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*Commonwealth of Virginia  
Department of Medical  
Assistance Services*

Dual Demonstration  
Data Book and Capitation Rates:  
Medicaid Component  
Calendar Year 2015

February 2015

**Submitted by:**

PricewaterhouseCoopers LLP

Three Embarcadero Center

San Francisco, CA 94111

February 2015





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

February 13, 2015

Dear Bill:

Re: Dual Demonstration Data Book and Capitation Rates – CY 2015

The enclosed report provides a detailed description of the methodology used for calculating the Medicaid component of the capitation rates for Calendar Year 2015, effective January 1, 2015 to December 31, 2015, 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 2015 Dual Financial Alignment Demonstration Capitation Rates:  
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 2014 capitation rates developed for the Medicaid portion of the Dual Financial Alignment Demonstration 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

February 13, 2015

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Date

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# *Dual Demonstration Data Book and Capitation Rates Calendar Year 2015 Prepared by PricewaterhouseCoopers LLP February 2015*

PricewaterhouseCoopers LLP (PwC) has calculated capitation rates for the Medicaid portion of the Virginia Medicare-Medicaid Financial Alignment Demonstration for Calendar Year 2015 for rates effective January 1, 2014. It is referred to as 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 that will be covered by the Demonstration. The development of these rates is discussed in this report and shown in the attached exhibits.

The final rates will be established through signed contracts with the participating health plans, which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to provide appropriate access to health care and that they expect to remain financially sound throughout the contract period. These rates represent the Medicaid portion only; total payments to plans participating in the Demonstration include separate payments from the Medicare program.

## *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.

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 among others. Virginia DMAS was among the 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

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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 will operate in five regions within the state (Central Virginia, Tidewater, Southwest/Roanoke, Western/Charlottesville and Northern Virginia), and first year enrollment was staged by region. Enrollment begins with voluntary enrollment for three months followed by auto-assignment enrollment into a participating health plan. However, there must be at least two plans available in each locality for auto-assignment to be effective. While each plan is in all regions, they are not necessarily available in all localities within a region. Members who 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 will be 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.

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

- Nursing Home Eligible 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.
- Nursing Home Eligible 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.
- Community Well 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 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 calendar years 2012 and 2013 with claims paid through June 2014. 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*.

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The work in this report builds on analyses performed in developing FY 2015 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 Medallion 3.0 report, dated June 24, 2013, provides a detailed description of the process used for developing the adjustment factors. The FY 2015 PACE was released on July 30, 2013. Where applicable, these same adjustment factors are used in the development of these CCC rates.

Individuals in the base data identified to be eligible for the CCC were matched to two other data sources, including: 1) claims associated with consumer-directed personal care services received under the EDCD waiver that are paid through a separate vendor, and 2) supplemental non-MMIS claims payments for nursing home cost settlements and pharmacy rebates captured in Virginia's accounting system. Non-MMIS claims payments are not matched to individuals. These costs are allocated to the nursing facility and pharmacy service categories and incorporated in the historical base data.

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;
- 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, 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;

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- 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.

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 and 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 Calendar Years 2012 and 2013,
- Medicaid payment amounts for the combined years,
- Patient payment amounts for the combined years,

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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.

- Costs per member per month (PMPM) for the combined years (a combination of Medicaid and patient payment amounts),
- Unadjusted units of service for Calendar Years 2012 and 2013,
- 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”.

Table 1 Service Unit Definitions	
Service Category	Unit Count
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

Table 1 Service Unit Definitions	
Service Category	Unit Count
Pharmacy	Scripts
Physician - Clinic	Coded Units
Physician - IP Mental Health	Coded Units
Physician - OP Mental Health	Coded Units
Physician - Other Practitioner	Coded Units
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 2015 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 II 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 2015 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 existed. 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 2015 to fee-for-service dual eligible individuals. As noted below, any adjustments related to changes in FY 2016 may be revised and additional adjustments for FY 2016 may also be included based on actions by the General Assembly in the upcoming 2015 session.

### *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 specific 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. No adjustment is made for the change in drug coverage because historically the costs are very low for the mostly low cost generic drugs.

A rebate of 4% is used. This reflects the high proportion of generic and over the counter medicines that are paid by DMAS.

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 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".

### *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 for CY 2015 that are effective October 1, 2014. The ABAD nursing home population statewide non-emergency transportation rate of \$47.22 PMPM is used for the NHE value, and the Other ABAD Age 21 and over rate of \$31.50 PMPM is used for the Community Well value. These rates include the administrative load paid to the current vendor. The non-emergency transportation 'adjustment' is shown in Exhibit 2b and the adjustment is applied in the CCC PMPM CY15 column in Exhibits 4a to 4c.

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## *Emergency transportation adjustment*

The value of claims for emergency transportation services were summarized from the DMAS FFS data and are displayed in Exhibits 1a-c. The Virginia General Assembly increased Medicaid emergency transportation rates in FY 2013 to 40% of the applicable Virginia Medicare Ambulance Fee Schedule. Using payments reported for FY 2011, DMAS estimated the current Virginia Medicaid emergency transportation fee schedule at approximately 29% of the Medicare rates. Based on a comparison of historical payments and the estimated dollars required to increase the Medicaid rate to 40% of the CY 2012 Medicare ambulance fee schedule, DMAS calculated a 38.4% increase over current DMAS rates. This increase is included in the base dollar amounts starting July 2012. The proportion value is applied to the first six months of CY 2012 costs for the Dual Demonstration population. This value is shown in Exhibit 2c and is applied in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments”.

## *Home and community-based services fee adjustment*

The Virginia General Assembly reduced the home and community-based services waiver services fees by 1% effective FY 2012. This reduction applied to personal care services provided both by agencies and under consumer direction, as well as to adult day health care services. Personal care services include personal care, respite care, companion care, and service facilitation provided through the waivers. Effective FY 2013, fees for personal care services were increased by 1%. The result is a small increase for Consumer Directed and agency Personal Care Services categories and no change for Adult Day Care. The calculation uses base Medicaid and patient payments and is shown in Exhibit 2d. The 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. Northern Virginia rates are higher than the rest of the state, therefore the value of the increase is calculated separately for that region. The calculation uses 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”.

## *Hospital inpatient adjustment*

There are a number of changes in DMAS hospital inpatient payment policy between the base period and the CY 2015 rate year.

Effective FY 2013, the hospital inpatient adjustment includes a 2.6% allowance for a cost per unit increase authorized by the Virginia General Assembly. This increase is applied to the January 2012 to June 2012 portion of the base data.

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. Both years of unit cost changes are applied to the operating cost component. There is no adjustment for FY 2015. The proposed FY 2015 cost per unit increase was eliminated in the final budget. For inpatient medical/surgical, the positive adjustment is 4.8%. For inpatient psychiatric in acute care hospitals, the negative adjustment is 4.2%. The inpatient psychiatric factor is applied to Inpatient-Psych service line.

These adjustment factors are shown in Exhibit 2f and applied to all hospital inpatient service categories in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments”.

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## *Nursing facility adjustment*

Nursing facility payment can include adjustments to the operating and/or the capital component of the rate. The operating component includes two sub-components: the direct operating rate and the indirect operating rate. The base for the calculation uses historical Medicaid and patient payments.

DMAS estimates that 9.7% of the total nursing facility payment is for the capital rent. The Virginia General Assembly reduced the nursing facility capital rental rate to 8.0% for FY 2012 and increased it to 8.5% for FY 2013 and FY 2014. The 8.5% rental rate will decrease 3.2% effective FY 2015.

The Virginia General Assembly authorized a 2.2% inflation increase for the operating component of the rates in FY 2013 and FY 2014 and an additional 1% increase in FY 2013, for a net increase of 2.8% in FY 2013 and 1.1% in FY 2014. There is a 3.2% rebasing adjustment for FY 2015 that increases the operating component that is applied to the full historical base.

There is an additional change to the minimum occupancy requirements from 90% to 88% that affects the indirect operating rate and the capital rate components of nursing facility reimbursement. DMAS estimated an increase in reimbursement of \$1.8 million in FY 2014 that will add 0.17% to total expected payments to nursing homes. Although this was in effect for the last six months of the base period, nursing facility rates were not adjusted and DMAS will recognize the adjustment in the settlements. The full 0.17% value is applied to the base data.

The calculation is shown in Exhibit 2g, and the positive 4.3% adjustment is applied in Exhibits 4a to 4c under the column labeled "Policy and Program Adjustments".

## *Mental health support services adjustment*

DMAS implemented a new policy for Mental Health Support Services (MHSS) effective December 1, 2013. This is described in the October 31, 2013 Medicaid Memo to Providers. Because of this policy change, DMAS expected an overall 20% reduction in utilization for this service. Members enrolled in CCC will receive MH services through the Medicaid Managed Care Plans (MMPs). After reviewing FFS data since the new policy was implemented, DMAS does not believe that the dual population will have the same savings as the non-dual population and therefore will make the following adjustments: -20% for NHE-I, -5% for the NHE-W and no savings for the CW. These reductions are applied to service code H0046 (Mental Health Services, not otherwise specified). The H0046 code was 68.9% of the NHE I OP Mental Health base dollars, 12.0% of the NHE-W OP Mental Health and 72.0% of the CW OP Mental Health base dollars.

The MHSS adjustment is -13.8% on the NHE-I, -0.6% on NHE-W and 0.0% on the CW. These adjustment factors are shown in Exhibit 2h 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 DME products covered under the Medicare competitive bid program to a level based on the average of the competitive bid prices in the three areas of the state in the Medicare 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 these services are 33% lower than the current FFS Medicaid rates for these services. DMAS provided a list of DME HCPCS codes subject to the Medicare competitive bid program and the average Medicare bid payment rate for 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

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subject to the savings. Overall, 8.0% of NHE-W and 5.8% of CW DME claims dollars were for codes subject to the reduction. Savings on this subset are 33.5% and 31.4% respectively.

This results in adjustment factor reduction of 2.7% and 1.8%. It is shown in Exhibit 2i 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, 2013. 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, 27.2% of NHE-I while about two thirds of the NHE-W and CW DME claims dollars were for incontinence supply codes subject to the reduction. Savings on this subset are 30.8% to 33.8%%

This results in adjustment factor reduction that ranges from 8.4% to 22.2%. It is shown in Exhibit 2j 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 2k and added in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments”.

### *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 will be 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 will 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 or for the federal health insurer tax that applies to the acute care component of the rates.

This is shown in Exhibit 2l, and the adjustment is applied in Exhibits 4a to 4c to the total adjusted and trended PMPM in the column labeled “Dual PMPM CY15”.

## *V. Trend adjustments*

The data used for the incurred by not reported (IBNR) and trend calculations reflect experience for the period CY 2011 through CY 2013. Data for CY 2012 to CY 2013 are used to evaluate the base period trend and an additional

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year of data, CY 2011 through CY 2013, are used to develop contract period projected trend with one exception regarding HCBS/Home Health Services for the NHE-W population that is discussed below.

The base data must be adjusted to reflect the contract period of CY 2015 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 CY 2011 to CY 2013 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 June 2014 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, Physician/Professional, and Ancillary/Other data 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.

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. The nursing facility services trend values are applied to both subsets of the NHE population. Because of the small PMPM values, the NHE-I HCBS/ Home Health Services trend includes 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 care services and all other HCBS/Home Health Services. Because this contract trend development differs from the methodology for the other services, we apply the negative trend for all other HCBS/Home Health Services. Separate nursing facility and HCBS/Home Health Services trend factors were developed for the Community Well population.

Medicaid pharmacy data period and contract period trend exhibited negative trends. These 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. In addition, the majority of the pharmacy units (61% NHE and 84% CW) and a significant

proportion of the cost (74% NHE and 45% CW) are for over the counter items. 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 (1/1/2013) to the midpoint of the contract period. Phase I and Phase II auto enrollment will be complete as of November 2014. 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 2i, 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.

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 2k. There is also an adjustment for the Mental Health services support 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.

Table 2 Summary of Adjustments to Trend		
Service	Time Period	Adjustment
Outpatient Hospital	Jan 2011 – Jun 2011	0.950
Nursing Facility	Jan 2011 – Jun 2011	0.990
	Jul 2011 – Jun 2012	1.000
	Jul 2012 – Jun 2013	0.969
	Jul 2013 – Jun 2014	0.960
HCBS/Home Health Care	Jul 2011 – Jun 2012	1.010
Mental Health/SA	Jan 2011 – Nov 2013	0.862 NHE-I 0.994 NHE-W 1.000 CW
Ancillary/Other	Jan 2011 – Jun 2012	1.001

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 2l 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 July 2014. The NHE-Institutional population decreased by approximately 500 from January 2012, the beginning of the base period, to August 2014. In contrast, from January 2012 to August 2014 the NHE-Waiver population increased by over 3,000, or almost 30% and now represents 54% of the NHE eligible population.

The blended NHE rates will be revised over the period of the demonstration. DMAS will 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).

The base Dual Demonstration capitation rates for CY 2015 are presented in Exhibit 5b. All averages are weighted by the distribution of member months in July 2014. The weighted average CCC Demonstration Medicaid component is \$3,612.35 PMPM for the NHE and \$302.58 for the Community Well population. The total population weighted average is \$1,353.04 PMPM.

The CY 2015 rates are compared to the CY 2014 Phase I and Phase II rates in Exhibit 5c. Overall, the CY 2015 rates are a decrease of 0.5 %.

## VII. *Memorandum of Understanding savings adjustment*

The Memorandum of Understanding (MOU) signed by the Commonwealth of Virginia and the Centres for Medicare and Medicaid Services establishes annual savings assumptions for the Virginia Medicare-Medicaid Financial Alignment Demonstration. First year savings, to cover the period CY 2014 and CY 2015, assume a 1% savings. CY 2016 savings are 2% and CY 2017 savings are 4%.

The first year MOU savings of 1% is shown in Exhibit 5d. This is subtracted from the CY 2015 base capitation rates shown in Exhibit 5b.

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

Rates with the 1% savings are shown in Exhibit 5e. The weighted average CCC Medicaid component is \$3,576.22 PMPM for the NHE and \$299.56 PMPM for the Community Well. The total population weighted average is \$1,339.51 PMPM. This is based on the July 2014 distribution of the CCC Demonstration eligible population.

The NHE Age 21-64 and Age 65 and Over regional blended rates will be revised during the year. DMAS will apply the MEMA as measured three months after the regional auto enrollment in order to reflect those who voluntarily enroll and those who initially accept auto enrollment assignment. These MEMA adjustments will be health plan specific by region.

For Tidewater, Central Virginia, SW/Roanoke and W/Charlottesville, the CCC Duals rates paid in January will be based on each MMP Member Enrollment Mix Adjustment as of January 1, 2015. All CCC Duals regions except Northern Virginia have been in operation at least three months on or before January 1. For January, the Northern Virginia rates will use the MEMA calculated as of November 2014. A three-month MEMA adjustment will be calculated for Northern Virginia for February. These rates will be in effect through June 30, 2015.

A new MEMA will be done effective July 2015 for all regions and establish rates for the remainder of the calendar year based on enrollment mix for each plan at the beginning of June. CY 2015 PMPM values for NHE-I and NHE-W will be substituted for the CY 2014 PMPM values when recalculating the MEMA for each region effective January 1, 2015. There will be further member enrollment mix adjustments to NHE rates over the final two years of the Demonstration.

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

The MMPs will be 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 6d show the acute and long term care components of the rates presented in Exhibits 5a to 5e. 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, acute care is 3.5% of the NHE-I rate, 19.7% of the NHE-W rate and 91.2% of the CW rate. Using the July 2014 distribution of eligibles, acute care is 21.9% of the total weighted average CCC Duals Medicaid rate.

**VIRGINIA MEDICAID**

**Exhibit 1a**

**CY 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	5,730	5,862						
<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	\$6,897	\$10,926	\$1.20	\$1.86	1,337	2,041	\$10.80	\$10.96
DME/Supplies	\$23,702	\$18,005	\$4.14	\$3.07	153	197	\$324.69	\$187.55
Emergency	\$1,738	\$2,577	\$0.30	\$0.44	17	8	\$217.23	\$644.34
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	\$75,497	\$49,311	\$13.18	\$8.41	15	10	\$10,785.25	\$9,862.22
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,804	\$978	\$0.31	\$0.17	276	201	\$13.66	\$9.98
Medicare Xover - IP	\$157,981	\$287,885	\$27.57	\$49.11	302	379	\$1,097.09	\$1,556.14
Medicare Xover - Nursing Facility	\$235,213	\$215,893	\$41.05	\$36.83	31,269	32,170	\$15.75	\$13.74
Medicare Xover - OP	\$58,516	\$61,934	\$10.21	\$10.56	1,814	1,619	\$67.57	\$78.30
Medicare Xover - Other	\$38,365	\$48,097	\$6.70	\$8.20	4,913	5,580	\$16.35	\$17.64
Medicare Xover - Physician	\$137,731	\$154,130	\$24.04	\$26.29	17,150	19,135	\$16.82	\$16.49
Nursing Facility	\$24,286,699	\$25,381,632	\$4,238.55	\$4,329.63	319,891	317,077	\$159.00	\$163.86
Outpatient - Other	\$1,087	\$164	\$0.19	\$0.03	17	10	\$135.89	\$32.74
Outpatient - Psychological	\$62	\$0	\$0.01	\$0.00	2	-	\$62.33	\$0.00
Personal Care Services	\$644	\$8,856	\$0.11	\$1.51	23	235	\$58.56	\$77.01
Physician - Clinic	\$7,279	\$2,395	\$1.27	\$0.41	6,783	2,309	\$2.25	\$2.12
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$70,194	\$41,749	\$12.25	\$7.12	2,209	1,154	\$66.53	\$74.02
Physician - Other Practitioner	\$4,914	\$5,213	\$0.86	\$0.89	178	233	\$57.82	\$45.72
Physician - PCP	\$3,076	\$13,940	\$0.54	\$2.38	119	450	\$53.97	\$63.37
Physician - Specialist	\$3,635	\$3,497	\$0.63	\$0.60	201	233	\$37.87	\$30.68
Pharmacy	\$128,426	\$95,920	\$22.41	\$16.36	36,804	29,474	\$7.31	\$6.66
Transportation - Emergency	\$874	\$784	\$0.15	\$0.13	29	20	\$62.44	\$78.44
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$25,244,335</b>	<b>\$26,403,887</b>	<b>\$4,405.68</b>	<b>\$4,504.01</b>	<b>423,504</b>	<b>412,537</b>	<b>\$124.84</b>	<b>\$131.01</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**

**Exhibit 1a**

**CY 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	39,476	39,044						
<b>Service Type</b>								
Adult Day Care	\$685	\$548	\$0.02	\$0.01	5	4	\$45.65	\$45.65
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	\$23,711	\$55,205	\$0.60	\$1.41	675	1,655	\$10.68	\$10.26
DME/Supplies	\$45,356	\$32,590	\$1.15	\$0.83	89	77	\$154.27	\$130.88
Emergency	\$1,900	\$5,801	\$0.05	\$0.15	1	1	\$633.25	\$1,450.14
FQHC	\$667	\$122	\$0.02	\$0.00	2	1	\$95.28	\$61.16
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	\$117,507	\$233,543	\$2.98	\$5.98	4	4	\$9,792.27	\$17,964.84
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$5,495	\$5,559	\$0.14	\$0.14	115	147	\$14.54	\$11.65
Medicare Xover - IP	\$905,820	\$921,516	\$22.95	\$23.60	257	249	\$1,071.98	\$1,136.27
Medicare Xover - Nursing Facility	\$1,095,300	\$1,018,195	\$27.75	\$26.08	22,611	23,061	\$14.73	\$13.57
Medicare Xover - OP	\$169,483	\$185,746	\$4.29	\$4.76	704	688	\$73.21	\$83.00
Medicare Xover - Other	\$121,084	\$150,596	\$3.07	\$3.86	2,812	2,992	\$13.09	\$15.47
Medicare Xover - Physician	\$552,095	\$699,324	\$13.99	\$17.91	11,471	11,992	\$14.63	\$17.92
Nursing Facility	\$170,283,332	\$174,643,913	\$4,313.56	\$4,472.95	326,555	328,891	\$158.51	\$163.20
Outpatient - Other	\$515	\$937	\$0.01	\$0.02	5	2	\$34.36	\$156.16
Outpatient - Psychological	\$6	\$0	\$0.00	\$0.00	0	-	\$6.36	\$0.00
Personal Care Services	\$40,615	\$16,469	\$1.03	\$0.42	150	65	\$82.05	\$77.32
Physician - Clinic	\$14	\$0	\$0.00	\$0.00	0	-	\$13.94	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$55,671	\$47,607	\$1.41	\$1.22	498	416	\$33.99	\$35.21
Physician - Other Practitioner	\$14,378	\$13,419	\$0.36	\$0.34	98	78	\$44.38	\$52.62
Physician - PCP	\$17,959	\$14,509	\$0.45	\$0.37	96	79	\$57.01	\$56.68
Physician - Specialist	\$9,499	\$7,949	\$0.24	\$0.20	75	57	\$38.46	\$42.97
Pharmacy	\$639,662	\$573,507	\$16.20	\$14.69	31,598	28,724	\$6.15	\$6.14
Transportation - Emergency	\$1,866	\$848	\$0.05	\$0.02	7	3	\$77.76	\$84.85
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$174,102,620</b>	<b>\$178,627,904</b>	<b>\$4,410.31</b>	<b>\$4,574.99</b>	<b>397,829</b>	<b>399,184</b>	<b>\$133.03</b>	<b>\$137.53</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Institutional**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	5,462	5,459						
<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	\$494	\$27,524	\$0.09	\$5.04	80	2,747	\$13.53	\$22.03
DME/Supplies	\$31,362	\$25,464	\$5.74	\$4.66	180	226	\$382.46	\$247.23
Emergency	\$1,913	\$2,048	\$0.35	\$0.38	9	7	\$478.31	\$682.62
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	\$116,296	\$14,007	\$21.29	\$2.57	11	2	\$23,259.12	\$14,006.74
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,529	\$647	\$0.28	\$0.12	310	136	\$10.84	\$10.44
Medicare Xover - IP	\$155,631	\$146,370	\$28.49	\$26.81	292	281	\$1,170.16	\$1,143.51
Medicare Xover - Nursing Facility	\$204,597	\$143,477	\$37.46	\$26.28	27,812	21,555	\$16.16	\$14.63
Medicare Xover - OP	\$64,605	\$58,562	\$11.83	\$10.73	1,400	1,328	\$101.42	\$96.96
Medicare Xover - Other	\$48,587	\$38,656	\$8.90	\$7.08	5,816	5,122	\$18.36	\$16.59
Medicare Xover - Physician	\$199,536	\$280,803	\$36.53	\$51.44	27,634	28,888	\$15.86	\$21.37
Nursing Facility	\$23,315,259	\$23,689,329	\$4,268.70	\$4,339.78	322,637	324,650	\$158.77	\$160.41
Outpatient - Other	\$778	\$437	\$0.14	\$0.08	13	24	\$129.69	\$39.70
Outpatient - Psychological	\$2	\$0	\$0.00	\$0.00	2	-	\$1.96	\$0.00
Personal Care Services	\$1,560	\$3,783	\$0.29	\$0.69	44	106	\$77.99	\$78.80
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	\$119,987	\$107,389	\$21.97	\$19.67	5,754	6,127	\$45.81	\$38.53
Physician - Other Practitioner	\$5,910	\$12,092	\$1.08	\$2.22	312	365	\$41.62	\$72.84
Physician - PCP	\$1,927	\$803	\$0.35	\$0.15	70	24	\$60.20	\$72.98
Physician - Specialist	\$2,906	\$2,128	\$0.53	\$0.39	145	73	\$44.03	\$64.48
Pharmacy	\$115,300	\$86,140	\$21.11	\$15.78	35,188	26,703	\$7.20	\$7.09
Transportation - Emergency	\$847	\$245	\$0.16	\$0.04	22	4	\$84.74	\$122.53
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$24,389,100</b>	<b>\$24,639,901</b>	<b>\$4,465.31</b>	<b>\$4,513.92</b>	<b>427,733</b>	<b>418,369</b>	<b>\$125.27</b>	<b>\$129.47</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Institutional**

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	29,463	28,681						
<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	\$6,226	\$8,129	\$0.21	\$0.28	186	348	\$13.67	\$9.77
DME/Supplies	\$15,615	\$19,909	\$0.53	\$0.69	70	91	\$90.78	\$91.32
Emergency	\$616	\$680	\$0.02	\$0.02	1	0	\$308.20	\$679.99
FQHC	\$276	\$33	\$0.01	\$0.00	2	1	\$68.93	\$16.39
Home Health Services	\$500	\$0	\$0.02	\$0.00	2	-	\$125.08	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$307,179	\$163,212	\$10.43	\$5.69	11	6	\$11,376.99	\$11,658.02
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$5,355	\$3,021	\$0.18	\$0.11	183	109	\$11.93	\$11.62
Medicare Xover - IP	\$572,678	\$664,709	\$19.44	\$23.18	226	231	\$1,033.72	\$1,204.18
Medicare Xover - Nursing Facility	\$699,700	\$535,194	\$23.75	\$18.66	18,260	16,826	\$15.61	\$13.31
Medicare Xover - OP	\$189,971	\$166,529	\$6.45	\$5.81	811	741	\$95.41	\$94.03
Medicare Xover - Other	\$96,779	\$98,299	\$3.28	\$3.43	3,218	3,418	\$12.25	\$12.03
Medicare Xover - Physician	\$538,750	\$637,291	\$18.29	\$22.22	17,737	18,930	\$12.37	\$14.09
Nursing Facility	\$122,522,707	\$123,357,104	\$4,158.53	\$4,300.98	328,777	330,599	\$151.78	\$156.12
Outpatient - Other	\$2,206	\$361	\$0.07	\$0.01	3	3	\$275.76	\$60.16
Outpatient - Psychological	\$3	\$0	\$0.00	\$0.00	0	-	\$3.35	\$0.00
Personal Care Services	\$64,077	\$83,359	\$2.17	\$2.91	342	471	\$76.28	\$74.10
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	\$180,530	\$142,548	\$6.13	\$4.97	1,783	1,518	\$41.25	\$39.29
Physician - Other Practitioner	\$22,130	\$17,777	\$0.75	\$0.62	185	144	\$48.74	\$51.68
Physician - PCP	\$4,864	\$9,249	\$0.17	\$0.32	45	72	\$43.82	\$53.77
Physician - Specialist	\$8,063	\$8,692	\$0.27	\$0.30	133	92	\$24.66	\$39.33
Pharmacy	\$497,209	\$418,805	\$16.88	\$14.60	32,556	27,086	\$6.22	\$6.47
Transportation - Emergency	\$0	\$643	\$0.00	\$0.02	-	3	\$0.00	\$80.40
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$125,735,434</b>	<b>\$126,335,543</b>	<b>\$4,267.57</b>	<b>\$4,404.82</b>	<b>404,529</b>	<b>400,688</b>	<b>\$126.59</b>	<b>\$131.92</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Institutional**

**Exhibit 1a**

Age 21 - 64								
Northern Virginia	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	2,845	3,018						
<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	\$25,346	\$13,236	\$8.91	\$4.39	8,489	986	\$12.60	\$53.37
DME/Supplies	\$27,703	\$39,731	\$9.74	\$13.17	274	235	\$426.19	\$673.40
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	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$32,130	\$80,279	\$11.30	\$26.60	8	12	\$16,064.88	\$26,759.70
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$928	\$618	\$0.33	\$0.20	498	274	\$7.86	\$8.96
Medicare Xover - IP	\$73,208	\$106,405	\$25.74	\$35.26	300	278	\$1,031.09	\$1,520.07
Medicare Xover - Nursing Facility	\$110,838	\$107,685	\$38.96	\$35.69	30,150	28,374	\$15.51	\$15.09
Medicare Xover - OP	\$20,809	\$36,827	\$7.32	\$12.20	907	1,288	\$96.78	\$113.66
Medicare Xover - Other	\$17,368	\$17,246	\$6.11	\$5.72	3,632	3,901	\$20.17	\$17.58
Medicare Xover - Physician	\$84,286	\$149,240	\$29.63	\$49.46	9,909	10,848	\$35.88	\$54.71
Nursing Facility	\$14,919,084	\$16,465,088	\$5,244.75	\$5,456.38	323,044	327,874	\$194.82	\$199.70
Outpatient - Other	\$964	\$4	\$0.34	\$0.00	17	4	\$241.03	\$4.15
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$4,024	\$8,649	\$1.41	\$2.87	165	258	\$103.18	\$133.06
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	\$30,466	\$46,071	\$10.71	\$15.27	1,611	2,557	\$79.75	\$71.65
Physician - Other Practitioner	\$4,348	\$1,011	\$1.53	\$0.33	451	123	\$40.64	\$32.60
Physician - PCP	\$4,699	\$1,596	\$1.65	\$0.53	321	107	\$61.82	\$59.10
Physician - Specialist	\$7,647	\$5,375	\$2.69	\$1.78	2,008	696	\$16.06	\$30.72
Pharmacy	\$86,136	\$52,892	\$30.28	\$17.53	37,815	33,603	\$9.61	\$6.26
Transportation - Emergency	\$75	\$0	\$0.03	\$0.00	8	-	\$37.50	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$15,450,057</b>	<b>\$17,131,953</b>	<b>\$5,431.41</b>	<b>\$5,677.37</b>	<b>419,608</b>	<b>411,420</b>	<b>\$155.33</b>	<b>\$165.59</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**

**CY 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	16,913	16,679						
<b>Service Type</b>								
Adult Day Care	\$355	\$0	\$0.02	\$0.00	6	-	\$39.41	\$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	\$8,223	\$18,300	\$0.49	\$1.10	477	833	\$12.24	\$15.81
DME/Supplies	\$10,524	\$7,903	\$0.62	\$0.47	88	64	\$84.87	\$88.79
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	\$687,002	\$566,976	\$40.62	\$33.99	33	29	\$14,934.82	\$13,828.67
Inpatient - Psych	\$17,866	\$0	\$1.06	\$0.00	9	-	\$1,374.30	\$0.00
Lab and X-ray Services	\$2,079	\$1,800	\$0.12	\$0.11	149	119	\$9.90	\$10.84
Medicare Xover - IP	\$282,607	\$299,759	\$16.71	\$17.97	186	193	\$1,078.65	\$1,118.50
Medicare Xover - Nursing Facility	\$474,752	\$415,540	\$28.07	\$24.91	20,106	19,702	\$16.75	\$15.17
Medicare Xover - OP	\$112,781	\$122,179	\$6.67	\$7.33	651	698	\$122.99	\$125.96
Medicare Xover - Other	\$42,021	\$49,046	\$2.48	\$2.94	1,687	1,972	\$17.67	\$17.89
Medicare Xover - Physician	\$214,316	\$255,953	\$12.67	\$15.35	5,950	6,107	\$25.56	\$30.15
Nursing Facility	\$88,149,695	\$90,051,495	\$5,212.09	\$5,399.03	326,981	329,788	\$191.28	\$196.45
Outpatient - Other	\$0	\$478	\$0.00	\$0.03	-	1	\$0.00	\$239.25
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$78,457	\$81,116	\$4.64	\$4.86	551	579	\$101.10	\$100.76
Physician - Clinic	\$97	\$0	\$0.01	\$0.00	71	-	\$0.97	\$0.00
Physician - IP Mental Health	\$0	\$369	\$0.00	\$0.02	-	9	\$0.00	\$30.79
Physician - OP Mental Health	\$34,243	\$28,770	\$2.02	\$1.72	1,018	753	\$23.86	\$27.48
Physician - Other Practitioner	\$7,014	\$6,126	\$0.41	\$0.37	148	104	\$33.72	\$42.25
Physician - PCP	\$15,747	\$9,937	\$0.93	\$0.60	169	116	\$66.16	\$61.72
Physician - Specialist	\$7,249	\$4,454	\$0.43	\$0.27	113	87	\$45.59	\$36.81
Pharmacy	\$293,329	\$267,054	\$17.34	\$16.01	34,960	32,930	\$5.95	\$5.83
Transportation - Emergency	\$865	\$1,116	\$0.05	\$0.07	9	9	\$66.54	\$93.02
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$90,439,223</b>	<b>\$92,189,640</b>	<b>\$5,347.46</b>	<b>\$5,527.23</b>	<b>393,361</b>	<b>394,096</b>	<b>\$163.13</b>	<b>\$168.30</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Institutional**

Age 21 - 64								
Southwest/Roanoke	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	3,442	3,528						
<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	\$4,661	\$24,166	\$1.35	\$6.85	678	3,841	\$23.96	\$21.40
DME/Supplies	\$2,994	\$4,564	\$0.87	\$1.29	129	143	\$80.92	\$108.66
Emergency	\$807	\$30	\$0.23	\$0.01	7	3	\$403.34	\$30.00
FQHC	\$147	\$0	\$0.04	\$0.00	7	-	\$73.59	\$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	\$179,098	\$39,711	\$52.03	\$11.26	28	10	\$22,387.26	\$13,237.16
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$815	\$1,365	\$0.24	\$0.39	293	395	\$9.70	\$11.76
Medicare Xover - IP	\$91,805	\$96,605	\$26.67	\$27.38	289	282	\$1,106.09	\$1,163.92
Medicare Xover - Nursing Facility	\$144,720	\$132,796	\$42.05	\$37.64	30,840	31,015	\$16.36	\$14.56
Medicare Xover - OP	\$42,335	\$61,322	\$12.30	\$17.38	1,123	1,337	\$131.48	\$156.04
Medicare Xover - Other	\$25,445	\$35,718	\$7.39	\$10.12	5,693	6,982	\$15.58	\$17.40
Medicare Xover - Physician	\$139,885	\$158,050	\$40.64	\$44.80	20,563	26,110	\$23.72	\$20.59
Nursing Facility	\$14,507,337	\$15,497,396	\$4,214.83	\$4,392.35	311,204	312,411	\$162.52	\$168.71
Outpatient - Other	\$2,385	\$955	\$0.69	\$0.27	84	48	\$99.36	\$68.24
Outpatient - Psychological	\$2	\$105	\$0.00	\$0.03	3	3	\$1.96	\$105.39
Personal Care Services	\$709	\$271	\$0.21	\$0.08	45	20	\$54.56	\$45.18
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	\$130,748	\$135,234	\$37.99	\$38.33	5,624	5,795	\$81.06	\$79.36
Physician - Other Practitioner	\$5,181	\$4,730	\$1.51	\$1.34	324	194	\$55.71	\$82.98
Physician - PCP	\$3,281	\$696	\$0.95	\$0.20	178	61	\$64.33	\$38.68
Physician - Specialist	\$3,092	\$288	\$0.90	\$0.08	380	61	\$28.37	\$16.03
Pharmacy	\$86,240	\$61,092	\$25.06	\$17.32	39,922	29,841	\$7.53	\$6.96
Transportation - Emergency	\$137	\$168	\$0.04	\$0.05	7	7	\$68.68	\$84.04
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$15,371,825</b>	<b>\$16,255,264</b>	<b>\$4,465.99</b>	<b>\$4,607.15</b>	<b>417,421</b>	<b>418,561</b>	<b>\$128.39</b>	<b>\$132.09</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	26,695	26,460						
<b>Service Type</b>								
Adult Day Care	\$0	\$501	\$0.00	\$0.02	-	4	\$0.00	\$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	\$10,944	\$34,746	\$0.41	\$1.31	472	1,582	\$10.42	\$9.96
DME/Supplies	\$16,806	\$19,443	\$0.63	\$0.73	76	95	\$99.45	\$93.03
Emergency	\$650	\$30	\$0.02	\$0.00	0	0	\$650.33	\$30.00
FQHC	\$863	\$934	\$0.03	\$0.04	5	6	\$71.91	\$71.82
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	\$71,387	\$199,886	\$2.67	\$7.55	3	7	\$10,198.10	\$12,492.89
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$5,191	\$5,459	\$0.19	\$0.21	189	234	\$12.36	\$10.58
Medicare Xover - IP	\$419,025	\$458,485	\$15.70	\$17.33	186	194	\$1,014.59	\$1,073.73
Medicare Xover - Nursing Facility	\$659,636	\$626,657	\$24.71	\$23.68	18,253	19,854	\$16.25	\$14.31
Medicare Xover - OP	\$235,870	\$251,760	\$8.84	\$9.51	677	726	\$156.72	\$157.35
Medicare Xover - Other	\$70,230	\$77,071	\$2.63	\$2.91	2,653	2,811	\$11.90	\$12.43
Medicare Xover - Physician	\$315,651	\$429,165	\$11.82	\$16.22	10,037	12,522	\$14.14	\$15.54
Nursing Facility	\$112,479,311	\$113,873,671	\$4,213.54	\$4,303.66	325,238	327,140	\$155.46	\$157.86
Outpatient - Other	\$3,255	\$1,793	\$0.12	\$0.07	40	24	\$36.99	\$33.83
Outpatient - Psychological	\$26	\$0	\$0.00	\$0.00	1	-	\$8.69	\$0.00
Personal Care Services	\$19,924	\$6,997	\$0.75	\$0.26	125	46	\$71.67	\$68.60
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$101	\$0	\$0.00	\$0.00	0	-	\$101.04	\$0.00
Physician - OP Mental Health	\$137,978	\$76,843	\$5.17	\$2.90	1,026	620	\$60.44	\$56.21
Physician - Other Practitioner	\$13,134	\$12,231	\$0.49	\$0.46	182	120	\$32.43	\$46.33
Physician - PCP	\$6,015	\$5,006	\$0.23	\$0.19	58	39	\$46.99	\$58.90
Physician - Specialist	\$3,590	\$5,365	\$0.13	\$0.20	53	62	\$30.68	\$39.45
Pharmacy	\$481,298	\$418,559	\$18.03	\$15.82	36,222	31,057	\$5.97	\$6.11
Transportation - Emergency	\$890	\$1,147	\$0.03	\$0.04	6	5	\$63.54	\$95.59
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$114,951,775</b>	<b>\$116,505,749</b>	<b>\$4,306.16</b>	<b>\$4,403.13</b>	<b>395,502</b>	<b>397,148</b>	<b>\$130.65</b>	<b>\$133.04</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	1,607	1,575						
<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	\$2,718	\$5,574	\$1.69	\$3.54	2,083	2,704	\$9.74	\$15.70
DME/Supplies	\$4,706	\$3,400	\$2.93	\$2.16	329	350	\$106.94	\$73.91
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	-	8	\$0.00	\$115.58
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$12,587	\$0.00	\$7.99	-	15	\$0.00	\$6,293.53
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$365	\$437	\$0.23	\$0.28	209	267	\$13.02	\$12.49
Medicare Xover - IP	\$37,970	\$58,683	\$23.63	\$37.25	291	388	\$973.60	\$1,150.65
Medicare Xover - Nursing Facility	\$104,110	\$69,259	\$64.78	\$43.96	38,613	33,422	\$20.13	\$15.78
Medicare Xover - OP	\$20,470	\$25,496	\$12.74	\$16.18	1,822	2,201	\$83.89	\$88.22
Medicare Xover - Other	\$10,889	\$8,946	\$6.78	\$5.68	4,413	4,136	\$18.42	\$16.48
Medicare Xover - Physician	\$43,141	\$63,758	\$26.85	\$40.47	18,593	20,695	\$17.33	\$23.47
Nursing Facility	\$6,135,828	\$6,230,374	\$3,818.08	\$3,954.60	296,662	301,738	\$154.44	\$157.27
Outpatient - Other	\$486	\$673	\$0.30	\$0.43	15	46	\$243.19	\$112.24
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$0	\$284	\$0.00	\$0.18	-	38	\$0.00	\$56.80
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	\$26,317	\$1,507	\$16.38	\$0.96	2,487	358	\$79.03	\$32.06
Physician - Other Practitioner	\$2,044	\$3,058	\$1.27	\$1.94	463	480	\$32.97	\$48.54
Physician - PCP	\$541	\$255	\$0.34	\$0.16	90	46	\$45.11	\$42.58
Physician - Specialist	\$169	\$285	\$0.10	\$0.18	52	76	\$24.08	\$28.50
Pharmacy	\$21,230	\$12,856	\$13.21	\$8.16	24,552	16,102	\$6.46	\$6.08
Transportation - Emergency	\$0	\$3,500	\$0.00	\$2.22	-	8	\$0.00	\$3,500.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,410,984</b>	<b>\$6,501,048</b>	<b>\$3,989.30</b>	<b>\$4,126.40</b>	<b>390,673</b>	<b>383,077</b>	<b>\$122.54</b>	<b>\$129.26</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 2015 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								
Western/Charlottesville	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	13,959	13,140						
<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	\$18,184	\$10,635	\$1.30	\$0.81	1,584	776	\$9.87	\$12.52
DME/Supplies	\$13,836	\$8,789	\$0.99	\$0.67	133	94	\$89.26	\$85.33
Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
FQHC	\$0	\$118	\$0.00	\$0.01	-	1	\$0.00	\$117.68
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	\$34,934	\$10,592	\$2.50	\$0.81	3	2	\$8,733.50	\$5,296.03
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,808	\$1,909	\$0.13	\$0.15	77	169	\$20.09	\$10.32
Medicare Xover - IP	\$255,747	\$252,420	\$18.32	\$19.21	212	215	\$1,035.41	\$1,074.13
Medicare Xover - Nursing Facility	\$427,527	\$434,435	\$30.63	\$33.06	25,126	26,265	\$14.63	\$15.10
Medicare Xover - OP	\$83,178	\$105,123	\$5.96	\$8.00	675	865	\$105.96	\$111.01
Medicare Xover - Other	\$30,355	\$33,955	\$2.17	\$2.58	2,225	2,488	\$11.73	\$12.47
Medicare Xover - Physician	\$169,108	\$216,212	\$12.11	\$16.45	10,116	11,233	\$14.37	\$17.58
Nursing Facility	\$60,053,869	\$56,731,558	\$4,302.19	\$4,317.43	333,338	329,011	\$154.88	\$157.47
Outpatient - Other	\$95	\$1,887	\$0.01	\$0.14	3	3	\$23.78	\$629.08
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$1,798	\$1,162	\$0.13	\$0.09	28	25	\$56.20	\$43.03
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	\$5,662	\$5,372	\$0.41	\$0.41	75	94	\$65.09	\$52.15
Physician - Other Practitioner	\$7,597	\$6,342	\$0.54	\$0.48	208	204	\$31.39	\$28.44
Physician - PCP	\$1,364	\$1,680	\$0.10	\$0.13	26	24	\$45.46	\$64.62
Physician - Specialist	\$1,853	\$1,330	\$0.13	\$0.10	63	55	\$25.38	\$22.17
Pharmacy	\$194,891	\$159,569	\$13.96	\$12.14	28,133	24,407	\$5.96	\$5.97
Transportation - Emergency	\$522	\$0	\$0.04	\$0.00	5	-	\$87.01	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$61,302,329</b>	<b>\$57,983,086</b>	<b>\$4,391.63</b>	<b>\$4,412.67</b>	<b>402,031</b>	<b>395,929</b>	<b>\$131.08</b>	<b>\$133.74</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Institutional**

**Exhibit 1a**

All Ages								
Demonstration Regions	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	145,591	143,447						
<b>Service Type</b>								
Adult Day Care	\$1,039	\$1,049	\$0.01	\$0.01	2	2	\$43.31	\$49.94
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	\$107,404	\$208,439	\$0.74	\$1.45	775	1,312	\$11.43	\$13.29
DME/Supplies	\$192,604	\$179,797	\$1.32	\$1.25	100	102	\$158.52	\$148.10
Emergency	\$7,624	\$12,434	\$0.05	\$0.09	2	1	\$381.21	\$828.96
FQHC	\$2,027	\$1,206	\$0.01	\$0.01	2	2	\$77.96	\$67.02
Home Health Services	\$500	\$116	\$0.00	\$0.00	0	0	\$125.08	\$115.58
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,621,029	\$1,370,105	\$11.13	\$9.55	10	8	\$13,737.53	\$13,701.05
Inpatient - Psych	\$17,866	\$0	\$0.12	\$0.00	1	-	\$1,374.30	\$0.00
Lab and X-ray Services	\$25,368	\$21,793	\$0.17	\$0.15	169	166	\$12.37	\$10.98
Medicare Xover - IP	\$2,952,473	\$3,292,837	\$20.28	\$22.96	230	235	\$1,057.85	\$1,171.83
Medicare Xover - Nursing Facility	\$4,156,392	\$3,699,130	\$28.55	\$25.79	21,936	21,862	\$15.62	\$14.15
Medicare Xover - OP	\$998,019	\$1,075,476	\$6.85	\$7.50	807	830	\$101.87	\$108.34
Medicare Xover - Other	\$501,125	\$557,630	\$3.44	\$3.89	2,975	3,196	\$13.88	\$14.60
Medicare Xover - Physician	\$2,394,499	\$3,043,926	\$16.45	\$21.22	12,798	14,077	\$15.42	\$18.09
Nursing Facility	\$636,653,121	\$645,921,560	\$4,372.89	\$4,502.86	326,293	327,656	\$160.82	\$164.91
Outpatient - Other	\$11,772	\$7,690	\$0.08	\$0.05	13	9	\$74.04	\$71.87
Outpatient - Psychological	\$102	\$105	\$0.00	\$0.00	1	0	\$12.75	\$105.39
Personal Care Services	\$211,808	\$210,946	\$1.45	\$1.47	206	210	\$84.59	\$84.01
Physician - Clinic	\$7,390	\$2,395	\$0.05	\$0.02	275	94	\$2.21	\$2.12
Physician - IP Mental Health	\$101	\$369	\$0.00	\$0.00	0	1	\$101.04	\$30.79
Physician - OP Mental Health	\$791,795	\$633,090	\$5.44	\$4.41	1,304	1,108	\$50.04	\$47.81
Physician - Other Practitioner	\$86,652	\$81,998	\$0.60	\$0.57	175	139	\$40.83	\$49.34
Physician - PCP	\$59,472	\$57,672	\$0.41	\$0.40	87	82	\$56.64	\$58.73
Physician - Specialist	\$47,703	\$39,365	\$0.33	\$0.27	138	90	\$28.45	\$36.69
Pharmacy	\$2,543,721	\$2,146,394	\$17.47	\$14.96	33,278	28,866	\$6.30	\$6.22
Transportation - Emergency	\$6,077	\$8,453	\$0.04	\$0.06	7	5	\$71.49	\$148.29
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$653,397,683</b>	<b>\$662,573,976</b>	<b>\$4,487.90</b>	<b>\$4,618.95</b>	<b>401,584</b>	<b>400,052</b>	<b>\$134.11</b>	<b>\$138.55</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 21 - 64								
Central Virginia	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	12,114	13,285						
<b>Service Type</b>								
Adult Day Care	\$479,770	\$498,800	\$39.60	\$37.55	10,471	9,552	\$45.39	\$47.17
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	\$8,529,738	\$10,146,744	\$704.10	\$763.77	827,834	902,992	\$10.21	\$10.15
DME/Supplies	\$881,608	\$877,649	\$72.77	\$66.06	9,234	8,717	\$94.57	\$90.94
Emergency	\$1,026	\$60	\$0.08	\$0.00	4	2	\$256.59	\$30.00
FQHC	\$156	\$436	\$0.01	\$0.03	3	5	\$52.04	\$72.75
Home Health Services	\$10,248	\$5,995	\$0.85	\$0.45	30	30	\$341.61	\$181.66
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$59,980	\$14,467	\$4.95	\$1.09	6	1	\$9,996.58	\$14,466.69
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$735	\$829	\$0.06	\$0.06	39	42	\$18.84	\$17.63
Medicare Xover - IP	\$455,030	\$528,024	\$37.56	\$39.75	530	525	\$850.52	\$908.82
Medicare Xover - Nursing Facility	\$1,194	\$1,056	\$0.10	\$0.08	111	127	\$10.66	\$7.49
Medicare Xover - OP	\$222,919	\$274,042	\$18.40	\$20.63	2,751	2,822	\$80.27	\$87.72
Medicare Xover - Other	\$386,566	\$394,298	\$31.91	\$29.68	12,494	12,309	\$30.65	\$28.94
Medicare Xover - Physician	\$296,154	\$316,215	\$24.45	\$23.80	19,495	20,576	\$15.05	\$13.88
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$5,104	\$6,324	\$0.42	\$0.48	42	23	\$121.51	\$252.98
Outpatient - Psychological	\$864	\$0	\$0.07	\$0.00	2	-	\$432.07	\$0.00
Personal Care Services	\$12,260,897	\$11,917,664	\$1,012.10	\$897.07	169,833	156,139	\$71.51	\$68.94
Physician - Clinic	\$183	\$33	\$0.02	\$0.00	11	3	\$16.67	\$10.97
Physician - IP Mental Health	\$3,200	\$0	\$0.26	\$0.00	63	-	\$49.99	\$0.00
Physician - OP Mental Health	\$2,986,460	\$3,155,625	\$246.52	\$237.53	171,621	156,177	\$17.24	\$18.25
Physician - Other Practitioner	\$270,883	\$360,528	\$22.36	\$27.14	4,613	6,261	\$58.17	\$52.02
Physician - PCP	\$4,670	\$4,876	\$0.39	\$0.37	99	116	\$46.70	\$38.09
Physician - Specialist	\$9,740	\$8,033	\$0.80	\$0.60	589	202	\$16.37	\$35.86
Pharmacy	\$66,110	\$48,943	\$5.46	\$3.68	6,539	4,206	\$10.02	\$10.51
Transportation - Emergency	\$691	\$225	\$0.06	\$0.02	8	2	\$86.37	\$112.52
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$26,933,926</b>	<b>\$28,560,866</b>	<b>\$2,223.31</b>	<b>\$2,149.85</b>	<b>1,236,422</b>	<b>1,280,829</b>	<b>\$21.58</b>	<b>\$20.14</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**

**Exhibit 1b**

**CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 65 and Over								
Central Virginia	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	32,452	33,951						
<b>Service Type</b>								
Adult Day Care	\$1,494,412	\$1,329,456	\$46.05	\$39.16	12,320	9,463	\$44.86	\$49.66
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	\$17,361,824	\$20,241,833	\$535.00	\$596.22	629,336	701,963	\$10.20	\$10.19
DME/Supplies	\$1,938,757	\$2,105,582	\$59.74	\$62.02	9,533	9,165	\$75.20	\$81.20
Emergency	\$90	\$1,402	\$0.00	\$0.04	1	2	\$30.00	\$233.59
FQHC	\$435	\$473	\$0.01	\$0.01	2	2	\$72.57	\$78.80
Home Health Services	\$6,300	\$13,024	\$0.19	\$0.38	9	17	\$252.00	\$265.79
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$199,092	\$383,922	\$6.14	\$11.31	7	10	\$11,060.66	\$13,711.51
Inpatient - Psych	\$2,542	\$0	\$0.08	\$0.00	1	-	\$847.24	\$0.00
Lab and X-ray Services	\$1,354	\$4,099	\$0.04	\$0.12	26	60	\$19.07	\$24.11
Medicare Xover - IP	\$1,139,250	\$1,275,318	\$35.11	\$37.56	466	472	\$903.45	\$956.01
Medicare Xover - Nursing Facility	\$2,452	\$1,675	\$0.08	\$0.05	80	47	\$11.35	\$12.69
Medicare Xover - OP	\$369,655	\$442,100	\$11.39	\$13.02	1,714	1,829	\$79.77	\$85.45
Medicare Xover - Other	\$478,565	\$458,376	\$14.75	\$13.50	8,860	8,600	\$19.97	\$18.84
Medicare Xover - Physician	\$593,652	\$696,899	\$18.29	\$20.53	15,986	16,982	\$13.73	\$14.50
Nursing Facility	\$42,733	\$37,491	\$1.32	\$1.10	90	75	\$175.14	\$176.01
Outpatient - Other	\$21,985	\$14,181	\$0.68	\$0.42	18	20	\$448.68	\$248.79
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$37,939,299	\$37,224,516	\$1,169.10	\$1,096.43	205,235	194,632	\$68.36	\$67.60
Physician - Clinic	\$70	\$96	\$0.00	\$0.00	2	1	\$14.01	\$24.10
Physician - IP Mental Health	\$1,579	\$0	\$0.05	\$0.00	31	-	\$18.80	\$0.00
Physician - OP Mental Health	\$6,723,460	\$6,501,347	\$207.18	\$191.49	182,301	168,301	\$13.64	\$13.65
Physician - Other Practitioner	\$527,441	\$666,896	\$16.25	\$19.64	3,022	3,705	\$64.53	\$63.62
Physician - PCP	\$29,085	\$14,835	\$0.90	\$0.44	285	140	\$37.67	\$37.46
Physician - Specialist	\$17,808	\$18,342	\$0.55	\$0.54	154	201	\$42.71	\$32.24
Pharmacy	\$113,791	\$91,279	\$3.51	\$2.69	4,856	3,337	\$8.67	\$9.67
Transportation - Emergency	\$426	\$1,677	\$0.01	\$0.05	2	1	\$71.07	\$838.54
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$69,006,058</b>	<b>\$71,524,819</b>	<b>\$2,126.42</b>	<b>\$2,106.74</b>	<b>1,074,337</b>	<b>1,119,025</b>	<b>\$23.75</b>	<b>\$22.59</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 1b**

**CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	10,224	11,168						
<b>Service Type</b>								
Adult Day Care	\$65,234	\$77,704	\$6.38	\$6.96	1,677	1,647	\$45.65	\$50.69
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$105	\$429	\$0.01	\$0.04	31	114	\$4.05	\$4.05
Consumer Directed Services	\$3,838,991	\$4,659,741	\$375.47	\$417.24	458,752	507,579	\$9.82	\$9.86
DME/Supplies	\$689,893	\$820,003	\$67.47	\$73.42	8,612	8,025	\$94.02	\$109.79
Emergency	\$1,060	\$607	\$0.10	\$0.05	7	4	\$176.66	\$151.65
FQHC	\$609	\$302	\$0.06	\$0.03	7	3	\$101.48	\$100.51
Home Health Services	\$25,828	\$14,487	\$2.53	\$1.30	39	19	\$782.67	\$804.82
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$78,219	\$204,225	\$7.65	\$18.29	12	27	\$7,821.86	\$8,169.01
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,186	\$2,211	\$0.12	\$0.20	94	153	\$14.83	\$15.57
Medicare Xover - IP	\$361,192	\$316,079	\$35.33	\$28.30	385	333	\$1,101.20	\$1,019.61
Medicare Xover - Nursing Facility	\$226	\$0	\$0.02	\$0.00	77	-	\$3.42	\$0.00
Medicare Xover - OP	\$216,692	\$274,059	\$21.19	\$24.54	2,979	3,182	\$85.38	\$92.56
Medicare Xover - Other	\$374,133	\$399,351	\$36.59	\$35.76	12,130	11,323	\$36.20	\$37.90
Medicare Xover - Physician	\$422,671	\$435,991	\$41.34	\$39.04	21,574	22,977	\$22.99	\$20.39
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,761	\$2,627	\$0.37	\$0.24	34	23	\$129.68	\$125.10
Outpatient - Psychological	\$21	\$22	\$0.00	\$0.00	1	1	\$21.19	\$21.51
Personal Care Services	\$13,843,673	\$14,934,924	\$1,353.98	\$1,337.30	232,736	221,747	\$69.81	\$72.37
Physician - Clinic	\$57	\$118	\$0.01	\$0.01	20	62	\$3.34	\$2.04
Physician - IP Mental Health	\$116	\$0	\$0.01	\$0.00	2	-	\$57.87	\$0.00
Physician - OP Mental Health	\$3,259,218	\$3,602,978	\$318.77	\$322.62	254,316	245,947	\$15.04	\$15.74
Physician - Other Practitioner	\$133,057	\$171,851	\$13.01	\$15.39	3,048	13,398	\$51.23	\$13.78
Physician - PCP	\$4,196	\$4,056	\$0.41	\$0.36	155	120	\$31.78	\$36.21
Physician - Specialist	\$10,461	\$12,377	\$1.02	\$1.11	283	1,223	\$43.41	\$10.88
Pharmacy	\$56,448	\$36,592	\$5.52	\$3.28	6,401	4,225	\$10.35	\$9.31
Transportation - Emergency	\$449	\$1,473	\$0.04	\$0.13	7	10	\$74.82	\$163.65
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$23,387,496</b>	<b>\$25,972,207</b>	<b>\$2,287.41</b>	<b>\$2,325.61</b>	<b>1,003,379</b>	<b>1,042,142</b>	<b>\$27.36</b>	<b>\$26.78</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	24,294	24,892						
<b>Service Type</b>								
Adult Day Care	\$156,890	\$124,415	\$6.46	\$5.00	1,700	1,185	\$45.59	\$50.62
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	\$6,178,462	\$7,124,455	\$254.32	\$286.21	309,205	348,237	\$9.87	\$9.86
DME/Supplies	\$1,522,810	\$1,541,131	\$62.68	\$61.91	9,521	9,329	\$79.00	\$79.64
Emergency	\$1,186	\$811	\$0.05	\$0.03	3	2	\$197.74	\$162.23
FQHC	\$516	\$397	\$0.02	\$0.02	3	2	\$85.96	\$79.40
Home Health Services	\$3,246	\$6,502	\$0.13	\$0.26	5	16	\$295.09	\$191.25
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$283,626	\$378,768	\$11.67	\$15.22	18	18	\$7,665.56	\$9,967.59
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$852	\$2,187	\$0.04	\$0.09	33	57	\$12.72	\$18.53
Medicare Xover - IP	\$721,475	\$775,489	\$29.70	\$31.15	357	364	\$999.27	\$1,025.78
Medicare Xover - Nursing Facility	\$1,560	\$344	\$0.06	\$0.01	96	27	\$8.00	\$6.26
Medicare Xover - OP	\$320,504	\$402,974	\$13.19	\$16.19	2,045	2,046	\$77.42	\$94.95
Medicare Xover - Other	\$342,023	\$311,522	\$14.08	\$12.51	7,982	8,451	\$21.17	\$17.77
Medicare Xover - Physician	\$483,690	\$576,658	\$19.91	\$23.17	16,615	18,002	\$14.38	\$15.44
Nursing Facility	\$0	\$10,321	\$0.00	\$0.41	-	32	\$0.00	\$154.05
Outpatient - Other	\$1,300	\$1,912	\$0.05	\$0.08	11	17	\$56.51	\$54.63
Outpatient - Psychological	\$0	\$17	\$0.00	\$0.00	-	0	\$0.00	\$16.82
Personal Care Services	\$35,552,010	\$36,031,281	\$1,463.38	\$1,447.50	252,161	239,807	\$69.64	\$72.43
Physician - Clinic	\$0	\$40	\$0.00	\$0.00	-	1	\$0.00	\$13.45
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$6,632,578	\$7,132,174	\$273.01	\$286.52	247,463	256,349	\$13.24	\$13.41
Physician - Other Practitioner	\$238,127	\$280,755	\$9.80	\$11.28	2,006	6,765	\$58.62	\$20.01
Physician - PCP	\$8,947	\$9,588	\$0.37	\$0.39	179	138	\$24.65	\$33.52
Physician - Specialist	\$13,185	\$16,646	\$0.54	\$0.67	191	188	\$34.16	\$42.57
Pharmacy	\$88,393	\$68,262	\$3.64	\$2.74	4,789	3,975	\$9.12	\$8.28
Transportation - Emergency	\$218	\$171	\$0.01	\$0.01	2	1	\$54.46	\$85.41
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$52,551,597</b>	<b>\$54,796,822</b>	<b>\$2,163.12</b>	<b>\$2,201.37</b>	<b>854,386</b>	<b>895,012</b>	<b>\$30.38</b>	<b>\$29.52</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	4,044	4,358						
<b>Service Type</b>								
Adult Day Care	\$43,061	\$46,795	\$10.65	\$10.74	2,757	2,682	\$46.35	\$48.04
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	\$3,655,560	\$3,656,288	\$904.03	\$838.99	869,375	804,331	\$12.48	\$12.52
DME/Supplies	\$235,210	\$246,118	\$58.17	\$56.48	7,107	6,744	\$98.21	\$100.50
Emergency	\$0	\$1,071	\$0.00	\$0.25	-	6	\$0.00	\$535.31
FQHC	\$0	\$13	\$0.00	\$0.00	-	3	\$0.00	\$13.22
Home Health Services	\$9,807	\$10,973	\$2.43	\$2.52	86	83	\$338.18	\$365.76
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$67,035	\$0.00	\$15.38	-	14	\$0.00	\$13,407.03
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$386	\$966	\$0.10	\$0.22	71	220	\$16.08	\$12.08
Medicare Xover - IP	\$103,823	\$126,840	\$25.68	\$29.11	306	333	\$1,007.99	\$1,048.26
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Medicare Xover - OP	\$90,575	\$115,955	\$22.40	\$26.61	3,048	3,445	\$88.19	\$92.69
Medicare Xover - Other	\$77,800	\$71,992	\$19.24	\$16.52	9,099	9,310	\$25.37	\$21.29
Medicare Xover - Physician	\$75,255	\$110,913	\$18.61	\$25.45	9,953	12,036	\$22.44	\$25.37
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$118	\$111	\$0.03	\$0.03	9	6	\$39.21	\$55.60
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$5,815,261	\$6,366,983	\$1,438.12	\$1,461.01	179,422	175,330	\$96.18	\$100.00
Physician - Clinic	\$0	\$201	\$0.00	\$0.05	-	6	\$0.00	\$100.42
Physician - IP Mental Health	\$587	\$0	\$0.15	\$0.00	116	-	\$15.05	\$0.00
Physician - OP Mental Health	\$1,311,761	\$1,333,995	\$324.40	\$306.11	217,794	200,599	\$17.87	\$18.31
Physician - Other Practitioner	\$82,705	\$79,739	\$20.45	\$18.30	3,104	3,241	\$79.07	\$67.75
Physician - PCP	\$5,320	\$3,068	\$1.32	\$0.70	374	198	\$42.22	\$42.61
Physician - Specialist	\$4,528	\$2,594	\$1.12	\$0.60	822	154	\$16.35	\$46.32
Pharmacy	\$23,085	\$14,506	\$5.71	\$3.33	3,585	2,294	\$19.11	\$17.41
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>\$11,534,842</b>	<b>\$12,256,471</b>	<b>\$2,852.59</b>	<b>\$2,812.45</b>	<b>1,307,028</b>	<b>1,221,044</b>	<b>\$26.19</b>	<b>\$27.64</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 65 and Over								
Northern Virginia	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	20,640	23,487						
<b>Service Type</b>								
Adult Day Care	\$2,145,174	\$2,964,096	\$103.93	\$126.20	62,882	71,050	\$19.83	\$21.31
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	\$9,035,706	\$8,695,935	\$437.77	\$370.25	423,574	358,483	\$12.40	\$12.39
DME/Supplies	\$1,048,139	\$1,209,685	\$50.78	\$51.50	6,728	6,513	\$90.57	\$94.89
Emergency	\$837	\$298	\$0.04	\$0.01	2	1	\$278.86	\$149.10
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$11,181	\$10,971	\$0.54	\$0.47	15	28	\$447.23	\$203.16
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,228,292	\$1,905,885	\$107.96	\$81.15	90	79	\$14,469.43	\$12,375.88
Inpatient - Psych	\$0	\$8,155	\$0.00	\$0.35	-	1	\$0.00	\$4,077.51
Lab and X-ray Services	\$2,194	\$1,551	\$0.11	\$0.07	91	50	\$14.06	\$15.83
Medicare Xover - IP	\$499,872	\$512,559	\$24.22	\$21.82	290	246	\$1,003.76	\$1,065.61
Medicare Xover - Nursing Facility	\$1,601	\$1,825	\$0.08	\$0.08	140	121	\$6.67	\$7.73
Medicare Xover - OP	\$344,621	\$367,590	\$16.70	\$15.65	1,565	1,612	\$128.02	\$116.51
Medicare Xover - Other	\$195,598	\$218,235	\$9.48	\$9.29	5,623	5,585	\$20.22	\$19.96
Medicare Xover - Physician	\$352,599	\$446,680	\$17.08	\$19.02	10,653	13,413	\$19.24	\$17.01
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$1,142	\$799	\$0.06	\$0.03	5	2	\$142.70	\$199.70
Outpatient - Psychological	\$63	\$0	\$0.00	\$0.00	1	-	\$63.24	\$0.00
Personal Care Services	\$39,073,361	\$48,441,809	\$1,893.07	\$2,062.51	218,085	232,876	\$104.17	\$106.28
Physician - Clinic	\$194	\$981	\$0.01	\$0.04	14	124	\$8.08	\$4.05
Physician - IP Mental Health	\$4,666	\$0	\$0.23	\$0.00	178	-	\$15.20	\$0.00
Physician - OP Mental Health	\$6,471,773	\$7,196,102	\$313.55	\$306.39	247,264	241,695	\$15.22	\$15.21
Physician - Other Practitioner	\$221,190	\$196,589	\$10.72	\$8.37	1,639	1,254	\$78.46	\$80.08
Physician - PCP	\$12,596	\$9,133	\$0.61	\$0.39	174	86	\$41.99	\$54.36
Physician - Specialist	\$10,624	\$6,982	\$0.51	\$0.30	201	93	\$30.79	\$38.15
Pharmacy	\$80,159	\$76,250	\$3.88	\$3.25	4,526	3,821	\$10.30	\$10.20
Transportation - Emergency	\$390	\$515	\$0.02	\$0.02	2	3	\$97.38	\$85.87
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$61,741,970</b>	<b>\$72,272,624</b>	<b>\$2,991.35</b>	<b>\$3,077.16</b>	<b>983,740</b>	<b>937,137</b>	<b>\$36.49</b>	<b>\$39.40</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	6,105	7,341						
<b>Service Type</b>								
Adult Day Care	\$58,569	\$84,100	\$9.59	\$11.46	2,545	2,707	\$45.23	\$50.79
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	\$6,255,380	\$7,539,634	\$1,024.61	\$1,027.01	1,256,476	1,256,301	\$9.79	\$9.81
DME/Supplies	\$310,039	\$405,396	\$50.78	\$55.22	8,613	7,310	\$70.75	\$90.65
Emergency	\$502	\$60	\$0.08	\$0.01	8	3	\$125.57	\$30.00
FQHC	\$119	\$479	\$0.02	\$0.07	2	7	\$119.24	\$119.78
Home Health Services	\$2,243	\$1,629	\$0.37	\$0.22	24	20	\$186.90	\$135.75
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$25,783	\$75,994	\$4.22	\$10.35	10	25	\$5,156.60	\$5,066.27
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$515	\$1,071	\$0.08	\$0.15	92	121	\$10.96	\$14.47
Medicare Xover - IP	\$187,247	\$198,741	\$30.67	\$27.07	371	324	\$990.73	\$1,003.74
Medicare Xover - Nursing Facility	\$445	\$2,152	\$0.07	\$0.29	79	422	\$11.13	\$8.34
Medicare Xover - OP	\$131,413	\$168,445	\$21.52	\$22.94	2,469	2,617	\$104.63	\$105.21
Medicare Xover - Other	\$178,229	\$198,165	\$29.19	\$26.99	14,453	13,766	\$24.24	\$23.53
Medicare Xover - Physician	\$165,626	\$222,623	\$27.13	\$30.32	17,997	18,590	\$18.09	\$19.57
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,169	\$2,844	\$0.36	\$0.39	313	123	\$13.64	\$37.92
Outpatient - Psychological	\$20	\$15	\$0.00	\$0.00	6	3	\$6.64	\$7.36
Personal Care Services	\$2,943,041	\$3,077,850	\$482.06	\$419.25	94,761	83,380	\$61.05	\$60.34
Physician - Clinic	\$122	\$190	\$0.02	\$0.03	14	505	\$17.45	\$0.62
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$1,304,030	\$1,401,695	\$213.59	\$190.93	92,495	84,074	\$27.71	\$27.25
Physician - Other Practitioner	\$202,072	\$269,551	\$33.10	\$36.72	6,677	7,218	\$59.49	\$61.04
Physician - PCP	\$14,884	\$3,483	\$2.44	\$0.47	2,286	1,383	\$12.80	\$4.12
Physician - Specialist	\$2,201	\$3,435	\$0.36	\$0.47	134	188	\$32.37	\$29.87
Pharmacy	\$52,940	\$23,034	\$8.67	\$3.14	9,291	3,836	\$11.20	\$9.81
Transportation - Emergency	\$313	\$143	\$0.05	\$0.02	8	3	\$78.27	\$71.42
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$11,837,902</b>	<b>\$13,680,726</b>	<b>\$1,939.00</b>	<b>\$1,863.51</b>	<b>1,509,122</b>	<b>1,482,925</b>	<b>\$15.42</b>	<b>\$15.08</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**

**Exhibit 1b**

**CY 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	11,949	13,038						
<b>Service Type</b>								
Adult Day Care	\$193,305	\$179,328	\$16.18	\$13.75	4,256	3,288	\$45.61	\$50.19
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	\$9,284,632	\$11,070,252	\$777.03	\$849.06	947,084	1,034,335	\$9.85	\$9.85
DME/Supplies	\$620,818	\$671,639	\$51.96	\$51.51	10,408	9,997	\$59.90	\$61.83
Emergency	\$0	\$446	\$0.00	\$0.03	-	6	\$0.00	\$74.27
FQHC	\$0	\$144	\$0.00	\$0.01	-	3	\$0.00	\$47.85
Home Health Services	\$2,169	\$0	\$0.18	\$0.00	19	-	\$114.18	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$92,636	\$98,719	\$7.75	\$7.57	6	10	\$15,439.38	\$8,974.46
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$587	\$1,200	\$0.05	\$0.09	45	68	\$13.04	\$16.22
Medicare Xover - IP	\$413,496	\$456,528	\$34.61	\$35.01	423	410	\$982.18	\$1,023.60
Medicare Xover - Nursing Facility	\$1,659	\$909	\$0.14	\$0.07	279	112	\$5.97	\$7.45
Medicare Xover - OP	\$196,186	\$212,389	\$16.42	\$16.29	1,700	1,771	\$115.88	\$110.39
Medicare Xover - Other	\$206,916	\$221,464	\$17.32	\$16.99	10,957	11,325	\$18.97	\$18.00
Medicare Xover - Physician	\$161,012	\$204,751	\$13.48	\$15.70	14,332	14,593	\$11.28	\$12.91
Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,416	\$2,733	\$0.29	\$0.21	160	72	\$21.48	\$35.04
Outpatient - Psychological	\$19	\$0	\$0.00	\$0.00	3	-	\$6.31	\$0.00
Personal Care Services	\$8,374,203	\$8,155,935	\$700.84	\$625.54	135,516	120,637	\$62.06	\$62.22
Physician - Clinic	\$55	\$16	\$0.00	\$0.00	6	1	\$9.16	\$15.90
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$1,675,087	\$1,597,947	\$140.19	\$122.56	115,374	94,323	\$14.58	\$15.59
Physician - Other Practitioner	\$316,956	\$400,190	\$26.53	\$30.69	4,802	5,596	\$66.28	\$65.82
Physician - PCP	\$4,344	\$21,968	\$0.36	\$1.68	248	486	\$17.59	\$41.61
Physician - Specialist	\$2,255	\$4,947	\$0.19	\$0.38	108	156	\$20.88	\$29.27
Pharmacy	\$54,697	\$37,011	\$4.58	\$2.84	6,373	3,652	\$8.62	\$9.33
Transportation - Emergency	\$1,105	\$593	\$0.09	\$0.05	5	6	\$220.94	\$98.92
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$21,605,552</b>	<b>\$23,339,110</b>	<b>\$1,808.17</b>	<b>\$1,790.06</b>	<b>1,252,106</b>	<b>1,300,847</b>	<b>\$17.33</b>	<b>\$16.51</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**

**Exhibit 1b**

**CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 21 - 64								
Western/Charlottesville	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	3,440	3,750						
<b>Service Type</b>								
Adult Day Care	\$70,454	\$80,376	\$20.48	\$21.43	5,448	5,043	\$45.11	\$51.00
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	\$3,910,549	\$4,488,219	\$1,136.64	\$1,196.82	1,380,201	1,452,034	\$9.88	\$9.89
DME/Supplies	\$188,924	\$239,535	\$54.91	\$63.87	8,476	7,891	\$77.75	\$97.13
Emergency	\$0	\$30	\$0.00	\$0.01	-	3	\$0.00	\$30.00
FQHC	\$221	\$102	\$0.06	\$0.03	7	3	\$110.65	\$102.34
Home Health Services	\$6,744	\$963	\$1.96	\$0.26	31	10	\$749.37	\$320.88
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$84,849	\$0.00	\$22.63	-	29	\$0.00	\$9,427.63
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$309	\$193	\$0.09	\$0.05	42	29	\$25.75	\$21.50
Medicare Xover - IP	\$96,368	\$113,740	\$28.01	\$30.33	394	496	\$852.81	\$733.80
Medicare Xover - Nursing Facility	\$172	\$29	\$0.05	\$0.01	80	3	\$7.48	\$29.12
Medicare Xover - OP	\$119,006	\$157,506	\$34.59	\$42.00	4,611	4,749	\$90.02	\$106.14
Medicare Xover - Other	\$99,453	\$140,748	\$28.91	\$37.53	13,481	14,556	\$25.73	\$30.94
Medicare Xover - Physician	\$69,488	\$76,133	\$20.20	\$20.30	19,389	19,283	\$12.50	\$12.63
Nursing Facility	\$0	\$5,769	\$0.00	\$1.54	-	128	\$0.00	\$144.22
Outpatient - Other	\$78	\$4,789	\$0.02	\$1.28	7	16	\$39.08	\$957.74
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$1,681,007	\$1,478,210	\$488.60	\$394.18	95,478	83,351	\$61.41	\$56.75
Physician - Clinic	\$0	\$14	\$0.00	\$0.00	-	3	\$0.00	\$13.99
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$412,337	\$395,057	\$119.85	\$105.34	75,067	62,004	\$19.16	\$20.39
Physician - Other Practitioner	\$83,169	\$96,924	\$24.17	\$25.85	4,939	4,998	\$58.74	\$62.05
Physician - PCP	\$765	\$594	\$0.22	\$0.16	108	48	\$24.69	\$39.61
Physician - Specialist	\$738	\$923	\$0.21	\$0.25	105	125	\$24.61	\$23.68
Pharmacy	\$17,861	\$14,168	\$5.19	\$3.78	7,049	4,438	\$8.84	\$10.22
Transportation - Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,757,644</b>	<b>\$7,378,872</b>	<b>\$1,964.17</b>	<b>\$1,967.63</b>	<b>1,614,914</b>	<b>1,659,240</b>	<b>\$14.60</b>	<b>\$14.23</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**

**Exhibit 1b**

**CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

Age 65 and Over								
Western/Charlottesville	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	7,689	8,450						
<b>Service Type</b>								
Adult Day Care	\$277,713	\$283,554	\$36.12	\$33.56	9,522	8,000	\$45.52	\$50.34
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	\$6,067,389	\$7,013,866	\$789.11	\$830.06	958,456	1,011,448	\$9.88	\$9.85
DME/Supplies	\$341,866	\$441,895	\$44.46	\$52.30	8,194	8,052	\$65.12	\$77.94
Emergency	\$265	\$1,606	\$0.03	\$0.19	2	3	\$264.66	\$802.83
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	\$41,335	\$5.04	\$4.89	6	4	\$9,693.67	\$13,778.19
Inpatient - Psych	\$6,291	\$0	\$0.82	\$0.00	11	-	\$898.78	\$0.00
Lab and X-ray Services	\$208	\$609	\$0.03	\$0.07	41	60	\$8.01	\$14.50
Medicare Xover - IP	\$255,971	\$268,334	\$33.29	\$31.76	428	372	\$934.20	\$1,024.18
Medicare Xover - Nursing Facility	\$121	\$1,446	\$0.02	\$0.17	37	126	\$5.06	\$16.24
Medicare Xover - OP	\$141,473	\$165,100	\$18.40	\$19.54	2,611	2,850	\$84.56	\$82.26
Medicare Xover - Other	\$103,446	\$107,638	\$13.45	\$12.74	8,609	8,534	\$18.75	\$17.91
Medicare Xover - Physician	\$144,226	\$165,281	\$18.76	\$19.56	16,030	14,828	\$14.04	\$15.83
Nursing Facility	\$986	\$5,281	\$0.13	\$0.63	11	51	\$140.80	\$146.70
Outpatient - Other	\$5,331	\$2,733	\$0.69	\$0.32	42	43	\$197.43	\$91.10
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$4,957,559	\$5,140,607	\$644.77	\$608.37	129,312	123,465	\$59.83	\$59.13
Physician - Clinic	\$27	\$14	\$0.00	\$0.00	3	1	\$13.49	\$13.77
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$897,113	\$878,916	\$116.68	\$104.02	104,849	92,525	\$13.35	\$13.49
Physician - Other Practitioner	\$169,603	\$193,924	\$22.06	\$22.95	3,772	4,205	\$70.17	\$65.49
Physician - PCP	\$2,672	\$2,321	\$0.35	\$0.27	112	81	\$37.11	\$40.72
Physician - Specialist	\$3,541	\$2,441	\$0.46	\$0.29	184	129	\$30.01	\$26.83
Pharmacy	\$21,963	\$18,495	\$2.86	\$2.19	4,579	2,757	\$7.49	\$9.53
Transportation - Emergency	\$0	\$399	\$0.00	\$0.05	-	6	\$0.00	\$99.65
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,436,539</b>	<b>\$14,735,794</b>	<b>\$1,747.53</b>	<b>\$1,743.93</b>	<b>1,246,811</b>	<b>1,277,540</b>	<b>\$16.82</b>	<b>\$16.38</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**

**Exhibit 1b**

**CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Nursing Home Eligible - Waiver**

All Ages								
Demonstration Regions	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	132,952	143,720						
<b>Service Type</b>								
Adult Day Care	\$4,984,583	\$5,668,624	\$37.49	\$39.44	15,438	16,183	\$29.14	\$29.25
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$105	\$429	\$0.00	\$0.00	2	9	\$4.05	\$4.05
Consumer Directed Services	\$74,118,231	\$84,636,967	\$557.48	\$588.90	646,983	687,384	\$10.34	\$10.28
DME/Supplies	\$7,778,064	\$8,558,633	\$58.50	\$59.55	8,855	8,439	\$79.28	\$84.68
Emergency	\$4,966	\$6,389	\$0.04	\$0.04	2	3	\$183.94	\$199.67
FQHC	\$2,057	\$2,346	\$0.02	\$0.02	2	2	\$85.70	\$80.90
Home Health Services	\$77,767	\$64,543	\$0.58	\$0.45	17	19	\$402.94	\$277.01
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$3,006,401	\$3,255,199	\$22.61	\$22.65	22	24	\$12,526.67	\$11,263.66
Inpatient - Psych	\$8,833	\$8,155	\$0.07	\$0.06	1	0	\$883.32	\$4,077.51
Lab and X-ray Services	\$8,326	\$14,917	\$0.06	\$0.10	51	71	\$14.68	\$17.47
Medicare Xover - IP	\$4,233,725	\$4,571,651	\$31.84	\$31.81	401	388	\$952.68	\$984.42
Medicare Xover - Nursing Facility	\$9,431	\$9,437	\$0.07	\$0.07	108	86	\$7.90	\$9.13
Medicare Xover - OP	\$2,153,044	\$2,580,161	\$16.19	\$17.95	2,144	2,248	\$90.65	\$95.83
Medicare Xover - Other	\$2,442,729	\$2,521,789	\$18.37	\$17.55	9,337	9,320	\$23.61	\$22.59
Medicare Xover - Physician	\$2,764,372	\$3,252,144	\$20.79	\$22.63	15,873	17,023	\$15.72	\$15.95
Nursing Facility	\$43,719	\$58,862	\$0.33	\$0.41	23	30	\$174.18	\$165.34
Outpatient - Other	\$44,401	\$39,053	\$0.33	\$0.27	45	28	\$88.63	\$117.63
Outpatient - Psychological	\$987	\$53	\$0.01	\$0.00	1	0	\$98.74	\$13.26
Personal Care Services	\$162,440,310	\$172,769,779	\$1,221.80	\$1,202.13	195,339	187,186	\$75.06	\$77.07
Physician - Clinic	\$708	\$1,703	\$0.01	\$0.01	6	52	\$9.84	\$2.73
Physician - IP Mental Health	\$10,148	\$0	\$0.08	\$0.00	45	-	\$20.46	\$0.00
Physician - OP Mental Health	\$31,673,819	\$33,195,836	\$238.23	\$230.98	192,545	183,195	\$14.85	\$15.13
Physician - Other Practitioner	\$2,245,203	\$2,716,945	\$16.89	\$18.90	3,192	5,224	\$63.48	\$43.43
Physician - PCP	\$87,479	\$73,921	\$0.66	\$0.51	298	218	\$26.46	\$28.34
Physician - Specialist	\$75,081	\$76,721	\$0.56	\$0.53	233	248	\$29.04	\$25.79
Pharmacy	\$575,446	\$428,539	\$4.33	\$2.98	5,407	3,693	\$9.61	\$9.69
Transportation - Emergency	\$3,592	\$5,512	\$0.03	\$0.04	3	3	\$97.07	\$148.98
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$298,793,527</b>	<b>\$324,518,310</b>	<b>\$2,247.38</b>	<b>\$2,257.99</b>	<b>1,096,375</b>	<b>1,121,076</b>	<b>\$24.60</b>	<b>\$24.17</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	99,917	101,285						
<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	\$130,503	\$90,066	\$1.31	\$0.89	1,586	1,059	\$9.88	\$10.08
DME/Supplies	\$439,471	\$457,103	\$4.40	\$4.51	623	604	\$84.68	\$89.70
Emergency	\$52,630	\$37,270	\$0.53	\$0.37	16	12	\$395.71	\$369.01
FQHC	\$2,839	\$3,443	\$0.03	\$0.03	4	5	\$91.57	\$86.08
Home Health Services	\$1,596	\$1,224	\$0.02	\$0.01	1	1	\$266.00	\$152.96
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$413,369	\$376,263	\$4.14	\$3.71	6	5	\$7,949.40	\$9,177.15
Inpatient - Psych	\$123,430	\$20,114	\$1.24	\$0.20	19	3	\$761.92	\$874.51
Lab and X-ray Services	\$20,413	\$21,010	\$0.20	\$0.21	138	132	\$17.72	\$18.88
Medicare Xover - IP	\$1,656,212	\$1,525,212	\$16.58	\$15.06	221	209	\$902.08	\$866.60
Medicare Xover - Nursing Facility	\$22,084	\$18,958	\$0.22	\$0.19	109	104	\$24.40	\$21.54
Medicare Xover - OP	\$1,491,533	\$1,634,457	\$14.93	\$16.14	2,057	2,341	\$87.07	\$82.71
Medicare Xover - Other	\$464,042	\$467,492	\$4.64	\$4.62	2,900	3,028	\$19.22	\$18.29
Medicare Xover - Physician	\$1,863,555	\$1,858,501	\$18.65	\$18.35	13,010	13,038	\$17.20	\$16.89
Nursing Facility	\$569,327	\$535,843	\$5.70	\$5.29	426	397	\$160.42	\$159.76
Outpatient - Other	\$101,116	\$124,186	\$1.01	\$1.23	34	34	\$353.55	\$428.23
Outpatient - Psychological	\$1,297	\$867	\$0.01	\$0.01	1	1	\$185.23	\$108.32
Personal Care Services	\$553	\$790	\$0.01	\$0.01	2	3	\$42.56	\$35.91
Physician - Clinic	\$38,388	\$55,300	\$0.38	\$0.55	763	1,621	\$6.05	\$4.04
Physician - IP Mental Health	\$11,479	\$16,744	\$0.11	\$0.17	26	31	\$52.90	\$63.18
Physician - OP Mental Health	\$22,577,554	\$24,134,593	\$225.96	\$238.29	55,417	57,858	\$48.93	\$49.42
Physician - Other Practitioner	\$43,570	\$52,402	\$0.44	\$0.52	474	248	\$11.03	\$25.07
Physician - PCP	\$71,698	\$66,172	\$0.72	\$0.65	172	173	\$49.96	\$45.26
Physician - Specialist	\$123,559	\$136,903	\$1.24	\$1.35	302	482	\$49.19	\$33.65
Pharmacy	\$359,493	\$205,483	\$3.60	\$2.03	4,502	2,441	\$9.59	\$9.97
Transportation - Emergency	\$5,517	\$9,310	\$0.06	\$0.09	10	13	\$68.97	\$87.83
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$30,585,230</b>	<b>\$31,849,703</b>	<b>\$306.11</b>	<b>\$314.46</b>	<b>82,819</b>	<b>83,841</b>	<b>\$44.35</b>	<b>\$45.01</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	81,175	79,782						
<b>Service Type</b>								
Adult Day Care	\$228	\$10,670	\$0.00	\$0.13	1	30	\$45.65	\$52.82
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	\$260,498	\$240,108	\$3.21	\$3.01	3,849	3,566	\$10.00	\$10.13
DME/Supplies	\$583,287	\$531,672	\$7.19	\$6.66	1,101	1,026	\$78.28	\$77.95
Emergency	\$9,731	\$9,046	\$0.12	\$0.11	4	3	\$360.41	\$411.18
FQHC	\$1,453	\$1,695	\$0.02	\$0.02	3	3	\$69.20	\$84.73
Home Health Services	\$1,213	\$0	\$0.01	\$0.00	1	-	\$303.14	\$0.00
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$505,201	\$742,265	\$6.22	\$9.30	8	10	\$9,355.57	\$11,597.89
Inpatient - Psych	\$30,602	\$3,395	\$0.38	\$0.04	5	1	\$850.04	\$848.81
Lab and X-ray Services	\$3,356	\$6,446	\$0.04	\$0.08	33	53	\$14.91	\$18.31
Medicare Xover - IP	\$1,440,106	\$1,441,385	\$17.74	\$18.07	232	223	\$916.10	\$973.25
Medicare Xover - Nursing Facility	\$91,014	\$116,425	\$1.12	\$1.46	618	803	\$21.78	\$21.80
Medicare Xover - OP	\$767,643	\$953,623	\$9.46	\$11.95	1,275	1,525	\$89.03	\$94.08
Medicare Xover - Other	\$321,293	\$309,114	\$3.96	\$3.87	2,999	3,117	\$15.84	\$14.92
Medicare Xover - Physician	\$1,318,996	\$1,522,394	\$16.25	\$19.08	10,937	11,647	\$17.83	\$19.66
Nursing Facility	\$4,145,389	\$3,939,171	\$51.07	\$49.37	3,806	3,606	\$161.02	\$164.31
Outpatient - Other	\$17,286	\$37,046	\$0.21	\$0.46	15	20	\$166.21	\$272.40
Outpatient - Psychological	\$2	\$100	\$0.00	\$0.00	0	0	\$1.65	\$49.88
Personal Care Services	\$33,308	\$89,415	\$0.41	\$1.12	81	202	\$61.00	\$66.53
Physician - Clinic	\$50	\$1,339	\$0.00	\$0.02	1	94	\$10.05	\$2.13
Physician - IP Mental Health	\$2,313	\$687	\$0.03	\$0.01	8	3	\$44.49	\$32.69
Physician - OP Mental Health	\$3,734,937	\$3,662,373	\$46.01	\$45.90	13,571	12,926	\$40.68	\$42.61
Physician - Other Practitioner	\$34,245	\$32,106	\$0.42	\$0.40	114	105	\$44.24	\$46.00
Physician - PCP	\$47,504	\$55,628	\$0.59	\$0.70	149	160	\$47.13	\$52.18
Physician - Specialist	\$54,515	\$48,802	\$0.67	\$0.61	211	191	\$38.23	\$38.46
Pharmacy	\$203,867	\$144,956	\$2.51	\$1.82	4,091	3,017	\$7.37	\$7.23
Transportation - Emergency	\$3,304	\$5,202	\$0.04	\$0.07	7	4	\$68.84	\$200.08
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$13,611,340</b>	<b>\$13,905,063</b>	<b>\$167.68</b>	<b>\$174.29</b>	<b>43,120</b>	<b>42,337</b>	<b>\$46.66</b>	<b>\$49.40</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Community Well**

**Exhibit 1c**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	90,751	90,681						
<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	\$122	\$0	\$0.00	\$0.00	4	-	\$4.05	\$0.00
Consumer Directed Services	\$30,314	\$33,194	\$0.33	\$0.37	411	450	\$9.76	\$9.77
DME/Supplies	\$342,678	\$343,124	\$3.78	\$3.78	505	505	\$89.73	\$89.89
Emergency	\$28,135	\$26,242	\$0.31	\$0.29	16	14	\$234.46	\$242.98
FQHC	\$4,673	\$1,721	\$0.05	\$0.02	7	23	\$84.97	\$9.95
Home Health Services	\$21,408	\$5,649	\$0.24	\$0.06	6	3	\$465.40	\$245.61
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$482,356	\$393,957	\$5.32	\$4.34	9	11	\$7,308.43	\$4,634.78
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$16,154	\$20,695	\$0.18	\$0.23	139	128	\$15.40	\$21.45
Medicare Xover - IP	\$1,007,490	\$1,065,770	\$11.10	\$11.75	141	139	\$942.46	\$1,017.93
Medicare Xover - Nursing Facility	\$31,608	\$26,881	\$0.35	\$0.30	138	148	\$30.39	\$24.11
Medicare Xover - OP	\$1,358,326	\$1,372,716	\$14.97	\$15.14	2,266	2,252	\$79.27	\$80.67
Medicare Xover - Other	\$484,533	\$502,103	\$5.34	\$5.54	2,743	3,017	\$23.36	\$22.03
Medicare Xover - Physician	\$1,849,444	\$2,019,295	\$20.38	\$22.27	12,777	13,383	\$19.14	\$19.97
Nursing Facility	\$656,362	\$523,048	\$7.23	\$5.77	476	437	\$182.27	\$158.21
Outpatient - Other	\$27,681	\$34,508	\$0.31	\$0.38	22	20	\$163.79	\$231.60
Outpatient - Psychological	\$93	\$153	\$0.00	\$0.00	0	0	\$31.01	\$76.55
Personal Care Services	\$30,308	\$28,312	\$0.33	\$0.31	47	44	\$85.37	\$85.02
Physician - Clinic	\$7,238	\$6,239	\$0.08	\$0.07	255	546	\$3.75	\$1.51
Physician - IP Mental Health	\$1,268	\$102	\$0.01	\$0.00	5	0	\$32.51	\$102.29
Physician - OP Mental Health	\$15,667,627	\$16,894,815	\$172.64	\$186.31	35,196	37,616	\$58.86	\$59.44
Physician - Other Practitioner	\$48,867	\$60,608	\$0.54	\$0.67	220	516	\$29.31	\$15.55
Physician - PCP	\$58,969	\$47,756	\$0.65	\$0.53	314	514	\$24.83	\$12.30
Physician - Specialist	\$104,299	\$103,213	\$1.15	\$1.14	311	2,039	\$44.29	\$6.70
Pharmacy	\$291,482	\$151,461	\$3.21	\$1.67	3,660	2,256	\$10.53	\$8.88
Transportation - Emergency	\$1,203	\$1,749	\$0.01	\$0.02	2	3	\$66.86	\$79.50
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$22,552,638</b>	<b>\$23,663,312</b>	<b>\$248.51</b>	<b>\$260.95</b>	<b>59,672</b>	<b>64,063</b>	<b>\$49.98</b>	<b>\$48.88</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Community Well**

**Exhibit 1c**

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	72,572	71,249						
<b>Service Type</b>								
Adult Day Care	\$3,195	\$0	\$0.04	\$0.00	12	-	\$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	\$114,414	\$74,093	\$1.58	\$1.04	1,938	1,277	\$9.76	\$9.77
DME/Supplies	\$423,443	\$433,759	\$5.83	\$6.09	944	994	\$74.16	\$73.51
Emergency	\$7,203	\$9,941	\$0.10	\$0.14	5	5	\$240.09	\$342.80
FQHC	\$3,266	\$2,362	\$0.05	\$0.03	6	7	\$83.75	\$60.56
Home Health Services	\$1,338	\$6,295	\$0.02	\$0.09	0	3	\$446.01	\$419.67
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$861,060	\$966,754	\$11.86	\$13.57	15	15	\$9,674.83	\$10,741.71
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$6,337	\$5,631	\$0.09	\$0.08	63	64	\$16.76	\$14.86
Medicare Xover - IP	\$1,051,923	\$1,097,334	\$14.49	\$15.40	185	180	\$939.22	\$1,027.47
Medicare Xover - Nursing Facility	\$94,885	\$70,816	\$1.31	\$0.99	685	551	\$22.90	\$21.64
Medicare Xover - OP	\$841,236	\$869,835	\$11.59	\$12.21	1,487	1,598	\$93.52	\$91.67
Medicare Xover - Other	\$340,984	\$314,297	\$4.70	\$4.41	2,849	3,073	\$19.79	\$17.23
Medicare Xover - Physician	\$1,376,515	\$1,480,271	\$18.97	\$20.78	11,734	12,613	\$19.40	\$19.77
Nursing Facility	\$3,111,325	\$3,123,612	\$42.87	\$43.84	3,354	3,346	\$153.37	\$157.24
Outpatient - Other	\$45,076	\$21,877	\$0.62	\$0.31	17	15	\$446.30	\$243.07
Outpatient - Psychological	\$82	\$0	\$0.00	\$0.00	0	-	\$27.35	\$0.00
Personal Care Services	\$35,434	\$80,181	\$0.49	\$1.13	82	185	\$71.44	\$73.09
Physician - Clinic	\$6	\$39	\$0.00	\$0.00	0	1	\$6.12	\$9.77
Physician - IP Mental Health	\$105	\$86	\$0.00	\$0.00	0	0	\$52.61	\$86.21
Physician - OP Mental Health	\$2,722,821	\$3,024,061	\$37.52	\$42.44	8,146	9,140	\$55.27	\$55.72
Physician - Other Practitioner	\$29,010	\$23,731	\$0.40	\$0.33	126	83	\$37.92	\$48.33
Physician - PCP	\$37,333	\$44,242	\$0.51	\$0.62	195	178	\$31.72	\$41.86
Physician - Specialist	\$40,443	\$53,617	\$0.56	\$0.75	208	227	\$32.20	\$39.81
Pharmacy	\$197,275	\$144,146	\$2.72	\$2.02	3,947	2,924	\$8.26	\$8.30
Transportation - Emergency	\$1,804	\$2,209	\$0.02	\$0.03	4	5	\$69.40	\$78.88
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$11,346,513</b>	<b>\$11,849,189</b>	<b>\$156.35</b>	<b>\$166.31</b>	<b>36,004</b>	<b>36,483</b>	<b>\$52.11</b>	<b>\$54.70</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	32,294	32,401						
<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	\$29,056	\$16,123	\$0.90	\$0.50	858	472	\$12.58	\$12.66
DME/Supplies	\$134,292	\$105,052	\$4.16	\$3.24	408	367	\$122.31	\$106.01
Emergency	\$12,703	\$6,421	\$0.39	\$0.20	12	6	\$384.95	\$401.31
FQHC	\$630	\$209	\$0.02	\$0.01	3	1	\$78.79	\$52.13
Home Health Services	\$0	\$1,088	\$0.00	\$0.03	-	1	\$0.00	\$362.79
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$345,220	\$129,293	\$10.69	\$3.99	11	6	\$11,904.15	\$7,605.47
Inpatient - Psych	\$0	\$25,594	\$0.00	\$0.79	-	11	\$0.00	\$882.54
Lab and X-ray Services	\$6,996	\$4,518	\$0.22	\$0.14	195	115	\$13.32	\$14.58
Medicare Xover - IP	\$565,804	\$555,594	\$17.52	\$17.15	188	174	\$1,115.98	\$1,184.64
Medicare Xover - Nursing Facility	\$12,466	\$21,493	\$0.39	\$0.66	149	243	\$31.17	\$32.76
Medicare Xover - OP	\$542,082	\$608,050	\$16.79	\$18.77	2,222	2,418	\$90.66	\$93.14
Medicare Xover - Other	\$253,693	\$189,667	\$7.86	\$5.85	2,402	2,403	\$39.25	\$29.23
Medicare Xover - Physician	\$615,331	\$614,074	\$19.05	\$18.95	7,855	8,224	\$29.11	\$27.65
Nursing Facility	\$433,185	\$468,691	\$13.41	\$14.47	650	826	\$247.53	\$210.27
Outpatient - Other	\$24,792	\$5,664	\$0.77	\$0.17	16	4	\$576.56	\$472.02
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$24,579	\$42,940	\$0.76	\$1.33	70	108	\$130.05	\$147.56
Physician - Clinic	\$38,378	\$14,905	\$1.19	\$0.46	5,117	2,645	\$2.79	\$2.09
Physician - IP Mental Health	\$1,426	\$1,064	\$0.04	\$0.03	14	6	\$36.55	\$70.92
Physician - OP Mental Health	\$5,592,585	\$5,535,058	\$173.18	\$170.83	37,072	45,296	\$56.06	\$45.26
Physician - Other Practitioner	\$20,596	\$28,209	\$0.64	\$0.87	168	249	\$45.57	\$42.04
Physician - PCP	\$48,479	\$23,100	\$1.50	\$0.71	281	144	\$64.04	\$59.23
Physician - Specialist	\$34,627	\$33,521	\$1.07	\$1.03	322	204	\$39.94	\$60.73
Pharmacy	\$103,125	\$65,567	\$3.19	\$2.02	3,659	2,233	\$10.47	\$10.88
Transportation - Emergency	\$1,166	\$520	\$0.04	\$0.02	6	1	\$72.89	\$130.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$8,841,213</b>	<b>\$8,496,415</b>	<b>\$273.78</b>	<b>\$262.23</b>	<b>61,679</b>	<b>66,156</b>	<b>\$53.26</b>	<b>\$47.57</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	122,593	123,193						
<b>Service Type</b>								
Adult Day Care	\$67	\$16,009	\$0.00	\$0.13	3	93	\$1.98	\$16.75
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	\$117,676	\$95,970	\$0.96	\$0.78	951	774	\$12.11	\$12.07
DME/Supplies	\$290,311	\$332,393	\$2.37	\$2.70	311	340	\$91.35	\$95.24
Emergency	\$24,117	\$20,007	\$0.20	\$0.16	3	3	\$831.61	\$689.89
FQHC	\$622	\$606	\$0.01	\$0.00	1	1	\$56.56	\$60.58
Home Health Services	\$6,547	\$16,393	\$0.05	\$0.13	1	6	\$467.64	\$282.63
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$3,942,788	\$3,921,185	\$32.16	\$31.83	32	31	\$12,057.45	\$12,253.70
Inpatient - Psych	\$0	\$4,838	\$0.00	\$0.04	-	1	\$0.00	\$806.35
Lab and X-ray Services	\$17,062	\$14,694	\$0.14	\$0.12	113	99	\$14.84	\$14.46
Medicare Xover - IP	\$986,369	\$1,038,480	\$8.05	\$8.43	100	99	\$966.08	\$1,024.14
Medicare Xover - Nursing Facility	\$90,789	\$108,033	\$0.74	\$0.88	345	417	\$25.73	\$25.25
Medicare Xover - OP	\$1,302,356	\$1,444,213	\$10.62	\$11.72	972	1,067	\$131.18	\$131.84
Medicare Xover - Other	\$258,309	\$244,624	\$2.11	\$1.99	1,360	1,568	\$18.60	\$15.19
Medicare Xover - Physician	\$1,457,659	\$1,568,072	\$11.89	\$12.73	5,596	6,379	\$25.50	\$23.94
Nursing Facility	\$2,574,976	\$2,441,227	\$21.00	\$19.82	1,277	1,173	\$197.33	\$202.74
Outpatient - Other	\$41,301	\$44,174	\$0.34	\$0.36	5	5	\$826.03	\$901.52
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$42,288	\$61,653	\$0.34	\$0.50	40	51	\$103.90	\$118.34
Physician - Clinic	\$838	\$5,994	\$0.01	\$0.05	2	78	\$39.89	\$7.47
Physician - IP Mental Health	\$646	\$246	\$0.01	\$0.00	3	1	\$23.08	\$30.79
Physician - OP Mental Health	\$1,018,961	\$970,122	\$8.31	\$7.87	1,950	1,828	\$51.15	\$51.70
Physician - Other Practitioner	\$28,012	\$22,253	\$0.23	\$0.18	83	67	\$33.23	\$32.30
Physician - PCP	\$106,267	\$71,155	\$0.87	\$0.58	169	205	\$61.39	\$33.74
Physician - Specialist	\$109,907	\$86,307	\$0.90	\$0.70	305	207	\$35.23	\$40.69
Pharmacy	\$330,847	\$290,930	\$2.70	\$2.36	3,003	2,586	\$10.78	\$10.96
Transportation - Emergency	\$4,520	\$4,963	\$0.04	\$0.04	4	3	\$118.95	\$177.24
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$12,753,236</b>	<b>\$12,824,541</b>	<b>\$104.03</b>	<b>\$104.10</b>	<b>16,629</b>	<b>17,080</b>	<b>\$75.07</b>	<b>\$73.14</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	65,246	65,655						
<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	\$587	\$3,434	\$0.01	\$0.05	27	155	\$4.05	\$4.05
Consumer Directed Services	\$116,507	\$78,048	\$1.79	\$1.19	2,189	1,460	\$9.79	\$9.77
DME/Supplies	\$246,488	\$223,042	\$3.78	\$3.40	667	619	\$67.94	\$65.87
Emergency	\$11,527	\$14,474	\$0.18	\$0.22	10	11	\$205.85	\$237.28
FQHC	\$1,893	\$1,021	\$0.03	\$0.02	3	2	\$99.62	\$92.80
Home Health Services	\$3,038	\$2,257	\$0.05	\$0.03	2	2	\$337.52	\$250.75
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$293,815	\$65,585	\$4.50	\$1.00	7	4	\$7,940.94	\$2,851.54
Inpatient - Psych	\$0	\$4,048	\$0.00	\$0.06	-	1	\$0.00	\$809.58
Lab and X-ray Services	\$6,867	\$16,253	\$0.11	\$0.25	85	142	\$14.93	\$20.92
Medicare Xover - IP	\$755,026	\$736,967	\$11.57	\$11.22	154	141	\$902.06	\$954.62
Medicare Xover - Nursing Facility	\$23,955	\$24,378	\$0.37	\$0.37	147	234	\$30.06	\$19.08
Medicare Xover - OP	\$988,134	\$1,078,073	\$15.14	\$16.42	1,788	1,808	\$101.67	\$109.00
Medicare Xover - Other	\$362,057	\$419,731	\$5.55	\$6.39	3,590	3,853	\$18.55	\$19.91
Medicare Xover - Physician	\$1,180,743	\$1,290,012	\$18.10	\$19.65	11,999	12,632	\$18.10	\$18.66
Nursing Facility	\$550,099	\$477,842	\$8.43	\$7.28	422	405	\$239.69	\$215.73
Outpatient - Other	\$95,087	\$43,068	\$1.46	\$0.66	116	65	\$150.22	\$120.30
Outpatient - Psychological	\$234	\$829	\$0.00	\$0.01	3	1	\$16.73	\$118.41
Personal Care Services	\$460	\$4,732	\$0.01	\$0.07	1	11	\$76.68	\$77.57
Physician - Clinic	\$4,099	\$8,488	\$0.06	\$0.13	349	1,405	\$2.16	\$1.10
Physician - IP Mental Health	\$961	\$1,001	\$0.01	\$0.02	2	2	\$87.36	\$91.00
Physician - OP Mental Health	\$17,508,468	\$16,957,496	\$268.34	\$258.28	42,932	42,130	\$75.01	\$73.57
Physician - Other Practitioner	\$30,814	\$27,211	\$0.47	\$0.41	195	156	\$29.01	\$31.83
Physician - PCP	\$35,363	\$23,660	\$0.54	\$0.36	174	237	\$37.42	\$18.24
Physician - Specialist	\$69,679	\$41,790	\$1.07	\$0.64	253	267	\$50.75	\$28.60
Pharmacy	\$318,511	\$130,043	\$4.88	\$1.98	6,111	2,668	\$9.59	\$8.91
Transportation - Emergency	\$5,634	\$15,812	\$0.09	\$0.24	10	9	\$104.33	\$316.25
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$22,610,046</b>	<b>\$21,689,294</b>	<b>\$346.53</b>	<b>\$330.35</b>	<b>71,232</b>	<b>68,421</b>	<b>\$58.38</b>	<b>\$57.94</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	39,091	38,191						
<b>Service Type</b>								
Adult Day Care	\$46	\$0	\$0.00	\$0.00	0	-	\$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	\$212,696	\$149,149	\$5.44	\$3.91	6,665	4,795	\$9.80	\$9.77
DME/Supplies	\$280,620	\$260,774	\$7.18	\$6.83	1,325	1,265	\$65.00	\$64.77
Emergency	\$1,354	\$2,730	\$0.03	\$0.07	2	2	\$225.70	\$455.05
FQHC	\$1,052	\$2,496	\$0.03	\$0.07	4	8	\$80.96	\$92.44
Home Health Services	\$3,160	\$2,332	\$0.08	\$0.06	6	5	\$150.46	\$155.48
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$370,911	\$536,225	\$9.49	\$14.04	8	14	\$14,836.46	\$11,916.11
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$2,562	\$4,083	\$0.07	\$0.11	48	90	\$16.53	\$14.23
Medicare Xover - IP	\$736,595	\$744,157	\$18.84	\$19.49	240	231	\$941.94	\$1,011.08
Medicare Xover - Nursing Facility	\$88,097	\$74,306	\$2.25	\$1.95	1,433	1,309	\$18.87	\$17.83
Medicare Xover - OP	\$600,146	\$632,691	\$15.35	\$16.57	1,343	1,420	\$137.14	\$140.01
Medicare Xover - Other	\$236,646	\$229,051	\$6.05	\$6.00	4,123	4,377	\$17.62	\$16.44
Medicare Xover - Physician	\$621,781	\$701,400	\$15.91	\$18.37	10,575	11,454	\$18.05	\$19.24
Nursing Facility	\$2,720,508	\$2,763,747	\$69.60	\$72.37	5,361	5,471	\$155.78	\$158.73
Outpatient - Other	\$15,112	\$8,063	\$0.39	\$0.21	59	36	\$78.71	\$69.51
Outpatient - Psychological	\$345	\$0	\$0.01	\$0.00	1	0	\$86.30	\$0.36
Personal Care Services	\$21,466	\$17,796	\$0.55	\$0.47	86	89	\$76.39	\$62.66
Physician - Clinic	\$135	\$75	\$0.00	\$0.00	4	3	\$11.26	\$9.35
Physician - IP Mental Health	\$0	\$173	\$0.00	\$0.00	-	1	\$0.00	\$86.48
Physician - OP Mental Health	\$2,433,107	\$2,582,685	\$62.24	\$67.63	10,769	11,596	\$69.36	\$69.98
Physician - Other Practitioner	\$30,567	\$15,475	\$0.78	\$0.41	302	121	\$31.10	\$40.20
Physician - PCP	\$17,498	\$18,298	\$0.45	\$0.48	147	155	\$36.61	\$37.04
Physician - Specialist	\$13,378	\$15,214	\$0.34	\$0.40	142	150	\$28.96	\$31.96
Pharmacy	\$141,000	\$86,128	\$3.61	\$2.26	6,690	4,384	\$6.47	\$6.17
Transportation - Emergency	\$2,338	\$4,280	\$0.06	\$0.11	5	2	\$146.13	\$611.48
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$8,551,120</b>	<b>\$8,851,331</b>	<b>\$218.75</b>	<b>\$231.76</b>	<b>49,339</b>	<b>46,980</b>	<b>\$53.20</b>	<b>\$59.20</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 2015 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 CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	29,005	28,684						
<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	\$1,531	\$1,430	\$0.05	\$0.05	156	148	\$4.05	\$4.05
Consumer Directed Services	\$40,486	\$29,149	\$1.40	\$1.02	1,728	1,248	\$9.69	\$9.77
DME/Supplies	\$98,146	\$92,498	\$3.38	\$3.22	580	516	\$69.95	\$74.96
Emergency	\$21,350	\$15,678	\$0.74	\$0.55	26	14	\$333.60	\$475.10
FQHC	\$617	\$1,128	\$0.02	\$0.04	2	4	\$102.81	\$112.78
Home Health Services	\$1,771	\$1,006	\$0.06	\$0.04	2	3	\$442.86	\$143.69
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$50,743	\$110,848	\$1.75	\$3.86	2	4	\$8,457.09	\$11,084.77
Inpatient - Psych	\$2,596	\$0	\$0.09	\$0.00	1	-	\$865.45	\$0.00
Lab and X-ray Services	\$6,215	\$6,792	\$0.21	\$0.24	163	179	\$15.73	\$15.87
Medicare Xover - IP	\$313,894	\$383,234	\$10.82	\$13.36	138	187	\$939.80	\$855.43
Medicare Xover - Nursing Facility	\$18,935	\$10,190	\$0.65	\$0.36	264	249	\$29.72	\$17.10
Medicare Xover - OP	\$529,460	\$651,903	\$18.25	\$22.73	2,557	3,006	\$85.66	\$90.73
Medicare Xover - Other	\$145,666	\$145,012	\$5.02	\$5.06	3,381	3,522	\$17.83	\$17.22
Medicare Xover - Physician	\$432,431	\$507,550	\$14.91	\$17.69	11,400	12,304	\$15.69	\$17.26
Nursing Facility	\$210,082	\$157,709	\$7.24	\$5.50	510	427	\$170.52	\$154.62
Outpatient - Other	\$47,401	\$59,297	\$1.63	\$2.07	42	42	\$469.32	\$587.10
Outpatient - Psychological	\$43	\$1,376	\$0.00	\$0.05	0	5	\$42.85	\$125.09
Personal Care Services	\$141	\$3,737	\$0.00	\$0.13	6	20	\$10.04	\$76.27
Physician - Clinic	\$2,430	\$5,186	\$0.08	\$0.18	64	1,255	\$15.78	\$1.73
Physician - IP Mental Health	\$0	\$185	\$0.00	\$0.01	-	1	\$0.00	\$92.64
Physician - OP Mental Health	\$3,969,557	\$3,494,520	\$136.86	\$121.83	32,401	29,044	\$50.69	\$50.34
Physician - Other Practitioner	\$11,043	\$10,097	\$0.38	\$0.35	117	114	\$39.16	\$37.12
Physician - PCP	\$19,827	\$12,332	\$0.68	\$0.43	199	102	\$41.14	\$50.33
Physician - Specialist	\$25,554	\$33,661	\$0.88	\$1.17	309	325	\$34.21	\$43.32
Pharmacy	\$96,397	\$49,070	\$3.32	\$1.71	4,486	2,430	\$8.89	\$8.45
Transportation - Emergency	\$1,668	\$3,481	\$0.06	\$0.12	7	8	\$104.22	\$174.04
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$6,047,983</b>	<b>\$5,787,068</b>	<b>\$208.52</b>	<b>\$201.75</b>	<b>58,542</b>	<b>55,159</b>	<b>\$42.74</b>	<b>\$43.89</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Community Well**

**Exhibit 1c**

Age 65 and Over								
Western/Charlottesville	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	23,579	23,275						
<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	\$137,429	\$88,017	\$5.83	\$3.78	7,008	4,640	\$9.98	\$9.78
DME/Supplies	\$148,554	\$138,287	\$6.30	\$5.94	1,182	987	\$63.98	\$72.25
Emergency	\$7,155	\$7,331	\$0.30	\$0.31	9	5	\$420.88	\$814.51
FQHC	\$99	\$538	\$0.00	\$0.02	1	3	\$98.83	\$89.68
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	\$197,841	\$255,700	\$8.39	\$10.99	13	11	\$7,913.66	\$12,176.17
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$2,910	\$3,657	\$0.12	\$0.16	90	94	\$16.54	\$20.09
Medicare Xover - IP	\$392,244	\$454,146	\$16.64	\$19.51	204	234	\$978.16	\$1,002.53
Medicare Xover - Nursing Facility	\$47,464	\$52,891	\$2.01	\$2.27	1,166	1,260	\$20.72	\$21.64
Medicare Xover - OP	\$348,125	\$374,384	\$14.76	\$16.09	2,055	2,178	\$86.21	\$88.63
Medicare Xover - Other	\$108,095	\$114,945	\$4.58	\$4.94	3,329	3,579	\$16.52	\$16.56
Medicare Xover - Physician	\$307,177	\$368,842	\$13.03	\$15.85	10,061	10,516	\$15.54	\$18.08
Nursing Facility	\$1,483,286	\$1,360,541	\$62.91	\$58.46	4,922	4,503	\$153.37	\$155.79
Outpatient - Other	\$51,662	\$20,103	\$2.19	\$0.86	23	27	\$1,123.09	\$386.60
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$3,280	\$2,001	\$0.14	\$0.09	27	15	\$60.74	\$66.70
Physician - Clinic	\$0	\$64	\$0.00	\$0.00	-	3	\$0.00	\$10.67
Physician - IP Mental Health	\$0	\$440	\$0.00	\$0.02	-	10	\$0.00	\$21.99
Physician - OP Mental Health	\$822,246	\$689,987	\$34.87	\$29.64	9,316	8,116	\$44.92	\$43.83
Physician - Other Practitioner	\$9,359	\$14,593	\$0.40	\$0.63	115	186	\$41.41	\$40.54
Physician - PCP	\$13,592	\$19,675	\$0.58	\$0.85	120	175	\$57.59	\$57.87
Physician - Specialist	\$12,335	\$32,095	\$0.52	\$1.38	185	326	\$33.89	\$50.70
Pharmacy	\$68,280	\$48,515	\$2.90	\$2.08	5,191	3,630	\$6.69	\$6.89
Transportation - Emergency	\$405	\$4,445	\$0.02	\$0.19	3	9	\$67.52	\$246.97
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$4,162,202</b>	<b>\$4,053,284</b>	<b>\$176.52</b>	<b>\$174.15</b>	<b>45,028</b>	<b>40,513</b>	<b>\$47.04</b>	<b>\$51.58</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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Historical Eligibility, Fee-For-Service Claims, and Utilization Data  
Community Well**

**Exhibit 1c**

Demonstration Regions	All Ages							
	Total Payments CY2012	Total Payments CY2013	Unadjusted PMPM CY2012	Unadjusted PMPM CY2013	Units/1000 CY2012	Units/1000 CY2013	Cost/Unit CY2012	Cost/Unit CY2013
Total Member Months	656,223	654,396						
<b>Service Type</b>								
Adult Day Care	\$4,199	\$26,679	\$0.01	\$0.04	2	21	\$33.59	\$23.04
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$2,240	\$4,864	\$0.00	\$0.01	10	22	\$4.05	\$4.05
Consumer Directed Services	\$1,189,580	\$893,916	\$1.81	\$1.37	2,151	1,615	\$10.11	\$10.15
DME/Supplies	\$2,987,289	\$2,917,704	\$4.55	\$4.46	697	673	\$78.37	\$79.55
Emergency	\$175,905	\$149,140	\$0.27	\$0.23	9	8	\$341.56	\$360.24
FQHC	\$17,145	\$15,217	\$0.03	\$0.02	4	6	\$84.04	\$44.76
Home Health Services	\$40,071	\$38,330	\$0.06	\$0.06	2	3	\$374.49	\$255.53
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$7,463,304	\$7,498,075	\$11.37	\$11.46	13	13	\$10,511.70	\$10,472.17
Inpatient - Psych	\$156,628	\$57,989	\$0.24	\$0.09	4	1	\$779.25	\$865.50
Lab and X-ray Services	\$88,872	\$103,780	\$0.14	\$0.16	104	107	\$15.69	\$17.87
Medicare Xover - IP	\$8,905,663	\$9,042,279	\$13.57	\$13.82	173	170	\$939.52	\$977.76
Medicare Xover - Nursing Facility	\$521,296	\$524,371	\$0.79	\$0.80	413	441	\$23.08	\$21.82
Medicare Xover - OP	\$8,769,041	\$9,619,946	\$13.36	\$14.70	1,684	1,828	\$95.21	\$96.48
Medicare Xover - Other	\$2,975,319	\$2,936,037	\$4.53	\$4.49	2,751	2,939	\$19.78	\$18.32
Medicare Xover - Physician	\$11,023,633	\$11,930,411	\$16.80	\$18.23	10,519	11,123	\$19.16	\$19.67
Nursing Facility	\$16,454,540	\$15,791,431	\$25.07	\$24.13	1,804	1,726	\$166.81	\$167.73
Outpatient - Other	\$466,514	\$397,987	\$0.71	\$0.61	32	25	\$270.44	\$294.15
Outpatient - Psychological	\$2,096	\$3,325	\$0.00	\$0.01	1	1	\$63.51	\$107.25
Personal Care Services	\$191,817	\$331,557	\$0.29	\$0.51	43	74	\$81.24	\$82.23
Physician - Clinic	\$91,561	\$97,630	\$0.14	\$0.15	441	680	\$3.79	\$2.63
Physician - IP Mental Health	\$18,199	\$20,728	\$0.03	\$0.03	7	6	\$46.90	\$59.91
Physician - OP Mental Health	\$76,047,862	\$77,945,711	\$115.89	\$119.11	24,750	25,791	\$56.19	\$55.42
Physician - Other Practitioner	\$286,082	\$286,684	\$0.44	\$0.44	201	191	\$26.00	\$27.54
Physician - PCP	\$456,531	\$382,017	\$0.70	\$0.58	194	226	\$42.97	\$30.95
Physician - Specialist	\$588,296	\$585,124	\$0.90	\$0.89	265	516	\$40.62	\$20.81
Pharmacy	\$2,110,277	\$1,316,299	\$3.22	\$2.01	4,266	2,733	\$9.05	\$8.83
Transportation - Emergency	\$27,560	\$51,971	\$0.04	\$0.08	6	6	\$86.67	\$168.19
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
<b>Total Medicaid Only</b>	<b>\$141,061,520</b>	<b>\$142,969,200</b>	<b>\$214.96</b>	<b>\$218.47</b>	<b>50,547</b>	<b>50,944</b>	<b>\$51.03</b>	<b>\$51.46</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 2015 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*	\$6.55	\$1.41	DMAS CY12-CY13 FFS Invoices
2. Fee-for-Service Net Cost per Script	\$4.19	\$4.93	DMAS CY12-CY13 FFS Invoices
3. Average Fee-for-Service Copayment per Script	\$0.02	\$0.00	DMAS CY12-CY13 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	\$6.31	\$1.35	= ((1.) + (4.)) * (1 - (5.))
<b>7. Pharmacy Adjustment Factor</b>	<b>-3.7%</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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Non-Emergency Transportation Adjustment**

**Exhibit 2b**

	Nursing Home Eligible	Community Well	Source
Non-ER Transportation Rate	\$47.22	\$31.50	Non-Emergency Transportation Rate -includes administrative cost

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Emergency Transportation Adjustment**

**Exhibit 2c**

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	Adjustment Value	Source
FFS Increase to 40% of Medicare effective FY13	9.6%	Provided by DMAS

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**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Home and Community-Based Services Fee Adjustment**

Exhibit 2d

		Adjustment Value	Source
1.	Total Claims in Service Categories		
	a. Adult Day Care	\$10,686,174	DMAS CY12-CY13 FFS Invoices
	b. Consumer Directed Services	\$161,154,537	DMAS CY12-CY13 FFS Invoices
	c. Personal Care Services	\$336,156,218	DMAS CY12-CY13 FFS Invoices
2.	FY13 Fee Change	1.0%	Provided by DMAS
3.	Claims associated with FY13 Fee Change		
	HCBS Procedure Codes		
	a. Adult Day Care	\$0	DMAS Jan 2012 - Jun 2012 FFS Invoices
	b. Consumer Directed Services	\$34,269,877	DMAS Jan 2012 - Jun 2012 FFS Invoices
	c. Personal Care Services	\$79,370,763	DMAS Jan 2012 - Jun 2012 FFS Invoices
4.	<b>HCBS Fee Adjustment</b>		
	<b>a. Adult Day Care</b>	<b>0.0%</b>	= ((3.) * (2.) / (1.))
	<b>b. Consumer Directed Services</b>	<b>0.2%</b>	= ((3.) * (2.) / (1.))
	<b>c. Personal Care Services</b>	<b>0.2%</b>	= ((3.) * (2.) / (1.))

**Virginia Medicaid**  
**CY 2015 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	\$5,215,558	\$5,470,616	DMAS CY12-CY13 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
3a. Claims Associated with Procedure Code S5102	\$3,226,525	\$4,024,026	DMAS Jan 2012 - Jun 2013 FFS Invoices
3b. Dollar Change	\$644,017	\$881,495	= (3a.) * (2c.)
<b>4. Adult Day Care Adjustment</b>	<b>12.3%</b>	<b>16.1%</b>	= (3b.) / (1.)

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Hospital Inpatient Adjustment**

Exhibit 2f

	Inpatient Medical/Surgical	Inpatient - Psych	Source
1. Total Claims in IP Service Categories	\$24,214,112	\$249,471	DMAS CY12-CY13 FFS Invoices
2. CY12-13 Hospital Capital Percentage	9.9%	9.9%	Provided by DMAS
3a. FY13 Hospital Rate Change	2.6%	2.6%	Provided by DMAS
3b. Proportion of Claims Subject to Change	36.2%	23.7%	DMAS Jan 2012 - Jun 2012 FFS Invoices
3c. Dollar Change	\$204,988	\$1,387	= (1.) * (1 - (2.)) * (3a.) * (3b.)
4a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
4b. Proportion of Claims Subject to Change	93.5%	71.3%	DMAS Jan 2012 - Jun 2013 FFS Invoices
4c. Dollar Change	\$960,545	(\$11,880)	= ((1.) * (1 - (2.)) + (3c.)) * (4a.) * (4b.)
<b>5. Hospital Inpatient Adjustment</b>	<b>4.8%</b>	<b>-4.2%</b>	= ((3c.) + (4c.)) / (1.)

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Nursing Facility Adjustment**

Exhibit 2g

	Adjustment Value	Source
1a. Total Claims in Nursing Facility Service Category	\$1,314,923,232	DMAS CY12-CY13 FFS Invoices
1b. Proportion of Claims in Jan 2012 to Jun 2012	24.2%	
1c. Proportion of Claims in Jul 2012 to Jun 2013	50.2%	
2. Nursing Facility Capital Rate	9.7%	Provided by DMAS
3a. FY13 Nursing Facility Capital Rate Change	6.3%	Provided by DMAS
3b. FY14 Nursing Facility Capital Rate Change	0.0%	Provided by DMAS
3c. FY15 Nursing Facility Capital Rate Change	-3.2%	Provided by DMAS
3d. Dollar Change	(\$1,169,012)	$= (1a.) * (1b.) * (2.) * ((1 + (3a.)) * (1 + (3c.)) - 1) + (1a.) * (1c.) * (2.) * (3c.)$
4a. FY13 Nursing Facility Operating Rate Change	2.8%	Provided by DMAS
4b. FY14 Nursing Facility Operating Rate Change	1.1%	Provided by DMAS
4c. FY15 Nursing Facility Operating Rate Change	3.2%	Provided by DMAS
4d. Dollar Change	\$56,123,983	$= (1a.) * (1b.) * (1 - (2.)) * ((1 + (4a.)) * (1 + (4b.)) * (1 + (4c.)) - 1) + (1a.) * (1c.) * (1 - (2.)) * ((1 + (4b.)) * (1 + (4c.)) - 1) + (1a.) * (1 - ((1b.) + (1c.))) * (1 - (2.)) * (4c.)$
5a. FY14 Occupancy Requirement Change Impact	0.17%	Provided by DMAS
5b. Dollar Change	\$1,755,098	$= ((1a.) * (1b.+1c.) + (3d.) + (4d.)) * (5a.)$
6. Nursing Facility Adjustment	4.3%	$= ((3d.) + (4d.) + (5b.)) / (1a.)$

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Mental Health Support Services Adjustment**

Exhibit 2h

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. Total Claims in Physician - OP Mental Health	\$1,424,885	\$64,869,654	\$153,993,573	DMAS CY12-CY13 FFS Invoices
2. % Claims Associated with Procedure Code H0046	68.9%	12.0%	72.0%	DMAS Jan 2012 - Nov 2013 FFS Invoices
3. MHSS Utilization Reduction	-20%	-5%	0%	DMAS Invoices
4. Dollar Change	(\$196,433)	(\$392,668)	\$0	= (1.) * (2.) * (3.)
<b>5. MHSS Adjustment Factor</b>	<b>-13.8%</b>	<b>-0.6%</b>	<b>0.0%</b>	= (4.) / (1.)

**Virginia Medicaid  
 CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
 Historical Fee-for-Service Claims  
 DME Fee Adjustment**

**Exhibit 2i**

	Nursing Home Eligible	Community Well	Source
1. Claims Associated with DME/Supplies Service Category	\$16,709,098	\$5,904,993	DMAS CY12-CY13 FFS Invoices
2. Claims Associated with DME Fee Change	\$1,331,651	\$345,214	Provided by DMAS
3a. FY15 DME Fee Change	-33.5%	-31.4%	Provided by DMAS
3b. Dollar Change	(\$445,833)	(\$108,291)	= (2.) * (3a.)
<b>4. DME Fee Adjustment</b>	<b>-2.7%</b>	<b>-1.8%</b>	= (3b.) / (1.)

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Incontinence Supplies Adjustment**

**Exhibit 2j**

	Nursing Home Eligible - Institutional	Nursing Home Eligible - Waiver	Community Well	Source
1. Total Claims in DME Supplies	\$372,401	\$16,336,697	\$5,904,993	DMAS CY12-CY13 FFS Invoices
2. Claims Associated with Incontinence Supplies	\$101,264	\$10,740,054	\$3,781,890	DMAS CY12-CY13 FFS Invoices
3. Average Incontinence Supplies Rate Change	-30.8%	-33.8%	-30.8%	Provided by DMAS
4. Dollar Change	(\$31,179)	(\$3,626,721)	(\$1,164,630)	= (2.) * (3.)
<b>5. DME Adjustment Factor</b>	<b>-8.4%</b>	<b>-22.2%</b>	<b>-19.7%</b>	= (4.) / (1.)

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**Lab Fee Adjustment**

**Exhibit 2k**

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	Adjustment Values	Source
1. Lab Fee Adjustment	-12.0%	Provided by DMAS

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**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-for-Service Claims**  
**DMAS FFS Administrative Adjustment**

**Exhibit 2I**

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

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**Virginia Medicaid**  
**CY 2015 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	0.4%	4.8%	5.2%	2.9%	-0.3%	2.7%	3.0%	1.0740
Outpatient/ER	0.2%	0.0%	0.2%	1.4%	2.2%	3.6%	1.1%	1.0537
Physician/Professional	0.9%	0.0%	0.9%	6.6%	2.5%	9.3%	8.6%	1.2373
Pharmacy	0.0%	-3.7%	-3.6%	-2.8%	-2.9%	-5.6%	0.0%	0.9440
Nursing Facility*	0.0%	4.3%	4.4%	0.5%	1.1%	1.6%	1.2%	1.0344
HCBS/Home Health Services*	0.0%	0.3%	0.3%	-4.9%	6.8%	1.6%	0.2%	1.0196
Mental Health/Substance Abuse	0.0%	-13.8%	-13.8%	-1.4%	-14.0%	-15.2%	0.0%	0.8480
Ancillary/Other	0.2%	-10.5%	-10.2%	2.6%	5.1%	7.8%	5.1%	1.1620
Medicare Crossover	0.4%	0.0%	0.4%	3.0%	3.4%	6.5%	5.1%	1.1477
<b>Weighted Average*</b>	0.0%	4.2%	4.2%	0.5%	1.1%	1.6%	1.3%	1.0359
<b>Months of Trend Applied:</b>				12	12	12	18	

Notes:

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data.  
Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2012-2013 Claims)

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

**Virginia Medicaid  
CY 2015 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	1.6%	4.8%	6.5%	2.9%	-0.3%	2.7%	3.0%	1.0740
Outpatient/ER	1.4%	0.0%	1.4%	1.4%	2.2%	3.6%	1.1%	1.0537
Physician/Professional	0.4%	0.0%	0.4%	6.6%	2.5%	9.3%	8.6%	1.2373
Pharmacy	0.0%	-3.7%	-3.7%	1.4%	-3.7%	-2.4%	0.0%	0.9760
Nursing Facility*	0.0%	4.3%	4.4%	0.5%	1.1%	1.6%	1.2%	1.0344
HCBS/Home Health Services - CD Only*	0.0%	0.2%	0.2%	-1.1%	11.2%	10.0%	10.9%	1.2850
HCBS/Home Health Services - without CD*	0.0%	0.7%	0.7%	1.7%	-3.5%	-1.9%	-1.4%	0.9597
Mental Health/Substance Abuse	0.1%	-0.6%	-0.5%	2.9%	-3.4%	-0.6%	0.0%	0.9940
Ancillary/Other	0.3%	-24.8%	-24.6%	2.6%	5.1%	7.8%	5.1%	1.1620
Medicare Crossover	0.4%	0.0%	0.4%	-1.9%	3.4%	1.4%	1.3%	1.0340
<b>Weighted Average*</b>	0.1%	-0.1%	0.0%	1.1%	0.8%	1.7%	2.2%	1.0519
<b>Months of Trend Applied:</b>				12	12	12	18	

Notes:

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data.  
Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2012-2013 Claims)

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

**Virginia Medicaid  
CY 2015 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	1.5%	4.7%	6.2%	2.9%	-0.3%	2.7%	3.0%	1.0740
Outpatient/ER	3.2%	0.0%	3.2%	1.4%	2.2%	3.6%	1.1%	1.0537
Physician/Professional	0.6%	0.0%	0.6%	6.6%	2.5%	9.3%	8.6%	1.2373
Pharmacy	0.0%	-4.0%	-4.0%	-7.7%	-6.6%	-13.8%	0.0%	0.8620
Nursing Facility*	0.4%	4.3%	4.7%	-1.3%	-2.5%	-3.8%	0.0%	0.9620
HCBS/Home Health Services*	0.0%	0.4%	0.4%	13.0%	-11.7%	-0.3%	5.9%	1.0871
Mental Health/Substance Abuse	0.2%	0.0%	0.2%	-0.7%	13.6%	12.9%	13.8%	1.3703
Ancillary/Other	0.2%	-20.9%	-20.7%	2.6%	5.1%	7.8%	5.1%	1.1620
Medicare Crossover	0.5%	0.0%	0.5%	0.3%	6.0%	6.4%	2.8%	1.1091
<b>Weighted Average*</b>	0.4%	0.4%	0.7%	-0.1%	8.4%	8.2%	8.5%	1.2234
<b>Months of Trend Applied:</b>				12	12	12	18	

Notes:

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data.  
Trend rates have been calculated separately for the broad service categories shown above.

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

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

\*Weighted average is calculated using a distribution by Service Type, before Trend (Adjusted CY 2012-2013 Claims)

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$17,179	\$6	\$643	\$38	\$17,867	1.02	\$18,217	\$1.57
DME/Supplies	\$41,707	\$95	\$0	(\$4,615)	\$37,187	1.16	\$43,212	\$3.73
Emergency	\$4,315	\$11	\$0	\$0	\$4,326	1.05	\$4,558	\$0.39
FQHC	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$124,808	\$551	\$0	\$6,034	\$131,393	1.07	\$141,113	\$12.17
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$2,782	\$6	\$0	(\$335)	\$2,454	1.16	\$2,851	\$0.25
Medicare Xover - IP	\$445,866	\$1,595	\$0	\$0	\$447,461	1.15	\$513,537	\$44.30
Medicare Xover - Nursing Facility	\$435,168	\$1,557	\$15,938	\$0	\$452,663	1.15	\$519,507	\$44.81
Medicare Xover - OP	\$120,450	\$431	\$0	\$0	\$120,881	1.15	\$138,731	\$11.97
Medicare Xover - Other	\$86,463	\$309	\$0	\$0	\$86,772	1.15	\$99,586	\$8.59
Medicare Xover - Physician	\$291,859	\$1,044	\$2	\$0	\$292,906	1.15	\$336,158	\$29.00
Nursing Facility	\$40,407,311	\$15,378	\$9,261,020	\$2,142,761	\$51,826,470	1.03	\$53,609,907	\$4,624.63
Outpatient - Other	\$1,251	\$3	\$0	\$0	\$1,254	1.05	\$1,321	\$0.11
Outpatient - Psychological	\$62	\$0	\$0	\$0	\$62	1.05	\$66	\$0.01
Personal Care Services	\$9,408	\$4	\$92	\$22	\$9,526	1.02	\$9,713	\$0.84
Physician - Clinic	\$9,674	\$87	\$0	\$0	\$9,761	1.24	\$12,077	\$1.04
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$111,943	\$30	\$0	(\$15,436)	\$96,536	0.85	\$81,863	\$7.06
Physician - Other Practitioner	\$10,127	\$91	\$0	\$0	\$10,218	1.24	\$12,643	\$1.09
Physician - PCP	\$17,017	\$153	\$0	\$0	\$17,170	1.24	\$21,245	\$1.83
Physician - Specialist	\$7,133	\$64	\$0	\$0	\$7,197	1.24	\$8,905	\$0.77
Pharmacy	\$224,346	\$39	\$0	(\$8,196)	\$216,189	0.94	\$204,082	\$17.61
Transportation - Emergency	\$1,659	\$4	\$0	\$159	\$1,822	1.16	\$2,117	\$0.18
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$42,370,528</b>	<b>\$21,460</b>	<b>\$9,277,695</b>	<b>\$2,120,432</b>	<b>\$53,790,115</b>		<b>\$55,781,410</b>	<b>\$4,859.17</b>
Administrative Adjustment Capitation Rate								0.49% \$4,882.87

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$1,233	\$0	\$0	\$199	\$1,432	1.02	\$1,460	\$0.02
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$75,803	\$28	\$3,113	\$168	\$79,113	1.02	\$80,665	\$1.03
DME/Supplies	\$77,946	\$178	\$1	(\$8,625)	\$69,499	1.16	\$80,760	\$1.03
Emergency	\$7,700	\$19	\$0	\$0	\$7,719	1.05	\$8,133	\$0.10
FQHC	\$789	\$7	\$0	\$0	\$796	1.24	\$985	\$0.01
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$351,050	\$1,551	\$0	\$16,972	\$369,573	1.07	\$396,911	\$5.05
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$11,054	\$25	\$0	(\$1,329)	\$9,749	1.16	\$11,329	\$0.14
Medicare Xover - IP	\$1,827,336	\$6,538	\$0	\$0	\$1,833,874	1.15	\$2,104,678	\$26.80
Medicare Xover - Nursing Facility	\$2,064,177	\$7,385	\$49,318	\$0	\$2,120,880	1.15	\$2,434,065	\$31.00
Medicare Xover - OP	\$355,229	\$1,271	\$0	\$0	\$356,500	1.15	\$409,143	\$5.21
Medicare Xover - Other	\$271,680	\$972	\$0	\$0	\$272,652	1.15	\$312,914	\$3.99
Medicare Xover - Physician	\$1,251,413	\$4,477	\$6	\$0	\$1,255,896	1.15	\$1,441,351	\$18.36
Nursing Facility	\$275,431,913	\$104,821	\$69,495,331	\$14,880,558	\$359,912,624	1.03	\$372,297,827	\$4,741.40
Outpatient - Other	\$1,452	\$4	\$0	\$0	\$1,456	1.05	\$1,534	\$0.02
Outpatient - Psychological	\$6	\$0	\$0	\$0	\$6	1.05	\$7	\$0.00
Personal Care Services	\$54,044	\$20	\$3,041	\$135	\$57,240	1.02	\$58,362	\$0.74
Physician - Clinic	\$14	\$0	\$0	\$0	\$14	1.24	\$17	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$103,278	\$28	\$0	(\$14,242)	\$89,064	0.85	\$75,526	\$0.96
Physician - Other Practitioner	\$27,796	\$251	\$0	\$0	\$28,047	1.24	\$34,704	\$0.44
Physician - PCP	\$32,397	\$292	\$71	\$0	\$32,760	1.24	\$40,536	\$0.52
Physician - Specialist	\$17,448	\$157	\$0	\$0	\$17,605	1.24	\$21,784	\$0.28
Pharmacy	\$1,213,169	\$211	\$0	(\$44,323)	\$1,169,057	0.94	\$1,103,590	\$14.05
Transportation - Emergency	\$2,715	\$6	\$0	\$261	\$2,982	1.16	\$3,465	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$283,179,643</b>	<b>\$128,241</b>	<b>\$69,550,881</b>	<b>\$14,829,774</b>	<b>\$367,688,539</b>		<b>\$380,919,747</b>	<b>\$4,898.42</b>
Administrative Adjustment Capitation Rate								0.49% \$4,922.31

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$27,881	\$10	\$137	\$60	\$28,088	1.02	\$28,639	\$2.62
DME/Supplies	\$56,826	\$130	\$0	(\$6,288)	\$50,668	1.16	\$58,877	\$5.39
Emergency	\$3,961	\$10	\$0	\$0	\$3,971	1.05	\$4,184	\$0.38
FQHC	\$74	\$1	\$0	\$0	\$75	1.24	\$93	\$0.01
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$130,302	\$576	\$0	\$6,300	\$137,178	1.07	\$147,325	\$13.49
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$2,176	\$5	\$0	(\$262)	\$1,919	1.16	\$2,230	\$0.20
Medicare Xover - IP	\$302,001	\$1,080	\$0	\$0	\$303,081	1.15	\$347,836	\$31.85
Medicare Xover - Nursing Facility	\$330,935	\$1,184	\$17,138	\$0	\$349,258	1.15	\$400,832	\$36.70
Medicare Xover - OP	\$123,167	\$441	\$0	\$0	\$123,608	1.15	\$141,861	\$12.99
Medicare Xover - Other	\$87,243	\$312	\$0	\$0	\$87,555	1.15	\$100,484	\$9.20
Medicare Xover - Physician	\$480,336	\$1,718	\$3	\$0	\$482,057	1.15	\$553,241	\$50.66
Nursing Facility	\$38,026,841	\$14,472	\$8,977,747	\$2,027,840	\$49,046,901	1.03	\$50,734,688	\$4,645.80
Outpatient - Other	\$1,215	\$3	\$0	\$0	\$1,218	1.05	\$1,283	\$0.12
Outpatient - Psychological	\$2	\$0	\$0	\$0	\$2	1.05	\$2	\$0.00
Personal Care Services	\$5,342	\$2	\$0	\$13	\$5,357	1.02	\$5,462	\$0.50
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$227,376	\$61	\$0	(\$31,354)	\$196,083	0.85	\$166,278	\$15.23
Physician - Other Practitioner	\$18,002	\$162	\$0	\$0	\$18,164	1.24	\$22,476	\$2.06
Physician - PCP	\$2,729	\$25	\$0	\$0	\$2,754	1.24	\$3,408	\$0.31
Physician - Specialist	\$5,034	\$45	\$0	\$0	\$5,079	1.24	\$6,285	\$0.58
Pharmacy	\$201,439	\$35	\$0	(\$7,360)	\$194,115	0.94	\$183,244	\$16.78
Transportation - Emergency	\$1,093	\$2	\$0	\$105	\$1,200	1.16	\$1,395	\$0.13
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$40,033,976</b>	<b>\$20,275</b>	<b>\$8,995,026</b>	<b>\$1,989,053</b>	<b>\$51,038,330</b>		<b>\$52,910,122</b>	<b>\$4,892.22</b>
Administrative Adjustment Capitation Rate								0.49% \$4,916.08

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$14,302	\$5	\$52	\$31	\$14,390	1.02	\$14,672	\$0.25
DME/Supplies	\$35,524	\$81	\$0	(\$3,931)	\$31,674	1.16	\$36,806	\$0.63
Emergency	\$1,296	\$3	\$0	\$0	\$1,300	1.05	\$1,369	\$0.02
FQHC	\$308	\$3	\$0	\$0	\$311	1.24	\$385	\$0.01
Home Health Services	\$500	\$0	\$0	\$0	\$501	1.02	\$510	\$0.01
Inpatient - Medical/Surgical	\$470,391	\$2,078	\$0	\$22,742	\$495,211	1.07	\$531,843	\$9.15
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$8,376	\$19	\$0	(\$1,007)	\$7,387	1.16	\$8,584	\$0.15
Medicare Xover - IP	\$1,237,387	\$4,427	\$0	\$0	\$1,241,814	1.15	\$1,425,189	\$24.51
Medicare Xover - Nursing Facility	\$1,190,094	\$4,258	\$44,801	\$0	\$1,239,152	1.15	\$1,422,135	\$24.46
Medicare Xover - OP	\$356,500	\$1,275	\$0	\$0	\$357,776	1.15	\$410,607	\$7.06
Medicare Xover - Other	\$195,078	\$698	\$0	\$0	\$195,776	1.15	\$224,686	\$3.86
Medicare Xover - Physician	\$1,176,035	\$4,207	\$6	\$0	\$1,180,248	1.15	\$1,354,533	\$23.30
Nursing Facility	\$193,449,259	\$73,621	\$52,430,552	\$10,607,491	\$256,560,923	1.03	\$265,389,619	\$4,564.34
Outpatient - Other	\$2,567	\$6	\$0	\$0	\$2,573	1.05	\$2,711	\$0.05
Outpatient - Psychological	\$3	\$0	\$0	\$0	\$3	1.05	\$4	\$0.00
Personal Care Services	\$147,227	\$55	\$209	\$348	\$147,839	1.02	\$150,739	\$2.59
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$323,078	\$87	\$0	(\$44,551)	\$278,614	0.85	\$236,264	\$4.06
Physician - Other Practitioner	\$39,907	\$360	\$0	\$0	\$40,266	1.24	\$49,823	\$0.86
Physician - PCP	\$14,112	\$127	\$0	\$0	\$14,239	1.24	\$17,619	\$0.30
Physician - Specialist	\$16,756	\$151	\$0	\$0	\$16,907	1.24	\$20,919	\$0.36
Pharmacy	\$916,014	\$160	\$0	(\$33,467)	\$882,707	0.94	\$833,276	\$14.33
Transportation - Emergency	\$643	\$1	\$0	\$62	\$707	1.16	\$821	\$0.01
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$199,595,357</b>	<b>\$91,623</b>	<b>\$52,475,620</b>	<b>\$10,547,717</b>	<b>\$262,710,317</b>		<b>\$272,133,115</b>	<b>\$4,727.54</b>
Administrative Adjustment Capitation Rate								0.49% \$4,750.58

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$38,582	\$14	\$0	\$82	\$38,678	1.02	\$39,437	\$6.73
DME/Supplies	\$67,433	\$154	\$0	(\$7,462)	\$60,126	1.16	\$69,867	\$11.92
Emergency	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$112,409	\$497	\$0	\$5,435	\$118,340	1.07	\$127,094	\$21.68
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$1,546	\$4	\$0	(\$186)	\$1,364	1.16	\$1,585	\$0.27
Medicare Xover - IP	\$179,613	\$643	\$0	\$0	\$180,255	1.15	\$206,873	\$35.29
Medicare Xover - Nursing Facility	\$215,436	\$771	\$3,087	\$0	\$219,293	1.15	\$251,676	\$42.93
Medicare Xover - OP	\$57,635	\$206	\$0	\$0	\$57,842	1.15	\$66,383	\$11.32
Medicare Xover - Other	\$34,614	\$124	\$0	\$0	\$34,738	1.15	\$39,868	\$6.80
Medicare Xover - Physician	\$233,526	\$835	\$0	\$0	\$234,362	1.15	\$268,970	\$45.88
Nursing Facility	\$26,699,488	\$10,161	\$4,684,684	\$1,353,976	\$32,748,309	1.03	\$33,875,234	\$5,778.63
Outpatient - Other	\$968	\$2	\$0	\$0	\$971	1.05	\$1,023	\$0.17
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$12,673	\$5	\$0	\$30	\$12,707	1.02	\$12,957	\$2.21
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$76,538	\$21	\$0	(\$10,554)	\$66,004	0.85	\$55,971	\$9.55
Physician - Other Practitioner	\$5,359	\$48	\$0	\$0	\$5,407	1.24	\$6,690	\$1.14
Physician - PCP	\$6,294	\$57	\$0	\$0	\$6,351	1.24	\$7,858	\$1.34
Physician - Specialist	\$13,022	\$117	\$0	\$0	\$13,140	1.24	\$16,258	\$2.77
Pharmacy	\$139,027	\$24	\$0	(\$5,079)	\$133,972	0.94	\$126,470	\$21.57
Transportation - Emergency	\$75	\$0	\$0	\$7	\$82	1.16	\$96	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$27,894,240</b>	<b>\$13,683</b>	<b>\$4,687,771</b>	<b>\$1,336,248</b>	<b>\$33,931,942</b>		<b>\$35,174,310</b>	<b>\$6,047.45</b>
Administrative Adjustment Capitation Rate								0.49% \$6,076.99

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$355	\$0	\$0	\$44	\$399	1.02	\$406	\$0.01
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$26,523	\$10	\$0	\$56	\$26,589	1.02	\$27,111	\$0.81
DME/Supplies	\$18,427	\$42	\$0	(\$2,039)	\$16,430	1.16	\$19,091	\$0.57
Emergency	\$1,269	\$3	\$0	\$0	\$1,272	1.05	\$1,340	\$0.04
FQHC	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$1,253,977	\$5,539	\$0	\$60,626	\$1,320,142	1.07	\$1,417,796	\$42.21
Inpatient - Psych	\$17,866	\$79	\$0	(\$755)	\$17,190	1.07	\$18,462	\$0.55
Lab and X-ray Services	\$3,880	\$9	\$0	(\$467)	\$3,422	1.16	\$3,976	\$0.12
Medicare Xover - IP	\$582,366	\$2,084	\$0	\$0	\$584,450	1.15	\$670,754	\$19.97
Medicare Xover - Nursing Facility	\$879,292	\$3,146	\$11,000	\$0	\$893,438	1.15	\$1,025,370	\$30.52
Medicare Xover - OP	\$234,938	\$841	\$22	\$0	\$235,801	1.15	\$270,621	\$8.06
Medicare Xover - Other	\$91,067	\$326	\$0	\$0	\$91,393	1.15	\$104,889	\$3.12
Medicare Xover - Physician	\$470,268	\$1,682	\$1	\$0	\$471,951	1.15	\$541,643	\$16.12
Nursing Facility	\$148,803,797	\$56,630	\$29,397,393	\$7,687,911	\$185,945,731	1.03	\$192,344,438	\$5,725.95
Outpatient - Other	\$478	\$1	\$0	\$0	\$480	1.05	\$505	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$159,572	\$59	\$0	\$377	\$160,009	1.02	\$163,147	\$4.86
Physician - Clinic	\$97	\$1	\$0	\$0	\$98	1.24	\$121	\$0.00
Physician - IP Mental Health	\$369	\$0	\$0	\$0	\$370	0.85	\$313	\$0.01
Physician - OP Mental Health	\$63,012	\$17	\$0	(\$8,689)	\$54,340	0.85	\$46,080	\$1.37
Physician - Other Practitioner	\$13,140	\$118	\$0	\$0	\$13,259	1.24	\$16,406	\$0.49
Physician - PCP	\$25,685	\$232	\$0	\$0	\$25,916	1.24	\$32,067	\$0.95
Physician - Specialist	\$11,704	\$105	\$0	\$0	\$11,809	1.24	\$14,612	\$0.43
Pharmacy	\$560,383	\$98	\$0	(\$20,474)	\$540,007	0.94	\$509,767	\$15.18
Transportation - Emergency	\$1,981	\$5	\$0	\$191	\$2,176	1.16	\$2,529	\$0.08
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$153,220,447</b>	<b>\$71,026</b>	<b>\$29,408,416</b>	<b>\$7,716,782</b>	<b>\$190,416,671</b>		<b>\$197,231,448</b>	<b>\$5,918.65</b>
Administrative Adjustment Capitation Rate								0.49% \$5,947.56

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$28,827	\$11	\$0	\$61	\$28,899	1.02	\$29,466	\$4.23
DME/Supplies	\$7,558	\$17	\$0	(\$836)	\$6,739	1.16	\$7,830	\$1.12
Emergency	\$837	\$2	\$0	\$0	\$839	1.05	\$884	\$0.13
FQHC	\$147	\$1	\$0	\$0	\$149	1.24	\$184	\$0.03
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$218,810	\$966	\$0	\$10,579	\$230,355	1.07	\$247,395	\$35.49
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$2,179	\$5	\$0	(\$262)	\$1,922	1.16	\$2,234	\$0.32
Medicare Xover - IP	\$188,410	\$674	\$0	\$0	\$189,085	1.15	\$217,006	\$31.13
Medicare Xover - Nursing Facility	\$262,823	\$940	\$14,692	\$0	\$278,456	1.15	\$319,574	\$45.85
Medicare Xover - OP	\$103,657	\$371	\$0	\$0	\$104,028	1.15	\$119,389	\$17.13
Medicare Xover - Other	\$61,115	\$219	\$48	\$0	\$61,382	1.15	\$70,446	\$10.11
Medicare Xover - Physician	\$297,933	\$1,066	\$2	\$0	\$299,001	1.15	\$343,154	\$49.23
Nursing Facility	\$25,138,203	\$9,567	\$4,866,530	\$1,294,458	\$31,308,759	1.03	\$32,386,146	\$4,646.34
Outpatient - Other	\$3,340	\$8	\$0	\$0	\$3,348	1.05	\$3,528	\$0.51
Outpatient - Psychological	\$107	\$0	\$0	\$0	\$108	1.05	\$113	\$0.02
Personal Care Services	\$980	\$0	\$0	\$2	\$983	1.02	\$1,002	\$0.14
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$265,982	\$72	\$0	(\$36,678)	\$229,376	0.85	\$194,511	\$27.91
Physician - Other Practitioner	\$9,911	\$89	\$0	\$0	\$10,000	1.24	\$12,374	\$1.78
Physician - PCP	\$3,977	\$36	\$0	\$0	\$4,013	1.24	\$4,966	\$0.71
Physician - Specialist	\$3,381	\$30	\$0	\$0	\$3,411	1.24	\$4,221	\$0.61
Pharmacy	\$147,333	\$26	\$0	(\$5,383)	\$141,976	0.94	\$134,025	\$19.23
Transportation - Emergency	\$305	\$1	\$0	\$29	\$336	1.16	\$390	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$26,745,816</b>	<b>\$14,102</b>	<b>\$4,881,273</b>	<b>\$1,261,971</b>	<b>\$32,903,162</b>		<b>\$34,098,837</b>	<b>\$4,939.27</b>
Administrative Adjustment Capitation Rate								0.49% \$4,963.36

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$501	\$0	\$0	\$81	\$582	1.02	\$593	\$0.01
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$45,072	\$17	\$618	\$97	\$45,803	1.02	\$46,702	\$0.88
DME/Supplies	\$36,250	\$83	\$0	(\$4,011)	\$32,321	1.16	\$37,558	\$0.71
Emergency	\$680	\$2	\$0	\$0	\$682	1.05	\$719	\$0.01
FQHC	\$1,797	\$16	\$0	\$0	\$1,813	1.24	\$2,243	\$0.04
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$271,273	\$1,198	\$0	\$13,115	\$285,586	1.07	\$306,712	\$5.77
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$10,650	\$24	\$0	(\$1,281)	\$9,393	1.16	\$10,915	\$0.21
Medicare Xover - IP	\$877,509	\$3,139	\$0	\$0	\$880,649	1.15	\$1,010,692	\$19.01
Medicare Xover - Nursing Facility	\$1,271,020	\$4,547	\$15,272	\$0	\$1,290,840	1.15	\$1,481,455	\$27.87
Medicare Xover - OP	\$487,630	\$1,745	\$0	\$0	\$489,374	1.15	\$561,639	\$10.57
Medicare Xover - Other	\$147,301	\$527	\$0	\$0	\$147,828	1.15	\$169,657	\$3.19
Medicare Xover - Physician	\$744,795	\$2,665	\$21	\$0	\$747,481	1.15	\$857,860	\$16.14
Nursing Facility	\$183,273,786	\$69,749	\$43,079,196	\$9,765,170	\$236,187,900	1.03	\$244,315,526	\$4,596.33
Outpatient - Other	\$5,048	\$12	\$0	\$0	\$5,061	1.05	\$5,332	\$0.10
Outpatient - Psychological	\$26	\$0	\$0	\$0	\$26	1.05	\$28	\$0.00
Personal Care Services	\$26,921	\$10	\$0	\$64	\$26,995	1.02	\$27,525	\$0.52
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$101	\$0	\$0	\$0	\$101	0.85	\$86	\$0.00
Physician - OP Mental Health	\$214,821	\$58	\$0	(\$29,623)	\$185,256	0.85	\$157,097	\$2.96
Physician - Other Practitioner	\$25,366	\$229	\$0	\$0	\$25,594	1.24	\$31,669	\$0.60
Physician - PCP	\$11,021	\$99	\$0	\$0	\$11,121	1.24	\$13,760	\$0.26
Physician - Specialist	\$8,954	\$81	\$0	\$0	\$9,035	1.24	\$11,179	\$0.21
Pharmacy	\$899,857	\$157	\$0	(\$32,876)	\$867,137	0.94	\$818,578	\$15.40
Transportation - Emergency	\$2,037	\$5	\$0	\$196	\$2,237	1.16	\$2,600	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$188,362,416</b>	<b>\$84,362</b>	<b>\$43,095,107</b>	<b>\$9,710,931</b>	<b>\$241,252,816</b>		<b>\$249,870,124</b>	<b>\$4,748.05</b>
Administrative Adjustment Capitation Rate								0.49% \$4,771.20

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$8,292	\$3	\$0	\$18	\$8,313	1.02	\$8,476	\$2.66
DME/Supplies	\$8,106	\$19	\$0	(\$897)	\$7,227	1.16	\$8,398	\$2.64
Emergency	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Home Health Services	\$116	\$0	\$0	\$0	\$116	1.02	\$118	\$0.04
Inpatient - Medical/Surgical	\$12,587	\$56	\$0	\$609	\$13,251	1.07	\$14,231	\$4.47
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$802	\$2	\$0	(\$96)	\$707	1.16	\$822	\$0.26
Medicare Xover - IP	\$96,654	\$346	\$0	\$0	\$96,999	1.15	\$111,323	\$34.98
Medicare Xover - Nursing Facility	\$164,144	\$587	\$9,225	\$0	\$173,956	1.15	\$199,644	\$62.73
Medicare Xover - OP	\$45,966	\$164	\$0	\$0	\$46,130	1.15	\$52,942	\$16.64
Medicare Xover - Other	\$19,835	\$71	\$0	\$0	\$19,906	1.15	\$22,845	\$7.18
Medicare Xover - Physician	\$106,898	\$382	\$1	\$0	\$107,282	1.15	\$123,124	\$38.69
Nursing Facility	\$10,008,683	\$3,809	\$2,357,519	\$533,494	\$12,903,505	1.03	\$13,347,537	\$4,194.02
Outpatient - Other	\$1,160	\$3	\$0	\$0	\$1,163	1.05	\$1,225	\$0.38
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$284	\$0	\$0	\$1	\$285	1.02	\$290	\$0.09
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$27,823	\$7	\$0	(\$3,837)	\$23,994	0.85	\$20,347	\$6.39
Physician - Other Practitioner	\$5,102	\$46	\$0	\$0	\$5,148	1.24	\$6,370	\$2.00
Physician - PCP	\$797	\$7	\$0	\$0	\$804	1.24	\$995	\$0.31
Physician - Specialist	\$454	\$4	\$0	\$0	\$458	1.24	\$566	\$0.18
Pharmacy	\$34,086	\$6	\$0	(\$1,245)	\$32,847	0.94	\$31,007	\$9.74
Transportation - Emergency	\$3,500	\$8	\$0	\$337	\$3,845	1.16	\$4,467	\$1.40
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$10,545,288</b>	<b>\$5,521</b>	<b>\$2,366,745</b>	<b>\$528,382</b>	<b>\$13,445,935</b>		<b>\$13,954,728</b>	<b>\$4,432.03</b>
Administrative Adjustment Capitation Rate								0.49% \$4,453.62

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Institutional**

**Exhibit 4a**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$28,819	\$11	\$0	\$61	\$28,891	1.02	\$29,458	\$1.09
DME/Supplies	\$22,110	\$51	\$515	(\$2,503)	\$20,171	1.16	\$23,440	\$0.86
Emergency	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
FQHC	\$118	\$1	\$0	\$0	\$119	1.24	\$147	\$0.01
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.02	\$0	\$0.00
Inpatient - Medical/Surgical	\$45,526	\$201	\$0	\$2,201	\$47,928	1.07	\$51,474	\$1.90
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$3,717	\$8	\$0	(\$447)	\$3,279	1.16	\$3,810	\$0.14
Medicare Xover - IP	\$508,167	\$1,818	\$0	\$0	\$509,985	1.15	\$585,294	\$21.60
Medicare Xover - Nursing Facility	\$846,385	\$3,028	\$15,577	\$0	\$864,990	1.15	\$992,721	\$36.63
Medicare Xover - OP	\$188,300	\$674	\$0	\$0	\$188,974	1.15	\$216,880	\$8.00
Medicare Xover - Other	\$64,311	\$230	\$0	\$0	\$64,541	1.15	\$74,071	\$2.73
Medicare Xover - Physician	\$385,319	\$1,379	\$1	\$0	\$386,698	1.15	\$443,801	\$16.38
Nursing Facility	\$93,430,992	\$35,557	\$23,354,435	\$5,038,261	\$121,859,244	1.03	\$126,052,627	\$4,651.55
Outpatient - Other	\$1,982	\$5	\$0	\$0	\$1,987	1.05	\$2,094	\$0.08
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$2,960	\$1	\$0	\$7	\$2,968	1.02	\$3,027	\$0.11
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.85	\$0	\$0.00
Physician - OP Mental Health	\$11,034	\$3	\$0	(\$1,522)	\$9,515	0.85	\$8,069	\$0.30
Physician - Other Practitioner	\$13,939	\$126	\$0	\$0	\$14,065	1.24	\$17,403	\$0.64
Physician - PCP	\$2,957	\$27	\$87	\$0	\$3,071	1.24	\$3,799	\$0.14
Physician - Specialist	\$3,183	\$29	\$0	\$0	\$3,212	1.24	\$3,974	\$0.15
Pharmacy	\$354,461	\$62	\$0	(\$12,950)	\$341,572	0.94	\$322,444	\$11.90
Transportation - Emergency	\$522	\$1	\$0	\$50	\$573	1.16	\$666	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$95,914,801</b>	<b>\$43,210</b>	<b>\$23,370,614</b>	<b>\$5,023,158</b>	<b>\$124,351,783</b>		<b>\$128,835,197</b>	<b>\$4,801.46</b>
Administrative Adjustment Capitation Rate								0.49% \$4,824.87

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$952,633	\$373	\$25,936	\$157,740	\$1,136,682	0.96	\$1,090,922	\$42.95
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$18,512,971	\$3,993	\$163,511	\$39,724	\$18,720,200	1.29	\$24,055,659	\$947.10
DME/Supplies	\$1,758,610	\$5,023	\$647	(\$438,742)	\$1,325,538	1.16	\$1,540,299	\$60.64
Emergency	\$1,086	\$15	\$0	\$0	\$1,101	1.05	\$1,160	\$0.05
FQHC	\$530	\$2	\$63	\$0	\$595	1.24	\$736	\$0.03
Home Health Services	\$16,243	\$6	\$0	\$0	\$16,250	0.96	\$15,595	\$0.61
Inpatient - Medical/Surgical	\$74,446	\$1,206	\$0	\$3,641	\$79,294	1.07	\$85,159	\$3.35
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$1,563	\$4	\$0	(\$188)	\$1,380	1.16	\$1,603	\$0.06
Medicare Xover - IP	\$982,990	\$3,840	\$64	\$0	\$986,893	1.03	\$1,020,486	\$40.18
Medicare Xover - Nursing Facility	\$2,250	\$9	\$0	\$0	\$2,258	1.03	\$2,335	\$0.09
Medicare Xover - OP	\$496,962	\$1,941	\$0	\$0	\$498,903	1.03	\$515,885	\$20.31
Medicare Xover - Other	\$780,816	\$3,050	\$49	\$0	\$783,914	1.03	\$810,598	\$31.91
Medicare Xover - Physician	\$612,287	\$2,392	\$82	\$0	\$614,761	1.03	\$635,687	\$25.03
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$11,428	\$155	\$0	\$0	\$11,583	1.05	\$12,205	\$0.48
Outpatient - Psychological	\$864	\$12	\$0	\$0	\$876	1.05	\$923	\$0.04
Personal Care Services	\$23,925,592	\$9,363	\$252,969	\$57,111	\$24,245,035	0.96	\$23,268,978	\$916.12
Physician - Clinic	\$216	\$1	\$0	\$0	\$217	1.24	\$269	\$0.01
Physician - IP Mental Health	\$3,200	\$4	\$0	\$0	\$3,203	0.99	\$3,184	\$0.13
Physician - OP Mental Health	\$6,140,313	\$7,156	\$1,772	(\$37,223)	\$6,112,019	0.99	\$6,075,347	\$239.19
Physician - Other Practitioner	\$631,116	\$2,837	\$295	\$0	\$634,247	1.24	\$784,783	\$30.90
Physician - PCP	\$9,134	\$41	\$411	\$0	\$9,587	1.24	\$11,862	\$0.47
Physician - Specialist	\$16,853	\$76	\$920	\$0	\$17,849	1.24	\$22,085	\$0.87
Pharmacy	\$115,053	\$0	\$0	(\$4,203)	\$110,850	0.98	\$108,190	\$4.26
Transportation - Emergency	\$916	\$3	\$0	\$88	\$1,007	1.16	\$1,170	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$55,048,074</b>	<b>\$41,501</b>	<b>\$446,718</b>	<b>(\$222,051)</b>	<b>\$55,314,242</b>		<b>\$60,065,120</b>	<b>\$2,412.05</b>
Administrative Adjustment Capitation Rate								0.49% \$2,423.69

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$2,773,406	\$1,085	\$50,463	\$455,193	\$3,280,147	0.96	\$3,148,094	\$47.41
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$37,097,981	\$8,002	\$505,676	\$79,982	\$37,691,641	1.29	\$48,434,166	\$729.40
DME/Supplies	\$4,042,892	\$11,547	\$1,448	(\$1,008,620)	\$3,047,267	1.16	\$3,540,979	\$53.33
Emergency	\$1,492	\$20	\$0	\$0	\$1,512	1.05	\$1,593	\$0.02
FQHC	\$782	\$4	\$126	\$0	\$912	1.24	\$1,128	\$0.02
Home Health Services	\$19,324	\$8	\$0	\$0	\$19,331	0.96	\$18,553	\$0.28
Inpatient - Medical/Surgical	\$583,014	\$9,444	\$0	\$28,518	\$620,976	1.07	\$666,911	\$10.04
Inpatient - Psych	\$2,542	\$41	\$0	(\$109)	\$2,474	1.07	\$2,657	\$0.04
Lab and X-ray Services	\$5,453	\$16	\$0	(\$656)	\$4,813	1.16	\$5,592	\$0.08
Medicare Xover - IP	\$2,414,568	\$9,431	\$0	\$0	\$2,424,000	1.03	\$2,506,510	\$37.75
Medicare Xover - Nursing Facility	\$4,127	\$16	\$0	\$0	\$4,143	1.03	\$4,284	\$0.06
Medicare Xover - OP	\$811,755	\$3,171	\$0	\$0	\$814,926	1.03	\$842,665	\$12.69
Medicare Xover - Other	\$936,859	\$3,659	\$82	\$0	\$940,600	1.03	\$972,617	\$14.65
Medicare Xover - Physician	\$1,290,345	\$5,040	\$206	\$0	\$1,295,591	1.03	\$1,339,691	\$20.18
Nursing Facility	\$67,701	\$26	\$12,522	\$3,461	\$83,710	1.03	\$86,591	\$1.30
Outpatient - Other	\$36,166	\$491	\$0	\$0	\$36,657	1.05	\$38,624	\$0.58
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$74,380,009	\$29,109	\$783,806	\$177,540	\$75,370,464	0.96	\$72,336,197	\$1,089.36
Physician - Clinic	\$166	\$1	\$0	\$0	\$167	1.24	\$207	\$0.00
Physician - IP Mental Health	\$1,579	\$2	\$0	\$0	\$1,581	0.99	\$1,571	\$0.02
Physician - OP Mental Health	\$13,218,056	\$15,404	\$6,751	(\$80,145)	\$13,160,066	0.99	\$13,081,106	\$197.00
Physician - Other Practitioner	\$1,193,771	\$5,365	\$567	\$0	\$1,199,702	1.24	\$1,484,447	\$22.36
Physician - PCP	\$42,679	\$192	\$1,240	\$0	\$44,111	1.24	\$54,581	\$0.82
Physician - Specialist	\$33,179	\$149	\$2,972	\$0	\$36,299	1.24	\$44,915	\$0.68
Pharmacy	\$205,070	\$0	\$0	(\$7,491)	\$197,580	0.98	\$192,838	\$2.90
Transportation - Emergency	\$2,104	\$6	\$0	\$202	\$2,312	1.16	\$2,687	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$139,165,019</b>	<b>\$102,230</b>	<b>\$1,365,859</b>	<b>(\$352,126)</b>	<b>\$140,280,982</b>		<b>\$148,809,204</b>	<b>\$2,288.24</b>
Administrative Adjustment Capitation Rate								0.49% \$2,299.28

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$142,938	\$56	\$0	\$23,041	\$166,035	0.96	\$159,351	\$7.45
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$535	\$2	\$0	\$0	\$537	1.24	\$664	\$0.03
Consumer Directed Services	\$8,420,028	\$1,816	\$78,704	\$18,077	\$8,518,625	1.29	\$10,946,525	\$511.70
DME/Supplies	\$1,508,618	\$4,309	\$1,278	(\$376,553)	\$1,137,652	1.16	\$1,321,972	\$61.80
Emergency	\$1,667	\$23	\$0	\$0	\$1,689	1.05	\$1,780	\$0.08
FQHC	\$475	\$2	\$435	\$0	\$913	1.24	\$1,129	\$0.05
Home Health Services	\$40,315	\$16	\$0	\$0	\$40,331	0.96	\$38,707	\$1.81
Inpatient - Medical/Surgical	\$282,444	\$4,575	\$0	\$13,816	\$300,835	1.07	\$323,088	\$15.10
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$3,398	\$10	\$0	(\$409)	\$2,998	1.16	\$3,484	\$0.16
Medicare Xover - IP	\$677,272	\$2,645	\$0	\$0	\$679,917	1.03	\$703,061	\$32.86
Medicare Xover - Nursing Facility	\$226	\$1	\$0	\$0	\$227	1.03	\$235	\$0.01
Medicare Xover - OP	\$490,751	\$1,917	\$0	\$0	\$492,667	1.03	\$509,437	\$23.81
Medicare Xover - Other	\$773,474	\$3,021	\$10	\$0	\$776,506	1.03	\$802,937	\$37.53
Medicare Xover - Physician	\$858,607	\$3,354	\$55	\$0	\$862,016	1.03	\$891,358	\$41.67
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$6,388	\$87	\$0	\$0	\$6,474	1.05	\$6,822	\$0.32
Outpatient - Psychological	\$43	\$1	\$0	\$0	\$43	1.05	\$46	\$0.00
Personal Care Services	\$28,546,560	\$11,172	\$232,037	\$67,976	\$28,857,745	0.96	\$27,695,989	\$1,294.67
Physician - Clinic	\$175	\$1	\$0	\$0	\$176	1.24	\$217	\$0.01
Physician - IP Mental Health	\$116	\$0	\$0	\$0	\$116	0.99	\$115	\$0.01
Physician - OP Mental Health	\$6,859,799	\$7,994	\$2,397	(\$41,587)	\$6,828,604	0.99	\$6,787,632	\$317.29
Physician - Other Practitioner	\$304,727	\$1,370	\$181	\$0	\$306,277	1.24	\$378,971	\$17.72
Physician - PCP	\$7,539	\$34	\$712	\$0	\$8,285	1.24	\$10,252	\$0.48
Physician - Specialist	\$20,256	\$91	\$2,583	\$0	\$22,929	1.24	\$28,371	\$1.33
Pharmacy	\$93,040	\$0	\$0	(\$3,399)	\$89,642	0.98	\$87,490	\$4.09
Transportation - Emergency	\$1,922	\$5	\$0	\$185	\$2,112	1.16	\$2,454	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$49,041,311</b>	<b>\$42,502</b>	<b>\$318,392</b>	<b>(\$298,853)</b>	<b>\$49,103,352</b>		<b>\$50,702,089</b>	<b>\$2,417.32</b>
Administrative Adjustment Capitation Rate								0.49% \$2,428.99

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$279,554	\$109	\$1,751	\$45,345	\$326,759	0.96	\$313,605	\$6.38
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$13,152,511	\$2,837	\$150,406	\$28,295	\$13,334,048	1.29	\$17,134,396	\$348.36
DME/Supplies	\$3,061,500	\$8,744	\$2,441	(\$764,117)	\$2,308,568	1.16	\$2,682,598	\$54.54
Emergency	\$1,998	\$27	\$0	\$0	\$2,025	1.05	\$2,133	\$0.04
FQHC	\$412	\$2	\$501	\$0	\$915	1.24	\$1,132	\$0.02
Home Health Services	\$9,748	\$4	\$0	\$0	\$9,752	0.96	\$9,360	\$0.19
Inpatient - Medical/Surgical	\$662,394	\$10,730	\$0	\$32,400	\$705,525	1.07	\$757,714	\$15.40
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$3,039	\$9	\$0	(\$366)	\$2,682	1.16	\$3,116	\$0.06
Medicare Xover - IP	\$1,496,964	\$5,847	\$0	\$0	\$1,502,811	1.03	\$1,553,966	\$31.59
Medicare Xover - Nursing Facility	\$1,905	\$7	\$0	\$0	\$1,912	1.03	\$1,977	\$0.04
Medicare Xover - OP	\$723,349	\$2,825	\$129	\$0	\$726,304	1.03	\$751,026	\$15.27
Medicare Xover - Other	\$653,501	\$2,553	\$43	\$0	\$656,097	1.03	\$678,430	\$13.79
Medicare Xover - Physician	\$1,060,140	\$4,141	\$208	\$0	\$1,064,489	1.03	\$1,100,723	\$22.38
Nursing Facility	\$8,860	\$3	\$1,461	\$445	\$10,770	1.03	\$11,140	\$0.23
Outpatient - Other	\$3,212	\$44	\$0	\$0	\$3,255	1.05	\$3,430	\$0.07
Outpatient - Psychological	\$17	\$0	\$0	\$0	\$17	1.05	\$18	\$0.00
Personal Care Services	\$70,960,392	\$27,770	\$622,899	\$169,083	\$71,780,145	0.96	\$68,890,417	\$1,400.60
Physician - Clinic	\$40	\$0	\$0	\$0	\$41	1.24	\$50	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Physician - OP Mental Health	\$13,756,932	\$16,033	\$7,821	(\$83,418)	\$13,697,367	0.99	\$13,615,183	\$276.81
Physician - Other Practitioner	\$518,363	\$2,330	\$519	\$0	\$521,211	1.24	\$644,918	\$13.11
Physician - PCP	\$16,835	\$76	\$1,700	\$0	\$18,610	1.24	\$23,028	\$0.47
Physician - Specialist	\$25,021	\$112	\$4,811	\$0	\$29,944	1.24	\$37,051	\$0.75
Pharmacy	\$156,655	\$0	\$0	(\$5,722)	\$150,933	0.98	\$147,311	\$2.99
Transportation - Emergency	\$389	\$1	\$0	\$37	\$427	1.16	\$496	\$0.01
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$106,553,729</b>	<b>\$84,206</b>	<b>\$794,690</b>	<b>(\$578,017)</b>	<b>\$106,854,608</b>		<b>\$108,363,218</b>	<b>\$2,250.33</b>
Administrative Adjustment Capitation Rate								0.49% \$2,261.18

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$89,026	\$35	\$830	\$11,100	\$100,991	0.96	\$96,925	\$11.54
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$7,228,440	\$1,559	\$83,408	\$15,552	\$7,328,959	1.29	\$9,417,791	\$1,120.95
DME/Supplies	\$477,820	\$1,365	\$3,508	(\$120,036)	\$362,656	1.16	\$421,413	\$50.16
Emergency	\$1,071	\$15	\$0	\$0	\$1,085	1.05	\$1,143	\$0.14
FQHC	\$13	\$0	\$0	\$0	\$13	1.24	\$16	\$0.00
Home Health Services	\$20,780	\$8	\$0	\$0	\$20,788	0.96	\$19,951	\$2.37
Inpatient - Medical/Surgical	\$67,035	\$1,086	\$0	\$3,279	\$71,400	1.07	\$76,682	\$9.13
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$1,352	\$4	\$0	(\$163)	\$1,193	1.16	\$1,386	\$0.17
Medicare Xover - IP	\$230,663	\$901	\$0	\$0	\$231,564	1.03	\$239,446	\$28.50
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Medicare Xover - OP	\$206,530	\$807	\$0	\$0	\$207,337	1.03	\$214,394	\$25.52
Medicare Xover - Other	\$149,792	\$585	\$0	\$0	\$150,377	1.03	\$155,495	\$18.51
Medicare Xover - Physician	\$186,158	\$727	\$10	\$0	\$186,895	1.03	\$193,256	\$23.00
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$229	\$3	\$0	\$0	\$232	1.05	\$244	\$0.03
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$12,080,111	\$4,728	\$102,132	\$28,775	\$12,215,746	0.96	\$11,723,964	\$1,395.45
Physician - Clinic	\$201	\$1	\$0	\$0	\$202	1.24	\$250	\$0.03
Physician - IP Mental Health	\$587	\$1	\$0	\$0	\$588	0.99	\$584	\$0.07
Physician - OP Mental Health	\$2,644,409	\$3,082	\$1,348	(\$16,034)	\$2,632,804	0.99	\$2,617,007	\$311.49
Physician - Other Practitioner	\$162,394	\$730	\$50	\$0	\$163,174	1.24	\$201,902	\$24.03
Physician - PCP	\$7,646	\$34	\$742	\$0	\$8,423	1.24	\$10,422	\$1.24
Physician - Specialist	\$6,992	\$31	\$130	\$0	\$7,154	1.24	\$8,852	\$1.05
Pharmacy	\$37,591	\$0	\$0	(\$1,373)	\$36,218	0.98	\$35,349	\$4.21
Transportation - Emergency	\$316	\$1	\$0	\$30	\$348	1.16	\$404	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$23,599,155</b>	<b>\$15,702</b>	<b>\$192,158</b>	<b>(\$78,870)</b>	<b>\$23,728,145</b>		<b>\$25,436,879</b>	<b>\$3,074.85</b>
Administrative Adjustment Capitation Rate								0.49% \$3,089.76

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$5,073,758	\$1,986	\$35,512	\$631,138	\$5,742,394	0.96	\$5,511,216	\$124.89
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$17,612,002	\$3,799	\$119,639	\$37,715	\$17,773,154	1.29	\$22,838,695	\$517.57
DME/Supplies	\$2,256,985	\$6,446	\$840	(\$563,080)	\$1,701,191	1.16	\$1,976,814	\$44.80
Emergency	\$1,135	\$15	\$0	\$0	\$1,150	1.05	\$1,212	\$0.03
FQHC	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Home Health Services	\$22,151	\$9	\$0	\$0	\$22,160	0.96	\$21,268	\$0.48
Inpatient - Medical/Surgical	\$4,134,177	\$66,971	\$0	\$202,220	\$4,403,367	1.07	\$4,729,094	\$107.17
Inpatient - Psych	\$8,155	\$132	\$0	(\$349)	\$7,939	1.07	\$8,526	\$0.19
Lab and X-ray Services	\$3,745	\$11	\$0	(\$451)	\$3,305	1.16	\$3,840	\$0.09
Medicare Xover - IP	\$1,012,431	\$3,955	\$0	\$0	\$1,016,386	1.03	\$1,050,983	\$23.82
Medicare Xover - Nursing Facility	\$3,426	\$13	\$0	\$0	\$3,439	1.03	\$3,556	\$0.08
Medicare Xover - OP	\$711,926	\$2,781	\$284	\$0	\$714,992	1.03	\$739,329	\$16.75
Medicare Xover - Other	\$413,780	\$1,616	\$52	\$0	\$415,449	1.03	\$429,590	\$9.74
Medicare Xover - Physician	\$799,247	\$3,122	\$33	\$0	\$802,401	1.03	\$829,714	\$18.80
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$1,940	\$26	\$0	\$0	\$1,967	1.05	\$2,072	\$0.05
Outpatient - Psychological	\$63	\$1	\$0	\$0	\$64	1.05	\$68	\$0.00
Personal Care Services	\$87,318,209	\$34,172	\$196,961	\$206,715	\$87,756,057	0.96	\$84,223,171	\$1,908.65
Physician - Clinic	\$1,175	\$5	\$0	\$0	\$1,180	1.24	\$1,460	\$0.03
Physician - IP Mental Health	\$4,666	\$5	\$0	\$0	\$4,672	0.99	\$4,644	\$0.11
Physician - OP Mental Health	\$13,645,133	\$15,902	\$22,741	(\$82,830)	\$13,600,946	0.99	\$13,519,340	\$306.37
Physician - Other Practitioner	\$417,750	\$1,878	\$29	\$0	\$419,656	1.24	\$519,260	\$11.77
Physician - PCP	\$21,099	\$95	\$631	\$0	\$21,824	1.24	\$27,004	\$0.61
Physician - Specialist	\$17,154	\$77	\$452	\$0	\$17,682	1.24	\$21,879	\$0.50
Pharmacy	\$156,409	\$0	\$0	(\$5,713)	\$150,696	0.98	\$147,079	\$3.33
Transportation - Emergency	\$905	\$3	\$0	\$87	\$994	1.16	\$1,155	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$133,637,421</b>	<b>\$143,020</b>	<b>\$377,173</b>	<b>\$425,452</b>	<b>\$134,583,066</b>		<b>\$136,610,971</b>	<b>\$3,143.08</b>
Administrative Adjustment Capitation Rate								0.49% \$3,158.32

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$140,787	\$55	\$1,882	\$22,998	\$165,722	0.96	\$159,050	\$11.83
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$13,727,376	\$2,961	\$67,638	\$29,342	\$13,827,317	1.29	\$17,768,252	\$1,321.40
DME/Supplies	\$714,664	\$2,041	\$770	(\$178,422)	\$539,053	1.16	\$626,390	\$46.58
Emergency	\$562	\$8	\$0	\$0	\$570	1.05	\$600	\$0.04
FQHC	\$168	\$1	\$430	\$0	\$599	1.24	\$741	\$0.06
Home Health Services	\$3,872	\$2	\$0	\$0	\$3,873	0.96	\$3,717	\$0.28
Inpatient - Medical/Surgical	\$101,777	\$1,649	\$0	\$4,978	\$108,404	1.07	\$116,423	\$8.66
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$1,585	\$5	\$0	(\$191)	\$1,399	1.16	\$1,626	\$0.12
Medicare Xover - IP	\$385,988	\$1,508	\$0	\$0	\$387,495	1.03	\$400,685	\$29.80
Medicare Xover - Nursing Facility	\$2,597	\$10	\$0	\$0	\$2,607	1.03	\$2,696	\$0.20
Medicare Xover - OP	\$299,858	\$1,171	\$0	\$0	\$301,029	1.03	\$311,276	\$23.15
Medicare Xover - Other	\$376,331	\$1,470	\$63	\$0	\$377,864	1.03	\$390,726	\$29.06
Medicare Xover - Physician	\$388,121	\$1,516	\$127	\$0	\$389,765	1.03	\$403,032	\$29.97
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$5,009	\$68	\$4	\$0	\$5,081	1.05	\$5,353	\$0.40
Outpatient - Psychological	\$35	\$0	\$0	\$0	\$35	1.05	\$37	\$0.00
Personal Care Services	\$5,960,932	\$2,333	\$59,958	\$14,222	\$6,037,445	0.96	\$5,794,389	\$430.92
Physician - Clinic	\$312	\$1	\$0	\$0	\$314	1.24	\$388	\$0.03
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Physician - OP Mental Health	\$2,705,594	\$3,153	\$131	(\$16,397)	\$2,692,481	0.99	\$2,676,326	\$199.03
Physician - Other Practitioner	\$471,460	\$2,119	\$163	\$0	\$473,742	1.24	\$586,182	\$43.59
Physician - PCP	\$18,277	\$82	\$90	\$0	\$18,449	1.24	\$22,828	\$1.70
Physician - Specialist	\$5,309	\$24	\$326	\$0	\$5,659	1.24	\$7,003	\$0.52
Pharmacy	\$75,974	\$0	\$0	(\$2,775)	\$73,199	0.98	\$71,443	\$5.31
Transportation - Emergency	\$456	\$1	\$0	\$44	\$501	1.16	\$582	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$25,387,046</b>	<b>\$20,178</b>	<b>\$131,582</b>	<b>(\$126,203)</b>	<b>\$25,412,604</b>		<b>\$29,349,745</b>	<b>\$2,229.92</b>
Administrative Adjustment Capitation Rate								0.49% \$2,240.67

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$360,547	\$141	\$12,085	\$60,066	\$432,840	0.96	\$415,415	\$16.63
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$20,158,025	\$4,348	\$196,859	\$43,294	\$20,402,526	1.29	\$26,217,467	\$1,049.24
DME/Supplies	\$1,292,207	\$3,691	\$250	(\$322,327)	\$973,821	1.16	\$1,131,598	\$45.29
Emergency	\$446	\$6	\$0	\$0	\$452	1.05	\$476	\$0.02
FQHC	\$144	\$1	\$0	\$0	\$144	1.24	\$178	\$0.01
Home Health Services	\$2,169	\$1	\$0	\$0	\$2,170	0.96	\$2,083	\$0.08
Inpatient - Medical/Surgical	\$191,355	\$3,100	\$0	\$9,360	\$203,815	1.07	\$218,892	\$8.76
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$1,787	\$5	\$0	(\$215)	\$1,577	1.16	\$1,833	\$0.07
Medicare Xover - IP	\$868,840	\$3,394	\$1,184	\$0	\$873,418	1.03	\$903,148	\$36.14
Medicare Xover - Nursing Facility	\$2,569	\$10	\$0	\$0	\$2,579	1.03	\$2,666	\$0.11
Medicare Xover - OP	\$408,572	\$1,596	\$3	\$0	\$410,171	1.03	\$424,133	\$16.97
Medicare Xover - Other	\$428,351	\$1,673	\$30	\$0	\$430,054	1.03	\$444,693	\$17.80
Medicare Xover - Physician	\$365,711	\$1,428	\$52	\$0	\$367,192	1.03	\$379,691	\$15.20
Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.03	\$0	\$0.00
Outpatient - Other	\$6,149	\$83	\$0	\$0	\$6,232	1.05	\$6,566	\$0.26
Outpatient - Psychological	\$19	\$0	\$0	\$0	\$19	1.05	\$20	\$0.00
Personal Care Services	\$16,367,576	\$6,405	\$162,562	\$39,045	\$16,575,588	0.96	\$15,908,288	\$636.66
Physician - Clinic	\$71	\$0	\$0	\$0	\$71	1.24	\$88	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Physician - OP Mental Health	\$3,270,230	\$3,811	\$2,804	(\$19,835)	\$3,257,010	0.99	\$3,237,468	\$129.57
Physician - Other Practitioner	\$716,735	\$3,221	\$411	\$0	\$720,367	1.24	\$891,343	\$35.67
Physician - PCP	\$25,922	\$117	\$390	\$0	\$26,428	1.24	\$32,701	\$1.31
Physician - Specialist	\$6,556	\$29	\$646	\$0	\$7,231	1.24	\$8,948	\$0.36
Pharmacy	\$91,707	\$0	\$0	(\$3,350)	\$88,358	0.98	\$86,237	\$3.45
Transportation - Emergency	\$1,698	\$5	\$0	\$163	\$1,866	1.16	\$2,169	\$0.09
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$44,567,385</b>	<b>\$33,067</b>	<b>\$377,277</b>	<b>(\$193,798)</b>	<b>\$44,783,930</b>		<b>\$50,316,099</b>	<b>\$2,060.91</b>
Administrative Adjustment Capitation Rate								0.49% \$2,070.82

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$149,943	\$59	\$888	\$24,313	\$175,203	0.96	\$168,149	\$23.38
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$8,292,821	\$1,789	\$105,948	\$17,864	\$8,418,421	1.29	\$10,817,762	\$1,504.43
DME/Supplies	\$427,523	\$1,221	\$936	(\$106,853)	\$322,827	1.16	\$375,130	\$52.17
Emergency	\$30	\$0	\$0	\$0	\$30	1.05	\$32	\$0.00
FQHC	\$248	\$1	\$76	\$0	\$325	1.24	\$402	\$0.06
Home Health Services	\$7,707	\$3	\$0	\$0	\$7,710	0.96	\$7,400	\$1.03
Inpatient - Medical/Surgical	\$84,849	\$1,374	\$0	\$4,150	\$90,373	1.07	\$97,059	\$13.50
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$502	\$1	\$0	(\$60)	\$443	1.16	\$515	\$0.07
Medicare Xover - IP	\$210,107	\$821	\$0	\$0	\$210,928	1.03	\$218,108	\$30.33
Medicare Xover - Nursing Facility	\$201	\$1	\$0	\$0	\$202	1.03	\$209	\$0.03
Medicare Xover - OP	\$276,512	\$1,080	\$0	\$0	\$277,592	1.03	\$287,041	\$39.92
Medicare Xover - Other	\$240,159	\$938	\$42	\$0	\$241,139	1.03	\$249,347	\$34.68
Medicare Xover - Physician	\$145,619	\$569	\$2	\$0	\$146,190	1.03	\$151,166	\$21.02
Nursing Facility	\$4,827	\$2	\$941	\$249	\$6,019	1.03	\$6,227	\$0.87
Outpatient - Other	\$4,867	\$66	\$0	\$0	\$4,933	1.05	\$5,198	\$0.72
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$3,127,613	\$1,224	\$31,604	\$7,462	\$3,167,903	0.96	\$3,040,369	\$422.83
Physician - Clinic	\$14	\$0	\$0	\$0	\$14	1.24	\$17	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Physician - OP Mental Health	\$807,321	\$941	\$73	(\$4,893)	\$803,443	0.99	\$798,622	\$111.06
Physician - Other Practitioner	\$179,930	\$809	\$163	\$0	\$180,902	1.24	\$223,838	\$31.13
Physician - PCP	\$1,338	\$6	\$22	\$0	\$1,365	1.24	\$1,690	\$0.23
Physician - Specialist	\$1,627	\$7	\$35	\$0	\$1,669	1.24	\$2,065	\$0.29
Pharmacy	\$32,029	\$0	\$0	(\$1,170)	\$30,859	0.98	\$30,118	\$4.19
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.16	\$0	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$13,995,786</b>	<b>\$10,912</b>	<b>\$140,730</b>	<b>(\$58,938)</b>	<b>\$14,088,490</b>		<b>\$16,480,464</b>	<b>\$2,339.17</b>
Administrative Adjustment Capitation Rate								0.49% \$2,350.46

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Nursing Home Eligible - Waiver**

**Exhibit 4b**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$560,353	\$219	\$914	\$90,474	\$651,960	0.96	\$625,713	\$38.77
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$12,962,219	\$2,796	\$119,037	\$27,824	\$13,111,875	1.29	\$16,848,901	\$1,044.01
DME/Supplies	\$783,180	\$2,237	\$581	(\$195,462)	\$590,535	1.16	\$686,212	\$42.52
Emergency	\$1,870	\$25	\$0	\$0	\$1,896	1.05	\$1,997	\$0.12
FQHC	(\$0)	(\$0)	\$0	\$0	(\$0)	1.24	(\$0)	(\$0.00)
Home Health Services	\$0	\$0	\$0	\$0	\$0	0.96	\$0	\$0.00
Inpatient - Medical/Surgical	\$80,109	\$1,298	\$0	\$3,918	\$85,325	1.07	\$91,637	\$5.68
Inpatient - Psych	\$6,291	\$102	\$0	(\$269)	\$6,125	1.07	\$6,578	\$0.41
Lab and X-ray Services	\$817	\$2	\$0	(\$98)	\$721	1.16	\$838	\$0.05
Medicare Xover - IP	\$524,305	\$2,048	\$0	\$0	\$526,353	1.03	\$544,269	\$33.72
Medicare Xover - Nursing Facility	\$1,567	\$6	\$0	\$0	\$1,573	1.03	\$1,627	\$0.10
Medicare Xover - OP	\$306,573	\$1,197	\$0	\$0	\$307,770	1.03	\$318,247	\$19.72
Medicare Xover - Other	\$211,058	\$824	\$26	\$0	\$211,909	1.03	\$219,122	\$13.58
Medicare Xover - Physician	\$309,457	\$1,209	\$49	\$0	\$310,715	1.03	\$321,292	\$19.91
Nursing Facility	\$3,879	\$1	\$2,388	\$270	\$6,539	1.03	\$6,764	\$0.42
Outpatient - Other	\$8,064	\$109	\$0	\$0	\$8,173	1.05	\$8,612	\$0.53
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$9,948,073	\$3,893	\$150,094	\$23,852	\$10,125,912	0.96	\$9,718,262	\$602.17
Physician - Clinic	\$41	\$0	\$0	\$0	\$41	1.24	\$51	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.99	\$0	\$0.00
Physician - OP Mental Health	\$1,775,724	\$2,069	\$305	(\$10,763)	\$1,767,335	0.99	\$1,756,731	\$108.85
Physician - Other Practitioner	\$363,467	\$1,634	\$60	\$0	\$365,160	1.24	\$451,830	\$28.00
Physician - PCP	\$4,981	\$22	\$12	\$0	\$5,016	1.24	\$6,206	\$0.38
Physician - Specialist	\$5,974	\$27	\$9	\$0	\$6,010	1.24	\$7,436	\$0.46
Pharmacy	\$40,457	\$0	\$0	(\$1,478)	\$38,979	0.98	\$38,044	\$2.36
Transportation - Emergency	\$399	\$1	\$0	\$38	\$438	1.16	\$509	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$47.22
<b>Total</b>	<b>\$27,898,859</b>	<b>\$19,722</b>	<b>\$273,473</b>	<b>(\$61,694)</b>	<b>\$28,130,361</b>		<b>\$31,660,878</b>	<b>\$2,009.02</b>
Administrative Adjustment Capitation Rate								0.49% \$2,018.68

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$220,570	\$44	\$0	\$469	\$221,083	1.09	\$240,340	\$1.19
DME/Supplies	\$896,575	\$2,230	\$0	(\$193,753)	\$705,052	1.16	\$819,283	\$4.07
Emergency	\$89,900	\$2,899	\$0	\$0	\$92,798	1.05	\$97,778	\$0.49
FQHC	\$6,282	\$38	\$0	\$0	\$6,320	1.24	\$7,820	\$0.04
Home Health Services	\$2,820	\$1	\$0	\$0	\$2,820	1.09	\$3,066	\$0.02
Inpatient - Medical/Surgical	\$789,632	\$11,458	\$0	\$38,560	\$839,651	1.07	\$901,762	\$4.48
Inpatient - Psych	\$143,544	\$2,083	\$0	(\$6,125)	\$139,502	1.07	\$149,822	\$0.74
Lab and X-ray Services	\$41,423	\$103	\$0	(\$4,983)	\$36,543	1.16	\$42,464	\$0.21
Medicare Xover - IP	\$3,181,425	\$16,384	\$0	\$0	\$3,197,809	1.11	\$3,546,839	\$17.63
Medicare Xover - Nursing Facility	\$40,174	\$207	\$867	\$0	\$41,248	1.11	\$45,750	\$0.23
Medicare Xover - OP	\$3,125,980	\$16,098	\$10	\$0	\$3,142,088	1.11	\$3,485,037	\$17.32
Medicare Xover - Other	\$931,169	\$4,795	\$365	\$0	\$936,329	1.11	\$1,038,526	\$5.16
Medicare Xover - Physician	\$3,721,032	\$19,163	\$1,024	\$0	\$3,741,219	1.11	\$4,149,561	\$20.62
Nursing Facility	\$862,483	\$3,473	\$242,687	\$47,814	\$1,156,457	0.96	\$1,112,512	\$5.53
Outpatient - Other	\$225,302	\$7,265	\$0	\$0	\$232,567	1.05	\$245,047	\$1.22
Outpatient - Psychological	\$2,163	\$70	\$0	\$0	\$2,233	1.05	\$2,353	\$0.01
Personal Care Services	\$1,273	\$0	\$70	\$3	\$1,347	1.09	\$1,464	\$0.01
Physician - Clinic	\$93,688	\$564	\$0	\$0	\$94,252	1.24	\$116,622	\$0.58
Physician - IP Mental Health	\$28,223	\$44	\$0	\$0	\$28,267	1.37	\$38,734	\$0.19
Physician - OP Mental Health	\$46,712,147	\$72,993	\$0	\$0	\$46,785,140	1.37	\$64,109,486	\$318.63
Physician - Other Practitioner	\$95,972	\$578	\$0	\$0	\$96,550	1.24	\$119,465	\$0.59
Physician - PCP	\$137,730	\$829	\$140	\$0	\$138,699	1.24	\$171,619	\$0.85
Physician - Specialist	\$260,435	\$1,568	\$27	\$0	\$262,031	1.24	\$324,222	\$1.61
Pharmacy	\$564,975	\$81	\$0	(\$22,602)	\$542,454	0.86	\$467,595	\$2.32
Transportation - Emergency	\$14,827	\$37	\$0	\$1,426	\$16,290	1.16	\$18,929	\$0.09
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$62,189,743</b>	<b>\$163,006</b>	<b>\$245,189</b>	<b>(\$139,191)</b>	<b>\$62,458,748</b>		<b>\$81,256,095</b>	<b>\$435.35</b>
Administrative Adjustment Capitation Rate								0.49% \$437.34

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Central Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$10,898	\$2	\$0	\$1,756	\$12,657	1.09	\$13,759	\$0.09
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$499,006	\$100	\$1,601	\$1,065	\$501,772	1.09	\$545,478	\$3.39
DME/Supplies	\$1,114,958	\$2,773	\$0	(\$240,946)	\$876,786	1.16	\$1,018,841	\$6.33
Emergency	\$18,777	\$605	\$0	\$0	\$19,382	1.05	\$20,423	\$0.13
FQHC	\$3,148	\$19	\$0	\$0	\$3,167	1.24	\$3,919	\$0.02
Home Health Services	\$1,213	\$0	\$0	\$0	\$1,213	1.09	\$1,318	\$0.01
Inpatient - Medical/Surgical	\$1,247,466	\$18,102	\$0	\$60,917	\$1,326,485	1.07	\$1,424,609	\$8.85
Inpatient - Psych	\$33,997	\$493	\$0	(\$1,451)	\$33,040	1.07	\$35,484	\$0.22
Lab and X-ray Services	\$9,802	\$24	\$0	(\$1,179)	\$8,648	1.16	\$10,049	\$0.06
Medicare Xover - IP	\$2,881,270	\$14,838	\$221	\$0	\$2,896,329	1.11	\$3,212,454	\$19.96
Medicare Xover - Nursing Facility	\$202,289	\$1,042	\$5,150	\$0	\$208,481	1.11	\$231,236	\$1.44
Medicare Xover - OP	\$1,721,266	\$8,864	\$0	\$0	\$1,730,130	1.11	\$1,918,969	\$11.92
Medicare Xover - Other	\$630,216	\$3,246	\$190	\$0	\$633,652	1.11	\$702,813	\$4.37
Medicare Xover - Physician	\$2,840,942	\$14,630	\$448	\$0	\$2,856,020	1.11	\$3,167,746	\$19.68
Nursing Facility	\$6,434,699	\$25,913	\$1,649,861	\$349,789	\$8,460,262	0.96	\$8,138,772	\$50.56
Outpatient - Other	\$54,332	\$1,752	\$0	\$0	\$56,084	1.05	\$59,094	\$0.37
Outpatient - Psychological	\$101	\$3	\$0	\$0	\$105	1.05	\$110	\$0.00
Personal Care Services	\$122,493	\$25	\$230	\$290	\$123,038	1.09	\$133,755	\$0.83
Physician - Clinic	\$1,389	\$8	\$0	\$0	\$1,398	1.24	\$1,730	\$0.01
Physician - IP Mental Health	\$3,000	\$5	\$0	\$0	\$3,005	1.37	\$4,117	\$0.03
Physician - OP Mental Health	\$7,397,311	\$11,559	\$0	\$0	\$7,408,870	1.37	\$10,152,344	\$63.07
Physician - Other Practitioner	\$66,290	\$399	\$61	\$0	\$66,750	1.24	\$82,593	\$0.51
Physician - PCP	\$103,132	\$621	\$0	\$0	\$103,753	1.24	\$128,378	\$0.80
Physician - Specialist	\$103,106	\$621	\$210	\$0	\$103,937	1.24	\$128,607	\$0.80
Pharmacy	\$348,823	\$50	\$0	(\$13,955)	\$334,918	0.86	\$288,699	\$1.79
Transportation - Emergency	\$8,506	\$21	\$0	\$818	\$9,346	1.16	\$10,860	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$25,858,431</b>	<b>\$105,718</b>	<b>\$1,657,973</b>	<b>\$157,105</b>	<b>\$27,779,226</b>		<b>\$31,436,153</b>	<b>\$226.81</b>
Administrative Adjustment Capitation Rate								0.49% \$227.77

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$122	\$1	\$0	\$0	\$122	1.24	\$151	\$0.00
Consumer Directed Services	\$63,508	\$13	\$0	\$135	\$63,656	1.09	\$69,200	\$0.38
DME/Supplies	\$685,802	\$1,706	\$0	(\$148,204)	\$539,304	1.16	\$626,680	\$3.45
Emergency	\$54,377	\$1,753	\$0	\$0	\$56,130	1.05	\$59,142	\$0.33
FQHC	\$6,394	\$39	\$0	\$0	\$6,433	1.24	\$7,959	\$0.04
Home Health Services	\$27,057	\$5	\$0	\$0	\$27,063	1.09	\$29,420	\$0.16
Inpatient - Medical/Surgical	\$876,313	\$12,716	\$0	\$42,793	\$931,822	1.07	\$1,000,751	\$5.52
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$36,849	\$92	\$0	(\$4,433)	\$32,508	1.16	\$37,775	\$0.21
Medicare Xover - IP	\$2,073,242	\$10,677	\$18	\$0	\$2,083,937	1.11	\$2,311,392	\$12.74
Medicare Xover - Nursing Facility	\$53,616	\$276	\$4,873	\$0	\$58,766	1.11	\$65,180	\$0.36
Medicare Xover - OP	\$2,730,760	\$14,063	\$281	\$0	\$2,745,104	1.11	\$3,044,724	\$16.78
Medicare Xover - Other	\$986,537	\$5,081	\$99	\$0	\$991,717	1.11	\$1,099,960	\$6.06
Medicare Xover - Physician	\$3,867,689	\$19,918	\$1,051	\$0	\$3,888,657	1.11	\$4,313,092	\$23.77
Nursing Facility	\$952,662	\$3,836	\$226,748	\$51,031	\$1,234,278	0.96	\$1,187,375	\$6.54
Outpatient - Other	\$62,189	\$2,005	\$0	\$0	\$64,194	1.05	\$67,639	\$0.37
Outpatient - Psychological	\$246	\$8	\$0	\$0	\$254	1.05	\$268	\$0.00
Personal Care Services	\$58,619	\$12	\$0	\$138	\$58,770	1.09	\$63,889	\$0.35
Physician - Clinic	\$13,477	\$81	\$0	\$0	\$13,558	1.24	\$16,776	\$0.09
Physician - IP Mental Health	\$1,370	\$2	\$0	\$0	\$1,372	1.37	\$1,881	\$0.01
Physician - OP Mental Health	\$32,562,442	\$50,882	\$0	\$0	\$32,613,325	1.37	\$44,689,906	\$246.32
Physician - Other Practitioner	\$109,475	\$659	\$0	\$0	\$110,134	1.24	\$136,274	\$0.75
Physician - PCP	\$105,984	\$638	\$741	\$0	\$107,363	1.24	\$132,846	\$0.73
Physician - Specialist	\$207,441	\$1,249	\$71	\$0	\$208,762	1.24	\$258,311	\$1.42
Pharmacy	\$442,943	\$63	\$0	(\$17,720)	\$425,286	0.86	\$366,597	\$2.02
Transportation - Emergency	\$2,952	\$7	\$0	\$284	\$3,244	1.16	\$3,769	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$45,982,068</b>	<b>\$125,784</b>	<b>\$233,882</b>	<b>(\$75,976)</b>	<b>\$46,265,758</b>		<b>\$59,590,955</b>	<b>\$359.95</b>
Administrative Adjustment Capitation Rate								0.49% \$361.56

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$3,195	\$1	\$0	\$515	\$3,711	1.09	\$4,034	\$0.03
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$188,116	\$38	\$391	\$401	\$188,946	1.09	\$205,404	\$1.43
DME/Supplies	\$857,202	\$2,132	\$0	(\$185,244)	\$674,090	1.16	\$783,304	\$5.45
Emergency	\$17,144	\$553	\$0	\$0	\$17,697	1.05	\$18,646	\$0.13
FQHC	\$5,628	\$34	\$0	\$0	\$5,662	1.24	\$7,006	\$0.05
Home Health Services	\$7,633	\$2	\$0	\$0	\$7,635	1.09	\$8,300	\$0.06
Inpatient - Medical/Surgical	\$1,827,814	\$26,524	\$0	\$89,258	\$1,943,595	1.07	\$2,087,367	\$14.51
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$11,968	\$30	\$0	(\$1,440)	\$10,558	1.16	\$12,268	\$0.09
Medicare Xover - IP	\$2,149,245	\$11,068	\$12	\$0	\$2,160,325	1.11	\$2,396,118	\$16.66
Medicare Xover - Nursing Facility	\$160,140	\$825	\$5,562	\$0	\$166,526	1.11	\$184,702	\$1.28
Medicare Xover - OP	\$1,711,061	\$8,812	\$10	\$0	\$1,719,883	1.11	\$1,907,603	\$13.26
Medicare Xover - Other	\$655,187	\$3,374	\$93	\$0	\$658,655	1.11	\$730,545	\$5.08
Medicare Xover - Physician	\$2,856,298	\$14,710	\$488	\$0	\$2,871,495	1.11	\$3,184,910	\$22.14
Nursing Facility	\$4,852,083	\$19,540	\$1,382,855	\$269,743	\$6,524,221	0.96	\$6,276,300	\$43.64
Outpatient - Other	\$66,953	\$2,159	\$0	\$0	\$69,111	1.05	\$72,820	\$0.51
Outpatient - Psychological	\$82	\$3	\$0	\$0	\$85	1.05	\$89	\$0.00
Personal Care Services	\$114,754	\$23	\$860	\$273	\$115,911	1.09	\$126,007	\$0.88
Physician - Clinic	\$45	\$0	\$0	\$0	\$45	1.24	\$56	\$0.00
Physician - IP Mental Health	\$191	\$0	\$0	\$0	\$192	1.37	\$263	\$0.00
Physician - OP Mental Health	\$5,746,881	\$8,980	\$0	\$0	\$5,755,861	1.37	\$7,887,233	\$54.84
Physician - Other Practitioner	\$52,741	\$318	\$0	\$0	\$53,058	1.24	\$65,651	\$0.46
Physician - PCP	\$80,188	\$483	\$1,387	\$0	\$82,058	1.24	\$101,534	\$0.71
Physician - Specialist	\$93,998	\$566	\$62	\$0	\$94,626	1.24	\$117,085	\$0.81
Pharmacy	\$341,421	\$49	\$0	(\$13,659)	\$327,811	0.86	\$282,573	\$1.96
Transportation - Emergency	\$4,013	\$10	\$0	\$386	\$4,409	1.16	\$5,123	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$21,803,982</b>	<b>\$100,231</b>	<b>\$1,391,720</b>	<b>\$160,233</b>	<b>\$23,456,166</b>		<b>\$26,464,943</b>	<b>\$215.51</b>
Administrative Adjustment Capitation Rate								0.49% \$216.42

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$45,179	\$9	\$0	\$96	\$45,284	1.09	\$49,228	\$0.76
DME/Supplies	\$239,344	\$595	\$0	(\$51,723)	\$188,216	1.16	\$218,711	\$3.38
Emergency	\$19,124	\$617	\$0	\$0	\$19,741	1.05	\$20,800	\$0.32
FQHC	\$839	\$5	\$0	\$0	\$844	1.24	\$1,044	\$0.02
Home Health Services	\$1,088	\$0	\$0	\$0	\$1,089	1.09	\$1,183	\$0.02
Inpatient - Medical/Surgical	\$474,513	\$6,886	\$0	\$23,172	\$504,571	1.07	\$541,895	\$8.38
Inpatient - Psych	\$25,594	\$371	\$0	(\$1,092)	\$24,873	1.07	\$26,713	\$0.41
Lab and X-ray Services	\$11,514	\$29	\$0	(\$1,385)	\$10,157	1.16	\$11,803	\$0.18
Medicare Xover - IP	\$1,121,398	\$5,775	\$0	\$0	\$1,127,173	1.11	\$1,250,200	\$19.32
Medicare Xover - Nursing Facility	\$32,866	\$169	\$1,093	\$0	\$34,128	1.11	\$37,853	\$0.59
Medicare Xover - OP	\$1,150,070	\$5,923	\$62	\$0	\$1,156,055	1.11	\$1,282,234	\$19.82
Medicare Xover - Other	\$443,318	\$2,283	\$43	\$0	\$445,643	1.11	\$494,284	\$7.64
Medicare Xover - Physician	\$1,229,253	\$6,330	\$152	\$0	\$1,235,735	1.11	\$1,370,612	\$21.19
Nursing Facility	\$773,306	\$3,114	\$128,570	\$39,030	\$944,021	0.96	\$908,148	\$14.04
Outpatient - Other	\$30,456	\$982	\$0	\$0	\$31,438	1.05	\$33,125	\$0.51
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$67,519	\$14	\$0	\$159	\$67,692	1.09	\$73,588	\$1.14
Physician - Clinic	\$53,283	\$321	\$0	\$0	\$53,604	1.24	\$66,327	\$1.03
Physician - IP Mental Health	\$2,489	\$4	\$0	\$0	\$2,493	1.37	\$3,417	\$0.05
Physician - OP Mental Health	\$11,127,644	\$17,388	\$0	\$0	\$11,145,032	1.37	\$15,271,992	\$236.06
Physician - Other Practitioner	\$48,805	\$294	\$0	\$0	\$49,099	1.24	\$60,752	\$0.94
Physician - PCP	\$71,579	\$431	\$0	\$0	\$72,010	1.24	\$89,101	\$1.38
Physician - Specialist	\$68,148	\$410	\$0	\$0	\$68,559	1.24	\$84,831	\$1.31
Pharmacy	\$168,692	\$24	\$0	(\$6,749)	\$161,968	0.86	\$139,616	\$2.16
Transportation - Emergency	\$1,686	\$4	\$0	\$162	\$1,853	1.16	\$2,153	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$17,207,709</b>	<b>\$51,979</b>	<b>\$129,919</b>	<b>\$1,671</b>	<b>\$17,391,278</b>		<b>\$22,039,612</b>	<b>\$372.17</b>
Administrative Adjustment Capitation Rate								0.49% \$373.85

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

**VIRGINIA MEDICAID**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$16,076	\$3	\$0	\$1,986	\$18,065	1.09	\$19,639	\$0.08
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$213,201	\$43	\$445	\$454	\$214,143	1.09	\$232,796	\$0.95
DME/Supplies	\$622,704	\$1,549	\$0	(\$134,568)	\$489,684	1.16	\$569,022	\$2.32
Emergency	\$44,123	\$1,423	\$0	\$0	\$45,546	1.05	\$47,990	\$0.20
FQHC	\$1,228	\$7	\$0	\$0	\$1,235	1.24	\$1,529	\$0.01
Home Health Services	\$22,940	\$5	\$0	\$0	\$22,944	1.09	\$24,943	\$0.10
Inpatient - Medical/Surgical	\$7,863,973	\$114,115	\$0	\$384,021	\$8,362,108	1.07	\$8,980,673	\$36.54
Inpatient - Psych	\$4,838	\$70	\$0	(\$206)	\$4,702	1.07	\$5,050	\$0.02
Lab and X-ray Services	\$31,756	\$79	\$0	(\$3,820)	\$28,015	1.16	\$32,554	\$0.13
Medicare Xover - IP	\$2,024,849	\$10,428	\$0	\$0	\$2,035,276	1.11	\$2,257,420	\$9.18
Medicare Xover - Nursing Facility	\$198,345	\$1,021	\$477	\$0	\$199,843	1.11	\$221,656	\$0.90
Medicare Xover - OP	\$2,745,951	\$14,141	\$619	\$0	\$2,760,711	1.11	\$3,062,033	\$12.46
Medicare Xover - Other	\$502,720	\$2,589	\$213	\$0	\$505,522	1.11	\$560,698	\$2.28
Medicare Xover - Physician	\$3,025,382	\$15,580	\$350	\$0	\$3,041,312	1.11	\$3,373,262	\$13.72
Nursing Facility	\$4,161,241	\$16,758	\$854,962	\$217,062	\$5,250,023	0.96	\$5,050,522	\$20.55
Outpatient - Other	\$85,476	\$2,756	\$0	\$0	\$88,232	1.05	\$92,966	\$0.38
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$103,831	\$21	\$110	\$245	\$104,207	1.09	\$113,284	\$0.46
Physician - Clinic	\$6,832	\$41	\$0	\$0	\$6,873	1.24	\$8,504	\$0.03
Physician - IP Mental Health	\$893	\$1	\$0	\$0	\$894	1.37	\$1,225	\$0.00
Physician - OP Mental Health	\$1,989,083	\$3,108	\$0	\$0	\$1,992,191	1.37	\$2,729,891	\$11.11
Physician - Other Practitioner	\$50,265	\$303	\$0	\$0	\$50,567	1.24	\$62,569	\$0.25
Physician - PCP	\$177,134	\$1,067	\$288	\$0	\$178,489	1.24	\$220,853	\$0.90
Physician - Specialist	\$196,214	\$1,182	\$0	\$0	\$197,395	1.24	\$244,246	\$0.99
Pharmacy	\$621,777	\$89	\$0	(\$24,875)	\$596,991	0.86	\$514,607	\$2.09
Transportation - Emergency	\$9,483	\$24	\$0	\$912	\$10,418	1.16	\$12,106	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$24,720,312</b>	<b>\$186,402</b>	<b>\$857,464</b>	<b>\$441,211</b>	<b>\$26,205,389</b>		<b>\$28,440,038</b>	<b>\$147.21</b>
Administrative Adjustment Capitation Rate								0.49% \$147.78

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$4,022	\$24	\$0	\$0	\$4,046	1.24	\$5,006	\$0.04
Consumer Directed Services	\$193,876	\$39	\$678	\$414	\$195,007	1.09	\$211,993	\$1.62
DME/Supplies	\$469,530	\$1,168	\$0	(\$101,467)	\$369,231	1.16	\$429,053	\$3.28
Emergency	\$26,002	\$838	\$0	\$0	\$26,840	1.05	\$28,280	\$0.22
FQHC	\$2,914	\$18	\$0	\$0	\$2,931	1.24	\$3,627	\$0.03
Home Health Services	\$5,294	\$1	\$0	\$0	\$5,295	1.09	\$5,757	\$0.04
Inpatient - Medical/Surgical	\$359,400	\$5,215	\$0	\$17,551	\$382,166	1.07	\$410,436	\$3.14
Inpatient - Psych	\$4,048	\$59	\$0	(\$173)	\$3,934	1.07	\$4,225	\$0.03
Lab and X-ray Services	\$23,120	\$58	\$0	(\$2,781)	\$20,396	1.16	\$23,701	\$0.18
Medicare Xover - IP	\$1,491,993	\$7,684	\$0	\$0	\$1,499,677	1.11	\$1,663,362	\$12.71
Medicare Xover - Nursing Facility	\$46,596	\$240	\$1,737	\$0	\$48,573	1.11	\$53,875	\$0.41
Medicare Xover - OP	\$2,066,147	\$10,640	\$60	\$0	\$2,076,847	1.11	\$2,303,528	\$17.60
Medicare Xover - Other	\$781,709	\$4,026	\$79	\$0	\$785,814	1.11	\$871,583	\$6.66
Medicare Xover - Physician	\$2,468,453	\$12,712	\$2,302	\$0	\$2,483,468	1.11	\$2,754,530	\$21.04
Nursing Facility	\$909,164	\$3,661	\$118,777	\$44,491	\$1,076,093	0.96	\$1,035,202	\$7.91
Outpatient - Other	\$138,145	\$4,455	\$10	\$0	\$142,609	1.05	\$150,261	\$1.15
Outpatient - Psychological	\$1,063	\$34	\$0	\$0	\$1,097	1.05	\$1,156	\$0.01
Personal Care Services	\$5,192	\$1	\$0	\$12	\$5,205	1.09	\$5,658	\$0.04
Physician - Clinic	\$12,587	\$76	\$0	\$0	\$12,663	1.24	\$15,669	\$0.12
Physician - IP Mental Health	\$1,962	\$3	\$0	\$0	\$1,965	1.37	\$2,693	\$0.02
Physician - OP Mental Health	\$34,465,964	\$53,857	\$0	\$0	\$34,519,821	1.37	\$47,302,369	\$361.36
Physician - Other Practitioner	\$57,995	\$349	\$29	\$0	\$58,374	1.24	\$72,228	\$0.55
Physician - PCP	\$59,013	\$355	\$10	\$0	\$59,378	1.24	\$73,472	\$0.56
Physician - Specialist	\$111,468	\$671	\$1	\$0	\$112,141	1.24	\$138,757	\$1.06
Pharmacy	\$448,553	\$64	\$0	(\$17,945)	\$430,673	0.86	\$371,240	\$2.84
Transportation - Emergency	\$21,446	\$53	\$0	\$2,063	\$23,562	1.16	\$27,380	\$0.21
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$44,175,657</b>	<b>\$106,302</b>	<b>\$123,683</b>	<b>(\$57,835)</b>	<b>\$44,347,806</b>		<b>\$57,965,039</b>	<b>\$474.31</b>
Administrative Adjustment Capitation Rate								0.49% \$476.50

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$46	\$0	\$0	\$7	\$53	1.09	\$58	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$360,116	\$72	\$1,728	\$770	\$362,687	1.09	\$394,278	\$5.10
DME/Supplies	\$541,394	\$1,347	\$0	(\$116,997)	\$425,743	1.16	\$494,722	\$6.40
Emergency	\$4,084	\$132	\$0	\$0	\$4,216	1.05	\$4,442	\$0.06
FQHC	\$3,548	\$21	\$0	\$0	\$3,570	1.24	\$4,417	\$0.06
Home Health Services	\$5,492	\$1	\$0	\$0	\$5,493	1.09	\$5,972	\$0.08
Inpatient - Medical/Surgical	\$907,136	\$13,164	\$0	\$44,298	\$964,598	1.07	\$1,035,952	\$13.40
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$6,645	\$17	\$0	(\$799)	\$5,862	1.16	\$6,812	\$0.09
Medicare Xover - IP	\$1,480,707	\$7,625	\$46	\$0	\$1,488,378	1.11	\$1,650,830	\$21.36
Medicare Xover - Nursing Facility	\$159,275	\$820	\$3,128	\$0	\$163,223	1.11	\$181,038	\$2.34
Medicare Xover - OP	\$1,232,565	\$6,348	\$273	\$0	\$1,239,185	1.11	\$1,374,438	\$17.78
Medicare Xover - Other	\$465,664	\$2,398	\$33	\$0	\$468,095	1.11	\$519,186	\$6.72
Medicare Xover - Physician	\$1,322,362	\$6,810	\$820	\$0	\$1,329,992	1.11	\$1,475,156	\$19.09
Nursing Facility	\$4,337,300	\$17,467	\$1,146,954	\$237,278	\$5,739,000	0.96	\$5,520,918	\$71.44
Outpatient - Other	\$23,175	\$747	\$0	\$0	\$23,922	1.05	\$25,206	\$0.33
Outpatient - Psychological	\$346	\$11	\$0	\$0	\$357	1.05	\$376	\$0.00
Personal Care Services	\$39,048	\$8	\$215	\$93	\$39,363	1.09	\$42,792	\$0.55
Physician - Clinic	\$210	\$1	\$0	\$0	\$211	1.24	\$261	\$0.00
Physician - IP Mental Health	\$173	\$0	\$0	\$0	\$173	1.37	\$237	\$0.00
Physician - OP Mental Health	\$5,015,792	\$7,838	\$0	\$0	\$5,023,630	1.37	\$6,883,859	\$89.07
Physician - Other Practitioner	\$46,042	\$277	\$0	\$0	\$46,320	1.24	\$57,313	\$0.74
Physician - PCP	\$35,796	\$216	\$0	\$0	\$36,012	1.24	\$44,559	\$0.58
Physician - Specialist	\$28,592	\$172	\$0	\$0	\$28,764	1.24	\$35,591	\$0.46
Pharmacy	\$227,128	\$32	\$0	(\$9,086)	\$218,074	0.86	\$187,980	\$2.43
Transportation - Emergency	\$6,618	\$16	\$0	\$637	\$7,272	1.16	\$8,450	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$16,249,255</b>	<b>\$65,541</b>	<b>\$1,153,196</b>	<b>\$156,200</b>	<b>\$17,624,192</b>		<b>\$19,954,842</b>	<b>\$289.71</b>
Administrative Adjustment Capitation Rate								0.49% \$290.98

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.09	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$2,961	\$18	\$0	\$0	\$2,978	1.24	\$3,685	\$0.06
Consumer Directed Services	\$69,635	\$14	\$0	\$148	\$69,797	1.09	\$75,877	\$1.32
DME/Supplies	\$190,644	\$474	\$0	(\$41,199)	\$149,919	1.16	\$174,209	\$3.02
Emergency	\$37,028	\$1,194	\$0	\$0	\$38,222	1.05	\$40,273	\$0.70
FQHC	\$1,745	\$11	\$0	\$0	\$1,755	1.24	\$2,172	\$0.04
Home Health Services	\$2,777	\$1	\$0	\$0	\$2,778	1.09	\$3,020	\$0.05
Inpatient - Medical/Surgical	\$161,590	\$2,345	\$0	\$7,891	\$171,826	1.07	\$184,536	\$3.20
Inpatient - Psych	\$2,596	\$38	\$0	(\$111)	\$2,523	1.07	\$2,710	\$0.05
Lab and X-ray Services	\$13,007	\$32	\$0	(\$1,565)	\$11,475	1.16	\$13,334	\$0.23
Medicare Xover - IP	\$697,128	\$3,590	\$0	\$0	\$700,718	1.11	\$777,199	\$13.47
Medicare Xover - Nursing Facility	\$25,875	\$133	\$3,250	\$0	\$29,258	1.11	\$32,451	\$0.56
Medicare Xover - OP	\$1,181,363	\$6,084	\$0	\$0	\$1,187,447	1.11	\$1,317,053	\$22.83
Medicare Xover - Other	\$290,604	\$1,497	\$75	\$0	\$292,175	1.11	\$324,065	\$5.62
Medicare Xover - Physician	\$939,668	\$4,839	\$313	\$0	\$944,820	1.11	\$1,047,944	\$18.17
Nursing Facility	\$290,504	\$1,170	\$77,287	\$15,913	\$384,873	0.96	\$370,248	\$6.42
Outpatient - Other	\$106,699	\$3,441	\$0	\$0	\$110,139	1.05	\$116,049	\$2.01
Outpatient - Psychological	\$1,419	\$46	\$0	\$0	\$1,465	1.05	\$1,543	\$0.03
Personal Care Services	\$3,878	\$1	\$0	\$9	\$3,888	1.09	\$4,227	\$0.07
Physician - Clinic	\$7,616	\$46	\$0	\$0	\$7,662	1.24	\$9,480	\$0.16
Physician - IP Mental Health	\$185	\$0	\$0	\$0	\$186	1.37	\$254	\$0.00
Physician - OP Mental Health	\$7,464,077	\$11,663	\$0	\$0	\$7,475,740	1.37	\$10,243,976	\$177.57
Physician - Other Practitioner	\$21,140	\$127	\$0	\$0	\$21,267	1.24	\$26,315	\$0.46
Physician - PCP	\$32,159	\$194	\$0	\$0	\$32,352	1.24	\$40,031	\$0.69
Physician - Specialist	\$59,215	\$357	\$0	\$0	\$59,572	1.24	\$73,711	\$1.28
Pharmacy	\$145,467	\$21	\$0	(\$5,820)	\$139,668	0.86	\$120,394	\$2.09
Transportation - Emergency	\$5,148	\$13	\$0	\$495	\$5,656	1.16	\$6,573	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$11,754,127</b>	<b>\$37,347</b>	<b>\$80,924</b>	<b>(\$24,238)</b>	<b>\$11,848,160</b>		<b>\$15,011,329</b>	<b>\$291.71</b>
Administrative Adjustment Capitation Rate								0.49% \$292.99

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Capitation Rate Calculations**  
**Community Well**

**Exhibit 4c**

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2012-CY2013	Completion Factor Adjustment	Patient Payments CY2012-CY2013	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	CCC PMPM CY15
<b>Service Type</b>								
Adult Day Care	\$663	\$0	\$0	\$107	\$769	1.09	\$836	\$0.02
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.24	\$0	\$0.00
Consumer Directed Services	\$221,746	\$45	\$3,699	\$480	\$225,970	1.09	\$245,653	\$5.24
DME/Supplies	\$286,841	\$713	\$0	(\$61,987)	\$225,567	1.16	\$262,113	\$5.59
Emergency	\$14,486	\$467	\$0	\$0	\$14,953	1.05	\$15,755	\$0.34
FQHC	\$637	\$4	\$0	\$0	\$641	1.24	\$793	\$0.02
Home Health Services	\$2,087	\$0	\$0	\$0	\$2,087	1.09	\$2,269	\$0.05
Inpatient - Medical/Surgical	\$453,541	\$6,581	\$0	\$22,148	\$482,270	1.07	\$517,945	\$11.05
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Lab and X-ray Services	\$6,567	\$16	\$0	(\$790)	\$5,793	1.16	\$6,732	\$0.14
Medicare Xover - IP	\$846,390	\$4,359	\$0	\$0	\$850,749	1.11	\$943,605	\$20.14
Medicare Xover - Nursing Facility	\$97,759	\$503	\$2,597	\$0	\$100,859	1.11	\$111,867	\$2.39
Medicare Xover - OP	\$722,509	\$3,721	\$0	\$0	\$726,230	1.11	\$805,496	\$17.19
Medicare Xover - Other	\$222,966	\$1,148	\$75	\$0	\$224,189	1.11	\$248,659	\$5.31
Medicare Xover - Physician	\$675,926	\$3,481	\$93	\$0	\$679,500	1.11	\$753,666	\$16.09
Nursing Facility	\$2,230,597	\$8,983	\$613,230	\$123,036	\$2,975,846	0.96	\$2,862,764	\$61.10
Outpatient - Other	\$71,765	\$2,314	\$0	\$0	\$74,079	1.05	\$78,054	\$1.67
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.05	\$0	\$0.00
Personal Care Services	\$5,281	\$1	\$0	\$12	\$5,295	1.09	\$5,756	\$0.12
Physician - Clinic	\$64	\$0	\$0	\$0	\$64	1.24	\$80	\$0.00
Physician - IP Mental Health	\$440	\$1	\$0	\$0	\$440	1.37	\$604	\$0.01
Physician - OP Mental Health	\$1,512,233	\$2,363	\$0	\$0	\$1,514,596	1.37	\$2,075,444	\$44.30
Physician - Other Practitioner	\$23,952	\$144	\$0	\$0	\$24,096	1.24	\$29,815	\$0.64
Physician - PCP	\$33,266	\$200	\$0	\$0	\$33,466	1.24	\$41,410	\$0.88
Physician - Specialist	\$44,430	\$268	\$0	\$0	\$44,698	1.24	\$55,306	\$1.18
Pharmacy	\$116,796	\$17	\$0	(\$4,672)	\$112,140	0.86	\$96,664	\$2.06
Transportation - Emergency	\$4,851	\$12	\$0	\$467	\$5,329	1.16	\$6,193	\$0.13
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$31.50
<b>Total</b>	<b>\$7,595,792</b>	<b>\$35,342</b>	<b>\$619,694</b>	<b>\$78,799</b>	<b>\$8,329,628</b>		<b>\$9,167,479</b>	<b>\$227.16</b>
Administrative Adjustment Capitation Rate								0.49% \$228.12

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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Blending of Nursing Home Eligible - Institutional and Nursing Home Eligible - Waiver**

**Exhibit 5a**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Base Capitation Rates</b>							
Nursing Home Eligible Institutional	Age 21-64	\$4,882.87	\$6,076.99	\$4,963.36	\$4,916.08	\$4,453.62	\$5,047.02
	Age 65 and Over	\$4,922.31	\$5,947.56	\$4,771.20	\$4,750.58	\$4,824.87	\$4,974.42
	<b>Average</b>	\$4,916.79	\$5,968.44	\$4,796.64	\$4,776.98	\$4,778.50	\$4,984.88
Nursing Home Eligible Waiver	Age 21-64	\$2,423.69	\$3,089.76	\$2,240.67	\$2,428.99	\$2,350.46	\$2,453.79
	Age 65 and Over	\$2,299.28	\$3,158.32	\$2,070.82	\$2,261.18	\$2,018.68	\$2,448.15
	<b>Average</b>	\$2,336.12	\$3,147.96	\$2,136.46	\$2,315.79	\$2,128.46	\$2,449.79

<b>July 2014 Member Month Distribution</b>							
Nursing Home Eligible Institutional	Age 21-64	520	249	332	420	149	1,669
	Age 65 and Over	3,192	1,294	2,176	2,211	1,043	9,917
	<b>Total</b>	3,712	1,543	2,508	2,631	1,192	11,586
Nursing Home Eligible Waiver	Age 21-64	1,304	420	754	1,104	382	3,964
	Age 65 and Over	3,100	2,356	1,197	2,287	773	9,714
	<b>Total</b>	4,405	2,776	1,952	3,391	1,155	13,678

<b>Blended Base Capitation Rates</b>							
Nursing Home Eligible	Age 21-64	\$3,124.49	\$4,202.01	\$3,072.77	\$3,114.10	\$2,939.96	\$3,222.19
	Age 65 and Over	\$3,629.94	\$4,147.33	\$3,812.64	\$3,484.75	\$3,630.43	\$3,724.31
	<b>Average</b>	\$3,516.33	\$4,155.79	\$3,632.43	\$3,390.99	\$3,474.18	\$3,612.35

Note:  
 Weighted Averages are based on July 2014 Member Month Distribution  
 NHE Blended rate is subject to regional and health plan specific Member Enrollment Mix Adjustment

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates**

**Exhibit 5b**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,124.49	\$4,202.01	\$3,072.77	\$3,114.10	\$2,939.96	\$3,222.19
	Age 65 and Over	\$3,629.94	\$4,147.33	\$3,812.64	\$3,484.75	\$3,630.43	\$3,724.31
	<b>Average</b>	\$3,516.33	\$4,155.79	\$3,632.43	\$3,390.99	\$3,474.18	\$3,612.35
<b>Community Well</b>	Age 21-64	\$437.34	\$373.85	\$476.50	\$361.56	\$292.99	\$403.82
	Age 65 and Over	\$227.77	\$147.78	\$290.98	\$216.42	\$228.12	\$203.15
	<b>Average</b>	\$347.19	\$196.27	\$408.76	\$298.92	\$264.72	\$302.58
<b>Weighted Average</b>		\$1,454.30	\$1,195.75	\$1,521.71	\$1,243.79	\$1,400.04	\$1,353.04

Note:  
 Weighted Averages are based on July 2014 Member Month Distribution  
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY14 and CY15 Base rates**

**Exhibit 5c**

CY2015 Base Rates							
MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$4,882.87	\$6,076.99	\$4,963.36	\$4,916.08	\$4,453.62	\$5,047.02
	Age 65 and Over	\$4,922.31	\$5,947.56	\$4,771.20	\$4,750.58	\$4,824.87	\$4,974.42
	<b>Average</b>	\$4,916.79	\$5,968.44	\$4,796.64	\$4,776.98	\$4,778.50	\$4,984.88
Nursing Home Eligible Waiver	Age 21-64	\$2,423.69	\$3,089.76	\$2,240.67	\$2,428.99	\$2,350.46	\$2,453.79
	Age 65 and Over	\$2,299.28	\$3,158.32	\$2,070.82	\$2,261.18	\$2,018.68	\$2,448.15
	<b>Average</b>	\$2,336.12	\$3,147.96	\$2,136.46	\$2,315.79	\$2,128.46	\$2,449.79
Nursing Home Eligible	Age 21-64	\$3,124.49	\$4,202.01	\$3,072.77	\$3,114.10	\$2,939.96	\$3,222.19
	Age 65 and Over	\$3,629.94	\$4,147.33	\$3,812.64	\$3,484.75	\$3,630.43	\$3,724.31
	<b>Average</b>	\$3,516.33	\$4,155.79	\$3,632.43	\$3,390.99	\$3,474.18	\$3,612.35
Community Well	Age 21-64	\$437.34	\$373.85	\$476.50	\$361.56	\$292.99	\$403.82
	Age 65 and Over	\$227.77	\$147.78	\$290.98	\$216.42	\$228.12	\$203.15
	<b>Average</b>	\$347.19	\$196.27	\$408.76	\$298.92	\$264.72	\$302.58
<b>Weighted Average</b>		\$1,454.30	\$1,195.75	\$1,521.71	\$1,243.79	\$1,400.04	\$1,353.04

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY14 and CY15 Base rates**

**Exhibit 5c**

CY2014 Base Rates							
MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
Nursing Home Eligible Institutional	Age 21-64	\$4,912.71	\$6,065.13	\$4,780.14	\$4,951.40	\$4,383.97	\$5,020.78
	Age 65 and Over	\$4,878.71	\$5,870.29	\$4,785.91	\$4,718.43	\$4,860.29	\$4,950.09
	<b>Average</b>	\$4,883.47	\$5,901.72	\$4,785.15	\$4,755.59	\$4,800.79	\$4,960.27
Nursing Home Eligible Waiver	Age 21-64	\$2,430.29	\$3,107.76	\$2,142.52	\$2,508.76	\$2,233.06	\$2,450.08
	Age 65 and Over	\$2,337.84	\$3,228.13	\$1,994.97	\$2,367.61	\$1,969.13	\$2,489.15
	<b>Average</b>	\$2,365.22	\$3,209.93	\$2,051.99	\$2,413.55	\$2,056.46	\$2,477.83
Nursing Home Eligible	Age 21-64	\$3,137.72	\$4,208.89	\$2,948.62	\$3,181.63	\$2,835.94	\$3,211.80
	Age 65 and Over	\$3,626.82	\$4,164.98	\$3,795.20	\$3,523.07	\$3,629.68	\$3,732.31
	<b>Average</b>	\$3,516.89	\$4,171.78	\$3,589.00	\$3,436.70	\$3,450.07	\$3,616.25
Community Well	Age 21-64	\$425.92	\$395.78	\$523.58	\$357.46	\$329.93	\$413.92
	Age 65 and Over	\$231.90	\$156.53	\$294.35	\$215.02	\$242.42	\$208.39
	<b>Average</b>	\$342.46	\$207.84	\$439.88	\$295.98	\$291.79	\$310.23
<b>Weighted Average</b>		\$1,451.41	\$1,208.44	\$1,527.10	\$1,255.72	\$1,409.01	\$1,359.50

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Comparison of CY14 and CY15 Base rates**

**Exhibit 5c**

CY2015 vs CY2014 Base Rates							
MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	-0.6%	0.2%	3.8%	-0.7%	1.6%	0.5%
<b>Institutional</b>	Age 65 and Over	0.9%	1.3%	-0.3%	0.7%	-0.7%	0.5%
	<b>Average</b>	0.7%	1.1%	0.2%	0.4%	-0.5%	0.5%
<b>Nursing Home Eligible</b>	Age 21-64	-0.3%	-0.6%	4.6%	-3.2%	5.3%	0.2%
<b>Waiver</b>	Age 65 and Over	-1.6%	-2.2%	3.8%	-4.5%	2.5%	-1.6%
	<b>Average</b>	-1.2%	-1.9%	4.1%	-4.1%	3.5%	-1.1%
<b>Nursing Home Eligible</b>	Age 21-64	-0.4%	-0.2%	4.2%	-2.1%	3.7%	0.3%
	Age 65 and Over	0.1%	-0.4%	0.5%	-1.1%	0.0%	-0.2%
	<b>Average</b>	0.0%	-0.4%	1.2%	-1.3%	0.7%	-0.1%
<b>Community Well</b>	Age 21-64	2.7%	-5.5%	-9.0%	1.1%	-11.2%	-2.4%
	Age 65 and Over	-1.8%	-5.6%	-1.1%	0.7%	-5.9%	-2.5%
	<b>Average</b>	1.4%	-5.6%	-7.1%	1.0%	-9.3%	-2.5%
<b>Weighted Average</b>		0.2%	-1.1%	-0.4%	-0.9%	-0.6%	-0.5%

Note:  
Weighted Averages are based on July 2014 Member Month Distribution  
Nursing Home Eligible Rate calculated based on July 2014 Member Month Distribution  
CY2014 Base Rates are based on Phase I / Phase II trends

**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program First Year Savings Percentage Adjustment**

**Exhibit 5d**

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	Adjustment Value	Source
First Year Savings Percentage	1.0%	Provided by DMAS

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**Virginia Medicaid  
 CY 2015 Commonwealth Coordinated Care Capitation Rate Development  
 Historical Fee-For-Service Data  
 Summary of Base Capitation Rates  
 With 1% Savings Percentage**

**Exhibit 5e**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Nursing Home Eligible</b>	Age 21-64	\$3,093.25	\$4,159.99	\$3,042.04	\$3,082.96	\$2,910.56	\$3,189.97
	Age 65 and Over	\$3,593.64	\$4,105.86	\$3,774.51	\$3,449.90	\$3,594.12	\$3,687.07
	<b>Average</b>	\$3,481.17	\$4,114.24	\$3,596.11	\$3,357.09	\$3,439.44	\$3,576.22
<b>Community Well</b>	Age 21-64	\$432.97	\$370.11	\$471.73	\$357.95	\$290.06	\$399.78
	Age 65 and Over	\$225.49	\$146.30	\$288.07	\$214.26	\$225.84	\$201.12
	<b>Average</b>	\$343.72	\$194.30	\$404.67	\$295.93	\$262.07	\$299.56
<b>Weighted Average</b>		\$1,439.76	\$1,183.79	\$1,506.49	\$1,231.36	\$1,386.04	\$1,339.51

Note:  
 Weighted Averages are based on July 2014 Member Month Distribution  
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid  
CY 2015 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 Components**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Base Capitation Rates for Acute Care + Other</b>							
Nursing Home Eligible Institutional	Age 21-64	\$233.04	\$260.93	\$289.75	\$244.27	\$236.14	\$251.58
	Age 65 and Over	\$155.77	\$187.71	\$150.82	\$160.90	\$149.20	\$159.31
	<b>Average</b>	\$166.59	\$199.53	\$169.21	\$174.20	\$160.06	\$172.60
Nursing Home Eligible Waiver	Age 21-64	\$507.52	\$546.99	\$467.55	\$604.42	\$388.30	\$519.57
	Age 65 and Over	\$422.32	\$594.16	\$359.83	\$496.79	\$325.01	\$466.08
	<b>Average</b>	\$447.55	\$587.03	\$401.46	\$531.82	\$345.95	\$481.59
<b>Base Capitation Rates for Long Term Care</b>							
Nursing Home Eligible Institutional	Age 21-64	\$4,649.82	\$5,816.06	\$4,673.61	\$4,671.81	\$4,217.47	\$4,795.44
	Age 65 and Over	\$4,766.54	\$5,759.85	\$4,620.38	\$4,589.68	\$4,675.66	\$4,815.12
	<b>Average</b>	\$4,750.20	\$5,768.91	\$4,627.43	\$4,602.78	\$4,618.44	\$4,812.28
Nursing Home Eligible Waiver	Age 21-64	\$1,916.17	\$2,542.77	\$1,773.11	\$1,824.57	\$1,962.16	\$1,934.22
	Age 65 and Over	\$1,876.96	\$2,564.16	\$1,710.99	\$1,764.39	\$1,693.67	\$1,982.07
	<b>Average</b>	\$1,888.57	\$2,560.93	\$1,735.00	\$1,783.97	\$1,782.51	\$1,968.20
<b>July 2014 Member Month Distribution</b>							
Nursing Home Eligible Institutional	Age 21-64	520	249	332	420	149	1,669
	Age 65 and Over	3,192	1,294	2,176	2,211	1,043	9,917
	<b>Total</b>	3,712	1,543	2,508	2,631	1,192	11,586
Nursing Home Eligible Waiver	Age 21-64	1,304	420	754	1,104	382	3,964
	Age 65 and Over	3,100	2,356	1,197	2,287	773	9,714
	<b>Total</b>	4,405	2,776	1,952	3,391	1,155	13,678
<b>Blended Base Capitation Rates for Acute Care + Other</b>							
Nursing Home Eligible	Age 21-64	\$429.30	\$440.48	\$413.21	\$505.21	\$345.65	\$440.16
	Age 65 and Over	\$287.10	\$450.04	\$225.01	\$331.70	\$224.04	\$311.11
	<b>Average</b>	\$319.06	\$448.56	\$270.85	\$375.59	\$251.56	\$339.89
<b>Blended Base Capitation Rates for Long Term Care</b>							
Nursing Home Eligible	Age 21-64	\$2,695.19	\$3,761.53	\$2,659.55	\$2,608.89	\$2,594.30	\$2,782.03
	Age 65 and Over	\$3,342.84	\$3,697.28	\$3,587.63	\$3,153.06	\$3,406.39	\$3,413.20
	<b>Average</b>	\$3,197.27	\$3,707.23	\$3,361.58	\$3,015.41	\$3,222.63	\$3,272.46

Note: Weighted Averages are based on July 2014 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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Components**

**Exhibit 6b**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Base Capitation Rates for Acute Care + Other</b>							
<b>Nursing Home Eligible</b>	Age 21-64	\$429.30	\$440.48	\$413.21	\$505.21	\$345.65	\$440.16
	Age 65 and Over	\$287.10	\$450.04	\$225.01	\$331.70	\$224.04	\$311.11
	<b>Average</b>	\$319.06	\$448.56	\$270.85	\$375.59	\$251.56	\$339.89
<b>Community Well</b>	Age 21-64	\$430.56	\$357.82	\$466.83	\$354.09	\$285.09	\$395.22
	Age 65 and Over	\$172.62	\$125.53	\$213.43	\$170.16	\$161.26	\$158.66
	<b>Average</b>	\$319.60	\$175.35	\$374.30	\$274.71	\$231.13	\$275.88
<b>Base Capitation Rates for Long Term Care</b>							
<b>Nursing Home Eligible</b>	Age 21-64	\$2,695.19	\$3,761.53	\$2,659.55	\$2,608.89	\$2,594.30	\$2,782.03
	Age 65 and Over	\$3,342.84	\$3,697.28	\$3,587.63	\$3,153.06	\$3,406.39	\$3,413.20
	<b>Average</b>	\$3,197.27	\$3,707.23	\$3,361.58	\$3,015.41	\$3,222.63	\$3,272.46
<b>Community Well</b>	Age 21-64	\$6.78	\$16.03	\$9.66	\$7.48	\$7.90	\$8.60
	Age 65 and Over	\$55.15	\$22.25	\$77.55	\$46.26	\$66.86	\$44.50
	<b>Average</b>	\$27.59	\$20.91	\$34.45	\$24.21	\$33.59	\$26.71
<b>Weighted Average - Acute Care + Other</b>		\$319.41	\$244.32	\$338.59	\$305.53	\$238.35	\$296.19
<b>Weighted Average - Long Term Care</b>		\$1,134.89	\$951.43	\$1,183.12	\$938.26	\$1,161.69	\$1,056.85
<b>Weighted Average - Overall</b>		\$1,454.30	\$1,195.75	\$1,521.71	\$1,243.79	\$1,400.04	\$1,353.04

Note:

Weighted Averages are based on July 2014 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 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Commonwealth Coordinated Care Program First Year Savings Percentage Adjustment**

**Exhibit 6c**

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	Adjustment Value	Source
First Year Savings Percentage	1.0%	Provided by DMAS

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**Virginia Medicaid**  
**CY 2015 Commonwealth Coordinated Care Capitation Rate Development**  
**Historical Fee-For-Service Data**  
**Summary of Base Capitation Rates with Acute and Long Term Care Components**  
**With 1% Savings Percentage**

**Exhibit 6d**

MEG	Age Group	Region					CY 2015 Average
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
<b>Base Capitation Rates for Acute Care + Other</b>							
<b>Nursing Home Eligible</b>	Age 21-64	\$425.01	\$436.07	\$409.08	\$500.16	\$342.20	\$435.76
	Age 65 and Over	\$284.23	\$445.54	\$222.76	\$328.38	\$221.80	\$308.00
	<b>Average</b>	\$315.87	\$444.08	\$268.14	\$371.83	\$249.04	\$336.49
<b>Community Well</b>	Age 21-64	\$426.26	\$354.24	\$462.16	\$350.55	\$282.24	\$391.27
	Age 65 and Over	\$170.89	\$124.28	\$211.29	\$168.46	\$159.65	\$157.07
	<b>Average</b>	\$316.41	\$173.60	\$370.56	\$271.96	\$228.81	\$273.12
<b>Base Capitation Rates for Long Term Care</b>							
<b>Nursing Home Eligible</b>	Age 21-64	\$2,668.24	\$3,723.92	\$2,632.96	\$2,582.80	\$2,568.36	\$2,754.21
	Age 65 and Over	\$3,309.41	\$3,660.31	\$3,551.75	\$3,121.53	\$3,372.33	\$3,379.07
	<b>Average</b>	\$3,165.30	\$3,670.16	\$3,327.96	\$2,985.25	\$3,190.40	\$3,239.73
<b>Community Well</b>	Age 21-64	\$6.71	\$15.87	\$9.57	\$7.40	\$7.82	\$8.51
	Age 65 and Over	\$54.60	\$22.02	\$76.78	\$45.79	\$66.19	\$44.05
	<b>Average</b>	\$27.31	\$20.70	\$34.11	\$23.97	\$33.26	\$26.44
<b>Weighted Average - Acute Care + Other</b>		\$316.22	\$241.87	\$335.20	\$302.48	\$235.97	\$293.23
<b>Weighted Average - Long Term Care</b>		\$1,123.54	\$941.92	\$1,171.29	\$928.88	\$1,150.07	\$1,046.28
<b>Weighted Average - Overall</b>		\$1,439.76	\$1,183.79	\$1,506.49	\$1,231.36	\$1,386.04	\$1,339.51

Note:

Weighted Averages are based on July 2014 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 2015 Commonwealth Coordinated Care Capitation Rate Development  
Member Months of Eligibles  
July 2014 Member Month Distribution**

**Exhibit 7**

MEG	Age Group	Region					Regional Total
		Central Virginia	Northern Virginia	Southwest/ Roanoke	Tidewater with Accomack and Northampton	Western/ Charlottesville	
Nursing Home Eligible	Age 21 - 64	1,824	669	1,086	1,523	531	5,633
	Age 65 and Over	6,293	3,650	3,373	4,498	1,816	19,631
<b>Nursing Home Eligible Total</b>		8,117	4,319	4,460	6,022	2,347	25,264
Community Well	Age 21-64	8,615	2,743	5,369	7,778	2,419	26,925
	Age 65 and Over	6,504	10,047	3,088	5,906	1,869	27,414
<b>Community Well Total</b>		15,119	12,790	8,458	13,684	4,288	54,338
<b>Total</b>		23,236	17,109	12,917	19,705	6,635	79,603

**Virginia Medicaid  
CY 2015 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	Accomack County	Albemarle County
Brunswick County	Mecklenburg County	Arlington County	Bath County	Chesapeake City	Augusta County
Caroline County	Middlesex County	Culpeper County	Bedford City	Gloucester County	Buckingham County
Charles City County	New Kent County	Fairfax City	Bedford County	Hampton City	Charlottesville City
Chesterfield County	Northumberland County	Fairfax County	Botetourt County	Isle of Wight County	Fluvanna County
Colonial Heights City	Nottoway County	Falls Church City	Buena Vista City	James City County	Greene County
Cumberland County	Petersburg City	Fauquier County	Covington City	Mathews County	Harrisonburg City
Dinwiddie County	Powhatan County	Loudoun County	Craig County	Newport News City	Louisa County
Emporia City	Prince Edward County	Manassas City	Floyd County	Norfolk City	Madison County
Essex County	Prince George County	Manassas Park City	Franklin County	Northampton County	Nelson County
Franklin City	Richmond City	Prince William County	Giles County	Poquoson City	Orange County
Fredericksburg City	Richmond County		Henry County	Portsmouth City	Rockingham County
Goochland County	Southampton County		Highland County	Suffolk City	Staunton City
Greensville County	Spotsylvania County		Lexington City	Virginia Beach City	Waynesboro City
Hanover County	Stafford County		Martinsville City	Williamsburg City	
Henrico County	Surry County		Montgomery County	York 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		