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

Dual Demonstration
Data Book and Capitation Rates:
Medicaid Component
Calendar Year 2014

November 2013

Submitted by:

PricewaterhouseCoopers LLP
Three Embarcadero Center
San Francisco, CA 94111

November 2013





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

November 25, 2013

Dear Bill:

Re: Dual Demonstration Data Book and Capitation Rates – CY 2014

The enclosed report provides a detailed description of the methodology used for calculating the Medicaid component of the capitation rates for Calendar Year 2014, effective February 1, 2014 to December 31, 2014, for the Virginia Dual Demonstration program. 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.

The development of these rates was overseen by Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary.

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

**Qualified Actuarial Certification of
CY 2014 Dual Financial Alignment Demonstration Capitation Rates:
Medicaid Portion with Medicare PCP Enhanced Payment
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.



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

November 25, 2013

Date

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Dual Demonstration Data Book and Capitation Rates Calendar Year 2014 Prepared by PricewaterhouseCoopers LLP November 2013

PricewaterhouseCoopers LLP (PwC) has calculated capitation rates for the Medicaid portion of the Virginia Medicare-Medicaid Financial Alignment Demonstration for Calendar Year 2014 for rates effective February 1, 2014. It is referred to as 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 will establish a Federal-State partnership to implement the Demonstration to better serve individuals eligible for both Medicare and Medicaid. The Federal-State partnership will include a three-way contract with participating health plans that will provide integrated benefits to Medicare-Medicaid enrollees in the targeted geographic areas. The Demonstration will begin on February 1, 2014. The first voluntary enrollment

will be 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 and first year enrollment will occur in two phases. Phase I will include the Central Virginia and Tidewater regions. Phase II will include the Northern Virginia, Southwest/Roanoke, and Western/Charlottesville regions. Both phases will begin with voluntary enrollment followed by passive enrollment. Members who are passively 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;
- Full benefit dual eligibles who are entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D who receive full Medicaid benefits; and
- Full benefit dual eligibles in the Elderly or Disabled with Consumer Direction (EDCD) Waiver and 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 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 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 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 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 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 2011 and 2012 with claims paid through June 2013. The claims in the historical database include Medicaid paid amounts net of any third party insurance payments, which are primarily Medicare payments, and the amounts for which patients are personally responsible for nursing facility and home and community base care services, termed the *patient pay amount*.

The work in this report builds on analyses performed in developing FY 2014 capitation rates for the Medallion II 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 amended Medallion II report, dated June 24, 2013, provides a detailed description of the process used for developing the adjustment

factors. The FY 2014 PACE was released on July 30, 2013. Where applicable, these same adjustment factors are used in the development of these Dual Demonstration rates.

Individuals in the base data identified to be eligible for the Demonstration 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.

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 Demonstration:

- 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 Medicaid eligibility period that is only retroactive;
- Enrolled in the Virginia Birth-Related Neurological Injury Compensation Program;
- Enrolled in the Money Follows the Person (MFP) Program;
- Reside outside of the Demonstration areas;
- Enrolled in a Program of All-Inclusive Care for the Elderly (PACE)¹;
- Participate in the CMS Independence at Home (IAH) demonstration identified in the CMS/Infocrossing files.

¹ 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.

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 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 show:

- Medicaid member months for Calendar Years 2011 and 2012,
- Medicaid payment amounts for the combined years,
- Patient payment amounts for the combined years,
- Costs per member per month (PMPM) for the combined years (a combination of Medicaid and patient payment amounts),
- Unadjusted units of service for Calendar Years 2011 and 2012,
- 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
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 2014 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.² 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 Dual Demonstration calculations; additional adjustments that apply to the Dual Demonstration eligible group have been incorporated into these calculations. These adjustments are described in greater detail in Section IV.
3. The claims data are adjusted to update to the CY 2014 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.

IV. Programmatic and legislative adjustments

As outlined in the MOU, rates have been developed based on expected costs for the eligible population had the 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 2014 to fee-for-service dual eligible individuals. As noted below, any adjustments related to changes in FY 2015 may be revised and additional adjustments for FY 2015 may also be included based on actions by the General Assembly in the upcoming 2014 session.

Prescription drug copay adjustment

The prescription drug copay adjustment is developed to take into consideration differences in pharmacy payment policy for FFS Medicaid and the Dual population. The prescription drug copay adjustment was based upon a

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

combination of analysis of the DMAS FFS pharmacy payments, including rebate amounts, unit cost, utilization rates, dispensing fees, and application of co-payments. Many of the adjustments normally made for prescription drugs were not necessary for this population.

For the Dual Demonstration population, the majority of 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.

Standard and supplemental rebates were applied to the base pharmacy data and there is no additional rebate adjustment. The DMAS dispensing fee during the data period of CY 2011 and CY 2012 was \$3.75 per script. Dispensing fees during the base period were reported as \$3.75 or as \$0.00 because no dispensing fee is paid if the same prescription is filled more than one time in a month; therefore, the data period dispensing fee average is less than \$3.75. The resulting CY 2014 average dispensing fee is \$3.21.

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 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.

Based on analysis of the Medicaid dual claims, brand drugs usage is already at a minimum; therefore, we applied no further assumed savings from future expected improvements in Brand-Generic mix. The DMAS ingredient cost, rebates, and dispensing fees, are applied for the Dual Demonstration population.

This produces a small adjustment to pharmacy claims for the nursing home eligible population as 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 2014. The ABAD nursing home population statewide non-emergency transportation rate of \$33.37 PMPM is used for the NHE value, and the Other ABAD Age 21 and over rate of \$35.67 PMPM is used for the Community Well value. The non-emergency transportation 'adjustment' is shown in Exhibit 2b and the adjustment is applied in the Dual PMPM CY14 column in Exhibits 4a to 4c.

Emergency transportation adjustment

The value of claims for emergency transportation services were extracted 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. The full value is applied to 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 care fee adjustment

The Virginia General Assembly reduced the home and community-based care 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 a slight decrease 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 2014 rate year. The hospital inpatient base period incorporates a FY 2012 capital reimbursement rate reduction from 75% to 71% of cost (applied to half of the CY 2011 base data). The reduction is applied to the percentage of total inpatient claims that represent the capital component estimated at 9.7%. No hospitals are exempt and adjustments were applied to both inpatient medical/surgical and inpatient psychiatric hospitals.

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 2011 to June 2012 portion of the base data.

While there was no explicit unit cost increase, 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 effective FY 2014. Both years of unit cost changes are applied to the operating cost component. There is also an expected FY 2015 2.5% fee increase to the operating component. Because Phase I passive enrollment in the Demonstration will begin July 1, 2014, the first day of the FY 2015, the increase is applied to the full historical data base. This FY 2015 value may be revised as a result of legislative action by the General Assembly.

For inpatient medical/surgical, the positive adjustment is 8.5%. For inpatient psychiatric in acute care hospitals, the negative adjustment is 2.9%. 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”.

Hospital outpatient adjustment

There are also a number of changes in DMAS hospital outpatient payment policy between the base period and the CY 2014 rate year. The Virginia General Assembly reduced the cost basis for reimbursement of outpatient hospital services from 80% to 77% for FY 2011 (eventually this was limited only to the period from July 1, 2010 through September 30, 2010) and then to 76% for FY 2012, a decrease of 5.0% from the original 80% base. This

is applied to all outpatient services except for triage fees paid in an Emergency Department. DMAS estimates that 6% of outpatient hospital payments are for the triage fees. The reduction is incorporated in three quarters of the base data. Therefore, the calculation produces a 1.3% reduction on the Emergency service line and 1.2% reduction on the Outpatient-Other service line.

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

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 from 9% in FY 2010 and FY 2011 (except for three months in FY 2011 from July to September where it was 8.75%) to 8.0% for FY 2012, and 8.5% for FY 2013 and FY 2014. The 8.5% rental rate is expected to return to 9% effective FY 2015. Weighting the fiscal year changes for the calendar year rate development represents a net increase of 4.5% from the base period

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. Similar to the hospital inpatient adjustment in Exhibit 2f, there is an expected FY 2015 3.2% rebasing adjustment increase to the operating component. Because Phase I passive enrollment in the Demonstration will begin July 1, 2014, the first day of the FY 2015, the increase is applied to the full historical base. This FY 2015 value may be revised as a result of legislative action by the General Assembly.

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. This is estimated to add 0.17% to total expected payments to nursing homes in that year.

The calculation is shown in Exhibit 2h, and the positive 6.8% adjustment is applied in Exhibits 4a to 4c under the column labeled “Policy and Program Adjustments”.

Mental Health Support Services adjustment

DMAS is implementing 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. As a result of this policy change, DMAS expects a 20% reduction in utilization for this service. Members enrolled in the Duals Demo will receive MH services through the MMPs and the MMPs are expected to achieve the same 20% reduction in utilization. These reductions are applied to service code H0046. The H0046 code was 10.5% of the NHE OP Mental Health base dollars and 69.6% of the CW OP Mental Health base dollars.

The MHSS adjustment is -2.1% on the NHE and -13.9% on the CW. These adjustment factors are shown in Exhibit 2i and is applied to the Physician – OP Mental Health service line 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 Medicaid administrative cost for prior authorizations attributed to the dual eligibles who will participate in the Demonstration. Because 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.

This is shown in Exhibit 2j, and the adjustment is applied in Exhibits 4a to 4c to the total adjusted and trended PMPM in the column labeled “Dual PMPM CY14”.

V. Trend adjustments

The data used for the incurred by not reported (IBNR) and trend calculations reflect experience for the period CY 2010 through CY 2012. Data for CY 2011 to CY 2012 are used to evaluate the base period trend and an additional year of data, CY 2010 through CY 2012, are used to develop contract period projected trend.

The base data must be adjusted to reflect the contract period of CY 2014 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 2010 to CY 2012 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 2013 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, HCBS/Home Health Care, Mental Health/Substance Abuse, and Ancillary/Other. The HCBS/Home Health Care category includes Adult Day Care, Home Health Care, 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 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 II program.

Within the Nursing Home Eligible population, nursing facility services are used almost exclusively by individuals who are institutionalized. Conversely, the HCBS/Home Health Care services are used almost exclusively by the waiver population. For those at income thresholds, nursing facility and the HCBS services 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 resulting trend values are applied to both subsets of the NHE population. Separate trend factors were developed for the Community Well population.

Medicaid pharmacy contract period trend initially exhibited strong 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. For both NHE-I and NHE-W, the pharmacy contract period trend is somewhat negative. For the Community Well, the negative trend was also associated with a substantial change in the mix of drugs, particularly an increase in the proportion of over-the-counter items. That pharmacy contract period trend is set to 0.0%.

Annual trend rates must be applied to move the historical data from the midpoint of the data period (1/1/2012) to the midpoint of the contract period. Enrollment in the program will occur in two phases and each phase will have a voluntary enrollment period. Demonstration eligible individuals who do not voluntarily enroll will receive a 60-day advance notice of plan pre-assignment prior to the effective date or opt out any time after the enrollment date. It is expected that there will be a low level of enrollment during the voluntary enrollment periods and that such enrollment will be offset by those who opt-out after being passively enrolled. Therefore, the contract trend midpoints are set equal to the midpoint between the effective date of the passive enrollment and the end of the calendar year rate setting period. Phase I passive enrollment begins July 1, 2014 and will enroll eligibles in the Central Virginia and Tidewater regions. That midpoint is set to October 1, 2014, for a total trend of 33 months. Phase II passive enrollment begins October 1, 2014 and will enroll eligibles in the remaining Demonstration regions. That midpoint is set to November 15, 2014, for a total trend of 34.5 months.

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 2i. 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
Pharmacy	Jul 2010 – Sep 2010	1.021
Nursing Facility	Jan 2010 – Jun 2010 Oct 2010 – Jun 2011	0.990
	Jul 2010 – Sep 2010	1.019
	Jul 2012 – Feb 2013	0.970
HCBS/Home Health Care	Jan 2010 – Jun 2010 Oct 2010 – Jun 2011	0.990
	Jul 2010 - Sep 2010	1.040

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. The separate total trend factors for Phase I and

Phase II are shown in the last two columns of these exhibits. These trend/IBNR factors are applied to the historical data in Exhibits 4a to 4c by applicable service category.

VI. Summary base capitation rates

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

The NHE population is a combination of the NHE-Institutional and the NHE-Waiver populations. The adjusted and trended rates for these two populations are blended in Exhibit 5a using the eligible member month distribution for June 2013. The NHE-Institutional population decreased approximately 14% from January 2011, the beginning of the base period, to the present. In contrast, from January 2011 to June 2013 the NHE-Waiver population increased 18% and now represents 51.1% of the NHE population.

The blended NHE rates will be paid at the beginning of the program but will be revised over the time period of the demonstration. DMAS will apply a Member Enrollment Mix Adjustment (MEMA) as measured closer to the demonstration voluntary and passive enrollment dates to reflect the actual mix of NHE-Institutional and NHE-Waiver eligibles and the actual plan enrollment mix. This adjustment is intended to minimize the risk due to actual plan enrollment that diverges from the Demonstration population average mix for any one plan and to adjust to the changes in enrollment mix described in the paragraph above. DMAS will adopt 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.

The base Dual Demonstration capitation rates for CY 2014 are presented in Exhibit 5b. All averages are weighted by the distribution of member months in June 2013. The weighted average Dual Demonstration Medicaid component is \$3,688.50 PMPM for the NHE and \$308.75 for the Community Well population. The total population weighted average is \$1345.03 PMPM.

VII. Savings percentage

The Memorandum of Understanding (MOU) signed by the Commonwealth of Virginia and the Centers for Medicare and Medicaid Services establishes annual savings percentage for the Virginia Medicare-Medicaid Financial Alignment Demonstration. First year savings, to cover the period CY 2014 and CY 2105, assume a 1% savings. CY 2016 savings are 2% and CY 2017 savings are 4%.

The savings percentage is not applied to the PCP supplemental payment. The first year savings percentage of 1% is shown in Exhibit 5c. This is subtracted from the CY 2014 base capitation rates shown in Exhibit 5b.

Rates with the 1% savings are shown in Exhibit 5d. The weighted average Dual Demonstration Medicaid component is \$3,651.61 PMPM for the NHE and \$305.66 for the Community Well. The total population weighted average is \$1,331.58 PMPM. This is based on the June 2013 distribution of Dual Demonstration eligible.

VIII. Medicare primary care physician supplemental payment

Section 1902(a)(13)(C) of the Social Security Act (SSA), as amended by Section 1202 of the Affordable Care Act of 2010 (ACA), requires that state Medicaid programs incorporate increased payment to primary care providers for 2013 and 2014 into contracts with managed care organizations and the corresponding capitation payments.

States will receive 100% Federal Financial Participation (FFP) for the difference between the July 1, 2009 Medicaid state plan rates and the appropriate calendar year 2013 and 2014 Medicare rates for eligible primary care services for eligible primary care physicians. The minimum payment level applies to physicians that attest to a specialty designation of family medicine, general internal medicine, or pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, the American Osteopathic Association, or physicians that attest that 60 percent of their Medicaid claims for the prior year were for the evaluation and management (E&M) and vaccine administration codes specified in the regulation. This definition excludes physicians who practice in FQHCs and others, such as OB-GYN and Emergency Medicine specialists, who may also provide a high proportion of primary care.

As outlined in the law and implementing regulations, primary care services that qualify for increased payment designated in the Healthcare Common Procedure Coding System (HCPCS) are:

- E&M codes 99201 through 99499
- Vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474, or their successor codes
- Based upon clarifying discussions with CMS, only HCPCS codes paid by DMAS in the FFS program, not the full range of codes identified in the implementing regulations, will be eligible for the enhanced payment.

Rules issued in the Federal Register, dated November 6, 2012, give states flexibility to implement the provision consistent with their managed care rate setting practices, the available data sources, and reasonable assumptions. DMAS submitted its proposed methodology for calculating supplemental primary care physician payments and for claiming the 100% FFP on March 8, 2013 and received approval of the proposal on April 16, 2013. The State Plan Amendment implementing the provision was approved on May 23, 2013.

Virginia elected to adopt Risk Model 1: Full Risk Prospective Capitation. DMAS will include the enhanced primary care payments prospectively in all managed care capitation rates, with no retroactive adjustments or financial reconciliation. The applicable CY 2013 Medicare fee schedule was developed by DMAS based on the primary care rate increase rule using the Virginia region specific non-facility payment rates for the eligible codes covered by DMAS FFS.

The supplemental payment is also applicable to state managed care programs that enroll those dually eligible for Medicaid and Medicare. In CYs 2013 and 2014, the Medicaid rate for primary care services provided by the specified physicians will equal the Medicare rate. As a result, these physicians should receive payment up to the full Medicare rate for primary care services and 100% FFP will be available for the full amount of the Medicare cost sharing amount that exceeds the amount that would have been payable under the state plan in effect on July 1, 2009.

This requirement does not change a state's Medicare cost-sharing methodology, as approved in the Medicaid state plan. Virginia's State Plan authorizes payment at the lesser of the Medicare cost-sharing amount or the Medicaid State Plan rate for the rendered service. As a result, DMAS must pay the full Medicare copayment, but no more. This is true even though the Virginia Medicare enhanced rates that Medicaid pays eligible providers for eligible Medicaid paid primary care services is expected to exceed the Medicare rates actually paid in CY 2014.

Draft CY 2014 supplemental payments have been developed by regions, sub-populations, and age categories. These draft supplemental payments have been developed as estimates using data that is currently available. The PCP supplemental payment calculations will be revised when CY 2014 Medicare and Virginia Medicare enhanced rates are available in late 2013.

Supplemental payments are based upon the CMS approved list of DMAS paid CPT codes within the primary care service range, the list of DMAS FFS physicians that attested by July 17, 2013, and Medallion II health plan contracted physicians that attested by April 30, 2013 to meeting the primary care specialist criteria. As of these dates, approximately 6,100 physicians had submitted the required documentation.

The majority of eligible claims for the dual eligible population consist of Medicare professional crossover claims. Approximately 10% of the dollars of eligible claims are Medicaid only paid claims. For the Medicaid only professional claims, the unit cost supplemental payment is calculated as the difference between the CY 2013 enhanced Virginia Medicare fee schedule and the paid amounts in the CY 2011 to CY 2012 base data for the eligible CPT codes, as adjusted and trended, in this CY 2014 rate development. For the Medicare crossover professional claims, the unit cost supplement is calculated as the difference between the copayment amount allowed under the standard Medicare fee schedule and the Medicaid amounts paid towards the copayment, as adjusted and trended. This includes all services and the full copayment amount for those claims for which Medicaid had paid zero because the DMAS fee schedule was lower than the Medicare paid amount. The total dollar amount to be paid as the Medicare Enhanced Capitation rate therefore considers both changes in unit cost and in utilization.

There is an additional Provider Attestation Completion Factor adjustment to represent the increase in enhanced payments to eligible providers if the proportion of eligible providers and eligible claims in the historical base data were similar to the proportion of eligible providers and eligible claims identified in the most recent paid claims data. This was developed using the Medicare crossover professional CY 2011 and CY 2012 paid claims compared to similar paid claims for the period January 1 to June 30, 2013. Between 6.3% and 12.8% of the base period Medicare crossover professional claim dollars were identified as eligible for supplemental payment. This increased to 9.3% to 17.2% when more recent claims were examined. For the CY 2014 Duals base data, this completion factor is an increase of 34.4% for NHE-Institutional, 46.2% for NHE-Waiver, and 42.4% for Community Well. These factors are applied to the relevant rate cells.

The estimated Enhanced Medicare PCP Supplemental Payment for the dual population is presented in Exhibit 5e. It is weighted by the June 2013 eligible members. The weighted average All Demonstration PCP supplemental payment is \$2.06 PMPM for NHE and \$1.38 PMPM for Community Well. Total weighted average PCP supplemental payment is \$1.59 PMPM. These amounts will be added to the adjusted base rates presented in Exhibit 5d.

IX. Dual Demonstration rates: Medicaid component

The rates after the savings percentage and with the draft PCP supplemental amounts are presented in Exhibit 5f. The weighted average Dual Demonstration Medicaid component is \$3,653.68 PMPM for the NHE and \$307.04

for the Community Well. The total population weighted average is \$1,331.16 PMPM. This is based on the June 2013 distribution of Dual Demonstration eligible.

The NHE Age 21-64 and Age 65 and Over regional blended rates will be revised prior to the 2014 implementation. DMAS will apply the MEMA as measured closer to the Demonstration voluntary dates, in order to reflect the updated mix of NHE-Institutional and NHE-Waiver eligibles, and at the passive enrollment dates, in order to reflect those who voluntarily enroll and those who initially accept passive enrollment assignment. There will be further adjustments to NHE rate over the course of the Demonstration.

VIRGINIA MEDICAID

Exhibit 1a

**CY 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase I**

Age 21 - 64								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	5,662	5,737						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$9,897	\$6,897	\$1.75	\$1.20	1,513	1,335	\$13.86	\$10.80
DME/Supplies	\$16,456	\$23,702	\$2.91	\$4.13	163	153	\$213.72	\$324.69
Emergency	\$87	\$1,738	\$0.02	\$0.30	2	17	\$87.32	\$217.23
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	\$42,278	\$75,497	\$7.47	\$13.16	8	15	\$10,569.46	\$10,785.25
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,930	\$2,202	\$0.34	\$0.38	237	316	\$17.23	\$14.59
Medicare Xover - IP	\$216,207	\$159,628	\$38.19	\$27.82	352	303	\$1,302.45	\$1,100.88
Medicare Xover - Nursing Facility	\$202,581	\$235,685	\$35.78	\$41.08	30,130	31,221	\$14.25	\$15.79
Medicare Xover - OP	\$51,163	\$59,449	\$9.04	\$10.36	1,397	1,782	\$77.64	\$69.78
Medicare Xover - Other	\$48,027	\$39,235	\$8.48	\$6.84	5,112	5,007	\$19.91	\$16.39
Medicare Xover - Physician	\$132,421	\$141,957	\$23.39	\$24.74	14,707	17,473	\$19.08	\$16.99
Nursing Facility	\$24,137,991	\$24,181,243	\$4,263.32	\$4,214.79	319,536	318,609	\$160.11	\$158.74
Outpatient - Other	\$66	\$991	\$0.01	\$0.17	2	10	\$65.90	\$198.13
Outpatient - Psychological	\$0	\$62	\$0.00	\$0.01	-	2	\$0.00	\$62.33
Personal Care Services	\$7,486	\$644	\$1.32	\$0.11	161	23	\$98.50	\$58.56
Physician - Clinic	\$2,225	\$7,279	\$0.39	\$1.27	1,414	6,775	\$3.34	\$2.25
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$65,270	\$72,765	\$11.53	\$12.68	2,440	2,265	\$56.71	\$67.19
Physician - Other Practitioner	\$7,010	\$5,083	\$1.24	\$0.89	223	163	\$66.77	\$65.16
Physician - PCP	\$5,775	\$3,147	\$1.02	\$0.55	184	125	\$66.37	\$52.46
Physician - Specialist	\$3,835	\$3,894	\$0.68	\$0.68	227	207	\$35.84	\$39.34
Pharmacy	\$89,284	\$112,732	\$15.77	\$19.65	36,410	36,678	\$5.20	\$6.43
Transportation - Emergency	\$1,095	\$737	\$0.19	\$0.13	47	25	\$49.77	\$61.40
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$25,041,084	\$25,134,567	\$4,422.83	\$4,380.96	414,266	422,506	\$128.12	\$124.43

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase I**

Age 65 and Over								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	39,411	39,445						
Service Type								
Adult Day Care	\$1,869	\$685	\$0.05	\$0.02	13	5	\$44.50	\$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	\$39,991	\$27,106	\$1.01	\$0.69	1,157	781	\$10.52	\$10.56
DME/Supplies	\$20,448	\$44,969	\$0.52	\$1.14	78	88	\$79.88	\$155.06
Emergency	\$0	\$1,900	\$0.00	\$0.05	-	1	\$0.00	\$633.25
FQHC	\$356	\$667	\$0.01	\$0.02	1	2	\$88.90	\$95.28
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	\$209,573	\$117,507	\$5.32	\$2.98	5	4	\$11,642.94	\$9,792.27
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$7,030	\$5,164	\$0.18	\$0.13	133	111	\$16.09	\$14.19
Medicare Xover - IP	\$965,746	\$906,031	\$24.50	\$22.97	280	258	\$1,048.58	\$1,068.43
Medicare Xover - Nursing Facility	\$961,847	\$1,070,155	\$24.41	\$27.13	21,649	22,056	\$13.53	\$14.76
Medicare Xover - OP	\$191,748	\$165,678	\$4.87	\$4.20	739	689	\$79.04	\$73.15
Medicare Xover - Other	\$149,498	\$117,751	\$3.79	\$2.99	2,776	2,799	\$16.40	\$12.80
Medicare Xover - Physician	\$462,172	\$475,430	\$11.73	\$12.05	10,412	11,314	\$13.52	\$12.78
Nursing Facility	\$167,700,712	\$169,892,168	\$4,255.19	\$4,307.03	323,403	326,479	\$157.89	\$158.31
Outpatient - Other	\$814	\$493	\$0.02	\$0.01	3	4	\$90.48	\$35.23
Outpatient - Psychological	\$0	\$6	\$0.00	\$0.00	-	0	\$0.00	\$6.36
Personal Care Services	\$53,963	\$41,683	\$1.37	\$1.06	190	161	\$86.48	\$78.65
Physician - Clinic	\$63	\$14	\$0.00	\$0.00	1	0	\$21.06	\$13.94
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$23,789	\$55,819	\$0.60	\$1.42	370	507	\$19.58	\$33.51
Physician - Other Practitioner	\$15,349	\$13,572	\$0.39	\$0.34	116	85	\$40.39	\$48.47
Physician - PCP	\$9,802	\$17,659	\$0.25	\$0.45	69	92	\$43.57	\$58.47
Physician - Specialist	\$8,062	\$8,993	\$0.20	\$0.23	56	69	\$43.82	\$39.62
Pharmacy	\$325,481	\$538,217	\$8.26	\$13.64	32,121	31,667	\$3.09	\$5.17
Transportation - Emergency	\$1,805	\$1,866	\$0.05	\$0.05	9	7	\$58.23	\$77.77
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$171,150,118	\$173,503,534	\$4,342.72	\$4,398.59	393,582	397,180	\$132.41	\$132.89

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase I**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	5,205	5,456						
Service Type								
Adult Day Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$5,140	\$494	\$0.99	\$0.09	902	80	\$13.15	\$13.53
DME/Supplies	\$14,552	\$32,238	\$2.80	\$5.91	254	202	\$132.29	\$350.41
Emergency	\$775	\$1,913	\$0.15	\$0.35	9	9	\$193.75	\$478.31
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	\$182,619	\$111,028	\$35.09	\$20.35	9	9	\$45,654.66	\$27,757.03
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,220	\$1,529	\$0.23	\$0.28	251	310	\$11.20	\$10.84
Medicare Xover - IP	\$212,785	\$150,471	\$40.88	\$27.58	337	290	\$1,457.43	\$1,139.93
Medicare Xover - Nursing Facility	\$188,869	\$204,440	\$36.29	\$37.47	24,885	27,486	\$17.50	\$16.36
Medicare Xover - OP	\$53,985	\$61,635	\$10.37	\$11.30	1,259	1,350	\$98.87	\$100.38
Medicare Xover - Other	\$57,296	\$45,675	\$11.01	\$8.37	6,843	5,701	\$19.30	\$17.62
Medicare Xover - Physician	\$144,305	\$167,107	\$27.73	\$30.63	24,392	27,039	\$13.64	\$13.59
Nursing Facility	\$21,922,791	\$23,222,186	\$4,212.27	\$4,256.21	319,705	321,702	\$158.11	\$158.76
Outpatient - Other	\$12,321	\$854	\$2.37	\$0.16	16	15	\$1,760.10	\$121.97
Outpatient - Psychological	\$0	\$2	\$0.00	\$0.00	-	2	\$0.00	\$1.96
Personal Care Services	\$1,302	\$1,560	\$0.25	\$0.29	46	44	\$65.12	\$77.99
Physician - Clinic	\$10,480	\$0	\$2.01	\$0.00	9,490	-	\$2.55	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$143,403	\$109,698	\$27.55	\$20.11	7,918	5,490	\$41.76	\$43.95
Physician - Other Practitioner	\$8,580	\$6,976	\$1.65	\$1.28	318	297	\$62.17	\$51.67
Physician - PCP	\$2,438	\$1,927	\$0.47	\$0.35	83	70	\$67.73	\$60.20
Physician - Specialist	\$4,977	\$2,947	\$0.96	\$0.54	247	150	\$46.52	\$43.34
Pharmacy	\$65,277	\$102,796	\$12.54	\$18.84	35,017	34,871	\$4.30	\$6.48
Transportation - Emergency	\$600	\$749	\$0.12	\$0.14	28	22	\$50.00	\$74.93
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$23,033,716	\$24,226,225	\$4,425.72	\$4,440.23	432,008	425,140	\$122.93	\$125.33

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase I**

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	30,055	29,415						
Service Type								
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	\$10,942	\$6,226	\$0.36	\$0.21	451	186	\$9.69	\$13.67
DME/Supplies	\$13,779	\$14,651	\$0.46	\$0.50	85	68	\$64.39	\$87.73
Emergency	\$626	\$616	\$0.02	\$0.02	0	1	\$625.92	\$308.20
FQHC	\$138	\$276	\$0.00	\$0.01	1	2	\$68.88	\$68.93
Home Health Services	\$0	\$500	\$0.00	\$0.02	-	2	\$0.00	\$125.09
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$329,091	\$291,321	\$10.95	\$9.90	9	11	\$14,958.67	\$11,204.64
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$5,890	\$5,236	\$0.20	\$0.18	219	180	\$10.75	\$11.90
Medicare Xover - IP	\$717,390	\$553,889	\$23.87	\$18.83	265	219	\$1,082.04	\$1,033.38
Medicare Xover - Nursing Facility	\$700,932	\$702,156	\$23.32	\$23.87	19,068	18,181	\$14.68	\$15.76
Medicare Xover - OP	\$190,549	\$189,050	\$6.34	\$6.43	791	811	\$96.14	\$95.10
Medicare Xover - Other	\$119,605	\$96,145	\$3.98	\$3.27	3,195	3,207	\$14.95	\$12.23
Medicare Xover - Physician	\$458,909	\$500,080	\$15.27	\$17.00	15,848	17,652	\$11.56	\$11.56
Nursing Facility	\$123,272,064	\$121,918,194	\$4,101.59	\$4,144.80	326,118	328,009	\$150.92	\$151.64
Outpatient - Other	\$673	\$2,206	\$0.02	\$0.07	2	3	\$168.32	\$275.76
Outpatient - Psychological	\$0	\$3	\$0.00	\$0.00	-	0	\$0.00	\$3.35
Personal Care Services	\$58,132	\$16,283	\$1.93	\$0.55	307	91	\$75.69	\$72.69
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	\$171,643	\$159,716	\$5.71	\$5.43	1,633	1,323	\$41.96	\$49.26
Physician - Other Practitioner	\$16,057	\$19,245	\$0.53	\$0.65	194	159	\$32.97	\$49.35
Physician - PCP	\$6,862	\$5,023	\$0.23	\$0.17	55	47	\$49.72	\$43.68
Physician - Specialist	\$9,481	\$8,297	\$0.32	\$0.28	103	136	\$36.89	\$24.84
Pharmacy	\$267,045	\$419,823	\$8.89	\$14.27	32,606	32,497	\$3.27	\$5.27
Transportation - Emergency	\$747	\$0	\$0.02	\$0.00	6	-	\$46.67	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$126,350,554	\$124,908,937	\$4,204.02	\$4,246.48	400,955	402,783	\$125.82	\$126.51

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Nursing Home Eligible - Institutional
 Phase II**

Age 21 - 64								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	2,632	2,841						
Service Type								
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	\$1,087	\$25,346	\$0.41	\$8.92	397	8,500	\$12.49	\$12.60
DME/Supplies	\$6,182	\$35,413	\$2.35	\$12.47	173	313	\$162.68	\$478.55
Emergency	\$30	\$891	\$0.01	\$0.31	5	4	\$30.00	\$890.63
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	\$57,231	\$32,130	\$21.74	\$11.31	18	8	\$14,307.87	\$16,064.88
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$965	\$2,831	\$0.37	\$1.00	438	1,179	\$10.05	\$10.15
Medicare Xover - IP	\$86,822	\$72,052	\$32.98	\$25.36	351	296	\$1,127.56	\$1,029.31
Medicare Xover - Nursing Facility	\$97,414	\$110,445	\$37.01	\$38.88	27,360	29,451	\$16.23	\$15.84
Medicare Xover - OP	\$26,189	\$21,204	\$9.95	\$7.46	1,108	891	\$107.77	\$100.49
Medicare Xover - Other	\$14,320	\$15,503	\$5.44	\$5.46	3,793	3,603	\$17.21	\$18.18
Medicare Xover - Physician	\$58,396	\$77,301	\$22.18	\$27.21	8,812	9,927	\$30.21	\$32.89
Nursing Facility	\$13,836,604	\$14,880,272	\$5,256.19	\$5,238.15	323,002	324,092	\$195.28	\$193.95
Outpatient - Other	\$1,665	\$10,693	\$0.63	\$3.76	9	30	\$832.48	\$1,527.60
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$5,907	\$4,024	\$2.24	\$1.42	374	165	\$72.04	\$103.18
Physician - Clinic	\$83	\$15,449	\$0.03	\$5.44	105	22,819	\$3.59	\$2.86
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$7,598	\$30,610	\$2.89	\$10.78	1,048	1,622	\$33.03	\$79.71
Physician - Other Practitioner	\$2,418	\$5,057	\$0.92	\$1.78	292	503	\$37.79	\$42.50
Physician - PCP	\$9,124	\$11,660	\$3.47	\$4.10	520	667	\$80.04	\$73.79
Physician - Specialist	\$10,091	\$15,680	\$3.83	\$5.52	1,819	2,530	\$25.29	\$26.18
Pharmacy	\$34,163	\$93,591	\$12.98	\$32.95	38,679	38,817	\$4.03	\$10.19
Transportation - Emergency	\$500	\$300	\$0.19	\$0.11	36	25	\$62.50	\$50.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$14,256,788	\$15,460,451	\$5,415.81	\$5,442.39	408,338	445,443	\$159.16	\$146.62

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Nursing Home Eligible - Institutional
 Phase II**

Age 65 and Over								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	16,700	16,816						
Service Type								
Adult Day Care	\$0	\$355	\$0.00	\$0.02	-	6	\$0.00	\$39.41
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	\$9,750	\$8,373	\$0.58	\$0.50	494	488	\$14.17	\$12.24
DME/Supplies	\$10,148	\$10,296	\$0.61	\$0.61	87	88	\$83.86	\$83.03
Emergency	\$60	\$0	\$0.00	\$0.00	1	-	\$30.00	\$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	\$612,867	\$673,271	\$36.70	\$40.04	34	32	\$13,039.72	\$14,961.59
Inpatient - Psych	\$0	\$17,866	\$0.00	\$1.06	-	9	\$0.00	\$1,374.30
Lab and X-ray Services	\$2,036	\$2,026	\$0.12	\$0.12	119	145	\$12.26	\$9.98
Medicare Xover - IP	\$368,275	\$273,262	\$22.05	\$16.25	226	178	\$1,169.13	\$1,093.05
Medicare Xover - Nursing Facility	\$371,853	\$465,019	\$22.27	\$27.65	17,817	19,800	\$15.00	\$16.76
Medicare Xover - OP	\$101,107	\$111,786	\$6.05	\$6.65	697	654	\$104.23	\$121.90
Medicare Xover - Other	\$46,267	\$41,856	\$2.77	\$2.49	1,830	1,705	\$18.17	\$17.52
Medicare Xover - Physician	\$175,377	\$182,400	\$10.50	\$10.85	5,685	5,995	\$22.17	\$21.71
Nursing Facility	\$84,766,965	\$87,108,654	\$5,075.86	\$5,180.12	322,764	326,302	\$188.71	\$190.50
Outpatient - Other	\$9,602	\$0	\$0.57	\$0.00	6	-	\$1,066.84	\$0.00
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$20,638	\$77,522	\$1.24	\$4.61	111	544	\$133.15	\$101.60
Physician - Clinic	\$39	\$97	\$0.00	\$0.01	29	71	\$0.97	\$0.97
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$32,122	\$33,483	\$1.92	\$1.99	911	988	\$25.33	\$24.18
Physician - Other Practitioner	\$6,941	\$6,655	\$0.42	\$0.40	175	137	\$28.56	\$34.66
Physician - PCP	\$20,317	\$16,290	\$1.22	\$0.97	198	172	\$73.61	\$67.59
Physician - Specialist	\$6,896	\$7,486	\$0.41	\$0.45	194	116	\$25.54	\$45.93
Pharmacy	\$146,240	\$247,970	\$8.76	\$14.75	34,381	34,868	\$3.06	\$5.08
Transportation - Emergency	\$683	\$395	\$0.04	\$0.02	9	5	\$56.88	\$56.48
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$86,708,183	\$89,285,061	\$5,192.10	\$5,309.54	385,769	392,306	\$161.51	\$162.41

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Nursing Home Eligible - Institutional
 Phase II**

Age 21 - 64								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	3,311	3,395						
Service Type								
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	\$2,528	\$2,545	\$0.76	\$0.75	877	921	\$10.45	\$9.77
DME/Supplies	\$3,415	\$3,454	\$1.03	\$1.02	199	170	\$62.10	\$71.96
Emergency	\$0	\$807	\$0.00	\$0.24	-	7	\$0.00	\$403.35
FQHC	\$0	\$147	\$0.00	\$0.04	-	7	\$0.00	\$73.59
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	\$11,818	\$140,987	\$3.57	\$41.53	4	25	\$11,818.22	\$20,140.95
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$758	\$823	\$0.23	\$0.24	207	297	\$13.30	\$9.80
Medicare Xover - IP	\$97,958	\$92,477	\$29.59	\$27.24	326	300	\$1,088.42	\$1,087.96
Medicare Xover - Nursing Facility	\$121,078	\$144,509	\$36.57	\$42.57	29,806	31,238	\$14.72	\$16.35
Medicare Xover - OP	\$50,145	\$41,529	\$15.14	\$12.23	1,413	1,128	\$128.58	\$130.18
Medicare Xover - Other	\$34,362	\$26,815	\$10.38	\$7.90	5,628	5,833	\$22.13	\$16.25
Medicare Xover - Physician	\$104,770	\$113,611	\$31.64	\$33.47	19,125	19,651	\$19.85	\$20.44
Nursing Facility	\$13,084,507	\$14,171,359	\$3,951.77	\$4,174.60	308,653	308,178	\$153.64	\$162.55
Outpatient - Other	\$290	\$830	\$0.09	\$0.24	58	81	\$18.10	\$36.07
Outpatient - Psychological	\$3	\$2	\$0.00	\$0.00	7	4	\$1.54	\$1.96
Personal Care Services	\$896	\$709	\$0.27	\$0.21	47	46	\$68.96	\$54.56
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	\$79,869	\$143,694	\$24.12	\$42.33	3,610	6,232	\$80.19	\$81.51
Physician - Other Practitioner	\$2,315	\$4,927	\$0.70	\$1.45	207	286	\$40.61	\$60.82
Physician - PCP	\$643	\$3,327	\$0.19	\$0.98	43	184	\$53.58	\$63.98
Physician - Specialist	\$1,077	\$3,068	\$0.33	\$0.90	156	382	\$25.03	\$28.41
Pharmacy	\$59,471	\$75,594	\$17.96	\$22.27	41,559	39,422	\$5.19	\$6.78
Transportation - Emergency	\$300	\$137	\$0.09	\$0.04	22	7	\$50.00	\$68.68
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$13,656,203	\$14,971,350	\$4,124.43	\$4,410.26	411,947	414,398	\$120.14	\$127.71

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase II

Exhibit 1a

Age 65 and Over								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	26,393	26,769						
Service Type								
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	\$13,880	\$10,705	\$0.53	\$0.40	619	470	\$10.19	\$10.21
DME/Supplies	\$21,310	\$16,852	\$0.81	\$0.63	58	77	\$166.49	\$98.55
Emergency	\$759	\$650	\$0.03	\$0.02	1	0	\$379.43	\$650.33
FQHC	\$0	\$863	\$0.00	\$0.03	-	5	\$0.00	\$71.91
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	\$82,442	\$71,387	\$3.12	\$2.67	5	3	\$8,244.19	\$10,198.10
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$5,700	\$5,229	\$0.22	\$0.20	193	190	\$13.44	\$12.36
Medicare Xover - IP	\$456,010	\$424,465	\$17.28	\$15.86	201	187	\$1,029.37	\$1,015.47
Medicare Xover - Nursing Facility	\$647,990	\$659,665	\$24.55	\$24.64	19,471	18,247	\$15.13	\$16.21
Medicare Xover - OP	\$232,563	\$238,358	\$8.81	\$8.90	699	684	\$151.21	\$156.30
Medicare Xover - Other	\$70,167	\$69,951	\$2.66	\$2.61	2,341	2,648	\$13.63	\$11.84
Medicare Xover - Physician	\$294,563	\$282,511	\$11.16	\$10.55	9,585	9,998	\$13.97	\$12.67
Nursing Facility	\$110,286,585	\$112,342,714	\$4,178.69	\$4,196.80	324,911	324,486	\$154.33	\$155.20
Outpatient - Other	\$1,470	\$3,196	\$0.06	\$0.12	40	38	\$16.70	\$37.60
Outpatient - Psychological	\$26	\$26	\$0.00	\$0.00	3	1	\$4.37	\$8.69
Personal Care Services	\$5,714	\$19,924	\$0.22	\$0.74	41	125	\$62.80	\$71.67
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$0	\$101	\$0.00	\$0.00	-	0	\$0.00	\$101.04
Physician - OP Mental Health	\$185,888	\$137,673	\$7.04	\$5.14	1,149	1,023	\$73.53	\$60.33
Physician - Other Practitioner	\$12,518	\$12,031	\$0.47	\$0.45	193	163	\$29.52	\$33.14
Physician - PCP	\$5,065	\$6,070	\$0.19	\$0.23	55	58	\$42.21	\$47.05
Physician - Specialist	\$9,776	\$3,469	\$0.37	\$0.13	57	52	\$78.21	\$29.65
Pharmacy	\$345,478	\$416,837	\$13.09	\$15.57	40,321	36,406	\$3.90	\$5.13
Transportation - Emergency	\$1,588	\$722	\$0.06	\$0.03	11	5	\$66.15	\$60.13
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$112,679,493	\$114,723,398	\$4,269.36	\$4,285.73	399,955	394,868	\$128.10	\$130.24

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Institutional
Phase II

Exhibit 1a

Age 21 - 64								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	1,774	1,630						
Service Type								
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	\$877	\$2,718	\$0.49	\$1.67	609	2,054	\$9.74	\$9.74
DME/Supplies	\$8,137	\$4,740	\$4.59	\$2.91	183	324	\$301.37	\$107.74
Emergency	\$1,532	\$0	\$0.86	\$0.00	14	-	\$765.86	\$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	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$668	\$365	\$0.38	\$0.22	480	206	\$9.40	\$13.02
Medicare Xover - IP	\$42,743	\$34,502	\$24.09	\$21.17	264	265	\$1,095.98	\$958.40
Medicare Xover - Nursing Facility	\$87,300	\$100,400	\$49.20	\$61.59	38,340	37,236	\$15.40	\$19.85
Medicare Xover - OP	\$30,527	\$20,763	\$17.20	\$12.74	1,677	1,892	\$123.09	\$80.79
Medicare Xover - Other	\$14,698	\$10,662	\$8.28	\$6.54	3,848	4,550	\$25.83	\$17.25
Medicare Xover - Physician	\$34,978	\$36,429	\$19.71	\$22.35	16,218	18,500	\$14.59	\$14.50
Nursing Facility	\$6,782,458	\$6,026,851	\$3,822.56	\$3,697.33	299,073	287,299	\$153.38	\$154.43
Outpatient - Other	\$0	\$486	\$0.00	\$0.30	-	15	\$0.00	\$243.19
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$155	\$0	\$0.09	\$0.00	14	-	\$77.46	\$0.00
Physician - Clinic	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - IP Mental Health	\$91	\$0	\$0.05	\$0.00	7	-	\$90.94	\$0.00
Physician - OP Mental Health	\$20,052	\$31,570	\$11.30	\$19.37	2,536	2,908	\$53.47	\$79.92
Physician - Other Practitioner	\$1,988	\$1,904	\$1.12	\$1.17	257	420	\$52.32	\$33.40
Physician - PCP	\$2,918	\$534	\$1.64	\$0.33	264	88	\$74.82	\$44.47
Physician - Specialist	\$1,568	\$238	\$0.88	\$0.15	149	59	\$71.28	\$29.71
Pharmacy	\$15,556	\$17,120	\$8.77	\$10.50	29,535	24,257	\$3.56	\$5.20
Transportation - Emergency	\$225	\$0	\$0.13	\$0.00	27	-	\$56.25	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$7,046,470	\$6,289,281	\$3,971.36	\$3,858.33	393,493	380,071	\$121.11	\$121.82

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Nursing Home Eligible - Institutional
 Phase II**

Age 65 and Over								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	14,490	14,057						
Service Type								
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	\$14,912	\$18,184	\$1.03	\$1.29	1,164	1,573	\$10.61	\$9.87
DME/Supplies	\$3,175	\$13,897	\$0.22	\$0.99	50	133	\$52.92	\$89.08
Emergency	\$76	\$0	\$0.01	\$0.00	1	-	\$75.50	\$0.00
FQHC	\$115	\$0	\$0.01	\$0.00	1	-	\$114.84	\$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	\$236,652	\$34,934	\$16.33	\$2.49	11	3	\$18,203.99	\$8,733.50
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$3,545	\$1,935	\$0.24	\$0.14	166	78	\$17.73	\$21.27
Medicare Xover - IP	\$270,790	\$245,196	\$18.69	\$17.44	218	202	\$1,029.62	\$1,034.58
Medicare Xover - Nursing Facility	\$428,279	\$428,605	\$29.56	\$30.49	25,361	24,979	\$13.99	\$14.65
Medicare Xover - OP	\$93,962	\$87,050	\$6.48	\$6.19	811	691	\$95.98	\$107.60
Medicare Xover - Other	\$38,001	\$30,435	\$2.62	\$2.17	2,003	2,209	\$15.72	\$11.76
Medicare Xover - Physician	\$172,902	\$165,879	\$11.93	\$11.80	9,966	10,069	\$14.37	\$14.06
Nursing Facility	\$61,226,457	\$60,246,667	\$4,225.56	\$4,285.88	331,101	332,508	\$153.15	\$154.67
Outpatient - Other	\$27	\$95	\$0.00	\$0.01	1	3	\$26.77	\$23.78
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$846	\$1,798	\$0.06	\$0.13	11	27	\$65.08	\$56.20
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	\$703	\$5,662	\$0.05	\$0.40	10	74	\$58.60	\$65.09
Physician - Other Practitioner	\$7,755	\$7,483	\$0.54	\$0.53	209	203	\$30.77	\$31.44
Physician - PCP	\$2,789	\$1,417	\$0.19	\$0.10	40	25	\$58.10	\$48.86
Physician - Specialist	\$3,177	\$1,827	\$0.22	\$0.13	104	61	\$25.41	\$25.73
Pharmacy	\$82,319	\$159,390	\$5.68	\$11.34	29,222	28,076	\$2.33	\$4.85
Transportation - Emergency	\$75	\$597	\$0.01	\$0.04	2	7	\$37.50	\$74.63
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$62,586,555	\$61,451,052	\$4,319.43	\$4,371.56	400,449	400,922	\$129.44	\$130.85

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 2014 Dual Demonstration Capitation Rate Development

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

Nursing Home Eligible - Institutional

Phase I: Central Virginia and Tidewater; Phase II: Northern Virginia, Southwest/Roanoke, and Western/Charlottesville

All Ages								
Demonstration Regions	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	145,632	145,560						
Service Type								
Adult Day Care	\$1,869	\$1,039	\$0.01	\$0.01	3	2	\$44.50	\$43.31
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	\$109,004	\$108,595	\$0.75	\$0.75	817	810	\$11.00	\$11.05
DME/Supplies	\$117,603	\$200,212	\$0.81	\$1.38	89	102	\$108.29	\$161.59
Emergency	\$3,944	\$8,515	\$0.03	\$0.06	1	2	\$281.74	\$405.47
FQHC	\$608	\$1,953	\$0.00	\$0.01	1	2	\$86.88	\$78.11
Home Health Services	\$0	\$500	\$0.00	\$0.00	-	0	\$0.00	\$125.09
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,764,571	\$1,548,061	\$12.12	\$10.64	10	9	\$14,346.10	\$13,579.48
Inpatient - Psych	\$0	\$17,866	\$0.00	\$0.12	-	1	\$0.00	\$1,374.30
Lab and X-ray Services	\$29,741	\$27,340	\$0.20	\$0.19	183	182	\$13.40	\$12.40
Medicare Xover - IP	\$3,434,727	\$2,911,972	\$23.59	\$20.01	257	227	\$1,099.82	\$1,056.21
Medicare Xover - Nursing Facility	\$3,808,143	\$4,121,078	\$26.15	\$28.31	21,589	21,687	\$14.53	\$15.67
Medicare Xover - OP	\$1,021,938	\$996,503	\$7.02	\$6.85	822	804	\$102.39	\$102.13
Medicare Xover - Other	\$592,240	\$494,028	\$4.07	\$3.39	2,931	2,972	\$16.65	\$13.70
Medicare Xover - Physician	\$2,038,791	\$2,142,705	\$14.00	\$14.72	11,704	12,698	\$14.35	\$13.91
Nursing Facility	\$627,017,134	\$633,990,307	\$4,305.50	\$4,355.51	324,008	325,582	\$159.46	\$160.53
Outpatient - Other	\$26,927	\$19,844	\$0.18	\$0.14	11	13	\$196.55	\$128.03
Outpatient - Psychological	\$29	\$102	\$0.00	\$0.00	1	1	\$3.66	\$12.75
Personal Care Services	\$155,041	\$164,148	\$1.06	\$1.13	152	157	\$84.08	\$85.94
Physician - Clinic	\$12,890	\$22,839	\$0.09	\$0.16	400	721	\$2.66	\$2.61
Physician - IP Mental Health	\$91	\$101	\$0.00	\$0.00	0	0	\$90.94	\$101.04
Physician - OP Mental Health	\$730,337	\$780,690	\$5.01	\$5.36	1,261	1,219	\$47.73	\$52.81
Physician - Other Practitioner	\$80,932	\$82,933	\$0.56	\$0.57	180	159	\$36.99	\$42.90
Physician - PCP	\$65,732	\$67,053	\$0.45	\$0.46	90	93	\$60.03	\$59.34
Physician - Specialist	\$58,940	\$55,899	\$0.40	\$0.38	135	148	\$35.96	\$31.16
Pharmacy	\$1,430,315	\$2,184,069	\$9.82	\$15.00	34,250	33,284	\$3.44	\$5.41
Transportation - Emergency	\$7,617	\$5,504	\$0.05	\$0.04	11	7	\$55.60	\$67.95
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$642,509,164	\$649,953,856	\$4,411.87	\$4,465.18	398,906	400,883	\$132.72	\$133.66

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Nursing Home Eligible - Waiver
 Phase I**

Age 21 - 64								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	10,425	12,265						
Service Type								
Adult Day Care	\$481,681	\$479,307	\$46.20	\$39.08	12,105	10,343	\$45.80	\$45.34
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	\$6,785,416	\$8,670,141	\$650.85	\$706.93	763,778	831,048	\$10.23	\$10.21
DME/Supplies	\$804,604	\$881,094	\$77.18	\$71.84	9,909	9,131	\$93.46	\$94.42
Emergency	\$5,729	\$1,026	\$0.55	\$0.08	7	4	\$954.80	\$256.59
FQHC	\$0	\$156	\$0.00	\$0.01	-	3	\$0.00	\$52.04
Home Health Services	\$2,967	\$10,248	\$0.28	\$0.84	15	29	\$228.24	\$341.61
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$10,849	\$59,980	\$1.04	\$4.89	3	6	\$3,616.49	\$9,996.59
Inpatient - Psych	\$2,502	\$0	\$0.24	\$0.00	3	-	\$833.95	\$0.00
Lab and X-ray Services	\$1,279	\$980	\$0.12	\$0.08	98	52	\$15.05	\$18.49
Medicare Xover - IP	\$359,329	\$463,862	\$34.47	\$37.82	546	532	\$758.08	\$852.69
Medicare Xover - Nursing Facility	\$3,130	\$1,194	\$0.30	\$0.10	357	110	\$10.10	\$10.66
Medicare Xover - OP	\$212,098	\$232,517	\$20.34	\$18.96	3,186	2,754	\$76.63	\$82.60
Medicare Xover - Other	\$337,735	\$401,548	\$32.40	\$32.74	13,297	12,656	\$29.24	\$31.04
Medicare Xover - Physician	\$304,370	\$419,076	\$29.20	\$34.17	19,591	20,468	\$17.88	\$20.03
Nursing Facility	\$29	\$13	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$7,412	\$11,177	\$0.71	\$0.91	30	47	\$285.09	\$232.85
Outpatient - Psychological	\$0	\$502	\$0.00	\$0.04	-	1	\$0.00	\$502.41
Personal Care Services	\$11,496,247	\$12,314,924	\$1,102.71	\$1,004.11	197,830	168,113	\$66.89	\$71.67
Physician - Clinic	\$1,159	\$3,020	\$0.11	\$0.25	165	1,214	\$8.10	\$2.43
Physician - IP Mental Health	\$0	\$3,200	\$0.00	\$0.26	-	63	\$0.00	\$49.99
Physician - OP Mental Health	\$2,961,763	\$2,959,316	\$284.09	\$241.29	225,458	170,053	\$15.12	\$17.03
Physician - Other Practitioner	\$203,970	\$273,161	\$19.56	\$22.27	4,856	4,569	\$48.35	\$58.49
Physician - PCP	\$7,265	\$4,826	\$0.70	\$0.39	165	102	\$50.81	\$46.40
Physician - Specialist	\$13,974	\$12,162	\$1.34	\$0.99	246	645	\$65.30	\$18.46
Pharmacy	\$36,123	\$68,214	\$3.46	\$5.56	6,388	6,715	\$6.51	\$9.94
Transportation - Emergency	\$995	\$766	\$0.10	\$0.06	25	10	\$45.23	\$76.60
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$24,040,626	\$27,272,409	\$2,305.96	\$2,223.68	1,258,059	1,238,667	\$22.00	\$21.54

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase I

Exhibit 1b

Age 65 and Over								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	30,621	32,752						
Service Type								
Adult Day Care	\$1,571,620	\$1,483,532	\$51.32	\$45.30	13,637	12,153	\$45.16	\$44.73
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	\$14,887,903	\$17,457,722	\$486.20	\$533.03	571,876	626,819	\$10.20	\$10.20
DME/Supplies	\$1,801,498	\$1,939,847	\$58.83	\$59.23	9,689	9,487	\$72.87	\$74.92
Emergency	\$60	\$30	\$0.00	\$0.00	1	0	\$30.00	\$30.00
FQHC	\$202	\$435	\$0.01	\$0.01	1	2	\$100.98	\$72.57
Home Health Services	\$23,089	\$5,312	\$0.75	\$0.16	22	8	\$419.81	\$241.46
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$307,988	\$199,092	\$10.06	\$6.08	9	7	\$12,832.83	\$11,060.66
Inpatient - Psych	\$0	\$2,542	\$0.00	\$0.08	-	1	\$0.00	\$847.24
Lab and X-ray Services	\$1,056	\$1,344	\$0.03	\$0.04	32	26	\$13.04	\$18.93
Medicare Xover - IP	\$1,129,801	\$1,143,014	\$36.90	\$34.90	493	463	\$897.38	\$904.28
Medicare Xover - Nursing Facility	\$1,505	\$1,980	\$0.05	\$0.06	71	69	\$8.36	\$10.59
Medicare Xover - OP	\$361,039	\$374,180	\$11.79	\$11.42	1,879	1,706	\$75.31	\$80.35
Medicare Xover - Other	\$506,422	\$480,134	\$16.54	\$14.66	9,611	8,828	\$20.65	\$19.93
Medicare Xover - Physician	\$553,936	\$705,089	\$18.09	\$21.53	15,157	16,146	\$14.32	\$16.00
Nursing Facility	\$8,446	\$34	\$0.28	\$0.00	20	-	\$168.92	\$0.00
Outpatient - Other	\$3,968	\$21,476	\$0.13	\$0.66	7	14	\$220.42	\$565.17
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$37,762,324	\$38,306,940	\$1,233.21	\$1,169.62	223,934	205,187	\$66.08	\$68.40
Physician - Clinic	\$257	\$70	\$0.01	\$0.00	6	2	\$16.08	\$14.01
Physician - IP Mental Health	\$0	\$963	\$0.00	\$0.03	-	23	\$0.00	\$15.05
Physician - OP Mental Health	\$8,772,698	\$6,837,457	\$286.49	\$208.77	258,597	182,742	\$13.29	\$13.71
Physician - Other Practitioner	\$403,388	\$528,378	\$13.17	\$16.13	2,523	2,998	\$62.65	\$64.57
Physician - PCP	\$9,589	\$29,787	\$0.31	\$0.91	152	284	\$24.71	\$38.39
Physician - Specialist	\$16,975	\$15,779	\$0.55	\$0.48	160	162	\$41.61	\$35.78
Pharmacy	\$19,763	\$91,071	\$0.65	\$2.78	4,756	4,865	\$1.63	\$6.86
Transportation - Emergency	\$1,925	\$426	\$0.06	\$0.01	15	2	\$49.36	\$71.07
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$68,145,453	\$69,626,634	\$2,225.44	\$2,125.89	1,112,646	1,071,994	\$24.00	\$23.80

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase I**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	8,787	10,411						
Service Type								
Adult Day Care	\$78,279	\$65,234	\$8.91	\$6.27	2,342	1,647	\$45.64	\$45.65
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$105	\$0.00	\$0.01	-	30	\$0.00	\$4.05
Consumer Directed Services	\$3,512,733	\$3,992,423	\$399.77	\$383.49	491,013	468,419	\$9.77	\$9.82
DME/Supplies	\$612,740	\$693,051	\$69.73	\$66.57	8,824	8,419	\$94.84	\$94.89
Emergency	\$741	\$796	\$0.08	\$0.08	4	5	\$247.12	\$199.07
FQHC	\$99	\$609	\$0.01	\$0.06	1	7	\$98.63	\$101.48
Home Health Services	\$9,289	\$22,065	\$1.06	\$2.12	27	33	\$464.43	\$760.86
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$128,804	\$234,515	\$14.66	\$22.53	18	23	\$9,908.04	\$11,725.75
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,474	\$662	\$0.17	\$0.06	164	52	\$12.28	\$14.70
Medicare Xover - IP	\$320,524	\$345,240	\$36.48	\$33.16	425	378	\$1,030.62	\$1,052.56
Medicare Xover - Nursing Facility	\$0	\$226	\$0.00	\$0.02	-	76	\$0.00	\$3.42
Medicare Xover - OP	\$177,382	\$218,974	\$20.19	\$21.03	3,138	2,947	\$77.19	\$85.64
Medicare Xover - Other	\$326,511	\$381,306	\$37.16	\$36.63	12,338	12,059	\$36.14	\$36.45
Medicare Xover - Physician	\$326,162	\$480,400	\$37.12	\$46.14	19,809	22,029	\$22.49	\$25.14
Nursing Facility	\$24	\$11	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$2,118	\$3,216	\$0.24	\$0.31	7	31	\$423.66	\$119.10
Outpatient - Psychological	\$0	\$21	\$0.00	\$0.00	-	1	\$0.00	\$21.19
Personal Care Services	\$11,902,373	\$14,051,573	\$1,354.57	\$1,349.71	242,506	231,722	\$67.03	\$69.90
Physician - Clinic	\$4,780	\$57	\$0.54	\$0.01	1,672	20	\$3.91	\$3.34
Physician - IP Mental Health	\$78	\$116	\$0.01	\$0.01	3	2	\$39.00	\$57.87
Physician - OP Mental Health	\$3,738,605	\$3,334,042	\$425.48	\$320.25	364,280	252,786	\$14.02	\$15.20
Physician - Other Practitioner	\$130,257	\$139,084	\$14.82	\$13.36	3,451	3,118	\$51.55	\$51.42
Physician - PCP	\$9,334	\$3,876	\$1.06	\$0.37	374	149	\$34.07	\$30.05
Physician - Specialist	\$7,088	\$11,378	\$0.81	\$1.09	238	284	\$40.73	\$46.25
Pharmacy	\$25,733	\$50,313	\$2.93	\$4.83	6,344	6,431	\$5.54	\$9.02
Transportation - Emergency	\$450	\$449	\$0.05	\$0.04	11	7	\$56.22	\$74.82
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$21,315,577	\$24,029,741	\$2,425.86	\$2,308.16	1,156,988	1,010,675	\$25.16	\$27.41

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase I

Exhibit 1b

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	22,593	24,614						
Service Type								
Adult Day Care	\$159,571	\$156,890	\$7.06	\$6.37	1,861	1,678	\$45.54	\$45.59
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$5,714,138	\$6,259,723	\$252.92	\$254.31	308,137	309,355	\$9.85	\$9.86
DME/Supplies	\$1,479,450	\$1,541,451	\$65.48	\$62.62	10,083	9,426	\$77.93	\$79.72
Emergency	\$620	\$1,156	\$0.03	\$0.05	3	2	\$123.98	\$231.29
FQHC	\$99	\$717	\$0.00	\$0.03	1	4	\$89.63	\$89.60
Home Health Services	\$3,047	\$3,246	\$0.13	\$0.13	3	5	\$507.86	\$295.09
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$468,042	\$273,962	\$20.72	\$11.13	20	18	\$12,649.78	\$7,610.06
Inpatient - Psych	\$16,740	\$0	\$0.74	\$0.00	10	-	\$930.02	\$0.00
Lab and X-ray Services	\$1,453	\$987	\$0.06	\$0.04	56	33	\$13.84	\$14.52
Medicare Xover - IP	\$710,525	\$722,594	\$31.45	\$29.36	391	350	\$964.08	\$1,006.40
Medicare Xover - Nursing Facility	\$498	\$1,560	\$0.02	\$0.06	34	95	\$7.78	\$8.00
Medicare Xover - OP	\$321,162	\$328,555	\$14.22	\$13.35	1,946	2,041	\$87.65	\$78.49
Medicare Xover - Other	\$353,496	\$344,553	\$15.65	\$14.00	9,397	7,983	\$19.98	\$21.04
Medicare Xover - Physician	\$510,873	\$624,286	\$22.61	\$25.36	15,675	17,030	\$17.31	\$17.87
Nursing Facility	\$62	\$25	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,465	\$1,485	\$0.15	\$0.06	6	12	\$315.02	\$59.40
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$33,086,301	\$36,103,539	\$1,464.45	\$1,466.77	260,458	252,533	\$67.47	\$69.70
Physician - Clinic	\$85	\$0	\$0.00	\$0.00	4	-	\$12.10	\$0.00
Physician - IP Mental Health	\$185	\$0	\$0.01	\$0.00	4	-	\$26.45	\$0.00
Physician - OP Mental Health	\$8,540,624	\$6,694,297	\$378.02	\$271.97	348,733	247,238	\$13.01	\$13.20
Physician - Other Practitioner	\$200,070	\$240,479	\$8.86	\$9.77	2,034	1,998	\$52.25	\$58.68
Physician - PCP	\$8,568	\$8,675	\$0.38	\$0.35	164	176	\$27.73	\$24.10
Physician - Specialist	\$10,810	\$12,599	\$0.48	\$0.51	177	191	\$32.36	\$32.14
Pharmacy	\$73,278	\$73,220	\$3.24	\$2.97	4,666	4,883	\$8.34	\$7.31
Transportation - Emergency	\$1,948	\$218	\$0.09	\$0.01	21	2	\$48.69	\$54.46
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$51,665,110	\$53,394,218	\$2,286.78	\$2,169.24	963,882	855,051	\$28.47	\$30.44

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II

Exhibit 1b

Age 21 - 64								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	3,528	4,054						
Service Type								
Adult Day Care	\$42,308	\$43,061	\$11.99	\$10.62	2,861	2,750	\$50.31	\$46.35
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	\$3,415,080	\$3,688,244	\$968.03	\$909.79	929,919	874,111	\$12.49	\$12.49
DME/Supplies	\$200,207	\$235,948	\$56.75	\$58.20	7,167	7,092	\$95.02	\$98.48
Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
FQHC	\$13	\$0	\$0.00	\$0.00	3	-	\$13.22	\$0.00
Home Health Services	\$7,422	\$10,073	\$2.10	\$2.48	31	89	\$824.71	\$335.76
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$275	\$386	\$0.08	\$0.10	68	71	\$13.75	\$16.08
Medicare Xover - IP	\$122,087	\$106,130	\$34.61	\$26.18	384	308	\$1,080.42	\$1,020.48
Medicare Xover - Nursing Facility	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Medicare Xover - OP	\$92,106	\$94,253	\$26.11	\$23.25	3,483	3,129	\$89.95	\$89.17
Medicare Xover - Other	\$73,125	\$77,928	\$20.73	\$19.22	9,429	9,081	\$26.38	\$25.40
Medicare Xover - Physician	\$84,513	\$95,774	\$23.96	\$23.62	10,099	10,212	\$28.47	\$27.76
Nursing Facility	\$10	\$4	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$195	\$118	\$0.06	\$0.03	10	9	\$64.96	\$39.21
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$5,102,314	\$5,850,678	\$1,446.29	\$1,443.20	177,986	179,821	\$97.51	\$96.31
Physician - Clinic	\$14	\$0	\$0.00	\$0.00	3	-	\$13.62	\$0.00
Physician - IP Mental Health	\$0	\$587	\$0.00	\$0.14	-	115	\$0.00	\$15.05
Physician - OP Mental Health	\$1,144,716	\$1,325,591	\$324.48	\$326.99	230,611	217,600	\$16.88	\$18.03
Physician - Other Practitioner	\$75,272	\$81,793	\$21.34	\$20.18	3,813	3,078	\$67.15	\$78.65
Physician - PCP	\$2,820	\$5,419	\$0.80	\$1.34	173	376	\$55.30	\$42.67
Physician - Specialist	\$2,657	\$4,490	\$0.75	\$1.11	153	814	\$59.04	\$16.33
Pharmacy	\$7,146	\$18,338	\$2.03	\$4.52	3,031	3,579	\$8.02	\$15.17
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
Total Medicaid Only	\$10,372,279	\$11,638,815	\$2,940.10	\$2,870.97	1,379,224	1,312,235	\$25.58	\$26.25

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II

Exhibit 1b

Age 65 and Over								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	17,067	20,795						
Service Type								
Adult Day Care	\$1,970,557	\$2,136,705	\$115.46	\$102.75	67,681	62,160	\$20.47	\$19.84
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	\$8,728,098	\$9,073,021	\$511.40	\$436.31	493,819	421,788	\$12.43	\$12.41
DME/Supplies	\$788,282	\$1,043,034	\$46.19	\$50.16	6,515	6,613	\$85.07	\$91.02
Emergency	\$364	\$837	\$0.02	\$0.04	1	2	\$363.55	\$278.86
FQHC	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Home Health Services	\$9,316	\$12,110	\$0.55	\$0.58	10	16	\$665.41	\$432.49
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$1,552,387	\$2,250,042	\$90.96	\$108.20	101	90	\$10,855.85	\$14,423.35
Inpatient - Psych	\$14,785	\$0	\$0.87	\$0.00	13	-	\$821.38	\$0.00
Lab and X-ray Services	\$1,863	\$2,194	\$0.11	\$0.11	91	90	\$14.44	\$14.06
Medicare Xover - IP	\$399,118	\$512,057	\$23.39	\$24.62	300	290	\$936.90	\$1,018.01
Medicare Xover - Nursing Facility	\$806	\$1,941	\$0.05	\$0.09	66	159	\$8.57	\$7.06
Medicare Xover - OP	\$259,269	\$344,091	\$15.19	\$16.55	1,710	1,567	\$106.61	\$126.74
Medicare Xover - Other	\$192,118	\$194,142	\$11.26	\$9.34	6,182	5,558	\$21.85	\$20.16
Medicare Xover - Physician	\$329,686	\$461,962	\$19.32	\$22.22	12,113	10,965	\$19.14	\$24.31
Nursing Facility	\$47	\$21	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$1,347	\$1,229	\$0.08	\$0.06	11	5	\$89.77	\$136.59
Outpatient - Psychological	\$0	\$63	\$0.00	\$0.00	-	1	\$0.00	\$63.24
Personal Care Services	\$30,224,685	\$39,500,439	\$1,770.92	\$1,899.53	215,122	218,694	\$98.79	\$104.23
Physician - Clinic	\$291	\$171	\$0.02	\$0.01	12	13	\$17.09	\$7.78
Physician - IP Mental Health	\$0	\$4,666	\$0.00	\$0.22	-	177	\$0.00	\$15.20
Physician - OP Mental Health	\$6,238,227	\$6,507,073	\$365.51	\$312.92	292,727	246,806	\$14.98	\$15.21
Physician - Other Practitioner	\$199,608	\$221,909	\$11.70	\$10.67	1,702	1,628	\$82.45	\$78.64
Physician - PCP	\$10,536	\$15,010	\$0.62	\$0.72	156	299	\$47.46	\$28.98
Physician - Specialist	\$8,037	\$12,852	\$0.47	\$0.62	223	209	\$25.35	\$35.50
Pharmacy	\$16,113	\$66,980	\$0.94	\$3.22	4,205	4,578	\$2.69	\$8.44
Transportation - Emergency	\$75	\$390	\$0.00	\$0.02	1	2	\$37.50	\$97.38
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$50,945,613	\$62,362,939	\$2,985.00	\$2,998.96	1,102,760	981,710	\$32.48	\$36.66

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II**

Age 21 - 64								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	5,135	6,204						
Service Type								
Adult Day Care	\$53,499	\$58,572	\$10.42	\$9.44	2,744	2,505	\$45.57	\$45.23
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$5,420,582	\$6,342,920	\$1,055.62	\$1,022.43	1,296,951	1,252,773	\$9.77	\$9.79
DME/Supplies	\$333,224	\$313,649	\$64.89	\$50.56	9,932	8,546	\$78.41	\$70.99
Emergency	\$30	\$532	\$0.01	\$0.09	2	10	\$30.00	\$106.46
FQHC	\$13	\$119	\$0.00	\$0.02	2	2	\$13.22	\$119.24
Home Health Services	\$2,367	\$2,243	\$0.46	\$0.36	42	23	\$131.52	\$186.90
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$25,783	\$0.00	\$4.16	-	10	\$0.00	\$5,156.60
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$404	\$413	\$0.08	\$0.07	79	85	\$11.90	\$9.39
Medicare Xover - IP	\$187,783	\$191,871	\$36.57	\$30.93	414	375	\$1,060.92	\$989.03
Medicare Xover - Nursing Facility	\$453	\$445	\$0.09	\$0.07	185	77	\$5.73	\$11.13
Medicare Xover - OP	\$128,043	\$135,246	\$24.94	\$21.80	2,893	2,472	\$103.43	\$105.83
Medicare Xover - Other	\$147,362	\$179,590	\$28.70	\$28.95	15,632	14,285	\$22.03	\$24.32
Medicare Xover - Physician	\$119,043	\$205,899	\$23.18	\$33.19	16,564	18,283	\$16.79	\$21.78
Nursing Facility	\$14	\$6	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$1,456	\$2,242	\$0.28	\$0.36	365	309	\$9.33	\$14.01
Outpatient - Psychological	\$0	\$20	\$0.00	\$0.00	-	6	\$0.00	\$6.64
Personal Care Services	\$2,706,827	\$2,971,874	\$527.14	\$479.04	102,832	94,508	\$61.51	\$60.83
Physician - Clinic	\$849	\$122	\$0.17	\$0.02	855	14	\$2.32	\$17.45
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$1,152,622	\$1,324,390	\$224.47	\$213.48	111,397	92,997	\$24.18	\$27.55
Physician - Other Practitioner	\$174,631	\$204,995	\$34.01	\$33.04	7,787	6,646	\$52.41	\$59.66
Physician - PCP	\$854	\$14,941	\$0.17	\$2.41	75	2,253	\$26.69	\$12.82
Physician - Specialist	\$2,291	\$2,201	\$0.45	\$0.35	122	132	\$44.07	\$32.37
Pharmacy	\$40,362	\$47,818	\$7.86	\$7.71	9,528	9,147	\$9.90	\$10.11
Transportation - Emergency	\$628	\$313	\$0.12	\$0.05	23	8	\$62.75	\$78.27
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$10,473,338	\$12,026,206	\$2,039.62	\$1,938.52	1,578,422	1,505,466	\$15.51	\$15.45

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II**

Age 65 and Over								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	10,642	12,039						
Service Type								
Adult Day Care	\$187,876	\$193,305	\$17.65	\$16.06	4,629	4,224	\$45.77	\$45.61
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	\$8,064,476	\$9,350,102	\$757.82	\$776.65	925,036	946,719	\$9.83	\$9.84
DME/Supplies	\$551,848	\$617,986	\$51.86	\$51.33	10,674	10,364	\$58.30	\$59.43
Emergency	\$1,361	\$0	\$0.13	\$0.00	3	-	\$453.68	\$0.00
FQHC	\$242	\$0	\$0.02	\$0.00	6	-	\$48.45	\$0.00
Home Health Services	\$116	\$2,169	\$0.01	\$0.18	1	19	\$115.58	\$114.18
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$39,616	\$92,636	\$3.72	\$7.69	7	6	\$6,602.60	\$15,439.38
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$607	\$595	\$0.06	\$0.05	48	46	\$14.11	\$12.94
Medicare Xover - IP	\$360,797	\$413,124	\$33.90	\$34.32	430	419	\$946.97	\$983.63
Medicare Xover - Nursing Facility	\$780	\$1,716	\$0.07	\$0.14	50	298	\$17.74	\$5.74
Medicare Xover - OP	\$195,463	\$198,752	\$18.37	\$16.51	1,870	1,687	\$117.89	\$117.47
Medicare Xover - Other	\$184,043	\$202,889	\$17.29	\$16.85	10,723	10,723	\$19.35	\$18.86
Medicare Xover - Physician	\$154,719	\$206,412	\$14.54	\$17.15	13,612	14,545	\$12.82	\$14.15
Nursing Facility	\$29	\$12	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,550	\$3,393	\$0.33	\$0.28	194	158	\$20.64	\$21.34
Outpatient - Psychological	\$153	\$19	\$0.01	\$0.00	5	3	\$38.22	\$6.31
Personal Care Services	\$7,978,101	\$8,434,732	\$749.70	\$700.62	147,998	135,448	\$60.79	\$62.07
Physician - Clinic	\$40	\$90	\$0.00	\$0.01	3	6	\$13.46	\$14.95
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$1,822,623	\$1,678,928	\$171.27	\$139.46	142,252	114,798	\$14.45	\$14.58
Physician - Other Practitioner	\$262,584	\$320,379	\$24.67	\$26.61	4,437	4,903	\$66.73	\$65.13
Physician - PCP	\$5,119	\$4,176	\$0.48	\$0.35	169	240	\$34.13	\$17.33
Physician - Specialist	\$3,839	\$2,235	\$0.36	\$0.19	202	107	\$21.45	\$20.89
Pharmacy	\$32,855	\$46,624	\$3.09	\$3.87	6,760	6,411	\$5.48	\$7.25
Transportation - Emergency	\$6,559	\$1,105	\$0.62	\$0.09	20	5	\$364.37	\$220.94
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$19,857,396	\$21,771,379	\$1,865.99	\$1,808.41	1,269,128	1,251,130	\$17.64	\$17.35

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II

Exhibit 1b

Age 21 - 64								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	3,057	3,503						
Service Type								
Adult Day Care	\$68,770	\$70,443	\$22.50	\$20.11	6,041	5,350	\$44.69	\$45.10
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	\$3,832,372	\$3,922,701	\$1,253.59	\$1,119.68	1,538,376	1,359,963	\$9.78	\$9.88
DME/Supplies	\$245,160	\$189,118	\$80.19	\$53.98	9,032	8,423	\$106.54	\$76.91
Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
FQHC	\$0	\$221	\$0.00	\$0.06	-	7	\$0.00	\$110.65
Home Health Services	\$1,308	\$6,744	\$0.43	\$1.93	12	31	\$435.85	\$749.37
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$500	\$259	\$0.16	\$0.07	43	27	\$45.45	\$32.38
Medicare Xover - IP	\$92,725	\$96,170	\$30.33	\$27.45	538	387	\$676.82	\$851.07
Medicare Xover - Nursing Facility	\$0	\$172	\$0.00	\$0.05	-	79	\$0.00	\$7.48
Medicare Xover - OP	\$87,345	\$123,546	\$28.57	\$35.26	3,862	4,586	\$88.76	\$92.27
Medicare Xover - Other	\$83,800	\$99,546	\$27.41	\$28.41	14,869	13,444	\$22.12	\$25.36
Medicare Xover - Physician	\$70,373	\$88,963	\$23.02	\$25.39	19,752	19,942	\$13.99	\$15.28
Nursing Facility	\$8	\$4	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Outpatient - Other	\$3,676	\$78	\$1.20	\$0.02	16	7	\$918.95	\$39.09
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$1,580,013	\$1,730,610	\$516.83	\$493.98	100,765	97,030	\$61.55	\$61.09
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	\$431,953	\$420,868	\$141.29	\$120.13	99,545	75,324	\$17.03	\$19.14
Physician - Other Practitioner	\$77,393	\$83,846	\$25.32	\$23.93	4,738	4,860	\$64.12	\$59.09
Physician - PCP	\$1,693	\$782	\$0.55	\$0.22	106	106	\$62.72	\$25.22
Physician - Specialist	\$1,423	\$723	\$0.47	\$0.21	184	103	\$30.28	\$24.09
Pharmacy	\$12,214	\$18,499	\$4.00	\$5.28	6,677	7,231	\$7.18	\$8.76
Transportation - Emergency	\$920	\$0	\$0.30	\$0.00	39	-	\$92.00	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$6,591,646	\$6,853,294	\$2,156.16	\$1,956.18	1,804,595	1,596,900	\$14.34	\$14.70

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Nursing Home Eligible - Waiver
Phase II**

Age 65 and Over								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	6,645	7,646						
Service Type								
Adult Day Care	\$221,878	\$270,409	\$33.39	\$35.36	8,937	9,324	\$44.83	\$45.52
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Consumer Directed Services	\$5,538,365	\$6,095,542	\$833.44	\$797.17	1,017,966	968,071	\$9.82	\$9.88
DME/Supplies	\$316,293	\$340,689	\$47.60	\$44.56	8,458	8,197	\$67.53	\$65.23
Emergency	\$0	\$265	\$0.00	\$0.03	-	2	\$0.00	\$264.66
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	\$13,556	\$38,775	\$2.04	\$5.07	4	6	\$6,777.83	\$9,693.68
Inpatient - Psych	\$0	\$6,291	\$0.00	\$0.82	-	11	\$0.00	\$898.78
Lab and X-ray Services	\$115	\$69	\$0.02	\$0.01	11	9	\$19.21	\$11.48
Medicare Xover - IP	\$229,590	\$245,120	\$34.55	\$32.06	511	413	\$811.27	\$932.01
Medicare Xover - Nursing Facility	\$228	\$121	\$0.03	\$0.02	79	38	\$5.19	\$5.06
Medicare Xover - OP	\$118,214	\$146,580	\$17.79	\$19.17	2,604	2,646	\$81.98	\$86.94
Medicare Xover - Other	\$112,324	\$103,277	\$16.90	\$13.51	10,161	8,599	\$19.96	\$18.85
Medicare Xover - Physician	\$110,442	\$158,185	\$16.62	\$20.69	14,333	16,185	\$13.91	\$15.34
Nursing Facility	\$18	\$991	\$0.00	\$0.13	-	11	\$0.00	\$141.58
Outpatient - Other	\$0	\$307	\$0.00	\$0.04	-	5	\$0.00	\$102.27
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$4,712,477	\$4,871,849	\$709.16	\$637.14	141,267	127,615	\$60.24	\$59.91
Physician - Clinic	\$13	\$27	\$0.00	\$0.00	2	3	\$13.22	\$13.50
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$887,471	\$881,363	\$133.55	\$115.26	119,818	103,584	\$13.38	\$13.35
Physician - Other Practitioner	\$143,095	\$168,573	\$21.53	\$22.05	3,680	3,752	\$70.21	\$70.50
Physician - PCP	\$2,748	\$2,513	\$0.41	\$0.33	119	104	\$41.64	\$38.08
Physician - Specialist	\$1,621	\$2,482	\$0.24	\$0.32	123	160	\$23.83	\$24.33
Pharmacy	\$4,827	\$15,281	\$0.73	\$2.00	4,952	4,446	\$1.76	\$5.39
Transportation - Emergency	\$190	\$0	\$0.03	\$0.00	4	-	\$95.00	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$12,413,464	\$13,348,709	\$1,868.04	\$1,745.74	1,333,029	1,253,179	\$16.82	\$16.72

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 2014 Dual Demonstration Capitation Rate Development

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

Nursing Home Eligible - Waiver

Phase I: Central Virginia and Tidewater; Phase II: Northern Virginia, Southwest/Roanoke, and Western/Charlottesville

All Ages								
Demonstration Regions	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	118,500	134,283						
Service Type								
Adult Day Care	\$4,836,040	\$4,957,459	\$40.81	\$36.92	16,142	15,218	\$30.34	\$29.11
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$0	\$105	\$0.00	\$0.00	-	2	\$0.00	\$4.05
Consumer Directed Services	\$65,899,163	\$74,852,539	\$556.11	\$557.42	644,980	646,873	\$10.35	\$10.34
DME/Supplies	\$7,133,307	\$7,795,867	\$60.20	\$58.06	9,200	8,777	\$78.52	\$79.37
Emergency	\$8,905	\$4,643	\$0.08	\$0.03	2	2	\$424.03	\$201.85
FQHC	\$668	\$2,258	\$0.01	\$0.02	1	2	\$86.72	\$86.84
Home Health Services	\$58,921	\$74,211	\$0.50	\$0.55	14	17	\$423.89	\$390.58
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$2,521,242	\$3,174,785	\$21.28	\$23.64	23	22	\$11,058.08	\$12,648.55
Inpatient - Psych	\$34,027	\$8,833	\$0.29	\$0.07	4	1	\$872.49	\$883.32
Lab and X-ray Services	\$9,027	\$7,888	\$0.08	\$0.06	64	47	\$14.24	\$15.14
Medicare Xover - IP	\$3,912,279	\$4,239,182	\$33.01	\$31.57	435	398	\$910.26	\$952.41
Medicare Xover - Nursing Facility	\$7,400	\$9,355	\$0.06	\$0.07	83	109	\$9.08	\$7.66
Medicare Xover - OP	\$1,952,121	\$2,196,694	\$16.47	\$16.36	2,258	2,143	\$87.53	\$91.60
Medicare Xover - Other	\$2,316,935	\$2,464,913	\$19.55	\$18.36	10,125	9,304	\$23.17	\$23.68
Medicare Xover - Physician	\$2,564,116	\$3,446,045	\$21.64	\$25.66	15,396	16,234	\$16.86	\$18.97
Nursing Facility	\$8,687	\$1,121	\$0.07	\$0.01	5	1	\$173.75	\$160.20
Outpatient - Other	\$27,187	\$44,721	\$0.23	\$0.33	42	42	\$66.31	\$94.35
Outpatient - Psychological	\$153	\$626	\$0.00	\$0.00	0	1	\$38.22	\$69.52
Personal Care Services	\$146,551,661	\$164,137,159	\$1,236.72	\$1,222.33	207,461	195,258	\$71.53	\$75.12
Physician - Clinic	\$7,488	\$3,557	\$0.06	\$0.03	180	116	\$4.21	\$2.74
Physician - IP Mental Health	\$263	\$9,532	\$0.00	\$0.07	1	43	\$29.24	\$20.03
Physician - OP Mental Health	\$35,691,303	\$31,963,326	\$301.19	\$238.03	256,073	192,262	\$14.11	\$14.86
Physician - Other Practitioner	\$1,870,268	\$2,262,598	\$15.78	\$16.85	3,146	3,189	\$60.20	\$63.41
Physician - PCP	\$58,528	\$90,005	\$0.49	\$0.67	168	314	\$35.22	\$25.59
Physician - Specialist	\$68,715	\$76,901	\$0.58	\$0.57	186	240	\$37.39	\$28.67
Pharmacy	\$268,413	\$496,357	\$2.27	\$3.70	5,317	5,450	\$5.11	\$8.14
Transportation - Emergency	\$13,688	\$3,667	\$0.12	\$0.03	15	3	\$90.65	\$94.01
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$275,820,503	\$302,324,343	\$2,327.59	\$2,251.40	1,171,322	1,096,067	\$23.85	\$24.65

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Community Well
Phase I

Exhibit 1c

Age 21 - 64								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	98,105	100,660						
Service Type								
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	\$69,730	\$130,396	\$0.71	\$1.30	837	1,573	\$10.19	\$9.88
DME/Supplies	\$425,446	\$437,509	\$4.34	\$4.35	666	623	\$78.19	\$83.73
Emergency	\$35,806	\$62,008	\$0.36	\$0.62	11	17	\$416.35	\$446.10
FQHC	\$1,491	\$2,647	\$0.02	\$0.03	2	3	\$74.54	\$91.28
Home Health Services	\$6,612	\$1,791	\$0.07	\$0.02	3	1	\$264.47	\$298.53
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$637,443	\$354,915	\$6.50	\$3.53	11	5	\$7,412.13	\$8,656.47
Inpatient - Psych	\$187,346	\$105,002	\$1.91	\$1.04	28	17	\$828.97	\$750.01
Lab and X-ray Services	\$23,166	\$21,763	\$0.24	\$0.22	143	147	\$19.83	\$17.68
Medicare Xover - IP	\$1,688,043	\$1,656,366	\$17.21	\$16.46	226	221	\$911.96	\$893.88
Medicare Xover - Nursing Facility	\$22,660	\$24,749	\$0.23	\$0.25	115	115	\$24.11	\$25.67
Medicare Xover - OP	\$1,540,821	\$1,496,013	\$15.71	\$14.86	2,323	2,037	\$81.13	\$87.55
Medicare Xover - Other	\$594,086	\$464,565	\$6.06	\$4.62	3,142	2,900	\$23.13	\$19.10
Medicare Xover - Physician	\$2,032,356	\$2,240,762	\$20.72	\$22.26	11,986	13,260	\$20.74	\$20.15
Nursing Facility	\$470,583	\$582,702	\$4.80	\$5.79	335	422	\$171.68	\$164.74
Outpatient - Other	\$143,414	\$94,812	\$1.46	\$0.94	26	33	\$676.48	\$342.28
Outpatient - Psychological	\$579	\$109	\$0.01	\$0.00	1	0	\$96.46	\$54.40
Personal Care Services	\$3,879	\$10,483	\$0.04	\$0.10	5	17	\$94.61	\$72.80
Physician - Clinic	\$44,444	\$26,959	\$0.45	\$0.27	1,118	617	\$4.86	\$5.21
Physician - IP Mental Health	\$2,363	\$11,379	\$0.02	\$0.11	5	26	\$54.96	\$52.68
Physician - OP Mental Health	\$17,087,395	\$22,573,118	\$174.17	\$224.25	40,333	55,077	\$51.82	\$48.86
Physician - Other Practitioner	\$52,082	\$41,679	\$0.53	\$0.41	268	165	\$23.77	\$30.16
Physician - PCP	\$77,588	\$72,510	\$0.79	\$0.72	203	180	\$46.68	\$47.99
Physician - Specialist	\$118,835	\$118,440	\$1.21	\$1.18	286	320	\$50.89	\$44.11
Pharmacy	\$190,316	\$309,831	\$1.94	\$3.08	4,633	4,529	\$5.03	\$8.16
Transportation - Emergency	\$15,122	\$7,395	\$0.15	\$0.07	29	13	\$64.62	\$66.02
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$25,471,605	\$30,847,904	\$259.64	\$306.46	66,733	82,317	\$46.69	\$44.67

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 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Community Well
Phase I

Exhibit 1c

Age 65 and Over								
Central Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	82,602	81,228						
Service Type								
Adult Day Care	\$10,634	\$10,490	\$0.13	\$0.13	33	31	\$46.24	\$49.95
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	\$176,901	\$263,259	\$2.14	\$3.24	2,538	3,883	\$10.13	\$10.02
DME/Supplies	\$536,285	\$577,817	\$6.49	\$7.11	1,134	1,089	\$68.71	\$78.37
Emergency	\$2,838	\$9,701	\$0.03	\$0.12	2	4	\$166.94	\$373.11
FQHC	\$571	\$1,510	\$0.01	\$0.02	1	3	\$61.64	\$68.66
Home Health Services	\$4,137	\$1,213	\$0.05	\$0.01	3	1	\$206.86	\$303.14
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$857,614	\$505,201	\$10.38	\$6.22	11	8	\$11,589.37	\$9,355.57
Inpatient - Psych	\$22,580	\$30,602	\$0.27	\$0.38	4	5	\$806.44	\$850.04
Lab and X-ray Services	\$5,316	\$3,559	\$0.06	\$0.04	51	35	\$15.06	\$14.96
Medicare Xover - IP	\$1,497,295	\$1,434,490	\$18.13	\$17.66	246	232	\$884.40	\$913.69
Medicare Xover - Nursing Facility	\$79,283	\$88,804	\$0.96	\$1.09	638	593	\$18.05	\$22.12
Medicare Xover - OP	\$880,694	\$764,554	\$10.66	\$9.41	1,480	1,268	\$86.43	\$89.08
Medicare Xover - Other	\$362,182	\$322,136	\$4.38	\$3.97	3,222	2,982	\$16.33	\$15.96
Medicare Xover - Physician	\$1,479,721	\$1,479,513	\$17.91	\$18.21	10,311	11,068	\$20.85	\$19.75
Nursing Facility	\$3,663,514	\$3,937,878	\$44.35	\$48.48	3,352	3,623	\$158.79	\$160.55
Outpatient - Other	\$33,906	\$13,920	\$0.41	\$0.17	9	13	\$546.87	\$152.97
Outpatient - Psychological	\$48	\$2	\$0.00	\$0.00	0	0	\$23.96	\$1.65
Personal Care Services	\$43,139	\$27,706	\$0.52	\$0.34	81	65	\$77.03	\$63.40
Physician - Clinic	\$1,925	\$50	\$0.02	\$0.00	84	1	\$3.31	\$10.05
Physician - IP Mental Health	\$0	\$2,314	\$0.00	\$0.03	-	8	\$0.00	\$44.49
Physician - OP Mental Health	\$2,924,529	\$3,692,200	\$35.40	\$45.45	10,536	13,542	\$40.33	\$40.28
Physician - Other Practitioner	\$36,118	\$34,729	\$0.44	\$0.43	189	114	\$27.76	\$44.93
Physician - PCP	\$37,959	\$48,532	\$0.46	\$0.60	121	151	\$45.46	\$47.63
Physician - Specialist	\$50,574	\$52,158	\$0.61	\$0.64	212	200	\$34.73	\$38.44
Pharmacy	\$78,761	\$165,494	\$0.95	\$2.04	4,436	4,107	\$2.58	\$5.95
Transportation - Emergency	\$5,818	\$3,131	\$0.07	\$0.04	17	7	\$51.03	\$68.06
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$12,792,342	\$13,470,963	\$154.87	\$165.84	38,712	43,033	\$48.01	\$46.25

Notes:

Total Payments = Medicaid Payments + Patient Payments

Consumer Directed Services include payments from external vendor.

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

VIRGINIA MEDICAID

Exhibit 1c

**CY 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Community Well
Phase I**

Age 21 - 64								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	89,572	91,224						
Service Type								
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	\$2,033	\$122	\$0.02	\$0.00	67	4	\$4.05	\$4.05
Consumer Directed Services	\$55,279	\$25,967	\$0.62	\$0.28	765	350	\$9.67	\$9.76
DME/Supplies	\$343,094	\$357,731	\$3.83	\$3.92	519	522	\$88.49	\$90.22
Emergency	\$21,530	\$32,024	\$0.24	\$0.35	12	17	\$244.66	\$254.16
FQHC	\$2,899	\$4,700	\$0.03	\$0.05	5	7	\$76.29	\$85.46
Home Health Services	\$7,121	\$20,447	\$0.08	\$0.22	3	5	\$339.10	\$498.70
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$289,292	\$436,255	\$3.23	\$4.78	7	9	\$5,458.35	\$6,511.26
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$18,393	\$18,543	\$0.21	\$0.20	160	158	\$15.35	\$15.45
Medicare Xover - IP	\$1,165,259	\$1,028,130	\$13.01	\$11.27	170	142	\$918.25	\$952.85
Medicare Xover - Nursing Facility	\$21,382	\$30,423	\$0.24	\$0.33	140	127	\$20.50	\$31.43
Medicare Xover - OP	\$1,420,526	\$1,379,595	\$15.86	\$15.12	2,406	2,258	\$79.09	\$80.36
Medicare Xover - Other	\$537,256	\$487,057	\$6.00	\$5.34	2,968	2,733	\$24.25	\$23.44
Medicare Xover - Physician	\$2,212,474	\$2,387,097	\$24.70	\$26.17	12,099	13,115	\$24.50	\$23.94
Nursing Facility	\$538,560	\$652,824	\$6.01	\$7.16	448	461	\$160.96	\$186.15
Outpatient - Other	\$46,893	\$37,466	\$0.52	\$0.41	15	21	\$426.30	\$234.16
Outpatient - Psychological	\$533	\$93	\$0.01	\$0.00	0	0	\$532.74	\$31.01
Personal Care Services	\$4,045	\$19,283	\$0.05	\$0.21	8	31	\$70.97	\$82.05
Physician - Clinic	\$55,831	\$81,555	\$0.62	\$0.89	3,729	4,645	\$2.01	\$2.31
Physician - IP Mental Health	\$1,719	\$1,268	\$0.02	\$0.01	7	5	\$32.43	\$32.51
Physician - OP Mental Health	\$12,647,432	\$15,560,287	\$141.20	\$170.57	30,869	34,775	\$54.89	\$58.86
Physician - Other Practitioner	\$64,549	\$48,139	\$0.72	\$0.53	352	216	\$24.60	\$29.34
Physician - PCP	\$68,133	\$66,813	\$0.76	\$0.73	287	303	\$31.82	\$28.97
Physician - Specialist	\$108,816	\$107,082	\$1.21	\$1.17	273	318	\$53.39	\$44.30
Pharmacy	\$112,497	\$253,304	\$1.26	\$2.78	3,568	3,693	\$4.22	\$9.02
Transportation - Emergency	\$5,515	\$795	\$0.06	\$0.01	13	2	\$56.28	\$66.28
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$19,751,063	\$23,037,000	\$220.50	\$252.53	58,892	63,919	\$44.93	\$47.41

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 2014 Dual Demonstration Capitation Rate Development
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Exhibit 1c

Age 65 and Over								
Tidewater with Accomack/Northampton	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	73,166	72,750						
Service Type								
Adult Day Care	\$0	\$3,196	\$0.00	\$0.04	-	12	\$0.00	\$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	\$74,605	\$116,348	\$1.02	\$1.60	1,244	1,966	\$9.83	\$9.76
DME/Supplies	\$452,271	\$427,435	\$6.18	\$5.88	1,037	947	\$71.51	\$74.47
Emergency	\$4,414	\$6,011	\$0.06	\$0.08	3	4	\$232.32	\$222.62
FQHC	\$1,060	\$3,266	\$0.01	\$0.04	3	6	\$50.48	\$83.75
Home Health Services	\$2,050	\$439	\$0.03	\$0.01	2	0	\$186.36	\$438.82
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$852,205	\$817,884	\$11.65	\$11.24	12	15	\$11,674.04	\$9,294.14
Inpatient - Psych	\$8,670	\$0	\$0.12	\$0.00	2	-	\$788.14	\$0.00
Lab and X-ray Services	\$6,860	\$6,430	\$0.09	\$0.09	65	61	\$17.19	\$17.29
Medicare Xover - IP	\$1,167,969	\$1,047,284	\$15.96	\$14.40	212	184	\$901.91	\$939.27
Medicare Xover - Nursing Facility	\$64,699	\$97,903	\$0.88	\$1.35	549	693	\$19.34	\$23.30
Medicare Xover - OP	\$854,480	\$837,939	\$11.68	\$11.52	1,554	1,483	\$90.21	\$93.23
Medicare Xover - Other	\$350,538	\$340,757	\$4.79	\$4.68	3,030	2,856	\$18.97	\$19.68
Medicare Xover - Physician	\$1,401,739	\$1,530,048	\$19.16	\$21.03	10,650	11,852	\$21.59	\$21.29
Nursing Facility	\$2,701,299	\$3,017,080	\$36.92	\$41.47	2,951	3,263	\$150.13	\$152.54
Outpatient - Other	\$3,578	\$48,191	\$0.05	\$0.66	6	16	\$96.69	\$481.91
Outpatient - Psychological	\$35	\$82	\$0.00	\$0.00	0	0	\$35.29	\$27.35
Personal Care Services	\$23,796	\$41,100	\$0.33	\$0.56	58	98	\$67.41	\$69.31
Physician - Clinic	\$85	\$6	\$0.00	\$0.00	0	0	\$28.44	\$6.12
Physician - IP Mental Health	\$437	\$105	\$0.01	\$0.00	2	0	\$39.74	\$52.62
Physician - OP Mental Health	\$2,176,167	\$2,697,381	\$29.74	\$37.08	6,988	8,065	\$51.07	\$55.17
Physician - Other Practitioner	\$29,260	\$29,823	\$0.40	\$0.41	221	132	\$21.71	\$37.14
Physician - PCP	\$44,950	\$40,512	\$0.61	\$0.56	231	202	\$31.95	\$33.07
Physician - Specialist	\$52,549	\$44,621	\$0.72	\$0.61	227	213	\$37.94	\$34.51
Pharmacy	\$63,461	\$158,896	\$0.87	\$2.18	3,925	3,993	\$2.65	\$6.56
Transportation - Emergency	\$3,179	\$1,804	\$0.04	\$0.02	10	4	\$54.81	\$69.40
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$10,340,356	\$11,314,543	\$141.33	\$155.53	32,983	36,068	\$51.42	\$51.74

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 2014 Dual Demonstration Capitation Rate Development
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Exhibit 1c

Age 21 - 64								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	32,193	32,689						
Service Type								
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	\$35,981	\$32,827	\$1.12	\$1.00	1,102	991	\$12.17	\$12.16
DME/Supplies	\$106,245	\$136,140	\$3.30	\$4.16	378	377	\$104.78	\$132.43
Emergency	\$9,646	\$9,159	\$0.30	\$0.28	9	10	\$385.82	\$339.23
FQHC	\$626	\$545	\$0.02	\$0.02	5	3	\$44.73	\$77.85
Home Health Services	\$2,101	\$1,944	\$0.07	\$0.06	1	1	\$1,050.50	\$648.02
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$513,622	\$295,754	\$15.95	\$9.05	12	9	\$15,564.31	\$11,830.17
Inpatient - Psych	\$11,567	\$4,011	\$0.36	\$0.12	7	2	\$608.80	\$802.19
Lab and X-ray Services	\$7,436	\$7,386	\$0.23	\$0.23	171	188	\$16.17	\$14.45
Medicare Xover - IP	\$567,088	\$542,470	\$17.62	\$16.59	187	180	\$1,127.41	\$1,107.08
Medicare Xover - Nursing Facility	\$9,349	\$14,574	\$0.29	\$0.45	166	139	\$20.96	\$38.35
Medicare Xover - OP	\$473,668	\$556,868	\$14.71	\$17.04	2,116	2,216	\$83.44	\$92.24
Medicare Xover - Other	\$213,065	\$258,024	\$6.62	\$7.89	2,512	2,400	\$31.62	\$39.47
Medicare Xover - Physician	\$619,106	\$831,171	\$19.23	\$25.43	7,021	7,904	\$32.87	\$38.60
Nursing Facility	\$514,553	\$444,065	\$15.98	\$13.58	717	661	\$267.58	\$246.57
Outpatient - Other	\$20,876	\$17,109	\$0.65	\$0.52	10	7	\$802.91	\$855.45
Outpatient - Psychological	\$87	\$0	\$0.00	\$0.00	0	-	\$87.25	\$0.00
Personal Care Services	\$3,115	\$24,579	\$0.10	\$0.75	10	69	\$119.81	\$130.05
Physician - Clinic	\$16,702	\$20,807	\$0.52	\$0.64	1,683	1,527	\$3.70	\$5.00
Physician - IP Mental Health	\$562	\$1,320	\$0.02	\$0.04	5	14	\$43.21	\$35.67
Physician - OP Mental Health	\$4,911,054	\$5,487,375	\$152.55	\$167.87	32,634	35,707	\$56.09	\$56.41
Physician - Other Practitioner	\$15,295	\$15,840	\$0.48	\$0.48	323	146	\$17.64	\$39.70
Physician - PCP	\$42,513	\$43,582	\$1.32	\$1.33	258	271	\$61.35	\$59.05
Physician - Specialist	\$32,913	\$36,186	\$1.02	\$1.11	284	298	\$43.19	\$44.51
Pharmacy	\$41,925	\$80,986	\$1.30	\$2.48	3,332	3,505	\$4.69	\$8.48
Transportation - Emergency	\$2,408	\$1,016	\$0.07	\$0.03	11	5	\$80.27	\$72.59
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$8,171,504	\$8,863,738	\$253.83	\$271.16	52,956	56,631	\$57.52	\$57.46

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.

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Age 65 and Over								
Northern Virginia	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	122,683	122,748						
Service Type								
Adult Day Care	\$256	\$4,166	\$0.00	\$0.03	13	26	\$1.91	\$15.37
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	\$88,297	\$98,996	\$0.72	\$0.81	713	804	\$12.11	\$12.04
DME/Supplies	\$296,972	\$304,833	\$2.42	\$2.48	334	315	\$87.09	\$94.58
Emergency	\$19,396	\$24,853	\$0.16	\$0.20	3	3	\$668.84	\$801.72
FQHC	\$596	\$622	\$0.00	\$0.01	1	1	\$39.71	\$56.56
Home Health Services	\$4,356	\$5,940	\$0.04	\$0.05	2	1	\$256.25	\$539.98
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$3,918,398	\$3,801,763	\$31.94	\$30.97	31	31	\$12,322.01	\$11,917.75
Inpatient - Psych	\$18,350	\$0	\$0.15	\$0.00	2	-	\$917.52	\$0.00
Lab and X-ray Services	\$15,877	\$16,921	\$0.13	\$0.14	92	112	\$16.82	\$14.79
Medicare Xover - IP	\$1,098,706	\$995,774	\$8.96	\$8.11	114	101	\$945.53	\$963.96
Medicare Xover - Nursing Facility	\$83,081	\$92,762	\$0.68	\$0.76	327	343	\$24.84	\$26.42
Medicare Xover - OP	\$1,235,899	\$1,304,820	\$10.07	\$10.63	986	974	\$122.62	\$130.97
Medicare Xover - Other	\$271,606	\$258,603	\$2.21	\$2.11	1,492	1,355	\$17.81	\$18.65
Medicare Xover - Physician	\$1,618,339	\$1,642,622	\$13.19	\$13.38	5,475	5,657	\$28.91	\$28.39
Nursing Facility	\$2,840,452	\$2,558,407	\$23.15	\$20.84	1,369	1,269	\$202.92	\$197.12
Outpatient - Other	\$44,637	\$56,478	\$0.36	\$0.46	4	5	\$1,014.47	\$1,045.90
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$15,152	\$42,740	\$0.12	\$0.35	14	41	\$102.38	\$101.04
Physician - Clinic	\$43	\$13	\$0.00	\$0.00	0	0	\$10.78	\$12.77
Physician - IP Mental Health	\$0	\$646	\$0.00	\$0.01	-	3	\$0.00	\$23.08
Physician - OP Mental Health	\$673,223	\$993,765	\$5.49	\$8.10	1,252	1,905	\$52.58	\$51.00
Physician - Other Practitioner	\$18,205	\$27,422	\$0.15	\$0.22	72	81	\$24.70	\$33.08
Physician - PCP	\$116,275	\$110,906	\$0.95	\$0.90	201	181	\$56.72	\$59.95
Physician - Specialist	\$86,380	\$111,368	\$0.70	\$0.91	220	302	\$38.44	\$36.08
Pharmacy	\$161,271	\$267,220	\$1.31	\$2.18	2,898	2,992	\$5.44	\$8.73
Transportation - Emergency	\$2,327	\$4,445	\$0.02	\$0.04	3	4	\$72.70	\$123.47
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$12,628,093	\$12,726,087	\$102.93	\$103.68	15,619	16,507	\$79.08	\$75.37

Notes:

Total Payments = Medicaid Payments + Patient Payments

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Exhibit 1c

Age 21 - 64								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	64,434	65,166						
Service Type								
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	\$2,385	\$587	\$0.04	\$0.01	110	27	\$4.05	\$4.05
Consumer Directed Services	\$107,229	\$119,677	\$1.66	\$1.84	2,061	2,261	\$9.69	\$9.75
DME/Supplies	\$256,754	\$242,787	\$3.98	\$3.73	713	657	\$67.07	\$68.08
Emergency	\$29,133	\$9,686	\$0.45	\$0.15	21	10	\$253.33	\$186.27
FQHC	\$3,373	\$2,229	\$0.05	\$0.03	7	4	\$91.17	\$101.32
Home Health Services	\$6,229	\$3,038	\$0.10	\$0.05	3	2	\$415.25	\$337.52
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$196,015	\$246,672	\$3.04	\$3.79	7	6	\$5,026.02	\$7,047.77
Inpatient - Psych	\$3,915	\$0	\$0.06	\$0.00	1	-	\$782.97	\$0.00
Lab and X-ray Services	\$23,113	\$6,462	\$0.36	\$0.10	210	82	\$20.49	\$14.49
Medicare Xover - IP	\$983,614	\$762,233	\$15.27	\$11.70	187	154	\$977.75	\$908.50
Medicare Xover - Nursing Facility	\$14,857	\$22,404	\$0.23	\$0.34	138	135	\$20.05	\$30.65
Medicare Xover - OP	\$1,132,768	\$988,474	\$17.58	\$15.17	2,045	1,791	\$103.19	\$101.62
Medicare Xover - Other	\$415,367	\$366,806	\$6.45	\$5.63	3,977	3,610	\$19.45	\$18.71
Medicare Xover - Physician	\$1,217,990	\$1,305,422	\$18.90	\$20.03	10,837	12,132	\$20.93	\$19.81
Nursing Facility	\$413,088	\$552,800	\$6.41	\$8.48	373	418	\$206.23	\$243.31
Outpatient - Other	\$115,669	\$83,078	\$1.80	\$1.27	174	116	\$123.71	\$131.87
Outpatient - Psychological	\$577	\$225	\$0.01	\$0.00	5	2	\$22.19	\$17.32
Personal Care Services	\$6,343	\$460	\$0.10	\$0.01	16	1	\$75.51	\$76.68
Physician - Clinic	\$7,125	\$14,702	\$0.11	\$0.23	8,425	410	\$0.16	\$6.61
Physician - IP Mental Health	\$819	\$961	\$0.01	\$0.01	2	2	\$91.00	\$87.36
Physician - OP Mental Health	\$15,887,152	\$17,703,858	\$246.57	\$271.67	41,448	43,872	\$71.39	\$74.31
Physician - Other Practitioner	\$38,989	\$31,514	\$0.61	\$0.48	225	195	\$32.28	\$29.79
Physician - PCP	\$74,301	\$35,778	\$1.15	\$0.55	365	176	\$37.89	\$37.46
Physician - Specialist	\$79,131	\$66,080	\$1.23	\$1.01	354	241	\$41.63	\$50.52
Pharmacy	\$441,468	\$282,837	\$6.85	\$4.34	6,875	6,175	\$11.96	\$8.43
Transportation - Emergency	\$8,760	\$5,486	\$0.14	\$0.08	21	10	\$78.21	\$105.49
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$21,466,163	\$22,854,253	\$333.15	\$350.71	78,600	72,487	\$50.86	\$58.06

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.

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Exhibit 1c

Age 65 and Over								
Southwest/Roanoke	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	39,394	39,114						
Service Type								
Adult Day Care	\$0	\$46	\$0.00	\$0.00	-	0	\$0.00	\$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	\$185,271	\$218,543	\$4.70	\$5.59	5,781	6,847	\$9.76	\$9.79
DME/Supplies	\$264,664	\$279,413	\$6.72	\$7.14	1,433	1,318	\$56.26	\$65.06
Emergency	\$3,979	\$986	\$0.10	\$0.03	3	2	\$442.08	\$197.13
FQHC	\$858	\$775	\$0.02	\$0.02	3	3	\$95.32	\$86.07
Home Health Services	\$4,762	\$3,160	\$0.12	\$0.08	5	6	\$317.46	\$150.46
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$112,570	\$478,274	\$2.86	\$12.23	4	9	\$8,659.20	\$15,942.46
Inpatient - Psych	\$6,174	\$0	\$0.16	\$0.00	1	-	\$2,057.96	\$0.00
Lab and X-ray Services	\$2,905	\$2,636	\$0.07	\$0.07	59	47	\$17.12	\$17.12
Medicare Xover - IP	\$900,453	\$760,187	\$22.86	\$19.44	275	241	\$998.28	\$968.39
Medicare Xover - Nursing Facility	\$70,716	\$88,127	\$1.80	\$2.25	1,242	1,405	\$17.35	\$19.24
Medicare Xover - OP	\$629,694	\$601,055	\$15.98	\$15.37	1,459	1,345	\$131.49	\$137.07
Medicare Xover - Other	\$257,164	\$232,448	\$6.53	\$5.94	4,498	4,086	\$17.42	\$17.45
Medicare Xover - Physician	\$621,868	\$655,388	\$15.79	\$16.76	9,531	10,673	\$19.87	\$18.84
Nursing Facility	\$2,447,441	\$2,672,014	\$62.13	\$68.31	4,892	5,301	\$152.38	\$154.64
Outpatient - Other	\$21,567	\$10,206	\$0.55	\$0.26	68	58	\$97.15	\$54.00
Outpatient - Psychological	\$263	\$345	\$0.01	\$0.01	2	1	\$52.65	\$86.31
Personal Care Services	\$2,579	\$21,466	\$0.07	\$0.55	14	86	\$56.07	\$76.39
Physician - Clinic	\$140	\$135	\$0.00	\$0.00	5	4	\$8.76	\$11.26
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$1,946,292	\$2,437,336	\$49.41	\$62.31	8,506	10,640	\$69.70	\$70.28
Physician - Other Practitioner	\$20,728	\$29,802	\$0.53	\$0.76	120	298	\$52.74	\$30.66
Physician - PCP	\$20,123	\$18,660	\$0.51	\$0.48	122	154	\$50.06	\$37.10
Physician - Specialist	\$20,329	\$13,007	\$0.52	\$0.33	168	140	\$36.89	\$28.46
Pharmacy	\$109,990	\$119,753	\$2.79	\$3.06	7,114	6,761	\$4.71	\$5.43
Transportation - Emergency	\$3,240	\$2,512	\$0.08	\$0.06	15	6	\$64.80	\$139.54
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$7,653,766	\$8,646,272	\$194.29	\$221.05	45,317	49,432	\$51.45	\$53.66

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 2014 Dual Demonstration Capitation Rate Development
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Age 21 - 64								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	28,587	28,818						
Service Type								
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	\$377	\$1,531	\$0.01	\$0.05	39	157	\$4.05	\$4.05
Consumer Directed Services	\$59,379	\$40,486	\$2.08	\$1.40	2,571	1,739	\$9.69	\$9.69
DME/Supplies	\$136,226	\$100,766	\$4.77	\$3.50	638	606	\$89.56	\$69.21
Emergency	\$11,272	\$12,359	\$0.39	\$0.43	11	9	\$433.53	\$588.51
FQHC	\$607	\$617	\$0.02	\$0.02	3	2	\$101.21	\$102.81
Home Health Services	\$2,802	\$1,659	\$0.10	\$0.06	5	1	\$254.75	\$552.95
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$137,444	\$25,357	\$4.81	\$0.88	10	2	\$5,726.81	\$5,071.31
Inpatient - Psych	\$6,372	\$0	\$0.22	\$0.00	3	-	\$910.29	\$0.00
Lab and X-ray Services	\$5,982	\$4,184	\$0.21	\$0.15	162	107	\$15.50	\$16.22
Medicare Xover - IP	\$293,417	\$317,700	\$10.26	\$11.02	166	143	\$742.83	\$926.24
Medicare Xover - Nursing Facility	\$9,573	\$20,810	\$0.33	\$0.72	240	280	\$16.74	\$30.92
Medicare Xover - OP	\$496,564	\$570,805	\$17.37	\$19.81	2,647	2,669	\$78.76	\$89.06
Medicare Xover - Other	\$164,946	\$145,516	\$5.77	\$5.05	3,761	3,454	\$18.41	\$17.54
Medicare Xover - Physician	\$500,644	\$503,963	\$17.51	\$17.49	11,004	11,832	\$19.10	\$17.74
Nursing Facility	\$187,122	\$210,134	\$6.55	\$7.29	505	504	\$155.68	\$173.52
Outpatient - Other	\$29,809	\$26,826	\$1.04	\$0.93	35	22	\$354.87	\$515.88
Outpatient - Psychological	\$0	\$43	\$0.00	\$0.00	-	0	\$0.00	\$42.85
Personal Care Services	\$284	\$141	\$0.01	\$0.00	2	6	\$71.01	\$10.04
Physician - Clinic	\$2,896	\$2,211	\$0.10	\$0.08	66	55	\$18.33	\$16.62
Physician - IP Mental Health	\$0	\$106	\$0.00	\$0.00	-	1	\$0.00	\$52.88
Physician - OP Mental Health	\$3,978,132	\$3,933,425	\$139.16	\$136.49	31,785	31,981	\$52.54	\$51.22
Physician - Other Practitioner	\$19,115	\$11,067	\$0.67	\$0.38	204	117	\$39.33	\$39.25
Physician - PCP	\$18,978	\$18,763	\$0.66	\$0.65	139	136	\$57.51	\$57.56
Physician - Specialist	\$33,766	\$21,198	\$1.18	\$0.74	286	276	\$49.58	\$32.02
Pharmacy	\$51,681	\$83,571	\$1.81	\$2.90	4,675	4,582	\$4.64	\$7.60
Transportation - Emergency	\$893	\$1,668	\$0.03	\$0.06	6	7	\$63.75	\$104.22
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$6,148,280	\$6,054,906	\$215.07	\$210.11	58,961	58,689	\$43.77	\$42.96

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 2014 Dual Demonstration Capitation Rate Development
 Historical Eligibility, Fee-For-Service Claims, and Utilization Data
 Community Well
 Phase II**

Age 65 and Over								
Western/Charlottesville	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	24,365	23,678						
Service Type								
Adult Day Care	\$0	\$9,199	\$0.00	\$0.39	-	102	\$0.00	\$45.54
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	\$106,890	\$110,944	\$4.39	\$4.69	5,406	5,760	\$9.74	\$9.76
DME/Supplies	\$145,193	\$147,029	\$5.96	\$6.21	1,189	1,180	\$60.12	\$63.13
Emergency	\$6,598	\$7,185	\$0.27	\$0.30	2	9	\$1,319.69	\$399.17
FQHC	\$419	\$99	\$0.02	\$0.00	2	1	\$104.87	\$98.83
Home Health Services	\$443	\$1,464	\$0.02	\$0.06	1	2	\$221.67	\$365.93
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$397,539	\$212,974	\$16.32	\$8.99	13	13	\$14,723.67	\$8,191.32
Inpatient - Psych	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Lab and X-ray Services	\$1,760	\$3,185	\$0.07	\$0.13	40	100	\$21.73	\$16.09
Medicare Xover - IP	\$405,857	\$380,724	\$16.66	\$16.08	202	198	\$989.90	\$976.21
Medicare Xover - Nursing Facility	\$54,134	\$47,089	\$2.22	\$1.99	1,259	1,157	\$21.18	\$20.63
Medicare Xover - OP	\$361,340	\$372,255	\$14.83	\$15.72	1,944	2,068	\$91.52	\$91.22
Medicare Xover - Other	\$118,015	\$108,118	\$4.84	\$4.57	3,553	3,335	\$16.36	\$16.43
Medicare Xover - Physician	\$390,559	\$357,847	\$16.03	\$15.11	8,897	10,226	\$21.62	\$17.74
Nursing Facility	\$1,394,810	\$1,385,645	\$57.25	\$58.52	4,474	4,598	\$153.53	\$152.74
Outpatient - Other	\$20,142	\$51,451	\$0.83	\$2.17	16	21	\$610.36	\$1,225.02
Outpatient - Psychological	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Personal Care Services	\$8,287	\$3,280	\$0.34	\$0.14	85	27	\$47.90	\$60.74
Physician - Clinic	\$103	\$0	\$0.00	\$0.00	4	-	\$12.92	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Physician - OP Mental Health	\$629,122	\$795,471	\$25.82	\$33.60	7,481	9,240	\$41.42	\$43.63
Physician - Other Practitioner	\$12,368	\$8,562	\$0.51	\$0.36	146	104	\$41.78	\$41.56
Physician - PCP	\$10,635	\$13,312	\$0.44	\$0.56	101	119	\$51.62	\$56.89
Physician - Specialist	\$14,484	\$11,779	\$0.59	\$0.50	201	187	\$35.50	\$31.92
Pharmacy	\$26,769	\$55,911	\$1.10	\$2.36	5,081	5,155	\$2.59	\$5.50
Transportation - Emergency	\$608	\$232	\$0.02	\$0.01	5	2	\$60.75	\$57.89
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$4,106,076	\$4,083,754	\$168.52	\$172.47	40,104	43,604	\$50.43	\$47.46

Notes:
 Total Payments = Medicaid Payments + Patient Payments
 Consumer Directed Services include payments from external vendor.
 Nursing Facility and Pharmacy include supplemental non-claim payments for the respective service lines.

VIRGINIA MEDICAID

Exhibit 1c

**CY 2014 Dual Demonstration Capitation Rate Development
Historical Eligibility, Fee-For-Service Claims, and Utilization Data
Community Well**

Phase I: Central Virginia and Tidewater; Phase II: Northern Virginia, Southwest/Roanoke, and Western/Charlottesville

All Ages								
Demonstration Regions	Total Payments CY2011	Total Payments CY2012	Unadjusted PMPM CY2011	Unadjusted PMPM CY2012	Units/1000 CY2011	Units/1000 CY2012	Cost/Unit CY2011	Cost/Unit CY2012
Total Member Months	655,102	658,074						
Service Type								
Adult Day Care	\$10,891	\$27,096	\$0.02	\$0.04	7	14	\$29.92	\$35.94
Ambulatory Surgery Center	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Case Management Services	\$4,795	\$2,240	\$0.01	\$0.00	22	10	\$4.05	\$4.05
Consumer Directed Services	\$959,563	\$1,157,443	\$1.46	\$1.76	1,740	2,099	\$10.10	\$10.06
DME/Supplies	\$2,963,149	\$3,011,461	\$4.52	\$4.58	739	697	\$73.45	\$78.83
Emergency	\$144,613	\$173,972	\$0.22	\$0.26	8	9	\$345.14	\$368.58
FQHC	\$12,501	\$17,011	\$0.02	\$0.03	3	4	\$73.11	\$84.63
Home Health Services	\$40,614	\$41,093	\$0.06	\$0.06	3	2	\$292.18	\$398.96
Hospice Care	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Inpatient - Medical/Surgical	\$7,912,142	\$7,175,049	\$12.08	\$10.90	14	13	\$10,692.08	\$10,398.62
Inpatient - Psych	\$264,975	\$139,614	\$0.40	\$0.21	6	3	\$830.64	\$771.35
Lab and X-ray Services	\$110,809	\$91,070	\$0.17	\$0.14	116	105	\$17.56	\$15.83
Medicare Xover - IP	\$9,767,702	\$8,925,358	\$14.91	\$13.56	192	173	\$931.50	\$939.81
Medicare Xover - Nursing Facility	\$429,734	\$527,645	\$0.66	\$0.80	393	407	\$20.03	\$23.65
Medicare Xover - OP	\$9,026,455	\$8,872,379	\$13.78	\$13.48	1,802	1,685	\$91.74	\$95.99
Medicare Xover - Other	\$3,284,225	\$2,984,029	\$5.01	\$4.53	2,982	2,750	\$20.18	\$19.79
Medicare Xover - Physician	\$12,094,796	\$12,933,833	\$18.46	\$19.65	9,759	10,692	\$22.70	\$22.06
Nursing Facility	\$15,171,421	\$16,013,549	\$23.16	\$24.33	1,675	1,750	\$165.95	\$166.87
Outpatient - Other	\$480,489	\$439,537	\$0.73	\$0.67	32	29	\$272.23	\$272.16
Outpatient - Psychological	\$2,122	\$899	\$0.00	\$0.00	1	0	\$50.53	\$33.29
Personal Care Services	\$110,620	\$191,237	\$0.17	\$0.29	27	43	\$74.14	\$80.49
Physician - Clinic	\$129,295	\$146,439	\$0.20	\$0.22	1,603	858	\$1.48	\$3.11
Physician - IP Mental Health	\$5,900	\$18,099	\$0.01	\$0.03	2	7	\$45.74	\$46.77
Physician - OP Mental Health	\$62,860,498	\$75,874,218	\$95.96	\$115.30	20,461	24,647	\$56.27	\$56.13
Physician - Other Practitioner	\$306,708	\$278,578	\$0.47	\$0.42	210	152	\$26.78	\$33.38
Physician - PCP	\$511,455	\$469,368	\$0.78	\$0.71	214	195	\$43.76	\$44.00
Physician - Specialist	\$597,776	\$581,920	\$0.91	\$0.88	252	263	\$43.43	\$40.28
Pharmacy	\$1,278,137	\$1,777,803	\$1.95	\$2.70	4,383	4,285	\$5.34	\$7.57
Transportation - Emergency	\$47,867	\$28,483	\$0.07	\$0.04	14	6	\$63.65	\$84.77
Transportation - Non-Emergency	\$0	\$0	\$0.00	\$0.00	-	-	\$0.00	\$0.00
Total Medicaid Only	\$128,529,249	\$141,899,420	\$196.20	\$215.63	46,659	50,898	\$50.46	\$50.84

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 2014 Dual Demonstration Capitation Rate Development
 Historical Fee-for-Service Claims
 Prescription Drug Copay Adjustment**

Exhibit 2a

	Nursing Home Eligible	Community Well	Source
1. Fee-for-Service Net Cost PMPM*	\$8.05	\$2.33	DMAS CY11-CY12 FFS Invoices
2. Fee-for-Service Net Cost per Script	\$4.69	\$6.44	DMAS CY11-CY12 FFS Invoices
3. Average Fee-for-Service Copayment per Script	\$0.02	\$0.00	DMAS CY11-CY12 FFS Invoices
4. Average Fee-for-Service Copayment PMPM	\$0.03	\$0.00	= (3.) * scripts / MM
5. Adjusted Cost PMPM	\$8.08	\$2.33	= (2.) + (3.)
6. Pharmacy Adjustment Factor	0.3%	0.0%	= (5.) / (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 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Non-Emergency Transportation Adjustment

Exhibit 2b

	Nursing Home Eligible	Community Well	Source
Non-ER Transportation Rate	\$33.37	\$35.67	Non-Emergency Transportation Rate - includes administrative cost

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Emergency Transportation Adjustment**

Exhibit 2c

	Adjustment Value	Source
FFS Increase to 40% of Medicare effective FY13	38.4%	Provided by DMAS

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Home and Community-Based Care Fee Adjustment

Exhibit 2d

		Adjustment Value	Source
1.	Total Claims in Service Categories		
	a. Adult Day Care	\$9,834,393	DMAS CY11-CY12 FFS Invoices
	b. Consumer Directed Services	\$143,086,306	
	c. Personal Care Services	\$311,309,866	
2a.	FY12 Fee Decrease	-1.0%	Provided by DMAS
2b.	FY13 Fee Increase	1.0%	Provided by DMAS
3.	Claims associated with FY12 Fee Decrease HCBC Procedure Codes		
	a. Adult Day Care	\$2,405,894	DMAS Jan 2011 - Jun 2011 FFS Invoices
	b. Consumer Directed Services	\$33,184,110	
	c. Personal Care Services	\$71,127,982	
4.	Claims associated with FY13 Fee Increase HCBC Procedure Codes		
	a. Adult Day Care	\$0	DMAS Jan 2011 - Jun 2012 FFS Invoices
	b. Consumer Directed Services	\$101,492,165	
	c. Personal Care Services	\$226,811,795	
5.	HCBC Fee Adjustment		
	a. Adult Day Care	-0.2%	$= ((3.) * (2a.) + (4.) * (2b.)) / (1.)$
	b. Consumer Directed Services	0.5%	
	c. Personal Care Services	0.5%	

**Virginia Medicaid
CY 2014 Dual Demonstration 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	\$4,197,408	\$5,636,985	DMAS CY11-CY12 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	\$3,949,700	\$5,635,290	DMAS CY11-CY12 FFS Invoices
3b. Dollar Change	\$788,363	\$1,234,456	= (3a.) * (2c.)
4. Adult Day Care Adjustment	18.8%	21.9%	= (3b.) / (1.)

**Virginia Medicaid
CY 2014 Dual Demonstration 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	\$24,095,849	\$465,315	DMAS CY11-CY12 FFS Invoices
2. CY11-12 Hospital Capital Percentage	9.7%	9.7%	Provided by DMAS
3a. FY12 Capital Reimbursement Reduction	-5.3%	-5.3%	Provided by DMAS
3b. Proportion of Claims Subject to Reduction	29.0%	24.5%	DMAS Jan 2011 - Jun 2011 FFS Invoices
3c. Dollar Change	(\$36,145)	(\$590)	= (1.) * (2.) * (3a.) * (3b.)
4a. FY13 Hospital Rate Increase	2.6%	2.6%	Provided by DMAS
4b. Proportion of Claims Subject to Increase	83.1%	78.8%	DMAS Jan 2011 - Jun 2012 FFS Invoices
4c. Dollar Change	\$470,024	\$8,604	= (1.) * (1 - (2.)) * (4a.) * (4b.)
5a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
5b. Proportion of Claims Subject to Change	100.0%	100.0%	DMAS CY11-CY12 FFS Invoices
5c. Dollar Change	\$1,037,809	(\$31,589)	= ((1.) * (1 - (2.)) + (4c.)) * (5a.) * (5b.)
6a. FY15 Hospital Rate Change	2.5%	2.5%	Provided by DMAS
6b. Proportion of Claims Subject to Change	100.0%	100.0%	DMAS CY11-CY12 FFS Invoices
6c. Dollar Change	\$581,656	\$9,930	= ((1.) * (1 - (2.)) + (4c.) + (5c.)) * (6a.) * (6b.)
7. Hospital Inpatient Adjustment	8.5%	-2.9%	= ((3c.) + (4c.) + (5c.) + (6c.)) / (1.)

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Hospital Outpatient Adjustment

Exhibit 2g

		Adjustment Value	Source	
1.	Total Claims Associated with Outpatient Services	a. Emergency b. Outpatient - Other	\$344,591 \$1,038,705	DMAS CY11-CY12 FFS Invoices
2.	FY12 Hospital Rate Reduction		-5.0%	Provided by DMAS
3.	Proportion of Claims Associate With Reduction	a. Emergency b. Outpatient - Other	26.0% 24.7%	
4.	Dollar Decrease	a. Emergency b. Outpatient - Other	(\$4,483) (\$12,803)	= (1a.) * (2.) * (3a.) = (1b.) * (2.) * (3b.)
5.	Hospital Outpatient Adjustment	a. Emergency b. Outpatient - Other	-1.3% -1.2%	= (4a.) / (1a.) = (4b.) / (1b.)

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Nursing Facility Adjustment

Exhibit 2h

	Adjustment Value	Source
1a. Total Claims in Nursing Facility Service Category	\$1,292,202,220	DMAS CY11-CY12 FFS Invoices
1b. Proportion of Claims in Jan 2011 to Jun 2011	24.4%	
1c. Proportion of Claims in FY12	49.7%	
2. Nursing Facility Capital Rental Rate Percentage	9.7%	Provided by DMAS
3a. FY12 Nursing Facility Capital Rental Rate Reduction	-10.5%	Provided by DMAS
3b. FY13 Nursing Facility Capital Rental Rate Increase	6.3%	Provided by DMAS
3c. FY14 Nursing Facility Capital Rental Rate Change	0.0%	Provided by DMAS
3d. FY15 Nursing Facility Capital Rental Rate Increase	5.9%	Provided by DMAS
3e. Dollar Change	\$9,912,853	$= (1a.) * (1b.) * (2.) * ((1 + (3a.)) * (1 + (3b.)) * (1 + (3d.)) - 1) +$ $(1a.) * (1c.) * (2.) * ((1 + (3b.)) * (1 + (3d.)) - 1) +$ $(1a.) * (1 - ((1b.) + (1c.))) * (2.) * (3d.)$
4a. FY13 Nursing Facility Operating Rate Increase	2.8%	Provided by DMAS
4b. FY14 Nursing Facility Operating Rate Increase	1.1%	Provided by DMAS
4c. FY15 Nursing Facility Operating Rate Increase	3.2%	Provided by DMAS
4d. Dollar Change	\$75,470,557	$= (1a.) * ((1b.) + (1c.)) * (1 - (2.)) * ((1 + (4a.)) * (1 + (4b.)) * (1 + (4c.)) - 1) +$ $(1a.) * (1 - ((1b.) + (1c.))) * (1 - (2.)) * ((1 + (4b.)) * (1 + (4c.)) - 1)$
5a. FY14 Occupancy Requirement Change Impact	0.17%	Provided by DMAS
5b. Dollar Change	\$2,341,896	$= ((1a.) + (3e.) + (4d.)) * (5a.)$
6. Nursing Facility Adjustment	6.8%	$= ((3e.) + (4d.) + (5b.)) / (1a.)$

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
Mental Health Support Services Adjustment

Exhibit 2i

	Nursing Home Eligible	Community Well	Source
1. Total Claims in Physician - OP Mental Health	\$69,165,656	\$138,734,715	DMAS CY11-CY12 FFS Invoices
2. % Claims Associated with Procedure Code H0046	10.5%	69.6%	DMAS CY11-CY12 FFS Invoices
3. MHSS Rate Reduction	-20%	-20%	Provided by DMAS
4. Dollar Change	(\$1,446,499)	(\$19,324,031)	= (1.) * (2.) * (3.)
5. MHSS Adjustment Factor	-2.1%	-13.9%	= (4.) / (1.) -1

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-for-Service Claims
DMAS FFS Administrative Adjustment**

Exhibit 2j

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

Virginia Medicaid
CY 2014 Dual Demonstration 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	Phase I Total Trend Factor	Phase II Total Trend Factor
	IBNR	Policy/Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient	0.6%	8.5%	9.1%	7.9%	-0.8%	7.0%	0.5%	1.0792	1.0798
Outpatient/ER	0.7%	-1.2%	-0.5%	-5.1%	5.8%	0.4%	1.8%	1.0363	1.0386
Physician/Professional	-0.6%	0.0%	-0.6%	5.4%	1.8%	7.3%	7.4%	1.2161	1.2270
Pharmacy	0.0%	0.3%	0.4%	-1.1%	-2.5%	-3.6%	0.0%	0.9640	0.9640
Nursing Facility*	0.0%	6.8%	6.8%	0.2%	0.4%	0.6%	1.6%	1.0341	1.0361
HCBS/Home Health Care*	0.0%	0.6%	0.6%	-0.8%	2.0%	1.2%	2.9%	1.0635	1.0673
Mental Health/Substance Abuse	0.1%	-2.1%	-2.0%	5.0%	7.2%	12.6%	12.4%	1.3812	1.4015
Ancillary/Other	0.6%	1.3%	2.0%	1.7%	2.8%	4.6%	3.7%	1.1146	1.1197
Medicare Crossover	0.5%	0.0%	0.5%	-3.4%	5.7%	2.2%	0.3%	1.0274	1.0278
Weighted Average*	0.0%	6.7%	6.7%	0.2%	0.4%	0.6%	1.6%	1.0344	1.0364
Months of Trend Applied:				12	12	12		21	22.5

Notes:
Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories also considers DMAS budget projections.
Trend rates have been calculated separately for the broad service categories shown above.
Regressions were based on PMPM costs. Trends for Long Term Care Services were developed from historical data and DMAS budget information.

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 2011-2012 Claims)

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

**Virginia Medicaid
CY 2014 Dual Demonstration 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	Phase I Total Trend Factor	Phase II Total Trend Factor
	IBNR	Policy/ Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient	0.6%	8.4%	9.0%	7.9%	-0.8%	7.0%	0.5%	1.0792	1.0798
Outpatient/ER	1.1%	-1.2%	-0.2%	-5.1%	5.8%	0.4%	1.8%	1.0363	1.0386
Physician/Professional	0.1%	0.0%	0.1%	5.4%	1.8%	7.3%	7.4%	1.2161	1.2270
Pharmacy	0.0%	0.3%	0.3%	-6.0%	1.8%	-4.3%	0.0%	0.9570	0.9570
Nursing Facility*	0.0%	6.8%	6.8%	0.2%	0.4%	0.6%	1.6%	1.0341	1.0361
HCBS/Home Health Care*	0.0%	0.9%	1.0%	-0.8%	2.0%	1.2%	2.9%	1.0635	1.0673
Mental Health/Substance Abuse	0.1%	-2.1%	-2.0%	4.5%	-21.8%	-18.3%	3.9%	0.8741	0.8783
Ancillary/Other	0.2%	0.0%	0.2%	1.7%	2.8%	4.6%	3.7%	1.1146	1.1197
Medicare Crossover	0.5%	0.0%	0.5%	2.3%	2.5%	4.8%	3.7%	1.1176	1.1228
Weighted Average*	0.1%	0.6%	0.7%	0.1%	-0.7%	-0.7%	3.1%	1.0469	1.0508
Months of Trend Applied:				12	12	12		21	22.5

Notes:

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories also considers DMAS budget projections.

Trend rates have been calculated separately for the broad service categories shown above.

Regressions were based on PMPM costs. Trends for Long Term Care Services were developed from historical data and DMAS budget information.

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 2011-2012 Claims)

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

**Virginia Medicaid
CY 2014 Dual Demonstration 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	Phase I Total Trend Factor	Phase II Total Trend Factor
	IBNR	Policy/ Program	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend			
Inpatient	1.8%	8.2%	10.2%	7.9%	-0.8%	7.0%	0.5%	1.0792	1.0798
Outpatient/ER	0.8%	-1.2%	-0.5%	-5.1%	5.8%	0.4%	1.8%	1.0363	1.0386
Physician/Professional	-0.2%	0.0%	-0.2%	5.4%	1.8%	7.3%	7.4%	1.2161	1.2270
Pharmacy	0.0%	0.0%	0.0%	-13.9%	-2.5%	-16.1%	0.0%	0.8390	0.8390
Nursing Facility*	0.2%	6.8%	7.0%	0.4%	4.2%	4.5%	0.3%	1.0513	1.0517
HCBS/Home Health Care*	0.0%	0.8%	0.8%	5.8%	14.7%	21.4%	25.1%	1.7970	1.8480
Mental Health/Substance Abuse	0.1%	-13.9%	-13.8%	0.1%	21.3%	21.3%	22.1%	1.7213	1.7648
Ancillary/Other	0.2%	0.5%	0.7%	1.7%	2.8%	4.6%	3.7%	1.1146	1.1197
Medicare Crossover	0.4%	0.0%	0.4%	-4.1%	6.2%	1.8%	3.5%	1.0813	1.0859
Weighted Average*	0.3%	-5.1%	-4.7%	-0.5%	12.4%	11.7%	11.8%	1.3590	1.3781
Months of Trend Applied:				12	12	12		21	22.5

Notes:

Trend rates are calculated based on regression studies of historical Virginia fee-for-service data. Contract period trend for Nursing Home, Adult Day Care, and Personal Care categories also considers DMAS budget projections.

Trend rates have been calculated separately for the broad service categories shown above.

Regressions were based on PMPM costs. Trends for Long Term Care Services were developed from historical data and DMAS budget information.

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 2011-2012 Claims)

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

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase I

Exhibit 4a

Age 21 - 64								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$16,155	\$7	\$639	\$80	\$16,882	1.06	\$17,953	\$1.57
DME/Supplies	\$40,158	\$259	\$0	\$0	\$40,417	1.11	\$45,051	\$3.95
Emergency	\$1,825	\$13	\$0	(\$24)	\$1,814	1.04	\$1,880	\$0.16
FQHC	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$117,775	\$653	\$0	\$10,092	\$128,519	1.08	\$138,696	\$12.17
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$4,132	\$27	\$0	\$0	\$4,159	1.11	\$4,636	\$0.41
Medicare Xover - IP	\$375,835	\$1,941	\$0	\$0	\$377,776	1.03	\$388,125	\$34.05
Medicare Xover - Nursing Facility	\$430,741	\$2,225	\$7,525	\$0	\$440,491	1.03	\$452,558	\$39.70
Medicare Xover - OP	\$110,612	\$571	\$0	\$0	\$111,184	1.03	\$114,229	\$10.02
Medicare Xover - Other	\$87,260	\$451	\$1	\$0	\$87,712	1.03	\$90,115	\$7.91
Medicare Xover - Physician	\$274,378	\$1,417	\$0	\$0	\$275,795	1.03	\$283,350	\$24.86
Nursing Facility	\$39,555,191	\$9,182	\$8,764,042	\$3,280,930	\$51,609,346	1.03	\$53,369,449	\$4,681.93
Outpatient - Other	\$1,057	\$7	\$0	(\$13)	\$1,051	1.04	\$1,089	\$0.10
Outpatient - Psychological	\$62	\$0	\$0	\$0	\$63	1.04	\$65	\$0.01
Personal Care Services	\$8,129	\$4	\$1	\$41	\$8,175	1.06	\$8,694	\$0.76
Physician - Clinic	\$9,503	(\$58)	\$0	\$0	\$9,446	1.22	\$11,486	\$1.01
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.38	\$0	\$0.00
Physician - OP Mental Health	\$138,034	\$82	\$0	(\$2,888)	\$135,228	1.38	\$186,782	\$16.39
Physician - Other Practitioner	\$12,093	(\$73)	\$0	\$0	\$12,020	1.22	\$14,617	\$1.28
Physician - PCP	\$8,922	(\$54)	\$0	\$0	\$8,868	1.22	\$10,784	\$0.95
Physician - Specialist	\$7,729	(\$47)	\$0	\$0	\$7,682	1.22	\$9,342	\$0.82
Pharmacy	\$202,017	\$23	\$0	\$687	\$202,726	0.96	\$195,428	\$17.14
Transportation - Emergency	\$1,832	\$12	\$0	\$708	\$2,551	1.11	\$2,844	\$0.25
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$41,403,442	\$16,642	\$8,772,209	\$3,289,611	\$53,481,904		\$55,347,171	\$4,888.81
Administrative Adjustment								0.49%
Capitation Rate								\$4,912.71

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx
NHE-I CeVA 21-64 (2)

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase I

Exhibit 4a

Age 65 and Over								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$2,554	\$1	\$0	\$553	\$3,108	1.06	\$3,306	\$0.04
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$64,193	\$29	\$2,904	\$320	\$67,447	1.06	\$71,728	\$0.91
DME/Supplies	\$65,416	\$422	\$1	\$0	\$65,839	1.11	\$73,387	\$0.93
Emergency	\$1,900	\$13	\$0	(\$25)	\$1,888	1.04	\$1,957	\$0.02
FQHC	\$1,023	(\$6)	\$0	\$0	\$1,016	1.22	\$1,236	\$0.02
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$327,080	\$1,813	\$0	\$28,027	\$356,920	1.08	\$385,183	\$4.88
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$12,194	\$79	\$0	\$0	\$12,272	1.11	\$13,679	\$0.17
Medicare Xover - IP	\$1,871,776	\$9,667	\$0	\$0	\$1,881,443	1.03	\$1,932,982	\$24.51
Medicare Xover - Nursing Facility	\$1,996,217	\$10,310	\$35,784	\$0	\$2,042,311	1.03	\$2,098,257	\$26.61
Medicare Xover - OP	\$357,426	\$1,846	\$0	\$0	\$359,272	1.03	\$369,114	\$4.68
Medicare Xover - Other	\$267,246	\$1,380	\$2	\$0	\$268,629	1.03	\$275,987	\$3.50
Medicare Xover - Physician	\$937,596	\$4,842	\$5	\$0	\$942,444	1.03	\$968,260	\$12.28
Nursing Facility	\$270,675,416	\$62,835	\$66,917,464	\$22,922,845	\$360,578,560	1.03	\$372,875,857	\$4,728.56
Outpatient - Other	\$1,307	\$9	\$0	(\$16)	\$1,300	1.04	\$1,348	\$0.02
Outpatient - Psychological	\$6	\$0	\$0	\$0	\$6	1.04	\$7	\$0.00
Personal Care Services	\$92,691	\$42	\$2,955	\$479	\$96,167	1.06	\$102,272	\$1.30
Physician - Clinic	\$77	(\$0)	\$0	\$0	\$77	1.22	\$93	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.38	\$0	\$0.00
Physician - OP Mental Health	\$79,609	\$47	\$0	(\$1,666)	\$77,990	1.38	\$107,723	\$1.37
Physician - Other Practitioner	\$28,920	(\$176)	\$0	\$0	\$28,745	1.22	\$34,955	\$0.44
Physician - PCP	\$27,462	(\$167)	\$0	\$0	\$27,295	1.22	\$33,192	\$0.42
Physician - Specialist	\$17,055	(\$104)	\$0	\$0	\$16,952	1.22	\$20,614	\$0.26
Pharmacy	\$863,698	\$98	\$0	\$2,936	\$866,733	0.96	\$835,530	\$10.60
Transportation - Emergency	\$3,671	\$24	\$0	\$1,418	\$5,113	1.11	\$5,699	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$277,694,535	\$93,005	\$66,959,116	\$22,954,871	\$367,701,527		\$380,212,366	\$4,854.97
Administrative Adjustment Capitation Rate								0.49% \$4,878.71

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase I

Exhibit 4a

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$5,497	\$3	\$137	\$27	\$5,663	1.06	\$6,023	\$0.56
DME/Supplies	\$46,790	\$302	\$0	\$0	\$47,092	1.11	\$52,491	\$4.92
Emergency	\$2,688	\$19	\$0	(\$35)	\$2,672	1.04	\$2,769	\$0.26
FQHC	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Inpatient - Medical/Surgical	\$293,647	\$1,628	\$0	\$25,162	\$320,436	1.08	\$345,810	\$32.44
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$2,749	\$18	\$0	\$0	\$2,767	1.11	\$3,084	\$0.29
Medicare Xover - IP	\$363,255	\$1,876	\$0	\$0	\$365,131	1.03	\$375,134	\$35.19
Medicare Xover - Nursing Facility	\$368,108	\$1,901	\$25,202	\$0	\$395,211	1.03	\$406,037	\$38.09
Medicare Xover - OP	\$115,620	\$597	\$0	\$0	\$116,217	1.03	\$119,401	\$11.20
Medicare Xover - Other	\$102,972	\$532	\$0	\$0	\$103,504	1.03	\$106,339	\$9.97
Medicare Xover - Physician	\$311,403	\$1,608	\$9	\$0	\$313,020	1.03	\$321,595	\$30.17
Nursing Facility	\$36,715,872	\$8,523	\$8,429,104	\$3,065,391	\$48,218,890	1.03	\$49,863,364	\$4,677.36
Outpatient - Other	\$13,175	\$93	\$0	(\$164)	\$13,104	1.04	\$13,580	\$1.27
Outpatient - Psychological	\$2	\$0	\$0	\$0	\$2	1.04	\$2	\$0.00
Personal Care Services	\$2,862	\$1	\$0	\$14	\$2,878	1.06	\$3,061	\$0.29
Physician - Clinic	\$10,480	(\$64)	\$0	\$0	\$10,417	1.22	\$12,667	\$1.19
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.38	\$0	\$0.00
Physician - OP Mental Health	\$253,101	\$150	\$0	(\$5,296)	\$247,954	1.38	\$342,485	\$32.13
Physician - Other Practitioner	\$15,556	(\$94)	\$0	\$0	\$15,461	1.22	\$18,802	\$1.76
Physician - PCP	\$4,365	(\$27)	\$0	\$0	\$4,338	1.22	\$5,276	\$0.49
Physician - Specialist	\$7,925	(\$48)	\$0	\$0	\$7,877	1.22	\$9,578	\$0.90
Pharmacy	\$168,073	\$19	\$0	\$571	\$168,663	0.96	\$162,591	\$15.25
Transportation - Emergency	\$1,349	\$9	\$0	\$521	\$1,879	1.11	\$2,095	\$0.20
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$38,805,489	\$17,046	\$8,454,452	\$3,086,191	\$50,363,178		\$52,172,182	\$4,927.30
Administrative Adjustment Capitation Rate								0.49% \$4,951.40

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx
NHE-I Tide w AcNo 21-64 (2)

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase I

Exhibit 4a

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.06	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$17,115	\$8	\$52	\$82	\$17,257	1.06	\$18,352	\$0.31
DME/Supplies	\$28,430	\$183	\$0	\$0	\$28,613	1.11	\$31,893	\$0.54
Emergency	\$1,242	\$9	\$0	(\$16)	\$1,235	1.04	\$1,280	\$0.02
FQHC	\$413	(\$3)	\$0	\$0	\$411	1.22	\$500	\$0.01
Home Health Services	\$500	\$0	\$0	\$0	\$501	1.06	\$532	\$0.01
Inpatient - Medical/Surgical	\$620,411	\$3,439	\$0	\$53,162	\$677,012	1.08	\$730,621	\$12.29
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$11,125	\$72	\$0	\$0	\$11,197	1.11	\$12,481	\$0.21
Medicare Xover - IP	\$1,271,279	\$6,566	\$0	\$0	\$1,277,845	1.03	\$1,312,849	\$22.08
Medicare Xover - Nursing Facility	\$1,341,468	\$6,928	\$61,620	\$0	\$1,410,016	1.03	\$1,448,641	\$24.36
Medicare Xover - OP	\$379,599	\$1,960	\$0	\$0	\$381,559	1.03	\$392,011	\$6.59
Medicare Xover - Other	\$215,750	\$1,114	\$0	\$0	\$216,864	1.03	\$222,805	\$3.75
Medicare Xover - Physician	\$958,980	\$4,953	\$9	\$0	\$963,942	1.03	\$990,347	\$16.65
Nursing Facility	\$194,038,554	\$45,044	\$51,151,705	\$16,648,588	\$261,883,890	1.03	\$270,815,270	\$4,553.86
Outpatient - Other	\$2,879	\$20	\$0	(\$36)	\$2,864	1.04	\$2,968	\$0.05
Outpatient - Psychological	\$3	\$0	\$0	\$0	\$3	1.04	\$3	\$0.00
Personal Care Services	\$72,539	\$33	\$1,876	\$372	\$74,821	1.06	\$79,570	\$1.34
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.38	\$0	\$0.00
Physician - OP Mental Health	\$331,359	\$196	\$0	(\$6,934)	\$324,621	1.38	\$448,380	\$7.54
Physician - Other Practitioner	\$35,303	(\$214)	\$0	\$0	\$35,088	1.22	\$42,669	\$0.72
Physician - PCP	\$11,733	(\$71)	\$152	\$0	\$11,814	1.22	\$14,366	\$0.24
Physician - Specialist	\$17,778	(\$108)	\$0	\$0	\$17,670	1.22	\$21,488	\$0.36
Pharmacy	\$686,868	\$78	\$0	\$2,335	\$689,281	0.96	\$664,467	\$11.17
Transportation - Emergency	\$747	\$5	\$0	\$288	\$1,040	1.11	\$1,159	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$200,044,078	\$70,213	\$51,215,413	\$16,697,841	\$268,027,544		\$277,252,654	\$4,695.48
Administrative Adjustment Capitation Rate								0.49% \$4,718.43

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$26,433	\$12	\$0	\$126	\$26,571	1.07	\$28,358	\$5.18
DME/Supplies	\$41,595	\$268	\$0	\$0	\$41,863	1.12	\$46,875	\$8.56
Emergency	\$921	\$6	\$0	(\$12)	\$915	1.04	\$950	\$0.17
FQHC	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$89,361	\$495	\$0	\$7,657	\$97,514	1.08	\$105,300	\$19.24
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$3,796	\$24	\$0	\$0	\$3,820	1.12	\$4,277	\$0.78
Medicare Xover - IP	\$158,874	\$821	\$0	\$0	\$159,694	1.03	\$164,130	\$29.99
Medicare Xover - Nursing Facility	\$203,849	\$1,053	\$4,010	\$0	\$208,912	1.03	\$214,715	\$39.23
Medicare Xover - OP	\$47,393	\$245	\$0	\$0	\$47,637	1.03	\$48,961	\$8.95
Medicare Xover - Other	\$29,823	\$154	\$0	\$0	\$29,977	1.03	\$30,810	\$5.63
Medicare Xover - Physician	\$135,697	\$701	\$0	\$0	\$136,398	1.03	\$140,187	\$25.61
Nursing Facility	\$24,531,716	\$5,695	\$4,185,159	\$1,949,924	\$30,672,494	1.04	\$31,781,047	\$5,806.68
Outpatient - Other	\$12,358	\$87	\$0	(\$153)	\$12,292	1.04	\$12,767	\$2.33
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$9,931	\$5	\$0	\$50	\$9,985	1.07	\$10,657	\$1.95
Physician - Clinic	\$15,532	(\$94)	\$0	\$0	\$15,437	1.23	\$18,941	\$3.46
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.40	\$0	\$0.00
Physician - OP Mental Health	\$38,207	\$23	\$0	(\$800)	\$37,430	1.40	\$52,460	\$9.58
Physician - Other Practitioner	\$7,475	(\$45)	\$0	\$0	\$7,430	1.23	\$9,116	\$1.67
Physician - PCP	\$20,784	(\$126)	\$0	\$0	\$20,657	1.23	\$25,346	\$4.63
Physician - Specialist	\$25,771	(\$157)	\$0	\$0	\$25,614	1.23	\$31,428	\$5.74
Pharmacy	\$127,755	\$15	\$0	\$434	\$128,204	0.96	\$123,588	\$22.58
Transportation - Emergency	\$800	\$5	\$0	\$309	\$1,114	1.12	\$1,248	\$0.23
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$25,528,069	\$9,186	\$4,189,169	\$1,957,536	\$31,683,960		\$32,851,161	\$6,035.57
Administrative Adjustment Capitation Rate								0.49% \$6,065.13

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$355	\$0	\$0	\$66	\$421	1.07	\$449	\$0.01
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$17,049	\$8	\$1,075	\$87	\$18,218	1.07	\$19,443	\$0.58
DME/Supplies	\$20,443	\$132	\$0	\$0	\$20,575	1.12	\$23,038	\$0.69
Emergency	\$60	\$0	\$0	(\$1)	\$60	1.04	\$62	\$0.00
FQHC	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$1,286,138	\$7,129	\$0	\$110,207	\$1,403,474	1.08	\$1,515,532	\$45.22
Inpatient - Psych	\$17,866	\$99	\$0	(\$527)	\$17,438	1.08	\$18,830	\$0.56
Lab and X-ray Services	\$4,062	\$26	\$0	\$0	\$4,088	1.12	\$4,577	\$0.14
Medicare Xover - IP	\$641,537	\$3,313	\$0	\$0	\$644,850	1.03	\$662,764	\$19.77
Medicare Xover - Nursing Facility	\$828,324	\$4,278	\$8,548	\$0	\$841,150	1.03	\$864,517	\$25.79
Medicare Xover - OP	\$212,893	\$1,099	\$0	\$0	\$213,993	1.03	\$219,937	\$6.56
Medicare Xover - Other	\$88,123	\$455	\$0	\$0	\$88,578	1.03	\$91,039	\$2.72
Medicare Xover - Physician	\$357,774	\$1,848	\$2	\$0	\$359,624	1.03	\$369,614	\$11.03
Nursing Facility	\$144,196,409	\$33,474	\$27,679,210	\$11,670,602	\$183,579,695	1.04	\$190,214,557	\$5,675.34
Outpatient - Other	\$9,602	\$68	\$0	(\$119)	\$9,550	1.04	\$9,919	\$0.30
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$98,160	\$45	\$0	\$491	\$98,696	1.07	\$105,334	\$3.14
Physician - Clinic	\$136	(\$1)	\$0	\$0	\$135	1.23	\$166	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.40	\$0	\$0.00
Physician - OP Mental Health	\$65,605	\$39	\$0	(\$1,373)	\$64,271	1.40	\$90,079	\$2.69
Physician - Other Practitioner	\$13,597	(\$83)	\$0	\$0	\$13,514	1.23	\$16,581	\$0.49
Physician - PCP	\$36,607	(\$222)	\$0	\$0	\$36,384	1.23	\$44,642	\$1.33
Physician - Specialist	\$14,382	(\$87)	\$0	\$0	\$14,295	1.23	\$17,540	\$0.52
Pharmacy	\$394,210	\$45	\$0	\$1,340	\$395,595	0.96	\$381,353	\$11.38
Transportation - Emergency	\$1,078	\$7	\$0	\$416	\$1,501	1.12	\$1,681	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$148,304,409	\$51,672	\$27,688,835	\$11,781,189	\$187,826,105		\$194,671,655	\$5,841.69
Administrative Adjustment Capitation Rate								0.49% \$5,870.29

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$5,073	\$2	\$0	\$24	\$5,100	1.07	\$5,443	\$0.81
DME/Supplies	\$6,869	\$44	\$0	\$0	\$6,914	1.12	\$7,742	\$1.15
Emergency	\$807	\$6	\$0	(\$11)	\$802	1.04	\$833	\$0.12
FQHC	\$147	(\$1)	\$0	\$0	\$146	1.23	\$179	\$0.03
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$152,805	\$847	\$0	\$13,094	\$166,745	1.08	\$180,059	\$26.85
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$1,581	\$10	\$0	\$0	\$1,591	1.12	\$1,782	\$0.27
Medicare Xover - IP	\$190,435	\$984	\$0	\$0	\$191,418	1.03	\$196,736	\$29.34
Medicare Xover - Nursing Facility	\$250,168	\$1,292	\$15,419	\$0	\$266,879	1.03	\$274,293	\$40.90
Medicare Xover - OP	\$91,674	\$473	\$0	\$0	\$92,147	1.03	\$94,707	\$14.12
Medicare Xover - Other	\$61,177	\$316	\$0	\$0	\$61,493	1.03	\$63,201	\$9.42
Medicare Xover - Physician	\$218,378	\$1,128	\$3	\$0	\$219,509	1.03	\$225,607	\$33.64
Nursing Facility	\$22,901,419	\$5,316	\$4,354,447	\$1,850,713	\$29,111,895	1.04	\$30,164,046	\$4,498.26
Outpatient - Other	\$1,119	\$8	\$0	(\$14)	\$1,113	1.04	\$1,156	\$0.17
Outpatient - Psychological	\$5	\$0	\$0	\$0	\$5	1.04	\$5	\$0.00
Personal Care Services	\$1,606	\$1	\$0	\$8	\$1,614	1.07	\$1,723	\$0.26
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.40	\$0	\$0.00
Physician - OP Mental Health	\$223,563	\$133	\$0	(\$4,678)	\$219,017	1.40	\$306,963	\$45.78
Physician - Other Practitioner	\$7,241	(\$44)	\$0	\$0	\$7,197	1.23	\$8,831	\$1.32
Physician - PCP	\$3,970	(\$24)	\$0	\$0	\$3,946	1.23	\$4,842	\$0.72
Physician - Specialist	\$4,145	(\$25)	\$0	\$0	\$4,120	1.23	\$5,055	\$0.75
Pharmacy	\$135,065	\$15	\$0	\$459	\$135,540	0.96	\$130,660	\$19.48
Transportation - Emergency	\$437	\$3	\$0	\$169	\$609	1.12	\$682	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$24,257,684	\$10,484	\$4,369,869	\$1,859,764	\$30,497,802		\$31,674,543	\$4,756.88
Administrative Adjustment Capitation Rate								0.49% \$4,780.14

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-I SoRo 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$23,381	\$11	\$1,204	\$117	\$24,714	1.07	\$26,376	\$0.50
DME/Supplies	\$38,163	\$246	\$0	\$0	\$38,409	1.12	\$43,007	\$0.81
Emergency	\$1,409	\$10	\$0	(\$18)	\$1,401	1.04	\$1,455	\$0.03
FQHC	\$863	(\$5)	\$0	\$0	\$858	1.23	\$1,052	\$0.02
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$153,829	\$853	\$0	\$13,181	\$167,862	1.08	\$181,265	\$3.41
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$10,929	\$71	\$0	\$0	\$10,999	1.12	\$12,316	\$0.23
Medicare Xover - IP	\$880,475	\$4,547	\$0	\$0	\$885,023	1.03	\$909,608	\$17.11
Medicare Xover - Nursing Facility	\$1,288,092	\$6,652	\$19,562	\$0	\$1,314,307	1.03	\$1,350,818	\$25.41
Medicare Xover - OP	\$470,921	\$2,432	\$0	\$0	\$473,353	1.03	\$486,503	\$9.15
Medicare Xover - Other	\$140,098	\$724	\$20	\$0	\$140,841	1.03	\$144,754	\$2.72
Medicare Xover - Physician	\$577,068	\$2,980	\$6	\$0	\$580,054	1.03	\$596,168	\$11.21
Nursing Facility	\$181,607,149	\$42,159	\$41,022,150	\$15,116,768	\$237,788,226	1.04	\$246,382,271	\$4,634.62
Outpatient - Other	\$4,666	\$33	\$0	(\$58)	\$4,641	1.04	\$4,820	\$0.09
Outpatient - Psychological	\$52	\$0	\$0	\$0	\$53	1.04	\$55	\$0.00
Personal Care Services	\$25,639	\$12	\$0	\$128	\$25,779	1.07	\$27,512	\$0.52
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Physician - IP Mental Health	\$101	\$0	\$0	\$0	\$101	1.40	\$142	\$0.00
Physician - OP Mental Health	\$323,561	\$192	\$0	(\$6,771)	\$316,982	1.40	\$444,265	\$8.36
Physician - Other Practitioner	\$24,550	(\$149)	\$0	\$0	\$24,400	1.23	\$29,939	\$0.56
Physician - PCP	\$11,134	(\$68)	\$0	\$0	\$11,067	1.23	\$13,578	\$0.26
Physician - Specialist	\$13,244	(\$80)	\$0	\$0	\$13,164	1.23	\$16,152	\$0.30
Pharmacy	\$762,314	\$87	\$0	\$2,591	\$764,992	0.96	\$737,453	\$13.87
Transportation - Emergency	\$2,309	\$15	\$0	\$892	\$3,216	1.12	\$3,601	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$186,359,948	\$60,720	\$41,042,942	\$15,126,831	\$242,590,442		\$251,413,110	\$4,762.62
Administrative Adjustment								0.49%
Capitation Rate								\$4,785.91

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-I SoRo 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$3,595	\$2	\$0	\$17	\$3,614	1.07	\$3,857	\$1.13
DME/Supplies	\$12,877	\$83	\$0	\$0	\$12,960	1.12	\$14,512	\$4.26
Emergency	\$1,532	\$11	\$0	(\$20)	\$1,522	1.04	\$1,581	\$0.46
FQHC	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$1,032	\$7	\$0	\$0	\$1,039	1.12	\$1,163	\$0.34
Medicare Xover - IP	\$77,246	\$399	\$0	\$0	\$77,645	1.03	\$79,801	\$23.44
Medicare Xover - Nursing Facility	\$179,325	\$926	\$8,375	\$0	\$188,626	1.03	\$193,866	\$56.95
Medicare Xover - OP	\$51,290	\$265	\$0	\$0	\$51,555	1.03	\$52,987	\$15.56
Medicare Xover - Other	\$25,359	\$131	\$0	\$0	\$25,490	1.03	\$26,198	\$7.70
Medicare Xover - Physician	\$71,406	\$369	\$0	\$0	\$71,775	1.03	\$73,769	\$21.67
Nursing Facility	\$10,361,630	\$2,405	\$2,447,679	\$869,764	\$13,681,479	1.04	\$14,175,949	\$4,164.04
Outpatient - Other	\$486	\$3	\$0	(\$6)	\$484	1.04	\$502	\$0.15
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$155	\$0	\$0	\$1	\$156	1.07	\$166	\$0.05
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Physician - IP Mental Health	\$91	\$0	\$0	\$0	\$91	1.40	\$128	\$0.04
Physician - OP Mental Health	\$51,622	\$31	\$0	(\$1,080)	\$50,573	1.40	\$70,880	\$20.82
Physician - Other Practitioner	\$3,892	(\$24)	\$0	\$0	\$3,868	1.23	\$4,746	\$1.39
Physician - PCP	\$3,452	(\$21)	\$0	\$0	\$3,431	1.23	\$4,209	\$1.24
Physician - Specialist	\$1,806	(\$11)	\$0	\$0	\$1,795	1.23	\$2,202	\$0.65
Pharmacy	\$32,676	\$4	\$0	\$111	\$32,791	0.96	\$31,610	\$9.29
Transportation - Emergency	\$225	\$1	\$0	\$87	\$313	1.12	\$351	\$0.10
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$10,879,697	\$4,581	\$2,456,054	\$868,874	\$14,209,206		\$14,738,480	\$4,362.65
Administrative Adjustment Capitation Rate								0.49% \$4,383.97

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Institutional
Phase II

Exhibit 4a

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$33,096	\$15	\$0	\$158	\$33,269	1.07	\$35,507	\$1.24
DME/Supplies	\$16,558	\$107	\$515	\$0	\$17,179	1.12	\$19,236	\$0.67
Emergency	\$76	\$1	\$0	(\$1)	\$75	1.04	\$78	\$0.00
FQHC	\$115	(\$1)	\$0	\$0	\$114	1.23	\$140	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$271,586	\$1,505	\$0	\$23,272	\$296,363	1.08	\$320,026	\$11.21
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$5,481	\$35	\$0	\$0	\$5,516	1.12	\$6,176	\$0.22
Medicare Xover - IP	\$515,985	\$2,665	\$0	\$0	\$518,650	1.03	\$533,058	\$18.67
Medicare Xover - Nursing Facility	\$845,270	\$4,365	\$11,613	\$0	\$861,249	1.03	\$885,174	\$31.01
Medicare Xover - OP	\$181,012	\$935	\$0	\$0	\$181,947	1.03	\$187,001	\$6.55
Medicare Xover - Other	\$68,434	\$353	\$2	\$0	\$68,790	1.03	\$70,701	\$2.48
Medicare Xover - Physician	\$338,778	\$1,750	\$3	\$0	\$340,530	1.03	\$349,990	\$12.26
Nursing Facility	\$97,853,454	\$22,716	\$23,619,670	\$8,248,136	\$129,743,976	1.04	\$134,433,129	\$4,709.26
Outpatient - Other	\$122	\$1	\$0	(\$2)	\$121	1.04	\$126	\$0.00
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$2,644	\$1	\$0	\$13	\$2,659	1.07	\$2,838	\$0.10
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.40	\$0	\$0.00
Physician - OP Mental Health	\$6,366	\$4	\$0	(\$133)	\$6,236	1.40	\$8,740	\$0.31
Physician - Other Practitioner	\$15,238	(\$93)	\$0	\$0	\$15,146	1.23	\$18,583	\$0.65
Physician - PCP	\$4,118	(\$25)	\$87	\$0	\$4,180	1.23	\$5,129	\$0.18
Physician - Specialist	\$5,003	(\$30)	\$0	\$0	\$4,973	1.23	\$6,102	\$0.21
Pharmacy	\$241,709	\$28	\$0	\$822	\$242,558	0.96	\$233,826	\$8.19
Transportation - Emergency	\$672	\$4	\$0	\$260	\$936	1.12	\$1,048	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$100,405,717	\$34,336	\$23,631,890	\$8,272,524	\$132,344,468		\$137,116,609	\$4,836.63
Administrative Adjustment Capitation Rate								0.49% \$4,860.29

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase I

Exhibit 4b

Age 21 - 64								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$946,208	\$431	\$14,780	\$208,191	\$1,169,610	1.06	\$1,243,851	\$54.82
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$15,310,868	\$6,972	\$144,689	\$73,817	\$15,536,345	1.06	\$16,522,514	\$728.19
DME/Supplies	\$1,684,099	\$3,040	\$1,599	\$0	\$1,688,738	1.11	\$1,882,341	\$82.96
Emergency	\$6,755	\$73	\$0	(\$89)	\$6,739	1.04	\$6,984	\$0.31
FQHC	\$93	\$0	\$63	\$0	\$156	1.22	\$190	\$0.01
Home Health Services	\$13,216	\$6	\$0	\$0	\$13,222	1.06	\$14,061	\$0.62
Inpatient - Medical/Surgical	\$70,829	\$399	\$0	\$6,070	\$77,297	1.08	\$83,418	\$3.68
Inpatient - Psych	\$2,502	\$14	\$0	(\$74)	\$2,442	1.08	\$2,636	\$0.12
Lab and X-ray Services	\$2,259	\$4	\$0	\$0	\$2,263	1.11	\$2,523	\$0.11
Medicare Xover - IP	\$823,127	\$4,040	\$64	\$0	\$827,231	1.12	\$924,532	\$40.75
Medicare Xover - Nursing Facility	\$4,324	\$21	\$0	\$0	\$4,345	1.12	\$4,856	\$0.21
Medicare Xover - OP	\$444,615	\$2,182	\$0	\$0	\$446,797	1.12	\$499,351	\$22.01
Medicare Xover - Other	\$739,145	\$3,628	\$138	\$0	\$742,911	1.12	\$830,294	\$36.59
Medicare Xover - Physician Nursing Facility	\$723,401	\$3,551	\$45	\$0	\$726,997	1.12	\$812,508	\$35.81
Outpatient - Other	\$18,589	\$201	\$0	(\$232)	\$18,558	1.04	\$19,232	\$0.85
Outpatient - Psychological	\$502	\$5	\$0	\$0	\$508	1.04	\$526	\$0.02
Personal Care Services	\$23,569,033	\$10,732	\$242,138	\$119,132	\$23,941,035	1.06	\$25,460,690	\$1,122.11
Physician - Clinic	\$4,178	\$4	\$0	\$0	\$4,182	1.22	\$5,086	\$0.22
Physician - IP Mental Health	\$3,200	\$2	\$0	\$0	\$3,202	0.87	\$2,799	\$0.12
Physician - OP Mental Health	\$5,919,484	\$4,017	\$1,596	(\$123,915)	\$5,801,182	0.87	\$5,070,838	\$223.48
Physician - Other Practitioner	\$477,012	\$438	\$119	\$0	\$477,570	1.22	\$580,749	\$25.60
Physician - PCP	\$11,695	\$11	\$396	\$0	\$12,102	1.22	\$14,716	\$0.65
Physician - Specialist	\$25,139	\$23	\$997	\$0	\$26,159	1.22	\$31,811	\$1.40
Pharmacy	\$104,336	\$0	\$0	\$355	\$104,691	0.96	\$100,189	\$4.42
Transportation - Emergency	\$1,761	\$3	\$0	\$677	\$2,441	1.11	\$2,721	\$0.12
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$50,906,411	\$39,798	\$406,624	\$283,935	\$51,636,768		\$54,119,461	\$2,418.55
Administrative Adjustment Capitation Rate								0.49% \$2,430.29

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W CeVA 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase I

Exhibit 4b

Age 65 and Over								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$2,986,389	\$1,360	\$68,763	\$661,875	\$3,718,387	1.06	\$3,954,411	\$62.40
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$31,862,394	\$14,508	\$483,231	\$154,484	\$32,514,617	1.06	\$34,578,480	\$545.64
DME/Supplies	\$3,739,434	\$6,751	\$1,911	\$0	\$3,748,096	1.11	\$4,177,793	\$65.92
Emergency	\$90	\$1	\$0	(\$1)	\$90	1.04	\$93	\$0.00
FQHC	\$511	\$0	\$126	\$0	\$638	1.22	\$776	\$0.01
Home Health Services	\$28,402	\$13	\$0	\$0	\$28,414	1.06	\$30,218	\$0.48
Inpatient - Medical/Surgical	\$507,080	\$2,853	\$0	\$43,454	\$553,387	1.08	\$597,207	\$9.42
Inpatient - Psych	\$2,542	\$14	\$0	(\$75)	\$2,481	1.08	\$2,678	\$0.04
Lab and X-ray Services	\$2,400	\$4	\$0	\$0	\$2,404	1.11	\$2,680	\$0.04
Medicare Xover - IP	\$2,272,815	\$11,156	\$0	\$0	\$2,283,971	1.12	\$2,552,618	\$40.28
Medicare Xover - Nursing Facility	\$3,485	\$17	\$0	\$0	\$3,502	1.12	\$3,913	\$0.06
Medicare Xover - OP	\$735,219	\$3,609	\$0	\$0	\$738,828	1.12	\$825,731	\$13.03
Medicare Xover - Other	\$986,384	\$4,842	\$172	\$0	\$991,397	1.12	\$1,108,008	\$17.48
Medicare Xover - Physician	\$1,258,800	\$6,179	\$225	\$0	\$1,265,204	1.12	\$1,414,020	\$22.31
Nursing Facility	\$8,109	\$2	\$371	\$576	\$9,058	1.03	\$9,366	\$0.15
Outpatient - Other	\$25,444	\$275	\$0	(\$317)	\$25,402	1.04	\$26,324	\$0.42
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$75,289,152	\$34,282	\$780,112	\$380,588	\$76,484,134	1.06	\$81,338,957	\$1,283.50
Physician - Clinic	\$327	\$0	\$0	\$0	\$328	1.22	\$398	\$0.01
Physician - IP Mental Health	\$963	\$1	\$0	\$0	\$964	0.87	\$843	\$0.01
Physician - OP Mental Health	\$15,607,957	\$10,593	\$2,198	(\$326,685)	\$15,294,063	0.87	\$13,368,607	\$210.95
Physician - Other Practitioner	\$931,273	\$855	\$493	\$0	\$932,621	1.22	\$1,134,114	\$17.90
Physician - PCP	\$38,941	\$36	\$435	\$0	\$39,412	1.22	\$47,927	\$0.76
Physician - Specialist	\$32,015	\$29	\$740	\$0	\$32,784	1.22	\$39,867	\$0.63
Pharmacy	\$110,834	\$0	\$0	\$377	\$111,211	0.96	\$106,429	\$1.68
Transportation - Emergency	\$2,351	\$4	\$0	\$904	\$3,260	1.11	\$3,633	\$0.06
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$136,433,310	\$97,384	\$1,338,777	\$915,180	\$138,784,650		\$145,325,091	\$2,326.55
Administrative Adjustment								0.49%
Capitation Rate								\$2,337.84

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W CeVA 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase I

Exhibit 4b

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$142,600	\$65	\$913	\$31,091	\$174,669	1.06	\$185,756	\$9.68
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$105	\$0	\$0	\$0	\$105	1.22	\$128	\$0.01
Consumer Directed Services	\$7,439,183	\$3,387	\$65,973	\$35,845	\$7,544,388	1.06	\$8,023,267	\$417.93
DME/Supplies	\$1,305,066	\$2,356	\$726	\$0	\$1,308,148	1.11	\$1,458,119	\$75.95
Emergency	\$1,538	\$17	\$0	(\$20)	\$1,534	1.04	\$1,590	\$0.08
FQHC	\$273	\$0	\$435	\$0	\$708	1.22	\$861	\$0.04
Home Health Services	\$31,354	\$14	\$0	\$0	\$31,368	1.06	\$33,359	\$1.74
Inpatient - Medical/Surgical	\$363,319	\$2,044	\$0	\$31,135	\$396,498	1.08	\$427,895	\$22.29
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$2,136	\$4	\$0	\$0	\$2,140	1.11	\$2,385	\$0.12
Medicare Xover - IP	\$665,764	\$3,268	\$0	\$0	\$669,032	1.12	\$747,725	\$38.95
Medicare Xover - Nursing Facility	\$226	\$1	\$0	\$0	\$227	1.12	\$254	\$0.01
Medicare Xover - OP	\$396,355	\$1,946	\$0	\$0	\$398,301	1.12	\$445,150	\$23.19
Medicare Xover - Other	\$707,798	\$3,474	\$19	\$0	\$711,291	1.12	\$794,955	\$41.41
Medicare Xover - Physician	\$806,457	\$3,959	\$105	\$0	\$810,520	1.12	\$905,856	\$47.19
Nursing Facility	\$35	\$0	\$0	\$2	\$37	1.03	\$38	\$0.00
Outpatient - Other	\$5,334	\$58	\$0	(\$66)	\$5,325	1.04	\$5,518	\$0.29
Outpatient - Psychological	\$21	\$0	\$0	\$0	\$21	1.04	\$22	\$0.00
Personal Care Services	\$25,780,851	\$11,739	\$173,095	\$129,853	\$26,095,537	1.06	\$27,751,949	\$1,445.60
Physician - Clinic	\$4,837	\$4	\$0	\$0	\$4,841	1.22	\$5,887	\$0.31
Physician - IP Mental Health	\$194	\$0	\$0	\$0	\$194	0.87	\$169	\$0.01
Physician - OP Mental Health	\$7,070,307	\$4,799	\$2,341	(\$148,014)	\$6,929,432	0.87	\$6,057,047	\$315.51
Physician - Other Practitioner	\$269,137	\$247	\$204	\$0	\$269,588	1.22	\$327,832	\$17.08
Physician - PCP	\$11,910	\$11	\$1,301	\$0	\$13,222	1.22	\$16,078	\$0.84
Physician - Specialist	\$16,438	\$15	\$2,028	\$0	\$18,481	1.22	\$22,474	\$1.17
Pharmacy	\$76,045	\$0	\$0	\$258	\$76,304	0.96	\$73,023	\$3.80
Transportation - Emergency	\$899	\$2	\$0	\$346	\$1,246	1.11	\$1,389	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$45,098,179	\$37,410	\$247,139	\$80,429	\$45,463,157		\$47,288,727	\$2,496.63
Administrative Adjustment								0.49%
Capitation Rate								\$2,508.76

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W Tide w AcNo 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase I

Exhibit 4b

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$311,226	\$142	\$5,235	\$68,559	\$385,162	1.06	\$409,611	\$8.68
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$11,792,928	\$5,370	\$180,933	\$57,188	\$12,036,418	1.06	\$12,800,429	\$271.15
DME/Supplies	\$3,016,496	\$5,446	\$4,405	\$0	\$3,026,347	1.11	\$3,373,300	\$71.46
Emergency	\$1,776	\$19	\$0	(\$23)	\$1,772	1.04	\$1,837	\$0.04
FQHC	\$328	\$0	\$487	\$0	\$816	1.22	\$992	\$0.02
Home Health Services	\$6,293	\$3	\$0	\$0	\$6,296	1.06	\$6,696	\$0.14
Inpatient - Medical/Surgical	\$742,004	\$4,175	\$0	\$63,586	\$809,765	1.08	\$873,886	\$18.51
Inpatient - Psych	\$16,740	\$94	\$0	(\$494)	\$16,341	1.08	\$17,635	\$0.37
Lab and X-ray Services	\$2,440	\$4	\$0	\$0	\$2,445	1.11	\$2,725	\$0.06
Medicare Xover - IP	\$1,433,119	\$7,035	\$0	\$0	\$1,440,153	1.12	\$1,609,548	\$34.10
Medicare Xover - Nursing Facility	\$2,058	\$10	\$0	\$0	\$2,068	1.12	\$2,311	\$0.05
Medicare Xover - OP	\$649,620	\$3,189	\$97	\$0	\$652,906	1.12	\$729,703	\$15.46
Medicare Xover - Other	\$698,001	\$3,426	\$49	\$0	\$701,476	1.12	\$783,985	\$16.61
Medicare Xover - Physician	\$1,134,929	\$5,571	\$230	\$0	\$1,140,730	1.12	\$1,274,905	\$27.01
Nursing Facility	\$87	\$0	\$0	\$6	\$93	1.03	\$96	\$0.00
Outpatient - Other	\$4,950	\$53	\$0	(\$62)	\$4,942	1.04	\$5,121	\$0.11
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$68,623,826	\$31,247	\$566,014	\$346,170	\$69,567,256	1.06	\$73,983,032	\$1,567.20
Physician - Clinic	\$85	\$0	\$0	\$0	\$85	1.22	\$103	\$0.00
Physician - IP Mental Health	\$185	\$0	\$0	\$0	\$185	0.87	\$162	\$0.00
Physician - OP Mental Health	\$15,230,117	\$10,336	\$4,805	(\$318,832)	\$14,926,426	0.87	\$13,047,254	\$276.38
Physician - Other Practitioner	\$439,952	\$404	\$597	\$0	\$440,953	1.22	\$536,221	\$11.36
Physician - PCP	\$15,217	\$14	\$2,026	\$0	\$17,257	1.22	\$20,985	\$0.44
Physician - Specialist	\$21,012	\$19	\$2,396	\$0	\$23,428	1.22	\$28,489	\$0.60
Pharmacy	\$146,498	\$0	\$0	\$498	\$146,996	0.96	\$140,675	\$2.98
Transportation - Emergency	\$2,165	\$4	\$0	\$833	\$3,002	1.11	\$3,346	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$104,292,054	\$76,561	\$767,274	\$217,428	\$105,353,317		\$109,653,046	\$2,356.17
Administrative Adjustment Capitation Rate								0.49% \$2,367.61

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W Tide w AcNo 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$85,341	\$39	\$29	\$15,833	\$101,241	1.07	\$108,049	\$14.25
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$7,019,826	\$3,196	\$83,498	\$33,926	\$7,140,446	1.07	\$7,620,644	\$1,005.12
DME/Supplies	\$433,555	\$783	\$2,600	\$0	\$436,938	1.12	\$489,247	\$64.53
Emergency	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
FQHC	\$13	\$0	\$0	\$0	\$13	1.23	\$16	\$0.00
Home Health Services	\$17,495	\$8	\$0	\$0	\$17,503	1.07	\$18,680	\$2.46
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$661	\$1	\$0	\$0	\$662	1.12	\$741	\$0.10
Medicare Xover - IP	\$228,217	\$1,120	\$0	\$0	\$229,338	1.12	\$257,493	\$33.96
Medicare Xover - Nursing Facility	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Medicare Xover - OP	\$186,358	\$915	\$0	\$0	\$187,273	1.12	\$210,264	\$27.73
Medicare Xover - Other	\$151,011	\$741	\$41	\$0	\$151,794	1.12	\$170,429	\$22.48
Medicare Xover - Physician	\$180,282	\$885	\$5	\$0	\$181,172	1.12	\$203,415	\$26.83
Nursing Facility	\$14	\$0	\$0	\$1	\$15	1.04	\$15	\$0.00
Outpatient - Other	\$313	\$3	\$0	(\$4)	\$312	1.04	\$324	\$0.04
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$10,875,556	\$4,952	\$77,436	\$54,800	\$11,012,744	1.07	\$11,753,355	\$1,550.20
Physician - Clinic	\$14	\$0	\$0	\$0	\$14	1.23	\$17	\$0.00
Physician - IP Mental Health	\$587	\$0	\$0	\$0	\$587	0.88	\$516	\$0.07
Physician - OP Mental Health	\$2,467,008	\$1,674	\$3,299	(\$51,698)	\$2,420,284	0.88	\$2,125,814	\$280.38
Physician - Other Practitioner	\$157,015	\$144	\$50	\$0	\$157,209	1.23	\$192,891	\$25.44
Physician - PCP	\$7,206	\$7	\$1,033	\$0	\$8,245	1.23	\$10,117	\$1.33
Physician - Specialist	\$7,070	\$6	\$77	\$0	\$7,153	1.23	\$8,777	\$1.16
Pharmacy	\$25,484	\$0	\$0	\$87	\$25,570	0.96	\$24,471	\$3.23
Transportation - Emergency	\$0	\$0	\$0	\$0	\$0	1.12	\$0	\$0.00
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$21,843,025	\$14,476	\$168,068	\$52,944	\$22,078,513		\$23,195,275	\$3,092.69
Administrative Adjustment								0.49%
Capitation Rate								\$3,107.76

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W NoVA 21-64 (2)

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VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$4,065,543	\$1,851	\$41,718	\$761,727	\$4,870,840	1.07	\$5,198,406	\$137.30
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$17,676,222	\$8,049	\$124,896	\$85,019	\$17,894,186	1.07	\$19,097,576	\$504.40
DME/Supplies	\$1,830,661	\$3,305	\$655	\$0	\$1,834,621	1.12	\$2,054,255	\$54.26
Emergency	\$1,200	\$13	\$0	(\$16)	\$1,197	1.04	\$1,244	\$0.03
FQHC	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Home Health Services	\$21,425	\$10	\$0	\$0	\$21,435	1.07	\$22,877	\$0.60
Inpatient - Medical/Surgical	\$3,802,430	\$21,394	\$0	\$325,850	\$4,149,673	1.08	\$4,480,998	\$118.35
Inpatient - Psych	\$14,785	\$83	\$0	(\$436)	\$14,432	1.08	\$15,584	\$0.41
Lab and X-ray Services	\$4,056	\$7	\$0	\$0	\$4,064	1.12	\$4,550	\$0.12
Medicare Xover - IP	\$911,174	\$4,473	\$0	\$0	\$915,647	1.12	\$1,028,060	\$27.15
Medicare Xover - Nursing Facility	\$2,747	\$13	\$0	\$0	\$2,760	1.12	\$3,099	\$0.08
Medicare Xover - OP	\$603,233	\$2,961	\$127	\$0	\$606,322	1.12	\$680,759	\$17.98
Medicare Xover - Other	\$386,087	\$1,895	\$174	\$0	\$388,156	1.12	\$435,810	\$11.51
Medicare Xover - Physician	\$791,610	\$3,886	\$38	\$0	\$795,533	1.12	\$893,200	\$23.59
Nursing Facility	\$68	\$0	\$0	\$5	\$73	1.04	\$76	\$0.00
Outpatient - Other	\$2,576	\$28	\$0	(\$32)	\$2,572	1.04	\$2,671	\$0.07
Outpatient - Psychological	\$63	\$1	\$0	\$0	\$64	1.04	\$66	\$0.00
Personal Care Services	\$69,512,933	\$31,652	\$212,192	\$348,849	\$70,105,625	1.07	\$74,820,252	\$1,976.13
Physician - Clinic	\$462	\$0	\$0	\$0	\$462	1.23	\$567	\$0.01
Physician - IP Mental Health	\$4,666	\$3	\$0	\$0	\$4,670	0.88	\$4,101	\$0.11
Physician - OP Mental Health	\$12,724,514	\$8,636	\$20,787	(\$266,730)	\$12,487,206	0.88	\$10,967,923	\$289.68
Physician - Other Practitioner	\$421,477	\$387	\$41	\$0	\$421,904	1.23	\$517,664	\$13.67
Physician - PCP	\$24,920	\$23	\$626	\$24,920	\$25,569	1.23	\$31,372	\$0.83
Physician - Specialist	\$20,326	\$19	\$563	\$0	\$20,907	1.23	\$25,653	\$0.68
Pharmacy	\$83,093	\$0	\$0	\$282	\$83,376	0.96	\$79,790	\$2.11
Transportation - Emergency	\$465	\$1	\$0	\$179	\$644	1.12	\$721	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$112,906,736	\$88,689	\$401,817	\$1,254,696	\$114,651,938		\$120,367,274	\$3,212.47
Administrative Adjustment Capitation Rate								0.49% \$3,228.13

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W NoVA 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$110,237	\$50	\$1,834	\$24,279	\$136,400	1.07	\$145,573	\$12.84
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$11,689,468	\$5,323	\$74,034	\$56,183	\$11,825,008	1.07	\$12,620,244	\$1,113.02
DME/Supplies	\$646,258	\$1,167	\$615	\$0	\$648,039	1.12	\$725,620	\$63.99
Emergency	\$562	\$6	\$0	(\$7)	\$561	1.04	\$583	\$0.05
FQHC	\$17	\$0	\$115	\$0	\$132	1.23	\$163	\$0.01
Home Health Services	\$4,610	\$2	\$0	\$0	\$4,612	1.07	\$4,922	\$0.43
Inpatient - Medical/Surgical	\$25,783	\$145	\$0	\$2,209	\$28,138	1.08	\$30,384	\$2.68
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$818	\$1	\$0	\$0	\$819	1.12	\$917	\$0.08
Medicare Xover - IP	\$379,654	\$1,864	\$0	\$0	\$381,518	1.12	\$428,357	\$37.78
Medicare Xover - Nursing Facility	\$898	\$4	\$0	\$0	\$902	1.12	\$1,013	\$0.09
Medicare Xover - OP	\$263,289	\$1,292	\$0	\$0	\$264,581	1.12	\$297,064	\$26.20
Medicare Xover - Other	\$326,825	\$1,604	\$127	\$0	\$328,556	1.12	\$368,893	\$32.53
Medicare Xover - Physician	\$324,880	\$1,595	\$62	\$0	\$326,537	1.12	\$366,625	\$32.33
Nursing Facility	\$20	\$0	\$0	\$1	\$22	1.04	\$23	\$0.00
Outpatient - Other	\$3,698	\$40	\$0	(\$46)	\$3,692	1.04	\$3,835	\$0.34
Outpatient - Psychological	\$20	\$0	\$0	\$0	\$20	1.04	\$21	\$0.00
Personal Care Services	\$5,623,664	\$2,561	\$55,038	\$28,412	\$5,709,674	1.07	\$6,093,651	\$537.42
Physician - Clinic	\$971	\$1	\$0	\$0	\$972	1.23	\$1,193	\$0.11
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.88	\$0	\$0.00
Physician - OP Mental Health	\$2,476,881	\$1,681	\$131	(\$51,838)	\$2,426,855	0.88	\$2,131,586	\$187.99
Physician - Other Practitioner	\$379,537	\$348	\$89	\$0	\$379,975	1.23	\$466,218	\$41.12
Physician - PCP	\$15,769	\$14	\$25	\$15,809	\$15,809	1.23	\$19,397	\$1.71
Physician - Specialist	\$4,344	\$4	\$148	\$0	\$4,496	1.23	\$5,517	\$0.49
Pharmacy	\$88,180	\$0	\$0	\$300	\$88,479	0.96	\$84,675	\$7.47
Transportation - Emergency	\$941	\$2	\$0	\$362	\$1,304	1.12	\$1,460	\$0.13
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$22,367,325	\$17,705	\$132,219	\$59,855	\$22,577,103		\$23,797,933	\$2,132.19
Administrative Adjustment								0.49%
Capitation Rate								\$2,142.52

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W SoRo 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$367,464	\$167	\$13,717	\$82,579	\$463,927	1.07	\$495,127	\$21.83
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$17,202,004	\$7,833	\$212,575	\$83,173	\$17,505,584	1.07	\$18,682,841	\$823.73
DME/Supplies	\$1,169,600	\$2,111	\$234	\$0	\$1,171,946	1.12	\$1,312,247	\$57.86
Emergency	\$1,361	\$15	\$0	(\$18)	\$1,358	1.04	\$1,410	\$0.06
FQHC	\$242	\$0	\$0	\$0	\$242	1.23	\$298	\$0.01
Home Health Services	\$2,285	\$1	\$0	\$0	\$2,286	1.07	\$2,440	\$0.11
Inpatient - Medical/Surgical	\$132,252	\$744	\$0	\$11,333	\$144,329	1.08	\$155,853	\$6.87
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$1,202	\$2	\$0	\$0	\$1,204	1.12	\$1,348	\$0.06
Medicare Xover - IP	\$773,921	\$3,799	\$0	\$0	\$777,720	1.12	\$873,200	\$38.50
Medicare Xover - Nursing Facility	\$2,497	\$12	\$0	\$0	\$2,509	1.12	\$2,817	\$0.12
Medicare Xover - OP	\$394,212	\$1,935	\$3	\$0	\$396,150	1.12	\$444,785	\$19.61
Medicare Xover - Other	\$386,850	\$1,899	\$81	\$0	\$388,830	1.12	\$436,566	\$19.25
Medicare Xover - Physician	\$361,097	\$1,772	\$34	\$0	\$362,903	1.12	\$407,457	\$17.96
Nursing Facility	\$42	\$0	\$0	\$3	\$44	1.04	\$46	\$0.00
Outpatient - Other	\$6,943	\$75	\$0	(\$87)	\$6,932	1.04	\$7,200	\$0.32
Outpatient - Psychological	\$172	\$2	\$0	\$0	\$174	1.04	\$180	\$0.01
Personal Care Services	\$16,260,795	\$7,404	\$152,038	\$82,116	\$16,502,353	1.07	\$17,612,142	\$776.53
Physician - Clinic	\$130	\$0	\$0	\$0	\$130	1.23	\$160	\$0.01
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.88	\$0	\$0.00
Physician - OP Mental Health	\$3,499,265	\$2,375	\$2,285	(\$73,279)	\$3,430,646	0.88	\$3,013,249	\$132.86
Physician - Other Practitioner	\$582,608	\$535	\$355	\$0	\$583,498	1.23	\$715,934	\$31.57
Physician - PCP	\$9,085	\$8	\$210	\$0	\$9,303	1.23	\$11,415	\$0.50
Physician - Specialist	\$5,221	\$5	\$853	\$0	\$6,079	1.23	\$7,459	\$0.33
Pharmacy	\$79,478	\$0	\$0	\$270	\$79,748	0.96	\$76,319	\$3.36
Transportation - Emergency	\$7,663	\$14	\$0	\$2,946	\$10,624	1.12	\$11,895	\$0.52
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$41,246,390	\$30,709	\$382,385	\$189,038	\$41,848,521		\$44,272,388	\$1,985.36
Administrative Adjustment								0.49%
Capitation Rate								\$1,994.97

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$138,326	\$63	\$888	\$30,160	\$169,436	1.07	\$180,831	\$27.56
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$7,667,688	\$3,491	\$87,386	\$37,039	\$7,795,604	1.07	\$8,319,861	\$1,268.17
DME/Supplies	\$431,239	\$779	\$3,039	\$0	\$435,056	1.12	\$487,139	\$74.25
Emergency	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
FQHC	\$221	\$0	\$0	\$0	\$222	1.23	\$272	\$0.04
Home Health Services	\$8,052	\$4	\$0	\$0	\$8,056	1.07	\$8,597	\$1.31
Inpatient - Medical/Surgical	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$759	\$1	\$0	\$0	\$760	1.12	\$851	\$0.13
Medicare Xover - IP	\$188,895	\$927	\$0	\$0	\$189,823	1.12	\$213,127	\$32.49
Medicare Xover - Nursing Facility	\$172	\$1	\$0	\$0	\$173	1.12	\$194	\$0.03
Medicare Xover - OP	\$210,891	\$1,035	\$0	\$0	\$211,926	1.12	\$237,944	\$36.27
Medicare Xover - Other	\$183,323	\$900	\$24	\$0	\$184,246	1.12	\$206,866	\$31.53
Medicare Xover - Physician	\$159,323	\$782	\$13	\$0	\$160,118	1.12	\$179,776	\$27.40
Nursing Facility	\$12	\$0	\$0	\$1	\$13	1.04	\$13	\$0.00
Outpatient - Other	\$3,754	\$41	\$0	(\$47)	\$3,748	1.04	\$3,893	\$0.59
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$3,275,410	\$1,491	\$35,212	\$16,564	\$3,328,678	1.07	\$3,552,532	\$541.50
Physician - Clinic	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.88	\$0	\$0.00
Physician - OP Mental Health	\$852,779	\$579	\$42	(\$17,848)	\$835,551	0.88	\$733,892	\$111.86
Physician - Other Practitioner	\$161,001	\$148	\$238	\$0	\$161,386	1.23	\$198,016	\$30.18
Physician - PCP	\$2,439	\$2	\$36	\$0	\$2,478	1.23	\$3,040	\$0.46
Physician - Specialist	\$2,146	\$2	\$0	\$0	\$2,148	1.23	\$2,635	\$0.40
Pharmacy	\$30,713	\$0	\$0	\$104	\$30,817	0.96	\$29,492	\$4.50
Transportation - Emergency	\$920	\$2	\$0	\$354	\$1,275	1.12	\$1,428	\$0.22
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$13,318,062	\$10,248	\$126,878	\$66,327	\$13,521,514		\$14,360,400	\$2,222.28
Administrative Adjustment								0.49%
Capitation Rate								\$2,233.06

Policy and program adjustments are applied to Patient Payments.

Trend is applied to Completed Claims, Patient Payments, and Policy and Program Adjustments

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W WeCh 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Nursing Home Eligible - Waiver
Phase II

Exhibit 4b

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$491,633	\$224	\$655	\$106,651	\$599,162	1.07	\$639,456	\$44.74
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$11,513,018	\$5,242	\$120,888	\$55,564	\$11,694,713	1.07	\$12,481,186	\$873.32
DME/Supplies	\$656,144	\$1,185	\$837	\$0	\$658,166	1.12	\$736,959	\$51.57
Emergency	\$265	\$3	\$0	(\$3)	\$264	1.04	\$274	\$0.02
FQHC	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Home Health Services	\$0	\$0	\$0	\$0	\$0	1.07	\$0	\$0.00
Inpatient - Medical/Surgical	\$52,330	\$294	\$0	\$4,484	\$57,109	1.08	\$61,669	\$4.32
Inpatient - Psych	\$6,291	\$35	\$0	(\$186)	\$6,141	1.08	\$6,632	\$0.46
Lab and X-ray Services	\$184	\$0	\$0	\$0	\$184	1.12	\$207	\$0.01
Medicare Xover - IP	\$474,710	\$2,330	\$0	\$0	\$477,040	1.12	\$535,606	\$37.48
Medicare Xover - Nursing Facility	\$350	\$2	\$0	\$0	\$351	1.12	\$394	\$0.03
Medicare Xover - OP	\$264,794	\$1,300	\$0	\$0	\$266,094	1.12	\$298,762	\$20.90
Medicare Xover - Other	\$215,542	\$1,058	\$58	\$0	\$216,658	1.12	\$243,257	\$17.02
Medicare Xover - Physician	\$268,605	\$1,318	\$21	\$0	\$269,945	1.12	\$303,086	\$21.21
Nursing Facility	\$226	\$0	\$784	\$69	\$1,078	1.04	\$1,117	\$0.08
Outpatient - Other	\$307	\$3	\$0	(\$4)	\$306	1.04	\$318	\$0.02
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$9,460,547	\$4,308	\$123,778	\$47,952	\$9,636,586	1.07	\$10,284,649	\$719.63
Physician - Clinic	\$40	\$0	\$0	\$0	\$40	1.23	\$49	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	0.88	\$0	\$0.00
Physician - OP Mental Health	\$1,768,233	\$1,200	\$602	(\$37,018)	\$1,733,017	0.88	\$1,522,166	\$106.51
Physician - Other Practitioner	\$311,608	\$286	\$60	\$0	\$311,954	1.23	\$382,759	\$26.78
Physician - PCP	\$5,159	\$5	\$103	\$0	\$5,266	1.23	\$6,462	\$0.45
Physician - Specialist	\$4,089	\$4	\$14	\$0	\$4,106	1.23	\$5,038	\$0.35
Pharmacy	\$20,108	\$0	\$0	\$68	\$20,177	0.96	\$19,309	\$1.35
Transportation - Emergency	\$190	\$0	\$0	\$73	\$263	1.12	\$295	\$0.02
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$33.37
Total	\$25,514,374	\$18,798	\$247,800	\$177,651	\$25,958,623		\$27,529,650	\$1,959.65
Administrative Adjustment Capitation Rate								0.49% \$1,969.13

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

NHE-W WeCh 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase I

Exhibit 4c

Age 21 - 64								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.80	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$200,126	\$29	\$0	\$956	\$201,110	1.80	\$361,390	\$1.82
DME/Supplies	\$862,956	\$1,847	\$0	\$0	\$864,803	1.11	\$963,947	\$4.85
Emergency	\$97,815	\$776	\$0	(\$1,283)	\$97,308	1.04	\$100,840	\$0.51
FQHC	\$4,138	(\$8)	\$0	\$0	\$4,130	1.22	\$5,023	\$0.03
Home Health Services	\$8,403	\$1	\$0	\$0	\$8,404	1.80	\$15,102	\$0.08
Inpatient - Medical/Surgical	\$992,358	\$18,354	\$0	\$86,129	\$1,096,841	1.08	\$1,183,694	\$5.96
Inpatient - Psych	\$292,348	\$5,407	\$0	(\$8,732)	\$289,024	1.08	\$311,910	\$1.57
Lab and X-ray Services	\$44,928	\$96	\$0	\$0	\$45,025	1.11	\$50,186	\$0.25
Medicare Xover - IP	\$3,344,409	\$13,354	\$0	\$0	\$3,357,763	1.08	\$3,630,606	\$18.27
Medicare Xover - Nursing Facility	\$44,783	\$179	\$2,626	\$0	\$47,588	1.08	\$51,454	\$0.26
Medicare Xover - OP	\$3,036,711	\$12,125	\$123	\$0	\$3,048,959	1.08	\$3,296,710	\$16.59
Medicare Xover - Other	\$1,057,787	\$4,224	\$863	\$0	\$1,062,874	1.08	\$1,149,241	\$5.78
Medicare Xover - Physician	\$4,272,147	\$17,058	\$970	\$0	\$4,290,175	1.08	\$4,638,784	\$23.34
Nursing Facility	\$833,677	\$2,014	\$219,608	\$71,642	\$1,126,941	1.05	\$1,184,722	\$5.96
Outpatient - Other	\$238,226	\$1,890	\$0	(\$2,960)	\$237,156	1.04	\$245,765	\$1.24
Outpatient - Psychological	\$688	\$5	\$0	\$0	\$693	1.04	\$718	\$0.00
Personal Care Services	\$14,292	\$2	\$70	\$72	\$14,436	1.80	\$25,941	\$0.13
Physician - Clinic	\$71,403	(\$131)	\$0	\$0	\$71,272	1.22	\$86,670	\$0.44
Physician - IP Mental Health	\$13,742	\$16	\$0	\$0	\$13,758	1.72	\$23,680	\$0.12
Physician - OP Mental Health	\$39,660,513	\$45,384	\$0	(\$5,530,541)	\$34,175,357	1.72	\$58,824,385	\$295.95
Physician - Other Practitioner	\$93,761	(\$173)	\$0	\$0	\$93,588	1.22	\$113,808	\$0.57
Physician - PCP	\$149,959	(\$276)	\$140	\$0	\$149,823	1.22	\$182,192	\$0.92
Physician - Specialist	\$237,275	(\$437)	\$0	\$0	\$236,839	1.22	\$288,008	\$1.45
Pharmacy	\$500,148	\$23	\$0	\$0	\$500,170	0.84	\$419,643	\$2.11
Transportation - Emergency	\$22,517	\$48	\$0	\$8,660	\$31,225	1.11	\$34,805	\$0.18
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$56,095,109	\$121,808	\$224,401	(\$5,376,056)	\$51,065,262		\$77,189,224	\$424.01
Administrative Adjustment Capitation Rate								0.49% \$425.92

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

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase I

Exhibit 4c

Age 65 and Over								
Central Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$21,124	\$3	\$0	\$4,575	\$25,702	1.80	\$46,186	\$0.28
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$437,555	\$64	\$2,606	\$2,102	\$442,326	1.80	\$794,848	\$4.85
DME/Supplies	\$1,114,102	\$2,384	\$0	\$0	\$1,116,486	1.11	\$1,244,485	\$7.60
Emergency	\$12,539	\$99	\$0	(\$164)	\$12,474	1.04	\$12,927	\$0.08
FQHC	\$2,082	(\$4)	\$0	\$0	\$2,078	1.22	\$2,527	\$0.02
Home Health Services	\$5,350	\$1	\$0	\$0	\$5,350	1.80	\$9,615	\$0.06
Inpatient - Medical/Surgical	\$1,362,814	\$25,206	\$0	\$118,281	\$1,506,301	1.08	\$1,625,577	\$9.92
Inpatient - Psych	\$53,182	\$984	\$0	(\$1,588)	\$52,577	1.08	\$56,741	\$0.35
Lab and X-ray Services	\$8,876	\$19	\$0	\$0	\$8,895	1.11	\$9,915	\$0.06
Medicare Xover - IP	\$2,931,629	\$11,706	\$156	\$0	\$2,943,491	1.08	\$3,182,671	\$19.43
Medicare Xover - Nursing Facility	\$164,745	\$658	\$3,342	\$0	\$168,744	1.08	\$182,456	\$1.11
Medicare Xover - OP	\$1,645,249	\$6,569	\$0	\$0	\$1,651,818	1.08	\$1,786,041	\$10.90
Medicare Xover - Other	\$683,962	\$2,731	\$356	\$0	\$687,049	1.08	\$742,877	\$4.53
Medicare Xover - Physician	\$2,958,807	\$11,814	\$427	\$0	\$2,971,048	1.08	\$3,212,468	\$19.61
Nursing Facility	\$5,945,731	\$14,362	\$1,655,661	\$517,020	\$8,132,775	1.05	\$8,549,764	\$52.19
Outpatient - Other	\$47,826	\$379	\$0	(\$594)	\$47,611	1.04	\$49,339	\$0.30
Outpatient - Psychological	\$50	\$0	\$0	\$0	\$50	1.04	\$52	\$0.00
Personal Care Services	\$70,273	\$10	\$571	\$354	\$71,209	1.80	\$127,961	\$0.78
Physician - Clinic	\$1,976	(\$4)	\$0	\$0	\$1,972	1.22	\$2,398	\$0.01
Physician - IP Mental Health	\$2,314	\$3	\$0	\$0	\$2,316	1.72	\$3,987	\$0.02
Physician - OP Mental Health	\$6,616,729	\$7,572	\$0	(\$922,683)	\$5,701,617	1.72	\$9,813,918	\$59.90
Physician - Other Practitioner	\$70,848	(\$130)	\$0	\$0	\$70,717	1.22	\$85,996	\$0.52
Physician - PCP	\$86,424	(\$159)	\$66	\$0	\$86,332	1.22	\$104,984	\$0.64
Physician - Specialist	\$102,732	(\$189)	\$0	\$0	\$102,543	1.22	\$124,697	\$0.76
Pharmacy	\$244,255	\$11	\$0	\$0	\$244,266	0.84	\$204,939	\$1.25
Transportation - Emergency	\$8,948	\$19	\$0	\$3,442	\$12,409	1.11	\$13,831	\$0.08
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$24,600,120	\$84,109	\$1,663,185	(\$279,257)	\$26,068,158		\$31,991,197	\$230.94
Administrative Adjustment Capitation Rate								0.49% \$231.90

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

CW CeVA 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase I

Exhibit 4c

Age 21 - 64								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.80	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$2,155	(\$4)	\$0	\$0	\$2,151	1.22	\$2,615	\$0.01
Consumer Directed Services	\$81,246	\$12	\$0	\$388	\$81,646	1.80	\$146,715	\$0.81
DME/Supplies	\$700,825	\$1,500	\$0	\$0	\$702,325	1.11	\$782,842	\$4.33
Emergency	\$53,554	\$425	\$0	(\$702)	\$53,277	1.04	\$55,210	\$0.31
FQHC	\$7,599	(\$14)	\$0	\$0	\$7,585	1.22	\$9,224	\$0.05
Home Health Services	\$27,568	\$4	\$0	\$0	\$27,572	1.80	\$49,546	\$0.27
Inpatient - Medical/Surgical	\$725,547	\$13,419	\$0	\$62,972	\$801,938	1.08	\$865,439	\$4.79
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$36,936	\$79	\$0	\$0	\$37,015	1.11	\$41,259	\$0.23
Medicare Xover - IP	\$2,193,189	\$8,757	\$200	\$0	\$2,202,147	1.08	\$2,381,087	\$13.17
Medicare Xover - Nursing Facility	\$45,846	\$183	\$5,960	\$0	\$51,989	1.08	\$56,213	\$0.31
Medicare Xover - OP	\$2,799,381	\$11,178	\$740	\$0	\$2,811,299	1.08	\$3,039,737	\$16.81
Medicare Xover - Other	\$1,023,973	\$4,089	\$340	\$0	\$1,028,401	1.08	\$1,111,967	\$6.15
Medicare Xover - Physician	\$4,598,356	\$18,361	\$1,216	\$0	\$4,617,933	1.08	\$4,993,173	\$27.62
Nursing Facility	\$973,437	\$2,351	\$217,947	\$81,041	\$1,274,776	1.05	\$1,340,137	\$7.41
Outpatient - Other	\$84,359	\$669	\$0	(\$1,048)	\$83,980	1.04	\$87,028	\$0.48
Outpatient - Psychological	\$626	\$5	\$0	\$0	\$631	1.04	\$654	\$0.00
Personal Care Services	\$23,328	\$3	\$0	\$117	\$23,448	1.80	\$42,135	\$0.23
Physician - Clinic	\$137,385	(\$253)	\$0	\$0	\$137,132	1.22	\$166,760	\$0.92
Physician - IP Mental Health	\$2,987	\$3	\$0	\$0	\$2,991	1.72	\$5,147	\$0.03
Physician - OP Mental Health	\$28,207,720	\$32,279	\$0	(\$3,933,483)	\$24,306,516	1.72	\$41,837,627	\$231.41
Physician - Other Practitioner	\$112,688	(\$207)	\$0	\$0	\$112,480	1.22	\$136,782	\$0.76
Physician - PCP	\$132,932	(\$245)	\$2,015	\$0	\$134,702	1.22	\$163,804	\$0.91
Physician - Specialist	\$215,726	(\$397)	\$172	\$0	\$215,501	1.22	\$262,060	\$1.45
Pharmacy	\$365,801	\$17	\$0	\$0	\$365,818	0.84	\$306,921	\$1.70
Transportation - Emergency	\$6,310	\$14	\$0	\$2,427	\$8,751	1.11	\$9,754	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$42,559,475	\$92,227	\$228,588	(\$3,788,289)	\$39,092,001		\$57,893,839	\$355.88
Administrative Adjustment Capitation Rate								0.49% \$357.46

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

CW Tide w AcNo 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase I

Exhibit 4c

Age 65 and Over								
Tidewater with Accomack/Northampton	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$3,196	\$0	\$0	\$692	\$3,888	1.80	\$6,987	\$0.05
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.22	\$0	\$0.00
Consumer Directed Services	\$189,434	\$28	\$1,520	\$912	\$191,893	1.80	\$344,826	\$2.36
DME/Supplies	\$879,707	\$1,883	\$0	\$0	\$881,590	1.11	\$982,659	\$6.73
Emergency	\$10,425	\$83	\$0	(\$137)	\$10,371	1.04	\$10,747	\$0.07
FQHC	\$4,326	(\$8)	\$0	\$0	\$4,319	1.22	\$5,252	\$0.04
Home Health Services	\$2,489	\$0	\$0	\$0	\$2,489	1.80	\$4,473	\$0.03
Inpatient - Medical/Surgical	\$1,670,089	\$30,889	\$0	\$144,950	\$1,845,928	1.08	\$1,992,098	\$13.65
Inpatient - Psych	\$8,670	\$160	\$0	(\$259)	\$8,571	1.08	\$9,250	\$0.06
Lab and X-ray Services	\$13,290	\$28	\$0	\$0	\$13,319	1.11	\$14,846	\$0.10
Medicare Xover - IP	\$2,215,241	\$8,845	\$12	\$0	\$2,224,098	1.08	\$2,404,822	\$16.48
Medicare Xover - Nursing Facility	\$154,949	\$619	\$7,653	\$0	\$163,221	1.08	\$176,483	\$1.21
Medicare Xover - OP	\$1,691,851	\$6,755	\$569	\$0	\$1,699,175	1.08	\$1,837,246	\$12.59
Medicare Xover - Other	\$691,100	\$2,760	\$195	\$0	\$694,054	1.08	\$750,451	\$5.14
Medicare Xover - Physician	\$2,931,265	\$11,704	\$522	\$0	\$2,943,492	1.08	\$3,182,672	\$21.81
Nursing Facility	\$4,377,246	\$10,574	\$1,341,132	\$388,928	\$6,117,881	1.05	\$6,431,561	\$44.08
Outpatient - Other	\$51,768	\$411	\$0	(\$643)	\$51,536	1.04	\$53,406	\$0.37
Outpatient - Psychological	\$117	\$1	\$0	\$0	\$118	1.04	\$123	\$0.00
Personal Care Services	\$64,862	\$9	\$34	\$325	\$65,230	1.80	\$117,217	\$0.80
Physician - Clinic	\$91	(\$0)	\$0	\$0	\$91	1.22	\$111	\$0.00
Physician - IP Mental Health	\$542	\$1	\$0	\$0	\$543	1.72	\$935	\$0.01
Physician - OP Mental Health	\$4,873,549	\$5,577	\$0	(\$679,602)	\$4,199,524	1.72	\$7,228,437	\$49.54
Physician - Other Practitioner	\$59,083	(\$109)	\$0	\$0	\$58,974	1.22	\$71,716	\$0.49
Physician - PCP	\$81,713	(\$150)	\$3,749	\$0	\$85,312	1.22	\$103,743	\$0.71
Physician - Specialist	\$97,071	(\$179)	\$99	\$0	\$96,991	1.22	\$117,946	\$0.81
Pharmacy	\$222,357	\$10	\$0	\$0	\$222,367	0.84	\$186,566	\$1.28
Transportation - Emergency	\$4,983	\$11	\$0	\$1,917	\$6,910	1.11	\$7,703	\$0.05
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$20,299,415	\$79,902	\$1,355,484	(\$142,917)	\$21,591,884		\$26,042,273	\$214.14
Administrative Adjustment Capitation Rate								0.49% \$215.02

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 21 - 64								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.85	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$68,699	\$10	\$109	\$329	\$69,146	1.85	\$127,784	\$1.97
DME/Supplies	\$242,385	\$519	\$0	\$0	\$242,904	1.12	\$271,983	\$4.19
Emergency	\$18,805	\$149	\$0	(\$247)	\$18,707	1.04	\$19,430	\$0.30
FQHC	\$1,171	(\$2)	\$0	\$0	\$1,169	1.23	\$1,434	\$0.02
Home Health Services	\$4,045	\$1	\$0	\$0	\$4,046	1.85	\$7,476	\$0.12
Inpatient - Medical/Surgical	\$809,377	\$14,970	\$0	\$70,247	\$894,594	1.08	\$966,021	\$14.89
Inpatient - Psych	\$15,578	\$288	\$0	(\$465)	\$15,401	1.08	\$16,631	\$0.26
Lab and X-ray Services	\$14,822	\$32	\$0	\$0	\$14,854	1.12	\$16,632	\$0.26
Medicare Xover - IP	\$1,109,558	\$4,430	\$0	\$0	\$1,113,989	1.09	\$1,209,706	\$18.64
Medicare Xover - Nursing Facility	\$22,830	\$91	\$1,093	\$0	\$24,014	1.09	\$26,078	\$0.40
Medicare Xover - OP	\$1,030,484	\$4,115	\$53	\$0	\$1,034,652	1.09	\$1,123,552	\$17.32
Medicare Xover - Other	\$470,758	\$1,880	\$330	\$0	\$472,968	1.09	\$513,607	\$7.92
Medicare Xover - Physician	\$1,450,149	\$5,790	\$128	\$0	\$1,456,067	1.09	\$1,581,177	\$24.37
Nursing Facility	\$859,802	\$2,077	\$98,816	\$65,220	\$1,025,915	1.05	\$1,078,978	\$16.63
Outpatient - Other	\$37,985	\$301	\$0	(\$472)	\$37,814	1.04	\$39,275	\$0.61
Outpatient - Psychological	\$87	\$1	\$0	\$0	\$88	1.04	\$91	\$0.00
Personal Care Services	\$27,694	\$4	\$0	\$139	\$27,837	1.85	\$51,443	\$0.79
Physician - Clinic	\$37,509	(\$69)	\$0	\$0	\$37,440	1.23	\$45,938	\$0.71
Physician - IP Mental Health	\$1,882	\$2	\$0	\$0	\$1,884	1.76	\$3,324	\$0.05
Physician - OP Mental Health	\$10,398,429	\$11,899	\$0	(\$1,450,030)	\$8,960,298	1.76	\$15,813,309	\$243.72
Physician - Other Practitioner	\$31,135	(\$57)	\$0	\$0	\$31,078	1.23	\$38,132	\$0.59
Physician - PCP	\$86,095	(\$159)	\$0	\$0	\$85,936	1.23	\$105,441	\$1.63
Physician - Specialist	\$69,099	(\$127)	\$0	\$0	\$68,972	1.23	\$84,626	\$1.30
Pharmacy	\$122,911	\$6	\$0	\$0	\$122,916	0.84	\$103,127	\$1.59
Transportation - Emergency	\$3,424	\$7	\$0	\$1,317	\$4,749	1.12	\$5,317	\$0.08
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$16,934,714	\$46,157	\$100,529	(\$1,313,963)	\$15,767,437		\$23,250,515	\$394.02
Administrative Adjustment Capitation Rate								0.49% \$395.78

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 65 and Over								
Northern Virginia	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$4,422	\$1	\$0	\$820	\$5,243	1.85	\$9,688	\$0.04
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$186,101	\$27	\$1,192	\$894	\$188,215	1.85	\$347,825	\$1.42
DME/Supplies	\$601,805	\$1,288	\$0	\$0	\$603,093	1.12	\$675,293	\$2.75
Emergency	\$44,250	\$351	\$0	(\$580)	\$44,020	1.04	\$45,722	\$0.19
FQHC	\$1,218	(\$2)	\$0	\$0	\$1,216	1.23	\$1,492	\$0.01
Home Health Services	\$10,296	\$2	\$0	\$0	\$10,298	1.85	\$19,030	\$0.08
Inpatient - Medical/Surgical	\$7,720,162	\$142,788	\$0	\$670,047	\$8,532,996	1.08	\$9,214,302	\$37.54
Inpatient - Psych	\$18,350	\$339	\$0	(\$548)	\$18,142	1.08	\$19,590	\$0.08
Lab and X-ray Services	\$32,798	\$70	\$0	\$0	\$32,868	1.12	\$36,803	\$0.15
Medicare Xover - IP	\$2,094,480	\$8,363	\$0	\$0	\$2,102,844	1.09	\$2,283,527	\$9.30
Medicare Xover - Nursing Facility	\$175,235	\$700	\$608	\$0	\$176,543	1.09	\$191,712	\$0.78
Medicare Xover - OP	\$2,540,398	\$10,144	\$320	\$0	\$2,550,862	1.09	\$2,770,040	\$11.29
Medicare Xover - Other	\$529,701	\$2,115	\$509	\$0	\$532,325	1.09	\$578,064	\$2.36
Medicare Xover - Physician	\$3,260,444	\$13,019	\$517	\$0	\$3,273,980	1.09	\$3,555,291	\$14.49
Nursing Facility	\$4,517,549	\$10,913	\$881,310	\$367,260	\$5,777,031	1.05	\$6,075,832	\$24.76
Outpatient - Other	\$101,115	\$802	\$0	(\$1,256)	\$100,661	1.04	\$104,551	\$0.43
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$57,892	\$8	\$0	\$290	\$58,190	1.85	\$107,536	\$0.44
Physician - Clinic	\$56	(\$0)	\$0	\$0	\$56	1.23	\$68	\$0.00
Physician - IP Mental Health	\$646	\$1	\$0	\$0	\$647	1.76	\$1,142	\$0.00
Physician - OP Mental Health	\$1,666,988	\$1,908	\$0	(\$232,457)	\$1,436,439	1.76	\$2,535,056	\$10.33
Physician - Other Practitioner	\$45,627	(\$84)	\$0	\$0	\$45,543	1.23	\$55,880	\$0.23
Physician - PCP	\$227,104	(\$418)	\$76	\$0	\$226,762	1.23	\$278,231	\$1.13
Physician - Specialist	\$197,748	(\$364)	\$0	\$0	\$197,384	1.23	\$242,184	\$0.99
Pharmacy	\$428,491	\$20	\$0	\$0	\$428,510	0.84	\$359,520	\$1.46
Transportation - Emergency	\$6,772	\$14	\$0	\$2,604	\$9,391	1.12	\$10,515	\$0.04
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$24,469,648	\$192,003	\$884,532	\$807,073	\$26,353,256		\$29,518,893	\$155.94
Administrative Adjustment Capitation Rate								0.49% \$156.53

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

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 21 - 64								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.85	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$2,973	(\$5)	\$0	\$0	\$2,967	1.23	\$3,641	\$0.03
Consumer Directed Services	\$226,709	\$33	\$197	\$1,083	\$228,022	1.85	\$421,390	\$3.25
DME/Supplies	\$499,541	\$1,069	\$0	\$0	\$500,610	1.12	\$560,541	\$4.33
Emergency	\$38,819	\$308	\$0	(\$509)	\$38,618	1.04	\$40,111	\$0.31
FQHC	\$5,602	(\$10)	\$0	\$0	\$5,592	1.23	\$6,861	\$0.05
Home Health Services	\$9,266	\$1	\$0	\$0	\$9,268	1.85	\$17,127	\$0.13
Inpatient - Medical/Surgical	\$442,687	\$8,188	\$0	\$38,422	\$489,296	1.08	\$528,363	\$4.08
Inpatient - Psych	\$3,915	\$72	\$0	(\$117)	\$3,870	1.08	\$4,179	\$0.03
Lab and X-ray Services	\$29,575	\$63	\$0	\$0	\$29,638	1.12	\$33,186	\$0.26
Medicare Xover - IP	\$1,745,847	\$6,971	\$0	\$0	\$1,752,818	1.09	\$1,903,426	\$14.69
Medicare Xover - Nursing Facility	\$35,124	\$140	\$2,137	\$0	\$37,401	1.09	\$40,615	\$0.31
Medicare Xover - OP	\$2,121,197	\$8,470	\$46	\$0	\$2,129,712	1.09	\$2,312,704	\$17.84
Medicare Xover - Other	\$781,810	\$3,122	\$363	\$0	\$785,295	1.09	\$852,770	\$6.58
Medicare Xover - Physician	\$2,521,575	\$10,068	\$1,837	\$0	\$2,533,480	1.09	\$2,751,165	\$21.23
Nursing Facility	\$853,116	\$2,061	\$112,771	\$65,712	\$1,033,660	1.05	\$1,087,123	\$8.39
Outpatient - Other	\$198,747	\$1,576	\$0	(\$2,469)	\$197,854	1.04	\$205,500	\$1.59
Outpatient - Psychological	\$802	\$6	\$0	\$0	\$809	1.04	\$840	\$0.01
Personal Care Services	\$6,803	\$1	\$0	\$34	\$6,838	1.85	\$12,636	\$0.10
Physician - Clinic	\$21,827	(\$40)	\$0	\$0	\$21,787	1.23	\$26,732	\$0.21
Physician - IP Mental Health	\$1,780	\$2	\$0	\$0	\$1,782	1.76	\$3,145	\$0.02
Physician - OP Mental Health	\$33,591,010	\$38,439	\$0	(\$4,684,166)	\$28,945,282	1.76	\$51,083,200	\$394.16
Physician - Other Practitioner	\$70,473	(\$130)	\$29	\$0	\$70,372	1.23	\$86,345	\$0.67
Physician - PCP	\$110,021	(\$203)	\$59	\$0	\$109,877	1.23	\$134,816	\$1.04
Physician - Specialist	\$145,209	(\$267)	\$1	\$0	\$144,943	1.23	\$177,840	\$1.37
Pharmacy	\$724,305	\$33	\$0	\$0	\$724,338	0.84	\$607,719	\$4.69
Transportation - Emergency	\$14,245	\$30	\$0	\$5,479	\$19,754	1.12	\$22,119	\$0.17
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$44,202,976	\$80,000	\$117,439	(\$4,576,532)	\$39,823,883		\$62,924,095	\$521.19
Administrative Adjustment Capitation Rate								0.49% \$523.58

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 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 65 and Over								
Southwest/Roanoke	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$46	\$0	\$0	\$10	\$56	1.85	\$103	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$400,664	\$58	\$3,149	\$1,928	\$405,800	1.85	\$749,928	\$9.55
DME/Supplies	\$544,077	\$1,164	\$0	\$0	\$545,242	1.12	\$610,516	\$7.78
Emergency	\$4,964	\$39	\$0	(\$65)	\$4,939	1.04	\$5,129	\$0.07
FQHC	\$1,632	(\$3)	\$0	\$0	\$1,629	1.23	\$1,999	\$0.03
Home Health Services	\$7,922	\$1	\$0	\$0	\$7,923	1.85	\$14,642	\$0.19
Inpatient - Medical/Surgical	\$590,843	\$10,928	\$0	\$51,280	\$653,052	1.08	\$705,194	\$8.98
Inpatient - Psych	\$6,174	\$114	\$0	(\$184)	\$6,104	1.08	\$6,591	\$0.08
Lab and X-ray Services	\$5,541	\$12	\$0	\$0	\$5,553	1.12	\$6,218	\$0.08
Medicare Xover - IP	\$1,660,620	\$6,631	\$20	\$0	\$1,667,271	1.09	\$1,810,528	\$23.06
Medicare Xover - Nursing Facility	\$154,239	\$616	\$4,604	\$0	\$159,459	1.09	\$173,161	\$2.21
Medicare Xover - OP	\$1,230,596	\$4,914	\$153	\$0	\$1,235,662	1.09	\$1,341,835	\$17.09
Medicare Xover - Other	\$489,498	\$1,955	\$114	\$0	\$491,566	1.09	\$533,803	\$6.80
Medicare Xover - Physician	\$1,276,785	\$5,098	\$471	\$0	\$1,282,354	1.09	\$1,392,538	\$17.74
Nursing Facility	\$4,038,904	\$9,756	\$1,080,551	\$348,213	\$5,477,424	1.05	\$5,760,728	\$73.38
Outpatient - Other	\$31,773	\$252	\$0	(\$395)	\$31,630	1.04	\$32,853	\$0.42
Outpatient - Psychological	\$608	\$5	\$0	\$0	\$613	1.04	\$637	\$0.01
Personal Care Services	\$24,045	\$4	\$0	\$120	\$24,169	1.85	\$44,665	\$0.57
Physician - Clinic	\$275	(\$1)	\$0	\$0	\$275	1.23	\$337	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.76	\$0	\$0.00
Physician - OP Mental Health	\$4,383,628	\$5,016	\$0	(\$611,284)	\$3,777,360	1.76	\$6,666,359	\$84.91
Physician - Other Practitioner	\$50,509	(\$93)	\$20	\$0	\$50,436	1.23	\$61,884	\$0.79
Physician - PCP	\$38,782	(\$71)	\$0	\$0	\$38,711	1.23	\$47,497	\$0.60
Physician - Specialist	\$33,336	(\$61)	\$0	\$0	\$33,274	1.23	\$40,827	\$0.52
Pharmacy	\$229,742	\$10	\$0	\$0	\$229,753	0.84	\$192,762	\$2.46
Transportation - Emergency	\$5,752	\$12	\$0	\$2,212	\$7,976	1.12	\$8,931	\$0.11
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$15,210,956	\$46,357	\$1,089,082	(\$208,164)	\$16,138,231		\$20,209,664	\$293.09
Administrative Adjustment Capitation Rate								0.49% \$294.35

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

CW SoRo 65+ (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 21 - 64								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$0	\$0	\$0	\$0	\$0	1.85	\$0	\$0.00
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$1,908	(\$4)	\$0	\$0	\$1,904	1.23	\$2,336	\$0.04
Consumer Directed Services	\$99,865	\$15	\$0	\$477	\$100,357	1.85	\$185,461	\$3.23
DME/Supplies	\$236,992	\$507	\$0	\$0	\$237,499	1.12	\$265,932	\$4.63
Emergency	\$23,630	\$187	\$0	(\$310)	\$23,508	1.04	\$24,416	\$0.43
FQHC	\$1,224	(\$2)	\$0	\$0	\$1,222	1.23	\$1,499	\$0.03
Home Health Services	\$4,461	\$1	\$0	\$0	\$4,462	1.85	\$8,245	\$0.14
Inpatient - Medical/Surgical	\$162,800	\$3,011	\$0	\$14,130	\$179,941	1.08	\$194,308	\$3.38
Inpatient - Psych	\$6,372	\$118	\$0	(\$190)	\$6,300	1.08	\$6,803	\$0.12
Lab and X-ray Services	\$10,166	\$22	\$0	\$0	\$10,188	1.12	\$11,408	\$0.20
Medicare Xover - IP	\$611,117	\$2,440	\$0	\$0	\$613,557	1.09	\$666,276	\$11.61
Medicare Xover - Nursing Facility	\$27,597	\$110	\$2,786	\$0	\$30,493	1.09	\$33,113	\$0.58
Medicare Xover - OP	\$1,067,369	\$4,262	\$0	\$0	\$1,071,631	1.09	\$1,163,709	\$20.27
Medicare Xover - Other	\$310,134	\$1,238	\$329	\$0	\$311,701	1.09	\$338,483	\$5.90
Medicare Xover - Physician	\$1,004,113	\$4,009	\$495	\$0	\$1,008,617	1.09	\$1,095,281	\$19.08
Nursing Facility	\$318,061	\$768	\$79,196	\$27,021	\$425,046	1.05	\$447,030	\$7.79
Outpatient - Other	\$56,635	\$449	\$0	(\$704)	\$56,380	1.04	\$58,559	\$1.02
Outpatient - Psychological	\$43	\$0	\$0	\$0	\$43	1.04	\$45	\$0.00
Personal Care Services	\$425	\$0	\$0	\$2	\$427	1.85	\$789	\$0.01
Physician - Clinic	\$5,107	(\$9)	\$0	\$0	\$5,098	1.23	\$6,255	\$0.11
Physician - IP Mental Health	\$106	\$0	\$0	\$0	\$106	1.76	\$187	\$0.00
Physician - OP Mental Health	\$7,911,557	\$9,053	\$0	(\$1,103,243)	\$6,817,367	1.76	\$12,031,423	\$209.59
Physician - Other Practitioner	\$30,182	(\$56)	\$0	\$0	\$30,127	1.23	\$36,965	\$0.64
Physician - PCP	\$37,741	(\$69)	\$0	\$0	\$37,671	1.23	\$46,222	\$0.81
Physician - Specialist	\$54,964	(\$101)	\$0	\$0	\$54,863	1.23	\$67,315	\$1.17
Pharmacy	\$135,252	\$6	\$0	\$0	\$135,258	0.84	\$113,482	\$1.98
Transportation - Emergency	\$2,560	\$5	\$0	\$985	\$3,550	1.12	\$3,975	\$0.07
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$12,120,381	\$25,962	\$82,805	(\$1,061,832)	\$11,167,315		\$16,809,516	\$328.49
Administrative Adjustment Capitation Rate								0.49% \$329.93

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

Dual Demonstration Medicaid Component CY2014 FINAL Exhibits 1-6 HC 2013.11.25.xlsx

CW WeCh 21-64 (2)

11/25/2013

VIRGINIA MEDICAID
CY 2014 Dual Demonstration Capitation Rate Development
Capitation Rate Calculations
Community Well
Phase II

Exhibit 4c

Age 65 and Over								
Western/Charlottesville	Medicaid Payments CY2011-CY2012	Completion Factor Adjustment	Patient Payments CY2011-CY2012	Policy and Program Adjustments	Completed and Adjusted Claims	Trend Adjustment	Completed & Trended Claims	DUAL PMPM CY14
Service Type								
Adult Day Care	\$9,199	\$1	\$0	\$1,992	\$11,193	1.85	\$20,684	\$0.43
Ambulatory Surgery Center	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Case Management Services	\$0	\$0	\$0	\$0	\$0	1.23	\$0	\$0.00
Consumer Directed Services	\$216,749	\$32	\$1,085	\$1,040	\$218,906	1.85	\$404,543	\$8.42
DME/Supplies	\$292,221	\$625	\$0	\$0	\$292,847	1.12	\$327,905	\$6.83
Emergency	\$13,783	\$109	\$0	(\$181)	\$13,712	1.04	\$14,242	\$0.30
FQHC	\$518	(\$1)	\$0	\$0	\$517	1.23	\$635	\$0.01
Home Health Services	\$1,907	\$0	\$0	\$0	\$1,907	1.85	\$3,525	\$0.07
Inpatient - Medical/Surgical	\$610,513	\$11,292	\$0	\$52,988	\$674,793	1.08	\$728,671	\$15.17
Inpatient - Psych	\$0	\$0	\$0	\$0	\$0	1.08	\$0	\$0.00
Lab and X-ray Services	\$4,945	\$11	\$0	\$0	\$4,956	1.12	\$5,549	\$0.12
Medicare Xover - IP	\$786,581	\$3,141	\$0	\$0	\$789,721	1.09	\$857,577	\$17.85
Medicare Xover - Nursing Facility	\$97,467	\$389	\$3,756	\$0	\$101,612	1.09	\$110,343	\$2.30
Medicare Xover - OP	\$733,595	\$2,929	\$0	\$0	\$736,524	1.09	\$799,809	\$16.65
Medicare Xover - Other	\$225,935	\$902	\$197	\$0	\$227,034	1.09	\$246,542	\$5.13
Medicare Xover - Physician	\$748,293	\$2,988	\$113	\$0	\$751,394	1.09	\$815,956	\$16.98
Nursing Facility	\$2,203,332	\$5,322	\$577,123	\$189,121	\$2,974,899	1.05	\$3,128,767	\$65.12
Outpatient - Other	\$71,593	\$568	\$0	(\$889)	\$71,271	1.04	\$74,025	\$1.54
Outpatient - Psychological	\$0	\$0	\$0	\$0	\$0	1.04	\$0	\$0.00
Personal Care Services	\$11,568	\$2	\$0	\$58	\$11,627	1.85	\$21,487	\$0.45
Physician - Clinic	\$103	(\$0)	\$0	\$0	\$103	1.23	\$127	\$0.00
Physician - IP Mental Health	\$0	\$0	\$0	\$0	\$0	1.76	\$0	\$0.00
Physician - OP Mental Health	\$1,424,594	\$1,630	\$0	(\$198,655)	\$1,227,569	1.76	\$2,166,437	\$45.09
Physician - Other Practitioner	\$20,931	(\$39)	\$0	\$0	\$20,892	1.23	\$25,634	\$0.53
Physician - PCP	\$23,929	(\$44)	\$17	\$0	\$23,902	1.23	\$29,328	\$0.61
Physician - Specialist	\$26,263	(\$48)	\$0	\$0	\$26,215	1.23	\$32,165	\$0.67
Pharmacy	\$82,680	\$4	\$0	\$0	\$82,683	0.84	\$69,371	\$1.44
Transportation - Emergency	\$839	\$2	\$0	\$323	\$1,164	1.12	\$1,303	\$0.03
Transportation - Non-Emergency	\$0	\$0	\$0	\$0	\$0	1.00	\$0	\$35.67
Total	\$7,607,540	\$29,815	\$582,290	\$45,796	\$8,265,442		\$9,884,624	\$241.41
Administrative Adjustment Capitation Rate								0.49% \$242.42

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 2014 Dual Demonstration 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 2014 Average
		Phase I		Phase II			
		Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/Roanoke	Western/Charlottesville	
CY 2014 Base Capitation Rates							
Nursing Home Eligible	Age 21-64	\$4,912.71	\$4,951.40	\$6,065.13	\$4,780.14	\$4,383.97	\$5,027.98
Institutional	Age 65 and Over	\$4,878.71	\$4,718.43	\$5,870.29	\$4,785.91	\$4,860.29	\$4,952.37
	Average	\$4,883.33	\$4,756.46	\$5,899.25	\$4,785.27	\$4,809.36	\$4,962.64
Nursing Home Eligible	Age 21-64	\$2,430.29	\$2,508.76	\$3,107.76	\$2,142.52	\$2,233.06	\$2,454.55
Waiver	Age 65 and Over	\$2,337.84	\$2,367.61	\$3,228.13	\$1,994.97	\$1,969.13	\$2,472.31
	Average	\$2,364.04	\$2,411.54	\$3,209.17	\$2,048.33	\$2,052.18	\$2,467.34

June 2013 Member Month Distribution							
Nursing Home Eligible	Age 21-64	495	445	235	279	129	1,583
Institutional	Age 65 and Over	3,153	2,280	1,344	2,219	1,077	10,073
	Total	3,649	2,724	1,579	2,499	1,205	11,656
Nursing Home Eligible	Age 21-64	1,135	960	367	616	326	3,405
Waiver	Age 65 and Over	2,871	2,125	1,964	1,087	710	8,757
	Total	4,006	3,085	2,331	1,703	1,035	12,162

Blended CY 2014 Base Capitation Rates							
Nursing Home Eligible	Age 21-64	\$3,184.24	\$3,281.91	\$4,260.83	\$2,965.56	\$2,842.74	\$3,271.28
	Age 65 and Over	\$3,667.89	\$3,584.22	\$4,301.75	\$3,868.09	\$3,711.75	\$3,799.01
	Average	\$3,564.86	\$3,511.11	\$4,295.45	\$3,675.77	\$3,535.43	\$3,688.50

Note:
 Weighted Averages are based on June 2013 Member Month Distribution

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-For-Service Data
Summary of CY 2014 Base Capitation Rates

Exhibit 5b

MEG	Age Group	Region					CY 2014 Average
		Phase I		Phase II			
		Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/ Roanoke	Western/ Charlottesville	
Nursing Home Eligible	Age 21-64	\$3,184.24	\$3,281.91	\$4,260.83	\$2,965.56	\$2,842.74	\$3,271.28
	Age 65 and Over	\$3,667.89	\$3,584.22	\$4,301.75	\$3,868.09	\$3,711.75	\$3,799.01
	Average	\$3,564.86	\$3,511.11	\$4,295.45	\$3,675.77	\$3,535.43	\$3,688.50
Community Well	Age 21-64	\$425.92	\$357.46	\$395.78	\$523.58	\$329.93	\$414.66
	Age 65 and Over	\$231.90	\$215.02	\$156.53	\$294.35	\$242.42	\$208.22
	Average	\$340.64	\$294.85	\$206.60	\$439.41	\$290.71	\$308.75
Weighted Average		\$1,435.83	\$1,270.66	\$1,156.99	\$1,512.57	\$1,409.40	\$1,345.03

Note:
 Weighted Averages are based on June 2013 Member Month Distribution
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Dual Demonstration Program First Year Savings Percentage Adjustment**

Exhibit 5c

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

Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Historical Fee-For-Service Data
Summary of CY 2014 Base Capitation Rates
With 1% Savings Percentage

Exhibit 5d

MEG	Age Group	Region					CY 2014 Average
		Phase I		Phase II			
		Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/ Roanoke	Western/ Charlottesville	
Nursing Home Eligible	Age 21-64	\$3,152.40	\$3,249.09	\$4,218.22	\$2,935.91	\$2,814.31	\$3,238.57
	Age 65 and Over	\$3,631.22	\$3,548.37	\$4,258.73	\$3,829.41	\$3,674.63	\$3,761.02
	Average	\$3,529.21	\$3,476.00	\$4,252.49	\$3,639.01	\$3,500.07	\$3,651.61
Community Well	Age 21-64	\$421.66	\$353.88	\$391.82	\$518.35	\$326.63	\$410.51
	Age 65 and Over	\$229.58	\$212.87	\$154.97	\$291.41	\$240.00	\$206.14
	Average	\$337.23	\$291.90	\$204.54	\$435.02	\$287.80	\$305.66
Weighted Average		\$1,421.47	\$1,257.95	\$1,145.42	\$1,497.44	\$1,395.30	\$1,331.58

Note:
 Weighted Averages are based on June 2013 Member Month Distribution
 NHE rates will be adjusted by MEMA calculations over the time period of the demonstration.

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
Enhanced Medicare PCP Supplemental Payments**

Exhibit 5e

		Region					
		Phase I		Phase II			
MEG	Age Group	Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/ Roanoke	Western/ Charlottesville	CY 2014 Average
Nursing Home Eligible	Age 21-64	\$2.05	\$1.80	\$1.61	\$1.82	\$1.97	\$1.88
	Age 65 and Over	\$2.20	\$2.08	\$1.73	\$2.08	\$2.66	\$2.11
	Average	\$2.17	\$2.01	\$1.71	\$2.03	\$2.52	\$2.06
Community Well	Age 21-64	\$1.37	\$1.27	\$1.09	\$1.36	\$1.29	\$1.30
	Age 65 and Over	\$1.46	\$1.65	\$1.41	\$1.29	\$1.27	\$1.45
	Average	\$1.41	\$1.44	\$1.34	\$1.33	\$1.28	\$1.38
Weighted Average		\$1.67	\$1.61	\$1.43	\$1.56	\$1.71	\$1.59

Note:
Nursing Home Eligible PMPM based on weighted average of June 2013 Member Month Distribution
Weighted Averages are based on June 2013 Member Month Distribution

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development**

Exhibit 5f

Historical Fee-For-Service Data

**Summary of CY 2014 Base Capitation Rates with Medicare Enhanced PCP Supplemental Payment
and 1% Savings Percentage**

MEG	Age Group	Region					CY 2014 Average
		Phase I		Phase II			
		Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/ Roanoke	Western/ Charlottesville	
Nursing Home Eligible	Age 21-64	\$3,154.44	\$3,250.88	\$4,219.83	\$2,937.73	\$2,816.28	\$3,240.44
	Age 65 and Over	\$3,633.42	\$3,550.45	\$4,260.46	\$3,831.49	\$3,677.29	\$3,763.13
	Average	\$3,531.38	\$3,478.01	\$4,254.21	\$3,641.04	\$3,502.59	\$3,653.68
Community Well	Age 21-64	\$423.03	\$355.16	\$392.91	\$519.70	\$327.92	\$411.82
	Age 65 and Over	\$231.04	\$214.52	\$156.37	\$292.70	\$241.27	\$207.59
	Average	\$338.64	\$293.34	\$205.88	\$436.35	\$289.08	\$307.04
Weighted Average		\$1,423.14	\$1,259.56	\$1,146.84	\$1,499.01	\$1,397.01	\$1,333.16

Note:

Weighted Averages are based on June 2013 Member Month Distribution

Rates may be revised when the PCP adjustment is finalized for February 1, 2014 and for any changes by the Virginia General Assembly for FY 2015.

**Virginia Medicaid
 CY 2014 Dual Demonstration Capitation Rate Development
 Member Months of Eligibles
 June 2013 Member Month Distribution**

Exhibit 5g

		Region					
		Phase I		Phase II			
MEG	Age Group	Central Virginia	Tidewater with Accomack and Northampton	Northern Virginia	Southwest/ Roanoke	Western/ Charlottesville	Regional Total
Nursing Home Eligible	Age 21 - 64	1,631	1,405	602	895	455	4,987
	Age 65 and Over	6,024	4,405	3,309	3,307	1,786	18,830
Nursing Home Eligible Total		7,655	5,810	3,911	4,202	2,241	23,817
Community Well	Age 21-64	8,340	7,476	2,703	5,360	2,350	26,228
	Age 65 and Over	6,541	5,863	10,211	3,110	1,909	27,634
Community Well Total		14,881	13,339	12,914	8,470	4,258	53,862
Total		22,536	19,148	16,824	12,672	6,499	77,679

**Virginia Medicaid
CY 2014 Dual Demonstration Capitation Rate Development
County Listing by Region**

Exhibit 6

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