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Commonwealth of Virginia Department Of Medical Assistance Services

Medallion 3.0

Data Book and Capitation Rates Fiscal Year 2015:

Rates Effective

December 1, 2014

January 2014

Submitted by:

PricewaterhouseCoopers LLP

Three Embarcadero Center

San Francisco, CA 94111

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

January 13, 2015

Dear Bill:

Re: FY 2015 Medallion 3.0 Data Book and Capitation Rates with ALTC/HAP Expansion

The enclosed report provides a detailed description of the methodology used for calculating capitation rates for the Virginia Medicaid Medallion 3.0 program and the Acute and Long term Care / Provision of Health and Acute Care expansion. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the program.

Please call Sandra Hunt at 415/498-5365 or Susan Maerki at 415/498-5394 if you have any questions regarding these capitation rates.

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

Very Truly Yours,

PricewaterhouseCoopers

PricewaterhouseCoopers LLP

Actuarial Certification of

Proposed FY 2015 Medallion 3.0 Capitation Rates with ALTC/HAP Expansion

Commonwealth of Virginia Department of Medical Assistance Services

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers. I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of the fiscal year 2015 capitation rates developed for the Medicaid managed care program known as the Medallion 3.0 program under the Virginia Department of Medical Assistance Services (DMAS) Medicaid program. It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for State Plan services. Detailed descriptions of the 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, encounter, and other data provided by the Virginia Department of Medical Assistance Services and the participating contracted health plans. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data. The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific health plan. Each health plan will need to review the rates in relation to the benefits provided. The health plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the proposed capitation rates.

Peter B. Davidson

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

January 13, 2015

Date

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2015 Medallion 3.0 Report December 2014 to June 2015:

Item		Location	Comments
AA.1.0	Overview of Rate setting Methodology	Entire Report	
AA.1.1	Actuarial Certification	Pages i-v	Section Actuarial Certification
AA.1.2	Projection of Expenditures	NA	Performed by DMAS Budget Department
AA.1.3	Procurement, Prior Approval and Rate setting	NA	State Set Rates
AA.1.5	Risk contracts	NA	Medallion 3.0 contract specifies that capitation is payment in full
AA.1.6	Limit on Payment to other providers	NA	DMAS limits payments
AA.1.7	Rate Modifications	Rates from December 1, 2014 to June 30, 2015. Introduction and various locations	Rates are FY 2015 from December 1, 2014 to June 30, 2015. Rates were revised for ALTC/HAP expansion effective December 1, 2014 and the discontinuation of PCP supplemental payment effective December 31, 2014
AA.2.0	Base Year Utilization and Cost Data	Med 3.0 Pages 4-12; Exh 1a-1b Page 21; Exh 1c-1d; ALTC/HAP Pages 30-31; Exh II 1a – 1b;	Paid Claims Data including MCO Encounter , FFS/PCCM, MCO Encounter ALTC and FFS/HAP
AA.2.1	Medicaid Eligibles under the Contract	Pages 2-4	Data submitted by participating MCOs matched to DMAS eligibility and capitation payment files
AA.2.2	Dual Eligibles	NA	Duals not eligible
AA.2.3	Spenddown	NA	Individuals on spend down are not eligible
AA.2.4	State Plan Services only	NA	Data submitted by participating MCOs is limited to State plan services
AA.2.5	Services that may be covered out of contract savings	NA	Data submitted by participating MCOs is limited to State plan services

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2015 Medallion 3.0 Report December 2014 to June 2015

Item		Location	Comments
AA.3.0	Adjustments to Base Year Data	Med 3.0 Pages 14-18; MCO Exh 2a-2h Pages 21-23; PCCM Exh 2a-2k Pages 26-27; Exh 6, Exh 7a-7g Page 27-29; Exh 8 – Exh 12 ALTC/HAP Pages 32-33; Exh II 2a-2h Pages 35-37; Exh II 2a-2j	Program and Policy Adjustments and CDPS Risk Adjustment PCP Supplemental Payment, Other Adjustments ALTC and HAP
AA.3.1	Benefit Differences	NA	
AA.3.2	Administrative Cost Allowance Calculations	Med 3.0 Pages 17-18, MCO Exh 2i and PCCM Exh 2l;	
AA.3.3	Special Populations' Adjustments	ALTC/HAP Pages 32-40, Exh II.2 to II.7	Adjustments for HAP MCO expansion and blending with ALTC
AA.3.4	Eligibility Adjustments	NA	Eligibility adjustments are not needed due to use of encounter data
AA.3.5	DSH Payments	NA	DMAS pays DSH directly to facilities
AA.3.6	Third Party Liability	NA	Claims net of TPL, MCOs will collect TPL
AA.3.7	Co-payments, Coinsurance and Deductibles in Capitated Rates	NA	None required or collected
AA.3.8	Graduate Medical Education	NA	GME payments are made directly to providers
AA.3.9	FQHC and RHC Reimbursement	NA	DMAS pays cost settlement and prospective payment amounts directly to facilities
AA.3.10	Medical Cost / Trend Inflation	Med 3.0 Pages 18-20, MCO Exh 3a-3c Pages 24, PCCM Exh 3a-3c ALTC/HAP Page 38, Exh II.3a-3b	Trend Adjustment

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2015 Medallion 3.0 Report December 2014 to June 2015

Item		Location	Comments
AA.3.11	Utilization Adjustments	NA	Changes in utilization over time are accounted for in medical trend
AA.3.12	Utilization and Cost Assumptions	NA	Mandatory Program
AA.3.13	Post-Eligibility Treatment of Income	NA	Institutionalized individuals are excluded
AA.3.14	Incomplete Data Adjustment	Med 3.0 Pages 18-20, MCO Exh 3a-3c Pages 24, PCCM Exh 3a-3c ALTC/HAP Page 38, Exh II.3a-3b	Part of Trend Adjustment
AA.4.0	Establish Rate Category Groupings	Page 2	
AA.4.1	Age	Page 2	Rates vary by age
AA.4.2	Gender	Page 2	Rates vary by gender where material
AA.4.3	Locality / Region	Page 2	Rates vary by Rate Regions
AA.4.4	Eligibility Categories	Page 2	Rates vary by eligibility
AA.5.0	Data Smoothing	Page 11	Use two years of base data; rate cell blending and other high cost claims
AA 5.1	Special Population and Assessment of the Data for Distortions	Med 3.0 Pages 18-20, MCO Exh 3a-3c Pages 24, PCCM Exh 3a-3c Pages 11-12 ALTC/HAP Page 37, Table II.3	Removal of high cost inpatient claims above $100,000 for trend evaluation; Other high cost claims HAP Managed Care adjustment with adjustment for outliers and risk adjustment
AA.5.2	Cost-neutral data smoothing adjustment	Page 11-12	Use two years of base data; redistribution of inpatient hospital claims >$250,000
AA.5.3	Risk Adjustment	Med 3.0 Pages 25-27; Exh 6 Exh 7a-7g ALTC/HAP Page 37, Table II.3	CDPS HAP Managed Care adjustment with risk adjustment

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2015 Medallion 3.0 Report December 2014 to June 2015

Item		Location	Comments
AA.6.0	Stop Loss, Reinsurance or Risk Sharing arrangements	Med 3.0 Page 28-29, Exh 8, Exh 9a-9g ALTC/HAP Pages 38-39, Ex II.6	DMAS will no longer require MCOs to obtain reinsurance, effective FY 2014. Reinsurance for 90% of drug cost above $150,000 annual per member per year threshold.
AA.6.1	Commercial Reinsurance	NA	Responsibility of MCO
AA.6.2	Simple stop loss program	NA	DMAS does not provide
AA.6.3	Risk corridor program	NA	DMAS does not provide
AA.7.0	Incentive Arrangements	NA	No incentives are provided by DMAS to MCOs

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Virginia Medicaid Medallion 3.0
Data Book and Proposed Capitation Rates
Fiscal Year 2015
For Rates Effective December 1, 2014

Prepared by PricewaterhouseCoopers LLP
January 2014

I. Medallion 3.0 Rate Development

Introduction

PricewaterhouseCoopers LLP (PwC) has prepared a report describing the calculation of the State Fiscal Year 2015 capitation rates for the Virginia Medicaid Medallion 3.0 program in effect for the period December 1, 2014 to June 30, 2015. Rates effective July 1, 2014 to November 30, 2014 were published in final FY 2015 Medallion 3.0 report issued June 24, 2014. The LIFC and ABAD capitation rates have been revised to reflect the removal of the Acute and Long-Term Care (ALTC) population from the historical LIFC and ABAD base and the resulting changes to adjustments and trend. ALTC members currently covered in Medallion 3.0 and additional Health and Acute Care Program (HAP) members included in Medallion 3.0 effective December 1 were combined into statewide rate cells in effect for the period December 1, 2014 to June 30, 2015. This combined group includes members in home and community based services (HCBS) waivers who receive acute care services through Medallion 3.0. For the month of December 2014 only, these rates will include the PCP supplemental payment component, which will end as of December 31, 2014. There are no changes to the capitation rates for foster care and adoption assistance effective July 1, 2014 thru June 30, 2015 presented in the final FY 2015 Medallion 3.0 report issued June 24, 2014.

Regulations issued by the Centers for Medicare and Medicaid Services (CMS) govern the development of capitation payments for Medicaid managed care programs. These regulations require that rates be "actuarially sound". While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance. We have followed that checklist in developing the proposed rates shown here and have included a checklist review as an appendix to the actuarial certification. The final rates will be established through signed contracts with health plans, which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care and that they expect to remain financially sound throughout the contract period.

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

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service (FFS) payment rates per unit of service are an appropriate benchmark for developing capitation rates;
- Differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
- Appropriate levels of health plan administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process and an upper and lower bound may be developed.

These Medallion 3.0 rates are developed to be consistent with the concepts described above. The development of the rates is shown in the attached exhibits.

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

- **Aid Category**. Members eligible for participation in these programs include Low Income Families with Children (LIFC),, Aged, Blind, and Disabled (ABAD), Foster Care, Adoption Assistance and Acute and Long Term Care (ALTC) and Health and Acute Care Program (HAP).
- **Demographics**. LIFC and ABAD capitation rates will be paid separately for the following Medallion 3.0 age/gender groups: Under 1, 1-5, 6-14, 15-20 Female, 15-20 Male, 21-44 Female, 21-44 Male, and 45 and Over. The ALTC/HAP group has separate capitation rates for over and under 21. There are no age rate cells for the foster care and adoption assistance rate cells.
- **Region**. The state is divided into seven rate regions for LIFC and ABAD: Northern Virginia, Other Metropolitan Statistical Area (Other MSA), Richmond and Charlottesville, Rural, Tidewater, Roanoke-Alleghany, and Far Southwest. As the result of an expansion effective January 1, 2012, the Roanoke-Alleghany region was carved out of a combination of cities and counties previously assigned to the Other MSA and Rural regions plus four new localities in the Alleghany area. Far Southwest was established July 1, 2012 and is composed of the 15 FIPS codes that had been Primary Care Case Management (PCCM), Fee-for-Service only. Of the 15 counties, three were previously assigned to Other MSA and 12 were assigned to the Rural region. Statewide rates were developed for the Foster Care, Adoption Assistance and HAP rate cells.

Medallion 3.0 program description

The Virginia Medallion 3.0 program provides health care coverage statewide to Medicaid members through a mandatory enrollment mechanism for designated eligibility categories. The primary exclusions are members who are dually eligible for Medicare and Medicaid, who have comprehensive private insurance as primary payer, who

reside in nursing homes, and some members who are in a home and community based waiver. Medallion 3.0 members who become eligible for home and community based waivers are no longer disenrolled from Medallion 3.0. Rather, they remain in the MCO for covered medical services and receive their waiver services through Medicaid FFS.

Rates are developed separately by aid category, age/gender group, and region to allow for automatic adjustment to payments when enrollment changes. In that way, any variation in the mix of enrollment by rate cell is automatically reflected in the payment amounts to the health plans.

Managed care plans are responsible for nearly the full range of acute health services, with certain specific exceptions. Managed care plans are not responsible for the ingredient cost of immunizations, for school-based health services, for some behavioral health services, dental services, and for the Early Intervention (Part C) services.

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

A number of program changes were important for the FY 2015 rate development and required supplemental analysis.

- There was an MCO service area expansion effective January 2012, creating a new Roanoke-Alleghany region. Previously this had been a region with combined PCCM and Medallion 3.0 members served by one MCO. Rates for the Roanoke-Alleghany expansion were developed by blending the historical experience of the PCCM program and MCO data. This includes six months of PCCM experience covering June to December 2011 for the PCCM population and the MCO data for the entire base period. There was an MCO service area expansion effective July 2012, creating a new region, Far Southwest. This area had not been served by any of the contracted MCOs. Rates for the Far Southwest expansion were developed based on the FY 2012 historical experience of the PCCM program and the FY 2013 historical experience of the MCOs. MCO data will be available for both of the historical base years starting with FY 2016 Medallion 3.0 rate development.

- There continues to be growth in Medicaid enrollment and the Medallion 3.0 managed care population over the past three years. We examined this growth in the context of age/gender rate mix changes and used that analysis in the analysis of trends for the LIFC Child, LIFC Adult, and ABAD.

- MCO members who become eligible to participate in home and community-based services (HCBS) waivers remain in Medallion 3.0 for access to acute care services. This population is referred to as the Acute and Long-Term Care (ALTC) population. These are higher cost members, and they are growing as a proportion of all MCO plan members. We annually examine this growth and make an adjustment for expected changes in mix in the ABAD rates. The blended MCO ABAD and ALTC rates will be paid for the first five months of FY 2015, from July 1 to November 30, 2014. Effective December 1, 2014, DMAS will enroll all Medicaid FFS eligibles that are in the Elderly or Disabled with Consumer Direction waiver into the MCOs. This expansion is named Health and Acute Care Program (HAP). The HAP population will be combined with the existing ALTC population that is enrolled in the MCOs. As of that date, there will be separate rate cells for the ALTC/HAP waiver group.

- Effective November 1, 2011, a pilot managed care program for Foster Care began in Richmond City. These members were not previously enrolled in managed care. Effective FY 2014, this program began to expand statewide to children in both Foster Care and Adoption Assistance programs. Expansion began in the Tidewater region effective September 1, 2013 and was expanded statewide before the end of FY 2014. The small number of enrollees in the managed care Foster Care pilot was not considered a credible base for rate development. Therefore, the Foster Care and Adoption Assistance rate development uses the FY 2012 and FY 2013 Medicaid FFS historical base. The statewide foster care and adoption assistance rates for FY15 are discussed in the final FY 2015 Medallion 3.0 report issued June 24, 2014.

Data book

In this section, we describe the data available to PwC for developing the capitation rates and the process used for selecting the claims and the individuals that are ultimately included in the rate development process. Some adjustments that are made to the data in the early stages of the rate development process are also described in this section.

Rate setting data sources

A first step in developing capitation rates is to identify the data that will be used for the calculations. The CMS checklist calls for use of data that is appropriate for the population to be covered by the program and no more than five years old. A number of sources of data may be considered appropriate including:

- FFS data for the population in the geographic areas to be covered by managed care program expansions;
- Health plan encounter data for the population in managed care;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- For some components of the analysis, data from other Medicaid programs.

The historical data used to develop the FY 2015 base rates for the legacy areas includes health plan incurred claims and sub capitation payments for FY 2012 and FY 2013 (July 1, 2011 to June 30, 2013), with run-out through October 2013. Analysis for development of contract period trend includes incurred claims from July

2010 through December 2013 (for all service categories except inpatient hospital), with run-out through February 2014.

FFS and PCCM data for geographic areas included in the managed care expansions used similar time periods to develop the historical base data. This report uses incurred claims for FY 2012 and FY 2013 with run-out through November 2013. The PCCM program ended and all remaining PCCM enrollment was transitioned to Medallion 3.0 MCOs as of July 2012. Supplemental health plan data are used for certain portions of the analysis. Specifically, we incorporated health plan data related to:

- Capitation arrangements with subcontractors;
- Supplemental payments, such as physician incentives and case management fees, not already reflected in the encounter data;
- Prescription drug purchasing arrangements, including rebates;
- Health plan administrative costs; and
- Medical claims data sufficient to calculate diagnostic risk assessment factors.

Managed care expansions and changes in MCO service areas FY 2011 to FY 2014

- We considered managed care expansions in the Medallion 3.0 program during the base data period, FY 2012 to FY 2013, the period evaluated for contract period trend, which includes the prior year, FY 2011, and changes that will occur in FY 2014. There were no managed care expansions or changes in FY 2011.

- Effective January 1, 2012, there was an MCO expansion into the Roanoke-Alleghany area. A separate Roanoke-Alleghany rate setting region was established using a blend of managed care encounters and PCCM claims. A new MCO, MajestaCare, entered that market with this expansion. Eighteen months of the expansion MCO data is included in the FY 2015 rate development for that region.

- There was a MCO expansion into the Far Southwest region effective July 1, 2012. The counties affected are shown in Exhibit 12. Medicaid members were converted from PCCM only to mandatory managed care for Medallion 3.0 and FAMIS eligible enrollees. One year of MCO health plan data is incorporated into the FY 2015 rate development.

- Foster Care Pilot in Richmond was effective September 1, 2011. Approximately 150 foster care children were enrolled in MCOs through a pilot in Richmond City and Richmond County. The Foster Care managed care program was expanded statewide in FY 2014. There is no MCO encounter data used for the FY 2015 Adoption Assistance and Foster Care rate development. Those rates are included in the final FY 2015 Medallion 3.0 report issued June 24, 2014.

There were changes in health plan service areas. Neither of these required adjustment to the historical data used in the FY 2015 rate setting process.

- Two MCOs expanded their service area in early FY 2011. In both cases, these areas were already served by at least two other MCOs and therefore were already mandatory managed care. The exception was Warren County, which converted from PCCM/voluntary MCO to mandatory managed care effective September 2010.

- In 2012, Wellpoint, the parent company of Anthem, acquired Amerigroup. Prior to completing the acquisition, the Amerigroup Virginia business was sold to InTotal Health, a subsidiary of Inova Health Systems. This does not affect the historical encounter data used for rate setting or the CDPS scores.

- Kaiser Foundation Health Plan joined the Medallion 3.0 program in November 2013. At present, it operates only in the Northern Virginia region. As a new plan that has not submitted encounter data, it will be paid the base capitation rates for FY 2015 with adjustments for drug reinsurance and Medicare PCP supplemental payment.

- MajestaCare, a plan operating in the Roanoke-Alleghany and Far Southwest regions, withdrew from the Medallion 3.0 program effective December 1, 2014. Approximately 10,400 MajestaCare members were assigned to the other health plans operating in those regions, which affected CDPS for the remaining plans. Those members have three months to switch to another health plan after the auto-assignment.

Overview of health plan encounter data processing

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

After initial cleaning to remove duplicate claims and claims incurred outside of the historical base data period, members and their associated claims may be dropped due to missing or invalid ID, assignment to an aid category that is not included in the Medallion 3.0 program, or claims that were incurred outside of the member eligibility period. We have included all claims and eligibility periods for members with an overlapping Medicare-Medicaid or other comprehensive TPL segment if we also have a record of a capitation payment[1].

The FY 2014 newborn processing incorporated a new technical revision that is continued in FY 2015. DMAS policy provides three months for the mother and a health plan to submit the necessary documentation to obtain a permanent ID for an eligible newborn. There is also a separate reconciliation process where MCOs submit information on the number of newborns retroactively to be reimbursed for capitation payments due during the

[1] Although the Medicare-Medicaid dual eligible population and those with other comprehensive insurance (Third Party Liability or TPL) are not supposed to be enrolled in the Medallion 3.0 program, the other coverage is not always known at the time of enrollment. Dual eligibles and members with TPL are disenrolled from the MCO when they are identified. Plans are responsible for claims payment and for collecting Medicare or third party payments as long as the person remains enrolled in a Medallion 3.0 plan.

temporary eligibility period. Capitation payments for the newborn may not be reflected in the capitation payment file until at least a few months after the birth.

We make an adjustment to count member months for the period up until a newborn is assigned a permanent Medicaid identification number. This is based on checking the first nine digits of the newborn ID to match the mother ID, checking for the mother's eligibility, and then imputing up to three months of membership based on the first record of a newborn capitation payment made within four months of the birth. However, last year we learned that a newborn ID does not necessarily link to the mother's ID. In not identifying all newborns, the imputed member months were underestimated.

For FY 2014, we revised the process to look at the birth date on the capitation payment file to identify all newborns in the past three years who had a capitation payment within the first four months of birth. These newborn IDs are captured and then compared to the DMAS eligibility file to confirm the newborn eligibility before the first month of capitation payment. Up to three months of eligibility, the month of birth and the two months following, can be added to the member month count.

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

Subcapitated service costs were added based on PMPM values or the claims information provided by the plans. The reported member months are those calculated by PwC from the DMAS capitation payment file, rather than those provided by the health plans. For plans that pay for mental health services on a capitated basis, mental health capitation payment were distributed between the ABAD and LIFC eligibility categories and mental health hospital inpatient and mental health professional services categories based upon the distribution of mental health claims submitted by the health plans that provide complete FFS mental health claims data. This is the allocation method that has been used in the past six years of Medallion 3.0 rate setting.

As noted in past reports, we believe that the PMPM values appropriately represent the total cost of services provided to the health plan's enrolled membership. We did not always receive, nor have we tested, the unit/encounter counts for the capitated and subcontractor services.

PwC summarized the health plan encounter data by aid category, state fiscal year, region, demographic group, and service category. The claims included in the historical database include health plan paid amounts, which are net of any third party insurance payments and copayments.

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, "Units" indicates the actual unit counts that were recorded on each claim; in particular, the methodology for deriving unit counts for professional services may vary by data source and health plan. "Claims" or "Prescriptions" or "Record Counts" 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	Multiple Units
DME/Supplies	Record Counts	
FQHC/RHC	Units	Yes
Home Health Services	Claims	
Inpatient – Maternity	Admits	
Inpatient – Newborn	Admits	
Inpatient – Other	Admits	
Inpatient – Psych	Days	
Lab	Record Counts	
Outpatient – Emergency Room	Claims	
Outpatient – Other	Claims	
Pharmacy	Prescriptions	
Professional – Anesthesia	Record Counts	
Professional – Child EPSDT	Record Counts	
Professional – Evaluation & Management	Record Counts	
Professional – Maternity	Record Counts	
Professional – Other	Record Counts	
Professional – Psych	Record Counts	
Professional – Specialist	Record Counts	
Professional – Vision	Record Counts	
Radiology	Record Counts	
Transportation	Record Counts	

The claims and eligibility information used in this report includes data only for Medicaid members who are eligible for the managed care program based on their eligibility category and service use during the data period.

Review of the health plan encounter data

The base capitation rates for FY 2015 are developed using a combination of health plan encounter data and DMAS fee-for-service data. Review of the submitted health plan encounter data followed six major steps:

1. Edit of records for logical exclusions
2. Edit of records against DMAS capitation payment file
3. Summary of health plan FFS paid claims
4. Addition of capitated and subcontractor services
5. Verification of health plan data submission
6. Aggregation of data across all health plans

Two sets of edits were applied to each health plan's submitted data. The first level of edit tested for logical conditions for the historical data period. The logical condition tests and the processing decisions were:

- Claims that were duplicates, pended or rejected during claims processing were removed.
- Claims with dates of service outside the FY 2012 to FY 2013 period were removed.
- Claims with paid amounts of $0.00 were included if the service was provided under a health plan capitation contract. They were deleted if the service was paid under FFS payment arrangements, as they would contribute no value to the capitation rate development, but would have distorted unit counts.

The second level of edit compared the cleaned health plan encounter records files to the capitation invoice file provided by DMAS. The DMAS capitation invoice file, rather than the demographic information coded on the claim record, determined whether the claim record was retained. The processing determinations were:

- Claims matched to member capitation payments with missing or invalid demographic or geographic information were removed.
- Claims for members with capitation payments for other programs were removed.
- Claims matched to managed care capitation periods outside the FY 2012 to FY 2013 period were removed.
- Claims for members age 1 and older that were not eligible and/or were not enrolled in a health plan on the date of service were removed.
- Zero-paid claims for normal newborns and retroactive claims for children age 0-1 were retained, as these claims are largely associated with children born into the Medicaid program. These claims were subject to a separate newborn analysis to determine that they were correctly identified as Medicaid managed care members.

Each health plan's data was summarized by service type and the rate cell categories for aid category, age/gender, and geographic region. This summarization was done only for those services that were paid by the health plans on a FFS basis. The capitated and subcontractor service dollars and encounter information were added in a second step. Information was also provided to the health plans regarding record and payment totals for each separate record type (e.g., UB92, CMS 1500, pharmacy, and subcontractors) for validation purposes.

Individual reports were sent to the health plans for review and approval. The reports included a summary of the health plan encounter data, with all subcontractor adjustments, by rate cell, and region to be used in the base data.

Inclusion of health plan capitated and subcontractor services

The vast majority of the encounter records submitted by each of the health plans were paid under FFS arrangements. The records included both charged and paid amounts and could be readily analyzed. However, each health plan also had services that were paid, in part or in full, under capitation or subcontractor arrangements. For these services, health plans submitted data in a variety of forms. Each health plan provided a list of services that were provided under such arrangements and the cost of the services on a PMPM basis. The PMPM amount represented either the actual contractual PMPM paid, or the contractual total dollar payments divided by the covered member months for the time period.

The financial information may or may not have been accompanied by encounter data for those services. The reported value of the capitated and subcontractor services are incorporated into the historical data, but we cannot confirm that all encounters are reported and measures such as utilization rates and cost per unit for these services may not be accurate.

Behavioral and mental health capitated subcontractor services

Capitation payments for behavioral and mental health services were distributed differently than other reported capitated services. Health plans report mental health services both as FFS paid claims and as capitation amounts for contracted services. For the health plans that capitate psychiatric services (CoventryCares and Optima), the sub capitated vendor mental health data is provided as either total payments or as an aggregate PMPM with limited detail by service type (inpatient vs. professional) or aid category (ABAD vs. LIFC). Approximately 40% of mental health payments are made by the plans under sub capitation arrangements.

To allocate the mental health capitation payments, we analyze mental health claims level detail provided by the four plans that do not capitate those services (Anthem, Virginia Premier, InTotal Health, and MajestaCare) by service type and aid category to determine a distribution to apply to the capitated mental health service payments.

Analysis of the MCO mental health encounter data shows substantial differences in the total PMPM and the distribution of inpatient and outpatient services between ABAD and LIFC. Overall, the historical encounter paid claims showed the ABAD mental health PMPM was approximately 7.5 times the LIFC mental health PMPM, or $33.76 PMPM for ABAD compared to $4.51 PMPM for LIFC. For ABAD, the distribution of dollars was 77% inpatient and 23% professional while the LIFC distribution was 47% inpatient and 53% professional.[2]

These relative factors were applied to the mental health capitation payments to modify the health plan reports for the two health plans that subcapitate mental health services. The modified reports were then aggregated for the historical data.

[2] The analysis of FFS paid mental health claims also includes FAMIS members.

Regional historical costs

Capitation rates are developed based on the experience of each region, taking into account changes in regional definitions. The new Roanoke-Alleghany region effective January 1, 2012 is based on the FIPS localities included in the Medallion 3.0 contracts. The new Far Southwest region did not have any managed care plan operations, but those FIPS codes were assigned to DMAS MCO regions. The two new regions result in reductions to the number of FIPS county codes in Other MSA and Rural regions. For Roanoke-Alleghany, most of the new population was previously assigned to Other MSA, with about 6,000 members previously in Rural FIPS codes. The Far Southwest reassigns 15 FIPS codes, primarily formerly assigned to Rural, to the new region that was effective July 1, 2012. As a result of these additions, there are seven geographic regions for Medallion 3.0 rate setting. Assignment of counties and cities to each region is presented in Exhibit 12.

Data smoothing for ABAD rate cells

The historical data for some of the child rate cells for the ABAD population reflect small numbers of enrollees and exhibited inconsistent relative cost patterns across regions; therefore, the ABAD Age Under 1 category is developed as a single statewide rate cell. We also combine the historical data for Child 6-14, Female 15-20, and Male 15-20 within each region. The separate rate cells are retained for this report and for administrative purposes, but the historical data and all adjustments use the combined data and result in the same base capitation rate for these three ABAD categories across all regions. The historical data shows the separate age/gender rate cell information for each region. In the exhibits of adjusted and trended claims, the historical data for the two years are combined across regions, and Incurred But Not Reported (IBNR) factors, program and policy adjustments and trend are then applied.

Data smoothing for high cost inpatient claims

As part of the routine processing of the trend models, we examine inpatient hospital claims for high cost outliers. For the FY 2014 and FY 2015 rate development we observed a proportion of high cost claims similar to that in the past few years. Inpatient hospital claims data for the base period were summed separately for FY 2012 and FY 2013 by individual Medicaid member ID. The number of IDs and dollars above selected thresholds were examined. It was determined that a threshold of $250,000 of inpatient claims within a year was appropriate. This threshold affected 1.5% of the LIFC Child inpatient dollars. The impact on LIFC Adult and ABAD was smaller. For LIFC Adult, 0.2% of the inpatient dollars and for ABAD, 0.5% of the inpatient dollars, was redistributed. This redistribution is shown in a separate column as an adjustment to the inpatient hospital service categories in the Exhibits 4 for each rate cell calculation. Another large claim distribution for a $4.4 million transplant case was distributed to the Inpatient –Other service category across all ABAD without ALTC rate cells.

Historical health plan encounter data

The base data presented in the FY 2015 Medallion 3.0 report dated June 24, 2014 was revised to remove the MCO members in waivers that are categorized as Acute and Long Term Care. As a result, approximately 300 average monthly members were removed from the LIFC base data. The ABAD base data remains the same because the ABAD ALTC member rates were developed separately and then combined with the ABAD non ALTC base for the FY 2015 rates effective July 1 to November 30, 2014. The ALTC population base data is summarized into Child and Adult populations and is discussed in the ALTC/HAP Expansion Section II of this report.

The resulting health plan historical claims and member month data were tabulated by service category for each rate cell and are shown in Exhibits 1a and 1b. Because there are also expansions into areas that previously had either voluntary enrollment or no option for enrollment in managed care, the historical PCCM experience is captured in the PCCM data in Exhibits 1c and 1d. The PCCM base data does not include any members who are eligible for the HAP expansion described in this report. These Exhibits 1a to 1d are generally referred to as the "Data Book". These exhibits show unadjusted historical data, with the exception of the adjustments described above, and are the basis of all subsequent calculations described below. These exhibits show, for each fiscal year:

- Member months based on DMAS capitation payment or eligibility files;
- Total dollar value of claims (health plan encounter and PCCM data) and capitated services (health plan encounter data only); and
- Costs per member per month (PMPM).

For informational purposes, these exhibits also show for each fiscal year:

- Units;
- Units per 1,000; and
- Cost per unit.

FY 2015 Medallion 3.0 Capitation Rate Calculations

The capitation rates for fiscal year 2015 for each of the seven geographic regions, Northern Virginia, Other MSA, Richmond/Charlottesville, Rural, Tidewater, Roanoke-Alleghany, and Far Southwest, are calculated based on the historical data and adjusted to reflect changes in payment rates, covered services, and any other anticipated programmatic and policy changes. Each adjustment to the historical data is described in the following sections. The adjustments are applied to the historical data and the resulting capitation rates are calculated in Exhibits of Adjusted and Trended Claims (Exhibits 4a to 4d). The process and steps used to adjust both the historical health plan encounter data and the PCCM FFS paid data are similar, although the applied adjustment values may differ.

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

1. The combined FY 2012 to FY 2013 historical data for each rate cell and service category are brought forward to Exhibits 4a to 4d from the corresponding rate cell in Exhibits 1a to 1d. This information serves as the starting point for the capitation rate calculation. These include LIFC (1a) and ABAD without ALTC in (1b). We also present base data for the Roanoke-Alleghany and Far Southwest expansion populations that are based on the PCCM data (Exhibits 1c and 1d). The LIFC PCCM base period expenditures are in 1c and the ABAD PCCM expenditures are in 1d.

2. A number of changes in covered services and payment levels have been mandated by the Virginia General Assembly. Each of these adjustments, as well as adjustments for other services not included in the source data, is described in detail. Adjustments for the MCO base data are presented in MCO Exhibits 2a through 2i. Adjustments for the PCCM base data are presented in PCCM Exhibits 2a through 2l.

3. The claims data is adjusted to reflect the expected value of any IBNR claims and to update the data to the FY 2015 contract period. These adjustments are described below and are shown in Exhibits 3a to 3c. The resulting claims are shown in Exhibits 4a to 4b under the column "Completed & Trended Claims". Adjustments for the PCCM base data are presented in PCCM Exhibits 3a through 3c. The resulting claims are shown in the PCCM Exhibits 4c to 4d under the column "Completed & Trended Claims".

4. The adjusted claims costs from Step 3 are divided by the count of member months for each rate cell from the historical data to arrive at a PMPM cost by service category.

5. The PMPM costs are summarized by rate cell across all service categories to arrive at the total cost for each rate cell for medical services.

6. An adjustment is made to reflect average health plan administrative costs and a contribution to reserves, producing the regional average capitation rates. The derivation of these adjustments is included in the adjustments described in the following section and presented in Exhibit 2i and PCCM Exhibit 2l.

7. Adjusted and trended MCO and PCCM base rates are blended to develop the FY 2015 base rates.

8. MCO-specific capitation rates are calculated by applying adjustments to reflect variations in the health status of health plan enrollees based on the Chronic Illness and Disability Payment System (CDPS) risk assessment and risk adjustment model.

9. MCO-specific capitation rates are further adjusted by the drug reinsurance adjustment.

10. Plan specific Medicare Enhanced Capitation for Primary Care Provider supplemental payments for the period December 1, 2014 to December 31, 2014 are calculated and added to the MCO specific capitation rates adjusted by the drug reinsurance amount. They are not included in the rates effective January 1. 2015 to June 30, 2015.

The next two sections describe the specific adjustments applied to the health plan encounter data and then to the PCCM paid data.

Historical health plan encounter data

The resulting health plan historical claims and member month data were tabulated for each of the rate cells within each region. The experience data are shown for LIFC in Exhibits 1a and for ABAD in Exhibits 1b

Base rate legislative and program adjustments applied to health plan encounter data

Pharmacy adjustment

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

We continue to observe annual increases in the proportion of generic prescriptions, although the change has slowed in recent years. In FY 2013, the proportion of generic scripts in the LIFC population was 83.6% (81.2% LIFC Child and 86.6% LIFC Adult) and it was 82.8% in ABAD. The proportion of generic utilization in the Virginia Medicaid managed care program is similar to that observed as best practice in other state Medicaid managed care programs; therefore, no adjustment is made for further increases in the generic to brand name drug mix for FY 2015.

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

The Federal Affordable Care Act (ACA) signed in March 2010 extended Medicaid FFS pharmacy rebates to Medicaid managed care plans. MCOs are required to submit pharmacy data to the State Medicaid agency, which then submits the information to the pharmaceutical manufacturers to claim rebates directly. Because pharmaceutical companies are now paying rebates directly to the State Medicaid agency, pharmaceutical companies have modified the rebates currently provided MCOs. Managed care plans furnished information that confirmed that projected pharmacy rebates were reduced at least 50% in the time period after passage of the ACA but that they still receive rebates equal to 2.1% of total pharmacy expenditures. Separate pharmacy adjustment factors were developed for the LIFC and ABAD aid categories, as shown in Exhibit 2a. The factors are reductions of -0.9 % for LIFC and -1.2% for ABAD.

Exempt infant formula carveout adjustment

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

This adjustment is shown in Exhibit 2b and ranges from -0.2% to -2.1% for the relevant rate cell. It is applied to the full base period to DME/Supplies service lines in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments”.

Hospital inpatient adjustments

The hospital inpatient adjustment includes a 2.6% allowance for a cost per unit increase authorized by the Virginia General Assembly effective FY 2013 (applied to FY 2012 of the base data). While there was no explicit unit cost increase for FY 2014, 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.

There is no adjustment for FY 2015. The proposed FY 2015 cost per unit increase was eliminated in the final budget.

For LIFC and ABAD inpatient medical/surgical, the positive adjustment is 5.3%. For inpatient psychiatric in acute care hospitals, the negative adjustment is 5.0%. The inpatient psychiatric factor is applied to mental health claims that are submitted with FFS payment detail and the allocated inpatient mental health subcapitation dollars, but exclude payments to freestanding psychiatric hospitals. These adjustment factors are shown in

Exhibit 2c and applied to all hospital inpatient service categories in Exhibits 4a to 4b under the column labeled "Policy and Program Adjustments".

Freestanding inpatient psychiatric hospital rate adjustment

The Inpatient psychiatric hospitals receive the FY 2013 increase in unit cost of 2.6% that is applicable to the operating cost component. The FY 2014 unit cost adjustment for rebasing is a negative 0.9%. There is no FY 2015 unit cost adjustment.. The cumulative effect is an increase of 0.03%.

These adjustment factors are shown in Exhibit 2d and applied to inpatient psychiatric service categories in Exhibits 4a to 4d under the column labeled "Policy and Program Adjustments".

Emergency transportation adjustment

The Virginia General Assembly increased Medicaid emergency transportation rates for FY 2013 to 40% of the applicable Virginia Medicare Ambulance Fee Schedule. Under existing contracting arrangements, the MCOs may pay more than the DMAS Medicaid ambulance schedule, and frequently pay more than 40% of Medicare. Using payments reported for FY 2011, DMAS estimated the cost for the MCOs to move all rates to at least 40% of the CY 2012 Medicare rates at $442,537 annually. This amount is distributed across all managed care programs (Medallion 3.0 and FAMIS/FAMIS MOMS) and is applied to the FY 2012 data that does not already incorporate the rate change and is an increase of $0.01 PMPM. This value is calculated as a percent of the trended Emergency and Non-Emergency payments for each aid category and applied to the FY 2012 base year. This adjustment factor ranges from 0.1% to 0.3%. It is shown in Exhibit 2e and added in Exhibit 4a and 4b under the column labeled "Policy and Program Adjustments".

Durable Medical Equipment fee adjustment

The Governor's Introduced and the Final Budget reduced Medicaid fees for the DME products covered under the Medicare competitive bid program to a level based on the average of the competitive bid prices in the three areas of the state in the Medicare competitive bid program. This was estimated to result in $4.9 million in total savings, and $1.6 million in MCO savings. DMAS estimated that the Medicare competitive bid rates for these services are 33% lower than the current FFS Medicaid rates for the services. Many of the DME amounts paid by the MCOs are lower than the DMAS FFS Medicaid fee schedule. DMAS provided a list of DME HCPCS codes subject to the Medicare competitive bid program and the average Medicare bid payment rate for three areas in Virginia that participate in the program. These were compared to the average per unit payment of the MCOs for those services to calculate the cost savings per unit and a savings percentage per affected DME code. This information was used to determine the proportion of DME claims subject to the fee reduction and the average savings percentage based on the mix of DME codes subject to the savings. Overall, 11.7% of LIFC DME claims dollars were for codes subject to the reduction and 26.1% for ABAD. Savings on this subset were 20.3% for LIFC and 12.1% for ABAD. .

This results in adjustment factor reduction of 2.4% for LIFC and 3.2% for ABAD. It is shown in Exhibit 2f and added in Exhibit 4a and 4b under the column labeled "Policy and Program Adjustments".

Hepatitis C treatment adjustment

With the recent approval of two breakthrough drugs for the treatment of Hepatitis C and clinical trials that are expected to result in additional drug approvals in the next few years, standards of treatment for Hepatitis C are evolving rapidly. The most recent drugs, Sovaldi and Olysio, have fewer adverse side effects, are predicted to attain the desired sustained virological response levels in 90% of patients, and are much more expensive.

The DMAS Pharmaceutical and Therapeutics Committee recommended treatment protocols for Sovaldi and Olysio at its last meeting in April 2014. Approvals and duration of treatment approval are dependent on genotype, treatment naïve or experienced, and the extent of liver damage (Metavir Score of F3 or greater). In addition, "Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by negative urine confirmation tests in each of the two months immediately prior to therapy". The proposed protocols are similar to protocols approved by other Medicaid agencies and commercial insurers and those recommended by the California Institute for Clinical and Economic Review.

Analysis of the historical data indicated that approximately 2.0% of the adult population was tested for the disease, approximately 0.6%, or nearly 5,800 Medallion 3.0 members, have a diagnosis of Hepatitis C, and of those, less than 4% have undergone drug therapy. The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The cost of the new Hepatitis C drug therapy is estimated to average $100,000 per person, or $70,000 more than the average cost of drug therapy in the base data.

The calculation of the additional cost of hepatitis C treatment is presented in Exhibit 2g. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and ranges from 0.1% for LIFC Child to 5.3% for LIFC Adult. The adjustment is added in Exhibits 4a to 4b under the column labeled "Policy and Program Adjustments".

Provider incentive adjustment

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

The estimated weighted average value of the case management and provider incentive programs paid outside of the encounter data is $1.83 PMPM, or 0.7% of the weighted average of the medical cost component of the LIFC and ABAD base rates. This percentage is shown in Exhibit 2h and is presented as the dollar value of the percentage applicable to each rate cell in the line labeled Provider Incentive Payment in Exhibits 4a to 4b.

Plan administration adjustment

The CMS regulations require that administrative costs directly related to the provision of Medicaid State Plan approved services be incorporated into the rate setting process. Each health plan provided revenue and administrative cost data for calendar year 2013 as part of its submission to the Virginia Bureau of Insurance (BOI) on the required form entitled Analysis of Operations by Lines of Business, and as necessary, notes to interpret the financial figures. We also received the Underwriting and Investment Exhibit, Part 3, Analysis of Expenses.

The first step of the calculation of the administrative factor develops an administrative dollar PMPM. The administrative adjustment uses figures from these reports, adjusted to remove self-reported payment of state taxes and other disallowed costs as identified by DMAS in previous health plan audits. It is weighted by the calendar year member month distribution to arrive at an average administrative cost across all contracted health plans.

The average administrative dollar PMPM is apportioned across the eligibility groups enrolled in the Virginia DMAS managed care programs - ABAD, ALTC, LIFC Child, LIFC Adult, FAMIS, FAMIS MOMS, and Adoption Assistance/Foster Care using the ratio of the adjusted and trended base medical expense PMPM for each aid category. The resulting CY 2013 administrative cost ranges from$10.77 PMPM for LIFC Child to $72.17 PMPM for ABAD and is the sum of lines 1 and 2 of the administrative adjustment exhibit.

Using the breakdown of administrative expenses from the BOI reports, the salary and all other general administrative components of the historical PMPM are separately trended to the FY 2015 contract period. The salary component is trended using the Bureau of Labor Statistics 2012 calendar year employment cost trend for total compensation, private industry, management, business and financial services. The non-salary administrative component and the Claims Adjustment Expense components are trended using the 2013 calendar year Consumer Price Index for All Urban Consumers (CPI-U). The trended administrative PMPM ranges from $11.04 for LIFC Child to $74.00 for ABAD.

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM were reallocated based on weighting by claims volume PMPM for each eligibility group on line 5b. This ranges from 1.42 average claims PMPM for LIFC Child to 6.3 average claims PMPM for the ABAD population, with an overall average of 2.25 claims across all program categories, including Medallion 3.0, the ALTC population that will be combined with HAP for the new expansion, FAMIS and FAMIS MOMS. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2015 base rates to determine separate administrative allowances as a percentage of the base capitation rate.

This percentage is then increased by a 1.50% contribution to reserves. The allowance for a contribution to reserve is the same as in last year's rate setting. The trended value of the administrative factor is 9.6% for LIFC Child, 8.4% for LIFC Adult, and 7.0% for ABAD.

A rate adjustment for the health insurance premium excise tax is not included in the administrative cost adjustment presented here. The payments made by the health plans in September 2014 were used to develop a retrospective capitated payment adjustment to the FY 2014 rates. The September 2o15 health plan assessment, a

calculation based on their DMAS revenue and members in CY 2014 will not be finalized until August 2015and will not be paid until September 2015. DMAS plans to adjust FY 2015 capitation rates to reflect this cost and the applicable tax liability in late 2015 and make a lump sum payment for FY 2015.

The administrative factor adjustment is shown in Exhibit 2i. This administrative cost factor is applied to the total adjusted and trended claims amount for the appropriate rate payment category. This adjustment factor is applied in the final steps of the per capita cost calculations at the bottom of each rate cell worksheet in Exhibits 4a to 4b.

IBNR and trend applied to health plan encounter data

The base period data reflect experience in the Virginia Medallion 3.0 program during FY 2012 through FY 2013. These data must be adjusted to reflect the contract period of FY 2015 through the application of trend rates that reflect changes in payment levels and utilization rates between the data period and the contract period. In addition, the claims data are not 100% "complete" in that some cost information is not available in the claims databases provided. Incomplete data results from the time lag between when services are provided and claims are fully paid. The amount of incomplete claims is referred to as IBNR and can be estimated through actuarial models.

Trend and IBNR adjustment factors were developed using monthly historical health plan expenditures. The data were evaluated using a PwC model that estimates IBNR amounts using a variety of actuarially accepted methods, and estimates trend using a least-squares regression methodology. Trend and IBNR factors were developed separately for LIFC Under 21, LIFC 21 and Over, and ABAD and for the following service categories: Inpatient Medical/Surgical, Inpatient Psychiatric, Hospital Outpatient, Practitioner, Prescription Drug, and Other (Transportation, DME, Lab/X-Ray). The LIFC Child and LIFC Adult data and contract period trend models were updated to reflect the removal of the LIFC ALTC population. The ABAD trend developed for the FY 2015 July to November period did not include the ALTC population and the only change is the months of applied contract trend.

Trend adjustments are applied to move the historical data from the midpoint of the data period (July 1, 2012) to the midpoint of the contract period (March 15, 2015), or 32.5 months. Data period trend for these groups are developed from a regression analysis on the 24 months of historical Virginia health plan data with run-out through October 2013 used for these capitation rates. Contract period trend rates for the majority of the services are developed to reflect our best estimate of trend in the future and are based primarily on incurred claims from July 2010, the beginning of FY 2011, through December 2013 or 42 months with run out through February 2014. The data used for trend development excludes the MCO FY 2013 Far Southwest experience; higher LIFC and lower ABAD base PMPM experience were noted when it was included and the limited one year of data is not sufficient for separate analysis.

Where we consider the historical trend experience by service category to be an unreliable indicator of future trend, we examine the overall rate of change, additional data provided by the plans, estimates of cost increases provided by DMAS and other sources to derive recommended trend assumptions. Due to the robustness of the data (both the population size and the long data period), development of trend for FY 2015 primarily relied on the regression analysis subject to the adjustments described below.

Hospital Inpatient Med/Surg data and contract period trend models were modified to reflect the unit cost and rebasing adjustments included in Exhibit 2c. For data period trend, the model data points were adjusted to remove FY 2013 unit cost increase of 2.6%. If unit cost trend was less than 2.6% in FY 2013, only utilization trend was used. For contract period trend, the model data points were adjusted to remove the combination of the FY 2013 2.6% unit cost increase and the FY 2014 run-out period 4.7% rebasing rate change. All negative contract period values are set to 0.0%

Concerns raised by contracting plans resulted in additional analysis of pharmacy data period and contract period trend. Specifically, plans noted an increase in the number and the cost of specialty drugs, and noted that the base data would not include the December 2013 approval of Sovaldi, an expensive specialty drug to treat Hepatitis C. DMAS reviewed pharmacy trend using shorter historical periods (36 months, 24 months, and 18 months) than the typical 42 month historical period. The pharmacy trend was higher using only 18 months for the historical period, but this was inconsistent with the trend using a 36 month and 24 month historical periods, which was lower than the trend using 42 months. While DMAS plans to continue to monitor pharmacy trend, for now it intends to use the trend based on the 42 month historical period.

Pharmacy data trend relies upon the standard models. We modified the pharmacy contract period trend model results to add a 1% increase in trend. This factor represents the projected 4% utilization trend of specialty drugs applied to the 25% of prescription drug expenditures for specialty drugs. There is also a pharmacy adjustment for treatment of Hepatitis C (see Exhibit 2g), which effectively increases pharmacy trend.

Analysis of changes in the age/gender distribution of the LIFC Child population indicated that the population has shifted to a less expensive mix over the experience period. We developed an estimate of the risk mix of the LIFC Child population each month during the data period based on Medallion 3.0 cost relativities for each rate cell applied to each month's enrollment distribution. The monthly risk mix factor was applied to normalize each monthly data point in the LIFC Child data and contract trend regression models.

The impact of LIFC Child mix changes was analyzed over the full time period review for the contract trend, from July 2010, the beginning of FY 2011, to March 2014. Over this analysis period, the proportion of members in the highest cost rate cell, Age Under 1, decreased while the proportion of children in the largest low cost rate cell, those Ages 6-14, increased. We estimate the following changes in risk mix for LIFC Child:

- Inpatient hospital risk mix decreased approximately 12.8% from July 2010 to March 2014.
- Outpatient hospital risk mix decreased approximately 2.7% from July 2010 to March 2014.
- The professional risk mix decreased approximately 4.9% from July 2010 to March 2014.
- The pharmacy risk mix increased approximately 2.2% from July 2010 to March 2014.
- The risk mix for all other services decreased approximately 3.1% from July 2010 to March 2014.
- The risk mix for all services combined decreased approximately 5.0% from July 2010 to March 2014

Although it is smaller than the LIFC Child values, we also include an age-gender adjustment for LIFC Adult and ABAD. For LIFC Adult, the risk mix for all services combined increased 0.2% from July 2010 to March 2014. For ABAD, the adjustment for all services combined increased 2.2% from July 2010 to March 2014. The negative age-

gender adjustment increases the trend values and the positive age-gender adjustment reduces the data and contract period trend values. All age-gender factors exclude enrollment in the Far Southwest region.

The ABAD trend development relied upon standard analysis of the cost and utilization data by service category.

IBNR completion factors are applied to the total claims in the first column of Exhibits 4a to 4b, and the dollar value of the IBNR completion factors are shown in the fourth column, labeled "Completion Factor Adjustment".

In the MCO trend Exhibits 3a to 3c, IBNR is presented in column one. We have also added information on the cumulative impact of the policy and program adjustments in Exhibits 2a to 2f and are summarized in column two. This is for information purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the base period and as a combined trend for the contract period. Inpatient hospital med/surg trend was evaluated after capping claims at $100,000. Values are incorporated as derived from the data and contract period trend models and any negative contract service category values are set to zero.

The weighted average data period trend is 4.1% for the LIFC Child, 0.9% for LIFC Adult, and 3.1% for ABAD. For LIFC Child, the increases are driven primarily by utilization trend. This is also true for LIFC adult, with the exception of inpatient hospital. Both LIFC Child and LIFC Adult weighted average contract trend decrease slightly as a result of the removal of the LIFC ALTC population from the base. For ABAD, more of the trend increase is utilization, but we observe a substantial cost component for both inpatient hospital and practitioner. Since the data used in this data period analysis has run-out through October 2013, or four months past the end of the data reporting period, the resulting IBNR factors are generally small, with a weighted average range of 0.7% to 1.1%.

For the contract period, any negative service line trend supported by the analysis of the FY 2011 to FY 2013 trend with FY 2014 run out is set to 0.0% for the final rates. Final ABAD rates use a 12 month rolling average for Inpatient Med/Surg contract period trend rather than the 6 month rolling average results. Using these values, the contract period trend shows modest annual rates of increase. The weighted average annualized MCO contract period trend for LIFC Child is 3.0%, LIFC Adult is 2.2%, and ABAD is 4.2%. Contract trend is applied for 20.5 months, the midpoint of the contract period that ends June 30, 2015.

The applied trend factors are shown in Exhibit 3a for LIFC Child Under 21, Exhibit 3b for LIFC Adult 21 and Over, and Exhibit 3c for ABAD. These trend and IBNR factors are applied to the historical data in Exhibits 4a to 4b by applicable service category.

PCCM base capitation rates

There was a managed care expansion of the Medallion 3.0 program effective January 1, 2012 that created a new region, Roanoke-Alleghany. It includes cities and counties in the Other MSA and Rural regions that were not served by any of the MCOs, or that had voluntary managed care participation because there was only one MCO in the service area. In addition, localities in the Far Southwest were mandatorily enrolled in managed care effective July 1, 2012. Because we do not have complete MCO encounter data for the population in these two regions, we developed rates using a combination of the PCCM FFS historical experience and the recent MCO encounter data.

The Roanoke-Alleghany rates are developed using a blend of MCO members who reside in the designated Roanoke-Alleghany geographic areas and the PCCM data for the other counties in the region. The PCCM data is limited to experience in the first half of FY 2012, the period July 1 to December 31, 2011. Far Southwest uses PCCM data for the first year of the base period, FY 2012.

Rate development using the PCCM expansion population data is described in this section.

Historical PCCM data

The PCCM base costs for Roanoke-Alleghany and Far Southwest are presented in Exhibits 1c (PCCM LIFC) and 1d (PCCM ABAD).

Base rate legislative and program adjustments applied to PCCM data

For the Medallion 3.0 Far Southwest populations that are in the new regions, all policy and program adjustments are consistent with the current Medallion 3.0 populations. These are separately adjusted and trended based on values presented in PCCM Exhibit 2a through PCCM Exhibit 2l. These are summarized in the tables below and are applied to the base data in Exhibits 4c and 4d.

Many of the adjustments that are applied to the PCCM Far Southwest rate development are also the same adjustments developed for the Medallion 3.0 rate setting. Complete descriptions of these adjustments can be found in the previous section. Adjustments that are different for the PCCM Roanoke-Alleghany and Far Southwest expansion populations are described below.

Medallion 3.0 FY 2015 Adjustments Applied to PCCM Populations Roanoke-Alleghany and Far Southwest Expansion		
Adjustment Name	**PCCM Adjustment Exhibits**	**Notes**
Pharmacy Adjustment	2a	PCCM Adjustment
Exempt Infant Formula Carveout	2b	Medallion 3.0 2b
Hospital Inpatient	2c	Medallion 3.0 2c
Freestanding Psychiatric Hospital	2d	Medallion 3.0 2d
Non-Emergency Transportation	2e	Transportation Vendor Rate
Emergency Transportation	2f	PCCM Adjustment
DME Fee Adjustment	2g	Medallion 3.0 2f
Laboratory Fee Adjustment	2h	PCCM Adjustment
Hepatitis C Treatment Adjustment	2i	Medallion 3.0 2g
Managed Care Savings	2j	PCCM Adjustment
Provider Incentive	2k	PCCM Adjustment
Administrative Cost	2l	Medallion 3.0 2i

The following adjustments were either not applicable to the Medallion 3.0 rate development or have been modified in the adjustments for PCCM Roanoke-Alleghany and Far Southwest.

PCCM pharmacy adjustment

PCCM pharmacy PMPM expenditures are higher than the average expenditure for the MCO population, reflecting a substantially higher proportion of brand rather than generic drug prescriptions. However, PCCM utilization rates are lower than those observed in the MCO population. Rebate, dispensing fee, and PBM administration components of the adjustment are based upon health plan reported data.

Pharmacy rebate, dispensing fees, and PBM administrative costs are added based on data reported by the MCOs. The calculations result in a reduction of 6.9% for LIFC Child, 6.6% for LIFC Adult, and 3.5% for ABAD. This is presented in PCCM Exhibit 2a and applied in Exhibits 4c and 4d in the column labeled “Policy and Program Adjustments”.

PCCM non-emergency transportation adjustment

Non-emergency transportation services for FFS Medicaid beneficiaries are provided by an outside vendor and are not reflected in the base data. The adjustment uses the projected FY 2015 capitation payment to the transportation vendor for transportation regions that are included in Roanoke-Alleghany and Far Southwest for

The amount removes the vendor administrative component. The value is shown in PCCM Exhibit 2e and is applied as a PMPM amount in the last column of Exhibits 4c and 4d under the column PMPM FY15.

PCCM emergency transportation adjustment

The Governor's budget increased Medicaid emergency transportation rates to 40% of the applicable Virginia Medicare Ambulance Fee Schedule. Using payments reported for FY 2011, DMAS estimated that current emergency transportation fee schedule at approximately 29% of the Medicare rates. Based on a comparison of historical payments and the estimated dollars to move to 40% of the CY 2012 Medicare ambulance fee schedule, DMAS calculated a 38.4% increase over current DMAS rates. The FY 2013 MCO base data includes this and the increase is applied to the FY 2012 PCCM base data.

The increase is shown in PCCM Exhibit 2f and is applied in Exhibits 4c and 4d under the column labeled "Policy and Program Adjustments".

Lab fee adjustment

The Introduced Budget included a 12% reduction to lab fees ($2.1 million in FFS savings) and was retained in the final budget. The 12% reduction was chosen to match the payment rates already in place for the Medallion 3.0 plans. Therefore, this adjustment is applied to any rates based on FFS claims data, including the PCCM expansion populations.

It is shown in Exhibit 2h and added in Exhibit 4c and 4d under the column labeled "Policy and Program Adjustments".

PCCM managed care savings adjustment

For both Roanoke-Alleghany and Far Southwest, a uniform -9.0% managed care savings adjustment is applied to all service lines, except pharmacy, which is separately adjusted in PCCM Exhibit 2a. MCOs are expected to develop their individual care management programs to bring costs more in line with the experience observed in other parts of the state.

It is shown in Exhibit 2j and added in Exhibit 4c and 4d under the column labeled "Managed Care Utilization Savings".

PCCM provider incentive adjustment

The Provider Incentive Payment Adjustment is based upon the PCCM case management fee of $3.00 PMPM weighted by the proportion of members who do not use a FQHC or RHC for primary care and are paid the PCCM case management fee. The value of $1.81 PMPM represents 0.3% of the base medical PMPM after policy and program adjustments and the application of trend. The percentage is shown in PCCM Exhibit 2k and is applied as a PMPM amount in the last column of Exhibits 4c and 4d, under the column PMPM FY14.

IBNR and trend applied to PCCM data

The IBNR adjustment for the PCCM rates uses 0.0% because the PCCM period ended prior to July 1, 2012 and the data are considered complete. Both data period and contract period trend uses the values developed for the MCO population. Weighted averages for both data period and contract period trend differ from the MCO population due to differences in the PCCM base data service distribution.

These are presented in PCCM Exhibits 3a to 3c and applied to the completed and adjusted claims for each rate cell in Exhibits 4c and 4d.

Base capitation rates

Rates are developed for the last seven months of FY 2015, from December 1, 2014 to June 30, 2015. The base capitation rates have been trended to the midpoint of the contract period (March 15, 2015) and therefore reflect rates that would be in effect absent the primary care physician fee increase. The PCP supplemental payment adjustment is described later in this report.

Base capitation rates for blended MCO-PCCM

Development of the Roanoke-Alleghany and Far Southwest regional rates requires blending the separately adjusted and trended MCO and PCCM rates from Exhibits 4a to 4d. They are weighted by the historical PCCM and MCO member month distribution over the base period of FY 2012 to FY 2013. For Roanoke-Alleghany, the PCCM population is approximately 10% of the total and for Far Southwest the PCCM population is about half of the total. The blended Roanoke-Alleghany rates are presented in Exhibit 5a and the blended Far Southwest rates are presented in Exhibit 5b.

There is no FY 2015 adjustment to ABAD rates for the Medically Needy population. The Medically Needy (MN) group includes recipients who meet categorical requirements for Medicaid but whose income is in excess of financial requirements. It also includes recipients who are on spend down. The Medically Needy group had not been previously eligible for enrollment in Medallion 3.0.

Starting in 2012, DMAS began to move the non-spend down medically needy to Medallion 3.0. Rather than move them as a single expansion, the MN MCO enrollment was phased in at eligibility determination and redetermination. As of November 2013, approximately 450 formerly Medically Needy are enrolled in an MCO and their costs will be evaluated as part of the total population cost for future rate development.

The blended Roanoke-Alleghany, Far Southwest, and ABAD rates and the health plan base capitation rates for LIFC as presented in the adjusted and trended claims in Exhibits 4a are shown in Exhibit 5c. Total weighted averages use the March 2014 member month distribution.

Comparison of FY 2014 and FY 2015 health plan base capitation rates

The FY 2015 rates for December 1, 2014 to June 30, 2015 are compared to the FY 2014 rates in Exhibit 5d. The weighted average change is a 1.45% decrease for ABAD, a 1.41% increase for LIFC and an overall increase of 0.24%. For the revised rates, total average PMPM have been calculated using March 2014 health plan eligible

months as weights for all regions except Roanoke-Alleghany and Far Southwest. Member month weighting for those two regions uses the December 2014 enrollment. The Member Months are shown in Exhibit 5e.

Health plan risk adjusted capitation rates

The Virginia Medallion 3.0 base capitation rates have been developed using health plan encounter and PCCM/FFS data. The development of the capitation rates included an analysis of differences in expected risk and implied cost using the Chronic Illness and Disability Payment System (CDPS). The risk calculation is performed at the regional level to match the methods used for developing the base capitation rates. These CDPS relative risk scores are updated from the result presented in the Medallion 3.0 report dated June 24, 2014 for the period July 1, 2014 to November 30, 2014. Those health plan CDPS relative risk scores included the small number of LIFC ALTC and the larger number of ABAD ALTC individuals who will be included in the ALTC / HAP expansion effective December 1, 2014. While removal of the MCO waiver populations does not produce noticeable changes in the LIFC relative risk scores, the removal has a larger effect on the ABAD relative risk scores. In addition, there are changes in the health plan relative risk scores for two regions, Roanoke-Alleghany and Far Southwest. These result from the re-assignment of MajestaCare members in those regions to other health plans effective December 1, 2014.

Background on the risk adjusted rates

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

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

Virginia specific relative weights are used for the CDPS assessment. This report uses the CDPS model Version 5.3 Med/Surg with Rx Virginia specific weights developed from the FY 2010 to FY 2012 encounter data that was developed for the FY 2014 rates.

General overview of CDPS methodology

CDPS scores are developed using encounter claims records from both the FFS and managed care delivery systems. Each person enrolled in the Virginia Medicaid program that is either enrolled in a managed care plan, or who could be enrolled if a plan were operational in their area, receives a risk assessment score. The score is calculated based on all available data for the individual; if the individual changes health plan or delivery system, information from all relevant sources is combined to gain an overall risk profile.

The CDPS score for each person is based on his or her demographic and health status characteristics. Individuals with no health status information receive a base score derived from the demographic characteristics of the person. Because the CDPS model is additive, scores based only on demographic information are lower than scores that are

adjusted for the presence of specified medical conditions. Three separate models classify individuals based on their eligibility category and age. Specifically, there are models for LIFC children, LIFC adults, and ABAD. The different models use largely the same risk status classification system, but the value attached to each characteristic varies among the models. There are also slight differences in the medical conditions included in the various models. For example, a larger percentage of the ABAD population has claims and an identifiable medical condition than does the LIFC population. Consequently, the base values for age and gender contribute less to the risk score for the ABAD population than for the LIFC population, and the value associated with the various medical conditions represents a larger contribution to the risk score.

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

CDPS analysis results

The FY 2015 analysis builds upon the CDPS Version 5.3 Med/Surg with Rx VA weight model to adjust base capitation rates for differences in health plan relative risk scores within region. The CDPS relative risk adjustment within a region is calculated to be cost neutral to the base rate for that region for the currently enrolled MCO members.

The CDPS relative risk scores that are applied to the revised FY 2015 base rates:

1. Use calculations based on the most recent year of both MCO and DMAS FFS data, FY 2013, with a minimum length of eligibility of three months;
2. Assign members based upon the last known eligibility status and health plan enrollment;
3. Use all available ICD-9 codes per record and pharmacy claims to identify each individual's health status;
4. Use Medicaid utilization in both fee-for-service and health plans to develop an individual's CDPS score; and
5. Adjust the CDPS calculation to consider the rate setting methodology and therefore takes into account variation in underlying per capita cost by region, eligibility category, and age/gender.

The CDPS adjustment was updated to reflect the removal of the ALTC population from the enrollment base and the re-assignment of MajestaCare members in December 2014. Approximately 5% of the ABAD members had been classified as ALTC and we observe changes in the health plan ABAD relative risk scores when they are removed from the CDPS analysis. Most changes are less than +/- 0.5%, although some larger shifts in relative risk scores are observed in the Rural and Roanoke-Alleghany regions. Changes to health plan LIFC relative risk scores were generally less than +/-0.1%. Additional shifts in Roanoke-Alleghany and Far Southwest are due to the re-assignment of the MajestaCare enrollment. The former MajestaCare member scores are added to the scores of the other health plan enrollments. The CDPS risk scores for the other health plans enrollment in Roanoke-Alleghany and the Far Southwest remains as it was in March 2014; any movement among these health

plans between March and December is not re-assigned. Once the new members are added, the health plan CDPS scores for those regions are recalculated

CDPS risk adjustment scores applied to the base rates are shown in Exhibit 6. The relative risk scores for the other health plan regions use health plan enrollment as of March 2014. The Roanoke-Alleghany and the Far Southwest revised CDPS adjusted health plan rates use health plan enrollment as of December 2014.

Health plan CDPS adjusted rates

The FY 2015 risk adjusted rates for each health plan, effective December 2014, are shown in Exhibits 7a to 7f. These rates are calculated by applying the health plan specific CDPS adjustment factor for each aid code within a region in Exhibit 6 to the base capitation rates in Exhibit 5c for each geographic region. Kaiser Permanente, a new entrant into the Northern Virginia region in October 2013, does not have sufficient enrollment to receive a CDPS adjusted rate. It will be paid the base rates presented in Exhibit 5d.

Exhibit 7g displays the regional average capitation rates with the CDPS adjustment. These rates reflect both the enrollment mix of each health plan as of March 2014 or December 2014 and the CDPS adjustment factors and are provided for information purposes only.

The capitation rates will be paid in the geographic regions of each member. The final base rates may be subject to negotiation between DMAS and each health plan and may result in rates that are greater than, equal to, or less than the proposed CDPS adjusted capitation rates.

Additional adjustments

Drug reinsurance adjustment

For FY 2015, DMAS will reinsure 90% of the cost of drug costs above $150,000 per member per year. This replaces the FY 2014 Kalydeco reinsurance adjustment and applies to the combined cost of pharmacy prescription drugs as well as the cost of drugs administered under professional supervision in a hospital outpatient or physician office setting. The revised reinsurance program does not focus on one drug or a group of drugs but is designed around members with high drug costs regardless of the drugs therapy that is used. The goal is to address the high cost drug issue using financial criteria rather than drug criteria. DMAS has determined that a reinsurance program will not cover 100% of the cost. This is to provide an incentive for plans to continue to manage the appropriate use of all drugs.

The FY 2012 and FY 2013 historical data was analyzed to determine the total dollars and the number of members with drug costs in increments of $25,000. This included outpatient prescription pharmacy drugs, specialty drugs administered in a hospital outpatient or physician office setting, or a combination of both. Results of the continuance table analysis indicated there was an increase in the dollar expenditure of those with high annual drug costs and/or the number of members during the base period for each of the three major aid group categories, LIFC Child, LIFC Adult, and ABAD. The majority of the people and 50% to 70% of the total drug cost of those over the $150,000 reinsurance threshold were due to J code drugs delivered in the hospital or physician office setting. For LIFC Child, high cost member account for approximately 4.3% of pharmacy expense. For LIFC

Adult, there were very few who met the criteria, two people in FY 2013, costing less than $400,000 per year, or 0.4% of LIFC Adult drug expenditures. ABAD had the greatest number of people who met the threshold, Expenditures for these people were $15.8m in FY2013, or about 5.8% of the ABAD pharmacy and J code expenditure.

The reinsurance amounts were calculated separately for LIFC Child, LIFC Adult, and ABAD for each year. This begins with the calculation of the discounted threshold, the annual drug cost, that when trended to FY 2015, would reach the FY 2015 $150,000 reinsurance threshold. A 12% specialty drug unit cost trend was used as the discount rate. In general, members with $100,000 to $125,000 in annual drug costs during the base period were estimated to meet the $150,000 threshold for FY 2015.

Exhibit 8 presents the steps in the reinsurance calculation and information on the number of people who met the threshold in each of the base years. For FY 2012, the dollars above the discounted threshold amounts were trended 34.5 months at 12% (two years plus 10.5 months to the midpoint of the FY 2015 period ended June 30, 2015). This amount is reduced by $150,000 per person plus the additional 10% of risk that will be retained by the health plans. This is the estimate of the 90% reinsurance pool for that year. The calculation is repeated for the FY 2013 dollars above the discounted threshold amount, which is trended at 12% for 22.5 months (one year plus 10.5 months to the midpoint of the FY 2015 period ended June 30, 2015). The average of the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

The reinsurance amounts range from $0.19 PMPM for LIFC Adult to $11.75 PMPM for ABAD. These amounts will be subtracted from the health plan capitation payment for those rate cells to fund a drug reinsurance pool as required by the CMS checklist.

This calculation is shown in Exhibit 8 and the health plan CDPS specific rates, as adjusted for removal of the drug reinsurance amount, are shown in Exhibits 11a to 11g.

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.

A full description of the Virginia DMAS methodology and calculation of primary care physician (PCP) supplemental payments for the first half of FY 2015 is described in the Medallion 3.0 report published June 24, 2014.

PCP supplemental payments were developed by health plan and by regions to reflect differences in MCO reimbursement levels and utilization.

Supplemental primary care physician payments are also developed and applied for any new populations that are moved into managed care and receive health plan services during the time period January 1, 2013 to December

31, 2014. This includes the Adoption Assistance/Foster Care expansion as well as the ALTC /HAP expansion population that is described later in this report.

For some plans, we find small dollars and enrollment reported in regions outside of the health plan service area. In these regions, the health plan will be paid the all plan regional average PMPM for each age-gender rate cell. Plan specific PCP supplemental payments are presented in Exhibits 9a to 9f. PCP supplemental payments that are based on the all health plan average for the region and rate cell are shaded in light gray.

Weighted averages for these tables use the March 2014 member enrollment for five of the regions and the December 2014 enrollment for Roanoke-Alleghany and Far Southwest. The weighted average All Plan PCP supplemental payment is $10.16 PMPM for ABAD and$7.91 PMPM for LIFC. Total weighted average PCP supplemental payment is $8.17 PMPM.

Exhibits 10a to 10g present the plan specific rates after CDPS adjustment and drug reinsurance adjustment with the rate cell level PCP supplemental payment adjustment. These are also weighted by the March 2014 and December 2014 member enrollment. The PCP supplemental amount will be paid for December 2104. The PCP supplemental payment program will expire as of December 31, 2014.

Exhibits 11a to 10g present the plan specific rates after CDPS adjustment and drug reinsurance. These are also weighted by the March 2014 and December 2014 member enrollment. These rates will be paid for the period January 1, 2015 to June 30, 2015.

II. ALTC and Health and Acute Care Program Expansion

Background

Effective December 1, 2014, DMAS will enroll all Medicaid Fee for Service eligibles that are in the Elderly or Disabled with Consumer Direction (EDCD) waiver and who otherwise meet the criteria for enrollment into managed care into the Medallion 3.0 MCOs. This expansion is named Health and Acute Care Program (HAP). The HAP population will be combined with the existing Acute and Long-Term Care (ALTC) waiver population that is enrolled in the MCOs and will be referred to as the ALTC/HAP Expansion in this report. As of December 1, 2014, there will be new rate cells for the combined ALTC/HAP Expansion group.

The ALTC population consists of MCO members who become eligible to participate in selected waivers and who remain in Medallion 3.0 for coverage of acute care services. The waivers include EDCD, plus the Intellectual Disabilities (ID) waiver, the Day Support waiver, and the Individual and Family Developmental Disabilities Support (IFDDS or DD) waiver for those with physical or intellectual disabilities. The MCO ALTC population has been primarily assigned to ABAD aid code categories.

Previous Medallion 3.0 rate setting evaluates the ABAD ALTC population historical base, develops adjustments, and blended the projected ABAD ALTC capitation rate with those for the general ABAD population. ABAD ALTC members are higher cost and have been growing as a proportion of all Medallion 3.0 ABAD. Absent the ALTC/HAP expansion, ABAD ALTC was projected to be 6.25% of the ABAD population by the end of FY 2015. Up until now, the small LIFC ALTC waiver population has not been analyzed separately and has been included in the LIFC capitation rate development. The ABAD ALTC and the LIFC ALTC populations are combined for the ALTC/HAP Expansion rate development.

As Foster Care children moved into health plans through the expansion in FY 2014, a few children with a Foster Care aid code were certified to receive EDCD waiver services. The MCO Foster Care with EDCD waiver were identified after the FY 2012- FY 2013 period used for ALTC/HAP rate development and are not included in the base data. Going forward, the waiver eligibility takes priority and they will be in the ALTC /HAP aid category rather than Adoption Assistance or Foster Care.

Databook

Capitation rates for the ALTC/HAP Expansion are developed by separately analyzing and adjusting the historical eligibility and claims experience for those who are in MCO ALTC and those who are in FFS Medicaid EDCD waivers and will be eligible for Medallion 3.0 under the expansion. The two rate developments are blended to obtain the FY 2015 ALTC/HAP capitation rates.

These Medallion 3.0 rates are developed to be consistent with the requirements of Medicaid managed care rate setting and meet the criteria for actuarial soundness. The development of the ALTC/HAP rates is shown in the exhibits in section II of this report.

Capitation rate cells for Medallion 3.0 ALTC/HAP are statewide and vary based on age. ALTC/HAP Child rates are developed for all waiver populations up to age 21 and ALTC/HAP Adult rates are developed for those 21 to 64. There is no rate cell distinction by aid code category; the ALTC/HAP population is defined by eligibility for the waiver services, regardless of whether they are categorized in a LIFC, ABAD, or another aid code. Because of the relatively small population, the ALTC/HAP Child and Adult rates do not vary by region. These rate cell categories may be re-evaluated in the future if there is substantial growth in the program.

Processing of the data is similar to that used for the development of the MCO and PCCM base data in the Medallion 3.0 program. Claims were excluded for services that will not be the responsibility of the MCO. The major exclusion is the cost of the EDCD and other waiver services. These will continue to be paid through the Medicaid FFS program.

The ABAD ALTC FY 2012-FY 2013 base period data identified a monthly average of 2,500 people who receive waiver services, but the ABAD ALTC population continues to increase. From the beginning of FY 2012 to the end of FY 2013, the ABAD ALTC population increased from approximately 2,000 to 3,200 members. By March 2014, there were over 3,900 ABAD ALTC members. The majority, nearly 3,200 or 80.5%, were eligible for the EDCD waiver and the remainder were in the developmental disability waivers, primarily the ID waiver. ABAD ALTC is currently 6.0% of the Medallion 3.0 ABAD population. For the expansion rate development, we also include the smaller number of people who receive waiver services, but are assigned to LIFC aid codes. Over the base period, the LIFC ALTC population increased from approximately 190 to 330. Similar to the ABAD ALTC, the majority of the LIFC ALTC members are in the EDCD waiver.

The Medallion 3.0 FY 2012-FY 2013 MCO ALTC base data was restructured to summarize statewide child and adult eligibility and costs for both the ABAD ALTC and the LIFC ALTC populations. Within the combined ALTC population, approximately 39% are children and 61% are adult.

The FFS HAP FY 2012-FY 2013 base period identified a monthly average of nearly 3,000 people who receive EDCD waiver services, and the population was stable over the two years. In March 2014, there were 2,959 FFS EDCD HAP eligibles. Approximately 48% are children and 52%, are adults.

Exhibits 1a present the historical claims data for the MCO ALTC Child and Adult population with EDCD or ID related waiver currently enrolled in MCOs. FFS HAP EDCD Exhibits 1b present the historical claims data for the Child and Adult population with EDCD waiver currently enrolled in Medicaid FFS. There are substantial differences in cost between the ALTC and the HAP population. ALTC base period costs are over $1,600 PMPM for children and about $2,000 PMPM for adults. HAP EDCD Child is about $1,260 PMPM while the adult is nearly $2,300 PMPM.

ALTC program adjustments

Legislation and policy changes in the Medallion 3.0 program for FY 2012 and later must be reflected in the development of per capita rates, as the data used to develop rates do not fully include the effect of those changes.

The historical data presented in Exhibits 1a is adjusted by the policy and program factors described in this section (Exhibits ALTC 2a to 2i) and the Trend and IBNR factors (Exhibits 3a and 3b).

The methodology for ALTC and HAP adjustments is the same as that used for the Medallion 3.0 program or the PCCM populations in the expansion areas. The percentage or PMPM adjustment values may differ from the Medallion 3.0 or PCCM values where the adjustment is based on the ALTC or HAP data. All of the adjustments are reflected in the column "Policy and Program Adjustments" in Exhibits 4a. Only those adjustments that differ from the ones used for Medallion 3.0 MCO ABAD or ALTC or the PCCM population are described. Adjustments with reference to Medallion 3.0 ALTC are based on analysis of ABAD ALTC base data and are described in the Medallion 3.0 FY15 report for the period July 1 to November 30, 2014. New ALTC adjustment calculations are based on the historical combination of ABAD ALTC and LIFC ALTC base data.

A summary of the adjustments for the MCO ALTC population is presented in the following table:

Table 1
Medallion 3.0 Adjustment Methodology Used in ALTC Adjustment

Medallion Exhibit Number and Adjustment Name	ALTC	ALTC Values
2a Pharmacy Adjustment	2a	2a: -2.2% Child and -2.1%Adult based on ALTC
2b MCO Exempt Infant Formula Carveout	2b	2b: Med 3.0 Wtd ALTC Age 0-5 and 6-20
2c MCO Hospital Inpatient	2c	2c: Med 3.0 ALTC
2d MCO Freestanding Psychiatric Hospital Adjustment	2d	2d: Med 3.0 ALTC
2e Emergency Transportation Fee Increase	2e	2e: Med 3.0 ALTC
2f DME Fee Adjustment	2f	2f: -4.5% ALTC
2g Hepatitis C Treatment Adjustment	2g	2g: 0.1% Med 3.0 LIFC Child 2.1% ABAD ALTC Adult
2h Provider Incentive	2h	2h: Med 3.0 ALTC
2i MCO Administrative Cost	2i	6.7%: Med 3.0 ALTC

Pharmacy adjustment

The outpatient prescription drug adjustment is based on MCO ALTC data, taking into consideration aspects of pharmacy management reported by the health plans. The calculation uses the pharmacy net cost and subtracts out the MCO average dispensing fees. It then applies the managed care factors for rebates and Pharmacy Benefit Management administrative fees, to determine an adjusted PMPM.

Review of the ALTC brand-generic mix shows high use of generics. In the FY 2012 to FY 2013 period, nearly 79% to 82% of the prescriptions were for generic drugs.

Overall, pharmacy services represented approximately 21% of the total ALTC Child base period costs and 24% of total ALTC Adult base period costs.

Based on plan submitted data, we estimate the effective pharmacy rebate will not change from the amount projected by the health plans, or 2.2%. The final pharmacy adjustment factors are shown in ALTC Exhibit 2a. The PBM factor is a reduction of 2.2% for ALTC Child and -2.1% for ALTC Adult. These reductions are driven primarily by the rebate.

Durable Medical Equipment fee adjustment

The ALTC population DME adjustment is the value that calculated for the combined LIFC and ABAD ALTC population and uses the same methodology as the Medallion 3.0 MCO DME adjustment calculation. Overall, 22% of ALTC DME claims dollars were for codes subject to the reduction. Savings on this subset were 20.3%.

This results in adjustment factor reduction of 4.5% for the ALTC population. It is shown in Exhibit 2f and added in Exhibit 4a under the column labeled “Policy and Program Adjustments”

Hepatitis C treatment adjustment

No ALTC children who had undergone drug therapy were identified in the base data, so the adjustment uses the value developed for LIFC Child in the Medallion 3.0 rates. For ALTC Adult, 2.0% were tested for the disease, approximately 5.5%, or 155 members, have a diagnosis of Hepatitis C, and of those, 1.9% have undergone drug therapy.

The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The cost of the new Hepatitis C drug therapy is estimated to average $100,000 per person, or $70,000 more than the average cost of drug therapy in the base data.

The calculation of the additional cost of hepatitis C treatment is presented in Exhibit 2g. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and is 0.1% for ALTC Child and 2.1% for ALTC Adult. The adjustment is added in ALTC Exhibits 4a under the column labeled “Policy and Program Adjustments”.

ALTC trend and IBNR adjustments

Trend and IBNR adjustment factors use separate ALTC Child and Adult data to develop an All Services data period and contract period trend. We used the monthly historical FFS expenditures for FY 2012 and FY 2013 with run-out through October 2013 to develop the data period trend. Contract period trend was evaluated data using monthly health plan expenditures for July 2010 through December 2013, with run out through February 2014.

Incurred But Not Reported (IBNR) completion factors in the first column of ALTC Exhibits 3a and 3b are based on the ALTC historical data and are applied to the total claims in the first column of ALTC Exhibits 4a, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through February 2014 or eight months past the end of the data reporting period, and the resulting IBNR factor is small. The second column of ALTC Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in ALTC Exhibits 2a - 2i. This is for information purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the ALTC Child population is 0.7% and for ALTC Adults is -5.1%.

All Service contract trend for both Child and Adult is increased by approximately 0.2%. This is comparable to the increase added to pharmacy contract trend in the Medallion 3.0 rate development and represents the estimated 1% specialty pharmacy utilization trend times the proportion of base ALTC PMPM that is for pharmacy services. Contract trend is to the March 15, 2015 midpoint of the December 1, 2014 to June 30, 2015 contract period. The ALTC Child contract period trend is positive at 4.8% while the ALTC Adult is negative 2.0%. The negative adult contract period trend amount was set to 0.0%.

The resulting trend factors are shown in ALTC Exhibits 3a and 3b. These trend and IBNR factors are applied to the historical data in Exhibits 4a.

HAP program adjustments

The historical data presented in Exhibits 1b is adjusted by the policy and program factors described in this section (Exhibits HAP 2a to 2k) and the Trend and IBNR factors (Exhibits 3a and 3b).

A summary of the adjustments for the FFS HAP EDCD population is presented in the following table:

Table 2
Medallion 3.0 Adjustment Methodology Used in FFS HAP EDCD Adjustment

Medallion Exhibit Number and Adjustment Name	HAP EDCD	HAP EDCD Values
2a PCCM Pharmacy Adjustment	2a	2a: -2.0% HAP Child and -3.3% HAP Adult
2b MCO Exempt Infant Formula Carveout	2b	2b: Med 3.0 Wtd ALTC Age 0-5 and 6-20
2c MCO Hospital Inpatient	2c	2c: Same as Med 3.0 ALTC
2d MCO Freestanding Psychiatric Hospital Adjustment	2d	2d Same as Med 3.0 ALTC
2e PCCM Non-Emergency Transportation Adjustment	2e	2e: $13.39 PMPM Child $31.50 PMPM Adult
2f PCCM Emergency Transportation Fee Increase	2f	2f: 19.2%
2gPCCM DME Fee Adjustment	2g	2g: -5.8% HAP Child and Adult
2h PCCM Lab Fee Adjustment	2h	2h: Med 3.0 PCCM ABAD
2i Hepatitis C Treatment Adjustment	2i	2i: 0.1% Med 3.0 LIFC Child 1.5% HAP Adult
2j PCCM Managed Care Adjustment	2j	2j: 8.1% HAP Child -7.9% HAP Adult
2k MCO Administrative Cost	2k	2k: Med 3.0 ALTC
2l PCCM Provider Incentive	NA	Not applied

Pharmacy adjustment

The outpatient prescription drug adjustment is based on FFS HAP EDCD data, taking into consideration aspects of pharmacy management reported by the health plans. The calculation uses the FFS data net cost and subtracts out the DMAS FFS dispensing fees. It then applies the managed care factors for rebates and Pharmacy Benefit Management administrative fees, to determine an adjusted PMPM.

Review of the HAP brand-generic mix shows a comparatively low proportion of generics among the HAP Child population and a higher proportional generic usage in the HAP Adult population. In the FY 2012 to FY 2013 period, only 76% of the HAP Child prescriptions were for generic drugs while 84% of the HAP Adult prescriptions were for generic drugs. A brand-generic improvement adjustment is applied to HAP Child based on the assumption of getting to the level of ALTC Child generic proportion in three years.

Overall, pharmacy services represented approximately 20% of the total HAP Child base period costs and 22.5% of total HAP Adult base period costs.

Based on plan submitted data, we estimate the effective pharmacy rebate will not change from the amount projected by the health plans, or 2.1%. The final pharmacy adjustment factors are shown in HAP Exhibit 2a. The PBM factor is a reduction of 2.0% for HAP Child and a reduction of3.3% for HAP Adult. These reductions are driven primarily by the rebate and the lower MCO dispensing and administrative fees relative to the FFS dispensing fee.

Non-emergency transportation adjustment

Non-emergency transportation services for FFS Medicaid beneficiaries are provided by an outside vendor and are not reflected in the base data. The adjustment uses the negotiated FY 2015 capitation payment to the transportation vendor for the ABAD Child and ABAD Adult rate cells that are effective October 1, 2014. The amount includes the vendor administrative component, but the value is not trended and is excluded in the calculation of the administrative adjustment. The value is shown in Exhibit 2e and is applied as a PMPM amount in the last column of FFS HAP Exhibit 4b under the column PMPM FY15.

Durable Medical Equipment fee adjustment

The DME adjustment for the HAP population used the same methodology as the calculation of the PCCM and the Adoption Assistance/Foster Care DME adjustment. Overall, 17% of HAP DME claims dollars were for codes subject to the reduction. Savings on this subset were 34.2%.

This results in adjustment factor reduction of 5.8% for the HAP population. It is shown in Exhibit 2g and added in Exhibit 4b under the column labeled “Policy and Program Adjustments”.

Hepatitis C treatment adjustment

No HAP children who had undergone drug therapy were identified in the base data, so the adjustment uses the value developed for LIFC Child in the Medallion 3.0 rates. For HAP Adult, 4.6% were tested for the disease, approximately 6.2%, or 197 members, have a diagnosis of Hepatitis C, and of those, 1.0% have undergone drug therapy.

The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The cost of the new Hepatitis C drug therapy is estimated to average $100,000 per person, or $70,000 more than the average cost of drug therapy in the base data.

The calculation of the additional cost of hepatitis C treatment is presented in Exhibit 2i. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and is 0.1% for HAP Child and 1.5% for HAP Adult. The adjustment is added in HAP Exhibits 4a under the column labeled "Policy and Program Adjustments".

HAP Managed Care Adjustment

As noted, there are substantial differences in the base PMPM costs between the ALTC and the HAP EDCD population. ALTC Child base costs are nearly 28% higher than the HAP Child costs while the ALTC Adult base costs are 11% lower than the HAP Adult costs.

These ALTC –HAP differences were evaluated two ways: 1) an examination of outlier costs in the two populations and 2) a comparison of CDPS risk adjustment raw scores.

For the outlier analysis, we identified all ALTC and HAP members with total annual costs exceeding $100,000. These members represented over 30% of total costs for ALTC Child compared to 20% of the HAP Child base costs. The Adult population proportions of outliers were more similar. High cost members represented about 21% of ALTC Adult costs and 18% of HAP Adult costs. When we removed costs above the $100,000 annual threshold from the base, the ALTC Child PMPM was 17.2% higher than the HAP Child PMPM and the ALTC Adult PMPM was 12.2% lower than the HAP Adult PMPM.

We also examined differences in CDPS raw scores. All ALTC and HAP members, regardless of aid code categorization, were evaluated using the CDPS ABAD model. This CDPS model uses the Virginia specific weights developed for the CDPS recalibration completed for the FY 2014 rate development. This analysis indicated that the ALTC Child population had a risk score 9.1% higher than the HAP Child. The ALTC Adult risk score was 4.4% lower than the HAP Adult risk score.

These differences were used to develop the managed care adjustment. The ALTC and HAP base data PMPM differences were reduced by the proportion explained by outliers and the CDPS scores. The managed care adjustment is 8.1% for HAP Child and -7.9% for HAP Adult. The calculation of these values is shown in Table 3.

Table 3
Managed Care Adjustment Background Calculation: ALTC v HAP

	Base PMPM Difference	Difference Explained by Outliers	CDPS Risk Score Difference	Final Adjustment
Child	27.9%	10.6%	9.1%	8.1%
Adult	-11.2%	1.0%	-4.4%	-7.9%

These results are shown in Exhibit 2j and applied in the column labeled Managed Care Utilization Adjustment in Exhibits 4b.

HAP trend and IBNR adjustments

Trend and IBNR adjustment factors use separate HAP Child and Adult data to develop an All Services data period and contract period trend. We used the monthly historical FFS expenditures for FY 2012 and FY 2013 with run-out through December 2013 to develop the data period trend. Contract period trend was evaluated using monthly health plan expenditures for July 2010 through October 2013 with run out through December 2013.

Incurred But Not Reported (IBNR) completion factors in the first column of HAP Exhibits 3a and 3b are based on the HAP historical data and are applied to the total claims in the first column of HAP Exhibits 4b, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through December 2013 or six months past the end of the data reporting period, and the resulting IBNR factors, are small. The second column of HAP Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in HAP Exhibits 2a - 2i. This is for information purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the HAP Child population is -8.1% and for HAP Adults is -2.9%.

All Service contract trend for both Child and Adult is increased by approximately 0.2%. This is comparable to the increase added to pharmacy contract trend in the Medallion 3.0 rate development and represents the estimated 1% specialty pharmacy utilization trend times the proportion of base ALTC PMPM that is for pharmacy services. It is applied for to the March 15, 2015 midpoint of the December 1, 2014 to June 30, 2015 contract period. Both HAP Child and HAP Adult contract period trend was negative in the regression models and is set to 0.0% for final rates.

The resulting trend factors are shown in HAP Exhibits 3a and 3b. These trend and IBNR factors are applied to the historical data in HAP Exhibits 4b.

Capitation rates for ALTC and HAP

The administrative factor is then applied to the medical component of the capitation rate to produce the statewide ALTC and HAP rates. The resulting rates of $1,906.83 for ALTC EDCD Child and $2,132.21 for ALTC EDCD Adult are shown in Exhibit 5a. The resulting rates of $1,320.33 for HAP Child and $2,295.97 for HAP Adult are shown in Exhibit 5b. March 2014 ALTC and HAP member months are included for information purposes.

Additional Adjustments

Drug reinsurance adjustment

DMAS will reinsure 90% of drug costs above $150,000 per member per year. As in the Medallion 3.0 rate development, this will apply to the combined cost of pharmacy prescription drugs as well as the cost of drugs administered under professional supervision in a hospital outpatient or physician office setting.

The FY 2012 and FY 2013 ALTC and HAP historical data was analyzed to determine the total dollars and the number of members with drug costs in increments of $25,000. This included outpatient prescription pharmacy drugs, specialty drugs administered in a hospital outpatient or physician office setting, or a combination of both. Results of the continuance table analysis indicated there was an increase in the dollar expenditure of those with high annual drug costs during the base period. For ALTC Child, high cost members account for approximately 16.5% of pharmacy expense. For ALTC Adult, they represented 5.0% of drug expenditures. HAP had smaller number of people who met the threshold. For HAP Child, high cost members account for approximately 2.0% of pharmacy expense. For HAP Adult, they represented 1.2% of drug expenditures.

The reinsurance amounts were calculated separately for ALTC Child, ALTC Adult, and HAP Child and HAP Adult for each year. This begins with the calculation of the discounted threshold, the annual cost drug cost, that when trended to FY 2015, would reach the FY 2015 $150,000 reinsurance threshold. A 12% specialty drug unit cost trend was used as the discount rate. In general, members with $100,000 to $125,000 in annual drug costs during the base period were estimated to meet the $150,000 threshold for FY 2015.

Exhibit 6 presents the steps in the reinsurance calculation and information on the number of people who met the threshold in each of the base years. For FY 2012, the dollars above the discounted threshold amounts were trended 38.5 months at 12% (two years plus 14.5 months to March 15, 2015). This amount is reduced by $150,000 per person plus the additional 10% of risk that will be retained by the health plans. This is the estimate of the 90% reinsurance pool for that year. The calculation is repeated for the FY 2013 dollars above the discounted threshold amount, which is trended at 12% for 26.5 months (one year plus 14.5 months to March 15, 2015). The average of the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

The reinsurance amounts range from $0.00 PMPM for HAP Child to $46.92 PMPM for ALTC Child. These amounts are used to develop the blended rate and will be subtracted from the health plan capitation payment for those rate cells to fund a drug reinsurance pool as required by the CMS checklist.

This calculation is shown in Exhibit 6 and the health plan specific rates, as adjusted for removal of the drug reinsurance amount, are shown in Exhibit 7.

Blended ALTC and HAP Expansion rates

The ALTC and HAP base rates from Exhibit 5 are carried forward to Exhibit 7 and the drug reinsurance amounts from Exhibit 6 is subtracted. The base rates and the drug reinsurance amounts are weighted by the FY 2012-FY2013 historical member months. For ALTC/HAP Child, the rate will be $1,585.32 PMPM, reduced by $21.20 PMPM for drug reinsurance. For ALTC/HAP Adult, the rate will be $2,210.89 PMPM, reduced by $5.59 PMPM for drug reinsurance.

For the month of December 2014 only, the capitation payment will include a Medicare supplemental primary care physician payment. This amount is calculated using the ALTC population base data and the same methodology as developed for Medallion 3.0. For December 2014, the ALTC/HAP Child rate will be $1,574.32 PMPM and the ALTC/HAP Adult rate will be $2,225.21 PMPM. For the period January 2015 to June 2015, the ALTC/HAP Child

rate will be $1,564.12 PMPM and the ALTC/HAP Adult rate will be $2,205.31 PMPM. The adjustment for the 2015 Health Insurance premium will include the ALTC/HAP population when rates are adjusted in October 2015 and paid in a lump sum.

For information purposes, the March 2014 ALTC and HAP Expansion population member months are presented in Exhibit 8.

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	118,538	119,281						
Service Type								
DME/Supplies	$360,463	$369,266	$3.04	$3.10	695	651	$52.47	$57.03
FQHC / RHC	$52,199	$55,178	$0.44	$0.46	183	195	$28.82	$28.52
Home Health	$17,870	$39,259	$0.15	$0.33	4	7	$435.85	$594.83
IP - Maternity	$824	$0	$0.01	$0.00	0	0	$824.38	-
IP - Newborn	$13,042,744	$13,399,971	$110.03	$112.34	335	381	$3,936.84	$3,533.75
IP - Other	$3,125,160	$2,896,744	$26.36	$24.29	55	47	$5,798.07	$6,137.17
IP - Psych	$20,161	$168	$0.17	$0.00	2	0	$1,008.04	-
Lab	$193,621	$221,228	$1.63	$1.85	1,843	2,021	$10.63	$11.01
OP - Emergency Room & Related	$1,782,386	$1,831,533	$15.04	$15.35	975	1,022	$185.09	$180.27
OP - Other	$1,362,539	$1,131,827	$11.49	$9.49	304	298	$453.73	$382.24
Pharmacy	$2,559,871	$2,310,770	$21.60	$19.37	4,819	4,805	$53.77	$48.39
Prof - Anesthesia	$144,391	$101,957	$1.22	$0.85	62	48	$237.09	$214.20
Prof - Child EPSDT	$603,648	$865,835	$5.09	$7.26	5,189	7,154	$11.78	$12.18
Prof - Evaluation & Management	$9,561,965	$9,882,147	$80.67	$82.85	12,578	12,679	$76.96	$78.41
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$2,021,998	$2,265,762	$17.06	$19.00	8,970	9,019	$22.82	$25.27
Prof - Psych	$569	$471	$0.00	$0.00	1	0	$81.25	$117.67
Prof - Specialist	$568,085	$481,463	$4.79	$4.04	497	511	$115.72	$94.79
Prof - Vision	$176,989	$173,671	$1.49	$1.46	117	86	$152.71	$203.12
Radiology	$157,354	$142,337	$1.33	$1.19	958	835	$16.62	$17.16
Transportation/Ambulance	$422,842	$489,643	$3.57	$4.10	281	324	$152.49	$152.02
Total	$36,175,679	$36,659,228	$305.18	$307.34				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	472,182	478,055						
Service Type								
DME/Supplies	$784,449	$708,954	$1.66	$1.48	261	223	$76.51	$79.75
FQHC / RHC	$178,297	$156,547	$0.38	$0.33	139	118	$32.67	$33.44
Home Health	$165,441	$173,242	$0.35	$0.36	3	3	$1,414.02	$1,322.45
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$5,544,079	$3,736,615	$11.74	$7.82	21	16	$6,810.91	$5,912.37
IP - Psych	$4,633	$35,780	$0.01	$0.07	0	1	$579.18	$730.21
Lab	$944,322	$1,079,566	$2.00	$2.26	2,557	2,845	$9.39	$9.52
OP - Emergency Room & Related	$4,645,506	$5,128,553	$9.84	$10.73	626	700	$188.60	$183.95
OP - Other	$5,015,575	$4,801,685	$10.62	$10.04	199	201	$640.40	$601.11
Pharmacy	$7,238,739	$7,254,584	$15.33	$15.18	4,694	4,702	$39.19	$38.73
Prof - Anesthesia	$427,211	$376,175	$0.90	$0.79	66	60	$165.65	$158.26
Prof - Child EPSDT	$774,020	$814,867	$1.64	$1.70	1,728	1,732	$11.39	$11.81
Prof - Evaluation & Management	$15,591,998	$16,036,753	$33.02	$33.55	5,826	5,789	$68.01	$69.54
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$3,105,576	$3,400,859	$6.58	$7.11	2,486	2,589	$31.75	$32.97
Prof - Psych	$111,943	$115,617	$0.24	$0.24	44	45	$64.30	$64.84
Prof - Specialist	$1,014,600	$1,037,551	$2.15	$2.17	279	298	$92.30	$87.34
Prof - Vision	$720,112	$807,352	$1.53	$1.69	138	159	$132.67	$127.66
Radiology	$265,363	$254,537	$0.56	$0.53	374	359	$18.03	$17.78
Transportation/Ambulance	$1,398,017	$1,572,077	$2.96	$3.29	185	175	$191.90	$225.06
Total	$47,929,884	$47,491,314	$101.51	$99.34				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	544,730	597,815						
Service Type								
DME/Supplies	$492,220	$506,306	$0.90	$0.85	110	104	$98.17	$97.69
FQHC / RHC	$114,791	$132,908	$0.21	$0.22	71	72	$35.86	$36.99
Home Health	$610	$125,481	$0.00	$0.21	0	2	$203.33	$1,442.31
IP - Maternity	$10,973	$16,129	$0.02	$0.03	0	0	$2,194.60	$4,032.17
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,615,685	$3,770,268	$6.64	$6.31	10	8	$8,034.86	$9,742.29
IP - Psych	$715,308	$725,137	$1.31	$1.21	25	22	$639.81	$648.02
Lab	$875,482	$1,081,888	$1.61	$1.81	2,043	2,225	$9.44	$9.76
OP - Emergency Room & Related	$4,248,581	$4,510,409	$7.80	$7.54	366	387	$255.80	$234.25
OP - Other	$4,087,719	$4,255,825	$7.50	$7.12	183	176	$492.20	$485.05
Pharmacy	$11,319,094	$12,224,759	$20.78	$20.45	3,966	4,087	$62.88	$60.04
Prof - Anesthesia	$286,601	$284,411	$0.53	$0.48	37	34	$171.00	$168.79
Prof - Child EPSDT	$197,723	$213,767	$0.36	$0.36	396	369	$11.00	$11.62
Prof - Evaluation & Management	$11,581,403	$13,029,051	$21.26	$21.79	3,611	3,640	$70.66	$71.86
Prof - Maternity	$9,147	$8,834	$0.02	$0.01	0	1	$571.68	$226.51
Prof - Other	$5,269,882	$4,822,369	$9.67	$8.07	1,876	2,100	$61.88	$46.10
Prof - Psych	$856,225	$889,808	$1.57	$1.49	305	282	$61.80	$63.29
Prof - Specialist	$1,186,626	$1,267,959	$2.18	$2.12	232	236	$112.92	$107.94
Prof - Vision	$1,082,872	$1,291,116	$1.99	$2.16	419	432	$56.96	$60.03
Radiology	$434,815	$435,266	$0.80	$0.73	389	363	$24.62	$24.07
Transportation/Ambulance	$1,582,188	$1,838,651	$2.90	$3.08	213	216	$163.94	$170.70
Total	$47,967,946	$51,430,341	$88.06	$86.03				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	83,784	88,683						
Service Type								
DME/Supplies	$62,637	$118,898	$0.75	$1.34	63	107	$142.68	$150.50
FQHC / RHC	$9,724	$9,179	$0.12	$0.10	41	39	$33.88	$31.54
Home Health	$285	$6,902	$0.00	$0.08	0	2	$95.00	$405.99
IP - Maternity	$1,931,831	$1,860,484	$23.06	$20.98	99	89	$2,795.70	$2,831.79
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$813,073	$693,833	$9.70	$7.82	19	14	$6,067.71	$6,484.42
IP - Psych	$436,406	$347,901	$5.21	$3.92	106	73	$588.15	$646.66
Lab	$226,925	$245,621	$2.71	$2.77	4,438	4,426	$7.32	$7.51
OP - Emergency Room & Related	$1,701,315	$1,719,188	$20.31	$19.39	698	687	$349.13	$338.42
OP - Other	$1,179,794	$1,157,153	$14.08	$13.05	408	370	$414.54	$423.40
Pharmacy	$1,710,251	$2,060,286	$20.41	$23.23	5,585	5,679	$43.86	$49.09
Prof - Anesthesia	$177,726	$159,164	$2.12	$1.79	143	123	$177.73	$175.29
Prof - Child EPSDT	$28,981	$39,985	$0.35	$0.45	290	295	$14.30	$18.32
Prof - Evaluation & Management	$2,212,342	$2,278,354	$26.41	$25.69	4,245	4,132	$74.64	$74.61
Prof - Maternity	$1,112,962	$1,029,345	$13.28	$11.61	215	193	$740.49	$722.85
Prof - Other	$451,311	$601,102	$5.39	$6.78	1,542	1,681	$41.92	$48.38
Prof - Psych	$194,708	$198,129	$2.32	$2.23	461	427	$60.52	$62.82
Prof - Specialist	$267,454	$250,559	$3.19	$2.83	416	403	$92.07	$84.11
Prof - Vision	$164,519	$187,247	$1.96	$2.11	516	507	$45.69	$49.95
Radiology	$402,967	$391,078	$4.81	$4.41	1,089	1,023	$53.01	$51.74
Transportation/Ambulance	$290,075	$337,153	$3.46	$3.80	412	399	$100.90	$114.33
Total	$13,375,285	$13,691,560	$159.64	$154.39				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	106,307	113,837						
Service Type								
DME/Supplies	$316,246	$351,107	$2.97	$3.08	271	321	$131.50	$115.46
FQHC / RHC	$10,659	$6,282	$0.10	$0.06	35	17	$34.16	$39.02
Home Health	$47,251	$49,413	$0.44	$0.43	14	15	$375.01	$347.98
IP - Maternity	$8,279,202	$10,459,774	$77.88	$91.88	311	350	$3,007.34	$3,151.48
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$4,742,368	$5,736,837	$44.61	$50.40	74	74	$7,262.43	$8,218.96
IP - Psych	$555,167	$474,522	$5.22	$4.17	88	69	$715.42	$726.68
Lab	$550,480	$708,318	$5.18	$6.22	9,511	9,901	$6.53	$7.54
OP - Emergency Room & Related	$6,138,306	$6,446,108	$57.74	$56.63	1,832	1,907	$378.28	$356.28
OP - Other	$5,254,931	$5,651,772	$49.43	$49.65	1,161	1,215	$510.88	$490.18
Pharmacy	$8,255,256	$8,726,564	$77.65	$76.66	19,072	18,868	$48.86	$48.75
Prof - Anesthesia	$753,434	$816,440	$7.09	$7.17	489	506	$173.88	$170.02
Prof - Child EPSDT	$29,098	$30,727	$0.27	$0.27	234	246	$14.03	$13.17
Prof - Evaluation & Management	$5,457,804	$5,961,356	$51.34	$52.37	8,748	8,912	$70.42	$70.51
Prof - Maternity	$4,474,488	$5,217,492	$42.09	$45.83	714	802	$707.88	$685.79
Prof - Other	$1,450,103	$1,552,857	$13.64	$13.64	2,174	2,170	$75.31	$75.43
Prof - Psych	$349,749	$303,770	$3.29	$2.67	683	537	$57.84	$59.68
Prof - Specialist	$1,503,860	$1,534,620	$14.15	$13.48	1,274	1,293	$133.23	$125.15
Prof - Vision	$141,121	$163,219	$1.33	$1.43	102	113	$156.80	$152.54
Radiology	$2,040,133	$2,328,260	$19.19	$20.45	3,847	4,032	$59.86	$60.87
Transportation/Ambulance	$467,806	$616,730	$4.40	$5.42	1,221	1,208	$43.24	$53.83
Total	$50,817,460	$57,136,167	$478.03	$501.91				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	75,696	81,743						
Service Type								
DME/Supplies	$85,412	$78,044	$1.13	$0.95	94	100	$143.55	$114.94
FQHC / RHC	$6,652	$5,880	$0.09	$0.07	39	24	$27.37	$35.85
Home Health	$1,300	$1,101	$0.02	$0.01	1	0	$325.00	$1,101.08
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$861,070	$936,206	$11.38	$11.45	14	11	$9,674.95	$12,002.64
IP - Psych	$184,612	$319,709	$2.44	$3.91	53	73	$554.39	$647.18
Lab	$101,358	$120,745	$1.34	$1.48	1,922	1,894	$8.36	$9.36
OP - Emergency Room & Related	$815,404	$912,445	$10.77	$11.16	404	413	$320.02	$324.02
OP - Other	$962,343	$959,133	$12.71	$11.73	222	212	$687.39	$662.84
Pharmacy	$1,381,069	$1,634,455	$18.24	$20.00	3,512	3,733	$62.35	$64.27
Prof - Anesthesia	$53,726	$52,054	$0.71	$0.64	45	39	$190.52	$195.69
Prof - Child EPSDT	$20,037	$21,916	$0.26	$0.27	291	275	$10.90	$11.68
Prof - Evaluation & Management	$1,330,630	$1,492,032	$17.58	$18.25	2,857	2,930	$73.83	$74.77
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,182,781	$564,218	$15.63	$6.90	1,547	1,711	$121.19	$48.42
Prof - Psych	$131,765	$131,477	$1.74	$1.61	347	331	$60.25	$58.30
Prof - Specialist	$268,848	$275,740	$3.55	$3.37	315	311	$135.44	$130.13
Prof - Vision	$128,049	$152,509	$1.69	$1.87	363	399	$55.89	$56.17
Radiology	$116,663	$109,591	$1.54	$1.34	578	537	$31.97	$29.93
Transportation/Ambulance	$243,991	$317,045	$3.22	$3.88	205	262	$188.99	$177.82
Total	$7,875,710	$8,084,299	$104.04	$98.90				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	12,853	13,703						
Service Type								
DME/Supplies	$37,721	$85,849	$2.93	$6.26	336	532	$104.78	$141.43
FQHC / RHC	$486	$49	$0.04	$0.00	7	1	$69.47	$49.15
Home Health	$4,756	$5,518	$0.37	$0.40	8	24	$528.43	$204.39
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$830,550	$956,472	$64.62	$69.80	66	83	$11,697.89	$10,068.12
IP - Psych	$32,231	$47,158	$2.51	$3.44	43	60	$700.67	$693.50
Lab	$20,248	$23,816	$1.58	$1.74	2,948	3,571	$6.41	$5.84
OP - Emergency Room & Related	$446,932	$531,208	$34.77	$38.77	1,243	1,318	$335.79	$352.96
OP - Other	$304,602	$327,814	$23.70	$23.92	397	456	$716.71	$629.20
Pharmacy	$967,682	$950,974	$75.29	$69.40	14,810	15,157	$61.00	$54.94
Prof - Anesthesia	$20,045	$28,302	$1.56	$2.07	90	138	$208.81	$179.13
Prof - Child EPSDT	$935	$2,056	$0.07	$0.15	131	174	$6.68	$10.33
Prof - Evaluation & Management	$393,718	$469,221	$30.63	$34.24	5,175	5,664	$71.03	$72.55
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$165,998	$220,993	$12.92	$16.13	1,748	1,594	$88.67	$121.42
Prof - Psych	$24,399	$23,865	$1.90	$1.74	410	363	$55.58	$57.64
Prof - Specialist	$98,371	$140,049	$7.65	$10.22	723	776	$127.09	$158.07
Prof - Vision	$17,369	$22,056	$1.35	$1.61	110	159	$147.19	$121.19
Radiology	$75,873	$87,708	$5.90	$6.40	1,553	1,615	$45.62	$47.56
Transportation/Ambulance	$66,813	$73,085	$5.20	$5.33	615	540	$101.39	$118.45
Total	$3,508,731	$3,996,194	$272.99	$291.63				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	17,074	19,274						
Service Type								
DME/Supplies	$159,362	$204,201	$9.33	$10.59	922	1,200	$121.47	$105.97
FQHC / RHC	$1,383	$2,520	$0.08	$0.13	30	52	$32.17	$30.00
Home Health	$25,796	$28,630	$1.51	$1.49	43	55	$422.89	$321.69
IP - Maternity	$12,913	$19,467	$0.76	$1.01	2	6	$4,304.45	$2,162.97
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,686,029	$3,078,778	$157.32	$159.74	143	150	$13,231.67	$12,775.01
IP - Psych	$93,788	$90,927	$5.49	$4.72	89	80	$744.35	$704.86
Lab	$74,708	$89,602	$4.38	$4.65	9,036	9,338	$5.81	$5.97
OP - Emergency Room & Related	$736,072	$917,907	$43.11	$47.62	1,134	1,208	$456.34	$472.90
OP - Other	$1,115,864	$1,393,580	$65.35	$72.30	1,155	1,157	$678.75	$749.64
Pharmacy	$2,515,560	$2,604,815	$147.33	$135.15	32,799	33,332	$53.90	$48.66
Prof - Anesthesia	$77,565	$89,699	$4.54	$4.65	287	313	$190.11	$178.33
Prof - Child EPSDT	$3,873	$4,683	$0.23	$0.24	306	363	$8.90	$8.03
Prof - Evaluation & Management	$1,025,798	$1,247,334	$60.08	$64.72	10,071	10,564	$71.59	$73.51
Prof - Maternity	$5,434	$10,481	$0.32	$0.54	9	8	$418.00	$806.23
Prof - Other	$595,744	$594,769	$34.89	$30.86	3,815	4,243	$109.75	$87.27
Prof - Psych	$79,396	$74,423	$4.65	$3.86	938	754	$59.52	$61.46
Prof - Specialist	$394,579	$437,469	$23.11	$22.70	1,808	1,916	$153.41	$142.13
Prof - Vision	$56,603	$77,701	$3.32	$4.03	497	622	$80.06	$77.78
Radiology	$315,055	$321,664	$18.45	$16.69	3,706	3,654	$59.75	$54.81
Transportation/Ambulance	$106,124	$143,776	$6.22	$7.46	2,293	2,378	$32.53	$37.65
Total	$10,081,648	$11,432,427	$590.47	$593.15				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	1,431,164	1,512,391						
Service Type								
DME/Supplies	$2,298,511	$2,422,624	$1.61	$1.60	228	219	$84.36	$87.80
FQHC / RHC	$374,191	$368,543	$0.26	$0.24	95	87	$32.94	$33.78
Home Health	$263,309	$429,546	$0.18	$0.28	3	4	$723.38	$767.05
IP - Maternity	$10,235,744	$12,355,853	$7.15	$8.17	29	32	$2,964.30	$3,097.48
IP - Newborn	$13,042,744	$13,399,971	$9.11	$8.86	28	30	$3,936.84	$3,533.75
IP - Other	$22,218,015	$21,805,753	$15.52	$14.42	25	22	$7,523.88	$8,046.40
IP - Psych	$2,042,306	$2,041,301	$1.43	$1.35	27	24	$644.46	$669.28
Lab	$2,987,145	$3,570,784	$2.09	$2.36	2,976	3,197	$8.42	$8.86
OP - Emergency Room & Related	$20,514,502	$21,997,351	$14.33	$14.54	650	688	$264.83	$253.63
OP - Other	$19,283,366	$19,678,791	$13.47	$13.01	300	300	$539.53	$520.42
Pharmacy	$35,947,522	$37,767,207	$25.12	$24.97	5,911	5,998	$50.99	$49.96
Prof - Anesthesia	$1,940,699	$1,908,202	$1.36	$1.26	92	89	$176.70	$170.76
Prof - Child EPSDT	$1,658,316	$1,993,835	$1.16	$1.32	1,205	1,315	$11.54	$12.03
Prof - Evaluation & Management	$47,155,658	$50,396,247	$32.95	$33.32	5,555	5,526	$71.18	$72.36
Prof - Maternity	$5,602,030	$6,266,152	$3.91	$4.14	66	72	$713.36	$689.80
Prof - Other	$14,243,392	$14,022,931	$9.95	$9.27	2,672	2,783	$44.70	$39.98
Prof - Psych	$1,748,754	$1,737,560	$1.22	$1.15	242	222	$60.67	$62.12
Prof - Specialist	$5,302,422	$5,425,411	$3.70	$3.59	385	397	$115.43	$108.45
Prof - Vision	$2,487,635	$2,874,871	$1.74	$1.90	279	297	$74.89	$76.87
Radiology	$3,808,224	$4,070,440	$2.66	$2.69	789	777	$40.47	$41.59
Transportation/Ambulance	$4,577,857	$5,388,160	$3.20	$3.56	324	330	$118.55	$129.52
Total	$217,732,342	$229,921,532	$152.14	$152.03				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	35,662	35,488						
Service Type								
DME/Supplies	$120,938	$119,708	$3.39	$3.37	585	562	$69.54	$72.03
FQHC / RHC	$363,767	$373,232	$10.20	$10.52	3,401	3,449	$35.99	$36.59
Home Health	$2,893	$22,434	$0.08	$0.63	3	9	$289.32	$801.20
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$6,600,854	$6,569,768	$185.09	$185.13	678	628	$3,275.86	$3,535.68
IP - Other	$959,066	$1,128,310	$26.89	$31.79	101	96	$3,196.89	$3,986.96
IP - Psych	$47,754	$50,010	$1.34	$1.41	0	2	-	$7,144.34
Lab	$58,627	$67,492	$1.64	$1.90	1,544	1,601	$12.78	$14.25
OP - Emergency Room & Related	$401,254	$364,877	$11.25	$10.28	1,086	1,074	$124.34	$114.89
OP - Other	$456,292	$392,936	$12.79	$11.07	611	604	$251.26	$219.89
Pharmacy	$691,229	$578,422	$19.38	$16.30	4,904	5,066	$47.43	$38.61
Prof - Anesthesia	$34,496	$37,861	$0.97	$1.07	72	65	$160.45	$196.17
Prof - Child EPSDT	$148,242	$182,150	$4.16	$5.13	4,460	5,188	$11.18	$11.87
Prof - Evaluation & Management	$2,954,238	$3,103,706	$82.84	$87.46	12,250	12,397	$81.15	$84.66
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$489,355	$589,073	$13.72	$16.60	5,583	5,677	$29.49	$35.08
Prof - Psych	$52,857	$52,197	$1.48	$1.47	0	0	-	-
Prof - Specialist	$216,883	$228,138	$6.08	$6.43	656	576	$111.28	$134.03
Prof - Vision	$55,224	$54,660	$1.55	$1.54	90	79	$207.61	$234.59
Radiology	$62,337	$63,593	$1.75	$1.79	1,538	1,513	$13.63	$14.21
Transportation/Ambulance	$201,957	$184,130	$5.66	$5.19	548	498	$124.05	$124.92
Total	$13,918,262	$14,162,698	$390.28	$399.08				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	138,861	139,962						
Service Type								
DME/Supplies	$178,142	$214,319	$1.28	$1.53	228	236	$67.50	$77.79
FQHC / RHC	$554,389	$607,866	$3.99	$4.34	1,362	1,501	$35.17	$34.72
Home Health	$4,497	$1,392	$0.03	$0.01	1	1	$299.77	$174.02
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,828,094	$1,681,911	$13.16	$12.02	33	32	$4,823.47	$4,558.02
IP - Psych	$179,461	$193,431	$1.29	$1.38	0	1	-	$16,119.21
Lab	$244,536	$256,257	$1.76	$1.83	1,650	1,685	$12.81	$13.04
OP - Emergency Room & Related	$1,028,629	$981,476	$7.41	$7.01	734	712	$121.11	$118.22
OP - Other	$1,887,961	$1,760,000	$13.60	$12.57	346	355	$471.28	$424.81
Pharmacy	$2,185,696	$2,372,943	$15.74	$16.95	4,648	4,960	$40.63	$41.02
Prof - Anesthesia	$141,703	$123,401	$1.02	$0.88	99	90	$123.43	$117.97
Prof - Child EPSDT	$171,368	$172,261	$1.23	$1.23	1,325	1,299	$11.18	$11.37
Prof - Evaluation & Management	$3,162,159	$3,418,240	$22.77	$24.42	4,191	4,333	$65.20	$67.63
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$656,063	$1,210,143	$4.72	$8.65	1,567	1,795	$36.17	$57.79
Prof - Psych	$275,316	$263,920	$1.98	$1.89	151	117	$157.86	$192.64
Prof - Specialist	$397,848	$376,194	$2.87	$2.69	350	314	$98.11	$102.62
Prof - Vision	$216,075	$223,437	$1.56	$1.60	101	109	$184.05	$176.21
Radiology	$88,820	$86,840	$0.64	$0.62	466	432	$16.48	$17.25
Transportation/Ambulance	$526,444	$554,768	$3.79	$3.96	473	431	$96.21	$110.42
Total	$13,727,199	$14,498,799	$98.86	$103.59				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	181,342	190,320						
Service Type								
DME/Supplies	$165,185	$209,593	$0.91	$1.10	137	145	$79.76	$91.21
FQHC / RHC	$356,062	$419,157	$1.96	$2.20	616	710	$38.25	$37.22
Home Health	$2,609	$105	$0.01	$0.00	0	0	$521.87	$105.00
IP - Maternity	$10,779	$6,898	$0.06	$0.04	0	0	$2,155.88	$2,299.27
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$981,390	$915,182	$5.41	$4.81	13	10	$5,058.71	$5,649.27
IP - Psych	$510,272	$495,482	$2.81	$2.60	36	38	$938.00	$812.27
Lab	$276,775	$304,989	$1.53	$1.60	1,343	1,365	$13.64	$14.09
OP - Emergency Room & Related	$1,045,813	$1,016,413	$5.77	$5.34	418	398	$165.71	$160.98
OP - Other	$1,397,579	$1,381,782	$7.71	$7.26	296	271	$312.59	$321.34
Pharmacy	$5,416,594	$5,702,904	$29.87	$29.96	5,405	5,752	$66.32	$62.51
Prof - Anesthesia	$70,788	$70,152	$0.39	$0.37	38	36	$123.76	$122.00
Prof - Child EPSDT	$48,869	$47,456	$0.27	$0.25	267	259	$12.13	$11.54
Prof - Evaluation & Management	$2,806,732	$3,146,445	$15.48	$16.53	2,856	2,947	$65.04	$67.32
Prof - Maternity	$8,885	$5,200	$0.05	$0.03	1	0	$592.34	$1,299.97
Prof - Other	$643,144	$740,863	$3.55	$3.89	1,237	1,364	$34.41	$34.24
Prof - Psych	$788,961	$772,903	$4.35	$4.06	885	732	$58.98	$66.54
Prof - Specialist	$386,973	$396,727	$2.13	$2.08	271	241	$94.61	$103.75
Prof - Vision	$318,489	$350,648	$1.76	$1.84	348	323	$60.49	$68.47
Radiology	$178,599	$178,206	$0.98	$0.94	513	485	$23.04	$23.16
Transportation/Ambulance	$708,316	$749,709	$3.91	$3.94	1,407	942	$33.32	$50.19
Total	$16,122,817	$16,910,814	$88.91	$88.85				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	34,267	34,409						
Service Type								
DME/Supplies	$28,989	$40,896	$0.85	$1.19	107	129	$94.74	$110.23
FQHC / RHC	$132,100	$167,473	$3.86	$4.87	971	1,111	$47.66	$52.58
Home Health	$5,875	$3,797	$0.17	$0.11	5	4	$451.89	$345.20
IP - Maternity	$1,066,506	$841,816	$31.12	$24.46	153	116	$2,446.12	$2,520.41
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$590,586	$606,966	$17.23	$17.64	23	23	$8,948.28	$9,337.94
IP - Psych	$182,244	$194,828	$5.32	$5.66	109	106	$584.12	$638.78
Lab	$271,084	$261,689	$7.91	$7.61	5,869	5,446	$16.18	$16.76
OP - Emergency Room & Related	$597,986	$591,328	$17.45	$17.19	954	882	$219.44	$233.73
OP - Other	$494,860	$544,395	$14.44	$15.82	797	770	$217.43	$246.44
Pharmacy	$1,183,810	$1,088,274	$34.55	$31.63	10,165	10,094	$40.78	$37.60
Prof - Anesthesia	$80,831	$69,279	$2.36	$2.01	169	146	$167.35	$165.34
Prof - Child EPSDT	$40,011	$23,455	$1.17	$0.68	425	430	$32.96	$19.02
Prof - Evaluation & Management	$1,014,872	$947,488	$29.62	$27.54	5,084	4,726	$69.90	$69.91
Prof - Maternity	$670,784	$514,134	$19.58	$14.94	601	447	$391.13	$401.35
Prof - Other	$218,969	$267,156	$6.39	$7.76	1,819	1,899	$42.17	$49.07
Prof - Psych	$176,526	$141,411	$5.15	$4.11	981	737	$63.02	$66.96
Prof - Specialist	$127,520	$136,791	$3.72	$3.98	678	611	$65.83	$78.08
Prof - Vision	$58,775	$72,187	$1.72	$2.10	459	440	$44.83	$57.15
Radiology	$232,089	$215,171	$6.77	$6.25	1,404	1,397	$57.89	$53.73
Transportation/Ambulance	$177,471	$183,940	$5.18	$5.35	983	855	$63.22	$75.02
Total	$7,351,887	$6,912,471	$214.55	$200.89				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	63,975	67,323						
Service Type								
DME/Supplies	$248,186	$242,389	$3.88	$3.60	400	416	$116.30	$103.76
FQHC / RHC	$466,388	$430,953	$7.29	$6.40	1,444	1,377	$60.59	$55.77
Home Health	$45,522	$24,143	$0.71	$0.36	19	14	$441.96	$298.06
IP - Maternity	$3,907,430	$4,024,572	$61.08	$59.78	284	272	$2,584.28	$2,635.61
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,430,324	$3,046,791	$37.99	$45.26	69	66	$6,640.23	$8,168.34
IP - Psych	$355,974	$356,814	$5.56	$5.30	120	106	$555.34	$600.70
Lab	$906,878	$961,735	$14.18	$14.29	9,667	8,911	$17.60	$19.24
OP - Emergency Room & Related	$2,413,140	$2,287,984	$37.72	$33.99	1,715	1,551	$263.93	$262.96
OP - Other	$2,437,992	$2,534,719	$38.11	$37.65	1,614	1,531	$283.29	$295.01
Pharmacy	$5,224,302	$5,239,424	$81.66	$77.83	22,820	23,146	$42.94	$40.35
Prof - Anesthesia	$279,443	$309,765	$4.37	$4.60	334	336	$156.99	$164.42
Prof - Child EPSDT	$87,255	$41,612	$1.36	$0.62	527	506	$31.06	$14.65
Prof - Evaluation & Management	$2,672,087	$2,745,190	$41.77	$40.78	7,422	7,487	$67.53	$65.36
Prof - Maternity	$2,312,711	$2,371,568	$36.15	$35.23	1,102	1,099	$393.59	$384.81
Prof - Other	$786,044	$928,947	$12.29	$13.80	2,392	2,801	$61.64	$59.10
Prof - Psych	$274,591	$251,908	$4.29	$3.74	921	768	$55.91	$58.46
Prof - Specialist	$816,680	$857,194	$12.77	$12.73	1,523	1,459	$100.59	$104.70
Prof - Vision	$95,579	$108,481	$1.49	$1.61	205	205	$87.37	$94.50
Radiology	$1,000,553	$991,208	$15.64	$14.72	3,080	2,863	$60.93	$61.72
Transportation/Ambulance	$465,770	$538,921	$7.28	$8.01	1,557	1,713	$56.11	$56.09
Total	$27,226,849	$28,294,318	$425.59	$420.28				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	27,216	27,617						
Service Type								
DME/Supplies	$33,391	$39,565	$1.23	$1.43	106	143	$139.13	$120.63
FQHC / RHC	$58,690	$73,361	$2.16	$2.66	560	706	$46.25	$45.15
Home Health	$2,878	$0	$0.11	$0.00	2	0	$719.61	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$445,317	$217,403	$16.36	$7.87	21	13	$9,474.83	$7,246.76
IP - Psych	$107,359	$123,381	$3.94	$4.47	72	101	$658.64	$529.53
Lab	$50,305	$52,144	$1.85	$1.89	1,524	1,478	$14.56	$15.33
OP - Emergency Room & Related	$250,440	$237,905	$9.20	$8.61	491	450	$225.01	$229.86
OP - Other	$328,372	$268,688	$12.07	$9.73	337	335	$429.81	$348.49
Pharmacy	$768,207	$792,294	$28.23	$28.69	5,347	5,617	$63.34	$61.29
Prof - Anesthesia	$13,236	$12,229	$0.49	$0.44	39	33	$150.40	$158.82
Prof - Child EPSDT	$5,258	$5,003	$0.19	$0.18	205	202	$11.33	$10.76
Prof - Evaluation & Management	$407,169	$425,719	$14.96	$15.42	2,600	2,640	$69.06	$70.07
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$207,000	$134,683	$7.61	$4.88	1,155	1,414	$79.01	$41.38
Prof - Psych	$102,814	$106,264	$3.78	$3.85	687	661	$65.95	$69.82
Prof - Specialist	$100,554	$103,086	$3.69	$3.73	358	333	$123.83	$134.58
Prof - Vision	$44,523	$48,863	$1.64	$1.77	285	299	$68.82	$71.02
Radiology	$54,034	$55,307	$1.99	$2.00	826	811	$28.85	$29.62
Transportation/Ambulance	$106,411	$110,264	$3.91	$3.99	978	730	$47.95	$65.63
Total	$3,085,959	$2,806,160	$113.39	$101.61				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	7,474	7,909						
Service Type								
DME/Supplies	$43,328	$36,163	$5.80	$4.57	554	640	$125.59	$85.69
FQHC / RHC	$15,257	$25,530	$2.04	$3.23	475	816	$51.54	$47.45
Home Health	$3,517	$638	$0.47	$0.08	26	3	$219.83	$319.12
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$386,032	$622,679	$51.65	$78.73	69	93	$8,977.49	$10,207.85
IP - Psych	$29,154	$36,525	$3.90	$4.62	80	86	$583.08	$640.78
Lab	$34,767	$34,117	$4.65	$4.31	3,438	3,355	$16.24	$15.43
OP - Emergency Room & Related	$247,153	$211,864	$33.07	$26.79	1,342	1,212	$295.64	$265.16
OP - Other	$200,103	$252,534	$26.77	$31.93	893	803	$359.90	$477.38
Pharmacy	$629,232	$567,005	$84.19	$71.69	18,726	18,943	$53.95	$45.41
Prof - Anesthesia	$6,221	$10,191	$0.83	$1.29	59	103	$168.14	$149.86
Prof - Child EPSDT	$1,980	$2,067	$0.26	$0.26	382	402	$8.32	$7.80
Prof - Evaluation & Management	$216,219	$235,479	$28.93	$29.77	5,269	5,467	$65.88	$65.36
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$95,174	$76,828	$12.73	$9.71	2,090	2,035	$73.10	$57.29
Prof - Psych	$24,065	$24,196	$3.22	$3.06	565	540	$68.37	$67.97
Prof - Specialist	$69,497	$93,109	$9.30	$11.77	1,021	1,200	$109.27	$117.71
Prof - Vision	$10,798	$11,747	$1.44	$1.49	154	156	$112.48	$114.05
Radiology	$57,377	$56,891	$7.68	$7.19	2,270	2,079	$40.58	$41.53
Transportation/Ambulance	$51,701	$57,243	$6.92	$7.24	1,010	1,071	$82.20	$81.08
Total	$2,121,575	$2,354,806	$283.86	$297.74				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	6,518	6,913						
Service Type								
DME/Supplies	$98,375	$95,809	$15.09	$13.86	1,438	1,448	$125.96	$114.88
FQHC / RHC	$40,290	$60,755	$6.18	$8.79	1,707	1,720	$43.46	$61.31
Home Health	$6,998	$5,367	$1.07	$0.78	24	36	$538.31	$255.57
IP - Maternity	$1,744	$6,236	$0.27	$0.90	2	3	$1,744.19	$3,118.19
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$634,336	$746,272	$97.32	$107.95	140	118	$8,346.53	$10,974.59
IP - Psych	$42,615	$30,511	$6.54	$4.41	123	87	$636.05	$610.23
Lab	$74,659	$77,049	$11.45	$11.15	8,898	8,119	$15.45	$16.47
OP - Emergency Room & Related	$200,006	$192,130	$30.69	$27.79	981	849	$375.25	$392.90
OP - Other	$437,257	$483,867	$67.08	$69.99	1,928	2,024	$417.63	$414.98
Pharmacy	$1,178,752	$1,204,589	$180.85	$174.25	42,768	42,957	$50.74	$48.68
Prof - Anesthesia	$13,177	$16,450	$2.02	$2.38	156	200	$155.02	$143.05
Prof - Child EPSDT	$2,692	$2,775	$0.41	$0.40	567	575	$8.74	$8.38
Prof - Evaluation & Management	$307,089	$326,733	$47.11	$47.26	8,169	8,495	$69.21	$66.76
Prof - Maternity	$2,059	$6,041	$0.32	$0.87	18	64	$205.93	$163.28
Prof - Other	$199,546	$204,378	$30.61	$29.56	3,910	5,546	$93.95	$63.97
Prof - Psych	$20,618	$21,479	$3.16	$3.11	862	854	$44.06	$43.66
Prof - Specialist	$140,360	$147,567	$21.53	$21.35	2,202	2,319	$117.36	$110.45
Prof - Vision	$15,978	$19,138	$2.45	$2.77	335	404	$87.79	$82.14
Radiology	$84,035	$100,189	$12.89	$14.49	3,192	3,718	$48.46	$46.77
Transportation/Ambulance	$47,774	$74,561	$7.33	$10.79	2,425	2,569	$36.27	$50.38
Total	$3,548,361	$3,821,898	$544.39	$552.86				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	495,315	509,941						
Service Type								
DME/Supplies	$916,535	$998,442	$1.85	$1.96	248	259	$89.37	$90.72
FQHC / RHC	$1,986,943	$2,158,325	$4.01	$4.23	1,166	1,248	$41.28	$40.70
Home Health	$74,790	$57,876	$0.15	$0.11	4	4	$417.82	$380.76
IP - Maternity	$4,986,460	$4,879,521	$10.07	$9.57	47	44	$2,551.92	$2,614.96
IP - Newborn	$6,600,854	$6,569,768	$13.33	$12.88	49	44	$3,275.86	$3,535.68
IP - Other	$8,255,145	$8,965,514	$16.67	$17.58	36	33	$5,611.93	$6,354.01
IP - Psych	$1,454,833	$1,480,982	$2.94	$2.90	43	44	$818.70	$792.82
Lab	$1,917,632	$2,015,471	$3.87	$3.95	2,973	2,869	$15.63	$16.53
OP - Emergency Room & Related	$6,184,421	$5,883,978	$12.49	$11.54	784	738	$190.99	$187.71
OP - Other	$7,640,417	$7,618,921	$15.43	$14.94	570	553	$324.54	$324.25
Pharmacy	$17,277,822	$17,545,856	$34.88	$34.41	8,425	8,778	$49.69	$47.04
Prof - Anesthesia	$639,895	$649,328	$1.29	$1.27	107	103	$145.17	$148.35
Prof - Child EPSDT	$505,675	$476,778	$1.02	$0.93	912	935	$13.43	$12.00
Prof - Evaluation & Management	$13,540,565	$14,348,998	$27.34	$28.14	4,743	4,802	$69.17	$70.32
Prof - Maternity	$2,994,439	$2,896,943	$6.05	$5.68	185	176	$393.18	$387.03
Prof - Other	$3,295,294	$4,152,071	$6.65	$8.14	1,875	2,078	$42.57	$47.01
Prof - Psych	$1,715,748	$1,634,278	$3.46	$3.20	611	512	$68.05	$75.05
Prof - Specialist	$2,256,314	$2,338,806	$4.56	$4.59	552	518	$98.99	$106.19
Prof - Vision	$815,441	$889,161	$1.65	$1.74	243	237	$81.26	$88.41
Radiology	$1,757,843	$1,747,406	$3.55	$3.43	1,046	1,004	$40.72	$40.97
Transportation/Ambulance	$2,285,845	$2,453,537	$4.61	$4.81	1,057	879	$52.39	$65.67
Total	$87,102,909	$89,761,963	$175.85	$176.02				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	86,634	86,722						
Service Type								
DME/Supplies	$505,601	$527,890	$5.84	$6.09	1,066	1,244	$65.71	$58.71
FQHC / RHC	$82,136	$96,424	$0.95	$1.11	260	280	$43.81	$47.69
Home Health	$222,161	$114,753	$2.56	$1.32	4	19	$7,660.74	$843.78
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$19,152,086	$17,451,203	$221.07	$201.23	543	618	$4,883.24	$3,908.27
IP - Other	$5,256,965	$2,273,661	$60.68	$26.22	80	82	$9,158.48	$3,821.28
IP - Psych	$110,441	$121,422	$1.27	$1.40	0	0	-	-
Lab	$126,305	$157,366	$1.46	$1.81	1,645	1,839	$10.63	$11.84
OP - Emergency Room & Related	$1,503,172	$1,709,233	$17.35	$19.71	1,202	1,310	$173.16	$180.49
OP - Other	$1,655,696	$1,330,151	$19.11	$15.34	1,426	1,155	$160.78	$159.36
Pharmacy	$1,457,819	$1,538,525	$16.83	$17.74	4,642	4,779	$43.50	$44.54
Prof - Anesthesia	$112,905	$76,477	$1.30	$0.88	69	59	$225.36	$179.10
Prof - Child EPSDT	$360,175	$557,543	$4.16	$6.43	4,462	6,095	$11.18	$12.66
Prof - Evaluation & Management	$8,096,417	$8,519,270	$93.46	$98.24	14,064	14,130	$79.74	$83.43
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,258,234	$1,437,443	$14.52	$16.58	6,694	6,773	$26.04	$29.37
Prof - Psych	$124,559	$134,937	$1.44	$1.56	6	2	$2,965.70	$9,638.34
Prof - Specialist	$629,419	$544,138	$7.27	$6.27	752	723	$115.98	$104.18
Prof - Vision	$111,303	$114,658	$1.28	$1.32	52	53	$296.81	$300.94
Radiology	$141,038	$134,165	$1.63	$1.55	1,287	1,232	$15.18	$15.06
Transportation/Ambulance	$385,778	$414,914	$4.45	$4.78	666	637	$80.20	$90.08
Total	$41,292,210	$37,254,175	$476.63	$429.58				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	362,407	365,510						
Service Type								
DME/Supplies	$704,449	$726,189	$1.94	$1.99	389	426	$59.90	$56.02
FQHC / RHC	$122,125	$151,713	$0.34	$0.42	100	127	$40.44	$39.30
Home Health	$145,253	$116,133	$0.40	$0.32	4	5	$1,357.51	$725.83
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$5,220,645	$4,731,709	$14.41	$12.95	29	29	$6,000.74	$5,346.56
IP - Psych	$481,160	$528,320	$1.33	$1.45	1	1	$16,591.74	$13,903.16
Lab	$551,919	$698,435	$1.52	$1.91	1,783	2,098	$10.25	$10.93
OP - Emergency Room & Related	$4,160,131	$4,759,487	$11.48	$13.02	787	903	$174.94	$173.03
OP - Other	$6,720,659	$6,481,462	$18.54	$17.73	677	627	$328.90	$339.61
Pharmacy	$5,957,227	$6,326,767	$16.44	$17.31	4,456	4,931	$44.27	$42.13
Prof - Anesthesia	$324,468	$311,911	$0.90	$0.85	70	68	$153.85	$150.61
Prof - Child EPSDT	$481,399	$537,632	$1.33	$1.47	1,456	1,462	$10.95	$12.07
Prof - Evaluation & Management	$9,773,411	$10,798,190	$26.97	$29.54	4,804	4,983	$67.36	$71.15
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,927,460	$2,005,492	$5.32	$5.49	1,756	1,930	$36.35	$34.12
Prof - Psych	$688,761	$717,875	$1.90	$1.96	149	133	$153.54	$177.65
Prof - Specialist	$1,042,699	$1,103,043	$2.88	$3.02	357	341	$96.74	$106.05
Prof - Vision	$468,713	$480,024	$1.29	$1.31	94	96	$165.51	$164.05
Radiology	$220,478	$208,036	$0.61	$0.57	419	431	$17.41	$15.83
Transportation/Ambulance	$1,291,660	$1,371,985	$3.56	$3.75	418	449	$102.41	$100.37
Total	$40,282,617	$42,054,406	$111.15	$115.06				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	473,096	497,614						
Service Type								
DME/Supplies	$667,993	$654,657	$1.41	$1.32	208	237	$81.50	$66.54
FQHC / RHC	$171,619	$186,395	$0.36	$0.37	93	101	$46.98	$44.71
Home Health	$4,308	$13,116	$0.01	$0.03	1	1	$138.98	$273.26
IP - Maternity	$16,343	$30,488	$0.03	$0.06	0	0	$2,042.82	$2,540.67
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,773,080	$3,550,504	$7.98	$7.14	15	13	$6,330.67	$6,514.69
IP - Psych	$1,420,155	$1,556,869	$3.00	$3.13	52	44	$696.15	$848.89
Lab	$602,771	$745,481	$1.27	$1.50	1,365	1,545	$11.20	$11.64
OP - Emergency Room & Related	$4,061,133	$4,503,654	$8.58	$9.05	465	501	$221.45	$216.78
OP - Other	$5,068,295	$4,798,791	$10.71	$9.64	464	415	$277.27	$279.05
Pharmacy	$13,667,308	$14,806,818	$28.89	$29.76	5,082	5,608	$68.22	$63.68
Prof - Anesthesia	$200,043	$200,652	$0.42	$0.40	33	31	$154.59	$157.00
Prof - Child EPSDT	$117,274	$118,483	$0.25	$0.24	249	238	$11.94	$11.99
Prof - Evaluation & Management	$7,925,443	$9,244,900	$16.75	$18.58	2,967	3,127	$67.75	$71.29
Prof - Maternity	$12,942	$18,343	$0.03	$0.04	0	1	$681.17	$333.51
Prof - Other	$1,971,660	$2,548,735	$4.17	$5.12	1,204	1,452	$41.55	$42.32
Prof - Psych	$1,861,703	$1,797,064	$3.94	$3.61	792	669	$59.60	$64.81
Prof - Specialist	$1,098,559	$1,091,864	$2.32	$2.19	236	221	$118.23	$119.38
Prof - Vision	$662,462	$710,561	$1.40	$1.43	363	345	$46.31	$49.72
Radiology	$380,808	$433,134	$0.80	$0.87	457	457	$21.14	$22.87
Transportation/Ambulance	$1,549,244	$1,705,213	$3.27	$3.43	590	750	$66.59	$54.85
Total	$45,233,143	$48,715,724	$95.61	$97.90				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	90,639	89,856						
Service Type								
DME/Supplies	$66,003	$87,570	$0.73	$0.97	96	117	$90.66	$99.62
FQHC / RHC	$102,674	$100,256	$1.13	$1.12	280	247	$48.52	$54.13
Home Health	$6,964	$10,019	$0.08	$0.11	3	5	$331.62	$286.26
IP - Maternity	$2,547,667	$2,329,566	$28.11	$25.93	126	118	$2,676.12	$2,638.24
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,002,382	$1,885,801	$33.12	$20.99	17	20	$23,456.11	$12,572.01
IP - Psych	$493,898	$660,991	$5.45	$7.36	133	151	$492.42	$584.43
Lab	$418,722	$428,853	$4.62	$4.77	5,100	5,042	$10.87	$11.36
OP - Emergency Room & Related	$2,192,857	$2,084,491	$24.19	$23.20	1,048	1,057	$277.12	$263.39
OP - Other	$1,960,253	$2,036,946	$21.63	$22.67	1,053	927	$246.39	$293.51
Pharmacy	$2,587,197	$2,643,633	$28.54	$29.42	8,649	8,933	$39.60	$39.52
Prof - Anesthesia	$201,209	$187,646	$2.22	$2.09	131	133	$202.83	$188.21
Prof - Child EPSDT	$54,270	$41,640	$0.60	$0.46	279	292	$25.74	$19.05
Prof - Evaluation & Management	$2,355,228	$2,393,617	$25.98	$26.64	4,530	4,587	$68.83	$69.69
Prof - Maternity	$1,430,749	$1,398,775	$15.79	$15.57	293	293	$646.23	$637.55
Prof - Other	$613,699	$717,440	$6.77	$7.98	1,338	1,573	$60.72	$60.91
Prof - Psych	$378,855	$360,690	$4.18	$4.01	885	835	$56.69	$57.67
Prof - Specialist	$329,161	$373,658	$3.63	$4.16	409	432	$106.49	$115.58
Prof - Vision	$127,698	$132,876	$1.41	$1.48	445	426	$37.99	$41.61
Radiology	$468,385	$421,040	$5.17	$4.69	1,225	1,213	$50.64	$46.36
Transportation/Ambulance	$423,128	$441,161	$4.67	$4.91	832	868	$67.34	$67.91
Total	$19,761,000	$18,736,670	$218.02	$208.52				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	181,979	190,035						
Service Type								
DME/Supplies	$595,111	$675,502	$3.27	$3.55	297	338	$131.98	$126.19
FQHC / RHC	$513,954	$389,732	$2.82	$2.05	570	433	$59.44	$56.83
Home Health	$107,027	$122,457	$0.59	$0.64	22	22	$327.30	$350.88
IP - Maternity	$11,729,172	$11,208,854	$64.45	$58.98	250	239	$3,089.88	$2,962.17
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$6,990,784	$8,221,814	$38.42	$43.26	64	65	$7,251.85	$7,959.16
IP - Psych	$1,077,967	$1,028,009	$5.92	$5.41	142	105	$498.83	$615.57
Lab	$1,393,598	$1,541,813	$7.66	$8.11	8,186	8,210	$11.23	$11.86
OP - Emergency Room & Related	$9,778,760	$10,018,681	$53.74	$52.72	2,019	2,074	$319.45	$304.99
OP - Other	$10,699,459	$10,310,756	$58.80	$54.26	1,928	1,742	$365.99	$373.81
Pharmacy	$12,925,602	$14,273,095	$71.03	$75.11	21,452	22,443	$39.73	$40.16
Prof - Anesthesia	$915,723	$896,869	$5.03	$4.72	322	310	$187.34	$182.96
Prof - Child EPSDT	$127,760	$73,013	$0.70	$0.38	233	260	$36.10	$17.72
Prof - Evaluation & Management	$7,423,871	$7,993,657	$40.80	$42.06	7,402	7,658	$66.14	$65.91
Prof - Maternity	$5,850,561	$6,127,913	$32.15	$32.25	610	580	$632.56	$666.66
Prof - Other	$2,251,270	$2,834,033	$12.37	$14.91	1,685	1,908	$88.11	$93.79
Prof - Psych	$1,012,152	$895,388	$5.56	$4.71	1,406	1,108	$47.47	$51.01
Prof - Specialist	$2,329,982	$2,411,851	$12.80	$12.69	970	971	$158.42	$156.82
Prof - Vision	$203,082	$211,950	$1.12	$1.12	152	138	$87.88	$97.18
Radiology	$2,367,924	$2,424,674	$13.01	$12.76	3,077	3,087	$50.75	$49.60
Transportation/Ambulance	$1,177,594	$1,314,211	$6.47	$6.92	1,888	2,176	$41.14	$38.13
Total	$79,471,353	$82,974,269	$436.71	$436.63				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	74,188	75,154						
Service Type								
DME/Supplies	$116,593	$133,388	$1.57	$1.77	146	171	$129.40	$124.20
FQHC / RHC	$29,645	$30,969	$0.40	$0.41	98	104	$49.16	$47.35
Home Health	$7,183	$1,623	$0.10	$0.02	3	1	$342.06	$180.35
IP - Maternity	$10,039	$4,412	$0.14	$0.06	0	0	$5,019.33	$2,205.77
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,196,885	$1,146,871	$16.13	$15.26	18	15	$10,591.90	$12,331.95
IP - Psych	$289,264	$353,372	$3.90	$4.70	100	88	$467.31	$642.50
Lab	$90,901	$94,078	$1.23	$1.25	1,300	1,296	$11.31	$11.59
OP - Emergency Room & Related	$1,128,949	$1,124,007	$15.22	$14.96	585	586	$312.21	$306.27
OP - Other	$1,057,647	$1,173,740	$14.26	$15.62	444	435	$384.88	$431.20
Pharmacy	$2,196,533	$2,242,365	$29.61	$29.84	4,719	4,993	$75.30	$71.71
Prof - Anesthesia	$43,676	$41,403	$0.59	$0.55	38	38	$184.29	$176.18
Prof - Child EPSDT	$13,965	$14,033	$0.19	$0.19	182	189	$12.40	$11.87
Prof - Evaluation & Management	$1,094,261	$1,195,446	$14.75	$15.91	2,538	2,686	$69.75	$71.08
Prof - Maternity	$2,824	$4,033	$0.04	$0.05	1	0	$705.94	$2,016.59
Prof - Other	$314,528	$523,814	$4.24	$6.97	997	1,289	$51.01	$64.89
Prof - Psych	$289,836	$272,399	$3.91	$3.62	820	743	$57.18	$58.57
Prof - Specialist	$299,100	$285,088	$4.03	$3.79	309	303	$156.76	$150.13
Prof - Vision	$100,425	$104,651	$1.35	$1.39	310	301	$52.39	$55.49
Radiology	$113,809	$112,268	$1.53	$1.49	770	752	$23.89	$23.83
Transportation/Ambulance	$276,298	$289,715	$3.72	$3.85	396	549	$112.73	$84.22
Total	$8,672,360	$9,147,675	$116.90	$121.72				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	18,776	19,714						
Service Type								
DME/Supplies	$130,819	$132,670	$6.97	$6.73	499	485	$167.72	$166.46
FQHC / RHC	$30,023	$22,595	$1.60	$1.15	307	275	$62.55	$49.99
Home Health	$13,970	$22,468	$0.74	$1.14	17	25	$517.40	$547.99
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,699,692	$1,229,754	$90.52	$62.38	77	89	$14,164.10	$8,422.97
IP - Psych	$138,956	$110,977	$7.40	$5.63	161	110	$551.41	$616.54
Lab	$46,425	$45,733	$2.47	$2.32	2,774	2,563	$10.70	$10.86
OP - Emergency Room & Related	$778,382	$694,898	$41.46	$35.25	1,508	1,463	$329.82	$289.18
OP - Other	$808,088	$665,553	$43.04	$33.76	883	784	$585.15	$516.73
Pharmacy	$1,206,235	$1,291,017	$64.24	$65.49	16,386	16,128	$47.05	$48.72
Prof - Anesthesia	$37,614	$28,419	$2.00	$1.44	110	101	$218.68	$171.20
Prof - Child EPSDT	$2,617	$2,407	$0.14	$0.12	157	146	$10.64	$10.03
Prof - Evaluation & Management	$551,537	$572,389	$29.37	$29.03	5,216	5,211	$67.57	$66.87
Prof - Maternity	$106	$0	$0.01	$0.00	1	0	$105.84	-
Prof - Other	$186,248	$208,269	$9.92	$10.56	1,421	1,607	$83.78	$78.89
Prof - Psych	$80,676	$68,764	$4.30	$3.49	885	656	$58.29	$63.85
Prof - Specialist	$253,134	$185,955	$13.48	$9.43	798	712	$202.83	$159.07
Prof - Vision	$21,904	$23,847	$1.17	$1.21	145	125	$96.49	$116.33
Radiology	$93,181	$91,321	$4.96	$4.63	1,992	1,854	$29.89	$29.99
Transportation/Ambulance	$97,729	$96,738	$5.20	$4.91	921	1,197	$67.82	$49.18
Total	$6,177,336	$5,493,773	$329.00	$278.67				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	19,978	21,320						
Service Type								
DME/Supplies	$194,158	$228,627	$9.72	$10.72	971	1,265	$120.15	$101.75
FQHC / RHC	$42,426	$39,212	$2.12	$1.84	610	496	$41.80	$44.51
Home Health	$45,760	$23,794	$2.29	$1.12	71	53	$387.80	$250.46
IP - Maternity	$23,113	$14,427	$1.16	$0.68	3	2	$4,622.65	$3,606.67
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,253,517	$2,536,170	$112.80	$118.96	136	150	$9,971.31	$9,534.47
IP - Psych	$159,983	$102,102	$8.01	$4.79	178	112	$538.66	$513.07
Lab	$106,169	$140,865	$5.31	$6.61	6,622	7,204	$9.63	$11.01
OP - Emergency Room & Related	$906,770	$1,012,914	$45.39	$47.51	1,317	1,403	$413.67	$406.47
OP - Other	$1,922,297	$1,889,290	$96.22	$88.62	2,448	2,373	$471.61	$448.12
Pharmacy	$3,149,480	$3,724,599	$157.65	$174.70	38,558	41,433	$49.06	$50.60
Prof - Anesthesia	$59,358	$58,978	$2.97	$2.77	186	182	$192.10	$182.03
Prof - Child EPSDT	$6,122	$6,264	$0.31	$0.29	377	383	$9.75	$9.20
Prof - Evaluation & Management	$972,258	$1,140,626	$48.67	$53.50	8,623	9,371	$67.72	$68.51
Prof - Maternity	$7,117	$4,520	$0.36	$0.21	5	6	$790.75	$451.97
Prof - Other	$337,374	$400,556	$16.89	$18.79	2,785	3,207	$72.76	$70.30
Prof - Psych	$121,101	$116,289	$6.06	$5.45	1,621	1,411	$44.89	$46.39
Prof - Specialist	$456,049	$468,752	$22.83	$21.99	1,568	1,633	$174.66	$161.58
Prof - Vision	$42,103	$46,899	$2.11	$2.20	357	359	$70.76	$73.62
Radiology	$214,770	$236,810	$10.75	$11.11	3,490	3,732	$36.96	$35.72
Transportation/Ambulance	$122,625	$167,612	$6.14	$7.86	3,459	4,321	$21.29	$21.83
Total	$11,142,550	$12,359,305	$557.74	$579.70				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	1,307,697	1,345,925						
Service Type								
DME/Supplies	$2,980,727	$3,166,494	$2.28	$2.35	332	376	$82.37	$75.14
FQHC / RHC	$1,094,601	$1,017,296	$0.84	$0.76	196	185	$51.13	$49.03
Home Health	$552,627	$424,364	$0.42	$0.32	6	8	$811.49	$486.10
IP - Maternity	$14,326,334	$13,587,747	$10.96	$10.10	44	42	$3,007.84	$2,900.27
IP - Newborn	$19,152,086	$17,451,203	$14.65	$12.97	36	40	$4,883.24	$3,908.27
IP - Other	$29,393,951	$25,576,284	$22.48	$19.00	33	33	$8,185.45	$6,888.31
IP - Psych	$4,171,824	$4,462,062	$3.19	$3.32	59	50	$651.75	$796.51
Lab	$3,336,811	$3,852,624	$2.55	$2.86	2,804	2,979	$10.92	$11.53
OP - Emergency Room & Related	$24,510,155	$25,907,365	$18.74	$19.25	895	955	$251.41	$241.95
OP - Other	$29,892,394	$28,686,689	$22.86	$21.31	866	779	$316.64	$328.31
Pharmacy	$43,147,401	$46,846,820	$32.99	$34.81	8,057	8,657	$49.14	$48.25
Prof - Anesthesia	$1,894,995	$1,802,356	$1.45	$1.34	96	93	$180.44	$173.30
Prof - Child EPSDT	$1,163,583	$1,351,015	$0.89	$1.00	859	953	$12.42	$12.64
Prof - Evaluation & Management	$38,192,427	$41,858,094	$29.21	$31.10	5,031	5,182	$69.66	$72.02
Prof - Maternity	$7,304,298	$7,553,584	$5.59	$5.61	105	102	$635.38	$659.53
Prof - Other	$8,860,472	$10,675,782	$6.78	$7.93	1,812	2,018	$44.87	$47.16
Prof - Psych	$4,557,643	$4,363,406	$3.49	$3.24	669	569	$62.50	$68.36
Prof - Specialist	$6,438,103	$6,464,350	$4.92	$4.80	450	440	$131.22	$130.98
Prof - Vision	$1,737,690	$1,825,466	$1.33	$1.36	238	229	$67.04	$71.03
Radiology	$4,000,393	$4,061,448	$3.06	$3.02	1,006	1,010	$36.51	$35.84
Transportation/Ambulance	$5,324,056	$5,801,548	$4.07	$4.31	782	922	$62.45	$56.10
Total	$252,032,570	$256,735,996	$192.73	$190.75				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	44,479	43,963						
Service Type								
DME/Supplies	$229,406	$213,152	$5.16	$4.85	748	751	$82.76	$77.43
FQHC / RHC	$145,162	$117,691	$3.26	$2.68	983	763	$39.86	$42.12
Home Health	$21,476	$28,330	$0.48	$0.64	35	29	$163.94	$269.80
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$10,984,160	$9,639,980	$246.95	$219.27	623	646	$4,757.11	$4,075.80
IP - Other	$2,142,511	$1,338,114	$48.17	$30.44	91	101	$6,320.09	$3,626.33
IP - Psych	$52,405	$52,154	$1.18	$1.19	0	1	-	$13,038.47
Lab	$73,885	$81,076	$1.66	$1.84	1,786	1,817	$11.16	$12.18
OP - Emergency Room & Related	$639,415	$684,075	$14.38	$15.56	1,127	1,224	$153.04	$152.53
OP - Other	$951,003	$755,469	$21.38	$17.18	1,046	945	$245.36	$218.28
Pharmacy	$857,218	$870,370	$19.27	$19.80	5,009	5,268	$46.17	$45.10
Prof - Anesthesia	$60,721	$61,086	$1.37	$1.39	84	78	$194.62	$215.09
Prof - Child EPSDT	$190,184	$247,710	$4.28	$5.63	4,499	5,511	$11.40	$12.27
Prof - Evaluation & Management	$4,408,552	$4,649,689	$99.12	$105.76	14,494	14,719	$82.06	$86.23
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$784,026	$786,914	$17.63	$17.90	6,833	6,684	$30.96	$32.13
Prof - Psych	$58,186	$56,236	$1.31	$1.28	2	0	$9,697.63	$56,235.71
Prof - Specialist	$290,059	$309,129	$6.52	$7.03	796	806	$98.26	$104.64
Prof - Vision	$67,626	$68,285	$1.52	$1.55	90	88	$201.87	$212.07
Radiology	$78,590	$81,644	$1.77	$1.86	1,582	1,546	$13.40	$14.41
Transportation/Ambulance	$248,622	$281,766	$5.59	$6.41	754	840	$88.98	$91.51
Total	$22,283,206	$20,322,871	$500.98	$462.27				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	175,221	175,504						
Service Type								
DME/Supplies	$235,139	$272,927	$1.34	$1.56	209	254	$77.22	$73.45
FQHC / RHC	$281,772	$216,996	$1.61	$1.24	438	358	$44.03	$41.50
Home Health	$28,500	$24,066	$0.16	$0.14	12	15	$162.86	$112.46
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,662,752	$2,231,511	$9.49	$12.71	27	30	$4,167.30	$5,048.67
IP - Psych	$224,984	$222,110	$1.28	$1.27	0	0	$112,491.92	$74,036.57
Lab	$291,110	$314,631	$1.66	$1.79	1,786	1,839	$11.16	$11.70
OP - Emergency Room & Related	$1,683,262	$1,824,884	$9.61	$10.40	741	840	$155.67	$148.50
OP - Other	$3,494,514	$3,373,760	$19.94	$19.22	583	603	$410.35	$382.56
Pharmacy	$2,760,754	$2,978,228	$15.76	$16.97	4,740	5,140	$39.89	$39.62
Prof - Anesthesia	$199,891	$187,518	$1.14	$1.07	96	89	$141.97	$144.13
Prof - Child EPSDT	$248,897	$253,109	$1.42	$1.44	1,517	1,490	$11.24	$11.62
Prof - Evaluation & Management	$4,691,690	$5,108,827	$26.78	$29.11	4,828	4,954	$66.55	$70.50
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$627,148	$834,526	$3.58	$4.76	1,502	1,569	$28.59	$36.36
Prof - Psych	$298,909	$298,131	$1.71	$1.70	128	118	$159.33	$172.73
Prof - Specialist	$487,591	$431,910	$2.78	$2.46	392	365	$85.12	$80.99
Prof - Vision	$256,221	$263,798	$1.46	$1.50	100	104	$174.89	$173.89
Radiology	$89,946	$97,809	$0.51	$0.56	397	429	$15.53	$15.57
Transportation/Ambulance	$691,174	$749,429	$3.94	$4.27	570	637	$83.02	$80.42
Total	$18,254,255	$19,684,170	$104.18	$112.16				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	240,314	254,909						
Service Type								
DME/Supplies	$280,747	$275,758	$1.17	$1.08	139	132	$100.95	$98.10
FQHC / RHC	$259,760	$259,637	$1.08	$1.02	309	270	$41.92	$45.19
Home Health	$36,373	$29,756	$0.15	$0.12	9	9	$199.85	$164.40
IP - Maternity	$8,128	$6,737	$0.03	$0.03	0	0	$2,709.47	$3,368.46
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,666,795	$1,405,156	$11.10	$5.51	15	14	$8,658.42	$4,812.18
IP - Psych	$541,957	$536,916	$2.26	$2.11	30	24	$913.92	$1,067.43
Lab	$334,870	$385,215	$1.39	$1.51	1,342	1,404	$12.46	$12.92
OP - Emergency Room & Related	$1,974,252	$2,022,988	$8.22	$7.94	460	482	$214.45	$197.42
OP - Other	$2,919,482	$2,817,503	$12.15	$11.05	497	502	$293.30	$264.01
Pharmacy	$7,373,087	$8,256,943	$30.68	$32.39	5,577	5,954	$66.01	$65.29
Prof - Anesthesia	$131,433	$111,576	$0.55	$0.44	44	37	$148.85	$140.52
Prof - Child EPSDT	$64,688	$66,320	$0.27	$0.26	267	255	$12.08	$12.26
Prof - Evaluation & Management	$4,186,577	$4,653,060	$17.42	$18.25	3,143	3,171	$66.52	$69.07
Prof - Maternity	$4,067	$1,962	$0.02	$0.01	1	0	$369.71	$490.52
Prof - Other	$698,623	$1,049,859	$2.91	$4.12	1,005	1,097	$34.71	$45.04
Prof - Psych	$792,157	$785,445	$3.30	$3.08	660	585	$59.98	$63.22
Prof - Specialist	$545,209	$515,903	$2.27	$2.02	256	238	$106.49	$102.10
Prof - Vision	$346,934	$391,297	$1.44	$1.54	363	352	$47.68	$52.32
Radiology	$194,745	$198,598	$0.81	$0.78	482	463	$20.18	$20.20
Transportation/Ambulance	$929,496	$1,000,733	$3.87	$3.93	749	836	$61.97	$56.33
Total	$24,289,380	$24,771,363	$101.07	$97.18				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	45,659	46,700						
Service Type								
DME/Supplies	$39,691	$47,274	$0.87	$1.01	99	114	$105.56	$106.71
FQHC / RHC	$135,229	$117,872	$2.96	$2.52	741	631	$47.97	$47.99
Home Health	$17,544	$12,676	$0.38	$0.27	27	21	$170.33	$152.72
IP - Maternity	$1,404,842	$1,386,269	$30.77	$29.68	144	136	$2,563.58	$2,620.55
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$317,079	$369,398	$6.94	$7.91	18	18	$4,662.93	$5,202.80
IP - Psych	$101,805	$194,960	$2.23	$4.17	44	67	$609.61	$744.12
Lab	$244,253	$218,313	$5.35	$4.67	5,094	4,622	$12.60	$12.14
OP - Emergency Room & Related	$1,002,043	$1,021,769	$21.95	$21.88	1,002	1,029	$262.93	$255.19
OP - Other	$978,820	$1,118,969	$21.44	$23.96	1,068	1,102	$240.85	$260.89
Pharmacy	$1,413,816	$1,541,291	$30.96	$33.00	9,618	10,028	$38.63	$39.49
Prof - Anesthesia	$105,081	$97,802	$2.30	$2.09	153	149	$180.55	$168.92
Prof - Child EPSDT	$57,536	$39,390	$1.26	$0.84	401	418	$37.68	$24.20
Prof - Evaluation & Management	$1,268,615	$1,302,684	$27.78	$27.89	4,983	4,884	$66.92	$68.54
Prof - Maternity	$876,566	$816,330	$19.20	$17.48	527	410	$437.41	$511.81
Prof - Other	$254,989	$305,739	$5.58	$6.55	1,332	1,550	$50.29	$50.67
Prof - Psych	$171,555	$186,779	$3.76	$4.00	803	745	$56.16	$64.45
Prof - Specialist	$151,620	$182,883	$3.32	$3.92	594	606	$67.03	$77.59
Prof - Vision	$70,743	$81,257	$1.55	$1.74	485	520	$38.32	$40.13
Radiology	$247,209	$235,087	$5.41	$5.03	1,273	1,233	$51.02	$49.01
Transportation/Ambulance	$254,272	$263,726	$5.57	$5.65	1,117	1,211	$59.83	$55.98
Total	$9,113,307	$9,540,469	$199.59	$204.29				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	83,557	88,921						
Service Type								
DME/Supplies	$365,489	$318,839	$4.37	$3.59	402	393	$130.58	$109.57
FQHC / RHC	$467,033	$417,962	$5.59	$4.70	1,249	1,038	$53.72	$54.34
Home Health	$166,058	$151,084	$1.99	$1.70	65	69	$369.02	$296.82
IP - Maternity	$5,309,193	$5,518,313	$63.54	$62.06	272	266	$2,798.73	$2,801.17
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$5,277,689	$3,604,455	$63.16	$40.54	78	61	$9,683.83	$7,974.46
IP - Psych	$397,757	$327,727	$4.76	$3.69	91	75	$625.40	$590.50
Lab	$762,005	$729,522	$9.12	$8.20	8,079	7,527	$13.55	$13.08
OP - Emergency Room & Related	$3,779,435	$4,036,056	$45.23	$45.39	1,787	1,804	$303.67	$301.92
OP - Other	$5,314,979	$5,353,674	$63.61	$60.21	2,134	2,122	$357.77	$340.46
Pharmacy	$6,479,579	$6,978,425	$77.55	$78.48	22,375	22,474	$41.59	$41.90
Prof - Anesthesia	$433,049	$412,543	$5.18	$4.64	371	354	$167.85	$157.46
Prof - Child EPSDT	$85,023	$59,821	$1.02	$0.67	459	416	$26.62	$19.41
Prof - Evaluation & Management	$3,530,471	$3,669,245	$42.25	$41.26	7,814	7,732	$64.88	$64.04
Prof - Maternity	$2,926,870	$3,071,698	$35.03	$34.54	909	865	$462.53	$479.35
Prof - Other	$872,043	$992,989	$10.44	$11.17	1,817	1,893	$68.93	$70.78
Prof - Psych	$355,849	$337,322	$4.26	$3.79	1,031	852	$49.55	$53.42
Prof - Specialist	$1,268,504	$1,169,709	$15.18	$13.15	1,468	1,394	$124.13	$113.22
Prof - Vision	$98,684	$116,034	$1.18	$1.30	144	153	$98.10	$102.05
Radiology	$1,124,350	$1,110,496	$13.46	$12.49	3,024	2,819	$53.41	$53.16
Transportation/Ambulance	$629,746	$717,044	$7.54	$8.06	2,408	2,439	$37.57	$39.68
Total	$39,643,806	$39,092,960	$474.45	$439.64				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	37,765	39,311						
Service Type								
DME/Supplies	$56,841	$62,375	$1.51	$1.59	109	133	$166.20	$143.06
FQHC / RHC	$47,368	$38,736	$1.25	$0.99	253	256	$59.43	$46.17
Home Health	$12,933	$9,799	$0.34	$0.25	16	15	$263.93	$195.98
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$644,979	$506,340	$17.08	$12.88	21	21	$9,626.56	$7,446.18
IP - Psych	$120,956	$115,470	$3.20	$2.94	45	48	$857.84	$740.19
Lab	$46,768	$51,824	$1.24	$1.32	1,165	1,157	$12.76	$13.67
OP - Emergency Room & Related	$527,521	$528,774	$13.97	$13.45	553	548	$303.17	$294.42
OP - Other	$533,194	$539,581	$14.12	$13.73	491	507	$345.33	$325.05
Pharmacy	$1,142,056	$1,205,522	$30.24	$30.67	5,168	5,384	$70.22	$68.35
Prof - Anesthesia	$20,184	$21,477	$0.53	$0.55	39	40	$162.77	$162.70
Prof - Child EPSDT	$6,191	$7,656	$0.16	$0.19	179	179	$10.98	$13.09
Prof - Evaluation & Management	$584,882	$628,383	$15.49	$15.98	2,712	2,725	$68.53	$70.39
Prof - Maternity	$361	$0	$0.01	$0.00	0	0	$361.11	-
Prof - Other	$106,009	$136,431	$2.81	$3.47	836	1,000	$40.28	$41.65
Prof - Psych	$126,810	$118,972	$3.36	$3.03	697	585	$57.82	$62.03
Prof - Specialist	$142,025	$123,486	$3.76	$3.14	343	335	$131.38	$112.57
Prof - Vision	$51,984	$57,322	$1.38	$1.46	315	346	$52.40	$50.50
Radiology	$56,553	$56,417	$1.50	$1.44	768	734	$23.39	$23.47
Transportation/Ambulance	$159,434	$180,532	$4.22	$4.59	659	796	$76.84	$69.25
Total	$4,387,050	$4,389,095	$116.17	$111.65				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,058	11,870						
Service Type								
DME/Supplies	$73,547	$65,130	$6.65	$5.49	674	581	$118.43	$113.27
FQHC / RHC	$17,072	$28,238	$1.54	$2.38	399	473	$46.39	$60.34
Home Health	$10,949	$19,136	$0.99	$1.61	50	74	$238.02	$262.14
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$852,214	$865,199	$77.07	$72.89	94	99	$9,795.56	$8,828.56
IP - Psych	$22,473	$42,327	$2.03	$3.57	48	71	$510.75	$604.68
Lab	$26,190	$36,228	$2.37	$3.05	2,740	2,505	$10.37	$14.62
OP - Emergency Room & Related	$546,572	$517,857	$49.43	$43.63	1,654	1,487	$358.64	$352.04
OP - Other	$554,067	$587,592	$50.11	$49.50	1,355	1,325	$443.61	$448.20
Pharmacy	$882,025	$991,141	$79.76	$83.50	19,006	19,160	$50.36	$52.30
Prof - Anesthesia	$15,824	$20,152	$1.43	$1.70	111	128	$155.14	$158.68
Prof - Child EPSDT	$1,809	$1,332	$0.16	$0.11	228	181	$8.61	$7.44
Prof - Evaluation & Management	$357,165	$379,439	$32.30	$31.97	5,783	5,760	$67.02	$66.59
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$76,962	$78,993	$6.96	$6.65	1,568	1,478	$53.26	$54.03
Prof - Psych	$32,767	$33,903	$2.96	$2.86	616	565	$57.69	$60.65
Prof - Specialist	$115,401	$130,503	$10.44	$10.99	1,018	1,067	$123.03	$123.70
Prof - Vision	$14,233	$18,922	$1.29	$1.59	142	143	$108.65	$134.20
Radiology	$74,066	$65,051	$6.70	$5.48	2,349	1,918	$34.21	$34.29
Transportation/Ambulance	$70,770	$90,984	$6.40	$7.67	1,717	1,601	$44.73	$57.44
Total	$3,744,106	$3,972,127	$338.59	$334.64				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	9,031	10,079						
Service Type								
DME/Supplies	$121,060	$108,154	$13.40	$10.73	1,304	1,411	$123.40	$91.27
FQHC / RHC	$42,878	$67,786	$4.75	$6.73	1,188	1,607	$47.96	$50.21
Home Health	$29,420	$16,999	$3.26	$1.69	126	56	$309.68	$361.69
IP - Maternity	$4,444	$19,564	$0.49	$1.94	1	6	$4,443.78	$3,912.80
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,391,377	$1,540,900	$154.07	$152.88	190	180	$9,729.91	$10,204.63
IP - Psych	$64,091	$57,742	$7.10	$5.73	161	93	$529.68	$740.28
Lab	$73,929	$69,824	$8.19	$6.93	7,893	6,476	$12.45	$12.84
OP - Emergency Room & Related	$353,389	$363,154	$39.13	$36.03	1,128	1,180	$416.24	$366.45
OP - Other	$1,176,345	$1,221,926	$130.26	$121.23	3,259	3,047	$479.55	$477.50
Pharmacy	$1,594,290	$1,558,427	$176.54	$154.62	44,091	44,020	$48.05	$42.15
Prof - Anesthesia	$37,772	$39,348	$4.18	$3.90	299	306	$167.88	$153.10
Prof - Child EPSDT	$4,324	$3,887	$0.48	$0.39	573	482	$10.03	$9.60
Prof - Evaluation & Management	$452,047	$516,766	$50.06	$51.27	8,952	9,191	$67.10	$66.94
Prof - Maternity	$2,193	$9,013	$0.24	$0.89	3	5	$1,096.66	$2,253.18
Prof - Other	$151,427	$152,634	$16.77	$15.14	3,189	3,206	$63.09	$56.68
Prof - Psych	$46,040	$43,892	$5.10	$4.35	1,327	1,038	$46.09	$50.33
Prof - Specialist	$275,238	$249,134	$30.48	$24.72	2,296	2,039	$159.28	$145.44
Prof - Vision	$20,419	$24,024	$2.26	$2.38	356	361	$76.19	$79.29
Radiology	$113,678	$114,844	$12.59	$11.39	3,934	3,666	$38.39	$37.30
Transportation/Ambulance	$69,039	$102,172	$7.64	$10.14	4,061	4,325	$22.59	$28.12
Total	$6,023,398	$6,280,189	$666.97	$623.10				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	647,084	671,257						
Service Type								
DME/Supplies	$1,401,921	$1,363,608	$2.17	$2.03	254	265	$102.20	$91.96
FQHC / RHC	$1,396,275	$1,264,917	$2.16	$1.88	553	475	$46.84	$47.60
Home Health	$323,252	$291,847	$0.50	$0.43	23	23	$262.59	$231.26
IP - Maternity	$6,726,607	$6,930,883	$10.40	$10.33	45	45	$2,746.67	$2,765.72
IP - Newborn	$10,984,160	$9,639,980	$16.97	$14.36	43	42	$4,757.11	$4,075.80
IP - Other	$14,955,395	$11,861,073	$23.11	$17.67	36	35	$7,645.91	$6,104.51
IP - Psych	$1,526,428	$1,549,404	$2.36	$2.31	32	29	$895.79	$949.97
Lab	$1,853,010	$1,886,634	$2.86	$2.81	2,732	2,661	$12.58	$12.68
OP - Emergency Room & Related	$10,505,888	$10,999,558	$16.24	$16.39	826	870	$235.73	$226.09
OP - Other	$15,922,405	$15,768,472	$24.61	$23.49	863	867	$342.33	$325.15
Pharmacy	$22,502,825	$24,380,348	$34.78	$36.32	8,509	8,940	$49.05	$48.75
Prof - Anesthesia	$1,003,955	$951,502	$1.55	$1.42	115	109	$161.51	$156.14
Prof - Child EPSDT	$658,651	$679,225	$1.02	$1.01	929	952	$13.15	$12.75
Prof - Evaluation & Management	$19,479,999	$20,908,094	$30.10	$31.15	5,214	5,227	$69.29	$71.51
Prof - Maternity	$3,810,057	$3,899,003	$5.89	$5.81	155	143	$456.51	$486.71
Prof - Other	$3,571,226	$4,338,085	$5.52	$6.46	1,699	1,756	$38.99	$44.15
Prof - Psych	$1,882,273	$1,860,679	$2.91	$2.77	539	478	$64.71	$69.66
Prof - Specialist	$3,275,647	$3,112,657	$5.06	$4.64	557	534	$109.09	$104.13
Prof - Vision	$926,844	$1,020,940	$1.43	$1.52	247	251	$69.58	$72.62
Radiology	$1,979,137	$1,959,947	$3.06	$2.92	1,015	980	$36.15	$35.74
Transportation/Ambulance	$3,052,553	$3,386,387	$4.72	$5.04	999	1,086	$56.69	$55.72
Total	$127,738,509	$128,053,243	$197.41	$190.77				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	101,429	102,024						
Service Type								
DME/Supplies	$318,424	$301,265	$3.14	$2.95	429	420	$87.77	$84.41
FQHC / RHC	$44,529	$44,763	$0.44	$0.44	142	152	$36.98	$34.57
Home Health	$56,414	$62,087	$0.56	$0.61	31	34	$215.32	$217.09
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$21,623,308	$23,004,588	$213.19	$225.48	441	421	$5,798.69	$6,423.27
IP - Other	$3,980,542	$2,426,396	$39.24	$23.78	41	37	$11,504.46	$7,727.38
IP - Psych	$133,097	$132,931	$1.31	$1.30	0	0	-	-
Lab	$201,623	$218,288	$1.99	$2.14	1,278	1,322	$18.67	$19.42
OP - Emergency Room & Related	$2,151,371	$2,529,238	$21.21	$24.79	1,262	1,363	$201.74	$218.32
OP - Other	$2,506,957	$2,891,136	$24.72	$28.34	553	559	$536.02	$607.89
Pharmacy	$1,427,885	$2,062,508	$14.08	$20.22	4,137	4,405	$40.84	$55.07
Prof - Anesthesia	$195,800	$179,669	$1.93	$1.76	99	101	$235.05	$208.43
Prof - Child EPSDT	$525,061	$801,269	$5.18	$7.85	5,392	7,094	$11.52	$13.29
Prof - Evaluation & Management	$10,515,813	$10,753,959	$103.68	$105.41	14,522	14,145	$85.67	$89.42
Prof - Maternity	$1,112	$0	$0.01	$0.00	0	0	$1,111.99	-
Prof - Other	$1,504,329	$1,369,361	$14.83	$13.42	7,351	6,626	$24.21	$24.31
Prof - Psych	$148,702	$147,267	$1.47	$1.44	4	0	$4,373.58	$49,089.16
Prof - Specialist	$944,059	$922,718	$9.31	$9.04	984	941	$113.54	$115.29
Prof - Vision	$165,073	$165,043	$1.63	$1.62	110	118	$177.69	$165.04
Radiology	$150,233	$148,427	$1.48	$1.45	1,120	1,138	$15.88	$15.34
Transportation/Ambulance	$400,991	$416,965	$3.95	$4.09	646	558	$73.43	$87.95
Total	$46,995,323	$48,577,877	$463.33	$476.14				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	405,833	409,632						
Service Type								
DME/Supplies	$579,212	$634,951	$1.43	$1.55	226	230	$75.75	$81.00
FQHC / RHC	$100,211	$110,699	$0.25	$0.27	91	99	$32.67	$32.82
Home Health	$20,771	$134,640	$0.05	$0.33	4	12	$138.47	$317.55
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,884,517	$4,453,523	$9.57	$10.87	13	11	$8,537.40	$12,336.63
IP - Psych	$616,211	$571,071	$1.52	$1.39	6	1	$2,976.86	$24,829.19
Lab	$797,247	$910,137	$1.96	$2.22	1,445	1,628	$16.31	$16.38
OP - Emergency Room & Related	$5,877,437	$6,451,216	$14.48	$15.75	846	891	$205.51	$212.14
OP - Other	$7,770,306	$8,400,185	$19.15	$20.51	405	417	$567.80	$590.02
Pharmacy	$6,152,741	$6,493,067	$15.16	$15.85	4,000	4,260	$45.49	$44.65
Prof - Anesthesia	$380,570	$383,968	$0.94	$0.94	72	72	$157.26	$155.58
Prof - Child EPSDT	$606,966	$661,072	$1.50	$1.61	1,581	1,552	$11.35	$12.48
Prof - Evaluation & Management	$10,566,148	$10,849,245	$26.04	$26.49	4,378	4,273	$71.36	$74.38
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$2,554,050	$2,182,111	$6.29	$5.33	2,150	2,262	$35.13	$28.26
Prof - Psych	$775,407	$753,672	$1.91	$1.84	163	129	$140.70	$171.09
Prof - Specialist	$1,065,103	$1,138,521	$2.62	$2.78	479	475	$65.68	$70.17
Prof - Vision	$578,392	$598,035	$1.43	$1.46	112	110	$152.21	$158.71
Radiology	$187,397	$208,493	$0.46	$0.51	369	392	$15.02	$15.58
Transportation/Ambulance	$1,373,850	$1,454,389	$3.39	$3.55	351	358	$115.58	$119.04
Total	$43,886,535	$46,388,995	$108.14	$113.25				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	550,168	573,550						
Service Type								
DME/Supplies	$673,003	$762,804	$1.22	$1.33	151	161	$97.52	$99.04
FQHC / RHC	$87,033	$110,518	$0.16	$0.19	53	59	$35.86	$39.37
Home Health	$21,023	$17,363	$0.04	$0.03	4	4	$129.77	$97.55
IP - Maternity	$42,373	$45,499	$0.08	$0.08	0	0	$2,354.03	$3,791.59
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,068,814	$3,217,646	$5.58	$5.61	8	8	$8,012.57	$8,696.34
IP - Psych	$1,205,336	$1,272,939	$2.19	$2.22	40	39	$661.91	$675.30
Lab	$937,955	$1,082,132	$1.70	$1.89	1,124	1,268	$18.19	$17.85
OP - Emergency Room & Related	$5,498,035	$6,148,885	$9.99	$10.72	457	478	$262.35	$269.06
OP - Other	$7,429,319	$7,531,981	$13.50	$13.13	318	305	$509.14	$516.81
Pharmacy	$17,420,194	$18,990,132	$31.66	$33.11	4,848	5,144	$78.37	$77.24
Prof - Anesthesia	$266,221	$257,631	$0.48	$0.45	36	34	$162.93	$160.62
Prof - Child EPSDT	$193,420	$170,092	$0.35	$0.30	344	291	$12.26	$12.21
Prof - Evaluation & Management	$9,020,305	$9,861,838	$16.40	$17.19	2,712	2,744	$72.54	$75.19
Prof - Maternity	$22,973	$22,023	$0.04	$0.04	1	1	$604.57	$880.92
Prof - Other	$4,153,846	$3,562,440	$7.55	$6.21	1,521	1,678	$59.56	$44.43
Prof - Psych	$1,990,396	$1,832,720	$3.62	$3.20	903	697	$48.07	$55.00
Prof - Specialist	$1,257,204	$1,273,678	$2.29	$2.22	301	308	$91.16	$86.50
Prof - Vision	$802,142	$846,336	$1.46	$1.48	445	398	$39.34	$44.44
Radiology	$398,495	$403,967	$0.72	$0.70	398	412	$21.86	$20.54
Transportation/Ambulance	$1,815,057	$1,980,101	$3.30	$3.45	420	423	$94.28	$98.02
Total	$56,303,144	$59,390,726	$102.34	$103.55				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	107,753	105,450						
Service Type								
DME/Supplies	$138,707	$188,382	$1.29	$1.79	115	142	$133.89	$150.71
FQHC / RHC	$73,718	$105,431	$0.68	$1.00	142	157	$57.73	$76.29
Home Health	$9,558	$14,615	$0.09	$0.14	7	14	$142.66	$122.82
IP - Maternity	$3,335,108	$2,983,361	$30.95	$28.29	138	123	$2,683.11	$2,762.37
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$657,968	$762,478	$6.11	$7.23	15	14	$4,984.60	$6,301.47
IP - Psych	$307,501	$416,956	$2.85	$3.95	66	100	$522.07	$475.43
Lab	$371,873	$308,890	$3.45	$2.93	4,928	5,141	$8.40	$6.84
OP - Emergency Room & Related	$3,099,415	$3,105,863	$28.76	$29.45	1,017	1,037	$339.40	$340.89
OP - Other	$2,581,834	$2,544,000	$23.96	$24.13	434	451	$662.35	$642.10
Pharmacy	$3,341,971	$3,713,461	$31.02	$35.22	7,349	7,921	$50.65	$53.35
Prof - Anesthesia	$325,349	$268,339	$3.02	$2.54	197	178	$183.71	$172.01
Prof - Child EPSDT	$182,563	$124,234	$1.69	$1.18	480	443	$42.34	$31.93
Prof - Evaluation & Management	$2,530,283	$2,564,496	$23.48	$24.32	3,995	3,974	$70.53	$73.43
Prof - Maternity	$1,968,639	$1,751,657	$18.27	$16.61	325	295	$673.73	$675.01
Prof - Other	$940,470	$975,200	$8.73	$9.25	1,607	1,787	$65.19	$62.10
Prof - Psych	$389,084	$378,660	$3.61	$3.59	846	772	$51.19	$55.84
Prof - Specialist	$472,854	$437,011	$4.39	$4.14	650	650	$80.97	$76.55
Prof - Vision	$157,729	$158,748	$1.46	$1.51	589	548	$29.84	$32.94
Radiology	$604,309	$527,691	$5.61	$5.00	1,069	1,049	$62.98	$57.22
Transportation/Ambulance	$429,932	$454,295	$3.99	$4.31	810	797	$59.13	$64.88
Total	$21,918,864	$21,783,767	$203.42	$206.58				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	222,585	236,769						
Service Type								
DME/Supplies	$945,848	$1,076,444	$4.25	$4.55	367	416	$138.83	$131.05
FQHC / RHC	$645,566	$689,415	$2.90	$2.91	450	486	$77.37	$71.94
Home Health	$110,720	$129,342	$0.50	$0.55	17	15	$359.48	$424.07
IP - Maternity	$14,296,323	$14,653,808	$64.23	$61.89	275	255	$2,805.40	$2,906.92
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$6,212,332	$7,695,480	$27.91	$32.50	55	58	$6,054.90	$6,709.22
IP - Psych	$663,089	$637,768	$2.98	$2.69	70	66	$508.50	$488.71
Lab	$1,143,832	$1,094,569	$5.14	$4.62	8,275	9,054	$7.45	$6.13
OP - Emergency Room & Related	$13,853,356	$14,383,900	$62.24	$60.75	1,857	1,871	$402.22	$389.64
OP - Other	$10,822,669	$11,017,300	$48.62	$46.53	839	770	$695.54	$725.25
Pharmacy	$14,050,564	$15,650,482	$63.12	$66.10	16,942	17,782	$44.71	$44.61
Prof - Anesthesia	$1,363,305	$1,384,143	$6.12	$5.85	439	420	$167.32	$166.93
Prof - Child EPSDT	$324,935	$213,707	$1.46	$0.90	390	395	$44.93	$27.41
Prof - Evaluation & Management	$8,050,516	$8,722,317	$36.17	$36.84	6,591	6,729	$65.85	$65.70
Prof - Maternity	$8,244,598	$8,315,336	$37.04	$35.12	747	693	$594.85	$608.42
Prof - Other	$3,369,386	$3,731,831	$15.14	$15.76	1,959	2,084	$92.73	$90.76
Prof - Psych	$959,336	$908,956	$4.31	$3.84	1,185	934	$43.66	$49.32
Prof - Specialist	$3,216,041	$3,403,319	$14.45	$14.37	1,402	1,409	$123.68	$122.43
Prof - Vision	$229,996	$244,678	$1.03	$1.03	136	126	$91.49	$98.30
Radiology	$3,180,728	$3,201,349	$14.29	$13.52	2,563	2,582	$66.90	$62.85
Transportation/Ambulance	$1,022,476	$1,175,781	$4.59	$4.97	2,137	2,237	$25.79	$26.64
Total	$92,705,614	$98,329,924	$416.50	$415.30				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	84,732	85,860						
Service Type								
DME/Supplies	$153,020	$141,756	$1.81	$1.65	141	154	$153.94	$128.52
FQHC / RHC	$12,094	$16,563	$0.14	$0.19	51	62	$33.78	$37.22
Home Health	$11,519	$3,485	$0.14	$0.04	5	4	$359.97	$120.18
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$782,562	$838,400	$9.24	$9.76	13	15	$8,695.13	$7,621.82
IP - Psych	$234,605	$269,453	$2.77	$3.14	54	81	$614.15	$462.98
Lab	$131,244	$143,161	$1.55	$1.67	1,056	1,234	$17.60	$16.21
OP - Emergency Room & Related	$1,243,930	$1,313,752	$14.68	$15.30	492	497	$357.97	$369.76
OP - Other	$1,771,747	$1,705,372	$20.91	$19.86	336	345	$745.68	$691.27
Pharmacy	$2,301,576	$2,571,232	$27.16	$29.95	4,078	4,445	$79.93	$80.85
Prof - Anesthesia	$57,411	$56,142	$0.68	$0.65	47	47	$171.89	$168.09
Prof - Child EPSDT	$18,480	$18,119	$0.22	$0.21	234	222	$11.17	$11.42
Prof - Evaluation & Management	$1,140,826	$1,251,364	$13.46	$14.57	2,200	2,294	$73.45	$76.23
Prof - Maternity	$104	$0	$0.00	$0.00	0	0	$34.66	-
Prof - Other	$987,464	$1,286,526	$11.65	$14.98	1,171	1,360	$119.45	$132.22
Prof - Psych	$293,002	$275,464	$3.46	$3.21	823	661	$50.45	$58.27
Prof - Specialist	$339,887	$342,724	$4.01	$3.99	351	376	$137.16	$127.31
Prof - Vision	$118,486	$127,242	$1.40	$1.48	378	370	$44.43	$48.12
Radiology	$105,639	$116,941	$1.25	$1.36	614	646	$24.37	$25.32
Transportation/Ambulance	$301,926	$320,076	$3.56	$3.73	443	502	$96.52	$89.18
Total	$10,005,523	$10,797,771	$118.08	$125.76				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	15,771	17,746						
Service Type								
DME/Supplies	$113,436	$150,152	$7.19	$8.46	574	647	$150.45	$156.90
FQHC / RHC	$13,704	$25,914	$0.87	$1.46	224	306	$46.61	$57.33
Home Health	$3,380	$14,144	$0.21	$0.80	5	17	$482.87	$565.76
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$866,128	$991,050	$54.92	$55.85	80	85	$8,248.84	$7,928.40
IP - Psych	$73,036	$73,228	$4.63	$4.13	114	89	$486.91	$558.99
Lab	$32,797	$36,633	$2.08	$2.06	2,661	2,678	$9.38	$9.25
OP - Emergency Room & Related	$649,178	$834,040	$41.16	$47.00	1,204	1,289	$410.35	$437.59
OP - Other	$683,940	$830,883	$43.37	$46.82	696	750	$747.48	$749.22
Pharmacy	$1,020,724	$1,185,869	$64.72	$66.82	13,968	14,700	$55.60	$54.55
Prof - Anesthesia	$28,969	$32,399	$1.84	$1.83	138	151	$160.05	$144.64
Prof - Child EPSDT	$1,962	$3,114	$0.12	$0.18	195	170	$7.66	$12.36
Prof - Evaluation & Management	$430,103	$526,265	$27.27	$29.66	4,791	5,258	$68.30	$67.68
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$194,688	$223,853	$12.34	$12.61	1,484	1,658	$99.84	$91.29
Prof - Psych	$53,986	$50,713	$3.42	$2.86	707	592	$58.11	$57.96
Prof - Specialist	$201,161	$207,502	$12.76	$11.69	1,049	1,102	$145.87	$127.30
Prof - Vision	$16,748	$19,193	$1.06	$1.08	121	124	$105.33	$104.31
Radiology	$74,637	$88,956	$4.73	$5.01	1,625	1,773	$34.94	$33.93
Transportation/Ambulance	$68,886	$82,614	$4.37	$4.66	787	999	$66.62	$55.93
Total	$4,527,462	$5,376,521	$287.08	$302.97				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	20,693	22,057						
Service Type								
DME/Supplies	$271,683	$345,793	$13.13	$15.68	1,323	1,446	$119.11	$130.10
FQHC / RHC	$130,488	$84,087	$6.31	$3.81	1,125	854	$67.26	$53.56
Home Health	$56,066	$55,123	$2.71	$2.50	64	70	$509.69	$427.31
IP - Maternity	$952	$6,545	$0.05	$0.30	1	1	$952.00	$3,272.47
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,981,272	$2,697,174	$95.75	$122.28	155	152	$7,420.49	$9,667.29
IP - Psych	$78,583	$103,028	$3.80	$4.67	84	104	$545.72	$536.61
Lab	$92,910	$89,976	$4.49	$4.08	7,512	8,306	$7.17	$5.89
OP - Emergency Room & Related	$1,075,144	$1,116,679	$51.96	$50.63	1,153	1,158	$540.54	$524.51
OP - Other	$2,387,343	$2,493,585	$115.37	$113.05	1,926	1,895	$718.86	$715.72
Pharmacy	$3,236,485	$3,537,494	$156.40	$160.38	35,466	36,230	$52.92	$53.12
Prof - Anesthesia	$87,341	$91,363	$4.22	$4.14	331	342	$152.96	$145.48
Prof - Child EPSDT	$11,918	$10,988	$0.58	$0.50	685	536	$10.08	$11.14
Prof - Evaluation & Management	$1,066,985	$1,183,026	$51.56	$53.63	8,991	9,272	$68.82	$69.41
Prof - Maternity	$856	$3,341	$0.04	$0.15	2	1	$285.47	$1,670.47
Prof - Other	$557,243	$484,077	$26.93	$21.95	3,759	3,555	$85.97	$74.07
Prof - Psych	$85,296	$102,405	$4.12	$4.64	1,365	1,277	$36.23	$43.61
Prof - Specialist	$567,846	$557,886	$27.44	$25.29	2,309	2,313	$142.64	$131.24
Prof - Vision	$41,049	$45,203	$1.98	$2.05	327	344	$72.78	$71.52
Radiology	$280,323	$272,571	$13.55	$12.36	3,691	3,593	$44.04	$41.27
Transportation/Ambulance	$94,541	$117,226	$4.57	$5.31	5,167	4,386	$10.61	$14.54
Total	$12,104,326	$13,397,569	$584.95	$607.41				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	1,508,964	1,553,088						
Service Type								
DME/Supplies	$3,193,334	$3,601,546	$2.12	$2.32	239	257	$106.26	$108.18
FQHC / RHC	$1,107,343	$1,187,388	$0.73	$0.76	150	162	$58.56	$56.79
Home Health	$289,450	$430,799	$0.19	$0.28	9	12	$263.62	$288.16
IP - Maternity	$17,674,755	$17,689,213	$11.71	$11.39	51	47	$2,779.92	$2,883.33
IP - Newborn	$21,623,308	$23,004,588	$14.33	$14.81	30	28	$5,798.69	$6,423.27
IP - Other	$21,434,135	$23,082,147	$14.20	$14.86	22	22	$7,644.13	$8,164.89
IP - Psych	$3,311,459	$3,477,375	$2.19	$2.24	37	39	$720.35	$696.17
Lab	$3,709,480	$3,883,786	$2.46	$2.50	2,647	2,931	$11.14	$10.24
OP - Emergency Room & Related	$33,447,865	$35,883,574	$22.17	$23.10	881	915	$301.77	$302.91
OP - Other	$35,954,115	$37,414,441	$23.83	$24.09	469	462	$609.14	$625.87
Pharmacy	$48,952,140	$54,204,245	$32.44	$34.90	7,007	7,490	$55.56	$55.92
Prof - Anesthesia	$2,704,966	$2,653,654	$1.79	$1.71	126	123	$170.21	$166.14
Prof - Child EPSDT	$1,865,306	$2,002,595	$1.24	$1.29	1,029	1,095	$14.41	$14.13
Prof - Evaluation & Management	$43,320,979	$45,712,508	$28.71	$29.43	4,697	4,684	$73.35	$75.41
Prof - Maternity	$10,238,283	$10,092,356	$6.78	$6.50	134	126	$608.44	$619.58
Prof - Other	$14,261,477	$13,815,399	$9.45	$8.90	2,163	2,235	$52.42	$47.76
Prof - Psych	$4,695,208	$4,449,856	$3.11	$2.87	681	548	$54.84	$62.77
Prof - Specialist	$8,064,156	$8,283,360	$5.34	$5.33	620	626	$103.38	$102.22
Prof - Vision	$2,109,615	$2,204,477	$1.40	$1.42	289	267	$58.10	$63.75
Radiology	$4,981,760	$4,968,395	$3.30	$3.20	876	902	$45.23	$42.56
Transportation/Ambulance	$5,507,659	$6,001,446	$3.65	$3.86	768	784	$57.03	$59.17
Total	$288,446,792	$304,043,150	$191.16	$195.77				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	32,393	47,154						
Service Type								
DME/Supplies	$94,747	$193,769	$2.92	$4.11	572	747	$61.32	$66.00
FQHC / RHC	$49,155	$72,126	$1.52	$1.53	425	438	$42.82	$41.93
Home Health	$26,482	$40,281	$0.82	$0.85	41	46	$238.58	$222.55
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$4,869,003	$8,844,692	$150.31	$187.57	576	690	$3,131.25	$3,260.83
IP - Other	$713,318	$1,334,794	$22.02	$28.31	61	78	$4,297.10	$4,362.07
IP - Psych	$19,591	$31,238	$0.60	$0.66	0	0	-	-
Lab	$77,728	$115,141	$2.40	$2.44	2,499	2,441	$11.52	$12.01
OP - Emergency Room & Related	$276,903	$476,005	$8.55	$10.09	1,009	1,073	$101.62	$112.93
OP - Other	$290,649	$400,248	$8.97	$8.49	276	345	$390.13	$295.28
Pharmacy	$723,657	$1,114,974	$22.34	$23.65	4,694	5,137	$57.11	$55.24
Prof - Anesthesia	$21,462	$37,207	$0.66	$0.79	47	58	$167.67	$164.63
Prof - Child EPSDT	$126,554	$263,047	$3.91	$5.58	4,343	5,773	$10.79	$11.60
Prof - Evaluation & Management	$2,679,553	$4,553,620	$82.72	$96.57	12,649	14,155	$78.48	$81.87
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$618,488	$959,089	$19.09	$20.34	7,080	7,451	$32.36	$32.76
Prof - Psych	$21,685	$34,617	$0.67	$0.73	0	0	-	$34,616.96
Prof - Specialist	$153,626	$281,501	$4.74	$5.97	536	654	$106.10	$109.55
Prof - Vision	$52,240	$76,047	$1.61	$1.61	66	62	$291.85	$311.67
Radiology	$36,503	$60,679	$1.13	$1.29	961	1,098	$14.08	$14.07
Transportation/Ambulance	$142,242	$247,711	$4.39	$5.25	333	410	$158.22	$153.86
Total	$10,993,586	$19,136,787	$339.38	$405.84				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	150,576	175,497						
Service Type								
DME/Supplies	$245,062	$315,725	$1.63	$1.80	306	340	$63.75	$63.46
FQHC / RHC	$114,850	$123,903	$0.76	$0.71	244	224	$37.53	$37.82
Home Health	$5,795	$21,608	$0.04	$0.12	2	4	$263.39	$332.43
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,114,727	$1,681,331	$7.40	$9.58	20	24	$4,371.48	$4,859.34
IP - Psych	$54,260	$113,337	$0.36	$0.65	3	3	$1,644.23	$2,313.00
Lab	$349,820	$421,329	$2.32	$2.40	2,285	2,332	$12.20	$12.36
OP - Emergency Room & Related	$1,023,485	$1,301,594	$6.80	$7.42	753	792	$108.34	$112.42
OP - Other	$1,828,615	$2,153,866	$12.14	$12.27	213	247	$683.59	$596.14
Pharmacy	$2,385,183	$2,960,822	$15.84	$16.87	4,915	5,311	$38.68	$38.12
Prof - Anesthesia	$118,571	$137,891	$0.79	$0.79	86	85	$109.59	$110.40
Prof - Child EPSDT	$192,356	$246,714	$1.28	$1.41	1,491	1,523	$10.28	$11.08
Prof - Evaluation & Management	$4,023,256	$5,045,766	$26.72	$28.75	4,907	5,178	$65.35	$66.63
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,057,777	$1,396,980	$7.02	$7.96	1,946	2,106	$43.31	$45.35
Prof - Psych	$167,098	$236,679	$1.11	$1.35	172	177	$77.29	$91.49
Prof - Specialist	$469,634	$555,244	$3.12	$3.16	336	337	$111.26	$112.74
Prof - Vision	$249,599	$289,186	$1.66	$1.65	79	88	$252.63	$225.75
Radiology	$73,163	$88,457	$0.49	$0.50	377	397	$15.46	$15.24
Transportation/Ambulance	$390,679	$529,879	$2.59	$3.02	166	206	$187.11	$176.16
Total	$13,863,928	$17,620,310	$92.07	$100.40				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	194,593	247,240						
Service Type								
DME/Supplies	$202,276	$258,784	$1.04	$1.05	112	149	$111.75	$84.21
FQHC / RHC	$140,896	$170,970	$0.72	$0.69	204	189	$42.62	$43.97
Home Health	$14,115	$11,192	$0.07	$0.05	3	3	$320.80	$167.05
IP - Maternity	$4,262	$18,361	$0.02	$0.07	0	0	$2,131.03	$2,623.03
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$835,336	$1,381,373	$4.29	$5.59	10	10	$5,354.72	$6,941.57
IP - Psych	$587,788	$862,773	$3.02	$3.49	58	54	$620.68	$771.71
Lab	$416,717	$549,000	$2.14	$2.22	1,901	1,917	$13.51	$13.90
OP - Emergency Room & Related	$1,165,213	$1,476,675	$5.99	$5.97	487	494	$147.48	$145.01
OP - Other	$1,254,773	$1,560,094	$6.45	$6.31	202	207	$383.14	$365.53
Pharmacy	$7,911,619	$9,979,063	$40.66	$40.36	6,394	6,956	$76.31	$69.63
Prof - Anesthesia	$66,689	$83,345	$0.34	$0.34	37	35	$109.87	$116.73
Prof - Child EPSDT	$51,407	$71,801	$0.26	$0.29	272	303	$11.66	$11.52
Prof - Evaluation & Management	$3,518,332	$4,942,158	$18.08	$19.99	3,323	3,590	$65.30	$66.81
Prof - Maternity	$5,624	$10,920	$0.03	$0.04	1	1	$351.53	$606.66
Prof - Other	$744,541	$1,121,404	$3.83	$4.54	1,168	1,376	$39.30	$39.56
Prof - Psych	$810,619	$953,281	$4.17	$3.86	823	713	$60.77	$64.90
Prof - Specialist	$515,033	$623,056	$2.65	$2.52	311	287	$102.21	$105.33
Prof - Vision	$313,227	$407,786	$1.61	$1.65	139	172	$139.34	$115.00
Radiology	$156,050	$204,528	$0.80	$0.83	532	527	$18.08	$18.84
Transportation/Ambulance	$537,159	$750,966	$2.76	$3.04	243	293	$136.54	$124.46
Total	$19,251,674	$25,437,531	$98.93	$102.89				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	36,711	48,687						
Service Type								
DME/Supplies	$35,706	$60,869	$0.97	$1.25	98	118	$119.02	$126.81
FQHC / RHC	$51,280	$64,933	$1.40	$1.33	416	359	$40.28	$44.57
Home Health	$12,979	$16,549	$0.35	$0.34	19	25	$227.71	$163.85
IP - Maternity	$1,020,892	$1,699,161	$27.81	$34.90	127	156	$2,637.96	$2,692.81
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$401,893	$698,001	$10.95	$14.34	21	21	$6,379.26	$8,211.78
IP - Psych	$313,164	$385,205	$8.53	$7.91	154	155	$663.48	$612.41
Lab	$331,555	$432,048	$9.03	$8.87	7,101	6,852	$15.26	$15.54
OP - Emergency Room & Related	$662,666	$857,348	$18.05	$17.61	1,128	1,074	$192.08	$196.73
OP - Other	$612,747	$806,768	$16.69	$16.57	703	741	$284.73	$268.21
Pharmacy	$1,422,840	$1,954,102	$38.76	$40.14	11,244	11,383	$41.37	$42.31
Prof - Anesthesia	$80,438	$122,069	$2.19	$2.51	143	168	$184.49	$178.99
Prof - Child EPSDT	$38,265	$47,781	$1.04	$0.98	400	472	$31.29	$24.96
Prof - Evaluation & Management	$1,055,721	$1,423,840	$28.76	$29.24	5,190	5,188	$66.49	$67.65
Prof - Maternity	$616,257	$1,083,950	$16.79	$22.26	435	522	$462.66	$511.54
Prof - Other	$266,427	$430,455	$7.26	$8.84	1,755	1,768	$49.62	$60.00
Prof - Psych	$184,290	$201,961	$5.02	$4.15	1,012	772	$59.54	$64.48
Prof - Specialist	$159,484	$196,421	$4.34	$4.03	819	801	$63.67	$60.44
Prof - Vision	$56,194	$77,413	$1.53	$1.59	186	219	$98.59	$87.18
Radiology	$211,991	$276,450	$5.77	$5.68	1,462	1,424	$47.39	$47.84
Transportation/Ambulance	$143,657	$194,205	$3.91	$3.99	496	462	$94.70	$103.52
Total	$7,678,447	$11,029,529	$209.16	$226.54				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	65,321	92,797						
Service Type								
DME/Supplies	$275,773	$320,489	$4.22	$3.45	378	363	$133.87	$114.13
FQHC / RHC	$111,632	$147,957	$1.71	$1.59	488	436	$42.05	$43.90
Home Health	$76,194	$112,254	$1.17	$1.21	45	59	$312.27	$245.63
IP - Maternity	$3,364,846	$6,203,907	$51.51	$66.85	221	281	$2,801.70	$2,857.63
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,541,689	$3,671,215	$38.91	$39.56	70	63	$6,653.64	$7,553.94
IP - Psych	$496,036	$640,779	$7.59	$6.91	145	141	$630.29	$586.26
Lab	$1,027,135	$1,529,873	$15.72	$16.49	10,517	10,843	$17.94	$18.25
OP - Emergency Room & Related	$2,260,975	$3,162,731	$34.61	$34.08	1,889	1,754	$219.85	$233.17
OP - Other	$3,098,255	$4,200,005	$47.43	$45.26	1,414	1,497	$402.63	$362.73
Pharmacy	$6,894,125	$9,059,311	$105.54	$97.63	27,345	27,002	$46.32	$43.39
Prof - Anesthesia	$296,581	$428,415	$4.54	$4.62	315	351	$173.03	$157.97
Prof - Child EPSDT	$70,323	$95,357	$1.08	$1.03	505	553	$25.58	$22.30
Prof - Evaluation & Management	$2,611,208	$3,821,334	$39.98	$41.18	7,587	7,673	$63.22	$64.40
Prof - Maternity	$1,958,101	$3,710,718	$29.98	$39.99	761	1,028	$472.40	$466.58
Prof - Other	$762,518	$1,009,974	$11.67	$10.88	2,066	2,184	$67.81	$59.80
Prof - Psych	$412,685	$443,037	$6.32	$4.77	1,410	1,038	$53.78	$55.19
Prof - Specialist	$981,070	$1,289,509	$15.02	$13.90	1,771	1,774	$101.79	$94.01
Prof - Vision	$102,439	$136,962	$1.57	$1.48	161	168	$116.94	$105.52
Radiology	$792,183	$1,191,340	$12.13	$12.84	3,020	3,034	$48.20	$50.78
Transportation/Ambulance	$397,113	$619,800	$6.08	$6.68	1,131	1,131	$64.50	$70.86
Total	$28,530,880	$41,794,968	$436.78	$450.39				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	31,240	40,221						
Service Type								
DME/Supplies	$49,042	$60,520	$1.57	$1.50	112	122	$168.53	$148.33
FQHC / RHC	$19,834	$23,222	$0.63	$0.58	178	166	$42.75	$41.62
Home Health	$5,469	$4,242	$0.18	$0.11	7	7	$303.81	$184.44
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$346,036	$663,110	$11.08	$16.49	23	19	$5,672.72	$10,525.56
IP - Psych	$167,208	$243,528	$5.35	$6.05	98	102	$653.16	$709.99
Lab	$82,685	$94,597	$2.65	$2.35	1,890	1,702	$16.80	$16.58
OP - Emergency Room & Related	$341,696	$443,246	$10.94	$11.02	653	644	$201.12	$205.30
OP - Other	$459,920	$500,197	$14.72	$12.44	281	287	$629.17	$519.42
Pharmacy	$1,197,837	$1,513,155	$38.34	$37.62	6,281	6,784	$73.26	$66.55
Prof - Anesthesia	$16,769	$17,941	$0.54	$0.45	48	41	$135.23	$129.08
Prof - Child EPSDT	$5,323	$10,433	$0.17	$0.26	204	264	$10.02	$11.80
Prof - Evaluation & Management	$532,952	$752,880	$17.06	$18.72	3,040	3,281	$67.33	$68.46
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$100,153	$154,712	$3.21	$3.85	1,046	1,147	$36.77	$40.26
Prof - Psych	$122,318	$140,706	$3.92	$3.50	833	678	$56.39	$61.93
Prof - Specialist	$147,687	$179,237	$4.73	$4.46	469	432	$120.86	$123.70
Prof - Vision	$45,011	$63,184	$1.44	$1.57	120	166	$144.27	$113.64
Radiology	$47,071	$71,281	$1.51	$1.77	839	916	$21.56	$23.21
Transportation/Ambulance	$96,007	$133,594	$3.07	$3.32	349	285	$105.62	$140.04
Total	$3,783,017	$5,069,785	$121.10	$126.05				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	10,402	14,748						
Service Type								
DME/Supplies	$60,203	$83,006	$5.79	$5.63	545	582	$127.55	$116.09
FQHC / RHC	$13,583	$22,137	$1.31	$1.50	419	421	$37.42	$42.82
Home Health	$5,981	$16,560	$0.57	$1.12	22	41	$314.77	$324.71
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$478,366	$1,154,603	$45.99	$78.29	84	90	$6,552.96	$10,401.83
IP - Psych	$47,078	$113,230	$4.53	$7.68	85	188	$636.19	$490.17
Lab	$66,175	$109,556	$6.36	$7.43	4,042	4,226	$18.89	$21.09
OP - Emergency Room & Related	$316,535	$462,404	$30.43	$31.35	1,501	1,550	$243.30	$242.73
OP - Other	$429,596	$509,035	$41.30	$34.52	788	786	$628.98	$526.95
Pharmacy	$921,669	$1,232,391	$88.60	$83.56	23,126	22,628	$45.98	$44.31
Prof - Anesthesia	$14,208	$19,833	$1.37	$1.34	129	119	$126.86	$135.84
Prof - Child EPSDT	$1,400	$3,792	$0.13	$0.26	250	266	$6.45	$11.60
Prof - Evaluation & Management	$309,611	$478,830	$29.76	$32.47	5,515	5,995	$64.76	$64.99
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$66,558	$98,324	$6.40	$6.67	1,413	1,443	$54.33	$55.43
Prof - Psych	$47,732	$51,059	$4.59	$3.46	1,035	788	$53.21	$52.69
Prof - Specialist	$134,966	$206,543	$12.98	$14.00	1,236	1,154	$126.02	$145.66
Prof - Vision	$17,030	$22,828	$1.64	$1.55	165	133	$119.09	$140.05
Radiology	$51,230	$74,304	$4.93	$5.04	2,133	2,279	$27.71	$26.53
Transportation/Ambulance	$49,558	$81,193	$4.76	$5.51	738	757	$77.43	$87.30
Total	$3,031,479	$4,739,629	$291.43	$321.37				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	6,727	9,507						
Service Type								
DME/Supplies	$54,287	$83,265	$8.07	$8.76	1,022	1,204	$94.74	$87.28
FQHC / RHC	$19,083	$25,044	$2.84	$2.63	881	872	$38.63	$36.24
Home Health	$28,267	$19,746	$4.20	$2.08	128	54	$392.59	$459.21
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$747,259	$1,011,525	$111.08	$106.40	157	146	$8,491.58	$8,720.04
IP - Psych	$52,503	$48,615	$7.80	$5.11	200	124	$468.78	$496.08
Lab	$77,585	$110,051	$11.53	$11.58	8,158	7,647	$16.97	$18.17
OP - Emergency Room & Related	$167,693	$235,696	$24.93	$24.79	1,052	1,123	$284.23	$264.83
OP - Other	$490,755	$704,980	$72.95	$74.15	1,791	1,700	$488.80	$523.37
Pharmacy	$1,436,238	$1,791,758	$213.50	$188.47	46,760	46,593	$54.79	$48.54
Prof - Anesthesia	$18,746	$20,823	$2.79	$2.19	262	208	$127.53	$126.20
Prof - Child EPSDT	$2,452	$4,220	$0.36	$0.44	535	563	$8.17	$9.46
Prof - Evaluation & Management	$295,250	$432,073	$43.89	$45.45	8,020	8,263	$65.67	$66.01
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$100,211	$199,415	$14.90	$20.98	2,940	3,057	$60.81	$82.33
Prof - Psych	$37,587	$45,778	$5.59	$4.82	1,193	1,014	$56.18	$57.01
Prof - Specialist	$168,683	$216,810	$25.08	$22.81	2,331	2,185	$129.06	$125.25
Prof - Vision	$14,362	$18,897	$2.13	$1.99	287	298	$89.21	$80.07
Radiology	$62,579	$73,823	$9.30	$7.77	3,475	3,110	$32.12	$29.96
Transportation/Ambulance	$37,865	$67,219	$5.63	$7.07	1,370	1,546	$49.30	$54.87
Total	$3,811,405	$5,109,739	$566.58	$537.47				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	527,963	675,851						
Service Type								
DME/Supplies	$1,017,096	$1,376,425	$1.93	$2.04	248	290	$93.35	$84.19
FQHC / RHC	$520,312	$650,292	$0.99	$0.96	290	275	$40.77	$42.02
Home Health	$175,281	$242,433	$0.33	$0.36	13	18	$298.60	$245.38
IP - Maternity	$4,390,000	$7,921,430	$8.31	$11.72	36	50	$2,761.01	$2,820.02
IP - Newborn	$4,869,003	$8,844,692	$9.22	$13.09	35	48	$3,131.25	$3,260.83
IP - Other	$7,178,624	$11,595,954	$13.60	$17.16	28	30	$5,770.60	$6,773.34
IP - Psych	$1,737,628	$2,438,705	$3.29	$3.61	61	63	$648.13	$684.84
Lab	$2,429,398	$3,361,596	$4.60	$4.97	3,596	3,761	$15.35	$15.87
OP - Emergency Room & Related	$6,215,166	$8,415,699	$11.77	$12.45	850	867	$166.19	$172.27
OP - Other	$8,465,310	$10,835,194	$16.03	$16.03	431	481	$446.48	$399.83
Pharmacy	$22,893,167	$29,605,576	$43.36	$43.80	9,634	10,363	$54.01	$50.73
Prof - Anesthesia	$633,465	$867,526	$1.20	$1.28	99	107	$145.62	$143.80
Prof - Child EPSDT	$488,078	$743,147	$0.92	$1.10	906	1,048	$12.25	$12.59
Prof - Evaluation & Management	$15,025,883	$21,450,500	$28.46	$31.74	5,090	5,515	$67.09	$69.06
Prof - Maternity	$2,579,982	$4,805,587	$4.89	$7.11	125	179	$469.69	$476.27
Prof - Other	$3,716,674	$5,370,353	$7.04	$7.95	1,925	2,140	$43.89	$44.55
Prof - Psych	$1,804,015	$2,107,119	$3.42	$3.12	682	577	$60.12	$64.88
Prof - Specialist	$2,730,184	$3,548,321	$5.17	$5.25	601	621	$103.22	$101.46
Prof - Vision	$850,102	$1,092,303	$1.61	$1.62	124	146	$155.21	$133.01
Radiology	$1,430,769	$2,040,861	$2.71	$3.02	974	1,040	$33.39	$34.86
Transportation/Ambulance	$1,794,278	$2,624,565	$3.40	$3.88	384	433	$106.09	$107.63
Total	$90,944,416	$129,938,279	$172.26	$192.26				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age Under 1								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	27,328						
Service Type								
DME/Supplies	$0	$101,748	$0.00	$3.72	0	662	-	$67.47
FQHC / RHC	$0	$14,742	$0.00	$0.54	0	150	-	$43.23
Home Health	$0	$7,832	$0.00	$0.29	0	16	-	$217.56
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$4,243,654	$0.00	$155.29	0	717	-	$2,597.67
IP - Other	$0	$813,832	$0.00	$29.78	0	109	-	$3,268.40
IP - Psych	$0	$22,312	$0.00	$0.82	0	0	-	-
Lab	$0	$65,853	$0.00	$2.41	0	2,291	-	$12.62
OP - Emergency Room & Related	$0	$364,754	$0.00	$13.35	0	1,413	-	$113.38
OP - Other	$0	$238,291	$0.00	$8.72	0	583	-	$179.50
Pharmacy	$0	$651,350	$0.00	$23.83	0	6,100	-	$46.89
Prof - Anesthesia	$0	$20,745	$0.00	$0.76	0	51	-	$177.30
Prof - Child EPSDT	$0	$103,043	$0.00	$3.77	0	3,972	-	$11.39
Prof - Evaluation & Management	$0	$2,503,434	$0.00	$91.61	0	14,468	-	$75.98
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$643,905	$0.00	$23.56	0	8,368	-	$33.79
Prof - Psych	$0	$24,697	$0.00	$0.90	0	0	-	-
Prof - Specialist	$0	$160,291	$0.00	$5.87	0	696	-	$101.10
Prof - Vision	$0	$42,838	$0.00	$1.57	0	87	-	$216.35
Radiology	$0	$38,201	$0.00	$1.40	0	1,163	-	$14.42
Transportation/Ambulance	$0	$167,075	$0.00	$6.11	0	373	-	$196.79
Total	$0	$10,228,598	$0.00	$374.29				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 1-5								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	102,708						
Service Type								
DME/Supplies	$0	$125,371	$0.00	$1.22	0	249	-	$58.72
FQHC / RHC	$0	$49,698	$0.00	$0.48	0	131	-	$44.18
Home Health	$0	$4,058	$0.00	$0.04	0	2	-	$270.55
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$1,345,095	$0.00	$13.10	0	48	-	$3,304.90
IP - Psych	$0	$87,635	$0.00	$0.85	0	1	-	$7,966.78
Lab	$0	$306,373	$0.00	$2.98	0	2,925	-	$12.24
OP - Emergency Room & Related	$0	$1,146,504	$0.00	$11.16	0	1,171	-	$114.40
OP - Other	$0	$1,177,159	$0.00	$11.46	0	482	-	$285.16
Pharmacy	$0	$2,090,027	$0.00	$20.35	0	7,094	-	$34.42
Prof - Anesthesia	$0	$127,212	$0.00	$1.24	0	135	-	$109.95
Prof - Child EPSDT	$0	$121,093	$0.00	$1.18	0	1,277	-	$11.08
Prof - Evaluation & Management	$0	$3,567,840	$0.00	$34.74	0	6,506	-	$64.08
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$629,304	$0.00	$6.13	0	2,069	-	$35.54
Prof - Psych	$0	$160,681	$0.00	$1.56	0	156	-	$120.18
Prof - Specialist	$0	$371,086	$0.00	$3.61	0	449	-	$96.66
Prof - Vision	$0	$164,543	$0.00	$1.60	0	151	-	$127.06
Radiology	$0	$87,852	$0.00	$0.86	0	653	-	$15.72
Transportation/Ambulance	$0	$380,074	$0.00	$3.70	0	343	-	$129.59
Total	$0	$11,941,603	$0.00	$116.27				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 6-14								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	159,519						
Service Type								
DME/Supplies	$0	$159,367	$0.00	$1.00	0	149	-	$80.65
FQHC / RHC	$0	$75,302	$0.00	$0.47	0	132	-	$42.98
Home Health	$0	$10,586	$0.00	$0.07	0	2	-	$341.47
IP - Maternity	$0	$3,166	$0.00	$0.02	0	0	-	$3,165.73
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$852,534	$0.00	$5.34	0	16	-	$4,021.39
IP - Psych	$0	$252,071	$0.00	$1.58	0	22	-	$843.05
Lab	$0	$402,202	$0.00	$2.52	0	2,198	-	$13.76
OP - Emergency Room & Related	$0	$1,542,855	$0.00	$9.67	0	761	-	$152.52
OP - Other	$0	$1,245,223	$0.00	$7.81	0	380	-	$246.63
Pharmacy	$0	$6,652,273	$0.00	$41.70	0	8,400	-	$59.57
Prof - Anesthesia	$0	$70,666	$0.00	$0.44	0	46	-	$115.28
Prof - Child EPSDT	$0	$35,506	$0.00	$0.22	0	259	-	$10.32
Prof - Evaluation & Management	$0	$3,889,035	$0.00	$24.38	0	4,767	-	$61.37
Prof - Maternity	$0	$2,527	$0.00	$0.02	0	0	-	$1,263.34
Prof - Other	$0	$1,206,577	$0.00	$7.56	0	1,671	-	$54.33
Prof - Psych	$0	$682,764	$0.00	$4.28	0	800	-	$64.18
Prof - Specialist	$0	$425,119	$0.00	$2.67	0	348	-	$91.98
Prof - Vision	$0	$305,591	$0.00	$1.92	0	429	-	$53.57
Radiology	$0	$211,480	$0.00	$1.33	0	789	-	$20.15
Transportation/Ambulance	$0	$515,731	$0.00	$3.23	0	517	-	$74.99
Total	$0	$18,540,575	$0.00	$116.23				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	33,264						
Service Type								
DME/Supplies	$0	$23,084	$0.00	$0.69	0	126	-	$66.14
FQHC / RHC	$0	$25,491	$0.00	$0.77	0	240	-	$38.27
Home Health	$0	$5,271	$0.00	$0.16	0	4	-	$439.23
IP - Maternity	$0	$1,332,110	$0.00	$40.05	0	171	-	$2,804.44
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$462,223	$0.00	$13.90	0	26	-	$6,419.76
IP - Psych	$0	$175,178	$0.00	$5.27	0	96	-	$658.56
Lab	$0	$256,314	$0.00	$7.71	0	6,093	-	$15.18
OP - Emergency Room & Related	$0	$834,555	$0.00	$25.09	0	1,441	-	$208.95
OP - Other	$0	$720,533	$0.00	$21.66	0	1,079	-	$240.98
Pharmacy	$0	$1,151,580	$0.00	$34.62	0	12,529	-	$33.16
Prof - Anesthesia	$0	$96,582	$0.00	$2.90	0	185	-	$188.64
Prof - Child EPSDT	$0	$18,914	$0.00	$0.57	0	364	-	$18.76
Prof - Evaluation & Management	$0	$1,142,762	$0.00	$34.35	0	6,358	-	$64.84
Prof - Maternity	$0	$785,668	$0.00	$23.62	0	492	-	$576.43
Prof - Other	$0	$337,226	$0.00	$10.14	0	1,946	-	$62.51
Prof - Psych	$0	$121,243	$0.00	$3.64	0	643	-	$68.04
Prof - Specialist	$0	$152,922	$0.00	$4.60	0	716	-	$77.08
Prof - Vision	$0	$64,956	$0.00	$1.95	0	492	-	$47.62
Radiology	$0	$298,054	$0.00	$8.96	0	2,056	-	$52.29
Transportation/Ambulance	$0	$141,484	$0.00	$4.25	0	444	-	$115.03
Total	$0	$8,146,148	$0.00	$244.89				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	63,201						
Service Type								
DME/Supplies	$0	$208,464	$0.00	$3.30	0	358	-	$110.59
FQHC / RHC	$0	$88,993	$0.00	$1.41	0	415	-	$40.67
Home Health	$0	$37,341	$0.00	$0.59	0	16	-	$434.20
IP - Maternity	$0	$3,492,526	$0.00	$55.26	0	249	-	$2,668.09
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$2,894,110	$0.00	$45.79	0	86	-	$6,360.68
IP - Psych	$0	$378,809	$0.00	$5.99	0	129	-	$557.89
Lab	$0	$915,307	$0.00	$14.48	0	9,336	$0.00	$18.62
OP - Emergency Room & Related	$0	$2,880,645	$0.00	$45.58	0	2,087	-	$262.04
OP - Other	$0	$2,918,529	$0.00	$46.18	0	1,613	-	$343.60
Pharmacy	$0	$8,161,753	$0.00	$129.14	0	32,766	-	$47.29
Prof - Anesthesia	$0	$280,643	$0.00	$4.44	0	334	-	$159.73
Prof - Child EPSDT	$0	$31,568	$0.00	$0.50	0	463	-	$12.95
Prof - Evaluation & Management	$0	$2,815,249	$0.00	$44.54	0	8,407	-	$63.58
Prof - Maternity	$0	$2,070,995	$0.00	$32.77	0	694	-	$566.77
Prof - Other	$0	$664,305	$0.00	$10.51	0	1,766	-	$71.41
Prof - Psych	$0	$228,130	$0.00	$3.61	0	725	$0.00	$59.75
Prof - Specialist	$0	$816,742	$0.00	$12.92	0	1,357	-	$114.28
Prof - Vision	$0	$97,077	$0.00	$1.54	0	252	-	$73.10
Radiology	$0	$867,807	$0.00	$13.73	0	3,376	-	$48.81
Transportation/Ambulance	$0	$407,785	$0.00	$6.45	0	1,036	-	$74.71
Total	$0	$30,256,778	$0.00	$478.74				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 15-20 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	29,918						
Service Type								
DME/Supplies	$0	$56,706	$0.00	$1.90	0	223	-	$101.99
FQHC / RHC	$0	$17,011	$0.00	$0.57	0	188	-	$36.27
Home Health	$0	$4,312	$0.00	$0.14	0	2	-	$1,078.11
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$530,750	$0.00	$17.74	0	30	-	$7,076.66
IP - Psych	$0	$92,407	$0.00	$3.09	0	241	-	$153.76
Lab	$0	$75,926	$0.00	$2.54	0	2,045	-	$14.89
OP - Emergency Room & Related	$0	$556,614	$0.00	$18.60	0	983	-	$227.10
OP - Other	$0	$446,484	$0.00	$14.92	0	453	-	$395.47
Pharmacy	$0	$1,067,961	$0.00	$35.70	0	8,208	-	$52.19
Prof - Anesthesia	$0	$14,523	$0.00	$0.49	0	49	-	$118.07
Prof - Child EPSDT	$0	$4,601	$0.00	$0.15	0	218	-	$8.47
Prof - Evaluation & Management	$0	$668,045	$0.00	$22.33	0	4,099	-	$65.37
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$270,675	$0.00	$9.05	0	1,140	-	$95.24
Prof - Psych	$0	$99,961	$0.00	$3.34	0	516	-	$77.67
Prof - Specialist	$0	$154,381	$0.00	$5.16	0	479	-	$129.19
Prof - Vision	$0	$52,511	$0.00	$1.76	0	366	-	$57.51
Radiology	$0	$74,130	$0.00	$2.48	0	1,221	-	$24.34
Transportation/Ambulance	$0	$125,271	$0.00	$4.19	0	358	-	$140.28
Total	$0	$4,312,270	$0.00	$144.14				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 21-44 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	13,396						
Service Type								
DME/Supplies	$0	$82,653	$0.00	$6.17	0	744	-	$99.46
FQHC / RHC	$0	$14,976	$0.00	$1.12	0	316	-	$42.43
Home Health	$0	$9,281	$0.00	$0.69	0	29	-	$290.04
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$859,647	$0.00	$64.17	0	104	-	$7,410.75
IP - Psych	$0	$108,531	$0.00	$8.10	0	180	-	$539.96
Lab	$0	$101,213	$0.00	$7.56	0	4,884	-	$18.56
OP - Emergency Room & Related	$0	$578,667	$0.00	$43.20	0	2,050	-	$252.91
OP - Other	$0	$658,010	$0.00	$49.12	0	1,028	-	$573.18
Pharmacy	$0	$1,970,407	$0.00	$147.09	0	31,580	-	$55.89
Prof - Anesthesia	$0	$19,429	$0.00	$1.45	0	145	-	$119.93
Prof - Child EPSDT	$0	$2,479	$0.00	$0.19	0	314	-	$7.06
Prof - Evaluation & Management	$0	$516,573	$0.00	$38.56	0	7,170	-	$64.54
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$72,980	$0.00	$5.45	0	1,370	-	$47.73
Prof - Psych	$0	$40,708	$0.00	$3.04	0	621	-	$58.74
Prof - Specialist	$0	$162,887	$0.00	$12.16	0	1,047	-	$139.34
Prof - Vision	$0	$20,734	$0.00	$1.55	0	236	-	$78.54
Radiology	$0	$91,995	$0.00	$6.87	0	2,660	-	$30.99
Transportation/Ambulance	$0	$80,004	$0.00	$5.97	0	1,097	-	$65.31
Total	$0	$5,391,174	$0.00	$402.45				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Age 45 and Over								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	6,261						
Service Type								
DME/Supplies	$0	$52,490	$0.00	$8.38	0	1,163	-	$86.47
FQHC / RHC	$0	$9,780	$0.00	$1.56	0	517	-	$36.22
Home Health	$0	$22,309	$0.00	$3.56	0	103	-	$413.12
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$798,629	$0.00	$127.56	0	180	-	$8,496.06
IP - Psych	$0	$31,332	$0.00	$5.00	0	479	-	$125.33
Lab	$0	$70,508	$0.00	$11.26	0	7,159	-	$18.88
OP - Emergency Room & Related	$0	$265,292	$0.00	$42.37	0	1,514	-	$335.81
OP - Other	$0	$487,498	$0.00	$77.86	0	2,080	-	$449.31
Pharmacy	$0	$1,244,541	$0.00	$198.78	0	53,616	-	$44.49
Prof - Anesthesia	$0	$13,310	$0.00	$2.13	0	217	-	$117.79
Prof - Child EPSDT	$0	$2,560	$0.00	$0.41	0	648	-	$7.57
Prof - Evaluation & Management	$0	$339,222	$0.00	$54.18	0	9,706	-	$66.99
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$70,681	$0.00	$11.29	0	2,741	-	$49.43
Prof - Psych	$0	$30,769	$0.00	$4.91	0	943	-	$62.54
Prof - Specialist	$0	$114,558	$0.00	$18.30	0	1,830	-	$119.96
Prof - Vision	$0	$15,450	$0.00	$2.47	0	435	-	$68.06
Radiology	$0	$78,068	$0.00	$12.47	0	4,107	-	$36.43
Transportation/Ambulance	$0	$55,232	$0.00	$8.82	0	1,698	-	$62.34
Total	$0	$3,702,229	$0.00	$591.32				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	435,595						
Service Type								
DME/Supplies	$0	$809,883	$0.00	$1.86	0	271	-	$82.25
FQHC / RHC	$0	$295,994	$0.00	$0.68	0	197	-	$41.32
Home Health	$0	$100,991	$0.00	$0.23	0	7	-	$374.04
IP - Maternity	$0	$4,827,801	$0.00	$11.08	0	49	-	$2,704.65
IP - Newborn	$0	$4,243,654	$0.00	$9.74	0	45	-	$2,597.67
IP - Other	$0	$8,556,820	$0.00	$19.64	0	46	-	$5,093.35
IP - Psych	$0	$1,148,275	$0.00	$2.64	0	64	-	$497.74
Lab	$0	$2,193,697	$0.00	$5.04	0	3,852	$0.00	$15.69
OP - Emergency Room & Related	$0	$8,169,887	$0.00	$18.76	0	1,209	-	$186.23
OP - Other	$0	$7,891,727	$0.00	$18.12	0	698	-	$311.30
Pharmacy	$0	$22,989,893	$0.00	$52.78	0	13,148	-	$48.17
Prof - Anesthesia	$0	$643,110	$0.00	$1.48	0	125	-	$141.22
Prof - Child EPSDT	$0	$319,764	$0.00	$0.73	0	774	-	$11.38
Prof - Evaluation & Management	$0	$15,442,159	$0.00	$35.45	0	6,534	-	$65.10
Prof - Maternity	$0	$2,859,190	$0.00	$6.56	0	138	-	$569.67
Prof - Other	$0	$3,895,653	$0.00	$8.94	0	2,189	-	$49.02
Prof - Psych	$0	$1,388,952	$0.00	$3.19	0	552	$0.00	$69.28
Prof - Specialist	$0	$2,357,986	$0.00	$5.41	0	620	-	$104.82
Prof - Vision	$0	$763,699	$0.00	$1.75	0	311	-	$67.63
Radiology	$0	$1,747,588	$0.00	$4.01	0	1,388	-	$34.70
Transportation/Ambulance	$0	$1,872,656	$0.00	$4.30	0	561	-	$92.02
Total	$0	$92,519,377	$0.00	$212.40				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

All Age Categories								
All Regions	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	5,918,187	6,704,048						
Service Type								
DME/Supplies	$11,808,124	$13,739,023	$2.00	$2.05	260	278	$92.00	$88.61
FQHC / RHC	$6,479,665	$6,942,756	$1.09	$1.04	289	277	$45.51	$44.85
Home Health	$1,678,709	$1,977,854	$0.28	$0.30	8	10	$405.49	$353.19
IP - Maternity	$58,339,899	$68,192,448	$9.86	$10.17	42	43	$2,836.58	$2,868.24
IP - Newborn	$76,272,156	$83,153,856	$12.89	$12.40	34	37	$4,528.43	$4,074.57
IP - Other	$103,435,265	$111,443,544	$17.48	$16.62	28	29	$7,378.22	$6,966.96
IP - Psych	$14,244,477	$16,598,106	$2.41	$2.48	41	41	$700.70	$721.22
Lab	$16,233,476	$20,764,592	$2.74	$3.10	2,883	3,112	$11.42	$11.94
OP - Emergency Room & Related	$101,377,997	$117,257,413	$17.13	$17.49	811	868	$253.36	$241.77
OP - Other	$117,158,006	$127,894,235	$19.80	$19.08	564	554	$421.15	$413.34
Pharmacy	$190,720,876	$233,339,945	$32.23	$34.81	7,491	8,288	$51.62	$50.40
Prof - Anesthesia	$8,817,974	$9,475,677	$1.49	$1.41	106	105	$168.44	$161.69
Prof - Child EPSDT	$6,339,608	$7,566,360	$1.07	$1.13	1,003	1,064	$12.82	$12.73
Prof - Evaluation & Management	$176,715,512	$210,116,601	$29.86	$31.34	5,074	5,241	$70.62	$71.76
Prof - Maternity	$32,529,090	$38,372,815	$5.50	$5.72	117	121	$564.44	$569.07
Prof - Other	$47,948,535	$56,270,273	$8.10	$8.39	2,113	2,243	$46.02	$44.91
Prof - Psych	$16,403,642	$17,541,849	$2.77	$2.62	551	472	$60.38	$66.52
Prof - Specialist	$28,066,827	$31,530,891	$4.74	$4.70	512	519	$111.26	$108.80
Prof - Vision	$8,927,326	$10,670,916	$1.51	$1.59	252	253	$71.83	$75.52
Radiology	$17,958,126	$20,596,085	$3.03	$3.07	922	956	$39.50	$38.54
Transportation/Ambulance	$22,542,248	$27,528,299	$3.81	$4.11	679	697	$67.32	$70.71
Total	##############	##############	$179.78	$183.62				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	128	132						
Service Type								
DME/Supplies	$7,360	$11,388	$57.50	$86.27	9,656	10,455	$71.46	$99.03
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$0	$380	$0.00	$2.88	0	364	-	$95.00
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$35,986	$0.00	$272.62	0	273	-	$11,995.46
IP - Other	$7,025	$60,519	$54.88	$458.47	375	818	$1,756.16	$6,724.29
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$217	$331	$1.70	$2.51	2,719	2,545	$7.49	$11.83
OP - Emergency Room & Related	$1,928	$11,185	$15.06	$84.74	1,125	2,091	$160.66	$486.32
OP - Other	$4,139	$25,223	$32.34	$191.08	1,219	2,727	$318.42	$840.77
Pharmacy	$62,570	$76,729	$488.83	$581.28	13,340	16,470	$439.73	$423.51
Prof - Anesthesia	$556	$2,139	$4.34	$16.21	281	727	$185.23	$267.41
Prof - Child EPSDT	$588	$825	$4.59	$6.25	4,594	6,273	$12.00	$11.96
Prof - Evaluation & Management	$12,761	$23,737	$99.70	$179.82	16,594	24,727	$72.10	$87.27
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$16,075	$82,019	$125.59	$621.36	13,781	25,636	$109.35	$290.85
Prof - Psych	$0	$280	$0.00	$2.12	0	364	-	$70.00
Prof - Specialist	$247	$6,316	$1.93	$47.85	750	3,000	$30.84	$191.41
Prof - Vision	$637	$1,147	$4.98	$8.69	844	1,727	$70.76	$60.34
Radiology	$316	$1,620	$2.47	$12.27	2,250	5,455	$13.16	$27.00
Transportation/Ambulance	$629	$2,987	$4.91	$22.63	3,094	2,364	$19.06	$114.88
Total	$115,048	$342,811	$898.81	$2,597.06				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	3,206	3,246						
Service Type								
DME/Supplies	$301,825	$387,883	$94.14	$119.50	6,685	9,893	$169.00	$144.95
FQHC / RHC	$223	$1,097	$0.07	$0.34	30	89	$27.89	$45.72
Home Health	$122,128	$157,899	$38.09	$48.64	423	388	$1,080.78	$1,503.80
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,884,531	$921,466	$587.81	$283.88	288	251	$24,474.43	$13,550.98
IP - Psych	$127	$0	$0.04	$0.00	0	0	-	-
Lab	$11,779	$12,193	$3.67	$3.76	3,380	3,871	$13.04	$11.65
OP - Emergency Room & Related	$100,368	$93,050	$31.31	$28.67	1,220	1,272	$307.88	$270.49
OP - Other	$393,905	$514,630	$122.86	$158.54	2,459	3,205	$599.55	$593.58
Pharmacy	$488,711	$579,685	$152.44	$178.58	13,018	15,963	$140.52	$134.25
Prof - Anesthesia	$25,154	$28,678	$7.85	$8.83	412	499	$228.67	$212.43
Prof - Child EPSDT	$4,032	$6,337	$1.26	$1.95	1,411	1,945	$10.70	$12.05
Prof - Evaluation & Management	$276,311	$298,278	$86.19	$91.89	12,045	12,769	$85.86	$86.36
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$887,739	$2,059,751	$276.90	$634.55	12,150	21,098	$273.49	$360.92
Prof - Psych	$2,548	$1,513	$0.79	$0.47	172	67	$55.38	$84.08
Prof - Specialist	$46,597	$62,526	$14.53	$19.26	846	1,013	$206.18	$228.20
Prof - Vision	$15,724	$21,687	$4.90	$6.68	749	906	$78.62	$88.52
Radiology	$13,059	$12,765	$4.07	$3.93	2,302	1,996	$21.23	$23.64
Transportation/Ambulance	$33,333	$27,034	$10.40	$8.33	2,676	3,567	$46.62	$28.01
Total	$4,608,094	$5,186,470	$1,437.33	$1,597.80				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	16,991	17,424						
Service Type								
DME/Supplies	$506,141	$434,498	$29.79	$24.94	1,675	1,762	$213.38	$169.86
FQHC / RHC	$1,527	$1,473	$0.09	$0.08	25	24	$43.62	$42.08
Home Health	$8,776	$32,892	$0.52	$1.89	10	10	$626.86	$2,192.79
IP - Maternity	$37,170	$29,311	$2.19	$1.68	8	8	$3,097.46	$2,664.64
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,643,825	$2,312,297	$155.60	$132.71	79	82	$23,605.58	$19,431.07
IP - Psych	$190,405	$334,284	$11.21	$19.19	213	327	$632.58	$703.76
Lab	$33,848	$37,181	$1.99	$2.13	2,684	3,205	$8.91	$7.99
OP - Emergency Room & Related	$369,090	$350,604	$21.72	$20.12	775	802	$336.45	$301.21
OP - Other	$1,089,261	$1,145,131	$64.11	$65.72	1,223	1,228	$628.90	$642.25
Pharmacy	$2,643,655	$2,743,511	$155.59	$157.46	13,624	14,264	$137.04	$132.46
Prof - Anesthesia	$89,455	$53,613	$5.26	$3.08	172	168	$368.13	$219.72
Prof - Child EPSDT	$5,373	$6,330	$0.32	$0.36	357	371	$10.64	$11.77
Prof - Evaluation & Management	$847,931	$785,283	$49.90	$45.07	6,220	6,337	$96.28	$85.34
Prof - Maternity	$16,690	$8,771	$0.98	$0.50	19	19	$618.13	$324.85
Prof - Other	$495,952	$790,849	$29.19	$45.39	2,988	3,128	$117.22	$174.12
Prof - Psych	$118,244	$93,820	$6.96	$5.38	1,444	1,107	$57.85	$58.38
Prof - Specialist	$226,841	$141,035	$13.35	$8.09	460	497	$347.91	$195.61
Prof - Vision	$41,040	$46,094	$2.42	$2.65	452	470	$64.13	$67.49
Radiology	$66,761	$56,296	$3.93	$3.23	1,290	1,218	$36.56	$31.82
Transportation/Ambulance	$98,213	$135,878	$5.78	$7.80	1,569	1,833	$44.20	$51.06
Total	$9,530,197	$9,539,150	$560.90	$547.47				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,231	11,993						
Service Type								
DME/Supplies	$163,447	$155,246	$14.55	$12.94	1,232	1,251	$141.76	$124.20
FQHC / RHC	$1,052	$938	$0.09	$0.08	34	30	$32.89	$31.26
Home Health	$21,891	$29,009	$1.95	$2.42	49	106	$475.89	$273.67
IP - Maternity	$145,399	$202,460	$12.95	$16.88	52	40	$2,967.33	$5,061.49
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,947,420	$2,494,164	$173.40	$207.97	249	257	$8,358.03	$9,704.92
IP - Psych	$644,503	$558,512	$57.39	$46.57	927	759	$742.51	$735.85
Lab	$61,539	$64,522	$5.48	$5.38	9,562	8,999	$6.88	$7.17
OP - Emergency Room & Related	$1,016,253	$1,051,871	$90.49	$87.71	2,668	2,725	$406.99	$386.29
OP - Other	$916,380	$937,605	$81.59	$78.18	1,206	1,272	$811.67	$737.69
Pharmacy	$3,338,384	$3,380,595	$297.25	$281.88	37,613	38,701	$94.83	$87.40
Prof - Anesthesia	$51,466	$48,139	$4.58	$4.01	308	283	$178.70	$170.10
Prof - Child EPSDT	$4,124	$3,350	$0.37	$0.28	333	321	$13.22	$10.44
Prof - Evaluation & Management	$874,079	$978,129	$77.83	$81.56	12,876	13,408	$72.53	$72.99
Prof - Maternity	$59,073	$50,661	$5.26	$4.22	106	99	$596.70	$511.73
Prof - Other	$285,549	$361,929	$25.43	$30.18	3,356	3,806	$90.91	$95.14
Prof - Psych	$140,755	$108,310	$12.53	$9.03	2,695	1,910	$55.81	$56.74
Prof - Specialist	$215,139	$228,672	$19.16	$19.07	1,605	1,732	$143.24	$132.10
Prof - Vision	$33,420	$27,525	$2.98	$2.30	313	245	$114.06	$112.35
Radiology	$175,886	$174,224	$15.66	$14.53	3,788	3,708	$49.62	$47.01
Transportation/Ambulance	$104,231	$217,041	$9.28	$18.10	9,435	11,624	$11.80	$18.68
Total	$10,199,990	$11,072,904	$908.20	$923.28				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,793	12,405						
Service Type								
DME/Supplies	$309,671	$272,908	$26.26	$22.00	1,055	1,270	$298.62	$207.85
FQHC / RHC	$353	$757	$0.03	$0.06	16	12	$22.04	$63.10
Home Health	$18,185	$29,466	$1.54	$2.38	56	54	$330.63	$526.18
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,543,455	$2,226,310	$130.88	$179.47	167	153	$9,411.31	$14,090.57
IP - Psych	$500,143	$581,651	$42.41	$46.89	715	729	$711.44	$771.42
Lab	$36,674	$35,097	$3.11	$2.83	6,316	6,244	$5.91	$5.44
OP - Emergency Room & Related	$426,600	$493,799	$36.17	$39.81	1,104	1,236	$393.18	$386.38
OP - Other	$871,115	$914,891	$73.87	$73.75	702	756	$1,262.48	$1,171.44
Pharmacy	$3,535,037	$3,517,585	$299.76	$283.56	26,104	26,937	$137.80	$126.32
Prof - Anesthesia	$23,071	$28,591	$1.96	$2.30	135	127	$173.46	$218.26
Prof - Child EPSDT	$1,833	$3,532	$0.16	$0.28	499	322	$3.74	$10.61
Prof - Evaluation & Management	$478,684	$609,781	$40.59	$49.16	6,766	8,243	$71.99	$71.56
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$238,742	$332,025	$20.24	$26.77	2,693	2,731	$90.19	$117.61
Prof - Psych	$123,142	$85,193	$10.44	$6.87	2,543	1,617	$49.28	$50.95
Prof - Specialist	$125,310	$189,009	$10.63	$15.24	853	955	$149.53	$191.50
Prof - Vision	$15,783	$17,914	$1.34	$1.44	105	128	$153.23	$135.72
Radiology	$67,961	$70,211	$5.76	$5.66	1,855	1,821	$37.28	$37.31
Transportation/Ambulance	$113,325	$114,398	$9.61	$9.22	7,080	9,250	$16.29	$11.96
Total	$8,429,080	$9,523,118	$714.75	$767.68				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	48,915	52,091						
Service Type								
DME/Supplies	$1,235,646	$1,210,882	$25.26	$23.25	2,038	2,157	$148.75	$129.30
FQHC / RHC	$13,128	$5,878	$0.27	$0.11	150	47	$21.45	$28.53
Home Health	$342,331	$267,889	$7.00	$5.14	196	179	$428.99	$344.33
IP - Maternity	$0	$6,796	$0.00	$0.13	0	0	-	$6,795.98
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$15,549,596	$16,113,724	$317.89	$309.34	324	319	$11,788.93	$11,651.28
IP - Psych	$977,784	$981,545	$19.99	$18.84	317	310	$757.38	$728.69
Lab	$270,723	$319,448	$5.53	$6.13	11,296	11,617	$5.88	$6.33
OP - Emergency Room & Related	$2,619,845	$2,744,279	$53.56	$52.68	1,171	1,243	$548.89	$508.58
OP - Other	$4,800,095	$5,369,141	$98.13	$103.07	1,543	1,639	$763.37	$754.62
Pharmacy	$18,330,514	$18,978,436	$374.74	$364.33	60,426	61,120	$74.42	$71.53
Prof - Anesthesia	$248,334	$268,339	$5.08	$5.15	379	362	$160.94	$170.92
Prof - Child EPSDT	$17,463	$20,336	$0.36	$0.39	521	488	$8.23	$9.59
Prof - Evaluation & Management	$3,993,096	$4,392,013	$81.63	$84.31	13,499	13,696	$72.57	$73.87
Prof - Maternity	$0	$1,998	$0.00	$0.04	0	0	-	$999.21
Prof - Other	$1,962,096	$1,893,255	$40.11	$36.35	5,138	4,741	$93.69	$91.99
Prof - Psych	$309,863	$243,510	$6.33	$4.67	1,466	1,037	$51.86	$54.10
Prof - Specialist	$1,378,766	$1,433,750	$28.19	$27.52	2,275	2,433	$148.69	$135.76
Prof - Vision	$275,798	$292,107	$5.64	$5.61	939	895	$72.03	$75.15
Radiology	$907,306	$1,073,207	$18.55	$20.60	4,363	4,319	$51.01	$57.25
Transportation/Ambulance	$461,207	$630,264	$9.43	$12.10	7,338	7,728	$15.42	$18.79
Total	$53,693,590	$56,246,798	$1,097.69	$1,079.78				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Northern Virginia	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	92,264	97,291						
Service Type								
DME/Supplies	$2,524,090	$2,472,806	$27.36	$25.42	1,919	2,131	$171.03	$143.13
FQHC / RHC	$16,283	$10,143	$0.18	$0.10	91	38	$23.16	$33.04
Home Health	$513,311	$517,535	$5.56	$5.32	133	131	$500.30	$486.40
IP - Maternity	$182,569	$238,567	$1.98	$2.45	8	6	$2,992.93	$4,587.82
IP - Newborn	$0	$35,986	$0.00	$0.37	0	0	-	$11,995.46
IP - Other	$23,575,852	$24,128,479	$255.53	$248.00	248	246	$12,349.84	$12,100.54
IP - Psych	$2,312,961	$2,455,992	$25.07	$25.24	411	411	$731.26	$736.43
Lab	$414,780	$468,772	$4.50	$4.82	8,575	8,832	$6.29	$6.55
OP - Emergency Room & Related	$4,534,084	$4,744,789	$49.14	$48.77	1,273	1,348	$463.13	$434.19
OP - Other	$8,074,893	$8,906,621	$87.52	$91.55	1,367	1,461	$768.38	$751.80
Pharmacy	$28,398,872	$29,276,540	$307.80	$300.92	42,931	44,039	$86.04	$82.00
Prof - Anesthesia	$438,036	$429,499	$4.75	$4.41	302	292	$188.81	$181.15
Prof - Child EPSDT	$33,413	$40,710	$0.36	$0.42	501	482	$8.67	$10.42
Prof - Evaluation & Management	$6,482,863	$7,087,220	$70.26	$72.85	11,176	11,631	$75.45	$75.16
Prof - Maternity	$75,763	$61,431	$0.82	$0.63	16	16	$601.29	$479.93
Prof - Other	$3,886,152	$5,519,828	$42.12	$56.74	4,468	4,655	$113.12	$146.27
Prof - Psych	$694,551	$532,627	$7.53	$5.47	1,702	1,198	$53.08	$54.85
Prof - Specialist	$1,992,899	$2,061,309	$21.60	$21.19	1,626	1,765	$159.44	$144.08
Prof - Vision	$382,401	$406,473	$4.14	$4.18	660	643	$75.36	$78.00
Radiology	$1,231,289	$1,388,323	$13.35	$14.27	3,332	3,294	$48.06	$51.99
Transportation/Ambulance	$810,939	$1,127,602	$8.79	$11.59	6,330	7,200	$16.66	$19.32
Total	$86,576,000	$91,911,252	$938.35	$944.70				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	66	72						
Service Type								
DME/Supplies	$2,184	$3,416	$33.09	$47.44	6,000	5,333	$66.17	$106.74
FQHC / RHC	$3,921	$335	$59.41	$4.65	12,727	2,167	$56.01	$25.77
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$1,432	$23,202	$21.70	$322.26	364	667	$716.14	$5,800.62
IP - Other	$11,665	$1,574	$176.74	$21.86	727	167	$2,916.26	$1,573.94
IP - Psych	$1,096	$1,145	$16.61	$15.90	0	0	-	-
Lab	$136	$289	$2.06	$4.01	2,182	3,833	$11.31	$12.56
OP - Emergency Room & Related	$4,633	$1,020	$70.20	$14.17	3,091	1,333	$272.54	$127.50
OP - Other	$15,187	$7,107	$230.11	$98.71	8,000	4,833	$345.16	$245.08
Pharmacy	$29,408	$42,782	$445.58	$594.20	22,686	16,677	$235.70	$427.55
Prof - Anesthesia	$917	$566	$13.89	$7.86	1,273	333	$130.96	$283.08
Prof - Child EPSDT	$327	$305	$4.95	$4.23	5,273	4,667	$11.27	$10.88
Prof - Evaluation & Management	$9,670	$13,115	$146.52	$182.16	24,000	24,833	$73.26	$88.02
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$16,429	$13,484	$248.93	$187.28	5,455	15,000	$547.64	$149.82
Prof - Psych	$325	$340	$4.93	$4.72	0	0	-	-
Prof - Specialist	$2,426	$1,083	$36.76	$15.04	1,818	1,000	$242.60	$180.44
Prof - Vision	$494	$831	$7.49	$11.55	1,091	1,833	$82.41	$75.57
Radiology	$451	$314	$6.83	$4.37	4,909	2,833	$16.70	$18.49
Transportation/Ambulance	$1,693	$742	$25.66	$10.31	5,455	2,500	$56.44	$49.48
Total	$102,396	$111,651	$1,551.45	$1,550.71				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	3,086	2,802						
Service Type								
DME/Supplies	$153,787	$198,605	$49.83	$70.88	4,289	5,199	$139.43	$163.60
FQHC / RHC	$22,289	$25,070	$7.22	$8.95	1,933	2,381	$44.85	$45.09
Home Health	$1,251	$1,571	$0.41	$0.56	23	26	$208.54	$261.84
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$291,917	$247,765	$94.59	$88.42	167	210	$6,788.77	$5,056.42
IP - Psych	$55,192	$49,936	$17.88	$17.82	0	0	-	-
Lab	$16,630	$10,649	$5.39	$3.80	3,574	3,439	$18.10	$13.26
OP - Emergency Room & Related	$46,438	$35,073	$15.05	$12.52	960	951	$188.01	$157.99
OP - Other	$267,148	$476,829	$86.57	$170.17	2,061	2,210	$504.05	$924.09
Pharmacy	$301,706	$358,725	$97.77	$128.02	11,903	12,861	$98.56	$119.46
Prof - Anesthesia	$11,603	$16,891	$3.76	$6.03	327	467	$138.13	$154.97
Prof - Child EPSDT	$3,426	$2,196	$1.11	$0.78	1,221	929	$10.91	$10.12
Prof - Evaluation & Management	$134,255	$127,033	$43.50	$45.34	7,338	7,233	$71.15	$75.21
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$582,367	$839,534	$188.71	$299.62	9,784	14,373	$231.47	$250.16
Prof - Psych	$19,553	$17,038	$6.34	$6.08	331	236	$230.04	$309.79
Prof - Specialist	$28,427	$20,823	$9.21	$7.43	708	540	$156.19	$165.26
Prof - Vision	$7,640	$7,600	$2.48	$2.71	288	351	$103.25	$92.68
Radiology	$12,222	$15,005	$3.96	$5.36	1,365	1,460	$34.82	$44.00
Transportation/Ambulance	$26,005	$34,234	$8.43	$12.22	3,395	3,777	$29.79	$38.81
Total	$1,981,858	$2,484,578	$642.21	$886.72				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	18,656	19,677						
Service Type								
DME/Supplies	$216,546	$227,908	$11.61	$11.58	1,032	972	$134.92	$142.98
FQHC / RHC	$89,326	$87,407	$4.79	$4.44	1,119	1,103	$51.37	$48.32
Home Health	$7,121	$2,426	$0.38	$0.12	15	5	$309.63	$303.30
IP - Maternity	$36,285	$128,576	$1.94	$6.53	9	6	$2,591.81	$12,857.59
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$754,182	$549,734	$40.43	$27.94	76	46	$6,391.37	$7,233.34
IP - Psych	$447,310	$562,235	$23.98	$28.57	237	287	$1,215.52	$1,193.70
Lab	$69,527	$71,609	$3.73	$3.64	3,003	2,977	$14.89	$14.67
OP - Emergency Room & Related	$266,796	$231,842	$14.30	$11.78	717	629	$239.49	$224.87
OP - Other	$696,312	$499,984	$37.32	$25.41	999	778	$448.37	$392.14
Pharmacy	$2,534,815	$2,882,664	$135.87	$146.50	15,565	16,456	$104.75	$106.83
Prof - Anesthesia	$25,412	$19,488	$1.36	$0.99	118	82	$138.11	$145.43
Prof - Child EPSDT	$6,493	$8,370	$0.35	$0.43	284	290	$14.72	$17.58
Prof - Evaluation & Management	$486,105	$524,851	$26.06	$26.67	4,468	4,579	$69.98	$69.90
Prof - Maternity	$13,465	$13,851	$0.72	$0.70	25	15	$345.27	$554.02
Prof - Other	$350,596	$732,642	$18.79	$37.23	2,788	3,046	$80.89	$146.70
Prof - Psych	$219,586	$213,545	$11.77	$10.85	2,177	1,778	$64.87	$73.26
Prof - Specialist	$80,245	$66,542	$4.30	$3.38	524	459	$98.58	$88.49
Prof - Vision	$37,733	$41,998	$2.02	$2.13	405	398	$59.89	$64.41
Radiology	$57,868	$52,703	$3.10	$2.68	1,131	934	$32.92	$34.40
Transportation/Ambulance	$159,016	$157,809	$8.52	$8.02	4,806	4,735	$21.28	$20.32
Total	$6,554,740	$7,076,183	$351.35	$359.62				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,099	11,648						
Service Type								
DME/Supplies	$194,149	$206,376	$17.49	$17.72	1,539	1,759	$136.44	$120.90
FQHC / RHC	$104,681	$118,252	$9.43	$10.15	2,180	2,528	$51.93	$48.19
Home Health	$19,351	$20,411	$1.74	$1.75	63	53	$333.64	$400.21
IP - Maternity	$155,659	$106,836	$14.02	$9.17	64	39	$2,638.29	$2,811.47
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,760,668	$1,971,184	$158.63	$169.23	265	205	$7,186.40	$9,905.45
IP - Psych	$365,311	$523,509	$32.91	$44.94	428	693	$922.50	$777.87
Lab	$175,818	$190,428	$15.84	$16.35	11,344	10,829	$16.76	$18.12
OP - Emergency Room & Related	$602,810	$667,816	$54.31	$57.33	2,353	2,387	$277.03	$288.22
OP - Other	$888,136	$967,759	$80.02	$83.08	1,970	2,045	$487.45	$487.54
Pharmacy	$3,049,838	$3,147,818	$274.78	$270.25	48,935	49,946	$67.38	$64.93
Prof - Anesthesia	$25,045	$27,444	$2.26	$2.36	186	191	$145.61	$148.35
Prof - Child EPSDT	$9,911	$7,808	$0.89	$0.67	632	644	$16.94	$12.49
Prof - Evaluation & Management	$648,268	$697,756	$58.41	$59.90	10,312	10,999	$67.97	$65.36
Prof - Maternity	$75,148	$55,005	$6.77	$4.72	248	179	$328.16	$316.12
Prof - Other	$228,418	$249,276	$20.58	$21.40	4,418	4,236	$55.90	$60.62
Prof - Psych	$123,844	$120,327	$11.16	$10.33	2,255	1,872	$59.37	$66.22
Prof - Specialist	$170,946	$186,248	$15.40	$15.99	2,041	1,904	$90.54	$100.78
Prof - Vision	$24,789	$26,570	$2.23	$2.28	317	327	$84.60	$83.82
Radiology	$149,695	$162,129	$13.49	$13.92	3,799	3,828	$42.60	$43.63
Transportation/Ambulance	$249,819	$269,755	$22.51	$23.16	8,041	8,894	$33.59	$31.25
Total	$9,022,301	$9,722,708	$812.89	$834.71				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	9,245	9,684						
Service Type								
DME/Supplies	$274,149	$392,223	$29.65	$40.50	2,251	2,183	$158.10	$222.60
FQHC / RHC	$33,298	$33,267	$3.60	$3.44	888	896	$48.68	$46.01
Home Health	$12,034	$12,194	$1.30	$1.26	48	41	$325.25	$369.51
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,725,569	$2,021,395	$294.82	$208.74	283	244	$12,502.61	$10,260.89
IP - Psych	$293,506	$283,528	$31.75	$29.28	362	542	$1,051.99	$648.80
Lab	$59,961	$67,112	$6.49	$6.93	5,605	5,314	$13.89	$15.65
OP - Emergency Room & Related	$335,731	$334,666	$36.31	$34.56	1,617	1,542	$269.45	$269.02
OP - Other	$562,469	$476,553	$60.84	$49.21	1,193	1,450	$612.04	$407.31
Pharmacy	$2,009,512	$2,442,725	$217.36	$252.24	30,441	31,328	$85.69	$96.62
Prof - Anesthesia	$10,453	$14,990	$1.13	$1.55	83	104	$163.33	$178.45
Prof - Child EPSDT	$2,860	$3,957	$0.31	$0.41	228	263	$16.25	$18.67
Prof - Evaluation & Management	$409,098	$418,307	$44.25	$43.20	7,596	7,629	$69.91	$67.94
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$320,184	$284,827	$34.63	$29.41	2,449	2,618	$169.68	$134.80
Prof - Psych	$89,525	$83,277	$9.68	$8.60	1,591	1,285	$73.02	$80.31
Prof - Specialist	$93,534	$108,619	$10.12	$11.22	1,289	1,336	$94.19	$100.76
Prof - Vision	$14,002	$19,935	$1.51	$2.06	191	228	$95.25	$108.34
Radiology	$61,576	$61,408	$6.66	$6.34	2,478	2,400	$32.26	$31.70
Transportation/Ambulance	$115,229	$150,742	$12.46	$15.57	8,007	8,577	$18.68	$21.78
Total	$7,422,689	$7,209,723	$802.89	$744.50				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	29,271	30,880						
Service Type								
DME/Supplies	$891,152	$1,014,880	$30.44	$32.87	3,659	4,121	$99.84	$95.70
FQHC / RHC	$363,749	$408,315	$12.43	$13.22	2,734	2,876	$54.55	$55.17
Home Health	$207,094	$147,256	$7.08	$4.77	208	192	$407.67	$298.09
IP - Maternity	$0	$2,321	$0.00	$0.08	0	0	-	$2,320.83
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$8,320,885	$10,496,403	$284.27	$339.91	406	402	$8,404.93	$10,141.45
IP - Psych	$818,597	$915,500	$27.97	$29.65	307	337	$1,091.46	$1,057.16
Lab	$473,578	$498,068	$16.18	$16.13	12,824	11,609	$15.14	$16.67
OP - Emergency Room & Related	$1,286,663	$1,426,959	$43.96	$46.21	1,288	1,291	$409.50	$429.42
OP - Other	$3,348,526	$3,786,387	$114.40	$122.62	2,782	3,049	$493.52	$482.53
Pharmacy	$11,614,536	$11,531,088	$396.79	$373.42	76,562	78,963	$62.19	$56.75
Prof - Anesthesia	$76,374	$95,999	$2.61	$3.11	200	237	$156.50	$157.12
Prof - Child EPSDT	$24,867	$18,730	$0.85	$0.61	1,097	967	$9.29	$7.53
Prof - Evaluation & Management	$2,022,499	$2,218,877	$69.10	$71.85	11,921	12,661	$69.55	$68.11
Prof - Maternity	$240	$1,388	$0.01	$0.04	1	2	$80.00	$346.90
Prof - Other	$1,270,519	$1,195,196	$43.41	$38.70	6,677	6,319	$78.00	$73.51
Prof - Psych	$247,380	$214,172	$8.45	$6.94	1,352	845	$75.03	$98.52
Prof - Specialist	$829,645	$999,194	$28.34	$32.36	3,192	3,326	$106.54	$116.73
Prof - Vision	$108,258	$128,277	$3.70	$4.15	597	664	$74.30	$75.06
Radiology	$526,882	$544,497	$18.00	$17.63	4,988	5,023	$43.30	$42.12
Transportation/Ambulance	$648,173	$788,709	$22.14	$25.54	11,715	12,837	$22.68	$23.87
Total	$33,079,619	$36,432,216	$1,130.12	$1,179.80				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Other MSA	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	71,423	74,763						
Service Type								
DME/Supplies	$1,731,967	$2,043,408	$24.25	$27.33	2,491	2,715	$116.84	$120.81
FQHC / RHC	$617,264	$672,646	$8.64	$9.00	1,961	2,080	$52.88	$51.92
Home Health	$246,852	$183,858	$3.46	$2.46	106	95	$390.59	$310.57
IP - Maternity	$191,945	$237,732	$2.69	$3.18	12	8	$2,629.38	$4,851.68
IP - Newborn	$1,432	$23,202	$0.02	$0.31	0	1	$716.14	$5,800.62
IP - Other	$13,864,885	$15,288,054	$194.12	$204.49	272	250	$8,569.15	$9,818.92
IP - Psych	$1,981,012	$2,335,852	$27.74	$31.24	301	393	$1,104.86	$954.58
Lab	$795,650	$838,155	$11.14	$11.21	8,685	8,086	$15.39	$16.64
OP - Emergency Room & Related	$2,543,071	$2,697,376	$35.61	$36.08	1,334	1,307	$320.21	$331.17
OP - Other	$5,777,777	$6,214,619	$80.90	$83.12	1,958	2,058	$495.82	$484.68
Pharmacy	$19,539,816	$20,405,803	$273.58	$272.94	47,523	49,283	$69.08	$66.46
Prof - Anesthesia	$149,804	$175,379	$2.10	$2.35	168	181	$149.95	$155.89
Prof - Child EPSDT	$47,884	$41,366	$0.67	$0.55	709	650	$11.34	$10.22
Prof - Evaluation & Management	$3,709,894	$3,999,940	$51.94	$53.50	8,978	9,431	$69.43	$68.07
Prof - Maternity	$88,853	$70,243	$1.24	$0.94	46	33	$327.87	$346.03
Prof - Other	$2,768,512	$3,314,959	$38.76	$44.34	4,896	4,964	$95.00	$107.19
Prof - Psych	$700,214	$648,699	$9.80	$8.68	1,693	1,284	$69.47	$81.11
Prof - Specialist	$1,205,224	$1,382,509	$16.87	$18.49	1,961	1,985	$103.24	$111.76
Prof - Vision	$192,917	$225,210	$2.70	$3.01	438	474	$74.00	$76.21
Radiology	$808,693	$836,057	$11.32	$11.18	3,314	3,285	$40.99	$40.85
Transportation/Ambulance	$1,199,936	$1,401,990	$16.80	$18.75	8,494	9,189	$23.73	$24.49
Total	$58,163,604	$63,037,059	$814.35	$843.16				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	124	86						
Service Type								
DME/Supplies	$20,385	$4,410	$164.40	$51.28	17,226	8,512	$114.52	$72.30
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$6,922	$8,018	$55.82	$93.23	581	977	$1,153.66	$1,145.45
IP - Other	$701,217	$26,711	$5,654.97	$310.59	968	140	$70,121.68	$26,710.62
IP - Psych	$2,870	$1,526	$23.14	$17.75	0	0	-	-
Lab	$1,224	$238	$9.87	$2.77	5,516	3,907	$21.47	$8.51
OP - Emergency Room & Related	$5,031	$2,932	$40.57	$34.10	1,935	1,256	$251.56	$325.83
OP - Other	$34,347	$10,366	$276.99	$120.53	10,355	7,814	$321.00	$185.10
Pharmacy	$49,130	$35,654	$396.21	$414.58	19,931	6,722	$238.55	$740.12
Prof - Anesthesia	$2,167	$377	$17.47	$4.38	871	140	$240.76	$377.06
Prof - Child EPSDT	$531	$393	$4.28	$4.57	4,839	4,186	$10.61	$13.11
Prof - Evaluation & Management	$76,486	$7,484	$616.82	$87.03	56,710	15,349	$130.52	$68.04
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$22,588	$12,662	$182.16	$147.23	12,968	5,442	$168.56	$324.67
Prof - Psych	$851	$492	$6.86	$5.72	97	140	$851.03	$492.15
Prof - Specialist	$10,177	$1,142	$82.07	$13.28	4,258	1,674	$231.30	$95.14
Prof - Vision	$287	$80	$2.32	$0.93	387	0	$71.77	-
Radiology	$1,962	$185	$15.82	$2.15	14,613	1,256	$12.99	$20.53
Transportation/Ambulance	$356	$264	$2.87	$3.07	5,032	2,093	$6.85	$17.60
Total	$936,531	$112,935	$7,552.67	$1,313.20				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	4,969	4,928						
Service Type								
DME/Supplies	$401,237	$530,416	$80.75	$107.63	6,680	9,134	$145.06	$141.41
FQHC / RHC	$1,331	$2,268	$0.27	$0.46	65	93	$49.28	$59.67
Home Health	$431,881	$960,670	$86.92	$194.94	309	711	$3,374.07	$3,289.97
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$975,378	$1,153,538	$196.29	$234.08	162	273	$14,557.88	$10,299.44
IP - Psych	$78,331	$83,304	$15.76	$16.90	43	10	$4,351.70	$20,825.99
Lab	$11,013	$15,060	$2.22	$3.06	2,883	3,726	$9.22	$9.84
OP - Emergency Room & Related	$122,777	$132,117	$24.71	$26.81	1,099	1,264	$269.84	$254.56
OP - Other	$793,076	$831,083	$159.60	$168.65	4,709	5,618	$406.71	$360.24
Pharmacy	$507,627	$525,558	$102.16	$106.65	12,302	13,631	$99.65	$93.88
Prof - Anesthesia	$24,749	$26,124	$4.98	$5.30	333	317	$179.34	$200.95
Prof - Child EPSDT	$5,011	$6,138	$1.01	$1.25	1,137	1,322	$10.64	$11.30
Prof - Evaluation & Management	$289,256	$315,625	$58.21	$64.05	9,515	10,103	$73.42	$76.07
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$450,190	$552,912	$90.60	$112.20	5,808	6,570	$187.19	$204.93
Prof - Psych	$36,283	$36,993	$7.30	$7.51	787	748	$111.30	$120.50
Prof - Specialist	$61,554	$79,405	$12.39	$16.11	935	894	$159.05	$216.36
Prof - Vision	$10,821	$10,009	$2.18	$2.03	326	309	$80.15	$78.81
Radiology	$12,824	$13,594	$2.58	$2.76	1,471	1,658	$21.06	$19.96
Transportation/Ambulance	$27,396	$29,727	$5.51	$6.03	2,128	2,810	$31.10	$25.76
Total	$4,240,736	$5,304,539	$853.44	$1,076.41				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	54,934	53,327						
Service Type								
DME/Supplies	$720,919	$699,937	$13.12	$13.13	1,101	1,194	$143.01	$131.89
FQHC / RHC	$53,649	$34,834	$0.98	$0.65	189	161	$61.95	$48.65
Home Health	$158,615	$124,764	$2.89	$2.34	43	26	$809.26	$1,084.91
IP - Maternity	$219,262	$198,226	$3.99	$3.72	16	16	$2,962.99	$2,791.92
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,636,862	$3,480,428	$66.20	$65.27	68	69	$11,694.09	$11,300.09
IP - Psych	$1,314,747	$1,413,968	$23.93	$26.52	308	325	$932.44	$979.88
Lab	$120,934	$117,442	$2.20	$2.20	2,637	2,582	$10.02	$10.24
OP - Emergency Room & Related	$1,044,521	$1,088,270	$19.01	$20.41	876	892	$260.54	$274.47
OP - Other	$2,279,020	$1,919,194	$41.49	$35.99	1,394	1,247	$357.05	$346.30
Pharmacy	$6,558,047	$6,587,712	$119.38	$123.53	13,762	14,590	$104.10	$101.61
Prof - Anesthesia	$92,070	$73,977	$1.68	$1.39	98	83	$205.51	$199.40
Prof - Child EPSDT	$17,703	$14,340	$0.32	$0.27	232	233	$16.70	$13.86
Prof - Evaluation & Management	$1,472,555	$1,575,934	$26.81	$29.55	4,604	4,926	$69.87	$71.99
Prof - Maternity	$113,345	$91,962	$2.06	$1.72	44	35	$566.73	$585.74
Prof - Other	$1,157,751	$1,567,124	$21.08	$29.39	1,684	2,214	$150.20	$159.24
Prof - Psych	$630,890	$517,892	$11.48	$9.71	2,339	1,712	$58.92	$68.08
Prof - Specialist	$297,160	$249,246	$5.41	$4.67	391	378	$166.20	$148.36
Prof - Vision	$90,356	$85,852	$1.64	$1.61	400	390	$49.40	$49.51
Radiology	$129,606	$119,610	$2.36	$2.24	1,004	1,019	$28.20	$26.42
Transportation/Ambulance	$298,570	$316,244	$5.44	$5.93	2,835	2,988	$23.00	$23.82
Total	$20,406,581	$20,276,957	$371.47	$380.24				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	26,535	28,306						
Service Type								
DME/Supplies	$463,273	$555,811	$17.46	$19.64	1,797	1,866	$116.58	$126.26
FQHC / RHC	$95,923	$85,481	$3.61	$3.02	734	635	$59.10	$57.06
Home Health	$60,647	$48,452	$2.29	$1.71	101	80	$271.96	$256.36
IP - Maternity	$676,870	$480,734	$25.51	$16.98	58	69	$5,288.04	$2,967.49
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$5,359,860	$5,115,925	$201.99	$180.74	263	236	$9,209.38	$9,201.30
IP - Psych	$1,427,001	$1,479,731	$53.78	$52.28	1,110	978	$581.50	$641.13
Lab	$211,408	$238,978	$7.97	$8.44	8,667	8,488	$11.03	$11.94
OP - Emergency Room & Related	$2,396,905	$2,543,549	$90.33	$89.86	2,801	2,888	$386.97	$373.34
OP - Other	$2,633,399	$2,541,110	$99.24	$89.77	2,584	2,303	$460.87	$467.72
Pharmacy	$7,108,383	$7,415,540	$267.89	$261.98	44,823	44,339	$71.72	$70.90
Prof - Anesthesia	$82,801	$99,535	$3.12	$3.52	225	232	$166.27	$181.97
Prof - Child EPSDT	$13,825	$15,572	$0.52	$0.55	329	385	$18.99	$17.15
Prof - Evaluation & Management	$1,880,110	$1,981,153	$70.85	$69.99	12,203	12,357	$69.68	$67.97
Prof - Maternity	$182,165	$230,061	$6.87	$8.13	152	176	$542.16	$554.36
Prof - Other	$668,455	$707,061	$25.19	$24.98	3,588	3,724	$84.26	$80.49
Prof - Psych	$371,693	$324,596	$14.01	$11.47	3,505	2,539	$47.95	$54.19
Prof - Specialist	$489,629	$543,594	$18.45	$19.20	1,328	1,391	$166.71	$165.68
Prof - Vision	$43,982	$43,244	$1.66	$1.53	261	228	$76.09	$80.53
Radiology	$325,290	$337,650	$12.26	$11.93	4,023	4,062	$36.57	$35.24
Transportation/Ambulance	$538,879	$585,561	$20.31	$20.69	13,131	13,716	$18.56	$18.10
Total	$25,030,500	$25,373,337	$943.30	$896.39				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	21,666	24,099						
Service Type								
DME/Supplies	$452,157	$432,907	$20.87	$17.96	1,763	1,697	$142.05	$127.03
FQHC / RHC	$63,954	$68,869	$2.95	$2.86	430	415	$82.42	$82.58
Home Health	$51,086	$49,464	$2.36	$2.05	73	108	$387.02	$229.00
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,486,307	$4,496,152	$160.91	$186.57	183	171	$10,564.57	$13,108.31
IP - Psych	$1,119,260	$1,450,852	$51.66	$60.20	1,124	1,024	$551.63	$705.67
Lab	$58,782	$67,904	$2.71	$2.82	3,838	3,748	$8.48	$9.02
OP - Emergency Room & Related	$1,021,925	$1,144,115	$47.17	$47.48	1,602	1,656	$353.24	$344.09
OP - Other	$1,442,410	$1,511,289	$66.57	$62.71	1,421	1,341	$562.34	$561.19
Pharmacy	$4,586,279	$4,847,831	$211.68	$201.16	25,997	26,427	$97.71	$91.34
Prof - Anesthesia	$35,393	$42,375	$1.63	$1.76	102	135	$192.35	$156.37
Prof - Child EPSDT	$2,748	$3,029	$0.13	$0.13	118	143	$12.90	$10.52
Prof - Evaluation & Management	$870,723	$1,022,298	$40.19	$42.42	7,002	7,543	$68.88	$67.49
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$566,331	$997,105	$26.14	$41.38	2,665	2,595	$117.69	$191.35
Prof - Psych	$242,961	$219,118	$11.21	$9.09	2,426	1,590	$55.47	$68.62
Prof - Specialist	$274,239	$314,893	$12.66	$13.07	852	898	$178.19	$174.65
Prof - Vision	$33,861	$40,578	$1.56	$1.68	181	173	$103.87	$116.60
Radiology	$122,685	$133,140	$5.66	$5.52	2,167	2,196	$31.35	$30.18
Transportation/Ambulance	$393,196	$417,361	$18.15	$17.32	15,659	16,017	$13.91	$12.97
Total	$14,824,298	$17,259,279	$684.22	$716.18				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	68,300	72,727						
Service Type								
DME/Supplies	$2,169,523	$2,310,536	$31.76	$31.77	3,437	3,512	$110.92	$108.56
FQHC / RHC	$307,862	$299,265	$4.51	$4.11	1,138	996	$47.55	$49.56
Home Health	$435,331	$488,793	$6.37	$6.72	274	275	$279.60	$292.87
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$24,709,659	$30,237,570	$361.78	$415.77	382	405	$11,371.22	$12,316.73
IP - Psych	$3,146,622	$3,202,678	$46.07	$44.04	940	803	$588.15	$658.04
Lab	$487,873	$511,918	$7.14	$7.04	9,158	8,882	$9.36	$9.51
OP - Emergency Room & Related	$4,498,913	$4,859,534	$65.87	$66.82	1,543	1,574	$512.11	$509.28
OP - Other	$10,882,052	$11,075,661	$159.33	$152.29	3,835	3,606	$498.51	$506.73
Pharmacy	$26,382,528	$27,749,252	$386.27	$381.55	71,326	72,231	$64.99	$63.39
Prof - Anesthesia	$278,786	$300,706	$4.08	$4.13	265	261	$184.50	$190.44
Prof - Child EPSDT	$24,912	$29,665	$0.36	$0.41	468	473	$9.35	$10.36
Prof - Evaluation & Management	$5,292,199	$6,104,213	$77.48	$83.93	13,452	14,384	$69.12	$70.02
Prof - Maternity	$0	$207	$0.00	$0.00	0	0	-	$103.52
Prof - Other	$2,970,403	$3,120,087	$43.49	$42.90	5,134	5,069	$101.66	$101.55
Prof - Psych	$755,622	$659,419	$11.06	$9.07	2,333	1,590	$56.89	$68.43
Prof - Specialist	$2,091,966	$2,377,813	$30.63	$32.70	2,161	2,276	$170.05	$172.41
Prof - Vision	$234,170	$258,307	$3.43	$3.55	599	599	$68.67	$71.14
Radiology	$1,000,880	$1,111,970	$14.65	$15.29	4,915	5,201	$35.78	$35.28
Transportation/Ambulance	$1,346,692	$1,627,854	$19.72	$22.38	21,627	23,136	$10.94	$11.61
Total	$87,015,994	$96,325,447	$1,274.03	$1,324.48				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Richmond/Charlottesville	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	176,528	183,473						
Service Type								
DME/Supplies	$4,227,495	$4,534,018	$23.95	$24.71	2,359	2,499	$121.82	$118.65
FQHC / RHC	$522,720	$490,716	$2.96	$2.67	664	597	$53.52	$53.78
Home Health	$1,137,560	$1,672,144	$6.44	$9.11	152	162	$508.75	$673.98
IP - Maternity	$896,131	$678,961	$5.08	$3.70	14	15	$4,436.29	$2,913.99
IP - Newborn	$6,922	$8,018	$0.04	$0.04	0	0	$1,153.66	$1,145.45
IP - Other	$38,869,282	$44,510,323	$220.19	$242.60	236	247	$11,191.85	$11,790.81
IP - Psych	$7,088,830	$7,632,059	$40.16	$41.60	765	698	$629.50	$714.75
Lab	$891,234	$951,539	$5.05	$5.19	6,222	6,175	$9.74	$10.08
OP - Emergency Room & Related	$9,090,073	$9,770,517	$51.49	$53.25	1,520	1,581	$406.61	$404.19
OP - Other	$18,064,304	$17,888,702	$102.33	$97.50	2,620	2,478	$468.62	$472.15
Pharmacy	$45,191,995	$47,161,546	$256.00	$257.05	42,168	43,553	$72.85	$70.82
Prof - Anesthesia	$515,966	$543,094	$2.92	$2.96	190	190	$185.07	$187.34
Prof - Child EPSDT	$64,731	$69,137	$0.37	$0.38	352	371	$12.48	$12.20
Prof - Evaluation & Management	$9,881,328	$11,006,707	$55.98	$59.99	9,639	10,309	$69.69	$69.83
Prof - Maternity	$295,511	$322,230	$1.67	$1.76	36	38	$551.33	$561.38
Prof - Other	$5,835,717	$6,956,950	$33.06	$37.92	3,549	3,748	$111.77	$121.42
Prof - Psych	$2,038,301	$1,758,511	$11.55	$9.58	2,478	1,749	$55.93	$65.78
Prof - Specialist	$3,224,725	$3,566,092	$18.27	$19.44	1,291	1,369	$169.75	$170.34
Prof - Vision	$413,477	$438,069	$2.34	$2.39	427	417	$65.82	$68.70
Radiology	$1,593,247	$1,716,150	$9.03	$9.35	3,137	3,318	$34.53	$33.83
Transportation/Ambulance	$2,605,090	$2,977,011	$14.76	$16.23	13,209	14,336	$13.41	$13.58
Total	$152,454,639	$164,652,494	$863.63	$897.42				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	127	103						
Service Type								
DME/Supplies	$17,325	$9,998	$136.41	$97.06	14,268	13,282	$114.73	$87.70
FQHC / RHC	$1,316	$349	$10.36	$3.39	1,606	816	$77.43	$49.89
Home Health	$1,449	$12,852	$11.41	$124.78	189	699	$724.25	$2,142.00
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$87,271	$761	$687.18	$7.39	378	117	$21,817.83	$760.78
IP - Other	$338,803	$298,662	$2,667.74	$2,899.63	1,039	350	$30,800.28	$99,554.01
IP - Psych	$2,015	$1,156	$15.86	$11.22	0	0	-	-
Lab	$1,154	$492	$9.09	$4.78	6,331	6,058	$17.22	$9.46
OP - Emergency Room & Related	$3,670	$10,269	$28.90	$99.69	2,551	3,146	$135.92	$380.32
OP - Other	$12,385	$8,819	$97.52	$85.62	5,575	5,010	$209.92	$205.08
Pharmacy	$60,840	$89,153	$479.06	$865.57	18,237	25,818	$315.21	$402.30
Prof - Anesthesia	$3,398	$1,163	$26.76	$11.30	1,039	583	$308.92	$232.69
Prof - Child EPSDT	$394	$522	$3.11	$5.07	3,307	5,476	$11.27	$11.10
Prof - Evaluation & Management	$43,225	$37,087	$340.35	$360.07	40,819	39,845	$100.06	$108.44
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$46,708	$11,464	$367.78	$111.30	15,591	13,282	$283.08	$100.56
Prof - Psych	$598	$343	$4.70	$3.33	472	0	$119.50	-
Prof - Specialist	$16,239	$3,346	$127.87	$32.49	3,780	1,981	$405.99	$196.85
Prof - Vision	$929	$967	$7.32	$9.38	1,512	2,097	$58.08	$53.70
Radiology	$1,407	$789	$11.08	$7.66	11,244	8,505	$11.83	$10.80
Transportation/Ambulance	$6,629	$1,174	$52.20	$11.40	10,016	5,476	$62.54	$24.98
Total	$645,756	$489,365	$5,084.70	$4,751.11				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	3,584	3,345						
Service Type								
DME/Supplies	$170,619	$195,645	$47.61	$58.49	3,844	4,456	$148.62	$157.52
FQHC / RHC	$20,453	$10,513	$5.71	$3.14	1,436	818	$47.67	$46.11
Home Health	$9,932	$18,940	$2.77	$5.66	44	54	$763.98	$1,262.65
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$621,136	$534,252	$173.31	$159.72	211	226	$9,859.30	$8,480.18
IP - Psych	$61,628	$57,320	$17.20	$17.14	0	0	-	-
Lab	$12,137	$13,510	$3.39	$4.04	2,930	4,631	$13.87	$10.46
OP - Emergency Room & Related	$64,717	$96,543	$18.06	$28.86	1,128	1,220	$192.04	$283.95
OP - Other	$455,464	$514,998	$127.08	$153.96	3,254	3,717	$468.58	$497.10
Pharmacy	$376,128	$432,347	$104.95	$129.25	13,386	14,766	$94.08	$105.04
Prof - Anesthesia	$18,886	$22,845	$5.27	$6.83	365	438	$173.26	$187.26
Prof - Child EPSDT	$5,296	$5,738	$1.48	$1.72	1,547	1,442	$11.46	$14.27
Prof - Evaluation & Management	$252,030	$215,033	$70.32	$64.28	9,539	9,977	$88.46	$77.32
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$274,586	$234,149	$76.61	$70.00	5,270	5,367	$174.45	$156.52
Prof - Psych	$22,992	$19,382	$6.42	$5.79	626	606	$122.95	$114.69
Prof - Specialist	$42,582	$43,983	$11.88	$13.15	857	979	$166.34	$161.11
Prof - Vision	$9,326	$8,962	$2.60	$2.68	362	470	$86.35	$68.41
Radiology	$10,506	$9,691	$2.93	$2.90	1,741	1,586	$20.20	$21.92
Transportation/Ambulance	$28,072	$33,780	$7.83	$10.10	6,358	7,114	$14.78	$17.03
Total	$2,456,489	$2,467,629	$685.40	$737.71				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	25,093	24,774						
Service Type								
DME/Supplies	$348,130	$352,685	$13.87	$14.24	1,124	1,174	$148.08	$145.56
FQHC / RHC	$73,807	$69,799	$2.94	$2.82	641	633	$55.08	$53.40
Home Health	$26,368	$17,680	$1.05	$0.71	25	25	$507.08	$340.00
IP - Maternity	$47,162	$67,552	$1.88	$2.73	9	12	$2,620.11	$2,702.08
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$999,547	$1,081,198	$39.83	$43.64	65	74	$7,404.05	$7,113.14
IP - Psych	$619,497	$610,790	$24.69	$24.65	142	153	$2,085.85	$1,939.02
Lab	$71,143	$68,866	$2.84	$2.78	2,932	2,789	$11.60	$11.96
OP - Emergency Room & Related	$448,307	$451,532	$17.87	$18.23	835	829	$256.76	$263.90
OP - Other	$1,070,728	$1,084,267	$42.67	$43.77	1,318	1,340	$388.51	$391.86
Pharmacy	$3,629,785	$3,879,847	$144.65	$156.61	16,194	16,747	$107.19	$112.22
Prof - Anesthesia	$40,450	$37,677	$1.61	$1.52	108	96	$178.98	$190.29
Prof - Child EPSDT	$9,981	$8,826	$0.40	$0.36	298	302	$16.02	$14.14
Prof - Evaluation & Management	$680,992	$747,754	$27.14	$30.18	4,682	5,052	$69.56	$71.70
Prof - Maternity	$30,908	$32,183	$1.23	$1.30	30	39	$490.61	$402.29
Prof - Other	$263,482	$229,561	$10.50	$9.27	1,621	1,785	$77.72	$62.30
Prof - Psych	$276,528	$244,729	$11.02	$9.88	2,124	1,640	$62.27	$72.30
Prof - Specialist	$117,396	$123,773	$4.68	$5.00	471	457	$119.18	$131.25
Prof - Vision	$45,743	$48,028	$1.82	$1.94	449	489	$48.71	$47.55
Radiology	$59,939	$57,850	$2.39	$2.34	955	1,015	$30.00	$27.60
Transportation/Ambulance	$186,062	$227,330	$7.41	$9.18	3,189	4,030	$27.90	$27.32
Total	$9,045,957	$9,441,926	$360.50	$381.12				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	13,899	14,698						
Service Type								
DME/Supplies	$303,106	$286,242	$21.81	$19.47	1,924	1,993	$135.98	$117.26
FQHC / RHC	$110,430	$157,705	$7.95	$10.73	2,251	2,085	$42.36	$61.75
Home Health	$48,419	$75,046	$3.48	$5.11	112	170	$372.46	$360.80
IP - Maternity	$144,135	$237,540	$10.37	$16.16	47	52	$2,669.17	$3,711.57
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,246,644	$2,416,912	$161.64	$164.44	227	214	$8,542.37	$9,224.86
IP - Psych	$421,330	$515,819	$30.31	$35.09	543	568	$669.84	$741.12
Lab	$131,146	$122,554	$9.44	$8.34	9,406	8,117	$12.04	$12.33
OP - Emergency Room & Related	$1,022,485	$945,075	$73.57	$64.30	2,497	2,515	$353.56	$306.74
OP - Other	$1,453,363	$1,520,695	$104.57	$103.46	2,678	2,709	$468.52	$458.32
Pharmacy	$3,645,975	$3,731,942	$262.32	$253.91	45,387	44,873	$69.35	$67.90
Prof - Anesthesia	$46,194	$50,179	$3.32	$3.41	243	275	$163.81	$148.90
Prof - Child EPSDT	$12,410	$55,272	$0.89	$3.76	642	547	$16.68	$82.50
Prof - Evaluation & Management	$851,523	$938,130	$61.27	$63.83	10,931	11,667	$67.26	$65.65
Prof - Maternity	$82,318	$89,909	$5.92	$6.12	158	162	$449.82	$454.09
Prof - Other	$324,624	$395,427	$23.36	$26.90	3,883	3,952	$72.17	$81.68
Prof - Psych	$162,622	$160,312	$11.70	$10.91	2,546	1,973	$55.14	$66.33
Prof - Specialist	$243,575	$238,294	$17.52	$16.21	1,823	1,785	$115.38	$109.01
Prof - Vision	$22,667	$24,970	$1.63	$1.70	226	241	$86.51	$84.64
Radiology	$162,302	$170,578	$11.68	$11.61	3,632	3,676	$38.58	$37.88
Transportation/Ambulance	$234,085	$251,368	$16.84	$17.10	14,043	15,659	$14.39	$13.11
Total	$11,669,352	$12,383,970	$839.58	$842.56				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	10,877	12,308						
Service Type								
DME/Supplies	$225,903	$230,523	$20.77	$18.73	1,422	1,362	$175.25	$165.01
FQHC / RHC	$106,190	$72,059	$9.76	$5.85	1,293	889	$90.61	$79.01
Home Health	$60,469	$42,301	$5.56	$3.44	85	67	$785.31	$613.06
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,434,417	$1,545,860	$131.88	$125.60	171	182	$9,254.31	$8,266.63
IP - Psych	$355,643	$402,395	$32.70	$32.69	629	534	$623.94	$734.30
Lab	$36,664	$34,365	$3.37	$2.79	3,965	3,069	$10.20	$10.92
OP - Emergency Room & Related	$401,064	$469,630	$36.87	$38.16	1,248	1,325	$354.61	$345.57
OP - Other	$486,183	$850,167	$44.70	$69.07	1,529	1,582	$350.78	$523.82
Pharmacy	$2,070,932	$2,025,874	$190.40	$164.60	29,004	27,999	$78.77	$70.54
Prof - Anesthesia	$20,240	$16,159	$1.86	$1.31	130	99	$171.52	$158.42
Prof - Child EPSDT	$2,241	$5,060	$0.21	$0.41	236	193	$10.47	$25.56
Prof - Evaluation & Management	$362,191	$448,327	$33.30	$36.43	5,892	6,522	$67.81	$67.02
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$272,444	$306,190	$25.05	$24.88	2,150	2,869	$139.79	$104.04
Prof - Psych	$107,098	$101,200	$9.85	$8.22	1,947	1,199	$60.68	$82.28
Prof - Specialist	$107,386	$115,361	$9.87	$9.37	1,129	1,091	$104.97	$103.09
Prof - Vision	$15,112	$16,716	$1.39	$1.36	160	154	$104.22	$105.80
Radiology	$57,419	$64,874	$5.28	$5.27	1,826	1,899	$34.69	$33.30
Transportation/Ambulance	$146,122	$182,394	$13.43	$14.82	12,883	12,065	$12.51	$14.74
Total	$6,267,717	$6,929,455	$576.24	$563.00				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	42,273	43,232						
Service Type								
DME/Supplies	$1,375,525	$1,411,854	$32.54	$32.66	3,679	3,903	$106.14	$100.39
FQHC / RHC	$377,197	$448,855	$8.92	$10.38	2,058	2,118	$52.02	$58.83
Home Health	$320,870	$360,876	$7.59	$8.35	198	214	$459.70	$467.46
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$12,707,112	$14,608,224	$300.60	$337.90	355	371	$10,165.69	$10,917.96
IP - Psych	$1,180,084	$1,250,580	$27.92	$28.93	278	339	$1,205.40	$1,024.23
Lab	$383,535	$343,363	$9.07	$7.94	9,930	8,475	$10.96	$11.25
OP - Emergency Room & Related	$1,957,808	$2,090,251	$46.31	$48.35	1,306	1,336	$425.52	$434.38
OP - Other	$6,603,877	$7,006,848	$156.22	$162.08	3,926	3,998	$477.50	$486.45
Pharmacy	$15,104,079	$15,108,073	$357.30	$349.47	74,198	74,276	$57.79	$56.46
Prof - Anesthesia	$176,098	$175,496	$4.17	$4.06	274	298	$182.30	$163.25
Prof - Child EPSDT	$27,410	$25,696	$0.65	$0.59	745	675	$10.44	$10.57
Prof - Evaluation & Management	$2,809,243	$3,081,591	$66.45	$71.28	11,702	12,500	$68.15	$68.43
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,557,964	$1,841,404	$36.85	$42.59	4,785	4,805	$92.42	$106.38
Prof - Psych	$360,868	$314,527	$8.54	$7.28	1,409	942	$72.73	$92.67
Prof - Specialist	$1,175,596	$1,313,113	$27.81	$30.37	2,814	2,898	$118.59	$125.79
Prof - Vision	$159,068	$164,745	$3.76	$3.81	582	571	$77.56	$80.09
Radiology	$655,346	$586,468	$15.50	$13.57	4,593	4,598	$40.51	$35.41
Transportation/Ambulance	$807,148	$955,992	$19.09	$22.11	15,041	16,220	$15.23	$16.36
Total	$47,738,829	$51,087,954	$1,129.30	$1,181.72				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Rural	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	95,853	98,460						
Service Type								
DME/Supplies	$2,440,607	$2,486,947	$25.46	$25.26	2,520	2,642	$121.25	$114.71
FQHC / RHC	$689,393	$759,279	$7.19	$7.71	1,604	1,540	$53.79	$60.08
Home Health	$467,507	$527,695	$4.88	$5.36	122	137	$480.97	$470.32
IP - Maternity	$191,297	$305,092	$2.00	$3.10	9	11	$2,656.90	$3,428.00
IP - Newborn	$87,271	$761	$0.91	$0.01	1	0	$21,817.83	$760.78
IP - Other	$18,347,659	$20,485,107	$191.41	$208.06	235	244	$9,774.99	$10,217.01
IP - Psych	$2,640,197	$2,838,059	$27.54	$28.82	310	339	$1,066.75	$1,020.88
Lab	$635,779	$583,149	$6.63	$5.92	7,079	6,182	$11.24	$11.50
OP - Emergency Room & Related	$3,898,051	$4,063,300	$40.67	$41.27	1,344	1,381	$363.15	$358.63
OP - Other	$10,082,000	$10,985,793	$105.18	$111.58	2,767	2,826	$456.10	$473.71
Pharmacy	$24,887,739	$25,267,236	$259.64	$256.62	47,359	47,554	$65.79	$64.76
Prof - Anesthesia	$305,265	$303,519	$3.18	$3.08	214	224	$178.31	$165.05
Prof - Child EPSDT	$57,733	$101,115	$0.60	$1.03	589	533	$12.27	$23.12
Prof - Evaluation & Management	$4,999,204	$5,467,922	$52.15	$55.53	9,051	9,697	$69.15	$68.72
Prof - Maternity	$113,226	$122,092	$1.18	$1.24	31	34	$460.27	$439.18
Prof - Other	$2,739,808	$3,018,195	$28.58	$30.65	3,560	3,704	$96.36	$99.32
Prof - Psych	$930,705	$840,493	$9.71	$8.54	1,791	1,291	$65.04	$79.33
Prof - Specialist	$1,702,774	$1,837,871	$17.76	$18.67	1,794	1,825	$118.84	$122.71
Prof - Vision	$252,846	$264,387	$2.64	$2.69	441	447	$71.81	$72.06
Radiology	$946,919	$890,249	$9.88	$9.04	3,089	3,123	$38.37	$34.74
Transportation/Ambulance	$1,408,119	$1,652,038	$14.69	$16.78	11,218	12,229	$15.72	$16.46
Total	$77,824,100	$82,800,299	$811.91	$840.95				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	254	295						
Service Type								
DME/Supplies	$10,802	$11,091	$42.53	$37.60	4,157	4,108	$122.75	$109.81
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$1,209	$88,681	$4.76	$300.61	189	5,369	$302.14	$671.82
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$22,088	$67,619	$86.96	$229.22	283	81	$3,681.26	$33,809.59
IP - Other	$108,987	$9,148	$429.08	$31.01	236	163	$21,797.43	$2,286.97
IP - Psych	$3,123	$4,586	$12.29	$15.55	0	0	-	-
Lab	$1,051	$1,077	$4.14	$3.65	3,213	2,441	$15.45	$17.95
OP - Emergency Room & Related	$14,130	$13,224	$55.63	$44.83	1,465	1,627	$455.82	$330.61
OP - Other	$35,708	$73,514	$140.58	$249.20	3,307	3,092	$510.12	$967.29
Pharmacy	$89,403	$108,158	$351.98	$366.64	15,775	15,968	$267.75	$275.53
Prof - Anesthesia	$1,913	$2,849	$7.53	$9.66	472	488	$191.26	$237.38
Prof - Child EPSDT	$1,413	$1,693	$5.56	$5.74	5,528	5,369	$12.08	$12.82
Prof - Evaluation & Management	$35,878	$36,193	$141.25	$122.69	17,811	17,573	$95.17	$83.78
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$43,519	$110,771	$171.33	$375.50	12,661	19,932	$162.38	$226.06
Prof - Psych	$926	$1,400	$3.65	$4.75	0	41	-	$1,400.20
Prof - Specialist	$6,312	$8,209	$24.85	$27.83	1,748	1,586	$170.60	$210.48
Prof - Vision	$2,884	$2,104	$11.35	$7.13	1,984	1,993	$68.66	$42.94
Radiology	$802	$1,259	$3.16	$4.27	2,551	2,359	$14.85	$21.71
Transportation/Ambulance	$987	$1,210	$3.89	$4.10	3,732	1,790	$12.49	$27.51
Total	$381,133	$542,787	$1,500.52	$1,839.96				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	6,549	6,170						
Service Type								
DME/Supplies	$340,489	$425,638	$51.99	$68.99	3,995	5,236	$156.19	$158.11
FQHC / RHC	$913	$550	$0.14	$0.09	49	29	$33.80	$36.66
Home Health	$101,636	$130,705	$15.52	$21.18	187	235	$996.43	$1,080.21
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$749,336	$951,044	$114.42	$154.14	128	134	$10,704.80	$13,783.25
IP - Psych	$113,694	$117,856	$17.36	$19.10	55	152	$3,789.81	$1,510.97
Lab	$20,332	$20,686	$3.10	$3.35	2,380	2,713	$15.65	$14.83
OP - Emergency Room & Related	$182,352	$222,151	$27.84	$36.01	1,098	1,323	$304.43	$326.69
OP - Other	$1,328,927	$1,283,367	$202.92	$208.00	3,786	4,438	$643.24	$562.39
Pharmacy	$665,316	$761,750	$101.59	$123.46	11,568	13,548	$105.39	$109.35
Prof - Anesthesia	$40,852	$42,717	$6.24	$6.92	355	389	$210.58	$213.59
Prof - Child EPSDT	$8,692	$8,166	$1.33	$1.32	1,402	1,305	$11.36	$12.17
Prof - Evaluation & Management	$406,758	$422,966	$62.11	$68.55	8,755	9,125	$85.13	$90.15
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,008,830	$1,083,980	$154.04	$175.69	8,735	10,366	$211.63	$203.37
Prof - Psych	$39,171	$34,869	$5.98	$5.65	553	434	$129.70	$156.36
Prof - Specialist	$101,228	$119,366	$15.46	$19.35	909	1,095	$204.09	$212.02
Prof - Vision	$18,791	$19,631	$2.87	$3.18	583	537	$59.09	$71.13
Radiology	$14,977	$16,852	$2.29	$2.73	1,387	1,706	$19.78	$19.22
Transportation/Ambulance	$28,691	$33,952	$4.38	$5.50	2,543	3,057	$20.67	$21.60
Total	$5,170,983	$5,696,247	$789.58	$923.22				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	56,336	55,158						
Service Type								
DME/Supplies	$739,491	$771,375	$13.13	$13.98	986	1,136	$159.72	$147.74
FQHC / RHC	$25,697	$14,318	$0.46	$0.26	115	87	$47.76	$35.79
Home Health	$25,686	$158,709	$0.46	$2.88	10	27	$524.21	$1,279.91
IP - Maternity	$161,609	$180,320	$2.87	$3.27	11	11	$3,107.86	$3,680.01
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,016,456	$1,852,033	$53.54	$33.58	60	51	$10,658.86	$7,847.60
IP - Psych	$1,396,002	$1,442,268	$24.78	$26.15	246	320	$1,207.61	$980.47
Lab	$135,091	$129,661	$2.40	$2.35	2,361	2,377	$12.19	$11.87
OP - Emergency Room & Related	$1,329,361	$1,418,982	$23.60	$25.73	786	782	$360.07	$394.60
OP - Other	$3,547,356	$3,649,862	$62.97	$66.17	1,055	1,098	$715.91	$722.89
Pharmacy	$7,437,221	$7,689,277	$132.02	$139.40	13,078	13,997	$121.13	$119.52
Prof - Anesthesia	$106,905	$98,218	$1.90	$1.78	111	108	$205.19	$197.23
Prof - Child EPSDT	$32,684	$23,972	$0.58	$0.43	384	319	$18.15	$16.36
Prof - Evaluation & Management	$1,608,537	$1,640,363	$28.55	$29.74	4,374	4,461	$78.34	$80.00
Prof - Maternity	$78,020	$75,626	$1.38	$1.37	29	31	$569.49	$536.35
Prof - Other	$2,360,062	$2,497,490	$41.89	$45.28	2,305	2,848	$218.08	$190.81
Prof - Psych	$589,836	$531,545	$10.47	$9.64	2,424	1,940	$51.82	$59.60
Prof - Specialist	$288,007	$290,508	$5.11	$5.27	474	479	$129.38	$131.81
Prof - Vision	$101,181	$98,642	$1.80	$1.79	517	513	$41.71	$41.85
Radiology	$128,934	$117,124	$2.29	$2.12	858	871	$32.00	$29.27
Transportation/Ambulance	$232,444	$259,710	$4.13	$4.71	1,792	2,278	$27.63	$24.81
Total	$23,340,579	$22,940,002	$414.31	$415.90				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	29,074	29,213						
Service Type								
DME/Supplies	$628,934	$640,223	$21.63	$21.92	1,604	1,856	$161.80	$141.70
FQHC / RHC	$115,420	$116,915	$3.97	$4.00	752	775	$63.38	$61.99
Home Health	$83,845	$116,020	$2.88	$3.97	64	69	$544.45	$690.60
IP - Maternity	$554,165	$514,165	$19.06	$17.60	61	58	$3,719.23	$3,646.56
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,618,868	$3,144,098	$124.47	$107.63	204	191	$7,325.64	$6,746.99
IP - Psych	$924,140	$865,780	$31.79	$29.64	638	580	$597.76	$612.72
Lab	$147,846	$130,699	$5.09	$4.47	9,247	10,170	$6.60	$5.28
OP - Emergency Room & Related	$3,051,206	$3,014,291	$104.95	$103.18	2,453	2,495	$513.50	$496.18
OP - Other	$2,753,733	$3,239,150	$94.71	$110.88	1,340	1,357	$848.35	$980.67
Pharmacy	$7,051,796	$7,150,657	$242.55	$244.78	36,118	37,088	$80.58	$79.20
Prof - Anesthesia	$117,290	$108,400	$4.03	$3.71	308	298	$157.23	$149.31
Prof - Child EPSDT	$49,135	$29,307	$1.69	$1.00	670	625	$30.27	$19.27
Prof - Evaluation & Management	$1,833,975	$1,788,447	$63.08	$61.22	11,054	10,799	$68.48	$68.03
Prof - Maternity	$224,031	$187,635	$7.71	$6.42	194	142	$476.66	$542.30
Prof - Other	$1,095,838	$1,192,271	$37.69	$40.81	3,916	4,063	$115.50	$120.55
Prof - Psych	$329,659	$291,764	$11.34	$9.99	2,884	2,201	$47.18	$54.44
Prof - Specialist	$547,120	$542,193	$18.82	$18.56	1,760	1,783	$128.34	$124.90
Prof - Vision	$50,965	$50,557	$1.75	$1.73	267	253	$78.89	$81.94
Radiology	$337,231	$338,755	$11.60	$11.60	3,352	3,362	$41.52	$41.39
Transportation/Ambulance	$280,610	$311,409	$9.65	$10.66	13,311	13,713	$8.70	$9.33
Total	$23,795,806	$23,772,737	$818.46	$813.77				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	24,314	25,047						
Service Type								
DME/Supplies	$567,924	$577,512	$23.36	$23.06	1,601	1,809	$175.12	$152.94
FQHC / RHC	$149,954	$99,482	$6.17	$3.97	499	465	$148.18	$102.45
Home Health	$94,055	$93,924	$3.87	$3.75	111	85	$418.02	$530.64
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$3,370,347	$3,849,803	$138.62	$153.70	223	234	$7,456.52	$7,888.94
IP - Psych	$858,358	$1,205,592	$35.30	$48.13	894	1,214	$473.71	$475.77
Lab	$63,283	$60,391	$2.60	$2.41	4,497	4,186	$6.95	$6.91
OP - Emergency Room & Related	$1,584,961	$1,501,599	$65.19	$59.95	1,647	1,487	$474.97	$483.92
OP - Other	$1,666,532	$1,804,615	$68.54	$72.05	952	885	$864.38	$977.05
Pharmacy	$5,204,342	$5,541,659	$214.05	$221.25	23,850	24,837	$107.70	$106.90
Prof - Anesthesia	$47,447	$48,404	$1.95	$1.93	131	137	$179.05	$169.84
Prof - Child EPSDT	$6,087	$4,852	$0.25	$0.19	324	238	$9.28	$9.76
Prof - Evaluation & Management	$1,032,469	$1,100,906	$42.46	$43.95	7,403	7,634	$68.83	$69.09
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,506,996	$1,595,387	$61.98	$63.70	3,661	3,670	$203.18	$208.25
Prof - Psych	$228,708	$212,445	$9.41	$8.48	2,308	1,799	$48.90	$56.56
Prof - Specialist	$260,125	$298,957	$10.70	$11.94	1,064	1,075	$120.65	$133.28
Prof - Vision	$38,392	$38,202	$1.58	$1.53	194	203	$97.44	$90.31
Radiology	$115,839	$122,703	$4.76	$4.90	1,887	1,871	$30.29	$31.42
Transportation/Ambulance	$224,914	$247,006	$9.25	$9.86	15,309	16,933	$7.25	$6.99
Total	$17,020,735	$18,403,439	$700.04	$734.76				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	79,883	82,704						
Service Type								
DME/Supplies	$2,913,845	$3,097,906	$36.48	$37.46	3,762	4,060	$116.37	$110.71
FQHC / RHC	$671,149	$670,760	$8.40	$8.11	1,535	1,390	$65.70	$70.04
Home Health	$744,873	$660,403	$9.32	$7.99	193	185	$579.22	$518.78
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$22,037,387	$22,361,293	$275.87	$270.38	394	384	$8,408.01	$8,447.79
IP - Psych	$2,148,950	$2,275,589	$26.90	$27.51	451	483	$716.08	$682.95
Lab	$431,044	$409,341	$5.40	$4.95	10,568	11,344	$6.13	$5.24
OP - Emergency Room & Related	$6,619,421	$6,800,369	$82.86	$82.23	1,579	1,596	$629.76	$618.33
OP - Other	$14,194,023	$13,984,064	$177.69	$169.09	2,723	2,605	$782.99	$778.97
Pharmacy	$32,487,797	$32,227,579	$406.69	$389.67	68,014	69,996	$71.75	$66.80
Prof - Anesthesia	$399,064	$447,054	$5.00	$5.41	355	420	$168.88	$154.37
Prof - Child EPSDT	$81,677	$57,340	$1.02	$0.69	912	927	$13.45	$8.98
Prof - Evaluation & Management	$6,587,864	$7,085,467	$82.47	$85.67	14,078	14,544	$70.30	$70.69
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$5,647,907	$6,305,785	$70.70	$76.25	6,176	6,328	$137.39	$144.58
Prof - Psych	$732,282	$666,240	$9.17	$8.06	1,925	1,346	$57.13	$71.82
Prof - Specialist	$2,637,949	$2,851,278	$33.02	$34.48	3,046	3,218	$130.11	$128.55
Prof - Vision	$287,490	$320,821	$3.60	$3.88	592	620	$72.91	$75.05
Radiology	$1,427,634	$1,484,186	$17.87	$17.95	5,104	5,183	$42.02	$41.55
Transportation/Ambulance	$798,626	$1,015,307	$10.00	$12.28	18,113	18,760	$6.62	$7.85
Total	$100,848,982	$102,720,782	$1,262.46	$1,242.03				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Tidewater	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	196,410	198,587						
Service Type								
DME/Supplies	$5,201,484	$5,523,744	$26.48	$27.82	2,387	2,676	$133.14	$124.72
FQHC / RHC	$963,132	$902,025	$4.90	$4.54	832	776	$70.75	$70.20
Home Health	$1,051,303	$1,248,443	$5.35	$6.29	111	121	$577.64	$625.79
IP - Maternity	$715,773	$694,486	$3.64	$3.50	12	11	$3,561.06	$3,655.19
IP - Newborn	$22,088	$67,619	$0.11	$0.34	0	0	$3,681.26	$33,809.59
IP - Other	$32,901,382	$32,167,418	$167.51	$161.98	240	236	$8,382.52	$8,226.96
IP - Psych	$5,444,267	$5,911,670	$27.72	$29.77	461	533	$721.57	$669.65
Lab	$798,648	$751,855	$4.07	$3.79	6,984	7,497	$6.99	$6.06
OP - Emergency Room & Related	$12,781,432	$12,970,617	$65.08	$65.31	1,473	1,480	$530.09	$529.59
OP - Other	$23,526,279	$24,034,573	$119.78	$121.03	1,857	1,844	$774.07	$787.79
Pharmacy	$52,935,874	$53,479,079	$269.52	$269.30	40,118	42,072	$80.62	$76.81
Prof - Anesthesia	$713,470	$747,643	$3.63	$3.76	250	279	$174.06	$161.93
Prof - Child EPSDT	$179,688	$125,331	$0.91	$0.63	674	645	$16.28	$11.74
Prof - Evaluation & Management	$11,505,480	$12,074,342	$58.58	$60.80	9,848	10,157	$71.38	$71.83
Prof - Maternity	$302,052	$263,261	$1.54	$1.33	37	29	$497.61	$540.58
Prof - Other	$11,663,151	$12,785,684	$59.38	$64.38	4,513	4,839	$157.88	$159.67
Prof - Psych	$1,920,582	$1,738,263	$9.78	$8.75	2,210	1,664	$53.11	$63.13
Prof - Specialist	$3,840,741	$4,110,512	$19.55	$20.70	1,799	1,908	$130.40	$130.20
Prof - Vision	$499,702	$529,957	$2.54	$2.67	475	483	$64.32	$66.27
Radiology	$2,025,417	$2,080,878	$10.31	$10.48	3,101	3,187	$39.90	$39.45
Transportation/Ambulance	$1,566,272	$1,868,594	$7.97	$9.41	11,836	12,696	$8.08	$8.89
Total	$170,558,217	$174,075,993	$868.38	$876.57				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	123	206						
Service Type								
DME/Supplies	$6,222	$10,127	$50.59	$49.16	3,610	5,650	$168.17	$104.40
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$1,624	$9,358	$13.21	$45.43	488	1,573	$324.87	$346.59
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$4,185	$10,287	$34.02	$49.94	195	233	$2,092.50	$2,571.66
IP - Other	$25,795	$255,570	$209.72	$1,240.63	585	699	$4,299.24	$21,297.52
IP - Psych	$869	$1,382	$7.06	$6.71	0	0	-	-
Lab	$680	$1,064	$5.53	$5.16	6,146	5,534	$10.79	$11.20
OP - Emergency Room & Related	$1,501	$4,166	$12.20	$20.22	683	1,806	$214.43	$134.37
OP - Other	$23,217	$16,651	$188.76	$80.83	3,610	2,971	$627.50	$326.48
Pharmacy	$73,469	$53,135	$597.31	$257.93	14,835	10,825	$483.15	$285.92
Prof - Anesthesia	$631	$3,543	$5.13	$17.20	390	757	$157.65	$272.57
Prof - Child EPSDT	$473	$852	$3.85	$4.14	4,683	4,311	$9.86	$11.51
Prof - Evaluation & Management	$16,456	$62,573	$133.79	$303.75	20,878	33,087	$76.90	$110.16
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$23,935	$45,782	$194.60	$222.24	19,707	16,136	$118.49	$165.28
Prof - Psych	$258	$410	$2.09	$1.99	0	291	-	$81.99
Prof - Specialist	$1,330	$8,485	$10.82	$41.19	1,463	2,039	$88.69	$242.44
Prof - Vision	$616	$1,934	$5.01	$9.39	585	1,398	$102.71	$80.60
Radiology	$537	$1,357	$4.37	$6.59	2,439	5,592	$21.49	$14.13
Transportation/Ambulance	$2,226	$4,665	$18.10	$22.65	1,951	3,320	$111.30	$81.84
Total	$184,026	$491,341	$1,496.15	$2,385.15				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	4,340	4,774						
Service Type								
DME/Supplies	$173,603	$232,805	$40.00	$48.77	3,888	4,527	$123.47	$129.26
FQHC / RHC	$1,925	$12,144	$0.44	$2.54	152	131	$35.01	$233.53
Home Health	$10,821	$10,311	$2.49	$2.16	91	126	$327.92	$206.22
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$722,931	$648,315	$166.57	$135.80	210	191	$9,512.25	$8,530.46
IP - Psych	$7,187	$16,320	$1.66	$3.42	0	0	-	-
Lab	$24,624	$23,430	$5.67	$4.91	5,060	4,132	$13.46	$14.25
OP - Emergency Room & Related	$57,192	$65,094	$13.18	$13.64	1,098	1,124	$144.06	$145.62
OP - Other	$740,824	$489,399	$170.70	$102.51	2,535	2,111	$807.88	$582.62
Pharmacy	$496,724	$578,623	$114.45	$121.20	13,958	14,727	$98.40	$98.76
Prof - Anesthesia	$21,981	$24,043	$5.06	$5.04	418	455	$145.57	$132.83
Prof - Child EPSDT	$5,819	$7,138	$1.34	$1.50	1,529	1,624	$10.52	$11.05
Prof - Evaluation & Management	$264,628	$267,243	$60.97	$55.98	9,865	9,416	$74.17	$71.34
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$611,257	$556,533	$140.84	$116.58	9,852	8,810	$171.56	$158.78
Prof - Psych	$11,020	$19,131	$2.54	$4.01	406	598	$74.97	$80.38
Prof - Specialist	$63,116	$51,444	$14.54	$10.78	1,059	777	$164.79	$166.49
Prof - Vision	$17,468	$19,239	$4.02	$4.03	525	518	$91.94	$93.39
Radiology	$13,873	$13,192	$3.20	$2.76	1,761	1,443	$21.78	$22.98
Transportation/Ambulance	$34,015	$44,134	$7.84	$9.24	1,861	1,941	$50.54	$57.17
Total	$3,279,007	$3,078,538	$755.53	$644.86				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	17,558	23,658						
Service Type								
DME/Supplies	$269,864	$395,159	$15.37	$16.70	1,461	1,464	$126.28	$136.92
FQHC / RHC	$30,895	$14,744	$1.76	$0.62	192	176	$109.95	$42.61
Home Health	$14,817	$21,062	$0.84	$0.89	36	40	$284.94	$266.61
IP - Maternity	$26,410	$124,710	$1.50	$5.27	7	14	$2,641.03	$4,618.90
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$620,201	$1,507,244	$35.32	$63.71	55	59	$7,656.80	$12,882.43
IP - Psych	$356,840	$456,751	$20.32	$19.31	310	256	$785.99	$906.25
Lab	$94,907	$129,758	$5.41	$5.48	4,062	3,891	$15.97	$16.92
OP - Emergency Room & Related	$240,159	$292,735	$13.68	$12.37	869	790	$188.95	$187.89
OP - Other	$604,949	$744,434	$34.45	$31.47	785	764	$526.50	$493.98
Pharmacy	$3,225,473	$4,550,440	$183.70	$192.34	19,999	21,010	$110.23	$109.86
Prof - Anesthesia	$24,480	$34,847	$1.39	$1.47	112	113	$149.27	$156.97
Prof - Child EPSDT	$6,232	$9,879	$0.35	$0.42	285	333	$14.94	$15.04
Prof - Evaluation & Management	$519,224	$806,297	$29.57	$34.08	5,170	5,815	$68.63	$70.33
Prof - Maternity	$14,071	$22,943	$0.80	$0.97	17	24	$562.85	$477.98
Prof - Other	$1,481,339	$4,716,567	$84.37	$199.36	3,029	3,671	$334.24	$651.64
Prof - Psych	$220,162	$233,028	$12.54	$9.85	2,594	1,829	$58.01	$64.62
Prof - Specialist	$88,794	$135,936	$5.06	$5.75	700	638	$86.71	$108.06
Prof - Vision	$35,898	$49,201	$2.04	$2.08	234	280	$104.97	$88.97
Radiology	$37,726	$48,360	$2.15	$2.04	1,052	1,020	$24.51	$24.05
Transportation/Ambulance	$100,634	$160,299	$5.73	$6.78	910	1,340	$75.61	$60.70
Total	$8,013,077	$14,454,394	$456.38	$610.97				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	13,619	17,624						
Service Type								
DME/Supplies	$261,190	$322,826	$19.18	$18.32	1,821	2,174	$126.36	$101.10
FQHC / RHC	$33,260	$41,095	$2.44	$2.33	729	723	$40.22	$38.70
Home Health	$49,520	$82,798	$3.64	$4.70	115	157	$380.93	$359.99
IP - Maternity	$137,216	$263,721	$10.08	$14.96	41	54	$2,982.96	$3,296.51
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,540,738	$3,004,802	$113.13	$170.49	179	221	$7,589.84	$9,245.54
IP - Psych	$639,523	$791,246	$46.96	$44.90	947	790	$594.91	$682.11
Lab	$243,526	$326,940	$17.88	$18.55	13,389	12,751	$16.03	$17.46
OP - Emergency Room & Related	$735,500	$954,309	$54.01	$54.15	2,678	2,596	$242.02	$250.34
OP - Other	$961,299	$1,327,091	$70.59	$75.30	1,731	1,812	$489.21	$498.72
Pharmacy	$4,290,358	$5,039,817	$315.03	$285.96	56,624	55,877	$66.76	$61.41
Prof - Anesthesia	$36,341	$51,567	$2.67	$2.93	241	270	$133.12	$129.89
Prof - Child EPSDT	$15,156	$20,195	$1.11	$1.15	933	942	$14.31	$14.60
Prof - Evaluation & Management	$838,233	$1,186,289	$61.55	$67.31	11,328	12,326	$65.20	$65.53
Prof - Maternity	$69,434	$128,474	$5.10	$7.29	143	261	$428.60	$335.44
Prof - Other	$230,021	$394,442	$16.89	$22.38	3,812	3,863	$53.17	$69.53
Prof - Psych	$188,098	$209,629	$13.81	$11.89	3,130	2,380	$52.96	$59.98
Prof - Specialist	$274,711	$371,089	$20.17	$21.06	2,554	2,482	$94.76	$101.81
Prof - Vision	$29,874	$35,487	$2.19	$2.01	199	244	$132.19	$99.12
Radiology	$153,784	$204,308	$11.29	$11.59	4,089	4,115	$33.14	$33.81
Transportation/Ambulance	$239,891	$395,506	$17.61	$22.44	6,134	6,705	$34.46	$40.17
Total	$10,967,672	$15,151,632	$805.32	$859.72				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	9,715	13,069						
Service Type								
DME/Supplies	$227,186	$212,122	$23.39	$16.23	1,366	1,499	$205.41	$129.98
FQHC / RHC	$13,128	$17,146	$1.35	$1.31	394	353	$41.15	$44.65
Home Health	$37,132	$32,905	$3.82	$2.52	117	103	$390.86	$293.80
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$1,333,645	$2,016,266	$137.28	$154.28	180	193	$9,134.55	$9,601.27
IP - Psych	$276,026	$446,079	$28.41	$34.13	734	629	$464.69	$651.21
Lab	$82,591	$112,851	$8.50	$8.64	5,873	6,016	$17.37	$17.22
OP - Emergency Room & Related	$333,181	$460,105	$34.30	$35.21	1,566	1,657	$262.76	$254.91
OP - Other	$399,125	$475,060	$41.08	$36.35	866	941	$569.36	$463.47
Pharmacy	$2,550,033	$3,821,398	$262.48	$292.40	33,601	34,651	$93.74	$101.26
Prof - Anesthesia	$13,006	$16,583	$1.34	$1.27	121	122	$132.71	$124.69
Prof - Child EPSDT	$2,058	$3,665	$0.21	$0.28	452	471	$5.62	$7.15
Prof - Evaluation & Management	$366,249	$566,585	$37.70	$43.35	6,828	7,830	$66.25	$66.45
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$194,126	$410,705	$19.98	$31.43	3,405	3,616	$70.41	$104.29
Prof - Psych	$83,159	$93,831	$8.56	$7.18	1,848	1,308	$55.59	$65.85
Prof - Specialist	$129,162	$179,711	$13.30	$13.75	1,522	1,576	$104.84	$104.73
Prof - Vision	$17,642	$25,051	$1.82	$1.92	142	197	$153.41	$116.51
Radiology	$55,732	$65,741	$5.74	$5.03	2,456	2,269	$28.03	$26.60
Transportation/Ambulance	$118,497	$194,856	$12.20	$14.91	4,864	6,216	$30.09	$28.78
Total	$6,231,676	$9,150,659	$641.45	$700.18				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	35,514	47,668						
Service Type								
DME/Supplies	$921,395	$1,513,252	$25.94	$31.75	3,618	4,233	$86.05	$90.00
FQHC / RHC	$177,472	$112,893	$5.00	$2.37	915	756	$65.56	$37.59
Home Health	$314,891	$529,426	$8.87	$11.11	280	353	$379.84	$377.35
IP - Maternity	$0	$6,172	$0.00	$0.13	0	0	-	$6,172.09
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$11,501,975	$17,282,212	$323.87	$362.55	377	403	$10,315.67	$10,787.90
IP - Psych	$940,342	$1,434,628	$26.48	$30.10	621	517	$511.89	$699.14
Lab	$601,129	$808,808	$16.93	$16.97	12,881	12,544	$15.77	$16.23
OP - Emergency Room & Related	$1,380,521	$1,940,100	$38.87	$40.70	1,441	1,447	$323.69	$337.53
OP - Other	$3,218,009	$4,682,103	$90.61	$98.22	2,096	2,245	$518.70	$525.13
Pharmacy	$14,709,276	$18,800,885	$414.18	$394.41	81,941	83,719	$60.66	$56.53
Prof - Anesthesia	$117,581	$159,892	$3.31	$3.35	292	293	$135.93	$137.60
Prof - Child EPSDT	$20,139	$37,795	$0.57	$0.79	958	991	$7.10	$9.60
Prof - Evaluation & Management	$2,404,927	$3,556,900	$67.72	$74.62	11,912	13,054	$68.22	$68.59
Prof - Maternity	$0	$2,643	$0.00	$0.06	0	2	-	$293.71
Prof - Other	$1,631,732	$1,962,336	$45.95	$41.17	5,386	5,393	$102.37	$91.60
Prof - Psych	$264,516	$316,882	$7.45	$6.65	1,554	1,160	$57.50	$68.80
Prof - Specialist	$1,077,763	$1,439,512	$30.35	$30.20	3,330	3,256	$109.36	$111.31
Prof - Vision	$118,012	$152,348	$3.32	$3.20	427	473	$93.36	$81.17
Radiology	$426,286	$601,167	$12.00	$12.61	4,737	4,725	$30.41	$32.03
Transportation/Ambulance	$647,724	$1,040,699	$18.24	$21.83	6,598	6,784	$33.17	$38.62
Total	$40,473,693	$56,380,654	$1,139.65	$1,182.78				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	80,869	106,999						
Service Type								
DME/Supplies	$1,859,461	$2,686,291	$22.99	$25.11	2,591	2,963	$106.49	$101.66
FQHC / RHC	$256,679	$198,022	$3.17	$1.85	622	544	$61.27	$40.85
Home Health	$428,806	$685,861	$5.30	$6.41	170	213	$374.83	$360.79
IP - Maternity	$163,627	$394,604	$2.02	$3.69	8	12	$2,921.90	$3,653.74
IP - Newborn	$4,185	$10,287	$0.05	$0.10	0	0	$2,092.50	$2,571.66
IP - Other	$15,745,285	$24,714,409	$194.70	$230.98	241	263	$9,677.50	$10,552.69
IP - Psych	$2,220,787	$3,146,406	$27.46	$29.41	588	494	$560.80	$714.93
Lab	$1,047,457	$1,402,850	$12.95	$13.11	9,780	9,479	$15.89	$16.60
OP - Emergency Room & Related	$2,748,053	$3,716,508	$33.98	$34.73	1,521	1,503	$268.18	$277.33
OP - Other	$5,947,424	$7,734,739	$73.54	$72.29	1,628	1,682	$542.01	$515.65
Pharmacy	$25,345,333	$32,844,298	$313.41	$306.96	54,671	56,056	$68.79	$65.71
Prof - Anesthesia	$214,020	$290,476	$2.65	$2.71	231	236	$137.63	$137.80
Prof - Child EPSDT	$49,877	$79,525	$0.62	$0.74	783	808	$9.45	$11.03
Prof - Evaluation & Management	$4,409,717	$6,445,887	$54.53	$60.24	9,643	10,572	$67.86	$68.38
Prof - Maternity	$83,505	$154,061	$1.03	$1.44	28	49	$446.55	$350.14
Prof - Other	$4,172,411	$8,086,364	$51.59	$75.57	4,633	4,716	$133.65	$192.29
Prof - Psych	$767,213	$872,911	$9.49	$8.16	2,017	1,500	$56.45	$65.26
Prof - Specialist	$1,634,876	$2,186,178	$20.22	$20.43	2,286	2,231	$106.11	$109.88
Prof - Vision	$219,510	$283,259	$2.71	$2.65	318	363	$102.43	$87.62
Radiology	$687,939	$934,126	$8.51	$8.73	3,391	3,360	$30.11	$31.18
Transportation/Ambulance	$1,142,987	$1,840,159	$14.13	$17.20	4,815	5,275	$35.22	$39.12
Total	$69,149,151	$98,707,218	$855.08	$922.51				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	46						
Service Type								
DME/Supplies	$0	$1,841	$0.00	$40.03	0	4,957	-	$96.92
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$0	$598	$0.00	$13.01	0	783	-	$199.48
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$21,627	$0.00	$470.15	0	522	-	$10,813.45
IP - Other	$0	$22,430	$0.00	$487.61	0	1,043	-	$5,607.55
IP - Psych	$0	$830	$0.00	$18.05	0	0	-	-
Lab	$0	$97	$0.00	$2.11	0	2,609	-	$9.70
OP - Emergency Room & Related	$0	$3,072	$0.00	$66.78	0	2,870	-	$279.27
OP - Other	$0	$3,628	$0.00	$78.87	0	4,696	-	$201.55
Pharmacy	$0	$13,124	$0.00	$285.31	0	21,287	-	$160.84
Prof - Anesthesia	$0	$295	$0.00	$6.42	0	522	-	$147.66
Prof - Child EPSDT	$0	$142	$0.00	$3.08	0	3,913	-	$9.44
Prof - Evaluation & Management	$0	$10,336	$0.00	$224.71	0	31,826	-	$84.73
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$19,250	$0.00	$418.47	0	23,739	-	$211.54
Prof - Psych	$0	$246	$0.00	$5.35	0	0	-	-
Prof - Specialist	$0	$450	$0.00	$9.79	0	1,565	-	$75.03
Prof - Vision	$0	$179	$0.00	$3.90	0	261	-	$179.36
Radiology	$0	$560	$0.00	$12.16	0	8,609	-	$16.96
Transportation/Ambulance	$0	$5,311	$0.00	$115.45	0	2,609	-	$531.06
Total	$0	$104,018	$0.00	$2,261.25				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	1,786						
Service Type								
DME/Supplies	$0	$78,975	$0.00	$44.22	0	4,246	-	$124.96
FQHC / RHC	$0	$224	$0.00	$0.13	0	20	-	$74.52
Home Health	$0	$1,710	$0.00	$0.96	0	40	-	$284.95
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$224,798	$0.00	$125.87	0	175	-	$8,646.09
IP - Psych	$0	$13,513	$0.00	$7.57	0	0	-	-
Lab	$0	$8,328	$0.00	$4.66	0	4,636	-	$12.07
OP - Emergency Room & Related	$0	$33,935	$0.00	$19.00	0	1,478	-	$154.25
OP - Other	$0	$161,454	$0.00	$90.40	0	2,372	-	$457.38
Pharmacy	$0	$294,941	$0.00	$165.14	0	19,216	-	$103.13
Prof - Anesthesia	$0	$18,719	$0.00	$10.48	0	336	-	$374.39
Prof - Child EPSDT	$0	$2,364	$0.00	$1.32	0	1,398	-	$11.37
Prof - Evaluation & Management	$0	$127,219	$0.00	$71.23	0	11,597	-	$73.71
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$106,992	$0.00	$59.91	0	5,059	-	$142.09
Prof - Psych	$0	$8,111	$0.00	$4.54	0	457	-	$119.28
Prof - Specialist	$0	$19,216	$0.00	$10.76	0	1,095	-	$117.89
Prof - Vision	$0	$5,413	$0.00	$3.03	0	383	-	$94.97
Radiology	$0	$6,220	$0.00	$3.48	0	2,385	-	$17.52
Transportation/Ambulance	$0	$16,227	$0.00	$9.09	0	1,095	-	$99.55
Total	$0	$1,128,358	$0.00	$631.78				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	13,472						
Service Type								
DME/Supplies	$0	$224,897	$0.00	$16.69	0	1,736	-	$115.39
FQHC / RHC	$0	$11,849	$0.00	$0.88	0	254	-	$41.58
Home Health	$0	$18,344	$0.00	$1.36	0	42	-	$390.30
IP - Maternity	$0	$19,790	$0.00	$1.47	0	6	-	$2,827.12
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$621,989	$0.00	$46.17	0	80	-	$6,910.99
IP - Psych	$0	$196,945	$0.00	$14.62	0	133	-	$1,321.78
Lab	$0	$66,436	$0.00	$4.93	0	4,112	-	$14.39
OP - Emergency Room & Related	$0	$256,238	$0.00	$19.02	0	1,226	-	$186.22
OP - Other	$0	$431,098	$0.00	$32.00	0	959	-	$400.28
Pharmacy	$0	$4,041,344	$0.00	$299.98	0	23,618	-	$152.42
Prof - Anesthesia	$0	$21,952	$0.00	$1.63	0	111	-	$175.62
Prof - Child EPSDT	$0	$4,908	$0.00	$0.36	0	428	-	$10.20
Prof - Evaluation & Management	$0	$540,128	$0.00	$40.09	0	7,329	-	$65.65
Prof - Maternity	$0	$10,983	$0.00	$0.82	0	18	-	$549.13
Prof - Other	$0	$638,999	$0.00	$47.43	0	3,686	-	$154.42
Prof - Psych	$0	$144,882	$0.00	$10.75	0	1,968	-	$65.59
Prof - Specialist	$0	$94,555	$0.00	$7.02	0	746	-	$112.97
Prof - Vision	$0	$30,267	$0.00	$2.25	0	429	-	$62.79
Radiology	$0	$42,499	$0.00	$3.15	0	1,568	-	$24.15
Transportation/Ambulance	$0	$93,904	$0.00	$6.97	0	2,465	-	$33.94
Total	$0	$7,512,008	$0.00	$557.60				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	20,099						
Service Type								
DME/Supplies	$0	$359,441	$0.00	$17.88	0	2,223	-	$96.52
FQHC / RHC	$0	$44,944	$0.00	$2.24	0	680	-	$39.46
Home Health	$0	$69,590	$0.00	$3.46	0	95	-	$437.67
IP - Maternity	$0	$152,481	$0.00	$7.59	0	28	-	$3,244.27
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$3,647,289	$0.00	$181.47	0	240	-	$9,072.86
IP - Psych	$0	$452,882	$0.00	$22.53	0	433	-	$623.80
Lab	$0	$274,968	$0.00	$13.68	0	9,808	-	$16.74
OP - Emergency Room & Related	$0	$1,477,073	$0.00	$73.49	0	2,920	-	$302.06
OP - Other	$0	$1,475,672	$0.00	$73.42	0	2,054	-	$428.85
Pharmacy	$0	$5,647,577	$0.00	$280.99	0	65,774	-	$51.26
Prof - Anesthesia	$0	$56,657	$0.00	$2.82	0	275	-	$123.17
Prof - Child EPSDT	$0	$10,424	$0.00	$0.52	0	729	-	$8.54
Prof - Evaluation & Management	$0	$1,415,684	$0.00	$70.44	0	12,801	-	$66.03
Prof - Maternity	$0	$65,574	$0.00	$3.26	0	72	-	$541.94
Prof - Other	$0	$253,383	$0.00	$12.61	0	2,736	-	$55.29
Prof - Psych	$0	$145,571	$0.00	$7.24	0	1,122	-	$77.47
Prof - Specialist	$0	$348,128	$0.00	$17.32	0	1,818	-	$114.33
Prof - Vision	$0	$44,123	$0.00	$2.20	0	380	-	$69.38
Radiology	$0	$251,799	$0.00	$12.53	0	4,628	-	$32.48
Transportation/Ambulance	$0	$291,904	$0.00	$14.52	0	4,400	$0.00	$39.61
Total	$0	$16,485,163	$0.00	$820.20				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	13,343						
Service Type								
DME/Supplies	$0	$168,861	$0.00	$12.66	0	1,566	-	$96.99
FQHC / RHC	$0	$10,954	$0.00	$0.82	0	277	-	$35.57
Home Health	$0	$40,598	$0.00	$3.04	0	84	-	$436.54
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$1,605,348	$0.00	$120.31	0	159	-	$9,069.76
IP - Psych	$0	$341,288	$0.00	$25.58	0	410	-	$748.44
Lab	$0	$96,671	$0.00	$7.25	0	5,569	-	$15.61
OP - Emergency Room & Related	$0	$632,613	$0.00	$47.41	0	2,023	-	$281.29
OP - Other	$0	$558,180	$0.00	$41.83	0	1,135	-	$442.30
Pharmacy	$0	$2,548,852	$0.00	$191.03	0	41,680	-	$55.00
Prof - Anesthesia	$0	$24,809	$0.00	$1.86	0	130	-	$172.28
Prof - Child EPSDT	$0	$3,754	$0.00	$0.28	0	314	-	$10.76
Prof - Evaluation & Management	$0	$625,188	$0.00	$46.86	0	8,495	-	$66.19
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$182,026	$0.00	$13.64	0	1,693	-	$96.72
Prof - Psych	$0	$76,301	$0.00	$5.72	0	726	-	$94.55
Prof - Specialist	$0	$137,506	$0.00	$10.31	0	1,160	-	$106.59
Prof - Vision	$0	$23,030	$0.00	$1.73	0	302	-	$68.54
Radiology	$0	$83,487	$0.00	$6.26	0	2,645	-	$28.39
Transportation/Ambulance	$0	$177,611	$0.00	$13.31	0	5,242	-	$30.47
Total	$0	$7,337,076	$0.00	$549.88				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	64,539						
Service Type								
DME/Supplies	$0	$1,951,303	$0.00	$30.23	0	4,224	-	$85.89
FQHC / RHC	$0	$106,599	$0.00	$1.65	0	575	-	$34.50
Home Health	$0	$776,984	$0.00	$12.04	0	350	-	$412.85
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$0	$15,198,537	$0.00	$235.49	0	330	-	$8,572.22
IP - Psych	$0	$1,128,786	$0.00	$17.49	0	193	-	$1,089.56
Lab	$0	$866,198	$0.00	$13.42	0	10,395	-	$15.49
OP - Emergency Room & Related	$0	$3,097,261	$0.00	$47.99	0	1,507	-	$382.24
OP - Other	$0	$5,928,795	$0.00	$91.86	0	2,502	-	$440.57
Pharmacy	$0	$23,433,236	$0.00	$363.09	0	93,372	-	$46.66
Prof - Anesthesia	$0	$157,429	$0.00	$2.44	0	218	-	$134.33
Prof - Child EPSDT	$0	$36,311	$0.00	$0.56	0	943	-	$7.16
Prof - Evaluation & Management	$0	$4,694,441	$0.00	$72.74	0	12,779	-	$68.30
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$0	$1,262,043	$0.00	$19.55	0	3,520	-	$66.67
Prof - Psych	$0	$328,233	$0.00	$5.09	0	683	-	$89.32
Prof - Specialist	$0	$1,398,944	$0.00	$21.68	0	2,388	-	$108.94
Prof - Vision	$0	$208,755	$0.00	$3.23	0	558	-	$69.58
Radiology	$0	$860,249	$0.00	$13.33	0	4,631	-	$34.54
Transportation/Ambulance	$0	$1,009,138	$0.00	$15.64	0	5,485	-	$34.21
Total	$0	$62,443,240	$0.00	$967.53				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	-	113,285						
Service Type								
DME/Supplies	$0	$2,785,319	$0.00	$24.59	0	3,261	-	$90.48
FQHC / RHC	$0	$174,570	$0.00	$1.54	0	511	-	$36.18
Home Health	$0	$907,823	$0.00	$8.01	0	232	-	$414.53
IP - Maternity	$0	$172,271	$0.00	$1.52	0	6	-	$3,190.19
IP - Newborn	$0	$21,627	$0.00	$0.19	0	0	-	$10,813.45
IP - Other	$0	$21,320,391	$0.00	$188.20	0	262	-	$8,624.75
IP - Psych	$0	$2,134,244	$0.00	$18.84	0	251	-	$901.67
Lab	$0	$1,312,698	$0.00	$11.59	0	8,881	-	$15.66
OP - Emergency Room & Related	$0	$5,500,191	$0.00	$48.55	0	1,785	-	$326.44
OP - Other	$0	$8,558,826	$0.00	$75.55	0	2,077	-	$436.50
Pharmacy	$0	$35,979,075	$0.00	$317.60	0	72,893	-	$52.28
Prof - Anesthesia	$0	$279,862	$0.00	$2.47	0	207	-	$143.30
Prof - Child EPSDT	$0	$57,903	$0.00	$0.51	0	778	-	$7.88
Prof - Evaluation & Management	$0	$7,412,996	$0.00	$65.44	0	11,619	-	$67.58
Prof - Maternity	$0	$76,557	$0.00	$0.68	0	15	-	$542.96
Prof - Other	$0	$2,462,693	$0.00	$21.74	0	3,218	-	$81.07
Prof - Psych	$0	$703,345	$0.00	$6.21	0	915	-	$81.42
Prof - Specialist	$0	$1,998,799	$0.00	$17.64	0	1,926	-	$109.93
Prof - Vision	$0	$311,767	$0.00	$2.75	0	478	-	$69.10
Radiology	$0	$1,244,813	$0.00	$10.99	0	3,999	-	$32.98
Transportation/Ambulance	$0	$1,594,094	$0.00	$14.07	0	4,835	$0.00	$34.93
Total	$0	$95,009,863	$0.00	$838.68				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD non-ALTC)

All Age Categories								
All Regions	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	713,347	872,858						
Service Type								
DME/Supplies	$17,985,104	$22,532,533	$25.21	$25.81	2,371	2,689	$127.61	$115.21
FQHC / RHC	$3,065,472	$3,207,401	$4.30	$3.67	888	791	$58.10	$55.74
Home Health	$3,845,338	$5,743,359	$5.39	$6.58	132	156	$491.10	$506.25
IP - Maternity	$2,341,341	$2,721,712	$3.28	$3.12	11	11	$3,520.81	$3,511.89
IP - Newborn	$121,898	$167,500	$0.17	$0.19	0	0	$6,094.91	$7,282.63
IP - Other	$143,304,346	$182,614,182	$200.89	$209.21	243	248	$9,931.69	$10,114.33
IP - Psych	$21,688,053	$26,454,283	$30.40	$30.31	508	479	$718.22	$759.39
Lab	$4,583,548	$6,309,020	$6.43	$7.23	7,501	7,692	$10.28	$11.28
OP - Emergency Room & Related	$35,594,765	$43,463,299	$49.90	$49.79	1,433	1,503	$417.87	$397.59
OP - Other	$71,472,678	$84,323,872	$100.19	$96.61	2,089	2,074	$575.55	$558.94
Pharmacy	$196,299,628	$244,413,577	$275.18	$280.02	44,353	49,553	$74.45	$67.81
Prof - Anesthesia	$2,336,560	$2,769,472	$3.28	$3.17	227	233	$173.43	$163.76
Prof - Child EPSDT	$433,326	$515,085	$0.61	$0.59	577	594	$12.64	$11.92
Prof - Evaluation & Management	$40,988,487	$53,495,013	$57.46	$61.29	9,750	10,480	$70.72	$70.18
Prof - Maternity	$958,909	$1,069,875	$1.34	$1.23	33	31	$486.02	$475.29
Prof - Other	$31,065,751	$42,144,673	$43.55	$48.28	4,193	4,246	$124.65	$136.46
Prof - Psych	$7,051,566	$7,094,848	$9.89	$8.13	2,080	1,438	$57.02	$67.84
Prof - Specialist	$13,601,239	$17,143,269	$19.07	$19.64	1,722	1,818	$132.88	$129.64
Prof - Vision	$1,960,853	$2,459,123	$2.75	$2.82	461	467	$71.57	$72.43
Radiology	$7,293,504	$9,090,595	$10.22	$10.41	3,192	3,354	$38.43	$37.26
Transportation/Ambulance	$8,733,343	$12,461,489	$12.24	$14.28	10,250	10,145	$14.33	$16.89
Total	$614,725,712	$770,194,179	$861.75	$882.38				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age Under 1								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	12,205	-						
Service Type								
DME/Supplies	$207,733	$0	$17.02	$0.00	1,739	0	$117.43	-
FQHC / RHC	$24,390	$0	$2.00	$0.00	481	0	$49.88	-
Home Health	$113	$0	$0.01	$0.00	1	0	$112.50	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$1,824,786	$0	$149.52	$0.00	690	0	$2,599.41	-
IP - Other	$306,712	$0	$25.13	$0.00	63	0	$4,792.37	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$34,600	$0	$2.84	$0.00	2,531	0	$13.44	-
OP - Emergency Room	$69,972	$0	$5.73	$0.00	948	0	$72.58	-
OP - Other	$125,560	$0	$10.29	$0.00	2,239	0	$55.14	-
Pharmacy	$321,786	$0	$26.37	$0.00	4,667	0	$67.79	-
Prof - Anesthesia	$9,039	$0	$0.74	$0.00	56	0	$158.59	-
Prof - Child EPSDT	$42,498	$0	$3.48	$0.00	3,883	0	$10.76	-
Prof - Evaluation & Management	$1,195,552	$0	$97.96	$0.00	15,620	0	$75.26	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$258,310	$0	$21.17	$0.00	7,646	0	$33.22	-
Prof - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Specialist	$65,462	$0	$5.36	$0.00	533	0	$120.78	-
Prof - Vision	$5,439	$0	$0.45	$0.00	79	0	$67.98	-
Radiology	$52,851	$0	$4.33	$0.00	1,304	0	$39.86	-
Transportation/Ambulance	$13,146	$0	$1.08	$0.00	124	0	$104.33	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$4,557,948	$0	$373.46	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 1-5								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	28,311	-						
Service Type								
DME/Supplies	$82,920	$0	$2.93	$0.00	340	0	$103.26	-
FQHC / RHC	$45,689	$0	$1.61	$0.00	292	0	$66.41	-
Home Health	$900	$0	$0.03	$0.00	1	0	$300.00	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$177,479	$0	$6.27	$0.00	21	0	$3,622.02	-
IP - Psych	$16,769	$0	$0.59	$0.00	10	0	$698.70	-
Lab	$76,808	$0	$2.71	$0.00	2,568	0	$12.68	-
OP - Emergency Room	$185,186	$0	$6.54	$0.00	791	0	$99.30	-
OP - Other	$268,619	$0	$9.49	$0.00	763	0	$149.23	-
Pharmacy	$457,669	$0	$16.17	$0.00	4,409	0	$44.00	-
Prof - Anesthesia	$23,160	$0	$0.82	$0.00	86	0	$114.09	-
Prof - Child EPSDT	$35,598	$0	$1.26	$0.00	1,407	0	$10.72	-
Prof - Evaluation & Management	$705,388	$0	$24.92	$0.00	5,030	0	$59.44	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$184,006	$0	$6.50	$0.00	1,844	0	$42.29	-
Prof - Psych	$27,016	$0	$0.95	$0.00	182	0	$62.83	-
Prof - Specialist	$94,819	$0	$3.35	$0.00	277	0	$145.21	-
Prof - Vision	$22,413	$0	$0.79	$0.00	167	0	$57.03	-
Radiology	$93,758	$0	$3.31	$0.00	646	0	$61.56	-
Transportation/Ambulance	$10,293	$0	$0.36	$0.00	64	0	$67.71	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$2,508,488	$0	$88.60	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 6-14								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	47,974	-						
Service Type								
DME/Supplies	$50,338	$0	$1.05	$0.00	184	0	$68.58	-
FQHC / RHC	$59,637	$0	$1.24	$0.00	191	0	$78.16	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$44,418	$0	$0.93	$0.00	0	0	$44,417.93	-
IP - Other	$193,068	$0	$4.02	$0.00	12	0	$4,197.13	-
IP - Psych	$209,295	$0	$4.36	$0.00	81	0	$645.97	-
Lab	$120,846	$0	$2.52	$0.00	2,103	0	$14.37	-
OP - Emergency Room	$291,749	$0	$6.08	$0.00	515	0	$141.63	-
OP - Other	$338,398	$0	$7.05	$0.00	661	0	$127.99	-
Pharmacy	$1,968,567	$0	$41.03	$0.00	6,421	0	$76.69	-
Prof - Anesthesia	$19,482	$0	$0.41	$0.00	38	0	$129.88	-
Prof - Child EPSDT	$16,793	$0	$0.35	$0.00	377	0	$11.14	-
Prof - Evaluation & Management	$842,889	$0	$17.57	$0.00	3,578	0	$58.93	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$140,938	$0	$2.94	$0.00	1,174	0	$30.03	-
Prof - Psych	$203,661	$0	$4.25	$0.00	839	0	$60.72	-
Prof - Specialist	$128,048	$0	$2.67	$0.00	251	0	$127.79	-
Prof - Vision	$175,538	$0	$3.66	$0.00	785	0	$55.90	-
Radiology	$35,312	$0	$0.74	$0.00	549	0	$16.08	-
Transportation/Ambulance	$14,133	$0	$0.29	$0.00	51	0	$69.97	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$4,853,107	$0	$101.16	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 15-20 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	12,994	-						
Service Type								
DME/Supplies	$9,259	$0	$0.71	$0.00	90	0	$95.45	-
FQHC / RHC	$25,966	$0	$2.00	$0.00	285	0	$84.03	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$467,164	$0	$35.95	$0.00	176	0	$2,445.88	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$141,212	$0	$10.87	$0.00	32	0	$4,034.64	-
IP - Psych	$80,934	$0	$6.23	$0.00	114	0	$658.00	-
Lab	$223,093	$0	$17.17	$0.00	12,071	0	$17.07	-
OP - Emergency Room	$223,440	$0	$17.20	$0.00	1,258	0	$164.05	-
OP - Other	$252,670	$0	$19.45	$0.00	1,769	0	$131.94	-
Pharmacy	$478,921	$0	$36.86	$0.00	10,727	0	$41.23	-
Prof - Anesthesia	$23,346	$0	$1.80	$0.00	191	0	$112.78	-
Prof - Child EPSDT	$8,769	$0	$0.67	$0.00	373	0	$21.71	-
Prof - Evaluation & Management	$352,515	$0	$27.13	$0.00	5,446	0	$59.78	-
Prof - Maternity	$332,088	$0	$25.56	$0.00	494	0	$620.73	-
Prof - Other	$88,221	$0	$6.79	$0.00	1,607	0	$50.70	-
Prof - Psych	$59,706	$0	$4.59	$0.00	924	0	$59.65	-
Prof - Specialist	$57,515	$0	$4.43	$0.00	644	0	$82.52	-
Prof - Vision	$55,733	$0	$4.29	$0.00	899	0	$57.22	-
Radiology	$104,791	$0	$8.06	$0.00	1,853	0	$52.24	-
Transportation/Ambulance	$15,415	$0	$1.19	$0.00	218	0	$65.32	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$3,000,761	$0	$230.93	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	24,663	-						
Service Type								
DME/Supplies	$76,294	$0	$3.09	$0.00	401	0	$92.59	-
FQHC / RHC	$81,377	$0	$3.30	$0.00	417	0	$94.96	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$1,433,059	$0	$58.11	$0.00	257	0	$2,709.00	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$828,373	$0	$33.59	$0.00	74	0	$5,414.20	-
IP - Psych	$147,734	$0	$5.99	$0.00	122	0	$590.94	-
Lab	$661,152	$0	$26.81	$0.00	17,697	0	$18.18	-
OP - Emergency Room	$763,226	$0	$30.95	$0.00	1,901	0	$195.30	-
OP - Other	$1,065,710	$0	$43.21	$0.00	2,897	0	$179.02	-
Pharmacy	$1,770,110	$0	$71.77	$0.00	20,030	0	$43.00	-
Prof - Anesthesia	$87,454	$0	$3.55	$0.00	356	0	$119.64	-
Prof - Child EPSDT	$15,228	$0	$0.62	$0.00	426	0	$17.38	-
Prof - Evaluation & Management	$818,038	$0	$33.17	$0.00	7,141	0	$55.74	-
Prof - Maternity	$934,832	$0	$37.90	$0.00	665	0	$684.36	-
Prof - Other	$212,673	$0	$8.62	$0.00	1,520	0	$68.10	-
Prof - Psych	$111,313	$0	$4.51	$0.00	975	0	$55.55	-
Prof - Specialist	$318,703	$0	$12.92	$0.00	1,242	0	$124.83	-
Prof - Vision	$34,764	$0	$1.41	$0.00	281	0	$60.15	-
Radiology	$357,756	$0	$14.51	$0.00	3,367	0	$51.71	-
Transportation/Ambulance	$55,848	$0	$2.26	$0.00	352	0	$77.14	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$9,773,643	$0	$396.29	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 15-20 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	9,635	-						
Service Type								
DME/Supplies	$17,308	$0	$1.80	$0.00	193	0	$111.67	-
FQHC / RHC	$9,444	$0	$0.98	$0.00	152	0	$77.41	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$13,507	$0	$1.40	$0.00	1	0	$13,507.19	-
IP - Other	$325,947	$0	$33.83	$0.00	44	0	$9,312.78	-
IP - Psych	$72,876	$0	$7.56	$0.00	151	0	$602.28	-
Lab	$40,413	$0	$4.19	$0.00	2,796	0	$18.00	-
OP - Emergency Room	$132,447	$0	$13.75	$0.00	760	0	$217.13	-
OP - Other	$101,064	$0	$10.49	$0.00	825	0	$152.66	-
Pharmacy	$422,675	$0	$43.87	$0.00	6,751	0	$77.98	-
Prof - Anesthesia	$6,651	$0	$0.69	$0.00	52	0	$158.36	-
Prof - Child EPSDT	$2,051	$0	$0.21	$0.00	225	0	$11.33	-
Prof - Evaluation & Management	$185,878	$0	$19.29	$0.00	3,708	0	$62.44	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$33,820	$0	$3.51	$0.00	996	0	$42.27	-
Prof - Psych	$47,939	$0	$4.98	$0.00	1,005	0	$59.40	-
Prof - Specialist	$54,543	$0	$5.66	$0.00	386	0	$175.95	-
Prof - Vision	$26,284	$0	$2.73	$0.00	573	0	$57.14	-
Radiology	$17,926	$0	$1.86	$0.00	1,131	0	$19.74	-
Transportation/Ambulance	$9,426	$0	$0.98	$0.00	149	0	$78.55	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$1,520,200	$0	$157.78	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	4,168	-						
Service Type								
DME/Supplies	$14,076	$0	$3.38	$0.00	417	0	$97.07	-
FQHC / RHC	$11,486	$0	$2.76	$0.00	343	0	$96.52	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$850,763	$0	$204.10	$0.00	127	0	$19,335.52	-
IP - Psych	$29,595	$0	$7.10	$0.00	132	0	$643.36	-
Lab	$35,721	$0	$8.57	$0.00	6,394	0	$16.08	-
OP - Emergency Room	$128,112	$0	$30.73	$0.00	1,583	0	$232.93	-
OP - Other	$176,912	$0	$42.44	$0.00	1,563	0	$325.80	-
Pharmacy	$242,184	$0	$58.10	$0.00	15,689	0	$44.44	-
Prof - Anesthesia	$10,507	$0	$2.52	$0.00	213	0	$141.98	-
Prof - Child EPSDT	$670	$0	$0.16	$0.00	288	0	$6.70	-
Prof - Evaluation & Management	$122,892	$0	$29.48	$0.00	5,809	0	$60.90	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$30,721	$0	$7.37	$0.00	1,661	0	$53.24	-
Prof - Psych	$12,795	$0	$3.07	$0.00	668	0	$55.15	-
Prof - Specialist	$85,289	$0	$20.46	$0.00	1,238	0	$198.35	-
Prof - Vision	$3,371	$0	$0.81	$0.00	155	0	$62.42	-
Radiology	$20,583	$0	$4.94	$0.00	2,539	0	$23.34	-
Transportation/Ambulance	$8,261	$0	$1.98	$0.00	305	0	$77.93	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$1,783,937	$0	$427.96	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	2,335	-						
Service Type								
DME/Supplies	$13,308	$0	$5.70	$0.00	874	0	$78.28	-
FQHC / RHC	$10,672	$0	$4.57	$0.00	576	0	$95.28	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$233,609	$0	$100.05	$0.00	139	0	$8,652.20	-
IP - Psych	$24,021	$0	$10.29	$0.00	185	0	$667.26	-
Lab	$37,680	$0	$16.14	$0.00	10,741	0	$18.03	-
OP - Emergency Room	$48,871	$0	$20.93	$0.00	1,131	0	$222.14	-
OP - Other	$177,695	$0	$76.10	$0.00	3,325	0	$274.64	-
Pharmacy	$267,750	$0	$114.67	$0.00	34,793	0	$39.55	-
Prof - Anesthesia	$5,655	$0	$2.42	$0.00	231	0	$125.67	-
Prof - Child EPSDT	$852	$0	$0.36	$0.00	581	0	$7.54	-
Prof - Evaluation & Management	$82,863	$0	$35.49	$0.00	7,323	0	$58.15	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$41,042	$0	$17.58	$0.00	2,570	0	$82.08	-
Prof - Psych	$10,771	$0	$4.61	$0.00	1,203	0	$46.03	-
Prof - Specialist	$44,022	$0	$18.85	$0.00	1,490	0	$151.80	-
Prof - Vision	$6,195	$0	$2.65	$0.00	478	0	$66.61	-
Radiology	$21,474	$0	$9.20	$0.00	2,960	0	$37.28	-
Transportation/Ambulance	$3,403	$0	$1.46	$0.00	267	0	$65.43	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$1,029,882	$0	$441.07	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

All Age Categories								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	142,284	-						
Service Type								
DME/Supplies	$471,236	$0	$3.31	$0.00	396	0	$100.33	-
FQHC / RHC	$268,661	$0	$1.89	$0.00	292	0	$77.67	-
Home Health	$1,013	$0	$0.01	$0.00	0	0	$253.13	-
IP - Maternity	$1,900,222	$0	$13.36	$0.00	61	0	$2,639.20	-
IP - Newborn	$1,882,711	$0	$13.23	$0.00	59	0	$2,674.31	-
IP - Other	$3,057,165	$0	$21.49	$0.00	38	0	$6,748.71	-
IP - Psych	$581,224	$0	$4.08	$0.00	78	0	$629.03	-
Lab	$1,230,313	$0	$8.65	$0.00	6,160	0	$16.84	-
OP - Emergency Room	$1,843,002	$0	$12.95	$0.00	973	0	$159.72	-
OP - Other	$2,506,627	$0	$17.62	$0.00	1,387	0	$152.46	-
Pharmacy	$5,929,661	$0	$41.67	$0.00	9,382	0	$53.31	-
Prof - Anesthesia	$185,294	$0	$1.30	$0.00	127	0	$122.79	-
Prof - Child EPSDT	$122,459	$0	$0.86	$0.00	881	0	$11.72	-
Prof - Evaluation & Management	$4,306,016	$0	$30.26	$0.00	5,824	0	$62.36	-
Prof - Maternity	$1,266,920	$0	$8.90	$0.00	160	0	$666.45	-
Prof - Other	$989,730	$0	$6.96	$0.00	1,987	0	$42.01	-
Prof - Psych	$473,202	$0	$3.33	$0.00	680	0	$58.70	-
Prof - Specialist	$848,402	$0	$5.96	$0.00	546	0	$130.99	-
Prof - Vision	$329,736	$0	$2.32	$0.00	487	0	$57.13	-
Radiology	$704,451	$0	$4.95	$0.00	1,378	0	$43.12	-
Transportation/Ambulance	$129,923	$0	$0.91	$0.00	145	0	$75.62	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$29,027,967	$0	$204.01	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age Under 1								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	19,570	-						
Service Type								
DME/Supplies	$350,744	$0	$17.92	$0.00	1,977	0	$108.76	-
FQHC / RHC	$240,331	$0	$12.28	$0.00	2,262	0	$65.15	-
Home Health	$2,813	$0	$0.14	$0.00	7	0	$234.38	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$123,105	$0	$6.29	$0.00	4	0	$17,586.41	-
IP - Other	$538,876	$0	$27.54	$0.00	106	0	$3,114.89	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$96,910	$0	$4.95	$0.00	4,863	0	$12.22	-
OP - Emergency Room	$195,972	$0	$10.01	$0.00	1,468	0	$81.86	-
OP - Other	$193,739	$0	$9.90	$0.00	454	0	$261.81	-
Pharmacy	$666,731	$0	$34.07	$0.00	7,097	0	$57.61	-
Prof - Anesthesia	$14,753	$0	$0.75	$0.00	65	0	$139.18	-
Prof - Child EPSDT	$71,343	$0	$3.65	$0.00	4,087	0	$10.70	-
Prof - Evaluation & Management	$1,011,015	$0	$51.66	$0.00	9,887	0	$62.70	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$412,222	$0	$21.06	$0.00	6,866	0	$36.82	-
Prof - Psych	$201	$0	$0.01	$0.00	2	0	$67.08	-
Prof - Specialist	$68,339	$0	$3.49	$0.00	204	0	$205.22	-
Prof - Vision	$8,322	$0	$0.43	$0.00	75	0	$68.21	-
Radiology	$40,662	$0	$2.08	$0.00	942	0	$26.47	-
Transportation/Ambulance	$49,375	$0	$2.52	$0.00	159	0	$190.64	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$4,085,452	$0	$208.76	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 1-5								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	98,545	-						
Service Type								
DME/Supplies	$205,176	$0	$2.08	$0.00	359	0	$69.50	-
FQHC / RHC	$751,240	$0	$7.62	$0.00	1,267	0	$72.22	-
Home Health	$41,111	$0	$0.42	$0.00	16	0	$321.18	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$8,956	$0	$0.09	$0.00	0	0	$4,477.77	-
IP - Other	$1,204,976	$0	$12.23	$0.00	44	0	$3,319.49	-
IP - Psych	$3,165	$0	$0.03	$0.00	1	0	$633.02	-
Lab	$405,321	$0	$4.11	$0.00	4,089	0	$12.07	-
OP - Emergency Room	$853,158	$0	$8.66	$0.00	1,096	0	$94.81	-
OP - Other	$868,712	$0	$8.82	$0.00	300	0	$352.99	-
Pharmacy	$2,877,831	$0	$29.20	$0.00	6,841	0	$51.22	-
Prof - Anesthesia	$112,992	$0	$1.15	$0.00	118	0	$116.73	-
Prof - Child EPSDT	$95,555	$0	$0.97	$0.00	1,101	0	$10.57	-
Prof - Evaluation & Management	$2,652,373	$0	$26.92	$0.00	5,383	0	$60.00	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$833,545	$0	$8.46	$0.00	2,070	0	$49.05	-
Prof - Psych	$90,970	$0	$0.92	$0.00	188	0	$58.84	-
Prof - Specialist	$311,460	$0	$3.16	$0.00	246	0	$154.42	-
Prof - Vision	$141,923	$0	$1.44	$0.00	301	0	$57.39	-
Radiology	$289,331	$0	$2.94	$0.00	793	0	$44.45	-
Transportation/Ambulance	$90,203	$0	$0.92	$0.00	87	0	$126.87	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$11,837,999	$0	$120.13	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 6-14								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	150,028	-						
Service Type								
DME/Supplies	$253,376	$0	$1.69	$0.00	226	0	$89.50	-
FQHC / RHC	$1,034,980	$0	$6.90	$0.00	1,099	0	$75.31	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$19,336	$0	$0.13	$0.00	1	0	$2,416.97	-
IP - Newborn	$48,986	$0	$0.33	$0.00	0	0	$16,328.62	-
IP - Other	$1,042,218	$0	$6.95	$0.00	20	0	$4,119.44	-
IP - Psych	$174,689	$0	$1.16	$0.00	22	0	$644.61	-
Lab	$545,383	$0	$3.64	$0.00	3,227	0	$13.52	-
OP - Emergency Room	$1,327,573	$0	$8.85	$0.00	781	0	$135.94	-
OP - Other	$1,278,592	$0	$8.52	$0.00	322	0	$317.35	-
Pharmacy	$8,256,125	$0	$55.03	$0.00	8,254	0	$80.00	$0.00
Prof - Anesthesia	$82,163	$0	$0.55	$0.00	57	0	$116.05	-
Prof - Child EPSDT	$28,054	$0	$0.19	$0.00	219	0	$10.23	-
Prof - Evaluation & Management	$2,840,827	$0	$18.94	$0.00	3,938	0	$57.70	$0.00
Prof - Maternity	$12,382	$0	$0.08	$0.00	1	0	$1,031.80	-
Prof - Other	$889,044	$0	$5.93	$0.00	1,551	0	$45.84	-
Prof - Psych	$639,015	$0	$4.26	$0.00	901	0	$56.74	-
Prof - Specialist	$474,942	$0	$3.17	$0.00	260	0	$146.32	-
Prof - Vision	$568,050	$0	$3.79	$0.00	792	0	$57.36	-
Radiology	$223,815	$0	$1.49	$0.00	823	0	$21.75	-
Transportation/Ambulance	$69,037	$0	$0.46	$0.00	51	0	$108.55	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$19,808,585	$0	$132.03	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 15-20 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	32,473	-						
Service Type								
DME/Supplies	$43,283	$0	$1.33	$0.00	235	0	$68.16	-
FQHC / RHC	$349,300	$0	$10.76	$0.00	1,652	0	$78.13	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$1,075,818	$0	$33.13	$0.00	173	0	$2,298.76	-
IP - Newborn	$15,321	$0	$0.47	$0.00	1	0	$5,106.91	-
IP - Other	$420,735	$0	$12.96	$0.00	38	0	$4,084.81	-
IP - Psych	$134,834	$0	$4.15	$0.00	81	0	$618.50	-
Lab	$484,824	$0	$14.93	$0.00	12,197	0	$14.69	-
OP - Emergency Room	$754,706	$0	$23.24	$0.00	1,469	0	$189.82	-
OP - Other	$632,265	$0	$19.47	$0.00	889	0	$262.90	-
Pharmacy	$1,453,593	$0	$44.76	$0.00	12,767	0	$42.07	-
Prof - Anesthesia	$84,269	$0	$2.60	$0.00	203	0	$153.50	-
Prof - Child EPSDT	$18,065	$0	$0.56	$0.00	288	0	$23.19	-
Prof - Evaluation & Management	$880,066	$0	$27.10	$0.00	5,221	0	$62.29	-
Prof - Maternity	$745,079	$0	$22.94	$0.00	422	0	$652.43	-
Prof - Other	$287,611	$0	$8.86	$0.00	1,430	0	$74.30	-
Prof - Psych	$113,540	$0	$3.50	$0.00	721	0	$58.23	-
Prof - Specialist	$176,651	$0	$5.44	$0.00	503	0	$129.70	-
Prof - Vision	$142,659	$0	$4.39	$0.00	918	0	$57.43	-
Radiology	$312,909	$0	$9.64	$0.00	2,100	0	$55.06	-
Transportation/Ambulance	$53,426	$0	$1.65	$0.00	200	0	$98.57	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$8,178,955	$0	$251.87	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 21-44 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	56,769	-						
Service Type								
DME/Supplies	$191,003	$0	$3.36	$0.00	560	0	$72.10	-
FQHC / RHC	$737,703	$0	$12.99	$0.00	1,936	0	$80.56	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$2,867,578	$0	$50.51	$0.00	238	0	$2,546.69	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,596,770	$0	$45.74	$0.00	98	0	$5,608.57	-
IP - Psych	$276,567	$0	$4.87	$0.00	102	0	$571.42	-
Lab	$1,638,043	$0	$28.85	$0.00	18,540	0	$18.68	-
OP - Emergency Room	$2,226,733	$0	$39.22	$0.00	2,092	0	$224.99	-
OP - Other	$2,297,784	$0	$40.48	$0.00	1,315	0	$369.48	-
Pharmacy	$7,838,651	$0	$138.08	$0.00	29,673	0	$55.84	-
Prof - Anesthesia	$250,157	$0	$4.41	$0.00	352	0	$150.15	-
Prof - Child EPSDT	$44,943	$0	$0.79	$0.00	375	0	$25.35	-
Prof - Evaluation & Management	$1,972,123	$0	$34.74	$0.00	6,940	0	$60.07	-
Prof - Maternity	$1,861,625	$0	$32.79	$0.00	634	0	$621.16	-
Prof - Other	$465,340	$0	$8.20	$0.00	1,323	0	$74.32	-
Prof - Psych	$216,042	$0	$3.81	$0.00	796	0	$57.35	-
Prof - Specialist	$766,955	$0	$13.51	$0.00	1,010	0	$160.55	-
Prof - Vision	$64,355	$0	$1.13	$0.00	201	0	$67.67	-
Radiology	$820,471	$0	$14.45	$0.00	3,377	0	$51.35	-
Transportation/Ambulance	$163,633	$0	$2.88	$0.00	387	0	$89.37	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$27,296,475	$0	$480.83	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 15-20 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	28,449	-						
Service Type								
DME/Supplies	$78,064	$0	$2.74	$0.00	313	0	$105.21	-
FQHC / RHC	$177,912	$0	$6.25	$0.00	939	0	$79.96	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$33,586	$0	$1.18	$0.00	0	0	$33,585.71	-
IP - Other	$554,411	$0	$19.49	$0.00	23	0	$10,266.86	-
IP - Psych	$46,013	$0	$1.62	$0.00	34	0	$575.17	-
Lab	$120,853	$0	$4.25	$0.00	3,496	0	$14.58	-
OP - Emergency Room	$479,954	$0	$16.87	$0.00	995	0	$203.46	-
OP - Other	$406,989	$0	$14.31	$0.00	457	0	$375.80	-
Pharmacy	$1,346,092	$0	$47.32	$0.00	8,164	0	$69.55	-
Prof - Anesthesia	$15,036	$0	$0.53	$0.00	48	0	$131.89	-
Prof - Child EPSDT	$3,465	$0	$0.12	$0.00	159	0	$9.19	-
Prof - Evaluation & Management	$507,464	$0	$17.84	$0.00	3,424	0	$62.52	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$151,778	$0	$5.34	$0.00	1,005	0	$63.72	-
Prof - Psych	$78,950	$0	$2.78	$0.00	586	0	$56.80	-
Prof - Specialist	$141,281	$0	$4.97	$0.00	340	0	$175.07	-
Prof - Vision	$87,190	$0	$3.06	$0.00	655	0	$56.18	-
Radiology	$69,892	$0	$2.46	$0.00	1,260	0	$23.41	-
Transportation/Ambulance	$27,468	$0	$0.97	$0.00	129	0	$89.47	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$4,326,398	$0	$152.08	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 21-44 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,780	-						
Service Type								
DME/Supplies	$83,792	$0	$7.11	$0.00	870	0	$98.12	-
FQHC / RHC	$122,460	$0	$10.40	$0.00	1,474	0	$84.63	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$711,067	$0	$60.36	$0.00	108	0	$6,708.18	-
IP - Psych	$53,879	$0	$4.57	$0.00	103	0	$533.46	-
Lab	$231,961	$0	$19.69	$0.00	11,741	0	$20.13	-
OP - Emergency Room	$446,533	$0	$37.91	$0.00	2,057	0	$221.17	-
OP - Other	$426,003	$0	$36.16	$0.00	906	0	$479.19	-
Pharmacy	$1,642,975	$0	$139.47	$0.00	27,990	0	$59.79	-
Prof - Anesthesia	$14,650	$0	$1.24	$0.00	108	0	$138.21	-
Prof - Child EPSDT	$1,181	$0	$0.10	$0.00	218	0	$5.52	-
Prof - Evaluation & Management	$366,740	$0	$31.13	$0.00	6,041	0	$61.84	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$63,723	$0	$5.41	$0.00	1,060	0	$61.21	-
Prof - Psych	$47,843	$0	$4.06	$0.00	855	0	$57.02	-
Prof - Specialist	$157,174	$0	$13.34	$0.00	854	0	$187.56	-
Prof - Vision	$9,726	$0	$0.83	$0.00	148	0	$67.08	-
Radiology	$74,031	$0	$6.28	$0.00	2,520	0	$29.92	-
Transportation/Ambulance	$29,172	$0	$2.48	$0.00	320	0	$92.90	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$4,482,912	$0	$380.55	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 45 and Over								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	5,744	-						
Service Type								
DME/Supplies	$73,785	$0	$12.84	$0.00	2,005	0	$76.86	-
FQHC / RHC	$93,870	$0	$16.34	$0.00	2,344	0	$83.66	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$667,715	$0	$116.24	$0.00	159	0	$8,785.72	-
IP - Psych	$24,826	$0	$4.32	$0.00	92	0	$564.22	-
Lab	$116,626	$0	$20.30	$0.00	13,384	0	$18.20	-
OP - Emergency Room	$203,075	$0	$35.35	$0.00	1,479	0	$286.83	-
OP - Other	$345,628	$0	$60.17	$0.00	1,734	0	$416.42	-
Pharmacy	$1,188,277	$0	$206.86	$0.00	52,454	0	$47.32	-
Prof - Anesthesia	$11,875	$0	$2.07	$0.00	165	0	$150.32	-
Prof - Child EPSDT	$1,489	$0	$0.26	$0.00	535	0	$5.82	-
Prof - Evaluation & Management	$234,812	$0	$40.88	$0.00	7,675	0	$63.91	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$72,982	$0	$12.71	$0.00	2,001	0	$76.18	-
Prof - Psych	$35,688	$0	$6.21	$0.00	1,383	0	$53.91	-
Prof - Specialist	$120,429	$0	$20.97	$0.00	1,379	0	$182.47	-
Prof - Vision	$10,015	$0	$1.74	$0.00	305	0	$68.60	-
Radiology	$56,532	$0	$9.84	$0.00	3,388	0	$34.85	-
Transportation/Ambulance	$13,603	$0	$2.37	$0.00	322	0	$88.33	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$3,271,228	$0	$569.48	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Far Southwest

All Age Categories								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	403,359	-						
Service Type								
DME/Supplies	$1,279,224	$0	$3.17	$0.00	442	0	$86.15	-
FQHC / RHC	$3,507,797	$0	$8.70	$0.00	1,376	0	$75.83	-
Home Health	$43,923	$0	$0.11	$0.00	4	0	$313.74	-
IP - Maternity	$3,962,732	$0	$9.82	$0.00	48	0	$2,473.62	-
IP - Newborn	$229,953	$0	$0.57	$0.00	0	0	$14,372.04	-
IP - Other	$7,736,768	$0	$19.18	$0.00	47	0	$4,862.83	-
IP - Psych	$713,973	$0	$1.77	$0.00	36	0	$593.49	-
Lab	$3,639,922	$0	$9.02	$0.00	6,807	0	$15.91	-
OP - Emergency Room	$6,487,704	$0	$16.08	$0.00	1,194	0	$161.72	-
OP - Other	$6,449,711	$0	$15.99	$0.00	555	0	$345.72	-
Pharmacy	$25,270,275	$0	$62.65	$0.00	12,430	0	$60.48	$0.00
Prof - Anesthesia	$585,895	$0	$1.45	$0.00	128	0	$136.38	-
Prof - Child EPSDT	$264,095	$0	$0.65	$0.00	650	0	$12.09	-
Prof - Evaluation & Management	$10,465,421	$0	$25.95	$0.00	5,184	0	$60.06	$0.00
Prof - Maternity	$2,619,086	$0	$6.49	$0.00	123	0	$630.95	-
Prof - Other	$3,176,246	$0	$7.87	$0.00	1,847	0	$51.15	-
Prof - Psych	$1,222,250	$0	$3.03	$0.00	637	0	$57.06	-
Prof - Specialist	$2,217,231	$0	$5.50	$0.00	418	0	$157.92	-
Prof - Vision	$1,032,240	$0	$2.56	$0.00	529	0	$58.07	-
Radiology	$1,887,643	$0	$4.68	$0.00	1,401	0	$40.10	-
Transportation/Ambulance	$495,916	$0	$1.23	$0.00	141	0	$104.32	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$83,288,004	$0	$206.49	$0.00				

Virginia Medicaid

Exhibit 1c

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Low Income Families with Children (LIFC)
PCCM Expansion - Roanoke/Alleghany and Far Southwest

All Age Categories								
PCCM Expansion	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	545,644	-						
Service Type								
DME/Supplies	$1,750,459	$0	$3.21	$0.00	430	0	$89.56	-
FQHC / RHC	$3,776,458	$0	$6.92	$0.00	1,093	0	$75.96	-
Home Health	$44,936	$0	$0.08	$0.00	3	0	$312.05	-
IP - Maternity	$5,862,954	$0	$10.75	$0.00	51	0	$2,524.96	-
IP - Newborn	$2,112,663	$0	$3.87	$0.00	16	0	$2,934.25	-
IP - Other	$10,793,933	$0	$19.78	$0.00	45	0	$5,280.79	-
IP - Psych	$1,295,197	$0	$2.37	$0.00	47	0	$608.93	-
Lab	$4,870,235	$0	$8.93	$0.00	6,638	0	$16.14	-
OP - Emergency Room	$8,330,706	$0	$15.27	$0.00	1,136	0	$161.27	-
OP - Other	$8,956,338	$0	$16.41	$0.00	772	0	$255.19	-
Pharmacy	$31,199,937	$0	$57.18	$0.00	11,635	0	$58.97	$0.00
Prof - Anesthesia	$771,189	$0	$1.41	$0.00	128	0	$132.85	-
Prof - Child EPSDT	$386,554	$0	$0.71	$0.00	710	0	$11.97	-
Prof - Evaluation & Management	$14,771,437	$0	$27.07	$0.00	5,351	0	$60.71	$0.00
Prof - Maternity	$3,886,006	$0	$7.12	$0.00	133	0	$642.10	-
Prof - Other	$4,165,976	$0	$7.63	$0.00	1,884	0	$48.63	-
Prof - Psych	$1,695,452	$0	$3.11	$0.00	648	0	$57.51	-
Prof - Specialist	$3,065,633	$0	$5.62	$0.00	451	0	$149.42	-
Prof - Vision	$1,361,976	$0	$2.50	$0.00	518	0	$57.84	-
Radiology	$2,592,094	$0	$4.75	$0.00	1,395	0	$40.88	-
Transportation/Ambulance	$625,840	$0	$1.15	$0.00	142	0	$96.70	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$112,315,971	$0	$205.84	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age Under 1								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	59	-						
Service Type								
DME/Supplies	$8,422	$0	$142.60	$0.00	13,206	0	$129.58	-
FQHC / RHC	$0	$0	$0.00	$0.00	0	0	-	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$109,241	$0	$1,849.52	$0.00	406	0	$54,620.38	-
IP - Other	$0	$0	$0.00	$0.00	0	0	-	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$557	$0	$9.42	$0.00	6,705	0	$16.87	-
OP - Emergency Room	$1,569	$0	$26.57	$0.00	813	0	$392.28	-
OP - Other	$4,593	$0	$77.76	$0.00	8,330	0	$112.03	-
Pharmacy	$17,671	$0	$299.19	$0.00	10,565	0	$339.83	-
Prof - Anesthesia	$456	$0	$7.72	$0.00	610	0	$151.94	-
Prof - Child EPSDT	$154	$0	$2.61	$0.00	2,844	0	$11.00	-
Prof - Evaluation & Management	$24,079	$0	$407.68	$0.00	34,539	0	$141.64	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$3,570	$0	$60.44	$0.00	17,066	0	$42.50	-
Prof - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Specialist	$2,549	$0	$43.16	$0.00	2,438	0	$212.45	-
Prof - Vision	$202	$0	$3.42	$0.00	610	0	$67.36	-
Radiology	$3,211	$0	$54.37	$0.00	9,549	0	$68.33	-
Transportation/Ambulance	$220	$0	$3.72	$0.00	406	0	$110.00	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$176,495	$0	$2,988.18	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 1-5								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	608	-						
Service Type								
DME/Supplies	$50,636	$0	$83.33	$0.00	5,115	0	$195.51	-
FQHC / RHC	$1,507	$0	$2.48	$0.00	395	0	$75.37	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$39,074	$0	$64.30	$0.00	20	0	$39,074.32	-
IP - Other	$52,054	$0	$85.66	$0.00	178	0	$5,783.78	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$4,598	$0	$7.57	$0.00	5,016	0	$18.10	-
OP - Emergency Room	$7,287	$0	$11.99	$0.00	1,126	0	$127.84	-
OP - Other	$30,027	$0	$49.41	$0.00	3,555	0	$166.82	-
Pharmacy	$115,383	$0	$189.88	$0.00	16,410	0	$138.85	-
Prof - Anesthesia	$2,106	$0	$3.47	$0.00	296	0	$140.38	-
Prof - Child EPSDT	$698	$0	$1.15	$0.00	1,284	0	$10.73	-
Prof - Evaluation & Management	$29,358	$0	$48.31	$0.00	9,420	0	$61.55	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$42,580	$0	$70.07	$0.00	9,123	0	$92.16	-
Prof - Psych	$1,983	$0	$3.26	$0.00	474	0	$82.61	-
Prof - Specialist	$8,523	$0	$14.03	$0.00	691	0	$243.52	-
Prof - Vision	$1,191	$0	$1.96	$0.00	434	0	$54.11	-
Radiology	$27,480	$0	$45.22	$0.00	5,608	0	$96.76	-
Transportation/Ambulance	$1,055	$0	$1.74	$0.00	316	0	$65.94	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$415,539	$0	$683.82	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 6-20								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	5,714	-						
Service Type								
DME/Supplies	$172,233	$0	$30.14	$0.00	2,172	0	$166.57	-
FQHC / RHC	$8,765	$0	$1.53	$0.00	231	0	$79.68	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$7,435	$0	$1.30	$0.00	6	0	$2,478.50	-
IP - Newborn	$32,616	$0	$5.71	$0.00	4	0	$16,307.85	-
IP - Other	$137,374	$0	$24.04	$0.00	53	0	$5,494.95	-
IP - Psych	$129,616	$0	$22.68	$0.00	460	0	$591.85	-
Lab	$45,961	$0	$8.04	$0.00	5,675	0	$17.01	-
OP - Emergency Room	$61,059	$0	$10.69	$0.00	897	0	$142.99	-
OP - Other	$171,274	$0	$29.97	$0.00	1,745	0	$206.11	-
Pharmacy	$2,272,770	$0	$397.76	$0.00	21,560	0	$221.39	-
Prof - Anesthesia	$5,829	$0	$1.02	$0.00	82	0	$149.47	-
Prof - Child EPSDT	$2,124	$0	$0.37	$0.00	344	0	$12.95	-
Prof - Evaluation & Management	$154,056	$0	$26.96	$0.00	5,225	0	$61.92	-
Prof - Maternity	$5,839	$0	$1.02	$0.00	19	0	$648.81	-
Prof - Other	$104,647	$0	$18.31	$0.00	2,676	0	$82.14	-
Prof - Psych	$81,439	$0	$14.25	$0.00	2,909	0	$58.80	-
Prof - Specialist	$30,641	$0	$5.36	$0.00	452	0	$142.52	-
Prof - Vision	$23,324	$0	$4.08	$0.00	884	0	$55.40	-
Radiology	$12,431	$0	$2.18	$0.00	989	0	$26.39	-
Transportation/Ambulance	$5,390	$0	$0.94	$0.00	172	0	$65.73	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$3,464,823	$0	$606.38	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	3,979	-						
Service Type								
DME/Supplies	$77,337	$0	$19.44	$0.00	2,660	0	$87.68	-
FQHC / RHC	$16,447	$0	$4.13	$0.00	558	0	$88.90	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$17,255	$0	$4.34	$0.00	21	0	$2,465.01	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$573,964	$0	$144.24	$0.00	235	0	$7,358.51	-
IP - Psych	$131,430	$0	$33.03	$0.00	654	0	$605.67	-
Lab	$100,128	$0	$25.16	$0.00	16,888	0	$17.88	-
OP - Emergency Room	$160,195	$0	$40.26	$0.00	2,373	0	$203.55	-
OP - Other	$317,078	$0	$79.68	$0.00	3,332	0	$286.95	-
Pharmacy	$1,115,484	$0	$280.33	$0.00	46,696	0	$72.04	-
Prof - Anesthesia	$11,599	$0	$2.92	$0.00	280	0	$124.72	-
Prof - Child EPSDT	$2,491	$0	$0.63	$0.00	739	0	$10.17	-
Prof - Evaluation & Management	$211,677	$0	$53.20	$0.00	10,854	0	$58.82	-
Prof - Maternity	$15,478	$0	$3.89	$0.00	87	0	$533.71	-
Prof - Other	$113,438	$0	$28.51	$0.00	4,068	0	$84.09	-
Prof - Psych	$51,603	$0	$12.97	$0.00	2,937	0	$52.98	-
Prof - Specialist	$79,598	$0	$20.00	$0.00	1,683	0	$142.65	-
Prof - Vision	$8,686	$0	$2.18	$0.00	407	0	$64.34	-
Radiology	$36,549	$0	$9.19	$0.00	3,706	0	$29.74	-
Transportation/Ambulance	$19,169	$0	$4.82	$0.00	911	0	$63.47	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$3,059,604	$0	$768.91	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	3,030	-						
Service Type								
DME/Supplies	$117,485	$0	$38.77	$0.00	1,948	0	$238.79	-
FQHC / RHC	$7,855	$0	$2.59	$0.00	321	0	$96.97	-
Home Health	$130	$0	$0.04	$0.00	44	0	$11.84	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$282,860	$0	$93.34	$0.00	158	0	$7,071.49	-
IP - Psych	$106,454	$0	$35.13	$0.00	677	0	$622.54	-
Lab	$37,141	$0	$12.26	$0.00	8,981	0	$16.38	-
OP - Emergency Room	$114,815	$0	$37.89	$0.00	1,976	0	$230.09	-
OP - Other	$190,722	$0	$62.94	$0.00	2,023	0	$373.23	-
Pharmacy	$725,378	$0	$239.37	$0.00	28,986	0	$99.10	-
Prof - Anesthesia	$6,246	$0	$2.06	$0.00	182	0	$135.79	-
Prof - Child EPSDT	$487	$0	$0.16	$0.00	376	0	$5.12	-
Prof - Evaluation & Management	$109,818	$0	$36.24	$0.00	7,448	0	$58.38	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$45,487	$0	$15.01	$0.00	2,724	0	$66.11	-
Prof - Psych	$21,899	$0	$7.23	$0.00	1,703	0	$50.93	-
Prof - Specialist	$40,202	$0	$13.27	$0.00	1,006	0	$158.27	-
Prof - Vision	$4,804	$0	$1.59	$0.00	305	0	$62.39	-
Radiology	$17,142	$0	$5.66	$0.00	2,352	0	$28.86	-
Transportation/Ambulance	$9,599	$0	$3.17	$0.00	539	0	$70.58	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$1,838,524	$0	$606.69	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	10,443	-						
Service Type								
DME/Supplies	$399,523	$0	$38.26	$0.00	5,662	0	$81.09	-
FQHC / RHC	$46,652	$0	$4.47	$0.00	558	0	$95.99	-
Home Health	$2	$0	$0.00	$0.00	5	0	$0.49	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$2,971,318	$0	$284.53	$0.00	382	0	$8,949.75	-
IP - Psych	$205,470	$0	$19.68	$0.00	365	0	$646.13	-
Lab	$242,172	$0	$23.19	$0.00	16,559	0	$16.81	-
OP - Emergency Room	$351,673	$0	$33.68	$0.00	1,367	0	$295.52	-
OP - Other	$1,144,440	$0	$109.59	$0.00	3,815	0	$344.71	-
Pharmacy	$4,072,363	$0	$389.97	$0.00	73,698	0	$63.50	-
Prof - Anesthesia	$36,690	$0	$3.51	$0.00	298	0	$141.66	-
Prof - Child EPSDT	$11,613	$0	$1.11	$0.00	873	0	$15.28	-
Prof - Evaluation & Management	$629,148	$0	$60.25	$0.00	11,720	0	$61.69	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$408,094	$0	$39.08	$0.00	4,821	0	$97.28	-
Prof - Psych	$60,591	$0	$5.80	$0.00	1,335	0	$52.14	-
Prof - Specialist	$315,411	$0	$30.20	$0.00	2,168	0	$167.15	-
Prof - Vision	$31,151	$0	$2.98	$0.00	549	0	$65.17	-
Radiology	$135,174	$0	$12.94	$0.00	4,565	0	$34.02	-
Transportation/Ambulance	$62,906	$0	$6.02	$0.00	997	0	$72.47	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$11,124,391	$0	$1,065.27	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

All Age Categories								
Roanoke/Alleghany	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	23,833	-						
Service Type								
DME/Supplies	$825,636	$0	$34.64	$0.00	3,856	0	$107.80	-
FQHC / RHC	$81,226	$0	$3.41	$0.00	444	0	$92.09	-
Home Health	$132	$0	$0.01	$0.00	8	0	$8.81	-
IP - Maternity	$24,691	$0	$1.04	$0.00	5	0	$2,469.05	-
IP - Newborn	$180,931	$0	$7.59	$0.00	3	0	$36,186.16	-
IP - Other	$4,017,569	$0	$168.57	$0.00	244	0	$8,300.76	-
IP - Psych	$572,969	$0	$24.04	$0.00	466	0	$619.43	-
Lab	$430,556	$0	$18.07	$0.00	12,722	0	$17.04	-
OP - Emergency Room	$696,597	$0	$29.23	$0.00	1,492	0	$235.02	-
OP - Other	$1,858,134	$0	$77.96	$0.00	3,015	0	$310.31	-
Pharmacy	$8,319,049	$0	$349.06	$0.00	49,387	0	$84.81	-
Prof - Anesthesia	$62,926	$0	$2.64	$0.00	229	0	$138.30	-
Prof - Child EPSDT	$17,566	$0	$0.74	$0.00	676	0	$13.08	-
Prof - Evaluation & Management	$1,158,136	$0	$48.59	$0.00	9,473	0	$61.56	-
Prof - Maternity	$21,317	$0	$0.89	$0.00	19	0	$560.97	-
Prof - Other	$717,815	$0	$30.12	$0.00	4,054	0	$89.15	-
Prof - Psych	$217,514	$0	$9.13	$0.00	2,001	0	$54.72	-
Prof - Specialist	$476,925	$0	$20.01	$0.00	1,491	0	$161.07	-
Prof - Vision	$69,357	$0	$2.91	$0.00	572	0	$61.05	-
Radiology	$231,988	$0	$9.73	$0.00	3,322	0	$35.16	-
Transportation/Ambulance	$98,340	$0	$4.13	$0.00	708	0	$69.94	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$20,079,376	$0	$842.50	$0.00				

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age Under 1								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	60	-						
Service Type								
DME/Supplies	$13,764	$0	$229.41	$0.00	19,400	0	$141.90	-
FQHC / RHC	$705	$0	$11.74	$0.00	2,000	0	$70.46	-
Home Health	$1,013	$0	$16.88	$0.00	600	0	$337.50	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$24,056	$0	$400.93	$0.00	200	0	$24,055.74	-
IP - Other	$19,971	$0	$332.84	$0.00	1,200	0	$3,328.42	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$236	$0	$3.94	$0.00	3,600	0	$13.14	-
OP - Emergency Room	$278	$0	$4.64	$0.00	600	0	$92.80	-
OP - Other	$2,998	$0	$49.97	$0.00	2,600	0	$230.64	-
Pharmacy	$30,249	$0	$504.15	$0.00	15,200	0	$398.02	-
Prof - Anesthesia	$597	$0	$9.95	$0.00	400	0	$298.53	-
Prof - Child EPSDT	$143	$0	$2.38	$0.00	2,600	0	$11.00	-
Prof - Evaluation & Management	$8,197	$0	$136.61	$0.00	17,400	0	$94.22	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$5,276	$0	$87.94	$0.00	15,400	0	$68.53	-
Prof - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Specialist	$2,621	$0	$43.68	$0.00	1,400	0	$374.38	-
Prof - Vision	$87	$0	$1.46	$0.00	400	0	$43.70	-
Radiology	$6,777	$0	$112.94	$0.00	7,600	0	$178.33	-
Transportation/Ambulance	$3,107	$0	$51.78	$0.00	800	0	$776.74	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$120,075	$0	$2,001.25	$0.00				

Virginia Medicaid

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 1-5								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	2,011	-						
Service Type								
DME/Supplies	$214,094	$0	$106.45	$0.00	8,932	0	$143.02	-
FQHC / RHC	$12,334	$0	$6.13	$0.00	1,026	0	$71.71	-
Home Health	$47,567	$0	$23.65	$0.00	292	0	$970.76	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$79,011	$0	$39.28	$0.00	24	0	$19,752.73	-
IP - Other	$887,768	$0	$441.39	$0.00	274	0	$19,299.30	-
IP - Psych	$0	$0	$0.00	$0.00	0	0	-	-
Lab	$19,107	$0	$9.50	$0.00	7,971	0	$14.30	-
OP - Emergency Room	$26,828	$0	$13.34	$0.00	1,372	0	$116.64	-
OP - Other	$153,483	$0	$76.31	$0.00	2,011	0	$455.44	-
Pharmacy	$503,639	$0	$250.40	$0.00	18,317	0	$164.05	-
Prof - Anesthesia	$10,824	$0	$5.38	$0.00	400	0	$161.55	-
Prof - Child EPSDT	$1,660	$0	$0.83	$0.00	949	0	$10.44	-
Prof - Evaluation & Management	$153,206	$0	$76.17	$0.00	12,762	0	$71.62	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$167,569	$0	$83.31	$0.00	8,478	0	$117.92	-
Prof - Psych	$8,372	$0	$4.16	$0.00	883	0	$56.56	-
Prof - Specialist	$25,906	$0	$12.88	$0.00	799	0	$193.33	-
Prof - Vision	$6,531	$0	$3.25	$0.00	668	0	$58.31	-
Radiology	$39,524	$0	$19.65	$0.00	3,723	0	$63.34	-
Transportation/Ambulance	$10,534	$0	$5.24	$0.00	394	0	$159.61	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$2,367,958	$0	$1,177.33	$0.00				

Virginia Medicaid

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 6-20								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	12,913	-						
Service Type								
DME/Supplies	$331,270	$0	$25.65	$0.00	2,207	0	$139.48	-
FQHC / RHC	$128,401	$0	$9.94	$0.00	1,568	0	$76.11	-
Home Health	$39,342	$0	$3.05	$0.00	25	0	$1,457.11	-
IP - Maternity	$31,578	$0	$2.45	$0.00	12	0	$2,429.05	-
IP - Newborn	$23,858	$0	$1.85	$0.00	2	0	$11,928.78	-
IP - Other	$462,560	$0	$35.82	$0.00	72	0	$6,007.28	-
IP - Psych	$195,122	$0	$15.11	$0.00	335	0	$542.00	-
Lab	$116,068	$0	$8.99	$0.00	7,200	0	$14.98	-
OP - Emergency Room	$225,386	$0	$17.45	$0.00	1,303	0	$160.76	-
OP - Other	$373,998	$0	$28.96	$0.00	1,091	0	$318.57	-
Pharmacy	$4,433,295	$0	$343.31	$0.00	22,933	0	$179.65	-
Prof - Anesthesia	$16,204	$0	$1.25	$0.00	108	0	$139.69	-
Prof - Child EPSDT	$3,630	$0	$0.28	$0.00	269	0	$12.56	-
Prof - Evaluation & Management	$405,075	$0	$31.37	$0.00	5,950	0	$63.26	-
Prof - Maternity	$15,269	$0	$1.18	$0.00	20	0	$694.04	-
Prof - Other	$426,789	$0	$33.05	$0.00	3,383	0	$117.25	-
Prof - Psych	$147,373	$0	$11.41	$0.00	2,418	0	$56.64	-
Prof - Specialist	$63,399	$0	$4.91	$0.00	411	0	$143.44	-
Prof - Vision	$53,170	$0	$4.12	$0.00	852	0	$57.98	-
Radiology	$41,639	$0	$3.22	$0.00	1,458	0	$26.54	-
Transportation/Ambulance	$26,432	$0	$2.05	$0.00	245	0	$100.12	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$7,559,859	$0	$585.43	$0.00				

Virginia Medicaid

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 21-44 Female								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	19,708	-						
Service Type								
DME/Supplies	$444,015	$0	$22.53	$0.00	3,145	0	$85.97	-
FQHC / RHC	$336,363	$0	$17.07	$0.00	2,524	0	$81.13	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$107,952	$0	$5.48	$0.00	24	0	$2,698.79	-
IP - Newborn	$7,042	$0	$0.36	$0.00	1	0	$7,042.05	-
IP - Other	$2,307,408	$0	$117.08	$0.00	217	0	$6,463.33	-
IP - Psych	$312,555	$0	$15.86	$0.00	314	0	$606.90	-
Lab	$545,118	$0	$27.66	$0.00	19,313	0	$17.19	-
OP - Emergency Room	$1,167,223	$0	$59.22	$0.00	2,680	0	$265.16	-
OP - Other	$1,336,094	$0	$67.79	$0.00	1,685	0	$482.87	-
Pharmacy	$5,886,209	$0	$298.67	$0.00	59,737	0	$60.00	-
Prof - Anesthesia	$47,684	$0	$2.42	$0.00	200	0	$145.38	-
Prof - Child EPSDT	$6,792	$0	$0.34	$0.00	518	0	$7.98	-
Prof - Evaluation & Management	$1,047,063	$0	$53.13	$0.00	9,895	0	$64.43	-
Prof - Maternity	$55,735	$0	$2.83	$0.00	51	0	$671.50	-
Prof - Other	$237,181	$0	$12.03	$0.00	2,026	0	$71.29	-
Prof - Psych	$138,490	$0	$7.03	$0.00	1,595	0	$52.88	-
Prof - Specialist	$363,153	$0	$18.43	$0.00	1,299	0	$170.17	-
Prof - Vision	$33,558	$0	$1.70	$0.00	293	0	$69.62	-
Radiology	$241,829	$0	$12.27	$0.00	4,087	0	$36.03	-
Transportation/Ambulance	$111,792	$0	$5.67	$0.00	930	0	$73.16	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$14,733,253	$0	$747.56	$0.00				

Virginia Medicaid

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 21-44 Male								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	13,021	-						
Service Type								
DME/Supplies	$237,832	$0	$18.26	$0.00	2,262	0	$96.88	-
FQHC / RHC	$162,221	$0	$12.46	$0.00	1,899	0	$78.71	-
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$40,325	$0	$3.10	$0.00	1	0	$40,325.04	-
IP - Other	$1,452,560	$0	$111.55	$0.00	196	0	$6,819.53	-
IP - Psych	$236,344	$0	$18.15	$0.00	355	0	$613.88	-
Lab	$223,886	$0	$17.19	$0.00	11,472	0	$17.99	-
OP - Emergency Room	$446,846	$0	$34.32	$0.00	1,792	0	$229.86	-
OP - Other	$529,289	$0	$40.65	$0.00	869	0	$561.28	-
Pharmacy	$2,859,281	$0	$219.58	$0.00	38,061	0	$69.23	-
Prof - Anesthesia	$11,043	$0	$0.85	$0.00	67	0	$151.27	-
Prof - Child EPSDT	$1,502	$0	$0.12	$0.00	209	0	$6.62	-
Prof - Evaluation & Management	$463,665	$0	$35.61	$0.00	6,590	0	$64.84	-
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$116,895	$0	$8.98	$0.00	1,697	0	$63.50	-
Prof - Psych	$58,819	$0	$4.52	$0.00	990	0	$54.77	-
Prof - Specialist	$120,625	$0	$9.26	$0.00	723	0	$153.86	-
Prof - Vision	$16,006	$0	$1.23	$0.00	222	0	$66.42	-
Radiology	$76,728	$0	$5.89	$0.00	2,381	0	$29.69	-
Transportation/Ambulance	$71,289	$0	$5.47	$0.00	894	0	$73.49	-
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$7,125,155	$0	$547.19	$0.00				

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FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 45 and Over								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	61,155	-						
Service Type								
DME/Supplies	$2,817,870	$0	$46.08	$0.00	6,512	0	$84.91	-
FQHC / RHC	$1,148,699	$0	$18.78	$0.00	2,771	0	$81.34	$0.00
Home Health	$0	$0	$0.00	$0.00	0	0	-	-
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$59,153	$0	$0.97	$0.00	1	0	$19,717.76	-
IP - Other	$13,422,758	$0	$219.49	$0.00	335	0	$7,872.59	$0.00
IP - Psych	$674,125	$0	$11.02	$0.00	213	0	$621.31	-
Lab	$1,658,690	$0	$27.12	$0.00	18,798	0	$17.31	$0.00
OP - Emergency Room	$2,275,322	$0	$37.21	$0.00	1,316	0	$339.20	-
OP - Other	$6,026,495	$0	$98.55	$0.00	2,440	0	$484.72	-
Pharmacy	$24,759,104	$0	$404.86	$0.00	87,350	0	$55.62	-
Prof - Anesthesia	$133,390	$0	$2.18	$0.00	184	0	$141.90	-
Prof - Child EPSDT	$25,490	$0	$0.42	$0.00	600	0	$8.33	-
Prof - Evaluation & Management	$3,469,042	$0	$56.73	$0.00	10,296	0	$66.11	$0.00
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$1,155,818	$0	$18.90	$0.00	3,254	0	$69.70	-
Prof - Psych	$281,737	$0	$4.61	$0.00	1,013	0	$54.56	-
Prof - Specialist	$1,456,671	$0	$23.82	$0.00	1,744	0	$163.91	-
Prof - Vision	$160,022	$0	$2.62	$0.00	468	0	$67.04	-
Radiology	$706,131	$0	$11.55	$0.00	4,020	0	$34.46	$0.00
Transportation/Ambulance	$388,699	$0	$6.36	$0.00	964	0	$79.15	$0.00
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$60,619,216	$0	$991.24	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

All Age Categories								
Far Southwest	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	108,869	-						
Service Type								
DME/Supplies	$4,058,844	$0	$37.28	$0.00	4,936	0	$90.65	-
FQHC / RHC	$1,788,724	$0	$16.43	$0.00	2,447	0	$80.58	$0.00
Home Health	$87,922	$0	$0.81	$0.00	9	0	$1,112.93	-
IP - Maternity	$139,529	$0	$1.28	$0.00	6	0	$2,632.63	-
IP - Newborn	$233,445	$0	$2.14	$0.00	1	0	$19,453.72	-
IP - Other	$18,553,025	$0	$170.42	$0.00	265	0	$7,717.56	$0.00
IP - Psych	$1,418,146	$0	$13.03	$0.00	258	0	$604.75	-
Lab	$2,563,106	$0	$23.54	$0.00	16,431	0	$17.19	$0.00
OP - Emergency Room	$4,141,883	$0	$38.04	$0.00	1,619	0	$281.97	-
OP - Other	$8,422,358	$0	$77.36	$0.00	1,947	0	$476.73	-
Pharmacy	$38,471,776	$0	$353.38	$0.00	67,500	0	$62.82	-
Prof - Anesthesia	$219,742	$0	$2.02	$0.00	168	0	$144.00	-
Prof - Child EPSDT	$39,217	$0	$0.36	$0.00	507	0	$8.53	-
Prof - Evaluation & Management	$5,546,247	$0	$50.94	$0.00	9,314	0	$65.63	$0.00
Prof - Maternity	$71,004	$0	$0.65	$0.00	12	0	$676.22	-
Prof - Other	$2,109,530	$0	$19.38	$0.00	2,964	0	$78.46	-
Prof - Psych	$634,791	$0	$5.83	$0.00	1,279	0	$54.69	-
Prof - Specialist	$2,032,375	$0	$18.67	$0.00	1,365	0	$164.06	-
Prof - Vision	$269,375	$0	$2.47	$0.00	456	0	$65.05	-
Radiology	$1,112,629	$0	$10.22	$0.00	3,529	0	$34.75	$0.00
Transportation/Ambulance	$611,852	$0	$5.62	$0.00	853	0	$79.02	$0.00
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$92,525,516	$0	$849.88	$0.00				

Virginia Medicaid

Exhibit 1d

FY 2015 Capitation Rate Development
Fee-For-Service Data - PCCM Expansion
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)
PCCM Expansion - Roanoke/Alleghany and Far Southwest

All Age Categories								
PCCM Expansion	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	132,702	-						
Service Type								
DME/Supplies	$4,884,481	$0	$36.81	$0.00	4,742	0	$93.15	-
FQHC / RHC	$1,869,949	$0	$14.09	$0.00	2,087	0	$81.02	$0.00
Home Health	$88,054	$0	$0.66	$0.00	9	0	$936.74	-
IP - Maternity	$164,220	$0	$1.24	$0.00	6	0	$2,606.66	-
IP - Newborn	$414,375	$0	$3.12	$0.00	2	0	$24,375.02	-
IP - Other	$22,570,594	$0	$170.08	$0.00	261	0	$7,815.30	$0.00
IP - Psych	$1,991,115	$0	$15.00	$0.00	296	0	$608.90	-
Lab	$2,993,662	$0	$22.56	$0.00	15,765	0	$17.17	$0.00
OP - Emergency Room	$4,838,481	$0	$36.46	$0.00	1,596	0	$274.09	-
OP - Other	$10,280,491	$0	$77.47	$0.00	2,139	0	$434.60	-
Pharmacy	$46,790,825	$0	$352.60	$0.00	64,247	0	$65.86	-
Prof - Anesthesia	$282,668	$0	$2.13	$0.00	179	0	$142.69	-
Prof - Child EPSDT	$56,783	$0	$0.43	$0.00	537	0	$9.56	-
Prof - Evaluation & Management	$6,704,383	$0	$50.52	$0.00	9,343	0	$64.89	$0.00
Prof - Maternity	$92,321	$0	$0.70	$0.00	13	0	$645.60	-
Prof - Other	$2,827,345	$0	$21.31	$0.00	3,160	0	$80.92	-
Prof - Psych	$852,305	$0	$6.42	$0.00	1,409	0	$54.70	-
Prof - Specialist	$2,509,299	$0	$18.91	$0.00	1,388	0	$163.48	-
Prof - Vision	$338,732	$0	$2.55	$0.00	477	0	$64.19	-
Radiology	$1,344,616	$0	$10.13	$0.00	3,492	0	$34.82	$0.00
Transportation/Ambulance	$710,191	$0	$5.35	$0.00	827	0	$77.62	$0.00
Non ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$112,604,892	$0	$848.55	$0.00				

Virginia Medicaid

Exhibit 2a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Pharmacy Adjustment

		LIFC	ABAD	Source
1.	Health Plan Total Drug Cost PMPM	$33.60	$277.84	FY12-13 Health Plan Encounter Data
2.	Health Plan Drug Ingredient Cost PMPM	$32.65	$272.32	Health Plan Encounter Analysis
3.	Change in Average Managed Care Discount	0.0%	0.0%	From Plan Data
4.	Current Average Managed Care Rebate	2.1%	2.1%	From Plan Data
5.	FY15 Managed Care Dispensing Fee PMPM	$0.93	$5.53	From Plan Data
6.	Average PBM Admin Cost PMPM	$0.39	$2.37	From Plan Data
7.	Adjusted PMPM with FY15 Pharmacy Pricing Arrangements	$33.29	$274.58	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
8.	**Pharmacy Adjustment**	**-0.9%**	**-1.2%**	= (7.) / (1.) - 1

Virginia Medicaid

Exhibit 2b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

		LIFC Age 0-5	LIFC Age 6-20	ABAD Age 0-5	ABAD Age 6-20	Source
1.	Claims Associated with Exempt Infant Formula	$88,997	$13,057	$76,991	$66,718	FY12-13 Health Plan Encounter Data
2.	Total Claims in DME/Supplies Service Category	$9,181,267	$7,314,052	$3,708,076	$5,907,551	FY12-13 Health Plan Encounter Data
3.	**Exempt Infant Formula Carveout Adjustment**	**-1.0%**	**-0.2%**	**-2.1%**	**-1.1%**	= (1.) / (2.)

Virginia Medicaid

Exhibit 2c

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Hospital Inpatient Adjustments

		LIFC and ABAD		
		IP - Med/Surg	IP - Psych	Source
1a.	FY12 Total Claims in IP Service Categories	$383,814,905	$35,932,531	FY12 Health Plan Encounter Data
1b.	FY13 Total Claims in IP Service Categories	$448,293,243	$43,052,388	FY13 Health Plan Encounter Data
2.	FY12-13 Hospital Capital Percentage	9.9%	9.9%	Provided by DMAS
3.	% Excluded Claims from Freestanding Psych Hospitals	0.0%	11.5%	FY12-13 Health Plan Encounter Data
4a.	FY13 Hospital Rate Change	2.6%	2.6%	Provided by DMAS
4b.	Dollar Change	$8,986,768	$744,348	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5a.	FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
5b.	Dollar Change	$35,405,735	($4,691,052)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6.	**Hospital Inpatient Adjustment**	**5.3%**	**-5.0%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

Exhibit 2d

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

	LIFC and ABAD	Source
1a. FY12 Total Claims in IP Service Categories	$35,932,531	FY12 Health Plan Encounter Data
1b. FY13 Total Claims in IP Service Categories	$43,052,388	FY13 Health Plan Encounter Data
2. FY12-13 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	11.5%	FY12-13 Health Plan Encounter Data
4a. FY13 Hospital Rate Change	2.6%	Provided by DMAS
4b. Dollar Change	$103,498	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
5b. Dollar Change	($79,420)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6. Freestanding Psychiatric Hospital Rate Adjustment	**0.03%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

Exhibit 2e

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Emergency Transportation Adjustment

		LIFC CHILD	LIFC ADULT	ABAD	Source
1.	Claims Associated with Transportation	$38,346,687	$11,723,860	$21,194,832	FY12-13 Health Plan Encounter Data
2.	Base Period Member Months	10,694,776	1,927,459	1,586,205	FY12-13 Health Plan Encounter Data
3.	Total Trend Factor for Transportation	1.1241	1.0995	1.1745	FY11-13 Health Plan Encounter Data
4.	Trended Base Period Transportation PMPM	$4.03	$6.69	$15.69	= (1.) / (2.) * (3.)
5.	FY13 Emergency Transportation Dollar Increase	$0.01	$0.01	$0.01	Provided by DMAS. PMPM based on annualized Mar 2014 Member Months
6.	**Emergency Transportation Adjustment**	**0.3%**	**0.2%**	**0.1%**	= (5.) / (6.)

Virginia Medicaid

Exhibit 2f

FY 2015 Capitation Rate Development
Health Plan Encounter Data
DME Fee Adjustment

		LIFC	ABAD	Source
1.	Claims Associated with DME/Supplies Service Category	$25,547,147	$40,517,637	FY12-13 Health Plan Encounter Data
2.	Proportion of Claims subject to change	$2,995,508	$10,571,845	Provided by DMAS
3a.	FY15 DME Fee Change	-20.3%	-12.1%	Provided by DMAS
3b.	Dollar Change	($607,671)	($1,282,481)	= (2.) * (3a.)
4.	**DME Fee Adjustment**	**-2.4%**	**-3.2%**	= (3b.) / (1.)

Virginia Medicaid

Exhibit 2g

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Hepatitis C Treatment Adjustment

		LIFC Child	LIFC Adult	ABAD	Source
1.	Total Claims in Pharmacy Service Categories	$259,548,941	$164,511,881	$440,713,205	FY12-13 Health Plan Encounter Data
2.	Unique Individuals in Base Period	689,610	169,598	97,363	FY12-13 Health Plan Encounter Data
3a.	Proportion of Population Being Tested for Hepatitis C	0.2%	2.0%	2.2%	FY12-13 Health Plan Encounter Data
3b.	Number of Individuals Being Tested	1,414	3,384	2,125	FY12-13 Health Plan Encounter Data
3c.	Projected Testing Change in FY15	15%	35%	35%	Estimate
3d.	Additional Number of People Being Tested	212	1,184	744	= (3b.) * (3c.)
3e.	Average Cost Per Test Per Person	$42.78	$42.78	$42.78	FY12-13 Health Plan Encounter Data
4a.	Proportion of Population Diagnosed With Hepatitis C	0.02%	1.0%	4.0%	FY12-13 Health Plan Encounter Data
4b.	Number of Individuals Diagnosed With Hepatitis C	124	1,735	3,899	FY12-13 Health Plan Encounter Data
4c.	Projected Increase in People Diagnosed With Hepatitis C	15%	25%	25%	Estimate
4d.	Projected Number of People With Hepatitis C	143	2,169	4,874	= (4b.) * (1 + (4c.))
5a.	Proportion of People With Hepatitis C With Drug Therapy	2.4%	3.5%	3.6%	FY12-13 Health Plan Encounter Data
5b.	Number of Individuals With Hepatitis C With Drug Therapy in Base Period	3	60	140	FY12-13 Health Plan Encounter Data
5c.	Increase in Proportion of Hepatitis C Receiving Drug Therapy	20%	40%	40%	Estimate
5d.	Projected Number of Additional People Going Through Drug Therapy	1	45	105	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e.	Average Cost of Current Drug Therapy	$30,182	$30,182	$30,182	FY12-13 Health Plan Encounter Data
5f.	Average Cost of New Drug Therapy	$100,000	$100,000	$100,000	Estimate
6.	Additional Cost of Hepatitis C Treatment	$332,527	$8,739,744	$20,306,325	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7.	**Hepatitis C Treatment Adjustment**	**0.1%**	**5.3%**	**4.6%**	= (6.) / (1.)

Note: Based on analysis of FY12 - FY13 base data experience

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Provider Incentive Payment Adjustment

Exhibit 2h

	LIFC and ABAD	Source
Provider Incentive Payment Adjustment	**0.7%**	From Plan Data

Virginia Medicaid

Exhibit 2i

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Administrative Cost Adjustment

		LIFC Child	LIFC Adult	ABAD	Source
1.	Claims Adjustment Expense PMPM	$3.76	$12.54	$25.14	Expense from CY2013 BOI Reports; Member months from capitation payment files
2.	General Admin Expense PMPM	$7.03	$23.40	$46.94	Expense from CY2013 BOI Reports; Member months from capitation payment files
3.	Claims Adjustment Expense Increase %	1.5%	1.5%	1.5%	BLS CPI-U
4.	General Admin Expense Increase %	2.4%	2.4%	2.4%	Weighted average of BLS Compensation Trend and CPI
5a.	Administrative PMPM*	$11.06	$36.84	$73.90	= (1.) * (1+ (3.)) ^ (20.5 months/12) + (2.) * (1+ (4.)) ^ (20.5 months/12)
5b.	Administrative PMPM Weighted by Claims	$13.50	$37.89	$60.03	Reallocation of administrative costs weighted by claims
6.	Adjusted and Trended Base PMPM	$150.56	$501.43	$1,005.82	Weighted average of medical component of FY2015 MedII Base Rates
7.	Administrative allowance as % of Base Capitation Rate	8.11%	6.92%	5.55%	= (5b.) / (((5b.) + (6.)) / (1 - 1.5%))
8.	Contribution to Reserves as % of Base Capitation Rate	1.50%	1.50%	1.50%	Provided by DMAS
9.	**Administrative Factor as % of Base Capitation Rate**	**9.6%**	**8.4%**	**7.0%**	= (7.) + (8.)

*Note:

Administrative increases are applied from midpoint of CY2013 to the midpoint of the contract period (20.5 months) using compound interest calculations.

Virginia Medicaid

Exhibit 3a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21

	LIFC Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
Category of Service	IBNR	Policy/ Program[1]	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	2.3%	5.3%	7.7%	-4.2%	3.3%	-1.0%	0.0%	0.9902
Inpatient Psychiatric	1.0%	-5.0%	-4.1%	7.1%	7.7%	15.3%	7.0%	1.2953
Outpatient Hospital	0.9%	0.0%	0.9%	-0.5%	3.0%	2.5%	0.7%	1.0369
Practitioner	1.1%	0.0%	1.1%	0.9%	4.8%	5.8%	4.1%	1.1333
Prescription Drug[2]	0.0%	-0.8%	-0.8%	0.2%	6.3%	6.6%	6.9%	1.1945
Other	1.2%	-0.4%	0.8%	0.2%	7.9%	8.1%	2.3%	1.1241
Weighted Average[3]	**1.1%**	**0.9%**	**2.0%**	**-0.5%**	**4.6%**	**4.1%**	**3.0%**	**1.0965**
Months of Trend Applied				12	12	12	20.5	

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

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[3] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

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

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

Exhibit 3b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over

	LIFC Adult 21 and Over							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
Category of Service	IBNR	Policy/ Program[1]	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	0.5%	5.3%	5.9%	0.6%	0.5%	1.1%	0.0%	1.0107
Inpatient Psychiatric	0.5%	-5.0%	-4.5%	1.2%	-4.4%	-3.2%	0.0%	0.9677
Outpatient Hospital	1.1%	0.0%	1.1%	-1.5%	0.5%	-1.0%	0.0%	0.9904
Practitioner	1.0%	0.0%	1.0%	-1.0%	2.5%	1.5%	2.4%	1.0569
Prescription Drug[2]	0.0%	4.4%	4.4%	-2.0%	3.1%	1.1%	7.0%	1.1336
Other	1.1%	-0.3%	0.8%	2.3%	1.6%	4.0%	3.3%	1.0995
Weighted Average[3]	**0.7%**	**2.0%**	**2.7%**	**-0.6%**	**1.5%**	**0.9%**	**2.2%**	**1.0476**
Months of Trend Applied				12	12	12	20.5	

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

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[3] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

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

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

Exhibit 3c

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ABAD

	ABAD All Age Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
Category of Service	IBNR	Policy/ Program[1]	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	0.9%	5.3%	6.3%	2.9%	-0.3%	2.7%	3.0%	1.0803
Inpatient Psychiatric	1.1%	-5.0%	-3.9%	4.5%	6.1%	10.9%	3.8%	1.1816
Outpatient Hospital	1.5%	0.0%	1.5%	1.4%	2.2%	3.6%	1.1%	1.0560
Practitioner	1.8%	0.0%	1.8%	6.6%	2.5%	9.3%	8.6%	1.2586
Prescription Drug[2]	0.0%	3.4%	3.4%	-4.7%	3.0%	-1.8%	4.4%	1.0572
Other	1.6%	-1.6%	0.0%	2.6%	5.1%	7.8%	5.1%	1.1745
Weighted Average[3]	**0.9%**	**2.1%**	**3.0%**	**0.9%**	**2.2%**	**3.1%**	**4.2%**	**1.1071**
Months of Trend Applied				12	12	12	20.5	

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

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[3] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

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

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

PCCM Exhibit 2a

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Pharmacy Adjustment

		LIFC Child	LIFC Adult	ABAD	Source
1a.	Member Months	440,184	105,459	132,702	FY12-13 PCCM Data
1b.	FFS Scripts	248,040	206,559	667,133	FY12-13 PCCM Data
1c.	FFS Net Payments	$16,257,995	$11,317,351	$43,455,551	FY12-13 PCCM Data
2a.	FFS Annual Utilization per 1000 Members	6,762	23,504	60,328	= (1b.) / (1a.) * 12000
2b.	All MCO Annual Utilization per 1000 Members	6,900	29,938	62,018	FY12-13 Health Plan Encounter Data
3.	FFS Net Cost PMPM	$36.93	$107.31	$327.47	= (1c.) / (1a.)
4.	FFS Net Cost per Script	$65.55	$54.79	$65.14	= (1c.) / (1b.)
5.	Average FFS Copayment per Script	$0.00	$1.34	$1.35	FY12-13 PCCM Data
6.	Average FFS value of Dispensing Fees	$3.63	$3.40	$3.55	FY12-13 PCCM Data
7.	FFS Ingredient Cost per Script	$61.91	$52.72	$62.94	= (4.) + (5.) - (6.)
8.	Average MCO Rebate	2.1%	2.1%	2.1%	From MCO Plan Data
9.	FFS Ingredient Cost per Script with Rebate	$60.60	$51.61	$61.60	= (7.) * (1 - (8.))
10.	Brand-Generic Improvement Adjustment	0.956	0.955	0.980	Assumes a shift to MCO Brand-Generic Mix in 3 years
11.	Adjusted FFS Ingredient Cost per Script with Brand-Generic Improvement Adjustment	$57.96	$49.30	$60.38	= (9.) * (10.)
12.	MCO Average Dispensing Fees	$1.40	$1.40	$1.40	From MCO Plan Data
13.	Adjusted Cost per Script	$59.36	$50.71	$61.78	= (11.) + (12.)
14.	MCO Average PBM Admin Cost PMPM	$0.93	$0.93	$5.53	From MCO Plan Data
15.	Adjusted Cost PMPM	$34.38	$100.24	$316.12	= (13.) * (1b.) / (1a.) + (14.)
16.	**Pharmacy Adjustment Factor**	**-6.9%**	**-6.6%**	**-3.5%**	= (15.) / (3.) - 1

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

PCCM Exhibit 2b

		LIFC Age 0-5	LIFC Age 6-20	ABAD Age 0-5	ABAD Age 6-20	Source
1.	Claims Associated with Exempt Infant Formula	$88,997	$13,057	$76,991	$66,718	FY12-13 Health Plan Encounter Data
2.	Total Claims in DME/Supplies Service Category	$9,181,267	$7,314,052	$3,708,076	$5,907,551	FY12-13 Health Plan Encounter Data
3.	**Exempt Infant Formula Carveout Adjustment**	**-1.0%**	**-0.2%**	**-2.1%**	**-1.1%**	= - (1.) / (2.)

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Hospital Inpatient Adjustments

PCCM Exhibit 2c

	Inpatient Medical/Surgical	Inpatient Psychiatric	Source
1a. FY12 Total Claims in IP Service Categories	$383,814,905	$35,932,531	FY12 Health Plan Encounter Data
1b. FY13 Total Claims in IP Service Categories	$448,293,243	$43,052,388	FY13 Health Plan Encounter Data
2. FY12-13 Hospital Capital Percentage	9.9%	9.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	11.5%	FY12-13 Health Plan Encounter Data
4a. FY13 Hospital Rate Change	2.6%	2.6%	Provided by DMAS
4b. Dollar Change	$8,986,768	$744,348	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
5b. Dollar Change	$35,405,735	($4,691,052)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6. Hospital Inpatient Adjustment	**5.3%**	**-5.0%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

PCCM Exhibit 2d

	Adjustment Values	Source
1a. FY12 Total Claims in IP Service Categories	$35,932,531	FY12 Health Plan Encounter Data
1b. FY13 Total Claims in IP Service Categories	$43,052,388	FY13 Health Plan Encounter Data
2. FY12-13 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	11.5%	FY12-13 Health Plan Encounter Data
4a. FY13 Hospital Rate Change	2.6%	Provided by DMAS
4b. Dollar Change	$103,498	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
5b. Dollar Change	($79,420)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6. Freestanding Psychiatric Hospital Rate Adjustment	**0.03%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

PCCM Exhibit 2e

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Non-ER Transportation Adjustment

	LIFC Child	LIFC Adult	ABAD Child	ABAD Adult	
Non-ER Transportation Rate	**$1.04**	**$2.00**	**$14.64**	**$29.26**	From DMAS - Service Cost Component Only

Virginia Medicaid

PCCM Exhibit 2f

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Emergency Transportation Adjustment

	Adjustment Value	Source
Emergency Transportation Adjustment	**38.4%**	Provided by DMAS; effective FY 2013

Virginia Medicaid

PCCM Exhibit 2g

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
DME Fee Adjustment

		LIFC	ABAD	Source
1.	Claims Associated with DME/Supplies Service Category	$25,547,147	$40,517,637	FY12-13 Health Plan Encounter Data
2.	Proportion of Claims subject to change	$2,995,508	$10,571,845	Provided by DMAS
3a.	FY15 DME Fee Change	-35.8%	-36.4%	Provided by DMAS
3b.	Dollar Change	($1,071,468)	($3,843,991)	= (2.) * (3a.)
4.	**DME Fee Adjustment**	**-4.2%**	**-9.5%**	= (3b.) / (1.)

Virginia Medicaid

PCCM Exhibit 2h

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Lab Fee Adjustment

	LIFC	ABAD	Source
1. Lab Fee Adjustment	**-12.0%**	**-12.0%**	Provided by DMAS

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Hepatitis C Treatment Adjustment

PCCM Exhibit 2i

		LIFC Child	LIFC Adult	ABAD	Source
1.	Total Claims in Pharmacy Service Categories	$259,548,941	$164,511,881	$440,713,205	FY12-13 Health Plan Encounter Data
2.	Unique Individuals in Base Period	689,610	169,598	97,363	FY12-13 Health Plan Encounter Data
3a.	Proportion of Population Being Tested for Hepatitis C	0.2%	2.0%	2.2%	FY12-13 Health Plan Encounter Data
3b.	Number of Individuals Being Tested	1,414	3,384	2,125	FY12-13 Health Plan Encounter Data
3c.	Projected Testing Change in FY15	15%	35%	35%	Estimate
3d.	Additional Number of People Being Tested	212	1,184	744	= (3b.) * (3c.)
3e.	Average Cost Per Test Per Person	$42.78	$42.78	$42.78	FY12-13 Health Plan Encounter Data
4a.	Proportion of Population Diagnosed With Hepatitis C	0.02%	1.0%	4.0%	FY12-13 Health Plan Encounter Data
4b.	Number of Individuals Diagnosed With Hepatitis C	124	1,735	3,899	FY12-13 Health Plan Encounter Data
4c.	Projected Increase in People Diagnosed With Hepatitis C	15%	25%	25%	Estimate
4d.	Projected Number of People With Hepatitis C	143	2,169	4,874	= (4b.) * (1 + (4c.))
5a.	Proportion of People With Hepatitis C With Drug Therapy	2.4%	3.5%	3.6%	FY12-13 Health Plan Encounter Data
5b.	Number of Individuals With Hepatitis C With Drug Therapy in Base Period	3	60	140	FY12-13 Health Plan Encounter Data
5c.	Increase in Proportion of Hepatitis C Receiving Drug Therapy	20%	40%	40%	Estimate
5d.	Projected Number of Additional People Going Through Drug Therapy	1	45	105	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e.	Average Cost of Current Drug Therapy	$30,182	$30,182	$30,182	FY12-13 Health Plan Encounter Data
5f.	Average Cost of New Drug Therapy	$100,000	$100,000	$100,000	Estimate
6.	Additional Cost of Hepatitis C Treatment	$332,527	$8,739,744	$20,306,325	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7.	**Hepatitis C Treatment Adjustment**	**0.1%**	**5.3%**	**4.6%**	= (6.) / (1.)

Virginia Medicaid

PCCM Exhibit 2j

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Managed Care Savings Adjustment

Service Category	LIFC Child	LIFC Adult	ABAD	Source
All Service Categories	-9.0%	-9.0%	-9.0%	Expected managed care savings / Excludes Pharmacy

Virginia Medicaid

PCCM Exhibit 2k

FY 2015 Capitation Rate Development
Fee-for-Service Data - PCCM Roanoke-Alleghany and Far Southwest
Provider Incentive Payment Adjustment

	Adjustment Value	Source
Provider Incentive Payment Adjustment	**0.3%**	PCCM Fee Excluding FQHC

Virginia Medicaid

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Administrative Cost Adjustment

PCCM Exhibit 2l

		LIFC Children	LIFC Adults	ABAD	Source
1.	Administrative allowance as % of Base Capitation Rate	8.1%	6.9%	5.5%	As applied for Medallion II Rates
2.	Contribution to Reserves as % of Base Capitation Rate	1.5%	1.5%	1.5%	Provided by DMAS
3.	**Administrative Factor as % of Base Capitation Rate**	**9.6%**	**8.4%**	**7.0%**	= (1.) + (2.)

*Note:

Administrative increases are applied from midpoint of CY2013 to the midpoint of the contract period (20.5 months) using compound interest calculations.

Virginia Medicaid

PCCM Exhibit 3a

FY 2015 Capitation Rate Development
Health Plan Encounter Data
PCCM Roanoke-Alleghany and Far Southwest

	LIFC Child Under 21								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Roanoke/ Alleghany Total Trend Factor	Far Southwest Total Trend Factor
Category of Service	**IBNR**	**Policy/ Program[1]**	**Total Base Data Adjustments**	**Cost Trend**	**Utilization Trend**	**Cost and Utilization Trend**			
Inpatient Medical/Surgical	0.0%	5.3%	5.3%	-4.2%	3.3%	-1.0%	0.0%	0.9830	0.9858
Inpatient Psychiatric	0.0%	-5.0%	-5.0%	7.1%	7.7%	15.3%	7.0%	1.4414	1.3827
Outpatient Hospital	0.0%	0.0%	0.0%	-0.5%	3.0%	2.5%	0.7%	1.0561	1.0486
Practitioner	0.0%	0.0%	0.0%	0.9%	4.8%	5.8%	4.1%	1.1820	1.1628
Prescription Drug[2]	0.0%	-6.8%	-6.8%	0.2%	6.3%	6.6%	6.9%	1.2528	1.2298
Other	0.0%	-3.7%	-3.7%	0.2%	7.9%	8.1%	2.3%	1.1920	1.1651
PCCM Roanoke-Alleghany Wtd Avg[3]	**0.0%**	**-0.8%**	**-0.8%**	**-0.5%**	**4.9%**	**4.4%**	**3.3%**	**1.1429**	
PCCM Far Southwest Wtd Avg[3]	**0.0%**	**-1.8%**	**-1.8%**	**-0.1%**	**5.1%**	**5.0%**	**3.8%**		**1.1468**

Roanoke/Alleghany Months of Trend Applied	21.0	21.0	21.0	20.5
Far Southwest Months of Trend Applied	17.5	17.5	17.5	20.5

[1] The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4e. Managed care savings adjustment are excluded.

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims).

Data period and contract period trend rates for the PCCM population are calculated based on regression studies of historical health plan data.

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

PCCM Exhibit 3b

FY 2015 Capitation Rate Development
Health Plan Encounter Data
PCCM Roanoke-Alleghany and Far Southwest

	LIFC Adult 21 and Over								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Roanoke/ Alleghany Total Trend Factor	Far Southwest Total Trend Factor
Category of Service	**IBNR**	**Policy/ Program[1]**	**Total Base Data Adjustments**	**Cost Trend**	**Utilization Trend**	**Cost and Utilization Trend**			
Inpatient Medical/Surgical	0.0%	5.3%	5.3%	0.6%	0.5%	1.1%	0.0%	1.0188	1.0157
Inpatient Psychiatric	0.0%	-5.0%	-5.0%	1.2%	-4.4%	-3.2%	0.0%	0.9442	0.9533
Outpatient Hospital	0.0%	0.0%	0.0%	-1.5%	0.5%	-1.0%	0.0%	0.9833	0.9861
Practitioner	0.0%	0.0%	0.0%	-1.0%	2.5%	1.5%	2.4%	1.0688	1.0641
Prescription Drug[2]	0.0%	-1.3%	-1.3%	-2.0%	3.1%	1.1%	7.0%	1.1427	1.1392
Other	0.0%	-5.0%	-5.0%	2.3%	1.6%	4.0%	3.3%	1.1319	1.1192
PCCM Roanoke-Alleghany Wtd Avg[3]	**0.0%**	**0.6%**	**0.6%**	**-0.4%**	**1.5%**	**1.0%**	**2.1%**	**1.0564**	
PCCM Far Southwest Wtd Avg[3]	**0.0%**	**0.1%**	**0.1%**	**-0.7%**	**1.8%**	**1.1%**	**2.9%**		**1.0676**

Roanoke/Alleghany Months of Trend Applied	21.0	21.0	21.0	20.5
Far Southwest Months of Trend Applied	17.5	17.5	17.5	20.5

[1] The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4e. Managed care savings adjustment are excluded.

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims).

Data period and contract period trend rates for the PCCM population are calculated based on regression studies of historical health plan data.

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

PCCM Exhibit 3c

FY 2015 Capitation Rate Development
Health Plan Encounter Data
PCCM Roanoke-Alleghany and Far Southwest

	ABAD All Age Categories								
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Roanoke/ Alleghany Total Trend Factor	Far Southwest Total Trend Factor
Category of Service	**IBNR**	**Policy/ Program[1]**	**Total Base Data Adjustments**	**Cost Trend**	**Utilization Trend**	**Cost and Utilization Trend**			
Inpatient Medical/Surgical	0.0%	5.3%	5.3%	2.9%	-0.3%	2.7%	3.0%	1.1017	1.0933
Inpatient Psychiatric	0.0%	-5.0%	-5.0%	4.5%	6.1%	10.9%	3.8%	1.2772	1.2392
Outpatient Hospital	0.0%	0.0%	0.0%	1.4%	2.2%	3.6%	1.1%	1.0843	1.0732
Practitioner	0.0%	0.0%	0.0%	6.6%	2.5%	9.3%	8.6%	1.3451	1.3108
Prescription Drug[2]	0.0%	1.1%	1.1%	-4.7%	3.0%	-1.8%	4.4%	1.0428	1.0483
Other	0.0%	-5.7%	-5.7%	2.6%	5.1%	7.8%	5.1%	1.2429	1.2158
PCCM Roanoke-Alleghany Wtd Avg[3]	**0.0%**	**1.0%**	**1.0%**	**0.1%**	**2.3%**	**2.4%**	**4.3%**	**1.1240**	
PCCM Far Southwest Wtd Avg[3]	**0.0%**	**1.0%**	**1.0%**	**0.1%**	**2.3%**	**2.4%**	**4.3%**		**1.1139**

Roanoke/Alleghany Months of Trend Applied	21.0	21.0	21.0	20.5
Far Southwest Months of Trend Applied	17.5	17.5	17.5	20.5

[1] The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4e. Managed care savings adjustment are excluded.

[2] Pharmacy contract period trend includes additional 1% for utilization on specialty drugs

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims).

Data period and contract period trend rates for the PCCM population are calculated based on regression studies of historical health plan data.

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$729,729		$729,729	$9,069	($24,735)	$714,063	1.124	$802,691	$3.38
FQHC / RHC	$107,377		$107,377	$1,162		$108,539	1.133	$123,005	$0.52
Home Health	$57,129		$57,129	$534		$57,662	1.037	$59,792	$0.25
IP - Maternity	$824	$4	$828	$19	$45	$892	0.990	$884	$0.00
IP - Newborn	$26,442,716	$128,517	$26,571,232	$599,509	$1,449,544	$28,620,285	0.990	$28,340,721	$119.17
IP - Other	$6,021,904	$29,445	$6,051,349	$136,528	$330,120	$6,517,997	0.990	$6,454,329	$27.14
IP - Psych	$20,329		$20,329	$191	($1,019)	$19,501	1.295	$25,259	$0.11
Lab	$414,849		$414,849	$3,590		$418,439	1.124	$470,375	$1.98
OP - Emergency Room & Related	$3,613,919		$3,613,919	$33,760		$3,647,679	1.037	$3,782,382	$15.90
OP - Other	$2,494,366		$2,494,366	$23,302		$2,517,668	1.037	$2,610,642	$10.98
Pharmacy	$4,870,641		$4,870,641	$22	($38,060)	$4,832,603	1.195	$5,772,736	$24.27
Prof - Anesthesia	$246,348		$246,348	$2,666		$249,013	1.133	$282,201	$1.19
Prof - Child EPSDT	$1,469,483		$1,469,483	$15,901		$1,485,384	1.133	$1,683,354	$7.08
Prof - Evaluation & Management	$19,444,112		$19,444,112	$209,972		$19,654,083	1.133	$22,273,549	$93.66
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$4,287,760		$4,287,760	$46,355		$4,334,115	1.133	$4,911,759	$20.65
Prof - Psych	$1,039		$1,039	$8		$1,047	1.133	$1,187	$0.00
Prof - Specialist	$1,049,548		$1,049,548	$11,357		$1,060,905	1.133	$1,202,301	$5.06
Prof - Vision	$350,660		$350,660	$1,244		$351,903	1.133	$398,805	$1.68
Radiology	$299,691		$299,691	$3,725		$303,415	1.124	$341,074	$1.43
Transportation/Ambulance	$912,484		$912,484	$3,836	$3,195	$919,516	1.124	$1,033,643	$4.35
Provider Incentive Payment Adjustment									$2.36
Total	$72,834,907	$157,966	$72,992,873	$1,102,748	$1,719,091	$75,814,712		$80,570,688	$341.15
Admin Cost Adjustment									$36.25
Medallion II Capitation Rate									**$377.40**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,493,403		$1,493,403	$18,561	($50,620)	$1,461,344	1.124	$1,642,721	$1.73
FQHC / RHC	$334,844		$334,844	$3,623		$338,467	1.133	$383,578	$0.40
Home Health	$338,682		$338,682	$3,164		$341,846	1.037	$354,470	$0.37
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$9,280,694	$169,702	$9,450,397	$210,412	$515,399	$10,176,207	0.990	$10,076,806	$10.60
IP - Psych	$40,414		$40,414	$381	($2,026)	$38,768	1.295	$50,217	$0.05
Lab	$2,023,889		$2,023,889	$18,682		$2,042,570	1.124	$2,296,087	$2.42
OP - Emergency Room & Related	$9,774,059		$9,774,059	$91,307		$9,865,366	1.037	$10,229,678	$10.77
OP - Other	$9,817,260		$9,817,260	$91,711		$9,908,970	1.037	$10,274,893	$10.81
Pharmacy	$14,493,324		$14,493,324	$65	($113,253)	$14,380,135	1.195	$17,177,642	$18.08
Prof - Anesthesia	$803,385		$803,385	$8,693		$812,079	1.133	$920,311	$0.97
Prof - Child EPSDT	$1,588,887		$1,588,887	$17,193		$1,606,080	1.133	$1,820,136	$1.92
Prof - Evaluation & Management	$31,628,751		$31,628,751	$340,486		$31,969,237	1.133	$36,230,048	$38.13
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$6,506,435		$6,506,435	$70,241		$6,576,676	1.133	$7,453,205	$7.84
Prof - Psych	$227,561		$227,561	$2,456		$230,017	1.133	$260,673	$0.27
Prof - Specialist	$2,052,151		$2,052,151	$22,206		$2,074,357	1.133	$2,350,824	$2.47
Prof - Vision	$1,527,464		$1,527,464	$6,262		$1,533,726	1.133	$1,738,138	$1.83
Radiology	$519,901		$519,901	$6,462		$526,362	1.124	$591,693	$0.62
Transportation/Ambulance	$2,970,094		$2,970,094	$6,805	$10,381	$2,987,280	1.124	$3,358,051	$3.53
Provider Incentive Payment Adjustment									$0.78
Total	$95,421,198	$169,702	$95,590,900	$918,708	$359,881	$96,869,489		$107,209,170	$113.61
Admin Cost Adjustment									$12.07
Medallion II Capitation Rate									**$125.68**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$998,526		$998,526	$12,410	($25,851)	$985,085	1.124	$1,107,350	$0.97
FQHC / RHC	$247,700		$247,700	$2,680		$250,380	1.133	$283,750	$0.25
Home Health	$126,091		$126,091	$1,178		$127,269	1.037	$131,969	$0.12
IP - Maternity	$27,102	($1,288)	$25,814	$614	$1,410	$27,838	0.990	$27,566	$0.02
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$7,385,953	($353,693)	$7,032,261	$167,454	$384,101	$7,583,816	0.990	$7,509,737	$6.57
IP - Psych	$1,440,445		$1,440,445	$13,750	($72,220)	$1,381,975	1.295	$1,790,073	$1.57
Lab	$1,957,370		$1,957,370	$15,854		$1,973,223	1.124	$2,218,133	$1.94
OP - Emergency Room & Related	$8,758,990		$8,758,990	$81,825		$8,840,815	1.037	$9,167,292	$8.02
OP - Other	$8,343,544		$8,343,544	$77,944		$8,421,488	1.037	$8,732,480	$7.64
Pharmacy	$23,543,853		$23,543,853	$105	($183,975)	$23,359,983	1.195	$27,904,426	$24.42
Prof - Anesthesia	$571,012		$571,012	$6,179		$577,190	1.133	$654,118	$0.57
Prof - Child EPSDT	$411,490		$411,490	$4,453		$415,943	1.133	$471,379	$0.41
Prof - Evaluation & Management	$24,610,454		$24,610,454	$263,989		$24,874,443	1.133	$28,189,671	$24.67
Prof - Maternity	$17,981		$17,981	$195		$18,175	1.133	$20,598	$0.02
Prof - Other	$10,092,251		$10,092,251	$108,984		$10,201,235	1.133	$11,560,840	$10.12
Prof - Psych	$1,746,033		$1,746,033	$18,887		$1,764,921	1.133	$2,000,146	$1.75
Prof - Specialist	$2,454,585		$2,454,585	$26,561		$2,481,145	1.133	$2,811,828	$2.46
Prof - Vision	$2,373,988		$2,373,988	$13,026		$2,387,014	1.133	$2,705,151	$2.37
Radiology	$870,081		$870,081	$10,814		$880,895	1.124	$990,229	$0.87
Transportation/Ambulance	$3,420,839		$3,420,839	$6,039	$11,950	$3,438,828	1.124	$3,865,643	$3.38
Provider Incentive Payment Adjustment									$0.68
Total	$99,398,287	($354,980)	$99,043,307	$832,940	$115,415	$99,991,662		$112,142,381	$98.83
Admin Cost Adjustment									$10.50
Medallion II Capitation Rate									**$109.34**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$181,535		$181,535	$2,256	($4,700)	$179,091	1.124	$201,319	$1.17
FQHC / RHC	$18,903		$18,903	$205		$19,107	1.133	$21,654	$0.13
Home Health	$7,187		$7,187	$67		$7,254	1.037	$7,522	$0.04
IP - Maternity	$3,792,314	$257,517	$4,049,832	$85,979	$220,643	$4,356,454	0.990	$4,313,900	$25.01
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,506,906	$102,326	$1,609,232	$34,165	$87,674	$1,731,071	0.990	$1,714,162	$9.94
IP - Psych	$784,306		$784,306	$7,489	($39,323)	$752,472	1.295	$974,678	$5.65
Lab	$472,547		$472,547	$4,616		$477,163	1.124	$536,386	$3.11
OP - Emergency Room & Related	$3,420,503		$3,420,503	$31,954		$3,452,456	1.037	$3,579,950	$20.76
OP - Other	$2,336,947		$2,336,947	$21,831		$2,358,778	1.037	$2,445,884	$14.18
Pharmacy	$3,770,537		$3,770,537	$17	($29,463)	$3,741,090	1.195	$4,468,881	$25.91
Prof - Anesthesia	$336,890		$336,890	$3,645		$340,535	1.133	$385,921	$2.24
Prof - Child EPSDT	$68,966		$68,966	$746		$69,712	1.133	$79,003	$0.46
Prof - Evaluation & Management	$4,490,696		$4,490,696	$48,246		$4,538,943	1.133	$5,143,886	$29.83
Prof - Maternity	$2,142,307		$2,142,307	$23,181		$2,165,489	1.133	$2,454,102	$14.23
Prof - Other	$1,052,413		$1,052,413	$11,352		$1,063,765	1.133	$1,205,542	$6.99
Prof - Psych	$392,837		$392,837	$4,250		$397,087	1.133	$450,010	$2.61
Prof - Specialist	$518,013		$518,013	$5,605		$523,618	1.133	$593,405	$3.44
Prof - Vision	$351,767		$351,767	$1,900		$353,667	1.133	$400,803	$2.32
Radiology	$794,045		$794,045	$9,869		$803,913	1.124	$903,692	$5.24
Transportation/Ambulance	$627,228		$627,228	$2,312	$2,195	$631,735	1.124	$710,143	$4.12
Provider Incentive Payment Adjustment									$1.23
Total	$27,066,846	$359,843	$27,426,689	$299,686	$237,027	$27,963,401		$30,590,844	$178.61
Admin Cost Adjustment									$18.98
Medallion II Capitation Rate									**$197.58**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$667,353		$667,353	$7,423	($16,050)	$658,726	1.099	$724,240	$3.29
FQHC / RHC	$16,941		$16,941	$167		$17,108	1.057	$18,081	$0.08
Home Health	$96,664		$96,664	$1,049		$97,713	0.990	$96,778	$0.44
IP - Maternity	$18,738,976	$119,121	$18,858,097	$98,400	$1,011,319	$19,967,816	1.011	$20,182,026	$91.68
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$10,479,206	$67,294	$10,546,499	$55,027	$565,586	$11,167,112	1.011	$11,286,910	$51.27
IP - Psych	$1,029,688		$1,029,688	$5,321	($51,402)	$983,608	0.968	$951,855	$4.32
Lab	$1,258,798		$1,258,798	$12,566		$1,271,364	1.099	$1,397,808	$6.35
OP - Emergency Room & Related	$12,584,414		$12,584,414	$136,579		$12,720,993	0.990	$12,599,361	$57.23
OP - Other	$10,906,703		$10,906,703	$118,371		$11,025,074	0.990	$10,919,658	$49.60
Pharmacy	$16,981,819		$16,981,819	$685	$747,740	$17,730,245	1.134	$20,099,793	$91.30
Prof - Anesthesia	$1,569,874		$1,569,874	$15,497		$1,585,371	1.057	$1,675,549	$7.61
Prof - Child EPSDT	$59,825		$59,825	$591		$60,416	1.057	$63,852	$0.29
Prof - Evaluation & Management	$11,419,159		$11,419,159	$112,295		$11,531,455	1.057	$12,187,384	$55.36
Prof - Maternity	$9,691,979		$9,691,979	$95,673		$9,787,652	1.057	$10,344,391	$46.99
Prof - Other	$3,002,961		$3,002,961	$29,578		$3,032,539	1.057	$3,205,035	$14.56
Prof - Psych	$653,519		$653,519	$6,448		$659,967	1.057	$697,507	$3.17
Prof - Specialist	$3,038,479		$3,038,479	$29,994		$3,068,473	1.057	$3,243,013	$14.73
Prof - Vision	$304,340		$304,340	$1,389		$305,729	1.057	$323,119	$1.47
Radiology	$4,368,393		$4,368,393	$48,591		$4,416,984	1.099	$4,856,278	$22.06
Transportation/Ambulance	$1,084,536		$1,084,536	$5,880	$2,292	$1,092,708	1.099	$1,201,384	$5.46
Provider Incentive Payment Adjustment									$3.67
Total	$107,953,627	$186,415	$108,140,042	$781,526	$2,259,484	$111,181,052		$116,074,024	$530.93
Admin Cost Adjustment									$48.81
Medallion II Capitation Rate									**$579.75**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$163,456		$163,456	$2,032	($4,232)	$161,256	1.124	$181,271	$1.15
FQHC / RHC	$12,532		$12,532	$136		$12,667	1.133	$14,356	$0.09
Home Health	$2,401		$2,401	$22		$2,424	1.037	$2,513	$0.02
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,797,276	$36,173	$1,833,449	$40,748	$99,987	$1,974,184	0.990	$1,954,900	$12.42
IP - Psych	$504,320		$504,320	$4,815	($25,285)	$483,851	1.295	$626,732	$3.98
Lab	$222,103		$222,103	$1,615		$223,718	1.124	$251,485	$1.60
OP - Emergency Room & Related	$1,727,850		$1,727,850	$16,141		$1,743,991	1.037	$1,808,393	$11.49
OP - Other	$1,921,476		$1,921,476	$17,950		$1,939,426	1.037	$2,011,046	$12.77
Pharmacy	$3,015,524		$3,015,524	$13	($23,564)	$2,991,974	1.195	$3,574,031	$22.70
Prof - Anesthesia	$105,780		$105,780	$1,145		$106,925	1.133	$121,176	$0.77
Prof - Child EPSDT	$41,953		$41,953	$454		$42,407	1.133	$48,059	$0.31
Prof - Evaluation & Management	$2,822,661		$2,822,661	$30,228		$2,852,890	1.133	$3,233,118	$20.54
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,746,998		$1,746,998	$18,872		$1,765,870	1.133	$2,001,223	$12.71
Prof - Psych	$263,243		$263,243	$2,848		$266,091	1.133	$301,555	$1.92
Prof - Specialist	$544,588		$544,588	$5,893		$550,481	1.133	$623,848	$3.96
Prof - Vision	$280,558		$280,558	$1,297		$281,856	1.133	$319,421	$2.03
Radiology	$226,254		$226,254	$2,812		$229,066	1.124	$257,497	$1.64
Transportation/Ambulance	$561,036		$561,036	$1,964	$1,963	$564,963	1.124	$635,084	$4.03
Provider Incentive Payment Adjustment									$0.79
Total	$15,960,009	$36,173	$15,996,182	$148,986	$48,870	$16,194,037		$17,965,707	$114.91
Admin Cost Adjustment									$12.21
Medallion II Capitation Rate									**$127.12**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$123,570		$123,570	$1,375	($2,972)	$121,972	1.099	$134,103	$5.05
FQHC / RHC	$535		$535	$5		$541	1.057	$571	$0.02
Home Health	$10,274		$10,274	$112		$10,386	0.990	$10,287	$0.39
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,787,022	$11,360	$1,798,382	$9,384	$96,443	$1,904,209	1.011	$1,924,637	$72.47
IP - Psych	$79,389		$79,389	$410	($3,963)	$75,836	0.968	$73,388	$2.76
Lab	$44,064		$44,064	$320		$44,384	1.099	$48,799	$1.84
OP - Emergency Room & Related	$978,140		$978,140	$10,616		$988,756	0.990	$979,302	$36.88
OP - Other	$632,416		$632,416	$6,864		$639,280	0.990	$633,167	$23.84
Pharmacy	$1,918,657		$1,918,657	$77	$84,482	$2,003,216	1.134	$2,270,935	$85.51
Prof - Anesthesia	$48,347		$48,347	$477		$48,825	1.057	$51,602	$1.94
Prof - Child EPSDT	$2,991		$2,991	$30		$3,020	1.057	$3,192	$0.12
Prof - Evaluation & Management	$862,940		$862,940	$8,465		$871,405	1.057	$920,972	$34.68
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$386,992		$386,992	$3,810		$390,802	1.057	$413,031	$15.55
Prof - Psych	$48,263		$48,263	$476		$48,740	1.057	$51,512	$1.94
Prof - Specialist	$238,420		$238,420	$2,354		$240,774	1.057	$254,470	$9.58
Prof - Vision	$39,425		$39,425	$189		$39,614	1.057	$41,867	$1.58
Radiology	$163,581		$163,581	$1,820		$165,400	1.099	$181,850	$6.85
Transportation/Ambulance	$139,899		$139,899	$820	$296	$141,014	1.099	$155,039	$5.84
Provider Incentive Payment Adjustment									$2.13
Total	$7,504,925	$11,360	$7,516,285	$47,603	$174,286	$7,738,173		$8,148,723	$308.98
Admin Cost Adjustment									$28.41
Medallion II Capitation Rate									**$337.39**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$363,563		$363,563	$4,044	($8,744)	$358,863	1.099	$394,554	$10.85
FQHC / RHC	$3,903		$3,903	$39		$3,942	1.057	$4,166	$0.11
Home Health	$54,426		$54,426	$591		$55,017	0.990	$54,491	$1.50
IP - Maternity	$32,380	$206	$32,586	$170	$1,748	$34,503	1.011	$34,874	$0.96
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$5,764,807	$37,101	$5,801,908	$30,272	$311,144	$6,143,324	1.011	$6,209,228	$170.83
IP - Psych	$184,716		$184,716	$955	($9,221)	$176,449	0.968	$170,753	$4.70
Lab	$164,309		$164,309	$1,585		$165,894	1.099	$182,393	$5.02
OP - Emergency Room & Related	$1,653,979		$1,653,979	$17,951		$1,671,930	0.990	$1,655,944	$45.56
OP - Other	$2,509,444		$2,509,444	$27,235		$2,536,679	0.990	$2,512,425	$69.12
Pharmacy	$5,120,374		$5,120,374	$207	$225,459	$5,346,040	1.134	$6,060,509	$166.74
Prof - Anesthesia	$167,265		$167,265	$1,651		$168,916	1.057	$178,524	$4.91
Prof - Child EPSDT	$8,556		$8,556	$84		$8,640	1.057	$9,132	$0.25
Prof - Evaluation & Management	$2,273,132		$2,273,132	$22,370		$2,295,502	1.057	$2,426,075	$66.75
Prof - Maternity	$15,915		$15,915	$157		$16,072	1.057	$16,986	$0.47
Prof - Other	$1,190,513		$1,190,513	$11,744		$1,202,258	1.057	$1,270,644	$34.96
Prof - Psych	$153,819		$153,819	$1,518		$155,337	1.057	$164,173	$4.52
Prof - Specialist	$832,048		$832,048	$8,213		$840,261	1.057	$888,057	$24.43
Prof - Vision	$134,304		$134,304	$1,067		$135,371	1.057	$143,071	$3.94
Radiology	$636,719		$636,719	$7,082		$643,801	1.099	$707,831	$19.47
Transportation/Ambulance	$249,900		$249,900	$1,744	$529	$252,173	1.099	$277,253	$7.63
Provider Incentive Payment Adjustment									$4.47
Total	$21,514,075	$37,307	$21,551,382	$138,678	$520,914	$22,210,975		$23,361,083	$647.18
Admin Cost Adjustment									$59.50
Medallion II Capitation Rate									**$706.68**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$240,646		$240,646	$2,991	($8,157)	$235,480	1.124	$264,707	$3.72
FQHC / RHC	$736,999		$736,999	$7,975		$744,974	1.133	$844,263	$11.87
Home Health	$25,327		$25,327	$237		$25,563	1.037	$26,507	$0.37
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$13,170,622	$672,515	$13,843,138	$298,604	$754,454	$14,896,196	0.990	$14,750,689	$207.32
IP - Other	$2,087,376	$108,477	$2,195,853	$47,326	$119,672	$2,362,851	0.990	$2,339,771	$32.89
IP - Psych	$97,764		$97,764	$27	($4,857)	$92,935	1.295	$120,378	$1.69
Lab	$126,119		$126,119	$1,389		$127,508	1.124	$143,334	$2.01
OP - Emergency Room & Related	$766,131		$766,131	$7,157		$773,288	1.037	$801,844	$11.27
OP - Other	$849,228		$849,228	$7,933		$857,161	1.037	$888,815	$12.49
Pharmacy	$1,269,650		$1,269,650	$6	($9,921)	$1,259,735	1.195	$1,504,803	$21.15
Prof - Anesthesia	$72,357		$72,357	$783		$73,140	1.133	$82,888	$1.16
Prof - Child EPSDT	$330,392		$330,392	$3,575		$333,967	1.133	$378,477	$5.32
Prof - Evaluation & Management	$6,057,945		$6,057,945	$65,404		$6,123,349	1.133	$6,939,459	$97.53
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,078,427		$1,078,427	$11,677		$1,090,104	1.133	$1,235,392	$17.36
Prof - Psych	$105,054		$105,054	$0		$105,054	1.133	$119,056	$1.67
Prof - Specialist	$445,021		$445,021	$4,815		$449,836	1.133	$509,790	$7.17
Prof - Vision	$109,884		$109,884	$276		$110,160	1.133	$124,841	$1.75
Radiology	$125,930		$125,930	$1,565		$127,495	1.124	$143,320	$2.01
Transportation/Ambulance	$386,087		$386,087	$2,539	$1,355	$389,981	1.124	$438,384	$6.16
Provider Incentive Payment Adjustment									$3.09
Total	$28,080,960	$780,992	$28,861,952	$464,279	$852,547	$30,178,778		$31,656,719	$448.02
Admin Cost Adjustment									$47.61
Medallion II Capitation Rate									**$495.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$392,461		$392,461	$4,878	($13,303)	$384,036	1.124	$431,701	$1.55
FQHC / RHC	$1,162,255		$1,162,255	$12,577		$1,174,831	1.133	$1,331,411	$4.78
Home Health	$5,889		$5,889	$55		$5,944	1.037	$6,163	$0.02
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$3,510,004	$239,304	$3,749,308	$79,583	$204,269	$4,033,160	0.990	$3,993,764	$14.32
IP - Psych	$372,891		$372,891	$77	($18,523)	$354,446	1.295	$459,113	$1.65
Lab	$500,793		$500,793	$5,535		$506,328	1.124	$569,172	$2.04
OP - Emergency Room & Related	$2,010,105		$2,010,105	$18,778		$2,028,883	1.037	$2,103,806	$7.55
OP - Other	$3,647,961		$3,647,961	$34,079		$3,682,040	1.037	$3,818,012	$13.69
Pharmacy	$4,558,640		$4,558,640	$20	($35,622)	$4,523,038	1.195	$5,402,949	$19.38
Prof - Anesthesia	$265,104		$265,104	$2,869		$267,972	1.133	$303,687	$1.09
Prof - Child EPSDT	$343,629		$343,629	$3,718		$347,347	1.133	$393,641	$1.41
Prof - Evaluation & Management	$6,580,398		$6,580,398	$70,604		$6,651,002	1.133	$7,537,438	$27.03
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,866,205		$1,866,205	$20,206		$1,886,411	1.133	$2,137,829	$7.67
Prof - Psych	$539,236		$539,236	$1,465		$540,702	1.133	$612,765	$2.20
Prof - Specialist	$774,042		$774,042	$8,376		$782,417	1.133	$886,697	$3.18
Prof - Vision	$439,512		$439,512	$1,120		$440,632	1.133	$499,358	$1.79
Radiology	$175,661		$175,661	$2,183		$177,844	1.124	$199,917	$0.72
Transportation/Ambulance	$1,081,213		$1,081,213	$4,678	$3,787	$1,089,677	1.124	$1,224,924	$4.39
Provider Incentive Payment Adjustment									$0.80
Total	$28,225,998	$239,304	$28,465,302	$270,800	$140,609	$28,876,710		$31,912,348	$115.25
Admin Cost Adjustment									$12.25
Medallion II Capitation Rate									**$127.50**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$374,779		$374,779	$4,658	($9,703)	$369,734	1.124	$415,624	$1.12
FQHC / RHC	$775,219		$775,219	$8,388		$783,607	1.133	$888,045	$2.39
Home Health	$2,714		$2,714	$25		$2,740	1.037	$2,841	$0.01
IP - Maternity	$17,677	$1,200	$18,878	$401	$1,028	$20,307	0.990	$20,109	$0.05
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,896,572	$129,161	$2,025,733	$43,004	$110,366	$2,179,104	0.990	$2,157,818	$5.81
IP - Psych	$1,005,754		$1,005,754	$4,876	($50,191)	$960,439	1.295	$1,244,057	$3.35
Lab	$581,764		$581,764	$6,328		$588,092	1.124	$661,084	$1.78
OP - Emergency Room & Related	$2,062,226		$2,062,226	$19,265		$2,081,491	1.037	$2,158,357	$5.81
OP - Other	$2,779,361		$2,779,361	$25,964		$2,805,325	1.037	$2,908,921	$7.83
Pharmacy	$11,119,498		$11,119,498	$49	($86,889)	$11,032,659	1.195	$13,178,948	$35.46
Prof - Anesthesia	$140,941		$140,941	$1,525		$142,466	1.133	$161,453	$0.43
Prof - Child EPSDT	$96,325		$96,325	$1,042		$97,367	1.133	$110,344	$0.30
Prof - Evaluation & Management	$5,953,177		$5,953,177	$63,631		$6,016,807	1.133	$6,818,718	$18.35
Prof - Maternity	$14,085		$14,085	$152		$14,237	1.133	$16,135	$0.04
Prof - Other	$1,384,007		$1,384,007	$15,040		$1,399,046	1.133	$1,585,509	$4.27
Prof - Psych	$1,561,864		$1,561,864	$10,970		$1,572,833	1.133	$1,782,458	$4.80
Prof - Specialist	$783,700		$783,700	$8,480		$792,181	1.133	$897,761	$2.42
Prof - Vision	$669,137		$669,137	$2,355		$671,492	1.133	$760,987	$2.05
Radiology	$356,806		$356,806	$4,435		$361,240	1.124	$406,076	$1.09
Transportation/Ambulance	$1,458,026		$1,458,026	$6,317	$5,106	$1,469,449	1.124	$1,651,832	$4.44
Provider Incentive Payment Adjustment									$0.71
Total	$33,033,631	$130,362	$33,163,992	$226,906	($30,282)	$33,360,616		$37,827,079	$102.49
Admin Cost Adjustment									$10.89
Medallion II Capitation Rate									**$113.38**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$69,885		$69,885	$869	($1,809)	$68,944	1.124	$77,501	$1.13
FQHC / RHC	$299,572		$299,572	$3,242		$302,814	1.133	$343,173	$5.00
Home Health	$9,672		$9,672	$90		$9,762	1.037	$10,123	$0.15
IP - Maternity	$1,908,322	$7,679	$1,916,001	$43,265	$104,526	$2,063,792	0.990	$2,043,633	$29.76
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,197,553	$5,447	$1,202,999	$27,152	$65,628	$1,295,779	0.990	$1,283,122	$18.68
IP - Psych	$377,072		$377,072	$2,703	($18,861)	$360,914	1.295	$467,493	$6.81
Lab	$532,773		$532,773	$6,457		$539,231	1.124	$606,158	$8.83
OP - Emergency Room & Related	$1,189,314		$1,189,314	$11,110		$1,200,424	1.037	$1,244,754	$18.13
OP - Other	$1,039,255		$1,039,255	$9,709		$1,048,964	1.037	$1,087,700	$15.84
Pharmacy	$2,272,084		$2,272,084	$10	($17,754)	$2,254,340	1.195	$2,692,898	$39.21
Prof - Anesthesia	$150,109		$150,109	$1,624		$151,734	1.133	$171,956	$2.50
Prof - Child EPSDT	$63,466		$63,466	$687		$64,153	1.133	$72,703	$1.06
Prof - Evaluation & Management	$1,962,360		$1,962,360	$21,092		$1,983,452	1.133	$2,247,803	$32.73
Prof - Maternity	$1,184,918		$1,184,918	$12,822		$1,197,740	1.133	$1,357,373	$19.76
Prof - Other	$486,124		$486,124	$5,274		$491,398	1.133	$556,891	$8.11
Prof - Psych	$317,937		$317,937	$2,315		$320,251	1.133	$362,934	$5.28
Prof - Specialist	$264,311		$264,311	$2,860		$267,171	1.133	$302,779	$4.41
Prof - Vision	$130,961		$130,961	$521		$131,483	1.133	$149,007	$2.17
Radiology	$447,261		$447,261	$5,559		$452,819	1.124	$509,022	$7.41
Transportation/Ambulance	$361,410		$361,410	$2,296	$1,268	$364,975	1.124	$410,274	$5.97
Provider Incentive Payment Adjustment									$1.62
Total	$14,264,358	$13,126	$14,277,484	$159,657	$132,998	$14,570,139		$15,997,296	$234.56
Admin Cost Adjustment									$24.93
Medallion II Capitation Rate									**$259.48**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$490,575		$490,575	$5,457	($11,799)	$484,233	1.099	$532,393	$4.05
FQHC / RHC	$897,341		$897,341	$8,858		$906,199	1.057	$957,745	$7.29
Home Health	$69,665		$69,665	$756		$70,421	0.990	$69,747	$0.53
IP - Maternity	$7,932,002	$50,423	$7,982,424	$41,652	$428,080	$8,452,156	1.011	$8,542,829	$65.06
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$5,477,114	$35,069	$5,512,184	$28,761	$295,606	$5,836,551	1.011	$5,899,164	$44.93
IP - Psych	$712,789		$712,789	$2,685	($35,533)	$679,941	0.968	$657,992	$5.01
Lab	$1,868,613		$1,868,613	$20,516		$1,889,129	1.099	$2,077,013	$15.82
OP - Emergency Room & Related	$4,701,125		$4,701,125	$51,022		$4,752,146	0.990	$4,706,709	$35.85
OP - Other	$4,972,711		$4,972,711	$53,969		$5,026,680	0.990	$4,978,617	$37.92
Pharmacy	$10,463,726		$10,463,726	$422	$460,737	$10,924,885	1.134	$12,384,935	$94.33
Prof - Anesthesia	$589,209		$589,209	$5,816		$595,025	1.057	$628,871	$4.79
Prof - Child EPSDT	$128,867		$128,867	$1,272		$130,139	1.057	$137,541	$1.05
Prof - Evaluation & Management	$5,417,277		$5,417,277	$53,243		$5,470,520	1.057	$5,781,693	$44.03
Prof - Maternity	$4,684,278		$4,684,278	$46,240		$4,730,518	1.057	$4,999,599	$38.08
Prof - Other	$1,714,991		$1,714,991	$16,979		$1,731,970	1.057	$1,830,487	$13.94
Prof - Psych	$526,500		$526,500	$3,085		$529,585	1.057	$559,709	$4.26
Prof - Specialist	$1,673,874		$1,673,874	$16,523		$1,690,397	1.057	$1,786,550	$13.61
Prof - Vision	$204,059		$204,059	$952		$205,011	1.057	$216,673	$1.65
Radiology	$1,991,761		$1,991,761	$22,155		$2,013,916	1.099	$2,214,211	$16.86
Transportation/Ambulance	$1,004,692		$1,004,692	$7,321	$2,127	$1,014,140	1.099	$1,115,002	$8.49
Provider Incentive Payment Adjustment									$3.18
Total	$55,521,167	$85,492	$55,606,659	$387,685	$1,139,219	$57,133,562		$60,077,478	$460.75
Admin Cost Adjustment									$42.36
Medallion II Capitation Rate									**$503.11**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$72,956		$72,956	$907	($1,889)	$71,974	1.124	$80,907	$1.48
FQHC / RHC	$132,051		$132,051	$1,429		$133,480	1.133	$151,270	$2.76
Home Health	$2,878		$2,878	$27		$2,905	1.037	$3,013	$0.05
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$662,720	$45,004	$707,724	$15,026	$38,558	$761,308	0.990	$753,872	$13.75
IP - Psych	$230,740		$230,740	$1,509	($11,534)	$220,715	1.295	$285,893	$5.21
Lab	$102,450		$102,450	$1,136		$103,586	1.124	$116,443	$2.12
OP - Emergency Room & Related	$488,345		$488,345	$4,562		$492,907	1.037	$511,109	$9.32
OP - Other	$597,061		$597,061	$5,578		$602,638	1.037	$624,893	$11.40
Pharmacy	$1,560,500		$1,560,500	$7	($12,194)	$1,548,313	1.195	$1,849,522	$33.73
Prof - Anesthesia	$25,465		$25,465	$276		$25,741	1.133	$29,171	$0.53
Prof - Child EPSDT	$10,262		$10,262	$111		$10,373	1.133	$11,755	$0.21
Prof - Evaluation & Management	$832,888		$832,888	$8,895		$841,783	1.133	$953,974	$17.40
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$341,683		$341,683	$3,702		$345,385	1.133	$391,418	$7.14
Prof - Psych	$209,078		$209,078	$1,392		$210,470	1.133	$238,521	$4.35
Prof - Specialist	$203,640		$203,640	$2,204		$205,843	1.133	$233,278	$4.25
Prof - Vision	$93,386		$93,386	$296		$93,682	1.133	$106,168	$1.94
Radiology	$109,341		$109,341	$1,359		$110,700	1.124	$124,439	$2.27
Transportation/Ambulance	$216,675		$216,675	$960	$759	$218,394	1.124	$245,501	$4.48
Provider Incentive Payment Adjustment									$0.85
Total	$5,892,118	$45,004	$5,937,123	$49,375	$13,700	$6,000,198		$6,711,146	$123.24
Admin Cost Adjustment									$13.10
Medallion II Capitation Rate									**$136.34**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$79,491		$79,491	$884	($1,912)	$78,463	1.099	$86,267	$5.61
FQHC / RHC	$40,787		$40,787	$403		$41,190	1.057	$43,533	$2.83
Home Health	$4,156		$4,156	$45		$4,201	0.990	$4,161	$0.27
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,008,711	$6,412	$1,015,123	$5,297	$54,439	$1,074,859	1.011	$1,086,390	$70.62
IP - Psych	$65,679		$65,679	$229	($3,273)	$62,634	0.968	$60,612	$3.94
Lab	$68,884		$68,884	$733		$69,616	1.099	$76,540	$4.98
OP - Emergency Room & Related	$459,017		$459,017	$4,982		$463,999	0.990	$459,562	$29.87
OP - Other	$452,637		$452,637	$4,912		$457,550	0.990	$453,175	$29.46
Pharmacy	$1,196,237		$1,196,237	$48	$52,672	$1,248,958	1.134	$1,415,874	$92.04
Prof - Anesthesia	$16,412		$16,412	$162		$16,574	1.057	$17,517	$1.14
Prof - Child EPSDT	$4,048		$4,048	$40		$4,088	1.057	$4,320	$0.28
Prof - Evaluation & Management	$451,697		$451,697	$4,431		$456,128	1.057	$482,073	$31.34
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$172,002		$172,002	$1,703		$173,705	1.057	$183,586	$11.93
Prof - Psych	$48,261		$48,261	$242		$48,503	1.057	$51,262	$3.33
Prof - Specialist	$162,606		$162,606	$1,605		$164,211	1.057	$173,551	$11.28
Prof - Vision	$22,545		$22,545	$96		$22,641	1.057	$23,929	$1.56
Radiology	$114,268		$114,268	$1,271		$115,539	1.099	$127,030	$8.26
Transportation/Ambulance	$108,944		$108,944	$765	$231	$109,940	1.099	$120,874	$7.86
Provider Incentive Payment Adjustment									$2.20
Total	$4,476,381	$6,412	$4,482,793	$27,847	$102,157	$4,612,797		$4,870,255	$318.80
Admin Cost Adjustment									$29.31
Medallion II Capitation Rate									**$348.11**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$194,184		$194,184	$2,160	($4,670)	$191,674	1.099	$210,737	$15.69
FQHC / RHC	$101,045		$101,045	$997		$102,042	1.057	$107,847	$8.03
Home Health	$12,365		$12,365	$134		$12,499	0.990	$12,380	$0.92
IP - Maternity	$7,981	$51	$8,031	$42	$431	$8,504	1.011	$8,595	$0.64
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,380,608	$8,968	$1,389,576	$7,250	$74,520	$1,471,346	1.011	$1,487,130	$110.72
IP - Psych	$73,127		$73,127	$284	($3,646)	$69,765	0.968	$67,513	$5.03
Lab	$151,707		$151,707	$1,658		$153,365	1.099	$168,618	$12.55
OP - Emergency Room & Related	$392,137		$392,137	$4,256		$396,393	0.990	$392,603	$29.23
OP - Other	$921,124		$921,124	$9,997		$931,121	0.990	$922,218	$68.66
Pharmacy	$2,383,342		$2,383,342	$96	$104,943	$2,488,381	1.134	$2,820,939	$210.03
Prof - Anesthesia	$29,627		$29,627	$292		$29,919	1.057	$31,621	$2.35
Prof - Child EPSDT	$5,466		$5,466	$54		$5,520	1.057	$5,834	$0.43
Prof - Evaluation & Management	$633,822		$633,822	$6,231		$640,053	1.057	$676,461	$50.37
Prof - Maternity	$8,101		$8,101	$80		$8,181	1.057	$8,646	$0.64
Prof - Other	$403,925		$403,925	$3,990		$407,915	1.057	$431,118	$32.10
Prof - Psych	$42,097		$42,097	$218		$42,315	1.057	$44,722	$3.33
Prof - Specialist	$287,928		$287,928	$2,842		$290,770	1.057	$307,309	$22.88
Prof - Vision	$35,116		$35,116	$233		$35,350	1.057	$37,360	$2.78
Radiology	$184,223		$184,223	$2,049		$186,272	1.099	$204,798	$15.25
Transportation/Ambulance	$122,335		$122,335	$976	$259	$123,570	1.099	$135,860	$10.12
Provider Incentive Payment Adjustment									$4.18
Total	$7,370,259	$9,019	$7,379,278	$43,841	$171,836	$7,594,955		$8,082,309	$605.95
Admin Cost Adjustment									$55.71
Medallion II Capitation Rate									**$661.66**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,033,492		$1,033,492	$12,845	($35,031)	$1,011,305	1.124	$1,136,825	$6.56
FQHC / RHC	$178,559		$178,559	$1,932		$180,491	1.133	$204,547	$1.18
Home Health	$336,915		$336,915	$3,147		$340,062	1.037	$352,620	$2.03
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$36,603,289	($1,337,106)	$35,266,183	$829,869	$1,925,704	$38,021,756	0.990	$37,650,359	$217.19
IP - Other	$7,530,626	($275,094)	$7,255,532	$170,736	$396,187	$7,822,455	0.990	$7,746,045	$44.68
IP - Psych	$231,863		$231,863	$0	($11,515)	$220,348	1.295	$285,417	$1.65
Lab	$283,671		$283,671	$2,713		$286,384	1.124	$321,929	$1.86
OP - Emergency Room & Related	$3,212,405		$3,212,405	$30,010		$3,242,415	1.037	$3,362,152	$19.39
OP - Other	$2,985,847		$2,985,847	$27,893		$3,013,740	1.037	$3,125,033	$18.03
Pharmacy	$2,996,344		$2,996,344	$13	($23,414)	$2,972,944	1.195	$3,551,299	$20.49
Prof - Anesthesia	$189,382		$189,382	$2,049		$191,432	1.133	$216,945	$1.25
Prof - Child EPSDT	$917,718		$917,718	$9,930		$927,648	1.133	$1,051,284	$6.06
Prof - Evaluation & Management	$16,615,687		$16,615,687	$179,484		$16,795,171	1.133	$19,033,606	$109.79
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$2,695,676		$2,695,676	$29,231		$2,724,908	1.133	$3,088,079	$17.81
Prof - Psych	$259,496		$259,496	$31		$259,527	1.133	$294,116	$1.70
Prof - Specialist	$1,173,558		$1,173,558	$12,699		$1,186,257	1.133	$1,344,359	$7.75
Prof - Vision	$225,961		$225,961	$523		$226,483	1.133	$256,669	$1.48
Radiology	$275,203		$275,203	$3,420		$278,623	1.124	$313,205	$1.81
Transportation/Ambulance	$800,692		$800,692	$3,962	$2,806	$807,460	1.124	$907,680	$5.24
Provider Incentive Payment Adjustment									$3.38
Total	$78,546,385	($1,612,200)	$76,934,185	$1,320,488	$2,254,738	$80,509,411		$84,242,169	$489.33
Admin Cost Adjustment									$52.00
Medallion II Capitation Rate									**$541.33**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,430,639		$1,430,639	$17,781	($48,492)	$1,399,927	1.124	$1,573,681	$2.16
FQHC / RHC	$273,838		$273,838	$2,963		$276,801	1.133	$313,693	$0.43
Home Health	$261,387		$261,387	$2,442		$263,829	1.037	$273,571	$0.38
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$9,952,354	($125,445)	$9,826,909	$225,647	$536,298	$10,588,854	0.990	$10,485,422	$14.40
IP - Psych	$1,009,481		$1,009,481	$239	($50,146)	$959,574	1.295	$1,242,936	$1.71
Lab	$1,250,354		$1,250,354	$12,174		$1,262,528	1.124	$1,419,229	$1.95
OP - Emergency Room & Related	$8,919,618		$8,919,618	$83,325		$9,002,943	1.037	$9,335,408	$12.82
OP - Other	$13,202,121		$13,202,121	$123,331		$13,325,453	1.037	$13,817,540	$18.98
Pharmacy	$12,283,994		$12,283,994	$55	($95,989)	$12,188,060	1.195	$14,559,121	$20.00
Prof - Anesthesia	$636,379		$636,379	$6,886		$643,265	1.133	$728,998	$1.00
Prof - Child EPSDT	$1,019,032		$1,019,032	$11,027		$1,030,058	1.133	$1,167,343	$1.60
Prof - Evaluation & Management	$20,571,600		$20,571,600	$221,305		$20,792,905	1.133	$23,564,151	$32.37
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$3,932,952		$3,932,952	$42,850		$3,975,802	1.133	$4,505,691	$6.19
Prof - Psych	$1,406,636		$1,406,636	$3,430		$1,410,066	1.133	$1,597,997	$2.20
Prof - Specialist	$2,145,742		$2,145,742	$23,219		$2,168,960	1.133	$2,458,036	$3.38
Prof - Vision	$948,737		$948,737	$2,141		$950,878	1.133	$1,077,609	$1.48
Radiology	$428,514		$428,514	$5,326		$433,839	1.124	$487,686	$0.67
Transportation/Ambulance	$2,663,645		$2,663,645	$7,862	$9,316	$2,680,823	1.124	$3,013,558	$4.14
Provider Incentive Payment Adjustment									$0.88
Total	$82,337,023	($125,445)	$82,211,578	$792,001	$350,987	$83,354,566		$91,621,671	$126.74
Admin Cost Adjustment									$13.47
Medallion II Capitation Rate									**$140.21**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,322,650		$1,322,650	$16,439	($34,242)	$1,304,846	1.124	$1,466,799	$1.51
FQHC / RHC	$358,014		$358,014	$3,874		$361,888	1.133	$410,120	$0.42
Home Health	$17,425		$17,425	$163		$17,588	1.037	$18,237	$0.02
IP - Maternity	$46,831	$3,172	$50,003	$1,062	$2,724	$53,789	0.990	$53,264	$0.05
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$7,323,584	$497,563	$7,821,147	$166,049	$426,112	$8,413,308	0.990	$8,331,127	$8.58
IP - Psych	$2,977,024		$2,977,024	$16,398	($148,662)	$2,844,760	1.295	$3,684,819	$3.80
Lab	$1,348,252		$1,348,252	$12,119		$1,360,371	1.124	$1,529,215	$1.58
OP - Emergency Room & Related	$8,564,787		$8,564,787	$80,010		$8,644,797	1.037	$8,964,036	$9.23
OP - Other	$9,867,086		$9,867,086	$92,176		$9,959,262	1.037	$10,327,042	$10.64
Pharmacy	$28,474,126		$28,474,126	$127	($222,501)	$28,251,752	1.195	$33,747,839	$34.77
Prof - Anesthesia	$400,695		$400,695	$4,336		$405,031	1.133	$459,013	$0.47
Prof - Child EPSDT	$235,757		$235,757	$2,551		$238,308	1.133	$270,069	$0.28
Prof - Evaluation & Management	$17,170,343		$17,170,343	$184,028		$17,354,371	1.133	$19,667,335	$20.26
Prof - Maternity	$31,285		$31,285	$339		$31,624	1.133	$35,839	$0.04
Prof - Other	$4,520,395		$4,520,395	$49,284		$4,569,679	1.133	$5,178,719	$5.33
Prof - Psych	$3,658,767		$3,658,767	$24,502		$3,683,269	1.133	$4,174,169	$4.30
Prof - Specialist	$2,190,423		$2,190,423	$23,702		$2,214,126	1.133	$2,509,221	$2.58
Prof - Vision	$1,373,023		$1,373,023	$3,942		$1,376,965	1.133	$1,560,485	$1.61
Radiology	$813,942		$813,942	$10,116		$824,058	1.124	$926,337	$0.95
Transportation/Ambulance	$3,254,457		$3,254,457	$6,905	$11,373	$3,272,734	1.124	$3,678,934	$3.79
Provider Incentive Payment Adjustment									$0.77
Total	$93,948,867	$500,735	$94,449,602	$698,120	$34,804	$95,182,526		$106,992,619	$110.99
Admin Cost Adjustment									$11.79
Medallion II Capitation Rate									**$122.78**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$153,573		$153,573	$1,909	($3,976)	$151,506	1.124	$170,311	$0.94
FQHC / RHC	$202,931		$202,931	$2,196		$205,126	1.133	$232,465	$1.29
Home Health	$16,983		$16,983	$159		$17,142	1.037	$17,775	$0.10
IP - Maternity	$4,877,234	($966,445)	$3,910,789	$110,577	$214,538	$4,235,903	0.990	$4,194,527	$23.24
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$4,888,183	($970,164)	$3,918,019	$110,826	$214,937	$4,243,782	0.990	$4,202,329	$23.28
IP - Psych	$1,154,889		$1,154,889	$8,971	($57,801)	$1,106,059	1.295	$1,432,679	$7.94
Lab	$847,576		$847,576	$9,621		$857,196	1.124	$963,588	$5.34
OP - Emergency Room & Related	$4,277,348		$4,277,348	$39,958		$4,317,306	1.037	$4,476,738	$24.80
OP - Other	$3,997,198		$3,997,198	$37,341		$4,034,539	1.037	$4,183,528	$23.18
Pharmacy	$5,230,831		$5,230,831	$23	($40,874)	$5,189,979	1.195	$6,199,636	$34.35
Prof - Anesthesia	$388,854		$388,854	$4,208		$393,062	1.133	$445,449	$2.47
Prof - Child EPSDT	$95,911		$95,911	$1,038		$96,949	1.133	$109,870	$0.61
Prof - Evaluation & Management	$4,748,845		$4,748,845	$51,044		$4,799,889	1.133	$5,439,611	$30.14
Prof - Maternity	$2,829,524		$2,829,524	$30,618		$2,860,142	1.133	$3,241,337	$17.96
Prof - Other	$1,331,139		$1,331,139	$14,462		$1,345,601	1.133	$1,524,941	$8.45
Prof - Psych	$739,545		$739,545	$5,423		$744,968	1.133	$844,256	$4.68
Prof - Specialist	$702,819		$702,819	$7,605		$710,424	1.133	$805,109	$4.46
Prof - Vision	$260,574		$260,574	$763		$261,337	1.133	$296,167	$1.64
Radiology	$889,425		$889,425	$11,054		$900,479	1.124	$1,012,243	$5.61
Transportation/Ambulance	$864,289		$864,289	$4,553	$3,030	$871,872	1.124	$980,086	$5.43
Provider Incentive Payment Adjustment									$1.57
Total	$38,497,670	($1,936,609)	$36,561,061	$452,349	$329,853	$37,343,263		$40,772,644	$227.46
Admin Cost Adjustment									$24.17
Medallion II Capitation Rate									**$251.64**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,270,613		$1,270,613	$14,133	($30,559)	$1,254,187	1.099	$1,378,923	$3.71
FQHC / RHC	$903,686		$903,686	$8,921		$912,607	1.057	$964,517	$2.59
Home Health	$229,483		$229,483	$2,491		$231,974	0.990	$229,756	$0.62
IP - Maternity	$22,938,026	($135,255)	$22,802,771	$120,450	$1,222,941	$24,146,162	1.011	$24,405,196	$65.60
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$15,212,598	($92,886)	$15,119,712	$79,884	$810,890	$16,010,486	1.011	$16,182,242	$43.50
IP - Psych	$2,105,975		$2,105,975	$8,569	($105,015)	$2,009,530	0.968	$1,944,658	$5.23
Lab	$2,935,411		$2,935,411	$30,953		$2,966,364	1.099	$3,261,385	$8.77
OP - Emergency Room & Related	$19,797,441		$19,797,441	$214,863		$20,012,303	0.990	$19,820,956	$53.28
OP - Other	$21,010,215		$21,010,215	$228,025		$21,238,240	0.990	$21,035,170	$56.54
Pharmacy	$27,198,697		$27,198,697	$1,098	$1,197,608	$28,397,403	1.134	$32,192,557	$86.54
Prof - Anesthesia	$1,812,592		$1,812,592	$17,893		$1,830,485	1.057	$1,934,606	$5.20
Prof - Child EPSDT	$200,773		$200,773	$1,982		$202,755	1.057	$214,288	$0.58
Prof - Evaluation & Management	$15,417,528		$15,417,528	$151,551		$15,569,079	1.057	$16,454,676	$44.23
Prof - Maternity	$11,978,473		$11,978,473	$118,243		$12,096,717	1.057	$12,784,799	$34.37
Prof - Other	$5,085,302		$5,085,302	$50,301		$5,135,604	1.057	$5,427,726	$14.59
Prof - Psych	$1,907,540		$1,907,540	$13,932		$1,921,472	1.057	$2,030,769	$5.46
Prof - Specialist	$4,741,833		$4,741,833	$46,808		$4,788,641	1.057	$5,061,028	$13.60
Prof - Vision	$415,032		$415,032	$1,609		$416,641	1.057	$440,341	$1.18
Radiology	$4,792,598		$4,792,598	$53,310		$4,845,908	1.099	$5,327,860	$14.32
Transportation/Ambulance	$2,491,805		$2,491,805	$16,291	$5,271	$2,513,367	1.099	$2,763,336	$7.43
Provider Incentive Payment Adjustment									$3.25
Total	$162,445,622	($228,141)	$162,217,481	$1,181,306	$3,101,136	$166,499,924		$173,854,789	$470.58
Admin Cost Adjustment									$43.27
Medallion II Capitation Rate									**$513.85**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$249,981		$249,981	$3,107	($6,472)	$246,616	1.124	$277,225	$1.86
FQHC / RHC	$60,614		$60,614	$656		$61,270	1.133	$69,435	$0.46
Home Health	$8,806		$8,806	$82		$8,889	1.037	$9,217	$0.06
IP - Maternity	$14,450	$981	$15,431	$328	$841	$16,600	0.990	$16,438	$0.11
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$2,343,756	$161,138	$2,504,894	$53,139	$136,470	$2,694,503	0.990	$2,668,183	$17.87
IP - Psych	$642,636		$642,636	$4,391	($32,133)	$614,894	1.295	$796,473	$5.33
Lab	$184,979		$184,979	$1,558		$186,537	1.124	$209,689	$1.40
OP - Emergency Room & Related	$2,252,956		$2,252,956	$21,047		$2,274,003	1.037	$2,357,978	$15.79
OP - Other	$2,231,387		$2,231,387	$20,845		$2,252,232	1.037	$2,335,403	$15.64
Pharmacy	$4,438,898		$4,438,898	$20	($34,686)	$4,404,231	1.195	$5,261,029	$35.23
Prof - Anesthesia	$85,079		$85,079	$921		$85,999	1.133	$97,461	$0.65
Prof - Child EPSDT	$27,998		$27,998	$303		$28,301	1.133	$32,073	$0.21
Prof - Evaluation & Management	$2,289,707		$2,289,707	$24,497		$2,314,204	1.133	$2,622,638	$17.56
Prof - Maternity	$6,857		$6,857	$74		$6,931	1.133	$7,855	$0.05
Prof - Other	$838,342		$838,342	$9,126		$847,468	1.133	$960,417	$6.43
Prof - Psych	$562,234		$562,234	$3,894		$566,129	1.133	$641,581	$4.30
Prof - Specialist	$584,188		$584,188	$6,321		$590,509	1.133	$669,211	$4.48
Prof - Vision	$205,075		$205,075	$517		$205,592	1.133	$232,993	$1.56
Radiology	$226,078		$226,078	$2,810		$228,888	1.124	$257,296	$1.72
Transportation/Ambulance	$566,013		$566,013	$1,897	$1,980	$569,890	1.124	$640,623	$4.29
Provider Incentive Payment Adjustment									$0.94
Total	$17,820,035	$162,119	$17,982,154	$155,532	$65,999	$18,203,686		$20,163,220	$135.95
Admin Cost Adjustment									$14.45
Medallion II Capitation Rate									**$150.40**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$263,489		$263,489	$2,931	($6,337)	$260,083	1.099	$285,949	$7.43
FQHC / RHC	$52,617		$52,617	$519		$53,137	1.057	$56,159	$1.46
Home Health	$36,437		$36,437	$395		$36,833	0.990	$36,481	$0.95
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$2,929,446	$5,591	$2,935,036	$15,383	$157,403	$3,107,822	1.011	$3,141,162	$81.61
IP - Psych	$249,933		$249,933	$1,042	($12,464)	$238,511	0.968	$230,811	$6.00
Lab	$92,158		$92,158	$855		$93,013	1.099	$102,263	$2.66
OP - Emergency Room & Related	$1,473,281		$1,473,281	$15,990		$1,489,270	0.990	$1,475,030	$38.32
OP - Other	$1,473,641		$1,473,641	$15,993		$1,489,634	0.990	$1,475,391	$38.33
Pharmacy	$2,497,252		$2,497,252	$101	$109,959	$2,607,312	1.134	$2,955,764	$76.79
Prof - Anesthesia	$66,033		$66,033	$652		$66,684	1.057	$70,478	$1.83
Prof - Child EPSDT	$5,024		$5,024	$50		$5,073	1.057	$5,362	$0.14
Prof - Evaluation & Management	$1,123,926		$1,123,926	$11,031		$1,134,957	1.057	$1,199,515	$31.16
Prof - Maternity	$106		$106	$1		$107	1.057	$113	$0.00
Prof - Other	$394,517		$394,517	$3,910		$398,428	1.057	$421,091	$10.94
Prof - Psych	$149,440		$149,440	$947		$150,387	1.057	$158,942	$4.13
Prof - Specialist	$439,089		$439,089	$4,334		$443,423	1.057	$468,646	$12.18
Prof - Vision	$45,752		$45,752	$198		$45,949	1.057	$48,563	$1.26
Radiology	$184,502		$184,502	$2,052		$186,555	1.099	$205,109	$5.33
Transportation/Ambulance	$194,467		$194,467	$966	$411	$195,844	1.099	$215,321	$5.59
Provider Incentive Payment Adjustment									$2.27
Total	$11,671,109	$5,591	$11,676,700	$77,350	$248,971	$12,003,021		$12,552,151	$328.38
Admin Cost Adjustment									$30.19
Medallion II Capitation Rate									**$358.57**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$422,785		$422,785	$4,703	($10,168)	$417,319	1.099	$458,824	$11.11
FQHC / RHC	$81,638		$81,638	$806		$82,444	1.057	$87,133	$2.11
Home Health	$69,554		$69,554	$755		$70,309	0.990	$69,637	$1.69
IP - Maternity	$37,540	$239	$37,779	$197	$2,026	$40,002	1.011	$40,431	$0.98
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$4,789,687	$31,369	$4,821,057	$25,151	$258,542	$5,104,750	1.011	$5,159,513	$124.93
IP - Psych	$262,085		$262,085	$1,104	($13,071)	$250,118	0.968	$242,044	$5.86
Lab	$247,034		$247,034	$2,557		$249,592	1.099	$274,415	$6.64
OP - Emergency Room & Related	$1,919,684		$1,919,684	$20,834		$1,940,518	0.990	$1,921,964	$46.54
OP - Other	$3,811,587		$3,811,587	$41,367		$3,852,955	0.990	$3,816,114	$92.40
Pharmacy	$6,874,079		$6,874,079	$277	$302,678	$7,177,035	1.134	$8,136,205	$197.01
Prof - Anesthesia	$118,336		$118,336	$1,168		$119,504	1.057	$126,302	$3.06
Prof - Child EPSDT	$12,385		$12,385	$122		$12,507	1.057	$13,219	$0.32
Prof - Evaluation & Management	$2,112,884		$2,112,884	$20,785		$2,133,669	1.057	$2,255,036	$54.60
Prof - Maternity	$11,636		$11,636	$115		$11,751	1.057	$12,420	$0.30
Prof - Other	$737,930		$737,930	$7,296		$745,227	1.057	$787,616	$19.07
Prof - Psych	$237,390		$237,390	$1,813		$239,203	1.057	$252,809	$6.12
Prof - Specialist	$924,801		$924,801	$9,129		$933,930	1.057	$987,054	$23.90
Prof - Vision	$89,002		$89,002	$600		$89,603	1.057	$94,700	$2.29
Radiology	$451,580		$451,580	$5,023		$456,603	1.099	$502,015	$12.16
Transportation/Ambulance	$290,237		$290,237	$1,961	$614	$292,812	1.099	$321,933	$7.80
Provider Incentive Payment Adjustment									$4.30
Total	$23,501,856	$31,608	$23,533,464	$145,765	$540,622	$24,219,850		$25,559,384	$623.20
Admin Cost Adjustment									$57.30
Medallion II Capitation Rate									**$680.50**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$442,558		$442,558	$5,500	($15,001)	$433,057	1.124	$486,807	$5.50
FQHC / RHC	$262,854		$262,854	$2,844		$265,698	1.133	$301,110	$3.40
Home Health	$49,806		$49,806	$465		$50,271	1.037	$52,128	$0.59
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$20,624,139	($1,312,155)	$19,311,984	$467,590	$1,055,229	$20,834,804	0.990	$20,631,289	$233.27
IP - Other	$3,480,625	($221,449)	$3,259,176	$78,914	$178,085	$3,516,175	0.990	$3,481,829	$39.37
IP - Psych	$104,559		$104,559	$13	($5,193)	$99,379	1.295	$128,726	$1.46
Lab	$154,961		$154,961	$1,619		$156,580	1.124	$176,014	$1.99
OP - Emergency Room & Related	$1,323,490		$1,323,490	$12,364		$1,335,853	1.037	$1,385,184	$15.66
OP - Other	$1,706,472		$1,706,472	$15,942		$1,722,413	1.037	$1,786,019	$20.19
Pharmacy	$1,727,588		$1,727,588	$8	($13,500)	$1,714,096	1.195	$2,047,556	$23.15
Prof - Anesthesia	$121,807		$121,807	$1,318		$123,125	1.133	$139,535	$1.58
Prof - Child EPSDT	$437,894		$437,894	$4,738		$442,633	1.133	$501,626	$5.67
Prof - Evaluation & Management	$9,058,242		$9,058,242	$97,870		$9,156,112	1.133	$10,376,424	$117.32
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,570,939		$1,570,939	$17,063		$1,588,003	1.133	$1,799,649	$20.35
Prof - Psych	$114,422		$114,422	$3		$114,424	1.133	$129,674	$1.47
Prof - Specialist	$599,188		$599,188	$6,484		$605,672	1.133	$686,395	$7.76
Prof - Vision	$135,911		$135,911	$380		$136,292	1.133	$154,456	$1.75
Radiology	$160,234		$160,234	$1,991		$162,226	1.124	$182,361	$2.06
Transportation/Ambulance	$530,388		$530,388	$3,572	$1,862	$535,822	1.124	$602,327	$6.81
Provider Incentive Payment Adjustment									$3.54
Total	$42,606,077	($1,533,604)	$41,072,473	$718,679	$1,201,483	$42,992,635		$45,049,109	$512.91
Admin Cost Adjustment									$54.50
Medallion II Capitation Rate									**$567.41**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$508,067		$508,067	$6,315	($17,221)	$497,160	1.124	$558,866	$1.59
FQHC / RHC	$498,768		$498,768	$5,397		$504,165	1.133	$571,359	$1.63
Home Health	$52,566		$52,566	$491		$53,057	1.037	$55,016	$0.16
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$3,894,263	$277,174	$4,171,437	$88,296	$227,254	$4,486,987	0.990	$4,443,158	$12.67
IP - Psych	$447,094		$447,094	$8	($22,204)	$424,897	1.295	$550,369	$1.57
Lab	$605,742		$605,742	$6,388		$612,129	1.124	$688,105	$1.96
OP - Emergency Room & Related	$3,508,145		$3,508,145	$32,772		$3,540,918	1.037	$3,671,678	$10.47
OP - Other	$6,868,274		$6,868,274	$64,162		$6,932,436	1.037	$7,188,440	$20.50
Pharmacy	$5,738,982		$5,738,982	$26	($44,845)	$5,694,162	1.195	$6,801,903	$19.39
Prof - Anesthesia	$387,410		$387,410	$4,192		$391,602	1.133	$443,794	$1.27
Prof - Child EPSDT	$502,006		$502,006	$5,432		$507,438	1.133	$575,069	$1.64
Prof - Evaluation & Management	$9,800,517		$9,800,517	$105,501		$9,906,018	1.133	$11,226,277	$32.01
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,461,674		$1,461,674	$16,151		$1,477,825	1.133	$1,674,787	$4.78
Prof - Psych	$597,040		$597,040	$1,115		$598,155	1.133	$677,876	$1.93
Prof - Specialist	$919,501		$919,501	$9,950		$929,451	1.133	$1,053,327	$3.00
Prof - Vision	$520,019		$520,019	$1,276		$521,295	1.133	$590,772	$1.68
Radiology	$187,755		$187,755	$2,334		$190,089	1.124	$213,682	$0.61
Transportation/Ambulance	$1,440,604		$1,440,604	$5,676	$5,043	$1,451,323	1.124	$1,631,456	$4.65
Provider Incentive Payment Adjustment									$0.84
Total	$37,938,425	$277,174	$38,215,599	$355,481	$148,027	$38,719,106		$42,615,933	$122.35
Admin Cost Adjustment									$13.00
Medallion II Capitation Rate									**$135.35**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$556,505		$556,505	$6,917	($14,407)	$549,014	1.124	$617,155	$1.25
FQHC / RHC	$519,398		$519,398	$5,620		$525,018	1.133	$594,992	$1.20
Home Health	$66,129		$66,129	$618		$66,747	1.037	$69,212	$0.14
IP - Maternity	$14,865	$73	$14,938	$337	$815	$16,090	0.990	$15,933	$0.03
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$4,071,951	$20,089	$4,092,040	$92,327	$223,234	$4,407,601	0.990	$4,364,547	$8.81
IP - Psych	$1,078,873		$1,078,873	$3,993	($53,778)	$1,029,087	1.295	$1,332,977	$2.69
Lab	$720,084		$720,084	$7,363		$727,447	1.124	$817,735	$1.65
OP - Emergency Room & Related	$3,997,241		$3,997,241	$37,341		$4,034,582	1.037	$4,183,573	$8.45
OP - Other	$5,736,984		$5,736,984	$53,594		$5,790,578	1.037	$6,004,415	$12.12
Pharmacy	$15,630,030		$15,630,030	$70	($122,135)	$15,507,965	1.195	$18,524,879	$37.41
Prof - Anesthesia	$243,008		$243,008	$2,630		$245,638	1.133	$278,376	$0.56
Prof - Child EPSDT	$131,008		$131,008	$1,418		$132,426	1.133	$150,075	$0.30
Prof - Evaluation & Management	$8,839,637		$8,839,637	$94,888		$8,934,524	1.133	$10,125,304	$20.45
Prof - Maternity	$6,029		$6,029	$65		$6,094	1.133	$6,906	$0.01
Prof - Other	$1,748,482		$1,748,482	$19,441		$1,767,923	1.133	$2,003,549	$4.05
Prof - Psych	$1,577,602		$1,577,602	$9,157		$1,586,759	1.133	$1,798,240	$3.63
Prof - Specialist	$1,061,112		$1,061,112	$11,482		$1,072,594	1.133	$1,215,548	$2.45
Prof - Vision	$738,232		$738,232	$1,816		$740,048	1.133	$838,680	$1.69
Radiology	$393,344		$393,344	$4,889		$398,232	1.124	$447,660	$0.90
Transportation/Ambulance	$1,930,229		$1,930,229	$6,548	$6,754	$1,943,531	1.124	$2,184,755	$4.41
Provider Incentive Payment Adjustment									$0.78
Total	$49,060,743	$20,162	$49,080,905	$360,511	$40,481	$49,481,897		$55,574,511	$113.00
Admin Cost Adjustment									$12.01
Medallion II Capitation Rate									**$125.01**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$86,966		$86,966	$1,081	($2,251)	$85,795	1.124	$96,444	$1.04
FQHC / RHC	$253,100		$253,100	$2,739		$255,839	1.133	$289,937	$3.14
Home Health	$30,220		$30,220	$282		$30,502	1.037	$31,628	$0.34
IP - Maternity	$2,791,110	$189,530	$2,980,641	$63,280	$162,391	$3,206,312	0.990	$3,174,993	$34.38
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$686,478	$46,620	$733,098	$15,565	$39,941	$788,604	0.990	$780,901	$8.46
IP - Psych	$296,765		$296,765	$1,634	($14,819)	$283,579	1.295	$367,320	$3.98
Lab	$462,566		$462,566	$5,445		$468,012	1.124	$526,100	$5.70
OP - Emergency Room & Related	$2,023,812		$2,023,812	$18,906		$2,042,718	1.037	$2,118,152	$22.93
OP - Other	$2,097,789		$2,097,789	$19,597		$2,117,386	1.037	$2,195,578	$23.77
Pharmacy	$2,955,107		$2,955,107	$13	($23,092)	$2,932,028	1.195	$3,502,424	$37.92
Prof - Anesthesia	$202,883		$202,883	$2,195		$205,079	1.133	$232,411	$2.52
Prof - Child EPSDT	$96,925		$96,925	$1,049		$97,974	1.133	$111,032	$1.20
Prof - Evaluation & Management	$2,571,299		$2,571,299	$27,681		$2,598,980	1.133	$2,945,368	$31.89
Prof - Maternity	$1,692,896		$1,692,896	$18,318		$1,711,214	1.133	$1,939,282	$21.00
Prof - Other	$560,728		$560,728	$6,169		$566,897	1.133	$642,453	$6.96
Prof - Psych	$358,334		$358,334	$2,372		$360,706	1.133	$408,781	$4.43
Prof - Specialist	$334,503		$334,503	$3,620		$338,123	1.133	$383,187	$4.15
Prof - Vision	$152,000		$152,000	$490		$152,490	1.133	$172,813	$1.87
Radiology	$482,296		$482,296	$5,994		$488,290	1.124	$548,895	$5.94
Transportation/Ambulance	$517,998		$517,998	$3,162	$1,817	$522,978	1.124	$587,888	$6.37
Provider Incentive Payment Adjustment									$1.59
Total	$18,653,776	$236,150	$18,889,926	$199,593	$163,987	$19,253,506		$21,055,587	$229.56
Admin Cost Adjustment									$24.39
Medallion II Capitation Rate									**$253.95**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$684,328		$684,328	$7,612	($16,459)	$675,482	1.099	$742,662	$4.31
FQHC / RHC	$884,996		$884,996	$8,736		$893,732	1.057	$944,569	$5.48
Home Health	$317,142		$317,142	$3,442		$320,584	0.990	$317,519	$1.84
IP - Maternity	$10,827,506	($84,771)	$10,742,736	$56,856	$576,152	$11,375,744	1.011	$11,497,780	$66.66
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$8,882,143	($69,674)	$8,812,470	$46,642	$472,629	$9,331,740	1.011	$9,431,848	$54.68
IP - Psych	$725,484		$725,484	$2,615	($36,160)	$691,939	0.968	$669,602	$3.88
Lab	$1,491,527		$1,491,527	$16,068		$1,507,596	1.099	$1,657,534	$9.61
OP - Emergency Room & Related	$7,815,491		$7,815,491	$84,822		$7,900,313	0.990	$7,824,774	$45.37
OP - Other	$10,668,653		$10,668,653	$115,787		$10,784,441	0.990	$10,681,325	$61.93
Pharmacy	$13,458,004		$13,458,004	$543	$592,580	$14,051,128	1.134	$15,928,982	$92.35
Prof - Anesthesia	$845,592		$845,592	$8,347		$853,939	1.057	$902,513	$5.23
Prof - Child EPSDT	$144,844		$144,844	$1,430		$146,274	1.057	$154,594	$0.90
Prof - Evaluation & Management	$7,199,716		$7,199,716	$70,816		$7,270,532	1.057	$7,684,093	$44.55
Prof - Maternity	$5,998,568		$5,998,568	$59,214		$6,057,782	1.057	$6,402,359	$37.12
Prof - Other	$1,865,032		$1,865,032	$18,556		$1,883,588	1.057	$1,990,730	$11.54
Prof - Psych	$693,171		$693,171	$4,444		$697,614	1.057	$737,296	$4.27
Prof - Specialist	$2,438,213		$2,438,213	$24,068		$2,462,282	1.057	$2,602,341	$15.09
Prof - Vision	$214,718		$214,718	$897		$215,616	1.057	$227,880	$1.32
Radiology	$2,234,846		$2,234,846	$24,859		$2,259,705	1.099	$2,484,445	$14.40
Transportation/Ambulance	$1,346,790		$1,346,790	$9,605	$2,851	$1,359,245	1.099	$1,494,430	$8.66
Provider Incentive Payment Adjustment									$3.40
Total	$78,736,766	($154,445)	$78,582,321	$565,360	$1,591,594	$80,739,275		$84,377,277	$492.61
Admin Cost Adjustment									$45.29
Medallion II Capitation Rate									**$537.90**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$119,216		$119,216	$1,482	($3,086)	$117,611	1.124	$132,209	$1.72
FQHC / RHC	$86,104		$86,104	$932		$87,036	1.133	$98,636	$1.28
Home Health	$22,732		$22,732	$212		$22,944	1.037	$23,791	$0.31
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,151,319	$78,184	$1,229,503	$26,104	$66,986	$1,322,593	0.990	$1,309,674	$16.99
IP - Psych	$236,425		$236,425	$1,232	($11,803)	$225,855	1.295	$292,550	$3.80
Lab	$98,592		$98,592	$976		$99,568	1.124	$111,926	$1.45
OP - Emergency Room & Related	$1,056,294		$1,056,294	$9,868		$1,066,162	1.037	$1,105,534	$14.34
OP - Other	$1,072,775		$1,072,775	$10,022		$1,082,797	1.037	$1,122,783	$14.57
Pharmacy	$2,347,577		$2,347,577	$10	($18,344)	$2,329,244	1.195	$2,782,374	$36.10
Prof - Anesthesia	$41,661		$41,661	$451		$42,112	1.133	$47,724	$0.62
Prof - Child EPSDT	$13,847		$13,847	$150		$13,996	1.133	$15,862	$0.21
Prof - Evaluation & Management	$1,213,265		$1,213,265	$13,013		$1,226,278	1.133	$1,389,715	$18.03
Prof - Maternity	$361		$361	$4		$365	1.133	$414	$0.01
Prof - Other	$242,440		$242,440	$2,714		$245,155	1.133	$277,828	$3.60
Prof - Psych	$245,782		$245,782	$1,374		$247,156	1.133	$280,096	$3.63
Prof - Specialist	$265,511		$265,511	$2,873		$268,384	1.133	$304,154	$3.95
Prof - Vision	$109,306		$109,306	$221		$109,527	1.133	$124,124	$1.61
Radiology	$112,970		$112,970	$1,404		$114,374	1.124	$128,570	$1.67
Transportation/Ambulance	$339,965		$339,965	$1,471	$1,191	$342,627	1.124	$385,153	$5.00
Provider Incentive Payment Adjustment									$0.90
Total	$8,776,144	$78,184	$8,854,329	$74,512	$34,943	$8,963,784		$9,933,116	$129.77
Admin Cost Adjustment									$13.79
Medallion II Capitation Rate									**$143.56**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$138,677		$138,677	$1,543	($3,335)	$136,884	1.099	$150,498	$6.56
FQHC / RHC	$45,310		$45,310	$447		$45,757	1.057	$48,360	$2.11
Home Health	$30,086		$30,086	$327		$30,412	0.990	$30,121	$1.31
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,717,413	$10,917	$1,728,330	$9,018	$92,687	$1,830,035	1.011	$1,849,667	$80.67
IP - Psych	$64,801		$64,801	$199	($3,228)	$61,772	0.968	$59,778	$2.61
Lab	$62,418		$62,418	$621		$63,039	1.099	$69,309	$3.02
OP - Emergency Room & Related	$1,064,429		$1,064,429	$11,552		$1,075,981	0.990	$1,065,693	$46.48
OP - Other	$1,141,659		$1,141,659	$12,390		$1,154,049	0.990	$1,143,015	$49.85
Pharmacy	$1,873,166		$1,873,166	$76	$82,479	$1,955,721	1.134	$2,217,092	$96.70
Prof - Anesthesia	$35,976		$35,976	$355		$36,331	1.057	$38,398	$1.67
Prof - Child EPSDT	$3,141		$3,141	$31		$3,172	1.057	$3,352	$0.15
Prof - Evaluation & Management	$736,603		$736,603	$7,234		$743,838	1.057	$786,149	$34.29
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$155,955		$155,955	$1,552		$157,507	1.057	$166,467	$7.26
Prof - Psych	$66,670		$66,670	$371		$67,041	1.057	$70,855	$3.09
Prof - Specialist	$245,904		$245,904	$2,427		$248,331	1.057	$262,457	$11.45
Prof - Vision	$33,155		$33,155	$157		$33,312	1.057	$35,207	$1.54
Radiology	$139,117		$139,117	$1,547		$140,664	1.099	$154,654	$6.75
Transportation/Ambulance	$161,754		$161,754	$1,107	$342	$163,203	1.099	$179,434	$7.83
Provider Incentive Payment Adjustment									$2.53
Total	$7,716,233	$10,917	$7,727,150	$50,956	$168,944	$7,947,050		$8,330,505	$365.86
Admin Cost Adjustment									$33.64
Medallion II Capitation Rate									**$399.50**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$229,214		$229,214	$2,550	($5,513)	$226,251	1.099	$248,753	$13.02
FQHC / RHC	$110,664		$110,664	$1,092		$111,756	1.057	$118,113	$6.18
Home Health	$46,419		$46,419	$504		$46,923	0.990	$46,474	$2.43
IP - Maternity	$24,008	$153	$24,160	$126	$1,296	$25,582	1.011	$25,857	$1.35
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$2,932,277	$18,640	$2,950,917	$15,398	$158,251	$3,124,566	1.011	$3,158,085	$165.26
IP - Psych	$121,833		$121,833	$501	($6,075)	$116,259	0.968	$112,506	$5.89
Lab	$143,753		$143,753	$1,540		$145,293	1.099	$159,743	$8.36
OP - Emergency Room & Related	$716,543		$716,543	$7,777		$724,320	0.990	$717,394	$37.54
OP - Other	$2,398,270		$2,398,270	$26,029		$2,424,299	0.990	$2,401,119	$125.65
Pharmacy	$3,152,717		$3,152,717	$127	$138,820	$3,291,664	1.134	$3,731,577	$195.27
Prof - Anesthesia	$77,120		$77,120	$761		$77,881	1.057	$82,311	$4.31
Prof - Child EPSDT	$8,211		$8,211	$81		$8,292	1.057	$8,763	$0.46
Prof - Evaluation & Management	$968,813		$968,813	$9,536		$978,349	1.057	$1,034,000	$54.11
Prof - Maternity	$11,206		$11,206	$111		$11,317	1.057	$11,960	$0.63
Prof - Other	$304,061		$304,061	$3,019		$307,081	1.057	$324,548	$16.98
Prof - Psych	$89,932		$89,932	$616		$90,548	1.057	$95,699	$5.01
Prof - Specialist	$524,372		$524,372	$5,176		$529,548	1.057	$559,669	$29.29
Prof - Vision	$44,442		$44,442	$306		$44,748	1.057	$47,294	$2.47
Radiology	$228,522		$228,522	$2,542		$231,064	1.099	$254,044	$13.29
Transportation/Ambulance	$171,211		$171,211	$1,302	$363	$172,876	1.099	$190,069	$9.95
Provider Incentive Payment Adjustment									$4.85
Total	$12,303,588	$18,793	$12,322,380	$79,095	$287,141	$12,688,616		$13,327,979	$702.28
Admin Cost Adjustment									$64.57
Medallion II Capitation Rate									**$766.85**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$619,689		$619,689	$7,702	($21,005)	$606,386	1.124	$681,649	$3.35
FQHC / RHC	$89,291		$89,291	$966		$90,257	1.133	$102,287	$0.50
Home Health	$118,500		$118,500	$1,107		$119,607	1.037	$124,024	$0.61
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$44,627,896	$308,117	$44,936,013	$1,011,803	$2,451,290	$48,399,106	0.990	$47,926,343	$235.56
IP - Other	$6,406,938	$44,235	$6,451,173	$145,260	$351,916	$6,948,349	0.990	$6,880,477	$33.82
IP - Psych	$266,028		$266,028	$0	($13,212)	$252,816	1.295	$327,473	$1.61
Lab	$419,911		$419,911	$2,659		$422,571	1.124	$475,019	$2.33
OP - Emergency Room & Related	$4,680,609		$4,680,609	$43,725		$4,724,334	1.037	$4,898,796	$24.08
OP - Other	$5,398,093		$5,398,093	$50,428		$5,448,521	1.037	$5,649,726	$27.77
Pharmacy	$3,490,393		$3,490,393	$16	($27,274)	$3,463,134	1.195	$4,136,851	$20.33
Prof - Anesthesia	$375,469		$375,469	$4,063		$379,532	1.133	$430,115	$2.11
Prof - Child EPSDT	$1,326,331		$1,326,331	$14,352		$1,340,683	1.133	$1,519,367	$7.47
Prof - Evaluation & Management	$21,269,772		$21,269,772	$229,827		$21,499,598	1.133	$24,365,032	$119.76
Prof - Maternity	$1,112		$1,112	$12		$1,124	1.133	$1,274	$0.01
Prof - Other	$2,873,690		$2,873,690	$31,453		$2,905,143	1.133	$3,292,336	$16.18
Prof - Psych	$295,969		$295,969	$16		$295,985	1.133	$335,434	$1.65
Prof - Specialist	$1,866,777		$1,866,777	$20,200		$1,886,977	1.133	$2,138,470	$10.51
Prof - Vision	$330,116		$330,116	$951		$331,067	1.133	$375,192	$1.84
Radiology	$298,660		$298,660	$3,712		$302,372	1.124	$339,901	$1.67
Transportation/Ambulance	$817,956		$817,956	$2,617	$2,861	$823,434	1.124	$925,636	$4.55
Provider Incentive Payment Adjustment									$3.59
Total	$95,573,201	$352,351	$95,925,552	$1,570,869	$2,744,577	$100,240,998		$104,925,401	$519.31
Admin Cost Adjustment									$55.18
Medallion II Capitation Rate									**$574.49**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,214,163		$1,214,163	$15,090	($41,155)	$1,188,098	1.124	$1,335,561	$1.64
FQHC / RHC	$210,909		$210,909	$2,282		$213,192	1.133	$241,606	$0.30
Home Health	$155,411		$155,411	$1,452		$156,862	1.037	$162,655	$0.20
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$8,338,040	($1,407,775)	$6,930,265	$189,049	$379,811	$7,499,126	0.990	$7,425,874	$9.11
IP - Psych	$1,187,282		$1,187,282	$599	($58,994)	$1,128,887	1.295	$1,462,248	$1.79
Lab	$1,707,384		$1,707,384	$10,785		$1,718,169	1.124	$1,931,422	$2.37
OP - Emergency Room & Related	$12,328,653		$12,328,653	$115,172		$12,443,825	1.037	$12,903,355	$15.82
OP - Other	$16,170,491		$16,170,491	$151,061		$16,321,553	1.037	$16,924,281	$20.75
Pharmacy	$12,645,808		$12,645,808	$56	($98,816)	$12,547,048	1.195	$14,987,947	$18.38
Prof - Anesthesia	$764,538		$764,538	$8,273		$772,811	1.133	$875,810	$1.07
Prof - Child EPSDT	$1,268,037		$1,268,037	$13,721		$1,281,759	1.133	$1,452,589	$1.78
Prof - Evaluation & Management	$21,415,394		$21,415,394	$230,465		$21,645,859	1.133	$24,530,786	$30.08
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$4,736,162		$4,736,162	$52,788		$4,788,950	1.133	$5,427,214	$6.66
Prof - Psych	$1,529,079		$1,529,079	$3,076		$1,532,155	1.133	$1,736,359	$2.13
Prof - Specialist	$2,203,624		$2,203,624	$23,845		$2,227,469	1.133	$2,524,343	$3.10
Prof - Vision	$1,176,427		$1,176,427	$2,198		$1,178,625	1.133	$1,335,710	$1.64
Radiology	$395,889		$395,889	$4,920		$400,810	1.124	$450,557	$0.55
Transportation/Ambulance	$2,828,239		$2,828,239	$4,604	$9,878	$2,842,721	1.124	$3,195,549	$3.92
Provider Incentive Payment Adjustment									$0.84
Total	$90,275,530	($1,407,775)	$88,867,756	$829,437	$190,725	$89,887,918		$98,903,865	$122.13
Admin Cost Adjustment									$12.98
Medallion II Capitation Rate									**$135.11**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,435,807		$1,435,807	$17,845	($37,172)	$1,416,480	1.124	$1,592,289	$1.42
FQHC / RHC	$197,550		$197,550	$2,138		$199,688	1.133	$226,302	$0.20
Home Health	$38,386		$38,386	$359		$38,745	1.037	$40,176	$0.04
IP - Maternity	$87,872	$5,811	$93,683	$1,992	$5,104	$100,779	0.990	$99,795	$0.09
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$6,286,460	$424,527	$6,710,987	$142,540	$365,632	$7,219,159	0.990	$7,148,642	$6.36
IP - Psych	$2,478,275		$2,478,275	$7,594	($123,456)	$2,362,414	1.295	$3,060,035	$2.72
Lab	$2,020,086		$2,020,086	$10,249		$2,030,336	1.124	$2,282,334	$2.03
OP - Emergency Room & Related	$11,646,920		$11,646,920	$108,803		$11,755,723	1.037	$12,189,843	$10.85
OP - Other	$14,961,299		$14,961,299	$139,765		$15,101,065	1.037	$15,658,722	$13.93
Pharmacy	$36,410,327		$36,410,327	$162	($284,515)	$36,125,974	1.195	$43,153,909	$38.40
Prof - Anesthesia	$523,853		$523,853	$5,669		$529,521	1.133	$600,095	$0.53
Prof - Child EPSDT	$363,512		$363,512	$3,933		$367,446	1.133	$416,418	$0.37
Prof - Evaluation & Management	$18,882,142		$18,882,142	$202,711		$19,084,854	1.133	$21,628,454	$19.25
Prof - Maternity	$44,996		$44,996	$487		$45,483	1.133	$51,545	$0.05
Prof - Other	$7,716,286		$7,716,286	$85,918		$7,802,204	1.133	$8,842,069	$7.87
Prof - Psych	$3,823,116		$3,823,116	$21,212		$3,844,328	1.133	$4,356,694	$3.88
Prof - Specialist	$2,530,883		$2,530,883	$27,386		$2,558,269	1.133	$2,899,231	$2.58
Prof - Vision	$1,648,477		$1,648,477	$3,294		$1,651,771	1.133	$1,871,917	$1.67
Radiology	$802,463		$802,463	$9,973		$812,436	1.124	$913,273	$0.81
Transportation/Ambulance	$3,795,159		$3,795,159	$4,250	$13,249	$3,812,658	1.124	$4,285,872	$3.81
Provider Incentive Payment Adjustment									$0.81
Total	$115,693,869	$430,338	$116,124,208	$796,281	($61,158)	$116,859,330		$131,317,614	$117.67
Admin Cost Adjustment									$12.50
Medallion II Capitation Rate									**$130.18**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$327,089		$327,089	$4,065	($8,468)	$322,686	1.124	$362,737	$1.70
FQHC / RHC	$179,149		$179,149	$1,939		$181,087	1.133	$205,222	$0.96
Home Health	$24,173		$24,173	$226		$24,399	1.037	$25,300	$0.12
IP - Maternity	$6,318,469	$429,056	$6,747,524	$143,252	$367,619	$7,258,396	0.990	$7,187,495	$33.71
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,420,446	$96,463	$1,516,910	$32,207	$82,645	$1,631,761	0.990	$1,615,822	$7.58
IP - Psych	$724,458		$724,458	$3,768	($36,166)	$692,059	1.295	$896,425	$4.20
Lab	$680,763		$680,763	$5,591		$686,353	1.124	$771,541	$3.62
OP - Emergency Room & Related	$6,205,278		$6,205,278	$57,968		$6,263,247	1.037	$6,494,538	$30.46
OP - Other	$5,125,834		$5,125,834	$47,884		$5,173,719	1.037	$5,364,776	$25.16
Pharmacy	$7,055,431		$7,055,431	$31	($55,132)	$7,000,331	1.195	$8,362,173	$39.22
Prof - Anesthesia	$593,688		$593,688	$6,424		$600,112	1.133	$680,094	$3.19
Prof - Child EPSDT	$306,797		$306,797	$3,320		$310,117	1.133	$351,448	$1.65
Prof - Evaluation & Management	$5,094,778		$5,094,778	$54,838		$5,149,617	1.133	$5,835,950	$27.37
Prof - Maternity	$3,720,295		$3,720,295	$40,257		$3,760,552	1.133	$4,261,753	$19.99
Prof - Other	$1,915,670		$1,915,670	$21,211		$1,936,881	1.133	$2,195,025	$10.30
Prof - Psych	$767,744		$767,744	$4,356		$772,100	1.133	$875,004	$4.10
Prof - Specialist	$909,865		$909,865	$9,845		$919,710	1.133	$1,042,288	$4.89
Prof - Vision	$316,477		$316,477	$669		$317,146	1.133	$359,415	$1.69
Radiology	$1,131,999		$1,131,999	$14,069		$1,146,069	1.124	$1,288,315	$6.04
Transportation/Ambulance	$884,227		$884,227	$2,756	$3,093	$890,076	1.124	$1,000,549	$4.69
Provider Incentive Payment Adjustment									$1.60
Total	$43,702,631	$525,519	$44,228,150	$454,676	$353,591	$45,036,417		$49,175,870	$232.26
Admin Cost Adjustment									$24.68
Medallion II Capitation Rate									**$256.94**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$2,022,292		$2,022,292	$22,495	($48,638)	$1,996,149	1.099	$2,194,677	$4.78
FQHC / RHC	$1,334,981		$1,334,981	$13,178		$1,348,159	1.057	$1,424,844	$3.10
Home Health	$240,062		$240,062	$2,605		$242,668	0.990	$240,347	$0.52
IP - Maternity	$28,950,130	$184,032	$29,134,162	$152,020	$1,562,401	$30,848,584	1.011	$31,179,520	$67.88
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$13,907,811	$88,790	$13,996,601	$73,033	$750,607	$14,820,241	1.011	$14,979,229	$32.61
IP - Psych	$1,300,857		$1,300,857	$3,361	($64,771)	$1,239,446	0.968	$1,199,434	$2.61
Lab	$2,238,401		$2,238,401	$19,553		$2,257,955	1.099	$2,482,521	$5.40
OP - Emergency Room & Related	$28,237,256		$28,237,256	$306,460		$28,543,716	0.990	$28,270,795	$61.54
OP - Other	$21,839,969		$21,839,969	$237,030		$22,076,999	0.990	$21,865,909	$47.60
Pharmacy	$29,701,046		$29,701,046	$1,199	$1,307,791	$31,010,036	1.134	$35,154,353	$76.53
Prof - Anesthesia	$2,747,448		$2,747,448	$27,121		$2,774,569	1.057	$2,932,391	$6.38
Prof - Child EPSDT	$538,643		$538,643	$5,317		$543,960	1.057	$574,901	$1.25
Prof - Evaluation & Management	$16,772,833		$16,772,833	$164,941		$16,937,774	1.057	$17,901,225	$38.97
Prof - Maternity	$16,559,934		$16,559,934	$163,468		$16,723,402	1.057	$17,674,659	$38.48
Prof - Other	$7,101,217		$7,101,217	$70,944		$7,172,161	1.057	$7,580,126	$16.50
Prof - Psych	$1,868,292		$1,868,292	$11,332		$1,879,624	1.057	$1,986,540	$4.32
Prof - Specialist	$6,619,361		$6,619,361	$65,342		$6,684,703	1.057	$7,064,941	$15.38
Prof - Vision	$474,674		$474,674	$1,862		$476,535	1.057	$503,641	$1.10
Radiology	$6,382,077		$6,382,077	$70,990		$6,453,067	1.099	$7,094,860	$15.45
Transportation/Ambulance	$2,198,257		$2,198,257	$8,891	$4,639	$2,211,787	1.099	$2,431,761	$5.29
Provider Incentive Payment Adjustment									$3.10
Total	$191,035,538	$272,822	$191,308,360	$1,421,143	$3,512,029	$196,241,532		$204,736,676	$448.80
Admin Cost Adjustment									$41.26
Medallion II Capitation Rate									**$490.07**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$294,776		$294,776	$3,664	($7,632)	$290,808	1.124	$326,902	$1.92
FQHC / RHC	$28,658		$28,658	$310		$28,968	1.133	$32,828	$0.19
Home Health	$15,004		$15,004	$140		$15,144	1.037	$15,704	$0.09
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,620,962	$110,078	$1,731,040	$36,753	$94,311	$1,862,103	0.990	$1,843,914	$10.81
IP - Psych	$504,058		$504,058	$2,282	($25,146)	$481,194	1.295	$623,291	$3.65
Lab	$274,405		$274,405	$1,105		$275,510	1.124	$309,706	$1.82
OP - Emergency Room & Related	$2,557,682		$2,557,682	$23,893		$2,581,575	1.037	$2,676,909	$15.69
OP - Other	$3,477,118		$3,477,118	$32,483		$3,509,601	1.037	$3,639,205	$21.33
Pharmacy	$4,872,808		$4,872,808	$22	($38,077)	$4,834,753	1.195	$5,775,304	$33.85
Prof - Anesthesia	$113,553		$113,553	$1,229		$114,782	1.133	$130,080	$0.76
Prof - Child EPSDT	$36,599		$36,599	$396		$36,995	1.133	$41,926	$0.25
Prof - Evaluation & Management	$2,392,190		$2,392,190	$25,655		$2,417,845	1.133	$2,740,091	$16.06
Prof - Maternity	$104		$104	$1		$105	1.133	$119	$0.00
Prof - Other	$2,273,991		$2,273,991	$24,999		$2,298,989	1.133	$2,605,395	$15.27
Prof - Psych	$568,466		$568,466	$2,977		$571,442	1.133	$647,603	$3.80
Prof - Specialist	$682,611		$682,611	$7,386		$689,998	1.133	$781,960	$4.58
Prof - Vision	$245,727		$245,727	$456		$246,183	1.133	$278,994	$1.64
Radiology	$222,579		$222,579	$2,766		$225,346	1.124	$253,315	$1.48
Transportation/Ambulance	$622,002		$622,002	$1,123	$2,173	$625,298	1.124	$702,908	$4.12
Provider Incentive Payment Adjustment									$0.95
Total	$20,803,294	$110,078	$20,913,372	$167,639	$25,629	$21,106,640		$23,426,154	$138.28
Admin Cost Adjustment									$14.69
Medallion II Capitation Rate									**$152.97**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$263,588		$263,588	$2,932	($6,340)	$260,180	1.099	$286,057	$8.53
FQHC / RHC	$39,618		$39,618	$391		$40,009	1.057	$42,285	$1.26
Home Health	$17,524		$17,524	$190		$17,714	0.990	$17,545	$0.52
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,857,178	$11,806	$1,868,984	$9,752	$100,230	$1,978,966	1.011	$2,000,196	$59.68
IP - Psych	$146,264		$146,264	$522	($7,290)	$139,496	0.968	$134,993	$4.03
Lab	$69,430		$69,430	$389		$69,819	1.099	$76,763	$2.29
OP - Emergency Room & Related	$1,483,218		$1,483,218	$16,097		$1,499,315	0.990	$1,484,980	$44.31
OP - Other	$1,514,823		$1,514,823	$16,440		$1,531,263	0.990	$1,516,622	$45.25
Pharmacy	$2,206,593		$2,206,593	$89	$97,160	$2,303,843	1.134	$2,611,739	$77.92
Prof - Anesthesia	$61,368		$61,368	$606		$61,974	1.057	$65,499	$1.95
Prof - Child EPSDT	$5,076		$5,076	$50		$5,126	1.057	$5,418	$0.16
Prof - Evaluation & Management	$956,368		$956,368	$9,393		$965,760	1.057	$1,020,694	$30.45
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$418,540		$418,540	$4,190		$422,731	1.057	$446,776	$13.33
Prof - Psych	$104,699		$104,699	$539		$105,238	1.057	$111,224	$3.32
Prof - Specialist	$408,663		$408,663	$4,034		$412,697	1.057	$436,172	$13.01
Prof - Vision	$35,941		$35,941	$145		$36,086	1.057	$38,139	$1.14
Radiology	$163,592		$163,592	$1,820		$165,412	1.099	$181,863	$5.43
Transportation/Ambulance	$151,500		$151,500	$560	$320	$152,380	1.099	$167,535	$5.00
Provider Incentive Payment Adjustment									$2.21
Total	$9,903,983	$11,806	$9,915,789	$68,141	$184,080	$10,168,010		$10,644,499	$319.79
Admin Cost Adjustment									$29.40
Medallion II Capitation Rate									**$349.20**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$617,476		$617,476	$6,868	($14,851)	$609,494	1.099	$670,111	$15.68
FQHC / RHC	$214,575		$214,575	$2,118		$216,694	1.057	$229,019	$5.36
Home Health	$111,188		$111,188	$1,207		$112,395	0.990	$111,320	$2.60
IP - Maternity	$7,497	($762)	$6,735	$39	$361	$7,136	1.011	$7,212	$0.17
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$4,678,446	($477,334)	$4,201,112	$24,567	$225,438	$4,451,117	1.011	$4,498,867	$105.24
IP - Psych	$181,612		$181,612	$626	($9,050)	$173,188	0.968	$167,597	$3.92
Lab	$182,885		$182,885	$1,533		$184,418	1.099	$202,759	$4.74
OP - Emergency Room & Related	$2,191,823		$2,191,823	$23,788		$2,215,611	0.990	$2,194,427	$51.33
OP - Other	$4,880,928		$4,880,928	$52,973		$4,933,901	0.990	$4,886,726	$114.31
Pharmacy	$6,773,978		$6,773,978	$273	$298,271	$7,072,522	1.134	$8,017,725	$187.55
Prof - Anesthesia	$178,704		$178,704	$1,764		$180,468	1.057	$190,733	$4.46
Prof - Child EPSDT	$22,907		$22,907	$226		$23,133	1.057	$24,448	$0.57
Prof - Evaluation & Management	$2,250,012		$2,250,012	$22,153		$2,272,165	1.057	$2,401,409	$56.17
Prof - Maternity	$4,197		$4,197	$41		$4,239	1.057	$4,480	$0.10
Prof - Other	$1,041,320		$1,041,320	$10,360		$1,051,680	1.057	$1,111,502	$26.00
Prof - Psych	$187,700		$187,700	$1,192		$188,893	1.057	$199,637	$4.67
Prof - Specialist	$1,125,732		$1,125,732	$11,112		$1,136,845	1.057	$1,201,510	$28.11
Prof - Vision	$86,252		$86,252	$594		$86,846	1.057	$91,786	$2.15
Radiology	$552,895		$552,895	$6,150		$559,045	1.099	$614,645	$14.38
Transportation/Ambulance	$211,767		$211,767	$898	$447	$213,112	1.099	$234,307	$5.48
Provider Incentive Payment Adjustment									$4.40
Total	$25,501,895	($478,096)	$25,023,799	$168,484	$500,615	$25,692,899		$27,060,222	$637.39
Admin Cost Adjustment									$58.60
Medallion II Capitation Rate									**$695.99**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$288,516		$288,516	$3,586	($9,779)	$282,322	1.124	$317,363	$3.99
FQHC / RHC	$121,281		$121,281	$1,312		$122,593	1.133	$138,932	$1.75
Home Health	$66,763		$66,763	$624		$67,387	1.037	$69,876	$0.88
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$13,713,695	$931,228	$14,644,923	$310,917	$797,886	$15,753,726	0.990	$15,599,843	$196.11
IP - Other	$2,048,113	$139,258	$2,187,371	$46,435	$119,172	$2,352,978	0.990	$2,329,994	$29.29
IP - Psych	$50,830		$50,830	$0	($2,524)	$48,305	1.295	$62,570	$0.79
Lab	$192,869		$192,869	$2,161		$195,030	1.124	$219,237	$2.76
OP - Emergency Room & Related	$752,908		$752,908	$7,034		$759,941	1.037	$788,005	$9.91
OP - Other	$690,897		$690,897	$6,454		$697,351	1.037	$723,103	$9.09
Pharmacy	$1,838,631		$1,838,631	$8	($14,367)	$1,824,272	1.195	$2,179,165	$27.39
Prof - Anesthesia	$58,669		$58,669	$635		$59,304	1.133	$67,208	$0.84
Prof - Child EPSDT	$389,601		$389,601	$4,216		$393,817	1.133	$446,304	$5.61
Prof - Evaluation & Management	$7,233,173		$7,233,173	$78,079		$7,311,252	1.133	$8,285,685	$104.16
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$1,577,577		$1,577,577	$16,976		$1,594,553	1.133	$1,807,072	$22.72
Prof - Psych	$56,302		$56,302	$0		$56,302	1.133	$63,806	$0.80
Prof - Specialist	$435,127		$435,127	$4,708		$439,836	1.133	$498,456	$6.27
Prof - Vision	$128,288		$128,288	$369		$128,656	1.133	$145,803	$1.83
Radiology	$97,182		$97,182	$1,208		$98,389	1.124	$110,601	$1.39
Transportation/Ambulance	$389,953		$389,953	$2,605	$1,369	$393,927	1.124	$442,820	$5.57
Provider Incentive Payment Adjustment									$3.00
Total	$30,130,372	$1,070,486	$31,200,859	$487,327	$891,756	$32,579,942		$34,295,843	$434.14
Admin Cost Adjustment									$46.13
Medallion II Capitation Rate									**$480.27**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$560,787		$560,787	$6,970	($19,008)	$548,748	1.124	$616,857	$1.89
FQHC / RHC	$238,753		$238,753	$2,583		$241,336	1.133	$273,501	$0.84
Home Health	$27,403		$27,403	$256		$27,659	1.037	$28,680	$0.09
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$2,796,059	$190,150	$2,986,208	$63,393	$162,695	$3,212,295	0.990	$3,180,918	$9.76
IP - Psych	$167,596		$167,596	$592	($8,353)	$159,836	1.295	$207,035	$0.63
Lab	$771,149		$771,149	$8,506		$779,656	1.124	$876,424	$2.69
OP - Emergency Room & Related	$2,325,079		$2,325,079	$21,720		$2,346,799	1.037	$2,433,463	$7.46
OP - Other	$3,982,481		$3,982,481	$37,204		$4,019,685	1.037	$4,168,125	$12.78
Pharmacy	$5,346,005		$5,346,005	$24	($41,774)	$5,304,254	1.195	$6,336,142	$19.43
Prof - Anesthesia	$256,462		$256,462	$2,775		$259,237	1.133	$293,788	$0.90
Prof - Child EPSDT	$439,070		$439,070	$4,751		$443,821	1.133	$502,972	$1.54
Prof - Evaluation & Management	$9,069,022		$9,069,022	$97,110		$9,166,132	1.133	$10,387,780	$31.86
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$2,454,757		$2,454,757	$25,882		$2,480,639	1.133	$2,811,255	$8.62
Prof - Psych	$403,777		$403,777	$3,104		$406,882	1.133	$461,110	$1.41
Prof - Specialist	$1,024,878		$1,024,878	$11,090		$1,035,968	1.133	$1,174,040	$3.60
Prof - Vision	$538,785		$538,785	$1,416		$540,201	1.133	$612,198	$1.88
Radiology	$161,620		$161,620	$2,009		$163,629	1.124	$183,938	$0.56
Transportation/Ambulance	$920,557		$920,557	$3,596	$3,223	$927,376	1.124	$1,042,479	$3.20
Provider Incentive Payment Adjustment									$0.76
Total	$31,484,239	$190,150	$31,674,389	$292,982	$96,782	$32,064,152		$35,590,705	$109.91
Admin Cost Adjustment									$11.68
Medallion II Capitation Rate									**$121.59**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$461,060		$461,060	$5,730	($11,936)	$454,854	1.124	$511,309	$1.16
FQHC / RHC	$311,866		$311,866	$3,375		$315,240	1.133	$357,255	$0.81
Home Health	$25,308		$25,308	$236		$25,544	1.037	$26,487	$0.06
IP - Maternity	$22,623	$1,047	$23,670	$513	$1,290	$25,473	0.990	$25,225	$0.06
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$2,216,709	$104,463	$2,321,172	$50,258	$126,514	$2,497,945	0.990	$2,473,545	$5.60
IP - Psych	$1,450,561		$1,450,561	$12,453	($72,658)	$1,390,357	1.295	$1,800,930	$4.08
Lab	$965,717		$965,717	$10,535		$976,252	1.124	$1,097,421	$2.48
OP - Emergency Room & Related	$2,641,887		$2,641,887	$24,680		$2,666,567	1.037	$2,765,039	$6.26
OP - Other	$2,814,867		$2,814,867	$26,296		$2,841,163	1.037	$2,946,083	$6.67
Pharmacy	$17,890,682		$17,890,682	$80	($139,800)	$17,750,961	1.195	$21,204,228	$47.99
Prof - Anesthesia	$150,035		$150,035	$1,623		$151,658	1.133	$171,871	$0.39
Prof - Child EPSDT	$123,208		$123,208	$1,333		$124,541	1.133	$141,140	$0.32
Prof - Evaluation & Management	$8,460,489		$8,460,489	$90,164		$8,550,653	1.133	$9,690,271	$21.93
Prof - Maternity	$16,544		$16,544	$179		$16,723	1.133	$18,952	$0.04
Prof - Other	$1,865,945		$1,865,945	$19,290		$1,885,235	1.133	$2,136,496	$4.84
Prof - Psych	$1,763,900		$1,763,900	$17,333		$1,781,233	1.133	$2,018,633	$4.57
Prof - Specialist	$1,138,088		$1,138,088	$12,315		$1,150,403	1.133	$1,303,727	$2.95
Prof - Vision	$721,013		$721,013	$1,835		$722,848	1.133	$819,188	$1.85
Radiology	$360,578		$360,578	$4,481		$365,059	1.124	$410,369	$0.93
Transportation/Ambulance	$1,288,125		$1,288,125	$5,356	$4,511	$1,297,991	1.124	$1,459,094	$3.30
Provider Incentive Payment Adjustment									$0.81
Total	$44,689,206	$105,511	$44,794,716	$288,066	($92,079)	$44,990,703		$51,377,263	$117.09
Admin Cost Adjustment									$12.44
Medallion II Capitation Rate									**$129.53**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$96,575		$96,575	$1,200	($2,500)	$95,275	1.124	$107,100	$1.25
FQHC / RHC	$116,213		$116,213	$1,258		$117,470	1.133	$133,126	$1.56
Home Health	$29,528		$29,528	$276		$29,804	1.037	$30,905	$0.36
IP - Maternity	$2,720,053	$184,705	$2,904,758	$61,669	$158,257	$3,124,685	0.990	$3,094,163	$36.23
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,099,895	$75,177	$1,175,071	$24,937	$64,020	$1,264,028	0.990	$1,251,681	$14.66
IP - Psych	$698,369		$698,369	$6,344	($34,998)	$669,714	1.295	$867,481	$10.16
Lab	$763,603		$763,603	$9,214		$772,817	1.124	$868,736	$10.17
OP - Emergency Room & Related	$1,520,015		$1,520,015	$14,200		$1,534,214	1.037	$1,590,870	$18.63
OP - Other	$1,419,515		$1,419,515	$13,261		$1,432,776	1.037	$1,485,686	$17.40
Pharmacy	$3,376,942		$3,376,942	$15	($26,388)	$3,350,569	1.195	$4,002,388	$46.87
Prof - Anesthesia	$202,508		$202,508	$2,191		$204,699	1.133	$231,981	$2.72
Prof - Child EPSDT	$86,046		$86,046	$931		$86,977	1.133	$98,569	$1.15
Prof - Evaluation & Management	$2,479,561		$2,479,561	$26,584		$2,506,145	1.133	$2,840,160	$33.26
Prof - Maternity	$1,700,207		$1,700,207	$18,398		$1,718,604	1.133	$1,947,657	$22.81
Prof - Other	$696,882		$696,882	$7,390		$704,272	1.133	$798,136	$9.35
Prof - Psych	$386,251		$386,251	$3,772		$390,023	1.133	$442,004	$5.18
Prof - Specialist	$355,905		$355,905	$3,851		$359,756	1.133	$407,704	$4.77
Prof - Vision	$133,607		$133,607	$307		$133,914	1.133	$151,762	$1.78
Radiology	$488,441		$488,441	$6,071		$494,511	1.124	$555,888	$6.51
Transportation/Ambulance	$337,861		$337,861	$2,029	$1,185	$341,076	1.124	$383,409	$4.49
Provider Incentive Payment Adjustment									$1.73
Total	$18,707,976	$259,882	$18,967,858	$203,897	$159,576	$19,331,331		$21,289,409	$251.03
Admin Cost Adjustment									$26.68
Medallion II Capitation Rate									**$277.71**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$596,262		$596,262	$6,632	($14,341)	$588,554	1.099	$647,089	$4.09
FQHC / RHC	$259,590		$259,590	$2,562		$262,152	1.057	$277,064	$1.75
Home Health	$188,447		$188,447	$2,045		$190,493	0.990	$188,671	$1.19
IP - Maternity	$9,568,753	$60,827	$9,629,580	$50,247	$516,413	$10,196,240	1.011	$10,305,623	$65.18
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$6,212,905	$39,495	$6,252,399	$32,625	$335,303	$6,620,326	1.011	$6,691,348	$42.32
IP - Psych	$1,136,815		$1,136,815	$5,487	($56,730)	$1,085,572	0.968	$1,050,527	$6.64
Lab	$2,557,008		$2,557,008	$28,000		$2,585,008	1.099	$2,842,102	$17.97
OP - Emergency Room & Related	$5,423,706		$5,423,706	$58,864		$5,482,570	0.990	$5,430,149	$34.34
OP - Other	$7,298,260		$7,298,260	$79,208		$7,377,468	0.990	$7,306,928	$46.21
Pharmacy	$15,953,435		$15,953,435	$644	$702,459	$16,656,538	1.134	$18,882,591	$119.42
Prof - Anesthesia	$724,997		$724,997	$7,157		$732,153	1.057	$773,799	$4.89
Prof - Child EPSDT	$165,680		$165,680	$1,635		$167,316	1.057	$176,833	$1.12
Prof - Evaluation & Management	$6,432,542		$6,432,542	$63,103		$6,495,645	1.057	$6,865,129	$43.42
Prof - Maternity	$5,668,819		$5,668,819	$55,959		$5,724,777	1.057	$6,050,413	$38.27
Prof - Other	$1,772,492		$1,772,492	$17,267		$1,789,759	1.057	$1,891,564	$11.96
Prof - Psych	$855,722		$855,722	$7,624		$863,346	1.057	$912,455	$5.77
Prof - Specialist	$2,270,580		$2,270,580	$22,414		$2,292,993	1.057	$2,423,423	$15.33
Prof - Vision	$239,401		$239,401	$608		$240,009	1.057	$253,661	$1.60
Radiology	$1,983,523		$1,983,523	$22,063		$2,005,586	1.099	$2,205,053	$13.95
Transportation/Ambulance	$1,016,912		$1,016,912	$7,597	$2,153	$1,026,662	1.099	$1,128,769	$7.14
Provider Incentive Payment Adjustment									$3.36
Total	$70,325,848	$100,322	$70,426,170	$471,742	$1,485,257	$72,383,168		$76,303,190	$485.93
Admin Cost Adjustment									$44.68
Medallion II Capitation Rate									**$530.60**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$109,562		$109,562	$1,362	($2,836)	$108,087	1.124	$121,502	$1.70
FQHC / RHC	$43,056		$43,056	$466		$43,522	1.133	$49,322	$0.69
Home Health	$9,711		$9,711	$91		$9,801	1.037	$10,163	$0.14
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,009,146	$68,526	$1,077,672	$22,879	$58,714	$1,159,266	0.990	$1,147,942	$16.06
IP - Psych	$410,736		$410,736	$3,623	($20,578)	$393,781	1.295	$510,065	$7.14
Lab	$177,282		$177,282	$1,973		$179,255	1.124	$201,503	$2.82
OP - Emergency Room & Related	$784,942		$784,942	$7,333		$792,275	1.037	$821,532	$11.50
OP - Other	$960,117		$960,117	$8,969		$969,086	1.037	$1,004,873	$14.06
Pharmacy	$2,710,992		$2,710,992	$12	($21,184)	$2,689,820	1.195	$3,213,097	$44.96
Prof - Anesthesia	$34,711		$34,711	$376		$35,086	1.133	$39,762	$0.56
Prof - Child EPSDT	$15,756		$15,756	$170		$15,926	1.133	$18,049	$0.25
Prof - Evaluation & Management	$1,285,832		$1,285,832	$13,707		$1,299,539	1.133	$1,472,740	$20.61
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$254,866		$254,866	$2,632		$257,497	1.133	$291,816	$4.08
Prof - Psych	$263,024		$263,024	$2,471		$265,495	1.133	$300,880	$4.21
Prof - Specialist	$326,924		$326,924	$3,538		$330,462	1.133	$374,505	$5.24
Prof - Vision	$108,195		$108,195	$222		$108,416	1.133	$122,866	$1.72
Radiology	$118,352		$118,352	$1,471		$119,823	1.124	$134,695	$1.88
Transportation/Ambulance	$229,601		$229,601	$1,032	$804	$231,437	1.124	$260,162	$3.64
Provider Incentive Payment Adjustment									$0.98
Total	$8,852,802	$68,526	$8,921,328	$72,326	$14,919	$9,008,574		$10,095,474	$142.25
Admin Cost Adjustment									$15.12
Medallion II Capitation Rate									**$157.37**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$143,209		$143,209	$1,593	($3,444)	$141,358	1.099	$155,417	$6.18
FQHC / RHC	$35,720		$35,720	$353		$36,072	1.057	$38,124	$1.52
Home Health	$22,541		$22,541	$245		$22,785	0.990	$22,568	$0.90
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,632,969	$10,381	$1,643,350	$8,575	$88,129	$1,740,054	1.011	$1,758,721	$69.93
IP - Psych	$160,308		$160,308	$767	($7,999)	$153,076	0.968	$148,134	$5.89
Lab	$175,731		$175,731	$1,883		$177,613	1.099	$195,278	$7.76
OP - Emergency Room & Related	$778,939		$778,939	$8,454		$787,393	0.990	$779,864	$31.01
OP - Other	$938,631		$938,631	$10,187		$948,818	0.990	$939,746	$37.37
Pharmacy	$2,154,060		$2,154,060	$87	$94,847	$2,248,994	1.134	$2,549,559	$101.37
Prof - Anesthesia	$34,040		$34,040	$336		$34,376	1.057	$36,332	$1.44
Prof - Child EPSDT	$5,193		$5,193	$51		$5,244	1.057	$5,542	$0.22
Prof - Evaluation & Management	$788,441		$788,441	$7,721		$796,162	1.057	$841,449	$33.46
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$164,883		$164,883	$1,593		$166,476	1.057	$175,945	$7.00
Prof - Psych	$98,791		$98,791	$846		$99,637	1.057	$105,304	$4.19
Prof - Specialist	$341,510		$341,510	$3,371		$344,881	1.057	$364,498	$14.49
Prof - Vision	$39,858		$39,858	$119		$39,978	1.057	$42,252	$1.68
Radiology	$125,534		$125,534	$1,396		$126,930	1.099	$139,554	$5.55
Transportation/Ambulance	$130,750		$130,750	$859	$277	$131,886	1.099	$145,002	$5.77
Provider Incentive Payment Adjustment									$2.33
Total	$7,771,108	$10,381	$7,781,488	$48,436	$171,809	$8,001,733		$8,443,291	$338.05
Admin Cost Adjustment									$31.08
Medallion II Capitation Rate									**$369.13**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$137,552		$137,552	$1,530	($3,308)	$135,773	1.099	$149,277	$9.20
FQHC / RHC	$44,127		$44,127	$436		$44,562	1.057	$47,097	$2.90
Home Health	$48,013		$48,013	$521		$48,534	0.990	$48,070	$2.96
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$1,758,784	$11,180	$1,769,964	$9,236	$94,919	$1,874,119	1.011	$1,894,224	$116.68
IP - Psych	$101,119		$101,119	$484	($5,046)	$96,557	0.968	$93,440	$5.76
Lab	$187,636		$187,636	$2,041		$189,677	1.099	$208,542	$12.85
OP - Emergency Room & Related	$403,390		$403,390	$4,378		$407,768	0.990	$403,869	$24.88
OP - Other	$1,195,735		$1,195,735	$12,977		$1,208,712	0.990	$1,197,155	$73.74
Pharmacy	$3,227,996		$3,227,996	$130	$142,135	$3,370,261	1.134	$3,820,677	$235.35
Prof - Anesthesia	$39,570		$39,570	$391		$39,960	1.057	$42,233	$2.60
Prof - Child EPSDT	$6,672		$6,672	$66		$6,738	1.057	$7,121	$0.44
Prof - Evaluation & Management	$727,324		$727,324	$7,139		$734,463	1.057	$776,240	$47.82
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$299,627		$299,627	$2,934		$302,561	1.057	$319,771	$19.70
Prof - Psych	$83,365		$83,365	$741		$84,106	1.057	$88,890	$5.48
Prof - Specialist	$385,493		$385,493	$3,805		$389,298	1.057	$411,442	$25.34
Prof - Vision	$33,259		$33,259	$149		$33,407	1.057	$35,308	$2.17
Radiology	$136,402		$136,402	$1,517		$137,919	1.099	$151,636	$9.34
Transportation/Ambulance	$105,084		$105,084	$789	$223	$106,095	1.099	$116,646	$7.19
Provider Incentive Payment Adjustment									$4.20
Total	$8,921,145	$11,180	$8,932,325	$49,264	$228,922	$9,210,511		$9,811,639	$608.59
Admin Cost Adjustment									$55.96
Medallion II Capitation Rate									**$664.55**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age Under 1									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$101,748		$101,748	$1,265	($3,449)	$99,564	1.124	$111,922	$4.10
FQHC / RHC	$14,742		$14,742	$160		$14,901	1.133	$16,887	$0.62
Home Health	$7,832		$7,832	$73		$7,905	1.037	$8,197	$0.30
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$4,243,654	$288,165	$4,531,820	$96,212	$246,903	$4,874,935	0.990	$4,827,316	$176.64
IP - Other	$813,832	$55,263	$869,095	$18,451	$47,350	$934,896	0.990	$925,764	$33.88
IP - Psych	$22,312		$22,312	$0	($1,108)	$21,204	1.295	$27,466	$1.01
Lab	$65,853		$65,853	$743		$66,596	1.124	$74,862	$2.74
OP - Emergency Room & Related	$364,754		$364,754	$3,407		$368,162	1.037	$381,757	$13.97
OP - Other	$238,291		$238,291	$2,226		$240,517	1.037	$249,399	$9.13
Pharmacy	$651,350		$651,350	$3	($5,090)	$646,263	1.195	$771,987	$28.25
Prof - Anesthesia	$20,745		$20,745	$224		$20,969	1.133	$23,764	$0.87
Prof - Child EPSDT	$103,043		$103,043	$1,115		$104,158	1.133	$118,040	$4.32
Prof - Evaluation & Management	$2,503,434		$2,503,434	$27,044		$2,530,477	1.133	$2,867,735	$104.94
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$643,905		$643,905	$6,958		$650,863	1.133	$737,609	$26.99
Prof - Psych	$24,697		$24,697	$0		$24,697	1.133	$27,989	$1.02
Prof - Specialist	$160,291		$160,291	$1,734		$162,025	1.133	$183,620	$6.72
Prof - Vision	$42,838		$42,838	$134		$42,972	1.133	$48,699	$1.78
Radiology	$38,201		$38,201	$475		$38,676	1.124	$43,476	$1.59
Transportation/Ambulance	$167,075		$167,075	$1,192	$587	$168,854	1.124	$189,812	$6.95
Provider Incentive Payment Adjustment									$2.96
Total	$10,228,598	$343,429	$10,572,027	$161,416	$285,193	$11,018,636		$11,636,302	$428.76
Admin Cost Adjustment									$45.56
Medallion II Capitation Rate									**$474.32**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 1-5									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$125,371		$125,371	$1,558	($4,250)	$122,679	1.124	$137,906	$1.34
FQHC / RHC	$49,698		$49,698	$538		$50,236	1.133	$56,931	$0.55
Home Health	$4,058		$4,058	$38		$4,096	1.037	$4,247	$0.04
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$1,345,095	$91,339	$1,436,434	$30,496	$78,260	$1,545,190	0.990	$1,530,096	$14.90
IP - Psych	$87,635		$87,635	$0	($4,352)	$83,282	1.295	$107,876	$1.05
Lab	$306,373		$306,373	$3,525		$309,898	1.124	$348,361	$3.39
OP - Emergency Room & Related	$1,146,504		$1,146,504	$10,710		$1,157,214	1.037	$1,199,948	$11.68
OP - Other	$1,177,159		$1,177,159	$10,997		$1,188,155	1.037	$1,232,032	$12.00
Pharmacy	$2,090,027		$2,090,027	$9	($16,332)	$2,073,705	1.195	$2,477,123	$24.12
Prof - Anesthesia	$127,212		$127,212	$1,377		$128,588	1.133	$145,726	$1.42
Prof - Child EPSDT	$121,093		$121,093	$1,310		$122,403	1.133	$138,717	$1.35
Prof - Evaluation & Management	$3,567,840		$3,567,840	$38,441		$3,606,281	1.133	$4,086,920	$39.79
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$629,304		$629,304	$6,783		$636,087	1.133	$720,863	$7.02
Prof - Psych	$160,681		$160,681	$689		$161,370	1.133	$182,877	$1.78
Prof - Specialist	$371,086		$371,086	$4,015		$375,101	1.133	$425,094	$4.14
Prof - Vision	$164,543		$164,543	$557		$165,099	1.133	$187,104	$1.82
Radiology	$87,852		$87,852	$1,092		$88,944	1.124	$99,983	$0.97
Transportation/Ambulance	$380,074		$380,074	$1,375	$1,330	$382,779	1.124	$430,289	$4.19
Provider Incentive Payment Adjustment									$0.91
Total	$11,941,603	$91,339	$12,032,942	$113,510	$54,657	$12,201,108		$13,512,094	$132.47
Admin Cost Adjustment									$14.08
Medallion II Capitation Rate									**$146.55**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 6-14									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$159,367		$159,367	$1,981	($4,126)	$157,222	1.124	$176,736	$1.11
FQHC / RHC	$75,302		$75,302	$815		$76,117	1.133	$86,262	$0.54
Home Health	$10,586		$10,586	$99		$10,685	1.037	$11,079	$0.07
IP - Maternity	$3,166	$215	$3,381	$72	$184	$3,637	0.990	$3,601	$0.02
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$852,534	$57,908	$910,442	$19,329	$49,603	$979,373	0.990	$969,807	$6.08
IP - Psych	$252,071		$252,071	$1,130	($12,575)	$240,627	1.295	$311,684	$1.95
Lab	$402,202		$402,202	$4,551		$406,753	1.124	$457,238	$2.87
OP - Emergency Room & Related	$1,542,855		$1,542,855	$14,413		$1,557,269	1.037	$1,614,776	$10.12
OP - Other	$1,245,223		$1,245,223	$11,633		$1,256,856	1.037	$1,303,269	$8.17
Pharmacy	$6,652,273		$6,652,273	$30	($51,982)	$6,600,321	1.195	$7,884,345	$49.43
Prof - Anesthesia	$70,666		$70,666	$765		$71,431	1.133	$80,951	$0.51
Prof - Child EPSDT	$35,506		$35,506	$384		$35,890	1.133	$40,673	$0.25
Prof - Evaluation & Management	$3,889,035		$3,889,035	$41,817		$3,930,852	1.133	$4,454,750	$27.93
Prof - Maternity	$2,527		$2,527	$27		$2,554	1.133	$2,894	$0.02
Prof - Other	$1,206,577		$1,206,577	$13,004		$1,219,581	1.133	$1,382,125	$8.66
Prof - Psych	$682,764		$682,764	$5,786		$688,550	1.133	$780,319	$4.89
Prof - Specialist	$425,119		$425,119	$4,600		$429,719	1.133	$486,992	$3.05
Prof - Vision	$305,591		$305,591	$1,408		$306,999	1.133	$347,916	$2.18
Radiology	$211,480		$211,480	$2,628		$214,109	1.124	$240,683	$1.51
Transportation/Ambulance	$515,731		$515,731	$1,251	$1,803	$518,784	1.124	$583,174	$3.66
Provider Incentive Payment Adjustment									$0.92
Total	$18,540,575	$58,123	$18,598,698	$125,723	($17,093)	$18,707,328		$21,219,274	$133.95
Admin Cost Adjustment									$14.23
Medallion II Capitation Rate									**$148.18**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Female									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$23,084		$23,084	$287	($598)	$22,773	1.124	$25,600	$0.77
FQHC / RHC	$25,491		$25,491	$276		$25,767	1.133	$29,201	$0.88
Home Health	$5,271		$5,271	$49		$5,320	1.037	$5,516	$0.17
IP - Maternity	$1,332,110	$90,457	$1,422,567	$30,202	$77,504	$1,530,273	0.990	$1,515,325	$45.55
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$462,223	$31,387	$493,610	$10,480	$26,893	$530,982	0.990	$525,796	$15.81
IP - Psych	$175,178		$175,178	$1,398	($8,769)	$167,806	1.295	$217,359	$6.53
Lab	$256,314		$256,314	$3,095		$259,409	1.124	$291,605	$8.77
OP - Emergency Room & Related	$834,555		$834,555	$7,796		$842,351	1.037	$873,458	$26.26
OP - Other	$720,533		$720,533	$6,731		$727,264	1.037	$754,121	$22.67
Pharmacy	$1,151,580		$1,151,580	$5	($8,999)	$1,142,587	1.195	$1,364,865	$41.03
Prof - Anesthesia	$96,582		$96,582	$1,045		$97,627	1.133	$110,639	$3.33
Prof - Child EPSDT	$18,914		$18,914	$205		$19,119	1.133	$21,667	$0.65
Prof - Evaluation & Management	$1,142,762		$1,142,762	$12,312		$1,155,074	1.133	$1,309,020	$39.35
Prof - Maternity	$785,668		$785,668	$8,502		$794,170	1.133	$900,015	$27.06
Prof - Other	$337,226		$337,226	$3,641		$340,868	1.133	$386,298	$11.61
Prof - Psych	$121,243		$121,243	$967		$122,209	1.133	$138,497	$4.16
Prof - Specialist	$152,922		$152,922	$1,655		$154,577	1.133	$175,179	$5.27
Prof - Vision	$64,956		$64,956	$305		$65,261	1.133	$73,959	$2.22
Radiology	$298,054		$298,054	$3,704		$301,758	1.124	$339,212	$10.20
Transportation/Ambulance	$141,484		$141,484	$670	$496	$142,649	1.124	$160,355	$4.82
Provider Incentive Payment Adjustment									$1.93
Total	$8,146,148	$121,844	$8,267,992	$93,323	$86,527	$8,447,843		$9,217,686	$279.03
Admin Cost Adjustment									$29.65
Medallion II Capitation Rate									**$308.69**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Female									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$208,464		$208,464	$2,319	($5,014)	$205,769	1.099	$226,234	$3.58
FQHC / RHC	$88,993		$88,993	$878		$89,871	1.057	$94,983	$1.50
Home Health	$37,341		$37,341	$405		$37,746	0.990	$37,386	$0.59
IP - Maternity	$3,492,526	$22,202	$3,514,727	$18,340	$188,487	$3,721,554	1.011	$3,761,478	$59.52
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$2,894,110	$18,514	$2,912,624	$15,197	$156,198	$3,084,019	1.011	$3,117,104	$49.32
IP - Psych	$378,809		$378,809	$1,687	($18,897)	$361,599	0.968	$349,926	$5.54
Lab	$915,307		$915,307	$10,027		$925,334	1.099	$1,017,364	$16.10
OP - Emergency Room & Related	$2,880,645		$2,880,645	$31,264		$2,911,909	0.990	$2,884,066	$45.63
OP - Other	$2,918,529		$2,918,529	$31,675		$2,950,204	0.990	$2,921,995	$46.23
Pharmacy	$8,161,753		$8,161,753	$329	$359,377	$8,521,459	1.134	$9,660,305	$152.85
Prof - Anesthesia	$280,643		$280,643	$2,770		$283,413	1.057	$299,534	$4.74
Prof - Child EPSDT	$31,568		$31,568	$312		$31,879	1.057	$33,693	$0.53
Prof - Evaluation & Management	$2,815,249		$2,815,249	$27,697		$2,842,946	1.057	$3,004,658	$47.54
Prof - Maternity	$2,070,995		$2,070,995	$20,443		$2,091,439	1.057	$2,210,403	$34.97
Prof - Other	$664,305		$664,305	$6,541		$670,846	1.057	$709,005	$11.22
Prof - Psych	$228,130		$228,130	$1,679		$229,808	1.057	$242,880	$3.84
Prof - Specialist	$816,742		$816,742	$8,062		$824,805	1.057	$871,721	$13.79
Prof - Vision	$97,077		$97,077	$367		$97,444	1.057	$102,987	$1.63
Radiology	$867,807		$867,807	$9,653		$877,460	1.099	$964,728	$15.26
Transportation/Ambulance	$407,785		$407,785	$2,695	$863	$411,343	1.099	$452,253	$7.16
Provider Incentive Payment Adjustment									$3.63
Total	$30,256,778	$40,716	$30,297,494	$192,340	$681,014	$31,170,847		$32,962,703	$525.18
Admin Cost Adjustment									$48.29
Medallion II Capitation Rate									**$573.47**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 15-20 Male									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$56,706		$56,706	$705	($1,468)	$55,943	1.124	$62,886	$2.10
FQHC / RHC	$17,011		$17,011	$184		$17,195	1.133	$19,487	$0.65
Home Health	$4,312		$4,312	$40		$4,353	1.037	$4,513	$0.15
IP - Maternity	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	0.990	$0	$0.00
IP - Other	$530,750	$36,041	$566,790	$12,033	$30,880	$609,703	0.990	$603,748	$20.18
IP - Psych	$92,407		$92,407	$629	($4,620)	$88,416	1.295	$114,525	$3.83
Lab	$75,926		$75,926	$862		$76,788	1.124	$86,318	$2.89
OP - Emergency Room & Related	$556,614		$556,614	$5,200		$561,814	1.037	$582,561	$19.47
OP - Other	$446,484		$446,484	$4,171		$450,655	1.037	$467,297	$15.62
Pharmacy	$1,067,961		$1,067,961	$5	($8,345)	$1,059,621	1.195	$1,265,759	$42.31
Prof - Anesthesia	$14,523		$14,523	$157		$14,680	1.133	$16,637	$0.56
Prof - Child EPSDT	$4,601		$4,601	$50		$4,651	1.133	$5,271	$0.18
Prof - Evaluation & Management	$668,045		$668,045	$7,182		$675,226	1.133	$765,220	$25.58
Prof - Maternity	$0		$0	$0		$0	1.133	$0	$0.00
Prof - Other	$270,675		$270,675	$2,922		$273,597	1.133	$310,062	$10.36
Prof - Psych	$99,961		$99,961	$764		$100,725	1.133	$114,149	$3.82
Prof - Specialist	$154,381		$154,381	$1,671		$156,052	1.133	$176,850	$5.91
Prof - Vision	$52,511		$52,511	$214		$52,725	1.133	$59,752	$2.00
Radiology	$74,130		$74,130	$921		$75,051	1.124	$84,366	$2.82
Transportation/Ambulance	$125,271		$125,271	$575	$439	$126,285	1.124	$141,959	$4.74
Provider Incentive Payment Adjustment									$1.13
Total	$4,312,270	$36,041	$4,348,311	$38,285	$16,885	$4,403,481		$4,881,362	$164.29
Admin Cost Adjustment									$17.46
Medallion II Capitation Rate									**$181.75**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 21-44 Male									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$82,653		$82,653	$919	($1,988)	$81,585	1.099	$89,699	$6.70
FQHC / RHC	$14,976		$14,976	$148		$15,124	1.057	$15,984	$1.19
Home Health	$9,281		$9,281	$101		$9,382	0.990	$9,292	$0.69
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$859,647	$5,465	$865,112	$4,514	$46,394	$916,020	1.011	$925,847	$69.11
IP - Psych	$108,531		$108,531	$503	($5,415)	$103,619	0.968	$100,274	$7.49
Lab	$101,213		$101,213	$1,093		$102,306	1.099	$112,481	$8.40
OP - Emergency Room & Related	$578,667		$578,667	$6,280		$584,947	0.990	$579,354	$43.25
OP - Other	$658,010		$658,010	$7,141		$665,151	0.990	$658,791	$49.18
Pharmacy	$1,970,407		$1,970,407	$80	$86,761	$2,057,247	1.134	$2,332,187	$174.10
Prof - Anesthesia	$19,429		$19,429	$192		$19,620	1.057	$20,737	$1.55
Prof - Child EPSDT	$2,479		$2,479	$24		$2,504	1.057	$2,646	$0.20
Prof - Evaluation & Management	$516,573		$516,573	$5,080		$521,653	1.057	$551,326	$41.16
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$72,980		$72,980	$717		$73,698	1.057	$77,890	$5.81
Prof - Psych	$40,708		$40,708	$280		$40,988	1.057	$43,319	$3.23
Prof - Specialist	$162,887		$162,887	$1,608		$164,495	1.057	$173,852	$12.98
Prof - Vision	$20,734		$20,734	$80		$20,813	1.057	$21,997	$1.64
Radiology	$91,995		$91,995	$1,023		$93,018	1.099	$102,270	$7.63
Transportation/Ambulance	$80,004		$80,004	$496	$169	$80,669	1.099	$88,692	$6.62
Provider Incentive Payment Adjustment									$3.07
Total	$5,391,174	$5,465	$5,396,639	$30,280	$125,921	$5,552,840		$5,906,637	$443.99
Admin Cost Adjustment									$40.82
Medallion II Capitation Rate									**$484.81**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Age 45 and Over									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$52,490		$52,490	$584	($1,262)	$51,811	1.099	$56,964	$9.10
FQHC / RHC	$9,780		$9,780	$97		$9,877	1.057	$10,438	$1.67
Home Health	$22,309		$22,309	$242		$22,551	0.990	$22,335	$3.57
IP - Maternity	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Newborn	$0	$0	$0	$0		$0	1.011	$0	$0.00
IP - Other	$798,629	$5,077	$803,706	$4,194	$43,101	$851,001	1.011	$860,130	$137.38
IP - Psych	$31,332		$31,332	$133	($1,563)	$29,903	0.968	$28,937	$4.62
Lab	$70,508		$70,508	$770		$71,278	1.099	$78,367	$12.52
OP - Emergency Room & Related	$265,292		$265,292	$2,879		$268,172	0.990	$265,608	$42.42
OP - Other	$487,498		$487,498	$5,291		$492,788	0.990	$488,077	$77.96
Pharmacy	$1,244,541		$1,244,541	$50	$54,799	$1,299,390	1.134	$1,473,047	$235.27
Prof - Anesthesia	$13,310		$13,310	$131		$13,442	1.057	$14,206	$2.27
Prof - Child EPSDT	$2,560		$2,560	$25		$2,585	1.057	$2,732	$0.44
Prof - Evaluation & Management	$339,222		$339,222	$3,340		$342,561	1.057	$362,047	$57.83
Prof - Maternity	$0		$0	$0		$0	1.057	$0	$0.00
Prof - Other	$70,681		$70,681	$696		$71,377	1.057	$75,437	$12.05
Prof - Psych	$30,769		$30,769	$242		$31,011	1.057	$32,775	$5.23
Prof - Specialist	$114,558		$114,558	$1,131		$115,688	1.057	$122,269	$19.53
Prof - Vision	$15,450		$15,450	$95		$15,545	1.057	$16,429	$2.62
Radiology	$78,068		$78,068	$868		$78,937	1.099	$86,787	$13.86
Transportation/Ambulance	$55,232		$55,232	$431	$117	$55,780	1.099	$61,328	$9.80
Provider Incentive Payment Adjustment									$4.51
Total	$3,702,229	$5,077	$3,707,306	$21,200	$95,192	$3,823,698		$4,057,915	$652.63
Admin Cost Adjustment									$60.00
Medallion II Capitation Rate									**$712.64**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$689,708		$689,708	$11,336	($36,746)	$664,299	1.175	$780,248	$120.93
FQHC / RHC	$1,321		$1,321	$23		$1,344	1.259	$1,691	$0.26
Home Health	$280,027		$280,027	$4,280		$284,306	1.056	$300,229	$46.53
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$2,805,997	($583,361)	$2,222,637	$25,869	$119,957	$2,368,462	1.080	$2,558,538	$396.55
IP - Psych	$127		$127		($6)	$120	1.182	$142	$0.02
Lab	$23,973		$23,973	$328		$24,301	1.175	$28,543	$4.42
OP - Emergency Room & Related	$193,418		$193,418	$2,956		$196,374	1.056	$207,372	$32.14
OP - Other	$908,534		$908,534	$13,886		$922,420	1.056	$974,081	$150.97
Pharmacy	$1,068,396		$1,068,396	$68	$36,690	$1,105,155	1.057	$1,168,338	$181.08
Prof - Anesthesia	$53,832		$53,832	$943		$54,774	1.259	$68,937	$10.68
Prof - Child EPSDT	$10,369		$10,369	$182		$10,551	1.259	$13,279	$2.06
Prof - Evaluation & Management	$574,589		$574,589	$10,038		$584,627	1.259	$735,791	$114.04
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$2,947,490		$2,947,490	$51,606		$2,999,096	1.259	$3,774,557	$585.02
Prof - Psych	$4,061		$4,061	$70		$4,132	1.259	$5,200	$0.81
Prof - Specialist	$109,123		$109,123	$1,911		$111,034	1.259	$139,743	$21.66
Prof - Vision	$37,410		$37,410	$537		$37,947	1.259	$47,759	$7.40
Radiology	$25,824		$25,824	$424		$26,249	1.175	$30,830	$4.78
Transportation/Ambulance	$60,367		$60,367	$722	$55	$61,144	1.175	$71,816	$11.13
Provider Incentive Payment Adjustment									$11.75
Total	$9,794,565	($583,361)	$9,211,204	$125,180	$119,949	$9,456,334		$10,907,092	$1,702.25
Admin Cost Adjustment									$129.06
Medallion II Capitation Rate									**$1,831.31**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$940,640		$940,640	$15,460	($41,061)	$915,039	1.175	$1,074,754	$31.23
FQHC / RHC	$3,000		$3,000	$53		$3,052	1.259	$3,841	$0.11
Home Health	$41,668		$41,668	$637		$42,305	1.056	$44,674	$1.30
IP - Maternity	$66,481	($14,657)	$51,824	$613	$2,797	$55,234	1.080	$59,667	$1.73
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,956,121	($1,025,768)	$3,930,354	$45,691	$212,120	$4,188,165	1.080	$4,524,277	$131.46
IP - Psych	$524,690		$524,690	$5,685	($26,340)	$504,035	1.182	$595,590	$17.31
Lab	$71,028		$71,028	$826		$71,854	1.175	$84,396	$2.45
OP - Emergency Room & Related	$719,695		$719,695	$11,000		$730,694	1.056	$771,617	$22.42
OP - Other	$2,234,391		$2,234,391	$34,151		$2,268,542	1.056	$2,395,592	$69.61
Pharmacy	$5,387,166		$5,387,166	$345	$185,002	$5,572,513	1.057	$5,891,100	$171.18
Prof - Anesthesia	$143,068		$143,068	$2,505		$145,573	1.259	$183,213	$5.32
Prof - Child EPSDT	$11,703		$11,703	$205		$11,908	1.259	$14,987	$0.44
Prof - Evaluation & Management	$1,633,213		$1,633,213	$28,477		$1,661,690	1.259	$2,091,344	$60.77
Prof - Maternity	$25,461		$25,461	$446		$25,906	1.259	$32,605	$0.95
Prof - Other	$1,286,801		$1,286,801	$22,515		$1,309,316	1.259	$1,647,859	$47.88
Prof - Psych	$212,065		$212,065	$3,712		$215,776	1.259	$271,569	$7.89
Prof - Specialist	$367,875		$367,875	$6,441		$374,317	1.259	$471,102	$13.69
Prof - Vision	$87,134		$87,134	$897		$88,031	1.259	$110,793	$3.22
Radiology	$123,057		$123,057	$2,023		$125,079	1.175	$146,911	$4.27
Transportation/Ambulance	$234,091		$234,091	$2,413	$212	$236,715	1.175	$278,032	$8.08
Provider Incentive Payment Adjustment									$4.18
Total	$19,069,347	($1,040,425)	$18,028,922	$184,093	$332,730	$18,545,745		$20,693,922	$605.49
Admin Cost Adjustment									$45.91
Medallion II Capitation Rate									**$651.39**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$318,693		$318,693	$5,238	($10,253)	$313,678	1.175	$368,428	$15.86
FQHC / RHC	$1,990		$1,990	$35		$2,025	1.259	$2,549	$0.11
Home Health	$50,900		$50,900	$778		$51,678	1.056	$54,572	$2.35
IP - Maternity	$347,859	$7,103	$354,962	$3,207	$19,108	$377,277	1.080	$407,555	$17.55
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,441,585	$150,660	$4,592,245	$40,948	$247,178	$4,880,371	1.080	$5,272,034	$227.01
IP - Psych	$1,203,015		$1,203,015	$13,039	($60,393)	$1,155,661	1.182	$1,365,582	$58.80
Lab	$126,061		$126,061	$1,855		$127,916	1.175	$150,242	$6.47
OP - Emergency Room & Related	$2,068,124		$2,068,124	$31,609		$2,099,734	1.056	$2,217,330	$95.48
OP - Other	$1,853,985		$1,853,985	$28,336		$1,882,321	1.056	$1,987,741	$85.59
Pharmacy	$6,718,978		$6,718,978	$430	$230,738	$6,950,147	1.057	$7,347,494	$316.38
Prof - Anesthesia	$99,605		$99,605	$1,744		$101,349	1.259	$127,554	$5.49
Prof - Child EPSDT	$7,474		$7,474	$131		$7,605	1.259	$9,571	$0.41
Prof - Evaluation & Management	$1,852,209		$1,852,209	$32,357		$1,884,565	1.259	$2,371,848	$102.13
Prof - Maternity	$109,734		$109,734	$1,921		$111,656	1.259	$140,526	$6.05
Prof - Other	$647,478		$647,478	$11,328		$658,806	1.259	$829,150	$35.70
Prof - Psych	$249,065		$249,065	$4,360		$253,426	1.259	$318,952	$13.73
Prof - Specialist	$443,811		$443,811	$7,771		$451,582	1.259	$568,346	$24.47
Prof - Vision	$60,945		$60,945	$771		$61,716	1.259	$77,673	$3.34
Radiology	$350,110		$350,110	$5,754		$355,864	1.175	$417,978	$18.00
Transportation/Ambulance	$321,273		$321,273	$4,311	$292	$325,876	1.175	$382,755	$16.48
Provider Incentive Payment Adjustment									$7.31
Total	$21,272,894	$157,764	$21,430,658	$195,924	$426,670	$22,053,252		$24,417,882	$1,058.72
Admin Cost Adjustment									$80.27
Medallion II Capitation Rate									**$1,138.99**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$582,579		$582,579	$9,575	($18,743)	$573,411	1.175	$673,496	$27.83
FQHC / RHC	$1,110		$1,110	$19		$1,129	1.259	$1,421	$0.06
Home Health	$47,651		$47,651	$728		$48,379	1.056	$51,088	$2.11
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$3,769,765	($39,340)	$3,730,425	$34,754	$200,870	$3,966,049	1.080	$4,284,335	$177.05
IP - Psych	$1,081,793		$1,081,793	$11,726	($54,307)	$1,039,212	1.182	$1,227,980	$50.75
Lab	$71,771		$71,771	$962		$72,733	1.175	$85,428	$3.53
OP - Emergency Room & Related	$920,399		$920,399	$14,067		$934,467	1.056	$986,802	$40.78
OP - Other	$1,786,006		$1,786,006	$27,297		$1,813,303	1.056	$1,914,858	$79.13
Pharmacy	$7,052,622		$7,052,622	$452	$242,196	$7,295,270	1.057	$7,712,348	$318.72
Prof - Anesthesia	$51,662		$51,662	$905		$52,567	1.259	$66,159	$2.73
Prof - Child EPSDT	$5,365		$5,365	$94		$5,459	1.259	$6,870	$0.28
Prof - Evaluation & Management	$1,088,465		$1,088,465	$18,985		$1,107,450	1.259	$1,393,798	$57.60
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$570,767		$570,767	$9,986		$580,753	1.259	$730,915	$30.21
Prof - Psych	$208,334		$208,334	$3,647		$211,982	1.259	$266,793	$11.03
Prof - Specialist	$314,318		$314,318	$5,504		$319,822	1.259	$402,517	$16.63
Prof - Vision	$33,697		$33,697	$285		$33,982	1.259	$42,768	$1.77
Radiology	$138,172		$138,172	$2,271		$140,442	1.175	$164,956	$6.82
Transportation/Ambulance	$227,723		$227,723	$2,732	$206	$230,661	1.175	$270,922	$11.20
Provider Incentive Payment Adjustment									$5.83
Total	$17,952,198	($39,340)	$17,912,858	$143,991	$370,222	$18,427,070		$20,283,454	$844.06
Admin Cost Adjustment									$63.99
Medallion II Capitation Rate									**$908.05**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Northern Virginia	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$2,446,527		$2,446,527	$40,211	($78,711)	$2,408,027	1.175	$2,828,333	$28.00
FQHC / RHC	$19,006		$19,006	$333		$19,339	1.259	$24,339	$0.24
Home Health	$610,221		$610,221	$9,327		$619,547	1.056	$654,245	$6.48
IP - Maternity	$6,796	$98	$6,894	$63	$371	$7,328	1.080	$7,916	$0.08
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$31,663,320	$883,748	$32,547,068	$291,910	$1,751,941	$34,590,919	1.080	$37,366,936	$369.95
IP - Psych	$1,959,329		$1,959,329	$21,233	($98,361)	$1,882,201	1.182	$2,224,095	$22.02
Lab	$590,171		$590,171	$8,794		$598,966	1.175	$703,511	$6.97
OP - Emergency Room & Related	$5,364,124		$5,364,124	$81,986		$5,446,110	1.056	$5,751,120	$56.94
OP - Other	$10,169,236		$10,169,236	$155,427		$10,324,663	1.056	$10,902,898	$107.94
Pharmacy	$37,308,950		$37,308,950	$2,390	$1,281,236	$38,592,577	1.057	$40,798,956	$403.93
Prof - Anesthesia	$516,673		$516,673	$9,047		$525,720	1.259	$661,653	$6.55
Prof - Child EPSDT	$37,799		$37,799	$662		$38,461	1.259	$48,406	$0.48
Prof - Evaluation & Management	$8,385,109		$8,385,109	$146,521		$8,531,630	1.259	$10,737,610	$106.31
Prof - Maternity	$1,998		$1,998	$35		$2,033	1.259	$2,559	$0.03
Prof - Other	$3,855,351		$3,855,351	$67,480		$3,922,831	1.259	$4,937,137	$48.88
Prof - Psych	$553,373		$553,373	$9,686		$563,059	1.259	$708,647	$7.02
Prof - Specialist	$2,812,516		$2,812,516	$49,246		$2,861,762	1.259	$3,601,713	$35.66
Prof - Vision	$567,905		$567,905	$8,683		$576,587	1.259	$725,673	$7.18
Radiology	$1,980,513		$1,980,513	$32,552		$2,013,065	1.175	$2,364,433	$23.41
Transportation/Ambulance	$1,091,471		$1,091,471	$13,700	$990	$1,106,160	1.175	$1,299,234	$12.86
Provider Incentive Payment Adjustment									$8.70
Total	$109,940,388	$883,846	$110,824,234	$949,285	$2,857,466	$114,630,985		$126,349,412	$1,259.61
Admin Cost Adjustment									$95.50
Medallion II Capitation Rate									**$1,355.11**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$352,392		$352,392	$5,792	($18,774)	$339,410	1.175	$398,652	$67.71
FQHC / RHC	$47,360		$47,360	$829		$48,189	1.259	$60,649	$10.30
Home Health	$2,822		$2,822	$43		$2,865	1.056	$3,026	$0.51
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$539,682	$18,306	$557,988	$4,975	$30,034	$592,997	1.080	$640,587	$108.80
IP - Psych	$105,127		$105,127		($5,221)	$99,906	1.182	$118,054	$20.05
Lab	$27,280		$27,280	$432		$27,711	1.175	$32,548	$5.53
OP - Emergency Room & Related	$81,511		$81,511	$1,246		$82,757	1.056	$87,392	$14.84
OP - Other	$743,977		$743,977	$11,371		$755,348	1.056	$797,652	$135.47
Pharmacy	$660,432		$660,432	$42	$22,680	$683,154	1.057	$722,211	$122.66
Prof - Anesthesia	$28,495		$28,495	$499		$28,994	1.259	$36,490	$6.20
Prof - Child EPSDT	$5,622		$5,622	$98		$5,720	1.259	$7,199	$1.22
Prof - Evaluation & Management	$261,288		$261,288	$4,556		$265,844	1.259	$334,582	$56.82
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$1,421,900		$1,421,900	$24,899		$1,446,799	1.259	$1,820,890	$309.25
Prof - Psych	$36,591		$36,591	$95		$36,686	1.259	$46,172	$7.84
Prof - Specialist	$49,250		$49,250	$862		$50,113	1.259	$63,070	$10.71
Prof - Vision	$15,240		$15,240	$144		$15,385	1.259	$19,363	$3.29
Radiology	$27,227		$27,227	$448		$27,675	1.175	$32,505	$5.52
Transportation/Ambulance	$60,240		$60,240	$741	$55	$61,035	1.175	$71,688	$12.18
Provider Incentive Payment Adjustment									$6.25
Total	$4,466,437	$18,306	$4,484,743	$57,072	$28,773	$4,570,588		$5,292,729	$905.15
Admin Cost Adjustment									$68.62
Medallion II Capitation Rate									**$973.78**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$444,454		$444,454	$7,305	($19,401)	$432,357	1.175	$507,823	$13.25
FQHC / RHC	$176,733		$176,733	$3,095		$179,827	1.259	$226,324	$5.90
Home Health	$9,548		$9,548	$146		$9,694	1.056	$10,237	$0.27
IP - Maternity	$164,861	$3,366	$168,228	$1,520	$9,056	$178,803	1.080	$193,153	$5.04
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$1,303,916	$44,230	$1,348,146	$12,021	$72,564	$1,432,731	1.080	$1,547,712	$40.38
IP - Psych	$1,009,545		$1,009,545	$3,429	($50,307)	$962,667	1.182	$1,137,531	$29.67
Lab	$141,136		$141,136	$2,212		$143,348	1.175	$168,369	$4.39
OP - Emergency Room & Related	$498,638		$498,638	$7,621		$506,260	1.056	$534,613	$13.95
OP - Other	$1,196,296		$1,196,296	$18,284		$1,214,580	1.056	$1,282,603	$33.46
Pharmacy	$5,417,479		$5,417,479	$347	$186,043	$5,603,869	1.057	$5,924,248	$154.55
Prof - Anesthesia	$44,899		$44,899	$786		$45,686	1.259	$57,498	$1.50
Prof - Child EPSDT	$14,863		$14,863	$260		$15,123	1.259	$19,034	$0.50
Prof - Evaluation & Management	$1,010,956		$1,010,956	$17,580		$1,028,537	1.259	$1,294,480	$33.77
Prof - Maternity	$27,316		$27,316	$478		$27,794	1.259	$34,981	$0.91
Prof - Other	$1,083,238		$1,083,238	$18,997		$1,102,235	1.259	$1,387,234	$36.19
Prof - Psych	$433,131		$433,131	$3,984		$437,116	1.259	$550,139	$14.35
Prof - Specialist	$146,788		$146,788	$2,570		$149,358	1.259	$187,977	$4.90
Prof - Vision	$79,731		$79,731	$579		$80,310	1.259	$101,076	$2.64
Radiology	$110,571		$110,571	$1,817		$112,388	1.175	$132,005	$3.44
Transportation/Ambulance	$316,825		$316,825	$3,544	$287	$320,656	1.175	$376,624	$9.83
Provider Incentive Payment Adjustment									$2.84
Total	$13,630,923	$47,597	$13,678,520	$106,578	$198,241	$13,983,340		$15,673,659	$411.72
Admin Cost Adjustment									$31.22
Medallion II Capitation Rate									**$442.94**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$400,525		$400,525	$6,583	($12,886)	$394,222	1.175	$463,031	$20.36
FQHC / RHC	$222,934		$222,934	$3,903		$226,837	1.259	$285,489	$12.55
Home Health	$39,762		$39,762	$608		$40,369	1.056	$42,630	$1.87
IP - Maternity	$262,495	($15,246)	$247,249	$2,420	$13,320	$262,989	1.080	$284,095	$12.49
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$3,731,851	($166,363)	$3,565,488	$34,405	$192,052	$3,791,945	1.080	$4,096,259	$180.08
IP - Psych	$888,820		$888,820	$5,623	($44,421)	$850,022	1.182	$1,004,425	$44.16
Lab	$366,246		$366,246	$5,948		$372,195	1.175	$437,159	$19.22
OP - Emergency Room & Related	$1,270,626		$1,270,626	$19,420		$1,290,047	1.056	$1,362,296	$59.89
OP - Other	$1,855,895		$1,855,895	$28,366		$1,884,261	1.056	$1,989,789	$87.47
Pharmacy	$6,197,655		$6,197,655	$397	$212,835	$6,410,888	1.057	$6,777,405	$297.95
Prof - Anesthesia	$52,489		$52,489	$919		$53,408	1.259	$67,218	$2.96
Prof - Child EPSDT	$17,719		$17,719	$310		$18,029	1.259	$22,690	$1.00
Prof - Evaluation & Management	$1,346,023		$1,346,023	$23,489		$1,369,513	1.259	$1,723,620	$75.77
Prof - Maternity	$130,153		$130,153	$2,279		$132,432	1.259	$166,674	$7.33
Prof - Other	$477,694		$477,694	$8,366		$486,060	1.259	$611,738	$26.89
Prof - Psych	$244,171		$244,171	$2,353		$246,525	1.259	$310,267	$13.64
Prof - Specialist	$357,194		$357,194	$6,254		$363,448	1.259	$457,423	$20.11
Prof - Vision	$51,358		$51,358	$551		$51,910	1.259	$65,332	$2.87
Radiology	$311,824		$311,824	$5,125		$316,949	1.175	$372,270	$16.37
Transportation/Ambulance	$519,574		$519,574	$7,596	$472	$527,642	1.175	$619,739	$27.24
Provider Incentive Payment Adjustment									$6.47
Total	$18,745,009	($181,609)	$18,563,401	$164,917	$361,373	$19,089,691		$21,159,551	$936.68
Admin Cost Adjustment									$71.01
Medallion II Capitation Rate									**$1,007.70**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$666,372		$666,372	$10,953	($21,439)	$655,886	1.175	$770,366	$40.70
FQHC / RHC	$66,564		$66,564	$1,166		$67,730	1.259	$85,242	$4.50
Home Health	$24,228		$24,228	$370		$24,598	1.056	$25,976	$1.37
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,746,963	($530,280)	$4,216,683	$43,763	$227,292	$4,487,739	1.080	$4,847,892	$256.11
IP - Psych	$577,033		$577,033	$2,464	($28,780)	$550,718	1.182	$650,753	$34.38
Lab	$127,073		$127,073	$2,032		$129,104	1.175	$151,639	$8.01
OP - Emergency Room & Related	$670,397		$670,397	$10,246		$680,643	1.056	$718,763	$37.97
OP - Other	$1,039,021		$1,039,021	$15,880		$1,054,902	1.056	$1,113,982	$58.85
Pharmacy	$4,452,238		$4,452,238	$285	$152,895	$4,605,418	1.057	$4,868,715	$257.21
Prof - Anesthesia	$25,444		$25,444	$446		$25,889	1.259	$32,583	$1.72
Prof - Child EPSDT	$6,818		$6,818	$119		$6,937	1.259	$8,731	$0.46
Prof - Evaluation & Management	$827,405		$827,405	$14,429		$841,835	1.259	$1,059,503	$55.97
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$605,011		$605,011	$10,608		$615,619	1.259	$774,797	$40.93
Prof - Psych	$172,802		$172,802	$1,210		$174,011	1.259	$219,005	$11.57
Prof - Specialist	$202,153		$202,153	$3,540		$205,692	1.259	$258,877	$13.68
Prof - Vision	$33,937		$33,937	$327		$34,263	1.259	$43,123	$2.28
Radiology	$122,983		$122,983	$2,021		$125,005	1.175	$146,823	$7.76
Transportation/Ambulance	$265,970		$265,970	$3,543	$241	$269,755	1.175	$316,839	$16.74
Provider Incentive Payment Adjustment									$5.91
Total	$14,632,412	($530,280)	$14,102,132	$123,402	$330,211	$14,555,745		$16,093,609	$856.12
Admin Cost Adjustment									$64.91
Medallion II Capitation Rate									**$921.03**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Other MSA	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,906,033		$1,906,033	$31,328	($61,322)	$1,876,038	1.175	$2,203,489	$36.63
FQHC / RHC	$772,065		$772,065	$13,519		$785,583	1.259	$988,708	$16.44
Home Health	$354,351		$354,351	$5,416		$359,767	1.056	$379,916	$6.32
IP - Maternity	$2,321	$47	$2,368	$21	$127	$2,517	1.080	$2,719	$0.05
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$18,817,288	$638,291	$19,455,579	$173,480	$1,047,199	$20,676,258	1.080	$22,335,585	$371.33
IP - Psych	$1,734,097		$1,734,097	$8,165	($86,526)	$1,655,735	1.182	$1,956,492	$32.53
Lab	$971,646		$971,646	$15,786		$987,432	1.175	$1,159,782	$19.28
OP - Emergency Room & Related	$2,713,622		$2,713,622	$41,475		$2,755,097	1.056	$2,909,397	$48.37
OP - Other	$7,134,912		$7,134,912	$109,051		$7,243,963	1.056	$7,649,662	$127.17
Pharmacy	$23,145,624		$23,145,624	$1,483	$794,850	$23,941,957	1.057	$25,310,745	$420.79
Prof - Anesthesia	$172,373		$172,373	$3,018		$175,392	1.259	$220,742	$3.67
Prof - Child EPSDT	$43,597		$43,597	$763		$44,360	1.259	$55,831	$0.93
Prof - Evaluation & Management	$4,241,376		$4,241,376	$74,055		$4,315,430	1.259	$5,431,249	$90.29
Prof - Maternity	$1,628		$1,628	$28		$1,656	1.259	$2,084	$0.03
Prof - Other	$2,465,715		$2,465,715	$43,174		$2,508,889	1.259	$3,157,600	$52.49
Prof - Psych	$461,552		$461,552	$2,988		$464,540	1.259	$584,654	$9.72
Prof - Specialist	$1,828,840		$1,828,840	$32,022		$1,860,862	1.259	$2,342,015	$38.94
Prof - Vision	$236,535		$236,535	$3,217		$239,752	1.259	$301,744	$5.02
Radiology	$1,071,379		$1,071,379	$17,609		$1,088,988	1.175	$1,279,064	$21.26
Transportation/Ambulance	$1,436,882		$1,436,882	$21,130	$1,306	$1,459,318	1.175	$1,714,033	$28.50
Provider Incentive Payment Adjustment									$9.25
Total	$69,511,835	$638,338	$70,150,174	$597,729	$1,695,634	$72,443,537		$79,985,511	$1,338.99
Admin Cost Adjustment									$101.52
Medallion II Capitation Rate									**$1,440.51**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$931,652		$931,652	$15,313	($49,636)	$897,330	1.175	$1,053,953	$106.49
FQHC / RHC	$3,598		$3,598	$63		$3,661	1.259	$4,608	$0.47
Home Health	$1,392,552		$1,392,552	$21,284		$1,413,836	1.056	$1,493,018	$150.86
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$2,128,915	$72,214	$2,201,129	$19,627	$118,476	$2,339,232	1.080	$2,526,962	$255.33
IP - Psych	$161,635		$161,635	$33	($8,029)	$153,639	1.182	$181,546	$18.34
Lab	$26,073		$26,073	$367		$26,440	1.175	$31,054	$3.14
OP - Emergency Room & Related	$254,894		$254,894	$3,896		$258,790	1.056	$273,284	$27.61
OP - Other	$1,624,159		$1,624,159	$24,824		$1,648,983	1.056	$1,741,334	$175.95
Pharmacy	$1,033,186		$1,033,186	$66	$35,481	$1,068,733	1.057	$1,129,834	$114.16
Prof - Anesthesia	$50,873		$50,873	$891		$51,764	1.259	$65,148	$6.58
Prof - Child EPSDT	$11,149		$11,149	$195		$11,344	1.259	$14,277	$1.44
Prof - Evaluation & Management	$604,881		$604,881	$10,562		$615,444	1.259	$774,576	$78.26
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$1,003,102		$1,003,102	$17,570		$1,020,672	1.259	$1,284,582	$129.80
Prof - Psych	$73,276		$73,276	$459		$73,735	1.259	$92,801	$9.38
Prof - Specialist	$140,959		$140,959	$2,468		$143,427	1.259	$180,512	$18.24
Prof - Vision	$20,829		$20,829	$184		$21,014	1.259	$26,447	$2.67
Radiology	$26,418		$26,418	$434		$26,852	1.175	$31,539	$3.19
Transportation/Ambulance	$57,124		$57,124	$487	$52	$57,662	1.175	$67,727	$6.84
Provider Incentive Payment Adjustment									$7.71
Total	$9,545,275	$72,214	$9,617,489	$118,724	$96,344	$9,832,557		$10,973,202	$1,116.45
Admin Cost Adjustment									$84.64
Medallion II Capitation Rate									**$1,201.09**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,420,857		$1,420,857	$23,353	($62,023)	$1,382,187	1.175	$1,623,438	$15.00
FQHC / RHC	$88,483		$88,483	$1,549		$90,032	1.259	$113,312	$1.05
Home Health	$283,379		$283,379	$4,331		$287,710	1.056	$303,823	$2.81
IP - Maternity	$417,488	($9,919)	$407,570	$3,849	$21,949	$433,367	1.080	$468,146	$4.32
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$7,117,290	($73,005)	$7,044,284	$65,616	$379,309	$7,489,209	1.080	$8,090,239	$74.73
IP - Psych	$2,728,715		$2,728,715	$12,119	($136,118)	$2,604,717	1.182	$3,077,852	$28.43
Lab	$238,376		$238,376	$3,212		$241,588	1.175	$283,756	$2.62
OP - Emergency Room & Related	$2,132,792		$2,132,792	$32,598		$2,165,390	1.056	$2,286,663	$21.12
OP - Other	$4,198,213		$4,198,213	$64,166		$4,262,379	1.056	$4,501,094	$41.58
Pharmacy	$13,145,758		$13,145,758	$842	$451,442	$13,598,042	1.057	$14,375,457	$132.79
Prof - Anesthesia	$166,046		$166,046	$2,907		$168,954	1.259	$212,639	$1.96
Prof - Child EPSDT	$32,043		$32,043	$561		$32,604	1.259	$41,034	$0.38
Prof - Evaluation & Management	$3,048,489		$3,048,489	$53,043		$3,101,532	1.259	$3,903,479	$36.06
Prof - Maternity	$205,307		$205,307	$3,595		$208,902	1.259	$262,916	$2.43
Prof - Other	$2,724,875		$2,724,875	$47,747		$2,772,622	1.259	$3,489,525	$32.23
Prof - Psych	$1,148,783		$1,148,783	$11,751		$1,160,533	1.259	$1,460,606	$13.49
Prof - Specialist	$546,406		$546,406	$9,567		$555,973	1.259	$699,728	$6.46
Prof - Vision	$176,209		$176,209	$1,116		$177,325	1.259	$223,175	$2.06
Radiology	$249,216		$249,216	$4,096		$253,312	1.175	$297,526	$2.75
Transportation/Ambulance	$614,815		$614,815	$5,245	$555	$620,615	1.175	$728,939	$6.73
Provider Incentive Payment Adjustment									$2.98
Total	$40,683,538	($82,924)	$40,600,614	$351,265	$655,114	$41,606,993		$46,443,349	$431.98
Admin Cost Adjustment									$32.75
Medallion II Capitation Rate									**$464.73**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,019,084		$1,019,084	$16,750	($32,787)	$1,003,047	1.175	$1,178,123	$21.48
FQHC / RHC	$181,404		$181,404	$3,176		$184,580	1.259	$232,306	$4.24
Home Health	$109,099		$109,099	$1,667		$110,767	1.056	$116,970	$2.13
IP - Maternity	$1,157,604	$2,051	$1,159,655	$10,672	$62,436	$1,232,763	1.080	$1,331,696	$24.28
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$10,475,785	$159,989	$10,635,774	$96,578	$572,565	$11,304,917	1.080	$12,212,168	$222.68
IP - Psych	$2,906,732		$2,906,732	$22,462	($145,473)	$2,783,722	1.182	$3,289,373	$59.98
Lab	$450,386		$450,386	$7,057		$457,443	1.175	$537,287	$9.80
OP - Emergency Room & Related	$4,940,454		$4,940,454	$75,510		$5,015,964	1.056	$5,296,884	$96.59
OP - Other	$5,174,510		$5,174,510	$79,088		$5,253,597	1.056	$5,547,826	$101.16
Pharmacy	$14,523,922		$14,523,922	$931	$498,770	$15,023,622	1.057	$15,882,539	$289.61
Prof - Anesthesia	$182,337		$182,337	$3,193		$185,529	1.259	$233,501	$4.26
Prof - Child EPSDT	$29,397		$29,397	$515		$29,912	1.259	$37,646	$0.69
Prof - Evaluation & Management	$3,861,263		$3,861,263	$67,440		$3,928,703	1.259	$4,944,528	$90.16
Prof - Maternity	$412,226		$412,226	$7,218		$419,444	1.259	$527,898	$9.63
Prof - Other	$1,375,516		$1,375,516	$24,104		$1,399,620	1.259	$1,761,513	$32.12
Prof - Psych	$696,289		$696,289	$7,858		$704,147	1.259	$886,214	$16.16
Prof - Specialist	$1,033,223		$1,033,223	$18,091		$1,051,315	1.259	$1,323,148	$24.13
Prof - Vision	$87,226		$87,226	$859		$88,084	1.259	$110,860	$2.02
Radiology	$662,940		$662,940	$10,896		$673,836	1.175	$791,450	$14.43
Transportation/Ambulance	$1,124,440		$1,124,440	$16,021	$1,021	$1,141,483	1.175	$1,340,721	$24.45
Provider Incentive Payment Adjustment									$7.30
Total	$50,403,836	$162,040	$50,565,876	$470,087	$956,533	$51,992,496		$57,582,649	$1,057.29
Admin Cost Adjustment									$80.16
Medallion II Capitation Rate									**$1,137.45**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$885,064		$885,064	$14,547	($28,475)	$871,136	1.175	$1,023,187	$22.36
FQHC / RHC	$132,824		$132,824	$2,326		$135,149	1.259	$170,094	$3.72
Home Health	$100,550		$100,550	$1,537		$102,087	1.056	$107,805	$2.36
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$7,982,459	$177,118	$8,159,577	$73,592	$439,235	$8,672,404	1.080	$9,368,388	$204.71
IP - Psych	$2,570,112		$2,570,112	$20,230	($128,644)	$2,461,697	1.182	$2,908,854	$63.56
Lab	$126,686		$126,686	$1,799		$128,486	1.175	$150,912	$3.30
OP - Emergency Room & Related	$2,166,040		$2,166,040	$33,106		$2,199,146	1.056	$2,322,310	$50.74
OP - Other	$2,953,699		$2,953,699	$45,145		$2,998,843	1.056	$3,166,794	$69.20
Pharmacy	$9,434,110		$9,434,110	$604	$323,979	$9,758,694	1.057	$10,316,609	$225.43
Prof - Anesthesia	$77,768		$77,768	$1,362		$79,130	1.259	$99,590	$2.18
Prof - Child EPSDT	$5,777		$5,777	$101		$5,878	1.259	$7,398	$0.16
Prof - Evaluation & Management	$1,893,020		$1,893,020	$33,006		$1,926,026	1.259	$2,424,029	$52.97
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$1,563,436		$1,563,436	$27,399		$1,590,835	1.259	$2,002,169	$43.75
Prof - Psych	$462,079		$462,079	$4,435		$466,514	1.259	$587,138	$12.83
Prof - Specialist	$589,131		$589,131	$10,315		$599,447	1.259	$754,443	$16.49
Prof - Vision	$74,439		$74,439	$746		$75,185	1.259	$94,625	$2.07
Radiology	$255,825		$255,825	$4,205		$260,030	1.175	$305,416	$6.67
Transportation/Ambulance	$810,556		$810,556	$11,256	$736	$822,548	1.175	$966,119	$21.11
Provider Incentive Payment Adjustment									$5.59
Total	$32,083,577	$177,118	$32,260,694	$285,710	$606,831	$33,153,236		$36,775,880	$809.17
Admin Cost Adjustment									$61.35
Medallion II Capitation Rate									**$870.52**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$4,480,059		$4,480,059	$73,634	($144,135)	$4,409,558	1.175	$5,179,218	$36.73
FQHC / RHC	$607,127		$607,127	$10,631		$617,758	1.259	$777,489	$5.51
Home Health	$924,124		$924,124	$14,124		$938,248	1.056	$990,795	$7.03
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$54,947,229	$1,596,881	$56,544,109	$506,568	$3,043,622	$60,094,299	1.080	$64,917,034	$460.32
IP - Psych	$6,349,299		$6,349,299	$45,157	($317,568)	$6,076,888	1.182	$7,180,728	$50.92
Lab	$999,791		$999,791	$15,582		$1,015,373	1.175	$1,192,600	$8.46
OP - Emergency Room & Related	$9,358,446		$9,358,446	$143,035		$9,501,482	1.056	$10,033,614	$71.15
OP - Other	$21,957,713		$21,957,713	$335,603		$22,293,316	1.056	$23,541,858	$166.93
Pharmacy	$54,131,781		$54,131,781	$3,468	$1,858,953	$55,994,202	1.057	$59,195,451	$419.75
Prof - Anesthesia	$579,492		$579,492	$10,147		$589,638	1.259	$742,098	$5.26
Prof - Child EPSDT	$54,577		$54,577	$956		$55,533	1.259	$69,892	$0.50
Prof - Evaluation & Management	$11,396,412		$11,396,412	$199,115		$11,595,526	1.259	$14,593,722	$103.48
Prof - Maternity	$207		$207	$4		$211	1.259	$265	$0.00
Prof - Other	$6,090,490		$6,090,490	$106,711		$6,197,201	1.259	$7,799,579	$55.31
Prof - Psych	$1,415,042		$1,415,042	$13,437		$1,428,479	1.259	$1,797,834	$12.75
Prof - Specialist	$4,469,779		$4,469,779	$78,264		$4,548,043	1.259	$5,724,008	$40.59
Prof - Vision	$492,476		$492,476	$6,887		$499,363	1.259	$628,481	$4.46
Radiology	$2,112,850		$2,112,850	$34,727		$2,147,577	1.175	$2,522,423	$17.89
Transportation/Ambulance	$2,974,547		$2,974,547	$42,546	$2,702	$3,019,794	1.175	$3,546,880	$25.15
Provider Incentive Payment Adjustment									$10.38
Total	$183,341,441	$1,596,881	$184,938,321	$1,640,596	$4,443,574	$191,022,492		$210,433,969	$1,502.53
Admin Cost Adjustment									$113.92
Medallion II Capitation Rate									**$1,616.44**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$366,264		$366,264	$6,020	($19,513)	$352,771	1.175	$414,344	$59.80
FQHC / RHC	$30,965		$30,965	$542		$31,507	1.259	$39,654	$5.72
Home Health	$28,872		$28,872	$441		$29,313	1.056	$30,954	$4.47
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$1,155,387	$39,191	$1,194,579	$10,652	$64,298	$1,269,529	1.080	$1,371,412	$197.92
IP - Psych	$118,948		$118,948		($5,907)	$113,041	1.182	$133,574	$19.28
Lab	$25,647		$25,647	$392		$26,039	1.175	$30,584	$4.41
OP - Emergency Room & Related	$161,260		$161,260	$2,465		$163,725	1.056	$172,894	$24.95
OP - Other	$970,462		$970,462	$14,833		$985,295	1.056	$1,040,476	$150.16
Pharmacy	$808,474		$808,474	$52	$27,764	$836,290	1.057	$884,102	$127.59
Prof - Anesthesia	$41,731		$41,731	$731		$42,461	1.259	$53,441	$7.71
Prof - Child EPSDT	$11,034		$11,034	$193		$11,227	1.259	$14,130	$2.04
Prof - Evaluation & Management	$467,063		$467,063	$8,161		$475,224	1.259	$598,100	$86.32
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$508,736		$508,736	$8,921		$517,656	1.259	$651,504	$94.03
Prof - Psych	$42,374		$42,374	$124		$42,498	1.259	$53,486	$7.72
Prof - Specialist	$86,565		$86,565	$1,516		$88,080	1.259	$110,855	$16.00
Prof - Vision	$18,288		$18,288	$178		$18,466	1.259	$23,240	$3.35
Radiology	$20,197		$20,197	$332		$20,529	1.175	$24,112	$3.48
Transportation/Ambulance	$61,852		$61,852	$690	$56	$62,597	1.175	$73,523	$10.61
Provider Incentive Payment Adjustment									$5.74
Total	$4,924,118	$39,191	$4,963,310	$56,240	$66,698	$5,086,248		$5,720,387	$831.31
Admin Cost Adjustment									$63.03
Medallion II Capitation Rate									**$894.34**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$700,815		$700,815	$11,519	($30,592)	$681,741	1.175	$800,735	$16.06
FQHC / RHC	$143,606		$143,606	$2,514		$146,120	1.259	$183,902	$3.69
Home Health	$44,048		$44,048	$673		$44,721	1.056	$47,226	$0.95
IP - Maternity	$114,714	$2,342	$117,056	$1,058	$6,301	$124,415	1.080	$134,400	$2.70
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$2,080,745	$70,581	$2,151,326	$19,183	$115,795	$2,286,305	1.080	$2,469,787	$49.53
IP - Psych	$1,230,287		$1,230,287	$2,739	($61,236)	$1,171,790	1.182	$1,384,641	$27.77
Lab	$140,009		$140,009	$2,109		$142,118	1.175	$166,923	$3.35
OP - Emergency Room & Related	$899,839		$899,839	$13,753		$913,592	1.056	$964,758	$19.35
OP - Other	$2,154,995		$2,154,995	$32,937		$2,187,932	1.056	$2,310,467	$46.33
Pharmacy	$7,509,632		$7,509,632	$481	$257,890	$7,768,004	1.057	$8,212,109	$164.68
Prof - Anesthesia	$78,127		$78,127	$1,368		$79,495	1.259	$100,049	$2.01
Prof - Child EPSDT	$18,808		$18,808	$329		$19,137	1.259	$24,085	$0.48
Prof - Evaluation & Management	$1,428,746		$1,428,746	$24,908		$1,453,654	1.259	$1,829,518	$36.69
Prof - Maternity	$63,092		$63,092	$1,105		$64,196	1.259	$80,795	$1.62
Prof - Other	$493,043		$493,043	$8,760		$501,803	1.259	$631,552	$12.66
Prof - Psych	$521,257		$521,257	$4,050		$525,307	1.259	$661,133	$13.26
Prof - Specialist	$241,169		$241,169	$4,223		$245,392	1.259	$308,842	$6.19
Prof - Vision	$93,772		$93,772	$618		$94,389	1.259	$118,795	$2.38
Radiology	$117,789		$117,789	$1,936		$119,725	1.175	$140,622	$2.82
Transportation/Ambulance	$413,392		$413,392	$4,345	$374	$418,111	1.175	$491,090	$9.85
Provider Incentive Payment Adjustment									$2.94
Total	$18,487,883	$72,924	$18,560,807	$138,607	$288,533	$18,987,947		$21,061,428	$425.29
Admin Cost Adjustment									$32.24
Medallion II Capitation Rate									**$457.53**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$589,347		$589,347	$9,687	($18,961)	$580,073	1.175	$681,321	$23.82
FQHC / RHC	$268,134		$268,134	$4,695		$272,829	1.259	$343,373	$12.01
Home Health	$123,466		$123,466	$1,887		$125,353	1.056	$132,373	$4.63
IP - Maternity	$381,675	$6,840	$388,516	$3,519	$20,915	$412,949	1.080	$446,089	$15.60
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,663,556	$146,541	$4,810,097	$42,994	$258,910	$5,112,001	1.080	$5,522,254	$193.11
IP - Psych	$937,149		$937,149	$4,369	($46,759)	$894,759	1.182	$1,057,288	$36.97
Lab	$253,700		$253,700	$4,049		$257,749	1.175	$302,738	$10.59
OP - Emergency Room & Related	$1,967,560		$1,967,560	$30,072		$1,997,632	1.056	$2,109,510	$73.77
OP - Other	$2,974,058		$2,974,058	$45,456		$3,019,514	1.056	$3,188,622	$111.50
Pharmacy	$7,377,917		$7,377,917	$473	$253,367	$7,631,756	1.057	$8,068,072	$282.13
Prof - Anesthesia	$96,373		$96,373	$1,687		$98,061	1.259	$123,416	$4.32
Prof - Child EPSDT	$67,682		$67,682	$1,185		$68,867	1.259	$86,674	$3.03
Prof - Evaluation & Management	$1,789,653		$1,789,653	$31,270		$1,820,923	1.259	$2,291,750	$80.14
Prof - Maternity	$172,227		$172,227	$3,016		$175,243	1.259	$220,554	$7.71
Prof - Other	$720,051		$720,051	$12,676		$732,727	1.259	$922,184	$32.25
Prof - Psych	$322,935		$322,935	$2,881		$325,815	1.259	$410,060	$14.34
Prof - Specialist	$481,869		$481,869	$8,437		$490,306	1.259	$617,082	$21.58
Prof - Vision	$47,637		$47,637	$504		$48,141	1.259	$60,588	$2.12
Radiology	$332,880		$332,880	$5,471		$338,351	1.175	$397,408	$13.90
Transportation/Ambulance	$485,454		$485,454	$6,587	$441	$492,481	1.175	$578,440	$20.23
Provider Incentive Payment Adjustment									$6.70
Total	$24,053,322	$153,382	$24,206,704	$220,915	$467,913	$24,895,532		$27,559,798	$970.43
Admin Cost Adjustment									$73.57
Medallion II Capitation Rate									**$1,044.01**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$456,426		$456,426	$7,502	($14,684)	$449,244	1.175	$527,656	$22.76
FQHC / RHC	$178,249		$178,249	$3,121		$181,370	1.259	$228,266	$9.85
Home Health	$102,769		$102,769	$1,571		$104,340	1.056	$110,184	$4.75
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$2,980,277	$101,093	$3,081,370	$27,476	$165,855	$3,274,701	1.080	$3,537,504	$152.58
IP - Psych	$758,038		$758,038	$3,807	($37,835)	$724,009	1.182	$855,523	$36.90
Lab	$71,029		$71,029	$1,071		$72,100	1.175	$84,685	$3.65
OP - Emergency Room & Related	$870,694		$870,694	$13,308		$884,002	1.056	$933,511	$40.26
OP - Other	$1,336,350		$1,336,350	$20,425		$1,356,774	1.056	$1,432,761	$61.80
Pharmacy	$4,096,806		$4,096,806	$262	$140,689	$4,237,758	1.057	$4,480,035	$193.23
Prof - Anesthesia	$36,398		$36,398	$637		$37,036	1.259	$46,612	$2.01
Prof - Child EPSDT	$7,301		$7,301	$128		$7,429	1.259	$9,350	$0.40
Prof - Evaluation & Management	$810,518		$810,518	$14,136		$824,654	1.259	$1,037,880	$44.77
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$578,633		$578,633	$10,177		$588,811	1.259	$741,057	$31.96
Prof - Psych	$208,298		$208,298	$1,535		$209,833	1.259	$264,088	$11.39
Prof - Specialist	$222,747		$222,747	$3,900		$226,647	1.259	$285,250	$12.30
Prof - Vision	$31,829		$31,829	$278		$32,106	1.259	$40,408	$1.74
Radiology	$122,293		$122,293	$2,010		$124,303	1.175	$145,999	$6.30
Transportation/Ambulance	$328,516		$328,516	$4,300	$298	$333,114	1.175	$391,257	$16.88
Provider Incentive Payment Adjustment									$4.54
Total	$13,197,172	$101,093	$13,298,265	$115,644	$254,323	$13,668,231		$15,152,026	$658.07
Admin Cost Adjustment									$49.89
Medallion II Capitation Rate									**$707.96**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Rural	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$2,787,380		$2,787,380	$45,813	($89,677)	$2,743,516	1.175	$3,222,378	$37.69
FQHC / RHC	$826,052		$826,052	$14,464		$840,516	1.259	$1,057,844	$12.37
Home Health	$681,746		$681,746	$10,420		$692,166	1.056	$730,931	$8.55
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$27,315,336	$820,455	$28,135,791	$251,825	$1,514,463	$29,902,080	1.080	$32,301,805	$377.78
IP - Psych	$2,430,664		$2,430,664	$11,049	($121,263)	$2,320,450	1.182	$2,741,949	$32.07
Lab	$726,897		$726,897	$11,566		$738,463	1.175	$867,357	$10.14
OP - Emergency Room & Related	$4,048,060		$4,048,060	$61,871		$4,109,931	1.056	$4,340,108	$50.76
OP - Other	$13,610,724		$13,610,724	$208,027		$13,818,752	1.056	$14,592,674	$170.66
Pharmacy	$30,212,152		$30,212,152	$1,936	$1,037,523	$31,251,611	1.057	$33,038,299	$386.39
Prof - Anesthesia	$351,593		$351,593	$6,156		$357,750	1.259	$450,251	$5.27
Prof - Child EPSDT	$53,107		$53,107	$930		$54,037	1.259	$68,009	$0.80
Prof - Evaluation & Management	$5,890,834		$5,890,834	$102,929		$5,993,763	1.259	$7,543,540	$88.22
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$3,399,368		$3,399,368	$59,670		$3,459,038	1.259	$4,353,424	$50.91
Prof - Psych	$675,394		$675,394	$4,497		$679,891	1.259	$855,687	$10.01
Prof - Specialist	$2,488,709		$2,488,709	$43,576		$2,532,286	1.259	$3,187,046	$37.27
Prof - Vision	$323,813		$323,813	$4,624		$328,437	1.259	$413,359	$4.83
Radiology	$1,241,813		$1,241,813	$20,410		$1,262,224	1.175	$1,482,537	$17.34
Transportation/Ambulance	$1,763,140		$1,763,140	$24,972	$1,601	$1,789,713	1.175	$2,102,096	$24.58
Provider Incentive Payment Adjustment									$9.22
Total	$98,826,783	$820,455	$99,647,239	$884,736	$2,342,648	$102,874,623		$113,349,295	$1,334.86
Admin Cost Adjustment									$101.20
Medallion II Capitation Rate									**$1,436.07**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$766,127		$766,127	$12,592	($40,817)	$737,902	1.175	$866,698	$68.14
FQHC / RHC	$1,463		$1,463	$26		$1,488	1.259	$1,873	$0.15
Home Health	$232,341		$232,341	$3,551		$235,892	1.056	$249,104	$19.59
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$1,700,380	$57,678	$1,758,058	$15,676	$94,628	$1,868,362	1.080	$2,018,303	$158.68
IP - Psych	$231,550		$231,550	$141	($11,506)	$220,185	1.182	$260,181	$20.46
Lab	$41,018		$41,018	$459		$41,477	1.175	$48,716	$3.83
OP - Emergency Room & Related	$404,503		$404,503	$6,182		$410,685	1.056	$433,686	$34.10
OP - Other	$2,612,294		$2,612,294	$39,927		$2,652,221	1.056	$2,800,759	$220.20
Pharmacy	$1,427,065		$1,427,065	$91	$49,007	$1,476,164	1.057	$1,560,558	$122.70
Prof - Anesthesia	$83,569		$83,569	$1,463		$85,033	1.259	$107,019	$8.41
Prof - Child EPSDT	$16,857		$16,857	$295		$17,153	1.259	$21,588	$1.70
Prof - Evaluation & Management	$829,724		$829,724	$14,497		$844,220	1.259	$1,062,506	$83.54
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$2,092,810		$2,092,810	$36,683		$2,129,493	1.259	$2,680,105	$210.72
Prof - Psych	$74,040		$74,040	$162		$74,201	1.259	$93,387	$7.34
Prof - Specialist	$220,594		$220,594	$3,863		$224,457	1.259	$282,493	$22.21
Prof - Vision	$38,422		$38,422	$407		$38,829	1.259	$48,869	$3.84
Radiology	$31,829		$31,829	$523		$32,352	1.175	$37,999	$2.99
Transportation/Ambulance	$62,643		$62,643	$399	$56	$63,099	1.175	$74,112	$5.83
Provider Incentive Payment Adjustment									$6.91
Total	$10,867,230	$57,678	$10,924,907	$136,937	$91,368	$11,153,212		$12,647,955	$1,001.33
Admin Cost Adjustment									$75.92
Medallion II Capitation Rate									**$1,077.25**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,510,866		$1,510,866	$24,833	($65,952)	$1,469,746	1.175	$1,726,281	$15.48
FQHC / RHC	$40,015		$40,015	$701		$40,716	1.259	$51,243	$0.46
Home Health	$184,395		$184,395	$2,818		$187,214	1.056	$197,699	$1.77
IP - Maternity	$341,929	($2,850)	$339,079	$3,152	$18,258	$360,489	1.080	$389,419	$3.49
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,868,489	$25,148	$4,893,637	$44,884	$263,467	$5,201,988	1.080	$5,619,462	$50.40
IP - Psych	$2,838,269		$2,838,269	$7,878	($141,348)	$2,704,800	1.182	$3,196,115	$28.67
Lab	$264,752		$264,752	$2,377		$267,129	1.175	$313,754	$2.81
OP - Emergency Room & Related	$2,748,343		$2,748,343	$42,006		$2,790,349	1.056	$2,946,623	$26.43
OP - Other	$7,197,218		$7,197,218	$110,003		$7,307,221	1.056	$7,716,463	$69.21
Pharmacy	$15,126,497		$15,126,497	$969	$519,463	$15,646,929	1.057	$16,541,481	$148.36
Prof - Anesthesia	$205,123		$205,123	$3,592		$208,714	1.259	$262,681	$2.36
Prof - Child EPSDT	$56,656		$56,656	$992		$57,649	1.259	$72,554	$0.65
Prof - Evaluation & Management	$3,248,900		$3,248,900	$56,638		$3,305,538	1.259	$4,160,235	$37.31
Prof - Maternity	$153,646		$153,646	$2,690		$156,337	1.259	$196,760	$1.76
Prof - Other	$4,857,552		$4,857,552	$85,457		$4,943,009	1.259	$6,221,098	$55.80
Prof - Psych	$1,121,381		$1,121,381	$8,670		$1,130,051	1.259	$1,422,243	$12.76
Prof - Specialist	$578,514		$578,514	$10,130		$588,644	1.259	$740,847	$6.64
Prof - Vision	$199,822		$199,822	$1,159		$200,982	1.259	$252,948	$2.27
Radiology	$246,057		$246,057	$4,044		$250,102	1.175	$293,755	$2.63
Transportation/Ambulance	$492,154		$492,154	$2,421	$443	$495,017	1.175	$581,419	$5.21
Provider Incentive Payment Adjustment									$3.30
Total	$46,280,581	$22,298	$46,302,879	$415,415	$594,331	$47,312,624		$52,903,081	$477.79
Admin Cost Adjustment									$36.22
Medallion II Capitation Rate									**$514.02**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,269,157		$1,269,157	$20,860	($40,832)	$1,249,185	1.175	$1,467,222	$25.17
FQHC / RHC	$232,335		$232,335	$4,068		$236,403	1.259	$297,528	$5.10
Home Health	$199,865		$199,865	$3,055		$202,919	1.056	$214,284	$3.68
IP - Maternity	$1,068,330	$21,277	$1,089,607	$9,849	$58,655	$1,158,111	1.080	$1,251,053	$21.46
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$6,762,966	$225,992	$6,988,958	$62,349	$376,183	$7,427,491	1.080	$8,023,567	$137.66
IP - Psych	$1,789,920		$1,789,920	$7,975	($89,289)	$1,708,606	1.182	$2,018,967	$34.64
Lab	$278,545		$278,545	$3,554		$282,100	1.175	$331,338	$5.68
OP - Emergency Room & Related	$6,065,497		$6,065,497	$92,706		$6,158,202	1.056	$6,503,093	$111.57
OP - Other	$5,992,882		$5,992,882	$91,596		$6,084,478	1.056	$6,425,241	$110.23
Pharmacy	$14,202,453		$14,202,453	$910	$487,730	$14,691,093	1.057	$15,530,999	$266.46
Prof - Anesthesia	$225,690		$225,690	$3,952		$229,642	1.259	$289,019	$4.96
Prof - Child EPSDT	$78,442		$78,442	$1,373		$79,816	1.259	$100,453	$1.72
Prof - Evaluation & Management	$3,622,423		$3,622,423	$63,294		$3,685,716	1.259	$4,638,713	$79.58
Prof - Maternity	$411,666		$411,666	$7,208		$418,874	1.259	$527,181	$9.04
Prof - Other	$2,288,109		$2,288,109	$40,268		$2,328,378	1.259	$2,930,414	$50.28
Prof - Psych	$621,422		$621,422	$5,407		$626,829	1.259	$788,905	$13.53
Prof - Specialist	$1,089,314		$1,089,314	$19,074		$1,108,387	1.259	$1,394,977	$23.93
Prof - Vision	$101,521		$101,521	$1,159		$102,680	1.259	$129,230	$2.22
Radiology	$675,986		$675,986	$11,111		$687,096	1.175	$807,024	$13.85
Transportation/Ambulance	$592,019		$592,019	$6,775	$536	$599,330	1.175	$703,940	$12.08
Provider Incentive Payment Adjustment									$6.49
Total	$47,568,543	$247,269	$47,815,812	$456,541	$792,984	$49,065,337		$54,373,149	$939.34
Admin Cost Adjustment									$71.22
Medallion II Capitation Rate									**$1,010.56**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,145,435		$1,145,435	$18,826	($36,852)	$1,127,410	1.175	$1,324,192	$26.83
FQHC / RHC	$249,436		$249,436	$4,368		$253,804	1.259	$319,429	$6.47
Home Health	$187,979		$187,979	$2,873		$190,852	1.056	$201,540	$4.08
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$7,220,150	($240,483)	$6,979,667	$66,564	$375,912	$7,422,144	1.080	$8,017,791	$162.43
IP - Psych	$2,063,950		$2,063,950	$13,456	($103,170)	$1,974,235	1.182	$2,332,846	$47.26
Lab	$123,675		$123,675	$1,194		$124,869	1.175	$146,664	$2.97
OP - Emergency Room & Related	$3,086,560		$3,086,560	$47,175		$3,133,735	1.056	$3,309,241	$67.04
OP - Other	$3,471,148		$3,471,148	$53,053		$3,524,201	1.056	$3,721,575	$75.40
Pharmacy	$10,746,001		$10,746,001	$688	$369,031	$11,115,721	1.057	$11,751,218	$238.07
Prof - Anesthesia	$95,851		$95,851	$1,678		$97,529	1.259	$122,747	$2.49
Prof - Child EPSDT	$10,939		$10,939	$192		$11,131	1.259	$14,009	$0.28
Prof - Evaluation & Management	$2,133,374		$2,133,374	$37,231		$2,170,606	1.259	$2,731,848	$55.34
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$3,102,383		$3,102,383	$54,475		$3,156,858	1.259	$3,973,111	$80.49
Prof - Psych	$441,154		$441,154	$3,452		$444,606	1.259	$559,566	$11.34
Prof - Specialist	$559,082		$559,082	$9,789		$568,871	1.259	$715,961	$14.50
Prof - Vision	$76,595		$76,595	$797		$77,392	1.259	$97,403	$1.97
Radiology	$238,543		$238,543	$3,921		$242,463	1.175	$284,784	$5.77
Transportation/Ambulance	$471,920		$471,920	$5,302	$427	$477,650	1.175	$561,020	$11.37
Provider Incentive Payment Adjustment									$5.66
Total	$35,424,174	($240,483)	$35,183,691	$325,037	$605,349	$36,114,077		$40,184,945	$819.76
Admin Cost Adjustment									$62.15
Medallion II Capitation Rate									**$881.91**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Tidewater	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$6,011,751		$6,011,751	$98,809	($193,414)	$5,917,146	1.175	$6,949,946	$42.75
FQHC / RHC	$1,341,909		$1,341,909	$23,496		$1,365,405	1.259	$1,718,451	$10.57
Home Health	$1,405,276		$1,405,276	$21,478		$1,426,754	1.056	$1,506,660	$9.27
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$44,398,680	$439,571	$44,838,251	$409,320	$2,413,933	$47,661,503	1.080	$51,486,471	$316.67
IP - Psych	$4,424,539		$4,424,539	$18,328	($220,646)	$4,222,221	1.182	$4,989,169	$30.69
Lab	$840,385		$840,385	$11,036		$851,421	1.175	$1,000,030	$6.15
OP - Emergency Room & Related	$13,419,791		$13,419,791	$205,109		$13,624,900	1.056	$14,387,965	$88.49
OP - Other	$28,178,087		$28,178,087	$430,676		$28,608,763	1.056	$30,211,003	$185.81
Pharmacy	$64,715,376		$64,715,376	$4,146	$2,222,407	$66,941,929	1.057	$70,769,072	$435.27
Prof - Anesthesia	$846,118		$846,118	$14,815		$860,933	1.259	$1,083,540	$6.66
Prof - Child EPSDT	$139,018		$139,018	$2,434		$141,452	1.259	$178,026	$1.09
Prof - Evaluation & Management	$13,673,330		$13,673,330	$239,014		$13,912,344	1.259	$17,509,588	$107.69
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$11,953,691		$11,953,691	$209,818		$12,163,510	1.259	$15,308,566	$94.16
Prof - Psych	$1,398,522		$1,398,522	$10,292		$1,408,814	1.259	$1,773,084	$10.91
Prof - Specialist	$5,489,228		$5,489,228	$96,114		$5,585,342	1.259	$7,029,515	$43.24
Prof - Vision	$608,311		$608,311	$8,874		$617,184	1.259	$776,767	$4.78
Radiology	$2,911,820		$2,911,820	$47,859		$2,959,678	1.175	$3,476,271	$21.38
Transportation/Ambulance	$1,813,932		$1,813,932	$21,702	$1,644	$1,837,279	1.175	$2,157,964	$13.27
Provider Incentive Payment Adjustment									$9.94
Total	$203,569,764	$439,571	$204,009,335	$1,873,321	$4,223,924	$210,106,580		$232,312,089	$1,438.78
Admin Cost Adjustment									$109.08
Medallion II Capitation Rate									**$1,547.87**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$406,408		$406,408	$6,680	($21,652)	$391,436	1.175	$459,758	$50.45
FQHC / RHC	$14,069		$14,069	$246		$14,315	1.259	$18,017	$1.98
Home Health	$21,132		$21,132	$323		$21,455	1.056	$22,657	$2.49
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$1,371,246	$46,513	$1,417,759	$12,642	$76,311	$1,506,712	1.080	$1,627,630	$178.59
IP - Psych	$23,507		$23,507		($1,167)	$22,339	1.182	$26,397	$2.90
Lab	$48,055		$48,055	$749		$48,804	1.175	$57,322	$6.29
OP - Emergency Room & Related	$122,285		$122,285	$1,869		$124,154	1.056	$131,108	$14.39
OP - Other	$1,230,223		$1,230,223	$18,803		$1,249,026	1.056	$1,318,978	$144.72
Pharmacy	$1,075,346		$1,075,346	$69	$36,929	$1,112,344	1.057	$1,175,938	$129.03
Prof - Anesthesia	$46,025		$46,025	$806		$46,830	1.259	$58,939	$6.47
Prof - Child EPSDT	$12,957		$12,957	$227		$13,184	1.259	$16,593	$1.82
Prof - Evaluation & Management	$531,870		$531,870	$9,264		$541,134	1.259	$681,052	$74.73
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$1,167,790		$1,167,790	$20,413		$1,188,203	1.259	$1,495,430	$164.08
Prof - Psych	$30,151		$30,151	$406		$30,557	1.259	$38,457	$4.22
Prof - Specialist	$114,560		$114,560	$2,006		$116,566	1.259	$146,706	$16.10
Prof - Vision	$36,706		$36,706	$440		$37,146	1.259	$46,751	$5.13
Radiology	$27,065		$27,065	$445		$27,510	1.175	$32,312	$3.55
Transportation/Ambulance	$78,149		$78,149	$1,009	$71	$79,229	1.175	$93,057	$10.21
Provider Incentive Payment Adjustment									$5.68
Total	$6,357,545	$46,513	$6,404,058	$76,395	$90,491	$6,570,944		$7,447,102	$822.79
Admin Cost Adjustment									$62.38
Medallion II Capitation Rate									**$885.17**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$665,023		$665,023	$10,930	($29,030)	$646,924	1.175	$759,840	$18.44
FQHC / RHC	$45,638		$45,638	$799		$46,438	1.259	$58,445	$1.42
Home Health	$35,879		$35,879	$548		$36,428	1.056	$38,468	$0.93
IP - Maternity	$151,121	($16,656)	$134,465	$1,393	$7,248	$143,106	1.080	$154,590	$3.75
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$2,127,445	($205,762)	$1,921,683	$19,613	$103,567	$2,044,864	1.080	$2,208,970	$53.59
IP - Psych	$813,591		$813,591	$6,689	($40,738)	$779,543	1.182	$921,143	$22.35
Lab	$224,665		$224,665	$3,520		$228,185	1.175	$268,013	$6.50
OP - Emergency Room & Related	$532,894		$532,894	$8,145		$541,039	1.056	$571,339	$13.86
OP - Other	$1,349,384		$1,349,384	$20,624		$1,370,008	1.056	$1,446,735	$35.10
Pharmacy	$7,775,913		$7,775,913	$498	$267,035	$8,043,446	1.057	$8,503,298	$206.31
Prof - Anesthesia	$59,327		$59,327	$1,039		$60,366	1.259	$75,974	$1.84
Prof - Child EPSDT	$16,111		$16,111	$282		$16,393	1.259	$20,631	$0.50
Prof - Evaluation & Management	$1,325,520		$1,325,520	$23,014		$1,348,535	1.259	$1,697,218	$41.18
Prof - Maternity	$37,014		$37,014	$648		$37,663	1.259	$47,401	$1.15
Prof - Other	$6,197,906		$6,197,906	$108,399		$6,306,305	1.259	$7,936,894	$192.57
Prof - Psych	$453,190		$453,190	$6,915		$460,105	1.259	$579,072	$14.05
Prof - Specialist	$224,731		$224,731	$3,935		$228,666	1.259	$287,790	$6.98
Prof - Vision	$85,100		$85,100	$604		$85,704	1.259	$107,864	$2.62
Radiology	$86,087		$86,087	$1,415		$87,501	1.175	$102,774	$2.49
Transportation/Ambulance	$260,933		$260,933	$2,924	$236	$264,093	1.175	$310,189	$7.53
Provider Incentive Payment Adjustment									$4.40
Total	$22,467,471	($222,418)	$22,245,054	$221,936	$308,319	$22,775,309		$26,096,651	$637.57
Admin Cost Adjustment									$48.34
Medallion II Capitation Rate									**$685.91**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$584,016		$584,016	$9,599	($18,789)	$574,826	1.175	$675,158	$21.61
FQHC / RHC	$74,355		$74,355	$1,302		$75,656	1.259	$95,219	$3.05
Home Health	$132,319		$132,319	$2,022		$134,341	1.056	$141,865	$4.54
IP - Maternity	$400,937	$8,187	$409,124	$3,696	$22,024	$434,845	1.080	$469,742	$15.04
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$4,545,540	$154,186	$4,699,726	$41,906	$252,963	$4,994,596	1.080	$5,395,426	$172.69
IP - Psych	$1,430,770		$1,430,770	$13,891	($71,746)	$1,372,915	1.182	$1,622,299	$51.93
Lab	$570,465		$570,465	$9,241		$579,706	1.175	$680,890	$21.79
OP - Emergency Room & Related	$1,689,809		$1,689,809	$25,827		$1,715,636	1.056	$1,811,721	$57.99
OP - Other	$2,288,391		$2,288,391	$34,976		$2,323,367	1.056	$2,453,487	$78.53
Pharmacy	$9,330,175		$9,330,175	$598	$320,410	$9,651,183	1.057	$10,202,951	$326.57
Prof - Anesthesia	$87,907		$87,907	$1,539		$89,446	1.259	$112,574	$3.60
Prof - Child EPSDT	$35,351		$35,351	$619		$35,970	1.259	$45,271	$1.45
Prof - Evaluation & Management	$2,024,522		$2,024,522	$35,300		$2,059,822	1.259	$2,592,420	$82.98
Prof - Maternity	$197,908		$197,908	$3,465		$201,373	1.259	$253,441	$8.11
Prof - Other	$624,463		$624,463	$10,840		$635,303	1.259	$799,570	$25.59
Prof - Psych	$397,727		$397,727	$6,189		$403,915	1.259	$508,354	$16.27
Prof - Specialist	$645,800		$645,800	$11,308		$657,108	1.259	$827,013	$26.47
Prof - Vision	$65,361		$65,361	$508		$65,868	1.259	$82,900	$2.65
Radiology	$358,092		$358,092	$5,886		$363,978	1.175	$427,508	$13.68
Transportation/Ambulance	$635,396		$635,396	$9,400	$577	$645,374	1.175	$758,020	$24.26
Provider Incentive Payment Adjustment									$6.67
Total	$26,119,304	$162,374	$26,281,677	$228,112	$505,439	$27,015,229		$29,955,828	$965.47
Admin Cost Adjustment									$73.20
Medallion II Capitation Rate									**$1,038.67**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$439,308		$439,308	$7,220	($14,134)	$432,395	1.175	$507,866	$22.29
FQHC / RHC	$30,274		$30,274	$530		$30,804	1.259	$38,769	$1.70
Home Health	$70,037		$70,037	$1,070		$71,107	1.056	$75,089	$3.30
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$3,349,911	$113,630	$3,463,541	$30,883	$186,426	$3,680,850	1.080	$3,976,248	$174.52
IP - Psych	$722,105		$722,105	$6,490	($36,184)	$692,410	1.182	$818,184	$35.91
Lab	$195,442		$195,442	$3,116		$198,558	1.175	$233,215	$10.24
OP - Emergency Room & Related	$793,285		$793,285	$12,125		$805,410	1.056	$850,517	$37.33
OP - Other	$874,185		$874,185	$13,361		$887,546	1.056	$937,253	$41.14
Pharmacy	$6,371,431		$6,371,431	$408	$218,803	$6,590,643	1.057	$6,967,437	$305.80
Prof - Anesthesia	$29,589		$29,589	$518		$30,107	1.259	$37,892	$1.66
Prof - Child EPSDT	$5,723		$5,723	$100		$5,823	1.259	$7,329	$0.32
Prof - Evaluation & Management	$932,834		$932,834	$16,230		$949,064	1.259	$1,194,459	$52.43
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$604,830		$604,830	$10,529		$615,360	1.259	$774,470	$33.99
Prof - Psych	$176,990		$176,990	$2,458		$179,448	1.259	$225,846	$9.91
Prof - Specialist	$308,873		$308,873	$5,408		$314,281	1.259	$395,543	$17.36
Prof - Vision	$42,692		$42,692	$296		$42,988	1.259	$54,103	$2.37
Radiology	$121,473		$121,473	$1,997		$123,469	1.175	$145,020	$6.37
Transportation/Ambulance	$313,353		$313,353	$4,370	$285	$318,007	1.175	$373,513	$16.39
Provider Incentive Payment Adjustment									$5.38
Total	$15,382,335	$113,630	$15,495,965	$117,109	$355,195	$15,968,269		$17,612,754	$778.41
Admin Cost Adjustment									$59.02
Medallion II Capitation Rate									**$837.42**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$2,434,648		$2,434,648	$40,016	($78,329)	$2,396,335	1.175	$2,814,599	$33.84
FQHC / RHC	$290,365		$290,365	$5,084		$295,449	1.259	$371,842	$4.47
Home Health	$844,318		$844,318	$12,905		$857,222	1.056	$905,231	$10.88
IP - Maternity	$6,172	$112	$6,285	$57	$338	$6,680	1.080	$7,216	$0.09
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$28,784,188	$913,229	$29,697,417	$265,366	$1,598,498	$31,561,281	1.080	$34,094,162	$409.87
IP - Psych	$2,374,970		$2,374,970	$21,145	($118,998)	$2,277,117	1.182	$2,690,745	$32.35
Lab	$1,409,936		$1,409,936	$22,819		$1,432,756	1.175	$1,682,834	$20.23
OP - Emergency Room & Related	$3,320,622		$3,320,622	$50,753		$3,371,374	1.056	$3,560,189	$42.80
OP - Other	$7,900,113		$7,900,113	$120,746		$8,020,859	1.056	$8,470,068	$101.83
Pharmacy	$33,510,161		$33,510,161	$2,147	$1,150,781	$34,663,089	1.057	$36,644,815	$440.54
Prof - Anesthesia	$277,473		$277,473	$4,858		$282,332	1.259	$355,333	$4.27
Prof - Child EPSDT	$57,934		$57,934	$1,014		$58,949	1.259	$74,191	$0.89
Prof - Evaluation & Management	$5,961,827		$5,961,827	$104,005		$6,065,832	1.259	$7,634,243	$91.78
Prof - Maternity	$2,643		$2,643	$46		$2,690	1.259	$3,385	$0.04
Prof - Other	$3,594,068		$3,594,068	$62,691		$3,656,760	1.259	$4,602,269	$55.33
Prof - Psych	$581,398		$581,398	$7,976		$589,375	1.259	$741,766	$8.92
Prof - Specialist	$2,517,274		$2,517,274	$44,077		$2,561,351	1.259	$3,223,626	$38.75
Prof - Vision	$270,360		$270,360	$3,065		$273,424	1.259	$344,122	$4.14
Radiology	$1,027,454		$1,027,454	$16,887		$1,044,341	1.175	$1,226,624	$14.75
Transportation/Ambulance	$1,688,423		$1,688,423	$24,936	$1,534	$1,714,893	1.175	$2,014,216	$24.21
Provider Incentive Payment Adjustment									$9.32
Total	$96,854,347	$913,342	$97,767,689	$810,594	$2,553,824	$101,132,107		$111,461,478	$1,349.29
Admin Cost Adjustment									$102.30
Medallion II Capitation Rate									**$1,451.59**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age Under 1									
Statewide	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$116,549		$116,549	$1,916	($6,209)	$112,255	1.175	$131,849	$74.83
FQHC / RHC	$5,921		$5,921	$104		$6,025	1.259	$7,583	$4.30
Home Health	$116,151		$116,151	$1,775		$117,926	1.056	$124,530	$70.68
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$289,399	($14,592)	$274,807	$2,668	$14,803	$292,278	1.080	$315,734	$179.19
IP - Other	$1,868,106	($334,345)	$1,533,761	$17,222	$82,744	$1,633,727	1.080	$1,764,838	$1,001.61
IP - Psych	$20,598		$20,598		($1,023)	$19,575	1.182	$23,131	$13.13
Lab	$8,050		$8,050	$117		$8,167	1.175	$9,592	$5.44
OP - Emergency Room & Related	$76,762		$76,762	$1,173		$77,936	1.056	$82,300	$46.71
OP - Other	$270,292		$270,292	$4,131		$274,423	1.056	$289,792	$164.47
Pharmacy	$783,556		$783,556	$50	$26,908	$810,514	1.057	$856,852	$486.30
Prof - Anesthesia	$20,514		$20,514	$359		$20,873	1.259	$26,270	$14.91
Prof - Child EPSDT	$8,457		$8,457	$148		$8,605	1.259	$10,830	$6.15
Prof - Evaluation & Management	$385,002		$385,002	$6,736		$391,738	1.259	$493,028	$279.81
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$464,686		$464,686	$8,138		$472,823	1.259	$595,079	$337.73
Prof - Psych	$6,468		$6,468	$6		$6,475	1.259	$8,149	$4.62
Prof - Specialist	$65,764		$65,764	$1,151		$66,915	1.259	$84,217	$47.80
Prof - Vision	$13,090		$13,090	$194		$13,284	1.259	$16,719	$9.49
Radiology	$11,559		$11,559	$190		$11,749	1.175	$13,799	$7.83
Transportation/Ambulance	$28,874		$28,874	$397	$26	$29,297	1.175	$34,411	$19.53
Provider Incentive Payment Adjustment									$19.29
Total	$4,559,797	($348,937)	$4,210,860	$46,476	$117,249	$4,374,586		$4,888,705	$2,793.81
Admin Cost Adjustment									$211.81
Medallion II Capitation Rate									**$3,005.63**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 1-5									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$78,975		$78,975	$1,298	($4,208)	$76,066	1.175	$89,343	$50.02
FQHC / RHC	$224		$224	$4		$227	1.259	$286	$0.16
Home Health	$1,710		$1,710	$26		$1,736	1.056	$1,833	$1.03
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$224,798	$7,625	$232,424	$2,072	$12,510	$247,006	1.080	$266,829	$149.40
IP - Psych	$13,513		$13,513		($671)	$12,842	1.182	$15,175	$8.50
Lab	$8,328		$8,328	$130		$8,458	1.175	$9,934	$5.56
OP - Emergency Room & Related	$33,935		$33,935	$519		$34,454	1.056	$36,383	$20.37
OP - Other	$161,454		$161,454	$2,468		$163,921	1.056	$173,102	$96.92
Pharmacy	$294,941		$294,941	$19	$10,129	$305,088	1.057	$322,531	$180.59
Prof - Anesthesia	$18,719		$18,719	$328		$19,047	1.259	$23,972	$13.42
Prof - Child EPSDT	$2,364		$2,364	$41		$2,406	1.259	$3,028	$1.70
Prof - Evaluation & Management	$127,219		$127,219	$2,222		$129,441	1.259	$162,909	$91.21
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$106,992		$106,992	$1,871		$108,863	1.259	$137,011	$76.71
Prof - Psych	$8,111		$8,111	$72		$8,183	1.259	$10,299	$5.77
Prof - Specialist	$19,216		$19,216	$336		$19,552	1.259	$24,608	$13.78
Prof - Vision	$5,413		$5,413	$60		$5,473	1.259	$6,888	$3.86
Radiology	$6,220		$6,220	$102		$6,322	1.175	$7,426	$4.16
Transportation/Ambulance	$16,227		$16,227	$194	$15	$16,435	1.175	$19,303	$10.81
Provider Incentive Payment Adjustment									$5.10
Total	$1,128,358	$7,625	$1,135,984	$11,762	$17,775	$1,165,520		$1,310,859	$739.07
Admin Cost Adjustment									$56.03
Medallion II Capitation Rate									**$795.10**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 6-20									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$224,897		$224,897	$3,696	($9,817)	$218,777	1.175	$256,963	$19.07
FQHC / RHC	$11,849		$11,849	$207		$12,057	1.259	$15,174	$1.13
Home Health	$18,344		$18,344	$280		$18,624	1.056	$19,668	$1.46
IP - Maternity	$19,790	$404	$20,194	$182	$1,087	$21,463	1.080	$23,186	$1.72
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$621,989	$21,098	$643,087	$5,734	$34,614	$683,435	1.080	$738,283	$54.80
IP - Psych	$196,945		$196,945	$746	($9,818)	$187,872	1.182	$221,998	$16.48
Lab	$66,436		$66,436	$1,042		$67,478	1.175	$79,256	$5.88
OP - Emergency Room & Related	$256,238		$256,238	$3,916		$260,154	1.056	$274,724	$20.39
OP - Other	$431,098		$431,098	$6,589		$437,687	1.056	$462,200	$34.31
Pharmacy	$4,041,344		$4,041,344	$259	$138,785	$4,180,388	1.057	$4,419,386	$328.04
Prof - Anesthesia	$21,952		$21,952	$384		$22,337	1.259	$28,112	$2.09
Prof - Child EPSDT	$4,908		$4,908	$86		$4,994	1.259	$6,286	$0.47
Prof - Evaluation & Management	$540,128		$540,128	$9,418		$549,546	1.259	$691,639	$51.34
Prof - Maternity	$10,983		$10,983	$192		$11,175	1.259	$14,064	$1.04
Prof - Other	$638,999		$638,999	$11,178		$650,177	1.259	$818,290	$60.74
Prof - Psych	$144,882		$144,882	$1,871		$146,754	1.259	$184,699	$13.71
Prof - Specialist	$94,555		$94,555	$1,656		$96,211	1.259	$121,088	$8.99
Prof - Vision	$30,267		$30,267	$267		$30,533	1.259	$38,428	$2.85
Radiology	$42,499		$42,499	$699		$43,197	1.175	$50,737	$3.77
Transportation/Ambulance	$93,904		$93,904	$979	$85	$94,968	1.175	$111,545	$8.28
Provider Incentive Payment Adjustment									$4.43
Total	$7,512,008	$21,502	$7,533,510	$49,383	$154,936	$7,737,829		$8,575,725	$640.99
Admin Cost Adjustment									$48.60
Medallion II Capitation Rate									**$689.58**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Female									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$359,441		$359,441	$5,908	($11,564)	$353,785	1.175	$415,536	$20.67
FQHC / RHC	$44,944		$44,944	$787		$45,731	1.259	$57,555	$2.86
Home Health	$69,590		$69,590	$1,064		$70,653	1.056	$74,610	$3.71
IP - Maternity	$152,481	$3,114	$155,594	$1,406	$8,376	$165,376	1.080	$178,648	$8.89
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$3,647,289	$123,717	$3,771,006	$33,625	$202,975	$4,007,606	1.080	$4,329,227	$215.40
IP - Psych	$452,882		$452,882	$2,859	($22,633)	$433,108	1.182	$511,780	$25.46
Lab	$274,968		$274,968	$4,444		$279,411	1.175	$328,181	$16.33
OP - Emergency Room & Related	$1,477,073		$1,477,073	$22,576		$1,499,649	1.056	$1,583,637	$78.79
OP - Other	$1,475,672		$1,475,672	$22,554		$1,498,226	1.056	$1,582,135	$78.72
Pharmacy	$5,647,577		$5,647,577	$362	$193,945	$5,841,884	1.057	$6,175,871	$307.27
Prof - Anesthesia	$56,657		$56,657	$992		$57,649	1.259	$72,555	$3.61
Prof - Child EPSDT	$10,424		$10,424	$183		$10,606	1.259	$13,349	$0.66
Prof - Evaluation & Management	$1,415,684		$1,415,684	$24,732		$1,440,416	1.259	$1,812,857	$90.20
Prof - Maternity	$65,574		$65,574	$1,148		$66,723	1.259	$83,975	$4.18
Prof - Other	$253,383		$253,383	$4,422		$257,806	1.259	$324,465	$16.14
Prof - Psych	$145,571		$145,571	$1,567		$147,138	1.259	$185,183	$9.21
Prof - Specialist	$348,128		$348,128	$6,096		$354,224	1.259	$445,814	$22.18
Prof - Vision	$44,123		$44,123	$438		$44,561	1.259	$56,082	$2.79
Radiology	$251,799		$251,799	$4,139		$255,937	1.175	$300,610	$14.96
Transportation/Ambulance	$291,904		$291,904	$3,949	$265	$296,118	1.175	$347,804	$17.30
Provider Incentive Payment Adjustment									$6.53
Total	$16,485,163	$126,831	$16,611,994	$143,249	$371,363	$17,126,607		$18,879,872	$945.88
Admin Cost Adjustment									$71.71
Medallion II Capitation Rate									**$1,017.59**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 21-44 Male									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$168,861		$168,861	$2,775	($5,433)	$166,204	1.175	$195,213	$14.63
FQHC / RHC	$10,954		$10,954	$192		$11,146	1.259	$14,028	$1.05
Home Health	$40,598		$40,598	$621		$41,218	1.056	$43,527	$3.26
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$1,605,348	$54,454	$1,659,802	$14,800	$89,339	$1,763,941	1.080	$1,905,503	$142.81
IP - Psych	$341,288		$341,288	$2,199	($17,059)	$326,428	1.182	$385,723	$28.91
Lab	$96,671		$96,671	$1,540		$98,211	1.175	$115,354	$8.65
OP - Emergency Room & Related	$632,613		$632,613	$9,669		$642,282	1.056	$678,253	$50.83
OP - Other	$558,180		$558,180	$8,531		$566,711	1.056	$598,450	$44.85
Pharmacy	$2,548,852		$2,548,852	$163	$87,531	$2,636,546	1.057	$2,787,280	$208.89
Prof - Anesthesia	$24,809		$24,809	$434		$25,243	1.259	$31,770	$2.38
Prof - Child EPSDT	$3,754		$3,754	$66		$3,819	1.259	$4,807	$0.36
Prof - Evaluation & Management	$625,188		$625,188	$10,913		$636,101	1.259	$800,574	$60.00
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$182,026		$182,026	$3,182		$185,208	1.259	$233,097	$17.47
Prof - Psych	$76,301		$76,301	$617		$76,918	1.259	$96,807	$7.26
Prof - Specialist	$137,506		$137,506	$2,408		$139,914	1.259	$176,090	$13.20
Prof - Vision	$23,030		$23,030	$187		$23,217	1.259	$29,220	$2.19
Radiology	$83,487		$83,487	$1,372		$84,859	1.175	$99,671	$7.47
Transportation/Ambulance	$177,611		$177,611	$2,338	$161	$180,110	1.175	$211,547	$15.85
Provider Incentive Payment Adjustment									$4.38
Total	$7,337,076	$54,454	$7,391,530	$62,007	$154,540	$7,608,077		$8,406,912	$634.44
Admin Cost Adjustment									$48.10
Medallion II Capitation Rate									**$682.54**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD non-ALTC)

Age 45 and Over									
Far Southwest	Total Base Claims FY12-13	Base Claims Redistribution FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type									
DME/Supplies	$1,951,303		$1,951,303	$32,072	($62,779)	$1,920,596	1.175	$2,255,823	$34.95
FQHC / RHC	$106,599		$106,599	$1,867		$108,465	1.259	$136,511	$2.12
Home Health	$776,984		$776,984	$11,875		$788,859	1.056	$833,039	$12.91
IP - Maternity	$0	$0	$0			$0	1.080	$0	$0.00
IP - Newborn	$0	$0	$0			$0	1.080	$0	$0.00
IP - Other	$15,198,537	$515,540	$15,714,077	$140,118	$845,812	$16,700,008	1.080	$18,040,230	$279.52
IP - Psych	$1,128,786		$1,128,786	$6,193	($56,366)	$1,078,612	1.182	$1,274,537	$19.75
Lab	$866,198		$866,198	$13,990		$880,188	1.175	$1,033,819	$16.02
OP - Emergency Room & Related	$3,097,261		$3,097,261	$47,339		$3,144,599	1.056	$3,320,713	$51.45
OP - Other	$5,928,795		$5,928,795	$90,616		$6,019,412	1.056	$6,356,530	$98.49
Pharmacy	$23,433,236		$23,433,236	$1,501	$804,727	$24,239,464	1.057	$25,625,260	$397.05
Prof - Anesthesia	$157,429		$157,429	$2,757		$160,186	1.259	$201,604	$3.12
Prof - Child EPSDT	$36,311		$36,311	$636		$36,947	1.259	$46,500	$0.72
Prof - Evaluation & Management	$4,694,441		$4,694,441	$82,020		$4,776,461	1.259	$6,011,486	$93.15
Prof - Maternity	$0		$0			$0	1.259	$0	$0.00
Prof - Other	$1,262,043		$1,262,043	$22,051		$1,284,093	1.259	$1,616,115	$25.04
Prof - Psych	$328,233		$328,233	$2,852		$331,085	1.259	$416,692	$6.46
Prof - Specialist	$1,398,944		$1,398,944	$24,495		$1,423,439	1.259	$1,791,490	$27.76
Prof - Vision	$208,755		$208,755	$2,564		$211,319	1.259	$265,958	$4.12
Radiology	$860,249		$860,249	$14,139		$874,388	1.175	$1,027,006	$15.91
Transportation/Ambulance	$1,009,138		$1,009,138	$13,859	$916	$1,023,913	1.175	$1,202,630	$18.63
Provider Incentive Payment Adjustment									$7.70
Total	$62,443,240	$515,540	$62,958,780	$510,941	$1,532,310	$65,002,032		$71,455,944	$1,114.87
Admin Cost Adjustment									$84.52
Medallion II Capitation Rate									**$1,199.40**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age Under 1								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$207,733	$0	($10,726)	$197,007	1.192	$234,832	0.910	$17.51
FQHC / RHC	$24,390	$0		$24,390	1.182	$28,829	0.910	$2.15
Home Health	$113	$0		$113	1.056	$119	0.910	$0.01
IP - Maternity	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Newborn	$1,824,786	$0	$97,351	$1,922,137	0.983	$1,889,400	0.910	$140.88
IP - Other	$306,712	$0	$16,363	$323,075	0.983	$317,572	0.910	$23.68
IP - Psych	$0	$0		$0	1.441	$0	0.910	$0.00
Lab	$34,600	$0	($4,152)	$30,448	1.192	$36,294	0.910	$2.71
OP - Emergency Room & Related	$69,972	$0		$69,972	1.056	$73,897	0.910	$5.51
OP - Other	$125,560	$0		$125,560	1.056	$132,603	0.910	$9.89
Pharmacy	$321,786	$0	($21,872)	$299,913	1.253	$375,727	1.000	$30.79
Prof - Anesthesia	$9,039	$0		$9,039	1.182	$10,685	0.910	$0.80
Prof - Child EPSDT	$42,498	$0		$42,498	1.182	$50,233	0.910	$3.75
Prof - Evaluation & Management	$1,195,552	$0		$1,195,552	1.182	$1,413,157	0.910	$105.37
Prof - Maternity	$0	$0		$0	1.182	$0	0.910	$0.00
Prof - Other	$258,310	$0		$258,310	1.182	$305,326	0.910	$22.77
Prof - Psych	$0	$0		$0	1.182	$0	0.910	$0.00
Prof - Specialist	$65,462	$0		$65,462	1.182	$77,376	0.910	$5.77
Prof - Vision	$5,439	$0		$5,439	1.182	$6,429	0.910	$0.48
Radiology	$52,851	$0		$52,851	1.192	$62,998	0.910	$4.70
Transportation/Ambulance	$13,146	$0	$5,045	$18,191	1.192	$21,684	0.910	$1.62
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.98
Total	$4,557,948	$0	$82,009	$4,639,957		$5,037,163		$380.36
Admin Cost Adjustment								$40.42
Medallion II Capitation Rate								**$420.78**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 1-5								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$82,920	$0	($4,282)	$78,639	1.192	$93,737	0.910	$3.01
FQHC / RHC	$45,689	$0		$45,689	1.182	$54,005	0.910	$1.74
Home Health	$900	$0		$900	1.056	$950	0.910	$0.03
IP - Maternity	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Newborn	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Other	$177,479	$0	$9,468	$186,947	0.983	$183,763	0.910	$5.91
IP - Psych	$16,769	$0	($833)	$15,936	1.441	$22,970	0.910	$0.74
Lab	$76,808	$0	($9,217)	$67,591	1.192	$80,568	0.910	$2.59
OP - Emergency Room & Related	$185,186	$0		$185,186	1.056	$195,574	0.910	$6.29
OP - Other	$268,619	$0		$268,619	1.056	$283,686	0.910	$9.12
Pharmacy	$457,669	$0	($31,108)	$426,560	1.253	$534,389	1.000	$18.88
Prof - Anesthesia	$23,160	$0		$23,160	1.182	$27,376	0.910	$0.88
Prof - Child EPSDT	$35,598	$0		$35,598	1.182	$42,078	0.910	$1.35
Prof - Evaluation & Management	$705,388	$0		$705,388	1.182	$833,777	0.910	$26.80
Prof - Maternity	$0	$0		$0	1.182	$0	0.910	$0.00
Prof - Other	$184,006	$0		$184,006	1.182	$217,497	0.910	$6.99
Prof - Psych	$27,016	$0		$27,016	1.182	$31,933	0.910	$1.03
Prof - Specialist	$94,819	$0		$94,819	1.182	$112,077	0.910	$3.60
Prof - Vision	$22,413	$0		$22,413	1.182	$26,492	0.910	$0.85
Radiology	$93,758	$0		$93,758	1.192	$111,759	0.910	$3.59
Transportation/Ambulance	$10,293	$0	$3,950	$14,243	1.192	$16,977	0.910	$0.55
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.24
Total	$2,508,488	$0	($32,021)	$2,476,467		$2,869,609		$95.22
Admin Cost Adjustment								$10.12
Medallion II Capitation Rate								**$105.33**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 6-14								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$50,338	$0	($2,201)	$48,137	1.192	$57,379	0.910	$1.09
FQHC / RHC	$59,637	$0		$59,637	1.182	$70,492	0.910	$1.34
Home Health	$0	$0		$0	1.056	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Newborn	$44,418	$0	$2,370	$46,788	0.983	$45,991	0.910	$0.87
IP - Other	$193,068	$0	$10,300	$203,368	0.983	$199,904	0.910	$3.79
IP - Psych	$209,295	$0	($10,394)	$198,901	1.441	$286,690	0.910	$5.44
Lab	$120,846	$0	($14,501)	$106,344	1.192	$126,762	0.910	$2.40
OP - Emergency Room & Related	$291,749	$0		$291,749	1.056	$308,114	0.910	$5.84
OP - Other	$338,398	$0		$338,398	1.056	$357,380	0.910	$6.78
Pharmacy	$1,968,567	$0	($133,807)	$1,834,760	1.253	$2,298,563	1.000	$47.91
Prof - Anesthesia	$19,482	$0		$19,482	1.182	$23,028	0.910	$0.44
Prof - Child EPSDT	$16,793	$0		$16,793	1.182	$19,849	0.910	$0.38
Prof - Evaluation & Management	$842,889	$0		$842,889	1.182	$996,305	0.910	$18.90
Prof - Maternity	$0	$0		$0	1.182	$0	0.910	$0.00
Prof - Other	$140,938	$0		$140,938	1.182	$166,590	0.910	$3.16
Prof - Psych	$203,661	$0		$203,661	1.182	$240,729	0.910	$4.57
Prof - Specialist	$128,048	$0		$128,048	1.182	$151,354	0.910	$2.87
Prof - Vision	$175,538	$0		$175,538	1.182	$207,488	0.910	$3.94
Radiology	$35,312	$0		$35,312	1.192	$42,092	0.910	$0.80
Transportation/Ambulance	$14,133	$0	$5,424	$19,557	1.192	$23,312	0.910	$0.44
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.29
Total	$4,853,107	$0	($142,810)	$4,710,298		$5,622,021		$112.28
Admin Cost Adjustment								$11.93
Medallion II Capitation Rate								**$124.21**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 15-20 Female								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$9,259	$0	($405)	$8,854	1.192	$10,554	0.910	$0.74
FQHC / RHC	$25,966	$0		$25,966	1.182	$30,693	0.910	$2.15
Home Health	$0	$0		$0	1.056	$0	0.910	$0.00
IP - Maternity	$467,164	$0	$24,923	$492,086	0.983	$483,706	0.910	$33.87
IP - Newborn	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Other	$141,212	$0	$7,534	$148,746	0.983	$146,213	0.910	$10.24
IP - Psych	$80,934	$0	($4,019)	$76,915	1.441	$110,863	0.910	$7.76
Lab	$223,093	$0	($26,771)	$196,322	1.192	$234,016	0.910	$16.39
OP - Emergency Room & Related	$223,440	$0		$223,440	1.056	$235,974	0.910	$16.53
OP - Other	$252,670	$0		$252,670	1.056	$266,843	0.910	$18.69
Pharmacy	$478,921	$0	($32,553)	$446,368	1.253	$559,204	1.000	$43.04
Prof - Anesthesia	$23,346	$0		$23,346	1.182	$27,595	0.910	$1.93
Prof - Child EPSDT	$8,769	$0		$8,769	1.182	$10,365	0.910	$0.73
Prof - Evaluation & Management	$352,515	$0		$352,515	1.182	$416,678	0.910	$29.18
Prof - Maternity	$332,088	$0		$332,088	1.182	$392,533	0.910	$27.49
Prof - Other	$88,221	$0		$88,221	1.182	$104,278	0.910	$7.30
Prof - Psych	$59,706	$0		$59,706	1.182	$70,574	0.910	$4.94
Prof - Specialist	$57,515	$0		$57,515	1.182	$67,984	0.910	$4.76
Prof - Vision	$55,733	$0		$55,733	1.182	$65,877	0.910	$4.61
Radiology	$104,791	$0		$104,791	1.192	$124,911	0.910	$8.75
Transportation/Ambulance	$15,415	$0	$5,916	$21,331	1.192	$25,427	0.910	$1.78
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.62
Total	$3,000,761	$0	($25,376)	$2,975,385		$3,384,285		$242.54
Admin Cost Adjustment								$25.77
Medallion II Capitation Rate								**$268.31**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Female								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$76,294	$0	($3,200)	$73,094	1.132	$82,737	0.910	$3.05
FQHC / RHC	$81,377	$0		$81,377	1.069	$86,974	0.910	$3.21
Home Health	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Maternity	$1,433,059	$0	$76,453	$1,509,512	1.019	$1,537,965	0.910	$56.75
IP - Newborn	$0	$0		$0	1.019	$0	0.910	$0.00
IP - Other	$828,373	$0	$44,193	$872,567	1.019	$889,014	0.910	$32.80
IP - Psych	$147,734	$0	($7,337)	$140,397	0.944	$132,562	0.910	$4.89
Lab	$661,152	$0	($79,338)	$581,814	1.132	$658,571	0.910	$24.30
OP - Emergency Room & Related	$763,226	$0		$763,226	0.983	$750,501	0.910	$27.69
OP - Other	$1,065,710	$0		$1,065,710	0.983	$1,047,941	0.910	$38.67
Pharmacy	$1,770,110	$0	($22,650)	$1,747,459	1.143	$1,996,776	1.000	$80.96
Prof - Anesthesia	$87,454	$0		$87,454	1.069	$93,469	0.910	$3.45
Prof - Child EPSDT	$15,228	$0		$15,228	1.069	$16,276	0.910	$0.60
Prof - Evaluation & Management	$818,038	$0		$818,038	1.069	$874,303	0.910	$32.26
Prof - Maternity	$934,832	$0		$934,832	1.069	$999,130	0.910	$36.87
Prof - Other	$212,673	$0		$212,673	1.069	$227,301	0.910	$8.39
Prof - Psych	$111,313	$0		$111,313	1.069	$118,970	0.910	$4.39
Prof - Specialist	$318,703	$0		$318,703	1.069	$340,624	0.910	$12.57
Prof - Vision	$34,764	$0		$34,764	1.069	$37,155	0.910	$1.37
Radiology	$357,756	$0		$357,756	1.132	$404,955	0.910	$14.94
Transportation/Ambulance	$55,848	$0	$21,434	$77,282	1.132	$87,477	0.910	$3.23
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$1.01
Total	$9,773,643	$0	$29,555	$9,803,198		$10,382,699		$393.40
Admin Cost Adjustment								$36.17
Medallion II Capitation Rate								**$429.57**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 15-20 Male								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$17,308	$0	($757)	$16,552	1.192	$19,729	0.910	$1.86
FQHC / RHC	$9,444	$0		$9,444	1.182	$11,163	0.910	$1.05
Home Health	$0	$0		$0	1.056	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Newborn	$13,507	$0	$721	$14,228	0.983	$13,985	0.910	$1.32
IP - Other	$325,947	$0	$17,389	$343,337	0.983	$337,489	0.910	$31.88
IP - Psych	$72,876	$0	($3,619)	$69,257	1.441	$99,825	0.910	$9.43
Lab	$40,413	$0	($4,850)	$35,563	1.192	$42,391	0.910	$4.00
OP - Emergency Room & Related	$132,447	$0		$132,447	1.056	$139,876	0.910	$13.21
OP - Other	$101,064	$0		$101,064	1.056	$106,732	0.910	$10.08
Pharmacy	$422,675	$0	($28,730)	$393,945	1.253	$493,529	1.000	$51.22
Prof - Anesthesia	$6,651	$0		$6,651	1.182	$7,862	0.910	$0.74
Prof - Child EPSDT	$2,051	$0		$2,051	1.182	$2,424	0.910	$0.23
Prof - Evaluation & Management	$185,878	$0		$185,878	1.182	$219,710	0.910	$20.75
Prof - Maternity	$0	$0		$0	1.182	$0	0.910	$0.00
Prof - Other	$33,820	$0		$33,820	1.182	$39,976	0.910	$3.78
Prof - Psych	$47,939	$0		$47,939	1.182	$56,665	0.910	$5.35
Prof - Specialist	$54,543	$0		$54,543	1.182	$64,471	0.910	$6.09
Prof - Vision	$26,284	$0		$26,284	1.182	$31,068	0.910	$2.93
Radiology	$17,926	$0		$17,926	1.192	$21,367	0.910	$2.02
Transportation/Ambulance	$9,426	$0	$3,617	$13,043	1.192	$15,547	0.910	$1.47
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.43
Total	$1,520,200	$0	($16,228)	$1,503,971		$1,723,812		$168.89
Admin Cost Adjustment								$17.95
Medallion II Capitation Rate								**$186.84**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Male								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$14,076	$0	($590)	$13,485	1.132	$15,264	0.910	$3.33
FQHC / RHC	$11,486	$0		$11,486	1.069	$12,276	0.910	$2.68
Home Health	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	1.019	$0	0.910	$0.00
IP - Newborn	$0	$0		$0	1.019	$0	0.910	$0.00
IP - Other	$850,763	$0	$45,388	$896,151	1.019	$913,042	0.910	$199.32
IP - Psych	$29,595	$0	($1,470)	$28,125	0.944	$26,555	0.910	$5.80
Lab	$35,721	$0	($4,287)	$31,435	1.132	$35,582	0.910	$7.77
OP - Emergency Room & Related	$128,112	$0		$128,112	0.983	$125,976	0.910	$27.50
OP - Other	$176,912	$0		$176,912	0.983	$173,962	0.910	$37.98
Pharmacy	$242,184	$0	($3,099)	$239,085	1.143	$273,196	1.000	$65.54
Prof - Anesthesia	$10,507	$0		$10,507	1.069	$11,229	0.910	$2.45
Prof - Child EPSDT	$670	$0		$670	1.069	$716	0.910	$0.16
Prof - Evaluation & Management	$122,892	$0		$122,892	1.069	$131,344	0.910	$28.67
Prof - Maternity	$0	$0		$0	1.069	$0	0.910	$0.00
Prof - Other	$30,721	$0		$30,721	1.069	$32,834	0.910	$7.17
Prof - Psych	$12,795	$0		$12,795	1.069	$13,675	0.910	$2.99
Prof - Specialist	$85,289	$0		$85,289	1.069	$91,156	0.910	$19.90
Prof - Vision	$3,371	$0		$3,371	1.069	$3,602	0.910	$0.79
Radiology	$20,583	$0		$20,583	1.132	$23,298	0.910	$5.09
Transportation/Ambulance	$8,261	$0	$3,171	$11,432	1.132	$12,940	0.910	$2.82
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$1.08
Total	$1,783,937	$0	$39,113	$1,823,050		$1,896,649		$423.04
Admin Cost Adjustment								$38.90
Medallion II Capitation Rate								**$461.93**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 45 and Over								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$13,308	$0	($558)	$12,750	1.132	$14,432	0.910	$5.62
FQHC / RHC	$10,672	$0		$10,672	1.069	$11,406	0.910	$4.45
Home Health	$0	$0		$0	0.983	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	1.019	$0	0.910	$0.00
IP - Newborn	$0	$0		$0	1.019	$0	0.910	$0.00
IP - Other	$233,609	$0	$12,463	$246,072	1.019	$250,711	0.910	$97.71
IP - Psych	$24,021	$0	($1,193)	$22,828	0.944	$21,554	0.910	$8.40
Lab	$37,680	$0	($4,522)	$33,158	1.132	$37,533	0.910	$14.63
OP - Emergency Room & Related	$48,871	$0		$48,871	0.983	$48,056	0.910	$18.73
OP - Other	$177,695	$0		$177,695	0.983	$174,732	0.910	$68.10
Pharmacy	$267,750	$0	($3,426)	$264,324	1.143	$302,036	1.000	$129.35
Prof - Anesthesia	$5,655	$0		$5,655	1.069	$6,044	0.910	$2.36
Prof - Child EPSDT	$852	$0		$852	1.069	$910	0.910	$0.35
Prof - Evaluation & Management	$82,863	$0		$82,863	1.069	$88,563	0.910	$34.52
Prof - Maternity	$0	$0		$0	1.069	$0	0.910	$0.00
Prof - Other	$41,042	$0		$41,042	1.069	$43,865	0.910	$17.10
Prof - Psych	$10,771	$0		$10,771	1.069	$11,512	0.910	$4.49
Prof - Specialist	$44,022	$0		$44,022	1.069	$47,049	0.910	$18.34
Prof - Vision	$6,195	$0		$6,195	1.069	$6,621	0.910	$2.58
Radiology	$21,474	$0		$21,474	1.132	$24,307	0.910	$9.47
Transportation/Ambulance	$3,403	$0	$1,306	$4,708	1.132	$5,330	0.910	$2.08
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$1.13
Total	$1,029,882	$0	$4,070	$1,033,952		$1,094,660		$441.39
Admin Cost Adjustment								$40.58
Medallion II Capitation Rate								**$481.98**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age Under 1								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$350,744	$0	($18,110)	$332,634	1.165	$387,560	0.910	$18.02
FQHC / RHC	$240,331	$0		$240,331	1.163	$279,461	0.910	$12.99
Home Health	$2,813	$0		$2,813	1.049	$2,949	0.910	$0.14
IP - Maternity	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Newborn	$123,105	$0	$6,568	$129,672	0.986	$127,829	0.910	$5.94
IP - Other	$538,876	$0	$28,749	$567,624	0.986	$559,557	0.910	$26.02
IP - Psych	$0	$0		$0	1.383	$0	0.910	$0.00
Lab	$96,910	$0	($11,629)	$85,281	1.165	$99,363	0.910	$4.62
OP - Emergency Room & Related	$195,972	$0		$195,972	1.049	$205,496	0.910	$9.56
OP - Other	$193,739	$0		$193,739	1.049	$203,154	0.910	$9.45
Pharmacy	$666,731	$0	($45,319)	$621,413	1.230	$764,216	1.000	$39.05
Prof - Anesthesia	$14,753	$0		$14,753	1.163	$17,155	0.910	$0.80
Prof - Child EPSDT	$71,343	$0		$71,343	1.163	$82,958	0.910	$3.86
Prof - Evaluation & Management	$1,011,015	$0		$1,011,015	1.163	$1,175,625	0.910	$54.67
Prof - Maternity	$0	$0		$0	1.163	$0	0.910	$0.00
Prof - Other	$412,222	$0		$412,222	1.163	$479,339	0.910	$22.29
Prof - Psych	$201	$0		$201	1.163	$234	0.910	$0.01
Prof - Specialist	$68,339	$0		$68,339	1.163	$79,465	0.910	$3.70
Prof - Vision	$8,322	$0		$8,322	1.163	$9,677	0.910	$0.45
Radiology	$40,662	$0		$40,662	1.165	$47,376	0.910	$2.20
Transportation/Ambulance	$49,375	$0	$18,950	$68,325	1.165	$79,607	0.910	$3.70
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.56
Total	$4,085,452	$0	($20,792)	$4,064,660		$4,601,022		$219.05
Admin Cost Adjustment								$23.28
Medallion II Capitation Rate								**$242.33**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 1-5								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$205,176	$0	($10,594)	$194,582	1.165	$226,713	0.910	$2.09
FQHC / RHC	$751,240	$0		$751,240	1.163	$873,554	0.910	$8.07
Home Health	$41,111	$0		$41,111	1.049	$43,109	0.910	$0.40
IP - Maternity	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Newborn	$8,956	$0	$478	$9,433	0.986	$9,299	0.910	$0.09
IP - Other	$1,204,976	$0	$64,285	$1,269,261	0.986	$1,251,221	0.910	$11.55
IP - Psych	$3,165	$0	($157)	$3,008	1.383	$4,159	0.910	$0.04
Lab	$405,321	$0	($48,638)	$356,682	1.165	$415,580	0.910	$3.84
OP - Emergency Room & Related	$853,158	$0		$853,158	1.049	$894,620	0.910	$8.26
OP - Other	$868,712	$0		$868,712	1.049	$910,930	0.910	$8.41
Pharmacy	$2,877,831	$0	($195,611)	$2,682,220	1.230	$3,298,607	1.000	$33.47
Prof - Anesthesia	$112,992	$0		$112,992	1.163	$131,389	0.910	$1.21
Prof - Child EPSDT	$95,555	$0		$95,555	1.163	$111,113	0.910	$1.03
Prof - Evaluation & Management	$2,652,373	$0		$2,652,373	1.163	$3,084,222	0.910	$28.48
Prof - Maternity	$0	$0		$0	1.163	$0	0.910	$0.00
Prof - Other	$833,545	$0		$833,545	1.163	$969,260	0.910	$8.95
Prof - Psych	$90,970	$0		$90,970	1.163	$105,782	0.910	$0.98
Prof - Specialist	$311,460	$0		$311,460	1.163	$362,171	0.910	$3.34
Prof - Vision	$141,923	$0		$141,923	1.163	$165,030	0.910	$1.52
Radiology	$289,331	$0		$289,331	1.165	$337,107	0.910	$3.11
Transportation/Ambulance	$90,203	$0	$34,619	$124,823	1.165	$145,434	0.910	$1.34
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.33
Total	$11,837,999	$0	($155,619)	$11,682,380		$13,339,299		$127.56
Admin Cost Adjustment								$13.55
Medallion II Capitation Rate								**$141.11**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 6-14								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$253,376	$0	($11,079)	$242,297	1.165	$282,306	0.910	$1.71
FQHC / RHC	$1,034,980	$0		$1,034,980	1.163	$1,203,491	0.910	$7.30
Home Health	$0	$0		$0	1.049	$0	0.910	$0.00
IP - Maternity	$19,336	$0	$1,032	$20,367	0.986	$20,078	0.910	$0.12
IP - Newborn	$48,986	$0	$2,613	$51,599	0.986	$50,866	0.910	$0.31
IP - Other	$1,042,218	$0	$55,602	$1,097,820	0.986	$1,082,217	0.910	$6.56
IP - Psych	$174,689	$0	($8,676)	$166,013	1.383	$229,547	0.910	$1.39
Lab	$545,383	$0	($65,446)	$479,937	1.165	$559,187	0.910	$3.39
OP - Emergency Room & Related	$1,327,573	$0		$1,327,573	1.049	$1,392,091	0.910	$8.44
OP - Other	$1,278,592	$0		$1,278,592	1.049	$1,340,730	0.910	$8.13
Pharmacy	$8,256,125	$0	($561,183)	$7,694,943	1.230	$9,463,277	1.000	$63.08
Prof - Anesthesia	$82,163	$0		$82,163	1.163	$95,541	0.910	$0.58
Prof - Child EPSDT	$28,054	$0		$28,054	1.163	$32,621	0.910	$0.20
Prof - Evaluation & Management	$2,840,827	$0		$2,840,827	1.163	$3,303,359	0.910	$20.04
Prof - Maternity	$12,382	$0		$12,382	1.163	$14,398	0.910	$0.09
Prof - Other	$889,044	$0		$889,044	1.163	$1,033,794	0.910	$6.27
Prof - Psych	$639,015	$0		$639,015	1.163	$743,057	0.910	$4.51
Prof - Specialist	$474,942	$0		$474,942	1.163	$552,270	0.910	$3.35
Prof - Vision	$568,050	$0		$568,050	1.163	$660,537	0.910	$4.01
Radiology	$223,815	$0		$223,815	1.165	$260,772	0.910	$1.58
Transportation/Ambulance	$69,037	$0	$26,496	$95,533	1.165	$111,309	0.910	$0.68
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.37
Total	$19,808,585	$0	($560,640)	$19,247,944		$22,431,446		$143.14
Admin Cost Adjustment								$15.21
Medallion II Capitation Rate								**$158.35**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 15-20 Female								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$43,283	$0	($1,893)	$41,391	1.165	$48,225	0.910	$1.35
FQHC / RHC	$349,300	$0		$349,300	1.163	$406,172	0.910	$11.38
Home Health	$0	$0		$0	1.049	$0	0.910	$0.00
IP - Maternity	$1,075,818	$0	$57,394	$1,133,212	0.986	$1,117,106	0.910	$31.30
IP - Newborn	$15,321	$0	$817	$16,138	0.986	$15,909	0.910	$0.45
IP - Other	$420,735	$0	$22,446	$443,181	0.986	$436,882	0.910	$12.24
IP - Psych	$134,834	$0	($6,696)	$128,137	1.383	$177,176	0.910	$4.96
Lab	$484,824	$0	($58,179)	$426,645	1.165	$497,096	0.910	$13.93
OP - Emergency Room & Related	$754,706	$0		$754,706	1.049	$791,384	0.910	$22.18
OP - Other	$632,265	$0		$632,265	1.049	$662,992	0.910	$18.58
Pharmacy	$1,453,593	$0	($98,803)	$1,354,790	1.230	$1,666,127	1.000	$51.31
Prof - Anesthesia	$84,269	$0		$84,269	1.163	$97,989	0.910	$2.75
Prof - Child EPSDT	$18,065	$0		$18,065	1.163	$21,007	0.910	$0.59
Prof - Evaluation & Management	$880,066	$0		$880,066	1.163	$1,023,355	0.910	$28.68
Prof - Maternity	$745,079	$0		$745,079	1.163	$866,390	0.910	$24.28
Prof - Other	$287,611	$0		$287,611	1.163	$334,439	0.910	$9.37
Prof - Psych	$113,540	$0		$113,540	1.163	$132,026	0.910	$3.70
Prof - Specialist	$176,651	$0		$176,651	1.163	$205,413	0.910	$5.76
Prof - Vision	$142,659	$0		$142,659	1.163	$165,886	0.910	$4.65
Radiology	$312,909	$0		$312,909	1.165	$364,578	0.910	$10.22
Transportation/Ambulance	$53,426	$0	$20,504	$73,930	1.165	$86,138	0.910	$2.41
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.67
Total	$8,178,955	$0	($64,409)	$8,114,546		$9,116,289		$261.79
Admin Cost Adjustment								$27.82
Medallion II Capitation Rate								**$289.61**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 21-44 Female								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$191,003	$0	($8,011)	$182,992	1.119	$204,803	0.910	$3.28
FQHC / RHC	$737,703	$0		$737,703	1.064	$785,018	0.910	$12.58
Home Health	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Maternity	$2,867,578	$0	$152,984	$3,020,562	1.016	$3,067,933	0.910	$49.18
IP - Newborn	$0	$0		$0	1.016	$0	0.910	$0.00
IP - Other	$2,596,770	$0	$138,536	$2,735,306	1.016	$2,778,204	0.910	$44.53
IP - Psych	$276,567	$0	($13,735)	$262,832	0.953	$250,551	0.910	$4.02
Lab	$1,638,043	$0	($196,565)	$1,441,478	1.119	$1,613,284	0.910	$25.86
OP - Emergency Room & Related	$2,226,733	$0		$2,226,733	0.986	$2,195,752	0.910	$35.20
OP - Other	$2,297,784	$0		$2,297,784	0.986	$2,265,814	0.910	$36.32
Pharmacy	$7,838,651	$0	($100,304)	$7,738,347	1.139	$8,815,168	1.000	$155.28
Prof - Anesthesia	$250,157	$0		$250,157	1.064	$266,201	0.910	$4.27
Prof - Child EPSDT	$44,943	$0		$44,943	1.064	$47,826	0.910	$0.77
Prof - Evaluation & Management	$1,972,123	$0		$1,972,123	1.064	$2,098,609	0.910	$33.64
Prof - Maternity	$1,861,625	$0		$1,861,625	1.064	$1,981,024	0.910	$31.76
Prof - Other	$465,340	$0		$465,340	1.064	$495,186	0.910	$7.94
Prof - Psych	$216,042	$0		$216,042	1.064	$229,898	0.910	$3.69
Prof - Specialist	$766,955	$0		$766,955	1.064	$816,146	0.910	$13.08
Prof - Vision	$64,355	$0		$64,355	1.064	$68,483	0.910	$1.10
Radiology	$820,471	$0		$820,471	1.119	$918,261	0.910	$14.72
Transportation/Ambulance	$163,633	$0	$62,801	$226,434	1.119	$253,422	0.910	$4.06
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$1.24
Total	$27,296,475	$0	$35,706	$27,332,182		$29,151,583		$484.52
Admin Cost Adjustment								$44.55
Medallion II Capitation Rate								**$529.06**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 15-20 Male								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$78,064	$0	($3,413)	$74,651	1.165	$86,977	0.910	$2.78
FQHC / RHC	$177,912	$0		$177,912	1.163	$206,879	0.910	$6.62
Home Health	$0	$0		$0	1.049	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Newborn	$33,586	$0	$1,792	$35,377	0.986	$34,875	0.910	$1.12
IP - Other	$554,411	$0	$29,577	$583,988	0.986	$575,688	0.910	$18.41
IP - Psych	$46,013	$0	($2,285)	$43,728	1.383	$60,463	0.910	$1.93
Lab	$120,853	$0	($14,502)	$106,351	1.165	$123,912	0.910	$3.96
OP - Emergency Room & Related	$479,954	$0		$479,954	1.049	$503,279	0.910	$16.10
OP - Other	$406,989	$0		$406,989	1.049	$426,768	0.910	$13.65
Pharmacy	$1,346,092	$0	($91,496)	$1,254,596	1.230	$1,542,908	1.000	$54.23
Prof - Anesthesia	$15,036	$0		$15,036	1.163	$17,484	0.910	$0.56
Prof - Child EPSDT	$3,465	$0		$3,465	1.163	$4,029	0.910	$0.13
Prof - Evaluation & Management	$507,464	$0		$507,464	1.163	$590,088	0.910	$18.88
Prof - Maternity	$0	$0		$0	1.163	$0	0.910	$0.00
Prof - Other	$151,778	$0		$151,778	1.163	$176,490	0.910	$5.65
Prof - Psych	$78,950	$0		$78,950	1.163	$91,804	0.910	$2.94
Prof - Specialist	$141,281	$0		$141,281	1.163	$164,284	0.910	$5.25
Prof - Vision	$87,190	$0		$87,190	1.163	$101,386	0.910	$3.24
Radiology	$69,892	$0		$69,892	1.165	$81,432	0.910	$2.60
Transportation/Ambulance	$27,468	$0	$10,542	$38,010	1.165	$44,286	0.910	$1.42
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$1.04
Provider Incentive Payment Adjustment								$0.41
Total	$4,326,398	$0	($69,786)	$4,256,612		$4,833,032		$160.92
Admin Cost Adjustment								$17.10
Medallion II Capitation Rate								**$178.03**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 21-44 Male								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$83,792	$0	($3,514)	$80,277	1.119	$89,846	0.910	$6.94
FQHC / RHC	$122,460	$0		$122,460	1.064	$130,315	0.910	$10.07
Home Health	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	1.016	$0	0.910	$0.00
IP - Newborn	$0	$0		$0	1.016	$0	0.910	$0.00
IP - Other	$711,067	$0	$37,935	$749,002	1.016	$760,749	0.910	$58.77
IP - Psych	$53,879	$0	($2,676)	$51,204	0.953	$48,811	0.910	$3.77
Lab	$231,961	$0	($27,835)	$204,126	1.119	$228,455	0.910	$17.65
OP - Emergency Room & Related	$446,533	$0		$446,533	0.986	$440,320	0.910	$34.01
OP - Other	$426,003	$0		$426,003	0.986	$420,076	0.910	$32.45
Pharmacy	$1,642,975	$0	($21,024)	$1,621,951	1.139	$1,847,652	1.000	$156.85
Prof - Anesthesia	$14,650	$0		$14,650	1.064	$15,590	0.910	$1.20
Prof - Child EPSDT	$1,181	$0		$1,181	1.064	$1,256	0.910	$0.10
Prof - Evaluation & Management	$366,740	$0		$366,740	1.064	$390,262	0.910	$30.15
Prof - Maternity	$0	$0		$0	1.064	$0	0.910	$0.00
Prof - Other	$63,723	$0		$63,723	1.064	$67,810	0.910	$5.24
Prof - Psych	$47,843	$0		$47,843	1.064	$50,912	0.910	$3.93
Prof - Specialist	$157,174	$0		$157,174	1.064	$167,254	0.910	$12.92
Prof - Vision	$9,726	$0		$9,726	1.064	$10,350	0.910	$0.80
Radiology	$74,031	$0		$74,031	1.119	$82,855	0.910	$6.40
Transportation/Ambulance	$29,172	$0	$11,196	$40,367	1.119	$45,179	0.910	$3.49
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$0.99
Total	$4,482,912	$0	($5,918)	$4,476,994		$4,797,693		$387.73
Admin Cost Adjustment								$35.65
Medallion II Capitation Rate								**$423.38**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4c

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Low Income Families with Children (LIFC)
PCCM Far Southwest

Age 45 and Over								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$73,785	$0	($3,095)	$70,690	1.119	$79,116	0.910	$12.53
FQHC / RHC	$93,870	$0		$93,870	1.064	$99,891	0.910	$15.82
Home Health	$0	$0		$0	0.986	$0	0.910	$0.00
IP - Maternity	$0	$0		$0	1.016	$0	0.910	$0.00
IP - Newborn	$0	$0		$0	1.016	$0	0.910	$0.00
IP - Other	$667,715	$0	$35,622	$703,337	1.016	$714,368	0.910	$113.17
IP - Psych	$24,826	$0	($1,233)	$23,593	0.953	$22,490	0.910	$3.56
Lab	$116,626	$0	($13,995)	$102,631	1.119	$114,863	0.910	$18.20
OP - Emergency Room & Related	$203,075	$0		$203,075	0.986	$200,250	0.910	$31.72
OP - Other	$345,628	$0		$345,628	0.986	$340,819	0.910	$53.99
Pharmacy	$1,188,277	$0	($15,205)	$1,173,072	1.139	$1,336,310	1.000	$232.63
Prof - Anesthesia	$11,875	$0		$11,875	1.064	$12,637	0.910	$2.00
Prof - Child EPSDT	$1,489	$0		$1,489	1.064	$1,584	0.910	$0.25
Prof - Evaluation & Management	$234,812	$0		$234,812	1.064	$249,873	0.910	$39.58
Prof - Maternity	$0	$0		$0	1.064	$0	0.910	$0.00
Prof - Other	$72,982	$0		$72,982	1.064	$77,663	0.910	$12.30
Prof - Psych	$35,688	$0		$35,688	1.064	$37,977	0.910	$6.02
Prof - Specialist	$120,429	$0		$120,429	1.064	$128,153	0.910	$20.30
Prof - Vision	$10,015	$0		$10,015	1.064	$10,658	0.910	$1.69
Radiology	$56,532	$0		$56,532	1.119	$63,270	0.910	$10.02
Transportation/Ambulance	$13,603	$0	$5,221	$18,823	1.119	$21,067	0.910	$3.34
Non-ER Transportation	$0	$0		$0	1.000	$0	1.000	$2.00
Provider Incentive Payment Adjustment								$1.49
Total	$3,271,228	$0	$7,315	$3,278,543		$3,510,988		$580.63
Admin Cost Adjustment								$53.38
Medallion II Capitation Rate								**$634.02**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age Under 1								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$8,422		($974)	$7,449	1.243	$9,258	0.910	$142.63
FQHC / RHC	$0			$0	1.345	$0	0.910	$0.00
Home Health	$0			$0	1.084	$0	0.910	$0.00
IP - Maternity	$0			$0	1.102	$0	0.910	$0.00
IP - Newborn	$109,241		$5,828	$115,069	1.102	$126,776	0.910	$1,953.22
IP - Other	$0			$0	1.102	$0	0.910	$0.00
IP - Psych	$0			$0	1.277	$0	0.910	$0.00
Lab	$557		($67)	$490	1.243	$609	0.910	$9.38
OP - Emergency Room & Related	$1,569			$1,569	1.084	$1,701	0.910	$26.21
OP - Other	$4,593			$4,593	1.084	$4,980	0.910	$76.73
Pharmacy	$17,671		$202	$17,873	1.043	$18,637	1.000	$315.54
Prof - Anesthesia	$456			$456	1.345	$613	0.910	$9.45
Prof - Child EPSDT	$154			$154	1.345	$207	0.910	$3.19
Prof - Evaluation & Management	$24,079			$24,079	1.345	$32,390	0.910	$499.03
Prof - Maternity	$0			$0	1.345	$0	0.910	$0.00
Prof - Other	$3,570			$3,570	1.345	$4,802	0.910	$73.99
Prof - Psych	$0			$0	1.345	$0	0.910	$0.00
Prof - Specialist	$2,549			$2,549	1.345	$3,429	0.910	$52.83
Prof - Vision	$202			$202	1.345	$272	0.910	$4.19
Radiology	$3,211			$3,211	1.243	$3,991	0.910	$61.50
Transportation/Ambulance	$220		$84	$304	1.243	$378	0.910	$5.83
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$8.35
Total	$176,495	$0	$5,073	$181,569		$208,044		$3,256.71
Admin Cost Adjustment								$246.91
Medallion II Capitation Rate								**$3,503.62**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 1-5								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$50,636		($5,855)	$44,781	1.243	$55,657	0.910	$83.35
FQHC / RHC	$1,507			$1,507	1.345	$2,028	0.910	$3.04
Home Health	$0			$0	1.084	$0	0.910	$0.00
IP - Maternity	$0			$0	1.102	$0	0.910	$0.00
IP - Newborn	$39,074		$2,085	$41,159	1.102	$45,346	0.910	$67.91
IP - Other	$52,054		$2,777	$54,831	1.102	$60,410	0.910	$90.47
IP - Psych	$0			$0	1.277	$0	0.910	$0.00
Lab	$4,598		($552)	$4,046	1.243	$5,029	0.910	$7.53
OP - Emergency Room & Related	$7,287			$7,287	1.084	$7,901	0.910	$11.83
OP - Other	$30,027			$30,027	1.084	$32,558	0.910	$48.76
Pharmacy	$115,383		$1,317	$116,700	1.043	$121,689	1.000	$200.26
Prof - Anesthesia	$2,106			$2,106	1.345	$2,833	0.910	$4.24
Prof - Child EPSDT	$698			$698	1.345	$939	0.910	$1.41
Prof - Evaluation & Management	$29,358			$29,358	1.345	$39,491	0.910	$59.14
Prof - Maternity	$0			$0	1.345	$0	0.910	$0.00
Prof - Other	$42,580			$42,580	1.345	$57,275	0.910	$85.77
Prof - Psych	$1,983			$1,983	1.345	$2,667	0.910	$3.99
Prof - Specialist	$8,523			$8,523	1.345	$11,465	0.910	$17.17
Prof - Vision	$1,191			$1,191	1.345	$1,601	0.910	$2.40
Radiology	$27,480			$27,480	1.243	$34,154	0.910	$51.15
Transportation/Ambulance	$1,055		$405	$1,460	1.243	$1,814	0.910	$2.72
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$1.94
Total	$415,539	$0	$176	$415,715		$482,857		$757.70
Admin Cost Adjustment								$57.45
Medallion II Capitation Rate								**$815.14**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 6-20								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$172,233		($18,285)	$153,948	1.243	$191,339	0.910	$30.47
FQHC / RHC	$8,765			$8,765	1.345	$11,790	0.910	$1.88
Home Health	$0			$0	1.084	$0	0.910	$0.00
IP - Maternity	$7,435		$397	$7,832	1.102	$8,629	0.910	$1.37
IP - Newborn	$32,616		$1,740	$34,356	1.102	$37,851	0.910	$6.03
IP - Other	$137,374		$7,329	$144,703	1.102	$159,425	0.910	$25.39
IP - Psych	$129,616		($6,437)	$123,179	1.277	$157,323	0.910	$25.06
Lab	$45,961		($5,515)	$40,446	1.243	$50,269	0.910	$8.01
OP - Emergency Room & Related	$61,059			$61,059	1.084	$66,205	0.910	$10.54
OP - Other	$171,274			$171,274	1.084	$185,711	0.910	$29.58
Pharmacy	$2,272,770		$25,936	$2,298,707	1.043	$2,396,978	1.000	$419.49
Prof - Anesthesia	$5,829			$5,829	1.345	$7,841	0.910	$1.25
Prof - Child EPSDT	$2,124			$2,124	1.345	$2,857	0.910	$0.46
Prof - Evaluation & Management	$154,056			$154,056	1.345	$207,226	0.910	$33.00
Prof - Maternity	$5,839			$5,839	1.345	$7,855	0.910	$1.25
Prof - Other	$104,647			$104,647	1.345	$140,765	0.910	$22.42
Prof - Psych	$81,439			$81,439	1.345	$109,547	0.910	$17.45
Prof - Specialist	$30,641			$30,641	1.345	$41,217	0.910	$6.56
Prof - Vision	$23,324			$23,324	1.345	$31,374	0.910	$5.00
Radiology	$12,431			$12,431	1.243	$15,451	0.910	$2.46
Transportation/Ambulance	$5,390		$2,069	$7,459	1.243	$9,270	0.910	$1.48
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$1.71
Total	$3,464,823	$0	$7,233	$3,472,056		$3,838,923		$665.49
Admin Cost Adjustment								$50.45
Medallion II Capitation Rate								**$715.94**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Female								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$77,337		($7,337)	$70,000	1.243	$87,002	0.910	$19.90
FQHC / RHC	$16,447			$16,447	1.345	$22,123	0.910	$5.06
Home Health	$0			$0	1.084	$0	0.910	$0.00
IP - Maternity	$17,255		$921	$18,176	1.102	$20,025	0.910	$4.58
IP - Newborn	$0			$0	1.102	$0	0.910	$0.00
IP - Other	$573,964		$30,621	$604,584	1.102	$666,095	0.910	$152.33
IP - Psych	$131,430		($6,527)	$124,902	1.277	$159,525	0.910	$36.48
Lab	$100,128		($12,015)	$88,113	1.243	$109,514	0.910	$25.04
OP - Emergency Room & Related	$160,195			$160,195	1.084	$173,698	0.910	$39.72
OP - Other	$317,078			$317,078	1.084	$343,805	0.910	$78.63
Pharmacy	$1,115,484		$12,730	$1,128,213	1.043	$1,176,445	1.000	$295.65
Prof - Anesthesia	$11,599			$11,599	1.345	$15,603	0.910	$3.57
Prof - Child EPSDT	$2,491			$2,491	1.345	$3,351	0.910	$0.77
Prof - Evaluation & Management	$211,677			$211,677	1.345	$284,735	0.910	$65.12
Prof - Maternity	$15,478			$15,478	1.345	$20,820	0.910	$4.76
Prof - Other	$113,438			$113,438	1.345	$152,590	0.910	$34.90
Prof - Psych	$51,603			$51,603	1.345	$69,413	0.910	$15.87
Prof - Specialist	$79,598			$79,598	1.345	$107,071	0.910	$24.49
Prof - Vision	$8,686			$8,686	1.345	$11,684	0.910	$2.67
Radiology	$36,549			$36,549	1.243	$45,426	0.910	$10.39
Transportation/Ambulance	$19,169		$7,357	$26,526	1.243	$32,969	0.910	$7.54
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$2.20
Total	$3,059,604	$0	$25,748	$3,085,352		$3,501,890		$858.93
Admin Cost Adjustment								$65.12
Medallion II Capitation Rate								**$924.05**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 21-44 Male								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$117,485		($11,146)	$106,339	1.243	$132,167	0.910	$39.69
FQHC / RHC	$7,855			$7,855	1.345	$10,566	0.910	$3.17
Home Health	$130			$130	1.084	$141	0.910	$0.04
IP - Maternity	$0			$0	1.102	$0	0.910	$0.00
IP - Newborn	$0			$0	1.102	$0	0.910	$0.00
IP - Other	$282,860		$15,090	$297,950	1.102	$328,264	0.910	$98.57
IP - Psych	$106,454		($5,287)	$101,167	1.277	$129,209	0.910	$38.80
Lab	$37,141		($4,457)	$32,684	1.243	$40,622	0.910	$12.20
OP - Emergency Room & Related	$114,815			$114,815	1.084	$124,493	0.910	$37.38
OP - Other	$190,722			$190,722	1.084	$206,798	0.910	$62.10
Pharmacy	$725,378		$8,278	$733,656	1.043	$765,020	1.000	$252.45
Prof - Anesthesia	$6,246			$6,246	1.345	$8,402	0.910	$2.52
Prof - Child EPSDT	$487			$487	1.345	$655	0.910	$0.20
Prof - Evaluation & Management	$109,818			$109,818	1.345	$147,721	0.910	$44.36
Prof - Maternity	$0			$0	1.345	$0	0.910	$0.00
Prof - Other	$45,487			$45,487	1.345	$61,186	0.910	$18.37
Prof - Psych	$21,899			$21,899	1.345	$29,457	0.910	$8.85
Prof - Specialist	$40,202			$40,202	1.345	$54,077	0.910	$16.24
Prof - Vision	$4,804			$4,804	1.345	$6,462	0.910	$1.94
Radiology	$17,142			$17,142	1.243	$21,306	0.910	$6.40
Transportation/Ambulance	$9,599		$3,684	$13,283	1.243	$16,509	0.910	$4.96
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$1.74
Total	$1,838,524	$0	$6,163	$1,844,686		$2,083,056		$679.24
Admin Cost Adjustment								$51.50
Medallion II Capitation Rate								**$730.74**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Roanoke-Alleghany (July 2011 - December 2011)

Age 45 and Over								
Roanoke/Alleghany	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$399,523		($37,904)	$361,619	1.243	$449,450	0.910	$39.17
FQHC / RHC	$46,652			$46,652	1.345	$62,754	0.910	$5.47
Home Health	$2			$2	1.084	$2	0.910	$0.00
IP - Maternity	$0			$0	1.102	$0	0.910	$0.00
IP - Newborn	$0			$0	1.102	$0	0.910	$0.00
IP - Other	$2,971,318		$158,518	$3,129,837	1.102	$3,448,267	0.910	$300.49
IP - Psych	$205,470		($10,204)	$195,265	1.277	$249,392	0.910	$21.73
Lab	$242,172		($29,061)	$213,112	1.243	$264,873	0.910	$23.08
OP - Emergency Room & Related	$351,673			$351,673	1.084	$381,315	0.910	$33.23
OP - Other	$1,144,440			$1,144,440	1.084	$1,240,906	0.910	$108.13
Pharmacy	$4,072,363		$46,473	$4,118,836	1.043	$4,294,919	1.000	$411.28
Prof - Anesthesia	$36,690			$36,690	1.345	$49,353	0.910	$4.30
Prof - Child EPSDT	$11,613			$11,613	1.345	$15,621	0.910	$1.36
Prof - Evaluation & Management	$629,148			$629,148	1.345	$846,292	0.910	$73.75
Prof - Maternity	$0			$0	1.345	$0	0.910	$0.00
Prof - Other	$408,094			$408,094	1.345	$548,943	0.910	$47.84
Prof - Psych	$60,591			$60,591	1.345	$81,504	0.910	$7.10
Prof - Specialist	$315,411			$315,411	1.345	$424,273	0.910	$36.97
Prof - Vision	$31,151			$31,151	1.345	$41,903	0.910	$3.65
Radiology	$135,174			$135,174	1.243	$168,006	0.910	$14.64
Transportation/Ambulance	$62,906		$24,143	$87,049	1.243	$108,192	0.910	$9.43
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$3.01
Total	$11,124,391	$0	$151,966	$11,276,356		$12,675,963		$1,173.89
Admin Cost Adjustment								$89.00
Medallion II Capitation Rate								**$1,262.89**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age Under 1								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$13,764		($1,592)	$12,173	1.216	$14,800	0.910	$224.47
FQHC / RHC	$705			$705	1.311	$924	0.910	$14.01
Home Health	$1,013			$1,013	1.073	$1,087	0.910	$16.48
IP - Maternity	$0			$0	1.093	$0	0.910	$0.00
IP - Newborn	$24,056		$1,283	$25,339	1.093	$27,704	0.910	$420.18
IP - Other	$19,971		$1,065	$21,036	1.093	$22,999	0.910	$348.82
IP - Psych	$0			$0	1.239	$0	0.910	$0.00
Lab	$236		($28)	$208	1.216	$253	0.910	$3.84
OP - Emergency Room & Related	$278			$278	1.073	$299	0.910	$4.53
OP - Other	$2,998			$2,998	1.073	$3,218	0.910	$48.80
Pharmacy	$30,249		$345	$30,594	1.048	$32,073	1.000	$534.55
Prof - Anesthesia	$597			$597	1.311	$783	0.910	$11.87
Prof - Child EPSDT	$143			$143	1.311	$187	0.910	$2.84
Prof - Evaluation & Management	$8,197			$8,197	1.311	$10,744	0.910	$162.95
Prof - Maternity	$0			$0	1.311	$0	0.910	$0.00
Prof - Other	$5,276			$5,276	1.311	$6,916	0.910	$104.90
Prof - Psych	$0			$0	1.311	$0	0.910	$0.00
Prof - Specialist	$2,621			$2,621	1.311	$3,435	0.910	$52.10
Prof - Vision	$87			$87	1.311	$115	0.910	$1.74
Radiology	$6,777			$6,777	1.216	$8,239	0.910	$124.96
Transportation/Ambulance	$3,107		$1,192	$4,299	1.216	$5,227	0.910	$79.28
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$5.58
Total	$120,075	$0	$2,266	$122,341		$139,003		$2,176.55
Admin Cost Adjustment								$165.02
Medallion II Capitation Rate								**$2,341.57**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 1-5								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$214,094		($24,757)	$189,337	1.216	$230,205	0.910	$104.15
FQHC / RHC	$12,334			$12,334	1.311	$16,167	0.910	$7.31
Home Health	$47,567			$47,567	1.073	$51,049	0.910	$23.10
IP - Maternity	$0			$0	1.093	$0	0.910	$0.00
IP - Newborn	$79,011		$4,215	$83,226	1.093	$90,994	0.910	$41.17
IP - Other	$887,768		$47,362	$935,130	1.093	$1,022,409	0.910	$462.58
IP - Psych	$0			$0	1.239	$0	0.910	$0.00
Lab	$19,107		($2,293)	$16,815	1.216	$20,444	0.910	$9.25
OP - Emergency Room & Related	$26,828			$26,828	1.073	$28,792	0.910	$13.03
OP - Other	$153,483			$153,483	1.073	$164,718	0.910	$74.53
Pharmacy	$503,639		$5,747	$509,387	1.048	$534,008	1.000	$265.50
Prof - Anesthesia	$10,824			$10,824	1.311	$14,188	0.910	$6.42
Prof - Child EPSDT	$1,660			$1,660	1.311	$2,176	0.910	$0.98
Prof - Evaluation & Management	$153,206			$153,206	1.311	$200,820	0.910	$90.86
Prof - Maternity	$0			$0	1.311	$0	0.910	$0.00
Prof - Other	$167,569			$167,569	1.311	$219,647	0.910	$99.38
Prof - Psych	$8,372			$8,372	1.311	$10,973	0.910	$4.96
Prof - Specialist	$25,906			$25,906	1.311	$33,958	0.910	$15.36
Prof - Vision	$6,531			$6,531	1.311	$8,561	0.910	$3.87
Radiology	$39,524			$39,524	1.216	$48,055	0.910	$21.74
Transportation/Ambulance	$10,534		$4,043	$14,577	1.216	$17,723	0.910	$8.02
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$3.26
Total	$2,367,958	$0	$34,318	$2,402,276		$2,714,888		$1,270.13
Admin Cost Adjustment								$96.30
Medallion II Capitation Rate								**$1,366.42**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 6-20								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$331,270		($35,169)	$296,100	1.216	$360,012	0.910	$25.37
FQHC / RHC	$128,401			$128,401	1.311	$168,307	0.910	$11.86
Home Health	$39,342			$39,342	1.073	$42,222	0.910	$2.98
IP - Maternity	$31,578		$1,685	$33,262	1.093	$36,367	0.910	$2.56
IP - Newborn	$23,858		$1,273	$25,130	1.093	$27,476	0.910	$1.94
IP - Other	$462,560		$24,677	$487,238	1.093	$532,713	0.910	$37.54
IP - Psych	$195,122		($9,690)	$185,431	1.239	$229,777	0.910	$16.19
Lab	$116,068		($13,928)	$102,140	1.216	$124,187	0.910	$8.75
OP - Emergency Room & Related	$225,386			$225,386	1.073	$241,885	0.910	$17.05
OP - Other	$373,998			$373,998	1.073	$401,376	0.910	$28.28
Pharmacy	$4,433,295		$50,592	$4,483,886	1.048	$4,700,615	1.000	$364.01
Prof - Anesthesia	$16,204			$16,204	1.311	$21,240	0.910	$1.50
Prof - Child EPSDT	$3,630			$3,630	1.311	$4,758	0.910	$0.34
Prof - Evaluation & Management	$405,075			$405,075	1.311	$530,967	0.910	$37.42
Prof - Maternity	$15,269			$15,269	1.311	$20,014	0.910	$1.41
Prof - Other	$426,789			$426,789	1.311	$559,430	0.910	$39.42
Prof - Psych	$147,373			$147,373	1.311	$193,175	0.910	$13.61
Prof - Specialist	$63,399			$63,399	1.311	$83,103	0.910	$5.86
Prof - Vision	$53,170			$53,170	1.311	$69,694	0.910	$4.91
Radiology	$41,639			$41,639	1.216	$50,627	0.910	$3.57
Transportation/Ambulance	$26,432		$10,144	$36,576	1.216	$44,471	0.910	$3.13
Non-ER Transportation	$0			$0	1.000	$0	1.000	$14.64
Provider Incentive Payment Adjustment								$1.65
Total	$7,559,859	$0	$29,583	$7,589,441		$8,442,416		$643.99
Admin Cost Adjustment								$48.82
Medallion II Capitation Rate								**$692.82**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 21-44 Female								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$444,015		($42,125)	$401,890	1.216	$488,636	0.910	$22.56
FQHC / RHC	$336,363			$336,363	1.311	$440,900	0.910	$20.36
Home Health	$0			$0	1.073	$0	0.910	$0.00
IP - Maternity	$107,952		$5,759	$113,711	1.093	$124,324	0.910	$5.74
IP - Newborn	$7,042		$376	$7,418	1.093	$8,110	0.910	$0.37
IP - Other	$2,307,408		$123,099	$2,430,507	1.093	$2,657,355	0.910	$122.70
IP - Psych	$312,555		($15,522)	$297,033	1.239	$368,069	0.910	$16.99
Lab	$545,118		($65,414)	$479,703	1.216	$583,246	0.910	$26.93
OP - Emergency Room & Related	$1,167,223			$1,167,223	1.073	$1,252,666	0.910	$57.84
OP - Other	$1,336,094			$1,336,094	1.073	$1,433,899	0.910	$66.21
Pharmacy	$5,886,209		$67,172	$5,953,381	1.048	$6,241,138	1.000	$316.67
Prof - Anesthesia	$47,684			$47,684	1.311	$62,504	0.910	$2.89
Prof - Child EPSDT	$6,792			$6,792	1.311	$8,902	0.910	$0.41
Prof - Evaluation & Management	$1,047,063			$1,047,063	1.311	$1,372,476	0.910	$63.37
Prof - Maternity	$55,735			$55,735	1.311	$73,056	0.910	$3.37
Prof - Other	$237,181			$237,181	1.311	$310,894	0.910	$14.36
Prof - Psych	$138,490			$138,490	1.311	$181,530	0.910	$8.38
Prof - Specialist	$363,153			$363,153	1.311	$476,015	0.910	$21.98
Prof - Vision	$33,558			$33,558	1.311	$43,988	0.910	$2.03
Radiology	$241,829			$241,829	1.216	$294,027	0.910	$13.58
Transportation/Ambulance	$111,792		$42,905	$154,696	1.216	$188,087	0.910	$8.68
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$2.12
Total	$14,733,253	$0	$116,249	$14,849,503		$16,609,821		$826.81
Admin Cost Adjustment								$62.69
Medallion II Capitation Rate								**$889.50**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 21-44 Male								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$237,832		($22,564)	$215,268	1.216	$261,733	0.910	$18.29
FQHC / RHC	$162,221			$162,221	1.311	$212,637	0.910	$14.86
Home Health	$0			$0	1.073	$0	0.910	$0.00
IP - Maternity	$0			$0	1.093	$0	0.910	$0.00
IP - Newborn	$40,325		$2,151	$42,476	1.093	$46,441	0.910	$3.25
IP - Other	$1,452,560		$77,493	$1,530,053	1.093	$1,672,859	0.910	$116.91
IP - Psych	$236,344		($11,738)	$224,606	1.239	$278,321	0.910	$19.45
Lab	$223,886		($26,866)	$197,019	1.216	$239,545	0.910	$16.74
OP - Emergency Room & Related	$446,846			$446,846	1.073	$479,556	0.910	$33.51
OP - Other	$529,289			$529,289	1.073	$568,034	0.910	$39.70
Pharmacy	$2,859,281		$32,629	$2,891,910	1.048	$3,031,690	1.000	$232.83
Prof - Anesthesia	$11,043			$11,043	1.311	$14,475	0.910	$1.01
Prof - Child EPSDT	$1,502			$1,502	1.311	$1,968	0.910	$0.14
Prof - Evaluation & Management	$463,665			$463,665	1.311	$607,766	0.910	$42.47
Prof - Maternity	$0			$0	1.311	$0	0.910	$0.00
Prof - Other	$116,895			$116,895	1.311	$153,225	0.910	$10.71
Prof - Psych	$58,819			$58,819	1.311	$77,099	0.910	$5.39
Prof - Specialist	$120,625			$120,625	1.311	$158,114	0.910	$11.05
Prof - Vision	$16,006			$16,006	1.311	$20,981	0.910	$1.47
Radiology	$76,728			$76,728	1.216	$93,290	0.910	$6.52
Transportation/Ambulance	$71,289		$27,360	$98,649	1.216	$119,941	0.910	$8.38
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$1.57
Total	$7,125,155	$0	$78,467	$7,203,622		$8,037,675		$613.51
Admin Cost Adjustment								$46.51
Medallion II Capitation Rate								**$660.02**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4d

FY 2015 Capitation Rate Development
Capitation Rate Calculations - Fee-for-Service Data
Aged, Blind, and Disabled (ABAD)
PCCM Far Southwest

Age 45 and Over								
Far Southwest	Total Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type								
DME/Supplies	$2,817,870		($267,337)	$2,550,533	1.216	$3,101,055	0.910	$46.14
FQHC / RHC	$1,148,699			$1,148,699	1.311	$1,505,699	0.910	$22.41
Home Health	$0			$0	1.073	$0	0.910	$0.00
IP - Maternity	$0			$0	1.093	$0	0.910	$0.00
IP - Newborn	$59,153		$3,156	$62,309	1.093	$68,125	0.910	$1.01
IP - Other	$13,422,758		$716,097	$14,138,855	1.093	$15,458,487	0.910	$230.03
IP - Psych	$674,125		($33,479)	$640,646	1.239	$793,856	0.910	$11.81
Lab	$1,658,690		($199,043)	$1,459,647	1.216	$1,774,707	0.910	$26.41
OP - Emergency Room & Related	$2,275,322			$2,275,322	1.073	$2,441,880	0.910	$36.34
OP - Other	$6,026,495			$6,026,495	1.073	$6,467,648	0.910	$96.24
Pharmacy	$24,759,104		$282,545	$25,041,648	1.048	$26,252,037	1.000	$429.27
Prof - Anesthesia	$133,390			$133,390	1.311	$174,845	0.910	$2.60
Prof - Child EPSDT	$25,490			$25,490	1.311	$33,412	0.910	$0.50
Prof - Evaluation & Management	$3,469,042			$3,469,042	1.311	$4,547,172	0.910	$67.66
Prof - Maternity	$0			$0	1.311	$0	0.910	$0.00
Prof - Other	$1,155,818			$1,155,818	1.311	$1,515,031	0.910	$22.54
Prof - Psych	$281,737			$281,737	1.311	$369,298	0.910	$5.50
Prof - Specialist	$1,456,671			$1,456,671	1.311	$1,909,384	0.910	$28.41
Prof - Vision	$160,022			$160,022	1.311	$209,754	0.910	$3.12
Radiology	$706,131			$706,131	1.216	$858,547	0.910	$12.78
Transportation/Ambulance	$388,699		$149,180	$537,878	1.216	$653,977	0.910	$9.73
Non-ER Transportation	$0			$0	1.000	$0	1.000	$29.26
Provider Incentive Payment Adjustment								$2.78
Total	$60,619,216	$0	$651,118	$61,270,334		$68,134,915		$1,084.54
Admin Cost Adjustment								$82.23
Medallion II Capitation Rate								**$1,166.77**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 5a

FY 2015 Capitation Rate Development
Fee-for-Service and Health Plan Encounter Data
Blending of FY 2015 Base Capitation Rates - PCCM and MCO Roanoke-Alleghany
Before CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		FY 2015 Base Capitation Rates			FY2012-13 Member Month Distribution	
Aid Category	**Age Group**	**PCCM Roanoke-Alleghany**	**MCO Roanoke-Alleghany**	**Blended FY 2015 Average**	**PCCM Roanoke-Alleghany**	**MCO Roanoke-Alleghany**
Aged, Blind, and Disabled	Under 1	$3,503.62	$3,005.63	$3,081.42	59	329
	1-5	$815.14	$885.17	$880.79	608	9,114
	6-14	$715.94	$685.91	$689.56	3,143	25,855
	Female 15-20	$715.94	$685.91	$689.56	955	5,177
	Female 21-44	$924.05	$1,038.67	$1,025.72	3,979	31,243
	Male 15-20	$715.94	$685.91	$689.56	1,617	10,184
	Male 21-44	$730.74	$837.42	$824.90	3,030	22,784
	Over 44	$1,262.89	$1,451.59	$1,430.54	10,443	83,182
	Average	$1,003.92	$1,115.10	$1,102.86	23,833	187,868
Low Income Families with Children	Under 1	$420.78	$480.27	$472.36	12,205	79,547
	1-5	$105.33	$121.59	$120.29	28,311	326,073
	6-14	$124.21	$129.53	$129.01	47,974	441,833
	Female 15-20	$268.31	$277.71	$276.46	12,994	85,398
	Female 21-44	$429.57	$530.60	$516.97	24,663	158,118
	Male 15-20	$186.84	$157.37	$160.87	9,635	71,461
	Male 21-44	$461.93	$369.13	$382.33	4,168	25,150
	Over 44	$481.98	$664.55	$641.59	2,335	16,234
	Average	$207.52	$230.91	$228.08	142,284	1,203,814
Weighted Average		$315.75	$351.07	$346.96	166,117	1,391,682

Note:
Average is weighted by PCCM and MCO combined enrollment distribution as of FY2012-13.

Virginia Medicaid

Exhibit 5b

FY 2015 Capitation Rate Development
Fee-for-Service and Health Plan Encounter Data
Blending of FY 2015 Base Capitation Rates - PCCM and MCO Far Southwest
Before CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		FY 2015 Base Capitation Rates			FY2012-13 Member Month Distribution	
Aid Category	**Age Group**	**PCCM Far Southwest**	**MCO Far Southwest**	**Blended FY 2015 Average**	**PCCM Far Southwest**	**MCO Far Southwest**
Aged, Blind, and Disabled	Under 1	$2,341.57	$3,005.63	$2,629.74	60	46
	1-5	$1,366.42	$795.10	$1,097.71	2,011	1,786
	6-14	$692.82	$689.58	$691.16	7,474	7,921
	Female 15-20	$692.82	$689.58	$691.16	2,070	1,968
	Female 21-44	$889.50	$1,017.59	$954.17	19,708	20,099
	Male 15-20	$692.82	$689.58	$691.16	3,369	3,583
	Male 21-44	$660.02	$682.54	$671.42	13,021	13,343
	Over 44	$1,166.77	$1,199.40	$1,183.52	61,155	64,539
	Average	$1,004.63	$1,038.88	$1,022.40	108,869	113,285
Low Income Families with Children	Under 1	$242.33	$474.32	$377.52	19,570	27,328
	1-5	$141.11	$146.55	$143.89	98,546	102,708
	6-14	$158.35	$148.18	$153.11	150,046	159,519
	Female 15-20	$289.61	$308.69	$299.26	32,473	33,264
	Female 21-44	$529.06	$573.47	$552.46	56,769	63,201
	Male 15-20	$178.03	$181.75	$179.93	28,449	29,918
	Male 21-44	$423.38	$484.81	$456.07	11,780	13,396
	Over 44	$634.02	$712.64	$675.02	5,744	6,261
	Average	$238.33	$259.92	$250.42	403,378	435,595
Weighted Average		$398.76	$423.00	$412.04	512,248	548,880

Note:
Average is weighted by PCCM and MCO combined enrollment distribution as of FY2012-13.

Virginia Medicaid

Exhibit 5c

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Summary of FY 2015 Base Capitation Rates
Before CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,005.63	$3,005.63	$3,005.63	$3,005.63	$3,005.63	$3,081.42	$2,629.74	$3,003.29
	1-5	$1,831.31	$973.78	$1,201.09	$894.34	$1,077.25	$880.79	$1,097.71	$1,128.52
	6-14	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$535.73
	Female 15-20	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$527.39
	Female 21-44	$1,138.99	$1,007.70	$1,137.45	$1,044.01	$1,010.56	$1,025.72	$954.17	$1,047.31
	Male 15-20	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$532.91
	Male 21-44	$908.05	$921.03	$870.52	$707.96	$881.91	$824.90	$671.42	$834.41
	Over 44	$1,355.11	$1,440.51	$1,616.44	$1,436.07	$1,547.87	$1,430.54	$1,183.52	$1,439.52
	Average	$1,167.06	$1,038.94	$1,113.65	$1,025.73	$1,092.58	$1,106.92	$1,031.11	$1,087.22
Low Income Families with Children	Under 1	$377.40	$495.63	$541.33	$567.41	$574.49	$472.36	$242.33	$479.93
	1-5	$125.68	$127.50	$140.21	$135.35	$135.11	$120.29	$141.11	$132.09
	6-14	$109.34	$113.38	$122.78	$125.01	$130.18	$129.01	$158.35	$123.56
	Female 15-20	$197.58	$259.48	$251.64	$253.95	$256.94	$276.46	$289.61	$248.57
	Female 21-44	$579.75	$503.11	$513.85	$537.90	$490.07	$516.97	$529.06	$519.90
	Male 15-20	$127.12	$136.34	$150.40	$143.56	$152.97	$160.87	$178.03	$147.46
	Male 21-44	$337.39	$348.11	$358.57	$399.50	$349.20	$382.33	$423.38	$371.73
	Over 44	$706.68	$661.66	$680.50	$766.85	$695.99	$641.59	$634.02	$689.00
	Average	$186.87	$214.05	$228.74	$234.94	$233.01	$229.11	$245.44	$220.86
Weighted Average		$247.13	$323.34	$339.10	$337.95	$333.39	$360.42	$406.30	$324.12

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 5d

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Comparison of FY 2014 and FY 2015 Base Capitation Rates
Before CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region											
		FY 2014	FY 2015		FY 2014	FY 2015		FY 2014	FY 2015		FY 2014	FY 2015	
Aid Category	**Age Group**	**Northern Virginia**		**% Change 2014-2015**	**Other MSA**		**% Change 2014-2015**	**Richmond/ Charlottesville**		**% Change 2014-2015**	**Rural**		**% Change 2014-2015**
Aged, Blind,	Under 1	$2,659.40	$3,005.63	13.02%	$2,659.40	$3,005.63	13.02%	$2,659.40	$3,005.63	13.02%	$2,659.40	$3,005.63	13.02%
and Disabled	1-5	$1,513.02	$1,831.31	21.04%	$1,045.67	$973.78	-6.88%	$1,057.97	$1,201.09	13.53%	$1,072.00	$894.34	-16.57%
	6-14	$669.97	$651.39	-2.77%	$475.08	$442.94	-6.77%	$485.51	$464.73	-4.28%	$489.13	$457.53	-6.46%
	Female 15-20	$669.97	$651.39	-2.77%	$475.08	$442.94	-6.77%	$485.51	$464.73	-4.28%	$489.13	$457.53	-6.46%
	Female 21-44	$1,143.55	$1,138.99	-0.40%	$1,027.73	$1,007.70	-1.95%	$1,130.88	$1,137.45	0.58%	$1,048.99	$1,044.01	-0.47%
	Male 15-20	$669.97	$651.39	-2.77%	$475.08	$442.94	-6.77%	$485.51	$464.73	-4.28%	$489.13	$457.53	-6.46%
	Male 21-44	$972.84	$908.05	-6.66%	$900.14	$921.03	2.32%	$924.64	$870.52	-5.85%	$811.89	$707.96	-12.80%
	Over 44	$1,432.39	$1,355.11	-5.40%	$1,515.06	$1,440.51	-4.92%	$1,673.03	$1,616.44	-3.38%	$1,468.42	$1,436.07	-2.20%
	Average	$1,210.01	$1,167.06	-3.55%	$1,081.45	$1,038.94	-3.93%	$1,145.49	$1,113.65	-2.78%	$1,067.35	$1,025.73	-3.90%
Low Income Families	Under 1	$392.97	$377.40	-3.96%	$493.52	$495.63	0.43%	$536.21	$541.33	0.95%	$584.18	$567.41	-2.87%
with Children	1-5	$126.39	$125.68	-0.56%	$120.88	$127.50	5.48%	$135.40	$140.21	3.55%	$131.34	$135.35	3.06%
	6-14	$109.82	$109.34	-0.44%	$111.42	$113.38	1.76%	$120.05	$122.78	2.27%	$119.84	$125.01	4.32%
	Female 15-20	$197.69	$197.58	-0.05%	$279.31	$259.48	-7.10%	$248.54	$251.64	1.25%	$267.82	$253.95	-5.18%
	Female 21-44	$560.62	$579.75	3.41%	$503.16	$503.11	-0.01%	$515.24	$513.85	-0.27%	$546.45	$537.90	-1.57%
	Male 15-20	$133.21	$127.12	-4.57%	$136.01	$136.34	0.24%	$140.73	$150.40	6.87%	$140.56	$143.56	2.13%
	Male 21-44	$333.17	$337.39	1.27%	$367.13	$348.11	-5.18%	$361.02	$358.57	-0.68%	$398.99	$399.50	0.13%
	Over 44	$647.31	$706.68	9.17%	$676.48	$661.66	-2.19%	$688.77	$680.50	-1.20%	$797.92	$766.85	-3.89%
	Average	$186.29	$186.87	0.31%	$213.25	$214.05	0.38%	$225.76	$228.74	1.32%	$235.33	$234.94	-0.17%
Weighted Average		$249.22	$247.13	-0.84%	$328.28	$323.34	-1.50%	$340.45	$339.10	-0.40%	$343.72	$337.95	-1.68%

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 5d

FY 2015 Capitation Rate Development
Health Plan Encounter Data
Comparison of FY 2014 and FY 2015 Base Capitation Rates
Before CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region											
		FY 2014	FY 2015		FY 2014	FY 2015		FY 2014	FY 2015		FY 2014	FY 2015	
Aid Category	**Age Group**	**Tidewater**		**% Change 2014-2015**	**Roanoke-Alleghany**		**% Change 2014-2015**	**Far Southwest**		**% Change 2014-2015**	**Weighted Average**		**% Change 2014-2015**
Aged, Blind,	Under 1	$2,659.40	$3,005.63	13.02%	$2,644.83	$3,081.42	16.51%	$1,897.78	$2,629.74	38.57%	$2,618.84	$3,003.29	14.68%
and Disabled	1-5	$1,039.91	$1,077.25	3.59%	$1,017.08	$880.79	-13.40%	$1,039.65	$1,097.71	5.58%	$1,104.69	$1,128.52	2.16%
	6-14	$544.35	$514.02	-5.57%	$618.64	$689.56	11.46%	$621.77	$691.16	11.16%	$542.80	$535.73	-1.30%
	Female 15-20	$544.35	$514.02	-5.57%	$618.64	$689.56	11.46%	$624.77	$691.16	10.63%	$538.09	$527.39	-1.99%
	Female 21-44	$1,010.68	$1,010.56	-0.01%	$941.40	$1,025.72	8.96%	$852.28	$954.17	11.96%	$1,022.81	$1,047.31	2.40%
	Male 15-20	$544.35	$514.02	-5.57%	$618.64	$689.56	11.46%	$616.55	$691.16	12.10%	$540.90	$532.91	-1.48%
	Male 21-44	$904.42	$881.91	-2.49%	$808.22	$824.90	2.06%	$663.17	$671.42	1.24%	$865.27	$834.41	-3.57%
	Over 44	$1,611.30	$1,547.87	-3.94%	$1,408.36	$1,430.54	1.57%	$1,136.15	$1,183.52	4.17%	$1,471.50	$1,439.52	-2.17%
	Average	$1,129.47	$1,092.58	-3.27%	$1,071.24	$1,106.92	3.33%	$976.59	$1,031.11	5.58%	$1,103.25	$1,087.22	-1.45%
Low Income Families	Under 1	$572.47	$574.49	0.35%	$521.54	$472.36	-9.43%	$255.77	$242.33	-5.25%	$489.83	$479.93	-2.02%
with Children	1-5	$131.24	$135.11	2.95%	$110.95	$120.29	8.41%	$133.12	$141.11	6.00%	$128.22	$132.09	3.01%
	6-14	$124.98	$130.18	4.16%	$120.69	$129.01	6.89%	$141.94	$158.35	11.56%	$119.44	$123.56	3.44%
	Female 15-20	$251.55	$256.94	2.14%	$268.94	$276.46	2.80%	$280.31	$289.61	3.32%	$248.12	$248.57	0.18%
	Female 21-44	$484.27	$490.07	1.20%	$507.83	$516.97	1.80%	$522.24	$529.06	1.31%	$515.24	$519.90	0.90%
	Male 15-20	$141.37	$152.97	8.21%	$157.22	$160.87	2.32%	$165.54	$178.03	7.54%	$142.61	$147.46	3.40%
	Male 21-44	$340.57	$349.20	2.53%	$377.77	$382.33	1.21%	$402.99	$423.38	5.06%	$367.50	$371.73	1.15%
	Over 44	$704.93	$695.99	-1.27%	$677.20	$641.59	-5.26%	$595.12	$634.02	6.54%	$685.45	$689.00	0.52%
	Average	$228.04	$233.01	2.18%	$224.97	$229.11	1.84%	$234.24	$245.44	4.78%	$217.79	$220.86	1.41%
Weighted Average		$333.30	$333.39	0.03%	$351.56	$360.42	2.52%	$386.23	$406.30	5.20%	$323.33	$324.12	0.24%

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 5e

FY 2015 Capitation Rate Development
Health Plan Encounter Data
March and December 2014 Member Month Distribution

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**Regional Total**
Aged, Blind, and Disabled	Under 1	9	6	10	4	16	13	3	61
	1-5	278	207	357	241	448	423	164	2,118
	6-14	842	1,002	2,330	1,230	2,611	1,399	635	10,049
	Female 15-20	213	235	698	318	671	263	157	2,555
	Female 21-44	996	983	2,413	1,205	2,426	1,537	1,541	11,101
	Male 15-20	400	396	1,273	515	1,247	572	302	4,705
	Male 21-44	1,045	833	2,171	1,090	2,208	1,267	1,120	9,734
	Over 44	4,508	2,749	6,387	3,705	7,162	4,587	5,758	34,856
Aid Category Total		8,291	6,411	15,639	8,308	16,789	10,061	9,680	75,179
Low Income Families with Children	Under 1	8,667	2,581	6,256	3,346	7,261	3,364	2,062	33,537
	1-5	37,271	10,969	28,736	13,867	32,632	13,926	8,420	145,821
	6-14	53,042	16,510	42,593	21,799	48,389	21,828	13,912	218,073
	Female 15-20	7,425	2,810	7,158	3,837	8,510	4,155	2,878	36,773
	Female 21-44	10,092	5,480	15,361	7,427	19,487	8,080	5,701	71,628
	Male 15-20	7,038	2,361	6,203	3,298	7,256	3,519	2,520	32,195
	Male 21-44	1,253	669	1,608	996	1,552	1,386	1,406	8,870
	Over 44	1,788	596	1,850	901	1,899	939	700	8,673
Aid Category Total		126,576	41,976	109,765	55,471	126,986	57,197	37,599	555,570
Total		134,867	48,387	125,404	63,779	143,775	67,258	47,279	630,749

Note: Member Month distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 6

FY 2015 Capitation Rate Development
CDPS Rates Summary of Difference in Implied Cost
FY 2013 Diagnosis Codes and NDC Codes using CDPS v5.3 and VA Specific Weights
March and December CDPS Rates after MajestaCare Redistribution

	Aged, Blind, and Disabled						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Anthem Blue Cross and Blue Shield	3.1%	-0.2%	1.3%	7.4%	-0.2%	1.1%	-3.3%
CoventryCares of Virginia	0.0%	-0.2%	0.6%	0.6%	0.0%	-12.3%	-2.7%
InTotal Health	-14.2%	-0.2%	0.0%	0.6%	0.0%	-9.8%	0.1%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	-1.4%	-5.8%	-4.7%	1.0%	-2.6%	-11.2%
Virginia Premier Health Plan	21.8%	1.1%	3.2%	0.1%	-2.7%	2.6%	4.5%

	Low Income Families with Children						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Anthem Blue Cross and Blue Shield	4.0%	-8.8%	3.2%	0.0%	1.8%	-3.8%	-4.4%
CoventryCares of Virginia	0.0%	-6.5%	-3.0%	4.5%	0.0%	-1.1%	-4.0%
InTotal Health	-12.0%	-0.1%	0.0%	5.8%	0.0%	-13.2%	-1.1%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	1.1%	-2.0%	-2.0%	0.7%	-10.0%	-10.5%
Virginia Premier Health Plan	1.3%	1.3%	-1.1%	0.6%	-7.1%	2.9%	6.4%

Note:
Health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Alleghany and as of March 2014 for all other regions are used in plan assignmen
Kaiser Permanente is not risk adjusted in FY 2015.

Virginia Medicaid

Exhibit 7a

FY 2015 Capitation Rate Development
Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,099.46	$3,000.08	$3,045.69	$3,229.15	$2,998.95	$3,114.02	$2,543.40	$3,071.61
	1-5	$1,888.48	$971.98	$1,217.10	$960.85	$1,074.85	$890.11	$1,061.67	$1,347.61
	6-14	$671.73	$442.12	$470.92	$491.56	$512.87	$696.86	$668.47	$541.36
	Female 15-20	$671.73	$442.12	$470.92	$491.56	$512.87	$696.86	$668.47	$538.24
	Female 21-44	$1,174.54	$1,005.84	$1,152.61	$1,121.65	$1,008.31	$1,036.57	$922.84	$1,086.91
	Male 15-20	$671.73	$442.12	$470.92	$491.56	$512.87	$696.86	$668.47	$540.38
	Male 21-44	$936.40	$919.33	$882.12	$760.61	$879.96	$833.62	$649.37	$867.15
	Over 44	$1,397.41	$1,437.85	$1,637.99	$1,542.87	$1,544.43	$1,445.67	$1,144.66	$1,477.64
	Average	$1,196.28	$1,082.49	$1,113.88	$1,134.30	$1,115.39	$1,163.89	$1,005.04	$1,129.87
Low Income Families with Children	Under 1	$392.59	$451.91	$558.56	$567.57	$584.68	$454.61	$231.66	$477.69
	1-5	$130.74	$116.25	$144.68	$135.39	$137.50	$115.77	$134.90	$134.76
	6-14	$113.74	$103.37	$126.69	$125.05	$132.48	$124.16	$151.38	$122.21
	Female 15-20	$205.54	$236.59	$259.65	$254.03	$261.49	$266.08	$276.85	$239.05
	Female 21-44	$603.09	$458.72	$530.21	$538.06	$498.76	$497.55	$505.76	$538.17
	Male 15-20	$132.23	$124.31	$155.19	$143.60	$155.68	$154.83	$170.19	$144.94
	Male 21-44	$350.98	$317.40	$369.99	$399.61	$355.39	$367.96	$404.74	$365.99
	Over 44	$735.13	$603.29	$702.17	$767.08	$708.33	$617.48	$606.10	$713.24
	Average	$193.51	$208.53	$243.56	$241.15	$241.28	$238.90	$239.68	$220.81
Weighted Average		$254.58	$305.75	$350.99	$356.88	$343.53	$401.85	$397.48	$312.79

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7b

FY 2015 Capitation Rate Development
CoventryCares of VIrginia Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,004.54	$3,000.08	$3,022.93	$3,022.48	$3,005.71	$2,703.46	$2,559.63	$2,859.00
	1-5	$1,830.65	$971.98	$1,208.01	$899.35	$1,077.27	$772.75	$1,068.44	$1,061.92
	6-14	$651.16	$442.12	$467.40	$460.10	$514.03	$604.98	$672.74	$510.28
	Female 15-20	$651.16	$442.12	$467.40	$460.10	$514.03	$604.98	$672.74	$505.93
	Female 21-44	$1,138.57	$1,005.84	$1,144.00	$1,049.86	$1,010.58	$899.90	$928.73	$1,039.69
	Male 15-20	$651.16	$442.12	$467.40	$460.10	$514.03	$604.98	$672.74	$506.03
	Male 21-44	$907.72	$919.33	$875.53	$711.93	$881.94	$723.72	$653.52	$794.38
	Over 44	$1,354.62	$1,437.85	$1,625.75	$1,444.12	$1,547.91	$1,255.07	$1,151.97	$1,390.55
	Average	$1,057.21	$1,095.64	$1,106.15	$1,028.87	$1,252.54	$1,013.21	$1,001.15	$1,060.98
Low Income Families with Children	Under 1	$377.47	$463.55	$525.17	$593.16	$574.54	$467.24	$232.71	$471.30
	1-5	$125.70	$119.24	$136.03	$141.50	$135.12	$118.99	$135.51	$132.72
	6-14	$109.36	$106.04	$119.12	$130.68	$130.19	$127.62	$152.06	$124.88
	Female 15-20	$197.62	$242.69	$244.12	$265.48	$256.96	$273.47	$278.11	$255.69
	Female 21-44	$579.85	$470.54	$498.51	$562.31	$490.11	$511.37	$508.05	$502.85
	Male 15-20	$127.14	$127.51	$145.91	$150.07	$152.98	$159.13	$170.96	$152.11
	Male 21-44	$337.45	$325.58	$347.87	$417.63	$349.22	$378.19	$406.57	$374.90
	Over 44	$706.81	$618.83	$660.19	$801.65	$696.05	$634.64	$608.84	$652.37
	Average	$337.32	$205.49	$215.83	$243.09	$221.70	$240.82	$234.68	$222.64
Weighted Average		$876.57	$335.71	$319.42	$349.69	$366.10	$374.64	$390.33	$341.75

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7c

FY 2015 Capitation Rate Development
InTotal Health Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,578.10	$3,000.08	$3,005.20	$3,022.48	$3,005.63	$2,779.57	$2,631.12	$2,860.31
	1-5	$1,570.82	$971.98	$1,200.92	$899.35	$1,077.25	$794.51	$1,098.29	$1,236.38
	6-14	$558.74	$442.12	$464.66	$460.10	$514.02	$622.02	$691.53	$596.47
	Female 15-20	$558.74	$442.12	$464.66	$460.10	$514.02	$622.02	$691.53	$579.80
	Female 21-44	$976.97	$1,005.84	$1,137.29	$1,049.86	$1,010.56	$925.24	$954.67	$966.26
	Male 15-20	$558.74	$442.12	$464.66	$460.10	$514.02	$622.02	$691.53	$593.67
	Male 21-44	$778.89	$919.33	$870.39	$711.93	$881.91	$744.09	$671.77	$736.93
	Over 44	$1,162.35	$1,437.85	$1,616.21	$1,444.12	$1,547.87	$1,290.40	$1,184.14	$1,212.10
	Average	$1,026.00	$1,189.49	$1,137.42	$1,098.31	$1,133.16	$1,011.24	$1,027.59	$1,032.95
Low Income Families with Children	Under 1	$332.16	$494.99	$541.50	$600.10	$574.54	$409.85	$239.73	$352.20
	1-5	$110.62	$127.33	$140.26	$143.15	$135.12	$104.37	$139.60	$116.02
	6-14	$96.23	$113.23	$122.82	$132.21	$130.19	$111.94	$156.65	$109.20
	Female 15-20	$173.90	$259.15	$251.72	$268.59	$256.96	$239.88	$286.50	$209.56
	Female 21-44	$510.26	$502.46	$514.01	$568.89	$490.11	$448.56	$523.39	$514.02
	Male 15-20	$111.88	$136.16	$150.45	$151.83	$152.98	$139.59	$176.12	$128.70
	Male 21-44	$296.95	$347.66	$358.69	$422.52	$349.22	$331.74	$418.84	$361.86
	Over 44	$621.97	$660.80	$680.72	$811.04	$696.05	$556.69	$627.22	$636.57
	Average	$158.59	$241.85	$361.84	$237.21	$321.65	$208.67	$241.65	$182.02
Weighted Average		$211.90	$348.92	$517.70	$313.33	$324.88	$351.24	$397.05	$262.27

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7d

FY 2015 Capitation Rate Development
Kaiser Permanente Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,005.63	$3,005.63	$3,005.63	$3,005.63	$3,005.63	$3,081.42	$2,629.74	$2,962.76
	1-5	$1,831.31	$973.78	$1,201.09	$894.34	$1,077.25	$880.79	$1,097.71	$1,828.89
	6-14	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$651.26
	Female 15-20	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$651.18
	Female 21-44	$1,138.99	$1,007.70	$1,137.45	$1,044.01	$1,010.56	$1,025.72	$954.17	$1,138.91
	Male 15-20	$651.39	$442.94	$464.73	$457.53	$514.02	$689.56	$691.16	$651.18
	Male 21-44	$908.05	$921.03	$870.52	$707.96	$881.91	$824.90	$671.42	$907.94
	Over 44	$1,355.11	$1,440.51	$1,616.44	$1,436.07	$1,547.87	$1,430.54	$1,183.52	$1,355.11
	Average	$1,237.18	$1,084.68	$1,153.16	$1,057.57	$1,133.16	$1,164.01	$1,076.26	$1,237.12
Low Income Families with Children	Under 1	$377.40	$495.63	$541.33	$567.41	$574.49	$472.36	$242.33	$377.40
	1-5	$125.68	$127.50	$140.21	$135.35	$135.11	$120.29	$141.11	$125.68
	6-14	$109.34	$113.38	$122.78	$125.01	$130.18	$129.01	$158.35	$109.34
	Female 15-20	$197.58	$259.48	$251.64	$253.95	$256.94	$276.46	$289.61	$197.59
	Female 21-44	$579.75	$503.11	$513.85	$537.90	$490.07	$516.97	$529.06	$579.74
	Male 15-20	$127.12	$136.34	$150.40	$143.56	$152.97	$160.87	$178.03	$127.12
	Male 21-44	$337.39	$348.11	$358.57	$399.50	$349.20	$382.33	$423.38	$337.40
	Over 44	$706.68	$661.66	$680.50	$766.85	$695.99	$641.59	$634.02	$706.67
	Average	$280.14	$330.65	$344.91	$366.19	$348.12	$337.49	$324.49	$280.14
Weighted Average		$341.87	$707.67	$749.04	$711.88	$740.64	$750.75	$700.37	$341.89

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7e

FY 2015 Capitation Rate Development
Optima Family Care Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,004.54	$2,964.09	$2,832.08	$2,865.80	$3,035.91	$3,000.81	$2,335.16	$2,874.86
	1-5	$1,830.65	$960.32	$1,131.74	$852.73	$1,088.10	$857.75	$974.75	$1,009.71
	6-14	$651.16	$436.82	$437.89	$436.25	$519.19	$671.53	$613.74	$481.86
	Female 15-20	$651.16	$436.82	$437.89	$436.25	$519.19	$671.53	$613.74	$484.05
	Female 21-44	$1,138.57	$993.77	$1,071.78	$995.44	$1,020.74	$998.88	$847.29	$1,012.78
	Male 15-20	$651.16	$436.82	$437.89	$436.25	$519.19	$671.53	$613.74	$484.78
	Male 21-44	$907.72	$908.30	$820.25	$675.03	$890.80	$803.32	$596.21	$820.55
	Over 44	$1,354.62	$1,420.60	$1,523.11	$1,369.26	$1,563.46	$1,393.11	$1,050.94	$1,463.08
	Average	$1,353.97	$988.33	$1,063.68	$942.86	$1,080.54	$1,121.92	$904.23	$1,033.82
Low Income Families with Children	Under 1	$377.47	$501.24	$530.36	$556.16	$578.76	$424.91	$216.79	$535.11
	1-5	$125.70	$128.94	$137.37	$132.67	$136.11	$108.21	$126.24	$133.61
	6-14	$109.36	$114.66	$120.29	$122.53	$131.14	$116.05	$141.66	$125.49
	Female 15-20	$197.62	$262.42	$246.54	$248.92	$258.84	$248.70	$259.09	$255.04
	Female 21-44	$579.85	$508.80	$503.44	$527.23	$493.71	$465.04	$473.30	$500.43
	Male 15-20	$127.14	$137.88	$147.35	$140.71	$154.11	$144.71	$159.26	$148.52
	Male 21-44	$337.45	$352.05	$351.31	$391.58	$351.79	$343.93	$378.76	$360.24
	Over 44	$706.81	$669.15	$666.72	$751.65	$701.16	$577.15	$567.20	$690.66
	Average	$243.72	$217.44	$219.49	$225.98	$231.16	$216.14	$217.73	$225.47
Weighted Average		$614.79	$320.40	$322.58	$329.49	$330.25	$351.59	$342.76	$328.62

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7f

FY 2015 Capitation Rate Development
Virginia Premier Health Plan Medallion 3.0 Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,662.15	$3,037.34	$3,101.56	$3,007.81	$2,925.34	$3,162.19	$2,748.99	$3,121.82
	1-5	$2,231.33	$984.05	$1,239.43	$894.99	$1,048.47	$903.88	$1,147.49	$1,026.83
	6-14	$793.68	$447.61	$479.56	$457.87	$500.29	$707.64	$722.51	$585.63
	Female 15-20	$793.68	$447.61	$479.56	$457.87	$500.29	$707.64	$722.51	$563.48
	Female 21-44	$1,387.78	$1,018.33	$1,173.76	$1,044.76	$983.56	$1,052.60	$997.44	$1,058.72
	Male 15-20	$793.68	$447.61	$479.56	$457.87	$500.29	$707.64	$722.51	$578.11
	Male 21-44	$1,106.40	$930.75	$898.30	$708.48	$858.36	$846.52	$701.87	$840.66
	Over 44	$1,651.10	$1,455.71	$1,668.04	$1,437.11	$1,506.52	$1,468.04	$1,237.19	$1,448.52
	Average	$1,366.96	$1,062.73	$1,164.77	$1,047.53	$1,072.42	$1,116.08	$1,079.67	$1,106.18
Low Income Families with Children	Under 1	$382.33	$502.07	$535.18	$570.92	$533.63	$485.92	$257.86	$484.53
	1-5	$127.32	$129.15	$138.62	$136.19	$125.50	$123.74	$150.15	$131.62
	6-14	$110.77	$114.85	$121.39	$125.78	$120.92	$132.72	$168.49	$128.47
	Female 15-20	$200.17	$262.85	$248.78	$255.52	$238.66	$284.40	$308.16	$265.91
	Female 21-44	$587.32	$509.65	$508.02	$541.22	$455.21	$531.81	$562.96	$521.29
	Male 15-20	$128.78	$138.11	$148.69	$144.45	$142.09	$165.49	$189.43	$155.02
	Male 21-44	$341.80	$352.63	$354.51	$401.97	$324.36	$393.31	$450.51	$387.93
	Over 44	$715.92	$670.26	$672.78	$771.59	$646.49	$660.01	$674.64	$678.53
	Average	$208.54	$212.44	$223.61	$240.33	$217.60	$229.81	$260.20	$227.81
Weighted Average		$285.80	$326.17	$351.16	$338.26	$317.23	$355.52	$434.85	$349.92

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 7g

FY 2015 Capitation Rate Development
Summary of Medallion 3.0 Regional Average Capitation Rates
With CDPS Adjustment. Effective December 1, 2014 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,226.12	$3,014.72	$2,983.54	$3,030.66	$2,992.87	$3,088.83	$2,414.38	$3,022.38
	1-5	$1,840.40	$971.72	$1,200.98	$891.85	$1,076.68	$884.86	$1,104.98	$1,130.47
	6-14	$662.98	$442.61	$464.49	$455.63	$514.35	$695.22	$693.32	$537.39
	Female 15-20	$664.18	$442.72	$465.86	$452.01	$514.34	$691.55	$688.64	$528.19
	Female 21-44	$1,148.51	$1,007.81	$1,138.22	$1,041.91	$1,011.28	$1,029.40	$953.98	$1,048.76
	Male 15-20	$660.97	$442.24	$465.48	$454.42	$514.40	$693.03	$692.09	$534.11
	Male 21-44	$908.22	$919.97	$870.51	$706.35	$881.86	$822.37	$668.23	$833.44
	Over 44	$1,348.35	$1,441.17	$1,616.01	$1,438.90	$1,547.49	$1,427.34	$1,183.89	$1,438.49
	Average	$1,167.06	$1,038.95	$1,113.66	$1,025.73	$1,092.58	$1,106.92	$1,031.11	$1,087.22
Low Income Families with Children	Under 1	$374.69	$494.61	$540.65	$567.79	$573.73	$468.21	$241.92	$478.45
	1-5	$124.80	$127.55	$139.98	$135.45	$134.98	$119.95	$141.19	$131.77
	6-14	$109.54	$113.54	$122.63	$125.03	$130.21	$129.96	$158.50	$123.70
	Female 15-20	$197.99	$259.89	$251.93	$253.58	$257.27	$276.70	$288.99	$248.76
	Female 21-44	$583.06	$502.76	$514.66	$537.82	$490.07	$516.51	$528.79	$520.43
	Male 15-20	$127.32	$136.53	$150.40	$143.30	$153.19	$160.91	$177.86	$147.54
	Male 21-44	$338.77	$348.61	$358.99	$400.22	$349.24	$382.78	$422.30	$372.03
	Over 44	$709.96	$660.57	$681.67	$765.91	$697.81	$641.69	$638.71	$690.54
	Average	$186.87	$214.05	$228.74	$234.94	$233.01	$229.11	$245.44	$220.86
Weighted Average		$247.13	$323.34	$339.10	$337.95	$333.39	$360.42	$406.30	$324.12

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

FY 2015 Capitation Rate Development
Drug Reinsurance Adjustment

Exhibit 8

		LIFC Child	LIFC Adult	ABAD	Source
1a.	FY12 Number of Individuals Exceeding the Threshold	22	1	57	FY12 Health Plan Encounter Data
1b.	FY12 Total Dollars For Individuals Exceeding the Discounted Threshold	$6,892,841	$264,978	$10,999,340	FY12 Health Plan Encounter Data
1c.	FY12 Trended to FY15 Total Dollars For Individuals Exceeding the Threshold	$9,915,305	$381,169	$15,822,477	FY12 Health Plan Encounter Data
1d.	FY12 Amount of Reinsurance	$5,953,775	$208,052	$6,545,229	= ((1c.) - ((1a.) * $150,000)) * 90%
2a.	FY13 Number of Individuals Exceeding the Threshold	24	2	46	FY13 Health Plan Encounter Data
2b.	FY13 Total Dollars For Individuals Exceeding the Discounted Threshold	$6,169,112	$376,843	$15,829,700	FY13 Health Plan Encounter Data
2c.	FY13 Trended to FY15 Total Dollars For Individuals Exceeding the Threshold	$7,923,416	$484,006	$20,331,175	FY13 Health Plan Encounter Data
2d.	FY13 Amount of Reinsurance	$3,891,075	$165,605	$12,088,057	= ((2c.) - ((2a.) * $150,000)) * 90%
3.	Average Reinsurance Amount	$4,922,425	$186,829	$9,316,643	= ((1d.) + (2d.)) / 2
4.	Annualized Historical Member Months	5,347,940	963,754	793,122	Health Plan Encounter Data
5.	**Estimated PMPM**	**$0.92**	**$0.19**	**$11.75**	**= (3.) / (4.)**

Note:

Discounted threshold is based upon FY15 reinsurance threshold of $150,000 per person per year discounted by 12% unit cost trend per year

Virginia Medicaid

Exhibit 9a

FY 2015 Capitation Rate Development
Anthem Blue Cross and Blue Shield Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$33.93	$12.28	$21.55	$33.27	$18.78	$47.61	$28.13	$28.22
	1-5	$17.92	$6.48	$10.25	$6.14	$7.63	$9.54	$12.73	$11.66
	6-14	$7.52	$4.90	$4.27	$3.30	$3.31	$4.65	$5.13	$4.62
	Female 15-20	$5.03	$3.52	$3.19	$3.66	$2.60	$5.04	$4.86	$3.54
	Female 21-44	$7.66	$7.52	$7.05	$6.28	$4.63	$10.51	$9.05	$6.80
	Male 15-20	$5.14	$1.63	$2.44	$1.51	$2.11	$3.23	$3.54	$2.87
	Male 21-44	$5.51	$2.58	$4.70	$3.14	$4.06	$6.56	$6.66	$4.74
	Over 44	$10.46	$9.14	$10.45	$8.03	$9.13	$13.30	$10.57	$10.02
	Average	$9.07	$6.75	$7.14	$5.98	$6.24	$10.42	$9.33	$7.57
Low Income Families with Children	Under 1	$32.89	$25.41	$27.57	$22.66	$23.96	$39.21	$23.11	$28.93
	1-5	$12.12	$6.63	$8.03	$6.12	$6.18	$8.52	$8.53	$9.32
	6-14	$6.69	$3.55	$4.15	$3.06	$3.29	$4.97	$4.75	$5.10
	Female 15-20	$5.00	$3.47	$3.53	$3.04	$2.92	$5.44	$5.13	$4.06
	Female 21-44	$7.61	$6.10	$5.17	$5.07	$4.46	$8.89	$8.45	$5.89
	Male 15-20	$4.52	$2.54	$2.94	$2.33	$2.28	$4.53	$4.08	$3.49
	Male 21-44	$6.14	$4.69	$5.05	$5.51	$3.83	$7.33	$7.25	$5.44
	Over 44	$12.74	$8.15	$8.71	$7.57	$7.75	$12.31	$10.86	$10.11
	Average	$9.83	$6.59	$6.55	$5.45	$5.51	$9.52	$7.31	$7.72
Weighted Average		$9.79	$6.61	$6.62	$5.52	$5.60	$9.68	$7.73	$7.71

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 9b

FY 2015 Capitation Rate Development
CoventryCares of VIrginia Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$35.84	$6.54	$16.44	$19.72	$23.80	$58.43	$29.16	$27.43
	1-5	$17.08	$3.80	$7.61	$9.87	$7.58	$11.02	$12.70	$8.83
	6-14	$7.24	$1.00	$3.82	$3.48	$4.07	$4.73	$4.95	$3.84
	Female 15-20	$4.85	$1.82	$3.31	$4.16	$4.83	$4.92	$4.86	$3.65
	Female 21-44	$7.81	$2.86	$7.58	$4.48	$13.09	$10.38	$9.02	$7.91
	Male 15-20	$5.18	$1.29	$2.38	$5.47	$3.15	$3.35	$3.41	$2.67
	Male 21-44	$5.79	$3.56	$4.49	$6.62	$7.78	$6.17	$6.63	$5.31
	Over 44	$11.19	$5.91	$10.84	$7.93	$16.99	$12.86	$10.74	$10.64
	Average	$7.60	$4.13	$7.22	$6.38	$13.17	$10.25	$9.31	$7.95
Low Income Families with Children	Under 1	$32.29	$9.04	$22.21	$19.40	$26.12	$38.54	$23.40	$24.09
	1-5	$11.93	$2.55	$6.58	$5.92	$6.81	$8.35	$8.58	$6.74
	6-14	$6.59	$1.45	$3.36	$2.70	$3.82	$4.93	$4.73	$3.56
	Female 15-20	$4.92	$1.82	$3.14	$3.02	$4.76	$5.44	$5.09	$3.71
	Female 21-44	$7.37	$3.63	$4.72	$5.00	$9.88	$8.75	$8.47	$5.88
	Male 15-20	$4.43	$1.76	$2.56	$1.88	$3.08	$4.41	$4.02	$3.03
	Male 21-44	$5.94	$3.87	$4.63	$3.35	$7.90	$7.88	$7.19	$5.93
	Over 44	$12.27	$5.71	$7.62	$7.83	$15.04	$12.42	$10.71	$8.73
	Average	$5.98	$2.67	$5.55	$4.94	$7.27	$9.60	$7.38	$6.10
Weighted Average		$7.19	$2.88	$5.75	$5.13	$8.10	$9.71	$7.77	$6.36

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.
PMPM in shaded cells are based on all health plan regional rate

Virginia Medicaid

Exhibit 9c

FY 2015 Capitation Rate Development
InTotal Health Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$39.95	$50.40	$34.07	$0.00	$23.80	$69.83	$27.44	$35.07
	1-5	$16.89	$7.95	$11.80	$5.58	$7.58	$10.06	$12.92	$13.46
	6-14	$6.59	$4.06	$4.89	$4.53	$4.07	$4.78	$5.19	$5.56
	Female 15-20	$4.31	$6.45	$4.90	$2.96	$4.83	$5.60	$5.16	$4.52
	Female 21-44	$7.57	$11.21	$10.35	$6.58	$13.09	$11.62	$9.52	$8.93
	Male 15-20	$5.20	$2.76	$3.24	$2.85	$3.15	$3.39	$3.58	$4.13
	Male 21-44	$5.96	$8.13	$6.74	$4.21	$7.78	$6.42	$6.92	$6.16
	Over 44	$11.79	$14.47	$14.47	$7.35	$16.99	$13.57	$11.16	$11.42
	Average	$9.94	$11.80	$10.36	$6.11	$10.16	$10.36	$9.69	$9.58
Low Income Families with Children	Under 1	$31.48	$22.75	$29.20	$23.45	$26.12	$42.12	$24.52	$30.79
	1-5	$12.15	$5.45	$8.37	$5.43	$6.81	$8.99	$8.91	$11.00
	6-14	$6.72	$3.45	$4.44	$3.47	$3.82	$5.09	$4.93	$6.02
	Female 15-20	$5.03	$4.98	$4.71	$3.84	$4.76	$5.55	$5.40	$5.02
	Female 21-44	$6.31	$10.08	$7.99	$6.23	$9.88	$9.50	$8.85	$7.33
	Male 15-20	$4.67	$3.14	$3.40	$2.44	$3.08	$4.67	$4.15	$4.37
	Male 21-44	$4.96	$8.30	$6.96	$4.64	$7.90	$8.16	$7.74	$6.34
	Over 44	$9.27	$13.92	$11.91	$8.30	$15.04	$12.99	$10.96	$9.82
	Average	$10.31	$7.37	$12.56	$5.56	$6.49	$10.04	$7.65	$9.42
Weighted Average		$10.28	$7.87	$12.12	$5.61	$6.51	$10.09	$8.05	$9.43

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.
PMPM in shaded cells are based on all health plan regional rate

Virginia Medicaid

Exhibit 9d

FY 2015 Capitation Rate Development
Kaiser Permanente Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$35.84	$50.40	$34.07	$37.63	$23.80	$44.18	$32.88	$36.97
	1-5	$17.08	$7.95	$11.80	$9.69	$7.58	$9.16	$12.97	$17.06
	6-14	$7.24	$4.06	$4.89	$4.68	$4.07	$4.62	$5.42	$7.23
	Female 15-20	$4.85	$6.45	$4.90	$6.56	$4.83	$5.58	$5.23	$4.85
	Female 21-44	$7.81	$11.21	$10.35	$12.04	$13.09	$10.62	$9.64	$7.81
	Male 15-20	$5.18	$2.76	$3.24	$3.34	$3.15	$3.21	$3.73	$5.18
	Male 21-44	$5.79	$8.13	$6.74	$6.74	$7.78	$6.69	$7.04	$5.79
	Over 44	$11.19	$14.47	$14.47	$13.23	$16.99	$12.69	$11.18	$11.19
	Average	$10.09	$13.18	$11.31	$11.74	$10.16	$12.09	$11.01	$10.09
Low Income Families with Children	Under 1	$32.29	$22.75	$29.20	$27.58	$26.12	$38.18	$24.37	$32.29
	1-5	$11.93	$5.45	$8.37	$7.28	$6.81	$8.16	$8.90	$11.93
	6-14	$6.59	$3.45	$4.44	$4.10	$3.82	$4.79	$4.97	$6.59
	Female 15-20	$4.92	$4.98	$4.71	$5.00	$4.76	$5.41	$5.38	$4.92
	Female 21-44	$7.37	$10.08	$7.99	$9.44	$9.88	$9.12	$8.94	$7.37
	Male 15-20	$4.43	$3.14	$3.40	$3.34	$3.08	$4.16	$4.23	$4.43
	Male 21-44	$5.94	$8.30	$6.96	$8.15	$7.90	$7.95	$7.76	$5.95
	Over 44	$12.27	$13.92	$11.91	$11.68	$15.04	$12.26	$11.13	$12.27
	Average	$13.14	$9.01	$9.62	$9.57	$9.68	$11.25	$9.46	$13.14
Weighted Average		$12.94	$11.09	$10.46	$10.66	$9.92	$11.67	$10.24	$12.94

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.
PMPM in shaded cells are based on all health plan regional rate

Virginia Medicaid

Exhibit 9e

FY 2015 Capitation Rate Development
Optima Family Care Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$35.84	$89.96	$77.14	$42.64	$29.27	$50.86	$45.76	$47.17
	1-5	$17.08	$9.60	$15.35	$12.19	$8.20	$15.44	$13.34	$10.87
	6-14	$7.24	$4.38	$6.62	$5.48	$4.75	$5.39	$5.52	$5.21
	Female 15-20	$4.85	$9.90	$8.54	$8.86	$6.84	$8.30	$5.05	$7.94
	Female 21-44	$7.81	$15.30	$17.53	$16.78	$20.85	$14.83	$10.23	$18.02
	Male 15-20	$5.18	$3.17	$5.40	$4.34	$4.15	$4.06	$3.68	$4.29
	Male 21-44	$5.79	$10.85	$10.54	$8.66	$11.50	$8.48	$7.06	$10.34
	Over 44	$11.19	$19.21	$22.62	$17.53	$25.55	$16.96	$11.97	$21.51
	Average	$11.19	$13.04	$15.82	$12.78	$16.58	$13.57	$10.27	$14.87
Low Income Families with Children	Under 1	$32.29	$23.68	$33.45	$32.99	$30.34	$41.63	$24.62	$31.01
	1-5	$11.93	$5.56	$9.93	$8.72	$8.06	$9.35	$8.97	$8.33
	6-14	$6.59	$3.60	$5.51	$4.94	$4.64	$5.38	$5.07	$4.77
	Female 15-20	$4.92	$6.49	$7.92	$6.98	$6.68	$6.70	$5.66	$6.89
	Female 21-44	$7.37	$14.39	$17.27	$13.55	$16.05	$12.42	$9.37	$15.36
	Male 15-20	$4.43	$3.49	$4.67	$4.26	$3.95	$5.20	$4.31	$4.14
	Male 21-44	$5.94	$11.23	$12.74	$11.83	$12.84	$10.24	$8.16	$11.90
	Over 44	$12.27	$20.16	$22.07	$15.06	$22.89	$16.41	$11.77	$20.56
	Average	$19.40	$7.26	$10.28	$8.90	$8.97	$10.94	$8.04	$9.06
Weighted Average		$16.66	$8.03	$10.96	$9.46	$9.86	$11.33	$8.45	$9.80

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.
PMPM in shaded cells are based on all health plan regional rate

Virginia Medicaid

Exhibit 9f

FY 2015 Capitation Rate Development
Virginia Premier Health Plan Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke/ Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$35.07	$38.17	$32.44	$36.10	$22.87	$32.88	$25.54	$31.84
	1-5	$9.96	$7.52	$13.17	$9.16	$5.71	$8.72	$12.95	$9.36
	6-14	$6.12	$4.05	$4.99	$4.38	$3.39	$4.51	$5.81	$4.53
	Female 15-20	$4.92	$4.03	$5.34	$4.49	$2.57	$5.39	$5.73	$4.71
	Female 21-44	$9.73	$9.60	$10.31	$9.83	$7.56	$10.13	$10.06	$9.81
	Male 15-20	$5.41	$2.68	$3.29	$2.66	$1.96	$3.04	$4.01	$3.04
	Male 21-44	$7.73	$7.20	$7.15	$7.23	$6.18	$6.52	$7.39	$6.93
	Over 44	$16.81	$12.60	$13.89	$13.34	$10.92	$12.02	$11.32	$12.34
	Average	$11.92	$9.17	$9.95	$9.80	$7.57	$9.01	$10.02	$9.37
Low Income Families with Children	Under 1	$30.15	$23.28	$32.76	$27.39	$19.88	$36.15	$24.83	$28.68
	1-5	$8.79	$5.56	$8.52	$6.95	$4.61	$7.92	$9.14	$7.27
	6-14	$4.97	$3.53	$4.51	$4.03	$2.19	$4.68	$5.15	$4.19
	Female 15-20	$3.68	$4.36	$4.55	$4.05	$2.03	$5.21	$5.52	$4.47
	Female 21-44	$7.91	$7.76	$6.27	$8.75	$3.79	$8.72	$9.21	$7.48
	Male 15-20	$2.78	$3.09	$3.40	$3.15	$1.66	$3.90	$4.39	$3.38
	Male 21-44	$6.45	$6.87	$5.40	$7.59	$3.70	$7.66	$8.17	$7.02
	Over 44	$16.19	$10.62	$10.43	$11.88	$8.56	$11.43	$11.24	$11.17
	Average	$7.69	$5.97	$7.52	$7.07	$4.33	$7.70	$7.94	$6.95
Weighted Average		$7.97	$6.40	$7.85	$7.40	$4.71	$7.88	$8.38	$7.28

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 9g

FY 2015 Capitation Rate Development
Medallion 3.0 Medicare Enhanced PCP Supplemental Payment
Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$34.20	$36.29	$38.31	$37.05	$24.65	$37.96	$40.27	$33.86
	1-5	$17.24	$8.18	$11.72	$9.65	$7.58	$9.45	$12.91	$10.63
	6-14	$7.24	$4.07	$4.91	$4.63	$4.06	$4.58	$5.46	$4.76
	Female 15-20	$4.86	$6.52	$4.90	$6.62	$4.88	$5.62	$5.30	$5.35
	Female 21-44	$7.81	$11.25	$10.32	$11.86	$13.08	$10.60	$9.67	$10.89
	Male 15-20	$5.17	$2.77	$3.27	$3.35	$3.13	$3.17	$3.76	$3.38
	Male 21-44	$5.80	$8.10	$6.64	$6.70	$7.82	$6.66	$7.04	$7.00
	Over 44	$11.21	$14.20	$14.35	$13.04	$16.84	$12.82	$11.14	$13.57
	Average	$9.49	$10.21	$9.88	$9.86	$11.39	$9.71	$9.77	$10.16
Low Income Families with Children	Under 1	$32.34	$22.91	$29.32	$27.61	$26.03	$37.78	$24.26	$29.26
	1-5	$11.94	$5.45	$8.35	$7.24	$6.79	$8.21	$8.90	$8.61
	6-14	$6.59	$3.45	$4.43	$4.07	$3.81	$4.77	$4.98	$4.78
	Female 15-20	$4.92	$5.01	$4.72	$4.99	$4.74	$5.38	$5.38	$4.94
	Female 21-44	$7.38	$10.02	$8.01	$9.27	$9.77	$9.10	$8.93	$8.88
	Male 15-20	$4.43	$3.15	$3.41	$3.34	$3.05	$4.15	$4.24	$3.67
	Male 21-44	$5.94	$8.27	$6.88	$8.03	$7.77	$7.86	$7.79	$7.43
	Over 44	$12.27	$13.71	$11.98	$11.53	$15.26	$12.09	$11.11	$12.77
	Average	$9.85	$6.34	$7.50	$7.19	$7.00	$8.36	$7.71	$7.91
Weighted Average		$9.82	$6.85	$7.80	$7.54	$7.51	$8.56	$8.14	$8.17

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10a

FY 2015 Capitation Rate Development

Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,121.64	$3,000.62	$3,055.49	$3,250.68	$3,005.98	$3,149.88	$2,559.79	$3,088.08
	1-5	$1,894.66	$966.71	$1,215.61	$955.25	$1,070.74	$887.90	$1,062.65	$1,347.52
	6-14	$667.50	$435.27	$463.44	$483.11	$504.43	$689.76	$661.86	$534.24
	Female 15-20	$665.01	$433.90	$462.37	$483.47	$503.73	$690.15	$661.58	$530.03
	Female 21-44	$1,170.46	$1,001.61	$1,147.92	$1,116.18	$1,001.19	$1,035.33	$920.15	$1,081.96
	Male 15-20	$665.12	$432.01	$461.62	$481.32	$503.24	$688.34	$660.26	$531.50
	Male 21-44	$930.16	$910.17	$875.07	$752.00	$872.26	$828.43	$644.29	$860.14
	Over 44	$1,396.12	$1,435.24	$1,636.70	$1,539.15	$1,541.81	$1,447.23	$1,143.49	$1,475.92
	Average	$1,193.60	$1,077.49	$1,109.28	$1,128.54	$1,109.88	$1,162.56	$1,002.62	$1,125.70
Low Income Families with Children	Under 1	$424.56	$476.40	$585.20	$589.32	$607.71	$492.90	$253.85	$505.69
	1-5	$141.94	$121.95	$151.78	$140.59	$142.76	$123.37	$142.51	$143.16
	6-14	$119.51	$106.01	$129.92	$127.19	$134.86	$128.22	$155.21	$126.39
	Female 15-20	$209.62	$239.14	$262.26	$256.15	$263.49	$270.60	$281.06	$242.19
	Female 21-44	$610.50	$464.63	$535.18	$542.93	$503.02	$506.24	$514.02	$543.87
	Male 15-20	$135.83	$125.93	$157.21	$145.01	$157.04	$158.44	$173.35	$147.51
	Male 21-44	$356.92	$321.90	$374.84	$404.93	$359.02	$375.10	$411.79	$371.24
	Over 44	$747.67	$611.24	$710.69	$774.46	$715.88	$629.60	$616.77	$723.16
	Average	$202.49	$214.33	$249.32	$245.81	$246.01	$247.65	$246.23	$227.73
Weighted Average		$262.85	$310.35	$355.47	$360.19	$347.06	$408.83	$402.18	$318.58

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10b

FY 2015 Capitation Rate Development
CoventryCares of Virginia Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,028.63	$2,994.88	$3,027.63	$3,030.45	$3,017.76	$2,750.14	$2,577.04	$2,874.68
	1-5	$1,835.98	$964.03	$1,203.88	$897.48	$1,073.10	$772.02	$1,069.40	$1,059.01
	6-14	$646.65	$431.37	$459.48	$451.84	$506.36	$597.97	$665.94	$502.37
	Female 15-20	$644.26	$432.20	$458.96	$452.52	$507.12	$598.16	$665.85	$497.83
	Female 21-44	$1,134.64	$996.95	$1,139.84	$1,042.59	$1,011.92	$898.53	$926.01	$1,035.85
	Male 15-20	$644.59	$431.67	$458.04	$453.82	$505.43	$596.59	$664.40	$496.96
	Male 21-44	$901.76	$911.14	$868.28	$706.80	$877.97	$718.14	$648.40	$787.94
	Over 44	$1,354.05	$1,432.02	$1,624.85	$1,440.31	$1,553.15	$1,256.18	$1,150.96	$1,389.45
	Average	$1,053.07	$1,088.02	$1,101.62	$1,023.51	$1,253.97	$1,011.72	$998.71	$1,057.18
Low Income Families with Children	Under 1	$408.84	$471.67	$546.46	$611.64	$599.74	$504.86	$255.18	$494.46
	1-5	$136.72	$120.88	$141.69	$146.49	$141.01	$126.42	$143.17	$138.54
	6-14	$115.02	$106.57	$121.56	$132.46	$133.08	$131.63	$155.87	$127.52
	Female 15-20	$201.62	$243.58	$246.34	$267.58	$260.80	$277.99	$282.28	$258.48
	Female 21-44	$587.03	$473.98	$503.04	$567.12	$499.80	$519.93	$516.32	$508.53
	Male 15-20	$130.65	$128.35	$147.55	$151.03	$155.14	$162.62	$174.06	$154.22
	Male 21-44	$343.21	$329.25	$352.30	$420.78	$356.93	$385.87	$413.56	$380.63
	Over 44	$718.88	$624.35	$667.62	$809.29	$710.90	$646.87	$619.36	$660.91
	Average	$343.10	$207.36	$220.58	$247.22	$228.13	$249.65	$241.29	$227.94
Weighted Average		$874.91	$336.20	$323.09	$352.54	$371.84	$381.68	$395.10	$345.76

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10c

FY 2015 Capitation Rate Development
InTotal Health Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,606.30	$3,038.73	$3,027.52	$3,010.74	$3,017.68	$2,837.65	$2,646.82	$2,883.63
	1-5	$1,575.96	$968.18	$1,200.98	$893.19	$1,073.08	$792.83	$1,099.46	$1,238.10
	6-14	$553.58	$434.44	$457.80	$452.89	$506.34	$615.05	$684.97	$590.28
	Female 15-20	$551.30	$436.83	$457.81	$451.31	$507.10	$615.87	$684.95	$572.57
	Female 21-44	$972.80	$1,005.30	$1,135.89	$1,044.69	$1,011.90	$925.11	$952.45	$963.44
	Male 15-20	$552.19	$433.14	$456.16	$451.20	$505.42	$613.66	$683.36	$586.05
	Male 21-44	$773.10	$915.72	$865.39	$704.40	$877.94	$738.77	$666.94	$731.34
	Over 44	$1,162.40	$1,440.57	$1,618.94	$1,439.73	$1,553.11	$1,292.23	$1,183.56	$1,211.78
	Average	$1,024.20	$1,189.55	$1,136.03	$1,092.68	$1,131.57	$1,009.85	$1,025.53	$1,030.78
Low Income Families with Children	Under 1	$362.72	$516.82	$569.78	$622.63	$599.74	$451.05	$263.33	$382.07
	1-5	$121.84	$131.86	$147.71	$147.66	$141.01	$112.44	$147.58	$126.10
	6-14	$102.03	$115.76	$126.34	$134.77	$133.08	$116.11	$160.66	$114.30
	Female 15-20	$178.01	$263.21	$255.51	$271.51	$260.80	$244.52	$290.98	$213.66
	Female 21-44	$516.37	$512.34	$521.81	$574.93	$499.80	$457.87	$532.05	$521.15
	Male 15-20	$115.63	$138.39	$152.93	$153.35	$155.14	$143.33	$179.35	$132.15
	Male 21-44	$301.72	$355.77	$365.46	$426.96	$356.93	$339.70	$426.39	$368.00
	Over 44	$631.05	$674.53	$692.43	$819.14	$710.90	$569.49	$637.98	$646.20
	Average	$168.04	$248.44	$373.66	$241.96	$327.59	$217.93	$248.53	$190.60
Weighted Average		$220.66	$354.78	$526.86	$317.16	$330.78	$358.60	$402.16	$269.84

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10d

FY 2015 Capitation Rate Development
Kaiser Permanente Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,029.72	$3,044.28	$3,027.95	$3,031.51	$3,017.68	$3,113.85	$2,650.88	$2,987.98
	1-5	$1,836.64	$969.98	$1,201.15	$892.28	$1,073.08	$878.20	$1,098.94	$1,834.20
	6-14	$646.88	$435.26	$457.87	$450.47	$506.34	$682.44	$684.84	$646.75
	Female 15-20	$644.50	$437.64	$457.88	$452.35	$507.10	$683.40	$684.65	$644.28
	Female 21-44	$1,135.05	$1,007.16	$1,136.05	$1,044.30	$1,011.90	$1,024.59	$952.06	$1,134.98
	Male 15-20	$644.83	$433.96	$456.23	$449.13	$505.42	$681.03	$683.15	$644.61
	Male 21-44	$902.09	$917.41	$865.51	$702.96	$877.94	$819.84	$666.71	$901.98
	Over 44	$1,354.54	$1,443.23	$1,619.17	$1,437.55	$1,553.11	$1,431.48	$1,182.96	$1,354.55
	Average	$1,235.52	$1,086.11	$1,152.72	$1,057.57	$1,131.57	$1,164.35	$1,075.52	$1,235.46
Low Income Families with Children	Under 1	$408.77	$517.46	$569.60	$594.06	$599.69	$509.61	$265.78	$408.77
	1-5	$136.69	$132.03	$147.66	$141.72	$141.00	$127.53	$149.09	$136.69
	6-14	$115.00	$115.91	$126.30	$128.19	$133.07	$132.88	$162.40	$115.00
	Female 15-20	$201.58	$263.54	$255.43	$258.03	$260.78	$280.95	$294.07	$201.59
	Female 21-44	$586.92	$512.99	$521.64	$547.14	$499.76	$525.90	$537.81	$586.92
	Male 15-20	$130.63	$138.56	$152.88	$145.98	$155.13	$164.11	$181.34	$130.63
	Male 21-44	$343.14	$356.22	$365.34	$407.45	$356.90	$390.09	$430.94	$343.15
	Over 44	$718.75	$675.39	$692.22	$778.34	$710.84	$653.65	$644.96	$718.75
	Average	$292.53	$339.01	$353.88	$375.12	$357.15	$348.09	$333.30	$292.53
Weighted Average		$353.35	$712.56	$753.30	$716.34	$744.36	$756.22	$704.41	$353.37

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10e

FY 2015 Capitation Rate Development

Optima Family Care Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment

With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,028.63	$3,042.31	$2,897.48	$2,896.69	$3,053.43	$3,039.92	$2,369.17	$2,910.29
	1-5	$1,835.98	$958.18	$1,135.34	$853.18	$1,084.55	$861.44	$976.33	$1,008.83
	6-14	$646.65	$429.45	$432.77	$429.98	$512.19	$665.17	$607.51	$475.32
	Female 15-20	$644.26	$434.97	$434.69	$433.36	$514.29	$668.08	$607.04	$480.25
	Female 21-44	$1,134.64	$997.33	$1,077.55	$1,000.47	$1,029.84	$1,001.97	$845.77	$1,019.06
	Male 15-20	$644.59	$428.24	$431.55	$428.84	$511.59	$663.84	$605.68	$477.32
	Male 21-44	$901.76	$907.40	$819.05	$671.94	$890.55	$800.05	$591.52	$819.15
	Over 44	$1,354.05	$1,428.07	$1,533.98	$1,375.04	$1,577.26	$1,398.33	$1,051.17	$1,472.85
	Average	$1,353.42	$989.63	$1,067.75	$943.89	$1,085.38	$1,123.74	$902.75	$1,036.95
Low Income Families with Children	Under 1	$408.84	$524.00	$562.90	$588.23	$608.18	$465.62	$240.49	$565.20
	1-5	$136.72	$133.58	$146.38	$140.47	$143.25	$116.64	$134.28	$141.02
	6-14	$115.02	$117.34	$124.89	$126.55	$134.86	$120.51	$145.81	$129.34
	Female 15-20	$201.62	$267.99	$253.54	$254.98	$264.60	$254.48	$263.83	$261.02
	Female 21-44	$587.03	$523.01	$520.52	$540.59	$509.56	$477.27	$482.48	$515.59
	Male 15-20	$130.65	$140.45	$151.10	$144.05	$157.13	$148.99	$162.65	$151.75
	Male 21-44	$343.21	$363.09	$363.86	$403.22	$364.44	$353.98	$386.73	$371.94
	Over 44	$718.88	$689.11	$688.60	$766.52	$723.86	$593.36	$578.77	$711.02
	Average	$262.20	$223.90	$228.97	$234.08	$239.33	$226.30	$225.00	$233.72
Weighted Average		$626.91	$326.17	$331.40	$336.57	$338.04	$360.50	$348.43	$336.22

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10f

FY 2015 Capitation Rate Development

Virginia Premier Health Plan Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,685.48	$3,063.77	$3,122.25	$3,032.17	$2,936.46	$3,183.32	$2,762.79	$3,141.91
	1-5	$2,229.54	$979.82	$1,240.85	$892.40	$1,042.44	$900.85	$1,148.69	$1,024.44
	6-14	$788.05	$439.91	$472.80	$450.50	$491.93	$700.40	$716.57	$578.42
	Female 15-20	$786.85	$439.89	$473.16	$450.60	$491.10	$701.28	$716.49	$556.44
	Female 21-44	$1,385.76	$1,016.18	$1,172.32	$1,042.85	$979.38	$1,050.98	$995.75	$1,056.78
	Male 15-20	$787.34	$438.55	$471.11	$448.78	$490.50	$698.93	$714.77	$569.41
	Male 21-44	$1,102.38	$926.20	$893.70	$703.96	$852.79	$841.29	$697.51	$835.84
	Over 44	$1,656.17	$1,456.56	$1,670.18	$1,438.71	$1,505.69	$1,468.31	$1,236.76	$1,449.12
	Average	$1,367.13	$1,060.16	$1,162.97	$1,045.59	$1,068.25	$1,113.34	$1,077.94	$1,103.80
Low Income Families with Children	Under 1	$411.56	$524.43	$567.02	$597.39	$552.59	$521.15	$281.76	$512.29
	1-5	$135.19	$133.80	$146.22	$142.22	$129.19	$130.74	$158.37	$137.97
	6-14	$114.82	$117.45	$124.98	$128.89	$122.19	$136.48	$172.72	$131.74
	Female 15-20	$202.93	$266.29	$252.41	$258.66	$239.77	$288.69	$312.77	$269.46
	Female 21-44	$595.04	$517.21	$514.09	$549.78	$458.81	$540.34	$571.98	$528.58
	Male 15-20	$130.64	$140.28	$151.18	$146.67	$142.83	$168.47	$192.90	$157.48
	Male 21-44	$348.05	$359.31	$359.71	$409.37	$327.86	$400.77	$458.48	$394.76
	Over 44	$731.91	$680.68	$683.02	$783.28	$654.86	$671.24	$685.68	$689.50
	Average	$215.42	$217.60	$230.33	$246.60	$221.14	$236.71	$267.36	$233.97
Weighted Average		$292.24	$330.29	$356.72	$343.54	$319.88	$361.06	$440.12	$354.89

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 10g

FY 2015 Capitation Rate Development

Summary of Medallion 3.0 Regional Average Capitation Rates Net of Drug Reinsurance Adjustment With CDPS Adjustment and Medicare Enhanced PCP Supplemental Payment. Effective December 1, 2014 - December 31, 2014

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,248.57	$3,039.25	$3,010.10	$3,055.96	$3,005.77	$3,115.04	$2,442.89	$3,044.49
	1-5	$1,845.90	$968.15	$1,200.95	$889.75	$1,072.52	$882.56	$1,106.14	$1,129.35
	6-14	$658.48	$434.94	$457.66	$448.51	$506.67	$688.06	$687.04	$530.40
	Female 15-20	$657.30	$437.50	$459.01	$446.89	$507.47	$685.42	$682.20	$521.80
	Female 21-44	$1,144.57	$1,007.32	$1,136.79	$1,042.03	$1,012.61	$1,028.25	$951.90	$1,047.91
	Male 15-20	$654.40	$433.26	$457.00	$446.03	$505.78	$684.45	$684.10	$525.74
	Male 21-44	$902.28	$916.32	$865.40	$701.30	$877.93	$817.29	$663.52	$828.69
	Over 44	$1,347.81	$1,443.62	$1,618.62	$1,440.19	$1,552.58	$1,428.41	$1,183.28	$1,440.31
	Average	$1,164.81	$1,037.41	$1,111.79	$1,023.85	$1,092.23	$1,104.88	$1,029.14	$1,085.64
Low Income Families with Children	Under 1	$406.11	$516.60	$569.04	$594.48	$598.84	$505.06	$265.26	$506.79
	1-5	$135.82	$132.08	$147.41	$141.77	$140.85	$127.24	$149.18	$139.46
	6-14	$115.21	$116.08	$126.14	$128.18	$133.10	$133.81	$162.56	$127.56
	Female 15-20	$201.99	$263.98	$255.73	$257.65	$261.10	$281.16	$293.46	$252.78
	Female 21-44	$590.25	$512.59	$522.47	$546.90	$499.65	$525.42	$537.52	$529.12
	Male 15-20	$130.83	$138.76	$152.89	$145.72	$155.32	$164.14	$181.18	$150.29
	Male 21-44	$344.51	$356.68	$365.68	$408.05	$356.82	$390.45	$429.90	$379.27
	Over 44	$722.04	$674.09	$693.46	$777.25	$712.88	$653.59	$649.62	$703.12
	Average	$195.87	$219.59	$235.45	$241.33	$239.22	$236.69	$252.38	$227.96
Weighted Average		$255.44	$327.94	$344.74	$343.26	$338.83	$366.56	$411.42	$330.18

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11a

FY 2015 Capitation Rate Development

Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,087.71	$2,988.34	$3,033.94	$3,217.41	$2,987.20	$3,102.27	$2,531.66	$3,059.86
	1-5	$1,876.73	$960.23	$1,205.36	$949.10	$1,063.10	$878.36	$1,049.92	$1,335.86
	6-14	$659.98	$430.38	$459.18	$479.81	$501.13	$685.11	$656.72	$529.62
	Female 15-20	$659.98	$430.38	$459.18	$479.81	$501.13	$685.11	$656.72	$526.49
	Female 21-44	$1,162.80	$994.09	$1,140.87	$1,109.90	$996.56	$1,024.82	$911.10	$1,075.16
	Male 15-20	$659.98	$430.38	$459.18	$479.81	$501.13	$685.11	$656.72	$528.63
	Male 21-44	$924.65	$907.58	$870.37	$748.87	$868.21	$821.88	$637.63	$855.40
	Over 44	$1,385.66	$1,426.10	$1,626.24	$1,531.12	$1,532.68	$1,433.92	$1,132.92	$1,465.90
	Average	$1,184.54	$1,070.74	$1,102.14	$1,122.56	$1,103.64	$1,152.14	$993.29	$1,118.13
Low Income Families with Children	Under 1	$391.67	$450.99	$557.64	$566.65	$583.76	$453.69	$230.74	$476.77
	1-5	$129.82	$115.33	$143.75	$134.47	$136.58	$114.85	$133.98	$133.84
	6-14	$112.82	$102.45	$125.77	$124.13	$131.56	$123.24	$150.46	$121.29
	Female 15-20	$204.62	$235.67	$258.73	$253.11	$260.57	$265.16	$275.93	$238.13
	Female 21-44	$602.89	$458.53	$530.01	$537.86	$498.56	$497.35	$505.57	$537.97
	Male 15-20	$131.31	$123.39	$154.27	$142.68	$154.76	$153.91	$169.26	$144.02
	Male 21-44	$350.78	$317.21	$369.80	$399.42	$355.19	$367.77	$404.54	$365.80
	Over 44	$734.94	$603.10	$701.97	$766.88	$708.13	$617.29	$605.90	$713.05
	Average	$192.66	$207.74	$242.78	$240.36	$240.50	$238.13	$238.92	$220.00
Weighted Average		$253.07	$303.74	$348.85	$354.67	$341.47	$399.15	$394.46	$310.87

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11b

FY 2015 Capitation Rate Development
CoventryCares of Virginia Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,992.79	$2,988.34	$3,011.19	$3,010.74	$2,993.96	$2,691.71	$2,547.88	$2,847.26
	1-5	$1,818.90	$960.23	$1,196.26	$887.61	$1,065.53	$761.01	$1,056.70	$1,050.18
	6-14	$639.41	$430.38	$455.66	$448.35	$502.28	$593.24	$660.99	$498.53
	Female 15-20	$639.41	$430.38	$455.66	$448.35	$502.28	$593.24	$660.99	$494.18
	Female 21-44	$1,126.83	$994.09	$1,132.26	$1,038.11	$998.83	$888.16	$916.98	$1,027.94
	Male 15-20	$639.41	$430.38	$455.66	$448.35	$502.28	$593.24	$660.99	$494.29
	Male 21-44	$895.97	$907.58	$863.78	$700.19	$870.19	$711.97	$641.77	$782.63
	Over 44	$1,342.87	$1,426.10	$1,614.01	$1,432.37	$1,536.16	$1,243.32	$1,140.22	$1,378.81
	Average	$1,045.47	$1,083.89	$1,094.40	$1,017.13	$1,240.80	$1,001.47	$989.40	$1,049.24
Low Income Families with Children	Under 1	$376.55	$462.63	$524.25	$592.23	$573.62	$466.32	$231.79	$470.38
	1-5	$124.78	$118.32	$135.11	$140.58	$134.20	$118.07	$134.59	$131.80
	6-14	$108.44	$105.12	$118.20	$129.76	$129.27	$126.69	$151.14	$123.96
	Female 15-20	$196.70	$241.77	$243.20	$264.56	$256.04	$272.55	$277.19	$254.77
	Female 21-44	$579.66	$470.35	$498.32	$562.11	$489.92	$511.18	$507.86	$502.66
	Male 15-20	$126.22	$126.59	$144.99	$149.15	$152.06	$158.21	$170.03	$151.19
	Male 21-44	$337.26	$325.39	$347.68	$417.43	$349.03	$377.99	$406.37	$374.71
	Over 44	$706.61	$618.64	$660.00	$801.46	$695.86	$634.45	$608.65	$652.18
	Average	$337.12	$204.69	$215.03	$242.28	$220.86	$240.05	$233.91	$221.84
Weighted Average		$867.72	$333.32	$317.34	$347.40	$363.74	$371.97	$387.33	$339.40

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11c

FY 2015 Capitation Rate Development
InTotal Health Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,566.35	$2,988.34	$2,993.45	$3,010.74	$2,993.88	$2,767.82	$2,619.38	$2,848.57
	1-5	$1,559.07	$960.23	$1,189.18	$887.61	$1,065.50	$782.76	$1,086.54	$1,224.64
	6-14	$546.99	$430.38	$452.92	$448.35	$502.27	$610.27	$679.78	$584.72
	Female 15-20	$546.99	$430.38	$452.92	$448.35	$502.27	$610.27	$679.78	$568.05
	Female 21-44	$965.23	$994.09	$1,125.54	$1,038.11	$998.81	$913.49	$942.92	$954.52
	Male 15-20	$546.99	$430.38	$452.92	$448.35	$502.27	$610.27	$679.78	$581.92
	Male 21-44	$767.14	$907.58	$858.65	$700.19	$870.17	$732.35	$660.02	$725.18
	Over 44	$1,150.61	$1,426.10	$1,604.47	$1,432.37	$1,536.12	$1,278.66	$1,172.40	$1,200.35
	Average	$1,014.25	$1,177.75	$1,125.67	$1,086.56	$1,121.41	$999.49	$1,015.84	$1,021.20
Low Income Families with Children	Under 1	$331.24	$494.07	$540.58	$599.18	$573.62	$408.93	$238.81	$351.28
	1-5	$109.70	$126.41	$139.34	$142.23	$134.20	$103.45	$138.68	$115.10
	6-14	$95.31	$112.31	$121.90	$131.29	$129.27	$111.02	$155.73	$108.28
	Female 15-20	$172.98	$258.23	$250.80	$267.67	$256.04	$238.96	$285.58	$208.64
	Female 21-44	$510.06	$502.26	$513.82	$568.70	$489.92	$448.37	$523.19	$513.82
	Male 15-20	$110.96	$135.24	$149.53	$150.91	$152.06	$138.67	$175.19	$127.78
	Male 21-44	$296.76	$347.47	$358.49	$422.32	$349.03	$331.54	$418.64	$361.66
	Over 44	$621.78	$660.61	$680.53	$810.85	$695.86	$556.50	$627.02	$636.38
	Average	$157.73	$241.07	$361.10	$236.40	$321.10	$207.89	$240.88	$181.18
Weighted Average		$210.37	$346.91	$514.75	$311.55	$324.27	$348.51	$394.11	$260.41

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11d

FY 2015 Capitation Rate Development
Kaiser Permanente Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,993.88	$2,993.88	$2,993.88	$2,993.88	$2,993.88	$3,069.68	$2,618.00	$2,951.01
	1-5	$1,819.56	$962.03	$1,189.35	$882.59	$1,065.50	$869.04	$1,085.96	$1,817.14
	6-14	$639.64	$431.19	$452.98	$445.79	$502.27	$677.82	$679.42	$639.52
	Female 15-20	$639.64	$431.19	$452.98	$445.79	$502.27	$677.82	$679.42	$639.43
	Female 21-44	$1,127.24	$995.95	$1,125.71	$1,032.26	$998.81	$1,013.97	$942.42	$1,127.17
	Male 15-20	$639.64	$431.19	$452.98	$445.79	$502.27	$677.82	$679.42	$639.43
	Male 21-44	$896.30	$909.28	$858.77	$696.22	$870.17	$813.15	$659.67	$896.19
	Over 44	$1,343.36	$1,428.76	$1,604.70	$1,424.32	$1,536.12	$1,418.79	$1,171.78	$1,343.37
	Average	$1,225.43	$1,072.94	$1,141.42	$1,045.83	$1,121.41	$1,152.26	$1,064.51	$1,225.37
Low Income Families with Children	Under 1	$376.48	$494.71	$540.41	$566.49	$573.57	$471.44	$241.41	$376.48
	1-5	$124.76	$126.58	$139.29	$134.43	$134.19	$119.37	$140.19	$124.76
	6-14	$108.42	$112.46	$121.86	$124.09	$129.26	$128.09	$157.43	$108.42
	Female 15-20	$196.66	$258.56	$250.72	$253.03	$256.02	$275.54	$288.69	$196.67
	Female 21-44	$579.55	$502.92	$513.66	$537.71	$489.88	$516.78	$528.87	$579.55
	Male 15-20	$126.20	$135.42	$149.48	$142.64	$152.05	$159.95	$177.10	$126.20
	Male 21-44	$337.20	$347.92	$358.38	$399.30	$349.00	$382.13	$423.19	$337.21
	Over 44	$706.48	$661.47	$680.31	$766.66	$695.80	$641.39	$633.83	$706.48
	Average	$279.39	$330.00	$344.26	$365.54	$347.47	$336.84	$323.84	$279.39
Weighted Average		$340.40	$701.47	$742.84	$705.69	$734.44	$744.55	$694.17	$340.43

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11e

FY 2015 Capitation Rate Development
Optima Family Care Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$2,992.79	$2,952.35	$2,820.33	$2,854.06	$3,024.16	$2,989.06	$2,323.41	$2,863.11
	1-5	$1,818.90	$948.57	$1,119.99	$840.99	$1,076.35	$846.00	$963.00	$997.96
	6-14	$639.41	$425.07	$426.15	$424.50	$507.45	$659.78	$601.99	$470.11
	Female 15-20	$639.41	$425.07	$426.15	$424.50	$507.45	$659.78	$601.99	$472.31
	Female 21-44	$1,126.83	$982.02	$1,060.03	$983.69	$1,008.99	$987.14	$835.54	$1,001.04
	Male 15-20	$639.41	$425.07	$426.15	$424.50	$507.45	$659.78	$601.99	$473.04
	Male 21-44	$895.97	$896.55	$808.50	$663.28	$879.05	$791.57	$584.46	$808.80
	Over 44	$1,342.87	$1,408.86	$1,511.36	$1,357.51	$1,551.71	$1,381.37	$1,039.20	$1,451.34
	Average	$1,342.23	$976.58	$1,051.93	$931.11	$1,068.80	$1,110.18	$892.48	$1,022.07
Low Income Families with Children	Under 1	$376.55	$500.32	$529.44	$555.24	$577.84	$423.99	$215.87	$534.19
	1-5	$124.78	$128.02	$136.45	$131.75	$135.19	$107.29	$125.32	$132.69
	6-14	$108.44	$113.74	$119.37	$121.61	$130.22	$115.13	$140.74	$124.57
	Female 15-20	$196.70	$261.50	$245.62	$248.00	$257.92	$247.78	$258.16	$254.12
	Female 21-44	$579.66	$508.61	$503.25	$527.04	$493.51	$464.85	$473.11	$500.23
	Male 15-20	$126.22	$136.96	$146.43	$139.79	$153.19	$143.79	$158.34	$147.60
	Male 21-44	$337.26	$351.86	$351.12	$391.38	$351.59	$343.73	$378.56	$360.04
	Over 44	$706.61	$668.96	$666.53	$751.46	$700.97	$576.95	$567.00	$690.46
	Average	$242.80	$216.64	$218.68	$225.18	$230.36	$215.36	$216.95	$224.67
Weighted Average		$610.25	$318.14	$320.44	$327.11	$328.18	$349.17	$339.99	$326.43

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11f

FY 2015 Capitation Rate Development
Virginia Premier Health Plan Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment
With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,650.41	$3,025.60	$3,089.81	$2,996.07	$2,913.59	$3,150.44	$2,737.25	$3,110.07
	1-5	$2,219.58	$972.30	$1,227.68	$883.24	$1,036.72	$892.13	$1,135.74	$1,015.08
	6-14	$781.93	$435.87	$467.81	$446.12	$488.54	$695.89	$710.76	$573.89
	Female 15-20	$781.93	$435.87	$467.81	$446.12	$488.54	$695.89	$710.76	$551.73
	Female 21-44	$1,376.03	$1,006.58	$1,162.01	$1,033.02	$971.81	$1,040.86	$985.69	$1,046.97
	Male 15-20	$781.93	$435.87	$467.81	$446.12	$488.54	$695.89	$710.76	$566.36
	Male 21-44	$1,094.65	$919.00	$886.55	$696.73	$846.61	$834.77	$690.12	$828.91
	Over 44	$1,639.36	$1,443.96	$1,656.29	$1,425.36	$1,494.77	$1,456.29	$1,225.44	$1,436.77
	Average	$1,355.22	$1,050.99	$1,153.03	$1,035.78	$1,060.68	$1,104.33	$1,067.92	$1,094.44
Low Income Families with Children	Under 1	$381.41	$501.15	$534.26	$569.99	$532.71	$485.00	$256.94	$483.61
	1-5	$126.40	$128.23	$137.70	$135.27	$124.58	$122.82	$149.23	$130.70
	6-14	$109.85	$113.93	$120.47	$124.86	$120.00	$131.80	$167.57	$127.55
	Female 15-20	$199.25	$261.93	$247.86	$254.60	$237.74	$283.48	$307.24	$264.99
	Female 21-44	$587.13	$509.45	$507.83	$541.03	$455.02	$531.62	$562.77	$521.09
	Male 15-20	$127.86	$137.19	$147.77	$143.53	$141.17	$164.57	$188.51	$154.10
	Male 21-44	$341.61	$352.44	$354.31	$401.77	$324.17	$393.11	$450.31	$387.74
	Over 44	$715.72	$670.06	$672.59	$771.40	$646.30	$659.82	$674.44	$678.34
	Average	$207.73	$211.63	$222.81	$239.54	$216.81	$229.01	$259.43	$227.02
Weighted Average		$284.27	$323.89	$348.87	$336.14	$315.17	$353.17	$431.74	$347.60

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

Exhibit 11g

FY 2015 Capitation Rate Development

Summary of Medallion 3.0 Regional Average Capitation Rates Net of Drug Reinsurance Adjustment With CDPS Adjustment. Effective January 1, 2015 to June 30, 2015

		Region							
Aid Category	**Age Group**	**Northern Virginia**	**Other MSA**	**Richmond/ Charlottesville**	**Rural**	**Tidewater**	**Roanoke-Alleghany**	**Far Southwest**	**FY 2015 Average**
Aged, Blind, and Disabled	Under 1	$3,214.37	$3,002.96	$2,971.79	$3,018.91	$2,981.12	$3,077.08	$2,402.61	$3,010.63
	1-5	$1,828.66	$959.97	$1,189.23	$880.10	$1,064.94	$873.12	$1,093.23	$1,118.72
	6-14	$651.23	$430.86	$452.75	$443.89	$502.60	$683.48	$681.58	$525.65
	Female 15-20	$652.44	$430.98	$454.11	$440.27	$502.59	$679.81	$676.90	$516.45
	Female 21-44	$1,136.76	$996.07	$1,126.47	$1,030.16	$999.53	$1,017.65	$942.23	$1,037.01
	Male 15-20	$649.23	$430.49	$453.73	$442.68	$502.65	$681.28	$680.34	$522.36
	Male 21-44	$896.48	$908.22	$858.77	$694.60	$870.11	$810.62	$656.48	$821.70
	Over 44	$1,336.60	$1,429.42	$1,604.27	$1,427.15	$1,535.74	$1,415.60	$1,172.14	$1,426.74
	Average	$1,155.32	$1,027.20	$1,101.91	$1,013.99	$1,080.84	$1,095.17	$1,019.37	$1,075.48
Low Income Families with Children	Under 1	$373.77	$493.69	$539.73	$566.87	$572.81	$467.28	$241.00	$477.53
	1-5	$123.88	$126.63	$139.06	$134.53	$134.06	$119.03	$140.27	$130.85
	6-14	$108.62	$112.62	$121.71	$124.11	$129.29	$129.04	$157.58	$122.78
	Female 15-20	$197.07	$258.97	$251.01	$252.66	$256.35	$275.78	$288.07	$247.84
	Female 21-44	$582.87	$502.56	$514.46	$537.63	$489.88	$516.32	$528.59	$520.24
	Male 15-20	$126.40	$135.61	$149.48	$142.38	$152.27	$159.99	$176.94	$146.62
	Male 21-44	$338.58	$348.41	$358.80	$400.02	$349.05	$382.59	$422.11	$371.84
	Over 44	$709.77	$660.38	$681.47	$765.72	$697.62	$641.50	$638.52	$690.35
	Average	$186.03	$213.24	$227.95	$234.14	$232.22	$228.32	$244.67	$220.05
Weighted Average		$245.61	$321.09	$336.94	$335.73	$331.32	$357.99	$403.28	$322.01

Note:
Average is weighted by health plan enrollment distribution as of December 2014 for Far Southwest and Roanoke/Allehany and March 2014 for all other regions.

Virginia Medicaid

FY 2015 Capitation Rate Development

County Listing by Region

Exhibit 12

Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural		Tidewater	Roanoke-Alleghany	Far Southwest
Alexandria City	Amherst County	Albemarle County	Accomack County	Norton City	Chesapeake City	Alleghany County	Bland County
Arlington County	Appomattox County	Amelia County	Augusta County	Nottoway County	Gloucester County	Bath County	Bristol City
Clarke County	Bristol City	Caroline County	Bland County	Orange County	Hampton City	Bedford City	Buchanan County
Fairfax City	Campbell County	Charles City County	Brunswick County	Page County	Isle of Wight County	Bedford County	Carroll County
Fairfax County	Danville City	Charlottesville City	Buchanan County	Prince Edward County	James City County	Botetourt County	Dickenson County
Falls Church City	Frederick County	Chesterfield County	Buckingham County	Rappahannock County	Mathews County	Buena Vista City	Galax City
Fauquier County	Harrisonburg, City of	Colonial Heights City	Carroll County	Richmond County	Newport News City	Clifton Forge City	Grayson County
Fredericksburg City	Lynchburg City	Cumberland County	Charlotte County	Russell County	Norfolk City	Covington City	Lee County
Loudoun County	Pittsylvania County	Dinwiddie County	Culpeper County	Shenandoah County	Poquoson City	Craig County	Norton City
Manassas City	Rockingham County	Fluvanna County	Dickenson County	Smyth County	Portsmouth City	Floyd County	Russell County
Manassas Park City	Scott County	Goochland County	Emporia City	Southampton County	Suffolk City	Franklin County	Scott County
Prince William County	Washington County	Greene County	Essex County	Staunton City	Surry County	Giles County	Smyth County
Spotsylvania County	Winchester, City of	Hanover County	Franklin City	Tazewell County	Virginia Beach City	Henry County	Tazewell County
Stafford County		Henrico County	Galax City	Waynesboro City	Williamsburg City	Highland County	Washington County
Warren County		Hopewell City	Grayson County	Westmoreland County	York County	Lexington City	Wise County
		King and Queen County	Greensville County	Wise County		Martinsville City	
		King William County	Halifax County			Montgomery County	
		Louisa County	Lancaster County			Patrick County	
		Nelson County	King George County			Pulaski County	
		New Kent County	Lee County			Radford City	
		Petersburg City	Lunenburg County			Roanoke City	
		Powhatan County	Madison County			Roanoke County	
		Prince George County	Mecklenburg County			Rockbridge County	
		Richmond City	Middlesex County			Salem City	
		Sussex County	Northampton County			Wythe County	
			Northumberland County				

Note:
Highlighted counties were moved to the Far Southwest region.

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

Historical Eligibility and Claims - ALTC

Child								
Statewide	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	11,790	15,193						
Service Type								
DME/Supplies	$2,553,810	$3,116,863	$216.61	$205.15	15,724	15,700	$165.31	$156.81
FQHC / RHC	$108,546	$43,560	$9.21	$2.87	537	502	$205.58	$68.49
Home Health	$388,187	$476,045	$32.93	$31.33	535	349	$738.00	$1,077.03
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$0	$139,586	$0.00	$9.19	0	3	-	$34,896.52
IP - Other	$3,337,609	$4,322,267	$283.09	$284.49	274	265	$12,407.47	$12,902.29
IP - Psych	$288,842	$299,136	$24.50	$19.69	326	245	$902.63	$964.95
Lab	$51,800	$58,929	$4.39	$3.88	4,350	3,723	$12.12	$12.50
OP - Emergency Room & Related	$405,297	$480,325	$34.38	$31.61	1,017	1,039	$405.70	$365.27
OP - Other	$2,616,366	$3,150,011	$221.91	$207.33	5,702	5,568	$467.04	$446.87
Pharmacy	$3,793,764	$5,376,506	$321.78	$353.88	28,957	30,817	$133.35	$137.80
Prof - Anesthesia	$89,333	$125,295	$7.58	$8.25	456	419	$199.40	$236.41
Prof - Child EPSDT	$8,014	$14,503	$0.68	$0.95	698	662	$11.68	$17.31
Prof - Evaluation & Management	$900,547	$1,171,375	$76.38	$77.10	11,339	11,208	$80.83	$82.55
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$3,919,812	$5,441,352	$332.47	$358.15	14,504	17,139	$275.07	$250.75
Prof - Psych	$102,794	$112,555	$8.72	$7.41	1,635	1,152	$64.01	$77.20
Prof - Specialist	$218,152	$327,287	$18.50	$21.54	1,388	1,317	$159.94	$196.21
Prof - Vision	$36,813	$49,377	$3.12	$3.25	653	573	$57.34	$68.11
Radiology	$59,626	$72,300	$5.06	$4.76	2,565	2,516	$23.66	$22.70
Transportation/Ambulance	$113,652	$182,573	$9.64	$12.02	6,291	5,257	$18.39	$27.43
Total	$18,992,963	$24,959,846	$1,610.94	$1,642.85				

Virginia Medicaid

Exhibit 1a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

Historical Eligibility and Claims - ALTC

Adult								
Statewide	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	17,790	23,900						
Service Type								
DME/Supplies	$2,747,612	$3,314,543	$154.45	$138.68	13,444	13,095	$137.86	$127.09
FQHC / RHC	$286,067	$287,366	$16.08	$12.02	1,934	2,270	$99.78	$63.56
Home Health	$728,760	$857,033	$40.96	$35.86	1,198	1,120	$410.34	$384.32
IP - Maternity	$7,008	$9,601	$0.39	$0.40	1	2	$3,503.76	$3,200.36
IP - Newborn	$0	$0	$0.00	$0.00	0	0	-	-
IP - Other	$12,442,145	$15,023,212	$699.39	$628.59	800	727	$10,490.85	$10,375.15
IP - Psych	$436,874	$671,905	$24.56	$28.11	277	425	$1,062.95	$793.28
Lab	$158,477	$196,201	$8.91	$8.21	12,077	11,816	$8.85	$8.34
OP - Emergency Room & Related	$1,627,426	$2,259,851	$91.48	$94.55	1,926	1,991	$569.83	$569.95
OP - Other	$4,479,605	$5,818,231	$251.80	$243.44	4,802	4,566	$629.25	$639.86
Pharmacy	$8,984,500	$11,686,081	$505.03	$488.96	82,103	84,382	$73.81	$69.54
Prof - Anesthesia	$107,494	$122,347	$6.04	$5.12	394	350	$184.06	$175.53
Prof - Child EPSDT	$28,127	$19,428	$1.58	$0.81	1,041	892	$18.22	$10.94
Prof - Evaluation & Management	$2,173,586	$2,814,267	$122.18	$117.75	20,394	20,021	$71.89	$70.58
Prof - Maternity	$5,602	$6,381	$0.31	$0.27	3	3	$1,120.44	$1,063.44
Prof - Other	$1,467,343	$2,232,123	$82.48	$93.39	9,468	9,630	$104.53	$116.38
Prof - Psych	$164,596	$193,488	$9.25	$8.10	1,786	1,485	$62.16	$65.41
Prof - Specialist	$750,156	$1,001,126	$42.17	$41.89	3,614	3,561	$140.01	$141.14
Prof - Vision	$67,167	$99,312	$3.78	$4.16	577	621	$78.56	$80.35
Radiology	$355,645	$478,738	$19.99	$20.03	6,871	6,465	$34.92	$37.18
Transportation/Ambulance	$595,417	$1,160,915	$33.47	$48.57	26,433	25,016	$15.19	$23.30
Total	$37,613,607	$48,252,149	$2,114.31	$2,018.92				

Virginia Medicaid

Exhibit 2a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

Pharmacy Adjustment

		ALTC Child	ALTC Adult	Source
1.	Health Plan Total Drug Cost PMPM	$339.85	$495.82	FY12-13 Health Plan Encounter Data
2.	Health Plan Drug Ingredient Cost PMPM	$333.87	$480.50	Health Plan Encounter Analysis
3.	Change in Average Managed Care Discount	-0.2%	-0.2%	From Plan Data
4.	Current Average Managed Care Rebate	2.2%	2.2%	From Plan Data
5.	FY15 Managed Care Dispensing Fee PMPM	$3.55	$9.84	From Plan Data
6.	Average PBM Admin Cost PMPM	$1.66	$4.57	From Plan Data
7.	Adjusted PMPM with FY15 Pharmacy Pricing Arrangements	$332.46	$485.39	= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)
8.	**Pharmacy Adjustment**	**-2.2%**	**-2.1%**	= (7.) / (1.) - 1

Virginia Medicaid

Exhibit 2b

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

		ALTC Child	Source
1.	Claims Associated with Exempt Infant Formula	$59,250	FY12-13 Health Plan Encounter Data
2.	Total Claims in DME/Supplies Service Category	$4,726,919	FY12-13 Health Plan Encounter Data
3.	**Exempt Infant Formula Carveout Adjustment**	**-1.3%**	= (1.) / (2.)

Virginia Medicaid

Exhibit 2c

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Hospital Inpatient Adjustments

		ALTC		
		IP - Med/Surg	IP - Psych	Source
1a.	FY12 Total Claims in IP Service Categories	$14,759,378	$694,296	FY12 Health Plan Encounter Data
1b.	FY13 Total Claims in IP Service Categories	$17,815,548	$905,687	FY13 Health Plan Encounter Data
2.	FY12-13 Hospital Capital Percentage	9.9%	9.9%	Provided by DMAS
3.	% Excluded Claims from Freestanding Psych Hospitals	0.0%	10.6%	FY12-13 Health Plan Encounter Data
4a.	FY13 Hospital Rate Change	2.6%	2.6%	Provided by DMAS
4b.	Dollar Change	$345,581	$14,525	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5a.	FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
5b.	Dollar Change	$1,385,754	($95,919)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6.	**Hospital Inpatient Adjustment**	**5.3%**	**-5.1%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

Exhibit 2d

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

	ALTC	Source
1a. FY12 Total Claims in IP Service Categories	$694,296	FY12 Health Plan Encounter Data
1b. FY13 Total Claims in IP Service Categories	$905,687	FY13 Health Plan Encounter Data
2. FY12-13 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	10.6%	FY12-13 Health Plan Encounter Data
4a. FY13 Hospital Rate Change	2.6%	Provided by DMAS
4b. Dollar Change	$1,847	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
5b. Dollar Change	($1,485)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6. Freestanding Psychiatric Hospital Rate Adjustment	**0.02%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

Exhibit 2e

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

Emergency Transportation Adjustment

		ALTC	Source
1.	Claims Associated with Transportation	$2,052,556	FY12-13 Health Plan Encounter Data
2.	Base Period Member Months	68,673	FY12-13 Health Plan Encounter Data
3.	Total Trend Factor for Transportation	0.9836	FY11-13 Health Plan Encounter Data
4.	Trended Base Period Transportation PMPM	$29.40	= (1.) / (2.) * (3.)
5.	FY13 Emergency Transportation Dollar Increase	$0.02	Provided by DMAS. PMPM based on annualized Mar 2014 Member Months
6.	**Emergency Transportation Adjustment**	**0.1%**	= (5.) / (6.)

Virginia Medicaid

Exhibit 2f

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

DME Fee Adjustment

		ALTC	Source
1.	Claims Associated with DME/Supplies Service Category	$10,588,066	FY12-13 Health Plan Encounter Data
2.	Proportion of Claims subject to change	$2,336,602	Provided by DMAS
3a.	FY15 DME Fee Change	-20.3%	Provided by DMAS
3b.	Dollar Change	($474,005)	= (2.) * (3a.)
4.	**DME Fee Adjustment**	**-4.5%**	= (3b.) / (1.)

Virginia Medicaid

Exhibit 2g

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Hepatitis C Treatment Adjustment

		ALTC Child*	ALTC Adult	Source
1.	Total Claims in Pharmacy Service Categories	$259,548,941	$20,670,581	FY12-13 Health Plan Encounter Data
2.	Unique Individuals in Base Period	689,610	2,829	FY12-13 Health Plan Encounter Data
3a.	Proportion of Population Being Tested for Hepatitis C	0.2%	2.0%	FY12-13 Health Plan Encounter Data
3b.	Number of Individuals Being Tested	1,414	57	FY12-13 Health Plan Encounter Data
3c.	Projected Testing Change in FY15	15%	35%	Estimate
3d.	Additional Number of People Being Tested	212	20	= (3b.) * (3c.)
3e.	Average Cost Per Test Per Person	$42.78	$42.78	FY12-13 Health Plan Encounter Data
4a.	Proportion of Population Diagnosed With Hepatitis C	0.02%	5.5%	FY12-13 Health Plan Encounter Data
4b.	Number of Individuals Diagnosed With Hepatitis C	124	155	FY12-13 Health Plan Encounter Data
4c.	Projected Increase in People Diagnosed With Hepatitis C	15%	25%	Estimate
4d.	Projected Number of People With Hepatitis C	143	194	= (4b.) * (1 + (4c.))
5a.	Proportion of People With Hepatitis C With Drug Therapy	2.4%	1.9%	FY12-13 Health Plan Encounter Data
5b.	Number of Individuals With Hepatitis C With Drug Therapy in Base Period	3	3	FY12-13 Health Plan Encounter Data
5c.	Increase in Proportion of Hepatitis C Receiving Drug Therapy	20%	40%	Estimate
5d.	Projected Number of Additional People Going Through Drug Therapy	1	2	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e.	Average Cost of Current Drug Therapy	$30,182	$30,182	FY12-13 Health Plan Encounter Data
5f.	Average Cost of New Drug Therapy	$100,000	$100,000	Estimate
6.	Additional Cost of Hepatitis C Treatment	$332,527	$435,307.19	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7.	**Hepatitis C Treatment Adjustment**	**0.1%**	**2.1%**	= (6.) / (1.)

Note: Based on analysis of FY12 - FY13 base data experience

ALTC Child based on Med 3.0 LIFC Child Hepatitis C Adjustment

Virginia Medicaid

Exhibit 2h

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

DRAFT

ALTC / HAP Expansion - Health Plan Encounter Data

Provider Incentive Payment Adjustment

	ALTC	Source
Provider Incentive Payment Adjustment	**0.1%**	From Plan Data

Virginia Medicaid

Exhibit 2i

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Health Plan Encounter Data

Administrative Cost Adjustment

		ALTC	Source
1.	Claims Adjustment Expense PMPM	$47.72	Expense from CY2013 BOI Reports; Member months from capitation payment files
2.	General Admin Expense PMPM	$89.08	Expense from CY2013 BOI Reports; Member months from capitation payment files
3.	Claims Adjustment Expense Increase %	1.5%	BLS CPI-U
4.	General Admin Expense Increase %	2.4%	Weighted average of BLS Compensation Trend and CPI
5a.	Administrative PMPM*	$140.25	= (1.) * (1+ (3.)) ^ (20.5 months/12) + (2.) * (1+ (4.)) ^ (20.5 months/12)
5b.	Administrative PMPM Weighted by Claims	$106.11	Reallocation of administrative costs weighted by claims
6.	Adjusted and Trended Base PMPM	$1,904.34	Weighted average of medical component of FY2015 MedII Base Rates
7.	Administrative allowance as % of Base Capitation Rate	5.20%	= (5b.) / (((5b.) + (6.)) / (1 - 1.5%))
8.	Contribution to Reserves as % of Base Capitation Rate	1.50%	Provided by DMAS
9.	**Administrative Factor as % of Base Capitation Rate**	**6.7%**	= (7.) + (8.)

*Note:

Administrative increases are applied from midpoint of CY2013 to the midpoint of the contract period using compound interest calculations.

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Exhibit 3a

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ALTC Child

	ALTC Child Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend[3]	Total Trend Factor
Category of Service	IBNR	Policy/ Program[1]	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		5.3%	5.5%					
Inpatient Psychiatric		-5.1%	-4.9%					
Outpatient Hospital		0.0%	0.2%					
Practitioner		0.0%	0.2%					
Prescription Drug		-2.0%	-1.9%					
Other		-5.2%	-5.1%					
Weighted Average[2]	**0.2%**	**0.3%**	**0.5%**	**-2.8%**	**3.7%**	**0.7%**	**4.8%**	**1.0923**
Months of Trend Applied[3]				12.0	12.0	12.0	20.5	

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

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

[3] Contract period trend includes additional 1% for utilization on specialty drugs

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

Virginia Medicaid

Exhibit 3b

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ALTC Adult

	ALTC Adult Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend[3]	Total Trend Factor
Category of Service	IBNR	Policy/ Program[1]	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		5.3%	5.7%					
Inpatient Psychiatric		-5.1%	-4.7%					
Outpatient Hospital		0.0%	0.4%					
Practitioner		0.0%	0.4%					
Prescription Drug		0.0%	0.4%					
Other		-3.0%	-2.6%					
Weighted Average[2]	**0.4%**	**1.1%**	**1.4%**	**-6.6%**	**1.5%**	**-5.1%**	**0.0%**	**0.9486**
Months of Trend Applied[3]				12.0	12.0	12.0	20.5	

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

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

[3] Contract period trend includes additional 1% for utilization on specialty drugs

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

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Oct 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Feb 2014.

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

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Exhibit 4a

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD ALTC)

Child							
Richmond/Charlottesville	Total Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type							
DME/Supplies	$5,670,673	$10,191	($325,527)	$5,355,337	1.092	$5,849,555	$216.79
FQHC / RHC	$152,106	$273.37		$152,379	1.092	$166,442	$6.17
Home Health	$864,232	$1,553.20		$865,785	1.092	$945,685	$35.05
IP - Maternity	$0	$0		$0	1.092	$0	$0.00
IP - Newborn	$139,586	$251	$7,432	$147,269	1.092	$160,860	$5.96
IP - Other	$7,659,876	$13,766	$407,849	$8,081,491	1.092	$8,827,293	$327.14
IP - Psych	$587,978	$524	($29,805)	$558,698	1.092	$610,257	$22.62
Lab	$110,729	$172		$110,901	1.092	$121,135	$4.49
OP - Emergency Room & Related	$885,622	$1,592		$887,213	1.092	$969,090	$35.91
OP - Other	$5,766,377	$10,363		$5,776,740	1.092	$6,309,847	$233.85
Pharmacy	$9,170,270	$16,481	($188,074)	$8,998,677	1.092	$9,829,121	$364.27
Prof - Anesthesia	$214,628	$386		$215,014	1.092	$234,856	$8.70
Prof - Child EPSDT	$22,517	$40		$22,558	1.092	$24,640	$0.91
Prof - Evaluation & Management	$2,071,921	$3,714		$2,075,636	1.092	$2,267,186	$84.02
Prof - Maternity	$0	$0		$0	1.092	$0	$0.00
Prof - Other	$9,361,164	$16,820		$9,377,984	1.092	$10,243,432	$379.63
Prof - Psych	$215,349	$229		$215,578	1.092	$235,473	$8.73
Prof - Specialist	$545,439	$980		$546,419	1.092	$596,846	$22.12
Prof - Vision	$86,190	$100		$86,289	1.092	$94,253	$3.49
Radiology	$131,927	$237		$132,164	1.092	$144,360	$5.35
Transportation/Ambulance	$296,225	$403	$236	$296,864	1.092	$324,260	$12.02
Provider Incentive Payment Adjustment							$1.88
Total	$43,952,809	$78,077	($127,889)	$43,902,997		$47,954,590	$1,779.10
Admin Cost Adjustment							$127.73
Medallion II Capitation Rate							**$1,906.83**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4a

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD ALTC)

Adult							
Richmond/Charlottesville	Total Base Claims FY12-13	Completion Factor Adjustments[1]	Policy and Program Adjustments[2]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	PMPM FY15
Service Type							
DME/Supplies	$6,062,155	$23,443	($272,439)	$5,813,159	0.949	$5,514,647	$132.28
FQHC / RHC	$573,433	$2,217.52		$575,651	0.949	$546,090	$13.10
Home Health	$1,585,793	$6,132.42		$1,591,926	0.949	$1,510,179	$36.22
IP - Maternity	$16,609	$64	$886	$17,559	0.949	$16,657	$0.40
IP - Newborn	$0	$0		$0	0.949	$0	$0.00
IP - Other	$27,465,357	$106,211	$1,465,410	$29,036,979	0.949	$27,545,900	$660.73
IP - Psych	$1,108,780	$2,243	($56,268)	$1,054,754	0.949	$1,000,592	$24.00
Lab	$354,678	$1,284		$355,962	0.949	$337,683	$8.10
OP - Emergency Room & Related	$3,887,277	$15,032		$3,902,310	0.949	$3,701,922	$88.80
OP - Other	$10,297,836	$39,823		$10,337,659	0.949	$9,806,809	$235.23
Pharmacy	$20,670,581	$79,935	$814	$20,751,330	0.949	$19,685,728	$472.19
Prof - Anesthesia	$229,840	$889		$230,729	0.949	$218,881	$5.25
Prof - Child EPSDT	$47,555	$184		$47,738	0.949	$45,287	$1.09
Prof - Evaluation & Management	$4,987,853	$19,261		$5,007,113	0.949	$4,749,993	$113.94
Prof - Maternity	$11,983	$46		$12,029	0.949	$11,411	$0.27
Prof - Other	$3,699,466	$14,295		$3,713,761	0.949	$3,523,056	$84.51
Prof - Psych	$358,084	$778		$358,862	0.949	$340,434	$8.17
Prof - Specialist	$1,751,282	$6,772		$1,758,054	0.949	$1,667,776	$40.00
Prof - Vision	$166,479	$526		$167,004	0.949	$158,428	$3.80
Radiology	$834,383	$3,227		$837,610	0.949	$794,598	$19.06
Transportation/Ambulance	$1,756,332	$6,350	$1,402	$1,764,083	0.949	$1,673,496	$40.14
Provider Incentive Payment Adjustment							$2.10
Total	$85,865,757	$328,712	$1,139,804	$87,334,273		$82,849,569	$1,989.38
Admin Cost Adjustment							$142.83
Medallion II Capitation Rate							**$2,132.21**

[1] Completion Factor Adjustment is applied to non-capitated claims only

[2] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-For-Service Data

Historical Eligibility and Claims - Provision of Health and Acute Care (HAP)

Child								
Statewide	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	15,577	17,161						
Service Type								
DME/Supplies	$4,313,096	$4,359,356	$276.89	$254.02	17,095	16,035	$194.36	$190.10
FQHC / RHC	$11,225	$14,832	$0.72	$0.86	106	126	$81.34	$82.40
Home Health	$485,830	$551,757	$31.19	$32.15	1,352	911	$276.83	$423.45
IP - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
IP - Newborn	$181,310	$251,874	$11.64	$14.68	12	9	$12,087.34	$19,374.91
IP - Other	$2,992,328	$2,550,282	$192.10	$148.61	180	164	$12,787.73	$10,898.64
IP - Psych	$191,116	$100,482	$12.27	$5.86	195	99	$755.40	$707.62
Lab	$111,757	$114,585	$7.17	$6.68	5,760	5,435	$14.95	$14.74
OP - Emergency Room	$228,109	$228,002	$14.64	$13.29	579	562	$303.74	$283.58
OP - Other	$2,288,122	$1,903,008	$146.89	$110.89	4,850	4,400	$363.42	$302.45
Pharmacy	$3,857,999	$4,547,876	$247.68	$265.01	25,270	26,153	$117.61	$121.59
Prof - Anesthesia	$66,446	$60,850	$4.27	$3.55	319	278	$160.50	$152.89
Prof - Child EPSDT	$6,328	$5,636	$0.41	$0.33	377	359	$12.91	$10.99
Prof - Evaluation & Management	$693,672	$732,849	$44.53	$42.70	7,746	7,602	$68.99	$67.41
Prof - Maternity	$0	$0	$0.00	$0.00	0	0	-	-
Prof - Other	$4,530,717	$4,993,039	$290.86	$290.95	10,167	10,798	$343.31	$323.34
Prof - Psych	$67,546	$57,847	$4.34	$3.37	922	745	$56.43	$54.32
Prof - Specialist	$215,963	$212,756	$13.86	$12.40	812	733	$204.90	$203.01
Prof - Vision	$38,191	$41,559	$2.45	$2.42	525	501	$56.00	$57.96
Radiology	$44,640	$112,844	$2.87	$6.58	1,758	1,618	$19.56	$48.77
Transportation/Ambulance	$25,650	$35,148	$1.65	$2.05	228	203	$86.65	$121.20
Non-ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$20,350,046	$20,874,582	$1,306.44	$1,216.38				

Virginia Medicaid

Exhibit 1b

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-For-Service Data

Historical Eligibility and Claims - Provision of Health and Acute Care (HAP)

Adult								
Statewide	Total Claims FY12	Total Claims FY13	Unadjusted PMPM FY12	Unadjusted PMPM FY13	Units/1000 FY12	Units/1000 FY13	Cost/Unit FY12	Cost/Unit FY13
Member Months	19,284	19,273						
Service Type								
DME/Supplies	$5,186,675	$4,479,427	$268.97	$232.42	23,361	21,326	$138.16	$130.78
FQHC / RHC	$124,442	$113,658	$6.45	$5.90	843	766	$91.91	$92.40
Home Health	$11,025	$10,855	$0.57	$0.56	532	465	$12.89	$14.53
IP - Maternity	$10,734	$12,894	$0.56	$0.67	1	2	$5,366.99	$3,223.53
IP - Newborn	$19,652	$28,864	$1.02	$1.50	1	1	$19,652.44	$14,431.77
IP - Other	$15,867,889	$15,858,480	$822.86	$822.83	909	860	$10,868.42	$11,483.33
IP - Psych	$275,810	$216,981	$14.30	$11.26	230	230	$745.43	$586.44
Lab	$648,470	$613,006	$33.63	$31.81	28,853	28,527	$13.99	$13.38
OP - Emergency Room	$1,252,782	$1,173,376	$64.97	$60.88	1,783	1,722	$437.12	$424.37
OP - Other	$5,997,412	$5,287,944	$311.01	$274.37	8,998	8,016	$414.76	$410.71
Pharmacy	$10,224,685	$9,703,343	$530.22	$503.47	86,272	82,674	$73.75	$73.08
Prof - Anesthesia	$88,920	$90,783	$4.61	$4.71	367	392	$150.97	$144.33
Prof - Child EPSDT	$10,073	$8,172	$0.52	$0.42	667	838	$9.40	$6.07
Prof - Evaluation & Management	$2,405,290	$2,242,836	$124.73	$116.37	22,184	20,468	$67.47	$68.23
Prof - Maternity	$4,415	$6,989	$0.23	$0.36	2	9	$1,103.76	$499.19
Prof - Other	$1,515,915	$1,875,110	$78.61	$97.29	12,093	12,563	$78.00	$92.93
Prof - Psych	$81,546	$56,568	$4.23	$2.94	946	618	$53.61	$56.97
Prof - Specialist	$786,022	$759,507	$40.76	$39.41	2,981	2,561	$164.06	$184.66
Prof - Vision	$56,199	$62,984	$2.91	$3.27	527	583	$66.35	$67.29
Radiology	$373,584	$368,161	$19.37	$19.10	7,232	6,904	$32.14	$33.20
Transportation/Ambulance	$264,105	$361,585	$13.70	$18.76	2,429	2,417	$67.65	$93.14
Non-ER Transportation	$0	$0	$0.00	$0.00	0	0	-	-
Total	$45,205,645	$43,331,523	$2,344.23	$2,248.30				

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Exhibit 2a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-For-Service Data

Pharmacy Adjustment

		HAP Child	HAP Adult	Source
1a.	Member Months	32,738	38,557	FY12-13 HAP Data
1b.	FFS Scripts	70,204	271,420	FY12-13 HAP Data
1c.	FFS Net Payments	$8,405,873	$19,928,022	FY12-13 HAP Data
2a.	FFS Annual Utilization per 1000 Members	25,733	84,474	= (1b.) / (1a.) * 12000
2b.	All MCO Annual Utilization per 1000 Members	30,004	83,409	FY12-13 Health Plan Encounter Data
3.	FFS Net Cost PMPM	$256.76	$516.85	= (1c.) / (1a.)
4.	FFS Net Cost per Script	$119.73	$73.42	= (1c.) / (1b.)
5.	Average FFS Copayment per Script	$0.00	$0.02	FY12-13 HAP Data
6.	Average FFS value of Dispensing Fees	$3.49	$3.48	FY12-13 HAP Data
7.	FFS Ingredient Cost per Script	$116.25	$69.97	= (4.) + (5.) - (6.)
8.	Average MCO Rebate	2.1%	2.1%	From MCO Plan Data
9.	FFS Ingredient Cost per Script with Rebate	$113.78	$68.48	= (7.) * (1 - (8.))
10.	Brand-Generic Improvement Adjustment	0.988	1.000	Assumes a shift to MCO Brand-Generic Mix in 3 years
11.	Adjusted FFS Ingredient Cost per Script with Brand-Generic Improvement Adjustment	$112.41	$68.48	= (9.) * (10.)
12.	MCO Average Dispensing Fees	$1.40	$1.40	From MCO Plan Data
13.	Adjusted Cost per Script	$113.82	$69.89	= (11.) + (12.)
14.	MCO Average PBM Admin Cost PMPM	$7.65	$7.65	From MCO Plan Data
15.	Adjusted Cost PMPM	$251.73	$499.63	= (13.) * (1b.) / (1a.) + (14.)
16.	**Pharmacy Adjustment Factor**	**-2.0%**	**-3.3%**	= (15.) / (3.) - 1

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Exhibit 2b

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

		HAP Child	Source
1.	Claims Associated with Exempt Infant Formula	$59,250	FY12-13 Health Plan Encounter Data (ALTC)
2.	Total Claims in DME/Supplies Service Category	$4,726,919	FY12-13 Health Plan Encounter Data (ALTC)
3.	**Exempt Infant Formula Carveout Adjustment**	**-1.3%**	= - (1.) / (2.)

Virginia Medicaid

Exhibit 2c

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Hospital Inpatient Adjustments

		HAP Child and Adult		Source
		IP - Med/Surg	IP - Psych	
1a.	FY12 Total Claims in IP Service Categories	$14,759,378	$694,296	FY12 Health Plan Encounter Data (ALTC)
1b.	FY13 Total Claims in IP Service Categories	$17,815,548	$905,687	FY13 Health Plan Encounter Data (ALTC)
2.	FY12-13 Hospital Capital Percentage	9.9%	9.9%	Provided by DMAS
3.	% Excluded Claims from Freestanding Psych Hospitals	0.0%	10.6%	FY12-13 Health Plan Encounter Data (ALTC)
4a.	FY13 Hospital Rate Change	2.6%	2.6%	Provided by DMAS
4b.	Dollar Change	$345,581	$14,525	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5a.	FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
5b.	Dollar Change	$1,385,754	($95,919)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6.	**Hospital Inpatient Adjustment**	**5.3%**	**-5.1%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

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Exhibit 2d

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

	HAP Child and Adult	Source
1a. FY12 Total Claims in IP Service Categories	$694,296	FY12 Health Plan Encounter Data (ALTC)
1b. FY13 Total Claims in IP Service Categories	$905,687	FY13 Health Plan Encounter Data (ALTC)
2. FY12-13 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	10.6%	FY12-13 Health Plan Encounter Data (ALTC)
4a. FY13 Hospital Rate Change	2.6%	Provided by DMAS
4b. Dollar Change	$1,847	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
5b. Dollar Change	($1,485)	= (((1a.) + (1b.)) * (1 - (2.)) * (1 - (3.)) + (4b.)) * (5a.)
6. Freestanding Psychiatric Hospital Rate Adjustment	**0.02%**	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid

Exhibit 2e

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-for-Service Data

Non-ER Transportation Adjustment

	HAP Child	HAP Adult	Source
Non-ER Transportation Rate	**$13.39**	**$31.50**	From DMAS - Service Cost Component Only

Virginia Medicaid

Exhibit 2f

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Fee-for-Service Data
Emergency Transportation Adjustment

	Adjustment Value	Source
Emergency Transportation Adjustment	**19.2%**	Provided by DMAS

Virginia Medicaid

Exhibit 2g

DRAFT

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Fee-for-Service Data
DME Fee Adjustment

		HAP Child and Adult	Source
1.	Claims Associated with DME/Supplies Service Category	$18,338,554	FY12-13 FFS HAP Data
2.	Claims Associated with DME Fee Change	$3,107,680	Provided by DMAS
3a.	FY15 DME Fee Change	-34.2%	Provided by DMAS
3b.	Dollar Change	($1,061,851)	= (2.) * (3a.)
4.	**DME Fee Adjustment**	**-5.8%**	Provided by DMAS

Virginia Medicaid

Exhibit 2h

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-for-Service Data

Lab Fee Adjustment

	HAP Child and Adult	Source
1. Lab Fee Adjustment	**-12.0%**	Provided by DMAS

Virginia Medicaid

FY 2015 Capitation Rate Development
ALTC / HAP Expansion - Fee For Service Data
Hepatitis C Treatment Adjustment

Exhibit 2i
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		HAP Child*	HAP Adult	Source
1.	Total Claims in Pharmacy Service Categories	$259,548,941	$19,928,028	FY12-13 Health Plan Encounter Data
2.	Unique Individuals in Base Period	689,610	3,175	FY12-13 Health Plan Encounter Data
3a.	Proportion of Population Being Tested for Hepatitis C	0.2%	4.6%	FY12-13 Health Plan Encounter Data
3b.	Number of Individuals Being Tested	1,414	147	FY12-13 Health Plan Encounter Data
3c.	Projected Testing Change in FY15	15%	35%	Estimate
3d.	Additional Number of People Being Tested	212	51	= (3b.) * (3c.)
3e.	Average Cost Per Test Per Person	$42.78	$42.78	FY12-13 Health Plan Encounter Data
4a.	Proportion of Population Diagnosed With Hepatitis C	0.02%	6.2%	FY12-13 Health Plan Encounter Data
4b.	Number of Individuals Diagnosed With Hepatitis C	124	197	FY12-13 Health Plan Encounter Data
4c.	Projected Increase in People Diagnosed With Hepatitis C	15%	25%	Estimate
4d.	Projected Number of People With Hepatitis C	143	246	= (4b.) * (1 + (4c.))
5a.	Proportion of People With Hepatitis C With Drug Therapy	2.4%	1.0%	FY12-13 Health Plan Encounter Data
5b.	Number of Individuals With Hepatitis C With Drug Therapy in Base Period	3	2	FY12-13 Health Plan Encounter Data
5c.	Increase in Proportion of Hepatitis C Receiving Drug Therapy	20%	40%	Estimate
5d.	Projected Number of Additional People Going Through Drug Therapy	1	2	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e.	Average Cost of Current Drug Therapy	$30,182	$30,182	FY12-13 Health Plan Encounter Data
5f.	Average Cost of New Drug Therapy	$100,000	$100,000	Estimate
6.	Additional Cost of Hepatitis C Treatment	$332,527	$291,837	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7.	**Hepatitis C Treatment Adjustment**	**0.1%**	**1.5%**	= (6.) / (1.)

Note: Based on analysis of FY12 - FY13 base data experience
HAP Child based on Med 3.0 LIFC Child Hepatitis C Adjustment

Virginia Medicaid

Exhibit 2j

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Fee-for-Service Data
Managed Care Adjustment

Service Category	HAP Child	HAP Adult	Source
All Service Categories	8.1%	-7.9%	Managed Care Adjustment

Virginia Medicaid

Exhibit 2k

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Health Plan Encounter Data

Administrative Cost Adjustment

		HAP Child and Adult	Source
1.	Administrative allowance as % of Base Capitation Rate	5.20%	As applied for Medallion ALTC Rates
2.	Contribution to Reserves as % of Base Capitation Rate	1.50%	Provided by DMAS
3.	**Administrative Factor as % of Base Capitation Rate**	**6.7%**	= (1.) + (2.)

*Note:

Administrative increases are applied from midpoint of CY2013 to the midpoint of the contract period using compound interest calculations.

Virginia Medicaid

Exhibit 3a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Provision of Health and Acute Care (HAP) Child

	Provision of Health and Acute Care Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend[3]	Total Trend Factor
Category of Service	**IBNR**	**Policy/ Program[1]**	**Total Base Data Adjustments**	**Cost Trend**	**Utilization Trend**	**Cost and Utilization Trend**		
Inpatient Medical/Surgical		5.3%	5.5%					0.9188
Inpatient Psychiatric		-5.1%	-4.9%					0.9188
Outpatient Hospital		0.0%	0.2%					0.9188
Practitioner		0.0%	0.2%					0.9188
Prescription Drug		-1.8%	-1.7%					0.9188
Other		-6.9%	-6.7%					0.9188
Weighted Average[2]	**0.2%**	**-1.2%**	**-1.0%**	**-6.6%**	**-1.6%**	**-8.1%**	**0.0%**	**0.9188**
Months of Trend Applied				12	12	12	20.5	

[1] The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4. Managed care savings adjustment are excluded.

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

[3] Contract period trend includes additional 1% for utilization on specialty drugs

Trend rates for the Provision of Health and Acute Care (HAP) population are calculated based on regression studies of FFS data.

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Dec 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Dec 2013.

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

Virginia Medicaid

Exhibit 3b

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Provision of Health and Acute Care (HAP) Adult

	Provision of Health and Acute Care Adult 21 and Over							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend[3]	Total Trend Factor
Category of Service	**IBNR**	**Policy/ Program[1]**	**Total Base Data Adjustments**	**Cost Trend**	**Utilization Trend**	**Cost and Utilization Trend**		
Inpatient Medical/Surgical		5.3%	5.4%					0.9714
Inpatient Psychiatric		-5.1%	-5.0%					0.9714
Outpatient Hospital		0.0%	0.1%					0.9714
Practitioner		0.0%	0.1%					0.9714
Prescription Drug		-1.9%	-1.8%					0.9714
Other		-4.8%	-4.7%					0.9714
Weighted Average[2]	**0.1%**	**0.8%**	**0.9%**	**0.8%**	**-3.6%**	**-2.9%**	**0.0%**	**0.9714**
Months of Trend Applied				12	12	12	20.5	

[1] The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4. Managed care savings adjustment are excluded.

[2] Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY12-13), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY12-13 Claims)

[3] Contract period trend includes additional 1% for utilization on specialty drugs

Trend rates for the Provision of Health and Acute Care (HAP) population are calculated based on regression studies of FFS data.

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

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY12-13 incurred claims paid through Dec 2013.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY11-13 incurred claims paid through Dec 2013.

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

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-for-Service Data

Provision of Health and Acute Care (HAP) Child

Child Under 21									
Statewide	Total Base Claims FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type									
DME/Supplies	$8,672,452	$8,672,452	$13,431.05	($611,809)	$8,074,073	0.919	$7,418,267	1.081	$244.97
FQHC / RHC	$26,058	$26,058	$40		$26,098	0.919	$23,978	1.081	$0.79
Home Health	$1,037,588	$1,037,588	$1,607		$1,039,195	0.919	$954,787	1.081	$31.53
IP - Maternity	$0	$0	$0		$0	0.919	$0	1.081	$0.00
IP - Newborn	$433,184	$433,184	$671	$23,059	$456,914	0.919	$419,802	1.081	$13.86
IP - Other	$5,542,610	$5,542,610	$8,584	$295,042	$5,846,236	0.919	$5,371,383	1.081	$177.38
IP - Psych	$291,598	$291,598	$452	($14,791)	$277,258	0.919	$254,738	1.081	$8.41
Lab	$226,342	$226,342	$351	($27,203)	$199,490	0.919	$183,286	1.081	$6.05
OP - Emergency Room & Related	$456,111	$456,111	$706		$456,817	0.919	$419,713	1.081	$13.86
OP - Other	$4,191,131	$4,191,131	$6,491		$4,197,622	0.919	$3,856,675	1.081	$127.36
Pharmacy	$8,405,875	$8,405,875	$13,018	($154,223)	$8,264,670	0.919	$7,593,383	1.000	$231.94
Prof - Anesthesia	$127,296	$127,296	$197		$127,493	0.919	$117,138	1.081	$3.87
Prof - Child EPSDT	$11,963	$11,963	$19		$11,982	0.919	$11,008	1.081	$0.36
Prof - Evaluation & Management	$1,426,521	$1,426,521	$2,209		$1,428,730	0.919	$1,312,684	1.081	$43.35
Prof - Maternity	$0	$0	$0		$0	0.919	$0	1.081	$0.00
Prof - Other	$9,523,756	$9,523,756	$14,749		$9,538,506	0.919	$8,763,753	1.081	$289.40
Prof - Psych	$125,393	$125,393	$194		$125,587	0.919	$115,387	1.081	$3.81
Prof - Specialist	$428,719	$428,719	$664		$429,383	0.919	$394,507	1.081	$13.03
Prof - Vision	$79,750	$79,750	$124		$79,873	0.919	$73,386	1.081	$2.42
Radiology	$157,485	$157,485	$244		$157,729	0.919	$144,917	1.081	$4.79
Transportation/Ambulance	$60,797	$60,797	$94	$11,685	$72,576	0.919	$66,681	1.081	$2.20
Non-ER Transportation	$0	$0	$0		$0	1.000	$0	1.081	$13.39
Total	$41,224,629	$41,224,629	$63,845	($478,240)	$40,810,234		$37,495,475		$1,232.78
Admin Cost Adjustment									$87.55
Medallion II Capitation Rate									**$1,320.33**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Fee-for-Service Data

Provision of Health and Acute Care (HAP) Adult

Adult 21 and Over									
Statewide	Total Base Claims FY12-13	Total Redistributed Base Claims FY12-13	Completion Factor Adjustments	Policy and Program Adjustments[1]	Completed and Adjusted Claims FY12-13	Trend Adjustment	Completed & Trended Claims FY15	Managed Care Utilization Adjustment	PMPM FY15
Service Type									
DME/Supplies	$9,666,101	$9,666,101	$11,175	($560,340)	$9,116,937	0.971	$8,856,131	0.921	$211.64
FQHC / RHC	$238,100	$238,100	$275		$238,375	0.971	$231,556	0.921	$5.53
Home Health	$21,880	$21,880	$25		$21,905	0.971	$21,279	0.921	$0.51
IP - Maternity	$23,628	$23,628	$27	$1,257	$24,913	0.971	$24,200	0.921	$0.58
IP - Newborn	$48,516	$48,516	$56	$2,582	$51,154	0.971	$49,690	0.921	$1.19
IP - Other	$31,726,369	$31,726,369	$36,680	$1,688,184	$33,451,234	0.971	$32,494,305	0.921	$776.55
IP - Psych	$492,791	$492,791	$570	($24,986)	$468,374	0.971	$454,975	0.921	$10.87
Lab	$1,261,476	$1,261,476	$1,458	($151,552)	$1,111,383	0.971	$1,079,590	0.921	$25.80
OP - Emergency Room & Related	$2,426,157	$2,426,157	$2,805		$2,428,962	0.971	$2,359,478	0.921	$56.39
OP - Other	$11,285,357	$11,285,357	$13,047		$11,298,404	0.971	$10,975,194	0.921	$262.29
Pharmacy	$19,928,028	$19,928,028	$23,039	($372,482)	$19,578,585	0.971	$19,018,506	1.000	$493.26
Prof - Anesthesia	$179,702	$179,702	$208		$179,910	0.971	$174,763	0.921	$4.18
Prof - Child EPSDT	$18,245	$18,245	$21		$18,266	0.971	$17,744	0.921	$0.42
Prof - Evaluation & Management	$4,648,126	$4,648,126	$5,374		$4,653,500	0.971	$4,520,379	0.921	$108.03
Prof - Maternity	$11,404	$11,404	$13		$11,417	0.971	$11,090	0.921	$0.27
Prof - Other	$3,391,025	$3,391,025	$3,920		$3,394,945	0.971	$3,297,827	0.921	$78.81
Prof - Psych	$138,114	$138,114	$160		$138,274	0.971	$134,318	0.921	$3.21
Prof - Specialist	$1,545,529	$1,545,529	$1,787		$1,547,316	0.971	$1,503,052	0.921	$35.92
Prof - Vision	$119,184	$119,184	$138		$119,321	0.971	$115,908	0.921	$2.77
Radiology	$741,746	$741,746	$858		$742,603	0.971	$721,360	0.921	$17.24
Transportation/Ambulance	$625,690	$625,690	$723	$120,207	$746,620	0.971	$725,262	0.921	$17.33
Non-ER Transportation	$0	$0	$0		$0	1.000	$0	0.921	$31.50
Total	$88,537,168	$88,537,168	$102,361	$702,869	$89,342,398		$86,786,607		$2,144.29
Admin Cost Adjustment									$151.69
Medallion II Capitation Rate									**$2,295.97**

[1] Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 5a

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion - Health Plan Encounter Data

Capitation Rates and Member Months

	Statewide	
	Child	**Adult**
ALTC Capitation Rate	$1,906.83	$2,132.21
March 2014 Member Months	1,654	2,694

Virginia Medicaid

Exhibit 5b

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion - Fee-for-Service Data
Capitation Rates and Member Months

	Statewide	
	Child	**Adult**
FFS HAP Capitation Rate	$1,320.33	$2,295.97
March 2014 Member Months	1,430	1,528

Virginia Medicaid

Exhibit 6

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion

Drug Reinsurance Adjustment

		MCO ALTC Child	MCO ALTC Adult	FFS HAP Child	FFS HAP Adult	Source
1a.	FY12 Number of Individuals Exceeding the Threshold	2	4	0	1	FY12 Health Plan Encounter / FFS Data
1b.	FY12 Total Dollars For Individuals Exceeding the Discounted Threshold	$624,337	$501,049	$0	$140,150	FY12 Health Plan Encounter / FFS Data
1c.	FY12 Trended to FY15 Total Dollars For Individuals Exceeding the Threshold	$898,104	$720,756	$0	$201,605	FY12 Health Plan Encounter / FFS Data
1d.	FY12 Amount of Reinsurance	$538,294	$108,680	$0	$46,445	= ((1c.) - ((1a.) * $150,000)) * 90%
2a.	FY13 Number of Individuals Exceeding the Threshold	3	4	0	1	FY13 Health Plan Encounter / FFS Data
2b.	FY13 Total Dollars For Individuals Exceeding the Discounted Threshold	$979,935	$691,425	$0	$146,091	FY13 Health Plan Encounter / FFS Data
2c.	FY13 Trended to FY15 Total Dollars For Individuals Exceeding the Threshold	$1,258,598	$888,045	$0	$187,635	FY13 Health Plan Encounter / FFS Data
2d.	FY13 Amount of Reinsurance	$727,738	$259,241	$0	$33,871	= ((2c.) - ((2a.) * $150,000)) * 90%
3.	Average Reinsurance Amount	$633,016	$183,961	$0	$40,158	= ((1d.) + (2d.)) / 2
4.	Annualized Historical Member Months	13,492	20,845	16,369	19,278	Health Plan Encounter / FFS Data
5.	**Estimated PMPM**	**$46.92**	**$8.83**	**$0.00**	**$2.08**	**= (3.) / (4.)**

Note:

Discounted threshold is based upon FY15 reinsurance threshold of $150,000 per person per year discounted by 12% unit cost trend per year

Virginia Medicaid

Exhibit 7

FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015

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ALTC / HAP Expansion

Capitation Rates With Medicare Enhanced PCP Supplemental Payment and Net Drug Reinsurance Adjustmer

Blended Capitation Rate for FFS HAP and MCO ALTC

	Statewide	
	Child	**Adult**
FFS HAP Capitation Rate	$1,320.33	$2,295.97
FFS HAP Reinsurance Adjustment	$0.00	$2.08
MCO ALTC Capitation Rate	$1,906.83	$2,132.21
MCO ALTC Reinsurance Adjustment	$46.92	$8.83
Blending FFS Weight - By Historical Member Months	55%	48%
Final Blended Rate	$1,585.32	$2,210.89
Final Blended Reinsurance Adjustment	$21.20	$5.59
Medicare Enhanced PCP Supplemental Payment PMPM, Effective December 1, 2014 to December 31, 2014 *	$10.21	$19.90
Final Blended Rate Net Reinsurance Adjustment with PCP December 1, 2014 - December 31, 2014	**$1,574.32**	**$2,225.21**
Final Blended Rate Net Reinsurance Adjustment January 1, 2015 - June 30, 2015	**$1,564.12**	**$2,205.31**

* Includes 5% Utilization Adjustment

Virginia Medicaid

Exhibit 8

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FY 2015 Capitation Rate Development, Effective December 1, 2014 to June 30, 2015
ALTC / HAP Expansion
March 2014 Member Month Distribution

Aid Category	Region							
	Northern Virginia	Other MSA	Richmond/ Charlottesvill	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	Regional Total
ALTC								
Child	403	163	348	204	333	177	26	1,654
Adult	440	252	644	363	684	235	76	2,694
ALTC Total	843	415	992	567	1,017	412	102	4,348
HAP Expansion								
Child	453	122	248	158	249	160	41	1,430
Adult	245	122	315	189	319	181	159	1,528
HAP Total	697	244	563	346	567	341	200	2,959
ALTC/HAP								
Child	856	285	596	362	582	337	67	3,084
Adult	685	374	959	552	1,003	416	235	4,222
ALTC/HAP Total	1,540	659	1,555	913	1,584	753	302	7,307