

# Community HealthChoices

## Encounter Databook

Commonwealth of Pennsylvania

June 15, 2022



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## Section 1

# Introduction

### Overview

The Commonwealth of Pennsylvania (Commonwealth) Department of Human Services (DHS) and the Pennsylvania Department of Aging implemented Community HealthChoices (CHC), a managed long-term care program to advance the goal of increasing opportunities for older Pennsylvanians and individuals with physical disabilities to remain in their homes. CHC is a statewide mandatory program through which eligible participants receive medical assistance (MA) physical health (PH) benefits and long-term services and supports, including nursing facility (NF) services and home- and community-based services (HCBS).

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 Databook

The intent of this databook is to summarize historical Medicaid cost and utilization information for the CHC program as submitted by the CHC-managed care organizations (MCOs) through PROMISe™. The submitted CHC program encounter data reflects the covered populations and services as outlined in the agreement between DHS and the CHC-MCOs (Agreement).

The Medicaid encounter data in this databook dated June 15, 2022, will be the base data starting point for Calendar Year (CY) 2023 CHC capitation rate development. The historical CY 2019 (January 1, 2019 through December 31, 2019) fee-for-service (FFS) data and encounter data summarized in the FFS and encounter databooks dated June 17, 2021, will also be considered as historical data sources in the rate development process. The adjustments outlined in Section 5 will be applied to these data sets as necessary to develop the CHC Medicaid capitation rates.

### Content of this Databook

This databook contains cost and utilization encounter data from the CHC-MCOs participating in CHC (as listed in Table 1) for acute medical services, NF services, and HCBS. As CHC was implemented within all zones as of January 1, 2020, this databook summarizes statewide encounter data.

Due to the Coronavirus Disease 2019 (COVID-19) pandemic significantly impacting the first six months of the CY 2020 time period, State Fiscal Year (SFY) 2020–2021 (July 1, 2020 through June 30, 2021) was selected as the base data time period for CY 2023 rate development. As such, only SFY 2020–2021 data are summarized in the databook. Mercer and the Office of Long-Term Living (OLTL) recognize that the SFY 2020–2021 time period still contains impacts from the COVID-19 public health emergency (PHE) and will make necessary adjustments as described within Section 5 as part of the capitation rate development process.

**Table 1: SFY 2020–2021 CHC-MCOs**

<b>Southwest Zone, Lehigh/Capital Zone, Northeast Zone, Northwest Zone</b>
AmeriHealth Caritas Pennsylvania CHC (AHC)
PA Health & Wellness (PHW)
UPMC CHC (UPMC)
<b>Southeast Zone</b>
Keystone First CHC (KF)
PHW
UPMC

To create this databook, Mercer aggregated the CHC-MCOs' submitted encounter data by population group and category of service (COS), as further outlined below.

## Time Periods

The information in this databook is summarized for the following time period:

- CHC-MCO submitted PROMISe Encounter Data (based on date of service):
  - SFY 2020–2021 (July 1, 2020, through June 30, 2021) paid through December 31, 2021
- Member month (MM) information derived from OLTL capitation payment files (820 files):
  - SFY 2020–2021 (July 1, 2020, through June 30, 2021) as of December 31, 2021

## Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions were established consistent with the CY 2022 rate-setting approach to address cost differentials within those zones.

This databook contains information regarding the CHC eligible populations in the rating regions noted in Table 2.

**Table 2: Rating Regions**

<b>Rating Region</b>	<b>Counties Included</b>
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

Rating Region	Counties Included
Lehigh/Capital	Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, York
Northeast	Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming
Northwest	Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, Warren

## Caveats

This report covers historical encounter and eligibility data supplied by the Commonwealth for the CHC program and base data adjustments applied by Mercer for purposes of capitation rate development.

Documents included in this communication are this “CY23\_ENC\_PA\_CHC\_Databook” PDF document as well as the “CY23 ENC Databook Exhibits\_to\_PA.xlsx” Excel file of the Data Summaries outlined in Section 7 of this document.

This report is prepared on behalf of the Commonwealth and is intended to be relied upon by the Commonwealth. It should be read in its entirety and has been prepared under the direction of Tom Dahl, FSA, MAAA, Chris Fuller, ASA, MAAA, and Angela Ugstad, ASA, MAAA, who are members of the American Academy of Actuaries and meet the US Qualification Standard for issuing the statements of actuarial opinion herein. They are available at [tom.dahl@mercer.com](mailto:tom.dahl@mercer.com), [chris.fuller@mercer.com](mailto:chris.fuller@mercer.com), and [angela.ugstad@mercer.com](mailto:angela.ugstad@mercer.com) if this audience has questions.

To the best of Mercer’s knowledge, there are no conflicts of interest in performing this work.

The suppliers of data are solely responsible for its validity and completeness. Mercer has reviewed the data and information for internal consistency and reasonableness, but we did not audit it. All estimates are based upon the information and data available at a point in time and are subject to unforeseen and random events, and actual experience will vary from estimates.

Mercer expressly disclaims responsibility, liability, or both for any reliance on this communication by third parties or the consequences of any unauthorized use.

**Users of this databook are cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, written or implied, that this databook 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.**

## Section 2

# Covered Populations

### Population Groups

The Agreement outlines the individuals within the Commonwealth’s Medicaid program who are eligible for the CHC program. 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 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 3 illustrates the population groups summarized within this databook along with the corresponding capitation payment rate cells.

**Table 3: Population and Capitation Rate Cells**

Population Group <sup>1</sup>	Capitation Rate Cell
Dually Eligible Individuals Residing in a NF (FAC)	NFCE Duals
Dually Eligible Individuals Enrolled in the HCBS Waiver (WAV)	
Medicaid Only Individuals Residing in a NF (FAC)	NFCE Non-Duals
Medicaid Only Individuals Enrolled in the HCBS Waiver (WAV)	
Dually Eligible Individuals Not Residing in a NF or Enrolled in the HCBS Waiver	Nursing Facility Ineligible (NFI) Duals

For individuals temporarily residing in a NF while concurrently enrolled in the 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).

<sup>1</sup> Population groups and capitation rate cells are further delineated by age groupings (ages 21–59 and ages 60 and older) and rating region.

## Section 3

# Covered Services

The specific services covered by the CHC-MCOs are detailed in the Agreement. 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 was 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 4 includes the major service categories outlined in the databook summaries. Note that any service coordination encounters were excluded from this databook as consideration for those activities is included as part of the non-benefit load assumptions in CHC capitation rate development.

**Table 4: 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/Rural Health Clinic	Participant Directed Services/Financial Management Services
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Vendor Services
NF	Waiver DME/Supplies
Other Medical	
Outpatient	
Pharmacy	
Physician	
Vision	

DHS has separate agreements for behavioral health (BH) MCOs providing BH services to the CHC eligible population, as well as PH-MCOs providing acute medical services to other MA populations.

## Section 4

# Base Data and Adjustments Reflected in this Databook

The Commonwealth provided Mercer with historical Medicaid CHC encounter data and OLTL capitation payment information. This section provides additional detail on the encounter data utilized as well as a brief explanation of the adjustments applied to the data. The SFY 2020–2021 adjustments are reflected in the summaries shown in Section 7.

As part of the encounter data review and validation process, Mercer makes several adjustments to ensure the data is appropriate for use in rate setting. The following is a summary of the data criteria and adjustments applied to the SFY 2020–2021 encounter data:

- Data reflects both voided and adjusted encounters.
- Data only includes CHC-MCO encounter records that pass the required PROMISE edits.
- The final payment is net of these claim adjustments: recipient spend-down expenses, third-party liability recoveries, participant copayments, coinsurance and deductibles, and monthly payments made by Medicaid recipients (e.g., net available monthly income).
- Pharmacy encounters are gross of all market share and state supplemental rebates.
- Encounter data is allocated to COS according to the CHC Medical Service Group Hierarchy found in Appendix B(1) and Appendix B(2) of the financial reporting requirements package and exclude service coordination.
- Eligibility was attached to the encounter data based on capitation payment data provided by DHS. Attaching eligibility to the encounter data provided member demographic information, such as population group and rating region.
- Costs related to delivery of COVID-19 vaccines (and associated boosters) have been removed from the encounter data. This includes both the cost of the vaccine as well as the administration of the vaccine/boosters. Prospective consideration for the expected utilization and cost of providing these services will be evaluated based on DHS's final decision regarding the COVID-19 Vaccine Non-Risk Arrangement for CY 2023.

## Encounter to Financial Alignment

As part of the encounter validation efforts, Mercer analyzed comparisons between the CHC-MCOs' encounter data and the quarter-ending December 31, 2021 financial Report #4 (lag triangles) submissions to ensure the encounter data reflects the latest information regarding CHC-MCO expenses. Mercer worked with DHS and the CHC-MCOs to better understand the known drivers and issues causing the differences between the two data sources and identify where CY 2023 rate-setting adjustments may be necessary.



As a result, Mercer applied a financial alignment adjustment to the encounter base data to align the CHC-MCOs' submitted encounters to the CHC-MCOs' financial Report #4 (lag triangles) data. Additionally, to capture amounts not reflected within the submitted encounters, Mercer reviewed CHC-MCO subcapitation, settlement, and other purchasing arrangement amounts reported in Report #4 and included as applicable. The same incurred and paid (runout) periods are used for both sources of data (paid through December 31, 2021).

Tables 5a and 5b summarize the encounter to financial alignment adjustment made to the SFY 2020–2021 submitted encounter data by rating region and dual status of participants (as available within the Report #4 information) for each major COS. Additional detail specific to this adjustment is included in Appendix A.

**Table 5a: Encounter to Financial Alignment Adjustment**

COS		Southwest — Allegheny	Southwest — 13 Counties	Southeast — Philadelphia	Southeast — 4 Counties
NF	Dual	1.0214	1.0161	1.0363	1.0170
	Non-Dual	1.0469	1.0253	1.0653	1.0204
Pharmacy	Dual	1.0717	1.0921	0.9978	1.0028
	Non-Dual	1.0103	1.0223	1.0009	0.9972
Other Medical	Dual	1.1227	1.0839	1.1083	1.1290
	Non-Dual	1.1035	1.0329	1.0268	1.0312
Personal Assistance		1.0161	1.0261	1.0123	1.0128
Other HCBS Waiver		0.9554	0.9756	1.0442	0.9685
<b>Total</b>		<b>1.0260</b>	<b>1.0226</b>	<b>1.0189</b>	<b>1.0144</b>

**Table 5b: Encounter to Financial Alignment Adjustment**

COS		Lehigh/Capital	Northeast	Northwest	Statewide
NF	Dual	1.0285	1.0306	1.0328	1.0254
	Non-Dual	1.0154	1.0008	1.0328	1.0305
Pharmacy	Dual	1.0096	1.0623	1.0840	1.0342
	Non-Dual	0.9816	1.0220	0.9995	1.0017
Other Medical	Dual	1.0686	1.0811	1.0798	1.0972
	Non-Dual	1.0755	1.0509	1.0328	1.0395
Personal Assistance		1.0169	1.0218	1.0202	1.0149
Other HCBS Waiver		1.0041	1.0061	0.9667	1.0001
<b>Total</b>		<b>1.0236</b>	<b>1.0286</b>	<b>1.0258</b>	<b>1.0211</b>

## Completion Factors

This databook includes claims for dates of service from July 1, 2020 through June 30, 2021 and reflects payments through December 2021. Mercer performed an analysis of the CHC-MCOs' Report #4 (lag triangles) data covering the same incurred and paid time periods. Mercer used the Report #4 data to develop completion factors, shown in Table 6, that estimate incurred but not reported claims (those claims not yet adjudicated).

**Table 6: Completion Factors**

<b>COS</b>	<b>Dual Status</b>	<b>SFY 2020–2021</b>
NF	Dual	1.0028
	Non-Dual	1.0036
Pharmacy	Dual	1.0042
	Non-Dual	1.0006
Other Medical	Dual	1.0067
	Non-Dual	1.0090
Personal Assistance	N/A (Total)	1.0013
Other HCBS Waiver	N/A (Total)	1.0024
<b>Total</b>		<b>1.0024</b>

## Coordination of Benefits

A downward adjustment was applied to the pharmacy COS within the encounter base data for all NFCE Dual and NFI Dual rate cells to remove cost consideration for instances where drug costs within the historical experience should have been covered by Medicare Part B and/or Medicare Part D instead of being paid by Medicaid. As outlined in the Agreement, the CHC-MCOs are not responsible for these drug costs for dually eligible individuals.

To develop the adjustment, Mercer reviewed historical pharmacy encounter data along with Medicare Part B and Part D eligibility and drug list information. The adjustment varies by year, population group, and rating region due to the differing profile of Medicare-covered drug experience within each combination.

Tables 7a and 7b summarizes the percentage impact of this adjustment made to the pharmacy COS in the SFY 2020–2021 submitted encounter data.

**Table 7a: Coordination of Benefits**

Population Group	Southwest — Allegheny	Southwest — 13 Counties	Southeast — Philadelphia	Southeast — 4 Counties
NFCE Dual 21–59 — Nursing Facility (FAC)	-0.3%	-3.8%	-3.4%	-1.7%
NFCE Dual 21–59 — HCBS Waiver (WAV)	-3.8%	-6.1%	-8.9%	-20.8%
NFCE Dual 60+ — FAC	-3.9%	-2.5%	-4.6%	-6.0%
NFCE Dual 60+ — WAV	-3.6%	-3.3%	-6.7%	-5.1%
NFI Dual 21–59	-8.9%	-7.2%	-8.6%	-7.4%
NFI Dual 60+	-8.3%	-5.9%	-6.4%	-2.5%
<b>Total (Duals)</b>	<b>-7.0%</b>	<b>-5.9%</b>	<b>-7.2%</b>	<b>-7.0%</b>

**Table 7b: Coordination of Benefits**

Population Group	Lehigh/Capital	Northeast	Northwest	Statewide
NFCE Dual 21–59 — FAC	-2.7%	-0.2%	-10.3%	-2.9%
NFCE Dual 21–59 — WAV	-3.1%	-3.6%	-9.3%	-9.1%
NFCE Dual 60+ — FAC	-1.9%	-1.9%	-0.8%	-3.0%
NFCE Dual 60+ — WAV	-3.1%	-1.5%	-5.6%	-5.2%
NFI Dual 21–59	-8.9%	-4.6%	-7.1%	-7.6%
NFI Dual 60+	-3.6%	-2.7%	-7.7%	-5.0%
<b>Total (Duals)</b>	<b>-5.3%</b>	<b>-3.2%</b>	<b>-6.9%</b>	<b>-6.1%</b>

## Section 5

# Capitation Rate Development

Mercer will adjust the SFY 2020–2021 base data summarized in Section 7, in order to develop the CY 2023 CHC capitation rates. These adjustments are required by Centers for Medicare & Medicaid Services in determining actuarially sound rates for Medicaid managed care programs.

Mercer will also consider the historical time periods described in the encounter and FFS databooks dated June 17, 2021 as additional base data sources that reflect a pre-pandemic environment.

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 databook summaries in Section 7:

1. Mercer may make adjustments to reflect expectations for enhancements in care management and/or efficient delivery of services within the managed care delivery system.
2. Mercer may adjust data sources for programmatic changes. The Programmatic Changes Chart in Section 6 describes the programmatic changes considered in the previous capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2023 rate development process. Programmatic changes may reflect:
  - A. Those that occurred during the historical data time periods (CY 2019 and/or SFY 2020–2021) and are not fully reflected in the applicable data time periods.
  - B. Those that occurred after the historical time period.
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 historical CHC program financial reports and 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 will review and consider CHC program data from the CHC-MCO financial reports.
5. Mercer may make upward adjustments, as appropriate, to reflect expectations of the CHC-MCOs related to certain payments to NFs (e.g., Access to Care amounts from Appendix 4 within 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-MCOs' administrative and care management responsibilities under the Agreement. This will include consideration for underwriting gain, as well as any applicable taxes and fees.

8. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and NF populations that have occurred since the historical data time periods. An adjustment for prospective changes in the mix between NF and HCBS Waiver individuals may be made as well.

## Section 6

# Programmatic Changes Chart

Table 8 describes the programmatic changes previously considered in the capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2023 rate development process.

**Table 8: Programmatic Changes Chart**

Adjustment	Effective Date	Rate Cell	COS
Appendix 4 NF Access to Care Payments — funding for Medicaid NF services to ensure quality of, and enhance access for CHC enrollees.	January 1, 2018	NFCE Rate Cells	Total Capitation Rate
Change in Medicare Part B Deductible — adjustment to account for increase in Medicaid liability due to change in the Medicare Part B deductible, since Medicaid pays for these amounts for duals.	January 1, 2018	NFCE and NFI Duals	All Medical Services except: Dental, Hospice, Inpatient, NF, Pharmacy, and Vision
COVID-19 — adjustment to reflect the impact of the COVID-19 PHE, including consideration for testing and treatment costs, impact of canceled care, potential unwinding of the Maintenance of Eligibility requirement and acuity changes.	January 1, 2021	All Rate Cells	Total Capitation Rate
Emerging Experience Adjustment — adjustment to reflect emerging financial experience in cases where the experience differs materially from the assumptions included in rate development.	N/A	All Rate Cells	Total Capitation Rate
Home Accessibility Equipment — adjustment to account for the modified service definition of DME to include some home accessibility equipment.	April 1, 2020	All Rate Cells	DME/Supplies, Vendor Services
MCO Assessment — includes a factor of 1.0096 to account for differences between MMs and person counts.	January 1, 2018	All Rate Cells	Total Capitation Rate
Personal Assistance Agency Increase — adjustment to account for increase in the fee schedule rates for personal assistance agency services by 2%.	January 1, 2020	All Rate Cells	Personal Assistance

Adjustment	Effective Date	Rate Cell	COS
Personal Assistance Consumer Directed Unit Cost Increase — adjustment to increase the fee schedule rates for personal assistance consumer-directed services by \$0.28 per hour as well as by \$0.42 per hour for the overtime fee schedule rates.	January 1, 2020	All Rate Cells	Personal Assistance
Residential Habilitation Unit and Fee Change — Adjustment to account for the modified definition of a residential habilitation day unit to be based on a minimum of eight hours of support within the home, rather than the current 12-hour definition, and increasing the fee schedule rate for residential habilitation units to include consideration for a 3% Vacancy Factor.	January 1, 2020	All Rate Cells	Residential Habilitation
Statewide Preferred Drug List — consideration for loss of market-share rebates for the CHC-MCOs, impact on trend considerations, and evaluation of any impact from utilization transitions.	January 1, 2020	All Rate Cells	Pharmacy
Personal Assistance Payment Rate Provisions and Fee Increase — adjustment to account for CY 2022 CHC Agreement requiring CHC-MCOs pay for PAS at no less than approved OBRA waiver fee schedule reflecting 8% fee increase.	January 1, 2022	All Rate Cells	Personal Assistance

## Section 7

# Data Summaries

Data summaries for the SFY 2020–2021 historical time period is summarized by rating region, age group, population group, and COS. Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60 and older.
- **Time Period:** Tables are provided for the SFY 2020–2021 time period.
- **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.
- **MMs:** Number of total months that all individuals within the population group were eligible during the historical time period.
- **COS:** As outlined in Section 3, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month (PMPM) Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense for a given COS and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each COS; this is calculated by taking the total claims expense and dividing by the total 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	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		2,278			14,356			1,556			15,555			109,848			143,593		
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	\$ 4.80	\$ 27.90	2,065	\$ 1.04	\$ 29.67	421	\$ 57.58	\$ 197.07	3,506	\$ 24.38	\$ 215.89	1,355	\$ 0.30	\$ 26.24	137	\$ 3.68	\$ 120.91	365
	Dental	\$ 6.20	\$ 58.85	1,263	\$ 2.84	\$ 25.29	1,347	\$ 5.00	\$ 46.51	1,289	\$ 6.42	\$ 58.91	1,308	\$ 2.75	\$ 28.39	1,163	\$ 3.24	\$ 32.37	1,200
	DME/Supplies	\$ 17.14	\$ 0.98	210,600	\$ 47.20	\$ 0.95	599,293	\$ 99.46	\$ 26.35	45,295	\$ 173.73	\$ 2.80	744,572	\$ 4.98	\$ 1.42	42,006	\$ 28.70	\$ 1.95	176,540
	Emergency Room	\$ 1.03	\$ 7.50	1,645	\$ 0.84	\$ 5.04	1,994	\$ 25.46	\$ 90.27	3,385	\$ 24.48	\$ 86.01	3,416	\$ 0.98	\$ 7.41	1,592	\$ 3.78	\$ 24.52	1,850
	FQHC/RHC	\$ 0.06	\$ 131.01	6	\$ 0.71	\$ 84.73	101	\$ 1.72	\$ 185.88	111	\$ 6.12	\$ 179.96	408	\$ 0.49	\$ 81.28	73	\$ 1.13	\$ 121.92	111
	Home Health	\$ 0.66	\$ 89.41	89	\$ 0.69	\$ 8.80	941	\$ 25.02	\$ 84.86	3,537	\$ 78.16	\$ 63.67	14,730	\$ 1.05	\$ 39.29	322	\$ 9.62	\$ 58.45	1,976
	Hospice	\$ 0.07	\$ -	-	\$ 0.04	\$ 180.62	3	\$ 44.24	\$ 4,149.84	128	\$ 15.90	\$ 8,231.37	23	\$ 0.00	\$ 0.54	41	\$ 2.21	\$ 747.84	35
	Inpatient	\$ 71.58	\$ 54.28	15,826	\$ 49.87	\$ 65.85	9,089	\$ 1,681.42	\$ 1,111.13	18,159	\$ 544.11	\$ 318.53	20,498	\$ 20.47	\$ 62.47	3,932	\$ 98.94	\$ 180.30	6,585
	Laboratory/Radiology	\$ 9.54	\$ 3.66	31,310	\$ 6.33	\$ 2.57	29,561	\$ 151.82	\$ 24.00	75,916	\$ 72.78	\$ 21.17	41,247	\$ 4.70	\$ 3.52	16,034	\$ 13.91	\$ 7.94	21,009
	Nursing Facility	\$ 4,482.21	\$ 165.57	324,851	\$ 33.26	\$ 165.41	2,413	\$ 5,467.97	\$ 195.63	335,406	\$ 37.67	\$ 190.13	2,377	\$ 5.40	\$ 149.09	434	\$ 141.89	\$ 177.01	9,619
	Other Medical	\$ 3.55	\$ 1.97	21,625	\$ 4.11	\$ 1.84	26,880	\$ 34.21	\$ 16.76	24,490	\$ 33.23	\$ 19.33	20,633	\$ 2.52	\$ 2.20	13,747	\$ 6.37	\$ 4.76	16,048
	Outpatient	\$ 27.78	\$ 7.30	45,669	\$ 19.78	\$ 3.32	71,511	\$ 182.24	\$ 97.64	22,397	\$ 105.61	\$ 55.14	22,984	\$ 7.22	\$ 6.71	12,915	\$ 21.36	\$ 12.51	20,486
	Pharmacy	\$ 7.64	\$ 7.24	12,657	\$ 22.65	\$ 16.22	16,756	\$ 991.02	\$ 90.29	131,713	\$ 888.78	\$ 125.12	85,242	\$ 10.99	\$ 19.31	6,833	\$ 117.81	\$ 79.58	17,765
	Physician	\$ 23.47	\$ 3.74	75,204	\$ 9.76	\$ 2.93	39,969	\$ 291.05	\$ 33.10	105,512	\$ 102.16	\$ 38.12	32,160	\$ 7.30	\$ 3.77	23,238	\$ 21.15	\$ 9.20	27,593
Vision	\$ 0.52	\$ 14.45	429	\$ 0.73	\$ 12.43	705	\$ 2.85	\$ 36.48	937	\$ 3.28	\$ 35.29	1,116	\$ 0.70	\$ 17.99	464	\$ 1.00	\$ 21.30	563	
<b>Medical Services Subtotal</b>		<b>\$ 4,656.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 199.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,061.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,116.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 69.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 474.79</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 8.74	\$ 39.55	2,651	\$ -	\$ -	-	\$ 3.83	\$ 33.31	1,380	\$ -	\$ -	-	\$ 1.29	\$ 37.30	414
	Employment	\$ -	\$ -	-	\$ 0.03	\$ 8.48	48	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 8.48	5
	Home Health/Therapies	\$ -	\$ -	-	\$ 97.92	\$ 13.60	86,402	\$ -	\$ -	-	\$ 192.36	\$ 11.90	194,056	\$ -	\$ -	-	\$ 30.63	\$ 12.39	29,660
	Other Waiver	\$ 0.23	\$ 91.69	30	\$ 44.19	\$ 16.97	31,247	\$ 6.04	\$ 114.24	635	\$ 19.19	\$ 21.52	10,700	\$ 0.05	\$ 52.67	12	\$ 6.61	\$ 18.44	4,300
	PDS/FMS	\$ -	\$ -	-	\$ 0.00	\$ 38.64	1	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 38.64	0
	Personal Assistance	\$ 13.90	\$ 4.55	36,634	\$ 3,003.77	\$ 4.17	8,635,347	\$ -	\$ -	-	\$ 3,955.93	\$ 4.32	10,998,991	\$ 1.31	\$ 3.63	4,326	\$ 730.07	\$ 4.26	2,058,719
	Residential Habilitation	\$ 2.81	\$ 36.08	936	\$ 58.36	\$ 173.20	4,044	\$ -	\$ -	-	\$ 23.86	\$ 157.61	1,817	\$ -	\$ -	-	\$ 8.46	\$ 164.92	616
	Respite	\$ -	\$ -	-	\$ 0.08	\$ 4.15	234	\$ -	\$ -	-	\$ 0.10	\$ 4.29	266	\$ -	\$ -	-	\$ 0.02	\$ 4.23	52
	Vendor Services	\$ 15.12	\$ 157.70	1,151	\$ 92.25	\$ 8.18	135,311	\$ 12.59	\$ 60.49	2,498	\$ 82.63	\$ 8.47	117,084	\$ 0.10	\$ 6.68	175	\$ 18.62	\$ 8.47	26,390
	Waiver DME/Supplies	\$ 0.05	\$ 18.12	30	\$ 2.26	\$ 3.60	7,516	\$ -	\$ -	-	\$ 1.16	\$ 2.79	5,007	\$ -	\$ -	-	\$ 0.35	\$ 3.27	1,294
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 32.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,307.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 18.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,279.06</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 796.05</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,688.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,507.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,079.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,395.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 71.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,270.84</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		35,053			48,446			1,844			8,866			156,825			251,036		
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	\$ 2.09	\$ 26.11	961	\$ 1.54	\$ 31.72	582	\$ 34.97	\$ 162.56	2,581	\$ 26.06	\$ 232.11	1,347	\$ 0.31	\$ 27.01	138	\$ 1.96	\$ 58.92	399
	Dental	\$ 1.75	\$ 36.02	582	\$ 1.46	\$ 30.97	565	\$ 4.63	\$ 48.68	1,142	\$ 6.77	\$ 68.94	1,179	\$ 1.62	\$ 27.58	705	\$ 1.81	\$ 31.92	681
	DME/Supplies	\$ 7.65	\$ 2.91	31,562	\$ 49.35	\$ 0.73	812,700	\$ 36.08	\$ 10.85	39,892	\$ 108.34	\$ 2.08	624,747	\$ 6.91	\$ 1.02	81,573	\$ 19.00	\$ 0.97	234,565
	Emergency Room	\$ 0.32	\$ 6.55	579	\$ 0.55	\$ 4.93	1,347	\$ 15.04	\$ 90.77	1,989	\$ 22.05	\$ 80.49	3,287	\$ 0.43	\$ 5.75	890	\$ 1.31	\$ 15.26	1,028
	FQHC/RHC	\$ 0.02	\$ 64.25	5	\$ 0.98	\$ 82.99	142	\$ 0.33	\$ 182.69	22	\$ 11.04	\$ 176.57	750	\$ 0.54	\$ 70.57	93	\$ 0.92	\$ 98.68	112
	Home Health	\$ 0.09	\$ 26.93	42	\$ 0.51	\$ 12.20	498	\$ 11.71	\$ 60.17	2,335	\$ 61.74	\$ 73.12	10,133	\$ 0.36	\$ 16.62	258	\$ 2.60	\$ 48.90	638
	Hospice	\$ 0.75	\$ 688.07	13	\$ 1.89	\$ 1,324.61	17	\$ 44.34	\$ 1,857.05	267	\$ 28.24	\$ 4,658.38	73	\$ 0.40	\$ 1,323.17	4	\$ 2.04	\$ 2,031.05	12
	Inpatient	\$ 26.82	\$ 68.94	4,668	\$ 68.56	\$ 96.83	8,496	\$ 817.16	\$ 981.58	9,990	\$ 656.26	\$ 671.29	11,731	\$ 32.80	\$ 102.52	3,839	\$ 66.65	\$ 154.47	5,177
	Laboratory/Radiology	\$ 3.92	\$ 3.66	12,845	\$ 5.17	\$ 2.53	24,545	\$ 132.30	\$ 25.67	61,833	\$ 68.96	\$ 21.72	38,101	\$ 4.33	\$ 3.58	14,489	\$ 7.66	\$ 5.29	17,382
	Nursing Facility	\$ 4,671.13	\$ 164.37	341,019	\$ 63.56	\$ 159.33	4,787	\$ 5,641.90	\$ 189.99	356,343	\$ 45.75	\$ 180.13	3,048	\$ 29.31	\$ 157.53	2,233	\$ 725.89	\$ 165.41	52,662
	Other Medical	\$ 1.54	\$ 1.96	9,416	\$ 3.32	\$ 2.35	16,898	\$ 16.20	\$ 13.23	14,695	\$ 30.86	\$ 17.35	21,343	\$ 2.49	\$ 2.33	12,785	\$ 3.62	\$ 3.23	13,424
	Outpatient	\$ 5.74	\$ 15.40	4,471	\$ 11.28	\$ 7.31	18,522	\$ 163.33	\$ 32.92	59,536	\$ 125.80	\$ 110.66	13,642	\$ 4.17	\$ 7.40	6,764	\$ 11.23	\$ 14.42	9,343
	Pharmacy	\$ 4.96	\$ 4.48	13,301	\$ 15.41	\$ 13.19	14,019	\$ 518.90	\$ 54.21	114,856	\$ 662.26	\$ 88.82	89,474	\$ 8.71	\$ 15.92	6,564	\$ 36.31	\$ 34.40	12,667
	Physician	\$ 7.30	\$ 3.12	28,083	\$ 8.09	\$ 3.36	28,895	\$ 174.61	\$ 34.00	61,622	\$ 107.50	\$ 36.92	34,946	\$ 7.23	\$ 3.96	21,886	\$ 12.18	\$ 5.88	24,857
	Vision	\$ 0.33	\$ 12.93	302	\$ 0.70	\$ 13.03	644	\$ 2.25	\$ 36.12	747	\$ 3.24	\$ 34.93	1,112	\$ 0.78	\$ 14.09	668	\$ 0.80	\$ 15.29	629
<b>Medical Services Subtotal</b>		<b>\$ 4,734.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 232.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,613.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,964.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 100.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 893.97</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 2.85	\$ 54.09	632	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.55	\$ 54.09	122
	Employment	\$ -	\$ -	-	\$ 0.00	\$ 11.15	1	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 11.15	0
	Home Health/Therapies	\$ -	\$ -	-	\$ 28.76	\$ 12.83	26,899	\$ -	\$ -	-	\$ 9.51	\$ 10.57	10,798	\$ 0.00	\$ 11.02	1	\$ 5.89	\$ 12.67	5,573
	Other Waiver	\$ 4.41	\$ 189.35	280	\$ 9.44	\$ 25.60	4,427	\$ 1.78	\$ 29.45	723	\$ 23.99	\$ 113.64	2,533	\$ 0.16	\$ 46.40	40	\$ 3.40	\$ 40.22	1,013
	PDS/FMS	\$ -	\$ -	-	\$ 0.75	\$ 82.75	109	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.14	\$ 82.75	21
	Personal Assistance	\$ 5.04	\$ 3.96	15,266	\$ 3,383.47	\$ 4.35	9,333,195	\$ 12.43	\$ 4.47	33,364	\$ 4,431.75	\$ 4.38	12,131,015	\$ 9.49	\$ 3.87	29,470	\$ 816.22	\$ 4.35	2,250,419
	Residential Habilitation	\$ -	\$ -	-	\$ 3.09	\$ 261.92	141	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.60	\$ 261.92	27
	Respite	\$ -	\$ -	-	\$ 0.72	\$ 4.27	2,009	\$ -	\$ -	-	\$ 0.22	\$ 4.29	625	\$ 0.01	\$ 4.29	15	\$ 0.15	\$ 4.28	419
	Vendor Services	\$ 3.67	\$ 71.16	618	\$ 95.44	\$ 7.88	145,338	\$ 8.94	\$ 175.93	610	\$ 55.04	\$ 7.51	87,975	\$ 0.15	\$ 6.50	275	\$ 21.03	\$ 8.03	31,418
	Waiver DME/Supplies	\$ 0.02	\$ 13.87	17	\$ 3.40	\$ 5.62	7,254	\$ 0.02	\$ 7.92	25	\$ 1.67	\$ 2.78	7,220	\$ 0.00	\$ 0.18	212	\$ 0.72	\$ 4.83	1,790
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 13.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,527.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 23.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,522.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 848.69</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,747.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,760.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,636.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,487.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 110.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,742.66</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	SFY 2020-2021

CHC Eligible Population Group																			
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		3,976			23,273			3,175			15,506			202,383			248,313		
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	\$ 5.19	\$ 23.48	2,651	\$ 1.69	\$ 37.43	542	\$ 62.50	\$ 207.77	3,610	\$ 35.95	\$ 266.40	1,620	\$ 0.48	\$ 35.47	163	\$ 3.68	\$ 118.27	373	
Dental	\$ 3.02	\$ 39.88	909	\$ 3.43	\$ 34.23	1,201	\$ 4.89	\$ 47.38	1,238	\$ 8.61	\$ 63.74	1,621	\$ 3.20	\$ 32.27	1,190	\$ 3.58	\$ 35.36	1,214	
DME/Supplies	\$ 42.14	\$ 2.36	214,294	\$ 46.82	\$ 0.87	642,219	\$ 69.31	\$ 16.58	50,176	\$ 275.45	\$ 3.60	918,159	\$ 5.02	\$ 1.38	43,623	\$ 27.24	\$ 2.08	157,154	
Emergency Room	\$ 0.35	\$ 2.76	1,539	\$ 0.63	\$ 3.92	1,926	\$ 22.01	\$ 93.96	2,811	\$ 28.46	\$ 94.17	3,626	\$ 0.61	\$ 5.87	1,247	\$ 2.62	\$ 21.19	1,484	
FQHC/RHC	\$ 0.17	\$ 29.01	72	\$ 1.82	\$ 89.77	244	\$ 0.63	\$ 160.00	48	\$ 4.90	\$ 161.97	363	\$ 1.84	\$ 88.45	250	\$ 1.99	\$ 95.11	251	
Home Health	\$ 0.13	\$ 30.87	49	\$ 3.94	\$ 26.81	1,762	\$ 16.80	\$ 50.47	3,993	\$ 108.00	\$ 60.32	21,485	\$ 1.05	\$ 34.69	364	\$ 8.19	\$ 52.96	1,855	
Hospice	\$ 0.08	\$ -	-	\$ 0.02	\$ 17.09	11	\$ 39.58	\$ 24,286.06	20	\$ 15.80	\$ 23,716.31	8	\$ 0.00	\$ 0.36	26	\$ 1.50	\$ 794.77	23	
Inpatient	\$ 58.16	\$ 84.65	8,245	\$ 33.04	\$ 66.78	5,936	\$ 1,030.56	\$ 1,253.82	9,863	\$ 658.87	\$ 480.26	16,463	\$ 14.83	\$ 62.41	2,852	\$ 70.44	\$ 202.84	4,167	
Laboratory/Radiology	\$ 5.16	\$ 2.12	29,236	\$ 5.32	\$ 2.04	31,235	\$ 149.50	\$ 24.38	73,600	\$ 83.78	\$ 18.50	54,353	\$ 4.39	\$ 3.08	17,082	\$ 11.30	\$ 6.26	21,654	
Nursing Facility	\$ 4,738.74	\$ 174.36	326,134	\$ 33.16	\$ 174.60	2,279	\$ 5,621.73	\$ 199.94	337,397	\$ 97.74	\$ 192.20	6,102	\$ 3.47	\$ 171.86	242	\$ 159.79	\$ 185.66	10,328	
Other Medical	\$ 2.41	\$ 1.23	23,435	\$ 4.05	\$ 2.05	23,681	\$ 51.04	\$ 20.66	29,652	\$ 40.66	\$ 22.36	21,821	\$ 2.75	\$ 2.56	12,884	\$ 5.85	\$ 4.73	14,837	
Outpatient	\$ 19.63	\$ 14.29	16,486	\$ 13.11	\$ 15.01	10,486	\$ 108.89	\$ 21.07	62,025	\$ 97.62	\$ 111.94	10,465	\$ 4.64	\$ 12.01	4,640	\$ 12.82	\$ 23.75	6,475	
Pharmacy	\$ 8.11	\$ 6.15	15,827	\$ 19.91	\$ 19.30	12,377	\$ 793.10	\$ 70.07	135,820	\$ 1,018.64	\$ 125.00	97,790	\$ 14.02	\$ 31.00	5,429	\$ 87.18	\$ 76.46	13,682	
Physician	\$ 9.18	\$ 1.83	60,182	\$ 10.45	\$ 3.36	37,272	\$ 203.91	\$ 30.89	79,213	\$ 124.97	\$ 37.50	39,993	\$ 7.72	\$ 4.42	20,962	\$ 17.83	\$ 8.54	25,052	
Vision	\$ 0.57	\$ 14.94	460	\$ 0.88	\$ 18.81	561	\$ 2.73	\$ 33.71	973	\$ 3.25	\$ 35.77	1,091	\$ 0.79	\$ 19.48	487	\$ 0.97	\$ 21.75	537	
<b>Medical Services Subtotal</b>	<b>\$ 4,893.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 178.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,177.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,602.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 64.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 414.96</b>	<b>N/A</b>	<b>N/A</b>	
Day Habilitation and Adult Day	\$ 1.59	\$ 34.56	551	\$ 30.47	\$ 31.06	11,773	\$ 0.07	\$ 34.56	26	\$ 19.72	\$ 29.73	7,958	\$ -	\$ -	-	\$ 4.11	\$ 30.67	1,610	
Employment	\$ -	\$ -	-	\$ 6.35	\$ 7.73	9,869	\$ -	\$ -	-	\$ 6.08	\$ 6.29	11,601	\$ -	\$ -	-	\$ 0.98	\$ 7.10	1,649	
Home Health/Therapies	\$ -	\$ -	-	\$ 321.70	\$ 11.41	338,364	\$ -	\$ -	-	\$ 605.85	\$ 11.74	619,380	\$ 1.55	\$ 11.08	1,683	\$ 69.25	\$ 11.58	71,762	
Other Waiver	\$ 1.15	\$ 151.59	91	\$ 28.37	\$ 34.88	9,760	\$ 21.11	\$ 206.48	1,227	\$ 15.96	\$ 35.96	5,328	\$ 0.08	\$ 72.53	14	\$ 4.01	\$ 37.74	1,276	
PDS/FMS	\$ -	\$ -	-	\$ 1.91	\$ 315.29	73	\$ -	\$ -	-	\$ 0.72	\$ 64.97	134	\$ -	\$ -	-	\$ 0.22	\$ 177.45	15	
Personal Assistance	\$ 6.94	\$ 3.46	24,036	\$ 2,787.17	\$ 4.13	8,088,716	\$ 3.94	\$ 4.50	10,500	\$ 2,665.62	\$ 4.17	7,665,878	\$ 1.06	\$ 3.71	3,440	\$ 428.71	\$ 4.15	1,240,142	
Residential Habilitation	\$ 9.22	\$ 255.33	433	\$ 54.60	\$ 46.58	14,066	\$ 1.40	\$ 33.49	501	\$ 26.52	\$ 51.90	6,132	\$ -	\$ -	-	\$ 6.94	\$ 48.57	1,715	
Respite	\$ -	\$ -	-	\$ 0.72	\$ 4.22	2,050	\$ -	\$ -	-	\$ 0.30	\$ 2.84	1,262	\$ -	\$ -	-	\$ 0.09	\$ 3.82	271	
Vendor Services	\$ 13.28	\$ 107.69	1,480	\$ 109.81	\$ 8.88	148,402	\$ 12.91	\$ 130.55	1,187	\$ 120.03	\$ 8.48	169,783	\$ 0.04	\$ 5.84	74	\$ 18.19	\$ 8.87	24,610	
Waiver DME/Supplies	\$ 0.02	\$ 10.07	27	\$ 3.19	\$ 1.99	19,209	\$ 0.03	\$ 7.92	44	\$ 3.26	\$ 1.86	20,980	\$ 0.01	\$ 0.81	131	\$ 0.51	\$ 1.90	3,218	
<b>HCBS Waiver Services Subtotal</b>	<b>\$ 32.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,344.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 39.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,464.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 533.02</b>	<b>N/A</b>	<b>N/A</b>	
<b>Total Services</b>	<b>\$ 4,925.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,522.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,216.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,066.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 67.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 947.98</b>	<b>N/A</b>	<b>N/A</b>	

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		65,440			49,170			2,662			5,197			245,451			367,920		
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	\$ 2.04	\$ 20.78	1,178	\$ 2.16	\$ 38.30	676	\$ 41.92	\$ 215.87	2,330	\$ 47.65	\$ 234.48	2,439	\$ 0.58	\$ 31.88	219	\$ 2.02	\$ 48.65	497
	Dental	\$ 1.81	\$ 42.70	508	\$ 1.83	\$ 44.67	493	\$ 3.66	\$ 40.16	1,095	\$ 5.20	\$ 75.97	822	\$ 1.45	\$ 26.84	647	\$ 1.63	\$ 32.25	607
	DME/Supplies	\$ 6.00	\$ 1.41	50,982	\$ 50.79	\$ 0.79	775,481	\$ 33.13	\$ 18.80	21,154	\$ 176.01	\$ 3.09	682,442	\$ 7.63	\$ 1.15	79,433	\$ 15.67	\$ 1.07	175,490
	Emergency Room	\$ 0.23	\$ 4.23	650	\$ 0.47	\$ 4.08	1,391	\$ 12.81	\$ 91.94	1,672	\$ 28.57	\$ 91.19	3,760	\$ 0.30	\$ 4.37	820	\$ 0.80	\$ 10.50	914
	FQHC/RHC	\$ 0.08	\$ 25.78	37	\$ 1.18	\$ 76.86	184	\$ 0.40	\$ 93.24	52	\$ 5.64	\$ 151.99	446	\$ 1.34	\$ 80.26	200	\$ 1.15	\$ 80.33	171
	Home Health	\$ 0.43	\$ 45.55	112	\$ 1.09	\$ 12.86	1,020	\$ 9.70	\$ 87.09	1,337	\$ 114.90	\$ 71.16	19,375	\$ 0.54	\$ 27.16	237	\$ 2.27	\$ 45.64	597
	Hospice	\$ 0.41	\$ 590.43	8	\$ 0.08	\$ 55.40	17	\$ 54.86	\$ -	-	\$ 13.57	\$ 2,436.34	67	\$ 0.16	\$ 487.29	4	\$ 0.78	\$ 1,270.91	7
	Inpatient	\$ 26.69	\$ 64.04	5,001	\$ 41.56	\$ 53.89	9,255	\$ 658.83	\$ 1,275.57	6,198	\$ 858.60	\$ 389.04	26,484	\$ 22.13	\$ 71.36	3,721	\$ 41.96	\$ 100.14	5,028
	Laboratory/Radiology	\$ 3.79	\$ 2.40	18,982	\$ 4.98	\$ 2.01	29,679	\$ 114.89	\$ 24.48	56,312	\$ 94.97	\$ 18.10	62,972	\$ 4.25	\$ 2.97	17,184	\$ 6.35	\$ 3.79	20,104
	Nursing Facility	\$ 4,557.98	\$ 161.05	339,612	\$ 106.75	\$ 172.28	7,436	\$ 5,441.43	\$ 191.99	340,109	\$ 150.49	\$ 176.21	10,248	\$ 21.20	\$ 162.13	1,569	\$ 880.61	\$ 162.45	65,051
	Other Medical	\$ 1.86	\$ 2.66	8,381	\$ 3.18	\$ 2.36	16,198	\$ 20.30	\$ 23.08	10,557	\$ 50.07	\$ 24.44	24,578	\$ 3.33	\$ 3.05	13,112	\$ 3.83	\$ 3.59	12,827
	Outpatient	\$ 4.64	\$ 8.48	6,572	\$ 10.86	\$ 6.77	19,264	\$ 38.80	\$ 417.86	1,114	\$ 184.50	\$ 61.75	35,856	\$ 4.28	\$ 11.55	4,444	\$ 8.02	\$ 13.32	7,222
	Pharmacy	\$ 6.13	\$ 4.67	15,747	\$ 18.61	\$ 18.03	12,389	\$ 581.47	\$ 60.86	114,650	\$ 895.17	\$ 96.05	111,836	\$ 11.06	\$ 21.93	6,050	\$ 27.81	\$ 30.61	10,902
	Physician	\$ 4.85	\$ 2.65	21,960	\$ 7.57	\$ 3.01	30,185	\$ 140.26	\$ 33.74	49,887	\$ 136.58	\$ 39.89	41,083	\$ 7.90	\$ 4.51	21,038	\$ 10.09	\$ 5.28	22,916
Vision	\$ 0.43	\$ 14.26	361	\$ 0.67	\$ 12.06	666	\$ 2.17	\$ 37.85	689	\$ 4.21	\$ 37.33	1,353	\$ 0.75	\$ 13.98	646	\$ 0.74	\$ 14.66	609	
<b>Medical Services Subtotal</b>		<b>\$ 4,617.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 251.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,154.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,766.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 86.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,003.72</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 2.60	\$ 30.06	1,037	\$ -	\$ -	-	\$ 10.68	\$ 34.56	3,709	\$ -	\$ -	-	\$ 0.50	\$ 31.29	191
	Employment	\$ -	\$ -	-	\$ 0.81	\$ 6.29	1,553	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.11	\$ 6.29	208
	Home Health/Therapies	\$ 0.00	\$ 16.55	2	\$ 37.77	\$ 11.79	38,453	\$ -	\$ -	-	\$ 12.63	\$ 11.16	13,573	\$ -	\$ -	-	\$ 5.23	\$ 11.77	5,331
	Other Waiver	\$ 0.28	\$ 176.38	19	\$ 10.92	\$ 84.41	1,552	\$ 1.73	\$ 363.66	57	\$ 14.53	\$ 37.30	4,676	\$ 0.04	\$ 126.81	4	\$ 1.76	\$ 75.24	280
	PDS/FMS	\$ -	\$ -	-	\$ 8.43	\$ 271.60	372	\$ -	\$ -	-	\$ 0.72	\$ 59.51	145	\$ -	\$ -	-	\$ 1.14	\$ 263.22	52
	Personal Assistance	\$ 3.84	\$ 4.04	11,415	\$ 2,556.43	\$ 4.33	7,092,272	\$ 5.20	\$ 4.68	13,337	\$ 2,523.13	\$ 4.34	6,983,377	\$ 1.62	\$ 3.71	5,235	\$ 379.09	\$ 4.32	1,052,088
	Residential Habilitation	\$ -	\$ -	-	\$ 3.84	\$ 37.29	1,236	\$ -	\$ -	-	\$ 24.50	\$ 62.38	4,712	\$ -	\$ -	-	\$ 0.86	\$ 44.50	232
	Respite	\$ -	\$ -	-	\$ 0.89	\$ 4.11	2,610	\$ -	\$ -	-	\$ 1.29	\$ 2.19	7,066	\$ -	\$ -	-	\$ 0.14	\$ 3.69	449
	Vendor Services	\$ 1.89	\$ 42.96	528	\$ 119.14	\$ 8.18	174,733	\$ 9.93	\$ 111.26	1,071	\$ 113.13	\$ 7.74	175,481	\$ 0.10	\$ 6.22	185	\$ 17.99	\$ 8.29	26,056
	Waiver DME/Supplies	\$ 0.05	\$ 2.01	298	\$ 5.01	\$ 0.92	64,961	\$ 0.03	\$ 0.25	1,220	\$ 4.31	\$ 2.95	17,521	\$ 0.00	\$ 0.10	191	\$ 0.74	\$ 0.97	9,119
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 6.06</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,745.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 16.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,704.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 407.54</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,623.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,997.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,171.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,471.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 88.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,411.26</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		2,831			80,989			3,462			130,788			176,127			394,198		
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	\$ 7.11	\$ 21.99	3,882	\$ 1.98	\$ 33.66	705	\$ 39.51	\$ 162.13	2,924	\$ 17.28	\$ 227.72	911	\$ 0.97	\$ 38.24	305	\$ 6.97	\$ 131.37	637
	Dental	\$ 9.40	\$ 58.15	1,940	\$ 5.99	\$ 48.93	1,470	\$ 12.99	\$ 78.55	1,984	\$ 7.94	\$ 56.72	1,679	\$ 5.06	\$ 49.49	1,227	\$ 6.31	\$ 52.61	1,439
	DME/Supplies	\$ 70.87	\$ 3.45	246,511	\$ 23.33	\$ 0.63	447,017	\$ 53.25	\$ 5.39	118,610	\$ 95.18	\$ 2.33	489,456	\$ 3.70	\$ 0.83	53,658	\$ 39.00	\$ 1.67	281,020
	Emergency Room	\$ 2.02	\$ 12.04	2,014	\$ 2.12	\$ 16.86	1,512	\$ 34.43	\$ 141.89	2,911	\$ 40.60	\$ 157.95	3,085	\$ 2.83	\$ 19.70	1,723	\$ 15.49	\$ 86.69	2,144
	FQHC/RHC	\$ 0.10	\$ 252.77	5	\$ 4.69	\$ 107.80	522	\$ 1.22	\$ 237.85	61	\$ 20.17	\$ 203.97	1,186	\$ 3.56	\$ 110.03	388	\$ 9.26	\$ 164.58	675
	Home Health	\$ 0.13	\$ 6.37	236	\$ 3.42	\$ 10.92	3,764	\$ 20.92	\$ 80.55	3,116	\$ 35.70	\$ 49.52	8,651	\$ 0.99	\$ 13.95	848	\$ 13.17	\$ 39.02	4,052
	Hospice	\$ 0.00	\$ -	-	\$ 0.00	\$ 15.56	3	\$ 9.52	\$ -	-	\$ 5.73	\$ -	-	\$ 0.01	\$ 1.06	57	\$ 1.99	\$ 917.54	26
	Inpatient	\$ 208.52	\$ 348.07	7,189	\$ 35.20	\$ 108.01	3,910	\$ 1,506.92	\$ 959.56	18,845	\$ 824.83	\$ 1,944.23	5,091	\$ 15.54	\$ 121.65	1,533	\$ 302.57	\$ 1,069.59	3,395
	Laboratory/Radiology	\$ 5.12	\$ 1.73	35,621	\$ 6.03	\$ 2.85	25,390	\$ 154.60	\$ 36.89	50,284	\$ 67.63	\$ 31.35	25,886	\$ 4.28	\$ 3.29	15,608	\$ 26.98	\$ 15.08	21,476
	Nursing Facility	\$ 6,731.59	\$ 242.95	332,490	\$ 16.09	\$ 202.67	953	\$ 6,601.55	\$ 236.33	335,198	\$ 33.55	\$ 207.16	1,943	\$ 5.27	\$ 174.40	362	\$ 123.12	\$ 233.24	6,335
	Other Medical	\$ 81.47	\$ 21.47	45,529	\$ 4.29	\$ 2.59	19,850	\$ 94.40	\$ 44.75	25,315	\$ 49.31	\$ 49.60	11,929	\$ 2.57	\$ 0.13	244,137	\$ 19.80	\$ 2.02	117,665
	Outpatient	\$ 27.41	\$ 38.25	8,600	\$ 17.02	\$ 8.84	23,100	\$ 223.59	\$ 68.87	38,960	\$ 113.01	\$ 169.66	7,993	\$ 8.56	\$ 9.55	10,753	\$ 46.98	\$ 44.72	12,607
	Pharmacy	\$ 27.38	\$ 25.99	12,639	\$ 19.37	\$ 20.85	11,149	\$ 668.97	\$ 62.34	128,769	\$ 853.70	\$ 121.85	84,073	\$ 10.23	\$ 22.93	5,352	\$ 297.87	\$ 105.76	33,798
	Physician	\$ 19.03	\$ 1.96	116,645	\$ 9.99	\$ 2.47	48,467	\$ 209.55	\$ 29.48	85,303	\$ 108.30	\$ 25.12	51,744	\$ 7.22	\$ 0.47	183,121	\$ 43.19	\$ 4.69	110,531
	Vision	\$ 1.33	\$ 16.17	989	\$ 0.62	\$ 13.33	556	\$ 2.93	\$ 39.74	884	\$ 2.06	\$ 39.71	622	\$ 0.42	\$ 14.57	346	\$ 1.03	\$ 25.30	490
<b>Medical Services Subtotal</b>		<b>\$ 7,191.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 150.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,634.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,274.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 71.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 953.73</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 1.49	\$ 29.86	599	\$ 4.24	\$ 34.56	1,472	\$ 0.38	\$ 34.08	133	\$ 0.00	\$ 1.77	5	\$ 0.47	\$ 30.88	182
	Employment	\$ -	\$ -	-	\$ 0.06	\$ 11.25	59	\$ -	\$ -	-	\$ 0.07	\$ 8.34	98	\$ 0.00	\$ 10.87	2	\$ 0.03	\$ 9.17	45
	Home Health/Therapies	\$ 20.82	\$ 10.98	22,762	\$ 79.75	\$ 11.71	81,739	\$ 0.36	\$ 21.29	203	\$ 84.60	\$ 11.41	88,943	\$ 0.86	\$ 11.02	934	\$ 44.99	\$ 11.51	46,886
	Other Waiver	\$ 7.88	\$ 608.71	155	\$ 40.78	\$ 63.56	7,699	\$ 3.08	\$ 82.99	446	\$ 53.97	\$ 93.14	6,953	\$ 0.19	\$ 82.45	28	\$ 26.45	\$ 81.26	3,906
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 40.58	\$ 4.98	97,777	\$ 4,361.86	\$ 4.87	10,742,383	\$ 12.73	\$ 4.92	31,033	\$ 4,175.13	\$ 4.91	10,208,054	\$ 19.74	\$ 4.64	51,064	\$ 2,290.61	\$ 4.89	5,617,696
	Residential Habilitation	\$ 47.73	\$ 68.04	8,418	\$ 8.92	\$ 76.10	1,407	\$ 10.86	\$ 56.98	2,287	\$ 4.16	\$ 63.14	790	\$ -	\$ -	-	\$ 3.65	\$ 69.34	632
	Respite	\$ -	\$ -	-	\$ 0.35	\$ 4.78	878	\$ -	\$ -	-	\$ 1.15	\$ 4.66	2,969	\$ -	\$ -	-	\$ 0.45	\$ 4.68	1,166
	Vendor Services	\$ 8.16	\$ 145.04	675	\$ 91.73	\$ 8.83	124,680	\$ 10.74	\$ 47.71	2,700	\$ 101.72	\$ 7.69	158,742	\$ 0.38	\$ 8.00	571	\$ 52.92	\$ 8.08	78,567
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.31	\$ 54.99	68	\$ -	\$ -	-	\$ 0.24	\$ 45.92	62	\$ 0.00	\$ 40.00	0	\$ 0.14	\$ 49.59	35
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 125.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,585.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 42.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,421.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 21.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,419.72</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 7,316.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,735.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,676.34</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,696.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 92.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,373.45</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		33,739			288,617			3,916			57,367			391,862			775,501		
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	\$ 2.44	\$ 19.44	1,506	\$ 1.90	\$ 32.47	704	\$ 25.27	\$ 154.75	1,960	\$ 17.93	\$ 229.43	938	\$ 0.62	\$ 33.19	223	\$ 2.58	\$ 59.62	519
	Dental	\$ 8.94	\$ 74.31	1,443	\$ 4.44	\$ 60.10	886	\$ 8.23	\$ 67.60	1,462	\$ 7.31	\$ 64.72	1,355	\$ 3.62	\$ 54.39	799	\$ 4.45	\$ 59.11	904
	DME/Supplies	\$ 13.71	\$ 1.76	93,530	\$ 45.24	\$ 0.57	956,843	\$ 36.25	\$ 8.49	51,213	\$ 72.69	\$ 1.83	476,579	\$ 6.16	\$ 0.61	121,766	\$ 26.11	\$ 0.69	457,217
	Emergency Room	\$ 0.81	\$ 9.85	988	\$ 1.28	\$ 15.43	996	\$ 17.94	\$ 129.40	1,663	\$ 25.65	\$ 147.37	2,089	\$ 1.25	\$ 18.18	827	\$ 3.13	\$ 37.81	994
	FQHC/RHC	\$ 0.09	\$ 103.79	10	\$ 4.04	\$ 102.61	473	\$ 0.98	\$ 231.97	51	\$ 20.87	\$ 201.79	1,241	\$ 3.81	\$ 107.37	426	\$ 4.98	\$ 123.63	483
	Home Health	\$ 0.83	\$ 42.06	237	\$ 0.97	\$ 3.91	2,975	\$ 17.67	\$ 117.40	1,806	\$ 39.50	\$ 76.17	6,223	\$ 0.52	\$ 10.11	619	\$ 3.67	\$ 23.19	1,900
	Hospice	\$ 1.37	\$ 2,982.93	6	\$ 1.17	\$ 11,674.52	1	\$ 23.30	\$ -	-	\$ 10.54	\$ -	-	\$ 0.43	\$ 780.69	7	\$ 1.61	\$ 4,818.10	4
	Inpatient	\$ 64.63	\$ 151.94	5,105	\$ 57.17	\$ 180.94	3,792	\$ 925.45	\$ 1,145.13	9,698	\$ 803.86	\$ 1,496.24	6,447	\$ 38.32	\$ 209.18	2,198	\$ 107.59	\$ 394.83	3,270
	Laboratory/Radiology	\$ 3.87	\$ 3.05	15,238	\$ 4.70	\$ 3.23	17,448	\$ 116.76	\$ 33.55	41,757	\$ 64.12	\$ 30.39	25,316	\$ 3.84	\$ 0.47	97,387	\$ 9.19	\$ 1.89	58,450
	Nursing Facility	\$ 5,132.88	\$ 179.73	342,700	\$ 31.96	\$ 174.52	2,198	\$ 6,090.59	\$ 206.37	354,164	\$ 53.04	\$ 215.07	2,959	\$ 24.19	\$ 172.55	1,682	\$ 282.11	\$ 182.15	18,585
	Other Medical	\$ 10.20	\$ 8.89	13,776	\$ 4.07	\$ 3.38	14,434	\$ 29.84	\$ 23.43	15,282	\$ 54.06	\$ 58.08	11,169	\$ 3.07	\$ 3.92	9,382	\$ 7.66	\$ 7.91	11,615
	Outpatient	\$ 11.28	\$ 7.51	18,008	\$ 9.43	\$ 15.02	7,537	\$ 76.49	\$ 170.56	5,382	\$ 109.96	\$ 232.09	5,685	\$ 4.88	\$ 15.08	3,880	\$ 14.99	\$ 29.99	5,997
	Pharmacy	\$ 4.22	\$ 5.37	9,444	\$ 14.79	\$ 12.32	14,407	\$ 520.82	\$ 57.44	108,807	\$ 745.97	\$ 98.79	90,615	\$ 9.82	\$ 19.20	6,141	\$ 68.47	\$ 50.94	16,128
	Physician	\$ 7.63	\$ 2.26	40,502	\$ 8.38	\$ 2.98	33,708	\$ 133.97	\$ 33.15	48,495	\$ 105.91	\$ 26.51	47,941	\$ 7.08	\$ 3.60	23,607	\$ 15.54	\$ 6.21	30,027
	Vision	\$ 0.64	\$ 12.09	638	\$ 0.75	\$ 10.73	838	\$ 2.95	\$ 37.72	940	\$ 2.78	\$ 40.18	830	\$ 0.64	\$ 11.37	675	\$ 0.85	\$ 13.67	747
<b>Medical Services Subtotal</b>		<b>\$ 5,263.53</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 190.30</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,026.52</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,134.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 108.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 552.92</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 26.33	\$ 69.74	4,530	\$ -	\$ -	-	\$ 6.01	\$ 68.06	1,059	\$ 0.16	\$ 67.25	28	\$ 10.32	\$ 69.65	1,778
	Employment	\$ -	\$ -	-	\$ -	\$ -	0	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	0
	Home Health/Therapies	\$ -	\$ -	-	\$ 11.84	\$ 12.18	11,673	\$ -	\$ -	-	\$ 8.52	\$ 11.45	8,934	\$ 0.00	\$ 14.71	3	\$ 5.04	\$ 12.08	5,007
	Other Waiver	\$ 0.63	\$ 98.23	77	\$ 37.65	\$ 41.15	10,980	\$ 5.09	\$ 372.23	164	\$ 54.15	\$ 82.76	7,851	\$ 0.59	\$ 82.09	87	\$ 18.37	\$ 46.76	4,715
	PDS/FMS	\$ -	\$ -	-	\$ 0.00	\$ 58.35	0	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 58.35	0
	Personal Assistance	\$ 29.90	\$ 4.91	73,090	\$ 4,170.44	\$ 4.91	10,189,549	\$ 59.78	\$ 4.98	144,045	\$ 4,124.69	\$ 4.91	10,090,978	\$ 16.58	\$ 4.72	42,151	\$ 1,867.21	\$ 4.91	4,563,902
	Residential Habilitation	\$ -	\$ -	-	\$ 2.22	\$ 79.53	335	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.83	\$ 79.53	125
	Respite	\$ -	\$ -	-	\$ 1.15	\$ 4.25	3,257	\$ -	\$ -	-	\$ 0.09	\$ 4.78	214	\$ -	\$ -	-	\$ 0.44	\$ 4.26	1,228
	Vendor Services	\$ 2.27	\$ 24.42	1,116	\$ 129.53	\$ 10.13	153,446	\$ 3.92	\$ 12.24	3,842	\$ 108.29	\$ 8.32	156,258	\$ 0.60	\$ 8.90	808	\$ 56.64	\$ 9.83	69,143
	Waiver DME/Supplies	\$ 0.00	\$ 48.00	1	\$ 0.61	\$ 93.68	78	\$ -	\$ -	-	\$ 0.31	\$ 68.69	54	\$ 0.00	\$ 64.00	0	\$ 0.25	\$ 90.62	33
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 32.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,379.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 68.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,302.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 17.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,959.10</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,296.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,570.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,095.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,436.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 126.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,512.02</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		5,013			25,834			5,084			21,989			116,464			174,385		
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	\$ 5.37	\$ 22.58	2,854	\$ 1.19	\$ 24.43	583	\$ 42.47	\$ 164.01	3,107	\$ 18.45	\$ 221.35	1,000	\$ 0.60	\$ 27.81	261	\$ 4.30	\$ 92.25	559
	Dental	\$ 12.46	\$ 61.16	2,445	\$ 8.22	\$ 53.90	1,829	\$ 11.24	\$ 62.44	2,160	\$ 8.72	\$ 55.98	1,870	\$ 7.01	\$ 51.12	1,645	\$ 7.68	\$ 53.03	1,739
	DME/Supplies	\$ 8.73	\$ 0.34	312,068	\$ 34.23	\$ 0.70	589,478	\$ 43.27	\$ 9.20	56,437	\$ 147.10	\$ 2.40	736,020	\$ 3.91	\$ 0.97	48,171	\$ 27.75	\$ 1.49	222,924
	Emergency Room	\$ 0.97	\$ 8.71	1,341	\$ 2.10	\$ 15.59	1,619	\$ 20.39	\$ 117.93	2,075	\$ 39.20	\$ 148.73	3,163	\$ 2.14	\$ 16.14	1,588	\$ 7.30	\$ 48.74	1,798
	FQHC/RHC	\$ 0.00	\$ 10.03	5	\$ 2.13	\$ 127.76	200	\$ 0.30	\$ 211.16	17	\$ 9.16	\$ 199.14	552	\$ 2.09	\$ 119.86	209	\$ 2.88	\$ 143.97	240
	Home Health	\$ 0.09	\$ 16.54	68	\$ 6.29	\$ 14.17	5,327	\$ 16.53	\$ 88.43	2,243	\$ 63.77	\$ 80.14	9,548	\$ 1.21	\$ 21.20	683	\$ 10.26	\$ 48.93	2,517
	Hospice	\$ 0.60	\$ 382.87	19	\$ 0.01	\$ 9.87	14	\$ 28.51	\$ 9,333.65	37	\$ 4.82	\$ -	-	\$ 0.00	\$ 0.22	73	\$ 1.46	\$ 336.10	52
	Inpatient	\$ 52.17	\$ 59.49	10,524	\$ 27.01	\$ 147.47	2,198	\$ 1,260.48	\$ 1,354.74	11,165	\$ 774.48	\$ 2,492.42	3,729	\$ 15.29	\$ 105.93	1,732	\$ 150.12	\$ 698.13	2,580
	Laboratory/Radiology	\$ 3.35	\$ 1.77	22,693	\$ 5.51	\$ 2.73	24,232	\$ 90.02	\$ 24.12	44,793	\$ 68.21	\$ 33.66	24,320	\$ 4.48	\$ 3.45	15,567	\$ 15.13	\$ 9.55	19,011
	Nursing Facility	\$ 5,449.17	\$ 193.13	338,588	\$ 23.85	\$ 200.59	1,427	\$ 6,342.43	\$ 229.34	331,856	\$ 62.90	\$ 210.30	3,589	\$ 5.90	\$ 167.92	422	\$ 356.99	\$ 210.45	20,355
	Other Medical	\$ 114.82	\$ 32.26	42,705	\$ 6.11	\$ 2.93	25,033	\$ 170.47	\$ 53.36	38,333	\$ 64.97	\$ 48.59	16,043	\$ 3.16	\$ 2.49	15,192	\$ 19.48	\$ 12.83	18,223
	Outpatient	\$ 20.93	\$ 25.05	10,025	\$ 15.70	\$ 15.49	12,163	\$ 93.39	\$ 157.74	7,105	\$ 136.41	\$ 340.38	4,809	\$ 7.72	\$ 15.56	5,955	\$ 28.01	\$ 48.85	6,880
	Pharmacy	\$ 8.41	\$ 7.27	13,893	\$ 25.13	\$ 41.00	7,354	\$ 813.44	\$ 65.92	148,078	\$ 924.08	\$ 151.15	73,364	\$ 10.88	\$ 32.84	3,974	\$ 151.47	\$ 102.62	17,711
	Physician	\$ 10.22	\$ 1.91	64,148	\$ 7.95	\$ 2.04	46,753	\$ 238.09	\$ 31.63	90,318	\$ 102.24	\$ 21.85	56,163	\$ 6.58	\$ 2.62	30,191	\$ 25.70	\$ 7.98	38,649
Vision	\$ 0.83	\$ 12.95	766	\$ 0.42	\$ 10.63	479	\$ 2.65	\$ 34.47	922	\$ 1.68	\$ 41.94	481	\$ 0.41	\$ 14.35	340	\$ 0.65	\$ 19.06	408	
<b>Medical Services Subtotal</b>		<b>\$ 5,688.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 165.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,173.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,426.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 71.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 809.16</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 6.23	\$ 34.56	2,163	\$ 259.80	\$ 31.36	99,411	\$ -	\$ -	413	\$ 83.55	\$ 32.89	30,484	\$ 0.22	\$ 34.56	78	\$ 49.35	\$ 31.67	18,697
	Employment	\$ -	\$ -	-	\$ 3.41	\$ 5.54	7,389	\$ -	\$ -	-	\$ 2.09	\$ 5.13	4,889	\$ -	\$ -	-	\$ 0.77	\$ 5.39	1,711
	Home Health/Therapies	\$ 0.28	\$ 11.84	288	\$ 443.99	\$ 12.45	427,782	\$ -	\$ -	73	\$ 528.68	\$ 12.80	495,708	\$ 0.33	\$ 11.57	343	\$ 132.67	\$ 12.62	126,119
	Other Waiver	\$ 3.59	\$ 40.31	1,068	\$ 150.56	\$ 18.38	98,304	\$ 1.51	\$ 82.33	220	\$ 93.90	\$ 20.90	53,910	\$ 0.67	\$ 113.75	71	\$ 34.74	\$ 19.44	21,445
	PDS/FMS	\$ -	\$ -	-	\$ 0.11	\$ 61.44	22	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 61.44	3
	Personal Assistance	\$ 9.98	\$ 4.95	24,185	\$ 3,814.46	\$ 4.80	9,528,363	\$ 15.59	\$ 4.96	37,687	\$ 3,898.50	\$ 4.83	9,679,516	\$ 4.92	\$ 4.56	12,945	\$ 1,060.70	\$ 4.82	2,642,539
	Residential Habilitation	\$ 7.76	\$ 272.32	342	\$ 619.24	\$ 86.24	86,162	\$ -	\$ -	85	\$ 253.23	\$ 83.28	36,491	\$ 0.37	\$ 67.62	66	\$ 124.14	\$ 85.50	17,422
	Respite	\$ -	\$ -	-	\$ 2.43	\$ 4.67	6,239	\$ -	\$ -	-	\$ 1.34	\$ 4.52	3,564	\$ -	\$ -	-	\$ 0.53	\$ 4.62	1,374
	Vendor Services	\$ 8.22	\$ 109.73	899	\$ 82.94	\$ 9.72	102,389	\$ 8.60	\$ 82.56	1,250	\$ 95.61	\$ 8.89	129,082	\$ 0.10	\$ 5.11	242	\$ 24.90	\$ 9.43	31,669
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.29	\$ 44.04	352	\$ 0.01	\$ 42.00	2	\$ 1.04	\$ 56.49	221	\$ -	\$ -	-	\$ 0.32	\$ 48.38	80
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 36.06</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,378.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 25.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,957.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,428.13</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,724.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,544.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,199.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,384.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 78.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,237.29</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		77,092			80,214			4,927			11,937			176,967			351,139		
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	\$ 1.42	\$ 17.33	981	\$ 1.87	\$ 29.99	750	\$ 30.55	\$ 159.51	2,298	\$ 14.34	\$ 226.03	761	\$ 0.52	\$ 28.59	220	\$ 1.92	\$ 41.45	556
	Dental	\$ 7.98	\$ 61.73	1,550	\$ 5.16	\$ 60.44	1,024	\$ 10.63	\$ 61.65	2,069	\$ 6.98	\$ 56.96	1,470	\$ 4.37	\$ 53.78	975	\$ 5.52	\$ 57.84	1,145
	DME/Supplies	\$ 6.27	\$ 1.24	60,513	\$ 48.35	\$ 0.58	1,004,522	\$ 8.68	\$ 5.43	19,164	\$ 67.56	\$ 1.61	504,213	\$ 4.58	\$ 0.64	85,180	\$ 17.15	\$ 0.68	303,098
	Emergency Room	\$ 0.45	\$ 9.24	585	\$ 1.06	\$ 11.85	1,071	\$ 15.24	\$ 121.33	1,508	\$ 21.72	\$ 141.47	1,842	\$ 0.93	\$ 14.49	767	\$ 1.76	\$ 25.03	844
	FQHC/RHC	\$ 0.02	\$ 90.54	3	\$ 0.90	\$ 106.11	102	\$ 0.43	\$ 155.77	33	\$ 7.20	\$ 193.00	448	\$ 1.24	\$ 110.94	134	\$ 1.09	\$ 121.62	107
	Home Health	\$ 0.03	\$ 6.16	60	\$ 0.84	\$ 2.54	3,960	\$ 4.53	\$ 79.09	687	\$ 48.22	\$ 82.69	6,996	\$ 0.29	\$ 5.48	635	\$ 2.05	\$ 16.54	1,485
	Hospice	\$ 0.84	\$ 4,410.75	2	\$ 0.85	\$ 879.96	12	\$ 42.56	\$ -	-	\$ 11.96	\$ -	-	\$ 0.24	\$ 224.98	13	\$ 1.51	\$ 1,871.80	10
	Inpatient	\$ 24.07	\$ 84.73	3,409	\$ 41.59	\$ 121.64	4,103	\$ 869.81	\$ 1,357.95	7,686	\$ 714.11	\$ 2,427.42	3,530	\$ 25.63	\$ 149.83	2,053	\$ 64.18	\$ 261.26	2,948
	Laboratory/Radiology	\$ 2.05	\$ 2.63	9,342	\$ 4.39	\$ 3.06	17,208	\$ 72.90	\$ 25.84	33,852	\$ 64.20	\$ 31.26	24,643	\$ 4.49	\$ 4.41	12,218	\$ 6.92	\$ 6.17	13,452
	Nursing Facility	\$ 4,715.24	\$ 165.23	342,444	\$ 66.94	\$ 165.63	4,850	\$ 5,831.29	\$ 199.59	350,592	\$ 81.61	\$ 192.11	5,098	\$ 28.49	\$ 174.53	1,959	\$ 1,149.48	\$ 167.46	82,372
	Other Medical	\$ 11.65	\$ 11.30	12,366	\$ 3.57	\$ 2.43	17,629	\$ 55.47	\$ 31.25	21,301	\$ 84.16	\$ 68.68	14,706	\$ 3.95	\$ 3.14	15,102	\$ 9.00	\$ 7.13	15,152
	Outpatient	\$ 5.87	\$ 8.76	8,051	\$ 10.52	\$ 12.67	9,964	\$ 49.48	\$ 87.55	6,782	\$ 102.63	\$ 419.85	2,933	\$ 5.74	\$ 13.15	5,239	\$ 10.77	\$ 18.79	6,879
	Pharmacy	\$ 5.02	\$ 5.76	10,457	\$ 14.86	\$ 17.69	10,083	\$ 502.77	\$ 48.26	125,029	\$ 747.10	\$ 114.79	78,098	\$ 10.90	\$ 33.75	3,877	\$ 42.45	\$ 46.46	10,963
	Physician	\$ 5.32	\$ 2.11	30,245	\$ 6.72	\$ 2.40	33,560	\$ 168.11	\$ 29.23	69,015	\$ 105.37	\$ 22.92	55,170	\$ 6.90	\$ 2.98	27,749	\$ 12.12	\$ 4.67	31,136
Vision	\$ 0.64	\$ 11.82	652	\$ 0.65	\$ 9.56	821	\$ 2.81	\$ 35.17	958	\$ 2.47	\$ 39.53	751	\$ 0.62	\$ 9.86	759	\$ 0.73	\$ 11.62	752	
<b>Medical Services Subtotal</b>		<b>\$ 4,786.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 208.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,665.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,079.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 98.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,326.64</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.22	\$ 29.13	92	\$ 55.89	\$ 50.48	13,287	\$ -	\$ -	-	\$ 59.57	\$ 46.45	15,390	\$ 0.64	\$ 37.82	202	\$ 15.16	\$ 49.44	3,680
	Employment	\$ -	\$ -	-	\$ 0.23	\$ 4.25	662	\$ -	\$ -	-	\$ 0.89	\$ 4.06	2,619	\$ -	\$ -	-	\$ 0.08	\$ 4.18	240
	Home Health/Therapies	\$ 0.28	\$ 11.28	297	\$ 35.26	\$ 11.84	35,724	\$ -	\$ -	-	\$ 47.56	\$ 12.12	47,090	\$ 0.04	\$ 18.77	28	\$ 9.75	\$ 11.89	9,841
	Other Waiver	\$ 0.29	\$ 59.72	58	\$ 58.84	\$ 32.58	21,674	\$ 0.45	\$ 228.73	24	\$ 89.21	\$ 28.02	38,209	\$ 0.53	\$ 27.96	229	\$ 16.81	\$ 31.63	6,378
	PDS/FMS	\$ -	\$ -	-	\$ 0.37	\$ 105.75	42	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.08	\$ 105.75	10
	Personal Assistance	\$ 5.12	\$ 4.87	12,606	\$ 4,164.55	\$ 4.90	10,207,311	\$ 1.49	\$ 4.98	3,593	\$ 4,002.13	\$ 4.91	9,774,752	\$ 14.47	\$ 4.56	38,067	\$ 1,095.85	\$ 4.90	2,686,068
	Residential Habilitation	\$ 0.29	\$ 65.38	53	\$ 49.92	\$ 92.07	6,506	\$ -	\$ -	-	\$ 102.86	\$ 69.24	17,825	\$ 0.58	\$ 183.26	38	\$ 15.25	\$ 86.23	2,123
	Respite	\$ -	\$ -	-	\$ 3.01	\$ 4.41	8,189	\$ -	\$ -	-	\$ 0.76	\$ 4.78	1,905	\$ -	\$ -	183	\$ 0.71	\$ 4.22	2,028
	Vendor Services	\$ 0.90	\$ 30.80	349	\$ 122.26	\$ 10.57	138,785	\$ 2.57	\$ 139.15	222	\$ 87.71	\$ 8.99	117,125	\$ 0.44	\$ 8.78	604	\$ 31.37	\$ 10.44	36,070
	Waiver DME/Supplies	\$ 0.00	\$ 49.71	1	\$ 1.78	\$ 45.27	472	\$ -	\$ -	-	\$ 1.12	\$ 58.90	228	\$ -	\$ -	-	\$ 0.45	\$ 46.19	116
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 7.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,492.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4.52</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,391.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 16.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,185.52</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,793.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,700.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,669.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,471.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 115.61</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,512.17</b>	<b>N/A</b>	<b>N/A</b>



Rating Region	Lehigh/Capital
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		6,220			26,561			3,403			27,346			264,657			328,187		
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	\$ 2.18	\$ 19.32	1,356	\$ 1.58	\$ 30.79	617	\$ 29.09	\$ 151.51	2,304	\$ 19.44	\$ 224.38	1,040	\$ 0.39	\$ 24.74	188	\$ 2.40	\$ 85.42	338
	Dental	\$ 3.64	\$ 47.57	918	\$ 4.97	\$ 52.09	1,145	\$ 6.49	\$ 41.86	1,859	\$ 6.43	\$ 58.14	1,328	\$ 4.37	\$ 51.14	1,026	\$ 4.60	\$ 51.72	1,067
	DME/Supplies	\$ 13.40	\$ 0.58	278,777	\$ 45.42	\$ 0.65	839,628	\$ 37.64	\$ 28.71	15,734	\$ 153.76	\$ 2.21	836,089	\$ 3.82	\$ 1.11	41,424	\$ 20.21	\$ 1.37	176,471
	Emergency Room	\$ 0.47	\$ 5.03	1,124	\$ 0.72	\$ 4.02	2,157	\$ 14.09	\$ 99.89	1,692	\$ 24.33	\$ 94.89	3,077	\$ 1.02	\$ 6.94	1,768	\$ 3.07	\$ 19.40	1,896
	FQHC/RHC	\$ 0.12	\$ 69.93	21	\$ 4.49	\$ 104.24	517	\$ 0.51	\$ 198.02	31	\$ 15.00	\$ 181.46	992	\$ 4.40	\$ 101.79	519	\$ 5.17	\$ 114.12	544
	Home Health	\$ 6.91	\$ 69.56	1,191	\$ 11.84	\$ 26.84	5,295	\$ 16.50	\$ 67.54	2,932	\$ 41.06	\$ 50.99	9,664	\$ 0.96	\$ 4.14	2,786	\$ 5.46	\$ 18.53	3,533
	Hospice	\$ 0.06	\$ -	-	\$ 0.01	\$ 25.34	5	\$ 66.91	\$ -	-	\$ 9.22	\$ -	-	\$ 0.00	\$ 0.43	53	\$ 1.47	\$ 409.72	43
	Inpatient	\$ 36.60	\$ 65.99	6,654	\$ 40.19	\$ 56.93	8,471	\$ 713.94	\$ 699.79	12,243	\$ 559.94	\$ 1,132.53	5,933	\$ 12.07	\$ 67.92	2,132	\$ 67.74	\$ 257.88	3,152
	Laboratory/Radiology	\$ 4.37	\$ 3.05	17,199	\$ 4.87	\$ 2.06	28,374	\$ 128.15	\$ 27.50	55,911	\$ 65.34	\$ 22.61	34,677	\$ 4.05	\$ 2.88	16,914	\$ 10.52	\$ 6.40	19,732
	Nursing Facility	\$ 6,202.17	\$ 214.34	347,227	\$ 27.00	\$ 176.53	1,836	\$ 6,598.11	\$ 229.13	345,561	\$ 38.11	\$ 270.22	1,692	\$ 4.86	\$ 187.40	311	\$ 195.26	\$ 218.87	10,705
	Other Medical	\$ 55.56	\$ 28.45	23,431	\$ 3.99	\$ 1.82	26,316	\$ 87.39	\$ 43.88	23,900	\$ 47.71	\$ 28.54	20,060	\$ 2.73	\$ 2.48	13,184	\$ 8.46	\$ 6.71	15,125
	Outpatient	\$ 11.28	\$ 7.96	16,994	\$ 16.64	\$ 8.47	23,588	\$ 71.86	\$ 86.75	9,940	\$ 109.25	\$ 65.70	19,955	\$ 6.05	\$ 11.88	6,114	\$ 16.29	\$ 21.90	8,927
	Pharmacy	\$ 16.97	\$ 12.89	15,803	\$ 26.25	\$ 32.00	9,846	\$ 889.13	\$ 66.20	161,165	\$ 850.50	\$ 126.02	80,986	\$ 12.14	\$ 31.18	4,674	\$ 92.33	\$ 83.40	13,285
	Physician	\$ 11.55	\$ 2.95	47,037	\$ 9.84	\$ 2.55	46,269	\$ 199.35	\$ 33.84	70,699	\$ 110.23	\$ 26.98	49,030	\$ 7.43	\$ 3.65	24,459	\$ 18.26	\$ 7.51	29,179
	Vision	\$ 0.40	\$ 7.94	607	\$ 0.52	\$ 10.56	591	\$ 3.35	\$ 34.27	1,174	\$ 3.49	\$ 42.12	994	\$ 0.46	\$ 13.20	422	\$ 0.75	\$ 18.18	495
<b>Medical Services Subtotal</b>		<b>\$ 6,365.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 198.34</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,862.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,053.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 64.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 451.97</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 4.76	\$ 33.26	1,716	\$ 83.20	\$ 33.66	29,665	\$ -	\$ -	-	\$ 33.35	\$ 34.45	11,618	\$ 0.05	\$ 34.00	17	\$ 9.64	\$ 33.88	3,415
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 2.44	\$ 10.69	2,742	\$ 429.31	\$ 11.23	458,643	\$ -	\$ -	-	\$ 353.05	\$ 11.34	373,578	\$ 0.56	\$ 11.02	613	\$ 64.66	\$ 11.28	68,793
	Other Waiver	\$ 0.31	\$ 14.12	263	\$ 22.54	\$ 17.84	15,163	\$ 0.17	\$ 565.00	4	\$ 14.84	\$ 29.15	6,106	\$ 0.03	\$ 51.09	7	\$ 3.09	\$ 21.24	1,746
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 6.96	\$ 4.63	18,032	\$ 3,393.05	\$ 4.29	9,487,441	\$ 4.46	\$ 4.66	11,485	\$ 4,278.79	\$ 4.48	11,462,350	\$ 1.61	\$ 3.69	5,236	\$ 632.61	\$ 4.39	1,727,610
	Residential Habilitation	\$ 7.52	\$ 171.19	527	\$ 153.70	\$ 168.02	10,977	\$ -	\$ -	-	\$ 72.24	\$ 194.94	4,447	\$ 0.15	\$ 272.32	7	\$ 18.72	\$ 176.32	1,274
	Respite	\$ -	\$ -	-	\$ 0.59	\$ 3.44	2,063	\$ -	\$ -	-	\$ 0.73	\$ 4.23	2,069	\$ -	\$ -	-	\$ 0.11	\$ 3.84	339
	Vendor Services	\$ 3.76	\$ 95.77	471	\$ 71.23	\$ 11.10	76,985	\$ 5.52	\$ 270.56	245	\$ 56.74	\$ 11.48	59,299	\$ 0.05	\$ 6.52	87	\$ 10.66	\$ 11.37	11,253
	Waiver DME/Supplies	\$ 0.04	\$ 23.19	19	\$ 4.26	\$ 28.42	1,799	\$ -	\$ -	-	\$ 3.93	\$ 26.12	1,807	\$ 0.00	\$ 16.98	2	\$ 0.68	\$ 27.20	298
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 25.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,157.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 10.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,813.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 740.17</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 6,391.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,356.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,872.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,867.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 67.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,192.14</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	60+
Time Period	SFY 2020–2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		103,402			83,240			3,051			16,354			331,723			537,771		
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	\$ 12.38	447	\$ 1.56	\$ 28.80	651	\$ 20.74	\$ 156.60	1,589	\$ 15.29	\$ 209.12	877	\$ 0.30	\$ 20.37	178	\$ 1.10	\$ 39.73	332
	Dental	\$ 4.03	\$ 31.35	1,545	\$ 3.11	\$ 60.64	615	\$ 6.71	\$ 41.83	1,926	\$ 7.01	\$ 73.07	1,151	\$ 2.59	\$ 47.00	662	\$ 3.11	\$ 44.05	847
	DME/Supplies	\$ 5.69	\$ 2.00	34,111	\$ 44.91	\$ 0.59	916,909	\$ 37.50	\$ 21.50	20,927	\$ 73.87	\$ 1.39	637,434	\$ 4.73	\$ 0.92	61,523	\$ 13.42	\$ 0.78	205,939
	Emergency Room	\$ 0.20	\$ 6.12	394	\$ 0.66	\$ 4.98	1,595	\$ 8.68	\$ 94.92	1,097	\$ 17.37	\$ 95.73	2,177	\$ 0.51	\$ 6.04	1,007	\$ 1.03	\$ 12.17	1,016
	FQHC/RHC	\$ 0.07	\$ 85.72	10	\$ 4.12	\$ 102.24	484	\$ 0.08	\$ 210.62	4	\$ 15.53	\$ 177.76	1,049	\$ 4.57	\$ 100.66	544	\$ 3.94	\$ 106.40	444
	Home Health	\$ 0.12	\$ 38.48	37	\$ 1.27	\$ 6.62	2,307	\$ 2.97	\$ 87.44	408	\$ 24.88	\$ 65.00	4,594	\$ 0.51	\$ 19.75	310	\$ 1.31	\$ 22.51	698
	Hospice	\$ 0.75	\$ 2,655.16	3	\$ 2.40	\$ 3,162.97	9	\$ 55.92	\$ -	-	\$ 11.30	\$ 171,838.17	1	\$ 0.22	\$ 219.08	12	\$ 1.31	\$ 1,656.15	10
	Inpatient	\$ 13.19	\$ 60.77	2,805	\$ 51.10	\$ 104.65	5,860	\$ 638.58	\$ 732.33	10,464	\$ 498.25	\$ 1,198.00	4,991	\$ 19.16	\$ 92.59	2,483	\$ 41.04	\$ 156.31	3,151
	Laboratory/Radiology	\$ 2.27	\$ 3.32	8,198	\$ 4.37	\$ 2.33	22,523	\$ 100.25	\$ 24.15	49,817	\$ 61.30	\$ 22.40	32,842	\$ 3.83	\$ 3.21	14,306	\$ 5.91	\$ 4.67	15,169
	Nursing Facility	\$ 4,629.64	\$ 160.76	345,589	\$ 68.40	\$ 165.20	4,969	\$ 5,257.89	\$ 183.53	343,779	\$ 63.75	\$ 346.36	2,209	\$ 26.80	\$ 173.48	1,854	\$ 949.07	\$ 161.82	70,380
	Other Medical	\$ 6.15	\$ 10.35	7,135	\$ 3.34	\$ 2.43	16,490	\$ 28.06	\$ 20.82	16,176	\$ 30.85	\$ 26.87	13,776	\$ 2.90	\$ 2.72	12,789	\$ 4.59	\$ 4.46	12,324
	Outpatient	\$ 3.79	\$ 14.18	3,211	\$ 8.53	\$ 10.33	9,911	\$ 115.71	\$ 8.79	157,888	\$ 88.41	\$ 46.35	22,891	\$ 3.64	\$ 10.83	4,031	\$ 7.64	\$ 14.72	6,230
	Pharmacy	\$ 6.08	\$ 4.88	14,947	\$ 13.01	\$ 17.03	9,169	\$ 561.96	\$ 43.40	155,380	\$ 587.58	\$ 85.12	82,832	\$ 10.37	\$ 24.39	5,101	\$ 30.64	\$ 33.91	10,841
	Physician	\$ 4.13	\$ 3.13	15,837	\$ 8.39	\$ 3.44	29,267	\$ 149.83	\$ 33.14	54,254	\$ 104.89	\$ 28.78	43,738	\$ 7.98	\$ 4.37	21,936	\$ 11.06	\$ 5.83	22,744
Vision	\$ 0.55	\$ 12.65	526	\$ 0.65	\$ 9.08	856	\$ 3.24	\$ 34.01	1,144	\$ 3.80	\$ 35.93	1,270	\$ 0.68	\$ 10.58	775	\$ 0.76	\$ 12.09	757	
<b>Medical Services Subtotal</b>		<b>\$ 4,677.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 215.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,988.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,604.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 88.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,075.92</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 10.15	\$ 47.04	2,589	\$ -	\$ -	-	\$ 6.43	\$ 48.67	1,586	\$ 0.01	\$ 67.83	1	\$ 1.77	\$ 47.25	450
	Employment	\$ -	\$ -	-	\$ 0.03	\$ 6.96	56	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 6.96	9
	Home Health/Therapies	\$ 0.02	\$ 11.51	16	\$ 31.89	\$ 11.75	32,585	\$ -	\$ -	-	\$ 11.54	\$ 11.75	11,783	\$ -	\$ -	0	\$ 5.29	\$ 11.75	5,405
	Other Waiver	\$ 0.00	\$ 133.41	0	\$ 10.60	\$ 33.60	3,787	\$ -	\$ -	-	\$ 7.90	\$ 34.09	2,783	\$ 0.01	\$ 57.07	3	\$ 1.89	\$ 33.73	673
	PDS/FMS	\$ -	\$ -	-	\$ 2.05	\$ 234.99	105	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.32	\$ 234.99	16
	Personal Assistance	\$ 4.40	\$ 4.54	11,622	\$ 4,131.69	\$ 4.53	10,948,184	\$ 2.55	\$ 4.50	6,811	\$ 5,405.62	\$ 4.63	14,011,420	\$ 8.09	\$ 4.36	22,273	\$ 809.77	\$ 4.55	2,136,751
	Residential Habilitation	\$ -	\$ -	-	\$ 8.38	\$ 269.71	373	\$ -	\$ -	-	\$ 6.25	\$ 207.87	361	\$ -	\$ -	-	\$ 1.49	\$ 259.83	69
	Respite	\$ -	\$ -	-	\$ 2.33	\$ 4.27	6,559	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.36	\$ 4.27	1,015
	Vendor Services	\$ 0.89	\$ 44.90	237	\$ 88.18	\$ 8.20	129,028	\$ 1.94	\$ 91.93	254	\$ 41.22	\$ 8.25	59,967	\$ 0.10	\$ 7.58	162	\$ 15.15	\$ 8.28	21,942
	Waiver DME/Supplies	\$ 0.00	\$ 9.27	3	\$ 6.07	\$ 25.04	2,907	\$ -	\$ -	-	\$ 3.78	\$ 30.88	1,470	\$ 0.00	\$ 6.79	4	\$ 1.06	\$ 25.45	498
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 5.30</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,291.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,482.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 837.10</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,682.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,507.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,992.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,086.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 97.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,913.02</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		3,298			17,142			2,065			11,317			196,226			230,049		
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	\$ 1.33	\$ 10.07	1,587	\$ 0.96	\$ 22.58	509	\$ 46.91	\$ 176.98	3,181	\$ 34.82	\$ 276.20	1,513	\$ 0.39	\$ 25.41	185	\$ 2.56	\$ 95.49	322
	Dental	\$ 5.98	\$ 46.31	1,550	\$ 5.72	\$ 58.17	1,180	\$ 6.24	\$ 28.56	2,620	\$ 7.37	\$ 70.06	1,262	\$ 5.16	\$ 58.46	1,059	\$ 5.33	\$ 58.20	1,099
	DME/Supplies	\$ 15.51	\$ 1.43	129,874	\$ 42.26	\$ 0.70	725,944	\$ 14.76	\$ 10.71	16,535	\$ 210.67	\$ 2.73	925,739	\$ 4.13	\$ 1.12	44,395	\$ 17.39	\$ 1.50	139,514
	Emergency Room	\$ 0.41	\$ 3.02	1,640	\$ 0.74	\$ 4.15	2,144	\$ 14.88	\$ 81.39	2,194	\$ 23.78	\$ 80.23	3,556	\$ 0.80	\$ 6.37	1,513	\$ 2.05	\$ 14.75	1,668
	FQHC/RHC	\$ 2.34	\$ 45.86	612	\$ 4.92	\$ 103.71	569	\$ 5.94	\$ 170.37	419	\$ 14.94	\$ 181.33	989	\$ 4.07	\$ 98.64	496	\$ 4.66	\$ 106.32	526
	Home Health	\$ -	\$ -	32	\$ 6.69	\$ 33.60	2,388	\$ 8.45	\$ 76.73	1,322	\$ 50.10	\$ 52.18	11,523	\$ 0.41	\$ 27.33	180	\$ 3.39	\$ 44.65	911
	Hospice	\$ 0.02	\$ -	-	\$ 0.20	\$ 388.02	6	\$ 56.90	\$ -	-	\$ 11.40	\$ -	-	\$ 0.00	\$ 0.23	52	\$ 1.09	\$ 290.93	45
	Inpatient	\$ 47.17	\$ 59.13	9,573	\$ 28.60	\$ 79.14	4,336	\$ 1,030.82	\$ 1,458.30	8,482	\$ 691.75	\$ 1,348.90	6,154	\$ 10.88	\$ 71.93	1,816	\$ 55.37	\$ 278.28	2,388
	Laboratory/Radiology	\$ 4.76	\$ 2.27	25,175	\$ 4.37	\$ 2.06	25,481	\$ 115.24	\$ 23.64	58,506	\$ 70.15	\$ 22.87	36,805	\$ 4.12	\$ 3.21	15,407	\$ 8.39	\$ 5.68	17,737
	Nursing Facility	\$ 4,433.71	\$ 164.74	322,957	\$ 27.07	\$ 158.85	2,045	\$ 5,114.05	\$ 187.56	327,194	\$ 86.84	\$ 262.24	3,974	\$ 3.30	\$ 151.74	261	\$ 118.57	\$ 174.85	8,138
	Other Medical	\$ 12.78	\$ 4.61	33,289	\$ 4.04	\$ 2.10	23,083	\$ 24.77	\$ 21.10	14,087	\$ 41.83	\$ 26.74	18,775	\$ 3.18	\$ 2.76	13,835	\$ 5.48	\$ 4.37	15,048
	Outpatient	\$ 9.11	\$ 15.01	7,284	\$ 11.99	\$ 5.02	28,666	\$ 76.43	\$ 21.63	42,406	\$ 85.45	\$ 56.19	18,249	\$ 5.34	\$ 6.05	10,577	\$ 10.46	\$ 10.01	12,541
	Pharmacy	\$ 10.45	\$ 11.57	10,836	\$ 22.60	\$ 30.53	8,882	\$ 842.72	\$ 56.05	180,413	\$ 1,165.43	\$ 161.85	86,407	\$ 9.85	\$ 27.99	4,220	\$ 75.13	\$ 87.64	10,287
	Physician	\$ 9.04	\$ 1.87	57,989	\$ 7.69	\$ 2.10	43,889	\$ 152.62	\$ 32.23	56,833	\$ 108.13	\$ 21.83	59,452	\$ 6.60	\$ 3.17	24,937	\$ 13.02	\$ 5.42	28,807
Vision	\$ 0.66	\$ 8.05	977	\$ 0.58	\$ 9.38	744	\$ 3.37	\$ 35.97	1,123	\$ 2.32	\$ 33.86	823	\$ 0.50	\$ 10.91	549	\$ 0.62	\$ 12.71	589	
<b>Medical Services Subtotal</b>		<b>\$ 4,553.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 168.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,514.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,604.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 58.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 323.52</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 33.02	\$ 35.08	11,297	\$ -	\$ -	-	\$ 11.15	\$ 34.23	3,907	\$ -	\$ -	-	\$ 3.01	\$ 34.92	1,034
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ -	\$ -	-	\$ 274.75	\$ 11.33	290,914	\$ -	\$ -	-	\$ 259.11	\$ 11.19	277,963	\$ -	\$ -	-	\$ 33.22	\$ 11.28	35,352
	Other Waiver	\$ 0.14	\$ 158.16	11	\$ 18.92	\$ 19.72	11,508	\$ 0.83	\$ 1,700.00	6	\$ 15.81	\$ 40.36	4,701	\$ 0.27	\$ 307.27	10	\$ 2.42	\$ 26.50	1,098
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 3.78	\$ 117.60	386	\$ -	\$ -	-	\$ 0.19	\$ 117.60	19
	Personal Assistance	\$ 11.70	\$ 4.48	31,369	\$ 2,996.69	\$ 4.34	8,289,494	\$ 29.08	\$ 4.94	70,571	\$ 3,048.42	\$ 4.38	8,353,842	\$ 0.34	\$ 4.61	881	\$ 373.98	\$ 4.35	1,030,495
	Residential Habilitation	\$ -	\$ -	-	\$ 168.46	\$ 99.02	20,414	\$ -	\$ -	-	\$ 52.60	\$ 58.49	10,791	\$ -	\$ -	-	\$ 15.14	\$ 88.54	2,052
	Respite	\$ -	\$ -	-	\$ 1.29	\$ 4.68	3,305	\$ -	\$ -	-	\$ 0.11	\$ 1.08	1,197	\$ -	\$ -	-	\$ 0.10	\$ 3.98	305
	Vendor Services	\$ 10.41	\$ 45.04	2,774	\$ 83.39	\$ 13.82	72,424	\$ 4.37	\$ 58.08	903	\$ 71.81	\$ 11.67	73,811	\$ 0.03	\$ 8.49	45	\$ 9.96	\$ 13.12	9,114
	Waiver DME/Supplies	\$ 0.05	\$ 6.50	92	\$ 3.49	\$ 42.54	985	\$ 0.02	\$ 17.00	12	\$ 3.51	\$ 33.66	1,250	\$ 0.00	\$ 17.00	0	\$ 0.43	\$ 38.15	136
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 22.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,580.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 34.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,466.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 438.46</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,575.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,748.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,548.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,071.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 59.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 761.98</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast
Age Group	60+
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		80,427			49,906			2,206			4,771			250,536			387,845		
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	\$ 0.81	\$ 13.53	718	\$ 1.10	\$ 22.56	587	\$ 38.03	\$ 169.43	2,694	\$ 33.21	\$ 231.06	1,725	\$ 0.60	\$ 32.32	224	\$ 1.32	\$ 39.18	406
	Dental	\$ 3.29	\$ 48.23	818	\$ 2.23	\$ 74.41	359	\$ 4.69	\$ 27.71	2,031	\$ 6.35	\$ 94.19	809	\$ 2.45	\$ 59.87	491	\$ 2.65	\$ 57.47	554
	DME/Supplies	\$ 2.73	\$ 1.11	29,584	\$ 53.70	\$ 0.62	1,035,651	\$ 10.11	\$ 5.86	20,698	\$ 128.07	\$ 1.53	1,004,261	\$ 6.61	\$ 0.91	87,026	\$ 13.38	\$ 0.77	208,085
	Emergency Room	\$ 0.24	\$ 4.26	668	\$ 0.44	\$ 3.54	1,503	\$ 14.87	\$ 96.66	1,846	\$ 22.06	\$ 82.14	3,223	\$ 0.41	\$ 5.08	962	\$ 0.73	\$ 8.67	1,004
	FQHC/RHC	\$ 1.06	\$ 37.94	335	\$ 2.45	\$ 86.51	340	\$ 7.87	\$ 104.53	903	\$ 13.81	\$ 169.36	978	\$ 3.02	\$ 90.31	401	\$ 2.70	\$ 83.18	390
	Home Health	\$ 0.01	\$ 7.85	22	\$ 1.08	\$ 7.82	1,664	\$ 2.07	\$ 78.50	316	\$ 62.84	\$ 73.64	10,240	\$ 0.18	\$ 9.48	224	\$ 1.04	\$ 25.45	491
	Hospice	\$ 0.29	\$ 662.18	5	\$ 0.07	\$ -	-	\$ 32.33	\$ -	-	\$ 19.41	\$ -	-	\$ 0.07	\$ 81.45	10	\$ 0.53	\$ 854.12	8
	Inpatient	\$ 16.68	\$ 59.37	3,372	\$ 34.30	\$ 64.48	6,384	\$ 584.78	\$ 1,336.27	5,251	\$ 733.03	\$ 1,187.14	7,410	\$ 19.85	\$ 83.12	2,866	\$ 33.04	\$ 113.51	3,493
	Laboratory/Radiology	\$ 2.66	\$ 2.49	12,777	\$ 4.46	\$ 2.27	23,547	\$ 97.86	\$ 22.45	52,321	\$ 75.39	\$ 21.71	41,678	\$ 3.87	\$ 3.21	14,464	\$ 5.11	\$ 3.87	15,833
	Nursing Facility	\$ 4,244.92	\$ 153.31	332,255	\$ 129.59	\$ 164.04	9,479	\$ 4,972.50	\$ 181.28	329,167	\$ 197.83	\$ 264.62	8,971	\$ 28.11	\$ 165.91	2,033	\$ 945.81	\$ 154.60	73,415
	Other Medical	\$ 2.45	\$ 3.01	9,775	\$ 3.81	\$ 2.75	16,642	\$ 20.78	\$ 15.04	16,578	\$ 37.84	\$ 29.29	15,502	\$ 3.82	\$ 3.39	13,511	\$ 4.05	\$ 3.69	13,181
	Outpatient	\$ 3.49	\$ 17.33	2,416	\$ 6.37	\$ 14.78	5,174	\$ 93.99	\$ 33.70	33,465	\$ 106.04	\$ 244.01	5,215	\$ 2.84	\$ 14.94	2,281	\$ 5.22	\$ 21.62	2,895
	Pharmacy	\$ 4.37	\$ 6.03	8,703	\$ 10.13	\$ 18.29	6,643	\$ 581.20	\$ 44.58	156,433	\$ 830.11	\$ 103.35	96,386	\$ 9.10	\$ 26.90	4,059	\$ 21.60	\$ 35.24	7,357
	Physician	\$ 4.61	\$ 2.78	19,914	\$ 6.32	\$ 2.61	29,001	\$ 119.59	\$ 30.61	46,887	\$ 117.98	\$ 23.18	61,089	\$ 6.70	\$ 3.51	22,861	\$ 8.23	\$ 4.17	23,647
	Vision	\$ 0.49	\$ 9.28	637	\$ 0.44	\$ 6.41	816	\$ 3.04	\$ 29.80	1,224	\$ 2.93	\$ 33.84	1,039	\$ 0.61	\$ 8.31	879	\$ 0.60	\$ 8.80	824
<b>Medical Services Subtotal</b>		<b>\$ 4,288.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 256.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,583.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,386.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 88.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,046.02</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 4.29	\$ 46.27	1,113	\$ -	\$ -	-	\$ 3.32	\$ 41.81	954	\$ -	\$ -	-	\$ 0.59	\$ 45.93	155
	Employment	\$ -	\$ -	-	\$ 0.02	\$ 6.50	29	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 6.50	4
	Home Health/Therapies	\$ 0.05	\$ 10.94	55	\$ 36.17	\$ 11.76	36,904	\$ -	\$ -	-	\$ 108.59	\$ 11.09	117,515	\$ 0.00	\$ 12.04	2	\$ 6.00	\$ 11.60	6,207
	Other Waiver	\$ 0.02	\$ 395.84	1	\$ 4.89	\$ 26.77	2,192	\$ 1.01	\$ 2,200.00	5	\$ 6.18	\$ 73.46	1,010	\$ 0.01	\$ 46.49	2	\$ 0.72	\$ 29.23	296
	PDS/FMS	\$ -	\$ -	-	\$ 1.18	\$ 159.46	89	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.15	\$ 159.46	11
	Personal Assistance	\$ 3.99	\$ 4.70	10,175	\$ 3,321.44	\$ 4.60	8,658,755	\$ 0.61	\$ 4.94	1,475	\$ 3,195.15	\$ 4.58	8,373,422	\$ 1.83	\$ 4.45	4,920	\$ 468.70	\$ 4.60	1,222,468
	Residential Habilitation	\$ -	\$ -	-	\$ 17.73	\$ 64.09	3,319	\$ -	\$ -	-	\$ 10.62	\$ 120.11	1,061	\$ -	\$ -	-	\$ 2.41	\$ 65.75	440
	Respite	\$ -	\$ -	-	\$ 1.06	\$ 4.42	2,865	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.14	\$ 4.42	369
	Vendor Services	\$ 1.29	\$ 37.92	408	\$ 95.56	\$ 8.78	130,671	\$ 4.23	\$ 144.64	351	\$ 78.51	\$ 9.22	102,200	\$ 0.09	\$ 7.33	150	\$ 13.61	\$ 8.95	18,255
	Waiver DME/Supplies	\$ 0.02	\$ 55.09	4	\$ 5.75	\$ 29.43	2,346	\$ 0.03	\$ 60.00	6	\$ 4.22	\$ 31.61	1,603	\$ 0.00	\$ 12.31	1	\$ 0.80	\$ 29.62	323
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 5.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,488.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,406.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 493.13</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,293.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,744.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,589.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,793.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 90.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,539.15</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northwest
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		2,029			14,253			1,005			12,637			117,124			147,047		
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	\$ 2.77	\$ 18.40	1,805	\$ 1.62	\$ 33.20	587	\$ 47.64	\$ 203.69	2,806	\$ 24.63	\$ 278.01	1,063	\$ 0.51	\$ 39.50	154	\$ 3.04	\$ 115.96	315
	Dental	\$ 2.94	\$ 34.85	1,012	\$ 3.03	\$ 42.87	849	\$ 3.19	\$ 27.38	1,398	\$ 5.68	\$ 62.40	1,091	\$ 3.78	\$ 40.34	1,124	\$ 3.85	\$ 42.24	1,095
	DME/Supplies	\$ 22.29	\$ 3.66	73,159	\$ 40.06	\$ 0.81	595,828	\$ 88.62	\$ 13.39	79,440	\$ 155.17	\$ 3.36	554,602	\$ 5.06	\$ 1.74	34,995	\$ 22.16	\$ 1.97	134,838
	Emergency Room	\$ 0.68	\$ 4.67	1,746	\$ 0.77	\$ 4.60	2,000	\$ 21.77	\$ 99.30	2,630	\$ 26.13	\$ 87.04	3,603	\$ 0.78	\$ 6.60	1,424	\$ 3.10	\$ 22.16	1,680
	FQHC/RHC	\$ 1.12	\$ 49.83	271	\$ 3.82	\$ 70.04	654	\$ 10.97	\$ 185.83	708	\$ 8.87	\$ 165.76	642	\$ 3.78	\$ 80.17	566	\$ 4.23	\$ 87.93	578
	Home Health	\$ -	\$ -	117	\$ 1.75	\$ 27.97	751	\$ 14.10	\$ 86.53	1,956	\$ 42.46	\$ 54.44	9,358	\$ 0.36	\$ 25.29	170	\$ 4.20	\$ 49.05	1,028
	Hospice	\$ -	\$ -	26	\$ -	\$ -	8	\$ 15.81	\$ -	-	\$ 8.69	\$ 10,394.46	10	\$ 0.00	\$ 1.69	15	\$ 0.86	\$ 742.97	14
	Inpatient	\$ 64.18	\$ 157.31	4,896	\$ 29.59	\$ 33.16	10,709	\$ 878.58	\$ 1,734.08	6,080	\$ 402.39	\$ 514.03	9,394	\$ 11.21	\$ 54.56	2,466	\$ 53.27	\$ 163.13	3,919
	Laboratory/Radiology	\$ 5.36	\$ 2.38	27,063	\$ 5.38	\$ 2.43	26,564	\$ 111.22	\$ 22.72	58,730	\$ 73.55	\$ 23.76	37,153	\$ 4.74	\$ 3.79	15,015	\$ 11.45	\$ 7.43	18,501
	Nursing Facility	\$ 4,225.89	\$ 153.78	329,759	\$ 37.82	\$ 167.71	2,706	\$ 5,234.78	\$ 184.62	340,248	\$ 35.84	\$ 175.73	2,447	\$ 3.01	\$ 150.23	240	\$ 103.22	\$ 164.30	7,539
	Other Medical	\$ 2.91	\$ 1.56	22,395	\$ 4.96	\$ 2.29	25,963	\$ 22.49	\$ 21.55	12,522	\$ 39.84	\$ 24.69	19,363	\$ 3.35	\$ 3.43	11,738	\$ 6.77	\$ 5.83	13,925
	Outpatient	\$ 18.19	\$ 2.13	102,715	\$ 16.61	\$ 4.77	41,830	\$ 133.65	\$ 24.02	66,772	\$ 91.65	\$ 42.17	26,084	\$ 5.87	\$ 6.86	10,261	\$ 15.33	\$ 11.25	16,343
	Pharmacy	\$ 7.37	\$ 5.09	17,362	\$ 25.36	\$ 23.44	12,985	\$ 772.71	\$ 63.58	145,847	\$ 776.98	\$ 107.93	86,389	\$ 12.56	\$ 28.14	5,355	\$ 84.61	\$ 71.59	14,184
	Physician	\$ 15.61	\$ 3.65	51,262	\$ 9.51	\$ 3.26	34,994	\$ 143.41	\$ 35.19	48,907	\$ 105.48	\$ 33.40	37,898	\$ 8.38	\$ 5.32	18,900	\$ 17.85	\$ 9.42	22,744
Vision	\$ 0.93	\$ 15.58	718	\$ 0.79	\$ 14.02	673	\$ 3.24	\$ 36.11	1,076	\$ 3.14	\$ 31.61	1,192	\$ 0.76	\$ 18.63	491	\$ 0.99	\$ 20.58	576	
<b>Medical Services Subtotal</b>		<b>\$ 4,370.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 181.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,502.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,800.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 64.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 334.94</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 1.29	\$ 34.56	448	\$ 61.59	\$ 34.56	21,387	\$ -	\$ -	-	\$ 17.72	\$ 34.56	6,154	\$ 0.11	\$ 34.56	38	\$ 7.60	\$ 34.56	2,638
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ -	\$ -	-	\$ 236.20	\$ 11.10	255,407	\$ -	\$ -	-	\$ 135.13	\$ 11.05	146,693	\$ -	\$ -	0	\$ 34.51	\$ 11.08	37,362
	Other Waiver	\$ 0.18	\$ 191.00	11	\$ 5.19	\$ 51.66	1,205	\$ -	\$ -	-	\$ 7.11	\$ 47.49	1,796	\$ 0.03	\$ 150.29	3	\$ 1.14	\$ 50.16	273
	PDS/FMS	\$ -	\$ -	-	\$ 1.59	\$ 116.85	163	\$ -	\$ -	-	\$ 10.64	\$ 212.85	600	\$ -	\$ -	-	\$ 1.07	\$ 190.33	67
	Personal Assistance	\$ 15.33	\$ 4.78	38,514	\$ 2,737.70	\$ 4.34	7,565,242	\$ 18.56	\$ 4.97	44,813	\$ 3,603.88	\$ 4.62	9,361,577	\$ 1.08	\$ 4.58	2,824	\$ 576.26	\$ 4.49	1,540,865
	Residential Habilitation	\$ 5.50	\$ 255.33	269	\$ 173.73	\$ 167.78	12,425	\$ -	\$ -	-	\$ 55.37	\$ 202.06	3,288	\$ 0.26	\$ 255.33	12	\$ 21.88	\$ 175.01	1,500
	Respite	\$ -	\$ -	-	\$ 0.17	\$ 3.70	550	\$ -	\$ -	-	\$ 0.24	\$ 4.41	643	\$ -	\$ -	-	\$ 0.04	\$ 4.06	109
	Vendor Services	\$ 6.66	\$ 130.38	613	\$ 58.69	\$ 10.34	68,144	\$ 6.38	\$ 26.62	2,877	\$ 47.74	\$ 8.81	65,028	\$ 0.08	\$ 10.38	97	\$ 9.99	\$ 9.75	12,298
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.00	\$ 5.34	2,241	\$ -	\$ -	-	\$ 1.58	\$ 6.19	3,070	\$ 0.00	\$ 0.02	70	\$ 0.23	\$ 5.20	537
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 28.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,275.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 24.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,879.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 652.71</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,399.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,456.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,527.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,679.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 65.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 987.65</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northwest
Age Group	60+
Time Period	SFY 2020–2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		41,744			37,909			1,030			5,256			119,851			205,790		
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	\$ 0.86	\$ 16.15	637	\$ 1.59	\$ 28.81	664	\$ 42.70	\$ 236.59	2,166	\$ 27.17	\$ 293.03	1,112	\$ 0.53	\$ 32.08	198	\$ 1.68	\$ 49.76	406
	Dental	\$ 1.58	\$ 37.03	511	\$ 2.15	\$ 54.72	472	\$ 4.01	\$ 51.94	926	\$ 4.15	\$ 72.76	685	\$ 2.18	\$ 39.81	658	\$ 2.11	\$ 42.56	596
	DME/Supplies	\$ 9.05	\$ 4.87	22,307	\$ 43.57	\$ 0.76	691,400	\$ 33.00	\$ 28.03	14,126	\$ 105.86	\$ 2.88	440,598	\$ 6.50	\$ 1.08	72,294	\$ 16.51	\$ 1.07	185,317
	Emergency Room	\$ 0.24	\$ 5.16	567	\$ 0.52	\$ 3.75	1,674	\$ 17.02	\$ 86.37	2,364	\$ 20.62	\$ 81.32	3,043	\$ 0.39	\$ 5.32	889	\$ 0.99	\$ 11.50	1,031
	FQHC/RHC	\$ 0.72	\$ 38.28	226	\$ 2.53	\$ 64.40	472	\$ 4.35	\$ 143.00	365	\$ 11.06	\$ 171.05	776	\$ 3.09	\$ 75.13	494	\$ 2.72	\$ 73.77	442
	Home Health	\$ 0.04	\$ 14.53	31	\$ 0.85	\$ 14.48	700	\$ 8.91	\$ 80.91	1,322	\$ 59.82	\$ 86.69	8,280	\$ 0.34	\$ 24.57	168	\$ 1.94	\$ 51.49	451
	Hospice	\$ 0.45	\$ -	-	\$ 0.20	\$ 379.01	6	\$ 21.03	\$ -	-	\$ 12.55	\$ -	-	\$ 0.04	\$ 57.04	9	\$ 0.58	\$ 1,114.56	6
	Inpatient	\$ 15.46	\$ 55.11	3,366	\$ 37.72	\$ 64.44	7,023	\$ 740.97	\$ 614.52	14,469	\$ 566.99	\$ 459.64	14,803	\$ 22.64	\$ 107.10	2,537	\$ 41.46	\$ 127.42	3,904
	Laboratory/Radiology	\$ 2.72	\$ 2.71	12,042	\$ 5.21	\$ 2.71	23,094	\$ 93.81	\$ 22.39	50,268	\$ 71.15	\$ 23.26	36,708	\$ 4.48	\$ 3.68	14,635	\$ 6.41	\$ 4.69	16,409
	Nursing Facility	\$ 4,088.51	\$ 145.90	336,271	\$ 95.74	\$ 159.41	7,207	\$ 4,871.39	\$ 168.74	346,429	\$ 64.61	\$ 178.11	4,353	\$ 22.68	\$ 158.58	1,716	\$ 886.22	\$ 146.92	72,384
	Other Medical	\$ 1.78	\$ 2.98	7,174	\$ 3.84	\$ 2.61	17,681	\$ 29.48	\$ 25.21	14,036	\$ 47.17	\$ 25.53	22,175	\$ 3.15	\$ 3.15	11,983	\$ 4.25	\$ 4.14	12,328
	Outpatient	\$ 5.02	\$ 3.32	18,114	\$ 9.98	\$ 4.60	26,005	\$ 107.07	\$ 18.85	68,170	\$ 55.93	\$ 453.81	1,479	\$ 3.57	\$ 8.37	5,116	\$ 6.90	\$ 7.00	11,823
	Pharmacy	\$ 4.82	\$ 3.84	15,071	\$ 14.98	\$ 17.12	10,499	\$ 611.53	\$ 53.32	137,639	\$ 714.47	\$ 100.11	85,639	\$ 7.42	\$ 16.68	5,342	\$ 29.37	\$ 32.10	10,979
	Physician	\$ 4.31	\$ 3.37	15,379	\$ 8.42	\$ 3.93	25,691	\$ 121.55	\$ 35.20	41,443	\$ 109.13	\$ 30.70	42,664	\$ 8.85	\$ 5.74	18,477	\$ 10.97	\$ 6.61	19,910
Vision	\$ 0.41	\$ 12.31	401	\$ 0.64	\$ 10.32	745	\$ 1.91	\$ 36.79	623	\$ 2.85	\$ 31.78	1,077	\$ 0.69	\$ 12.90	646	\$ 0.69	\$ 13.21	626	
<b>Medical Services Subtotal</b>		<b>\$ 4,135.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 227.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,708.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,873.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 86.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,012.80</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 5.12	\$ 38.07	1,615	\$ -	\$ -	-	\$ 8.77	\$ 34.56	3,047	\$ -	\$ -	-	\$ 1.17	\$ 37.34	375
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.00	\$ 16.55	3	\$ 61.78	\$ 11.44	64,797	\$ -	\$ -	-	\$ 22.96	\$ 11.14	24,746	\$ 0.00	\$ 16.55	0	\$ 11.97	\$ 11.43	12,569
	Other Waiver	\$ 0.14	\$ 256.58	6	\$ 2.81	\$ 62.12	543	\$ -	\$ -	-	\$ 5.86	\$ 34.78	2,022	\$ 0.03	\$ 106.88	3	\$ 0.71	\$ 55.11	155
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 7.74	\$ 4.67	19,868	\$ 3,007.86	\$ 4.53	7,967,821	\$ 15.19	\$ 4.78	38,136	\$ 4,130.71	\$ 4.77	10,390,562	\$ 2.98	\$ 4.27	8,357	\$ 662.97	\$ 4.57	1,742,243
	Residential Habilitation	\$ -	\$ -	-	\$ 12.51	\$ 105.33	1,426	\$ -	\$ -	-	\$ 31.52	\$ 255.33	1,482	\$ -	\$ -	0	\$ 3.11	\$ 124.15	301
	Respite	\$ -	\$ -	-	\$ 0.37	\$ 4.44	1,012	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.07	\$ 4.44	186
	Vendor Services	\$ 1.85	\$ 39.67	560	\$ 79.05	\$ 9.12	103,967	\$ 5.96	\$ 87.88	813	\$ 59.34	\$ 8.00	89,017	\$ 0.11	\$ 6.40	206	\$ 16.55	\$ 9.17	21,663
	Waiver DME/Supplies	\$ 0.02	\$ 11.31	17	\$ 3.26	\$ 2.78	14,050	\$ -	\$ -	-	\$ 1.08	\$ 3.58	3,616	\$ 0.00	\$ 0.36	67	\$ 0.63	\$ 2.79	2,723
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,172.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 21.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,260.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 697.17</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,145.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,400.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,729.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,133.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 89.67</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,709.97</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Statewide
Age Group	21-59
Time Period	SFY 2020-2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		25,646			202,408			19,751			235,138			1,182,829			1,665,771		
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	\$ 3.99	\$ 21.19	2,257	\$ 1.61	\$ 31.54	614	\$ 44.78	\$ 176.69	3,041	\$ 20.58	\$ 235.81	1,048	\$ 0.52	\$ 31.03	200	\$ 4.06	\$ 112.00	435
	Dental	\$ 6.38	\$ 52.87	1,447	\$ 5.39	\$ 47.40	1,365	\$ 8.28	\$ 53.14	1,870	\$ 7.63	\$ 58.10	1,576	\$ 4.45	\$ 45.58	1,173	\$ 5.09	\$ 48.28	1,266
	DME/Supplies	\$ 24.59	\$ 1.28	230,256	\$ 34.80	\$ 0.71	584,066	\$ 51.99	\$ 11.25	55,437	\$ 132.71	\$ 2.56	622,472	\$ 4.30	\$ 1.17	44,197	\$ 27.01	\$ 1.67	194,423
	Emergency Room	\$ 0.78	\$ 6.28	1,491	\$ 1.46	\$ 9.86	1,780	\$ 21.92	\$ 108.78	2,418	\$ 35.12	\$ 131.74	3,199	\$ 1.27	\$ 9.73	1,562	\$ 6.31	\$ 41.39	1,828
	FQHC/RHC	\$ 0.46	\$ 46.98	118	\$ 3.68	\$ 102.38	432	\$ 1.80	\$ 184.65	117	\$ 15.74	\$ 196.79	960	\$ 3.13	\$ 98.31	382	\$ 4.92	\$ 127.67	463
	Home Health	\$ 1.79	\$ 60.00	357	\$ 4.92	\$ 17.33	3,405	\$ 17.04	\$ 73.35	2,787	\$ 47.58	\$ 55.56	10,277	\$ 0.86	\$ 10.83	956	\$ 8.16	\$ 37.91	2,582
	Hospice	\$ 0.15	\$ 321.43	6	\$ 0.03	\$ 51.17	6	\$ 37.14	\$ 19,670.03	23	\$ 7.82	\$ 36,099.98	3	\$ 0.00	\$ 0.52	46	\$ 1.55	\$ 549.06	34
	Inpatient	\$ 68.61	\$ 93.91	8,767	\$ 34.65	\$ 76.91	5,405	\$ 1,162.26	\$ 1,115.82	12,499	\$ 730.69	\$ 1,232.70	7,113	\$ 13.87	\$ 73.20	2,274	\$ 132.04	\$ 445.21	3,559
	Laboratory/Radiology	\$ 4.96	\$ 2.36	25,233	\$ 5.56	\$ 2.50	26,692	\$ 126.06	\$ 26.59	56,897	\$ 69.26	\$ 27.00	30,786	\$ 4.32	\$ 3.22	16,096	\$ 15.09	\$ 9.02	20,082
	Nursing Facility	\$ 5,350.01	\$ 192.13	334,151	\$ 24.16	\$ 181.02	1,601	\$ 6,062.37	\$ 216.57	335,913	\$ 44.02	\$ 211.64	2,496	\$ 4.39	\$ 167.88	314	\$ 166.52	\$ 201.89	9,897
	Other Medical	\$ 47.48	\$ 18.58	30,664	\$ 4.47	\$ 2.33	23,003	\$ 90.12	\$ 39.72	27,229	\$ 48.08	\$ 37.92	15,216	\$ 2.87	\$ 0.72	47,737	\$ 11.17	\$ 3.38	39,635
	Outpatient	\$ 17.97	\$ 9.50	22,706	\$ 16.09	\$ 7.56	25,541	\$ 122.27	\$ 49.01	29,938	\$ 110.78	\$ 113.55	11,707	\$ 6.32	\$ 9.12	8,320	\$ 23.81	\$ 25.13	11,368
	Pharmacy	\$ 12.65	\$ 10.62	14,289	\$ 22.00	\$ 24.06	10,970	\$ 812.86	\$ 66.38	146,956	\$ 883.99	\$ 126.39	83,931	\$ 11.61	\$ 27.71	5,028	\$ 145.53	\$ 93.32	18,713
	Physician	\$ 12.81	\$ 2.39	64,349	\$ 9.52	\$ 2.55	44,733	\$ 211.33	\$ 31.76	79,862	\$ 108.49	\$ 26.36	49,398	\$ 7.31	\$ 1.85	47,466	\$ 24.36	\$ 6.08	48,051
Vision	\$ 0.70	\$ 12.01	698	\$ 0.63	\$ 12.84	586	\$ 2.95	\$ 35.55	997	\$ 2.42	\$ 38.41	756	\$ 0.56	\$ 15.21	446	\$ 0.86	\$ 20.07	517	
<b>Medical Services Subtotal</b>		<b>\$ 5,553.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 168.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,773.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,264.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 65.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 576.48</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 2.72	\$ 34.00	960	\$ 55.93	\$ 32.23	20,825	\$ 0.75	\$ 24.59	368	\$ 14.94	\$ 33.14	5,411	\$ 0.04	\$ 32.92	16	\$ 8.99	\$ 32.44	3,325
	Employment	\$ -	\$ -	-	\$ 1.19	\$ 6.79	2,105	\$ -	\$ -	-	\$ 0.63	\$ 5.96	1,277	\$ 0.00	\$ 10.87	0	\$ 0.23	\$ 6.45	436
	Home Health/Therapies	\$ 2.95	\$ 10.93	3,234	\$ 228.75	\$ 11.67	235,147	\$ 0.06	\$ 13.90	54	\$ 209.96	\$ 11.76	214,218	\$ 0.55	\$ 11.08	598	\$ 57.87	\$ 11.71	59,286
	Other Waiver	\$ 1.88	\$ 72.97	309	\$ 46.85	\$ 25.54	22,015	\$ 4.91	\$ 153.86	383	\$ 43.99	\$ 47.98	11,001	\$ 0.17	\$ 111.10	18	\$ 12.11	\$ 34.19	4,250
	PDS/FMS	\$ -	\$ -	-	\$ 0.35	\$ 183.07	23	\$ -	\$ -	-	\$ 0.80	\$ 161.32	60	\$ -	\$ -	-	\$ 0.16	\$ 166.68	11
	Personal Assistance	\$ 13.15	\$ 4.65	33,957	\$ 3,657.49	\$ 4.60	9,536,729	\$ 11.63	\$ 4.90	28,468	\$ 3,962.34	\$ 4.73	10,054,448	\$ 4.25	\$ 4.45	11,466	\$ 1,007.10	\$ 4.67	2,587,081
	Residential Habilitation	\$ 10.72	\$ 99.39	1,295	\$ 139.69	\$ 95.74	17,509	\$ 2.13	\$ 50.75	503	\$ 43.23	\$ 92.81	5,590	\$ 0.10	\$ 125.32	9	\$ 23.33	\$ 94.96	2,949
	Respite	\$ -	\$ -	-	\$ 0.74	\$ 4.45	1,989	\$ -	\$ -	-	\$ 0.90	\$ 4.44	2,419	\$ -	\$ -	-	\$ 0.22	\$ 4.44	583
	Vendor Services	\$ 8.69	\$ 94.65	1,101	\$ 87.00	\$ 9.43	110,651	\$ 8.89	\$ 72.83	1,465	\$ 91.52	\$ 8.24	133,251	\$ 0.11	\$ 7.31	174	\$ 23.80	\$ 8.81	32,413
	Waiver DME/Supplies	\$ 0.02	\$ 11.84	23	\$ 1.74	\$ 6.35	3,291	\$ 0.01	\$ 11.42	9	\$ 1.23	\$ 6.70	2,205	\$ 0.00	\$ 0.84	30	\$ 0.39	\$ 6.35	733
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 40.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,219.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 28.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,369.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,134.20</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,593.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,388.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,801.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,634.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 71.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,710.68</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Statewide
Age Group	60+
Time Period	SFY 2020–2021

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in the HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in the HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in the HCBS Waiver			Total		
Member Months		436,897			637,503			19,637			109,748			1,673,216			2,877,001		
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	\$ 1.25	\$ 17.84	842	\$ 1.77	\$ 31.18	680	\$ 31.41	\$ 172.18	2,189	\$ 20.31	\$ 230.80	1,056	\$ 0.50	\$ 29.62	203	\$ 1.86	\$ 49.46	452
	Dental	\$ 4.22	\$ 47.19	1,073	\$ 3.62	\$ 58.09	747	\$ 7.02	\$ 51.30	1,642	\$ 6.89	\$ 66.60	1,242	\$ 2.71	\$ 46.28	703	\$ 3.33	\$ 50.20	796
	DME/Supplies	\$ 6.39	\$ 1.75	43,720	\$ 46.89	\$ 0.61	923,070	\$ 25.98	\$ 11.15	27,954	\$ 84.07	\$ 1.85	546,489	\$ 6.09	\$ 0.84	87,230	\$ 18.29	\$ 0.78	282,948
	Emergency Room	\$ 0.32	\$ 6.39	594	\$ 0.94	\$ 9.27	1,221	\$ 14.46	\$ 106.78	1,625	\$ 23.44	\$ 119.89	2,346	\$ 0.67	\$ 9.01	886	\$ 1.64	\$ 20.11	977
	FQHC/RHC	\$ 0.30	\$ 39.43	93	\$ 2.99	\$ 97.05	370	\$ 1.51	\$ 122.01	149	\$ 16.29	\$ 192.64	1,015	\$ 2.85	\$ 96.24	355	\$ 3.00	\$ 105.08	342
	Home Health	\$ 0.18	\$ 32.41	65	\$ 0.97	\$ 4.77	2,435	\$ 8.24	\$ 89.74	1,101	\$ 45.63	\$ 75.25	7,276	\$ 0.42	\$ 13.24	378	\$ 2.28	\$ 25.96	1,054
	Hospice	\$ 0.65	\$ 1,594.22	5	\$ 1.12	\$ 2,159.97	6	\$ 40.35	\$ 17,994.71	27	\$ 12.86	\$ 16,850.10	9	\$ 0.24	\$ 350.55	8	\$ 1.25	\$ 2,009.45	7
	Inpatient	\$ 23.06	\$ 75.23	3,678	\$ 51.13	\$ 116.32	5,275	\$ 772.65	\$ 1,076.14	8,616	\$ 724.80	\$ 1,125.11	7,730	\$ 26.40	\$ 115.58	2,741	\$ 63.11	\$ 206.06	3,675
	Laboratory/Radiology	\$ 2.83	\$ 2.79	12,142	\$ 4.69	\$ 2.76	20,376	\$ 101.07	\$ 26.07	46,518	\$ 66.39	\$ 26.17	30,437	\$ 4.06	\$ 1.43	34,029	\$ 7.05	\$ 3.06	27,628
	Nursing Facility	\$ 4,553.68	\$ 160.62	340,204	\$ 60.73	\$ 167.06	4,362	\$ 5,576.44	\$ 192.99	346,739	\$ 68.62	\$ 218.96	3,761	\$ 25.68	\$ 167.90	1,835	\$ 760.59	\$ 162.38	56,207
	Other Medical	\$ 5.32	\$ 6.77	9,430	\$ 3.75	\$ 2.85	15,794	\$ 32.38	\$ 23.82	16,316	\$ 50.78	\$ 43.17	14,115	\$ 3.23	\$ 3.14	12,333	\$ 5.68	\$ 5.34	12,754
	Outpatient	\$ 5.08	\$ 8.60	7,090	\$ 9.49	\$ 10.54	10,805	\$ 82.42	\$ 24.49	40,385	\$ 108.00	\$ 132.26	9,800	\$ 4.17	\$ 11.76	4,256	\$ 9.98	\$ 18.16	6,595
	Pharmacy	\$ 5.23	\$ 4.99	12,580	\$ 14.56	\$ 14.37	12,154	\$ 542.27	\$ 50.70	128,337	\$ 724.94	\$ 97.72	89,019	\$ 9.84	\$ 22.06	5,353	\$ 41.10	\$ 41.14	11,988
	Physician	\$ 5.08	\$ 2.66	22,890	\$ 7.93	\$ 3.01	31,627	\$ 147.40	\$ 31.92	55,409	\$ 107.96	\$ 27.54	47,045	\$ 7.44	\$ 3.94	22,696	\$ 11.98	\$ 5.56	25,857
Vision	\$ 0.51	\$ 11.81	523	\$ 0.68	\$ 10.21	803	\$ 2.75	\$ 35.07	939	\$ 3.01	\$ 37.84	955	\$ 0.68	\$ 11.15	727	\$ 0.76	\$ 12.55	723	
<b>Medical Services Subtotal</b>		<b>\$ 4,614.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 211.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,386.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,064.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 94.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 931.89</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 29.13	16	\$ 21.33	\$ 58.56	4,372	\$ -	\$ -	-	\$ 11.65	\$ 49.45	2,827	\$ 0.11	\$ 45.02	28	\$ 5.24	\$ 57.39	1,095
	Employment	\$ -	\$ -	-	\$ 0.10	\$ 5.52	213	\$ -	\$ -	-	\$ 0.10	\$ 4.06	285	\$ -	\$ -	-	\$ 0.03	\$ 5.25	58
	Home Health/Therapies	\$ 0.06	\$ 11.28	67	\$ 25.57	\$ 11.90	25,787	\$ -	\$ -	-	\$ 18.53	\$ 11.49	19,356	\$ 0.01	\$ 17.29	4	\$ 6.39	\$ 11.85	6,465
	Other Waiver	\$ 0.51	\$ 145.90	42	\$ 27.94	\$ 37.88	8,852	\$ 1.64	\$ 171.52	115	\$ 42.36	\$ 55.01	9,242	\$ 0.22	\$ 53.34	50	\$ 8.03	\$ 40.98	2,350
	PDS/FMS	\$ -	\$ -	-	\$ 1.11	\$ 212.48	63	\$ -	\$ -	-	\$ 0.03	\$ 59.51	7	\$ -	\$ -	-	\$ 0.25	\$ 209.66	14
	Personal Assistance	\$ 6.71	\$ 4.64	17,325	\$ 3,844.75	\$ 4.74	9,734,922	\$ 15.43	\$ 4.90	37,794	\$ 4,211.08	\$ 4.77	10,598,122	\$ 8.63	\$ 4.47	23,179	\$ 1,018.73	\$ 4.74	2,577,774
	Residential Habilitation	\$ 0.05	\$ 65.38	9	\$ 11.04	\$ 90.16	1,470	\$ -	\$ -	-	\$ 15.25	\$ 78.45	2,333	\$ 0.06	\$ 182.31	4	\$ 3.07	\$ 88.10	418
	Respite	\$ -	\$ -	-	\$ 1.43	\$ 4.30	4,000	\$ -	\$ -	-	\$ 0.21	\$ 3.52	704	\$ 0.00	\$ 0.30	21	\$ 0.33	\$ 4.23	925
	Vendor Services	\$ 1.53	\$ 39.93	461	\$ 114.16	\$ 9.47	144,713	\$ 4.70	\$ 49.25	1,146	\$ 88.34	\$ 8.32	127,477	\$ 0.26	\$ 8.21	375	\$ 29.08	\$ 9.37	37,225
	Waiver DME/Supplies	\$ 0.02	\$ 3.77	49	\$ 2.58	\$ 4.39	7,055	\$ 0.01	\$ 0.58	168	\$ 1.42	\$ 8.85	1,928	\$ 0.00	\$ 0.29	54	\$ 0.63	\$ 4.50	1,677
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 8.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,050.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 21.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,388.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,071.76</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,623.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,261.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,408.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,452.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 104.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,003.65</b>	<b>N/A</b>	<b>N/A</b>



# Appendix A: Encounter to Financial Alignment Adjustment

Appendix A

SFY 2020-2021 Encounter to Financial Alignment Factor Calculation

Rating Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A
			SFY 2020-2021 Base Encounters <sup>1</sup>	SFY 2020-2021 Report 4 Financial Results <sup>6</sup>					Encounter to Financial Alignment Factor
				Base Financial Dollars <sup>2,3</sup>	Subcaps <sup>2</sup>	Settlements <sup>4</sup>	Other Purchasing Arrangements <sup>5</sup>	Total	
SW-Allegheny	Nursing Facility	Dual	\$178,380,406	\$182,204,659	\$0	\$0	\$0	\$182,204,659	1.0214
		Non-Dual	\$18,944,878	\$19,832,638	\$0	\$0	\$0	\$19,832,638	1.0469
	Pharmacy	Dual	\$3,832,779	\$4,107,409	\$0	\$0	\$0	\$4,107,409	1.0717
		Non-Dual	\$21,955,368	\$22,182,535	\$0	\$0	\$0	\$22,182,535	1.0103
	Other Medical	Dual	\$24,403,171	\$26,876,274	\$520,095	\$0	\$862	\$27,397,232	1.1227
		Non-Dual	\$32,700,113	\$34,073,240	\$41,236	\$209,038	\$1,760,788	\$36,084,301	1.1035
	Personal Assistance	N/A	\$304,422,827	\$306,547,873	\$0	\$811,684	\$1,956,921	\$309,316,477	1.0161
	Other HCBS Waiver	N/A	\$18,408,215	\$17,587,741	\$0	\$0	\$0	\$17,587,741	0.9554
<b>Total</b>		<b>\$603,047,757</b>	<b>\$613,412,368</b>	<b>\$561,331</b>	<b>\$1,020,721</b>	<b>\$3,718,571</b>	<b>\$618,712,991</b>	<b>1.0260</b>	
SW-13Cty	Nursing Facility	Dual	\$322,940,517	\$328,128,991	\$0	\$0	\$0	\$328,128,991	1.0161
		Non-Dual	\$33,659,530	\$34,510,824	\$0	\$0	\$0	\$34,510,824	1.0253
	Pharmacy	Dual	\$7,138,354	\$7,795,691	\$0	\$0	\$0	\$7,795,691	1.0921
		Non-Dual	\$23,962,748	\$24,498,177	\$0	\$0	\$0	\$24,498,177	1.0223
	Other Medical	Dual	\$33,158,587	\$35,259,942	\$679,306	\$0	\$2,260	\$35,941,508	1.0839
		Non-Dual	\$38,954,108	\$40,125,801	\$38,325	\$0	\$73,325	\$40,237,451	1.0329
	Personal Assistance	N/A	\$239,358,145	\$242,753,185	\$0	\$611,126	\$2,235,935	\$245,600,245	1.0261
	Other HCBS Waiver	N/A	\$37,193,405	\$36,285,573	\$0	\$0	\$0	\$36,285,573	0.9756
<b>Total</b>		<b>\$736,365,394</b>	<b>\$749,358,183</b>	<b>\$717,630</b>	<b>\$611,126</b>	<b>\$2,311,520</b>	<b>\$752,998,459</b>	<b>1.0226</b>	
SW Zone Total	Nursing Facility	Dual	\$501,320,922	\$510,333,649	\$0	\$0	\$0	\$510,333,649	1.0180
		Non-Dual	\$52,604,408	\$54,343,461	\$0	\$0	\$0	\$54,343,461	1.0331
	Pharmacy	Dual	\$10,971,133	\$11,903,100	\$0	\$0	\$0	\$11,903,100	1.0849
		Non-Dual	\$45,918,116	\$46,680,712	\$0	\$0	\$0	\$46,680,712	1.0166
	Other Medical	Dual	\$57,561,759	\$62,136,217	\$1,199,401	\$0	\$3,122	\$63,338,740	1.1004
		Non-Dual	\$71,654,220	\$74,199,041	\$79,560	\$209,038	\$1,834,113	\$76,321,752	1.0651
	Personal Assistance	N/A	\$543,780,972	\$549,301,057	\$0	\$1,422,809	\$4,192,855	\$554,916,722	1.0205
	Other HCBS Waiver	N/A	\$55,601,621	\$53,873,314	\$0	\$0	\$0	\$53,873,314	0.9689
<b>Total</b>		<b>\$1,339,413,150</b>	<b>\$1,362,770,551</b>	<b>\$1,278,961</b>	<b>\$1,631,847</b>	<b>\$6,030,091</b>	<b>\$1,371,711,450</b>	<b>1.0241</b>	

Notes:

<sup>1</sup>Base Encounter Dollars based on SFY 2020-2021 CHC Encounter Data with runout through December 31, 2021. Excludes service coordination costs.

<sup>2</sup>Base Financial Dollars reflect SFY 2020-2021 Financial Dollars based on Q4 2021 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

<sup>3</sup>Based on CHC-MCO Feedback, NFCE costs related to transportation services had been reported as Expanded/Value-Added Services (EVAS) from Report #5. These costs will be reclassified as covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2021 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

<sup>4</sup>Settlements included in the encounter to financial adjustment reflect only those dollars that directly relate to services rendered to members (e.g., retroactive PAS increases)

<sup>5</sup>Other Purchasing Arrangements include dollars reported for value-based purchasing (VBP) arrangements, to the extent the VBP dollars are not included in the Report 4 claims triangle or other appropriate line item.

<sup>6</sup>Financial Dollars do not include In-Lieu of Services (ILOS) from Report #5 in Q4 2021 CHC-MCO financial submissions as none were reported to date.

Appendix A

SFY 2020-2021 Encounter to Financial Alignment Factor Calculation

Rating Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A
			SFY 2020-2021 Base Encounters <sup>1</sup>	SFY 2020-2021 Report 4 Financial Results <sup>6</sup>					Encounter to Financial Alignment Factor
				Base Financial Dollars <sup>2,3</sup>	Subcaps <sup>2</sup>	Settlements <sup>4</sup>	Other Purchasing Arrangements <sup>5</sup>	Total	
SE-Philadelphia	Nursing Facility	Dual	\$205,118,110	\$212,554,685	\$0	\$0	\$0	\$212,554,685	1.0363
		Non-Dual	\$50,640,380	\$53,946,596	\$0	\$0	\$0	\$53,946,596	1.0653
	Pharmacy	Dual	\$12,584,807	\$12,557,058	\$0	\$0	\$0	\$12,557,058	0.9978
		Non-Dual	\$158,560,893	\$158,699,210	\$0	\$0	\$0	\$158,699,210	1.0009
	Other Medical	Dual	\$85,233,184	\$92,557,908	\$1,909,055	\$0	(\$170)	\$94,466,793	1.1083
		Non-Dual	\$262,340,931	\$268,924,744	\$450,169	\$0	\$7,020	\$269,381,933	1.0268
	Personal Assistance	N/A	\$2,319,353,041	\$2,343,426,342	\$0	\$1,583,320	\$2,799,456	\$2,347,809,118	1.0123
	Other HCBS Waiver	N/A	\$116,690,085	\$121,851,125	\$0	\$0	\$0	\$121,851,125	1.0442
	<b>Total</b>		<b>\$3,210,521,431</b>	<b>\$3,264,517,666</b>	<b>\$2,359,224</b>	<b>\$1,583,320</b>	<b>\$2,806,306</b>	<b>\$3,271,266,516</b>	<b>1.0189</b>
	SE-4Cty	Nursing Facility	Dual	\$394,696,834	\$401,423,252	\$0	\$0	\$0	\$401,423,252
Non-Dual			\$61,848,884	\$63,112,167	\$0	\$0	\$0	\$63,112,167	1.0204
Pharmacy		Dual	\$5,837,647	\$5,853,867	\$0	\$0	\$0	\$5,853,867	1.0028
		Non-Dual	\$35,929,045	\$35,828,141	\$0	\$0	\$0	\$35,828,141	0.9972
Other Medical		Dual	\$31,982,504	\$35,084,736	\$1,022,555	\$0	(\$173)	\$36,107,119	1.1290
		Non-Dual	\$60,920,180	\$62,704,850	\$119,041	\$0	\$0	\$62,823,891	1.0312
Personal Assistance		N/A	\$561,820,353	\$568,135,507	\$0	\$278,085	\$575,078	\$568,988,671	1.0128
Other HCBS Waiver		N/A	\$98,439,993	\$95,335,530	\$0	\$0	\$0	\$95,335,530	0.9685
<b>Total</b>			<b>\$1,251,475,439</b>	<b>\$1,267,478,051</b>	<b>\$1,141,596</b>	<b>\$278,085</b>	<b>\$574,906</b>	<b>\$1,269,472,638</b>	<b>1.0144</b>
SE Zone Total		Nursing Facility	Dual	\$599,814,944	\$613,977,937	\$0	\$0	\$0	\$613,977,937
	Non-Dual		\$112,489,264	\$117,058,763	\$0	\$0	\$0	\$117,058,763	1.0406
	Pharmacy	Dual	\$18,422,454	\$18,410,924	\$0	\$0	\$0	\$18,410,924	0.9994
		Non-Dual	\$194,489,938	\$194,527,351	\$0	\$0	\$0	\$194,527,351	1.0002
	Other Medical	Dual	\$117,215,688	\$127,642,644	\$2,931,610	\$0	(\$343)	\$130,573,912	1.1140
		Non-Dual	\$323,261,111	\$331,629,594	\$569,210	\$0	\$7,020	\$332,205,824	1.0277
	Personal Assistance	N/A	\$2,881,173,393	\$2,911,561,849	\$0	\$1,861,406	\$3,374,534	\$2,916,797,789	1.0124
	Other HCBS Waiver	N/A	\$215,130,078	\$217,186,655	\$0	\$0	\$0	\$217,186,655	1.0096
	<b>Total</b>		<b>\$4,461,996,869</b>	<b>\$4,531,995,717</b>	<b>\$3,500,820</b>	<b>\$1,861,406</b>	<b>\$3,381,211</b>	<b>\$4,540,739,154</b>	<b>1.0176</b>

Notes:

<sup>1</sup>Base Encounter Dollars based on SFY 2020-2021 CHC Encounter Data with runout through December 31, 2021. Excludes service coordination costs.

<sup>2</sup>Base Financial Dollars reflect SFY 2020-2021 Financial Dollars based on Q4 2021 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

<sup>3</sup>Based on CHC-MCO Feedback, NFCE costs related to transportation services had been reported as EVAS from Report #5. These costs will be reclassified as covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2021 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

<sup>4</sup>Settlements included in the encounter to financial adjustment reflect only those dollars that directly relate to services rendered to members (e.g., retroactive PAS increases)

<sup>5</sup>Other Purchasing Arrangements include dollars reported for value-based purchasing (VBP) arrangements, to the extent the VBP dollars are not included in the Report 4 claims triangle or other appropriate line item.

<sup>6</sup>Financial Dollars do not include ILOS from Report #5 in Q4 2021 CHC-MCO financial submissions as none were reported to date.

Appendix A

SFY 2020-2021 Encounter to Financial Alignment Factor Calculation

Rating Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A
			SFY 2020-2021 Base Encounters <sup>1</sup>	SFY 2020-2021 Report 4 Financial Results <sup>6</sup>					Encounter to Financial Alignment Factor
				Base Financial Dollars <sup>2,3</sup>	Subcaps <sup>2</sup>	Settlements <sup>4</sup>	Other Purchasing Arrangements <sup>5</sup>	Total	
L/C	Nursing Facility	Dual	\$517,651,061	\$532,402,602	\$0	\$0	\$0	\$532,402,602	1.0285
		Non-Dual	\$39,825,925	\$40,440,210	\$0	\$0	\$0	\$40,440,210	1.0154
	Pharmacy	Dual	\$9,548,997	\$9,640,235	\$0	\$0	\$0	\$9,640,235	1.0096
		Non-Dual	\$38,287,595	\$37,582,882	\$0	\$0	\$0	\$37,582,882	0.9816
	Other Medical	Dual	\$46,482,225	\$48,461,900	\$1,206,983	\$0	\$60	\$49,668,943	1.0686
		Non-Dual	\$51,319,194	\$55,104,662	\$89,977	\$0	\$0	\$55,194,639	1.0755
	Personal Assistance	N/A	\$631,565,632	\$639,596,371	\$0	\$851,043	\$1,800,390	\$642,247,804	1.0169
	Other HCBS Waiver	N/A	\$49,672,648	\$49,876,778	\$0	\$0	\$0	\$49,876,778	1.0041
<b>Total</b>		<b>\$1,384,353,276</b>	<b>\$1,413,105,639</b>	<b>\$1,296,960</b>	<b>\$851,043</b>	<b>\$1,800,450</b>	<b>\$1,417,054,093</b>	<b>1.0236</b>	
NE	Nursing Facility	Dual	\$358,664,755	\$369,646,189	\$0	\$0	\$0	\$369,646,189	1.0306
		Non-Dual	\$23,356,985	\$23,375,688	\$0	\$0	\$0	\$23,375,688	1.0008
	Pharmacy	Dual	\$5,321,418	\$5,653,193	\$0	\$0	\$0	\$5,653,193	1.0623
		Non-Dual	\$19,725,378	\$20,159,104	\$0	\$0	\$0	\$20,159,104	1.0220
	Other Medical	Dual	\$30,385,270	\$31,930,693	\$920,166	\$0	\$0	\$32,850,860	1.0811
		Non-Dual	\$25,726,700	\$26,995,415	\$40,550	\$0	\$0	\$27,035,964	1.0509
	Personal Assistance	N/A	\$261,759,912	\$266,579,079	\$0	\$232,579	\$657,074	\$267,468,732	1.0218
	Other HCBS Waiver	N/A	\$24,103,244	\$24,250,231	\$0	\$0	\$0	\$24,250,231	1.0061
<b>Total</b>		<b>\$749,043,662</b>	<b>\$768,589,593</b>	<b>\$960,716</b>	<b>\$232,579</b>	<b>\$657,074</b>	<b>\$770,439,962</b>	<b>1.0286</b>	
NW	Nursing Facility	Dual	\$180,071,365	\$185,976,039	\$0	\$0	\$0	\$185,976,039	1.0328
		Non-Dual	\$10,681,040	\$11,031,080	\$0	\$0	\$0	\$11,031,080	1.0328
	Pharmacy	Dual	\$3,459,231	\$3,749,750	\$0	\$0	\$0	\$3,749,750	1.0840
		Non-Dual	\$14,977,563	\$14,970,762	\$0	\$0	\$0	\$14,970,762	0.9995
	Other Medical	Dual	\$18,986,672	\$20,138,017	\$362,796	\$0	\$1,700	\$20,502,513	1.0798
		Non-Dual	\$20,151,915	\$20,663,279	\$27,248	\$0	\$121,766	\$20,812,293	1.0328
	Personal Assistance	N/A	\$216,505,460	\$219,047,918	\$0	\$453,559	\$1,384,146	\$220,885,623	1.0202
	Other HCBS Waiver	N/A	\$18,866,337	\$18,237,879	\$0	\$0	\$0	\$18,237,879	0.9667
<b>Total</b>		<b>\$483,699,582</b>	<b>\$493,814,723</b>	<b>\$390,044</b>	<b>\$453,559</b>	<b>\$1,507,613</b>	<b>\$496,165,939</b>	<b>1.0258</b>	
Statewide Total	Nursing Facility	Dual	\$2,157,523,046	\$2,212,336,416	\$0	\$0	\$0	\$2,212,336,416	1.0254
		Non-Dual	\$238,957,622	\$246,249,202	\$0	\$0	\$0	\$246,249,202	1.0305
	Pharmacy	Dual	\$47,723,232	\$49,357,201	\$0	\$0	\$0	\$49,357,201	1.0342
		Non-Dual	\$313,398,589	\$313,920,811	\$0	\$0	\$0	\$313,920,811	1.0017
	Other Medical	Dual	\$270,631,613	\$290,309,471	\$6,620,957	\$0	\$4,540	\$296,934,968	1.0972
		Non-Dual	\$492,113,141	\$508,591,991	\$806,544	\$209,038	\$1,962,900	\$511,570,472	1.0395
	Personal Assistance	N/A	\$4,534,785,369	\$4,586,086,273	\$0	\$4,821,396	\$11,409,000	\$4,602,316,669	1.0149
	Other HCBS Waiver	N/A	\$363,373,927	\$363,424,857	\$0	\$0	\$0	\$363,424,857	1.0001
<b>Total</b>		<b>\$8,418,506,539</b>	<b>\$8,570,276,223</b>	<b>\$7,427,501</b>	<b>\$5,030,434</b>	<b>\$13,376,439</b>	<b>\$8,596,110,597</b>	<b>1.0211</b>	

Notes:

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