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***Commonwealth of  
Virginia  
Department of Medical  
Assistance Services  
CY 2018 Commonwealth  
Coordinated Care Plus  
Medicaid Long Term Services  
and Supports (CCC PLUS)  
Capitation Rate Report***

*Prepared  
December 4, 2017*

**Submitted by:**

PricewaterhouseCoopers LLP  
Three Embarcadero Center  
San Francisco, CA 94111





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

December 4, 2017

Dear Mr. Lessard:

**Re: CY2018 Commonwealth Coordinated Care Plus  
Medicaid Managed Long Term Services and Supports (CCC Plus) Rate Development**

The enclosed certification provides a detailed description of the base data and methodology used to develop the CY 2018 capitation rates for the Commonwealth Coordinated Care Plus Medicaid Managed Long Term Services and Supports (CCC Plus) program.

This certification follows the outline of the *2017-2018 Medicaid Managed Care Rate Development Guide for rating Periods Starting between July 1, 2017 and June 30, 2018* (2017-2018 MMC Guide) dated April 2017.

Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary, oversaw the preparation of the rate certification. Mark St. George, Partner, performed the quality review.

Please call Susan Maerki at 415-498-5394 or Pete Davidson at 415-498-5636 if you have any questions regarding the rate certification.

We look forward to your review and comments.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'M St George', with a long horizontal flourish extending to the right.

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For:  
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## **Disclaimer**

In preparing this managed care capitation rate report and actuarial certification for the Commonwealth Coordinated Care Plus (CCC Plus) program, we relied on data and other information provided by the Commonwealth, its selected Medicaid vendors, and contracted Medallion 3.0 health plans. 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 assumptions and projections presented in this report.

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

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

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CCC Plus Rate Group Components



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***Commonwealth Coordinated Care Plus:***

***Medicaid managed long-term services and supports***

***Calendar Year 2018 capitation rate development***

***Prepared by PricewaterhouseCoopers LLP***

***December 4, 2017***

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# ***Introduction***

## ***Background***

PricewaterhouseCoopers LLP (PwC) has been retained by the Virginia Department of Medical Assistance Services (DMAS) to provide actuarial and consulting services related to the development of actuarially sound capitation rates for the Commonwealth Coordinated Care Plus (CCC Plus) program, a Medicaid Managed Long Term Services and Supports (MLTSS) program. This includes Dual eligible and NonDual eligible members who receive Long Term Services and Supports (LTSS), either through an institution or through one of five of DMAS' home and community based waivers. The program also includes NonDual members who are Aged, Blind and Disabled (ABAD) and reside in the community and do not receive LTSS. This group is considered at risk for LTSS. These rates will be in effect for the period January 1, 2018 through December 31, 2018. All references to "rates" or "capitation rates" refer to the Medicaid rates for the CCC Plus program.

This documentation has been developed to demonstrate compliance with regulations and guidance issued by the Centers for Medicare and Medicaid Services (CMS) under the *2017-2018 Medicaid Managed Care Rate Development Guide* (2017-2018 MMC) dated April 2017.

This information will help CMS and the Commonwealth of Virginia, Department of Medical Assistance Services ensure that the CCC Plus 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, regulations, 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.

## ***Overview of CCC Plus program***

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

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

This includes Dual eligible and NonDual eligible members who receive LTSS, either through an institution or through one of five of DMAS' home and community based services (HCBS) waivers. Individuals enrolled in the CCC Dual demonstration will transition into CCC Plus effective January 1, 2018. The CCC Duals demonstration program ends on December 31, 2017. Individuals enrolled in the three developmental disability waivers (Community Living, Family and Individual Support and Building Independence waivers) are being enrolled in CCC Plus for their non-waiver services only (e.g., acute, behavioral health, pharmacy, and non-LTSS waiver transportation services). These individuals will continue to receive their home and community-based LTSS through Medicaid fee-for-service until sometime after the Department of Behavioral Health and Developmental Services (DBHDS) and DMAS complete the implementation of these waivers.

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

Table 1 provides a summary of the features of the CCC Plus program.

**Background Table 1**  
**Design elements of Commonwealth Coordinated Care Plus**

Design element	CCC Plus
Eligible Populations	Duals with full Medicaid benefits (with or without LTSS) Includes: Duals excluded from the CCC demonstration Duals who were eligible for but did not enroll in the CCC demonstration Duals enrolled in the CCC demonstration. CCC demonstration enrollees transition to CCC Plus when the CCC program ends on December 31, 2017 NonDuals with LTSS NonDual ABAD population with Major TPL in FFS that do not use LTSS NonDual Aged, Blind, and Disabled (ABAD) populations currently in Medallion 3.0. This population transitions on January 1, 2018
Excluded Populations	ICF/ID, HIP, Alzheimer’s waiver, Psychiatric Residential Treatment Level-C Facility, Veterans NF, State ICF-MH (Piedmont, Catawba, Hancock), Tangier Island, PACE, and Limited coverage groups including refugees, Governors Access Plan (GAP), and Plan First. Populations are also excluded if they receive care in any of six facilities, including the Virginia Home (Richmond), Lucy Corr (Chesterfield), Lake Taylor (Norfolk), Dogwood Village (Orange), Bedford (Bedford) and Birmingham Green (Northern Virginia)
Included Services	Full spectrum of care (primary, acute, long-term, behavioral health, care coordination); integrated model Community Mental Health Services and MH case management services will be added effective January 1, 2018 Psych Residential Levels B services for Age <21 will be added effective December 1, 2018 Psych Residential Level C population and services for Age <21 will be added effective December 1, 2018
Excluded Services	Very few carve-outs; Services covered in the new waivers for the developmentally disabled (DD) (including transportation to these services), dental, school services;
Service Area	Phase in by region August 2017 through December 2017 and to operate statewide

**Background Table 1**  
**Design elements of Commonwealth Coordinated Care Plus**

MCOs	Six plans determined through a competitive RFP process
Federal Authority	Medicaid 1915(b) and 1915(c) waivers
Contract	Fully-capitated risk-based; actuarially sound capitation rates. Offers value based payment opportunities
Health Plan Requirements	Virginia Bureau of Insurance Approval and MCHIP Certification through VDH; approved or seeking approval by CMS to operate as a Dual SNP
Quality	NCQA Accreditation and 1915 (c) waiver quality assurances
Beneficiary Protections	Continuity of care, Ombudsman, appeals, others to be determined

***Overview of capitation rates***

The capitation rates for the CCC Plus program for the period January 1, 2018 through December 31, 2018 are presented in the following exhibits by rate cell and in Exhibit 8 of the accompanying documentation. The rates in the exhibit are on a gross basis prior to any amounts that are expected to be paid by the enrollees to the nursing facilities and Home and Community Based Services providers or reductions for the 1% quality withhold applicable to CY 2018.

**Background Table 2**

**Virginia Medicaid**

**CY 2018 CCC Plus Capitation Rate Development**

**Blended Capitation Rates Before Quality Withhold Deduction**

Rate Cell Category	Age Group	Region						CY 2018 Average
		Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
Final Blended Capitation Rates (with Mix Shift) Before Quality Improvement Withhold Deduction								
<b>Blended NH and EDCD</b>								
Dual and TPL	All Ages	\$3,588.13	\$3,476.04	\$4,249.94	\$3,601.42	\$3,194.38	\$3,733.62	\$3,722.99
NonDual	All Ages	\$5,236.21	\$4,349.56	\$5,546.04	\$4,992.53	\$5,562.19	\$5,390.85	\$5,205.21
<b>DD Waivers</b>								
Dual	All Ages							\$218.77
NonDual	All Ages	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,172.81	\$1,172.13
<b>Technology Assisted Waiver</b>	All Ages							\$14,179.54
<b>Community No LTSS</b>								
Dual and TPL	Age Under 65	\$637.73	\$444.49	\$402.59	\$607.53	\$242.79	\$507.59	\$498.34
	Age 65 and Over	\$374.74	\$323.64	\$187.11	\$494.82	\$221.94	\$317.49	\$296.54

**Background Table 2**

**Virginia Medicaid**

**CY 2018 CCC Plus Capitation Rate Development**

**Blended Capitation Rates Before Quality Withhold Deduction**

Rate Cell Category	Age Group	Region						CY 2018 Average
		Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
<b>Community No LTSS</b>								
<b>NonDual</b>	Age Under 1	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06
	Age 1-5	\$1,826.84	\$1,440.31	\$2,118.91	\$1,921.12	\$1,738.67	\$1,827.77	\$1,815.01
	Age 6-20	\$906.98	\$1,030.64	\$904.09	\$1,440.44	\$1,179.42	\$981.04	\$1,028.08
	Age 21-44 Female	\$1,603.48	\$1,391.81	\$1,230.29	\$1,512.14	\$1,195.67	\$1,414.37	\$1,432.22
	Age 21-44 Male	\$1,273.67	\$1,211.63	\$1,032.65	\$1,176.46	\$948.44	\$1,311.14	\$1,200.35
	Age 45 and Over	\$2,046.49	\$1,704.94	\$1,455.03	\$1,784.02	\$1,376.98	\$1,841.81	\$1,740.11
	All Ages (Wtd. Avg.)	\$1,584.01	\$1,443.82	\$1,299.09	\$1,595.86	\$1,285.39	\$1,512.10	\$1,478.66

**Notes:**

Average is weighted enrollment eligibility distribution as of June 2017

Rates in the above table have not been reduced to reflect quality withhold

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# ***I. Medicaid Managed Care Rates***

## ***1. General information***

This section provides the information requested under the General Information section of the *2017-2018 Medicaid Managed Care Rate Development Guide* (2017-2018 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 support 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 considered 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).
- 2017-2018 Medicaid Managed Care Rate Development Guide published by CMS in April 2017.
- 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.”*

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## **A. Rate Development Standards**

### ***i. Rating Period***

The capitation rates for the CCC Plus program are for the 12 month period January 1, 2018 through December 31, 2018.

### ***ii. Actuarial certification***

#### **(a) Letter from certifying actuary**

The actuarial certification, signed by Peter B. Davidson, FSA, MAAA, is presented in the Appendix. 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 requirements of 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, including 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.

#### **(b) Certified Rates**

The certified capitation rates by rate cell are presented in the Appendix D. These rates represent the contracted capitation rates to be paid to the CCC Plus Managed Care Organizations (MCOs) on a gross basis, prior to reduction for patient pay liability<sup>1</sup>.

#### **(c) Capitation rates for each rate cell**

There will be 59 rate cells used in the CY 2018 CCC Plus program. Compared to CY 2017, additional geographical rate cells were feasible and credible based on the additional populations that participate in CCC Plus beginning in January 2018. Capitation rate cells for CCC Plus vary based on the following criteria:

- **Dual Status:** Most of the CCC Plus population categories utilize separate rate cells for the Dual and NonDual populations. When appropriate based on a comparison of cost, NonDual individuals with private insurance or non-public third party liability (TPL) are blended with the Dual rate cells.
- **Waiver Category/Use of LTSS:** There is a blended rate cell for both the Dual and NonDual populations that meet Nursing Facility Level of Care criteria and receive services either in a nursing home setting or in the community under the EDCD waiver. Rates are developed separately for individuals in nursing home the EDCD waiver and then blended. There are additional rate cells for the Dual and NonDual populations in the Community who do not meet Nursing Facility Level of Care criteria and do not qualify for any LTSS. There are rate cells for those who participate in any of the Developmental Disability waivers and a rate cell for those in the Technology Assisted Waiver.
- **Demographics.** Rate cells are either for All Ages or are separated for age ranges and sex cohorts.
  - Age Under 65 and Age 65 and Over. The Dual Community no LTSS population uses under and over 65 age rate cells.

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



- The NonDual Community no LTSS population (ABAD formerly in the Medallion 3.0 program) uses the following rate cell categorization: statewide age under 1 and ages 1-5, 6-20, 21-44 female, 21-44 male, 45 and over by region.
- **Geography.** The state is divided into six rate regions for four of the CCC Plus populations: the Dual and NonDual populations that meet Nursing Facility Level of Care criteria and receive services either in an institutional nursing home setting or in the community under the EDCD waiver and the Dual and NonDual Community No LTSS. The regions are: Central, Charlottesville/Western, Northern and Winchester, Roanoke-Alleghany, Southwest and Tidewater. There will be single statewide rates for Dual DD Waiver, the Technology Assisted Waiver, and age under 1 NonDual Community No LTSS. NonDual DD Waiver is split into Tidewater vs all other region rates due to the Tidewater physician access adjustment as described in the post base rates section below.

## (d) Brief Program Descriptions

### (i) Managed care information

#### (A) Description of Managed Care Plans

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

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

The full list of covered benefits is available at [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

#### (C) Areas of state covered by managed care rates

The CCC Plus program operates statewide.

DMAS began a phased in implementation of the CCC Plus program by region in August 1, 2017. Individuals enrolled in the Commonwealth Coordinated Care Duals Demonstration Financial Alignment Demonstration (CCC Demonstration or CCC Duals) will transition into CCC Plus when the CCC demonstration program ends on December 31, 2017. Also at that time, NonDual Aged Blind and Disabled (ABAD) who are currently enrolled in the Medallion 3.0 Medicaid managed care program will transition to CCC Plus. These rates reflect the populations who will be transitioning to CCC Plus on January 1, 2018.

Table 1 presents the CY 2017-CY2018 planned implementation schedule.

### Section I.1. Table 1

#### Commonwealth Coordinated Care Plus: timeline for population enrollment

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

#### (ii) Rating period

The capitation rates for the CCC Plus program are effective for the 12 month period January 1, 2018 through December 31, 2018.

#### (iii) Medicaid covered populations

DMAS implemented a single mandatory Medicaid CCC Plus program beginning in August 2017. Under this single Medicaid-managed long term services and supports program, there was mandatory enrollment of both Dual Eligible and NonDual Eligible individuals with complex care needs described further below.

#### Dual Eligible individuals

In CY 2018, participating Dual Eligible individuals fall into two categories:

- **Existing CCC Plus enrollees.** This includes those who were eligible for the CCC Duals Demonstration but opted out and Dual eligibles who were not eligible for the CCC Duals Demonstration. For CY 2017, there were approximately 37,000 CCC Dual eligible individuals who chose not to participate in the CCC Duals Demonstration. This population includes individuals with LTSS and individuals in the community with no LTSS. There were approximately 45,000 Duals who were not eligible for the CCC Duals program because they were Duals under age 21, Duals who participate in a HCBS waiver other than EDCD (Technology Assistance Waiver, Developmental Disabilities (DD) waiver), and Duals who live outside of the CCC Duals Demonstration localities.
- **CCC Duals Demonstration enrollees.** There are approximately 26,000 Duals with LTSS and individuals in the community with no LTSS. They will join the CCC Plus program in January 2018.

#### NonDual Eligible individuals

In CY 2018, participating NonDual Eligible individuals fall into the categories below:

- **Existing CCC Plus enrollees.** NonDual FFS populations in nursing facilities or who use HCBS waiver services and were not previously eligible for enrollment into Medallion 3.0 managed care MCOs. Many of these individuals have comprehensive private insurance other than Medicare or have been in one of the DD waivers.
- **Medallion 3.0 enrollees who were included in the CY 2017 CCC Plus rate development:** NonDual Children and Adults who were enrolled in the Medallion 3.0 managed care program. At present, this includes

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the Health and Acute Care Program (HAP) population who receive EDCD waiver services and some individuals in DD waivers.

- **ABAD Medallion 3.0 MCOs enrollees:** NonDual Children and Adults who are currently enrolled as ABAD in the Medallion 3.0 managed care program. They will join the CCC Plus program in January 2018.

#### **(iv) Eligibility and enrollment criteria**

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

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

As of July 1, 2017, the EDCD and Tech waivers have been formally combined into the CCC Plus waiver. However, for purposes of rate development, the two populations are treated separately.

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

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

#### **(v) Special contract provisions**

CCC Plus rates include adjustment for the incentive arrangements described in Section I.4.A, and pass through payments described Section I.4.G.

#### **(vi) Retroactive adjustments to capitation rates**

Not applicable.

### ***iii. Difference due to rate development standards***

Any differences between capitation rates are due to rate development standards described in this report, and not the federal financial participation associated with the covered populations.

### ***iv. Independence in rate cells***

There is no cross-subsidization from one rate cell to another.

### ***v. Effective dates of changes***

The assumptions used to develop capitation rates reflect the expected dates of changes to the Medicaid managed care program as described in this report.

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## *vi. Generally accepted actuarial practices and principles*

As described in this report, adjustments made to capitation rates reflect reasonable, appropriate and attainable cost in the actuary's judgement and no adjustments are made outside of the rate setting process. Final contracted rates match the capitation rates in the rate certification.

## *vii. Time period of rate certification*

The rates are certified for effective dates from January 1, 2018 through December 31, 2018.

## *viii. Rate and contract amendments*

Not applicable. Changes to capitation rates that require a new certification will be submitted to CMS. Contract amendments will be submitted as necessary

## ***B. Appropriate Documentation***

### *i. Documentation of data, assumptions and methods*

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

### *ii. 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 2017-2018 MMC Guide and the related page number. Sections that are not relevant to the certification are included in the Table of Contents.

### *iii. Population for which VA receives different FMAP*

Not applicable.

### *iv. Rate Range Development*

Not applicable.

### *v. Rate Range Information*

Not applicable.

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## **2. Data**

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

### **A. Rate Development Standards**

- i. In accordance with 42 CFR §438.5(c), states and actuaries must follow rate development standards related to base data, including:*
  - (a) States must provide all the validated encounter data and/or fee-for-service (FFS) data (as appropriate) and audited financial reports (as defined in see §438.3(m)) that demonstrate experience for the populations to be served by the health plan to the state's actuary developing the capitation rates, for at least the three most recent and complete years, prior to the rating period.
  - (b) States and their actuaries must use the most appropriate base data, from the three most recent and complete years prior to the rating period, for developing capitation rates.
  - (c) Base data must be derived from the Medicaid population, or, if data on the Medicaid population is not available, derived from a similar population and adjusted to make the utilization and price data comparable to data from the Medicaid population.
  - (d) States that are unable to develop rates using data that is no older than from the three most recent and complete years prior to the rating period may request approval for an exception.

The base data used to develop the CY 2018 CCC Plus capitation rates meets all the requirements as documented in Section 2.B, Data, Appropriate Documentation. Because the three most recent and complete years of encounter data and fee-for-service data have been provided to the actuary to develop capitation rates, no exception is requested.

### **B. Appropriate Documentation**

#### *i. Base data request and submission*

The table below illustrates the data request and data provided by the state and the contracting health plans for the relevant time periods. The majority of the MCO encounter and FFS data is submitted at a claims level detail. Vendor and sub-capitation payment amounts may be submitted at a claims level detail or documented as PMPM amounts.

## Section I.2. Table 1

### Description of the Data Sources

Source	Data	Time period
Virginia DMAS	Medicaid Eligibility File (monthly) Capitation Payment invoice files (monthly) FFS paid claims files -All service categories (invoices) (monthly)	Base period CY 2015 to CY 2016 with run out to July 2017.
Virginia DMAS Vendors	Magellan Behavioral Health paid claims files (monthly) Consumer Directed Services paid claims files (monthly)	Base period CY 2015 to CY 2016 with run out to July 2017
Medallion 3.0 MCOs – NonDual HAP with EDCD NonDual ABAD	MCO encounter data (annual submission with updates) MCO sub-capitation and vendor payment data	Base period CY 2015 to CY 2016 with run out to July 2017 Data through October 2016

## *ii. Base data summary*

### (a) Description of the base data

#### (i) Types of data

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

The type of data that may be used includes:

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

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

### **Fee-For-Service Medicaid Population eligible for CCC Plus**

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

PwC obtained detailed Medicaid historical fee-for-service claims and eligibility data from DMAS Medicaid Management Information System (MMIS) for services incurred and months of enrollment during calendar years 2015 and 2016 with claims paid through July 2017. The claims in the historical database include Medicaid paid amounts net of any third party insurance payments, which are primarily Medicare payments, and include the amounts for which patients are personally responsible for nursing facility and home and community base services, termed the patient pay amount.

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

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

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

### **Health and Acute Care Program (HAP) and Aged, Blind, and Disabled (ABAD) population enrolled in Medallion 3.0**

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

Supplemental data were used to develop portions of the acute care component of MCO enrolled population projections. Specifically, we incorporated health plan data related to:

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

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

#### **(ii) Age of the data**

The base period data for the majority of the CCC Plus populations is fee-for-service claims in CY 2015 and CY 2016, with run out through July 2017. For the NonDual MCO Enrolled populations (ABAD, HAP with EDCD Waivers, and HAP with DD Waivers), the equivalent data period is used based on the health plan encounter data and sub-capitation vendor payment submissions.

#### **(iii) Data sources**

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

#### **(iv) Arrangements with sub-capitated vendors**

The only arrangements with vendors that are sub-capitated relate to the CCC Plus populations that have, or will be transitioned from, the Medallion 3.0 program into the managed LTSS program. These are the two HAP sub



populations NonDual MCO Enrolled EDCD, NonDual MCO enrolled in DD waivers, plus the NonDual MCO enrolled in the ABAD eligibility group. The NonDual MCO enrolled ABAD are renamed NonDual Community No LTSS. Some of the Medallion 3.0 MCOs sub-capitate laboratory, radiology and non-emergency transportation. One plan sub-capitates behavioral health. The amount of sub-capitation is less than 1.0% of the total CY 2015-CY 2016 base period payments, as shown in Table 3.

**Section I.2. Table 2**

**Sub-capitated Service Costs Added to MCO Encounter Base Data**

<b>Aid Category</b>	<b>Non-Mental Health Sub-capitated Service Payment (CY15-CY16)</b>	<b>% of Total Base Period Payment</b>	<b>Total Sub-capitated Service Payment Including MH (CY15-CY16)</b>	<b>% of Total Base Period Payment</b>
EDCD Waiver	\$1,172,702	0.29%	\$2,710,676	0.67%
DD Waivers	\$6,489	0.03%	\$17,137	0.08%
Community no LTSS	\$9,699,643	0.52%	\$34,732,924	1.86%

**(b) Information related to availability and quality of the data**

**(i) Validation of data**

**(A) Completeness of the data**

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

**(B) Accuracy of the data**

Checks for accuracy begin with DMAS and the contracted MMIS vendor audit and review process. The fee-for-service data is subject to validation checks with review and approval by DMAS staff. The Medallion 3.0 MCO encounter data submitted for the rate development is certified by a responsible health plan executive, such as the Chief Executive Officer, the Chief Financial Officer or the lead actuary to be accurate. PwC did not audit or verify this data or other information. DMAS and PwC reviewed the data for reasonableness and compared it to a CCC Plus data book developed with CY 2013 and CY 2014 historical paid claims.

**(C) Consistency of the data across data sources**

The fee-for-service base data used in the capitation rate development includes incurred claims and enrollment for the Duals population, and reflects enrollment that moved to the CCC Duals Demonstration. DMAS and PwC reviewed the data for reasonableness and compared it to a CCC Plus data book developed with CY 2013 and CY 2014 historical paid claims. For the fee-for-service populations that are in the process of transitioning into the CCC Plus program, we also compared amounts reported as CY 2015 incurred claims and enrollment, as data for this period was used in the base in the CY 2017 rate development and in the updated base for the CY 2018 rate development.



### **(ii) Actuary's assessment of the data**

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

### **(iii) Other concerns**

There are no concerns with the completeness or accuracy of the data.

## **(c) Determination of appropriate data to use for the rating period**

### **(i) Explanation if fee-for-service data or managed care encounter data not used**

This is not applicable. DMAS Medicaid fee-for-service paid claims and eligibility files are the primary source for this rate development. The base data reflects the historical experience and use of covered services for the base period CY 2015 and CY 2016. There is no recent fee-for-service or encounter data available for the Dual population that enrolled in the CCC Duals Demonstration program. Data for this population used the FFS data for Duals eligible for the CCC Duals Demonstration and applied an estimated relative cost factor.

Managed care encounter data is used for the acute care component of three groups, NonDual MCO Enrolled EDCD Waivers, NonDual MCO Enrolled DD Waivers, and MCO Enrolled ABAD (NonDual Community No LTSS).

### **(ii) Use of managed care encounter data**

Managed care encounter data for CY 2015 and CY 2016 is used for the HAP and ABAD population that has been or is currently enrolled in Medallion 3.0. This population is NonDual children and adults who are also eligible for services under the Elderly and Disabled with Consumer Direction (EDCD), the Developmentally Disabled waivers, and ABAD aid category. Their LTSS and a portion of their behavioral health services have not been a covered benefit by the Medallion 3.0 MCOs. Historical experience for the EDCD and ABAD previously carved out behavioral health and LTSS services used DMAS fee-for-service paid claims. The DD waiver's LTSS services are not covered under the CCC Plus program at this time.

## **(d) Reliance on a data book**

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

## ***iii. Data Adjustments***

Development of the capitation rates used historical fee-for-service data for CY 2015 and CY 2016 with run out to July 2017. Program and policy adjustments, completion factors and trend are presented in Appendix B, Exhibits 2 and 3.

### **(a) Credibility adjustment**

The CCC Plus eligible populations in the aggregate were considered credible. Development of the rate cells included data smoothing among population groups and across ages and regions. In particular, where there were small rate cells that were not considered credible on their own, cells were combined. We examined the data for extraordinary claims and found no further data smoothing was required.

### **(b) Completion adjustment**

Historical fee-for-service and encounter claims experience was analyzed using a PwC claims reserve and trend models. Separate factors were developed for each CCC Plus population group and most categories of service. The

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development of completion factors was developed using usual actuarial lag triangle methodology with claims run out through July 2017. Applied completion factors are shown in Appendix B in the Exhibits 3.

### **(c) Errors found in the data**

No specific errors were identified in the data.

### **(d) 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 January 1, 2018. Adjustments for these changes have been made to the historical base data to reflect the benefits and costs that are known to apply in CY 2018.

Adjustments are presented in Appendix B as the Exhibits 2.

#### **Description of program change adjustments**

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

#### **Prescription drug rebate and copay adjustment**

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

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

A FFS rebate percentage reflects the high proportion of generic and the over the counter medicines that are paid by DMAS for which DMAS receives little or no rebate. Less than 10% of the prescriptions are for brand drugs and approximately 50% of the prescriptions are for over-the-counter drugs.

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

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

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

The Federal Affordable Care Act (ACA) signed in March 2010 extended Medicaid FFS pharmacy rebates to Medicaid managed care plans. MCOs submit pharmacy data to the State Medicaid agency, which then submits the information to the pharmaceutical manufacturers to claim rebates directly. Because pharmaceutical companies are now paying rebates directly to the State Medicaid agency, pharmaceutical companies modified the rebates provided MCOs. However, managed care plans furnished information that confirmed that they still receive rebates equal to approximately 2.2% of total pharmacy expenditures for the EDCD population and 2.1% for the DD and Community No LTSS populations.

### **DMAS prescription drug common core formulary adjustment**

This adjustment applies only to the pharmacy claims paid for the NonDual EDCD, and NonDual DD, and Community No LTSS populations whose acute care historical base data uses the MCO encounter data.

The CCC contract includes a requirement that CCC Plus MCOs adopt the DMAS Preferred Drug List (PDL) and all 90 classes as the basis of their formularies. For most classes, the MCOs can add drugs from the plans' formulary. For the CY 2017 rates, DMAS identified 13 "closed" classes that the plans will not be allowed to add or delete drugs – these are the classes that DMAS will collect supplemental rebates. This is referred to as the Common Core Formulary. The 13 closed classes are:

- Antibiotics, Inhaled
- Anticoagulants
- Antihypertensives, Sympatholytics
- COPD Agents
- Cytokine and Cam Antagonists
- Glucocorticoids, Inhaled
- Growth Hormone
- Hypoglycemics GLP-1 Agonist
- Hypoglycemics DPP-IV
- Hypoglycemics SGLT2
- Opiate Dependence Treatments
- Physician Injected Long acting antipsychotic
- Stimulants and Related Agents

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

Effective January 1, 2018, Virginia will add Direct Acting Antiviral Drugs Hepatitis C (DAA HCV) to the core formulary. The preferred treatment will be Mavyret, the first to be approved by the Food and Drug Administration that can cure all six genetic types of hepatitis C. This change is captured in the separate hepatitis C adjustment.

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

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

### **Hospital inpatient adjustment**

There are a number of changes in DMAS hospital inpatient payment policy between the CY 2015 and CY 2016 base period and the CY 2018 rate year. This applies to both the FFS and the MCO enrolled populations.

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

These same adjustments were applied to the subset of claims from Children's Hospital of the King's Daughters. However, that hospital is exempt from the FY 2017 unit cost adjustment equal to half the regulatory inflation of 2.1%. The full 2.1% fee adjustment is applied; a FY 2018 unit cost adjustment equal to 2.8% is also applied. Most members who incur claims from Children's Hospital of the King's Daughters reside in the Central or Tidewater regions. Separate regional adjustments were developed as appropriate.

### **Freestanding inpatient psychiatric hospital rate adjustment**

The Virginia General Assembly authorized a unit cost adjustment to the operating component of the rate 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%. This adjustment is applicable to the Medallion MCO enrolled populations only.

### **Hospital outpatient adjustment**

There are two adjustments to outpatient hospital effective FY 2017 and an additional inflation adjustment effective FY 2018 for Children's Hospital of the King's Daughters outpatient hospital claims. DMAS used to pay outpatient hospital as a percent of cost and rate setting used the outpatient hospital historical cost trend. As of January 1, 2014, DMAS FFS started reimbursing outpatient hospital using Enhanced Ambulatory Patient Groups (EAPGs). Inflation adjustments are now applied to outpatient hospital rates in the same manner as inpatient hospital. The FY 2017 is the first year that the outpatient hospital inflation adjustment has been modified.

Outpatient hospital rates are adjusted by half of the regulatory inflation, a 1.05% FY 2017 unit cost increase. The outpatient hospital adjustment is structured similarly to the inpatient hospital adjustment with capital and operating cost components. There also is a FY 2017 FFS outpatient hospital rebasing adjustment of 0.1%. The adjustment value is calculated uniformly across CCC Plus eligible population.

These same adjustments were applied to the subset of claims from Children's Hospital of the King's Daughters. However, that hospital is exempt from the FY 2017 unit cost adjustment equal to half the regulatory inflation of 2.1%. The full 2.1% fee adjustment is applied. A FY 2018 unit cost adjustment equal to 2.8% is also applied. Most members who incur claims from Children's Hospital of the King's Daughters reside in the Central or Tidewater regions. Separate regional adjustments were developed as appropriate.

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

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### **Nursing facility adjustment**

Under the contract, the MCOs are required to pay at least the Medicaid FFS nursing facility rate. Effective July 1, 2016, there is a 0.9% nursing facility fee increase (50% of inflation) for FY 2017. Effective FY 2018, there is a 3.1% nursing facility fee increase (100% of inflation) and an additional negative 0.85% rebasing change. The FY 2017 adjustment is applied to the first 18 months of the base period and the FY 2018 adjustments are applied to the full CY 2015 – CY 2016 base period non-capital portion of the claims.

### **Adult day care fee adjustment**

Effective FY 2017, there is a 2.5% rate increase across all regions for adult day care per diem services (HCPCs code S5102).

### **Personal Care and Respite Care adjustment**

The 2015 Virginia Appropriation Act increased personal care and respite care rates by 2% effective July 1, 2015. Under the contract, the MCOs are required to pay at least the Medicaid personal care and respite care rates. As a result, the FY 2016 change applies to relevant claims in consumer directed services and agency personal care and respite care services. Effective July 1, 2016, there was an additional 2% rate increase to rates for personal care and respite care services. This is applied to the first 18 months of the base period and excludes overtime payment claims that occurred for six months beginning January 2016.

### **Consumer Directed Respite Care overtime adjustment**

Effective January 1, 2016, states were required to pay time and a half for hours in excess of 8 hours a day for home care workers providing select home and community based services under the EDCD waiver. This was effective in Virginia for only six months and ended June 30, 2016. No overtime payments are expected for CY 2018, so the historical claims data was adjusted to carve out excess payment amounts due to overtime during the January 2016 to June 2016 period. The adjustment is broken out by the Northern/Winchester region and Rest of State, since home and community based services in Northern/Winchester are paid based on a slightly higher FFS fee schedule. During the six months that overtime was allowed, negative adjustments were applied to the Northern/Winchester region and Rest of State, respectively.

### **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. This adjustment is applicable to the Medallion MCO enrolled populations only.

### **Hepatitis C treatment adjustment**

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

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



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treatment experience since the approval of Sovaldi in early December 2013, but does not fully reflect changing treatment patterns since January 2016.

Both the Centers for Disease Control and CMS have recommended protocols that increase the proportion of individuals being treated with drug therapies that have changed over time. 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. - Under the most recent protocol effective January 1, 2017, Hepatitis C drug treatment is available for all individuals with a diagnosis of the disease.

Recently the P&T committee recommended that DMAS add Hepatitis C treatment to the Core Formulary and designated Mavyret as the preferred treatment. Mavyret, is a Hepatitis C treatment drug approved in August 2017. It is the first treatment of eight weeks duration approved for all HCV genotypes in adult patients without cirrhosis or with mild cirrhosis who have not been previously treated, compared to the previous. This compares to standard treatment length of 12 weeks or more. Preferred use of Mavyret is effective January 1, 2018 and will apply to the Medallion 4.0 program effective August 1, 2018. As a result, cost of treatment with this drug is expected to drop to between \$26,000 and \$39,000 depending on the length of treatment.

Separate Hepatitis C adjustment factors were developed for the NonDual populations in the CCC Plus program. Using the diagnosis and cost experience for each group, the Hepatitis C Drug treatment adjustment used the historical base data for those diagnosed and treated for Hepatitis C. It also evaluated the claims runout through July 2017 and data supplied by DMAS through August 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 most recent treatment data indicates that over 70% of new treatment eligible are prescribed the lower cost Eplusea or Zepatier while the remaining 25% to 30% are prescribed Harvoni. The data for July through 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 indicate an additional increase in the number of people receiving treatment. With the change to the Core Formulary, DMAS pharmacists estimate that 85% of new Hepatitis C treatment will use the lower cost Mavyret.

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 change in pharmacy costs of treating those with Hepatitis C compared to costs and utilization identified in the base data. For many of the population groups, the estimated increase in the number receiving treatment is offset by the estimated lower treatment costs and the adjustment to pharmacy cost is minimal or even negative.

### **ER Triage adjustment**

The 2015 General Assembly final Budget eliminated Emergency Room (ER) triage for physician services. Previous DMAS FFS policy applied ER Triage review only to Level III ER claims. If a case was determined to have insufficient documentation of medical necessity for an emergency, DMAS could reduce the physician payment to an all-inclusive rate of \$22.06 for the code 99283 instead of paying the physician fee of \$43.65 plus the cost of ancillary services. 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.

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The ER Triage adjustment reflects the additional amount estimated to cover the cost of discontinuing Level III Triage review and paying such claims at the average fee for CPT code 99283, plus the average of the ancillary payments that are associated with the claim. The historical base FFS data was analyzed in order to identify the number of Level III ER claims paid at the ER Triage level and was re-priced to reflect DMAS FFS average cost of a Level III professional claim paid in full at \$43.65. A similar analysis was applied to the MCO enrolled populations and used the 99283 physician fee of \$44.09 for current Medallion 3.0 managed care plans.

### **RBRVS rebasing adjustment**

Each year DMAS adjusts physician rates consistent with the Medicare RBRVS update in a budget neutral manner based on funding. Up until recently, the update was based solely on DMAS FFS data. MCOs reported that the rebasing was not cost neutral to their operations and that the impact on them varies from FFS populations. Therefore, the analysis was revised and the DMAS update now uses both FFS and MCO data. The FY 2018 DMAS analysis used FFS and MCO data repriced to the DMAS physician fee schedule. Claims covered all professional providers, including physicians, nurse practitioners, psychologists, therapists, opticians, and federally qualified health centers and the full range of CPT codes from 10000 to 99499. 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.

The new physician rates for FY 2018 result in a 0.71% increase to the FFS experience and -0.19% decrease to the MCO experience.

### **Home Health and Rehab adjustment**

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

### **Incontinence Supplies adjustment**

DMAS solicited bids for the cost of high volume incontinence supplies, primarily adult diapers and protection pads. When compared to current DMAS payment rates, the bid prices were estimated to produce nearly a quarter of the cost of the mix of those supplies. These reductions were implemented effective July 1, 2015. DMAS provided a list of DME incontinence supplies HCPCS codes subject to the bid program and the bid rate for the items. These were used to calculate the dollar cost savings per unit and a savings percentage per affected DME code. This information was applied to the historical January to June 2015 claims to determine the proportion of DME claims subject to the incontinence supplies fee reduction and the average savings percentage based on the mix of DME codes subject to the savings. The latter 18 months of the base period already reflect the bid prices for high volume incontinence supplies.

### **Non-emergency transportation adjustment**

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

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For those who are enrolled in Medallion 3.0, NEMT services are reported by the MCOs and incorporated into the Transportation service category of the historical base costs in the Exhibits 1. Most of the costs in this category are from sub-capitated arrangements.

### **Private nursing and EPSDT nursing adjustment**

There are private duty nursing fee adjustment increases for the population in the Technology Assistance waiver and for EPSDT nursing care services. These codes are characterized as Other Waiver Services or Physician- Other Practitioner. The adjustments are a 6.0% fee increase for EPSDT nursing effective July 1, 2015 and an 11.5% fee increase for both EPSDT and Technology waiver private nursing effective July 1, 2016.

### **Managed Care Savings adjustment**

The Commonwealth expects participating managed care plans to achieve significant savings from improved health care management and coordination of care, particularly for populations and services transitioning from an unmanaged FFS delivery system to managed care through CCC Plus. There is historical precedent for expecting at least 5% net savings for managed care for traditional acute care covered services. These rates assume a 0% net savings in Fiscal Year 2018. As a result, aggregate managed care savings assumptions were developed based on direction from DMAS that health plans can generate sufficient savings from managing and coordinating care to cover health plan administrative expenses related to the new populations and services. Thus, the projected health plan non-benefit expenses for the new populations and services represents the aggregate managed care savings that the health plans are expected to achieve during 2018.

For most services, we assumed a 6% managed care savings. Higher managed care savings adjustments were applied to populations and services whose projected costs are based on unmanaged FFS data and to services that have experienced sustained high growth. We are assuming savings of 13% for CMHRS and Consumer Directed Services commensurate with the recent trends in utilization that DMAS believes represent unnecessary services. Lower or no managed care savings were applied where there is expected to be less opportunity to reduce utilization, such as Medicare crossover, nursing facility and early intervention. Small additional managed care savings on MCO-covered services were assumed for EDCD and DD waiver populations enrolled in CCC Plus in CY 2017. The assumption is that plans can achieve some additional savings on these services as a result of being responsible for virtually all care. No additional managed care savings were applied to ABAD managed care costs this year with that population's move from the Medallion 3.0 program into the CCC Plus program; the ABAD population was renamed "NonDual Community No LTSS" under CCC Plus.

In some cases, there may be offsetting increases in utilization or costs of other services as a result of the care management measures implemented by the health plans to achieve the necessary savings. The managed care savings assumptions reflect the net cost savings expected from effective management and coordination of services and do not reflect the range of possible changes in other services that could achieve these savings. In the aggregate, we believe the assumed managed care savings are attainable for an efficiently operating managed care plan.

The managed care savings are presented in the Exhibits 2 by eligibility and service category and are reflected at the detailed service-level in Exhibits 4.

### **Post base rates additional adjustments**

There are three additional adjustments that are applied after the calculation of CY 2018 base rates in Appendix C, Exhibits 4 and the rate cell blending in Appendix D, Exhibits 5f and 5g. They are described in the sections below.

### **Tidewater physician access adjustment**

Beginning FY 2016, DMAS pays a managed care supplemental capitation payment for professional claims associated with physicians affiliated with a medical school in Eastern Virginia/Tidewater that is a political



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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 to 138% of Medicare. The supplemental physician payments are not included in the historical base data presented in Exhibit 1s.

This adjustment reflects the supplemental Tidewater capitation payments that have been made on behalf of the CCC Plus populations that are transitioning from the Medallion 3.0 program. This is discussed in Section G, Pass through payments. Appendix D, Exhibit 7a presents the Tidewater physician access adjustment factors for the CY18 CCC Plus rates.

### **State university teaching hospital physician access 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 CCC Plus health plans for the Medallion 3.0 NonDual Community No LTSS population, formerly known as ABAD. This reflects supplemental payments that have been made on behalf of the CCC Plus populations that are transitioning from the Medallion 3.0 program. These supplemental physician payments are not included in the historical base data presented in Exhibit 1. This adjustment reflects the supplemental capitation payments that have been made on behalf of the CCC Plus populations that are transitioning as ABAD from the Medallion 3.0 program. This is discussed in Section G, Pass through payments. Appendix D, Exhibit 7b presents the state university teaching hospital physician access adjustment factors for the CY18 CCC Plus rates.

### **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, 2017 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 Plus, and the CCC Duals Demonstration until those enrollees move to CCC Plus.

The FY 2018 DMAS budget allocation is \$16.7 million, with approximately \$16.3 million allocated across all health plans for ARTS services and health plan care coordination 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 use 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 use services currently paid under Fee-for-service that will now be covered in the managed care programs. The estimated annual expenditure for these medical services is approximately \$2.6 million for all managed care program populations.

A full description of the calculation of the ARTS adjustment across all DMAS managed care programs is described in a memo dated April 25, 2017 that was distributed to the health plans. Appendix D, Exhibit 7c presents the CY 2017 ARTS adjustment factors for the CCC Plus rates effective August 1, 2017. The same adjustment factors will be applied to the CY 2018 rates.

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Given the uncertainty in utilization growth, there is concern that costs could exceed the funding in the rate cells. DMAS implemented a stop loss insurance program such that if costs for ARTS exceed the funding by more than 20%, DMAS will assume 100% of the costs. The initial period for the ARTS stop loss is the 15 months from April 1, 2017 to June 30, 2018. The stop loss will be determined for each plan based on the combined utilization across all managed care programs (Medallion 3.0, CCC Duals Demonstration, and CCC Plus) the plan participates in. The department will not make a final decision about continuing the stop loss program after June 30, 2018 until Spring 2018 after reviewing ARTS expenditure experience by MCOs.

**(e) Exclusion of payments or services from the data**

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

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# 3. Projected benefit cost and trends

## A. Rate Development Standards

We confirm that the rates meet rate development standards stipulated below. Details are described in Section 3B:

- Final capitation rates must be based only upon the services allowed in 42 CFR§438.3(c)(1)(ii) and 438.3(e).
- Variations in the assumptions used to develop the projected benefit costs for covered populations must be based on valid rate development standards and not based on the rate of federal financial participation associated with the covered populations.
- In accordance with 42 CFR §438.5(d), each projected benefit cost trend assumption must be reasonable and developed in accordance with generally accepted actuarial principles and practices. Trend assumptions must be developed primarily from actual experience of the Medicaid population or from a similar population, and including consideration of other factors that may affect projected benefit cost trends through the rating period.
- If the projected benefit costs include costs for in-lieu-of services defined at 42 CFR§438.3(e)(2) (i.e., substitutes for State Plan services or settings), the utilization and unit costs of the in-lieu-of services must be taken into account in developing the projected benefit costs of the covered services (as opposed to utilization and unit costs of the State plan services or settings), unless a statute or regulation explicitly requires otherwise. The costs of an IMD as an in-lieu-of-service must not be used in rate development. See Section I, item 3.A.v.
- States may make a monthly capitation payment to an MCO or PIHP (in a “risk contract” as defined in 42 CFR §438.2) for an enrollee age 21 to 64 receiving inpatient treatment in an Institution for Mental Diseases (IMD) (as defined in 42 CFR§435.1010) for a short-term stay of no more than 15 days during the period of the monthly capitation payment in accordance with 42 CFR §438.6(e). In this case, when developing the projected benefit costs for these services, the actuary must use the unit costs of providers delivering the same services included in the State Plan, as opposed to the unit costs of the IMD services. The actuary may use the utilization of the services provided to an enrollee in an IMD in developing the utilization component of projected benefit costs.
- In connection with section 12002 of the 21st Century Cures Act (P.L. 114-255), CMS requests the following information be provided in the certification for programs that allow IMDs to be used an in lieu of service provider.

## B. Appropriate Documentation

### i. Final projected benefit costs by relevant level of detail

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

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

1. Adjust FFS Duals base rates for estimated cost difference with CCC Duals Demonstration populations: There was no data available on the experience of the population currently enrolled in the CCC Duals Demonstration program who will move to CCC Plus as of January 1, 2017. Earlier analysis suggested that enrollees in the CCC Duals Demonstration had lower costs than the average of all Duals who were eligible for the Demonstration. Therefore a relative cost factor was developed to adjust the base rate developed for the FFS Dual population.

The relative cost factor was derived from a comparison of the historical costs of those who voluntarily maintained enrollment in the CCC Duals Demonstration and those who were eligible but who remained in FFS or who voluntarily disenrolled from the program. The CCC Duals Demonstration enrollee cost PMPM was estimated to be similar to the eligible CCC Duals Demonstration non-enrollees for those who are in nursing homes, but 10% and 13% lower for CCC Duals Demonstration enrollees in the EDCD waiver and in Community No LTSS services. Overall, approximately 35% of the CCC Duals Demonstration eligibles enrolled in the program. However, the percent of eligibles enrolled varied by the three population subgroups. Based on June 2017 enrollment, CCC Duals Demonstration enrollment was 28.2% of the nursing home eligible, 22.8% of those with EDCD waivers, and 38.8% of the Community No LTSS. When the CCC Duals Demonstration relative factor is applied, the PMPM cost for the FFS Duals NH population remains the same and the Duals EDCD and Community No LTSS cost is reduced.

**Section I.3. Table 1**

**CCC Duals Demonstration Relative Cost Factor and Weighting**

	Dual Nursing Home	Dual and other TPLs EDCD	Dual and other TPLs Community No LTSS
Relative Cost Factor* - CCC Dual Enrolled	100%	90%	87%
Relative Cost Factor** - after CCC Plus eligible weighting	100%	99%	96%

\*Evaluated raw claim PMPM differences between the CCC Opt-ins and the following groups: CCC Opt-outs, CCC not eligibles, and any other NonDual TPL populations within the cohorts rate cells

\*\*Weighted the CCC enrollment relative cost factor based on June 2017 CCC Plus eligible membership

2. Blend base rates for the NonDual EDCD and NonDual DD Waivers populations: The component FFS and MCO base rates developed separately for the NonDual EDCD and the NonDual DD Waivers populations are blended in Exhibit 5c using the member month distribution as of June 2017. Because of small enrollment, Roanoke/Alleghany and Southwest regions were blended for the separate FFS and MCO components of NonDual EDCD; this is reflected in Exhibits 5a and 5b.
3. Apply the administrative adjustment to the rate cells: The administrative adjustment in Exhibit 5e is applied to the blended NonDual EDCD and the NonDual DD Waivers and the other projected base rates from Exhibits 5c and 5d. Because the NEMT adjustment for the FFS population includes an administrative cost component, it is subtracted from the projected base rate, the administrative factor is applied and the NEMT PMPM is added to the new total.
4. Blend Nursing Home and EDCD rates for Dual eligibles and NonDual eligibles: The nursing home eligible population, those in institutions and those receiving home and community based services, will be paid a blended rate. This weighting is initially based on enrollment as of June 2017 that indicates that 62% of the Dual nursing home eligible population is in the EDCD waiver and 82% of the NonDual nursing home eligible population is in the EDCD waiver.
5. Apply Mix Shift adjustment to Nursing Home/EDCD Blended rate. Analysis of the historical data indicates a continuing increase in the proportion of the nursing home eligible population using HCBS services. We expect this trend to continue, although the most recent data indicates the rate of change has slowed. We believe managed care can maintain the historical trend prior to the recent slowdown of 1.3%. We apply a weighted average 1.3% NH/EDCD Mix shift to project the CY 2018 population that takes into consideration the different current NH/EDCD mix between the Dual and the NonDual populations by region. The higher the nursing facility utilization, the more opportunity there is to reduce nursing facility utilization. The lower the nursing facility utilization, the less opportunity there is to reduce nursing facility utilization. This assumes CCC Plus will have about 63.7% of the Dual population in the EDCD waiver and 82.3% of the NonDual population in the EDCD waiver. These blended NH/EDCD rates with the additional mix adjustment are shown at the bottom of

Exhibit 5g. Rates for the other CCC Plus populations are brought forward from Exhibit 5f. DMAS plans to retroactively settle plans to these percentages as described in the memo dated December 13, 2016.

6. **Apply Post base rate adjustments:** The Tidewater Physician Access, University Teaching Hospital Physician Access, and ARTS adjustments, described in Section B. Data, Program Adjustments of this report, are applied to the rates in the top section of Exhibit 8. The adjustments represent an increase to the base rates.
7. **Re-blend Nursing Home and EDCD rates for Dual eligibles and NonDual eligibles.** After the post-base rate adjustments are applied, the Dual and NonDual Nursing Home and EDCD rates are re-blended and the Nursing Home-EDCD mix shift is applied.
8. **Apply Quality Withhold adjustment:** There is a 1% Quality Improvement Withhold adjustment that will be subtracted to the capitation rates paid to the health plans. This may be returned to the plans based upon analysis of the required quality reporting metrics.

The CY 2018 capitation rates prior to the quality improvement withhold is in Exhibit 8 and presented in the table in the Overview section at the beginning of this report. Final CY 2018 capitation rates are shown in Exhibit 9 and deduct the 1% quality improvement withhold.

## *ii. Development of projected benefit costs*

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

The data used for the incurred but not reported (IBNR) and trend calculations reflect the historical experience for the period CY 2014 through CY 2016 for the populations to be enrolled in CCC Plus. Data for CY 2015 to CY 2016, with run out through June 2017, are used to evaluate the base period data trend and an additional year of data, CY 2014 with run out through June 2017, is added to the base and used to develop contract period projected trend. The historical data were evaluated using a PricewaterhouseCoopers model that estimates IBNR amounts using a variety of actuarially accepted methods, and trend using a least-squares regression methodology.

### **(b) Material changes to data, assumptions and methodologies**

The major change to the CCC Plus program in CY 2018 is the addition of two populations, the Dual population currently enrolled in the CCC Duals Demonstration and the ABAD currently enrolled in Medallion 3.0. Because of the addition of the new populations, the Dual Nursing Home and NonDual Community No LTSS capitation payments were developed as regional rates.

For the CY 2018 rates, the NonDual FFS populations transitioning into CCC Plus in CY 2017 were re-evaluated. These NonDual FFS are primarily those who were excluded from the Medallion 3.0 program due to additional coverage under a major comprehensive third party liability policy. Because they have a major TPL, total costs in many cases were more similar to those with Medicare coverage and these populations were blended with the Dual eligibles for some rate cells.

A graphic of the CCC Plus rate group components is included in Appendix D.

## *iii. Projected benefit cost trend*

### **(a) Data and methodologies for projected benefit cost trend**

#### **(i) Data used or assumptions in developing projected benefit cost trends**

The data used for the incurred but not reported (IBNR) and trend calculations reflect experience for the period CY 2014 through CY 2016. Data for CY 2015 to CY 2016, with run out through June 2017, are used to evaluate the base period trend and an additional year of data, CY 2014 with run out through June 2017, is added to the base and used to develop contract period projected trend.

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## (ii) Methodologies used to develop projected benefit cost trend

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

- For the larger CCC Plus population groups, Dual and NonDual NH Institutional, EDCD and Community No LTSS, trend and IBNR factors were developed separately for the service categories.
- For the Dual populations, the Medicare crossover trend is calculated separately and combines all services for which Medicare is the primary payer.
- For the smaller CCC Plus population groups, both Dual and NonDual Developmental Disability Waiver and the Technology Assisted Waiver, service categories were consolidated into an All Services trend.
- For the currently enrolled Medallion 3.0 population (NonDual Community no LTSS, EDCD, and DD Waivers), acute care trends were based on evaluation of the MCO encounter data. The EDCD and DD Waiver trends were developed on an all-services basis, excluding the Hepatitis C experience. The Community no LTSS population trend experience differs by child/adult and service categories. The FFS carved-in and LTSS services were evaluated separately by eligibility group across all ages.

Due to the robustness of the data (i.e., both the size of the population and the length of the historical data period), development of trend for CY 2018 primarily relies on a regression analysis starting January 1, 2014 and using a 6 month rolling average. The resulting trends are then reviewed 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 categories where we have sufficient data, we calculate service category-specific trends, otherwise we calculate an overall trend. Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. We evaluate all negative contract period trends for reasonableness and have included negative contract period trends for the Dual and TPL EDCD Population, the NonDual EDCD population and the NonDual Nursing Home population.

In general, projected trends are relatively low with a few exceptions. Community Mental Health Rehabilitation Services, which will be carved into the MCO contracts effective January 1, 2018, have exhibited higher than anticipated trends in the FFS delivery system, averaging over 10% annually. Other service categories with higher trends tend to have relatively small PMPMs.

Table 2 of Section I.3 summarizes the trend service categories developed for each eligibility category.

**Section I.3. Table 2**  
**Trend Service Categories**

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

**Trend Considerations**

- Removal of Outliers

For the currently MCO enrolled NonDual Community no LTSS population, the Inpatient Hospital Med/Surg and Psych trends were evaluated after capping claims at \$100,000 per incident.



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- Months of Applied Contract Trend

Annual trend rates must be applied to move the historical data from the midpoint of the data period (January 1, 2016) to the midpoint of the contract period (July 1, 2018). Each category of service in Trend Exhibits 3 shows a Data Period and a Contract Period trend. Data Period trends are applied from the midpoint of the data period to the end of the data period, and were developed from the historical regression analyses and budget work described above. The Contract Period trends are applied from the end of the data period to the midpoint of the contract period.

- Modifications to Six Month Rolling Average

Most trends use a six month rolling average. Because of seasonality, the acute care services for MCO enrolled DD Waivers, HCBS/Home Health services for the MCO enrolled EDCD Waiver group, and physician/professional services for the Not MCO enrolled EDCD Waiver group use the 12-month rolling average trend.

- Pharmacy Trend

Pharmacy trend estimates rely upon standard models, but the total pharmacy trend reflects adjustments for drugs used to treat Hepatitis C for the NonDual populations. 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 followed by decreases reflecting the introduction of lower cost treatments. Because of this, two adjustments are made to pharmacy trend for NonDual populations: 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 relative to the average cost over the base period.

We adjusted the pharmacy prior data period, January 2015 through December 2016, with a PMPM value that reflects the difference in average PMPM over the base period. This change was applied to the relevant months in the data period pharmacy trend for the NonDual populations. The effect is to dampen the data period unit cost trend calculated relative to using the original claims data.

The pharmacy trend for these populations is calculated excluding the Hepatitis C drug therapies. In conjunction with the separate Hepatitis C adjustment and core formulary adjustment, we believe that this adequately accounts for expected pharmacy costs in CY 2018.

- Age-Gender Mix Adjustment

Analysis of changes in the age/gender distribution of the CCC Plus population is done to evaluate any population mix shift over the experience period. The age/gender mix adjustment is applied to the historical Medallion 3.0 MCO enrolled HAP and ABAD populations. We develop an estimate of the risk mix of each population each month during the data period based on CCC Plus 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 data and contract trend regression models. In general, there were no substantial shifts in age-gender and the adjustments were small over the three and a half year period used for contract trend evaluation.

- Trend Modifications for Policy Adjustments

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



increases or decreases have been applied and represent PMPM increases otherwise. There is an exception for nursing facility where the trend reflects only the utilization changes over time.

Specifically, the adjustments to cost and utilization trend were made to offset the impact of fee increases or decreases for known program adjustments for the same time period. This ensures there is no double counting in the historical data used in the trend regression.

- Final Trend Exhibits

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

### (iii) Comparisons to historical benefit cost trends

The CY 2018 CCC Plus rates adds new populations and services and use some different rate cells and blending. Therefore, comparison to the historical benefit cost trend is not appropriate for this rate development.

## (b) Components of projected cost trend

### (i) Changes in components of projected benefit cost trend

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

#### (A) Change in unit price

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

#### (B) Change in utilization

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

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

This is not applicable.

### (iii) Other components used to develop projected benefit cost trend

This is not applicable.

## (c) Variations in projected cost trend

### (i) Medicaid eligibility groups

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

### (vii) Rate cells

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

### (viii) 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.

## (d) Other material adjustments to projected benefit cost trend

There are no other material adjustments to projected benefit cost trend

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## **(e) Any other adjustments to projected benefit cost trend**

There are no other adjustments to projected benefit cost trend

### **(i) Impact of managed care**

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

### **(ii) 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 adjusted in the trend regression models.

## **iv. Adjustments to comply with Mental Health and Addiction Equity Act**

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

## **v. Adjustments for in-lieu-of services**

No adjustment is necessary for in-lieu of services.

## **vi. Adjustment for retrospective eligibility periods**

### **(a) CCC Plus MCO responsibility for payment for retrospective eligibility**

MCO responsibility for payment for retrospective eligibility for the CCC Plus program will apply only in the case that members can be retroactively disenrolled. A member cannot be retroactively enrolled. If a member is determined to have been eligible for CCC Plus coverage in the past, that member will be mandatorily enrolled on the first of the month following assignment. Unlike the Medallion 3.0 managed care program, newborns to CCC Plus mothers will not be auto-enrolled in CCC Plus. The Newborns of CCC Plus enrollees will be covered by FFS Medicaid. If they are subsequently determined to be eligible for Medicaid, then they will be enrolled in managed care (Medallion 3.0 or CCC Plus) on the first of the month following assignment.

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

The contract between DMAS and the contracting CCC Plus MCOs states

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

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

### **(b) How claims information are included in the base data**

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

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**(c) How enrollment information is included in the base data**

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

**(d) How capitation rates are adjusted to reflect retroactive eligibility period**

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

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

**(a) More or fewer state plan benefits covered by Medicaid managed care**

The CY 2018 CCC Plus rates reflect the addition of new community Mental Health and Substance Abuse Services that are reflected in the service lines labeled Case Management and Community Mental Health Services.

New service lines are added for Early Intervention (EI) specialty services, and Psychiatric Residential Level B for Age <21. For CY 2017, the EI services were previously included in the Professional – Other Provider service category and the Level B services were previously included in Professional – Mental Health. This affects the NonDual FFS EDCD and DD waiver populations, as well as the NonDual FFS Community No LTSS. These same EI and Psychiatric Residential Level B services are new services for the NonDual MCO Enrolled who will be moving from the Medallion 3.0 program.

Effective December 1, 2018, Psychiatric Residential Level C for Age <21 population and services will be enrolled in CCC Plus. Level B Group Home services will also be carved in December 1, 2018. This population and services are not included in these rates.

**(b) Any recoveries of overpayment made to providers by health plans in accordance with 42 CFR §438.608(d).**

There are no changes to recoveries of overpayments made to providers by health plans.

**(c) Requirements related to payments from health plans to any providers or class of providers**

There are no changes to requirements related to payment from health plans to any providers or class of providers.

**(d) Requirements or conditions of any applicable waivers**

There are no changes to requirements or conditions of any applicable waivers.

**(e) Requirements or conditions of any litigation to which the state is subjected**

There are no changes to requirements or conditions of any litigation to which the state is subjected.

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*viii. Estimated impact of changes to services or benefits*

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

**Exclusion for Institution for Mental Disease**

*i. Costs and eligibility for adults age 21-64 who were in an IMD*

Review of the historical base data for managed care identified 38 individuals with an IMD stay of more than 15 days. In this group, 37 were in the Community no LTSS group and the rest were in the EDCD waiver. The IMD stay related costs of \$387,570 were removed from the base period data.

Other medical costs in that month for the people with an IMD stay of more than 15 days were \$144,616. This was for a separate inpatient hospital stay and associated professional, pharmacy and ancillary costs. These costs were removed.

In total, 40 member months of eligibility were removed for the 38 with the IMD stay for more than 15 days in a month.

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## ***4. Special Contract Provisions Related to Payment***

### ***C. Incentive Arrangements***

This section is not applicable because there are no incentive payments included in the CCC Plus program rates.

### ***D. Withhold Arrangements***

There is a 1% quality withhold in effect for CY 2018.

### ***E. Risk-Sharing Mechanisms***

#### ***i. Risk corridor***

There is no risk corridor but there will be risk sharing arrangements for pharmacy and substance abuse services.

#### **Pharmacy reinsurance pool**

The Department will operate a Pharmacy Reinsurance pool. This replaces the pharmacy reinsurance adjustment included in the CY 2017 rates. The objective of the pool is to address the high cost of specialty drugs using financial criteria rather than drug criteria and to spread the risk of excessive pharmacy claims equitably across all participating health plans. 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.

Ninety percent (90%) of a Member's annual prescription drug costs above a \$175,000 annual attachment point will be aggregated/pooled across all health participating in the CCC Plus program. 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 amount to be used in the computation of a Member's annual prescription drug costs will be the health plan paid amount after reduction by any Medicare or other third party payment.

These claims will be referred to as pharmacy reinsurance claims.

The health plan will submit quarterly reports to DMAS of all Members whose prescription drug costs have exceeded the attachment point for quarterly periods ending on March 31, June 30, September 30 and December 31 of the contract year. All reinsurance claims are subject to medical review by the Department. The CCC Plus pooled amount is not combined with other DMAS managed care programs, even if, during a contract year, the health plan participates in more than one program and a Member incurred costs while covered by the health plan in another program, and moves into the CCC Plus program and incurs additional costs.

The Department will allocate the aggregate/pooled reinsurance claims to each MCO on the basis of premium income. Health plans whose total pharmacy reinsurance claims in the contract year exceed the allocated pooled amount will be reimbursed for the excess. Health plans whose total pharmacy reinsurance claims are less than the allocated pooled amount will be required to reimburse the Department for the deficiency. The total of the excess

and deficient amounts for all health plans will offset such that the Department bears no risk with regard to the underlying pharmacy reinsurance claims.

The pool will be administered by DMAS. Health plans are required to submit documentation on a quarterly basis and all documentation must be submitted by March 31 following contract calendar year. The Department will determine and report the allocated/pooled amount quarterly by MCO and determine final settlement amounts among the plans.

### **ARTS stop loss**

Given the uncertainty in utilization growth, there is concern that costs could exceed the funding in the rate cells. DMAS implemented a stop loss insurance program such that if costs for ARTS exceed the funding by more than 20%, DMAS will assume 100% of the costs. The initial period for the ARTS stop loss is the 15 months from April 1, 2017 to June 30, 2018. The stop loss will be determined for each plan based on the combined utilization across all managed care programs (Medallion 3.0, CCC, and CCC Plus) the plan participates in. The department will not make a final decision about continuing the stop loss program after June 30, 2018 until Spring 2018 after reviewing ARTS expenditure experience by MCOs.

### ***ii. Medical Loss Ratio requirements***

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

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

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

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

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

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

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

- l. A description of the aggregation method by covered population; and,*
- m. The number of Member months.*

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

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

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

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

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

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

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

### ***iii. Reinsurance requirements***

There no reinsurance requirements in the contract. MCOs may either contract for reinsurance or self-insure. One reinsurance program is included as part of the Contract Year 2018 rates. The Addiction and Recovery Treatment Services (ARTS) stop loss described under Section I.2.B.iv, Data Adjustments, Program Change Adjustments.



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## ***F. Delivery System and Provider Payment Initiatives***

This section is not applicable because no delivery system or provider payment incentives have been applied to the CCC Plus program rates.

## ***G. 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.

The adjustment applies only to the populations that have been enrolled in Medallion 3.0. It uses professional claims in the MCO historical CY 2015-CY 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 138% 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 uses the CY 2017 Medicare pricing and assumes that will be used for the entire Calendar Year 2018. We have not applied any prospective utilization and unit cost trends to the estimated supplemental payment.

There is an estimated \$1.5 million annualized managed care supplemental payment in CY 2018 for all health plans for the Community No LTSS, EDCD waiver and DD Waiver populations that have been enrolled in the Medallion 3.0 plans. The adjustment is applied in the Tidewater region for the Community No LTSS Child, Community No LTSS Adult, NonDual DD Waiver population, and the blended Non Dual Nursing Home/EDCD group. 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 access 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 State University teaching hospital pass through capitation payments to the CCC Plus health plans for currently existing Medallion 3.0 NonDual Community no LTSS population, formerly known as ABAD. This reflects supplemental payments that have been made on behalf of the CCC Plus populations that are transitioning from ABAD in the Medallion 3.0 program. These supplemental physician payments are not included in the historical base data presented in Exhibits 1.

The CY 2018 State university teaching hospital physician CCC Plus adjustment was calculated using the estimated \$16.1 million pass through funding for the ABAD population in the FY 2017 Medallion 3.0 capitation rates, those in effect July 5, 2016. This amount was divided by the estimated NonDual Community No LTSS (former ABAD) enrollment in the state university hospital geographic regions during the CY 2018 rating period. This calculation and the adjustment excludes the enrollment included in the Age under 1 NonDual Community No LTSS cohort.

A single PMPM for the supplemental pass through payment is applied is applied to the NonDual Community No LTSS rate cells in the Central and Charlottesville/Western regions. Appendix D, Exhibit 7b, presents the state

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university teaching hospital physician access adjustment factors for the CY 2018 CCC Plus rates. These physician pass through payments will sunset at the end of FY 2022 in compliance with 42 CFR 438.6(d)(5).

### ***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.

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## ***5. Projected non-benefit costs***

### ***A. Rate Development Standards***

In accordance with 42 CFR §438.5(e), the development of the non-benefit component of the rate includes reasonable, appropriate, and attainable expenses related to MCO administration, taxes, licensing and regulatory fees, contribution to reserves, risk margin, and cost of capital.

We confirm that the rates meet rate development standards. Details are described in Section 5B.

### ***B. Appropriate Documentation***

#### ***i. Development of projected non-benefit costs***

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

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

##### ***(b) Material changes to data, assumptions and methodologies***

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

##### ***(c) Other material adjustments***

There were no other material adjustments in the development of projected non-benefit costs.

#### ***ii. Components of projected non-benefit costs***

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

##### ***(a) Administrative costs***

The total administrative component was estimated as a dollar PMPM amount, taking into consideration administrative allocations developed for the populations in other Virginia DMAS rate development programs, review of rate development reports for other states with established MLTSS programs, and consultation with program staff familiar with the populations to be enrolled in CCC Plus. Overall, we assumed an administrative load before allowance for provision for margin to be similar to the load for the Medallion 3.0 ABAD population even though the PMPM for most CCC Plus populations was significantly higher. DMAS has adjusted its contract requirements to reduce some of the administrative cost in the CY 2017 contract.

##### ***Administrative Costs***

The administrative cost PMPM ranges from \$22 to \$116 PMPM and varies based on the population cohort. This reflects the difference between the overall administrative load and the care management costs described below.

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## Care coordination and management

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

The care management PMPM ranges from \$25 to \$100 PMPM and varies based on the population's need and the expected usage of care coordination and management. Last year, DMAS evaluated care management costs using the contract ratios for care managers, higher ratios for individuals with more complex needs and lower ratios for members with less complex needs, and estimated care manager costs. These costs were updated for CY 2018. This year for the ABAD population transitioning to CCC Plus, DMAS assumed PMPM costs for care management similar to the Dual and Other TPL Community no LTSS.

### (b) Taxes, fees and assessments

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

### (c) Provision for margin

Provision for margin was developed by reviewing administrative costs for other states with established MLTSS Medicaid programs, consultation with DMAS program staff familiar with the populations to be enrolled in CCC Plus, and actuarial judgement. Over 70% of the CCC Plus eligibles are subject to a 1.0% provision for margin, while the rest are subject to a 0.75% provision for margin. The provision for margin is 1.0% for all eligibility groups who are covered for acute care services but do not use LTSS services. These are the NonDual Community No LTSS who have been enrolled in Medallion 3.0, the Dual Community no LTSS (including those who were previously enrolled in the CCC Dual Demonstration), and the DD Waiver populations. All populations that include LTSS services in the capitation rate have a provision for margin of 0.75%. These are the Dual and NonDual Populations using nursing home or EDCD waiver services, and the Technology Waiver population.

### (d) Other material non-benefit costs

There are no assumed other material non-benefit costs.

## iii. Health Insurance Providers Fee (HIF)

### (a) How HIF is incorporated into the rates

The Health Insurance Providers Fee is not incorporated into the CY 2018 CCC Plus rates. While there is a moratorium on the health insurer fee for fee year 2017, the current status is that a health insurance fee will be due for fee year 2018 and beyond. The HIF for these rates will be due in September 2019 based on CCC Plus revenue and members in CY 2018. DMAS intends to reimburse plans for the tax through a retroactive adjustment to the rates by plan.

### (b) Basis for HIF incorporated into the rates

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

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 2019 health plan assessment, a calculation based on their DMAS revenue and members in CY 2018 will not be final until August 2019 and will not be paid by the MCOs until September 2019.

Any payment will be calculated as a plan specific PMPM health insurer fee adjustment for each capitated member month in CCC Plus for the period January 1, 2018 through December 31, 2018. The payment timeline is specified in the MCO contracts and will be paid in a single transaction after the PMPM cost is known.

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### **(c) How the amount of the fee was determined**

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

### **(d) Statement of exclusion and description of how HIF will be paid**

Virginia DMAS will pay the health insurer fee adjustments for each capitated member month in CCC Plus for the period January 1, 2018 through December 31, 2018. The payment will include recognition for federal and state taxes, as applicable. The payment timeline is specified in the MCO contracts and will be paid in a single transaction after the PMPM cost is known.

### **(e) Separation of acute care and long term care benefits for HIF**

This section is not applicable. The Health Insurance Providers Fee is not incorporated into the rates. An exhibit will be prepared for the final CY 2018 CCC Plus report.

### ***Exclusion of Health Insurance Providers Fee (HIF) in 2017***

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

### ***Allocation of non-benefit costs***

Components of projected non-benefit cost are shown in the Appendix B, Exhibits 5e and vary by CCC Plus population group.

## ***B. Variation in assumptions based on FMAP***

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

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# 6. Risk Adjustment and Acuity Adjustments

This section provides the information on the base data used to develop the CCC Plus capitation rates and follows the outline of the 2017-2018 Medicaid Managed Care Rate Development Guide, Section 6.

## A. Rate Development Standards

We confirm that the rates meet rate development standards. Details are described in Section 6B.

## B. Appropriate Documentation

The CCC Plus program rates have been developed as full risk rates. There will be two adjustments to the rates that reflect risk adjustment and/or acuity adjustment. These are 1) a NH-EDCD mix adjustment and 2) risk adjustment to the NonDual Community No LTSS population that will transition from Medallion 3.0.

### i. Use of NH-EDCD mix adjustment

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

The blending percentage used for the 2018 capitation rates assumes that the percentage of enrollees in nursing homes will continue the decline that has been observed in the absence of managed care. As a result, DMAS will apply a retrospective mix adjustment mechanism, at least for the initial periods of the program, to recognize differences in the initial nursing home mix of their enrollees. The retrospective NH-EDCD mix adjustment will be calculated as follows:

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

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

The Department will develop a budget neutral risk adjustment methodology to be applied retroactively to the capitation payments made for nursing facility and EDCD Member months during the first six months of CY 2018. The methodology is described in a memorandum provided to the prospective health plans dated December 16, 2016. Blended capitation rates for the remaining six months will be determined prospectively based on each plans Nursing Facility/EDCD population mix determined as of April 1, 2018 and the target mix percentage developed by region.

## *ii. Use of risk adjustment for the NonDual Community No LTSS population*

The Department will risk adjust the rates for the NonDual Community No LTSS (ABAD) population retroactively for the first six months of CY 2018 and prospectively for the last six months of CY 2018 based on the CDPS risk adjustment model and the member enrollment by health plan and region as of April 1, 2018.



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## ***II. Actuarial Certification***

**Actuarial Certification of  
Proposed CY 2018 Commonwealth Coordinated Care Plus Capitation Rates  
Managed Long Term Services and Supports  
Commonwealth of Virginia Department of Medical Assistance Services**

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

This actuarial certification is provided in conjunction with assistance requested by the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) to develop actuarially sound capitation rates for the Commonwealth Coordinated Care Plus (CCC Plus) program for calendar year 2018. CCC Plus is Virginia's integrated program of acute care and managed Long Term Services and Supports. The rates included in the attached report represent only Medicaid covered services, and this certification relates only to Medicaid covered services. Total payments to MCOs participating in the CCC Plus program may include separate payments from the Medicare program for those who are dually eligible for both Medicare and Medicaid, and from private insurers for those who have private insurance.

In the course of my work, I have relied upon data and assumptions and other supporting information prepared under the direction of William J. Lessard, Jr., Director of Provider Reimbursement, as certified in the attached statement.

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

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



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

December 4, 2017

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Date



**COMMONWEALTH of VIRGINIA**  
***Department of Medical Assistance Services***

CYNTHIA B. JONES  
DIRECTOR

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RICHMOND, VA 23219  
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December 1, 2017

Peter Davidson, FSA, MAAA  
PricewaterhouseCoopers LLP  
3 Embarcadero Center  
San Francisco, CA 94111

RE: Actuarial Certification of Calendar Year 2018 CCC Plus Program Capitation Rates

Dear Mr. Davidson:

I, William Lessard, hereby affirm that:

- The calendar year (CY) 2018 CCC Plus capitation rates were prepared under my direction;
- I have reviewed the data and information prepared and submitted to PricewaterhouseCoopers (PwC) by the Virginia Department of Medical Assistance Services and the participating health plans for the purpose of developing the CY 2018 CCC Plus capitation rates and have determined that, to the best of my knowledge, the data are accurate and complete; and
- I have reviewed and agree with the methodology and all assumptions used by PwC to prepare the CY 2018 CCC Plus rates.

Sincerely,

A handwritten signature in cursive script that reads "William J. Lessard, Jr.".

William J. Lessard, Jr.  
Director of Provider Reimbursement

## **7. APPENDICES/EXHIBITS**

### **Appendix A –**

#### **Exhibits 1: Historical Eligibility and Cost**

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

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### **Appendix B –**

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

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

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### **Appendix C –**

#### **Exhibits 4: Projected Base Benefits Costs**

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<b>Exhibits 4</b>	Projected Base Rates – FFS populations
<b>Exhibits 4</b>	Projected Base Rates – MCO enrolled Acute Care
<b>Exhibits 4</b>	Projected Base Rates – MCO enrolled Carveout services

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### **Appendix D –**

#### **Exhibits 5 to 10: Final Benefits Costs**

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<b>Exhibits 5-10</b>	Capitation Rates – CCC Plus Eligibility Groups
<b>Graph</b>	CCC Plus Rate Group Components

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**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	33,843	34,134						
<b>Service Type</b>								
Adult Day Care	\$79	\$0	\$0.00	\$0.00	14	0	\$1.98	\$0.00
Case Management Services	\$11,754	\$6,530	\$0.35	\$0.19	13	7	\$326.50	\$326.50
Community Behavioral Health	\$64,398	\$54,271	\$1.90	\$1.59	318	367	\$71.87	\$51.98
Consumer Directed - Personal Care	\$16,656	\$2,277	\$0.49	\$0.07	558	79	\$10.58	\$10.14
Consumer Directed - Respite Care	\$4,414	\$203	\$0.13	\$0.01	133	7	\$11.72	\$10.13
DME/Supplies	\$28,568	\$25,758	\$0.84	\$0.75	45	75	\$226.73	\$120.93
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$980	\$282	\$0.03	\$0.01	4	2	\$81.69	\$47.06
Home Health Services	\$33,409	\$37,953	\$0.99	\$1.11	727	714	\$16.29	\$18.68
Hospice Care	\$681,325	\$588,062	\$20.13	\$17.23	108	88	\$2,233.85	\$2,342.88
Inpatient - Medical/Surgical	\$657,634	\$326,008	\$19.43	\$9.55	16	11	\$14,614.08	\$10,866.93
Inpatient - Psych	\$37,724	\$0	\$1.11	\$0.00	1	0	\$9,431.03	\$0.00
Lab and X-ray Services	\$13,179	\$6,610	\$0.39	\$0.19	357	192	\$13.09	\$12.11
Medicare Xover - IP	\$845,135	\$776,684	\$24.97	\$22.75	243	210	\$1,235.58	\$1,298.80
Medicare Xover - Nursing Facility	\$1,049,848	\$1,099,445	\$31.02	\$32.21	25,988	27,782	\$14.32	\$13.91
Medicare Xover - OP	\$194,992	\$221,514	\$5.76	\$6.49	899	1,046	\$76.89	\$74.43
Medicare Xover - Other	\$100,169	\$110,853	\$2.96	\$3.25	2,614	2,825	\$13.59	\$13.79
Medicare Xover - Physician	\$1,021,267	\$1,081,366	\$30.18	\$31.68	13,376	15,180	\$27.07	\$25.04
Nursing Facility	\$164,504,257	\$167,588,544	\$4,860.81	\$4,909.75	323,632	326,147	\$180.23	\$180.65
Other Waiver Services	\$0	\$7,268	\$0.00	\$0.21	0	2	\$0.00	\$1,211.32
Outpatient - Other	\$36,182	\$47,127	\$1.07	\$1.38	51	63	\$251.27	\$263.28
Outpatient - Psychological	\$35	\$55	\$0.00	\$0.00	0	1	\$35.06	\$27.42
Personal Care Agency - Personal Care	\$6,258	\$40,310	\$0.18	\$1.18	170	1,071	\$13.06	\$13.23
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$650,432	\$586,546	\$19.22	\$17.18	27,841	22,756	\$8.28	\$9.06
Physician - Clinic	\$38,726	\$23,464	\$1.14	\$0.69	4,034	3,020	\$3.40	\$2.73
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$3,788	\$1,337	\$0.11	\$0.04	21	6	\$65.32	\$83.53
Physician - Other Practitioner	\$25,448	\$25,899	\$0.75	\$0.76	220	265	\$41.05	\$34.30
Physician - PCP	\$56,600	\$40,858	\$1.67	\$1.20	307	229	\$65.43	\$62.86
Physician - Specialist	\$54,783	\$35,234	\$1.62	\$1.03	509	354	\$38.15	\$35.02
Transportation - Emergency	\$4,894	\$4,688	\$0.14	\$0.14	19	13	\$90.62	\$130.23
<b>Total Medicaid Only</b>	<b>\$170,142,934</b>	<b>\$172,739,144</b>	<b>\$5,027.42</b>	<b>\$5,060.64</b>	<b>402,219</b>	<b>402,512</b>	<b>\$149.99</b>	<b>\$150.87</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	28,714	29,751						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$34,936	\$43,751	\$1.22	\$1.47	45	54	\$326.50	\$326.50
Community Behavioral Health	\$38,258	\$81,033	\$1.33	\$2.72	288	537	\$55.61	\$60.88
Consumer Directed - Personal Care	\$22,437	\$29,563	\$0.78	\$0.99	953	1,153	\$9.84	\$10.34
Consumer Directed - Respite Care	\$9,448	\$11,754	\$0.33	\$0.40	402	447	\$9.83	\$10.60
DME/Supplies	\$22,135	\$20,855	\$0.77	\$0.70	56	87	\$163.96	\$96.55
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$410	\$75	\$0.01	\$0.00	2	0	\$102.49	\$75.17
Home Health Services	\$9,006	\$8,820	\$0.31	\$0.30	212	211	\$17.76	\$16.86
Hospice Care	\$301,147	\$413,695	\$10.49	\$13.91	60	69	\$2,105.92	\$2,405.20
Inpatient - Medical/Surgical	\$581,159	\$388,329	\$20.24	\$13.05	13	9	\$18,161.23	\$16,883.88
Inpatient - Psych	\$622,320	\$235,552	\$21.67	\$7.92	19	6	\$13,528.70	\$14,722.00
Lab and X-ray Services	\$5,203	\$5,044	\$0.18	\$0.17	119	155	\$18.32	\$13.10
Medicare Xover - IP	\$712,077	\$590,923	\$24.80	\$19.86	246	207	\$1,208.96	\$1,154.15
Medicare Xover - Nursing Facility	\$998,636	\$1,076,739	\$34.78	\$36.19	25,777	27,127	\$16.19	\$16.01
Medicare Xover - OP	\$250,329	\$325,165	\$8.72	\$10.93	1,322	1,543	\$79.14	\$85.01
Medicare Xover - Other	\$128,009	\$136,358	\$4.46	\$4.58	2,765	3,088	\$19.35	\$17.81
Medicare Xover - Physician	\$867,205	\$918,018	\$30.20	\$30.86	13,518	15,223	\$26.81	\$24.32
Nursing Facility	\$136,415,693	\$142,671,715	\$4,750.84	\$4,795.49	324,405	326,924	\$175.74	\$176.02
Other Waiver Services	\$5,653	\$14,976	\$0.20	\$0.50	3	7	\$706.68	\$831.99
Outpatient - Other	\$39,479	\$37,186	\$1.37	\$1.25	107	67	\$154.82	\$224.01
Outpatient - Psychological	\$928	\$15	\$0.03	\$0.00	2	0	\$232.01	\$15.40
Personal Care Agency - Personal Care	\$13,089	\$26,000	\$0.46	\$0.87	425	790	\$12.86	\$13.27
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$372,318	\$336,543	\$12.97	\$11.31	20,235	18,491	\$7.69	\$7.34
Physician - Clinic	\$5,788	\$4,571	\$0.20	\$0.15	900	1,085	\$2.69	\$1.70
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$2,623	\$924	\$0.09	\$0.03	16	6	\$69.02	\$57.73
Physician - Other Practitioner	\$18,303	\$22,213	\$0.64	\$0.75	188	177	\$40.76	\$50.71
Physician - PCP	\$27,735	\$20,719	\$0.97	\$0.70	192	125	\$60.42	\$66.62
Physician - Specialist	\$19,572	\$20,497	\$0.68	\$0.69	230	210	\$35.59	\$39.42
Transportation - Emergency	\$3,692	\$3,679	\$0.13	\$0.12	16	9	\$97.15	\$167.21
<b>Total Medicaid Only</b>	<b>\$141,527,586</b>	<b>\$147,444,713</b>	<b>\$4,928.87</b>	<b>\$4,955.92</b>	<b>392,515</b>	<b>397,811</b>	<b>\$150.69</b>	<b>\$149.50</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	26,304	25,795						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$23,835	\$22,529	\$0.91	\$0.87	33	32	\$326.50	\$326.50
Community Behavioral Health	\$45,265	\$71,939	\$1.72	\$2.79	268	501	\$76.98	\$66.86
Consumer Directed - Personal Care	\$3,324	\$2,301	\$0.13	\$0.09	117	82	\$12.91	\$13.00
Consumer Directed - Respite Care	\$59	\$263	\$0.00	\$0.01	3	9	\$9.77	\$13.16
DME/Supplies	\$29,640	\$86,920	\$1.13	\$3.37	51	99	\$267.02	\$410.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$15,617	\$10,514	\$0.59	\$0.41	184	264	\$38.75	\$18.54
Hospice Care	\$716,530	\$627,070	\$27.24	\$24.31	130	104	\$2,522.99	\$2,799.42
Inpatient - Medical/Surgical	\$1,223,133	\$682,059	\$46.50	\$26.44	36	19	\$15,681.19	\$17,051.47
Inpatient - Psych	\$291,554	\$26,283	\$11.08	\$1.02	9	1	\$14,577.70	\$8,760.84
Lab and X-ray Services	\$9,605	\$7,456	\$0.37	\$0.29	339	287	\$12.93	\$12.08
Medicare Xover - IP	\$563,300	\$513,340	\$21.41	\$19.90	206	181	\$1,246.24	\$1,319.64
Medicare Xover - Nursing Facility	\$667,481	\$660,751	\$25.38	\$25.62	19,548	22,143	\$15.58	\$13.88
Medicare Xover - OP	\$238,657	\$224,246	\$9.07	\$8.69	1,003	970	\$108.53	\$107.55
Medicare Xover - Other	\$54,452	\$43,171	\$2.07	\$1.67	1,839	1,551	\$13.51	\$12.94
Medicare Xover - Physician	\$647,506	\$653,879	\$24.62	\$25.35	9,035	10,331	\$32.70	\$29.44
Nursing Facility	\$148,867,816	\$147,819,487	\$5,659.45	\$5,730.49	326,846	328,529	\$207.78	\$209.31
Other Waiver Services	\$7,016	\$0	\$0.27	\$0.00	4	0	\$779.56	\$0.00
Outpatient - Other	\$75,456	\$61,110	\$2.87	\$2.37	130	71	\$264.76	\$399.41
Outpatient - Psychological	\$806	\$367	\$0.03	\$0.01	1	3	\$268.59	\$61.10
Personal Care Agency - Personal Care	\$89,104	\$78,845	\$3.39	\$3.06	2,656	2,466	\$15.30	\$14.88
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$823,450	\$606,573	\$31.30	\$23.51	31,571	27,957	\$11.90	\$10.09
Physician - Clinic	\$32,881	\$6,059	\$1.25	\$0.23	4,884	420	\$3.07	\$6.71
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$8,546	\$4,951	\$0.32	\$0.19	43	31	\$90.91	\$75.02
Physician - Other Practitioner	\$36,335	\$30,122	\$1.38	\$1.17	355	344	\$46.70	\$40.76
Physician - PCP	\$115,166	\$56,337	\$4.38	\$2.18	1,001	459	\$52.47	\$57.08
Physician - Specialist	\$65,096	\$44,846	\$2.47	\$1.74	1,342	1,209	\$22.13	\$17.26
Transportation - Emergency	\$10,967	\$2,123	\$0.42	\$0.08	54	12	\$92.94	\$81.65
<b>Total Medicaid Only</b>	<b>\$154,662,597</b>	<b>\$152,343,542</b>	<b>\$5,879.75</b>	<b>\$5,905.88</b>	<b>401,688</b>	<b>398,075</b>	<b>\$175.65</b>	<b>\$178.03</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	22,701	22,835						
<b>Service Type</b>								
Adult Day Care	\$2,226	\$6,217	\$0.10	\$0.27	21	57	\$55.65	\$57.04
Case Management Services	\$20,896	\$16,978	\$0.92	\$0.74	34	27	\$326.50	\$326.50
Community Behavioral Health	\$126,731	\$168,881	\$5.58	\$7.40	957	1,166	\$70.02	\$76.11
Consumer Directed - Personal Care	\$16,456	\$10,375	\$0.72	\$0.45	883	542	\$9.86	\$10.05
Consumer Directed - Respite Care	\$1,265	\$2,820	\$0.06	\$0.12	68	146	\$9.77	\$10.14
DME/Supplies	\$17,434	\$25,498	\$0.77	\$1.12	63	82	\$145.29	\$163.45
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$343	\$67	\$0.02	\$0.00	3	1	\$68.64	\$66.89
Home Health Services	\$19,335	\$26,385	\$0.85	\$1.16	443	784	\$23.07	\$17.70
Hospice Care	\$377,708	\$438,893	\$16.64	\$19.22	94	94	\$2,121.96	\$2,451.92
Inpatient - Medical/Surgical	\$159,773	\$316,961	\$7.04	\$13.88	9	7	\$9,398.39	\$24,381.60
Inpatient - Psych	\$354,063	\$8,286	\$15.60	\$0.36	15	2	\$12,209.08	\$2,762.00
Lab and X-ray Services	\$11,051	\$12,161	\$0.49	\$0.53	471	519	\$12.40	\$12.32
Medicare Xover - IP	\$488,553	\$428,180	\$21.52	\$18.75	213	194	\$1,212.29	\$1,160.38
Medicare Xover - Nursing Facility	\$696,280	\$685,140	\$30.67	\$30.00	23,388	22,619	\$15.74	\$15.92
Medicare Xover - OP	\$193,520	\$211,851	\$8.52	\$9.28	1,069	1,200	\$95.66	\$92.75
Medicare Xover - Other	\$117,563	\$86,290	\$5.18	\$3.78	2,699	3,071	\$23.03	\$14.77
Medicare Xover - Physician	\$562,713	\$565,248	\$24.79	\$24.75	11,479	13,645	\$25.91	\$21.77
Nursing Facility	\$105,904,269	\$106,873,552	\$4,665.17	\$4,680.33	319,895	316,488	\$175.00	\$177.46
Other Waiver Services	\$77,452	\$19,887	\$3.41	\$0.87	52	19	\$790.33	\$552.43
Outpatient - Other	\$12,229	\$19,142	\$0.54	\$0.84	41	35	\$156.79	\$290.03
Outpatient - Psychological	\$30	\$21	\$0.00	\$0.00	1	1	\$29.62	\$21.08
Personal Care Agency - Personal Care	\$10,375	\$1,054	\$0.46	\$0.05	424	42	\$12.92	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$436,287	\$361,599	\$19.22	\$15.84	25,585	23,751	\$9.01	\$8.00
Physician - Clinic	\$20,729	\$5,586	\$0.91	\$0.24	976	1,424	\$11.23	\$2.06
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$3,930	\$123	\$0.17	\$0.01	30	1	\$70.18	\$122.81
Physician - Other Practitioner	\$38,425	\$30,837	\$1.69	\$1.35	377	410	\$53.89	\$39.48
Physician - PCP	\$24,666	\$28,350	\$1.09	\$1.24	209	318	\$62.45	\$46.78
Physician - Specialist	\$20,982	\$29,516	\$0.92	\$1.29	260	667	\$42.73	\$23.26
Transportation - Emergency	\$2,238	\$5,482	\$0.10	\$0.24	13	15	\$93.24	\$195.78
<b>Total Medicaid Only</b>	<b>\$109,717,523</b>	<b>\$110,385,380</b>	<b>\$4,833.15</b>	<b>\$4,834.12</b>	<b>389,772</b>	<b>387,325</b>	<b>\$148.80</b>	<b>\$149.77</b>

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



**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Not MCO Enrolled - Dual - Nursing Home**

**Appendix A  
Exhibit 1a**

All Ages								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	17,197	17,933						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$14,040	\$44,404	\$0.82	\$2.48	30	91	\$326.50	\$326.50
Community Behavioral Health	\$13,754	\$59,373	\$0.80	\$3.31	325	855	\$29.52	\$46.46
Consumer Directed - Personal Care	\$4,325	\$12,012	\$0.25	\$0.67	306	712	\$9.85	\$11.29
Consumer Directed - Respite Care	\$576	\$12,460	\$0.03	\$0.69	40	744	\$9.94	\$11.21
DME/Supplies	\$46,903	\$22,051	\$2.73	\$1.23	70	88	\$464.39	\$167.05
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$527	\$2,043	\$0.03	\$0.11	4	17	\$87.87	\$81.73
Home Health Services	\$13,836	\$26,857	\$0.80	\$1.50	497	1,014	\$19.43	\$17.73
Hospice Care	\$186,236	\$247,861	\$10.83	\$13.82	69	74	\$1,881.17	\$2,232.98
Inpatient - Medical/Surgical	\$261,012	\$198,180	\$15.18	\$11.05	15	14	\$11,864.20	\$9,437.14
Inpatient - Psych	\$34,517	\$20,655	\$2.01	\$1.15	2	2	\$11,505.79	\$6,884.91
Lab and X-ray Services	\$4,520	\$4,286	\$0.26	\$0.24	227	225	\$13.91	\$12.75
Medicare Xover - IP	\$433,624	\$466,864	\$25.21	\$26.03	269	263	\$1,123.38	\$1,187.95
Medicare Xover - Nursing Facility	\$649,597	\$846,210	\$37.77	\$47.19	33,148	38,927	\$13.67	\$14.55
Medicare Xover - OP	\$134,966	\$157,174	\$7.85	\$8.76	1,237	1,384	\$76.12	\$75.97
Medicare Xover - Other	\$64,210	\$79,656	\$3.73	\$4.44	3,885	4,139	\$11.53	\$12.88
Medicare Xover - Physician	\$410,080	\$398,496	\$23.85	\$22.22	18,516	18,921	\$15.45	\$14.09
Nursing Facility	\$72,842,651	\$75,819,817	\$4,235.76	\$4,227.88	310,550	307,689	\$163.67	\$164.89
Other Waiver Services	\$8,222	\$3,594	\$0.48	\$0.20	8	4	\$747.47	\$599.03
Outpatient - Other	\$14,163	\$36,624	\$0.82	\$2.04	135	53	\$73.00	\$463.60
Outpatient - Psychological	\$29	\$0	\$0.00	\$0.00	1	0	\$14.62	\$0.00
Personal Care Agency - Personal Care	\$527	\$1,488	\$0.03	\$0.08	28	76	\$13.17	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$223,167	\$160,369	\$12.98	\$8.94	21,255	15,977	\$7.33	\$6.72
Physician - Clinic	\$20,344	\$6,334	\$1.18	\$0.35	8,023	2,445	\$1.77	\$1.73
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$2,805	\$1,332	\$0.16	\$0.07	31	15	\$62.34	\$60.56
Physician - Other Practitioner	\$7,921	\$10,238	\$0.46	\$0.57	148	193	\$37.36	\$35.42
Physician - PCP	\$17,574	\$14,838	\$1.02	\$0.83	209	143	\$58.78	\$69.66
Physician - Specialist	\$10,708	\$8,848	\$0.62	\$0.49	183	104	\$40.87	\$57.08
Transportation - Emergency	\$4,302	\$1,648	\$0.25	\$0.09	18	11	\$165.47	\$103.00
<b>Total Medicaid Only</b>	<b>\$75,425,140</b>	<b>\$78,663,713</b>	<b>\$4,385.93</b>	<b>\$4,386.47</b>	<b>399,231</b>	<b>394,179</b>	<b>\$131.83</b>	<b>\$133.54</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	25,607	26,242						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$3,592	\$0.00	\$0.14	0	5	\$0.00	\$326.50
Community Behavioral Health	\$84,493	\$104,477	\$3.30	\$3.98	708	1,175	\$55.92	\$40.67
Consumer Directed - Personal Care	\$1,024	\$583	\$0.04	\$0.02	48	22	\$9.97	\$11.90
Consumer Directed - Respite Care	\$0	\$533	\$0.00	\$0.02	0	22	\$0.00	\$10.89
DME/Supplies	\$33,787	\$50,581	\$1.32	\$1.93	82	108	\$193.07	\$214.33
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$7,642	\$21,642	\$0.30	\$0.82	282	589	\$12.69	\$16.79
Hospice Care	\$430,753	\$499,515	\$16.82	\$19.03	89	102	\$2,267.12	\$2,239.98
Inpatient - Medical/Surgical	\$563,966	\$213,540	\$22.02	\$8.14	17	9	\$15,665.73	\$11,238.92
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$6,228	\$2,460	\$0.24	\$0.09	211	77	\$13.84	\$14.64
Medicare Xover - IP	\$589,314	\$537,981	\$23.01	\$20.50	227	198	\$1,215.08	\$1,242.45
Medicare Xover - Nursing Facility	\$513,041	\$572,024	\$20.03	\$21.80	15,580	18,585	\$15.43	\$14.07
Medicare Xover - OP	\$164,611	\$197,444	\$6.43	\$7.52	866	977	\$89.12	\$92.44
Medicare Xover - Other	\$96,320	\$74,887	\$3.76	\$2.85	2,666	2,863	\$16.93	\$11.96
Medicare Xover - Physician	\$819,569	\$872,463	\$32.01	\$33.25	15,858	16,895	\$24.22	\$23.61
Nursing Facility	\$125,414,488	\$130,446,302	\$4,897.60	\$4,970.87	321,431	322,741	\$182.84	\$184.82
Other Waiver Services	\$26,302	\$21,354	\$1.03	\$0.81	22	16	\$571.78	\$610.11
Outpatient - Other	\$31,404	\$46,618	\$1.23	\$1.78	91	91	\$161.88	\$235.44
Outpatient - Psychological	\$271	\$109	\$0.01	\$0.00	1	2	\$90.37	\$27.31
Personal Care Agency - Personal Care	\$48,239	\$58,405	\$1.88	\$2.23	1,747	2,019	\$12.94	\$13.23
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$484,280	\$402,633	\$18.91	\$15.34	21,681	17,844	\$10.47	\$10.32
Physician - Clinic	\$5,182	\$18,917	\$0.20	\$0.72	1,675	3,174	\$1.45	\$2.73
Physician - IP Mental Health	\$885	\$0	\$0.03	\$0.00	7	0	\$63.19	\$0.00
Physician - OP Mental Health	\$13,815	\$3,636	\$0.54	\$0.14	123	41	\$52.73	\$40.40
Physician - Other Practitioner	\$30,596	\$22,428	\$1.19	\$0.85	193	175	\$74.26	\$58.71
Physician - PCP	\$39,060	\$30,811	\$1.53	\$1.17	333	215	\$54.94	\$65.55
Physician - Specialist	\$35,099	\$32,814	\$1.37	\$1.25	408	516	\$40.34	\$29.09
Transportation - Emergency	\$2,902	\$4,441	\$0.11	\$0.17	18	27	\$76.36	\$76.56
<b>Total Medicaid Only</b>	<b>\$129,443,273</b>	<b>\$134,240,187</b>	<b>\$5,054.93</b>	<b>\$5,115.44</b>	<b>384,363</b>	<b>388,486</b>	<b>\$157.82</b>	<b>\$158.01</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - NonDual - Nursing Home**

**Appendix A**  
**Exhibit 1a**

All Ages								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	20,193	22,539						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$39,180	\$59,972	\$1.94	\$2.66	71	98	\$326.50	\$325.94
Community Behavioral Health	\$249,024	\$565,635	\$12.33	\$25.10	2,703	5,295	\$54.74	\$56.88
Consumer Directed - Personal Care	\$11,098	\$20,098	\$0.55	\$0.89	628	790	\$10.51	\$13.54
Consumer Directed - Respite Care	\$2,215	\$1,756	\$0.11	\$0.08	132	64	\$9.98	\$14.63
DME/Supplies	\$583,177	\$646,919	\$28.88	\$28.70	1,304	1,358	\$265.81	\$253.59
Early Intervention Services	\$1,166	\$3,810	\$0.06	\$0.17	7	40	\$97.17	\$50.13
FQHC	\$79,486	\$84,165	\$3.94	\$3.73	598	582	\$79.01	\$77.00
Home Health Services	\$99,319	\$145,364	\$4.92	\$6.45	226	276	\$260.68	\$280.08
Hospice Care	\$412,246	\$362,457	\$20.42	\$16.08	122	100	\$2,001.19	\$1,938.27
Inpatient - Medical/Surgical	\$25,363,634	\$25,111,312	\$1,256.05	\$1,114.10	856	774	\$17,613.63	\$17,270.50
Inpatient - Psych	\$211,159	\$295,610	\$10.46	\$13.12	24	22	\$5,278.98	\$7,210.00
Lab and X-ray Services	\$458,930	\$438,540	\$22.73	\$19.46	18,078	15,951	\$15.09	\$14.64
Medicare Xover - IP	\$8,354	\$8,299	\$0.41	\$0.37	5	4	\$1,044.25	\$1,185.62
Medicare Xover - Nursing Facility	\$14,460	\$29,110	\$0.72	\$1.29	602	923	\$14.27	\$16.79
Medicare Xover - OP	\$3,139	\$10,310	\$0.16	\$0.46	34	46	\$54.13	\$118.51
Medicare Xover - Other	\$348	\$2,558	\$0.02	\$0.11	27	85	\$7.56	\$15.99
Medicare Xover - Physician	\$18,729	\$31,558	\$0.93	\$1.40	344	504	\$32.35	\$33.36
Nursing Facility	\$126,668,027	\$136,536,257	\$6,272.84	\$6,057.65	335,984	326,462	\$224.04	\$222.67
Other Waiver Services	\$31,706	\$31,984	\$1.57	\$1.42	30	32	\$634.12	\$524.32
Outpatient - Other	\$3,274,227	\$3,574,314	\$162.15	\$158.58	6,984	6,395	\$278.61	\$297.59
Outpatient - Psychological	\$24,544	\$37,866	\$1.22	\$1.68	134	145	\$109.08	\$139.21
Personal Care Agency - Personal Care	\$22,616	\$16,769	\$1.12	\$0.74	791	664	\$16.99	\$13.45
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$13,730,523	\$14,732,899	\$679.96	\$653.65	126,693	120,655	\$64.40	\$65.01
Physician - Clinic	\$1,071,069	\$1,065,700	\$53.04	\$47.28	225,445	167,944	\$2.82	\$3.38
Physician - IP Mental Health	\$3,738	\$5,817	\$0.19	\$0.26	45	58	\$49.19	\$53.37
Physician - OP Mental Health	\$137,849	\$119,161	\$6.83	\$5.29	1,561	1,130	\$52.49	\$56.15
Physician - Other Practitioner	\$719,001	\$981,284	\$35.61	\$43.54	9,641	10,729	\$44.32	\$48.69
Physician - PCP	\$3,241,085	\$3,431,613	\$160.50	\$152.25	39,966	36,410	\$48.19	\$50.18
Physician - Specialist	\$1,778,428	\$1,945,093	\$88.07	\$86.30	29,172	25,509	\$36.23	\$40.60
Transportation - Emergency	\$420,322	\$423,659	\$20.82	\$18.80	2,692	2,449	\$92.79	\$92.10
<b>Total Medicaid Only</b>	<b>\$178,678,801</b>	<b>\$190,719,888</b>	<b>\$8,848.51</b>	<b>\$8,461.59</b>	<b>804,898</b>	<b>725,493</b>	<b>\$131.92</b>	<b>\$139.96</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	58,713	61,454						
<b>Service Type</b>								
Adult Day Care	\$1,561,177	\$1,749,539	\$26.59	\$28.47	6,514	7,476	\$48.99	\$45.70
Case Management Services	\$272,301	\$286,667	\$4.64	\$4.66	170	171	\$326.50	\$326.50
Community Behavioral Health	\$6,243,985	\$7,757,135	\$106.35	\$126.23	57,155	68,961	\$22.33	\$21.96
Consumer Directed - Personal Care	\$48,498,737	\$58,652,088	\$826.03	\$954.41	963,210	1,067,572	\$10.29	\$10.73
Consumer Directed - Respite Care	\$8,572,437	\$9,007,590	\$146.01	\$146.57	170,937	162,962	\$10.25	\$10.79
DME/Supplies	\$3,302,574	\$3,221,115	\$56.25	\$52.42	7,080	7,212	\$95.33	\$87.22
Early Intervention Services	\$235,544	\$254,014	\$4.01	\$4.13	1,312	1,322	\$36.69	\$37.53
FQHC	\$5,126	\$6,111	\$0.09	\$0.10	79	16	\$13.21	\$76.39
Home Health Services	\$222,860	\$192,815	\$3.80	\$3.14	1,459	1,360	\$31.22	\$27.69
Hospice Care	\$942,306	\$697,305	\$16.05	\$11.35	58	39	\$3,329.70	\$3,504.05
Inpatient - Medical/Surgical	\$1,587,634	\$1,632,308	\$27.04	\$26.56	31	25	\$10,514.14	\$12,653.55
Inpatient - Psych	\$96,949	\$154,688	\$1.65	\$2.52	3	3	\$6,924.95	\$11,899.05
Lab and X-ray Services	\$11,981	\$10,625	\$0.20	\$0.17	136	122	\$17.99	\$17.05
Medicare Xover - IP	\$1,779,473	\$1,597,973	\$30.31	\$26.00	358	306	\$1,015.10	\$1,021.07
Medicare Xover - Nursing Facility	\$6,050	\$4,456	\$0.10	\$0.07	200	116	\$6.19	\$7.49
Medicare Xover - OP	\$812,333	\$997,610	\$13.84	\$16.23	2,544	2,743	\$65.27	\$71.01
Medicare Xover - Other	\$815,058	\$774,953	\$13.88	\$12.61	6,356	6,205	\$26.21	\$24.39
Medicare Xover - Physician	\$2,689,033	\$2,995,635	\$45.80	\$48.75	16,052	16,748	\$34.24	\$34.93
Nursing Facility	\$20,755	\$34,679	\$0.35	\$0.56	21	39	\$205.49	\$173.40
Other Waiver Services	\$2,028,753	\$2,386,356	\$34.55	\$38.83	7,897	9,147	\$52.51	\$50.95
Outpatient - Other	\$507,267	\$798,679	\$8.64	\$13.00	382	381	\$271.41	\$408.95
Outpatient - Psychological	\$32,132	\$18,061	\$0.55	\$0.29	47	23	\$140.93	\$151.77
Personal Care Agency - Personal Care	\$42,713,803	\$40,913,988	\$727.50	\$665.77	662,907	607,417	\$13.17	\$13.15
Personal Care Agency - Respite Care	\$6,254,579	\$5,298,814	\$106.53	\$86.22	96,997	83,592	\$13.18	\$12.38
Pharmacy	\$2,132,146	\$2,409,018	\$36.31	\$39.20	6,330	6,035	\$68.85	\$77.94
Physician - Clinic	\$18,574	\$22,769	\$0.32	\$0.37	1,012	2,138	\$3.75	\$2.08
Physician - IP Mental Health	\$1,096	\$585	\$0.02	\$0.01	4	1	\$60.86	\$194.97
Physician - OP Mental Health	\$58,503	\$47,049	\$1.00	\$0.77	295	157	\$40.60	\$58.59
Physician - Other Practitioner	\$2,936,235	\$2,638,193	\$50.01	\$42.93	34,776	31,881	\$17.26	\$16.16
Physician - PCP	\$213,337	\$306,640	\$3.63	\$4.99	2,378	2,263	\$18.34	\$26.46
Physician - Specialist	\$165,369	\$188,666	\$2.82	\$3.07	1,510	2,149	\$22.39	\$17.15
Transportation - Emergency	\$22,714	\$14,605	\$0.39	\$0.24	47	33	\$99.62	\$86.94
<b>Total Medicaid Only</b>	<b>\$134,760,821</b>	<b>\$145,070,727</b>	<b>\$2,295.24</b>	<b>\$2,360.65</b>	<b>2,048,253</b>	<b>2,088,613</b>	<b>\$13.45</b>	<b>\$13.56</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	37,547	39,934						
<b>Service Type</b>								
Adult Day Care	\$309,748	\$328,808	\$8.25	\$8.23	1,779	1,762	\$55.65	\$56.06
Case Management Services	\$298,095	\$376,128	\$7.94	\$9.42	292	346	\$326.50	\$326.50
Community Behavioral Health	\$3,403,650	\$4,574,739	\$90.65	\$114.56	39,349	51,427	\$27.65	\$26.73
Consumer Directed - Personal Care	\$30,627,498	\$36,311,091	\$815.72	\$909.27	990,506	1,060,933	\$9.88	\$10.28
Consumer Directed - Respite Care	\$5,875,062	\$6,119,051	\$156.47	\$153.23	189,441	177,013	\$9.91	\$10.39
DME/Supplies	\$1,561,523	\$1,567,200	\$41.59	\$39.24	6,183	6,334	\$80.72	\$74.35
Early Intervention Services	\$154,616	\$189,100	\$4.12	\$4.74	1,506	1,628	\$32.81	\$34.90
FQHC	\$6,096	\$4,700	\$0.16	\$0.12	37	27	\$53.01	\$52.81
Home Health Services	\$54,831	\$58,493	\$1.46	\$1.46	352	318	\$49.80	\$55.23
Hospice Care	\$512,047	\$662,133	\$13.64	\$16.58	53	69	\$3,103.32	\$2,904.09
Inpatient - Medical/Surgical	\$882,121	\$959,341	\$23.49	\$24.02	27	23	\$10,257.22	\$12,791.21
Inpatient - Psych	\$93,320	\$83,391	\$2.49	\$2.09	5	3	\$5,489.40	\$8,339.13
Lab and X-ray Services	\$5,934	\$6,011	\$0.16	\$0.15	65	63	\$29.37	\$28.62
Medicare Xover - IP	\$1,133,367	\$1,008,788	\$30.19	\$25.26	346	303	\$1,047.47	\$1,001.78
Medicare Xover - Nursing Facility	\$2,664	\$3,842	\$0.07	\$0.10	83	88	\$10.21	\$13.16
Medicare Xover - OP	\$757,539	\$864,611	\$20.18	\$21.65	3,648	3,866	\$66.36	\$67.20
Medicare Xover - Other	\$625,287	\$582,497	\$16.65	\$14.59	8,383	8,791	\$23.84	\$19.91
Medicare Xover - Physician	\$2,052,956	\$2,187,054	\$54.68	\$54.77	18,111	18,949	\$36.23	\$34.68
Nursing Facility	\$21,391	\$15,756	\$0.57	\$0.39	41	26	\$167.11	\$183.21
Other Waiver Services	\$1,284,866	\$1,497,167	\$34.22	\$37.49	7,205	8,491	\$56.99	\$52.99
Outpatient - Other	\$266,401	\$294,649	\$7.10	\$7.38	253	261	\$335.94	\$338.68
Outpatient - Psychological	\$8,851	\$10,800	\$0.24	\$0.27	15	23	\$184.40	\$144.00
Personal Care Agency - Personal Care	\$20,444,437	\$19,442,757	\$544.51	\$486.87	501,303	440,886	\$13.03	\$13.25
Personal Care Agency - Respite Care	\$3,029,747	\$2,663,497	\$80.69	\$66.70	74,419	60,451	\$13.01	\$13.24
Pharmacy	\$1,045,993	\$1,123,911	\$27.86	\$28.14	6,221	6,102	\$53.73	\$55.35
Physician - Clinic	\$9,009	\$5,316	\$0.24	\$0.13	1,140	346	\$2.53	\$4.62
Physician - IP Mental Health	\$498	\$121	\$0.01	\$0.00	2	0	\$82.98	\$121.26
Physician - OP Mental Health	\$32,330	\$54,492	\$0.86	\$1.36	146	227	\$70.59	\$71.98
Physician - Other Practitioner	\$699,882	\$620,453	\$18.64	\$15.54	12,704	11,645	\$17.61	\$16.01
Physician - PCP	\$86,126	\$102,482	\$2.29	\$2.57	994	1,042	\$27.68	\$29.56
Physician - Specialist	\$76,864	\$92,696	\$2.05	\$2.32	1,233	1,496	\$19.92	\$18.62
Transportation - Emergency	\$20,925	\$21,004	\$0.56	\$0.53	58	45	\$114.97	\$140.03
<b>Total Medicaid Only</b>	<b>\$75,383,673</b>	<b>\$81,832,076</b>	<b>\$2,007.73</b>	<b>\$2,049.16</b>	<b>1,865,903</b>	<b>1,862,982</b>	<b>\$12.91</b>	<b>\$13.20</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	66,962	74,308						
<b>Service Type</b>								
Adult Day Care	\$4,760,028	\$7,296,083	\$71.09	\$98.19	37,997	50,756	\$22.45	\$23.21
Case Management Services	\$207,981	\$246,181	\$3.11	\$3.31	114	122	\$326.50	\$326.50
Community Behavioral Health	\$8,233,030	\$11,021,965	\$122.95	\$148.33	78,574	94,972	\$18.78	\$18.74
Consumer Directed - Personal Care	\$38,854,487	\$44,100,287	\$580.25	\$593.48	574,522	562,136	\$12.12	\$12.67
Consumer Directed - Respite Care	\$7,122,861	\$7,422,152	\$106.37	\$99.88	104,825	93,511	\$12.18	\$12.82
DME/Supplies	\$3,283,656	\$3,510,097	\$49.04	\$47.24	5,963	5,872	\$98.68	\$96.53
Early Intervention Services	\$365,536	\$422,605	\$5.46	\$5.69	1,785	1,804	\$36.70	\$37.83
FQHC	\$615	\$1,556	\$0.01	\$0.02	2	4	\$51.24	\$62.25
Home Health Services	\$488,773	\$506,597	\$7.30	\$6.82	4,630	4,092	\$18.92	\$19.99
Hospice Care	\$1,440,995	\$1,136,992	\$21.52	\$15.30	73	52	\$3,549.25	\$3,542.03
Inpatient - Medical/Surgical	\$4,043,565	\$4,402,152	\$60.39	\$59.24	54	48	\$13,433.77	\$14,772.32
Inpatient - Psych	\$91,917	\$178,898	\$1.37	\$2.41	2	1	\$10,213.03	\$19,877.51
Lab and X-ray Services	\$16,526	\$15,759	\$0.25	\$0.21	121	111	\$24.45	\$22.84
Medicare Xover - IP	\$1,099,848	\$1,156,882	\$16.43	\$15.57	172	157	\$1,148.07	\$1,186.55
Medicare Xover - Nursing Facility	\$3,701	\$3,822	\$0.06	\$0.05	60	49	\$11.01	\$12.61
Medicare Xover - OP	\$754,499	\$871,942	\$11.27	\$11.73	1,286	2,105	\$105.17	\$66.90
Medicare Xover - Other	\$337,341	\$387,242	\$5.04	\$5.21	3,492	3,218	\$17.31	\$19.43
Medicare Xover - Physician	\$1,810,495	\$2,052,356	\$27.04	\$27.62	10,892	9,857	\$29.79	\$33.63
Nursing Facility	\$46,134	\$36,317	\$0.69	\$0.49	41	26	\$202.34	\$228.41
Other Waiver Services	\$2,129,133	\$2,242,852	\$31.80	\$30.18	8,581	8,102	\$44.47	\$44.71
Outpatient - Other	\$444,950	\$416,691	\$6.64	\$5.61	271	218	\$294.47	\$308.89
Outpatient - Psychological	\$44,672	\$84,173	\$0.67	\$1.13	40	66	\$202.14	\$205.30
Personal Care Agency - Personal Care	\$100,424,666	\$124,227,596	\$1,499.73	\$1,671.79	1,182,869	1,292,001	\$15.21	\$15.53
Personal Care Agency - Respite Care	\$13,771,199	\$15,908,441	\$205.66	\$214.09	162,855	165,968	\$15.15	\$15.48
Pharmacy	\$3,027,787	\$2,992,560	\$45.22	\$40.27	6,668	6,695	\$81.37	\$72.19
Physician - Clinic	\$53,262	\$15,868	\$0.80	\$0.21	2,932	881	\$3.26	\$2.91
Physician - IP Mental Health	\$319	\$231	\$0.00	\$0.00	1	0	\$79.83	\$115.30
Physician - OP Mental Health	\$47,726	\$62,643	\$0.71	\$0.84	187	231	\$45.71	\$43.84
Physician - Other Practitioner	\$10,142,124	\$11,002,126	\$151.46	\$148.06	70,530	65,695	\$25.77	\$27.04
Physician - PCP	\$237,808	\$285,470	\$3.55	\$3.84	1,758	2,456	\$24.24	\$18.77
Physician - Specialist	\$134,884	\$161,391	\$2.01	\$2.17	1,573	1,513	\$15.37	\$17.23
Transportation - Emergency	\$14,896	\$28,864	\$0.22	\$0.39	29	27	\$91.95	\$169.79
<b>Total Medicaid Only</b>	<b>\$203,435,414</b>	<b>\$242,198,789</b>	<b>\$3,038.08</b>	<b>\$3,259.38</b>	<b>2,262,897</b>	<b>2,372,747</b>	<b>\$16.11</b>	<b>\$16.48</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	22,956	23,088						
<b>Service Type</b>								
Adult Day Care	\$233,288	\$209,188	\$10.16	\$9.06	2,194	1,949	\$55.58	\$55.78
Case Management Services	\$250,219	\$339,284	\$10.90	\$14.70	433	712	\$302.20	\$247.65
Community Behavioral Health	\$2,305,283	\$2,449,718	\$100.42	\$106.10	25,410	25,159	\$47.42	\$50.61
Consumer Directed - Personal Care	\$22,210,671	\$24,096,796	\$967.52	\$1,043.71	1,175,932	1,217,395	\$9.87	\$10.29
Consumer Directed - Respite Care	\$4,478,979	\$4,327,915	\$195.11	\$187.46	236,452	216,873	\$9.90	\$10.37
DME/Supplies	\$925,314	\$1,028,795	\$40.31	\$44.56	5,609	6,039	\$86.23	\$88.54
Early Intervention Services	\$111,503	\$53,293	\$4.86	\$2.31	1,864	942	\$31.27	\$29.41
FQHC	\$716	\$1,206	\$0.03	\$0.05	86	90	\$4.34	\$6.93
Home Health Services	\$83,277	\$70,954	\$3.63	\$3.07	458	337	\$94.96	\$109.33
Hospice Care	\$237,443	\$258,071	\$10.34	\$11.18	43	48	\$2,860.76	\$2,774.95
Inpatient - Medical/Surgical	\$277,766	\$568,480	\$12.10	\$24.62	18	28	\$7,936.17	\$10,527.40
Inpatient - Psych	\$37,444	\$67,417	\$1.63	\$2.92	5	9	\$3,744.36	\$3,965.71
Lab and X-ray Services	\$8,110	\$15,593	\$0.35	\$0.68	357	511	\$11.89	\$15.85
Medicare Xover - IP	\$647,888	\$617,573	\$28.22	\$26.75	309	284	\$1,096.26	\$1,131.09
Medicare Xover - Nursing Facility	\$3,267	\$864	\$0.14	\$0.04	246	52	\$6.94	\$8.55
Medicare Xover - OP	\$328,341	\$413,940	\$14.30	\$17.93	2,686	3,210	\$63.89	\$67.02
Medicare Xover - Other	\$449,344	\$393,638	\$19.57	\$17.05	8,245	8,187	\$28.49	\$24.99
Medicare Xover - Physician	\$939,354	\$955,294	\$40.92	\$41.38	14,302	14,983	\$34.33	\$33.14
Nursing Facility	\$17,205	\$7,318	\$0.75	\$0.32	49	18	\$183.04	\$215.24
Other Waiver Services	\$943,806	\$999,647	\$41.11	\$43.30	7,862	8,419	\$62.75	\$61.71
Outpatient - Other	\$87,925	\$187,953	\$3.83	\$8.14	183	219	\$251.21	\$445.39
Outpatient - Psychological	\$14,289	\$6,237	\$0.62	\$0.27	28	22	\$269.61	\$145.05
Personal Care Agency - Personal Care	\$8,127,032	\$7,322,481	\$354.02	\$317.16	326,224	286,704	\$13.02	\$13.27
Personal Care Agency - Respite Care	\$1,172,134	\$942,237	\$51.06	\$40.81	47,072	36,965	\$13.02	\$13.25
Pharmacy	\$950,121	\$798,988	\$41.39	\$34.61	6,499	6,702	\$76.43	\$61.96
Physician - Clinic	\$4,546	\$17,028	\$0.20	\$0.74	351	3,772	\$6.77	\$2.35
Physician - IP Mental Health	\$0	\$2,645	\$0.00	\$0.11	0	28	\$0.00	\$48.99
Physician - OP Mental Health	\$30,998	\$24,712	\$1.35	\$1.07	227	176	\$71.42	\$72.90
Physician - Other Practitioner	\$426,275	\$423,206	\$18.57	\$18.33	17,434	17,800	\$12.78	\$12.36
Physician - PCP	\$71,983	\$119,084	\$3.14	\$5.16	3,656	2,585	\$10.29	\$23.95
Physician - Specialist	\$58,836	\$71,841	\$2.56	\$3.11	1,751	1,636	\$17.56	\$22.83
Transportation - Emergency	\$5,730	\$11,228	\$0.25	\$0.49	36	67	\$84.26	\$87.72
<b>Total Medicaid Only</b>	<b>\$45,439,089</b>	<b>\$46,802,622</b>	<b>\$1,979.36</b>	<b>\$2,027.17</b>	<b>1,886,022</b>	<b>1,861,921</b>	<b>\$12.59</b>	<b>\$13.06</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	17,279	17,751						
<b>Service Type</b>								
Adult Day Care	\$35,599	\$28,623	\$2.06	\$1.61	448	346	\$55.19	\$55.90
Case Management Services	\$135,975	\$173,372	\$7.87	\$9.77	370	359	\$255.11	\$326.50
Community Behavioral Health	\$241,985	\$291,355	\$14.00	\$16.41	4,098	4,809	\$41.01	\$40.96
Consumer Directed - Personal Care	\$13,657,750	\$15,776,778	\$790.43	\$888.80	960,626	1,046,519	\$9.87	\$10.19
Consumer Directed - Respite Care	\$2,373,416	\$2,389,754	\$137.36	\$134.63	166,657	155,751	\$9.89	\$10.37
DME/Supplies	\$639,769	\$723,297	\$37.03	\$40.75	6,148	6,477	\$72.27	\$75.49
Early Intervention Services	\$44,242	\$51,095	\$2.56	\$2.88	797	879	\$38.54	\$39.30
FQHC	\$2,486	\$4,815	\$0.14	\$0.27	28	49	\$60.62	\$66.87
Home Health Services	\$41,958	\$64,285	\$2.43	\$3.62	893	827	\$32.63	\$52.52
Hospice Care	\$226,758	\$242,791	\$13.12	\$13.68	60	58	\$2,606.42	\$2,823.15
Inpatient - Medical/Surgical	\$288,318	\$354,253	\$16.69	\$19.96	26	29	\$7,792.39	\$8,238.45
Inpatient - Psych	\$26,536	\$0	\$1.54	\$0.00	3	0	\$5,307.12	\$0.00
Lab and X-ray Services	\$6,330	\$4,913	\$0.37	\$0.28	292	252	\$15.07	\$13.17
Medicare Xover - IP	\$609,064	\$567,024	\$35.25	\$31.94	392	354	\$1,077.99	\$1,084.18
Medicare Xover - Nursing Facility	\$3,167	\$1,319	\$0.18	\$0.07	30	143	\$73.65	\$6.22
Medicare Xover - OP	\$263,555	\$306,323	\$15.25	\$17.26	2,197	2,556	\$83.32	\$81.02
Medicare Xover - Other	\$477,137	\$400,438	\$27.61	\$22.56	12,695	13,423	\$26.10	\$20.17
Medicare Xover - Physician	\$449,200	\$459,267	\$26.00	\$25.87	16,345	17,417	\$19.09	\$17.83
Nursing Facility	\$11,517	\$9,596	\$0.67	\$0.54	50	35	\$159.95	\$184.55
Other Waiver Services	\$562,308	\$599,599	\$32.54	\$33.78	6,722	13,621	\$58.10	\$29.76
Outpatient - Other	\$99,050	\$82,029	\$5.73	\$4.62	148	121	\$465.02	\$458.26
Outpatient - Psychological	\$2,140	\$4,931	\$0.12	\$0.28	10	7	\$152.87	\$493.06
Personal Care Agency - Personal Care	\$5,867,052	\$5,503,703	\$339.55	\$310.06	312,686	280,415	\$13.03	\$13.27
Personal Care Agency - Respite Care	\$821,618	\$885,588	\$47.55	\$49.89	43,779	45,129	\$13.03	\$13.27
Pharmacy	\$318,615	\$416,491	\$18.44	\$23.46	9,133	7,971	\$24.23	\$35.32
Physician - Clinic	\$98	\$1,688	\$0.01	\$0.10	20	827	\$3.37	\$1.38
Physician - IP Mental Health	\$622	\$0	\$0.04	\$0.00	6	0	\$69.08	\$0.00
Physician - OP Mental Health	\$3,486	\$3,361	\$0.20	\$0.19	39	32	\$62.24	\$70.02
Physician - Other Practitioner	\$134,444	\$193,640	\$7.78	\$10.91	4,017	4,550	\$23.24	\$28.77
Physician - PCP	\$25,001	\$35,689	\$1.45	\$2.01	568	654	\$30.56	\$36.87
Physician - Specialist	\$26,307	\$31,768	\$1.52	\$1.79	852	847	\$21.44	\$25.35
Transportation - Emergency	\$7,540	\$11,299	\$0.44	\$0.64	57	78	\$91.96	\$97.40
<b>Total Medicaid Only</b>	<b>\$27,403,041</b>	<b>\$29,619,085</b>	<b>\$1,585.93</b>	<b>\$1,668.62</b>	<b>1,550,193</b>	<b>1,604,536</b>	<b>\$12.28</b>	<b>\$12.48</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix A**  
**Exhibit 1b**

All Ages								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	43,372	46,174						
<b>Service Type</b>								
Adult Day Care	\$203,664	\$199,364	\$4.70	\$4.32	1,131	939	\$49.83	\$55.16
Case Management Services	\$113,794	\$155,113	\$2.62	\$3.36	196	146	\$160.50	\$276.49
Community Behavioral Health	\$2,498,415	\$3,839,272	\$57.60	\$83.15	23,894	39,291	\$28.93	\$25.39
Consumer Directed - Personal Care	\$19,180,429	\$23,204,557	\$442.23	\$502.55	537,187	582,995	\$9.88	\$10.34
Consumer Directed - Respite Care	\$3,912,017	\$3,918,133	\$90.20	\$84.86	109,354	97,538	\$9.90	\$10.44
DME/Supplies	\$2,552,082	\$2,523,133	\$58.84	\$54.64	7,330	7,258	\$96.33	\$90.35
Early Intervention Services	\$130,808	\$142,099	\$3.02	\$3.08	1,339	1,360	\$27.02	\$27.16
FQHC	\$4,764	\$7,313	\$0.11	\$0.16	18	24	\$72.19	\$78.64
Home Health Services	\$253,953	\$193,672	\$5.86	\$4.19	2,136	2,054	\$32.89	\$24.50
Hospice Care	\$449,943	\$800,183	\$10.37	\$17.33	40	58	\$3,103.06	\$3,588.26
Inpatient - Medical/Surgical	\$1,651,077	\$1,286,554	\$38.07	\$27.86	43	32	\$10,516.42	\$10,375.43
Inpatient - Psych	\$56,294	\$44,106	\$1.30	\$0.96	2	3	\$7,036.73	\$3,675.53
Lab and X-ray Services	\$16,901	\$12,924	\$0.39	\$0.28	277	231	\$16.90	\$14.55
Medicare Xover - IP	\$1,115,523	\$1,065,586	\$25.72	\$23.08	273	244	\$1,129.07	\$1,136.02
Medicare Xover - Nursing Facility	\$2,104	\$1,728	\$0.05	\$0.04	38	36	\$15.25	\$12.43
Medicare Xover - OP	\$681,732	\$777,753	\$15.72	\$16.84	2,838	2,964	\$66.45	\$68.20
Medicare Xover - Other	\$674,543	\$563,373	\$15.55	\$12.20	6,982	6,930	\$26.73	\$21.13
Medicare Xover - Physician	\$2,261,968	\$2,320,627	\$52.15	\$50.26	17,663	15,940	\$35.43	\$37.84
Nursing Facility	\$41,908	\$49,881	\$0.97	\$1.08	59	50	\$194.92	\$257.12
Other Waiver Services	\$1,071,050	\$1,196,910	\$24.69	\$25.92	6,337	6,405	\$46.76	\$48.57
Outpatient - Other	\$401,744	\$392,265	\$9.26	\$8.50	348	333	\$319.61	\$305.74
Outpatient - Psychological	\$9,623	\$8,551	\$0.22	\$0.19	19	14	\$139.47	\$158.35
Personal Care Agency - Personal Care	\$54,793,301	\$60,051,996	\$1,263.32	\$1,300.57	1,170,601	1,198,078	\$12.95	\$13.03
Personal Care Agency - Respite Care	\$8,093,535	\$7,951,431	\$186.61	\$172.21	172,318	157,734	\$12.99	\$13.10
Pharmacy	\$1,527,213	\$1,476,487	\$35.21	\$31.98	6,901	5,956	\$61.23	\$64.43
Physician - Clinic	\$29,739	\$46,896	\$0.69	\$1.02	3,398	4,654	\$2.42	\$2.62
Physician - IP Mental Health	\$121	\$123	\$0.00	\$0.00	0	0	\$120.91	\$122.81
Physician - OP Mental Health	\$42,873	\$41,675	\$0.99	\$0.90	182	201	\$65.16	\$53.84
Physician - Other Practitioner	\$2,465,124	\$2,940,547	\$56.84	\$63.68	31,912	34,724	\$21.37	\$22.01
Physician - PCP	\$392,874	\$181,299	\$9.06	\$3.93	8,972	2,840	\$12.11	\$16.59
Physician - Specialist	\$218,235	\$169,922	\$5.03	\$3.68	6,784	5,186	\$8.90	\$8.51
Transportation - Emergency	\$20,288	\$27,197	\$0.47	\$0.59	71	86	\$78.94	\$82.17
<b>Total Medicaid Only</b>	<b>\$104,867,640</b>	<b>\$115,590,670</b>	<b>\$2,417.84</b>	<b>\$2,503.39</b>	<b>2,118,648</b>	<b>2,174,306</b>	<b>\$13.69</b>	<b>\$13.82</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - DD Waivers**

**Appendix A**  
**Exhibit 1c**

All Ages								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	76,942	79,802						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$52,567	\$38,854	\$0.68	\$0.49	25	18	\$326.50	\$326.50
Community Behavioral Health	\$1,301,743	\$1,427,403	\$16.92	\$17.89	5,598	5,708	\$36.27	\$37.60
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$2,887,976	\$2,711,783	\$37.53	\$33.98	4,247	4,417	\$106.05	\$92.32
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$839	\$914	\$0.01	\$0.01	3	2	\$39.93	\$60.95
Home Health Services	\$27,883	\$30,009	\$0.36	\$0.38	110	109	\$39.49	\$41.45
Hospice Care	\$61,887	\$65,575	\$0.80	\$0.82	3	3	\$3,257.21	\$3,451.29
Inpatient - Medical/Surgical	\$257,743	\$140,282	\$3.35	\$1.76	7	6	\$5,727.63	\$3,596.96
Inpatient - Psych	\$74,075	\$36,369	\$0.96	\$0.46	2	1	\$6,172.90	\$9,092.20
Lab and X-ray Services	\$3,944	\$2,657	\$0.05	\$0.03	39	26	\$15.90	\$15.63
Medicare Xover - IP	\$677,248	\$614,128	\$8.80	\$7.70	103	104	\$1,027.69	\$890.04
Medicare Xover - Nursing Facility	\$715	\$2,185	\$0.01	\$0.03	13	40	\$8.41	\$8.27
Medicare Xover - OP	\$593,945	\$641,261	\$7.72	\$8.04	1,805	1,916	\$51.32	\$50.33
Medicare Xover - Other	\$642,038	\$687,839	\$8.34	\$8.62	3,111	3,493	\$32.18	\$29.62
Medicare Xover - Physician	\$1,138,456	\$1,274,771	\$14.80	\$15.97	9,109	9,358	\$19.49	\$20.48
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$64,713	\$109,182	\$0.84	\$1.37	27	21	\$367.69	\$785.49
Outpatient - Psychological	\$2,903	\$1,532	\$0.04	\$0.02	1	0	\$362.83	\$510.51
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$778,529	\$667,543	\$10.12	\$8.36	14,011	13,927	\$8.67	\$7.21
Physician - Clinic	\$3,049	\$11,559	\$0.04	\$0.14	754	672	\$0.63	\$2.58
Physician - IP Mental Health	\$150	\$0	\$0.00	\$0.00	0	0	\$74.91	\$0.00
Physician - OP Mental Health	\$63,149	\$60,896	\$0.82	\$0.76	155	142	\$63.40	\$64.44
Physician - Other Practitioner	\$58,455	\$54,227	\$0.76	\$0.68	566	457	\$16.10	\$17.84
Physician - PCP	\$27,846	\$23,032	\$0.36	\$0.29	753	1,131	\$5.76	\$3.06
Physician - Specialist	\$61,669	\$52,999	\$0.80	\$0.66	1,139	1,243	\$8.45	\$6.41
Transportation - Emergency	\$2,198	\$4,284	\$0.03	\$0.05	3	8	\$99.91	\$79.34
<b>Total Medicaid Only</b>	<b>\$8,783,719</b>	<b>\$8,659,281</b>	<b>\$114.16</b>	<b>\$108.51</b>	<b>41,587</b>	<b>42,802</b>	<b>\$32.94</b>	<b>\$30.42</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - NonDual - DD Waivers**

**Appendix A**  
**Exhibit 1c**

All Ages								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	47,509	47,968						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$47,820	\$62,688	\$1.01	\$1.31	39	48	\$308.52	\$326.50
Community Behavioral Health	\$2,602,476	\$3,555,217	\$54.78	\$74.12	32,710	41,383	\$20.10	\$21.49
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$5,897,033	\$5,354,640	\$124.12	\$111.63	11,311	11,319	\$131.68	\$118.35
Early Intervention Services	\$2,138	\$0	\$0.04	\$0.00	14	0	\$37.50	\$0.00
FQHC	\$52,047	\$50,539	\$1.10	\$1.05	540	492	\$24.34	\$25.71
Home Health Services	\$310,889	\$284,063	\$6.54	\$5.92	304	327	\$258.21	\$217.51
Hospice Care	\$131,743	\$208,955	\$2.77	\$4.36	11	16	\$2,927.63	\$3,316.74
Inpatient - Medical/Surgical	\$5,892,156	\$5,581,281	\$124.02	\$116.35	182	128	\$8,160.88	\$10,922.27
Inpatient - Psych	\$495,676	\$737,227	\$10.43	\$15.37	37	40	\$3,418.46	\$4,636.65
Lab and X-ray Services	\$188,926	\$192,526	\$3.98	\$4.01	3,074	2,786	\$15.52	\$17.29
Medicare Xover - IP	\$1,260	\$0	\$0.03	\$0.00	0	0	\$1,260.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$59	\$0.00	\$0.00	0	1	\$0.00	\$29.25
Medicare Xover - Other	\$77	\$0	\$0.00	\$0.00	2	0	\$12.83	\$0.00
Medicare Xover - Physician	\$100	\$116	\$0.00	\$0.00	1	1	\$33.29	\$23.25
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$2,272,862	\$2,678,989	\$47.84	\$55.85	1,954	1,972	\$293.80	\$339.80
Outpatient - Psychological	\$94,936	\$120,385	\$2.00	\$2.51	148	155	\$162.56	\$194.17
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$20,477,685	\$21,729,469	\$431.02	\$452.99	52,498	53,172	\$98.52	\$102.23
Physician - Clinic	\$87,007	\$67,991	\$1.83	\$1.42	6,493	4,143	\$3.38	\$4.11
Physician - IP Mental Health	\$4,314	\$5,752	\$0.09	\$0.12	13	18	\$82.97	\$78.79
Physician - OP Mental Health	\$373,208	\$444,437	\$7.86	\$9.27	2,093	3,438	\$45.03	\$32.34
Physician - Other Practitioner	\$748,109	\$764,172	\$15.75	\$15.93	22,230	22,799	\$8.50	\$8.38
Physician - PCP	\$1,188,568	\$1,201,921	\$25.02	\$25.06	8,333	8,301	\$36.03	\$36.22
Physician - Specialist	\$1,202,678	\$1,260,537	\$25.31	\$26.28	14,455	16,842	\$21.01	\$18.72
Transportation - Emergency	\$116,186	\$125,008	\$2.45	\$2.61	305	332	\$96.10	\$94.27
<b>Total Medicaid Only</b>	<b>\$42,187,895</b>	<b>\$44,425,972</b>	<b>\$887.99</b>	<b>\$926.15</b>	<b>156,748</b>	<b>167,713</b>	<b>\$67.98</b>	<b>\$66.27</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Total - Technology Assisted Waiver**

**Appendix A**  
**Exhibit 1d**

All Ages								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	3,415	3,246						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$5,024	\$3,918	\$1.47	\$1.21	1,002	44	\$17.63	\$326.50
Community Behavioral Health	\$126,416	\$59,533	\$37.02	\$18.34	20,522	10,077	\$21.65	\$21.84
Consumer Directed - Personal Care	\$0	\$743	\$0.00	\$0.23	0	275	\$0.00	\$9.97
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$6,127,028	\$4,794,097	\$1,794.26	\$1,476.79	151,564	143,480	\$142.06	\$123.51
Early Intervention Services	\$242,295	\$256,929	\$70.95	\$79.15	21,707	23,203	\$39.23	\$40.93
FQHC	\$5,127	\$3,838	\$1.50	\$1.18	232	262	\$77.68	\$54.06
Home Health Services	\$74,382	\$77,076	\$21.78	\$23.74	1,711	2,484	\$152.74	\$114.70
Hospice Care	\$3,390	\$2,136	\$0.99	\$0.66	11	11	\$1,130.07	\$712.11
Inpatient - Medical/Surgical	\$3,730,462	\$4,235,185	\$1,092.44	\$1,304.62	608	647	\$21,563.36	\$24,201.06
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$11,839	\$13,136	\$3.47	\$4.05	3,099	3,508	\$13.42	\$13.84
Medicare Xover - IP	\$40,487	\$23,550	\$11.86	\$7.25	84	70	\$1,686.96	\$1,239.46
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$15,209	\$11,267	\$4.45	\$3.47	741	536	\$72.08	\$77.70
Medicare Xover - Other	\$199,839	\$142,533	\$58.52	\$43.91	22,620	20,079	\$31.05	\$26.24
Medicare Xover - Physician	\$8,997	\$11,607	\$2.63	\$3.58	4,062	2,333	\$7.78	\$18.39
Nursing Facility	\$6,588	\$0	\$1.93	\$0.00	42	0	\$548.96	\$0.00
Other Waiver Services	\$29,013,224	\$29,169,046	\$8,496.33	\$8,985.33	3,912,700	3,849,204	\$26.06	\$28.01
Outpatient - Other	\$918,231	\$1,072,325	\$268.90	\$330.32	6,013	6,846	\$536.66	\$579.01
Outpatient - Psychological	\$5,804	\$6,323	\$1.70	\$1.95	169	144	\$120.93	\$162.12
Personal Care Agency - Personal Care	\$14,531	\$34,106	\$4.26	\$10.51	4,473	9,016	\$11.42	\$13.98
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$3,532,788	\$3,540,701	\$1,034.55	\$1,090.69	56,184	55,614	\$220.96	\$235.34
Physician - Clinic	\$3,174	\$2,049	\$0.93	\$0.63	9,790	6,321	\$1.14	\$1.20
Physician - IP Mental Health	\$0	\$142	\$0.00	\$0.04	0	4	\$0.00	\$142.15
Physician - OP Mental Health	\$3,779	\$2,490	\$1.11	\$0.77	218	129	\$60.95	\$71.14
Physician - Other Practitioner	\$274,486	\$291,377	\$80.38	\$89.76	36,009	28,652	\$26.79	\$37.59
Physician - PCP	\$313,912	\$347,367	\$91.93	\$107.00	16,492	18,549	\$66.89	\$69.22
Physician - Specialist	\$208,798	\$248,265	\$61.15	\$76.48	25,031	29,225	\$29.31	\$31.40
Transportation - Emergency	\$51,640	\$58,533	\$15.12	\$18.03	952	924	\$190.55	\$234.13
<b>Total Medicaid Only</b>	<b>\$44,937,450</b>	<b>\$44,408,271</b>	<b>\$13,159.64</b>	<b>\$13,679.67</b>	<b>4,296,037</b>	<b>4,211,638</b>	<b>\$36.76</b>	<b>\$38.98</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	62,168	63,455						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,912,365	\$1,904,437	\$30.76	\$30.01	1,135	1,106	\$325.23	\$325.60
Community Behavioral Health	\$17,325,334	\$20,189,836	\$278.69	\$318.17	66,507	81,380	\$50.28	\$46.92
Consumer Directed - Personal Care	\$10,435	\$6,664	\$0.17	\$0.11	205	119	\$9.83	\$10.57
Consumer Directed - Respite Care	\$673	\$1,087	\$0.01	\$0.02	13	18	\$9.97	\$11.15
DME/Supplies	\$456,905	\$489,163	\$7.35	\$7.71	673	747	\$131.07	\$123.78
Early Intervention Services	\$114,965	\$128,017	\$1.85	\$2.02	542	599	\$40.97	\$40.42
FQHC	\$5,942	\$5,916	\$0.10	\$0.09	79	16	\$14.56	\$68.79
Home Health Services	\$27,547	\$18,098	\$0.44	\$0.29	199	203	\$26.72	\$16.85
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,643,650	\$1,726,495	\$26.44	\$27.21	31	30	\$10,209.00	\$10,723.57
Inpatient - Psych	\$455,191	\$214,631	\$7.32	\$3.38	14	6	\$6,322.10	\$6,707.23
Lab and X-ray Services	\$12,978	\$9,611	\$0.21	\$0.15	140	102	\$17.90	\$17.86
Medicare Xover - IP	\$1,199,404	\$1,130,095	\$19.29	\$17.81	224	197	\$1,035.75	\$1,083.50
Medicare Xover - Nursing Facility	\$26,492	\$22,688	\$0.43	\$0.36	214	182	\$23.85	\$23.54
Medicare Xover - OP	\$1,018,834	\$1,094,855	\$16.39	\$17.25	2,787	2,963	\$70.56	\$69.88
Medicare Xover - Other	\$428,222	\$308,312	\$6.89	\$4.86	2,980	2,914	\$27.74	\$20.01
Medicare Xover - Physician	\$3,244,189	\$3,244,096	\$52.18	\$51.12	14,116	13,824	\$44.36	\$44.38
Nursing Facility	\$869,764	\$861,890	\$13.99	\$13.58	801	655	\$209.63	\$248.96
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$415,959	\$456,111	\$6.69	\$7.19	154	153	\$521.25	\$563.80
Outpatient - Psychological	\$24,738	\$17,597	\$0.40	\$0.28	6	13	\$749.64	\$262.64
Personal Care Agency - Personal Care	\$54,408	\$43,799	\$0.88	\$0.69	804	611	\$13.07	\$13.55
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$794,813	\$869,999	\$12.78	\$13.71	3,761	3,689	\$40.79	\$44.60
Physician - Clinic	\$139,215	\$64,627	\$2.24	\$1.02	8,129	3,455	\$3.31	\$3.54
Physician - IP Mental Health	\$8,856	\$2,323	\$0.14	\$0.04	28	10	\$61.50	\$44.67
Physician - OP Mental Health	\$101,192	\$62,216	\$1.63	\$0.98	632	248	\$30.92	\$47.46
Physician - Other Practitioner	\$536,922	\$537,495	\$8.64	\$8.47	4,216	3,989	\$24.58	\$25.48
Physician - PCP	\$249,202	\$142,178	\$4.01	\$2.24	1,253	1,207	\$38.40	\$22.27
Physician - Specialist	\$195,874	\$167,405	\$3.15	\$2.64	1,488	1,129	\$25.41	\$28.04
Transportation - Emergency	\$23,246	\$17,479	\$0.37	\$0.28	17	28	\$261.19	\$116.52
<b>Total Medicaid Only</b>	<b>\$31,297,313</b>	<b>\$33,737,120</b>	<b>\$503.43</b>	<b>\$531.67</b>	<b>111,147</b>	<b>119,596</b>	<b>\$54.35</b>	<b>\$53.35</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	47,585	49,792						
<b>Service Type</b>								
Adult Day Care	\$437	\$11,584	\$0.01	\$0.23	21	52	\$5.14	\$53.38
Case Management Services	\$302,992	\$337,928	\$6.37	\$6.79	234	249	\$326.50	\$326.50
Community Behavioral Health	\$2,332,803	\$3,026,438	\$49.02	\$60.78	13,617	17,373	\$43.20	\$41.98
Consumer Directed - Personal Care	\$17,073	\$49,884	\$0.36	\$1.00	431	1,099	\$9.99	\$10.93
Consumer Directed - Respite Care	\$2,657	\$11,775	\$0.06	\$0.24	67	264	\$9.95	\$10.76
DME/Supplies	\$238,317	\$233,667	\$5.01	\$4.69	891	877	\$67.42	\$64.21
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$2,049	\$1,183	\$0.04	\$0.02	8	4	\$62.10	\$78.88
Home Health Services	\$22,367	\$19,011	\$0.47	\$0.38	324	291	\$17.42	\$15.74
Hospice Care	\$6,301	\$3,348	\$0.13	\$0.07	0	0	\$6,300.83	\$3,348.39
Inpatient - Medical/Surgical	\$1,160,785	\$1,465,535	\$24.39	\$29.43	20	24	\$14,509.81	\$14,510.25
Inpatient - Psych	\$1,143,240	\$1,253,048	\$24.03	\$25.17	21	26	\$13,449.88	\$11,821.21
Lab and X-ray Services	\$2,544	\$1,063	\$0.05	\$0.02	41	14	\$15.51	\$18.02
Medicare Xover - IP	\$958,692	\$835,902	\$20.15	\$16.79	233	198	\$1,036.42	\$1,018.15
Medicare Xover - Nursing Facility	\$79,339	\$81,840	\$1.67	\$1.64	953	956	\$20.99	\$20.63
Medicare Xover - OP	\$696,406	\$707,427	\$14.64	\$14.21	2,318	2,369	\$75.76	\$71.97
Medicare Xover - Other	\$195,326	\$173,976	\$4.10	\$3.49	2,955	2,834	\$16.67	\$14.80
Medicare Xover - Physician	\$1,772,213	\$1,564,266	\$37.24	\$31.42	13,387	12,946	\$33.39	\$29.12
Nursing Facility	\$4,674,125	\$4,244,574	\$98.23	\$85.25	6,274	5,379	\$187.87	\$190.17
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$86,346	\$44,764	\$1.81	\$0.90	36	26	\$608.07	\$414.48
Outpatient - Psychological	\$239	\$45	\$0.01	\$0.00	1	0	\$119.59	\$44.73
Personal Care Agency - Personal Care	\$69,451	\$24,289	\$1.46	\$0.49	1,351	442	\$12.96	\$13.24
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$82,753	\$76,733	\$1.74	\$1.54	3,077	2,816	\$6.78	\$6.57
Physician - Clinic	\$2,929	\$0	\$0.06	\$0.00	70	0	\$10.61	\$0.00
Physician - IP Mental Health	\$1,326	\$362	\$0.03	\$0.01	6	1	\$57.66	\$72.46
Physician - OP Mental Health	\$8,669	\$1,787	\$0.18	\$0.04	36	8	\$61.05	\$55.85
Physician - Other Practitioner	\$36,332	\$34,232	\$0.76	\$0.69	138	151	\$66.30	\$54.77
Physician - PCP	\$68,838	\$57,177	\$1.45	\$1.15	341	249	\$50.88	\$55.40
Physician - Specialist	\$44,560	\$56,253	\$0.94	\$1.13	337	336	\$33.33	\$40.30
Transportation - Emergency	\$5,930	\$4,689	\$0.12	\$0.09	17	10	\$89.85	\$117.22
<b>Total Medicaid Only</b>	<b>\$14,015,041</b>	<b>\$14,322,782</b>	<b>\$294.53</b>	<b>\$287.65</b>	<b>47,207</b>	<b>48,995</b>	<b>\$74.87</b>	<b>\$70.45</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	56,643	56,660						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$2,341,333	\$2,256,659	\$41.34	\$39.83	1,524	1,472	\$325.55	\$324.70
Community Behavioral Health	\$9,889,557	\$10,851,972	\$174.60	\$191.53	35,721	38,717	\$58.65	\$59.36
Consumer Directed - Personal Care	\$43,948	\$50,232	\$0.78	\$0.89	945	1,055	\$9.86	\$10.09
Consumer Directed - Respite Care	\$3,551	\$5,133	\$0.06	\$0.09	76	109	\$9.84	\$9.99
DME/Supplies	\$209,804	\$214,480	\$3.70	\$3.79	554	504	\$80.26	\$90.19
Early Intervention Services	\$49,867	\$63,247	\$0.88	\$1.12	259	335	\$40.81	\$40.00
FQHC	\$7,370	\$6,488	\$0.13	\$0.11	93	23	\$16.86	\$60.64
Home Health Services	\$10,309	\$11,873	\$0.18	\$0.21	269	232	\$8.12	\$10.83
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$695,861	\$675,836	\$12.29	\$11.93	14	17	\$10,233.25	\$8,554.88
Inpatient - Psych	\$148,576	\$46,985	\$2.62	\$0.83	5	1	\$6,459.81	\$11,746.37
Lab and X-ray Services	\$10,099	\$5,409	\$0.18	\$0.10	54	58	\$39.92	\$19.67
Medicare Xover - IP	\$874,316	\$740,418	\$15.44	\$13.07	171	142	\$1,082.07	\$1,103.46
Medicare Xover - Nursing Facility	\$29,990	\$36,205	\$0.53	\$0.64	232	256	\$27.34	\$29.97
Medicare Xover - OP	\$942,368	\$993,075	\$16.64	\$17.53	3,172	3,055	\$62.93	\$68.84
Medicare Xover - Other	\$344,064	\$298,479	\$6.07	\$5.27	3,006	3,111	\$24.25	\$20.32
Medicare Xover - Physician	\$2,346,410	\$2,312,071	\$41.42	\$40.81	13,808	13,589	\$36.00	\$36.03
Nursing Facility	\$424,128	\$375,304	\$7.49	\$6.62	451	399	\$199.21	\$199.21
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$254,713	\$297,925	\$4.50	\$5.26	133	136	\$406.24	\$464.06
Outpatient - Psychological	\$5,186	\$2,403	\$0.09	\$0.04	6	4	\$199.44	\$126.47
Personal Care Agency - Personal Care	\$1,883	\$16,393	\$0.03	\$0.29	30	260	\$13.17	\$13.35
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$590,272	\$566,088	\$10.42	\$9.99	3,824	3,732	\$32.70	\$32.13
Physician - Clinic	\$12,199	\$6,861	\$0.22	\$0.12	1,489	848	\$1.74	\$1.71
Physician - IP Mental Health	\$1,316	\$592	\$0.02	\$0.01	4	1	\$77.42	\$148.00
Physician - OP Mental Health	\$113,930	\$89,045	\$2.01	\$1.57	339	304	\$71.16	\$62.10
Physician - Other Practitioner	\$144,020	\$139,310	\$2.54	\$2.46	1,250	1,183	\$24.41	\$24.95
Physician - PCP	\$90,287	\$91,714	\$1.59	\$1.62	830	1,049	\$23.03	\$18.52
Physician - Specialist	\$107,481	\$105,009	\$1.90	\$1.85	1,220	1,008	\$18.67	\$22.06
Transportation - Emergency	\$13,732	\$13,210	\$0.24	\$0.23	28	25	\$102.48	\$110.08
<b>Total Medicaid Only</b>	<b>\$19,706,570</b>	<b>\$20,272,416</b>	<b>\$347.91</b>	<b>\$357.79</b>	<b>69,506</b>	<b>71,624</b>	<b>\$60.07</b>	<b>\$59.94</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	40,738	40,256						
<b>Service Type</b>								
Adult Day Care	\$334	\$742	\$0.01	\$0.02	2	4	\$55.65	\$57.04
Case Management Services	\$318,664	\$327,480	\$7.82	\$8.13	287	299	\$326.50	\$326.50
Community Behavioral Health	\$1,204,397	\$1,460,385	\$29.56	\$36.28	6,824	7,797	\$51.99	\$55.84
Consumer Directed - Personal Care	\$12,849	\$27,117	\$0.32	\$0.67	383	794	\$9.88	\$10.18
Consumer Directed - Respite Care	\$775	\$6,019	\$0.02	\$0.15	23	176	\$9.94	\$10.20
DME/Supplies	\$192,216	\$193,516	\$4.72	\$4.81	847	839	\$66.81	\$68.77
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$600	\$65	\$0.01	\$0.00	5	1	\$35.30	\$16.30
Home Health Services	\$9,758	\$8,741	\$0.24	\$0.22	155	233	\$18.52	\$11.16
Hospice Care	\$17,436	\$0	\$0.43	\$0.00	1	0	\$4,359.11	\$0.00
Inpatient - Medical/Surgical	\$546,102	\$469,789	\$13.41	\$11.67	11	9	\$15,169.49	\$15,154.49
Inpatient - Psych	\$525,672	\$925,083	\$12.90	\$22.98	13	23	\$11,947.10	\$12,014.07
Lab and X-ray Services	\$1,384	\$609	\$0.03	\$0.02	19	14	\$20.97	\$13.23
Medicare Xover - IP	\$809,013	\$630,820	\$19.86	\$15.67	224	179	\$1,065.89	\$1,049.62
Medicare Xover - Nursing Facility	\$99,945	\$79,133	\$2.45	\$1.97	1,362	1,012	\$21.61	\$23.31
Medicare Xover - OP	\$536,169	\$648,670	\$13.16	\$16.11	2,515	2,712	\$62.81	\$71.30
Medicare Xover - Other	\$234,127	\$184,319	\$5.75	\$4.58	3,430	3,465	\$20.11	\$15.86
Medicare Xover - Physician	\$1,204,205	\$1,063,401	\$29.56	\$26.42	13,367	13,172	\$26.54	\$24.07
Nursing Facility	\$3,948,487	\$3,858,543	\$96.92	\$95.85	6,216	6,095	\$187.12	\$188.70
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$41,472	\$55,526	\$1.02	\$1.38	27	30	\$445.93	\$544.38
Outpatient - Psychological	\$774	\$59	\$0.02	\$0.00	1	0	\$386.89	\$58.65
Personal Care Agency - Personal Care	\$14,932	\$24,912	\$0.37	\$0.62	340	557	\$12.94	\$13.33
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$78,192	\$62,965	\$1.92	\$1.56	3,564	3,240	\$6.46	\$5.79
Physician - Clinic	\$71	\$2,233	\$0.00	\$0.06	2	127	\$11.79	\$5.23
Physician - IP Mental Health	\$151	\$0	\$0.00	\$0.00	1	0	\$75.48	\$0.00
Physician - OP Mental Health	\$8,419	\$4,509	\$0.21	\$0.11	28	20	\$89.56	\$67.29
Physician - Other Practitioner	\$22,706	\$25,782	\$0.56	\$0.64	132	170	\$50.57	\$45.31
Physician - PCP	\$19,510	\$27,625	\$0.48	\$0.69	98	154	\$58.76	\$53.64
Physician - Specialist	\$34,263	\$28,246	\$0.84	\$0.70	361	285	\$27.95	\$29.58
Transportation - Emergency	\$5,211	\$4,703	\$0.13	\$0.12	12	9	\$124.07	\$151.72
<b>Total Medicaid Only</b>	<b>\$9,887,835</b>	<b>\$10,120,992</b>	<b>\$242.72</b>	<b>\$251.42</b>	<b>40,250</b>	<b>41,417</b>	<b>\$72.36</b>	<b>\$72.85</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	45,139	44,490						
<b>Service Type</b>								
Adult Day Care	\$0	\$195	\$0.00	\$0.00	0	2	\$0.00	\$21.69
Case Management Services	\$1,797,056	\$1,709,828	\$39.81	\$38.43	1,467	1,419	\$325.67	\$325.06
Community Behavioral Health	\$4,920,044	\$5,095,246	\$109.00	\$114.52	25,326	24,243	\$51.65	\$56.69
Consumer Directed - Personal Care	\$2,430	\$139	\$0.05	\$0.00	50	3	\$12.89	\$11.16
Consumer Directed - Respite Care	\$0	\$92	\$0.00	\$0.00	0	2	\$0.00	\$13.16
DME/Supplies	\$214,619	\$185,060	\$4.75	\$4.16	509	534	\$112.07	\$93.42
Early Intervention Services	\$84,418	\$100,362	\$1.87	\$2.26	559	678	\$40.12	\$39.95
FQHC	\$593	\$1,328	\$0.01	\$0.03	3	7	\$49.45	\$53.10
Home Health Services	\$71,133	\$119,757	\$1.58	\$2.69	935	1,448	\$20.23	\$22.31
Hospice Care	\$37,956	\$0	\$0.84	\$0.00	2	0	\$4,744.53	\$0.00
Inpatient - Medical/Surgical	\$900,624	\$746,825	\$19.95	\$16.79	27	22	\$8,917.06	\$9,107.63
Inpatient - Psych	\$65,016	\$131,805	\$1.44	\$2.96	4	4	\$4,334.41	\$8,787.00
Lab and X-ray Services	\$9,919	\$10,621	\$0.22	\$0.24	158	144	\$16.70	\$19.85
Medicare Xover - IP	\$672,049	\$605,756	\$14.89	\$13.62	154	139	\$1,162.71	\$1,178.51
Medicare Xover - Nursing Facility	\$6,540	\$8,632	\$0.14	\$0.19	67	70	\$25.95	\$33.33
Medicare Xover - OP	\$681,988	\$694,228	\$15.11	\$15.60	1,906	1,908	\$95.10	\$98.12
Medicare Xover - Other	\$293,623	\$527,143	\$6.50	\$11.85	2,381	2,234	\$32.79	\$63.66
Medicare Xover - Physician	\$1,710,518	\$1,637,883	\$37.89	\$36.81	9,234	9,437	\$49.25	\$46.81
Nursing Facility	\$486,347	\$431,721	\$10.77	\$9.70	532	488	\$242.93	\$238.52
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$116,578	\$268,058	\$2.58	\$6.03	77	106	\$400.61	\$683.82
Outpatient - Psychological	\$10,934	\$13,950	\$0.24	\$0.31	4	5	\$728.97	\$697.50
Personal Care Agency - Personal Care	\$105,734	\$128,469	\$2.34	\$2.89	1,835	2,220	\$15.32	\$15.61
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$821,411	\$704,990	\$18.20	\$15.85	3,297	3,250	\$66.23	\$58.51
Physician - Clinic	\$68,474	\$51,735	\$1.52	\$1.16	2,704	3,859	\$6.73	\$3.62
Physician - IP Mental Health	\$1,341	\$919	\$0.03	\$0.02	3	3	\$111.76	\$76.57
Physician - OP Mental Health	\$117,318	\$85,254	\$2.60	\$1.92	1,223	1,697	\$25.51	\$13.55
Physician - Other Practitioner	\$750,565	\$946,486	\$16.63	\$21.27	7,283	9,925	\$27.40	\$25.72
Physician - PCP	\$142,577	\$145,619	\$3.16	\$3.27	933	1,269	\$40.61	\$30.94
Physician - Specialist	\$105,039	\$117,263	\$2.33	\$2.64	1,609	934	\$17.35	\$33.86
Transportation - Emergency	\$14,881	\$10,424	\$0.33	\$0.23	31	30	\$128.29	\$92.25
<b>Total Medicaid Only</b>	<b>\$14,209,727</b>	<b>\$14,479,788</b>	<b>\$314.80</b>	<b>\$325.46</b>	<b>62,314</b>	<b>66,081</b>	<b>\$60.62</b>	<b>\$59.10</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	111,422	112,159						
<b>Service Type</b>								
Adult Day Care	\$0	\$341	\$0.00	\$0.00	0	18	\$0.00	\$1.98
Case Management Services	\$359,477	\$388,209	\$3.23	\$3.46	119	127	\$326.50	\$326.50
Community Behavioral Health	\$649,828	\$653,708	\$5.83	\$5.83	1,660	2,445	\$42.15	\$28.61
Consumer Directed - Personal Care	\$7,031	\$9,675	\$0.06	\$0.09	73	79	\$10.33	\$13.06
Consumer Directed - Respite Care	\$1,715	\$1,053	\$0.02	\$0.01	15	10	\$12.70	\$11.44
DME/Supplies	\$239,465	\$289,842	\$2.15	\$2.58	331	375	\$77.93	\$82.69
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$248	\$507	\$0.00	\$0.00	0	1	\$82.55	\$63.37
Home Health Services	\$41,842	\$26,075	\$0.38	\$0.23	318	351	\$14.18	\$7.94
Hospice Care	\$34,845	\$0	\$0.31	\$0.00	1	0	\$3,484.49	\$0.00
Inpatient - Medical/Surgical	\$3,596,554	\$3,281,370	\$32.28	\$29.26	29	27	\$13,370.09	\$13,231.33
Inpatient - Psych	\$430,098	\$497,376	\$3.86	\$4.43	4	4	\$12,288.51	\$14,210.74
Lab and X-ray Services	\$6,144	\$4,219	\$0.06	\$0.04	45	28	\$14.66	\$15.98
Medicare Xover - IP	\$1,252,957	\$1,067,104	\$11.25	\$9.51	117	103	\$1,158.00	\$1,110.41
Medicare Xover - Nursing Facility	\$108,024	\$89,113	\$0.97	\$0.79	486	395	\$23.93	\$24.12
Medicare Xover - OP	\$1,246,713	\$1,237,062	\$11.19	\$11.03	1,146	1,238	\$117.13	\$106.94
Medicare Xover - Other	\$213,619	\$195,289	\$1.92	\$1.74	1,575	1,508	\$14.61	\$13.86
Medicare Xover - Physician	\$2,220,140	\$2,405,136	\$19.93	\$21.44	7,514	7,853	\$31.82	\$32.77
Nursing Facility	\$4,195,647	\$4,047,187	\$37.66	\$36.08	2,028	1,925	\$222.82	\$224.97
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$37,791	\$82,237	\$0.34	\$0.73	9	8	\$460.87	\$1,054.32
Outpatient - Psychological	\$1,407	\$1,341	\$0.01	\$0.01	0	0	\$1,406.77	\$0.00
Personal Care Agency - Personal Care	\$100,740	\$90,284	\$0.90	\$0.80	711	631	\$15.26	\$15.31
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$262,216	\$280,858	\$2.35	\$2.50	2,464	2,498	\$11.46	\$12.03
Physician - Clinic	\$20,629	\$5,457	\$0.19	\$0.05	236	81	\$9.43	\$7.18
Physician - IP Mental Health	\$248	\$56	\$0.00	\$0.00	0	0	\$82.67	\$55.88
Physician - OP Mental Health	\$19,889	\$19,888	\$0.18	\$0.18	31	29	\$69.54	\$73.66
Physician - Other Practitioner	\$16,615	\$29,967	\$0.15	\$0.27	49	77	\$36.44	\$41.80
Physician - PCP	\$82,660	\$56,681	\$0.74	\$0.51	211	106	\$42.28	\$56.97
Physician - Specialist	\$69,852	\$43,206	\$0.63	\$0.39	204	125	\$36.82	\$36.90
Transportation - Emergency	\$4,682	\$5,851	\$0.04	\$0.05	4	6	\$123.22	\$112.53
<b>Total Medicaid Only</b>	<b>\$15,221,074</b>	<b>\$14,809,091</b>	<b>\$136.61</b>	<b>\$132.04</b>	<b>19,379</b>	<b>20,049</b>	<b>\$84.59</b>	<b>\$79.03</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	35,328	34,772						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,480,360	\$1,439,091	\$41.90	\$41.39	1,566	1,539	\$321.19	\$322.74
Community Behavioral Health	\$10,606,704	\$10,422,055	\$300.23	\$299.72	51,250	52,850	\$70.30	\$68.05
Consumer Directed - Personal Care	\$28,668	\$19,819	\$0.81	\$0.57	986	678	\$9.87	\$10.09
Consumer Directed - Respite Care	\$39	\$712	\$0.00	\$0.02	1	24	\$9.77	\$10.17
DME/Supplies	\$178,171	\$161,182	\$5.04	\$4.64	723	774	\$83.73	\$71.86
Early Intervention Services	\$56,666	\$34,111	\$1.60	\$0.98	459	267	\$41.91	\$44.07
FQHC	\$1,896	\$3,118	\$0.05	\$0.09	16	21	\$39.50	\$51.12
Home Health Services	\$8,664	\$25,494	\$0.25	\$0.73	168	170	\$17.54	\$51.61
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$429,618	\$1,205,868	\$12.16	\$34.68	25	38	\$5,885.18	\$10,863.68
Inpatient - Psych	\$72,720	\$9,625	\$2.06	\$0.28	6	2	\$3,827.34	\$1,924.91
Lab and X-ray Services	\$15,559	\$16,143	\$0.44	\$0.46	279	330	\$18.93	\$16.87
Medicare Xover - IP	\$621,041	\$563,837	\$17.58	\$16.22	184	174	\$1,143.72	\$1,118.72
Medicare Xover - Nursing Facility	\$21,096	\$17,428	\$0.60	\$0.50	215	203	\$33.38	\$29.59
Medicare Xover - OP	\$562,761	\$598,200	\$15.93	\$17.20	2,802	2,994	\$68.23	\$68.95
Medicare Xover - Other	\$255,035	\$221,620	\$7.22	\$6.37	3,395	3,677	\$25.52	\$20.80
Medicare Xover - Physician	\$1,173,056	\$1,168,563	\$33.20	\$33.61	12,771	13,208	\$31.20	\$30.53
Nursing Facility	\$430,705	\$373,057	\$12.19	\$10.73	693	665	\$211.13	\$193.70
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$117,652	\$146,236	\$3.33	\$4.21	122	120	\$327.72	\$420.22
Outpatient - Psychological	\$4,782	\$401	\$0.14	\$0.01	10	2	\$170.80	\$57.22
Personal Care Agency - Personal Care	\$6,883	\$555	\$0.19	\$0.02	181	14	\$12.94	\$13.21
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$389,906	\$490,088	\$11.04	\$14.09	4,481	4,780	\$29.56	\$35.38
Physician - Clinic	\$22,507	\$21,145	\$0.64	\$0.61	3,867	1,431	\$1.98	\$5.10
Physician - IP Mental Health	\$1,471	\$404	\$0.04	\$0.01	7	3	\$73.53	\$50.53
Physician - OP Mental Health	\$76,792	\$97,519	\$2.17	\$2.80	404	479	\$64.64	\$70.26
Physician - Other Practitioner	\$131,318	\$191,399	\$3.72	\$5.50	2,226	3,840	\$20.04	\$17.20
Physician - PCP	\$128,819	\$68,424	\$3.65	\$1.97	1,907	1,177	\$22.95	\$20.07
Physician - Specialist	\$120,483	\$93,192	\$3.41	\$2.68	1,184	1,211	\$34.57	\$26.57
Transportation - Emergency	\$7,781	\$16,749	\$0.22	\$0.48	24	50	\$111.16	\$116.31
<b>Total Medicaid Only</b>	<b>\$16,951,154</b>	<b>\$17,406,034</b>	<b>\$479.82</b>	<b>\$500.57</b>	<b>89,949</b>	<b>90,722</b>	<b>\$64.01</b>	<b>\$66.21</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	21,354	20,913						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$254,670	\$238,998	\$11.93	\$11.43	438	420	\$326.50	\$326.50
Community Behavioral Health	\$1,746,518	\$1,762,067	\$81.79	\$84.26	14,350	14,620	\$68.39	\$69.16
Consumer Directed - Personal Care	\$10,526	\$27,153	\$0.49	\$1.30	601	1,523	\$9.84	\$10.23
Consumer Directed - Respite Care	\$5,473	\$1,602	\$0.26	\$0.08	310	85	\$9.92	\$10.82
DME/Supplies	\$115,926	\$119,678	\$5.43	\$5.72	986	1,105	\$66.05	\$62.14
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$730	\$604	\$0.03	\$0.03	6	7	\$73.00	\$46.46
Home Health Services	\$5,192	\$8,028	\$0.24	\$0.38	234	238	\$12.48	\$19.34
Hospice Care	\$0	\$5,749	\$0.00	\$0.27	0	1	\$0.00	\$2,874.68
Inpatient - Medical/Surgical	\$245,857	\$238,655	\$11.51	\$11.41	13	15	\$10,689.46	\$9,179.05
Inpatient - Psych	\$1,062,649	\$723,985	\$49.76	\$34.62	49	32	\$12,214.36	\$12,928.30
Lab and X-ray Services	\$2,651	\$3,106	\$0.12	\$0.15	102	121	\$14.57	\$14.72
Medicare Xover - IP	\$500,904	\$447,682	\$23.46	\$21.41	266	220	\$1,056.76	\$1,168.88
Medicare Xover - Nursing Facility	\$67,702	\$57,948	\$3.17	\$2.77	1,961	1,744	\$19.40	\$19.06
Medicare Xover - OP	\$319,615	\$331,846	\$14.97	\$15.87	2,334	2,446	\$76.96	\$77.86
Medicare Xover - Other	\$159,346	\$122,082	\$7.46	\$5.84	4,121	4,371	\$21.73	\$16.03
Medicare Xover - Physician	\$579,933	\$610,436	\$27.16	\$29.19	12,534	13,039	\$26.00	\$26.86
Nursing Facility	\$3,123,111	\$3,236,152	\$146.26	\$154.75	9,497	9,884	\$184.80	\$187.86
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$19,250	\$13,471	\$0.90	\$0.64	31	21	\$343.76	\$374.20
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$23,897	\$23,154	\$1.12	\$1.11	1,036	1,007	\$13.96	\$13.19
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$43,916	\$38,893	\$2.06	\$1.86	3,934	3,489	\$6.27	\$6.40
Physician - Clinic	\$20	\$6,476	\$0.00	\$0.31	2	1,253	\$6.75	\$2.97
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,632	\$2,081	\$0.08	\$0.10	22	15	\$41.84	\$80.05
Physician - Other Practitioner	\$13,949	\$12,472	\$0.65	\$0.60	162	85	\$48.44	\$84.27
Physician - PCP	\$11,618	\$9,417	\$0.54	\$0.45	536	121	\$12.18	\$44.63
Physician - Specialist	\$21,120	\$12,024	\$0.99	\$0.57	242	174	\$49.12	\$39.55
Transportation - Emergency	\$4,270	\$308	\$0.20	\$0.01	6	2	\$427.02	\$77.04
<b>Total Medicaid Only</b>	<b>\$8,340,476</b>	<b>\$8,054,069</b>	<b>\$390.59</b>	<b>\$385.13</b>	<b>53,775</b>	<b>56,040</b>	<b>\$87.16</b>	<b>\$82.47</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	63,822	63,589						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$2,494,292	\$2,355,443	\$39.08	\$37.04	1,439	1,366	\$325.97	\$325.29
Community Behavioral Health	\$3,847,842	\$3,843,827	\$60.29	\$60.45	14,195	15,209	\$50.97	\$47.69
Consumer Directed - Personal Care	\$15,999	\$52,785	\$0.25	\$0.83	305	986	\$9.88	\$10.10
Consumer Directed - Respite Care	\$50	\$0	\$0.00	\$0.00	1	0	\$9.97	\$0.00
DME/Supplies	\$255,288	\$297,893	\$4.00	\$4.68	659	736	\$72.79	\$76.34
Early Intervention Services	\$15,910	\$25,075	\$0.25	\$0.39	74	99	\$40.48	\$47.76
FQHC	\$6,066	\$12,320	\$0.10	\$0.19	45	92	\$25.38	\$25.40
Home Health Services	\$28,129	\$25,201	\$0.44	\$0.40	419	565	\$12.61	\$8.41
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$214,421	\$154,318	\$3.36	\$2.43	9	10	\$4,562.15	\$2,967.65
Inpatient - Psych	\$57,682	\$0	\$0.90	\$0.00	3	0	\$4,120.18	\$0.00
Lab and X-ray Services	\$13,753	\$11,182	\$0.22	\$0.18	149	156	\$17.37	\$13.51
Medicare Xover - IP	\$881,978	\$795,262	\$13.82	\$12.51	149	139	\$1,109.41	\$1,080.52
Medicare Xover - Nursing Facility	\$11,397	\$11,466	\$0.18	\$0.18	119	169	\$17.95	\$12.78
Medicare Xover - OP	\$900,839	\$908,660	\$14.11	\$14.29	2,200	2,374	\$76.98	\$72.22
Medicare Xover - Other	\$442,361	\$558,357	\$6.93	\$8.78	3,710	3,989	\$22.42	\$26.41
Medicare Xover - Physician	\$1,404,154	\$1,466,749	\$22.00	\$23.07	12,379	13,371	\$21.33	\$20.70
Nursing Facility	\$249,514	\$245,537	\$3.91	\$3.86	259	237	\$180.81	\$195.34
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$39,986	\$58,787	\$0.63	\$0.92	42	47	\$179.31	\$238.01
Outpatient - Psychological	\$1,594	\$2,194	\$0.02	\$0.03	1	1	\$265.73	\$365.64
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$390,179	\$454,896	\$6.11	\$7.15	4,922	5,118	\$14.90	\$16.77
Physician - Clinic	\$14,941	\$5,694	\$0.23	\$0.09	1,730	419	\$1.62	\$2.56
Physician - IP Mental Health	\$1,967	\$318	\$0.03	\$0.00	4	1	\$89.43	\$63.51
Physician - OP Mental Health	\$26,574	\$32,579	\$0.42	\$0.51	87	118	\$57.52	\$52.29
Physician - Other Practitioner	\$89,329	\$120,211	\$1.40	\$1.89	629	737	\$26.71	\$30.79
Physician - PCP	\$40,441	\$54,617	\$0.63	\$0.86	324	280	\$23.47	\$36.83
Physician - Specialist	\$60,070	\$44,617	\$0.94	\$0.70	406	330	\$27.82	\$25.54
Transportation - Emergency	\$9,558	\$14,252	\$0.15	\$0.22	19	21	\$92.80	\$127.25
<b>Total Medicaid Only</b>	<b>\$11,514,315</b>	<b>\$11,552,243</b>	<b>\$180.41</b>	<b>\$181.67</b>	<b>44,279</b>	<b>46,570</b>	<b>\$48.89</b>	<b>\$46.81</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	40,273	39,420						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$559,948	\$588,027	\$13.90	\$14.92	511	548	\$326.50	\$326.50
Community Behavioral Health	\$495,689	\$659,576	\$12.31	\$16.73	2,484	3,510	\$59.46	\$57.21
Consumer Directed - Personal Care	\$6,456	\$6,346	\$0.16	\$0.16	196	190	\$9.83	\$10.15
Consumer Directed - Respite Care	\$1,091	\$501	\$0.03	\$0.01	33	13	\$9.87	\$11.39
DME/Supplies	\$257,246	\$250,304	\$6.39	\$6.35	1,169	1,212	\$65.59	\$62.84
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$1,602	\$6,112	\$0.04	\$0.16	6	29	\$80.12	\$65.02
Home Health Services	\$24,669	\$22,601	\$0.61	\$0.57	446	395	\$16.47	\$17.40
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$453,627	\$361,339	\$11.26	\$9.17	18	12	\$7,688.60	\$8,813.14
Inpatient - Psych	\$71,493	\$71,876	\$1.78	\$1.82	2	2	\$10,213.25	\$14,375.20
Lab and X-ray Services	\$4,283	\$7,545	\$0.11	\$0.19	86	76	\$14.82	\$30.06
Medicare Xover - IP	\$834,008	\$713,715	\$20.71	\$18.11	233	208	\$1,065.14	\$1,044.97
Medicare Xover - Nursing Facility	\$69,054	\$55,847	\$1.71	\$1.42	763	766	\$26.98	\$22.21
Medicare Xover - OP	\$511,148	\$518,900	\$12.69	\$13.16	1,763	1,979	\$86.37	\$79.82
Medicare Xover - Other	\$420,558	\$309,337	\$10.44	\$7.85	5,529	5,544	\$22.66	\$16.98
Medicare Xover - Physician	\$803,169	\$805,280	\$19.94	\$20.43	13,078	13,778	\$18.30	\$17.79
Nursing Facility	\$1,853,153	\$1,901,133	\$46.02	\$48.23	3,150	3,328	\$175.32	\$173.87
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$8,377	\$6,962	\$0.21	\$0.18	11	8	\$220.44	\$278.50
Outpatient - Psychological	\$502	\$0	\$0.01	\$0.00	0	0	\$501.88	\$0.00
Personal Care Agency - Personal Care	\$1,447	\$505	\$0.04	\$0.01	33	12	\$13.16	\$13.29
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$128,898	\$118,765	\$3.20	\$3.01	5,743	5,666	\$6.69	\$6.38
Physician - Clinic	\$12	\$0	\$0.00	\$0.00	0	0	\$12.49	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,878	\$1,889	\$0.05	\$0.05	9	8	\$60.58	\$72.66
Physician - Other Practitioner	\$32,717	\$27,933	\$0.81	\$0.71	278	283	\$35.03	\$30.07
Physician - PCP	\$9,444	\$16,266	\$0.23	\$0.41	131	98	\$21.56	\$50.36
Physician - Specialist	\$17,273	\$26,579	\$0.43	\$0.67	83	173	\$62.36	\$46.79
Transportation - Emergency	\$3,074	\$1,878	\$0.08	\$0.05	7	4	\$139.72	\$144.44
<b>Total Medicaid Only</b>	<b>\$6,570,816</b>	<b>\$6,479,217</b>	<b>\$163.16</b>	<b>\$164.36</b>	<b>35,761</b>	<b>37,843</b>	<b>\$54.75</b>	<b>\$52.12</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age Under 65								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	57,580	58,810						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,189,073	\$1,125,791	\$20.65	\$19.14	765	721	\$323.91	\$318.74
Community Behavioral Health	\$11,632,646	\$12,984,310	\$202.03	\$220.78	44,413	48,602	\$54.59	\$54.51
Consumer Directed - Personal Care	\$50,305	\$79,334	\$0.87	\$1.35	1,057	1,525	\$9.92	\$10.62
Consumer Directed - Respite Care	\$12,181	\$892	\$0.21	\$0.02	256	18	\$9.92	\$9.99
DME/Supplies	\$395,612	\$331,494	\$6.87	\$5.64	745	675	\$110.72	\$100.21
Early Intervention Services	\$121,675	\$87,492	\$2.11	\$1.49	735	579	\$34.48	\$30.85
FQHC	\$6,287	\$5,644	\$0.11	\$0.10	53	16	\$24.85	\$74.26
Home Health Services	\$45,844	\$26,928	\$0.80	\$0.46	474	385	\$20.16	\$14.28
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$914,578	\$949,380	\$15.88	\$16.14	27	30	\$7,145.14	\$6,502.60
Inpatient - Psych	\$209,061	\$34,011	\$3.63	\$0.58	8	0	\$5,226.51	\$17,005.69
Lab and X-ray Services	\$14,254	\$10,693	\$0.25	\$0.18	163	190	\$18.20	\$11.47
Medicare Xover - IP	\$834,770	\$748,013	\$14.50	\$12.72	155	140	\$1,125.03	\$1,091.99
Medicare Xover - Nursing Facility	\$26,241	\$15,517	\$0.46	\$0.26	177	121	\$30.84	\$26.21
Medicare Xover - OP	\$947,780	\$969,097	\$16.46	\$16.48	2,886	2,984	\$68.44	\$66.28
Medicare Xover - Other	\$507,084	\$596,926	\$8.81	\$10.15	2,997	2,833	\$35.26	\$42.99
Medicare Xover - Physician	\$3,493,980	\$3,448,304	\$60.68	\$58.63	14,986	13,596	\$48.59	\$51.75
Nursing Facility	\$536,654	\$568,683	\$9.32	\$9.67	565	559	\$197.88	\$207.47
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$207,740	\$223,334	\$3.61	\$3.80	143	157	\$301.95	\$290.80
Outpatient - Psychological	\$5,378	\$2,073	\$0.09	\$0.04	6	4	\$192.06	\$98.70
Personal Care Agency - Personal Care	\$149,432	\$73,724	\$2.60	\$1.25	2,411	1,124	\$12.92	\$13.38
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$906,534	\$961,478	\$15.74	\$16.35	4,058	3,814	\$46.56	\$51.44
Physician - Clinic	\$40,448	\$70,334	\$0.70	\$1.20	3,492	3,714	\$2.41	\$3.86
Physician - IP Mental Health	\$2,252	\$623	\$0.04	\$0.01	7	1	\$64.34	\$124.62
Physician - OP Mental Health	\$95,204	\$96,869	\$1.65	\$1.65	602	872	\$32.98	\$22.68
Physician - Other Practitioner	\$697,172	\$507,314	\$12.11	\$8.63	6,302	4,299	\$23.05	\$24.08
Physician - PCP	\$149,041	\$137,963	\$2.59	\$2.35	2,159	2,271	\$14.38	\$12.40
Physician - Specialist	\$210,420	\$149,438	\$3.65	\$2.54	3,551	3,496	\$12.35	\$8.72
Transportation - Emergency	\$15,146	\$21,860	\$0.26	\$0.37	27	56	\$116.51	\$79.49
<b>Total Medicaid Only</b>	<b>\$23,416,791</b>	<b>\$24,227,520</b>	<b>\$406.68</b>	<b>\$411.96</b>	<b>93,221</b>	<b>92,780</b>	<b>\$52.35</b>	<b>\$53.28</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community no LTSS**

**Appendix A**  
**Exhibit 1e**

Age 65 and Over								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	42,117	42,652						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$197,533	\$209,940	\$4.69	\$4.92	172	181	\$326.50	\$326.50
Community Behavioral Health	\$1,982,776	\$2,421,969	\$47.08	\$56.78	12,050	13,370	\$46.88	\$50.96
Consumer Directed - Personal Care	\$2,225	\$6,871	\$0.05	\$0.16	64	173	\$9.89	\$11.20
Consumer Directed - Respite Care	\$1,206	\$60	\$0.03	\$0.00	34	2	\$9.97	\$9.97
DME/Supplies	\$208,226	\$227,975	\$4.94	\$5.34	821	930	\$72.25	\$69.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$563	\$2,477	\$0.01	\$0.06	3	8	\$56.35	\$85.42
Home Health Services	\$26,575	\$12,920	\$0.63	\$0.30	344	241	\$22.02	\$15.11
Hospice Care	\$6,700	\$39,779	\$0.16	\$0.93	1	3	\$3,349.78	\$3,314.89
Inpatient - Medical/Surgical	\$712,452	\$515,070	\$16.92	\$12.08	21	15	\$9,895.16	\$9,364.91
Inpatient - Psych	\$294,124	\$103,349	\$6.98	\$2.42	7	3	\$12,788.01	\$11,483.19
Lab and X-ray Services	\$1,035	\$354	\$0.02	\$0.01	20	9	\$15.00	\$11.42
Medicare Xover - IP	\$709,296	\$690,267	\$16.84	\$16.18	184	173	\$1,099.68	\$1,122.38
Medicare Xover - Nursing Facility	\$58,536	\$53,167	\$1.39	\$1.25	777	713	\$21.47	\$20.99
Medicare Xover - OP	\$576,486	\$598,012	\$13.69	\$14.02	2,554	2,647	\$64.31	\$63.55
Medicare Xover - Other	\$184,236	\$182,405	\$4.37	\$4.28	2,986	2,794	\$17.58	\$18.37
Medicare Xover - Physician	\$1,318,754	\$1,356,842	\$31.31	\$31.81	13,421	12,546	\$28.00	\$30.43
Nursing Facility	\$3,558,372	\$3,792,383	\$84.49	\$88.91	5,485	5,652	\$184.83	\$188.78
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$25,721	\$29,599	\$0.61	\$0.69	25	28	\$289.00	\$302.03
Outpatient - Psychological	\$0	\$1,403	\$0.00	\$0.03	0	1	\$0.00	\$467.65
Personal Care Agency - Personal Care	\$79,929	\$116,347	\$1.90	\$2.73	1,762	2,468	\$12.92	\$13.26
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$62,793	\$72,648	\$1.49	\$1.70	2,305	2,071	\$7.76	\$9.87
Physician - Clinic	\$32	\$79	\$0.00	\$0.00	1	0	\$10.56	\$78.90
Physician - IP Mental Health	\$683	\$8	\$0.02	\$0.00	3	0	\$62.06	\$7.78
Physician - OP Mental Health	\$3,938	\$2,964	\$0.09	\$0.07	13	30	\$85.61	\$27.97
Physician - Other Practitioner	\$22,963	\$19,843	\$0.55	\$0.47	152	138	\$42.92	\$40.33
Physician - PCP	\$33,629	\$24,834	\$0.80	\$0.58	416	439	\$23.05	\$15.90
Physician - Specialist	\$49,822	\$29,157	\$1.18	\$0.68	268	222	\$53.06	\$36.95
Transportation - Emergency	\$3,351	\$6,690	\$0.08	\$0.16	13	25	\$74.46	\$74.34
<b>Total Medicaid Only</b>	<b>\$10,121,956</b>	<b>\$10,517,411</b>	<b>\$240.33</b>	<b>\$246.58</b>	<b>43,902</b>	<b>44,882</b>	<b>\$65.69</b>	<b>\$65.93</b>

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



**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	22,475	25,407						
<b>Service Type</b>								
DME/Supplies	\$3,682,306	\$3,966,571	\$163.84	\$156.12	13,303	12,536	\$147.79	\$149.45
FQHC / RHC	\$122,079	\$186,860	\$5.43	\$7.35	1,014	1,027	\$64.29	\$85.95
Home Health	\$4,536,959	\$5,116,171	\$201.87	\$201.37	4,420	5,014	\$548.01	\$481.98
IP - Maternity	\$29,179	\$18,144	\$1.30	\$0.71	3	2	\$4,863.12	\$3,628.79
IP - Newborn	\$11,608	\$14,059	\$0.52	\$0.55	1	0	\$11,607.66	\$14,059.11
IP - Other	\$14,690,472	\$16,744,995	\$653.64	\$659.07	593	524	\$13,234.66	\$15,099.18
IP - Psych	\$528,012	\$649,257	\$23.49	\$25.55	28	37	\$9,962.49	\$8,323.80
Lab	\$119,279	\$137,764	\$5.31	\$5.42	3,904	3,854	\$16.31	\$16.88
OP - Emergency Room & Related	\$1,459,612	\$1,646,695	\$64.94	\$64.81	1,475	1,441	\$528.46	\$539.55
OP - Other	\$5,943,659	\$6,589,302	\$264.46	\$259.35	5,479	5,589	\$579.25	\$556.81
Pharmacy	\$10,975,263	\$13,453,534	\$488.33	\$529.52	64,057	64,499	\$91.48	\$98.52
Prof - Anesthesia	\$121,461	\$141,717	\$5.40	\$5.58	532	571	\$121.83	\$117.32
Prof - Child EPSDT	\$10,898	\$11,072	\$0.48	\$0.44	891	746	\$6.53	\$7.01
Prof - Evaluation & Management	\$2,406,973	\$2,727,495	\$107.10	\$107.35	17,629	17,634	\$72.90	\$73.05
Prof - Maternity	\$6,673	\$5,811	\$0.30	\$0.23	6	6	\$556.06	\$447.00
Prof - Other	\$2,423,181	\$3,549,569	\$107.82	\$139.71	10,007	10,126	\$129.29	\$165.57
Prof - Psych	\$96,008	\$126,302	\$4.27	\$4.97	480	660	\$106.79	\$90.34
Prof - Specialist	\$866,250	\$922,910	\$38.54	\$36.33	2,232	2,226	\$207.24	\$195.86
Prof - Vision	\$98,452	\$111,818	\$4.38	\$4.40	521	572	\$100.98	\$92.34
Radiology	\$313,137	\$357,071	\$13.93	\$14.05	5,151	5,216	\$32.46	\$32.33
Transportation/Ambulance	\$688,260	\$780,723	\$30.62	\$30.73	6,550	6,729	\$56.10	\$54.80
<b>Total</b>	<b>\$49,129,719</b>	<b>\$57,257,839</b>	<b>\$2,185.97</b>	<b>\$2,253.62</b>	<b>138,275</b>	<b>139,009</b>	<b>\$189.71</b>	<b>\$194.54</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
NonDual - EDCD - Cent  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	13,244	15,227						
<b>Service Type</b>								
DME/Supplies	\$1,807,005	\$1,987,982	\$136.44	\$130.56	11,915	11,223	\$137.41	\$139.60
FQHC / RHC	\$116,138	\$142,092	\$8.77	\$9.33	1,724	1,686	\$61.03	\$66.43
Home Health	\$712,491	\$835,323	\$53.80	\$54.86	1,615	1,969	\$399.83	\$334.26
IP - Maternity	\$31,170	\$100,167	\$2.35	\$6.58	5	6	\$5,195.04	\$12,520.85
IP - Newborn	\$10,351	\$0	\$0.78	\$0.00	1	0	\$10,351.19	\$0.00
IP - Other	\$6,229,898	\$6,072,514	\$470.39	\$398.80	481	427	\$11,732.39	\$11,203.90
IP - Psych	\$267,752	\$421,051	\$20.22	\$27.65	21	22	\$11,641.37	\$15,037.53
Lab	\$99,488	\$97,001	\$7.51	\$6.37	4,288	3,862	\$21.02	\$19.80
OP - Emergency Room & Related	\$662,672	\$851,851	\$50.04	\$55.94	1,365	1,332	\$440.02	\$504.05
OP - Other	\$2,558,073	\$3,200,789	\$193.15	\$210.20	5,818	5,773	\$398.39	\$436.97
Pharmacy	\$6,213,515	\$7,678,635	\$469.16	\$504.28	60,613	62,152	\$92.88	\$97.36
Prof - Anesthesia	\$57,933	\$59,285	\$4.37	\$3.89	352	321	\$149.31	\$145.66
Prof - Child EPSDT	\$21,758	\$4,698	\$1.64	\$0.31	468	394	\$42.09	\$9.40
Prof - Evaluation & Management	\$1,145,175	\$1,314,833	\$86.47	\$86.35	14,016	14,174	\$74.03	\$73.10
Prof - Maternity	\$3,591	\$5,884	\$0.27	\$0.39	5	20	\$598.51	\$226.32
Prof - Other	\$1,377,221	\$1,437,696	\$103.99	\$94.42	12,786	13,364	\$97.59	\$84.78
Prof - Psych	\$66,481	\$86,241	\$5.02	\$5.66	411	536	\$146.43	\$126.82
Prof - Specialist	\$288,630	\$316,162	\$21.79	\$20.76	2,059	1,989	\$126.98	\$125.26
Prof - Vision	\$54,901	\$64,105	\$4.15	\$4.21	550	565	\$90.45	\$89.41
Radiology	\$184,169	\$203,907	\$13.91	\$13.39	4,645	4,509	\$35.92	\$35.64
Transportation/Ambulance	\$452,646	\$511,424	\$34.18	\$33.59	6,895	6,305	\$59.48	\$63.92
<b>Total</b>	<b>\$22,361,059</b>	<b>\$25,391,640</b>	<b>\$1,688.39</b>	<b>\$1,667.54</b>	<b>130,034</b>	<b>130,630</b>	<b>\$155.81</b>	<b>\$153.19</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

NonDual - EDCD - ChWe

12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	20,170	23,740						
<b>Service Type</b>								
DME/Supplies	\$2,621,653	\$2,846,220	\$129.98	\$119.89	10,765	10,302	\$144.88	\$139.65
FQHC / RHC	\$14,594	\$14,985	\$0.72	\$0.63	157	116	\$55.28	\$65.15
Home Health	\$9,193,122	\$10,673,236	\$455.78	\$449.59	5,094	5,436	\$1,073.71	\$992.40
IP - Maternity	\$0	\$8,009	\$0.00	\$0.34	0	1	\$0.00	\$4,004.29
IP - Newborn	\$58,517	\$0	\$2.90	\$0.00	1	0	\$29,258.37	\$0.00
IP - Other	\$13,206,020	\$9,968,427	\$654.74	\$419.90	475	374	\$16,528.19	\$13,470.85
IP - Psych	\$272,821	\$282,046	\$13.53	\$11.88	20	21	\$8,024.15	\$6,715.37
Lab	\$149,301	\$148,761	\$7.40	\$6.27	3,872	3,620	\$22.94	\$20.77
OP - Emergency Room & Related	\$984,453	\$1,072,289	\$48.81	\$45.17	1,329	1,242	\$440.87	\$436.24
OP - Other	\$3,466,877	\$3,744,073	\$171.88	\$157.71	3,918	3,635	\$526.48	\$520.66
Pharmacy	\$10,631,472	\$13,611,490	\$527.09	\$573.36	48,400	47,349	\$130.68	\$145.31
Prof - Anesthesia	\$89,466	\$102,806	\$4.44	\$4.33	415	459	\$128.18	\$113.22
Prof - Child EPSDT	\$11,019	\$12,844	\$0.55	\$0.54	458	467	\$14.31	\$13.92
Prof - Evaluation & Management	\$2,243,415	\$2,464,941	\$111.23	\$103.83	16,851	15,401	\$79.21	\$80.90
Prof - Maternity	\$0	\$4,123	\$0.00	\$0.17	0	2	\$0.00	\$1,374.33
Prof - Other	\$1,976,739	\$1,635,804	\$98.00	\$68.90	7,732	8,541	\$152.10	\$96.81
Prof - Psych	\$73,019	\$96,820	\$3.62	\$4.08	629	767	\$69.02	\$63.82
Prof - Specialist	\$556,693	\$637,259	\$27.60	\$26.84	1,918	1,788	\$172.67	\$180.17
Prof - Vision	\$93,775	\$120,002	\$4.65	\$5.05	632	700	\$88.22	\$86.64
Radiology	\$239,070	\$274,305	\$11.85	\$11.55	4,250	3,811	\$33.46	\$36.38
Transportation/Ambulance	\$296,862	\$313,520	\$14.72	\$13.21	1,532	1,398	\$115.29	\$113.39
<b>Total</b>	<b>\$46,178,888</b>	<b>\$48,031,958</b>	<b>\$2,289.48</b>	<b>\$2,023.25</b>	<b>108,450</b>	<b>105,429</b>	<b>\$253.33</b>	<b>\$230.29</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

NonDual - EDCD - NoWi

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	9,249	10,561						
<b>Service Type</b>								
DME/Supplies	\$1,307,327	\$1,328,662	\$141.35	\$125.81	13,767	12,790	\$123.20	\$118.04
FQHC / RHC	\$24,161	\$59,201	\$2.61	\$5.61	908	1,349	\$34.52	\$49.87
Home Health	\$1,584,140	\$1,288,725	\$171.28	\$122.03	3,429	2,667	\$599.37	\$549.09
IP - Maternity	\$4,264	\$0	\$0.46	\$0.00	1	0	\$4,263.54	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$6,816,719	\$6,546,801	\$737.02	\$619.90	631	604	\$14,026.17	\$12,306.02
IP - Psych	\$304,396	\$399,800	\$32.91	\$37.86	56	75	\$7,078.98	\$6,057.57
Lab	\$102,009	\$130,542	\$11.03	\$12.36	9,151	8,865	\$14.46	\$16.73
OP - Emergency Room & Related	\$414,802	\$523,694	\$44.85	\$49.59	1,535	1,537	\$350.64	\$387.06
OP - Other	\$1,234,860	\$1,916,609	\$133.51	\$181.48	3,450	4,095	\$464.41	\$531.80
Pharmacy	\$5,549,289	\$6,627,475	\$599.99	\$627.54	74,286	74,800	\$96.92	\$100.68
Prof - Anesthesia	\$43,899	\$44,712	\$4.75	\$4.23	464	428	\$122.62	\$118.60
Prof - Child EPSDT	\$4,079	\$3,969	\$0.44	\$0.38	588	510	\$9.00	\$8.84
Prof - Evaluation & Management	\$1,030,172	\$1,212,935	\$111.38	\$114.85	17,884	17,938	\$74.74	\$76.83
Prof - Maternity	\$2,202	\$0	\$0.24	\$0.00	1	0	\$2,201.70	\$0.00
Prof - Other	\$856,354	\$939,009	\$92.59	\$88.91	13,853	14,105	\$80.21	\$75.64
Prof - Psych	\$61,967	\$85,469	\$6.70	\$8.09	1,056	1,344	\$76.13	\$72.25
Prof - Specialist	\$300,485	\$325,172	\$32.49	\$30.79	2,760	2,817	\$141.27	\$131.17
Prof - Vision	\$42,054	\$51,914	\$4.55	\$4.92	503	553	\$108.39	\$106.60
Radiology	\$129,944	\$145,006	\$14.05	\$13.73	5,657	5,421	\$29.80	\$30.39
Transportation/Ambulance	\$463,938	\$488,425	\$50.16	\$46.25	8,533	8,750	\$70.54	\$63.42
<b>Total</b>	<b>\$20,277,060</b>	<b>\$22,118,120</b>	<b>\$2,192.35</b>	<b>\$2,094.32</b>	<b>158,513</b>	<b>158,650</b>	<b>\$165.97</b>	<b>\$158.41</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
NonDual - EDCD - RoAI  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	3,712	4,057						
<b>Service Type</b>								
DME/Supplies	\$900,245	\$861,821	\$242.52	\$212.43	23,347	23,959	\$124.65	\$106.40
FQHC / RHC	\$29,598	\$7,924	\$7.97	\$1.95	1,287	574	\$74.37	\$40.85
Home Health	\$941,988	\$1,164,617	\$253.77	\$287.06	5,884	6,167	\$517.58	\$558.57
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,537,629	\$4,069,075	\$953.03	\$1,002.98	992	982	\$11,523.22	\$12,256.25
IP - Psych	\$46,082	\$51,542	\$12.41	\$12.70	23	15	\$6,583.08	\$10,308.37
Lab	\$49,522	\$62,884	\$13.34	\$15.50	11,308	13,331	\$14.16	\$13.95
OP - Emergency Room & Related	\$290,752	\$293,662	\$78.33	\$72.38	2,315	2,363	\$406.08	\$367.54
OP - Other	\$831,504	\$1,340,774	\$224.00	\$330.48	5,525	6,028	\$486.54	\$657.89
Pharmacy	\$2,726,974	\$2,810,181	\$734.64	\$692.67	114,000	117,740	\$77.33	\$70.60
Prof - Anesthesia	\$20,519	\$23,105	\$5.53	\$5.69	556	589	\$119.30	\$116.10
Prof - Child EPSDT	\$3,843	\$4,211	\$1.04	\$1.04	1,131	1,290	\$10.98	\$9.66
Prof - Evaluation & Management	\$519,612	\$601,493	\$139.98	\$148.26	22,639	23,400	\$74.20	\$76.03
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$571,900	\$292,224	\$154.07	\$72.03	13,946	11,876	\$132.57	\$72.78
Prof - Psych	\$10,524	\$16,655	\$2.84	\$4.11	336	651	\$101.19	\$75.70
Prof - Specialist	\$148,615	\$144,864	\$40.04	\$35.71	3,369	3,310	\$142.62	\$129.46
Prof - Vision	\$16,753	\$17,700	\$4.51	\$4.36	575	547	\$94.12	\$95.68
Radiology	\$78,963	\$84,755	\$21.27	\$20.89	8,292	7,785	\$30.78	\$32.20
Transportation/Ambulance	\$347,619	\$422,573	\$93.65	\$104.16	12,605	12,695	\$89.16	\$98.46
<b>Total</b>	<b>\$11,072,640</b>	<b>\$12,270,059</b>	<b>\$2,982.93</b>	<b>\$3,024.42</b>	<b>228,129</b>	<b>233,300</b>	<b>\$156.91</b>	<b>\$155.56</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

NonDual - EDCD - SW

12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix A  
Exhibit 1f**

All Ages								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	19,354	22,297						
<b>Service Type</b>								
DME/Supplies	\$3,094,877	\$3,650,420	\$159.91	\$163.72	13,888	12,999	\$138.17	\$151.14
FQHC / RHC	\$277,600	\$229,684	\$14.34	\$10.30	1,982	1,562	\$86.83	\$79.15
Home Health	\$2,735,957	\$2,823,104	\$141.36	\$126.61	2,588	3,008	\$655.48	\$505.03
IP - Maternity	\$12,876	\$23,298	\$0.67	\$1.04	1	4	\$6,438.04	\$2,912.23
IP - Newborn	\$16,040	\$0	\$0.83	\$0.00	1	0	\$16,040.20	\$0.00
IP - Other	\$12,366,874	\$13,811,379	\$638.98	\$619.43	584	545	\$13,128.32	\$13,634.14
IP - Psych	\$455,865	\$603,452	\$23.55	\$27.06	27	26	\$10,601.50	\$12,571.91
Lab	\$80,448	\$110,087	\$4.16	\$4.94	2,765	2,848	\$18.04	\$20.80
OP - Emergency Room & Related	\$1,903,931	\$1,963,704	\$98.37	\$88.07	1,866	1,795	\$632.54	\$588.82
OP - Other	\$3,815,896	\$4,522,056	\$197.16	\$202.81	3,854	4,019	\$613.88	\$605.52
Pharmacy	\$9,226,405	\$11,515,095	\$476.72	\$516.44	61,213	62,963	\$93.45	\$98.43
Prof - Anesthesia	\$96,850	\$120,912	\$5.00	\$5.42	525	530	\$114.48	\$122.75
Prof - Child EPSDT	\$11,198	\$15,134	\$0.58	\$0.68	584	616	\$11.89	\$13.23
Prof - Evaluation & Management	\$2,193,415	\$2,604,375	\$113.33	\$116.80	18,023	18,548	\$75.46	\$75.57
Prof - Maternity	\$3,691	\$12,279	\$0.19	\$0.55	2	19	\$922.66	\$341.08
Prof - Other	\$3,745,921	\$5,014,368	\$193.55	\$224.89	12,039	12,407	\$192.92	\$217.51
Prof - Psych	\$105,912	\$124,998	\$5.47	\$5.61	443	474	\$148.13	\$142.04
Prof - Specialist	\$634,822	\$744,725	\$32.80	\$33.40	2,527	2,574	\$155.78	\$155.70
Prof - Vision	\$76,005	\$85,271	\$3.93	\$3.82	485	471	\$97.19	\$97.34
Radiology	\$271,313	\$341,645	\$14.02	\$15.32	5,120	5,238	\$32.85	\$35.10
Transportation/Ambulance	\$540,336	\$619,602	\$27.92	\$27.79	4,997	4,744	\$67.05	\$70.29
<b>Total</b>	<b>\$41,666,232</b>	<b>\$48,935,588</b>	<b>\$2,152.85</b>	<b>\$2,194.72</b>	<b>133,514</b>	<b>135,392</b>	<b>\$193.49</b>	<b>\$194.52</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - DD Waivers**

**Appendix A  
Exhibit 1g**

All Ages								
Statewide	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	10,861	13,286						
<b>Service Type</b>								
DME/Supplies	\$695,525	\$782,747	\$64.04	\$58.92	5,762	5,958	\$133.37	\$118.65
FQHC / RHC	\$20,594	\$15,638	\$1.90	\$1.18	460	314	\$49.50	\$44.94
Home Health	\$338,615	\$352,923	\$31.18	\$26.56	1,008	1,033	\$371.29	\$308.50
IP - Maternity	\$4,002	\$0	\$0.37	\$0.00	1	0	\$4,002.10	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,599,210	\$1,714,704	\$147.24	\$129.06	119	104	\$14,807.50	\$14,910.47
IP - Psych	\$147,530	\$339,496	\$13.58	\$25.55	38	52	\$4,339.12	\$5,853.37
Lab	\$36,916	\$39,857	\$3.40	\$3.00	2,682	2,573	\$15.21	\$13.99
OP - Emergency Room & Related	\$231,765	\$306,899	\$21.34	\$23.10	824	823	\$310.68	\$336.88
OP - Other	\$645,379	\$1,031,569	\$59.42	\$77.64	1,562	1,677	\$456.42	\$555.50
Pharmacy	\$4,369,756	\$5,117,677	\$402.33	\$385.19	47,958	49,591	\$100.67	\$93.21
Prof - Anesthesia	\$22,596	\$23,954	\$2.08	\$1.80	197	177	\$126.95	\$122.22
Prof - Child EPSDT	\$4,437	\$4,351	\$0.41	\$0.33	199	194	\$24.65	\$20.24
Prof - Evaluation & Management	\$591,959	\$706,469	\$54.50	\$53.17	9,385	9,196	\$69.69	\$69.39
Prof - Maternity	\$2,136	\$0	\$0.20	\$0.00	1	0	\$2,135.77	\$0.00
Prof - Other	\$656,334	\$975,961	\$60.43	\$73.46	4,971	5,306	\$145.88	\$166.12
Prof - Psych	\$55,607	\$64,690	\$5.12	\$4.87	971	919	\$63.26	\$63.61
Prof - Specialist	\$96,026	\$102,806	\$8.84	\$7.74	967	997	\$109.74	\$93.12
Prof - Vision	\$17,456	\$18,341	\$1.61	\$1.38	241	234	\$80.07	\$70.82
Radiology	\$42,042	\$49,980	\$3.87	\$3.76	1,562	1,640	\$29.73	\$27.52
Transportation/Ambulance	\$128,179	\$182,859	\$11.80	\$13.76	4,696	5,262	\$30.16	\$31.39
<b>Total</b>	<b>\$9,706,063</b>	<b>\$11,830,920</b>	<b>\$893.66</b>	<b>\$890.48</b>	<b>83,602</b>	<b>86,051</b>	<b>\$128.27</b>	<b>\$124.18</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age Under 1								
Statewide	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	717	723						
<b>Service Type</b>								
DME/Supplies	\$44,784	\$30,788	\$62.46	\$42.58	6,895	5,892	\$108.70	\$86.73
FQHC / RHC	\$598	\$536	\$0.83	\$0.74	351	332	\$28.47	\$26.82
Home Health	\$95,734	\$158,751	\$133.52	\$219.57	2,544	3,535	\$629.83	\$745.31
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$304,195	\$23,482	\$424.26	\$32.48	385	50	\$13,225.86	\$7,827.27
IP - Other	\$239,131	\$421,037	\$333.52	\$582.35	351	481	\$11,387.21	\$14,518.51
IP - Psych	\$9,645	\$7,929	\$13.45	\$10.97	0	0	\$0.00	\$0.00
Lab	\$1,939	\$929	\$2.70	\$1.29	2,828	1,062	\$11.47	\$14.52
OP - Emergency Room & Related	\$13,401	\$20,827	\$18.69	\$28.81	1,222	1,012	\$183.58	\$341.42
OP - Other	\$78,196	\$86,347	\$109.06	\$119.43	3,565	2,888	\$367.12	\$496.25
Pharmacy	\$182,471	\$187,651	\$254.49	\$259.54	10,879	8,448	\$280.73	\$368.67
Prof - Anesthesia	\$6,709	\$2,386	\$9.36	\$3.30	653	266	\$172.02	\$149.10
Prof - Child EPSDT	\$2,004	\$2,053	\$2.79	\$2.84	2,812	2,772	\$11.93	\$12.29
Prof - Evaluation & Management	\$165,437	\$109,582	\$230.74	\$151.57	24,887	16,680	\$111.26	\$109.04
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$152,746	\$63,785	\$213.03	\$88.22	10,159	8,896	\$251.64	\$119.00
Prof - Psych	\$1,515	\$1,242	\$2.11	\$1.72	17	0	\$1,515.33	\$0.00
Prof - Specialist	\$20,688	\$7,851	\$28.85	\$10.86	1,439	846	\$240.56	\$153.94
Prof - Vision	\$4,990	\$4,808	\$6.96	\$6.65	1,356	1,444	\$61.61	\$55.26
Radiology	\$4,063	\$2,507	\$5.67	\$3.47	4,151	2,440	\$16.38	\$17.06
Transportation/Ambulance	\$3,914	\$9,657	\$5.46	\$13.36	251	515	\$260.95	\$311.51
<b>Total</b>	<b>\$1,332,161</b>	<b>\$1,142,148</b>	<b>\$1,857.97</b>	<b>\$1,579.73</b>	<b>74,745</b>	<b>57,560</b>	<b>\$298.29</b>	<b>\$329.34</b>

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

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

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**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	4,999	5,638						
<b>Service Type</b>								
DME/Supplies	\$321,901	\$347,330	\$64.39	\$61.61	4,453	4,480	\$173.53	\$165.00
FQHC / RHC	\$6,981	\$8,760	\$1.40	\$1.55	269	326	\$62.33	\$57.25
Home Health	\$1,041,997	\$1,290,134	\$208.44	\$228.83	5,161	5,923	\$484.65	\$463.58
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,419,186	\$1,703,952	\$283.89	\$302.23	194	189	\$17,520.81	\$19,145.53
IP - Psych	\$73,773	\$53,583	\$14.76	\$9.50	0	2	\$0.00	\$53,582.79
Lab	\$16,933	\$18,945	\$3.39	\$3.36	2,196	1,752	\$18.51	\$23.02
OP - Emergency Room & Related	\$151,863	\$146,899	\$30.38	\$26.06	1,318	1,294	\$276.62	\$241.61
OP - Other	\$1,049,409	\$1,070,764	\$209.92	\$189.92	5,636	5,117	\$446.94	\$445.41
Pharmacy	\$517,226	\$704,127	\$103.47	\$124.89	13,904	13,345	\$89.30	\$112.30
Prof - Anesthesia	\$25,277	\$22,479	\$5.06	\$3.99	502	407	\$120.94	\$117.69
Prof - Child EPSDT	\$4,135	\$4,874	\$0.83	\$0.86	972	981	\$10.21	\$10.57
Prof - Evaluation & Management	\$325,108	\$371,668	\$65.03	\$65.92	10,437	10,461	\$74.77	\$75.62
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$472,624	\$683,527	\$94.54	\$121.24	8,022	9,256	\$141.42	\$157.17
Prof - Psych	\$25,644	\$27,702	\$5.13	\$4.91	547	675	\$112.47	\$87.39
Prof - Specialist	\$76,388	\$61,407	\$15.28	\$10.89	876	736	\$209.28	\$177.48
Prof - Vision	\$15,598	\$19,480	\$3.12	\$3.46	274	306	\$136.83	\$135.28
Radiology	\$13,199	\$17,959	\$2.64	\$3.19	1,592	1,607	\$19.91	\$23.79
Transportation/Ambulance	\$60,512	\$65,420	\$12.10	\$11.60	1,390	1,298	\$104.51	\$107.25
<b>Total</b>	<b>\$5,617,755</b>	<b>\$6,619,011</b>	<b>\$1,123.78</b>	<b>\$1,174.00</b>	<b>57,744</b>	<b>58,157</b>	<b>\$233.54</b>	<b>\$242.24</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

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**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
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MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	3,003	3,136						
<b>Service Type</b>								
DME/Supplies	\$199,326	\$197,052	\$66.38	\$62.84	5,634	5,315	\$141.37	\$141.87
FQHC / RHC	\$85,406	\$91,015	\$28.44	\$29.02	2,657	2,977	\$128.43	\$116.99
Home Health	\$47,620	\$63,457	\$15.86	\$20.24	947	1,194	\$200.93	\$203.39
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,107,543	\$432,981	\$368.81	\$138.07	208	103	\$21,298.90	\$16,036.32
IP - Psych	\$74,900	\$59,250	\$24.94	\$18.89	0	0	\$0.00	\$0.00
Lab	\$6,340	\$6,255	\$2.11	\$1.99	1,598	1,492	\$15.85	\$16.04
OP - Emergency Room & Related	\$57,880	\$66,234	\$19.27	\$21.12	1,075	1,106	\$215.17	\$229.18
OP - Other	\$420,032	\$425,224	\$139.87	\$135.59	3,648	3,092	\$460.06	\$526.27
Pharmacy	\$482,842	\$650,501	\$160.79	\$207.43	14,745	13,565	\$130.85	\$183.50
Prof - Anesthesia	\$24,424	\$13,326	\$8.13	\$4.25	472	386	\$206.98	\$131.95
Prof - Child EPSDT	\$2,071	\$2,036	\$0.69	\$0.65	847	765	\$9.77	\$10.18
Prof - Evaluation & Management	\$197,206	\$171,969	\$65.67	\$54.84	9,331	8,422	\$84.46	\$78.13
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$440,580	\$309,534	\$146.71	\$98.70	13,662	11,977	\$128.86	\$98.89
Prof - Psych	\$12,207	\$10,340	\$4.06	\$3.30	32	77	\$1,525.83	\$516.99
Prof - Specialist	\$48,528	\$28,943	\$16.16	\$9.23	719	662	\$269.60	\$167.30
Prof - Vision	\$8,512	\$10,785	\$2.83	\$3.44	256	383	\$133.00	\$107.85
Radiology	\$12,005	\$9,478	\$4.00	\$3.02	1,794	1,534	\$26.74	\$23.64
Transportation/Ambulance	\$42,455	\$36,260	\$14.14	\$11.56	1,335	1,366	\$127.11	\$101.57
<b>Total</b>	<b>\$3,269,875</b>	<b>\$2,584,642</b>	<b>\$1,088.87</b>	<b>\$824.18</b>	<b>58,961</b>	<b>54,417</b>	<b>\$221.61</b>	<b>\$181.75</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	2,737	2,729						
<b>Service Type</b>								
DME/Supplies	\$133,196	\$177,837	\$48.66	\$65.17	4,077	6,292	\$143.22	\$124.27
FQHC / RHC	\$576	\$131	\$0.21	\$0.05	35	9	\$72.05	\$65.50
Home Health	\$1,385,622	\$1,367,739	\$506.26	\$501.19	6,024	5,167	\$1,008.46	\$1,164.03
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,858,555	\$754,639	\$679.05	\$276.53	197	185	\$41,301.23	\$17,967.60
IP - Psych	\$1,644	\$617	\$0.60	\$0.23	0	0	\$0.00	\$0.00
Lab	\$12,826	\$8,746	\$4.69	\$3.20	1,872	2,071	\$30.04	\$18.57
OP - Emergency Room & Related	\$76,191	\$79,209	\$27.84	\$29.03	1,307	1,306	\$255.68	\$266.70
OP - Other	\$824,025	\$493,377	\$301.07	\$180.79	3,192	3,821	\$1,131.90	\$567.75
Pharmacy	\$561,188	\$695,152	\$205.04	\$254.73	12,500	13,961	\$196.84	\$218.95
Prof - Anesthesia	\$16,226	\$13,447	\$5.93	\$4.93	500	427	\$142.33	\$138.62
Prof - Child EPSDT	\$3,017	\$3,470	\$1.10	\$1.27	1,149	1,275	\$11.52	\$11.97
Prof - Evaluation & Management	\$239,951	\$247,556	\$87.67	\$90.71	12,517	12,391	\$84.05	\$87.85
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$88,776	\$98,752	\$32.44	\$36.19	6,879	7,014	\$56.58	\$61.91
Prof - Psych	\$1,826	\$327	\$0.67	\$0.12	110	13	\$73.05	\$109.13
Prof - Specialist	\$47,682	\$48,455	\$17.42	\$17.76	1,153	950	\$181.30	\$224.33
Prof - Vision	\$13,187	\$11,954	\$4.82	\$4.38	588	532	\$98.41	\$98.80
Radiology	\$8,992	\$6,260	\$3.29	\$2.29	2,056	1,565	\$19.17	\$17.58
Transportation/Ambulance	\$16,621	\$19,762	\$6.07	\$7.24	329	405	\$221.62	\$214.81
<b>Total</b>	<b>\$5,290,103</b>	<b>\$4,027,431</b>	<b>\$1,932.81</b>	<b>\$1,475.79</b>	<b>54,484</b>	<b>57,384</b>	<b>\$425.69</b>	<b>\$308.62</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

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**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	3,976	3,563						
<b>Service Type</b>								
DME/Supplies	\$307,670	\$188,101	\$77.38	\$52.79	4,811	4,281	\$193.02	\$147.99
FQHC / RHC	\$2,164	\$2,319	\$0.54	\$0.65	214	259	\$30.47	\$30.12
Home Health	\$349,078	\$486,973	\$87.80	\$136.67	1,808	2,115	\$582.77	\$775.43
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,004,604	\$1,001,293	\$252.67	\$281.03	241	199	\$12,557.56	\$16,971.06
IP - Psych	\$21,743	\$22,749	\$5.47	\$6.38	3	7	\$21,743.12	\$11,374.63
Lab	\$15,489	\$16,792	\$3.90	\$4.71	3,495	3,738	\$13.38	\$15.13
OP - Emergency Room & Related	\$64,563	\$71,868	\$16.24	\$20.17	1,144	1,108	\$170.35	\$218.44
OP - Other	\$256,489	\$403,041	\$64.51	\$113.12	1,814	2,179	\$426.77	\$622.94
Pharmacy	\$597,737	\$691,325	\$150.34	\$194.03	15,416	16,867	\$117.02	\$138.04
Prof - Anesthesia	\$26,745	\$26,809	\$6.73	\$7.52	380	381	\$212.26	\$237.25
Prof - Child EPSDT	\$2,572	\$2,536	\$0.65	\$0.71	821	842	\$9.46	\$10.15
Prof - Evaluation & Management	\$305,912	\$311,114	\$76.94	\$87.32	10,630	10,643	\$86.86	\$98.45
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$1,807,874	\$2,081,167	\$454.70	\$584.11	11,436	13,576	\$477.14	\$516.29
Prof - Psych	\$16,723	\$11,617	\$4.21	\$3.26	589	431	\$85.76	\$90.76
Prof - Specialist	\$60,471	\$54,322	\$15.21	\$15.25	860	775	\$212.18	\$236.18
Prof - Vision	\$18,975	\$20,083	\$4.77	\$5.64	501	576	\$114.31	\$117.44
Radiology	\$10,299	\$10,082	\$2.59	\$2.83	1,594	1,479	\$19.51	\$22.97
Transportation/Ambulance	\$63,851	\$58,046	\$16.06	\$16.29	878	1,711	\$219.42	\$114.26
<b>Total</b>	<b>\$4,932,960</b>	<b>\$5,460,237</b>	<b>\$1,240.68</b>	<b>\$1,532.48</b>	<b>56,635</b>	<b>61,165</b>	<b>\$262.88</b>	<b>\$300.66</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

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**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	1,641	1,496						
<b>Service Type</b>								
DME/Supplies	\$128,993	\$137,322	\$78.61	\$91.79	7,232	9,922	\$130.43	\$111.01
FQHC / RHC	\$795	\$1,538	\$0.48	\$1.03	88	257	\$66.24	\$48.05
Home Health	\$15,916	\$176,073	\$9.70	\$117.70	819	1,075	\$142.10	\$1,313.98
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,007,260	\$1,183,149	\$613.81	\$790.88	249	257	\$29,625.30	\$36,973.41
IP - Psych	\$12,155	\$7,327	\$7.41	\$4.90	0	8	\$0.00	\$7,327.42
Lab	\$7,307	\$9,933	\$4.45	\$6.64	3,744	3,842	\$14.27	\$20.74
OP - Emergency Room & Related	\$37,298	\$38,165	\$22.73	\$25.51	1,389	1,348	\$196.31	\$227.17
OP - Other	\$154,405	\$162,229	\$94.09	\$108.44	2,545	3,217	\$443.69	\$404.56
Pharmacy	\$218,050	\$303,395	\$132.88	\$202.80	16,965	16,853	\$93.99	\$144.41
Prof - Anesthesia	\$9,039	\$5,557	\$5.51	\$3.71	505	545	\$131.01	\$81.71
Prof - Child EPSDT	\$1,663	\$1,305	\$1.01	\$0.87	1,126	1,139	\$10.80	\$9.19
Prof - Evaluation & Management	\$133,646	\$233,372	\$81.44	\$156.00	12,351	17,864	\$79.13	\$104.79
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$156,176	\$165,275	\$95.17	\$110.48	10,442	13,051	\$109.37	\$101.58
Prof - Psych	\$3,097	\$1,676	\$1.89	\$1.12	117	72	\$193.55	\$186.25
Prof - Specialist	\$29,371	\$25,502	\$17.90	\$17.05	995	1,396	\$215.96	\$146.56
Prof - Vision	\$7,005	\$6,334	\$4.27	\$4.23	468	449	\$109.45	\$113.10
Radiology	\$7,170	\$10,338	\$4.37	\$6.91	2,311	4,989	\$22.69	\$16.62
Transportation/Ambulance	\$15,568	\$16,362	\$9.49	\$10.94	717	762	\$158.86	\$172.23
<b>Total</b>	<b>\$1,944,913</b>	<b>\$2,484,852</b>	<b>\$1,185.20</b>	<b>\$1,661.00</b>	<b>62,062</b>	<b>77,045</b>	<b>\$229.16</b>	<b>\$258.70</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

Com no LTSS - SW - 1-5

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 1-5								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	4,683	5,166						
<b>Service Type</b>								
DME/Supplies	\$384,694	\$442,399	\$82.15	\$85.64	4,279	3,902	\$230.36	\$263.33
FQHC / RHC	\$1,078	\$1,590	\$0.23	\$0.31	97	70	\$28.36	\$52.98
Home Health	\$871,806	\$497,118	\$186.16	\$96.23	1,520	1,305	\$1,470.16	\$884.55
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,892,390	\$1,344,023	\$404.10	\$260.17	228	230	\$21,262.81	\$13,575.99
IP - Psych	\$95,303	\$101,276	\$20.35	\$19.60	0	0	\$0.00	\$0.00
Lab	\$16,265	\$32,540	\$3.47	\$6.30	1,561	1,587	\$26.71	\$47.64
OP - Emergency Room & Related	\$176,666	\$183,022	\$37.73	\$35.43	1,307	1,252	\$346.40	\$339.56
OP - Other	\$1,056,125	\$928,063	\$225.52	\$179.65	4,077	4,404	\$663.81	\$489.48
Pharmacy	\$746,218	\$757,371	\$159.35	\$146.61	15,349	14,420	\$124.58	\$122.00
Prof - Anesthesia	\$36,315	\$39,962	\$7.75	\$7.74	443	467	\$209.91	\$198.82
Prof - Child EPSDT	\$3,722	\$6,328	\$0.79	\$1.22	830	1,013	\$11.49	\$14.51
Prof - Evaluation & Management	\$417,875	\$435,862	\$89.23	\$84.37	11,283	11,231	\$94.91	\$90.15
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$866,104	\$1,124,553	\$184.95	\$217.68	14,575	14,620	\$152.27	\$178.67
Prof - Psych	\$16,448	\$18,868	\$3.51	\$3.65	59	107	\$715.11	\$410.18
Prof - Specialist	\$99,589	\$96,258	\$21.27	\$18.63	1,079	1,073	\$236.55	\$208.35
Prof - Vision	\$13,444	\$15,079	\$2.87	\$2.92	325	379	\$105.85	\$92.51
Radiology	\$16,974	\$18,971	\$3.62	\$3.67	2,050	2,125	\$21.22	\$20.73
Transportation/Ambulance	\$40,693	\$31,357	\$8.69	\$6.07	300	425	\$347.80	\$171.35
<b>Total</b>	<b>\$6,751,709</b>	<b>\$6,074,640</b>	<b>\$1,441.75</b>	<b>\$1,175.89</b>	<b>59,362</b>	<b>58,611</b>	<b>\$291.45</b>	<b>\$240.75</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

Com no LTSS - Tide - 1-5

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	61,019	59,815						
<b>Service Type</b>								
DME/Supplies	\$828,312	\$868,629	\$13.57	\$14.52	879	942	\$185.22	\$184.93
FQHC / RHC	\$88,325	\$54,834	\$1.45	\$0.92	206	168	\$84.20	\$65.59
Home Health	\$606,020	\$402,678	\$9.93	\$6.73	316	292	\$376.64	\$276.75
IP - Maternity	\$145,033	\$225,219	\$2.38	\$3.77	10	9	\$2,843.78	\$5,237.66
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,677,592	\$4,222,672	\$60.27	\$70.60	69	69	\$10,447.70	\$12,346.99
IP - Psych	\$2,166,484	\$1,789,019	\$35.51	\$29.91	44	40	\$9,671.80	\$8,900.59
Lab	\$139,854	\$124,933	\$2.29	\$2.09	1,331	1,212	\$20.67	\$20.69
OP - Emergency Room & Related	\$1,254,209	\$1,296,108	\$20.55	\$21.67	851	847	\$289.79	\$307.13
OP - Other	\$2,965,922	\$3,486,051	\$48.61	\$58.28	1,333	1,353	\$437.71	\$516.83
Pharmacy	\$8,573,680	\$8,974,110	\$140.51	\$150.03	14,871	15,182	\$113.38	\$118.58
Prof - Anesthesia	\$78,346	\$73,018	\$1.28	\$1.22	123	120	\$124.95	\$121.70
Prof - Child EPSDT	\$6,973	\$6,151	\$0.11	\$0.10	116	104	\$11.78	\$11.92
Prof - Evaluation & Management	\$2,040,413	\$2,046,709	\$33.44	\$34.22	5,650	5,689	\$71.03	\$72.18
Prof - Maternity	\$80,709	\$62,694	\$1.32	\$1.05	18	17	\$886.91	\$737.58
Prof - Other	\$1,253,279	\$1,185,127	\$20.54	\$19.81	2,445	2,708	\$100.80	\$87.79
Prof - Psych	\$500,178	\$519,605	\$8.20	\$8.69	1,129	1,313	\$87.12	\$79.39
Prof - Specialist	\$313,067	\$319,825	\$5.13	\$5.35	346	358	\$177.88	\$179.37
Prof - Vision	\$112,136	\$114,449	\$1.84	\$1.91	112	116	\$197.07	\$198.70
Radiology	\$142,716	\$143,148	\$2.34	\$2.39	1,018	991	\$27.57	\$28.98
Transportation/Ambulance	\$349,805	\$360,141	\$5.73	\$6.02	510	564	\$134.96	\$128.07
<b>Total</b>	<b>\$25,323,054</b>	<b>\$26,275,121</b>	<b>\$415.00</b>	<b>\$439.27</b>	<b>31,378</b>	<b>32,093</b>	<b>\$158.71</b>	<b>\$164.25</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	27,700	27,355						
<b>Service Type</b>								
DME/Supplies	\$364,644	\$428,127	\$13.16	\$15.65	1,191	1,290	\$132.65	\$145.57
FQHC / RHC	\$103,967	\$119,815	\$3.75	\$4.38	854	888	\$52.72	\$59.20
Home Health	\$412,448	\$223,310	\$14.89	\$8.16	932	821	\$191.66	\$119.35
IP - Maternity	\$28,472	\$53,152	\$1.03	\$1.94	4	8	\$2,847.19	\$2,952.89
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,271,588	\$1,725,734	\$45.91	\$63.09	53	55	\$10,338.11	\$13,696.30
IP - Psych	\$860,393	\$818,769	\$31.06	\$29.93	24	23	\$15,364.17	\$15,448.48
Lab	\$70,699	\$79,199	\$2.55	\$2.90	1,910	1,950	\$16.04	\$17.82
OP - Emergency Room & Related	\$396,843	\$463,874	\$14.33	\$16.96	692	750	\$248.49	\$271.43
OP - Other	\$1,086,825	\$1,205,077	\$39.24	\$44.05	1,435	1,521	\$328.05	\$347.48
Pharmacy	\$6,077,120	\$6,580,489	\$219.39	\$240.56	18,332	18,975	\$143.61	\$152.13
Prof - Anesthesia	\$33,311	\$30,920	\$1.20	\$1.13	90	90	\$160.92	\$150.10
Prof - Child EPSDT	\$4,067	\$4,778	\$0.15	\$0.17	119	100	\$14.79	\$20.87
Prof - Evaluation & Management	\$866,785	\$876,087	\$31.29	\$32.03	5,251	5,252	\$71.51	\$73.18
Prof - Maternity	\$18,170	\$27,515	\$0.66	\$1.01	23	26	\$336.48	\$458.59
Prof - Other	\$2,202,541	\$1,797,301	\$79.51	\$65.70	4,197	4,668	\$227.37	\$168.90
Prof - Psych	\$181,697	\$186,001	\$6.56	\$6.80	554	611	\$142.06	\$133.53
Prof - Specialist	\$129,627	\$123,992	\$4.68	\$4.53	436	487	\$128.73	\$111.70
Prof - Vision	\$72,879	\$66,563	\$2.63	\$2.43	224	193	\$141.24	\$151.28
Radiology	\$75,319	\$69,473	\$2.72	\$2.54	998	1,018	\$32.69	\$29.93
Transportation/Ambulance	\$227,240	\$263,799	\$8.20	\$9.64	1,619	2,188	\$60.81	\$52.89
<b>Total</b>	<b>\$14,484,633</b>	<b>\$15,143,976</b>	<b>\$522.91</b>	<b>\$553.61</b>	<b>38,939</b>	<b>40,916</b>	<b>\$161.15</b>	<b>\$162.37</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

Com no LTSS - ChWe - 6-20

12/4/2017



**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	18,879	19,517						
<b>Service Type</b>								
DME/Supplies	\$345,878	\$362,656	\$18.32	\$18.58	1,448	1,388	\$151.83	\$160.61
FQHC / RHC	\$2,828	\$4,210	\$0.15	\$0.22	24	38	\$74.42	\$69.02
Home Health	\$1,036,062	\$1,442,942	\$54.88	\$73.93	1,019	1,261	\$646.33	\$703.53
IP - Maternity	\$41,499	\$31,729	\$2.20	\$1.63	5	4	\$5,187.34	\$4,532.65
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,064,782	\$942,913	\$56.40	\$48.31	39	45	\$17,173.91	\$12,916.61
IP - Psych	\$324,556	\$305,180	\$17.19	\$15.64	36	29	\$5,693.96	\$6,493.20
Lab	\$47,328	\$53,118	\$2.51	\$2.72	1,271	1,423	\$23.68	\$22.95
OP - Emergency Room & Related	\$318,678	\$329,544	\$16.88	\$16.88	685	708	\$295.62	\$286.31
OP - Other	\$1,107,236	\$1,175,522	\$58.65	\$60.23	1,144	1,244	\$615.13	\$580.79
Pharmacy	\$4,144,267	\$4,130,509	\$219.52	\$211.64	13,669	14,296	\$192.71	\$177.64
Prof - Anesthesia	\$27,844	\$33,205	\$1.47	\$1.70	133	172	\$132.59	\$119.01
Prof - Child EPSDT	\$3,151	\$2,753	\$0.17	\$0.14	163	148	\$12.26	\$11.47
Prof - Evaluation & Management	\$755,849	\$821,715	\$40.04	\$42.10	6,092	6,469	\$78.86	\$78.10
Prof - Maternity	\$16,208	\$10,057	\$0.86	\$0.52	58	20	\$178.11	\$314.28
Prof - Other	\$356,086	\$386,672	\$18.86	\$19.81	3,301	3,456	\$68.57	\$68.79
Prof - Psych	\$107,816	\$131,324	\$5.71	\$6.73	1,096	1,300	\$62.50	\$62.09
Prof - Specialist	\$97,974	\$138,852	\$5.19	\$7.11	439	475	\$141.99	\$179.63
Prof - Vision	\$52,611	\$62,055	\$2.79	\$3.18	283	337	\$117.96	\$113.24
Radiology	\$49,189	\$49,103	\$2.61	\$2.52	978	965	\$31.98	\$31.28
Transportation/Ambulance	\$105,704	\$113,853	\$5.60	\$5.83	341	308	\$197.21	\$227.25
<b>Total</b>	<b>\$10,005,547</b>	<b>\$10,527,912</b>	<b>\$529.98</b>	<b>\$539.42</b>	<b>32,226</b>	<b>34,087</b>	<b>\$197.35</b>	<b>\$189.90</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	23,720	24,241						
<b>Service Type</b>								
DME/Supplies	\$344,144	\$393,982	\$14.51	\$16.25	1,242	1,291	\$140.12	\$151.07
FQHC / RHC	\$24,900	\$24,831	\$1.05	\$1.02	289	274	\$43.53	\$44.82
Home Health	\$521,583	\$430,284	\$21.99	\$17.75	416	319	\$634.53	\$667.11
IP - Maternity	\$19,308	\$30,792	\$0.81	\$1.27	4	4	\$2,413.46	\$3,421.31
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,152,086	\$3,179,460	\$132.89	\$131.16	72	50	\$22,197.79	\$31,479.80
IP - Psych	\$673,556	\$638,503	\$28.40	\$26.34	62	57	\$5,476.07	\$5,504.34
Lab	\$79,680	\$101,858	\$3.36	\$4.20	2,764	3,037	\$14.59	\$16.60
OP - Emergency Room & Related	\$295,383	\$291,248	\$12.45	\$12.01	776	682	\$192.56	\$211.36
OP - Other	\$711,930	\$950,856	\$30.01	\$39.23	781	860	\$461.09	\$547.41
Pharmacy	\$5,749,254	\$5,883,476	\$242.38	\$242.71	21,529	21,737	\$135.10	\$133.99
Prof - Anesthesia	\$36,940	\$33,235	\$1.56	\$1.37	131	126	\$143.18	\$130.33
Prof - Child EPSDT	\$4,921	\$5,095	\$0.21	\$0.21	164	144	\$15.14	\$17.57
Prof - Evaluation & Management	\$1,107,590	\$1,125,400	\$46.69	\$46.43	7,004	6,632	\$80.00	\$84.00
Prof - Maternity	\$11,138	\$14,412	\$0.47	\$0.59	8	19	\$696.11	\$369.54
Prof - Other	\$7,885,838	\$11,650,469	\$332.46	\$480.61	4,837	5,196	\$824.79	\$1,109.99
Prof - Psych	\$209,568	\$195,470	\$8.84	\$8.06	1,362	1,299	\$77.82	\$74.46
Prof - Specialist	\$144,031	\$128,648	\$6.07	\$5.31	623	672	\$116.91	\$94.73
Prof - Vision	\$65,525	\$65,035	\$2.76	\$2.68	200	205	\$165.47	\$156.71
Radiology	\$56,414	\$55,047	\$2.38	\$2.27	1,101	1,007	\$25.93	\$27.06
Transportation/Ambulance	\$197,677	\$186,734	\$8.33	\$7.70	1,627	1,694	\$61.45	\$54.57
<b>Total</b>	<b>\$21,291,466</b>	<b>\$25,384,835</b>	<b>\$897.62</b>	<b>\$1,047.19</b>	<b>44,994</b>	<b>45,307</b>	<b>\$239.39</b>	<b>\$277.36</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

Com no LTSS - RoAI - 6-20

12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	12,555	12,053						
<b>Service Type</b>								
DME/Supplies	\$201,947	\$237,447	\$16.08	\$19.70	1,420	1,509	\$135.90	\$156.63
FQHC / RHC	\$9,373	\$9,065	\$0.75	\$0.75	186	177	\$48.07	\$50.93
Home Health	\$149,569	\$160,200	\$11.91	\$13.29	135	175	\$1,060.78	\$910.23
IP - Maternity	\$7,577	\$18,107	\$0.60	\$1.50	3	5	\$2,525.60	\$3,621.34
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$558,551	\$553,801	\$44.49	\$45.95	57	64	\$9,309.18	\$8,653.14
IP - Psych	\$173,567	\$119,668	\$13.82	\$9.93	25	16	\$6,675.67	\$7,479.28
Lab	\$66,743	\$57,620	\$5.32	\$4.78	3,159	3,265	\$20.19	\$17.57
OP - Emergency Room & Related	\$253,790	\$236,765	\$20.21	\$19.64	1,087	1,007	\$223.21	\$234.19
OP - Other	\$429,512	\$617,897	\$34.21	\$51.27	1,277	1,450	\$321.49	\$424.38
Pharmacy	\$4,049,200	\$4,463,195	\$322.52	\$370.30	25,023	26,088	\$154.67	\$170.33
Prof - Anesthesia	\$17,770	\$21,172	\$1.42	\$1.76	151	177	\$112.47	\$118.94
Prof - Child EPSDT	\$2,469	\$5,740	\$0.20	\$0.48	186	160	\$12.66	\$35.65
Prof - Evaluation & Management	\$606,435	\$621,721	\$48.30	\$51.58	8,309	8,609	\$69.76	\$71.90
Prof - Maternity	\$5,876	\$7,756	\$0.47	\$0.64	19	20	\$293.80	\$387.79
Prof - Other	\$648,901	\$435,241	\$51.68	\$36.11	3,980	4,438	\$155.84	\$97.63
Prof - Psych	\$138,273	\$124,683	\$11.01	\$10.34	1,563	1,594	\$84.57	\$77.88
Prof - Specialist	\$75,508	\$79,891	\$6.01	\$6.63	762	792	\$94.74	\$100.49
Prof - Vision	\$32,229	\$30,634	\$2.57	\$2.54	208	224	\$147.84	\$136.15
Radiology	\$43,025	\$44,571	\$3.43	\$3.70	1,439	1,470	\$28.57	\$30.20
Transportation/Ambulance	\$120,518	\$107,499	\$9.60	\$8.92	2,583	1,593	\$44.60	\$67.19
<b>Total</b>	<b>\$7,590,836</b>	<b>\$7,952,674</b>	<b>\$604.61</b>	<b>\$659.81</b>	<b>51,572</b>	<b>52,832</b>	<b>\$140.68</b>	<b>\$149.87</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
Com no LTSS - SW - 6-20  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 6-20								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	51,166	50,325						
<b>Service Type</b>								
DME/Supplies	\$916,737	\$870,590	\$17.92	\$17.30	1,282	1,217	\$167.75	\$170.57
FQHC / RHC	\$24,269	\$24,515	\$0.47	\$0.49	104	108	\$54.78	\$53.88
Home Health	\$865,099	\$828,648	\$16.91	\$16.47	208	201	\$974.21	\$984.14
IP - Maternity	\$92,360	\$159,463	\$1.81	\$3.17	7	10	\$3,078.67	\$3,889.35
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$2,525,316	\$5,395,069	\$49.36	\$107.20	54	60	\$11,027.58	\$21,409.01
IP - Psych	\$1,672,229	\$1,621,332	\$32.68	\$32.22	30	26	\$13,064.29	\$15,012.33
Lab	\$124,462	\$169,855	\$2.43	\$3.38	1,156	1,112	\$25.24	\$36.41
OP - Emergency Room & Related	\$1,093,490	\$1,109,561	\$21.37	\$22.05	741	734	\$345.93	\$360.36
OP - Other	\$2,762,458	\$3,069,179	\$53.99	\$60.99	1,111	1,240	\$582.92	\$590.23
Pharmacy	\$10,403,910	\$11,999,233	\$203.34	\$238.43	15,054	16,292	\$162.09	\$175.62
Prof - Anesthesia	\$82,759	\$89,085	\$1.62	\$1.77	119	125	\$162.59	\$169.69
Prof - Child EPSDT	\$12,056	\$21,431	\$0.24	\$0.43	164	143	\$17.27	\$35.72
Prof - Evaluation & Management	\$1,736,997	\$1,889,672	\$33.95	\$37.55	5,205	5,533	\$78.26	\$81.44
Prof - Maternity	\$52,561	\$60,207	\$1.03	\$1.20	20	23	\$618.36	\$627.16
Prof - Other	\$2,443,799	\$2,092,852	\$47.76	\$41.59	3,639	3,817	\$157.50	\$130.75
Prof - Psych	\$356,766	\$371,502	\$6.97	\$7.38	652	740	\$128.29	\$119.65
Prof - Specialist	\$300,980	\$354,182	\$5.88	\$7.04	477	464	\$148.12	\$181.91
Prof - Vision	\$103,232	\$97,551	\$2.02	\$1.94	121	129	\$200.45	\$179.65
Radiology	\$138,841	\$131,258	\$2.71	\$2.61	932	964	\$34.92	\$32.48
Transportation/Ambulance	\$283,811	\$298,769	\$5.55	\$5.94	394	349	\$169.14	\$204.08
<b>Total</b>	<b>\$25,992,132</b>	<b>\$30,653,955</b>	<b>\$508.00</b>	<b>\$609.12</b>	<b>31,471</b>	<b>33,288</b>	<b>\$193.70</b>	<b>\$219.58</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
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**Appendix A  
Exhibit 1h**

Age 21-44 Female								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	35,658	35,830						
<b>Service Type</b>								
DME/Supplies	\$498,962	\$478,600	\$13.99	\$13.36	1,400	1,370	\$119.94	\$116.96
FQHC / RHC	\$153,707	\$148,847	\$4.31	\$4.15	901	819	\$57.42	\$60.85
Home Health	\$209,189	\$184,238	\$5.87	\$5.14	179	180	\$393.21	\$342.45
IP - Maternity	\$702,495	\$673,155	\$19.70	\$18.79	65	59	\$3,658.83	\$3,824.74
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$7,460,852	\$6,805,304	\$209.23	\$189.93	242	219	\$10,376.71	\$10,405.66
IP - Psych	\$2,328,163	\$2,237,425	\$65.29	\$62.45	119	113	\$6,576.73	\$6,659.00
Lab	\$276,125	\$258,067	\$7.74	\$7.20	4,441	4,272	\$20.93	\$20.23
OP - Emergency Room & Related	\$3,203,703	\$2,992,287	\$89.85	\$83.51	2,840	2,778	\$379.59	\$360.69
OP - Other	\$3,375,314	\$3,619,793	\$94.66	\$101.03	2,053	1,996	\$553.33	\$607.45
Pharmacy	\$9,470,025	\$10,746,444	\$265.58	\$299.93	40,356	40,781	\$78.97	\$88.25
Prof - Anesthesia	\$95,196	\$96,979	\$2.67	\$2.71	287	294	\$111.60	\$110.45
Prof - Child EPSDT	\$13,997	\$9,506	\$0.39	\$0.27	277	258	\$17.01	\$12.33
Prof - Evaluation & Management	\$2,673,426	\$2,716,563	\$74.97	\$75.82	13,200	12,773	\$68.16	\$71.23
Prof - Maternity	\$304,899	\$267,107	\$8.55	\$7.45	151	111	\$679.06	\$806.97
Prof - Other	\$973,621	\$897,727	\$27.30	\$25.06	3,789	3,621	\$86.48	\$83.04
Prof - Psych	\$314,587	\$316,984	\$8.82	\$8.85	1,272	1,490	\$83.22	\$71.26
Prof - Specialist	\$589,785	\$602,370	\$16.54	\$16.81	1,229	1,240	\$161.45	\$162.76
Prof - Vision	\$63,921	\$65,246	\$1.79	\$1.82	165	180	\$130.72	\$121.50
Radiology	\$437,708	\$440,656	\$12.28	\$12.30	4,019	3,909	\$36.65	\$37.75
Transportation/Ambulance	\$612,363	\$611,644	\$17.17	\$17.07	3,674	3,394	\$56.09	\$60.35
<b>Total</b>	<b>\$33,758,038</b>	<b>\$34,168,942</b>	<b>\$946.72</b>	<b>\$953.64</b>	<b>80,658</b>	<b>79,858</b>	<b>\$140.85</b>	<b>\$143.30</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
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**Appendix A  
Exhibit 1h**

Age 21-44 Female								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	18,178	17,901						
<b>Service Type</b>								
DME/Supplies	\$292,765	\$291,810	\$16.11	\$16.30	1,757	1,300	\$109.98	\$150.50
FQHC / RHC	\$117,173	\$128,571	\$6.45	\$7.18	1,408	1,455	\$54.93	\$59.25
Home Health	\$102,879	\$91,208	\$5.66	\$5.10	378	464	\$179.86	\$131.80
IP - Maternity	\$299,420	\$424,321	\$16.47	\$23.70	58	56	\$3,402.50	\$5,112.30
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,010,229	\$2,115,188	\$165.60	\$118.16	213	190	\$9,319.60	\$7,474.16
IP - Psych	\$852,209	\$821,652	\$46.88	\$45.90	76	65	\$7,410.51	\$8,470.64
Lab	\$196,108	\$194,025	\$10.79	\$10.84	6,507	6,197	\$19.90	\$20.99
OP - Emergency Room & Related	\$1,401,527	\$1,282,283	\$77.10	\$71.63	2,619	2,529	\$353.30	\$339.86
OP - Other	\$2,364,043	\$2,243,351	\$130.05	\$125.32	3,528	3,310	\$442.29	\$454.40
Pharmacy	\$5,818,815	\$5,673,398	\$320.10	\$316.93	47,847	48,536	\$80.28	\$78.36
Prof - Anesthesia	\$54,812	\$45,898	\$3.02	\$2.56	263	231	\$137.72	\$133.43
Prof - Child EPSDT	\$10,258	\$17,228	\$0.56	\$0.96	483	461	\$14.03	\$25.08
Prof - Evaluation & Management	\$1,248,178	\$1,193,484	\$68.66	\$66.67	11,978	11,472	\$68.79	\$69.74
Prof - Maternity	\$120,008	\$103,826	\$6.60	\$5.80	217	213	\$364.77	\$326.50
Prof - Other	\$400,206	\$377,745	\$22.02	\$21.10	4,243	4,193	\$62.27	\$60.39
Prof - Psych	\$140,693	\$127,225	\$7.74	\$7.11	874	800	\$106.26	\$106.55
Prof - Specialist	\$295,262	\$280,313	\$16.24	\$15.66	1,965	1,754	\$99.18	\$107.11
Prof - Vision	\$48,444	\$48,103	\$2.66	\$2.69	299	306	\$106.94	\$105.49
Radiology	\$251,213	\$276,592	\$13.82	\$15.45	4,226	4,023	\$39.25	\$46.08
Transportation/Ambulance	\$392,441	\$374,690	\$21.59	\$20.93	3,790	3,881	\$68.36	\$64.72
<b>Total</b>	<b>\$17,416,681</b>	<b>\$16,110,910</b>	<b>\$958.12</b>	<b>\$900.00</b>	<b>92,728</b>	<b>91,436</b>	<b>\$123.99</b>	<b>\$118.12</b>

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

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**Appendix A  
Exhibit 1h**

Age 21-44 Female								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	12,280	12,142						
<b>Service Type</b>								
DME/Supplies	\$101,196	\$117,925	\$8.24	\$9.71	1,037	1,013	\$95.38	\$115.05
FQHC / RHC	\$6,380	\$7,444	\$0.52	\$0.61	77	100	\$80.77	\$73.70
Home Health	\$94,313	\$68,803	\$7.68	\$5.67	227	260	\$406.52	\$261.61
IP - Maternity	\$135,964	\$167,526	\$11.07	\$13.80	40	39	\$3,316.19	\$4,295.53
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$1,724,276	\$2,460,026	\$140.41	\$202.60	183	217	\$9,220.73	\$11,181.94
IP - Psych	\$892,894	\$904,354	\$72.71	\$74.48	150	133	\$5,798.02	\$6,698.92
Lab	\$96,073	\$106,836	\$7.82	\$8.80	4,924	5,161	\$19.07	\$20.46
OP - Emergency Room & Related	\$1,008,383	\$918,985	\$82.12	\$75.69	2,921	2,501	\$337.36	\$363.09
OP - Other	\$974,952	\$1,137,708	\$79.39	\$93.70	1,520	1,698	\$626.98	\$662.23
Pharmacy	\$3,563,335	\$3,910,055	\$290.17	\$322.03	36,386	35,397	\$95.70	\$109.17
Prof - Anesthesia	\$31,090	\$32,461	\$2.53	\$2.67	241	293	\$125.87	\$109.67
Prof - Child EPSDT	\$5,272	\$6,153	\$0.43	\$0.51	376	345	\$13.69	\$17.63
Prof - Evaluation & Management	\$1,007,513	\$1,044,958	\$82.05	\$86.06	14,200	14,082	\$69.34	\$73.34
Prof - Maternity	\$59,243	\$54,729	\$4.82	\$4.51	144	103	\$403.01	\$526.24
Prof - Other	\$314,613	\$313,933	\$25.62	\$25.86	4,364	4,294	\$70.45	\$72.25
Prof - Psych	\$98,163	\$117,835	\$7.99	\$9.70	1,513	1,828	\$63.41	\$63.69
Prof - Specialist	\$194,992	\$261,911	\$15.88	\$21.57	1,493	1,520	\$127.61	\$170.29
Prof - Vision	\$35,648	\$33,695	\$2.90	\$2.78	354	355	\$98.48	\$93.86
Radiology	\$162,907	\$169,345	\$13.27	\$13.95	3,703	3,716	\$42.99	\$45.04
Transportation/Ambulance	\$126,057	\$138,299	\$10.27	\$11.39	1,130	1,193	\$109.05	\$114.58
<b>Total</b>	<b>\$10,633,264</b>	<b>\$11,972,981</b>	<b>\$865.90</b>	<b>\$986.08</b>	<b>74,981</b>	<b>74,248</b>	<b>\$138.58</b>	<b>\$159.37</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

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**Appendix A  
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Age 21-44 Female								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	17,299	17,200						
<b>Service Type</b>								
DME/Supplies	\$241,919	\$377,065	\$13.98	\$21.92	1,756	1,828	\$95.58	\$143.92
FQHC / RHC	\$55,911	\$52,972	\$3.23	\$3.08	960	866	\$40.40	\$42.68
Home Health	\$129,245	\$123,122	\$7.47	\$7.16	323	350	\$277.95	\$245.75
IP - Maternity	\$296,450	\$294,766	\$17.14	\$17.14	48	52	\$4,296.38	\$3,983.33
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,251,682	\$3,306,067	\$187.97	\$192.21	225	246	\$10,005.17	\$9,365.63
IP - Psych	\$1,023,692	\$986,843	\$59.18	\$57.37	154	133	\$4,611.23	\$5,166.72
Lab	\$294,779	\$335,694	\$17.04	\$19.52	10,635	13,460	\$19.23	\$17.40
OP - Emergency Room & Related	\$935,365	\$1,049,074	\$54.07	\$60.99	2,552	2,517	\$254.24	\$290.84
OP - Other	\$1,495,151	\$1,729,536	\$86.43	\$100.55	2,050	2,119	\$505.97	\$569.49
Pharmacy	\$5,752,012	\$6,056,080	\$332.51	\$352.10	57,104	57,982	\$69.87	\$72.87
Prof - Anesthesia	\$49,600	\$46,317	\$2.87	\$2.69	312	278	\$110.22	\$116.08
Prof - Child EPSDT	\$14,935	\$13,407	\$0.86	\$0.78	651	614	\$15.91	\$15.24
Prof - Evaluation & Management	\$1,442,487	\$1,520,474	\$83.39	\$88.40	14,065	14,223	\$71.14	\$74.58
Prof - Maternity	\$103,609	\$110,775	\$5.99	\$6.44	169	175	\$426.37	\$441.33
Prof - Other	\$411,483	\$461,105	\$23.79	\$26.81	4,268	4,596	\$66.88	\$70.00
Prof - Psych	\$187,451	\$211,056	\$10.84	\$12.27	1,827	2,172	\$71.17	\$67.80
Prof - Specialist	\$351,998	\$323,349	\$20.35	\$18.80	2,342	2,417	\$104.26	\$93.35
Prof - Vision	\$43,004	\$45,748	\$2.49	\$2.66	175	186	\$170.65	\$171.98
Radiology	\$226,700	\$232,696	\$13.10	\$13.53	4,629	4,497	\$33.97	\$36.10
Transportation/Ambulance	\$383,198	\$444,217	\$22.15	\$25.83	4,926	6,118	\$53.96	\$50.66
<b>Total</b>	<b>\$16,690,672</b>	<b>\$17,720,363</b>	<b>\$964.83</b>	<b>\$1,030.25</b>	<b>109,170</b>	<b>114,828</b>	<b>\$106.05</b>	<b>\$107.67</b>

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**Appendix A  
Exhibit 1h**

Age 21-44 Female								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	17,388	16,525						
<b>Service Type</b>								
DME/Supplies	\$318,004	\$276,799	\$18.29	\$16.75	2,337	2,343	\$93.92	\$85.80
FQHC / RHC	\$37,505	\$32,383	\$2.16	\$1.96	663	578	\$39.07	\$40.68
Home Health	\$103,296	\$102,013	\$5.94	\$6.17	248	239	\$287.73	\$310.07
IP - Maternity	\$120,722	\$114,004	\$6.94	\$6.90	26	23	\$3,176.89	\$3,562.62
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$2,935,704	\$3,183,398	\$168.84	\$192.64	222	233	\$9,117.09	\$9,917.13
IP - Psych	\$488,712	\$435,233	\$28.11	\$26.34	57	49	\$5,888.10	\$6,400.48
Lab	\$247,398	\$234,991	\$14.23	\$14.22	9,081	10,187	\$18.80	\$16.75
OP - Emergency Room & Related	\$1,210,905	\$1,098,955	\$69.64	\$66.50	2,826	2,740	\$295.70	\$291.27
OP - Other	\$1,470,042	\$1,360,767	\$84.54	\$82.35	2,449	2,556	\$414.33	\$386.58
Pharmacy	\$6,426,543	\$5,913,646	\$369.60	\$357.86	69,714	71,007	\$63.62	\$60.48
Prof - Anesthesia	\$51,704	\$49,797	\$2.97	\$3.01	315	336	\$113.14	\$107.55
Prof - Child EPSDT	\$9,518	\$9,619	\$0.55	\$0.58	665	757	\$9.88	\$9.22
Prof - Evaluation & Management	\$1,341,064	\$1,362,463	\$77.13	\$82.45	13,807	14,165	\$67.03	\$69.85
Prof - Maternity	\$69,803	\$56,359	\$4.01	\$3.41	78	66	\$617.72	\$619.33
Prof - Other	\$329,631	\$379,905	\$18.96	\$22.99	4,013	4,282	\$56.69	\$64.43
Prof - Psych	\$103,272	\$85,634	\$5.94	\$5.18	940	877	\$75.82	\$70.89
Prof - Specialist	\$327,413	\$306,239	\$18.83	\$18.53	2,081	2,229	\$108.56	\$99.78
Prof - Vision	\$46,685	\$47,582	\$2.68	\$2.88	259	325	\$124.16	\$106.21
Radiology	\$278,384	\$290,234	\$16.01	\$17.56	5,413	5,145	\$35.49	\$40.96
Transportation/Ambulance	\$346,823	\$407,879	\$19.95	\$24.68	3,071	4,444	\$77.94	\$66.65
<b>Total</b>	<b>\$16,263,128</b>	<b>\$15,747,901</b>	<b>\$935.31</b>	<b>\$952.97</b>	<b>118,266</b>	<b>122,582</b>	<b>\$94.90</b>	<b>\$93.29</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

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**Appendix A  
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Age 21-44 Female								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	30,035	29,844						
<b>Service Type</b>								
DME/Supplies	\$647,265	\$535,477	\$21.55	\$17.94	1,753	1,428	\$147.54	\$150.75
FQHC / RHC	\$169,274	\$171,722	\$5.64	\$5.75	1,044	812	\$64.76	\$85.01
Home Health	\$174,316	\$199,073	\$5.80	\$6.67	202	160	\$345.18	\$501.44
IP - Maternity	\$659,965	\$549,212	\$21.97	\$18.40	72	57	\$3,686.96	\$3,840.65
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$5,794,020	\$4,597,671	\$192.91	\$154.06	240	195	\$9,656.70	\$9,499.32
IP - Psych	\$1,282,129	\$1,424,327	\$42.69	\$47.73	60	59	\$8,604.89	\$9,689.30
Lab	\$155,343	\$133,450	\$5.17	\$4.47	2,549	2,356	\$24.35	\$22.78
OP - Emergency Room & Related	\$2,711,765	\$2,601,304	\$90.29	\$87.16	2,595	2,506	\$417.45	\$417.41
OP - Other	\$2,724,332	\$2,680,497	\$90.71	\$89.82	1,498	1,563	\$726.68	\$689.78
Pharmacy	\$8,174,607	\$8,524,216	\$272.17	\$285.63	37,459	37,333	\$87.19	\$91.81
Prof - Anesthesia	\$100,637	\$91,772	\$3.35	\$3.08	346	361	\$116.07	\$102.31
Prof - Child EPSDT	\$23,118	\$28,726	\$0.77	\$0.96	500	522	\$18.48	\$22.15
Prof - Evaluation & Management	\$2,125,536	\$2,111,417	\$70.77	\$70.75	12,113	11,823	\$70.11	\$71.81
Prof - Maternity	\$247,259	\$198,129	\$8.23	\$6.64	199	194	\$496.50	\$410.20
Prof - Other	\$1,510,851	\$1,843,831	\$50.30	\$61.78	3,947	3,855	\$152.92	\$192.31
Prof - Psych	\$266,046	\$282,402	\$8.86	\$9.46	964	1,193	\$110.21	\$95.18
Prof - Specialist	\$546,948	\$526,375	\$18.21	\$17.64	1,624	1,644	\$134.58	\$128.76
Prof - Vision	\$55,334	\$58,236	\$1.84	\$1.95	211	242	\$104.80	\$96.74
Radiology	\$351,538	\$347,431	\$11.70	\$11.64	3,504	3,423	\$40.09	\$40.81
Transportation/Ambulance	\$360,421	\$361,461	\$12.00	\$12.11	1,730	1,614	\$83.26	\$90.07
<b>Total</b>	<b>\$28,080,705</b>	<b>\$27,266,730</b>	<b>\$934.93</b>	<b>\$913.64</b>	<b>72,609</b>	<b>71,339</b>	<b>\$154.52</b>	<b>\$153.69</b>

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

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**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	34,863	35,389						
<b>Service Type</b>								
DME/Supplies	\$522,804	\$565,478	\$15.00	\$15.98	1,223	1,193	\$147.10	\$160.69
FQHC / RHC	\$92,644	\$71,034	\$2.66	\$2.01	403	358	\$79.18	\$67.20
Home Health	\$168,673	\$138,996	\$4.84	\$3.93	148	134	\$392.26	\$351.89
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$7,978,310	\$7,801,724	\$228.85	\$220.46	184	208	\$14,912.73	\$12,747.92
IP - Psych	\$2,018,330	\$1,990,468	\$57.89	\$56.25	117	96	\$5,953.78	\$7,058.40
Lab	\$81,583	\$79,406	\$2.34	\$2.24	1,697	1,667	\$16.55	\$16.15
OP - Emergency Room & Related	\$1,711,145	\$1,676,095	\$49.08	\$47.36	1,626	1,501	\$362.30	\$378.69
OP - Other	\$2,385,447	\$2,481,038	\$68.42	\$70.11	1,336	1,239	\$614.49	\$678.81
Pharmacy	\$8,108,033	\$9,599,114	\$232.57	\$271.25	24,671	24,781	\$113.12	\$131.35
Prof - Anesthesia	\$47,249	\$52,055	\$1.36	\$1.47	141	160	\$114.96	\$110.52
Prof - Child EPSDT	\$3,512	\$3,096	\$0.10	\$0.09	102	135	\$11.86	\$7.80
Prof - Evaluation & Management	\$1,634,447	\$1,747,490	\$46.88	\$49.38	8,242	8,355	\$68.26	\$70.92
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$1,474,307	\$1,496,872	\$42.29	\$42.30	2,660	2,908	\$190.75	\$174.54
Prof - Psych	\$203,428	\$205,726	\$5.84	\$5.81	744	862	\$94.09	\$80.96
Prof - Specialist	\$343,661	\$397,682	\$9.86	\$11.24	724	698	\$163.41	\$193.14
Prof - Vision	\$58,016	\$56,027	\$1.66	\$1.58	137	129	\$146.14	\$147.83
Radiology	\$176,584	\$197,091	\$5.07	\$5.57	2,187	2,110	\$27.79	\$31.68
Transportation/Ambulance	\$583,917	\$544,177	\$16.75	\$15.38	4,650	3,661	\$43.22	\$50.41
<b>Total</b>	<b>\$27,592,090</b>	<b>\$29,103,568</b>	<b>\$791.44</b>	<b>\$822.39</b>	<b>50,992</b>	<b>50,193</b>	<b>\$186.25</b>	<b>\$196.61</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	16,252	16,398						
<b>Service Type</b>								
DME/Supplies	\$249,218	\$304,184	\$15.33	\$18.55	1,455	1,538	\$126.44	\$144.78
FQHC / RHC	\$80,993	\$60,568	\$4.98	\$3.69	985	685	\$60.71	\$64.71
Home Health	\$49,739	\$48,202	\$3.06	\$2.94	272	292	\$135.16	\$120.81
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$3,004,597	\$2,754,337	\$184.88	\$167.97	176	143	\$12,571.53	\$14,052.74
IP - Psych	\$877,509	\$688,000	\$53.99	\$41.96	72	67	\$9,046.49	\$7,478.26
Lab	\$63,376	\$54,716	\$3.90	\$3.34	2,883	2,415	\$16.23	\$16.58
OP - Emergency Room & Related	\$732,955	\$649,359	\$45.10	\$39.60	1,475	1,403	\$367.03	\$338.74
OP - Other	\$1,603,490	\$1,697,489	\$98.66	\$103.52	2,151	1,960	\$550.46	\$633.63
Pharmacy	\$4,518,904	\$4,396,727	\$278.05	\$268.13	28,444	27,479	\$117.30	\$117.09
Prof - Anesthesia	\$25,060	\$22,678	\$1.54	\$1.38	126	132	\$147.41	\$125.29
Prof - Child EPSDT	\$2,855	\$2,260	\$0.18	\$0.14	195	130	\$10.82	\$12.70
Prof - Evaluation & Management	\$716,926	\$702,853	\$44.11	\$42.86	7,660	7,333	\$69.11	\$70.15
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$872,884	\$1,115,631	\$53.71	\$68.03	2,734	3,000	\$235.72	\$272.11
Prof - Psych	\$83,520	\$101,202	\$5.14	\$6.17	428	621	\$144.25	\$119.20
Prof - Specialist	\$170,856	\$168,085	\$10.51	\$10.25	1,189	1,090	\$106.12	\$112.88
Prof - Vision	\$34,092	\$29,744	\$2.10	\$1.81	188	154	\$133.69	\$140.97
Radiology	\$101,553	\$94,536	\$6.25	\$5.77	2,311	2,110	\$32.45	\$32.79
Transportation/Ambulance	\$314,192	\$316,692	\$19.33	\$19.31	4,578	4,360	\$50.68	\$53.15
<b>Total</b>	<b>\$13,502,719</b>	<b>\$13,207,263</b>	<b>\$830.83</b>	<b>\$805.42</b>	<b>57,321</b>	<b>54,913</b>	<b>\$173.93</b>	<b>\$176.01</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	14,628	15,125						
<b>Service Type</b>								
DME/Supplies	\$164,952	\$352,759	\$11.28	\$23.32	1,121	1,096	\$120.76	\$255.25
FQHC / RHC	\$3,658	\$2,025	\$0.25	\$0.13	39	30	\$77.82	\$53.29
Home Health	\$58,051	\$94,712	\$3.97	\$6.26	176	248	\$271.27	\$302.59
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$2,775,800	\$2,150,998	\$189.76	\$142.21	157	149	\$14,532.98	\$11,441.48
IP - Psych	\$833,559	\$957,219	\$56.98	\$63.29	130	120	\$5,275.69	\$6,339.20
Lab	\$52,084	\$59,461	\$3.56	\$3.93	2,495	2,429	\$17.13	\$19.42
OP - Emergency Room & Related	\$576,975	\$589,216	\$39.44	\$38.96	1,344	1,304	\$352.24	\$358.40
OP - Other	\$944,693	\$781,073	\$64.58	\$51.64	1,070	970	\$724.46	\$638.65
Pharmacy	\$4,200,883	\$4,560,317	\$287.18	\$301.51	26,041	25,941	\$132.34	\$139.47
Prof - Anesthesia	\$23,713	\$22,012	\$1.62	\$1.46	153	160	\$126.81	\$108.97
Prof - Child EPSDT	\$1,855	\$2,969	\$0.13	\$0.20	167	146	\$9.09	\$16.14
Prof - Evaluation & Management	\$778,298	\$837,381	\$53.21	\$55.36	9,188	9,229	\$69.49	\$71.98
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$471,782	\$412,968	\$32.25	\$27.30	2,818	2,907	\$137.35	\$112.71
Prof - Psych	\$69,254	\$84,381	\$4.73	\$5.58	889	1,002	\$63.89	\$66.81
Prof - Specialist	\$185,275	\$246,550	\$12.67	\$16.30	1,101	1,046	\$138.06	\$187.06
Prof - Vision	\$27,489	\$28,295	\$1.88	\$1.87	206	185	\$109.52	\$121.44
Radiology	\$99,719	\$90,417	\$6.82	\$5.98	2,034	1,801	\$40.21	\$39.83
Transportation/Ambulance	\$133,843	\$177,786	\$9.15	\$11.75	1,146	1,138	\$95.81	\$123.98
<b>Total</b>	<b>\$11,401,884</b>	<b>\$11,450,541</b>	<b>\$779.46</b>	<b>\$757.06</b>	<b>50,273</b>	<b>49,903</b>	<b>\$186.05</b>	<b>\$182.05</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
Com no LTSS - NoWi - 21-44M  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	14,505	14,650						
<b>Service Type</b>								
DME/Supplies	\$318,645	\$159,687	\$21.97	\$10.90	1,421	1,148	\$185.47	\$113.90
FQHC / RHC	\$21,276	\$21,131	\$1.47	\$1.44	419	428	\$42.05	\$40.48
Home Health	\$117,973	\$52,399	\$8.13	\$3.58	305	184	\$319.71	\$232.88
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$2,208,502	\$2,936,469	\$152.26	\$200.44	169	221	\$10,825.99	\$10,875.81
IP - Psych	\$678,074	\$989,963	\$46.75	\$67.57	117	139	\$4,775.17	\$5,823.31
Lab	\$85,976	\$107,424	\$5.93	\$7.33	4,853	6,160	\$14.66	\$14.29
OP - Emergency Room & Related	\$405,439	\$470,617	\$27.95	\$32.12	1,349	1,406	\$248.58	\$274.09
OP - Other	\$673,437	\$915,368	\$46.43	\$62.48	1,004	1,318	\$555.18	\$568.90
Pharmacy	\$4,014,606	\$4,495,083	\$276.77	\$306.83	33,073	33,240	\$100.42	\$110.77
Prof - Anesthesia	\$24,758	\$23,046	\$1.71	\$1.57	151	166	\$135.29	\$113.53
Prof - Child EPSDT	\$1,848	\$2,401	\$0.13	\$0.16	278	337	\$5.50	\$5.83
Prof - Evaluation & Management	\$734,119	\$844,007	\$50.61	\$57.61	8,214	8,981	\$73.94	\$76.98
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$449,170	\$567,486	\$30.97	\$38.74	3,386	3,034	\$109.74	\$153.21
Prof - Psych	\$83,012	\$90,826	\$5.72	\$6.20	917	1,010	\$74.85	\$73.66
Prof - Specialist	\$187,328	\$191,345	\$12.91	\$13.06	1,399	1,438	\$110.78	\$108.97
Prof - Vision	\$29,882	\$29,596	\$2.06	\$2.02	143	125	\$172.73	\$193.44
Radiology	\$83,373	\$98,295	\$5.75	\$6.71	2,281	2,507	\$30.24	\$32.11
Transportation/Ambulance	\$258,289	\$300,092	\$17.81	\$20.48	4,718	4,712	\$45.29	\$52.16
<b>Total</b>	<b>\$10,375,708</b>	<b>\$12,295,236</b>	<b>\$715.32</b>	<b>\$839.27</b>	<b>64,199</b>	<b>66,557</b>	<b>\$133.71</b>	<b>\$151.32</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
Com no LTSS - RoAl - 21-44M  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	12,797	12,370						
<b>Service Type</b>								
DME/Supplies	\$265,935	\$212,955	\$20.78	\$17.22	1,825	1,411	\$136.66	\$146.46
FQHC / RHC	\$13,899	\$13,468	\$1.09	\$1.09	311	300	\$41.86	\$43.59
Home Health	\$95,969	\$66,453	\$7.50	\$5.37	213	174	\$422.77	\$371.25
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$2,735,977	\$2,417,937	\$213.80	\$195.47	210	198	\$12,214.18	\$11,852.63
IP - Psych	\$384,790	\$320,736	\$30.07	\$25.93	63	53	\$5,743.13	\$5,831.56
Lab	\$79,560	\$76,106	\$6.22	\$6.15	4,633	5,133	\$16.10	\$14.38
OP - Emergency Room & Related	\$582,536	\$515,839	\$45.52	\$41.70	1,902	1,793	\$287.25	\$279.13
OP - Other	\$700,408	\$739,640	\$54.73	\$59.79	1,520	1,446	\$432.08	\$496.07
Pharmacy	\$3,054,929	\$3,131,502	\$238.72	\$253.15	42,582	44,513	\$67.27	\$68.25
Prof - Anesthesia	\$18,915	\$20,368	\$1.48	\$1.65	166	183	\$106.86	\$107.77
Prof - Child EPSDT	\$3,256	\$2,970	\$0.25	\$0.24	315	302	\$9.69	\$9.55
Prof - Evaluation & Management	\$709,410	\$656,741	\$55.44	\$53.09	9,764	9,075	\$68.13	\$70.20
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$512,499	\$215,149	\$40.05	\$17.39	2,851	2,854	\$168.59	\$73.13
Prof - Psych	\$51,461	\$48,232	\$4.02	\$3.90	612	623	\$78.81	\$75.13
Prof - Specialist	\$123,449	\$158,314	\$9.65	\$12.80	1,217	1,351	\$95.11	\$113.65
Prof - Vision	\$28,915	\$28,320	\$2.26	\$2.29	203	230	\$133.87	\$119.49
Radiology	\$104,189	\$112,688	\$8.14	\$9.11	3,309	3,122	\$29.52	\$35.02
Transportation/Ambulance	\$235,980	\$221,173	\$18.44	\$17.88	3,614	4,246	\$61.23	\$50.53
<b>Total</b>	<b>\$9,702,077</b>	<b>\$8,958,589</b>	<b>\$758.15</b>	<b>\$724.22</b>	<b>75,310</b>	<b>77,006</b>	<b>\$120.80</b>	<b>\$112.86</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 21-44 Male								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	28,891	29,691						
<b>Service Type</b>								
DME/Supplies	\$573,093	\$457,620	\$19.84	\$15.41	1,349	1,160	\$176.50	\$159.51
FQHC / RHC	\$79,686	\$96,119	\$2.76	\$3.24	481	530	\$68.81	\$73.32
Home Health	\$189,186	\$268,366	\$6.55	\$9.04	175	209	\$448.31	\$518.08
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$4,559,981	\$6,122,864	\$157.83	\$206.22	169	180	\$11,203.88	\$13,728.39
IP - Psych	\$1,608,462	\$1,687,303	\$55.67	\$56.83	93	92	\$7,180.64	\$7,433.05
Lab	\$68,910	\$75,775	\$2.39	\$2.55	867	949	\$33.02	\$32.29
OP - Emergency Room & Related	\$1,504,156	\$1,528,098	\$52.06	\$51.47	1,479	1,480	\$422.40	\$417.40
OP - Other	\$1,799,991	\$2,345,573	\$62.30	\$79.00	947	1,070	\$789.82	\$886.12
Pharmacy	\$8,190,191	\$8,695,102	\$283.49	\$292.85	24,027	24,228	\$141.58	\$145.05
Prof - Anesthesia	\$40,942	\$52,920	\$1.42	\$1.78	164	151	\$103.39	\$141.88
Prof - Child EPSDT	\$6,313	\$6,207	\$0.22	\$0.21	201	283	\$13.04	\$8.85
Prof - Evaluation & Management	\$1,298,929	\$1,447,943	\$44.96	\$48.77	7,894	8,101	\$68.35	\$72.24
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$2,548,428	\$2,471,329	\$88.21	\$83.23	3,266	3,098	\$324.06	\$322.38
Prof - Psych	\$161,676	\$204,900	\$5.60	\$6.90	501	743	\$133.95	\$111.42
Prof - Specialist	\$308,284	\$349,390	\$10.67	\$11.77	969	1,012	\$132.08	\$139.53
Prof - Vision	\$43,044	\$47,918	\$1.49	\$1.61	145	156	\$123.69	\$124.14
Radiology	\$132,048	\$151,301	\$4.57	\$5.10	1,801	1,911	\$30.45	\$32.00
Transportation/Ambulance	\$289,710	\$295,518	\$10.03	\$9.95	1,951	1,617	\$61.69	\$73.86
<b>Total</b>	<b>\$23,403,028</b>	<b>\$26,304,247</b>	<b>\$810.05</b>	<b>\$885.93</b>	<b>46,479</b>	<b>46,969</b>	<b>\$209.14</b>	<b>\$226.35</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
Com no LTSS - Tide - 21-44M  
12/4/2017



**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Central Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	100,744	103,323						
<b>Service Type</b>								
DME/Supplies	\$2,720,263	\$2,577,361	\$27.00	\$24.94	3,071	2,709	\$105.52	\$110.50
FQHC / RHC	\$786,582	\$612,396	\$7.81	\$5.93	1,370	1,149	\$68.39	\$61.90
Home Health	\$1,332,246	\$1,255,937	\$13.22	\$12.16	438	500	\$362.32	\$292.01
IP - Maternity	\$0	\$3,567	\$0.00	\$0.03	0	0	\$0.00	\$3,566.76
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$42,497,256	\$43,306,894	\$421.83	\$419.14	396	388	\$12,788.82	\$12,962.26
IP - Psych	\$5,304,470	\$4,982,806	\$52.65	\$48.23	76	71	\$8,288.23	\$8,195.40
Lab	\$625,132	\$655,271	\$6.21	\$6.34	4,705	4,862	\$15.83	\$15.65
OP - Emergency Room & Related	\$6,585,795	\$6,576,066	\$65.37	\$63.65	1,606	1,608	\$488.42	\$474.84
OP - Other	\$17,070,729	\$18,054,072	\$169.45	\$174.73	3,275	3,255	\$620.96	\$644.26
Pharmacy	\$43,717,016	\$50,867,151	\$433.94	\$492.31	70,795	71,986	\$73.55	\$82.07
Prof - Anesthesia	\$368,428	\$384,992	\$3.66	\$3.73	378	417	\$116.08	\$107.15
Prof - Child EPSDT	\$41,088	\$44,645	\$0.41	\$0.43	528	462	\$9.27	\$11.23
Prof - Evaluation & Management	\$8,816,016	\$9,317,501	\$87.51	\$90.18	15,151	15,234	\$69.31	\$71.03
Prof - Maternity	\$0	\$964	\$0.00	\$0.01	0	0	\$0.00	\$964.14
Prof - Other	\$5,412,457	\$5,578,996	\$53.72	\$54.00	5,747	5,546	\$112.18	\$116.84
Prof - Psych	\$515,830	\$496,358	\$5.12	\$4.80	637	663	\$96.53	\$86.91
Prof - Specialist	\$3,179,888	\$3,327,356	\$31.56	\$32.20	2,190	2,140	\$172.93	\$180.54
Prof - Vision	\$389,620	\$404,954	\$3.87	\$3.92	525	555	\$88.45	\$84.70
Radiology	\$1,685,928	\$1,755,807	\$16.73	\$16.99	5,232	5,276	\$38.38	\$38.65
Transportation/Ambulance	\$2,258,349	\$2,332,225	\$22.42	\$22.57	7,712	7,581	\$34.88	\$35.73
<b>Total</b>	<b>\$143,307,093</b>	<b>\$152,535,322</b>	<b>\$1,422.49</b>	<b>\$1,476.30</b>	<b>123,830</b>	<b>124,403</b>	<b>\$137.85</b>	<b>\$142.40</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Charlottesville Western Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	57,256	58,636						
<b>Service Type</b>								
DME/Supplies	\$1,432,173	\$1,236,310	\$25.01	\$21.08	3,686	2,982	\$81.44	\$84.85
FQHC / RHC	\$508,643	\$456,479	\$8.88	\$7.78	2,089	1,769	\$51.03	\$52.81
Home Health	\$658,925	\$607,124	\$11.51	\$10.35	557	539	\$247.72	\$230.32
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$18,440,566	\$17,878,321	\$322.07	\$304.90	340	324	\$11,376.04	\$11,279.70
IP - Psych	\$2,109,179	\$2,079,055	\$36.84	\$35.46	37	36	\$11,916.27	\$11,812.81
Lab	\$527,945	\$495,891	\$9.22	\$8.46	6,405	5,766	\$17.28	\$17.60
OP - Emergency Room & Related	\$3,033,676	\$3,055,746	\$52.98	\$52.11	1,426	1,397	\$446.00	\$447.66
OP - Other	\$11,381,017	\$11,897,426	\$198.77	\$202.90	5,063	4,924	\$471.15	\$494.47
Pharmacy	\$24,788,775	\$28,256,656	\$432.95	\$481.90	75,791	75,714	\$68.55	\$76.38
Prof - Anesthesia	\$190,470	\$184,821	\$3.33	\$3.15	269	276	\$148.23	\$136.90
Prof - Child EPSDT	\$29,497	\$27,528	\$0.52	\$0.47	521	521	\$11.87	\$10.82
Prof - Evaluation & Management	\$4,195,297	\$4,307,204	\$73.27	\$73.46	12,652	12,492	\$69.49	\$70.56
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$2,052,367	\$2,246,110	\$35.85	\$38.31	5,776	5,846	\$74.47	\$78.63
Prof - Psych	\$268,143	\$280,843	\$4.68	\$4.79	327	416	\$172.00	\$138.14
Prof - Specialist	\$1,555,104	\$1,491,194	\$27.16	\$25.43	2,770	2,713	\$117.66	\$112.48
Prof - Vision	\$247,663	\$238,422	\$4.33	\$4.07	627	582	\$82.75	\$83.89
Radiology	\$982,249	\$997,410	\$17.16	\$17.01	5,142	4,887	\$40.03	\$41.77
Transportation/Ambulance	\$1,436,925	\$1,557,926	\$25.10	\$26.57	5,394	5,744	\$55.83	\$55.50
<b>Total</b>	<b>\$73,838,613</b>	<b>\$77,294,467</b>	<b>\$1,289.62</b>	<b>\$1,318.21</b>	<b>128,872</b>	<b>126,929</b>	<b>\$120.08</b>	<b>\$124.62</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx  
Com no LTSS - ChWe - >45  
12/4/2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Northern & Winchester Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	62,551	64,820						
<b>Service Type</b>								
DME/Supplies	\$1,007,284	\$1,167,920	\$16.10	\$18.02	1,855	1,613	\$104.18	\$134.01
FQHC / RHC	\$37,863	\$40,739	\$0.61	\$0.63	111	126	\$65.73	\$60.00
Home Health	\$689,835	\$754,918	\$11.03	\$11.65	354	392	\$374.30	\$356.77
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$19,380,232	\$20,242,717	\$309.83	\$312.29	287	278	\$12,954.70	\$13,459.25
IP - Psych	\$1,773,999	\$2,176,522	\$28.36	\$33.58	60	59	\$5,649.68	\$6,887.73
Lab	\$515,471	\$547,538	\$8.24	\$8.45	5,844	6,091	\$16.92	\$16.64
OP - Emergency Room & Related	\$2,819,991	\$3,136,726	\$45.08	\$48.39	1,244	1,258	\$434.98	\$461.49
OP - Other	\$7,186,689	\$7,197,680	\$114.89	\$111.04	2,229	2,125	\$618.48	\$627.19
Pharmacy	\$27,329,185	\$29,446,475	\$436.91	\$454.28	59,054	58,690	\$88.78	\$92.88
Prof - Anesthesia	\$200,316	\$203,320	\$3.20	\$3.14	340	403	\$113.11	\$93.31
Prof - Child EPSDT	\$33,545	\$38,600	\$0.54	\$0.60	571	601	\$11.28	\$11.90
Prof - Evaluation & Management	\$5,257,699	\$5,738,116	\$84.05	\$88.52	14,212	14,411	\$70.97	\$73.71
Prof - Maternity	\$0	\$273	\$0.00	\$0.00	0	0	\$0.00	\$273.38
Prof - Other	\$2,367,329	\$2,824,477	\$37.85	\$43.57	6,109	6,155	\$74.34	\$84.95
Prof - Psych	\$198,035	\$230,222	\$3.17	\$3.55	608	676	\$62.49	\$63.07
Prof - Specialist	\$1,886,180	\$1,956,019	\$30.15	\$30.18	2,580	2,498	\$140.24	\$144.93
Prof - Vision	\$385,133	\$424,150	\$6.16	\$6.54	971	1,018	\$76.08	\$77.10
Radiology	\$1,224,922	\$1,186,731	\$19.58	\$18.31	4,565	4,434	\$51.47	\$49.55
Transportation/Ambulance	\$637,523	\$747,969	\$10.19	\$11.54	1,432	1,474	\$85.40	\$93.97
<b>Total</b>	<b>\$72,931,229</b>	<b>\$78,061,113</b>	<b>\$1,165.95</b>	<b>\$1,204.28</b>	<b>102,426</b>	<b>102,302</b>	<b>\$136.60</b>	<b>\$141.26</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Roanoke/Alleghany Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	51,439	52,726						
<b>Service Type</b>								
DME/Supplies	\$1,235,507	\$1,175,277	\$24.02	\$22.29	4,032	3,776	\$71.49	\$70.84
FQHC / RHC	\$154,975	\$144,801	\$3.01	\$2.75	871	777	\$41.53	\$42.44
Home Health	\$734,861	\$671,866	\$14.29	\$12.74	572	541	\$299.94	\$282.42
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$18,995,614	\$17,780,481	\$369.28	\$337.22	376	366	\$11,776.57	\$11,043.78
IP - Psych	\$1,821,361	\$2,082,171	\$35.41	\$39.49	77	76	\$5,536.05	\$6,196.94
Lab	\$723,178	\$762,413	\$14.06	\$14.46	10,344	11,244	\$16.31	\$15.43
OP - Emergency Room & Related	\$1,675,047	\$1,983,008	\$32.56	\$37.61	1,247	1,279	\$313.39	\$352.97
OP - Other	\$5,999,244	\$7,110,589	\$116.63	\$134.86	2,614	2,763	\$535.36	\$585.67
Pharmacy	\$25,667,470	\$28,432,816	\$498.99	\$539.26	80,863	81,862	\$74.05	\$79.05
Prof - Anesthesia	\$174,385	\$176,724	\$3.39	\$3.35	359	366	\$113.16	\$109.90
Prof - Child EPSDT	\$24,286	\$25,879	\$0.47	\$0.49	559	656	\$10.13	\$8.98
Prof - Evaluation & Management	\$4,279,463	\$4,571,943	\$83.19	\$86.71	13,742	13,914	\$72.65	\$74.78
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$2,460,018	\$2,341,791	\$47.82	\$44.41	5,401	5,439	\$106.26	\$97.99
Prof - Psych	\$249,285	\$258,326	\$4.85	\$4.90	721	768	\$80.67	\$76.52
Prof - Specialist	\$1,548,658	\$1,585,695	\$30.11	\$30.07	3,187	3,290	\$113.36	\$109.71
Prof - Vision	\$199,825	\$207,292	\$3.88	\$3.93	421	438	\$110.71	\$107.63
Radiology	\$706,531	\$830,537	\$13.74	\$15.75	4,950	4,999	\$33.30	\$37.81
Transportation/Ambulance	\$1,256,712	\$1,364,947	\$24.43	\$25.89	5,229	5,577	\$56.07	\$55.71
<b>Total</b>	<b>\$67,906,419</b>	<b>\$71,506,557</b>	<b>\$1,320.13</b>	<b>\$1,356.19</b>	<b>135,564</b>	<b>138,131</b>	<b>\$116.86</b>	<b>\$117.82</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Southwest Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	65,924	65,645						
<b>Service Type</b>								
DME/Supplies	\$2,015,498	\$1,962,607	\$30.57	\$29.90	4,823	4,818	\$76.06	\$74.47
FQHC / RHC	\$170,977	\$151,536	\$2.59	\$2.31	768	673	\$40.54	\$41.16
Home Health	\$987,099	\$892,601	\$14.97	\$13.60	722	668	\$248.76	\$244.35
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$17,594,192	\$16,693,852	\$266.89	\$254.31	319	300	\$10,036.62	\$10,179.18
IP - Psych	\$1,477,841	\$1,002,952	\$22.42	\$15.28	31	24	\$8,744.62	\$7,774.82
Lab	\$964,249	\$901,257	\$14.63	\$13.73	9,505	10,793	\$18.47	\$15.26
OP - Emergency Room & Related	\$3,162,713	\$3,140,121	\$47.98	\$47.83	1,710	1,699	\$336.64	\$337.94
OP - Other	\$6,799,691	\$7,986,365	\$103.14	\$121.66	3,014	3,079	\$410.68	\$474.19
Pharmacy	\$27,564,556	\$30,649,232	\$418.13	\$466.89	96,358	99,937	\$52.07	\$56.06
Prof - Anesthesia	\$191,567	\$188,954	\$2.91	\$2.88	312	322	\$111.90	\$107.30
Prof - Child EPSDT	\$41,569	\$40,243	\$0.63	\$0.61	923	927	\$8.20	\$7.94
Prof - Evaluation & Management	\$5,314,670	\$5,458,974	\$80.62	\$83.16	14,083	14,193	\$68.69	\$70.31
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Prof - Other	\$1,401,394	\$1,553,421	\$21.26	\$23.66	4,953	5,059	\$51.50	\$56.13
Prof - Psych	\$211,783	\$175,637	\$3.21	\$2.68	437	420	\$88.24	\$76.53
Prof - Specialist	\$1,662,181	\$1,554,259	\$25.21	\$23.68	2,679	2,858	\$112.95	\$99.43
Prof - Vision	\$259,230	\$264,320	\$3.93	\$4.03	485	526	\$97.38	\$91.84
Radiology	\$1,008,113	\$1,086,241	\$15.29	\$16.55	5,591	5,258	\$32.82	\$37.77
Transportation/Ambulance	\$1,580,598	\$1,555,129	\$23.98	\$23.69	4,652	5,045	\$61.85	\$56.35
<b>Total</b>	<b>\$72,407,920</b>	<b>\$75,257,702</b>	<b>\$1,098.35</b>	<b>\$1,146.43</b>	<b>151,364</b>	<b>156,597</b>	<b>\$87.08</b>	<b>\$87.85</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - Community no LTSS**

**Appendix A  
Exhibit 1h**

Age 45 and Over								
Tidewater Region	Total Claims CY15	Total Claims CY16	Unadjusted PMPM CY15	Unadjusted PMPM CY16	Units/1000 CY15	Units/1000 CY16	Cost/Unit CY15	Cost/Unit CY16
Member Months	92,734	96,074						
<b>Service Type</b>								
DME/Supplies	\$2,876,761	\$2,856,445	\$31.02	\$29.73	3,492	2,690	\$106.61	\$132.64
FQHC / RHC	\$923,127	\$911,908	\$9.95	\$9.49	1,693	1,583	\$70.55	\$71.94
Home Health	\$1,621,339	\$1,423,445	\$17.48	\$14.82	496	610	\$423.11	\$291.57
IP - Maternity	\$4,037	\$0	\$0.04	\$0.00	0	0	\$4,036.77	\$0.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
IP - Other	\$34,565,207	\$34,600,008	\$372.73	\$360.14	379	352	\$11,797.00	\$12,278.21
IP - Psych	\$3,396,463	\$3,576,838	\$36.63	\$37.23	43	44	\$10,169.05	\$10,132.69
Lab	\$501,475	\$512,635	\$5.41	\$5.34	2,701	2,629	\$24.03	\$24.35
OP - Emergency Room & Related	\$6,709,446	\$6,534,710	\$72.35	\$68.02	1,607	1,590	\$540.34	\$513.37
OP - Other	\$13,442,953	\$14,262,341	\$144.96	\$148.45	2,520	2,589	\$690.20	\$688.14
Pharmacy	\$42,397,302	\$48,002,734	\$457.19	\$499.64	67,748	67,864	\$80.98	\$88.35
Prof - Anesthesia	\$377,109	\$409,794	\$4.07	\$4.27	470	472	\$103.80	\$108.35
Prof - Child EPSDT	\$56,075	\$66,975	\$0.60	\$0.70	714	715	\$10.16	\$11.71
Prof - Evaluation & Management	\$8,231,292	\$8,427,876	\$88.76	\$87.72	15,040	14,538	\$70.82	\$72.41
Prof - Maternity	\$2,736	\$338	\$0.03	\$0.00	1	0	\$304.00	\$337.96
Prof - Other	\$6,157,663	\$7,141,768	\$66.40	\$74.34	6,189	5,701	\$128.75	\$156.46
Prof - Psych	\$486,788	\$559,173	\$5.25	\$5.82	454	549	\$138.80	\$127.14
Prof - Specialist	\$3,094,741	\$3,344,523	\$33.37	\$34.81	2,778	2,762	\$144.16	\$151.24
Prof - Vision	\$381,396	\$400,505	\$4.11	\$4.17	609	624	\$80.99	\$80.17
Radiology	\$1,552,537	\$1,578,197	\$16.74	\$16.43	5,157	5,069	\$38.95	\$38.89
Transportation/Ambulance	\$1,277,149	\$1,341,867	\$13.77	\$13.97	2,677	2,830	\$61.75	\$59.21
<b>Total</b>	<b>\$128,055,597</b>	<b>\$135,952,078</b>	<b>\$1,380.89</b>	<b>\$1,415.08</b>	<b>114,770</b>	<b>113,212</b>	<b>\$144.38</b>	<b>\$149.99</b>

Notes: Units are for FFS services only. Shaded cells represent services that have capitation payments.  
Units do not included capitated units because of incomplete data and concerns of health plans fully reporting capitated claims

Appendix A-D 18CCCPlus\_HC 2017.12.04.xlsx

Com no LTSS - Tide - >45

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	22,475	25,407						
<b>Service Type</b>								
Adult Day Care	\$422,943	\$504,573	\$18.82	\$19.86	4,089	4,721	\$55.23	\$50.48
Case Management Services	\$294,830	\$342,172	\$13.12	\$13.47	482	495	\$326.50	\$326.50
Community Behavioral Health	\$5,228,127	\$6,776,784	\$232.62	\$266.73	127,241	143,030	\$21.94	\$22.38
Consumer Directed - Personal Care	\$21,349,162	\$27,023,802	\$949.91	\$1,063.64	1,107,391	1,187,003	\$10.29	\$10.75
Consumer Directed - Respite Care	\$4,226,937	\$4,647,576	\$188.07	\$182.93	219,683	203,035	\$10.27	\$10.81
DME/Supplies	\$654,979	\$893,592	\$29.14	\$35.17	997	1,158	\$350.63	\$364.43
Early Intervention Services	\$171,551	\$221,497	\$7.63	\$8.72	2,227	2,520	\$41.13	\$41.51
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$5,268	\$5,211	\$0.23	\$0.21	2	2	\$1,316.92	\$1,042.12
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
p	\$1,020,906	\$1,332,989	\$45.42	\$52.47	-38,639	14,856	(\$14.11)	\$42.38
Outpatient - Other	\$321	\$152	\$0.01	\$0.01	1	0	\$320.79	\$151.53
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$10,900,977	\$11,545,916	\$485.03	\$454.44	441,819	406,274	\$13.17	\$13.42
Personal Care Agency - Respite Care	\$1,722,115	\$1,512,916	\$76.62	\$59.55	69,618	53,804	\$13.21	\$13.28
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$7,272	\$5,816	\$0.32	\$0.23	2,823	1,899	\$1.38	\$1.45
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$518	\$3,726	\$0.02	\$0.15	9	18	\$32.38	\$95.54
Physician - Other Practitioner	\$357,076	\$418,509	\$15.89	\$16.47	30,604	34,115	\$6.23	\$5.79
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$58	\$0.00	\$0.00	0	0	\$0.00	\$57.60
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$46,362,982</b>	<b>\$55,235,290</b>	<b>\$2,062.87</b>	<b>\$2,174.02</b>	<b>1,968,347</b>	<b>2,052,930</b>	<b>\$12.58</b>	<b>\$12.71</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	13,244	15,227						
<b>Service Type</b>								
Adult Day Care	\$124,600	\$137,094	\$9.41	\$9.00	2,029	1,924	\$55.65	\$56.14
Case Management Services	\$294,177	\$387,556	\$22.21	\$25.45	816	935	\$326.50	\$326.50
Community Behavioral Health	\$2,502,273	\$3,638,671	\$188.94	\$238.96	96,295	124,115	\$23.54	\$23.10
Consumer Directed - Personal Care	\$13,147,801	\$16,526,728	\$992.74	\$1,085.36	1,204,630	1,265,530	\$9.89	\$10.29
Consumer Directed - Respite Care	\$2,855,632	\$3,002,018	\$215.62	\$197.15	260,673	227,689	\$9.93	\$10.39
DME/Supplies	\$171,308	\$184,135	\$12.93	\$12.09	631	564	\$246.13	\$257.17
Early Intervention Services	\$139,793	\$157,134	\$10.56	\$10.32	3,057	3,003	\$41.43	\$41.24
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$6,057	\$6,071	\$0.46	\$0.40	5	4	\$1,009.50	\$1,214.28
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$534,536	\$653,584	\$40.36	\$42.92	8,071	9,545	\$60.01	\$53.96
Outpatient - Other	\$0	\$779	\$0.00	\$0.05	0	2	\$0.00	\$389.44
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$2,576,258	\$2,391,494	\$194.52	\$157.06	178,656	141,822	\$13.07	\$13.29
Personal Care Agency - Respite Care	\$343,425	\$342,817	\$25.93	\$22.51	23,846	20,384	\$13.05	\$13.25
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$12,654	\$17,975	\$0.96	\$1.18	12,531	12,617	\$0.91	\$1.12
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,630	\$1,997	\$0.12	\$0.13	59	34	\$25.08	\$46.44
Physician - Other Practitioner	\$64,490	\$71,644	\$4.87	\$4.71	25,867	21,083	\$2.26	\$2.68
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$47	\$0	\$0.00	\$0.00	2	0	\$23.59	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$22,774,680</b>	<b>\$27,519,698</b>	<b>\$1,719.62</b>	<b>\$1,807.30</b>	<b>1,817,169</b>	<b>1,829,252</b>	<b>\$11.36</b>	<b>\$11.86</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	20,170	23,740						
<b>Service Type</b>								
Adult Day Care	\$80,171	\$188,694	\$3.97	\$7.95	1,439	2,789	\$33.14	\$34.20
Case Management Services	\$154,108	\$246,703	\$7.64	\$10.39	281	382	\$326.50	\$326.33
Community Behavioral Health	\$4,392,570	\$6,343,762	\$217.78	\$267.22	142,533	182,523	\$18.33	\$17.57
Consumer Directed - Personal Care	\$15,329,005	\$18,111,408	\$759.99	\$762.91	760,215	725,354	\$12.00	\$12.62
Consumer Directed - Respite Care	\$3,189,777	\$3,497,584	\$158.14	\$147.33	157,900	139,560	\$12.02	\$12.67
DME/Supplies	\$590,441	\$729,865	\$29.27	\$30.74	1,013	959	\$346.91	\$384.75
Early Intervention Services	\$286,588	\$302,468	\$14.21	\$12.74	4,081	3,629	\$41.78	\$42.13
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,705	\$8,288	\$0.08	\$0.35	1	2	\$852.32	\$2,072.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$873,655	\$1,180,409	\$43.31	\$49.72	13,012	15,480	\$39.95	\$38.54
Outpatient - Other	\$1,048	\$0	\$0.05	\$0.00	1	0	\$1,047.76	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$22,620,233	\$31,011,121	\$1,121.48	\$1,306.28	883,868	1,020,961	\$15.23	\$15.35
Personal Care Agency - Respite Care	\$3,101,687	\$4,344,460	\$153.78	\$183.00	121,782	141,826	\$15.15	\$15.48
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$41,644	\$39,021	\$2.06	\$1.64	17,951	11,864	\$1.38	\$1.66
Physician - IP Mental Health	\$0	\$121	\$0.00	\$0.01	0	1	\$0.00	\$121.26
Physician - OP Mental Health	\$684	\$4,753	\$0.03	\$0.20	20	76	\$20.12	\$31.69
Physician - Other Practitioner	\$231,458	\$310,705	\$11.48	\$13.09	35,366	30,347	\$3.89	\$5.18
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$50,894,775</b>	<b>\$66,319,363</b>	<b>\$2,523.29</b>	<b>\$2,793.57</b>	<b>2,139,463</b>	<b>2,275,754</b>	<b>\$14.15</b>	<b>\$14.73</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	9,249	10,561						
<b>Service Type</b>								
Adult Day Care	\$60,547	\$34,748	\$6.55	\$3.29	1,412	702	\$55.65	\$56.23
Case Management Services	\$258,588	\$343,805	\$27.96	\$32.55	1,028	1,196	\$326.50	\$326.50
Community Behavioral Health	\$1,415,323	\$2,334,522	\$153.02	\$221.05	47,731	69,550	\$38.47	\$38.14
Consumer Directed - Personal Care	\$9,310,494	\$11,348,253	\$1,006.65	\$1,074.54	1,222,311	1,251,499	\$9.88	\$10.30
Consumer Directed - Respite Care	\$2,102,396	\$2,295,705	\$227.31	\$217.38	275,175	250,148	\$9.91	\$10.43
DME/Supplies	\$175,090	\$173,524	\$18.93	\$16.43	571	547	\$397.93	\$360.76
Early Intervention Services	\$107,253	\$79,582	\$11.60	\$7.54	3,331	2,216	\$41.78	\$40.81
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$1,125	\$0	\$0.12	\$0.00	39	0	\$37.50	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,179	\$1,665	\$0.24	\$0.16	4	3	\$726.39	\$555.01
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$372,861	\$432,393	\$40.31	\$40.94	7,833	8,780	\$61.76	\$55.96
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$1,193,701	\$1,294,545	\$129.06	\$122.58	118,887	110,728	\$13.03	\$13.28
Personal Care Agency - Respite Care	\$145,868	\$163,732	\$15.77	\$15.50	14,587	14,029	\$12.97	\$13.26
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$14,473	\$27,036	\$1.56	\$2.56	9,261	12,603	\$2.03	\$2.44
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$802	\$300	\$0.09	\$0.03	19	1	\$53.47	\$300.00
Physician - Other Practitioner	\$76,093	\$99,295	\$8.23	\$9.40	20,711	26,588	\$4.77	\$4.24
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$15,236,794</b>	<b>\$18,629,102</b>	<b>\$1,647.40</b>	<b>\$1,763.95</b>	<b>1,722,899</b>	<b>1,748,592</b>	<b>\$11.47</b>	<b>\$12.11</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	3,712	4,057						
<b>Service Type</b>								
Adult Day Care	\$17,829	\$15,219	\$4.80	\$3.75	1,041	802	\$55.37	\$56.16
Case Management Services	\$123,091	\$123,417	\$33.16	\$30.42	1,219	1,118	\$326.50	\$326.50
Community Behavioral Health	\$232,598	\$406,458	\$62.66	\$100.19	32,088	51,958	\$23.43	\$23.14
Consumer Directed - Personal Care	\$3,191,720	\$3,655,244	\$859.84	\$900.97	1,044,952	1,057,124	\$9.87	\$10.23
Consumer Directed - Respite Care	\$573,706	\$625,149	\$154.55	\$154.09	187,249	176,661	\$9.90	\$10.47
DME/Supplies	\$57,793	\$81,470	\$15.57	\$20.08	598	624	\$312.39	\$386.11
Early Intervention Services	\$56,303	\$65,221	\$15.17	\$16.08	4,565	4,795	\$39.87	\$40.23
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$112,823	\$128,768	\$30.39	\$31.74	6,391	6,732	\$57.07	\$56.58
Outpatient - Other	\$147	\$0	\$0.04	\$0.00	3	0	\$146.61	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$767,299	\$685,571	\$206.71	\$168.98	190,296	153,211	\$13.03	\$13.24
Personal Care Agency - Respite Care	\$108,284	\$97,214	\$29.17	\$23.96	26,909	21,758	\$13.01	\$13.22
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$10,786	\$2,399	\$2.91	\$0.59	23,848	5,803	\$1.46	\$1.22
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$128	\$114	\$0.03	\$0.03	10	9	\$42.60	\$37.85
Physician - Other Practitioner	\$11,143	\$31,341	\$3.00	\$7.73	7,694	17,262	\$4.68	\$5.37
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$5,263,648</b>	<b>\$5,917,584</b>	<b>\$1,418.01</b>	<b>\$1,458.61</b>	<b>1,526,864</b>	<b>1,497,856</b>	<b>\$11.14</b>	<b>\$11.69</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix A**  
**Exhibit 1i**

All Ages								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	19,354	22,297						
<b>Service Type</b>								
Adult Day Care	\$62,105	\$65,810	\$3.21	\$2.95	692	630	\$55.65	\$56.20
Case Management Services	\$182,187	\$261,853	\$9.41	\$11.74	346	432	\$326.50	\$326.50
Community Behavioral Health	\$2,953,608	\$4,107,420	\$152.61	\$184.21	55,226	67,245	\$33.16	\$32.87
Consumer Directed - Personal Care	\$9,443,209	\$12,135,684	\$487.92	\$544.27	592,419	627,834	\$9.88	\$10.40
Consumer Directed - Respite Care	\$2,108,334	\$2,248,350	\$108.94	\$100.84	131,951	115,320	\$9.91	\$10.49
DME/Supplies	\$189,852	\$309,947	\$9.81	\$13.90	508	502	\$231.53	\$332.56
Early Intervention Services	\$85,582	\$137,767	\$4.42	\$6.18	1,499	1,925	\$35.39	\$38.51
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$12,720	\$15,518	\$0.66	\$0.70	6	5	\$1,271.99	\$1,551.83
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$466,721	\$574,632	\$24.11	\$25.77	6,308	6,889	\$45.87	\$44.89
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$22,026,780	\$25,866,584	\$1,138.10	\$1,160.09	1,051,123	1,071,926	\$12.99	\$12.99
Personal Care Agency - Respite Care	\$3,895,802	\$4,003,124	\$201.29	\$179.54	186,110	163,307	\$12.98	\$13.19
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$7,271	\$12,967	\$0.38	\$0.58	2,872	5,414	\$1.57	\$1.29
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$117	\$163	\$0.01	\$0.01	1	2	\$58.67	\$40.80
Physician - Other Practitioner	\$226,833	\$380,262	\$11.72	\$17.05	10,251	13,919	\$13.72	\$14.70
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$161	\$0	\$0.01	\$0.00	1	0	\$80.30	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$41,661,282</b>	<b>\$50,120,082</b>	<b>\$2,152.59</b>	<b>\$2,247.84</b>	<b>2,039,316</b>	<b>2,075,348</b>	<b>\$12.67</b>	<b>\$13.00</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - DD Waivers**

**Appendix A**  
**Exhibit 1j**

All Ages								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	10,861	13,286						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$20,896	\$19,590	\$1.92	\$1.47	71	54	\$326.50	\$326.50
Community Behavioral Health	\$1,049,297	\$1,845,705	\$96.61	\$138.92	46,661	79,956	\$24.85	\$20.85
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$142,796	\$201,463	\$13.15	\$15.16	519	546	\$303.82	\$333.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$18,605	\$22,101	\$1.71	\$1.66	17	19	\$1,240.31	\$1,052.41
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$255	\$0.00	\$0.02	0	1	\$0.00	\$255.20
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$4,098	\$0.00	\$0.31	0	145	\$0.00	\$25.61
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$76	\$18,006	\$0.01	\$1.36	2	431	\$38.03	\$37.75
Physician - Other Practitioner	\$34,430	\$37,717	\$3.17	\$2.84	15,626	15,089	\$2.43	\$2.26
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,266,100</b>	<b>\$2,148,934</b>	<b>\$116.57</b>	<b>\$161.74</b>	<b>62,896</b>	<b>96,241</b>	<b>\$22.24</b>	<b>\$20.17</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age Under 1								
Statewide	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	717	723						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Community Behavioral Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Personal Care	\$0	\$2,456	\$0.00	\$3.40	0	4,033	\$0.00	\$10.10
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$8,993	\$9,647	\$12.54	\$13.34	753	763	\$199.84	\$209.73
Early Intervention Services	\$92,413	\$103,420	\$128.89	\$143.04	32,720	40,299	\$47.27	\$42.59
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$9,138	\$7,684	\$12.75	\$10.63	134,728	119,801	\$1.14	\$1.06
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$493	\$358	\$0.69	\$0.49	50	33	\$164.47	\$178.77
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	(\$0)	\$0	(\$0.00)	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$111,037</b>	<b>\$123,565</b>	<b>\$154.86</b>	<b>\$170.91</b>	<b>168,251</b>	<b>164,929</b>	<b>\$11.05</b>	<b>\$12.43</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	4,999	5,638						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$12,734	\$9,142	\$2.55	\$1.62	94	60	\$326.50	\$326.50
Community Behavioral Health	\$858,299	\$1,910,957	\$171.69	\$338.94	120,756	252,715	\$17.06	\$16.09
Consumer Directed - Personal Care	\$0	\$16,663	\$0.00	\$2.96	0	3,510	\$0.00	\$10.10
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$248,287	\$349,063	\$49.67	\$61.91	1,671	2,052	\$356.73	\$362.10
Early Intervention Services	\$242,122	\$370,269	\$48.43	\$65.67	12,989	18,032	\$44.75	\$43.71
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$31,271	\$14,013	\$6.26	\$2.49	5,792	2,265	\$12.96	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$21,028	\$25,657	\$4.21	\$4.55	36,089	30,932	\$1.40	\$1.77
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$156	\$190	\$0.03	\$0.03	10	11	\$39.03	\$38.04
Physician - Other Practitioner	\$19,689	\$61,030	\$3.94	\$10.82	8,738	12,215	\$5.41	\$10.63
Physician - PCP	\$0	\$8	\$0.00	\$0.00	0	2	\$0.00	\$8.29
Physician - Specialist	\$0	\$84	\$0.00	\$0.01	0	2	\$0.00	\$83.52
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,433,587</b>	<b>\$2,757,077</b>	<b>\$286.77</b>	<b>\$489.02</b>	<b>186,138</b>	<b>321,795</b>	<b>\$18.49</b>	<b>\$18.24</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	3,003	3,136						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$39,180	\$37,548	\$13.05	\$11.97	480	440	\$326.50	\$326.50
Community Behavioral Health	\$289,546	\$606,562	\$96.42	\$193.42	61,135	127,944	\$18.93	\$18.14
Consumer Directed - Personal Care	\$9,243	\$829	\$3.08	\$0.26	3,780	314	\$9.77	\$10.10
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$26,571	\$36,376	\$8.85	\$11.60	527	486	\$201.29	\$286.42
Early Intervention Services	\$151,750	\$168,127	\$50.53	\$53.61	13,930	14,813	\$43.53	\$43.43
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$23,869	\$11,371	\$7.95	\$3.63	62,358	20,483	\$1.53	\$2.12
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$115	\$76	\$0.04	\$0.02	12	8	\$38.36	\$38.03
Physician - Other Practitioner	\$11,806	\$35,428	\$3.93	\$11.30	7,704	8,575	\$6.12	\$15.81
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$552,080</b>	<b>\$896,316</b>	<b>\$183.84</b>	<b>\$285.82</b>	<b>149,926</b>	<b>173,063</b>	<b>\$14.71</b>	<b>\$19.82</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	2,737	2,729						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,959	\$2,612	\$0.72	\$0.96	26	35	\$326.50	\$326.50
Community Behavioral Health	\$183,772	\$292,187	\$67.14	\$107.07	52,621	82,716	\$15.31	\$15.53
Consumer Directed - Personal Care	\$0	\$10,917	\$0.00	\$4.00	0	3,674	\$0.00	\$13.07
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$78,835	\$72,392	\$28.80	\$26.53	1,039	1,011	\$332.64	\$314.75
Early Intervention Services	\$166,238	\$227,105	\$60.74	\$83.22	16,595	22,712	\$43.92	\$43.97
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$38,937	\$44,956	\$14.23	\$16.47	11,119	12,598	\$15.35	\$15.69
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$22,327	\$29,039	\$8.16	\$10.64	78,217	73,258	\$1.25	\$1.74
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$78	\$0	\$0.03	\$0.00	9	0	\$39.03	\$0.00
Physician - Other Practitioner	\$30,437	\$44,539	\$11.12	\$16.32	47,978	41,470	\$2.78	\$4.72
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$522,583</b>	<b>\$723,746</b>	<b>\$190.93</b>	<b>\$265.21</b>	<b>207,604</b>	<b>237,474</b>	<b>\$11.04</b>	<b>\$13.40</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	3,976	3,563						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$66,280	\$63,668	\$16.67	\$17.87	613	657	\$326.50	\$326.50
Community Behavioral Health	\$408,686	\$476,797	\$102.79	\$133.82	61,920	88,789	\$19.92	\$18.09
Consumer Directed - Personal Care	\$61,699	\$96,739	\$15.52	\$27.15	18,771	31,921	\$9.92	\$10.21
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$35,567	\$34,773	\$8.95	\$9.76	302	333	\$355.67	\$351.24
Early Intervention Services	\$249,125	\$223,611	\$62.66	\$62.76	16,364	16,476	\$45.95	\$45.71
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$1,013	\$225	\$0.25	\$0.06	81	20	\$37.50	\$37.50
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$36,780	\$55,412	\$9.25	\$15.55	67,621	141,397	\$1.64	\$1.32
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$233	\$114	\$0.06	\$0.03	18	10	\$38.86	\$38.03
Physician - Other Practitioner	\$13,371	\$13,091	\$3.36	\$3.67	3,444	4,917	\$11.72	\$8.97
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$872,754</b>	<b>\$964,429</b>	<b>\$219.51</b>	<b>\$270.68</b>	<b>169,133</b>	<b>284,521</b>	<b>\$15.57</b>	<b>\$11.42</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	1,641	1,496						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$38,854	\$21,223	\$23.68	\$14.19	870	521	\$326.50	\$326.50
Community Behavioral Health	\$207,776	\$169,969	\$126.62	\$113.62	78,091	76,195	\$19.46	\$17.89
Consumer Directed - Personal Care	\$61,358	\$74,210	\$37.39	\$49.61	45,094	56,828	\$9.95	\$10.47
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$15,439	\$20,224	\$9.41	\$13.52	168	289	\$671.25	\$561.77
Early Intervention Services	\$199,884	\$228,490	\$121.81	\$152.73	34,691	45,008	\$42.13	\$40.72
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$75	\$113	\$0.05	\$0.08	15	24	\$37.50	\$37.50
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$10,493	\$19,693	\$6.39	\$13.16	50,282	52,668	\$1.53	\$3.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$76	\$0.00	\$0.05	0	16	\$0.00	\$38.03
Physician - Other Practitioner	\$7,539	\$10,647	\$4.59	\$7.12	13,565	45,225	\$4.06	\$1.89
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$541,418</b>	<b>\$544,645</b>	<b>\$329.93</b>	<b>\$364.07</b>	<b>222,776</b>	<b>276,775</b>	<b>\$17.77</b>	<b>\$15.78</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 1-5								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	4,683	5,166						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$4,898	\$12,407	\$1.05	\$2.40	38	88	\$326.50	\$326.50
Community Behavioral Health	\$490,988	\$559,720	\$104.84	\$108.35	68,635	73,659	\$18.33	\$17.65
Consumer Directed - Personal Care	\$88,162	\$49,218	\$18.83	\$9.53	22,904	11,264	\$9.86	\$10.15
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$68,647	\$96,086	\$14.66	\$18.60	766	771	\$229.59	\$289.42
Early Intervention Services	\$296,665	\$279,891	\$63.35	\$54.18	17,051	14,669	\$44.58	\$44.32
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$130,266	\$101,640	\$27.82	\$19.67	25,848	17,814	\$12.91	\$13.25
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$21,899	\$15,347	\$4.68	\$2.97	47,321	33,494	\$1.19	\$1.06
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$38	\$76	\$0.01	\$0.01	3	5	\$38.03	\$38.03
Physician - Other Practitioner	\$55,232	\$83,382	\$11.79	\$16.14	15,421	14,139	\$9.18	\$13.70
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,156,795</b>	<b>\$1,197,766</b>	<b>\$247.02</b>	<b>\$231.86</b>	<b>197,987</b>	<b>165,903</b>	<b>\$14.97</b>	<b>\$16.77</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	61,019	59,815						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,062,431	\$1,102,917	\$17.41	\$18.44	640	678	\$326.50	\$326.50
Community Behavioral Health	\$15,828,097	\$17,139,856	\$259.40	\$286.55	79,795	98,945	\$39.01	\$34.75
Consumer Directed - Personal Care	\$24,521	\$52,945	\$0.40	\$0.89	489	1,048	\$9.86	\$10.14
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$327,606	\$412,388	\$5.37	\$6.89	187	239	\$344.85	\$346.54
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$6,655	\$5,426	\$0.11	\$0.09	1	1	\$1,330.91	\$1,808.52
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$261	\$0.00	\$0.00	0	0	\$0.00	\$261.22
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$161	\$0.00	\$0.00	0	0	\$0.00	\$160.52
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$37,394	\$6,651	\$0.61	\$0.11	572	101	\$12.86	\$13.17
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$17	\$1,022	\$0.00	\$0.02	1	172	\$4.21	\$1.19
Physician - IP Mental Health	\$286	\$0	\$0.00	\$0.00	1	0	\$95.48	\$0.00
Physician - OP Mental Health	\$3,107	\$6,351	\$0.05	\$0.11	26	31	\$23.72	\$40.98
Physician - Other Practitioner	\$98,382	\$79,297	\$1.61	\$1.33	6,142	6,859	\$3.15	\$2.32
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$166	\$0	\$0.00	\$0.00	0	0	\$83.12	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$17,388,661</b>	<b>\$18,807,275</b>	<b>\$284.97</b>	<b>\$314.42</b>	<b>87,853</b>	<b>108,074</b>	<b>\$38.92</b>	<b>\$34.91</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	27,700	27,355						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,293,593	\$1,344,201	\$46.70	\$49.14	1,716	1,806	\$326.50	\$326.50
Community Behavioral Health	\$6,130,080	\$6,551,265	\$221.30	\$239.49	76,748	87,206	\$34.60	\$32.96
Consumer Directed - Personal Care	\$35,272	\$124,527	\$1.27	\$4.55	1,539	5,149	\$9.93	\$10.61
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$99,023	\$88,226	\$3.57	\$3.23	142	126	\$301.90	\$307.41
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$540	\$1,835	\$0.02	\$0.07	0	0	\$539.95	\$1,835.31
Inpatient - Psych	\$0	\$540	\$0.00	\$0.02	0	0	\$0.00	\$539.95
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$12,180	\$8,747	\$0.44	\$0.32	203	143	\$25.97	\$26.83
Physician - Other Practitioner	\$46,597	\$43,824	\$1.68	\$1.60	8,319	9,082	\$2.43	\$2.12
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$7,617,284</b>	<b>\$8,163,165</b>	<b>\$274.99</b>	<b>\$298.42</b>	<b>88,668</b>	<b>103,512</b>	<b>\$37.22</b>	<b>\$34.59</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	18,879	19,517						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$236,386	\$273,607	\$12.52	\$14.02	460	515	\$326.50	\$326.50
Community Behavioral Health	\$2,945,224	\$3,507,629	\$156.01	\$179.72	69,754	91,735	\$26.84	\$23.51
Consumer Directed - Personal Care	\$4,464	\$0	\$0.24	\$0.00	227	0	\$12.51	\$0.00
Consumer Directed - Respite Care	\$2,634	\$0	\$0.14	\$0.00	130	0	\$12.91	\$0.00
DME/Supplies	\$102,986	\$144,943	\$5.46	\$7.43	207	239	\$316.88	\$373.56
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$39,982	\$13,818	\$2.12	\$0.71	4	20	\$6,663.61	\$431.82
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$430,557	\$650,380	\$22.81	\$33.32	17,821	25,570	\$15.36	\$15.64
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$123	\$0.00	\$0.01	0	1	\$0.00	\$122.81
Physician - OP Mental Health	\$4,956	\$3,254	\$0.26	\$0.17	180	108	\$17.51	\$18.49
Physician - Other Practitioner	\$92,857	\$102,794	\$4.92	\$5.27	19,847	30,295	\$2.97	\$2.09
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$3,860,046</b>	<b>\$4,696,549</b>	<b>\$204.46</b>	<b>\$240.64</b>	<b>108,629</b>	<b>148,483</b>	<b>\$22.59</b>	<b>\$19.45</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	23,720	24,241						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,124,466	\$1,189,766	\$47.41	\$49.08	1,742	1,804	\$326.50	\$326.50
Community Behavioral Health	\$4,691,893	\$5,108,748	\$197.80	\$210.75	62,959	69,377	\$37.70	\$36.45
Consumer Directed - Personal Care	\$86,637	\$192,297	\$3.65	\$7.93	4,423	9,355	\$9.91	\$10.18
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$94,189	\$97,953	\$3.97	\$4.04	116	129	\$411.31	\$376.74
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,179	\$2,193	\$0.09	\$0.09	1	1	\$1,089.58	\$731.11
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$29,117	\$17,681	\$1.23	\$0.73	1,130	658	\$13.04	\$13.30
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,526	\$780	\$0.06	\$0.03	23	11	\$33.92	\$33.92
Physician - Other Practitioner	\$93,459	\$98,115	\$3.94	\$4.05	8,847	8,482	\$5.34	\$5.73
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$376	\$0	\$0.02	\$0.00	1	0	\$376.04	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,123,843</b>	<b>\$6,707,534</b>	<b>\$258.17</b>	<b>\$276.70</b>	<b>79,241</b>	<b>89,817</b>	<b>\$39.10</b>	<b>\$36.97</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	12,555	12,053						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$771,193	\$815,271	\$61.43	\$67.64	2,258	2,486	\$326.50	\$326.50
Community Behavioral Health	\$3,459,949	\$3,019,549	\$275.58	\$250.52	105,089	99,074	\$31.47	\$30.34
Consumer Directed - Personal Care	\$131,688	\$153,829	\$10.49	\$12.76	12,760	15,140	\$9.86	\$10.12
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$46,067	\$53,622	\$3.67	\$4.45	173	168	\$254.51	\$317.29
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$23,880	\$32,258	\$1.90	\$2.68	1,783	2,468	\$12.80	\$13.01
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,715	\$2,027	\$0.14	\$0.17	64	59	\$25.59	\$34.36
Physician - Other Practitioner	\$33,446	\$59,646	\$2.66	\$4.95	9,319	13,011	\$3.43	\$4.56
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$4,467,937</b>	<b>\$4,136,201</b>	<b>\$355.87</b>	<b>\$343.17</b>	<b>131,445</b>	<b>132,407</b>	<b>\$32.49</b>	<b>\$31.10</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 6-20								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	51,166	50,325						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$904,079	\$1,037,944	\$17.67	\$20.62	649	758	\$326.50	\$326.50
Community Behavioral Health	\$11,508,370	\$12,560,618	\$224.92	\$249.59	62,031	71,179	\$43.51	\$42.08
Consumer Directed - Personal Care	\$151,071	\$205,002	\$2.95	\$4.07	3,579	4,820	\$9.90	\$10.14
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$145,871	\$225,690	\$2.85	\$4.48	112	127	\$304.53	\$423.43
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$12,033	\$5,167	\$0.24	\$0.10	2	1	\$1,504.11	\$1,722.47
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$324,165	\$434,459	\$6.34	\$8.63	5,824	7,818	\$13.05	\$13.25
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$436	\$0	\$0.01	\$0.00	101	0	\$1.01	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$1,227	\$1,681	\$0.02	\$0.03	11	15	\$27.26	\$25.86
Physician - Other Practitioner	\$192,178	\$213,396	\$3.76	\$4.24	4,507	5,681	\$10.00	\$8.96
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$321	\$84	\$0.01	\$0.00	1	0	\$107.10	\$83.52
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,239,750</b>	<b>\$14,684,041</b>	<b>\$258.76</b>	<b>\$291.78</b>	<b>76,817</b>	<b>90,401</b>	<b>\$40.42</b>	<b>\$38.73</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
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**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	35,658	35,830						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$943,912	\$931,505	\$26.47	\$26.00	973	956	\$326.50	\$326.50
Community Behavioral Health	\$12,370,519	\$14,227,105	\$346.92	\$397.07	70,513	71,519	\$59.04	\$66.62
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$46,151	\$64,175	\$1.29	\$1.79	13	14	\$1,214.49	\$1,527.98
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$3,775	\$0.00	\$0.11	0	1	\$0.00	\$1,887.61
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$584	\$743	\$0.02	\$0.02	201	243	\$0.98	\$1.02
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$264	\$34	\$0.01	\$0.00	1	0	\$87.84	\$34.00
Physician - Other Practitioner	\$2,171	\$1,866	\$0.06	\$0.05	9	9	\$77.53	\$71.77
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$163	\$0.00	\$0.00	0	1	\$0.00	\$81.34
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,363,600</b>	<b>\$15,229,366</b>	<b>\$374.77</b>	<b>\$425.05</b>	<b>71,710</b>	<b>72,742</b>	<b>\$62.71</b>	<b>\$70.12</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	18,178	17,901						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$613,494	\$637,002	\$33.75	\$35.58	1,240	1,308	\$326.50	\$326.50
Community Behavioral Health	\$3,194,057	\$3,753,501	\$175.71	\$209.68	31,320	37,711	\$67.32	\$66.72
Consumer Directed - Personal Care	\$2,931	\$0	\$0.16	\$0.00	198	0	\$9.77	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$48	\$166	\$0.00	\$0.01	1	2	\$47.70	\$55.33
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$10,830	\$22,648	\$0.60	\$1.27	8	14	\$902.54	\$1,078.47
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$1,697	\$1,094	\$0.09	\$0.06	1,055	1,433	\$1.06	\$0.51
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$49	\$0.00	\$0.00	0	1	\$0.00	\$49.04
Physician - Other Practitioner	\$571	\$933	\$0.03	\$0.05	9	18	\$43.94	\$34.56
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$453	\$0.00	\$0.03	0	5	\$0.00	\$64.74
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$3,823,628</b>	<b>\$4,415,845</b>	<b>\$210.34</b>	<b>\$246.68</b>	<b>33,830</b>	<b>40,492</b>	<b>\$74.61</b>	<b>\$73.11</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	12,280	12,142						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$355,885	\$362,284	\$28.98	\$29.84	1,065	1,097	\$326.50	\$326.38
Community Behavioral Health	\$1,248,459	\$1,194,360	\$101.67	\$98.37	33,077	22,200	\$36.88	\$53.17
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$26,903	\$40,408	\$2.19	\$3.33	20	28	\$1,345.13	\$1,443.16
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$602	\$0	\$0.05	\$0.00	2	0	\$300.80	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$889	\$366	\$0.07	\$0.03	176	74	\$4.94	\$4.89
Physician - IP Mental Health	\$0	\$123	\$0.00	\$0.01	0	1	\$0.00	\$122.81
Physician - OP Mental Health	\$0	\$344	\$0.00	\$0.03	0	4	\$0.00	\$85.92
Physician - Other Practitioner	\$1,081	\$2,062	\$0.09	\$0.17	15	21	\$72.09	\$98.20
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,633,818</b>	<b>\$1,599,948</b>	<b>\$133.05</b>	<b>\$131.77</b>	<b>34,354</b>	<b>23,425</b>	<b>\$46.47</b>	<b>\$67.50</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	17,299	17,200						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$569,090	\$590,312	\$32.90	\$34.32	1,209	1,261	\$326.50	\$326.50
Community Behavioral Health	\$4,595,490	\$4,782,413	\$265.65	\$278.05	40,880	41,962	\$77.98	\$79.51
Consumer Directed - Personal Care	\$0	\$70	\$0.00	\$0.00	0	5	\$0.00	\$9.97
Consumer Directed - Respite Care	\$0	\$40	\$0.00	\$0.00	0	3	\$0.00	\$9.97
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$4,926	\$13,324	\$0.28	\$0.77	5	10	\$703.66	\$951.69
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$727	\$1,191	\$0.04	\$0.07	8	6	\$66.10	\$148.90
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$5,170,232</b>	<b>\$5,387,349</b>	<b>\$298.87</b>	<b>\$313.22</b>	<b>42,102</b>	<b>43,246</b>	<b>\$85.19</b>	<b>\$86.91</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	17,388	16,525						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$569,416	\$576,926	\$32.75	\$34.91	1,204	1,283	\$326.50	\$326.50
Community Behavioral Health	\$948,261	\$776,687	\$54.54	\$47.00	11,038	9,514	\$59.29	\$59.28
Consumer Directed - Personal Care	\$6,409	\$0	\$0.37	\$0.00	453	0	\$9.77	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$103	\$96	\$0.01	\$0.01	1	1	\$102.61	\$96.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$126	\$0.00	\$0.01	0	23	\$0.00	\$4.05
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$5,449	\$5,593	\$0.31	\$0.34	4	4	\$908.20	\$932.24
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$208	\$112	\$0.01	\$0.01	1	1	\$208.19	\$111.74
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$225	\$0	\$0.01	\$0.00	401	0	\$0.39	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$38	\$0.00	\$0.00	0	1	\$0.00	\$38.03
Physician - Other Practitioner	\$447	\$174	\$0.03	\$0.01	2	4	\$148.88	\$28.95
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,530,518</b>	<b>\$1,359,751</b>	<b>\$88.02</b>	<b>\$82.28</b>	<b>13,103</b>	<b>10,830</b>	<b>\$80.61</b>	<b>\$91.17</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Female								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	30,035	29,844						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$478,649	\$424,450	\$15.94	\$14.22	586	523	\$326.50	\$326.50
Community Behavioral Health	\$7,670,960	\$8,609,448	\$255.40	\$288.48	45,693	49,828	\$67.07	\$69.47
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$99	\$0.00	\$0.00	0	1	\$0.00	\$49.44
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$87,540	\$115,078	\$2.91	\$3.86	24	27	\$1,458.99	\$1,692.32
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$2,341	\$1,330	\$0.08	\$0.04	843	517	\$1.11	\$1.04
Physician - IP Mental Health	\$123	\$121	\$0.00	\$0.00	0	0	\$122.81	\$121.26
Physician - OP Mental Health	\$121	\$174	\$0.00	\$0.01	0	1	\$120.91	\$58.10
Physician - Other Practitioner	\$2,170	\$3,605	\$0.07	\$0.12	11	17	\$80.38	\$83.84
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$589	\$0.00	\$0.02	0	5	\$0.00	\$49.08
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$8,241,903</b>	<b>\$9,154,896</b>	<b>\$274.41</b>	<b>\$306.76</b>	<b>47,158</b>	<b>50,920</b>	<b>\$69.83</b>	<b>\$72.29</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	34,863	35,389						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,191,072	\$1,214,254	\$34.16	\$34.31	1,256	1,261	\$326.50	\$326.50
Community Behavioral Health	\$7,810,163	\$8,947,286	\$224.02	\$252.83	54,734	60,644	\$49.12	\$50.03
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$611	\$384	\$0.02	\$0.01	1	1	\$203.51	\$96.07
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$59,059	\$53,672	\$1.69	\$1.52	16	14	\$1,256.57	\$1,277.90
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$295	\$0.00	\$0.01	0	14	\$0.00	\$7.03
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$1,254	\$0.00	\$0.04	0	2	\$0.00	\$208.98
Physician - Other Practitioner	\$2,574	\$2,208	\$0.07	\$0.06	6	9	\$151.39	\$84.93
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$53	\$0	\$0.00	\$0.00	1	0	\$26.59	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$9,063,531</b>	<b>\$10,219,353</b>	<b>\$259.98</b>	<b>\$288.77</b>	<b>56,014</b>	<b>61,945</b>	<b>\$55.70</b>	<b>\$55.94</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	16,252	16,398						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$593,904	\$621,330	\$36.54	\$37.89	1,343	1,393	\$326.50	\$326.50
Community Behavioral Health	\$2,186,988	\$2,623,447	\$134.57	\$159.99	27,834	32,324	\$58.02	\$59.39
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$31,960	\$43,972	\$1.97	\$2.68	20	30	\$1,183.70	\$1,072.49
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$121	\$0	\$0.01	\$0.00	1	0	\$120.91	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$688	\$970	\$0.04	\$0.06	129	5	\$3.93	\$138.53
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$2,813,661</b>	<b>\$3,289,718</b>	<b>\$173.13</b>	<b>\$200.62</b>	<b>29,327</b>	<b>33,752</b>	<b>\$70.84</b>	<b>\$71.33</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	14,628	15,125						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$511,626	\$528,277	\$34.98	\$34.93	1,285	1,284	\$326.50	\$326.50
Community Behavioral Health	\$1,164,615	\$1,262,955	\$79.62	\$83.50	21,422	19,352	\$44.60	\$51.78
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$28,324	\$84,160	\$1.94	\$5.56	17	34	\$1,348.75	\$1,957.21
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$248	\$174	\$0.02	\$0.01	1	1	\$247.83	\$174.40
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$123	\$112	\$0.01	\$0.01	1	2	\$122.81	\$55.88
Physician - OP Mental Health	\$115	\$1,009	\$0.01	\$0.07	5	7	\$19.13	\$112.15
Physician - Other Practitioner	\$3,977	\$4,753	\$0.27	\$0.31	138	121	\$23.67	\$31.07
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,709,026</b>	<b>\$1,881,441</b>	<b>\$116.83</b>	<b>\$124.39</b>	<b>22,869</b>	<b>20,800</b>	<b>\$61.31</b>	<b>\$71.76</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	14,505	14,650						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$435,225	\$475,384	\$30.01	\$32.45	1,103	1,193	\$326.50	\$326.50
Community Behavioral Health	\$2,946,259	\$3,115,806	\$203.12	\$212.68	34,086	35,707	\$71.51	\$71.48
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$136	\$0	\$0.01	\$0.00	2	0	\$67.81	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$18,163	\$30,272	\$1.25	\$2.07	16	25	\$955.96	\$976.51
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$250	\$0	\$0.02	\$0.00	1	0	\$250.13	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$0	\$469	\$0.00	\$0.03	0	5	\$0.00	\$78.17
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$3,400,033</b>	<b>\$3,621,931</b>	<b>\$234.40</b>	<b>\$247.23</b>	<b>35,207</b>	<b>36,930</b>	<b>\$79.89</b>	<b>\$80.34</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	12,797	12,370						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$402,575	\$407,146	\$31.46	\$32.91	1,156	1,210	\$326.50	\$326.50
Community Behavioral Health	\$631,768	\$599,028	\$49.37	\$48.43	11,949	11,767	\$49.58	\$49.38
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$4,320	\$4,448	\$0.34	\$0.36	3	3	\$1,439.87	\$1,482.53
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$0	\$358	\$0.00	\$0.03	0	2	\$0.00	\$178.77
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$1,038,662</b>	<b>\$1,010,978</b>	<b>\$81.16</b>	<b>\$81.73</b>	<b>13,108</b>	<b>12,982</b>	<b>\$74.30</b>	<b>\$75.55</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 21-44 Male								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	28,891	29,691						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$787,192	\$797,640	\$27.25	\$26.86	1,001	987	\$326.50	\$326.50
Community Behavioral Health	\$6,694,699	\$7,707,272	\$231.72	\$259.58	43,847	48,868	\$63.42	\$63.74
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$185,618	\$167,868	\$6.42	\$5.65	54	43	\$1,438.90	\$1,583.66
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$269	\$15	\$0.01	\$0.00	0	0	\$269.06	\$15.05
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$367	\$123	\$0.01	\$0.00	1	0	\$122.18	\$122.81
Physician - OP Mental Health	\$123	\$398	\$0.00	\$0.01	0	1	\$122.81	\$132.69
Physician - Other Practitioner	\$7,437	\$6,282	\$0.26	\$0.21	41	30	\$75.12	\$83.76
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$7,675,704</b>	<b>\$8,679,597</b>	<b>\$265.68</b>	<b>\$292.33</b>	<b>44,945</b>	<b>49,930</b>	<b>\$70.93</b>	<b>\$70.26</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Central Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	100,744	103,323						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$2,907,483	\$2,880,057	\$28.86	\$27.87	1,061	1,024	\$326.50	\$326.50
Community Behavioral Health	\$24,325,185	\$29,794,099	\$241.46	\$288.36	69,032	79,661	\$41.97	\$43.44
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$124	\$217	\$0.00	\$0.00	0	1	\$61.94	\$43.46
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$241	\$0	\$0.00	\$0.00	0	0	\$240.66	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$58,540	\$63,337	\$0.58	\$0.61	5	6	\$1,272.60	\$1,218.03
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$3,830	\$4,913	\$0.04	\$0.05	0	0	\$957.51	\$2,456.59
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$475	\$0	\$0.00	\$0.00	1	0	\$79.20	\$0.00
Physician - Other Practitioner	\$9,322	\$13,164	\$0.09	\$0.13	7	9	\$155.37	\$166.63
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$189	\$0.00	\$0.00	0	0	\$0.00	\$94.60
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$27,305,199</b>	<b>\$32,755,977</b>	<b>\$271.04</b>	<b>\$317.03</b>	<b>70,106</b>	<b>80,702</b>	<b>\$46.39</b>	<b>\$47.14</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Charlottesville Western Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	57,256	58,636						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,475,454	\$1,485,575	\$25.77	\$25.34	947	931	\$326.50	\$326.50
Community Behavioral Health	\$5,695,756	\$6,943,338	\$99.48	\$118.41	19,975	22,472	\$59.76	\$63.23
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$61,343	\$44,507	\$1.07	\$0.76	10	8	\$1,333.54	\$1,171.24
Inpatient - Psych	\$14,084	\$0	\$0.25	\$0.00	0	0	\$14,083.88	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$1,730	\$0	\$0.03	\$0.00	1	0	\$576.58	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$145	\$49	\$0.00	\$0.00	0	0	\$72.31	\$49.04
Physician - Other Practitioner	\$2,876	\$5,146	\$0.05	\$0.09	6	13	\$106.51	\$82.99
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$14	\$112	\$0.00	\$0.00	0	0	\$13.54	\$111.66
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$7,251,399</b>	<b>\$8,478,727</b>	<b>\$126.65</b>	<b>\$144.60</b>	<b>20,938</b>	<b>23,425</b>	<b>\$72.58</b>	<b>\$74.08</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Northern & Winchester Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	62,551	64,820						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,460,108	\$1,485,771	\$23.34	\$22.92	858	843	\$326.50	\$326.47
Community Behavioral Health	\$3,420,118	\$3,387,459	\$54.68	\$52.26	17,985	15,148	\$36.48	\$41.40
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$264	\$0	\$0.00	\$0.00	1	0	\$88.10	\$0.00
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$32,842	\$52,429	\$0.53	\$0.81	5	7	\$1,313.67	\$1,416.99
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$2,041	\$695	\$0.03	\$0.01	0	1	\$2,040.63	\$231.56
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$184	\$0.00	\$0.00	0	1	\$0.00	\$61.26
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$422	\$121	\$0.01	\$0.00	1	0	\$105.60	\$121.26
Physician - OP Mental Health	\$0	\$380	\$0.00	\$0.01	0	1	\$0.00	\$76.09
Physician - Other Practitioner	\$3,436	\$4,215	\$0.05	\$0.07	5	7	\$137.43	\$110.92
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$4,919,231</b>	<b>\$4,931,253</b>	<b>\$78.64</b>	<b>\$76.08</b>	<b>18,854</b>	<b>16,007</b>	<b>\$50.05</b>	<b>\$57.03</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Roanoke/Alleghany Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	51,439	52,726						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,443,130	\$1,446,395	\$28.06	\$27.43	1,031	1,008	\$326.50	\$326.50
Community Behavioral Health	\$9,563,183	\$9,904,336	\$185.91	\$187.85	28,272	29,174	\$78.91	\$77.27
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$176	\$210	\$0.00	\$0.00	1	1	\$58.55	\$52.49
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$19,288	\$28,968	\$0.37	\$0.55	5	7	\$876.72	\$998.89
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Other Practitioner	\$3,174	\$2,954	\$0.06	\$0.06	5	4	\$151.16	\$155.45
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$11,028,951</b>	<b>\$11,382,862</b>	<b>\$214.41</b>	<b>\$215.89</b>	<b>29,314</b>	<b>30,194</b>	<b>\$87.77</b>	<b>\$85.80</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Southwest Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	65,924	65,645						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,926,350	\$1,922,759	\$29.22	\$29.29	1,074	1,077	\$326.50	\$326.50
Community Behavioral Health	\$2,542,968	\$2,615,714	\$38.57	\$39.85	8,685	8,678	\$53.30	\$55.10
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$157	\$156	\$0.00	\$0.00	0	1	\$78.66	\$51.96
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$6,039	\$8,256	\$0.09	\$0.13	1	1	\$1,207.77	\$1,179.42
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$1,616	\$0	\$0.02	\$0.00	0	0	\$1,616.37	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$177	\$0	\$0.00	\$0.00	0	0	\$88.42	\$0.00
Physician - Other Practitioner	\$1,355	\$1,988	\$0.02	\$0.03	2	2	\$150.58	\$165.68
Physician - PCP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Specialist	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$4,478,663</b>	<b>\$4,548,873</b>	<b>\$67.94</b>	<b>\$69.30</b>	<b>9,762</b>	<b>9,758</b>	<b>\$83.51</b>	<b>\$85.21</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix A**  
**Exhibit 1k**

Age 45 and Over								
Tidewater Region	Total Payments CY2015	Total Payments CY2016	Unadjusted PMPM CY2015	Unadjusted PMPM CY2016	Units/1000 CY2015	Units/1000 CY2016	Cost/Unit CY2015	Cost/Unit CY2016
Total Member Months	92,734	96,074						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Case Management Services	\$1,650,131	\$1,695,841	\$17.79	\$17.65	654	649	\$326.50	\$326.50
Community Behavioral Health	\$15,251,023	\$17,852,024	\$164.46	\$185.82	42,168	47,453	\$46.80	\$46.99
Consumer Directed - Personal Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
DME/Supplies	\$119	\$219	\$0.00	\$0.00	0	0	\$59.55	\$54.71
Early Intervention Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$138,560	\$222,884	\$1.49	\$2.32	13	15	\$1,399.60	\$1,812.07
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Lab and X-ray Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - IP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - OP	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Other	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Nursing Facility	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Other Waiver Services	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Outpatient - Other	\$0	\$625	\$0.00	\$0.01	0	0	\$0.00	\$625.09
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Personal Care Agency - Personal Care	\$111	\$215	\$0.00	\$0.00	0	2	\$55.69	\$13.43
Personal Care Agency - Respite Care	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Pharmacy	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	0	0	\$0.00	\$0.00
Physician - OP Mental Health	\$367	\$811	\$0.00	\$0.01	1	1	\$73.36	\$73.68
Physician - Other Practitioner	\$4,782	\$10,944	\$0.05	\$0.11	7	15	\$86.95	\$88.97
Physician - PCP	\$72	\$0	\$0.00	\$0.00	0	0	\$71.75	\$0.00
Physician - Specialist	\$366	\$49	\$0.00	\$0.00	1	0	\$61.02	\$49.33
Transportation - Emergency	\$179	\$0	\$0.00	\$0.00	0	0	\$89.52	\$0.00
<b>Total Medicaid Only</b>	<b>\$17,045,711</b>	<b>\$19,783,612</b>	<b>\$183.81</b>	<b>\$205.92</b>	<b>42,844</b>	<b>48,137</b>	<b>\$51.48</b>	<b>\$51.33</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Prescription Drug Rebate and Copay Adjustment**  
**Not MCO Enrolled**

**Appendix B**  
**Exhibit 2a**

	Dual Nursing Home	NonDual Nursing Home	EDCD	Dual DD Waivers	NonDual DD Waivers	Technology Assisted Waiver	Community no LTSS	Source
1a. Fee-for-Service Net Cost PMPM*	\$17.50	\$666.08	\$35.75	\$9.23	\$442.06	\$1,061.91	\$7.39	CY15-16 FFS Invoices
1b. Fee-for-Service Net Cost per Script	\$9.07	\$64.72	\$65.45	\$7.93	\$100.40	\$227.93	\$24.53	CY15-16 FFS Invoices
2a. Average Fee-for-Service Copayment per Script	\$0.02	\$0.02	\$0.01	\$0.00	\$0.00	\$0.00	\$0.15	CY15-16 FFS Invoices
2b. Average Fee-for-Service Copayment PMPM	\$0.04	\$0.24	\$0.01	\$0.01	\$0.01	\$0.00	\$0.04	= (2b.) * scripts / MM
3. FFS Dispensing Fee PMPM	\$6.24	\$31.76	\$1.92	\$4.10	\$15.57	\$15.32	\$1.07	CY15-16 FFS Invoices
4. Average Managed Care Rebate	0.5%	2.2%	2.1%	0.5%	2.1%	2.1%	1.5%	From Plan Data
5. Managed Care Dispensing Fee PMPM	\$2.49	\$13.29	\$0.71	\$1.50	\$5.69	\$6.02	\$0.39	From Plan Data
6. Average PBM Admin Cost PMPM	\$1.22	\$6.49	\$0.34	\$0.73	\$2.78	\$2.94	\$0.19	From Plan Data
7. Adjusted Cost PMPM	\$14.96	\$640.58	\$34.19	\$7.35	\$426.18	\$1,034.00	\$6.85	= ((1a.) + (2b.) - (3.)) * (1 - (4.)) + (5.) + (6.)
<b>8. Pharmacy Adjustment Factor</b>	<b>-14.5%</b>	<b>-3.8%</b>	<b>-4.4%</b>	<b>-20.4%</b>	<b>-3.6%</b>	<b>-2.6%</b>	<b>-7.3%</b>	= (7.) / (1a.) -1

Note: Net of rebates. Standard and supplemental rebates have been applied to the base data.  
Dual Community no LTSS population is subject to limited co-payments. Copayments have been removed from the base data.

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Hospital Inpatient Adjustment  
 Not MCO Enrolled

Appendix B  
 Exhibit 2b (i)

	<u>All Eligibles Nursing Home</u>		<u>All Eligibles EDCD</u>		<u>All Eligibles DD Waivers</u>		<u>All Eligibles Technology Assisted Waiver</u>		<u>All Eligibles Community No LTSS</u>		Source
	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	IP Med/Surg	IP - Psych	
1a. Total Claims in IP Service Categories	\$56,046,699	\$2,137,723	\$17,933,568	\$930,959	\$11,871,461	\$1,343,347	\$7,965,647	\$0	\$23,304,609	\$8,547,297	CY15-16 FFS Invoices
1b. January 15-June 16 IP Service Claims	\$43,147,806	\$1,470,492	\$13,738,361	\$63,553	\$8,984,062	\$44,300	\$6,087,878	\$0	\$18,055,114	\$4,972,253	January 15 - June 16 FFS Invoices
1c. Children Hospital King's Daughter IP Claims	\$1,633,452	\$0	\$253,177	\$0	\$314,499	\$0	\$794,025	\$0	\$45,764	\$0	January 15 - June 16 FFS Invoices
2a. FY16 Capital Reimbursement Decrease	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	-5.3%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Decrease	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$399,154	\$14,139	\$129,658	\$611	\$83,357	\$426	\$50,900	\$0	\$173,157	\$47,807	=((1b.) - (1c.)) * (1 - (3b.)) * (4a.)
5a. FY17 Hospital Rate Change - Rebasing	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	-7.25%	27.00%	Provided by DMAS
5b. Dollar Change	(\$2,756,065)	\$363,563	(\$895,258)	\$15,713	(\$575,557)	\$10,953	(\$351,450)	\$0	(\$1,195,609)	\$1,229,335	=((1b.) - (1c.)) * (1 - (3b.)) * (5a.)
<b>6. Hospital Inpatient Adjustment</b>	<b>-4.2%</b>	<b>17.7%</b>	<b>-4.3%</b>	<b>1.8%</b>	<b>-4.1%</b>	<b>0.8%</b>	<b>-3.8%</b>	<b>0.0%</b>	<b>-4.4%</b>	<b>14.9%</b>	= ((4b.) + (5b.)) / (1a.)

Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Hospital Inpatient Adjustments For Children Hospital King's Daughter  
Not MCO Enrolled

Appendix B  
Exhibit 2b (ii)

	Dual Nursing Home	NonDual Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in IP Med/Surg (for all ages)	\$5,571,753	\$50,474,946	\$17,933,568	\$11,871,461	\$7,965,647	\$23,304,609	CY15-16 FFS Invoices
<i>Tidewater Region</i>	\$777,506		\$2,937,631			\$3,091,480	
<i>Central Region</i>	\$983,641		\$3,219,942			\$5,996,464	
<i>Rest of State</i>	\$3,810,606		\$11,775,995			\$14,216,665	
1b. Children Hospital King's Daughter IP Med/Surg	\$11,275	\$1,622,177	\$253,177	\$314,499	\$794,025	\$45,764	January 15 - June 16 FFS Invoices
<i>Tidewater Region</i>	\$11,275		\$248,413			\$45,764	
<i>Central Region</i>	\$0		\$4,764			\$0	
<i>Rest of State</i>	\$0		\$0			\$0	
1c. Children Hospital King's Daughter IP Med/Surg	\$0	\$355,243	\$18,916	\$19,549	\$286,091	\$7,424	July 16 - December 16 FFS Invoices
<i>Tidewater Region</i>	\$0		\$18,916			\$7,424	
<i>Central Region</i>	\$0		\$0			\$0	
<i>Rest of State</i>	\$0		\$0			\$0	
2a. FY16 Capital Reimbursement Increase	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	= ((3c.) - (3b.)) / (3b.)
3a. FY15 Hospital Capital Percentage	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	Provided by DMAS
3b. FY16 Hospital Capital Percentage	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	Provided by DMAS
3c. FY17-18 Hospital Capital Percentage	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	2.10%	2.10%	2.10%	2.10%	Provided by DMAS
4b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	2.80%	2.80%	2.80%	Provided by DMAS
4c. Dollar Change	\$495	\$79,975	\$11,577	\$14,283	\$41,926	\$2,192	= ((1b.) * (1 - (3c.)) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (1c.) * (1 - (3c.)) * (4b.)
<i>Tidewater Region</i>	\$495		\$11,368			\$2,192	
<i>Central Region</i>	\$0		\$209			\$0	
<i>Rest of State</i>	\$0		\$0			\$0	
5a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	-2.65%	-2.65%	-2.65%	-2.65%	Provided by DMAS
5b. Dollar Change	(\$264)	(\$38,036)	(\$5,936)	(\$7,374)	(\$18,618)	(\$1,073)	= ((1b.) * (1 - (3c.)) * (5a.))
<i>Tidewater Region</i>	(\$264)		(\$5,825)			(\$1,073)	
<i>Central Region</i>	\$0		(\$112)			\$0	
<i>Rest of State</i>	\$0		\$0			\$0	
6. Hospital Inpatient Adjustment	0.004%	0.083%	0.031%	0.058%	0.293%	0.005%	= ((4c.) + (5b.)) / (1a.)
<i>Tidewater Region</i>	0.030%		0.189%			0.036%	
<i>Central Region</i>	0.000%		0.003%			0.000%	
<i>Rest of State</i>	0.000%		0.000%			0.000%	

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Hospital Outpatient Adjustment  
 Not MCO Enrolled**

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

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in Outpatient - Other Service Category	\$7,305,263	\$3,979,602	\$5,125,746	\$1,990,556	\$3,054,597	CY15-16 FFS Invoices
1b. January 15-June 16 OP Service Claims	\$5,451,325	\$2,748,518	\$3,639,645	\$1,396,883	\$2,242,569	January 2015 - June 2016 FFS Invoices
1c. Children's Hospital of The King's Daughters OP - Other Claims	\$235,400	\$255,055	\$120,949	\$514,697	\$74,976	January 2015 - June 2016 FFS Invoices
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
2b. Dollar Change	\$54,767	\$26,181	\$36,946	\$9,263	\$22,760	= ((1b.) - (1c.)) * (2a.)
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$5,216	\$2,493	\$3,519	\$882	\$2,168	= ((1b.) - (1c.)) * (3a.)
<b>4. Hospital Outpatient Adjustment</b>	<b>0.8%</b>	<b>0.7%</b>	<b>0.8%</b>	<b>0.5%</b>	<b>0.8%</b>	= ((2b.) + (3b.)) / (1a.)



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters**  
**Not MCO Enrolled**

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

	Dual Nursing Home	NonDual Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Total Claims in OP - Other (for All Ages)	\$456,722	\$6,848,541	\$3,979,602	\$5,125,746	\$1,990,556	\$3,054,597	CY15-16 FFS Invoices
<i>Tidewater Region</i>	\$78,022		\$794,009			\$486,395	
<i>Central Region</i>	\$83,310		\$1,305,946			\$1,003,181	
<i>Rest of State</i>	\$295,390		\$1,879,647			\$1,565,022	
1b. Children Hospital King's Daughter OP Claims	\$653	\$234,747	\$255,055	\$120,949	\$514,697	\$74,976	January 15 - June 16 FFS Invoices
<i>Tidewater Region</i>	\$653		\$247,161			\$70,233	
<i>Central Region</i>	\$0		\$7,808			\$4,743	
<i>Rest of State</i>	\$0		\$87			\$0	
1c. Children Hospital King's Daughter OP Med/Surg	\$2,917	\$65,756	\$105,422	\$34,073	\$251,574	\$27,400	July 16 - December 16 FFS Invoices
<i>Tidewater Region</i>	\$2,917		\$102,606			\$21,347	
<i>Central Region</i>	\$0		\$2,816			\$2,799	
<i>Rest of State</i>	\$0		\$0			\$3,253	
2a. FY17 Hospital Rate Change - Unit Cost	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	Provided by DMAS
2c. Dollar Change	\$114	\$13,482	\$15,600	\$6,952	\$32,567	\$4,485	= (1b.) * ((1 + (2a.)) * (1 + (2b.)) - 1) + (1c.) * (2b.)
<i>Tidewater Region</i>	\$114		\$15,129			\$4,080	
<i>Central Region</i>	\$0		\$466			\$314	
<i>Rest of State</i>	\$0		\$4			\$91	
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$1	\$235	\$255	\$121	\$515	\$75	= (1b.) * (3a.)
<i>Tidewater Region</i>	\$1		\$247			\$70	
<i>Central Region</i>	\$0		\$8			\$5	
<i>Rest of State</i>	\$0		\$0			\$0	
4. Hospital Outpatient Adjustment	0.03%	0.20%	0.40%	0.14%	1.66%	0.15%	= ((2c.) + (3b.)) / (1a.)
<i>Tidewater Region</i>	0.15%		1.94%			0.85%	
<i>Central Region</i>	0.00%		0.04%			0.03%	
<i>Rest of State</i>	0.00%		0.00%			0.01%	

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Nursing Facility Adjustment  
Not MCO Enrolled**

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1a. Nursing Facility Service Claims - January 1, 2015 to June 30, 2016	\$1,328,499,332	\$222,645	N/A	\$6,588	\$36,073,546	CY15-16 FFS Invoices (January 1, 2015 to June 30, 2016)
1b. Nursing Facility Service Claims - July 1, 2016 to December 31, 2016	\$459,873,542	\$89,811	N/A	\$0	\$12,212,626	CY16 FFS Invoices (July 1, 2016 to December 31, 2016)
2. FY17-18 Nursing Facility Capital Percentage	9.5%	9.5%	N/A	9.5%	9.5%	Provided by DMAS
3a. FY17 Nursing Facility Rate Change	0.9%	0.9%	N/A	0.9%	0.9%	Provided by DMAS
3b. FY18 Nursing Facility Rate Change	3.1%	3.1%	N/A	3.1%	3.1%	Provided by DMAS
3c. Dollar Change	\$61,328,868	\$10,636	N/A	\$240	\$1,657,596	$= ((1a.) * (1 - (2.)) * ((1 + (3a.)) * (1 + (3b.)) - 1)) + ((1b.) * (1 - (2.)) * (3b.))$
4a. FY18 Nursing Facility Change - Rebasing	-0.85%	-0.85%	-0.85%	-0.85%	-0.85%	Provided by DMAS
4b. Dollar Change	(\$14,228,831)	(\$2,485)	N/A	(\$53)	(\$384,192)	$= ((1a.) + (1b.) + (3c.)) * (1 - (2.)) * (4a.)$
<b>5. Nursing Facility Adjustment</b>	<b>2.6%</b>	<b>2.6%</b>	<b>N/A</b>	<b>2.8%</b>	<b>2.6%</b>	$= ((3c.) + (4b.)) / ((1a.) + (1b.))$

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Adult Day Care Adjustment  
 Not MCO Enrolled

Appendix B  
 Exhibit 2e

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Total Claims in Adult Day Care	\$8,523	\$16,915,109	N/A	\$0	\$13,631	CY15-16 FFS Invoices
2. FY17 Fee Change	2.5%	2.5%	N/A	2.5%	2.5%	Provided by DMAS, Effective July 1, 2016
3. Claims Associated with Procedure Code S5102	\$2,226	\$10,841,995	N/A	\$0	\$5,398	January 2015 - June 2016 FFS Invoices
4. Dollar Change due to FY17 Fee Change	\$56	\$271,050	N/A	\$0	\$135	= (2.) * (3.)
<b>5. Adult Day Care Adjustment</b>	<b>0.7%</b>	<b>1.6%</b>	<b>N/A</b>	<b>0.0%</b>	<b>1.0%</b>	= (4.) / (1.)

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Personal Care and Respite Care Adjustment  
Not MCO Enrolled**

		All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1.	CY15-16 Claims in Service Categories						
	a. Personal Care Agency - Personal Care	\$413,078	\$489,832,811		\$48,638	\$1,151,166	CY15-16 FFS Invoices
	b. Personal Care Agency - Respite Care	\$0	\$66,792,819		\$0	\$0	CY15-16 FFS Invoices
	c. Consumer Directed - Personal Care	\$152,530	\$375,171,170		\$743	\$543,966	CY15-16 FFS Invoices
	d. Consumer Directed - Respite Care	\$47,766	\$65,519,367		\$0	\$58,336	CY15-16 FFS Invoices
2.	January 1, 2015 to June 30, 2015 Claims Associated with Fee Changes						
	a. Personal Care Agency - Personal Care	\$107,111	\$110,512,385		\$2,892	\$355,641	FFS Invoices - January 1, 2015 to June 30, 2015
	b. Personal Care Agency - Respite Care	\$0	\$14,524,329		\$0	\$0	FFS Invoices - January 1, 2015 to June 30, 2015
	c. Consumer Directed - Personal Care	\$49,585	\$81,275,902		\$0	\$99,416	FFS Invoices - January 1, 2015 to June 30, 2015
	d. Consumer Directed - Respite Care	\$11,480	\$11,326,410		\$0	\$8,909	FFS Invoices - January 1, 2015 to June 30, 2015
3.	July 1, 2015 to June 30, 2016 Claims Associated with Fee Changes						
	a. Personal Care Agency - Personal Care	\$203,391	\$241,437,869		\$14,500	\$522,530	FFS Invoices - July 1, 2015 to June 30, 2016
	b. Personal Care Agency - Respite Care	\$0	\$33,175,406		\$0	\$0	FFS Invoices - July 1, 2015 to June 30, 2016
	c. Consumer Directed - Personal Care	\$62,757	\$188,429,715		\$743	\$238,087	FFS Invoices - July 1, 2015 to June 30, 2016
	d. Consumer Directed - Respite Care	\$21,662	\$34,161,929		\$0	\$30,047	FFS Invoices - July 1, 2015 to June 30, 2016
4a.	FY16 Fee Change	2.0%	2.0%		2.0%	2.0%	Provided by DMAS, Effective July 1, 2015
4b.	FY17 Fee Change	2.0%	2.0%		2.0%	2.0%	Provided by DMAS, Effective July 1, 2016
5.	Dollar Change						
	a. Personal Care Agency - Personal Care	\$8,395	\$9,293,458		\$407	\$24,819	= (2a.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3a.) * (4b.)
	b. Personal Care Agency - Respite Care	\$0	\$1,250,291		\$0	\$0	= (2b.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3b.) * (4b.)
	c. Consumer Directed - Personal Care	\$3,258	\$7,052,141		\$15	\$8,778	= (2c.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3c.) * (4b.)
	d. Consumer Directed - Respite Care	\$897	\$1,140,826		\$0	\$961	= (2d.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3d.) * (4b.)
6.	Personal Care and Respite Care Adjustment						
	a. Personal Care Agency - Personal Care	2.03%	1.90%	N/A	0.84%	2.16%	= (5a.) / (1a.)
	b. Personal Care Agency - Respite Care	0.00%	1.87%	N/A	0.00%	0.00%	= (5b.) / (1b.)
	c. Consumer Directed - Personal Care	2.14%	1.88%	N/A	2.00%	1.61%	= (5c.) / (1c.)
	d. Consumer Directed - Respite Care	1.88%	1.74%	N/A	0.00%	1.65%	= (5d.) / (1d.)

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Consumer Directed Respite Care Overtime Adjustment  
 Not MCO Enrolled

	<u>All Eligibles</u>			<u>All Eligibles</u>	<u>All Eligibles</u>			Source
	<u>Nursing Home</u>	<u>EDCD</u>			<u>DD Waivers</u>	<u>Technology Assisted Waiver</u>		
	Statewide	Northern & Winchester Region	Rest of State	Statewide	Statewide	Northern & Winchester Region	Rest of State	
1. CY15-16 Claims in Consumer Directed Services	\$200,295	\$97,499,786	\$343,190,750		\$743	\$22,135	\$580,167	CY15-16 FFS Invoices
2. Claims Associated with Overtime Period	\$0	\$25,379,486	\$87,926,855		\$0	\$921	\$139,820	January 2016 - June 2016 FFS Invoices
3. FY16 Fee Change (CDLTC)	0.0%	-4.2%	-4.4%		0.0%	-13.3%	-7.2%	Provided by DMAS
4. Dollar Change	\$0	(\$1,062,553)	(\$3,871,890)		\$0	(\$122)	(\$9,999)	= (2.) * (3.)
5. Consumer Directed Respite Care Overtime Adjustment	0.0%	-1.1%	-1.1%	N/A	0.0%	-0.6%	-1.7%	= (4.) / (1.)

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Hepatitis C Treatment Adjustment  
Not MCO Enrolled**

	NonDual Nursing Home	NonDual EDCD	NonDual DD Waivers	Dual and NonDual Technology Assisted Waiver	NonDual Community No LTSS	Source
1. Total Claims in Pharmacy Service Categories	\$28,463,421	\$17,181,143	\$42,207,154	\$7,073,489	\$5,919,323	CY15-16 FFS Invoices
2. Unique Individuals in Base Period	4,320	8,251	4,571	378	6,367	CY15-16 FFS Invoices
3a. Proportion of Population Being Tested for Hepatitis C	2.3%	0.4%	1.4%	0.3%	1.0%	CY15-16 FFS Invoices
3b. Number of Individuals Being Tested	99	36	63	1	62	CY15-16 FFS Invoices
3c. Projected Testing Change in FY18	0.0%	0.0%	0.0%	0.0%	0.0%	Estimate
3d. Additional Number of People Being Tested	0	0	0	0	0	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$51.20	\$42.63	\$19.73	\$19.44	\$24.41	CY15-16 FFS Invoices
4a. Proportion of Population Diagnosed With Hepatitis C	8.31%	1.43%	0.28%	0.26%	0.69%	CY15-16 FFS Invoices
4b. Number of Individuals Diagnosed With Hepatitis C	359	118	13	1	44	CY15-16 FFS Invoices
4c. Projected Increase in People Diagnosed With Hepatitis C	5.0%	5.0%	5.0%	5.0%	5.0%	Estimate
4d. Projected Number of People With Hepatitis C	377	124	14	1	46	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	1.1%	1.7%	0.0%	0.0%	0.0%	CY15-16 FFS Invoices
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	4	2	0	0	0	CY15-16 FFS Invoices
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy Protocol in CY15	0%	0%	0%	0%	0%	Estimate
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy New Protocols (Eff. Jul 2016 and Eff. Jan 2017; both protocols combined)	0%	0%	0%	0%	0%	Estimate
5e. Projected Number of Additional People Going Through Drug Therapy	0	0	0	0	0	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$70,960	\$70,960	\$70,960	\$70,960	\$70,960	CY15-16 FFS Invoices
5g. Projected Average Cost of Drug Therapy	\$38,000	\$38,000	\$38,000	\$38,000	\$38,000	Estimate
6a. Base Period (Hep C Rx Only) Expenditure (2 Years)	\$261,506	\$164,254	\$0	\$0	\$0	CY15-16 FFS Invoices
6b. Additional Hep CI Rx & Additional Hep C Testing (i.e. Prof CPT) Cost of Hepatitis C Treatment	(\$124,240)	(\$62,120)	\$0	\$0	\$0	= ( (3d.) * (3e.) ) + ( (5e.) * (5g.) ) + ( (5b.) * ( (5g.) - (5f.) ) )
6c. Projected Adjusted Expenditure (2 Years)	\$159,600	\$79,800	\$0	\$0	\$0	= (5b.) * (5f.) + (6b.)
6d. Non-Hep C Pharmacy Trend Factor To Be Applied in Exhibit 4	0.963	0.988	1.206	1.048	1.000	Developed based on FFS Pharmacy Invoices
6e. Target Final Pharmacy Amount in Exhibit 4 Without Other Pharmacy Adjustments	\$27,318,044	\$16,884,775	\$50,894,708	\$7,411,550	\$5,919,323	= ( (1.) - (6a.) ) * (6d.) + (6c.)
6f. Amount To Be Trended in Exhibit 4	\$28,367,647	\$17,097,696	\$42,207,154	\$7,073,489	\$5,919,323	= (6e.) / (6d.)
7. Hepatitis C Treatment Adjustment	-0.34%	-0.49%	0.00%	0.00%	0.00%	= (6f.) / (1.) - 1

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Emergency Room Triage Adjustment  
 Not MCO Enrolled

Appendix B  
 Exhibit 2i

	All Eligibles Nursing Home	EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Total Claims in Physician - Other Practitioner, PCP, Specialist	\$13,245,980	\$38,076,821	\$6,644,216	\$1,684,204	\$8,854,282	CY15-16 FFS Invoices
2. CY15-16 Number of Claims in ER Triage Level 3	98	61	220	15	176	CY15-16 FFS Invoices
3. ER Cost No Triage Level 3	\$43.65	\$43.65	\$43.65	\$43.65	\$43.65	Provided by DMAS
4. ER Triage Cost	\$22.06	\$22.06	\$22.06	\$22.06	\$22.06	Provided by DMAS
5. CY18 ER Triage Financial Impact (2 years)	\$2,116	\$1,317	\$4,750	\$324	\$3,800	= (2.) * ((3.) - (4.))
<b>6. CY18 ER Triage Adjustment</b>	<b>0.02%</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.02%</b>	<b>0.04%</b>	= (5.) / (1.)

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Resource Based Relative Value Scale Adjustment  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 2j**

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. Professional Fee Adjustment - Effective FY18	0.71%	0.71%	0.71%	0.71%	0.71%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	95.7%	98.3%	98.9%	98.1%	95.6%	CY15-16 FFS Invoices
3. <b>Final Professional Fee Adjustment</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	= (1.) * (2.)



Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Home Health and Rehab Adjustment  
 Not MCO Enrolled

Appendix B  
 Exhibit 2k

		All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
1. CY15-16 Claims in Service Categories	a. Home Health Services	\$475,701	\$2,232,469	\$652,844	\$151,458	\$646,755	CY15-16 FFS Invoices
	b. Physician - Other Practitioner	\$1,999,050	\$34,622,248	\$1,624,964	\$565,862	\$5,087,054	CY15-16 FFS Invoices
2. January 2015 - June 2016 Claims Associated with Fee Change	a. Home Health	\$90,984	\$317,667	\$223,951	\$58,166	\$62,522	CY15-16 FFS Invoices
	b. Physician - Other Practitioner	\$71,942	\$1,575,017	\$364,163	\$123,655	\$167,075	CY15-16 FFS Invoices
3. July 2016 - December 2016 Claims Associated with Fee Change	a. Home Health	\$39,803	\$103,462	\$69,026	\$9,718	\$14,438	CY16 FFS Invoices
	b. Physician - Other Practitioner	\$33,807	\$533,031	\$115,660	\$28,570	\$51,238	CY16 FFS Invoices
4. FY17 Fee Change	a. Home Health Inflation	1.7%	1.7%	1.7%	1.7%	1.7%	Provided by DMAS
	b. OP Rehab Inflation	2.1%	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
5. Dollar Change	a. Home Health Services	\$1,547	\$5,400	\$3,807	\$989	\$1,063	= ((2a.) * (4a.))
	b. Physician - Other Practitioner	\$1,511	\$33,075	\$7,647	\$2,597	\$3,509	= ((2b.) * (4b.))
6. FY18 Fee Change	a. 50% of Home Health Inflation	1.15%	1.15%	1.15%	1.15%	1.15%	Provided by DMAS
	b. 50% of OP Rehab Inflation	1.35%	1.35%	1.35%	1.35%	1.35%	Provided by DMAS
7. Dollar Change	a. Home Health Services	\$1,522	\$4,905	\$3,413	\$792	\$897	= ((2a.) + (3a.) + (5a.)) * (6a.)
	b. Physician - Other Practitioner	\$1,448	\$28,905	\$6,581	\$2,090	\$2,995	= ((2b.) + (3b.) + (5b.)) * (6b.)
<b>8. Home Health and Rehab Adjustment</b>	a. Home Health Services	<b>0.6%</b>	<b>0.5%</b>	<b>1.1%</b>	<b>1.2%</b>	<b>0.3%</b>	= ((5a.) + (7a.)) / (1a.)
	b. Physician - Other Practitioner	<b>0.15%</b>	<b>0.18%</b>	<b>0.88%</b>	<b>0.83%</b>	<b>0.13%</b>	= ((5b.) + (7b.)) / (1b.)

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Home Health and Rehab Adjustment  
 Not MCO Enrolled

Appendix B  
 Exhibit 2I

	All Eligibles Nursing Home		All Eligibles EDCD	All Eligibles DD Waivers		All Eligibles Technology Assisted Waiver	All Eligibles Community no LTSS	Source
	Dual Eligibles	NonDual Eligibles	Statewide	Dual Eligibles	NonDual Eligibles	Statewide	Statewide	
1. CY15-CY16 Claims in DME Supplies	\$410,130	\$1,230,097	\$24,838,556	\$5,599,759	\$11,251,673	\$10,921,125	\$9,538,843	CY15-CY16 FFS Invoice
2. Proportion of Claims Associated with Incontinence Supplies	\$7,526	\$1,653	\$2,168,585	\$722,809	\$519,832	\$69,808	\$698,311	January 2015 - June 2015 FFS Claims
3a. FY16 Average Incontinence Supplies Rate Change	-28.2%	-23.3%	-28.6%	-28.5%	-25.6%	-27.5%	-28.5%	Provided by DMAS- Rates Effective FY16
3b. Dollar Change	(\$2,119)	(\$385)	(\$620,958)	(\$206,143)	(\$132,851)	(\$19,163)	(\$199,109)	= (2.) * (3a.)
4. Incontinence Supplies Adjustment Factor	-0.5%	0.0%	-2.5%	-3.7%	-1.2%	-0.2%	-2.1%	= (3b.) / (1.)

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Nursing Rate and EPSDT Adjustment  
Not MCO Enrolled**

		All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver*	All Eligibles Community No LTSS	Source
1.	CY15-16 Claims in Service Categories						
	a. Other Waiver Services	\$255,415	\$16,942,445	\$0	\$58,182,270	\$0	CY15-16 FFS Invoices
	b. Physician - Other Practitioner	\$1,999,050	\$34,622,248	\$1,624,964	\$565,862	\$5,087,054	CY15-16 FFS Invoices
2.	January 1, 2015 to June 30, 2015 Claims Associated with Fee Changes						
	a. Other Waiver Services				\$13,914,802		FFS Invoices - January 1, 2015 to June 30, 2015
	b. Physician - Other Practitioner	\$29,396	\$7,034,116	\$0	\$0	\$856,371	FFS Invoices - January 1, 2015 to June 30, 2015
3.	July 1, 2015 to June 30, 2016 Claims Associated with Fee Changes						
	a. Other Waiver Services				\$27,353,929		FFS Invoices - July 1, 2015 to June 30, 2016
	b. Physician - Other Practitioner	\$26,864	\$14,997,473	\$0	\$1,945	\$2,020,664	FFS Invoices - July 1, 2015 to June 30, 2016
4a.	FY16 Fee Change	6.0%	6.0%	6.0%	6.0%	6.0%	Provided by DMAS, Effective July 1, 2015; there is no FY16 fee change for Other Waiver Services
4b.	FY17 Fee Change	11.5%	11.5%	11.5%	11.5%	11.5%	Provided by DMAS, Effective July 1, 2016
5.	Dollar Change						
	a. Other Waiver Services				\$4,745,904		= (2a.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3a.) * (4b.)
	b. Physician - Other Practitioner	\$8,437	\$3,004,215	\$0	\$224	\$388,150	= (2b.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3b.) * (4b.)
6.	<b>Nursing Rate and EPSDT Adjustment</b>						
	a. Other Waiver Services				8.16%		= (5a.) / (1a.)
	b. Physician - Other Practitioner	0.42%	8.68%	0.00%	0.04%	7.63%	= (5b.) / (1b.)

Note: Nursing claims associated with fee changes in the Other Waiver Services category apply to the Technology Assisted Waiver population only  
Child EPSDT claims impacted by the fee changes are in the Physician - Other Practitioner line and apply to all CCC Plus populations  
\*Other Waiver Services are impacted by FY17 fee change only; there is no FY16 fee change for these services for the Technology Assisted Waiver population

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Non-Emergency Transportation Adjustment**  
**Not MCO Enrolled**

**Appendix B**  
**Exhibit 2n**

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

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Managed Care Savings Adjustment  
 Not MCO Enrolled

	All Eligibles Nursing Home	All Eligibles EDCD	All Eligibles DD Waivers	All Eligibles Technology Assisted Waiver	All Eligibles Community No LTSS	Source
Ancillary/Other	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	Provided by DMAS
Community Behavioral Health	-13.0%	-13.0%	-13.0%	-13.0%	-13.0%	
Consumer Directed	-13.0%	-13.0%	-13.0%	-13.0%	-13.0%	
Early Intervention Services	0.0%	0.0%	0.0%	0.0%	0.0%	
HCBS/Home Health Care	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Inpatient	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Medicare Crossover	-2.5%	-2.5%	-2.5%	-2.5%	-2.5%	
Mental Health/Substance Abuse	-13.0%	-13.0%	-13.0%	-13.0%	-13.0%	
Nursing Facility	0.0%	0.0%	0.0%	0.0%	0.0%	
Other Waiver Services	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Outpatient	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Personal Care Agency	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Pharmacy	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	
Physician/Professional	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for Dual Nursing Home Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3a**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	1.6%	0.8%	2.3%	-5.4%	0.0%	-5.4%	0.0%	0.9460
Outpatient/ER	0.8%	0.8%	1.7%	-5.4%	0.0%	-5.4%	0.0%	0.9460
Physician/Professional	2.6%	0.2%	2.8%	-5.4%	0.0%	-5.4%	0.0%	0.9460
Nursing Facility*	0.2%	2.6%	2.9%	0.2%	0.0%	0.3%	0.2%	1.0060
HCBS/Home Health Services*	0.0%	1.3%	1.3%	0.1%	3.5%	3.6%	3.5%	1.0910
Mental Health/Substance Abuse	0.1%	0.0%	0.1%	-15.2%	19.3%	1.2%	0.9%	1.0254
Ancillary/Other	0.7%	-0.4%	0.3%	-5.4%	-15.9%	-20.4%	0.0%	0.7960
Medicare Crossover	0.5%	0.0%	0.5%	-9.3%	9.1%	-1.0%	2.8%	1.0314

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections.

Trend rates have been calculated separately for the broad service categories shown above.

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

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

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for NonDual Nursing Home Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3b**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	1.1%	-3.9%	-2.8%	1.1%	-6.9%	-5.8%	-3.0%	0.9000
Outpatient/ER	0.7%	1.0%	1.7%	5.0%	-8.7%	-4.1%	0.0%	0.9590
Physician/Professional	1.0%	0.7%	1.7%	7.5%	-8.5%	-1.6%	0.0%	0.9840
Pharmacy	0.0%	-4.2%	-4.1%	1.0%	-4.7%	-3.7%	0.0%	0.9630
Nursing Facility*	0.4%	2.6%	3.0%	-1.0%	0.0%	-1.0%	-1.4%	0.9693
HCBS/Home Health Services*	0.4%	0.8%	1.2%	10.0%	0.0%	10.0%	25.1%	1.5384
Mental Health/Substance Abuse	0.3%	0.2%	0.4%	0.0%	0.0%	0.0%	0.0%	1.0000
Ancillary/Other	1.5%	0.0%	1.5%	5.0%	-8.7%	-4.1%	0.0%	0.9590
Medicare Crossover	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	1.0000
<b>Weighted Average*</b>	<b>0.5%</b>	<b>1.1%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>-1.8%</b>	<b>-1.9%</b>	<b>-1.4%</b>	<b>0.9605</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
IBNR, Policy/Program, and Trend Adjustments for Dual and TPL EDCD Population  
Not MCO Enrolled**

**Appendix B  
Exhibit 3c**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	1.0%	-3.9%	-3.0%	15.5%	-11.1%	2.7%	-1.5%	1.0047
Outpatient/ER	1.2%	1.1%	2.2%	2.1%	0.1%	2.2%	0.3%	1.0268
Physician/Professional	0.8%	6.9%	7.8%	3.4%	-3.8%	-0.6%	0.6%	1.0033
Pharmacy	0.0%	-4.8%	-4.9%	1.8%	-2.3%	-0.5%	-0.5%	0.9875
Nursing Facility*	0.1%	2.6%	2.8%	0.2%	0.0%	0.3%	0.2%	1.0060
HCBS/Home Health Services*	0.1%	1.4%	1.5%	0.2%	2.1%	2.3%	2.8%	1.0656
Mental Health/Substance Abuse	0.2%	0.0%	0.2%	-3.1%	27.1%	23.2%	21.1%	1.6411
Ancillary/Other	0.6%	-2.5%	-1.9%	2.1%	0.1%	2.2%	0.3%	1.0268
Medicare Crossover	0.6%	0.0%	0.6%	-1.7%	1.4%	-0.3%	0.0%	0.9970
<b>Weighted Average*</b>	<b>0.2%</b>	<b>1.2%</b>	<b>1.4%</b>	<b>0.4%</b>	<b>2.6%</b>	<b>3.0%</b>	<b>3.2%</b>	<b>1.0798</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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



**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for Dual DD Waivers Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3d**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-3.0%	-2.7%					
Outpatient/ER		0.9%	1.2%					
Physician/Professional		0.8%	1.0%					
Pharmacy		-20.4%	-20.1%					
Nursing Facility*		0.0%	0.3%					
HCBS/Home Health Services*		1.1%	1.4%					
Mental Health/Substance Abuse		0.0%	0.3%					
Ancillary/Other		-3.7%	-3.4%					
Medicare Crossover		0.0%	0.3%					
<b>Weighted Average*</b>	<b>0.3%</b>	<b>-2.6%</b>	<b>-2.3%</b>	<b>4.4%</b>	<b>8.0%</b>	<b>12.7%</b>	<b>12.6%</b>	<b>1.3466</b>
<b>Months of Trend Applied</b>				12	12	12	18	

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

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for NonDual DD Waivers Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3e**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-3.6%	-3.5%					
Outpatient/ER		0.9%	1.0%					
Physician/Professional		0.9%	1.1%					
Pharmacy		-3.6%	-3.4%					
Nursing Facility*		0.0%	0.2%					
HCBS/Home Health Services*		1.1%	1.3%					
Mental Health/Substance Abuse		0.1%	0.2%					
Ancillary/Other		-1.1%	-1.0%					
Medicare Crossover		0.0%	0.2%					
<b>Weighted Average*</b>	<b>0.2%</b>	<b>-2.3%</b>	<b>-2.1%</b>	<b>-1.0%</b>	<b>9.5%</b>	<b>8.5%</b>	<b>7.3%</b>	<b>1.2058</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for Technology Assisted Waiver Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3f**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-3.5%	-3.3%					
Outpatient/ER		2.2%	2.4%					
Physician/Professional		0.8%	1.0%					
Pharmacy		-2.6%	-2.4%					
Nursing Facility*		2.8%	3.1%					
HCBS/Home Health Services*		8.1%	8.4%					
Mental Health/Substance Abuse		0.0%	0.2%					
Ancillary/Other		-0.2%	0.0%					
Medicare Crossover		0.0%	0.2%					
<b>Weighted Average*</b>	<b>0.2%</b>	<b>5.0%</b>	<b>5.3%</b>	<b>1.9%</b>	<b>0.0%</b>	<b>1.9%</b>	<b>1.9%</b>	<b>1.0478</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for Dual and TPL Community No LTSS Population  
 Not MCO Enrolled**

**Appendix B  
 Exhibit 3g**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	5.3%	0.8%	6.1%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	1.9%	0.9%	2.8%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	1.1%	4.4%	5.6%	0.0%	0.0%	0.0%	0.0%	1.0000
Pharmacy	0.0%	-7.3%	-7.3%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	2.1%	2.6%	4.8%	1.1%	-0.8%	0.3%	0.0%	1.0030
HCBS/Home Health Services*	0.2%	1.1%	1.3%	0.0%	0.0%	0.0%	0.0%	1.0000
Mental Health/Substance Abuse	0.1%	0.0%	0.1%	-3.5%	11.8%	7.8%	7.2%	1.1957
Ancillary/Other	0.9%	-2.0%	-1.1%	0.0%	0.0%	0.0%	0.0%	1.0000
Medicare Crossover	1.1%	0.0%	1.1%	-3.9%	-0.1%	-4.0%	0.0%	0.9600
<b>Weighted Average*</b>	<b>1.1%</b>	<b>0.4%</b>	<b>1.5%</b>	<b>-2.4%</b>	<b>5.2%</b>	<b>2.6%</b>	<b>3.2%</b>	<b>1.0757</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Pharmacy Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2a

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. Health Plan Drug Cost PMPM	\$533.10	\$392.90	\$354.89	CY15-16 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$526.44	\$387.57	\$349.65	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.3%	0.3%	0.3%	From Plan Data
4. FY18 Effective Managed Care Rebate	2.2%	2.1%	2.1%	From Plan Data
5. FY18 Managed Care Dispensing Fee PMPM	\$6.76	\$5.28	\$5.23	From Plan Data
6. Average PBM Admin Cost PMPM	\$3.25	\$2.63	\$2.80	From Plan Data
7. Adjusted PMPM with FY18 Pharmacy Pricing Arrangements	\$523.47	\$386.45	\$349.51	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
<b>8. Pharmacy Adjustment</b>	<b>-1.8%</b>	<b>-1.6%</b>	<b>-1.5%</b>	= (7.) / (1.) - 1

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**DMAS Formulary Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2b**

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	<b>NonDual EDCD</b>	<b>NonDual DD Waivers</b>	<b>NonDual Community no LTSS</b>	<b>Source</b>
<b>DMAS Formulary Adjustment</b>	1.0%	1.0%	1.0%	Provided by DMAS

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Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
Hospital Inpatient Adjustments  
MCO Enrolled

Appendix B  
Exhibit 2c (i)

	NonDual EDCD		NonDual DD Waivers		NonDual Community no LTSS		Source
	IP - Med/Surg	IP - Psych	IP - Med/Surg	IP - Psych	IP - Med/Surg	IP - Psych	
1a. Total Claims in IP Service Categories	\$114,398,486	\$4,282,073	\$3,317,916	\$487,026	\$445,332,548	\$70,200,855	CY15-16 Health Plan Encounter Data
1b. Children Hospital King's Daughter IP Claims	\$2,049,762	\$0	\$152,211	\$0	\$6,493,776	\$0	CY15-16 Health Plan Encounter Data
1c. CY16 Q3&4 IP Service Categories	\$27,433,438	\$1,456,667	\$735,109	\$228,854	\$103,140,647	\$18,800,051	CY16 Q3&4 Health Plan Encounter Data**
1d. CY16 Q3&4 Children Hospital King's Daughter IP Claims	\$461,089	\$0	\$6,627	\$0	\$573,344	\$0	CY16 Q3&4 Health Plan Encounter Data**
2a. FY16 Capital Reimbursement Increase	-5.28%	-5.28%	-5.28%	-5.28%	-5.28%	-5.28%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	8.90%	8.90%	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	8.43%	8.43%	8.43%	8.43%	Provided by DMAS
4. % Excluded Claims from Freestanding Psych Hospitals	0.00%	12.02%	0.00%	17.63%	0.00%	8.36%	CY15Q1-16Q2 Health Plan Encounter Data
5a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	Provided by DMAS
5b. Dollar Change	\$820,881	\$23,901	\$23,434	\$2,045	\$3,233,200	\$452,874	= ((1a.) - (1b.)) - ((1c.) + (1d.)) * (1 - (3b.)) * (1 - (4.)) * (5a.)
6a. FY17 Hospital Rate Change - Rebasing	-2.65%	27.00%	-2.65%	27.00%	-2.65%	27.00%	Provided by DMAS
6b. Dollar Change	(\$2,071,747)	\$614,589	(\$59,142)	\$52,579	(\$8,159,980)	\$11,645,331	= ((1a.) - (1b.)) - ((1c.) + (1d.)) * (1 - (3b.)) * (1 - (4.)) * (6a.)
<b>7. Hospital Inpatient Adjustment</b>	<b>-1.1%</b>	<b>14.9%</b>	<b>-1.1%</b>	<b>11.2%</b>	<b>-1.1%</b>	<b>17.2%</b>	= ((5b.) + (6b.)) / (1a.)

Note

\*\* The capitated payment of CY16 Q3&4 is estimated by dividing that of CY16 by half.

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Hospital Inpatient Adjustments For Children Hospital King's Daughter**  
**MCO Enrolled**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
	IP - Med/Surg	IP - Med/Surg	IP - Med/Surg	
1a. Total Claims in IP Service Categories (for all ages)	\$114,398,486	\$3,317,916	\$445,332,548	CY15-16 Health Plan Encounter Data
<i>Tidewater Region</i>	\$26,230,468		\$102,861,586	
<i>Central Region</i>	\$31,508,457		\$128,623,210	
<i>Rest of State</i>	\$56,659,561		\$213,847,753	
1b. Children Hospital King's Daughter IP Claims	\$2,049,762	\$152,211	\$6,493,776	CY15-16 Health Plan Encounter Data
<i>Tidewater Region</i>	\$1,952,304		\$5,997,670	
<i>Central Region</i>	\$85,753		\$386,537	
<i>Rest of State</i>	\$11,704		\$109,569	
1c. CY16 Q3&4 Children Hospital King's Daughter IP Claims	\$461,089	\$6,627	\$573,344	CY16 Q3&4 Health Plan Encounter Data**
<i>Tidewater Region</i>	\$451,768		\$518,958	
<i>Central Region</i>	\$9,321		\$31,670	
<i>Rest of State</i>	\$0		\$22,715	
2a. FY16 Capital Reimbursement Increase	1.9%	1.9%	1.9%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Increase	9.7%	9.7%	9.7%	= ((3c.) - (3b.)) / (3b.)
3a. FY15 Hospital Capital Percentage	10.3%	10.3%	10.3%	Provided by DMAS
3b. FY16 Hospital Capital Percentage	10.5%	10.5%	10.5%	Provided by DMAS
3c. FY17-18 Hospital Capital Percentage	11.5%	11.5%	11.5%	Provided by DMAS
4. % Excluded Claims from Freestanding Psych Hospitals	0.00%	0.00%	0.00%	CY15Q1-16Q2 Health Plan Encounter Data
5a. FY17 Hospital Rate Change - Unit Cost	2.10%	2.10%	2.10%	Provided by DMAS
5b. FY18 Hospital Rate Change - Unit Cost	2.80%	2.80%	2.80%	Provided by DMAS
5c. Dollar Change	\$81,127	\$6,552	\$273,966	= (((1b.) - (1c.)) * (1 - (3c.)) * (1 - (4.)) * ((1 + (5a.)) * (1 + (5b.)) - 1) + ((1c.) * (5b.))
<i>Tidewater Region</i>	\$77,029		\$253,238	
<i>Central Region</i>	\$3,584		\$16,355	
<i>Rest of State</i>	\$514		\$4,373	
6a. FY17 Hospital Rate Change - Rebasing	-2.65%	-2.65%	-2.65%	Provided by DMAS
6b. Dollar Change	(\$37,250)	(\$3,414)	(\$138,818)	= (((1b.) - (1c.)) * (1 - (3c.)) * (1 - (4.)) * (6a.))
<i>Tidewater Region</i>	(\$35,183)		(\$128,460)	
<i>Central Region</i>	(\$1,792)		(\$8,321)	
<i>Rest of State</i>	(\$274)		(\$2,036)	
7. Hospital Inpatient Adjustment	0.038%	0.095%	0.030%	= ((5c.) + (6b.)) / (1a.)
<i>Tidewater Region</i>	0.160%		0.121%	
<i>Central Region</i>	0.006%		0.006%	
<i>Rest of State</i>	0.000%		0.001%	

Note

\*\* The capitated payment of CY16 Q3&4 is estimated by dividing that of CY16 by half.



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Freestanding Psychiatric Hospital Rate Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2d**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1a. CY15 Total Claims in IP Psych	\$1,874,927	\$147,530	\$35,311,786	CY15 Health Plan Encounter Data
1b. CY16 Total Claims in IP Psych	\$2,407,146	\$339,496	\$34,889,070	CY16 Health Plan Encounter Data
1c. CY16 Q3&4 Total Claims in IP Psych	\$1,456,667	\$228,854	\$18,800,051	CY16 Q3&4 Health Plan Encounter Data**
2. CY15-16 Hospital Capital Percentage	4.9%	4.9%	4.9%	Provided by DMAS
3. % Claims from Freestanding Psych Hospitals	12.0%	17.6%	8.4%	CY15Q1-16Q2 Health Plan Encounter Data
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$3,391	\$454	\$42,931	$= ((1a.) + (1b.) - (1c.)) * (1 - (2.)) * (3.) * (4a.)$
5a. FY17 Hospital Rate Change - Rebasing	2.5%	2.5%	2.5%	Provided by DMAS
5b. Dollar Change	\$8,074	\$1,082	\$102,216	$= ((1a.) + (1b.) - (1c.)) * (1 - (2.)) * (3.) * (5a.)$
<b>6. Freestanding Psychiatric Hospital Rate Adjustment</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.2%</b>	$= ((4b.) + (5b.)) / ((1a.) + (1b.))$

Note

\*\* The capitated payment of CY16 Q3&4 is estimated by dividing that of CY16 by half.

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Hospital Outpatient Adjustments  
 MCO Enrolled

Appendix B  
 Exhibit 2e (i)

	NonDual EDCD		NonDual DD Waivers		NonDual Community no LTSS		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1a. Total Claims in OP Service Categories	\$12,068,118	\$39,164,472	\$538,663	\$1,676,949	\$88,293,592	\$197,608,124	CY15-16 Health Plan Encounter Data
1b. Children's Hospital of The King's Daughters OP Claims	\$183,287	\$2,268,244	\$2,502	\$43,762	\$721,387	\$6,408,319	CY15-16 Health Plan Encounter Data
1c. CY16 Q3&4 OP Service Categories	\$3,150,034	\$10,888,678	\$156,130	\$599,348	\$20,690,992	\$50,895,531	CY16 Q3&4 Health Plan Encounter Data
1d. CY16 Q3&4 Children Hospital King's Daughter OP Claims	\$26,368	\$428,676	\$257	\$6,600	\$97,736	\$670,789	CY16 Q3&4 Health Plan Encounter Data
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	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%	0.00%	0.00%	Provided by DMAS
2c. Dollar Change	\$91,992	\$277,580	\$3,993	\$10,925	\$703,279	\$1,480,238	$= (((1a.) - (1b.)) - ((1c.) - (1d.))) * ((1 + (2a.)) * (1 + (2b.)) - 1) + ((1c.) - (1d.)) * (2b.)$
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$8,761	\$26,436	\$380	\$1,040	\$66,979	\$140,975	$= (((1a.) - (1b.)) - ((1c.) - (1d.))) * (3a.)$
<b>4. Hospital Outpatient Adjustment</b>	<b>0.83%</b>	<b>0.78%</b>	<b>0.81%</b>	<b>0.71%</b>	<b>0.87%</b>	<b>0.82%</b>	$= ((2c.) + (3b.)) / (1a.)$

Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
Hospital Outpatient Adjustments for Children's Hospital of The King's Daughters  
MCO Enrolled

Appendix B  
Exhibit 2e (ii)

	NonDual EDCD		NonDual DD Waivers		NonDual Community no LTSS		Source
	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	OP - Emergency Room & Related	OP - Other	
1a. Total Claims in OP Service Categories (for all ages)	\$12,068,118	\$39,164,472	\$538,663	\$1,676,949	\$88,293,592	\$197,608,124	CY15-16 Health Plan Encounter Data
<i>Tidewater Region</i>	\$3,867,635	\$8,337,952			\$24,152,218	\$45,071,512	
<i>Central Region</i>	\$3,106,307	\$12,532,961			\$25,594,172	\$55,558,540	
<i>Rest of State</i>	\$5,094,176	\$18,293,559			\$38,547,202	\$96,978,072	
1b. Children Hospital King's Daughter OP Claims	\$183,287	\$2,268,244	\$2,502	\$43,762	\$721,387	\$6,408,319	CY15-16 Health Plan Encounter Data
<i>Tidewater Region</i>	\$174,701	\$2,071,060			\$682,367	\$5,947,990	
<i>Central Region</i>	\$6,470	\$197,002			\$33,214	\$418,015	
<i>Rest of State</i>	\$2,116	\$182			\$5,806	\$42,314	
1c. CY16 Q3&4 Children Hospital King's Daughter OP Claims	\$26,368	\$428,676	\$257	\$6,600	\$97,736	\$670,789	CY16 Q3&4 Health Plan Encounter Data
<i>Tidewater Region</i>	\$25,584	\$391,331			\$91,631	\$628,868	
<i>Central Region</i>	\$784	\$37,345			\$6,105	\$39,577	
<i>Rest of State</i>	\$0	\$0			\$0	\$2,344	
2a. FY17 Hospital Rate Change - Unit Cost	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	Provided by DMAS
2b. FY18 Hospital Rate Change - Unit Cost	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	Provided by DMAS
2c. Dollar Change	\$8,520	\$103,223	\$119	\$2,028	\$33,662	\$303,295	= ((1b.) - (1c.)) * ((1 + (2a.)) * (1 + (2b.)) - 1) + (1c.) * (2b.)
<i>Tidewater Region</i>	\$8,111	\$94,252			\$31,859	\$281,373	
<i>Central Region</i>	\$304	\$8,963			\$1,515	\$19,874	
<i>Rest of State</i>	\$105	\$9			\$288	\$2,048	
3a. FY17 Hospital Rate Change - Rebasing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	Provided by DMAS
3b. Dollar Change	\$157	\$1,840	\$2	\$37	\$624	\$5,738	= ((1b.) - (1c.)) * (3a.)
<i>Tidewater Region</i>	\$149	\$1,680			\$591	\$5,319	
<i>Central Region</i>	\$6	\$160			\$27	\$378	
<i>Rest of State</i>	\$2	\$0			\$6	\$40	
4. Hospital Outpatient Adjustment	0.07%	0.27%	0.02%	0.12%	0.04%	0.16%	= ((2c.) + (3b.)) / (1a.)
<i>Tidewater Region</i>	0.21%	1.15%			0.13%	0.64%	
<i>Central Region</i>	0.01%	0.07%			0.01%	0.04%	
<i>Rest of State</i>	0.00%	0.00%			0.00%	0.00%	

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Exempt Infant Formula Carveout Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2f

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS Age Under 1	NonDual Community no LTSS Age 1-5	NonDual Community no LTSS Age 6-20	Source
1. Claims Associated with Exempt Infant Formula	\$143,475	\$9,154	\$2,297	\$43,261	\$37,247	CY15-16 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$28,055,091	\$1,478,272	\$75,572	\$2,965,820	\$6,163,093	CY15-16 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-0.5%	-0.6%	-3.0%	-1.5%	-0.6%	= - (1.) / (2.)

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Hepatitis C Treatment Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2g**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. Total Claims in Pharmacy Service Categories	\$101,019,327	\$9,487,434	\$642,437,635	CY15-16 Health Plan Encounter Data
2. Unique Individuals in Base Period	\$11,616	\$1,305	\$99,207	CY15-16 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	3.5%	2.1%	4.6%	CY15-16 Health Plan Encounter Data
3b. Number of Individuals Being Tested	\$404	\$28	\$4,541	CY15-16 Health Plan Encounter Data
3c. Projected Testing Change in FY18	0.0%	0.0%	0.0%	Estimate
3d. Additional Number of People Being Tested	0	0	0	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$62.22	\$10.44	\$71.47	CY15-16 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	3.9%	0.3%	5.0%	CY15-16 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	448	4	4,997	CY15-16 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5.0%	5.0%	5.0%	Estimate
4d. Projected Number of People With Hepatitis C	470	4	5,247	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	9.2%	0.0%	9.9%	CY15-16 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	41	0	497	CY15-16 Health Plan Encounter Data
5c. Expected Percentage Increase of Hepatitis C Receiving Drug Therapy - Protocols In CY15	0.0%	0.0%	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)	60.0%	60.0%	50.0%	Estimate
5e. Projected Number of Additional People Going Through Drug Therapy	28	0	286	= (4d.) * (5a.) * (1 + (5c.)) * (1 + (5d.)) - (5b.)
5f. Base Period Average Cost of Drug Therapy	\$86,813	\$86,813	\$86,813	CY15-16 Health Plan Encounter Data
5g. Projected Average Cost of Drug Therapy	\$38,000	\$38,000	\$38,000	Estimate
6a. Base Period (Hep C Rx Only) Expenditure (2 Years)	\$3,876,281	\$0	\$42,828,924	CY15-16 Health Plan Encounter Data
6b. Additional Hep CI Rx & Additional Hep C Testing (i.e. Prof CPT) Cost of Hepatitis C Treatment	(\$941,879)	\$0	(\$13,400,436)	= ( (3d.) * (3e.) ) + ( (5e.) * (5g.) ) + ( (5b.) * ( (5g.) - (5f.) ) )
6c. Projected Adjusted Expenditure (2 Years)	\$2,617,440	\$0	\$29,745,450	= (5b.) * (5f.) + (6b.)
6d. Non-Hep C Pharmacy Trend Factor To Be Applied in Exhibit 4	0.967	0.991	1.077	Developed based on Health Plan Encounter Data
6e. Target Final Pharmacy Amount in Exhibit 4 Without Other Pharmacy Adjustments	\$96,594,318	\$9,404,397	\$675,543,676	= ( (1.) - (6a.) ) * (6d.) + (6c.)
6f. Amount To Be Trended in Exhibit 4	\$99,848,671	\$9,487,434	\$627,226,673	= (6e.) / (6d.)
7. Hepatitis C Treatment Adjustment	-1.16%	0.00%	-2.37%	= (6f.) / (1.) - 1

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Emergency Room Triage Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2h

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. Total Claims in Prof - Evaluation & Management	\$20,464,834	\$1,298,428	\$123,973,788	CY15-16 Health Plan Encounter Data
2. CY15-16 Number of Claims in ER Triage Level 3	486	51	7,205	CY15-16 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$44.09	\$44.09	\$44.09	CY15-16 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	\$22.06	Provided by DMAS
5. CY18 ER Triage Financial Impact (2 years)	\$10,706	\$1,124	\$158,723	= (2.) * ((3.) - (4.))
<b>6. CY18 ER Triage Adjustment</b>	<b>0.1%</b>	<b>0.1%</b>	<b>0.1%</b>	= (5.) / (1.)

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Resource Based Relative Value Scale Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2i**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. Professional Fee Adjustment - Effective FY18	-0.19%	-0.19%	-0.19%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	82%	72%	77%	CY15-16 Health Plan Encounter Data
3. <b>Final Professional Fee Adjustment</b>	<b>-0.16%</b>	<b>-0.14%</b>	<b>-0.15%</b>	= (1.) * (2.)

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Managed Care Savings Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2j**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
Inpatient Medical/Surgical	-0.2%	-0.2%	0.0%	Provided by DMAS
Inpatient Psychiatric	-0.2%	-0.2%	0.0%	
Other	-0.2%	-0.2%	0.0%	
Outpatient Hospital	-0.2%	-0.2%	0.0%	
Practitioner	-0.2%	-0.2%	0.0%	
Prescription Drug	-0.2%	-0.2%	0.0%	



**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - EDCD  
 MCO Enrolled**

**Appendix B  
 Exhibit 3a**

EDCD All Ages Categories								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program <sup>1</sup>	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		-0.5%	-0.2%					
Outpatient Hospital		0.6%	0.8%					
Practitioner		-0.1%	0.2%					
Prescription Drug		-2.0%	-1.7%					
Other		-0.4%	-0.1%					
<b>Weighted Average<sup>2</sup></b>	<b>0.3%</b>	<b>-0.6%</b>	<b>-0.3%</b>	<b>-3.6%</b>	<b>0.4%</b>	<b>-3.3%</b>	<b>-0.6%</b>	<b>0.9592</b>
<b>Months of Trend Applied</b>				12	12	12	18	

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

<sup>2</sup> Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY15-16 Claims)

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY15-16 incurred claims paid through Jul 2017.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY14-16 incurred claims paid through Jul 2017.

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

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Health Plan Encounter Data  
 Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - DD Waivers  
 MCO Enrolled

Appendix B  
 Exhibit 3b

DD Waivers All Ages Categories								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program <sup>1</sup>	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient		0.6%	0.7%					
Outpatient Hospital		0.6%	0.7%					
Practitioner		-0.1%	0.0%					
Prescription Drug		-0.7%	-0.6%					
Other		-0.5%	-0.4%					
<b>Weighted Average<sup>2</sup></b>	<b>0.1%</b>	<b>-0.2%</b>	<b>-0.1%</b>	<b>-4.8%</b>	<b>2.5%</b>	<b>-2.4%</b>	<b>1.0%</b>	<b>0.9912</b>
<b>Months of Trend Applied</b>				12	12	12	18	

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

<sup>2</sup> Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY15-16 Claims)

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY15-16 incurred claims paid through Jul 2017.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY14-16 incurred claims paid through Jul 2017.

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Community no LTSS - Child Under 21**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 3c**

Community no LTSS Child Under 21										
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor		
	IBNR	Policy/Program <sup>1</sup>	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend				
Inpatient	-0.3%	2.8%	2.5%	-5.5%	-1.0%	-6.5%	3.9%	0.9904		
Outpatient Hospital	0.3%	0.7%	1.0%	-0.6%	5.8%	5.2%	2.1%	1.0857		
Practitioner	0.1%	-0.1%	0.0%	-1.2%	5.8%	4.5%	5.5%	1.1331		
Prescription Drug	0.0%	-2.9%	-2.9%	4.2%	4.0%	8.4%	5.9%	1.1800		
Other	0.3%	-0.6%	-0.2%	2.8%	1.9%	4.8%	3.2%	1.0992		
<b>Weighted Average<sup>2</sup></b>	<b>0.0%</b>	<b>-0.3%</b>	<b>-0.2%</b>	<b>-0.1%</b>	<b>3.6%</b>	<b>3.6%</b>	<b>4.5%</b>	<b>1.1073</b>		

<b>Months of Trend Applied</b>	12	12	12	18
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<sup>1</sup> The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

<sup>2</sup> Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY15-16 Claims)

Inpatient trend rates represent Inpatient - Med/Surg and Inpatient - Psych service categories. Pharmacy trend rate includes pharmacy claims without Hepatitis C drugs.

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY15-16 incurred claims paid through Jul 2017.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY14-16 incurred claims paid through Jul 2017.

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Community no LTSS - Adult 21 and Over**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 3d**

Community no LTSS Adult 21 and Over										
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor		
	IBNR	Policy/Program <sup>1</sup>	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend				
Inpatient	-0.2%	1.3%	1.1%	2.2%	-4.3%	-2.2%	0.3%	0.9823		
Outpatient Hospital	0.5%	0.9%	1.4%	1.5%	2.3%	3.9%	2.4%	1.0770		
Practitioner	0.1%	-0.1%	0.0%	2.6%	0.1%	2.7%	3.2%	1.0775		
Prescription Drug	0.0%	-2.9%	-2.9%	6.4%	1.0%	7.5%	4.9%	1.1551		
Other	0.3%	0.0%	0.3%	-0.8%	0.0%	-0.8%	0.3%	0.9973		
<b>Weighted Average<sup>2</sup></b>	<b>0.1%</b>	<b>-0.5%</b>	<b>-0.4%</b>	<b>3.4%</b>	<b>-0.5%</b>	<b>2.9%</b>	<b>2.7%</b>	<b>1.0715</b>		

<b>Months of Trend Applied</b>	12	12	12	18
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<sup>1</sup> The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

<sup>2</sup> Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims CY15-16), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted CY15-16 Claims)

Inpatient trend rates represent Inpatient - Med/Surg and Inpatient - Psych service categories. Pharmacy trend rate includes pharmacy claims without Hepatitis C drugs.

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes CY15-16 incurred claims paid through Jul 2017.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes CY14-16 incurred claims paid through Jul 2017.

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

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Hospital Inpatient Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2a

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1a. Total Claims in IP Service Categories	\$64,682	\$40,705	\$1,981,680	CY15-16 FFS Invoices
1b. January 15-June 16 IP Service Claims	\$43,475	\$33,152	\$1,393,263	January 15 - June 16 FFS Invoices
1c. Children Hospital King's Daughter IP Claims	\$0	\$0	\$0	January 15 - June 16 FFS Invoices
2a. FY16 Capital Reimbursement Decrease	-5.3%	-5.3%	-5.3%	= ((3b.) - (3a.)) / (3a.)
2b. FY17 Capital Reimbursement Decrease	0.0%	0.0%	0.0%	Provided by DMAS
3a. FY14-15 Hospital Capital Percentage	8.90%	8.90%	8.90%	Provided by DMAS
3b. FY16-17 Hospital Capital Percentage	8.43%	8.43%	8.43%	Provided by DMAS
4a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	1.05%	Provided by DMAS
4b. Dollar Change	\$418	\$319	\$13,396	=((1b.) - (1c.)) * (1 - (3b.)) * (4a.)
5a. FY17 Hospital Rate Change - Rebasing	-7.25%	-7.25%	-7.25%	Provided by DMAS
5b. Dollar Change	(\$2,886)	(\$2,201)	(\$92,496)	=((1b.) - (1c.)) * (1 - (3b.)) * (5a.)
<b>6. Hospital Inpatient Adjustment</b>	<b>-3.8%</b>	<b>-4.6%</b>	<b>-4.0%</b>	= ((4b.) + (5b.)) / (1a.)

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Personal Care and Respite Care Adjustment  
MCO Enrolled**

**Appendix B  
Exhibit 2b**

		NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1.	CY15-16 Claims in Service Categories				
	a. Personal Care Agency - Personal Care	\$132,880,479	\$0	\$2,348,430	CY15-16 FFS Invoices
	b. Personal Care Agency - Respite Care	\$19,781,444	\$0	\$0	CY15-16 FFS Invoices
	c. Consumer Directed - Personal Care	\$160,572,510	\$0	\$1,643,155	CY15-16 FFS Invoices
	d. Consumer Directed - Respite Care	\$31,373,164	\$0	\$2,674	CY15-16 FFS Invoices
2.	January 1, 2015 to June 30, 2015 Claims Associated with Fee Changes				
	a. Personal Care Agency - Personal Care	\$27,982,849	\$0	\$475,131	FFS Invoices - January 1, 2015 to June 30, 2015
	b. Personal Care Agency - Respite Care	\$3,551,800	\$0	\$0	FFS Invoices - January 1, 2015 to June 30, 2015
	c. Consumer Directed - Personal Care	\$33,210,936	\$0	\$254,471	FFS Invoices - January 1, 2015 to June 30, 2015
	d. Consumer Directed - Respite Care	\$4,719,017	\$0	\$0	FFS Invoices - January 1, 2015 to June 30, 2015
3.	July 1, 2015 to June 30, 2016 Claims Associated with Fee Changes				
	a. Personal Care Agency - Personal Care	\$66,321,500	\$0	\$1,223,751	FFS Invoices - July 1, 2015 to June 30, 2016
	b. Personal Care Agency - Respite Care	\$9,717,960	\$0	\$0	FFS Invoices - July 1, 2015 to June 30, 2016
	c. Consumer Directed - Personal Care	\$80,226,597	\$0	\$918,971	FFS Invoices - July 1, 2015 to June 30, 2016
	d. Consumer Directed - Respite Care	\$16,367,713	\$0	\$2,629	FFS Invoices - July 1, 2015 to June 30, 2016
4a.	FY16 Fee Change	2.0%	2.0%	2.0%	Provided by DMAS, Effective July 1, 2015
4b.	FY17 Fee Change	2.0%	2.0%	2.0%	Provided by DMAS, Effective July 1, 2016
5.	Dollar Change				
	a. Personal Care Agency - Personal Care	\$2,456,937	\$0	\$43,670	= (2a.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3a.) * (4b.)
	b. Personal Care Agency - Respite Care	\$337,852	\$0	\$0	= (2b.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3b.) * (4b.)
	c. Consumer Directed - Personal Care	\$2,946,254	\$0	\$28,660	= (2c.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3c.) * (4b.)
	d. Consumer Directed - Respite Care	\$518,003	\$0	\$53	= (2d.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3d.) * (4b.)
6.	<b>Personal Care and Respite Care Adjustment</b>				
	a. Personal Care Agency - Personal Care	<b>1.85%</b>	<b>0.00%</b>	<b>1.86%</b>	= (5a.) / (1a.)
	b. Personal Care Agency - Respite Care	<b>1.71%</b>	<b>0.00%</b>	<b>0.00%</b>	= (5b.) / (1b.)
	c. Consumer Directed - Personal Care	<b>1.83%</b>	<b>0.00%</b>	<b>1.74%</b>	= (5c.) / (1c.)
	d. Consumer Directed - Respite Care	<b>1.65%</b>	<b>0.00%</b>	<b>1.97%</b>	= (5d.) / (1d.)

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Consumer Directed Respite Care Overtime Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2c

	<u>NonDual EDCD</u>		<u>NonDual DD</u>	<u>NonDual Community no LTSS</u>		Source
	Northern & Winchester Region	Rest of State	Statewide	Northern & Winchester Region	Rest of State	
1. CY15-16 Claims in Consumer Directed Services	\$40,127,775	\$120,444,736		\$18,015	\$1,625,140	CY15-16 FFS Invoices
2. Claims Associated with Overtime Period	\$10,477,421	\$39,789,002		\$4,028	\$499,946	January 2016 - June 2016 FFS Invoices
3. FY16 Fee Change (CDLTC)	-4.9%	-5.3%		0.0%	-3.1%	Provided by DMAS
4. Dollar Change	(\$514,585)	(\$2,102,182)		(\$0)	(\$15,450)	= (2.) * (3.)
5. Consumer Directed Respite Care Overtime Adjustment	-1.3%	-1.7%	N/A	0.0%	-1.0%	= (4.) / (1.)

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Resource Based Relative Value Scale Adjustment**  
**MCO Enrolled**

**Appendix B**  
**Exhibit 2d**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. Professional Fee Adjustment - Effective FY18	0.71%	0.71%	0.71%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	100.00%	100.00%	99.95%	CY15-16 FFS Invoices
<b>3. Final Professional Fee Adjustment</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	= (1.) * (2.)



Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Adult Day Care Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2e

	NonDual EDCD	NonDual DD Waivers	NonDual Community No LTSS	Source
1. Total Claims in Adult Day Care	\$1,714,335	N/A	N/A	CY15-16 FFS Invoices
2. FY17 Fee Change	2.5%	N/A	N/A	Provided by DMAS, Effective July 1, 2016
3. Claims Associated with Procedure Code S5102	\$1,201,877	N/A	N/A	January 2015 - June 2016 FFS Invoices
4. Dollar Change due to FY17 Fee Change	\$30,047	N/A	N/A	= (2.) * (3.)
5. <b>Adult Day Care Adjustment</b>	<b>1.8%</b>	<b>N/A</b>	<b>N/A</b>	= (4.) / (1.)

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
Nursing EPSDT  
MCO Enrolled**

**Appendix B  
Exhibit 2f**

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
1. CY15-16 Claims in Physician - Other Practitioner	\$2,278,849	\$72,147	\$1,651,104	CY15-16 FFS Invoices
2. January 1, 2015 to June 30, 2015 Claims Associated with Fee Changes	\$310,431	\$0	\$167,164	FFS Invoices - January 1, 2015 to June 30, 2015
3. July 1, 2015 to June 30, 2016 Claims Associated with Fee Changes	\$778,152	\$0	\$346,712	FFS Invoices - July 1, 2015 to June 30, 2016
4a. FY16 Fee Change	6.0%	6.0%	6.0%	Provided by DMAS, Effective July 1, 2015
4b. FY17 Fee Change	11.5%	11.5%	11.5%	Provided by DMAS, Effective July 1, 2016
5. Dollar Change	\$145,955	\$0	\$70,279	= (2.) * ((1 + (4a.)) * (1 + (4b.)) - 1) + (3.) * (4b.)
<b>6. Nursing EPSDT Adjustment</b>	<b>6.40%</b>	<b>0.00%</b>	<b>4.26%</b>	= (5.) / (1.)

Note: Child EPSDT claims impacted by the fee changes are in the Physician - Other Practitioner line and apply to all CCC Plus populations

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Non-Emergency Transportation Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2g

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
Non-ER Transportation Rate	\$31.80	\$31.80	\$31.80	From DMAS - Rates Effective January 1, 2016 - Present - includes admin

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Managed Care Savings Adjustment  
 MCO Enrolled

Appendix B  
 Exhibit 2h

	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	Source
Ancillary/Other	-6.0%	-6.0%	-2.0%	Provided by DMAS
Community Behavioral Health	-13.0%	-13.0%	-13.0%	
Consumer Directed	-13.0%	-13.0%	-10.0%	
Early Intervention Services	0.0%	0.0%	0.0%	
HCBS/Home Health Care	-6.0%	-6.0%	-2.0%	
Inpatient	-6.0%	-6.0%	-2.0%	
Medicare Crossover	-2.5%	-2.5%	-2.0%	
Mental Health/Substance Abuse	-13.0%	-13.0%	-4.0%	
Nursing Facility	0.0%	0.0%	0.0%	
Other Waiver Services	-6.0%	-6.0%	-2.0%	
Outpatient	-6.0%	-6.0%	-2.0%	
Personal Care Agency	-6.0%	-6.0%	-2.0%	
Pharmacy	-6.0%	-6.0%	-2.0%	
Physician/Professional	-6.0%	-6.0%	-2.0%	

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for EDCD Population  
 MCO Enrolled**

**Appendix B  
 Exhibit 3a**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	1.4%	-3.8%	-2.5%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	1.0%	3.8%	4.9%	0.0%	0.0%	0.0%	0.0%	1.0000
Pharmacy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.1%	0.9%	1.0%	0.7%	1.9%	2.6%	2.3%	1.0620
Mental Health/Substance Abuse	0.2%	0.0%	0.2%	-0.8%	23.8%	22.8%	20.2%	1.6189
Ancillary/Other	1.4%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	1.0000
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
<b>Weighted Average*</b>	<b>0.1%</b>	<b>0.8%</b>	<b>0.9%</b>	<b>0.5%</b>	<b>4.2%</b>	<b>4.7%</b>	<b>4.2%</b>	<b>1.1131</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Historical Fee-for-Service Claims  
IBNR, Policy/Program, and Trend Adjustments for DD Waivers Population  
MCO Enrolled**

**Appendix B  
Exhibit 3b**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	0.0%	-4.6%	-4.6%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	1.4%	0.7%	2.1%	16.0%	2.4%	18.8%	18.9%	1.5394
Pharmacy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Mental Health/Substance Abuse	0.0%	0.0%	0.0%	16.0%	2.4%	18.8%	18.9%	1.5394
Ancillary/Other	0.3%	0.0%	0.3%	16.0%	2.4%	18.8%	18.9%	1.5394
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
<b>Weighted Average*</b>	<b>0.1%</b>	<b>0.0%</b>	<b>0.1%</b>	<b>15.9%</b>	<b>2.4%</b>	<b>18.6%</b>	<b>18.6%</b>	<b>1.5325</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Historical Fee-for-Service Claims  
 IBNR, Policy/Program, and Trend Adjustments for Community no LTSS Population  
 MCO Enrolled**

**Appendix B  
 Exhibit 3c**

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	2.1%	-4.6%	-2.6%	0.0%	0.0%	0.0%	0.0%	1.0000
Outpatient/ER	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Physician/Professional	1.3%	0.7%	2.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Pharmacy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
Nursing Facility*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
HCBS/Home Health Services*	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	1.0000
Mental Health/Substance Abuse	0.1%	0.0%	0.1%	-3.1%	13.8%	10.3%	8.2%	1.2416
Ancillary/Other	1.5%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	1.0000
Medicare Crossover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0000
<b>Weighted Average*</b>	<b>0.3%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>-2.7%</b>	<b>11.9%</b>	<b>8.9%</b>	<b>7.1%</b>	<b>1.2070</b>

<b>Months of Trend Applied</b>	12	12	12	18
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Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories may also consider DMAS budget projections. Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2015-2016 Claims)

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$79	\$0	\$0	\$1	\$80	1.09	\$87	0.940	\$0.00
Case Management Services	\$18,284	\$0	\$16	\$0	\$18,300	1.03	\$18,766	0.870	\$0.28
Community Behavioral Health	\$118,669	\$0	\$105	\$0	\$118,775	1.03	\$121,797	0.870	\$1.79
Consumer Directed - Personal Care	\$14,836	\$4,097	\$5	\$405	\$19,342	1.09	\$21,103	0.870	\$0.31
Consumer Directed - Respite Care	\$4,616	\$0	\$1	\$87	\$4,704	1.09	\$5,132	0.870	\$0.08
DME/Supplies	\$54,326	\$0	\$386	(\$283)	\$54,430	0.80	\$43,326	0.940	\$0.64
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$1,263	\$0	\$33	\$0	\$1,295	0.95	\$1,225	0.940	\$0.02
Home Health Services	\$71,200	\$163	\$19	\$460	\$71,842	1.09	\$78,381	0.940	\$1.15
Hospice Care	\$1,116,219	\$153,167	\$32,898	\$0	\$1,302,284	0.95	\$1,231,961	0.940	\$18.12
Inpatient - Medical/Surgical	\$983,641	\$1	\$15,353	(\$42,010)	\$956,984	0.95	\$905,307	0.940	\$13.32
Inpatient - Psych	\$26,241	\$11,483	\$589	\$6,769	\$45,082	0.95	\$42,648	0.940	\$0.63
Lab and X-ray Services	\$19,788	\$0	\$141	\$0	\$19,929	0.80	\$15,864	0.940	\$0.23
Medicare Xover - IP	\$1,619,844	\$1,975	\$8,600	\$0	\$1,630,418	1.03	\$1,681,558	0.975	\$24.74
Medicare Xover - Nursing Facility	\$2,065,932	\$83,361	\$11,396	\$0	\$2,160,689	1.03	\$2,228,461	0.975	\$32.78
Medicare Xover - OP	\$416,160	\$347	\$2,208	\$0	\$418,715	1.03	\$431,848	0.975	\$6.35
Medicare Xover - Other	\$205,360	\$5,662	\$1,119	\$0	\$212,141	1.03	\$218,795	0.975	\$3.22
Medicare Xover - Physician	\$2,077,821	\$24,811	\$11,149	\$0	\$2,113,781	1.03	\$2,180,082	0.975	\$32.07
Nursing Facility	\$260,797,234	\$71,295,568	\$755,883	\$8,766,173	\$341,614,857	1.01	\$343,670,231	1.000	\$5,055.70
Other Waiver Services	\$7,268	\$0	\$2	\$0	\$7,270	1.09	\$7,932	0.940	\$0.12
Outpatient - Other	\$83,310	\$0	\$682	\$690	\$84,681	0.95	\$80,108	0.940	\$1.18
Outpatient - Psychological	\$90	\$0	\$1	\$0	\$91	0.95	\$86	0.940	\$0.00
Personal Care Agency - Personal Care	\$45,738	\$829	\$12	\$947	\$47,526	1.09	\$51,853	0.940	\$0.76
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$1,236,978	\$0	\$357	(\$180,032)	\$1,057,304	0.95	\$1,000,209	0.940	\$14.71
Physician - Clinic	\$62,190	\$0	\$1,612	\$434	\$64,235	0.95	\$60,766	0.940	\$0.89
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.03	\$0	0.870	\$0.00
Physician - OP Mental Health	\$4,942	\$183	\$5	\$35	\$5,164	1.03	\$5,296	0.870	\$0.08
Physician - Other Practitioner	\$51,347	\$0	\$1,331	\$667	\$53,344	0.95	\$50,464	0.940	\$0.74
Physician - PCP	\$97,457	\$0	\$2,526	\$695	\$100,679	0.95	\$95,242	0.940	\$1.40
Physician - Specialist	\$89,764	\$253	\$2,333	\$642	\$92,993	0.95	\$87,971	0.940	\$1.29
Transportation - Emergency	\$9,582	\$0	\$68	\$0	\$9,650	0.80	\$7,681	0.940	\$0.11
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$271,300,180</b>	<b>\$71,581,899</b>	<b>\$848,828</b>	<b>\$8,555,679</b>	<b>\$352,286,585</b>		<b>\$354,344,178</b>	<b>0.999</b>	<b>\$5,295.18</b>
Managed Care Adjustment									-0.12%
<b>Base Rate</b>									<b>\$5,289.05</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Case Management Services	\$78,687	\$0	\$70	\$0	\$78,756	1.03	\$80,760	0.870	\$1.38
Community Behavioral Health	\$119,291	\$0	\$106	\$0	\$119,397	1.03	\$122,435	0.870	\$2.09
Consumer Directed - Personal Care	\$48,668	\$3,332	\$14	\$1,111	\$53,126	1.09	\$57,961	0.870	\$0.99
Consumer Directed - Respite Care	\$21,201	\$0	\$6	\$398	\$21,605	1.09	\$23,572	0.870	\$0.40
DME/Supplies	\$42,990	\$0	\$306	(\$224)	\$43,072	0.80	\$34,285	0.940	\$0.59
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$485	\$0	\$13	\$0	\$498	0.95	\$471	0.940	\$0.01
Home Health Services	\$17,827	\$0	\$5	\$115	\$17,946	1.09	\$19,580	0.940	\$0.33
Hospice Care	\$627,167	\$87,675	\$18,526	\$0	\$733,368	0.95	\$693,766	0.940	\$11.87
Inpatient - Medical/Surgical	\$969,489	\$0	\$15,132	(\$41,406)	\$943,214	0.95	\$892,281	0.940	\$15.26
Inpatient - Psych	\$818,060	\$39,812	\$13,390	\$153,938	\$1,025,200	0.95	\$969,839	0.940	\$16.59
Lab and X-ray Services	\$10,247	\$0	\$73	\$0	\$10,320	0.80	\$8,215	0.940	\$0.14
Medicare Xover - IP	\$1,303,000	(\$0)	\$6,909	\$0	\$1,309,909	1.03	\$1,350,996	0.975	\$23.11
Medicare Xover - Nursing Facility	\$1,933,113	\$142,262	\$11,004	\$0	\$2,086,379	1.03	\$2,151,820	0.975	\$36.81
Medicare Xover - OP	\$575,476	\$18	\$3,051	\$0	\$578,545	1.03	\$596,692	0.975	\$10.21
Medicare Xover - Other	\$243,342	\$21,024	\$1,402	\$0	\$265,769	1.03	\$274,105	0.975	\$4.69
Medicare Xover - Physician	\$1,730,005	\$55,218	\$9,466	\$0	\$1,794,689	1.03	\$1,850,981	0.975	\$31.66
Nursing Facility	\$225,505,575	\$53,581,833	\$635,237	\$7,367,002	\$287,089,647	1.01	\$288,816,962	1.000	\$4,939.98
Other Waiver Services	\$20,629	\$0	\$5	\$0	\$20,635	1.09	\$22,513	0.940	\$0.39
Outpatient - Other	\$76,665	\$0	\$627	\$635	\$77,927	0.95	\$73,719	0.940	\$1.26
Outpatient - Psychological	\$442	\$501	\$8	\$0	\$951	0.95	\$900	0.940	\$0.02
Personal Care Agency - Personal Care	\$36,130	\$2,959	\$10	\$795	\$39,893	1.09	\$43,525	0.940	\$0.74
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$708,861	\$0	\$205	(\$103,169)	\$605,897	0.95	\$573,179	0.940	\$9.80
Physician - Clinic	\$10,359	\$0	\$268	\$72	\$10,699	0.95	\$10,122	0.940	\$0.17
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.03	\$0	0.870	\$0.00
Physician - OP Mental Health	\$3,040	\$506	\$3	\$24	\$3,574	1.03	\$3,664	0.870	\$0.06
Physician - Other Practitioner	\$40,516	\$0	\$1,050	\$526	\$42,092	0.95	\$39,819	0.940	\$0.68
Physician - PCP	\$48,454	\$0	\$1,256	\$346	\$50,055	0.95	\$47,352	0.940	\$0.81
Physician - Specialist	\$40,069	\$0	\$1,038	\$286	\$41,394	0.95	\$39,158	0.940	\$0.67
Transportation - Emergency	\$7,370	\$0	\$52	\$0	\$7,423	0.80	\$5,909	0.940	\$0.10
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$235,037,157</b>	<b>\$53,935,142</b>	<b>\$719,231</b>	<b>\$7,380,450</b>	<b>\$297,071,979</b>		<b>\$298,804,579</b>	<b>0.999</b>	<b>\$5,193.27</b>
Managed Care Adjustment									-0.13%
<b>Base Rate</b>									<b>\$5,186.40</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Case Management Services	\$46,363	\$0	\$41	\$0	\$46,404	1.03	\$47,585	0.870	\$0.91
Community Behavioral Health	\$117,204	\$0	\$104	\$0	\$117,308	1.03	\$120,293	0.870	\$2.31
Consumer Directed - Personal Care	\$5,015	\$610	\$1	\$120	\$5,747	1.09	\$6,270	0.870	\$0.12
Consumer Directed - Respite Care	\$322	\$0	\$0	\$6	\$328	1.09	\$358	0.870	\$0.01
DME/Supplies	\$116,560	\$0	\$829	(\$607)	\$116,783	0.80	\$92,959	0.940	\$1.78
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	0.95	\$0	0.940	\$0.00
Home Health Services	\$26,132	\$0	\$7	\$169	\$26,307	1.09	\$28,702	0.940	\$0.55
Hospice Care	\$1,153,143	\$190,457	\$34,821	\$0	\$1,378,422	0.95	\$1,303,987	0.940	\$25.03
Inpatient - Medical/Surgical	\$1,905,192	\$0	\$29,736	(\$81,369)	\$1,853,559	0.95	\$1,753,467	0.940	\$33.66
Inpatient - Psych	\$300,988	\$16,848	\$4,961	\$57,033	\$379,830	0.95	\$359,320	0.940	\$6.90
Lab and X-ray Services	\$17,061	\$0	\$121	\$0	\$17,182	0.80	\$13,677	0.940	\$0.26
Medicare Xover - IP	\$1,076,640	(\$0)	\$5,709	\$0	\$1,082,349	1.03	\$1,116,297	0.975	\$21.43
Medicare Xover - Nursing Facility	\$1,281,879	\$46,353	\$7,043	\$0	\$1,335,274	1.03	\$1,377,156	0.975	\$26.43
Medicare Xover - OP	\$461,884	\$1,018	\$2,454	\$0	\$465,357	1.03	\$479,954	0.975	\$9.21
Medicare Xover - Other	\$94,002	\$3,622	\$518	\$0	\$98,141	1.03	\$101,220	0.975	\$1.94
Medicare Xover - Physician	\$1,294,335	\$7,051	\$6,900	\$0	\$1,308,286	1.03	\$1,349,322	0.975	\$25.90
Nursing Facility	\$240,831,340	\$55,855,964	\$675,296	\$7,831,582	\$305,194,182	1.01	\$307,030,425	1.000	\$5,893.15
Other Waiver Services	\$7,016	\$0	\$2	\$0	\$7,018	1.09	\$7,657	0.940	\$0.15
Outpatient - Other	\$136,566	\$0	\$1,117	\$1,131	\$138,814	0.95	\$131,318	0.940	\$2.52
Outpatient - Psychological	\$1,172	\$0	\$10	\$0	\$1,182	0.95	\$1,118	0.940	\$0.02
Personal Care Agency - Personal Care	\$167,128	\$821	\$44	\$3,414	\$171,406	1.09	\$187,009	0.940	\$3.59
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$1,430,023	\$0	\$413	(\$208,128)	\$1,222,308	0.95	\$1,156,303	0.940	\$22.19
Physician - Clinic	\$38,940	\$0	\$1,009	\$271	\$40,221	0.95	\$38,049	0.940	\$0.73
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.03	\$0	0.870	\$0.00
Physician - OP Mental Health	\$11,456	\$2,041	\$12	\$92	\$13,601	1.03	\$13,947	0.870	\$0.27
Physician - Other Practitioner	\$66,457	\$0	\$1,722	\$863	\$69,042	0.95	\$65,314	0.940	\$1.25
Physician - PCP	\$171,504	\$0	\$4,445	\$1,224	\$177,172	0.95	\$167,605	0.940	\$3.22
Physician - Specialist	\$109,573	\$368	\$2,849	\$784	\$113,575	0.95	\$107,442	0.940	\$2.06
Transportation - Emergency	\$13,090	\$0	\$93	\$0	\$13,183	0.80	\$10,494	0.940	\$0.20
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$250,880,985</b>	<b>\$56,125,153</b>	<b>\$780,258</b>	<b>\$7,606,586</b>	<b>\$315,392,983</b>		<b>\$317,067,247</b>	<b>0.999</b>	<b>\$6,168.26</b>
Managed Care Adjustment									-0.14%
<b>Base Rate</b>									<b>\$6,159.42</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$8,443	\$0	\$2	\$55	\$8,501	1.09	\$9,275	0.940	\$0.20
Case Management Services	\$37,874	\$0	\$34	\$0	\$37,908	1.03	\$38,872	0.870	\$0.85
Community Behavioral Health	\$295,613	\$0	\$262	\$0	\$295,875	1.03	\$303,404	0.870	\$6.66
Consumer Directed - Personal Care	\$25,977	\$855	\$7	\$573	\$27,412	1.09	\$29,907	0.870	\$0.66
Consumer Directed - Respite Care	\$4,085	\$0	\$1	\$77	\$4,163	1.09	\$4,542	0.870	\$0.10
DME/Supplies	\$42,932	\$0	\$305	(\$223)	\$43,014	0.80	\$34,239	0.940	\$0.75
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$410	\$0	\$11	\$0	\$421	0.95	\$398	0.940	\$0.01
Home Health Services	\$45,719	\$0	\$12	\$295	\$46,026	1.09	\$50,216	0.940	\$1.10
Hospice Care	\$709,929	\$106,672	\$21,163	\$0	\$837,764	0.95	\$792,525	0.940	\$17.40
Inpatient - Medical/Surgical	\$476,733	\$0	\$7,441	(\$20,361)	\$463,813	0.95	\$438,768	0.940	\$9.64
Inpatient - Psych	\$339,122	\$23,228	\$5,656	\$65,021	\$433,025	0.95	\$409,642	0.940	\$9.00
Lab and X-ray Services	\$23,211	\$0	\$165	\$0	\$23,376	0.80	\$18,607	0.940	\$0.41
Medicare Xover - IP	\$916,733	(\$0)	\$4,861	\$0	\$921,594	1.03	\$950,501	0.975	\$20.87
Medicare Xover - Nursing Facility	\$1,333,824	\$47,596	\$7,325	\$0	\$1,388,745	1.03	\$1,432,304	0.975	\$31.45
Medicare Xover - OP	\$404,749	\$622	\$2,149	\$0	\$407,520	1.03	\$420,303	0.975	\$9.23
Medicare Xover - Other	\$144,969	\$58,885	\$1,081	\$0	\$204,935	1.03	\$211,363	0.975	\$4.64
Medicare Xover - Physician	\$1,121,070	\$6,891	\$5,981	\$0	\$1,133,942	1.03	\$1,169,509	0.975	\$25.68
Nursing Facility	\$169,679,785	\$43,098,035	\$484,308	\$5,616,644	\$218,878,773	1.01	\$220,195,687	1.000	\$4,835.67
Other Waiver Services	\$97,340	\$0	\$25	\$0	\$97,365	1.09	\$106,228	0.940	\$2.33
Outpatient - Other	\$31,372	\$0	\$257	\$260	\$31,888	0.95	\$30,166	0.940	\$0.66
Outpatient - Psychological	\$51	\$0	\$0	\$0	\$51	0.95	\$48	0.940	\$0.00
Personal Care Agency - Personal Care	\$11,177	\$252	\$3	\$232	\$11,664	1.09	\$12,726	0.940	\$0.28
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$797,886	\$0	\$230	(\$116,125)	\$681,991	0.95	\$645,163	0.940	\$14.17
Physician - Clinic	\$26,316	\$0	\$682	\$183	\$27,181	0.95	\$25,713	0.940	\$0.56
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.03	\$0	0.870	\$0.00
Physician - OP Mental Health	\$2,682	\$1,371	\$4	\$28	\$4,084	1.03	\$4,188	0.870	\$0.09
Physician - Other Practitioner	\$69,262	\$0	\$1,795	\$899	\$71,956	0.95	\$68,071	0.940	\$1.49
Physician - PCP	\$53,016	\$0	\$1,374	\$378	\$54,768	0.95	\$51,811	0.940	\$1.14
Physician - Specialist	\$50,411	\$86	\$1,309	\$360	\$52,166	0.95	\$49,349	0.940	\$1.08
Transportation - Emergency	\$7,720	\$0	\$55	\$0	\$7,775	0.80	\$6,189	0.940	\$0.14
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$176,758,410</b>	<b>\$43,344,493</b>	<b>\$546,498</b>	<b>\$5,548,296</b>	<b>\$226,197,697</b>		<b>\$227,509,714</b>	<b>0.999</b>	<b>\$5,078.76</b>
Managed Care Adjustment									-0.14%
<b>Base Rate</b>									<b>\$5,071.75</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Case Management Services	\$58,444	\$0	\$52	\$0	\$58,495	1.03	\$59,984	0.870	\$1.71
Community Behavioral Health	\$73,127	\$0	\$65	\$0	\$73,192	1.03	\$75,055	0.870	\$2.14
Consumer Directed - Personal Care	\$14,578	\$1,758	\$4	\$349	\$16,690	1.09	\$18,209	0.870	\$0.52
Consumer Directed - Respite Care	\$13,037	\$0	\$3	\$245	\$13,285	1.09	\$14,494	0.870	\$0.41
DME/Supplies	\$68,954	\$0	\$490	(\$359)	\$69,085	0.80	\$54,992	0.940	\$1.57
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$2,570	\$0	\$67	\$0	\$2,637	0.95	\$2,495	0.940	\$0.07
Home Health Services	\$40,638	\$55	\$11	\$263	\$40,967	1.09	\$44,696	0.940	\$1.27
Hospice Care	\$387,346	\$46,751	\$11,250	\$0	\$445,348	0.95	\$421,299	0.940	\$11.99
Inpatient - Medical/Surgical	\$459,192	\$0	\$7,167	(\$19,612)	\$446,748	0.95	\$422,623	0.940	\$12.03
Inpatient - Psych	\$23,735	\$31,437	\$861	\$9,900	\$65,933	0.95	\$62,373	0.940	\$1.78
Lab and X-ray Services	\$8,806	\$0	\$63	\$0	\$8,868	0.80	\$7,059	0.940	\$0.20
Medicare Xover - IP	\$900,317	\$170	\$4,775	\$0	\$905,262	1.03	\$933,656	0.975	\$26.58
Medicare Xover - Nursing Facility	\$1,455,025	\$40,783	\$7,931	\$0	\$1,503,739	1.03	\$1,550,905	0.975	\$44.15
Medicare Xover - OP	\$291,987	\$153	\$1,549	\$0	\$293,689	1.03	\$302,901	0.975	\$8.62
Medicare Xover - Other	\$133,103	\$10,763	\$763	\$0	\$144,629	1.03	\$149,165	0.975	\$4.25
Medicare Xover - Physician	\$807,219	\$1,357	\$4,287	\$0	\$812,864	1.03	\$838,360	0.975	\$23.86
Nursing Facility	\$118,834,265	\$29,828,203	\$338,374	\$3,924,207	\$152,925,048	1.01	\$153,845,143	1.000	\$4,379.27
Other Waiver Services	\$11,816	\$0	\$3	\$0	\$11,819	1.09	\$12,895	0.940	\$0.37
Outpatient - Other	\$50,787	\$0	\$416	\$420	\$51,623	0.95	\$48,836	0.940	\$1.39
Outpatient - Psychological	\$29	\$0	\$0	\$0	\$29	0.95	\$28	0.940	\$0.00
Personal Care Agency - Personal Care	\$1,870	\$145	\$1	\$41	\$2,056	1.09	\$2,244	0.940	\$0.06
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$383,537	\$0	\$111	(\$55,820)	\$327,827	0.95	\$310,124	0.940	\$8.83
Physician - Clinic	\$26,679	\$0	\$691	\$186	\$27,556	0.95	\$26,068	0.940	\$0.74
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.03	\$0	0.870	\$0.00
Physician - OP Mental Health	\$2,819	\$1,318	\$4	\$28	\$4,169	1.03	\$4,276	0.870	\$0.12
Physician - Other Practitioner	\$18,159	\$0	\$471	\$236	\$18,865	0.95	\$17,846	0.940	\$0.51
Physician - PCP	\$32,412	\$0	\$840	\$231	\$33,484	0.95	\$31,676	0.940	\$0.90
Physician - Specialist	\$19,556	\$0	\$507	\$140	\$20,202	0.95	\$19,111	0.940	\$0.54
Transportation - Emergency	\$5,950	\$0	\$42	\$0	\$5,993	0.80	\$4,770	0.940	\$0.14
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$124,125,958</b>	<b>\$29,962,895</b>	<b>\$380,797</b>	<b>\$3,860,455</b>	<b>\$158,330,105</b>		<b>\$159,281,283</b>	<b>0.999</b>	<b>\$4,616.47</b>
Managed Care Adjustment									-0.13%
<b>Base Rate</b>									<b>\$4,610.60</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Case Management Services	\$3,592	\$0	\$3	\$0	\$3,595	1.03	\$3,686	0.870	\$0.07
Community Behavioral Health	\$188,970	\$0	\$168	\$0	\$189,138	1.03	\$193,951	0.870	\$3.74
Consumer Directed - Personal Care	\$1,608	\$0	\$0	\$34	\$1,642	1.09	\$1,792	0.870	\$0.03
Consumer Directed - Respite Care	\$533	\$0	\$0	\$10	\$544	1.09	\$593	0.870	\$0.01
DME/Supplies	\$84,368	\$0	\$600	(\$439)	\$84,529	0.80	\$67,285	0.940	\$1.30
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	0.95	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	0.95	\$0	0.940	\$0.00
Home Health Services	\$29,284	\$0	\$8	\$189	\$29,481	1.09	\$32,164	0.940	\$0.62
Hospice Care	\$802,666	\$127,602	\$24,109	\$0	\$954,377	0.95	\$902,841	0.940	\$17.41
Inpatient - Medical/Surgical	\$777,506	\$0	\$12,135	(\$32,973)	\$756,669	0.95	\$715,809	0.940	\$13.81
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	0.95	\$0	0.940	\$0.00
Lab and X-ray Services	\$8,688	\$0	\$62	\$0	\$8,750	0.80	\$6,965	0.940	\$0.13
Medicare Xover - IP	\$1,127,295	(\$0)	\$5,977	\$0	\$1,133,272	1.03	\$1,168,818	0.975	\$22.54
Medicare Xover - Nursing Facility	\$1,031,305	\$53,760	\$5,753	\$0	\$1,090,818	1.03	\$1,125,033	0.975	\$21.70
Medicare Xover - OP	\$361,845	\$210	\$1,920	\$0	\$363,975	1.03	\$375,391	0.975	\$7.24
Medicare Xover - Other	\$146,414	\$24,793	\$908	\$0	\$172,115	1.03	\$177,513	0.975	\$3.42
Medicare Xover - Physician	\$1,675,445	\$16,587	\$8,972	\$0	\$1,701,004	1.03	\$1,754,357	0.975	\$33.84
Nursing Facility	\$199,538,719	\$56,322,071	\$582,370	\$6,753,895	\$263,197,054	1.01	\$264,780,616	1.000	\$5,106.72
Other Waiver Services	\$47,656	\$0	\$12	\$0	\$47,668	1.09	\$52,008	0.940	\$1.00
Outpatient - Other	\$78,022	\$0	\$638	\$762	\$79,422	0.95	\$75,133	0.940	\$1.45
Outpatient - Psychological	\$380	\$0	\$3	\$0	\$383	0.95	\$363	0.940	\$0.01
Personal Care Agency - Personal Care	\$101,002	\$5,642	\$28	\$2,168	\$108,839	1.09	\$118,747	0.940	\$2.29
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	0.940	\$0.00
Pharmacy	\$886,913	\$0	\$256	(\$129,083)	\$758,087	0.95	\$717,150	0.940	\$13.83
Physician - Clinic	\$24,099	\$0	\$625	\$168	\$24,892	0.95	\$23,547	0.940	\$0.45
Physician - IP Mental Health	\$374	\$511	\$1	\$6	\$892	1.03	\$914	0.870	\$0.02
Physician - OP Mental Health	\$11,361	\$6,090	\$15	\$119	\$17,585	1.03	\$18,033	0.870	\$0.35
Physician - Other Practitioner	\$52,985	\$40	\$1,374	\$688	\$55,087	0.95	\$52,112	0.940	\$1.01
Physician - PCP	\$69,870	\$0	\$1,811	\$499	\$72,180	0.95	\$68,282	0.940	\$1.32
Physician - Specialist	\$66,558	\$1,356	\$1,760	\$485	\$70,158	0.95	\$66,370	0.940	\$1.28
Transportation - Emergency	\$7,342	\$0	\$52	\$0	\$7,395	0.80	\$5,886	0.940	\$0.11
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$207,124,800</b>	<b>\$56,558,660</b>	<b>\$649,561</b>	<b>\$6,596,528</b>	<b>\$270,929,550</b>		<b>\$272,505,359</b>	<b>0.999</b>	<b>\$5,338.16</b>
Managed Care Adjustment									-0.11%
<b>Base Rate</b>									<b>\$5,332.03</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - NonDual - Nursing Home**

**Appendix C**  
**Exhibit 4a**

All Ages									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Case Management Services	\$99,152	\$0	\$267	\$0	\$99,420	1.00	\$99,420	0.870	\$2.33
Community Behavioral Health	\$814,659	\$0	\$2,197	\$0	\$816,856	1.00	\$816,856	0.870	\$19.12
Consumer Directed - Personal Care	\$31,195	\$0	\$129	\$669	\$31,994	1.54	\$49,218	0.870	\$1.15
Consumer Directed - Respite Care	\$3,971	\$0	\$16	\$75	\$4,062	1.54	\$6,249	0.870	\$0.15
DME/Supplies	\$1,230,097	\$0	\$18,941	(\$391)	\$1,248,647	0.96	\$1,197,452	0.940	\$28.02
Early Intervention Services	\$4,976	\$0	\$48	\$0	\$5,023	0.98	\$4,943	1.000	\$0.12
FQHC	\$163,651	\$0	\$1,578	\$0	\$165,228	0.98	\$162,585	0.940	\$3.80
Home Health Services	\$244,682	\$0	\$1,013	\$1,585	\$247,280	1.54	\$380,406	0.940	\$8.90
Hospice Care	\$764,356	\$10,346	\$7,469	\$0	\$782,172	0.98	\$769,657	0.940	\$18.01
Inpatient - Medical/Surgical	\$50,474,946	\$0	\$579,248	(\$2,104,543)	\$48,949,651	0.90	\$44,055,029	0.940	\$1,030.95
Inpatient - Psych	\$506,769	\$0	\$5,816	\$90,566	\$603,151	0.90	\$542,840	0.940	\$12.70
Lab and X-ray Services	\$897,470	\$0	\$13,819	\$0	\$911,289	0.96	\$873,926	0.940	\$20.45
Medicare Xover - IP	\$16,653	\$0	\$12	\$0	\$16,666	1.00	\$16,666	0.975	\$0.39
Medicare Xover - Nursing Facility	\$40,898	\$2,672	\$32	\$0	\$43,602	1.00	\$43,602	0.975	\$1.02
Medicare Xover - OP	\$13,450	\$0	\$10	\$0	\$13,460	1.00	\$13,460	0.975	\$0.31
Medicare Xover - Other	\$2,906	\$0	\$2	\$0	\$2,908	1.00	\$2,908	0.975	\$0.07
Medicare Xover - Physician	\$50,247	\$40	\$37	\$0	\$50,324	1.00	\$50,324	0.975	\$1.18
Nursing Facility	\$257,206,040	\$5,998,245	\$984,697	\$6,957,895	\$271,146,877	0.97	\$262,823,927	1.000	\$6,150.43
Other Waiver Services	\$63,689	\$0	\$264	\$0	\$63,953	1.54	\$98,383	0.940	\$2.30
Outpatient - Other	\$6,848,541	\$0	\$44,680	\$70,406	\$6,963,627	0.96	\$6,678,118	0.940	\$156.28
Outpatient - Psychological	\$61,184	\$1,226	\$407	\$0	\$62,818	0.96	\$60,242	0.940	\$1.41
Personal Care Agency - Personal Care	\$39,386	\$0	\$163	\$804	\$40,352	1.54	\$62,076	0.940	\$1.45
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Pharmacy	\$28,463,421	\$0	\$9,950	(\$1,185,830)	\$27,287,541	0.96	\$26,277,902	0.940	\$614.94
Physician - Clinic	\$2,136,769	\$0	\$20,601	\$14,660	\$2,172,030	0.98	\$2,137,278	0.940	\$50.02
Physician - IP Mental Health	\$9,492	\$64	\$26	\$65	\$9,646	1.00	\$9,646	0.870	\$0.23
Physician - OP Mental Health	\$255,660	\$1,350	\$693	\$1,751	\$259,454	1.00	\$259,454	0.870	\$6.07
Physician - Other Practitioner	\$1,700,285	\$0	\$16,393	\$21,725	\$1,738,404	0.98	\$1,710,589	0.940	\$40.03
Physician - PCP	\$6,672,699	\$0	\$64,334	\$46,856	\$6,783,888	0.98	\$6,675,346	0.940	\$156.21
Physician - Specialist	\$3,723,038	\$484	\$35,900	\$26,146	\$3,785,568	0.98	\$3,724,999	0.940	\$87.17
Transportation - Emergency	\$843,981	\$0	\$12,995	\$0	\$856,976	0.96	\$821,840	0.940	\$19.23
Transportation - Non-Emergency						1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$363,384,263</b>	<b>\$6,014,427</b>	<b>\$1,821,739</b>	<b>\$3,942,439</b>	<b>\$375,162,867</b>		<b>\$360,425,341</b>	<b>0.984</b>	<b>\$8,516.90</b>
Managed Care Adjustment									-1.63%
<b>Base Rate</b>									<b>\$8,377.94</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$3,207,024	\$103,692	\$3,525	\$53,108	\$3,367,349	1.07	\$3,588,414	0.940	\$29.86
Case Management Services	\$558,968	\$0	\$1,016	\$0	\$559,984	1.64	\$918,989	0.870	\$7.65
Community Behavioral Health	\$13,987,467	\$13,653	\$25,456	\$0	\$14,026,576	1.64	\$23,018,983	0.870	\$191.56
Consumer Directed - Personal Care	\$105,252,638	\$1,898,188	\$114,102	\$806,106	\$108,071,033	1.07	\$115,165,859	0.870	\$958.38
Consumer Directed - Respite Care	\$17,580,026	\$0	\$18,721	\$107,880	\$17,706,627	1.07	\$18,869,061	0.870	\$157.02
DME/Supplies	\$6,489,554	\$34,136	\$38,760	(\$164,060)	\$6,398,391	1.03	\$6,570,175	0.940	\$54.68
Early Intervention Services	\$489,558	\$0	\$4,082	\$0	\$493,640	1.00	\$495,253	1.000	\$4.12
FQHC	\$11,237	\$0	\$94	\$0	\$11,331	1.00	\$11,368	0.940	\$0.09
Home Health Services	\$414,584	\$1,092	\$443	\$1,921	\$418,039	1.07	\$445,483	0.940	\$3.71
Hospice Care	\$1,598,915	\$40,696	\$13,670	\$0	\$1,653,282	1.00	\$1,658,684	0.940	\$13.80
Inpatient - Medical/Surgical	\$3,219,942	\$0	\$30,661	(\$138,673)	\$3,111,931	1.00	\$3,126,656	0.940	\$26.02
Inpatient - Psych	\$108,863	\$142,774	\$2,396	\$4,454	\$258,487	1.00	\$259,711	0.940	\$2.16
Lab and X-ray Services	\$22,606	\$0	\$134	\$0	\$22,740	1.03	\$23,351	0.940	\$0.19
Medicare Xover - IP	\$3,377,445	\$0	\$19,677	\$0	\$3,397,122	1.00	\$3,386,930	0.975	\$28.19
Medicare Xover - Nursing Facility	\$10,506	\$0	\$61	\$0	\$10,567	1.00	\$10,535	0.975	\$0.09
Medicare Xover - OP	\$1,809,627	\$316	\$10,544	\$0	\$1,820,487	1.00	\$1,815,026	0.975	\$15.10
Medicare Xover - Other	\$1,511,640	\$78,371	\$9,263	\$0	\$1,599,274	1.00	\$1,594,476	0.975	\$13.27
Medicare Xover - Physician	\$5,648,468	\$36,200	\$33,118	\$0	\$5,717,786	1.00	\$5,700,633	0.975	\$47.44
Nursing Facility	\$52,010	\$3,424	\$79	\$1,448	\$56,961	1.01	\$57,304	1.000	\$0.48
Other Waiver Services	\$4,414,997	\$111	\$4,702	\$0	\$4,419,810	1.07	\$4,709,969	0.940	\$39.20
Outpatient - Other	\$1,305,393	\$553	\$15,105	\$9,998	\$1,331,049	1.03	\$1,366,785	0.940	\$11.37
Outpatient - Psychological	\$36,129	\$14,063	\$581	\$0	\$50,773	1.03	\$52,137	0.940	\$0.43
Personal Care Agency - Personal Care	\$82,208,022	\$1,419,769	\$89,053	\$1,588,336	\$85,305,180	1.07	\$90,905,435	0.940	\$756.49
Personal Care Agency - Respite Care	\$11,498,826	\$54,568	\$12,303	\$216,498	\$11,782,194	1.07	\$12,555,691	0.940	\$104.49
Pharmacy	\$4,541,164	\$0	(\$1,233)	(\$219,090)	\$4,320,841	0.99	\$4,267,033	0.940	\$35.51
Physician - Clinic	\$41,343	\$0	\$345	\$291	\$41,979	1.00	\$42,116	0.940	\$0.35
Physician - IP Mental Health	\$902	\$778	\$3	\$12	\$1,695	1.64	\$2,782	0.870	\$0.02
Physician - OP Mental Health	\$65,818	\$39,735	\$192	\$738	\$106,482	1.64	\$174,747	0.870	\$1.45
Physician - Other Practitioner	\$5,566,930	\$7,498	\$46,477	\$537,202	\$6,158,107	1.00	\$6,178,230	0.940	\$51.41
Physician - PCP	\$517,840	\$2,138	\$4,335	\$3,676	\$527,989	1.00	\$529,714	0.940	\$4.41
Physician - Specialist	\$331,405	\$22,629	\$2,952	\$2,503	\$359,489	1.00	\$360,664	0.940	\$3.00
Transportation - Emergency	\$37,319	\$0	\$222	\$0	\$37,541	1.03	\$38,548	0.940	\$0.32
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$275,917,166</b>	<b>\$3,914,382</b>	<b>\$500,839</b>	<b>\$2,812,347</b>	<b>\$283,144,734</b>		<b>\$307,900,742</b>	<b>0.907</b>	<b>\$2,594.07</b>
Managed Care Adjustment									-9.33%
<b>Base Rate</b>									<b>\$2,352.13</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$631,426	\$7,130	\$680	\$10,243	\$649,479	1.07	\$692,117	0.940	\$8.93
Case Management Services	\$674,223	\$0	\$1,226	\$0	\$675,448	1.64	\$1,108,477	0.870	\$14.31
Community Behavioral Health	\$7,941,553	\$36,837	\$14,506	\$0	\$7,992,896	1.64	\$13,117,124	0.870	\$169.29
Consumer Directed - Personal Care	\$66,063,173	\$875,416	\$71,281	\$503,585	\$67,513,456	1.07	\$71,945,691	0.870	\$928.56
Consumer Directed - Respite Care	\$11,994,113	\$0	\$12,772	\$73,602	\$12,080,488	1.07	\$12,873,567	0.870	\$166.15
DME/Supplies	\$3,127,247	\$1,476	\$18,589	(\$78,682)	\$3,068,630	1.03	\$3,151,017	0.940	\$40.67
Early Intervention Services	\$343,716	\$0	\$2,866	\$0	\$346,581	1.00	\$347,714	1.000	\$4.49
FQHC	\$10,350	\$445	\$90	\$0	\$10,885	1.00	\$10,921	0.940	\$0.14
Home Health Services	\$113,313	\$11	\$121	\$524	\$113,968	1.07	\$121,450	0.940	\$1.57
Hospice Care	\$1,156,487	\$17,693	\$9,790	\$0	\$1,183,970	1.00	\$1,187,839	0.940	\$15.33
Inpatient - Medical/Surgical	\$1,841,461	\$0	\$17,535	(\$79,362)	\$1,779,634	1.00	\$1,788,055	0.940	\$23.08
Inpatient - Psych	\$141,469	\$35,242	\$1,683	\$3,128	\$181,522	1.00	\$182,381	0.940	\$2.35
Lab and X-ray Services	\$11,944	\$0	\$71	\$0	\$12,015	1.03	\$12,338	0.940	\$0.16
Medicare Xover - IP	\$2,142,155	\$0	\$12,480	\$0	\$2,154,635	1.00	\$2,148,171	0.975	\$27.73
Medicare Xover - Nursing Facility	\$6,506	\$0	\$38	\$0	\$6,544	1.00	\$6,524	0.975	\$0.08
Medicare Xover - OP	\$1,622,035	\$115	\$9,450	\$0	\$1,631,600	1.00	\$1,626,705	0.975	\$20.99
Medicare Xover - Other	\$1,188,339	\$19,445	\$7,036	\$0	\$1,214,820	1.00	\$1,211,176	0.975	\$15.63
Medicare Xover - Physician	\$4,083,350	\$156,660	\$24,702	\$0	\$4,264,712	1.00	\$4,251,918	0.975	\$54.88
Nursing Facility	\$33,065	\$4,082	\$53	\$970	\$38,169	1.01	\$38,399	1.000	\$0.50
Other Waiver Services	\$2,781,921	\$111	\$2,963	\$0	\$2,784,995	1.07	\$2,967,829	0.940	\$38.30
Outpatient - Other	\$560,984	\$66	\$6,489	\$4,091	\$571,630	1.03	\$586,977	0.940	\$7.58
Outpatient - Psychological	\$17,817	\$1,835	\$227	\$0	\$19,879	1.03	\$20,413	0.940	\$0.26
Personal Care Agency - Personal Care	\$39,082,296	\$804,898	\$42,475	\$757,574	\$40,687,243	1.07	\$43,358,347	0.940	\$559.60
Personal Care Agency - Respite Care	\$5,652,109	\$41,136	\$6,063	\$106,685	\$5,805,992	1.07	\$6,187,154	0.940	\$79.85
Pharmacy	\$2,169,904	\$0	(\$589)	(\$104,688)	\$2,064,627	0.99	\$2,038,916	0.940	\$26.31
Physician - Clinic	\$14,325	\$0	\$119	\$101	\$14,545	1.00	\$14,593	0.940	\$0.19
Physician - IP Mental Health	\$222	\$397	\$1	\$4	\$625	1.64	\$1,025	0.870	\$0.01
Physician - OP Mental Health	\$64,698	\$22,123	\$158	\$607	\$87,586	1.64	\$143,737	0.870	\$1.86
Physician - Other Practitioner	\$1,319,714	\$621	\$11,008	\$127,239	\$1,458,583	1.00	\$1,463,349	0.940	\$18.89
Physician - PCP	\$187,855	\$753	\$1,573	\$1,333	\$191,514	1.00	\$192,140	0.940	\$2.48
Physician - Specialist	\$162,645	\$6,915	\$1,414	\$1,199	\$172,172	1.00	\$172,735	0.940	\$2.23
Transportation - Emergency	\$41,929	\$0	\$249	\$0	\$42,178	1.03	\$43,311	0.940	\$0.56
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$155,182,344</b>	<b>\$2,033,406</b>	<b>\$277,118</b>	<b>\$1,328,154</b>	<b>\$158,821,021</b>		<b>\$173,012,106</b>	<b>0.903</b>	<b>\$2,264.75</b>
Managed Care Adjustment									-9.67%
<b>Base Rate</b>									<b>\$2,045.64</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$12,023,232	\$32,879	\$12,838	\$193,394	\$12,262,344	1.07	\$13,067,363	0.940	\$92.50
Case Management Services	\$454,162	\$0	\$826	\$0	\$454,987	1.64	\$746,679	0.870	\$5.29
Community Behavioral Health	\$19,204,368	\$50,628	\$35,008	\$0	\$19,290,004	1.64	\$31,656,784	0.870	\$224.09
Consumer Directed - Personal Care	\$82,182,688	\$772,086	\$88,336	\$655,968	\$83,699,078	1.07	\$89,193,893	0.870	\$631.37
Consumer Directed - Respite Care	\$14,545,013	\$0	\$15,489	\$94,848	\$14,655,349	1.07	\$15,617,468	0.870	\$110.55
DME/Supplies	\$6,765,089	\$28,664	\$40,365	(\$170,851)	\$6,663,267	1.03	\$6,842,163	0.940	\$48.43
Early Intervention Services	\$788,141	\$0	\$6,571	\$0	\$794,712	1.00	\$797,309	1.000	\$5.64
FQHC	\$2,171	\$0	\$18	\$0	\$2,189	1.00	\$2,196	0.940	\$0.02
Home Health Services	\$995,369	\$0	\$1,060	\$4,600	\$1,001,029	1.07	\$1,066,746	0.940	\$7.55
Hospice Care	\$2,518,227	\$59,760	\$21,494	\$0	\$2,599,481	1.00	\$2,607,976	0.940	\$18.46
Inpatient - Medical/Surgical	\$8,406,076	\$39,641	\$80,423	(\$363,988)	\$8,162,152	1.00	\$8,200,773	0.940	\$58.05
Inpatient - Psych	\$97,818	\$172,996	\$2,579	\$4,794	\$278,187	1.00	\$279,504	0.940	\$1.98
Lab and X-ray Services	\$32,285	\$0	\$192	\$0	\$32,477	1.03	\$33,349	0.940	\$0.24
Medicare Xover - IP	\$2,256,730	\$0	\$13,147	\$0	\$2,269,878	1.00	\$2,263,068	0.975	\$16.02
Medicare Xover - Nursing Facility	\$7,523	\$0	\$44	\$0	\$7,567	1.00	\$7,544	0.975	\$0.05
Medicare Xover - OP	\$1,626,311	\$130	\$9,475	\$0	\$1,635,916	1.00	\$1,631,009	0.975	\$11.55
Medicare Xover - Other	\$702,350	\$22,233	\$4,221	\$0	\$728,804	1.00	\$726,618	0.975	\$5.14
Medicare Xover - Physician	\$3,837,268	\$25,583	\$22,504	\$0	\$3,885,355	1.00	\$3,873,699	0.975	\$27.42
Nursing Facility	\$81,294	\$1,156	\$117	\$2,154	\$84,721	1.01	\$85,231	1.000	\$0.60
Other Waiver Services	\$4,360,849	\$11,135	\$4,656	\$0	\$4,376,640	1.07	\$4,663,965	0.940	\$33.01
Outpatient - Other	\$861,641	\$0	\$9,966	\$6,282	\$877,889	1.03	\$901,458	0.940	\$6.38
Outpatient - Psychological	\$116,804	\$12,041	\$1,490	\$0	\$130,335	1.03	\$133,834	0.940	\$0.95
Personal Care Agency - Personal Care	\$223,095,910	\$1,556,352	\$239,226	\$4,266,802	\$229,158,291	1.07	\$244,202,453	0.940	\$1,728.62
Personal Care Agency - Respite Care	\$29,630,200	\$49,439	\$31,605	\$556,163	\$30,267,407	1.07	\$32,254,452	0.940	\$228.32
Pharmacy	\$6,020,347	\$0	(\$1,634)	(\$290,454)	\$5,728,259	0.99	\$5,656,924	0.940	\$40.04
Physician - Clinic	\$69,130	\$0	\$576	\$486	\$70,193	1.00	\$70,422	0.940	\$0.50
Physician - IP Mental Health	\$341	\$209	\$1	\$4	\$555	1.64	\$910	0.870	\$0.01
Physician - OP Mental Health	\$77,010	\$33,360	\$201	\$771	\$111,342	1.64	\$182,723	0.870	\$1.29
Physician - Other Practitioner	\$21,138,175	\$6,075	\$176,293	\$2,037,649	\$23,358,192	1.00	\$23,434,519	0.940	\$165.88
Physician - PCP	\$519,428	\$3,849	\$4,363	\$3,699	\$531,340	1.00	\$533,076	0.940	\$3.77
Physician - Specialist	\$276,977	\$19,298	\$2,470	\$2,094	\$300,840	1.00	\$301,823	0.940	\$2.14
Transportation - Emergency	\$43,760	\$0	\$260	\$0	\$44,020	1.03	\$45,201	0.940	\$0.32
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$442,736,686</b>	<b>\$2,897,517</b>	<b>\$824,182</b>	<b>\$7,004,415</b>	<b>\$453,462,799</b>		<b>\$491,081,133</b>	<b>0.922</b>	<b>\$3,507.99</b>
Managed Care Adjustment									-7.82%
<b>Base Rate</b>									<b>\$3,233.82</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$437,761	\$4,715	\$471	\$7,098	\$450,045	1.07	\$479,591	0.940	\$10.42
Case Management Services	\$589,504	\$0	\$1,072	\$0	\$590,576	1.64	\$969,192	0.870	\$21.05
Community Behavioral Health	\$4,708,699	\$46,302	\$8,645	\$0	\$4,763,646	1.64	\$7,817,610	0.870	\$169.79
Consumer Directed - Personal Care	\$45,554,271	\$753,197	\$49,312	\$348,376	\$46,705,155	1.07	\$49,771,332	0.870	\$1,080.95
Consumer Directed - Respite Care	\$8,806,894	\$0	\$9,378	\$54,044	\$8,870,316	1.07	\$9,452,649	0.870	\$205.30
DME/Supplies	\$1,941,321	\$12,788	\$11,610	(\$49,142)	\$1,916,577	1.03	\$1,968,034	0.940	\$42.74
Early Intervention Services	\$164,797	\$0	\$1,374	\$0	\$166,171	1.00	\$166,714	1.000	\$3.62
FQHC	\$1,923	\$0	\$16	\$0	\$1,939	1.00	\$1,945	0.940	\$0.04
Home Health Services	\$154,230	\$2	\$164	\$713	\$155,108	1.07	\$165,291	0.940	\$3.59
Hospice Care	\$470,412	\$25,102	\$4,131	\$0	\$499,645	1.00	\$501,278	0.940	\$10.89
Inpatient - Medical/Surgical	\$846,246	\$0	\$8,058	(\$36,471)	\$817,833	1.00	\$821,703	0.940	\$17.85
Inpatient - Psych	\$89,096	\$15,764	\$999	\$1,856	\$107,715	1.00	\$108,225	0.940	\$2.35
Lab and X-ray Services	\$23,703	\$0	\$141	\$0	\$23,843	1.03	\$24,484	0.940	\$0.53
Medicare Xover - IP	\$1,265,461	\$0	\$7,372	\$0	\$1,272,833	1.00	\$1,269,014	0.975	\$27.56
Medicare Xover - Nursing Facility	\$4,131	\$0	\$24	\$0	\$4,155	1.00	\$4,142	0.975	\$0.09
Medicare Xover - OP	\$742,230	\$51	\$4,324	\$0	\$746,605	1.00	\$744,366	0.975	\$16.17
Medicare Xover - Other	\$825,699	\$17,282	\$4,911	\$0	\$847,892	1.00	\$845,348	0.975	\$18.36
Medicare Xover - Physician	\$1,881,719	\$12,929	\$11,038	\$0	\$1,905,686	1.00	\$1,899,969	0.975	\$41.26
Nursing Facility	\$21,035	\$3,488	\$35	\$641	\$25,199	1.01	\$25,350	1.000	\$0.55
Other Waiver Services	\$1,943,452	\$0	\$2,070	\$0	\$1,945,522	1.07	\$2,073,245	0.940	\$45.03
Outpatient - Other	\$275,878	\$0	\$3,191	\$2,011	\$281,080	1.03	\$288,627	0.940	\$6.27
Outpatient - Psychological	\$14,860	\$5,666	\$237	\$0	\$20,764	1.03	\$21,321	0.940	\$0.46
Personal Care Agency - Personal Care	\$15,151,269	\$298,243	\$16,452	\$293,431	\$15,759,396	1.07	\$16,793,995	0.940	\$364.74
Personal Care Agency - Respite Care	\$2,103,390	\$10,980	\$2,252	\$39,621	\$2,156,243	1.07	\$2,297,799	0.940	\$49.90
Pharmacy	\$1,749,109	\$0	(\$475)	(\$84,386)	\$1,664,248	0.99	\$1,643,522	0.940	\$35.69
Physician - Clinic	\$21,574	\$0	\$180	\$152	\$21,906	1.00	\$21,978	0.940	\$0.48
Physician - IP Mental Health	\$2,585	\$60	\$5	\$18	\$2,669	1.64	\$4,379	0.870	\$0.10
Physician - OP Mental Health	\$40,355	\$15,355	\$101	\$389	\$56,200	1.64	\$92,230	0.870	\$2.00
Physician - Other Practitioner	\$849,028	\$453	\$7,083	\$81,864	\$938,427	1.00	\$941,493	0.940	\$20.45
Physician - PCP	\$190,825	\$242	\$1,593	\$1,351	\$194,011	1.00	\$194,645	0.940	\$4.23
Physician - Specialist	\$126,767	\$3,910	\$1,090	\$924	\$132,691	1.00	\$133,124	0.940	\$2.89
Transportation - Emergency	\$16,958	\$0	\$101	\$0	\$17,058	1.03	\$17,516	0.940	\$0.38
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$91,015,181</b>	<b>\$1,226,530</b>	<b>\$156,955</b>	<b>\$662,488</b>	<b>\$93,061,153</b>		<b>\$101,560,112</b>	<b>0.896</b>	<b>\$2,237.51</b>
Managed Care Adjustment									-10.37%
<b>Base Rate</b>									<b>\$2,005.50</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$64,222	\$0	\$68	\$1,030	\$65,320	1.07	\$69,609	0.940	\$1.99
Case Management Services	\$309,347	\$0	\$562	\$0	\$309,909	1.64	\$508,592	0.870	\$14.52
Community Behavioral Health	\$533,340	\$0	\$970	\$0	\$534,310	1.64	\$876,855	0.870	\$25.03
Consumer Directed - Personal Care	\$28,811,411	\$623,117	\$31,344	\$221,439	\$29,687,312	1.07	\$31,636,273	0.870	\$903.13
Consumer Directed - Respite Care	\$4,763,170	\$0	\$5,072	\$29,229	\$4,797,472	1.07	\$5,112,424	0.870	\$145.95
DME/Supplies	\$1,362,816	\$250	\$8,099	(\$34,279)	\$1,336,886	1.03	\$1,372,779	0.940	\$39.19
Early Intervention Services	\$95,337	\$0	\$795	\$0	\$96,131	1.00	\$96,446	1.000	\$2.75
FQHC	\$7,088	\$213	\$61	\$0	\$7,361	1.00	\$7,385	0.940	\$0.21
Home Health Services	\$106,244	\$0	\$113	\$491	\$106,848	1.07	\$113,862	0.940	\$3.25
Hospice Care	\$461,207	\$8,342	\$3,915	\$0	\$473,464	1.00	\$475,011	0.940	\$13.56
Inpatient - Medical/Surgical	\$642,572	\$0	\$6,119	(\$27,693)	\$620,997	1.00	\$623,936	0.940	\$17.81
Inpatient - Psych	\$14,984	\$11,552	\$253	\$470	\$27,258	1.00	\$27,387	0.940	\$0.78
Lab and X-ray Services	\$11,243	\$0	\$67	\$0	\$11,310	1.03	\$11,614	0.940	\$0.33
Medicare Xover - IP	\$1,176,088	\$0	\$6,852	\$0	\$1,182,940	1.00	\$1,179,391	0.975	\$33.67
Medicare Xover - Nursing Facility	\$4,486	\$0	\$26	\$0	\$4,512	1.00	\$4,499	0.975	\$0.13
Medicare Xover - OP	\$569,878	\$0	\$3,320	\$0	\$573,198	1.00	\$571,479	0.975	\$16.31
Medicare Xover - Other	\$861,492	\$16,083	\$5,113	\$0	\$882,688	1.00	\$880,040	0.975	\$25.12
Medicare Xover - Physician	\$899,503	\$8,964	\$5,293	\$0	\$913,760	1.00	\$911,018	0.975	\$26.01
Nursing Facility	\$21,113	\$0	\$30	\$552	\$21,695	1.01	\$21,825	1.000	\$0.62
Other Waiver Services	\$1,161,907	\$0	\$1,237	\$0	\$1,163,144	1.07	\$1,239,504	0.940	\$35.38
Outpatient - Other	\$181,079	\$0	\$2,094	\$1,320	\$184,493	1.03	\$189,447	0.940	\$5.41
Outpatient - Psychological	\$7,006	\$65	\$82	\$0	\$7,153	1.03	\$7,345	0.940	\$0.21
Personal Care Agency - Personal Care	\$11,112,651	\$258,104	\$12,108	\$215,964	\$11,598,827	1.07	\$12,360,286	0.940	\$352.85
Personal Care Agency - Respite Care	\$1,694,481	\$12,725	\$1,818	\$31,991	\$1,741,015	1.07	\$1,855,312	0.940	\$52.96
Pharmacy	\$735,106	\$0	(\$200)	(\$35,465)	\$699,441	0.99	\$690,731	0.940	\$19.72
Physician - Clinic	\$1,786	\$0	\$15	\$13	\$1,813	1.00	\$1,819	0.940	\$0.05
Physician - IP Mental Health	\$165	\$456	\$1	\$4	\$627	1.64	\$1,029	0.870	\$0.03
Physician - OP Mental Health	\$5,264	\$1,582	\$12	\$48	\$6,907	1.64	\$11,335	0.870	\$0.32
Physician - Other Practitioner	\$327,912	\$171	\$2,735	\$31,617	\$362,436	1.00	\$363,620	0.940	\$10.38
Physician - PCP	\$60,158	\$532	\$506	\$429	\$61,625	1.00	\$61,826	0.940	\$1.76
Physician - Specialist	\$56,397	\$1,678	\$484	\$411	\$58,970	1.00	\$59,163	0.940	\$1.69
Transportation - Emergency	\$18,839	\$0	\$112	\$0	\$18,951	1.03	\$19,460	0.940	\$0.56
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$56,078,290</b>	<b>\$943,836</b>	<b>\$99,077</b>	<b>\$437,570</b>	<b>\$57,558,772</b>		<b>\$61,361,299</b>	<b>0.900</b>	<b>\$1,783.50</b>
Managed Care Adjustment									-9.96%
<b>Base Rate</b>									<b>\$1,605.92</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - EDCD**

**Appendix C**  
**Exhibit 4b**

All Ages									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$402,187	\$841	\$429	\$6,465	\$409,922	1.07	\$436,833	0.940	\$4.88
Case Management Services	\$268,908	\$0	\$489	\$0	\$269,397	1.64	\$442,106	0.870	\$4.94
Community Behavioral Health	\$6,336,475	\$1,212	\$11,523	\$0	\$6,349,210	1.64	\$10,419,674	0.870	\$116.36
Consumer Directed - Personal Care	\$41,875,065	\$509,920	\$45,135	\$318,866	\$42,748,987	1.07	\$45,555,443	0.870	\$508.74
Consumer Directed - Respite Care	\$7,830,150	\$0	\$8,338	\$48,050	\$7,886,538	1.07	\$8,404,287	0.870	\$93.85
DME/Supplies	\$5,052,376	\$22,839	\$30,154	(\$127,633)	\$4,977,736	1.03	\$5,111,379	0.940	\$57.08
Early Intervention Services	\$272,907	\$0	\$2,275	\$0	\$275,182	1.00	\$276,081	1.000	\$3.08
FQHC	\$11,924	\$154	\$101	\$0	\$12,178	1.00	\$12,218	0.940	\$0.14
Home Health Services	\$447,626	\$0	\$477	\$2,069	\$450,171	1.07	\$479,724	0.940	\$5.36
Hospice Care	\$1,203,702	\$46,424	\$10,423	\$0	\$1,260,549	1.00	\$1,264,668	0.940	\$14.12
Inpatient - Medical/Surgical	\$2,937,631	\$0	\$27,973	(\$121,008)	\$2,844,596	1.00	\$2,858,056	0.940	\$31.92
Inpatient - Psych	\$56,134	\$44,266	\$956	\$1,777	\$103,134	1.00	\$103,622	0.940	\$1.16
Lab and X-ray Services	\$29,825	\$0	\$177	\$0	\$30,002	1.03	\$30,808	0.940	\$0.34
Medicare Xover - IP	\$2,181,109	\$0	\$12,707	\$0	\$2,193,816	1.00	\$2,187,234	0.975	\$24.43
Medicare Xover - Nursing Facility	\$3,833	\$0	\$22	\$0	\$3,855	1.00	\$3,843	0.975	\$0.04
Medicare Xover - OP	\$1,459,485	\$0	\$8,503	\$0	\$1,467,988	1.00	\$1,463,584	0.975	\$16.34
Medicare Xover - Other	\$1,223,255	\$14,661	\$7,212	\$0	\$1,245,127	1.00	\$1,241,392	0.975	\$13.86
Medicare Xover - Physician	\$4,537,870	\$44,725	\$26,698	\$0	\$4,609,293	1.00	\$4,595,465	0.975	\$51.32
Nursing Facility	\$85,386	\$6,403	\$130	\$2,398	\$94,317	1.01	\$94,885	1.000	\$1.06
Other Waiver Services	\$2,267,062	\$898	\$2,415	\$0	\$2,270,375	1.07	\$2,419,424	0.940	\$27.02
Outpatient - Other	\$794,009	\$0	\$9,183	\$21,342	\$824,534	1.03	\$846,671	0.940	\$9.46
Outpatient - Psychological	\$15,017	\$3,157	\$210	\$0	\$18,384	1.03	\$18,878	0.940	\$0.21
Personal Care Agency - Personal Care	\$113,037,139	\$1,808,157	\$122,296	\$2,181,247	\$117,148,839	1.07	\$124,839,620	0.940	\$1,394.14
Personal Care Agency - Respite Care	\$15,966,429	\$78,537	\$17,086	\$300,665	\$16,362,716	1.07	\$17,436,923	0.940	\$194.73
Pharmacy	\$3,003,700	\$0	(\$815)	(\$144,915)	\$2,857,970	0.99	\$2,822,379	0.940	\$31.52
Physician - Clinic	\$76,635	\$0	\$639	\$539	\$77,813	1.00	\$78,067	0.940	\$0.87
Physician - IP Mental Health	\$244	\$0	\$0	\$2	\$246	1.64	\$403	0.870	\$0.00
Physician - OP Mental Health	\$33,466	\$51,082	\$154	\$591	\$85,293	1.64	\$139,973	0.870	\$1.56
Physician - Other Practitioner	\$5,403,413	\$2,258	\$45,070	\$520,939	\$5,971,680	1.00	\$5,991,193	0.940	\$66.91
Physician - PCP	\$572,693	\$1,480	\$4,787	\$4,059	\$583,019	1.00	\$584,924	0.940	\$6.53
Physician - Specialist	\$369,824	\$18,333	\$3,236	\$2,744	\$394,137	1.00	\$395,425	0.940	\$4.42
Transportation - Emergency	\$47,486	\$0	\$282	\$0	\$47,768	1.03	\$49,050	0.940	\$0.55
Transportation - Non-Emergency						1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$217,802,962</b>	<b>\$2,655,347</b>	<b>\$398,266</b>	<b>\$3,018,196</b>	<b>\$223,874,772</b>		<b>\$240,604,236</b>	<b>0.923</b>	<b>\$2,718.73</b>
Managed Care Adjustment									-7.65%
<b>Base Rate</b>									<b>\$2,510.69</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual - DD Waivers**

**Appendix C**  
**Exhibit 4c**

All Ages									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.940	\$0.00
Case Management Services	\$91,420	\$0	\$252	\$0	\$91,672	1.35	\$123,450	0.870	\$0.79
Community Behavioral Health	\$2,729,073	\$72	\$7,528	\$0	\$2,736,673	1.35	\$3,685,334	0.870	\$23.51
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.870	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.870	\$0.00
DME/Supplies	\$5,596,909	\$2,850	\$15,445	(\$206,711)	\$5,408,493	1.35	\$7,283,334	0.940	\$46.47
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.35	\$0	1.000	\$0.00
FQHC	\$1,716	\$37	\$5	\$0	\$1,758	1.35	\$2,367	0.940	\$0.02
Home Health Services	\$57,858	\$34	\$160	\$642	\$58,693	1.35	\$79,039	0.940	\$0.50
Hospice Care	\$121,772	\$5,690	\$352	\$0	\$127,813	1.35	\$172,119	0.940	\$1.10
Inpatient - Medical/Surgical	\$395,423	\$2,601	\$1,098	(\$16,316)	\$382,807	1.35	\$515,506	0.940	\$3.29
Inpatient - Psych	\$87,980	\$22,464	\$305	\$938	\$111,686	1.35	\$150,402	0.940	\$0.96
Lab and X-ray Services	\$6,601	\$0	\$18	\$0	\$6,620	1.35	\$8,914	0.940	\$0.06
Medicare Xover - IP	\$1,291,376	\$0	\$3,562	\$0	\$1,294,938	1.35	\$1,743,825	0.975	\$11.13
Medicare Xover - Nursing Facility	\$2,899	\$0	\$8	\$0	\$2,907	1.35	\$3,915	0.975	\$0.02
Medicare Xover - OP	\$1,235,205	\$0	\$3,407	\$0	\$1,238,612	1.35	\$1,667,974	0.975	\$10.64
Medicare Xover - Other	\$1,221,763	\$108,114	\$3,668	\$0	\$1,333,545	1.35	\$1,795,815	0.975	\$11.46
Medicare Xover - Physician	\$2,386,508	\$26,720	\$6,656	\$0	\$2,419,884	1.35	\$3,258,730	0.975	\$20.79
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.35	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.940	\$0.00
Outpatient - Other	\$173,895	\$0	\$480	\$1,617	\$175,992	1.35	\$236,999	0.940	\$1.51
Outpatient - Psychological	\$4,434	\$0	\$12	\$0	\$4,446	1.35	\$5,988	0.940	\$0.04
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.940	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.35	\$0	0.940	\$0.00
Pharmacy	\$1,446,071	\$0	\$3,989	(\$295,091)	\$1,154,969	1.35	\$1,555,336	0.940	\$9.92
Physician - Clinic	\$14,608	\$0	\$40	\$103	\$14,751	1.35	\$19,864	0.940	\$0.13
Physician - IP Mental Health	\$150	\$0	\$0	\$1	\$151	1.35	\$204	0.870	\$0.00
Physician - OP Mental Health	\$115,623	\$8,422	\$342	\$873	\$125,260	1.35	\$168,681	0.870	\$1.08
Physician - Other Practitioner	\$111,663	\$1,019	\$311	\$1,864	\$114,857	1.35	\$154,671	0.940	\$0.99
Physician - PCP	\$50,449	\$429	\$140	\$395	\$51,413	1.35	\$69,236	0.940	\$0.44
Physician - Specialist	\$105,932	\$8,737	\$316	\$890	\$115,875	1.35	\$156,042	0.940	\$1.00
Transportation - Emergency	\$6,482	\$0	\$18	\$0	\$6,500	1.35	\$8,753	0.940	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$17,255,810</b>	<b>\$187,189</b>	<b>\$48,112</b>	<b>(\$510,796)</b>	<b>\$16,980,316</b>		<b>\$22,866,501</b>	<b>0.951</b>	<b>\$177.68</b>
Managed Care Adjustment									-4.86%
<b>Base Rate</b>									<b>\$169.05</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - NonDual - DD Waivers**

**Appendix C**  
**Exhibit 4c**

All Ages									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.940	\$0.00
Case Management Services	\$110,508	\$0	\$170	\$0	\$110,678	1.21	\$133,459	0.870	\$1.40
Community Behavioral Health	\$6,152,365	\$5,328	\$9,475	\$0	\$6,167,169	1.21	\$7,436,565	0.870	\$77.89
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.870	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.870	\$0.00
DME/Supplies	\$11,226,094	\$25,579	\$17,314	(\$133,055)	\$11,135,931	1.21	\$13,428,055	0.940	\$140.64
Early Intervention Services	\$2,138	\$0	\$3	\$0	\$2,141	1.21	\$2,581	1.000	\$0.03
FQHC	\$102,252	\$335	\$158	\$0	\$102,744	1.21	\$123,892	0.940	\$1.30
Home Health Services	\$594,598	\$355	\$915	\$6,590	\$602,458	1.21	\$726,463	0.940	\$7.61
Hospice Care	\$340,250	\$448	\$524	\$0	\$341,222	1.21	\$411,456	0.940	\$4.31
Inpatient - Medical/Surgical	\$11,473,437	\$0	\$17,655	(\$469,743)	\$11,021,349	1.21	\$13,289,888	0.940	\$139.19
Inpatient - Psych	\$1,181,103	\$51,800	\$1,897	\$10,459	\$1,245,260	1.21	\$1,501,574	0.940	\$15.73
Lab and X-ray Services	\$381,452	\$0	\$587	\$0	\$382,039	1.21	\$460,674	0.940	\$4.82
Medicare Xover - IP	\$1,260	\$0	\$2	\$0	\$1,262	1.21	\$1,522	0.975	\$0.02
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.975	\$0.00
Medicare Xover - OP	\$59	\$0	\$0	\$0	\$59	1.21	\$71	0.975	\$0.00
Medicare Xover - Other	\$77	\$0	\$0	\$0	\$77	1.21	\$93	0.975	\$0.00
Medicare Xover - Physician	\$216	\$0	\$0	\$0	\$216	1.21	\$261	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.21	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.940	\$0.00
Outpatient - Other	\$4,951,609	\$242	\$7,620	\$45,996	\$5,005,466	1.21	\$6,035,748	0.940	\$63.22
Outpatient - Psychological	\$187,841	\$27,480	\$331	\$0	\$215,652	1.21	\$260,040	0.940	\$2.72
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.940	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.21	\$0	0.940	\$0.00
Pharmacy	\$42,207,154	\$0	\$64,946	(\$1,518,949)	\$40,753,150	1.21	\$49,141,425	0.940	\$514.69
Physician - Clinic	\$154,998	\$0	\$239	\$1,090	\$156,326	1.21	\$188,503	0.940	\$1.97
Physician - IP Mental Health	\$9,770	\$296	\$15	\$71	\$10,152	1.21	\$12,242	0.870	\$0.13
Physician - OP Mental Health	\$760,232	\$57,412	\$1,258	\$5,750	\$824,653	1.21	\$994,392	0.870	\$10.41
Physician - Other Practitioner	\$1,507,864	\$4,418	\$2,327	\$24,980	\$1,539,589	1.21	\$1,856,484	0.940	\$19.44
Physician - PCP	\$2,389,730	\$760	\$3,678	\$18,523	\$2,412,691	1.21	\$2,909,298	0.940	\$30.47
Physician - Specialist	\$2,428,621	\$34,594	\$3,790	\$19,086	\$2,486,091	1.21	\$2,997,807	0.940	\$31.40
Transportation - Emergency	\$241,194	\$0	\$371	\$0	\$241,565	1.21	\$291,286	0.940	\$3.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$86,404,820</b>	<b>\$209,048</b>	<b>\$133,277</b>	<b>(\$1,989,203)</b>	<b>\$84,757,941</b>		<b>\$102,203,781</b>	<b>0.936</b>	<b>\$1,102.24</b>
Managed Care Adjustment									-6.40%
<b>Base Rate</b>									<b>\$1,031.73</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Total - Technology Assisted Waiver**

**Appendix C**  
**Exhibit 4d**

All Ages									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.05	\$0	0.940	\$0.00
Case Management Services	\$8,942	\$0	\$20	\$0	\$8,961	1.05	\$9,390	0.870	\$1.41
Community Behavioral Health	\$185,949	\$0	\$409	\$0	\$186,357	1.05	\$195,264	0.870	\$29.31
Consumer Directed - Personal Care	\$743	\$0	\$2	\$15	\$759	1.05	\$796	0.870	\$0.12
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.05	\$0	0.870	\$0.00
DME/Supplies	\$10,899,374	\$21,751	\$24,015	(\$19,205)	\$10,925,935	1.05	\$11,448,115	0.940	\$1,718.65
Early Intervention Services	\$499,224	\$0	\$1,098	\$0	\$500,322	1.05	\$524,233	1.000	\$78.70
FQHC	\$8,965	\$0	\$20	\$0	\$8,985	1.05	\$9,414	0.940	\$1.41
Home Health Services	\$151,458	\$0	\$333	\$1,785	\$153,576	1.05	\$160,916	0.940	\$24.16
Hospice Care	\$5,527	\$0	\$12	\$0	\$5,539	1.05	\$5,803	0.940	\$0.87
Inpatient - Medical/Surgical	\$7,965,647	\$0	\$17,516	(\$277,851)	\$7,705,311	1.05	\$8,073,569	0.940	\$1,212.05
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.05	\$0	0.940	\$0.00
Lab and X-ray Services	\$24,975	\$0	\$55	\$0	\$25,030	1.05	\$26,226	0.940	\$3.94
Medicare Xover - IP	\$64,037	\$0	\$141	\$0	\$64,178	1.05	\$67,245	0.975	\$10.10
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.05	\$0	0.975	\$0.00
Medicare Xover - OP	\$26,476	\$0	\$58	\$0	\$26,534	1.05	\$27,802	0.975	\$4.17
Medicare Xover - Other	\$336,483	\$5,888	\$753	\$0	\$343,124	1.05	\$359,523	0.975	\$53.97
Medicare Xover - Physician	\$20,604	\$0	\$45	\$0	\$20,649	1.05	\$21,636	0.975	\$3.25
Nursing Facility	\$6,588	\$0	\$14	\$188	\$6,790	1.05	\$7,115	1.000	\$1.07
Other Waiver Services	\$58,090,021	\$92,249	\$127,937	\$4,756,340	\$63,066,547	1.05	\$66,080,667	0.940	\$9,920.40
Outpatient - Other	\$1,990,556	\$0	\$4,377	\$43,322	\$2,038,255	1.05	\$2,135,669	0.940	\$320.62
Outpatient - Psychological	\$12,087	\$40	\$27	\$0	\$12,154	1.05	\$12,735	0.940	\$1.91
Personal Care Agency - Personal Care	\$48,638	\$0	\$107	\$408	\$49,152	1.05	\$51,502	0.940	\$7.73
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.05	\$0	0.940	\$0.00
Pharmacy	\$7,073,489	\$0	\$15,554	(\$186,306)	\$6,902,736	1.05	\$7,232,637	0.940	\$1,085.80
Physician - Clinic	\$5,223	\$0	\$11	\$36	\$5,271	1.05	\$5,523	0.940	\$0.83
Physician - IP Mental Health	\$142	\$0	\$0	\$1	\$143	1.05	\$150	0.870	\$0.02
Physician - OP Mental Health	\$5,895	\$374	\$14	\$44	\$6,326	1.05	\$6,629	0.870	\$1.00
Physician - Other Practitioner	\$565,808	\$54	\$1,244	\$8,980	\$576,087	1.05	\$603,620	0.940	\$90.62
Physician - PCP	\$661,278	\$0	\$1,454	\$4,744	\$667,476	1.05	\$699,376	0.940	\$104.99
Physician - Specialist	\$456,886	\$178	\$1,005	\$3,279	\$461,347	1.05	\$483,396	0.940	\$72.57
Transportation - Emergency	\$110,173	\$0	\$242	\$0	\$110,416	1.05	\$115,693	0.940	\$17.37
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$82.46
<b>Total</b>	<b>\$89,225,187</b>	<b>\$120,534</b>	<b>\$196,463</b>	<b>\$4,335,778</b>	<b>\$93,877,962</b>		<b>\$98,364,642</b>	<b>0.941</b>	<b>\$14,849.51</b>
Managed Care Adjustment									-5.93%
<b>Base Rate</b>									<b>\$13,968.54</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$3,816,802	\$0	\$4,927	\$0	\$3,821,730	1.20	\$4,569,496	0.870	\$36.37
Community Behavioral Health	\$37,507,127	\$8,043	\$48,430	\$0	\$37,563,600	1.20	\$44,913,355	0.870	\$357.52
Consumer Directed - Personal Care	\$16,775	\$325	\$35	(\$19)	\$17,116	1.00	\$17,116	0.870	\$0.14
Consumer Directed - Respite Care	\$1,760	\$0	\$4	(\$1)	\$1,762	1.00	\$1,762	0.870	\$0.01
DME/Supplies	\$946,068	\$0	\$8,179	(\$19,918)	\$934,329	1.00	\$934,329	0.940	\$7.44
Early Intervention Services	\$242,982	\$0	\$2,713	\$0	\$245,695	1.00	\$245,695	1.000	\$1.96
FQHC	\$11,469	\$389	\$132	\$0	\$11,990	1.00	\$11,990	0.940	\$0.10
Home Health Services	\$43,574	\$2,071	\$94	\$139	\$45,877	1.00	\$45,877	0.940	\$0.37
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$3,310,898	\$59,246	\$177,156	(\$155,632)	\$3,391,668	1.00	\$3,391,668	0.940	\$27.00
Inpatient - Psych	\$276,546	\$393,276	\$35,210	\$105,346	\$810,379	1.00	\$810,379	0.940	\$6.45
Lab and X-ray Services	\$22,589	\$0	\$195	\$0	\$22,784	1.00	\$22,784	0.940	\$0.18
Medicare Xover - IP	\$2,329,499	\$0	\$24,829	\$0	\$2,354,328	0.96	\$2,260,155	0.975	\$17.99
Medicare Xover - Nursing Facility	\$46,537	\$2,643	\$524	\$0	\$49,705	0.96	\$47,716	0.975	\$0.38
Medicare Xover - OP	\$2,113,492	\$196	\$22,529	\$0	\$2,136,218	0.96	\$2,050,769	0.975	\$16.32
Medicare Xover - Other	\$720,993	\$15,541	\$7,850	\$0	\$744,384	0.96	\$714,609	0.975	\$5.69
Medicare Xover - Physician	\$6,408,107	\$80,179	\$69,157	\$0	\$6,557,442	0.96	\$6,295,144	0.975	\$50.11
Nursing Facility	\$1,500,040	\$231,613	\$36,193	\$46,622	\$1,814,468	1.00	\$1,819,912	1.000	\$14.49
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$872,004	\$66	\$16,503	\$7,533	\$896,106	1.00	\$896,106	0.940	\$7.13
Outpatient - Psychological	\$9,177	\$33,157	\$801	\$0	\$43,136	1.00	\$43,136	0.940	\$0.34
Personal Care Agency - Personal Care	\$98,006	\$201	\$202	\$2,122	\$100,531	1.00	\$100,531	0.940	\$0.80
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$1,664,812	\$0	\$135	(\$121,787)	\$1,543,159	1.00	\$1,543,159	0.940	\$12.28
Physician - Clinic	\$203,842	\$0	\$2,276	\$1,447	\$207,566	1.00	\$207,566	0.940	\$1.65
Physician - IP Mental Health	\$7,797	\$3,382	\$14	\$79	\$11,272	1.20	\$13,478	0.870	\$0.11
Physician - OP Mental Health	\$127,087	\$36,321	\$211	\$1,149	\$164,768	1.20	\$197,006	0.870	\$1.57
Physician - Other Practitioner	\$1,074,309	\$109	\$11,998	\$92,379	\$1,178,794	1.00	\$1,178,794	0.940	\$9.38
Physician - PCP	\$391,380	\$0	\$4,371	\$2,949	\$398,699	1.00	\$398,699	0.940	\$3.17
Physician - Specialist	\$344,252	\$19,027	\$4,057	\$2,737	\$370,073	1.00	\$370,073	0.940	\$2.95
Transportation - Emergency	\$40,725	\$0	\$352	\$0	\$41,077	1.00	\$41,077	0.940	\$0.33
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$64,148,649</b>	<b>\$885,785</b>	<b>\$479,081</b>	<b>(\$34,857)</b>	<b>\$65,478,657</b>		<b>\$73,142,383</b>	<b>0.905</b>	<b>\$614.04</b>
Managed Care Adjustment									-9.52%
<b>Base Rate</b>									<b>\$555.56</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$11,464	\$557	\$25	\$119	\$12,164	1.00	\$12,164	0.940	\$0.12
Case Management Services	\$640,920	\$0	\$827	\$0	\$641,747	1.20	\$767,312	0.870	\$7.88
Community Behavioral Health	\$5,359,241	\$0	\$6,919	\$0	\$5,366,160	1.20	\$6,416,112	0.870	\$65.89
Consumer Directed - Personal Care	\$65,677	\$1,279	\$138	(\$74)	\$67,021	1.00	\$67,021	0.870	\$0.69
Consumer Directed - Respite Care	\$14,432	\$0	\$30	(\$11)	\$14,451	1.00	\$14,451	0.870	\$0.15
DME/Supplies	\$471,984	\$0	\$4,081	(\$9,937)	\$466,127	1.00	\$466,127	0.940	\$4.79
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$3,233	\$0	\$36	\$0	\$3,269	1.00	\$3,269	0.940	\$0.03
Home Health Services	\$38,028	\$3,349	\$85	\$126	\$41,588	1.00	\$41,588	0.940	\$0.43
Hospice Care	\$2,615	\$7,034	\$108	\$0	\$9,757	1.00	\$9,757	0.940	\$0.10
Inpatient - Medical/Surgical	\$2,626,320	\$0	\$138,056	(\$121,283)	\$2,643,093	1.00	\$2,643,093	0.940	\$27.14
Inpatient - Psych	\$2,251,748	\$144,540	\$125,964	\$376,876	\$2,899,129	1.00	\$2,899,129	0.940	\$29.77
Lab and X-ray Services	\$3,607	\$0	\$31	\$0	\$3,639	1.00	\$3,639	0.940	\$0.04
Medicare Xover - IP	\$1,794,059	\$535	\$19,128	\$0	\$1,813,722	0.96	\$1,741,173	0.975	\$17.88
Medicare Xover - Nursing Facility	\$155,523	\$5,657	\$1,718	\$0	\$162,898	0.96	\$156,382	0.975	\$1.61
Medicare Xover - OP	\$1,403,824	\$9	\$14,963	\$0	\$1,418,797	0.96	\$1,362,045	0.975	\$13.99
Medicare Xover - Other	\$360,789	\$8,512	\$3,936	\$0	\$373,238	0.96	\$358,309	0.975	\$3.68
Medicare Xover - Physician	\$3,212,304	\$124,175	\$35,563	\$0	\$3,372,042	0.96	\$3,237,160	0.975	\$33.24
Nursing Facility	\$6,993,840	\$1,924,860	\$186,409	\$240,120	\$9,345,229	1.00	\$9,373,264	1.000	\$96.26
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$131,110	\$0	\$2,481	\$1,133	\$134,724	1.00	\$134,724	0.940	\$1.38
Outpatient - Psychological	\$142	\$142	\$5	\$0	\$289	1.00	\$289	0.940	\$0.00
Personal Care Agency - Personal Care	\$91,131	\$2,608	\$193	\$2,025	\$95,958	1.00	\$95,958	0.940	\$0.99
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$159,486	\$0	\$13	(\$11,667)	\$147,832	1.00	\$147,832	0.940	\$1.52
Physician - Clinic	\$2,929	\$0	\$33	\$21	\$2,983	1.00	\$2,983	0.940	\$0.03
Physician - IP Mental Health	\$1,200	\$488	\$2	\$12	\$1,703	1.20	\$2,036	0.870	\$0.02
Physician - OP Mental Health	\$9,002	\$1,454	\$13	\$74	\$10,544	1.20	\$12,606	0.870	\$0.13
Physician - Other Practitioner	\$70,564	\$0	\$788	\$6,067	\$77,420	1.00	\$77,420	0.940	\$0.80
Physician - PCP	\$126,015	\$0	\$1,407	\$949	\$128,372	1.00	\$128,372	0.940	\$1.32
Physician - Specialist	\$100,704	\$109	\$1,126	\$760	\$102,698	1.00	\$102,698	0.940	\$1.05
Transportation - Emergency	\$10,619	\$0	\$92	\$0	\$10,711	1.00	\$10,711	0.940	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$26,112,513</b>	<b>\$2,225,309</b>	<b>\$544,170</b>	<b>\$485,310</b>	<b>\$29,367,302</b>		<b>\$30,287,623</b>	<b>0.954</b>	<b>\$342.84</b>
Managed Care Adjustment									-4.57%
<b>Base Rate</b>									<b>\$327.18</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$4,597,992	\$0	\$5,936	\$0	\$4,603,928	1.20	\$5,504,740	0.870	\$48.58
Community Behavioral Health	\$20,737,751	\$3,778	\$26,776	\$0	\$20,768,305	1.20	\$24,831,866	0.870	\$219.16
Consumer Directed - Personal Care	\$92,421	\$1,758	\$194	(\$103)	\$94,270	1.00	\$94,270	0.870	\$0.83
Consumer Directed - Respite Care	\$8,684	\$0	\$18	(\$7)	\$8,695	1.00	\$8,695	0.870	\$0.08
DME/Supplies	\$424,283	\$0	\$3,668	(\$8,933)	\$419,019	1.00	\$419,019	0.940	\$3.70
Early Intervention Services	\$113,114	\$0	\$1,263	\$0	\$114,377	1.00	\$114,377	1.000	\$1.01
FQHC	\$12,912	\$946	\$155	\$0	\$14,013	1.00	\$14,013	0.940	\$0.12
Home Health Services	\$22,182	\$0	\$46	\$67	\$22,295	1.00	\$22,295	0.940	\$0.20
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$1,369,739	\$1,957	\$72,105	(\$63,344)	\$1,380,457	1.00	\$1,380,457	0.940	\$12.18
Inpatient - Psych	\$55,306	\$140,255	\$10,280	\$30,757	\$236,598	1.00	\$236,598	0.940	\$2.09
Lab and X-ray Services	\$15,508	\$0	\$134	\$0	\$15,643	1.00	\$15,643	0.940	\$0.14
Medicare Xover - IP	\$1,614,735	\$0	\$17,211	\$0	\$1,631,946	0.96	\$1,566,668	0.975	\$13.83
Medicare Xover - Nursing Facility	\$57,429	\$8,766	\$706	\$0	\$66,901	0.96	\$64,225	0.975	\$0.57
Medicare Xover - OP	\$1,935,443	(\$0)	\$20,629	\$0	\$1,956,072	0.96	\$1,877,829	0.975	\$16.57
Medicare Xover - Other	\$630,129	\$12,414	\$6,849	\$0	\$649,392	0.96	\$623,416	0.975	\$5.50
Medicare Xover - Physician	\$4,609,664	\$48,816	\$49,653	\$0	\$4,708,134	0.96	\$4,519,808	0.975	\$39.89
Nursing Facility	\$657,336	\$142,097	\$16,709	\$21,523	\$837,665	1.00	\$840,178	1.000	\$7.42
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$552,638	\$0	\$10,458	\$4,628	\$567,724	1.00	\$567,724	0.940	\$5.01
Outpatient - Psychological	\$5,896	\$1,693	\$144	\$0	\$7,732	1.00	\$7,732	0.940	\$0.07
Personal Care Agency - Personal Care	\$17,089	\$1,187	\$38	\$395	\$18,709	1.00	\$18,709	0.940	\$0.17
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$1,156,360	\$0	\$94	(\$84,592)	\$1,071,861	1.00	\$1,071,861	0.940	\$9.46
Physician - Clinic	\$19,060	\$0	\$213	\$135	\$19,408	1.00	\$19,408	0.940	\$0.17
Physician - IP Mental Health	\$947	\$961	\$2	\$13	\$1,924	1.20	\$2,301	0.870	\$0.02
Physician - OP Mental Health	\$163,807	\$39,168	\$262	\$1,427	\$204,664	1.20	\$244,709	0.870	\$2.16
Physician - Other Practitioner	\$283,320	\$9	\$3,164	\$24,361	\$310,854	1.00	\$310,854	0.940	\$2.74
Physician - PCP	\$182,002	\$0	\$2,032	\$1,371	\$185,405	1.00	\$185,405	0.940	\$1.64
Physician - Specialist	\$205,946	\$6,544	\$2,373	\$1,601	\$216,464	1.00	\$216,464	0.940	\$1.91
Transportation - Emergency	\$26,942	\$0	\$233	\$0	\$27,175	1.00	\$27,175	0.940	\$0.24
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$39,568,637</b>	<b>\$410,350</b>	<b>\$251,344</b>	<b>(\$70,701)</b>	<b>\$40,159,630</b>		<b>\$44,806,439</b>	<b>0.908</b>	<b>\$427.26</b>
Managed Care Adjustment									-9.25%
<b>Base Rate</b>									<b>\$387.75</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$1,075	\$0	\$2	\$11	\$1,088	1.00	\$1,088	0.940	\$0.01
Case Management Services	\$646,144	\$0	\$834	\$0	\$646,978	1.20	\$773,566	0.870	\$9.55
Community Behavioral Health	\$2,662,956	\$1,826	\$3,440	\$0	\$2,668,222	1.20	\$3,190,290	0.870	\$39.39
Consumer Directed - Personal Care	\$37,679	\$2,287	\$82	(\$44)	\$40,005	1.00	\$40,005	0.870	\$0.49
Consumer Directed - Respite Care	\$6,795	\$0	\$14	(\$5)	\$6,803	1.00	\$6,803	0.870	\$0.08
DME/Supplies	\$385,732	\$0	\$3,335	(\$8,121)	\$380,946	1.00	\$380,946	0.940	\$4.70
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$665	\$0	\$7	\$0	\$673	1.00	\$673	0.940	\$0.01
Home Health Services	\$18,500	\$0	\$38	\$56	\$18,594	1.00	\$18,594	0.940	\$0.23
Hospice Care	\$15,392	\$2,044	\$195	\$0	\$17,631	1.00	\$17,631	0.940	\$0.22
Inpatient - Medical/Surgical	\$1,015,891	\$0	\$53,402	(\$46,913)	\$1,022,379	1.00	\$1,022,379	0.940	\$12.62
Inpatient - Psych	\$1,391,610	\$59,146	\$76,261	\$228,168	\$1,755,184	1.00	\$1,755,184	0.940	\$21.67
Lab and X-ray Services	\$1,992	\$0	\$17	\$0	\$2,010	1.00	\$2,010	0.940	\$0.02
Medicare Xover - IP	\$1,438,605	\$1,227	\$15,347	\$0	\$1,455,179	0.96	\$1,396,972	0.975	\$17.25
Medicare Xover - Nursing Facility	\$171,359	\$7,719	\$1,909	\$0	\$180,987	0.96	\$173,747	0.975	\$2.15
Medicare Xover - OP	\$1,184,694	\$146	\$12,629	\$0	\$1,197,468	0.96	\$1,149,569	0.975	\$14.19
Medicare Xover - Other	\$410,921	\$7,525	\$4,460	\$0	\$422,906	0.96	\$405,990	0.975	\$5.01
Medicare Xover - Physician	\$2,170,475	\$97,131	\$24,170	\$0	\$2,291,776	0.96	\$2,200,105	0.975	\$27.16
Nursing Facility	\$6,157,025	\$1,650,005	\$163,175	\$210,190	\$8,180,395	1.00	\$8,204,937	1.000	\$101.30
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$96,998	\$0	\$1,836	\$812	\$99,646	1.00	\$99,646	0.940	\$1.23
Outpatient - Psychological	\$832	\$0	\$16	\$0	\$848	1.00	\$848	0.940	\$0.01
Personal Care Agency - Personal Care	\$39,736	\$108	\$82	\$861	\$40,787	1.00	\$40,787	0.940	\$0.50
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$141,158	\$0	\$11	(\$10,326)	\$130,843	1.00	\$130,843	0.940	\$1.62
Physician - Clinic	\$2,303	\$0	\$26	\$16	\$2,346	1.00	\$2,346	0.940	\$0.03
Physician - IP Mental Health	\$52	\$99	\$0	\$1	\$152	1.20	\$182	0.870	\$0.00
Physician - OP Mental Health	\$9,987	\$2,941	\$17	\$91	\$13,035	1.20	\$15,585	0.870	\$0.19
Physician - Other Practitioner	\$48,488	\$0	\$541	\$4,169	\$53,199	1.00	\$53,199	0.940	\$0.66
Physician - PCP	\$47,134	\$0	\$526	\$355	\$48,016	1.00	\$48,016	0.940	\$0.59
Physician - Specialist	\$62,453	\$56	\$698	\$471	\$63,678	1.00	\$63,678	0.940	\$0.79
Transportation - Emergency	\$9,914	\$0	\$86	\$0	\$10,000	1.00	\$10,000	0.940	\$0.12
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$18,176,566</b>	<b>\$1,832,261</b>	<b>\$363,155</b>	<b>\$379,791</b>	<b>\$20,751,773</b>		<b>\$21,205,619</b>	<b>0.963</b>	<b>\$293.62</b>
Managed Care Adjustment									-3.68%
<b>Base Rate</b>									<b>\$282.81</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$195	\$0	\$0	\$2	\$198	1.00	\$198	0.940	\$0.00
Case Management Services	\$3,506,884	\$0	\$4,527	\$0	\$3,511,411	1.20	\$4,198,460	0.870	\$46.84
Community Behavioral Health	\$10,015,147	\$143	\$12,929	\$0	\$10,028,220	1.20	\$11,990,358	0.870	\$133.78
Consumer Directed - Personal Care	\$2,569	\$0	\$5	\$27	\$2,602	1.00	\$2,602	0.870	\$0.03
Consumer Directed - Respite Care	\$92	\$0	\$0	\$1	\$93	1.00	\$93	0.870	\$0.00
DME/Supplies	\$399,679	\$0	\$3,455	(\$8,415)	\$394,720	1.00	\$394,720	0.940	\$4.40
Early Intervention Services	\$184,779	\$0	\$2,063	\$0	\$186,843	1.00	\$186,843	1.000	\$2.08
FQHC	\$1,921	\$0	\$21	\$0	\$1,942	1.00	\$1,942	0.940	\$0.02
Home Health Services	\$190,890	\$0	\$393	\$580	\$191,863	1.00	\$191,863	0.940	\$2.14
Hospice Care	\$37,956	\$0	\$424	\$0	\$38,380	1.00	\$38,380	0.940	\$0.43
Inpatient - Medical/Surgical	\$1,647,449	\$0	\$86,600	(\$76,079)	\$1,657,970	1.00	\$1,657,970	0.940	\$18.50
Inpatient - Psych	\$110,879	\$85,942	\$10,346	\$30,955	\$238,122	1.00	\$238,122	0.940	\$2.66
Lab and X-ray Services	\$20,540	\$0	\$178	\$0	\$20,718	1.00	\$20,718	0.940	\$0.23
Medicare Xover - IP	\$1,277,805	\$0	\$13,620	\$0	\$1,291,425	0.96	\$1,239,768	0.975	\$13.83
Medicare Xover - Nursing Facility	\$13,146	\$2,025	\$162	\$0	\$15,333	0.96	\$14,720	0.975	\$0.16
Medicare Xover - OP	\$1,376,216	\$0	\$14,669	\$0	\$1,390,885	0.96	\$1,335,250	0.975	\$14.90
Medicare Xover - Other	\$509,089	\$311,677	\$8,748	\$0	\$829,515	0.96	\$796,334	0.975	\$8.88
Medicare Xover - Physician	\$3,321,612	\$26,789	\$35,690	\$0	\$3,384,091	0.96	\$3,248,727	0.975	\$36.25
Nursing Facility	\$767,495	\$150,573	\$19,189	\$24,717	\$961,974	1.00	\$964,860	1.000	\$10.76
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$384,636	\$0	\$7,279	\$3,221	\$395,135	1.00	\$395,135	0.940	\$4.41
Outpatient - Psychological	\$6,129	\$18,756	\$471	\$0	\$25,356	1.00	\$25,356	0.940	\$0.28
Personal Care Agency - Personal Care	\$231,498	\$2,705	\$482	\$5,060	\$239,745	1.00	\$239,745	0.940	\$2.67
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$1,526,401	\$0	\$124	(\$111,662)	\$1,414,863	1.00	\$1,414,863	0.940	\$15.79
Physician - Clinic	\$120,209	\$0	\$1,342	\$853	\$122,405	1.00	\$122,405	0.940	\$1.37
Physician - IP Mental Health	\$1,828	\$432	\$3	\$16	\$2,279	1.20	\$2,725	0.870	\$0.03
Physician - OP Mental Health	\$171,800	\$30,773	\$262	\$1,424	\$204,258	1.20	\$244,224	0.870	\$2.72
Physician - Other Practitioner	\$1,696,858	\$194	\$18,952	\$145,913	\$1,861,916	1.00	\$1,861,916	0.940	\$20.77
Physician - PCP	\$288,195	\$0	\$3,218	\$2,171	\$293,585	1.00	\$293,585	0.940	\$3.28
Physician - Specialist	\$216,198	\$6,104	\$2,483	\$1,675	\$226,459	1.00	\$226,459	0.940	\$2.53
Transportation - Emergency	\$25,305	\$0	\$219	\$0	\$25,524	1.00	\$25,524	0.940	\$0.28
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$28,053,401</b>	<b>\$636,115</b>	<b>\$247,854</b>	<b>\$20,460</b>	<b>\$28,957,830</b>		<b>\$31,373,864</b>	<b>0.920</b>	<b>\$381.84</b>
Managed Care Adjustment									-7.98%
<b>Base Rate</b>									<b>\$351.36</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$341	\$0	\$1	\$3	\$345	1.00	\$345	0.940	\$0.00
Case Management Services	\$747,685	\$0	\$965	\$0	\$748,650	1.20	\$895,132	0.870	\$4.00
Community Behavioral Health	\$1,303,536	\$0	\$1,683	\$0	\$1,305,219	1.20	\$1,560,600	0.870	\$6.98
Consumer Directed - Personal Care	\$16,566	\$140	\$34	\$178	\$16,918	1.00	\$16,918	0.870	\$0.08
Consumer Directed - Respite Care	\$2,768	\$0	\$6	\$30	\$2,804	1.00	\$2,804	0.870	\$0.01
DME/Supplies	\$529,307	\$0	\$4,576	(\$11,144)	\$522,740	1.00	\$522,740	0.940	\$2.34
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$755	\$0	\$8	\$0	\$763	1.00	\$763	0.940	\$0.00
Home Health Services	\$67,906	\$10	\$140	\$206	\$68,262	1.00	\$68,262	0.940	\$0.31
Hospice Care	\$31,998	\$2,847	\$389	\$0	\$35,234	1.00	\$35,234	0.940	\$0.16
Inpatient - Medical/Surgical	\$6,877,924	\$0	\$361,547	(\$317,620)	\$6,921,850	1.00	\$6,921,850	0.940	\$30.96
Inpatient - Psych	\$871,925	\$55,549	\$48,754	\$145,869	\$1,122,096	1.00	\$1,122,096	0.940	\$5.02
Lab and X-ray Services	\$10,364	\$0	\$90	\$0	\$10,453	1.00	\$10,453	0.940	\$0.05
Medicare Xover - IP	\$2,320,060	(\$0)	\$24,729	\$0	\$2,344,789	0.96	\$2,250,998	0.975	\$10.07
Medicare Xover - Nursing Facility	\$190,813	\$6,324	\$2,101	\$0	\$199,238	0.96	\$191,269	0.975	\$0.86
Medicare Xover - OP	\$2,481,754	\$2,020	\$26,474	\$0	\$2,510,248	0.96	\$2,409,838	0.975	\$10.78
Medicare Xover - Other	\$367,158	\$41,750	\$4,358	\$0	\$413,266	0.96	\$396,736	0.975	\$1.77
Medicare Xover - Physician	\$4,599,502	\$25,775	\$49,299	\$0	\$4,674,576	0.96	\$4,487,593	0.975	\$20.07
Nursing Facility	\$6,680,300	\$1,562,535	\$172,283	\$221,924	\$8,637,042	1.00	\$8,662,953	1.000	\$38.75
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$120,028	\$0	\$2,271	\$1,005	\$123,305	1.00	\$123,305	0.940	\$0.55
Outpatient - Psychological	\$309	\$2,439	\$52	\$0	\$2,799	1.00	\$2,799	0.940	\$0.01
Personal Care Agency - Personal Care	\$189,417	\$1,607	\$393	\$4,127	\$195,544	1.00	\$195,544	0.940	\$0.87
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$543,073	\$0	\$44	(\$39,728)	\$503,389	1.00	\$503,389	0.940	\$2.25
Physician - Clinic	\$26,086	\$0	\$291	\$185	\$26,562	1.00	\$26,562	0.940	\$0.12
Physician - IP Mental Health	\$106	\$198	\$0	\$2	\$306	1.20	\$366	0.870	\$0.00
Physician - OP Mental Health	\$36,876	\$2,901	\$51	\$280	\$40,108	1.20	\$47,956	0.870	\$0.21
Physician - Other Practitioner	\$46,582	\$0	\$520	\$4,005	\$51,108	1.00	\$51,108	0.940	\$0.23
Physician - PCP	\$139,341	\$0	\$1,556	\$1,050	\$141,947	1.00	\$141,947	0.940	\$0.63
Physician - Specialist	\$112,521	\$537	\$1,263	\$852	\$115,172	1.00	\$115,172	0.940	\$0.52
Transportation - Emergency	\$10,534	\$0	\$91	\$0	\$10,625	1.00	\$10,625	0.940	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$28,325,535</b>	<b>\$1,704,631</b>	<b>\$703,971</b>	<b>\$11,223</b>	<b>\$30,745,360</b>		<b>\$30,775,358</b>	<b>0.969</b>	<b>\$169.45</b>
Managed Care Adjustment									-3.07%
<b>Base Rate</b>									<b>\$164.25</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$2,919,452	\$0	\$3,769	\$0	\$2,923,221	1.20	\$3,495,183	0.870	\$49.86
Community Behavioral Health	\$21,002,378	\$26,382	\$27,147	\$0	\$21,055,906	1.20	\$25,175,739	0.870	\$359.14
Consumer Directed - Personal Care	\$48,487	\$0	\$100	(\$53)	\$48,533	1.00	\$48,533	0.870	\$0.69
Consumer Directed - Respite Care	\$751	\$0	\$2	(\$1)	\$752	1.00	\$752	0.870	\$0.01
DME/Supplies	\$339,354	\$0	\$2,934	(\$7,145)	\$335,143	1.00	\$335,143	0.940	\$4.78
Early Intervention Services	\$90,777	\$0	\$1,014	\$0	\$91,791	1.00	\$91,791	1.000	\$1.31
FQHC	\$4,592	\$422	\$56	\$0	\$5,070	1.00	\$5,070	0.940	\$0.07
Home Health Services	\$34,157	\$0	\$70	\$104	\$34,331	1.00	\$34,331	0.940	\$0.49
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$1,635,487	\$0	\$85,971	(\$75,526)	\$1,645,932	1.00	\$1,645,932	0.940	\$23.48
Inpatient - Psych	\$29,754	\$52,590	\$4,329	\$12,951	\$99,623	1.00	\$99,623	0.940	\$1.42
Lab and X-ray Services	\$31,702	\$0	\$274	\$0	\$31,976	1.00	\$31,976	0.940	\$0.46
Medicare Xover - IP	\$1,184,878	\$0	\$12,629	\$0	\$1,197,508	0.96	\$1,149,607	0.975	\$16.40
Medicare Xover - Nursing Facility	\$34,728	\$3,797	\$411	\$0	\$38,935	0.96	\$37,378	0.975	\$0.53
Medicare Xover - OP	\$1,160,961	(\$0)	\$12,374	\$0	\$1,173,335	0.96	\$1,126,402	0.975	\$16.07
Medicare Xover - Other	\$462,254	\$14,400	\$5,081	\$0	\$481,735	0.96	\$462,466	0.975	\$6.60
Medicare Xover - Physician	\$2,330,249	\$11,370	\$24,959	\$0	\$2,366,578	0.96	\$2,271,914	0.975	\$32.41
Nursing Facility	\$673,208	\$130,554	\$16,799	\$21,640	\$842,201	1.00	\$844,727	1.000	\$12.05
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$263,888	\$0	\$4,994	\$2,210	\$271,091	1.00	\$271,091	0.940	\$3.87
Outpatient - Psychological	\$4,850	\$333	\$98	\$0	\$5,281	1.00	\$5,281	0.940	\$0.08
Personal Care Agency - Personal Care	\$7,043	\$395	\$15	\$161	\$7,614	1.00	\$7,614	0.940	\$0.11
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$879,993	\$0	\$71	(\$64,375)	\$815,690	1.00	\$815,690	0.940	\$11.64
Physician - Clinic	\$43,652	\$0	\$487	\$310	\$44,450	1.00	\$44,450	0.940	\$0.63
Physician - IP Mental Health	\$1,071	\$804	\$2	\$13	\$1,891	1.20	\$2,260	0.870	\$0.03
Physician - OP Mental Health	\$148,888	\$25,424	\$225	\$1,226	\$175,762	1.20	\$210,152	0.870	\$3.00
Physician - Other Practitioner	\$322,168	\$549	\$3,604	\$27,747	\$354,069	1.00	\$354,069	0.940	\$5.05
Physician - PCP	\$197,243	\$0	\$2,203	\$1,486	\$200,932	1.00	\$200,932	0.940	\$2.87
Physician - Specialist	\$201,632	\$12,043	\$2,386	\$1,610	\$217,671	1.00	\$217,671	0.940	\$3.11
Transportation - Emergency	\$24,530	\$0	\$212	\$0	\$24,742	1.00	\$24,742	0.940	\$0.35
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$34,078,126</b>	<b>\$279,063</b>	<b>\$212,216</b>	<b>(\$77,643)</b>	<b>\$34,491,762</b>		<b>\$39,010,520</b>	<b>0.900</b>	<b>\$588.29</b>
Managed Care Adjustment									-10.02%
<b>Base Rate</b>									<b>\$529.33</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$493,668	\$0	\$637	\$0	\$494,305	1.20	\$591,022	0.870	\$13.98
Community Behavioral Health	\$3,508,585	\$0	\$4,529	\$0	\$3,513,114	1.20	\$4,200,496	0.870	\$99.38
Consumer Directed - Personal Care	\$36,433	\$1,247	\$78	(\$41)	\$37,716	1.00	\$37,716	0.870	\$0.89
Consumer Directed - Respite Care	\$7,074	\$0	\$15	(\$5)	\$7,084	1.00	\$7,084	0.870	\$0.17
DME/Supplies	\$235,604	\$0	\$2,037	(\$4,960)	\$232,680	1.00	\$232,680	0.940	\$5.51
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$1,334	\$0	\$15	\$0	\$1,349	1.00	\$1,349	0.940	\$0.03
Home Health Services	\$9,865	\$3,355	\$27	\$40	\$13,287	1.00	\$13,287	0.940	\$0.31
Hospice Care	\$4,473	\$1,277	\$64	\$0	\$5,814	1.00	\$5,814	0.940	\$0.14
Inpatient - Medical/Surgical	\$484,513	\$0	\$25,469	(\$22,375)	\$487,607	1.00	\$487,607	0.940	\$11.54
Inpatient - Psych	\$1,677,141	\$109,494	\$93,917	\$280,993	\$2,161,544	1.00	\$2,161,544	0.940	\$51.14
Lab and X-ray Services	\$5,757	\$0	\$50	\$0	\$5,807	1.00	\$5,807	0.940	\$0.14
Medicare Xover - IP	\$948,585	\$0	\$10,111	\$0	\$958,696	0.96	\$920,348	0.975	\$21.77
Medicare Xover - Nursing Facility	\$123,555	\$2,095	\$1,339	\$0	\$126,989	0.96	\$121,910	0.975	\$2.88
Medicare Xover - OP	\$651,462	(\$0)	\$6,944	\$0	\$658,406	0.96	\$632,069	0.975	\$14.95
Medicare Xover - Other	\$254,731	\$26,698	\$3,000	\$0	\$284,428	0.96	\$273,051	0.975	\$6.46
Medicare Xover - Physician	\$1,176,159	\$14,210	\$12,688	\$0	\$1,203,057	0.96	\$1,154,934	0.975	\$27.33
Nursing Facility	\$4,979,628	\$1,379,635	\$132,915	\$171,212	\$6,663,390	1.00	\$6,683,380	1.000	\$158.12
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$32,722	\$0	\$619	\$274	\$33,615	1.00	\$33,615	0.940	\$0.80
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$46,373	\$678	\$97	\$1,016	\$48,164	1.00	\$48,164	0.940	\$1.14
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$82,809	\$0	\$7	(\$6,058)	\$76,758	1.00	\$76,758	0.940	\$1.82
Physician - Clinic	\$6,496	\$0	\$73	\$46	\$6,615	1.00	\$6,615	0.940	\$0.16
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.20	\$0	0.870	\$0.00
Physician - OP Mental Health	\$3,500	\$213	\$5	\$26	\$3,744	1.20	\$4,476	0.870	\$0.11
Physician - Other Practitioner	\$26,373	\$48	\$295	\$2,272	\$28,988	1.00	\$28,988	0.940	\$0.69
Physician - PCP	\$21,034	\$0	\$235	\$158	\$21,428	1.00	\$21,428	0.940	\$0.51
Physician - Specialist	\$32,121	\$1,024	\$370	\$250	\$33,764	1.00	\$33,764	0.940	\$0.80
Transportation - Emergency	\$4,578	\$0	\$40	\$0	\$4,618	1.00	\$4,618	0.940	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$14,854,571</b>	<b>\$1,539,974</b>	<b>\$295,573</b>	<b>\$422,848</b>	<b>\$17,112,966</b>		<b>\$17,788,524</b>	<b>0.953</b>	<b>\$452.67</b>
Managed Care Adjustment									-4.69%
<b>Base Rate</b>									<b>\$431.45</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$4,849,736	\$0	\$6,261	\$0	\$4,855,997	1.20	\$5,806,129	0.870	\$45.57
Community Behavioral Health	\$7,691,670	\$0	\$9,930	\$0	\$7,701,599	1.20	\$9,208,507	0.870	\$72.27
Consumer Directed - Personal Care	\$68,784	\$0	\$142	(\$76)	\$68,850	1.00	\$68,850	0.870	\$0.54
Consumer Directed - Respite Care	\$50	\$0	\$0	(\$0)	\$50	1.00	\$50	0.870	\$0.00
DME/Supplies	\$553,182	\$0	\$4,783	(\$11,647)	\$546,318	1.00	\$546,318	0.940	\$4.29
Early Intervention Services	\$40,985	\$0	\$458	\$0	\$41,442	1.00	\$41,442	1.000	\$0.33
FQHC	\$18,292	\$94	\$205	\$0	\$18,592	1.00	\$18,592	0.940	\$0.15
Home Health Services	\$53,305	\$25	\$110	\$162	\$53,602	1.00	\$53,602	0.940	\$0.42
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$368,739	\$0	\$19,383	(\$17,028)	\$371,094	1.00	\$371,094	0.940	\$2.91
Inpatient - Psych	\$15,720	\$41,962	\$3,032	\$9,072	\$69,787	1.00	\$69,787	0.940	\$0.55
Lab and X-ray Services	\$24,935	\$0	\$216	\$0	\$25,151	1.00	\$25,151	0.940	\$0.20
Medicare Xover - IP	\$1,677,239	\$0	\$17,877	\$0	\$1,695,116	0.96	\$1,627,312	0.975	\$12.77
Medicare Xover - Nursing Facility	\$21,339	\$1,525	\$244	\$0	\$23,107	0.96	\$22,183	0.975	\$0.17
Medicare Xover - OP	\$1,809,491	\$8	\$19,287	\$0	\$1,828,786	0.96	\$1,755,634	0.975	\$13.78
Medicare Xover - Other	\$979,156	\$21,562	\$10,666	\$0	\$1,011,384	0.96	\$970,929	0.975	\$7.62
Medicare Xover - Physician	\$2,830,112	\$40,790	\$30,600	\$0	\$2,901,503	0.96	\$2,785,443	0.975	\$21.86
Nursing Facility	\$406,550	\$88,501	\$10,347	\$13,328	\$518,726	1.00	\$520,283	1.000	\$4.08
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$98,773	\$0	\$1,869	\$827	\$101,470	1.00	\$101,470	0.940	\$0.80
Outpatient - Psychological	\$3,788	\$0	\$72	\$0	\$3,860	1.00	\$3,860	0.940	\$0.03
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$845,075	\$0	\$69	(\$61,820)	\$783,323	1.00	\$783,323	0.940	\$6.15
Physician - Clinic	\$20,635	\$0	\$230	\$147	\$21,012	1.00	\$21,012	0.940	\$0.16
Physician - IP Mental Health	\$1,048	\$1,237	\$3	\$16	\$2,304	1.20	\$2,755	0.870	\$0.02
Physician - OP Mental Health	\$45,463	\$13,691	\$76	\$416	\$59,646	1.20	\$71,316	0.870	\$0.56
Physician - Other Practitioner	\$209,524	\$16	\$2,340	\$18,016	\$229,896	1.00	\$229,896	0.940	\$1.80
Physician - PCP	\$95,058	\$0	\$1,062	\$716	\$96,836	1.00	\$96,836	0.940	\$0.76
Physician - Specialist	\$103,767	\$920	\$1,169	\$789	\$106,645	1.00	\$106,645	0.940	\$0.84
Transportation - Emergency	\$23,810	\$0	\$206	\$0	\$24,016	1.00	\$24,016	0.940	\$0.19
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$22,856,227</b>	<b>\$210,331</b>	<b>\$140,635</b>	<b>(\$47,082)</b>	<b>\$23,160,112</b>		<b>\$25,332,433</b>	<b>0.922</b>	<b>\$230.62</b>
Managed Care Adjustment									-7.82%
<b>Base Rate</b>									<b>\$212.60</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$1,147,974	\$0	\$1,482	\$0	\$1,149,456	1.20	\$1,374,360	0.870	\$17.25
Community Behavioral Health	\$1,155,266	\$0	\$1,491	\$0	\$1,156,757	1.20	\$1,383,090	0.870	\$17.36
Consumer Directed - Personal Care	\$12,296	\$506	\$26	(\$14)	\$12,814	1.00	\$12,814	0.870	\$0.16
Consumer Directed - Respite Care	\$1,593	\$0	\$3	(\$1)	\$1,595	1.00	\$1,595	0.870	\$0.02
DME/Supplies	\$507,551	\$0	\$4,388	(\$10,686)	\$501,253	1.00	\$501,253	0.940	\$6.29
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$7,714	\$0	\$86	\$0	\$7,801	1.00	\$7,801	0.940	\$0.10
Home Health Services	\$47,269	\$0	\$97	\$144	\$47,510	1.00	\$47,510	0.940	\$0.60
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$814,966	\$0	\$42,840	(\$37,635)	\$820,171	1.00	\$820,171	0.940	\$10.29
Inpatient - Psych	\$142,959	\$409	\$7,536	\$22,548	\$173,453	1.00	\$173,453	0.940	\$2.18
Lab and X-ray Services	\$11,827	\$0	\$102	\$0	\$11,930	1.00	\$11,930	0.940	\$0.15
Medicare Xover - IP	\$1,546,945	\$777	\$16,497	\$0	\$1,564,219	0.96	\$1,501,650	0.975	\$18.84
Medicare Xover - Nursing Facility	\$121,723	\$3,177	\$1,331	\$0	\$126,231	0.96	\$121,182	0.975	\$1.52
Medicare Xover - OP	\$1,029,995	\$53	\$10,979	\$0	\$1,041,027	0.96	\$999,386	0.975	\$12.54
Medicare Xover - Other	\$700,400	\$29,494	\$7,780	\$0	\$737,675	0.96	\$708,168	0.975	\$8.89
Medicare Xover - Physician	\$1,583,852	\$24,597	\$17,144	\$0	\$1,625,593	0.96	\$1,560,570	0.975	\$19.58
Nursing Facility	\$2,984,470	\$769,816	\$78,468	\$101,077	\$3,933,832	1.00	\$3,945,633	1.000	\$49.51
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$15,339	\$0	\$290	\$128	\$15,758	1.00	\$15,758	0.940	\$0.20
Outpatient - Psychological	\$65	\$437	\$9	\$0	\$511	1.00	\$511	0.940	\$0.01
Personal Care Agency - Personal Care	\$1,753	\$199	\$4	\$42	\$1,998	1.00	\$1,998	0.940	\$0.03
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$247,663	\$0	\$20	(\$18,117)	\$229,566	1.00	\$229,566	0.940	\$2.88
Physician - Clinic	\$12	\$0	\$0	\$0	\$13	1.00	\$13	0.940	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.20	\$0	0.870	\$0.00
Physician - OP Mental Health	\$3,532	\$235	\$5	\$26	\$3,799	1.20	\$4,542	0.870	\$0.06
Physician - Other Practitioner	\$60,651	\$0	\$677	\$5,215	\$66,543	1.00	\$66,543	0.940	\$0.83
Physician - PCP	\$25,711	\$0	\$287	\$194	\$26,192	1.00	\$26,192	0.940	\$0.33
Physician - Specialist	\$43,569	\$283	\$490	\$330	\$44,672	1.00	\$44,672	0.940	\$0.56
Transportation - Emergency	\$4,952	\$0	\$43	\$0	\$4,994	1.00	\$4,994	0.940	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$12,220,048</b>	<b>\$829,984</b>	<b>\$192,078</b>	<b>\$63,252</b>	<b>\$13,305,362</b>		<b>\$13,565,354</b>	<b>0.963</b>	<b>\$202.02</b>
Managed Care Adjustment									-3.73%
<b>Base Rate</b>									<b>\$194.49</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age Under 65									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$2,314,864	\$0	\$2,988	\$0	\$2,317,852	1.20	\$2,771,367	0.870	\$23.81
Community Behavioral Health	\$24,616,957	\$0	\$31,779	\$0	\$24,648,736	1.20	\$29,471,548	0.870	\$253.21
Consumer Directed - Personal Care	\$129,331	\$308	\$267	(\$142)	\$129,764	1.00	\$129,764	0.870	\$1.11
Consumer Directed - Respite Care	\$13,073	\$0	\$27	(\$10)	\$13,090	1.00	\$13,090	0.870	\$0.11
DME/Supplies	\$727,106	\$0	\$6,286	(\$15,308)	\$718,084	1.00	\$718,084	0.940	\$6.17
Early Intervention Services	\$209,167	\$0	\$2,336	\$0	\$211,503	1.00	\$211,503	1.000	\$1.82
FQHC	\$11,719	\$212	\$133	\$0	\$12,064	1.00	\$12,064	0.940	\$0.10
Home Health Services	\$71,217	\$1,556	\$150	\$221	\$73,143	1.00	\$73,143	0.940	\$0.63
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$1,863,949	\$9	\$97,981	(\$85,367)	\$1,876,572	1.00	\$1,876,572	0.940	\$16.12
Inpatient - Psych	\$63,489	\$179,583	\$12,777	\$38,229	\$294,079	1.00	\$294,079	0.940	\$2.53
Lab and X-ray Services	\$24,947	\$0	\$216	\$0	\$25,163	1.00	\$25,163	0.940	\$0.22
Medicare Xover - IP	\$1,582,783	\$0	\$16,870	\$0	\$1,599,654	0.96	\$1,535,667	0.975	\$13.19
Medicare Xover - Nursing Facility	\$37,002	\$4,757	\$445	\$0	\$42,203	0.96	\$40,515	0.975	\$0.35
Medicare Xover - OP	\$1,916,877	\$0	\$20,431	\$0	\$1,937,308	0.96	\$1,859,816	0.975	\$15.98
Medicare Xover - Other	\$1,090,036	\$13,973	\$11,767	\$0	\$1,115,777	0.96	\$1,071,146	0.975	\$9.20
Medicare Xover - Physician	\$6,894,800	\$47,484	\$73,996	\$0	\$7,016,280	0.96	\$6,735,629	0.975	\$57.87
Nursing Facility	\$932,402	\$172,935	\$23,103	\$29,759	\$1,158,199	1.00	\$1,161,673	1.000	\$9.98
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$430,793	\$281	\$8,157	\$7,333	\$446,564	1.00	\$446,564	0.940	\$3.84
Outpatient - Psychological	\$4,676	\$2,775	\$141	\$0	\$7,592	1.00	\$7,592	0.940	\$0.07
Personal Care Agency - Personal Care	\$221,444	\$1,711	\$460	\$4,821	\$228,436	1.00	\$228,436	0.940	\$1.96
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$1,868,012	\$0	\$152	(\$136,652)	\$1,731,511	1.00	\$1,731,511	0.940	\$14.88
Physician - Clinic	\$110,783	\$0	\$1,237	\$787	\$112,806	1.00	\$112,806	0.940	\$0.97
Physician - IP Mental Health	\$928	\$1,947	\$4	\$20	\$2,899	1.20	\$3,466	0.870	\$0.03
Physician - OP Mental Health	\$122,082	\$69,992	\$248	\$1,350	\$193,672	1.20	\$231,566	0.870	\$1.99
Physician - Other Practitioner	\$1,203,756	\$730	\$13,451	\$103,562	\$1,321,499	1.00	\$1,321,499	0.940	\$11.35
Physician - PCP	\$287,004	\$0	\$3,205	\$2,162	\$292,371	1.00	\$292,371	0.940	\$2.51
Physician - Specialist	\$310,892	\$48,965	\$4,019	\$2,711	\$366,587	1.00	\$366,587	0.940	\$3.15
Transportation - Emergency	\$37,006	\$0	\$320	\$0	\$37,326	1.00	\$37,326	0.940	\$0.32
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$47,097,093</b>	<b>\$547,218</b>	<b>\$332,947</b>	<b>(\$46,524)</b>	<b>\$47,930,733</b>		<b>\$52,780,547</b>	<b>0.912</b>	<b>\$485.28</b>
Managed Care Adjustment									-8.81%
<b>Base Rate</b>									<b>\$442.54</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Not MCO Enrolled - Dual and TPL - Community No LTSS**

**Appendix C**  
**Exhibit 4e**

Age 65 and Over									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$407,472	\$0	\$526	\$0	\$407,998	1.20	\$487,828	0.870	\$5.75
Community Behavioral Health	\$4,404,744	\$0	\$5,686	\$0	\$4,410,431	1.20	\$5,273,383	0.870	\$62.21
Consumer Directed - Personal Care	\$8,960	\$136	\$19	(\$10)	\$9,105	1.00	\$9,105	0.870	\$0.11
Consumer Directed - Respite Care	\$1,266	\$0	\$3	(\$1)	\$1,267	1.00	\$1,267	0.870	\$0.01
DME/Supplies	\$436,201	\$0	\$3,771	(\$9,184)	\$430,789	1.00	\$430,789	0.940	\$5.08
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$3,041	\$0	\$34	\$0	\$3,075	1.00	\$3,075	0.940	\$0.04
Home Health Services	\$38,594	\$901	\$81	\$120	\$39,697	1.00	\$39,697	0.940	\$0.47
Hospice Care	\$46,478	\$0	\$519	\$0	\$46,997	1.00	\$46,997	0.940	\$0.55
Inpatient - Medical/Surgical	\$1,227,522	\$0	\$64,526	(\$56,219)	\$1,235,829	1.00	\$1,235,829	0.940	\$14.58
Inpatient - Psych	\$361,269	\$36,204	\$20,894	\$62,513	\$480,879	1.00	\$480,879	0.940	\$5.67
Lab and X-ray Services	\$1,389	\$0	\$12	\$0	\$1,401	1.00	\$1,401	0.940	\$0.02
Medicare Xover - IP	\$1,399,510	\$53	\$14,918	\$0	\$1,414,480	0.96	\$1,357,901	0.975	\$16.02
Medicare Xover - Nursing Facility	\$108,414	\$3,289	\$1,191	\$0	\$112,894	0.96	\$108,378	0.975	\$1.28
Medicare Xover - OP	\$1,174,498	\$0	\$12,519	\$0	\$1,187,016	0.96	\$1,139,536	0.975	\$13.44
Medicare Xover - Other	\$337,134	\$29,507	\$3,908	\$0	\$370,549	0.96	\$355,727	0.975	\$4.20
Medicare Xover - Physician	\$2,630,929	\$44,668	\$28,518	\$0	\$2,704,115	0.96	\$2,595,950	0.975	\$30.62
Nursing Facility	\$5,618,454	\$1,732,300	\$153,638	\$197,906	\$7,702,299	1.00	\$7,725,406	1.000	\$91.13
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$55,320	\$0	\$1,047	\$941	\$57,308	1.00	\$57,308	0.940	\$0.68
Outpatient - Psychological	\$1,403	\$0	\$27	\$0	\$1,429	1.00	\$1,429	0.940	\$0.02
Personal Care Agency - Personal Care	\$193,710	\$2,566	\$404	\$4,240	\$200,920	1.00	\$200,920	0.940	\$2.37
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$135,441	\$0	\$11	(\$9,908)	\$125,544	1.00	\$125,544	0.940	\$1.48
Physician - Clinic	\$111	\$0	\$1	\$1	\$113	1.00	\$113	0.940	\$0.00
Physician - IP Mental Health	\$166	\$525	\$1	\$5	\$696	1.20	\$832	0.870	\$0.01
Physician - OP Mental Health	\$3,151	\$3,751	\$9	\$49	\$6,960	1.20	\$8,322	0.870	\$0.10
Physician - Other Practitioner	\$42,704	\$102	\$478	\$3,680	\$46,964	1.00	\$46,964	0.940	\$0.55
Physician - PCP	\$58,463	\$0	\$653	\$440	\$59,556	1.00	\$59,556	0.940	\$0.70
Physician - Specialist	\$75,848	\$3,131	\$882	\$595	\$80,456	1.00	\$80,456	0.940	\$0.95
Transportation - Emergency	\$10,041	\$0	\$87	\$0	\$10,128	1.00	\$10,128	0.940	\$0.12
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$31.80
<b>Total</b>	<b>\$18,782,234</b>	<b>\$1,857,133</b>	<b>\$314,361</b>	<b>\$195,168</b>	<b>\$21,148,896</b>		<b>\$21,884,721</b>	<b>0.957</b>	<b>\$289.97</b>
Managed Care Adjustment									-4.31%
<b>Base Rate</b>									<b>\$277.47</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4f**

All Ages								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$7,648,877	\$21,693	(\$39,228)	\$7,631,343	0.959	\$7,320,254	0.998	\$152.88
FQHC / RHC	\$308,939	\$876		\$309,815	0.959	\$297,186	0.998	\$6.21
Home Health	\$9,653,129	\$27,378		\$9,680,507	0.959	\$9,285,885	0.998	\$193.93
IP - Maternity	\$47,323	\$134	(\$517)	\$47,035	0.959	\$45,117	0.998	\$0.94
IP - Newborn	\$25,667	\$73	(\$281)	\$25,511	0.959	\$24,471	0.998	\$0.51
IP - Other	\$31,435,468	\$89,155	(\$343,594)	\$31,244,273	0.959	\$29,970,611	0.998	\$625.93
IP - Psych	\$1,177,269	\$2,393	\$179,055	\$1,358,716	0.959	\$1,303,329	0.998	\$27.22
Lab	\$257,042	\$628		\$257,671	0.959	\$247,167	0.998	\$5.16
OP - Emergency Room & Related	\$3,106,307	\$8,810	\$26,318	\$3,141,435	0.959	\$3,013,375	0.998	\$62.93
OP - Other	\$12,532,961	\$35,545	\$106,712	\$12,675,219	0.959	\$12,158,518	0.998	\$253.93
Pharmacy	\$24,428,797	\$69,284	(\$488,451)	\$24,009,630	0.959	\$23,030,885	0.998	\$480.99
Prof - Anesthesia	\$263,178	\$746		\$263,924	0.959	\$253,166	0.998	\$5.29
Prof - Child EPSDT	\$21,970	\$62	(\$34)	\$21,998	0.959	\$21,101	0.998	\$0.44
Prof - Evaluation & Management	\$5,134,468	\$14,477	(\$5,297)	\$5,143,648	0.959	\$4,933,969	0.998	\$103.04
Prof - Maternity	\$12,484	\$35	(\$19)	\$12,500	0.959	\$11,990	0.998	\$0.25
Prof - Other	\$5,972,749	\$16,944	(\$9,295)	\$5,980,398	0.959	\$5,736,609	0.998	\$119.81
Prof - Psych	\$222,309	\$391	(\$346)	\$222,355	0.959	\$213,291	0.998	\$4.45
Prof - Specialist	\$1,789,160	\$5,074	(\$2,784)	\$1,791,450	0.959	\$1,718,422	0.998	\$35.89
Prof - Vision	\$210,270	\$440	(\$327)	\$210,383	0.959	\$201,807	0.998	\$4.21
Radiology	\$670,208	\$1,891		\$672,098	0.959	\$644,701	0.998	\$13.46
Transportation/Ambulance	\$1,468,983	\$3,668		\$1,472,651	0.959	\$1,412,619	0.998	\$29.50
<b>Total</b>	<b>\$106,387,558</b>	<b>\$299,699</b>	<b>(\$578,089)</b>	<b>\$106,172,558</b>		<b>\$101,844,471</b>	<b>0.998</b>	<b>\$2,126.99</b>
Managed Care Adjustment								\$4.25
<b>Base Rate</b>								<b>\$2,131.24</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4f**

All Ages								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$3,794,987	\$10,763	(\$19,463)	\$3,786,287	0.959	\$3,631,941	0.998	\$127.57
FQHC / RHC	\$258,230	\$732		\$258,963	0.959	\$248,406	0.998	\$8.72
Home Health	\$1,547,814	\$4,390		\$1,552,204	0.959	\$1,488,929	0.998	\$52.30
IP - Maternity	\$131,337	\$372	(\$1,474)	\$133,378	0.959	\$127,941	0.998	\$4.49
IP - Newborn	\$10,351	\$29	(\$116)	\$10,512	0.959	\$10,084	0.998	\$0.35
IP - Other	\$12,302,412	\$34,891	(\$138,065)	\$12,493,590	0.959	\$11,984,293	0.998	\$420.93
IP - Psych	\$688,802	\$1,076	\$104,713	\$794,591	0.959	\$762,200	0.998	\$26.77
Lab	\$196,489	\$501		\$196,990	0.959	\$188,960	0.998	\$6.64
OP - Emergency Room & Related	\$1,514,524	\$4,295	\$12,712	\$1,531,531	0.959	\$1,469,099	0.998	\$51.60
OP - Other	\$5,758,862	\$16,333	\$44,833	\$5,820,028	0.959	\$5,582,776	0.998	\$196.09
Pharmacy	\$13,892,150	\$39,400	(\$277,772)	\$13,653,778	0.959	\$13,097,186	0.998	\$460.02
Prof - Anesthesia	\$117,219	\$332		\$117,551	0.959	\$112,759	0.998	\$3.96
Prof - Child EPSDT	\$26,456	\$75	(\$41)	\$26,490	0.959	\$25,410	0.998	\$0.89
Prof - Evaluation & Management	\$2,460,008	\$6,894	(\$2,538)	\$2,464,364	0.959	\$2,363,905	0.998	\$83.03
Prof - Maternity	\$9,475	\$27	(\$15)	\$9,488	0.959	\$9,101	0.998	\$0.32
Prof - Other	\$2,814,917	\$7,988	(\$4,381)	\$2,818,524	0.959	\$2,703,628	0.998	\$94.96
Prof - Psych	\$152,722	\$211	(\$237)	\$152,696	0.959	\$146,471	0.998	\$5.14
Prof - Specialist	\$604,793	\$1,715	(\$941)	\$605,567	0.959	\$580,881	0.998	\$20.40
Prof - Vision	\$119,006	\$233	(\$185)	\$119,054	0.959	\$114,201	0.998	\$4.01
Radiology	\$388,075	\$1,092		\$389,168	0.959	\$373,304	0.998	\$13.11
Transportation/Ambulance	\$964,070	\$2,454		\$966,525	0.959	\$927,125	0.998	\$32.56
<b>Total</b>	<b>\$47,752,699</b>	<b>\$133,807</b>	<b>(\$282,969)</b>	<b>\$47,901,277</b>		<b>\$45,948,598</b>	<b>0.998</b>	<b>\$1,613.87</b>
Managed Care Adjustment								\$3.23
<b>Base Rate</b>								<b>\$1,617.10</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4f**

All Ages								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$5,467,873	\$15,508	(\$28,042)	\$5,455,338	0.959	\$5,232,953	0.998	\$119.17
FQHC / RHC	\$29,579	\$84		\$29,663	0.959	\$28,454	0.998	\$0.65
Home Health	\$19,866,358	\$56,344		\$19,922,702	0.959	\$19,110,560	0.998	\$435.22
IP - Maternity	\$8,009	\$23	(\$85)	\$7,722	0.959	\$7,407	0.998	\$0.17
IP - Newborn	\$58,517	\$166	(\$623)	\$56,420	0.959	\$54,120	0.998	\$1.23
IP - Other	\$23,174,447	\$65,726	(\$246,920)	\$22,343,970	0.959	\$21,433,126	0.998	\$488.11
IP - Psych	\$554,867	\$1,551	\$84,456	\$640,874	0.959	\$614,749	0.998	\$14.00
Lab	\$298,061	\$769		\$298,831	0.959	\$286,649	0.998	\$6.53
OP - Emergency Room & Related	\$2,056,743	\$5,833	\$17,263	\$2,079,839	0.959	\$1,995,055	0.998	\$45.44
OP - Other	\$7,210,950	\$20,451	\$56,138	\$7,287,539	0.959	\$6,990,465	0.998	\$159.20
Pharmacy	\$24,242,962	\$68,756	(\$484,735)	\$23,826,983	0.959	\$22,855,684	0.998	\$520.51
Prof - Anesthesia	\$192,273	\$545		\$192,818	0.959	\$184,958	0.998	\$4.21
Prof - Child EPSDT	\$23,863	\$68	(\$37)	\$23,893	0.959	\$22,919	0.998	\$0.52
Prof - Evaluation & Management	\$4,708,356	\$13,256	(\$4,857)	\$4,716,755	0.959	\$4,524,478	0.998	\$103.04
Prof - Maternity	\$4,123	\$12	(\$6)	\$4,128	0.959	\$3,960	0.998	\$0.09
Prof - Other	\$3,612,543	\$10,243	(\$5,622)	\$3,617,165	0.959	\$3,469,712	0.998	\$79.02
Prof - Psych	\$169,838	\$476	(\$264)	\$170,050	0.959	\$163,118	0.998	\$3.71
Prof - Specialist	\$1,193,952	\$3,386	(\$1,858)	\$1,195,480	0.959	\$1,146,747	0.998	\$26.12
Prof - Vision	\$213,777	\$479	(\$333)	\$213,924	0.959	\$205,203	0.998	\$4.67
Radiology	\$513,375	\$1,450		\$514,825	0.959	\$493,838	0.998	\$11.25
Transportation/Ambulance	\$610,381	\$1,323		\$611,704	0.959	\$586,768	0.998	\$13.36
Total	\$94,210,846	\$266,450	(\$615,527)	\$93,210,622		\$89,410,923	0.998	\$2,036.23
Managed Care Adjustment								\$4.07
<b>Base Rate</b>								<b>\$2,040.30</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Health Plan Encounter Data  
MCO Enrolled - NonDual - EDCD**

**Appendix C  
Exhibit 4f**

All Ages								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$2,635,989	\$7,476	(\$13,519)	\$2,629,946	0.959	\$2,522,737	0.998	\$127.35
FQHC / RHC	\$83,362	\$236		\$83,598	0.959	\$80,190	0.998	\$4.05
Home Health	\$2,872,864	\$8,148		\$2,881,012	0.959	\$2,763,569	0.998	\$139.50
IP - Maternity	\$4,264	\$12	(\$46)	\$4,163	0.959	\$3,993	0.998	\$0.20
IP - Newborn	\$0	\$0		\$0	0.959	\$0	0.998	\$0.00
IP - Other	\$13,363,520	\$37,901	(\$144,182)	\$13,047,124	0.959	\$12,515,263	0.998	\$631.76
IP - Psych	\$704,196	\$1,879	\$107,172	\$813,246	0.959	\$780,095	0.998	\$39.38
Lab	\$232,551	\$625		\$233,176	0.959	\$223,671	0.998	\$11.29
OP - Emergency Room & Related	\$938,496	\$2,662	\$7,877	\$949,035	0.959	\$910,348	0.998	\$45.95
OP - Other	\$3,151,470	\$8,938	\$24,534	\$3,184,942	0.959	\$3,055,109	0.998	\$154.22
Pharmacy	\$12,176,764	\$34,535	(\$243,473)	\$11,967,826	0.959	\$11,479,962	0.998	\$579.50
Prof - Anesthesia	\$88,611	\$251		\$88,862	0.959	\$85,240	0.998	\$4.30
Prof - Child EPSDT	\$8,048	\$23	(\$13)	\$8,058	0.959	\$7,730	0.998	\$0.39
Prof - Evaluation & Management	\$2,243,107	\$6,261	(\$2,314)	\$2,247,054	0.959	\$2,155,454	0.998	\$108.81
Prof - Maternity	\$2,202	\$6	(\$3)	\$2,205	0.959	\$2,115	0.998	\$0.11
Prof - Other	\$1,795,364	\$5,083	(\$2,794)	\$1,797,652	0.959	\$1,724,372	0.998	\$87.05
Prof - Psych	\$147,436	\$388	(\$229)	\$147,594	0.959	\$141,578	0.998	\$7.15
Prof - Specialist	\$625,656	\$1,774	(\$974)	\$626,457	0.959	\$600,920	0.998	\$30.33
Prof - Vision	\$93,968	\$176	(\$146)	\$93,999	0.959	\$90,167	0.998	\$4.55
Radiology	\$274,950	\$770		\$275,720	0.959	\$264,480	0.998	\$13.35
Transportation/Ambulance	\$952,364	\$2,560		\$954,924	0.959	\$915,997	0.998	\$46.24
Total	\$42,395,181	\$119,705	(\$268,110)	\$42,036,594		\$40,322,987	0.998	\$2,035.49
Managed Care Adjustment								\$4.07
<b>Base Rate</b>								<b>\$2,039.56</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4f**

All Ages								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,762,067	\$4,997	(\$9,037)	\$1,758,027	0.959	\$1,686,362	0.998	\$217.06
FQHC / RHC	\$37,523	\$106		\$37,629	0.959	\$36,095	0.998	\$4.65
Home Health	\$2,106,604	\$5,975		\$2,112,579	0.959	\$2,026,460	0.998	\$260.84
IP - Maternity	\$0	\$0		\$0	0.959	\$0	0.998	\$0.00
IP - Newborn	\$0	\$0		\$0	0.959	\$0	0.998	\$0.00
IP - Other	\$7,606,704	\$21,574	(\$85,526)	\$7,739,348	0.959	\$7,423,856	0.998	\$955.57
IP - Psych	\$97,623	\$226	\$14,852	\$112,701	0.959	\$108,107	0.998	\$13.92
Lab	\$112,406	\$307		\$112,713	0.959	\$108,118	0.998	\$13.92
OP - Emergency Room & Related	\$584,414	\$1,657	\$4,905	\$590,977	0.959	\$566,886	0.998	\$72.97
OP - Other	\$2,172,278	\$6,161	\$16,911	\$2,195,350	0.959	\$2,105,858	0.998	\$271.06
Pharmacy	\$5,537,154	\$15,704	(\$110,715)	\$5,442,144	0.959	\$5,220,297	0.998	\$671.94
Prof - Anesthesia	\$43,624	\$124		\$43,747	0.959	\$41,964	0.998	\$5.40
Prof - Child EPSDT	\$8,054	\$23	(\$13)	\$8,064	0.959	\$7,735	0.998	\$1.00
Prof - Evaluation & Management	\$1,121,104	\$3,147	(\$1,157)	\$1,123,095	0.959	\$1,077,312	0.998	\$138.67
Prof - Maternity	\$0	\$0		\$0	0.959	\$0	0.998	\$0.00
Prof - Other	\$864,124	\$2,449	(\$1,345)	\$865,228	0.959	\$829,957	0.998	\$106.83
Prof - Psych	\$27,178	\$64	(\$42)	\$27,200	0.959	\$26,091	0.998	\$3.36
Prof - Specialist	\$293,479	\$832	(\$457)	\$293,855	0.959	\$281,876	0.998	\$36.28
Prof - Vision	\$34,453	\$69	(\$54)	\$34,468	0.959	\$33,063	0.998	\$4.26
Radiology	\$163,718	\$461		\$164,179	0.959	\$157,486	0.998	\$20.27
Transportation/Ambulance	\$770,191	\$2,121		\$772,312	0.959	\$740,829	0.998	\$95.36
<b>Total</b>	<b>\$23,342,699</b>	<b>\$65,997</b>	<b>(\$171,676)</b>	<b>\$23,433,616</b>		<b>\$22,478,353</b>	<b>0.998</b>	<b>\$2,893.34</b>
Managed Care Adjustment								\$5.79
<b>Base Rate</b>								<b>\$2,899.13</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4f**

All Ages								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$6,745,298	\$19,131	(\$34,594)	\$6,729,835	0.959	\$6,455,495	0.998	\$154.99
FQHC / RHC	\$507,284	\$1,439		\$508,723	0.959	\$487,985	0.998	\$11.72
Home Health	\$5,559,061	\$15,766		\$5,574,827	0.959	\$5,347,572	0.998	\$128.39
IP - Maternity	\$36,174	\$103	(\$343)	\$36,353	0.959	\$34,871	0.998	\$0.84
IP - Newborn	\$16,040	\$45	(\$152)	\$16,119	0.959	\$15,462	0.998	\$0.37
IP - Other	\$26,178,254	\$74,245	(\$248,001)	\$26,307,494	0.959	\$25,235,078	0.998	\$605.87
IP - Psych	\$1,059,316	\$1,539	\$161,022	\$1,221,877	0.959	\$1,172,068	0.998	\$28.14
Lab	\$190,534	\$447		\$190,981	0.959	\$183,196	0.998	\$4.40
OP - Emergency Room & Related	\$3,867,635	\$10,969	\$40,665	\$3,919,269	0.959	\$3,759,501	0.998	\$90.26
OP - Other	\$8,337,952	\$23,648	\$161,111	\$8,522,710	0.959	\$8,175,285	0.998	\$196.28
Pharmacy	\$20,741,501	\$58,826	(\$414,724)	\$20,385,603	0.959	\$19,554,591	0.998	\$469.49
Prof - Anesthesia	\$217,763	\$618		\$218,380	0.959	\$209,478	0.998	\$5.03
Prof - Child EPSDT	\$26,332	\$75	(\$41)	\$26,366	0.959	\$25,291	0.998	\$0.61
Prof - Evaluation & Management	\$4,797,790	\$13,572	(\$4,950)	\$4,806,412	0.959	\$4,610,480	0.998	\$110.69
Prof - Maternity	\$15,970	\$45	(\$25)	\$15,990	0.959	\$15,338	0.998	\$0.37
Prof - Other	\$8,760,289	\$24,865	(\$13,634)	\$8,771,520	0.959	\$8,413,952	0.998	\$202.01
Prof - Psych	\$230,910	\$284	(\$359)	\$230,835	0.959	\$221,425	0.998	\$5.32
Prof - Specialist	\$1,379,547	\$3,913	(\$2,147)	\$1,381,313	0.959	\$1,325,004	0.998	\$31.81
Prof - Vision	\$161,276	\$336	(\$251)	\$161,361	0.959	\$154,783	0.998	\$3.72
Radiology	\$612,958	\$1,735		\$614,693	0.959	\$589,635	0.998	\$14.16
Transportation/Ambulance	\$1,159,938	\$2,815		\$1,162,753	0.959	\$1,115,354	0.998	\$26.78
Total	\$90,601,821	\$254,414	(\$356,422)	\$90,803,414		\$87,101,844	0.998	\$2,091.23
Managed Care Adjustment								\$4.18
<b>Base Rate</b>								<b>\$2,095.41</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - DD Waivers**

**Appendix C**  
**Exhibit 4g**

All Ages								
Statewide	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,478,272	\$1,243.96	(\$9,161)	\$1,470,354	0.991	\$1,457,485	0.998	\$60.36
FQHC / RHC	\$36,231	\$30		\$36,262	0.991	\$35,944	0.998	\$1.49
Home Health	\$691,537	\$582		\$692,119	0.991	\$686,061	0.998	\$28.41
IP - Maternity	\$4,002	\$3	(\$39)	\$3,966	0.991	\$3,931	0.998	\$0.16
IP - Newborn	\$0	\$0		\$0	0.991	\$0	0.998	\$0.00
IP - Other	\$3,313,913	\$2,789	(\$32,558)	\$3,284,144	0.991	\$3,255,400	0.998	\$134.82
IP - Psych	\$487,026	\$403	\$56,207	\$543,635	0.991	\$538,877	0.998	\$22.32
Lab	\$76,773	\$64		\$76,837	0.991	\$76,164	0.998	\$3.15
OP - Emergency Room & Related	\$538,663	\$453	\$4,498	\$543,614	0.991	\$538,856	0.998	\$22.32
OP - Other	\$1,676,949	\$1,411	\$14,042	\$1,692,401	0.991	\$1,677,589	0.998	\$69.47
Pharmacy	\$9,487,434	\$7,984	(\$63,770)	\$9,431,648	0.991	\$9,349,099	0.998	\$387.17
Prof - Anesthesia	\$46,551	\$39		\$46,590	0.991	\$46,182	0.998	\$1.91
Prof - Child EPSDT	\$8,787	\$7	(\$12)	\$8,783	0.991	\$8,706	0.998	\$0.36
Prof - Evaluation & Management	\$1,298,428	\$1,092	(\$642)	\$1,298,878	0.991	\$1,287,510	0.998	\$53.32
Prof - Maternity	\$2,136	\$2	(\$3)	\$2,135	0.991	\$2,116	0.998	\$0.09
Prof - Other	\$1,632,295	\$1,374	(\$2,221)	\$1,631,448	0.991	\$1,617,169	0.998	\$66.97
Prof - Psych	\$120,297	\$99	(\$164)	\$120,233	0.991	\$119,180	0.998	\$4.94
Prof - Specialist	\$198,832	\$167	(\$271)	\$198,729	0.991	\$196,990	0.998	\$8.16
Prof - Vision	\$35,797	\$29	(\$49)	\$35,777	0.991	\$35,464	0.998	\$1.47
Radiology	\$92,022	\$77		\$92,099	0.991	\$91,293	0.998	\$3.78
Transportation/Ambulance	\$311,038	\$259		\$311,297	0.991	\$308,572	0.998	\$12.78
Total	\$21,536,983	\$18,109	(\$34,143)	\$21,520,949		\$21,332,591	0.998	\$883.45
Managed Care Adjustment								\$1.77
<b>Base Rate</b>								<b>\$885.21</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age Under 1								
Statewide	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$75,572	\$258.14	(\$2,305)	\$73,525	1.099	\$80,816	1.000	\$56.12
FQHC / RHC	\$1,134	\$0.99		\$1,135	1.133	\$1,286	1.000	\$0.89
Home Health	\$254,485	\$851.62		\$255,337	1.086	\$277,231	1.000	\$192.52
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$327,677	(\$861.99)	(\$4,303)	\$385,013	0.990	\$381,307	1.000	\$264.80
IP - Other	\$660,168	(\$1,736.64)	(\$8,669)	\$775,684	0.990	\$768,217	1.000	\$533.48
IP - Psych	\$17,574	\$0.00	\$3,065	\$20,639	0.990	\$20,441	1.000	\$14.19
Lab	\$2,868	\$7.09		\$2,875	1.099	\$3,160	1.000	\$2.19
OP - Emergency Room & Related	\$34,228	\$114.54	\$300	\$34,642	1.086	\$37,613	1.000	\$26.12
OP - Other	\$164,543	\$550.63	\$1,358	\$166,452	1.086	\$180,724	1.000	\$125.50
Pharmacy	\$370,122	\$0.01	(\$10,768)	\$359,353	1.180	\$424,052	1.000	\$294.48
Prof - Anesthesia	\$9,094	\$7.98		\$9,102	1.133	\$10,314	1.000	\$7.16
Prof - Child EPSDT	\$4,057	\$3.56	(\$6)	\$4,054	1.133	\$4,594	1.000	\$3.19
Prof - Evaluation & Management	\$275,020	\$240.15	(\$49)	\$275,211	1.133	\$311,851	1.000	\$216.56
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$216,531	\$189.92	(\$316)	\$216,405	1.133	\$245,217	1.000	\$170.29
Prof - Psych	\$2,757	\$0.00	(\$4)	\$2,753	1.133	\$3,120	1.000	\$2.17
Prof - Specialist	\$28,539	\$25.03	(\$42)	\$28,522	1.133	\$32,320	1.000	\$22.44
Prof - Vision	\$9,798	\$7.03	(\$14)	\$9,791	1.133	\$11,094	1.000	\$7.70
Radiology	\$6,571	\$22.08		\$6,593	1.099	\$7,247	1.000	\$5.03
Transportation/Ambulance	\$13,571	\$31.24		\$13,602	1.099	\$14,951	1.000	\$10.38
Total	\$2,474,309	(\$289)	(\$21,753)	\$2,640,690		\$2,815,556	1.000	\$1,955.25
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,955.25</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$669,230	\$2,286.00	(\$9,795)	\$661,721	1.099	\$727,343	1.000	\$68.38
FQHC / RHC	\$15,741	\$13.80		\$15,755	1.133	\$17,852	1.000	\$1.68
Home Health	\$2,332,131	\$7,804.35		\$2,339,936	1.086	\$2,540,577	1.000	\$238.84
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$3,123,137	(\$8,215.76)	(\$35,508)	\$3,192,296	0.990	\$3,161,568	1.000	\$297.22
IP - Psych	\$127,356	(\$11.40)	\$22,209	\$149,554	0.990	\$148,114	1.000	\$13.92
Lab	\$35,878	\$105.38		\$35,983	1.099	\$39,551	1.000	\$3.72
OP - Emergency Room & Related	\$298,762	\$999.79	\$2,633	\$302,395	1.086	\$328,325	1.000	\$30.87
OP - Other	\$2,120,174	\$7,095.04	\$18,228	\$2,145,497	1.086	\$2,329,465	1.000	\$219.00
Pharmacy	\$1,221,353	\$0.03	(\$35,534)	\$1,185,819	1.180	\$1,399,315	1.000	\$131.55
Prof - Anesthesia	\$47,757	\$41.88		\$47,799	1.133	\$54,163	1.000	\$5.09
Prof - Child EPSDT	\$9,009	\$7.90	(\$13)	\$9,004	1.133	\$10,203	1.000	\$0.96
Prof - Evaluation & Management	\$696,776	\$609.91	(\$124)	\$697,263	1.133	\$790,093	1.000	\$74.28
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$1,156,151	\$1,014.00	(\$1,687)	\$1,155,478	1.133	\$1,309,314	1.000	\$123.09
Prof - Psych	\$53,346	\$29.89	(\$78)	\$53,298	1.133	\$60,394	1.000	\$5.68
Prof - Specialist	\$137,795	\$120.85	(\$201)	\$137,715	1.133	\$156,050	1.000	\$14.67
Prof - Vision	\$35,078	\$19.70	(\$51)	\$35,047	1.133	\$39,713	1.000	\$3.73
Radiology	\$31,159	\$104.52		\$31,263	1.099	\$34,363	1.000	\$3.23
Transportation/Ambulance	\$125,932	\$316.66		\$126,249	1.099	\$138,769	1.000	\$13.05
<b>Total</b>	<b>\$12,236,766</b>	<b>\$12,343</b>	<b>(\$39,920)</b>	<b>\$12,322,071</b>		<b>\$13,285,172</b>	<b>1.000</b>	<b>\$1,248.96</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,248.96</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$396,378	\$1,353.98	(\$5,801)	\$391,931	1.099	\$430,798	1.000	\$70.17
FQHC / RHC	\$176,422	\$154.72		\$176,576	1.133	\$200,085	1.000	\$32.59
Home Health	\$111,077	\$371.71		\$111,448	1.086	\$121,005	1.000	\$19.71
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$1,540,523	(\$4,052.52)	(\$18,267)	\$1,634,546	0.990	\$1,618,813	1.000	\$263.69
IP - Psych	\$134,151	\$0.00	\$23,396	\$157,547	0.990	\$156,031	1.000	\$25.42
Lab	\$12,595	\$36.84		\$12,632	1.099	\$13,884	1.000	\$2.26
OP - Emergency Room & Related	\$124,114	\$415.34	\$1,087	\$125,616	1.086	\$136,387	1.000	\$22.22
OP - Other	\$845,257	\$2,828.60	\$6,976	\$855,061	1.086	\$928,380	1.000	\$151.23
Pharmacy	\$1,133,344	\$0.03	(\$32,974)	\$1,100,370	1.180	\$1,298,482	1.000	\$211.51
Prof - Anesthesia	\$37,750	\$33.11		\$37,784	1.133	\$42,814	1.000	\$6.97
Prof - Child EPSDT	\$4,107	\$3.60	(\$6)	\$4,104	1.133	\$4,651	1.000	\$0.76
Prof - Evaluation & Management	\$369,175	\$322.88	(\$66)	\$369,433	1.133	\$418,617	1.000	\$68.19
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$750,114	\$657.99	(\$1,094)	\$749,678	1.133	\$849,487	1.000	\$138.38
Prof - Psych	\$22,546	\$1.35	(\$33)	\$22,515	1.133	\$25,512	1.000	\$4.16
Prof - Specialist	\$77,471	\$67.94	(\$113)	\$77,426	1.133	\$87,734	1.000	\$14.29
Prof - Vision	\$19,297	\$9.39	(\$28)	\$19,278	1.133	\$21,845	1.000	\$3.56
Radiology	\$21,483	\$71.71		\$21,555	1.099	\$23,693	1.000	\$3.86
Transportation/Ambulance	\$78,714	\$201.36		\$78,916	1.099	\$86,742	1.000	\$14.13
<b>Total</b>	<b>\$5,854,517</b>	<b>\$2,478</b>	<b>(\$26,922)</b>	<b>\$5,946,415</b>		<b>\$6,464,958</b>	<b>1.000</b>	<b>\$1,053.10</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,053.10</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$311,033	\$1,062.45	(\$4,552)	\$307,543	1.099	\$338,042	1.000	\$61.84
FQHC / RHC	\$707	\$0.62		\$708	1.133	\$802	1.000	\$0.15
Home Health	\$2,753,362	\$9,213.97		\$2,762,576	1.086	\$2,999,456	1.000	\$548.75
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$2,613,195	(\$6,874.30)	(\$23,685)	\$2,119,338	0.990	\$2,098,939	1.000	\$384.00
IP - Psych	\$2,261	\$0.00	\$394	\$2,655	0.990	\$2,629	1.000	\$0.48
Lab	\$21,573	\$62.44		\$21,635	1.099	\$23,781	1.000	\$4.35
OP - Emergency Room & Related	\$155,401	\$520.04	\$1,361	\$157,282	1.086	\$170,768	1.000	\$31.24
OP - Other	\$1,317,403	\$4,408.62	\$10,873	\$1,332,684	1.086	\$1,446,957	1.000	\$264.72
Pharmacy	\$1,256,340	\$0.03	(\$36,552)	\$1,219,787	1.180	\$1,439,400	1.000	\$263.34
Prof - Anesthesia	\$29,672	\$26.02		\$29,698	1.133	\$33,652	1.000	\$6.16
Prof - Child EPSDT	\$6,487	\$5.69	(\$9)	\$6,484	1.133	\$7,347	1.000	\$1.34
Prof - Evaluation & Management	\$487,507	\$425.03	(\$87)	\$487,846	1.133	\$552,796	1.000	\$101.13
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$187,527	\$164.39	(\$274)	\$187,418	1.133	\$212,370	1.000	\$38.85
Prof - Psych	\$2,154	\$1.58	(\$3)	\$2,152	1.133	\$2,439	1.000	\$0.45
Prof - Specialist	\$96,137	\$84.31	(\$140)	\$96,081	1.133	\$108,873	1.000	\$19.92
Prof - Vision	\$25,141	\$16.41	(\$37)	\$25,121	1.133	\$28,465	1.000	\$5.21
Radiology	\$15,251	\$51.30		\$15,303	1.099	\$16,820	1.000	\$3.08
Transportation/Ambulance	\$36,383	\$68.65		\$36,452	1.099	\$40,067	1.000	\$7.33
<b>Total</b>	<b>\$9,317,534</b>	<b>\$9,237</b>	<b>(\$52,711)</b>	<b>\$8,810,764</b>		<b>\$9,523,603</b>	<b>1.000</b>	<b>\$1,742.33</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,742.33</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$495,771	\$1,693.49	(\$7,256)	\$490,208	1.099	\$538,821	1.000	\$71.47
FQHC / RHC	\$4,483	\$3.93		\$4,487	1.133	\$5,084	1.000	\$0.67
Home Health	\$836,050	\$2,797.80		\$838,848	1.086	\$910,776	1.000	\$120.81
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$2,005,897	(\$5,276.73)	(\$24,511)	\$2,193,275	0.990	\$2,172,164	1.000	\$288.12
IP - Psych	\$44,492	(\$26.59)	\$7,755	\$52,221	0.990	\$51,718	1.000	\$6.86
Lab	\$32,281	\$97.48		\$32,379	1.099	\$35,589	1.000	\$4.72
OP - Emergency Room & Related	\$136,431	\$456.56	\$1,195	\$138,083	1.086	\$149,923	1.000	\$19.89
OP - Other	\$659,530	\$2,207.08	\$5,443	\$667,180	1.086	\$724,389	1.000	\$96.09
Pharmacy	\$1,289,062	\$0.03	(\$37,504)	\$1,251,557	1.180	\$1,476,890	1.000	\$195.90
Prof - Anesthesia	\$53,555	\$46.97		\$53,602	1.133	\$60,738	1.000	\$8.06
Prof - Child EPSDT	\$5,109	\$4.48	(\$7)	\$5,106	1.133	\$5,785	1.000	\$0.77
Prof - Evaluation & Management	\$617,026	\$511.57	(\$110)	\$617,428	1.133	\$699,630	1.000	\$92.80
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$3,889,042	\$3,409.68	(\$5,674)	\$3,886,778	1.133	\$4,404,248	1.000	\$584.20
Prof - Psych	\$28,340	\$20.13	(\$41)	\$28,319	1.133	\$32,089	1.000	\$4.26
Prof - Specialist	\$114,792	\$100.67	(\$167)	\$114,726	1.133	\$130,000	1.000	\$17.24
Prof - Vision	\$39,058	\$23.63	(\$57)	\$39,024	1.133	\$44,220	1.000	\$5.87
Radiology	\$20,382	\$65.48		\$20,447	1.099	\$22,475	1.000	\$2.98
Transportation/Ambulance	\$121,897	\$355.04		\$122,252	1.099	\$134,375	1.000	\$17.82
<b>Total</b>	<b>\$10,393,197</b>	<b>\$6,491</b>	<b>(\$60,935)</b>	<b>\$10,555,920</b>		<b>\$11,598,915</b>	<b>1.000</b>	<b>\$1,538.52</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,538.52</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$266,315	\$909.70	(\$3,898)	\$263,326	1.099	\$289,440	1.000	\$92.27
FQHC / RHC	\$2,333	\$2.05		\$2,335	1.133	\$2,645	1.000	\$0.84
Home Health	\$191,989	\$642.48		\$192,631	1.086	\$209,149	1.000	\$66.67
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$2,190,409	(\$5,762.11)	(\$16,511)	\$1,477,421	0.990	\$1,463,200	1.000	\$466.43
IP - Psych	\$19,482	(\$2.70)	\$3,397	\$22,877	0.990	\$22,656	1.000	\$7.22
Lab	\$17,240	\$54.60		\$17,294	1.099	\$19,009	1.000	\$6.06
OP - Emergency Room & Related	\$75,463	\$252.53	\$661	\$76,377	1.086	\$82,926	1.000	\$26.43
OP - Other	\$316,634	\$1,059.60	\$2,613	\$320,307	1.086	\$347,772	1.000	\$110.86
Pharmacy	\$521,445	\$0.01	(\$15,171)	\$506,274	1.180	\$597,425	1.000	\$190.44
Prof - Anesthesia	\$14,596	\$12.80		\$14,609	1.133	\$16,554	1.000	\$5.28
Prof - Child EPSDT	\$2,968	\$2.60	(\$4)	\$2,967	1.133	\$3,362	1.000	\$1.07
Prof - Evaluation & Management	\$367,018	\$320.25	(\$65)	\$367,273	1.133	\$416,170	1.000	\$132.67
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$321,451	\$281.65	(\$469)	\$321,264	1.133	\$364,035	1.000	\$116.05
Prof - Psych	\$4,773	\$1.65	(\$7)	\$4,768	1.133	\$5,403	1.000	\$1.72
Prof - Specialist	\$54,872	\$48.12	(\$80)	\$54,840	1.133	\$62,142	1.000	\$19.81
Prof - Vision	\$13,339	\$7.98	(\$19)	\$13,327	1.133	\$15,101	1.000	\$4.81
Radiology	\$17,508	\$58.38		\$17,567	1.099	\$19,309	1.000	\$6.16
Transportation/Ambulance	\$31,930	\$80.65		\$32,011	1.099	\$35,185	1.000	\$11.22
<b>Total</b>	<b>\$4,429,765</b>	<b>(\$2,030)</b>	<b>(\$29,553)</b>	<b>\$3,707,467</b>		<b>\$3,971,482</b>	<b>1.000</b>	<b>\$1,266.01</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,266.01</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 1-5								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$827,094	\$2,825.24	(\$12,106)	\$817,813	1.099	\$898,914	1.000	\$91.27
FQHC / RHC	\$2,667	\$2.34		\$2,669	1.133	\$3,025	1.000	\$0.31
Home Health	\$1,368,924	\$4,581.03		\$1,373,505	1.086	\$1,491,278	1.000	\$151.41
IP - Maternity	\$0	\$0		\$0	0.990	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$3,236,413	(\$8,513.74)	(\$36,591)	\$3,678,194	0.990	\$3,642,789	1.000	\$369.86
IP - Psych	\$196,579	\$0.00	\$34,284	\$230,863	0.990	\$228,641	1.000	\$23.21
Lab	\$48,805	\$130.18		\$48,935	1.099	\$53,788	1.000	\$5.46
OP - Emergency Room & Related	\$359,688	\$1,203.68	\$3,633	\$364,525	1.086	\$395,782	1.000	\$40.18
OP - Other	\$1,984,188	\$6,639.98	\$28,996	\$2,019,825	1.086	\$2,193,017	1.000	\$222.66
Pharmacy	\$1,503,589	\$0.03	(\$43,746)	\$1,459,843	1.180	\$1,722,675	1.000	\$174.91
Prof - Anesthesia	\$76,277	\$66.89		\$76,344	1.133	\$86,508	1.000	\$8.78
Prof - Child EPSDT	\$10,051	\$8.81	(\$15)	\$10,045	1.133	\$11,382	1.000	\$1.16
Prof - Evaluation & Management	\$853,737	\$748.21	(\$152)	\$854,333	1.133	\$968,076	1.000	\$98.29
Prof - Maternity	\$0	\$0		\$0	1.133	\$0	1.000	\$0.00
Prof - Other	\$1,990,657	\$1,747.57	(\$2,904)	\$1,989,500	1.133	\$2,254,374	1.000	\$228.89
Prof - Psych	\$35,316	\$3.97	(\$51)	\$35,268	1.133	\$39,964	1.000	\$4.06
Prof - Specialist	\$195,847	\$171.76	(\$286)	\$195,733	1.133	\$221,792	1.000	\$22.52
Prof - Vision	\$28,523	\$13.86	(\$42)	\$28,495	1.133	\$32,289	1.000	\$3.28
Radiology	\$35,945	\$121.74		\$36,067	1.099	\$39,644	1.000	\$4.03
Transportation/Ambulance	\$72,050	\$130.92		\$72,181	1.099	\$79,339	1.000	\$8.06
<b>Total</b>	<b>\$12,826,349</b>	<b>\$9,882</b>	<b>(\$28,978)</b>	<b>\$13,294,140</b>		<b>\$14,363,278</b>	<b>1.000</b>	<b>\$1,458.35</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,458.35</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,696,941	\$5,796.53	(\$10,291)	\$1,692,447	1.099	\$1,860,284	1.000	\$15.40
FQHC / RHC	\$143,159	\$125.55		\$143,284	1.133	\$162,361	1.000	\$1.34
Home Health	\$1,008,698	\$3,375.55		\$1,012,074	1.086	\$1,098,855	1.000	\$9.09
IP - Maternity	\$370,252	(\$974)	(\$4,535)	\$407,742	0.990	\$403,817	1.000	\$3.34
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$7,900,264	(\$20,782.52)	(\$96,773)	\$8,700,208	0.990	\$8,616,463	1.000	\$71.31
IP - Psych	\$3,955,503	(\$6,121.53)	\$688,790	\$4,638,171	0.990	\$4,593,526	1.000	\$38.02
Lab	\$264,786	\$718.85		\$265,505	1.099	\$291,835	1.000	\$2.42
OP - Emergency Room & Related	\$2,550,317	\$8,534.50	\$22,477	\$2,581,329	1.086	\$2,802,669	1.000	\$23.19
OP - Other	\$6,451,973	\$21,591.18	\$55,470	\$6,529,035	1.086	\$7,088,876	1.000	\$58.67
Pharmacy	\$17,547,791	\$0.39	(\$510,540)	\$17,037,251	1.180	\$20,104,662	1.000	\$166.38
Prof - Anesthesia	\$151,364	\$132.75		\$151,497	1.133	\$171,667	1.000	\$1.42
Prof - Child EPSDT	\$13,125	\$11.51	(\$19)	\$13,117	1.133	\$14,863	1.000	\$0.12
Prof - Evaluation & Management	\$4,087,122	\$3,569.61	(\$725)	\$4,089,966	1.133	\$4,634,488	1.000	\$38.35
Prof - Maternity	\$143,403	\$126	(\$209)	\$143,320	1.133	\$162,401	1.000	\$1.34
Prof - Other	\$2,438,407	\$2,139.41	(\$3,557)	\$2,436,989	1.133	\$2,761,440	1.000	\$22.85
Prof - Psych	\$1,019,782	\$670.67	(\$1,487)	\$1,018,966	1.133	\$1,154,627	1.000	\$9.56
Prof - Specialist	\$632,891	\$555.04	(\$923)	\$632,523	1.133	\$716,735	1.000	\$5.93
Prof - Vision	\$226,585	\$69.46	(\$330)	\$226,324	1.133	\$256,456	1.000	\$2.12
Radiology	\$285,864	\$952.40		\$286,817	1.099	\$315,260	1.000	\$2.61
Transportation/Ambulance	\$709,947	\$1,090.39		\$711,037	1.099	\$781,549	1.000	\$6.47
<b>Total</b>	<b>\$51,598,175</b>	<b>\$21,582</b>	<b>\$137,346</b>	<b>\$52,717,601</b>		<b>\$57,992,833</b>	<b>1.000</b>	<b>\$479.94</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$479.94</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$792,771	\$2,708.00	(\$4,808)	\$790,671	1.099	\$869,080	1.000	\$15.79
FQHC / RHC	\$223,782	\$196.26		\$223,978	1.133	\$253,797	1.000	\$4.61
Home Health	\$635,758	\$2,127.53		\$637,886	1.086	\$692,582	1.000	\$12.58
IP - Maternity	\$81,624	(\$215)	(\$978)	\$87,528	0.990	\$86,685	1.000	\$1.57
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$2,997,322	(\$7,884.79)	(\$35,920)	\$3,214,117	0.990	\$3,183,179	1.000	\$57.82
IP - Psych	\$1,679,163	(\$1,246.33)	\$292,636	\$1,970,553	0.990	\$1,951,585	1.000	\$35.45
Lab	\$149,898	\$458.48		\$150,357	1.099	\$165,267	1.000	\$3.00
OP - Emergency Room & Related	\$860,717	\$2,880.34	\$7,540	\$871,138	1.086	\$945,835	1.000	\$17.18
OP - Other	\$2,291,901	\$7,669.72	\$18,916	\$2,318,487	1.086	\$2,517,289	1.000	\$45.72
Pharmacy	\$12,657,608	\$0.28	(\$368,264)	\$12,289,345	1.180	\$14,501,936	1.000	\$263.41
Prof - Anesthesia	\$64,231	\$56.33		\$64,287	1.133	\$72,846	1.000	\$1.32
Prof - Child EPSDT	\$8,845	\$7.76	(\$13)	\$8,840	1.133	\$10,017	1.000	\$0.18
Prof - Evaluation & Management	\$1,742,871	\$1,519.76	(\$309)	\$1,744,082	1.133	\$1,976,282	1.000	\$35.90
Prof - Maternity	\$45,685	\$40	(\$67)	\$45,659	1.133	\$51,738	1.000	\$0.94
Prof - Other	\$3,999,842	\$3,508.87	(\$5,835)	\$3,997,515	1.133	\$4,529,728	1.000	\$82.28
Prof - Psych	\$367,698	\$156.90	(\$536)	\$367,318	1.133	\$416,222	1.000	\$7.56
Prof - Specialist	\$253,619	\$222.42	(\$370)	\$253,471	1.133	\$287,217	1.000	\$5.22
Prof - Vision	\$139,442	\$54.01	(\$203)	\$139,293	1.133	\$157,838	1.000	\$2.87
Radiology	\$144,793	\$478.58		\$145,271	1.099	\$159,678	1.000	\$2.90
Transportation/Ambulance	\$491,039	\$1,077.53		\$492,116	1.099	\$540,919	1.000	\$9.83
Total	\$29,628,608	\$13,817	(\$98,211)	\$29,811,911		\$33,369,720	1.000	\$606.12
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$606.12</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$708,533	\$2,420.26	(\$4,297)	\$706,657	1.099	\$776,735	1.000	\$20.23
FQHC / RHC	\$7,038	\$6.17		\$7,045	1.133	\$7,982	1.000	\$0.21
Home Health	\$2,479,004	\$8,295.85		\$2,487,300	1.086	\$2,700,577	1.000	\$70.33
IP - Maternity	\$73,227	(\$193)	(\$959)	\$85,818	0.990	\$84,992	1.000	\$2.21
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$2,007,695	(\$5,281.46)	(\$26,295)	\$2,352,898	0.990	\$2,330,250	1.000	\$60.69
IP - Psych	\$629,736	(\$1,620.40)	\$109,546	\$737,662	0.990	\$730,561	1.000	\$19.03
Lab	\$100,446	\$267.53		\$100,714	1.099	\$110,701	1.000	\$2.88
OP - Emergency Room & Related	\$648,222	\$2,169.24	\$5,679	\$656,070	1.086	\$712,326	1.000	\$18.55
OP - Other	\$2,282,758	\$7,639.13	\$18,840	\$2,309,237	1.086	\$2,507,246	1.000	\$65.30
Pharmacy	\$8,274,776	\$0.18	(\$240,748)	\$8,034,028	1.180	\$9,480,486	1.000	\$246.91
Prof - Anesthesia	\$61,049	\$53.54		\$61,103	1.133	\$69,238	1.000	\$1.80
Prof - Child EPSDT	\$5,904	\$5.18	(\$9)	\$5,901	1.133	\$6,686	1.000	\$0.17
Prof - Evaluation & Management	\$1,577,564	\$1,367.20	(\$280)	\$1,578,651	1.133	\$1,788,827	1.000	\$46.59
Prof - Maternity	\$26,265	\$23	(\$38)	\$26,250	1.133	\$29,744	1.000	\$0.77
Prof - Other	\$742,759	\$650.61	(\$1,084)	\$742,326	1.133	\$841,156	1.000	\$21.91
Prof - Psych	\$239,140	\$207.83	(\$349)	\$238,999	1.133	\$270,818	1.000	\$7.05
Prof - Specialist	\$236,826	\$207.69	(\$346)	\$236,688	1.133	\$268,200	1.000	\$6.99
Prof - Vision	\$114,666	\$62.00	(\$167)	\$114,560	1.133	\$129,812	1.000	\$3.38
Radiology	\$98,292	\$329.62		\$98,622	1.099	\$108,402	1.000	\$2.82
Transportation/Ambulance	\$219,557	\$380.33		\$219,938	1.099	\$241,749	1.000	\$6.30
<b>Total</b>	<b>\$20,533,459</b>	<b>\$16,991</b>	<b>(\$140,507)</b>	<b>\$20,800,466</b>		<b>\$23,196,489</b>	<b>1.000</b>	<b>\$604.14</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$604.14</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$738,126	\$2,521.34	(\$4,476)	\$736,171	1.099	\$809,176	1.000	\$16.87
FQHC / RHC	\$49,731	\$43.61		\$49,774	1.133	\$56,401	1.000	\$1.18
Home Health	\$951,867	\$3,185.37		\$955,053	1.086	\$1,036,945	1.000	\$21.62
IP - Maternity	\$50,099	(\$132)	(\$421)	\$37,675	0.990	\$37,313	1.000	\$0.78
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$6,331,545	(\$16,655.83)	(\$53,212)	\$4,761,372	0.990	\$4,715,541	1.000	\$98.32
IP - Psych	\$1,312,059	(\$3,052.87)	\$228,297	\$1,537,303	0.990	\$1,522,505	1.000	\$31.74
Lab	\$181,539	\$541.06		\$182,080	1.099	\$200,136	1.000	\$4.17
OP - Emergency Room & Related	\$586,631	\$1,963.13	\$5,139	\$593,733	1.086	\$644,643	1.000	\$13.44
OP - Other	\$1,662,786	\$5,564.42	\$13,723	\$1,682,074	1.086	\$1,826,306	1.000	\$38.08
Pharmacy	\$11,632,730	\$0.26	(\$338,446)	\$11,294,284	1.180	\$13,327,724	1.000	\$277.89
Prof - Anesthesia	\$70,175	\$61.54		\$70,237	1.133	\$79,588	1.000	\$1.66
Prof - Child EPSDT	\$10,016	\$8.78	(\$15)	\$10,010	1.133	\$11,343	1.000	\$0.24
Prof - Evaluation & Management	\$2,232,990	\$1,765.42	(\$396)	\$2,234,359	1.133	\$2,531,833	1.000	\$52.79
Prof - Maternity	\$25,550	\$22	(\$37)	\$25,535	1.133	\$28,935	1.000	\$0.60
Prof - Other	\$19,536,307	\$17,126.52	(\$28,502)	\$19,524,932	1.133	\$22,124,405	1.000	\$461.30
Prof - Psych	\$405,038	\$334.40	(\$591)	\$404,782	1.133	\$458,673	1.000	\$9.56
Prof - Specialist	\$272,680	\$239.14	(\$398)	\$272,521	1.133	\$308,804	1.000	\$6.44
Prof - Vision	\$130,560	\$50.18	(\$190)	\$130,420	1.133	\$147,783	1.000	\$3.08
Radiology	\$111,461	\$354.43		\$111,815	1.099	\$122,904	1.000	\$2.56
Transportation/Ambulance	\$384,411	\$971.64		\$385,382	1.099	\$423,600	1.000	\$8.83
<b>Total</b>	<b>\$46,676,301</b>	<b>\$14,913</b>	<b>(\$179,524)</b>	<b>\$44,999,513</b>		<b>\$50,414,557</b>	<b>1.000</b>	<b>\$1,051.16</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,051.16</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
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**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$439,395	\$1,500.91	(\$2,665)	\$438,231	1.099	\$481,690	1.000	\$19.57
FQHC / RHC	\$18,439	\$16.17		\$18,455	1.133	\$20,912	1.000	\$0.85
Home Health	\$309,770	\$1,036.63		\$310,806	1.086	\$337,457	1.000	\$13.71
IP - Maternity	\$25,684	(\$68)	(\$337)	\$30,178	0.990	\$29,887	1.000	\$1.21
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$1,112,352	(\$2,926.16)	(\$14,607)	\$1,306,991	0.990	\$1,294,410	1.000	\$52.60
IP - Psych	\$293,236	(\$400.82)	\$51,072	\$343,907	0.990	\$340,596	1.000	\$13.84
Lab	\$124,363	\$391.54		\$124,754	1.099	\$137,126	1.000	\$5.57
OP - Emergency Room & Related	\$490,556	\$1,641.62	\$4,298	\$496,495	1.086	\$539,067	1.000	\$21.91
OP - Other	\$1,047,410	\$3,505.10	\$8,645	\$1,059,559	1.086	\$1,150,413	1.000	\$46.75
Pharmacy	\$8,512,395	\$0.19	(\$247,662)	\$8,264,733	1.180	\$9,752,728	1.000	\$396.32
Prof - Anesthesia	\$38,942	\$34.15		\$38,976	1.133	\$44,165	1.000	\$1.79
Prof - Child EPSDT	\$8,209	\$7.20	(\$12)	\$8,205	1.133	\$9,297	1.000	\$0.38
Prof - Evaluation & Management	\$1,228,156	\$1,064.64	(\$218)	\$1,229,003	1.133	\$1,392,627	1.000	\$56.59
Prof - Maternity	\$13,632	\$12	(\$20)	\$13,624	1.133	\$15,438	1.000	\$0.63
Prof - Other	\$1,084,142	\$948.86	(\$1,582)	\$1,083,509	1.133	\$1,227,763	1.000	\$49.89
Prof - Psych	\$262,956	\$211.26	(\$384)	\$262,784	1.133	\$297,770	1.000	\$12.10
Prof - Specialist	\$155,399	\$136.28	(\$227)	\$155,309	1.133	\$175,986	1.000	\$7.15
Prof - Vision	\$62,864	\$26.74	(\$92)	\$62,799	1.133	\$71,159	1.000	\$2.89
Radiology	\$87,597	\$288.55		\$87,885	1.099	\$96,601	1.000	\$3.93
Transportation/Ambulance	\$228,017	\$558.53		\$228,575	1.099	\$251,242	1.000	\$10.21
<b>Total</b>	<b>\$15,543,510</b>	<b>\$7,986</b>	<b>(\$203,790)</b>	<b>\$15,564,777</b>		<b>\$17,666,334</b>	<b>1.000</b>	<b>\$717.91</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$717.91</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 6-20								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,787,328	\$6,105.27	(\$10,839)	\$1,782,594	1.099	\$1,959,371	1.000	\$19.31
FQHC / RHC	\$48,785	\$42.78		\$48,827	1.133	\$55,328	1.000	\$0.55
Home Health	\$1,693,747	\$5,668.03		\$1,699,415	1.086	\$1,845,133	1.000	\$18.18
IP - Maternity	\$251,824	(\$662)	(\$2,386)	\$239,799	0.990	\$237,491	1.000	\$2.34
IP - Newborn	\$0	\$0.00		\$0	0.990	\$0	1.000	\$0.00
IP - Other	\$7,920,385	(\$20,835.45)	(\$75,030)	\$7,542,196	0.990	\$7,469,598	1.000	\$73.60
IP - Psych	\$3,293,561	(\$2,676.09)	\$573,945	\$3,864,830	0.990	\$3,827,628	1.000	\$37.71
Lab	\$294,317	\$605.31		\$294,923	1.099	\$324,170	1.000	\$3.19
OP - Emergency Room & Related	\$2,203,052	\$7,372.39	\$22,253	\$2,232,677	1.086	\$2,424,121	1.000	\$23.89
OP - Other	\$5,831,637	\$19,515.25	\$85,222	\$5,936,374	1.086	\$6,445,397	1.000	\$63.51
Pharmacy	\$22,403,143	\$0.50	(\$651,803)	\$21,751,341	1.180	\$25,667,483	1.000	\$252.90
Prof - Anesthesia	\$171,843	\$150.71		\$171,994	1.133	\$194,893	1.000	\$1.92
Prof - Child EPSDT	\$33,487	\$29.37	(\$49)	\$33,468	1.133	\$37,924	1.000	\$0.37
Prof - Evaluation & Management	\$3,626,669	\$3,175.82	(\$644)	\$3,629,201	1.133	\$4,112,379	1.000	\$40.52
Prof - Maternity	\$112,768	\$99	(\$165)	\$112,702	1.133	\$127,707	1.000	\$1.26
Prof - Other	\$4,536,651	\$3,999.84	(\$6,619)	\$4,534,032	1.133	\$5,137,676	1.000	\$50.62
Prof - Psych	\$728,269	\$326.03	(\$1,062)	\$727,533	1.133	\$824,394	1.000	\$8.12
Prof - Specialist	\$655,162	\$574.57	(\$956)	\$654,780	1.133	\$741,955	1.000	\$7.31
Prof - Vision	\$200,783	\$58.47	(\$293)	\$200,549	1.133	\$227,249	1.000	\$2.24
Radiology	\$270,099	\$912.86		\$271,012	1.099	\$297,888	1.000	\$2.94
Transportation/Ambulance	\$582,580	\$740.29		\$583,320	1.099	\$641,167	1.000	\$6.32
Total	\$56,646,088	\$25,202	(\$68,423)	\$56,311,568		\$62,598,951	1.000	\$616.79
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$616.79</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$977,562	\$3,053		\$980,614	0.997	\$977,994	1.000	\$13.68
FQHC / RHC	\$302,554	\$373		\$302,927	1.078	\$326,410	1.000	\$4.57
Home Health	\$393,427	\$2,039		\$395,466	1.077	\$425,899	1.000	\$5.96
IP - Maternity	\$1,375,650	(\$2,898)	(\$14,969)	\$1,345,756	0.982	\$1,321,929	1.000	\$18.49
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$14,266,156	(\$30,055)	(\$155,235)	\$13,956,136	0.982	\$13,709,046	1.000	\$191.77
IP - Psych	\$4,565,589	(\$7,758)	\$794,907	\$5,352,737	0.982	\$5,257,968	1.000	\$73.55
Lab	\$534,192	\$1,566		\$535,758	0.997	\$534,326	1.000	\$7.47
OP - Emergency Room & Related	\$6,195,991	\$32,108	\$54,708	\$6,282,807	1.077	\$6,766,314	1.000	\$94.65
OP - Other	\$6,995,107	\$36,250	\$60,250	\$7,091,606	1.077	\$7,637,355	1.000	\$106.83
Pharmacy	\$20,216,469	\$17	(\$588,184)	\$19,628,303	1.155	\$22,671,869	1.000	\$317.14
Prof - Anesthesia	\$192,175	\$237		\$192,412	1.078	\$207,328	1.000	\$2.90
Prof - Child EPSDT	\$23,503	\$29	(\$34)	\$23,498	1.078	\$25,319	1.000	\$0.35
Prof - Evaluation & Management	\$5,389,989	\$6,628	(\$957)	\$5,395,659	1.078	\$5,813,936	1.000	\$81.33
Prof - Maternity	\$572,006	\$705	(\$835)	\$571,876	1.078	\$616,208	1.000	\$8.62
Prof - Other	\$1,871,348	\$2,306	(\$2,731)	\$1,870,923	1.078	\$2,015,958	1.000	\$28.20
Prof - Psych	\$631,571	\$608	(\$921)	\$631,257	1.078	\$680,193	1.000	\$9.51
Prof - Specialist	\$1,192,155	\$1,469	(\$1,740)	\$1,191,884	1.078	\$1,284,280	1.000	\$17.96
Prof - Vision	\$129,167	\$89	(\$188)	\$129,068	1.078	\$139,073	1.000	\$1.95
Radiology	\$878,364	\$2,730		\$881,094	0.997	\$878,740	1.000	\$12.29
Transportation/Ambulance	\$1,224,007	\$3,118		\$1,227,126	0.997	\$1,223,847	1.000	\$17.12
<b>Total</b>	<b>\$67,926,979</b>	<b>\$52,613</b>	<b>\$144,070</b>	<b>\$67,986,905</b>		<b>\$72,513,993</b>	<b>1.000</b>	<b>\$1,014.35</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,014.35</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$584,575	\$1,826		\$586,401	0.997	\$584,834	1.000	\$16.21
FQHC / RHC	\$245,743	\$303		\$246,046	1.078	\$265,120	1.000	\$7.35
Home Health	\$194,087	\$1,006		\$195,093	1.077	\$210,106	1.000	\$5.82
IP - Maternity	\$723,742	(\$1,525)	(\$8,075)	\$722,569	0.982	\$709,776	1.000	\$19.67
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$5,125,418	(\$10,798)	(\$57,187)	\$5,117,111	0.982	\$5,026,514	1.000	\$139.32
IP - Psych	\$1,673,860	(\$2,053)	\$291,571	\$1,963,378	0.982	\$1,928,617	1.000	\$53.46
Lab	\$390,133	\$1,182		\$391,314	0.997	\$390,269	1.000	\$10.82
OP - Emergency Room & Related	\$2,683,809	\$13,908	\$23,555	\$2,721,272	1.077	\$2,930,693	1.000	\$81.23
OP - Other	\$4,607,394	\$23,876	\$38,095	\$4,669,365	1.077	\$5,028,706	1.000	\$139.38
Pharmacy	\$11,492,213	\$10	(\$334,358)	\$11,157,865	1.155	\$12,888,005	1.000	\$357.22
Prof - Anesthesia	\$100,710	\$124		\$100,834	1.078	\$108,651	1.000	\$3.01
Prof - Child EPSDT	\$27,485	\$34	(\$40)	\$27,479	1.078	\$29,609	1.000	\$0.82
Prof - Evaluation & Management	\$2,441,662	\$2,999	(\$434)	\$2,444,228	1.078	\$2,633,707	1.000	\$73.00
Prof - Maternity	\$223,834	\$276	(\$327)	\$223,783	1.078	\$241,131	1.000	\$6.68
Prof - Other	\$777,951	\$959	(\$1,135)	\$777,774	1.078	\$838,068	1.000	\$23.23
Prof - Psych	\$267,918	\$195	(\$391)	\$267,722	1.078	\$288,476	1.000	\$8.00
Prof - Specialist	\$575,575	\$709	(\$840)	\$575,444	1.078	\$620,053	1.000	\$17.19
Prof - Vision	\$96,547	\$74	(\$141)	\$96,481	1.078	\$103,960	1.000	\$2.88
Radiology	\$527,805	\$1,638		\$529,443	0.997	\$528,029	1.000	\$14.64
Transportation/Ambulance	\$767,130	\$2,048		\$769,179	0.997	\$767,123	1.000	\$21.26
Total	\$33,527,591	\$36,791	(\$49,706)	\$33,582,781		\$36,121,446	1.000	\$1,001.18
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,001.18</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
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**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$219,122	\$684		\$219,806	0.997	\$219,219	1.000	\$8.98
FQHC / RHC	\$13,825	\$17		\$13,842	1.078	\$14,915	1.000	\$0.61
Home Health	\$163,116	\$845		\$163,962	1.077	\$176,580	1.000	\$7.23
IP - Maternity	\$303,489	(\$639)	(\$3,351)	\$299,817	0.982	\$294,509	1.000	\$12.06
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$4,184,302	(\$8,815)	(\$46,197)	\$4,133,674	0.982	\$4,060,488	1.000	\$166.26
IP - Psych	\$1,797,249	(\$3,766)	\$312,792	\$2,106,275	0.982	\$2,068,983	1.000	\$84.72
Lab	\$202,909	\$592		\$203,501	0.997	\$202,957	1.000	\$8.31
OP - Emergency Room & Related	\$1,927,368	\$9,988	\$16,916	\$1,954,272	1.077	\$2,104,667	1.000	\$86.18
OP - Other	\$2,112,660	\$10,948	\$17,468	\$2,141,077	1.077	\$2,305,847	1.000	\$94.42
Pharmacy	\$7,473,390	\$6	(\$217,433)	\$7,255,964	1.155	\$8,381,074	1.000	\$343.18
Prof - Anesthesia	\$63,551	\$78		\$63,629	1.078	\$68,562	1.000	\$2.81
Prof - Child EPSDT	\$11,425	\$14	(\$17)	\$11,422	1.078	\$12,308	1.000	\$0.50
Prof - Evaluation & Management	\$2,052,471	\$2,511	(\$364)	\$2,054,617	1.078	\$2,213,893	1.000	\$90.65
Prof - Maternity	\$113,971	\$140	(\$166)	\$113,945	1.078	\$122,778	1.000	\$5.03
Prof - Other	\$628,545	\$774	(\$917)	\$628,402	1.078	\$677,116	1.000	\$27.73
Prof - Psych	\$215,998	\$264	(\$315)	\$215,947	1.078	\$232,687	1.000	\$9.53
Prof - Specialist	\$456,903	\$563	(\$667)	\$456,799	1.078	\$492,211	1.000	\$20.15
Prof - Vision	\$69,343	\$61	(\$101)	\$69,303	1.078	\$74,675	1.000	\$3.06
Radiology	\$332,252	\$1,034		\$333,285	0.997	\$332,395	1.000	\$13.61
Transportation/Ambulance	\$264,356	\$605		\$264,961	0.997	\$264,253	1.000	\$10.82
<b>Total</b>	<b>\$22,606,245</b>	<b>\$15,905</b>	<b>\$77,647</b>	<b>\$22,704,498</b>		<b>\$24,320,116</b>	<b>1.000</b>	<b>\$995.83</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$995.83</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$618,983	\$1,933		\$620,916	0.997	\$619,257	1.000	\$17.95
FQHC / RHC	\$108,883	\$134		\$109,017	1.078	\$117,468	1.000	\$3.40
Home Health	\$252,367	\$1,308		\$253,675	1.077	\$273,197	1.000	\$7.92
IP - Maternity	\$591,217	(\$1,246)	(\$6,597)	\$590,258	0.982	\$579,808	1.000	\$16.81
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$6,557,748	(\$13,815)	(\$73,169)	\$6,547,121	0.982	\$6,431,205	1.000	\$186.42
IP - Psych	\$2,010,535	(\$3,942)	\$349,959	\$2,356,552	0.982	\$2,314,830	1.000	\$67.10
Lab	\$630,473	\$1,917		\$632,390	0.997	\$630,701	1.000	\$18.28
OP - Emergency Room & Related	\$1,984,439	\$10,284	\$17,417	\$2,012,140	1.077	\$2,166,988	1.000	\$62.81
OP - Other	\$3,224,688	\$16,711	\$26,663	\$3,268,061	1.077	\$3,519,561	1.000	\$102.02
Pharmacy	\$11,808,092	\$10	(\$343,548)	\$11,464,554	1.155	\$13,242,249	1.000	\$383.84
Prof - Anesthesia	\$95,917	\$118		\$96,035	1.078	\$103,480	1.000	\$3.00
Prof - Child EPSDT	\$28,342	\$35	(\$41)	\$28,336	1.078	\$30,533	1.000	\$0.89
Prof - Evaluation & Management	\$2,962,960	\$3,472	(\$526)	\$2,965,906	1.078	\$3,195,826	1.000	\$92.64
Prof - Maternity	\$214,384	\$264	(\$313)	\$214,335	1.078	\$230,950	1.000	\$6.69
Prof - Other	\$872,588	\$1,069	(\$1,273)	\$872,384	1.078	\$940,012	1.000	\$27.25
Prof - Psych	\$398,507	\$464	(\$582)	\$398,390	1.078	\$429,273	1.000	\$12.44
Prof - Specialist	\$675,347	\$832	(\$986)	\$675,193	1.078	\$727,535	1.000	\$21.09
Prof - Vision	\$88,752	\$51	(\$129)	\$88,673	1.078	\$95,547	1.000	\$2.77
Radiology	\$459,397	\$1,419		\$460,815	0.997	\$459,584	1.000	\$13.32
Transportation/Ambulance	\$827,415	\$2,344		\$829,759	0.997	\$827,542	1.000	\$23.99
<b>Total</b>	<b>\$34,411,034</b>	<b>\$23,360</b>	<b>(\$33,125)</b>	<b>\$34,484,510</b>		<b>\$36,935,546</b>	<b>1.000</b>	<b>\$1,070.63</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,070.63</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$594,803	\$1,858		\$596,661	0.997	\$595,067	1.000	\$17.55
FQHC / RHC	\$69,888	\$86		\$69,974	1.078	\$75,398	1.000	\$2.22
Home Health	\$205,309	\$1,064		\$206,373	1.077	\$222,255	1.000	\$6.55
IP - Maternity	\$234,726	(\$494)	(\$2,619)	\$234,345	0.982	\$230,196	1.000	\$6.79
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$6,119,101	(\$12,891)	(\$68,275)	\$6,109,184	0.982	\$6,001,023	1.000	\$176.95
IP - Psych	\$923,945	(\$1,517)	\$160,876	\$1,083,304	0.982	\$1,064,124	1.000	\$31.38
Lab	\$482,390	\$1,465		\$483,854	0.997	\$482,561	1.000	\$14.23
OP - Emergency Room & Related	\$2,309,860	\$11,970	\$20,273	\$2,342,103	1.077	\$2,522,344	1.000	\$74.38
OP - Other	\$2,830,809	\$14,670	\$23,406	\$2,868,885	1.077	\$3,089,666	1.000	\$91.11
Pharmacy	\$12,340,190	\$11	(\$359,029)	\$11,981,171	1.155	\$13,838,973	1.000	\$408.07
Prof - Anesthesia	\$101,501	\$125		\$101,626	1.078	\$109,505	1.000	\$3.23
Prof - Child EPSDT	\$19,137	\$24	(\$28)	\$19,133	1.078	\$20,616	1.000	\$0.61
Prof - Evaluation & Management	\$2,703,527	\$3,305	(\$480)	\$2,706,352	1.078	\$2,916,151	1.000	\$85.99
Prof - Maternity	\$126,162	\$155	(\$184)	\$126,133	1.078	\$135,911	1.000	\$4.01
Prof - Other	\$709,536	\$871	(\$1,036)	\$709,372	1.078	\$764,363	1.000	\$22.54
Prof - Psych	\$188,906	\$193	(\$276)	\$188,824	1.078	\$203,461	1.000	\$6.00
Prof - Specialist	\$633,652	\$781	(\$925)	\$633,508	1.078	\$682,618	1.000	\$20.13
Prof - Vision	\$94,267	\$68	(\$138)	\$94,198	1.078	\$101,501	1.000	\$2.99
Radiology	\$568,619	\$1,763		\$570,381	0.997	\$568,857	1.000	\$16.77
Transportation/Ambulance	\$754,702	\$2,069		\$756,771	0.997	\$754,749	1.000	\$22.26
<b>Total</b>	<b>\$32,011,029</b>	<b>\$25,574</b>	<b>(\$228,433)</b>	<b>\$31,882,152</b>		<b>\$34,379,338</b>	<b>1.000</b>	<b>\$1,013.75</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,013.75</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
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**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 21-44 Female								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,182,742	\$3,694		\$1,186,436	0.997	\$1,183,266	1.000	\$19.76
FQHC / RHC	\$340,996	\$420		\$341,416	1.078	\$367,883	1.000	\$6.14
Home Health	\$373,389	\$1,935		\$375,324	1.077	\$404,208	1.000	\$6.75
IP - Maternity	\$1,209,178	(\$2,547)	(\$11,939)	\$1,200,089	0.982	\$1,178,841	1.000	\$19.69
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$10,391,691	(\$21,892)	(\$102,600)	\$10,313,580	0.982	\$10,130,981	1.000	\$169.19
IP - Psych	\$2,706,456	(\$3,019)	\$471,492	\$3,174,928	0.982	\$3,118,717	1.000	\$52.08
Lab	\$288,793	\$691		\$289,484	0.997	\$288,710	1.000	\$4.82
OP - Emergency Room & Related	\$5,313,069	\$27,533	\$53,766	\$5,394,367	1.077	\$5,809,502	1.000	\$97.02
OP - Other	\$5,404,830	\$28,009	\$79,129	\$5,511,968	1.077	\$5,936,152	1.000	\$99.14
Pharmacy	\$16,698,824	\$14	(\$485,840)	\$16,212,998	1.155	\$18,726,987	1.000	\$312.75
Prof - Anesthesia	\$192,409	\$237		\$192,646	1.078	\$207,580	1.000	\$3.47
Prof - Child EPSDT	\$51,844	\$64	(\$76)	\$51,832	1.078	\$55,850	1.000	\$0.93
Prof - Evaluation & Management	\$4,236,954	\$5,216	(\$752)	\$4,241,417	1.078	\$4,570,216	1.000	\$76.32
Prof - Maternity	\$445,387	\$549	(\$650)	\$445,286	1.078	\$479,805	1.000	\$8.01
Prof - Other	\$3,354,681	\$4,149	(\$4,896)	\$3,353,935	1.078	\$3,613,935	1.000	\$60.35
Prof - Psych	\$548,448	\$430	(\$800)	\$548,078	1.078	\$590,566	1.000	\$9.86
Prof - Specialist	\$1,073,323	\$1,322	(\$1,566)	\$1,073,079	1.078	\$1,156,265	1.000	\$19.31
Prof - Vision	\$113,570	\$89	(\$166)	\$113,494	1.078	\$122,292	1.000	\$2.04
Radiology	\$698,969	\$2,178		\$701,147	0.997	\$699,274	1.000	\$11.68
Transportation/Ambulance	\$721,882	\$1,591		\$723,473	0.997	\$721,540	1.000	\$12.05
Total	\$55,347,435	\$50,662	(\$4,898)	\$55,444,977		\$59,362,570	1.000	\$991.38
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$991.38</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,088,282	\$3,399		\$1,091,680	0.997	\$1,088,763	1.000	\$15.50
FQHC / RHC	\$163,677	\$202		\$163,879	1.078	\$176,583	1.000	\$2.51
Home Health	\$307,669	\$1,594		\$309,263	1.077	\$333,063	1.000	\$4.74
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$15,780,034	(\$33,244)	(\$159,466)	\$14,336,509	0.982	\$14,082,684	1.000	\$200.46
IP - Psych	\$4,008,798	(\$6,548)	\$698,011	\$4,700,261	0.982	\$4,617,044	1.000	\$65.72
Lab	\$160,989	\$406		\$161,395	0.997	\$160,964	1.000	\$2.29
OP - Emergency Room & Related	\$3,387,240	\$17,553	\$29,908	\$3,434,701	1.077	\$3,699,026	1.000	\$52.65
OP - Other	\$4,866,484	\$25,219	\$41,916	\$4,933,619	1.077	\$5,313,296	1.000	\$75.63
Pharmacy	\$17,707,147	\$15	(\$515,177)	\$17,191,986	1.155	\$19,857,777	1.000	\$282.66
Prof - Anesthesia	\$99,304	\$122		\$99,427	1.078	\$107,134	1.000	\$1.53
Prof - Child EPSDT	\$6,607	\$8	(\$10)	\$6,606	1.078	\$7,118	1.000	\$0.10
Prof - Evaluation & Management	\$3,381,937	\$4,154	(\$600)	\$3,385,491	1.078	\$3,647,937	1.000	\$51.93
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$2,971,179	\$3,661	(\$4,336)	\$2,970,504	1.078	\$3,200,780	1.000	\$45.56
Prof - Psych	\$409,154	\$330	(\$597)	\$408,888	1.078	\$440,585	1.000	\$6.27
Prof - Specialist	\$741,343	\$913	(\$1,082)	\$741,174	1.078	\$798,631	1.000	\$11.37
Prof - Vision	\$114,043	\$74	(\$166)	\$113,951	1.078	\$122,784	1.000	\$1.75
Radiology	\$373,675	\$1,155		\$374,829	0.997	\$373,828	1.000	\$5.32
Transportation/Ambulance	\$1,128,095	\$2,832		\$1,130,927	0.997	\$1,127,905	1.000	\$16.06
Total	\$56,695,657	\$21,846	\$88,401	\$55,555,089		\$59,155,902	1.000	\$842.05
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$842.05</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$553,402	\$1,728		\$555,131	0.997	\$553,647	1.000	\$16.96
FQHC / RHC	\$141,561	\$174		\$141,736	1.078	\$152,723	1.000	\$4.68
Home Health	\$97,941	\$508		\$98,448	1.077	\$106,025	1.000	\$3.25
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$5,758,933	(\$12,132)	(\$64,256)	\$5,749,600	0.982	\$5,647,805	1.000	\$172.98
IP - Psych	\$1,565,510	(\$1,944)	\$272,693	\$1,836,258	0.982	\$1,803,748	1.000	\$55.24
Lab	\$118,092	\$337		\$118,428	0.997	\$118,112	1.000	\$3.62
OP - Emergency Room & Related	\$1,382,314	\$7,163	\$12,132	\$1,401,609	1.077	\$1,509,473	1.000	\$46.23
OP - Other	\$3,300,980	\$17,106	\$27,294	\$3,345,379	1.077	\$3,602,830	1.000	\$110.35
Pharmacy	\$8,915,631	\$8	(\$259,394)	\$8,656,245	1.155	\$9,998,483	1.000	\$306.23
Prof - Anesthesia	\$47,737	\$59		\$47,796	1.078	\$51,501	1.000	\$1.58
Prof - Child EPSDT	\$5,115	\$6	(\$7)	\$5,114	1.078	\$5,510	1.000	\$0.17
Prof - Evaluation & Management	\$1,419,779	\$1,741	(\$252)	\$1,421,268	1.078	\$1,531,446	1.000	\$46.90
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$1,988,514	\$2,450	(\$2,902)	\$1,988,062	1.078	\$2,142,179	1.000	\$65.61
Prof - Psych	\$184,722	\$104	(\$269)	\$184,556	1.078	\$198,863	1.000	\$6.09
Prof - Specialist	\$338,941	\$418	(\$495)	\$338,864	1.078	\$365,133	1.000	\$11.18
Prof - Vision	\$63,836	\$41	(\$93)	\$63,783	1.078	\$68,728	1.000	\$2.10
Radiology	\$196,089	\$604		\$196,693	0.997	\$196,167	1.000	\$6.01
Transportation/Ambulance	\$630,884	\$1,652		\$632,536	0.997	\$630,846	1.000	\$19.32
<b>Total</b>	<b>\$26,709,981</b>	<b>\$20,021</b>	<b>(\$15,550)</b>	<b>\$26,781,508</b>		<b>\$28,683,220</b>	<b>1.000</b>	<b>\$878.51</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$878.51</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$517,711	\$1,617		\$519,328	0.997	\$517,941	1.000	\$17.41
FQHC / RHC	\$5,683	\$7		\$5,690	1.078	\$6,131	1.000	\$0.21
Home Health	\$152,763	\$792		\$153,555	1.077	\$165,372	1.000	\$5.56
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$4,926,798	(\$10,379)	(\$53,933)	\$4,825,903	0.982	\$4,740,461	1.000	\$159.33
IP - Psych	\$1,790,778	(\$3,747)	\$311,666	\$2,098,697	0.982	\$2,061,540	1.000	\$69.29
Lab	\$111,545	\$301		\$111,846	0.997	\$111,547	1.000	\$3.75
OP - Emergency Room & Related	\$1,166,191	\$6,043	\$10,235	\$1,182,470	1.077	\$1,273,469	1.000	\$42.80
OP - Other	\$1,725,766	\$8,943	\$14,269	\$1,748,979	1.077	\$1,883,575	1.000	\$63.31
Pharmacy	\$8,761,200	\$7	(\$254,901)	\$8,506,307	1.155	\$9,825,296	1.000	\$330.23
Prof - Anesthesia	\$45,725	\$56		\$45,782	1.078	\$49,331	1.000	\$1.66
Prof - Child EPSDT	\$4,824	\$6	(\$7)	\$4,823	1.078	\$5,197	1.000	\$0.17
Prof - Evaluation & Management	\$1,615,678	\$1,966	(\$287)	\$1,617,358	1.078	\$1,742,737	1.000	\$58.57
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$884,750	\$1,089	(\$1,291)	\$884,548	1.078	\$953,119	1.000	\$32.03
Prof - Psych	\$153,636	\$187	(\$224)	\$153,598	1.078	\$165,505	1.000	\$5.56
Prof - Specialist	\$431,825	\$532	(\$630)	\$431,727	1.078	\$465,195	1.000	\$15.64
Prof - Vision	\$55,784	\$40	(\$81)	\$55,743	1.078	\$60,064	1.000	\$2.02
Radiology	\$190,136	\$589		\$190,725	0.997	\$190,216	1.000	\$6.39
Transportation/Ambulance	\$311,630	\$709		\$312,338	0.997	\$311,504	1.000	\$10.47
<b>Total</b>	<b>\$22,852,425</b>	<b>\$8,759</b>	<b>\$24,816</b>	<b>\$22,849,417</b>		<b>\$24,528,200</b>	<b>1.000</b>	<b>\$824.39</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$824.39</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$478,332	\$1,494		\$479,826	0.997	\$478,544	1.000	\$16.41
FQHC / RHC	\$42,407	\$52		\$42,459	1.078	\$45,750	1.000	\$1.57
Home Health	\$170,372	\$883		\$171,255	1.077	\$184,434	1.000	\$6.33
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$5,144,971	(\$10,839)	(\$55,274)	\$4,945,860	0.982	\$4,858,295	1.000	\$166.64
IP - Psych	\$1,668,037	(\$3,194)	\$290,356	\$1,955,199	0.982	\$1,920,582	1.000	\$65.87
Lab	\$193,400	\$564		\$193,964	0.997	\$193,446	1.000	\$6.64
OP - Emergency Room & Related	\$876,056	\$4,540	\$7,689	\$888,285	1.077	\$956,645	1.000	\$32.81
OP - Other	\$1,588,805	\$8,233	\$13,137	\$1,610,175	1.077	\$1,734,089	1.000	\$59.48
Pharmacy	\$8,509,689	\$7	(\$247,583)	\$8,262,113	1.155	\$9,543,237	1.000	\$327.33
Prof - Anesthesia	\$47,805	\$59		\$47,864	1.078	\$51,574	1.000	\$1.77
Prof - Child EPSDT	\$4,249	\$5	(\$6)	\$4,248	1.078	\$4,577	1.000	\$0.16
Prof - Evaluation & Management	\$1,578,126	\$1,809	(\$280)	\$1,579,655	1.078	\$1,702,111	1.000	\$58.38
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$1,016,656	\$1,248	(\$1,484)	\$1,016,421	1.078	\$1,095,215	1.000	\$37.57
Prof - Psych	\$173,838	\$185	(\$254)	\$173,770	1.078	\$187,240	1.000	\$6.42
Prof - Specialist	\$378,673	\$466	(\$553)	\$378,587	1.078	\$407,935	1.000	\$13.99
Prof - Vision	\$59,478	\$28	(\$87)	\$59,419	1.078	\$64,025	1.000	\$2.20
Radiology	\$181,668	\$555		\$182,223	0.997	\$181,736	1.000	\$6.23
Transportation/Ambulance	\$558,381	\$1,531		\$559,913	0.997	\$558,417	1.000	\$19.15
<b>Total</b>	<b>\$22,670,943</b>	<b>\$7,626</b>	<b>\$5,662</b>	<b>\$22,551,232</b>		<b>\$24,167,852</b>	<b>1.000</b>	<b>\$828.94</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$828.94</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$478,890	\$1,496		\$480,385	0.997	\$479,102	1.000	\$19.04
FQHC / RHC	\$27,367	\$34		\$27,400	1.078	\$29,525	1.000	\$1.17
Home Health	\$162,422	\$842		\$163,264	1.077	\$175,828	1.000	\$6.99
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$5,153,914	(\$10,858)	(\$57,091)	\$5,108,512	0.982	\$5,018,067	1.000	\$199.39
IP - Psych	\$705,525	(\$1,097)	\$122,856	\$827,284	0.982	\$812,637	1.000	\$32.29
Lab	\$155,666	\$457		\$156,124	0.997	\$155,706	1.000	\$6.19
OP - Emergency Room & Related	\$1,098,374	\$5,692	\$9,640	\$1,113,706	1.077	\$1,199,414	1.000	\$47.66
OP - Other	\$1,440,048	\$7,463	\$11,907	\$1,459,417	1.077	\$1,571,730	1.000	\$62.45
Pharmacy	\$6,186,431	\$5	(\$179,990)	\$6,006,446	1.155	\$6,937,807	1.000	\$275.67
Prof - Anesthesia	\$39,283	\$48		\$39,331	1.078	\$42,380	1.000	\$1.68
Prof - Child EPSDT	\$6,226	\$8	(\$9)	\$6,224	1.078	\$6,707	1.000	\$0.27
Prof - Evaluation & Management	\$1,366,151	\$1,665	(\$243)	\$1,367,573	1.078	\$1,473,589	1.000	\$58.55
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$727,647	\$894	(\$1,062)	\$727,480	1.078	\$783,875	1.000	\$31.15
Prof - Psych	\$99,693	\$87	(\$145)	\$99,635	1.078	\$107,359	1.000	\$4.27
Prof - Specialist	\$281,763	\$347	(\$411)	\$281,699	1.078	\$303,536	1.000	\$12.06
Prof - Vision	\$57,235	\$37	(\$83)	\$57,188	1.078	\$61,622	1.000	\$2.45
Radiology	\$216,878	\$668		\$217,546	0.997	\$216,965	1.000	\$8.62
Transportation/Ambulance	\$457,153	\$1,211		\$458,364	0.997	\$457,139	1.000	\$18.16
Total	\$18,660,666	\$8,999	(\$94,632)	\$18,597,581		\$19,832,988	1.000	\$788.06
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$788.06</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
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**Appendix C**  
**Exhibit 4h**

Age 21-44 Male								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$1,030,713	\$3,219		\$1,033,932	0.997	\$1,031,169	1.000	\$17.60
FQHC / RHC	\$175,805	\$217		\$176,022	1.078	\$189,667	1.000	\$3.24
Home Health	\$457,553	\$2,371		\$459,924	1.077	\$495,318	1.000	\$8.46
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$10,682,844	(\$22,506)	(\$102,554)	\$10,308,877	0.982	\$10,126,361	1.000	\$172.86
IP - Psych	\$3,295,765	(\$4,531)	\$574,006	\$3,865,241	0.982	\$3,796,807	1.000	\$64.81
Lab	\$144,685	\$254		\$144,939	0.997	\$144,552	1.000	\$2.47
OP - Emergency Room & Related	\$3,032,254	\$15,714	\$30,685	\$3,078,653	1.077	\$3,315,577	1.000	\$56.60
OP - Other	\$4,145,563	\$21,483	\$60,693	\$4,227,739	1.077	\$4,553,094	1.000	\$77.72
Pharmacy	\$16,885,293	\$14	(\$491,265)	\$16,394,042	1.155	\$18,936,104	1.000	\$323.24
Prof - Anesthesia	\$93,862	\$116		\$93,978	1.078	\$101,263	1.000	\$1.73
Prof - Child EPSDT	\$12,520	\$15	(\$18)	\$12,517	1.078	\$13,487	1.000	\$0.23
Prof - Evaluation & Management	\$2,746,872	\$3,380	(\$488)	\$2,749,764	1.078	\$2,962,929	1.000	\$50.58
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$5,019,757	\$6,198	(\$7,326)	\$5,018,629	1.078	\$5,407,678	1.000	\$92.31
Prof - Psych	\$366,576	\$231	(\$535)	\$366,272	1.078	\$394,666	1.000	\$6.74
Prof - Specialist	\$657,674	\$810	(\$960)	\$657,524	1.078	\$708,496	1.000	\$12.09
Prof - Vision	\$90,961	\$62	(\$133)	\$90,890	1.078	\$97,936	1.000	\$1.67
Radiology	\$283,349	\$880		\$284,229	0.997	\$283,469	1.000	\$4.84
Transportation/Ambulance	\$585,228	\$1,201		\$586,429	0.997	\$584,862	1.000	\$9.98
<b>Total</b>	<b>\$49,707,275</b>	<b>\$29,127</b>	<b>\$62,106</b>	<b>\$49,549,601</b>		<b>\$53,143,436</b>	<b>1.000</b>	<b>\$907.16</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$907.16</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Central Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$5,297,624	\$16,545		\$5,314,169	0.997	\$5,299,970	1.000	\$25.97
FQHC / RHC	\$1,398,978	\$1,723		\$1,400,702	1.078	\$1,509,285	1.000	\$7.40
Home Health	\$2,588,183	\$13,412		\$2,601,595	1.077	\$2,801,807	1.000	\$13.73
IP - Maternity	\$3,567	(\$8)	(\$39)	\$3,542	0.982	\$3,479	1.000	\$0.02
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$85,804,150	(\$180,765)	(\$947,717)	\$85,202,960	0.982	\$83,694,459	1.000	\$410.13
IP - Psych	\$10,287,276	(\$16,618)	\$1,791,250	\$12,061,908	0.982	\$11,848,355	1.000	\$58.06
Lab	\$1,280,404	\$3,710		\$1,284,114	0.997	\$1,280,683	1.000	\$6.28
OP - Emergency Room & Related	\$13,161,861	\$68,206	\$116,214	\$13,346,282	1.077	\$14,373,372	1.000	\$70.43
OP - Other	\$35,124,802	\$182,021	\$302,534	\$35,609,357	1.077	\$38,349,748	1.000	\$187.93
Pharmacy	\$94,584,168	\$81	(\$2,751,858)	\$91,832,390	1.155	\$106,071,931	1.000	\$519.79
Prof - Anesthesia	\$753,420	\$928		\$754,348	1.078	\$812,825	1.000	\$3.98
Prof - Child EPSDT	\$85,733	\$106	(\$125)	\$85,713	1.078	\$92,358	1.000	\$0.45
Prof - Evaluation & Management	\$18,133,517	\$22,302	(\$3,220)	\$18,152,599	1.078	\$19,559,805	1.000	\$95.85
Prof - Maternity	\$964	\$1	(\$1)	\$964	1.078	\$1,039	1.000	\$0.01
Prof - Other	\$10,991,453	\$13,539	(\$16,041)	\$10,988,951	1.078	\$11,840,825	1.000	\$58.02
Prof - Psych	\$1,012,189	\$784	(\$1,477)	\$1,011,496	1.078	\$1,089,908	1.000	\$5.34
Prof - Specialist	\$6,507,244	\$8,016	(\$9,497)	\$6,505,763	1.078	\$7,010,096	1.000	\$34.35
Prof - Vision	\$794,574	\$778	(\$1,159)	\$794,193	1.078	\$855,760	1.000	\$4.19
Radiology	\$3,441,735	\$10,710		\$3,452,445	0.997	\$3,443,220	1.000	\$16.87
Transportation/Ambulance	\$4,590,574	\$12,374		\$4,602,948	0.997	\$4,590,650	1.000	\$22.50
<b>Total</b>	<b>\$295,842,414</b>	<b>\$157,847</b>	<b>(\$1,521,136)</b>	<b>\$295,006,438</b>		<b>\$314,529,575</b>	<b>1.000</b>	<b>\$1,541.31</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,541.31</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Charlottesville Western Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$2,668,483	\$8,334		\$2,676,816	0.997	\$2,669,664	1.000	\$23.04
FQHC / RHC	\$965,122	\$1,189		\$966,311	1.078	\$1,041,220	1.000	\$8.98
Home Health	\$1,266,049	\$6,561		\$1,272,610	1.077	\$1,370,546	1.000	\$11.83
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$36,318,887	(\$76,513)	(\$403,354)	\$36,091,915	0.982	\$35,452,915	1.000	\$305.91
IP - Psych	\$4,188,235	(\$4,377)	\$729,684	\$4,913,541	0.982	\$4,826,548	1.000	\$41.65
Lab	\$1,023,836	\$3,078		\$1,026,915	0.997	\$1,024,171	1.000	\$8.84
OP - Emergency Room & Related	\$6,089,423	\$31,556	\$53,445	\$6,174,424	1.077	\$6,649,589	1.000	\$57.38
OP - Other	\$23,278,443	\$120,632	\$192,474	\$23,591,549	1.077	\$25,407,086	1.000	\$219.23
Pharmacy	\$53,045,431	\$45	(\$1,543,318)	\$51,502,158	1.155	\$59,488,089	1.000	\$513.31
Prof - Anesthesia	\$375,291	\$462		\$375,753	1.078	\$404,882	1.000	\$3.49
Prof - Child EPSDT	\$57,025	\$70	(\$83)	\$57,012	1.078	\$61,432	1.000	\$0.53
Prof - Evaluation & Management	\$8,502,501	\$10,445	(\$1,510)	\$8,511,436	1.078	\$9,171,250	1.000	\$79.14
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$4,298,477	\$5,295	(\$6,273)	\$4,297,499	1.078	\$4,630,645	1.000	\$39.96
Prof - Psych	\$548,986	\$269	(\$801)	\$548,455	1.078	\$590,972	1.000	\$5.10
Prof - Specialist	\$3,046,298	\$3,753	(\$4,446)	\$3,045,605	1.078	\$3,281,703	1.000	\$28.32
Prof - Vision	\$486,084	\$459	(\$709)	\$485,834	1.078	\$523,497	1.000	\$4.52
Radiology	\$1,979,659	\$6,151		\$1,985,810	0.997	\$1,980,504	1.000	\$17.09
Transportation/Ambulance	\$2,994,850	\$8,259		\$3,003,109	0.997	\$2,995,085	1.000	\$25.84
<b>Total</b>	<b>\$151,133,080</b>	<b>\$125,668</b>	<b>(\$984,891)</b>	<b>\$150,526,753</b>		<b>\$161,569,798</b>	<b>1.000</b>	<b>\$1,394.14</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,394.14</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Northern & Winchester Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$2,175,204	\$6,793		\$2,181,997	0.997	\$2,176,167	1.000	\$17.09
FQHC / RHC	\$78,602	\$97		\$78,699	1.078	\$84,800	1.000	\$0.67
Home Health	\$1,444,753	\$7,487		\$1,452,240	1.077	\$1,564,000	1.000	\$12.28
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$39,622,949	(\$83,474)	(\$439,011)	\$39,282,478	0.982	\$38,586,990	1.000	\$302.95
IP - Psych	\$3,950,521	(\$8,197)	\$687,559	\$4,629,884	0.982	\$4,547,913	1.000	\$35.71
Lab	\$1,063,009	\$3,121		\$1,066,130	0.997	\$1,063,282	1.000	\$8.35
OP - Emergency Room & Related	\$5,956,717	\$30,868	\$52,280	\$6,039,866	1.077	\$6,504,676	1.000	\$51.07
OP - Other	\$14,384,369	\$74,542	\$118,935	\$14,577,845	1.077	\$15,699,713	1.000	\$123.26
Pharmacy	\$56,775,659	\$48	(\$1,651,847)	\$55,123,861	1.155	\$63,671,373	1.000	\$499.89
Prof - Anesthesia	\$403,636	\$497		\$404,133	1.078	\$435,462	1.000	\$3.42
Prof - Child EPSDT	\$72,144	\$89	(\$105)	\$72,128	1.078	\$77,719	1.000	\$0.61
Prof - Evaluation & Management	\$10,995,815	\$13,444	(\$1,952)	\$11,007,307	1.078	\$11,860,603	1.000	\$93.12
Prof - Maternity	\$273	\$0	(\$0)	\$273	1.078	\$295	1.000	\$0.00
Prof - Other	\$5,191,806	\$6,394	(\$7,577)	\$5,190,623	1.078	\$5,593,004	1.000	\$43.91
Prof - Psych	\$428,256	\$516	(\$625)	\$428,147	1.078	\$461,338	1.000	\$3.62
Prof - Specialist	\$3,842,198	\$4,733	(\$5,607)	\$3,841,324	1.078	\$4,139,107	1.000	\$32.50
Prof - Vision	\$809,283	\$877	(\$1,181)	\$808,979	1.078	\$871,691	1.000	\$6.84
Radiology	\$2,411,653	\$7,513		\$2,419,166	0.997	\$2,412,702	1.000	\$18.94
Transportation/Ambulance	\$1,385,492	\$3,194		\$1,388,686	0.997	\$1,384,976	1.000	\$10.87
<b>Total</b>	<b>\$150,992,342</b>	<b>\$68,542</b>	<b>(\$1,249,131)</b>	<b>\$149,993,767</b>		<b>\$161,135,812</b>	<b>1.000</b>	<b>\$1,265.09</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,265.09</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Roanoke/Alleghany Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$2,410,784	\$7,529		\$2,418,313	0.997	\$2,411,852	1.000	\$23.15
FQHC / RHC	\$299,776	\$369		\$300,145	1.078	\$323,412	1.000	\$3.10
Home Health	\$1,406,727	\$7,290		\$1,414,017	1.077	\$1,522,835	1.000	\$14.62
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$36,776,095	(\$77,477)	(\$401,813)	\$35,954,009	0.982	\$35,317,450	1.000	\$339.05
IP - Psych	\$3,903,532	(\$7,038)	\$679,566	\$4,576,060	0.982	\$4,495,042	1.000	\$43.15
Lab	\$1,485,591	\$4,496		\$1,490,087	0.997	\$1,486,106	1.000	\$14.27
OP - Emergency Room & Related	\$3,658,055	\$18,957	\$32,106	\$3,709,117	1.077	\$3,994,560	1.000	\$38.35
OP - Other	\$13,109,833	\$67,937	\$108,397	\$13,286,166	1.077	\$14,308,630	1.000	\$137.37
Pharmacy	\$54,100,286	\$46	(\$1,574,009)	\$52,526,323	1.155	\$60,671,061	1.000	\$582.45
Prof - Anesthesia	\$351,109	\$433		\$351,541	1.078	\$378,793	1.000	\$3.64
Prof - Child EPSDT	\$50,165	\$62	(\$73)	\$50,154	1.078	\$54,042	1.000	\$0.52
Prof - Evaluation & Management	\$8,851,406	\$10,426	(\$1,571)	\$8,860,260	1.078	\$9,547,116	1.000	\$91.65
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$4,801,809	\$5,900	(\$7,008)	\$4,800,701	1.078	\$5,172,856	1.000	\$49.66
Prof - Psych	\$507,611	\$517	(\$741)	\$507,387	1.078	\$546,720	1.000	\$5.25
Prof - Specialist	\$3,134,353	\$3,861	(\$4,574)	\$3,133,640	1.078	\$3,376,562	1.000	\$32.42
Prof - Vision	\$407,118	\$339	(\$594)	\$406,863	1.078	\$438,403	1.000	\$4.21
Radiology	\$1,537,068	\$4,756		\$1,541,824	0.997	\$1,537,704	1.000	\$14.76
Transportation/Ambulance	\$2,621,659	\$7,421		\$2,629,080	0.997	\$2,622,056	1.000	\$25.17
<b>Total</b>	<b>\$139,412,976</b>	<b>\$55,822</b>	<b>(\$1,170,314)</b>	<b>\$137,955,687</b>		<b>\$148,205,201</b>	<b>1.000</b>	<b>\$1,422.79</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,422.79</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Southwest Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$3,978,104	\$12,424		\$3,990,528	0.997	\$3,979,866	1.000	\$30.25
FQHC / RHC	\$322,513	\$397		\$322,910	1.078	\$347,943	1.000	\$2.64
Home Health	\$1,879,700	\$9,741		\$1,889,441	1.077	\$2,034,847	1.000	\$15.47
IP - Maternity	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$34,288,044	(\$72,235)	(\$382,573)	\$34,232,476	0.982	\$33,626,397	1.000	\$255.58
IP - Psych	\$2,480,792	(\$3,679)	\$432,020	\$2,909,134	0.982	\$2,857,628	1.000	\$21.72
Lab	\$1,865,506	\$5,663		\$1,871,169	0.997	\$1,866,170	1.000	\$14.18
OP - Emergency Room & Related	\$6,302,834	\$32,662	\$55,318	\$6,390,814	1.077	\$6,882,632	1.000	\$52.31
OP - Other	\$14,786,056	\$76,623	\$122,256	\$14,984,936	1.077	\$16,138,132	1.000	\$122.66
Pharmacy	\$58,213,788	\$50	(\$1,693,688)	\$56,520,150	1.155	\$65,284,171	1.000	\$496.20
Prof - Anesthesia	\$380,521	\$469		\$380,989	1.078	\$410,524	1.000	\$3.12
Prof - Child EPSDT	\$81,813	\$101	(\$119)	\$81,794	1.078	\$88,135	1.000	\$0.67
Prof - Evaluation & Management	\$10,773,644	\$13,180	(\$1,913)	\$10,784,911	1.078	\$11,620,967	1.000	\$88.33
Prof - Maternity	\$0	\$0		\$0	1.078	\$0	1.000	\$0.00
Prof - Other	\$2,954,815	\$3,627	(\$4,312)	\$2,954,129	1.078	\$3,183,136	1.000	\$24.19
Prof - Psych	\$387,421	\$336	(\$565)	\$387,191	1.078	\$417,207	1.000	\$3.17
Prof - Specialist	\$3,216,440	\$3,962	(\$4,694)	\$3,215,708	1.078	\$3,464,993	1.000	\$26.34
Prof - Vision	\$523,549	\$464	(\$764)	\$523,249	1.078	\$563,812	1.000	\$4.29
Radiology	\$2,094,354	\$6,492		\$2,100,846	0.997	\$2,095,233	1.000	\$15.92
Transportation/Ambulance	\$3,135,727	\$8,712		\$3,144,439	0.997	\$3,136,038	1.000	\$23.84
<b>Total</b>	<b>\$147,665,622</b>	<b>\$98,988</b>	<b>(\$1,479,035)</b>	<b>\$146,684,815</b>		<b>\$157,997,829</b>	<b>1.000</b>	<b>\$1,200.87</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,200.87</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4h**

Age 45 and Over								
Tidewater Region	Total Base Claims CY15-16	Completion Factor Adjustments <sup>1</sup>	Policy and Program Adjustments <sup>2</sup>	Completed and Adjusted Claims CY15-16	Trend Adjustment	Completed & Trended Claims CY18	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>								
DME/Supplies	\$5,733,206	\$17,905		\$5,751,111	0.997	\$5,735,745	1.000	\$30.38
FQHC / RHC	\$1,835,035	\$2,261		\$1,837,296	1.078	\$1,979,724	1.000	\$10.49
Home Health	\$3,044,784	\$15,778		\$3,060,562	1.077	\$3,296,094	1.000	\$17.46
IP - Maternity	\$4,037	(\$9)	(\$40)	\$4,013	0.982	\$3,942	1.000	\$0.02
IP - Newborn	\$0	\$0		\$0	0.982	\$0	1.000	\$0.00
IP - Other	\$69,165,215	(\$145,711)	(\$683,945)	\$68,751,519	0.982	\$67,534,288	1.000	\$357.69
IP - Psych	\$6,973,301	(\$7,131)	\$1,214,932	\$8,181,102	0.982	\$8,036,257	1.000	\$42.56
Lab	\$1,014,110	\$2,537		\$1,016,647	0.997	\$1,013,931	1.000	\$5.37
OP - Emergency Room & Related	\$13,244,155	\$68,633	\$134,025	\$13,446,813	1.077	\$14,481,640	1.000	\$76.70
OP - Other	\$27,705,294	\$143,572	\$405,619	\$28,254,485	1.077	\$30,428,867	1.000	\$161.16
Pharmacy	\$90,400,036	\$77	(\$2,630,124)	\$87,769,990	1.155	\$101,379,614	1.000	\$536.95
Prof - Anesthesia	\$786,903	\$969		\$787,872	1.078	\$848,949	1.000	\$4.50
Prof - Child EPSDT	\$123,050	\$152	(\$180)	\$123,022	1.078	\$132,559	1.000	\$0.70
Prof - Evaluation & Management	\$16,659,168	\$20,509	(\$2,958)	\$16,676,719	1.078	\$17,969,514	1.000	\$95.17
Prof - Maternity	\$3,074	\$4	(\$4)	\$3,073	1.078	\$3,312	1.000	\$0.02
Prof - Other	\$13,299,432	\$16,429	(\$19,410)	\$13,296,451	1.078	\$14,327,204	1.000	\$75.88
Prof - Psych	\$1,045,961	\$596	(\$1,525)	\$1,045,032	1.078	\$1,126,043	1.000	\$5.96
Prof - Specialist	\$6,439,264	\$7,932	(\$9,398)	\$6,437,798	1.078	\$6,936,862	1.000	\$36.74
Prof - Vision	\$781,900	\$799	(\$1,141)	\$781,558	1.078	\$842,145	1.000	\$4.46
Radiology	\$3,130,733	\$9,760		\$3,140,493	0.997	\$3,132,102	1.000	\$16.59
Transportation/Ambulance	\$2,619,016	\$6,178		\$2,625,194	0.997	\$2,618,180	1.000	\$13.87
<b>Total</b>	<b>\$264,007,674</b>	<b>\$161,240</b>	<b>(\$1,594,148)</b>	<b>\$262,990,751</b>		<b>\$281,826,973</b>	<b>1.000</b>	<b>\$1,492.66</b>
Managed Care Adjustment								\$0.00
<b>Base Rate</b>								<b>\$1,492.66</b>

<sup>1</sup> Completion Factor Adjustment is applied to non-capitated claims only

<sup>2</sup> Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$927,517	\$0	\$815	\$16,271	\$944,603	1.06	\$1,003,165	0.940	\$20.95
Case Management Services	\$637,002	\$0	\$1,053	\$0	\$638,055	1.62	\$1,032,942	0.870	\$21.57
Community Behavioral Health	\$12,004,541	\$370	\$19,847	\$0	\$12,024,759	1.62	\$19,466,796	0.870	\$406.56
Consumer Directed - Personal Care	\$48,318,020	\$54,944	\$42,528	\$43,329	\$48,458,820	1.06	\$51,463,081	0.870	\$1,074.79
Consumer Directed - Respite Care	\$8,874,513	\$0	\$7,802	(\$8,372)	\$8,873,944	1.06	\$9,424,094	0.870	\$196.82
DME/Supplies	\$1,547,732	\$838	\$22,290	\$0	\$1,570,860	1.00	\$1,570,860	0.940	\$32.81
Early Intervention Services	\$393,048	\$0	\$3,989	\$0	\$397,037	1.00	\$397,037	1.000	\$8.29
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$10,478	\$0	\$142	(\$405)	\$10,215	1.00	\$10,215	0.940	\$0.21
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$2,353,878	\$17	\$2,069	\$0	\$2,355,965	1.06	\$2,502,025	0.940	\$52.25
Outpatient - Other	\$472	\$0	\$0	\$0	\$472	1.00	\$472	0.940	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$22,404,342	\$42,551	\$19,734	\$415,404	\$22,882,032	1.06	\$24,300,630	0.940	\$507.51
Personal Care Agency - Respite Care	\$3,233,277	\$1,754	\$2,844	\$55,300	\$3,293,175	1.06	\$3,497,340	0.940	\$73.04
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$13,088	\$0	\$133	\$94	\$13,315	1.00	\$13,315	0.940	\$0.28
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.62	\$0	0.870	\$0.00
Physician - OP Mental Health	\$4,244	\$0	\$7	\$30	\$4,281	1.62	\$6,931	0.870	\$0.14
Physician - Other Practitioner	\$775,419	\$167	\$7,872	\$55,741	\$839,199	1.00	\$839,199	0.940	\$17.53
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$0	\$58	\$1	\$0	\$59	1.00	\$59	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$101,497,573</b>	<b>\$100,699</b>	<b>\$131,128</b>	<b>\$577,393</b>	<b>\$102,306,792</b>		<b>\$115,528,162</b>	<b>0.891</b>	<b>\$2,412.77</b>
Managed Care Adjustment									-10.91%
<b>Base Rate</b>									<b>\$2,149.51</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$261,639	\$56	\$230	\$4,591	\$266,515	1.06	\$283,038	0.940	\$9.94
Case Management Services	\$681,732	\$0	\$1,127	\$0	\$682,859	1.62	\$1,105,476	0.870	\$38.83
Community Behavioral Health	\$6,124,995	\$15,949	\$10,152	\$0	\$6,151,096	1.62	\$9,957,966	0.870	\$349.76
Consumer Directed - Personal Care	\$29,632,807	\$41,722	\$26,089	\$26,580	\$29,727,198	1.06	\$31,570,170	0.870	\$1,108.85
Consumer Directed - Respite Care	\$5,857,650	\$0	\$5,150	(\$5,526)	\$5,857,274	1.06	\$6,220,403	0.870	\$218.48
DME/Supplies	\$355,439	\$5	\$5,116	\$0	\$360,560	1.00	\$360,560	0.940	\$12.66
Early Intervention Services	\$296,927	\$0	\$3,014	\$0	\$299,940	1.00	\$299,940	1.000	\$10.53
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$12,128	\$0	\$165	(\$469)	\$11,824	1.00	\$11,824	0.940	\$0.42
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$1,188,120	\$0	\$1,045	\$0	\$1,189,164	1.06	\$1,262,888	0.940	\$44.36
Outpatient - Other	\$779	\$0	\$0	\$0	\$779	1.00	\$779	0.940	\$0.03
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$4,959,574	\$8,178	\$4,367	\$91,934	\$5,064,054	1.06	\$5,378,006	0.940	\$188.89
Personal Care Agency - Respite Care	\$685,693	\$548	\$603	\$11,731	\$698,576	1.06	\$741,885	0.940	\$26.06
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$30,628	\$0	\$311	\$220	\$31,159	1.00	\$31,159	0.940	\$1.09
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.62	\$0	0.870	\$0.00
Physician - OP Mental Health	\$3,627	\$0	\$6	\$26	\$3,659	1.62	\$5,924	0.870	\$0.21
Physician - Other Practitioner	\$136,134	\$0	\$1,382	\$9,784	\$147,300	1.00	\$147,300	0.940	\$5.17
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$47	\$0	\$0	\$0	\$48	1.00	\$48	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$50,227,919</b>	<b>\$66,459</b>	<b>\$58,757</b>	<b>\$138,870</b>	<b>\$50,492,005</b>		<b>\$57,377,364</b>	<b>0.881</b>	<b>\$2,015.29</b>
Managed Care Adjustment									-11.93%
<b>Base Rate</b>									<b>\$1,774.88</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$268,865	\$0	\$236.38	\$4,717	\$273,818	1.06	\$290,794	0.940	\$6.62
Case Management Services	\$400,811	\$0	\$663	\$0	\$401,474	1.62	\$649,943	0.870	\$14.80
Community Behavioral Health	\$10,709,787	\$26,545	\$17,750	\$0	\$10,754,082	1.62	\$17,409,707	0.870	\$396.49
Consumer Directed - Personal Care	\$33,425,204	\$15,209	\$29,399	\$184,913	\$33,654,726	1.06	\$35,741,190	0.870	\$813.96
Consumer Directed - Respite Care	\$6,687,362	\$0	\$5,879	\$24,680	\$6,717,922	1.06	\$7,134,407	0.870	\$162.48
DME/Supplies	\$1,320,092	\$214	\$19,005	\$0	\$1,339,311	1.00	\$1,339,311	0.940	\$30.50
Early Intervention Services	\$589,056	\$0	\$5,979	\$0	\$595,034	1.00	\$595,034	1.000	\$13.55
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$9,993	\$0	\$136	(\$387)	\$9,742	1.00	\$9,742	0.940	\$0.22
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$2,045,728	\$8,336	\$1,806	\$0	\$2,055,870	1.06	\$2,183,326	0.940	\$49.72
Outpatient - Other	\$1,048	\$0	\$0	\$0	\$1,048	1.00	\$1,048	0.940	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$53,613,022	\$18,332	\$47,151	\$992,506	\$54,671,010	1.06	\$58,060,403	0.940	\$1,322.26
Personal Care Agency - Respite Care	\$7,444,732	\$1,416	\$6,546	\$127,286	\$7,579,980	1.06	\$8,049,910	0.940	\$183.33
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$80,666	\$0	\$819	\$579	\$82,063	1.00	\$82,063	0.940	\$1.87
Physician - IP Mental Health	\$121	\$0	\$0	\$1	\$122	1.62	\$198	0.870	\$0.00
Physician - OP Mental Health	\$5,402	\$35	\$9	\$39	\$5,485	1.62	\$8,879	0.870	\$0.20
Physician - Other Practitioner	\$542,162	\$1	\$5,503	\$38,965	\$586,631	1.00	\$586,631	0.940	\$13.36
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$117,144,050</b>	<b>\$70,088</b>	<b>\$140,880</b>	<b>\$1,373,299</b>	<b>\$118,728,318</b>		<b>\$132,142,586</b>	<b>0.908</b>	<b>\$3,009.40</b>
Managed Care Adjustment									-9.20%
<b>Base Rate</b>									<b>\$2,732.49</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$95,295	\$0	\$84	\$1,672	\$97,050	1.06	\$103,067	0.940	\$5.20
Case Management Services	\$602,393	\$0	\$996	\$0	\$603,388	1.62	\$976,821	0.870	\$49.31
Community Behavioral Health	\$3,749,845	\$0	\$6,199	\$0	\$3,756,044	1.62	\$6,080,633	0.870	\$306.95
Consumer Directed - Personal Care	\$20,642,612	\$16,135	\$18,162	\$18,504	\$20,695,413	1.06	\$21,978,450	0.870	\$1,109.46
Consumer Directed - Respite Care	\$4,398,101	\$0	\$3,867	(\$4,149)	\$4,397,819	1.06	\$4,670,467	0.870	\$235.76
DME/Supplies	\$348,614	\$0	\$5,018	\$0	\$353,632	1.00	\$353,632	0.940	\$17.85
Early Intervention Services	\$186,834	\$0	\$1,896	\$0	\$188,730	1.00	\$188,730	1.000	\$9.53
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$1,125	\$0	\$1	\$0	\$1,126	1.06	\$1,196	0.940	\$0.06
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$3,844	\$0	\$52	(\$149)	\$3,748	1.00	\$3,748	0.940	\$0.19
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$805,255	\$0	\$708	\$0	\$805,962	1.06	\$855,929	0.940	\$43.21
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$2,480,242	\$8,004	\$2,188	\$46,048	\$2,536,481	1.06	\$2,693,733	0.940	\$135.98
Personal Care Agency - Respite Care	\$309,599	\$0	\$272	\$5,292	\$315,164	1.06	\$334,703	0.940	\$16.90
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$41,509	\$0	\$421	\$298	\$42,228	1.00	\$42,228	0.940	\$2.13
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.62	\$0	0.870	\$0.00
Physician - OP Mental Health	\$1,102	\$0	\$2	\$8	\$1,112	1.62	\$1,800	0.870	\$0.09
Physician - Other Practitioner	\$175,388	\$0	\$1,780	\$12,605	\$189,773	1.00	\$189,773	0.940	\$9.58
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$33,841,757</b>	<b>\$24,139</b>	<b>\$41,647</b>	<b>\$80,129</b>	<b>\$33,987,671</b>		<b>\$38,474,909</b>	<b>0.879</b>	<b>\$1,942.20</b>
Managed Care Adjustment									-12.10%
<b>Base Rate</b>									<b>\$1,707.13</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$33,048	\$0	\$29	\$580	\$33,657	1.06	\$35,744	0.940	\$4.60
Case Management Services	\$246,508	\$0	\$408	\$0	\$246,915	1.62	\$399,729	0.870	\$51.45
Community Behavioral Health	\$639,055	\$0	\$1,057	\$0	\$640,112	1.62	\$1,036,273	0.870	\$133.39
Consumer Directed - Personal Care	\$6,816,541	\$30,424	\$6,020	\$6,133	\$6,859,117	1.06	\$7,284,356	0.870	\$937.62
Consumer Directed - Respite Care	\$1,198,855	\$0	\$1,054	(\$1,131)	\$1,198,778	1.06	\$1,273,097	0.870	\$163.87
DME/Supplies	\$139,263	\$0	\$2,005	\$0	\$141,268	1.00	\$141,268	0.940	\$18.18
Early Intervention Services	\$121,524	\$0	\$1,233	\$0	\$122,757	1.00	\$122,757	1.000	\$15.80
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$241,592	\$0	\$212	\$0	\$241,804	1.06	\$256,795	0.940	\$33.05
Outpatient - Other	\$147	\$0	\$0	\$0	\$147	1.00	\$147	0.940	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$1,443,912	\$8,958	\$1,277	\$26,887	\$1,481,034	1.06	\$1,572,852	0.940	\$202.45
Personal Care Agency - Respite Care	\$204,684	\$814	\$181	\$3,513	\$209,192	1.06	\$222,161	0.940	\$28.60
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$13,184	\$0	\$134	\$95	\$13,413	1.00	\$13,413	0.940	\$1.73
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.62	\$0	0.870	\$0.00
Physician - OP Mental Health	\$241	\$0	\$0	\$2	\$243	1.62	\$394	0.870	\$0.05
Physician - Other Practitioner	\$42,483	\$0	\$431	\$3,053	\$45,968	1.00	\$45,968	0.940	\$5.92
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$11,141,036</b>	<b>\$40,196</b>	<b>\$14,040</b>	<b>\$39,131</b>	<b>\$11,234,403</b>		<b>\$12,404,952</b>	<b>0.884</b>	<b>\$1,596.72</b>
Managed Care Adjustment									-11.58%
<b>Base Rate</b>									<b>\$1,411.82</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - EDCD**

**Appendix C**  
**Exhibit 4i**

All Ages									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$127,247	\$668	\$112.46	\$2,244	\$130,271	1.06	\$138,348	0.940	\$3.32
Case Management Services	\$444,040	\$0	\$734	\$0	\$444,774	1.62	\$720,042	0.870	\$17.29
Community Behavioral Health	\$7,061,028	\$0	\$11,674	\$0	\$7,072,702	1.62	\$11,449,946	0.870	\$274.90
Consumer Directed - Personal Care	\$21,570,927	\$7,966	\$18,971	\$19,329	\$21,617,193	1.06	\$22,957,376	0.870	\$551.18
Consumer Directed - Respite Care	\$4,356,683	\$0	\$3,830	(\$4,110)	\$4,356,404	1.06	\$4,626,484	0.870	\$111.08
DME/Supplies	\$497,974	\$1,824	\$7,194	\$0	\$506,992	1.00	\$506,992	0.940	\$12.17
Early Intervention Services	\$223,349	\$0	\$2,267	\$0	\$225,616	1.00	\$225,616	1.000	\$5.42
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$28,238	\$0	\$384	(\$1,092)	\$27,530	1.00	\$27,530	0.940	\$0.66
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$1,041,320	\$33	\$916	\$0	\$1,042,269	1.06	\$1,106,885	0.940	\$26.58
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$47,817,187	\$76,177	\$42,106	\$886,319	\$48,821,788	1.06	\$51,848,552	0.940	\$1,244.83
Personal Care Agency - Respite Care	\$7,893,371	\$5,556	\$6,944	\$135,026	\$8,040,898	1.06	\$8,539,402	0.940	\$205.02
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$20,239	\$0	\$205	\$145	\$20,589	1.00	\$20,589	0.940	\$0.49
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.62	\$0	0.870	\$0.00
Physician - OP Mental Health	\$234	\$46	\$0	\$2	\$283	1.62	\$458	0.870	\$0.01
Physician - Other Practitioner	\$607,095	\$0	\$6,162	\$43,632	\$656,889	1.00	\$656,889	0.940	\$15.77
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Specialist	\$161	\$0	\$2	\$1	\$163	1.00	\$163	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$91,689,092</b>	<b>\$92,271</b>	<b>\$101,502</b>	<b>\$1,081,495</b>	<b>\$92,964,361</b>		<b>\$102,825,273</b>	<b>0.913</b>	<b>\$2,468.73</b>
Managed Care Adjustment									-8.69%
<b>Base Rate</b>									<b>\$2,254.12</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - DD Waivers**

**Appendix C**  
**Exhibit 4j**

All Ages									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Case Management Services	\$40,486	\$0	\$12	\$0	\$40,498	1.54	\$62,345	0.870	\$2.58
Community Behavioral Health	\$2,895,002	\$0	\$873	\$0	\$2,895,874	1.54	\$4,458,026	0.870	\$184.62
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.870	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.870	\$0.00
DME/Supplies	\$344,260	\$0	\$1,142	\$0	\$345,402	1.54	\$531,726	0.940	\$22.02
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.54	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Inpatient - Medical/Surgical	\$40,705	\$0	\$0	(\$1,882)	\$38,823	1.00	\$38,823	0.940	\$1.61
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.975	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Outpatient - Other	\$255	\$0	\$0	\$0	\$255	1.00	\$255	0.940	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.940	\$0.00
Physician - Clinic	\$4,098	\$0	\$58	\$30	\$4,185	1.54	\$6,443	0.940	\$0.27
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.870	\$0.00
Physician - OP Mental Health	\$18,082	\$0	\$5	\$128	\$18,216	1.54	\$28,042	0.870	\$1.16
Physician - Other Practitioner	\$72,147	\$0	\$1,020	\$519	\$73,686	1.54	\$113,435	0.940	\$4.70
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.54	\$0	0.940	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$3,415,034</b>	<b>\$0</b>	<b>\$3,110</b>	<b>(\$1,205)</b>	<b>\$3,416,939</b>		<b>\$5,239,095</b>	<b>0.879</b>	<b>\$216.97</b>
Managed Care Adjustment									-12.08%
<b>Base Rate</b>									<b>\$190.76</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age Under 1									
Statewide	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Community Behavioral Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.870	\$0.00
Consumer Directed - Personal Care	\$2,456	\$0	\$2	\$20	\$2,477	1.00	\$2,477	0.900	\$1.72
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$18,640	\$0	\$272	\$0	\$18,913	1.00	\$18,913	0.980	\$13.13
Early Intervention Services	\$195,833	\$0	\$2,558	\$0	\$198,391	1.00	\$198,391	1.000	\$137.77
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$16,822	\$0	\$220	\$121	\$17,163	1.00	\$17,163	0.980	\$11.92
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$851	\$0	\$11	\$43	\$905	1.00	\$905	0.980	\$0.63
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	(\$0)	\$0	(\$0)	(\$0)	(\$0)	1.00	(\$0)	0.980	(\$0.00)
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$234,602</b>	<b>\$0</b>	<b>\$3,063</b>	<b>\$183</b>	<b>\$237,848</b>		<b>\$237,848</b>	<b>0.996</b>	<b>\$165.17</b>
Managed Care Adjustment									-0.42%
<b>Base Rate</b>									<b>\$164.49</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$21,876	\$0	\$16	\$0	\$21,892	1.24	\$27,180	0.960	\$2.56
Community Behavioral Health	\$2,768,821	\$435	\$2,066	\$0	\$2,771,322	1.24	\$3,440,769	0.870	\$323.47
Consumer Directed - Personal Care	\$16,663	\$0	\$13	\$132	\$16,809	1.00	\$16,809	0.900	\$1.58
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$597,351	\$0	\$8,724	\$0	\$606,075	1.00	\$606,075	0.980	\$56.98
Early Intervention Services	\$612,391	\$0	\$7,998	\$0	\$620,389	1.00	\$620,389	1.000	\$58.32
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$45,284	\$0	\$36	\$843	\$46,163	1.00	\$46,163	0.980	\$4.34
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$46,685	\$0	\$610	\$336	\$47,631	1.00	\$47,631	0.980	\$4.48
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$346	\$0	\$0	\$2	\$349	1.24	\$433	0.960	\$0.04
Physician - Other Practitioner	\$80,720	\$0	\$1,054	\$4,061	\$85,835	1.00	\$85,835	0.980	\$8.07
Physician - PCP	\$8	\$0	\$0	\$0	\$8	1.00	\$8	0.980	\$0.00
Physician - Specialist	\$84	\$0	\$1	\$1	\$85	1.00	\$85	0.980	\$0.01
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$4,190,228</b>	<b>\$435</b>	<b>\$20,520</b>	<b>\$5,375</b>	<b>\$4,216,558</b>		<b>\$4,891,378</b>	<b>0.905</b>	<b>\$459.85</b>
Managed Care Adjustment									-9.52%
<b>Base Rate</b>									<b>\$416.05</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$76,728	\$0	\$57	\$0	\$76,785	1.24	\$95,333	0.960	\$15.53
Community Behavioral Health	\$896,109	\$0	\$668	\$0	\$896,777	1.24	\$1,113,405	0.870	\$181.37
Consumer Directed - Personal Care	\$10,071	\$0	\$8	\$80	\$10,159	1.00	\$10,159	0.900	\$1.65
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$62,947	\$0	\$919	\$0	\$63,866	1.00	\$63,866	0.980	\$10.40
Early Intervention Services	\$319,877	\$0	\$4,178	\$0	\$324,055	1.00	\$324,055	1.000	\$52.79
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$35,240	\$0	\$460	\$253	\$35,954	1.00	\$35,954	0.980	\$5.86
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$191	\$0	\$0	\$1	\$193	1.24	\$239	0.960	\$0.04
Physician - Other Practitioner	\$47,234	\$0	\$617	\$2,376	\$50,227	1.00	\$50,227	0.980	\$8.18
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$1,448,396</b>	<b>\$0</b>	<b>\$6,908</b>	<b>\$2,711</b>	<b>\$1,458,015</b>		<b>\$1,693,238</b>	<b>0.910</b>	<b>\$275.82</b>
Managed Care Adjustment									-9.01%
<b>Base Rate</b>									<b>\$250.96</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$4,571	\$0	\$3	\$0	\$4,574	1.24	\$5,679	0.960	\$1.04
Community Behavioral Health	\$475,444	\$515	\$355	\$0	\$476,314	1.24	\$591,373	0.870	\$108.19
Consumer Directed - Personal Care	\$10,917	\$0	\$9	\$191	\$11,116	1.00	\$11,116	0.900	\$2.03
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$151,227	\$0	\$2,209	\$0	\$153,436	1.00	\$153,436	0.980	\$28.07
Early Intervention Services	\$393,342	\$0	\$5,137	\$0	\$398,479	1.00	\$398,479	1.000	\$72.90
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$83,893	\$0	\$67	\$1,561	\$85,521	1.00	\$85,521	0.980	\$15.65
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$51,366	\$0	\$671	\$369	\$52,406	1.00	\$52,406	0.980	\$9.59
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$78	\$0	\$0	\$1	\$79	1.24	\$98	0.960	\$0.02
Physician - Other Practitioner	\$74,976	\$0	\$979	\$3,772	\$79,728	1.00	\$79,728	0.980	\$14.59
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$1,245,815</b>	<b>\$515</b>	<b>\$9,430</b>	<b>\$5,894</b>	<b>\$1,261,653</b>		<b>\$1,377,837</b>	<b>0.938</b>	<b>\$252.07</b>
Managed Care Adjustment									-6.22%
<b>Base Rate</b>									<b>\$236.41</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$129,947	\$0	\$97	\$0	\$130,044	1.24	\$161,458	0.960	\$21.42
Community Behavioral Health	\$885,483	\$0	\$661	\$0	\$886,144	1.24	\$1,100,203	0.870	\$145.93
Consumer Directed - Personal Care	\$158,438	\$0	\$126	\$1,258	\$159,823	1.00	\$159,823	0.900	\$21.20
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$70,340	\$0	\$1,027	\$0	\$71,367	1.00	\$71,367	0.980	\$9.47
Early Intervention Services	\$472,736	\$0	\$6,174	\$0	\$478,911	1.00	\$478,911	1.000	\$63.52
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$1,238	\$0	\$1	\$0	\$1,238	1.00	\$1,238	0.980	\$0.16
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$92,192	\$0	\$1,204	\$663	\$94,059	1.00	\$94,059	0.980	\$12.48
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$347	\$0	\$0	\$2	\$350	1.24	\$435	0.960	\$0.06
Physician - Other Practitioner	\$26,462	\$0	\$346	\$1,331	\$28,138	1.00	\$28,138	0.980	\$3.73
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$1,837,184</b>	<b>\$0</b>	<b>\$9,636</b>	<b>\$3,255</b>	<b>\$1,850,075</b>		<b>\$2,095,632</b>	<b>0.919</b>	<b>\$277.97</b>
Managed Care Adjustment									-8.08%
<b>Base Rate</b>									<b>\$255.50</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$60,076	\$0	\$45	\$0	\$60,121	1.24	\$74,644	0.960	\$23.79
Community Behavioral Health	\$377,745	\$0	\$282	\$0	\$378,027	1.24	\$469,344	0.870	\$149.62
Consumer Directed - Personal Care	\$135,569	\$0	\$108	\$1,077	\$136,754	1.00	\$136,754	0.900	\$43.59
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$35,663	\$0	\$521	\$0	\$36,183	1.00	\$36,183	0.980	\$11.53
Early Intervention Services	\$428,374	\$0	\$5,595	\$0	\$433,969	1.00	\$433,969	1.000	\$138.34
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$188	\$0	\$0	\$0	\$188	1.00	\$188	0.980	\$0.06
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$30,187	\$0	\$394	\$217	\$30,798	1.00	\$30,798	0.980	\$9.82
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$76	\$0	\$0	\$1	\$77	1.24	\$95	0.960	\$0.03
Physician - Other Practitioner	\$18,186	\$0	\$238	\$915	\$19,339	1.00	\$19,339	0.980	\$6.16
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$1,086,063</b>	<b>\$0</b>	<b>\$7,182</b>	<b>\$2,209</b>	<b>\$1,095,455</b>		<b>\$1,201,313</b>	<b>0.934</b>	<b>\$382.95</b>
Managed Care Adjustment									-6.61%
<b>Base Rate</b>									<b>\$357.64</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 1-5									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$17,305	\$0	\$13	\$0	\$17,317	1.24	\$21,501	0.960	\$2.18
Community Behavioral Health	\$1,050,708	\$0	\$784	\$0	\$1,051,491	1.24	\$1,305,492	0.870	\$132.55
Consumer Directed - Personal Care	\$137,380	\$0	\$110	\$1,091	\$138,581	1.00	\$138,581	0.900	\$14.07
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$164,733	\$0	\$2,406	\$0	\$167,139	1.00	\$167,139	0.980	\$16.97
Early Intervention Services	\$576,556	\$0	\$7,530	\$0	\$584,087	1.00	\$584,087	1.000	\$59.30
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$231,906	\$0	\$185	\$4,316	\$236,407	1.00	\$236,407	0.980	\$24.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$37,246	\$0	\$486	\$268	\$38,001	1.00	\$38,001	0.980	\$3.86
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$114	\$0	\$0	\$1	\$115	1.24	\$143	0.960	\$0.01
Physician - Other Practitioner	\$138,614	\$0	\$1,810	\$6,974	\$147,398	1.00	\$147,398	0.980	\$14.97
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$2,354,562</b>	<b>\$0</b>	<b>\$13,324</b>	<b>\$12,649</b>	<b>\$2,380,535</b>		<b>\$2,638,747</b>	<b>0.926</b>	<b>\$267.92</b>
Managed Care Adjustment									-7.44%
<b>Base Rate</b>									<b>\$248.00</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,165,348	\$0	\$1,615	\$0	\$2,166,963	1.24	\$2,690,420	0.960	\$22.27
Community Behavioral Health	\$32,967,953	\$0	\$24,593	\$0	\$32,992,546	1.24	\$40,962,305	0.870	\$339.00
Consumer Directed - Personal Care	\$77,465	\$0	\$62	\$615	\$78,142	1.00	\$78,142	0.900	\$0.65
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$739,994	\$0	\$10,808	\$0	\$750,802	1.00	\$750,802	0.980	\$6.21
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$12,080	\$0	\$252	(\$492)	\$11,840	1.00	\$11,840	0.980	\$0.10
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$261	\$0	\$0	\$0	\$261	1.00	\$261	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$161	\$0	\$0	\$0	\$161	1.00	\$161	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$44,045	\$0	\$35	\$820	\$44,900	1.00	\$44,900	0.980	\$0.37
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$1,039	\$0	\$14	\$7	\$1,060	1.00	\$1,060	0.980	\$0.01
Physician - IP Mental Health	\$286	\$0	\$0	\$2	\$289	1.24	\$358	0.960	\$0.00
Physician - OP Mental Health	\$9,418	\$40	\$7	\$67	\$9,532	1.24	\$11,835	0.960	\$0.10
Physician - Other Practitioner	\$177,679	\$0	\$2,321	\$8,939	\$188,939	1.00	\$188,939	0.980	\$1.56
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$166	\$0	\$2	\$1	\$170	1.00	\$170	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$36,195,896</b>	<b>\$40</b>	<b>\$39,708</b>	<b>\$9,960</b>	<b>\$36,245,604</b>		<b>\$44,741,193</b>	<b>0.878</b>	<b>\$370.27</b>
Managed Care Adjustment									-12.21%
<b>Base Rate</b>									<b>\$325.08</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,637,794	\$0	\$1,968	\$0	\$2,639,761	1.24	\$3,277,428	0.960	\$59.53
Community Behavioral Health	\$12,681,345	\$0	\$9,460	\$0	\$12,690,805	1.24	\$15,756,427	0.870	\$286.19
Consumer Directed - Personal Care	\$159,798	\$0	\$127	\$1,269	\$161,195	1.00	\$161,195	0.900	\$2.93
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$187,249	\$0	\$2,735	\$0	\$189,984	1.00	\$189,984	0.980	\$3.45
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$2,375	\$0	\$50	(\$97)	\$2,328	1.00	\$2,328	0.980	\$0.04
Inpatient - Psych	\$540	\$0	\$11	\$0	\$551	1.00	\$551	0.980	\$0.01
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$20,859	\$68	\$16	\$149	\$21,091	1.24	\$26,186	0.960	\$0.48
Physician - Other Practitioner	\$90,421	\$0	\$1,181	\$4,549	\$96,151	1.00	\$96,151	0.980	\$1.75
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$15,780,382</b>	<b>\$68</b>	<b>\$15,547</b>	<b>\$5,870</b>	<b>\$15,801,867</b>		<b>\$19,510,250</b>	<b>0.887</b>	<b>\$354.38</b>
Managed Care Adjustment									-11.29%
<b>Base Rate</b>									<b>\$314.37</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$509,993	\$0	\$380	\$0	\$510,373	1.24	\$633,660	0.960	\$16.50
Community Behavioral Health	\$6,452,853	\$0	\$4,814	\$0	\$6,457,666	1.24	\$8,017,596	0.870	\$208.81
Consumer Directed - Personal Care	\$4,464	\$0	\$4	\$78	\$4,546	1.00	\$4,546	0.900	\$0.12
Consumer Directed - Respite Care	\$2,634	\$0	\$2	\$52	\$2,688	1.00	\$2,688	0.900	\$0.07
DME/Supplies	\$247,929	\$0	\$3,621	\$0	\$251,550	1.00	\$251,550	0.980	\$6.55
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$53,800	\$0	\$1,122	(\$2,192)	\$52,730	1.00	\$52,730	0.980	\$1.37
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$1,080,938	\$0	\$862	\$20,117	\$1,101,917	1.00	\$1,101,917	0.980	\$28.70
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$123	\$0	\$0	\$1	\$124	1.24	\$154	0.960	\$0.00
Physician - OP Mental Health	\$8,210	\$0	\$6	\$58	\$8,274	1.24	\$10,273	0.960	\$0.27
Physician - Other Practitioner	\$195,651	\$0	\$2,555	\$9,843	\$208,050	1.00	\$208,050	0.980	\$5.42
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$8,556,595</b>	<b>\$0</b>	<b>\$13,367</b>	<b>\$27,957</b>	<b>\$8,597,918</b>		<b>\$10,283,163</b>	<b>0.893</b>	<b>\$267.82</b>
Managed Care Adjustment									-10.71%
<b>Base Rate</b>									<b>\$239.14</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,314,232	\$0	\$1,726	\$0	\$2,315,958	1.24	\$2,875,407	0.960	\$59.95
Community Behavioral Health	\$9,800,642	\$0	\$7,311	\$0	\$9,807,953	1.24	\$12,177,185	0.870	\$253.90
Consumer Directed - Personal Care	\$278,933	\$0	\$223	\$2,215	\$281,371	1.00	\$281,371	0.900	\$5.87
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$192,142	\$0	\$2,806	\$0	\$194,948	1.00	\$194,948	0.980	\$4.06
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$4,372	\$0	\$91	(\$178)	\$4,286	1.00	\$4,286	0.980	\$0.09
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$46,798	\$0	\$37	\$871	\$47,706	1.00	\$47,706	0.980	\$0.99
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$2,219	\$87	\$2	\$16	\$2,325	1.24	\$2,886	0.960	\$0.06
Physician - Other Practitioner	\$191,574	\$0	\$2,502	\$9,638	\$203,715	1.00	\$203,715	0.980	\$4.25
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$376	\$0	\$5	\$3	\$384	1.00	\$384	0.980	\$0.01
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$12,831,289</b>	<b>\$87</b>	<b>\$14,703</b>	<b>\$12,565</b>	<b>\$12,858,645</b>		<b>\$15,787,888</b>	<b>0.890</b>	<b>\$329.18</b>
Managed Care Adjustment									-10.99%
<b>Base Rate</b>									<b>\$293.00</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,586,464	\$0	\$1,183	\$0	\$1,587,647	1.24	\$1,971,163	0.960	\$80.10
Community Behavioral Health	\$6,479,498	\$0	\$4,833	\$0	\$6,484,331	1.24	\$8,050,702	0.870	\$327.16
Consumer Directed - Personal Care	\$285,517	\$0	\$228	\$2,267	\$288,012	1.00	\$288,012	0.900	\$11.70
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$99,689	\$0	\$1,456	\$0	\$101,145	1.00	\$101,145	0.980	\$4.11
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$56,138	\$0	\$45	\$1,045	\$57,227	1.00	\$57,227	0.980	\$2.33
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$3,742	\$0	\$3	\$27	\$3,771	1.24	\$4,682	0.960	\$0.19
Physician - Other Practitioner	\$93,092	\$0	\$1,216	\$4,683	\$98,991	1.00	\$98,991	0.980	\$4.02
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$8,604,138</b>	<b>\$0</b>	<b>\$8,964</b>	<b>\$8,022</b>	<b>\$8,621,124</b>		<b>\$10,571,922</b>	<b>0.890</b>	<b>\$429.61</b>
Managed Care Adjustment									-10.97%
<b>Base Rate</b>									<b>\$382.49</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 6-20									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,942,022	\$0	\$1,449	\$0	\$1,943,471	1.24	\$2,412,940	0.960	\$23.77
Community Behavioral Health	\$24,068,988	\$0	\$17,955	\$0	\$24,086,942	1.24	\$29,905,443	0.870	\$294.66
Consumer Directed - Personal Care	\$356,073	\$0	\$284	\$2,828	\$359,184	1.00	\$359,184	0.900	\$3.54
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$371,562	\$0	\$5,427	\$0	\$376,988	1.00	\$376,988	0.980	\$3.71
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$17,200	\$0	\$359	(\$701)	\$16,858	1.00	\$16,858	0.980	\$0.17
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$758,624	\$0	\$605	\$14,118	\$773,347	1.00	\$773,347	0.980	\$7.62
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$436	\$0	\$6	\$3	\$445	1.00	\$445	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$2,414	\$493	\$2	\$21	\$2,930	1.24	\$3,638	0.960	\$0.04
Physician - Other Practitioner	\$405,574	\$0	\$5,297	\$20,405	\$431,276	1.00	\$431,276	0.980	\$4.25
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$375	\$30	\$5	\$3	\$413	1.00	\$413	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$27,923,268</b>	<b>\$523</b>	<b>\$31,388</b>	<b>\$36,676</b>	<b>\$27,991,856</b>		<b>\$34,280,533</b>	<b>0.882</b>	<b>\$337.77</b>
Managed Care Adjustment									-11.82%
<b>Base Rate</b>									<b>\$297.84</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,875,416	\$0	\$1,399	\$0	\$1,876,815	1.24	\$2,330,183	0.960	\$32.60
Community Behavioral Health	\$26,597,624	\$0	\$19,841	\$0	\$26,617,465	1.24	\$33,047,245	0.870	\$462.28
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$110,326	\$0	\$2,301	(\$4,496)	\$108,131	1.00	\$108,131	0.980	\$1.51
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$3,775	\$0	\$0	\$0	\$3,775	1.00	\$3,775	0.980	\$0.05
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$1,327	\$0	\$17	\$10	\$1,354	1.00	\$1,354	0.980	\$0.02
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$195	\$103	\$0	\$2	\$300	1.24	\$372	0.960	\$0.01
Physician - Other Practitioner	\$4,037	\$0	\$53	\$203	\$4,293	1.00	\$4,293	0.980	\$0.06
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$163	\$0	\$2	\$1	\$166	1.00	\$166	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$28,592,863</b>	<b>\$103</b>	<b>\$23,613</b>	<b>(\$4,280)</b>	<b>\$28,612,298</b>		<b>\$35,495,518</b>	<b>0.876</b>	<b>\$496.52</b>
Managed Care Adjustment									-12.37%
<b>Base Rate</b>									<b>\$435.09</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,250,495	\$0	\$933	\$0	\$1,251,428	1.24	\$1,553,726	0.960	\$43.06
Community Behavioral Health	\$6,947,557	\$0	\$5,183	\$0	\$6,952,740	1.24	\$8,632,261	0.870	\$239.26
Consumer Directed - Personal Care	\$2,931	\$0	\$2	\$23	\$2,957	1.00	\$2,957	0.900	\$0.08
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$214	\$0	\$3	\$0	\$217	1.00	\$217	0.980	\$0.01
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$33,478	\$0	\$698	(\$1,364)	\$32,812	1.00	\$32,812	0.980	\$0.91
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$2,791	\$0	\$36	\$20	\$2,848	1.00	\$2,848	0.980	\$0.08
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$49	\$0	\$0	\$0	\$49	1.24	\$61	0.960	\$0.00
Physician - Other Practitioner	\$1,504	\$0	\$20	\$76	\$1,600	1.00	\$1,600	0.980	\$0.04
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$453	\$0	\$6	\$3	\$462	1.00	\$462	0.980	\$0.01
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$8,239,473</b>	<b>\$0</b>	<b>\$6,881</b>	<b>(\$1,242)</b>	<b>\$8,245,113</b>		<b>\$10,226,943</b>	<b>0.884</b>	<b>\$283.46</b>
Managed Care Adjustment									-11.59%
<b>Base Rate</b>									<b>\$250.60</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$718,169	\$0	\$536	\$0	\$718,705	1.24	\$892,317	0.960	\$36.54
Community Behavioral Health	\$2,442,818	\$0	\$1,822	\$0	\$2,444,640	1.24	\$3,035,174	0.870	\$124.28
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$67,311	\$0	\$1,404	(\$2,743)	\$65,972	1.00	\$65,972	0.980	\$2.70
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$602	\$0	\$0	\$0	\$602	1.00	\$602	0.980	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$1,255	\$0	\$16	\$9	\$1,281	1.00	\$1,281	0.980	\$0.05
Physician - IP Mental Health	\$123	\$0	\$0	\$1	\$124	1.24	\$154	0.960	\$0.01
Physician - OP Mental Health	\$344	\$0	\$0	\$2	\$346	1.24	\$430	0.960	\$0.02
Physician - Other Practitioner	\$3,144	\$0	\$41	\$158	\$3,343	1.00	\$3,343	0.980	\$0.14
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$3,233,766</b>	<b>\$0</b>	<b>\$3,819</b>	<b>(\$2,572)</b>	<b>\$3,235,013</b>		<b>\$3,999,272</b>	<b>0.892</b>	<b>\$163.76</b>
Managed Care Adjustment									-10.79%
<b>Base Rate</b>									<b>\$146.08</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,159,402	\$0	\$865	\$0	\$1,160,266	1.24	\$1,440,543	0.960	\$41.76
Community Behavioral Health	\$9,377,902	\$0	\$6,996	\$0	\$9,384,898	1.24	\$11,651,937	0.870	\$337.75
Consumer Directed - Personal Care	\$70	\$0	\$0	\$1	\$70	1.00	\$70	0.900	\$0.00
Consumer Directed - Respite Care	\$40	\$0	\$0	\$0	\$40	1.00	\$40	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$18,249	\$0	\$381	(\$744)	\$17,886	1.00	\$17,886	0.980	\$0.52
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$1,918	\$0	\$25	\$97	\$2,040	1.00	\$2,040	0.980	\$0.06
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$10,557,581</b>	<b>\$0</b>	<b>\$8,266</b>	<b>(\$646)</b>	<b>\$10,565,201</b>		<b>\$13,112,517</b>	<b>0.880</b>	<b>\$380.08</b>
Managed Care Adjustment									-11.99%
<b>Base Rate</b>									<b>\$334.49</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,146,342	\$0	\$855	\$0	\$1,147,197	1.24	\$1,424,316	0.960	\$42.00
Community Behavioral Health	\$1,724,948	\$0	\$1,287	\$0	\$1,726,235	1.24	\$2,143,228	0.870	\$63.20
Consumer Directed - Personal Care	\$6,409	\$0	\$5	\$51	\$6,465	1.00	\$6,465	0.900	\$0.19
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$199	\$0	\$3	\$0	\$202	1.00	\$202	0.980	\$0.01
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$126	\$0	\$0	\$0	\$126	1.00	\$126	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$11,043	\$0	\$230	(\$450)	\$10,823	1.00	\$10,823	0.980	\$0.32
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$320	\$0	\$0	\$0	\$320	1.00	\$320	0.980	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$225	\$0	\$3	\$2	\$229	1.00	\$229	0.980	\$0.01
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$38	\$0	\$0	\$0	\$38	1.24	\$48	0.960	\$0.00
Physician - Other Practitioner	\$620	\$0	\$8	\$31	\$660	1.00	\$660	0.980	\$0.02
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$2,890,268</b>	<b>\$0</b>	<b>\$2,391</b>	<b>(\$366)</b>	<b>\$2,892,294</b>		<b>\$3,586,416</b>	<b>0.906</b>	<b>\$105.75</b>
Managed Care Adjustment									-9.38%
<b>Base Rate</b>									<b>\$95.83</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Female									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$903,099	\$0	\$674	\$0	\$903,773	1.24	\$1,122,090	0.960	\$18.74
Community Behavioral Health	\$16,280,408	\$0	\$12,145	\$0	\$16,292,553	1.24	\$20,228,221	0.870	\$337.82
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$99	\$0	\$1	\$0	\$100	1.00	\$100	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$202,618	\$0	\$4,225	(\$8,256)	\$198,587	1.00	\$198,587	0.980	\$3.32
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$3,671	\$0	\$48	\$26	\$3,746	1.00	\$3,746	0.980	\$0.06
Physician - IP Mental Health	\$244	\$0	\$0	\$2	\$246	1.24	\$305	0.960	\$0.01
Physician - OP Mental Health	\$240	\$55	\$0	\$2	\$298	1.24	\$369	0.960	\$0.01
Physician - Other Practitioner	\$5,775	\$0	\$75	\$291	\$6,141	1.00	\$6,141	0.980	\$0.10
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$589	\$0	\$8	\$4	\$601	1.00	\$601	0.980	\$0.01
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$17,396,744</b>	<b>\$55</b>	<b>\$17,176</b>	<b>(\$7,931)</b>	<b>\$17,406,044</b>		<b>\$21,560,161</b>	<b>0.876</b>	<b>\$360.06</b>
Managed Care Adjustment									-12.42%
<b>Base Rate</b>									<b>\$315.33</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,405,326	\$0	\$1,794	\$0	\$2,407,120	1.24	\$2,988,589	0.960	\$42.54
Community Behavioral Health	\$16,757,448	\$0	\$12,500	\$0	\$16,769,949	1.24	\$20,820,938	0.870	\$296.38
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$995	\$0	\$15	\$0	\$1,009	1.00	\$1,009	0.980	\$0.01
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$112,730	\$0	\$2,351	(\$4,594)	\$110,488	1.00	\$110,488	0.980	\$1.57
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$295	\$0	\$0	\$5	\$301	1.00	\$301	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$1,254	\$0	\$1	\$9	\$1,264	1.24	\$1,569	0.960	\$0.02
Physician - Other Practitioner	\$4,782	\$0	\$62	\$241	\$5,085	1.00	\$5,085	0.980	\$0.07
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$53	\$0	\$1	\$0	\$54	1.00	\$54	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$19,282,884</b>	<b>\$0</b>	<b>\$16,724</b>	<b>(\$4,338)</b>	<b>\$19,295,270</b>		<b>\$23,928,034</b>	<b>0.882</b>	<b>\$340.60</b>
Managed Care Adjustment									-11.82%
<b>Base Rate</b>									<b>\$300.34</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,215,233	\$0	\$907	\$0	\$1,216,140	1.24	\$1,509,913	0.960	\$46.25
Community Behavioral Health	\$4,810,435	\$0	\$3,588	\$0	\$4,814,023	1.24	\$5,976,910	0.870	\$183.06
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$75,932	\$0	\$1,583	(\$3,094)	\$74,421	1.00	\$74,421	0.980	\$2.28
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$121	\$0	\$0	\$1	\$122	1.24	\$151	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$1,658	\$0	\$22	\$83	\$1,763	1.00	\$1,763	0.980	\$0.05
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$6,103,378</b>	<b>\$0</b>	<b>\$6,100</b>	<b>(\$3,010)</b>	<b>\$6,106,469</b>		<b>\$7,563,159</b>	<b>0.889</b>	<b>\$231.64</b>
Managed Care Adjustment									-11.09%
<b>Base Rate</b>									<b>\$205.95</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,039,903	\$0	\$776	\$0	\$1,040,678	1.24	\$1,292,067	0.960	\$43.43
Community Behavioral Health	\$2,427,570	\$0	\$1,811	\$0	\$2,429,381	1.24	\$3,016,228	0.870	\$101.38
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$112,484	\$0	\$2,346	(\$4,584)	\$110,246	1.00	\$110,246	0.980	\$3.71
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$422	\$0	\$0	\$0	\$422	1.00	\$422	0.980	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$235	\$0	\$0	\$2	\$236	1.24	\$294	0.960	\$0.01
Physician - OP Mental Health	\$1,124	\$0	\$1	\$8	\$1,133	1.24	\$1,407	0.960	\$0.05
Physician - Other Practitioner	\$8,730	\$0	\$114	\$439	\$9,284	1.00	\$9,284	0.980	\$0.31
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$3,590,467</b>	<b>\$0</b>	<b>\$5,047</b>	<b>(\$4,135)</b>	<b>\$3,591,380</b>		<b>\$4,429,947</b>	<b>0.899</b>	<b>\$148.89</b>
Managed Care Adjustment									-10.07%
<b>Base Rate</b>									<b>\$133.89</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$910,609	\$0	\$679	\$0	\$911,288	1.24	\$1,131,421	0.960	\$38.81
Community Behavioral Health	\$6,062,066	\$0	\$4,522	\$0	\$6,066,588	1.24	\$7,532,047	0.870	\$258.34
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$136	\$0	\$2	\$0	\$138	1.00	\$138	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$48,435	\$0	\$1,010	(\$1,974)	\$47,472	1.00	\$47,472	0.980	\$1.63
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$250	\$0	\$0	\$0	\$250	1.00	\$250	0.980	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$469	\$0	\$6	\$24	\$499	1.00	\$499	0.980	\$0.02
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$7,021,964</b>	<b>\$0</b>	<b>\$6,219</b>	<b>(\$1,950)</b>	<b>\$7,026,234</b>		<b>\$8,711,826</b>	<b>0.882</b>	<b>\$298.81</b>
Managed Care Adjustment									-11.77%
<b>Base Rate</b>									<b>\$263.64</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$809,720	\$0	\$604	\$0	\$810,324	1.24	\$1,006,068	0.960	\$39.98
Community Behavioral Health	\$1,230,796	\$0	\$918	\$0	\$1,231,714	1.24	\$1,529,250	0.870	\$60.76
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$8,767	\$0	\$183	(\$357)	\$8,593	1.00	\$8,593	0.980	\$0.34
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$358	\$0	\$5	\$18	\$380	1.00	\$380	0.980	\$0.02
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$2,049,641</b>	<b>\$0</b>	<b>\$1,710</b>	<b>(\$339)</b>	<b>\$2,051,011</b>		<b>\$2,544,291</b>	<b>0.906</b>	<b>\$101.10</b>
Managed Care Adjustment									-9.40%
<b>Base Rate</b>									<b>\$91.59</b>

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



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 21-44 Male									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$1,584,831	\$0	\$1,182	\$0	\$1,586,013	1.24	\$1,969,134	0.960	\$33.61
Community Behavioral Health	\$14,401,972	\$0	\$10,743	\$0	\$14,412,715	1.24	\$17,894,285	0.870	\$305.46
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$353,486	\$0	\$7,371	(\$14,404)	\$346,453	1.00	\$346,453	0.980	\$5.91
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$284	\$0	\$0	\$0	\$284	1.00	\$284	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$489	\$0	\$0	\$3	\$493	1.24	\$612	0.960	\$0.01
Physician - OP Mental Health	\$521	\$0	\$0	\$4	\$525	1.24	\$652	0.960	\$0.01
Physician - Other Practitioner	\$13,719	\$0	\$179	\$690	\$14,588	1.00	\$14,588	0.980	\$0.25
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$16,355,302</b>	<b>\$0</b>	<b>\$19,477</b>	<b>(\$13,707)</b>	<b>\$16,361,072</b>		<b>\$20,226,009</b>	<b>0.881</b>	<b>\$345.26</b>
Managed Care Adjustment									-11.93%
<b>Base Rate</b>									<b>\$304.08</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Central Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$5,787,539	\$0	\$4,317	\$0	\$5,791,856	1.24	\$7,190,951	0.960	\$35.24
Community Behavioral Health	\$54,119,285	\$0	\$40,371	\$0	\$54,159,655	1.24	\$67,242,593	0.870	\$329.51
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$341	\$0	\$5	\$0	\$346	1.00	\$346	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$241	\$0	\$0	\$0	\$241	1.00	\$241	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$121,877	\$0	\$2,541	(\$4,966)	\$119,452	1.00	\$119,452	0.980	\$0.59
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$8,743	\$0	\$0	\$0	\$8,743	1.00	\$8,743	0.980	\$0.04
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$475	\$0	\$0	\$3	\$479	1.24	\$595	0.960	\$0.00
Physician - Other Practitioner	\$22,486	\$0	\$294	\$1,131	\$23,911	1.00	\$23,911	0.980	\$0.12
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$189	\$0	\$2	\$1	\$193	1.00	\$193	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$60,061,176</b>	<b>\$0</b>	<b>\$47,531</b>	<b>(\$3,830)</b>	<b>\$60,104,877</b>		<b>\$74,587,026</b>	<b>0.879</b>	<b>\$365.50</b>
Managed Care Adjustment									-12.11%
<b>Base Rate</b>									<b>\$321.24</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Charlottesville Western Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,961,029	\$0	\$2,209	\$0	\$2,963,237	1.24	\$3,679,044	0.960	\$31.75
Community Behavioral Health	\$12,639,094	\$0	\$9,428	\$0	\$12,648,522	1.24	\$15,703,930	0.870	\$135.50
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$105,850	\$0	\$2,207	(\$4,313)	\$103,744	1.00	\$103,744	0.980	\$0.90
Inpatient - Psych	\$14,084	\$0	\$294	\$0	\$14,378	1.00	\$14,378	0.980	\$0.12
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$1,730	\$0	\$0	\$0	\$1,730	1.00	\$1,730	0.980	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$194	\$0	\$0	\$1	\$195	1.24	\$242	0.960	\$0.00
Physician - Other Practitioner	\$8,021	\$0	\$105	\$404	\$8,530	1.00	\$8,530	0.980	\$0.07
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$125	\$0	\$2	\$1	\$128	1.00	\$128	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$15,730,126</b>	<b>\$0</b>	<b>\$14,245</b>	<b>(\$3,907)</b>	<b>\$15,740,463</b>		<b>\$19,511,725</b>	<b>0.888</b>	<b>\$168.36</b>
Managed Care Adjustment									-11.23%
<b>Base Rate</b>									<b>\$149.45</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Northern & Winchester Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,945,879	\$0	\$2,198	\$0	\$2,948,076	1.24	\$3,660,221	0.960	\$28.74
Community Behavioral Health	\$6,807,577	\$0	\$5,078	\$0	\$6,812,655	1.24	\$8,458,336	0.870	\$66.41
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$264	\$0	\$4	\$0	\$268	1.00	\$268	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$85,270	\$0	\$1,778	(\$3,475)	\$83,574	1.00	\$83,574	0.980	\$0.66
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$2,735	\$0	\$0	\$0	\$2,735	1.00	\$2,735	0.980	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$184	\$0	\$0	\$3	\$187	1.00	\$187	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$544	\$0	\$0	\$4	\$548	1.24	\$680	0.960	\$0.01
Physician - OP Mental Health	\$372	\$8	\$0	\$3	\$383	1.24	\$476	0.960	\$0.00
Physician - Other Practitioner	\$7,651	\$0	\$100	\$385	\$8,135	1.00	\$8,135	0.980	\$0.06
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$9,850,476</b>	<b>\$8</b>	<b>\$9,158</b>	<b>(\$3,080)</b>	<b>\$9,856,563</b>		<b>\$12,214,614</b>	<b>0.898</b>	<b>\$95.90</b>
Managed Care Adjustment									-10.22%
<b>Base Rate</b>									<b>\$86.10</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Roanoke/Alleghany Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$2,889,525	\$0	\$2,155	\$0	\$2,891,680	1.24	\$3,590,202	0.960	\$34.47
Community Behavioral Health	\$19,467,519	\$0	\$14,522	\$0	\$19,482,041	1.24	\$24,188,170	0.870	\$232.21
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$386	\$0	\$6	\$0	\$391	1.00	\$391	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$48,256	\$0	\$1,006	(\$1,966)	\$47,296	1.00	\$47,296	0.980	\$0.45
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - Other Practitioner	\$6,128	\$0	\$80	\$308	\$6,516	1.00	\$6,516	0.980	\$0.06
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$22,411,813</b>	<b>\$0</b>	<b>\$17,769</b>	<b>(\$1,658)</b>	<b>\$22,427,924</b>		<b>\$27,832,574</b>	<b>0.882</b>	<b>\$267.20</b>
Managed Care Adjustment									-11.82%
<b>Base Rate</b>									<b>\$235.62</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Southwest Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$3,849,109	\$0	\$2,871	\$0	\$3,851,980	1.24	\$4,782,473	0.960	\$36.35
Community Behavioral Health	\$5,158,683	\$0	\$3,848	\$0	\$5,162,531	1.24	\$6,409,604	0.870	\$48.72
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$313	\$0	\$5	\$0	\$318	1.00	\$318	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$14,295	\$0	\$298	(\$582)	\$14,010	1.00	\$14,010	0.980	\$0.11
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$1,616	\$0	\$0	\$0	\$1,616	1.00	\$1,616	0.980	\$0.01
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$177	\$0	\$0	\$1	\$178	1.24	\$221	0.960	\$0.00
Physician - Other Practitioner	\$3,343	\$0	\$44	\$168	\$3,555	1.00	\$3,555	0.980	\$0.03
Physician - PCP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Specialist	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$9,027,536</b>	<b>\$0</b>	<b>\$7,066</b>	<b>(\$413)</b>	<b>\$9,034,189</b>		<b>\$11,211,799</b>	<b>0.909</b>	<b>\$85.22</b>
Managed Care Adjustment									-9.14%
<b>Base Rate</b>									<b>\$77.43</b>

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

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**MCO Enrolled - NonDual - Community no LTSS**

**Appendix C**  
**Exhibit 4k**

Age 45 and Over									
Tidewater Region	Medicaid Payments CY15-16	Patient Payments CY15-16	Completion Factor Adjustment	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	Managed Care Adjustment	PMPM CY18
<b>Service Type</b>									
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Case Management Services	\$3,345,972	\$0	\$2,496	\$0	\$3,348,468	1.24	\$4,157,332	0.960	\$22.02
Community Behavioral Health	\$33,103,047	\$0	\$24,694	\$0	\$33,127,741	1.24	\$41,130,158	0.870	\$217.84
Consumer Directed - Personal Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
Consumer Directed - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.900	\$0.00
DME/Supplies	\$338	\$0	\$5	\$0	\$343	1.00	\$343	0.980	\$0.00
Early Intervention Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Hospice Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Inpatient - Medical/Surgical	\$361,445	\$0	\$7,537	(\$14,728)	\$354,254	1.00	\$354,254	0.980	\$1.88
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Lab and X-ray Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - IP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - OP	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Other	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Medicare Xover - Physician	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.00	\$0	1.000	\$0.00
Other Waiver Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Outpatient - Other	\$625	\$0	\$0	\$0	\$625	1.00	\$625	0.980	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Personal Care Agency - Personal Care	\$326	\$0	\$0	\$6	\$333	1.00	\$333	0.980	\$0.00
Personal Care Agency - Respite Care	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Pharmacy	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.00	\$0	0.980	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.24	\$0	0.960	\$0.00
Physician - OP Mental Health	\$1,177	\$0	\$1	\$8	\$1,187	1.24	\$1,473	0.960	\$0.01
Physician - Other Practitioner	\$15,726	\$0	\$205	\$791	\$16,722	1.00	\$16,722	0.980	\$0.09
Physician - PCP	\$72	\$0	\$1	\$1	\$73	1.00	\$73	0.980	\$0.00
Physician - Specialist	\$415	\$0	\$5	\$3	\$424	1.00	\$424	0.980	\$0.00
Transportation - Emergency	\$179	\$0	\$3	\$0	\$182	1.00	\$182	0.980	\$0.00
Transportation - Non-Emergency						1.00	\$0	1.000	\$0.00
<b>Total</b>	<b>\$36,829,323</b>	<b>\$0</b>	<b>\$34,947</b>	<b>(\$13,919)</b>	<b>\$36,850,351</b>		<b>\$45,661,919</b>	<b>0.879</b>	<b>\$241.84</b>
Managed Care Adjustment									-12.09%
<b>Base Rate</b>									<b>\$212.60</b>

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

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Not MCO Enrolled Base Rates Summary - Before Administrative Cost Adjustment**

**Appendix D  
Exhibit 5a**

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke / Alleghany	Southwest	Tidewater	
Nursing Home	Dual	All Ages	\$5,289.05	\$5,186.40	\$6,159.42	\$5,071.75	\$4,610.60	\$5,332.03	\$5,316.22
	NonDual	All Ages	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94
EDCD	Dual and other TPLs	All Ages	\$2,352.13	\$2,045.64	\$3,233.82	\$2,005.50	\$1,605.92	\$2,510.69	\$2,496.10
DD Waivers	Dual	All Ages	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05
	NonDual	All Ages	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73
Technology Assisted Waiver	Dual and NonDual	All Ages	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$555.56	\$387.75	\$351.36	\$529.33	\$212.60	\$442.54	\$434.51
		Age 65 and Over	\$327.18	\$282.81	\$164.25	\$431.45	\$194.49	\$277.47	\$259.28

Note:  
Average is weighted enrollment eligibility distribution as of June 2017



**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**CCC Enrollee Relative Cost Factor**

**Appendix D**  
**Exhibit 5b**

	Dual Nursing Home	Dual and other TPLs EDCD	Dual and other TPLs Community No LTSS	Source
1a. CCC Enrollment Relative Cost Factor* - before CCC Plus eligibility weighting	100%	90%	87%	CY15-16 FFS Data
1b. CCC Enrollment Relative Cost Factor** - after CCC Plus eligible weighting	100%	99%	96%	CY15-16 FFS Data

Note:  
\*Evaluated raw claim PMPM differences between the CCC Opt-ins and the following groups: CCC Opt-outs, CCC not eligibles, and any other NonDual TPL populations within the cohorts rate cells  
\*\*Weighted the CCC enrollment relative cost factor based on June 2017 CCC Plus eligible membership

**Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Not MCO Enrolled Base Rates Summary - Before Administrative Adjustment - with CCC Enrollee Relative Cost Factor**

**Appendix D  
 Exhibit 5c**

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke / Alleghany	Southwest	Tidewater	
Nursing Home	Dual	All Ages	\$5,289.05	\$5,186.40	\$6,159.42	\$5,071.75	\$4,610.60	\$5,332.03	\$5,316.22
	NonDual	All Ages	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94
EDCD	Dual and other TPLs	All Ages	\$2,321.52	\$2,019.02	\$3,191.73	\$1,979.40	\$1,585.02	\$2,478.02	\$2,463.61
DD Waivers	Dual	All Ages	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05
	NonDual	All Ages	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73	\$1,031.73
Technology Assisted Waiver	Dual and NonDual	All Ages	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$535.83	\$373.98	\$338.88	\$510.54	\$205.05	\$426.83	\$419.09
		Age 65 and Over	\$315.56	\$272.77	\$158.42	\$416.13	\$187.58	\$267.62	\$250.07

Note:  
 Average is weighted enrollment eligibility distribution as of June 2017

Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
MCO Enrolled Base Rates Summary - Before Administrative Cost Adjustment

Appendix D  
Exhibit 5d

Eligibility Category	TPL Category	Age Group	Covered Services	Region						CY 2018 Average
				Central	Charlottesville Western	Northern & Winchester	Roanoke / Alleghany	Southwest	Tidewater	
EDCD	NonDual	All Ages	Acute Care Services	\$2,131.24	\$1,617.10	\$2,040.30	\$2,284.12	\$2,284.12	\$2,095.41	\$2,046.13
			Carved Out and LTSS	\$2,149.51	\$1,774.88	\$2,732.49	\$1,623.11	\$1,623.11	\$2,254.12	\$2,182.76
			All Covered Services	\$4,280.75	\$3,391.98	\$4,772.79	\$3,907.23	\$3,907.23	\$4,349.54	\$4,228.89
DD Waivers	NonDual	All Ages	Acute Care Services	\$885.21	\$885.21	\$885.21	\$885.21	\$885.21	\$885.21	\$885.21
			Carved Out	\$190.76	\$190.76	\$190.76	\$190.76	\$190.76	\$190.76	\$190.76
			All Covered Services	\$1,075.98	\$1,075.98	\$1,075.98	\$1,075.98	\$1,075.98	\$1,075.98	\$1,075.98
Community no LTSS	NonDual	Age Under 1	Acute Care Services	\$1,955.25	\$1,955.25	\$1,955.25	\$1,955.25	\$1,955.25	\$1,955.25	\$1,955.25
			Carved Out	\$164.49	\$164.49	\$164.49	\$164.49	\$164.49	\$164.49	\$164.49
			All Covered Services	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73
		Age 1-5	Acute Care Services	\$1,248.96	\$1,053.10	\$1,742.33	\$1,538.52	\$1,266.01	\$1,458.35	\$1,376.86
			Carved Out	\$416.05	\$250.96	\$236.41	\$255.50	\$357.64	\$248.00	\$300.84
			All Covered Services	\$1,665.01	\$1,304.06	\$1,978.74	\$1,794.03	\$1,623.65	\$1,706.35	\$1,677.69
		Age 6-20	Acute Care Services	\$479.94	\$606.12	\$604.14	\$1,051.16	\$717.91	\$616.79	\$633.68
			Carved Out	\$325.08	\$314.37	\$239.14	\$293.00	\$382.49	\$297.84	\$306.92
			All Covered Services	\$805.01	\$920.49	\$843.28	\$1,344.16	\$1,100.40	\$914.63	\$940.60
		Age 21-44 Female	Acute Care Services	\$1,014.35	\$1,001.18	\$995.83	\$1,070.63	\$1,013.75	\$991.38	\$1,012.90
			Carved Out	\$435.09	\$250.60	\$146.08	\$334.49	\$95.83	\$315.33	\$298.89
			All Covered Services	\$1,449.44	\$1,251.78	\$1,141.91	\$1,405.12	\$1,109.58	\$1,306.70	\$1,311.79
		Age 21-44 Male	Acute Care Services	\$842.05	\$878.51	\$824.39	\$828.94	\$788.06	\$907.16	\$853.57
			Carved Out	\$300.34	\$205.95	\$133.89	\$263.64	\$91.59	\$304.08	\$242.63
			All Covered Services	\$1,142.39	\$1,084.45	\$958.29	\$1,092.58	\$879.65	\$1,211.24	\$1,096.20
		Age 45 and Over	Acute Care Services	\$1,541.31	\$1,394.14	\$1,265.09	\$1,422.79	\$1,200.87	\$1,492.66	\$1,406.64
			Carved Out	\$321.24	\$149.45	\$86.10	\$235.62	\$77.43	\$212.60	\$194.15
			All Covered Services	\$1,862.55	\$1,543.59	\$1,351.19	\$1,658.41	\$1,278.30	\$1,705.27	\$1,600.79
		All Ages	Acute Care Services	\$1,092.82	\$1,089.65	\$1,075.34	\$1,215.37	\$1,074.19	\$1,136.66	\$1,113.44
			Carved Out	\$339.99	\$212.04	\$131.85	\$269.31	\$119.69	\$262.76	\$243.71
			All Covered Services	\$1,432.81	\$1,301.69	\$1,207.18	\$1,484.67	\$1,193.87	\$1,399.42	\$1,357.14

Note:  
Average is weighted by health plan enrollment distribution as of June 2017  
NonDual EDCD blends Roanoke/Alleghany and Southwest

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Administrative Cost Adjustments

Appendix D  
 Exhibit 5e

	Not MCO Enrolled							MCO Enrolled			Source
	Dual Nursing Home	NonDual Nursing Home	Dual and Other TPL EDCD	Dual DD Waivers	NonDual DD Waivers	All Eligibles Tech Waiver	Dual and Other TPL Community No LTSS	NonDual EDCD	NonDual DD Waivers	NonDual Community no LTSS	
1a. Administrative allowance PMPM	\$116.47	\$104.18	\$111.82	\$22.13	\$84.56	\$78.86	\$33.26	\$108.93	\$103.61	\$53.13	Developed by comparing administrative loads of similar state MLTSS programs
1b. Care Management PMPM	\$52.94	\$47.35	\$101.65	\$35.41	\$28.99	\$27.04	\$28.48	\$99.03	\$22.61	\$28.48	Provided by DMAS
1c. Provision for Margin PMPM	\$41.45	\$64.45	\$20.23	\$2.29	\$11.57	\$106.36	\$4.05	\$33.53	\$12.14	\$14.53	Provided by DMAS
<b>2. Administrative PMPM</b>	<b>\$210.86</b>	<b>\$215.99</b>	<b>\$233.70</b>	<b>\$59.83</b>	<b>\$125.12</b>	<b>\$212.25</b>	<b>\$65.79</b>	<b>\$241.49</b>	<b>\$138.36</b>	<b>\$96.14</b>	= (1a.) + (1b.) + (1c.)
3a. Administrative allowance as % of Base Premium	2.11%	1.21%	4.15%	9.67%	7.31%	0.56%	8.21%	2.44%	8.53%	4.62%	Calculated
3b. Care Management as % of Base Premium	0.96%	0.55%	3.77%	15.47%	2.51%	0.19%	7.03%	2.22%	1.86%	0.99%	Provided by DMAS
3c. Provision for Margin as % of Base Premium	0.75%	0.75%	0.75%	1.00%	1.00%	0.75%	1.00%	0.75%	1.00%	1.00%	
<b>4. Administrative Factor as % of Base Premium</b>	<b>3.82%</b>	<b>2.51%</b>	<b>8.66%</b>	<b>26.14%</b>	<b>10.82%</b>	<b>1.50%</b>	<b>16.25%</b>	<b>5.40%</b>	<b>11.39%</b>	<b>6.62%</b>	= (3a.) + (3b.) + (3c.)

Virginia Medicaid

CY 2018 CCC Plus Capitation Rate Development

Blended (NonDual DD Waivers - MCO Enrolled/Not MCO Enrolled) Base Rates Summary - With Administrative Cost

Appendix D

Exhibit 5f

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke / Alleghany	Southwest	Tidewater	
			<b>Base Capitation Rates - Before Administrative Cost Adjustment</b>						
Nursing Home	Dual	All Ages	\$5,289.05	\$5,186.40	\$6,159.42	\$5,071.75	\$4,610.60	\$5,332.03	\$5,316.22
	NonDual	All Ages	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94	\$8,377.94
EDCD	Dual and other TPLs	All Ages	\$2,321.52	\$2,019.02	\$3,191.73	\$1,979.40	\$1,585.02	\$2,478.02	\$2,463.61
	NonDual	All Ages	\$4,280.75	\$3,391.98	\$4,772.79	\$3,907.23	\$3,907.23	\$4,349.54	\$4,228.89
DD Waivers	Dual	All Ages	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05	\$169.05
	NonDual	All Ages	\$1,042.63	\$1,042.63	\$1,042.63	\$1,042.63	\$1,042.63	\$1,042.63	\$1,042.63
Technology Assisted Waiver	Dual and NonDual	All Ages	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54	\$13,968.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$535.83	\$373.98	\$338.88	\$510.54	\$205.05	\$426.83	\$419.09
		Age 65 and Over	\$315.56	\$272.77	\$158.42	\$416.13	\$187.58	\$267.62	\$250.07
	NonDual	Age Under 1	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73	\$2,119.73
		Age 1-5	\$1,665.01	\$1,304.06	\$1,978.74	\$1,794.03	\$1,623.65	\$1,706.35	\$1,677.69
		Age 6-20	\$805.01	\$920.49	\$843.28	\$1,344.16	\$1,100.40	\$914.63	\$940.60
		Age 21-44 Female	\$1,449.44	\$1,251.78	\$1,141.91	\$1,405.12	\$1,109.58	\$1,306.70	\$1,311.79
		Age 21-44 Male	\$1,142.39	\$1,084.45	\$958.29	\$1,092.58	\$879.65	\$1,211.24	\$1,096.20
		Age 45 and Over	\$1,862.55	\$1,543.59	\$1,351.19	\$1,658.41	\$1,278.30	\$1,705.27	\$1,600.79
All Ages	\$1,432.81	\$1,301.69	\$1,207.18	\$1,484.67	\$1,193.87	\$1,399.42	\$1,357.14		

Virginia Medicaid

CY 2018 CCC Plus Capitation Rate Development

Blended (NonDual DD Waivers - MCO Enrolled/Not MCO Enrolled) Base Rates Summary - With Administrative Cost

Appendix D

Exhibit 5f

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke / Alleghany	Southwest	Tidewater	
			<b>Base Capitation Rates - With Administrative Cost Adjustment</b>						
Nursing Home	Dual	All Ages	\$5,495.56	\$5,388.84	\$6,400.45	\$5,269.64	\$4,790.20	\$5,540.25	\$5,523.81
	NonDual	All Ages	\$8,591.80	\$8,591.80	\$8,591.80	\$8,591.80	\$8,591.80	\$8,591.80	\$8,591.80
EDCD	Dual and other TPLs	All Ages	\$2,538.73	\$2,207.53	\$3,491.49	\$2,164.15	\$1,732.36	\$2,710.07	\$2,694.30
	NonDual	All Ages	\$4,525.21	\$3,585.68	\$5,045.35	\$4,130.35	\$4,130.35	\$4,597.92	\$4,470.39
DD Waivers	Dual	All Ages	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62
	NonDual	All Ages	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64
Technology Assisted Waiver	Dual and NonDual	All Ages	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$633.59	\$440.35	\$398.45	\$603.39	\$238.65	\$503.45	\$494.21
		Age 65 and Over	\$370.60	\$319.51	\$182.97	\$490.68	\$217.80	\$313.36	\$292.41
	NonDual	Age Under 1	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90
		Age 1-5	\$1,782.96	\$1,396.44	\$2,118.91	\$1,921.12	\$1,738.67	\$1,827.22	\$1,796.54
		Age 6-20	\$862.04	\$985.70	\$903.02	\$1,439.38	\$1,178.35	\$979.43	\$1,007.23
		Age 21-44 Female	\$1,552.12	\$1,340.46	\$1,222.80	\$1,504.66	\$1,188.19	\$1,399.27	\$1,404.71
		Age 21-44 Male	\$1,223.32	\$1,161.28	\$1,026.17	\$1,169.98	\$941.96	\$1,297.05	\$1,173.86
		Age 45 and Over	\$1,994.49	\$1,652.94	\$1,446.91	\$1,775.90	\$1,368.86	\$1,826.07	\$1,714.19
All Ages	\$1,534.31	\$1,393.90	\$1,292.70	\$1,589.85	\$1,278.45	\$1,498.55	\$1,453.28		

Note:

Average is weighted by member months distribution as of June 2017

Non-ER transportation PMPM already includes administrative cost adjustment

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Blended (NH / EDCD) Base Rates Summary - With Administrative Cost and Mix Shift Adjustment

Appendix D  
 Exhibit 5g

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	
<b>June 2017 Member Month Distribution</b>									
Nursing Home	Dual	All Ages	3,779	2,784	2,503	2,537	1,519	2,900	16,022
	NonDual	All Ages	507	255	366	231	187	517	2,064
EDCD	Dual and other TPLs	All Ages	6,609	3,898	7,125	2,633	1,492	4,885	26,642
	NonDual	All Ages	2,342	1,398	2,246	938	373	2,061	9,358

Dual NH / EDCD Mix Shift Assumption	1.0%	1.9%	0.0%	2.8%	2.7%	1.1%	1.3%
NonDual NH / EDCD Mix Shift Assumption	0.4%	0.2%	0.0%	0.5%	1.4%	0.5%	0.3%

<b>June 2017 Member Month Distribution for Blended Base Capitation Rates (After Mix Shift)</b>									
Nursing Home	Dual	All Ages	3,680	2,661	2,503	2,390	1,438	2,810	15,482
	NonDual	All Ages	496	251	366	225	180	503	2,021
EDCD	Dual and other TPLs	All Ages	6,708	4,021	7,125	2,780	1,573	4,975	27,181
	NonDual	All Ages	2,353	1,402	2,246	944	381	2,075	9,401

<b>Blended Base Capitation Rates with Administrative Cost and Mix Shift Adjustments</b>									
Blended (NH and EDCD)	Dual and some other TPLs	All Ages	\$3,586.24	\$3,474.27	\$4,247.79	\$3,599.82	\$3,192.82	\$3,731.75	\$3,721.12
	NonDual	All Ages	\$5,233.08	\$4,346.35	\$5,542.79	\$4,989.47	\$5,559.57	\$5,377.32	\$5,199.73
DD Waivers	Dual	All Ages	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62	\$217.62
	NonDual	All Ages	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64	\$1,170.64
Technology Assisted Waiver	Dual and NonDual	All Ages	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$633.59	\$440.35	\$398.45	\$603.39	\$238.65	\$503.45	\$494.21
		Age 65 and Over	\$370.60	\$319.51	\$182.97	\$490.68	\$217.80	\$313.36	\$292.41
	NonDual	Age Under 1	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90	\$2,269.90
		Age 1-5	\$1,782.96	\$1,396.44	\$2,118.91	\$1,921.12	\$1,738.67	\$1,827.22	\$1,796.54
		Age 6-20	\$862.04	\$985.70	\$903.02	\$1,439.38	\$1,178.35	\$979.43	\$1,007.23
		Age 21-44 Female	\$1,552.12	\$1,340.46	\$1,222.80	\$1,504.66	\$1,188.19	\$1,399.27	\$1,404.71
		Age 21-44 Male	\$1,223.32	\$1,161.28	\$1,026.17	\$1,169.98	\$941.96	\$1,297.05	\$1,173.86
		Age 45 and Over	\$1,994.49	\$1,652.94	\$1,446.91	\$1,775.90	\$1,368.86	\$1,826.07	\$1,714.19
		All Ages	\$1,534.31	\$1,393.90	\$1,292.70	\$1,589.85	\$1,278.45	\$1,498.55	\$1,453.28

Note:  
 Average is weighted by member months distribution as of June 2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Member Months Distribution - Not MCO Enrolled**

**Appendix D  
Exhibit 6a**

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleg hany	Southwest	Tidewater	Statewide
Nursing Home	Dual	All Ages	3,779	2,784	2,503	2,537	1,519	2,900	16,022
	NonDual	All Ages	507	255	366	231	187	517	2,064
EDCD	Dual and other TPLs	All Ages	6,609	3,898	7,125	2,633	1,492	4,885	26,642
DD Waivers	Dual	All Ages	1,863	1,118	1,277	719	472	1,419	6,868
	NonDual	All Ages	1,140	460	886	432	262	878	4,058
Technology Assisted Waiver	Dual and NonDual	All Ages	62	18	96	15	13	60	265
Community No LTSS	Dual and other TPLs	Age Under 65	9,816	5,694	4,492	5,674	5,219	8,927	39,822
		Age 65 and Over	7,563	4,168	11,254	3,251	3,303	6,160	35,699
Total Not MCO Enrolled	Dual and some TPLs	All Ages	29,630	17,662	26,650	14,814	12,006	24,292	125,054
CCC Plus Population*	NonDual	All Ages	1,648	715	1,253	663	449	1,395	6,122

Note:

Average is weighted enrollment eligibility distribution as of June 2017

\*Does not include the Technology Assisted Waiver population



Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Member Months Distribution - MCO Enrolled

Appendix D  
 Exhibit 6b

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleg hany	Southwest	Tidewater	Statewide
<b>EDCD</b>	<b>NonDual</b>	All Ages	2,342	1,398	2,246	938	373	2,061	9,358
<b>DD Waivers</b>	<b>NonDual</b>	All Ages	414	210	208	144	66	285	1,327
<b>Community no LTSS</b>	<b>NonDual</b>	Age Under 1	20	12	13	11	1	25	82
		Age 1-5	523	288	248	288	132	461	1,940
		Age 6-20	5,040	2,260	1,707	2,097	990	4,218	16,312
		Age 21-44 Female	2,986	1,490	1,071	1,443	1,295	2,461	10,746
		Age 21-44 Male	2,913	1,397	1,304	1,241	1,032	2,518	10,405
		Age 45 and Over	8,818	4,991	5,480	4,491	5,526	8,313	37,619
		All Ages	20,300	10,438	9,823	9,571	8,976	17,996	77,104
<b>Total MCO Enrolled CCC Plus Population</b>	<b>NonDual</b>	All Ages	23,056	12,046	12,277	10,653	9,415	20,342	87,789

Note:

Average is weighted by health plan enrollment distribution as of June 2017

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Member Months Distribution - All Members**

**Appendix D  
Exhibit 6c**

Eligibility Category	TPL Category	Age Group	Region						
			Central	Charlottesville Western	Northern & Winchester	Roanoke/ Alleghany	Southwest	Tidewater	Statewide
Nursing Home	Dual	All Ages	3,779	2,784	2,503	2,537	1,519	2,900	16,022
	NonDual	All Ages	507	255	366	231	187	517	2,064
EDCD	Dual and other TPLs	All Ages	6,609	3,898	7,125	2,633	1,492	4,885	26,642
	NonDual	All Ages	2,342	1,398	2,246	938	373	2,061	9,358
DD Waivers	Dual	All Ages	1,863	1,118	1,277	719	472	1,419	6,868
	NonDual	All Ages	1,554	670	1,094	576	328	1,163	5,385
Technology Assisted Waiver	Dual and NonDual	All Ages	62	18	96	15	13	60	265
Community No LTSS	Dual and other TPLs	Age Under 65	9,816	5,694	4,492	5,674	5,219	8,927	39,822
		Age 65 and Over	7,563	4,168	11,254	3,251	3,303	6,160	35,699
	NonDual	Age Under 1	20	12	13	11	1	25	82
		Age 1-5	523	288	248	288	132	461	1,940
		Age 6-20	5,040	2,260	1,707	2,097	990	4,218	16,312
		Age 21-44 Female	2,986	1,490	1,071	1,443	1,295	2,461	10,746
		Age 21-44 Male	2,913	1,397	1,304	1,241	1,032	2,518	10,405
		Age 45 and Over	8,818	4,991	5,480	4,491	5,526	8,313	37,619
		All Ages	20,300	10,438	9,823	9,571	8,976	17,996	77,104
Total CCC Plus Population*	Dual and some TPLs	All Ages	29,650	17,665	26,667	14,816	12,007	24,301	125,105
	NonDual	All Ages	24,747	12,776	13,609	11,329	9,876	21,788	94,125
	Duals and NonDuals	All Ages	54,397	30,441	40,276	26,145	21,883	46,088	219,230

Note:

Average is weighted enrollment eligibility distribution as of June 2017

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Health Plan Encounter Data**  
**Tidewater Physician Access Adjustment**

**Appendix D**  
**Exhibit 7a**

Note: Adjustment is applicable to the current Medallion 3.0 MCO enrolled populations only

	EDCD	DD Waivers	Community no LTSS Child	Community no LTSS Adult	Source
1. Eligible Claims for Tidewater Physician Access Adjustment	\$660,008	\$29,427	\$102,244	\$2,965,183	CY15-CY16 Health Plan Encounter Data
2. Repriced Claims to Average Commercial Rate	\$1,201,923	\$47,655	\$162,937	\$5,304,987	CY15-CY16 Health Plan Encounter Data
3. Total Tidewater Physician Access Adjustment	\$541,915	\$18,229	\$60,693	\$2,339,804	= (2.) - (1.)
4. Member Months for Tidewater Region Only	41,651	5,186	111,340	307,269	Based on CY15-CY16 capitation file
<b>5. Tidewater Physician Access Adjustment</b>	<b>\$13.01</b>	<b>\$3.51</b>	<b>\$0.55</b>	<b>\$7.61</b>	<b>= (3.) / (4.)</b>

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**State University Teaching Hospital Physician Adjustment**

**Appendix D**  
**Exhibit 7b**

Note: Adjustment is applicable to the NonDual Community no LTSS population

	Charlottesville Western & Central Region	Source
1. Funding for State University Teaching Hospital Physician Adjustment	\$16,166,101	Funding amount is based on annual funding included in FY17 rates for the NonDual MCO Enrolled Community no LTSS population (formerly known as ABAD in Med 3.0)
2. Annualized Member Months for Central and Charlottesville Western Regions Only	368,472	Based on June 2017 snapshot from the capitation file - Excluding Age Under 1
3. <b>State University Teaching Hospital Physician Adjustment</b>	<b>\$43.87</b>	<b>=(1.) / (2.)</b>

Note: State University Teaching Hospital Physician Adjustment is not applied to Statewide Age Under 1 PMPM.

Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Addiction Rehabilitation and Treatment Services (ARTS) Adjustment

	Dual Nursing Home	NonDual Nursing Home	Dual and Other TPL EDCD	NonDual EDCD	Dual DD Waivers	NonDual DD Waivers	Dual and Other TPL Community No LTSS	NonDual Community no LTSS (MCO) 6- 20	NonDual Community no LTSS (MCO) 21- 44 M	NonDual Community no LTSS (MCO) 21- 44 F	NonDual Community no LTSS (MCO) 45+	Source
1a. ARTS Medical PMPM (Per Participant)	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	\$100.62	Estimated for FY18
1b. ARTS Admin PMPM (Per Participant)	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	\$4.72	N/A for Apr-Jun 17
1c. Medical PMPM For New Carve-In Services (Per Participant)	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	\$17.64	Estimated for FY18
2a. ARTS Participants	16	5	501	266	65	70	1,895	70	546	654	2,463	Projected Dec 2017 snapshot
2b. Other members	13,919	2,167	24,297	8,506	6,891	6,561	55,775	15,875	15,875	15,875	15,875	Projected Dec 2017 snapshot
3a. <b>ARTS Medical PMPM (Rate Adjustment)</b>	\$0.13	\$0.26	\$2.76	\$3.59	\$1.11	\$1.26	\$3.98	\$1.05	\$6.23	\$7.20	\$7.81	= ((1a.) + (1c.)) * (2a.) / ((2a.) + (2b.))
3b. <b>ARTS Admin PMPM (Rate Adjustment)</b>	\$0.01	\$0.01	\$0.10	\$0.14	\$0.04	\$0.05	\$0.16	\$0.02	\$0.25	\$0.29	\$0.31	= (1b.) * (2a.) / ((2a.) + (2b.))
3c. <b>ARTS Total PMPM (Rate Adjustment)</b>	\$0.14	\$0.27	\$2.86	\$3.73	\$1.15	\$1.31	\$4.14	\$1.07	\$6.48	\$7.48	\$8.12	= (3a.) + (3b.)

Notes

Effective August 2017 - Dec 2017 the Admin PMPM (Per Participant) will be \$4.72, based on SFY18 funding  
 NonDual EDCC Waivers represents the MCO Med 3.0 HAP population that was in the EDCC Waivers  
 NonDual DD Waivers reflects the weighted average of the Med 3.0 HAP population and FFS equivalent.  
 NonDual Community no LTSS represents the Med 3.0 ABAD population during in managed care.

**Virginia Medicaid**  
**CY 2018 CCC Plus Capitation Rate Development**  
**Performance Incentive Program Quality Improvement Withhold Adjustment**

**Appendix D**  
**Exhibit 7d**

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	<b>Adjustment Value</b>	<b>Source</b>
<b>Quality Withhold Adjustment</b>	<b>1.0%</b>	<b>Provided by DMAS</b>

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Virginia Medicaid  
 CY 2018 CCC Plus Capitation Rate Development  
 Final Capitation Rates Summary with Post Base Rate Adjustments

Appendix D  
 Exhibit 8

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
<b>Base Capitation Rates with Administrative Cost and Post Base Rate Adjustments</b>									
Nursing Home	Dual	All Ages	\$5,495.70	\$5,388.98	\$6,400.59	\$5,269.78	\$4,790.34	\$5,540.39	\$5,523.95
	NonDual	All Ages	\$8,592.07	\$8,592.07	\$8,592.07	\$8,592.07	\$8,592.07	\$8,592.07	\$8,592.07
EDCD	Dual and other TPLs	All Ages	\$2,541.58	\$2,210.38	\$3,494.35	\$2,167.01	\$1,735.21	\$2,712.93	\$2,697.15
	NonDual	All Ages	\$4,528.94	\$3,589.41	\$5,049.08	\$4,134.08	\$4,134.08	\$4,614.66	\$4,476.98
DD Waivers	Dual	All Ages	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77
	NonDual	All Ages	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,172.81	\$1,172.13
Technology Assisted Waiver	Dual and NonDual	All Ages	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54
Community No LTSS	Dual and other TPLs	Age Under 65	\$637.73	\$444.49	\$402.59	\$607.53	\$242.79	\$507.59	\$498.34
		Age 65 and Over	\$374.74	\$323.64	\$187.11	\$494.82	\$221.94	\$317.49	\$296.54
	NonDual	Age Under 1	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06
		Age 1-5	\$1,826.84	\$1,440.31	\$2,118.91	\$1,921.12	\$1,738.67	\$1,827.77	\$1,815.01
		Age 6-20	\$906.98	\$1,030.64	\$904.09	\$1,440.44	\$1,179.42	\$981.04	\$1,028.08
		Age 21-44 Female	\$1,603.48	\$1,391.81	\$1,230.29	\$1,512.14	\$1,195.67	\$1,414.37	\$1,432.22
		Age 21-44 Male	\$1,273.67	\$1,211.63	\$1,032.65	\$1,176.46	\$948.44	\$1,311.14	\$1,200.35
		Age 45 and Over	\$2,046.49	\$1,704.94	\$1,455.03	\$1,784.02	\$1,376.98	\$1,841.81	\$1,740.11
All Ages	\$1,584.01	\$1,443.82	\$1,299.09	\$1,595.86	\$1,285.39	\$1,512.10	\$1,478.66		
<b>June 2017 Member Month Distribution</b>									
Nursing Home	Dual	All Ages	3,779	2,784	2,503	2,537	1,519	2,900	16,022
	NonDual	All Ages	507	255	366	231	187	517	2,064
EDCD	Dual and other TPLs	All Ages	6,609	3,898	7,125	2,633	1,492	4,885	26,642
	NonDual	All Ages	2,342	1,398	250	938	373	2,061	9,358
Dual NH / EDCD Mix Shift Assumption			1.0%	1.9%	0.0%	2.8%	2.7%	1.1%	1.3%
NonDual NH / EDCD Mix Shift Assumption			0.4%	0.2%	0.0%	0.5%	1.4%	0.5%	0.3%

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Final Capitation Rates Summary with Post Base Rate Adjustments**

**Appendix D  
Exhibit 8**

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
			<b>Final Blended Capitation Rates (with Mix Shift)</b>						
<b>Blended (NH and EDCD)</b>	<b>Dual and some other TPLs</b>	All Ages	\$3,588.13	\$3,476.04	\$4,249.94	\$3,601.42	\$3,194.38	\$3,733.62	\$3,722.99
	<b>NonDual</b>	All Ages	\$5,236.21	\$4,349.56	\$5,546.04	\$4,992.53	\$5,562.19	\$5,390.85	\$5,205.21
<b>DD Waivers</b>	<b>Dual</b>	All Ages	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77	\$218.77
	<b>NonDual</b>	All Ages	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,171.95	\$1,172.81	\$1,172.13
<b>Technology Assisted Waiver</b>	<b>Dual and NonDual</b>	All Ages	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54	\$14,179.54
<b>Community No LTSS</b>	<b>Dual and other TPLs</b>	Age Under 65	\$637.73	\$444.49	\$402.59	\$607.53	\$242.79	\$507.59	\$498.34
		Age 65 and Over	\$374.74	\$323.64	\$187.11	\$494.82	\$221.94	\$317.49	\$296.54
	<b>NonDual</b>	Age Under 1	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06	\$2,270.06
		Age 1-5	\$1,826.84	\$1,440.31	\$2,118.91	\$1,921.12	\$1,738.67	\$1,827.77	\$1,815.01
		Age 6-20	\$906.98	\$1,030.64	\$904.09	\$1,440.44	\$1,179.42	\$981.04	\$1,028.08
		Age 21-44 Female	\$1,603.48	\$1,391.81	\$1,230.29	\$1,512.14	\$1,195.67	\$1,414.37	\$1,432.22
		Age 21-44 Male	\$1,273.67	\$1,211.63	\$1,032.65	\$1,176.46	\$948.44	\$1,311.14	\$1,200.35
		Age 45 and Over	\$2,046.49	\$1,704.94	\$1,455.03	\$1,784.02	\$1,376.98	\$1,841.81	\$1,740.11
All Ages	\$1,584.01	\$1,443.82	\$1,299.09	\$1,595.86	\$1,285.39	\$1,512.10	\$1,478.66		

Note:

Average is weighted enrollment eligibility distribution as of June 2017

NonDual DD Waiver is subject to the TPAA adjustment for the Tidewater population only; no TPAA adjustment is applied for all other regions in this eligibility group.



**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
Final Capitation Rates Summary with Post Base Rate Adjustments and Quality Improvement Withhold**

**Appendix D  
Exhibit 9**

Eligibility Category	TPL Category	Age Group	Region						CY 2018 Average
			Central	Charlottesville Western	Northern & Winchester	Roanoke/Alleghany	Southwest	Tidewater	
			<b>Final Blended Capitation Rates Net Quality Withhold Adjustment</b>						
<b>Blended (NH and EDCD)</b>	<b>Dual and some other TPLs</b>	All Ages	\$3,552.25	\$3,441.28	\$4,207.44	\$3,565.41	\$3,162.43	\$3,696.29	\$3,685.76
	<b>NonDual</b>	All Ages	\$5,183.85	\$4,306.06	\$5,490.58	\$4,942.61	\$5,506.57	\$5,336.94	\$5,153.15
<b>DD Waivers</b>	<b>Dual</b>	All Ages	\$216.58	\$216.58	\$216.58	\$216.58	\$216.58	\$216.58	\$216.58
	<b>NonDual</b>	All Ages	\$1,160.23	\$1,160.23	\$1,160.23	\$1,160.23	\$1,160.23	\$1,161.08	\$1,160.41
<b>Technology Assisted Waiver</b>	<b>Dual and NonDual</b>	All Ages	\$14,037.74	\$14,037.74	\$14,037.74	\$14,037.74	\$14,037.74	\$14,037.74	\$14,037.74
<b>Community No LTSS</b>	<b>Dual and other TPLs</b>	Age Under 65	\$631.35	\$440.05	\$398.56	\$601.46	\$240.37	\$502.51	\$493.36
		Age 65 and Over	\$370.99	\$320.41	\$185.24	\$489.87	\$219.72	\$314.32	\$293.58
	<b>NonDual</b>	Age Under 1	\$2,247.36	\$2,247.36	\$2,247.36	\$2,247.36	\$2,247.36	\$2,247.36	\$2,247.36
		Age 1-5	\$1,808.57	\$1,425.91	\$2,097.73	\$1,901.90	\$1,721.28	\$1,809.49	\$1,796.86
		Age 6-20	\$897.91	\$1,020.33	\$895.05	\$1,426.04	\$1,167.63	\$971.23	\$1,017.80
		Age 21-44 Female	\$1,587.44	\$1,377.90	\$1,217.98	\$1,497.02	\$1,183.71	\$1,400.22	\$1,417.89
		Age 21-44 Male	\$1,260.94	\$1,199.51	\$1,022.32	\$1,164.70	\$938.96	\$1,298.03	\$1,188.35
		Age 45 and Over	\$2,026.02	\$1,687.89	\$1,440.48	\$1,766.18	\$1,363.21	\$1,823.39	\$1,722.70
All Ages	\$1,568.17	\$1,429.39	\$1,286.10	\$1,579.90	\$1,272.54	\$1,496.98	\$1,463.87		

Note:

Average is weighted enrollment eligibility distribution as of June 2017

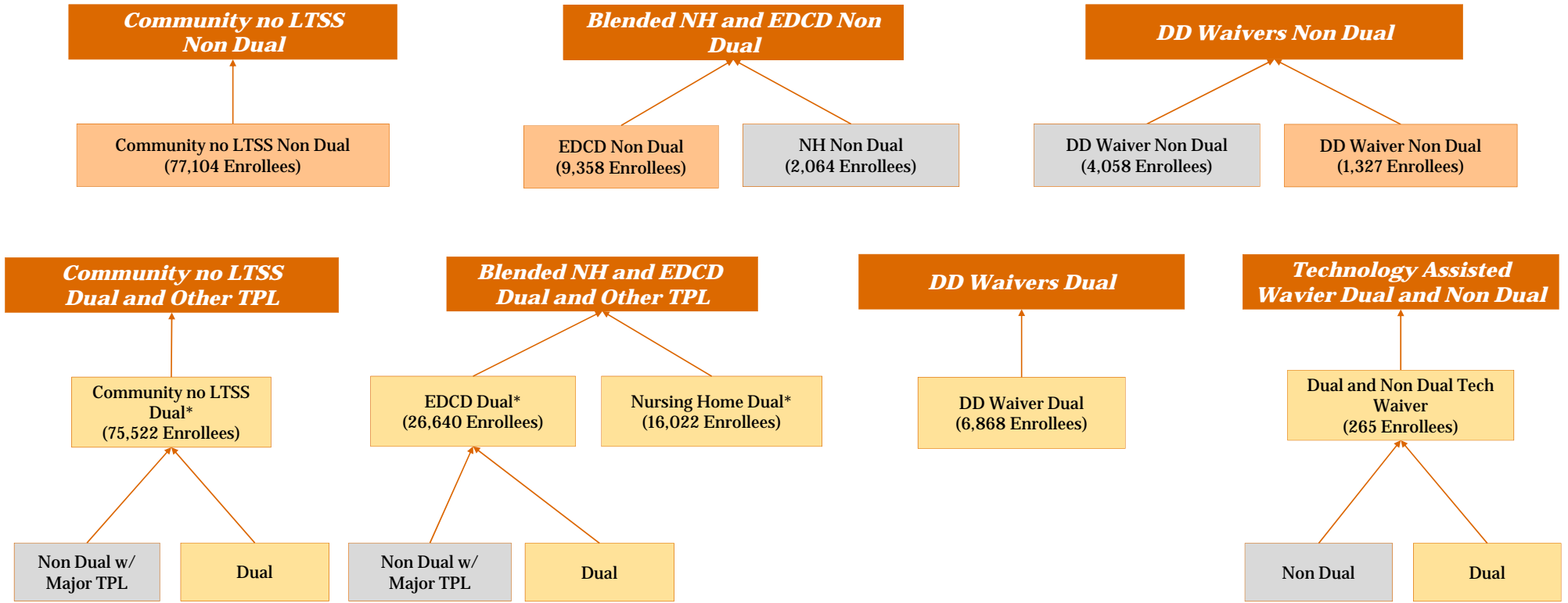
NonDual DD Waiver is subject to the TPAA adjustment for the Tidewater population only; no TPAA adjustment is applied for all other regions in this eligibility group.

**Virginia Medicaid  
CY 2018 CCC Plus Capitation Rate Development  
County Listing by Region**

**Appendix D  
Exhibit 10**

Central Virginia		Charlottesville/ Western	Northern/ Winchester	Roanoke/ Alleghany	Southwest	Tidewater
Amelia	Lancaster	Albemarle	Alexandria	Alleghany	Bland	Accomack
Brunswick	Lunenburg	Amherst	Arlington	Bath	Bristol	Chesapeake
Caroline	Mathews	Appomattox	Clarke	Bedford County	Buchanan	Gloucester
Charles City	Mecklenburg	Augusta	Culpeper	Botetourt	Carroll	Hampton
Chesterfield	Middlesex	Buckingham	Fairfax City	Buena Vista	Dickenson	Isle of Wight
Colonial Heights	New Kent	Campbell	Fairfax County	Covington	Galax	James City County
Cumberland	Northumberland	Charlotte	Falls Church	Craig	Grayson	Newport News
Dinwiddie	Nottoway	Charlottesville	Fauquier	Floyd	Lee	Norfolk
Emporia	Petersburg	Danville	Frederick	Franklin County	Norton	Northampton
Essex	Powhatan	Fluvanna	Loudoun	Giles	Russell	Poquoson
Franklin City	Prince Edward	Greene	Manassas City	Henry	Scott	Portsmouth
Fredericksburg	Prince George	Halifax	Manassas Park City	Highland	Smyth	Suffolk
Goochland	Richmond City	Harrisonburg	Page	Lexington	Tazewell	Virginia Beach
Greensville	Richmond County	Louisa	Prince William	Martinsville	Washington	Williamsburg
Hanover	Southampton	Lynchburg	Rappahannock	Montgomery	Wise	York
Henrico	Spotsylvania	Madison	Shenandoah	Patrick		
Hopewell	Stafford	Nelson	Warren	Pulaski		
King and Queen	Surry	Orange	Winchester	Radford		
King George	Sussex	Pittsylvania		Roanoke City		
King William	Westmoreland	Rockingham		Roanoke County		
		Staunton		Rockbridge		
		Waynesboro		Salem		
				Wythe		

**CCC Plus Rate Group Components**  
*(Monthly Enrollment Snapshot of June 2017)*



\* Dual FFS enrollees include those enrolled in MCO for acute care services

- MCO Enrolled Populations
- FFS Non Dual Populations
- FFS Dual Populations