
Lab	\$110,493	\$69,759	\$8.56	\$5.57	5,541	4,526	\$18.53	\$14.76
OP - Emergency Room & Related	\$620,079	\$548,560	\$48.01	\$43.77	1,846	1,829	\$312.07	\$287.20
OP - Other	\$782,584	\$684,685	\$60.60	\$54.63	1,592	1,526	\$456.85	\$429.54
Pharmacy	\$3,160,726	\$3,184,644	\$244.73	\$254.08	43,574	43,137	\$67.40	\$70.68
Prof - Anesthesia	\$20,114	\$20,620	\$1.56	\$1.65	174	175	\$107.56	\$112.68
Prof - Child EPSDT	\$3,879	\$3,484	\$0.30	\$0.28	348	328	\$10.35	\$10.16
Prof - Evaluation & Management	\$703,079	\$678,086	\$54.44	\$54.10	9,768	9,202	\$66.88	\$70.55
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$349,475	\$408,136	\$27.06	\$32.56	2,866	2,781	\$113.32	\$140.49
Prof - Psych	\$49,581	\$48,017	\$3.84	\$3.83	613	681	\$75.12	\$67.53
Prof - Specialist	\$138,195	\$142,286	\$10.70	\$11.35	1,331	1,278	\$96.44	\$106.58
Prof - Vision	\$29,263	\$28,338	\$2.27	\$2.26	222	239	\$122.44	\$113.35
Radiology	\$98,790	\$105,820	\$7.65	\$8.44	3,085	3,226	\$29.76	\$31.40
Transportation/Ambulance	\$214,730	\$232,024	\$16.63	\$18.51	4,190	5,085	\$47.61	\$43.69
Total	\$9,256,772	\$9,674,939	\$716.75	\$771.90				

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Age 45 and Over								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	65,970	65,886						
Service Type								
DME/Supplies	\$1,981,306	\$1,997,391	\$30.03	\$30.32	4,900	4,713	\$73.55	\$77.18
FQHC / RHC	\$233,293	\$152,496	\$3.54	\$2.31	864	685	\$49.11	\$40.53
Home Health	\$684,413	\$559,801	\$10.37	\$8.50	375	304	\$332.40	\$335.81
IP - Maternity	\$2,351	\$0	\$0.04	\$0.00	0	0	\$2,351.10	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$18,744,745	\$17,179,044	\$284.14	\$260.74	324	300	\$10,513.04	\$10,417.86
IP - Psych	\$1,437,543	\$1,028,795	\$21.79	\$15.61	283	238	\$923.87	\$788.35
Lab	\$1,090,378	\$851,968	\$16.53	\$12.93	9,782	9,716	\$20.28	\$15.97
OP - Emergency Room & Related	\$3,193,810	\$3,296,473	\$48.41	\$50.03	1,601	1,738	\$362.85	\$345.54
OP - Other	\$7,039,634	\$7,574,856	\$106.71	\$114.97	2,953	3,139	\$433.69	\$439.50
Pharmacy	\$26,335,238	\$29,460,273	\$399.20	\$447.14	95,228	98,509	\$50.30	\$54.47
Prof - Anesthesia	\$190,665	\$196,380	\$2.89	\$2.98	307	320	\$113.02	\$111.64
Prof - Child EPSDT	\$42,117	\$42,753	\$0.64	\$0.65	911	973	\$8.41	\$8.01
Prof - Evaluation & Management	\$5,265,189	\$5,423,099	\$79.81	\$82.31	14,004	14,110	\$68.39	\$70.00
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,338,048	\$1,490,091	\$20.28	\$22.62	4,690	5,055	\$51.90	\$53.69
Prof - Psych	\$211,045	\$181,545	\$3.20	\$2.76	483	476	\$79.49	\$69.53
Prof - Specialist	\$1,645,744	\$1,612,256	\$24.95	\$24.47	2,704	2,744	\$110.71	\$107.01
Prof - Vision	\$249,443	\$266,365	\$3.78	\$4.04	508	537	\$89.28	\$90.42
Radiology	\$881,853	\$1,101,546	\$13.37	\$16.72	5,102	5,661	\$31.44	\$35.44
Transportation/Ambulance	\$1,481,405	\$1,622,705	\$22.46	\$24.63	5,817	7,154	\$46.32	\$41.31
Total	\$72,048,218	\$74,037,838	\$1,092.14	\$1,123.73				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 1b

All Age Categories								
Far Southwest	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	111,163	109,388						
Service Type								
DME/Supplies	\$2,956,764	\$2,926,338	\$26.60	\$26.75	3,810	3,669	\$83.77	\$87.51
FQHC / RHC	\$302,117	\$213,016	\$2.72	\$1.95	694	570	\$47.00	\$40.99
Home Health	\$846,983	\$666,559	\$7.62	\$6.09	270	218	\$338.39	\$334.95
IP - Maternity	\$136,550	\$84,679	\$1.23	\$0.77	5	3	\$2,968.48	\$3,024.26
IP - Newborn	\$725	\$0	\$0.01	\$0.00	0	0	\$725.44	-
IP - Other	\$25,115,001	\$24,537,711	\$225.93	\$224.32	264	248	\$10,271.98	\$10,847.79
IP - Psych	\$2,493,331	\$1,924,276	\$22.43	\$17.59	306	268	\$880.41	\$787.03
Lab	\$1,557,005	\$1,229,855	\$14.01	\$11.24	8,413	8,274	\$19.98	\$16.31
OP - Emergency Room & Related	\$5,334,083	\$5,393,605	\$47.98	\$49.31	1,745	1,847	\$329.96	\$320.32
OP - Other	\$10,150,865	\$10,461,498	\$91.32	\$95.64	2,523	2,677	\$434.39	\$428.75
Pharmacy	\$40,210,400	\$43,327,669	\$361.72	\$396.09	75,835	78,461	\$57.24	\$60.58
Prof - Anesthesia	\$290,447	\$297,709	\$2.61	\$2.72	278	292	\$112.71	\$111.67
Prof - Child EPSDT	\$62,658	\$59,445	\$0.56	\$0.54	737	768	\$9.18	\$8.49
Prof - Evaluation & Management	\$8,062,792	\$8,268,573	\$72.53	\$75.59	12,793	12,887	\$68.04	\$70.39
Prof - Maternity	\$74,842	\$53,320	\$0.67	\$0.49	16	13	\$509.13	\$451.86
Prof - Other	\$3,243,305	\$2,895,823	\$29.18	\$26.47	4,403	4,727	\$79.51	\$67.20
Prof - Psych	\$488,023	\$454,630	\$4.39	\$4.16	699	710	\$75.38	\$70.22
Prof - Specialist	\$2,213,344	\$2,192,352	\$19.91	\$20.04	2,181	2,246	\$109.55	\$107.09
Prof - Vision	\$364,173	\$380,190	\$3.28	\$3.48	414	440	\$95.03	\$94.83
Radiology	\$1,273,410	\$1,564,942	\$11.46	\$14.31	4,361	4,863	\$31.52	\$35.30
Transportation/Ambulance	\$2,197,687	\$2,354,374	\$19.77	\$21.52	4,998	6,130	\$47.47	\$42.14
Total	\$107,374,506	\$109,286,562	\$965.92	\$999.07				

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Pharmacy Adjustment**

**Appendix I
 Exhibit 2a**

	LIFC	ABAD	Source
1. Health Plan Total Drug Cost PMPM	\$40.35	\$341.18	FY15-16 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$39.49	\$335.99	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.3%	0.3%	From Plan Data
4a. Current Average Managed Care Rebate	2.1%	2.1%	From Plan Data
4b. Average Managed Care Rebate Reduction for FY18	0.0%	0.0%	From DMAS
4c. FY18 Effective Managed Care Rebate	2.1%	2.1%	= (4a.) *(1- (4b.))
5. FY18 Managed Care Dispensing Fee PMPM	\$0.86	\$5.26	From Plan Data
6. Average PBM Admin Cost PMPM	\$0.42	\$2.77	From Plan Data
7. Adjusted PMPM with FY18 Pharmacy Pricing Arrangements	\$39.83	\$336.05	= (2.) * (1 - (3.)) * (1 - (4c.)) + (5.) + (6.)
8. Pharmacy Adjustment	-1.3%	-1.5%	= (7.) / (1.) - 1

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Exempt Infant Formula Carveout Adjustment

Appendix I
Exhibit 2b

	LIFC Age 0-5	LIFC Age 6-20	ABAD Age 0-5	ABAD Age 6-20	Source
1. Claims Associated with Exempt Infant Formula	\$160,196	\$144,600	\$100,684	\$80,258	FY15-16 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$9,747,203	\$10,265,599	\$3,550,756	\$6,751,310	FY15-16 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-1.6%	-1.4%	-2.8%	-1.2%	= - (1.) / (2.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Hospital Inpatient Adjustments

Appendix I
Exhibit 2c.1

	<u>LIFC and ABAD</u>		Source
	IP - Med/Surg	IP - Psych	
1a. FY15 Total Claims in IP Service Categories	\$549,376,415	\$61,158,053	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in IP Service Categories	\$570,774,337	\$58,673,280	FY16 Health Plan Encounter Data
1c. FY15 Children's Hospital of The King's Daughters IP Claims	\$13,050,551	\$0	FY15 Health Plan Encounter Data
1d. FY16 Children's Hospital of The King's Daughters IP Claims	\$14,828,063	\$0	FY16 Health Plan Encounter Data
2. FY15-16 Hospital Capital Percentage	8.70%	8.70%	Provided by DMAS
3. FY17 Capital Reimbursement Decrease	-3.10%	-3.10%	= ((4.)-(2.))/(2.)
4. FY17 & FY18 Hospital Capital Percentage	8.43%	8.43%	Provided by DMAS
5. % Excluded Claims from Freestanding Psych Hospitals	0.00%	12.28%	FY15-16 Health Plan Encounter Data
6a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
6b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	Provided by DMAS
6c. Dollar Change	\$10,502,033	\$1,010,636	= [((1a.)+(1b.))-((1c.)+(1d.))] * (1 - (4.)) * (1 - (5.)) * ((1 + (6a.)) * (1 + (6b.)) - 1)
7a. FY17 Hospital Rate Change - Rebasing	-2.65%	27.00%	Provided by DMAS
7b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
7c. Dollar Change	(\$26,505,130)	\$25,987,779	= [((1a.)+(1b.))-((1c.)+(1d.))] * (1 - (4.)) * (1 - (5.)) * ((1 + (7a.)) * (1 + (7b.)) - 1)
8. Hospital Inpatient Adjustment	-1.43%	22.53%	= ((6c.) + (7c.)) / ((1a.) + (1b.))

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Hospital Inpatient Adjustments for Children's Hospital of The King's Daughters

Appendix I
Exhibit 2c.2

	<u>LIFC</u>	<u>ABAD</u>	
	IP - Med/Surg	IP - Med/Surg	Source
1a. FY15-16 Total Claims in IP Service Categories (for age 0-20)			
Rural	\$40,231,494	\$3,859,355	FY15-16 Health Plan Encounter Data
Tidewater	\$96,973,354	\$8,779,415	FY15-16 Health Plan Encounter Data
2. FY15-16 Children Hospital King's Daughter IP Claims			
Rural	\$1,530,177	\$75,744	FY15-16 Health Plan Encounter Data
Tidewater	\$23,758,415	\$2,514,279	FY15-16 Health Plan Encounter Data
3. FY15-16 Hospital Capital Percentage	10.40%	10.40%	Provided by DMAS
4. FY17 Capital Reimbursement Increase	10.77%	10.77%	= ((5.)-(3.))/(3.)
5. FY17 & FY18 Hospital Capital Percentage	11.52%	11.52%	Provided by DMAS
6. % Excluded Claims from Freestanding Psych Hospitals	0.00%	0.00%	FY15-16 Health Plan Encounter Data
7a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	Provided by DMAS
7b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	Provided by DMAS
7c. Dollar Change			
Rural	\$67,137	\$3,323	= ((2.) * (1 - (5.)) * (1 - (6.)) * ((1 + (7a.)) * (1 + (7b.)) - 1)
Tidewater	\$1,042,411	\$110,315	= ((2.) * (1 - (5.)) * (1 - (6.)) * ((1 + (7a.)) * (1 + (7b.)) - 1)
8a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	Provided by DMAS
8b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
8c. Dollar Change			
Rural	(\$35,878)	(\$1,776)	= ((2.) * (1 - (5.)) * (1 - (6.)) * ((1 + (8a.)) * (1 + (8b.)) - 1)
Tidewater	(\$557,068)	(\$58,953)	= ((2.) * (1 - (5.)) * (1 - (6.)) * ((1 + (8a.)) * (1 + (8b.)) - 1)
9. Hospital Inpatient Adjustment			
Rural	0.078%	0.040%	= ((7c.) + (8c.))/ (1a.)
Tidewater	0.500%	0.585%	= ((7c.) + (8c.))/ (1a.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Freestanding Psychiatric Hospital Rate Adjustment

Appendix I
Exhibit 2d

	LIFC and ABAD	Source
1a. FY15 Total Claims in IP Service Categories	\$61,158,053	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in IP Service Categories	\$58,673,280	FY16 Health Plan Encounter Data
2. FY15-16 Hospital Capital Percentage	4.90%	Provided by DMAS
3. % Claims from Freestanding Psych Hospitals	12.28%	FY15-16 Health Plan Encounter Data
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	Provided by DMAS
4b. FY18 Hospital Rate Change - Unit Cost	0.00%	Provided by DMAS
4c. Dollar Change	\$146,980	= ((1a.) + (1b.)) * (1 - (2.)) * (3.) * [(1 + (4a.)) * (1 + (4b.)) - 1]
5a. FY17 Hospital Rate Change - Rebasing	2.50%	Provided by DMAS
5b. FY18 Hospital Rate Change - Rebasing	0.00%	Provided by DMAS
5c. Dollar Change	\$349,953	= ((1a.) + (1b.)) * (1 - (2.)) * (3.) * [(1 + (5a.)) * (1 + (5b.)) - 1]
6. Freestanding Psychiatric Hospital Rate Adjustment	0.41%	= ((4c.) + (5c.)) / ((1a.) + (1b.))

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Hospital Outpatient Adjustments**

**Appendix I
 Exhibit 2e.1**

	<u>LIFC and ABAD</u>		Source
	OP - Emergency Room & Related	OP - Other	
1a. FY15 Total Claims in OP Service Categories	\$162,577,165	\$247,553,172	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in OP Service Categories	\$164,613,031	\$258,322,471	FY16 Health Plan Encounter Data
1c. FY15 Children's Hospital of The King's Daughters OP Claims	\$2,871,319	\$11,391,038	FY15 Health Plan Encounter Data
1d. FY16 Children's Hospital of The King's Daughters OP Claims	\$2,999,222	\$13,108,489	FY16 Health Plan Encounter Data
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	Provided by DMAS
2c. Dollar Change	\$3,373,856	\$5,054,449	$= \frac{[(1a.)+(1d.)-(1c.)+(1a.)] \cdot [(1 + (2a.)) \cdot (1 + (2b.))] - 1}{1}$
3a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
3c. Dollar Change	\$321,320	\$481,376	$= \frac{[(1a.)+(1d.)-(1c.)+(1a.)] \cdot [(1 + (3a.)) \cdot (1 + (3b.))] - 1}{1}$
4. Hospital Outpatient Adjustment	1.13%	1.09%	$= ((2c.) + (3c.)) / ((1a.) + (1b.))$

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters

Appendix I
Exhibit 2e.2

	<u>LIFC</u>		<u>ABAD</u>		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1. FY15-16 Total Claims in OP Service Categories (For Age 0-20)					
Rural	\$12,764,944	\$21,543,747	\$919,611	\$2,734,207	FY15-16 Health Plan Encounter Dat
Tidewater	\$33,194,443	\$50,658,877	\$2,507,782	\$8,041,544	FY15-16 Health Plan Encounter Dat
2. FY15-16 Children Hospital King's Daughter OP Claims					
Rural	\$150,537	\$1,155,774	\$8,230	\$161,753	FY15-16 Health Plan Encounter Dat
Tidewater	\$5,380,563	\$20,183,561	\$331,211	\$2,998,438	FY15-16 Health Plan Encounter Dat
3a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	2.10%	2.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	2.80%	Provided by DMAS
3c. Dollar Change					
Rural	\$7,465	\$57,313	\$408	\$8,021	$= ((2.) * [(1 + (3a.)) * (1 + (3b.)) - 1]$
Tidewater	\$266,811	\$1,000,862	\$16,424	\$148,687	$= ((2.) * [(1 + (3a.)) * (1 + (3b.)) - 1]$
4a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	0.10%	0.10%	Provided by DMAS
4b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
4c. Dollar Change					
Rural	\$151	\$1,156	\$8	\$162	$= ((2.) * [(1 + (4a.)) * (1 + (4b.)) - 1]$
Tidewater	\$5,381	\$20,184	\$331	\$2,998	$= ((2.) * [(1 + (4a.)) * (1 + (4b.)) - 1]$
5. Hospital Outpatient Adjustment					
Rural	0.06%	0.27%	0.05%	0.30%	$= ((3c.)+(4c.)) / (1.)$
Tidewater	0.82%	2.02%	0.67%	1.89%	$= ((3c.)+(4c.)) / (1.)$

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Hepatitis C Treatment Adjustment**

**Appendix I
Exhibit 2f**

	LIFC Child	LIFC Adult	ABAD	Source
1. Total Claims in Pharmacy Service Categories	\$334,773,741	\$241,775,168	\$614,306,245	FY15-16 Health Plan Encounter Data
2. Unique Individuals in Base Period	702,210	204,997	98,112	FY15-16 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	0.3%	3.6%	4.5%	FY15-16 Health Plan Encounter Data
3b. Number of Individuals Being Tested	2,146	7,387	4,411	FY15-16 Health Plan Encounter Data
3c. Projected Testing Change in FY18	15%	35%	35%	Estimate
3d. Additional Number of People Being Tested	322	2,585	1,544	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$42	\$42	\$42	FY15-16 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.03%	1.3%	5.0%	FY15-16 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	179	2,577	4,884	FY15-16 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	188	2,706	5,128	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	3.1%	7.6%	FY15-16 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	80	373	FY15-16 Health Plan Encounter Data
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Current Protocol In The Base Period	0%	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)	100%	90%	75%	Estimate
5e. Projected Number of Additional People Going Through Drug Therapy	0	80	312	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$88,345	\$88,345	\$88,345	FY15-16 Health Plan Encounter Data
5g. Projected Average Cost of Drug Therapy	\$70,000	\$70,000	\$70,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$13,523	\$4,213,025	\$15,089,330	= ((3d.) * (3e.)) + ((5g.) - (5f.)) * (5b.) + (5e.) * (5g.)
7. Hepatitis C Treatment Adjustment	0.0%	1.7%	2.5%	= (6.) / (1.)

Note: Based on analysis of FY15 - FY16 base data experience

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Provider Incentive Payment Adjustment

Appendix I
Exhibit 2g

	LIFC and ABAD	Source
Provider Incentive Payment Adjustment	0.52%	From Plan Data

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Emergency Room Triage Adjustment

Appendix I
Exhibit 2h

	LIFC	ABAD	Source
1. Total FY15-16 Claims in Prof - Evaluation & Management	\$473,142,384	\$121,767,062	FY15-16 Health Plan Encounter Data
2. FY15 Number of Claims in ER Triage Level 3	70,789	11,419	FY15-16 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$43.20	\$43.20	FY15-16 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. ER Triage Eff FY16 Financial Impact (1 year)	\$1,496,639	\$241,423	= (2.) * ((3.) - (4.))
6. ER Triage Adjustment	0.3%	0.2%	= (5.) / (1.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Resource Based Relative Value Scale Adjustment

Appendix I
Exhibit 2i

	LIFC	ABAD	Source
1. Professional Fee Adjustment - Effective FY18	-0.19%	-0.19%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	93.08%	78.60%	FY15-16 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.18%	-0.15%	= (1.) * (2.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Administrative Cost Adjustment

Appendix I
Exhibit 2j

	LIFC Child	LIFC Adult	ABAD	Source
1. Claims Adjustment Expense PMPM	\$4.42	\$13.97	\$31.43	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
2. General Admin Expense PMPM	\$7.12	\$22.49	\$50.61	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	2.1%	2.1%	2.1%	BLS CPI-U
4. General Admin Expense Increase %	2.1%	2.1%	2.1%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$11.91	\$37.62	\$84.63	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$14.56	\$38.15	\$70.74	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$164.61	\$520.12	\$1,170.13	Weighted average of medical component of FY2018 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	8.00%	6.73%	5.62%	$= (5b.) / (((5b.) + (6.)) / (1 - (8.)))$
8. Provision for Margin as % of Base Capitation Rate	1.50%	1.50%	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	9.5%	8.2%	7.1%	$= (7.) + (8.)$

*Note:

Administrative increases are applied from midpoint of CY2016 to the midpoint of the contract period (18 months) using compound interest calculations

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 All Regions**

**Appendix I
 Exhibit 3a**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0777
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0777
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0655
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0835
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1484
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0544
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0890

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.7

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Far Southwest**

**Appendix I
 Exhibit 3a.1**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0789
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0789
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0673
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0856
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1525
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0563
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0911

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	23.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Northern Virginia**

**Appendix I
 Exhibit 3a.2**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0773
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0773
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0650
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0828
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1470
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0538
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0883

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Other MSA**

**Appendix I
 Exhibit 3a.3**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0780
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0780
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0660
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0841
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1495
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0549
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0895

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.9

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Richmond/Charlottesville**

**Appendix I
 Exhibit 3a.4**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0770
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0770
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0645
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0823
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1459
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0533
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0877

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.2

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Roanoke-Alleghany**

**Appendix I
 Exhibit 3a.5**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0789
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0789
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0673
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0856
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1525
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0563
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0911

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	23.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Rural**

**Appendix I
 Exhibit 3a.6**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0774
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0774
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0652
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0831
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1475
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0540
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0885

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21
 Tidewater**

**Appendix I
 Exhibit 3a.7**

Category of Service	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	2.4%	-1.1%	1.3%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0760
Inpatient Psychiatric	2.4%	19.2%	22.1%	4.0%	0.5%	4.5%	1.6%	1.0709	1.0760
Outpatient Hospital	1.3%	0.9%	2.1%	2.8%	-0.9%	1.8%	2.4%	1.0555	1.0630
Practitioner	1.0%	0.2%	1.2%	1.3%	1.4%	2.7%	2.9%	1.0716	1.0805
Prescription Drug	0.0%	-1.0%	-1.0%	2.8%	1.1%	3.9%	5.4%	1.1247	1.1424
Other	1.1%	-0.1%	0.9%	5.6%	-5.0%	0.3%	2.7%	1.0436	1.0517
Weighted Average²	1.2%	0.2%	1.4%	2.8%	0.3%	3.1%	2.9%	1.0766	1.0859

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	21.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 All Regions**

**Appendix I
 Exhibit 3b**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0545
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0545
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9972
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1652
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1974
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0723
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0988

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.7

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Far Southwest**

**Appendix I
 Exhibit 3b.1**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0560
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0560
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9974
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1702
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.2022
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0740
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.1015

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	23.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Northern Virginia**

**Appendix I
 Exhibit 3b.2**

LIFC Adult 21 and Over									
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0540
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0540
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9971
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1635
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1957
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0717
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0979

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.4

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Other MSA**

**Appendix I
 Exhibit 3b.3**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0549
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0549
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9972
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1666
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1987
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0728
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0995

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.9

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Richmond/Charlottesville**

**Appendix I
 Exhibit 3b.4**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0536
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0536
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9971
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1623
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1946
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0713
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0972

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.2

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Roanoke-Alleghany**

**Appendix I
 Exhibit 3b.5**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0560
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0560
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9974
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1702
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.2022
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0740
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.1015

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	23.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Rural**

**Appendix I
 Exhibit 3b.6**

LIFC Adult 21 and Over									
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0543
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0543
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9972
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1644
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1966
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0720
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0984

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.6

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over
 Tidewater**

**Appendix I
 Exhibit 3b.7**

Category of Service	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.9%	-1.4%	-0.5%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0523
Inpatient Psychiatric	0.9%	22.9%	24.1%	5.5%	-4.0%	1.3%	2.1%	1.0457	1.0523
Outpatient Hospital	1.7%	0.6%	2.3%	0.5%	-1.3%	-0.8%	0.3%	0.9960	0.9969
Practitioner	0.8%	0.0%	0.7%	3.1%	0.4%	3.5%	6.4%	1.1370	1.1581
Prescription Drug	0.0%	0.4%	0.4%	8.4%	-1.0%	7.3%	6.0%	1.1704	1.1906
Other	0.9%	0.0%	0.9%	1.8%	0.8%	2.6%	2.4%	1.0625	1.0698
Weighted Average²	0.9%	0.2%	1.0%	4.2%	-1.4%	2.7%	3.6%	1.0836	1.0950

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	21.5

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ABAD**

**Appendix I
 Exhibit 3c**

Category of Service	ABAD All Age Categories								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	1.3%	-1.4%	-0.1%	8.0%	-1.8%	6.1%	3.8%	1.1222	1.1117
Inpatient Psychiatric	1.3%	22.9%	24.6%	8.0%	-1.8%	6.1%	3.8%	1.1222	1.1117
Outpatient Hospital	1.5%	0.8%	2.3%	1.5%	2.3%	3.9%	4.2%	1.1044	1.0931
Practitioner	1.3%	-0.1%	1.2%	4.3%	3.4%	7.8%	8.0%	1.2108	1.1876
Prescription Drug	0.0%	1.0%	1.0%	5.2%	1.4%	6.6%	5.2%	1.1505	1.1360
Other	1.2%	-0.2%	1.0%	1.9%	1.5%	3.4%	1.0%	1.0498	1.0472
Weighted Average²	0.9%	0.9%	1.8%	5.1%	1.0%	6.0%	4.9%	1.1388	1.1253

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	15.0

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

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age Under 1									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$773,016		\$773,016	\$8,316.74	(\$12,841)	\$768,492	1.054	\$809,849	\$2.98
FQHC / RHC	\$10,424		\$10,424	\$106.01		\$10,530	1.083	\$11,402	\$0.04
Home Health	\$131,879		\$131,879	\$1,669.91		\$133,549	1.065	\$142,224	\$0.52
IP - Maternity	\$4,257	(\$31)	\$4,227	\$103	(\$62)	\$4,268	1.077	\$4,598	\$0.02
IP - Newborn	\$27,817,868	(\$200,606)	\$27,617,262	\$674,025.44	(\$404,185)	\$27,887,103	1.077	\$30,042,634	\$110.52
IP - Other	\$24,278,139	(\$175,079)	\$24,103,060	\$588,258.00	(\$352,754)	\$24,338,564	1.077	\$26,219,811	\$96.46
IP - Psych	\$3,587		\$3,587	\$77.04	\$841	\$4,505	1.077	\$4,853	\$0.02
Lab	\$561,028		\$561,028	\$4,536.07		\$565,564	1.054	\$596,001	\$2.19
OP - Emergency Room & Related	\$3,783,367		\$3,783,367	\$47,906.87		\$3,831,274	1.065	\$4,080,148	\$15.01
OP - Other	\$2,648,526		\$2,648,526	\$33,536.95	\$29,350	\$2,711,412	1.065	\$2,887,542	\$10.62
Pharmacy	\$4,906,369		\$4,906,369	\$25.52	(\$63,874)	\$4,842,521	1.147	\$5,554,598	\$20.43
Prof - Anesthesia	\$203,900		\$203,900	\$2,073.62		\$205,974	1.083	\$223,033	\$0.82
Prof - Child EPSDT	\$1,720,605		\$1,720,605	\$17,498.13	(\$3,074)	\$1,735,029	1.083	\$1,878,732	\$6.91
Prof - Evaluation & Management	\$24,779,672		\$24,779,672	\$250,314.56	\$34,907	\$25,064,893	1.083	\$27,140,881	\$99.85
Prof - Maternity	\$3,384		\$3,384	\$34	(\$6)	\$3,412	1.083	\$3,694	\$0.01
Prof - Other	\$7,248,444		\$7,248,444	\$73,682.29	(\$12,950)	\$7,309,177	1.083	\$7,914,556	\$29.12
Prof - Psych	\$571		\$571	\$3.38	(\$1)	\$573	1.083	\$621	\$0.00
Prof - Specialist	\$1,309,344		\$1,309,344	\$13,315.71	(\$2,339)	\$1,320,320	1.083	\$1,429,675	\$5.26
Prof - Vision	\$419,202		\$419,202	\$1,371.69	(\$744)	\$419,830	1.083	\$454,602	\$1.67
Radiology	\$396,074		\$396,074	\$4,133.88		\$400,208	1.054	\$421,745	\$1.55
Transportation/Ambulance	\$1,052,803		\$1,052,803	\$2,878.28		\$1,055,681	1.054	\$1,112,494	\$4.09
Provider Incentive Payment Adjustment									\$2.13
Total	\$102,052,458	(\$375,716)	\$101,676,742	\$1,723,868	(\$787,732)	\$102,612,878		\$110,933,691	\$410.24
Admin Cost Adjustment									\$43.08
Medallion 3.0 Capitation Rate									\$453.31

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 1-5									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,460,020		\$1,460,020	\$15,708.09	(\$24,254)	\$1,451,474	1.054	\$1,529,587	\$1.66
FQHC / RHC	\$12,889		\$12,889	\$131.08		\$13,020	1.083	\$14,098	\$0.02
Home Health	\$47,488		\$47,488	\$601.32		\$48,089	1.065	\$51,213	\$0.06
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$11,405,466	(\$1,752,391)	\$9,653,075	\$276,353.84	(\$141,857)	\$9,787,572	1.077	\$10,544,101	\$11.47
IP - Psych	\$44,116		\$44,116	\$1,046.47	\$10,363	\$55,525	1.077	\$59,817	\$0.07
Lab	\$2,228,962		\$2,228,962	\$18,632.35		\$2,247,594	1.054	\$2,368,551	\$2.58
OP - Emergency Room & Related	\$9,110,118		\$9,110,118	\$115,356.84		\$9,225,475	1.065	\$9,824,749	\$10.69
OP - Other	\$10,339,331		\$10,339,331	\$130,921.75	\$114,577	\$10,584,829	1.065	\$11,272,405	\$12.26
Pharmacy	\$13,683,975		\$13,683,975	\$71.18	(\$178,146)	\$13,505,901	1.147	\$15,491,898	\$16.85
Prof - Anesthesia	\$588,274		\$588,274	\$5,982.60		\$594,256	1.083	\$643,475	\$0.70
Prof - Child EPSDT	\$1,500,223		\$1,500,223	\$15,256.91	(\$2,680)	\$1,512,800	1.083	\$1,638,097	\$1.78
Prof - Evaluation & Management	\$29,861,829		\$29,861,829	\$297,659.27	\$42,061	\$30,201,549	1.083	\$32,702,977	\$35.57
Prof - Maternity	\$0		\$0	\$0		\$0	1.083	\$0	\$0.00
Prof - Other	\$8,613,360		\$8,613,360	\$87,477.30	(\$15,388)	\$8,685,449	1.083	\$9,404,817	\$10.23
Prof - Psych	\$208,826		\$208,826	\$2,118.23	(\$373)	\$210,571	1.083	\$228,011	\$0.25
Prof - Specialist	\$1,953,310		\$1,953,310	\$19,864.69	(\$3,490)	\$1,969,685	1.083	\$2,132,823	\$2.32
Prof - Vision	\$1,803,785		\$1,803,785	\$8,021.69	(\$3,204)	\$1,808,603	1.083	\$1,958,399	\$2.13
Radiology	\$540,940		\$540,940	\$5,363.03		\$546,303	1.054	\$575,703	\$0.63
Transportation/Ambulance	\$3,114,910		\$3,114,910	\$4,661.25		\$3,119,571	1.054	\$3,287,454	\$3.58
Provider Incentive Payment Adjustment									\$0.59
Total	\$96,517,821	(\$1,752,391)	\$94,765,430	\$1,005,228	(\$202,393)	\$95,568,266		\$103,728,176	\$113.41
Admin Cost Adjustment									\$11.91
Medallion 3.0 Capitation Rate									\$125.32

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 6-14									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,341,121		\$1,341,121	\$14,428.88	(\$19,094)	\$1,336,456	1.054	\$1,408,378	\$1.02
FQHC / RHC	\$16,204		\$16,204	\$164.79		\$16,369	1.083	\$17,725	\$0.01
Home Health	\$153,095		\$153,095	\$1,938.57		\$155,034	1.065	\$165,105	\$0.12
IP - Maternity	\$15,320	(\$2,072)	\$13,248	\$371	(\$195)	\$13,424	1.077	\$14,462	\$0.01
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$9,740,494	(\$1,317,430)	\$8,423,064	\$236,011.64	(\$123,708)	\$8,535,368	1.077	\$9,195,108	\$6.65
IP - Psych	\$2,796,378		\$2,796,378	\$67,730.34	\$657,171	\$3,521,280	1.077	\$3,793,457	\$2.74
Lab	\$2,799,422		\$2,799,422	\$21,440.58		\$2,820,862	1.054	\$2,972,670	\$2.15
OP - Emergency Room & Related	\$9,401,160		\$9,401,160	\$119,042.16		\$9,520,202	1.065	\$10,138,621	\$7.33
OP - Other	\$9,986,659		\$9,986,659	\$126,456.05	\$110,668	\$10,223,783	1.065	\$10,887,906	\$7.87
Pharmacy	\$34,616,333		\$34,616,333	\$180.06	(\$450,655)	\$34,165,858	1.147	\$39,189,833	\$28.34
Prof - Anesthesia	\$483,443		\$483,443	\$4,916.50		\$488,360	1.083	\$528,808	\$0.38
Prof - Child EPSDT	\$311,974		\$311,974	\$3,172.70	(\$557)	\$314,589	1.083	\$340,645	\$0.25
Prof - Evaluation & Management	\$30,086,282		\$30,086,282	\$298,316.11	\$42,375	\$30,426,973	1.083	\$32,947,072	\$23.82
Prof - Maternity	\$10,208		\$10,208	\$104	(\$18)	\$10,294	1.083	\$11,147	\$0.01
Prof - Other	\$9,875,121		\$9,875,121	\$100,233.67	(\$17,642)	\$9,957,712	1.083	\$10,782,455	\$7.80
Prof - Psych	\$2,129,789		\$2,129,789	\$21,653.17	(\$3,805)	\$2,147,638	1.083	\$2,325,515	\$1.68
Prof - Specialist	\$2,853,508		\$2,853,508	\$29,019.49	(\$5,098)	\$2,877,430	1.083	\$3,115,752	\$2.25
Prof - Vision	\$3,604,819		\$3,604,819	\$20,750.77	(\$6,412)	\$3,619,158	1.083	\$3,918,913	\$2.83
Radiology	\$1,185,101		\$1,185,101	\$12,136.50		\$1,197,237	1.054	\$1,261,668	\$0.91
Transportation/Ambulance	\$4,554,608		\$4,554,608	\$5,424.44		\$4,560,032	1.054	\$4,805,435	\$3.47
Provider Incentive Payment Adjustment									\$0.52
Total	\$125,961,040	(\$1,319,502)	\$124,641,539	\$1,083,491	\$183,029	\$125,908,059		\$137,820,674	\$100.18
Admin Cost Adjustment									\$10.52
Medallion 3.0 Capitation Rate									\$110.70

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 15-20 Female									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$212,390		\$212,390	\$2,285.07	(\$3,024)	\$211,652	1.054	\$223,042	\$1.11
FQHC / RHC	\$3,862		\$3,862	\$39.28		\$3,901	1.083	\$4,225	\$0.02
Home Health	\$5,044		\$5,044	\$63.87		\$5,108	1.065	\$5,439	\$0.03
IP - Maternity	\$3,897,017	\$254,346	\$4,151,364	\$94,425	(\$60,658)	\$4,185,130	1.077	\$4,508,620	\$22.36
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$1,937,456	\$126,452	\$2,063,908	\$46,944.46	(\$30,157)	\$2,080,696	1.077	\$2,241,523	\$11.12
IP - Psych	\$1,456,785		\$1,456,785	\$35,292.63	\$342,358	\$1,834,436	1.077	\$1,976,228	\$9.80
Lab	\$769,481		\$769,481	\$6,997.70		\$776,478	1.054	\$818,265	\$4.06
OP - Emergency Room & Related	\$3,300,278		\$3,300,278	\$41,789.76		\$3,342,067	1.065	\$3,559,164	\$17.65
OP - Other	\$2,636,018		\$2,636,018	\$33,378.57	\$29,211	\$2,698,608	1.065	\$2,873,906	\$14.25
Pharmacy	\$5,594,168		\$5,594,168	\$29.10	(\$72,828)	\$5,521,369	1.147	\$6,333,268	\$31.41
Prof - Anesthesia	\$313,331		\$313,331	\$3,186.50		\$316,517	1.083	\$342,733	\$1.70
Prof - Child EPSDT	\$60,260		\$60,260	\$612.83	(\$108)	\$60,765	1.083	\$65,798	\$0.33
Prof - Evaluation & Management	\$5,401,982		\$5,401,982	\$53,933.35	\$7,609	\$5,463,524	1.083	\$5,916,038	\$29.34
Prof - Maternity	\$1,886,631		\$1,886,631	\$19,187	(\$3,371)	\$1,902,447	1.083	\$2,060,017	\$10.22
Prof - Other	\$1,725,411		\$1,725,411	\$17,514.89	(\$3,083)	\$1,739,844	1.083	\$1,883,945	\$9.34
Prof - Psych	\$650,962		\$650,962	\$6,618.84	(\$1,163)	\$656,418	1.083	\$710,785	\$3.53
Prof - Specialist	\$679,134		\$679,134	\$6,906.63	(\$1,213)	\$684,828	1.083	\$741,548	\$3.68
Prof - Vision	\$502,478		\$502,478	\$2,797.84	(\$894)	\$504,382	1.083	\$546,157	\$2.71
Radiology	\$936,153		\$936,153	\$9,985.70		\$946,139	1.054	\$997,056	\$4.95
Transportation/Ambulance	\$822,173		\$822,173	\$2,527.19		\$824,700	1.054	\$869,082	\$4.31
Provider Incentive Payment Adjustment									\$0.95
Total	\$32,791,016	\$380,798	\$33,171,813	\$384,515	\$202,681	\$33,759,010		\$36,676,839	\$182.85
Admin Cost Adjustment									\$19.20
Medallion 3.0 Capitation Rate									\$202.05

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 21-44 Female									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,177,131		\$1,177,131	\$10,926.38		\$1,188,057	1.054	\$1,251,994	\$4.13
FQHC / RHC	\$11,983		\$11,983	\$95.19		\$12,078	1.163	\$14,052	\$0.05
Home Health	\$108,398		\$108,398	\$1,798.68		\$110,196	0.997	\$109,879	\$0.36
IP - Maternity	\$29,845,843	(\$285,801)	\$29,560,042	\$282,011	(\$426,340)	\$29,415,713	1.054	\$31,002,971	\$102.34
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$15,771,689	(\$151,028)	\$15,620,661	\$149,025.66	(\$225,295)	\$15,544,392	1.054	\$16,383,160	\$54.08
IP - Psych	\$1,655,116		\$1,655,116	\$15,634.39	\$383,354	\$2,054,105	1.054	\$2,164,944	\$7.15
Lab	\$3,315,040		\$3,315,040	\$29,145.51		\$3,344,186	1.072	\$3,583,954	\$11.83
OP - Emergency Room & Related	\$13,541,633		\$13,541,633	\$224,701.16		\$13,766,334	0.997	\$13,726,696	\$45.31
OP - Other	\$14,162,616		\$14,162,616	\$235,005.35	\$157,554	\$14,555,175	0.997	\$14,513,266	\$47.91
Pharmacy	\$23,374,716	\$389,078	\$23,763,794	\$64.98	\$103,765	\$23,867,624	1.196	\$28,462,375	\$93.96
Prof - Anesthesia	\$1,911,333		\$1,911,333	\$15,183.45		\$1,926,516	1.163	\$2,241,417	\$7.40
Prof - Child EPSDT	\$147,944		\$147,944	\$1,175.26	(\$264)	\$148,856	1.163	\$173,187	\$0.57
Prof - Evaluation & Management	\$14,843,124		\$14,843,124	\$116,818.59	\$20,863	\$14,980,805	1.163	\$17,429,505	\$57.54
Prof - Maternity	\$14,147,433		\$14,147,433	\$112,386	(\$25,220)	\$14,234,599	1.163	\$16,561,326	\$54.67
Prof - Other	\$5,609,963		\$5,609,963	\$44,514.37	(\$10,000)	\$5,644,477	1.163	\$6,567,100	\$21.68
Prof - Psych	\$792,407		\$792,407	\$6,292.51	(\$1,413)	\$797,287	1.163	\$927,608	\$3.06
Prof - Specialist	\$3,657,868		\$3,657,868	\$29,057.75	(\$6,521)	\$3,680,405	1.163	\$4,281,988	\$14.14
Prof - Vision	\$527,682		\$527,682	\$2,305.93	(\$937)	\$529,050	1.163	\$615,526	\$2.03
Radiology	\$6,413,489		\$6,413,489	\$59,413.62		\$6,472,902	1.072	\$6,936,991	\$22.90
Transportation/Ambulance	\$1,557,341		\$1,557,341	\$6,385.64		\$1,563,727	1.072	\$1,675,842	\$5.53
Provider Incentive Payment Adjustment									\$2.90
Total	\$152,572,747	(\$47,751)	\$152,524,995	\$1,341,942	(\$30,453)	\$153,836,485		\$168,623,780	\$559.55
Admin Cost Adjustment									\$50.19
Medallion 3.0 Capitation Rate									\$609.74

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Exhibit 4a

Age 15-20 Male									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$238,709		\$238,709	\$2,568.23	(\$3,399)	\$237,879	1.054	\$250,681	\$1.32
FQHC / RHC	\$2,104		\$2,104	\$21.40		\$2,126	1.083	\$2,302	\$0.01
Home Health	\$4,010		\$4,010	\$50.77		\$4,060	1.065	\$4,324	\$0.02
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$2,725,611	(\$647,613)	\$2,077,998	\$66,041.41	(\$30,631)	\$2,113,409	1.077	\$2,276,764	\$12.00
IP - Psych	\$853,486		\$853,486	\$20,674.86	\$200,576	\$1,074,737	1.077	\$1,157,809	\$6.10
Lab	\$315,334		\$315,334	\$2,202.55		\$317,536	1.054	\$334,625	\$1.76
OP - Emergency Room & Related	\$1,814,979		\$1,814,979	\$22,982.16		\$1,837,961	1.065	\$1,957,352	\$10.31
OP - Other	\$1,923,533		\$1,923,533	\$24,356.73	\$21,316	\$1,969,206	1.065	\$2,097,123	\$11.05
Pharmacy	\$6,834,791		\$6,834,791	\$35.55	(\$88,979)	\$6,745,848	1.147	\$7,737,802	\$40.77
Prof - Anesthesia	\$96,281		\$96,281	\$979.16		\$97,260	1.083	\$105,316	\$0.55
Prof - Child EPSDT	\$42,973		\$42,973	\$437.03	(\$77)	\$43,334	1.083	\$46,923	\$0.25
Prof - Evaluation & Management	\$3,495,821		\$3,495,821	\$34,577.01	\$4,924	\$3,535,322	1.083	\$3,828,133	\$20.17
Prof - Maternity	\$0		\$0	\$0		\$0	1.083	\$0	\$0.00
Prof - Other	\$3,616,300		\$3,616,300	\$36,747.77	(\$6,461)	\$3,646,587	1.083	\$3,948,613	\$20.81
Prof - Psych	\$376,408		\$376,408	\$3,826.75	(\$672)	\$379,562	1.083	\$410,999	\$2.17
Prof - Specialist	\$669,337		\$669,337	\$6,806.99	(\$1,196)	\$674,948	1.083	\$730,850	\$3.85
Prof - Vision	\$426,498		\$426,498	\$2,175.61	(\$758)	\$427,915	1.083	\$463,357	\$2.44
Radiology	\$298,964		\$298,964	\$3,134.57		\$302,099	1.054	\$318,357	\$1.68
Transportation/Ambulance	\$673,199		\$673,199	\$1,291.38		\$674,491	1.054	\$710,789	\$3.75
Provider Incentive Payment Adjustment									\$0.72
Total	\$24,408,339	(\$647,613)	\$23,760,726	\$228,910	\$94,643	\$24,084,279		\$26,382,119	\$139.73
Admin Cost Adjustment									\$14.67
Medallion 3.0 Capitation Rate									\$154.41

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Age 21-44 Male									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$138,329		\$138,329	\$1,284.00		\$139,613	1.054	\$147,127	\$3.19
FQHC / RHC	\$767		\$767	\$6.10		\$774	1.163	\$900	\$0.02
Home Health	\$12,839		\$12,839	\$213.03		\$13,052	0.997	\$13,014	\$0.28
IP - Maternity	\$2,660	(\$106)	\$2,554	\$25	(\$37)	\$2,542	1.054	\$2,680	\$0.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$3,045,105	(\$121,612)	\$2,923,493	\$28,773.00	(\$42,178)	\$2,910,088	1.054	\$3,067,115	\$66.58
IP - Psych	\$258,988		\$258,988	\$2,445.88	\$59,986	\$321,419	1.054	\$338,763	\$7.35
Lab	\$156,197		\$156,197	\$1,221.42		\$157,418	1.072	\$168,705	\$3.66
OP - Emergency Room & Related	\$1,074,498		\$1,074,498	\$17,829.52		\$1,092,327	0.997	\$1,089,182	\$23.64
OP - Other	\$1,443,942		\$1,443,942	\$23,959.85	\$16,063	\$1,483,965	0.997	\$1,479,692	\$32.12
Pharmacy	\$2,997,817	\$49,899	\$3,047,716	\$8.33	\$13,308	\$3,061,033	1.196	\$3,650,311	\$79.24
Prof - Anesthesia	\$59,063		\$59,063	\$469.19		\$59,533	1.163	\$69,264	\$1.50
Prof - Child EPSDT	\$13,892		\$13,892	\$110.36	(\$25)	\$13,978	1.163	\$16,262	\$0.35
Prof - Evaluation & Management	\$1,289,772		\$1,289,772	\$10,064.66	\$1,813	\$1,301,650	1.163	\$1,514,412	\$32.87
Prof - Maternity	\$0		\$0	\$0		\$0	1.163	\$0	\$0.00
Prof - Other	\$828,898		\$828,898	\$6,576.70	(\$1,478)	\$833,997	1.163	\$970,319	\$21.06
Prof - Psych	\$55,160		\$55,160	\$437.56	(\$98)	\$55,499	1.163	\$64,571	\$1.40
Prof - Specialist	\$377,308		\$377,308	\$2,997.29	(\$673)	\$379,632	1.163	\$441,685	\$9.59
Prof - Vision	\$81,673		\$81,673	\$368.77	(\$145)	\$81,897	1.163	\$95,283	\$2.07
Radiology	\$258,410		\$258,410	\$2,379.46		\$260,790	1.072	\$279,488	\$6.07
Transportation/Ambulance	\$197,916		\$197,916	\$619.86		\$198,536	1.072	\$212,770	\$4.62
Provider Incentive Payment Adjustment									\$1.54
Total	\$12,293,234	(\$71,819)	\$12,221,415	\$99,790	\$46,537	\$12,367,742		\$13,621,543	\$297.22
Admin Cost Adjustment									\$26.66
Medallion 3.0 Capitation Rate									\$323.88

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Exhibit 4a

Age 45 and Over									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$330,145		\$330,145	\$3,064.47		\$333,209	1.054	\$351,141	\$5.73
FQHC / RHC	\$2,620		\$2,620	\$20.81		\$2,641	1.163	\$3,072	\$0.05
Home Health	\$76,437		\$76,437	\$1,268.34		\$77,705	0.997	\$77,481	\$1.27
IP - Maternity	\$61,448	\$711	\$62,159	\$581	(\$896)	\$61,843	1.054	\$65,180	\$1.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$6,201,446	\$71,754	\$6,273,201	\$58,597.06	(\$90,460)	\$6,241,338	1.054	\$6,578,118	\$107.42
IP - Psych	\$284,015		\$284,015	\$2,683.30	\$65,783	\$352,481	1.054	\$371,501	\$6.07
Lab	\$429,120		\$429,120	\$3,658.89		\$432,779	1.072	\$463,807	\$7.57
OP - Emergency Room & Related	\$2,073,140		\$2,073,140	\$34,400.35		\$2,107,540	0.997	\$2,101,472	\$34.32
OP - Other	\$4,547,954		\$4,547,954	\$75,465.83	\$50,594	\$4,674,014	0.997	\$4,660,556	\$76.11
Pharmacy	\$9,557,273	\$159,083	\$9,716,356	\$26.57	\$42,427	\$9,758,809	1.196	\$11,637,475	\$190.05
Prof - Anesthesia	\$173,495		\$173,495	\$1,378.23		\$174,874	1.163	\$203,458	\$3.32
Prof - Child EPSDT	\$26,897		\$26,897	\$213.67	(\$48)	\$27,063	1.163	\$31,486	\$0.51
Prof - Evaluation & Management	\$3,330,390		\$3,330,390	\$26,230.57	\$4,681	\$3,361,302	1.163	\$3,910,726	\$63.86
Prof - Maternity	\$33,453		\$33,453	\$266	(\$60)	\$33,659	1.163	\$39,161	\$0.64
Prof - Other	\$1,527,830		\$1,527,830	\$12,129.63	(\$2,724)	\$1,537,236	1.163	\$1,788,506	\$29.21
Prof - Psych	\$174,976		\$174,976	\$1,389.83	(\$312)	\$176,054	1.163	\$204,831	\$3.35
Prof - Specialist	\$1,279,804		\$1,279,804	\$10,166.64	(\$2,281)	\$1,287,690	1.163	\$1,498,170	\$24.47
Prof - Vision	\$263,873		\$263,873	\$1,730.72	(\$470)	\$265,134	1.163	\$308,472	\$5.04
Radiology	\$962,762		\$962,762	\$8,915.16		\$971,677	1.072	\$1,041,343	\$17.01
Transportation/Ambulance	\$325,679		\$325,679	\$1,372.31		\$327,051	1.072	\$350,500	\$5.72
Provider Incentive Payment Adjustment									\$3.04
Total	\$31,662,756	\$231,549	\$31,894,305	\$243,559	\$66,235	\$32,204,098		\$35,686,457	\$585.81
Admin Cost Adjustment									\$52.55
Medallion 3.0 Capitation Rate									\$638.36

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age Under 1									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$240,931		\$240,931	\$2,592.13	(\$4,002)	\$239,521	1.055	\$252,677	\$3.32
FQHC / RHC	\$661,396		\$661,396	\$6,726.24		\$668,123	1.084	\$724,282	\$9.53
Home Health	\$6,709		\$6,709	\$84.95		\$6,794	1.066	\$7,242	\$0.10
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.078	\$0	\$0.00
IP - Newborn	\$11,982,627	(\$314,445)	\$11,668,182	\$290,338.41	(\$170,846)	\$11,787,675	1.078	\$12,707,025	\$167.20
IP - Other	\$8,561,209	(\$224,526)	\$8,336,682	\$207,437.63	(\$122,066)	\$8,422,054	1.078	\$9,078,911	\$119.46
IP - Psych	\$171,814		\$171,814	\$0.00	\$39,423	\$211,237	1.078	\$227,712	\$3.00
Lab	\$111,284		\$111,284	\$892.74		\$112,177	1.055	\$118,339	\$1.56
OP - Emergency Room & Related	\$980,487		\$980,487	\$12,415.41		\$992,902	1.066	\$1,058,422	\$13.93
OP - Other	\$1,371,058		\$1,371,058	\$17,361.02	\$15,194	\$1,403,613	1.066	\$1,496,235	\$19.69
Pharmacy	\$1,257,997		\$1,257,997	\$6.54	(\$16,377)	\$1,241,626	1.149	\$1,427,248	\$18.78
Prof - Anesthesia	\$76,128		\$76,128	\$774.21		\$76,903	1.084	\$83,367	\$1.10
Prof - Child EPSDT	\$277,760		\$277,760	\$2,824.75	(\$496)	\$280,089	1.084	\$303,632	\$4.00
Prof - Evaluation & Management	\$7,363,619		\$7,363,619	\$74,703.69	\$10,374	\$7,448,696	1.084	\$8,074,796	\$106.25
Prof - Maternity	\$0		\$0	\$0		\$0	1.084	\$0	\$0.00
Prof - Other	\$1,252,240		\$1,252,240	\$12,713.31	(\$2,237)	\$1,262,716	1.084	\$1,368,854	\$18.01
Prof - Psych	\$99,649		\$99,649	\$0.00	(\$176)	\$99,473	1.084	\$107,834	\$1.42
Prof - Specialist	\$506,613		\$506,613	\$5,152.13	(\$905)	\$510,860	1.084	\$553,800	\$7.29
Prof - Vision	\$143,856		\$143,856	\$382.80	(\$255)	\$143,984	1.084	\$156,086	\$2.05
Radiology	\$169,569		\$169,569	\$1,746.66		\$171,315	1.055	\$180,725	\$2.38
Transportation/Ambulance	\$452,491		\$452,491	\$2,500.73		\$454,992	1.055	\$479,984	\$6.32
Provider Incentive Payment Adjustment									\$2.63
Total	\$35,687,438	(\$538,972)	\$35,148,467	\$638,653	(\$252,372)	\$35,534,749		\$38,407,170	\$508.00
Admin Cost Adjustment									\$53.34
Medallion 3.0 Capitation Rate									\$561.34

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 1-5									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$426,459		\$426,459	\$4,588.20	(\$7,084)	\$423,963	1.055	\$447,251	\$1.68
FQHC / RHC	\$983,915		\$983,915	\$10,006.18		\$993,921	1.084	\$1,077,465	\$4.04
Home Health	\$2,988		\$2,988	\$37.84		\$3,026	1.066	\$3,226	\$0.01
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.078	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.078	\$0	\$0.00
IP - Other	\$3,072,907	(\$61,195)	\$3,011,712	\$74,456.36	(\$44,091)	\$3,042,077	1.078	\$3,279,336	\$12.30
IP - Psych	\$667,899		\$667,899	\$822.01	\$153,438	\$822,159	1.078	\$886,281	\$3.32
Lab	\$437,758		\$437,758	\$3,680.62		\$441,438	1.055	\$465,686	\$1.75
OP - Emergency Room & Related	\$2,357,983		\$2,357,983	\$29,857.95		\$2,387,841	1.066	\$2,545,410	\$9.55
OP - Other	\$3,973,905		\$3,973,905	\$50,319.57	\$44,037	\$4,068,262	1.066	\$4,336,719	\$16.27
Pharmacy	\$3,963,411		\$3,963,411	\$20.62	(\$51,598)	\$3,911,834	1.149	\$4,496,651	\$16.87
Prof - Anesthesia	\$222,562		\$222,562	\$2,263.40		\$224,825	1.084	\$243,723	\$0.91
Prof - Child EPSDT	\$245,995		\$245,995	\$2,501.71	(\$439)	\$248,057	1.084	\$268,908	\$1.01
Prof - Evaluation & Management	\$7,085,506		\$7,085,506	\$71,462.88	\$9,981	\$7,166,950	1.084	\$7,769,367	\$29.15
Prof - Maternity	\$0		\$0	\$0		\$0	1.084	\$0	\$0.00
Prof - Other	\$1,969,895		\$1,969,895	\$19,947.34	(\$3,519)	\$1,986,323	1.084	\$2,153,283	\$8.08
Prof - Psych	\$485,846		\$485,846	\$1,202.74	(\$861)	\$486,187	1.084	\$527,054	\$1.98
Prof - Specialist	\$647,703		\$647,703	\$6,586.98	(\$1,157)	\$653,133	1.084	\$708,032	\$2.66
Prof - Vision	\$501,560		\$501,560	\$1,263.70	(\$889)	\$501,934	1.084	\$544,124	\$2.04
Radiology	\$194,601		\$194,601	\$1,805.20		\$196,406	1.055	\$207,194	\$0.78
Transportation/Ambulance	\$1,134,101		\$1,134,101	\$3,963.51		\$1,138,064	1.055	\$1,200,577	\$4.50
Provider Incentive Payment Adjustment									\$0.61
Total	\$28,374,992	(\$61,195)	\$28,313,797	\$284,787	\$97,817	\$28,696,401		\$31,160,286	\$117.51
Admin Cost Adjustment									\$12.34
Medallion 3.0 Capitation Rate									\$129.84

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 6-14									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$483,185		\$483,185	\$5,198.50	(\$6,879)	\$481,504	1.055	\$507,952	\$1.20
FQHC / RHC	\$808,942		\$808,942	\$8,226.74		\$817,169	1.084	\$885,856	\$2.09
Home Health	\$3,084		\$3,084	\$39.05		\$3,123	1.066	\$3,329	\$0.01
IP - Maternity	\$28,274	\$359	\$28,634	\$685	(\$419)	\$28,900	1.078	\$31,154	\$0.07
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.078	\$0	\$0.00
IP - Other	\$3,297,265	\$41,907	\$3,339,171	\$79,892.54	(\$48,847)	\$3,370,217	1.078	\$3,633,069	\$8.58
IP - Psych	\$2,077,939		\$2,077,939	\$24,364.65	\$482,374	\$2,584,678	1.078	\$2,786,263	\$6.58
Lab	\$638,794		\$638,794	\$5,287.21		\$644,082	1.055	\$679,460	\$1.60
OP - Emergency Room & Related	\$2,688,640		\$2,688,640	\$34,044.90		\$2,722,685	1.066	\$2,902,350	\$6.85
OP - Other	\$3,743,228		\$3,743,228	\$47,398.61	\$41,481	\$3,832,108	1.066	\$4,084,981	\$9.65
Pharmacy	\$14,558,703		\$14,558,703	\$75.73	(\$189,533)	\$14,369,245	1.149	\$16,517,438	\$39.01
Prof - Anesthesia	\$155,623		\$155,623	\$1,582.65		\$157,206	1.084	\$170,420	\$0.40
Prof - Child EPSDT	\$40,646		\$40,646	\$413.36	(\$73)	\$40,986	1.084	\$44,431	\$0.10
Prof - Evaluation & Management	\$8,059,112		\$8,059,112	\$81,050.67	\$11,352	\$8,151,515	1.084	\$8,836,689	\$20.87
Prof - Maternity	\$17,435		\$17,435	\$177	(\$31)	\$17,582	1.084	\$19,059	\$0.05
Prof - Other	\$2,052,755		\$2,052,755	\$20,756.98	(\$3,667)	\$2,069,845	1.084	\$2,243,826	\$5.30
Prof - Psych	\$2,069,630		\$2,069,630	\$14,734.89	(\$3,686)	\$2,080,678	1.084	\$2,255,569	\$5.33
Prof - Specialist	\$891,297		\$891,297	\$9,064.27	(\$1,592)	\$898,768	1.084	\$974,314	\$2.30
Prof - Vision	\$922,889		\$922,889	\$3,226.80	(\$1,638)	\$924,478	1.084	\$1,002,184	\$2.37
Radiology	\$496,866		\$496,866	\$4,886.23		\$501,752	1.055	\$529,313	\$1.25
Transportation/Ambulance	\$1,794,142		\$1,794,142	\$6,132.78		\$1,800,274	1.055	\$1,899,162	\$4.49
Provider Incentive Payment Adjustment									\$0.62
Total	\$44,828,447	\$42,266	\$44,870,713	\$347,239	\$278,842	\$45,496,794		\$50,006,820	\$118.72
Admin Cost Adjustment									\$12.47
Medallion 3.0 Capitation Rate									\$131.19

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Female									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$127,211		\$127,211	\$1,368.64	(\$1,811)	\$126,768	1.055	\$133,732	\$1.75
FQHC / RHC	\$217,531		\$217,531	\$2,212.23		\$219,743	1.084	\$238,213	\$3.12
Home Health	\$1,487		\$1,487	\$18.83		\$1,506	1.066	\$1,605	\$0.02
IP - Maternity	\$1,901,017	\$116,050	\$2,017,067	\$46,062	(\$29,475)	\$2,033,654	1.078	\$2,192,263	\$28.69
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.078	\$0	\$0.00
IP - Other	\$1,306,428	\$79,752	\$1,386,180	\$31,654.67	(\$20,256)	\$1,397,579	1.078	\$1,506,580	\$19.72
IP - Psych	\$689,242		\$689,242	\$11,820.48	\$160,859	\$861,922	1.078	\$929,145	\$12.16
Lab	\$455,449		\$455,449	\$4,622.08		\$460,071	1.055	\$485,343	\$6.35
OP - Emergency Room & Related	\$1,499,835		\$1,499,835	\$18,991.66		\$1,518,827	1.066	\$1,619,051	\$21.19
OP - Other	\$1,711,735		\$1,711,735	\$21,674.84	\$18,969	\$1,752,378	1.066	\$1,868,014	\$24.45
Pharmacy	\$3,066,233		\$3,066,233	\$15.95	(\$39,918)	\$3,026,331	1.149	\$3,478,766	\$45.53
Prof - Anesthesia	\$158,066		\$158,066	\$1,607.49		\$159,674	1.084	\$173,095	\$2.27
Prof - Child EPSDT	\$33,184		\$33,184	\$337.47	(\$59)	\$33,462	1.084	\$36,275	\$0.47
Prof - Evaluation & Management	\$2,381,531		\$2,381,531	\$24,059.33	\$3,355	\$2,408,946	1.084	\$2,611,429	\$34.18
Prof - Maternity	\$1,196,121		\$1,196,121	\$12,164	(\$2,137)	\$1,206,148	1.084	\$1,307,530	\$17.11
Prof - Other	\$722,391		\$722,391	\$7,332.74	(\$1,291)	\$728,433	1.084	\$789,662	\$10.34
Prof - Psych	\$419,368		\$419,368	\$3,078.95	(\$747)	\$421,700	1.084	\$457,146	\$5.98
Prof - Specialist	\$304,357		\$304,357	\$3,095.24	(\$544)	\$306,908	1.084	\$332,706	\$4.35
Prof - Vision	\$176,968		\$176,968	\$703.27	(\$314)	\$177,357	1.084	\$192,265	\$2.52
Radiology	\$439,751		\$439,751	\$4,652.58		\$444,404	1.055	\$468,814	\$6.14
Transportation/Ambulance	\$467,536		\$467,536	\$2,600.51		\$470,136	1.055	\$495,960	\$6.49
Provider Incentive Payment Adjustment									\$1.32
Total	\$17,275,441	\$195,802	\$17,471,243	\$198,073	\$86,631	\$17,755,947		\$19,317,594	\$254.17
Admin Cost Adjustment									\$26.69
Medallion 3.0 Capitation Rate									\$280.86

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
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Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Female									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$577,786		\$577,786	\$5,363.13		\$583,149	1.073	\$625,589	\$4.24
FQHC / RHC	\$514,739		\$514,739	\$4,089.03		\$518,828	1.167	\$605,257	\$4.10
Home Health	\$37,207		\$37,207	\$617.38		\$37,824	0.997	\$37,720	\$0.26
IP - Maternity	\$9,478,371	\$109,965	\$9,588,336	\$89,561	(\$138,264)	\$9,539,632	1.055	\$10,063,587	\$68.18
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.055	\$0	\$0.00
IP - Other	\$6,607,420	\$76,497	\$6,683,917	\$62,433.08	(\$96,382)	\$6,649,968	1.055	\$7,015,211	\$47.53
IP - Psych	\$867,905		\$867,905	\$4,551.42	\$200,186	\$1,072,642	1.055	\$1,131,556	\$7.67
Lab	\$1,917,751		\$1,917,751	\$17,335.84		\$1,935,087	1.073	\$2,075,917	\$14.06
OP - Emergency Room & Related	\$5,681,294		\$5,681,294	\$94,271.74		\$5,775,565	0.997	\$5,759,664	\$39.02
OP - Other	\$7,215,132		\$7,215,132	\$119,723.28	\$80,266	\$7,415,122	0.997	\$7,394,707	\$50.10
Pharmacy	\$13,057,736	\$217,349	\$13,275,085	\$36.30	\$57,966	\$13,333,088	1.199	\$15,939,009	\$107.99
Prof - Anesthesia	\$688,701		\$688,701	\$5,470.98		\$694,172	1.167	\$809,812	\$5.49
Prof - Child EPSDT	\$88,539		\$88,539	\$703.34	(\$158)	\$89,084	1.167	\$103,925	\$0.70
Prof - Evaluation & Management	\$6,713,628		\$6,713,628	\$53,089.73	\$9,437	\$6,776,154	1.167	\$7,904,970	\$53.56
Prof - Maternity	\$5,420,127		\$5,420,127	\$43,057	(\$9,662)	\$5,453,522	1.167	\$6,362,005	\$43.10
Prof - Other	\$2,365,512		\$2,365,512	\$18,775.35	(\$4,217)	\$2,380,071	1.167	\$2,776,558	\$18.81
Prof - Psych	\$536,023		\$536,023	\$2,480.45	(\$952)	\$537,551	1.167	\$627,099	\$4.25
Prof - Specialist	\$1,720,868		\$1,720,868	\$13,670.41	(\$3,068)	\$1,731,471	1.167	\$2,019,911	\$13.69
Prof - Vision	\$291,925		\$291,925	\$1,128.31	(\$518)	\$292,535	1.167	\$341,268	\$2.31
Radiology	\$2,221,151		\$2,221,151	\$20,491.07		\$2,241,642	1.073	\$2,404,782	\$16.29
Transportation/Ambulance	\$1,185,208		\$1,185,208	\$6,910.06		\$1,192,118	1.073	\$1,278,877	\$8.66
Provider Incentive Payment Adjustment									\$2.66
Total	\$67,187,023	\$403,811	\$67,590,834	\$563,758	\$94,633	\$68,249,225		\$75,277,424	\$512.68
Admin Cost Adjustment									\$45.99
Medallion 3.0 Capitation Rate									\$558.67

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Exhibit 4a

Age 15-20 Male									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$142,820		\$142,820	\$1,536.57	(\$2,033)	\$142,323	1.055	\$150,141	\$2.34
FQHC / RHC	\$84,031		\$84,031	\$854.58		\$84,886	1.084	\$92,021	\$1.43
Home Health	\$2,585		\$2,585	\$32.73		\$2,617	1.066	\$2,790	\$0.04
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.078	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.078	\$0	\$0.00
IP - Other	\$1,178,507	\$76,917	\$1,255,425	\$28,555.17	(\$18,344)	\$1,265,636	1.078	\$1,364,346	\$21.24
IP - Psych	\$352,209		\$352,209	\$4,558.50	\$81,860	\$438,628	1.078	\$472,838	\$7.36
Lab	\$101,150		\$101,150	\$845.11		\$101,995	1.055	\$107,597	\$1.67
OP - Emergency Room & Related	\$633,642		\$633,642	\$8,023.50		\$641,666	1.066	\$684,008	\$10.65
OP - Other	\$899,458		\$899,458	\$11,389.39	\$9,967	\$920,815	1.066	\$981,578	\$15.28
Pharmacy	\$2,212,923		\$2,212,923	\$11.51	(\$28,809)	\$2,184,125	1.149	\$2,510,651	\$39.08
Prof - Anesthesia	\$28,774		\$28,774	\$292.62		\$29,066	1.084	\$31,510	\$0.49
Prof - Child EPSDT	\$8,148		\$8,148	\$82.87	(\$15)	\$8,217	1.084	\$8,907	\$0.14
Prof - Evaluation & Management	\$1,171,999		\$1,171,999	\$11,783.25	\$1,651	\$1,185,433	1.084	\$1,285,075	\$20.00
Prof - Maternity	\$0		\$0	\$0		\$0	1.084	\$0	\$0.00
Prof - Other	\$356,602		\$356,602	\$3,608.97	(\$637)	\$359,574	1.084	\$389,798	\$6.07
Prof - Psych	\$261,377		\$261,377	\$1,693.31	(\$465)	\$262,605	1.084	\$284,678	\$4.43
Prof - Specialist	\$243,472		\$243,472	\$2,476.05	(\$435)	\$245,513	1.084	\$266,149	\$4.14
Prof - Vision	\$128,553		\$128,553	\$366.55	(\$228)	\$128,692	1.084	\$139,509	\$2.17
Radiology	\$138,530		\$138,530	\$1,420.98		\$139,951	1.055	\$147,638	\$2.30
Transportation/Ambulance	\$308,715		\$308,715	\$1,323.42		\$310,039	1.055	\$327,069	\$5.09
Provider Incentive Payment Adjustment									\$0.75
Total	\$8,253,496	\$76,917	\$8,330,413	\$78,855	\$42,513	\$8,451,781		\$9,246,303	\$144.66
Admin Cost Adjustment									\$15.19
Medallion 3.0 Capitation Rate									\$159.85

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
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Appendix I
Exhibit 4a

Age 21-44 Male									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$108,201		\$108,201	\$1,004.35		\$109,206	1.073	\$117,153	\$5.78
FQHC / RHC	\$17,127		\$17,127	\$136.06		\$17,263	1.167	\$20,139	\$0.99
Home Health	\$12,919		\$12,919	\$214.36		\$13,133	0.997	\$13,097	\$0.65
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.055	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.055	\$0	\$0.00
IP - Other	\$1,318,550	(\$56,677)	\$1,261,873	\$12,458.89	(\$18,206)	\$1,256,126	1.055	\$1,325,118	\$65.37
IP - Psych	\$247,401		\$247,401	\$1,900.69	\$57,202	\$306,505	1.055	\$323,339	\$15.95
Lab	\$97,215		\$97,215	\$832.04		\$98,047	1.073	\$105,183	\$5.19
OP - Emergency Room & Related	\$628,196		\$628,196	\$10,423.88		\$638,620	0.997	\$636,862	\$31.42
OP - Other	\$824,326		\$824,326	\$13,678.33	\$9,170	\$847,174	0.997	\$844,842	\$41.68
Pharmacy	\$1,611,053	\$26,816	\$1,637,870	\$4.48	\$7,152	\$1,645,026	1.199	\$1,966,543	\$97.01
Prof - Anesthesia	\$18,857		\$18,857	\$149.80		\$19,007	1.167	\$22,174	\$1.09
Prof - Child EPSDT	\$5,656		\$5,656	\$44.93	(\$10)	\$5,691	1.167	\$6,639	\$0.33
Prof - Evaluation & Management	\$721,944		\$721,944	\$5,698.74	\$1,015	\$728,658	1.167	\$850,042	\$41.93
Prof - Maternity	\$0		\$0	\$0		\$0	1.167	\$0	\$0.00
Prof - Other	\$214,030		\$214,030	\$1,695.76	(\$382)	\$215,344	1.167	\$251,218	\$12.39
Prof - Psych	\$56,954		\$56,954	\$239.78	(\$101)	\$57,093	1.167	\$66,604	\$3.29
Prof - Specialist	\$197,364		\$197,364	\$1,567.84	(\$352)	\$198,580	1.167	\$231,661	\$11.43
Prof - Vision	\$35,445		\$35,445	\$112.59	(\$63)	\$35,495	1.167	\$41,408	\$2.04
Radiology	\$136,032		\$136,032	\$1,244.69		\$137,276	1.073	\$147,267	\$7.26
Transportation/Ambulance	\$139,473		\$139,473	\$749.33		\$140,222	1.073	\$150,427	\$7.42
Provider Incentive Payment Adjustment									\$1.83
Total	\$6,390,744	(\$29,860)	\$6,360,884	\$52,157	\$55,426	\$6,468,467		\$7,119,714	\$353.04
Admin Cost Adjustment									\$31.67
Medallion 3.0 Capitation Rate									\$384.71

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

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Appendix I
Exhibit 4a

Age 45 and Over									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$218,822		\$218,822	\$2,031.15		\$220,853	1.073	\$236,926	\$13.58
FQHC / RHC	\$43,062		\$43,062	\$342.08		\$43,404	1.167	\$50,635	\$2.90
Home Health	\$33,316		\$33,316	\$552.83		\$33,869	0.997	\$33,776	\$1.94
IP - Maternity	\$8,251	\$95	\$8,346	\$78	(\$120)	\$8,304	1.055	\$8,760	\$0.50
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.055	\$0	\$0.00
IP - Other	\$2,379,144	\$27,528	\$2,406,672	\$22,480.38	(\$34,704)	\$2,394,448	1.055	\$2,525,961	\$144.80
IP - Psych	\$160,566		\$160,566	\$1,118.90	\$37,099	\$198,784	1.055	\$209,702	\$12.02
Lab	\$168,115		\$168,115	\$1,501.20		\$169,616	1.073	\$181,960	\$10.43
OP - Emergency Room & Related	\$600,491		\$600,491	\$9,964.17		\$610,456	0.997	\$608,775	\$34.90
OP - Other	\$1,497,501		\$1,497,501	\$24,848.58	\$16,659	\$1,539,009	0.997	\$1,534,772	\$87.98
Pharmacy	\$3,407,482	\$56,718	\$3,464,200	\$9.47	\$15,126	\$3,479,336	1.199	\$4,159,364	\$238.44
Prof - Anesthesia	\$39,254		\$39,254	\$311.83		\$39,566	1.167	\$46,157	\$2.65
Prof - Child EPSDT	\$10,565		\$10,565	\$83.93	(\$19)	\$10,630	1.167	\$12,401	\$0.71
Prof - Evaluation & Management	\$964,961		\$964,961	\$7,637.21	\$1,356	\$973,954	1.167	\$1,136,202	\$65.13
Prof - Maternity	\$3,985		\$3,985	\$32	(\$7)	\$4,009	1.167	\$4,677	\$0.27
Prof - Other	\$542,247		\$542,247	\$4,304.35	(\$967)	\$545,585	1.167	\$636,472	\$36.49
Prof - Psych	\$97,598		\$97,598	\$581.37	(\$174)	\$98,006	1.167	\$114,332	\$6.55
Prof - Specialist	\$382,579		\$382,579	\$3,039.17	(\$682)	\$384,936	1.167	\$449,061	\$25.74
Prof - Vision	\$59,698		\$59,698	\$330.47	(\$106)	\$59,922	1.167	\$69,905	\$4.01
Radiology	\$255,810		\$255,810	\$2,359.30		\$258,169	1.073	\$276,958	\$15.88
Transportation/Ambulance	\$170,481		\$170,481	\$1,107.93		\$171,589	1.073	\$184,077	\$10.55
Provider Incentive Payment Adjustment									\$3.73
Total	\$11,043,928	\$84,342	\$11,128,270	\$82,714	\$33,462	\$11,244,445		\$12,480,872	\$719.21
Admin Cost Adjustment									\$64.51
Medallion 3.0 Capitation Rate									\$783.72

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age Under 1									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,029,288		\$1,029,288	\$11,073.93	(\$17,098)	\$1,023,264	1.053	\$1,077,801	\$5.74
FQHC / RHC	\$126,675		\$126,675	\$1,288.25		\$127,963	1.082	\$138,488	\$0.74
Home Health	\$135,002		\$135,002	\$1,709.46		\$136,711	1.064	\$145,526	\$0.78
IP - Maternity	\$22,677	\$614	\$23,291	\$549	(\$341)	\$23,500	1.077	\$25,309	\$0.13
IP - Newborn	\$28,186,594	\$764,205	\$28,950,799	\$682,959.66	(\$423,364)	\$29,210,394	1.077	\$31,458,704	\$167.59
IP - Other	\$22,520,659	\$609,633	\$23,130,293	\$545,674.37	(\$338,248)	\$23,337,719	1.077	\$25,134,012	\$133.90
IP - Psych	\$339,525		\$339,525	\$57.23	\$77,917	\$417,500	1.077	\$449,635	\$2.40
Lab	\$325,669		\$325,669	\$2,627.16		\$328,296	1.053	\$345,794	\$1.84
OP - Emergency Room & Related	\$3,715,306		\$3,715,306	\$47,045.05		\$3,762,351	1.064	\$4,004,942	\$21.34
OP - Other	\$4,586,308		\$4,586,308	\$58,074.12	\$50,824	\$4,695,206	1.064	\$4,997,946	\$26.63
Pharmacy	\$2,694,626		\$2,694,626	\$14.02	(\$35,080)	\$2,659,560	1.146	\$3,047,600	\$16.24
Prof - Anesthesia	\$199,143		\$199,143	\$2,025.23		\$201,168	1.082	\$217,714	\$1.16
Prof - Child EPSDT	\$994,583		\$994,583	\$10,114.67	(\$1,777)	\$1,002,921	1.082	\$1,085,412	\$5.78
Prof - Evaluation & Management	\$18,975,442		\$18,975,442	\$192,764.40	\$26,732	\$19,194,938	1.082	\$20,773,737	\$110.67
Prof - Maternity	\$1,778		\$1,778	\$18	(\$3)	\$1,792	1.082	\$1,940	\$0.01
Prof - Other	\$3,112,122		\$3,112,122	\$31,649.18	(\$5,560)	\$3,138,212	1.082	\$3,396,332	\$18.09
Prof - Psych	\$200,104		\$200,104	\$6.58	(\$354)	\$199,757	1.082	\$216,187	\$1.15
Prof - Specialist	\$1,362,220		\$1,362,220	\$13,853.45	(\$2,434)	\$1,373,640	1.082	\$1,486,622	\$7.92
Prof - Vision	\$287,318		\$287,318	\$669.81	(\$509)	\$287,478	1.082	\$311,124	\$1.66
Radiology	\$335,665		\$335,665	\$3,500.11		\$339,166	1.053	\$357,242	\$1.90
Transportation/Ambulance	\$837,626		\$837,626	\$2,623.13		\$840,250	1.053	\$885,032	\$4.71
Provider Incentive Payment Adjustment									\$2.76
Total	\$89,988,331	\$1,374,452	\$91,362,783	\$1,608,297	(\$669,295)	\$92,301,785		\$99,557,100	\$533.15
Admin Cost Adjustment									\$55.98
Medallion 3.0 Capitation Rate									\$589.13

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.
 Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,640,775		\$1,640,775	\$17,652.80	(\$27,256)	\$1,631,171	1.053	\$1,718,108	\$2.42
FQHC / RHC	\$168,348		\$168,348	\$1,712.06		\$170,060	1.082	\$184,048	\$0.26
Home Health	\$809,960		\$809,960	\$10,256.12		\$820,216	1.064	\$873,103	\$1.23
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$8,224,050	\$529,463	\$8,753,513	\$199,268.28	(\$127,904)	\$8,824,876	1.077	\$9,504,123	\$13.37
IP - Psych	\$1,385,755		\$1,385,755	\$1,823.72	\$318,381	\$1,705,960	1.077	\$1,837,266	\$2.58
Lab	\$1,354,707		\$1,354,707	\$11,328.82		\$1,366,036	1.053	\$1,438,841	\$2.02
OP - Emergency Room & Related	\$9,050,890		\$9,050,890	\$114,606.87		\$9,165,497	1.064	\$9,756,475	\$13.72
OP - Other	\$14,619,921		\$14,619,921	\$185,124.71	\$162,012	\$14,967,058	1.064	\$15,932,113	\$22.41
Pharmacy	\$11,414,210		\$11,414,210	\$59.37	(\$148,597)	\$11,265,673	1.146	\$12,909,378	\$18.16
Prof - Anesthesia	\$650,868		\$650,868	\$6,619.17		\$657,487	1.082	\$711,566	\$1.00
Prof - Child EPSDT	\$851,533		\$851,533	\$8,659.89	(\$1,521)	\$858,672	1.082	\$929,298	\$1.31
Prof - Evaluation & Management	\$20,199,255		\$20,199,255	\$204,615.99	\$28,455	\$20,432,327	1.082	\$22,112,902	\$31.11
Prof - Maternity	\$0		\$0	\$0		\$0	1.082	\$0	\$0.00
Prof - Other	\$4,445,152		\$4,445,152	\$45,212.68	(\$7,942)	\$4,482,423	1.082	\$4,851,106	\$6.82
Prof - Psych	\$1,113,166		\$1,113,166	\$3,419.69	(\$1,975)	\$1,114,611	1.082	\$1,206,289	\$1.70
Prof - Specialist	\$1,869,949		\$1,869,949	\$19,016.93	(\$3,341)	\$1,885,626	1.082	\$2,040,720	\$2.87
Prof - Vision	\$1,096,949		\$1,096,949	\$2,703.40	(\$1,945)	\$1,097,708	1.082	\$1,187,995	\$1.67
Radiology	\$440,780		\$440,780	\$4,320.83		\$445,101	1.053	\$468,824	\$0.66
Transportation/Ambulance	\$2,677,284		\$2,677,284	\$4,530.38		\$2,681,815	1.053	\$2,824,747	\$3.97
Provider Incentive Payment Adjustment									\$0.66
Total	\$82,013,554	\$529,463	\$82,543,017	\$840,932	\$188,368	\$83,572,317		\$90,486,903	\$127.96
Admin Cost Adjustment									\$13.44
Medallion 3.0 Capitation Rate									\$141.39

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Age 6-14									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,538,477		\$1,538,477	\$16,552.20	(\$21,904)	\$1,533,125	1.053	\$1,614,836	\$1.45
FQHC / RHC	\$258,482		\$258,482	\$2,628.69		\$261,110	1.082	\$282,587	\$0.25
Home Health	\$23,241		\$23,241	\$294.29		\$23,535	1.064	\$25,053	\$0.02
IP - Maternity	\$53,725	\$3,159	\$56,885	\$1,302	(\$831)	\$57,355	1.077	\$61,770	\$0.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$9,344,043	\$549,479	\$9,893,522	\$226,405.66	(\$144,579)	\$9,975,349	1.077	\$10,743,147	\$9.67
IP - Psych	\$4,920,190		\$4,920,190	\$69,191.69	\$1,144,816	\$6,134,197	1.077	\$6,606,343	\$5.95
Lab	\$1,641,777		\$1,641,777	\$12,549.63		\$1,654,326	1.053	\$1,742,497	\$1.57
OP - Emergency Room & Related	\$9,549,684		\$9,549,684	\$120,922.85		\$9,670,607	1.064	\$10,294,154	\$9.27
OP - Other	\$13,238,716		\$13,238,716	\$167,635.21	\$146,706	\$13,553,058	1.064	\$14,426,940	\$12.99
Pharmacy	\$35,404,220		\$35,404,220	\$184.15	(\$460,912)	\$34,943,492	1.146	\$40,041,883	\$36.05
Prof - Anesthesia	\$457,109		\$457,109	\$4,648.69		\$461,758	1.082	\$499,738	\$0.45
Prof - Child EPSDT	\$125,235		\$125,235	\$1,273.61	(\$224)	\$126,285	1.082	\$136,672	\$0.12
Prof - Evaluation & Management	\$21,317,857		\$21,317,857	\$215,574.44	\$30,031	\$21,563,462	1.082	\$23,337,074	\$21.01
Prof - Maternity	\$30,957		\$30,957	\$315	(\$55)	\$31,217	1.082	\$33,785	\$0.03
Prof - Other	\$7,336,706		\$7,336,706	\$74,648.26	(\$13,108)	\$7,398,247	1.082	\$8,006,759	\$7.21
Prof - Psych	\$3,897,105		\$3,897,105	\$27,216.47	(\$6,940)	\$3,917,381	1.082	\$4,239,589	\$3.82
Prof - Specialist	\$2,329,433		\$2,329,433	\$23,689.77	(\$4,162)	\$2,348,961	1.082	\$2,542,165	\$2.29
Prof - Vision	\$1,876,325		\$1,876,325	\$5,817.55	(\$3,329)	\$1,878,814	1.082	\$2,033,348	\$1.83
Radiology	\$934,589		\$934,589	\$9,411.24		\$944,001	1.053	\$994,313	\$0.90
Transportation/Ambulance	\$4,016,110		\$4,016,110	\$5,156.53		\$4,021,266	1.053	\$4,235,587	\$3.81
Provider Incentive Payment Adjustment									\$0.62
Total	\$118,293,980	\$552,638	\$118,846,618	\$985,418	\$665,509	\$120,497,544		\$131,898,237	\$119.36
Admin Cost Adjustment									\$12.53
Medallion 3.0 Capitation Rate									\$131.89

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Age 15-20 Female									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$341,774		\$341,774	\$3,677.09	(\$4,866)	\$340,585	1.053	\$358,737	\$1.79
FQHC / RHC	\$137,309		\$137,309	\$1,396.40		\$138,705	1.082	\$150,114	\$0.75
Home Health	\$30,476		\$30,476	\$385.90		\$30,862	1.064	\$32,852	\$0.16
IP - Maternity	\$4,277,166	\$279,157	\$4,556,324	\$103,636	(\$66,575)	\$4,593,384	1.077	\$4,946,935	\$24.74
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$2,871,300	\$187,401	\$3,058,701	\$69,571.44	(\$44,692)	\$3,083,580	1.077	\$3,320,921	\$16.61
IP - Psych	\$2,342,638		\$2,342,638	\$48,334.22	\$548,609	\$2,939,582	1.077	\$3,165,840	\$15.84
Lab	\$941,138		\$941,138	\$9,152.84		\$950,291	1.053	\$1,000,939	\$5.01
OP - Emergency Room & Related	\$4,874,015		\$4,874,015	\$61,717.21		\$4,935,733	1.064	\$5,253,982	\$26.28
OP - Other	\$4,918,534		\$4,918,534	\$62,280.92	\$54,505	\$5,035,320	1.064	\$5,359,990	\$26.81
Pharmacy	\$7,596,071		\$7,596,071	\$39.51	(\$98,890)	\$7,497,221	1.146	\$8,591,094	\$42.97
Prof - Anesthesia	\$367,856		\$367,856	\$3,741.01		\$371,597	1.082	\$402,161	\$2.01
Prof - Child EPSDT	\$49,886		\$49,886	\$507.33	(\$89)	\$50,304	1.082	\$54,442	\$0.27
Prof - Evaluation & Management	\$5,616,610		\$5,616,610	\$56,907.48	\$7,912	\$5,681,430	1.082	\$6,148,732	\$30.76
Prof - Maternity	\$2,307,086		\$2,307,086	\$23,463	(\$4,122)	\$2,326,427	1.082	\$2,517,778	\$12.59
Prof - Other	\$1,671,049		\$1,671,049	\$16,996.24	(\$2,985)	\$1,685,060	1.082	\$1,823,657	\$9.12
Prof - Psych	\$863,607		\$863,607	\$6,693.64	(\$1,539)	\$868,761	1.082	\$940,217	\$4.70
Prof - Specialist	\$750,783		\$750,783	\$7,635.28	(\$1,341)	\$757,077	1.082	\$819,347	\$4.10
Prof - Vision	\$343,452		\$343,452	\$1,081.15	(\$609)	\$343,924	1.082	\$372,212	\$1.86
Radiology	\$903,015		\$903,015	\$9,603.22		\$912,618	1.053	\$961,258	\$4.81
Transportation/Ambulance	\$989,218		\$989,218	\$3,840.52		\$993,058	1.053	\$1,045,985	\$5.23
Provider Incentive Payment Adjustment									\$1.23
Total	\$42,192,982	\$466,558	\$42,659,540	\$490,659	\$385,318	\$43,535,518		\$47,267,193	\$237.67
Admin Cost Adjustment									\$24.96
Medallion 3.0 Capitation Rate									\$262.62

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,488,975		\$1,488,975	\$13,820.98		\$1,502,796	1.071	\$1,609,933	\$3.78
FQHC / RHC	\$582,108		\$582,108	\$4,624.21		\$586,732	1.162	\$681,949	\$1.60
Home Health	\$167,868		\$167,868	\$2,785.50		\$170,654	0.997	\$170,154	\$0.40
IP - Maternity	\$25,949,185	(\$353,602)	\$25,595,584	\$245,192	(\$369,176)	\$25,471,600	1.054	\$26,836,830	\$63.03
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$24,873,958	(\$338,909)	\$24,535,049	\$235,032.40	(\$353,879)	\$24,416,202	1.054	\$25,724,864	\$60.42
IP - Psych	\$2,927,863		\$2,927,863	\$20,974.46	\$676,612	\$3,625,449	1.054	\$3,819,767	\$8.97
Lab	\$3,726,816		\$3,726,816	\$32,752.46		\$3,759,568	1.071	\$4,027,597	\$9.46
OP - Emergency Room & Related	\$22,505,022		\$22,505,022	\$373,433.88		\$22,878,456	0.997	\$22,811,498	\$53.57
OP - Other	\$25,975,241		\$25,975,241	\$431,016.48	\$288,965	\$26,695,223	0.997	\$26,617,095	\$62.51
Pharmacy	\$35,848,416	\$596,706	\$36,445,122	\$99.66	\$159,138	\$36,604,359	1.195	\$43,610,798	\$102.42
Prof - Anesthesia	\$2,152,790		\$2,152,790	\$17,101.56		\$2,169,892	1.162	\$2,522,030	\$5.92
Prof - Child EPSDT	\$128,041		\$128,041	\$1,017.15	(\$228)	\$128,830	1.162	\$149,737	\$0.35
Prof - Evaluation & Management	\$18,260,695		\$18,260,695	\$144,725.75	\$25,668	\$18,431,090	1.162	\$21,422,159	\$50.31
Prof - Maternity	\$13,579,275		\$13,579,275	\$107,872	(\$24,207)	\$13,662,941	1.162	\$15,880,217	\$37.30
Prof - Other	\$6,160,310		\$6,160,310	\$48,941.59	(\$10,982)	\$6,198,270	1.162	\$7,204,149	\$16.92
Prof - Psych	\$1,465,473		\$1,465,473	\$8,316.21	(\$2,607)	\$1,471,183	1.162	\$1,709,932	\$4.02
Prof - Specialist	\$4,936,100		\$4,936,100	\$39,211.91	(\$8,799)	\$4,966,513	1.162	\$5,772,498	\$13.56
Prof - Vision	\$576,525		\$576,525	\$1,943.29	(\$1,023)	\$577,445	1.162	\$671,155	\$1.58
Radiology	\$5,599,077		\$5,599,077	\$51,776.43		\$5,650,853	1.071	\$6,053,716	\$14.22
Transportation/Ambulance	\$2,625,982		\$2,625,982	\$11,861.92		\$2,637,844	1.071	\$2,825,902	\$6.64
Provider Incentive Payment Adjustment									\$2.69
Total	\$199,529,721	(\$95,805)	\$199,433,916	\$1,792,500	\$379,483	\$201,605,899		\$220,121,982	\$519.66
Admin Cost Adjustment									\$46.61
Medallion 3.0 Capitation Rate									\$566.27

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Male									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$398,387		\$398,387	\$4,286.17	(\$5,672)	\$397,001	1.053	\$418,160	\$2.44
FQHC / RHC	\$45,669		\$45,669	\$464.45		\$46,134	1.082	\$49,928	\$0.29
Home Health	\$13,564		\$13,564	\$171.76		\$13,736	1.064	\$14,622	\$0.09
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.077	\$0	\$0.00
IP - Other	\$2,714,072	\$177,139	\$2,891,210	\$65,761.81	(\$42,245)	\$2,914,727	1.077	\$3,139,073	\$18.35
IP - Psych	\$1,116,177		\$1,116,177	\$19,644.40	\$260,615	\$1,396,436	1.077	\$1,503,919	\$8.79
Lab	\$235,548		\$235,548	\$1,713.68		\$237,261	1.053	\$249,907	\$1.46
OP - Emergency Room & Related	\$2,334,021		\$2,334,021	\$29,554.54		\$2,363,576	1.064	\$2,515,976	\$14.71
OP - Other	\$2,732,063		\$2,732,063	\$34,594.74	\$30,276	\$2,796,933	1.064	\$2,977,276	\$17.41
Pharmacy	\$6,190,358		\$6,190,358	\$32.20	(\$80,590)	\$6,109,801	1.146	\$7,001,244	\$40.93
Prof - Anesthesia	\$105,820		\$105,820	\$1,076.17		\$106,896	1.082	\$115,689	\$0.68
Prof - Child EPSDT	\$18,435		\$18,435	\$187.48	(\$33)	\$18,589	1.082	\$20,118	\$0.12
Prof - Evaluation & Management	\$2,883,031		\$2,883,031	\$29,135.38	\$4,061	\$2,916,228	1.082	\$3,156,090	\$18.45
Prof - Maternity	\$0		\$0	\$0		\$0	1.082	\$0	\$0.00
Prof - Other	\$2,201,597		\$2,201,597	\$22,392.54	(\$3,933)	\$2,220,056	1.082	\$2,402,658	\$14.05
Prof - Psych	\$616,992		\$616,992	\$4,442.05	(\$1,099)	\$620,335	1.082	\$671,358	\$3.93
Prof - Specialist	\$654,774		\$654,774	\$6,658.89	(\$1,170)	\$660,263	1.082	\$714,570	\$4.18
Prof - Vision	\$269,322		\$269,322	\$669.28	(\$478)	\$269,514	1.082	\$291,681	\$1.71
Radiology	\$263,147		\$263,147	\$2,733.32		\$265,880	1.053	\$280,051	\$1.64
Transportation/Ambulance	\$677,022		\$677,022	\$1,458.95		\$678,481	1.053	\$714,642	\$4.18
Provider Incentive Payment Adjustment									\$0.80
Total	\$23,469,997	\$177,139	\$23,647,136	\$224,978	\$159,733	\$24,031,846		\$26,236,959	\$154.20
Admin Cost Adjustment									\$16.19
Medallion 3.0 Capitation Rate									\$170.39

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$222,150		\$222,150	\$2,062.04		\$224,212	1.071	\$240,197	\$4.47
FQHC / RHC	\$24,156		\$24,156	\$191.89		\$24,348	1.162	\$28,299	\$0.53
Home Health	\$28,527		\$28,527	\$473.35		\$29,000	0.997	\$28,915	\$0.54
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.054	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$3,706,534	\$42,887	\$3,749,421	\$35,022.80	(\$54,067)	\$3,730,377	1.054	\$3,930,318	\$73.22
IP - Psych	\$453,401		\$453,401	\$3,383.53	\$104,809	\$561,593	1.054	\$591,694	\$11.02
Lab	\$102,340		\$102,340	\$724.44		\$103,064	1.071	\$110,412	\$2.06
OP - Emergency Room & Related	\$1,807,543		\$1,807,543	\$29,993.21		\$1,837,536	0.997	\$1,832,159	\$34.13
OP - Other	\$2,014,678		\$2,014,678	\$33,430.27	\$22,413	\$2,070,521	0.997	\$2,064,461	\$38.46
Pharmacy	\$3,655,868	\$60,853	\$3,716,721	\$10.16	\$16,229	\$3,732,961	1.195	\$4,447,486	\$82.85
Prof - Anesthesia	\$80,833		\$80,833	\$642.13		\$81,475	1.162	\$94,698	\$1.76
Prof - Child EPSDT	\$8,570		\$8,570	\$68.08	(\$15)	\$8,623	1.162	\$10,022	\$0.19
Prof - Evaluation & Management	\$1,510,801		\$1,510,801	\$11,960.16	\$2,124	\$1,524,885	1.162	\$1,772,349	\$33.02
Prof - Maternity	\$0		\$0	\$0		\$0	1.162	\$0	\$0.00
Prof - Other	\$678,939		\$678,939	\$5,396.06	(\$1,210)	\$683,125	1.162	\$793,985	\$14.79
Prof - Psych	\$139,784		\$139,784	\$663.64	(\$248)	\$140,199	1.162	\$162,951	\$3.04
Prof - Specialist	\$452,520		\$452,520	\$3,594.78	(\$807)	\$455,308	1.162	\$529,198	\$9.86
Prof - Vision	\$69,075		\$69,075	\$220.68	(\$123)	\$69,174	1.162	\$80,399	\$1.50
Radiology	\$245,850		\$245,850	\$2,257.83		\$248,107	1.071	\$265,796	\$4.95
Transportation/Ambulance	\$286,554		\$286,554	\$1,066.58		\$287,620	1.071	\$308,125	\$5.74
Provider Incentive Payment Adjustment									\$1.68
Total	\$15,488,123	\$103,740	\$15,591,863	\$131,162	\$89,105	\$15,812,129		\$17,291,464	\$323.80
Admin Cost Adjustment									\$29.04
Medallion 3.0 Capitation Rate									\$352.84

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$501,075		\$501,075	\$4,651.08		\$505,726	1.071	\$541,780	\$9.44
FQHC / RHC	\$61,043		\$61,043	\$484.92		\$61,528	1.162	\$71,513	\$1.25
Home Health	\$105,445		\$105,445	\$1,749.68		\$107,194	0.997	\$106,881	\$1.86
IP - Maternity	\$11,364	\$131	\$11,496	\$107	(\$166)	\$11,437	1.054	\$12,051	\$0.21
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.054	\$0	\$0.00
IP - Other	\$8,585,380	\$99,338	\$8,684,718	\$81,122.70	(\$125,234)	\$8,640,607	1.054	\$9,103,728	\$158.66
IP - Psych	\$604,446		\$604,446	\$4,836.85	\$139,800	\$749,083	1.054	\$789,232	\$13.75
Lab	\$325,530		\$325,530	\$2,768.19		\$328,298	1.071	\$351,703	\$6.13
OP - Emergency Room & Related	\$2,358,320		\$2,358,320	\$39,132.45		\$2,397,452	0.997	\$2,390,436	\$41.66
OP - Other	\$5,638,896		\$5,638,896	\$93,568.21	\$62,731	\$5,795,194	0.997	\$5,778,234	\$100.70
Pharmacy	\$11,268,446	\$187,566	\$11,456,012	\$31.33	\$50,023	\$11,506,066	1.195	\$13,708,442	\$238.91
Prof - Anesthesia	\$186,848		\$186,848	\$1,484.31		\$188,333	1.162	\$218,896	\$3.81
Prof - Child EPSDT	\$16,706		\$16,706	\$132.71	(\$30)	\$16,808	1.162	\$19,536	\$0.34
Prof - Evaluation & Management	\$3,013,130		\$3,013,130	\$23,891.97	\$4,235	\$3,041,257	1.162	\$3,534,804	\$61.61
Prof - Maternity	\$9,069		\$9,069	\$72	(\$16)	\$9,125	1.162	\$10,606	\$0.18
Prof - Other	\$1,540,943		\$1,540,943	\$12,241.68	(\$2,747)	\$1,550,437	1.162	\$1,802,048	\$31.41
Prof - Psych	\$305,382		\$305,382	\$1,992.23	(\$544)	\$306,830	1.162	\$356,624	\$6.22
Prof - Specialist	\$1,244,516		\$1,244,516	\$9,886.32	(\$2,219)	\$1,252,184	1.162	\$1,455,393	\$25.37
Prof - Vision	\$142,957		\$142,957	\$779.93	(\$254)	\$143,483	1.162	\$166,768	\$2.91
Radiology	\$740,181		\$740,181	\$6,844.65		\$747,026	1.071	\$800,283	\$13.95
Transportation/Ambulance	\$388,483		\$388,483	\$1,921.64		\$390,405	1.071	\$418,238	\$7.29
Provider Incentive Payment Adjustment									\$3.78
Total	\$37,048,159	\$287,036	\$37,335,195	\$287,700	\$125,580	\$37,748,475		\$41,637,196	\$729.44
Admin Cost Adjustment									\$65.43
Medallion 3.0 Capitation Rate									\$794.87

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age Under 1									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$338,497		\$338,497	\$3,641.83	(\$5,623)	\$336,516	1.054	\$354,701	\$3.89
FQHC / RHC	\$196,169		\$196,169	\$1,994.99		\$198,164	1.083	\$214,625	\$2.35
Home Health	\$30,543		\$30,543	\$386.75		\$30,930	1.065	\$32,945	\$0.36
IP - Maternity	\$5,460	\$122	\$5,582	\$132	(\$77)	\$5,637	1.077	\$6,074	\$0.07
IP - Newborn	\$14,921,683	\$334,074	\$15,255,757	\$361,551.58	(\$210,983)	\$15,406,326	1.077	\$16,599,305	\$181.97
IP - Other	\$12,010,897	\$268,876	\$12,279,773	\$291,023.40	(\$169,826)	\$12,400,970	1.077	\$13,361,232	\$146.47
IP - Psych	\$219,624		\$219,624	\$108.81	\$50,418	\$270,151	1.077	\$291,070	\$3.19
Lab	\$160,124		\$160,124	\$1,350.84		\$161,475	1.054	\$170,201	\$1.87
OP - Emergency Room & Related	\$1,472,150		\$1,472,150	\$18,641.10	\$889	\$1,491,681	1.065	\$1,588,885	\$17.42
OP - Other	\$2,201,858		\$2,201,858	\$27,881.02	\$30,452	\$2,260,190	1.065	\$2,407,474	\$26.39
Pharmacy	\$1,303,008		\$1,303,008	\$6.78	(\$16,963)	\$1,286,051	1.148	\$1,475,791	\$16.18
Prof - Anesthesia	\$112,251		\$112,251	\$1,141.57		\$113,393	1.083	\$122,812	\$1.35
Prof - Child EPSDT	\$370,556		\$370,556	\$3,768.46	(\$662)	\$373,662	1.083	\$404,703	\$4.44
Prof - Evaluation & Management	\$9,621,209		\$9,621,209	\$97,580.42	\$13,554	\$9,732,344	1.083	\$10,540,814	\$115.56
Prof - Maternity	\$1,955		\$1,955	\$20	(\$3)	\$1,971	1.083	\$2,135	\$0.02
Prof - Other	\$1,264,606		\$1,264,606	\$12,882.90	(\$2,259)	\$1,275,229	1.083	\$1,381,163	\$15.14
Prof - Psych	\$124,339		\$124,339	\$0.00	(\$220)	\$124,119	1.083	\$134,429	\$1.47
Prof - Specialist	\$740,052		\$740,052	\$7,526.15	(\$1,322)	\$746,256	1.083	\$808,247	\$8.86
Prof - Vision	\$157,333		\$157,333	\$397.17	(\$279)	\$157,451	1.083	\$170,531	\$1.87
Radiology	\$183,978		\$183,978	\$1,919.78		\$185,898	1.054	\$195,943	\$2.15
Transportation/Ambulance	\$574,852		\$574,852	\$3,058.03		\$577,910	1.054	\$609,139	\$6.68
Provider Incentive Payment Adjustment									\$2.90
Total	\$46,011,144	\$603,072	\$46,614,216	\$835,014	(\$312,906)	\$47,136,323		\$50,872,221	\$560.60
Admin Cost Adjustment									\$58.86
Medallion 3.0 Capitation Rate									\$619.46

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 1-5									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$570,952		\$570,952	\$6,142.77	(\$9,485)	\$567,610	1.054	\$598,282	\$1.82
FQHC / RHC	\$273,540		\$273,540	\$2,781.84		\$276,322	1.083	\$299,276	\$0.91
Home Health	\$62,691		\$62,691	\$793.83		\$63,485	1.065	\$67,622	\$0.21
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.077	\$0	\$0.00
IP - Other	\$3,786,401	\$241,095	\$4,027,496	\$91,744.29	(\$55,649)	\$4,063,591	1.077	\$4,378,253	\$13.31
IP - Psych	\$811,466		\$811,466	\$179.22	\$186,232	\$997,877	1.077	\$1,075,147	\$3.27
Lab	\$600,600		\$600,600	\$5,164.92		\$605,765	1.054	\$638,500	\$1.94
OP - Emergency Room & Related	\$3,684,657		\$3,684,657	\$46,656.97	\$2,226	\$3,733,540	1.065	\$3,976,834	\$12.09
OP - Other	\$7,435,114		\$7,435,114	\$94,147.11	\$102,827	\$7,632,088	1.065	\$8,129,429	\$24.71
Pharmacy	\$5,383,738		\$5,383,738	\$28.00	(\$70,088)	\$5,313,678	1.148	\$6,097,640	\$18.54
Prof - Anesthesia	\$379,394		\$379,394	\$3,858.35		\$383,253	1.083	\$415,090	\$1.26
Prof - Child EPSDT	\$362,858		\$362,858	\$3,690.18	(\$648)	\$365,900	1.083	\$396,295	\$1.20
Prof - Evaluation & Management	\$9,467,620		\$9,467,620	\$95,307.18	\$13,337	\$9,576,264	1.083	\$10,371,769	\$31.53
Prof - Maternity	\$0		\$0	\$0		\$0	1.083	\$0	\$0.00
Prof - Other	\$2,571,108		\$2,571,108	\$26,235.04	(\$4,594)	\$2,592,749	1.083	\$2,808,130	\$8.54
Prof - Psych	\$615,825		\$615,825	\$1,537.25	(\$1,092)	\$616,270	1.083	\$667,464	\$2.03
Prof - Specialist	\$967,995		\$967,995	\$9,844.28	(\$1,729)	\$976,110	1.083	\$1,057,196	\$3.21
Prof - Vision	\$556,727		\$556,727	\$1,322.80	(\$987)	\$557,063	1.083	\$603,339	\$1.83
Radiology	\$202,211		\$202,211	\$1,957.04		\$204,168	1.054	\$215,201	\$0.65
Transportation/Ambulance	\$1,415,476		\$1,415,476	\$3,921.20		\$1,419,398	1.054	\$1,496,100	\$4.55
Provider Incentive Payment Adjustment									\$0.69
Total	\$39,148,374	\$241,095	\$39,389,469	\$395,312	\$160,349	\$39,945,131		\$43,291,567	\$132.29
Admin Cost Adjustment									\$13.89
Medallion 3.0 Capitation Rate									\$146.19

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 6-14									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$596,151		\$596,151	\$6,413.88	(\$8,488)	\$594,077	1.054	\$626,180	\$1.16
FQHC / RHC	\$366,535		\$366,535	\$3,727.57		\$370,262	1.083	\$401,020	\$0.74
Home Health	\$98,289		\$98,289	\$1,244.59		\$99,534	1.065	\$106,020	\$0.20
IP - Maternity	\$13,918	(\$694)	\$13,224	\$337	(\$183)	\$13,378	1.077	\$14,414	\$0.03
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.077	\$0	\$0.00
IP - Other	\$4,685,401	(\$233,728)	\$4,451,672	\$113,527.01	(\$61,674)	\$4,503,525	1.077	\$4,852,253	\$8.98
IP - Psych	\$2,257,213		\$2,257,213	\$19,843.84	\$522,472	\$2,799,528	1.077	\$3,016,308	\$5.58
Lab	\$744,349		\$744,349	\$6,009.63		\$750,359	1.054	\$790,907	\$1.46
OP - Emergency Room & Related	\$4,355,343		\$4,355,343	\$55,149.53	\$2,631	\$4,413,124	1.065	\$4,700,703	\$8.70
OP - Other	\$7,574,967		\$7,574,967	\$95,918.00	\$104,761	\$7,775,646	1.065	\$8,282,342	\$15.32
Pharmacy	\$21,035,454		\$21,035,454	\$109.42	(\$273,851)	\$20,761,712	1.148	\$23,824,828	\$44.07
Prof - Anesthesia	\$218,655		\$218,655	\$2,223.67		\$220,879	1.083	\$239,227	\$0.44
Prof - Child EPSDT	\$51,807		\$51,807	\$526.87	(\$93)	\$52,241	1.083	\$56,581	\$0.10
Prof - Evaluation & Management	\$10,397,730		\$10,397,730	\$104,148.29	\$14,646	\$10,516,525	1.083	\$11,390,137	\$21.07
Prof - Maternity	\$3,432		\$3,432	\$35	(\$6)	\$3,461	1.083	\$3,749	\$0.01
Prof - Other	\$3,128,899		\$3,128,899	\$32,013.32	(\$5,590)	\$3,155,322	1.083	\$3,417,436	\$6.32
Prof - Psych	\$1,846,219		\$1,846,219	\$10,329.48	(\$3,283)	\$1,853,265	1.083	\$2,007,217	\$3.71
Prof - Specialist	\$1,175,658		\$1,175,658	\$11,956.16	(\$2,100)	\$1,185,514	1.083	\$1,283,995	\$2.38
Prof - Vision	\$1,028,843		\$1,028,843	\$3,327.76	(\$1,825)	\$1,030,345	1.083	\$1,115,937	\$2.06
Radiology	\$461,028		\$461,028	\$4,608.52		\$465,636	1.054	\$490,799	\$0.91
Transportation/Ambulance	\$2,300,891		\$2,300,891	\$5,863.93		\$2,306,755	1.054	\$2,431,409	\$4.50
Provider Incentive Payment Adjustment									\$0.67
Total	\$62,340,783	(\$234,423)	\$62,106,360	\$477,314	\$287,416	\$62,871,090		\$69,051,461	\$128.40
Admin Cost Adjustment									\$13.48
Medallion 3.0 Capitation Rate									\$141.88

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Female									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$188,669		\$188,669	\$2,029.85	(\$2,686)	\$188,013	1.054	\$198,173	\$2.02
FQHC / RHC	\$199,708		\$199,708	\$2,030.98		\$201,739	1.083	\$218,497	\$2.22
Home Health	\$42,286		\$42,286	\$535.45		\$42,822	1.065	\$45,612	\$0.46
IP - Maternity	\$2,456,825	\$160,349	\$2,617,174	\$59,529	(\$36,161)	\$2,640,542	1.077	\$2,845,010	\$28.97
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.077	\$0	\$0.00
IP - Other	\$1,171,862	\$76,484	\$1,248,345	\$28,394.15	(\$17,248)	\$1,259,491	1.077	\$1,357,019	\$13.82
IP - Psych	\$640,622		\$640,622	\$9,155.31	\$149,092	\$798,869	1.077	\$860,729	\$8.76
Lab	\$562,307		\$562,307	\$5,678.12		\$567,985	1.054	\$598,679	\$6.10
OP - Emergency Room & Related	\$2,199,640		\$2,199,640	\$27,852.94	\$1,329	\$2,228,822	1.065	\$2,374,062	\$24.17
OP - Other	\$2,720,279		\$2,720,279	\$34,445.53	\$37,621	\$2,792,346	1.065	\$2,974,308	\$30.28
Pharmacy	\$3,629,122		\$3,629,122	\$18.88	(\$47,246)	\$3,581,895	1.148	\$4,110,357	\$41.85
Prof - Anesthesia	\$180,915		\$180,915	\$1,839.86		\$182,755	1.083	\$197,936	\$2.02
Prof - Child EPSDT	\$56,802		\$56,802	\$577.67	(\$101)	\$57,279	1.083	\$62,037	\$0.63
Prof - Evaluation & Management	\$2,828,000		\$2,828,000	\$28,500.68	\$3,984	\$2,860,484	1.083	\$3,098,106	\$31.54
Prof - Maternity	\$1,390,125		\$1,390,125	\$14,137	(\$2,484)	\$1,401,778	1.083	\$1,518,225	\$15.46
Prof - Other	\$855,811		\$855,811	\$8,739.24	(\$1,529)	\$863,021	1.083	\$934,713	\$9.52
Prof - Psych	\$415,690		\$415,690	\$2,684.13	(\$740)	\$417,634	1.083	\$452,327	\$4.61
Prof - Specialist	\$409,845		\$409,845	\$4,168.03	(\$732)	\$413,281	1.083	\$447,612	\$4.56
Prof - Vision	\$189,504		\$189,504	\$628.94	(\$336)	\$189,797	1.083	\$205,564	\$2.09
Radiology	\$496,184		\$496,184	\$5,276.47		\$501,461	1.054	\$528,559	\$5.38
Transportation/Ambulance	\$560,875		\$560,875	\$2,590.02		\$563,465	1.054	\$593,914	\$6.05
Provider Incentive Payment Adjustment									\$1.25
Total	\$21,195,073	\$236,833	\$21,431,906	\$238,812	\$82,762	\$21,753,480		\$23,621,439	\$241.75
Admin Cost Adjustment									\$25.38
Medallion 3.0 Capitation Rate									\$267.13

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Female									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$684,633		\$684,633	\$6,354.91		\$690,988	1.072	\$740,763	\$3.88
FQHC / RHC	\$916,289		\$916,289	\$7,278.92		\$923,568	1.164	\$1,075,434	\$5.64
Home Health	\$302,601		\$302,601	\$5,021.16		\$307,622	0.997	\$306,748	\$1.61
IP - Maternity	\$13,412,674	\$5,167	\$13,417,841	\$126,735	(\$193,505)	\$13,351,071	1.054	\$14,075,511	\$73.78
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.054	\$0	\$0.00
IP - Other	\$9,679,072	\$3,729	\$9,682,800	\$91,456.91	(\$139,640)	\$9,634,617	1.054	\$10,157,399	\$53.24
IP - Psych	\$1,225,922		\$1,225,922	\$7,078.25	\$282,912	\$1,515,912	1.054	\$1,598,167	\$8.38
Lab	\$1,897,365		\$1,897,365	\$16,945.53		\$1,914,311	1.072	\$2,052,207	\$10.76
OP - Emergency Room & Related	\$8,379,995		\$8,379,995	\$139,052.25	\$0	\$8,519,047	0.997	\$8,494,854	\$44.53
OP - Other	\$13,232,611		\$13,232,611	\$219,573.44	\$147,208	\$13,599,392	0.997	\$13,560,771	\$71.08
Pharmacy	\$17,048,807	\$283,782	\$17,332,589	\$47.40	\$75,683	\$17,408,319	1.197	\$20,775,559	\$108.90
Prof - Anesthesia	\$905,949		\$905,949	\$7,196.77		\$913,146	1.164	\$1,063,297	\$5.57
Prof - Child EPSDT	\$118,123		\$118,123	\$938.36	(\$211)	\$118,851	1.164	\$138,394	\$0.73
Prof - Evaluation & Management	\$7,820,829		\$7,820,829	\$61,747.14	\$10,993	\$7,893,569	1.164	\$9,191,534	\$48.18
Prof - Maternity	\$7,127,567		\$7,127,567	\$56,621	(\$12,706)	\$7,171,482	1.164	\$8,350,712	\$43.77
Prof - Other	\$2,749,930		\$2,749,930	\$21,889.75	(\$4,902)	\$2,766,918	1.164	\$3,221,891	\$16.89
Prof - Psych	\$651,328		\$651,328	\$2,986.43	(\$1,157)	\$653,157	1.164	\$760,557	\$3.99
Prof - Specialist	\$2,399,962		\$2,399,962	\$19,065.07	(\$4,278)	\$2,414,749	1.164	\$2,811,814	\$14.74
Prof - Vision	\$298,013		\$298,013	\$1,091.09	(\$529)	\$298,575	1.164	\$347,671	\$1.82
Radiology	\$2,531,137		\$2,531,137	\$23,391.11		\$2,554,528	1.072	\$2,738,543	\$14.35
Transportation/Ambulance	\$1,653,752		\$1,653,752	\$9,650.45		\$1,663,402	1.072	\$1,783,224	\$9.35
Provider Incentive Payment Adjustment									\$2.82
Total	\$93,036,558	\$292,677	\$93,329,236	\$824,121	\$159,867	\$94,313,224		\$103,245,052	\$543.98
Admin Cost Adjustment									\$48.79
Medallion 3.0 Capitation Rate									\$592.78

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Male									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$168,163		\$168,163	\$1,809.23	(\$2,394)	\$167,578	1.054	\$176,634	\$2.05
FQHC / RHC	\$75,632		\$75,632	\$769.15		\$76,401	1.083	\$82,747	\$0.96
Home Health	\$26,026		\$26,026	\$329.56		\$26,356	1.065	\$28,073	\$0.33
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.077	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.077	\$0	\$0.00
IP - Other	\$1,179,047	\$76,953	\$1,256,000	\$28,568.25	(\$17,354)	\$1,267,214	1.077	\$1,365,340	\$15.88
IP - Psych	\$470,698		\$470,698	\$5,608.07	\$109,289	\$585,595	1.077	\$630,941	\$7.34
Lab	\$107,241		\$107,241	\$837.19		\$108,078	1.054	\$113,918	\$1.32
OP - Emergency Room & Related	\$1,053,153		\$1,053,153	\$13,335.54	\$636	\$1,067,124	1.065	\$1,136,663	\$13.22
OP - Other	\$1,611,529		\$1,611,529	\$20,405.98	\$22,287	\$1,654,222	1.065	\$1,762,019	\$20.49
Pharmacy	\$3,301,879		\$3,301,879	\$17.17	(\$42,986)	\$3,258,911	1.148	\$3,739,720	\$43.49
Prof - Anesthesia	\$45,416		\$45,416	\$461.87		\$45,878	1.083	\$49,689	\$0.58
Prof - Child EPSDT	\$7,596		\$7,596	\$77.25	(\$14)	\$7,660	1.083	\$8,296	\$0.10
Prof - Evaluation & Management	\$1,434,052		\$1,434,052	\$14,368.40	\$2,020	\$1,450,440	1.083	\$1,570,929	\$18.27
Prof - Maternity	\$0		\$0	\$0		\$0	1.083	\$0	\$0.00
Prof - Other	\$531,608		\$531,608	\$5,442.52	(\$950)	\$536,101	1.083	\$580,635	\$6.75
Prof - Psych	\$294,191		\$294,191	\$1,586.19	(\$523)	\$295,254	1.083	\$319,781	\$3.72
Prof - Specialist	\$301,465		\$301,465	\$3,065.82	(\$539)	\$303,992	1.083	\$329,245	\$3.83
Prof - Vision	\$149,986		\$149,986	\$395.05	(\$266)	\$150,116	1.083	\$162,586	\$1.89
Radiology	\$134,803		\$134,803	\$1,398.14		\$136,201	1.054	\$143,561	\$1.67
Transportation/Ambulance	\$403,396		\$403,396	\$1,291.93		\$404,688	1.054	\$426,557	\$4.96
Provider Incentive Payment Adjustment									\$0.76
Total	\$11,295,881	\$76,953	\$11,372,834	\$99,767	\$69,207	\$11,541,808		\$12,627,333	\$147.62
Admin Cost Adjustment									\$15.50
Medallion 3.0 Capitation Rate									\$163.12

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Male									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$162,321		\$162,321	\$1,506.70		\$163,828	1.072	\$175,629	\$6.27
FQHC / RHC	\$22,226		\$22,226	\$176.56		\$22,402	1.164	\$26,086	\$0.93
Home Health	\$59,647		\$59,647	\$989.75		\$60,637	0.997	\$60,465	\$2.16
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.054	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.054	\$0	\$0.00
IP - Other	\$2,460,373	\$14,849	\$2,475,222	\$23,247.90	(\$35,695)	\$2,462,775	1.054	\$2,596,408	\$92.64
IP - Psych	\$261,244		\$261,244	\$1,865.34	\$60,371	\$323,480	1.054	\$341,032	\$12.17
Lab	\$62,556		\$62,556	\$478.33		\$63,035	1.072	\$67,575	\$2.41
OP - Emergency Room & Related	\$1,042,015		\$1,042,015	\$17,290.53	\$0	\$1,059,306	0.997	\$1,056,298	\$37.69
OP - Other	\$1,650,343		\$1,650,343	\$27,384.73	\$18,359	\$1,696,087	0.997	\$1,691,271	\$60.34
Pharmacy	\$2,122,466	\$35,329	\$2,157,795	\$5.90	\$9,422	\$2,167,223	1.197	\$2,586,423	\$92.28
Prof - Anesthesia	\$43,783		\$43,783	\$347.81		\$44,131	1.164	\$51,387	\$1.83
Prof - Child EPSDT	\$10,558		\$10,558	\$83.87	(\$19)	\$10,623	1.164	\$12,370	\$0.44
Prof - Evaluation & Management	\$868,545		\$868,545	\$6,839.70	\$1,221	\$876,605	1.164	\$1,020,748	\$36.42
Prof - Maternity	\$0		\$0	\$0		\$0	1.164	\$0	\$0.00
Prof - Other	\$521,426		\$521,426	\$4,145.78	(\$930)	\$524,642	1.164	\$610,911	\$21.80
Prof - Psych	\$72,500		\$72,500	\$283.01	(\$129)	\$72,655	1.164	\$84,602	\$3.02
Prof - Specialist	\$303,983		\$303,983	\$2,414.82	(\$542)	\$305,856	1.164	\$356,149	\$12.71
Prof - Vision	\$39,222		\$39,222	\$116.42	(\$70)	\$39,269	1.164	\$45,726	\$1.63
Radiology	\$160,379		\$160,379	\$1,472.12		\$161,851	1.072	\$173,510	\$6.19
Transportation/Ambulance	\$202,448		\$202,448	\$1,062.01		\$203,510	1.072	\$218,170	\$7.78
Provider Incentive Payment Adjustment									\$2.08
Total	\$10,066,037	\$50,178	\$10,116,215	\$89,711	\$51,990	\$10,257,916		\$11,174,759	\$400.78
Admin Cost Adjustment									\$35.95
Medallion 3.0 Capitation Rate									\$436.73

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 45 and Over									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$276,767		\$276,767	\$2,569.02		\$279,336	1.072	\$299,458	\$11.84
FQHC / RHC	\$109,806		\$109,806	\$872.29		\$110,678	1.164	\$128,877	\$5.09
Home Health	\$113,560		\$113,560	\$1,884.35		\$115,445	0.997	\$115,117	\$4.55
IP - Maternity	\$8,613	(\$388)	\$8,225	\$81	(\$119)	\$8,188	1.054	\$8,632	\$0.34
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.054	\$0	\$0.00
IP - Other	\$3,661,067	(\$165,052)	\$3,496,015	\$34,593.18	(\$50,440)	\$3,480,168	1.054	\$3,669,005	\$145.03
IP - Psych	\$142,652		\$142,652	\$790.40	\$32,913	\$176,355	1.054	\$185,924	\$7.35
Lab	\$149,738		\$149,738	\$1,296.80		\$151,035	1.072	\$161,914	\$6.40
OP - Emergency Room & Related	\$937,620		\$937,620	\$15,558.26	\$0	\$953,178	0.997	\$950,471	\$37.57
OP - Other	\$2,623,319		\$2,623,319	\$43,529.66	\$29,183	\$2,696,032	0.997	\$2,688,375	\$106.26
Pharmacy	\$4,823,145	\$80,282	\$4,903,427	\$13.41	\$21,411	\$4,924,851	1.197	\$5,877,451	\$232.32
Prof - Anesthesia	\$79,724		\$79,724	\$633.32		\$80,358	1.164	\$93,571	\$3.70
Prof - Child EPSDT	\$11,617		\$11,617	\$92.28	(\$21)	\$11,688	1.164	\$13,610	\$0.54
Prof - Evaluation & Management	\$1,254,689		\$1,254,689	\$9,916.85	\$1,764	\$1,266,370	1.164	\$1,474,603	\$58.29
Prof - Maternity	\$4,585		\$4,585	\$36	(\$8)	\$4,613	1.164	\$5,372	\$0.21
Prof - Other	\$411,898		\$411,898	\$3,277.14	(\$734)	\$414,441	1.164	\$482,588	\$19.08
Prof - Psych	\$90,818		\$90,818	\$450.67	(\$161)	\$91,107	1.164	\$106,088	\$4.19
Prof - Specialist	\$585,127		\$585,127	\$4,648.19	(\$1,043)	\$588,732	1.164	\$685,539	\$27.10
Prof - Vision	\$63,430		\$63,430	\$335.12	(\$113)	\$63,652	1.164	\$74,119	\$2.93
Radiology	\$266,733		\$266,733	\$2,462.52		\$269,195	1.072	\$288,586	\$11.41
Transportation/Ambulance	\$232,929		\$232,929	\$1,410.20		\$234,339	1.072	\$251,220	\$9.93
Provider Incentive Payment Adjustment									\$3.61
Total	\$15,847,835	(\$85,157)	\$15,762,678	\$124,451	\$32,632	\$15,919,761		\$17,560,522	\$697.73
Admin Cost Adjustment									\$62.59
Medallion 3.0 Capitation Rate									\$760.32

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age Under 1									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$449,589		\$449,589	\$4,837.05	(\$7,469)	\$446,957	1.052	\$470,068	\$2.26
FQHC / RHC	\$56,751		\$56,751	\$577.14		\$57,328	1.080	\$61,943	\$0.30
Home Health	\$149,605		\$149,605	\$1,894.37		\$151,499	1.063	\$161,045	\$0.77
IP - Maternity	\$2,783	(\$23)	\$2,760	\$67	(\$26)	\$2,801	1.076	\$3,014	\$0.01
IP - Newborn	\$43,830,227	(\$369,779)	\$43,460,448	\$1,062,004.04	(\$413,242)	\$44,109,210	1.076	\$47,460,289	\$228.29
IP - Other	\$24,786,628	(\$209,115)	\$24,577,513	\$600,578.67	(\$233,694)	\$24,944,397	1.076	\$26,839,481	\$129.10
IP - Psych	\$340,870		\$340,870	\$0.00	\$78,213	\$419,083	1.076	\$450,922	\$2.17
Lab	\$415,787		\$415,787	\$2,081.41		\$417,868	1.052	\$439,475	\$2.11
OP - Emergency Room & Related	\$4,057,733		\$4,057,733	\$51,381.03	\$33,694	\$4,142,808	1.063	\$4,403,838	\$21.18
OP - Other	\$5,585,222		\$5,585,222	\$70,722.86	\$175,891	\$5,831,836	1.063	\$6,199,287	\$29.82
Pharmacy	\$2,702,813		\$2,702,813	\$14.06	(\$35,187)	\$2,667,640	1.142	\$3,047,529	\$14.66
Prof - Anesthesia	\$347,139		\$347,139	\$3,530.32		\$350,669	1.080	\$378,896	\$1.82
Prof - Child EPSDT	\$1,054,926		\$1,054,926	\$10,728.34	(\$1,885)	\$1,063,769	1.080	\$1,149,396	\$5.53
Prof - Evaluation & Management	\$23,865,923		\$23,865,923	\$242,583.33	\$33,622	\$24,142,128	1.080	\$26,085,411	\$125.47
Prof - Maternity	\$3,146		\$3,146	\$32	(\$6)	\$3,173	1.080	\$3,428	\$0.02
Prof - Other	\$3,474,899		\$3,474,899	\$35,729.81	(\$6,209)	\$3,504,420	1.080	\$3,786,502	\$18.21
Prof - Psych	\$251,353		\$251,353	\$0.76	(\$445)	\$250,909	1.080	\$271,106	\$1.30
Prof - Specialist	\$1,862,261		\$1,862,261	\$18,938.74	(\$3,327)	\$1,877,872	1.080	\$2,029,029	\$9.76
Prof - Vision	\$370,534		\$370,534	\$1,001.74	(\$657)	\$370,878	1.080	\$400,731	\$1.93
Radiology	\$331,519		\$331,519	\$3,495.77		\$335,014	1.052	\$352,337	\$1.69
Transportation/Ambulance	\$918,250		\$918,250	\$2,242.89		\$920,493	1.052	\$968,089	\$4.66
Provider Incentive Payment Adjustment									\$3.13
Total	\$114,857,957	(\$578,918)	\$114,279,039	\$2,112,442	(\$380,725)	\$116,010,755		\$124,961,814	\$604.20
Admin Cost Adjustment									\$63.44
Medallion 3.0 Capitation Rate									\$667.64

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.
 Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 1-5									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,431,027		\$1,431,027	\$15,396.16	\$15,396.16	\$1,461,819	1.052	\$1,537,405	\$2.01
FQHC / RHC	\$93,117		\$93,117	\$946.98	\$946.98	\$95,011	1.080	\$102,659	\$0.13
Home Health	\$271,434		\$271,434	\$3,437.04	\$3,437.04	\$278,308	1.063	\$295,844	\$0.39
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.076	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0.00	\$0	1.076	\$0	\$0.00
IP - Other	\$10,339,611	(\$383,737)	\$9,955,874	\$250,528.22	\$250,528.22	\$10,456,930	1.076	\$11,251,367	\$14.68
IP - Psych	\$1,349,313		\$1,349,313	\$18.84	\$18.84	\$1,349,351	1.076	\$1,451,864	\$1.89
Lab	\$1,760,832		\$1,760,832	\$9,931.06	\$9,931.06	\$1,780,694	1.052	\$1,872,768	\$2.44
OP - Emergency Room & Related	\$10,253,251		\$10,253,251	\$129,831.76	\$129,831.76	\$10,512,914	1.063	\$11,175,311	\$14.58
OP - Other	\$17,273,319		\$17,273,319	\$218,723.36	\$218,723.36	\$17,710,765	1.063	\$18,826,683	\$24.57
Pharmacy	\$12,805,439		\$12,805,439	\$66.61	\$66.61	\$12,805,572	1.142	\$14,629,168	\$19.09
Prof - Anesthesia	\$799,111		\$799,111	\$8,126.77	\$8,126.77	\$815,365	1.080	\$880,996	\$1.15
Prof - Child EPSDT	\$867,692		\$867,692	\$8,824.22	\$8,824.22	\$885,340	1.080	\$956,605	\$1.25
Prof - Evaluation & Management	\$20,970,386		\$20,970,386	\$212,809.28	\$212,809.28	\$21,396,004	1.080	\$23,118,242	\$30.17
Prof - Maternity	\$0		\$0	\$0	\$0	\$0	1.080	\$0	\$0.00
Prof - Other	\$6,167,984		\$6,167,984	\$64,304.67	\$64,304.67	\$6,296,593	1.080	\$6,803,427	\$8.88
Prof - Psych	\$1,207,686		\$1,207,686	\$2,172.16	\$2,172.16	\$1,212,031	1.080	\$1,309,591	\$1.71
Prof - Specialist	\$2,195,559		\$2,195,559	\$22,328.31	\$22,328.31	\$2,240,216	1.080	\$2,420,539	\$3.16
Prof - Vision	\$1,228,088		\$1,228,088	\$2,298.24	\$2,298.24	\$1,232,684	1.080	\$1,331,907	\$1.74
Radiology	\$448,492		\$448,492	\$4,571.75	\$4,571.75	\$457,636	1.052	\$481,299	\$0.63
Transportation/Ambulance	\$3,002,094		\$3,002,094	\$3,759.06	\$3,759.06	\$3,009,612	1.052	\$3,165,230	\$4.13
Provider Incentive Payment Adjustment									\$0.69
Total	\$92,464,436	(\$383,737)	\$92,080,699	\$958,074	\$958,074	\$93,996,848		\$101,610,905	\$133.28
Admin Cost Adjustment									\$13.99
Medallion 3.0 Capitation Rate									\$147.28

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 6-14									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,744,583		\$1,744,583	\$18,769.66	\$18,769.66	\$1,782,123	1.052	\$1,874,270	\$1.57
FQHC / RHC	\$133,129		\$133,129	\$1,353.89	\$1,353.89	\$135,837	1.080	\$146,771	\$0.12
Home Health	\$27,223		\$27,223	\$344.72	\$344.72	\$27,913	1.063	\$29,672	\$0.02
IP - Maternity	\$82,926	\$2,495	\$85,422	\$2,009	\$2,009	\$89,441	1.076	\$96,236	\$0.08
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0.00	\$0	1.076	\$0	\$0.00
IP - Other	\$7,531,166	\$226,625	\$7,757,792	\$182,479.76	\$182,479.76	\$8,122,751	1.076	\$8,739,855	\$7.31
IP - Psych	\$3,871,426		\$3,871,426	\$38,581.10	\$38,581.10	\$3,948,588	1.076	\$4,248,571	\$3.56
Lab	\$2,315,613		\$2,315,613	\$10,445.92	\$10,445.92	\$2,336,505	1.052	\$2,457,318	\$2.06
OP - Emergency Room & Related	\$10,992,461		\$10,992,461	\$139,192.01	\$139,192.01	\$11,270,845	1.063	\$11,980,997	\$10.03
OP - Other	\$18,245,946		\$18,245,946	\$231,039.24	\$231,039.24	\$18,708,024	1.063	\$19,886,777	\$16.64
Pharmacy	\$45,252,365		\$45,252,365	\$235.38	\$235.38	\$45,252,836	1.142	\$51,697,130	\$43.26
Prof - Anesthesia	\$574,460		\$574,460	\$5,842.12	\$5,842.12	\$586,144	1.080	\$633,325	\$0.53
Prof - Child EPSDT	\$157,853		\$157,853	\$1,605.32	\$1,605.32	\$161,063	1.080	\$174,028	\$0.15
Prof - Evaluation & Management	\$22,564,045		\$22,564,045	\$228,846.57	\$228,846.57	\$23,021,738	1.080	\$24,874,837	\$20.81
Prof - Maternity	\$38,269		\$38,269	\$389	\$389	\$39,047	1.080	\$42,190	\$0.04
Prof - Other	\$7,717,517		\$7,717,517	\$81,242.25	\$81,242.25	\$7,880,001	1.080	\$8,514,290	\$7.12
Prof - Psych	\$3,513,364		\$3,513,364	\$18,643.82	\$18,643.82	\$3,550,652	1.080	\$3,836,456	\$3.21
Prof - Specialist	\$2,903,609		\$2,903,609	\$29,529.00	\$29,529.00	\$2,962,667	1.080	\$3,201,142	\$2.68
Prof - Vision	\$1,899,179		\$1,899,179	\$3,515.97	\$3,515.97	\$1,906,211	1.080	\$2,059,649	\$1.72
Radiology	\$848,570		\$848,570	\$8,781.22	\$8,781.22	\$866,132	1.052	\$910,917	\$0.76
Transportation/Ambulance	\$4,606,478		\$4,606,478	\$4,024.06	\$4,024.06	\$4,614,526	1.052	\$4,853,128	\$4.06
Provider Incentive Payment Adjustment									\$0.65
Total	\$135,020,183	\$229,121	\$135,249,304	\$1,006,870	\$1,006,870	\$137,263,045		\$150,257,559	\$126.39
Admin Cost Adjustment									\$13.27
Medallion 3.0 Capitation Rate									\$139.66

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Female									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$564,648		\$564,648	\$6,074.95	\$6,074.95	\$576,798	1.052	\$606,623	\$2.75
FQHC / RHC	\$107,344		\$107,344	\$1,091.66	\$1,091.66	\$109,527	1.080	\$118,343	\$0.54
Home Health	\$33,729		\$33,729	\$427.09	\$427.09	\$34,583	1.063	\$36,762	\$0.17
IP - Maternity	\$5,233,469	\$341,572	\$5,575,041	\$126,807	\$126,807	\$5,828,655	1.076	\$6,271,471	\$28.44
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0.00	\$0	1.076	\$0	\$0.00
IP - Other	\$2,415,780	\$157,670	\$2,573,450	\$58,534.21	\$58,534.21	\$2,690,519	1.076	\$2,894,923	\$13.13
IP - Psych	\$1,215,596		\$1,215,596	\$18,884.77	\$18,884.77	\$1,253,366	1.076	\$1,348,587	\$6.12
Lab	\$739,070		\$739,070	\$5,241.68	\$5,241.68	\$749,554	1.052	\$788,311	\$3.57
OP - Emergency Room & Related	\$5,507,157		\$5,507,157	\$69,734.36	\$69,734.36	\$5,646,625	1.063	\$6,002,407	\$27.22
OP - Other	\$5,572,951		\$5,572,951	\$70,567.47	\$70,567.47	\$5,714,085	1.063	\$6,074,118	\$27.54
Pharmacy	\$9,206,052		\$9,206,052	\$47.89	\$47.89	\$9,206,147	1.142	\$10,517,162	\$47.69
Prof - Anesthesia	\$440,411		\$440,411	\$4,478.88	\$4,478.88	\$449,369	1.080	\$485,540	\$2.20
Prof - Child EPSDT	\$141,569		\$141,569	\$1,439.72	\$1,439.72	\$144,449	1.080	\$156,076	\$0.71
Prof - Evaluation & Management	\$5,786,219		\$5,786,219	\$58,741.13	\$58,741.13	\$5,903,702	1.080	\$6,378,911	\$28.93
Prof - Maternity	\$2,945,744		\$2,945,744	\$29,958	\$29,958	\$3,005,659	1.080	\$3,247,595	\$14.73
Prof - Other	\$2,317,685		\$2,317,685	\$24,108.25	\$24,108.25	\$2,365,902	1.080	\$2,556,341	\$11.59
Prof - Psych	\$771,500		\$771,500	\$4,575.87	\$4,575.87	\$780,652	1.080	\$843,489	\$3.82
Prof - Specialist	\$978,824		\$978,824	\$9,954.41	\$9,954.41	\$998,733	1.080	\$1,079,125	\$4.89
Prof - Vision	\$359,692		\$359,692	\$755.96	\$755.96	\$361,204	1.080	\$390,279	\$1.77
Radiology	\$1,067,003		\$1,067,003	\$11,422.01	\$11,422.01	\$1,089,847	1.052	\$1,146,199	\$5.20
Transportation/Ambulance	\$1,038,942		\$1,038,942	\$2,668.18	\$2,668.18	\$1,044,279	1.052	\$1,098,275	\$4.98
Provider Incentive Payment Adjustment									\$1.23
Total	\$46,443,387	\$499,242	\$46,942,629	\$505,513	\$505,513	\$47,953,654		\$52,040,537	\$237.22
Admin Cost Adjustment									\$24.91
Medallion 3.0 Capitation Rate									\$262.12

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Female									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,893,303		\$2,893,303	\$26,856.26		\$2,920,159	1.070	\$3,124,119	\$5.95
FQHC / RHC	\$1,541,112		\$1,541,112	\$12,242.45		\$1,553,355	1.158	\$1,798,941	\$3.43
Home Health	\$259,573		\$259,573	\$4,307.19		\$263,880	0.997	\$263,063	\$0.50
IP - Maternity	\$34,668,918	\$401,140	\$35,070,058	\$327,584	(\$505,710)	\$34,891,932	1.052	\$36,716,988	\$69.93
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.052	\$0	\$0.00
IP - Other	\$23,456,954	\$271,411	\$23,728,364	\$221,643.22	(\$342,163)	\$23,607,845	1.052	\$24,842,676	\$47.31
IP - Psych	\$2,232,028		\$2,232,028	\$12,276.67	\$514,957	\$2,759,261	1.052	\$2,903,587	\$5.53
Lab	\$2,955,816		\$2,955,816	\$22,073.08		\$2,977,889	1.070	\$3,185,881	\$6.07
OP - Emergency Room & Related	\$27,395,172		\$27,395,172	\$454,577.89	\$0	\$27,849,750	0.997	\$27,763,529	\$52.88
OP - Other	\$22,262,912		\$22,262,912	\$369,416.47	\$247,667	\$22,879,996	0.997	\$22,809,161	\$43.44
Pharmacy	\$42,914,520	\$714,323	\$43,628,843	\$119.30	\$190,506	\$43,819,468	1.191	\$52,034,893	\$99.10
Prof - Anesthesia	\$2,727,271		\$2,727,271	\$21,665.18		\$2,748,937	1.158	\$3,183,546	\$6.06
Prof - Child EPSDT	\$397,750		\$397,750	\$3,159.69	(\$709)	\$400,201	1.158	\$463,473	\$0.88
Prof - Evaluation & Management	\$20,505,341		\$20,505,341	\$162,675.86	\$28,824	\$20,696,841	1.158	\$23,969,031	\$45.65
Prof - Maternity	\$18,347,221		\$18,347,221	\$145,749	(\$32,706)	\$18,460,263	1.158	\$21,378,848	\$40.72
Prof - Other	\$10,209,014		\$10,209,014	\$81,971.59	(\$18,200)	\$10,272,785	1.158	\$11,896,922	\$22.66
Prof - Psych	\$1,717,761		\$1,717,761	\$8,183.49	(\$3,052)	\$1,722,892	1.158	\$1,995,283	\$3.80
Prof - Specialist	\$7,022,930		\$7,022,930	\$55,789.49	(\$12,519)	\$7,066,201	1.158	\$8,183,374	\$15.59
Prof - Vision	\$623,001		\$623,001	\$2,006.93	(\$1,105)	\$623,903	1.158	\$722,542	\$1.38
Radiology	\$7,543,981		\$7,543,981	\$69,891.40		\$7,613,872	1.070	\$8,145,667	\$15.51
Transportation/Ambulance	\$3,104,845		\$3,104,845	\$11,780.33		\$3,116,625	1.070	\$3,334,307	\$6.35
Provider Incentive Payment Adjustment									\$2.57
Total	\$232,779,425	\$1,386,874	\$234,166,298	\$2,013,969	\$65,786	\$236,246,054		\$258,715,833	\$495.31
Admin Cost Adjustment									\$44.43
Medallion 3.0 Capitation Rate									\$539.74

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

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Appendix I
Exhibit 4a

Age 15-20 Male									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$423,290		\$423,290	\$4,554.11	(\$6,027)	\$421,818	1.052	\$443,629	\$2.41
FQHC / RHC	\$26,237		\$26,237	\$266.83		\$26,504	1.080	\$28,637	\$0.16
Home Health	\$29,754		\$29,754	\$376.76		\$30,131	1.063	\$32,029	\$0.17
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.076	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.076	\$0	\$0.00
IP - Other	\$2,750,763	\$122,408	\$2,873,171	\$66,650.83	(\$27,286)	\$2,912,535	1.076	\$3,133,807	\$17.01
IP - Psych	\$782,897		\$782,897	\$10,221.85	\$181,981	\$975,100	1.076	\$1,049,181	\$5.69
Lab	\$320,180		\$320,180	\$1,184.77		\$321,365	1.052	\$337,982	\$1.83
OP - Emergency Room & Related	\$2,383,841		\$2,383,841	\$30,185.38	\$19,795	\$2,433,821	1.063	\$2,587,171	\$14.04
OP - Other	\$3,981,440		\$3,981,440	\$50,414.97	\$125,384	\$4,157,239	1.063	\$4,419,178	\$23.98
Pharmacy	\$8,803,643		\$8,803,643	\$45.79	(\$114,611)	\$8,689,078	1.142	\$9,926,459	\$53.87
Prof - Anesthesia	\$107,756		\$107,756	\$1,095.86		\$108,852	1.080	\$117,614	\$0.64
Prof - Child EPSDT	\$27,186		\$27,186	\$276.48	(\$49)	\$27,414	1.080	\$29,621	\$0.16
Prof - Evaluation & Management	\$2,981,857		\$2,981,857	\$30,241.84	\$4,201	\$3,016,300	1.080	\$3,259,092	\$17.69
Prof - Maternity	\$0		\$0	\$0		\$0	1.080	\$0	\$0.00
Prof - Other	\$1,236,807		\$1,236,807	\$13,025.38	(\$2,210)	\$1,247,622	1.080	\$1,348,048	\$7.32
Prof - Psych	\$533,085		\$533,085	\$2,714.78	(\$948)	\$534,852	1.080	\$577,904	\$3.14
Prof - Specialist	\$736,321		\$736,321	\$7,488.21	(\$1,315)	\$742,494	1.080	\$802,260	\$4.35
Prof - Vision	\$294,791		\$294,791	\$578.12	(\$522)	\$294,846	1.080	\$318,580	\$1.73
Radiology	\$239,113		\$239,113	\$2,526.33		\$241,640	1.052	\$254,134	\$1.38
Transportation/Ambulance	\$762,246		\$762,246	\$1,087.32		\$763,333	1.052	\$802,802	\$4.36
Provider Incentive Payment Adjustment									\$0.83
Total	\$26,421,208	\$122,408	\$26,543,616	\$222,936	\$178,393	\$26,944,945		\$29,468,127	\$160.75
Admin Cost Adjustment									\$16.88
Medallion 3.0 Capitation Rate									\$177.63

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

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Appendix I
Exhibit 4a

Age 21-44 Male									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$315,815		\$315,815	\$2,931.47		\$318,747	1.070	\$341,010	\$6.89
FQHC / RHC	\$133,849		\$133,849	\$1,063.28		\$134,912	1.158	\$156,242	\$3.16
Home Health	\$34,273		\$34,273	\$568.71		\$34,842	0.997	\$34,734	\$0.70
IP - Maternity	\$0	\$0	\$0	\$0	\$0	\$0	1.052	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.052	\$0	\$0.00
IP - Other	\$2,919,320	\$33,778	\$2,953,098	\$27,584.47	(\$42,584)	\$2,938,099	1.052	\$3,091,779	\$62.48
IP - Psych	\$258,659		\$258,659	\$1,666.45	\$59,732	\$320,057	1.052	\$336,798	\$6.81
Lab	\$104,372		\$104,372	\$473.67		\$104,845	1.070	\$112,168	\$2.27
OP - Emergency Room & Related	\$1,633,967		\$1,633,967	\$27,113.00	\$0	\$1,661,080	0.997	\$1,655,938	\$33.46
OP - Other	\$1,951,155		\$1,951,155	\$32,376.21	\$21,706	\$2,005,237	0.997	\$1,999,029	\$40.40
Pharmacy	\$3,350,512	\$55,770	\$3,406,282	\$9.31	\$14,874	\$3,421,165	1.191	\$4,062,577	\$82.09
Prof - Anesthesia	\$76,807		\$76,807	\$610.14		\$77,417	1.158	\$89,656	\$1.81
Prof - Child EPSDT	\$11,110		\$11,110	\$88.26	(\$20)	\$11,178	1.158	\$12,946	\$0.26
Prof - Evaluation & Management	\$1,327,227		\$1,327,227	\$10,522.34	\$1,866	\$1,339,615	1.158	\$1,551,409	\$31.35
Prof - Maternity	\$0		\$0	\$0		\$0	1.158	\$0	\$0.00
Prof - Other	\$411,969		\$411,969	\$3,348.57	(\$735)	\$414,583	1.158	\$480,129	\$9.70
Prof - Psych	\$136,773		\$136,773	\$604.60	(\$243)	\$137,135	1.158	\$158,816	\$3.21
Prof - Specialist	\$551,756		\$551,756	\$4,383.10	(\$984)	\$555,156	1.158	\$642,926	\$12.99
Prof - Vision	\$61,169		\$61,169	\$203.56	(\$109)	\$61,264	1.158	\$70,950	\$1.43
Radiology	\$216,453		\$216,453	\$1,996.20		\$218,449	1.070	\$233,707	\$4.72
Transportation/Ambulance	\$255,598		\$255,598	\$785.44		\$256,384	1.070	\$274,291	\$5.54
Provider Incentive Payment Adjustment									\$1.61
Total	\$13,750,786	\$89,548	\$13,840,334	\$116,329	\$53,504	\$14,010,166		\$15,305,107	\$310.89
Admin Cost Adjustment									\$27.89
Medallion 3.0 Capitation Rate									\$338.77

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 45 and Over									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$842,011		\$842,011	\$7,815.73		\$849,827	1.070	\$909,183	\$15.88
FQHC / RHC	\$197,733		\$197,733	\$1,570.77		\$199,304	1.158	\$230,814	\$4.03
Home Health	\$88,900		\$88,900	\$1,475.15		\$90,375	0.997	\$90,095	\$1.57
IP - Maternity	\$31,801	\$368	\$32,169	\$300	(\$464)	\$32,005	1.052	\$33,679	\$0.59
IP - Newborn	\$0	\$0	\$0	\$0.00	\$0	\$0	1.052	\$0	\$0.00
IP - Other	\$8,204,156	\$94,927	\$8,299,083	\$77,520.54	(\$119,673)	\$8,256,931	1.052	\$8,688,818	\$151.80
IP - Psych	\$285,658		\$285,658	\$1,691.85	\$65,932	\$353,282	1.052	\$371,761	\$6.49
Lab	\$273,729		\$273,729	\$1,943.81		\$275,673	1.070	\$294,928	\$5.15
OP - Emergency Room & Related	\$2,702,762		\$2,702,762	\$44,847.89	\$0	\$2,747,610	0.997	\$2,739,103	\$47.85
OP - Other	\$5,560,730		\$5,560,730	\$92,271.18	\$61,861	\$5,714,862	0.997	\$5,697,169	\$99.53
Pharmacy	\$10,727,845	\$178,568	\$10,906,412	\$29.82	\$47,623	\$10,954,065	1.191	\$13,007,771	\$227.26
Prof - Anesthesia	\$214,627		\$214,627	\$1,704.97		\$216,332	1.158	\$250,534	\$4.38
Prof - Child EPSDT	\$29,216		\$29,216	\$232.09	(\$52)	\$29,396	1.158	\$34,044	\$0.59
Prof - Evaluation & Management	\$3,220,408		\$3,220,408	\$25,563.92	\$4,527	\$3,250,498	1.158	\$3,764,405	\$65.77
Prof - Maternity	\$2,992		\$2,992	\$24	(\$5)	\$3,011	1.158	\$3,487	\$0.06
Prof - Other	\$1,939,514		\$1,939,514	\$15,510.83	(\$3,458)	\$1,951,567	1.158	\$2,260,111	\$39.49
Prof - Psych	\$237,136		\$237,136	\$1,259.50	(\$422)	\$237,974	1.158	\$275,598	\$4.81
Prof - Specialist	\$1,581,925		\$1,581,925	\$12,566.66	(\$2,820)	\$1,591,671	1.158	\$1,843,316	\$32.20
Prof - Vision	\$143,876		\$143,876	\$838.67	(\$256)	\$144,458	1.158	\$167,297	\$2.92
Radiology	\$740,120		\$740,120	\$6,858.43		\$746,978	1.070	\$799,151	\$13.96
Transportation/Ambulance	\$330,401		\$330,401	\$1,169.15		\$331,570	1.070	\$354,729	\$6.20
Provider Incentive Payment Adjustment									\$3.80
Total	\$37,355,538	\$273,863	\$37,629,400	\$295,195	\$52,794	\$37,977,390		\$41,815,994	\$734.37
Admin Cost Adjustment									\$65.87
Medallion 3.0 Capitation Rate									\$800.24

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
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Appendix I
Exhibit 4a

Age Under 1									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$332,069		\$332,069	\$3,572.67	(\$5,516)	\$330,125	1.056	\$348,713	\$3.75
FQHC / RHC	\$223,938		\$223,938	\$2,277.40		\$226,216	1.086	\$245,575	\$2.64
Home Health	\$75,481		\$75,481	\$955.78		\$76,437	1.067	\$81,578	\$0.88
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.079	\$0	\$0.00
IP - Newborn	\$15,399,569	(\$229,541)	\$15,170,028	\$373,130.72	(\$222,058)	\$15,321,100	1.079	\$16,529,246	\$177.99
IP - Other	\$9,587,340	(\$138,417)	\$9,448,923	\$232,300.73	(\$138,311)	\$9,542,912	1.079	\$10,295,419	\$110.86
IP - Psych	\$79,466		\$79,466	\$56.64	\$18,247	\$97,769	1.079	\$105,479	\$1.14
Lab	\$195,393		\$195,393	\$1,660.51		\$197,053	1.056	\$208,149	\$2.24
OP - Emergency Room & Related	\$1,114,141		\$1,114,141	\$14,107.81		\$1,128,249	1.067	\$1,204,136	\$12.97
OP - Other	\$949,593		\$949,593	\$12,024.22	\$10,523	\$972,140	1.067	\$1,037,527	\$11.17
Pharmacy	\$1,693,364		\$1,693,364	\$8.81	(\$22,045)	\$1,671,328	1.153	\$1,926,267	\$20.74
Prof - Anesthesia	\$104,999		\$104,999	\$1,067.81		\$106,066	1.086	\$115,143	\$1.24
Prof - Child EPSDT	\$407,119		\$407,119	\$4,140.30	(\$727)	\$410,532	1.086	\$445,664	\$4.80
Prof - Evaluation & Management	\$9,668,489		\$9,668,489	\$94,692.06	\$13,616	\$9,776,796	1.086	\$10,613,465	\$114.29
Prof - Maternity	\$0		\$0	\$0		\$0	1.086	\$0	\$0.00
Prof - Other	\$2,151,806		\$2,151,806	\$21,777.48	(\$3,844)	\$2,169,739	1.086	\$2,355,419	\$25.36
Prof - Psych	\$46,138		\$46,138	\$3.65	(\$82)	\$46,060	1.086	\$50,002	\$0.54
Prof - Specialist	\$683,408		\$683,408	\$6,950.09	(\$1,221)	\$689,137	1.086	\$748,111	\$8.06
Prof - Vision	\$186,866		\$186,866	\$554.72	(\$331)	\$187,089	1.086	\$203,100	\$2.19
Radiology	\$149,793		\$149,793	\$1,481.21		\$151,274	1.056	\$159,792	\$1.72
Transportation/Ambulance	\$518,527		\$518,527	\$3,162.61		\$521,690	1.056	\$551,064	\$5.93
Provider Incentive Payment Adjustment									\$2.65
Total	\$43,567,497	(\$367,958)	\$43,199,539	\$773,925	(\$351,751)	\$43,621,713		\$47,223,848	\$511.16
Admin Cost Adjustment									\$53.67
Medallion 3.0 Capitation Rate									\$564.83

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

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Age 1-5									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$543,732		\$543,732	\$5,849.91	(\$9,032)	\$540,549	1.056	\$570,986	\$1.71
FQHC / RHC	\$295,300		\$295,300	\$3,003.13		\$298,303	1.086	\$323,831	\$0.97
Home Health	\$33,035		\$33,035	\$418.30		\$33,453	1.067	\$35,703	\$0.11
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.079	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$6,564,713	(\$1,451,947)	\$5,112,765	\$159,062.63	(\$75,316)	\$5,196,511	1.079	\$5,606,282	\$16.81
IP - Psych	\$271,013		\$271,013	\$568.68	\$62,314	\$333,896	1.079	\$360,225	\$1.08
Lab	\$743,532		\$743,532	\$6,388.55		\$749,921	1.056	\$792,146	\$2.38
OP - Emergency Room & Related	\$3,053,084		\$3,053,084	\$38,659.67		\$3,091,744	1.067	\$3,299,698	\$9.90
OP - Other	\$3,552,230		\$3,552,230	\$44,980.10	\$39,364	\$3,636,575	1.067	\$3,881,175	\$11.64
Pharmacy	\$5,764,682		\$5,764,682	\$29.98	(\$75,048)	\$5,689,665	1.153	\$6,557,549	\$19.67
Prof - Anesthesia	\$253,582		\$253,582	\$2,578.87		\$256,161	1.086	\$278,083	\$0.83
Prof - Child EPSDT	\$329,932		\$329,932	\$3,355.33	(\$589)	\$332,698	1.086	\$361,170	\$1.08
Prof - Evaluation & Management	\$11,248,584		\$11,248,584	\$100,475.56	\$15,827	\$11,364,887	1.086	\$12,337,460	\$37.00
Prof - Maternity	\$0		\$0	\$0		\$0	1.086	\$0	\$0.00
Prof - Other	\$2,870,514		\$2,870,514	\$28,766.25	(\$5,128)	\$2,894,152	1.086	\$3,141,825	\$9.42
Prof - Psych	\$427,460		\$427,460	\$2,854.08	(\$761)	\$429,553	1.086	\$466,313	\$1.40
Prof - Specialist	\$1,020,010		\$1,020,010	\$10,373.25	(\$1,822)	\$1,028,561	1.086	\$1,116,582	\$3.35
Prof - Vision	\$655,499		\$655,499	\$1,730.62	(\$1,162)	\$656,068	1.086	\$712,212	\$2.14
Radiology	\$272,144		\$272,144	\$2,427.23		\$274,571	1.056	\$290,031	\$0.87
Transportation/Ambulance	\$1,104,681		\$1,104,681	\$3,531.67		\$1,108,213	1.056	\$1,170,612	\$3.51
Provider Incentive Payment Adjustment									\$0.65
Total	\$39,003,728	(\$1,451,947)	\$37,551,781	\$415,054	(\$51,353)	\$37,915,482		\$41,301,883	\$124.52
Admin Cost Adjustment									\$13.07
Medallion 3.0 Capitation Rate									\$137.59

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Age 6-14									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$653,129		\$653,129	\$7,026.90	(\$9,299)	\$650,857	1.056	\$687,504	\$1.30
FQHC / RHC	\$336,473		\$336,473	\$3,421.85		\$339,895	1.086	\$368,982	\$0.70
Home Health	\$33,905		\$33,905	\$429.32		\$34,334	1.067	\$36,643	\$0.07
IP - Maternity	\$19,282	\$1,845	\$21,126	\$467	(\$308)	\$21,285	1.079	\$22,963	\$0.04
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$3,155,973	\$209,527	\$3,365,500	\$76,469.06	(\$49,174)	\$3,392,796	1.079	\$3,660,334	\$6.92
IP - Psych	\$2,500,601		\$2,500,601	\$54,322.63	\$586,228	\$3,141,152	1.079	\$3,388,848	\$6.40
Lab	\$1,139,575		\$1,139,575	\$9,456.57		\$1,149,031	1.056	\$1,213,729	\$2.29
OP - Emergency Room & Related	\$3,382,511		\$3,382,511	\$42,831.03		\$3,425,342	1.067	\$3,655,734	\$6.91
OP - Other	\$4,015,392		\$4,015,392	\$50,844.89	\$44,497	\$4,110,734	1.067	\$4,387,227	\$8.29
Pharmacy	\$24,919,668		\$24,919,668	\$129.62	(\$324,418)	\$24,595,380	1.153	\$28,347,084	\$53.56
Prof - Anesthesia	\$179,811		\$179,811	\$1,828.63		\$181,639	1.086	\$197,183	\$0.37
Prof - Child EPSDT	\$64,306		\$64,306	\$653.98	(\$115)	\$64,845	1.086	\$70,395	\$0.13
Prof - Evaluation & Management	\$14,354,063		\$14,354,063	\$120,549.52	\$20,186	\$14,494,799	1.086	\$15,735,220	\$29.73
Prof - Maternity	\$12,786		\$12,786	\$130	(\$23)	\$12,893	1.086	\$13,996	\$0.03
Prof - Other	\$2,674,979		\$2,674,979	\$26,338.34	(\$4,778)	\$2,696,540	1.086	\$2,927,301	\$5.53
Prof - Psych	\$2,091,516		\$2,091,516	\$19,711.22	(\$3,734)	\$2,107,493	1.086	\$2,287,846	\$4.32
Prof - Specialist	\$1,282,150		\$1,282,150	\$13,039.15	(\$2,291)	\$1,292,898	1.086	\$1,403,541	\$2.65
Prof - Vision	\$1,123,808		\$1,123,808	\$3,093.13	(\$1,993)	\$1,124,908	1.086	\$1,221,174	\$2.31
Radiology	\$544,423		\$544,423	\$4,954.56		\$549,378	1.056	\$580,311	\$1.10
Transportation/Ambulance	\$1,677,678		\$1,677,678	\$6,147.35		\$1,683,826	1.056	\$1,778,636	\$3.36
Provider Incentive Payment Adjustment									\$0.71
Total	\$64,162,028	\$211,372	\$64,373,400	\$441,845	\$254,780	\$65,070,024		\$71,984,652	\$136.72
Admin Cost Adjustment									\$14.36
Medallion 3.0 Capitation Rate									\$151.07

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 15-20 Female									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$170,999		\$170,999	\$1,839.75	(\$2,435)	\$170,404	1.056	\$179,999	\$1.77
FQHC / RHC	\$114,851		\$114,851	\$1,168.01		\$116,019	1.086	\$125,948	\$1.24
Home Health	\$33,665		\$33,665	\$426.29		\$34,092	1.067	\$36,385	\$0.36
IP - Maternity	\$2,941,821	\$199,692	\$3,141,513	\$71,280	(\$45,900)	\$3,166,893	1.079	\$3,416,619	\$33.64
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$1,437,550	\$94,733	\$1,532,283	\$34,831.75	(\$22,389)	\$1,544,726	1.079	\$1,666,535	\$16.41
IP - Psych	\$1,172,196		\$1,172,196	\$27,008.56	\$275,158	\$1,474,363	1.079	\$1,590,624	\$15.66
Lab	\$846,773		\$846,773	\$8,588.52		\$855,362	1.056	\$903,524	\$8.90
OP - Emergency Room & Related	\$1,672,012		\$1,672,012	\$21,171.84		\$1,693,183	1.067	\$1,807,069	\$17.79
OP - Other	\$2,186,272		\$2,186,272	\$27,683.66	\$24,227	\$2,238,183	1.067	\$2,388,726	\$23.52
Pharmacy	\$5,286,229		\$5,286,229	\$27.50	(\$68,819)	\$5,217,438	1.153	\$6,013,290	\$59.21
Prof - Anesthesia	\$212,559		\$212,559	\$2,161.68		\$214,721	1.086	\$233,096	\$2.30
Prof - Child EPSDT	\$69,303		\$69,303	\$704.79	(\$124)	\$69,884	1.086	\$75,864	\$0.75
Prof - Evaluation & Management	\$3,891,571		\$3,891,571	\$35,034.29	\$5,476	\$3,932,082	1.086	\$4,268,577	\$42.03
Prof - Maternity	\$1,803,691		\$1,803,691	\$18,343	(\$3,222)	\$1,818,812	1.086	\$1,974,460	\$19.44
Prof - Other	\$1,155,947		\$1,155,947	\$11,607.15	(\$2,065)	\$1,165,489	1.086	\$1,265,228	\$12.46
Prof - Psych	\$498,904		\$498,904	\$4,727.14	(\$891)	\$502,741	1.086	\$545,764	\$5.37
Prof - Specialist	\$436,903		\$436,903	\$4,443.20	(\$781)	\$440,566	1.086	\$478,268	\$4.71
Prof - Vision	\$210,759		\$210,759	\$590.99	(\$374)	\$210,976	1.086	\$229,031	\$2.26
Radiology	\$630,123		\$630,123	\$6,617.22		\$636,740	1.056	\$672,593	\$6.62
Transportation/Ambulance	\$461,659		\$461,659	\$2,560.57		\$464,220	1.056	\$490,358	\$4.83
Provider Incentive Payment Adjustment									\$1.45
Total	\$25,233,788	\$294,425	\$25,528,213	\$280,816	\$157,863	\$25,966,893		\$28,361,957	\$280.72
Admin Cost Adjustment									\$29.48
Medallion 3.0 Capitation Rate									\$310.20

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Exhibit 4a

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$737,319		\$737,319	\$6,843.96		\$744,163	1.074	\$799,253	\$4.08
FQHC / RHC	\$264,523		\$264,523	\$2,101.34		\$266,624	1.170	\$312,010	\$1.59
Home Health	\$183,225		\$183,225	\$3,040.32		\$186,265	0.997	\$185,780	\$0.95
IP - Maternity	\$13,297,339	\$61,394	\$13,358,733	\$125,646	(\$192,645)	\$13,291,734	1.056	\$14,036,632	\$71.74
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$10,443,914	\$48,353	\$10,492,267	\$98,683.86	(\$151,308)	\$10,439,642	1.056	\$11,024,703	\$56.34
IP - Psych	\$1,225,342		\$1,225,342	\$10,354.52	\$283,531	\$1,519,228	1.056	\$1,604,369	\$8.20
Lab	\$3,290,723		\$3,290,723	\$29,704.06		\$3,320,427	1.074	\$3,566,237	\$18.23
OP - Emergency Room & Related	\$6,327,599		\$6,327,599	\$104,996.12		\$6,432,595	0.997	\$6,415,826	\$32.79
OP - Other	\$11,420,546		\$11,420,546	\$189,505.21	\$127,049	\$11,737,101	0.997	\$11,706,503	\$59.83
Pharmacy	\$21,333,270	\$355,098	\$21,688,368	\$59.31	\$94,702	\$21,783,129	1.202	\$26,114,921	\$133.47
Prof - Anesthesia	\$940,840		\$940,840	\$7,473.94		\$948,314	1.170	\$1,109,739	\$5.67
Prof - Child EPSDT	\$170,132		\$170,132	\$1,351.52	(\$303)	\$171,181	1.170	\$200,320	\$1.02
Prof - Evaluation & Management	\$9,914,777		\$9,914,777	\$72,169.80	\$13,928	\$10,000,875	1.170	\$11,703,259	\$59.81
Prof - Maternity	\$7,404,990		\$7,404,990	\$58,825	(\$13,200)	\$7,450,614	1.170	\$8,718,883	\$44.56
Prof - Other	\$3,230,821		\$3,230,821	\$25,456.86	(\$5,759)	\$3,250,519	1.170	\$3,803,833	\$19.44
Prof - Psych	\$853,557		\$853,557	\$6,169.62	(\$1,520)	\$858,206	1.170	\$1,004,293	\$5.13
Prof - Specialist	\$2,747,809		\$2,747,809	\$21,828.33	(\$4,898)	\$2,764,739	1.170	\$3,235,363	\$16.54
Prof - Vision	\$374,830		\$374,830	\$876.83	(\$664)	\$375,042	1.170	\$438,883	\$2.24
Radiology	\$2,804,174		\$2,804,174	\$25,768.71		\$2,829,942	1.074	\$3,039,442	\$15.53
Transportation/Ambulance	\$1,486,222		\$1,486,222	\$9,669.23		\$1,495,891	1.074	\$1,606,631	\$8.21
Provider Incentive Payment Adjustment									\$2.94
Total	\$98,451,951	\$464,845	\$98,916,796	\$800,524	\$148,911	\$99,866,231		\$110,626,877	\$568.33
Admin Cost Adjustment									\$50.98
Medallion 3.0 Capitation Rate									\$619.31

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
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Appendix I
Exhibit 4a

Age 15-20 Male									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$209,960		\$209,960	\$2,258.92	(\$2,989)	\$209,230	1.056	\$221,011	\$2.58
FQHC / RHC	\$54,375		\$54,375	\$552.98		\$54,928	1.086	\$59,629	\$0.70
Home Health	\$8,014		\$8,014	\$101.48		\$8,116	1.067	\$8,661	\$0.10
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.079	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$1,409,650	\$92,440	\$1,502,090	\$34,155.74	(\$21,948)	\$1,514,298	1.079	\$1,633,708	\$19.08
IP - Psych	\$751,257		\$751,257	\$16,879.12	\$176,249	\$944,385	1.079	\$1,018,855	\$11.90
Lab	\$182,314		\$182,314	\$1,526.76		\$183,841	1.056	\$194,192	\$2.27
OP - Emergency Room & Related	\$842,949		\$842,949	\$10,673.84		\$853,623	1.067	\$911,038	\$10.64
OP - Other	\$1,240,875		\$1,240,875	\$15,712.58	\$13,751	\$1,270,339	1.067	\$1,355,783	\$15.84
Pharmacy	\$4,095,789		\$4,095,789	\$21.30	(\$53,321)	\$4,042,489	1.153	\$4,659,118	\$54.43
Prof - Anesthesia	\$38,321		\$38,321	\$389.72		\$38,711	1.086	\$42,024	\$0.49
Prof - Child EPSDT	\$12,565		\$12,565	\$127.78	(\$22)	\$12,670	1.086	\$13,755	\$0.16
Prof - Evaluation & Management	\$2,178,094		\$2,178,094	\$18,363.35	\$3,063	\$2,199,521	1.086	\$2,387,749	\$27.89
Prof - Maternity	\$0		\$0	\$0		\$0	1.086	\$0	\$0.00
Prof - Other	\$605,232		\$605,232	\$6,033.50	(\$1,081)	\$610,185	1.086	\$662,402	\$7.74
Prof - Psych	\$315,707		\$315,707	\$2,881.17	(\$563)	\$318,024	1.086	\$345,240	\$4.03
Prof - Specialist	\$368,710		\$368,710	\$3,749.69	(\$659)	\$371,801	1.086	\$403,619	\$4.71
Prof - Vision	\$168,314		\$168,314	\$411.28	(\$298)	\$168,427	1.086	\$182,840	\$2.14
Radiology	\$159,845		\$159,845	\$1,584.99		\$161,430	1.056	\$170,519	\$1.99
Transportation/Ambulance	\$325,832		\$325,832	\$1,450.09		\$327,282	1.056	\$345,710	\$4.04
Provider Incentive Payment Adjustment									\$0.89
Total	\$12,967,803	\$92,440	\$13,060,243	\$116,874	\$112,181	\$13,289,298		\$14,615,853	\$171.62
Admin Cost Adjustment									\$18.02
Medallion 3.0 Capitation Rate									\$189.64

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$123,096		\$123,096	\$1,142.60		\$124,238	1.074	\$133,436	\$4.00
FQHC / RHC	\$29,207		\$29,207	\$232.02		\$29,439	1.170	\$34,450	\$1.03
Home Health	\$24,530		\$24,530	\$407.04		\$24,937	0.997	\$24,872	\$0.75
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.056	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$2,273,203	\$27,977	\$2,301,180	\$21,479.35	(\$33,183)	\$2,289,477	1.056	\$2,417,784	\$72.48
IP - Psych	\$316,431		\$316,431	\$2,786.61	\$73,245	\$392,462	1.056	\$414,456	\$12.42
Lab	\$212,906		\$212,906	\$1,830.71		\$214,736	1.074	\$230,633	\$6.91
OP - Emergency Room & Related	\$905,533		\$905,533	\$15,025.83		\$920,558	0.997	\$918,159	\$27.52
OP - Other	\$1,385,184		\$1,385,184	\$22,984.85	\$15,410	\$1,423,578	0.997	\$1,419,867	\$42.56
Pharmacy	\$3,141,149	\$52,285	\$3,193,434	\$8.73	\$13,944	\$3,207,387	1.202	\$3,845,207	\$115.27
Prof - Anesthesia	\$43,086		\$43,086	\$342.27		\$43,429	1.170	\$50,821	\$1.52
Prof - Child EPSDT	\$7,148		\$7,148	\$56.78	(\$13)	\$7,192	1.170	\$8,416	\$0.25
Prof - Evaluation & Management	\$1,306,044		\$1,306,044	\$9,256.04	\$1,834	\$1,317,134	1.170	\$1,541,341	\$46.20
Prof - Maternity	\$0		\$0	\$0		\$0	1.170	\$0	\$0.00
Prof - Other	\$286,711		\$286,711	\$2,242.00	(\$511)	\$288,442	1.170	\$337,542	\$10.12
Prof - Psych	\$101,924		\$101,924	\$708.17	(\$182)	\$102,451	1.170	\$119,891	\$3.59
Prof - Specialist	\$403,100		\$403,100	\$3,202.19	(\$719)	\$405,584	1.170	\$474,623	\$14.23
Prof - Vision	\$58,758		\$58,758	\$109.34	(\$104)	\$58,764	1.170	\$68,767	\$2.06
Radiology	\$192,653		\$192,653	\$1,744.10		\$194,397	1.074	\$208,789	\$6.26
Transportation/Ambulance	\$207,382		\$207,382	\$1,221.92		\$208,604	1.074	\$224,047	\$6.72
Provider Incentive Payment Adjustment									\$1.95
Total	\$11,018,044	\$80,262	\$11,098,306	\$84,781	\$69,722	\$11,252,809		\$12,473,101	\$375.85
Admin Cost Adjustment									\$33.71
Medallion 3.0 Capitation Rate									\$409.57

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$226,559		\$226,559	\$2,102.97		\$228,662	1.074	\$245,589	\$9.93
FQHC / RHC	\$70,635		\$70,635	\$561.12		\$71,196	1.170	\$83,316	\$3.37
Home Health	\$58,870		\$58,870	\$976.85		\$59,847	0.997	\$59,691	\$2.41
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.056	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$3,656,585	\$44,967	\$3,701,552	\$34,550.83	(\$53,376)	\$3,682,727	1.056	\$3,889,115	\$157.32
IP - Psych	\$338,691		\$338,691	\$3,054.62	\$78,414	\$420,159	1.056	\$443,706	\$17.95
Lab	\$309,080		\$309,080	\$2,759.79		\$311,840	1.074	\$334,925	\$13.55
OP - Emergency Room & Related	\$617,868		\$617,868	\$10,252.51		\$628,121	0.997	\$626,483	\$25.34
OP - Other	\$2,144,450		\$2,144,450	\$35,583.63	\$23,856	\$2,203,890	0.997	\$2,198,144	\$88.92
Pharmacy	\$5,706,444	\$94,985	\$5,801,429	\$15.86	\$25,332	\$5,826,777	1.202	\$6,985,489	\$282.57
Prof - Anesthesia	\$66,513		\$66,513	\$528.38		\$67,042	1.170	\$78,454	\$3.17
Prof - Child EPSDT	\$11,966		\$11,966	\$95.05	(\$21)	\$12,039	1.170	\$14,089	\$0.57
Prof - Evaluation & Management	\$1,445,063		\$1,445,063	\$10,642.64	\$2,030	\$1,457,736	1.170	\$1,705,876	\$69.01
Prof - Maternity	\$106		\$106	\$1	(\$0)	\$106	1.170	\$125	\$0.01
Prof - Other	\$586,900		\$586,900	\$4,635.59	(\$1,046)	\$590,489	1.170	\$691,004	\$27.95
Prof - Psych	\$110,337		\$110,337	\$803.99	(\$197)	\$110,944	1.170	\$129,829	\$5.25
Prof - Specialist	\$657,445		\$657,445	\$5,222.68	(\$1,172)	\$661,495	1.170	\$774,097	\$31.31
Prof - Vision	\$69,077		\$69,077	\$282.13	(\$123)	\$69,236	1.170	\$81,022	\$3.28
Radiology	\$250,684		\$250,684	\$2,294.15		\$252,978	1.074	\$271,706	\$10.99
Transportation/Ambulance	\$261,641		\$261,641	\$1,910.01		\$263,551	1.074	\$283,061	\$11.45
Provider Incentive Payment Adjustment									\$3.98
Total	\$16,588,913	\$139,952	\$16,728,865	\$116,274	\$73,697	\$16,918,836		\$18,895,723	\$768.34
Admin Cost Adjustment									\$68.92
Medallion 3.0 Capitation Rate									\$837.26

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
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Appendix I
Exhibit 4a

Age Under 1									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$223,944		\$223,944	\$2,409.38	(\$3,720)	\$222,634	1.056	\$235,169	\$4.38
FQHC / RHC	\$32,925		\$32,925	\$334.84		\$33,260	1.086	\$36,107	\$0.67
Home Health	\$30,145		\$30,145	\$381.71		\$30,526	1.067	\$32,580	\$0.61
IP - Maternity	\$3,971	\$182	\$4,154	\$96	(\$61)	\$4,189	1.079	\$4,519	\$0.08
IP - Newborn	\$8,386,030	\$413,442	\$8,799,471	\$203,193.05	(\$128,617)	\$8,874,047	1.079	\$9,573,810	\$178.12
IP - Other	\$7,980,542	\$367,294	\$8,347,836	\$193,368.10	(\$122,024)	\$8,419,179	1.079	\$9,083,074	\$168.99
IP - Psych	\$50,216		\$50,216	\$0.00	\$11,522	\$61,738	1.079	\$66,606	\$1.24
Lab	\$134,987		\$134,987	\$1,239.05		\$136,226	1.056	\$143,897	\$2.68
OP - Emergency Room & Related	\$906,441		\$906,441	\$11,477.80		\$917,919	1.067	\$979,659	\$18.23
OP - Other	\$636,021		\$636,021	\$8,053.62	\$7,048	\$651,123	1.067	\$694,918	\$12.93
Pharmacy	\$863,167		\$863,167	\$4.49	(\$11,237)	\$851,934	1.153	\$981,886	\$18.27
Prof - Anesthesia	\$60,616		\$60,616	\$616.45		\$61,232	1.086	\$66,472	\$1.24
Prof - Child EPSDT	\$201,639		\$201,639	\$2,050.62	(\$360)	\$203,329	1.086	\$220,729	\$4.11
Prof - Evaluation & Management	\$6,035,228		\$6,035,228	\$61,065.76	\$8,502	\$6,104,796	1.086	\$6,627,225	\$123.30
Prof - Maternity	\$2,756		\$2,756	\$28	(\$5)	\$2,779	1.086	\$3,017	\$0.06
Prof - Other	\$1,648,496		\$1,648,496	\$16,729.91	(\$2,945)	\$1,662,281	1.086	\$1,804,534	\$33.57
Prof - Psych	\$30,092		\$30,092	\$0.00	(\$53)	\$30,038	1.086	\$32,609	\$0.61
Prof - Specialist	\$450,015		\$450,015	\$4,576.54	(\$804)	\$453,787	1.086	\$492,621	\$9.17
Prof - Vision	\$90,764		\$90,764	\$235.33	(\$161)	\$90,838	1.086	\$98,612	\$1.83
Radiology	\$104,408		\$104,408	\$1,062.70		\$105,471	1.056	\$111,409	\$2.07
Transportation/Ambulance	\$387,313		\$387,313	\$2,587.97		\$389,901	1.056	\$411,855	\$7.66
Provider Incentive Payment Adjustment									\$3.07
Total	\$28,259,715	\$780,917	\$29,040,632	\$509,512	(\$242,916)	\$29,307,228		\$31,701,308	\$592.87
Admin Cost Adjustment									\$62.25
Medallion 3.0 Capitation Rate									\$655.13

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 1-5									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$286,904		\$286,904	\$3,086.75	(\$4,766)	\$285,225	1.056	\$301,285	\$1.51
FQHC / RHC	\$81,092		\$81,092	\$824.68		\$81,916	1.086	\$88,927	\$0.45
Home Health	\$8,833		\$8,833	\$111.85		\$8,945	1.067	\$9,547	\$0.05
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.079	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$1,878,767	\$131,680	\$2,010,446	\$45,522.41	(\$29,373)	\$2,026,596	1.079	\$2,186,403	\$10.95
IP - Psych	\$170,020		\$170,020	\$52.33	\$39,023	\$209,096	1.079	\$225,584	\$1.13
Lab	\$550,364		\$550,364	\$5,120.26		\$555,484	1.056	\$586,762	\$2.94
OP - Emergency Room & Related	\$2,601,858		\$2,601,858	\$32,946.02		\$2,634,804	1.067	\$2,812,024	\$14.08
OP - Other	\$2,666,580		\$2,666,580	\$33,765.56	\$29,550	\$2,729,896	1.067	\$2,913,512	\$14.59
Pharmacy	\$3,962,090		\$3,962,090	\$20.61	(\$51,581)	\$3,910,529	1.153	\$4,507,030	\$22.57
Prof - Anesthesia	\$191,842		\$191,842	\$1,950.99		\$193,793	1.086	\$210,377	\$1.05
Prof - Child EPSDT	\$199,195		\$199,195	\$2,025.76	(\$356)	\$200,865	1.086	\$218,054	\$1.09
Prof - Evaluation & Management	\$7,049,227		\$7,049,227	\$70,512.31	\$9,929	\$7,129,669	1.086	\$7,739,804	\$38.75
Prof - Maternity	\$0		\$0	\$0		\$0	1.086	\$0	\$0.00
Prof - Other	\$1,805,094		\$1,805,094	\$18,208.20	(\$3,225)	\$1,820,078	1.086	\$1,975,834	\$9.89
Prof - Psych	\$252,103		\$252,103	\$1,534.78	(\$449)	\$253,189	1.086	\$274,857	\$1.38
Prof - Specialist	\$770,368		\$770,368	\$7,834.46	(\$1,376)	\$776,826	1.086	\$843,305	\$4.22
Prof - Vision	\$377,484		\$377,484	\$1,276.46	(\$670)	\$378,091	1.086	\$410,447	\$2.06
Radiology	\$177,837		\$177,837	\$1,676.23		\$179,513	1.056	\$189,621	\$0.95
Transportation/Ambulance	\$837,328		\$837,328	\$3,258.37		\$840,586	1.056	\$887,916	\$4.45
Provider Incentive Payment Adjustment									\$0.69
Total	\$23,866,986	\$131,680	\$23,998,666	\$229,728	(\$13,292)	\$24,215,102		\$26,381,287	\$132.77
Admin Cost Adjustment									\$13.94
Medallion 3.0 Capitation Rate									\$146.71

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4a

Age 6-14									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$455,429		\$455,429	\$4,899.88	(\$6,484)	\$453,845	1.056	\$479,399	\$1.43
FQHC / RHC	\$186,795		\$186,795	\$1,899.66		\$188,694	1.086	\$204,842	\$0.61
Home Health	\$22,871		\$22,871	\$289.60		\$23,160	1.067	\$24,718	\$0.07
IP - Maternity	\$12,022	\$442	\$12,464	\$291	(\$182)	\$12,573	1.079	\$13,565	\$0.04
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$2,781,619	\$107,958	\$2,889,577	\$67,398.48	(\$42,245)	\$2,914,730	1.079	\$3,144,572	\$9.39
IP - Psych	\$779,196		\$779,196	\$12,210.91	\$181,589	\$972,995	1.079	\$1,049,721	\$3.14
Lab	\$795,982		\$795,982	\$7,206.84		\$803,189	1.056	\$848,414	\$2.53
OP - Emergency Room & Related	\$3,592,148		\$3,592,148	\$45,485.57		\$3,637,634	1.067	\$3,882,305	\$11.60
OP - Other	\$3,322,701		\$3,322,701	\$42,073.70	\$36,821	\$3,401,596	1.067	\$3,630,391	\$10.85
Pharmacy	\$15,181,710		\$15,181,710	\$78.97	(\$197,644)	\$14,984,145	1.153	\$17,269,780	\$51.59
Prof - Anesthesia	\$152,755		\$152,755	\$1,553.48		\$154,309	1.086	\$167,514	\$0.50
Prof - Child EPSDT	\$37,565		\$37,565	\$382.03	(\$67)	\$37,880	1.086	\$41,122	\$0.12
Prof - Evaluation & Management	\$9,195,246		\$9,195,246	\$91,535.87	\$12,951	\$9,299,733	1.086	\$10,095,576	\$30.16
Prof - Maternity	\$10,976		\$10,976	\$112	(\$20)	\$11,068	1.086	\$12,015	\$0.04
Prof - Other	\$3,989,503		\$3,989,503	\$40,321.57	(\$7,127)	\$4,022,697	1.086	\$4,366,947	\$13.05
Prof - Psych	\$1,395,460		\$1,395,460	\$12,505.04	(\$2,490)	\$1,405,475	1.086	\$1,525,752	\$4.56
Prof - Specialist	\$1,016,932		\$1,016,932	\$10,341.95	(\$1,817)	\$1,025,457	1.086	\$1,113,213	\$3.33
Prof - Vision	\$769,142		\$769,142	\$3,534.86	(\$1,367)	\$771,310	1.086	\$837,317	\$2.50
Radiology	\$484,213		\$484,213	\$4,812.45		\$489,025	1.056	\$516,560	\$1.54
Transportation/Ambulance	\$1,349,575		\$1,349,575	\$4,891.59		\$1,354,467	1.056	\$1,430,732	\$4.27
Provider Incentive Payment Adjustment									\$0.79
Total	\$45,531,839	\$108,400	\$45,640,239	\$351,825	(\$28,082)	\$45,963,983		\$50,654,454	\$152.11
Admin Cost Adjustment									\$15.97
Medallion 3.0 Capitation Rate									\$168.09

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 15-20 Female									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$127,368		\$127,368	\$1,370.33	(\$1,813)	\$126,925	1.056	\$134,072	\$1.89
FQHC / RHC	\$70,266		\$70,266	\$714.59		\$70,981	1.086	\$77,055	\$1.09
Home Health	\$50,792		\$50,792	\$643.16		\$51,436	1.067	\$54,895	\$0.77
IP - Maternity	\$2,023,794	\$145,083	\$2,168,877	\$49,036	(\$31,686)	\$2,186,227	1.079	\$2,358,622	\$33.27
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$1,204,076	\$84,943	\$1,289,020	\$29,174.71	(\$18,832)	\$1,299,362	1.079	\$1,401,823	\$19.78
IP - Psych	\$420,015		\$420,015	\$8,683.89	\$98,365	\$527,065	1.079	\$568,626	\$8.02
Lab	\$485,932		\$485,932	\$4,936.32		\$490,868	1.056	\$518,507	\$7.31
OP - Emergency Room & Related	\$1,991,522		\$1,991,522	\$25,217.64		\$2,016,740	1.067	\$2,152,388	\$30.36
OP - Other	\$1,901,680		\$1,901,680	\$24,080.02	\$21,074	\$1,946,834	1.067	\$2,077,780	\$29.31
Pharmacy	\$2,883,174		\$2,883,174	\$15.00	(\$37,535)	\$2,845,654	1.153	\$3,279,722	\$46.27
Prof - Anesthesia	\$180,486		\$180,486	\$1,835.50		\$182,321	1.086	\$197,924	\$2.79
Prof - Child EPSDT	\$30,964		\$30,964	\$314.89	(\$55)	\$31,223	1.086	\$33,895	\$0.48
Prof - Evaluation & Management	\$2,640,413		\$2,640,413	\$26,455.63	\$3,719	\$2,670,588	1.086	\$2,899,129	\$40.90
Prof - Maternity	\$1,307,711		\$1,307,711	\$13,299	(\$2,336)	\$1,318,673	1.086	\$1,431,521	\$20.19
Prof - Other	\$779,667		\$779,667	\$7,879.13	(\$1,393)	\$786,153	1.086	\$853,430	\$12.04
Prof - Psych	\$311,265		\$311,265	\$2,789.05	(\$555)	\$313,499	1.086	\$340,327	\$4.80
Prof - Specialist	\$348,285		\$348,285	\$3,541.98	(\$622)	\$351,205	1.086	\$381,260	\$5.38
Prof - Vision	\$176,128		\$176,128	\$881.29	(\$313)	\$176,696	1.086	\$191,817	\$2.71
Radiology	\$583,626		\$583,626	\$6,198.12		\$589,824	1.056	\$623,035	\$8.79
Transportation/Ambulance	\$380,501		\$380,501	\$2,032.74		\$382,533	1.056	\$404,072	\$5.70
Provider Incentive Payment Adjustment									\$1.47
Total	\$17,897,665	\$230,026	\$18,127,692	\$209,100	\$28,016	\$18,364,807		\$19,979,901	\$283.32
Admin Cost Adjustment									\$29.75
Medallion 3.0 Capitation Rate									\$313.07

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 21-44 Female									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$493,478		\$493,478	\$4,580.57		\$498,059	1.074	\$534,930	\$3.93
FQHC / RHC	\$220,342		\$220,342	\$1,750.38		\$222,093	1.170	\$259,898	\$1.91
Home Health	\$74,380		\$74,380	\$1,234.21		\$75,614	0.997	\$75,417	\$0.55
IP - Maternity	\$7,588,032	\$94,585	\$7,682,618	\$71,699	(\$110,782)	\$7,643,534	1.056	\$8,071,895	\$59.24
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$7,824,614	\$96,907	\$7,921,521	\$73,934.26	(\$114,228)	\$7,881,227	1.056	\$8,322,909	\$61.08
IP - Psych	\$799,312		\$799,312	\$6,458.02	\$184,884	\$990,654	1.056	\$1,046,173	\$7.68
Lab	\$1,819,177		\$1,819,177	\$16,409.38		\$1,835,587	1.074	\$1,971,474	\$14.47
OP - Emergency Room & Related	\$5,822,101		\$5,822,101	\$96,608.20		\$5,918,709	0.997	\$5,903,279	\$43.33
OP - Other	\$7,410,068		\$7,410,068	\$122,957.92	\$82,434	\$7,615,461	0.997	\$7,595,608	\$55.75
Pharmacy	\$17,825,047	\$296,702	\$18,121,749	\$49.55	\$79,129	\$18,200,927	1.202	\$21,820,362	\$160.15
Prof - Anesthesia	\$670,914		\$670,914	\$5,329.68		\$676,244	1.170	\$791,357	\$5.81
Prof - Child EPSDT	\$61,635		\$61,635	\$489.63	(\$110)	\$62,015	1.170	\$72,572	\$0.53
Prof - Evaluation & Management	\$6,156,624		\$6,156,624	\$48,279.67	\$8,653	\$6,213,557	1.170	\$7,271,251	\$53.37
Prof - Maternity	\$4,283,679		\$4,283,679	\$34,029	(\$7,636)	\$4,310,072	1.170	\$5,043,748	\$37.02
Prof - Other	\$1,662,614		\$1,662,614	\$13,132.86	(\$2,964)	\$1,672,783	1.170	\$1,957,530	\$14.37
Prof - Psych	\$378,282		\$378,282	\$2,451.79	(\$673)	\$380,060	1.170	\$444,756	\$3.26
Prof - Specialist	\$1,725,522		\$1,725,522	\$13,707.38	(\$3,076)	\$1,736,153	1.170	\$2,031,687	\$14.91
Prof - Vision	\$263,123		\$263,123	\$923.50	(\$467)	\$263,580	1.170	\$308,447	\$2.26
Radiology	\$2,197,662		\$2,197,662	\$20,263.56		\$2,217,925	1.074	\$2,382,118	\$17.48
Transportation/Ambulance	\$1,016,207		\$1,016,207	\$6,016.79		\$1,022,224	1.074	\$1,097,899	\$8.06
Provider Incentive Payment Adjustment									\$2.94
Total	\$68,292,815	\$488,194	\$68,781,010	\$540,305	\$115,165	\$69,436,479		\$77,003,308	\$568.09
Admin Cost Adjustment									\$50.96
Medallion 3.0 Capitation Rate									\$619.05

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
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Exhibit 4a

Age 15-20 Male									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$139,135		\$139,135	\$1,496.93	(\$1,981)	\$138,651	1.056	\$146,458	\$2.33
FQHC / RHC	\$35,688		\$35,688	\$362.94		\$36,051	1.086	\$39,136	\$0.62
Home Health	\$13,347		\$13,347	\$169.00		\$13,516	1.067	\$14,425	\$0.23
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.079	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.079	\$0	\$0.00
IP - Other	\$885,488	\$58,353	\$943,841	\$21,455.32	(\$13,791)	\$951,506	1.079	\$1,026,536	\$16.32
IP - Psych	\$226,908		\$226,908	\$4,209.67	\$53,030	\$284,147	1.079	\$306,554	\$4.87
Lab	\$130,146		\$130,146	\$1,144.70		\$131,290	1.056	\$138,683	\$2.21
OP - Emergency Room & Related	\$1,081,374		\$1,081,374	\$13,692.89		\$1,095,067	1.067	\$1,168,722	\$18.58
OP - Other	\$866,875		\$866,875	\$10,976.80	\$9,606	\$887,458	1.067	\$947,149	\$15.06
Pharmacy	\$2,705,965		\$2,705,965	\$14.08	(\$35,228)	\$2,670,751	1.153	\$3,078,139	\$48.95
Prof - Anesthesia	\$36,766		\$36,766	\$373.90		\$37,140	1.086	\$40,318	\$0.64
Prof - Child EPSDT	\$8,129		\$8,129	\$82.67	(\$15)	\$8,197	1.086	\$8,899	\$0.14
Prof - Evaluation & Management	\$1,527,725		\$1,527,725	\$15,172.70	\$2,152	\$1,545,049	1.086	\$1,677,270	\$26.67
Prof - Maternity	\$0		\$0	\$0		\$0	1.086	\$0	\$0.00
Prof - Other	\$352,769		\$352,769	\$3,541.13	(\$630)	\$355,680	1.086	\$386,118	\$6.14
Prof - Psych	\$210,390		\$210,390	\$1,813.73	(\$375)	\$211,829	1.086	\$229,956	\$3.66
Prof - Specialist	\$275,805		\$275,805	\$2,804.87	(\$493)	\$278,117	1.086	\$301,917	\$4.80
Prof - Vision	\$134,414		\$134,414	\$563.30	(\$239)	\$134,739	1.086	\$146,269	\$2.33
Radiology	\$156,547		\$156,547	\$1,610.40		\$158,157	1.056	\$167,062	\$2.66
Transportation/Ambulance	\$274,799		\$274,799	\$1,140.18		\$275,939	1.056	\$291,476	\$4.63
Provider Incentive Payment Adjustment									\$0.84
Total	\$9,062,268	\$58,353	\$9,120,622	\$80,625	\$12,037	\$9,213,284		\$10,115,089	\$161.68
Admin Cost Adjustment									\$16.98
Medallion 3.0 Capitation Rate									\$178.66

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Exhibit 4a

Age 21-44 Male									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$152,698		\$152,698	\$1,417.37		\$154,115	1.074	\$165,524	\$4.80
FQHC / RHC	\$41,828		\$41,828	\$332.28		\$42,161	1.170	\$49,338	\$1.43
Home Health	\$56,323		\$56,323	\$934.59		\$57,258	0.997	\$57,109	\$1.66
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.056	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$2,055,334	(\$186,270)	\$1,869,064	\$19,420.72	(\$26,980)	\$1,861,504	1.056	\$1,965,827	\$57.01
IP - Psych	\$339,291		\$339,291	\$2,905.97	\$78,517	\$420,714	1.056	\$444,292	\$12.88
Lab	\$235,155		\$235,155	\$2,064.74		\$237,220	1.074	\$254,781	\$7.39
OP - Emergency Room & Related	\$1,231,096		\$1,231,096	\$20,428.02		\$1,251,524	0.997	\$1,248,261	\$36.20
OP - Other	\$1,354,267		\$1,354,267	\$22,471.84	\$15,066	\$1,391,805	0.997	\$1,388,176	\$40.26
Pharmacy	\$4,045,101	\$67,332	\$4,112,433	\$11.25	\$17,957	\$4,130,401	1.202	\$4,951,772	\$143.60
Prof - Anesthesia	\$40,110		\$40,110	\$318.63		\$40,428	1.170	\$47,310	\$1.37
Prof - Child EPSDT	\$8,773		\$8,773	\$69.69	(\$16)	\$8,827	1.170	\$10,329	\$0.30
Prof - Evaluation & Management	\$1,248,045		\$1,248,045	\$9,754.07	\$1,754	\$1,259,553	1.170	\$1,473,958	\$42.75
Prof - Maternity	\$0		\$0	\$0		\$0	1.170	\$0	\$0.00
Prof - Other	\$241,068		\$241,068	\$1,897.49	(\$430)	\$242,536	1.170	\$283,821	\$8.23
Prof - Psych	\$87,685		\$87,685	\$545.27	(\$156)	\$88,074	1.170	\$103,067	\$2.99
Prof - Specialist	\$303,593		\$303,593	\$2,411.71	(\$541)	\$305,464	1.170	\$357,461	\$10.37
Prof - Vision	\$59,737		\$59,737	\$184.65	(\$106)	\$59,815	1.170	\$69,997	\$2.03
Radiology	\$281,110		\$281,110	\$2,575.65		\$283,686	1.074	\$304,687	\$8.84
Transportation/Ambulance	\$234,013		\$234,013	\$1,296.60		\$235,310	1.074	\$252,730	\$7.33
Provider Incentive Payment Adjustment									\$2.03
Total	\$12,015,227	(\$118,939)	\$11,896,289	\$89,041	\$85,066	\$12,070,395		\$13,428,441	\$391.46
Admin Cost Adjustment									\$35.11
Medallion 3.0 Capitation Rate									\$426.58

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

Age 45 and Over									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$187,444		\$187,444	\$1,739.90		\$189,184	1.074	\$203,189	\$11.29
FQHC / RHC	\$61,074		\$61,074	\$485.17		\$61,560	1.170	\$72,039	\$4.00
Home Health	\$42,473		\$42,473	\$704.77		\$43,178	0.997	\$43,065	\$2.39
IP - Maternity	\$4,066	\$47	\$4,113	\$38	(\$59)	\$4,092	1.056	\$4,322	\$0.24
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.056	\$0	\$0.00
IP - Other	\$2,535,792	\$30,939	\$2,566,731	\$23,960.53	(\$37,012)	\$2,553,680	1.056	\$2,696,794	\$149.91
IP - Psych	\$103,824		\$103,824	\$855.28	\$24,019	\$128,698	1.056	\$135,910	\$7.55
Lab	\$220,733		\$220,733	\$1,983.37		\$222,716	1.074	\$239,203	\$13.30
OP - Emergency Room & Related	\$676,126		\$676,126	\$11,219.20		\$687,345	0.997	\$685,553	\$38.11
OP - Other	\$1,579,606		\$1,579,606	\$26,210.96	\$17,573	\$1,623,389	0.997	\$1,619,157	\$90.00
Pharmacy	\$3,958,056	\$65,883	\$4,023,938	\$11.00	\$17,571	\$4,041,520	1.202	\$4,845,216	\$269.33
Prof - Anesthesia	\$46,759		\$46,759	\$371.45		\$47,131	1.170	\$55,154	\$3.07
Prof - Child EPSDT	\$8,528		\$8,528	\$67.74	(\$15)	\$8,580	1.170	\$10,041	\$0.56
Prof - Evaluation & Management	\$1,041,118		\$1,041,118	\$8,189.03	\$1,463	\$1,050,771	1.170	\$1,229,637	\$68.35
Prof - Maternity	\$1,296		\$1,296	\$10	(\$2)	\$1,304	1.170	\$1,526	\$0.08
Prof - Other	\$282,481		\$282,481	\$2,231.99	(\$504)	\$284,209	1.170	\$332,588	\$18.49
Prof - Psych	\$69,869		\$69,869	\$491.49	(\$124)	\$70,236	1.170	\$82,192	\$4.57
Prof - Specialist	\$370,510		\$370,510	\$2,943.29	(\$660)	\$372,793	1.170	\$436,251	\$24.25
Prof - Vision	\$57,204		\$57,204	\$291.83	(\$102)	\$57,394	1.170	\$67,164	\$3.73
Radiology	\$212,529		\$212,529	\$1,953.50		\$214,483	1.074	\$230,361	\$12.80
Transportation/Ambulance	\$190,642		\$190,642	\$1,333.56		\$191,975	1.074	\$206,187	\$11.46
Provider Incentive Payment Adjustment									\$3.82
Total	\$11,650,129	\$96,869	\$11,746,998	\$85,093	\$22,146	\$11,854,236		\$13,195,548	\$737.31
Admin Cost Adjustment									\$66.14
Medallion 3.0 Capitation Rate									\$803.45

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$5,670,861	\$0	\$5,670,861	\$58,582	(\$62,612)	\$5,666,832	1.054	\$5,971,798	\$1.77
FQHC / RHC	\$60,854	\$0	\$60,854	\$585		\$61,438	1.103	\$67,776	\$0.02
Home Health	\$539,188	\$0	\$539,188	\$7,604		\$546,793	1.040	\$568,680	\$0.17
IP - Maternity	\$33,826,545	(\$32,953)	\$33,793,593	\$377,516	(\$488,187)	\$33,682,921	1.057	\$35,598,510	\$10.55
IP - Newborn	\$27,817,868	(\$200,606)	\$27,617,262	\$674,025	(\$404,185)	\$27,887,103	1.077	\$30,042,634	\$8.90
IP - Other	\$75,105,407	(\$3,966,947)	\$71,138,460	\$1,450,005	(\$1,037,039)	\$71,551,426	1.069	\$76,505,701	\$22.66
IP - Psych	\$7,352,471	\$0	\$7,352,471	\$145,585	\$1,720,432	\$9,218,488	1.070	\$9,867,372	\$2.92
Lab	\$10,574,583	\$0	\$10,574,583	\$87,835		\$10,662,418	1.060	\$11,306,577	\$3.35
OP - Emergency Room & Related	\$44,099,171	\$0	\$44,099,171	\$624,009		\$44,723,179	1.039	\$46,477,383	\$13.77
OP - Other	\$47,688,578	\$0	\$47,688,578	\$683,081	\$529,334	\$48,900,993	1.036	\$50,672,396	\$15.01
Pharmacy	\$101,565,443	\$598,060	\$102,163,503	\$441	(\$694,982)	\$101,468,963	1.163	\$118,057,561	\$34.97
Prof - Anesthesia	\$3,829,121	\$0	\$3,829,121	\$34,169		\$3,863,290	1.128	\$4,357,503	\$1.29
Prof - Child EPSDT	\$3,824,768	\$0	\$3,824,768	\$38,477	(\$6,832)	\$3,856,413	1.087	\$4,191,130	\$1.24
Prof - Evaluation & Management	\$113,088,872	\$0	\$113,088,872	\$1,087,914	\$159,232	\$114,336,017	1.097	\$125,389,743	\$37.14
Prof - Maternity	\$16,081,109	\$0	\$16,081,109	\$131,976	(\$28,674)	\$16,184,411	1.154	\$18,675,345	\$5.53
Prof - Other	\$39,045,327	\$0	\$39,045,327	\$378,877	(\$69,725)	\$39,354,479	1.099	\$43,260,311	\$12.81
Prof - Psych	\$4,389,099	\$0	\$4,389,099	\$42,340	(\$7,837)	\$4,423,602	1.102	\$4,872,942	\$1.44
Prof - Specialist	\$12,779,612	\$0	\$12,779,612	\$118,135	(\$22,811)	\$12,874,937	1.116	\$14,372,491	\$4.26
Prof - Vision	\$7,630,010	\$0	\$7,630,010	\$39,523	(\$13,564)	\$7,655,969	1.092	\$8,360,710	\$2.48
Radiology	\$10,991,893	\$0	\$10,991,893	\$105,462		\$11,097,355	1.066	\$11,832,351	\$3.51
Transportation/Ambulance	\$12,298,629	\$0	\$12,298,629	\$25,160		\$12,323,790	1.057	\$13,024,366	\$3.86
Provider Incentive Payment Adjustment									\$0.98
Total	\$578,259,411	(\$3,602,445)	\$574,656,966	\$6,111,303	(\$427,452)	\$580,340,816		\$633,473,280	\$188.63
Admin Cost Adjustment									\$18.81
Medallion 3.0 Capitation Rate									\$207.44

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,325,414	\$0	\$2,325,414	\$23,683	(\$21,811)	\$2,327,286	1.062	\$2,471,421	\$2.26
FQHC / RHC	\$3,330,743	\$0	\$3,330,743	\$32,593		\$3,363,336	1.098	\$3,693,868	\$3.38
Home Health	\$100,294	\$0	\$100,294	\$1,598		\$101,892	1.009	\$102,784	\$0.09
IP - Maternity	\$11,415,913	\$226,469	\$11,642,383	\$136,385	(\$168,278)	\$11,610,490	1.059	\$12,295,764	\$11.26
IP - Newborn	\$11,982,627	(\$314,445)	\$11,668,182	\$290,338	(\$170,846)	\$11,787,675	1.078	\$12,707,025	\$11.64
IP - Other	\$27,721,429	(\$39,797)	\$27,681,632	\$519,369	(\$402,895)	\$27,798,106	1.069	\$29,728,531	\$27.23
IP - Psych	\$5,234,976	\$0	\$5,234,976	\$49,137	\$1,212,442	\$6,496,555	1.072	\$6,966,836	\$6.38
Lab	\$3,927,516	\$0	\$3,927,516	\$34,997		\$3,962,513	1.065	\$4,219,486	\$3.86
OP - Emergency Room & Related	\$15,070,569	\$0	\$15,070,569	\$217,993		\$15,288,562	1.034	\$15,814,542	\$14.48
OP - Other	\$21,236,344	\$0	\$21,236,344	\$306,394	\$235,743	\$21,778,481	1.035	\$22,541,846	\$20.64
Pharmacy	\$43,135,539	\$300,884	\$43,436,423	\$181	(\$245,991)	\$43,190,612	1.169	\$50,495,669	\$46.24
Prof - Anesthesia	\$1,387,966	\$0	\$1,387,966	\$12,453		\$1,400,419	1.128	\$1,580,257	\$1.45
Prof - Child EPSDT	\$710,493	\$0	\$710,493	\$6,992	(\$1,269)	\$716,216	1.096	\$785,117	\$0.72
Prof - Evaluation & Management	\$34,462,299	\$0	\$34,462,299	\$329,486	\$48,521	\$34,840,306	1.104	\$38,468,569	\$35.23
Prof - Maternity	\$6,637,667	\$0	\$6,637,667	\$55,430	(\$11,837)	\$6,681,260	1.151	\$7,693,272	\$7.05
Prof - Other	\$9,475,673	\$0	\$9,475,673	\$89,135	(\$16,916)	\$9,547,891	1.111	\$10,609,670	\$9.72
Prof - Psych	\$4,026,445	\$0	\$4,026,445	\$24,011	(\$7,164)	\$4,043,293	1.098	\$4,440,317	\$4.07
Prof - Specialist	\$4,894,253	\$0	\$4,894,253	\$44,652	(\$8,735)	\$4,930,170	1.123	\$5,535,634	\$5.07
Prof - Vision	\$2,260,895	\$0	\$2,260,895	\$7,514	(\$4,012)	\$2,264,397	1.098	\$2,486,749	\$2.28
Radiology	\$4,052,307	\$0	\$4,052,307	\$38,607		\$4,090,914	1.066	\$4,362,691	\$4.00
Transportation/Ambulance	\$5,652,147	\$0	\$5,652,147	\$25,288		\$5,677,435	1.060	\$6,016,134	\$5.51
Provider Incentive Payment Adjustment									\$1.16
Total	\$219,041,510	\$173,112	\$219,214,621	\$2,246,236	\$436,952	\$221,897,809		\$243,016,182	\$223.72
Admin Cost Adjustment									\$22.15
Medallion 3.0 Capitation Rate									\$245.87

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$7,160,900	\$0	\$7,160,900	\$73,776	(\$76,797)	\$7,157,879	1.059	\$7,579,551	\$2.60
FQHC / RHC	\$1,403,789	\$0	\$1,403,789	\$12,791		\$1,416,580	1.120	\$1,586,926	\$0.54
Home Health	\$1,314,083	\$0	\$1,314,083	\$17,826		\$1,331,909	1.049	\$1,397,105	\$0.48
IP - Maternity	\$30,314,119	(\$70,540)	\$30,243,579	\$350,786	(\$437,088)	\$30,157,277	1.057	\$31,882,894	\$10.93
IP - Newborn	\$28,186,594	\$764,205	\$28,950,799	\$682,960	(\$423,364)	\$29,210,394	1.077	\$31,458,704	\$10.78
IP - Other	\$82,839,997	\$1,856,430	\$84,696,426	\$1,457,859	(\$1,230,848)	\$84,923,438	1.067	\$90,600,185	\$31.06
IP - Psych	\$14,089,994	\$0	\$14,089,994	\$168,246	\$3,271,559	\$17,529,799	1.070	\$18,763,695	\$6.43
Lab	\$8,653,524	\$0	\$8,653,524	\$73,617		\$8,727,141	1.062	\$9,267,688	\$3.18
OP - Emergency Room & Related	\$56,194,801	\$0	\$56,194,801	\$816,406		\$57,011,207	1.032	\$58,859,621	\$20.18
OP - Other	\$73,724,356	\$0	\$73,724,356	\$1,065,725	\$818,432	\$75,608,513	1.034	\$78,154,055	\$26.79
Pharmacy	\$114,072,216	\$845,125	\$114,917,340	\$470	(\$598,678)	\$114,319,133	1.167	\$133,357,927	\$45.71
Prof - Anesthesia	\$4,201,269	\$0	\$4,201,269	\$37,338		\$4,238,607	1.128	\$4,782,493	\$1.64
Prof - Child EPSDT	\$2,192,989	\$0	\$2,192,989	\$21,961	(\$3,917)	\$2,211,033	1.088	\$2,405,238	\$0.82
Prof - Evaluation & Management	\$91,776,820	\$0	\$91,776,820	\$879,576	\$129,219	\$92,785,615	1.102	\$102,257,848	\$35.05
Prof - Maternity	\$15,928,166	\$0	\$15,928,166	\$131,740	(\$28,403)	\$16,031,503	1.151	\$18,444,325	\$6.32
Prof - Other	\$27,146,818	\$0	\$27,146,818	\$257,478	(\$48,467)	\$27,355,829	1.107	\$30,280,694	\$10.38
Prof - Psych	\$8,601,613	\$0	\$8,601,613	\$52,751	(\$15,306)	\$8,639,058	1.100	\$9,503,148	\$3.26
Prof - Specialist	\$13,600,295	\$0	\$13,600,295	\$123,547	(\$24,272)	\$13,699,570	1.121	\$15,360,512	\$5.27
Prof - Vision	\$4,661,923	\$0	\$4,661,923	\$13,885	(\$8,270)	\$4,667,539	1.096	\$5,114,682	\$1.75
Radiology	\$9,462,304	\$0	\$9,462,304	\$90,448		\$9,552,752	1.066	\$10,181,482	\$3.49
Transportation/Ambulance	\$12,498,279	\$0	\$12,498,279	\$32,460		\$12,530,738	1.058	\$13,258,259	\$4.54
Provider Incentive Payment Adjustment									\$1.20
Total	\$608,024,849	\$3,395,219	\$611,420,068	\$6,361,646	\$1,323,800	\$619,105,514		\$674,497,033	\$232.42
Admin Cost Adjustment									\$22.93
Medallion 3.0 Capitation Rate									\$255.35

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,986,152	\$0	\$2,986,152	\$30,468	(\$28,676)	\$2,987,945	1.061	\$3,169,819	\$2.28
FQHC / RHC	\$2,159,904	\$0	\$2,159,904	\$19,632		\$2,179,537	1.123	\$2,446,564	\$1.76
Home Health	\$735,644	\$0	\$735,644	\$11,185		\$746,830	1.021	\$762,603	\$0.55
IP - Maternity	\$15,897,490	\$164,556	\$16,062,046	\$186,815	(\$230,046)	\$16,018,816	1.058	\$16,949,641	\$12.20
IP - Newborn	\$14,921,683	\$334,074	\$15,255,757	\$361,552	(\$210,983)	\$15,406,326	1.077	\$16,599,305	\$11.95
IP - Other	\$38,634,119	\$283,205	\$38,917,324	\$702,555	(\$547,527)	\$39,072,353	1.068	\$41,736,909	\$30.05
IP - Psych	\$6,029,441	\$0	\$6,029,441	\$44,629	\$1,393,698	\$7,467,768	1.071	\$7,999,318	\$5.76
Lab	\$4,284,282	\$0	\$4,284,282	\$37,761		\$4,322,043	1.063	\$4,593,902	\$3.31
OP - Emergency Room & Related	\$23,124,574	\$0	\$23,124,574	\$333,537	\$7,712	\$23,465,823	1.035	\$24,278,770	\$17.48
OP - Other	\$39,050,020	\$0	\$39,050,020	\$563,285	\$492,699	\$40,106,004	1.035	\$41,495,988	\$29.87
Pharmacy	\$58,647,619	\$399,393	\$59,047,012	\$247	(\$344,619)	\$58,702,640	1.167	\$68,487,769	\$49.30
Prof - Anesthesia	\$1,966,087	\$0	\$1,966,087	\$17,703		\$1,983,791	1.126	\$2,233,010	\$1.61
Prof - Child EPSDT	\$989,917	\$0	\$989,917	\$9,755	(\$1,768)	\$997,904	1.095	\$1,092,286	\$0.79
Prof - Evaluation & Management	\$43,692,674	\$0	\$43,692,674	\$418,409	\$61,518	\$44,172,600	1.102	\$48,658,640	\$35.03
Prof - Maternity	\$8,527,664	\$0	\$8,527,664	\$70,849	(\$15,207)	\$8,583,306	1.151	\$9,880,192	\$7.11
Prof - Other	\$12,035,285	\$0	\$12,035,285	\$114,626	(\$21,488)	\$12,128,422	1.108	\$13,437,467	\$9.67
Prof - Psych	\$4,110,909	\$0	\$4,110,909	\$19,857	(\$7,306)	\$4,123,461	1.099	\$4,532,465	\$3.26
Prof - Specialist	\$6,884,087	\$0	\$6,884,087	\$62,689	(\$12,286)	\$6,934,490	1.122	\$7,779,798	\$5.60
Prof - Vision	\$2,483,059	\$0	\$2,483,059	\$7,614	(\$4,405)	\$2,486,269	1.096	\$2,725,471	\$1.96
Radiology	\$4,436,453	\$0	\$4,436,453	\$42,486		\$4,478,939	1.066	\$4,774,702	\$3.44
Transportation/Ambulance	\$7,344,620	\$0	\$7,344,620	\$28,848		\$7,373,468	1.059	\$7,809,733	\$5.62
Provider Incentive Payment Adjustment									\$1.24
Total	\$298,941,686	\$1,181,228	\$300,122,914	\$3,084,503	\$531,316	\$303,738,734		\$331,444,353	\$239.85
Admin Cost Adjustment									\$23.72
Medallion 3.0 Capitation Rate									\$263.58

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$8,664,268	\$0	\$8,664,268	\$87,235	\$26,746	\$8,778,249	1.060	\$9,306,308	\$2.90
FQHC / RHC	\$2,289,273	\$0	\$2,289,273	\$19,113	\$3,393	\$2,311,779	1.144	\$2,644,351	\$0.82
Home Health	\$894,492	\$0	\$894,492	\$12,831	\$4,209	\$911,532	1.035	\$943,245	\$0.29
IP - Maternity	\$40,019,898	\$745,552	\$40,765,450	\$456,768	(\$377,385)	\$40,844,833	1.056	\$43,121,388	\$13.45
IP - Newborn	\$43,830,227	(\$369,779)	\$43,460,448	\$1,062,004	(\$413,242)	\$44,109,210	1.076	\$47,460,289	\$14.80
IP - Other	\$82,404,378	\$313,967	\$82,718,346	\$1,485,520	(\$273,858)	\$83,930,008	1.066	\$89,482,707	\$27.91
IP - Psych	\$10,336,447	\$0	\$10,336,447	\$83,342	\$958,300	\$11,378,088	1.069	\$12,161,270	\$3.79
Lab	\$8,885,400	\$0	\$8,885,400	\$53,375	\$25,619	\$8,964,394	1.059	\$9,488,830	\$2.96
OP - Emergency Room & Related	\$64,926,344	\$0	\$64,926,344	\$946,863	\$392,247	\$66,265,454	1.031	\$68,308,294	\$21.31
OP - Other	\$80,433,674	\$0	\$80,433,674	\$1,135,532	\$1,152,839	\$82,722,044	1.039	\$85,911,401	\$26.80
Pharmacy	\$135,763,188	\$948,660	\$136,711,849	\$568	\$103,555	\$136,815,972	1.162	\$158,922,690	\$49.57
Prof - Anesthesia	\$5,287,582	\$0	\$5,287,582	\$47,054	\$18,448	\$5,353,084	1.125	\$6,020,107	\$1.88
Prof - Child EPSDT	\$2,687,302	\$0	\$2,687,302	\$26,354	\$9,155	\$2,722,811	1.093	\$2,976,187	\$0.93
Prof - Evaluation & Management	\$101,221,406	\$0	\$101,221,406	\$971,984	\$573,436	\$102,766,826	1.100	\$113,001,337	\$35.25
Prof - Maternity	\$21,337,372	\$0	\$21,337,372	\$176,151	(\$2,371)	\$21,511,153	1.147	\$24,675,548	\$7.70
Prof - Other	\$33,475,388	\$0	\$33,475,388	\$319,241	\$138,843	\$33,933,473	1.109	\$37,645,770	\$11.74
Prof - Psych	\$8,368,659	\$0	\$8,368,659	\$38,155	\$20,283	\$8,427,096	1.100	\$9,268,243	\$2.89
Prof - Specialist	\$17,833,186	\$0	\$17,833,186	\$160,978	\$40,846	\$18,035,010	1.120	\$20,201,710	\$6.30
Prof - Vision	\$4,980,330	\$0	\$4,980,330	\$11,199	\$3,921	\$4,995,450	1.093	\$5,461,936	\$1.70
Radiology	\$11,435,251	\$0	\$11,435,251	\$109,543	\$24,775	\$11,569,569	1.065	\$12,323,411	\$3.84
Transportation/Ambulance	\$14,018,856	\$0	\$14,018,856	\$27,516	\$10,451	\$14,056,823	1.056	\$14,850,852	\$4.63
Provider Incentive Payment Adjustment									\$1.26
Total	\$699,092,919	\$1,638,401	\$700,731,320	\$7,231,328	\$2,440,209	\$710,402,858		\$774,175,875	\$242.74
Admin Cost Adjustment									\$23.97
Medallion 3.0 Capitation Rate									\$266.72

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,996,862	\$0	\$2,996,862	\$30,638	(\$29,272)	\$2,998,229	1.063	\$3,186,491	\$2.28
FQHC / RHC	\$1,389,302	\$0	\$1,389,302	\$13,318		\$1,402,620	1.108	\$1,553,739	\$1.11
Home Health	\$450,725	\$0	\$450,725	\$6,755		\$457,480	1.026	\$469,313	\$0.34
IP - Maternity	\$16,258,441	\$262,931	\$16,521,372	\$197,393	(\$238,854)	\$16,479,912	1.060	\$17,476,214	\$12.51
IP - Newborn	\$15,399,569	(\$229,541)	\$15,170,028	\$373,131	(\$222,058)	\$15,321,100	1.079	\$16,529,246	\$11.84
IP - Other	\$38,528,927	(\$1,072,367)	\$37,456,560	\$691,534	(\$545,005)	\$37,603,089	1.069	\$40,193,881	\$28.78
IP - Psych	\$6,654,997	\$0	\$6,654,997	\$115,031	\$1,553,386	\$8,323,414	1.072	\$8,926,561	\$6.39
Lab	\$6,920,296	\$0	\$6,920,296	\$61,915		\$6,982,212	1.066	\$7,443,536	\$5.33
OP - Emergency Room & Related	\$17,915,696	\$0	\$17,915,696	\$257,719		\$18,173,415	1.037	\$18,838,143	\$13.49
OP - Other	\$26,894,541	\$0	\$26,894,541	\$399,319	\$298,678	\$27,592,539	1.028	\$28,374,952	\$20.32
Pharmacy	\$71,940,596	\$502,368	\$72,442,964	\$301	(\$409,673)	\$72,033,592	1.172	\$84,448,925	\$60.47
Prof - Anesthesia	\$1,839,712	\$0	\$1,839,712	\$16,371		\$1,856,083	1.134	\$2,104,544	\$1.51
Prof - Child EPSDT	\$1,072,471	\$0	\$1,072,471	\$10,486	(\$1,915)	\$1,081,042	1.100	\$1,189,672	\$0.85
Prof - Evaluation & Management	\$54,006,685	\$0	\$54,006,685	\$461,183	\$75,961	\$54,543,830	1.105	\$60,292,947	\$43.18
Prof - Maternity	\$9,221,572	\$0	\$9,221,572	\$77,298	(\$16,446)	\$9,282,425	1.154	\$10,707,464	\$7.67
Prof - Other	\$13,562,909	\$0	\$13,562,909	\$126,857	(\$24,212)	\$13,665,554	1.111	\$15,184,554	\$10.87
Prof - Psych	\$4,445,544	\$0	\$4,445,544	\$37,859	(\$7,929)	\$4,475,473	1.106	\$4,949,178	\$3.54
Prof - Specialist	\$7,599,535	\$0	\$7,599,535	\$68,809	(\$13,562)	\$7,654,781	1.128	\$8,634,204	\$6.18
Prof - Vision	\$2,847,912	\$0	\$2,847,912	\$7,649	(\$5,050)	\$2,850,510	1.101	\$3,137,029	\$2.25
Radiology	\$5,003,838	\$0	\$5,003,838	\$46,872		\$5,050,711	1.068	\$5,393,182	\$3.86
Transportation/Ambulance	\$6,043,622	\$0	\$6,043,622	\$29,653		\$6,073,275	1.062	\$6,450,118	\$4.62
Provider Incentive Payment Adjustment									\$1.29
Total	\$310,993,753	(\$536,609)	\$310,457,144	\$3,030,092	\$414,050	\$313,901,286		\$345,483,894	\$248.69
Admin Cost Adjustment									\$24.55
Medallion 3.0 Capitation Rate									\$273.23

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Low Income Families with Children (LIFC)

Appendix I
Exhibit 4a

All Age Categories									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,066,401	\$0	\$2,066,401	\$21,001	(\$18,765)	\$2,068,637	1.064	\$2,200,026	\$2.42
FQHC / RHC	\$730,011	\$0	\$730,011	\$6,705		\$736,716	1.123	\$827,340	\$0.91
Home Health	\$299,163	\$0	\$299,163	\$4,469		\$303,632	1.027	\$311,755	\$0.34
IP - Maternity	\$9,631,886	\$240,340	\$9,872,226	\$121,161	(\$142,771)	\$9,850,616	1.061	\$10,452,923	\$11.48
IP - Newborn	\$8,386,030	\$413,442	\$8,799,471	\$203,193	(\$128,617)	\$8,874,047	1.079	\$9,573,810	\$10.51
IP - Other	\$27,146,231	\$691,804	\$27,838,035	\$474,235	(\$404,485)	\$27,907,784	1.069	\$29,827,937	\$32.75
IP - Psych	\$2,888,782	\$0	\$2,888,782	\$35,376	\$670,949	\$3,595,107	1.069	\$3,843,466	\$4.22
Lab	\$4,372,476	\$0	\$4,372,476	\$40,105		\$4,412,581	1.066	\$4,701,721	\$5.16
OP - Emergency Room & Related	\$17,902,664	\$0	\$17,902,664	\$257,075		\$18,159,740	1.037	\$18,832,191	\$20.68
OP - Other	\$19,737,799	\$0	\$19,737,799	\$290,590	\$219,172	\$20,247,561	1.031	\$20,866,692	\$22.91
Pharmacy	\$51,424,308	\$429,917	\$51,854,225	\$205	(\$218,568)	\$51,635,862	1.176	\$60,733,907	\$66.69
Prof - Anesthesia	\$1,380,248	\$0	\$1,380,248	\$12,350		\$1,392,598	1.132	\$1,576,426	\$1.73
Prof - Child EPSDT	\$556,427	\$0	\$556,427	\$5,483	(\$994)	\$560,916	1.098	\$615,641	\$0.68
Prof - Evaluation & Management	\$34,893,627	\$0	\$34,893,627	\$330,965	\$49,124	\$35,273,717	1.106	\$39,013,851	\$42.84
Prof - Maternity	\$5,606,417	\$0	\$5,606,417	\$47,478	(\$9,999)	\$5,643,896	1.150	\$6,491,826	\$7.13
Prof - Other	\$10,761,692	\$0	\$10,761,692	\$103,942	(\$19,217)	\$10,846,417	1.103	\$11,960,803	\$13.13
Prof - Psych	\$2,735,147	\$0	\$2,735,147	\$22,131	(\$4,876)	\$2,752,401	1.102	\$3,033,515	\$3.33
Prof - Specialist	\$5,261,030	\$0	\$5,261,030	\$48,162	(\$9,390)	\$5,299,802	1.124	\$5,957,714	\$6.54
Prof - Vision	\$1,927,996	\$0	\$1,927,996	\$7,891	(\$3,424)	\$1,932,463	1.102	\$2,130,070	\$2.34
Radiology	\$4,197,932	\$0	\$4,197,932	\$40,153		\$4,238,085	1.068	\$4,524,853	\$4.97
Transportation/Ambulance	\$4,670,378	\$0	\$4,670,378	\$22,558		\$4,692,935	1.062	\$4,982,867	\$5.47
Provider Incentive Payment Adjustment									\$1.39
Total	\$216,576,645	\$1,775,502	\$218,352,146	\$2,095,228	(\$21,860)	\$220,425,515		\$242,459,335	\$267.62
Admin Cost Adjustment									\$26.35
Medallion 3.0 Capitation Rate									\$293.97

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$481,417		\$481,417	\$5,726	(\$13,813)	\$473,330	1.047	\$495,651	\$88.08
FQHC / RHC	\$0		\$0			\$0	1.188	\$0	\$0.00
Home Health	\$239,009		\$239,009	\$3,660		\$242,669	1.093	\$265,266	\$47.14
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$2,702,939	(\$910,247)	\$1,792,692	\$35,896	(\$26,124)	\$1,802,464	1.112	\$2,003,841	\$356.11
IP - Psych	\$88		\$88		\$20	\$108	1.112	\$120	\$0.02
Lab	\$26,090		\$26,090	\$269		\$26,358	1.047	\$27,601	\$4.91
OP - Emergency Room & Related	\$152,470		\$152,470	\$2,335		\$154,805	1.093	\$169,220	\$30.07
OP - Other	\$1,659,625		\$1,659,625	\$25,415	\$18,439	\$1,703,479	1.093	\$1,862,103	\$330.92
Pharmacy	\$1,164,308	\$25,245	\$1,189,553	\$39	\$11,335	\$1,200,928	1.136	\$1,360,822	\$241.84
Prof - Anesthesia	\$33,154		\$33,154	\$419		\$33,573	1.188	\$39,872	\$7.09
Prof - Child EPSDT	\$6,724		\$6,724	\$85	(\$10)	\$6,799	1.188	\$8,074	\$1.43
Prof - Evaluation & Management	\$495,047		\$495,047	\$6,223	\$245	\$501,515	1.188	\$595,607	\$105.85
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$2,829,745		\$2,829,745	\$35,753	(\$4,279)	\$2,861,219	1.188	\$3,398,026	\$603.88
Prof - Psych	\$4,816		\$4,816	\$61	(\$7)	\$4,870	1.188	\$5,783	\$1.03
Prof - Specialist	\$112,135		\$112,135	\$1,417	(\$170)	\$113,382	1.188	\$134,654	\$23.93
Prof - Vision	\$26,623		\$26,623	\$254	(\$40)	\$26,837	1.188	\$31,872	\$5.66
Radiology	\$16,489		\$16,489	\$194		\$16,683	1.047	\$17,470	\$3.10
Transportation/Ambulance	\$33,715		\$33,715	\$205		\$33,920	1.047	\$35,519	\$6.31
Provider Incentive Payment Adjustment									\$9.67
Total	\$9,984,395	(\$885,002)	\$9,099,393	\$117,950	(\$14,404)	\$9,202,939		\$10,451,503	\$1,867.06
Admin Cost Adjustment									\$143.02
Medallion 3.0 Capitation Rate									\$2,010.08

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$957,548		\$957,548	\$11,390	(\$11,519)	\$957,419	1.047	\$1,002,569	\$27.78
FQHC / RHC	\$2,061		\$2,061	\$26		\$2,087	1.188	\$2,479	\$0.07
Home Health	\$441,418		\$441,418	\$6,760		\$448,178	1.093	\$489,911	\$13.58
IP - Maternity	\$56,781	(\$1,298)	\$55,483	\$754	(\$803)	\$55,433	1.112	\$61,627	\$1.71
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$2,239,978	(\$51,194)	\$2,188,784	\$29,748	(\$31,695)	\$2,186,837	1.112	\$2,431,158	\$67.37
IP - Psych	\$616,799		\$616,799	\$8,185	\$143,403	\$768,387	1.112	\$854,234	\$23.67
Lab	\$105,491		\$105,491	\$986		\$106,477	1.047	\$111,499	\$3.09
OP - Emergency Room & Related	\$603,219		\$603,219	\$9,237		\$612,456	1.093	\$669,486	\$18.55
OP - Other	\$2,542,346		\$2,542,346	\$38,932	\$28,247	\$2,609,525	1.093	\$2,852,518	\$79.04
Pharmacy	\$6,547,377	\$141,963	\$6,689,340	\$220	\$63,742	\$6,753,302	1.136	\$7,652,454	\$212.04
Prof - Anesthesia	\$62,602		\$62,602	\$791		\$63,393	1.188	\$75,287	\$2.09
Prof - Child EPSDT	\$7,397		\$7,397	\$93	(\$11)	\$7,480	1.188	\$8,883	\$0.25
Prof - Evaluation & Management	\$1,467,360		\$1,467,360	\$18,356	\$727	\$1,486,443	1.188	\$1,765,322	\$48.92
Prof - Maternity	\$20,327		\$20,327	\$257	(\$31)	\$20,553	1.188	\$24,409	\$0.68
Prof - Other	\$2,333,150		\$2,333,150	\$29,471	(\$3,528)	\$2,359,093	1.188	\$2,801,693	\$77.63
Prof - Psych	\$169,063		\$169,063	\$2,135	(\$256)	\$170,942	1.188	\$203,014	\$5.63
Prof - Specialist	\$232,035		\$232,035	\$2,932	(\$351)	\$234,616	1.188	\$278,634	\$7.72
Prof - Vision	\$98,199		\$98,199	\$712	(\$148)	\$98,763	1.188	\$117,293	\$3.25
Radiology	\$102,320		\$102,320	\$1,201		\$103,521	1.047	\$108,403	\$3.00
Transportation/Ambulance	\$183,702		\$183,702	\$937		\$184,639	1.047	\$193,346	\$5.36
Provider Incentive Payment Adjustment									\$3.13
Total	\$18,789,174	\$89,471	\$18,878,645	\$163,124	\$187,777	\$19,229,546		\$21,704,217	\$604.54
Admin Cost Adjustment									\$46.31
Medallion 3.0 Capitation Rate									\$650.85

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$220,942		\$220,942	\$2,628		\$223,570	1.047	\$234,113	\$9.62
FQHC / RHC	\$2,035		\$2,035	\$26		\$2,061	1.188	\$2,447	\$0.10
Home Health	\$48,825		\$48,825	\$748		\$49,573	1.093	\$54,189	\$2.23
IP - Maternity	\$327,706	\$6,970	\$334,676	\$4,352	(\$4,844)	\$334,184	1.112	\$371,521	\$15.26
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$3,803,192	\$80,884	\$3,884,076	\$50,508	(\$56,212)	\$3,878,372	1.112	\$4,311,678	\$177.15
IP - Psych	\$1,769,224		\$1,769,224	\$23,492	\$411,339	\$2,204,055	1.112	\$2,450,301	\$100.67
Lab	\$193,501		\$193,501	\$2,132		\$195,633	1.047	\$204,858	\$8.42
OP - Emergency Room & Related	\$1,922,046		\$1,922,046	\$29,433		\$1,951,479	1.093	\$2,133,196	\$87.65
OP - Other	\$1,987,998		\$1,987,998	\$30,443	\$22,088	\$2,040,528	1.093	\$2,230,537	\$91.64
Pharmacy	\$7,606,285	\$164,923	\$7,771,207	\$256	\$74,051	\$7,845,514	1.136	\$8,890,085	\$365.26
Prof - Anesthesia	\$80,570		\$80,570	\$1,018		\$81,588	1.188	\$96,895	\$3.98
Prof - Child EPSDT	\$10,111		\$10,111	\$128	(\$15)	\$10,223	1.188	\$12,141	\$0.50
Prof - Evaluation & Management	\$2,005,230		\$2,005,230	\$25,185	\$993	\$2,031,408	1.188	\$2,412,531	\$99.12
Prof - Maternity	\$124,376		\$124,376	\$1,571	(\$188)	\$125,759	1.188	\$149,354	\$6.14
Prof - Other	\$801,144		\$801,144	\$10,116	(\$1,212)	\$810,049	1.188	\$962,026	\$39.53
Prof - Psych	\$188,177		\$188,177	\$2,377	(\$285)	\$190,270	1.188	\$225,967	\$9.28
Prof - Specialist	\$448,867		\$448,867	\$5,671	(\$679)	\$453,860	1.188	\$539,011	\$22.15
Prof - Vision	\$65,360		\$65,360	\$579	(\$98)	\$65,840	1.188	\$78,193	\$3.21
Radiology	\$374,777		\$374,777	\$4,445		\$379,223	1.047	\$397,106	\$16.32
Transportation/Ambulance	\$337,342		\$337,342	\$3,178		\$340,520	1.047	\$356,579	\$14.65
Provider Incentive Payment Adjustment									\$5.59
Total	\$22,317,709	\$252,777	\$22,570,486	\$198,286	\$444,939	\$23,213,711		\$26,112,728	\$1,078.46
Admin Cost Adjustment									\$82.61
Medallion 3.0 Capitation Rate									\$1,161.08

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
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Appendix I
Exhibit 4b

Age 21-44 Male									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$385,909		\$385,909	\$4,590		\$390,499	1.047	\$408,915	\$14.62
FQHC / RHC	\$952		\$952	\$12		\$964	1.188	\$1,145	\$0.04
Home Health	\$20,759		\$20,759	\$318		\$21,077	1.093	\$23,040	\$0.82
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$4,977,232	\$105,853	\$5,083,086	\$66,099	(\$73,564)	\$5,075,621	1.112	\$5,642,687	\$201.71
IP - Psych	\$2,016,299		\$2,016,299	\$26,774	\$468,784	\$2,511,856	1.112	\$2,792,490	\$99.82
Lab	\$102,550		\$102,550	\$1,035		\$103,585	1.047	\$108,470	\$3.88
OP - Emergency Room & Related	\$1,097,646		\$1,097,646	\$16,809		\$1,114,455	1.093	\$1,218,230	\$43.55
OP - Other	\$2,040,976		\$2,040,976	\$31,254	\$22,677	\$2,094,907	1.093	\$2,289,980	\$81.86
Pharmacy	\$8,880,527	\$192,551	\$9,073,078	\$299	\$86,456	\$9,159,833	1.136	\$10,379,396	\$371.04
Prof - Anesthesia	\$47,596		\$47,596	\$601		\$48,198	1.188	\$57,240	\$2.05
Prof - Child EPSDT	\$4,506		\$4,506	\$57	(\$7)	\$4,557	1.188	\$5,411	\$0.19
Prof - Evaluation & Management	\$1,532,333		\$1,532,333	\$19,161	\$759	\$1,552,253	1.188	\$1,843,479	\$65.90
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$882,767		\$882,767	\$11,149	(\$1,335)	\$892,581	1.188	\$1,060,042	\$37.89
Prof - Psych	\$133,336		\$133,336	\$1,684	(\$202)	\$134,819	1.188	\$160,113	\$5.72
Prof - Specialist	\$334,337		\$334,337	\$4,224	(\$506)	\$338,056	1.188	\$401,480	\$14.35
Prof - Vision	\$51,600		\$51,600	\$376	(\$78)	\$51,898	1.188	\$61,635	\$2.20
Radiology	\$174,485		\$174,485	\$2,061		\$176,546	1.047	\$184,871	\$6.61
Transportation/Ambulance	\$376,816		\$376,816	\$3,516		\$380,332	1.047	\$398,267	\$14.24
Provider Incentive Payment Adjustment									\$5.03
Total	\$23,060,628	\$298,405	\$23,359,032	\$190,019	\$502,985	\$24,052,036		\$27,036,892	\$971.53
Admin Cost Adjustment									\$74.42
Medallion 3.0 Capitation Rate									\$1,045.96

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,325,066		\$2,325,066	\$27,656		\$2,352,722	1.047	\$2,463,672	\$20.65
FQHC / RHC	\$9,701		\$9,701	\$123		\$9,823	1.188	\$11,666	\$0.10
Home Health	\$643,609		\$643,609	\$9,856		\$653,465	1.093	\$714,314	\$5.99
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$39,808,965	\$421,869	\$40,230,834	\$528,676	(\$582,313)	\$40,177,197	1.112	\$44,665,939	\$374.34
IP - Psych	\$3,581,803		\$3,581,803	\$47,556	\$832,758	\$4,462,117	1.112	\$4,960,641	\$41.57
Lab	\$1,000,886		\$1,000,886	\$11,138		\$1,012,025	1.047	\$1,059,750	\$8.88
OP - Emergency Room & Related	\$5,638,740		\$5,638,740	\$86,348		\$5,725,088	1.093	\$6,258,194	\$52.45
OP - Other	\$13,480,984		\$13,480,984	\$206,440	\$149,782	\$13,837,206	1.093	\$15,125,692	\$126.77
Pharmacy	\$51,715,594	\$1,121,319	\$52,836,913	\$1,741	\$503,475	\$53,342,129	1.136	\$60,444,232	\$506.57
Prof - Anesthesia	\$476,197		\$476,197	\$6,017		\$482,214	1.188	\$572,685	\$4.80
Prof - Child EPSDT	\$70,935		\$70,935	\$896	(\$107)	\$71,724	1.188	\$85,181	\$0.71
Prof - Evaluation & Management	\$10,449,823		\$10,449,823	\$131,136	\$5,176	\$10,586,135	1.188	\$12,572,252	\$105.37
Prof - Maternity	\$273		\$273	\$3	(\$0)	\$276	1.188	\$328	\$0.00
Prof - Other	\$5,485,528		\$5,485,528	\$69,291	(\$8,296)	\$5,546,523	1.188	\$6,587,133	\$55.21
Prof - Psych	\$375,606		\$375,606	\$4,744	(\$568)	\$379,782	1.188	\$451,035	\$3.78
Prof - Specialist	\$3,725,664		\$3,725,664	\$47,074	(\$5,634)	\$3,767,104	1.188	\$4,473,869	\$37.49
Prof - Vision	\$767,057		\$767,057	\$8,537	(\$1,158)	\$774,435	1.188	\$919,730	\$7.71
Radiology	\$2,534,622		\$2,534,622	\$30,087		\$2,564,709	1.047	\$2,685,656	\$22.51
Transportation/Ambulance	\$1,338,568		\$1,338,568	\$11,791		\$1,350,359	1.047	\$1,414,040	\$11.85
Provider Incentive Payment Adjustment									\$7.22
Total	\$143,429,622	\$1,543,188	\$144,972,810	\$1,229,110	\$893,115	\$147,095,035		\$165,466,007	\$1,393.96
Admin Cost Adjustment									\$106.78
Medallion 3.0 Capitation Rate									\$1,500.75

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$300,725		\$300,725	\$3,577	(\$8,629)	\$295,673	1.047	\$309,616	\$70.88
FQHC / RHC	\$163,551		\$163,551	\$2,066		\$165,618	1.188	\$196,690	\$45.03
Home Health	\$11,825		\$11,825	\$181		\$12,006	1.093	\$13,124	\$3.00
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$1,560,119	(\$144,319)	\$1,415,800	\$20,719	(\$20,523)	\$1,415,996	1.112	\$1,574,196	\$360.39
IP - Psych	\$84,239		\$84,239		\$19,329	\$103,567	1.112	\$115,138	\$26.36
Lab	\$10,263		\$10,263	\$106		\$10,369	1.047	\$10,858	\$2.49
OP - Emergency Room & Related	\$94,505		\$94,505	\$1,447		\$95,952	1.093	\$104,887	\$24.01
OP - Other	\$517,241		\$517,241	\$7,921	\$5,747	\$530,908	1.093	\$580,345	\$132.86
Pharmacy	\$528,525	\$11,460	\$539,985	\$18	\$5,145	\$545,148	1.136	\$617,731	\$141.42
Prof - Anesthesia	\$31,004		\$31,004	\$392		\$31,396	1.188	\$37,286	\$8.54
Prof - Child EPSDT	\$2,780		\$2,780	\$35	(\$4)	\$2,811	1.188	\$3,338	\$0.76
Prof - Evaluation & Management	\$312,519		\$312,519	\$3,938	\$155	\$316,613	1.188	\$376,014	\$86.08
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$636,676		\$636,676	\$8,044	(\$963)	\$643,758	1.188	\$764,536	\$175.03
Prof - Psych	\$15,470		\$15,470	\$29	(\$23)	\$15,475	1.188	\$18,379	\$4.21
Prof - Specialist	\$60,322		\$60,322	\$762	(\$91)	\$60,993	1.188	\$72,436	\$16.58
Prof - Vision	\$13,799		\$13,799	\$97	(\$21)	\$13,875	1.188	\$16,479	\$3.77
Radiology	\$16,667		\$16,667	\$193		\$16,860	1.047	\$17,655	\$4.04
Transportation/Ambulance	\$70,194		\$70,194	\$677		\$70,871	1.047	\$74,213	\$16.99
Provider Incentive Payment Adjustment									\$5.85
Total	\$4,430,422	(\$132,859)	\$4,297,563	\$50,203	\$122	\$4,347,889		\$4,902,921	\$1,128.31
Admin Cost Adjustment									\$86.43
Medallion 3.0 Capitation Rate									\$1,214.74

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$451,592		\$451,592	\$5,372	(\$5,432)	\$451,531	1.047	\$472,824	\$12.29
FQHC / RHC	\$178,086		\$178,086	\$2,250		\$180,337	1.188	\$214,170	\$5.57
Home Health	\$4,338		\$4,338	\$66		\$4,405	1.093	\$4,815	\$0.13
IP - Maternity	\$56,565	\$1,203	\$57,768	\$751	(\$836)	\$57,683	1.112	\$64,127	\$1.67
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$1,763,922	\$37,514	\$1,801,436	\$23,425	(\$26,071)	\$1,798,791	1.112	\$1,999,758	\$51.99
IP - Psych	\$1,164,601		\$1,164,601	\$5,796	\$268,548	\$1,438,945	1.112	\$1,599,709	\$41.59
Lab	\$113,346		\$113,346	\$1,204		\$114,550	1.047	\$119,952	\$3.12
OP - Emergency Room & Related	\$536,658		\$536,658	\$8,218		\$544,876	1.093	\$595,613	\$15.48
OP - Other	\$1,310,132		\$1,310,132	\$20,063	\$14,556	\$1,344,751	1.093	\$1,469,971	\$38.22
Pharmacy	\$6,688,605	\$145,025	\$6,833,630	\$225	\$65,117	\$6,898,972	1.136	\$7,817,518	\$203.24
Prof - Anesthesia	\$45,508		\$45,508	\$575		\$46,083	1.188	\$54,729	\$1.42
Prof - Child EPSDT	\$7,244		\$7,244	\$92	(\$11)	\$7,324	1.188	\$8,698	\$0.23
Prof - Evaluation & Management	\$1,338,600		\$1,338,600	\$16,822	\$663	\$1,356,085	1.188	\$1,610,507	\$41.87
Prof - Maternity	\$38,117		\$38,117	\$482	(\$58)	\$38,541	1.188	\$45,772	\$1.19
Prof - Other	\$3,072,060		\$3,072,060	\$38,811	(\$4,646)	\$3,106,224	1.188	\$3,688,998	\$95.91
Prof - Psych	\$417,796		\$417,796	\$3,838	(\$630)	\$421,005	1.188	\$499,991	\$13.00
Prof - Specialist	\$178,893		\$178,893	\$2,260	(\$271)	\$180,883	1.188	\$214,819	\$5.58
Prof - Vision	\$104,586		\$104,586	\$631	(\$157)	\$105,059	1.188	\$124,770	\$3.24
Radiology	\$114,404		\$114,404	\$1,316		\$115,720	1.047	\$121,177	\$3.15
Transportation/Ambulance	\$371,550		\$371,550	\$3,051		\$374,600	1.047	\$392,266	\$10.20
Provider Incentive Payment Adjustment									\$2.86
Total	\$17,956,602	\$183,742	\$18,140,344	\$135,246	\$310,773	\$18,586,364		\$21,120,185	\$551.95
Admin Cost Adjustment									\$42.28
Medallion 3.0 Capitation Rate									\$594.23

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$370,452		\$370,452	\$4,406		\$374,858	1.047	\$392,536	\$16.58
FQHC / RHC	\$79,058		\$79,058	\$999		\$80,057	1.188	\$95,077	\$4.02
Home Health	\$25,530		\$25,530	\$391		\$25,921	1.093	\$28,335	\$1.20
IP - Maternity	\$531,916	\$11,313	\$543,228	\$7,064	(\$7,862)	\$542,431	1.112	\$603,033	\$25.47
IP - Newborn	\$0	\$0	\$0	\$0		\$0	1.112	\$0	\$0.00
IP - Other	\$3,856,647	\$82,021	\$3,938,668	\$51,218	(\$57,002)	\$3,932,884	1.112	\$4,372,280	\$184.66
IP - Psych	\$943,786		\$943,786	\$7,356	\$218,240	\$1,169,383	1.112	\$1,300,030	\$54.91
Lab	\$295,458		\$295,458	\$3,416		\$298,874	1.047	\$312,968	\$13.22
OP - Emergency Room & Related	\$1,649,250		\$1,649,250	\$25,256		\$1,674,505	1.093	\$1,830,431	\$77.31
OP - Other	\$2,288,975		\$2,288,975	\$35,052	\$25,432	\$2,349,459	1.093	\$2,568,235	\$108.47
Pharmacy	\$6,948,267	\$150,655	\$7,098,922	\$234	\$67,645	\$7,166,801	1.136	\$8,121,007	\$342.99
Prof - Anesthesia	\$62,798		\$62,798	\$793		\$63,591	1.188	\$75,522	\$3.19
Prof - Child EPSDT	\$14,656		\$14,656	\$185	(\$22)	\$14,819	1.188	\$17,599	\$0.74
Prof - Evaluation & Management	\$1,718,432		\$1,718,432	\$21,648	\$851	\$1,740,931	1.188	\$2,067,556	\$87.32
Prof - Maternity	\$149,774		\$149,774	\$1,892	(\$227)	\$151,439	1.188	\$179,852	\$7.60
Prof - Other	\$619,978		\$619,978	\$7,824	(\$938)	\$626,865	1.188	\$744,474	\$31.44
Prof - Psych	\$209,190		\$209,190	\$1,872	(\$315)	\$210,747	1.188	\$250,286	\$10.57
Prof - Specialist	\$398,363		\$398,363	\$5,033	(\$602)	\$402,794	1.188	\$478,365	\$20.20
Prof - Vision	\$68,317		\$68,317	\$537	(\$103)	\$68,751	1.188	\$81,650	\$3.45
Radiology	\$364,519		\$364,519	\$4,306		\$368,825	1.047	\$386,218	\$16.31
Transportation/Ambulance	\$569,212		\$569,212	\$5,964		\$575,176	1.047	\$602,300	\$25.44
Provider Incentive Payment Adjustment									\$5.39
Total	\$21,164,579	\$243,989	\$21,408,568	\$185,447	\$245,098	\$21,839,112		\$24,507,753	\$1,040.48
Admin Cost Adjustment									\$79.71
Medallion 3.0 Capitation Rate									\$1,120.18

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Male									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$390,390		\$390,390	\$4,644		\$395,033	1.047	\$413,662	\$19.67
FQHC / RHC	\$39,248		\$39,248	\$496		\$39,744	1.188	\$47,200	\$2.24
Home Health	\$28,047		\$28,047	\$429		\$28,477	1.093	\$31,128	\$1.48
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$4,134,057	\$87,921	\$4,221,978	\$54,902	(\$61,102)	\$4,215,778	1.112	\$4,686,780	\$222.90
IP - Psych	\$916,311		\$916,311	\$7,055	\$211,867	\$1,135,232	1.112	\$1,262,065	\$60.02
Lab	\$86,422		\$86,422	\$946		\$87,367	1.047	\$91,487	\$4.35
OP - Emergency Room & Related	\$781,484		\$781,484	\$11,967		\$793,452	1.093	\$867,336	\$41.25
OP - Other	\$1,636,173		\$1,636,173	\$25,055	\$18,179	\$1,679,407	1.093	\$1,835,789	\$87.31
Pharmacy	\$6,406,597	\$138,910	\$6,545,507	\$216	\$62,371	\$6,608,094	1.136	\$7,487,912	\$356.13
Prof - Anesthesia	\$32,785		\$32,785	\$414		\$33,199	1.188	\$39,427	\$1.88
Prof - Child EPSDT	\$3,601		\$3,601	\$45	(\$5)	\$3,641	1.188	\$4,324	\$0.21
Prof - Evaluation & Management	\$983,514		\$983,514	\$12,377	\$487	\$996,378	1.188	\$1,183,313	\$56.28
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$1,116,548		\$1,116,548	\$14,107	(\$1,689)	\$1,128,966	1.188	\$1,340,777	\$63.77
Prof - Psych	\$104,016		\$104,016	\$552	(\$156)	\$104,412	1.188	\$124,001	\$5.90
Prof - Specialist	\$223,125		\$223,125	\$2,819	(\$337)	\$225,607	1.188	\$267,934	\$12.74
Prof - Vision	\$48,575		\$48,575	\$351	(\$73)	\$48,853	1.188	\$58,019	\$2.76
Radiology	\$125,804		\$125,804	\$1,474		\$127,278	1.047	\$133,280	\$6.34
Transportation/Ambulance	\$370,517		\$370,517	\$3,646		\$374,163	1.047	\$391,808	\$18.63
Provider Incentive Payment Adjustment									\$5.02
Total	\$17,427,212	\$226,832	\$17,654,044	\$141,495	\$229,541	\$18,025,080		\$20,266,243	\$968.89
Admin Cost Adjustment									\$74.22
Medallion 3.0 Capitation Rate									\$1,043.11

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,180,335		\$2,180,335	\$25,935		\$2,206,270	1.047	\$2,310,313	\$33.26
FQHC / RHC	\$234,921		\$234,921	\$2,968		\$237,889	1.188	\$282,521	\$4.07
Home Health	\$364,423		\$364,423	\$5,581		\$370,004	1.093	\$404,458	\$5.82
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$23,137,631	\$492,181	\$23,629,812	\$307,275	(\$341,979)	\$23,595,108	1.112	\$26,231,239	\$377.59
IP - Psych	\$2,386,773		\$2,386,773	\$17,265	\$551,607	\$2,955,645	1.112	\$3,285,860	\$47.30
Lab	\$811,548		\$811,548	\$9,358		\$820,905	1.047	\$859,618	\$12.37
OP - Emergency Room & Related	\$3,401,759		\$3,401,759	\$52,092		\$3,453,851	1.093	\$3,775,465	\$54.35
OP - Other	\$10,468,328		\$10,468,328	\$160,306	\$116,310	\$10,744,943	1.093	\$11,745,485	\$169.07
Pharmacy	\$31,110,791	\$674,557	\$31,785,348	\$1,047	\$302,878	\$32,089,273	1.136	\$36,361,718	\$523.42
Prof - Anesthesia	\$213,084		\$213,084	\$2,692		\$215,776	1.188	\$256,259	\$3.69
Prof - Child EPSDT	\$50,692		\$50,692	\$641	(\$77)	\$51,256	1.188	\$60,873	\$0.88
Prof - Evaluation & Management	\$5,588,344		\$5,588,344	\$70,420	\$2,768	\$5,661,532	1.188	\$6,723,720	\$96.79
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$3,268,602		\$3,268,602	\$41,269	(\$4,943)	\$3,304,929	1.188	\$3,924,982	\$56.50
Prof - Psych	\$308,626		\$308,626	\$1,749	(\$464)	\$309,912	1.188	\$368,056	\$5.30
Prof - Specialist	\$1,956,908		\$1,956,908	\$24,726	(\$2,959)	\$1,978,675	1.188	\$2,349,903	\$33.83
Prof - Vision	\$317,005		\$317,005	\$3,064	(\$478)	\$319,591	1.188	\$379,551	\$5.46
Radiology	\$1,265,821		\$1,265,821	\$14,970		\$1,280,791	1.047	\$1,341,191	\$19.31
Transportation/Ambulance	\$1,968,237		\$1,968,237	\$21,042		\$1,989,279	1.047	\$2,083,090	\$29.99
Provider Incentive Payment Adjustment									\$7.70
Total	\$89,033,829	\$1,166,738	\$90,200,567	\$762,399	\$622,664	\$91,585,630		\$102,744,302	\$1,486.68
Admin Cost Adjustment									\$113.89
Medallion 3.0 Capitation Rate									\$1,600.56

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$817,636		\$817,636	\$9,726	(\$23,460)	\$803,902	1.047	\$841,812	\$106.80
FQHC / RHC	\$1,694		\$1,694	\$21		\$1,715	1.188	\$2,037	\$0.26
Home Health	\$404,821		\$404,821	\$6,199		\$411,020	1.093	\$449,293	\$57.00
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$2,212,922	(\$293,977)	\$1,918,945	\$29,388	(\$27,835)	\$1,920,498	1.112	\$2,135,063	\$270.88
IP - Psych	\$96,146		\$96,146	\$56	\$22,074	\$118,276	1.112	\$131,490	\$16.68
Lab	\$27,175		\$27,175	\$280		\$27,455	1.047	\$28,750	\$3.65
OP - Emergency Room & Related	\$207,339		\$207,339	\$3,175		\$210,514	1.093	\$230,116	\$29.20
OP - Other	\$1,639,688		\$1,639,688	\$25,109	\$18,218	\$1,683,015	1.093	\$1,839,734	\$233.41
Pharmacy	\$1,065,468	\$23,102	\$1,088,570	\$36	\$10,373	\$1,098,978	1.136	\$1,245,299	\$157.99
Prof - Anesthesia	\$37,739		\$37,739	\$477		\$38,215	1.188	\$45,385	\$5.76
Prof - Child EPSDT	\$6,462		\$6,462	\$82	(\$10)	\$6,534	1.188	\$7,760	\$0.98
Prof - Evaluation & Management	\$497,241		\$497,241	\$6,273	\$246	\$503,760	1.188	\$598,273	\$75.90
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$1,855,193		\$1,855,193	\$23,441	(\$2,806)	\$1,875,828	1.188	\$2,227,761	\$282.64
Prof - Psych	\$40,267		\$40,267	\$327	(\$61)	\$40,533	1.188	\$48,137	\$6.11
Prof - Specialist	\$118,942		\$118,942	\$1,503	(\$180)	\$120,265	1.188	\$142,829	\$18.12
Prof - Vision	\$25,020		\$25,020	\$199	(\$38)	\$25,181	1.188	\$29,906	\$3.79
Radiology	\$24,543		\$24,543	\$286		\$24,829	1.047	\$26,000	\$3.30
Transportation/Ambulance	\$75,269		\$75,269	\$599		\$75,869	1.047	\$79,446	\$10.08
Provider Incentive Payment Adjustment									\$6.68
Total	\$9,153,565	(\$270,875)	\$8,882,691	\$107,176	(\$3,478)	\$8,986,388		\$10,109,092	\$1,289.23
Admin Cost Adjustment									\$98.76
Medallion 3.0 Capitation Rate									\$1,387.99

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,550,487		\$1,550,487	\$18,443	(\$18,651)	\$1,550,278	1.047	\$1,623,386	\$16.54
FQHC / RHC	\$32,581		\$32,581	\$412		\$32,993	1.188	\$39,183	\$0.40
Home Health	\$84,521		\$84,521	\$1,294		\$85,815	1.093	\$93,806	\$0.96
IP - Maternity	\$243,905	(\$4,846)	\$239,059	\$3,239	(\$3,462)	\$238,836	1.112	\$265,520	\$2.71
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$5,351,580	(\$106,331)	\$5,245,248	\$71,071	(\$75,952)	\$5,240,367	1.112	\$5,825,840	\$59.35
IP - Psych	\$3,032,172		\$3,032,172	\$24,129	\$701,269	\$3,757,570	1.112	\$4,177,380	\$42.56
Lab	\$229,298		\$229,298	\$2,206		\$231,504	1.047	\$242,421	\$2.47
OP - Emergency Room & Related	\$2,128,945		\$2,128,945	\$32,601		\$2,161,547	1.093	\$2,362,824	\$24.07
OP - Other	\$4,950,777		\$4,950,777	\$75,813	\$55,006	\$5,081,597	1.093	\$5,554,782	\$56.59
Pharmacy	\$14,240,771	\$308,774	\$14,549,545	\$479	\$138,640	\$14,688,665	1.136	\$16,644,350	\$169.57
Prof - Anesthesia	\$132,392		\$132,392	\$1,673		\$134,065	1.188	\$159,218	\$1.62
Prof - Child EPSDT	\$12,113		\$12,113	\$153	(\$18)	\$12,248	1.188	\$14,546	\$0.15
Prof - Evaluation & Management	\$3,236,528		\$3,236,528	\$40,757	\$1,603	\$3,278,889	1.188	\$3,894,057	\$39.67
Prof - Maternity	\$136,459		\$136,459	\$1,724	(\$206)	\$137,977	1.188	\$163,863	\$1.67
Prof - Other	\$4,444,166		\$4,444,166	\$56,150	(\$6,721)	\$4,493,594	1.188	\$5,336,659	\$54.37
Prof - Psych	\$792,225		\$792,225	\$7,605	(\$1,194)	\$798,635	1.188	\$948,471	\$9.66
Prof - Specialist	\$479,254		\$479,254	\$6,055	(\$725)	\$484,585	1.188	\$575,500	\$5.86
Prof - Vision	\$180,808		\$180,808	\$809	(\$271)	\$181,346	1.188	\$215,369	\$2.19
Radiology	\$215,750		\$215,750	\$2,493		\$218,243	1.047	\$228,535	\$2.33
Transportation/Ambulance	\$529,130		\$529,130	\$2,624		\$531,754	1.047	\$556,831	\$5.67
Provider Incentive Payment Adjustment									\$2.60
Total	\$42,003,863	\$197,597	\$42,201,460	\$349,730	\$789,319	\$43,340,508		\$48,922,542	\$501.00
Admin Cost Adjustment									\$38.38
Medallion 3.0 Capitation Rate									\$539.38

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$890,255		\$890,255	\$10,589		\$900,844	1.047	\$943,326	\$16.62
FQHC / RHC	\$74,610		\$74,610	\$943		\$75,553	1.188	\$89,728	\$1.58
Home Health	\$93,898		\$93,898	\$1,438		\$95,336	1.093	\$104,213	\$1.84
IP - Maternity	\$1,099,850	(\$20,756)	\$1,079,094	\$14,606	(\$15,625)	\$1,078,075	1.112	\$1,198,522	\$21.11
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$11,592,457	(\$218,848)	\$11,373,609	\$153,952	(\$164,689)	\$11,362,872	1.112	\$12,632,373	\$222.53
IP - Psych	\$3,474,860		\$3,474,860	\$37,304	\$805,867	\$4,318,032	1.112	\$4,800,458	\$84.56
Lab	\$459,144		\$459,144	\$5,153		\$464,297	1.047	\$486,193	\$8.56
OP - Emergency Room & Related	\$5,132,075		\$5,132,075	\$78,590		\$5,210,664	1.093	\$5,695,868	\$100.34
OP - Other	\$5,730,901		\$5,730,901	\$87,760	\$63,674	\$5,882,335	1.093	\$6,430,083	\$113.27
Pharmacy	\$15,805,647	\$342,705	\$16,148,352	\$532	\$153,875	\$16,302,759	1.136	\$18,473,349	\$325.42
Prof - Anesthesia	\$194,291		\$194,291	\$2,455		\$196,746	1.188	\$233,659	\$4.12
Prof - Child EPSDT	\$23,742		\$23,742	\$300	(\$36)	\$24,006	1.188	\$28,509	\$0.50
Prof - Evaluation & Management	\$4,338,357		\$4,338,357	\$54,736	\$2,149	\$4,395,242	1.188	\$5,219,855	\$91.95
Prof - Maternity	\$460,044		\$460,044	\$5,813	(\$696)	\$465,161	1.188	\$552,433	\$9.73
Prof - Other	\$1,379,788		\$1,379,788	\$17,430	(\$2,087)	\$1,395,131	1.188	\$1,656,878	\$29.19
Prof - Psych	\$472,128		\$472,128	\$4,648	(\$712)	\$476,063	1.188	\$565,380	\$9.96
Prof - Specialist	\$911,916		\$911,916	\$11,522	(\$1,379)	\$922,059	1.188	\$1,095,051	\$19.29
Prof - Vision	\$102,358		\$102,358	\$715	(\$154)	\$102,919	1.188	\$122,229	\$2.15
Radiology	\$695,089		\$695,089	\$8,225		\$703,314	1.047	\$736,481	\$12.97
Transportation/Ambulance	\$916,604		\$916,604	\$8,793		\$925,397	1.047	\$969,037	\$17.07
Provider Incentive Payment Adjustment									\$5.69
Total	\$53,848,015	\$103,101	\$53,951,116	\$505,503	\$840,188	\$55,296,807		\$62,033,624	\$1,098.47
Admin Cost Adjustment									\$84.15
Medallion 3.0 Capitation Rate									\$1,182.61

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$876,070		\$876,070	\$10,421		\$886,490	1.047	\$928,295	\$16.80
FQHC / RHC	\$68,980		\$68,980	\$872		\$69,851	1.188	\$82,957	\$1.50
Home Health	\$101,281		\$101,281	\$1,551		\$102,832	1.093	\$112,408	\$2.03
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$12,068,321	(\$860,826)	\$11,207,495	\$160,271	(\$162,406)	\$11,205,360	1.112	\$12,457,264	\$225.46
IP - Psych	\$3,289,175		\$3,289,175	\$34,675	\$762,659	\$4,086,509	1.112	\$4,543,069	\$82.22
Lab	\$133,672		\$133,672	\$1,294		\$134,966	1.047	\$141,330	\$2.56
OP - Emergency Room & Related	\$2,759,794		\$2,759,794	\$42,262		\$2,802,056	1.093	\$3,062,976	\$55.44
OP - Other	\$3,835,861		\$3,835,861	\$58,740	\$42,619	\$3,937,220	1.093	\$4,303,844	\$77.89
Pharmacy	\$13,520,008	\$293,146	\$13,813,154	\$455	\$131,624	\$13,945,233	1.136	\$15,801,936	\$285.99
Prof - Anesthesia	\$86,557		\$86,557	\$1,094		\$87,651	1.188	\$104,096	\$1.88
Prof - Child EPSDT	\$5,149		\$5,149	\$65	(\$8)	\$5,207	1.188	\$6,184	\$0.11
Prof - Evaluation & Management	\$2,632,831		\$2,632,831	\$33,191	\$1,304	\$2,667,326	1.188	\$3,167,756	\$57.33
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$2,172,541		\$2,172,541	\$27,450	(\$3,286)	\$2,196,705	1.188	\$2,608,840	\$47.22
Prof - Psych	\$314,174		\$314,174	\$2,628	(\$473)	\$316,329	1.188	\$375,677	\$6.80
Prof - Specialist	\$587,306		\$587,306	\$7,421	(\$888)	\$593,839	1.188	\$705,252	\$12.76
Prof - Vision	\$91,640		\$91,640	\$601	(\$138)	\$92,103	1.188	\$109,383	\$1.98
Radiology	\$294,098		\$294,098	\$3,457		\$297,556	1.047	\$311,588	\$5.64
Transportation/Ambulance	\$819,085		\$819,085	\$7,671		\$826,756	1.047	\$865,744	\$15.67
Provider Incentive Payment Adjustment									\$4.68
Total	\$43,656,545	(\$567,679)	\$43,088,866	\$394,117	\$771,007	\$44,253,990		\$49,688,598	\$903.98
Admin Cost Adjustment									\$69.25
Medallion 3.0 Capitation Rate									\$973.22

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$4,196,614		\$4,196,614	\$49,918		\$4,246,531	1.047	\$4,446,790	\$27.26
FQHC / RHC	\$435,486		\$435,486	\$5,502		\$440,989	1.188	\$523,725	\$3.21
Home Health	\$936,749		\$936,749	\$14,345		\$951,094	1.093	\$1,039,657	\$6.37
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$69,799,520	\$920,476	\$70,719,996	\$926,961	(\$1,023,588)	\$70,623,368	1.112	\$78,513,666	\$481.35
IP - Psych	\$8,360,385		\$8,360,385	\$84,482	\$1,937,678	\$10,382,546	1.112	\$11,542,521	\$70.76
Lab	\$1,038,185		\$1,038,185	\$11,487		\$1,049,672	1.047	\$1,099,173	\$6.74
OP - Emergency Room & Related	\$10,831,767		\$10,831,767	\$165,871		\$10,997,638	1.093	\$12,021,710	\$73.70
OP - Other	\$30,281,452		\$30,281,452	\$463,712	\$336,446	\$31,081,609	1.093	\$33,975,850	\$208.30
Pharmacy	\$73,409,572	\$1,591,696	\$75,001,268	\$2,471	\$714,676	\$75,718,416	1.136	\$85,799,752	\$526.02
Prof - Anesthesia	\$708,832		\$708,832	\$8,956		\$717,788	1.188	\$852,456	\$5.23
Prof - Child EPSDT	\$62,522		\$62,522	\$790	(\$95)	\$63,217	1.188	\$75,078	\$0.46
Prof - Evaluation & Management	\$14,126,772		\$14,126,772	\$178,251	\$6,998	\$14,312,022	1.188	\$16,997,170	\$104.21
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$7,669,610		\$7,669,610	\$96,892	(\$11,599)	\$7,754,904	1.188	\$9,209,839	\$56.46
Prof - Psych	\$831,677		\$831,677	\$6,553	(\$1,252)	\$836,978	1.188	\$994,007	\$6.09
Prof - Specialist	\$5,076,636		\$5,076,636	\$64,144	(\$7,677)	\$5,133,102	1.188	\$6,096,148	\$37.37
Prof - Vision	\$647,657		\$647,657	\$6,485	(\$977)	\$653,166	1.188	\$775,709	\$4.76
Radiology	\$2,509,641		\$2,509,641	\$29,721		\$2,539,362	1.047	\$2,659,113	\$16.30
Transportation/Ambulance	\$3,341,913		\$3,341,913	\$33,708		\$3,375,621	1.047	\$3,534,809	\$21.67
Provider Incentive Payment Adjustment									\$8.63
Total	\$234,264,990	\$2,512,172	\$236,777,162	\$2,150,250	\$1,950,611	\$240,878,022		\$270,157,174	\$1,664.90
Admin Cost Adjustment									\$127.54
Medallion 3.0 Capitation Rate									\$1,792.44

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$296,902		\$296,902	\$3,532	(\$8,519)	\$291,915	1.047	\$305,681	\$65.43
FQHC / RHC	\$13,420		\$13,420	\$170		\$13,590	1.188	\$16,139	\$3.45
Home Health	\$14,902		\$14,902	\$228		\$15,130	1.093	\$16,539	\$3.54
IP - Maternity	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Other	\$889,105	(\$60,607)	\$828,497	\$11,808	(\$11,668)	\$828,637	1.112	\$921,215	\$197.18
IP - Psych	\$89,258		\$89,258		\$20,480	\$109,738	1.112	\$121,999	\$26.11
Lab	\$10,671		\$10,671	\$107		\$10,777	1.047	\$11,285	\$2.42
OP - Emergency Room & Related	\$129,870		\$129,870	\$1,989	\$79	\$131,938	1.093	\$144,223	\$30.87
OP - Other	\$602,876		\$602,876	\$9,232	\$8,530	\$620,638	1.093	\$678,430	\$145.21
Pharmacy	\$626,550	\$13,585	\$640,135	\$21	\$6,100	\$646,256	1.136	\$732,300	\$156.74
Prof - Anesthesia	\$27,027		\$27,027	\$341		\$27,368	1.188	\$32,503	\$6.96
Prof - Child EPSDT	\$5,097		\$5,097	\$64	(\$8)	\$5,154	1.188	\$6,121	\$1.31
Prof - Evaluation & Management	\$292,662		\$292,662	\$3,689	\$145	\$296,496	1.188	\$352,123	\$75.37
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$642,789		\$642,789	\$8,125	(\$972)	\$649,942	1.188	\$771,880	\$165.21
Prof - Psych	\$16,321		\$16,321	\$30	(\$24)	\$16,326	1.188	\$19,389	\$4.15
Prof - Specialist	\$53,635		\$53,635	\$678	(\$81)	\$54,232	1.188	\$64,406	\$13.79
Prof - Vision	\$11,598		\$11,598	\$69	(\$17)	\$11,649	1.188	\$13,835	\$2.96
Radiology	\$20,005		\$20,005	\$235		\$20,240	1.047	\$21,195	\$4.54
Transportation/Ambulance	\$82,734		\$82,734	\$798		\$83,532	1.047	\$87,471	\$18.72
Provider Incentive Payment Adjustment									\$4.81
Total	\$3,825,421	(\$47,022)	\$3,778,399	\$41,115	\$14,044	\$3,833,558		\$4,316,736	\$928.77
Admin Cost Adjustment									\$71.15
Medallion 3.0 Capitation Rate									\$999.92

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$698,342		\$698,342	\$8,307	(\$8,400)	\$698,248	1.047	\$731,176	\$15.78
FQHC / RHC	\$142,910		\$142,910	\$1,806		\$144,715	1.188	\$171,866	\$3.71
Home Health	\$277,096		\$277,096	\$4,243		\$281,339	1.093	\$307,537	\$6.64
IP - Maternity	\$122,960	(\$12,364)	\$110,596	\$1,633	(\$1,558)	\$110,670	1.112	\$123,035	\$2.66
IP - Newborn	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Other	\$2,793,527	(\$280,905)	\$2,512,622	\$37,099	(\$35,404)	\$2,514,316	1.112	\$2,795,224	\$60.32
IP - Psych	\$1,394,485		\$1,394,485	\$5,569	\$321,243	\$1,721,297	1.112	\$1,913,606	\$41.30
Lab	\$102,445		\$102,445	\$1,042		\$103,487	1.047	\$108,367	\$2.34
OP - Emergency Room & Related	\$783,492		\$783,492	\$11,998	\$475	\$795,964	1.093	\$870,082	\$18.78
OP - Other	\$2,076,156		\$2,076,156	\$31,793	\$29,376	\$2,137,324	1.093	\$2,336,347	\$50.42
Pharmacy	\$11,250,921	\$243,947	\$11,494,868	\$379	\$109,533	\$11,604,780	1.136	\$13,149,869	\$283.79
Prof - Anesthesia	\$55,675		\$55,675	\$703		\$56,379	1.188	\$66,956	\$1.44
Prof - Child EPSDT	\$8,791		\$8,791	\$111	(\$13)	\$8,889	1.188	\$10,556	\$0.23
Prof - Evaluation & Management	\$1,481,259		\$1,481,259	\$18,613	\$734	\$1,500,606	1.188	\$1,782,142	\$38.46
Prof - Maternity	\$35,989		\$35,989	\$455	(\$54)	\$36,389	1.188	\$43,216	\$0.93
Prof - Other	\$914,553		\$914,553	\$11,591	(\$1,383)	\$924,760	1.188	\$1,098,259	\$23.70
Prof - Psych	\$302,789		\$302,789	\$1,896	(\$455)	\$304,230	1.188	\$361,308	\$7.80
Prof - Specialist	\$206,387		\$206,387	\$2,608	(\$312)	\$208,682	1.188	\$247,834	\$5.35
Prof - Vision	\$102,871		\$102,871	\$533	(\$154)	\$103,250	1.188	\$122,621	\$2.65
Radiology	\$94,418		\$94,418	\$1,095		\$95,513	1.047	\$100,017	\$2.16
Transportation/Ambulance	\$355,415		\$355,415	\$2,355		\$357,769	1.047	\$374,641	\$8.09
Provider Incentive Payment Adjustment									\$3.00
Total	\$23,200,478	(\$49,323)	\$23,151,155	\$143,828	\$413,624	\$23,708,608		\$26,714,661	\$579.53
Admin Cost Adjustment									\$44.39
Medallion 3.0 Capitation Rate									\$623.93

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$415,343		\$415,343	\$4,940		\$420,284	1.047	\$440,103	\$15.43
FQHC / RHC	\$241,237		\$241,237	\$3,048		\$244,285	1.188	\$290,117	\$10.17
Home Health	\$109,522		\$109,522	\$1,677		\$111,199	1.093	\$121,554	\$4.26
IP - Maternity	\$365,864	\$5,911	\$371,776	\$4,859	(\$5,381)	\$371,254	1.112	\$412,732	\$14.47
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$4,949,999	\$79,978	\$5,029,976	\$65,738	(\$72,800)	\$5,022,914	1.112	\$5,584,092	\$195.76
IP - Psych	\$1,319,831		\$1,319,831	\$10,011	\$305,133	\$1,634,974	1.112	\$1,817,639	\$63.72
Lab	\$248,467		\$248,467	\$2,839		\$251,305	1.047	\$263,156	\$9.23
OP - Emergency Room & Related	\$1,967,992		\$1,967,992	\$30,137		\$1,998,129	1.093	\$2,184,190	\$76.57
OP - Other	\$3,180,517		\$3,180,517	\$48,705	\$35,338	\$3,264,559	1.093	\$3,568,546	\$125.10
Pharmacy	\$7,575,056	\$164,245	\$7,739,302	\$255	\$73,747	\$7,813,303	1.136	\$8,853,586	\$310.38
Prof - Anesthesia	\$83,335		\$83,335	\$1,053		\$84,388	1.188	\$100,221	\$3.51
Prof - Child EPSDT	\$19,010		\$19,010	\$240	(\$29)	\$19,222	1.188	\$22,828	\$0.80
Prof - Evaluation & Management	\$1,845,134		\$1,845,134	\$23,252	\$914	\$1,869,300	1.188	\$2,220,009	\$77.83
Prof - Maternity	\$171,931		\$171,931	\$2,172	(\$260)	\$173,843	1.188	\$206,459	\$7.24
Prof - Other	\$674,268		\$674,268	\$8,539	(\$1,020)	\$681,787	1.188	\$809,701	\$28.39
Prof - Psych	\$204,052		\$204,052	\$1,458	(\$307)	\$205,203	1.188	\$243,702	\$8.54
Prof - Specialist	\$493,286		\$493,286	\$6,233	(\$746)	\$498,773	1.188	\$592,350	\$20.77
Prof - Vision	\$62,896		\$62,896	\$512	(\$95)	\$63,314	1.188	\$75,192	\$2.64
Radiology	\$310,841		\$310,841	\$3,681		\$314,521	1.047	\$329,354	\$11.55
Transportation/Ambulance	\$494,430		\$494,430	\$4,737		\$499,167	1.047	\$522,707	\$18.32
Provider Incentive Payment Adjustment									\$5.23
Total	\$24,733,012	\$250,134	\$24,983,147	\$224,085	\$334,494	\$25,541,725		\$28,658,238	\$1,009.90
Admin Cost Adjustment									\$77.36
Medallion 3.0 Capitation Rate									\$1,087.27

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Male									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$346,436		\$346,436	\$4,121		\$350,557	1.047	\$367,088	\$13.32
FQHC / RHC	\$133,858		\$133,858	\$1,691		\$135,549	1.188	\$160,980	\$5.84
Home Health	\$52,279		\$52,279	\$801		\$53,080	1.093	\$58,022	\$2.10
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$4,674,106	(\$6,111)	\$4,667,995	\$62,074	(\$67,576)	\$4,662,492	1.112	\$5,183,403	\$188.02
IP - Psych	\$993,485		\$993,485	\$6,323	\$229,406	\$1,229,214	1.112	\$1,366,546	\$49.57
Lab	\$78,249		\$78,249	\$821		\$79,070	1.047	\$82,798	\$3.00
OP - Emergency Room & Related	\$1,127,785		\$1,127,785	\$17,270		\$1,145,055	1.093	\$1,251,680	\$45.40
OP - Other	\$2,428,211		\$2,428,211	\$37,184	\$26,979	\$2,492,374	1.093	\$2,724,458	\$98.83
Pharmacy	\$5,583,260	\$121,059	\$5,704,319	\$188	\$54,356	\$5,758,862	1.136	\$6,525,612	\$236.71
Prof - Anesthesia	\$43,799		\$43,799	\$553		\$44,353	1.188	\$52,674	\$1.91
Prof - Child EPSDT	\$5,063		\$5,063	\$64	(\$8)	\$5,119	1.188	\$6,080	\$0.22
Prof - Evaluation & Management	\$1,084,172		\$1,084,172	\$13,618	\$537	\$1,098,327	1.188	\$1,304,389	\$47.32
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$1,250,505		\$1,250,505	\$15,817	(\$1,891)	\$1,264,431	1.188	\$1,501,657	\$54.47
Prof - Psych	\$151,086		\$151,086	\$885	(\$227)	\$151,744	1.188	\$180,213	\$6.54
Prof - Specialist	\$293,534		\$293,534	\$3,709	(\$444)	\$296,799	1.188	\$352,483	\$12.79
Prof - Vision	\$45,728		\$45,728	\$302	(\$69)	\$45,962	1.188	\$54,585	\$1.98
Radiology	\$143,522		\$143,522	\$1,689		\$145,211	1.047	\$152,059	\$5.52
Transportation/Ambulance	\$494,761		\$494,761	\$4,790		\$499,551	1.047	\$523,109	\$18.98
Provider Incentive Payment Adjustment									\$4.13
Total	\$18,929,839	\$114,947	\$19,044,786	\$171,899	\$241,063	\$19,457,749		\$21,847,835	\$796.63
Admin Cost Adjustment									\$61.03
Medallion 3.0 Capitation Rate									\$857.66

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
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Appendix I
Exhibit 4b

Age 45 and Over									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,132,790		\$2,132,790	\$25,369		\$2,158,159	1.047	\$2,259,934	\$24.54
FQHC / RHC	\$799,766		\$799,766	\$10,105		\$809,871	1.188	\$961,814	\$10.44
Home Health	\$664,804		\$664,804	\$10,180		\$674,985	1.093	\$737,838	\$8.01
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$31,331,219	\$43,972	\$31,375,191	\$416,089	(\$454,188)	\$31,337,092	1.112	\$34,838,185	\$378.31
IP - Psych	\$3,069,906		\$3,069,906	\$20,032	\$708,987	\$3,798,925	1.112	\$4,223,355	\$45.86
Lab	\$594,390		\$594,390	\$6,668		\$601,058	1.047	\$629,403	\$6.83
OP - Emergency Room & Related	\$4,663,648		\$4,663,648	\$71,416		\$4,735,065	1.093	\$5,175,982	\$56.21
OP - Other	\$18,162,132		\$18,162,132	\$278,124	\$201,793	\$18,642,048	1.093	\$20,377,949	\$221.29
Pharmacy	\$37,719,571	\$817,851	\$38,537,422	\$1,270	\$367,217	\$38,905,910	1.136	\$44,085,938	\$478.73
Prof - Anesthesia	\$343,142		\$343,142	\$4,336		\$347,477	1.188	\$412,669	\$4.48
Prof - Child EPSDT	\$51,751		\$51,751	\$654	(\$78)	\$52,327	1.188	\$62,144	\$0.67
Prof - Evaluation & Management	\$6,698,494		\$6,698,494	\$84,361	\$3,318	\$6,786,173	1.188	\$8,059,360	\$87.52
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$3,792,713		\$3,792,713	\$47,960	(\$5,736)	\$3,834,937	1.188	\$4,554,428	\$49.46
Prof - Psych	\$426,262		\$426,262	\$2,296	(\$640)	\$427,918	1.188	\$508,202	\$5.52
Prof - Specialist	\$2,791,502		\$2,791,502	\$35,271	(\$4,222)	\$2,822,552	1.188	\$3,352,104	\$36.40
Prof - Vision	\$366,128		\$366,128	\$3,658	(\$552)	\$369,234	1.188	\$438,507	\$4.76
Radiology	\$1,443,329		\$1,443,329	\$17,103		\$1,460,432	1.047	\$1,529,304	\$16.61
Transportation/Ambulance	\$2,192,181		\$2,192,181	\$22,520		\$2,214,702	1.047	\$2,319,143	\$25.18
Provider Incentive Payment Adjustment									\$7.61
Total	\$117,243,729	\$861,823	\$118,105,552	\$1,057,412	\$815,900	\$119,978,864		\$134,526,259	\$1,468.44
Admin Cost Adjustment									\$112.49
Medallion 3.0 Capitation Rate									\$1,580.93

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$711,531		\$711,531	\$8,463	(\$20,416)	\$699,579	1.047	\$732,570	\$77.76
FQHC / RHC	\$1,325		\$1,325	\$17		\$1,342	1.188	\$1,594	\$0.17
Home Health	\$304,825		\$304,825	\$4,668		\$309,492	1.093	\$338,312	\$35.91
IP - Maternity	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Other	\$2,855,675	(\$74,446)	\$2,781,230	\$37,924	(\$23,783)	\$2,795,371	1.112	\$3,107,680	\$329.87
IP - Psych	\$190,730		\$190,730		\$43,763	\$234,493	1.112	\$260,691	\$27.67
Lab	\$44,586		\$44,586	\$407		\$44,992	1.047	\$47,114	\$5.00
OP - Emergency Room & Related	\$331,084		\$331,084	\$5,070	\$2,756	\$338,910	1.093	\$370,469	\$39.32
OP - Other	\$2,115,723		\$2,115,723	\$32,399	\$64,026	\$2,212,149	1.093	\$2,418,138	\$256.68
Pharmacy	\$1,393,238	\$30,209	\$1,423,447	\$47	\$13,564	\$1,437,058	1.136	\$1,628,391	\$172.85
Prof - Anesthesia	\$70,048		\$70,048	\$885		\$70,933	1.188	\$84,241	\$8.94
Prof - Child EPSDT	\$8,526		\$8,526	\$108	(\$13)	\$8,621	1.188	\$10,238	\$1.09
Prof - Evaluation & Management	\$743,625		\$743,625	\$9,389	\$368	\$753,382	1.188	\$894,728	\$94.97
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$2,936,167		\$2,936,167	\$37,124	(\$4,440)	\$2,968,850	1.188	\$3,525,850	\$374.25
Prof - Psych	\$34,902		\$34,902	\$64	(\$52)	\$34,913	1.188	\$41,464	\$4.40
Prof - Specialist	\$175,745		\$175,745	\$2,221	(\$266)	\$177,700	1.188	\$211,039	\$22.40
Prof - Vision	\$28,976		\$28,976	\$210	(\$44)	\$29,142	1.188	\$34,610	\$3.67
Radiology	\$32,983		\$32,983	\$389		\$33,372	1.047	\$34,946	\$3.71
Transportation/Ambulance	\$54,769		\$54,769	\$262		\$55,031	1.047	\$57,626	\$6.12
Provider Incentive Payment Adjustment									\$7.63
Total	\$12,034,458	(\$44,237)	\$11,990,221	\$139,645	\$75,464	\$12,205,330		\$13,799,700	\$1,472.41
Admin Cost Adjustment									\$112.79
Medallion 3.0 Capitation Rate									\$1,585.20

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

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Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,850,721		\$1,850,721	\$22,014	(\$22,263)	\$1,850,472	1.047	\$1,937,737	\$19.49
FQHC / RHC	\$24,416		\$24,416	\$308		\$24,724	1.188	\$29,363	\$0.30
Home Health	\$354,943		\$354,943	\$5,435		\$360,379	1.093	\$393,936	\$3.96
IP - Maternity	\$185,855	(\$206)	\$185,649	\$2,468	(\$1,587)	\$186,530	1.112	\$207,370	\$2.09
IP - Newborn	\$0	\$0	\$0		\$0	\$0	1.112	\$0	\$0.00
IP - Other	\$5,663,285	(\$6,268)	\$5,657,017	\$75,210	(\$48,358)	\$5,683,869	1.112	\$6,318,891	\$63.55
IP - Psych	\$3,179,321		\$3,179,321	\$12,941	\$732,466	\$3,924,728	1.112	\$4,363,213	\$43.88
Lab	\$268,976		\$268,976	\$1,851		\$270,827	1.047	\$283,599	\$2.85
OP - Emergency Room & Related	\$2,171,267		\$2,171,267	\$33,249	\$18,077	\$2,222,593	1.093	\$2,429,555	\$24.44
OP - Other	\$5,887,594		\$5,887,594	\$90,159	\$178,171	\$6,155,924	1.093	\$6,729,148	\$67.68
Pharmacy	\$20,374,281	\$441,763	\$20,816,044	\$686	\$198,353	\$21,015,083	1.136	\$23,813,083	\$239.51
Prof - Anesthesia	\$162,437		\$162,437	\$2,052		\$164,489	1.188	\$195,350	\$1.96
Prof - Child EPSDT	\$23,612		\$23,612	\$298	(\$36)	\$23,875	1.188	\$28,354	\$0.29
Prof - Evaluation & Management	\$3,394,997		\$3,394,997	\$42,832	\$1,682	\$3,439,511	1.188	\$4,084,814	\$41.08
Prof - Maternity	\$91,382		\$91,382	\$1,155	(\$138)	\$92,399	1.188	\$109,734	\$1.10
Prof - Other	\$5,417,832		\$5,417,832	\$68,752	(\$8,194)	\$5,478,390	1.188	\$6,506,218	\$65.44
Prof - Psych	\$703,308		\$703,308	\$4,523	(\$1,057)	\$706,774	1.188	\$839,375	\$8.44
Prof - Specialist	\$579,384		\$579,384	\$7,321	(\$876)	\$585,829	1.188	\$695,739	\$7.00
Prof - Vision	\$193,652		\$193,652	\$812	(\$290)	\$194,174	1.188	\$230,604	\$2.32
Radiology	\$267,813		\$267,813	\$3,154		\$270,966	1.047	\$283,745	\$2.85
Transportation/Ambulance	\$548,035		\$548,035	\$2,303		\$550,339	1.047	\$576,291	\$5.80
Provider Incentive Payment Adjustment									\$3.15
Total	\$51,343,111	\$435,290	\$51,778,401	\$377,525	\$1,045,949	\$53,201,875		\$60,056,120	\$607.19
Admin Cost Adjustment									\$46.51
Medallion 3.0 Capitation Rate									\$653.70

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4b

Age 21-44 Female									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,331,960		\$1,331,960	\$15,843		\$1,347,804	1.047	\$1,411,364	\$24.03
FQHC / RHC	\$242,415		\$242,415	\$3,063		\$245,478	1.188	\$291,533	\$4.96
Home Health	\$143,359		\$143,359	\$2,195		\$145,554	1.093	\$159,108	\$2.71
IP - Maternity	\$1,129,036	\$24,012	\$1,153,047	\$14,994	(\$16,687)	\$1,151,354	1.112	\$1,279,988	\$21.80
IP - Newborn	\$0	\$0	\$0	\$0		\$0	1.112	\$0	\$0.00
IP - Other	\$10,232,404	\$217,618	\$10,450,022	\$135,890	(\$151,236)	\$10,434,675	1.112	\$11,600,475	\$197.55
IP - Psych	\$2,772,633		\$2,772,633	\$20,282	\$640,835	\$3,433,750	1.112	\$3,817,381	\$65.01
Lab	\$287,220		\$287,220	\$2,630		\$289,850	1.047	\$303,519	\$5.17
OP - Emergency Room & Related	\$5,602,879		\$5,602,879	\$85,799		\$5,688,678	1.093	\$6,218,393	\$105.89
OP - Other	\$5,629,298		\$5,629,298	\$86,204	\$62,545	\$5,778,047	1.093	\$6,316,084	\$107.56
Pharmacy	\$15,960,615	\$346,065	\$16,306,680	\$537	\$155,384	\$16,462,601	1.136	\$18,654,472	\$317.67
Prof - Anesthesia	\$219,187		\$219,187	\$2,769		\$221,956	1.188	\$263,599	\$4.49
Prof - Child EPSDT	\$51,856		\$51,856	\$655	(\$78)	\$52,432	1.188	\$62,270	\$1.06
Prof - Evaluation & Management	\$4,188,014		\$4,188,014	\$52,881	\$2,075	\$4,242,970	1.188	\$5,039,014	\$85.81
Prof - Maternity	\$447,258		\$447,258	\$5,651	(\$676)	\$452,233	1.188	\$537,078	\$9.15
Prof - Other	\$3,225,824		\$3,225,824	\$40,927	(\$4,879)	\$3,261,873	1.188	\$3,873,849	\$65.97
Prof - Psych	\$515,179		\$515,179	\$4,045	(\$775)	\$518,448	1.188	\$615,717	\$10.49
Prof - Specialist	\$1,089,177		\$1,089,177	\$13,762	(\$1,647)	\$1,101,292	1.188	\$1,307,911	\$22.27
Prof - Vision	\$113,002		\$113,002	\$921	(\$170)	\$113,753	1.188	\$135,094	\$2.30
Radiology	\$707,017		\$707,017	\$8,392		\$715,409	1.047	\$749,146	\$12.76
Transportation/Ambulance	\$714,306		\$714,306	\$6,016		\$720,322	1.047	\$754,291	\$12.84
Provider Incentive Payment Adjustment									\$5.62
Total	\$54,602,639	\$587,694	\$55,190,333	\$503,457	\$684,689	\$56,378,480		\$63,390,286	\$1,085.10
Admin Cost Adjustment									\$83.12
Medallion 3.0 Capitation Rate									\$1,168.22

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
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Appendix I
Exhibit 4b

Age 21-44 Male									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$1,187,463		\$1,187,463	\$14,125		\$1,201,588	1.047	\$1,258,252	\$22.18
FQHC / RHC	\$109,078		\$109,078	\$1,378		\$110,456	1.188	\$131,180	\$2.31
Home Health	\$138,282		\$138,282	\$2,118		\$140,400	1.093	\$153,474	\$2.70
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$9,897,796	\$191,816	\$10,089,611	\$131,446	(\$146,024)	\$10,075,034	1.112	\$11,200,653	\$197.40
IP - Psych	\$3,241,733		\$3,241,733	\$28,136	\$750,273	\$4,020,141	1.112	\$4,469,286	\$78.77
Lab	\$139,495		\$139,495	\$918		\$140,413	1.047	\$147,035	\$2.59
OP - Emergency Room & Related	\$3,069,234		\$3,069,234	\$47,000		\$3,116,235	1.093	\$3,406,410	\$60.03
OP - Other	\$3,653,559		\$3,653,559	\$55,948	\$40,593	\$3,750,101	1.093	\$4,099,301	\$72.25
Pharmacy	\$16,228,180	\$351,866	\$16,580,046	\$546	\$157,989	\$16,738,581	1.136	\$18,967,197	\$334.28
Prof - Anesthesia	\$104,709		\$104,709	\$1,323		\$106,032	1.188	\$125,926	\$2.22
Prof - Child EPSDT	\$16,066		\$16,066	\$203	(\$24)	\$16,245	1.188	\$19,293	\$0.34
Prof - Evaluation & Management	\$2,599,815		\$2,599,815	\$32,810	\$1,288	\$2,633,914	1.188	\$3,128,075	\$55.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$5,044,701		\$5,044,701	\$63,888	(\$7,629)	\$5,100,960	1.188	\$6,057,976	\$106.77
Prof - Psych	\$337,937		\$337,937	\$2,047	(\$508)	\$339,476	1.188	\$403,167	\$7.11
Prof - Specialist	\$668,017		\$668,017	\$8,440	(\$1,010)	\$675,447	1.188	\$802,171	\$14.14
Prof - Vision	\$90,864		\$90,864	\$638	(\$137)	\$91,366	1.188	\$108,508	\$1.91
Radiology	\$299,801		\$299,801	\$3,547		\$303,348	1.047	\$317,653	\$5.60
Transportation/Ambulance	\$574,970		\$574,970	\$4,487		\$579,457	1.047	\$606,783	\$10.69
Provider Incentive Payment Adjustment									\$5.08
Total	\$47,401,702	\$543,682	\$47,945,384	\$399,000	\$794,811	\$49,139,195		\$55,402,339	\$981.49
Admin Cost Adjustment									\$75.19
Medallion 3.0 Capitation Rate									\$1,056.68

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$6,110,763		\$6,110,763	\$72,686		\$6,183,449	1.047	\$6,475,049	\$35.67
FQHC / RHC	\$1,452,087		\$1,452,087	\$18,347		\$1,470,434	1.188	\$1,746,309	\$9.62
Home Health	\$1,307,760		\$1,307,760	\$20,026		\$1,327,786	1.093	\$1,451,427	\$8.00
IP - Maternity	\$7,715	\$146	\$7,861	\$102	(\$114)	\$7,850	1.112	\$8,727	\$0.05
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$66,639,862	\$1,262,908	\$67,902,770	\$884,999	(\$982,740)	\$67,805,028	1.112	\$75,380,452	\$415.26
IP - Psych	\$6,738,333		\$6,738,333	\$42,826	\$1,555,940	\$8,337,099	1.112	\$9,268,550	\$51.06
Lab	\$1,004,653		\$1,004,653	\$9,597		\$1,014,250	1.047	\$1,062,080	\$5.85
OP - Emergency Room & Related	\$13,326,853		\$13,326,853	\$204,079		\$13,530,933	1.093	\$14,790,899	\$81.48
OP - Other	\$28,600,777		\$28,600,777	\$437,975	\$317,773	\$29,356,525	1.093	\$32,090,130	\$176.78
Pharmacy	\$83,948,340	\$1,820,202	\$85,768,542	\$2,826	\$817,276	\$86,588,644	1.136	\$98,117,269	\$540.52
Prof - Anesthesia	\$850,776		\$850,776	\$10,750		\$861,525	1.188	\$1,023,160	\$5.64
Prof - Child EPSDT	\$141,911		\$141,911	\$1,793	(\$215)	\$143,489	1.188	\$170,410	\$0.94
Prof - Evaluation & Management	\$16,064,117		\$16,064,117	\$202,845	\$7,958	\$16,274,920	1.188	\$19,328,337	\$106.48
Prof - Maternity	\$5,009		\$5,009	\$63	(\$8)	\$5,065	1.188	\$6,015	\$0.03
Prof - Other	\$12,512,717		\$12,512,717	\$158,560	(\$18,924)	\$12,652,352	1.188	\$15,026,122	\$82.78
Prof - Psych	\$989,503		\$989,503	\$5,549	(\$1,486)	\$993,567	1.188	\$1,179,974	\$6.50
Prof - Specialist	\$6,260,455		\$6,260,455	\$79,101	(\$9,468)	\$6,330,089	1.188	\$7,517,707	\$41.41
Prof - Vision	\$767,820		\$767,820	\$8,056	(\$1,159)	\$774,717	1.188	\$920,066	\$5.07
Radiology	\$3,112,404		\$3,112,404	\$36,958		\$3,149,362	1.047	\$3,297,880	\$18.17
Transportation/Ambulance	\$2,544,970		\$2,544,970	\$22,787		\$2,567,757	1.047	\$2,688,848	\$14.81
Provider Incentive Payment Adjustment									\$8.36
Total	\$252,386,826	\$3,083,256	\$255,470,082	\$2,219,926	\$1,684,834	\$259,374,842		\$291,549,411	\$1,614.48
Admin Cost Adjustment									\$123.68
Medallion 3.0 Capitation Rate									\$1,738.15

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$604,230		\$604,230	\$7,187	(\$17,337)	\$594,080	1.047	\$622,095	\$77.27
FQHC / RHC	\$4,339		\$4,339	\$55		\$4,394	1.188	\$5,218	\$0.65
Home Health	\$20,621		\$20,621	\$316		\$20,937	1.093	\$22,886	\$2.84
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$1,823,261	(\$49,671)	\$1,773,590	\$24,214	(\$25,684)	\$1,772,119	1.112	\$1,970,106	\$244.70
IP - Psych	\$36,545		\$36,545	\$29	\$8,392	\$44,965	1.112	\$49,989	\$6.21
Lab	\$35,043		\$35,043	\$372		\$35,415	1.047	\$37,086	\$4.61
OP - Emergency Room & Related	\$135,757		\$135,757	\$2,079		\$137,836	1.093	\$150,670	\$18.71
OP - Other	\$610,760		\$610,760	\$9,353	\$6,786	\$626,899	1.093	\$685,274	\$85.12
Pharmacy	\$1,239,360	\$26,872	\$1,266,232	\$42	\$12,066	\$1,278,339	1.136	\$1,448,541	\$179.92
Prof - Anesthesia	\$45,178		\$45,178	\$571		\$45,748	1.188	\$54,331	\$6.75
Prof - Child EPSDT	\$8,944		\$8,944	\$113	(\$14)	\$9,043	1.188	\$10,740	\$1.33
Prof - Evaluation & Management	\$602,092		\$602,092	\$7,174	\$298	\$609,564	1.188	\$723,927	\$89.92
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$4,296,606		\$4,296,606	\$54,274	(\$6,498)	\$4,344,382	1.188	\$5,159,452	\$640.85
Prof - Psych	\$29,546		\$29,546	\$305	(\$45)	\$29,807	1.188	\$35,399	\$4.40
Prof - Specialist	\$99,228		\$99,228	\$1,254	(\$150)	\$100,331	1.188	\$119,155	\$14.80
Prof - Vision	\$43,154		\$43,154	\$392	(\$65)	\$43,481	1.188	\$51,639	\$6.41
Radiology	\$19,633		\$19,633	\$219		\$19,853	1.047	\$20,789	\$2.58
Transportation/Ambulance	\$106,401		\$106,401	\$1,052		\$107,453	1.047	\$112,520	\$13.98
Provider Incentive Payment Adjustment									\$7.30
Total	\$9,760,697	(\$22,799)	\$9,737,898	\$108,999	(\$22,251)	\$9,824,646		\$11,279,819	\$1,408.34
Admin Cost Adjustment									\$107.89
Medallion 3.0 Capitation Rate									\$1,516.23

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$793,600		\$793,600	\$9,440	(\$9,546)	\$793,493	1.047	\$830,913	\$17.40
FQHC / RHC	\$41,676		\$41,676	\$527		\$42,202	1.188	\$50,120	\$1.05
Home Health	\$52,198		\$52,198	\$799		\$52,997	1.093	\$57,932	\$1.21
IP - Maternity	\$64,249	(\$17,935)	\$46,314	\$853	(\$674)	\$46,493	1.112	\$51,688	\$1.08
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$5,004,976	(\$1,289,988)	\$3,714,988	\$66,468	(\$54,024)	\$3,727,432	1.112	\$4,143,874	\$86.79
IP - Psych	\$1,157,918		\$1,157,918	\$13,365	\$268,751	\$1,440,034	1.112	\$1,600,920	\$33.53
Lab	\$181,507		\$181,507	\$1,884		\$183,391	1.047	\$192,039	\$4.02
OP - Emergency Room & Related	\$605,987		\$605,987	\$9,280		\$615,267	1.093	\$672,559	\$14.09
OP - Other	\$1,743,508		\$1,743,508	\$26,699	\$19,371	\$1,789,579	1.093	\$1,956,220	\$40.97
Pharmacy	\$12,933,263	\$280,424	\$13,213,688	\$435	\$125,911	\$13,340,034	1.136	\$15,116,159	\$316.61
Prof - Anesthesia	\$75,610		\$75,610	\$955		\$76,565	1.188	\$90,930	\$1.90
Prof - Child EPSDT	\$11,309		\$11,309	\$143	(\$17)	\$11,435	1.188	\$13,580	\$0.28
Prof - Evaluation & Management	\$2,234,978		\$2,234,978	\$25,416	\$1,106	\$2,261,501	1.188	\$2,685,792	\$56.25
Prof - Maternity	\$36,341		\$36,341	\$459	(\$55)	\$36,746	1.188	\$43,640	\$0.91
Prof - Other	\$16,826,189		\$16,826,189	\$212,503	(\$25,446)	\$17,013,246	1.188	\$20,205,184	\$423.20
Prof - Psych	\$408,365		\$408,365	\$4,860	(\$617)	\$412,607	1.188	\$490,019	\$10.26
Prof - Specialist	\$293,396		\$293,396	\$3,707	(\$444)	\$296,659	1.188	\$352,317	\$7.38
Prof - Vision	\$131,558		\$131,558	\$735	(\$198)	\$132,096	1.188	\$156,879	\$3.29
Radiology	\$110,822		\$110,822	\$1,227		\$112,048	1.047	\$117,332	\$2.46
Transportation/Ambulance	\$368,053		\$368,053	\$3,189		\$371,242	1.047	\$388,749	\$8.14
Provider Incentive Payment Adjustment									\$5.37
Total	\$43,075,503	(\$1,027,499)	\$42,048,004	\$382,944	\$324,119	\$42,755,067		\$49,216,844	\$1,036.22
Admin Cost Adjustment									\$79.38
Medallion 3.0 Capitation Rate									\$1,115.60

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$563,698		\$563,698	\$6,705		\$570,403	1.047	\$597,302	\$17.26
FQHC / RHC	\$78,467		\$78,467	\$991		\$79,458	1.188	\$94,366	\$2.73
Home Health	\$118,892		\$118,892	\$1,821		\$120,713	1.093	\$131,953	\$3.81
IP - Maternity	\$536,392	\$31	\$536,423	\$7,123	(\$7,765)	\$535,781	1.112	\$595,640	\$17.21
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$6,875,908	\$393	\$6,876,300	\$91,314	(\$99,543)	\$6,868,071	1.112	\$7,635,397	\$220.59
IP - Psych	\$1,850,419		\$1,850,419	\$22,724	\$429,793	\$2,302,937	1.112	\$2,560,229	\$73.97
Lab	\$606,108		\$606,108	\$7,012		\$613,120	1.047	\$642,034	\$18.55
OP - Emergency Room & Related	\$1,935,233		\$1,935,233	\$29,635		\$1,964,868	1.093	\$2,147,831	\$62.05
OP - Other	\$3,241,717		\$3,241,717	\$49,642	\$36,018	\$3,327,376	1.093	\$3,637,213	\$105.08
Pharmacy	\$11,770,397	\$255,211	\$12,025,608	\$396	\$114,590	\$12,140,594	1.136	\$13,757,023	\$397.44
Prof - Anesthesia	\$102,606		\$102,606	\$1,296		\$103,903	1.188	\$123,397	\$3.56
Prof - Child EPSDT	\$34,937		\$34,937	\$441	(\$53)	\$35,326	1.188	\$41,953	\$1.21
Prof - Evaluation & Management	\$2,978,642		\$2,978,642	\$35,765	\$1,475	\$3,015,882	1.188	\$3,581,707	\$103.48
Prof - Maternity	\$223,582		\$223,582	\$2,825	(\$338)	\$226,069	1.188	\$268,483	\$7.76
Prof - Other	\$882,172		\$882,172	\$11,085	(\$1,334)	\$891,923	1.188	\$1,059,261	\$30.60
Prof - Psych	\$393,774		\$393,774	\$4,700	(\$595)	\$397,879	1.188	\$472,527	\$13.65
Prof - Specialist	\$717,791		\$717,791	\$9,069	(\$1,086)	\$725,775	1.188	\$861,941	\$24.90
Prof - Vision	\$90,601		\$90,601	\$543	(\$136)	\$91,008	1.188	\$108,082	\$3.12
Radiology	\$452,287		\$452,287	\$5,318		\$457,606	1.047	\$479,185	\$13.84
Transportation/Ambulance	\$810,014		\$810,014	\$8,719		\$818,733	1.047	\$857,343	\$24.77
Provider Incentive Payment Adjustment									\$5.97
Total	\$34,263,638	\$255,634	\$34,519,272	\$297,127	\$471,026	\$35,287,424		\$39,652,867	\$1,151.54
Admin Cost Adjustment									\$88.21
Medallion 3.0 Capitation Rate									\$1,239.75

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$507,758		\$507,758	\$6,040		\$513,797	1.047	\$538,027	\$18.70
FQHC / RHC	\$34,377		\$34,377	\$434		\$34,811	1.188	\$41,342	\$1.44
Home Health	\$96,040		\$96,040	\$1,471		\$97,511	1.093	\$106,591	\$3.71
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$4,232,986	\$85,890	\$4,318,876	\$56,215	(\$62,505)	\$4,312,587	1.112	\$4,794,405	\$166.67
IP - Psych	\$1,386,594		\$1,386,594	\$16,397	\$321,917	\$1,724,908	1.112	\$1,917,621	\$66.66
Lab	\$185,826		\$185,826	\$2,058		\$187,884	1.047	\$196,744	\$6.84
OP - Emergency Room & Related	\$860,703		\$860,703	\$13,180		\$873,883	1.093	\$955,257	\$33.21
OP - Other	\$1,524,735		\$1,524,735	\$23,349	\$16,941	\$1,565,025	1.093	\$1,710,756	\$59.47
Pharmacy	\$8,066,375	\$174,898	\$8,241,273	\$272	\$78,530	\$8,320,074	1.136	\$9,427,830	\$327.74
Prof - Anesthesia	\$46,500		\$46,500	\$588		\$47,087	1.188	\$55,922	\$1.94
Prof - Child EPSDT	\$5,047		\$5,047	\$64	(\$8)	\$5,103	1.188	\$6,060	\$0.21
Prof - Evaluation & Management	\$1,500,083		\$1,500,083	\$17,524	\$742	\$1,518,349	1.188	\$1,803,214	\$62.69
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$803,044		\$803,044	\$10,103	(\$1,214)	\$811,933	1.188	\$964,264	\$33.52
Prof - Psych	\$157,094		\$157,094	\$1,684	(\$237)	\$158,541	1.188	\$188,286	\$6.55
Prof - Specialist	\$352,022		\$352,022	\$4,448	(\$532)	\$355,938	1.188	\$422,717	\$14.70
Prof - Vision	\$62,494		\$62,494	\$320	(\$94)	\$62,720	1.188	\$74,487	\$2.59
Radiology	\$167,814		\$167,814	\$1,948		\$169,763	1.047	\$177,768	\$6.18
Transportation/Ambulance	\$527,144		\$527,144	\$5,460		\$532,604	1.047	\$557,720	\$19.39
Provider Incentive Payment Adjustment									\$4.33
Total	\$20,516,635	\$260,789	\$20,777,423	\$161,555	\$353,540	\$21,292,518		\$23,939,010	\$836.53
Admin Cost Adjustment									\$64.08
Medallion 3.0 Capitation Rate									\$900.61

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$2,469,266		\$2,469,266	\$29,371		\$2,498,637	1.047	\$2,616,468	\$25.44
FQHC / RHC	\$243,392		\$243,392	\$3,075		\$246,468	1.188	\$292,709	\$2.85
Home Health	\$970,940		\$970,940	\$14,868		\$985,808	1.093	\$1,077,604	\$10.48
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$37,821,586	\$2,621	\$37,824,207	\$502,283	(\$547,554)	\$37,778,936	1.112	\$41,999,736	\$408.33
IP - Psych	\$3,655,777		\$3,655,777	\$41,078	\$848,245	\$4,545,101	1.112	\$5,052,896	\$49.13
Lab	\$1,482,115		\$1,482,115	\$17,083		\$1,499,198	1.047	\$1,569,897	\$15.26
OP - Emergency Room & Related	\$3,550,866		\$3,550,866	\$54,376		\$3,605,241	1.093	\$3,940,952	\$38.31
OP - Other	\$12,479,977		\$12,479,977	\$191,111	\$138,660	\$12,809,748	1.093	\$14,002,559	\$136.14
Pharmacy	\$50,137,955	\$1,087,112	\$51,225,067	\$1,688	\$488,116	\$51,714,871	1.136	\$58,600,316	\$569.73
Prof - Anesthesia	\$346,619		\$346,619	\$4,380		\$350,999	1.188	\$416,852	\$4.05
Prof - Child EPSDT	\$59,406		\$59,406	\$751	(\$90)	\$60,066	1.188	\$71,336	\$0.69
Prof - Evaluation & Management	\$8,756,936		\$8,756,936	\$105,583	\$4,336	\$8,866,854	1.188	\$10,530,408	\$102.38
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$4,825,565		\$4,825,565	\$60,818	(\$7,298)	\$4,879,086	1.188	\$5,794,475	\$56.34
Prof - Psych	\$498,624		\$498,624	\$5,187	(\$752)	\$503,059	1.188	\$597,440	\$5.81
Prof - Specialist	\$3,143,626		\$3,143,626	\$39,720	(\$4,754)	\$3,178,591	1.188	\$3,774,942	\$36.70
Prof - Vision	\$394,832		\$394,832	\$3,322	(\$595)	\$397,559	1.188	\$472,147	\$4.59
Radiology	\$1,443,187		\$1,443,187	\$16,997		\$1,460,184	1.047	\$1,529,043	\$14.87
Transportation/Ambulance	\$2,515,184		\$2,515,184	\$26,999		\$2,542,183	1.047	\$2,662,068	\$25.88
Provider Incentive Payment Adjustment									\$7.85
Total	\$134,795,853	\$1,089,732	\$135,885,586	\$1,118,689	\$918,315	\$137,922,590		\$155,001,848	\$1,514.81
Admin Cost Adjustment									\$116.04
Medallion 3.0 Capitation Rate									\$1,630.85

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$91,110		\$91,110	\$1,084	(\$2,614)	\$89,580	1.047	\$93,804	\$63.77
FQHC / RHC	\$844		\$844	\$11		\$854	1.188	\$1,015	\$0.69
Home Health	\$41,175		\$41,175	\$631		\$41,805	1.093	\$45,698	\$31.07
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$132.66
IP - Other	\$527,265	\$11,329	\$538,594	\$7,002	(\$7,795)	\$537,802	1.112	\$597,887	\$406.45
IP - Psych	\$17,574		\$17,574		\$4,032	\$21,607	1.112	\$24,021	\$16.33
Lab	\$3,286		\$3,286	\$30		\$3,316	1.047	\$3,472	\$2.36
OP - Emergency Room & Related	\$31,538		\$31,538	\$483		\$32,020	1.093	\$35,002	\$23.79
OP - Other	\$194,168		\$194,168	\$2,973	\$2,157	\$199,299	1.093	\$217,857	\$148.10
Pharmacy	\$366,940	\$7,956	\$374,897	\$12	\$3,572	\$378,481	1.136	\$428,873	\$291.55
Prof - Anesthesia	\$11,706		\$11,706	\$148		\$11,854	1.188	\$14,078	\$9.57
Prof - Child EPSDT	\$4,131		\$4,131	\$52	(\$6)	\$4,177	1.188	\$4,961	\$3.37
Prof - Evaluation & Management	\$259,361		\$259,361	\$3,262	\$128	\$262,752	1.188	\$312,048	\$212.13
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$427,094		\$427,094	\$5,397	(\$646)	\$431,845	1.188	\$512,866	\$348.65
Prof - Psych	\$2,757		\$2,757	\$0	(\$4)	\$2,753	1.188	\$3,270	\$2.22
Prof - Specialist	\$39,169		\$39,169	\$495	(\$59)	\$39,605	1.188	\$47,035	\$31.97
Prof - Vision	\$9,140		\$9,140	\$93	(\$14)	\$9,219	1.188	\$10,949	\$7.44
Radiology	\$6,563		\$6,563	\$77		\$6,640	1.047	\$6,953	\$4.73
Transportation/Ambulance	\$13,368		\$13,368	\$106		\$13,475	1.047	\$14,110	\$9.59
Provider Incentive Payment Adjustment									\$9.10
Total	\$2,219,326	\$22,946	\$2,242,273	\$24,141	(\$3,792)	\$2,262,622		\$2,569,048	\$1,755.56
Admin Cost Adjustment									\$134.48
Medallion 3.0 Capitation Rate									\$1,890.04

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 1-5									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$247,206		\$247,206	\$2,940	(\$7,093)	\$243,053	1.047	\$254,515	\$78.31
FQHC / RHC	\$1,611		\$1,611	\$20		\$1,631	1.188	\$1,937	\$0.60
Home Health	\$11,250		\$11,250	\$172		\$11,422	1.093	\$12,486	\$3.84
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$1,257,426	(\$444,236)	\$813,190	\$16,699	(\$11,856)	\$818,033	1.112	\$909,427	\$279.82
IP - Psych	\$19,482		\$19,482	\$14	\$4,473	\$23,969	1.112	\$26,647	\$8.20
Lab	\$17,250		\$17,250	\$190		\$17,440	1.047	\$18,263	\$5.62
OP - Emergency Room & Related	\$70,700		\$70,700	\$1,083		\$71,782	1.093	\$78,467	\$24.14
OP - Other	\$351,794		\$351,794	\$5,387	\$3,909	\$361,090	1.093	\$394,714	\$121.45
Pharmacy	\$607,148	\$13,164	\$620,312	\$20	\$5,911	\$626,243	1.136	\$709,623	\$218.35
Prof - Anesthesia	\$15,440		\$15,440	\$195		\$15,635	1.188	\$18,569	\$5.71
Prof - Child EPSDT	\$3,320		\$3,320	\$42	(\$5)	\$3,357	1.188	\$3,986	\$1.23
Prof - Evaluation & Management	\$280,584		\$280,584	\$3,522	\$139	\$284,245	1.188	\$337,574	\$103.87
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$433,268		\$433,268	\$5,471	(\$655)	\$438,084	1.188	\$520,275	\$160.08
Prof - Psych	\$4,729		\$4,729	\$23	(\$7)	\$4,745	1.188	\$5,635	\$1.73
Prof - Specialist	\$50,755		\$50,755	\$641	(\$77)	\$51,320	1.188	\$60,948	\$18.75
Prof - Vision	\$13,744		\$13,744	\$120	(\$21)	\$13,843	1.188	\$16,440	\$5.06
Radiology	\$15,094		\$15,094	\$175		\$15,269	1.047	\$15,989	\$4.92
Transportation/Ambulance	\$29,304		\$29,304	\$250		\$29,554	1.047	\$30,948	\$9.52
Provider Incentive Payment Adjustment									\$5.47
Total	\$3,430,104	(\$431,071)	\$2,999,033	\$36,965	(\$5,282)	\$3,030,715		\$3,416,441	\$1,056.69
Admin Cost Adjustment									\$80.95
Medallion 3.0 Capitation Rate									\$1,137.63

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 6-20									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$449,021		\$449,021	\$5,341	(\$5,401)	\$448,961	1.047	\$470,133	\$18.80
FQHC / RHC	\$19,646		\$19,646	\$248		\$19,894	1.188	\$23,627	\$0.94
Home Health	\$18,923		\$18,923	\$290		\$19,213	1.093	\$21,002	\$0.84
IP - Maternity	\$21,183	\$507	\$21,690	\$281	(\$314)	\$21,657	1.112	\$24,077	\$0.96
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$1,212,346	\$26,883	\$1,239,229	\$16,100	(\$17,934)	\$1,237,395	1.112	\$1,375,642	\$55.02
IP - Psych	\$307,135		\$307,135	\$2,208	\$70,979	\$380,322	1.112	\$422,813	\$16.91
Lab	\$117,534		\$117,534	\$1,282		\$118,816	1.047	\$124,420	\$4.98
OP - Emergency Room & Related	\$500,904		\$500,904	\$7,671		\$508,575	1.093	\$555,932	\$22.23
OP - Other	\$1,063,804		\$1,063,804	\$16,290	\$11,820	\$1,091,914	1.093	\$1,193,590	\$47.74
Pharmacy	\$8,742,455	\$189,557	\$8,932,012	\$294	\$85,112	\$9,017,418	1.136	\$10,218,020	\$408.67
Prof - Anesthesia	\$37,955		\$37,955	\$480		\$38,435	1.188	\$45,646	\$1.83
Prof - Child EPSDT	\$6,366		\$6,366	\$80	(\$10)	\$6,437	1.188	\$7,645	\$0.31
Prof - Evaluation & Management	\$1,210,670		\$1,210,670	\$15,122	\$600	\$1,226,391	1.188	\$1,456,480	\$58.25
Prof - Maternity	\$11,794		\$11,794	\$149	(\$18)	\$11,926	1.188	\$14,163	\$0.57
Prof - Other	\$1,439,693		\$1,439,693	\$18,163	(\$2,177)	\$1,455,679	1.188	\$1,728,786	\$69.14
Prof - Psych	\$252,161		\$252,161	\$2,907	(\$381)	\$254,687	1.188	\$302,471	\$12.10
Prof - Specialist	\$148,179		\$148,179	\$1,872	(\$224)	\$149,827	1.188	\$177,937	\$7.12
Prof - Vision	\$64,439		\$64,439	\$405	(\$97)	\$64,747	1.188	\$76,895	\$3.08
Radiology	\$86,119		\$86,119	\$987		\$87,106	1.047	\$91,214	\$3.65
Transportation/Ambulance	\$229,238		\$229,238	\$1,959		\$231,198	1.047	\$242,100	\$9.68
Provider Incentive Payment Adjustment									\$3.87
Total	\$15,939,568	\$216,948	\$16,156,516	\$92,131	\$141,954	\$16,390,600		\$18,572,592	\$746.68
Admin Cost Adjustment									\$57.20
Medallion 3.0 Capitation Rate									\$803.88

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Female									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$615,175		\$615,175	\$7,317		\$622,492	1.047	\$651,848	\$18.67
FQHC / RHC	\$79,793		\$79,793	\$1,008		\$80,801	1.188	\$95,960	\$2.75
Home Health	\$135,478		\$135,478	\$2,075		\$137,553	1.093	\$150,361	\$4.31
IP - Maternity	\$197,696	\$4,551	\$202,246	\$2,625	(\$2,927)	\$201,945	1.112	\$224,507	\$6.43
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$6,077,083	\$138,050	\$6,215,133	\$80,706	(\$89,946)	\$6,205,893	1.112	\$6,899,237	\$197.57
IP - Psych	\$902,741		\$902,741	\$9,282	\$209,264	\$1,121,288	1.112	\$1,246,562	\$35.70
Lab	\$529,251		\$529,251	\$6,136		\$535,387	1.047	\$560,635	\$16.05
OP - Emergency Room & Related	\$2,493,966		\$2,493,966	\$38,191		\$2,532,157	1.093	\$2,767,945	\$79.27
OP - Other	\$3,109,807		\$3,109,807	\$47,622	\$34,552	\$3,191,981	1.093	\$3,489,210	\$99.92
Pharmacy	\$12,003,116	\$260,256	\$12,263,372	\$404	\$116,856	\$12,380,632	1.136	\$14,029,020	\$401.75
Prof - Anesthesia	\$106,335		\$106,335	\$1,344		\$107,678	1.188	\$127,880	\$3.66
Prof - Child EPSDT	\$19,928		\$19,928	\$252	(\$30)	\$20,150	1.188	\$23,931	\$0.69
Prof - Evaluation & Management	\$2,759,043		\$2,759,043	\$34,607	\$1,367	\$2,795,017	1.188	\$3,319,404	\$95.06
Prof - Maternity	\$116,368		\$116,368	\$1,470	(\$176)	\$117,662	1.188	\$139,737	\$4.00
Prof - Other	\$672,960		\$672,960	\$8,469	(\$1,018)	\$680,411	1.188	\$808,066	\$23.14
Prof - Psych	\$195,483		\$195,483	\$2,067	(\$295)	\$197,255	1.188	\$234,263	\$6.71
Prof - Specialist	\$667,224		\$667,224	\$8,430	(\$1,009)	\$674,645	1.188	\$801,219	\$22.94
Prof - Vision	\$92,150		\$92,150	\$675	(\$139)	\$92,686	1.188	\$110,076	\$3.15
Radiology	\$548,875		\$548,875	\$6,480		\$555,355	1.047	\$581,544	\$16.65
Transportation/Ambulance	\$741,375		\$741,375	\$7,723		\$749,098	1.047	\$784,424	\$22.46
Provider Incentive Payment Adjustment									\$5.52
Total	\$32,063,848	\$402,857	\$32,466,705	\$266,881	\$266,499	\$33,000,086		\$37,045,829	\$1,066.40
Admin Cost Adjustment									\$81.69
Medallion 3.0 Capitation Rate									\$1,148.09

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 21-44 Male									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$578,444		\$578,444	\$6,880		\$585,324	1.047	\$612,927	\$24.08
FQHC / RHC	\$28,294		\$28,294	\$357		\$28,651	1.188	\$34,027	\$1.34
Home Health	\$102,068		\$102,068	\$1,563		\$103,631	1.093	\$113,281	\$4.45
IP - Maternity	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$5,066,131	(\$152,885)	\$4,913,245	\$67,280	(\$71,155)	\$4,909,371	1.112	\$5,457,863	\$214.46
IP - Psych	\$721,325		\$721,325	\$7,124	\$167,143	\$895,593	1.112	\$995,652	\$39.12
Lab	\$180,252		\$180,252	\$2,034		\$182,286	1.047	\$190,882	\$7.50
OP - Emergency Room & Related	\$1,168,639		\$1,168,639	\$17,896		\$1,186,535	1.093	\$1,297,022	\$50.97
OP - Other	\$1,467,270		\$1,467,270	\$22,469	\$16,302	\$1,506,041	1.093	\$1,646,279	\$64.69
Pharmacy	\$6,345,370	\$137,583	\$6,482,952	\$214	\$61,775	\$6,544,941	1.136	\$7,416,351	\$291.42
Prof - Anesthesia	\$40,734		\$40,734	\$515		\$41,249	1.188	\$48,988	\$1.92
Prof - Child EPSDT	\$7,364		\$7,364	\$93	(\$11)	\$7,446	1.188	\$8,843	\$0.35
Prof - Evaluation & Management	\$1,381,165		\$1,381,165	\$17,273	\$684	\$1,399,123	1.188	\$1,661,619	\$65.29
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$757,611		\$757,611	\$9,552	(\$1,146)	\$766,017	1.188	\$909,733	\$35.75
Prof - Psych	\$97,598		\$97,598	\$867	(\$147)	\$98,318	1.188	\$116,764	\$4.59
Prof - Specialist	\$280,481		\$280,481	\$3,544	(\$424)	\$283,600	1.188	\$336,808	\$13.23
Prof - Vision	\$57,601		\$57,601	\$384	(\$87)	\$57,899	1.188	\$68,761	\$2.70
Radiology	\$204,610		\$204,610	\$2,400		\$207,010	1.047	\$216,772	\$8.52
Transportation/Ambulance	\$446,754		\$446,754	\$4,488		\$451,242	1.047	\$472,522	\$18.57
Provider Incentive Payment Adjustment									\$4.42
Total	\$18,931,710	(\$15,302)	\$18,916,408	\$164,933	\$172,935	\$19,254,277		\$21,605,094	\$853.38
Admin Cost Adjustment									\$65.37
Medallion 3.0 Capitation Rate									\$918.75

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

Age 45 and Over									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$3,978,697		\$3,978,697	\$47,326		\$4,026,022	1.047	\$4,215,882	\$31.97
FQHC / RHC	\$385,789		\$385,789	\$4,874		\$390,663	1.188	\$463,958	\$3.52
Home Health	\$1,244,214		\$1,244,214	\$19,053		\$1,263,267	1.093	\$1,380,900	\$10.47
IP - Maternity	\$2,351	\$40	\$2,391	\$31	(\$35)	\$2,388	1.112	\$2,655	\$0.02
IP - Newborn	\$0	\$0	\$0			\$0	1.112	\$0	\$0.00
IP - Other	\$35,923,789	\$659,742	\$36,583,531	\$477,080	(\$529,469)	\$36,531,142	1.112	\$40,612,534	\$308.01
IP - Psych	\$2,466,338		\$2,466,338	\$22,997	\$571,179	\$3,060,513	1.112	\$3,402,445	\$25.80
Lab	\$1,942,347		\$1,942,347	\$22,483		\$1,964,829	1.047	\$2,057,487	\$15.60
OP - Emergency Room & Related	\$6,490,283		\$6,490,283	\$99,388		\$6,589,672	1.093	\$7,203,285	\$54.63
OP - Other	\$14,614,490		\$14,614,490	\$223,797	\$162,376	\$15,000,664	1.093	\$16,397,487	\$124.36
Pharmacy	\$55,795,511	\$1,209,781	\$57,005,292	\$1,878	\$543,195	\$57,550,366	1.136	\$65,212,763	\$494.58
Prof - Anesthesia	\$387,045		\$387,045	\$4,890		\$391,936	1.188	\$465,469	\$3.53
Prof - Child EPSDT	\$84,870		\$84,870	\$1,072	(\$128)	\$85,814	1.188	\$101,914	\$0.77
Prof - Evaluation & Management	\$10,688,288		\$10,688,288	\$134,125	\$5,295	\$10,827,707	1.188	\$12,859,146	\$97.52
Prof - Maternity	\$0		\$0			\$0	1.188	\$0	\$0.00
Prof - Other	\$2,828,139		\$2,828,139	\$35,599	(\$4,277)	\$2,859,461	1.188	\$3,395,938	\$25.75
Prof - Psych	\$392,590		\$392,590	\$3,506	(\$592)	\$395,505	1.188	\$469,707	\$3.56
Prof - Specialist	\$3,258,000		\$3,258,000	\$41,165	(\$4,927)	\$3,294,238	1.188	\$3,912,286	\$29.67
Prof - Vision	\$515,807		\$515,807	\$4,659	(\$777)	\$519,688	1.188	\$617,190	\$4.68
Radiology	\$1,983,399		\$1,983,399	\$23,406		\$2,006,804	1.047	\$2,101,441	\$15.94
Transportation/Ambulance	\$3,104,110		\$3,104,110	\$32,807		\$3,136,917	1.047	\$3,284,848	\$24.91
Provider Incentive Payment Adjustment									\$6.64
Total	\$146,086,056	\$1,869,564	\$147,955,620	\$1,200,137	\$741,840	\$149,897,597		\$168,157,335	\$1,281.95
Admin Cost Adjustment									\$98.20
Medallion 3.0 Capitation Rate									\$1,380.16

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Northern Virginia	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$4,461,991	\$0	\$4,461,991	\$53,074	(\$27,946)	\$4,487,119	1.047	\$4,698,724	\$21.87
FQHC / RHC	\$15,593	\$0	\$15,593	\$197		\$15,790	1.188	\$18,752	\$0.09
Home Health	\$1,434,795	\$0	\$1,434,795	\$21,972		\$1,456,767	1.093	\$1,592,418	\$7.41
IP - Maternity	\$384,487	\$5,672	\$390,159	\$5,106	(\$5,647)	\$389,618	1.112	\$433,147	\$2.02
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.91
IP - Other	\$54,059,571	(\$341,505)	\$53,718,066	\$717,929	(\$777,703)	\$53,658,292	1.112	\$59,653,191	\$277.69
IP - Psych	\$8,001,787	\$0	\$8,001,787	\$106,007	\$1,860,337	\$9,968,131	1.112	\$11,081,807	\$51.59
Lab	\$1,431,805	\$0	\$1,431,805	\$15,589		\$1,447,394	1.047	\$1,515,651	\$7.06
OP - Emergency Room & Related	\$9,445,659	\$0	\$9,445,659	\$144,645		\$9,590,304	1.093	\$10,483,328	\$48.80
OP - Other	\$21,906,098	\$0	\$21,906,098	\$335,457	\$243,391	\$22,484,945	1.093	\$24,578,687	\$114.42
Pharmacy	\$76,281,032	\$1,653,957	\$77,934,989	\$2,568	\$742,631	\$78,680,188	1.133	\$89,155,862	\$415.03
Prof - Anesthesia	\$711,827	\$0	\$711,827	\$8,994		\$720,821	1.188	\$856,058	\$3.99
Prof - Child EPSDT	\$103,805	\$0	\$103,805	\$1,312	(\$157)	\$104,960	1.188	\$124,652	\$0.58
Prof - Evaluation & Management	\$16,209,154	\$0	\$16,209,154	\$203,322	\$8,029	\$16,420,506	1.188	\$19,501,237	\$90.78
Prof - Maternity	\$144,976	\$0	\$144,976	\$1,832	(\$219)	\$146,588	1.188	\$174,091	\$0.81
Prof - Other	\$12,759,429	\$0	\$12,759,429	\$161,176	(\$19,296)	\$12,901,309	1.188	\$15,321,786	\$71.32
Prof - Psych	\$873,756	\$0	\$873,756	\$11,001	(\$1,321)	\$883,436	1.188	\$1,049,182	\$4.88
Prof - Specialist	\$4,892,208	\$0	\$4,892,208	\$61,813	(\$7,399)	\$4,946,623	1.188	\$5,874,683	\$27.35
Prof - Vision	\$1,017,978	\$0	\$1,017,978	\$10,551	(\$1,536)	\$1,026,993	1.188	\$1,219,673	\$5.68
Radiology	\$3,209,256	\$0	\$3,209,256	\$38,065		\$3,247,321	1.047	\$3,400,458	\$15.83
Transportation/Ambulance	\$2,283,512	\$0	\$2,283,512	\$19,734		\$2,303,245	1.047	\$2,411,862	\$11.23
Provider Incentive Payment Adjustment									\$6.14
Total	\$219,800,855	\$1,321,785	\$221,122,639	\$1,922,630	\$2,010,619	\$225,055,888		\$253,340,395	\$1,185.46
Admin Cost Adjustment									\$90.81
Medallion 3.0 Capitation Rate									\$1,276.27

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Other MSA	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$3,784,603	\$0	\$3,784,603	\$45,017	(\$16,675)	\$3,812,945	1.047	\$3,992,756	\$25.19
FQHC / RHC	\$695,709	\$0	\$695,709	\$8,790		\$704,499	1.188	\$836,673	\$5.28
Home Health	\$475,339	\$0	\$475,339	\$7,279		\$482,618	1.093	\$527,558	\$3.33
IP - Maternity	\$588,481	\$12,516	\$600,996	\$7,815	(\$8,698)	\$600,114	1.112	\$667,161	\$4.21
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$1.23
IP - Other	\$34,979,640	\$566,648	\$35,546,288	\$464,541	(\$514,471)	\$35,496,358	1.112	\$39,462,140	\$249.01
IP - Psych	\$5,513,284	\$0	\$5,513,284	\$37,472	\$1,273,623	\$6,824,379	1.112	\$7,586,823	\$47.87
Lab	\$1,320,322	\$0	\$1,320,322	\$15,059		\$1,335,381	1.047	\$1,398,355	\$8.82
OP - Emergency Room & Related	\$6,495,193	\$0	\$6,495,193	\$99,463		\$6,594,657	1.093	\$7,208,735	\$45.49
OP - Other	\$16,415,017	\$0	\$16,415,017	\$251,370	\$182,381	\$16,848,768	1.093	\$18,417,682	\$116.22
Pharmacy	\$52,049,726	\$1,128,563	\$53,178,290	\$1,752	\$506,728	\$53,686,770	1.133	\$60,834,759	\$383.87
Prof - Anesthesia	\$396,885	\$0	\$396,885	\$5,015		\$401,899	1.188	\$477,302	\$3.01
Prof - Child EPSDT	\$83,104	\$0	\$83,104	\$1,050	(\$126)	\$84,028	1.188	\$99,793	\$0.63
Prof - Evaluation & Management	\$10,200,770	\$0	\$10,200,770	\$128,467	\$5,053	\$10,334,290	1.188	\$12,273,156	\$77.44
Prof - Maternity	\$187,890	\$0	\$187,890	\$2,374	(\$284)	\$189,980	1.188	\$225,623	\$1.42
Prof - Other	\$9,140,958	\$0	\$9,140,958	\$115,452	(\$13,824)	\$9,242,586	1.188	\$10,976,633	\$69.26
Prof - Psych	\$1,057,856	\$0	\$1,057,856	\$8,039	(\$1,592)	\$1,064,303	1.188	\$1,263,983	\$7.98
Prof - Specialist	\$2,856,781	\$0	\$2,856,781	\$36,096	(\$4,320)	\$2,888,556	1.188	\$3,430,492	\$21.65
Prof - Vision	\$561,422	\$0	\$561,422	\$4,773	(\$846)	\$565,349	1.188	\$671,417	\$4.24
Radiology	\$1,893,778	\$0	\$1,893,778	\$22,335		\$1,916,114	1.047	\$2,006,474	\$12.66
Transportation/Ambulance	\$3,363,079	\$0	\$3,363,079	\$34,486		\$3,397,565	1.047	\$3,557,787	\$22.45
Provider Incentive Payment Adjustment									\$5.79
Total	\$152,231,971	\$1,711,388	\$153,943,359	\$1,298,932	\$1,404,407	\$156,646,697		\$176,110,452	\$1,117.06
Admin Cost Adjustment									\$85.57
Medallion 3.0 Capitation Rate									\$1,202.63

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Richmond/Charlottesville	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$8,422,171	\$0	\$8,422,171	\$100,179	(\$44,726)	\$8,477,625	1.047	\$8,877,414	\$23.20
FQHC / RHC	\$614,195	\$0	\$614,195	\$7,760		\$621,956	1.188	\$738,644	\$1.93
Home Health	\$1,662,445	\$0	\$1,662,445	\$25,458		\$1,687,902	1.093	\$1,845,076	\$4.82
IP - Maternity	\$1,343,755	(\$25,602)	\$1,318,153	\$17,846	(\$19,087)	\$1,316,912	1.112	\$1,464,042	\$3.83
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.51
IP - Other	\$101,552,064	(\$548,176)	\$101,003,888	\$1,348,645	(\$1,462,265)	\$100,890,267	1.112	\$112,162,093	\$293.12
IP - Psych	\$18,270,313	\$0	\$18,270,313	\$180,646	\$4,233,580	\$22,684,539	1.112	\$25,218,938	\$65.91
Lab	\$1,890,760	\$0	\$1,890,760	\$20,450		\$1,911,210	1.047	\$2,001,339	\$5.23
OP - Emergency Room & Related	\$21,091,458	\$0	\$21,091,458	\$322,982		\$21,414,439	1.093	\$23,408,498	\$61.18
OP - Other	\$46,632,848	\$0	\$46,632,848	\$714,107	\$518,120	\$47,865,076	1.093	\$52,322,150	\$136.74
Pharmacy	\$118,408,407	\$2,567,380	\$120,975,786	\$3,986	\$1,152,761	\$122,132,533	1.133	\$138,393,559	\$361.68
Prof - Anesthesia	\$1,171,518	\$0	\$1,171,518	\$14,802		\$1,186,320	1.188	\$1,408,892	\$3.68
Prof - Child EPSDT	\$114,119	\$0	\$114,119	\$1,442	(\$173)	\$115,389	1.188	\$137,037	\$0.36
Prof - Evaluation & Management	\$25,091,091	\$0	\$25,091,091	\$316,470	\$12,430	\$25,419,991	1.188	\$30,189,159	\$78.90
Prof - Maternity	\$596,503	\$0	\$596,503	\$7,537	(\$902)	\$603,138	1.188	\$716,296	\$1.87
Prof - Other	\$17,948,392	\$0	\$17,948,392	\$226,759	(\$27,143)	\$18,148,007	1.188	\$21,552,843	\$56.33
Prof - Psych	\$2,453,228	\$0	\$2,453,228	\$21,760	(\$3,696)	\$2,471,292	1.188	\$2,934,943	\$7.67
Prof - Specialist	\$7,213,224	\$0	\$7,213,224	\$91,140	(\$10,909)	\$7,293,454	1.188	\$8,661,815	\$22.64
Prof - Vision	\$1,056,624	\$0	\$1,056,624	\$8,902	(\$1,591)	\$1,063,935	1.188	\$1,263,545	\$3.30
Radiology	\$3,745,685	\$0	\$3,745,685	\$44,258		\$3,789,943	1.047	\$3,968,670	\$10.37
Transportation/Ambulance	\$5,695,370	\$0	\$5,695,370	\$53,501		\$5,748,872	1.047	\$6,019,978	\$15.73
Provider Incentive Payment Adjustment									\$6.04
Total	\$385,146,304	\$1,997,262	\$387,143,566	\$3,530,917	\$4,343,855	\$395,018,337		\$443,480,078	\$1,165.03
Admin Cost Adjustment									\$89.25
Medallion 3.0 Capitation Rate									\$1,254.27

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Rural	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$3,980,924	\$0	\$3,980,924	\$47,352	(\$19,534)	\$4,008,742	1.047	\$4,197,787	\$20.92
FQHC / RHC	\$1,332,034	\$0	\$1,332,034	\$16,830		\$1,348,865	1.188	\$1,601,932	\$7.98
Home Health	\$1,159,778	\$0	\$1,159,778	\$17,760		\$1,177,538	1.093	\$1,287,187	\$6.41
IP - Maternity	\$488,825	(\$6,453)	\$482,372	\$6,492	(\$6,939)	\$481,924	1.112	\$535,767	\$2.67
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.97
IP - Other	\$45,165,220	(\$212,345)	\$44,952,875	\$599,809	(\$649,432)	\$44,903,252	1.112	\$49,920,006	\$248.78
IP - Psych	\$6,884,539	\$0	\$6,884,539	\$41,934	\$1,589,282	\$8,515,756	1.112	\$9,467,167	\$47.18
Lab	\$1,037,507	\$0	\$1,037,507	\$11,507		\$1,049,013	1.047	\$1,098,483	\$5.47
OP - Emergency Room & Related	\$8,704,325	\$0	\$8,704,325	\$133,293	\$553	\$8,838,171	1.093	\$9,661,159	\$48.15
OP - Other	\$26,644,059	\$0	\$26,644,059	\$408,011	\$304,173	\$27,356,243	1.093	\$29,903,587	\$149.02
Pharmacy	\$63,122,299	\$1,368,644	\$64,490,943	\$2,125	\$614,525	\$65,107,592	1.133	\$73,776,178	\$367.66
Prof - Anesthesia	\$564,685	\$0	\$564,685	\$7,135		\$571,820	1.188	\$679,102	\$3.38
Prof - Child EPSDT	\$93,844	\$0	\$93,844	\$1,186	(\$142)	\$94,888	1.188	\$112,690	\$0.56
Prof - Evaluation & Management	\$11,661,082	\$0	\$11,661,082	\$146,795	\$5,777	\$11,813,653	1.188	\$14,030,070	\$69.92
Prof - Maternity	\$207,920	\$0	\$207,920	\$2,627	(\$314)	\$210,232	1.188	\$249,675	\$1.24
Prof - Other	\$7,701,922	\$0	\$7,701,922	\$97,429	(\$11,648)	\$7,787,702	1.188	\$9,248,791	\$46.09
Prof - Psych	\$1,103,267	\$0	\$1,103,267	\$6,565	(\$1,657)	\$1,108,174	1.188	\$1,316,084	\$6.56
Prof - Specialist	\$3,877,513	\$0	\$3,877,513	\$48,993	(\$5,864)	\$3,920,642	1.188	\$4,656,213	\$23.20
Prof - Vision	\$598,361	\$0	\$598,361	\$5,167	(\$901)	\$602,628	1.188	\$715,689	\$3.57
Radiology	\$2,018,677	\$0	\$2,018,677	\$23,880		\$2,042,557	1.047	\$2,138,880	\$10.66
Transportation/Ambulance	\$3,632,889	\$0	\$3,632,889	\$35,306		\$3,668,196	1.047	\$3,841,181	\$19.14
Provider Incentive Payment Adjustment									\$5.67
Total	\$190,151,806	\$1,153,506	\$191,305,312	\$1,662,481	\$1,815,334	\$194,783,126		\$218,632,777	\$1,095.23
Admin Cost Adjustment									\$83.90
Medallion 3.0 Capitation Rate									\$1,179.13

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Tidewater	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$11,283,549	\$0	\$11,283,549	\$134,215	(\$45,293)	\$11,372,471	1.047	\$11,908,775	\$29.24
FQHC / RHC	\$1,830,165	\$0	\$1,830,165	\$23,124		\$1,853,289	1.188	\$2,200,994	\$5.40
Home Health	\$2,290,344	\$0	\$2,290,344	\$35,073		\$2,325,417	1.093	\$2,541,954	\$6.24
IP - Maternity	\$1,322,605	\$23,952	\$1,346,557	\$17,565	(\$18,388)	\$1,345,734	1.112	\$1,496,084	\$3.67
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.48
IP - Other	\$95,816,286	\$1,602,958	\$97,419,244	\$1,272,472	(\$1,359,937)	\$97,331,779	1.112	\$108,206,038	\$265.66
IP - Psych	\$16,140,324	\$0	\$16,140,324	\$104,184	\$3,727,309	\$19,971,818	1.112	\$22,203,141	\$54.51
Lab	\$1,748,216	\$0	\$1,748,216	\$15,433		\$1,763,649	1.047	\$1,846,819	\$4.53
OP - Emergency Room & Related	\$24,532,855	\$0	\$24,532,855	\$375,681	\$20,833	\$24,929,369	1.093	\$27,250,729	\$66.90
OP - Other	\$46,081,121	\$0	\$46,081,121	\$705,659	\$665,266	\$47,452,045	1.093	\$51,870,659	\$127.35
Pharmacy	\$138,271,594	\$2,998,061	\$141,269,655	\$4,655	\$1,346,138	\$142,620,448	1.133	\$161,609,285	\$396.78
Prof - Anesthesia	\$1,418,863	\$0	\$1,418,863	\$17,927		\$1,436,791	1.188	\$1,706,354	\$4.19
Prof - Child EPSDT	\$246,102	\$0	\$246,102	\$3,110	(\$372)	\$248,839	1.188	\$295,525	\$0.73
Prof - Evaluation & Management	\$27,249,930	\$0	\$27,249,930	\$344,018	\$13,500	\$27,607,448	1.188	\$32,787,016	\$80.50
Prof - Maternity	\$543,650	\$0	\$543,650	\$6,869	(\$822)	\$549,697	1.188	\$652,828	\$1.60
Prof - Other	\$29,564,335	\$0	\$29,564,335	\$374,648	(\$44,712)	\$29,894,270	1.188	\$35,502,880	\$87.17
Prof - Psych	\$2,583,586	\$0	\$2,583,586	\$16,228	(\$3,883)	\$2,595,932	1.188	\$3,082,967	\$7.57
Prof - Specialist	\$8,811,948	\$0	\$8,811,948	\$111,339	(\$13,326)	\$8,909,961	1.188	\$10,581,602	\$25.98
Prof - Vision	\$1,203,454	\$0	\$1,203,454	\$10,730	(\$1,813)	\$1,212,371	1.188	\$1,439,830	\$3.54
Radiology	\$4,426,580	\$0	\$4,426,580	\$52,517		\$4,479,097	1.047	\$4,690,322	\$11.52
Transportation/Ambulance	\$4,450,420	\$0	\$4,450,420	\$35,961		\$4,486,381	1.047	\$4,697,950	\$11.53
Provider Incentive Payment Adjustment									\$6.22
Total	\$419,988,062	\$4,628,632	\$424,616,694	\$3,663,694	\$4,281,956	\$432,562,344		\$486,766,904	\$1,201.32
Admin Cost Adjustment									\$92.03
Medallion 3.0 Capitation Rate									\$1,293.34

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Roanoke/Alleghany	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$5,029,661	\$0	\$5,029,661	\$59,826	(\$29,498)	\$5,059,990	1.047	\$5,298,610	\$23.71
FQHC / RHC	\$403,095	\$0	\$403,095	\$5,093		\$408,188	1.188	\$484,770	\$2.17
Home Health	\$1,299,866	\$0	\$1,299,866	\$19,905		\$1,319,771	1.093	\$1,442,665	\$6.45
IP - Maternity	\$600,641	(\$17,905)	\$582,737	\$7,977	(\$8,439)	\$582,274	1.112	\$647,328	\$2.90
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.87
IP - Other	\$56,285,981	(\$1,239,426)	\$55,046,555	\$747,496	(\$797,105)	\$54,996,947	1.112	\$61,141,405	\$273.56
IP - Psych	\$8,104,827	\$0	\$8,104,827	\$93,593	\$1,881,131	\$10,079,551	1.112	\$11,205,675	\$50.14
Lab	\$2,493,886	\$0	\$2,493,886	\$28,439		\$2,522,325	1.047	\$2,641,273	\$11.82
OP - Emergency Room & Related	\$7,120,083	\$0	\$7,120,083	\$109,033		\$7,229,115	1.093	\$7,902,272	\$35.36
OP - Other	\$19,794,866	\$0	\$19,794,866	\$303,127	\$219,933	\$20,317,926	1.093	\$22,209,879	\$99.37
Pharmacy	\$84,514,290	\$1,832,473	\$86,346,763	\$2,845	\$822,786	\$87,172,394	1.133	\$98,778,742	\$441.96
Prof - Anesthesia	\$628,220	\$0	\$628,220	\$7,938		\$636,157	1.188	\$755,510	\$3.38
Prof - Child EPSDT	\$123,774	\$0	\$123,774	\$1,564	(\$187)	\$125,150	1.188	\$148,630	\$0.67
Prof - Evaluation & Management	\$16,332,092	\$0	\$16,332,092	\$194,724	\$8,085	\$16,534,901	1.188	\$19,637,095	\$87.86
Prof - Maternity	\$259,923	\$0	\$259,923	\$3,284	(\$393)	\$262,814	1.188	\$312,122	\$1.40
Prof - Other	\$28,060,671	\$0	\$28,060,671	\$354,179	(\$42,436)	\$28,372,414	1.188	\$33,695,501	\$150.76
Prof - Psych	\$1,490,161	\$0	\$1,490,161	\$16,736	(\$2,250)	\$1,504,646	1.188	\$1,786,941	\$8.00
Prof - Specialist	\$4,645,231	\$0	\$4,645,231	\$58,693	(\$7,025)	\$4,696,899	1.188	\$5,578,107	\$24.96
Prof - Vision	\$731,778	\$0	\$731,778	\$5,406	(\$1,101)	\$736,083	1.188	\$874,183	\$3.91
Radiology	\$2,200,306	\$0	\$2,200,306	\$25,786		\$2,226,092	1.047	\$2,331,070	\$10.43
Transportation/Ambulance	\$4,340,165	\$0	\$4,340,165	\$45,525		\$4,385,690	1.047	\$4,592,510	\$20.55
Provider Incentive Payment Adjustment									\$6.56
Total	\$244,631,651	\$578,804	\$245,210,455	\$2,093,455	\$2,040,957	\$249,344,867		\$281,659,437	\$1,266.77
Admin Cost Adjustment									\$97.04
Medallion 3.0 Capitation Rate									\$1,363.81

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Capitation Rate Calculations - Aged, Blind, and Disabled (ABAD)

Appendix I
Exhibit 4b

All Age Categories ³									
Far Southwest	Total Base Claims FY15-16	Base Claims Redistribution and Adjustments FY15-16	Total Redistributed Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$5,959,653	\$0	\$5,959,653	\$70,888	(\$15,109)	\$6,015,433	1.047	\$6,299,109	\$28.38
FQHC / RHC	\$515,976	\$0	\$515,976	\$6,519		\$522,496	1.188	\$620,524	\$2.80
Home Health	\$1,553,108	\$0	\$1,553,108	\$23,783		\$1,576,891	1.093	\$1,723,727	\$7.77
IP - Maternity	\$221,229	\$5,098	\$226,328	\$2,938	(\$3,275)	\$225,990	1.112	\$251,239	\$1.13
IP - Newborn	\$172,135	\$3,661	\$175,796	\$2,286	(\$2,544)	\$175,538	1.112	\$195,150	\$0.88
IP - Other	\$50,064,040	\$238,884	\$50,302,923	\$664,867	(\$728,154)	\$50,239,636	1.112	\$55,852,590	\$251.65
IP - Psych	\$4,434,596	\$0	\$4,434,596	\$41,625	\$1,027,071	\$5,503,292	1.112	\$6,118,139	\$27.57
Lab	\$2,789,920	\$0	\$2,789,920	\$32,154		\$2,822,074	1.047	\$2,955,158	\$13.31
OP - Emergency Room & Related	\$10,756,030	\$0	\$10,756,030	\$164,711		\$10,920,742	1.093	\$11,937,653	\$53.79
OP - Other	\$20,801,333	\$0	\$20,801,333	\$318,539	\$231,116	\$21,350,988	1.093	\$23,339,138	\$105.16
Pharmacy	\$83,860,539	\$1,818,299	\$85,678,838	\$2,823	\$816,421	\$86,498,082	1.133	\$98,014,650	\$441.61
Prof - Anesthesia	\$599,216	\$0	\$599,216	\$7,571		\$606,788	1.188	\$720,630	\$3.25
Prof - Child EPSDT	\$125,980	\$0	\$125,980	\$1,592	(\$191)	\$127,381	1.188	\$151,279	\$0.68
Prof - Evaluation & Management	\$16,579,111	\$0	\$16,579,111	\$207,911	\$8,213	\$16,795,235	1.188	\$19,946,270	\$89.87
Prof - Maternity	\$128,162	\$0	\$128,162	\$1,619	(\$194)	\$129,588	1.188	\$153,900	\$0.69
Prof - Other	\$6,558,766	\$0	\$6,558,766	\$82,649	(\$9,919)	\$6,631,497	1.188	\$7,875,665	\$35.48
Prof - Psych	\$945,318	\$0	\$945,318	\$9,371	(\$1,426)	\$953,263	1.188	\$1,132,109	\$5.10
Prof - Specialist	\$4,443,808	\$0	\$4,443,808	\$56,148	(\$6,720)	\$4,493,236	1.188	\$5,336,233	\$24.04
Prof - Vision	\$752,881	\$0	\$752,881	\$6,336	(\$1,134)	\$758,083	1.188	\$900,311	\$4.06
Radiology	\$2,844,660	\$0	\$2,844,660	\$33,523		\$2,878,183	1.047	\$3,013,913	\$13.58
Transportation/Ambulance	\$4,564,151	\$0	\$4,564,151	\$47,333		\$4,611,483	1.047	\$4,828,952	\$21.76
Provider Incentive Payment Adjustment									\$5.90
Total	\$218,670,613	\$2,065,941	\$220,736,554	\$1,785,188	\$1,314,155	\$223,835,897		\$251,366,340	\$1,138.44
Admin Cost Adjustment									\$87.21
Medallion 3.0 Capitation Rate									\$1,225.65

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.

Pharmacy Completed and Trended claims does not trend the additional dollars added in to level out the Hep C claims

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Summary of FY 2018 Base Capitation Rates
 Before CDPS Adjustment**

**Appendix I
 Exhibit 5a**

Aid Category	Age Group	Region							FY 2018 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,915.16	\$1,915.16	\$1,915.16	\$1,915.16	\$1,915.16	\$1,915.16	\$1,915.16	\$1,915.16
	1-5	\$2,037.65	\$1,229.83	\$1,405.28	\$1,012.34	\$1,605.92	\$1,538.86	\$1,151.74	\$1,472.90
	6-14	\$659.10	\$602.18	\$546.16	\$631.53	\$661.91	\$1,132.50	\$814.28	\$698.56
	Female 15-20	\$659.10	\$602.18	\$546.16	\$631.53	\$661.91	\$1,132.50	\$814.28	\$678.21
	Female 21-44	\$1,175.05	\$1,133.36	\$1,196.48	\$1,100.08	\$1,182.34	\$1,254.45	\$1,161.64	\$1,178.09
	Male 15-20	\$659.10	\$602.18	\$546.16	\$631.53	\$661.91	\$1,132.50	\$814.28	\$685.24
	Male 21-44	\$1,058.28	\$1,055.47	\$984.59	\$867.80	\$1,069.65	\$911.25	\$929.42	\$992.44
	Over 44	\$1,518.63	\$1,619.15	\$1,813.20	\$1,599.32	\$1,758.85	\$1,650.02	\$1,396.17	\$1,640.93
	Average	\$1,284.84	\$1,215.75	\$1,281.89	\$1,198.74	\$1,325.39	\$1,380.73	\$1,240.75	\$1,284.45
Low Income Families with Children	Under 1	\$449.47	\$556.33	\$584.68	\$614.48	\$663.51	\$559.13	\$648.67	\$563.83
	1-5	\$123.95	\$128.30	\$139.96	\$144.60	\$146.03	\$135.74	\$144.68	\$136.50
	6-14	\$109.34	\$129.37	\$130.36	\$140.04	\$138.24	\$148.58	\$165.41	\$131.50
	Female 15-20	\$199.92	\$277.55	\$259.99	\$264.24	\$259.85	\$305.97	\$308.98	\$257.19
	Female 21-44	\$601.73	\$550.11	\$559.38	\$584.84	\$533.94	\$608.51	\$608.30	\$569.20
	Male 15-20	\$152.52	\$157.79	\$168.50	\$161.13	\$175.88	\$186.78	\$175.96	\$167.43
	Male 21-44	\$319.55	\$379.05	\$348.57	\$431.24	\$335.30	\$402.53	\$419.12	\$366.98
	Over 44	\$629.43	\$771.44	\$784.58	\$749.78	\$791.47	\$822.14	\$789.36	\$749.07
	Average	\$204.78	\$243.65	\$251.72	\$258.60	\$261.71	\$268.94	\$289.19	\$246.93
Weighted Average		\$270.36	\$365.28	\$372.84	\$375.05	\$378.75	\$418.40	\$466.11	\$361.78

Note:
 Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Comparison of FY 2017 and FY 2018 Base Capitation Rates
 Before CDPS Adjustment**

**Appendix I
 Exhibit 5b**

Aid Category	Age Group	Region											
		FY 2017	FY 2018		FY 2017	FY 2018		FY 2017	FY 2018		FY 2017	FY 2018	
		Northern Virginia			Other MSA			Richmond/Charlottesville			Rural		
				% Change 2017-2018			% Change 2017-2018			% Change 2017-2018			% Change 2017-2018
Aged, Blind, and Disabled	Under 1	\$2,434.88	\$1,915.16	-21.34%	\$2,434.88	\$1,915.16	-21.34%	\$2,434.88	\$1,915.16	-21.34%	\$2,434.77	\$1,915.16	-21.34%
	1-5	\$2,034.53	\$2,037.65	0.15%	\$1,179.20	\$1,229.83	4.29%	\$1,265.72	\$1,405.28	11.03%	\$1,070.81	\$1,012.34	-5.46%
	6-14	\$603.31	\$659.10	9.25%	\$552.39	\$602.18	9.01%	\$533.61	\$546.16	2.35%	\$569.87	\$631.53	10.82%
	Female 15-20	\$603.31	\$659.10	9.25%	\$552.39	\$602.18	9.01%	\$533.61	\$546.16	2.35%	\$569.87	\$631.53	10.82%
	Female 21-44	\$1,170.99	\$1,175.05	0.35%	\$1,085.78	\$1,133.36	4.38%	\$1,181.13	\$1,196.48	1.30%	\$1,059.57	\$1,100.08	3.82%
	Male 15-20	\$603.31	\$659.10	9.25%	\$552.39	\$602.18	9.01%	\$533.61	\$546.16	2.35%	\$569.87	\$631.53	10.82%
	Male 21-44	\$1,074.87	\$1,058.28	-1.54%	\$1,121.61	\$1,055.47	-5.90%	\$895.23	\$984.59	9.98%	\$821.81	\$867.80	5.60%
	Over 44	\$1,415.70	\$1,518.63	7.27%	\$1,486.37	\$1,619.15	8.93%	\$1,694.37	\$1,813.20	7.01%	\$1,498.07	\$1,599.32	6.76%
	Average	\$1,220.23	\$1,284.84	5.29%	\$1,144.83	\$1,215.75	6.19%	\$1,208.35	\$1,281.89	6.09%	\$1,127.08	\$1,198.74	6.36%
Low Income Families with Children	Under 1	\$445.72	\$449.47	0.84%	\$570.51	\$556.33	-2.49%	\$617.66	\$584.68	-5.34%	\$614.15	\$614.48	0.05%
	1-5	\$122.74	\$123.95	0.99%	\$128.60	\$128.30	-0.23%	\$142.74	\$139.96	-1.94%	\$139.66	\$144.60	3.54%
	6-14	\$107.80	\$109.34	1.43%	\$122.16	\$129.37	5.90%	\$131.25	\$130.36	-0.67%	\$131.29	\$140.04	6.67%
	Female 15-20	\$202.69	\$199.92	-1.37%	\$267.51	\$277.55	3.75%	\$265.46	\$259.99	-2.06%	\$269.18	\$264.24	-1.83%
	Female 21-44	\$593.52	\$601.73	1.38%	\$514.13	\$550.11	7.00%	\$528.44	\$559.38	5.86%	\$536.91	\$584.84	8.93%
	Male 15-20	\$162.52	\$152.52	-6.15%	\$165.03	\$157.79	-4.39%	\$170.60	\$168.50	-1.23%	\$154.37	\$161.13	4.38%
	Male 21-44	\$322.17	\$319.55	-0.81%	\$359.25	\$379.05	5.51%	\$338.40	\$348.57	3.00%	\$356.90	\$431.24	20.83%
	Over 44	\$605.35	\$629.43	3.98%	\$716.14	\$771.44	7.72%	\$749.41	\$784.58	4.69%	\$767.60	\$749.78	-2.32%
	Average	\$203.09	\$204.78	0.83%	\$234.96	\$243.65	3.70%	\$249.47	\$251.72	0.90%	\$245.99	\$258.60	5.13%
Weighted Average		\$264.85	\$270.36	2.08%	\$348.80	\$365.28	4.72%	\$362.22	\$372.84	2.93%	\$355.13	\$375.05	5.61%

Note:
 Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Comparison of FY 2017 and FY 2018 Base Capitation Rates
 Before CDPS Adjustment**

**Appendix I
 Exhibit 5b**

Aid Category	Age Group	Region											
		Tidewater			Roanoke-Alleghany			Far Southwest			Weighted Average		
		FY 2017	FY 2018	% Change 2017-2018	FY 2017	FY 2018	% Change 2017-2018	FY 2017	FY 2018	% Change 2017-2018	FY 2017	FY 2018	% Change 2017-2018
Aged, Blind, and Disabled	Under 1	\$2,435.07	\$1,915.16	-21.35%	\$2,434.88	\$1,915.16	-21.34%	\$2,434.88	\$1,915.16	-21.34%	\$2,434.93	\$1,915.16	-21.35%
	1-5	\$1,287.76	\$1,605.92	24.71%	\$966.72	\$1,538.86	59.18%	\$917.03	\$1,151.74	25.59%	\$1,272.65	\$1,472.90	15.74%
	6-14	\$574.50	\$661.91	15.21%	\$929.94	\$1,132.50	21.78%	\$750.34	\$814.28	8.52%	\$624.74	\$698.56	11.82%
	Female 15-20	\$574.50	\$661.91	15.21%	\$929.94	\$1,132.50	21.78%	\$750.34	\$814.28	8.52%	\$610.55	\$678.21	11.08%
	Female 21-44	\$1,119.48	\$1,182.34	5.62%	\$1,190.09	\$1,254.45	5.41%	\$1,106.33	\$1,161.64	5.00%	\$1,136.00	\$1,178.09	3.71%
	Male 15-20	\$574.50	\$661.91	15.21%	\$929.94	\$1,132.50	21.78%	\$750.34	\$814.28	8.52%	\$615.33	\$685.24	11.36%
	Male 21-44	\$1,026.58	\$1,069.65	4.20%	\$883.26	\$911.25	3.17%	\$831.12	\$929.42	11.83%	\$951.27	\$992.44	4.33%
	Over 44	\$1,671.57	\$1,758.85	5.22%	\$1,601.72	\$1,650.02	3.02%	\$1,332.59	\$1,396.17	4.77%	\$1,548.33	\$1,640.93	5.98%
	Average	\$1,242.85	\$1,325.39	6.64%	\$1,284.16	\$1,380.73	7.52%	\$1,172.26	\$1,240.75	5.84%	\$1,208.21	\$1,284.45	6.31%
Low Income Families with Children	Under 1	\$643.09	\$663.51	3.17%	\$567.55	\$559.13	-1.48%	\$602.53	\$648.67	7.66%	\$564.26	\$563.83	-0.08%
	1-5	\$136.99	\$146.03	6.60%	\$131.60	\$135.74	3.14%	\$142.67	\$144.68	1.41%	\$133.80	\$136.50	2.02%
	6-14	\$133.87	\$138.24	3.27%	\$142.60	\$148.58	4.19%	\$156.57	\$165.41	5.65%	\$127.82	\$131.50	2.88%
	Female 15-20	\$268.85	\$259.85	-3.35%	\$318.84	\$305.97	-4.04%	\$329.59	\$308.98	-6.25%	\$263.48	\$257.19	-2.39%
	Female 21-44	\$491.92	\$533.94	8.54%	\$563.40	\$608.51	8.01%	\$561.39	\$608.30	8.36%	\$534.21	\$569.20	6.55%
	Male 15-20	\$179.70	\$175.88	-2.13%	\$190.04	\$186.78	-1.72%	\$169.68	\$175.96	3.70%	\$170.68	\$167.43	-1.91%
	Male 21-44	\$344.08	\$335.30	-2.55%	\$381.46	\$402.53	5.52%	\$397.24	\$419.12	5.51%	\$352.91	\$366.98	3.99%
	Over 44	\$726.86	\$791.47	8.89%	\$735.55	\$822.14	11.77%	\$706.07	\$789.36	11.80%	\$705.33	\$749.07	6.20%
	Average	\$249.40	\$261.71	4.93%	\$258.48	\$268.94	4.05%	\$274.42	\$289.19	5.38%	\$239.43	\$246.93	3.13%
Weighted Average		\$358.72	\$378.75	5.58%	\$396.37	\$418.40	5.56%	\$441.35	\$466.11	5.61%	\$346.68	\$361.78	4.36%

Note:
 Average is weighted by health plan enrollment distribution as of February 2017

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Summary of Contract Year Base Capitation Rates
Before CDPS Adjustment

Appendix I
Exhibit 5c

Aid Category	Age Group	Region							FY 2018 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04
	1-5	\$2,010.08	\$1,214.74	\$1,387.99	\$999.92	\$1,585.20	\$1,516.23	\$1,137.63	\$1,453.70
	6-14	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$689.45
	Female 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$669.45
	Female 21-44	\$1,161.08	\$1,120.18	\$1,182.61	\$1,087.27	\$1,168.22	\$1,239.75	\$1,148.09	\$1,164.27
	Male 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$676.37
	Male 21-44	\$1,045.96	\$1,043.11	\$973.22	\$857.66	\$1,056.68	\$900.61	\$918.75	\$980.79
	Over 44	\$1,500.75	\$1,600.56	\$1,792.44	\$1,580.93	\$1,738.15	\$1,630.85	\$1,380.16	\$1,621.90
	Average	\$1,269.53	\$1,201.45	\$1,267.01	\$1,184.81	\$1,309.57	\$1,363.71	\$1,226.35	\$1,269.26
Low Income Families with Children	Under 1	\$453.31	\$561.34	\$589.13	\$619.46	\$667.64	\$564.83	\$655.13	\$568.37
	1-5	\$125.32	\$129.84	\$141.39	\$146.19	\$147.28	\$137.59	\$146.71	\$137.97
	6-14	\$110.70	\$131.19	\$131.89	\$141.88	\$139.66	\$151.07	\$168.09	\$133.18
	Female 15-20	\$202.05	\$280.86	\$262.62	\$267.13	\$262.12	\$310.20	\$313.07	\$259.98
	Female 21-44	\$609.74	\$558.67	\$566.27	\$592.78	\$539.74	\$619.31	\$619.05	\$576.86
	Male 15-20	\$154.41	\$159.85	\$170.39	\$163.12	\$177.63	\$189.64	\$178.66	\$169.47
	Male 21-44	\$323.88	\$384.71	\$352.84	\$436.73	\$338.77	\$409.57	\$426.58	\$372.09
	Over 44	\$638.36	\$783.72	\$794.87	\$760.32	\$800.24	\$837.26	\$803.45	\$759.61
	Average	\$207.21	\$246.94	\$254.53	\$261.75	\$264.23	\$273.18	\$293.71	\$249.90
Weighted Average		\$271.72	\$366.37	\$373.57	\$376.08	\$379.25	\$419.79	\$467.11	\$362.74

Note:
 Highlighted base rates effective July 1, 2017 to December 31, 2017
 Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Comparison of FY 2017 and Contract Year 2018 Base Capitation Rates
 Before CDPS Adjustment**

**Appendix I
 Exhibit 5d**

Aid Category	Age Group	Region											
		FY 2017	Contract Year		FY 2017	Contract Year		FY 2017	Contract Year		FY 2017	Contract Year	
		Northern Virginia			Other MSA			Richmond/ Charlottesville			Rural		
				% Change 2017-CP			% Change 2017-CP			% Change 2017-CP			% Change 2017-CP
Aged, Blind, and Disabled	Under 1	\$2,434.88	\$1,890.04	-22.38%	\$2,434.88	\$1,890.04	-22.38%	\$2,434.88	\$1,890.04	-22.38%	\$2,434.77	\$1,890.04	-22.37%
	1-5	\$2,034.53	\$2,010.08	-1.20%	\$1,179.20	\$1,214.74	3.01%	\$1,265.72	\$1,387.99	9.66%	\$1,070.81	\$999.92	-6.62%
	6-14	\$603.31	\$650.85	7.88%	\$552.39	\$594.23	7.58%	\$533.61	\$539.38	1.08%	\$569.87	\$623.93	9.49%
	Female 15-20	\$603.31	\$650.85	7.88%	\$552.39	\$594.23	7.58%	\$533.61	\$539.38	1.08%	\$569.87	\$623.93	9.49%
	Female 21-44	\$1,170.99	\$1,161.08	-0.85%	\$1,085.78	\$1,120.18	3.17%	\$1,181.13	\$1,182.61	0.13%	\$1,059.57	\$1,087.27	2.61%
	Male 15-20	\$603.31	\$650.85	7.88%	\$552.39	\$594.23	7.58%	\$533.61	\$539.38	1.08%	\$569.87	\$623.93	9.49%
	Male 21-44	\$1,074.87	\$1,045.96	-2.69%	\$1,121.61	\$1,043.11	-7.00%	\$895.23	\$973.22	8.71%	\$821.81	\$857.66	4.36%
	Over 44	\$1,415.70	\$1,500.75	6.01%	\$1,486.37	\$1,600.56	7.68%	\$1,694.37	\$1,792.44	5.79%	\$1,498.07	\$1,580.93	5.53%
	Average	\$1,220.23	\$1,269.53	4.04%	\$1,144.83	\$1,201.45	4.95%	\$1,208.35	\$1,267.01	4.85%	\$1,127.08	\$1,184.81	5.12%
Low Income Families with Children	Under 1	\$445.72	\$453.31	1.70%	\$570.51	\$561.34	-1.61%	\$617.66	\$589.13	-4.62%	\$614.15	\$619.46	0.87%
	1-5	\$122.74	\$125.32	2.10%	\$128.60	\$129.84	0.97%	\$142.74	\$141.39	-0.95%	\$139.66	\$146.19	4.67%
	6-14	\$107.80	\$110.70	2.69%	\$122.16	\$131.19	7.39%	\$131.25	\$131.89	0.49%	\$131.29	\$141.88	8.07%
	Female 15-20	\$202.69	\$202.05	-0.31%	\$267.51	\$280.86	4.99%	\$265.46	\$262.62	-1.07%	\$269.18	\$267.13	-0.76%
	Female 21-44	\$593.52	\$609.74	2.73%	\$514.13	\$558.67	8.66%	\$528.44	\$566.27	7.16%	\$536.91	\$592.78	10.41%
	Male 15-20	\$162.52	\$154.41	-5.00%	\$165.03	\$159.85	-3.14%	\$170.60	\$170.39	-0.13%	\$154.37	\$163.12	5.67%
	Male 21-44	\$322.17	\$323.88	0.53%	\$359.25	\$384.71	7.09%	\$338.40	\$352.84	4.27%	\$356.90	\$436.73	22.37%
	Over 44	\$605.35	\$638.36	5.45%	\$716.14	\$783.72	9.44%	\$749.41	\$794.87	6.07%	\$767.60	\$760.32	-0.95%
	Average	\$203.09	\$207.21	2.03%	\$234.96	\$246.94	5.10%	\$249.47	\$254.53	2.03%	\$245.99	\$261.75	6.41%
Weighted Average		\$264.85	\$271.72	2.59%	\$348.80	\$366.37	5.04%	\$362.22	\$373.57	3.14%	\$355.13	\$376.08	5.90%

Note:
 Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Comparison of FY 2017 and Contract Year 2018 Base Capitation Rates
 Before CDPS Adjustment**

**Appendix I
 Exhibit 5d**

Aid Category	Age Group	Region											
		FY 2017	Contract Year		FY 2017	Contract Year		FY 2017	Contract Year		FY 2017	Contract Year	
		Tidewater			Roanoke-Alleghany			Far Southwest			Weighted Average		
				% Change 2017-CP			% Change 2017-CP			% Change 2017-CP			% Change 2017-CP
Aged, Blind, and Disabled	Under 1	\$2,435.07	\$1,890.04	-22.38%	\$2,434.88	\$1,890.04	-22.38%	\$2,434.88	\$1,890.04	-22.38%	\$2,434.93	\$1,890.04	-22.38%
	1-5	\$1,287.76	\$1,585.20	23.10%	\$966.72	\$1,516.23	56.84%	\$917.03	\$1,137.63	24.06%	\$1,272.65	\$1,453.70	14.23%
	6-14	\$574.50	\$653.70	13.78%	\$929.94	\$1,115.60	19.96%	\$750.34	\$803.88	7.14%	\$624.74	\$689.45	10.36%
	Female 15-20	\$574.50	\$653.70	13.78%	\$929.94	\$1,115.60	19.96%	\$750.34	\$803.88	7.14%	\$610.55	\$669.45	9.65%
	Female 21-44	\$1,119.48	\$1,168.22	4.35%	\$1,190.09	\$1,239.75	4.17%	\$1,106.33	\$1,148.09	3.77%	\$1,136.00	\$1,164.27	2.49%
	Male 15-20	\$574.50	\$653.70	13.78%	\$929.94	\$1,115.60	19.96%	\$750.34	\$803.88	7.14%	\$615.33	\$676.37	9.92%
	Male 21-44	\$1,026.58	\$1,056.68	2.93%	\$883.26	\$900.61	1.97%	\$831.12	\$918.75	10.54%	\$951.27	\$980.79	3.10%
	Over 44	\$1,671.57	\$1,738.15	3.98%	\$1,601.72	\$1,630.85	1.82%	\$1,332.59	\$1,380.16	3.57%	\$1,548.33	\$1,621.90	4.75%
	Average	\$1,242.85	\$1,309.57	5.37%	\$1,284.16	\$1,363.71	6.19%	\$1,172.26	\$1,226.35	4.61%	\$1,208.21	\$1,269.26	5.05%
Low Income Families with Children	Under 1	\$643.09	\$667.64	3.82%	\$567.55	\$564.83	-0.48%	\$602.53	\$655.13	8.73%	\$564.26	\$568.37	0.73%
	1-5	\$136.99	\$147.28	7.51%	\$131.60	\$137.59	4.55%	\$142.67	\$146.71	2.83%	\$133.80	\$137.97	3.12%
	6-14	\$133.87	\$139.66	4.33%	\$142.60	\$151.07	5.94%	\$156.57	\$168.09	7.36%	\$127.82	\$133.18	4.19%
	Female 15-20	\$268.85	\$262.12	-2.50%	\$318.84	\$310.20	-2.71%	\$329.59	\$313.07	-5.01%	\$263.48	\$259.98	-1.33%
	Female 21-44	\$491.92	\$539.74	9.72%	\$563.40	\$619.31	9.92%	\$561.39	\$619.05	10.27%	\$534.21	\$576.86	7.98%
	Male 15-20	\$179.70	\$177.63	-1.15%	\$190.04	\$189.64	-0.21%	\$169.68	\$178.66	5.29%	\$170.68	\$169.47	-0.71%
	Male 21-44	\$344.08	\$338.77	-1.54%	\$381.46	\$409.57	7.37%	\$397.24	\$426.58	7.39%	\$352.91	\$372.09	5.43%
	Over 44	\$726.86	\$800.24	10.10%	\$735.55	\$837.26	13.83%	\$706.07	\$803.45	13.79%	\$705.33	\$759.61	7.70%
	Average	\$249.40	\$264.23	5.94%	\$258.48	\$273.18	5.69%	\$274.42	\$293.71	7.03%	\$239.43	\$249.90	4.37%
Weighted Average		\$358.72	\$379.25	5.72%	\$396.37	\$419.79	5.91%	\$441.35	\$467.11	5.84%	\$346.68	\$362.74	4.63%

Note:
 Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 February 2017 Member Month Distribution**

**Appendix I
 Exhibit 5e**

Aid Category	Age Group	Region							Regional Total
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	17	2	8	4	22	9	3	65
	1-5	244	197	386	217	424	277	120	1,865
	6-14	902	956	2,097	986	2,144	1,213	567	8,865
	Female 15-20	258	258	649	285	613	249	150	2,462
	Female 21-44	1,032	984	2,388	1,192	2,431	1,413	1,337	10,777
	Male 15-20	499	408	1,295	537	1,234	558	272	4,803
	Male 21-44	1,244	907	2,387	1,176	2,441	1,189	1,042	10,386
	Over 44	5,299	3,018	7,216	3,919	8,047	4,417	5,537	37,453
Aid Category Total		9,495	6,730	16,426	8,316	17,356	9,325	9,028	76,676
Low Income Families with Children	Under 1	10,199	2,818	6,866	3,268	7,290	3,397	1,983	35,821
	1-5	39,736	11,373	29,805	14,091	33,151	14,324	8,543	151,023
	6-14	60,546	18,217	47,198	22,943	52,798	22,852	14,538	239,092
	Female 15-20	9,036	3,347	8,456	4,133	9,684	4,311	3,097	42,064
	Female 21-44	13,807	6,740	18,566	8,326	24,077	8,729	6,067	86,312
	Male 15-20	8,425	2,816	7,474	3,700	8,358	3,778	2,841	37,392
	Male 21-44	2,204	885	2,306	1,178	2,308	1,442	1,581	11,904
	Over 44	2,934	863	2,607	1,183	2,709	1,205	880	12,381
Aid Category Total		146,887	47,059	123,278	58,822	140,375	60,038	39,530	615,989
Total		156,382	53,789	139,704	67,138	157,731	69,363	48,558	692,665

Note: Member Month distribution as of February 2017

Virginia Medicaid

Contract Year 2018 Capitation Rate Development

Health Plan Encounter Data - LIFC and ABAD

CDPS Rates Summary of Difference in Implied Cost

FY2016 Diagnosis Codes using CDPS v6.2, Feb 2017 Snapshot, and VA Specific Weights

Appendix I Exhibit 6

	Aged, Blind, and Disabled						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Aetna Better Health	0.0%	0.0%	8.8%	0.0%	0.0%	2.7%	-2.6%
Anthem Blue Cross and Blue Shield	2.5%	8.3%	-0.7%	7.3%	3.9%	1.4%	0.5%
InTotal Health	-10.1%	0.0%	0.0%	0.0%	0.0%	-9.8%	-0.8%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	-2.1%	-8.0%	-5.3%	-1.9%	-0.9%	-4.0%
Virginia Premier Health Plan	10.3%	-0.5%	3.1%	-0.6%	-5.0%	0.4%	1.6%

	Low Income Families with Children						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Aetna Better Health	0.0%	-9.4%	-4.0%	0.4%	0.0%	-3.0%	-6.0%
Anthem Blue Cross and Blue Shield	3.1%	-9.1%	3.4%	1.0%	0.5%	-9.2%	-8.7%
InTotal Health	-8.3%	-12.2%	0.0%	9.0%	0.0%	-15.6%	-2.8%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	-3.0%	-4.8%	-3.9%	1.4%	-6.7%	-6.2%
Virginia Premier Health Plan	-3.3%	6.3%	2.0%	1.7%	-6.2%	3.9%	8.2%

Note:

Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Aetna Better Health Medallion 3.0 Capitation Rates
With CDPS Adjustment

Appendix I
Exhibit 7a

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,890.04	\$1,890.04	\$2,056.35	\$1,890.04	\$1,890.04	\$1,941.39	\$1,841.50	\$1,998.72
	1-5	\$2,010.08	\$1,214.74	\$1,510.13	\$999.92	\$1,585.20	\$1,557.42	\$1,108.41	\$1,403.41
	6-14	\$650.85	\$594.23	\$586.84	\$623.93	\$653.70	\$1,145.90	\$783.23	\$682.73
	Female 15-20	\$650.85	\$594.23	\$586.84	\$623.93	\$653.70	\$1,145.90	\$783.23	\$637.85
	Female 21-44	\$1,161.08	\$1,120.18	\$1,286.68	\$1,087.27	\$1,168.22	\$1,273.43	\$1,118.60	\$1,228.69
	Male 15-20	\$650.85	\$594.23	\$586.84	\$623.93	\$653.70	\$1,145.90	\$783.23	\$691.50
	Male 21-44	\$1,045.96	\$1,043.11	\$1,058.86	\$857.66	\$1,056.68	\$925.08	\$895.15	\$994.31
	Over 44	\$1,500.75	\$1,600.56	\$1,950.16	\$1,580.93	\$1,738.15	\$1,675.16	\$1,344.71	\$1,694.28
	Average	\$1,195.06	\$1,242.44	\$1,384.99	\$1,223.72	\$1,314.71	\$1,451.76	\$1,193.11	\$1,332.96
Low Income Families with Children	Under 1	\$453.31	\$508.56	\$565.83	\$622.23	\$667.64	\$547.72	\$615.71	\$566.70
	1-5	\$125.32	\$117.64	\$135.80	\$146.84	\$147.28	\$133.42	\$137.89	\$134.86
	6-14	\$110.70	\$118.86	\$126.68	\$142.52	\$139.66	\$146.49	\$157.97	\$133.54
	Female 15-20	\$202.05	\$254.45	\$252.24	\$268.33	\$262.12	\$300.80	\$294.24	\$266.68
	Female 21-44	\$609.74	\$506.15	\$543.88	\$595.43	\$539.74	\$600.55	\$581.81	\$556.72
	Male 15-20	\$154.41	\$144.82	\$163.65	\$163.85	\$177.63	\$183.90	\$167.91	\$166.04
	Male 21-44	\$323.88	\$348.54	\$338.89	\$438.68	\$338.77	\$397.16	\$400.91	\$368.39
	Over 44	\$638.36	\$710.04	\$763.44	\$763.72	\$800.24	\$811.90	\$755.11	\$764.21
	Average	\$504.96	\$234.39	\$237.09	\$255.27	\$245.51	\$275.89	\$269.97	\$247.61
Weighted Average		\$506.80	\$372.89	\$364.43	\$391.92	\$434.27	\$461.02	\$436.32	\$390.43

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates
With CDPS Adjustment

Appendix I
Exhibit 7b

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,936.71	\$2,046.95	\$1,876.90	\$2,028.11	\$1,964.44	\$1,917.34	\$1,900.27	\$1,954.55
	1-5	\$2,059.71	\$1,315.59	\$1,378.34	\$1,072.96	\$1,647.60	\$1,538.13	\$1,143.79	\$1,579.94
	6-14	\$666.92	\$643.56	\$535.62	\$669.51	\$679.43	\$1,131.71	\$808.23	\$647.00
	Female 15-20	\$666.92	\$643.56	\$535.62	\$669.51	\$679.43	\$1,131.71	\$808.23	\$649.71
	Female 21-44	\$1,189.75	\$1,213.18	\$1,174.39	\$1,166.69	\$1,214.21	\$1,257.66	\$1,154.30	\$1,191.19
	Male 15-20	\$666.92	\$643.56	\$535.62	\$669.51	\$679.43	\$1,131.71	\$808.23	\$644.96
	Male 21-44	\$1,071.78	\$1,129.70	\$966.46	\$920.31	\$1,098.28	\$913.62	\$923.72	\$1,024.48
	Over 44	\$1,537.80	\$1,733.44	\$1,779.98	\$1,696.41	\$1,806.57	\$1,654.41	\$1,387.62	\$1,675.32
	Average	\$1,283.39	\$1,378.55	\$1,244.53	\$1,303.11	\$1,377.49	\$1,422.80	\$1,248.55	\$1,308.10
Low Income Families with Children	Under 1	\$467.53	\$510.28	\$608.93	\$625.47	\$670.75	\$512.84	\$598.07	\$555.99
	1-5	\$129.25	\$118.03	\$146.14	\$147.60	\$147.96	\$124.93	\$133.94	\$137.82
	6-14	\$114.17	\$119.26	\$136.33	\$143.26	\$140.31	\$137.17	\$153.45	\$127.89
	Female 15-20	\$208.39	\$255.31	\$271.45	\$269.73	\$263.34	\$281.65	\$285.81	\$244.72
	Female 21-44	\$628.86	\$507.85	\$585.31	\$598.53	\$542.25	\$562.31	\$565.14	\$582.00
	Male 15-20	\$159.25	\$145.31	\$176.11	\$164.71	\$178.46	\$172.19	\$163.10	\$167.66
	Male 21-44	\$334.03	\$349.71	\$364.70	\$440.96	\$340.35	\$371.87	\$389.43	\$357.25
	Over 44	\$658.38	\$712.43	\$821.60	\$767.70	\$803.97	\$760.19	\$733.48	\$743.93
	Average	\$212.19	\$241.96	\$274.32	\$273.47	\$270.88	\$264.88	\$273.23	\$246.97
Weighted Average		\$276.83	\$379.15	\$390.91	\$400.06	\$393.81	\$447.08	\$457.89	\$350.94

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 InTotal Health Medallion 3.0 Capitation Rates
 With CDPS Adjustment**

**Appendix I
 Exhibit 7c**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,698.68	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,704.35	\$1,874.74	\$1,699.78
	1-5	\$1,806.57	\$1,214.74	\$1,387.99	\$999.92	\$1,585.20	\$1,367.26	\$1,128.43	\$1,508.29
	6-14	\$584.95	\$594.23	\$539.38	\$623.93	\$653.70	\$1,005.99	\$797.38	\$701.41
	Female 15-20	\$584.95	\$594.23	\$539.38	\$623.93	\$653.70	\$1,005.99	\$797.38	\$702.92
	Female 21-44	\$1,043.52	\$1,120.18	\$1,182.61	\$1,087.27	\$1,168.22	\$1,117.95	\$1,138.80	\$1,097.89
	Male 15-20	\$584.95	\$594.23	\$539.38	\$623.93	\$653.70	\$1,005.99	\$797.38	\$716.74
	Male 21-44	\$940.06	\$1,043.11	\$973.22	\$857.66	\$1,056.68	\$812.13	\$911.31	\$907.02
	Over 44	\$1,348.80	\$1,600.56	\$1,792.44	\$1,580.93	\$1,738.15	\$1,470.63	\$1,368.98	\$1,392.78
	Average	\$1,177.58	\$1,355.12	\$1,518.36	\$1,243.61	\$1,174.92	\$1,245.52	\$1,215.31	\$1,206.82
Low Income Families with Children	Under 1	\$415.78	\$493.06	\$589.13	\$675.37	\$667.64	\$476.63	\$637.10	\$464.53
	1-5	\$114.94	\$114.05	\$141.39	\$159.38	\$147.28	\$116.11	\$142.68	\$121.20
	6-14	\$101.53	\$115.23	\$131.89	\$154.68	\$139.66	\$127.48	\$163.46	\$115.23
	Female 15-20	\$185.33	\$246.70	\$262.62	\$291.24	\$262.12	\$261.76	\$304.46	\$224.15
	Female 21-44	\$559.26	\$490.72	\$566.27	\$646.27	\$539.74	\$522.60	\$602.02	\$573.57
	Male 15-20	\$141.62	\$140.41	\$170.39	\$177.85	\$177.63	\$160.03	\$173.74	\$152.22
	Male 21-44	\$297.06	\$337.91	\$352.84	\$476.14	\$338.77	\$345.61	\$414.84	\$355.89
	Over 44	\$585.51	\$688.40	\$794.87	\$828.94	\$800.24	\$706.51	\$781.35	\$651.74
	Average	\$177.60	\$248.88	\$260.20	\$273.33	\$384.14	\$236.73	\$291.09	\$206.02
Weighted Average		\$233.33	\$341.52	\$637.98	\$354.01	\$779.53	\$391.97	\$455.67	\$289.16

Note:
 Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Kaiser Permanente Medallion 3.0 Capitation Rates
 With CDPS Adjustment**

**Appendix I
 Exhibit 7d**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04	\$1,890.04
	1-5	\$2,010.08	\$1,214.74	\$1,387.99	\$999.92	\$1,585.20	\$1,516.23	\$1,137.63	\$2,009.78
	6-14	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$650.87
	Female 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$650.89
	Female 21-44	\$1,161.08	\$1,120.18	\$1,182.61	\$1,087.27	\$1,168.22	\$1,239.75	\$1,148.09	\$1,161.08
	Male 15-20	\$650.85	\$594.23	\$539.38	\$623.93	\$653.70	\$1,115.60	\$803.88	\$650.86
	Male 21-44	\$1,045.96	\$1,043.11	\$973.22	\$857.66	\$1,056.68	\$900.61	\$918.75	\$1,045.95
	Over 44	\$1,500.75	\$1,600.56	\$1,792.44	\$1,580.93	\$1,738.15	\$1,630.85	\$1,380.16	\$1,500.75
	Average	\$1,341.34	\$1,081.42	\$1,105.56	\$1,035.95	\$1,174.92	\$1,315.53	\$1,110.79	\$1,341.32
Low Income Families with Children	Under 1	\$453.31	\$561.34	\$589.13	\$619.46	\$667.64	\$564.83	\$655.13	\$453.60
	1-5	\$125.32	\$129.84	\$141.39	\$146.19	\$147.28	\$137.59	\$146.71	\$125.33
	6-14	\$110.70	\$131.19	\$131.89	\$141.88	\$139.66	\$151.07	\$168.09	\$110.72
	Female 15-20	\$202.05	\$280.86	\$262.62	\$267.13	\$262.12	\$310.20	\$313.07	\$202.06
	Female 21-44	\$609.74	\$558.67	\$566.27	\$592.78	\$539.74	\$619.31	\$619.05	\$609.70
	Male 15-20	\$154.41	\$159.85	\$170.39	\$163.12	\$177.63	\$189.64	\$178.66	\$154.41
	Male 21-44	\$323.88	\$384.71	\$352.84	\$436.73	\$338.77	\$409.57	\$426.58	\$323.88
	Over 44	\$638.36	\$783.72	\$794.87	\$760.32	\$800.24	\$837.26	\$803.45	\$638.36
	Average	\$259.04	\$373.77	\$432.11	\$301.26	\$384.14	\$139.70	\$413.84	\$259.10
Weighted Average		\$340.24	\$727.59	\$433.90	\$303.21	\$779.53	\$148.96	\$762.32	\$340.24

Note:
 Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Optima Family Care Medallion 3.0 Capitation Rates
With CDPS Adjustment

Appendix I
Exhibit 7e

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,890.04	\$1,850.12	\$1,738.31	\$1,790.74	\$1,854.23	\$1,872.16	\$1,814.82	\$1,823.64
	1-5	\$2,010.08	\$1,189.09	\$1,276.57	\$947.38	\$1,555.16	\$1,501.88	\$1,092.35	\$1,320.54
	6-14	\$650.85	\$581.68	\$496.07	\$591.15	\$641.31	\$1,105.04	\$771.89	\$606.89
	Female 15-20	\$650.85	\$581.68	\$496.07	\$591.15	\$641.31	\$1,105.04	\$771.89	\$614.85
	Female 21-44	\$1,161.08	\$1,096.52	\$1,087.67	\$1,030.14	\$1,146.09	\$1,228.02	\$1,102.40	\$1,108.79
	Male 15-20	\$650.85	\$581.68	\$496.07	\$591.15	\$641.31	\$1,105.04	\$771.89	\$613.27
	Male 21-44	\$1,045.96	\$1,021.07	\$895.09	\$812.60	\$1,036.66	\$892.09	\$882.18	\$952.58
	Over 44	\$1,500.75	\$1,566.76	\$1,648.54	\$1,497.86	\$1,705.21	\$1,615.42	\$1,325.22	\$1,616.82
	Average	\$1,047.14	\$1,140.00	\$1,162.59	\$1,089.37	\$1,264.56	\$1,379.27	\$1,170.07	\$1,199.65
Low Income Families with Children	Under 1	\$453.31	\$544.51	\$560.87	\$595.43	\$677.25	\$526.87	\$614.62	\$613.45
	1-5	\$125.32	\$125.95	\$134.61	\$140.52	\$149.39	\$128.34	\$137.64	\$140.87
	6-14	\$110.70	\$127.26	\$125.57	\$136.38	\$141.67	\$140.92	\$157.69	\$136.17
	Female 15-20	\$202.05	\$272.44	\$250.02	\$256.77	\$265.89	\$289.35	\$293.72	\$263.91
	Female 21-44	\$609.74	\$541.93	\$539.11	\$569.79	\$547.50	\$577.68	\$580.77	\$550.49
	Male 15-20	\$154.41	\$155.06	\$162.21	\$156.80	\$180.19	\$176.90	\$167.61	\$169.55
	Male 21-44	\$323.88	\$373.18	\$335.92	\$419.79	\$343.64	\$382.04	\$400.20	\$363.05
	Over 44	\$638.36	\$760.24	\$756.74	\$730.83	\$811.75	\$780.98	\$753.77	\$779.24
	Average	\$232.63	\$239.39	\$236.94	\$247.88	\$264.27	\$265.14	\$284.46	\$253.91
Weighted Average		\$271.67	\$357.09	\$339.96	\$361.02	\$372.98	\$423.91	\$430.86	\$366.25

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Virginia Premier Health Plan Medallion 3.0 Capitation Rates
With CDPS Adjustment

Appendix I
Exhibit 7f

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,084.56	\$1,881.53	\$1,948.88	\$1,879.57	\$1,794.77	\$1,897.94	\$1,920.40	\$1,892.40
	1-5	\$2,216.95	\$1,209.27	\$1,431.20	\$994.38	\$1,505.29	\$1,522.56	\$1,155.91	\$1,406.51
	6-14	\$717.83	\$591.55	\$556.17	\$620.47	\$620.75	\$1,120.26	\$816.80	\$802.70
	Female 15-20	\$717.83	\$591.55	\$556.17	\$620.47	\$620.75	\$1,120.26	\$816.80	\$754.43
	Female 21-44	\$1,280.57	\$1,115.14	\$1,219.43	\$1,081.24	\$1,109.34	\$1,244.93	\$1,166.54	\$1,182.77
	Male 15-20	\$717.83	\$591.55	\$556.17	\$620.47	\$620.75	\$1,120.26	\$816.80	\$771.74
	Male 21-44	\$1,153.60	\$1,038.41	\$1,003.52	\$852.91	\$1,003.41	\$904.38	\$933.51	\$961.64
	Over 44	\$1,655.20	\$1,593.35	\$1,848.24	\$1,572.17	\$1,650.53	\$1,637.67	\$1,402.33	\$1,608.24
	Average	\$1,347.61	\$1,199.95	\$1,328.62	\$1,183.93	\$1,265.54	\$1,349.88	\$1,242.51	\$1,281.36
Low Income Families with Children	Under 1	\$438.51	\$596.63	\$601.03	\$630.10	\$626.15	\$586.75	\$708.53	\$604.65
	1-5	\$121.22	\$138.01	\$144.25	\$148.70	\$138.12	\$142.93	\$158.67	\$142.69
	6-14	\$107.08	\$139.44	\$134.56	\$144.32	\$130.98	\$156.93	\$181.79	\$145.84
	Female 15-20	\$195.46	\$298.52	\$267.93	\$271.72	\$245.83	\$322.23	\$338.59	\$290.70
	Female 21-44	\$589.83	\$593.80	\$577.71	\$602.96	\$506.19	\$643.34	\$669.51	\$600.44
	Male 15-20	\$149.36	\$169.90	\$173.83	\$165.93	\$166.59	\$197.00	\$193.22	\$179.44
	Male 21-44	\$313.30	\$408.90	\$359.97	\$444.23	\$317.72	\$425.46	\$461.35	\$407.03
	Over 44	\$617.51	\$833.00	\$810.93	\$773.38	\$750.50	\$869.74	\$868.94	\$815.92
	Average	\$216.28	\$255.02	\$252.70	\$265.43	\$245.25	\$277.79	\$312.44	\$264.92
Weighted Average		\$294.96	\$370.29	\$386.90	\$375.14	\$359.01	\$413.00	\$493.12	\$395.11

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Summary of Medallion 3.0 Regional Average Capitation Rates
With CDPS Adjustment

Appendix I
Exhibit 7g

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,881.57	\$1,869.68	\$1,914.58	\$1,992.84	\$1,893.38	\$1,888.66	\$1,880.36	\$1,897.04
	1-5	\$2,027.59	\$1,217.83	\$1,388.66	\$1,003.66	\$1,588.77	\$1,515.95	\$1,133.88	\$1,457.42
	6-14	\$659.05	\$591.70	\$538.13	\$620.28	\$653.04	\$1,118.09	\$804.97	\$689.56
	Female 15-20	\$658.93	\$590.85	\$541.05	\$617.19	\$651.70	\$1,114.88	\$806.56	\$669.20
	Female 21-44	\$1,169.04	\$1,117.17	\$1,183.02	\$1,084.41	\$1,167.75	\$1,240.68	\$1,148.03	\$1,164.53
	Male 15-20	\$654.80	\$590.89	\$539.01	\$619.88	\$652.65	\$1,114.33	\$803.73	\$675.51
	Male 21-44	\$1,046.54	\$1,044.58	\$971.49	\$855.58	\$1,057.27	\$899.17	\$917.11	\$980.16
	Over 44	\$1,496.12	\$1,602.46	\$1,793.10	\$1,584.07	\$1,738.41	\$1,630.49	\$1,380.39	\$1,621.91
	Average	\$1,269.53	\$1,201.46	\$1,267.01	\$1,184.81	\$1,309.57	\$1,363.71	\$1,226.35	\$1,269.26
Low Income Families with Children	Under 1	\$451.83	\$558.54	\$588.80	\$620.67	\$666.79	\$560.13	\$653.05	\$567.04
	1-5	\$124.75	\$129.87	\$141.17	\$146.38	\$147.11	\$136.43	\$147.00	\$137.67
	6-14	\$110.61	\$131.95	\$131.63	\$141.85	\$139.69	\$152.65	\$168.41	\$133.34
	Female 15-20	\$202.90	\$281.49	\$262.71	\$266.67	\$262.47	\$311.47	\$313.22	\$260.41
	Female 21-44	\$611.58	\$557.40	\$567.22	\$592.37	\$539.78	\$618.19	\$618.10	\$577.05
	Male 15-20	\$154.89	\$161.09	\$170.39	\$162.76	\$177.90	\$190.47	\$179.13	\$169.81
	Male 21-44	\$323.86	\$382.80	\$352.61	\$437.35	\$338.49	\$409.02	\$426.65	\$371.85
	Over 44	\$640.21	\$781.86	\$796.17	\$760.35	\$801.78	\$835.99	\$804.40	\$760.48
	Average	\$207.21	\$246.94	\$254.53	\$261.75	\$264.23	\$273.18	\$293.71	\$249.90
Weighted Average		\$271.72	\$366.37	\$373.57	\$376.08	\$379.25	\$419.79	\$467.11	\$362.74

Note:
Average is weighted by health plan enrollment distribution as of February 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 Drug Reinsurance Adjustment**

**Appendix I
 Exhibit 8a**

	LIFC Child	LIFC Adult	ABAD	Source
Attachment Point	\$225,000	\$225,000	\$100,000	
1a. Contract Year Base Period Number of Individuals Exceeding the Threshold	37	14	335	Contract Year Base Period Health Plan Encounter Data
1b. Contract Year Base Period Additional Individuals	7	3	67	20% Increase of People who Exceed the Threshold
1c. Contract Year Base Period Average Cost After Specialty Cost Trend	\$469,502	\$614,360	\$222,138	Contract Year Base Period Health Plan Encounter Data
1d. Contract Year Base Period Total Dollars Including Additional Individuals	\$20,845,876	\$10,321,249	\$89,299,470	= 1c. * (1a.+1b.)
1e. Contract Year Base Period Amount of Reinsurance	\$9,770,288	\$5,887,124	\$44,189,523	= ((1d.) - ((1a.+1b.) * Attachment Point)) * 90%
2. Historical Member Months (Contract Year Base Period)	7,502,917	1,577,585	906,316	Health Plan Encounter Data
3. Estimated PMPM	\$1.30	\$3.73	\$48.76	= (1e.) / (2.)

Note:
 Discounted threshold is based upon Contract Year Base Period reinsurance threshold of attachment points per person per year discounted by
 1) 20 % drug unit cost trend per year for persistent members; (2) 15% drug unit cost trend per year for non-persistent members

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Behavior Health Home Adjustment - ABAD Adult

Appendix I
Exhibit 8b

Plan	Region	Funding Amount	Medical Component	Annualized February 2017 MM Snapshot	BHH Adjustment
Aetna Better Health	Richmond/Charlottesville	\$0	N/A	21,972	\$0.00
Anthem Blue Cross and Blue Shield	Richmond/Charlottesville	\$0	\$409,263	55,056	\$7.43
InTotal Health	Northern Virginia	\$0	N/A	20,628	\$0.00
Kaiser Permanente	Northern Virginia	N/A	N/A	7,704	\$0.00
Optima Family Care	Tidewater	\$0	N/A	70,308	\$0.00
Virginia Premier Health Plan	Far Southwest	\$0	N/A	42,324	\$0.00

Note:
Health plan February 2017 enrollment distribution for ABAD adults only and region-specific

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Tidewater Physician Access Adjustment

Appendix I
Exhibit 8c

	Physician Access Adjustment	Source
1. Eligible Claims for Tidewater Physician Access Adjustment	\$9,754,415	FY15-FY16 Health Plan Encounter Data
2. Repriced Claims to Average Commercial Rate	\$16,675,256	FY15-FY16 Health Plan Encounter Data
3. Total Tidewater Physician Access Adjustment	\$6,920,841	= (2.) - (1.)
4. FY15 - FY16 ABAD and LIFC Member Months for Tidewater Region Only	3,611,945	FY15-FY16 Health Plan Encounter Data
5. Tidewater Physician Access Adjustment	\$1.92	= (3.) / (4.)

Virginia Medicaid
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Health Plan Encounter Data - LIFC and ABAD
State University Teaching Hospital Physician Adjustment

Appendix I
Exhibit 8d

	Adjustment Value	Source
State University Teaching Hospital Physician Adjustment	5.0%	Provided by DMAS

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Addiction and Recovery Treatment Services (ARTS) Adjustment

Appendix I
Exhibit 8c

		Age 6-14	Age 15-20 Male	Age 15-20 Female	Age 21-44 Male	Age 21-44 Female	Age 45 and Over	Source
1a.	ARTS Medical PMPM (Per Participant)	\$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	Estimated for FY18
1c.	Medical PMPM For New Carve-In Services (Per Participat	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	Estimated for FY18
2a.	LIFC ARTS Participants	34	165	237	566	3,986	578	Dec 2016 snapshot
2b.	LIFC Other Members	237,826	36,901	41,670	11,071	80,706	11,594	Dec 2016 snapshot
3a.	ABAD ARTS Participants	4	43	24	546	654	2,463	Dec 2016 snapshot
3b.	ABAD Other Members	8,803	4,652	2,419	9,811	10,092	34,827	Dec 2016 snapshot
4a.	LIFC ARTS Medical PMPM (Rate Adjustment)	\$0.02	\$0.53	\$0.67	\$5.75	\$5.57	\$5.62	= (((1a.) + (1c.)) * (2a.) / ((2a.) + (2b.)))
4b.	LIFC ARTS Admin PMPM (Rate Adjustment)	\$0.00	\$0.02	\$0.03	\$0.23	\$0.22	\$0.22	= (1b.) * (2a.) / ((2a.) + (2b.))
4c.	LIFC ARTS Total PMPM (Rate Adjustment)	\$0.02	\$0.55	\$0.70	\$5.98	\$5.79	\$5.84	= (4a.) + (4b.)
5a.	ABAD ARTS Medical PMPM (Rate Adjustment)	\$0.05	\$1.08	\$1.15	\$6.23	\$7.20	\$7.81	= (((1a.) + (1b.)) * (3a.) / ((3a.) + (3b.)))
5b.	ABAD ARTS Admin PMPM (Rate Adjustment)	\$0.00	\$0.04	\$0.05	\$0.25	\$0.29	\$0.31	= (1b.) * (3a.) / ((3a.) + (3b.))
5c.	ABAD ARTS Total PMPM (Rate Adjustment)	\$0.05	\$1.12	\$1.20	\$6.48	\$7.48	\$8.12	= (5a.) + (5b.)

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD**

**Appendix I
Exhibit 9a**

**Aetna Better Health Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,841.29	\$1,841.29	\$2,007.59	\$1,841.29	\$1,843.20	\$1,892.63	\$1,792.74	\$1,949.97
	1-5	\$1,961.33	\$1,165.99	\$1,461.37	\$951.16	\$1,538.36	\$1,508.66	\$1,059.66	\$1,354.66
	6-14	\$602.15	\$545.53	\$538.13	\$575.22	\$606.91	\$1,097.20	\$734.53	\$634.03
	Female 15-20	\$603.29	\$546.67	\$539.27	\$576.37	\$608.05	\$1,098.34	\$735.67	\$590.29
	Female 21-44	\$1,119.81	\$1,078.91	\$1,245.40	\$1,045.99	\$1,128.87	\$1,232.16	\$1,077.33	\$1,187.42
	Male 15-20	\$603.21	\$546.59	\$539.20	\$576.29	\$607.98	\$1,098.27	\$735.60	\$643.87
	Male 21-44	\$1,003.68	\$1,000.83	\$1,016.58	\$815.38	\$1,016.32	\$882.80	\$852.87	\$952.05
	Over 44	\$1,460.11	\$1,559.93	\$1,909.53	\$1,540.29	\$1,699.43	\$1,634.52	\$1,304.07	\$1,653.65
	Average	\$1,149.36	\$1,199.67	\$1,342.02	\$1,181.21	\$1,274.48	\$1,409.45	\$1,151.19	\$1,290.37
Low Income Families with Children	Under 1	\$452.01	\$507.26	\$564.53	\$620.93	\$668.26	\$546.42	\$614.41	\$565.40
	1-5	\$124.01	\$116.34	\$134.50	\$145.54	\$147.89	\$132.12	\$136.58	\$133.56
	6-14	\$109.41	\$117.57	\$125.39	\$141.23	\$140.29	\$145.21	\$156.69	\$132.26
	Female 15-20	\$201.45	\$253.85	\$251.63	\$267.72	\$263.43	\$300.20	\$293.63	\$266.07
	Female 21-44	\$611.80	\$508.21	\$545.94	\$597.49	\$543.71	\$602.61	\$583.86	\$558.78
	Male 15-20	\$153.65	\$144.07	\$162.89	\$163.10	\$178.79	\$183.14	\$167.16	\$165.29
	Male 21-44	\$326.13	\$350.79	\$341.14	\$440.93	\$342.94	\$399.41	\$403.16	\$370.64
	Over 44	\$640.47	\$712.16	\$765.55	\$765.84	\$804.27	\$814.01	\$757.22	\$766.32
	Average	\$504.78	\$233.85	\$236.46	\$254.66	\$246.83	\$275.36	\$269.45	\$247.02
Weighted Average		\$506.49	\$366.54	\$359.11	\$385.40	\$428.26	\$453.91	\$428.34	\$384.31

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD**

**Appendix I
Exhibit 9b**

**Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,887.95	\$1,998.20	\$1,828.14	\$1,979.35	\$1,917.60	\$1,868.59	\$1,851.51	\$1,906.60
	1-5	\$2,010.96	\$1,266.83	\$1,329.58	\$1,024.21	\$1,600.76	\$1,489.37	\$1,095.03	\$1,531.72
	6-14	\$618.22	\$594.86	\$486.92	\$620.80	\$632.64	\$1,083.01	\$759.53	\$598.86
	Female 15-20	\$619.36	\$596.00	\$488.06	\$621.94	\$633.79	\$1,084.15	\$760.67	\$602.66
	Female 21-44	\$1,148.47	\$1,171.91	\$1,140.55	\$1,125.42	\$1,174.86	\$1,216.39	\$1,113.03	\$1,152.57
	Male 15-20	\$619.28	\$595.93	\$487.99	\$621.87	\$633.71	\$1,084.07	\$760.59	\$597.88
	Male 21-44	\$1,029.51	\$1,087.43	\$931.61	\$878.04	\$1,057.91	\$871.35	\$881.44	\$984.72
	Over 44	\$1,497.17	\$1,692.81	\$1,746.78	\$1,655.78	\$1,767.86	\$1,613.78	\$1,346.99	\$1,636.79
	Average	\$1,240.77	\$1,336.03	\$1,206.81	\$1,260.48	\$1,336.58	\$1,380.59	\$1,206.88	\$1,267.26
Low Income Families with Children	Under 1	\$466.22	\$508.97	\$607.63	\$624.17	\$671.37	\$511.54	\$596.77	\$555.11
	1-5	\$127.94	\$116.73	\$144.84	\$146.30	\$148.58	\$123.63	\$132.63	\$136.96
	6-14	\$112.88	\$117.97	\$135.04	\$141.97	\$140.94	\$135.88	\$152.16	\$127.04
	Female 15-20	\$207.78	\$254.70	\$270.84	\$269.12	\$264.65	\$281.04	\$285.20	\$244.56
	Female 21-44	\$630.91	\$509.91	\$587.36	\$600.59	\$546.22	\$564.36	\$567.20	\$584.65
	Male 15-20	\$158.49	\$144.56	\$175.36	\$163.95	\$179.62	\$171.43	\$162.35	\$167.32
	Male 21-44	\$336.28	\$351.96	\$366.95	\$443.21	\$344.51	\$374.12	\$391.68	\$359.97
	Over 44	\$660.49	\$714.55	\$823.71	\$769.81	\$807.99	\$762.31	\$735.59	\$746.48
	Average	\$211.41	\$241.44	\$273.82	\$272.92	\$272.30	\$264.39	\$272.80	\$246.82
Weighted Average		\$273.52	\$373.56	\$385.95	\$394.34	\$390.53	\$440.03	\$449.65	\$346.79

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells shaded in grey have additional BHH Adjustment
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
InTotal Health Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments

Appendix I
Exhibit 9c

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,649.92	\$1,841.29	\$1,841.29	\$1,841.29	\$1,843.20	\$1,655.59	\$1,825.99	\$1,651.03
	1-5	\$1,757.81	\$1,165.99	\$1,339.24	\$951.16	\$1,538.36	\$1,318.51	\$1,079.67	\$1,459.53
	6-14	\$536.25	\$545.53	\$490.67	\$575.22	\$606.91	\$957.29	\$748.67	\$652.70
	Female 15-20	\$537.39	\$546.67	\$491.81	\$576.37	\$608.05	\$958.43	\$749.81	\$655.36
	Female 21-44	\$1,002.25	\$1,078.91	\$1,141.34	\$1,045.99	\$1,128.87	\$1,076.68	\$1,097.53	\$1,056.62
	Male 15-20	\$537.32	\$546.59	\$491.74	\$576.29	\$607.98	\$958.36	\$749.74	\$669.11
	Male 21-44	\$897.78	\$1,000.83	\$930.95	\$815.38	\$1,016.32	\$769.85	\$869.04	\$864.75
	Over 44	\$1,308.17	\$1,559.93	\$1,751.81	\$1,540.29	\$1,699.43	\$1,429.99	\$1,328.35	\$1,352.15
	Average	\$1,135.50	\$1,313.10	\$1,477.17	\$1,201.21	\$1,131.14	\$1,203.11	\$1,173.53	\$1,164.77
Low Income Families with Children	Under 1	\$414.48	\$491.76	\$587.83	\$674.06	\$668.26	\$475.33	\$635.80	\$463.22
	1-5	\$113.64	\$112.75	\$140.09	\$158.08	\$147.89	\$114.80	\$141.38	\$119.89
	6-14	\$100.25	\$113.95	\$130.61	\$153.40	\$140.29	\$126.20	\$162.18	\$113.94
	Female 15-20	\$184.72	\$246.09	\$262.01	\$290.64	\$263.43	\$261.15	\$303.85	\$223.55
	Female 21-44	\$561.31	\$492.78	\$568.33	\$648.33	\$543.71	\$524.66	\$604.08	\$575.63
	Male 15-20	\$140.87	\$139.65	\$169.63	\$177.09	\$178.79	\$159.27	\$172.99	\$151.47
	Male 21-44	\$299.31	\$340.16	\$355.09	\$478.39	\$342.94	\$347.86	\$417.09	\$358.14
	Over 44	\$587.62	\$690.51	\$796.99	\$831.05	\$804.27	\$708.63	\$783.46	\$653.85
	Average	\$176.70	\$248.34	\$259.86	\$272.63	\$386.20	\$236.18	\$290.65	\$205.22
Weighted Average		\$230.14	\$337.51	\$625.38	\$349.84	\$758.67	\$384.98	\$447.87	\$284.94

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Kaiser Permanente Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments

Appendix I
Exhibit 9d

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,841.29	\$1,841.29	\$1,841.29	\$1,841.29	\$1,843.20	\$1,841.29	\$1,841.29	\$1,841.29
	1-5	\$1,961.33	\$1,165.99	\$1,339.24	\$951.16	\$1,538.36	\$1,467.47	\$1,088.88	\$1,961.02
	6-14	\$602.15	\$545.53	\$490.67	\$575.22	\$606.91	\$1,066.89	\$755.18	\$602.16
	Female 15-20	\$603.29	\$546.67	\$491.81	\$576.37	\$608.05	\$1,068.03	\$756.32	\$603.32
	Female 21-44	\$1,119.81	\$1,078.91	\$1,141.34	\$1,045.99	\$1,128.87	\$1,198.48	\$1,106.82	\$1,119.81
	Male 15-20	\$603.21	\$546.59	\$491.74	\$576.29	\$607.98	\$1,067.96	\$756.24	\$603.23
	Male 21-44	\$1,003.68	\$1,000.83	\$930.95	\$815.38	\$1,016.32	\$858.34	\$876.47	\$1,003.67
	Over 44	\$1,460.11	\$1,559.93	\$1,751.81	\$1,540.29	\$1,699.43	\$1,590.22	\$1,339.52	\$1,460.12
	Average	\$1,299.55	\$1,035.72	\$1,059.86	\$990.25	\$1,131.14	\$1,269.83	\$1,065.09	\$1,299.54
Low Income Families with Children	Under 1	\$452.01	\$560.03	\$587.83	\$618.16	\$668.26	\$563.53	\$653.82	\$452.30
	1-5	\$124.01	\$128.54	\$140.09	\$144.88	\$147.89	\$136.29	\$145.41	\$124.02
	6-14	\$109.41	\$129.90	\$130.61	\$140.60	\$140.29	\$149.79	\$166.80	\$109.44
	Female 15-20	\$201.45	\$280.25	\$262.01	\$266.53	\$263.43	\$309.59	\$312.47	\$201.45
	Female 21-44	\$611.80	\$560.73	\$568.33	\$594.84	\$543.71	\$621.37	\$621.11	\$611.76
	Male 15-20	\$153.65	\$159.10	\$169.63	\$162.37	\$178.79	\$188.89	\$177.90	\$153.65
	Male 21-44	\$326.13	\$386.96	\$355.09	\$438.98	\$342.94	\$411.82	\$428.82	\$326.13
	Over 44	\$640.47	\$785.83	\$796.99	\$762.43	\$804.27	\$839.37	\$805.56	\$640.48
	Average	\$258.54	\$373.92	\$431.93	\$299.97	\$386.20	\$138.41	\$413.99	\$258.59
Weighted Average		\$336.64	\$704.82	\$433.60	\$301.81	\$758.67	\$147.32	\$739.54	\$336.64

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD
Optima Family Care Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments

Appendix I
Exhibit 9e

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,841.29	\$1,801.37	\$1,689.55	\$1,741.98	\$1,807.39	\$1,823.40	\$1,766.06	\$1,775.95
	1-5	\$1,961.33	\$1,140.33	\$1,227.81	\$898.63	\$1,508.32	\$1,453.12	\$1,043.60	\$1,272.53
	6-14	\$602.15	\$532.98	\$447.37	\$542.44	\$594.52	\$1,056.33	\$723.18	\$558.97
	Female 15-20	\$603.29	\$534.12	\$448.51	\$543.58	\$595.67	\$1,057.48	\$724.33	\$568.12
	Female 21-44	\$1,119.81	\$1,055.25	\$1,046.40	\$988.87	\$1,106.73	\$1,186.75	\$1,061.12	\$1,068.33
	Male 15-20	\$603.21	\$534.04	\$448.44	\$543.51	\$595.59	\$1,057.40	\$724.25	\$566.51
	Male 21-44	\$1,003.68	\$978.80	\$852.82	\$770.32	\$996.29	\$849.81	\$839.91	\$911.07
	Over 44	\$1,460.11	\$1,526.12	\$1,607.91	\$1,457.23	\$1,666.50	\$1,574.79	\$1,284.59	\$1,576.98
	Average	\$1,004.84	\$1,096.74	\$1,119.57	\$1,046.34	\$1,223.48	\$1,336.90	\$1,128.20	\$1,157.49
Low Income Families with Children	Under 1	\$452.01	\$543.21	\$559.57	\$594.13	\$677.86	\$525.56	\$613.32	\$612.96
	1-5	\$124.01	\$124.65	\$133.31	\$139.21	\$150.01	\$127.04	\$136.34	\$140.42
	6-14	\$109.41	\$125.97	\$124.28	\$135.09	\$142.30	\$139.63	\$156.41	\$135.77
	Female 15-20	\$201.45	\$271.83	\$249.42	\$256.17	\$267.20	\$288.74	\$293.11	\$264.21
	Female 21-44	\$611.80	\$543.99	\$541.16	\$571.84	\$551.47	\$579.74	\$582.83	\$553.50
	Male 15-20	\$153.65	\$154.31	\$161.46	\$156.04	\$181.35	\$176.14	\$166.86	\$169.69
	Male 21-44	\$326.13	\$375.43	\$338.17	\$422.04	\$347.81	\$384.29	\$402.45	\$366.03
	Over 44	\$640.47	\$762.35	\$758.86	\$732.94	\$815.78	\$783.10	\$755.89	\$782.23
	Average	\$231.90	\$238.80	\$236.33	\$247.27	\$265.66	\$264.62	\$284.02	\$254.24
Weighted Average		\$268.95	\$350.93	\$334.63	\$354.71	\$369.75	\$417.43	\$423.58	\$361.52

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD**

**Appendix I
Exhibit 9f**

**Virginia Premier Health Plan Medallion 3.0 Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,140.03	\$1,926.85	\$1,997.57	\$1,924.79	\$1,837.66	\$1,944.08	\$1,967.67	\$1,938.87
	1-5	\$2,279.04	\$1,220.98	\$1,454.01	\$995.34	\$1,533.72	\$1,549.93	\$1,164.95	\$1,428.30
	6-14	\$705.02	\$572.43	\$535.27	\$602.79	\$605.00	\$1,127.56	\$808.93	\$794.35
	Female 15-20	\$706.16	\$573.57	\$536.41	\$603.93	\$606.14	\$1,128.71	\$810.07	\$744.81
	Female 21-44	\$1,303.33	\$1,129.62	\$1,239.13	\$1,094.03	\$1,125.45	\$1,265.90	\$1,183.59	\$1,200.81
	Male 15-20	\$706.09	\$573.50	\$536.34	\$603.86	\$606.06	\$1,128.63	\$810.00	\$762.90
	Male 21-44	\$1,169.01	\$1,048.05	\$1,011.42	\$853.28	\$1,013.22	\$907.32	\$937.91	\$967.68
	Over 44	\$1,697.33	\$1,632.39	\$1,900.02	\$1,610.14	\$1,694.34	\$1,678.92	\$1,431.81	\$1,648.24
	Average	\$1,372.00	\$1,216.94	\$1,352.12	\$1,200.30	\$1,287.90	\$1,374.23	\$1,262.69	\$1,302.84
Low Income Families with Children	Under 1	\$459.13	\$625.16	\$629.78	\$660.31	\$658.07	\$614.78	\$742.65	\$633.85
	1-5	\$125.98	\$143.61	\$150.16	\$154.83	\$145.64	\$148.78	\$165.30	\$148.80
	6-14	\$111.15	\$145.13	\$140.00	\$150.25	\$138.16	\$163.49	\$189.59	\$152.08
	Female 15-20	\$204.62	\$312.84	\$280.72	\$284.70	\$259.43	\$337.74	\$354.92	\$304.84
	Female 21-44	\$621.37	\$625.55	\$608.65	\$635.17	\$535.48	\$677.56	\$705.04	\$632.81
	Male 15-20	\$156.08	\$177.64	\$181.76	\$173.47	\$176.08	\$206.10	\$202.13	\$187.87
	Male 21-44	\$331.21	\$431.59	\$380.22	\$468.69	\$337.77	\$448.98	\$486.66	\$429.83
	Over 44	\$650.50	\$876.77	\$853.59	\$814.17	\$792.06	\$915.34	\$914.50	\$859.02
	Average	\$226.48	\$267.13	\$264.72	\$278.11	\$258.87	\$291.09	\$327.57	\$277.82
Weighted Average		\$306.14	\$382.99	\$400.35	\$388.25	\$373.61	\$427.69	\$509.23	\$409.11

Note:
Health plan enrollment distribution as of February 2017 is used in plan assignment and weighting
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - LIFC and ABAD**

**Appendix I
Exhibit 9g**

**Summary of Medallion 3.0 Regional Average Capitation Rates with CDPS Adjustment
Net of Drug Reinsurance and With Behavioral Health Home Adjustment, Physician Access,
and ARTS Adjustments**

Aid Category	Age Group	Region							Contract Year Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$1,845.07	\$1,867.87	\$1,902.35	\$1,967.53	\$1,871.00	\$1,892.61	\$1,863.56	\$1,876.57
	1-5	\$1,991.10	\$1,197.00	\$1,356.03	\$965.44	\$1,552.76	\$1,513.09	\$1,109.21	\$1,429.04
	6-14	\$613.49	\$556.51	\$495.63	\$579.03	\$610.88	\$1,114.68	\$778.02	\$654.10
	Female 15-20	\$613.87	\$555.79	\$500.43	\$577.47	\$609.90	\$1,107.81	\$778.60	\$632.67
	Female 21-44	\$1,134.03	\$1,103.10	\$1,158.75	\$1,054.93	\$1,135.37	\$1,242.71	\$1,132.93	\$1,142.35
	Male 15-20	\$610.19	\$557.46	\$497.53	\$579.35	\$610.35	\$1,104.94	\$775.46	\$638.77
	Male 21-44	\$1,008.34	\$1,023.48	\$943.00	\$822.51	\$1,023.79	\$884.16	\$894.36	\$951.59
	Over 44	\$1,459.88	\$1,598.76	\$1,778.04	\$1,562.15	\$1,711.97	\$1,637.85	\$1,371.30	\$1,605.13
	Average	\$1,231.60	\$1,185.91	\$1,241.65	\$1,155.70	\$1,277.47	\$1,364.32	\$1,212.57	\$1,245.79
Low Income Families with Children	Under 1	\$451.46	\$570.52	\$594.02	\$626.74	\$672.12	\$576.65	\$665.76	\$572.78
	1-5	\$123.77	\$131.79	\$141.50	\$146.90	\$148.77	\$139.48	\$149.14	\$138.44
	6-14	\$109.62	\$134.09	\$131.85	\$142.31	\$141.21	\$157.37	\$171.07	\$134.29
	Female 15-20	\$202.96	\$287.76	\$265.01	\$269.28	\$265.30	\$322.35	\$319.86	\$263.89
	Female 21-44	\$616.09	\$572.45	\$575.19	\$601.65	\$547.18	\$641.57	\$633.90	\$587.10
	Male 15-20	\$154.65	\$164.58	\$171.56	\$163.90	\$180.07	\$196.74	\$182.65	\$171.75
	Male 21-44	\$327.20	\$394.08	\$358.56	\$445.56	\$344.94	\$425.40	\$438.61	\$380.09
	Over 44	\$644.25	\$802.46	\$805.97	\$771.78	\$809.89	\$867.22	\$825.33	\$772.33
	Average	\$207.06	\$252.35	\$256.73	\$264.35	\$267.33	\$282.23	\$299.94	\$252.95
Weighted Average		\$269.27	\$369.16	\$372.53	\$374.76	\$378.48	\$427.71	\$469.61	\$362.86

Note:
Average is weighted by health plan enrollment distribution as of February 2017
Cells bolded have additional Physician Access Adjustment
Shaded age groups have additional ARTS Adjustment

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - LIFC and ABAD
 County Listing by Region**

**Appendix I
 Exhibit 10**

Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Alexandria City	Amherst County	Albemarle County	Accomack County	Chesapeake City	Alleghany County	Bland County
Arlington County	Appomattox County	Amelia County	Augusta County	Gloucester County	Bath County	Bristol City
Clarke County	Campbell County	Caroline County	Brunswick County	Hampton City	Bedford City	Buchanan County
Fairfax City	Danville City	Charles City County	Buckingham County	Isle of Wight County	Bedford County	Carroll County
Fairfax County	Frederick County	Charlottesville City	Charlotte County	James City County	Botetourt County	Dickenson County
Falls Church City	Harrisonburg, City of	Chesterfield County	Culpeper County	Mathews County	Buena Vista City	Galax City
Fauquier County	Lynchburg City	Colonial Heights City	Emporia City	Newport News City	Clifton Forge City	Grayson County
Fredericksburg City	Pittsylvania County	Cumberland County	Essex County	Norfolk City	Covington City	Lee County
Loudoun County	Rockingham County	Dinwiddie County	Franklin City	Poquoson City	Craig County	Norton City
Manassas City	Winchester, City of	Fluvanna County	Greensville County	Portsmouth City	Floyd County	Russell County
Manassas Park City		Goochland County	Halifax County	Suffolk City	Franklin County	Scott County
Prince William County		Greene County	Lancaster County	Surry County	Giles County	Smyth County
Spotsylvania County		Hanover County	King George County	Virginia Beach City	Henry County	Tazewell County
Stafford County		Henrico County	Lunenburg County	Williamsburg City	Highland County	Washington County
Warren County		Hopewell City	Madison County	York County	Lexington City	Wise County
		King and Queen County	Mecklenburg County		Martinsville City	
		King William County	Middlesex County		Montgomery County	
		Louisa County	Northampton County		Patrick County	
		Nelson County	Northumberland County		Pulaski County	
		New Kent County	Nottoway County		Radford City	
		Petersburg City	Orange County		Roanoke City	
		Powhatan County	Page County		Roanoke County	
		Prince George County	Prince Edward County		Rockbridge County	
		Richmond City	Rappahannock County		Salem City	
		Sussex County	Richmond County		Wythe County	
			Shenandoah County			
			Southampton County			
			Staunton City			
			Waynesboro City			
			Westmoreland County			

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Historical Eligibility and Claims - Adoption Assistance (AA)

Appendix II
Exhibit 1a

Child Under 21								
Statewide	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	68,558	69,254						
Service Type								
DME/Supplies	\$304,450	\$397,246	\$4.44	\$5.74	398	393	\$134.06	\$175.00
FQHC / RHC	\$33,091	\$28,227	\$0.48	\$0.41	125	111	\$46.22	\$43.90
Home Health	\$143,292	\$34,119	\$2.09	\$0.49	23	8	\$1,069.34	\$775.43
IP - Maternity	\$71,824	\$38,785	\$1.05	\$0.56	4	2	\$2,872.98	\$3,232.06
IP - Newborn	\$760	\$0	\$0.01	\$0.00	0	0	\$760.50	-
IP - Other	\$839,467	\$1,323,255	\$12.24	\$19.11	16	20	\$9,124.64	\$11,607.50
IP - Psych	\$1,387,329	\$1,243,346	\$20.24	\$17.95	380	313	\$638.73	\$687.31
Lab	\$151,221	\$156,022	\$2.21	\$2.25	1,471	1,409	\$18.00	\$19.19
OP - Emergency Room & Related	\$538,782	\$563,380	\$7.86	\$8.13	361	365	\$261.54	\$267.13
OP - Other	\$1,437,110	\$1,518,893	\$20.96	\$21.93	621	659	\$404.82	\$399.18
Pharmacy	\$8,657,586	\$8,163,583	\$126.28	\$117.88	12,703	13,001	\$119.29	\$108.80
Prof - Anesthesia	\$45,838	\$47,651	\$0.67	\$0.69	57	70	\$140.18	\$118.24
Prof - Child EPSDT	\$16,459	\$12,380	\$0.24	\$0.18	195	168	\$14.76	\$12.79
Prof - Evaluation & Management	\$1,808,629	\$1,964,175	\$26.38	\$28.36	4,498	4,647	\$70.39	\$73.24
Prof - Maternity	\$36,124	\$17,930	\$0.53	\$0.26	10	8	\$656.79	\$407.51
Prof - Other	\$1,885,676	\$2,924,442	\$27.50	\$42.23	2,967	3,156	\$111.25	\$160.58
Prof - Psych	\$904,142	\$952,091	\$13.19	\$13.75	2,327	2,547	\$68.00	\$64.78
Prof - Specialist	\$213,358	\$234,511	\$3.11	\$3.39	329	337	\$113.67	\$120.70
Prof - Vision	\$149,680	\$145,476	\$2.18	\$2.10	165	159	\$158.73	\$158.30
Radiology	\$91,024	\$93,128	\$1.33	\$1.34	548	602	\$29.07	\$26.79
Transportation/Ambulance	\$256,265	\$286,326	\$3.74	\$4.13	441	642	\$101.77	\$77.26
Total	\$18,972,108	\$20,144,966	\$276.73	\$290.89				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Historical Eligibility and Claims - Foster Care (FC)

Appendix II
Exhibit 1b

Child Under 21								
Statewide	Total Claims FY15	Total Claims FY16	Unadjusted PMPM FY15	Unadjusted PMPM FY16	Units/1000 FY15	Units/1000 FY16	Cost/Unit FY15	Cost/Unit FY16
Member Months	55,068	57,531						
Service Type								
DME/Supplies	\$293,342	\$278,526	\$5.33	\$4.84	598	520	\$106.86	\$111.81
FQHC / RHC	\$32,602	\$34,463	\$0.59	\$0.60	179	169	\$39.76	\$42.44
Home Health	\$20,043	\$29,151	\$0.36	\$0.51	13	10	\$339.71	\$594.92
IP - Maternity	\$132,909	\$102,243	\$2.41	\$1.78	9	8	\$3,164.49	\$2,763.33
IP - Newborn	\$147,456	\$111,528	\$2.68	\$1.94	5	1	\$6,411.13	\$18,587.94
IP - Other	\$1,171,841	\$1,444,351	\$21.28	\$25.11	26	32	\$9,930.85	\$9,378.90
IP - Psych	\$1,813,692	\$1,920,857	\$32.94	\$33.39	517	625	\$763.98	\$640.71
Lab	\$192,159	\$212,150	\$3.49	\$3.69	2,485	2,298	\$16.85	\$19.26
OP - Emergency Room & Related	\$806,318	\$785,655	\$14.64	\$13.66	656	653	\$267.97	\$250.85
OP - Other	\$1,628,233	\$1,797,064	\$29.57	\$31.24	1,042	1,068	\$340.42	\$351.13
Pharmacy	\$6,035,289	\$6,466,034	\$109.60	\$112.39	15,273	15,778	\$86.11	\$85.48
Prof - Anesthesia	\$65,925	\$64,419	\$1.20	\$1.12	110	122	\$130.03	\$109.93
Prof - Child EPSDT	\$49,192	\$42,952	\$0.89	\$0.75	810	742	\$13.24	\$12.07
Prof - Evaluation & Management	\$2,367,969	\$2,603,577	\$43.00	\$45.26	7,195	7,275	\$71.72	\$74.65
Prof - Maternity	\$68,398	\$64,795	\$1.24	\$1.13	35	24	\$430.18	\$553.81
Prof - Other	\$2,136,071	\$1,387,793	\$38.79	\$24.12	4,489	4,563	\$103.68	\$63.44
Prof - Psych	\$2,570,109	\$2,786,709	\$46.67	\$48.44	8,354	8,869	\$67.04	\$65.54
Prof - Specialist	\$252,655	\$265,815	\$4.59	\$4.62	554	527	\$99.31	\$105.27
Prof - Vision	\$128,261	\$130,652	\$2.33	\$2.27	192	189	\$145.42	\$144.21
Radiology	\$115,160	\$133,062	\$2.09	\$2.31	809	833	\$31.02	\$33.30
Transportation/Ambulance	\$263,477	\$301,667	\$4.78	\$5.24	1,366	1,949	\$42.04	\$32.28
Total	\$20,291,099	\$20,963,464	\$368.47	\$364.39				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Pharmacy Adjustment

Appendix II
Exhibit 2a

	Adoption Assistance	Foster Care	Source
1. Health Plan Total Drug Cost PMPM	\$122.06	\$111.03	FY15-16 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$120.70	\$109.40	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.3%	0.3%	From Plan Data
4. Current Average Managed Care Rebate	2.1%	2.1%	From Plan Data
5. FY18 Managed Care Dispensing Fee PMPM	\$1.35	\$1.63	From Plan Data
6. Average PBM Admin Cost PMPM	\$0.77	\$0.94	From Plan Data
7. Adjusted PMPM with FY18 Pharmacy Pricing Arrangements	\$119.95	\$109.38	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
8. Pharmacy Adjustment	-1.7%	-1.5%	= (7.) / (1.) - 1

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Exempt Infant Formula Carveout Adjustment

Appendix II
Exhibit 2b

	Adoption Assistance	Foster Care	Source
1. Claims Associated with Exempt Infant Formula	\$10,869	\$8,650	FY15-16 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$701,697	\$571,869	FY15-16 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-1.5%	-1.5%	= - (1.) / (2.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Hospital Inpatient Adjustments

Appendix II
Exhibit 2c.1

	<u>Adoption Assistance</u>		<u>Foster Care</u>		<u>Source</u>
	<u>IP - Med/Surg</u>	<u>IP - Psych</u>	<u>IP - Med/Surg</u>	<u>IP - Psych</u>	
1a. FY15 Total Claims in IP Service Categories	\$912,052	\$1,387,329	\$1,452,205	\$1,813,692	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in IP Service Categories	\$1,362,039	\$1,243,346	\$1,658,122	\$1,920,857	FY16 Health Plan Encounter Data
1c. FY15 Children's Hospital of The King's Daughters IP Claim	\$133,350	\$0	\$243,872	\$0	FY15 Health Plan Encounter Data
1d. FY16 Children's Hospital of The King's Daughters IP Claim	\$199,417	\$0	\$0	\$0	FY16 Health Plan Encounter Data
2. FY15-16 Hospital Capital Percentage	8.70%	8.70%	8.70%	8.70%	Provided by DMAS
3. FY17 Capital Reimbursement Decrease	-3.10%	-3.10%	-3.10%	-3.10%	= ((4.)-(2.))/(2.)
4. FY17 & FY18 Hospital Capital Percentage	8.43%	8.43%	8.43%	8.43%	Provided by DMAS
5. % Excluded Claims from Freestanding Psych Hospitals	0.0%	22.0%	0.0%	22.0%	FY15-16 Health Plan Encounter Data
6a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
6b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
6c. Dollar Change	\$18,666	\$19,722	\$27,561	\$27,998	= [((1a.)+(1b.))-((1c.)+(1d.))] * (1 - (4.)) * (1 - (5.)) * [(1 + (6a.)) * (1 + (6b.)) - 1]
7a. FY17 Hospital Rate Change - Rebasing	-2.65%	27.00%	-2.65%	27.00%	Provided by DMAS
7b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
7c. Dollar Change	(\$47,108)	\$507,139	(\$69,558)	\$719,943	= [((1a.)+(1b.))-((1c.)+(1d.))] * (1 - (4.)) * (1 - (5.)) * [(1 + (7a.)) * (1 + (7b.)) - 1]
8. Hospital Inpatient Adjustment	-1.25%	20.03%	-1.35%	20.03%	= ((6c.) + (7c.)) / ((1a.) + (1b.))

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Hospital Inpatient Adjustments for Children's Hospital of The King's Daughters

Appendix II
Exhibit 2c.2

	<u>Adoption Assistance</u>	<u>Foster Care</u>	<u>Source</u>
	<u>IP - Med/Surg</u>	<u>IP - Med/Surg</u>	
1a. FY15-16 Total Claims in IP Service Categories (for age 0-20) Statewide	\$2,274,092	\$3,110,327	FY15-16 Health Plan Encounter Data
2. FY15-16 Children Hospital King's Daughter IP Claims Statewide	\$332,767	\$243,872	FY15-16 Health Plan Encounter Data
3. FY15-16 Hospital Capital Percentage	10.40%	10.40%	Provided by DMAS
4. FY17 Capital Reimbursement Increase	10.77%	10.77%	= ((5.)-(3.))/(3.)
5. FY17 & FY18 Hospital Capital Percentage	11.52%	11.52%	Provided by DMAS
6. % Excluded Claims from Freestanding Psych Hospitals	0.00%	0.00%	FY15-16 Health Plan Encounter Data
7a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	Provided by DMAS
7b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	Provided by DMAS
7c. Dollar Change Statewide	\$14,600	\$10,700	= ((2.) * (1 - (5.)) * (1 - (6.)) * [(1 + (7a.)) * (1 + (7b.)) - 1]
8a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	Provided by DMAS
8b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
8c. Dollar Change Statewide	(\$7,802)	(\$5,718)	= ((2.) * (1 - (5.)) * (1 - (6.)) * [(1 + (8a.)) * (1 + (8b.)) - 1]
9. Hospital Inpatient Adjustment Statewide	0.299%	0.160%	= ((7c.) + (8c.)) / (1a.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Freestanding Psychiatric Hospital Rate Adjustment

Appendix II
Exhibit 2d

	Adoption Assistance	Foster Care	Source
1a. FY15 Total Claims in IP Service Categories	\$1,387,329	\$1,813,692	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in IP Service Categories	\$1,243,346	\$1,920,857	FY16 Health Plan Encounter Data
2. FY15-16 Hospital Capital Percentage	4.90%	4.90%	Provided by DMAS
3. % Claims from Freestanding Psych Hospitals	22.03%	22.03%	FY15-16 Health Plan Encounter Data
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
4b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	Provided by DMAS
4c. Dollar Change	\$5,786	\$8,214	$=((1a.) + (1b.)) * (1 - (2.)) * (3.) * [(1 + (4a.)) * (1 + (4b.)) - 1]$
5a. FY17 Hospital Rate Change - Rebasing	2.50%	2.50%	Provided by DMAS
5b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
5c. Dollar Change	\$48,768	\$69,231	$=((1a.) + (1b.)) * (1 - (2.)) * (3.) * [(1 + (5a.)) * (1 + (5b.)) - 1]$
6. Freestanding Psychiatric Hospital Rate Adjustment	2.07%	2.07%	$= ((4c.) + (5c.)) / ((1a.) + (1b.))$

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - Adoption Assistance and Foster Care
 Hospital Outpatient Adjustments**

**Appendix II
 Exhibit 2e.1**

	<u>Adoption Assistance</u>		<u>Foster Care</u>		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1a. FY15 Total Claims in OP Service Categories	\$538,782	\$1,437,110	\$806,318	\$1,628,233	FY15 Health Plan Encounter Data
1b. FY16 Total Claims in OP Service Categories	\$563,380	\$1,518,893	\$785,655	\$1,797,064	FY16 Health Plan Encounter Data
1c. FY15 Children's Hospital of The King's Daughters OP Claim	\$18,624	\$212,221	\$13,088	\$149,791	FY15 Health Plan Encounter Data
1d. FY16 Children's Hospital of The King's Daughters OP Claim	\$10,783	\$213,198	\$9,578	\$163,254	FY16 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	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
2c. Dollar Change	\$11,264	\$26,571	\$16,478	\$32,679	= [((1a.)+(1b.))-((1c.)+(1d.))] * [(1 + (2a.)) * (1 + (2b.)) - 1]
3a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	0.10%	0.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
3c. Dollar Change	\$1,073	\$2,531	\$1,569	\$3,112	= [((1a.)+(1b.))-((1c.)+(1d.))] * [(1 + (3a.)) * (1 + (3b.)) - 1]
4. Hospital Outpatient Adjustment	1.12%	0.98%	1.13%	1.04%	= ((2c.) + (3c.)) / ((1a.) + (1b.))

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters

Appendix II
Exhibit 2e.2

	<u>Adoption Assistance</u>		<u>Foster Care</u>		<u>Source</u>
	<u>OP - Emergency Room & Related</u>	<u>OP - Other</u>	<u>OP - Emergency Room & Related</u>	<u>OP - Other</u>	
1. FY15-16 Total Claims in OP Service Categories (For Age 0-20)					
Statewide	\$1,102,162	\$2,956,002	\$1,591,974	\$3,425,296	FY15-16 Health Plan Encounter Data
2. FY15-16 Children Hospital King's Daughter OP Claims					
Statewide	\$29,407	\$425,419	\$22,666	\$313,045	FY15-16 Health Plan Encounter Data
3a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	2.10%	2.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	2.80%	Provided by DMAS
3c. Dollar Change					
Statewide	\$1,458	\$21,096	\$1,124	\$15,523	= ((2.) * [(1 + (3a.)) * (1 + (3b.)) - 1]
4a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	0.10%	0.10%	Provided by DMAS
4b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
4c. Dollar Change					
Statewide	\$29	\$425	\$23	\$313	= ((2.) * [(1 + (4a.)) * (1 + (4b.)) - 1]
5. Hospital Outpatient Adjustment					
Statewide	0.13%	0.73%	0.07%	0.46%	= ((3c.)+(4c.)) / (1.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Hepatitis C Treatment Adjustment

Appendix II
Exhibit 2f

	Adoption Assistance	Foster Care	Source
1. Total Claims in Pharmacy Service Categories	\$16,821,170	\$12,501,323	FY15-16 Health Plan Encounter Data
2. Unique Individuals in Base Period	7,052	6,564	FY15-16 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	0.6%	3.0%	FY15-16 Health Plan Encounter Data
3b. Number of Individuals Being Tested	42	200	FY15-16 Health Plan Encounter Data
3c. Projected Testing Change in FY18	15%	35%	Estimate
3d. Additional Number of People Being Tested	6	70	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$42	\$42	FY15-16 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.10%	0.3%	FY15-16 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	7	18	FY15-16 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	7	19	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	11.1%	FY15-16 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	2	FY15-16 Health Plan Encounter Data
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Current Protocol In The Base Period	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)	100%	100%	Estimate
5e. Projected Number of Additional People Going Through Drug Therapy	0	2	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$88,345	\$88,345	FY15-16 Health Plan Encounter Data
5g. Projected Average Cost of Drug Therapy	\$70,000	\$70,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$265	\$120,251	= ((3d.) * (3e.)) + ((5g.) - (5f.)) * (5b.) + (5e.) * (5g.)
7. Hepatitis C Treatment Adjustment	0.0%	1.0%	= (6.) / (1.)

Note: Based on analysis of FY15 - FY16 base data experience

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Provider Incentive Payment Adjustment

Appendix II
Exhibit 2g

	Adoption Assistance	Foster Care	Source
Provider Incentive Payment Adjustment	0.52%	0.52%	From Plan Data - LIFC Child

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Emergency Room Triage Adjustment

Appendix II
Exhibit 2h

	Adoption Assistance	Foster Care	Source
1. Total Claims in Prof - Evaluation & Management	\$3,772,804	\$4,971,546	FY15-16 Health Plan Encounter Data
2. FY15 Number of Claims in ER Triage Level 3	257	369	FY15-16 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$43.20	\$43.20	FY15-16 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (1 year)	\$5,434	\$7,801	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.14%	0.16%	= (5.) / (1.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Resource Based Relative Value Scale Adjustment

Appendix II
Exhibit 2i

	Adoption Assistance / Foster Care	Source
1. Professional Fee Adjustment - Effective FY18	-0.19%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	84%	FY15-16 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.16%	= (1.) * (2.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Administrative Cost Adjustment

Appendix II
Exhibit 2j

	Adoption Assistance	Foster Care	Source
1. Claims Adjustment Expense PMPM	\$8.96	\$10.33	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
2. General Admin Expense PMPM	\$14.43	\$16.64	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	2.1%	2.1%	BLS CPI-U
4. General Admin Expense Increase %	2.1%	2.1%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$24.14	\$27.82	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$22.22	\$32.70	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$333.75	\$384.67	Weighted average of medical component of FY2018 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	6.15%	7.72%	$= (5b.) / (((5b.) + (6.)) / (1 - 8.))$
8. Contribution to Reserves as % of Base Capitation Rate	1.50%	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	7.6%	9.2%	$= (7.) + (8.)$

*Note:

Administrative increases are applied from midpoint of CY2016 to the midpoint of the contract period (18 months) using compound interest calculations.

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - Adoption Assistance and Foster Care
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Adoption Assistance**

**Appendix II
 Exhibit 3a**

Category of Service	Adoption Assistance Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.3%	-1.0%	-0.7%					1.1527	1.1858
Inpatient Psychiatric	0.3%	22.1%	22.4%					1.1527	1.1858
Outpatient Hospital	1.5%	1.5%	3.0%					1.1527	1.1858
Practitioner	1.7%	-0.1%	1.6%					1.1527	1.1858
Prescription Drug	0.0%	-1.7%	-1.7%					1.1527	1.1858
Other	0.7%	-0.6%	0.0%					1.1527	1.1858
Weighted Average²	0.7%	0.8%	1.5%	-0.2%	4.1%	3.9%	7.2%	1.1527	1.1858

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.9

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 FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

IBNR for managed care plans are calculated based on regression studies of LIFC Child 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 FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Foster Care

Appendix II
Exhibit 3b

Category of Service	Foster Care Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	0.6%	-1.2%	-0.6%					1.0205	1.0221
Inpatient Psychiatric	0.6%	22.1%	22.8%					1.0205	1.0221
Outpatient Hospital	1.2%	1.4%	2.7%					1.0205	1.0221
Practitioner	0.6%	-0.1%	0.5%					1.0205	1.0221
Prescription Drug	0.0%	-0.5%	-0.5%					1.0205	1.0221
Other	1.1%	-0.5%	0.6%					1.0205	1.0221
Weighted Average²	0.5%	1.9%	2.4%	-2.0%	3.5%	1.5%	0.4%	1.0205	1.0221

Months of FY Trend Applied	12	12	12	18
Months of Contract Year Trend Applied	12	12	12	22.9

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 FY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY15-16 Claims)

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

IBNR for managed care plans are calculated based on regression studies of LIFC Child 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 FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through Feb 2017.

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

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

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Adoption Assistance (AA)

Appendix II
Exhibit 4a

Child Under 21							
Statewide	Total Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type							
DME/Supplies	\$701,697	\$4,665	(\$10,941)	\$695,420	1.186	\$824,628	\$5.98
FQHC / RHC	\$61,318	\$1,049.41		\$62,367	1.186	\$73,955	\$0.54
Home Health	\$177,411	\$2,667.49		\$180,079	1.186	\$213,537	\$1.55
IP - Maternity	\$110,609	\$299	(\$1,056)	\$109,853	1.186	\$130,263	\$0.95
IP - Newborn	\$760	\$2	(\$7)	\$755	1.186	\$896	\$0.01
IP - Other	\$2,162,722	\$5,853	(\$20,641)	\$2,147,934	1.186	\$2,547,018	\$18.48
IP - Psych	\$2,630,675	\$5,202	\$582,565	\$3,218,441	1.186	\$3,816,424	\$27.69
Lab	\$307,243	\$1,492		\$308,736	1.186	\$366,099	\$2.66
OP - Emergency Room & Related	\$1,102,162	\$16,572	\$14,032	\$1,132,766	1.186	\$1,343,232	\$9.75
OP - Other	\$2,956,002	\$44,445	\$51,384	\$3,051,832	1.186	\$3,618,859	\$26.26
Pharmacy	\$16,821,170	\$0	(\$290,542)	\$16,530,628	1.186	\$19,602,000	\$142.24
Prof - Anesthesia	\$93,489	\$1,600		\$95,089	1.186	\$112,756	\$0.82
Prof - Child EPSDT	\$28,839	\$494	(\$47)	\$29,286	1.186	\$34,727	\$0.25
Prof - Evaluation & Management	\$3,772,804	\$62,825	(\$587)	\$3,835,042	1.186	\$4,547,589	\$33.00
Prof - Maternity	\$54,054	\$925	(\$88)	\$54,892	1.186	\$65,090	\$0.47
Prof - Other	\$4,810,118	\$82,324	(\$7,794)	\$4,884,648	1.186	\$5,792,210	\$42.03
Prof - Psych	\$1,856,233	\$23,239	(\$2,994)	\$1,876,478	1.186	\$2,225,125	\$16.15
Prof - Specialist	\$447,870	\$7,665	(\$726)	\$454,809	1.186	\$539,312	\$3.91
Prof - Vision	\$295,156	\$2,021	(\$473)	\$296,703	1.186	\$351,831	\$2.55
Radiology	\$184,151	\$1,158		\$185,310	1.186	\$219,740	\$1.59
Transportation/Ambulance	\$542,591	\$930		\$543,521	1.186	\$644,506	\$4.68
Provider Incentive Payment Adjustment							\$1.78
Total	\$39,117,074	\$265,428	\$312,085	\$39,694,588		\$47,069,796	\$343.33
Admin Cost Adjustment							\$28.44
Medallion 3.0 Capitation Rate							\$371.77

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
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Foster Care (FC)

Appendix II
Exhibit 4b

Child Under 21							
Statewide	Total Base Claims FY15-16	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY15-16	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type							
DME/Supplies	\$571,869	\$6,373	(\$8,746)	\$569,495	1.022	\$582,095	\$5.17
FQHC / RHC	\$67,065	\$415.21		\$67,480	1.022	\$68,973	\$0.61
Home Health	\$49,194	\$612.06		\$49,806	1.022	\$50,908	\$0.45
IP - Maternity	\$235,152	\$1,399	(\$2,815)	\$233,736	1.022	\$238,907	\$2.12
IP - Newborn	\$258,984	\$1,541	(\$3,100)	\$257,424	1.022	\$263,120	\$2.34
IP - Other	\$2,616,192	\$15,567	(\$31,320)	\$2,600,439	1.022	\$2,657,972	\$23.61
IP - Psych	\$3,734,549	\$15,530	\$828,818	\$4,578,897	1.022	\$4,680,202	\$41.57
Lab	\$404,308	\$3,749		\$408,058	1.022	\$417,086	\$3.70
OP - Emergency Room & Related	\$1,591,974	\$19,807	\$19,432	\$1,631,213	1.022	\$1,667,303	\$14.81
OP - Other	\$3,425,296	\$42,617	\$52,270	\$3,520,183	1.022	\$3,598,064	\$31.95
Pharmacy	\$12,501,323	\$4	(\$65,146)	\$12,436,181	1.022	\$12,711,321	\$112.89
Prof - Anesthesia	\$130,344	\$807		\$131,151	1.022	\$134,052	\$1.19
Prof - Child EPSDT	\$92,144	\$570	(\$148)	\$92,567	1.022	\$94,615	\$0.84
Prof - Evaluation & Management	\$4,971,546	\$30,228	(\$120)	\$5,001,654	1.022	\$5,112,311	\$45.40
Prof - Maternity	\$133,193	\$825	(\$214)	\$133,805	1.022	\$136,765	\$1.21
Prof - Other	\$3,523,864	\$21,877	(\$5,649)	\$3,540,092	1.022	\$3,618,414	\$32.14
Prof - Psych	\$5,356,818	\$23,147	(\$8,571)	\$5,371,393	1.022	\$5,490,231	\$48.76
Prof - Specialist	\$518,470	\$3,210	(\$831)	\$520,848	1.022	\$532,372	\$4.73
Prof - Vision	\$258,914	\$685	(\$414)	\$259,185	1.022	\$264,919	\$2.35
Radiology	\$248,222	\$2,671		\$250,893	1.022	\$256,444	\$2.28
Transportation/Ambulance	\$565,144	\$2,609		\$567,752	1.022	\$580,314	\$5.15
Provider Incentive Payment Adjustment							\$2.00
Total	\$41,254,563	\$194,242	\$773,448	\$42,222,253		\$43,156,387	\$385.27
Admin Cost Adjustment							\$39.12
Medallion 3.0 Capitation Rate							\$424.39

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
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
FY 2018 Capitation Rates and Member Months

Appendix II
Exhibit 5a

Child Under 21	Statewide								
	FY 2017 AA (MCO Rate)	FY 2018 AA	% Change	FY 2017 FC (MCO Rate)	FY 2018 FC	% Change	FY 2017 AA and FC (MCO Rate) Weighted Average	FY 2018 AA and FC Weighted Average	% Change
MCO Capitation Rate	\$339.21	\$361.39	6.5%	\$470.17	\$423.72	-9.9%	\$399.11	\$389.90	-2.3%
February 2017 Member Months		5,767			4,861				

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - Adoption Assistance and Foster Care
 Contract Year 2018 Capitation Rates and Member Months**

**Appendix II
 Exhibit 5b**

Child Under 21	Statewide								
	FY 2017 AA (MCO Rate)	Contract Year AA	% Change	FY 2017 FC (MCO Rate)	Contract Year FC	% Change	FY 2017 AA and FC (MCO Rate) Weighted Average	Contract Year AA and FC Weighted Average	% Change
MCO Capitation Rate	\$339.21	\$371.77	9.6%	\$470.17	\$424.39	-9.7%	\$399.11	\$395.83	-0.8%
February 2017 Member Months		5,767			4,861				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Drug Reinsurance Adjustment

Appendix II
Exhibit 6a

	AA	FC	Source
Attachment Point	\$225,000	\$225,000	
1a. Contract Year Base Period Number of Individuals Exceeding the Threshold	2	1	Contract Year Base Period Health Plan Encounter Data
1b. Contract Year Base Period Additional Individuals	0	0	20% Increase of People who Exceed the Threshold
1c. Contract Year Base Period Average Cost After Specialty Cost Trend	\$1,459,247	\$927,255	Contract Year Base Period Health Plan Encounter Data
1d. Contract Year Base Period Total Dollars Including Additional Individuals	\$3,502,192	\$1,112,706	= 1c. * (1a.+1b.)
1e. Contract Year Base Period Amount of Reinsurance	\$2,665,973	\$758,435	= ((1d.) - ((1a.+1b.) * Attachment Point)) * 90%
2. Historical Member Months (Contract Year Base Period)	86,494	72,276	Health Plan Encounter Data
3. Estimated PMPM	\$30.82	\$10.49	= (1e.) / (2.)

Note:

Discounted threshold is based upon Contract Year Base Period reinsurance threshold of attachment points per person per year discounted by

1) 20 % drug unit cost trend per year for persistent members; (2) 15% drug unit cost trend per year for non-persistent members

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
Addiction and Recovery Treatment Services (ARTS) Adjustment

Appendix II
Exhibit 6b

		Adoption Assistance / Foster Care	Source
1a.	ARTS Medical PMPM (Per Participant)	\$100.62	Estimated for FY18
1b.	ARTS Admin PMPM (Per Participant)	\$4.72	Estimated for FY18
1c.	Medical PMPM For New Carve-In Services (Per Pa	\$17.64	Estimated for FY18
2a.	AA ARTS Participants	14	Dec 2016 snapshot
2b.	AA Other Members	5,726	Dec 2016 snapshot
3a.	FC ARTS Participants	27	Dec 2016 snapshot
3b.	FC Other Members	4,905	Dec 2016 snapshot
4a.	AA ARTS Medical PMPM (Rate Adjustment)	\$0.28	= ((1a.) + (1c.)) * (2a.) / ((2a.) + (2b.))
4b.	AA ARTS Admin PMPM (Rate Adjustment)	\$0.01	= (1b.) * (2a.) / ((2a.) + (2b.))
4c.	AA ARTS Total PMPM (Rate Adjustment)	\$0.30	= (4a.) + (4b.)
5a.	FC ARTS Medical PMPM (Rate Adjustment)	\$0.65	= ((1a.) + (1b.)) * (3a.) / ((3a.) + (3b.))
5b.	FC ARTS Admin PMPM (Rate Adjustment)	\$0.03	= (1b.) * (3a.) / ((3a.) + (3b.))
5c.	FC ARTS Total PMPM (Rate Adjustment)	\$0.68	= (5a.) + (5b.)

Virginia Medicaid

Contract Year 2018 Capitation Rate Development

Health Plan Encounter Data - Adoption Assistance and Foster Care

Contract Year 2018 Capitation Rates Net Drug Reinsurance Adjustment

Compared to FY 2017 Blended and Without Reinsurance or ARTS adjustment

Appendix II Exhibit 7

	Statewide	
	Adoption Assistance	Foster Care
MCO Capitation Rate	\$371.77	\$424.39
MCO Reinsurance Adjustment	\$30.82	\$10.49
MCO ARTS Adjustment	\$0.30	\$0.68
Contract Year Final Rate Net Reinsurance Adjustment and ARTS Adjustment	\$341.24	\$414.57

FY17 Final MCO Capitation Rate (Without Reinsurance)	\$339.21	\$470.17
% Change	9.6%	-9.7%

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - Adoption Assistance and Foster Care
February 2017 Member Month Distribution

Appendix II
Exhibit 8

Aid Category	Region							Regional Total
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Adoption Assistance	806	573	1,020	641	1,189	802	736	5,767
Foster Care	718	430	1,032	452	898	752	579	4,861
MCO Total	1,524	1,003	2,052	1,093	2,087	1,554	1,315	10,628

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Historical Eligibility and Claims - HAP**

**Appendix III
Exhibit 1a**

Statewide	Child							
	Total Claims	Total Claims	Unadjusted	Unadjusted	Units/1000	Units/1000	Cost/Unit	Cost/Unit
	Dec2014-Nov2015	Dec2015-Oct2016	PMPM Dec2014-Nov2015	PMPM Dec2015-Oct2016	Dec2014-Nov2015	Dec2015-Oct2016	Dec2014-Nov2015	Dec2015-Oct2016
Member Months	40,187	42,806						
Service Type								
DME/Supplies	\$6,812,418	\$5,926,966	\$169.52	\$138.46	13,460	11,934	\$151	\$139
FQHC / RHC	\$54,740	\$118,611	\$1.36	\$2.77	224	326	\$73	\$102
Home Health	\$1,369,186	\$1,313,570	\$34.07	\$30.69	344	286	\$1,190	\$1,289
IP - Maternity	\$0	\$11,215	\$0.00	\$0.26	0	1	-	\$3,738
IP - Newborn	\$96,516	\$0	\$2.40	\$0.00	1	0	\$19,303	-
IP - Other	\$12,847,112	\$8,296,832	\$319.68	\$193.82	215	148	\$17,818	\$15,714
IP - Psych	\$557,955	\$684,903	\$13.88	\$16.00	202	236	\$827	\$813
Lab	\$174,749	\$151,682	\$4.35	\$3.54	2,419	1,993	\$22	\$21
OP - Emergency Room & Related	\$963,482	\$886,747	\$23.97	\$20.72	841	719	\$342	\$346
OP - Other	\$7,290,535	\$6,103,999	\$181.42	\$142.60	4,678	4,000	\$465	\$428
Pharmacy	\$15,632,257	\$16,653,257	\$388.99	\$389.04	29,672	29,928	\$157	\$156
Prof - Anesthesia	\$194,129	\$184,792	\$4.83	\$4.32	400	391	\$145	\$133
Prof - Child EPSDT	\$17,078	\$14,041	\$0.42	\$0.33	358	283	\$14	\$14
Prof - Evaluation & Management	\$2,863,971	\$2,769,467	\$71.27	\$64.70	10,372	9,423	\$82	\$82
Prof - Maternity	\$1,240	\$6,613	\$0.03	\$0.15	1	6	\$248	\$301
Prof - Other	\$19,232,635	\$18,350,534	\$478.58	\$428.69	20,778	19,502	\$276	\$264
Prof - Psych	\$210,553	\$246,743	\$5.24	\$5.76	931	1,045	\$68	\$66
Prof - Specialist	\$672,648	\$536,681	\$16.74	\$12.54	981	840	\$205	\$179
Prof - Vision	\$136,448	\$133,848	\$3.40	\$3.13	366	325	\$111	\$115
Radiology	\$337,665	\$175,895	\$8.40	\$4.11	2,288	1,774	\$44	\$28
Transportation/Ambulance	\$385,835	\$371,279	\$9.60	\$8.67	2,913	2,906	\$40	\$36
Total	\$69,851,152	\$62,937,675	\$1,738.15	\$1,470.30				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Historical Eligibility and Claims - HAP

Appendix III
Exhibit 1b

Adult								
Statewide	Total Claims	Total Claims	Unadjusted	Unadjusted	Units/1000	Units/1000	Cost/Unit	Cost/Unit
	Dec2014-Nov2015	Dec2015-Oct2016	PMPM Dec2014-Nov2015	PMPM Dec2015-Oct2016	Dec2014-Nov2015	Dec2015-Oct2016	Dec2014-Nov2015	Dec2015-Oct2016
Member Months	57,661	60,764						
Service Type								
DME/Supplies	\$7,754,215	\$7,293,519	\$134.48	\$120.03	13,133	11,760	\$122.87	\$122.48
FQHC / RHC	\$425,914	\$313,173	\$7.39	\$5.15	1,202	910	\$73.74	\$67.96
Home Health	\$2,252,972	\$1,629,552	\$39.07	\$26.82	1,181	946	\$397.14	\$340.27
IP - Maternity	\$76,874	\$137,163	\$1.33	\$2.26	3	4	\$5,124.97	\$6,858.16
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$44,771,088	\$38,773,956	\$776.45	\$638.11	733	583	\$12,704.62	\$13,134.81
IP - Psych	\$1,397,062	\$1,299,161	\$24.23	\$21.38	437	309	\$664.63	\$831.20
Lab	\$486,899	\$445,566	\$8.44	\$7.33	6,402	5,429	\$15.83	\$16.21
OP - Emergency Room & Related	\$4,985,832	\$4,548,615	\$86.47	\$74.86	1,907	1,773	\$544.13	\$506.64
OP - Other	\$13,175,898	\$12,998,138	\$228.51	\$213.91	4,901	4,656	\$559.46	\$551.28
Pharmacy	\$32,878,861	\$37,315,498	\$570.21	\$614.11	82,360	83,125	\$83.08	\$88.65
Prof - Anesthesia	\$274,434	\$261,840	\$4.76	\$4.31	522	484	\$109.38	\$106.79
Prof - Child EPSDT	\$54,630	\$36,201	\$0.95	\$0.60	770	666	\$14.77	\$10.74
Prof - Evaluation & Management	\$7,181,246	\$6,893,171	\$124.54	\$113.44	20,751	18,747	\$72.02	\$72.61
Prof - Maternity	\$16,240	\$22,119	\$0.28	\$0.36	5	11	\$738.18	\$381.37
Prof - Other	\$5,176,373	\$4,946,285	\$89.77	\$81.40	9,317	7,857	\$115.63	\$124.32
Prof - Psych	\$265,947	\$269,736	\$4.61	\$4.44	760	774	\$72.82	\$68.83
Prof - Specialist	\$2,206,230	\$2,034,650	\$38.26	\$33.48	3,020	2,774	\$152.05	\$144.84
Prof - Vision	\$258,651	\$262,844	\$4.49	\$4.33	614	604	\$87.65	\$85.90
Radiology	\$1,101,038	\$1,077,690	\$19.10	\$17.74	6,631	5,957	\$34.55	\$35.73
Transportation/Ambulance	\$2,476,035	\$2,333,755	\$42.94	\$38.41	14,671	14,478	\$35.12	\$31.83
Total	\$127,216,439	\$122,892,632	\$2,206.28	\$2,022.46				

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Pharmacy Adjustment

Appendix III
Exhibit 2a

	HAP Child	HAP Adult	Source
1. Dec 2014 - Oct 2016 Health Plan Drug Cost PMPM	\$389.01	\$592.73	Dec 2014 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Oct 2016 Health Plan Drug Ingredient Cost PMPM	\$385.80	\$584.00	Dec 2014 - Oct 2016 Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.30%	0.30%	From Plan Data
4. Current Average Managed Care Rebate	2.1%	2.1%	From Plan Data
5. FY18 Managed Care Dispensing Fee PMPM	\$3.16	\$8.78	From Plan Data
6. Average PBM Admin Cost PMPM	\$1.57	\$4.29	From Plan Data
7. Adjusted PMPM with FY18 Pharmacy Pricing Arrangements	\$381.41	\$583.26	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
8. Pharmacy Adjustment	-2.0%	-1.6%	= (7.) / (1.) - 1

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Exempt Infant Formula Carveout Adjustment

Appendix III
Exhibit 2b

	HAP Child	Source
1. Claims Associated with Exempt Infant Formula	\$244,509	Dec 2014 - Oct 2016 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$12,739,385	Dec 2014 - Oct 2016 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-1.9%	= (1.) / (2.)

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Hospital Inpatient Adjustments**

**Appendix III
Exhibit 2c.1**

	<u>HAP</u>		Source
	IP - Med/Surg	IP - Psych	
1a. Dec 2014 - Nov 2015 Total Claims in IP Service Categories	\$57,791,591	\$1,365,360	Dec 2014 - Nov 2015 Health Plan Encounter Data
1b. Dec 2015 - Oct 2016 Total Claims in IP Service Categories	\$47,219,166	\$1,400,485	Dec 2015 - Oct 2016 Health Plan Encounter Data
1c. Dec 2014 - Nov 2015 Children's Hospital of The King's Daughters IP Cla	\$458,709	\$0	Dec 2014 - Nov 2015 Health Plan Encounter Data
1d. Dec 2015 - Oct 2016 Children's Hospital of The King's Daughters IP Clai	\$599,293	\$0	Dec 2015 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Oct 2016 Hospital Capital Percentage	8.61%	8.61%	Provided by DMAS
3. FY17 Capital Reimbursement Increase	-2.09%	-2.09%	= ((4.)-(2.))/(2.)
4. FY17 & FY18 Hospital Capital Percentage	8.43%	8.43%	Provided by DMAS
5. % Excluded Claims from Freestanding Psych Hospitals	0.00%	12.64%	Dec 2014 - Oct 2016 Health Plan Encounter Data
6a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
6b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	Provided by DMAS
6c. Dollar Change	\$999,490	\$23,231	= [((1a.)+(1d.))-((1c.)+(1e.))] * (1 - (4.)) * (1 - (5.)) * [(1 + (6a.)) * (1 + (6b.)) - 1]
7a. FY17 Hospital Rate Change - Rebasing	-2.65%	27.00%	Provided by DMAS
7b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
7c. Dollar Change	(\$2,522,523)	\$597,376	= [((1a.)+(1d.))-((1c.)+(1e.))] * (1 - (4.)) * (1 - (5.)) * [(1 + (7a.)) * (1 + (7b.)) - 1]
8. Hospital Inpatient Adjustment	-1.45%	22.44%	= ((6c.) + (7c.)) / ((1a.) + (1b.))

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Hospital Inpatient Adjustments For Children Hospital King's Daughter

Appendix III
Exhibit 2c.2

	HAP Child	
	IP - Med/Surg	Source
1a. Dec 2014 - Oct 2016 Total Claims in IP Service Categories (for age 0-20) Statewide	\$21,251,675	Dec 2014 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Oct 2016 Children Hospital King's Daughter IP Claims Statewide	\$1,058,002	Dec 2014 - Oct 2016 Health Plan Encounter Data
3. Dec 2014 - Oct 2016 Hospital Capital Percentage	10.62%	Provided by DMAS
4. FY17 Capital Reimbursement Increase	8.51%	= ((5.)-(3.))/(3.)
5. FY17 & FY18 Hospital Capital Percentage	11.52%	Provided by DMAS
6. % Excluded Claims from Freestanding Psych Hospitals	0.00%	Dec 2014 - Oct 2016 Health Plan Encounter Data
7a. FY17 Hospital Rate Change - Unit Cost	2.10%	Provided by DMAS
7b. FY18 Hospital Rate Change - Unit Cost	2.80%	Provided by DMAS
7c. Dollar Change Statewide	\$46,420	= ((2.) * (1 - (5.)) * (1 - (6.)) * [(1 + (7a.)) * (1 + (7b.)) - 1]
8a. FY17 Hospital Rate Change - Rebasing	-2.65%	Provided by DMAS
8b. FY18 Hospital Rate Change - Rebasing	0.00%	Provided by DMAS
8c. Dollar Change Statewide	(\$24,807)	= ((2.) * (1 - (5.)) * (1 - (6.)) * [(1 + (8a.)) * (1 + (8b.)) - 1]
9. Hospital Inpatient Adjustment Statewide	0.10%	= ((7c.) + (8c.)) / (1a.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Freestanding Psychiatric Hospital Rate Adjustment

Appendix III
Exhibit 2d

	HAP	Source
1a. Dec 2014 - Nov 2015 Total Claims in IP Service Categories	\$1,365,360	Dec 2014 - Nov 2015 Health Plan Encounter Data
1b. Dec 2015 - Oct 2016 Total Claims in IP Service Categories	\$1,400,485	Dec 2015 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Oct 2016 Hospital Capital Percentage	4.90%	Provided by DMAS
3. % Claims from Freestanding Psych Hospitals	12.64%	Dec 2014 - Oct 2016 Health Plan Encounter Data
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	Provided by DMAS
4b. FY18 Hospital Rate Change - Unit Cost	0.00%	Provided by DMAS
4c. Dollar Change	\$3,492	= ((1a.) + (1b.)) * (1 - (2.)) * (3.) * [(1 + (4a.)) * (1 + (4b.)) -1]
5a. FY17 Hospital Rate Change - Rebasing	2.50%	Provided by DMAS
5b. FY18 Hospital Rate Change - Rebasing	0.00%	Provided by DMAS
5c. Dollar Change	\$8,313	= (((1a.) + (1b.)) * (1 - (2.)) * (3.)) * [(1 + (5a.)) * (1 + (5b.)) -1]
6. Freestanding Psychiatric Hospital Rate Adjustment	0.43%	= ((4c.) + (5c.)) / ((1a.) + (1b.))

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 Hospital Outpatient Adjustments**

**Appendix III
 Exhibit 2e.1**

	HAP		Source
	OP - Emergency Room & Related	OP - Other	
1a. Dec 2014 - Nov 2015 Total Claims in OP Service Categories	\$5,949,314	\$20,466,433	Dec 2014 - Nov 2015 Health Plan Encounter Data
1b. Dec 2015 - Oct 2016 Total Claims in OP Service Categories	\$5,435,363	\$19,102,137	Dec 2015 - Oct 2016 Health Plan Encounter Data
1c. Dec 2014 - Nov 2015 Children's Hospital of The King's Daughters OP Clai	\$46,231	\$592,182	Dec 2014 - Nov 2015 Health Plan Encounter Data
1d. Dec 2015 - Oct 2016 Children's Hospital of The King's Daughters OP Clair	\$45,463	\$547,895	Dec 2015 - Oct 2016 Health Plan Encounter Data
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	0.00%	0.00%	Provided by DMAS
2c. Dollar Change	\$118,576	\$403,499	$= [((1a.)+(1b.))-((1c.)+(1d.))] * [(1 + (2a.)) * (1 + (2b.)) - 1]$
3a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
3c. Dollar Change	\$11,293	\$38,428	$= [((1a.)+(1b.))-((1c.)+(1d.))] * [(1 + (3a.)) * (1 + (3b.)) - 1]$
4. Hospital Outpatient Adjustment	1.14%	1.12%	$= ((2c.) + (3c.)) / ((1a.) + (1b.))$

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters

Appendix III
Exhibit 2e.2

	HAP Child		Source
	OP - Emergency Room & Related	OP - Other	
1. Dec 2014 - Oct 2016 Total Claims in OP Service Categories (For Age 0-20)			
Statewide	\$1,850,230	\$13,394,534	Dec 2014 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Oct 2016 Children Hospital King's Daughter OP Claims			
Statewide	\$91,695	\$1,140,078	Dec 2014 - Oct 2016 Health Plan Encounter Data
3a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	Provided by DMAS
3b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	Provided by DMAS
3c. Dollar Change			
Statewide	\$4,547	\$56,534	= ((2.) * [(1 + (3a.)) * (1 + (3b.)) - 1]
4a. FY17 Hospital Rate Change - Rebasing	0.10%	0.10%	Provided by DMAS
4b. FY18 Hospital Rate Change - Rebasing	0.00%	0.00%	Provided by DMAS
4c. Dollar Change			
Statewide	\$92	\$1,140	= ((2.) * [(1 + (4a.)) * (1 + (4b.)) - 1]
5. Hospital Outpatient Adjustment			
Statewide	0.25%	0.43%	= ((3b.)+(4b.)) / (1.)

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Hepatitis C Treatment Adjustment**

**Appendix III
Exhibit 2f**

	HAP Child	HAP Adult	Source
1. Total Claims in Pharmacy Service Categories	\$32,285,514	\$70,194,359	201412-201610 Health Plan Encounter Data
2. Unique Individuals in Base Period	4,965	7,752	201412-201610 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	0.7%	5.0%	201412-201610 Health Plan Encounter Data
3b. Number of Individuals Being Tested	33	391	201412-201610 Health Plan Encounter Data
3c. Projected Testing Change in FY18	35%	35%	Estimate
3d. Additional Number of People Being Tested	12	137	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$42	\$42	201412-201610 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.06%	5.6%	201412-201610 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	3	435	201412-201610 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	3	457	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	33.3%	9.0%	201412-201610 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	1	39	201412-201610 Health Plan Encounter Data
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Current Protocol In The Base Period	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	1	27	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$88,345	\$88,345	201412-201610 Health Plan Encounter Data
5g. Projected Average Cost of Drug Therapy	\$70,000	\$70,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$29,740	\$1,146,697	= ((3d.) * (3e.)) + ((5g.) - (5f.)) * (5b.) + (5e.) * (5g.)
7. Hepatitis C Treatment Adjustment	0.1%	1.6%	= (6.) / (1.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Provider Incentive Payment Adjustment

Appendix III
Exhibit 2g

	HAP	Source
Provider Incentive Payment Adjustment	0.1%	From Plan Data

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Emergency Room Triage Adjustment

Appendix III
Exhibit 2h

	HAP	Source
1. Total Claims in Prof - Evaluation & Management	\$10,017,969	Dec 2014 - Oct 2016 Health Plan Encounter Data
2. Dec 2014 - Jun 2015 Number of Claims in ER Triage Level 3	614	Dec 2014 - Oct 2016 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$43.20	Dec 2014 - Oct 2016 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (7 Months)	\$12,981	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.1%	= (5.) / (1.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Resource Based Relative Value Scale Adjustment

Appendix III
Exhibit 2i

HAP		
1. Professional Fee Adjustment - Effective FY18	-0.19%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	88%	Dec 2014 - Oct 2016 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.17%	= (1.) * (2.)

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Administrative Cost Adjustment

Appendix III
Exhibit 2j

	HAP	Source
1. Claims Adjustment Expense PMPM	\$54.46	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
2. General Admin Expense PMPM	\$87.69	Expense from CY2016 BOI Reports; CY2016 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	2.1%	BLS CPI-U
4. General Admin Expense Increase %	2.1%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$146.65	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$105.68	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$2,029.39	Weighted average of medical component of FY2018 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	4.88%	$= (5b.) / (((5b.) + (6.)) / (1 - 8.))$
8. Provision Margin as % of Base Capitation Rate	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	6.4%	$= (7.) + (8.)$

*Note:

Administrative increases are applied from midpoint of CY2016 to the midpoint of the contract period (18 months) using compound interest calculations

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - HAP Child**

**Appendix III
 Exhibit 3a**

Category of Service	HAP Child Categories								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	8.2%	-1.3%	6.8%	5.4%	-16.9%	-12.4%	-5.6%	0.8238	0.8409
Inpatient Psychiatric	8.2%	22.9%	33.0%	5.4%	-16.9%	-12.4%	-5.6%	0.8238	0.8409
Outpatient Hospital	8.0%	1.3%	9.4%	-3.0%	-1.8%	-4.8%	-3.8%	0.9124	0.9249
Practitioner	6.4%	-0.1%	6.2%	-1.4%	7.2%	5.7%	3.3%	1.0947	1.0823
Prescription Drug	0.5%	-2.0%	-1.5%	-0.5%	1.7%	1.2%	2.4%	1.0388	1.0303
Other	6.9%	-1.7%	5.1%	-1.4%	-0.5%	-1.9%	-2.2%	0.9567	0.9644
Weighted Average²	5.5%	-0.5%	5.0%	-0.2%	-0.4%	-0.8%	-0.1%	0.9917	0.9919

Months of FY Trend Applied	11.5	11.5	11.5	14
Months of Contract Year Trend Applied	11.5	11.5	11.5	9.7

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 Dec 2014 - Oct 2016), and weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted Dec 2014 - Oct 2016 Claims)

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

IBNR for managed care plans are calculated based on regression studies of ABAD 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 FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through February 2017.

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

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

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - HAP Adult**

**Appendix III
 Exhibit 3b**

Category of Service	HAP Adult Categories								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	FY 18 Total Trend Factor	Contract Year Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient Medical/Surgical	8.2%	-1.5%	6.7%	0.8%	-7.3%	-6.6%	-2.5%	0.9095	0.9173
Inpatient Psychiatric	8.2%	22.9%	33.0%	0.8%	-7.3%	-6.6%	-2.5%	0.9095	0.9173
Outpatient Hospital	8.0%	1.0%	9.1%	0.3%	7.9%	8.3%	0.2%	1.0815	1.0808
Practitioner	6.4%	-0.1%	6.3%	3.4%	-1.6%	1.8%	1.0%	1.0284	1.0252
Prescription Drug	0.5%	0.0%	0.5%	3.1%	1.5%	4.7%	5.4%	1.1107	1.0912
Other	6.9%	0.0%	6.9%	3.8%	-1.1%	2.6%	-1.0%	1.0135	1.0168
Weighted Average²	5.7%	-0.1%	5.6%	1.9%	-1.2%	0.8%	0.7%	1.0151	1.0129

Months of FY Trend Applied	11.5	11.5	11.5	14
Months of Contract Year Trend Applied	11.5	11.5	11.5	9.9

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 Dec 2014 - Oct 2016), and weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted Dec 2014 - Oct 2016 Claims)

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

IBNR for managed care plans are calculated based on regression studies of ABAD 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 FY15-16 incurred claims paid through Oct 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 FY14-16 incurred claims paid through February 2017.

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

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

**Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion**

**Appendix III
Exhibit 4a**

Child									
Statewide	Total Base Claims Dec 2014 - Oct 2016	Base Claims Redistribution and Adjustments Dec 2014 - Oct 2016	Total Redistributed Base Claims Dec 2014 - Oct 2016	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims Dec 2014 - Oct 2016	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$12,739,385		\$12,739,385	\$877,544	(\$261,352)	\$13,355,577	0.964	\$12,879,480	\$155.19
FQHC / RHC	\$173,351		\$173,351	\$11,107.03		\$184,458	1.082	\$199,641	\$2.41
Home Health	\$2,682,755		\$2,682,755	\$215,343.99		\$2,898,099	0.925	\$2,680,348	\$32.30
IP - Maternity	\$11,215		\$11,215	\$923	(\$164)	\$11,974	0.841	\$10,069	\$0.12
IP - Newborn	\$96,516		\$96,516	\$7,946	(\$1,409)	\$103,053	0.841	\$86,655	\$1.04
IP - Other	\$21,143,945		\$21,143,945	\$1,740,695	(\$308,635)	\$22,576,004	0.841	\$18,983,628	\$228.74
IP - Psych	\$1,242,858		\$1,242,858	\$67,168	\$299,538	\$1,609,564	0.841	\$1,353,445	\$16.31
Lab	\$326,432		\$326,432	\$18,949		\$345,381	0.964	\$333,069	\$4.01
OP - Emergency Room & Related	\$1,850,230		\$1,850,230	\$148,517	\$27,811	\$2,026,559	0.925	\$1,874,291	\$22.58
OP - Other	\$13,394,534		\$13,394,534	\$1,075,175	\$223,911	\$14,693,620	0.925	\$13,589,600	\$163.74
Pharmacy	\$32,285,514		\$32,285,514	\$155,869	(\$634,534)	\$31,806,849	1.030	\$32,771,071	\$394.87
Prof - Anesthesia	\$378,921		\$378,921	\$24,278		\$403,199	1.082	\$436,387	\$5.26
Prof - Child EPSDT	\$31,120		\$31,120	\$1,994	(\$55)	\$33,058	1.082	\$35,779	\$0.43
Prof - Evaluation & Management	\$5,633,438		\$5,633,438	\$357,051	(\$2,213)	\$5,988,277	1.082	\$6,481,180	\$78.09
Prof - Maternity	\$7,853		\$7,853	\$503	(\$14)	\$8,343	1.082	\$9,029	\$0.11
Prof - Other	\$37,583,168		\$37,583,168	\$2,408,126	(\$66,593)	\$39,924,702	1.082	\$43,210,959	\$520.66
Prof - Psych	\$457,296		\$457,296	\$22,374	(\$799)	\$478,872	1.082	\$518,288	\$6.24
Prof - Specialist	\$1,209,329		\$1,209,329	\$77,485	(\$2,143)	\$1,284,671	1.082	\$1,390,414	\$16.75
Prof - Vision	\$270,295		\$270,295	\$10,511	(\$468)	\$280,339	1.082	\$303,414	\$3.66
Radiology	\$513,560		\$513,560	\$34,984		\$548,544	0.964	\$528,989	\$6.37
Transportation/Ambulance	\$757,114		\$757,114	\$34,799		\$791,913	0.964	\$763,683	\$9.20
Provider Incentive Payment Adjustment									\$1.49
Total	\$132,788,827		\$132,788,827	\$7,291,345	(\$727,118)	\$139,353,054		\$138,439,420	\$1,669.58
Admin Cost Adjustment									\$113.69
Medallion 3.0 Capitation Rate									\$1,783.26

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
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion**

**Appendix III
Exhibit 4b**

Adult									
Statewide	Total Base Claims Dec 2014 - Oct 2016	Base Claims Redistribution and Adjustments Dec 2014 - Oct 2016	Total Redistributed Base Claims Dec 2014 - Oct 2016	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims Dec 2014 - Oct 2016	Trend Adjustment	Completed & Trended Claims Contract Year	PMPM Contract Year
Service Type									
DME/Supplies	\$15,047,735		\$15,047,735	\$1,036,554		\$16,084,288	1.017	\$16,354,970	\$138.10
FQHC / RHC	\$739,086		\$739,086	\$47,355.13		\$786,441	1.025	\$806,224	\$6.81
Home Health	\$3,882,524		\$3,882,524	\$311,649.06		\$4,194,173	1.081	\$4,532,917	\$38.28
IP - Maternity	\$214,038		\$214,038	\$17,621	(\$3,360)	\$228,299	0.917	\$209,414	\$1.77
IP - Newborn	\$0		\$0	\$0		\$0	0.917	\$0	\$0.00
IP - Other	\$83,545,044		\$83,545,044	\$6,877,924	(\$1,311,457)	\$89,111,511	0.917	\$81,740,142	\$690.23
IP - Psych	\$2,696,223		\$2,696,223	\$160,533	\$653,198	\$3,509,954	0.917	\$3,219,608	\$27.19
Lab	\$932,465		\$932,465	\$59,190		\$991,654	1.017	\$1,008,343	\$8.51
OP - Emergency Room & Related	\$9,534,447		\$9,534,447	\$765,327	\$117,493	\$10,417,268	1.081	\$11,258,622	\$95.07
OP - Other	\$26,174,036		\$26,174,036	\$2,100,982	\$315,794	\$28,590,813	1.081	\$30,899,959	\$260.92
Pharmacy	\$70,194,359	\$1,735,221	\$71,929,580	\$338,886	\$25,723	\$72,294,189	1.091	\$78,729,921	\$664.81
Prof - Anesthesia	\$536,274		\$536,274	\$34,360		\$570,634	1.025	\$584,989	\$4.94
Prof - Child EPSDT	\$90,831		\$90,831	\$5,820	(\$161)	\$96,490	1.025	\$98,917	\$0.84
Prof - Evaluation & Management	\$14,074,417		\$14,074,417	\$896,475	(\$5,530)	\$14,965,361	1.025	\$15,341,816	\$129.55
Prof - Maternity	\$38,359		\$38,359	\$2,458	(\$68)	\$40,749	1.025	\$41,774	\$0.35
Prof - Other	\$10,122,657		\$10,122,657	\$648,836	(\$17,937)	\$10,753,557	1.025	\$11,024,063	\$93.09
Prof - Psych	\$535,683		\$535,683	\$22,218	(\$929)	\$556,972	1.025	\$570,983	\$4.82
Prof - Specialist	\$4,240,880		\$4,240,880	\$271,724	(\$7,514)	\$4,505,090	1.025	\$4,618,416	\$39.00
Prof - Vision	\$521,496		\$521,496	\$26,773	(\$913)	\$547,356	1.025	\$561,125	\$4.74
Radiology	\$2,178,728		\$2,178,728	\$149,529		\$2,328,257	1.017	\$2,367,439	\$19.99
Transportation/Ambulance	\$4,809,790		\$4,809,790	\$305,913		\$5,115,703	1.017	\$5,201,795	\$43.92
Provider Incentive Payment Adjustment									\$2.03
Total	\$250,109,071		\$251,844,292	\$14,080,127	(\$235,660)	\$265,688,759		\$269,171,436	\$2,274.96
Admin Cost Adjustment									\$154.91
Medallion 3.0 Capitation Rate									\$2,429.87

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
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 FY18 Capitation Rates and Member Months**

**Appendix III
 Exhibit 5a**

	Statewide					
	Child			Adult		
	FY17	FY18	% Change	FY17	FY18	% Change
HAP Capitation Rate	\$1,851.32	\$1,784.51	-3.61%	\$2,495.08	\$2,436.04	-2.37%
February 2017 Member Months		4,241			5,993	

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Contract Year 2018 Capitation Rates and Member Months

Appendix III
Exhibit 5b

	Statewide					
	Child			Adult		
	FY17	Contract Year	% Change	FY17	Contract Year	% Change
HAP Capitation Rate	\$1,851.32	\$1,783.26	-3.68%	\$2,495.08	\$2,429.87	-2.61%
February 2017 Member Months		4,241			5,993	

Note:

Highlighted base rates effective July 1, 2017 to December 31, 2017

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 Drug Reinsurance Adjustment**

**Appendix III
 Exhibit 6a**

		HAP Child	HAP Adult	Source
Attachment Point		\$50,000	\$50,000	
1a.	Contract Year Base Period Number of Individuals Exceeding the Threshold	43	63	Contract Year Base Period Health Plan Encounter Data
1b.	Contract Year Base Period Additional Individuals	9	13	20% Increase of People who Exceed the Threshold
1c.	Contract Year Base Period Average Cost After Specialty Cost Trend	\$120,543	\$85,540	Contract Year Base Period Health Plan Encounter Data
1d.	Contract Year Base Period Total Dollars Including Additional Individuals	\$6,219,999	\$6,466,793	= 1c. * (1a.+1b.)
1e.	Contract Year Base Period Amount of Reinsurance	\$3,275,999	\$2,418,113	= ((1d.) - ((1a.+1b.) * Attachment Point)) * 90%
2.	Historical Member Months (Contract Year Base Period)	46,917	66,576	Health Plan Encounter Data
3.	Estimated PMPM	\$69.83	\$36.32	= (1e.) / (2.)

Note:

Discounted threshold is based upon Contract Year Base Period reinsurance threshold of attachment points per person per year discounted by
 1) 20 % drug unit cost trend per year for persistent members; (2) 15% drug unit cost trend per year for non-persistent members

Virginia Medicaid
Contract Year 2018 Capitation Rate Development
Health Plan Encounter Data - HAP Expansion
Addiction and Recovery Treatment Services (ARTS) Adjustment

Appendix III
Exhibit 6b

		Child	Adult	Source
1a.	ARTS Medical PMPM (Per Participant)	\$100.62	\$100.62	Estimated for FY18
1b.	ARTS Admin PMPM (Per Participant)	\$4.72	\$4.72	Estimated for FY18
1c.	Medical PMPM For New Carve-In Services (Per Participant)	\$17.64	\$17.64	Estimated for FY18
2a.	ARTS Participants	5	302	Dec 2016 snapshot
2b.	Other Members	4,176	5,615	Dec 2016 snapshot
3a.	ARTS Medical PMPM (Rate Adjustment)	\$0.13	\$6.03	$= ((1a.) + (1c.)) * (2a.) / ((2a.) + (2b.))$
3b.	ARTS Admin PMPM (Rate Adjustment)	\$0.01	\$0.24	$= (1b.) * (2a.) / ((2a.) + (2b.))$
3c.	ARTS Total PMPM (Rate Adjustment)	\$0.14	\$6.27	$= (3a.) + (3b.)$

Virginia Medicaid

Contract Year 2018 Capitation Rate Development

Health Plan Encounter Data - HAP Expansion

Contract Year 2018 Capitation Rates Net Drug Reinsurance Adjustment and with ARTS Adjustment Compared to FY 2017 HAP Without Reinsurance or ARTS Adjustment

Appendix III Exhibit 7

	Statewide	
	Child	Adult
HAP Capitation Rate	\$1,783.26	\$2,429.87
HAP Reinsurance Adjustment	\$69.83	\$36.32
HAP ARTS Adjustment	\$0.14	\$6.27
Contract Year Final Rate Net Reinsurance and ARTS Adjustment	\$1,713.57	\$2,399.82
FY17 Final HAP Capitation Rate (Without Reinsurance or ARTS Adjustment)	\$1,946.43	\$2,513.63
% Change	-8.4%	-3.3%

**Virginia Medicaid
 Contract Year 2018 Capitation Rate Development
 Health Plan Encounter Data - HAP Expansion
 February 2017 Member Month Distribution**

**Appendix III
 Exhibit 8**

Aid Category	Region							Regional Total
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
HAP								
Child	1,208	386	744	545	775	455	128	4,241
Adult	1,108	509	1,330	755	1,412	601	278	5,993
HAP Total	2,316	895	2,074	1,300	2,187	1,056	406	10,234