

DATA BOOK FOR COMMUNITY HEALTHCHOICES SOUTHWEST AND SOUTHEAST ZONES

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COMMONWEALTH OF PENNSYLVANIA

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INTRODUCTION

OVERVIEW

To achieve their goal of increasing opportunities for older Pennsylvanians and individuals with physical disabilities to remain in their homes, the Commonwealth of Pennsylvania (Commonwealth) Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) have implemented a multiyear regional phase-in of Community HealthChoices (CHC), a managed long term care program. CHC is a mandatory program through which eligible participants receive Medical Assistance (MA) physical health (PH) benefits and long term services and supports (LTSS), including nursing facility (NF) and home and community based services (HCBS). CHC was implemented on January 1, 2018 in the Southwest zone, and will be implemented on January 1, 2019 in the Southeast zone and on January 1, 2020 in the remaining zones (Lehigh/Capital, Northeast and Northwest).

DHS contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to provide actuarial rate development support for the CHC program.

PURPOSE OF THIS DATA BOOK

The intent of this data book is to summarize historical Medicaid cost and utilization information for the CHC eligible populations in the Southwest and Southeast zones. Mercer utilized covered population and service criteria consistent with information in the agreement between DHS and the CHC Managed Care Organizations (CHC-MCOs) (Agreement). The criteria were also consistent with the process utilized as part of the CHC data book developed by Mercer in February 2017.

Using the Medicaid data in this data book as the starting point, the adjustments outlined in Section 5 will be applied to develop the CHC Medicaid capitation rates.

CONTENT OF THIS DATA BOOK

This data book contains cost and utilization data for acute medical services (historically provided through either the fee-for-service (FFS) program or the HealthChoices (HC) PH managed care program), NF services and HCBS. As mentioned previously, the contents are limited to the Southwest and Southeast zones. Information specific to the Lehigh/Capital, Northeast and Northwest zones will be released at a later time.

Time Periods

The information in this data book is summarized for the following time periods:

- Claims Data (based on date of service):
 - Calendar Year (CY) 2015 (January 1, 2015, through December 31, 2015) paid through June 2017
 - CY 2016 (January 1, 2016, through December 31, 2016) paid through June 2017

Rating Regions

Within the Southwest and Southeast zones, capitation rating regions have been established to address cost differentials within a zone. This data book contains information regarding the CHC eligible populations in the rating regions noted in Table 1.

TABLE 1: RATING REGIONS/COUNTIES

RATING REGION	COUNTIES INCLUDED
Southwest — Allegheny	Allegheny
Southwest — 13 Counties	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
Southeast — Philadelphia	Philadelphia
Southeast — 4 Counties	Bucks, Chester, Delaware, Montgomery

CAVEATS

Mercer used and relied upon the historical claims and eligibility data supplied by the Commonwealth. The Commonwealth is solely responsible for the validity and completeness of the supplied data. Mercer reviewed the data in compliance with the Actuarial Standard of Practice (ASOP) on data quality (ASOP 23) for internal consistency and reasonableness, but did not audit them.

This document assumes the reader is familiar with the Commonwealth’s Medicaid program, Medicaid eligibility rules and actuarial rating techniques. It is intended for DHS and the CHC-MCOs, and should not be relied upon by other parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to

understand the technical nature of these data. This document should only be reviewed in its entirety.

Users of this data book are cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, written or implied, that this data book is 100% accurate or error-free. This document is being provided for informational purposes only. The Commonwealth and Mercer reserve the right to refine it as they see fit at any time.

The authors of this document, listed below, are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses described in this document.

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COVERED POPULATIONS

As outlined in the Agreement, the following individuals within the Commonwealth's Medicaid program are eligible for the CHC program:

- Adults ages 21 and older who require Medicaid LTSS (whether in the community or in private or county NFs) because they require the level of care provided by a NF.
 - Individuals enrolled in HC who enter a NF will remain the responsibility of the PH-MCO for at least the first 30 days of the NF stay.
- Individuals eligible for both Medicare and Medicaid (Dually eligible) who are ages 21 and older whether or not they need or receive LTSS.

Individuals who were enrolled in the Medicaid program during the historical data time periods, found to meet one of the above criteria and who did not meet any of the exclusions below were included in the summaries within this data book.

The following populations are not eligible for the CHC managed care program:

- Individuals under the age of 21
- Individuals receiving services through the Office of Developmental Program's Consolidated Waiver, Person/Family-Directed Supports Waiver, Adult Autism Waiver or Adult Community Autism Program
- Individuals receiving services through the Programs of All-Inclusive Care for the Elderly (PACE)/Living Independence for the Elderly (LIFE) program¹
- Children and Youth/Juvenile Probation Office Placements

¹ Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

- Educational Placements
- Residents of State Mental Hospitals
- Residents of State Mental Retardation (MR) Centers
- Residents of Intermediate Care Facilities for Persons with Mental Retardation (ICF/MRs)
- Residents of Veterans' Homes
- Residents of South Mountain Restoration Center (Long-Term Care Unit)
- Residents of Care Facilities for Persons with Other Related Conditions (ICF/ORCs)
- Individuals receiving services through the Infant, Family and Toddler Waiver
- Individuals in State Correctional Institutions
- Residents of Youth Developmental Centers/Youth Forestry Camps
- Individuals in Juvenile Detention Centers
- Out-of-State Placements
- Individuals receiving care in an Institution for Mental Disease (IMD) facility for more than 15 days in a given month, as a result of the Centers for Medicare and Medicaid Services (CMS) Medicaid Managed Care regulations.

POPULATION GROUPS

In addition to cost differentials across rating regions, the CHC capitation rates will consider the different risk characteristics of the eligible populations. Although population grouping summaries have been prepared to inform the CHC-MCOs of the service utilization profiles and per member costs across the CHC eligible Medicaid population, it is important to note that the population groups do not represent the rate cells for which capitation rates will be paid. DHS will continue to use a blended rate cell structure for the Nursing Facility Clinically Eligible (NFCE) populations. This means that for individuals within a certain age group and dual eligibility status, a single capitation payment will be made regardless of whether the individual resides in a NF or receives services in the community through the CHC HCBS waiver.

Table 2 illustrates the population groups that are summarized within this data book along with the corresponding capitation payment rate cells.

TABLE 2: POPULATION AND CAPITATION RATE CELLS

POPULATION GROUP	CAPITATION RATE CELL
Dually Eligible Individuals Residing in a NF	NFCE Duals
Dually Eligible Individuals Enrolled in a HCBS Waiver	
Medicaid Only Individuals Residing in a NF	NFCE Non-Duals
Medicaid Only Individuals Enrolled in a HCBS Waiver	
Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	NF Ineligible Duals

Note: Population and capitation rate cells are further delineated by age groupings (ages 21–59 and ages 60 and over) and rating regions.

For individuals temporarily residing in a NF while concurrently enrolled in an HCBS waiver, their cost and membership data were only counted once for a given month under the applicable NF group (and not also under the HCBS waiver group).

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COVERED SERVICES

The specific services required to be covered by the CHC-MCOs are detailed in the Agreement. Mercer applied logic to extract claims experience for the covered services from the FFS and HC PH encounter data. Changes were incorporated in this service logic compared to the February 2017 issued CHC data book to align the service with the type of provider, as established by the Commonwealth. Note that these logic changes are budget neutral in that they do not include or exclude any claims or service types compared to the service logic applied in the prior data book.

The data summaries reflect historical costs for the services; any differences between historical service offerings and prospective service offerings will be considered during the capitation rate development process.

For purposes of illustrating the cost and utilization patterns of the CHC eligible population groups, the historical data have been summarized by major service categories. The CHC capitation rates will be established at the rate cell level, encompassing all services therein (i.e., capitation rates will not be established on a service level). Table 3 includes the major service categories outlined in the data book summaries.

TABLE 3: COVERED SERVICES

MEDICAL SERVICES	HCBS WAIVER SERVICES
Ambulance	Day Habilitation and Adult Day
Dental	Employment
Durable Medical Equipment (DME)/Supplies	Home Health/Therapies
Emergency Room	Other Waiver
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	Participant Directed Services (PDS)/Financial Management Services (FMS)
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Service Coordination
Nursing Facility	Vendor Services
Other Medical	Waiver DME/Supplies
Outpatient	
Pharmacy	
Physician	
Vision	

EXCLUDED SERVICES

The list below summarizes the claims-based exclusions:

- Behavioral Health (BH) services that will be the responsibility of the BH-MCOs.
- Since the PH-MCO will continue to be responsible for all claims during at least the first 30 days of a PH-MCO enrollee NF stay, claims associated with these members during the first 30 days were excluded from the data summaries.
- CHC-MCOs will not be responsible for claims until an individual is officially enrolled in the CHC-MCO. As such, claims and members were excluded during the period when an individual is being approved for Medicaid coverage and is selecting their CHC-MCO.

- Services delivered through the PACE/LIFE program.¹
- Non-Medicaid services funded through State-only funds.
- As a result of the CMS Medicaid Managed Care regulations, federal financial participation of capitation payments is not authorized for individuals with an IMD stay longer than 15 days in a given month. Although the CHC program does not cover IMD services, all claims and members were excluded from the data summaries for individuals who met these criteria.

¹ Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

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ADJUSTMENTS REFLECTED IN THIS DATA BOOK

The Commonwealth provided Mercer with historical Medicaid FFS claims, HC encounter data and eligibility data. This section lists the adjustments that were applied to the data and provides a brief explanation of each. These adjustments are reflected in the summaries shown in Section 6.

Note that based on discussions with the Office of Long Term Living (OLTL), no adjustments were needed to remove expenditures for the items listed below. This is due to the fact that these costs were not part of the claims-based payment as reflected in the FFS claims provided to Mercer, or because the final payment was already net of these claim adjustments:

- Recipient spend-down expenses
- Third-party liability recoveries
- Disproportionate share hospital payments
- Graduate medical education expenses
- Copayments, coinsurance and deductibles
- Monthly payments made by Medicaid recipients (e.g., net available monthly income)

COMPLETION FACTORS

This data book includes claims for dates of service from January 1, 2015, through December 31, 2016, and reflects payments through June 2017. Mercer reviewed claim payment patterns and developed completion factors to estimate incurred but not reported claims (those claims not yet adjudicated). The completion factors shown in Table 4 represent the factors by which paid claims and utilization were adjusted.

TABLE 4: COMPLETION FACTORS

CATEGORY OF SERVICE	CY 2015	CY 2016
Medical Services, excluding Nursing Facility and Pharmacy	1.0009	1.0281
Nursing Facility	1.0000	1.0041
Pharmacy	1.0000	1.0012
HCBS Waiver Services	1.0001	1.0047
Total	1.0001	1.0062

NF SUPPLEMENTAL PAYMENTS

During the historical time periods illustrated in this data book, DHS made separate payments to NFs. With the exception of the NF DME Grant payments, these payments were not included in the detailed claims data provided to Mercer. Since DHS will prospectively fund certain NF payments through the CHC capitation rates, adjustments to the base data were necessary.

Based on guidance and estimates from DHS and OLTL, upward adjustments were made to the base data to include consideration for the following two supplemental payments:

- Disproportionate Share Incentive
- Supplemental Ventilator Care and Tracheostomy Care

The adjustment made to the Nursing Facility claim costs illustrated in this data book was approximately 0.4% for each rating region and NFCE population group combination during each base data time period. No adjustment was applied to the Nursing Facility claim costs for the NFI populations.

Note that an adjustment for the NF Access to Care Payments (outlined in Appendix 4 of the Agreement) will be considered during the rate development process (i.e., those amounts are not reflected in the data book summaries in Section 6).

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CAPITATION RATE DEVELOPMENT

Mercer will make adjustments to the base data in Section 6 in order to develop the CHC CY 2019 capitation rates for the Southwest and Southeast Zones. These adjustments are required by CMS in determining actuarially sound rates for Medicaid managed care programs.

Below is a list of adjustments and programmatic changes (not necessarily all-inclusive) that may be applied during the rate-setting process. These adjustments have **not** been reflected in the data book summaries in Section 6:

1. Mercer will consider data from both illustrated historical time periods to smooth anomalies. The two years of data will be blended to arrive at a single historical data set, which will then be further projected and adjusted through the rate development process.
2. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and Nursing Facility populations that have occurred since the historical CY 2015 and CY 2016 data time periods.
3. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on available FFS and PH encounter data. In addition, Mercer will consider cost and utilization trends experienced by other managed care programs within the Commonwealth and national trend indices. Cost and utilization will be trended to the midpoint of the rating period.
4. Mercer may adjust direct data sources for the following programmatic changes:
 - A. Those that occurred during the historical data time period (January 2015 through December 2016) and are not fully reflected in the data.
 - B. Those that occurred after the historical time period and have been approved by CMS and/or the Commonwealth.
4. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to FFS.

5. Mercer may make upward adjustments, as appropriate, to reflect expectations of the CHC-MCOs related to certain payments to NFs (e.g., Appendix 4 amounts from the Agreement).
6. Mercer may make adjustments to reflect provider payment requirements included in the Agreement.
7. Mercer will develop and apply assumptions during the capitation rate development process to include consideration for the CHC-MCO's administrative and care management responsibilities under the Agreement. This will include consideration for underwriting gain, as well as any applicable taxes and fees.

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DATA SUMMARIES

Data summaries for the CY 2015 and CY 2016 historical time periods are summarized by rating region, age group, population group and category of service. Each summary contains the following information:

- **Rating Region:** Data for each of the four rating regions are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60+.
- **Time Period:** Separate tables are provided for the CY 2015 and CY 2016 time periods.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **Member Months (MMs):** Number of total months that all individuals within the population group were eligible during the historical time period.
- **Category of Service:** As outlined in Section 3, this includes all covered services outlined in the Agreement.
- **Per Member Per Month (PMPM) Costs:** PMPM costs were calculated by taking the historical Medicaid claims expense (FFS and PH encounter data) for a given category of service and dividing that total claims expense by MMs.
- **Unit Cost:** Represents the average cost per unit of each category of service; this is calculated by taking the total claims expense and dividing by the service utilization amount.
- **Utilization Per 1,000:** Calculated as the total utilization for each service divided by total MMs multiplied by 12,000.

Rating Region	Southwest - Allegheny
Age Group	21-59
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,812			11,803			2,336			8,133			136,943			162,028		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.63	\$ 44.13	171	\$ 0.44	\$ 77.69	68	\$ 50.57	\$ 118.06	5,140	\$ 42.17	\$ 53.28	9,499	\$ 0.14	\$ 39.51	44	\$ 3.01	\$ 60.64	596
	Dental	\$ 9.01	\$ 49.19	2,199	\$ 3.83	\$ 48.65	945	\$ 7.16	\$ 46.72	1,840	\$ 11.98	\$ 46.17	3,115	\$ 4.72	\$ 51.94	1,091	\$ 5.13	\$ 50.81	1,212
	DME/Supplies	\$ 50.50	\$ 4.48	135,125	\$ 36.16	\$ 0.78	554,901	\$ 83.20	\$ 20.87	47,834	\$ 234.89	\$ 2.91	969,509	\$ 3.97	\$ 1.24	38,472	\$ 19.85	\$ 1.91	124,639
	Emergency Room	\$ 0.08	\$ 0.86	1,055	\$ 0.19	\$ 2.13	1,080	\$ 14.15	\$ 116.29	1,460	\$ 37.05	\$ 86.12	5,162	\$ 0.60	\$ 6.30	1,145	\$ 2.59	\$ 23.08	1,345
	FQHC/RHC	\$ 0.17	\$ 78.45	26	\$ 0.37	\$ 35.84	124	\$ 1.52	\$ 118.58	154	\$ 3.40	\$ 951.33	43	\$ 0.42	\$ 43.57	117	\$ 0.58	\$ 61.89	113
	Home Health	\$ 0.31	\$ 79.99	47	\$ 0.01	\$ 3.29	33	\$ 20.09	\$ 85.72	2,813	\$ 117.31	\$ 60.70	23,189	\$ 0.25	\$ 55.86	53	\$ 6.39	\$ 61.25	1,252
	Hospice	\$ 0.00	\$ 0.05	60	\$ 0.00	\$ 8.34	7	\$ 57.98	\$ 152.48	4,563	\$ 0.54	\$ 132.39	49	\$ 0.00	\$ 17.69	2	\$ 0.87	\$ 145.99	71
	Inpatient	\$ 62.75	\$ 138.20	5,448	\$ 24.81	\$ 102.65	2,900	\$ 1,859.91	\$ 1,824.57	12,232	\$ 802.00	\$ 803.44	11,979	\$ 14.89	\$ 165.13	1,082	\$ 82.56	\$ 495.83	1,998
	Laboratory/Radiology	\$ 2.48	\$ 1.85	16,085	\$ 2.29	\$ 3.21	8,546	\$ 79.14	\$ 12.14	78,257	\$ 62.71	\$ 13.21	56,978	\$ 2.70	\$ 5.36	6,034	\$ 6.78	\$ 8.14	9,990
	Nursing Facility	\$ 4,296.47	\$ 159.16	323,934	\$ 1.02	\$ 73.23	167	\$ 5,085.15	\$ 192.53	316,946	\$ 0.23	\$ 170.80	16	\$ 0.40	\$ 83.76	57	\$ 148.31	\$ 173.58	10,253
	Other Medical	\$ 40.53	\$ 15.29	31,810	\$ 1.34	\$ 0.98	16,366	\$ 50.89	\$ 73.04	8,361	\$ 35.23	\$ 23.11	18,294	\$ 1.21	\$ 1.57	9,289	\$ 4.33	\$ 4.89	10,634
	Outpatient	\$ 1.33	\$ 1.79	8,910	\$ 0.42	\$ 0.89	5,721	\$ 96.89	\$ 94.35	12,324	\$ 124.32	\$ 17.23	86,575	\$ 1.20	\$ 4.42	3,260	\$ 8.71	\$ 13.31	7,850
	Pharmacy	\$ 4.99	\$ 7.60	7,886	\$ 7.34	\$ 16.30	5,401	\$ 721.46	\$ 66.11	130,960	\$ 742.93	\$ 84.73	105,223	\$ 13.33	\$ 46.63	3,430	\$ 59.58	\$ 67.45	10,599
	Physician	\$ 7.46	\$ 1.32	67,974	\$ 5.86	\$ 1.82	38,625	\$ 179.84	\$ 17.12	126,061	\$ 130.74	\$ 45.52	34,468	\$ 4.35	\$ 2.13	24,489	\$ 13.39	\$ 5.69	28,239
Vision	\$ 0.04	\$ 1.48	320	\$ 0.12	\$ 6.90	212	\$ 1.18	\$ 41.76	339	\$ 4.16	\$ 39.00	1,280	\$ 0.16	\$ 12.27	161	\$ 0.37	\$ 19.88	226	
Medical Services Subtotal		\$ 4,476.74	N/A	N/A	\$ 84.20	N/A	N/A	\$ 8,309.13	N/A	N/A	\$ 2,349.66	N/A	N/A	\$ 48.35	N/A	N/A	\$ 362.44	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.31	\$ 8.67	431	\$ 25.05	\$ 35.14	8,554	\$ 1.26	\$ 34.56	437	\$ 8.81	\$ 40.96	2,582	\$ 0.01	\$ 8.67	11	\$ 2.30	\$ 35.55	775
	Employment	\$ 0.24	\$ 2.25	1,276	\$ 15.20	\$ 6.57	27,747	\$ -	\$ -	-	\$ 23.57	\$ 7.41	38,191	\$ 0.02	\$ 2.71	108	\$ 2.32	\$ 6.86	4,052
	Home Health/Therapies	\$ 1.13	\$ 16.55	819	\$ 209.45	\$ 12.18	206,422	\$ -	\$ -	-	\$ 283.27	\$ 11.28	301,254	\$ -	\$ -	-	\$ 29.50	\$ 11.73	30,173
	Other Waiver	\$ 0.60	\$ 35.30	205	\$ 60.39	\$ 13.42	53,985	\$ 0.09	\$ 215.00	5	\$ 34.51	\$ 16.71	24,789	\$ 0.00	\$ 1.05	53	\$ 6.15	\$ 14.12	5,226
	PDS/FMS	\$ 0.08	\$ 79.04	13	\$ 26.28	\$ 80.32	3,926	\$ 0.14	\$ 79.82	21	\$ 23.54	\$ 81.83	3,451	\$ -	\$ -	-	\$ 3.10	\$ 80.89	460
	Personal Assistance	\$ 37.60	\$ 4.31	104,642	\$ 2,492.79	\$ 3.92	7,635,654	\$ 9.33	\$ 4.03	27,785	\$ 2,437.67	\$ 3.91	7,471,915	\$ 0.11	\$ 4.38	315	\$ 304.84	\$ 3.92	933,779
	Residential Habilitation	\$ 13.96	\$ 12.05	13,898	\$ 43.87	\$ 86.70	6,072	\$ 12.77	\$ 69.54	2,204	\$ 13.40	\$ 76.63	2,098	\$ 0.34	\$ 29.01	140	\$ 4.58	\$ 58.55	939
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 37.69	3	\$ 0.01	\$ 37.69	3
	Service Coordination	\$ 4.92	\$ 18.67	3,163	\$ 141.71	\$ 18.48	92,035	\$ 3.59	\$ 18.91	2,281	\$ 131.83	\$ 18.46	85,677	\$ 0.04	\$ 20.45	22	\$ 17.11	\$ 18.48	11,111
	Vendor Services	\$ 2.38	\$ 148.60	192	\$ 67.12	\$ 123.15	6,541	\$ 0.32	\$ 39.37	98	\$ 48.80	\$ 107.53	5,447	\$ -	\$ -	-	\$ 7.39	\$ 117.44	755
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.76	\$ 943.11	22	\$ 2.62	\$ 6,120.00	5	\$ 0.91	\$ 1,062.47	10	\$ -	\$ -	-	\$ 0.21	\$ 1,143.52	2
HCBS Waiver Services Subtotal		\$ 61.22	N/A	N/A	\$ 3,083.63	N/A	N/A	\$ 30.12	N/A	N/A	\$ 3,006.32	N/A	N/A	\$ 0.54	N/A	N/A	\$ 377.49	N/A	N/A
Total Services		\$ 4,537.97	N/A	N/A	\$ 3,167.82	N/A	N/A	\$ 8,339.25	N/A	N/A	\$ 5,355.98	N/A	N/A	\$ 48.89	N/A	N/A	\$ 739.93	N/A	N/A

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		44,385			28,561			2,013			5,355			123,696			204,011		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.27	\$ 42.48	77	\$ 0.30	\$ 112.00	32	\$ 26.09	\$ 119.87	2,612	\$ 15.59	\$ 89.97	2,080	\$ 0.06	\$ 48.12	16	\$ 0.81	\$ 87.02	111
	Dental	\$ 4.98	\$ 47.52	1,258	\$ 2.11	\$ 56.06	451	\$ 9.71	\$ 56.31	2,069	\$ 6.27	\$ 70.92	1,061	\$ 2.62	\$ 56.80	554	\$ 3.23	\$ 53.74	721
	DME/Supplies	\$ 7.47	\$ 1.87	47,908	\$ 50.36	\$ 0.79	767,434	\$ 35.94	\$ 15.60	27,645	\$ 99.26	\$ 1.66	716,233	\$ 6.87	\$ 0.96	85,867	\$ 15.80	\$ 1.00	188,998
	Emergency Room	\$ 0.04	\$ 1.48	296	\$ 0.21	\$ 3.38	735	\$ 7.92	\$ 115.55	823	\$ 14.64	\$ 107.00	1,642	\$ 0.18	\$ 4.18	513	\$ 0.61	\$ 13.77	530
	FQHC/RHC	\$ 0.03	\$ 58.73	5	\$ 0.68	\$ 61.76	131	\$ 0.14	\$ 71.20	24	\$ 22.26	\$ 150.25	1,778	\$ 0.54	\$ 41.83	155	\$ 1.01	\$ 75.76	161
	Home Health	\$ 0.01	\$ 17.61	4	\$ 0.08	\$ 23.35	42	\$ 11.20	\$ 81.07	1,658	\$ 64.50	\$ 71.24	10,866	\$ 0.15	\$ 43.36	42	\$ 1.91	\$ 68.59	334
	Hospice	\$ 0.45	\$ 43.02	127	\$ 0.00	\$ 1.41	14	\$ 130.36	\$ 141.19	11,080	\$ 26.60	\$ 136.64	2,336	\$ 0.01	\$ 24.54	4	\$ 2.09	\$ 123.62	203
	Inpatient	\$ 17.64	\$ 103.99	2,036	\$ 34.69	\$ 134.40	3,097	\$ 978.60	\$ 1,963.56	5,981	\$ 541.14	\$ 1,189.83	5,458	\$ 18.44	\$ 147.57	1,500	\$ 43.74	\$ 264.00	1,988
	Laboratory/Radiology	\$ 0.93	\$ 2.76	4,053	\$ 2.03	\$ 4.82	5,065	\$ 53.08	\$ 11.41	55,811	\$ 41.62	\$ 16.53	30,213	\$ 1.83	\$ 5.42	4,060	\$ 3.21	\$ 7.15	5,396
	Nursing Facility	\$ 4,605.44	\$ 162.08	340,967	\$ 9.82	\$ 112.58	1,047	\$ 5,406.94	\$ 192.16	337,650	\$ 7.12	\$ 194.45	439	\$ 3.86	\$ 119.47	388	\$ 1,059.24	\$ 163.15	77,907
	Other Medical	\$ 2.37	\$ 3.84	7,391	\$ 1.02	\$ 1.27	9,616	\$ 16.74	\$ 34.24	5,868	\$ 15.54	\$ 28.32	6,587	\$ 1.37	\$ 1.71	9,573	\$ 2.06	\$ 2.75	8,989
	Outpatient	\$ 0.46	\$ 5.66	974	\$ 0.68	\$ 3.81	2,140	\$ 61.84	\$ 117.61	6,309	\$ 39.65	\$ 98.30	4,840	\$ 1.09	\$ 10.93	1,191	\$ 2.50	\$ 21.11	1,423
	Pharmacy	\$ 3.93	\$ 5.22	9,033	\$ 7.80	\$ 17.71	5,286	\$ 574.92	\$ 54.53	126,515	\$ 486.44	\$ 96.85	60,274	\$ 6.09	\$ 21.46	3,405	\$ 24.08	\$ 38.02	7,600
	Physician	\$ 2.94	\$ 2.21	15,947	\$ 4.39	\$ 1.88	28,071	\$ 111.65	\$ 21.79	61,488	\$ 58.86	\$ 20.29	34,803	\$ 4.82	\$ 2.34	24,795	\$ 6.83	\$ 3.42	23,953
Vision	\$ 0.04	\$ 1.69	264	\$ 0.13	\$ 5.10	315	\$ 1.62	\$ 40.27	483	\$ 2.51	\$ 37.19	810	\$ 0.27	\$ 8.30	388	\$ 0.27	\$ 8.98	363	
Medical Services Subtotal		\$ 4,646.98	N/A	N/A	\$ 114.30	N/A	N/A	\$ 7,426.75	N/A	N/A	\$ 1,442.01	N/A	N/A	\$ 48.21	N/A	N/A	\$ 1,167.39	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.10	\$ 9.87	116	\$ 39.06	\$ 69.76	6,719	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 5.93	30	\$ 5.50	\$ 67.03	984
	Employment	\$ -	\$ -	-	\$ 0.57	\$ 6.29	1,085	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.08	\$ 6.29	152
	Home Health/Therapies	\$ 0.08	\$ 11.02	86	\$ 24.86	\$ 11.55	25,825	\$ 1.53	\$ 11.02	1,669	\$ 19.22	\$ 11.04	20,902	\$ -	\$ -	-	\$ 4.02	\$ 11.48	4,199
	Other Waiver	\$ 0.02	\$ 4.21	58	\$ 8.26	\$ 6.02	16,481	\$ -	\$ -	-	\$ 7.72	\$ 15.42	6,010	\$ 0.00	\$ 18.39	0	\$ 1.36	\$ 6.61	2,478
	PDS/FMS	\$ 0.04	\$ 90.04	5	\$ 19.39	\$ 84.60	2,750	\$ -	\$ -	-	\$ 27.01	\$ 80.45	4,029	\$ 0.01	\$ 79.04	1	\$ 3.44	\$ 83.71	493
	Personal Assistance	\$ 6.35	\$ 4.16	18,310	\$ 2,027.96	\$ 3.98	6,107,895	\$ 5.11	\$ 4.39	13,991	\$ 2,278.11	\$ 3.88	7,037,177	\$ 0.35	\$ 3.59	1,156	\$ 345.35	\$ 3.97	1,044,629
	Residential Habilitation	\$ 0.56	\$ 314.38	21	\$ 3.27	\$ 264.15	148	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 87.35	5	\$ 0.60	\$ 254.74	28
	Respite	\$ 0.13	\$ 193.68	8	\$ 6.06	\$ 18.29	3,974	\$ 0.64	\$ 182.78	42	\$ 0.95	\$ 181.40	63	\$ 0.04	\$ 179.55	3	\$ 0.93	\$ 19.89	562
	Service Coordination	\$ 1.01	\$ 18.52	654	\$ 131.26	\$ 18.46	85,310	\$ 0.71	\$ 18.49	459	\$ 123.43	\$ 18.47	80,202	\$ 0.05	\$ 18.59	31	\$ 21.87	\$ 18.47	14,214
	Vendor Services	\$ 1.48	\$ 44.91	396	\$ 108.13	\$ 10.44	124,285	\$ 2.33	\$ 22.52	1,240	\$ 48.45	\$ 14.08	41,298	\$ 0.01	\$ 9.38	7	\$ 16.76	\$ 10.82	18,586
	Waiver DME/Supplies	\$ 0.18	\$ 311.11	7	\$ 7.11	\$ 43.62	1,956	\$ -	\$ -	-	\$ 2.96	\$ 31.34	1,134	\$ 0.00	\$ 10.00	1	\$ 1.11	\$ 43.67	305
HCBS Waiver Services Subtotal		\$ 9.94	N/A	N/A	\$ 2,375.92	N/A	N/A	\$ 10.32	N/A	N/A	\$ 2,507.85	N/A	N/A	\$ 0.50	N/A	N/A	\$ 401.02	N/A	N/A
Total Services		\$ 4,656.92	N/A	N/A	\$ 2,490.23	N/A	N/A	\$ 7,437.07	N/A	N/A	\$ 3,949.86	N/A	N/A	\$ 48.71	N/A	N/A	\$ 1,568.41	N/A	N/A

Rating Region	Southwest - Allegheny
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,799			12,079			2,561			9,332			134,281			161,051		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 1.02	\$ 45.38	271	\$ 0.39	\$ 47.78	98	\$ 35.61	\$ 102.87	4,154	\$ 32.77	\$ 56.01	7,021	\$ 0.20	\$ 33.12	73	\$ 2.68	\$ 58.93	546
	Dental	\$ 9.41	\$ 43.50	2,597	\$ 4.63	\$ 57.77	962	\$ 15.56	\$ 55.12	3,388	\$ 14.09	\$ 52.79	3,203	\$ 4.66	\$ 53.79	1,039	\$ 5.46	\$ 53.55	1,223
	DME/Supplies	\$ 31.26	\$ 4.04	92,881	\$ 31.40	\$ 0.85	443,822	\$ 69.50	\$ 31.19	26,739	\$ 204.62	\$ 2.90	847,644	\$ 3.08	\$ 1.32	27,952	\$ 18.43	\$ 2.05	107,747
	Emergency Room	\$ 0.21	\$ 2.08	1,207	\$ 0.28	\$ 2.48	1,339	\$ 13.73	\$ 103.37	1,594	\$ 36.50	\$ 87.10	5,028	\$ 0.89	\$ 7.87	1,350	\$ 3.10	\$ 23.76	1,563
	FQHC/RHC	\$ 0.05	\$ 145.90	4	\$ 0.30	\$ 32.73	110	\$ 1.08	\$ 122.17	106	\$ 0.70	\$ 60.53	139	\$ 0.45	\$ 43.50	125	\$ 0.46	\$ 45.05	122
	Home Health	\$ 0.36	\$ 64.57	67	\$ 0.59	\$ 65.27	108	\$ 21.00	\$ 84.46	2,983	\$ 121.28	\$ 57.43	25,343	\$ 0.28	\$ 57.81	59	\$ 7.65	\$ 58.30	1,574
	Hospice	\$ 0.01	\$ 0.32	518	\$ -	\$ -	-	\$ 71.57	\$ 141.32	6,078	\$ 1.83	\$ 237.83	92	\$ -	\$ -	1	\$ 1.24	\$ 133.62	112
	Inpatient	\$ 49.63	\$ 125.12	4,760	\$ 23.67	\$ 93.84	3,027	\$ 1,455.60	\$ 1,876.37	9,309	\$ 881.10	\$ 637.28	16,591	\$ 14.10	\$ 153.14	1,105	\$ 88.60	\$ 454.26	2,340
	Laboratory/Radiology	\$ 2.78	\$ 2.19	15,244	\$ 2.49	\$ 2.42	12,338	\$ 75.66	\$ 11.83	76,760	\$ 64.49	\$ 14.15	54,684	\$ 3.11	\$ 5.96	6,271	\$ 7.77	\$ 8.63	10,808
	Nursing Facility	\$ 4,435.96	\$ 161.87	328,860	\$ 1.99	\$ 84.38	283	\$ 5,227.06	\$ 193.68	323,860	\$ 2.65	\$ 170.42	187	\$ 0.41	\$ 87.75	56	\$ 160.85	\$ 176.38	10,943
	Other Medical	\$ 61.37	\$ 22.46	32,784	\$ 1.91	\$ 1.35	17,026	\$ 27.00	\$ 44.66	7,256	\$ 44.23	\$ 21.88	24,254	\$ 1.55	\$ 1.90	9,802	\$ 5.50	\$ 5.71	11,540
	Outpatient	\$ 1.82	\$ 2.91	7,502	\$ 0.82	\$ 1.48	6,608	\$ 79.36	\$ 9.77	97,461	\$ 125.86	\$ 21.30	70,913	\$ 2.02	\$ 5.81	4,166	\$ 10.33	\$ 12.70	9,759
	Pharmacy	\$ 9.10	\$ 13.84	7,886	\$ 7.10	\$ 14.37	5,925	\$ 953.80	\$ 85.35	134,094	\$ 927.41	\$ 107.68	103,356	\$ 17.16	\$ 51.91	3,967	\$ 83.90	\$ 83.83	12,010
	Physician	\$ 9.37	\$ 1.52	73,991	\$ 8.23	\$ 1.91	51,747	\$ 183.86	\$ 20.97	105,221	\$ 157.04	\$ 41.22	45,719	\$ 5.67	\$ 2.69	25,300	\$ 17.53	\$ 6.88	30,584
Vision	\$ 0.03	\$ 0.96	372	\$ 0.15	\$ 8.77	200	\$ 2.28	\$ 41.71	655	\$ 5.29	\$ 43.12	1,471	\$ 0.19	\$ 13.62	168	\$ 0.51	\$ 23.94	257	
Medical Services Subtotal		\$ 4,612.40	N/A	N/A	\$ 83.93	N/A	N/A	\$ 8,232.66	N/A	N/A	\$ 2,619.85	N/A	N/A	\$ 53.77	N/A	N/A	\$ 414.00	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.20	\$ 34.56	69	\$ 28.33	\$ 36.51	9,311	\$ -	\$ -	-	\$ 12.01	\$ 42.46	3,394	\$ 0.02	\$ 3.36	74	\$ 2.84	\$ 35.58	958
	Employment	\$ -	\$ -	-	\$ 5.45	\$ 6.42	10,184	\$ -	\$ -	-	\$ 7.67	\$ 12.67	7,261	\$ 0.00	\$ 16.81	2	\$ 0.85	\$ 8.65	1,186
	Home Health/Therapies	\$ 0.47	\$ 11.46	490	\$ 171.84	\$ 12.00	171,767	\$ -	\$ -	-	\$ 315.96	\$ 11.46	330,982	\$ -	\$ -	-	\$ 31.20	\$ 11.68	32,069
	Other Waiver	\$ 0.44	\$ 87.94	60	\$ 61.35	\$ 13.69	53,766	\$ -	\$ -	-	\$ 33.51	\$ 15.58	25,812	\$ 0.00	\$ 32.19	1	\$ 6.55	\$ 14.22	5,530
	PDS/FMS	\$ 0.35	\$ 98.95	43	\$ 26.13	\$ 81.61	3,842	\$ 0.11	\$ 277.00	5	\$ 21.79	\$ 82.34	3,176	\$ 0.01	\$ 54.27	2	\$ 3.24	\$ 81.86	475
	Personal Assistance	\$ 63.51	\$ 4.25	179,392	\$ 2,759.62	\$ 4.00	8,286,489	\$ 12.37	\$ 4.38	33,895	\$ 2,848.81	\$ 4.05	8,436,837	\$ 0.11	\$ 3.29	387	\$ 373.43	\$ 4.02	1,114,319
	Residential Habilitation	\$ 2.30	\$ 25.55	1,079	\$ 55.22	\$ 70.09	9,455	\$ 4.42	\$ 8.89	5,972	\$ 11.97	\$ 77.98	1,842	\$ 0.44	\$ 14.50	367	\$ 5.32	\$ 51.62	1,236
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 5.79	13	\$ 0.01	\$ 5.79	10
	Service Coordination	\$ 6.24	\$ 18.56	4,031	\$ 151.79	\$ 18.49	98,527	\$ 0.77	\$ 18.49	497	\$ 146.67	\$ 18.48	95,232	\$ 0.05	\$ 19.49	34	\$ 20.05	\$ 18.49	13,014
	Vendor Services	\$ 1.60	\$ 89.48	215	\$ 63.63	\$ 111.81	6,829	\$ 0.28	\$ 37.11	89	\$ 47.06	\$ 103.95	5,433	\$ 0.00	\$ 30.00	0	\$ 7.53	\$ 108.58	832
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 2.53	\$ 2,342.08	13	\$ -	\$ -	-	\$ 0.50	\$ 776.67	8	\$ -	\$ -	-	\$ 0.22	\$ 1,846.57	1
HCBS Waiver Services Subtotal		\$ 75.11	N/A	N/A	\$ 3,325.89	N/A	N/A	\$ 17.95	N/A	N/A	\$ 3,445.95	N/A	N/A	\$ 0.65	N/A	N/A	\$ 451.24	N/A	N/A
Total Services		\$ 4,687.50	N/A	N/A	\$ 3,409.82	N/A	N/A	\$ 8,250.61	N/A	N/A	\$ 6,065.80	N/A	N/A	\$ 54.42	N/A	N/A	\$ 865.24	N/A	N/A

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		45,755			30,826			2,091			5,534			128,493			212,699		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.43	\$ 55.95	91	\$ 0.33	\$ 56.15	70	\$ 24.12	\$ 105.05	2,755	\$ 15.83	\$ 67.36	2,820	\$ 0.06	\$ 21.19	36	\$ 0.83	\$ 65.18	152
	Dental	\$ 4.68	\$ 48.17	1,167	\$ 2.58	\$ 68.86	449	\$ 9.27	\$ 51.52	2,160	\$ 6.22	\$ 61.16	1,221	\$ 2.51	\$ 58.45	514	\$ 3.15	\$ 55.56	680
	DME/Supplies	\$ 4.90	\$ 1.98	29,711	\$ 53.23	\$ 0.78	818,781	\$ 26.67	\$ 14.61	21,915	\$ 113.15	\$ 2.03	670,126	\$ 6.35	\$ 0.95	80,556	\$ 15.81	\$ 0.99	191,368
	Emergency Room	\$ 0.09	\$ 3.09	352	\$ 0.38	\$ 4.90	934	\$ 10.13	\$ 107.61	1,130	\$ 20.09	\$ 101.82	2,367	\$ 0.31	\$ 5.71	661	\$ 0.89	\$ 15.58	683
	FQHC/RHC	\$ 0.03	\$ 71.91	5	\$ 0.85	\$ 71.37	143	\$ 0.15	\$ 59.72	29	\$ 30.68	\$ 146.56	2,512	\$ 0.41	\$ 37.07	131	\$ 1.17	\$ 84.51	167
	Home Health	\$ 0.01	\$ 27.11	3	\$ 0.18	\$ 33.83	63	\$ 12.59	\$ 89.11	1,695	\$ 73.75	\$ 79.25	11,166	\$ 0.18	\$ 40.07	55	\$ 2.18	\$ 74.69	350
	Hospice	\$ 0.52	\$ 29.09	216	\$ 0.00	\$ 0.39	123	\$ 145.14	\$ 131.06	13,290	\$ 30.31	\$ 152.79	2,381	\$ 0.00	\$ 4.69	3	\$ 2.33	\$ 108.06	259
	Inpatient	\$ 20.60	\$ 132.88	1,860	\$ 25.40	\$ 107.59	2,833	\$ 993.12	\$ 2,036.17	5,853	\$ 712.50	\$ 1,238.74	6,902	\$ 15.48	\$ 134.45	1,382	\$ 45.77	\$ 291.71	1,883
	Laboratory/Radiology	\$ 0.94	\$ 2.98	3,773	\$ 2.39	\$ 4.78	6,007	\$ 54.08	\$ 11.83	54,851	\$ 50.33	\$ 17.27	34,978	\$ 2.15	\$ 5.56	4,641	\$ 3.69	\$ 7.46	5,935
	Nursing Facility	\$ 4,705.65	\$ 164.62	343,022	\$ 8.46	\$ 120.49	842	\$ 5,546.20	\$ 193.11	344,636	\$ 8.92	\$ 185.83	576	\$ 2.71	\$ 118.51	274	\$ 1,069.89	\$ 165.70	77,481
	Other Medical	\$ 0.88	\$ 1.27	8,335	\$ 1.53	\$ 1.99	9,195	\$ 17.60	\$ 35.37	5,973	\$ 22.21	\$ 28.84	9,239	\$ 3.20	\$ 4.19	9,162	\$ 3.09	\$ 4.14	8,960
	Outpatient	\$ 0.61	\$ 3.86	1,909	\$ 1.65	\$ 6.12	3,236	\$ 66.62	\$ 11.66	68,547	\$ 61.06	\$ 16.94	43,254	\$ 1.28	\$ 8.62	1,776	\$ 3.39	\$ 10.83	3,752
	Pharmacy	\$ 4.16	\$ 4.83	10,348	\$ 8.07	\$ 16.72	5,793	\$ 567.81	\$ 56.05	121,562	\$ 560.50	\$ 95.78	70,221	\$ 7.44	\$ 27.32	3,267	\$ 26.72	\$ 39.78	8,061
	Physician	\$ 3.75	\$ 2.60	17,282	\$ 5.20	\$ 2.11	29,560	\$ 127.80	\$ 19.84	77,279	\$ 71.76	\$ 21.77	39,559	\$ 5.54	\$ 2.52	26,324	\$ 8.03	\$ 3.75	25,693
Vision	\$ 0.06	\$ 2.18	303	\$ 0.19	\$ 7.35	312	\$ 2.55	\$ 42.86	714	\$ 2.96	\$ 38.38	925	\$ 0.33	\$ 10.30	385	\$ 0.34	\$ 10.95	374	
Medical Services Subtotal		\$ 4,747.32	N/A	N/A	\$ 110.43	N/A	N/A	\$ 7,603.86	N/A	N/A	\$ 1,780.26	N/A	N/A	\$ 47.95	N/A	N/A	\$ 1,187.28	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 23.63	22	\$ 39.23	\$ 65.52	7,185	\$ -	\$ -	-	\$ 0.01	\$ 75.01	2	\$ 0.01	\$ 3.36	33	\$ 5.70	\$ 64.17	1,066
	Employment	\$ -	\$ -	-	\$ 0.49	\$ 6.29	935	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 1.95	24	\$ 0.07	\$ 5.87	150
	Home Health/Therapies	\$ 0.01	\$ 15.86	8	\$ 36.75	\$ 12.79	34,471	\$ -	\$ -	-	\$ 32.67	\$ 11.46	34,217	\$ -	\$ -	-	\$ 6.18	\$ 12.59	5,888
	Other Waiver	\$ 0.00	\$ 4.22	8	\$ 7.56	\$ 5.93	15,304	\$ -	\$ -	-	\$ 9.17	\$ 15.90	6,923	\$ -	\$ -	-	\$ 1.34	\$ 6.68	2,400
	PDS/FMS	\$ 0.05	\$ 79.04	8	\$ 17.31	\$ 80.67	2,575	\$ 0.15	\$ 79.04	23	\$ 16.90	\$ 80.58	2,517	\$ -	\$ -	-	\$ 2.96	\$ 80.65	441
	Personal Assistance	\$ 5.37	\$ 4.13	15,582	\$ 2,535.47	\$ 4.09	7,436,249	\$ 9.22	\$ 3.87	28,562	\$ 3,204.93	\$ 4.16	9,240,822	\$ 0.47	\$ 4.38	1,282	\$ 452.36	\$ 4.10	1,322,527
	Residential Habilitation	\$ 0.39	\$ 15.62	303	\$ 6.71	\$ 72.86	1,106	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.19	\$ 131.82	17	\$ 1.17	\$ 59.69	236
	Respite	\$ 0.11	\$ 202.93	6	\$ 6.25	\$ 25.31	2,962	\$ -	\$ -	-	\$ 1.06	\$ 181.50	70	\$ 0.02	\$ 4.29	55	\$ 0.97	\$ 24.96	465
	Service Coordination	\$ 0.87	\$ 18.54	564	\$ 134.40	\$ 18.49	87,244	\$ 0.75	\$ 18.49	489	\$ 130.22	\$ 18.48	84,571	\$ 0.05	\$ 16.05	34	\$ 23.09	\$ 18.48	14,991
	Vendor Services	\$ 1.44	\$ 45.18	382	\$ 120.97	\$ 10.56	137,488	\$ 2.29	\$ 29.44	932	\$ 45.14	\$ 11.61	46,667	\$ 0.01	\$ 17.06	6	\$ 19.04	\$ 10.76	21,235
	Waiver DME/Supplies	\$ 0.02	\$ 23.93	11	\$ 4.70	\$ 27.66	2,040	\$ -	\$ -	-	\$ 1.56	\$ 15.22	1,230	\$ -	\$ -	-	\$ 0.73	\$ 26.43	330
HCBS Waiver Services Subtotal		\$ 8.31	N/A	N/A	\$ 2,909.85	N/A	N/A	\$ 12.41	N/A	N/A	\$ 3,441.67	N/A	N/A	\$ 0.75	N/A	N/A	\$ 513.61	N/A	N/A
Total Services		\$ 4,755.63	N/A	N/A	\$ 3,020.28	N/A	N/A	\$ 7,616.26	N/A	N/A	\$ 5,221.94	N/A	N/A	\$ 48.69	N/A	N/A	\$ 1,700.89	N/A	N/A

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2015

CHC Eligible Population Group																			
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		5,040			18,417			3,386			11,443			232,825			271,112		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 1.46	\$ 88.42	198	\$ 0.16	\$ 53.46	35	\$ 41.98	\$ 110.94	4,541	\$ 25.08	\$ 28.53	10,548	\$ 0.15	\$ 42.36	42	\$ 1.75	\$ 38.55	544	
Dental	\$ 12.37	\$ 50.55	2,937	\$ 4.63	\$ 51.80	1,072	\$ 12.42	\$ 58.63	2,542	\$ 13.46	\$ 45.81	3,526	\$ 6.18	\$ 54.40	1,363	\$ 6.57	\$ 53.36	1,478	
DME/Supplies	\$ 43.37	\$ 1.77	293,371	\$ 36.94	\$ 0.83	534,815	\$ 52.03	\$ 11.84	52,711	\$ 217.86	\$ 2.65	985,649	\$ 4.45	\$ 1.36	39,360	\$ 16.98	\$ 1.73	117,847	
Emergency Room	\$ 0.23	\$ 2.44	1,134	\$ 0.22	\$ 2.08	1,265	\$ 15.29	\$ 126.18	1,454	\$ 30.34	\$ 81.26	4,480	\$ 0.53	\$ 5.79	1,089	\$ 1.94	\$ 18.65	1,250	
FQHC/RHC	\$ 0.62	\$ 30.81	241	\$ 2.38	\$ 57.89	493	\$ 2.91	\$ 123.30	284	\$ 4.44	\$ 150.15	355	\$ 2.22	\$ 59.19	450	\$ 2.30	\$ 62.39	443	
Home Health	\$ 0.13	\$ 20.32	76	\$ 0.27	\$ 42.62	77	\$ 27.06	\$ 79.79	4,070	\$ 99.53	\$ 49.88	23,942	\$ 0.19	\$ 49.77	46	\$ 4.72	\$ 51.18	1,107	
Hospice	\$ 0.01	\$ 2.97	52	\$ 0.00	\$ 0.23	202	\$ 116.31	\$ 151.59	9,208	\$ 7.94	\$ 133.60	713	\$ 0.00	\$ 2.30	3	\$ 1.79	\$ 131.96	163	
Inpatient	\$ 54.98	\$ 152.62	4,323	\$ 31.34	\$ 126.64	2,969	\$ 1,129.46	\$ 1,624.35	8,344	\$ 682.49	\$ 591.07	13,856	\$ 9.75	\$ 137.36	852	\$ 54.44	\$ 383.64	1,703	
Laboratory/Radiology	\$ 3.75	\$ 2.42	18,577	\$ 2.59	\$ 3.44	9,024	\$ 72.90	\$ 12.58	69,548	\$ 64.97	\$ 12.90	60,422	\$ 2.63	\$ 5.44	5,796	\$ 6.16	\$ 7.90	9,354	
Nursing Facility	\$ 4,447.64	\$ 164.32	324,810	\$ 3.70	\$ 95.29	467	\$ 5,345.22	\$ 197.05	325,517	\$ 0.51	\$ 200.83	30	\$ 0.79	\$ 130.14	73	\$ 150.40	\$ 176.94	10,200	
Other Medical	\$ 34.19	\$ 13.39	30,634	\$ 2.26	\$ 1.30	20,839	\$ 21.71	\$ 33.33	7,817	\$ 42.11	\$ 22.01	22,962	\$ 1.45	\$ 1.45	12,001	\$ 4.08	\$ 3.67	13,358	
Outpatient	\$ 3.05	\$ 5.61	6,526	\$ 2.04	\$ 4.78	5,114	\$ 47.59	\$ 110.54	5,166	\$ 106.13	\$ 39.97	31,865	\$ 1.69	\$ 8.21	2,474	\$ 6.72	\$ 20.15	4,003	
Pharmacy	\$ 11.85	\$ 12.92	11,004	\$ 18.81	\$ 46.68	4,836	\$ 776.56	\$ 65.10	143,148	\$ 845.85	\$ 98.70	102,839	\$ 10.03	\$ 42.09	2,859	\$ 55.51	\$ 73.07	9,117	
Physician	\$ 10.25	\$ 1.98	61,979	\$ 6.45	\$ 1.70	45,614	\$ 135.19	\$ 19.84	81,780	\$ 141.13	\$ 46.34	36,545	\$ 5.31	\$ 2.74	23,216	\$ 12.83	\$ 5.76	26,753	
Vision	\$ 0.12	\$ 2.29	617	\$ 0.06	\$ 4.48	173	\$ 1.47	\$ 33.85	521	\$ 4.41	\$ 34.61	1,530	\$ 0.19	\$ 12.62	176	\$ 0.37	\$ 18.09	246	
Medical Services Subtotal	\$ 4,624.02	N/A	N/A	\$ 111.85	N/A	N/A	\$ 7,798.09	N/A	N/A	\$ 2,286.25	N/A	N/A	\$ 45.55	N/A	N/A	\$ 326.58	N/A	N/A	
Day Habilitation and Adult Day	\$ 0.88	\$ 8.26	1,276	\$ 25.56	\$ 30.65	10,006	\$ 1.09	\$ 34.56	379	\$ 42.91	\$ 30.30	16,990	\$ 0.02	\$ 3.23	81	\$ 3.60	\$ 28.86	1,495	
Employment	\$ 0.01	\$ 2.88	43	\$ 34.33	\$ 7.31	56,393	\$ -	\$ -	-	\$ 24.71	\$ 7.27	40,762	\$ 0.02	\$ 2.89	89	\$ 3.39	\$ 7.24	5,629	
Home Health/Therapies	\$ 1.72	\$ 11.02	1,876	\$ 316.77	\$ 11.16	340,527	\$ 5.80	\$ 11.02	6,319	\$ 555.88	\$ 11.45	582,774	\$ -	\$ -	-	\$ 45.09	\$ 11.31	47,844	
Other Waiver	\$ 0.08	\$ 10.97	86	\$ 22.47	\$ 23.74	11,358	\$ 1.88	\$ 14.58	1,549	\$ 16.53	\$ 31.03	6,391	\$ 0.01	\$ 5.97	19	\$ 2.26	\$ 25.11	1,079	
PDS/FMS	\$ 0.24	\$ 94.27	31	\$ 29.53	\$ 81.05	4,372	\$ 0.35	\$ 79.04	53	\$ 29.93	\$ 86.95	4,131	\$ 0.00	\$ 20.18	0	\$ 3.28	\$ 83.23	473	
Personal Assistance	\$ 28.61	\$ 4.23	81,248	\$ 2,532.76	\$ 3.89	7,817,229	\$ 35.88	\$ 3.89	110,786	\$ 2,384.30	\$ 3.89	7,350,839	\$ 0.02	\$ 4.26	42	\$ 273.68	\$ 3.89	844,221	
Residential Habilitation	\$ 11.75	\$ 14.22	9,912	\$ 55.94	\$ 74.34	9,031	\$ 3.96	\$ 12.00	3,956	\$ 73.95	\$ 58.74	15,107	\$ 0.21	\$ 20.89	122	\$ 7.37	\$ 55.65	1,589	
Respite	\$ -	\$ -	-	\$ 0.86	\$ 3.99	2,577	\$ 0.82	\$ 5.41	1,829	\$ -	\$ -	-	\$ 0.02	\$ 5.73	32	\$ 0.08	\$ 4.35	225	
Service Coordination	\$ 5.22	\$ 19.07	3,283	\$ 176.03	\$ 19.18	110,163	\$ 6.93	\$ 18.81	4,419	\$ 183.10	\$ 19.26	114,057	\$ 0.06	\$ 19.38	35	\$ 19.92	\$ 19.21	12,444	
Vendor Services	\$ 7.65	\$ 377.79	243	\$ 101.51	\$ 56.09	21,718	\$ 30.82	\$ 1,656.15	223	\$ 89.18	\$ 123.93	8,635	\$ 0.00	\$ 43.33	0	\$ 11.19	\$ 72.68	1,847	
Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.96	\$ 508.21	46	\$ -	\$ -	-	\$ 1.79	\$ 888.67	24	\$ -	\$ -	-	\$ 0.21	\$ 601.30	4	
HCBS Waiver Services Subtotal	\$ 56.15	N/A	N/A	\$ 3,297.73	N/A	N/A	\$ 87.53	N/A	N/A	\$ 3,402.28	N/A	N/A	\$ 0.35	N/A	N/A	\$ 370.06	N/A	N/A	
Total Services	\$ 4,680.17	N/A	N/A	\$ 3,409.58	N/A	N/A	\$ 7,885.62	N/A	N/A	\$ 5,688.53	N/A	N/A	\$ 45.90	N/A	N/A	\$ 696.64	N/A	N/A	

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		81,612			31,690			2,388			2,575			198,257			316,521		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.23	\$ 25.45	110	\$ 1.15	\$ 93.76	147	\$ 27.00	\$ 90.11	3,596	\$ 45.07	\$ 48.47	11,157	\$ 0.06	\$ 30.22	26	\$ 0.79	\$ 53.25	177
	Dental	\$ 5.76	\$ 48.84	1,416	\$ 2.48	\$ 71.03	419	\$ 7.62	\$ 45.61	2,006	\$ 7.63	\$ 32.87	2,787	\$ 2.61	\$ 60.68	516	\$ 3.49	\$ 54.50	768
	DME/Supplies	\$ 6.47	\$ 1.59	48,938	\$ 52.92	\$ 0.77	821,626	\$ 23.68	\$ 9.30	30,567	\$ 150.01	\$ 2.51	717,186	\$ 7.96	\$ 1.10	86,995	\$ 13.35	\$ 1.03	155,434
	Emergency Room	\$ 0.11	\$ 3.36	377	\$ 0.16	\$ 2.20	869	\$ 8.69	\$ 164.53	634	\$ 27.16	\$ 89.88	3,626	\$ 0.18	\$ 3.98	553	\$ 0.44	\$ 9.44	565
	FQHC/RHC	\$ 0.18	\$ 33.53	65	\$ 1.44	\$ 51.14	337	\$ 2.89	\$ 95.77	362	\$ 7.45	\$ 142.07	630	\$ 1.67	\$ 50.85	394	\$ 1.32	\$ 51.85	305
	Home Health	\$ 0.02	\$ 21.91	12	\$ 0.09	\$ 24.06	44	\$ 15.33	\$ 77.16	2,384	\$ 110.04	\$ 74.79	17,655	\$ 0.13	\$ 24.54	66	\$ 1.11	\$ 63.30	210
	Hospice	\$ 0.23	\$ 33.81	81	\$ 0.01	\$ 1.24	61	\$ 37.25	\$ 146.21	3,057	\$ 76.62	\$ 148.13	6,207	\$ 0.17	\$ 68.05	29	\$ 1.07	\$ 107.76	119
	Inpatient	\$ 15.41	\$ 106.65	1,734	\$ 27.97	\$ 106.26	3,159	\$ 638.27	\$ 1,511.23	5,068	\$ 643.77	\$ 733.43	10,533	\$ 14.39	\$ 127.30	1,356	\$ 25.84	\$ 178.52	1,737
	Laboratory/Radiology	\$ 1.02	\$ 3.05	4,007	\$ 1.73	\$ 3.35	6,192	\$ 54.45	\$ 11.43	57,178	\$ 64.66	\$ 15.11	51,340	\$ 1.89	\$ 4.82	4,701	\$ 2.55	\$ 5.63	5,447
	Nursing Facility	\$ 4,454.54	\$ 157.22	340,002	\$ 16.77	\$ 142.87	1,408	\$ 5,325.51	\$ 189.21	337,752	\$ 20.07	\$ 195.01	1,235	\$ 5.19	\$ 131.93	472	\$ 1,193.83	\$ 158.02	90,661
	Other Medical	\$ 0.69	\$ 1.17	7,097	\$ 2.40	\$ 2.21	13,042	\$ 10.62	\$ 25.29	5,038	\$ 37.14	\$ 35.58	12,528	\$ 1.56	\$ 1.76	10,603	\$ 1.78	\$ 2.15	9,917
	Outpatient	\$ 0.68	\$ 6.50	1,248	\$ 1.09	\$ 3.56	3,684	\$ 62.51	\$ 76.73	9,776	\$ 123.61	\$ 61.46	24,136	\$ 1.14	\$ 10.89	1,261	\$ 2.48	\$ 16.98	1,751
	Pharmacy	\$ 4.34	\$ 4.83	10,800	\$ 4.81	\$ 12.82	4,502	\$ 647.01	\$ 55.33	140,335	\$ 889.16	\$ 94.60	112,789	\$ 3.81	\$ 14.25	3,212	\$ 16.11	\$ 26.76	7,223
	Physician	\$ 2.64	\$ 2.12	14,921	\$ 5.26	\$ 2.13	29,630	\$ 95.81	\$ 22.59	50,906	\$ 91.54	\$ 29.39	37,378	\$ 6.78	\$ 3.49	23,320	\$ 6.92	\$ 3.76	22,109
Vision	\$ 0.07	\$ 2.52	310	\$ 0.10	\$ 5.26	227	\$ 1.79	\$ 31.60	679	\$ 3.60	\$ 35.05	1,232	\$ 0.19	\$ 8.02	277	\$ 0.19	\$ 7.64	292	
Medical Services Subtotal		\$ 4,492.39	N/A	N/A	\$ 118.37	N/A	N/A	\$ 6,958.43	N/A	N/A	\$ 2,297.53	N/A	N/A	\$ 47.74	N/A	N/A	\$ 1,271.26	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.02	\$ 7.71	38	\$ 17.47	\$ 68.24	3,071	\$ -	\$ -	-	\$ 0.08	\$ 69.47	14	\$ -	\$ -	-	\$ 1.76	\$ 66.36	317
	Employment	\$ -	\$ -	-	\$ 1.34	\$ 6.29	2,547	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 1.82	6	\$ 0.13	\$ 6.23	259
	Home Health/Therapies	\$ 0.01	\$ 11.53	13	\$ 23.71	\$ 11.82	24,065	\$ 1.11	\$ 16.55	804	\$ 31.04	\$ 11.31	32,944	\$ 0.00	\$ 11.02	0	\$ 2.64	\$ 11.78	2,687
	Other Waiver	\$ 0.02	\$ 27.62	9	\$ 2.23	\$ 16.96	1,578	\$ 0.02	\$ 45.00	5	\$ 5.82	\$ 149.87	466	\$ -	\$ -	-	\$ 0.28	\$ 20.19	164
	PDS/FMS	\$ 0.14	\$ 205.79	8	\$ 29.74	\$ 193.83	1,841	\$ 0.03	\$ 79.04	5	\$ 34.99	\$ 143.93	2,918	\$ -	\$ -	-	\$ 3.30	\$ 188.30	210
	Personal Assistance	\$ 6.62	\$ 4.09	19,429	\$ 1,790.42	\$ 4.20	5,121,144	\$ 6.46	\$ 4.46	17,394	\$ 2,130.84	\$ 4.06	6,294,387	\$ 0.05	\$ 4.60	138	\$ 198.38	\$ 4.18	569,159
	Residential Habilitation	\$ 0.18	\$ 15.98	134	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 277.91	1	\$ 0.06	\$ 21.88	35
	Respite	\$ 0.04	\$ 65.87	8	\$ 1.87	\$ 92.16	244	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.20	\$ 90.13	26
	Service Coordination	\$ 0.93	\$ 19.04	585	\$ 124.58	\$ 19.05	78,457	\$ 1.94	\$ 18.93	1,231	\$ 148.71	\$ 19.23	92,813	\$ 0.03	\$ 19.23	18	\$ 13.95	\$ 19.07	8,781
	Vendor Services	\$ 0.50	\$ 14.62	411	\$ 97.52	\$ 10.16	115,231	\$ 0.39	\$ 12.81	367	\$ 93.40	\$ 13.25	84,563	\$ 0.00	\$ 10.24	3	\$ 10.66	\$ 10.37	12,335
	Waiver DME/Supplies	\$ 0.07	\$ 50.30	17	\$ 10.91	\$ 38.58	3,393	\$ 0.19	\$ 74.69	30	\$ 8.12	\$ 100.04	974	\$ -	\$ -	-	\$ 1.18	\$ 40.13	352
HCBS Waiver Services Subtotal		\$ 8.54	N/A	N/A	\$ 2,099.79	N/A	N/A	\$ 10.14	N/A	N/A	\$ 2,453.02	N/A	N/A	\$ 0.11	N/A	N/A	\$ 232.53	N/A	N/A
Total Services		\$ 4,500.93	N/A	N/A	\$ 2,218.15	N/A	N/A	\$ 6,968.57	N/A	N/A	\$ 4,750.54	N/A	N/A	\$ 47.86	N/A	N/A	\$ 1,503.79	N/A	N/A

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		5,076			18,991			3,347			11,741			233,192			272,348		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.67	\$ 65.34	123	\$ 0.20	\$ 50.32	47	\$ 35.09	\$ 86.02	4,896	\$ 28.89	\$ 25.43	13,634	\$ 0.18	\$ 25.52	83	\$ 1.85	\$ 30.71	724
	Dental	\$ 10.14	\$ 49.91	2,437	\$ 5.88	\$ 59.49	1,187	\$ 11.98	\$ 47.26	3,041	\$ 14.96	\$ 42.29	4,246	\$ 6.23	\$ 55.62	1,344	\$ 6.72	\$ 53.82	1,499
	DME/Supplies	\$ 56.68	\$ 2.53	268,841	\$ 36.44	\$ 0.85	513,828	\$ 64.81	\$ 21.16	36,756	\$ 220.66	\$ 2.80	945,818	\$ 4.34	\$ 1.44	36,072	\$ 17.62	\$ 1.87	112,952
	Emergency Room	\$ 0.11	\$ 1.12	1,140	\$ 0.34	\$ 2.93	1,388	\$ 13.52	\$ 92.83	1,748	\$ 32.04	\$ 82.93	4,637	\$ 0.73	\$ 7.48	1,166	\$ 2.20	\$ 19.69	1,338
	FQHC/RHC	\$ 0.82	\$ 45.47	216	\$ 2.76	\$ 58.58	566	\$ 1.40	\$ 94.37	178	\$ 1.51	\$ 49.95	362	\$ 2.00	\$ 55.51	432	\$ 2.00	\$ 55.69	431
	Home Health	\$ 0.00	\$ 1.00	43	\$ 0.05	\$ 7.68	79	\$ 21.36	\$ 79.75	3,215	\$ 90.69	\$ 44.65	24,374	\$ 0.35	\$ 51.19	81	\$ 4.47	\$ 46.02	1,166
	Hospice	\$ 0.05	\$ 6.74	89	\$ -	\$ -	11	\$ 100.66	\$ 131.12	9,212	\$ 6.81	\$ 87.68	931	\$ 0.00	\$ 7.72	2	\$ 1.53	\$ 116.94	157
	Inpatient	\$ 34.01	\$ 107.67	3,790	\$ 21.67	\$ 107.48	2,419	\$ 995.34	\$ 1,703.80	7,010	\$ 570.08	\$ 473.19	14,457	\$ 13.00	\$ 154.73	1,008	\$ 50.08	\$ 331.70	1,812
	Laboratory/Radiology	\$ 2.88	\$ 2.49	13,849	\$ 2.79	\$ 3.57	9,371	\$ 63.86	\$ 11.49	66,688	\$ 67.93	\$ 14.27	57,122	\$ 3.40	\$ 6.41	6,353	\$ 6.87	\$ 8.56	9,633
	Nursing Facility	\$ 4,603.81	\$ 166.57	331,672	\$ 4.57	\$ 126.65	433	\$ 5,509.01	\$ 200.25	330,130	\$ 0.51	\$ 195.91	31	\$ 0.36	\$ 118.14	37	\$ 154.17	\$ 179.57	10,303
	Other Medical	\$ 18.73	\$ 8.32	27,024	\$ 2.17	\$ 1.32	19,723	\$ 22.95	\$ 37.56	7,331	\$ 43.97	\$ 23.69	22,269	\$ 3.28	\$ 3.21	12,244	\$ 5.48	\$ 4.91	13,413
	Outpatient	\$ 2.39	\$ 2.66	10,796	\$ 2.13	\$ 2.78	9,189	\$ 69.08	\$ 19.38	42,783	\$ 118.42	\$ 95.68	14,851	\$ 2.77	\$ 12.98	2,561	\$ 8.52	\$ 24.33	4,201
	Pharmacy	\$ 9.87	\$ 9.71	12,190	\$ 16.03	\$ 38.72	4,967	\$ 796.82	\$ 66.73	143,295	\$ 900.18	\$ 102.10	105,798	\$ 16.74	\$ 60.51	3,319	\$ 64.23	\$ 79.15	9,738
	Physician	\$ 9.02	\$ 1.77	61,303	\$ 12.32	\$ 3.67	40,303	\$ 152.72	\$ 23.71	77,298	\$ 139.43	\$ 36.28	46,121	\$ 6.91	\$ 3.33	24,922	\$ 14.83	\$ 6.30	28,230
Vision	\$ 0.10	\$ 2.40	513	\$ 0.13	\$ 6.49	239	\$ 2.16	\$ 37.19	698	\$ 4.44	\$ 35.67	1,494	\$ 0.23	\$ 13.33	203	\$ 0.42	\$ 18.55	273	
Medical Services Subtotal		\$ 4,749.27	N/A	N/A	\$ 107.47	N/A	N/A	\$ 7,860.79	N/A	N/A	\$ 2,240.51	N/A	N/A	\$ 60.49	N/A	N/A	\$ 341.01	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.07	\$ 2.27	386	\$ 31.58	\$ 30.16	12,568	\$ 1.09	\$ 34.56	380	\$ 34.68	\$ 30.73	13,541	\$ 0.03	\$ 4.42	78	\$ 3.74	\$ 29.14	1,539
	Employment	\$ 0.01	\$ 2.88	57	\$ 28.19	\$ 7.48	45,197	\$ -	\$ -	-	\$ 20.72	\$ 6.92	35,915	\$ 0.02	\$ 3.05	67	\$ 2.87	\$ 7.25	4,759
	Home Health/Therapies	\$ 6.33	\$ 11.07	6,865	\$ 387.84	\$ 11.22	414,731	\$ 0.77	\$ 11.02	841	\$ 549.36	\$ 11.36	580,322	\$ -	\$ -	-	\$ 50.85	\$ 11.29	54,076
	Other Waiver	\$ 0.16	\$ 17.91	107	\$ 20.41	\$ 19.90	12,308	\$ -	\$ -	-	\$ 14.93	\$ 25.31	7,081	\$ 0.03	\$ 19.62	18	\$ 2.10	\$ 21.29	1,181
	PDS/FMS	\$ 0.32	\$ 90.16	43	\$ 30.61	\$ 80.64	4,555	\$ 0.34	\$ 95.52	43	\$ 31.05	\$ 86.57	4,304	\$ 0.00	\$ 80.60	0	\$ 3.48	\$ 82.85	505
	Personal Assistance	\$ 32.99	\$ 4.31	91,799	\$ 2,803.62	\$ 3.96	8,501,093	\$ 30.31	\$ 4.10	88,764	\$ 2,720.87	\$ 3.97	8,224,078	\$ 0.08	\$ 4.33	220	\$ 313.85	\$ 3.96	950,317
	Residential Habilitation	\$ 20.21	\$ 13.96	17,374	\$ 75.89	\$ 60.54	15,043	\$ 1.92	\$ 247.67	93	\$ 67.20	\$ 61.48	13,118	\$ 0.22	\$ 13.78	189	\$ 8.78	\$ 50.11	2,101
	Respite	\$ 1.05	\$ 5.68	2,223	\$ 0.21	\$ 4.43	568	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 5.48	20	\$ 0.04	\$ 5.14	98
	Service Coordination	\$ 5.58	\$ 19.44	3,443	\$ 187.97	\$ 19.19	117,553	\$ 5.19	\$ 18.98	3,282	\$ 191.57	\$ 19.23	119,523	\$ 0.10	\$ 19.18	63	\$ 21.62	\$ 19.21	13,508
	Vendor Services	\$ 2.06	\$ 114.30	216	\$ 93.71	\$ 160.29	7,016	\$ 1.86	\$ 257.96	86	\$ 98.99	\$ 181.37	6,550	\$ 0.01	\$ 419.63	0	\$ 10.87	\$ 167.94	777
	Waiver DME/Supplies	\$ 0.11	\$ 581.00	2	\$ 1.78	\$ 257.02	83	\$ -	\$ -	-	\$ 4.26	\$ 843.27	61	\$ -	\$ -	-	\$ 0.31	\$ 439.82	8
HCBS Waiver Services Subtotal		\$ 68.90	N/A	N/A	\$ 3,661.81	N/A	N/A	\$ 41.50	N/A	N/A	\$ 3,733.63	N/A	N/A	\$ 0.49	N/A	N/A	\$ 418.51	N/A	N/A
Total Services		\$ 4,818.18	N/A	N/A	\$ 3,769.29	N/A	N/A	\$ 7,902.28	N/A	N/A	\$ 5,974.14	N/A	N/A	\$ 60.98	N/A	N/A	\$ 759.53	N/A	N/A

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		81,471			32,872			2,246			2,544			203,534			322,667		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.46	\$ 43.74	125	\$ 0.74	\$ 102.85	87	\$ 26.84	\$ 127.70	2,522	\$ 31.83	\$ 31.04	12,305	\$ 0.06	\$ 31.91	23	\$ 0.67	\$ 47.25	169
	Dental	\$ 5.90	\$ 49.83	1,421	\$ 2.65	\$ 71.74	444	\$ 7.25	\$ 52.50	1,658	\$ 10.94	\$ 37.85	3,468	\$ 2.92	\$ 62.88	558	\$ 3.74	\$ 56.48	795
	DME/Supplies	\$ 6.45	\$ 1.94	39,878	\$ 53.21	\$ 0.77	833,555	\$ 25.18	\$ 17.27	17,501	\$ 196.08	\$ 2.68	879,359	\$ 7.61	\$ 1.08	84,362	\$ 13.57	\$ 1.05	155,257
	Emergency Room	\$ 0.14	\$ 4.12	407	\$ 0.31	\$ 3.99	943	\$ 11.50	\$ 94.28	1,463	\$ 26.03	\$ 90.73	3,442	\$ 0.25	\$ 4.74	630	\$ 0.51	\$ 9.65	633
	FQHC/RHC	\$ 0.24	\$ 38.09	75	\$ 1.26	\$ 41.65	363	\$ 1.70	\$ 68.40	299	\$ 6.39	\$ 93.96	816	\$ 1.68	\$ 51.42	391	\$ 1.31	\$ 50.44	311
	Home Health	\$ 0.00	\$ 2.36	11	\$ 0.05	\$ 12.89	48	\$ 15.27	\$ 69.68	2,629	\$ 104.36	\$ 44.20	28,331	\$ 0.10	\$ 26.36	44	\$ 1.00	\$ 43.15	277
	Hospice	\$ 0.47	\$ 41.98	135	\$ 0.00	\$ 1.68	15	\$ 82.48	\$ 135.71	7,293	\$ 43.24	\$ 133.48	3,887	\$ 0.04	\$ 22.05	19	\$ 1.06	\$ 98.08	129
	Inpatient	\$ 14.45	\$ 105.53	1,643	\$ 24.69	\$ 100.79	2,940	\$ 1,002.10	\$ 1,772.34	6,785	\$ 802.94	\$ 777.03	12,400	\$ 12.81	\$ 126.19	1,218	\$ 27.55	\$ 203.11	1,628
	Laboratory/Radiology	\$ 1.09	\$ 3.00	4,368	\$ 1.91	\$ 4.17	5,511	\$ 51.77	\$ 11.85	52,432	\$ 69.89	\$ 17.01	49,313	\$ 2.12	\$ 5.32	4,794	\$ 2.72	\$ 6.00	5,442
	Nursing Facility	\$ 4,554.12	\$ 158.89	343,938	\$ 12.53	\$ 136.91	1,098	\$ 5,448.61	\$ 193.57	337,769	\$ 18.58	\$ 189.42	1,177	\$ 4.89	\$ 150.82	389	\$ 1,192.32	\$ 159.76	89,560
	Other Medical	\$ 1.05	\$ 1.72	7,288	\$ 2.66	\$ 2.36	13,490	\$ 21.75	\$ 42.43	6,152	\$ 49.69	\$ 38.96	15,305	\$ 5.45	\$ 6.28	10,401	\$ 4.51	\$ 5.45	9,939
	Outpatient	\$ 0.67	\$ 5.48	1,470	\$ 1.66	\$ 4.15	4,819	\$ 40.64	\$ 12.54	38,898	\$ 89.26	\$ 34.02	31,484	\$ 1.61	\$ 16.21	1,194	\$ 2.34	\$ 13.17	2,134
	Pharmacy	\$ 5.43	\$ 5.32	12,264	\$ 10.02	\$ 25.84	4,653	\$ 732.18	\$ 64.97	135,235	\$ 977.82	\$ 102.19	114,819	\$ 6.23	\$ 22.71	3,294	\$ 19.13	\$ 30.63	7,495
	Physician	\$ 3.38	\$ 2.67	15,198	\$ 5.99	\$ 2.38	30,180	\$ 124.66	\$ 20.76	72,072	\$ 118.65	\$ 31.19	45,651	\$ 7.10	\$ 3.44	24,764	\$ 7.75	\$ 3.97	23,395
Vision	\$ 0.07	\$ 2.75	327	\$ 0.11	\$ 4.97	255	\$ 2.13	\$ 39.02	654	\$ 3.28	\$ 32.08	1,226	\$ 0.23	\$ 9.17	304	\$ 0.22	\$ 8.27	314	
Medical Services Subtotal		\$ 4,593.92	N/A	N/A	\$ 117.81	N/A	N/A	\$ 7,594.06	N/A	N/A	\$ 2,548.96	N/A	N/A	\$ 53.10	N/A	N/A	\$ 1,278.39	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 4.99	113	\$ 15.43	\$ 65.31	2,836	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.58	\$ 59.88	317
	Employment	\$ 0.00	\$ 2.88	18	\$ 2.05	\$ 6.29	3,919	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 2.15	1	\$ 0.21	\$ 6.24	405
	Home Health/Therapies	\$ 0.02	\$ 11.34	21	\$ 39.49	\$ 11.61	40,820	\$ -	\$ -	-	\$ 65.59	\$ 11.08	71,044	\$ -	\$ -	-	\$ 4.55	\$ 11.55	4,724
	Other Waiver	\$ 0.01	\$ 7.17	9	\$ 2.48	\$ 13.90	2,142	\$ -	\$ -	-	\$ 7.27	\$ 130.56	668	\$ 0.00	\$ 28.88	0	\$ 0.31	\$ 16.56	226
	PDS/FMS	\$ 0.03	\$ 79.58	5	\$ 31.45	\$ 187.77	2,010	\$ 1.51	\$ 1,126.25	16	\$ 32.61	\$ 126.32	3,098	\$ -	\$ -	-	\$ 3.48	\$ 181.10	231
	Personal Assistance	\$ 6.93	\$ 4.35	19,144	\$ 2,111.51	\$ 4.22	5,997,486	\$ 9.14	\$ 4.41	24,899	\$ 2,411.90	\$ 4.13	7,000,360	\$ 0.06	\$ 4.41	159	\$ 235.98	\$ 4.22	671,294
	Residential Habilitation	\$ 0.78	\$ 14.70	637	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 89.24	1	\$ 0.20	\$ 14.99	161
	Respite	\$ 0.20	\$ 17.60	137	\$ 2.92	\$ 58.75	596	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.35	\$ 43.82	95
	Service Coordination	\$ 0.90	\$ 18.98	570	\$ 138.66	\$ 19.03	87,430	\$ 1.64	\$ 18.90	1,040	\$ 160.35	\$ 19.17	100,399	\$ 0.03	\$ 19.32	17	\$ 15.65	\$ 19.04	9,860
	Vendor Services	\$ 0.40	\$ 12.47	387	\$ 109.08	\$ 10.79	121,264	\$ 0.95	\$ 16.12	708	\$ 83.88	\$ 17.25	58,349	\$ 0.01	\$ 7.46	15	\$ 11.89	\$ 11.04	12,926
	Waiver DME/Supplies	\$ 0.03	\$ 22.74	16	\$ 8.59	\$ 32.33	3,188	\$ 0.01	\$ 15.01	11	\$ 4.10	\$ 56.53	871	\$ 0.00	\$ 20.97	0	\$ 0.92	\$ 32.70	336
HCBS Waiver Services Subtotal		\$ 9.36	N/A	N/A	\$ 2,461.67	N/A	N/A	\$ 13.25	N/A	N/A	\$ 2,765.70	N/A	N/A	\$ 0.10	N/A	N/A	\$ 275.11	N/A	N/A
Total Services		\$ 4,603.28	N/A	N/A	\$ 2,579.48	N/A	N/A	\$ 7,607.31	N/A	N/A	\$ 5,314.67	N/A	N/A	\$ 53.20	N/A	N/A	\$ 1,553.50	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		3,953			48,047			4,689			63,894			228,909			349,492		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.74	\$ 35.36	252	\$ 1.59	\$ 112.94	169	\$ 49.58	\$ 132.84	4,479	\$ 29.90	\$ 53.77	6,672	\$ 0.38	\$ 69.30	66	\$ 6.61	\$ 58.77	1,349
	Dental	\$ 13.07	\$ 36.43	4,307	\$ 6.77	\$ 54.43	1,493	\$ 15.54	\$ 31.12	5,993	\$ 14.01	\$ 46.09	3,647	\$ 6.63	\$ 48.58	1,637	\$ 8.19	\$ 47.40	2,073
	DME/Supplies	\$ 66.45	\$ 1.62	491,704	\$ 20.75	\$ 0.74	334,416	\$ 47.26	\$ 11.27	50,333	\$ 126.64	\$ 2.16	702,970	\$ 2.81	\$ 0.84	40,036	\$ 29.23	\$ 1.69	206,951
	Emergency Room	\$ 0.08	\$ 0.75	1,327	\$ 0.36	\$ 3.29	1,317	\$ 19.71	\$ 122.51	1,931	\$ 47.36	\$ 132.25	4,298	\$ 0.61	\$ 6.23	1,170	\$ 9.37	\$ 63.40	1,774
	FQHC/RHC	\$ 0.23	\$ 76.19	36	\$ 2.68	\$ 99.88	322	\$ 2.41	\$ 168.52	172	\$ 1.40	\$ 70.90	236	\$ 2.68	\$ 91.98	349	\$ 2.41	\$ 90.75	319
	Home Health	\$ -	\$ -	6	\$ 0.52	\$ 31.46	198	\$ 9.39	\$ 85.10	1,324	\$ 65.18	\$ 67.84	11,529	\$ 0.22	\$ 49.28	54	\$ 12.26	\$ 67.22	2,188
	Hospice	\$ -	\$ -	24	\$ 0.03	\$ 300.62	1	\$ 42.36	\$ 199.11	2,553	\$ 7.10	\$ 181.08	471	\$ 0.00	\$ 0.98	1	\$ 1.87	\$ 185.37	121
	Inpatient	\$ 58.07	\$ 119.07	5,853	\$ 29.24	\$ 120.92	2,902	\$ 1,715.99	\$ 1,980.67	10,396	\$ 836.92	\$ 565.07	17,773	\$ 11.25	\$ 133.29	1,013	\$ 188.07	\$ 499.60	4,517
	Laboratory/Radiology	\$ 1.98	\$ 1.90	12,504	\$ 2.04	\$ 2.65	9,220	\$ 56.57	\$ 13.29	51,071	\$ 45.57	\$ 8.79	62,213	\$ 1.78	\$ 3.72	5,724	\$ 10.56	\$ 7.36	17,217
	Nursing Facility	\$ 6,180.54	\$ 225.29	329,200	\$ 1.57	\$ 63.79	295	\$ 6,028.56	\$ 230.67	313,613	\$ 0.18	\$ 198.83	11	\$ 1.37	\$ 123.81	133	\$ 151.93	\$ 226.18	8,061
	Other Medical	\$ 0.88	\$ 1.00	10,484	\$ 2.78	\$ 3.21	10,381	\$ 29.83	\$ 34.05	10,514	\$ 104.83	\$ 62.09	20,261	\$ 2.73	\$ 5.68	5,776	\$ 21.75	\$ 28.45	9,174
	Outpatient	\$ 2.03	\$ 3.84	6,335	\$ 2.58	\$ 2.61	11,840	\$ 66.44	\$ 35.59	22,402	\$ 155.58	\$ 12.64	147,661	\$ 1.47	\$ 2.93	6,033	\$ 30.68	\$ 11.17	32,947
	Pharmacy	\$ 12.94	\$ 12.54	12,392	\$ 9.73	\$ 15.30	7,632	\$ 715.89	\$ 62.69	137,028	\$ 721.36	\$ 46.46	186,329	\$ 12.56	\$ 25.00	6,030	\$ 151.19	\$ 44.21	41,042
	Physician	\$ 5.10	\$ 0.95	64,237	\$ 5.20	\$ 1.74	35,864	\$ 151.08	\$ 20.40	88,879	\$ 139.51	\$ 33.46	50,035	\$ 3.42	\$ 2.36	17,388	\$ 30.54	\$ 13.38	27,386
Vision	\$ 0.03	\$ 0.37	856	\$ 0.09	\$ 3.81	283	\$ 1.18	\$ 36.13	392	\$ 2.26	\$ 34.81	780	\$ 0.12	\$ 6.97	202	\$ 0.52	\$ 18.96	329	
Medical Services Subtotal		\$ 6,342.15	N/A	N/A	\$ 85.93	N/A	N/A	\$ 8,951.79	N/A	N/A	\$ 2,297.80	N/A	N/A	\$ 48.03	N/A	N/A	\$ 655.19	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 6.23	\$ 43.10	1,734	\$ 0.46	\$ 34.56	159	\$ 5.12	\$ 46.92	1,309	\$ -	\$ -	-	\$ 1.80	\$ 44.97	480
	Employment	\$ -	\$ -	-	\$ 0.85	\$ 8.39	1,214	\$ -	\$ -	-	\$ 0.45	\$ 6.59	818	\$ 0.02	\$ 15.84	19	\$ 0.22	\$ 7.85	329
	Home Health/Therapies	\$ 4.54	\$ 11.02	4,943	\$ 48.19	\$ 11.51	50,244	\$ 7.31	\$ 10.80	8,127	\$ 92.09	\$ 11.03	100,149	\$ 0.03	\$ 12.71	25	\$ 23.63	\$ 11.16	25,398
	Other Waiver	\$ 0.15	\$ 149.00	12	\$ 27.56	\$ 2.22	148,728	\$ 0.52	\$ 53.06	118	\$ 18.02	\$ 1.50	144,390	\$ 0.00	\$ 57.95	0	\$ 7.09	\$ 1.82	46,846
	PDS/FMS	\$ 0.17	\$ 112.04	18	\$ 25.49	\$ 80.42	3,804	\$ 0.40	\$ 88.47	54	\$ 21.67	\$ 81.40	3,195	\$ -	\$ -	-	\$ 7.47	\$ 80.95	1,108
	Personal Assistance	\$ 31.08	\$ 4.75	78,541	\$ 2,783.41	\$ 4.40	7,585,656	\$ 52.21	\$ 4.55	137,745	\$ 2,599.17	\$ 4.45	7,015,135	\$ 0.06	\$ 4.88	144	\$ 858.93	\$ 4.43	2,328,191
	Residential Habilitation	\$ -	\$ -	-	\$ 6.52	\$ 85.54	915	\$ 1.58	\$ 247.67	77	\$ 1.17	\$ 198.53	70	\$ 0.48	\$ 19.78	290	\$ 1.44	\$ 52.54	330
	Respite	\$ 0.26	\$ 6.11	519	\$ 0.39	\$ 4.67	997	\$ -	\$ -	-	\$ 0.44	\$ 4.36	1,210	\$ -	\$ -	-	\$ 0.14	\$ 4.51	364
	Service Coordination	\$ 5.11	\$ 21.46	2,857	\$ 165.36	\$ 21.46	92,486	\$ 6.03	\$ 21.47	3,371	\$ 163.23	\$ 21.46	91,296	\$ 0.08	\$ 21.64	42	\$ 52.76	\$ 21.46	29,511
	Vendor Services	\$ 8.52	\$ 748.55	137	\$ 57.85	\$ 72.78	9,539	\$ 1.89	\$ 150.44	151	\$ 35.16	\$ 106.87	3,948	\$ 0.00	\$ 35.00	0	\$ 14.50	\$ 85.45	2,037
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.39	\$ 611.77	8	\$ -	\$ -	-	\$ 0.11	\$ 722.03	2	\$ -	\$ -	-	\$ 0.07	\$ 638.66	1
HCBS Waiver Services Subtotal		\$ 49.84	N/A	N/A	\$ 3,122.26	N/A	N/A	\$ 70.41	N/A	N/A	\$ 2,936.62	N/A	N/A	\$ 0.67	N/A	N/A	\$ 968.06	N/A	N/A
Total Services		\$ 6,391.99	N/A	N/A	\$ 3,208.19	N/A	N/A	\$ 9,022.19	N/A	N/A	\$ 5,234.43	N/A	N/A	\$ 48.69	N/A	N/A	\$ 1,623.24	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		52,270			163,961			4,321			20,903			346,374			587,828		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 1.54	\$ 79.71	231	\$ 1.66	\$ 140.84	141	\$ 36.10	\$ 136.15	3,182	\$ 25.34	\$ 77.22	3,938	\$ 0.17	\$ 63.86	33	\$ 1.87	\$ 92.39	243
	Dental	\$ 10.85	\$ 45.60	2,855	\$ 8.89	\$ 54.11	1,972	\$ 13.13	\$ 33.10	4,762	\$ 9.01	\$ 49.60	2,179	\$ 6.34	\$ 56.45	1,348	\$ 7.60	\$ 53.30	1,710
	DME/Supplies	\$ 9.08	\$ 0.69	156,825	\$ 55.46	\$ 0.70	953,175	\$ 20.35	\$ 6.80	35,887	\$ 84.01	\$ 1.70	592,706	\$ 8.12	\$ 0.72	136,307	\$ 24.20	\$ 0.76	381,469
	Emergency Room	\$ 0.09	\$ 1.76	605	\$ 0.09	\$ 1.55	687	\$ 9.52	\$ 110.79	1,031	\$ 20.84	\$ 122.40	2,043	\$ 0.20	\$ 5.44	451	\$ 0.96	\$ 19.56	592
	FQHC/RHC	\$ 0.04	\$ 88.23	5	\$ 1.50	\$ 76.47	235	\$ 1.12	\$ 127.67	106	\$ 10.08	\$ 151.86	796	\$ 2.11	\$ 80.31	316	\$ 2.03	\$ 86.76	281
	Home Health	\$ 0.01	\$ 9.76	6	\$ 0.06	\$ 13.42	54	\$ 9.30	\$ 82.97	1,345	\$ 45.61	\$ 74.51	7,345	\$ 0.11	\$ 34.90	37	\$ 1.77	\$ 68.84	309
	Hospice	\$ 1.60	\$ 82.73	232	\$ 0.39	\$ 111.71	41	\$ 41.92	\$ 196.98	2,554	\$ 20.87	\$ 177.94	1,407	\$ 0.02	\$ 61.97	4	\$ 1.31	\$ 152.33	103
	Inpatient	\$ 26.03	\$ 138.15	2,261	\$ 20.58	\$ 112.72	2,191	\$ 1,029.90	\$ 1,781.18	6,939	\$ 747.17	\$ 1,036.38	8,651	\$ 10.46	\$ 119.94	1,046	\$ 48.35	\$ 324.67	1,787
	Laboratory/Radiology	\$ 1.04	\$ 2.46	5,056	\$ 1.31	\$ 3.25	4,845	\$ 36.38	\$ 12.38	35,277	\$ 43.13	\$ 12.72	40,688	\$ 1.23	\$ 4.31	3,437	\$ 2.99	\$ 6.48	5,532
	Nursing Facility	\$ 4,979.97	\$ 175.73	340,074	\$ 13.67	\$ 138.39	1,186	\$ 5,840.53	\$ 207.57	337,655	\$ 13.70	\$ 204.32	805	\$ 8.00	\$ 157.81	609	\$ 494.77	\$ 177.55	33,439
	Other Medical	\$ 0.91	\$ 1.64	6,643	\$ 1.67	\$ 2.75	7,286	\$ 15.37	\$ 26.67	6,916	\$ 69.13	\$ 66.84	12,412	\$ 1.13	\$ 3.00	4,509	\$ 3.78	\$ 7.86	5,772
	Outpatient	\$ 0.43	\$ 1.63	3,181	\$ 0.93	\$ 3.36	3,321	\$ 48.87	\$ 57.18	10,255	\$ 93.01	\$ 17.54	63,634	\$ 0.99	\$ 6.90	1,725	\$ 4.55	\$ 11.96	4,564
	Pharmacy	\$ 5.00	\$ 5.14	11,679	\$ 7.00	\$ 7.90	10,641	\$ 467.54	\$ 47.39	118,390	\$ 616.58	\$ 56.77	130,324	\$ 6.44	\$ 13.96	5,535	\$ 31.56	\$ 29.65	12,773
	Physician	\$ 5.57	\$ 2.36	28,317	\$ 4.97	\$ 2.63	22,700	\$ 110.69	\$ 26.54	50,057	\$ 108.32	\$ 26.25	49,528	\$ 4.11	\$ 3.37	14,611	\$ 8.97	\$ 5.49	19,588
Vision	\$ 0.05	\$ 1.15	565	\$ 0.14	\$ 3.03	563	\$ 1.45	\$ 33.25	522	\$ 2.08	\$ 36.00	695	\$ 0.19	\$ 4.95	451	\$ 0.24	\$ 5.71	502	
Medical Services Subtotal		\$ 5,042.19	N/A	N/A	\$ 118.32	N/A	N/A	\$ 7,682.17	N/A	N/A	\$ 1,908.88	N/A	N/A	\$ 49.63	N/A	N/A	\$ 634.94	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.30	\$ 75.01	48	\$ 112.39	\$ 73.75	18,287	\$ -	\$ -	-	\$ 37.82	\$ 71.83	6,319	\$ -	\$ -	-	\$ 32.72	\$ 73.67	5,330
	Employment	\$ -	\$ -	-	\$ 0.04	\$ 6.53	76	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 6.53	21
	Home Health/Therapies	\$ 0.00	\$ 21.29	1	\$ 7.90	\$ 12.40	7,642	\$ 4.21	\$ 11.02	4,589	\$ 10.26	\$ 11.21	10,982	\$ -	\$ -	-	\$ 2.60	\$ 12.20	2,556
	Other Waiver	\$ 0.04	\$ 79.95	5	\$ 15.83	\$ 18.13	10,483	\$ -	\$ -	-	\$ 14.18	\$ 3.41	49,826	\$ -	\$ -	-	\$ 4.92	\$ 12.58	4,696
	PDS/FMS	\$ 0.06	\$ 78.96	9	\$ 13.16	\$ 82.18	1,922	\$ 0.15	\$ 79.04	22	\$ 18.54	\$ 80.24	2,773	\$ -	\$ -	-	\$ 4.34	\$ 81.87	636
	Personal Assistance	\$ 16.28	\$ 4.72	41,357	\$ 1,960.69	\$ 4.59	5,120,583	\$ 35.88	\$ 4.67	92,302	\$ 2,057.95	\$ 4.46	5,536,241	\$ 0.07	\$ 4.88	177	\$ 621.82	\$ 4.58	1,629,591
	Residential Habilitation	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 157.71	3	\$ 0.02	\$ 157.71	2
	Respite	\$ 0.35	\$ 213.24	20	\$ 3.35	\$ 15.62	2,570	\$ -	\$ -	-	\$ 0.69	\$ 13.15	632	\$ -	\$ -	-	\$ 0.99	\$ 16.02	741
	Service Coordination	\$ 1.43	\$ 21.47	799	\$ 119.99	\$ 21.46	67,102	\$ 2.45	\$ 21.47	1,369	\$ 129.33	\$ 21.46	72,330	\$ 0.05	\$ 21.48	29	\$ 38.24	\$ 21.46	21,387
	Vendor Services	\$ 1.35	\$ 19.12	850	\$ 51.23	\$ 8.00	76,851	\$ 2.70	\$ 28.42	1,142	\$ 39.19	\$ 9.61	48,920	\$ 0.00	\$ 8.13	3	\$ 15.82	\$ 8.16	23,261
Waiver DME/Supplies	\$ 0.03	\$ 99.44	4	\$ 5.50	\$ 185.79	355	\$ 0.06	\$ 259.00	3	\$ 1.60	\$ 151.98	126	\$ 0.00	\$ 110.00	0	\$ 1.59	\$ 184.06	104	
HCBS Waiver Services Subtotal		\$ 19.85	N/A	N/A	\$ 2,290.08	N/A	N/A	\$ 45.46	N/A	N/A	\$ 2,309.56	N/A	N/A	\$ 0.16	N/A	N/A	\$ 723.08	N/A	N/A
Total Services		\$ 5,062.04	N/A	N/A	\$ 2,408.40	N/A	N/A	\$ 7,727.63	N/A	N/A	\$ 4,218.44	N/A	N/A	\$ 49.79	N/A	N/A	\$ 1,358.03	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		3,748			57,184			5,071			78,230			223,923			368,157		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.98	\$ 53.65	218	\$ 0.78	\$ 100.37	93	\$ 45.01	\$ 133.20	4,055	\$ 22.91	\$ 53.14	5,173	\$ 0.21	\$ 38.72	64	\$ 5.74	\$ 56.93	1,211
	Dental	\$ 11.27	\$ 39.21	3,450	\$ 7.25	\$ 59.05	1,473	\$ 14.19	\$ 24.17	7,046	\$ 16.48	\$ 50.27	3,934	\$ 6.65	\$ 51.27	1,558	\$ 8.99	\$ 50.29	2,144
	DME/Supplies	\$ 79.51	\$ 3.22	296,605	\$ 20.75	\$ 0.78	317,490	\$ 57.78	\$ 10.82	64,094	\$ 118.00	\$ 2.22	636,590	\$ 2.61	\$ 0.85	37,058	\$ 31.49	\$ 1.79	211,025
	Emergency Room	\$ 0.11	\$ 1.01	1,292	\$ 0.39	\$ 3.78	1,228	\$ 20.00	\$ 113.35	2,117	\$ 49.00	\$ 134.50	4,372	\$ 1.08	\$ 11.54	1,127	\$ 11.41	\$ 74.09	1,848
	FQHC/RHC	\$ 0.62	\$ 99.88	75	\$ 3.17	\$ 89.26	426	\$ 1.85	\$ 169.54	131	\$ 6.20	\$ 90.67	820	\$ 2.95	\$ 81.60	434	\$ 3.64	\$ 86.06	507
	Home Health	\$ -	\$ -	26	\$ 0.17	\$ 55.99	36	\$ 9.15	\$ 89.11	1,232	\$ 61.74	\$ 68.05	10,887	\$ 0.22	\$ 43.84	61	\$ 13.41	\$ 67.78	2,373
	Hospice	\$ 0.06	\$ 1.64	444	\$ 0.00	\$ 1.43	8	\$ 52.19	\$ 185.25	3,381	\$ 5.93	\$ 183.94	387	\$ 0.00	\$ 0.06	1	\$ 1.98	\$ 176.16	135
	Inpatient	\$ 82.16	\$ 157.22	6,271	\$ 20.77	\$ 106.81	2,333	\$ 1,754.93	\$ 1,831.73	11,497	\$ 730.48	\$ 365.72	23,968	\$ 13.08	\$ 130.74	1,200	\$ 191.41	\$ 358.46	6,408
	Laboratory/Radiology	\$ 1.91	\$ 2.03	11,325	\$ 2.27	\$ 3.09	8,811	\$ 58.66	\$ 13.52	52,052	\$ 44.24	\$ 7.58	70,075	\$ 2.12	\$ 4.45	5,724	\$ 11.87	\$ 6.92	20,572
	Nursing Facility	\$ 6,149.65	\$ 223.29	330,500	\$ 2.06	\$ 63.76	389	\$ 5,998.94	\$ 227.59	316,307	\$ 1.42	\$ 249.13	68	\$ 1.06	\$ 126.87	100	\$ 146.50	\$ 223.75	7,857
	Other Medical	\$ 2.78	\$ 2.88	11,607	\$ 3.36	\$ 3.74	10,777	\$ 19.59	\$ 24.81	9,477	\$ 94.73	\$ 47.34	24,011	\$ 3.59	\$ 6.66	6,478	\$ 23.14	\$ 25.32	10,965
	Outpatient	\$ 1.11	\$ 1.59	8,346	\$ 2.46	\$ 3.27	9,032	\$ 99.80	\$ 9.20	130,108	\$ 204.88	\$ 30.24	81,293	\$ 3.27	\$ 8.73	4,493	\$ 47.29	\$ 24.37	23,267
	Pharmacy	\$ 8.37	\$ 7.00	14,352	\$ 13.43	\$ 23.71	6,798	\$ 820.77	\$ 77.37	127,301	\$ 807.68	\$ 48.44	200,080	\$ 14.64	\$ 24.06	7,302	\$ 194.01	\$ 46.64	49,912
	Physician	\$ 4.22	\$ 0.89	56,740	\$ 5.78	\$ 1.99	34,907	\$ 164.49	\$ 22.93	86,072	\$ 155.25	\$ 40.52	45,971	\$ 4.48	\$ 3.10	17,371	\$ 38.92	\$ 16.97	27,519
Vision	\$ 0.02	\$ 0.27	927	\$ 0.09	\$ 3.87	287	\$ 1.32	\$ 38.12	414	\$ 2.52	\$ 34.72	873	\$ 0.13	\$ 7.63	210	\$ 0.65	\$ 20.94	373	
Medical Services Subtotal		\$ 6,342.77	N/A	N/A	\$ 82.72	N/A	N/A	\$ 9,118.65	N/A	N/A	\$ 2,321.45	N/A	N/A	\$ 56.10	N/A	N/A	\$ 730.44	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 1.25	\$ 34.56	436	\$ 6.55	\$ 40.08	1,961	\$ 0.77	\$ 34.56	266	\$ 5.00	\$ 40.62	1,478	\$ 0.00	\$ 2.57	2	\$ 2.10	\$ 40.22	628
	Employment	\$ -	\$ -	-	\$ 0.14	\$ 40.68	41	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 17.75	20	\$ 0.04	\$ 25.78	18
	Home Health/Therapies	\$ 24.48	\$ 11.37	25,842	\$ 62.87	\$ 11.41	66,126	\$ 10.48	\$ 11.17	11,253	\$ 96.14	\$ 11.03	104,570	\$ -	\$ -	-	\$ 30.59	\$ 11.15	32,909
	Other Waiver	\$ 0.80	\$ 21.92	436	\$ 25.87	\$ 34.48	9,002	\$ 1.14	\$ 33.27	410	\$ 16.42	\$ 70.52	2,794	\$ 0.00	\$ 135.00	0	\$ 7.53	\$ 45.14	2,002
	PDS/FMS	\$ 0.15	\$ 79.04	22	\$ 20.85	\$ 80.08	3,124	\$ 0.09	\$ 79.04	14	\$ 16.95	\$ 80.74	2,519	\$ 0.00	\$ 44.73	0	\$ 6.84	\$ 80.42	1,021
	Personal Assistance	\$ 83.07	\$ 4.80	207,523	\$ 3,208.90	\$ 4.57	8,427,138	\$ 82.47	\$ 4.79	206,558	\$ 3,018.49	\$ 4.62	7,846,446	\$ 0.31	\$ 4.67	797	\$ 1,142.00	\$ 4.60	2,981,689
	Residential Habilitation	\$ 5.55	\$ 98.45	676	\$ 6.11	\$ 44.39	1,650	\$ 3.91	\$ 12.00	3,909	\$ 0.17	\$ 18.53	108	\$ 0.31	\$ 23.65	155	\$ 1.28	\$ 35.36	434
	Respite	\$ -	\$ -	-	\$ 0.42	\$ 4.76	1,052	\$ -	\$ -	-	\$ 0.18	\$ 4.56	474	\$ -	\$ -	-	\$ 0.10	\$ 4.68	264
	Service Coordination	\$ 7.12	\$ 21.43	3,985	\$ 168.47	\$ 21.45	94,229	\$ 8.82	\$ 21.47	4,927	\$ 169.07	\$ 21.46	94,561	\$ 0.08	\$ 21.12	44	\$ 62.33	\$ 21.45	34,865
	Vendor Services	\$ 8.40	\$ 401.72	251	\$ 35.42	\$ 82.33	5,163	\$ 4.87	\$ 279.47	209	\$ 27.20	\$ 71.69	4,552	\$ 0.06	\$ 3,311.54	0	\$ 11.47	\$ 77.55	1,775
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.52	\$ 993.37	6	\$ -	\$ -	-	\$ 0.04	\$ 215.52	2	\$ -	\$ -	-	\$ 0.09	\$ 734.27	1
HCBS Waiver Services Subtotal		\$ 130.81	N/A	N/A	\$ 3,536.12	N/A	N/A	\$ 112.54	N/A	N/A	\$ 3,349.67	N/A	N/A	\$ 0.78	N/A	N/A	\$ 1,264.38	N/A	N/A
Total Services		\$ 6,473.58	N/A	N/A	\$ 3,618.84	N/A	N/A	\$ 9,231.19	N/A	N/A	\$ 5,671.12	N/A	N/A	\$ 56.89	N/A	N/A	\$ 1,994.82	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		52,687			178,997			4,777			24,264			361,547			622,272		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 2.05	\$ 123.91	199	\$ 1.95	\$ 164.37	142	\$ 42.14	\$ 142.00	3,561	\$ 20.31	\$ 72.09	3,381	\$ 0.16	\$ 71.24	27	\$ 1.94	\$ 100.22	233
	Dental	\$ 10.47	\$ 46.34	2,711	\$ 7.78	\$ 61.67	1,513	\$ 12.64	\$ 31.16	4,869	\$ 9.83	\$ 51.46	2,292	\$ 6.03	\$ 61.16	1,183	\$ 7.11	\$ 57.66	1,479
	DME/Supplies	\$ 10.35	\$ 1.07	115,822	\$ 56.18	\$ 0.70	961,962	\$ 12.70	\$ 4.33	35,232	\$ 71.17	\$ 1.77	482,326	\$ 7.94	\$ 0.71	134,878	\$ 24.52	\$ 0.77	383,959
	Emergency Room	\$ 0.11	\$ 2.64	513	\$ 0.09	\$ 1.68	644	\$ 13.01	\$ 111.60	1,399	\$ 22.96	\$ 124.75	2,208	\$ 0.23	\$ 5.94	474	\$ 1.17	\$ 23.30	601
	FQHC/RHC	\$ 0.12	\$ 115.16	12	\$ 1.67	\$ 63.86	313	\$ 0.57	\$ 126.37	54	\$ 11.27	\$ 129.55	1,043	\$ 2.18	\$ 66.99	390	\$ 2.20	\$ 73.51	359
	Home Health	\$ -	\$ -	3	\$ 0.11	\$ 29.56	44	\$ 6.21	\$ 92.24	808	\$ 42.80	\$ 73.68	6,970	\$ 0.11	\$ 45.46	30	\$ 1.81	\$ 70.57	308
	Hospice	\$ 0.30	\$ 29.11	123	\$ 0.17	\$ 94.60	22	\$ 103.23	\$ 181.00	6,844	\$ 24.46	\$ 175.83	1,670	\$ 0.07	\$ 112.37	7	\$ 1.86	\$ 161.20	138
	Inpatient	\$ 20.84	\$ 124.26	2,012	\$ 19.36	\$ 116.29	1,998	\$ 1,146.83	\$ 2,117.87	6,498	\$ 716.20	\$ 784.59	10,954	\$ 10.28	\$ 118.47	1,042	\$ 50.04	\$ 328.62	1,827
	Laboratory/Radiology	\$ 0.99	\$ 2.74	4,332	\$ 1.50	\$ 3.67	4,915	\$ 40.41	\$ 12.48	38,842	\$ 42.48	\$ 11.06	46,081	\$ 1.38	\$ 5.41	3,067	\$ 3.29	\$ 6.97	5,658
	Nursing Facility	\$ 5,053.68	\$ 177.69	341,288	\$ 8.54	\$ 124.06	826	\$ 5,751.09	\$ 207.52	332,560	\$ 10.45	\$ 187.97	667	\$ 6.32	\$ 144.74	524	\$ 478.57	\$ 179.37	32,017
	Other Medical	\$ 1.04	\$ 2.14	5,859	\$ 2.35	\$ 3.44	8,216	\$ 15.09	\$ 26.63	6,797	\$ 47.16	\$ 41.93	13,499	\$ 1.32	\$ 3.27	4,854	\$ 3.49	\$ 6.69	6,258
	Outpatient	\$ 0.39	\$ 1.87	2,506	\$ 1.88	\$ 6.69	3,363	\$ 73.38	\$ 11.43	77,005	\$ 118.95	\$ 26.02	54,863	\$ 1.25	\$ 7.65	1,965	\$ 6.50	\$ 15.44	5,052
	Pharmacy	\$ 5.84	\$ 4.88	14,352	\$ 7.12	\$ 8.18	10,452	\$ 592.99	\$ 62.10	114,590	\$ 729.26	\$ 62.78	139,399	\$ 5.84	\$ 13.18	5,321	\$ 38.93	\$ 34.28	13,628
	Physician	\$ 3.49	\$ 1.70	24,591	\$ 5.56	\$ 2.94	22,663	\$ 135.75	\$ 26.51	61,453	\$ 117.80	\$ 31.56	44,790	\$ 4.60	\$ 3.75	14,695	\$ 10.20	\$ 6.32	19,357
Vision	\$ 0.07	\$ 1.48	540	\$ 0.17	\$ 3.38	589	\$ 1.88	\$ 34.14	661	\$ 2.62	\$ 34.90	902	\$ 0.22	\$ 5.76	455	\$ 0.30	\$ 6.86	520	
Medical Services Subtotal		\$ 5,109.74	N/A	N/A	\$ 114.41	N/A	N/A	\$ 7,947.91	N/A	N/A	\$ 1,987.72	N/A	N/A	\$ 47.94	N/A	N/A	\$ 631.92	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.36	\$ 75.01	58	\$ 119.66	\$ 73.68	19,487	\$ -	\$ -	-	\$ 38.83	\$ 70.92	6,570	\$ 0.00	\$ 2.57	6	\$ 35.96	\$ 73.52	5,870
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.02	\$ 11.38	26	\$ 12.01	\$ 12.14	11,869	\$ -	\$ -	-	\$ 12.85	\$ 11.56	13,342	\$ -	\$ -	-	\$ 3.96	\$ 12.07	3,936
	Other Waiver	\$ 0.05	\$ 8.58	71	\$ 31.09	\$ 25.52	14,621	\$ -	\$ -	-	\$ 19.96	\$ 33.92	7,061	\$ 0.00	\$ 135.00	0	\$ 9.73	\$ 26.01	4,487
	PDS/FMS	\$ 0.06	\$ 79.04	10	\$ 12.06	\$ 82.41	1,757	\$ 0.02	\$ 79.04	3	\$ 15.45	\$ 79.56	2,330	\$ 0.00	\$ 79.04	0	\$ 4.08	\$ 81.97	597
	Personal Assistance	\$ 22.72	\$ 4.77	57,222	\$ 2,309.93	\$ 4.67	5,930,028	\$ 17.26	\$ 4.81	43,023	\$ 2,509.78	\$ 4.60	6,540,819	\$ 0.09	\$ 4.79	233	\$ 764.43	\$ 4.67	1,966,132
	Residential Habilitation	\$ 0.07	\$ 15.89	55	\$ 0.26	\$ 65.89	46	\$ -	\$ -	-	\$ 3.09	\$ 114.32	324	\$ -	\$ -	-	\$ 0.20	\$ 78.29	31
	Respite	\$ 0.13	\$ 11.06	136	\$ 3.53	\$ 12.52	3,387	\$ -	\$ -	-	\$ 0.74	\$ 11.20	797	\$ -	\$ -	-	\$ 1.06	\$ 12.46	1,017
	Service Coordination	\$ 1.51	\$ 21.42	846	\$ 119.68	\$ 21.45	66,938	\$ 2.22	\$ 21.47	1,241	\$ 134.85	\$ 21.44	75,476	\$ 0.07	\$ 21.47	40	\$ 39.87	\$ 21.45	22,302
	Vendor Services	\$ 0.92	\$ 25.11	438	\$ 55.42	\$ 9.26	71,796	\$ 1.05	\$ 19.83	632	\$ 39.24	\$ 11.97	39,339	\$ 0.00	\$ 21.93	2	\$ 17.56	\$ 9.48	22,230
	Waiver DME/Supplies	\$ 0.01	\$ 465.00	0	\$ 0.56	\$ 184.84	37	\$ -	\$ -	-	\$ 0.28	\$ 123.13	27	\$ -	\$ -	-	\$ 0.17	\$ 179.74	12
HCBS Waiver Services Subtotal		\$ 25.86	N/A	N/A	\$ 2,664.19	N/A	N/A	\$ 20.54	N/A	N/A	\$ 2,775.06	N/A	N/A	\$ 0.17	N/A	N/A	\$ 877.01	N/A	N/A
Total Services		\$ 5,135.60	N/A	N/A	\$ 2,778.61	N/A	N/A	\$ 7,968.46	N/A	N/A	\$ 4,762.78	N/A	N/A	\$ 48.11	N/A	N/A	\$ 1,508.93	N/A	N/A

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2015

CHC Eligible Population Group																			
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		7,116			15,348			5,825			9,535			135,724			173,547		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 2.84	\$ 112.14	304	\$ 0.87	\$ 56.63	184	\$ 41.61	\$ 147.82	3,378	\$ 32.85	\$ 31.60	12,472	\$ 0.42	\$ 54.82	91	\$ 3.72	\$ 49.68	899	
Dental	\$ 13.65	\$ 43.21	3,791	\$ 6.17	\$ 55.38	1,338	\$ 16.41	\$ 36.06	5,462	\$ 11.83	\$ 46.54	3,050	\$ 6.68	\$ 48.28	1,661	\$ 7.53	\$ 46.99	1,923	
DME/Supplies	\$ 20.28	\$ 0.70	347,420	\$ 26.04	\$ 0.75	414,831	\$ 35.77	\$ 9.97	43,030	\$ 245.17	\$ 3.34	880,257	\$ 3.03	\$ 0.86	42,069	\$ 20.17	\$ 1.81	133,637	
Emergency Room	\$ 0.15	\$ 1.55	1,129	\$ 0.25	\$ 1.82	1,612	\$ 16.15	\$ 142.02	1,365	\$ 41.76	\$ 134.82	3,717	\$ 0.81	\$ 7.27	1,345	\$ 3.50	\$ 28.19	1,490	
FQHC/RHC	\$ 0.04	\$ 87.44	5	\$ 1.35	\$ 133.36	121	\$ 0.67	\$ 134.26	60	\$ 0.28	\$ 63.04	53	\$ 1.34	\$ 119.11	135	\$ 1.20	\$ 119.22	121	
Home Health	\$ 0.22	\$ 68.89	39	\$ 0.66	\$ 62.71	127	\$ 12.08	\$ 105.77	1,371	\$ 72.73	\$ 67.04	13,018	\$ 0.35	\$ 61.89	69	\$ 4.75	\$ 68.81	828	
Hospice	\$ -	\$ -	24	\$ 0.00	\$ 1.05	24	\$ 80.24	\$ 190.45	5,055	\$ 2.12	\$ 174.29	146	\$ 0.03	\$ 87.68	4	\$ 2.83	\$ 184.91	184	
Inpatient	\$ 87.46	\$ 246.35	4,260	\$ 24.49	\$ 113.44	2,590	\$ 1,290.12	\$ 1,482.66	10,442	\$ 946.02	\$ 732.03	15,508	\$ 16.68	\$ 190.13	1,053	\$ 114.07	\$ 563.44	2,429	
Laboratory/Radiology	\$ 2.12	\$ 2.10	12,104	\$ 1.92	\$ 3.01	7,653	\$ 49.69	\$ 12.52	47,611	\$ 50.12	\$ 10.73	56,060	\$ 2.55	\$ 4.75	6,435	\$ 6.67	\$ 7.35	10,883	
Nursing Facility	\$ 4,837.17	\$ 175.12	331,456	\$ 4.29	\$ 51.74	995	\$ 6,051.36	\$ 221.76	327,458	\$ -	\$ -	-	\$ 1.11	\$ 87.52	152	\$ 402.70	\$ 194.94	24,789	
Other Medical	\$ 23.71	\$ 21.71	13,104	\$ 1.48	\$ 1.65	10,767	\$ 50.71	\$ 79.44	7,661	\$ 100.66	\$ 52.48	23,016	\$ 2.71	\$ 4.34	7,474	\$ 10.45	\$ 14.16	8,856	
Outpatient	\$ 2.02	\$ 4.06	5,977	\$ 1.32	\$ 2.72	5,810	\$ 37.31	\$ 41.46	10,798	\$ 103.01	\$ 12.52	98,736	\$ 2.17	\$ 4.73	5,498	\$ 8.81	\$ 9.74	10,845	
Pharmacy	\$ 10.96	\$ 17.39	7,565	\$ 6.78	\$ 28.99	2,809	\$ 632.68	\$ 61.40	123,643	\$ 776.52	\$ 64.43	144,624	\$ 13.99	\$ 25.71	6,531	\$ 75.89	\$ 51.27	17,762	
Physician	\$ 6.13	\$ 1.30	56,682	\$ 7.10	\$ 2.40	35,554	\$ 116.17	\$ 23.17	60,171	\$ 139.13	\$ 28.81	57,957	\$ 6.76	\$ 3.24	25,085	\$ 17.71	\$ 7.02	30,290	
Vision	\$ 0.08	\$ 1.31	695	\$ 0.06	\$ 2.77	259	\$ 2.78	\$ 35.33	946	\$ 1.50	\$ 34.09	528	\$ 0.10	\$ 5.98	198	\$ 0.26	\$ 11.76	267	
Medical Services Subtotal	\$ 5,006.81	N/A	N/A	\$ 82.77	N/A	N/A	\$ 8,433.75	N/A	N/A	\$ 2,523.69	N/A	N/A	\$ 58.72	N/A	N/A	\$ 680.27	N/A	N/A	
Day Habilitation and Adult Day	\$ 1.08	\$ 30.33	428	\$ 262.04	\$ 31.68	99,257	\$ -	\$ -	-	\$ 149.19	\$ 33.74	53,054	\$ 0.07	\$ 16.43	52	\$ 31.47	\$ 32.14	11,750	
Employment	\$ -	\$ -	-	\$ 49.73	\$ 9.87	60,453	\$ 0.24	\$ 3.09	927	\$ 35.58	\$ 7.82	54,614	\$ 0.04	\$ 2.29	221	\$ 6.39	\$ 8.97	8,551	
Home Health/Therapies	\$ 3.57	\$ 14.08	3,046	\$ 605.74	\$ 12.46	583,210	\$ 1.67	\$ 12.63	1,587	\$ 1,079.62	\$ 12.73	1,017,941	\$ 0.00	\$ 20.75	1	\$ 113.09	\$ 12.60	107,681	
Other Waiver	\$ 0.34	\$ 19.18	211	\$ 235.65	\$ 13.38	211,323	\$ 0.27	\$ 36.13	89	\$ 160.72	\$ 14.53	132,748	\$ 0.02	\$ 17.24	17	\$ 29.71	\$ 13.71	26,006	
PDS/FMS	\$ 0.04	\$ 79.04	7	\$ 21.63	\$ 80.73	3,215	\$ 0.04	\$ 79.04	6	\$ 20.21	\$ 81.73	2,967	\$ -	\$ -	-	\$ 3.03	\$ 81.09	448	
Personal Assistance	\$ 35.79	\$ 4.79	89,607	\$ 2,592.11	\$ 4.39	7,090,804	\$ 20.21	\$ 4.68	51,854	\$ 2,687.55	\$ 4.41	7,306,746	\$ 0.00	\$ 4.88	4	\$ 379.03	\$ 4.40	1,033,927	
Residential Habilitation	\$ 7.09	\$ 34.35	2,478	\$ 730.64	\$ 72.42	121,064	\$ 0.12	\$ 7.21	198	\$ 386.60	\$ 77.99	59,481	\$ 0.50	\$ 35.47	169	\$ 86.54	\$ 73.06	14,214	
Respite	\$ -	\$ -	-	\$ 3.40	\$ 4.18	9,758	\$ -	\$ -	-	\$ 4.75	\$ 4.29	13,284	\$ 0.04	\$ 56.29	8	\$ 0.59	\$ 4.44	1,599	
Service Coordination	\$ 6.00	\$ 21.31	3,380	\$ 181.70	\$ 21.46	101,619	\$ 2.63	\$ 20.65	1,527	\$ 186.76	\$ 21.44	104,509	\$ 0.13	\$ 21.37	73	\$ 26.77	\$ 21.45	14,976	
Vendor Services	\$ 6.69	\$ 560.14	143	\$ 69.49	\$ 182.00	4,581	\$ 2.53	\$ 490.94	62	\$ 70.25	\$ 239.64	3,518	\$ 0.02	\$ 4.74	51	\$ 10.38	\$ 192.69	646	
Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.41	\$ 165.65	30	\$ -	\$ -	-	\$ 0.76	\$ 555.90	16	\$ -	\$ -	-	\$ 0.08	\$ 265.12	4	
HCBS Waiver Services Subtotal	\$ 60.61	N/A	N/A	\$ 4,752.53	N/A	N/A	\$ 27.70	N/A	N/A	\$ 4,781.98	N/A	N/A	\$ 0.83	N/A	N/A	\$ 687.08	N/A	N/A	
Total Services	\$ 5,067.42	N/A	N/A	\$ 4,835.30	N/A	N/A	\$ 8,461.45	N/A	N/A	\$ 7,305.67	N/A	N/A	\$ 59.55	N/A	N/A	\$ 1,367.35	N/A	N/A	

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2015

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		104,821			36,003			4,772			2,548			146,126			294,270		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.42	\$ 38.88	129	\$ 2.39	\$ 131.79	217	\$ 30.08	\$ 146.69	2,461	\$ 24.07	\$ 29.60	9,757	\$ 0.18	\$ 42.83	51	\$ 1.23	\$ 66.28	222
	Dental	\$ 8.20	\$ 35.55	2,769	\$ 7.27	\$ 52.01	1,677	\$ 10.99	\$ 22.26	5,923	\$ 8.90	\$ 46.61	2,292	\$ 5.80	\$ 51.54	1,351	\$ 6.95	\$ 42.15	1,978
	DME/Supplies	\$ 4.69	\$ 0.71	79,476	\$ 66.32	\$ 0.68	1,163,900	\$ 12.18	\$ 4.42	33,082	\$ 78.01	\$ 1.31	713,287	\$ 8.30	\$ 0.73	136,961	\$ 14.78	\$ 0.72	245,433
	Emergency Room	\$ 0.05	\$ 1.65	328	\$ 0.11	\$ 1.62	818	\$ 8.77	\$ 140.31	750	\$ 24.18	\$ 138.30	2,098	\$ 0.12	\$ 2.72	544	\$ 0.44	\$ 10.25	518
	FQHC/RHC	\$ 0.01	\$ 71.64	1	\$ 0.33	\$ 124.37	32	\$ 0.37	\$ 159.84	28	\$ 4.90	\$ 86.52	679	\$ 0.61	\$ 106.31	69	\$ 0.40	\$ 105.44	45
	Home Health	\$ 0.02	\$ 50.51	5	\$ 0.02	\$ 6.51	43	\$ 6.72	\$ 84.06	959	\$ 46.96	\$ 89.96	6,264	\$ 0.04	\$ 19.34	26	\$ 0.55	\$ 73.11	90
	Hospice	\$ 0.24	\$ 23.37	123	\$ 1.22	\$ 146.82	99	\$ 123.41	\$ 177.14	8,360	\$ 20.29	\$ 170.50	1,428	\$ 0.00	\$ 0.22	11	\$ 2.41	\$ 138.29	209
	Inpatient	\$ 20.33	\$ 155.75	1,566	\$ 24.84	\$ 127.61	2,336	\$ 1,106.85	\$ 2,078.41	6,391	\$ 662.04	\$ 1,051.62	7,555	\$ 11.03	\$ 128.58	1,030	\$ 39.44	\$ 310.52	1,524
	Laboratory/Radiology	\$ 0.69	\$ 2.34	3,558	\$ 1.37	\$ 3.28	5,036	\$ 38.27	\$ 13.00	35,316	\$ 49.28	\$ 14.91	39,653	\$ 1.43	\$ 3.86	4,435	\$ 2.17	\$ 5.21	5,002
	Nursing Facility	\$ 4,769.27	\$ 166.74	343,245	\$ 18.98	\$ 139.34	1,635	\$ 5,646.27	\$ 198.43	341,461	\$ 12.94	\$ 192.85	805	\$ 11.81	\$ 156.20	908	\$ 1,798.70	\$ 168.02	128,461
	Other Medical	\$ 1.71	\$ 4.55	4,524	\$ 1.54	\$ 2.24	8,260	\$ 17.47	\$ 35.61	5,885	\$ 64.66	\$ 65.48	11,850	\$ 2.54	\$ 4.62	6,608	\$ 2.91	\$ 5.71	6,102
	Outpatient	\$ 0.24	\$ 1.97	1,445	\$ 0.64	\$ 2.82	2,717	\$ 35.36	\$ 27.26	15,561	\$ 77.66	\$ 25.63	36,356	\$ 1.08	\$ 6.88	1,876	\$ 1.94	\$ 9.93	2,346
	Pharmacy	\$ 4.03	\$ 5.18	9,323	\$ 4.84	\$ 8.01	7,244	\$ 446.70	\$ 51.17	104,754	\$ 581.29	\$ 55.60	125,448	\$ 4.90	\$ 13.83	4,252	\$ 16.74	\$ 22.06	9,103
	Physician	\$ 3.04	\$ 2.41	15,128	\$ 6.15	\$ 2.93	25,174	\$ 101.30	\$ 25.94	46,868	\$ 78.47	\$ 21.68	43,432	\$ 6.17	\$ 3.22	23,024	\$ 7.22	\$ 4.12	21,038
	Vision	\$ 0.05	\$ 1.36	477	\$ 0.13	\$ 3.12	486	\$ 2.70	\$ 34.70	933	\$ 1.73	\$ 36.46	571	\$ 0.19	\$ 4.51	512	\$ 0.19	\$ 4.50	504
Medical Services Subtotal		\$ 4,812.99	N/A	N/A	\$ 136.14	N/A	N/A	\$ 7,587.42	N/A	N/A	\$ 1,735.38	N/A	N/A	\$ 54.22	N/A	N/A	\$ 1,896.05	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.26	\$ 74.26	42	\$ 149.25	\$ 68.07	26,310	\$ 0.08	\$ 75.01	13	\$ 128.78	\$ 58.90	26,239	\$ 0.01	\$ 4.51	37	\$ 19.48	\$ 67.16	3,480
	Employment	\$ -	\$ -	-	\$ 1.56	\$ 6.53	2,863	\$ -	\$ -	-	\$ 14.06	\$ 6.54	25,797	\$ -	\$ -	-	\$ 0.31	\$ 6.54	574
	Home Health/Therapies	\$ 0.16	\$ 11.20	173	\$ 47.75	\$ 12.56	45,631	\$ -	\$ -	-	\$ 32.37	\$ 12.18	31,883	\$ 0.00	\$ 16.55	0	\$ 6.18	\$ 12.53	5,921
	Other Waiver	\$ 0.04	\$ 13.41	33	\$ 15.36	\$ 9.63	19,140	\$ -	\$ -	-	\$ 31.31	\$ 17.99	20,883	\$ 0.00	\$ 17.93	3	\$ 2.17	\$ 10.25	2,536
	PDS/FMS	\$ 0.05	\$ 91.72	7	\$ 12.92	\$ 81.18	1,909	\$ 0.20	\$ 79.04	30	\$ 21.42	\$ 79.21	3,246	\$ 0.00	\$ 155.02	0	\$ 1.79	\$ 81.11	265
	Personal Assistance	\$ 6.75	\$ 4.61	17,551	\$ 2,340.62	\$ 4.59	6,123,837	\$ 14.58	\$ 4.12	42,474	\$ 2,406.93	\$ 4.40	6,565,337	\$ 0.20	\$ 4.80	499	\$ 309.95	\$ 4.57	813,266
	Residential Habilitation	\$ 0.29	\$ 39.68	87	\$ 33.68	\$ 98.27	4,113	\$ -	\$ -	-	\$ 127.38	\$ 71.38	21,414	\$ 0.51	\$ 232.13	27	\$ 5.58	\$ 91.40	733
	Respite	\$ 0.16	\$ 61.25	32	\$ 11.89	\$ 11.52	12,385	\$ -	\$ -	-	\$ 9.62	\$ 7.83	14,740	\$ -	\$ -	-	\$ 1.60	\$ 11.58	1,654
	Service Coordination	\$ 0.91	\$ 21.40	512	\$ 175.39	\$ 21.46	98,093	\$ 2.04	\$ 21.47	1,142	\$ 177.53	\$ 21.45	99,305	\$ 0.15	\$ 21.50	84	\$ 23.43	\$ 21.45	13,104
	Vendor Services	\$ 0.45	\$ 17.93	303	\$ 63.79	\$ 10.61	72,183	\$ 0.59	\$ 61.11	116	\$ 44.49	\$ 14.57	36,639	\$ 0.01	\$ 12.52	5	\$ 8.36	\$ 10.84	9,261
	Waiver DME/Supplies	\$ 0.06	\$ 132.96	5	\$ 10.41	\$ 107.52	1,161	\$ 0.03	\$ 160.00	3	\$ 3.90	\$ 101.29	462	\$ 0.00	\$ 12.00	0	\$ 1.33	\$ 107.67	148
HCBS Waiver Services Subtotal		\$ 9.13	N/A	N/A	\$ 2,862.62	N/A	N/A	\$ 17.52	N/A	N/A	\$ 2,997.80	N/A	N/A	\$ 0.89	N/A	N/A	\$ 380.17	N/A	N/A
Total Services		\$ 4,822.12	N/A	N/A	\$ 2,998.76	N/A	N/A	\$ 7,604.94	N/A	N/A	\$ 4,733.17	N/A	N/A	\$ 55.11	N/A	N/A	\$ 2,276.22	N/A	N/A

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		6,706			16,712			5,802			10,967			135,452			175,639		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.92	\$ 78.30	141	\$ 0.28	\$ 25.65	132	\$ 41.67	\$ 147.97	3,379	\$ 21.03	\$ 58.03	4,348	\$ 0.27	\$ 34.68	92	\$ 2.96	\$ 75.13	472
	Dental	\$ 10.16	\$ 30.81	3,958	\$ 6.61	\$ 54.79	1,449	\$ 16.50	\$ 30.35	6,522	\$ 12.23	\$ 49.75	2,951	\$ 7.30	\$ 50.75	1,727	\$ 7.96	\$ 47.27	2,020
	DME/Supplies	\$ 22.24	\$ 0.90	295,220	\$ 28.19	\$ 0.76	447,698	\$ 39.89	\$ 10.65	44,928	\$ 215.70	\$ 3.02	857,706	\$ 3.09	\$ 0.96	38,546	\$ 20.70	\$ 1.79	138,639
	Emergency Room	\$ 0.10	\$ 1.42	843	\$ 0.18	\$ 1.89	1,145	\$ 17.87	\$ 119.29	1,797	\$ 42.32	\$ 136.10	3,731	\$ 1.00	\$ 10.87	1,107	\$ 4.03	\$ 37.54	1,287
	FQHC/RHC	\$ 0.05	\$ 48.51	13	\$ 1.58	\$ 134.69	140	\$ 1.18	\$ 113.67	124	\$ 1.95	\$ 105.25	222	\$ 1.82	\$ 116.82	187	\$ 1.72	\$ 117.00	176
	Home Health	\$ 0.15	\$ 73.52	24	\$ 0.48	\$ 51.92	112	\$ 7.65	\$ 87.88	1,044	\$ 87.64	\$ 33.06	31,809	\$ 0.53	\$ 61.42	103	\$ 6.18	\$ 35.14	2,112
	Hospice	\$ 0.01	\$ 1.07	62	\$ 0.00	\$ 0.24	64	\$ 84.72	\$ 172.66	5,888	\$ 0.34	\$ 77.86	52	\$ -	\$ -	1	\$ 2.82	\$ 163.53	207
	Inpatient	\$ 68.44	\$ 235.68	3,485	\$ 20.58	\$ 126.55	1,952	\$ 1,673.44	\$ 2,114.57	9,497	\$ 692.34	\$ 666.54	12,465	\$ 16.82	\$ 161.52	1,250	\$ 116.05	\$ 586.47	2,375
	Laboratory/Radiology	\$ 1.92	\$ 1.89	12,229	\$ 2.81	\$ 3.75	9,009	\$ 52.91	\$ 13.49	47,049	\$ 45.26	\$ 9.24	58,787	\$ 3.05	\$ 5.30	6,899	\$ 7.26	\$ 7.34	11,870
	Nursing Facility	\$ 4,981.55	\$ 176.21	339,249	\$ 3.46	\$ 74.30	558	\$ 6,016.42	\$ 218.06	331,087	\$ 0.84	\$ 199.92	51	\$ 1.82	\$ 127.56	171	\$ 390.72	\$ 194.73	24,078
	Other Medical	\$ 23.64	\$ 21.50	13,195	\$ 1.98	\$ 1.98	12,012	\$ 50.75	\$ 85.63	7,113	\$ 97.32	\$ 51.92	22,495	\$ 2.58	\$ 4.04	7,673	\$ 10.84	\$ 14.13	9,204
	Outpatient	\$ 1.14	\$ 1.87	7,332	\$ 2.22	\$ 2.94	9,054	\$ 46.51	\$ 18.11	30,812	\$ 134.62	\$ 29.05	55,618	\$ 3.99	\$ 10.35	4,624	\$ 13.27	\$ 17.32	9,198
	Pharmacy	\$ 7.88	\$ 8.97	10,536	\$ 10.49	\$ 30.13	4,177	\$ 661.38	\$ 61.44	129,173	\$ 923.84	\$ 89.29	124,156	\$ 19.48	\$ 38.67	6,047	\$ 95.86	\$ 65.80	17,482
	Physician	\$ 9.08	\$ 2.16	50,482	\$ 6.99	\$ 2.32	36,197	\$ 148.63	\$ 21.42	83,276	\$ 114.93	\$ 25.59	53,887	\$ 7.90	\$ 3.83	24,773	\$ 19.19	\$ 7.53	30,592
Vision	\$ 0.04	\$ 0.55	759	\$ 0.06	\$ 3.05	245	\$ 2.49	\$ 36.56	817	\$ 1.71	\$ 35.09	585	\$ 0.13	\$ 7.08	224	\$ 0.30	\$ 12.41	289	
Medical Services Subtotal		\$ 5,127.32	N/A	N/A	\$ 85.92	N/A	N/A	\$ 8,861.98	N/A	N/A	\$ 2,392.08	N/A	N/A	\$ 69.79	N/A	N/A	\$ 699.86	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 2.34	\$ 30.87	909	\$ 266.90	\$ 31.71	101,003	\$ -	\$ -	-	\$ 150.67	\$ 32.35	55,896	\$ 0.04	\$ 4.62	92	\$ 34.92	\$ 31.73	13,206
	Employment	\$ -	\$ -	-	\$ 50.15	\$ 10.40	57,886	\$ -	\$ -	-	\$ 26.64	\$ 8.19	39,039	\$ 0.01	\$ 2.82	63	\$ 6.45	\$ 9.68	7,994
	Home Health/Therapies	\$ 7.36	\$ 12.20	7,236	\$ 625.06	\$ 12.33	608,407	\$ 6.01	\$ 11.02	6,546	\$ 1,160.59	\$ 12.93	1,077,133	\$ -	\$ -	-	\$ 132.43	\$ 12.65	125,643
	Other Waiver	\$ 0.22	\$ 33.76	79	\$ 245.20	\$ 15.64	188,172	\$ 0.14	\$ 102.00	17	\$ 154.56	\$ 15.77	117,609	\$ 0.01	\$ 20.83	4	\$ 33.00	\$ 15.68	25,255
	PDS/FMS	\$ 0.15	\$ 79.04	23	\$ 19.97	\$ 79.90	3,000	\$ 0.10	\$ 79.04	15	\$ 19.54	\$ 81.51	2,877	\$ -	\$ -	-	\$ 3.13	\$ 80.52	466
	Personal Assistance	\$ 35.04	\$ 4.76	88,312	\$ 2,986.00	\$ 4.51	7,949,265	\$ 24.64	\$ 4.75	62,283	\$ 3,013.18	\$ 4.51	8,010,846	\$ 0.24	\$ 4.88	591	\$ 474.61	\$ 4.51	1,262,488
	Residential Habilitation	\$ 6.22	\$ 19.96	3,737	\$ 742.95	\$ 69.83	127,666	\$ 1.90	\$ 8.68	2,630	\$ 348.27	\$ 76.15	54,880	\$ 0.29	\$ 14.77	235	\$ 92.96	\$ 69.79	15,985
	Respite	\$ 2.55	\$ 6.11	5,000	\$ 2.67	\$ 4.55	7,025	\$ -	\$ -	-	\$ 4.64	\$ 4.06	13,731	\$ 0.11	\$ 8.81	148	\$ 0.72	\$ 4.75	1,831
	Service Coordination	\$ 4.66	\$ 21.25	2,631	\$ 188.53	\$ 21.44	105,502	\$ 2.44	\$ 21.47	1,365	\$ 198.80	\$ 21.42	111,358	\$ 0.12	\$ 21.30	67	\$ 30.70	\$ 21.43	17,189
	Vendor Services	\$ 7.94	\$ 577.16	165	\$ 66.65	\$ 166.64	4,799	\$ 6.51	\$ 697.77	112	\$ 50.12	\$ 150.52	3,996	\$ -	\$ -	-	\$ 9.99	\$ 167.38	716
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.75	\$ 231.63	39	\$ -	\$ -	-	\$ 0.83	\$ 698.95	14	\$ -	\$ -	-	\$ 0.12	\$ 322.39	5
HCBS Waiver Services Subtotal		\$ 66.47	N/A	N/A	\$ 5,194.84	N/A	N/A	\$ 41.74	N/A	N/A	\$ 5,127.86	N/A	N/A	\$ 0.81	N/A	N/A	\$ 819.04	N/A	N/A
Total Services		\$ 5,193.79	N/A	N/A	\$ 5,280.76	N/A	N/A	\$ 8,903.73	N/A	N/A	\$ 7,519.93	N/A	N/A	\$ 70.60	N/A	N/A	\$ 1,518.90	N/A	N/A

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		105,729			39,648			4,723			3,182			154,379			307,661		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.37	\$ 46.03	96	\$ 1.51	\$ 84.27	214	\$ 27.12	\$ 145.73	2,233	\$ 29.38	\$ 26.62	13,246	\$ 0.12	\$ 25.39	55	\$ 1.10	\$ 50.83	260
	Dental	\$ 8.31	\$ 34.71	2,872	\$ 5.87	\$ 55.77	1,263	\$ 11.60	\$ 22.04	6,313	\$ 11.17	\$ 54.44	2,463	\$ 5.63	\$ 55.81	1,211	\$ 6.73	\$ 42.96	1,880
	DME/Supplies	\$ 4.13	\$ 0.85	58,317	\$ 66.02	\$ 0.69	1,153,427	\$ 17.43	\$ 13.12	15,941	\$ 88.35	\$ 1.28	828,524	\$ 7.19	\$ 0.73	117,616	\$ 14.72	\$ 0.75	236,514
	Emergency Room	\$ 0.05	\$ 2.04	285	\$ 0.12	\$ 2.20	638	\$ 8.01	\$ 122.09	788	\$ 26.13	\$ 145.01	2,162	\$ 0.19	\$ 4.95	452	\$ 0.52	\$ 14.10	442
	FQHC/RHC	\$ 0.01	\$ 57.87	3	\$ 0.53	\$ 89.86	71	\$ 0.40	\$ 121.88	39	\$ 4.77	\$ 115.93	494	\$ 0.86	\$ 90.85	114	\$ 0.56	\$ 92.32	73
	Home Health	\$ 0.00	\$ 4.52	2	\$ 0.08	\$ 21.53	45	\$ 5.54	\$ 97.01	685	\$ 52.94	\$ 79.23	8,017	\$ 0.21	\$ 58.35	44	\$ 0.75	\$ 73.80	122
	Hospice	\$ 0.67	\$ 46.26	173	\$ 1.05	\$ 105.74	119	\$ 81.01	\$ 163.67	5,940	\$ 14.86	\$ 154.79	1,152	\$ 0.07	\$ 113.41	8	\$ 1.80	\$ 118.78	182
	Inpatient	\$ 14.15	\$ 121.48	1,398	\$ 20.78	\$ 107.20	2,326	\$ 994.09	\$ 1,703.22	7,004	\$ 633.25	\$ 1,048.85	7,245	\$ 12.19	\$ 140.58	1,041	\$ 35.47	\$ 286.66	1,485
	Laboratory/Radiology	\$ 0.78	\$ 2.74	3,424	\$ 1.51	\$ 4.03	4,501	\$ 38.95	\$ 13.11	35,647	\$ 44.64	\$ 12.12	44,216	\$ 1.80	\$ 5.19	4,157	\$ 2.42	\$ 6.00	4,847
	Nursing Facility	\$ 4,812.62	\$ 166.38	347,108	\$ 12.16	\$ 136.42	1,070	\$ 5,594.91	\$ 195.80	342,904	\$ 18.68	\$ 204.17	1,098	\$ 5.87	\$ 149.66	470	\$ 1,744.47	\$ 167.56	124,934
	Other Medical	\$ 0.39	\$ 1.09	4,295	\$ 2.14	\$ 2.84	9,064	\$ 13.32	\$ 27.75	5,762	\$ 94.51	\$ 99.77	11,367	\$ 3.33	\$ 6.04	6,615	\$ 3.26	\$ 6.34	6,169
	Outpatient	\$ 0.23	\$ 1.87	1,506	\$ 0.90	\$ 3.88	2,782	\$ 35.27	\$ 10.26	41,271	\$ 134.01	\$ 23.12	69,561	\$ 1.70	\$ 9.52	2,143	\$ 2.98	\$ 10.81	3,304
	Pharmacy	\$ 3.96	\$ 3.68	12,918	\$ 5.36	\$ 8.41	7,643	\$ 553.80	\$ 58.72	113,168	\$ 588.93	\$ 43.39	162,885	\$ 7.50	\$ 21.65	4,157	\$ 20.41	\$ 22.40	10,932
	Physician	\$ 3.71	\$ 2.80	15,919	\$ 6.66	\$ 3.33	24,003	\$ 110.21	\$ 23.52	56,238	\$ 114.09	\$ 27.91	49,061	\$ 7.48	\$ 4.33	20,728	\$ 8.76	\$ 5.17	20,336
Vision	\$ 0.06	\$ 1.61	465	\$ 0.15	\$ 3.13	566	\$ 2.73	\$ 34.19	957	\$ 2.23	\$ 39.92	672	\$ 0.22	\$ 4.77	544	\$ 0.21	\$ 4.87	527	
Medical Services Subtotal		\$ 4,849.45	N/A	N/A	\$ 124.84	N/A	N/A	\$ 7,494.40	N/A	N/A	\$ 1,857.94	N/A	N/A	\$ 54.36	N/A	N/A	\$ 1,844.16	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.16	\$ 49.57	39	\$ 145.04	\$ 68.01	25,591	\$ 0.30	\$ 34.56	104	\$ 166.05	\$ 57.00	34,960	\$ 0.02	\$ 6.47	41	\$ 20.48	\$ 66.51	3,695
	Employment	\$ -	\$ -	-	\$ 0.82	\$ 6.54	1,504	\$ -	\$ -	-	\$ 22.81	\$ 6.54	41,847	\$ 0.00	\$ 2.06	6	\$ 0.34	\$ 6.52	629
	Home Health/Therapies	\$ 0.02	\$ 12.53	23	\$ 35.76	\$ 12.66	33,892	\$ 0.00	\$ 16.55	3	\$ 72.05	\$ 11.53	74,966	\$ 0.00	\$ 16.55	1	\$ 5.36	\$ 12.49	5,151
	Other Waiver	\$ 0.02	\$ 19.93	11	\$ 19.46	\$ 10.14	23,031	\$ 0.36	\$ 18.62	231	\$ 60.98	\$ 15.75	46,448	\$ 0.00	\$ 19.42	2	\$ 3.15	\$ 10.94	3,457
	PDS/FMS	\$ 0.02	\$ 79.04	3	\$ 12.36	\$ 81.00	1,831	\$ 0.02	\$ 79.04	3	\$ 17.84	\$ 80.73	2,652	\$ 0.01	\$ 163.06	0	\$ 1.79	\$ 81.02	265
	Personal Assistance	\$ 7.40	\$ 4.79	18,546	\$ 2,747.21	\$ 4.66	7,069,789	\$ 13.01	\$ 4.83	32,338	\$ 2,914.68	\$ 4.56	7,661,893	\$ 0.47	\$ 4.83	1,173	\$ 387.16	\$ 4.66	997,781
	Residential Habilitation	\$ 0.48	\$ 472.37	12	\$ 35.85	\$ 80.29	5,358	\$ 1.36	\$ 247.67	66	\$ 127.66	\$ 100.64	15,221	\$ 0.46	\$ 91.77	60	\$ 6.36	\$ 86.36	883
	Respite	\$ 0.04	\$ 234.87	2	\$ 12.01	\$ 7.63	18,894	\$ -	\$ -	-	\$ 6.77	\$ 5.10	15,951	\$ 0.01	\$ 3.76	22	\$ 1.64	\$ 7.52	2,612
	Service Coordination	\$ 0.83	\$ 21.40	464	\$ 176.26	\$ 21.45	98,602	\$ 1.23	\$ 21.47	690	\$ 173.06	\$ 21.41	96,979	\$ 0.15	\$ 21.50	85	\$ 24.88	\$ 21.45	13,922
	Vendor Services	\$ 0.28	\$ 13.41	247	\$ 70.40	\$ 11.67	72,410	\$ 0.78	\$ 26.88	347	\$ 55.09	\$ 19.80	33,392	\$ 0.00	\$ 9.49	4	\$ 9.75	\$ 11.98	9,769
	Waiver DME/Supplies	\$ 0.00	\$ 64.12	1	\$ 2.34	\$ 45.47	617	\$ -	\$ -	-	\$ 0.63	\$ 24.54	307	\$ 0.00	\$ 27.50	0	\$ 0.31	\$ 44.71	83
HCBS Waiver Services Subtotal		\$ 9.26	N/A	N/A	\$ 3,257.51	N/A	N/A	\$ 17.07	N/A	N/A	\$ 3,617.62	N/A	N/A	\$ 1.12	N/A	N/A	\$ 461.22	N/A	N/A
Total Services		\$ 4,858.71	N/A	N/A	\$ 3,382.35	N/A	N/A	\$ 7,511.47	N/A	N/A	\$ 5,475.56	N/A	N/A	\$ 55.48	N/A	N/A	\$ 2,305.37	N/A	N/A

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