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

Dual Demonstration  
Data Book and Capitation Rates:  
Medicaid Component  
Calendar Year 2017

Effective July 1, 2017 to  
December 31, 2017

Revised July 2017

**Submitted by:**

PricewaterhouseCoopers LLP

Three Embarcadero Center

San Francisco, CA 94111





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

July 28, 2017

Dear Bill:

**Re: Dual Demonstration Data Book and Capitation Rates –  
CY 2017 Effective July 1, 2017 to December 31, 2017**

The enclosed report provides a detailed description of the methodology used for calculating the Medicaid component of the capitation rates for Calendar Year 2017, effective July 1, 2017 to December 31, 2017, for the Virginia Dual Demonstration program, Commonwealth Coordinated Care. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements for the Medicaid portion of the Financial Alignment Demonstration capitation rates.

Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary, oversaw the development of these rates.

Please call Sandra Hunt at 415/498-5365 if you have any questions regarding these capitation rates.

Very Truly Yours,

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

PricewaterhouseCoopers LLP

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**Qualified Actuarial Certification of  
CY 2017 Dual Financial Alignment Demonstration Capitation Rates Effective July 1, 2017 to  
December 31, 2017:  
Commonwealth Coordinated Care  
Commonwealth of Virginia Department of Medical Assistance Services**

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers (PwC). I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of the calendar year 2017 capitation rates developed for the Medicaid portion of the Dual Financial Alignment Initiative under the Virginia Department of Medical Assistance Services (DMAS) Medicaid program.

It is my qualified opinion that PwC and the Commonwealth of Virginia have developed actuarially sound Medicaid capitation rates in accordance with 42 CFR 438.6(c). The basis for the rates began with costs developed prior to the application of the Medicare and Medicaid composite savings percentages established by the State and CMS, informed by estimates from CMS and its contractors. This certification assures that the Medicaid capitated rates were set consistent with 42 CFR 438.6(c) in combination with a qualification that the Medicare capitation rates were established by CMS and the savings percentages were established by the State and CMS. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for Medicaid State Plan services. Detailed descriptions of the original methodology and assumptions used in the development of the capitation rates are contained in the capitation rate setting report. In the development of the proposed capitation rates, I relied on enrollment, claims, and other data provided by the Virginia Department of Medical Assistance. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data. The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific health plan. Each health plan will need to review the rates in relation to the benefits provided. The health plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the proposed capitation rates. These rates represent the Medicaid portion only; total payments to plans participating in the Demonstration include separate payments from the Medicare program.



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

July 28, 2017

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Date

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# ***CCC Dual Demonstration Data Book and Capitation Rates***

***Calendar Year 2017  
Effective July 1, 2017 to December 31, 2016***

***Prepared by PricewaterhouseCoopers LLP  
Revised July 2017***

PricewaterhouseCoopers LLP (PwC) has calculated capitation rates for the Medicaid portion of the Virginia Medicare-Medicaid Financial Alignment Initiative (FAI) for Calendar Year 2017 for rates effective July 1, 2017 through December 31, 2017. It is called Commonwealth Coordinated Care (CCC) or the Dual Demonstration in this report. We primarily used Virginia Department of Medical Assistance (DMAS) Fee-for-Service (FFS) paid claims for the population covered by the Demonstration. The revised rates reflect legislative and policy changes effective at the beginning of the 2017 fiscal year. The development of the rates is discussed in this report and shown in the attached exhibits.

These rates represent the Medicaid portion only; total payments to plans participating in the Demonstration include separate payments from the Medicare program.

As outlined in the MOU, rates are developed based on expected costs for the eligible population had the CCC Demonstration not been implemented. If a member opts out of the CCC program, currently he returns to the FFS program. The current rate setting process uses the expected costs for the FFS program for rate setting purposes.

## ***I. Background***

In July 2011, the Centers for Medicare and Medicaid Services (CMS) released a State Medicaid Director's letter regarding two new models CMS will test for States to better align the financing of the Medicare and Medicaid programs, and integrate primary, acute, behavioral health and long term supports and services for Medicare-Medicaid enrollees. These two models include:

- **Capitated Model:** A State, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care.
- **Managed Fee-for-Service Model:** A State and CMS enter into an agreement by which the State would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid.

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To participate, States must demonstrate their ability to meet or exceed certain CMS established standards and conditions in either/both of these models. These standards and conditions include factors such as beneficiary protections, stakeholder engagement, and network adequacy. Virginia DMAS was among the original 26 Medicaid agencies that submitted a Demonstration proposal. The final proposal for the capitated model and the proposed amendments were subject to CMS review in the second half of 2012. A Memorandum of Understanding (MOU) between CMS and the Commonwealth of Virginia Regarding a Federal-State Partnership to Test a Capitated Financial Alignment Model for Medicare-Medicaid Enrollees was signed on May 13, 2013.

As a result, CMS and DMAS established a Federal-State partnership to implement the Demonstration to better serve individuals eligible for both Medicare and Medicaid. The Federal-State partnership includes a three-way contract with participating health plans that provides integrated benefits to Medicare-Medicaid enrollees in the targeted geographic areas. The Demonstration began on January 1, 2014. The first voluntary enrollment was effective March 1, 2014 and the Demonstration will continue until December 31, 2017. The initiative is testing an innovative payment and service delivery model to alleviate the fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care, and reduce costs for both DMAS and the Federal government.

The Demonstration operates in five regions within the state (Central Virginia, Tidewater, Southwest/Roanoke, Western/Charlottesville and Northern Virginia), and the 2014 first year enrollment was staged by region. Enrollment began with voluntary enrollment for three months followed by auto-assignment enrollment into a participating health plan. One requirement is that there must be at least two plans available in each locality for auto-assignment to be effective. While each of the three participating plans are in all regions, they are only available in localities where they have adequate networks. Members that are auto-enrolled have the option to disenroll at any time and return to the regular Medicare and Medicaid programs.

In these regions, the Demonstration is available to individuals who meet the following criteria, subject to exclusions:

- Age 21 and over, and
- Full benefit dual eligibles that are entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D who receive full Medicaid benefits.
  - This includes full benefit dual eligibles in the Elderly or Disabled with Consumer Direction (EDCD) Waiver, those residing in nursing facilities (NF) and those residing in the community and not participating in other home and community-based waiver.



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Capitation rate cells for the CCC Dual Demonstration are as follows:

- **Nursing Home Eligible (NHE) Age 21-64.** Single rate cell for all enrollees age 21-64 meeting Nursing Facility Level of Care criteria and enrolled in the EDCD waiver or residing in a nursing facility for 20 or more consecutive days; rates will vary for the five CCC Demonstration regions. Rates are developed separately for subpopulations in nursing home institutions (NHE-I) and HCBS waivers (NHE-W) and the final NHE rate blends the rates for the two subpopulations.
- **Nursing Home Eligible (NHE) Age 65 and over.** Single rate cell for all enrollees age 65 and over meeting Nursing Facility Level of Care criteria and enrolled in the EDCD waiver or residing in a nursing facility for 20 or more consecutive days; rates will vary for the five CCC Demonstration regions. Rates are developed separately for subpopulations in nursing home institutions (NHE-I) and HCBS waivers (NHE-W) and the final NHE rate blends the rates for the two subpopulations.
- **Community Well (CW) Age 21-64.** Enrollees age 21-64 who do not meet Nursing Facility Level of Care criteria; rates will vary for the five CCC Demonstration regions.
- **Community Well (CW) Age 65 and over.** Enrollees age 65 and over that do not meet Nursing Facility Level of Care criteria; rates will vary for the five CCC Demonstration regions.

## ***II. Data sources***

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 state fiscal years 2013 and 2014 with claims paid through July 2015. The claims in the historical database include Medicaid paid amounts net of any third party insurance payments, which are primarily Medicare payments, and the amounts for which patients are personally responsible for nursing facility and home and community base care services, termed the *patient pay amount*.

The work in this report builds on analyses performed in developing the FY 2017 capitation rates for the Medallion 3.0 and the PACE programs. In these programs, special adjustments were made to the historical data to reflect changes in payment arrangements due to programmatic and legislative adjustments. The FY 2017 Medallion 3.0 report, dated July 27, 2016 provide a detailed description of the process used for developing the adjustment factors. The FY 2017 PACE report was released on July 29, 2016. Where applicable, these same adjustment factors are used in the development of these CY 2017 CCC rates.

Individuals in the base data eligible for the CCC were matched to other data sets. These are 1) mental and 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 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 the Demonstration were excluded from the historical data used in these calculations. Individuals who meet at least one of the criteria listed below are excluded from the CCC:

- Required to "spend down" in order to meet Medicaid eligibility requirements;

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- In aid categories which Virginia only pays a limited amount each month toward their cost of care, including non-full benefit Medicaid beneficiaries such as Qualified Medicare Beneficiaries (QMBs), Special Low Income Medicare Beneficiaries (SLMBs), Qualified Disabled Working Individuals (QDWIs) or Qualifying Individuals (QIs);
  - Inpatients in state mental hospitals;
  - Residents of State Hospitals, , State Veterans Nursing Facilities, ICF/MR facilities, Residential Treatment Facilities, or long stay hospitals;
  - Participate in federal Home and Community Based Services waivers other than the EDCD Waiver, such as Individual and Family Developmental Disability Support, Intellectual Disabilities, Day Support, Technology Assisted Waiver, and Alzheimer's Assisted Living waivers;
  - Enrolled in a hospice program;
  - Receive the end stage renal disease (ESRD) Medicare benefit prior to enrollment into the Demonstration;
  - Have other comprehensive group or individual health insurance coverage, other than full benefit Medicare; insurance provided to military dependents; and any other insurance purchased through the Health Insurance Premium Payment Program (HIPP);
  - Have a Medicare supplemental policy to cover traditional Medicare deductible and copayment requirements;
  - Have a Medicaid eligibility period that is only retroactive;
  - Enrolled in the Virginia Birth-Related Neurological Injury Compensation Program;
  - Enrolled in the Money Follows the Person (MFP) Program;
  - Reside outside of the CCC Demonstration areas;
  - Enrolled in a Program of All-Inclusive Care for the Elderly (PACE)<sup>1</sup>;
  - Participate in the CMS Independence at Home (IAH) demonstration identified in the CMS/Infocrossing files.

Eligibility was determined by identifying full dual eligibles in the regions and age groups and excluding those who met the listed exception criteria, such as End Stage Renal Disease, enrolled in a PACE program, or in hospice. We also excluded eligibles who enrolled in the Duals Demonstration starting in early 2014. Once these duals are enrolled in CCC, the Medicaid acute and LTC service costs are the responsibility of the health plan and claims are no longer processed in the DMAS Medicaid Management Information System. Because voluntary enrollment in CCC began March 2014 and the first auto-assignment was not until July 2014, the CCC enrollment exclusion had a minor impact on the FY 2013-FY 2014 historical base data, but had a greater impact on claims run-out and the evaluation of trend.

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<sup>1</sup> Individuals enrolled in a PACE program may voluntarily elect to disenroll from PACE and enroll in the Demonstration, but they will not be passively enrolled.

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Claims are limited to those services covered in the approved State Plan and EDCD waiver services. The following is the list of services not covered in the State Plan or EDCD waiver:

- Abortions, induced
- Case management services for participants of Auxiliary Grants
- Case management services for the elderly
- Chiropractic services
- Christian Science nurses and Christian Science Sanatoria
- Dental
- Experimental and investigational procedures
- Regular assisted living services provided to residents of assisted living families

The following services are in the State Plan but carved out of the CCC Demonstration or are covered in waivers that are not part of the Demonstration:

- Community Mental Retardation Services
- Hospice Care
- Inpatient mental health services rendered in a state psychiatric hospital
- Private duty nursing
- Targeted case management

The resulting historical claims and eligibility data were tabulated by service category for each sub-population, region, and age category. They are shown in Exhibits 1a to 1c, which are generally referred to as the "Data Book." The regional data provide an adequate basis for rate setting and no data smoothing techniques are applied. Exhibits in 1a to 1c show unadjusted historical data and are the basis of all future calculations described here. The exhibits include:

- Medicaid member months for State Fiscal Years 2013 and 2014,
- Medicaid payment amounts for the combined years,
- Patient payment amounts for the combined years,
- Costs per member per month (PMPM) for the combined years (a combination of Medicaid and patient payment amounts),
- Unadjusted units of service for State Fiscal Years 2013 and 2014,
- Annual units/1,000 members for the combined years, calculated as the total units of service divided by the appropriate member months, multiplied by 1,000, multiplied by 12, and
- Cost per unit of service.

In the summarization process, unit counts were determined for each service category. Table 1, Service Unit Definitions, describes the types of units that were counted for each detailed service category. In the table, “Coded Units” indicates the actual unit counts that were recorded on each claim. “Claims” or “Scripts” refers to a count of “1” for each claim record in the historical database. This count is used for services in which recorded units are not meaningful, such as for pharmacy where the units recorded are often the number of pills dispensed. “Admits” are used for inpatient units with the exception of inpatient psychiatric, and represent the number of inpatient admits that were paid by the program. The unit for inpatient psychiatric is “days.”

<b>Table 1 Service Unit Definitions</b>	
<b>Service Category</b>	<b>Unit Count</b>
Adult Day Care	Coded Units
Ambulatory Surgery Center	Coded Units
Case Management Services	Coded Units
Consumer Directed Services	Hours
DME/Supplies	Claims
Emergency	Claims
FQHC	Coded Units
Home Health Services	Claims
Inpatient - Medical/Surgical	Admits
Inpatient – Psych	Days
Lab and X-ray Services	Claims
Medicare Xover - IP	Admits
Medicare Xover - Nursing Facility	Days
Medicare Xover - OP	Claims
Medicare Xover - Other	Claims
Medicare Xover - Physician	Claims
Nursing Facility	Days
Outpatient - Other	Claims
Outpatient - Psychological	Claims
Personal Care Services	Coded Units
Pharmacy	Scripts
Physician - Clinic	Coded Units
Physician - IP Mental Health	Coded Units
Physician - OP Mental Health	Coded Units
Physician - Other Practitioner	Coded Units

<b>Table 1 Service Unit Definitions</b>	
<b>Service Category</b>	<b>Unit Count</b>
Physician – PCP	Coded Units
Physician - Specialist	Coded Units
Transportation - Emergency	Claims
Transportation - Non-Emergency	N/A

### ***III. Capitation rate calculations***

The capitation rates for Calendar Year 2017 are calculated based on the historical data shown in Exhibits 1a to 1c adjusted to reflect changes in payment rates and covered services. Each of the adjustments to the historical data is described in the following section. The adjustments are applied to the historical data and the resulting capitation rates are calculated in Exhibits 4a to 4c.

The steps used for calculating the capitation rates are as follows:

1. The historical data for each sub-population and region are brought forward to Exhibits 4a through 4c from the corresponding cell in Exhibits 1a through 1c.<sup>2</sup> This information serves as the starting point for the capitation rate calculation.
2. A number of changes in covered services and payment levels have been mandated by the Legislature or by changes to the Medicaid State Plan or waivers. Several of these adjustments were described in the Medallion 3.0 report and applied to the CCC calculations; additional adjustments that apply to the CCC eligible group have been incorporated into these calculations. These adjustments are described in detail in Section IV.
3. The claims data are adjusted to update to the CY 2017 contract period; these trend adjustments are described in Section V. The resulting claims are shown in Exhibits 4a through 4c under the column “Completed & Trended Claims.”
4. The completed and trended claims from Step 3 are divided by the count of member months for each rate cell (from Exhibits 1a through 1c) to arrive at preliminary PMPM costs by service category.
5. These PMPM costs are summarized for each sub-population, region, and age-gender category, which represent the capitation rate for each rate cell.

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<sup>2</sup> Patient payment amounts for all service lines are carried forward to the capitation rate calculations in Exhibits 4a through 4c.

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## ***IV. Programmatic and legislative adjustments***

As outlined in the MOU, rates have been developed based on expected costs for the eligible population had the CCC Demonstration not been implemented. If a member opts out of the CCC program, he returns to the FFS program. The rate setting methodology for this time period (July to December 2017) uses the expected costs for the FFS program. A number of changes in covered services and payment levels have been mandated by the Virginia Legislature or by changes to the Medicaid State Plan or waivers. The adjustments included below have been made to the historical base data to reflect the benefits and costs that will apply in CY 2017 to fee-for-service dual eligible individuals. As noted below, adjustments related to changes effective FY 2018 have been included based on actions by the General Assembly in the 2017 session and DMAS policy adjustments.

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

The prescription drug rebate and copay adjustment is developed to take into consideration DMAS FFS pharmacy payments, rebate amounts and application of co-payments.

For the CCC 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 to cover 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.

Effective January 1, 2013, Medicare Part D began to cover benzodiazepines with no restrictions and barbiturates when used in the treatment of epilepsy, cancer or chronic mental disorders and therefore they are no longer paid by Virginia Medicaid. These drugs are removed from the base data for the CCC population in Exhibit 1a-1c, which primarily affects cost and utilization in the period July 1 to December 31, 2012.

A rebate of 4% is used. This reflects the high proportion of generic and over the counter medicines that are paid by DMAS for which DMAS receives little or no rebate. Less than 1% of the prescriptions are for brand drugs and approximately 85% of the prescriptions are for over-the-counter drugs. For NHE over the counter are over 75% of the dollars and for CW over the counter are nearly 50% of the dollars are.

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 NHE population. The CCC Demonstration will impose limited cost sharing for pharmacy services on the CW population. These copayments are excluded from the CW pharmacy base data and we have not calculated or applied any further co-payment adjustment.

This adjustment to pharmacy claims for the nursing home eligible and community well population is shown in Exhibit 2a and is applied to the total historical claims data in Exhibits 4a to 4c under the column labeled "Policy and Program Adjustments."

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## *Hospital inpatient adjustment*

There are a number of changes in DMAS hospital inpatient payment policy between the FY 2013 and FY 2014 base period and the CY 2017 rate year.

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

Effective FY 2017, there are updates to the unit cost and FFS rebasing factors. These were implemented as a mid-year adjustment to the CY 2016 CCC Duals rates and are carried forward for CY 2017. The Virginia General Assembly authorized a unit cost adjustment for FY 2017 equal to half the regulatory inflation of 2.1%, a value of 1.05%. Hospital inpatient reimbursements rates are rebased for FY 2017. For inpatient medical/surgical, the FFS rebasing is a negative adjustment of 7.25%. For inpatient psychiatric in acute care hospitals, the FFS rebasing is a positive adjustment of 27.00%.

For inpatient medical/surgical, the negative adjustment is 3.7%. For inpatient psychiatric in acute care hospitals, the positive adjustment is 24.2%. The inpatient psychiatric factor is applied to Inpatient-Psych service line. These adjustment factors are shown in Exhibit 2b and applied to all hospital inpatient service categories in Exhibits 4a to 4c under the column labeled "Policy and Program Adjustments."

## *Hospital outpatient adjustment*

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

Outpatient hospital rates are adjusted by half of the regulatory inflation, a 1.05% unit cost increase. The outpatient hospital adjustment is structured similarly to the inpatient hospital adjustment. There also is a FFS outpatient hospital rebasing adjustment of 0.1%. The adjustment value of 1.2% is calculated uniformly across CCC Duals eligible population. This adjustment factors are shown in Exhibit 2c and applied to all hospital outpatient service categories in Exhibits 4a to 4c under the column labeled "Policy and Program Adjustments."

## *Nursing facility adjustment*

Effective FY 2015, DMAS implemented a fully prospective nursing facility payment. The prospective per diem amount includes adjustments for cost settlement, unit cost inflation and any policy changes. This nursing facility reimbursement change produced a substantial increase in the unit cost amount in the claims run out beginning July 2014 compared to the FY 2013 – FY 2014 base period. The FY 2013 to FY 2015 capital and operating cost factor changes and the FY 2014 occupancy requirement change are incorporated in the prospective rate. The revised nursing facility adjustment is a unit cost adjustment that increases the CY 2013-CY2014 base period nursing facility unit cost to the FY 2015 nursing facility prospective unit cost.

The adjustment increase of 10.5% is calculated as the ratio of the average of the prospective payment unit cost in the last six months of historical data in FY 2015 (January to June 2015) to the base data FY2013 and FY2014. There is no nursing facility fee increase for FY 2016.

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Effective July 1, 2016, there is a 0.9% nursing facility fee increase for FY 2017 and effective July 1, 2017, there is a 3.1% nursing facility fee increase and a negative 0.85% rebasing adjustment for FY 2018 that are applied to the full FY 2013 – FY 2014 base period for on the non-capital portion of the claims.

The adjustments are calculated uniformly across all eligible Dual populations. The calculation of the Nursing Facility adjustment is shown in Exhibit 2d, and the positive 13.6% adjustment is applied in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *Adult day care fee adjustment*

This adjustment incorporates a fee increase of \$10 per day effective July 1, 2013, the beginning of FY 2014. Northern Virginia rates are higher than the rest of the state, therefore the value of the increase is calculated separately for that region. Effective FY 2017, there is an additional 2.5% rate increase across all regions.

The calculation uses the base Medicaid and patient payments and is shown in Exhibit 2e. The adjustment is applied in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *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 plans 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 personal care services. Effective July 1, 2016, there was an additional 2% rate increase to personal care and respite care rates.

The calculation of the Personal Care and Respite Care adjustment is shown in Exhibit 2f. The adjustment is added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *Mental health skill-building services adjustment*

DMAS implemented a new policy for Mental Health Skill-Building Services (MHSS) effective December 1, 2013. This is described in the October 31, 2013 DMAS Medicaid Memo to Providers. Because of this policy change, DMAS expected an overall 20% reduction in utilization among the FFS population for Mental Health Skill Building Services. Members enrolled in CCC receive MH services through the Medicare Medicaid Plans. Review of the DMAS FFS and the Magellan data after the new policy was implemented showed different levels of reduction across the CCC subpopulations.

The adjustments are: -20% for NHE-I, no savings for NHE-W and -3.9% for CW. These reductions are applied to service code H0046 (Mental Health Services, not otherwise specified). The H0046 code was 55% of the NHE I OP Mental Health base dollars, 62.4% of the NHE-W OP Mental Health and 51.8% of the CW OP Mental Health base dollars.

The MHSS adjustment is -11.1% on the NHE-I, 0.0% on NHE-W and -2.0% on CW. These adjustment factors are shown in Exhibit 2g and is applied to the Physician – OP Mental Health service line in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *Durable medical equipment fee adjustment*

The 2014 General Assembly session reduced Medicaid fees for the products covered under the Medicare DME competitive bid program to a level based on the average of the competitive bid prices in the three areas of the state participating in the Medicare DME competitive bid program effective July 1, 2014. This was estimated to result in \$4.9 million in total savings. DMAS estimated that the Medicare competitive bid rates for the targeted DME



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services are 33% lower than the DMAS FFS Medicaid rates. DMAS provided a list of DME HCPCS codes subject to the Medicare competitive bid program and the average Medicare bid payment rate for the three areas in Virginia that participate in the program. These were used to calculate the dollar cost savings per unit and a savings percentage per affected DME code. This information was applied to the historical claims to determine the proportion of DME claims subject to the fee reduction and the average savings percentage based on the mix of DME codes subject to the savings. Overall, 8.7% of NHE-W and 6.2% of CW DME claims dollars were for codes subject to the reduction. Savings on this subset are 33.4% and 31.2% respectively.

This results in adjustment factor reduction of 2.9% for NHE-W and 1.9% for CW. It is shown in Exhibit 2h and added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *Incontinence supplies fee adjustment*

DMAS solicited bids for the cost of high volume incontinence supplies, primarily adult diapers and protection pads. The prices offered by the winning bidder were implemented January 1, 2014. When compared to prior DMAS payment rates, the new prices were estimated to produce nearly \$2.7 million in savings, or 33% of the cost of the mix of those supplies. 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 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. Overall, 21.6% of NHE-I and over half of the NHE-W and CW DME claims dollars were for incontinence supply codes subject to the reduction. Savings on this subset are 30.4% to 33.8%

This results in adjustment factor reduction that ranges from 6.6% to 17.0%. It is shown in Exhibit 2i and added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *Lab fee adjustment*

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

It is shown in Exhibit 2j and added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### *ER Triage adjustment*

The 2015 General Assembly final Budget conference report eliminated ER triage for physician services. Current DMAS FFS policy applies ER Triage review only to Level III ER claims. If a case is 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 \$43.57 plus ancillaries. Eliminating the ER Triage review will increase the Level III ER payment to physicians by the difference in the triage amount and the physician fee for 99283 and the average amount of ancillary services billed on those claims.

The ER Triage adjustment reflects the additional amount estimated to cover the cost of discontinuing Level III Triage review and paying such claims at the average fee for CPT code 99283, plus the average of the ancillary payments that are associated with the claim. The historical base FFS data was analyzed in order to identify the

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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 \$43.57. Triage claims repriced to Level III claims for CW is approximately \$12,691. There were very few triage claims for NHE-W and NHE-I. When repriced to Level III, the estimated increase is \$1,100. The adjustment is very small because Medicare is the primary payer for the majority of ER claims.

The calculation of the additional cost is presented in Exhibit 2k. The adjustment is added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

### ***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. Plans reported that the rebasing is not cost neutral to their operations and that the impact on them varies. Therefore, the analysis was revised and the DMAS update now uses both FFS and MCO data. The FY 2017 DMAS analysis used FFS and the MCO data, as repriced to the DMAS physician fee schedule. Claims covered all professional providers, including physicians, nurse practitioners, psychologists, therapists, opticians, and federally qualified health centers and the full range of CPT codes from 10000 to 99499. The new physician rates for FY18 result in a 0.19% decrease to the MCO experience and a 0.71% increase to the FFS experience. Other codes, such as 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 FFS professional fee adjustment is approximately 0.7%. The adjustment value is calculated separately for NHE-I, NHE-W, CW. The calculation of the RBRVS adjustment is shown in Exhibit 2l.

The adjustment is added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

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

The adjustment value is calculated separately for NHE-I, NHE-W, and CW. The calculation of the Home Health and Rehab adjustment is shown in Exhibit 2m. The adjustment is added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments.”

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

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

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members who actually reside in the nursing facility (NHE-I), a statewide rate at \$82.46 PMPM, and for the ABAD age over 21 population (NHE-W and CW), a statewide rate at \$31.80 PMPM.

The non-emergency transportation 'adjustment' is shown in Exhibit 2n and the adjustment is applied in the CCC PMPM CY16 column in Exhibits 4a to 4c.

### ***DMAS FFS administrative adjustment***

The 0.49% administrative factor is the estimated cost of DMAS staff and monitoring activities for the existing FFS programs that were transferred to the participating health plans. The percentage is based on the estimated percentage cost of Medicare claims processing included in the Medicare standardized FFS county rates as a proxy for DMAS claims processing costs and the DMAS estimate of the Medicaid administrative cost for prior authorizations attributed to the dual eligibles who participate in the CCC Demonstration. Because Federal demonstration requirements mandate that only current Medicaid expenditures related to the eligible population may be included in the capitation payments, there is no adjustment for costs related to administrative functions that the health plans will perform but are not currently performed by DMAS. There is also no adjustment for the federal health insurer tax that applies to the acute care component of the rates. Health plans are required to pay a fee in 2016 based upon revenue in the 2015 fee year. However, there is a health insurer provider fee moratorium such that there will be no provider fee due in 2017 based upon the 2016 data year.

This is shown in Exhibit 2o, and the adjustment is applied in Exhibits 4a to 4c to the total adjusted and trended PMPM in the column labeled "CCC PMPM CY17."

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## **V. *Trend adjustments***

The data used for the incurred by not reported (IBNR) and trend calculations reflect experience for the period FY 2012 through FY 2014. Data for FY 2013 to FY 2014 are used to evaluate the base period trend and an additional year of data, FY 2012 with run out through FY 2015, are used to develop contract period projected trend.

The base data must be adjusted to reflect the contract period of CY 2017 through the application of trend rates that reflect changes in payment levels and utilization rates between the data period and the contract period. In addition, the claims data are not 100% “complete” in that some cost information is not available in the claims databases provided. Incomplete data result from the time lag between when services are provided and claims are fully paid. The amount of incomplete claims is referred to IBNR and can be measured through actuarial models.

Trend and IBNR adjustment factors were developed using historical Virginia Medicaid FFS expenditures for FY 2013 to FY 2015 and are calculated separately for the three sub-populations, Nursing Home Eligible-Institutional, Nursing Home Eligible-Waiver and Community Well. It also used paid claims information with run out through July 2015 and took into consideration the actual experience and information from DMAS on projected utilization and fee increases in budget estimates.

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. Trend and IBNR factors were developed separately for the following service categories: Inpatient, Outpatient/ER, Physician/Professional, Pharmacy, Nursing Facility, Home and Community Based Services (HCBS)/Home Health Services, Mental Health/Substance Abuse, and Ancillary/Other. The HCBS/Home Health Services category includes Adult Day Care, Home Health Services, and agency and consumer directed personal care services. The Ancillary/Other category includes Lab/X-Ray services, DME, and transportation. The Medicare crossover trend is calculated separately and combines all services for which Medicare is the primary payer.

Review of the residual Medicaid only Inpatient, Outpatient/ER, showed substantial fluctuation on a small utilization base for all the sub-populations. These Medicaid only data and contract period trends have been set to equal the trends developed for the ABAD population in the Medallion 3.0 program. All other data period and contract period trend values use the CCC Duals data.

Within the Nursing Home Eligible population, nursing facility services are used almost exclusively by individuals who are institutionalized. Conversely, Home and Community Based Services (HCBS)/Home Health Services are used almost exclusively by the waiver population. For those at income thresholds, nursing facility services and HCBS may also require a patient pay amount. For those two service categories, the data period and contract period trend included the patient pay amounts and were based on analysis of the subset populations.

Because of the nursing facility payment change to a prospective per diem amount that is reflected in the Nursing Home adjustment in Exhibit 2d, the data and contract period nursing facility trend is utilization trend only. The same nursing facility services trend values are applied to both the NHE-I and the NHE-W population.

Because of the small PMPM values, the NHE-I HCBS/ Home Health Services trend uses the NHE-W composite value for all services. For the NHE-W population, we observed nearly 10 percent annual growth in the size of the population and different patterns for components of HCBS. Because of this, contract period trend examined the most recent two years of data, including run out, and different trend is applied to the consumer directed personal

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care services and all other HCBS/Home Health Services. A separate nursing facility and a single HCBS/Home Health Services trend factors were developed for the Community Well population.

Medicaid pharmacy data period and contract period trend exhibited negative trends, reflecting decreases in both utilization and cost per unit. The trends were evaluated after removing the drugs classified as barbiturates and benzodiazepines. As previously noted, as of January 1, 2013, Medicare Part D began to cover benzodiazepines with no restrictions and barbiturates when used in the treatment of epilepsy, cancer or chronic mental disorders and they are no longer paid by Virginia Medicaid. Removal of these drugs from the historical data moderated the analysis results and reflects a better estimate of the future expected cost. The trend decreases are primarily driven by the Over the Counter prescription component. The OTC unit cost is lower than either the average brand or generic and the majority of the pharmacy units (82% NHE and 56% CW) and a significant proportion of the cost (71% NHE and 41% CW) are for over the counter items. The OTC proportions are increasing over time. For all subpopulations, the pharmacy contract period trend is set to 0%.

Annual trend rates must be applied to move the historical data from the midpoint of the data period (July 1, 2013) to the midpoint of the contract period (June 30, 2017). Each category of service in Exhibits 3a to 3c 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.

For services with fee increases reflected in the adjustments in 2a through 2o, the contract period trend is in addition to the planned cost per unit increase. 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 in nursing facility where the trend reflects only the utilization changes over time. Specifically, the trend models are adjusted for the fee increases or decreases that occurred during the historical base period that are presented as adjustments in Exhibits 2a to 2o. There is also an adjustment for the Mental Health Skill-Building Services utilization reduction that is applied to the professional outpatient proportion of the Mental Health/Substance Abuse trend. A number greater than 1 reflects an increase to bring up the underlying data to the level of the most recent period while a number less than 1 represents a decrease. Adjustments to the historical data before the analysis of trend were applied to both the Nursing Home Eligible and the Community Well trends and are presented in the following table.

<b>Table 2 Summary of Adjustments to Trend</b>		
<b>Service</b>	<b>Time Period</b>	<b>Adjustment</b>
HCBS	Jul 2012 – Jun 2013	0.990 ALL
	Jul 2013 – Jul 2015	0.990 NHE-I 0.987 NHE-W 0.990 CW
Mental Health/SA	Dec 2013 – Jul 2015	1.239 NHE-I 1.000 NHE-W 1.043 CW
Ancillary/Other	Jul 2012 – Dec 2013	0.988 NHE-I 1.000 NHE-W 0.996 CW
	Jan 2014 – June 2014	1.038 NHE-I 1.273 NHE-W 1.264 CW
	Jul 2014 – Jul 2015	1.072 NHE-I 1.303 NHE-W 1.295 CW

The total trend rates shown in Exhibits 3a to 3c 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 4a to 4c by applicable service category.

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## **VI. Summary base capitation rates**

The historical data presented in Exhibits 1a to 1c is adjusted by the factors shown in Exhibits 2a through 2p and the Trend and IBNR factors in Exhibits 3a to 3c. These are applied in Exhibits 4a through 4c to determine the capitation rates. In the Exhibits 4a to 4c, the patient payment amounts are incorporated in the policy and program adjustment value, and the trend adjustment is applied.

The NHE population is a combination of the NHE-Institutional and the NHE-Waiver populations. The adjusted and trended rates for these two populations are blended in Exhibit 5a using the eligible member month distribution for June 2016. The NHE-Institutional population decreased by approximately 500 from June 2012, the beginning of the base period, to June 2014. In contrast, from June 2012 to June 2014 the NHE-Waiver population increased by over 3,000, or almost 30% and now represents 54% of the NHE eligible population. By June 2016, approximately two years after the first phase of CCC Duals enrollment, there were approximately 20,600 remaining NHE eligibles with 40% in NHE-I and 60% in NHE-W.

The blended NHE rates were revised multiple times since the beginning of the demonstration (July 2014). The last adjustment was effective January 2017. DMAS has adjusted rates to apply a Member Enrollment Mix Adjustment (MEMA) to reflect the actual mix of NHE-Institutional and NHE-Waiver eligibles and the actual plan enrollment mix in each region. This adjustment is intended to minimize the risk due to actual plan enrollment that diverges from the CCC eligible population average mix for any one plan and to adjust to the changes in NHE enrollment mix. DMAS has adopted the MEMA policy recommendations described in a memo dated September 30, 2013. It is available on the DMAS website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx).

There are two MEMA adjustments in CY 2017. The first was applied to base rates for the period January 1, 2017 to June 30, 2017. The second MEMA will be calculated and applied to the base rates for the period July 1, 2017 to December 31, 2017. CY 2017 MEMA adjusted rates use the January 2017 and June 2017 enrollment based on DMAS capitation payment files.

The base Dual Demonstration capitation rates for the CY 2017 period July 1, 2017 to December 31, 2017 are presented in Exhibit 5b. All averages are weighted by the distribution of member months in June 2016. The weighted average CCC Demonstration Medicaid component is \$3,796.43 PMPM for the NHE and \$274.53 for the Community Well population. The total population weighted average is \$1,659.66 PMPM.

The CY 2017 base rates are compared to the CY 2016 base rates effective July 1, 2016 in Exhibit 5c. Overall, the CY 2017 rates increase by 1.8%.

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## ***VII. Memorandum of Understanding savings adjustment***

The Memorandum of Understanding (MOU) signed by the Commonwealth of Virginia and the Centers for Medicare and Medicaid Services established annual savings targets for the Virginia Medicare-Medicaid Financial Alignment Demonstration. First year savings, to cover the period CY 2014 and CY 2015, were 1%. The original MOU established CY 2016 savings at 2% and CY 2017 savings adjustment at 4%. However, DMAS submitted a request to CMS that the CY 2016 savings adjustment remain at 1% rather than increase to 2%, as in the terms of the original MOU. In early January 2016, CMS notified DMAS that it approved the reduction to the savings adjustment. As a result, the CY 2016 savings adjustment remained at 1% and increased to 2% during CY 2017.

The third year MOU savings of 2% is shown in Exhibit 5e. This is subtracted from the CY 2017 base capitation rates shown in Exhibit 5a.

## ***VIII. Addiction Rehabilitation and 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 is implementing 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 Duals and CCC Plus.

The Virginia budget appropriated additional funds for FY 2017 and FY 2018 for the new services, higher rates, and care coordination by MCOs and assumed some increase in utilization. DMAS expects additional utilization growth in future fiscal years.

The starting point for the medical component of the adjustment for CCC Duals for the CY17 rates is the \$16.3 million appropriation for FY 2018 that is allocated across all managed care populations with enrollees eligible for the ARTS services. The administrative component is calculated based on the FY 2018 ARTS administrative allocation of \$700,000. There was a revision to the original ARTS adjustment to reflect the cost of substance abuse services currently paid under Fee for Service that will now be covered in the Medallion 3.0 and CCC Plus programs. Estimated annual expenditure for these medical services is approximately \$2.6 million. This is added to the \$15.6 million in new ARTS funding for FY 2018. These FFS paid services have already been included in CCC Duals rate development, so the CCC Duals adjustment is limited to their share of the new ARTS funding.

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



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excludes individuals in the Technology Assisted waivers. ARTS eligible members were identified as those who incur claims with any of the substance abuse disorder diagnoses. After the prevalence was determined by population group, that percentage was adjusted for the estimated ARTS utilization factor for each population. The utilization factors were developed by DMAS program staff and varied by age and population group,

Multiplying the prevalence and the expected utilization rates produced an estimate of the ARTS participation factor for each eligible population. These values were used to allocate the medical and the administrative components of the funding per ARTS participant.

A full description of the calculation of the ARTS adjustment across all DMAS managed care programs is described in a separate memo dated April 25, 2017 that was distributed to the health plans.

The adjustment value is calculated separately for NHE-I, NHE-W, and CW. The NHE-I and NHE-W are applied as the weighted average to the Blended NHE rate. The calculation of the ARTS adjustment is shown in Exhibit 5g in the CY 2017 CCC Duals capitation rate report. The NHE-I and NHE-W ARTS amounts are applied as a weighted average to the Blended NHE rate.

## ***IX. Quality Withhold adjustment***

The actual rates paid monthly to the health plans equal the final rates minus a quality withhold. Plans may earn back the “withheld” amount if they fully meet the quality criteria. There are two additional exhibits to reflect the quality withhold adjustment and the monthly rates that will actually be paid to the MMPs. The quality withhold is 1% in Demonstration Year One (2014-2015), 2% in Demonstration Year Two (2016) and will be 3% in Demonstration Year Three (2017).

The quality withhold adjustment for 2017 of 3% is shown in Exhibit 5i. This is subtracted from the CY 2017 base capitation rates with savings and ARTS adjustments shown in Exhibit 5h and presented as rates to be paid to the plans in Exhibit 5j.

## ***X. CCC Demonstration rates: Medicaid component***

Rates with the 2% savings, ARTS adjustment, and 3% quality withhold are shown in Exhibit 5j. The weighted average CCC Medicaid component is \$3,609.96 PMPM for the NHE and \$263.93 PMPM for the Community Well. The total population weighted average is \$1,579.89 PMPM. This is based on the June 2016 distribution of the CCC Demonstration eligible population.

The final MEMA will be done effective July 2017 for all regions and establish rates for the remainder of the calendar year based on the enrollment mix for each plan at the beginning of June 2017, and use the revised CY 2017 rates NHE Age 21-64 and Age 65 and Over regional blended rates s presented in this report. The MEMA adjustments will be health plan specific by region.

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## ***XI. CCC Demonstration rates: Acute and Long Term Care rate components***

The MMPs are required to pay the federal health insurer fee on the acute care component of the CCC Duals Medicaid component of the rates. Exhibits 6a to 6g show the acute and long term care components of the rates presented in Exhibits 5a to 5j. Long term care services are defined as Medicaid payments for Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services. All other services, including Medicare Crossover, are acute care services.

The acute care component of the rate varies among the subpopulation groups. Before taking the savings adjustment and quality withhold, acute care is 3.6% of the NHE-I base rate, 10.2% of the NHE-W base rate and 89.1% of the CW base rate. Using the June 2016 distribution of eligibles, acute care is 14.8% of the total weighted average CCC Duals Medicaid base rate.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 21 - 64								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	5,756	5,660						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$12,899	\$4,923	\$2.24	\$0.87	2,423	1,004	\$11.10	\$10.40
DME/Supplies	\$17,509	\$8,221	\$3.04	\$1.45	148	138	\$246.60	\$126.48
Emergency	\$565	\$0	\$0.10	\$0.00	13	-	\$94.09	\$0.00
FQHC	\$0	\$71	\$0.00	\$0.01	-	2	\$0.00	\$70.61
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$50,742	\$221,081	\$8.82	\$39.06	10	28	\$10,148.31	\$17,006.23
Inpatient - Psych	\$0	\$2,432	\$0.00	\$0.43	-	64	\$0.00	\$81.07
Lab and X-ray Services	\$949	\$896	\$0.16	\$0.16	188	151	\$10.54	\$12.62
Medicare Xover - IP	\$198,548	\$293,061	\$34.50	\$51.77	334	399	\$1,240.93	\$1,558.84
Medicare Xover - Nursing Facility	\$218,932	\$196,858	\$38.04	\$34.78	32,110	33,682	\$14.22	\$12.39
Medicare Xover - OP	\$49,169	\$72,829	\$8.54	\$12.87	1,326	1,933	\$77.31	\$79.86
Medicare Xover - Other	\$47,555	\$45,803	\$8.26	\$8.09	5,427	6,040	\$18.27	\$16.08
Medicare Xover - Physician	\$102,189	\$99,955	\$17.75	\$17.66	16,625	18,437	\$12.82	\$11.49
Nursing Facility	\$24,560,183	\$24,672,052	\$4,267.12	\$4,358.67	317,561	318,121	\$161.25	\$164.42
Outpatient - Other	\$234	\$1,186	\$0.04	\$0.21	15	32	\$33.37	\$79.06
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$7,385	\$4,854	\$1.28	\$0.86	398	134	\$38.67	\$77.05
Physician - Clinic	\$568	\$0	\$0.10	\$0.00	705	-	\$1.68	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$51,937	\$43,816	\$9.02	\$7.74	1,493	1,338	\$72.54	\$69.44
Physician - Other Practitioner	\$7,948	\$3,039	\$1.38	\$0.54	281	108	\$58.87	\$59.58
Physician - PCP	\$13,357	\$3,680	\$2.32	\$0.65	438	155	\$63.61	\$50.41
Physician - Specialist	\$3,279	\$1,167	\$0.57	\$0.21	238	68	\$28.76	\$36.47
Pharmacy	\$101,311	\$93,328	\$17.60	\$16.49	30,064	29,894	\$7.03	\$6.62
Transportation - Emergency	\$1,025	\$349	\$0.18	\$0.06	29	8	\$73.22	\$87.32
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$25,446,282</b>	<b>\$25,769,603</b>	<b>\$4,421.07</b>	<b>\$4,552.57</b>	<b>409,824</b>	<b>411,733</b>	<b>\$129.45</b>	<b>\$132.68</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 65 and Over								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	38,813	38,998						
<b>Service Type</b>								
Adult Day Care	\$548	\$0	\$0.01	\$0.00	4	-	\$45.65	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$41,391	\$40,726	\$1.07	\$1.04	1,261	1,237	\$10.15	\$10.13
DME/Supplies	\$42,009	\$25,288	\$1.08	\$0.65	93	68	\$139.57	\$113.91
Emergency	\$8,870	\$7,036	\$0.23	\$0.18	1	1	\$2,217.48	\$1,759.09
FQHC	\$122	\$0	\$0.00	\$0.00	1	-	\$61.16	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$181,107	\$283,824	\$4.67	\$7.28	5	6	\$11,319.19	\$14,938.10
Inpatient - Psych	\$0	\$5,187	\$0.00	\$0.13	-	20	\$0.00	\$79.79
Lab and X-ray Services	\$6,211	\$5,451	\$0.16	\$0.14	134	144	\$14.35	\$11.62
Medicare Xover - IP	\$930,254	\$900,476	\$23.97	\$23.09	256	242	\$1,124.85	\$1,145.64
Medicare Xover - Nursing Facility	\$1,029,220	\$1,033,740	\$26.52	\$26.51	22,362	23,694	\$14.23	\$13.42
Medicare Xover - OP	\$170,207	\$194,864	\$4.39	\$5.00	649	725	\$81.13	\$82.71
Medicare Xover - Other	\$136,329	\$142,606	\$3.51	\$3.66	2,933	3,043	\$14.37	\$14.42
Medicare Xover - Physician	\$458,154	\$491,568	\$11.80	\$12.61	11,400	11,739	\$12.43	\$12.89
Nursing Facility	\$170,128,660	\$175,681,175	\$4,383.28	\$4,504.90	327,642	330,935	\$160.54	\$163.35
Outpatient - Other	\$1,013	\$4,025	\$0.03	\$0.10	4	9	\$77.89	\$134.16
Outpatient - Psychological	\$0	\$636	\$0.00	\$0.02	-	2	\$0.00	\$105.99
Personal Care Services	\$41,662	\$20,466	\$1.07	\$0.52	280	175	\$46.04	\$35.91
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$34	\$0.00	\$0.00	-	1	\$0.00	\$16.80
Physician - OP Mental Health	\$50,943	\$38,259	\$1.31	\$0.98	360	283	\$43.69	\$41.59
Physician - Other Practitioner	\$13,205	\$10,414	\$0.34	\$0.27	87	68	\$46.66	\$47.34
Physician - PCP	\$17,525	\$21,070	\$0.45	\$0.54	96	104	\$56.53	\$62.34
Physician - Specialist	\$9,503	\$13,549	\$0.24	\$0.35	70	101	\$42.05	\$41.31
Pharmacy	\$579,227	\$578,217	\$14.92	\$14.83	28,608	28,814	\$6.26	\$6.17
Transportation - Emergency	\$2,385	\$1,703	\$0.06	\$0.04	9	7	\$85.19	\$77.42
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$173,848,546</b>	<b>\$179,500,314</b>	<b>\$4,479.12</b>	<b>\$4,602.84</b>	<b>396,254</b>	<b>401,418</b>	<b>\$135.64</b>	<b>\$137.60</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 21 - 64								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	5,152	4,958						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$9,612	\$23,833	\$1.87	\$4.81	843	3,614	\$26.55	\$15.96
DME/Supplies	\$11,853	\$21,152	\$2.30	\$4.27	182	143	\$151.96	\$358.51
Emergency	\$3,462	\$0	\$0.67	\$0.00	14	-	\$576.93	\$0.00
FQHC	\$74	\$0	\$0.01	\$0.00	2	-	\$74.29	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$16,118	\$91,893	\$3.13	\$18.53	7	12	\$5,372.54	\$18,378.54
Inpatient - Psych	\$0	\$1,216	\$0.00	\$0.25	-	22	\$0.00	\$135.11
Lab and X-ray Services	\$1,302	\$572	\$0.25	\$0.12	273	90	\$11.13	\$15.46
Medicare Xover - IP	\$144,375	\$147,897	\$28.02	\$29.83	277	300	\$1,213.23	\$1,192.71
Medicare Xover - Nursing Facility	\$172,455	\$149,687	\$33.47	\$30.19	24,145	22,880	\$16.63	\$15.83
Medicare Xover - OP	\$52,829	\$76,305	\$10.25	\$15.39	1,248	1,421	\$98.56	\$129.99
Medicare Xover - Other	\$44,065	\$35,974	\$8.55	\$7.26	5,634	4,952	\$18.22	\$17.58
Medicare Xover - Physician	\$142,612	\$120,049	\$27.68	\$24.21	27,625	25,605	\$12.02	\$11.35
Nursing Facility	\$22,213,377	\$21,838,246	\$4,311.36	\$4,404.28	322,349	328,174	\$160.50	\$161.05
Outpatient - Other	\$786	\$388	\$0.15	\$0.08	9	19	\$196.49	\$48.48
Outpatient - Psychological	\$0	\$271	\$0.00	\$0.05	-	51	\$0.00	\$12.91
Personal Care Services	\$1,329	\$10,044	\$0.26	\$2.03	44	387	\$69.93	\$62.77
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$98,220	\$91,552	\$19.06	\$18.46	6,174	6,469	\$37.05	\$34.25
Physician - Other Practitioner	\$11,464	\$9,730	\$2.23	\$1.96	391	286	\$68.24	\$82.46
Physician - PCP	\$1,668	\$1,286	\$0.32	\$0.26	68	48	\$57.51	\$64.31
Physician - Specialist	\$1,910	\$1,069	\$0.37	\$0.22	126	114	\$35.37	\$22.75
Pharmacy	\$93,982	\$65,941	\$18.24	\$13.30	26,805	23,681	\$8.17	\$6.74
Transportation - Emergency	\$465	\$664	\$0.09	\$0.13	9	15	\$116.23	\$110.62
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$23,021,958</b>	<b>\$22,687,768</b>	<b>\$4,468.30</b>	<b>\$4,575.61</b>	<b>416,227</b>	<b>418,282</b>	<b>\$128.82</b>	<b>\$131.27</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 65 and Over								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	27,709	27,210						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$8,203	\$6,680	\$0.30	\$0.25	286	277	\$12.40	\$10.62
DME/Supplies	\$20,698	\$12,772	\$0.75	\$0.47	88	65	\$101.96	\$86.88
Emergency	\$1,296	\$473	\$0.05	\$0.02	1	0	\$432.13	\$472.92
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$0	\$114	\$0.00	\$0.00	-	0	\$0.00	\$114.10
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$201,077	\$168,490	\$7.26	\$6.19	8	7	\$11,170.95	\$9,911.19
Inpatient - Psych	\$0	\$10,300	\$0.00	\$0.38	-	18	\$0.00	\$257.51
Lab and X-ray Services	\$3,172	\$2,479	\$0.11	\$0.09	128	81	\$10.72	\$13.48
Medicare Xover - IP	\$611,750	\$572,094	\$22.08	\$21.03	226	220	\$1,171.93	\$1,148.78
Medicare Xover - Nursing Facility	\$586,306	\$501,858	\$21.16	\$18.44	16,997	16,858	\$14.94	\$13.13
Medicare Xover - OP	\$160,481	\$134,414	\$5.79	\$4.94	789	672	\$88.03	\$88.20
Medicare Xover - Other	\$90,595	\$92,163	\$3.27	\$3.39	3,337	3,251	\$11.76	\$12.50
Medicare Xover - Physician	\$447,132	\$421,527	\$16.14	\$15.49	18,543	17,692	\$10.44	\$10.51
Nursing Facility	\$116,648,922	\$118,452,282	\$4,209.78	\$4,353.34	327,860	333,210	\$154.08	\$156.78
Outpatient - Other	\$453	\$847	\$0.02	\$0.03	2	4	\$90.50	\$94.10
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$96,966	\$73,490	\$3.50	\$2.70	1,013	778	\$41.47	\$41.66
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$113,040	\$142,416	\$4.08	\$5.23	876	1,216	\$55.88	\$51.66
Physician - Other Practitioner	\$22,125	\$18,795	\$0.80	\$0.69	176	150	\$54.49	\$55.28
Physician - PCP	\$6,059	\$7,258	\$0.22	\$0.27	57	57	\$46.25	\$56.27
Physician - Specialist	\$7,303	\$7,645	\$0.26	\$0.28	94	74	\$33.50	\$45.50
Pharmacy	\$407,466	\$363,121	\$14.71	\$13.35	27,325	24,792	\$6.46	\$6.46
Transportation - Emergency	\$506	\$137	\$0.02	\$0.01	3	1	\$84.30	\$68.68
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$119,433,550</b>	<b>\$120,989,359</b>	<b>\$4,310.27</b>	<b>\$4,446.58</b>	<b>397,809</b>	<b>399,424</b>	<b>\$130.02</b>	<b>\$133.59</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 21 - 64								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	2,751	2,886						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$24,978	\$41,018	\$9.08	\$14.21	5,128	13,474	\$21.25	\$12.66
DME/Supplies	\$38,384	\$43,140	\$13.95	\$14.95	318	266	\$525.80	\$674.07
Emergency	\$0	\$1,257	\$0.00	\$0.44	-	4	\$0.00	\$1,256.68
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$123,099	\$0.00	\$42.66	-	25	\$0.00	\$20,516.50
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$989	\$583	\$0.36	\$0.20	523	158	\$8.24	\$15.34
Medicare Xover - IP	\$89,355	\$80,636	\$32.48	\$27.94	292	258	\$1,333.65	\$1,300.58
Medicare Xover - Nursing Facility	\$97,373	\$105,507	\$35.40	\$36.56	25,122	26,049	\$16.91	\$16.84
Medicare Xover - OP	\$26,442	\$39,213	\$9.61	\$13.59	1,125	1,169	\$102.49	\$139.55
Medicare Xover - Other	\$15,434	\$16,712	\$5.61	\$5.79	3,804	3,672	\$17.70	\$18.93
Medicare Xover - Physician	\$56,099	\$45,244	\$20.39	\$15.68	10,417	9,074	\$23.49	\$20.73
Nursing Facility	\$14,673,635	\$15,736,676	\$5,334.05	\$5,453.53	326,158	326,175	\$196.25	\$200.64
Outpatient - Other	\$413	\$90	\$0.15	\$0.03	13	8	\$137.64	\$44.79
Outpatient - Psychological	\$0	\$65	\$0.00	\$0.02	-	4	\$0.00	\$65.00
Personal Care Services	\$5,001	\$9,425	\$1.82	\$3.27	266	366	\$81.98	\$107.10
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$43,156	\$37,250	\$15.69	\$12.91	2,482	1,938	\$75.85	\$79.94
Physician - Other Practitioner	\$2,284	\$1,495	\$0.83	\$0.52	174	162	\$75.09	\$38.32
Physician - PCP	\$2,031	\$4,156	\$0.74	\$1.44	157	291	\$56.42	\$59.37
Physician - Specialist	\$5,161	\$7,945	\$1.88	\$2.75	371	3,971	\$60.72	\$8.32
Pharmacy	\$51,125	\$56,061	\$18.58	\$19.43	32,393	31,651	\$6.88	\$7.37
Transportation - Emergency	\$0	\$168	\$0.00	\$0.06	-	8	\$0.00	\$84.04
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$15,131,859</b>	<b>\$16,349,740</b>	<b>\$5,500.62</b>	<b>\$5,665.99</b>	<b>408,744</b>	<b>418,724</b>	<b>\$161.49</b>	<b>\$162.38</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Institutional**

**Exhibit 1a**

Age 65 and Over								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	16,662	16,372						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$8,973	\$20,393	\$0.54	\$1.25	487	971	\$13.26	\$15.39
DME/Supplies	\$8,832	\$7,041	\$0.53	\$0.43	75	52	\$84.92	\$99.17
Emergency	\$0	\$1,269	\$0.00	\$0.08	-	1	\$0.00	\$1,268.59
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$664,216	\$394,414	\$39.86	\$24.09	35	22	\$13,837.83	\$13,147.13
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$2,738	\$906	\$0.16	\$0.06	184	59	\$10.69	\$11.18
Medicare Xover - IP	\$321,808	\$321,908	\$19.31	\$19.66	211	188	\$1,098.32	\$1,257.45
Medicare Xover - Nursing Facility	\$445,837	\$426,801	\$26.76	\$26.07	20,213	20,629	\$15.89	\$15.16
Medicare Xover - OP	\$121,952	\$120,109	\$7.32	\$7.34	738	674	\$119.09	\$130.55
Medicare Xover - Other	\$50,860	\$41,277	\$3.05	\$2.52	2,019	1,928	\$18.14	\$15.69
Medicare Xover - Physician	\$172,533	\$151,039	\$10.36	\$9.23	6,185	5,519	\$20.09	\$20.06
Nursing Facility	\$87,762,250	\$88,727,289	\$5,267.32	\$5,419.55	328,163	331,104	\$192.61	\$196.42
Outpatient - Other	\$399	\$1,157	\$0.02	\$0.07	1	15	\$399.29	\$55.11
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$110,391	\$80,113	\$6.63	\$4.89	1,386	1,222	\$57.38	\$48.06
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$369	\$0	\$0.02	\$0.00	9	-	\$30.79	\$0.00
Physician - OP Mental Health	\$15,469	\$12,446	\$0.93	\$0.76	264	149	\$42.15	\$61.31
Physician - Other Practitioner	\$3,909	\$7,209	\$0.23	\$0.44	97	124	\$29.17	\$42.66
Physician - PCP	\$9,584	\$9,836	\$0.58	\$0.60	131	122	\$52.66	\$59.25
Physician - Specialist	\$6,881	\$3,919	\$0.41	\$0.24	111	86	\$44.68	\$33.50
Pharmacy	\$267,642	\$253,703	\$16.06	\$15.50	32,913	31,141	\$5.86	\$5.97
Transportation - Emergency	\$1,349	\$752	\$0.08	\$0.05	12	7	\$84.32	\$75.20
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$89,975,993</b>	<b>\$90,581,581</b>	<b>\$5,400.18</b>	<b>\$5,532.81</b>	<b>393,233</b>	<b>394,014</b>	<b>\$164.79</b>	<b>\$168.51</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Institutional**

**Exhibit 1a**

Age 21 - 64								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	3,313	3,611						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$26,698	\$3,597	\$8.06	\$1.00	4,042	518	\$23.93	\$23.06
DME/Supplies	\$5,154	\$11,891	\$1.56	\$3.29	145	163	\$128.85	\$242.68
Emergency	\$326	\$161	\$0.10	\$0.04	4	7	\$325.60	\$80.71
FQHC	\$75	\$159	\$0.02	\$0.04	4	40	\$75.49	\$13.22
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$248,946	\$48,664	\$75.15	\$13.48	36	13	\$24,894.56	\$12,166.03
Inpatient - Psych	\$0	\$824	\$0.00	\$0.23	-	70	\$0.00	\$39.23
Lab and X-ray Services	\$957	\$1,559	\$0.29	\$0.43	348	382	\$9.97	\$13.56
Medicare Xover - IP	\$89,382	\$119,287	\$26.98	\$33.04	272	289	\$1,191.76	\$1,371.11
Medicare Xover - Nursing Facility	\$129,037	\$150,837	\$38.95	\$41.77	30,729	32,994	\$15.21	\$15.19
Medicare Xover - OP	\$38,760	\$60,539	\$11.70	\$16.77	1,166	1,791	\$120.37	\$112.32
Medicare Xover - Other	\$29,227	\$38,516	\$8.82	\$10.67	6,441	6,876	\$16.44	\$18.62
Medicare Xover - Physician	\$96,153	\$92,655	\$29.03	\$25.66	21,728	24,722	\$16.03	\$12.46
Nursing Facility	\$14,473,919	\$15,800,817	\$4,369.26	\$4,375.99	314,306	308,810	\$166.82	\$170.05
Outpatient - Other	\$2,386	\$3,412	\$0.72	\$0.94	54	33	\$159.09	\$341.19
Outpatient - Psychological	\$105	\$0	\$0.03	\$0.00	4	-	\$105.39	\$0.00
Personal Care Services	\$271	\$290	\$0.08	\$0.08	22	70	\$45.18	\$13.83
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$144,054	\$135,312	\$43.49	\$37.47	6,542	5,773	\$79.76	\$77.90
Physician - Other Practitioner	\$6,405	\$5,108	\$1.93	\$1.41	293	199	\$79.07	\$85.13
Physician - PCP	\$2,535	\$2,997	\$0.77	\$0.83	127	166	\$72.42	\$59.94
Physician - Specialist	\$1,852	\$1,429	\$0.56	\$0.40	206	186	\$32.49	\$25.53
Pharmacy	\$70,373	\$57,102	\$21.24	\$15.81	30,458	27,527	\$8.37	\$6.89
Transportation - Emergency	\$305	\$521	\$0.09	\$0.14	14	20	\$76.36	\$86.78
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$15,366,921</b>	<b>\$16,535,677</b>	<b>\$4,638.84</b>	<b>\$4,579.50</b>	<b>416,940</b>	<b>410,651</b>	<b>\$133.51</b>	<b>\$133.82</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 65 and Over								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	26,585	26,286						
<b>Service Type</b>								
Adult Day Care	\$822	\$12,187	\$0.03	\$0.46	8	100	\$45.65	\$55.65
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$36,135	\$49,646	\$1.36	\$1.89	1,653	2,015	\$9.87	\$11.25
DME/Supplies	\$16,015	\$17,812	\$0.60	\$0.68	83	87	\$87.51	\$93.26
Emergency	\$650	\$1,692	\$0.02	\$0.06	0	2	\$650.33	\$338.34
FQHC	\$563	\$442	\$0.02	\$0.02	4	3	\$70.40	\$73.61
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$141,881	\$108,904	\$5.34	\$4.14	5	5	\$12,898.26	\$10,890.41
Inpatient - Psych	\$0	\$3,648	\$0.00	\$0.14	-	13	\$0.00	\$125.79
Lab and X-ray Services	\$4,709	\$6,635	\$0.18	\$0.25	198	278	\$10.73	\$10.91
Medicare Xover - IP	\$457,831	\$502,644	\$17.22	\$19.12	195	210	\$1,059.79	\$1,095.08
Medicare Xover - Nursing Facility	\$644,394	\$696,338	\$24.24	\$26.49	18,589	22,205	\$15.65	\$14.32
Medicare Xover - OP	\$240,596	\$247,647	\$9.05	\$9.42	687	791	\$158.18	\$142.98
Medicare Xover - Other	\$75,965	\$70,338	\$2.86	\$2.68	2,803	2,681	\$12.23	\$11.98
Medicare Xover - Physician	\$318,206	\$372,479	\$11.97	\$14.17	10,978	12,566	\$13.08	\$13.53
Nursing Facility	\$112,772,881	\$113,316,496	\$4,241.95	\$4,310.83	325,182	328,169	\$156.54	\$157.63
Outpatient - Other	\$3,151	\$2,320	\$0.12	\$0.09	37	23	\$37.97	\$46.41
Outpatient - Psychological	\$16	\$0	\$0.00	\$0.00	0	-	\$16.29	\$0.00
Personal Care Services	\$9,626	\$9,502	\$0.36	\$0.36	119	156	\$36.46	\$27.78
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$8	\$0.00	\$0.00	-	0	\$0.00	\$7.76
Physician - OP Mental Health	\$113,460	\$46,189	\$4.27	\$1.76	726	363	\$70.52	\$58.10
Physician - Other Practitioner	\$12,750	\$13,211	\$0.48	\$0.50	135	103	\$42.79	\$58.46
Physician - PCP	\$4,739	\$6,027	\$0.18	\$0.23	38	45	\$56.42	\$61.50
Physician - Specialist	\$4,474	\$10,084	\$0.17	\$0.38	53	146	\$37.92	\$31.51
Pharmacy	\$418,149	\$406,659	\$15.73	\$15.47	31,138	30,237	\$6.06	\$6.14
Transportation - Emergency	\$953	\$693	\$0.04	\$0.03	5	3	\$79.38	\$115.55
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$115,277,966</b>	<b>\$115,901,600</b>	<b>\$4,336.18</b>	<b>\$4,409.17</b>	<b>392,637</b>	<b>400,199</b>	<b>\$132.53</b>	<b>\$132.21</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Institutional**

**Exhibit 1a**

Age 21 - 64								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	1,705	1,737						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$2,882	\$6,140	\$1.69	\$3.53	2,076	2,853	\$9.77	\$14.87
DME/Supplies	\$3,651	\$4,821	\$2.14	\$2.77	289	408	\$89.04	\$81.71
Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$0	\$116	\$0.00	\$0.07	-	7	\$0.00	\$115.58
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$87,267	\$0.00	\$50.23	-	69	\$0.00	\$8,726.73
Inpatient - Psych	\$0	\$1,216	\$0.00	\$0.70	-	152	\$0.00	\$55.27
Lab and X-ray Services	\$164	\$360	\$0.10	\$0.21	134	180	\$8.61	\$13.86
Medicare Xover - IP	\$48,215	\$74,780	\$28.28	\$43.04	345	401	\$983.99	\$1,289.31
Medicare Xover - Nursing Facility	\$106,907	\$59,297	\$62.70	\$34.13	41,181	27,975	\$18.27	\$14.64
Medicare Xover - OP	\$23,361	\$47,945	\$13.70	\$27.60	2,020	3,101	\$81.40	\$106.78
Medicare Xover - Other	\$11,371	\$14,113	\$6.67	\$8.12	4,561	5,443	\$17.55	\$17.91
Medicare Xover - Physician	\$25,535	\$33,567	\$14.98	\$19.32	18,511	21,130	\$9.71	\$10.97
Nursing Facility	\$6,705,199	\$6,715,292	\$3,932.74	\$3,865.39	304,855	294,646	\$154.80	\$157.43
Outpatient - Other	\$240	\$408	\$0.14	\$0.23	21	14	\$79.91	\$203.87
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$0	\$1,459	\$0.00	\$0.84	-	290	\$0.00	\$34.73
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$18,230	\$368	\$10.69	\$0.21	1,682	83	\$76.28	\$30.69
Physician - Other Practitioner	\$2,339	\$2,970	\$1.37	\$1.71	450	559	\$36.55	\$36.66
Physician - PCP	\$163	\$696	\$0.10	\$0.40	35	76	\$32.70	\$63.31
Physician - Specialist	\$267	\$1,048	\$0.16	\$0.60	70	207	\$26.71	\$34.93
Pharmacy	\$15,257	\$15,924	\$8.95	\$9.17	17,955	17,075	\$5.98	\$6.44
Transportation - Emergency	\$0	\$3,879	\$0.00	\$2.23	-	35	\$0.00	\$775.88
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,963,782</b>	<b>\$7,071,666</b>	<b>\$4,084.41</b>	<b>\$4,070.53</b>	<b>394,184</b>	<b>374,702</b>	<b>\$124.34</b>	<b>\$130.36</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

Age 65 and Over								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	13,812	13,160						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$5,821	\$6,934	\$0.42	\$0.53	425	527	\$11.90	\$12.01
DME/Supplies	\$9,286	\$7,927	\$0.67	\$0.60	110	80	\$73.12	\$90.08
Emergency	\$0	\$529	\$0.00	\$0.04	-	2	\$0.00	\$264.62
FQHC	\$0	\$704	\$0.00	\$0.05	-	5	\$0.00	\$117.26
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$26,890	\$50,911	\$1.95	\$3.87	3	4	\$8,963.34	\$12,727.76
Inpatient - Psych	\$0	\$2,574	\$0.00	\$0.20	-	43	\$0.00	\$54.76
Lab and X-ray Services	\$1,481	\$1,550	\$0.11	\$0.12	107	135	\$12.04	\$10.47
Medicare Xover - IP	\$266,037	\$264,999	\$19.26	\$20.14	225	220	\$1,027.17	\$1,099.58
Medicare Xover - Nursing Facility	\$454,041	\$381,160	\$32.87	\$28.96	26,438	24,076	\$14.92	\$14.44
Medicare Xover - OP	\$100,693	\$96,852	\$7.29	\$7.36	791	1,029	\$110.53	\$85.79
Medicare Xover - Other	\$34,361	\$28,856	\$2.49	\$2.19	2,450	2,132	\$12.18	\$12.34
Medicare Xover - Physician	\$155,723	\$151,336	\$11.27	\$11.50	10,326	11,100	\$13.10	\$12.43
Nursing Facility	\$59,321,476	\$56,925,405	\$4,294.98	\$4,325.66	331,801	332,035	\$155.33	\$156.33
Outpatient - Other	\$37	\$3,706	\$0.00	\$0.28	1	33	\$36.92	\$102.95
Outpatient - Psychological	\$0	\$42	\$0.00	\$0.00	-	1	\$0.00	\$42.27
Personal Care Services	\$1,246	\$1,343	\$0.09	\$0.10	33	16	\$32.78	\$74.59
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$10,111	\$1,446	\$0.73	\$0.11	119	46	\$73.80	\$28.91
Physician - Other Practitioner	\$6,228	\$6,211	\$0.45	\$0.47	202	217	\$26.84	\$26.10
Physician - PCP	\$1,175	\$1,858	\$0.09	\$0.14	21	26	\$48.98	\$66.36
Physician - Specialist	\$1,524	\$2,931	\$0.11	\$0.22	54	75	\$24.58	\$35.74
Pharmacy	\$171,868	\$143,365	\$12.44	\$10.89	24,729	22,592	\$6.04	\$5.79
Transportation - Emergency	\$220	\$623	\$0.02	\$0.05	2	5	\$109.78	\$103.84
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$60,568,217</b>	<b>\$58,081,262</b>	<b>\$4,385.25</b>	<b>\$4,413.49</b>	<b>397,837</b>	<b>394,399</b>	<b>\$132.27</b>	<b>\$134.29</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Institutional**

All Ages								
Demonstration Regions	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	142,257	140,878						
<b>Service Type</b>								
Adult Day Care	\$1,369	\$12,187	\$0.01	\$0.09	3	19	\$45.65	\$55.65
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$177,593	\$203,890	\$1.25	\$1.45	1,154	1,426	\$12.98	\$12.18
DME/Supplies	\$173,390	\$160,066	\$1.22	\$1.14	103	86	\$142.01	\$157.70
Emergency	\$15,168	\$12,417	\$0.11	\$0.09	2	1	\$722.30	\$776.06
FQHC	\$835	\$1,374	\$0.01	\$0.01	1	2	\$69.61	\$54.98
Home Health Services	\$0	\$230	\$0.00	\$0.00	-	0	\$0.00	\$114.84
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,530,976	\$1,578,547	\$10.76	\$11.21	10	10	\$13,429.61	\$13,377.52
Inpatient - Psych	\$0	\$27,396	\$0.00	\$0.19	-	22	\$0.00	\$104.17
Lab and X-ray Services	\$22,672	\$20,992	\$0.16	\$0.15	168	151	\$11.40	\$11.81
Medicare Xover - IP	\$3,157,556	\$3,277,781	\$22.20	\$23.27	236	235	\$1,126.49	\$1,188.03
Medicare Xover - Nursing Facility	\$3,884,501	\$3,702,082	\$27.31	\$26.28	21,689	22,487	\$15.11	\$14.02
Medicare Xover - OP	\$984,490	\$1,090,717	\$6.92	\$7.74	794	888	\$104.56	\$104.58
Medicare Xover - Other	\$535,761	\$526,359	\$3.77	\$3.74	3,150	3,129	\$14.35	\$14.33
Medicare Xover - Physician	\$1,974,336	\$1,979,420	\$13.88	\$14.05	13,103	13,412	\$12.71	\$12.57
Nursing Facility	\$629,260,502	\$637,865,729	\$4,423.40	\$4,527.79	326,477	329,257	\$162.59	\$165.02
Outpatient - Other	\$9,111	\$17,539	\$0.06	\$0.12	11	16	\$67.49	\$95.84
Outpatient - Psychological	\$122	\$1,014	\$0.00	\$0.01	0	2	\$60.84	\$34.98
Personal Care Services	\$273,876	\$210,986	\$1.93	\$1.50	485	403	\$47.66	\$44.56
Physician - Clinic	\$568	\$0	\$0.00	\$0.00	29	-	\$1.68	\$0.00
Physician - IP Mental Health	\$369	\$41	\$0.00	\$0.00	1	0	\$30.79	\$13.79
Physician - OP Mental Health	\$658,620	\$549,056	\$4.63	\$3.90	952	873	\$58.37	\$53.60
Physician - Other Practitioner	\$88,657	\$78,181	\$0.62	\$0.55	155	131	\$48.16	\$50.70
Physician - PCP	\$58,838	\$58,866	\$0.41	\$0.42	88	84	\$56.25	\$59.88
Physician - Specialist	\$42,155	\$50,787	\$0.30	\$0.36	93	182	\$38.39	\$23.79
Pharmacy	\$2,176,399	\$2,033,421	\$15.30	\$14.43	28,941	27,735	\$6.34	\$6.25
Transportation - Emergency	\$7,208	\$9,490	\$0.05	\$0.07	7	6	\$83.81	\$137.54
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$645,035,073</b>	<b>\$653,468,570</b>	<b>\$4,534.28</b>	<b>\$4,638.54</b>	<b>397,651</b>	<b>400,559</b>	<b>\$136.83</b>	<b>\$138.96</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 21 - 64								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	12,884	13,717						
<b>Service Type</b>								
Adult Day Care	\$456,152	\$538,858	\$35.41	\$39.28	9,781	8,696	\$43.44	\$54.21
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$9,388,245	\$8,965,893	\$728.70	\$653.62	856,292	779,582	\$10.21	\$10.06
DME/Supplies	\$906,191	\$965,905	\$70.34	\$70.42	8,887	8,546	\$94.98	\$98.87
Emergency	\$60	\$737	\$0.00	\$0.05	2	1	\$30.00	\$737.20
FQHC	\$206	\$231	\$0.02	\$0.02	2	4	\$103.06	\$46.28
Home Health Services	\$5,824	\$6,394	\$0.45	\$0.47	27	24	\$200.84	\$236.80
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$31,336	\$26,055	\$2.43	\$1.90	4	2	\$7,833.97	\$13,027.68
Inpatient - Psych	\$0	\$10,944	\$0.00	\$0.80	-	53	\$0.00	\$179.41
Lab and X-ray Services	\$870	\$675	\$0.07	\$0.05	42	39	\$19.34	\$15.00
Medicare Xover - IP	\$470,863	\$525,705	\$36.55	\$38.32	550	488	\$796.72	\$942.12
Medicare Xover - Nursing Facility	\$1,027	\$754	\$0.08	\$0.05	127	97	\$7.55	\$6.79
Medicare Xover - OP	\$254,944	\$315,114	\$19.79	\$22.97	2,765	3,465	\$85.87	\$79.55
Medicare Xover - Other	\$433,100	\$345,158	\$33.62	\$25.16	13,242	11,147	\$30.46	\$27.09
Medicare Xover - Physician	\$323,576	\$314,167	\$25.12	\$22.90	20,036	19,806	\$15.04	\$13.88
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$7,032	\$4,511	\$0.55	\$0.33	27	30	\$242.49	\$132.67
Outpatient - Psychological	\$864	\$717	\$0.07	\$0.05	2	24	\$432.07	\$26.55
Personal Care Services	\$14,158,700	\$13,811,899	\$1,098.98	\$1,006.90	302,882	277,615	\$43.54	\$43.52
Physician - Clinic	\$96	\$70	\$0.01	\$0.01	6	4	\$16.00	\$13.98
Physician - IP Mental Health	\$1,614	\$27	\$0.13	\$0.00	19	1	\$80.70	\$27.20
Physician - OP Mental Health	\$1,136,272	\$1,485,161	\$88.20	\$108.27	21,059	24,910	\$50.26	\$52.16
Physician - Other Practitioner	\$314,361	\$400,510	\$24.40	\$29.20	5,417	6,401	\$54.05	\$54.74
Physician - PCP	\$5,127	\$6,036	\$0.40	\$0.44	112	114	\$42.73	\$46.43
Physician - Specialist	\$7,080	\$12,142	\$0.55	\$0.89	194	221	\$34.04	\$47.99
Pharmacy	\$52,722	\$52,105	\$4.09	\$3.80	4,253	3,963	\$11.55	\$11.50
Transportation - Emergency	\$841	\$500	\$0.07	\$0.04	7	5	\$105.13	\$83.39
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$27,957,104</b>	<b>\$27,790,268</b>	<b>\$2,169.99</b>	<b>\$2,025.94</b>	<b>1,245,734</b>	<b>1,145,239</b>	<b>\$20.90</b>	<b>\$21.23</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 65 and Over								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	33,373	34,354						
<b>Service Type</b>								
Adult Day Care	\$1,341,757	\$1,294,555	\$40.21	\$37.68	10,684	8,343	\$45.16	\$54.20
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$18,447,723	\$18,043,026	\$552.78	\$525.21	649,608	623,685	\$10.21	\$10.11
DME/Supplies	\$1,994,885	\$1,999,723	\$59.78	\$58.21	9,388	8,906	\$76.40	\$78.43
Emergency	\$1,333	\$427	\$0.04	\$0.01	3	1	\$166.62	\$142.34
FQHC	\$522	\$265	\$0.02	\$0.01	2	2	\$87.06	\$53.03
Home Health Services	\$6,098	\$13,834	\$0.18	\$0.40	7	17	\$320.97	\$288.20
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$302,469	\$267,031	\$9.06	\$7.77	10	8	\$10,802.45	\$12,137.78
Inpatient - Psych	\$2,542	\$7,296	\$0.08	\$0.21	1	18	\$847.24	\$143.06
Lab and X-ray Services	\$1,710	\$4,150	\$0.05	\$0.12	32	61	\$19.43	\$23.71
Medicare Xover - IP	\$1,269,842	\$1,263,066	\$38.05	\$36.77	482	453	\$946.94	\$974.59
Medicare Xover - Nursing Facility	\$1,302	\$1,292	\$0.04	\$0.04	44	60	\$10.67	\$7.55
Medicare Xover - OP	\$412,628	\$476,165	\$12.36	\$13.86	1,847	2,114	\$80.31	\$78.67
Medicare Xover - Other	\$504,620	\$407,064	\$15.12	\$11.85	9,221	7,971	\$19.68	\$17.84
Medicare Xover - Physician	\$680,230	\$668,868	\$20.38	\$19.47	16,715	16,754	\$14.63	\$13.94
Nursing Facility	\$25,014	\$16,739	\$0.75	\$0.49	51	34	\$177.40	\$174.36
Outpatient - Other	\$29,392	\$15,963	\$0.88	\$0.46	25	17	\$425.98	\$332.56
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$43,902,684	\$42,139,425	\$1,315.52	\$1,226.62	372,669	346,733	\$42.36	\$42.45
Physician - Clinic	\$50	\$1,909	\$0.00	\$0.06	1	111	\$16.67	\$5.99
Physician - IP Mental Health	\$716	\$150	\$0.02	\$0.00	8	5	\$34.09	\$10.03
Physician - OP Mental Health	\$450,770	\$436,677	\$13.51	\$12.71	2,114	2,449	\$76.67	\$62.29
Physician - Other Practitioner	\$603,763	\$755,675	\$18.09	\$22.00	3,337	4,333	\$65.06	\$60.92
Physician - PCP	\$18,058	\$12,898	\$0.54	\$0.38	182	112	\$35.76	\$40.06
Physician - Specialist	\$20,602	\$18,865	\$0.62	\$0.55	163	216	\$45.58	\$30.58
Pharmacy	\$101,621	\$85,015	\$3.05	\$2.47	3,567	3,184	\$10.24	\$9.33
Transportation - Emergency	\$351	\$3,087	\$0.01	\$0.09	1	6	\$87.86	\$192.94
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$70,120,682</b>	<b>\$67,933,164</b>	<b>\$2,101.13</b>	<b>\$1,977.44</b>	<b>1,080,161</b>	<b>1,025,590</b>	<b>\$23.34</b>	<b>\$23.14</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 21 - 64								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	10,216	11,095						
<b>Service Type</b>								
Adult Day Care	\$71,944	\$95,662	\$7.04	\$8.62	1,851	1,862	\$45.65	\$55.55
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$535	\$0	\$0.05	\$0.00	155	-	\$4.05	\$0.00
Consumer Directed Services	\$3,866,971	\$3,527,763	\$378.50	\$317.96	460,187	387,834	\$9.87	\$9.84
DME/Supplies	\$719,641	\$744,325	\$70.44	\$67.09	8,318	7,559	\$101.62	\$106.50
Emergency	\$966	\$389	\$0.09	\$0.04	5	4	\$241.43	\$97.23
FQHC	\$707	\$203	\$0.07	\$0.02	8	2	\$101.06	\$101.38
Home Health Services	\$27,392	\$8,213	\$2.68	\$0.74	35	35	\$913.08	\$256.66
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$232,544	\$103,411	\$22.76	\$9.32	31	15	\$8,944.01	\$7,386.47
Inpatient - Psych	\$0	\$2,400	\$0.00	\$0.22	-	19	\$0.00	\$133.33
Lab and X-ray Services	\$2,662	\$987	\$0.26	\$0.09	194	47	\$16.13	\$22.96
Medicare Xover - IP	\$323,251	\$384,058	\$31.64	\$34.62	350	356	\$1,084.73	\$1,167.35
Medicare Xover - Nursing Facility	\$226	\$697	\$0.02	\$0.06	78	102	\$3.42	\$7.41
Medicare Xover - OP	\$246,322	\$269,705	\$24.11	\$24.31	3,225	3,670	\$89.70	\$79.49
Medicare Xover - Other	\$337,786	\$408,385	\$33.06	\$36.81	11,952	10,546	\$33.19	\$41.88
Medicare Xover - Physician	\$410,217	\$391,077	\$40.15	\$35.25	21,684	22,487	\$22.22	\$18.81
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,835	\$524	\$0.28	\$0.05	26	15	\$128.89	\$37.42
Outpatient - Psychological	\$0	\$22	\$0.00	\$0.00	-	1	\$0.00	\$21.51
Personal Care Services	\$16,783,989	\$18,176,964	\$1,642.84	\$1,638.29	477,761	473,622	\$41.26	\$41.51
Physician - Clinic	\$175	\$0	\$0.02	\$0.00	88	-	\$2.33	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$627,451	\$887,001	\$61.42	\$79.95	9,489	13,787	\$77.66	\$69.59
Physician - Other Practitioner	\$139,438	\$179,981	\$13.65	\$16.22	3,090	13,392	\$53.00	\$14.54
Physician - PCP	\$5,223	\$3,772	\$0.51	\$0.34	169	135	\$36.27	\$30.18
Physician - Specialist	\$12,592	\$11,896	\$1.23	\$1.07	829	1,228	\$17.84	\$10.48
Pharmacy	\$36,397	\$31,536	\$3.56	\$2.84	4,230	3,994	\$10.11	\$8.54
Transportation - Emergency	\$952	\$1,054	\$0.09	\$0.10	12	5	\$95.18	\$210.84
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$23,850,217</b>	<b>\$25,230,025</b>	<b>\$2,334.49</b>	<b>\$2,273.98</b>	<b>1,003,767</b>	<b>940,717</b>	<b>\$27.91</b>	<b>\$29.01</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 65 and Over								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	23,786	24,239						
<b>Service Type</b>								
Adult Day Care	\$128,596	\$124,036	\$5.41	\$5.12	1,422	1,104	\$45.63	\$55.60
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$6,266,269	\$5,164,730	\$263.44	\$213.07	318,704	259,238	\$9.92	\$9.86
DME/Supplies	\$1,470,881	\$1,363,235	\$61.84	\$56.24	9,399	9,129	\$78.95	\$73.92
Emergency	\$781	\$60	\$0.03	\$0.00	2	1	\$195.29	\$30.00
FQHC	\$516	\$196	\$0.02	\$0.01	3	1	\$85.96	\$65.32
Home Health Services	\$5,652	\$25,666	\$0.24	\$1.06	11	37	\$256.92	\$342.22
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$371,155	\$520,522	\$15.60	\$21.47	21	19	\$9,052.56	\$13,346.72
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,109	\$2,324	\$0.05	\$0.10	47	44	\$11.80	\$26.11
Medicare Xover - IP	\$724,501	\$748,440	\$30.46	\$30.88	363	348	\$1,007.65	\$1,064.64
Medicare Xover - Nursing Facility	\$232	\$271	\$0.01	\$0.01	27	17	\$4.30	\$7.97
Medicare Xover - OP	\$339,848	\$434,459	\$14.29	\$17.92	1,993	2,672	\$86.02	\$80.50
Medicare Xover - Other	\$335,832	\$283,260	\$14.12	\$11.69	8,573	8,437	\$19.76	\$16.62
Medicare Xover - Physician	\$499,849	\$551,709	\$21.01	\$22.76	16,938	18,181	\$14.89	\$15.02
Nursing Facility	\$0	\$31,020	\$0.00	\$1.28	-	105	\$0.00	\$146.32
Outpatient - Other	\$1,152	\$2,176	\$0.05	\$0.09	14	18	\$41.16	\$60.44
Outpatient - Psychological	\$0	\$17	\$0.00	\$0.00	-	0	\$0.00	\$16.82
Personal Care Services	\$41,712,270	\$42,861,109	\$1,753.66	\$1,768.24	499,835	508,104	\$42.10	\$41.76
Physician - Clinic	\$14	\$14	\$0.00	\$0.00	1	0	\$13.77	\$13.99
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$259,097	\$340,088	\$10.89	\$14.03	1,515	2,110	\$86.28	\$79.78
Physician - Other Practitioner	\$247,353	\$271,646	\$10.40	\$11.21	6,809	2,125	\$18.33	\$63.29
Physician - PCP	\$10,749	\$16,665	\$0.45	\$0.69	226	239	\$24.05	\$34.57
Physician - Specialist	\$13,316	\$25,181	\$0.56	\$1.04	214	256	\$31.33	\$48.61
Pharmacy	\$63,608	\$68,124	\$2.67	\$2.81	3,842	3,894	\$8.35	\$8.66
Transportation - Emergency	\$430	\$1,093	\$0.02	\$0.05	3	7	\$71.69	\$78.10
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$52,453,211</b>	<b>\$52,836,041</b>	<b>\$2,205.22</b>	<b>\$2,179.76</b>	<b>869,963</b>	<b>816,088</b>	<b>\$30.42</b>	<b>\$32.05</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 21 - 64								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	4,229	4,369						
<b>Service Type</b>								
Adult Day Care	\$38,665	\$54,009	\$9.14	\$12.36	2,381	3,650	\$46.09	\$40.64
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$3,632,274	\$3,103,225	\$858.98	\$710.29	822,176	683,095	\$12.54	\$12.48
DME/Supplies	\$266,240	\$258,130	\$62.96	\$59.08	6,944	7,103	\$108.80	\$99.82
Emergency	\$30	\$1,041	\$0.01	\$0.24	3	3	\$30.00	\$1,040.62
FQHC	\$13	\$0	\$0.00	\$0.00	3	-	\$13.22	\$0.00
Home Health Services	\$10,853	\$6,612	\$2.57	\$1.51	82	47	\$374.26	\$388.93
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$45,665	\$131,708	\$10.80	\$30.15	6	30	\$22,832.52	\$11,973.47
Inpatient - Psych	\$0	\$655	\$0.00	\$0.15	-	58	\$0.00	\$31.18
Lab and X-ray Services	\$449	\$554	\$0.11	\$0.13	85	99	\$14.97	\$15.39
Medicare Xover - IP	\$121,521	\$124,919	\$28.74	\$28.59	338	332	\$1,021.19	\$1,032.39
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Medicare Xover - OP	\$99,984	\$132,432	\$23.64	\$30.31	3,122	3,502	\$90.89	\$103.87
Medicare Xover - Other	\$81,029	\$79,283	\$19.16	\$18.15	9,620	9,427	\$23.90	\$23.10
Medicare Xover - Physician	\$98,802	\$107,001	\$23.37	\$24.49	10,679	11,940	\$26.26	\$24.61
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$101	\$14,656	\$0.02	\$3.35	6	8	\$50.53	\$4,885.32
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$7,148,259	\$7,591,289	\$1,690.45	\$1,737.56	380,151	365,059	\$53.36	\$57.12
Physician - Clinic	\$201	\$0	\$0.05	\$0.00	6	-	\$100.42	\$0.00
Physician - IP Mental Health	\$0	\$336	\$0.00	\$0.08	-	30	\$0.00	\$30.53
Physician - OP Mental Health	\$272,756	\$357,914	\$64.50	\$81.92	13,309	12,442	\$58.16	\$79.01
Physician - Other Practitioner	\$83,309	\$72,945	\$19.70	\$16.70	3,195	2,988	\$73.99	\$67.04
Physician - PCP	\$1,198	\$2,428	\$0.28	\$0.56	111	159	\$30.71	\$41.87
Physician - Specialist	\$2,317	\$2,153	\$0.55	\$0.49	179	184	\$36.78	\$32.13
Pharmacy	\$12,965	\$16,475	\$3.07	\$3.77	2,100	2,348	\$17.52	\$19.27
Transportation - Emergency	\$0	\$316	\$0.00	\$0.07	-	11	\$0.00	\$79.10
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$11,916,633</b>	<b>\$12,058,081</b>	<b>\$2,818.10</b>	<b>\$2,759.96</b>	<b>1,254,495</b>	<b>1,102,516</b>	<b>\$26.96</b>	<b>\$30.04</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 65 and Over								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	21,965	25,357						
<b>Service Type</b>								
Adult Day Care	\$2,347,802	\$3,769,454	\$106.89	\$148.65	66,010	78,582	\$19.43	\$22.70
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$8,597,014	\$8,149,820	\$391.40	\$321.40	378,001	314,417	\$12.43	\$12.27
DME/Supplies	\$1,142,282	\$1,150,772	\$52.01	\$45.38	6,677	6,357	\$93.46	\$85.67
Emergency	\$837	\$1,484	\$0.04	\$0.06	2	3	\$278.86	\$247.38
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$9,626	\$7,022	\$0.44	\$0.28	16	22	\$331.92	\$149.41
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,333,305	\$1,892,568	\$106.23	\$74.64	95	69	\$13,409.80	\$12,962.80
Inpatient - Psych	\$0	\$8,155	\$0.00	\$0.32	-	1	\$0.00	\$4,077.51
Lab and X-ray Services	\$1,367	\$1,904	\$0.06	\$0.08	50	60	\$14.86	\$14.99
Medicare Xover - IP	\$497,659	\$557,202	\$22.66	\$21.97	259	258	\$1,049.91	\$1,022.39
Medicare Xover - Nursing Facility	\$2,303	\$2,104	\$0.10	\$0.08	168	170	\$7.48	\$5.86
Medicare Xover - OP	\$375,035	\$377,442	\$17.07	\$14.89	1,679	1,565	\$122.00	\$114.13
Medicare Xover - Other	\$222,652	\$190,809	\$10.14	\$7.52	6,117	5,036	\$19.88	\$17.93
Medicare Xover - Physician	\$415,698	\$496,810	\$18.93	\$19.59	12,065	14,628	\$18.82	\$16.07
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$788	\$147	\$0.04	\$0.01	2	1	\$197.11	\$73.27
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$49,923,255	\$62,104,346	\$2,272.88	\$2,449.18	471,756	480,259	\$57.82	\$61.20
Physician - Clinic	\$57	\$979	\$0.00	\$0.04	3	116	\$11.37	\$3.98
Physician - IP Mental Health	\$0	\$308	\$0.00	\$0.01	-	9	\$0.00	\$16.23
Physician - OP Mental Health	\$92,026	\$99,951	\$4.19	\$3.94	600	557	\$83.81	\$84.99
Physician - Other Practitioner	\$211,250	\$201,890	\$9.62	\$7.96	1,437	1,206	\$80.32	\$79.20
Physician - PCP	\$10,531	\$7,002	\$0.48	\$0.28	117	78	\$49.21	\$42.44
Physician - Specialist	\$10,200	\$6,505	\$0.46	\$0.26	232	68	\$24.00	\$45.18
Pharmacy	\$66,609	\$86,803	\$3.03	\$3.42	3,755	3,931	\$9.69	\$10.45
Transportation - Emergency	\$358	\$1,214	\$0.02	\$0.05	2	7	\$89.52	\$86.72
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$66,260,652</b>	<b>\$79,114,693</b>	<b>\$3,016.69</b>	<b>\$3,120.01</b>	<b>949,044</b>	<b>907,400</b>	<b>\$38.14</b>	<b>\$41.26</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1b**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Waiver**

Age 21 - 64								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	6,838	7,927						
<b>Service Type</b>								
Adult Day Care	\$63,294	\$101,756	\$9.26	\$12.84	2,458	2,804	\$45.18	\$54.94
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$6,780,317	\$7,200,502	\$991.50	\$908.35	1,211,113	1,113,357	\$9.82	\$9.79
DME/Supplies	\$358,760	\$371,232	\$52.46	\$46.83	7,953	6,618	\$79.16	\$84.91
Emergency	\$622	\$2,088	\$0.09	\$0.26	14	15	\$77.78	\$208.79
FQHC	\$905	\$695	\$0.13	\$0.09	18	15	\$90.53	\$69.50
Home Health Services	\$2,544	\$1,644	\$0.37	\$0.21	26	18	\$169.63	\$137.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$63,655	\$80,081	\$9.31	\$10.10	23	20	\$4,896.53	\$6,160.09
Inpatient - Psych	\$0	\$4,620	\$0.00	\$0.58	-	26	\$0.00	\$271.75
Lab and X-ray Services	\$843	\$2,123	\$0.12	\$0.27	109	192	\$13.60	\$16.71
Medicare Xover - IP	\$182,854	\$229,457	\$26.74	\$28.95	319	347	\$1,004.69	\$1,001.99
Medicare Xover - Nursing Facility	\$731	\$3,561	\$0.11	\$0.45	146	675	\$8.80	\$7.98
Medicare Xover - OP	\$148,242	\$187,114	\$21.68	\$23.60	2,527	3,285	\$102.95	\$86.23
Medicare Xover - Other	\$199,710	\$204,565	\$29.20	\$25.81	14,903	12,462	\$23.51	\$24.85
Medicare Xover - Physician	\$256,736	\$258,709	\$37.54	\$32.64	18,506	18,640	\$24.34	\$21.01
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,390	\$4,049	\$0.35	\$0.51	209	74	\$20.08	\$82.64
Outpatient - Psychological	\$31	\$3	\$0.00	\$0.00	7	2	\$7.82	\$3.36
Personal Care Services	\$3,591,254	\$3,453,824	\$525.15	\$435.70	158,873	131,598	\$39.67	\$39.73
Physician - Clinic	\$225	\$3,158	\$0.03	\$0.40	546	2,770	\$0.72	\$1.73
Physician - IP Mental Health	\$0	\$49	\$0.00	\$0.01	-	5	\$0.00	\$16.17
Physician - OP Mental Health	\$907,593	\$1,103,170	\$132.72	\$139.17	20,455	22,363	\$77.86	\$74.67
Physician - Other Practitioner	\$230,533	\$314,411	\$33.71	\$39.66	6,649	7,737	\$60.84	\$61.52
Physician - PCP	\$16,142	\$3,098	\$2.36	\$0.39	2,357	1,052	\$12.02	\$4.46
Physician - Specialist	\$2,050	\$7,162	\$0.30	\$0.90	133	277	\$26.97	\$39.13
Pharmacy	\$25,629	\$25,125	\$3.75	\$3.17	4,390	3,638	\$10.24	\$10.46
Transportation - Emergency	\$618	(\$0)	\$0.09	(\$0.00)	14	-	\$77.24	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$12,835,679</b>	<b>\$13,562,195</b>	<b>\$1,876.98</b>	<b>\$1,710.88</b>	<b>1,451,748</b>	<b>1,327,989</b>	<b>\$15.51</b>	<b>\$15.46</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1b**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Nursing Home Eligible - Waiver**

Age 65 and Over								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	12,447	13,483						
<b>Service Type</b>								
Adult Day Care	\$175,821	\$188,776	\$14.13	\$14.00	3,724	3,029	\$45.51	\$55.47
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$9,802,776	\$10,097,098	\$787.59	\$748.89	959,548	914,923	\$9.85	\$9.82
DME/Supplies	\$635,027	\$638,178	\$51.02	\$47.33	10,023	9,468	\$61.08	\$59.99
Emergency	\$356	\$112	\$0.03	\$0.01	3	3	\$118.55	\$37.28
FQHC	\$71	\$193	\$0.01	\$0.01	1	3	\$71.25	\$64.48
Home Health Services	\$2,054	\$0	\$0.17	\$0.00	17	-	\$114.10	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$68,084	\$182,437	\$5.47	\$13.53	7	15	\$9,726.31	\$10,731.60
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$733	\$1,428	\$0.06	\$0.11	46	89	\$15.26	\$14.28
Medicare Xover - IP	\$447,267	\$462,250	\$35.93	\$34.28	419	393	\$1,028.20	\$1,048.19
Medicare Xover - Nursing Facility	\$1,003	\$1,298	\$0.08	\$0.10	159	197	\$6.08	\$5.88
Medicare Xover - OP	\$197,531	\$207,577	\$15.87	\$15.40	1,672	1,931	\$113.92	\$95.66
Medicare Xover - Other	\$210,578	\$232,484	\$16.92	\$17.24	11,299	11,131	\$17.97	\$18.59
Medicare Xover - Physician	\$186,212	\$220,877	\$14.96	\$16.38	14,684	14,807	\$12.23	\$13.28
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,123	\$11,442	\$0.17	\$0.85	119	50	\$17.26	\$204.32
Outpatient - Psychological	\$0	\$255	\$0.00	\$0.02	-	1	\$0.00	\$255.29
Personal Care Services	\$9,641,901	\$9,151,805	\$774.66	\$678.78	230,637	198,778	\$40.31	\$40.98
Physician - Clinic	\$35	\$16	\$0.00	\$0.00	4	1	\$8.73	\$15.90
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$286,939	\$371,303	\$23.05	\$27.54	3,435	4,014	\$80.53	\$82.33
Physician - Other Practitioner	\$346,392	\$447,908	\$27.83	\$33.22	5,077	6,055	\$65.78	\$65.84
Physician - PCP	\$8,803	\$19,550	\$0.71	\$1.45	332	417	\$25.59	\$41.68
Physician - Specialist	\$2,430	\$5,925	\$0.20	\$0.44	106	184	\$22.09	\$28.62
Pharmacy	\$35,506	\$34,544	\$2.85	\$2.56	3,779	3,394	\$9.06	\$9.06
Transportation - Emergency	\$576	\$165	\$0.05	\$0.01	6	2	\$96.08	\$82.67
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$22,052,215</b>	<b>\$22,275,623</b>	<b>\$1,771.75</b>	<b>\$1,652.17</b>	<b>1,245,096</b>	<b>1,168,883</b>	<b>\$17.08</b>	<b>\$16.96</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 21 - 64								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	3,646	3,922						
<b>Service Type</b>								
Adult Day Care	\$65,398	\$101,227	\$17.94	\$25.81	4,756	5,569	\$45.26	\$55.62
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$4,163,082	\$3,933,402	\$1,141.89	\$1,003.03	1,380,086	1,222,527	\$9.93	\$9.85
DME/Supplies	\$207,817	\$195,003	\$57.00	\$49.73	7,979	7,148	\$85.73	\$83.48
Emergency	\$0	\$30	\$0.00	\$0.01	-	3	\$0.00	\$30.00
FQHC	\$0	\$102	\$0.00	\$0.03	-	3	\$0.00	\$102.34
Home Health Services	\$1,164	\$107	\$0.32	\$0.03	13	3	\$290.95	\$107.34
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$18,901	\$65,948	\$5.18	\$16.82	10	18	\$6,300.26	\$10,991.31
Inpatient - Psych	\$0	\$1,611	\$0.00	\$0.41	-	18	\$0.00	\$268.50
Lab and X-ray Services	\$157	\$174	\$0.04	\$0.04	26	31	\$19.67	\$17.40
Medicare Xover - IP	\$96,759	\$168,750	\$26.54	\$43.03	448	539	\$711.46	\$958.80
Medicare Xover - Nursing Facility	\$0	\$78	\$0.00	\$0.02	-	9	\$0.00	\$25.98
Medicare Xover - OP	\$137,449	\$182,900	\$37.70	\$46.64	4,532	6,500	\$99.82	\$86.11
Medicare Xover - Other	\$135,387	\$109,786	\$37.14	\$28.00	14,887	13,134	\$29.93	\$25.58
Medicare Xover - Physician	\$74,430	\$79,370	\$20.42	\$20.24	18,702	20,411	\$13.10	\$11.90
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,442	\$2,408	\$0.67	\$0.61	13	6	\$610.49	\$1,203.97
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$1,777,858	\$1,677,703	\$487.65	\$427.82	145,895	127,142	\$40.11	\$40.38
Physician - Clinic	\$0	\$21	\$0.00	\$0.01	-	6	\$0.00	\$10.45
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$172,707	\$135,964	\$47.37	\$34.67	8,038	6,172	\$70.72	\$67.41
Physician - Other Practitioner	\$94,850	\$112,698	\$26.02	\$28.74	5,174	5,618	\$60.34	\$61.38
Physician - PCP	\$746	\$1,468	\$0.20	\$0.37	82	86	\$29.84	\$52.42
Physician - Specialist	\$711	\$3,071	\$0.20	\$0.78	95	282	\$24.52	\$33.38
Pharmacy	\$11,485	\$14,565	\$3.15	\$3.71	4,262	4,146	\$8.87	\$10.75
Transportation - Emergency	\$0	\$945	\$0.00	\$0.24	-	31	\$0.00	\$94.52
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,961,343</b>	<b>\$6,787,330</b>	<b>\$1,909.43</b>	<b>\$1,730.80</b>	<b>1,595,000</b>	<b>1,419,402</b>	<b>\$14.37</b>	<b>\$14.63</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

Age 65 and Over								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	8,000	8,622						
<b>Service Type</b>								
Adult Day Care	\$287,766	\$240,547	\$35.97	\$27.90	9,482	6,081	\$45.52	\$55.06
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$6,295,248	\$6,215,131	\$786.86	\$720.84	955,041	880,781	\$9.89	\$9.82
DME/Supplies	\$384,795	\$378,911	\$48.10	\$43.95	8,119	7,424	\$71.09	\$71.04
Emergency	\$295	\$2,331	\$0.04	\$0.27	3	3	\$147.33	\$1,165.58
FQHC	(\$0)	\$0	(\$0.00)	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$38,775	\$82,965	\$4.85	\$9.62	6	10	\$9,693.67	\$11,852.11
Inpatient - Psych	\$0	\$1,475	\$0.00	\$0.17	-	13	\$0.00	\$163.89
Lab and X-ray Services	\$538	\$374	\$0.07	\$0.04	61	40	\$13.11	\$12.88
Medicare Xover - IP	\$268,272	\$288,675	\$33.53	\$33.48	409	373	\$982.68	\$1,077.15
Medicare Xover - Nursing Facility	\$70	\$1,001	\$0.01	\$0.12	7	150	\$14.09	\$9.27
Medicare Xover - OP	\$150,654	\$175,254	\$18.83	\$20.33	2,784	3,642	\$81.17	\$66.97
Medicare Xover - Other	\$108,695	\$107,583	\$13.59	\$12.48	8,959	8,619	\$18.20	\$17.37
Medicare Xover - Physician	\$158,421	\$171,467	\$19.80	\$19.89	15,866	15,321	\$14.98	\$15.58
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,561	\$2,303	\$0.45	\$0.27	36	35	\$148.39	\$92.12
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$5,776,976	\$5,830,891	\$722.08	\$676.27	220,731	205,276	\$39.26	\$39.53
Physician - Clinic	\$41	\$0	\$0.01	\$0.00	4	-	\$13.59	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$54,892	\$33,401	\$6.86	\$3.87	1,155	662	\$71.29	\$70.17
Physician - Other Practitioner	\$183,564	\$223,162	\$22.94	\$25.88	4,017	4,820	\$68.55	\$64.44
Physician - PCP	\$1,952	\$2,001	\$0.24	\$0.23	82	70	\$35.49	\$40.03
Physician - Specialist	\$3,080	\$2,428	\$0.38	\$0.28	136	136	\$33.84	\$24.77
Pharmacy	\$15,696	\$16,360	\$1.96	\$1.90	2,922	2,593	\$8.06	\$8.78
Transportation - Emergency	\$187	\$754	\$0.02	\$0.09	3	11	\$93.34	\$94.24
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,733,478</b>	<b>\$13,777,014</b>	<b>\$1,716.59</b>	<b>\$1,597.87</b>	<b>1,229,826</b>	<b>1,136,060</b>	<b>\$16.75</b>	<b>\$16.88</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Nursing Home Eligible - Waiver**

**Exhibit 1b**

All Ages								
Demonstration Regions	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	137,383	147,085						
<b>Service Type</b>								
Adult Day Care	\$4,977,196	\$6,508,881	\$36.23	\$44.25	15,662	17,672	\$27.76	\$30.05
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$535	\$0	\$0.00	\$0.00	12	-	\$4.05	\$0.00
Consumer Directed Services	\$77,239,918	\$74,400,590	\$562.22	\$505.83	652,701	592,944	\$10.34	\$10.24
DME/Supplies	\$8,086,519	\$8,065,414	\$58.86	\$54.83	8,630	8,109	\$81.85	\$81.15
Emergency	\$5,279	\$8,699	\$0.04	\$0.06	3	3	\$150.83	\$263.61
FQHC	\$2,942	\$1,886	\$0.02	\$0.01	3	2	\$89.14	\$65.04
Home Health Services	\$71,209	\$69,492	\$0.52	\$0.47	17	21	\$365.17	\$268.31
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$3,505,888	\$3,352,727	\$25.52	\$22.79	26	23	\$11,608.90	\$12,103.71
Inpatient - Psych	\$2,542	\$37,156	\$0.02	\$0.25	0	15	\$847.24	\$200.84
Lab and X-ray Services	\$10,439	\$14,693	\$0.08	\$0.10	59	64	\$15.51	\$18.81
Medicare Xover - IP	\$4,402,788	\$4,752,522	\$32.05	\$32.31	399	381	\$963.83	\$1,018.54
Medicare Xover - Nursing Facility	\$6,894	\$11,055	\$0.05	\$0.08	82	126	\$7.34	\$7.15
Medicare Xover - OP	\$2,362,637	\$2,758,161	\$17.20	\$18.75	2,217	2,649	\$93.07	\$84.95
Medicare Xover - Other	\$2,569,390	\$2,368,378	\$18.70	\$16.10	9,811	8,783	\$22.87	\$22.00
Medicare Xover - Physician	\$3,104,171	\$3,260,054	\$22.59	\$22.16	16,414	17,133	\$16.52	\$15.52
Nursing Facility	\$25,014	\$47,759	\$0.18	\$0.32	12	25	\$177.40	\$155.06
Outpatient - Other	\$51,818	\$58,178	\$0.38	\$0.40	37	22	\$122.21	\$216.28
Outpatient - Psychological	\$895	\$1,014	\$0.01	\$0.01	1	3	\$149.24	\$32.71
Personal Care Services	\$194,417,146	\$206,799,256	\$1,415.14	\$1,405.98	373,653	360,712	\$45.45	\$46.77
Physician - Clinic	\$893	\$6,166	\$0.01	\$0.04	36	196	\$2.18	\$2.57
Physician - IP Mental Health	\$2,330	\$870	\$0.02	\$0.01	4	4	\$56.83	\$17.76
Physician - OP Mental Health	\$4,260,502	\$5,250,629	\$31.01	\$35.70	5,572	6,525	\$66.79	\$65.65
Physician - Other Practitioner	\$2,454,813	\$2,980,825	\$17.87	\$20.27	4,218	4,670	\$50.84	\$52.07
Physician - PCP	\$78,529	\$74,918	\$0.57	\$0.51	283	206	\$24.27	\$29.68
Physician - Specialist	\$74,377	\$95,328	\$0.54	\$0.65	226	270	\$28.77	\$28.77
Pharmacy	\$422,237	\$430,653	\$3.07	\$2.93	3,754	3,573	\$9.82	\$9.83
Transportation - Emergency	\$4,314	\$9,130	\$0.03	\$0.06	4	6	\$89.87	\$115.57
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$308,141,213</b>	<b>\$321,364,435</b>	<b>\$2,242.93</b>	<b>\$2,184.89</b>	<b>1,093,835</b>	<b>1,024,138</b>	<b>\$24.61</b>	<b>\$25.60</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 21 - 64								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	100,900	101,647						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$101,169	\$69,207	\$1.00	\$0.68	1,219	811	\$9.87	\$10.08
DME/Supplies	\$472,029	\$449,743	\$4.68	\$4.42	612	588	\$91.66	\$90.33
Emergency	\$55,574	\$49,666	\$0.55	\$0.49	14	17	\$474.99	\$352.24
FQHC	\$2,086	\$2,145	\$0.02	\$0.02	3	3	\$83.46	\$85.82
Home Health Services	\$950	\$2,193	\$0.01	\$0.02	1	1	\$189.98	\$219.29
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$441,863	\$330,769	\$4.38	\$3.25	6	6	\$9,205.48	\$6,891.01
Inpatient - Psych	\$83,452	\$391,414	\$0.83	\$3.85	12	211	\$851.55	\$219.16
Lab and X-ray Services	\$18,304	\$26,040	\$0.18	\$0.26	125	111	\$17.43	\$27.73
Medicare Xover - IP	\$1,650,916	\$1,480,730	\$16.36	\$14.57	219	199	\$894.81	\$879.29
Medicare Xover - Nursing Facility	\$18,049	\$24,925	\$0.18	\$0.25	85	159	\$25.17	\$18.48
Medicare Xover - OP	\$1,607,122	\$1,663,562	\$15.93	\$16.37	2,235	2,593	\$85.53	\$75.74
Medicare Xover - Other	\$507,108	\$482,782	\$5.03	\$4.75	3,142	2,820	\$19.20	\$20.21
Medicare Xover - Physician	\$1,890,366	\$1,899,670	\$18.74	\$18.69	13,021	12,190	\$17.27	\$18.40
Nursing Facility	\$571,422	\$548,659	\$5.66	\$5.40	425	407	\$159.97	\$159.26
Outpatient - Other	\$91,980	\$109,999	\$0.91	\$1.08	35	32	\$315.00	\$410.44
Outpatient - Psychological	\$1,714	\$3,487	\$0.02	\$0.03	1	13	\$214.21	\$30.86
Personal Care Services	\$1,823	\$13,017	\$0.02	\$0.13	9	56	\$25.31	\$27.64
Physician - Clinic	\$47,829	\$35,225	\$0.47	\$0.35	767	1,846	\$7.41	\$2.25
Physician - IP Mental Health	\$19,735	\$9,129	\$0.20	\$0.09	42	25	\$55.91	\$43.89
Physician - OP Mental Health	\$24,689,877	\$26,940,781	\$244.70	\$265.04	59,625	64,332	\$49.25	\$49.44
Physician - Other Practitioner	\$45,644	\$88,779	\$0.45	\$0.87	519	252	\$10.46	\$41.56
Physician - PCP	\$70,808	\$60,240	\$0.70	\$0.59	169	192	\$49.86	\$37.09
Physician - Specialist	\$150,844	\$118,560	\$1.49	\$1.17	424	420	\$42.31	\$33.31
Pharmacy	\$221,092	\$185,732	\$2.19	\$1.83	2,493	2,358	\$10.55	\$9.30
Transportation - Emergency	\$9,564	\$5,909	\$0.09	\$0.06	13	8	\$85.40	\$86.89
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$32,771,319</b>	<b>\$34,992,365</b>	<b>\$324.79</b>	<b>\$344.25</b>	<b>85,214</b>	<b>89,647</b>	<b>\$45.74</b>	<b>\$46.08</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 65 and Over								
Central Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	80,392	79,609						
<b>Service Type</b>								
Adult Day Care	\$2,693	\$15,050	\$0.03	\$0.19	9	41	\$45.65	\$55.53
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$263,074	\$229,397	\$3.27	\$2.88	3,893	3,447	\$10.09	\$10.03
DME/Supplies	\$546,211	\$497,228	\$6.79	\$6.25	1,030	987	\$79.17	\$75.90
Emergency	\$7,136	\$16,229	\$0.09	\$0.20	4	4	\$297.35	\$601.08
FQHC	\$714	\$1,112	\$0.01	\$0.01	2	2	\$64.88	\$79.46
Home Health Services	\$0	\$1,756	\$0.00	\$0.02	-	0	\$0.00	\$878.08
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$580,948	\$1,277,712	\$7.23	\$16.05	9	16	\$9,370.13	\$11,941.23
Inpatient - Psych	\$30,741	\$19,846	\$0.38	\$0.25	5	19	\$853.91	\$155.05
Lab and X-ray Services	\$5,169	\$6,821	\$0.06	\$0.09	50	49	\$15.43	\$20.92
Medicare Xover - IP	\$1,444,635	\$1,552,651	\$17.97	\$19.50	227	229	\$951.04	\$1,023.50
Medicare Xover - Nursing Facility	\$97,712	\$112,358	\$1.22	\$1.41	709	773	\$20.58	\$21.91
Medicare Xover - OP	\$879,591	\$1,013,843	\$10.94	\$12.74	1,428	1,769	\$91.91	\$86.39
Medicare Xover - Other	\$346,163	\$260,170	\$4.31	\$3.27	3,278	2,890	\$15.76	\$13.57
Medicare Xover - Physician	\$1,418,095	\$1,552,016	\$17.64	\$19.50	11,313	11,510	\$18.71	\$20.32
Nursing Facility	\$4,164,278	\$3,923,055	\$51.80	\$49.28	3,823	3,618	\$162.60	\$163.47
Outpatient - Other	\$43,989	\$47,760	\$0.55	\$0.60	22	21	\$295.23	\$338.72
Outpatient - Psychological	\$38	\$501	\$0.00	\$0.01	0	4	\$19.07	\$18.57
Personal Care Services	\$80,752	\$81,028	\$1.00	\$1.02	285	249	\$42.37	\$49.05
Physician - Clinic	\$24	\$1,321	\$0.00	\$0.02	0	95	\$8.12	\$2.10
Physician - IP Mental Health	\$1,874	\$809	\$0.02	\$0.01	6	5	\$43.59	\$24.51
Physician - OP Mental Health	\$3,966,978	\$4,018,952	\$49.35	\$50.48	14,030	14,229	\$42.21	\$42.57
Physician - Other Practitioner	\$32,925	\$45,439	\$0.41	\$0.57	130	110	\$37.89	\$62.25
Physician - PCP	\$60,756	\$52,522	\$0.76	\$0.66	171	146	\$53.11	\$54.37
Physician - Specialist	\$50,622	\$68,604	\$0.63	\$0.86	223	221	\$33.86	\$46.89
Pharmacy	\$163,876	\$137,834	\$2.04	\$1.73	3,128	2,825	\$7.82	\$7.35
Transportation - Emergency	\$6,048	\$2,310	\$0.08	\$0.03	5	4	\$167.99	\$88.85
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$14,195,042</b>	<b>\$14,936,323</b>	<b>\$176.57</b>	<b>\$187.62</b>	<b>43,780</b>	<b>43,263</b>	<b>\$48.40</b>	<b>\$52.04</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**

**Exhibit 1c**

**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**

**Community Well**

Age 21 - 64								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	87,973	87,709						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$39,974	\$18,348	\$0.45	\$0.21	558	257	\$9.77	\$9.77
DME/Supplies	\$324,232	\$357,297	\$3.69	\$4.07	517	473	\$85.55	\$103.27
Emergency	\$40,937	\$15,234	\$0.47	\$0.17	20	8	\$280.39	\$276.98
FQHC	\$3,696	\$1,394	\$0.04	\$0.02	6	23	\$85.96	\$8.15
Home Health Services	\$11,320	\$3,009	\$0.13	\$0.03	4	1	\$365.17	\$429.90
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$732,896	\$447,962	\$8.33	\$5.11	14	10	\$7,402.99	\$6,399.46
Inpatient - Psych	\$17,385	\$74,936	\$0.20	\$0.85	3	58	\$827.87	\$177.15
Lab and X-ray Services	\$20,011	\$16,308	\$0.23	\$0.19	153	83	\$17.88	\$26.96
Medicare Xover - IP	\$1,037,968	\$1,114,963	\$11.80	\$12.71	140	147	\$1,008.72	\$1,037.17
Medicare Xover - Nursing Facility	\$30,485	\$18,307	\$0.35	\$0.21	142	108	\$29.23	\$23.09
Medicare Xover - OP	\$1,325,562	\$1,435,247	\$15.07	\$16.36	2,295	2,662	\$78.79	\$73.75
Medicare Xover - Other	\$543,807	\$470,048	\$6.18	\$5.36	3,040	2,840	\$24.40	\$22.64
Medicare Xover - Physician	\$1,852,837	\$2,021,728	\$21.06	\$23.05	13,161	12,909	\$19.20	\$21.43
Nursing Facility	\$623,598	\$461,625	\$7.09	\$5.26	505	403	\$168.59	\$156.54
Outpatient - Other	\$30,024	\$25,527	\$0.34	\$0.29	19	22	\$220.77	\$160.55
Outpatient - Psychological	\$152	\$249	\$0.00	\$0.00	0	3	\$151.72	\$12.44
Personal Care Services	\$48,962	\$12,161	\$0.56	\$0.14	134	33	\$49.76	\$50.67
Physician - Clinic	\$10,982	\$6,439	\$0.12	\$0.07	596	567	\$2.51	\$1.55
Physician - IP Mental Health	\$554	\$573	\$0.01	\$0.01	2	4	\$30.79	\$19.77
Physician - OP Mental Health	\$16,197,935	\$18,064,513	\$184.12	\$205.96	36,969	40,571	\$59.77	\$60.92
Physician - Other Practitioner	\$52,517	\$72,941	\$0.60	\$0.83	337	599	\$21.27	\$16.67
Physician - PCP	\$58,682	\$47,887	\$0.67	\$0.55	391	623	\$20.47	\$10.51
Physician - Specialist	\$100,359	\$102,273	\$1.14	\$1.17	1,207	2,041	\$11.35	\$6.86
Pharmacy	\$202,072	\$138,361	\$2.30	\$1.58	2,318	2,091	\$11.89	\$9.05
Transportation - Emergency	\$2,940	\$3,421	\$0.03	\$0.04	5	5	\$86.47	\$85.52
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$23,309,886</b>	<b>\$24,930,753</b>	<b>\$264.97</b>	<b>\$284.24</b>	<b>62,534</b>	<b>66,542</b>	<b>\$50.85</b>	<b>\$51.26</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 65 and Over								
Tidewater	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	68,102	66,992						
<b>Service Type</b>								
Adult Day Care	\$2,374	\$0	\$0.03	\$0.00	9	-	\$45.65	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$89,795	\$32,265	\$1.32	\$0.48	1,613	592	\$9.81	\$9.77
DME/Supplies	\$407,139	\$375,070	\$5.98	\$5.60	973	931	\$73.70	\$72.13
Emergency	\$5,756	\$13,890	\$0.08	\$0.21	4	6	\$239.84	\$434.06
FQHC	\$3,364	\$1,726	\$0.05	\$0.03	7	6	\$84.10	\$53.92
Home Health Services	\$2,158	\$8,019	\$0.03	\$0.12	1	6	\$359.64	\$258.67
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$812,766	\$1,094,803	\$11.93	\$16.34	14	17	\$9,911.78	\$11,772.08
Inpatient - Psych	\$0	\$40,611	\$0.00	\$0.61	-	18	\$0.00	\$406.11
Lab and X-ray Services	\$4,857	\$4,337	\$0.07	\$0.06	51	53	\$16.63	\$14.55
Medicare Xover - IP	\$1,045,780	\$1,043,912	\$15.36	\$15.58	181	179	\$1,017.30	\$1,042.87
Medicare Xover - Nursing Facility	\$86,924	\$69,899	\$1.28	\$1.04	608	570	\$25.19	\$21.95
Medicare Xover - OP	\$790,535	\$899,824	\$11.61	\$13.43	1,585	2,045	\$87.87	\$78.82
Medicare Xover - Other	\$334,120	\$262,531	\$4.91	\$3.92	3,031	2,933	\$19.42	\$16.03
Medicare Xover - Physician	\$1,353,408	\$1,402,289	\$19.87	\$20.93	12,190	12,366	\$19.56	\$20.31
Nursing Facility	\$2,947,455	\$3,100,486	\$43.28	\$46.28	3,333	3,552	\$155.81	\$156.38
Outpatient - Other	\$12,351	\$30,961	\$0.18	\$0.46	12	18	\$184.34	\$315.92
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$76,243	\$98,490	\$1.12	\$1.47	521	430	\$25.80	\$41.02
Physician - Clinic	\$39	\$81	\$0.00	\$0.00	1	1	\$9.65	\$11.61
Physician - IP Mental Health	\$0	\$86	\$0.00	\$0.00	-	0	\$0.00	\$86.21
Physician - OP Mental Health	\$2,674,681	\$2,817,073	\$39.27	\$42.05	8,345	9,021	\$56.47	\$55.94
Physician - Other Practitioner	\$27,156	\$24,889	\$0.40	\$0.37	112	102	\$42.76	\$43.59
Physician - PCP	\$31,732	\$34,865	\$0.47	\$0.52	178	150	\$31.39	\$41.65
Physician - Specialist	\$47,508	\$56,476	\$0.70	\$0.84	238	236	\$35.17	\$42.95
Pharmacy	\$153,895	\$120,204	\$2.26	\$1.79	2,996	2,655	\$9.05	\$8.11
Transportation - Emergency	\$2,684	\$3,768	\$0.04	\$0.06	6	4	\$83.88	\$157.01
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$10,912,718</b>	<b>\$11,536,555</b>	<b>\$160.24</b>	<b>\$172.21</b>	<b>36,012</b>	<b>35,890</b>	<b>\$53.40</b>	<b>\$57.58</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 21 - 64								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	32,445	32,303						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$8,938	\$17,154	\$0.28	\$0.53	261	506	\$12.66	\$12.60
DME/Supplies	\$110,364	\$104,198	\$3.40	\$3.23	367	346	\$111.37	\$111.80
Emergency	\$8,177	\$15,963	\$0.25	\$0.49	13	9	\$240.50	\$694.04
FQHC	\$519	\$358	\$0.02	\$0.01	3	2	\$64.90	\$71.65
Home Health Services	\$3,032	\$3,649	\$0.09	\$0.11	2	2	\$505.40	\$729.82
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$340,171	\$145,574	\$10.48	\$4.51	11	7	\$11,339.03	\$7,661.81
Inpatient - Psych	\$25,594	\$36,613	\$0.79	\$1.13	11	49	\$882.54	\$275.29
Lab and X-ray Services	\$6,942	\$6,477	\$0.21	\$0.20	195	113	\$13.20	\$21.31
Medicare Xover - IP	\$626,916	\$535,587	\$19.32	\$16.58	189	164	\$1,229.25	\$1,211.73
Medicare Xover - Nursing Facility	\$22,149	\$10,384	\$0.68	\$0.32	210	165	\$38.99	\$23.33
Medicare Xover - OP	\$583,110	\$581,073	\$17.97	\$17.99	2,402	2,204	\$89.78	\$97.94
Medicare Xover - Other	\$288,673	\$128,406	\$8.90	\$3.98	2,555	2,190	\$41.78	\$21.78
Medicare Xover - Physician	\$589,363	\$912,364	\$18.17	\$28.24	8,234	7,754	\$26.47	\$43.71
Nursing Facility	\$408,509	\$383,890	\$12.59	\$11.88	664	713	\$227.46	\$199.94
Outpatient - Other	\$24,723	\$22,655	\$0.76	\$0.70	18	14	\$494.47	\$580.90
Outpatient - Psychological	\$0	\$202	\$0.00	\$0.01	-	1	\$0.00	\$50.45
Personal Care Services	\$42,165	\$28,211	\$1.30	\$0.87	235	143	\$66.30	\$73.28
Physician - Clinic	\$34,761	\$26,152	\$1.07	\$0.81	6,009	3,008	\$2.14	\$3.23
Physician - IP Mental Health	\$1,012	\$3,350	\$0.03	\$0.10	10	36	\$37.48	\$34.54
Physician - OP Mental Health	\$5,642,938	\$5,385,303	\$173.93	\$166.71	39,490	47,328	\$52.85	\$42.27
Physician - Other Practitioner	\$32,374	\$16,230	\$1.00	\$0.50	204	286	\$58.76	\$21.11
Physician - PCP	\$28,126	\$28,401	\$0.87	\$0.88	166	185	\$62.64	\$57.15
Physician - Specialist	\$38,094	\$38,412	\$1.17	\$1.19	285	347	\$49.47	\$41.08
Pharmacy	\$64,309	\$58,970	\$1.98	\$1.83	2,242	2,108	\$10.61	\$10.39
Transportation - Emergency	\$844	\$1,552	\$0.03	\$0.05	3	7	\$105.54	\$86.24
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$8,931,806</b>	<b>\$8,491,129</b>	<b>\$275.29</b>	<b>\$262.86</b>	<b>63,779</b>	<b>67,687</b>	<b>\$51.80</b>	<b>\$46.60</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 65 and Over								
Northern Virginia	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	123,315	122,424						
<b>Service Type</b>								
Adult Day Care	\$458	\$8	\$0.00	\$0.00	20	0	\$2.21	\$1.98
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$125,854	\$85,880	\$1.02	\$0.70	1,009	709	\$12.14	\$11.88
DME/Supplies	\$316,609	\$286,116	\$2.57	\$2.34	326	325	\$94.48	\$86.18
Emergency	\$20,432	\$24,639	\$0.17	\$0.20	3	3	\$659.08	\$724.67
FQHC	\$538	\$418	\$0.00	\$0.00	1	1	\$89.73	\$52.25
Home Health Services	\$13,071	\$13,109	\$0.11	\$0.11	3	4	\$384.43	\$327.74
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$4,389,722	\$3,832,972	\$35.60	\$31.31	35	28	\$12,330.68	\$13,496.38
Inpatient - Psych	\$0	\$27,101	\$0.00	\$0.22	-	6	\$0.00	\$437.11
Lab and X-ray Services	\$17,202	\$11,682	\$0.14	\$0.10	110	75	\$15.20	\$15.17
Medicare Xover - IP	\$999,250	\$1,081,982	\$8.10	\$8.84	98	99	\$993.29	\$1,073.40
Medicare Xover - Nursing Facility	\$110,773	\$94,120	\$0.90	\$0.77	401	368	\$26.90	\$25.07
Medicare Xover - OP	\$1,393,855	\$1,486,458	\$11.30	\$12.14	1,055	1,044	\$128.60	\$139.57
Medicare Xover - Other	\$278,694	\$207,043	\$2.26	\$1.69	1,553	1,491	\$17.46	\$13.61
Medicare Xover - Physician	\$1,565,139	\$1,546,220	\$12.69	\$12.63	6,020	6,448	\$25.30	\$23.51
Nursing Facility	\$2,530,769	\$2,310,739	\$20.52	\$18.87	1,233	1,149	\$199.71	\$197.04
Outpatient - Other	\$41,990	\$60,495	\$0.34	\$0.49	4	5	\$912.82	\$1,141.41
Outpatient - Psychological	\$0	\$56	\$0.00	\$0.00	-	0	\$0.00	\$55.79
Personal Care Services	\$56,846	\$125,484	\$0.46	\$1.02	115	174	\$48.30	\$70.82
Physician - Clinic	\$838	\$8,462	\$0.01	\$0.07	2	137	\$39.89	\$6.05
Physician - IP Mental Health	\$418	\$102	\$0.00	\$0.00	1	0	\$41.84	\$102.29
Physician - OP Mental Health	\$1,002,695	\$916,374	\$8.13	\$7.49	1,786	1,712	\$54.62	\$52.47
Physician - Other Practitioner	\$27,705	\$13,871	\$0.22	\$0.11	81	39	\$33.38	\$34.94
Physician - PCP	\$80,927	\$60,538	\$0.66	\$0.49	142	199	\$55.51	\$29.87
Physician - Specialist	\$92,633	\$71,512	\$0.75	\$0.58	222	199	\$40.63	\$35.21
Pharmacy	\$282,063	\$279,726	\$2.29	\$2.28	2,606	2,484	\$10.53	\$11.04
Transportation - Emergency	\$2,084	\$5,574	\$0.02	\$0.05	2	4	\$94.74	\$154.84
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,350,565</b>	<b>\$12,550,681</b>	<b>\$108.26</b>	<b>\$102.52</b>	<b>16,827</b>	<b>16,703</b>	<b>\$77.21</b>	<b>\$73.65</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 21 - 64								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	65,531	65,981						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$1,511	\$2,807	\$0.02	\$0.04	68	126	\$4.05	\$4.05
Consumer Directed Services	\$126,090	\$57,982	\$1.92	\$0.88	2,354	1,079	\$9.81	\$9.77
DME/Supplies	\$224,105	\$223,360	\$3.42	\$3.39	642	571	\$63.96	\$71.13
Emergency	\$9,176	\$17,197	\$0.14	\$0.26	10	11	\$169.93	\$277.38
FQHC	\$1,685	\$1,763	\$0.03	\$0.03	3	5	\$105.33	\$70.50
Home Health Services	\$2,779	\$1,552	\$0.04	\$0.02	2	1	\$277.94	\$310.48
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$208,371	\$288,075	\$3.18	\$4.37	6	6	\$6,721.65	\$8,230.71
Inpatient - Psych	\$4,048	\$69,816	\$0.06	\$1.06	1	44	\$809.58	\$286.13
Lab and X-ray Services	\$9,673	\$24,695	\$0.15	\$0.37	98	169	\$18.08	\$26.53
Medicare Xover - IP	\$734,917	\$755,272	\$11.21	\$11.45	142	141	\$948.28	\$975.80
Medicare Xover - Nursing Facility	\$24,235	\$28,963	\$0.37	\$0.44	149	261	\$29.81	\$20.20
Medicare Xover - OP	\$970,462	\$1,157,079	\$14.81	\$17.54	1,729	2,338	\$102.76	\$90.02
Medicare Xover - Other	\$413,830	\$396,967	\$6.32	\$6.02	3,913	3,665	\$19.37	\$19.70
Medicare Xover - Physician	\$1,261,397	\$1,233,987	\$19.25	\$18.70	12,279	12,173	\$18.81	\$18.44
Nursing Facility	\$559,235	\$366,681	\$8.53	\$5.56	427	365	\$239.60	\$182.70
Outpatient - Other	\$79,238	\$31,240	\$1.21	\$0.47	99	44	\$147.01	\$128.56
Outpatient - Psychological	\$228	\$8,335	\$0.00	\$0.13	1	2	\$32.58	\$757.76
Personal Care Services	\$568	\$13,284	\$0.01	\$0.20	2	32	\$63.12	\$74.63
Physician - Clinic	\$7,640	\$11,822	\$0.12	\$0.18	1,028	1,677	\$1.36	\$1.28
Physician - IP Mental Health	\$1,325	\$813	\$0.02	\$0.01	3	3	\$88.33	\$50.82
Physician - OP Mental Health	\$17,937,523	\$17,760,327	\$273.72	\$269.17	44,162	44,655	\$74.38	\$72.33
Physician - Other Practitioner	\$31,548	\$167,300	\$0.48	\$2.54	190	509	\$30.42	\$59.81
Physician - PCP	\$31,854	\$27,910	\$0.49	\$0.42	206	353	\$28.36	\$14.38
Physician - Specialist	\$57,598	\$58,942	\$0.88	\$0.89	303	333	\$34.82	\$32.16
Pharmacy	\$142,951	\$127,421	\$2.18	\$1.93	2,849	2,487	\$9.19	\$9.32
Transportation - Emergency	\$15,957	\$8,348	\$0.24	\$0.13	10	10	\$279.95	\$157.50
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$22,857,944</b>	<b>\$22,841,939</b>	<b>\$348.81</b>	<b>\$346.19</b>	<b>70,674</b>	<b>71,062</b>	<b>\$59.23</b>	<b>\$58.46</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 65 and Over								
Southwest/Roanoke	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	38,599	38,113						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$154,732	\$133,036	\$4.01	\$3.49	4,888	4,286	\$9.84	\$9.77
DME/Supplies	\$262,232	\$247,339	\$6.79	\$6.49	1,314	1,152	\$62.04	\$67.58
Emergency	\$2,891	\$2,296	\$0.07	\$0.06	2	3	\$413.01	\$208.69
FQHC	\$1,290	\$1,540	\$0.03	\$0.04	4	6	\$92.16	\$76.99
Home Health Services	\$0	\$1,683	\$0.00	\$0.04	-	3	\$0.00	\$153.04
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$456,558	\$444,995	\$11.83	\$11.68	12	12	\$12,014.68	\$11,410.12
Inpatient - Psych	\$0	\$6,381	\$0.00	\$0.17	-	19	\$0.00	\$104.61
Lab and X-ray Services	\$1,872	\$4,928	\$0.05	\$0.13	50	101	\$11.70	\$15.30
Medicare Xover - IP	\$757,212	\$745,500	\$19.62	\$19.56	238	219	\$991.12	\$1,072.66
Medicare Xover - Nursing Facility	\$80,469	\$87,176	\$2.08	\$2.29	1,288	1,582	\$19.43	\$17.35
Medicare Xover - OP	\$623,603	\$606,300	\$16.16	\$15.91	1,380	1,744	\$140.48	\$109.48
Medicare Xover - Other	\$234,104	\$221,378	\$6.06	\$5.81	4,432	4,278	\$16.42	\$16.29
Medicare Xover - Physician	\$682,259	\$680,885	\$17.68	\$17.86	11,266	11,366	\$18.83	\$18.86
Nursing Facility	\$2,916,345	\$2,712,395	\$75.55	\$71.17	5,753	5,471	\$157.60	\$156.10
Outpatient - Other	\$7,711	\$8,248	\$0.20	\$0.22	47	25	\$50.73	\$104.40
Outpatient - Psychological	\$468	\$75	\$0.01	\$0.00	2	1	\$93.51	\$37.28
Personal Care Services	\$30,590	\$15,802	\$0.79	\$0.41	234	154	\$40.57	\$32.25
Physician - Clinic	\$102	\$135	\$0.00	\$0.00	3	4	\$9.29	\$11.23
Physician - IP Mental Health	\$173	\$28	\$0.00	\$0.00	1	0	\$86.48	\$27.76
Physician - OP Mental Health	\$2,614,609	\$2,567,001	\$67.74	\$67.35	11,687	11,599	\$69.55	\$69.68
Physician - Other Practitioner	\$24,604	\$104,923	\$0.64	\$2.75	152	531	\$50.42	\$62.16
Physician - PCP	\$20,386	\$12,278	\$0.53	\$0.32	149	112	\$42.56	\$34.49
Physician - Specialist	\$14,266	\$15,869	\$0.37	\$0.42	153	169	\$29.06	\$29.55
Pharmacy	\$93,606	\$79,161	\$2.43	\$2.08	4,659	4,045	\$6.25	\$6.16
Transportation - Emergency	\$1,073	\$6,287	\$0.03	\$0.16	4	2	\$89.42	\$898.15
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$8,981,156</b>	<b>\$8,705,638</b>	<b>\$232.68</b>	<b>\$228.42</b>	<b>47,716</b>	<b>46,886</b>	<b>\$58.52</b>	<b>\$58.46</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Eligibility, Fee-For-Service Claims, and Utilization Data**  
**Community Well**

**Exhibit 1c**

Age 21 - 64								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	28,645	28,957						
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$1,381	\$871	\$0.05	\$0.03	143	89	\$4.05	\$4.05
Consumer Directed Services	\$20,849	\$35,790	\$0.73	\$1.24	894	1,518	\$9.77	\$9.77
DME/Supplies	\$93,710	\$81,590	\$3.27	\$2.82	504	458	\$77.96	\$73.84
Emergency	\$15,422	\$9,291	\$0.54	\$0.32	19	13	\$342.71	\$299.70
FQHC	\$323	\$830	\$0.01	\$0.03	1	4	\$107.83	\$92.22
Home Health Services	\$1,801	\$758	\$0.06	\$0.03	3	1	\$225.18	\$252.61
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$98,094	\$21,823	\$3.42	\$0.75	3	2	\$12,261.72	\$3,637.13
Inpatient - Psych	\$0	\$58,095	\$0.00	\$2.01	-	88	\$0.00	\$274.03
Lab and X-ray Services	\$6,418	\$4,533	\$0.22	\$0.16	139	125	\$19.27	\$15.01
Medicare Xover - IP	\$335,074	\$332,291	\$11.70	\$11.48	155	162	\$905.60	\$852.03
Medicare Xover - Nursing Facility	\$22,898	\$13,272	\$0.80	\$0.46	364	252	\$26.38	\$21.87
Medicare Xover - OP	\$558,903	\$687,422	\$19.51	\$23.74	2,699	3,711	\$86.76	\$76.77
Medicare Xover - Other	\$144,703	\$135,625	\$5.05	\$4.68	3,587	3,367	\$16.90	\$16.69
Medicare Xover - Physician	\$449,490	\$510,984	\$15.69	\$17.65	11,516	11,711	\$16.35	\$18.08
Nursing Facility	\$234,064	\$198,527	\$8.17	\$6.86	579	530	\$169.24	\$155.22
Outpatient - Other	\$65,099	\$38,146	\$2.27	\$1.32	48	38	\$571.05	\$419.19
Outpatient - Psychological	\$1,371	\$2,493	\$0.05	\$0.09	5	4	\$124.67	\$277.01
Personal Care Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - Clinic	\$5,373	\$5,096	\$0.19	\$0.18	692	1,417	\$3.25	\$1.49
Physician - IP Mental Health	\$83	\$0	\$0.00	\$0.00	0	-	\$83.00	\$0.00
Physician - OP Mental Health	\$3,794,561	\$3,699,960	\$132.47	\$127.77	31,211	30,396	\$50.93	\$50.44
Physician - Other Practitioner	\$8,616	\$11,033	\$0.30	\$0.38	95	116	\$37.96	\$39.55
Physician - PCP	\$11,922	\$15,745	\$0.42	\$0.54	111	134	\$45.16	\$48.75
Physician - Specialist	\$32,391	\$32,884	\$1.13	\$1.14	351	689	\$38.70	\$19.77
Pharmacy	\$55,814	\$44,250	\$1.95	\$1.53	2,532	2,332	\$9.24	\$7.86
Transportation - Emergency	\$1,006	\$4,079	\$0.04	\$0.14	4	11	\$100.64	\$156.90
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$5,959,368</b>	<b>\$5,945,389</b>	<b>\$208.04</b>	<b>\$205.31</b>	<b>55,654</b>	<b>57,165</b>	<b>\$44.86</b>	<b>\$43.10</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

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**VIRGINIA MEDICAID**  
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**Community Well**

**Exhibit 1c**

Age 65 and Over								
Western/Charlottesville	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	23,379	22,958						
<b>Service Type</b>								
Adult Day Care	\$663	\$0	\$0.03	\$0.00	8	-	\$44.17	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$92,411	\$95,050	\$3.95	\$4.14	4,802	5,081	\$9.88	\$9.78
DME/Supplies	\$141,886	\$139,195	\$6.07	\$6.06	1,067	978	\$68.28	\$74.36
Emergency	\$8,245	\$5,594	\$0.35	\$0.24	12	4	\$358.50	\$699.19
FQHC	\$99	\$980	\$0.00	\$0.04	1	6	\$98.83	\$89.07
Home Health Services	\$0	\$2,087	\$0.00	\$0.09	-	6	\$0.00	\$173.90
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$214,115	\$236,674	\$9.16	\$10.31	12	8	\$9,309.33	\$15,778.25
Inpatient - Psych	\$0	\$3,648	\$0.00	\$0.16	-	14	\$0.00	\$135.11
Lab and X-ray Services	\$3,541	\$2,626	\$0.15	\$0.11	126	56	\$14.45	\$24.54
Medicare Xover - IP	\$429,857	\$444,419	\$18.39	\$19.36	223	218	\$990.45	\$1,063.20
Medicare Xover - Nursing Facility	\$51,401	\$60,913	\$2.20	\$2.65	1,245	1,613	\$21.20	\$19.74
Medicare Xover - OP	\$359,871	\$383,414	\$15.39	\$16.70	2,159	2,735	\$85.54	\$73.27
Medicare Xover - Other	\$121,265	\$103,524	\$5.19	\$4.51	3,650	3,471	\$17.05	\$15.59
Medicare Xover - Physician	\$347,634	\$318,945	\$14.87	\$13.89	10,123	10,308	\$17.63	\$16.17
Nursing Facility	\$1,467,986	\$1,547,365	\$62.79	\$67.40	4,894	5,202	\$153.96	\$155.48
Outpatient - Other	\$60,370	\$12,604	\$2.58	\$0.55	28	20	\$1,117.97	\$323.17
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$4,428	\$4,396	\$0.19	\$0.19	63	48	\$36.30	\$48.30
Physician - Clinic	\$13	\$59	\$0.00	\$0.00	1	3	\$6.54	\$9.79
Physician - IP Mental Health	\$0	\$440	\$0.00	\$0.02	-	10	\$0.00	\$21.99
Physician - OP Mental Health	\$818,665	\$683,957	\$35.02	\$29.79	9,406	8,240	\$44.67	\$43.38
Physician - Other Practitioner	\$14,410	\$13,526	\$0.62	\$0.59	199	123	\$37.24	\$57.56
Physician - PCP	\$16,973	\$11,449	\$0.73	\$0.50	151	109	\$57.73	\$55.04
Physician - Specialist	\$30,992	\$12,360	\$1.33	\$0.54	295	235	\$53.99	\$27.47
Pharmacy	\$50,722	\$44,340	\$2.17	\$1.93	3,948	3,469	\$6.60	\$6.68
Transportation - Emergency	\$2,442	\$1,628	\$0.10	\$0.07	6	9	\$203.46	\$90.42
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$4,237,989</b>	<b>\$4,129,189</b>	<b>\$181.28</b>	<b>\$179.86</b>	<b>42,415</b>	<b>41,968</b>	<b>\$51.29</b>	<b>\$51.43</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
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**Community Well**

**Exhibit 1c**

All Ages								
Demonstration Regions	Total Payments FY2013	Total Payments FY2014	Unadjusted PMPM FY2013	Unadjusted PMPM FY2014	Units/1000 FY2013	Units/1000 FY2014	Cost/Unit FY2013	Cost/Unit FY2014
Total Member Months	649,282	646,694						
<b>Service Type</b>								
Adult Day Care	\$6,188	\$15,058	\$0.01	\$0.02	6	5	\$18.58	\$54.76
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$2,892	\$3,677	\$0.00	\$0.01	13	17	\$4.05	\$4.05
Consumer Directed Services	\$1,022,887	\$774,110	\$1.58	\$1.20	1,861	1,418	\$10.16	\$10.13
DME/Supplies	\$2,898,517	\$2,761,136	\$4.46	\$4.27	679	635	\$78.94	\$80.69
Emergency	\$173,747	\$169,998	\$0.27	\$0.26	9	8	\$344.05	\$400.94
FQHC	\$14,316	\$12,266	\$0.02	\$0.02	3	6	\$85.72	\$38.33
Home Health Services	\$35,112	\$37,816	\$0.05	\$0.06	2	2	\$351.12	\$300.13
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$8,275,504	\$8,121,358	\$12.75	\$12.56	14	13	\$10,650.58	\$11,342.68
Inpatient - Psych	\$161,220	\$728,463	\$0.25	\$1.13	3	59	\$853.01	\$229.36
Lab and X-ray Services	\$93,989	\$108,447	\$0.14	\$0.17	106	91	\$16.41	\$22.11
Medicare Xover - IP	\$9,062,524	\$9,087,308	\$13.96	\$14.05	172	167	\$976.57	\$1,009.25
Medicare Xover - Nursing Facility	\$545,095	\$520,316	\$0.84	\$0.80	423	460	\$23.81	\$20.98
Medicare Xover - OP	\$9,092,614	\$9,914,221	\$14.00	\$15.33	1,775	2,110	\$94.67	\$87.17
Medicare Xover - Other	\$3,212,467	\$2,668,474	\$4.95	\$4.13	2,995	2,780	\$19.83	\$17.81
Medicare Xover - Physician	\$11,409,989	\$12,079,089	\$17.57	\$18.68	10,822	10,775	\$19.49	\$20.80
Nursing Facility	\$16,423,660	\$15,553,423	\$25.30	\$24.05	1,812	1,753	\$167.55	\$164.62
Outpatient - Other	\$457,476	\$387,634	\$0.70	\$0.60	30	22	\$286.10	\$320.36
Outpatient - Psychological	\$3,970	\$15,398	\$0.01	\$0.02	1	3	\$116.78	\$82.34
Personal Care Services	\$342,376	\$391,874	\$0.53	\$0.61	159	143	\$39.74	\$51.03
Physician - Clinic	\$107,601	\$94,792	\$0.17	\$0.15	635	790	\$3.13	\$2.23
Physician - IP Mental Health	\$25,175	\$15,331	\$0.04	\$0.02	9	8	\$53.68	\$37.76
Physician - OP Mental Health	\$79,340,462	\$82,854,241	\$122.20	\$128.12	26,068	27,882	\$56.25	\$55.14
Physician - Other Practitioner	\$297,500	\$558,932	\$0.46	\$0.86	219	259	\$25.09	\$39.99
Physician - PCP	\$412,166	\$351,834	\$0.63	\$0.54	194	247	\$39.22	\$26.38
Physician - Specialist	\$615,308	\$575,891	\$0.95	\$0.89	404	533	\$28.14	\$20.06
Pharmacy	\$1,430,400	\$1,215,998	\$2.20	\$1.88	2,828	2,572	\$9.35	\$8.77
Transportation - Emergency	\$44,642	\$42,876	\$0.07	\$0.07	6	6	\$133.26	\$135.68
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$145,507,795</b>	<b>\$149,059,960</b>	<b>\$224.11</b>	<b>\$230.50</b>	<b>51,249</b>	<b>52,766</b>	<b>\$52.47</b>	<b>\$52.42</b>

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Prescription Drug Rebate and Copay Adjustment**

**Exhibit 2a**

	Nursing Home Eligible	Community Well	Source
1. Fee-for-Service Net Cost PMPM*	\$8.92	\$2.04	FY13-FY14 FFS Invoices
2. Fee-for-Service Net Cost per Script	\$6.70	\$9.07	FY13-FY14 FFS Invoices
3. Average Fee-for-Service Copayment per Script	\$0.02	\$0.00	FY13-FY14 FFS Invoices
4. Average Fee-for-Service Copayment PMPM	\$0.02	\$0.00	= (3.) * scripts / MM
5. Average Fee-for-Service Rebate	4%	4%	Provided by DMAS
6. Adjusted Cost PMPM	\$8.58	\$1.96	= ((1.) + (4.)) * (1 - (5.))
<b>7. Pharmacy Adjustment Factor</b>	<b>-3.8%</b>	<b>-4.0%</b>	= (6.) / (1.) -1

Note: Net of rebates. Standard and supplemental rebates have been applied to the base data.  
Community Well population is subject to limited co-payments. Copayments have been removed from the base data.

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Hospital Inpatient Adjustment**

Exhibit 2b

	Inpatient Medical/Surgical	Inpatient - Psych	Source
1a. FY13 Claims in IP Service Categories	\$13,312,367	\$163,761	FY13 FFS Invoices
1b. FY14 Claims in IP Service Categories	\$13,052,631	\$793,015	FY14 FFS Invoices
2a. FY13-FY14 Hospital Capital Percentage	10.22%	10.22%	Provided by DMAS
2b. FY15 Hospital Capital Percentage	8.90%	8.90%	Provided by DMAS
2c. FY16 Hospital Capital Percentage	8.50%	8.50%	Provided by DMAS
2d. FY17-FY18 Hospital Capital Percentage	8.43%	8.43%	Provided by DMAS
3a. FY15 Capital Reimbursement Decrease	-12.9%	-12.9%	= ((2b.) - (2a.)) / (2a.)
3a. FY16 Capital Reimbursement Decrease	-4.5%	-4.5%	= ((2c.) - (2b.)) / (2b.)
3b. FY17 Capital Reimbursement Decrease	-0.8%	-0.8%	= ((2d.) - (2c.)) / (2c.)
4a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$569,137	(\$11,048)	= (1a.) * (1 - (2d.)) * (4a.)
5a. FY17 Hospital Rate Change - Unit Cost	1.05%	1.05%	Provided by DMAS
5b. Dollar Change	\$259,471	\$9,083	= ((1a.) * (1 + (4a.)) + (1b.)) * (1 - (2d.)) * (5a.)
6a. FY17 Hospital Rate Change - Rebasing	-7.25%	27.00%	Provided by DMAS
6b. Dollar Change	(\$1,791,589)	\$233,570	= ((1a.) * (1 + (4a.)) + (1b.)) * (1 - (2d.)) * (6a.)
<b>7. Hospital Inpatient Adjustment</b>	<b>-3.7%</b>	<b>24.2%</b>	= ((4b.) + (5b.) + (6b.)) / ((1a.) + (1b.))

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Hospital Outpatient Adjustment**

**Exhibit 2c**

	Adjustment Value	Source
1. Total Claims in Outpatient Service Category	\$981,755	FY13-FY14 FFS Invoices
2a. FY17 Hospital Rate Change - Unit Cost	1.05%	Provided by DMAS
2b. Dollar Change	\$10,308	= (1.) * (2a.)
3a. FY17 Hospital Rate Change - Rebasing	0.1%	Provided by DMAS
3b. Dollar Change	\$982	= (1.) * (3a.)
<b>4. Outpatient Adjustment</b>	<b>1.2%</b>	= ((2b.) + (3b.)) / (1.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Nursing Facility Adjustment**

Exhibit 2d

	Adjustment Value	Source
1. Total Claims in Nursing Facility Service Category	\$1,299,176,087	FY13-FY14 FFS Invoices
2a. FY15 Prospective Payment Change	10.5%	Provided by DMAS
2b. Dollar Change	\$135,931,148	= ((1.) * (2a.))
3. FY17-FY18 Nursing Facility Capital Percentage	9.5%	Provided by DMAS
4a. FY17 Nursing Facility Rate Increase	0.9%	Provided by DMAS
4b. FY18 Nursing Facility Rate Increase	3.1%	Provided by DMAS
4c. Dollar Change	\$52,313,239	= [((1.) + (2b.)) * (1 - (3.))] * ((1 + (4a.)) * (1+ (4b.)) - 1)
5a. FY18 Nursing Facility Rate Change - Rebasing	-0.85%	Provided by DMAS
5b. Dollar Change	(\$11,441,982)	= ((1.) + (2b.) + (5a.)) * (1 - (3.)) * (5a.)
<b>6. Nursing Facility Adjustment</b>	<b>13.6%</b>	= ((2b.) + (4c.) + (5b.)) / (1.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Adult Day Care Adjustment**

**Exhibit 2e**

	Northern Virginia	Other Regions	Source
1. Total Claims in Adult Day Care	\$6,210,397	\$5,310,482	FY13-FY14 FFS Invoices
2a. Rates Effective Prior to 7/1/2013	\$50.10	\$45.65	Provided by DMAS
2b. Rates Effective FY14	\$60.10	\$55.65	Provided by DMAS
2c. % Change in rates	20.0%	21.9%	= (2b.) / (2a.) - 1
2d. FY17 Fee Change	2.5%	2.5%	Provided by DMAS, Effective July 1, 2016
3a. FY13 Claims Associated with Procedure Code S5102	\$2,236,704	\$2,596,569	FY13 FFS Invoices
3b. FY14 Claims Associated with Procedure Code S5102	\$3,611,105	\$2,711,205	FY14 FFS Invoices
4a. Dollar Change due to FY14 Fee Change	\$446,448	\$568,799	= (3a.) * (2c.)
4b. Dollar Change due to FY17 Fee Change	\$157,356	\$146,914	= ((3a.) * (1 + (2c.)) + (3b.)) * (2d.)
<b>5. Adult Day Care Adjustment</b>	<b>9.7%</b>	<b>13.5%</b>	= ((4a.) + (4b.)) / (1.)



**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Personal Care and Respite Care Adjustment**

**Exhibit 2f**

		Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1.	Total Claims in Service Categories				
	a. Consumer Directed Services	\$381,483	\$151,640,508	\$1,796,997	FY13-FY14 FFS Invoices
	b. Personal Care Services	\$484,862	\$401,216,402	\$734,250	FY13-FY14 FFS Invoices
2a.	FY16 Fee Change	2.0%	2.0%	2.0%	Provided by DMAS, Effective July 1, 2015
2b.	FY17 Fee Change	2.0%	2.0%	2.0%	Provided by DMAS, Effective July 1, 2016
3.	Claims associated with FY16 Fee Change HCBS Procedure Codes				
	a. Consumer Directed Services	\$310,122	\$150,465,442	\$1,792,698	FY13-FY14 FFS Invoices
	b. Personal Care Services	\$480,346	\$398,361,569	\$732,270	FY13-FY14 FFS Invoices
4.	<b>Personal Care and Respite Care Adjustment</b>				
	a. Consumer Directed Services	<b>3.28%</b>	<b>4.01%</b>	<b>4.03%</b>	= (3a.) * ((1 + (2a.)) * (1 + (2b.)) - 1) / (1a.)
	b. Personal Care Services	<b>4.00%</b>	<b>4.01%</b>	<b>4.03%</b>	= (3b.) * ((1 + (2a.)) * (1 + (2b.)) - 1) / (1b.)

**Virginia Medicaid  
 CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
 Historical Fee-for-Service Claims  
 Mental Health Skill-Building Services Adjustment**

**Exhibit 2g**

	<b>Nursing Home Eligible - Institutional</b>	<b>Nursing Home Eligible - Waiver</b>	<b>Community Well</b>	<b>Source</b>
1. Total Claims in Physician - OP Mental Health	\$1,207,676	\$9,511,132	\$162,194,704	FY13-FY14 FFS Invoices
2. % Claims Associated with Procedure Code H0046	55.3%	62.4%	51.8%	Jul 2012 - Nov 2013 FFS Invoices
3. MHSS Utilization Reduction	-20.0%	0.0%	-3.9%	base on FFS Invoices
4. Dollar Change	(\$133,662)	\$0	(\$3,259,043)	= (1.) * (2.) * (3.)
<b>5. MHSS Adjustment Factor</b>	<b>-11.1%</b>	<b>0.0%</b>	<b>-2.0%</b>	= (4.) / (1.)

**Virginia Medicaid  
 CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
 Historical Fee-for-Service Claims  
 DME Fee Adjustment**

**Exhibit 2h**

	<b>Nursing Home Eligible</b>	<b>Community Well</b>	<b>Source</b>
1. Claims Associated with DME/Supplies Service Category	\$16,485,389	\$5,659,653	FY13-FY14 FFS Invoices
2. Claims Associated with DME Fee Change	\$1,438,771	\$350,428	Provided by DMAS
3a. FY15 DME Fee Change	-33.4%	-31.2%	Provided by DMAS
3b. Dollar Change	(\$480,681)	(\$109,451)	= (2.) * (3a.)
<b>4. DME Fee Adjustment</b>	<b>-2.9%</b>	<b>-1.9%</b>	= (3b.) / (1.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Incontinence Supplies Adjustment**

**Exhibit 2i**

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. Total Claims in DME Supplies	\$333,456	\$16,151,933	\$5,659,653	FY13-FY14 FFS Invoices
2. Claims Associated with Incontinence Supplies	\$72,094	\$8,118,122	\$2,833,085	July 2012 - December 2013 FFS Invoices
3. Average Incontinence Supplies Rate Change (Effective CY2014)	-30.4%	-33.8%	-30.8%	Provided by DMAS
4. Dollar Change	(\$21,909)	(\$2,739,876)	(\$872,497)	= (2.) * (3.)
<b>5. Incontinence Supplies Adjustment Factor</b>	<b>-6.6%</b>	<b>-17.0%</b>	<b>-15.4%</b>	= (4.) / (1.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Lab Fee Adjustment**

**Exhibit 2j**

	Adjustment Values	Source
1. Lab Fee Adjustment (Effective FY15)	-12.0%	Provided by DMAS

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Emergency Room Triage Adjustment**

**Exhibit 2k**

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. Total Claims in Physician - Other Practitioner, PCP, Specialist	\$377,483	\$5,758,791	\$2,811,631	FY13-14 FFS Invoices
2. FY13-14 Number of Claims in ER Triage Level 3	13	39	590	FY13-14 FFS Invoices
3. ER Cost No Triage Level 3	\$43.57	\$43.57	\$43.57	Provided by DMAS
4. ER Triage Cost	\$22.06	\$22.06	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$280	\$839	\$12,691	= (2.) * ((3.) - (4.))
<b>6. FY16 ER Triage Adjustment</b>	<b>0.07%</b>	<b>0.01%</b>	<b>0.45%</b>	= (5.) / (1.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Resource Based Relative Value Scale Adjustment**

**Exhibit 2I**

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. Professional Fee Adjustment - Effective FY18	0.71%	0.71%	0.71%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	99.2%	99.9%	99.9%	FY13-14 FFS Invoices
3. Final Professional Fee Adjustment	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	= (1.) * (2.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Home Health and Rehab Adjustment**

**Exhibit 2m**

		Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. FY13-14 Claims in Service Categories	a. Home Health Services	\$230	\$140,701	\$72,928	FY13-14 FFS Invoices
	b. Physician - Other Practitioner	\$166,838	\$5,435,638	\$856,432	FY13-14 FFS Invoices
2. FY13-14 Claims Associated with Fee Change	a. Home Health	\$0	\$70,466	\$35,087	FY13-14 FFS Invoices
	b. Physician - Other Practitioner	\$1,800	\$14,820	\$11,966	FY13-14 FFS Invoices
3. FY17 Fee Change	a. Home Health Inflation	1.7%	1.7%	1.7%	Provided by DMAS
	b. OP Rehab Inflation	2.1%	2.1%	2.1%	Provided by DMAS
4. FY18 Fee Change	a. 50% of Home Health Inflation	1.15%	1.15%	1.15%	Provided by DMAS
	b. 50% of OP Rehab Inflation	1.35%	1.35%	1.35%	Provided by DMAS
5. Dollar Change	a. Home Health Services	\$0	\$2,022	\$1,007	$= ((2a.) * (((1 + (3a.) * (1 + (4a.)) - 1)$
	b. Physician - Other Practitioner	\$63	\$515	\$416	$= ((2b.) * (((1 + (3b.) * (1 + (4b.)) - 1)$
<b>6. Home Health and Rehab Adjustment</b>	a. Home Health Services	<b>0.0%</b>	<b>1.4%</b>	<b>1.4%</b>	$= (5a.) / (1a.)$
	b. Physician - Other Practitioner	<b>0.04%</b>	<b>0.01%</b>	<b>0.05%</b>	$= (5b.) / (1b.)$



**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Non-Emergency Transportation Adjustment**

**Exhibit 2n**

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
Non-ER Transportation Rate	\$82.46	\$31.80	\$31.80	From DMAS - Rates Effective January 1, 2016 - Present

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**DMAS FFS Administrative Adjustment**

**Exhibit 2o**

	Adjustment Values	Source
1. Administrative Cost	0.49%	Provided by DMAS

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**IBNR, Policy/Program, and Trend Adjustments for Nursing Home Eligible - Institutional Population**

Exhibit 3a

Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient	0.1%	-3.4%	-3.4%	12.5%	-7.3%	4.3%	2.5%	1.1218
Outpatient/ER	0.0%	0.6%	0.6%	-2.0%	5.0%	2.9%	2.0%	1.0909
Physician/Professional	0.0%	0.8%	0.8%	-7.7%	2.0%	-5.8%	14.7%	1.4211
Pharmacy	0.0%	-3.8%	-3.8%	-2.0%	-4.1%	-6.1%	0.0%	0.9390
Nursing Facility*	0.0%	13.6%	13.6%	0.0%	0.7%	0.7%	0.0%	1.0075
HCBS/Home Health Services*	0.0%	3.8%	3.8%	-9.0%	18.3%	7.7%	2.1%	1.1456
Mental Health/Substance Abuse	0.0%	-10.4%	-10.4%	14.1%	-14.9%	-2.9%	0.0%	0.9710
Ancillary/Other	0.0%	-9.4%	-9.4%	6.8%	-17.5%	-11.9%	0.0%	0.8810
Medicare Crossover	-0.2%	0.0%	-0.2%	-2.1%	4.0%	1.8%	1.6%	1.0683
<b>Weighted Average*</b>	0.0%	13.3%	13.3%	0.0%	0.7%	0.7%	0.1%	1.0086
<b>Months of Trend Applied:</b>							12	36

Notes:

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 FY 2013-2014 Claims)

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

**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
Historical Fee-for-Service Claims  
IBNR, Policy/Program, and Trend Adjustments for Nursing Home Eligible - Waiver Population**

**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%	-3.5%	-3.5%	12.5%	-7.3%	4.3%	2.5%	1.1218	
Outpatient/ER	0.0%	1.0%	1.0%	-2.0%	5.0%	2.9%	2.0%	1.0909	
Physician/Professional	0.0%	0.7%	0.7%	-0.1%	17.7%	17.6%	9.7%	1.5524	
Pharmacy	0.0%	-3.8%	-3.8%	0.8%	-4.7%	-3.9%	0.0%	0.9610	
Nursing Facility*	0.0%	13.6%	13.6%	0.0%	0.7%	0.7%	0.0%	1.0075	
HCBS/Home Health Services - CD Only*	0.0%	4.0%	4.0%	-0.9%	24.9%	23.7%	9.7%	1.6318	
HCBS/Home Health Services - without CD*	0.0%	4.2%	4.2%	1.0%	-2.0%	-1.1%	0.0%	0.9890	
Mental Health/Substance Abuse	0.0%	0.7%	0.7%	9.6%	-3.3%	6.0%	7.2%	1.3057	
Ancillary/Other	0.0%	-19.9%	-19.8%	13.7%	-6.3%	6.6%	0.0%	1.0660	
Medicare Crossover	0.0%	0.0%	0.0%	-0.9%	2.1%	1.1%	0.0%	1.0118	
<b>Weighted Average*</b>	0.0%	3.3%	3.3%	0.9%	4.7%	5.5%	2.6%	1.1382	
<b>Months of Trend Applied:</b>							12	36	

Notes:

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 FY 2013-2014 Claims)

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

**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
Historical Fee-for-Service Claims  
IBNR, Policy/Program, and Trend Adjustments for Community Well Population**

**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	0.3%	-2.2%	-1.9%	12.5%	-7.3%	4.3%	2.5%	1.1218
Outpatient/ER	0.5%	0.8%	1.3%	-2.0%	5.0%	2.9%	2.0%	1.0909
Physician/Professional	0.0%	1.1%	1.2%	-29.8%	20.7%	-15.2%	0.0%	0.8480
Pharmacy	0.0%	-4.0%	-4.0%	-4.1%	-9.8%	-13.6%	0.0%	0.8640
Nursing Facility*	0.0%	13.6%	13.6%	0.0%	-4.1%	-4.1%	0.0%	0.9590
HCBS/Home Health Services*	0.0%	4.0%	4.0%	10.4%	-15.9%	-7.2%	0.4%	0.9396
Mental Health/Substance Abuse	0.0%	-2.0%	-2.0%	0.5%	6.1%	6.7%	2.8%	1.1583
Ancillary/Other	0.0%	-16.9%	-16.9%	18.9%	-8.6%	8.7%	1.9%	1.1503
Medicare Crossover	0.0%	0.0%	0.0%	4.2%	2.6%	6.9%	4.4%	1.2176
<b>Weighted Average*</b>	0.0%	0.2%	0.2%	2.0%	2.8%	4.8%	2.7%	1.1348
<b>Months of Trend Applied:</b>							12	36

Notes:

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 FY 2013-2014 Claims)

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$17,179	\$0	\$643	\$585	\$18,408	1.15	\$21,088	\$1.85
DME/Supplies	\$25,730	(\$0)	\$0	(\$2,441)	\$23,289	0.88	\$20,518	\$1.80
Emergency	\$565	\$0	\$0	\$0	\$565	1.09	\$616	\$0.05
FQHC	\$71	\$0	\$0	\$0	\$71	1.42	\$100	\$0.01
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$271,823	\$145	\$0	(\$9,934)	\$262,034	1.12	\$293,945	\$25.75
Inpatient - Psych	\$2,432	\$1	\$0	\$589	\$3,022	1.12	\$3,390	\$0.30
Lab and X-ray Services	\$1,845	(\$0)	\$0	(\$221)	\$1,623	0.88	\$1,430	\$0.13
Medicare Xover - IP	\$491,610	(\$922)	\$0	\$0	\$490,688	1.07	\$524,216	\$45.92
Medicare Xover - Nursing Facility	\$402,398	(\$754)	\$13,392	\$0	\$415,035	1.07	\$443,394	\$38.84
Medicare Xover - OP	\$121,997	(\$229)	\$0	\$0	\$121,769	1.07	\$130,089	\$11.40
Medicare Xover - Other	\$93,358	(\$175)	\$0	\$0	\$93,183	1.07	\$99,550	\$8.72
Medicare Xover - Physician	\$202,142	(\$379)	\$2	\$0	\$201,765	1.07	\$215,552	\$18.88
Nursing Facility	\$39,907,313	(\$170)	\$9,324,922	\$6,699,898	\$55,931,963	1.01	\$56,353,806	\$4,936.33
Outpatient - Other	\$1,419	\$0	\$0	\$16	\$1,436	1.09	\$1,566	\$0.14
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$12,147	\$0	\$92	\$490	\$12,729	1.15	\$14,583	\$1.28
Physician - Clinic	\$568	\$0	\$0	\$4	\$572	1.42	\$813	\$0.07
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$95,753	\$0	\$0	(\$9,923)	\$85,830	0.97	\$83,341	\$7.30
Physician - Other Practitioner	\$10,987	\$0	\$0	\$90	\$11,076	1.42	\$15,741	\$1.38
Physician - PCP	\$17,038	\$0	\$0	\$133	\$17,170	1.42	\$24,401	\$2.14
Physician - Specialist	\$4,446	\$0	\$0	\$35	\$4,480	1.42	\$6,367	\$0.56
Pharmacy	\$194,640	(\$0)	\$0	(\$7,362)	\$187,278	0.94	\$175,854	\$15.40
Transportation - Emergency	\$1,374	(\$0)	\$0	\$0	\$1,374	0.88	\$1,211	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$41,876,834</b>	<b>(\$2,483)</b>	<b>\$9,339,051</b>	<b>\$6,671,959</b>	<b>\$57,885,361</b>		<b>\$58,431,571</b>	<b>\$5,200.79</b>
Administrative Adjustment Capitation Rate								0.49% \$5,226.00

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-I CeVA 21-64 (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$548	\$0	\$0	\$74	\$622	1.15	\$712	\$0.01
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$80,604	\$0	\$1,514	\$2,697	\$84,815	1.15	\$97,165	\$1.25
DME/Supplies	\$67,296	(\$0)	\$1	(\$6,384)	\$60,913	0.88	\$53,664	\$0.69
Emergency	\$15,906	\$0	\$0	\$0	\$15,906	1.09	\$17,353	\$0.22
FQHC	\$122	\$0	\$0	\$0	\$122	1.42	\$174	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$464,931	\$248	\$0	(\$16,991)	\$448,188	1.12	\$502,769	\$6.46
Inpatient - Psych	\$5,187	\$3	\$0	\$1,256	\$6,445	1.12	\$7,230	\$0.09
Lab and X-ray Services	\$11,662	(\$0)	\$0	(\$1,399)	\$10,263	0.88	\$9,042	\$0.12
Medicare Xover - IP	\$1,830,730	(\$3,432)	\$0	\$0	\$1,827,298	1.07	\$1,952,153	\$25.09
Medicare Xover - Nursing Facility	\$2,022,263	(\$3,791)	\$40,697	\$0	\$2,059,169	1.07	\$2,199,867	\$28.27
Medicare Xover - OP	\$364,897	(\$684)	\$174	\$0	\$364,387	1.07	\$389,285	\$5.00
Medicare Xover - Other	\$278,934	(\$523)	\$0	\$0	\$278,411	1.07	\$297,434	\$3.82
Medicare Xover - Physician	\$949,716	(\$1,780)	\$6	\$0	\$947,941	1.07	\$1,012,712	\$13.02
Nursing Facility	\$275,898,877	(\$1,176)	\$69,910,957	\$47,060,443	\$392,869,102	1.01	\$395,832,152	\$5,087.11
Outpatient - Other	\$5,037	\$0	\$0	\$58	\$5,095	1.09	\$5,559	\$0.07
Outpatient - Psychological	\$636	\$0	\$0	\$0	\$636	1.09	\$694	\$0.01
Personal Care Services	\$59,087	\$0	\$3,041	\$2,487	\$64,615	1.15	\$74,024	\$0.95
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$34	\$0	\$0	\$0	\$34	0.97	\$33	\$0.00
Physician - OP Mental Health	\$89,202	\$0	\$0	(\$9,244)	\$79,958	0.97	\$77,639	\$1.00
Physician - Other Practitioner	\$23,619	\$0	\$0	\$193	\$23,812	1.42	\$33,840	\$0.43
Physician - PCP	\$38,525	\$0	\$71	\$300	\$38,896	1.42	\$55,277	\$0.71
Physician - Specialist	\$22,932	\$0	\$121	\$179	\$23,232	1.42	\$33,016	\$0.42
Pharmacy	\$1,157,444	(\$1)	\$0	(\$43,777)	\$1,113,666	0.94	\$1,045,732	\$13.44
Transportation - Emergency	\$4,089	(\$0)	\$0	\$0	\$4,089	0.88	\$3,602	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$283,392,278</b>	<b>(\$11,137)</b>	<b>\$69,956,582</b>	<b>\$46,989,892</b>	<b>\$400,327,615</b>		<b>\$403,701,127</b>	<b>\$5,270.70</b>
Administrative Adjustment Capitation Rate								0.49% \$5,296.24

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-I CeVA 65+ (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$33,445	\$0	\$0	\$1,098	\$34,543	1.15	\$39,573	\$3.91
DME/Supplies	\$33,005	(\$0)	\$0	(\$3,131)	\$29,874	0.88	\$26,319	\$2.60
Emergency	\$3,462	\$0	\$0	\$0	\$3,462	1.09	\$3,776	\$0.37
FQHC	\$74	\$0	\$0	\$0	\$74	1.42	\$106	\$0.01
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$108,010	\$58	\$0	(\$3,947)	\$104,121	1.12	\$116,801	\$11.55
Inpatient - Psych	\$1,216	\$1	\$0	\$295	\$1,511	1.12	\$1,695	\$0.17
Lab and X-ray Services	\$1,874	(\$0)	\$0	(\$225)	\$1,650	0.88	\$1,453	\$0.14
Medicare Xover - IP	\$292,271	(\$548)	\$0	\$0	\$291,723	1.07	\$311,656	\$30.82
Medicare Xover - Nursing Facility	\$306,992	(\$576)	\$15,150	\$0	\$321,566	1.07	\$343,538	\$33.98
Medicare Xover - OP	\$129,134	(\$242)	\$0	\$0	\$128,892	1.07	\$137,698	\$13.62
Medicare Xover - Other	\$80,039	(\$150)	\$0	\$0	\$79,889	1.07	\$85,348	\$8.44
Medicare Xover - Physician	\$262,659	(\$492)	\$2	\$0	\$262,169	1.07	\$280,082	\$27.70
Nursing Facility	\$35,461,410	(\$151)	\$8,590,213	\$5,994,881	\$50,046,353	1.01	\$50,423,807	\$4,987.17
Outpatient - Other	\$1,174	\$0	\$0	\$13	\$1,187	1.09	\$1,295	\$0.13
Outpatient - Psychological	\$271	\$0	\$0	\$0	\$271	1.09	\$296	\$0.03
Personal Care Services	\$11,373	\$0	\$0	\$455	\$11,828	1.15	\$13,550	\$1.34
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$189,772	\$0	\$0	(\$19,667)	\$170,106	0.97	\$165,173	\$16.34
Physician - Other Practitioner	\$21,194	\$0	\$0	\$173	\$21,367	1.42	\$30,366	\$3.00
Physician - PCP	\$2,954	\$0	\$0	\$23	\$2,977	1.42	\$4,231	\$0.42
Physician - Specialist	\$2,979	\$0	\$0	\$23	\$3,002	1.42	\$4,267	\$0.42
Pharmacy	\$159,922	(\$0)	\$0	(\$6,049)	\$153,874	0.94	\$144,487	\$14.29
Transportation - Emergency	\$1,129	(\$0)	\$0	\$0	\$1,129	0.88	\$994	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$37,104,361</b>	<b>(\$2,101)</b>	<b>\$8,605,365</b>	<b>\$5,963,944</b>	<b>\$51,671,568</b>		<b>\$52,136,512</b>	<b>\$5,239.03</b>
Administrative Adjustment Capitation Rate								0.49% \$5,264.42

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



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$14,884	\$0	\$0	\$489	\$15,372	1.15	\$17,611	\$0.32
DME/Supplies	\$33,470	(\$0)	\$0	(\$3,175)	\$30,295	0.88	\$26,690	\$0.49
Emergency	\$1,769	\$0	\$0	\$0	\$1,769	1.09	\$1,930	\$0.04
FQHC	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Home Health Services	\$114	\$0	\$0	\$0	\$114	1.15	\$131	\$0.00
Inpatient - Medical/Surgical	\$369,567	\$197	\$0	(\$13,506)	\$356,259	1.12	\$399,645	\$7.28
Inpatient - Psych	\$10,300	\$5	\$0	\$2,495	\$12,800	1.12	\$14,359	\$0.26
Lab and X-ray Services	\$5,652	(\$0)	\$0	(\$678)	\$4,974	0.88	\$4,382	\$0.08
Medicare Xover - IP	\$1,183,844	(\$2,219)	\$0	\$0	\$1,181,624	1.07	\$1,262,362	\$22.99
Medicare Xover - Nursing Facility	\$1,052,740	(\$1,974)	\$35,424	\$0	\$1,086,190	1.07	\$1,160,407	\$21.13
Medicare Xover - OP	\$294,896	(\$553)	\$0	\$0	\$294,343	1.07	\$314,455	\$5.73
Medicare Xover - Other	\$182,758	(\$343)	\$0	\$0	\$182,416	1.07	\$194,880	\$3.55
Medicare Xover - Physician	\$868,619	(\$1,628)	\$40	\$0	\$867,031	1.07	\$926,273	\$16.87
Nursing Facility	\$183,821,245	(\$784)	\$51,279,959	\$31,994,370	\$267,094,790	1.01	\$269,109,240	\$4,900.15
Outpatient - Other	\$1,299	\$0	\$0	\$15	\$1,314	1.09	\$1,434	\$0.03
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$169,599	\$1	\$857	\$6,822	\$177,279	1.15	\$203,093	\$3.70
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$255,456	\$0	\$0	(\$26,474)	\$228,983	0.97	\$222,342	\$4.05
Physician - Other Practitioner	\$40,920	\$0	\$0	\$334	\$41,254	1.42	\$58,627	\$1.07
Physician - PCP	\$13,317	\$0	\$0	\$104	\$13,421	1.42	\$19,073	\$0.35
Physician - Specialist	\$14,948	\$0	\$0	\$116	\$15,064	1.42	\$21,409	\$0.39
Pharmacy	\$770,587	(\$1)	\$0	(\$29,145)	\$741,441	0.94	\$696,213	\$12.68
Transportation - Emergency	\$643	(\$0)	\$0	\$0	\$643	0.88	\$567	\$0.01
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$189,106,627</b>	<b>(\$7,298)</b>	<b>\$51,316,281</b>	<b>\$31,931,766</b>	<b>\$272,347,377</b>		<b>\$274,655,121</b>	<b>\$5,083.59</b>
Administrative Adjustment Capitation Rate								0.49% \$5,108.22

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$65,996	\$0	\$0	\$2,168	\$68,164	1.15	\$78,090	\$13.85
DME/Supplies	\$81,524	(\$0)	\$0	(\$7,733)	\$73,790	0.88	\$65,009	\$11.53
Emergency	\$1,257	\$0	\$0	\$0	\$1,257	1.09	\$1,371	\$0.24
FQHC	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$123,099	\$66	\$0	(\$4,499)	\$118,666	1.12	\$133,117	\$23.62
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Lab and X-ray Services	\$1,572	(\$0)	\$0	(\$189)	\$1,383	0.88	\$1,219	\$0.22
Medicare Xover - IP	\$169,991	(\$319)	\$0	\$0	\$169,672	1.07	\$181,265	\$32.16
Medicare Xover - Nursing Facility	\$196,467	(\$368)	\$6,413	\$0	\$202,512	1.07	\$216,349	\$38.38
Medicare Xover - OP	\$65,655	(\$123)	\$0	\$0	\$65,532	1.07	\$70,010	\$12.42
Medicare Xover - Other	\$32,146	(\$60)	\$0	\$0	\$32,086	1.07	\$34,279	\$6.08
Medicare Xover - Physician	\$101,342	(\$190)	\$0	\$0	\$101,152	1.07	\$108,064	\$19.17
Nursing Facility	\$25,804,648	(\$110)	\$4,605,663	\$4,138,466	\$34,548,668	1.01	\$34,809,236	\$6,175.65
Outpatient - Other	\$503	\$0	\$0	\$6	\$508	1.09	\$555	\$0.10
Outpatient - Psychological	\$65	\$0	\$0	\$0	\$65	1.09	\$71	\$0.01
Personal Care Services	\$14,190	\$0	\$236	\$577	\$15,003	1.15	\$17,188	\$3.05
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$80,406	\$0	\$0	(\$8,333)	\$72,074	0.97	\$69,983	\$12.42
Physician - Other Practitioner	\$3,778	\$0	\$0	\$31	\$3,809	1.42	\$5,413	\$0.96
Physician - PCP	\$6,187	\$0	\$0	\$48	\$6,235	1.42	\$8,861	\$1.57
Physician - Specialist	\$13,106	\$0	\$0	\$102	\$13,208	1.42	\$18,771	\$3.33
Pharmacy	\$107,186	(\$0)	\$0	(\$4,054)	\$103,132	0.94	\$96,841	\$17.18
Transportation - Emergency	\$168	(\$0)	\$0	\$0	\$168	0.88	\$148	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$26,869,287</b>	<b>(\$1,105)</b>	<b>\$4,612,312</b>	<b>\$4,116,591</b>	<b>\$35,597,084</b>		<b>\$35,915,839</b>	<b>\$6,454.43</b>
Administrative Adjustment Capitation Rate								0.49% \$6,485.81

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$28,736	\$0	\$630	\$964	\$30,331	1.15	\$34,747	\$1.05
DME/Supplies	\$15,873	(\$0)	\$0	(\$1,506)	\$14,367	0.88	\$12,657	\$0.38
Emergency	\$1,269	\$0	\$0	\$0	\$1,269	1.09	\$1,384	\$0.04
FQHC	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$1,058,630	\$564	\$0	(\$38,687)	\$1,020,507	1.12	\$1,144,786	\$34.66
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Lab and X-ray Services	\$3,643	(\$0)	\$0	(\$437)	\$3,206	0.88	\$2,825	\$0.09
Medicare Xover - IP	\$643,716	(\$1,207)	\$0	\$0	\$642,509	1.07	\$686,410	\$20.78
Medicare Xover - Nursing Facility	\$857,715	(\$1,608)	\$14,923	\$0	\$871,030	1.07	\$930,545	\$28.17
Medicare Xover - OP	\$242,040	(\$454)	\$22	\$0	\$241,608	1.07	\$258,116	\$7.81
Medicare Xover - Other	\$92,136	(\$173)	\$0	\$0	\$91,964	1.07	\$98,247	\$2.97
Medicare Xover - Physician	\$323,571	(\$607)	\$0	\$0	\$322,965	1.07	\$345,032	\$10.44
Nursing Facility	\$146,997,477	(\$627)	\$29,492,062	\$24,018,041	\$200,506,954	1.01	\$202,019,193	\$6,115.61
Outpatient - Other	\$1,557	\$0	\$0	\$18	\$1,575	1.09	\$1,718	\$0.05
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$190,504	\$1	\$0	\$7,625	\$198,130	1.15	\$226,980	\$6.87
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$369	\$0	\$0	\$3	\$372	0.97	\$361	\$0.01
Physician - OP Mental Health	\$27,915	\$0	\$0	(\$2,893)	\$25,023	0.97	\$24,297	\$0.74
Physician - Other Practitioner	\$11,118	\$0	\$0	\$91	\$11,209	1.42	\$15,929	\$0.48
Physician - PCP	\$19,361	\$0	\$60	\$151	\$19,572	1.42	\$27,814	\$0.84
Physician - Specialist	\$10,800	\$0	\$0	\$84	\$10,884	1.42	\$15,468	\$0.47
Pharmacy	\$521,345	(\$0)	\$0	(\$19,719)	\$501,626	0.94	\$471,027	\$14.26
Transportation - Emergency	\$2,101	(\$0)	\$0	\$0	\$2,101	0.88	\$1,851	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$151,049,876</b>	<b>(\$4,110)</b>	<b>\$29,507,697</b>	<b>\$23,963,735</b>	<b>\$204,517,199</b>		<b>\$206,319,389</b>	<b>\$6,328.24</b>
Administrative Adjustment Capitation Rate								0.49% \$6,359.00

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$30,295	\$0	\$0	\$995	\$31,290	1.15	\$35,846	\$5.18
DME/Supplies	\$17,045	(\$0)	\$0	(\$1,617)	\$15,428	0.88	\$13,592	\$1.96
Emergency	\$487	\$0	\$0	\$0	\$487	1.09	\$531	\$0.08
FQHC	\$234	\$0	\$0	\$0	\$234	1.42	\$333	\$0.05
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$297,610	\$159	\$0	(\$10,876)	\$286,892	1.12	\$321,831	\$46.48
Inpatient - Psych	\$824	\$0	\$0	\$200	\$1,024	1.12	\$1,148	\$0.17
Lab and X-ray Services	\$2,516	(\$0)	\$0	(\$302)	\$2,214	0.88	\$1,951	\$0.28
Medicare Xover - IP	\$208,669	(\$391)	\$0	\$0	\$208,278	1.07	\$222,509	\$32.14
Medicare Xover - Nursing Facility	\$270,491	(\$507)	\$9,382	\$0	\$279,366	1.07	\$298,455	\$43.11
Medicare Xover - OP	\$99,299	(\$186)	\$0	\$0	\$99,113	1.07	\$105,885	\$15.29
Medicare Xover - Other	\$67,743	(\$127)	\$0	\$0	\$67,616	1.07	\$72,236	\$10.43
Medicare Xover - Physician	\$188,806	(\$354)	\$2	\$0	\$188,454	1.07	\$201,331	\$29.08
Nursing Facility	\$25,306,702	(\$108)	\$4,968,034	\$4,120,017	\$34,394,644	1.01	\$34,654,051	\$5,005.30
Outpatient - Other	\$5,798	\$0	\$0	\$67	\$5,865	1.09	\$6,398	\$0.92
Outpatient - Psychological	\$105	\$0	\$0	\$0	\$105	1.09	\$115	\$0.02
Personal Care Services	\$562	\$0	\$0	\$22	\$584	1.15	\$669	\$0.10
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$279,367	\$0	\$0	(\$28,951)	\$250,415	0.97	\$243,153	\$35.12
Physician - Other Practitioner	\$11,513	\$0	\$0	\$94	\$11,607	1.42	\$16,495	\$2.38
Physician - PCP	\$5,532	\$0	\$0	\$43	\$5,575	1.42	\$7,923	\$1.14
Physician - Specialist	\$3,281	\$0	\$0	\$26	\$3,307	1.42	\$4,700	\$0.68
Pharmacy	\$127,475	(\$0)	\$0	(\$4,821)	\$122,653	0.94	\$115,171	\$16.63
Transportation - Emergency	\$826	(\$0)	\$0	\$0	\$826	0.88	\$728	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$26,925,179</b>	<b>(\$1,514)</b>	<b>\$4,977,419</b>	<b>\$4,074,895</b>	<b>\$35,975,979</b>		<b>\$36,325,051</b>	<b>\$5,329.12</b>
Administrative Adjustment Capitation Rate								0.49% \$5,354.95

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$13,009	\$0	\$0	\$1,753	\$14,762	1.15	\$16,912	\$0.32
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$85,345	\$0	\$436	\$2,817	\$88,598	1.15	\$101,500	\$1.92
DME/Supplies	\$33,827	(\$0)	\$0	(\$3,209)	\$30,618	0.88	\$26,974	\$0.51
Emergency	\$2,342	\$0	\$0	\$0	\$2,342	1.09	\$2,555	\$0.05
FQHC	\$1,005	\$0	\$0	\$0	\$1,005	1.42	\$1,428	\$0.03
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$250,785	\$134	\$0	(\$9,165)	\$241,754	1.12	\$271,195	\$5.13
Inpatient - Psych	\$3,648	\$2	\$0	\$884	\$4,533	1.12	\$5,086	\$0.10
Lab and X-ray Services	\$11,345	(\$0)	\$0	(\$1,361)	\$9,983	0.88	\$8,795	\$0.17
Medicare Xover - IP	\$960,475	(\$1,801)	\$0	\$0	\$958,674	1.07	\$1,024,178	\$19.37
Medicare Xover - Nursing Facility	\$1,316,439	(\$2,468)	\$24,293	\$0	\$1,338,264	1.07	\$1,429,704	\$27.04
Medicare Xover - OP	\$488,243	(\$915)	\$0	\$0	\$487,328	1.07	\$520,626	\$9.85
Medicare Xover - Other	\$146,302	(\$274)	\$0	\$0	\$146,028	1.07	\$156,006	\$2.95
Medicare Xover - Physician	\$690,666	(\$1,295)	\$19	\$0	\$689,390	1.07	\$736,494	\$13.93
Nursing Facility	\$182,532,938	(\$778)	\$43,556,438	\$30,767,968	\$256,856,566	1.01	\$258,793,798	\$4,894.76
Outpatient - Other	\$5,472	\$0	\$0	\$63	\$5,535	1.09	\$6,038	\$0.11
Outpatient - Psychological	\$16	\$0	\$0	\$0	\$16	1.09	\$18	\$0.00
Personal Care Services	\$19,128	\$0	\$0	\$766	\$19,894	1.15	\$22,790	\$0.43
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$8	\$0	\$0	\$0	\$8	0.97	\$8	\$0.00
Physician - OP Mental Health	\$159,649	\$0	\$0	(\$16,545)	\$143,104	0.97	\$138,954	\$2.63
Physician - Other Practitioner	\$25,961	\$0	\$0	\$212	\$26,173	1.42	\$37,196	\$0.70
Physician - PCP	\$10,766	\$0	\$0	\$84	\$10,850	1.42	\$15,420	\$0.29
Physician - Specialist	\$14,559	\$0	\$0	\$113	\$14,672	1.42	\$20,851	\$0.39
Pharmacy	\$824,808	(\$1)	\$0	(\$31,196)	\$793,611	0.94	\$745,201	\$14.09
Transportation - Emergency	\$1,646	(\$0)	\$0	\$0	\$1,646	0.88	\$1,450	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$187,598,381</b>	<b>(\$7,396)</b>	<b>\$43,581,185</b>	<b>\$30,713,183</b>	<b>\$261,885,354</b>		<b>\$264,083,175</b>	<b>\$5,077.26</b>
Administrative Adjustment Capitation Rate								0.49% \$5,101.86

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-I SoRo 65+ (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$9,023	\$0	\$0	\$296	\$9,319	1.15	\$10,676	\$3.10
DME/Supplies	\$8,472	(\$0)	\$0	(\$804)	\$7,668	0.88	\$6,756	\$1.96
Emergency	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Home Health Services	\$116	\$0	\$0	\$0	\$116	1.15	\$132	\$0.04
Inpatient - Medical/Surgical	\$87,267	\$47	\$0	(\$3,189)	\$84,125	1.12	\$94,370	\$27.42
Inpatient - Psych	\$1,216	\$1	\$0	\$295	\$1,511	1.12	\$1,695	\$0.49
Lab and X-ray Services	\$524	(\$0)	\$0	(\$63)	\$461	0.88	\$406	\$0.12
Medicare Xover - IP	\$122,995	(\$231)	\$0	\$0	\$122,765	1.07	\$131,153	\$38.10
Medicare Xover - Nursing Facility	\$158,685	(\$297)	\$7,519	\$0	\$165,906	1.07	\$177,242	\$51.49
Medicare Xover - OP	\$71,306	(\$134)	\$0	\$0	\$71,172	1.07	\$76,035	\$22.09
Medicare Xover - Other	\$25,484	(\$48)	\$0	\$0	\$25,436	1.07	\$27,174	\$7.89
Medicare Xover - Physician	\$59,100	(\$111)	\$2	\$0	\$58,992	1.07	\$63,022	\$18.31
Nursing Facility	\$10,789,567	(\$46)	\$2,630,924	\$1,826,363	\$15,246,808	1.01	\$15,361,801	\$4,462.72
Outpatient - Other	\$647	\$0	\$0	\$7	\$655	1.09	\$714	\$0.21
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$1,459	\$0	\$0	\$58	\$1,517	1.15	\$1,738	\$0.50
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$18,599	\$0	\$0	(\$1,927)	\$16,671	0.97	\$16,188	\$4.70
Physician - Other Practitioner	\$5,309	\$0	\$0	\$43	\$5,352	1.42	\$7,606	\$2.21
Physician - PCP	\$860	\$0	\$0	\$7	\$867	1.42	\$1,232	\$0.36
Physician - Specialist	\$1,315	\$0	\$0	\$10	\$1,325	1.42	\$1,883	\$0.55
Pharmacy	\$31,180	(\$0)	\$0	(\$1,179)	\$30,001	0.94	\$28,171	\$8.18
Transportation - Emergency	\$3,879	(\$0)	\$0	\$0	\$3,879	0.88	\$3,418	\$0.99
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$11,397,003</b>	<b>(\$819)</b>	<b>\$2,638,445</b>	<b>\$1,819,917</b>	<b>\$15,854,546</b>		<b>\$16,011,412</b>	<b>\$4,733.89</b>
Administrative Adjustment Capitation Rate								0.49% \$4,756.80

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-I WeCh 21-64 (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Consumer Directed Services	\$12,755	\$0	\$0	\$419	\$13,174	1.15	\$15,092	\$0.56
DME/Supplies	\$16,827	(\$0)	\$386	(\$1,633)	\$15,580	0.88	\$13,726	\$0.51
Emergency	\$529	\$0	\$0	\$0	\$529	1.09	\$577	\$0.02
FQHC	\$704	\$0	\$0	\$0	\$704	1.42	\$1,000	\$0.04
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.15	\$0	\$0.00
Inpatient - Medical/Surgical	\$77,801	\$41	\$0	(\$2,843)	\$74,999	1.12	\$84,133	\$3.12
Inpatient - Psych	\$2,574	\$1	\$0	\$623	\$3,199	1.12	\$3,588	\$0.13
Lab and X-ray Services	\$3,031	(\$0)	\$0	(\$364)	\$2,667	0.88	\$2,350	\$0.09
Medicare Xover - IP	\$531,036	(\$996)	\$0	\$0	\$530,041	1.07	\$566,257	\$20.99
Medicare Xover - Nursing Facility	\$822,550	(\$1,542)	\$12,651	\$0	\$833,659	1.07	\$890,621	\$33.02
Medicare Xover - OP	\$197,544	(\$370)	\$0	\$0	\$197,174	1.07	\$210,647	\$7.81
Medicare Xover - Other	\$63,217	(\$119)	\$0	\$0	\$63,098	1.07	\$67,410	\$2.50
Medicare Xover - Physician	\$306,895	(\$575)	\$165	\$0	\$306,484	1.07	\$327,425	\$12.14
Nursing Facility	\$92,927,543	(\$396)	\$23,319,338	\$15,819,763	\$132,066,248	1.01	\$133,062,302	\$4,933.40
Outpatient - Other	\$3,743	\$0	\$0	\$43	\$3,786	1.09	\$4,130	\$0.15
Outpatient - Psychological	\$42	\$0	\$0	\$0	\$42	1.09	\$46	\$0.00
Personal Care Services	\$2,588	\$0	\$0	\$104	\$2,692	1.15	\$3,084	\$0.11
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.42	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.97	\$0	\$0.00
Physician - OP Mental Health	\$11,557	\$0	\$0	(\$1,198)	\$10,359	0.97	\$10,059	\$0.37
Physician - Other Practitioner	\$12,439	\$0	\$0	\$102	\$12,541	1.42	\$17,822	\$0.66
Physician - PCP	\$3,034	\$0	\$0	\$24	\$3,057	1.42	\$4,345	\$0.16
Physician - Specialist	\$4,455	\$0	\$0	\$35	\$4,489	1.42	\$6,380	\$0.24
Pharmacy	\$315,233	(\$0)	\$0	(\$11,923)	\$303,310	0.94	\$284,808	\$10.56
Transportation - Emergency	\$843	(\$0)	\$0	\$0	\$843	0.88	\$742	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$95,316,939</b>	<b>(\$3,955)</b>	<b>\$23,332,540</b>	<b>\$15,803,152</b>	<b>\$134,448,675</b>		<b>\$135,576,544</b>	<b>\$5,109.07</b>
Administrative Adjustment Capitation Rate								0.49% \$5,133.83

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-I WeCh 65+ (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

All Ages								
Demonstration Regions	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$13,557	\$0	\$0	\$1,827	\$15,384	1.15	\$17,624	\$0.06
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Consumer Directed Services	\$378,261	\$2	\$3,223	\$12,529	\$394,014	1.15	\$451,389	\$1.59
DME/Supplies	\$333,069	(\$2)	\$387	(\$31,632)	\$301,823	0.88	\$265,906	\$0.94
Emergency	\$27,585	\$0	\$0	\$0	\$27,585	1.09	\$30,094	\$0.11
FQHC	\$2,210	\$0	\$0	\$0	\$2,210	1.42	\$3,140	\$0.01
Home Health Services	\$230	\$0	\$0	\$0	\$230	1.15	\$263	\$0.00
Inpatient - Medical/Surgical	\$3,109,523	\$1,657	\$0	(\$113,636)	\$2,997,544	1.12	\$3,362,591	\$11.88
Inpatient - Psych	\$27,396	\$15	\$0	\$6,635	\$34,046	1.12	\$38,193	\$0.13
Lab and X-ray Services	\$43,664	(\$0)	\$0	(\$5,240)	\$38,424	0.88	\$33,852	\$0.12
Medicare Xover - IP	\$6,435,337	(\$12,065)	\$0	\$0	\$6,423,273	1.07	\$6,862,159	\$24.24
Medicare Xover - Nursing Facility	\$7,406,740	(\$13,886)	\$179,843	\$0	\$7,572,697	1.07	\$8,090,121	\$28.57
Medicare Xover - OP	\$2,075,011	(\$3,890)	\$196	\$0	\$2,071,317	1.07	\$2,212,845	\$7.82
Medicare Xover - Other	\$1,062,119	(\$1,991)	\$0	\$0	\$1,060,128	1.07	\$1,132,564	\$4.00
Medicare Xover - Physician	\$3,953,518	(\$7,412)	\$238	\$0	\$3,946,344	1.07	\$4,215,988	\$14.89
Nursing Facility	\$1,019,447,720	(\$4,345)	\$247,678,511	\$172,440,210	\$1,439,562,096	1.01	\$1,450,419,385	\$5,122.71
Outpatient - Other	\$26,650	\$0	\$0	\$306	\$26,956	1.09	\$29,408	\$0.10
Outpatient - Psychological	\$1,136	\$0	\$0	\$0	\$1,136	1.09	\$1,239	\$0.00
Personal Care Services	\$480,636	\$3	\$4,226	\$19,406	\$504,271	1.15	\$577,700	\$2.04
Physician - Clinic	\$568	\$0	\$0	\$4	\$572	1.42	\$813	\$0.00
Physician - IP Mental Health	\$411	\$0	\$0	\$3	\$414	0.97	\$402	\$0.00
Physician - OP Mental Health	\$1,207,676	\$0	\$0	(\$125,155)	\$1,082,521	0.97	\$1,051,128	\$3.71
Physician - Other Practitioner	\$166,838	\$0	\$0	\$1,361	\$168,200	1.42	\$239,035	\$0.84
Physician - PCP	\$117,573	\$0	\$131	\$916	\$118,620	1.42	\$168,576	\$0.60
Physician - Specialist	\$92,821	\$0	\$121	\$724	\$93,666	1.42	\$133,112	\$0.47
Pharmacy	\$4,209,820	(\$4)	\$0	(\$159,226)	\$4,050,591	0.94	\$3,803,505	\$13.43
Transportation - Emergency	\$16,698	(\$0)	\$0	\$0	\$16,698	0.88	\$14,711	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$82.46
<b>Total</b>	<b>\$1,050,636,766</b>	<b>(\$41,918)</b>	<b>\$247,866,877</b>	<b>\$172,049,035</b>	<b>\$1,470,510,760</b>		<b>\$1,483,155,741</b>	<b>\$5,320.79</b>
Administrative Adjustment Capitation Rate								0.49% \$5,346.58

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



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$964,692	\$7	\$30,317	\$134,102	\$1,129,120	0.99	\$1,116,699	\$41.98
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$18,238,180	\$0	\$115,959	\$735,761	\$19,089,900	1.63	\$31,151,135	\$1,171.06
DME/Supplies	\$1,871,641	\$30	\$454	(\$372,159)	\$1,499,967	1.07	\$1,598,964	\$60.11
Emergency	\$797	\$0	\$0	\$0	\$797	1.09	\$870	\$0.03
FQHC	\$438	\$0	\$0	\$0	\$438	1.55	\$679	\$0.03
Home Health Services	\$12,218	\$0	\$0	\$176	\$12,394	0.99	\$12,257	\$0.46
Inpatient - Medical/Surgical	\$57,391	\$0	\$0	(\$2,096)	\$55,295	1.12	\$62,029	\$2.33
Inpatient - Psych	\$10,944	\$0	\$0	\$2,649	\$13,593	1.12	\$15,249	\$0.57
Lab and X-ray Services	\$1,546	\$0	\$0	(\$185)	\$1,360	1.07	\$1,450	\$0.05
Medicare Xover - IP	\$996,568	\$239	\$0	\$0	\$996,807	1.01	\$1,008,534	\$37.91
Medicare Xover - Nursing Facility	\$1,781	\$0	\$0	\$0	\$1,782	1.01	\$1,802	\$0.07
Medicare Xover - OP	\$570,057	\$137	\$0	\$0	\$570,194	1.01	\$576,902	\$21.69
Medicare Xover - Other	\$778,198	\$187	\$60	\$0	\$778,445	1.01	\$787,602	\$29.61
Medicare Xover - Physician	\$637,535	\$153	\$208	\$0	\$637,896	1.01	\$645,400	\$24.26
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$11,543	\$0	\$0	\$133	\$11,676	1.09	\$12,738	\$0.48
Outpatient - Psychological	\$1,581	\$0	\$0	\$0	\$1,581	1.09	\$1,725	\$0.06
Personal Care Services	\$27,720,567	\$215	\$250,032	\$1,121,980	\$29,092,794	0.99	\$28,772,774	\$1,081.65
Physician - Clinic	\$166	\$0	\$0	\$1	\$167	1.55	\$259	\$0.01
Physician - IP Mental Health	\$1,641	(\$0)	\$0	\$12	\$1,652	1.31	\$2,158	\$0.08
Physician - OP Mental Health	\$2,620,298	(\$582)	\$1,135	\$18,594	\$2,639,445	1.31	\$3,446,346	\$129.56
Physician - Other Practitioner	\$713,880	\$50	\$991	\$5,244	\$720,165	1.55	\$1,118,010	\$42.03
Physician - PCP	\$10,091	\$1	\$1,073	\$81	\$11,245	1.55	\$17,457	\$0.66
Physician - Specialist	\$16,974	\$1	\$2,248	\$139	\$19,362	1.55	\$30,059	\$1.13
Pharmacy	\$104,827	\$0	\$0	(\$3,965)	\$100,862	0.96	\$96,928	\$3.64
Transportation - Emergency	\$1,341	\$0	\$0	\$0	\$1,341	1.07	\$1,430	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$55,344,895</b>	<b>\$438</b>	<b>\$402,477</b>	<b>\$1,640,467</b>	<b>\$57,388,277</b>		<b>\$70,479,455</b>	<b>\$2,681.33</b>
Administrative Adjustment Capitation Rate								0.49% \$2,694.38

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-W CeVA 21-64 (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$2,588,572	\$20	\$47,740	\$355,308	\$2,991,640	0.99	\$2,958,732	\$43.69
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$36,133,235	\$0	\$357,513	\$1,462,802	\$37,953,551	1.63	\$61,933,074	\$914.45
DME/Supplies	\$3,993,327	\$63	\$1,281	(\$794,098)	\$3,200,572	1.07	\$3,411,810	\$50.38
Emergency	\$1,760	\$0	\$0	\$0	\$1,760	1.09	\$1,920	\$0.03
FQHC	\$788	\$0	\$0	\$0	\$788	1.55	\$1,223	\$0.02
Home Health Services	\$19,932	\$0	\$0	\$286	\$20,219	0.99	\$19,996	\$0.30
Inpatient - Medical/Surgical	\$569,500	\$0	\$0	(\$20,801)	\$548,699	1.12	\$615,520	\$9.09
Inpatient - Psych	\$9,838	\$0	\$0	\$2,381	\$12,219	1.12	\$13,707	\$0.20
Lab and X-ray Services	\$5,860	\$0	\$0	(\$703)	\$5,157	1.07	\$5,497	\$0.08
Medicare Xover - IP	\$2,532,908	\$608	\$0	\$0	\$2,533,517	1.01	\$2,563,320	\$37.85
Medicare Xover - Nursing Facility	\$2,594	\$1	\$0	\$0	\$2,594	1.01	\$2,625	\$0.04
Medicare Xover - OP	\$888,792	\$213	\$0	\$0	\$889,006	1.01	\$899,464	\$13.28
Medicare Xover - Other	\$911,584	\$219	\$100	\$0	\$911,903	1.01	\$922,630	\$13.62
Medicare Xover - Physician	\$1,348,913	\$324	\$185	\$0	\$1,349,422	1.01	\$1,365,296	\$20.16
Nursing Facility	\$38,333	(\$0)	\$3,419	\$5,682	\$47,434	1.01	\$47,792	\$0.71
Outpatient - Other	\$45,355	\$0	\$0	\$522	\$45,877	1.09	\$50,048	\$0.74
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$85,254,185	\$660	\$787,924	\$3,451,394	\$89,494,163	0.99	\$88,509,727	\$1,306.86
Physician - Clinic	\$1,959	\$0	\$0	\$14	\$1,973	1.55	\$3,063	\$0.05
Physician - IP Mental Health	\$866	(\$0)	\$0	\$6	\$872	1.31	\$1,139	\$0.02
Physician - OP Mental Health	\$887,447	(\$197)	\$0	\$6,295	\$893,545	1.31	\$1,166,709	\$17.23
Physician - Other Practitioner	\$1,357,750	\$94	\$1,688	\$9,972	\$1,369,505	1.55	\$2,126,069	\$31.39
Physician - PCP	\$29,439	\$2	\$1,517	\$224	\$31,182	1.55	\$48,409	\$0.71
Physician - Specialist	\$36,140	\$3	\$3,327	\$286	\$39,756	1.55	\$61,718	\$0.91
Pharmacy	\$186,636	\$0	\$0	(\$7,059)	\$179,577	0.96	\$172,573	\$2.55
Transportation - Emergency	\$3,438	\$0	\$0	\$0	\$3,438	1.07	\$3,665	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$136,849,151</b>	<b>\$2,010</b>	<b>\$1,204,695</b>	<b>\$4,472,512</b>	<b>\$142,528,368</b>		<b>\$166,905,729</b>	<b>\$2,496.19</b>
Administrative Adjustment Capitation Rate								0.49% \$2,508.33

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-W CeVA 65+ (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$167,607	\$1	\$0	\$22,589	\$190,197	0.99	\$188,105	\$8.83
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$535	\$0	\$0	\$0	\$535	1.55	\$830	\$0.04
Consumer Directed Services	\$7,336,252	\$0	\$58,481	\$296,432	\$7,691,166	1.63	\$12,550,539	\$588.91
DME/Supplies	\$1,462,976	\$23	\$990	(\$291,026)	\$1,172,963	1.07	\$1,250,379	\$58.67
Emergency	\$1,355	\$0	\$0	\$0	\$1,355	1.09	\$1,478	\$0.07
FQHC	\$550	\$0	\$360	\$0	\$910	1.55	\$1,413	\$0.07
Home Health Services	\$35,605	\$0	\$0	\$512	\$36,117	0.99	\$35,720	\$1.68
Inpatient - Medical/Surgical	\$335,955	\$0	\$0	(\$12,271)	\$323,684	1.12	\$363,103	\$17.04
Inpatient - Psych	\$2,400	\$0	\$0	\$581	\$2,981	1.12	\$3,344	\$0.16
Lab and X-ray Services	\$3,649	\$0	\$0	(\$438)	\$3,211	1.07	\$3,423	\$0.16
Medicare Xover - IP	\$707,309	\$170	\$0	\$0	\$707,479	1.01	\$715,801	\$33.59
Medicare Xover - Nursing Facility	\$923	\$0	\$0	\$0	\$923	1.01	\$934	\$0.04
Medicare Xover - OP	\$516,027	\$124	\$0	\$0	\$516,151	1.01	\$522,223	\$24.50
Medicare Xover - Other	\$746,161	\$179	\$10	\$0	\$746,351	1.01	\$755,130	\$35.43
Medicare Xover - Physician	\$801,261	\$192	\$33	\$0	\$801,487	1.01	\$810,915	\$38.05
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$3,359	\$0	\$0	\$39	\$3,398	1.09	\$3,707	\$0.17
Outpatient - Psychological	\$22	\$0	\$0	\$0	\$22	1.09	\$23	\$0.00
Personal Care Services	\$34,731,941	\$269	\$229,012	\$1,402,383	\$36,363,605	0.99	\$35,963,605	\$1,687.52
Physician - Clinic	\$175	\$0	\$0	\$1	\$176	1.55	\$273	\$0.01
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.31	\$0	\$0.00
Physician - OP Mental Health	\$1,513,622	(\$336)	\$830	\$10,742	\$1,524,858	1.31	\$1,991,020	\$93.42
Physician - Other Practitioner	\$319,189	\$22	\$229	\$2,343	\$321,784	1.55	\$499,549	\$23.44
Physician - PCP	\$8,271	\$1	\$725	\$65	\$9,061	1.55	\$14,067	\$0.66
Physician - Specialist	\$21,102	\$1	\$3,386	\$177	\$24,667	1.55	\$38,294	\$1.80
Pharmacy	\$67,933	\$0	\$0	(\$2,569)	\$65,364	0.96	\$62,815	\$2.95
Transportation - Emergency	\$2,006	\$0	\$0	\$0	\$2,006	1.07	\$2,138	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$48,786,185</b>	<b>\$647</b>	<b>\$294,057</b>	<b>\$1,429,561</b>	<b>\$50,510,451</b>		<b>\$55,778,832</b>	<b>\$2,649.11</b>
Administrative Adjustment Capitation Rate								0.49% \$2,661.99

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$251,456	\$2	\$1,176	\$34,048	\$286,683	0.99	\$283,529	\$5.90
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$11,317,723	\$0	\$113,275	\$458,234	\$11,889,232	1.63	\$19,400,997	\$403.97
DME/Supplies	\$2,833,031	\$45	\$1,086	(\$563,401)	\$2,270,760	1.07	\$2,420,630	\$50.40
Emergency	\$841	\$0	\$0	\$0	\$841	1.09	\$918	\$0.02
FQHC	\$347	\$0	\$365	\$0	\$712	1.55	\$1,105	\$0.02
Home Health Services	\$31,319	\$0	\$0	\$450	\$31,769	0.99	\$31,419	\$0.65
Inpatient - Medical/Surgical	\$891,677	\$0	\$0	(\$32,568)	\$859,109	1.12	\$963,732	\$20.07
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Lab and X-ray Services	\$3,433	\$0	\$0	(\$412)	\$3,021	1.07	\$3,221	\$0.07
Medicare Xover - IP	\$1,472,941	\$354	\$0	\$0	\$1,473,295	1.01	\$1,490,626	\$31.04
Medicare Xover - Nursing Facility	\$503	\$0	\$0	\$0	\$503	1.01	\$509	\$0.01
Medicare Xover - OP	\$774,178	\$186	\$129	\$0	\$774,493	1.01	\$783,604	\$16.32
Medicare Xover - Other	\$619,032	\$149	\$61	\$0	\$619,242	1.01	\$626,526	\$13.05
Medicare Xover - Physician	\$1,051,354	\$253	\$203	\$0	\$1,051,810	1.01	\$1,064,183	\$22.16
Nursing Facility	\$22,181	(\$0)	\$8,839	\$4,221	\$35,241	1.01	\$35,507	\$0.74
Outpatient - Other	\$3,328	\$0	\$0	\$38	\$3,367	1.09	\$3,673	\$0.08
Outpatient - Psychological	\$17	\$0	\$0	\$0	\$17	1.09	\$18	\$0.00
Personal Care Services	\$83,941,758	\$650	\$631,621	\$3,392,479	\$87,966,508	0.99	\$86,998,876	\$1,811.52
Physician - Clinic	\$28	\$0	\$0	\$0	\$28	1.55	\$43	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.31	\$0	\$0.00
Physician - OP Mental Health	\$596,981	(\$133)	\$2,204	\$4,250	\$603,303	1.31	\$787,738	\$16.40
Physician - Other Practitioner	\$518,617	\$36	\$382	\$3,807	\$522,841	1.55	\$811,678	\$16.90
Physician - PCP	\$26,127	\$2	\$1,287	\$198	\$27,614	1.55	\$42,869	\$0.89
Physician - Specialist	\$33,736	\$2	\$4,761	\$279	\$38,778	1.55	\$60,201	\$1.25
Pharmacy	\$131,732	\$0	\$0	(\$4,982)	\$126,750	0.96	\$121,806	\$2.54
Transportation - Emergency	\$1,524	\$0	\$0	\$0	\$1,524	1.07	\$1,624	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$104,523,862</b>	<b>\$1,545</b>	<b>\$765,389</b>	<b>\$3,296,641</b>	<b>\$108,587,438</b>		<b>\$115,935,032</b>	<b>\$2,445.84</b>
Administrative Adjustment Capitation Rate								0.49% \$2,457.73

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$91,845	\$1	\$830	\$9,010	\$101,686	0.99	\$100,568	\$11.70
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$6,674,017	\$0	\$61,482	\$270,006	\$7,005,505	1.63	\$11,431,670	\$1,329.64
DME/Supplies	\$522,058	\$8	\$2,312	(\$104,241)	\$420,138	1.07	\$447,867	\$52.09
Emergency	\$1,071	\$0	\$0	\$0	\$1,071	1.09	\$1,168	\$0.14
FQHC	\$13	\$0	\$0	\$0	\$13	1.55	\$21	\$0.00
Home Health Services	\$17,465	\$0	\$0	\$251	\$17,716	0.99	\$17,522	\$2.04
Inpatient - Medical/Surgical	\$177,373	\$0	\$0	(\$6,479)	\$170,895	1.12	\$191,706	\$22.30
Inpatient - Psych	\$655	\$0	\$0	\$158	\$813	1.12	\$912	\$0.11
Lab and X-ray Services	\$1,003	\$0	\$0	(\$120)	\$883	1.07	\$941	\$0.11
Medicare Xover - IP	\$246,440	\$59	\$0	\$0	\$246,499	1.01	\$249,399	\$29.01
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Medicare Xover - OP	\$232,416	\$56	\$0	\$0	\$232,472	1.01	\$235,207	\$27.36
Medicare Xover - Other	\$160,311	\$39	\$0	\$0	\$160,350	1.01	\$162,236	\$18.87
Medicare Xover - Physician	\$205,786	\$49	\$17	\$0	\$205,852	1.01	\$208,274	\$24.22
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$14,757	\$0	\$0	\$170	\$14,927	1.09	\$16,284	\$1.89
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$14,625,641	\$113	\$113,906	\$591,245	\$15,330,906	0.99	\$15,162,266	\$1,763.56
Physician - Clinic	\$201	\$0	\$0	\$1	\$202	1.55	\$314	\$0.04
Physician - IP Mental Health	\$336	(\$0)	\$0	\$2	\$338	1.31	\$441	\$0.05
Physician - OP Mental Health	\$630,589	(\$140)	\$81	\$4,473	\$635,004	1.31	\$829,130	\$96.44
Physician - Other Practitioner	\$156,248	\$11	\$6	\$1,146	\$157,411	1.55	\$244,371	\$28.42
Physician - PCP	\$3,625	\$0	\$1	\$26	\$3,652	1.55	\$5,670	\$0.66
Physician - Specialist	\$4,325	\$0	\$145	\$32	\$4,503	1.55	\$6,990	\$0.81
Pharmacy	\$29,441	\$0	\$0	(\$1,114)	\$28,327	0.96	\$27,222	\$3.17
Transportation - Emergency	\$316	\$0	\$0	\$0	\$316	1.07	\$337	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$23,795,933</b>	<b>\$197</b>	<b>\$178,781</b>	<b>\$764,569</b>	<b>\$24,739,480</b>		<b>\$29,340,516</b>	<b>\$3,444.46</b>
Administrative Adjustment Capitation Rate								0.49% \$3,461.27

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$6,079,912	\$47	\$37,345	\$594,753	\$6,712,057	0.99	\$6,638,224	\$140.28
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$16,663,800	\$0	\$83,033	\$671,329	\$17,418,163	1.63	\$28,423,174	\$600.63
DME/Supplies	\$2,292,601	\$36	\$453	(\$455,842)	\$1,837,248	1.07	\$1,958,506	\$41.39
Emergency	\$2,321	\$0	\$0	\$0	\$2,321	1.09	\$2,532	\$0.05
FQHC	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Home Health Services	\$16,648	\$0	\$0	\$239	\$16,888	0.99	\$16,702	\$0.35
Inpatient - Medical/Surgical	\$4,225,873	\$0	\$0	(\$154,350)	\$4,071,523	1.12	\$4,567,361	\$96.52
Inpatient - Psych	\$8,155	\$0	\$0	\$1,974	\$10,129	1.12	\$11,363	\$0.24
Lab and X-ray Services	\$3,272	\$0	\$0	(\$393)	\$2,879	1.07	\$3,069	\$0.06
Medicare Xover - IP	\$1,054,861	\$253	\$0	\$0	\$1,055,114	1.01	\$1,067,526	\$22.56
Medicare Xover - Nursing Facility	\$4,406	\$1	\$0	\$0	\$4,407	1.01	\$4,459	\$0.09
Medicare Xover - OP	\$752,307	\$181	\$170	\$0	\$752,658	1.01	\$761,512	\$16.09
Medicare Xover - Other	\$413,415	\$99	\$46	\$0	\$413,561	1.01	\$418,426	\$8.84
Medicare Xover - Physician	\$912,482	\$219	\$26	\$0	\$912,727	1.01	\$923,464	\$19.51
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$935	\$0	\$0	\$11	\$946	1.09	\$1,032	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$111,807,798	\$865	\$219,803	\$4,493,746	\$116,522,212	0.99	\$115,240,468	\$2,435.25
Physician - Clinic	\$1,035	\$0	\$0	\$7	\$1,043	1.55	\$1,619	\$0.03
Physician - IP Mental Health	\$308	(\$0)	\$0	\$2	\$310	1.31	\$405	\$0.01
Physician - OP Mental Health	\$191,977	(\$43)	\$0	\$1,362	\$193,296	1.31	\$252,388	\$5.33
Physician - Other Practitioner	\$413,128	\$29	\$12	\$3,031	\$416,199	1.55	\$646,123	\$13.65
Physician - PCP	\$17,280	\$1	\$253	\$127	\$17,661	1.55	\$27,417	\$0.58
Physician - Specialist	\$16,411	\$1	\$294	\$121	\$16,827	1.55	\$26,123	\$0.55
Pharmacy	\$153,412	\$0	\$0	(\$5,802)	\$147,610	0.96	\$141,853	\$3.00
Transportation - Emergency	\$1,572	\$0	\$0	\$0	\$1,572	1.07	\$1,676	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$145,033,910</b>	<b>\$1,691</b>	<b>\$341,436</b>	<b>\$5,150,315</b>	<b>\$150,527,351</b>		<b>\$161,135,423</b>	<b>\$3,436.89</b>
Administrative Adjustment Capitation Rate								0.49% \$3,453.66

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$163,152	\$1	\$1,897	\$22,244	\$187,295	0.99	\$185,235	\$12.55
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$13,942,330	\$0	\$38,489	\$560,448	\$14,541,268	1.63	\$23,728,621	\$1,607.03
DME/Supplies	\$729,425	\$12	\$567	(\$145,117)	\$584,887	1.07	\$623,490	\$42.23
Emergency	\$2,710	\$0	\$0	\$0	\$2,710	1.09	\$2,957	\$0.20
FQHC	\$1,169	\$0	\$431	\$0	\$1,600	1.55	\$2,485	\$0.17
Home Health Services	\$4,189	\$0	\$0	\$60	\$4,249	0.99	\$4,202	\$0.28
Inpatient - Medical/Surgical	\$143,736	\$0	\$0	(\$5,250)	\$138,486	1.12	\$155,351	\$10.52
Inpatient - Psych	\$4,620	\$0	\$0	\$1,118	\$5,738	1.12	\$6,437	\$0.44
Lab and X-ray Services	\$2,966	\$0	\$0	(\$356)	\$2,610	1.07	\$2,782	\$0.19
Medicare Xover - IP	\$412,311	\$99	\$0	\$0	\$412,410	1.01	\$417,261	\$28.26
Medicare Xover - Nursing Facility	\$4,291	\$1	\$0	\$0	\$4,292	1.01	\$4,343	\$0.29
Medicare Xover - OP	\$335,357	\$81	\$0	\$0	\$335,437	1.01	\$339,383	\$22.98
Medicare Xover - Other	\$404,210	\$97	\$65	\$0	\$404,372	1.01	\$409,129	\$27.71
Medicare Xover - Physician	\$515,260	\$124	\$186	\$0	\$515,569	1.01	\$521,634	\$35.33
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$6,435	\$0	\$4	\$74	\$6,513	1.09	\$7,105	\$0.48
Outpatient - Psychological	\$35	\$0	\$0	\$0	\$35	1.09	\$38	\$0.00
Personal Care Services	\$6,984,388	\$54	\$60,689	\$282,598	\$7,327,729	0.99	\$7,247,124	\$490.81
Physician - Clinic	\$3,383	\$0	\$0	\$24	\$3,407	1.55	\$5,289	\$0.36
Physician - IP Mental Health	\$49	(\$0)	\$0	\$0	\$49	1.31	\$64	\$0.00
Physician - OP Mental Health	\$2,010,761	(\$447)	\$1	\$14,263	\$2,024,578	1.31	\$2,643,510	\$179.03
Physician - Other Practitioner	\$544,690	\$38	\$253	\$3,998	\$548,979	1.55	\$852,255	\$57.72
Physician - PCP	\$18,830	\$1	\$411	\$139	\$19,381	1.55	\$30,089	\$2.04
Physician - Specialist	\$8,766	\$1	\$446	\$67	\$9,279	1.55	\$14,405	\$0.98
Pharmacy	\$50,754	\$0	\$0	(\$1,920)	\$48,834	0.96	\$46,929	\$3.18
Transportation - Emergency	\$618	\$0	\$0	\$0	\$618	1.07	\$659	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$26,294,434</b>	<b>\$62</b>	<b>\$103,440</b>	<b>\$732,391</b>	<b>\$27,130,327</b>		<b>\$37,250,777</b>	<b>\$2,554.63</b>
Administrative Adjustment Capitation Rate								0.49% \$2,567.05

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$354,800	\$3	\$9,796	\$49,138	\$413,738	0.99	\$409,187	\$15.78
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$19,772,897	\$0	\$126,976	\$797,725	\$20,697,598	1.63	\$33,774,598	\$1,302.57
DME/Supplies	\$1,273,012	\$20	\$193	(\$253,104)	\$1,020,121	1.07	\$1,087,449	\$41.94
Emergency	\$467	\$0	\$0	\$0	\$467	1.09	\$510	\$0.02
FQHC	\$265	\$0	\$0	\$0	\$265	1.55	\$411	\$0.02
Home Health Services	\$2,054	\$0	\$0	\$30	\$2,083	0.99	\$2,060	\$0.08
Inpatient - Medical/Surgical	\$250,521	\$0	\$0	(\$9,150)	\$241,371	1.12	\$270,766	\$10.44
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Lab and X-ray Services	\$2,161	\$0	\$0	(\$259)	\$1,902	1.07	\$2,027	\$0.08
Medicare Xover - IP	\$908,333	\$218	\$1,184	\$0	\$909,735	1.01	\$920,437	\$35.50
Medicare Xover - Nursing Facility	\$2,301	\$1	\$0	\$0	\$2,302	1.01	\$2,329	\$0.09
Medicare Xover - OP	\$405,108	\$97	\$0	\$0	\$405,205	1.01	\$409,972	\$15.81
Medicare Xover - Other	\$443,032	\$106	\$31	\$0	\$443,169	1.01	\$448,383	\$17.29
Medicare Xover - Physician	\$407,032	\$98	\$56	\$0	\$407,186	1.01	\$411,976	\$15.89
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$13,564	\$0	\$0	\$156	\$13,720	1.09	\$14,968	\$0.58
Outpatient - Psychological	\$255	\$0	\$0	\$0	\$255	1.09	\$279	\$0.01
Personal Care Services	\$18,617,266	\$144	\$176,440	\$753,869	\$19,547,719	0.99	\$19,332,694	\$745.59
Physician - Clinic	\$51	\$0	\$0	\$0	\$51	1.55	\$79	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.31	\$0	\$0.00
Physician - OP Mental Health	\$658,241	(\$146)	\$0	\$4,669	\$662,764	1.31	\$865,377	\$33.37
Physician - Other Practitioner	\$793,890	\$55	\$410	\$5,827	\$800,182	1.55	\$1,242,231	\$47.91
Physician - PCP	\$27,850	\$2	\$503	\$205	\$28,560	1.55	\$44,338	\$1.71
Physician - Specialist	\$7,595	\$1	\$760	\$60	\$8,416	1.55	\$13,065	\$0.50
Pharmacy	\$70,050	\$0	\$0	(\$2,649)	\$67,401	0.96	\$64,772	\$2.50
Transportation - Emergency	\$742	\$0	\$0	\$0	\$742	1.07	\$791	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$44,011,488</b>	<b>\$599</b>	<b>\$316,350</b>	<b>\$1,346,517</b>	<b>\$45,674,954</b>		<b>\$59,318,698</b>	<b>\$2,319.51</b>
Administrative Adjustment Capitation Rate								0.49% \$2,330.78

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



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$165,737	\$1	\$888	\$22,457	\$189,084	0.99	\$187,004	\$24.71
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$8,020,861	\$0	\$75,623	\$324,563	\$8,421,047	1.63	\$13,741,568	\$1,815.92
DME/Supplies	\$402,664	\$6	\$156	(\$80,078)	\$322,749	1.07	\$344,050	\$45.47
Emergency	\$30	\$0	\$0	\$0	\$30	1.09	\$33	\$0.00
FQHC	\$26	\$0	\$76	\$0	\$102	1.55	\$159	\$0.02
Home Health Services	\$1,271	\$0	\$0	\$18	\$1,289	0.99	\$1,275	\$0.17
Inpatient - Medical/Surgical	\$84,849	\$0	\$0	(\$3,099)	\$81,750	1.12	\$91,705	\$12.12
Inpatient - Psych	\$1,611	\$0	\$0	\$390	\$2,001	1.12	\$2,245	\$0.30
Lab and X-ray Services	\$331	\$0	\$0	(\$40)	\$292	1.07	\$311	\$0.04
Medicare Xover - IP	\$265,508	\$64	\$0	\$0	\$265,572	1.01	\$268,696	\$35.51
Medicare Xover - Nursing Facility	\$78	\$0	\$0	\$0	\$78	1.01	\$79	\$0.01
Medicare Xover - OP	\$320,349	\$77	\$0	\$0	\$320,426	1.01	\$324,195	\$42.84
Medicare Xover - Other	\$245,131	\$59	\$42	\$0	\$245,232	1.01	\$248,117	\$32.79
Medicare Xover - Physician	\$153,799	\$37	\$1	\$0	\$153,837	1.01	\$155,647	\$20.57
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$4,850	\$0	\$0	\$56	\$4,906	1.09	\$5,352	\$0.71
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$3,431,792	\$27	\$23,770	\$138,612	\$3,594,200	0.99	\$3,554,664	\$469.74
Physician - Clinic	\$21	\$0	\$0	\$0	\$21	1.55	\$33	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.31	\$0	\$0.00
Physician - OP Mental Health	\$308,671	(\$69)	\$0	\$2,189	\$310,791	1.31	\$405,803	\$53.63
Physician - Other Practitioner	\$207,493	\$14	\$55	\$1,523	\$209,085	1.55	\$324,592	\$42.89
Physician - PCP	\$2,211	\$0	\$3	\$16	\$2,230	1.55	\$3,462	\$0.46
Physician - Specialist	\$3,747	\$0	\$35	\$27	\$3,809	1.55	\$5,914	\$0.78
Pharmacy	\$26,050	\$0	\$0	(\$985)	\$25,065	0.96	\$24,087	\$3.18
Transportation - Emergency	\$945	\$0	\$0	\$0	\$945	1.07	\$1,008	\$0.13
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$13,648,025</b>	<b>\$217</b>	<b>\$100,649</b>	<b>\$405,650</b>	<b>\$14,154,541</b>		<b>\$19,689,997</b>	<b>\$2,633.79</b>
Administrative Adjustment Capitation Rate								0.49% \$2,646.60

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$527,399	\$4	\$914	\$71,203	\$599,520	0.99	\$592,925	\$35.67
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.55	\$0	\$0.00
Consumer Directed Services	\$12,420,921	\$0	\$89,458	\$501,503	\$13,011,882	1.63	\$21,232,951	\$1,277.36
DME/Supplies	\$763,264	\$12	\$442	(\$151,819)	\$611,899	1.07	\$652,284	\$39.24
Emergency	\$2,626	\$0	\$0	\$0	\$2,626	1.09	\$2,865	\$0.17
FQHC	(\$0)	(\$0)	\$0	\$0	(\$0)	1.55	(\$0)	(\$0.00)
Home Health Services	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Inpatient - Medical/Surgical	\$121,739	\$0	\$0	(\$4,447)	\$117,293	1.12	\$131,577	\$7.92
Inpatient - Psych	\$1,475	\$0	\$0	\$357	\$1,832	1.12	\$2,055	\$0.12
Lab and X-ray Services	\$911	\$0	\$0	(\$109)	\$802	1.07	\$855	\$0.05
Medicare Xover - IP	\$556,947	\$134	\$0	\$0	\$557,081	1.01	\$563,634	\$33.91
Medicare Xover - Nursing Facility	\$1,072	\$0	\$0	\$0	\$1,072	1.01	\$1,084	\$0.07
Medicare Xover - OP	\$325,908	\$78	\$0	\$0	\$325,987	1.01	\$329,822	\$19.84
Medicare Xover - Other	\$216,243	\$52	\$35	\$0	\$216,330	1.01	\$218,875	\$13.17
Medicare Xover - Physician	\$329,837	\$79	\$51	\$0	\$329,968	1.01	\$333,849	\$20.08
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.01	\$0	\$0.00
Outpatient - Other	\$5,864	\$0	\$0	\$67	\$5,932	1.09	\$6,471	\$0.39
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$11,454,829	\$89	\$153,039	\$465,625	\$12,073,581	0.99	\$11,940,771	\$718.35
Physician - Clinic	\$41	\$0	\$0	\$0	\$41	1.55	\$64	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.31	\$0	\$0.00
Physician - OP Mental Health	\$88,294	(\$20)	\$0	\$626	\$88,900	1.31	\$116,078	\$6.98
Physician - Other Practitioner	\$406,726	\$28	\$0	\$2,984	\$409,738	1.55	\$636,092	\$38.27
Physician - PCP	\$3,953	\$0	\$0	\$29	\$3,982	1.55	\$6,182	\$0.37
Physician - Specialist	\$5,364	\$0	\$144	\$40	\$5,548	1.55	\$8,612	\$0.52
Pharmacy	\$32,055	\$0	\$0	(\$1,212)	\$30,843	0.96	\$29,640	\$1.78
Transportation - Emergency	\$941	\$0	\$0	\$0	\$941	1.07	\$1,003	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$27,266,410</b>	<b>\$458</b>	<b>\$244,082</b>	<b>\$884,846</b>	<b>\$28,395,796</b>		<b>\$36,807,690</b>	<b>\$2,246.12</b>
Administrative Adjustment Capitation Rate								0.49% \$2,257.03

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

All Ages								
Demonstration Regions	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$11,355,173	\$88	\$130,904	\$1,314,855	\$12,801,020	0.99	\$12,660,209	\$44.50
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Case Management Services	\$535	\$0	\$0	\$0	\$535	1.55	\$830	\$0.00
Consumer Directed Services	\$150,520,217	\$0	\$1,120,291	\$6,078,804	\$157,719,312	1.63	\$257,368,328	\$904.73
DME/Supplies	\$16,143,998	\$255	\$7,935	(\$3,210,884)	\$12,941,304	1.07	\$13,795,430	\$48.50
Emergency	\$13,978	\$0	\$0	\$0	\$13,978	1.09	\$15,249	\$0.05
FQHC	\$3,596	\$0	\$1,232	\$0	\$4,828	1.55	\$7,495	\$0.03
Home Health Services	\$140,701	\$1	\$0	\$2,022	\$142,724	0.99	\$141,154	\$0.50
Inpatient - Medical/Surgical	\$6,858,615	\$0	\$0	(\$250,511)	\$6,608,104	1.12	\$7,412,851	\$26.06
Inpatient - Psych	\$39,697	\$0	\$0	\$9,609	\$49,307	1.12	\$55,311	\$0.19
Lab and X-ray Services	\$25,132	\$0	\$0	(\$3,016)	\$22,117	1.07	\$23,576	\$0.08
Medicare Xover - IP	\$9,154,127	\$2,199	\$1,184	\$0	\$9,157,509	1.01	\$9,265,236	\$32.57
Medicare Xover - Nursing Facility	\$17,949	\$4	\$0	\$0	\$17,953	1.01	\$18,165	\$0.06
Medicare Xover - OP	\$5,120,499	\$1,230	\$299	\$0	\$5,122,028	1.01	\$5,182,282	\$18.22
Medicare Xover - Other	\$4,937,318	\$1,186	\$450	\$0	\$4,938,954	1.01	\$4,997,055	\$17.57
Medicare Xover - Physician	\$6,363,259	\$1,528	\$966	\$0	\$6,365,753	1.01	\$6,440,638	\$22.64
Nursing Facility	\$60,514	(\$0)	\$12,258	\$9,903	\$82,675	1.01	\$83,299	\$0.29
Outpatient - Other	\$109,992	\$0	\$4	\$1,265	\$111,261	1.09	\$121,377	\$0.43
Outpatient - Psychological	\$1,909	\$0	\$0	\$0	\$1,909	1.09	\$2,083	\$0.01
Personal Care Services	\$398,570,164	\$3,085	\$2,646,237	\$16,093,931	\$417,313,418	0.99	\$412,722,970	\$1,450.86
Physician - Clinic	\$7,059	\$0	\$0	\$50	\$7,110	1.55	\$11,038	\$0.04
Physician - IP Mental Health	\$3,200	(\$1)	\$0	\$23	\$3,222	1.31	\$4,207	\$0.01
Physician - OP Mental Health	\$9,506,880	(\$2,111)	\$4,251	\$67,463	\$9,576,484	1.31	\$12,504,099	\$43.96
Physician - Other Practitioner	\$5,431,612	\$377	\$4,026	\$39,874	\$5,475,889	1.55	\$8,500,970	\$29.88
Physician - PCP	\$147,675	\$10	\$5,772	\$1,111	\$154,569	1.55	\$239,959	\$0.84
Physician - Specialist	\$154,159	\$11	\$15,546	\$1,229	\$170,944	1.55	\$265,380	\$0.93
Pharmacy	\$852,890	\$0	\$0	(\$32,258)	\$820,631	0.96	\$788,627	\$2.77
Transportation - Emergency	\$13,443	\$0	\$0	\$0	\$13,444	1.07	\$14,331	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$625,554,292</b>	<b>\$7,863</b>	<b>\$3,951,356</b>	<b>\$20,123,471</b>	<b>\$649,636,982</b>		<b>\$752,642,148</b>	<b>\$2,677.58</b>
Administrative Adjustment Capitation Rate								0.49% \$2,690.61

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

NHE-W Demo (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$170,396	\$0	(\$20)	\$6,867	\$177,243	0.94	\$166,537	\$0.82
DME/Supplies	\$921,772	\$100	\$0	(\$159,944)	\$761,928	1.15	\$876,448	\$4.33
Emergency	\$105,210	\$506	\$30	\$0	\$105,747	1.09	\$115,362	\$0.57
FQHC	\$4,232	\$2	\$0	\$0	\$4,234	0.85	\$3,590	\$0.02
Home Health Services	\$3,143	\$0	\$0	\$43	\$3,186	0.94	\$2,994	\$0.01
Inpatient - Medical/Surgical	\$772,632	\$2,182	\$0	(\$28,300)	\$746,513	1.12	\$837,425	\$4.13
Inpatient - Psych	\$474,866	\$1,341	\$0	\$115,275	\$591,482	1.12	\$663,514	\$3.28
Lab and X-ray Services	\$44,344	\$5	\$0	(\$5,322)	\$39,027	1.15	\$44,893	\$0.22
Medicare Xover - IP	\$3,131,647	\$1,077	\$0	\$0	\$3,132,724	1.22	\$3,814,534	\$18.83
Medicare Xover - Nursing Facility	\$42,107	\$14	\$867	\$0	\$42,989	1.22	\$52,345	\$0.26
Medicare Xover - OP	\$3,270,684	\$1,125	\$0	\$0	\$3,271,809	1.22	\$3,983,890	\$19.67
Medicare Xover - Other	\$989,533	\$340	\$357	\$0	\$990,230	1.22	\$1,205,745	\$5.95
Medicare Xover - Physician	\$3,789,194	\$1,303	\$843	\$0	\$3,791,340	1.22	\$4,616,492	\$22.79
Nursing Facility	\$882,540	(\$27)	\$237,541	\$152,426	\$1,272,481	0.96	\$1,220,309	\$6.02
Outpatient - Other	\$201,978	\$972	\$0	\$2,334	\$205,285	1.09	\$223,951	\$1.11
Outpatient - Psychological	\$5,201	\$25	\$0	\$0	\$5,226	1.09	\$5,701	\$0.03
Personal Care Services	\$14,770	\$0	\$70	\$598	\$15,437	0.94	\$14,505	\$0.07
Physician - Clinic	\$83,054	\$36	\$0	\$589	\$83,679	0.85	\$70,960	\$0.35
Physician - IP Mental Health	\$28,864	\$0	\$0	\$205	\$29,069	1.16	\$33,670	\$0.17
Physician - OP Mental Health	\$51,630,658	\$601	\$0	(\$1,037,447)	\$50,593,812	1.16	\$58,601,882	\$289.33
Physician - Other Practitioner	\$134,424	\$58	\$0	\$1,626	\$136,108	0.85	\$115,419	\$0.57
Physician - PCP	\$131,048	\$56	\$0	\$1,521	\$132,626	0.85	\$112,467	\$0.56
Physician - Specialist	\$269,403	\$116	\$0	\$3,127	\$272,646	0.85	\$231,204	\$1.14
Pharmacy	\$406,825	\$0	\$0	(\$16,273)	\$390,552	0.86	\$337,437	\$1.67
Transportation - Emergency	\$15,473	\$2	\$0	\$0	\$15,475	1.15	\$17,801	\$0.09
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$67,523,997</b>	<b>\$9,837</b>	<b>\$239,688</b>	<b>(\$962,676)</b>	<b>\$66,810,845</b>		<b>\$77,369,074</b>	<b>\$413.78</b>
Administrative Adjustment Capitation Rate								0.49% \$415.66

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Central Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$17,743	\$0	\$0	\$2,391	\$20,135	0.94	\$18,918	\$0.12
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$491,672	\$0	\$799	\$19,848	\$512,319	0.94	\$481,375	\$3.01
DME/Supplies	\$1,043,438	\$113	\$0	(\$181,056)	\$862,496	1.15	\$992,132	\$6.20
Emergency	\$23,365	\$112	\$0	\$0	\$23,478	1.09	\$25,613	\$0.16
FQHC	\$1,826	\$1	\$0	\$0	\$1,827	0.85	\$1,549	\$0.01
Home Health Services	\$1,756	\$0	\$0	\$24	\$1,780	0.94	\$1,673	\$0.01
Inpatient - Medical/Surgical	\$1,858,660	\$5,248	\$0	(\$68,079)	\$1,795,828	1.12	\$2,014,528	\$12.59
Inpatient - Psych	\$50,587	\$143	\$0	\$12,280	\$63,010	1.12	\$70,684	\$0.44
Lab and X-ray Services	\$11,990	\$1	\$0	(\$1,439)	\$10,552	1.15	\$12,138	\$0.08
Medicare Xover - IP	\$2,997,065	\$1,031	\$221	\$0	\$2,998,317	1.22	\$3,650,875	\$22.82
Medicare Xover - Nursing Facility	\$207,574	\$71	\$2,496	\$0	\$210,142	1.22	\$255,877	\$1.60
Medicare Xover - OP	\$1,893,026	\$651	\$408	\$0	\$1,894,084	1.22	\$2,306,316	\$14.41
Medicare Xover - Other	\$606,177	\$209	\$156	\$0	\$606,542	1.22	\$738,550	\$4.62
Medicare Xover - Physician	\$2,969,666	\$1,022	\$445	\$0	\$2,971,132	1.22	\$3,617,773	\$22.61
Nursing Facility	\$6,412,225	(\$193)	\$1,675,107	\$1,100,564	\$9,187,704	0.96	\$8,811,008	\$55.07
Outpatient - Other	\$91,749	\$442	\$0	\$1,060	\$93,251	1.09	\$101,730	\$0.64
Outpatient - Psychological	\$540	\$3	\$0	\$0	\$542	1.09	\$591	\$0.00
Personal Care Services	\$160,947	\$0	\$833	\$6,518	\$168,298	0.94	\$158,133	\$0.99
Physician - Clinic	\$1,345	\$1	\$0	\$10	\$1,355	0.85	\$1,149	\$0.01
Physician - IP Mental Health	\$2,683	\$0	\$0	\$19	\$2,702	1.16	\$3,130	\$0.02
Physician - OP Mental Health	\$7,985,931	\$93	\$0	(\$160,466)	\$7,825,557	1.16	\$9,064,199	\$56.65
Physician - Other Practitioner	\$78,303	\$34	\$61	\$948	\$79,346	0.85	\$67,285	\$0.42
Physician - PCP	\$113,278	\$49	\$0	\$1,315	\$114,642	0.85	\$97,216	\$0.61
Physician - Specialist	\$119,016	\$51	\$210	\$1,384	\$120,661	0.85	\$102,321	\$0.64
Pharmacy	\$301,709	\$0	\$0	(\$12,068)	\$289,641	0.86	\$250,250	\$1.56
Transportation - Emergency	\$8,358	\$1	\$0	\$0	\$8,359	1.15	\$9,615	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$27,450,629</b>	<b>\$9,082</b>	<b>\$1,680,736</b>	<b>\$723,253</b>	<b>\$29,863,700</b>		<b>\$32,854,628</b>	<b>\$237.14</b>
Administrative Adjustment Capitation Rate								0.49% \$238.15

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$58,322	\$0	\$0	\$2,351	\$60,673	0.94	\$57,008	\$0.32
DME/Supplies	\$681,529	\$74	\$0	(\$118,258)	\$563,345	1.15	\$648,018	\$3.69
Emergency	\$56,171	\$270	\$0	\$0	\$56,441	1.09	\$61,573	\$0.35
FQHC	\$5,090	\$2	\$0	\$0	\$5,093	0.85	\$4,319	\$0.02
Home Health Services	\$14,329	\$0	\$0	\$198	\$14,527	0.94	\$13,650	\$0.08
Inpatient - Medical/Surgical	\$1,180,858	\$3,334	\$0	(\$43,253)	\$1,140,940	1.12	\$1,279,885	\$7.29
Inpatient - Psych	\$92,321	\$261	\$0	\$22,411	\$114,993	1.12	\$128,997	\$0.73
Lab and X-ray Services	\$36,319	\$4	\$0	(\$4,359)	\$31,964	1.15	\$36,769	\$0.21
Medicare Xover - IP	\$2,152,913	\$741	\$18	\$0	\$2,153,671	1.22	\$2,622,399	\$14.93
Medicare Xover - Nursing Facility	\$44,356	\$15	\$4,437	\$0	\$48,808	1.22	\$59,430	\$0.34
Medicare Xover - OP	\$2,760,689	\$950	\$120	\$0	\$2,761,759	1.22	\$3,362,832	\$19.14
Medicare Xover - Other	\$1,013,724	\$349	\$131	\$0	\$1,014,204	1.22	\$1,234,937	\$7.03
Medicare Xover - Physician Nursing Facility	\$3,873,778	\$1,333	\$788	\$0	\$3,875,898	1.22	\$4,719,454	\$26.86
Outpatient - Other	\$851,491	(\$26)	\$233,732	\$147,683	\$1,232,880	0.96	\$1,182,332	\$6.73
Outpatient - Psychological	\$55,552	\$267	\$0	\$642	\$56,461	1.09	\$61,595	\$0.35
Personal Care Services	\$401	\$2	\$0	\$0	\$402	1.09	\$439	\$0.00
Physician - Clinic	\$61,123	\$0	\$0	\$2,463	\$63,586	0.94	\$59,746	\$0.34
Physician - IP Mental Health	\$17,420	\$8	\$0	\$124	\$17,551	0.85	\$14,883	\$0.08
Physician - OP Mental Health	\$1,128	\$0	\$0	\$8	\$1,136	1.16	\$1,315	\$0.01
Physician - Other Practitioner	\$34,262,448	\$399	\$0	(\$688,457)	\$33,574,390	1.16	\$38,888,599	\$221.36
Physician - PCP	\$125,330	\$54	\$128	\$1,517	\$127,029	0.85	\$107,721	\$0.61
Physician - Specialist	\$106,346	\$46	\$222	\$1,237	\$107,851	0.85	\$91,458	\$0.52
Pharmacy	\$202,632	\$87	\$0	\$2,352	\$205,071	0.85	\$173,900	\$0.99
Transportation - Emergency	\$340,433	\$0	\$0	(\$13,617)	\$326,815	0.86	\$282,368	\$1.61
Transportation - Non-Emergency	\$6,361	\$1	\$0	\$0	\$6,361	1.15	\$7,317	\$0.04
Total	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$48,001,064</b>	<b>\$8,171</b>	<b>\$239,575</b>	<b>(\$686,959)</b>	<b>\$47,561,851</b>		<b>\$55,100,944</b>	<b>\$345.44</b>
Administrative Adjustment Capitation Rate								0.49% \$346.98

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Tidewater	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$2,374	\$0	\$0	\$320	\$2,694	0.94	\$2,531	\$0.02
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$121,707	\$0	\$353	\$4,919	\$126,980	0.94	\$119,311	\$0.88
DME/Supplies	\$782,208	\$85	\$0	(\$135,728)	\$646,566	1.15	\$743,747	\$5.51
Emergency	\$19,646	\$95	\$0	\$0	\$19,741	1.09	\$21,536	\$0.16
FQHC	\$5,090	\$2	\$0	\$0	\$5,092	0.85	\$4,318	\$0.03
Home Health Services	\$10,177	\$0	\$0	\$140	\$10,317	0.94	\$9,694	\$0.07
Inpatient - Medical/Surgical	\$1,907,570	\$5,386	\$0	(\$69,871)	\$1,843,085	1.12	\$2,067,540	\$15.30
Inpatient - Psych	\$40,611	\$115	\$0	\$9,858	\$50,584	1.12	\$56,744	\$0.42
Lab and X-ray Services	\$9,194	\$1	\$0	(\$1,103)	\$8,092	1.15	\$9,308	\$0.07
Medicare Xover - IP	\$2,089,692	\$719	\$0	\$0	\$2,090,411	1.22	\$2,545,371	\$18.84
Medicare Xover - Nursing Facility	\$152,969	\$53	\$3,854	\$0	\$156,875	1.22	\$191,018	\$1.41
Medicare Xover - OP	\$1,690,349	\$581	\$10	\$0	\$1,690,941	1.22	\$2,058,959	\$15.24
Medicare Xover - Other	\$596,429	\$205	\$222	\$0	\$596,857	1.22	\$726,757	\$5.38
Medicare Xover - Physician	\$2,755,311	\$948	\$386	\$0	\$2,756,645	1.22	\$3,356,605	\$24.85
Nursing Facility	\$4,683,929	(\$141)	\$1,364,012	\$823,034	\$6,870,834	0.96	\$6,589,129	\$48.77
Outpatient - Other	\$43,311	\$208	\$0	\$500	\$44,020	1.09	\$48,023	\$0.36
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$173,981	\$0	\$752	\$7,040	\$181,773	0.94	\$170,794	\$1.26
Physician - Clinic	\$120	\$0	\$0	\$1	\$121	0.85	\$102	\$0.00
Physician - IP Mental Health	\$86	\$0	\$0	\$1	\$87	1.16	\$101	\$0.00
Physician - OP Mental Health	\$5,491,754	\$64	\$0	(\$110,349)	\$5,381,469	1.16	\$6,233,256	\$46.14
Physician - Other Practitioner	\$51,816	\$22	\$229	\$629	\$52,696	0.85	\$44,686	\$0.33
Physician - PCP	\$66,393	\$29	\$203	\$773	\$67,398	0.85	\$57,154	\$0.42
Physician - Specialist	\$103,863	\$45	\$121	\$1,207	\$105,235	0.85	\$89,240	\$0.66
Pharmacy	\$274,099	\$0	\$0	(\$10,964)	\$263,135	0.86	\$227,349	\$1.68
Transportation - Emergency	\$6,452	\$1	\$0	\$0	\$6,453	1.15	\$7,423	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$21,079,131</b>	<b>\$8,418</b>	<b>\$1,370,143</b>	<b>\$520,409</b>	<b>\$22,978,100</b>		<b>\$25,380,695</b>	<b>\$219.67</b>
Administrative Adjustment Capitation Rate								0.49% \$220.60

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$26,092	\$0	\$0	\$1,052	\$27,143	0.94	\$25,504	\$0.39
DME/Supplies	\$214,563	\$23	\$0	(\$37,231)	\$177,356	1.15	\$204,013	\$3.15
Emergency	\$24,140	\$116	\$0	\$0	\$24,256	1.09	\$26,462	\$0.41
FQHC	\$877	\$0	\$0	\$0	\$878	0.85	\$744	\$0.01
Home Health Services	\$6,682	\$0	\$0	\$92	\$6,774	0.94	\$6,365	\$0.10
Inpatient - Medical/Surgical	\$485,745	\$1,372	\$0	(\$17,792)	\$469,325	1.12	\$526,480	\$8.13
Inpatient - Psych	\$62,207	\$176	\$0	\$15,101	\$77,484	1.12	\$86,920	\$1.34
Lab and X-ray Services	\$13,419	\$1	\$0	(\$1,610)	\$11,810	1.15	\$13,585	\$0.21
Medicare Xover - IP	\$1,162,503	\$400	\$0	\$0	\$1,162,902	1.22	\$1,415,998	\$21.87
Medicare Xover - Nursing Facility	\$32,025	\$11	\$508	\$0	\$32,543	1.22	\$39,626	\$0.61
Medicare Xover - OP	\$1,164,162	\$400	\$21	\$0	\$1,164,583	1.22	\$1,418,045	\$21.90
Medicare Xover - Other	\$417,079	\$143	\$0	\$0	\$417,222	1.22	\$508,027	\$7.85
Medicare Xover - Physician	\$1,501,477	\$516	\$250	\$0	\$1,502,243	1.22	\$1,829,193	\$28.25
Nursing Facility	\$667,692	(\$20)	\$124,707	\$107,833	\$900,212	0.96	\$863,304	\$13.33
Outpatient - Other	\$47,379	\$228	\$0	\$547	\$48,154	1.09	\$52,533	\$0.81
Outpatient - Psychological	\$202	\$1	\$0	\$0	\$203	1.09	\$221	\$0.00
Personal Care Services	\$70,376	\$0	\$0	\$2,836	\$73,212	0.94	\$68,790	\$1.06
Physician - Clinic	\$60,913	\$26	\$0	\$432	\$61,372	0.85	\$52,043	\$0.80
Physician - IP Mental Health	\$4,362	\$0	\$0	\$31	\$4,393	1.16	\$5,088	\$0.08
Physician - OP Mental Health	\$11,028,241	\$128	\$0	(\$221,597)	\$10,806,772	1.16	\$12,517,286	\$193.33
Physician - Other Practitioner	\$48,605	\$21	\$0	\$588	\$49,214	0.85	\$41,733	\$0.64
Physician - PCP	\$56,528	\$24	\$0	\$656	\$57,208	0.85	\$48,513	\$0.75
Physician - Specialist	\$76,507	\$33	\$0	\$888	\$77,428	0.85	\$65,659	\$1.01
Pharmacy	\$123,279	\$0	\$0	(\$4,931)	\$118,348	0.86	\$102,252	\$1.58
Transportation - Emergency	\$2,397	\$0	\$0	\$0	\$2,397	1.15	\$2,757	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$17,297,449</b>	<b>\$3,602</b>	<b>\$125,486</b>	<b>(\$153,105)</b>	<b>\$17,273,432</b>		<b>\$19,921,140</b>	<b>\$339.48</b>
Administrative Adjustment Capitation Rate								0.49% \$340.99

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



**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Northern Virginia	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$466	\$0	\$0	\$45	\$511	0.94	\$480	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$211,735	\$0	\$0	\$8,534	\$220,268	0.94	\$206,964	\$0.84
DME/Supplies	\$602,725	\$66	\$0	(\$104,584)	\$498,207	1.15	\$573,089	\$2.33
Emergency	\$45,070	\$217	\$0	\$0	\$45,287	1.09	\$49,405	\$0.20
FQHC	\$956	\$0	\$0	\$0	\$957	0.85	\$811	\$0.00
Home Health Services	\$26,180	\$0	\$0	\$361	\$26,542	0.94	\$24,939	\$0.10
Inpatient - Medical/Surgical	\$8,222,694	\$23,217	\$0	(\$301,182)	\$7,944,730	1.12	\$8,912,254	\$36.27
Inpatient - Psych	\$27,101	\$77	\$0	\$6,579	\$33,756	1.12	\$37,867	\$0.15
Lab and X-ray Services	\$28,884	\$3	\$0	(\$3,466)	\$25,420	1.15	\$29,241	\$0.12
Medicare Xover - IP	\$2,081,232	\$716	\$0	\$0	\$2,081,948	1.22	\$2,535,066	\$10.32
Medicare Xover - Nursing Facility	\$204,416	\$70	\$477	\$0	\$204,963	1.22	\$249,571	\$1.02
Medicare Xover - OP	\$2,880,014	\$991	\$299	\$0	\$2,881,303	1.22	\$3,508,394	\$14.28
Medicare Xover - Other	\$485,497	\$167	\$240	\$0	\$485,904	1.22	\$591,656	\$2.41
Medicare Xover - Physician	\$3,110,889	\$1,070	\$470	\$0	\$3,112,429	1.22	\$3,789,823	\$15.42
Nursing Facility	\$4,041,556	(\$121)	\$799,952	\$658,855	\$5,500,242	0.96	\$5,274,732	\$21.46
Outpatient - Other	\$102,484	\$493	\$0	\$1,184	\$104,162	1.09	\$113,633	\$0.46
Outpatient - Psychological	\$56	\$0	\$0	\$0	\$56	1.09	\$61	\$0.00
Personal Care Services	\$182,220	\$0	\$110	\$7,346	\$189,676	0.94	\$178,220	\$0.73
Physician - Clinic	\$9,300	\$4	\$0	\$66	\$9,370	0.85	\$7,945	\$0.03
Physician - IP Mental Health	\$521	\$0	\$0	\$4	\$524	1.16	\$607	\$0.00
Physician - OP Mental Health	\$1,919,069	\$22	\$0	(\$38,561)	\$1,880,530	1.16	\$2,178,184	\$8.86
Physician - Other Practitioner	\$41,487	\$18	\$89	\$503	\$42,097	0.85	\$35,698	\$0.15
Physician - PCP	\$141,253	\$61	\$212	\$1,642	\$143,168	0.85	\$121,407	\$0.49
Physician - Specialist	\$164,145	\$71	\$0	\$1,905	\$166,121	0.85	\$140,870	\$0.57
Pharmacy	\$561,789	\$0	\$0	(\$22,472)	\$539,318	0.86	\$465,971	\$1.90
Transportation - Emergency	\$7,658	\$1	\$0	\$0	\$7,659	1.15	\$8,810	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$25,099,397</b>	<b>\$27,143</b>	<b>\$801,849</b>	<b>\$216,760</b>	<b>\$26,145,149</b>		<b>\$29,035,700</b>	<b>\$149.96</b>
Administrative Adjustment Capitation Rate								0.49% \$150.54

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$4,317	\$2	\$0	\$0	\$4,319	0.85	\$3,663	\$0.03
Consumer Directed Services	\$183,590	\$0	\$481	\$7,419	\$191,490	0.94	\$179,924	\$1.37
DME/Supplies	\$447,465	\$49	\$0	(\$77,643)	\$369,870	1.15	\$425,463	\$3.24
Emergency	\$26,374	\$127	\$0	\$0	\$26,501	1.09	\$28,910	\$0.22
FQHC	\$3,448	\$1	\$0	\$0	\$3,449	0.85	\$2,925	\$0.02
Home Health Services	\$4,332	\$0	\$0	\$60	\$4,392	0.94	\$4,126	\$0.03
Inpatient - Medical/Surgical	\$496,446	\$1,402	\$0	(\$18,184)	\$479,664	1.12	\$538,078	\$4.09
Inpatient - Psych	\$73,864	\$209	\$0	\$17,931	\$92,003	1.12	\$103,207	\$0.78
Lab and X-ray Services	\$34,368	\$4	\$0	(\$4,125)	\$30,247	1.15	\$34,794	\$0.26
Medicare Xover - IP	\$1,490,189	\$513	\$0	\$0	\$1,490,701	1.22	\$1,815,140	\$13.80
Medicare Xover - Nursing Facility	\$48,496	\$17	\$4,702	\$0	\$53,215	1.22	\$64,796	\$0.49
Medicare Xover - OP	\$2,127,506	\$732	\$35	\$0	\$2,128,273	1.22	\$2,591,473	\$19.71
Medicare Xover - Other	\$810,642	\$279	\$156	\$0	\$811,077	1.22	\$987,600	\$7.51
Medicare Xover - Physician	\$2,493,593	\$858	\$1,791	\$0	\$2,496,241	1.22	\$3,039,527	\$23.11
Nursing Facility	\$802,817	(\$24)	\$123,099	\$126,003	\$1,051,895	0.96	\$1,008,767	\$7.67
Outpatient - Other	\$110,468	\$532	\$10	\$1,277	\$112,287	1.09	\$122,497	\$0.93
Outpatient - Psychological	\$8,563	\$41	\$0	\$0	\$8,605	1.09	\$9,387	\$0.07
Personal Care Services	\$13,852	\$0	\$0	\$558	\$14,411	0.94	\$13,540	\$0.10
Physician - Clinic	\$19,462	\$8	\$0	\$138	\$19,609	0.85	\$16,628	\$0.13
Physician - IP Mental Health	\$2,138	\$0	\$0	\$15	\$2,153	1.16	\$2,494	\$0.02
Physician - OP Mental Health	\$35,697,850	\$416	\$0	(\$717,299)	\$34,980,967	1.16	\$40,517,810	\$308.09
Physician - Other Practitioner	\$198,819	\$86	\$29	\$2,405	\$201,339	0.85	\$170,735	\$1.30
Physician - PCP	\$59,753	\$26	\$10	\$694	\$60,483	0.85	\$51,290	\$0.39
Physician - Specialist	\$116,541	\$50	\$0	\$1,353	\$117,944	0.85	\$100,016	\$0.76
Pharmacy	\$270,371	\$0	\$0	(\$10,815)	\$259,556	0.86	\$224,257	\$1.71
Transportation - Emergency	\$24,305	\$3	\$0	\$0	\$24,307	1.15	\$27,961	\$0.21
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$45,569,572</b>	<b>\$5,328</b>	<b>\$130,312</b>	<b>(\$670,215)</b>	<b>\$45,034,997</b>		<b>\$52,085,009</b>	<b>\$427.85</b>
Administrative Adjustment Capitation Rate								0.49% \$429.80

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

CW SoRo 21-64 (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$286,576	\$0	\$1,193	\$11,598	\$299,367	0.94	\$281,285	\$3.67
DME/Supplies	\$509,571	\$55	\$0	(\$88,420)	\$421,206	1.15	\$484,515	\$6.32
Emergency	\$5,187	\$25	\$0	\$0	\$5,212	1.09	\$5,686	\$0.07
FQHC	\$2,830	\$1	\$0	\$0	\$2,831	0.85	\$2,401	\$0.03
Home Health Services	\$1,683	\$0	\$0	\$23	\$1,707	0.94	\$1,604	\$0.02
Inpatient - Medical/Surgical	\$901,552	\$2,546	\$0	(\$33,022)	\$871,076	1.12	\$977,157	\$12.74
Inpatient - Psych	\$6,381	\$18	\$0	\$1,549	\$7,948	1.12	\$8,916	\$0.12
Lab and X-ray Services	\$6,800	\$1	\$0	(\$816)	\$5,985	1.15	\$6,884	\$0.09
Medicare Xover - IP	\$1,502,667	\$517	\$46	\$0	\$1,503,229	1.22	\$1,830,394	\$23.86
Medicare Xover - Nursing Facility	\$164,893	\$57	\$2,751	\$0	\$167,701	1.22	\$204,200	\$2.66
Medicare Xover - OP	\$1,229,637	\$423	\$267	\$0	\$1,230,326	1.22	\$1,498,096	\$19.53
Medicare Xover - Other	\$455,429	\$157	\$53	\$0	\$455,638	1.22	\$554,804	\$7.23
Medicare Xover - Physician	\$1,362,448	\$469	\$696	\$0	\$1,363,613	1.22	\$1,660,392	\$21.64
Nursing Facility	\$4,451,320	(\$134)	\$1,177,420	\$765,986	\$6,394,592	0.96	\$6,132,414	\$79.94
Outpatient - Other	\$15,959	\$77	\$0	\$184	\$16,220	1.09	\$17,695	\$0.23
Outpatient - Psychological	\$542	\$3	\$0	\$0	\$545	1.09	\$594	\$0.01
Personal Care Services	\$46,178	\$0	\$215	\$1,869	\$48,261	0.94	\$45,346	\$0.59
Physician - Clinic	\$237	\$0	\$0	\$2	\$239	0.85	\$202	\$0.00
Physician - IP Mental Health	\$201	\$0	\$0	\$1	\$202	1.16	\$234	\$0.00
Physician - OP Mental Health	\$5,181,610	\$60	\$0	(\$104,117)	\$5,077,553	1.16	\$5,881,236	\$76.67
Physician - Other Practitioner	\$129,527	\$56	\$0	\$1,567	\$131,150	0.85	\$111,215	\$1.45
Physician - PCP	\$32,664	\$14	\$0	\$379	\$33,057	0.85	\$28,032	\$0.37
Physician - Specialist	\$30,135	\$13	\$0	\$350	\$30,498	0.85	\$25,863	\$0.34
Pharmacy	\$172,767	\$0	\$0	(\$6,911)	\$165,856	0.86	\$143,300	\$1.87
Transportation - Emergency	\$7,360	\$1	\$0	\$0	\$7,361	1.15	\$8,467	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$16,504,154</b>	<b>\$4,358</b>	<b>\$1,182,639</b>	<b>\$550,223</b>	<b>\$18,241,374</b>		<b>\$19,910,933</b>	<b>\$291.35</b>
Administrative Adjustment Capitation Rate								0.49% \$292.63

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$2,252	\$1	\$0	\$0	\$2,253	0.85	\$1,910	\$0.03
Consumer Directed Services	\$56,639	\$0	\$0	\$2,283	\$58,922	0.94	\$55,363	\$0.96
DME/Supplies	\$175,300	\$19	\$0	(\$30,418)	\$144,902	1.15	\$166,681	\$2.89
Emergency	\$24,713	\$119	\$0	\$0	\$24,832	1.09	\$27,090	\$0.47
FQHC	\$1,153	\$0	\$0	\$0	\$1,154	0.85	\$979	\$0.02
Home Health Services	\$2,559	\$0	\$0	\$35	\$2,595	0.94	\$2,438	\$0.04
Inpatient - Medical/Surgical	\$119,917	\$339	\$0	(\$4,392)	\$115,863	1.12	\$129,973	\$2.26
Inpatient - Psych	\$58,095	\$164	\$0	\$14,103	\$72,362	1.12	\$81,175	\$1.41
Lab and X-ray Services	\$10,951	\$1	\$0	(\$1,314)	\$9,638	1.15	\$11,086	\$0.19
Medicare Xover - IP	\$667,365	\$230	\$0	\$0	\$667,595	1.22	\$812,891	\$14.11
Medicare Xover - Nursing Facility	\$32,725	\$11	\$3,446	\$0	\$36,182	1.22	\$44,057	\$0.76
Medicare Xover - OP	\$1,246,324	\$429	\$0	\$0	\$1,246,753	1.22	\$1,518,098	\$26.35
Medicare Xover - Other	\$280,186	\$96	\$142	\$0	\$280,424	1.22	\$341,456	\$5.93
Medicare Xover - Physician	\$960,145	\$330	\$329	\$0	\$960,805	1.22	\$1,169,915	\$20.31
Nursing Facility	\$339,938	(\$10)	\$92,653	\$58,869	\$491,450	0.96	\$471,301	\$8.18
Outpatient - Other	\$103,246	\$497	\$0	\$1,193	\$104,936	1.09	\$114,477	\$1.99
Outpatient - Psychological	\$3,864	\$19	\$0	\$0	\$3,883	1.09	\$4,236	\$0.07
Personal Care Services	\$0	\$0	\$0	\$0	\$0	0.94	\$0	\$0.00
Physician - Clinic	\$10,469	\$5	\$0	\$74	\$10,547	0.85	\$8,944	\$0.16
Physician - IP Mental Health	\$83	\$0	\$0	\$1	\$84	1.16	\$97	\$0.00
Physician - OP Mental Health	\$7,494,520	\$87	\$0	(\$150,592)	\$7,344,015	1.16	\$8,506,438	\$147.67
Physician - Other Practitioner	\$19,649	\$8	\$0	\$238	\$19,895	0.85	\$16,871	\$0.29
Physician - PCP	\$27,667	\$12	\$0	\$321	\$28,000	0.85	\$23,744	\$0.41
Physician - Specialist	\$65,275	\$28	\$0	\$758	\$66,061	0.85	\$56,020	\$0.97
Pharmacy	\$100,064	\$0	\$0	(\$4,003)	\$96,061	0.86	\$82,997	\$1.44
Transportation - Emergency	\$5,086	\$1	\$0	\$0	\$5,086	1.15	\$5,851	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$11,808,186</b>	<b>\$2,386</b>	<b>\$96,570</b>	<b>(\$112,845)</b>	<b>\$11,794,297</b>		<b>\$13,654,087</b>	<b>\$268.84</b>
Administrative Adjustment Capitation Rate								0.49% \$270.01

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

CW WeCh 21-64 (2)

7/31/2017

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$663	\$0	\$0	\$89	\$752	0.94	\$706	\$0.02
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Consumer Directed Services	\$186,369	\$0	\$1,092	\$7,555	\$195,017	0.94	\$183,238	\$3.95
DME/Supplies	\$281,081	\$31	\$0	(\$48,773)	\$232,339	1.15	\$267,260	\$5.77
Emergency	\$13,839	\$67	\$0	\$0	\$13,906	1.09	\$15,170	\$0.33
FQHC	\$1,079	\$0	\$0	\$0	\$1,079	0.85	\$915	\$0.02
Home Health Services	\$2,087	\$0	\$0	\$29	\$2,116	0.94	\$1,988	\$0.04
Inpatient - Medical/Surgical	\$450,788	\$1,273	\$0	(\$16,512)	\$435,550	1.12	\$488,592	\$10.54
Inpatient - Psych	\$3,648	\$10	\$0	\$886	\$4,544	1.12	\$5,097	\$0.11
Lab and X-ray Services	\$6,166	\$1	\$0	(\$740)	\$5,427	1.15	\$6,243	\$0.13
Medicare Xover - IP	\$874,276	\$301	\$0	\$0	\$874,577	1.22	\$1,064,921	\$22.98
Medicare Xover - Nursing Facility	\$108,663	\$37	\$3,650	\$0	\$112,351	1.22	\$136,803	\$2.95
Medicare Xover - OP	\$743,268	\$256	\$17	\$0	\$743,541	1.22	\$905,366	\$19.54
Medicare Xover - Other	\$224,679	\$77	\$110	\$0	\$224,866	1.22	\$273,806	\$5.91
Medicare Xover - Physician	\$666,519	\$229	\$60	\$0	\$666,808	1.22	\$811,933	\$17.52
Nursing Facility	\$2,373,680	(\$71)	\$641,671	\$410,344	\$3,425,623	0.96	\$3,285,173	\$70.90
Outpatient - Other	\$72,974	\$351	\$0	\$843	\$74,168	1.09	\$80,912	\$1.75
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Personal Care Services	\$8,824	\$0	\$0	\$356	\$9,179	0.94	\$8,625	\$0.19
Physician - Clinic	\$72	\$0	\$0	\$1	\$72	0.85	\$61	\$0.00
Physician - IP Mental Health	\$440	\$0	\$0	\$3	\$443	1.16	\$513	\$0.01
Physician - OP Mental Health	\$1,502,623	\$18	\$0	(\$30,193)	\$1,472,447	1.16	\$1,705,508	\$36.81
Physician - Other Practitioner	\$27,936	\$12	\$0	\$338	\$28,286	0.85	\$23,986	\$0.52
Physician - PCP	\$28,422	\$12	\$0	\$330	\$28,764	0.85	\$24,392	\$0.53
Physician - Specialist	\$43,352	\$19	\$0	\$503	\$43,874	0.85	\$37,205	\$0.80
Pharmacy	\$95,063	\$0	\$0	(\$3,803)	\$91,260	0.86	\$78,849	\$1.70
Transportation - Emergency	\$4,069	\$0	\$0	\$0	\$4,070	1.15	\$4,681	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$7,720,578</b>	<b>\$2,623</b>	<b>\$646,601</b>	<b>\$321,256</b>	<b>\$8,691,057</b>		<b>\$9,411,944</b>	<b>\$234.92</b>
Administrative Adjustment Capitation Rate								0.49% \$235.92

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

**VIRGINIA MEDICAID**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

All Ages								
Demonstration Regions	Medicaid Payments FY2013-FY2014	Completion Factor Adjustment	Patient Payments FY2013-FY2014	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY17
<b>Service Type</b>								
Adult Day Care	\$21,245	\$0	\$0	\$2,846	\$24,091	0.94	\$22,636	\$0.02
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$0.00
Case Management Services	\$6,569	\$3	\$0	\$0	\$6,572	0.85	\$5,573	\$0.00
Consumer Directed Services	\$1,793,098	\$0	\$3,899	\$72,425	\$1,869,422	0.94	\$1,756,510	\$1.36
DME/Supplies	\$5,659,653	\$615	\$0	(\$982,054)	\$4,678,215	1.15	\$5,381,363	\$4.15
Emergency	\$343,715	\$1,654	\$30	\$0	\$345,400	1.09	\$376,807	\$0.29
FQHC	\$26,582	\$11	\$0	\$0	\$26,593	0.85	\$22,551	\$0.02
Home Health Services	\$72,928	\$0	\$0	\$1,007	\$73,935	0.94	\$69,469	\$0.05
Inpatient - Medical/Surgical	\$16,396,861	\$46,298	\$0	(\$600,586)	\$15,842,573	1.12	\$17,771,912	\$13.71
Inpatient - Psych	\$889,682	\$2,512	\$0	\$215,972	\$1,108,166	1.12	\$1,243,121	\$0.96
Lab and X-ray Services	\$202,435	\$22	\$0	(\$24,295)	\$178,162	1.15	\$204,941	\$0.16
Medicare Xover - IP	\$18,149,548	\$6,243	\$284	\$0	\$18,156,075	1.22	\$22,107,588	\$17.06
Medicare Xover - Nursing Facility	\$1,038,224	\$357	\$27,187	\$0	\$1,065,768	1.22	\$1,297,723	\$1.00
Medicare Xover - OP	\$19,005,658	\$6,538	\$1,176	\$0	\$19,013,372	1.22	\$23,151,468	\$17.86
Medicare Xover - Other	\$5,879,374	\$2,022	\$1,567	\$0	\$5,882,963	1.22	\$7,163,340	\$5.53
Medicare Xover - Physician	\$23,483,021	\$8,078	\$6,056	\$0	\$23,497,155	1.22	\$28,611,107	\$22.08
Nursing Facility	\$25,507,187	(\$766)	\$6,469,896	\$4,351,596	\$36,327,913	0.96	\$34,838,468	\$26.88
Outpatient - Other	\$845,100	\$4,068	\$10	\$9,766	\$858,943	1.09	\$937,046	\$0.72
Outpatient - Psychological	\$19,369	\$93	\$0	\$0	\$19,462	1.09	\$21,232	\$0.02
Personal Care Services	\$732,270	\$0	\$1,980	\$29,584	\$763,834	0.94	\$717,699	\$0.55
Physician - Clinic	\$202,392	\$87	\$0	\$1,435	\$203,915	0.85	\$172,920	\$0.13
Physician - IP Mental Health	\$40,505	\$0	\$0	\$287	\$40,793	1.16	\$47,250	\$0.04
Physician - OP Mental Health	\$162,194,704	\$1,889	\$0	(\$3,259,081)	\$158,937,512	1.16	\$184,094,399	\$142.05
Physician - Other Practitioner	\$855,895	\$369	\$537	\$10,358	\$867,159	0.85	\$735,351	\$0.57
Physician - PCP	\$763,353	\$329	\$647	\$8,869	\$773,198	0.85	\$655,672	\$0.51
Physician - Specialist	\$1,190,868	\$513	\$331	\$13,828	\$1,205,540	0.85	\$1,022,298	\$0.79
Pharmacy	\$2,646,398	\$0	\$0	(\$105,856)	\$2,540,542	0.86	\$2,195,028	\$1.69
Transportation - Emergency	\$87,518	\$10	\$0	\$0	\$87,528	1.15	\$100,684	\$0.08
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.80
<b>Total</b>	<b>\$288,054,156</b>	<b>\$80,947</b>	<b>\$6,513,599</b>	<b>(\$253,899)</b>	<b>\$294,394,803</b>		<b>\$334,724,155</b>	<b>\$290.08</b>
Administrative Adjustment Capitation Rate								0.49% \$291.35

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

Exh 1-8 - CCC Duals17 (Updated Adjustments)\_HC 2017.07.28.xlsx

CW Demo (2)

7/31/2017

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Blending of Nursing Home Eligible - Institutional and Nursing Home Eligible - Waiver**  
**Rates Effective July 1, 2017 - December 31, 2017**

**Exhibit 5a**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Base Capitation Rates</b>							
<b>Nursing Home Eligible Institutional</b>	Age 21 - 64	\$5,226.00	\$6,485.81	\$5,354.95	\$5,264.42	\$4,756.80	\$5,410.17
	Age 65 and Over	\$5,296.24	\$6,359.00	\$5,101.86	\$5,108.22	\$5,133.83	\$5,351.25
	<b>Average</b>	\$5,287.28	\$6,376.25	\$5,129.29	\$5,131.30	\$5,087.40	\$5,358.82
<b>Nursing Home Eligible Waiver</b>	Age 21 - 64	\$2,694.38	\$3,461.27	\$2,567.05	\$2,661.99	\$2,646.60	\$2,750.12
	Age 65 and Over	\$2,508.33	\$3,453.66	\$2,330.78	\$2,457.73	\$2,257.03	\$2,753.82
	<b>Average</b>	\$2,566.03	\$3,454.64	\$2,421.44	\$2,521.55	\$2,387.66	\$2,752.80

<b>June 2016 Member Month Distribution</b>							
<b>Nursing Home Eligible Institutional</b>	Age 21 - 64	332	165	199	259	104	1,060
	Age 65 and Over	2,272	1,050	1,641	1,496	739	7,198
	<b>Total</b>	2,604	1,216	1,840	1,755	843	8,258
<b>Nursing Home Eligible Waiver</b>	Age 21 - 64	1,147	413	652	869	327	3,408
	Age 65 and Over	2,552	2,797	1,047	1,912	648	8,956
	<b>Total</b>	3,699	3,210	1,699	2,780	975	12,363

<b>Blended Base Capitation Rates</b>							
<b>Nursing Home Eligible</b>	Age 21 - 64	\$3,262.99	\$4,325.92	\$3,220.12	\$3,260.29	\$3,155.17	\$3,381.33
	Age 65 and Over	\$3,821.42	\$4,246.81	\$4,022.33	\$3,621.19	\$3,790.07	\$3,911.24
	<b>Average</b>	\$3,690.36	\$4,257.15	\$3,829.35	\$3,531.42	\$3,639.65	\$3,796.43

Note:  
 Weighted Averages are based on June 2016 Member Month Distribution  
 NHE Blended rate is subject to regional and health plan specific Member Enrollment Mix Adjustment

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates Effective July 1, 2017 - December 31, 2017**

**Exhibit 5b**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,262.99	\$4,325.92	\$3,220.12	\$3,260.29	\$3,155.17	\$3,381.33
	Age 65 and Over	\$3,821.42	\$4,246.81	\$4,022.33	\$3,621.19	\$3,790.07	\$3,911.24
	<b>Average</b>	\$3,690.36	\$4,257.15	\$3,829.35	\$3,531.42	\$3,639.65	\$3,796.43
<b>Community Well</b>	Age 21-64	\$415.66	\$340.99	\$429.80	\$346.98	\$270.01	\$377.55
	Age 65 and Over	\$238.15	\$150.54	\$292.63	\$220.60	\$235.92	\$200.45
	<b>Average</b>	\$329.50	\$184.42	\$374.58	\$284.76	\$254.23	\$274.53
<b>Weighted Average</b>		\$1,786.91	\$1,416.33	\$1,906.24	\$1,597.99	\$1,766.18	\$1,659.66

Note:  
 Weighted Averages are based on June 2016 Member Month Distribution  
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.



**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Exhibit 5c**

**Historical Fee-For-Service Data**

**Comparison of CY 2016 (July 2016 - December 2016) and CY 2017 (July 2017 - December 2017) Base rates**

CY 2017 Base Rates Effective July 1, 2017 - December 31, 2017							
MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$5,226.00	\$6,485.81	\$5,354.95	\$5,264.42	\$4,756.80	\$5,410.17
	Age 65 and Over	\$5,296.24	\$6,359.00	\$5,101.86	\$5,108.22	\$5,133.83	\$5,351.25
	<b>Average</b>	\$5,287.28	\$6,376.25	\$5,129.29	\$5,131.30	\$5,087.40	\$5,358.82
Nursing Home Eligible Waiver	Age 21-64	\$2,694.38	\$3,461.27	\$2,567.05	\$2,661.99	\$2,646.60	\$2,750.12
	Age 65 and Over	\$2,508.33	\$3,453.66	\$2,330.78	\$2,457.73	\$2,257.03	\$2,753.82
	<b>Average</b>	\$2,566.03	\$3,454.64	\$2,421.44	\$2,521.55	\$2,387.66	\$2,752.80
Nursing Home Eligible	Age 21-64	\$3,262.99	\$4,325.92	\$3,220.12	\$3,260.29	\$3,155.17	\$3,381.33
	Age 65 and Over	\$3,821.42	\$4,246.81	\$4,022.33	\$3,621.19	\$3,790.07	\$3,911.24
	<b>Average</b>	\$3,690.36	\$4,257.15	\$3,829.35	\$3,531.42	\$3,639.65	\$3,796.43
Community Well	Age 21-64	\$415.66	\$340.99	\$429.80	\$346.98	\$270.01	\$377.55
	Age 65 and Over	\$238.15	\$150.54	\$292.63	\$220.60	\$235.92	\$200.45
	<b>Average</b>	\$329.50	\$184.42	\$374.58	\$284.76	\$254.23	\$274.53
<b>Weighted Average</b>		\$1,786.91	\$1,416.33	\$1,906.24	\$1,597.99	\$1,766.18	\$1,659.66

**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Exhibit 5c**

**Historical Fee-For-Service Data**

**Comparison of CY 2016 (July 2016 - December 2016) and CY 2017 (July 2017 - December 2017) Base rates**

CY 2016 Base Rates Effective July 1, 2016 - December 31, 2016							
MEG	Age Group	Region					CY 2016 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$5,123.78	\$6,358.56	\$5,250.64	\$5,161.68	\$4,663.93	\$5,304.44
	Age 65 and Over	\$5,192.64	\$6,234.01	\$5,002.19	\$5,008.35	\$5,033.46	\$5,246.53
	<b>Average</b>	\$5,183.86	\$6,250.95	\$5,029.11	\$5,031.01	\$4,987.96	\$5,253.97
Nursing Home Eligible Waiver	Age 21-64	\$2,628.35	\$3,384.17	\$2,457.25	\$2,651.27	\$2,528.33	\$2,683.47
	Age 65 and Over	\$2,473.51	\$3,446.91	\$2,258.92	\$2,469.21	\$2,190.25	\$2,731.01
	<b>Average</b>	\$2,521.53	\$3,438.84	\$2,335.02	\$2,526.09	\$2,303.62	\$2,717.90
Nursing Home Eligible	Age 21-64	\$3,188.83	\$4,234.48	\$3,111.60	\$3,228.41	\$3,043.02	\$3,305.40
	Age 65 and Over	\$3,754.20	\$4,207.78	\$3,933.49	\$3,583.79	\$3,705.39	\$3,851.92
	<b>Average</b>	\$3,621.51	\$4,211.27	\$3,735.78	\$3,495.40	\$3,548.46	\$3,733.52
Community Well	Age 21-64	\$404.46	\$331.69	\$418.29	\$337.63	\$262.74	\$367.38
	Age 65 and Over	\$232.21	\$147.02	\$285.29	\$215.04	\$230.13	\$195.55
	<b>Average</b>	\$320.85	\$179.88	\$364.75	\$277.27	\$247.64	\$267.42
<b>Weighted Average</b>		\$1,752.16	\$1,399.28	\$1,859.29	\$1,578.96	\$1,721.81	\$1,630.60

**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development**

**Exhibit 5c**

**Historical Fee-For-Service Data**

**Comparison of CY 2016 (July 2016 - December 2016) and CY 2017 (July 2017 - December 2017) Base rates**

CY 2017 vs CY 2016 Base Rates							
MEG	Age Group	Region					CY 2017 Average vs. CY 2016 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
Nursing Home Eligible	Age 21-64	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Institutional	Age 65 and Over	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
	<b>Average</b>	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Nursing Home Eligible	Age 21-64	2.5%	2.3%	4.5%	0.4%	4.7%	2.5%
Waiver	Age 65 and Over	1.4%	0.2%	3.2%	-0.5%	3.0%	0.8%
	<b>Average</b>	1.8%	0.5%	3.7%	-0.2%	3.6%	1.3%
Nursing Home Eligible	Age 21-64	2.3%	2.2%	3.5%	1.0%	3.7%	2.3%
	Age 65 and Over	1.8%	0.9%	2.3%	1.0%	2.3%	1.5%
	<b>Average</b>	1.9%	1.1%	2.5%	1.0%	2.6%	1.7%
Community Well	Age 21-64	2.8%	2.8%	2.7%	2.8%	2.8%	2.8%
	Age 65 and Over	2.6%	2.4%	2.6%	2.6%	2.5%	2.5%
	<b>Average</b>	2.7%	2.5%	2.7%	2.7%	2.7%	2.7%
<b>Weighted Average</b>		2.0%	1.2%	2.5%	1.2%	2.6%	1.8%

Note:

Weighted Averages are based on June 2016 Member Month Distribution

Nursing Home Eligible Rate calculated based on June 2016 Member Month Distribution

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY 2017 Base Rates**

**Exhibit 5d**

CY 2017 Base Rates Effective July 1, 2017 - December 31, 2017							
MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$5,226.00	\$6,485.81	\$5,354.95	\$5,264.42	\$4,756.80	\$5,410.17
	Age 65 and Over	\$5,296.24	\$6,359.00	\$5,101.86	\$5,108.22	\$5,133.83	\$5,351.25
	<b>Average</b>	\$5,287.28	\$6,376.25	\$5,129.29	\$5,131.30	\$5,087.40	\$5,358.82
Nursing Home Eligible Waiver	Age 21-64	\$2,694.38	\$3,461.27	\$2,567.05	\$2,661.99	\$2,646.60	\$2,750.12
	Age 65 and Over	\$2,508.33	\$3,453.66	\$2,330.78	\$2,457.73	\$2,257.03	\$2,753.82
	<b>Average</b>	\$2,566.03	\$3,454.64	\$2,421.44	\$2,521.55	\$2,387.66	\$2,752.80
Nursing Home Eligible	Age 21-64	\$3,262.99	\$4,325.92	\$3,220.12	\$3,260.29	\$3,155.17	\$3,381.33
	Age 65 and Over	\$3,821.42	\$4,246.81	\$4,022.33	\$3,621.19	\$3,790.07	\$3,911.24
	<b>Average</b>	\$3,690.36	\$4,257.15	\$3,829.35	\$3,531.42	\$3,639.65	\$3,796.43
Community Well	Age 21-64	\$415.66	\$340.99	\$429.80	\$346.98	\$270.01	\$377.55
	Age 65 and Over	\$238.15	\$150.54	\$292.63	\$220.60	\$235.92	\$200.45
	<b>Average</b>	\$329.50	\$184.42	\$374.58	\$284.76	\$254.23	\$274.53
<b>Weighted Average</b>		\$1,786.91	\$1,416.33	\$1,906.24	\$1,597.99	\$1,766.18	\$1,659.66

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY 2017 Base Rates**

**Exhibit 5d**

CY 2017 Base Rates Effective January 1, 2017 - June 30, 2017							
MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$5,127.91	\$6,363.09	\$5,255.47	\$5,165.31	\$4,668.12	\$5,308.65
	Age 65 and Over	\$5,195.17	\$6,237.49	\$5,004.60	\$5,010.85	\$5,035.80	\$5,249.15
	<b>Average</b>	\$5,186.59	\$6,254.57	\$5,031.79	\$5,033.68	\$4,990.53	\$5,256.79
Nursing Home Eligible Waiver	Age 21-64	\$2,694.24	\$3,461.16	\$2,566.86	\$2,661.89	\$2,646.53	\$2,749.99
	Age 65 and Over	\$2,508.27	\$3,453.64	\$2,330.71	\$2,457.68	\$2,256.99	\$2,753.78
	<b>Average</b>	\$2,565.94	\$3,454.61	\$2,421.32	\$2,521.49	\$2,387.61	\$2,752.74
Nursing Home Eligible	Age 21-64	\$3,240.85	\$4,290.76	\$3,196.67	\$3,237.42	\$3,133.74	\$3,357.14
	Age 65 and Over	\$3,773.78	\$4,213.63	\$3,962.93	\$3,578.42	\$3,737.81	\$3,865.72
	<b>Average</b>	\$3,648.70	\$4,223.71	\$3,778.60	\$3,493.61	\$3,594.70	\$3,755.53
Community Well	Age 21-64	\$415.54	\$340.72	\$429.64	\$346.85	\$269.84	\$377.40
	Age 65 and Over	\$237.06	\$150.11	\$291.04	\$219.63	\$234.51	\$199.62
	<b>Average</b>	\$328.90	\$184.02	\$373.84	\$284.21	\$253.48	\$273.98
<b>Weighted Average</b>		\$1,768.51	\$1,405.93	\$1,883.34	\$1,582.36	\$1,745.69	\$1,643.24

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY 2017 Base Rates**

**Exhibit 5d**

CY 2017 Base Rates (Jul 1, 2017 - Dec 31, 2017) vs CY 2017 Base Rates (Jan 1, 2017 - Jun 30, 2017)							
MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	1.91%	1.93%	1.89%	1.92%	1.90%	1.91%
	Age 65 and Over	1.95%	1.95%	1.94%	1.94%	1.95%	1.95%
	<b>Average</b>	1.94%	1.95%	1.94%	1.94%	1.94%	1.94%
Nursing Home Eligible Waiver	Age 21-64	0.01%	0.00%	0.01%	0.00%	0.00%	0.00%
	Age 65 and Over	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	<b>Average</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nursing Home Eligible	Age 21-64	0.68%	0.82%	0.73%	0.71%	0.68%	0.72%
	Age 65 and Over	1.26%	0.79%	1.50%	1.20%	1.40%	1.18%
	<b>Average</b>	1.14%	0.79%	1.34%	1.08%	1.25%	1.09%
Community Well	Age 21-64	0.03%	0.08%	0.04%	0.04%	0.06%	0.04%
	Age 65 and Over	0.46%	0.28%	0.55%	0.44%	0.60%	0.42%
	<b>Average</b>	0.18%	0.22%	0.20%	0.19%	0.29%	0.20%
<b>Weighted Average</b>		1.04%	0.74%	1.22%	0.99%	1.17%	1.00%

Note:  
 Weighted Averages are based on June 2016 Member Month Distribution  
 Nursing Home Eligible Rate calculated based on June 2016 Member Month Distribution

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program Third Year Savings Percentage Adjustment**

**Exhibit 5e**

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	Adjustment Value	Source
Third Year Savings Percentage	2.0%	Provided by DMAS

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**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates Effective July 1, 2017 - December 31, 2017**  
**With 2% Savings Percentage**

**Exhibit 5f**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,197.73	\$4,239.40	\$3,155.71	\$3,195.08	\$3,092.07	\$3,313.71
	Age 65 and Over	\$3,744.99	\$4,161.88	\$3,941.88	\$3,548.76	\$3,714.26	\$3,833.01
	<b>Average</b>	\$3,616.55	\$4,172.01	\$3,752.76	\$3,460.80	\$3,566.85	\$3,720.50
<b>Community Well</b>	Age 21-64	\$407.35	\$334.17	\$421.20	\$340.04	\$264.61	\$370.00
	Age 65 and Over	\$233.39	\$147.53	\$286.78	\$216.19	\$231.20	\$196.44
	<b>Average</b>	\$322.91	\$180.73	\$367.08	\$279.06	\$249.14	\$269.04
<b>Weighted Average</b>		\$1,751.17	\$1,388.00	\$1,868.12	\$1,566.03	\$1,730.86	\$1,626.46

Note:  
 Weighted Averages are based on June 2016 Member Month Distribution  
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.



**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Addiction Rehabilitation and Treatment Services (ARTS) Adjustment**

**Exhibit 5g**

	Dual NHE I	Dual NHE W	Dual CW	Source
1a. ARTS Medical PMPM (Per Participant)	\$100.62	\$100.62	\$100.62	Estimated for FY18
1b. ARTS Admin PMPM (Per Participant)	\$4.72	\$4.72	\$4.72	Estimated for FY18
2a. ARTS Participants	3	68	637	Jan 2017 snapshot
2b. Other members	3,137	3,559	21,309	Jan 2017 snapshot
3a. <b>ARTS Medical PMPM (Rate Adjustment)</b>	\$0.10	\$1.89	\$2.92	= (1a.) * (2a.) / ((2a.) + (2b.))
3b. <b>ARTS Admin PMPM (Rate Adjustment)</b>	\$0.00	\$0.09	\$0.14	= (1b.) * (2a.) / ((2a.) + (2b.))
3c. <b>ARTS Total PMPM (Rate Adjustment)</b>	\$0.10	\$1.98	\$3.06	= (3a.) + (3b.)

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates Effective July 1, 2017 - December 31, 2017**  
**With 2% Savings Percentage & ARTS Adjustment**

**Exhibit 5h**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,198.84	\$4,240.51	\$3,156.82	\$3,196.19	\$3,093.18	\$3,314.81
	Age 65 and Over	\$3,746.10	\$4,162.99	\$3,942.99	\$3,549.87	\$3,715.37	\$3,834.12
	<b>Average</b>	\$3,617.66	\$4,173.12	\$3,753.87	\$3,461.90	\$3,567.96	\$3,721.61
<b>Community Well</b>	Age 21-64	\$410.41	\$337.23	\$424.26	\$343.10	\$267.66	\$373.06
	Age 65 and Over	\$236.45	\$150.59	\$289.84	\$219.25	\$234.26	\$199.50
	<b>Average</b>	\$325.96	\$183.79	\$370.14	\$282.12	\$252.20	\$272.10
<b>Weighted Average</b>		\$1,753.39	\$1,390.47	\$1,870.31	\$1,568.30	\$1,733.04	\$1,628.76

Note:  
 Weighted Averages are based on June 2016 Member Month Distribution  
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program Quality Withhold Percentage Adjustment**

**Exhibit 5i**

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	Adjustment Value	Source
CY17 Quality Withhold	3.0%	Provided by DMAS

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**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates Effective July 1, 2017 - December 31, 2017**  
**With 2% Savings Percentage & ARTS Adjustment & Net 3% Quality Withhold**

**Exhibit 5j**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,102.87	\$4,113.30	\$3,062.12	\$3,100.31	\$3,000.38	\$3,215.37
	Age 65 and Over	\$3,633.71	\$4,038.10	\$3,824.70	\$3,443.38	\$3,603.91	\$3,719.10
	<b>Average</b>	\$3,509.13	\$4,047.92	\$3,641.26	\$3,358.05	\$3,460.92	\$3,609.96
<b>Community Well</b>	Age 21-64	\$398.10	\$327.11	\$411.53	\$332.81	\$259.64	\$361.87
	Age 65 and Over	\$229.35	\$146.07	\$281.14	\$212.67	\$227.23	\$193.52
	<b>Average</b>	\$316.19	\$178.28	\$359.04	\$273.66	\$244.63	\$263.93
<b>Weighted Average</b>		\$1,700.78	\$1,348.75	\$1,814.20	\$1,521.25	\$1,681.05	\$1,579.89

Note:  
Weighted Averages are based on June 2016 Member Month Distribution  
NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**

**Exhibit 6a**

**Blending of Nursing Home Eligible - Institutional and Nursing Home Eligible - Waiver with Acute and Long Term Care Split**  
**Rates Effective July 1, 2017 - December 31, 2017**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Base Capitation Rates for Acute Care + Other</b>							
Nursing Home Eligible Institutional	Age 21 - 64	\$262.22	\$262.77	\$319.70	\$247.41	\$268.44	\$270.10
	Age 65 and Over	\$181.87	\$205.32	\$180.31	\$179.90	\$175.46	\$183.87
	<b>Average</b>	\$192.12	\$213.13	\$195.42	\$189.88	\$186.91	\$194.94
Nursing Home Eligible Waiver	Age 21 - 64	\$387.92	\$339.03	\$445.98	\$363.80	\$324.69	\$380.89
	Age 65 and Over	\$231.17	\$261.51	\$256.59	\$223.99	\$215.65	\$240.96
	<b>Average</b>	\$279.78	\$271.48	\$329.26	\$267.67	\$252.21	\$279.53
<b>Base Capitation Rates for Long Term Care</b>							
Nursing Home Eligible Institutional	Age 21 - 64	\$4,963.78	\$6,223.04	\$5,035.25	\$5,017.01	\$4,488.35	\$5,140.06
	Age 65 and Over	\$5,114.38	\$6,153.68	\$4,921.55	\$4,928.32	\$4,958.37	\$5,167.39
	<b>Average</b>	\$5,095.16	\$6,163.12	\$4,933.87	\$4,941.43	\$4,900.49	\$5,163.88
Nursing Home Eligible Waiver	Age 21 - 64	\$2,306.46	\$3,122.24	\$2,121.07	\$2,298.19	\$2,321.92	\$2,369.24
	Age 65 and Over	\$2,277.16	\$3,192.15	\$2,074.18	\$2,233.74	\$2,041.38	\$2,512.86
	<b>Average</b>	\$2,286.25	\$3,183.16	\$2,092.17	\$2,253.88	\$2,135.45	\$2,473.28
<b>June 2016 Member Month Distribution</b>							
Nursing Home Eligible Institutional	Age 21 - 64	332	165	199	259	104	1,060
	Age 65 and Over	2,272	1,050	1,641	1,496	739	7,198
	<b>Total</b>	2,604	1,216	1,840	1,755	843	8,258
Nursing Home Eligible Waiver	Age 21 - 64	1,147	413	652	869	327	3,408
	Age 65 and Over	2,552	2,797	1,047	1,912	648	8,956
	<b>Total</b>	3,699	3,210	1,699	2,780	975	12,363
<b>Blended Base Capitation Rates for Acute Care + Other</b>							
Nursing Home Eligible	Age 21 - 64	\$359.69	\$317.23	\$416.40	\$337.05	\$311.13	\$354.60
	Age 65 and Over	\$207.95	\$246.17	\$210.03	\$204.64	\$194.23	\$215.52
	<b>Average</b>	\$243.56	\$255.45	\$259.67	\$237.57	\$221.93	\$245.65
<b>Blended Base Capitation Rates for Long Term Care</b>							
Nursing Home Eligible	Age 21 - 64	\$2,903.30	\$4,008.69	\$2,803.72	\$2,923.24	\$2,844.04	\$3,026.73
	Age 65 and Over	\$3,613.47	\$4,000.65	\$3,812.30	\$3,416.55	\$3,595.83	\$3,695.72
	<b>Average</b>	\$3,446.80	\$4,001.70	\$3,569.68	\$3,293.86	\$3,417.72	\$3,550.78

Note: Weighted Averages are based on June 2016 Member Month Distribution

Long Term Care services: Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services

NHE Blended rate is subject to regional and health plan specific Member Enrollment Mix Adjustment

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Split**  
**Rates Effective July 1, 2017 - December 31, 2017**

**Exhibit 6b**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
<b>Base Capitation Rates for Acute Care + Other</b>							
Nursing Home Eligible	Age 21-64	\$359.69	\$317.23	\$416.40	\$337.05	\$311.13	\$354.60
	Age 65 and Over	\$207.95	\$246.17	\$210.03	\$204.64	\$194.23	\$215.52
	<b>Average</b>	\$243.56	\$255.45	\$259.67	\$237.57	\$221.93	\$245.65
Community Well	Age 21-64	\$408.70	\$326.03	\$420.58	\$339.48	\$260.78	\$368.70
	Age 65 and Over	\$178.67	\$127.29	\$208.00	\$169.34	\$160.45	\$155.52
	<b>Average</b>	\$297.04	\$162.65	\$335.00	\$255.70	\$214.33	\$244.69
<b>Base Capitation Rates for Long Term Care</b>							
Nursing Home Eligible	Age 21-64	\$2,903.30	\$4,008.69	\$2,803.72	\$2,923.24	\$2,844.04	\$3,026.73
	Age 65 and Over	\$3,613.47	\$4,000.65	\$3,812.30	\$3,416.55	\$3,595.83	\$3,695.72
	<b>Average</b>	\$3,446.80	\$4,001.70	\$3,569.68	\$3,293.86	\$3,417.72	\$3,550.78
Community Well	Age 21-64	\$6.97	\$14.96	\$9.22	\$7.51	\$9.23	\$8.85
	Age 65 and Over	\$59.49	\$23.25	\$84.63	\$51.26	\$75.47	\$44.93
	<b>Average</b>	\$32.46	\$21.78	\$39.58	\$29.05	\$39.89	\$29.84
<b>Weighted Average - Acute Care + Other</b>		\$273.85	\$190.72	\$301.60	\$248.37	\$217.72	\$245.07
<b>Weighted Average - Long Term Care</b>		\$1,513.06	\$1,225.61	\$1,604.64	\$1,349.62	\$1,548.46	\$1,414.59
<b>Weighted Average - Overall</b>		\$1,786.91	\$1,416.33	\$1,906.24	\$1,597.99	\$1,766.18	\$1,659.66

Note:

Weighted Averages are based on June 2016 Member Month Distribution

NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

Long Term Care services: Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program Third Year Savings Percentage Adjustment**

**Exhibit 6c**

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	Adjustment Value	Source
Third Year Savings Percentage	2.0%	Provided by DMAS

---

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Split**  
**With 2% Savings Percentage**  
**Rates Effective July 1, 2017 - December 31, 2017**

**Exhibit 6d**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
		<b>Base Capitation Rates for Acute Care + Other</b>					
Nursing Home Eligible	Age 21-64	\$352.49	\$310.88	\$408.07	\$330.30	\$304.91	\$347.51
	Age 65 and Over	\$203.79	\$241.24	\$205.83	\$200.54	\$190.35	\$211.21
	<b>Average</b>	\$238.69	\$250.34	\$254.48	\$232.82	\$217.49	\$240.74
Community Well	Age 21-64	\$400.52	\$319.51	\$412.17	\$332.69	\$255.56	\$361.33
	Age 65 and Over	\$175.09	\$124.74	\$203.84	\$165.95	\$157.24	\$152.41
	<b>Average</b>	\$291.09	\$159.39	\$328.30	\$250.59	\$210.04	\$239.80
		<b>Base Capitation Rates for Long Term Care</b>					
Nursing Home Eligible	Age 21-64	\$2,845.24	\$3,928.52	\$2,747.64	\$2,864.78	\$2,787.16	\$2,966.20
	Age 65 and Over	\$3,541.20	\$3,920.64	\$3,736.05	\$3,348.22	\$3,523.92	\$3,621.80
	<b>Average</b>	\$3,377.86	\$3,921.67	\$3,498.29	\$3,227.98	\$3,349.36	\$3,479.76
Community Well	Age 21-64	\$6.83	\$14.66	\$9.03	\$7.36	\$9.05	\$8.67
	Age 65 and Over	\$58.30	\$22.78	\$82.94	\$50.24	\$73.96	\$44.03
	<b>Average</b>	\$31.81	\$21.34	\$38.79	\$28.47	\$39.10	\$29.24
<b>Weighted Average - Acute Care + Other</b>		\$268.37	\$186.90	\$295.57	\$243.40	\$213.37	\$240.17
<b>Weighted Average - Long Term Care</b>		\$1,482.80	\$1,201.10	\$1,572.55	\$1,322.63	\$1,517.49	\$1,386.30
<b>Weighted Average - Overall</b>		\$1,751.17	\$1,388.00	\$1,868.12	\$1,566.03	\$1,730.86	\$1,626.46

Note:

Weighted Averages are based on June 2016 Member Month Distribution

NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

Long Term Care services: Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services



**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Split**  
**With 2% Savings Percentage & ARTS Adjustment**  
**Rates Effective July 1, 2017 - December 31, 2017**

**Exhibit 6e**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
		<b>Base Capitation Rates for Acute Care + Other</b>					
Nursing Home Eligible	Age 21-64	\$353.60	\$311.99	\$409.18	\$331.41	\$306.02	\$348.62
	Age 65 and Over	\$204.90	\$242.35	\$206.94	\$201.65	\$191.46	\$212.32
	<b>Average</b>	\$239.80	\$251.45	\$255.59	\$233.93	\$218.60	\$241.85
Community Well	Age 21-64	\$403.58	\$322.57	\$415.22	\$335.74	\$258.62	\$364.38
	Age 65 and Over	\$178.15	\$127.80	\$206.90	\$169.01	\$160.30	\$155.47
	<b>Average</b>	\$294.15	\$162.45	\$331.36	\$253.65	\$213.10	\$242.85
		<b>Base Capitation Rates for Long Term Care</b>					
Nursing Home Eligible	Age 21-64	\$2,845.24	\$3,928.52	\$2,747.64	\$2,864.78	\$2,787.16	\$2,966.20
	Age 65 and Over	\$3,541.20	\$3,920.64	\$3,736.05	\$3,348.22	\$3,523.92	\$3,621.80
	<b>Average</b>	\$3,377.86	\$3,921.67	\$3,498.29	\$3,227.98	\$3,349.36	\$3,479.76
Community Well	Age 21-64	\$6.83	\$14.66	\$9.03	\$7.36	\$9.05	\$8.67
	Age 65 and Over	\$58.30	\$22.78	\$82.94	\$50.24	\$73.96	\$44.03
	<b>Average</b>	\$31.81	\$21.34	\$38.79	\$28.47	\$39.10	\$29.24
<b>Weighted Average - Acute Care + Other</b>		\$270.58	\$189.37	\$297.76	\$245.67	\$215.56	\$242.46
<b>Weighted Average - Long Term Care</b>		\$1,482.80	\$1,201.10	\$1,572.55	\$1,322.63	\$1,517.49	\$1,386.30
<b>Weighted Average - Overall</b>		\$1,753.39	\$1,390.47	\$1,870.31	\$1,568.30	\$1,733.04	\$1,628.76

Note:

Weighted Averages are based on June 2016 Member Month Distribution

NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

Long Term Care services: Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program Quality Withhold Percentage Adjustment**

**Exhibit 6f**

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	Adjustment Value	Source
CY17 Quality Withhold	3.0%	Provided by DMAS

---

**Virginia Medicaid**  
**CY 2017 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Split**  
**With 2% Savings Percentage & Net 3% Quality Withhold**  
**Rates Effective January 1, 2017 - December 31, 2017**

**Exhibit 6g**

MEG	Age Group	Region					CY 2017 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
		<b>Base Capitation Rates for Acute Care + Other</b>					
Nursing Home Eligible	Age 21-64	\$342.99	\$302.63	\$396.90	\$321.47	\$296.84	\$338.16
	Age 65 and Over	\$198.75	\$235.08	\$200.73	\$195.60	\$185.71	\$205.95
	<b>Average</b>	\$232.60	\$243.91	\$247.92	\$226.91	\$212.04	\$234.59
Community Well	Age 21-64	\$391.47	\$312.89	\$402.77	\$325.67	\$250.86	\$353.45
	Age 65 and Over	\$172.81	\$123.97	\$200.69	\$163.94	\$155.49	\$150.81
	<b>Average</b>	\$285.33	\$157.58	\$321.42	\$246.04	\$206.71	\$235.57
		<b>Base Capitation Rates for Long Term Care</b>					
Nursing Home Eligible	Age 21-64	\$2,759.88	\$3,810.66	\$2,665.21	\$2,778.83	\$2,703.55	\$2,877.21
	Age 65 and Over	\$3,434.96	\$3,803.02	\$3,623.97	\$3,247.77	\$3,418.20	\$3,513.15
	<b>Average</b>	\$3,276.52	\$3,804.02	\$3,393.34	\$3,131.14	\$3,248.88	\$3,375.37
Community Well	Age 21-64	\$6.62	\$14.22	\$8.76	\$7.14	\$8.77	\$8.41
	Age 65 and Over	\$56.55	\$22.10	\$80.45	\$48.73	\$71.74	\$42.71
	<b>Average</b>	\$30.86	\$20.70	\$37.62	\$27.62	\$37.92	\$28.36
<b>Weighted Average - Acute Care + Other</b>		\$262.46	\$183.69	\$288.83	\$238.30	\$209.09	\$235.19
<b>Weighted Average - Long Term Care</b>		\$1,438.32	\$1,165.06	\$1,525.37	\$1,282.95	\$1,471.96	\$1,344.71
<b>Weighted Average - Overall</b>		\$1,700.78	\$1,348.75	\$1,814.20	\$1,521.25	\$1,681.05	\$1,579.89

Note:

Weighted Averages are based on June 2016 Member Month Distribution

NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

Long Term Care services: Adult Day Care, Consumer Directed Services, Home Health Services, Nursing Facility, and Personal Care Services

**Virginia Medicaid  
 CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
 Member Months of Eligibles  
 June 2016 Member Month Distribution**

**Exhibit 7**

MEG	Age Group	Region					Regional Total
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Nursing Home Eligible	Age 21 - 64	1,479	578	851	1,128	431	4,468
	Age 65 and Over	4,823	3,847	2,688	3,407	1,388	16,153
<b>Nursing Home Eligible Total</b>		6,303	4,426	3,539	4,535	1,818	20,621
Community Well	Age 21 - 64	4,236	1,816	2,655	3,390	1,210	13,306
	Age 65 and Over	3,996	8,390	1,789	3,288	1,043	18,505
<b>Community Well Total</b>		8,232	10,206	4,444	6,677	2,253	31,811
<b>Total</b>		14,534	14,631	7,983	11,213	4,072	52,433

**Virginia Medicaid  
CY 2017 Commonwealth Coordinated Care Capitation Rate Development  
County Listing by Region**

**Exhibit 8**

Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater	Western/ Charlottesville	
Amelia County	Lunenburg County	Alexandria City	Alleghany County	Chesapeake City	Albemarle County
Brunswick County	Mecklenburg County	Arlington County	Bath County	Gloucester County	Augusta County
Caroline County	Middlesex County	Culpeper County	Bedford City	Hampton City	Buckingham County
Charles City County	New Kent County	Fairfax City	Bedford County	Isle of Wight County	Charlottesville City
Chesterfield County	Northumberland County	Fairfax County	Botetourt County	James City County	Fluvanna County
Colonial Heights City	Nottoway County	Falls Church City	Buena Vista City	Mathews County	Greene County
Cumberland County	Petersburg City	Fauquier County	Covington City	Newport News City	Harrisonburg City
Dinwiddie County	Powhatan County	Loudoun County	Craig County	Norfolk City	Louisa County
Emporia City	Prince Edward County	Manassas City	Floyd County	Northampton County	Madison County
Essex County	Prince George County	Manassas Park City	Franklin County	Poquoson City	Nelson County
Franklin City	Richmond City	Prince William County	Giles County	Portsmouth City	Orange County
Fredericksburg City	Richmond County		Henry County	Suffolk City	Rockingham County
Goochland County	Southampton County		Highland County	Virginia Beach City	Staunton City
Greensville County	Spotsylvania County		Lexington City	Williamsburg City	Waynesboro City
Hanover County	Stafford County		Martinsville City	York County	
Henrico County	Surry County		Montgomery County		
Hopewell City	Sussex County		Patrick County		
King George County	Westmoreland County		Pulaski County		
King William County			Radford City		
King and Queen County			Roanoke City		
Lancaster County			Roanoke County		
			Rockbridge County		
			Salem City		
			Wythe County		