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# DATABOOK FOR COMMUNITY HEALTHCHOICES

APRIL 24, 2020

COMMONWEALTH OF PENNSYLVANIA



MAKE TOMORROW, TODAY



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# 1

## INTRODUCTION

### OVERVIEW

To achieve their goal of increasing opportunities for older Pennsylvanians and allowing individuals with physical disabilities to remain in their homes, the Commonwealth of Pennsylvania (Commonwealth) Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) have implemented Community HealthChoices (CHC), a managed long term care program. CHC is a statewide mandatory program through which eligible participants receive medical assistance physical health (PH) benefits and long term services and supports (LTSS), including nursing facility (NF) 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 CHC eligible populations for all zones. Mercer utilized covered population and service criteria consistent with information in the agreement between DHS and the CHC Managed Care Organizations (MCOs) (Agreement). The criteria were also consistent with the process utilized as part of the CHC databook developed by Mercer in April 2019.

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

### CONTENT OF THIS DATABOOK

This databook contains cost and utilization data for acute medical services (historically provided through either the fee-for-service (FFS) program or the HealthChoices (HC) PH managed care program), NF services and HCBS.

#### Time Periods

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

- Claims Data (based on date of service):
  - Calendar Year (CY) 2017 (January 1, 2017, through December 31, 2017) paid through June 2019

- CY 2018 (January 1, 2018, through December 31, 2018) paid through June 2019
  - › As CHC was implemented in the Southwest zone January 1, 2018, historical FFS and HC PH managed care data was not available for the CY 2018-time period and is not included in this databook.

### Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions have been established consistent with the CY 2020 rate setting approach to address cost differentials within those zones. For the zones implemented January 1, 2020, the Northeast and Northwest zones have been aggregated to a single rating region due to the volume of membership within each zone, and the Lehigh/Capital zone was established as a separate capitation rating region.

This databook segments information regarding the CHC eligible populations in the rating regions noted in Table 1.

**TABLE 1: RATING REGIONS**

RATING REGION	COUNTIES INCLUDED
Southwest — Allegheny	Allegheny
Southwest — 13 Counties	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
Southeast — Philadelphia	Philadelphia
Southeast — 4 Counties	Bucks, Chester, Delaware, Montgomery
Lehigh/Capital	Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, York
Northeast/Northwest	Bradford, Cameron Carbon, Centre, Clearfield, Clarion, Clinton, Columbia, Crawford, Elk, Erie, Forest, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northumberland, Pike, Potter, Schuylkill, Sullivan, Snyder, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming

### CAVEATS

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

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

other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these data. This document should only be reviewed in its entirety.

**Users of this 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.**

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

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# 2

## COVERED POPULATIONS

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

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

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

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

- Individuals under the age of 21
- Individuals receiving services through the Office of Developmental Program’s Consolidated Waiver, Person/Family-Directed Supports Waiver, Community Living Waiver, Adult Autism Waiver or Adult Community Autism Program
- Individuals receiving services through the Programs of All-Inclusive Care for the Elderly (PACE)/Living Independence for the Elderly (LIFE) program<sup>1</sup>
- Children and Youth/Juvenile Probation Office Placements
- Educational Placements
- Residents of State Mental Hospitals

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

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

## POPULATION GROUPS

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

Table 2 illustrates the population groups summarized within this databook along with the corresponding capitation payment rate cells.

**TABLE 2: POPULATION AND CAPITATION RATE CELLS**

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

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

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



# 3

## COVERED SERVICES

The specific services required to be covered by the CHC-MCOs are detailed in the Agreement. Mercer applied logic to extract claims experience for the covered services from the FFS and HC PH encounter data. The data summaries reflect historical costs for the services; any differences between historical service offerings and prospective service offerings will be considered during the capitation rate development process.

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

**TABLE 3: COVERED SERVICES**

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

## EXCLUDED SERVICES

The list below summarizes the claims-based exclusions:

- Behavioral Health (BH) services that will be the responsibility of the BH-MCOs.
- Since the PH-MCO will continue to be responsible for all claims during at least the first 30 days of a PH-MCO enrollee NF stay, claims associated with these stays were excluded from the data summaries.
- CHC-MCOs will not be responsible for claims until an individual is officially enrolled in the CHC-MCO. As such, claims and members were excluded during the period when an individual is being approved for Medicaid coverage and is selecting their CHC-MCO.
- Services delivered through the PACE/LIFE program<sup>2</sup>.
- Non-Medicaid services funded through State-only funds.

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<sup>2</sup> Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

# 4

## ADJUSTMENTS REFLECTED IN THIS DATABOOK

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

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

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

### COMPLETION FACTORS

This databook includes claims for dates of service from January 1, 2017 through December 31, 2018 and reflects payments through June 2019. Mercer reviewed claim payment patterns and developed completion factors to estimate incurred but not reported claims (those claims not yet adjudicated). The completion factors shown in Table 4 represent the factors by which paid claims and utilization were adjusted.

**TABLE 4: COMPLETION FACTORS**

CATEGORY OF SERVICE	CY 2017	CY 2018
Medical Services, excluding Nursing Facility and Pharmacy	1.0014	1.0338
Nursing Facility	1.0000	1.0015
Pharmacy	1.0000	1.0032
Personal Assistance	1.0000	1.0021
All Other HCBS Waiver Services	1.0000	1.0038

CATEGORY OF SERVICE	CY 2017	CY 2018
<b>Total</b>	<b>1.0001</b>	<b>1.0046</b>

### NF SUPPLEMENTAL PAYMENTS

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

Based on guidance and historical CY 2017 and CY 2018 payment information from DHS and OLTL, upward adjustments were made to the base data to include consideration for the following two supplemental payments:

- Disproportionate Share Incentive
- Supplemental Ventilator Care and Tracheostomy Care

The adjustment made to the Nursing Facility claim costs illustrated in this databook for these two supplemental payments was approximately 0.4% in both CY 2017 and CY 2018 for each rating region and population group combination.

An adjustment for the NF Access to Care Payments (outlined in Appendix 4 of the Agreement) will be considered separately during the rate development process (those amounts are not reflected in the databook summaries in Section 6).

### COORDINATION OF BENEFITS (COB)

An adjustment was applied to the pharmacy service line for all NFCE Dual and NFI Dual population groups to include consideration for instances where drug costs within the historical experience should have been covered by Medicare Part B and/or 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, particularly for Part D drugs that are fully covered by Medicare.

To develop the adjustment, Mercer reviewed historical pharmacy FFS and encounter data along with Medicare Part B and 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 5A and 5B summarize the percentage impact of the COB adjustment to the pharmacy service line by rating region for the dually eligible population groups for each base data year. As historical CY 2018 FFS and PH encounter data was not available for the Southwest rating regions due to CHC implementation, no CY 2018 COB adjustment was calculated for those rating regions.

**TABLE 5A: COB ADJUSTMENT CY 2017**

RATING REGION	DUALY ELIGIBLE INDIVIDUALS ENROLLED IN A HCBS WAIVER		DUALY ELIGIBLE INDIVIDUALS RESIDING IN A NF		DUALY ELIGIBLE INDIVIDUALS NOT RESIDING IN A NF OR ENROLLED IN A HCBS WAIVER	
	21-59	60+	21-59	60+	21-59	60+
Southwest — Allegheny	-14.1%	-11.6%	-34.8%	-11.9%	-62.0%	-40.3%
Southwest — 13 Counties	-32.7%	-4.3%	-14.1%	-10.3%	-59.9%	-30.3%
Southeast — Philadelphia	-48.2%	-8.7%	-76.2%	-16.4%	-68.7%	-49.5%
Southeast — 4 Counties	-38.2%	-5.6%	-16.0%	-13.0%	-68.7%	-48.2%
Lehigh/Capital	-50.9%	-26.0%	-21.8%	-8.5%	-68.0%	-39.5%
Northeast/Northwest	-30.2%	-18.7%	-15.4%	-15.4%	-62.8%	-38.1%

**TABLE 5B: COB ADJUSTMENT CY 2018**

RATING REGION	DUALY ELIGIBLE INDIVIDUALS ENROLLED IN A HCBS WAIVER		DUALY ELIGIBLE INDIVIDUALS RESIDING IN A NF		DUALY ELIGIBLE INDIVIDUALS NOT RESIDING IN A NF OR ENROLLED IN A HCBS WAIVER	
	21-59	60+	21-59	60+	21-59	60+
Southwest — Allegheny	N/A	N/A	N/A	N/A	N/A	N/A
Southwest — 13 Counties	N/A	N/A	N/A	N/A	N/A	N/A
Southeast — Philadelphia	-53.5%	-12.3%	-89.8%	-22.6%	-63.2%	-40.5%
Southeast — 4 Counties	-64.4%	-4.6%	-28.6%	-13.1%	-65.6%	-35.3%
Lehigh/Capital	-42.3%	-11.9%	-20.7%	-10.3%	-62.2%	-35.2%
Northeast/Northwest	-35.1%	-21.0%	-40.1%	-16.9%	-61.9%	-36.1%

# 5

## CAPITATION RATE DEVELOPMENT

Mercer will make adjustments to the base data summarized in Section 6 in order to develop the CY 2021 CHC capitation rates. These adjustments are required by CMS in determining actuarially sound rates for Medicaid managed care programs.

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

1. Mercer will consider data from both illustrated historical time periods, as available for each rating region, to smooth anomalies. The two years of data will be blended to arrive at a single historical data set, which will then be further projected and adjusted through the rate development process.
  - A. CHC financial reports and encounter data will be considered for use as a base data source. To the extent they are utilized, a summary document will be distributed to all CHC-MCOs reflecting aggregated data. Timing of this document has not yet been determined.
2. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on available FFS, PH encounter data and CHC 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.
3. Mercer may adjust data sources for the following programmatic changes:
  - A. Those that occurred during the historical data time period (January 2017 through December 2018) and are not fully reflected in the data.
  - B. Those that occurred after the historical time period and have been approved by CMS and/or the Commonwealth.
4. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to FFS.
5. Mercer may make further adjustments to reflect CHC program specific encounter data and CHC-MCO reported experience for CY 2018 in the Southwest zone and CY 2019 in the Southwest and Southeast zones . Additionally, Mercer will review emerging CY 2020 CHC program data for the Lehigh/Capital, Northeast and Northwest zones as available.

6. Mercer may make upward adjustments, as appropriate, to reflect expectations of the CHC-MCOs related to certain payments to NFs (e.g., Appendix 4 amounts from the Agreement).
7. Mercer may make adjustments to reflect provider payment requirements included in the Agreement.
8. Mercer will develop and apply assumptions during the capitation rate development process to include consideration for the CHC-MCO's administrative and care management responsibilities under the Agreement. This will include consideration for underwriting gain, as well as any applicable taxes and fees
9. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and NF populations that have occurred since the historical CY 2017 and CY 2018 data time periods. An adjustment for prospective changes in the mix between NF and HCBS Waiver individuals may be made as well.

# 6

## DATA SUMMARIES

Data summaries for the CY 2017 and CY 2018 historical time periods are summarized by rating region, age group, population group and category of service. Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60+.
- **Time Period:** Separate tables are provided for the CY 2017 and CY 2018 time periods.
  - As noted earlier, no CY 2018 data summaries based on historical FFS and PH encounters are included in this databook for the Southwest rating regions due to CHC implementation in CY 2018.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **Member Months (MMs):** Number of total months that all individuals within the population group were eligible during the historical time period.
- **Category of Service:** As outlined in Section 3, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month (PMPM) Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense (FFS and PH encounter data) for a given category of service and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each category of service; this is calculated by taking the total claims expense and dividing by the 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	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,659			11,746			2,585			9,832			130,239			157,061		
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	\$ 1.13	\$ 54.82	248	\$ 0.28	\$ 67.23	49	\$ 33.40	\$ 132.89	3,016	\$ 27.94	\$ 54.91	6,106	\$ 0.17	\$ 25.95	77	\$ 2.48	\$ 58.99	504
	Dental	\$ 7.09	\$ 51.03	1,666	\$ 4.81	\$ 58.84	980	\$ 12.70	\$ 50.10	3,042	\$ 10.98	\$ 61.81	2,132	\$ 4.31	\$ 55.86	926	\$ 4.95	\$ 56.42	1,053
	DME/Supplies	\$ 7.74	\$ 1.22	76,425	\$ 32.22	\$ 0.86	452,128	\$ 47.86	\$ 53.52	10,732	\$ 244.08	\$ 3.84	762,309	\$ 3.28	\$ 1.29	30,410	\$ 21.32	\$ 2.36	108,222
	Emergency Room	\$ 0.53	\$ 6.52	980	\$ 0.27	\$ 2.18	1,491	\$ 15.12	\$ 86.56	2,096	\$ 27.74	\$ 63.58	5,235	\$ 0.82	\$ 7.05	1,402	\$ 2.70	\$ 19.58	1,653
	FQHC/RHC	\$ 0.12	\$ 31.38	45	\$ 0.81	\$ 28.96	336	\$ 1.70	\$ 151.04	135	\$ 1.02	\$ 81.28	150	\$ 0.74	\$ 38.96	227	\$ 0.77	\$ 40.68	226
	Home Health	\$ 0.23	\$ 61.60	45	\$ 0.08	\$ 30.43	33	\$ 8.30	\$ 75.71	1,315	\$ 100.97	\$ 60.21	20,125	\$ 0.23	\$ 44.03	62	\$ 6.66	\$ 59.78	1,336
	Hospice	\$ 0.01	\$ 1.37	77	\$ 0.01	\$ 6.36	11	\$ 76.29	\$ 147.04	6,226	\$ 8.05	\$ 329.09	294	\$ 0.03	\$ 735.82	1	\$ 1.79	\$ 173.84	123
	Inpatient	\$ 57.13	\$ 163.06	4,204	\$ 32.81	\$ 153.37	2,567	\$ 1,290.23	\$ 1,837.42	8,426	\$ 781.11	\$ 2,243.36	4,178	\$ 20.21	\$ 296.45	818	\$ 90.31	\$ 807.69	1,342
	Laboratory/Radiology	\$ 2.67	\$ 3.88	8,268	\$ 2.41	\$ 4.74	6,098	\$ 66.15	\$ 13.26	59,856	\$ 63.68	\$ 17.55	43,548	\$ 2.65	\$ 7.19	4,427	\$ 7.50	\$ 11.28	7,978
	Nursing Facility	\$ 4,520.93	\$ 166.27	326,291	\$ 1.13	\$ 108.78	125	\$ 5,254.75	\$ 194.15	324,789	\$ 0.13	\$ 217.23	7	\$ 0.46	\$ 120.96	46	\$ 163.47	\$ 179.71	10,916
	Other Medical	\$ 6.60	\$ 2.07	38,319	\$ 1.83	\$ 0.86	25,578	\$ 113.75	\$ 4.38	311,535	\$ 38.92	\$ 20.29	23,015	\$ 1.56	\$ 1.73	10,820	\$ 5.85	\$ 3.88	18,101
	Outpatient	\$ 1.04	\$ 18.99	655	\$ 0.63	\$ 6.11	1,245	\$ 32.18	\$ 108.58	3,556	\$ 112.26	\$ 32.02	42,073	\$ 1.56	\$ 17.95	1,043	\$ 8.92	\$ 29.22	3,661
	Pharmacy	\$ 4.69	\$ 6.68	8,432	\$ 13.80	\$ 25.18	6,578	\$ 858.18	\$ 80.30	128,239	\$ 969.04	\$ 140.28	82,892	\$ 6.94	\$ 20.96	3,974	\$ 81.65	\$ 87.25	11,229
	Physician	\$ 8.88	\$ 1.37	78,043	\$ 4.52	\$ 1.15	47,122	\$ 163.85	\$ 18.71	105,089	\$ 113.55	\$ 26.38	51,650	\$ 4.62	\$ 2.10	26,379	\$ 14.12	\$ 5.35	31,682
	Vision	\$ 0.10	\$ 3.33	370	\$ 0.15	\$ 7.12	245	\$ 2.87	\$ 41.01	841	\$ 4.14	\$ 36.78	1,351	\$ 0.20	\$ 14.52	167	\$ 0.49	\$ 22.34	261
<b>Medical Services Subtotal</b>		<b>\$ 4,618.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 95.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,977.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,503.61</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.78</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 412.97</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 34.56	18	\$ 21.88	\$ 41.82	6,279	\$ -	\$ -	-	\$ 11.67	\$ 40.35	3,472	\$ -	\$ -	-	\$ 2.37	\$ 41.35	687
	Employment	\$ -	\$ -	-	\$ 5.00	\$ 6.29	9,534	\$ -	\$ -	-	\$ 1.43	\$ 11.99	1,427	\$ 0.00	\$ 1.95	26	\$ 0.47	\$ 6.79	824
	Home Health/Therapies	\$ -	\$ -	-	\$ 160.32	\$ 12.05	159,681	\$ -	\$ -	-	\$ 310.46	\$ 11.51	323,550	\$ -	\$ -	-	\$ 31.43	\$ 11.71	32,197
	Other Waiver	\$ 0.64	\$ 43.39	176	\$ 67.32	\$ 13.28	60,830	\$ -	\$ -	-	\$ 36.02	\$ 14.57	29,662	\$ 0.02	\$ 4.66	42	\$ 7.31	\$ 13.62	6,444
	PDS/FMS	\$ 0.18	\$ 79.04	27	\$ 27.24	\$ 80.99	4,036	\$ 0.17	\$ 145.03	14	\$ 19.49	\$ 82.00	2,852	\$ -	\$ -	-	\$ 3.26	\$ 81.40	481
	Personal Assistance	\$ 27.88	\$ 4.08	82,042	\$ 3,116.89	\$ 4.02	9,310,359	\$ 14.53	\$ 4.24	41,082	\$ 3,432.03	\$ 4.14	9,945,856	\$ 0.02	\$ 2.41	78	\$ 448.68	\$ 4.08	1,321,049
	Residential Habilitation	\$ 12.80	\$ 31.31	4,906	\$ 43.84	\$ 91.70	5,737	\$ 1.22	\$ 93.11	158	\$ 12.72	\$ 70.21	2,174	\$ 0.12	\$ 14.33	100	\$ 4.41	\$ 72.17	733
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.55	\$ 3.75	1,762	\$ 0.02	\$ 205.00	1	\$ 0.05	\$ 5.55	111
	Service Coordination	\$ 3.11	\$ 19.33	1,927	\$ 180.48	\$ 18.47	117,234	\$ 2.40	\$ 18.78	1,532	\$ 170.43	\$ 18.48	110,683	\$ 0.05	\$ 22.34	28	\$ 24.30	\$ 18.48	15,778
	Vendor Services	\$ 0.59	\$ 44.61	158	\$ 84.64	\$ 139.64	7,273	\$ 6.67	\$ 1,326.82	60	\$ 57.98	\$ 122.26	5,691	\$ -	\$ -	-	\$ 10.08	\$ 133.82	904
	Waiver DME/Supplies	\$ 0.04	\$ 52.64	9	\$ 1.19	\$ 663.15	21	\$ -	\$ -	-	\$ 1.68	\$ 499.89	40	\$ -	\$ -	-	\$ 0.19	\$ 545.14	4
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 45.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,708.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 24.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,054.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 532.55</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,664.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,804.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,002.30</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,558.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 945.52</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		45,140			32,046			2,041			6,371			135,540			221,139		
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	\$ 0.34	\$ 45.86	89	\$ 0.35	\$ 82.14	51	\$ 27.85	\$ 128.78	2,595	\$ 14.69	\$ 79.00	2,231	\$ 0.13	\$ 48.57	31	\$ 0.88	\$ 79.26	133
	Dental	\$ 4.60	\$ 51.23	1,078	\$ 2.53	\$ 78.55	386	\$ 7.78	\$ 44.58	2,094	\$ 6.01	\$ 70.52	1,022	\$ 2.27	\$ 60.70	448	\$ 2.94	\$ 58.85	599
	DME/Supplies	\$ 8.61	\$ 4.16	24,795	\$ 54.28	\$ 0.79	828,492	\$ 24.33	\$ 49.92	5,849	\$ 92.67	\$ 2.00	557,241	\$ 6.00	\$ 0.95	75,833	\$ 16.19	\$ 1.04	187,709
	Emergency Room	\$ 0.11	\$ 3.89	341	\$ 0.39	\$ 4.56	1,025	\$ 9.12	\$ 86.12	1,271	\$ 14.32	\$ 81.13	2,118	\$ 0.29	\$ 4.95	703	\$ 0.75	\$ 12.53	722
	FQHC/RHC	\$ 0.11	\$ 32.39	41	\$ 2.00	\$ 61.01	393	\$ 0.09	\$ 184.21	6	\$ 32.32	\$ 182.93	2,120	\$ 0.76	\$ 34.18	267	\$ 1.71	\$ 70.72	290
	Home Health	\$ 0.04	\$ 49.85	9	\$ 0.41	\$ 54.06	90	\$ 5.81	\$ 68.83	1,012	\$ 57.68	\$ 77.70	8,908	\$ 0.13	\$ 53.27	29	\$ 1.86	\$ 74.75	299
	Hospice	\$ 0.42	\$ 38.58	130	\$ 0.39	\$ 109.64	42	\$ 123.78	\$ 127.17	11,680	\$ 33.53	\$ 158.65	2,536	\$ 0.18	\$ 173.38	12	\$ 2.36	\$ 128.06	221
	Inpatient	\$ 17.03	\$ 124.45	1,643	\$ 33.64	\$ 168.89	2,390	\$ 1,407.78	\$ 1,880.89	8,982	\$ 605.87	\$ 2,071.32	3,510	\$ 16.75	\$ 171.49	1,172	\$ 49.06	\$ 371.74	1,584
	Laboratory/Radiology	\$ 0.86	\$ 3.61	2,876	\$ 2.38	\$ 5.59	5,115	\$ 50.68	\$ 12.73	47,780	\$ 43.51	\$ 18.96	27,534	\$ 2.05	\$ 6.34	3,879	\$ 3.50	\$ 8.50	4,940
	Nursing Facility	\$ 4,713.60	\$ 165.23	342,325	\$ 8.41	\$ 127.54	792	\$ 5,529.80	\$ 193.58	342,791	\$ 9.15	\$ 195.69	561	\$ 3.36	\$ 142.17	283	\$ 1,016.75	\$ 166.35	73,346
	Other Medical	\$ 1.68	\$ 2.33	8,674	\$ 2.07	\$ 1.72	14,403	\$ 56.44	\$ 5.46	124,017	\$ 33.26	\$ 9.86	40,454	\$ 3.14	\$ 2.80	13,476	\$ 4.05	\$ 3.37	14,428
	Outpatient	\$ 0.63	\$ 34.00	224	\$ 1.01	\$ 18.34	659	\$ 23.29	\$ 172.52	1,620	\$ 37.48	\$ 67.89	6,624	\$ 1.28	\$ 27.41	560	\$ 2.35	\$ 40.92	691
	Pharmacy	\$ 4.87	\$ 6.02	9,698	\$ 8.34	\$ 15.69	6,381	\$ 532.48	\$ 53.17	120,174	\$ 639.35	\$ 114.11	67,236	\$ 6.59	\$ 21.36	3,703	\$ 29.58	\$ 43.17	8,220
	Physician	\$ 3.13	\$ 2.42	15,544	\$ 3.90	\$ 1.52	30,789	\$ 145.84	\$ 20.96	83,483	\$ 66.56	\$ 19.79	40,362	\$ 4.51	\$ 2.03	26,665	\$ 7.23	\$ 3.35	25,911
	Vision	\$ 0.07	\$ 3.20	254	\$ 0.22	\$ 8.48	308	\$ 2.89	\$ 41.01	847	\$ 2.58	\$ 36.13	858	\$ 0.33	\$ 11.06	355	\$ 0.35	\$ 12.01	346
<b>Medical Services Subtotal</b>		<b>\$ 4,756.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 120.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,947.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,688.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,139.56</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 26.50	\$ 67.72	4,696	\$ -	\$ -	-	\$ 0.85	\$ 58.39	175	\$ -	\$ -	-	\$ 3.87	\$ 67.65	686
	Employment	\$ -	\$ -	-	\$ 0.33	\$ 6.29	622	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 6.29	90
	Home Health/Therapies	\$ 0.02	\$ 16.55	15	\$ 36.37	\$ 12.48	34,972	\$ 0.31	\$ 11.02	341	\$ 19.30	\$ 12.24	18,920	\$ -	\$ -	-	\$ 5.83	\$ 12.46	5,619
	Other Waiver	\$ 0.00	\$ 16.02	3	\$ 6.46	\$ 6.75	11,480	\$ -	\$ -	-	\$ 9.55	\$ 14.90	7,696	\$ -	\$ -	-	\$ 1.21	\$ 7.71	1,886
	PDS/FMS	\$ 0.04	\$ 90.03	5	\$ 16.23	\$ 80.59	2,416	\$ 0.15	\$ 79.04	24	\$ 10.75	\$ 80.58	1,601	\$ 0.00	\$ 79.04	0	\$ 2.67	\$ 80.61	398
	Personal Assistance	\$ 5.89	\$ 4.20	16,839	\$ 3,115.82	\$ 4.15	9,007,521	\$ 11.60	\$ 4.14	33,653	\$ 3,691.71	\$ 4.25	10,422,581	\$ 0.17	\$ 4.16	496	\$ 559.30	\$ 4.17	1,609,649
	Residential Habilitation	\$ 0.63	\$ 20.27	372	\$ 4.75	\$ 78.09	730	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.04	\$ 258.93	2	\$ 0.84	\$ 55.27	183
	Respite	\$ -	\$ -	-	\$ 2.84	\$ 56.86	599	\$ -	\$ -	-	\$ 0.48	\$ 179.08	32	\$ -	\$ -	-	\$ 0.43	\$ 58.15	88
	Service Coordination	\$ 1.03	\$ 18.56	663	\$ 161.31	\$ 18.48	104,758	\$ 1.02	\$ 18.51	658	\$ 158.71	\$ 18.48	103,066	\$ 0.04	\$ 19.07	23	\$ 28.19	\$ 18.48	18,306
	Vendor Services	\$ 3.28	\$ 115.35	341	\$ 131.78	\$ 11.12	142,250	\$ 12.61	\$ 476.49	317	\$ 50.42	\$ 15.68	38,583	\$ 0.01	\$ 11.98	6	\$ 21.34	\$ 11.74	21,802
	Waiver DME/Supplies	\$ 0.15	\$ 193.29	9	\$ 14.25	\$ 74.21	2,303	\$ 0.01	\$ 6.92	12	\$ 4.76	\$ 48.00	1,190	\$ -	\$ -	-	\$ 2.23	\$ 72.38	370
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 11.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,516.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 25.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,946.53</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 625.96</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,767.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,636.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,973.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,635.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,765.52</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		5,102			18,660			3,621			11,604			230,580			269,568		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.42	\$ 20.81	240	\$ 0.28	\$ 31.46	108	\$ 37.89	\$ 107.02	4,249	\$ 28.49	\$ 27.33	12,510	\$ 0.16	\$ 24.61	80	\$ 1.90	\$ 33.78	676
	Dental	\$ 6.80	\$ 40.51	2,014	\$ 5.61	\$ 51.82	1,299	\$ 10.91	\$ 58.09	2,254	\$ 12.59	\$ 72.80	2,075	\$ 5.60	\$ 55.63	1,207	\$ 5.99	\$ 56.17	1,280
	DME/Supplies	\$ 33.56	\$ 1.34	300,079	\$ 41.35	\$ 0.93	535,750	\$ 23.93	\$ 12.46	23,054	\$ 236.55	\$ 3.14	905,228	\$ 4.30	\$ 1.47	35,190	\$ 17.68	\$ 1.89	112,142
	Emergency Room	\$ 0.06	\$ 0.61	1,263	\$ 0.38	\$ 3.48	1,306	\$ 18.59	\$ 103.50	2,155	\$ 31.85	\$ 64.59	5,917	\$ 0.69	\$ 7.11	1,165	\$ 2.24	\$ 19.26	1,395
	FQHC/RHC	\$ 0.44	\$ 49.25	108	\$ 2.54	\$ 55.15	553	\$ 1.70	\$ 128.47	159	\$ 1.45	\$ 34.16	508	\$ 1.77	\$ 50.29	422	\$ 1.78	\$ 50.28	425
	Home Health	\$ -	\$ -	9	\$ 0.33	\$ 21.08	190	\$ 12.86	\$ 75.54	2,043	\$ 113.38	\$ 52.69	25,821	\$ 0.34	\$ 48.58	84	\$ 5.37	\$ 52.62	1,224
	Hospice	\$ 0.05	\$ 15.35	40	\$ 0.00	\$ 0.16	6	\$ 94.73	\$ 150.99	7,529	\$ 9.59	\$ 392.59	293	\$ 0.00	\$ 1.78	2	\$ 1.69	\$ 174.10	116
	Inpatient	\$ 71.26	\$ 227.59	3,757	\$ 23.75	\$ 143.54	1,985	\$ 1,470.05	\$ 1,913.91	9,217	\$ 699.23	\$ 2,007.88	4,179	\$ 12.17	\$ 219.46	665	\$ 63.25	\$ 701.89	1,081
	Laboratory/Radiology	\$ 2.09	\$ 2.58	9,721	\$ 2.57	\$ 4.84	6,368	\$ 75.39	\$ 14.02	64,548	\$ 73.72	\$ 17.10	51,731	\$ 3.14	\$ 8.05	4,686	\$ 7.09	\$ 11.02	7,727
	Nursing Facility	\$ 4,720.87	\$ 170.18	332,885	\$ 3.77	\$ 125.05	362	\$ 5,613.03	\$ 203.81	330,491	\$ 0.44	\$ 203.62	26	\$ 1.09	\$ 220.60	59	\$ 165.98	\$ 184.12	10,818
	Other Medical	\$ 9.35	\$ 2.75	40,748	\$ 2.49	\$ 0.97	30,682	\$ 51.99	\$ 5.28	118,227	\$ 42.60	\$ 19.37	26,391	\$ 2.03	\$ 1.80	13,568	\$ 4.62	\$ 3.22	17,225
	Outpatient	\$ 2.60	\$ 37.28	838	\$ 1.30	\$ 12.41	1,256	\$ 22.78	\$ 93.65	2,919	\$ 101.21	\$ 57.58	21,093	\$ 1.91	\$ 29.27	782	\$ 6.43	\$ 44.91	1,719
	Pharmacy	\$ 11.82	\$ 11.50	12,333	\$ 16.49	\$ 33.32	5,936	\$ 814.11	\$ 68.59	142,428	\$ 976.65	\$ 121.59	96,392	\$ 8.83	\$ 27.79	3,812	\$ 61.89	\$ 74.51	9,968
	Physician	\$ 7.40	\$ 1.43	62,101	\$ 4.75	\$ 1.18	48,326	\$ 172.93	\$ 21.37	97,085	\$ 114.38	\$ 27.19	50,475	\$ 5.26	\$ 2.62	24,113	\$ 12.21	\$ 5.12	28,623
	Vision	\$ 0.10	\$ 3.63	320	\$ 0.12	\$ 7.29	195	\$ 2.06	\$ 39.59	623	\$ 3.88	\$ 34.67	1,342	\$ 0.26	\$ 16.40	187	\$ 0.42	\$ 20.66	246
<b>Medical Services Subtotal</b>		<b>\$ 4,866.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 105.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,422.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,446.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.55</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 358.55</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 2.57	176	\$ 43.73	\$ 29.34	17,885	\$ -	\$ -	-	\$ 28.79	\$ 30.50	11,329	\$ -	\$ -	-	\$ 4.27	\$ 29.62	1,729
	Employment	\$ -	\$ -	-	\$ 26.72	\$ 6.90	46,456	\$ -	\$ -	-	\$ 18.12	\$ 6.23	34,906	\$ 0.01	\$ 4.59	13	\$ 2.63	\$ 6.68	4,730
	Home Health/Therapies	\$ 2.76	\$ 11.39	2,909	\$ 448.72	\$ 11.34	474,988	\$ 9.67	\$ 11.27	10,292	\$ 513.48	\$ 11.28	546,104	\$ 0.01	\$ 10.05	6	\$ 53.35	\$ 11.31	56,586
	Other Waiver	\$ 0.08	\$ 18.08	54	\$ 19.18	\$ 18.56	12,399	\$ 0.09	\$ 8.65	129	\$ 10.56	\$ 20.69	6,124	\$ 0.03	\$ 6.52	62	\$ 1.81	\$ 18.48	1,178
	PDS/FMS	\$ 0.34	\$ 79.04	52	\$ 30.45	\$ 80.58	4,535	\$ 0.07	\$ 79.04	10	\$ 31.56	\$ 86.57	4,374	\$ 0.00	\$ 98.32	0	\$ 3.48	\$ 82.82	504
	Personal Assistance	\$ 30.29	\$ 4.19	86,743	\$ 3,008.93	\$ 4.00	9,037,133	\$ 12.77	\$ 4.34	35,289	\$ 2,946.20	\$ 3.99	8,861,502	\$ 0.24	\$ 4.33	652	\$ 336.06	\$ 3.99	1,009,705
	Residential Habilitation	\$ 9.36	\$ 19.40	5,788	\$ 103.29	\$ 46.80	26,485	\$ 1.64	\$ 660.99	30	\$ 51.62	\$ 55.13	11,235	\$ 0.29	\$ 14.44	241	\$ 9.82	\$ 44.75	2,633
	Respite	\$ -	\$ -	-	\$ 0.14	\$ 4.29	392	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 4.29	27
	Service Coordination	\$ 5.73	\$ 19.61	3,509	\$ 213.57	\$ 19.15	133,812	\$ 1.87	\$ 18.99	1,183	\$ 215.39	\$ 19.16	134,920	\$ 0.08	\$ 20.68	46	\$ 24.26	\$ 19.16	15,192
	Vendor Services	\$ 4.57	\$ 281.15	195	\$ 129.66	\$ 206.09	7,550	\$ 14.70	\$ 2,046.99	86	\$ 111.91	\$ 193.18	6,952	\$ 0.00	\$ 42.19	1	\$ 14.08	\$ 204.19	827
	Waiver DME/Supplies	\$ 0.01	\$ 42.38	2	\$ 2.88	\$ 240.27	144	\$ -	\$ -	-	\$ 2.66	\$ 354.12	90	\$ -	\$ -	-	\$ 0.31	\$ 271.38	14
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 53.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,027.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 40.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,930.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 450.08</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,920.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,133.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,463.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,376.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 808.63</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		80,519			32,872			2,551			3,010			213,269			332,221		
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	\$ 0.22	\$ 21.25	125	\$ 0.38	\$ 52.88	87	\$ 28.19	\$ 82.44	4,104	\$ 36.28	\$ 45.78	9,510	\$ 0.07	\$ 23.60	37	\$ 0.68	\$ 45.44	181
	Dental	\$ 4.50	\$ 50.53	1,069	\$ 2.40	\$ 64.03	449	\$ 4.75	\$ 44.90	1,271	\$ 6.38	\$ 63.21	1,211	\$ 2.69	\$ 63.29	510	\$ 3.15	\$ 57.99	652
	DME/Supplies	\$ 6.23	\$ 2.16	34,673	\$ 52.07	\$ 0.78	801,167	\$ 18.57	\$ 16.13	13,816	\$ 168.76	\$ 2.67	758,933	\$ 6.78	\$ 1.02	79,777	\$ 12.69	\$ 1.04	145,871
	Emergency Room	\$ 0.15	\$ 4.36	422	\$ 0.32	\$ 4.47	846	\$ 13.17	\$ 105.92	1,492	\$ 25.75	\$ 72.10	4,286	\$ 0.26	\$ 4.80	641	\$ 0.57	\$ 10.51	648
	FQHC/RHC	\$ 0.18	\$ 27.63	77	\$ 1.22	\$ 42.99	339	\$ 1.01	\$ 61.59	198	\$ 5.12	\$ 98.75	622	\$ 1.54	\$ 46.98	393	\$ 1.20	\$ 46.40	312
	Home Health	\$ 0.00	\$ 0.62	4	\$ 0.12	\$ 42.04	33	\$ 14.04	\$ 70.93	2,375	\$ 118.07	\$ 76.56	18,507	\$ 0.12	\$ 29.91	48	\$ 1.27	\$ 68.72	221
	Hospice	\$ 0.34	\$ 30.47	135	\$ 0.00	\$ 0.40	102	\$ 61.81	\$ 130.81	5,670	\$ 61.61	\$ 222.68	3,320	\$ 0.20	\$ 49.93	48	\$ 1.24	\$ 101.46	147
	Inpatient	\$ 15.56	\$ 128.26	1,456	\$ 25.96	\$ 125.67	2,479	\$ 1,162.29	\$ 2,177.38	6,406	\$ 826.95	\$ 1,990.95	4,984	\$ 14.11	\$ 163.60	1,035	\$ 31.81	\$ 281.37	1,357
	Laboratory/Radiology	\$ 1.17	\$ 3.22	4,376	\$ 1.92	\$ 4.16	5,550	\$ 57.43	\$ 13.19	52,251	\$ 74.21	\$ 18.05	49,339	\$ 2.16	\$ 6.70	3,873	\$ 2.98	\$ 7.22	4,944
	Nursing Facility	\$ 4,563.55	\$ 160.34	341,538	\$ 9.51	\$ 153.62	743	\$ 5,510.47	\$ 195.55	338,148	\$ 5.87	\$ 188.01	375	\$ 2.71	\$ 131.40	248	\$ 1,151.10	\$ 161.35	85,610
	Other Medical	\$ 1.58	\$ 1.90	9,976	\$ 1.61	\$ 1.10	17,490	\$ 49.74	\$ 6.87	86,924	\$ 56.18	\$ 6.55	102,923	\$ 4.42	\$ 2.72	19,480	\$ 4.27	\$ 2.81	18,254
	Outpatient	\$ 0.62	\$ 34.81	215	\$ 1.34	\$ 26.56	606	\$ 14.77	\$ 246.04	720	\$ 96.12	\$ 67.54	17,080	\$ 1.22	\$ 27.09	541	\$ 2.05	\$ 39.75	620
	Pharmacy	\$ 5.67	\$ 5.80	11,715	\$ 13.52	\$ 29.01	5,591	\$ 739.81	\$ 62.76	141,452	\$ 956.53	\$ 103.71	110,676	\$ 8.11	\$ 26.99	3,604	\$ 22.26	\$ 34.27	7,795
	Physician	\$ 3.10	\$ 2.35	15,839	\$ 3.78	\$ 1.58	28,661	\$ 131.43	\$ 24.71	63,816	\$ 123.86	\$ 25.19	59,011	\$ 4.29	\$ 2.19	23,517	\$ 6.01	\$ 3.16	22,796
	Vision	\$ 0.08	\$ 3.67	266	\$ 0.15	\$ 7.26	246	\$ 2.13	\$ 39.60	645	\$ 4.79	\$ 34.49	1,666	\$ 0.25	\$ 10.47	292	\$ 0.26	\$ 10.43	296
<b>Medical Services Subtotal</b>		<b>\$ 4,602.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 114.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,809.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,566.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,241.54</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.01	\$ 2.37	35	\$ 13.60	\$ 57.92	2,817	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 8.11	4	\$ 1.35	\$ 55.86	290
	Employment	\$ -	\$ -	-	\$ 2.44	\$ 6.29	4,652	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.24	\$ 6.29	460
	Home Health/Therapies	\$ 0.03	\$ 11.22	27	\$ 56.31	\$ 11.40	59,267	\$ -	\$ -	-	\$ 33.05	\$ 11.02	35,970	\$ 0.01	\$ 16.55	5	\$ 5.88	\$ 11.38	6,200
	Other Waiver	\$ 0.01	\$ 50.49	3	\$ 2.85	\$ 14.78	2,311	\$ -	\$ -	-	\$ 2.70	\$ 144.91	223	\$ 0.00	\$ 3.12	8	\$ 0.31	\$ 15.76	237
	PDS/FMS	\$ 0.05	\$ 90.49	6	\$ 33.90	\$ 180.85	2,249	\$ 0.14	\$ 178.02	9	\$ 25.81	\$ 106.12	2,918	\$ 0.00	\$ 79.04	0	\$ 3.60	\$ 172.30	251
	Personal Assistance	\$ 6.43	\$ 4.38	17,608	\$ 2,522.67	\$ 4.22	7,166,269	\$ 6.59	\$ 4.18	18,897	\$ 2,903.06	\$ 4.19	8,307,423	\$ 0.44	\$ 4.13	1,269	\$ 277.80	\$ 4.22	789,565
	Residential Habilitation	\$ 0.80	\$ 11.45	838	\$ 4.52	\$ 40.64	1,334	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.18	\$ 15.02	146	\$ 0.76	\$ 21.21	429
	Respite	\$ 0.12	\$ 206.41	7	\$ 3.04	\$ 39.58	922	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.33	\$ 42.50	93
	Service Coordination	\$ 1.07	\$ 19.25	668	\$ 173.95	\$ 19.00	109,839	\$ 1.28	\$ 19.42	790	\$ 200.29	\$ 19.09	125,886	\$ 0.09	\$ 19.62	56	\$ 19.36	\$ 19.02	12,213
	Vendor Services	\$ 0.71	\$ 26.59	322	\$ 158.37	\$ 14.80	128,385	\$ 2.92	\$ 53.51	654	\$ 97.48	\$ 19.85	58,926	\$ 0.01	\$ 7.94	23	\$ 16.76	\$ 15.08	13,335
	Waiver DME/Supplies	\$ 0.20	\$ 262.69	9	\$ 44.58	\$ 163.26	3,277	\$ -	\$ -	-	\$ 32.91	\$ 495.35	797	\$ 0.00	\$ 86.30	1	\$ 4.76	\$ 171.01	334
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,016.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 10.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,295.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 331.14</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,612.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,130.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,820.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,861.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,572.68</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		3,478			65,167			4,815			94,352			216,826			384,638		
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	\$ 3.85	\$ 120.54	383	\$ 2.21	\$ 151.21	175	\$ 28.41	\$ 138.91	2,454	\$ 18.53	\$ 55.44	4,010	\$ 0.20	\$ 42.07	56	\$ 5.42	\$ 60.27	1,079
	Dental	\$ 9.69	\$ 39.71	2,927	\$ 7.06	\$ 56.51	1,499	\$ 13.54	\$ 27.91	5,822	\$ 11.57	\$ 54.42	2,552	\$ 6.45	\$ 49.98	1,549	\$ 7.93	\$ 51.36	1,852
	DME/Supplies	\$ 80.23	\$ 5.54	173,751	\$ 19.64	\$ 0.80	295,099	\$ 64.06	\$ 8.94	86,006	\$ 109.68	\$ 2.27	579,463	\$ 2.65	\$ 0.99	32,261	\$ 33.25	\$ 1.87	212,973
	Emergency Room	\$ 0.28	\$ 2.37	1,405	\$ 0.44	\$ 4.51	1,181	\$ 17.12	\$ 111.93	1,835	\$ 47.41	\$ 110.55	5,146	\$ 1.02	\$ 10.86	1,128	\$ 12.50	\$ 70.27	2,134
	FQHC/RHC	\$ 0.49	\$ 90.33	66	\$ 3.45	\$ 87.63	473	\$ 1.65	\$ 176.94	112	\$ 6.20	\$ 72.55	1,026	\$ 3.58	\$ 87.18	493	\$ 4.15	\$ 81.43	612
	Home Health	\$ 0.67	\$ 70.84	114	\$ 0.45	\$ 59.80	90	\$ 7.61	\$ 88.28	1,035	\$ 62.31	\$ 68.49	10,917	\$ 0.32	\$ 62.69	61	\$ 15.64	\$ 68.46	2,742
	Hospice	\$ 0.06	\$ 7.15	100	\$ 0.00	\$ 1.38	2	\$ 67.55	\$ 182.24	4,448	\$ 7.24	\$ 247.41	351	\$ 0.04	\$ 89.07	6	\$ 2.65	\$ 217.17	146
	Inpatient	\$ 53.21	\$ 139.20	4,587	\$ 20.52	\$ 129.85	1,896	\$ 1,203.90	\$ 2,171.53	6,653	\$ 707.34	\$ 2,314.07	3,668	\$ 11.05	\$ 185.65	714	\$ 198.77	\$ 1,364.17	1,748
	Laboratory/Radiology	\$ 1.77	\$ 2.28	9,295	\$ 1.79	\$ 3.48	6,154	\$ 50.69	\$ 14.41	42,202	\$ 45.55	\$ 9.09	60,131	\$ 1.99	\$ 5.70	4,183	\$ 13.25	\$ 8.47	18,763
	Nursing Facility	\$ 5,935.30	\$ 222.62	319,927	\$ 1.63	\$ 49.97	391	\$ 5,922.42	\$ 224.48	316,601	\$ 0.57	\$ 180.84	38	\$ 0.87	\$ 124.93	84	\$ 128.71	\$ 221.32	6,979
	Other Medical	\$ 6.18	\$ 3.28	22,599	\$ 3.19	\$ 1.90	20,180	\$ 77.87	\$ 4.75	196,527	\$ 87.21	\$ 47.84	21,875	\$ 3.21	\$ 4.20	9,163	\$ 24.77	\$ 17.89	16,615
	Outpatient	\$ 0.44	\$ 7.77	683	\$ 2.46	\$ 9.72	3,032	\$ 23.37	\$ 286.60	978	\$ 181.65	\$ 28.55	76,352	\$ 3.20	\$ 17.91	2,143	\$ 47.07	\$ 27.60	20,470
	Pharmacy	\$ 7.61	\$ 5.78	15,798	\$ 9.26	\$ 21.92	5,067	\$ 854.22	\$ 79.15	129,510	\$ 917.91	\$ 98.09	112,290	\$ 6.48	\$ 18.67	4,163	\$ 241.14	\$ 89.00	32,514
	Physician	\$ 5.63	\$ 1.02	66,514	\$ 3.97	\$ 1.45	32,820	\$ 139.32	\$ 21.89	76,389	\$ 138.74	\$ 33.15	50,230	\$ 4.34	\$ 3.21	16,244	\$ 38.95	\$ 16.34	28,597
	Vision	\$ 0.06	\$ 0.86	890	\$ 0.13	\$ 6.48	243	\$ 1.69	\$ 35.57	571	\$ 3.05	\$ 33.05	1,107	\$ 0.16	\$ 10.65	182	\$ 0.88	\$ 24.62	430
<b>Medical Services Subtotal</b>		<b>\$ 6,105.48</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 76.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,473.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,344.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.57</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 775.08</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 5.74	\$ 46.65	1,476	\$ -	\$ -	-	\$ 4.03	\$ 48.31	1,002	\$ -	\$ -	-	\$ 1.96	\$ 47.47	496
	Employment	\$ -	\$ -	-	\$ 0.12	\$ 10.95	130	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 17.75	13	\$ 0.03	\$ 12.62	29
	Home Health/Therapies	\$ 3.31	\$ 11.02	3,602	\$ 73.58	\$ 11.29	78,232	\$ 4.48	\$ 11.33	4,750	\$ 90.66	\$ 11.10	98,029	\$ -	\$ -	-	\$ 34.79	\$ 11.17	37,393
	Other Waiver	\$ 0.65	\$ 81.07	97	\$ 24.37	\$ 37.44	7,810	\$ 0.68	\$ 141.65	57	\$ 15.80	\$ 70.09	2,705	\$ 0.04	\$ 3.18	146	\$ 8.04	\$ 46.60	2,071
	PDS/FMS	\$ 0.18	\$ 79.04	28	\$ 16.53	\$ 79.74	2,487	\$ 0.10	\$ 79.04	15	\$ 12.23	\$ 80.35	1,826	\$ 0.00	\$ 9.60	0	\$ 5.80	\$ 80.04	870
	Personal Assistance	\$ 77.49	\$ 4.80	193,569	\$ 3,543.28	\$ 4.66	9,127,727	\$ 66.68	\$ 4.80	166,690	\$ 3,367.19	\$ 4.71	8,587,210	\$ 0.28	\$ 4.85	686	\$ 1,427.99	\$ 4.69	3,657,137
	Residential Habilitation	\$ 6.13	\$ 47.24	1,556	\$ 3.92	\$ 64.05	735	\$ 0.71	\$ 264.15	32	\$ 0.96	\$ 63.91	181	\$ 0.70	\$ 46.77	181	\$ 1.36	\$ 57.31	285
	Respite	\$ 0.10	\$ 6.11	204	\$ 0.28	\$ 4.60	730	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 4.62	125
	Service Coordination	\$ 5.79	\$ 21.45	3,240	\$ 182.52	\$ 21.45	102,090	\$ 7.91	\$ 21.47	4,419	\$ 186.89	\$ 21.46	104,526	\$ 0.08	\$ 22.71	41	\$ 76.96	\$ 21.46	43,045
	Vendor Services	\$ 13.84	\$ 752.29	221	\$ 53.09	\$ 110.73	5,754	\$ 6.95	\$ 371.88	224	\$ 38.20	\$ 88.83	5,160	\$ 0.00	\$ 33.00	1	\$ 18.58	\$ 99.28	2,246
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.23	\$ 211.21	13	\$ -	\$ -	-	\$ 0.07	\$ 208.45	4	\$ -	\$ -	-	\$ 0.06	\$ 210.36	3
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 107.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,903.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 87.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,716.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,575.62</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 6,212.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,979.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,560.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,060.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,350.70</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		51,099			206,763			5,018			32,459			367,044			662,383		
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	\$ 0.59	\$ 66.91	105	\$ 2.69	\$ 149.05	217	\$ 24.21	\$ 135.05	2,151	\$ 17.26	\$ 79.42	2,607	\$ 0.14	\$ 99.02	17	\$ 1.99	\$ 104.30	229
	Dental	\$ 8.33	\$ 43.36	2,304	\$ 6.17	\$ 64.55	1,147	\$ 10.99	\$ 27.73	4,756	\$ 9.09	\$ 59.30	1,840	\$ 5.35	\$ 60.12	1,068	\$ 6.06	\$ 58.02	1,254
	DME/Supplies	\$ 10.48	\$ 2.58	48,817	\$ 51.82	\$ 0.71	871,109	\$ 24.67	\$ 10.39	28,486	\$ 63.34	\$ 1.71	444,966	\$ 6.85	\$ 0.72	113,974	\$ 24.07	\$ 0.80	360,860
	Emergency Room	\$ 0.08	\$ 2.30	424	\$ 0.13	\$ 2.37	634	\$ 10.82	\$ 106.44	1,220	\$ 23.37	\$ 113.21	2,477	\$ 0.25	\$ 6.36	481	\$ 1.41	\$ 27.04	627
	FQHC/RHC	\$ 0.07	\$ 75.55	11	\$ 2.49	\$ 79.37	377	\$ 0.67	\$ 167.74	48	\$ 14.25	\$ 139.31	1,228	\$ 3.04	\$ 79.19	461	\$ 3.17	\$ 87.63	435
	Home Health	\$ -	\$ -	3	\$ 0.03	\$ 12.14	30	\$ 4.05	\$ 77.60	627	\$ 38.85	\$ 83.31	5,596	\$ 0.10	\$ 40.78	30	\$ 2.00	\$ 78.67	305
	Hospice	\$ 0.58	\$ 56.98	122	\$ 0.19	\$ 101.93	22	\$ 104.34	\$ 163.60	7,653	\$ 19.70	\$ 204.78	1,154	\$ 0.04	\$ 138.65	3	\$ 1.88	\$ 170.02	133
	Inpatient	\$ 18.80	\$ 110.36	2,044	\$ 19.46	\$ 119.30	1,957	\$ 1,037.05	\$ 2,028.87	6,134	\$ 613.42	\$ 2,199.39	3,347	\$ 10.64	\$ 145.07	880	\$ 51.33	\$ 420.00	1,467
	Laboratory/Radiology	\$ 0.86	\$ 2.93	3,513	\$ 1.33	\$ 4.37	3,637	\$ 41.95	\$ 13.60	37,022	\$ 44.12	\$ 13.49	39,246	\$ 1.32	\$ 6.00	2,630	\$ 3.69	\$ 8.74	5,067
	Nursing Facility	\$ 5,003.27	\$ 175.93	341,266	\$ 6.07	\$ 116.39	626	\$ 5,767.89	\$ 205.44	336,907	\$ 7.55	\$ 194.74	465	\$ 6.44	\$ 156.50	494	\$ 435.51	\$ 177.93	29,371
	Other Medical	\$ 2.20	\$ 2.90	9,109	\$ 1.66	\$ 1.71	11,679	\$ 104.23	\$ 4.45	281,086	\$ 68.54	\$ 12.50	65,808	\$ 1.81	\$ 3.29	6,599	\$ 5.84	\$ 5.24	13,360
	Outpatient	\$ 0.35	\$ 23.79	178	\$ 0.80	\$ 24.98	384	\$ 17.12	\$ 422.98	486	\$ 93.54	\$ 41.19	27,251	\$ 1.10	\$ 24.80	534	\$ 5.60	\$ 38.01	1,769
	Pharmacy	\$ 6.42	\$ 5.84	13,187	\$ 9.43	\$ 11.25	10,052	\$ 680.22	\$ 70.66	115,521	\$ 724.07	\$ 88.43	98,255	\$ 4.74	\$ 12.89	4,412	\$ 46.70	\$ 45.60	12,290
	Physician	\$ 2.71	\$ 1.75	18,561	\$ 2.51	\$ 1.46	20,657	\$ 124.48	\$ 22.44	66,579	\$ 96.69	\$ 26.28	44,156	\$ 2.79	\$ 2.60	12,854	\$ 8.22	\$ 5.58	17,671
	Vision	\$ 0.08	\$ 1.91	478	\$ 0.19	\$ 4.97	453	\$ 1.93	\$ 33.11	699	\$ 3.06	\$ 33.92	1,082	\$ 0.26	\$ 8.41	369	\$ 0.37	\$ 10.13	441
<b>Medical Services Subtotal</b>		<b>\$ 5,054.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 104.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,954.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,836.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 44.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 597.86</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.34	\$ 75.01	54	\$ 117.43	\$ 73.50	19,173	\$ -	\$ -	-	\$ 34.06	\$ 73.71	5,544	\$ 0.03	\$ 75.01	4	\$ 38.36	\$ 73.51	6,263
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.46	\$ 12.13	457	\$ 11.30	\$ 12.12	11,193	\$ 0.30	\$ 15.75	230	\$ 7.36	\$ 11.27	7,832	\$ -	\$ -	-	\$ 3.93	\$ 12.04	3,915
	Other Waiver	\$ 0.20	\$ 25.24	96	\$ 59.97	\$ 26.32	27,344	\$ 0.03	\$ 135.00	2	\$ 26.37	\$ 35.17	8,998	\$ 0.00	\$ 28.36	1	\$ 20.03	\$ 26.75	8,985
	PDS/FMS	\$ 0.06	\$ 79.04	10	\$ 10.09	\$ 83.69	1,447	\$ 0.03	\$ 79.04	5	\$ 11.00	\$ 79.70	1,656	\$ 0.00	\$ 79.04	0	\$ 3.70	\$ 83.07	534
	Personal Assistance	\$ 31.47	\$ 4.80	78,672	\$ 2,768.62	\$ 4.73	7,018,444	\$ 14.60	\$ 4.83	36,229	\$ 2,990.03	\$ 4.71	7,618,615	\$ 0.34	\$ 4.51	894	\$ 1,013.47	\$ 4.73	2,570,986
	Residential Habilitation	\$ 0.93	\$ 43.30	257	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.29	\$ 103.03	34	\$ 0.24	\$ 18.40	156	\$ 0.22	\$ 24.26	108
	Respite	\$ 0.06	\$ 212.30	3	\$ 3.32	\$ 12.26	3,249	\$ -	\$ -	-	\$ 0.55	\$ 10.98	606	\$ -	\$ -	-	\$ 1.07	\$ 12.27	1,044
	Service Coordination	\$ 2.11	\$ 21.48	1,177	\$ 151.85	\$ 21.45	84,957	\$ 2.02	\$ 21.47	1,129	\$ 166.15	\$ 21.43	93,020	\$ 0.04	\$ 21.58	23	\$ 55.74	\$ 21.45	31,190
	Vendor Services	\$ 0.60	\$ 15.66	460	\$ 64.65	\$ 10.19	76,150	\$ 0.50	\$ 8.50	703	\$ 47.51	\$ 13.54	42,106	\$ 0.02	\$ 19.01	10	\$ 22.57	\$ 10.46	25,880
	Waiver DME/Supplies	\$ 0.02	\$ 841.00	0	\$ 0.71	\$ 215.06	40	\$ -	\$ -	-	\$ 0.39	\$ 111.37	42	\$ 0.00	\$ 55.71	0	\$ 0.24	\$ 199.93	15
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 36.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,187.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 17.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,283.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.67</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,159.33</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,091.06</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,292.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,972.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,120.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,757.19</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		3,412			74,738			4,729			115,413			202,039			400,331		
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	\$ 1.12	\$ 70.52	190	\$ 3.15	\$ 174.11	217	\$ 29.17	\$ 122.71	2,852	\$ 16.98	\$ 53.98	3,776	\$ 0.20	\$ 53.22	45	\$ 5.94	\$ 60.03	1,187
	Dental	\$ 9.98	\$ 37.09	3,228	\$ 6.01	\$ 52.93	1,364	\$ 11.66	\$ 25.41	5,508	\$ 9.95	\$ 50.73	2,353	\$ 5.75	\$ 48.93	1,411	\$ 7.12	\$ 49.15	1,737
	DME/Supplies	\$ 77.59	\$ 5.13	181,555	\$ 19.85	\$ 0.80	299,256	\$ 56.09	\$ 10.87	61,937	\$ 109.71	\$ 2.34	563,041	\$ 2.42	\$ 0.90	32,363	\$ 37.88	\$ 1.92	236,801
	Emergency Room	\$ 0.15	\$ 1.41	1,281	\$ 0.41	\$ 4.14	1,189	\$ 13.25	\$ 102.99	1,544	\$ 49.60	\$ 109.43	5,439	\$ 1.00	\$ 10.22	1,169	\$ 15.04	\$ 74.90	2,409
	FQHC/RHC	\$ 0.33	\$ 65.55	61	\$ 4.02	\$ 88.87	543	\$ 1.65	\$ 189.99	104	\$ 7.64	\$ 74.61	1,228	\$ 3.87	\$ 90.39	514	\$ 4.93	\$ 82.53	717
	Home Health	\$ -	\$ -	7	\$ 0.33	\$ 32.26	123	\$ 7.31	\$ 82.71	1,060	\$ 58.20	\$ 78.01	8,953	\$ 0.28	\$ 2.76	1,226	\$ 17.07	\$ 63.31	3,236
	Hospice	\$ 0.00	\$ 0.01	162	\$ 0.01	\$ 96.67	2	\$ 56.27	\$ 215.87	3,128	\$ 6.57	\$ 346.57	227	\$ -	\$ -	1	\$ 2.56	\$ 294.02	104
	Inpatient	\$ 53.12	\$ 145.34	4,386	\$ 25.01	\$ 149.43	2,008	\$ 1,492.25	\$ 2,392.38	7,485	\$ 727.88	\$ 2,475.79	3,528	\$ 10.80	\$ 170.71	759	\$ 238.04	\$ 1,502.61	1,901
	Laboratory/Radiology	\$ 1.50	\$ 2.32	7,746	\$ 2.33	\$ 5.29	5,277	\$ 50.82	\$ 15.25	39,998	\$ 47.25	\$ 9.08	62,432	\$ 2.16	\$ 6.19	4,184	\$ 15.76	\$ 8.74	21,634
	Nursing Facility	\$ 5,912.12	\$ 223.24	317,802	\$ 2.65	\$ 80.21	396	\$ 5,998.52	\$ 227.75	316,064	\$ 1.00	\$ 222.04	54	\$ 2.07	\$ 192.57	129	\$ 123.07	\$ 223.88	6,597
	Other Medical	\$ 13.66	\$ 4.74	34,614	\$ 3.31	\$ 1.90	20,923	\$ 116.18	\$ 4.47	311,556	\$ 81.26	\$ 43.54	22,398	\$ 2.98	\$ 3.79	9,438	\$ 27.04	\$ 16.99	19,102
	Outpatient	\$ 2.37	\$ 35.91	793	\$ 3.48	\$ 10.28	4,058	\$ 22.00	\$ 272.77	968	\$ 181.95	\$ 35.08	62,246	\$ 2.96	\$ 16.54	2,148	\$ 54.88	\$ 33.25	19,805
	Pharmacy	\$ 6.49	\$ 8.28	9,400	\$ 10.53	\$ 22.37	5,651	\$ 787.43	\$ 80.05	118,047	\$ 942.33	\$ 105.15	107,536	\$ 7.66	\$ 22.55	4,077	\$ 286.86	\$ 96.72	35,589
	Physician	\$ 6.96	\$ 1.15	72,787	\$ 4.37	\$ 1.62	32,374	\$ 149.88	\$ 20.73	86,757	\$ 137.98	\$ 33.04	50,111	\$ 3.85	\$ 2.95	15,679	\$ 44.37	\$ 17.72	30,049
	Vision	\$ 0.07	\$ 0.96	936	\$ 0.18	\$ 6.81	319	\$ 2.50	\$ 37.80	792	\$ 3.34	\$ 31.56	1,271	\$ 0.18	\$ 9.74	226	\$ 1.12	\$ 24.12	557
<b>Medical Services Subtotal</b>		<b>\$ 6,085.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 85.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,794.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,381.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 881.67</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 6.67	\$ 46.57	1,719	\$ -	\$ -	-	\$ 3.37	\$ 47.58	851	\$ -	\$ -	-	\$ 2.22	\$ 47.01	566
	Employment	\$ -	\$ -	-	\$ 0.06	\$ 10.89	61	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 17.75	6	\$ 0.01	\$ 12.28	14
	Home Health/Therapies	\$ 1.90	\$ 11.02	2,071	\$ 81.00	\$ 11.32	85,878	\$ 3.51	\$ 11.02	3,819	\$ 77.84	\$ 11.19	83,504	\$ -	\$ -	-	\$ 37.62	\$ 11.24	40,169
	Other Waiver	\$ 0.49	\$ 103.55	56	\$ 22.80	\$ 52.62	5,200	\$ 0.70	\$ 144.00	58	\$ 15.42	\$ 74.57	2,481	\$ 0.07	\$ 5.33	165	\$ 8.75	\$ 59.32	1,770
	PDS/FMS	\$ 0.21	\$ 100.92	25	\$ 12.81	\$ 79.42	1,936	\$ 0.07	\$ 79.04	10	\$ 8.62	\$ 79.72	1,298	\$ 0.00	\$ 16.15	0	\$ 4.88	\$ 79.56	736
	Personal Assistance	\$ 67.07	\$ 4.82	166,991	\$ 3,909.59	\$ 4.72	9,940,384	\$ 81.14	\$ 4.83	201,578	\$ 3,734.15	\$ 4.77	9,401,569	\$ 0.31	\$ 5.15	730	\$ 1,808.10	\$ 4.75	4,570,359
	Residential Habilitation	\$ 3.68	\$ 570.30	77	\$ 3.57	\$ 127.68	336	\$ 0.28	\$ 439.74	8	\$ 3.50	\$ 38.22	1,098	\$ 0.46	\$ 15.03	371	\$ 1.94	\$ 41.12	567
	Respite	\$ -	\$ -	-	\$ 0.20	\$ 4.78	509	\$ -	\$ -	-	\$ 0.05	\$ 4.78	130	\$ -	\$ -	-	\$ 0.05	\$ 4.78	133
	Service Coordination	\$ 7.50	\$ 21.52	4,180	\$ 202.16	\$ 21.44	113,158	\$ 7.47	\$ 21.49	4,172	\$ 207.30	\$ 21.44	115,999	\$ 0.10	\$ 23.05	53	\$ 97.71	\$ 21.44	54,679
	Vendor Services	\$ 2.20	\$ 102.53	258	\$ 59.41	\$ 112.22	6,352	\$ 5.57	\$ 201.94	331	\$ 38.56	\$ 80.88	5,721	\$ 0.00	\$ 39.49	1	\$ 22.29	\$ 94.14	2,842
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.27	\$ 184.75	18	\$ 0.02	\$ 79.00	3	\$ 0.13	\$ 197.46	8	\$ -	\$ -	-	\$ 0.09	\$ 189.30	6
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 83.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,298.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 98.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,088.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,983.67</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 6,168.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,384.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,893.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,470.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,865.34</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		49,376			244,562			4,962			42,181			365,719			706,801		
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	\$ 0.88	\$ 73.52	143	\$ 2.69	\$ 168.13	192	\$ 22.23	\$ 122.40	2,179	\$ 17.09	\$ 64.21	3,195	\$ 0.17	\$ 53.94	37	\$ 2.25	\$ 89.73	301
	Dental	\$ 9.00	\$ 41.48	2,603	\$ 5.48	\$ 64.71	1,017	\$ 10.37	\$ 26.32	4,727	\$ 7.56	\$ 58.05	1,563	\$ 4.95	\$ 58.95	1,007	\$ 5.61	\$ 56.99	1,181
	DME/Supplies	\$ 9.52	\$ 2.08	55,014	\$ 49.97	\$ 0.73	820,682	\$ 32.41	\$ 12.53	31,045	\$ 62.67	\$ 1.64	459,786	\$ 6.22	\$ 0.74	101,446	\$ 25.14	\$ 0.82	367,958
	Emergency Room	\$ 0.10	\$ 2.60	470	\$ 0.10	\$ 1.95	639	\$ 10.15	\$ 93.29	1,305	\$ 22.32	\$ 107.57	2,490	\$ 0.30	\$ 6.99	521	\$ 1.60	\$ 28.24	681
	FQHC/RHC	\$ 0.05	\$ 93.20	7	\$ 3.20	\$ 82.40	467	\$ 0.92	\$ 162.45	68	\$ 17.10	\$ 136.42	1,504	\$ 3.76	\$ 83.22	542	\$ 4.08	\$ 92.02	532
	Home Health	\$ 0.00	\$ 6.46	3	\$ 0.06	\$ 27.02	27	\$ 6.74	\$ 82.76	978	\$ 39.07	\$ 80.08	5,855	\$ 0.19	\$ 53.67	42	\$ 2.50	\$ 77.32	387
	Hospice	\$ 1.56	\$ 66.36	282	\$ 0.29	\$ 147.64	23	\$ 94.76	\$ 178.21	6,381	\$ 17.99	\$ 210.42	1,026	\$ 0.29	\$ 142.51	24	\$ 2.10	\$ 171.91	146
	Inpatient	\$ 29.23	\$ 182.65	1,920	\$ 28.40	\$ 173.04	1,969	\$ 1,081.49	\$ 2,336.64	5,554	\$ 706.51	\$ 2,289.60	3,703	\$ 16.58	\$ 218.85	909	\$ 70.21	\$ 544.91	1,546
	Laboratory/Radiology	\$ 0.82	\$ 3.21	3,068	\$ 1.60	\$ 5.58	3,437	\$ 41.93	\$ 13.36	37,659	\$ 45.59	\$ 13.74	39,828	\$ 1.54	\$ 6.65	2,785	\$ 4.42	\$ 9.68	5,486
	Nursing Facility	\$ 4,909.96	\$ 174.33	337,985	\$ 4.66	\$ 103.21	541	\$ 5,694.90	\$ 205.18	333,074	\$ 8.11	\$ 196.07	496	\$ 7.08	\$ 153.99	552	\$ 388.75	\$ 176.35	26,452
	Other Medical	\$ 2.35	\$ 2.35	11,983	\$ 1.85	\$ 1.71	12,992	\$ 117.15	\$ 5.36	262,273	\$ 66.46	\$ 12.23	65,235	\$ 1.91	\$ 2.80	8,181	\$ 6.58	\$ 5.16	15,300
	Outpatient	\$ 0.30	\$ 22.78	156	\$ 0.71	\$ 24.22	354	\$ 17.69	\$ 64.63	3,284	\$ 107.93	\$ 45.37	28,548	\$ 1.41	\$ 24.16	698	\$ 7.56	\$ 40.84	2,222
	Pharmacy	\$ 5.58	\$ 7.54	8,878	\$ 11.79	\$ 13.69	10,337	\$ 553.18	\$ 61.05	108,728	\$ 733.84	\$ 91.21	96,542	\$ 7.19	\$ 19.55	4,412	\$ 55.87	\$ 51.55	13,005
	Physician	\$ 3.10	\$ 1.80	20,712	\$ 2.36	\$ 1.52	18,666	\$ 120.45	\$ 22.97	62,914	\$ 99.00	\$ 24.64	48,220	\$ 2.83	\$ 2.61	13,008	\$ 9.25	\$ 6.18	17,956
	Vision	\$ 0.10	\$ 1.85	645	\$ 0.23	\$ 4.72	593	\$ 2.56	\$ 36.94	831	\$ 3.30	\$ 33.31	1,187	\$ 0.31	\$ 7.52	488	\$ 0.46	\$ 9.54	579
<b>Medical Services Subtotal</b>		<b>\$ 4,972.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 113.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,806.92</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,954.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 54.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 586.38</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 75.01	8	\$ 120.84	\$ 73.43	19,748	\$ -	\$ -	-	\$ 34.04	\$ 74.24	5,502	\$ 0.01	\$ 75.01	2	\$ 43.85	\$ 73.46	7,163
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.01	\$ 11.02	16	\$ 12.16	\$ 11.60	12,574	\$ 0.39	\$ 11.02	426	\$ 12.78	\$ 11.48	13,355	\$ -	\$ -	-	\$ 4.97	\$ 11.58	5,152
	Other Waiver	\$ 0.44	\$ 65.37	81	\$ 89.57	\$ 31.92	33,677	\$ 1.99	\$ 62.08	385	\$ 52.33	\$ 54.76	11,467	\$ 0.01	\$ 26.70	2	\$ 34.16	\$ 33.21	12,347
	PDS/FMS	\$ 0.06	\$ 79.04	9	\$ 7.77	\$ 82.98	1,124	\$ 0.13	\$ 79.04	19	\$ 7.86	\$ 79.35	1,189	\$ 0.00	\$ 79.04	0	\$ 3.16	\$ 82.41	461
	Personal Assistance	\$ 27.13	\$ 4.77	68,298	\$ 3,293.34	\$ 4.78	8,272,598	\$ 74.46	\$ 4.75	188,052	\$ 3,480.16	\$ 4.77	8,760,835	\$ 0.16	\$ 4.78	413	\$ 1,349.73	\$ 4.78	3,391,562
	Residential Habilitation	\$ 0.27	\$ 574.77	6	\$ 0.02	\$ 320.56	1	\$ -	\$ -	-	\$ 0.20	\$ 103.23	23	\$ -	\$ -	-	\$ 0.04	\$ 222.59	2
	Respite	\$ 0.31	\$ 53.42	70	\$ 2.20	\$ 10.02	2,639	\$ -	\$ -	-	\$ 0.18	\$ 6.04	354	\$ -	\$ -	-	\$ 0.79	\$ 10.15	939
	Service Coordination	\$ 2.43	\$ 21.49	1,358	\$ 173.95	\$ 21.45	97,323	\$ 7.79	\$ 21.47	4,355	\$ 197.98	\$ 21.44	110,787	\$ 0.04	\$ 21.50	22	\$ 72.25	\$ 21.45	40,423
	Vendor Services	\$ 2.60	\$ 70.46	442	\$ 97.13	\$ 14.43	80,748	\$ 1.41	\$ 13.80	1,223	\$ 72.54	\$ 18.41	47,285	\$ 0.00	\$ 39.82	1	\$ 38.13	\$ 14.85	30,802
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.11	\$ 223.52	60	\$ -	\$ -	-	\$ 0.38	\$ 93.55	49	\$ -	\$ -	-	\$ 0.41	\$ 207.50	24
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 33.30</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,798.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 86.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,858.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,547.50</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,005.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,911.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,893.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,812.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 54.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,133.88</b>	<b>N/A</b>	<b>N/A</b>



Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		6,623			18,076			5,808			12,705			133,257			176,468		
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	\$ 0.26	\$ 21.26	145	\$ 0.15	\$ 11.09	160	\$ 27.39	\$ 135.75	2,421	\$ 15.13	\$ 61.89	2,933	\$ 0.16	\$ 20.25	95	\$ 2.14	\$ 66.73	384
	Dental	\$ 11.82	\$ 34.33	4,132	\$ 8.57	\$ 57.42	1,791	\$ 13.32	\$ 24.33	6,571	\$ 10.45	\$ 49.92	2,513	\$ 7.52	\$ 52.66	1,714	\$ 8.19	\$ 48.43	2,030
	DME/Supplies	\$ 28.50	\$ 2.59	132,108	\$ 25.26	\$ 0.72	419,473	\$ 34.70	\$ 11.08	37,586	\$ 204.41	\$ 3.05	804,391	\$ 3.21	\$ 1.07	35,949	\$ 21.94	\$ 1.96	134,220
	Emergency Room	\$ 0.27	\$ 3.79	856	\$ 0.29	\$ 3.19	1,096	\$ 13.01	\$ 106.19	1,470	\$ 41.35	\$ 107.50	4,615	\$ 0.92	\$ 9.72	1,137	\$ 4.14	\$ 35.91	1,383
	FQHC/RHC	\$ 0.03	\$ 74.02	5	\$ 1.37	\$ 112.27	146	\$ 0.69	\$ 199.98	41	\$ 2.46	\$ 68.15	434	\$ 1.89	\$ 106.09	214	\$ 1.77	\$ 101.45	209
	Home Health	\$ -	\$ -	9	\$ 0.38	\$ 35.55	128	\$ 8.15	\$ 89.74	1,090	\$ 84.27	\$ 56.63	17,856	\$ 0.83	\$ 83.98	119	\$ 7.00	\$ 58.98	1,425
	Hospice	\$ 1.03	\$ 19.34	640	\$ -	\$ -	7	\$ 121.53	\$ 184.79	7,892	\$ 3.39	\$ 133.08	306	\$ -	\$ -	0	\$ 4.28	\$ 167.55	307
	Inpatient	\$ 70.58	\$ 224.98	3,765	\$ 23.31	\$ 154.90	1,806	\$ 1,334.29	\$ 2,350.00	6,813	\$ 747.94	\$ 2,742.41	3,273	\$ 15.47	\$ 231.66	801	\$ 114.48	\$ 987.44	1,391
	Laboratory/Radiology	\$ 1.70	\$ 2.56	7,955	\$ 1.93	\$ 4.09	5,658	\$ 44.47	\$ 13.87	38,486	\$ 45.86	\$ 10.42	52,821	\$ 2.71	\$ 6.98	4,651	\$ 7.07	\$ 8.97	9,460
	Nursing Facility	\$ 4,955.08	\$ 176.43	337,030	\$ 4.93	\$ 117.53	503	\$ 5,933.11	\$ 216.62	328,678	\$ 0.35	\$ 401.75	10	\$ 2.81	\$ 224.92	150	\$ 383.89	\$ 194.93	23,632
	Other Medical	\$ 21.83	\$ 7.14	36,703	\$ 1.90	\$ 1.29	17,688	\$ 79.95	\$ 7.80	122,960	\$ 78.00	\$ 39.38	23,765	\$ 2.21	\$ 3.05	8,687	\$ 10.93	\$ 8.46	15,507
	Outpatient	\$ 1.76	\$ 36.25	582	\$ 2.69	\$ 32.37	996	\$ 16.58	\$ 249.87	796	\$ 139.56	\$ 31.28	53,538	\$ 2.99	\$ 18.73	1,914	\$ 13.19	\$ 29.04	5,450
	Pharmacy	\$ 5.99	\$ 6.35	11,318	\$ 8.90	\$ 31.78	3,359	\$ 669.56	\$ 62.22	129,134	\$ 1,050.43	\$ 149.34	84,407	\$ 7.75	\$ 24.91	3,735	\$ 104.65	\$ 90.24	13,916
	Physician	\$ 5.68	\$ 1.39	49,126	\$ 5.23	\$ 1.89	33,174	\$ 167.13	\$ 21.69	92,480	\$ 108.06	\$ 23.17	55,968	\$ 4.89	\$ 2.66	22,043	\$ 17.72	\$ 7.34	28,960
	Vision	\$ 0.11	\$ 1.75	776	\$ 0.12	\$ 6.22	229	\$ 2.77	\$ 36.99	897	\$ 1.82	\$ 34.81	628	\$ 0.17	\$ 10.03	205	\$ 0.37	\$ 15.64	282
<b>Medical Services Subtotal</b>		<b>\$ 5,104.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 85.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,466.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,533.48</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.53</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 701.75</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 269.70	\$ 31.02	104,339	\$ 0.30	\$ 34.56	105	\$ 155.40	\$ 32.05	58,179	\$ 0.01	\$ 2.75	27	\$ 38.83	\$ 31.27	14,900
	Employment	\$ -	\$ -	-	\$ 42.66	\$ 7.99	64,109	\$ -	\$ -	-	\$ 22.42	\$ 7.58	35,490	\$ 0.00	\$ 3.47	12	\$ 5.99	\$ 7.87	9,131
	Home Health/Therapies	\$ 0.68	\$ 11.02	739	\$ 648.98	\$ 12.27	634,750	\$ 0.86	\$ 12.21	843	\$ 948.25	\$ 12.46	913,471	\$ 0.07	\$ 12.79	67	\$ 134.85	\$ 12.36	130,889
	Other Waiver	\$ 0.13	\$ 16.41	96	\$ 243.77	\$ 15.79	185,202	\$ 0.87	\$ 19.65	531	\$ 172.55	\$ 15.91	130,176	\$ 0.03	\$ 4.00	78	\$ 37.45	\$ 15.81	28,423
	PDS/FMS	\$ 0.02	\$ 79.04	4	\$ 18.40	\$ 80.28	2,750	\$ 0.01	\$ 79.04	2	\$ 16.77	\$ 81.23	2,478	\$ 0.00	\$ 79.66	0	\$ 3.10	\$ 80.65	461
	Personal Assistance	\$ 13.09	\$ 4.80	32,685	\$ 3,238.88	\$ 4.56	8,522,595	\$ 25.90	\$ 4.83	64,330	\$ 3,231.20	\$ 4.59	8,448,202	\$ 0.15	\$ 4.18	433	\$ 565.85	\$ 4.57	1,484,874
	Residential Habilitation	\$ 6.08	\$ 19.43	3,756	\$ 745.99	\$ 68.10	131,453	\$ 3.00	\$ 25.91	1,389	\$ 364.81	\$ 74.13	59,058	\$ 1.05	\$ 38.15	329	\$ 103.79	\$ 68.62	18,152
	Respite	\$ -	\$ -	-	\$ 3.14	\$ 4.52	8,330	\$ -	\$ -	-	\$ 3.98	\$ 4.23	11,279	\$ 0.05	\$ 276.74	2	\$ 0.65	\$ 4.65	1,667
	Service Coordination	\$ 2.84	\$ 21.06	1,616	\$ 202.50	\$ 21.45	113,311	\$ 2.77	\$ 21.19	1,566	\$ 204.50	\$ 21.44	114,455	\$ 0.14	\$ 22.33	76	\$ 35.77	\$ 21.44	20,016
	Vendor Services	\$ 4.27	\$ 589.59	87	\$ 66.34	\$ 156.13	5,099	\$ 1.02	\$ 228.77	54	\$ 69.86	\$ 190.06	4,411	\$ 0.00	\$ 35.00	0	\$ 12.02	\$ 170.69	845
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.00	\$ 224.96	53	\$ 0.02	\$ 128.00	2	\$ 1.61	\$ 372.48	52	\$ -	\$ -	-	\$ 0.22	\$ 283.91	9
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 27.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,481.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 34.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,191.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 938.50</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,131.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,566.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,501.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,724.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 55.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,640.26</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		104,285			45,644			4,872			4,445			160,181			319,427		
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	\$ 0.36	\$ 43.60	100	\$ 0.80	\$ 48.86	197	\$ 19.94	\$ 136.53	1,752	\$ 16.42	\$ 84.88	2,321	\$ 0.08	\$ 16.16	60	\$ 0.81	\$ 64.58	150
	Dental	\$ 7.60	\$ 33.60	2,713	\$ 5.78	\$ 64.56	1,074	\$ 10.53	\$ 18.29	6,907	\$ 7.33	\$ 57.99	1,517	\$ 5.20	\$ 58.05	1,074	\$ 6.17	\$ 43.47	1,704
	DME/Supplies	\$ 3.30	\$ 1.51	26,163	\$ 62.09	\$ 0.70	1,059,710	\$ 16.91	\$ 10.45	19,412	\$ 87.61	\$ 1.54	681,452	\$ 6.19	\$ 0.75	99,513	\$ 14.53	\$ 0.79	219,649
	Emergency Room	\$ 0.04	\$ 2.14	246	\$ 0.07	\$ 1.23	635	\$ 8.18	\$ 112.59	872	\$ 23.15	\$ 112.50	2,470	\$ 0.23	\$ 6.05	452	\$ 0.58	\$ 15.77	445
	FQHC/RHC	\$ 0.01	\$ 76.82	2	\$ 0.75	\$ 106.00	84	\$ 0.44	\$ 196.47	27	\$ 6.64	\$ 129.83	614	\$ 1.19	\$ 93.44	152	\$ 0.81	\$ 98.47	98
	Home Health	\$ 0.00	\$ 16.52	2	\$ 0.02	\$ 5.99	36	\$ 2.97	\$ 80.24	444	\$ 57.69	\$ 88.29	7,841	\$ 0.13	\$ 47.39	34	\$ 0.92	\$ 79.53	139
	Hospice	\$ 0.66	\$ 55.29	144	\$ 0.06	\$ 35.56	20	\$ 121.64	\$ 162.60	8,977	\$ 36.03	\$ 197.36	2,191	\$ 0.00	\$ 5.58	5	\$ 2.58	\$ 140.98	220
	Inpatient	\$ 13.85	\$ 130.23	1,276	\$ 18.54	\$ 111.96	1,987	\$ 809.51	\$ 2,043.51	4,754	\$ 702.13	\$ 2,245.98	3,751	\$ 11.46	\$ 160.51	857	\$ 35.04	\$ 335.04	1,255
	Laboratory/Radiology	\$ 0.63	\$ 2.85	2,641	\$ 1.30	\$ 4.14	3,775	\$ 37.34	\$ 14.49	30,932	\$ 43.91	\$ 13.91	37,897	\$ 1.48	\$ 5.53	3,202	\$ 2.31	\$ 6.92	4,007
	Nursing Facility	\$ 4,721.61	\$ 164.16	345,142	\$ 9.92	\$ 133.61	891	\$ 5,561.62	\$ 193.28	345,307	\$ 6.62	\$ 178.35	445	\$ 7.00	\$ 186.90	449	\$ 1,631.33	\$ 165.47	118,305
	Other Medical	\$ 4.87	\$ 8.35	7,003	\$ 1.64	\$ 1.63	12,099	\$ 76.29	\$ 8.22	111,332	\$ 62.85	\$ 11.30	66,751	\$ 2.49	\$ 3.03	9,869	\$ 5.11	\$ 5.30	11,591
	Outpatient	\$ 0.19	\$ 17.59	127	\$ 0.51	\$ 16.24	374	\$ 12.52	\$ 426.33	352	\$ 108.86	\$ 28.07	46,542	\$ 1.25	\$ 33.89	442	\$ 2.47	\$ 30.51	970
	Pharmacy	\$ 5.31	\$ 5.19	12,280	\$ 9.96	\$ 15.01	7,965	\$ 433.63	\$ 46.01	113,098	\$ 560.64	\$ 81.96	82,086	\$ 6.98	\$ 24.63	3,399	\$ 21.07	\$ 26.02	9,719
	Physician	\$ 2.41	\$ 2.03	14,217	\$ 2.27	\$ 1.28	21,212	\$ 115.01	\$ 26.43	52,218	\$ 78.20	\$ 24.00	39,099	\$ 3.25	\$ 2.16	18,012	\$ 5.58	\$ 3.71	18,046
	Vision	\$ 0.06	\$ 1.66	428	\$ 0.15	\$ 4.12	431	\$ 2.62	\$ 34.30	917	\$ 1.95	\$ 36.23	646	\$ 0.25	\$ 7.54	405	\$ 0.24	\$ 6.60	427
<b>Medical Services Subtotal</b>		<b>\$ 4,760.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 113.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,229.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,800.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,729.55</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.16	\$ 43.53	43	\$ 156.02	\$ 67.89	27,577	\$ -	\$ -	-	\$ 194.77	\$ 58.91	39,676	\$ 0.02	\$ 3.22	74	\$ 25.07	\$ 66.20	4,544
	Employment	\$ -	\$ -	-	\$ 0.48	\$ 6.54	874	\$ -	\$ -	-	\$ 17.43	\$ 6.54	31,988	\$ -	\$ -	-	\$ 0.31	\$ 6.54	570
	Home Health/Therapies	\$ 0.09	\$ 13.11	84	\$ 44.47	\$ 12.45	42,853	\$ -	\$ -	-	\$ 77.58	\$ 12.29	75,760	\$ 0.00	\$ 11.02	0	\$ 7.46	\$ 12.43	7,205
	Other Waiver	\$ 0.10	\$ 28.17	41	\$ 45.31	\$ 15.84	34,329	\$ -	\$ -	-	\$ 113.16	\$ 19.16	70,854	\$ 0.01	\$ 2.86	35	\$ 8.08	\$ 16.38	5,922
	PDS/FMS	\$ 0.02	\$ 79.04	3	\$ 10.68	\$ 80.79	1,586	\$ 0.03	\$ 79.04	5	\$ 13.98	\$ 80.58	2,081	\$ -	\$ -	-	\$ 1.73	\$ 80.76	257
	Personal Assistance	\$ 6.54	\$ 4.81	16,309	\$ 3,248.11	\$ 4.72	8,257,545	\$ 12.98	\$ 4.83	32,209	\$ 3,386.06	\$ 4.67	8,709,761	\$ 0.30	\$ 4.93	717	\$ 513.74	\$ 4.72	1,307,335
	Residential Habilitation	\$ 0.10	\$ 41.66	29	\$ 35.40	\$ 78.31	5,424	\$ -	\$ -	-	\$ 157.47	\$ 105.24	17,957	\$ 0.41	\$ 404.90	12	\$ 7.49	\$ 86.35	1,040
	Respite	\$ 0.12	\$ 190.81	7	\$ 9.50	\$ 7.90	14,423	\$ 1.91	\$ 202.72	113	\$ 10.35	\$ 7.40	16,769	\$ -	\$ -	-	\$ 1.57	\$ 8.19	2,298
	Service Coordination	\$ 0.82	\$ 21.37	461	\$ 187.68	\$ 21.44	105,045	\$ 1.57	\$ 21.47	879	\$ 184.60	\$ 21.35	103,736	\$ 0.07	\$ 21.67	37	\$ 29.71	\$ 21.43	16,636
	Vendor Services	\$ 0.52	\$ 27.54	226	\$ 76.70	\$ 12.87	71,515	\$ 0.20	\$ 15.48	153	\$ 59.50	\$ 18.05	39,552	\$ 0.01	\$ 16.86	5	\$ 11.96	\$ 13.23	10,848
	Waiver DME/Supplies	\$ 0.01	\$ 122.56	1	\$ 2.56	\$ 46.84	656	\$ -	\$ -	-	\$ 1.12	\$ 39.03	346	\$ -	\$ -	-	\$ 0.39	\$ 46.80	99
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 8.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,816.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 16.69</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,216.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 607.51</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,769.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,930.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,245.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,016.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,337.05</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		6,552			20,454			5,852			14,737			127,362			174,957		
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	\$ 0.76	\$ 39.64	231	\$ 0.22	\$ 21.21	126	\$ 27.20	\$ 121.98	2,676	\$ 12.95	\$ 69.79	2,226	\$ 0.20	\$ 35.32	66	\$ 2.20	\$ 75.61	349
	Dental	\$ 9.30	\$ 27.47	4,062	\$ 7.50	\$ 53.32	1,687	\$ 13.33	\$ 24.26	6,594	\$ 10.93	\$ 56.30	2,330	\$ 6.98	\$ 51.95	1,612	\$ 7.67	\$ 47.46	1,940
	DME/Supplies	\$ 18.84	\$ 1.50	150,305	\$ 25.60	\$ 0.73	419,071	\$ 28.84	\$ 14.57	23,746	\$ 172.04	\$ 2.82	733,032	\$ 3.11	\$ 1.06	35,276	\$ 21.42	\$ 1.80	142,841
	Emergency Room	\$ 0.19	\$ 2.24	1,023	\$ 0.38	\$ 3.17	1,426	\$ 12.80	\$ 95.26	1,613	\$ 44.17	\$ 103.57	5,118	\$ 0.85	\$ 8.24	1,234	\$ 4.82	\$ 36.39	1,588
	FQHC/RHC	\$ 0.06	\$ 78.38	9	\$ 1.98	\$ 122.90	194	\$ 1.04	\$ 174.21	72	\$ 4.44	\$ 70.05	761	\$ 1.63	\$ 104.34	188	\$ 1.83	\$ 97.18	226
	Home Health	\$ -	\$ -	9	\$ 0.38	\$ 50.44	91	\$ 6.22	\$ 80.07	933	\$ 83.66	\$ 64.49	15,568	\$ 0.35	\$ 31.49	132	\$ 7.55	\$ 62.51	1,450
	Hospice	\$ 7.00	\$ 101.82	825	\$ -	\$ -	5	\$ 87.98	\$ 179.00	5,898	\$ 4.00	\$ 345.51	139	\$ -	\$ -	0	\$ 3.54	\$ 176.56	241
	Inpatient	\$ 60.26	\$ 187.77	3,851	\$ 20.81	\$ 122.32	2,042	\$ 1,439.25	\$ 2,085.74	8,280	\$ 690.70	\$ 2,282.68	3,631	\$ 13.69	\$ 204.60	803	\$ 120.98	\$ 936.36	1,550
	Laboratory/Radiology	\$ 1.76	\$ 3.65	5,794	\$ 1.69	\$ 3.87	5,238	\$ 49.37	\$ 14.55	40,718	\$ 51.48	\$ 11.68	52,902	\$ 2.90	\$ 7.49	4,651	\$ 8.36	\$ 10.00	10,033
	Nursing Facility	\$ 5,052.70	\$ 179.18	338,389	\$ 2.29	\$ 65.42	420	\$ 5,996.20	\$ 217.23	331,237	\$ 2.39	\$ 180.44	159	\$ 2.63	\$ 231.67	136	\$ 392.18	\$ 196.79	23,914
	Other Medical	\$ 19.91	\$ 5.84	40,928	\$ 2.17	\$ 1.21	21,518	\$ 100.79	\$ 6.57	183,985	\$ 71.47	\$ 42.57	20,148	\$ 3.07	\$ 3.54	10,406	\$ 12.62	\$ 7.78	19,474
	Outpatient	\$ 1.43	\$ 8.45	2,036	\$ 2.77	\$ 4.51	7,361	\$ 18.82	\$ 274.67	822	\$ 154.05	\$ 39.95	46,273	\$ 3.54	\$ 9.48	4,479	\$ 16.56	\$ 24.46	8,123
	Pharmacy	\$ 10.90	\$ 12.84	10,189	\$ 14.38	\$ 49.59	3,481	\$ 755.83	\$ 69.73	130,081	\$ 1,120.71	\$ 154.63	86,975	\$ 9.74	\$ 29.30	3,989	\$ 128.86	\$ 100.61	15,369
	Physician	\$ 6.87	\$ 1.50	55,133	\$ 6.54	\$ 2.21	35,498	\$ 180.44	\$ 21.33	101,491	\$ 114.58	\$ 23.72	57,953	\$ 4.69	\$ 2.59	21,741	\$ 20.12	\$ 7.97	30,318
	Vision	\$ 0.14	\$ 2.05	845	\$ 0.10	\$ 4.64	246	\$ 3.42	\$ 35.91	1,142	\$ 2.25	\$ 34.60	781	\$ 0.16	\$ 8.78	212	\$ 0.43	\$ 16.32	319
<b>Medical Services Subtotal</b>		<b>\$ 5,190.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 86.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,721.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,539.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 749.16</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 3.50	\$ 30.26	1,389	\$ 292.21	\$ 31.34	111,888	\$ 0.35	\$ 34.56	123	\$ 114.13	\$ 33.47	40,922	\$ -	\$ -	-	\$ 43.92	\$ 31.78	16,584
	Employment	\$ -	\$ -	-	\$ 37.08	\$ 7.66	58,081	\$ -	\$ -	-	\$ 21.03	\$ 7.53	33,496	\$ 0.00	\$ 17.75	2	\$ 6.11	\$ 7.62	9,613
	Home Health/Therapies	\$ 4.27	\$ 11.42	4,489	\$ 627.40	\$ 12.13	620,748	\$ 2.18	\$ 11.33	2,307	\$ 829.06	\$ 12.47	797,857	\$ -	\$ -	-	\$ 143.42	\$ 12.29	140,021
	Other Waiver	\$ 1.47	\$ 22.70	775	\$ 230.45	\$ 15.98	173,041	\$ 0.12	\$ 86.26	16	\$ 140.00	\$ 16.39	102,519	\$ 0.06	\$ 6.58	116	\$ 38.84	\$ 16.08	28,979
	PDS/FMS	\$ 0.04	\$ 79.04	6	\$ 16.01	\$ 79.76	2,408	\$ -	\$ -	-	\$ 13.83	\$ 80.29	2,066	\$ 0.01	\$ 29.59	4	\$ 3.04	\$ 79.68	458
	Personal Assistance	\$ 10.58	\$ 4.79	26,468	\$ 3,554.30	\$ 4.63	9,209,851	\$ 7.04	\$ 4.88	17,303	\$ 3,817.49	\$ 4.67	9,817,034	\$ 0.03	\$ 4.32	89	\$ 737.74	\$ 4.65	1,905,253
	Residential Habilitation	\$ 12.11	\$ 73.91	1,966	\$ 780.14	\$ 66.93	139,864	\$ 0.72	\$ 264.15	33	\$ 323.76	\$ 72.32	53,719	\$ 0.33	\$ 29.24	135	\$ 119.19	\$ 67.95	21,049
	Respite	\$ -	\$ -	-	\$ 2.14	\$ 4.33	5,944	\$ -	\$ -	-	\$ 3.13	\$ 4.15	9,042	\$ 0.02	\$ 7.96	23	\$ 0.53	\$ 4.28	1,473
	Service Coordination	\$ 3.13	\$ 20.99	1,792	\$ 205.89	\$ 21.42	115,369	\$ 2.37	\$ 21.45	1,324	\$ 221.33	\$ 21.43	123,954	\$ 0.11	\$ 23.28	59	\$ 42.99	\$ 21.42	24,083
	Vendor Services	\$ 3.98	\$ 432.61	110	\$ 74.36	\$ 161.12	5,538	\$ 6.90	\$ 982.23	84	\$ 95.69	\$ 230.27	4,987	\$ -	\$ -	-	\$ 17.13	\$ 191.35	1,074
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.18	\$ 232.55	61	\$ 0.04	\$ 128.00	4	\$ 1.44	\$ 297.53	58	\$ -	\$ -	-	\$ 0.26	\$ 257.58	12
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 39.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,821.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 19.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,580.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,153.17</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,229.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,907.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,741.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,120.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 54.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,902.32</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		101,868			55,502			5,218			6,273			163,431			332,291		
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	\$ 0.33	\$ 36.44	109	\$ 0.40	\$ 42.75	113	\$ 21.33	\$ 118.19	2,165	\$ 9.45	\$ 104.18	1,088	\$ 0.06	\$ 21.06	34	\$ 0.71	\$ 69.10	124
	Dental	\$ 7.41	\$ 31.95	2,783	\$ 5.27	\$ 64.67	977	\$ 12.03	\$ 26.92	5,361	\$ 9.00	\$ 61.33	1,760	\$ 4.48	\$ 54.32	990	\$ 5.71	\$ 42.31	1,621
	DME/Supplies	\$ 3.60	\$ 1.54	27,952	\$ 57.69	\$ 0.72	967,614	\$ 19.49	\$ 14.40	16,244	\$ 74.02	\$ 1.48	599,666	\$ 5.49	\$ 0.74	89,104	\$ 15.14	\$ 0.81	225,587
	Emergency Room	\$ 0.04	\$ 1.68	282	\$ 0.07	\$ 1.21	712	\$ 8.60	\$ 105.87	975	\$ 22.25	\$ 117.38	2,274	\$ 0.17	\$ 4.37	470	\$ 0.66	\$ 16.08	495
	FQHC/RHC	\$ 0.03	\$ 119.57	3	\$ 0.68	\$ 118.01	69	\$ 0.52	\$ 177.18	35	\$ 6.97	\$ 114.03	734	\$ 1.24	\$ 94.63	158	\$ 0.87	\$ 100.46	104
	Home Health	\$ 0.00	\$ 2.34	4	\$ 0.11	\$ 38.91	32	\$ 4.84	\$ 83.65	695	\$ 47.50	\$ 91.90	6,202	\$ 0.15	\$ 48.95	36	\$ 1.06	\$ 83.73	152
	Hospice	\$ 2.30	\$ 70.91	389	\$ 0.88	\$ 173.53	61	\$ 108.91	\$ 171.52	7,620	\$ 43.33	\$ 173.29	3,000	\$ 0.01	\$ 46.49	3	\$ 3.38	\$ 132.30	307
	Inpatient	\$ 17.30	\$ 177.74	1,168	\$ 18.89	\$ 135.73	1,670	\$ 900.18	\$ 2,039.30	5,297	\$ 718.04	\$ 2,339.81	3,683	\$ 12.75	\$ 188.00	814	\$ 42.42	\$ 427.79	1,190
	Laboratory/Radiology	\$ 0.60	\$ 3.42	2,101	\$ 1.32	\$ 4.86	3,250	\$ 40.61	\$ 14.15	34,429	\$ 50.38	\$ 15.97	37,849	\$ 1.63	\$ 7.06	2,770	\$ 2.79	\$ 8.81	3,805
	Nursing Facility	\$ 4,692.04	\$ 163.90	343,540	\$ 9.96	\$ 139.57	856	\$ 5,524.85	\$ 192.32	344,720	\$ 9.27	\$ 190.42	584	\$ 6.22	\$ 177.35	421	\$ 1,530.05	\$ 165.28	111,090
	Other Medical	\$ 3.54	\$ 5.53	7,681	\$ 1.37	\$ 1.18	13,850	\$ 66.55	\$ 7.77	102,742	\$ 68.92	\$ 15.21	54,362	\$ 2.64	\$ 2.71	11,683	\$ 4.96	\$ 4.56	13,054
	Outpatient	\$ 0.19	\$ 18.92	121	\$ 0.45	\$ 14.27	379	\$ 14.10	\$ 221.08	766	\$ 114.02	\$ 27.79	49,234	\$ 0.99	\$ 26.31	451	\$ 2.99	\$ 28.43	1,263
	Pharmacy	\$ 6.72	\$ 7.76	10,393	\$ 12.74	\$ 18.60	8,222	\$ 491.14	\$ 54.05	109,044	\$ 669.37	\$ 103.33	77,739	\$ 9.03	\$ 35.54	3,049	\$ 28.98	\$ 37.64	9,238
	Physician	\$ 2.33	\$ 1.75	15,977	\$ 2.32	\$ 1.23	22,522	\$ 132.62	\$ 23.42	67,959	\$ 82.86	\$ 21.17	46,965	\$ 3.08	\$ 2.04	18,107	\$ 6.26	\$ 3.85	19,519
	Vision	\$ 0.07	\$ 1.58	520	\$ 0.19	\$ 3.89	593	\$ 3.51	\$ 35.33	1,191	\$ 2.49	\$ 35.06	853	\$ 0.25	\$ 6.28	477	\$ 0.28	\$ 6.32	528
<b>Medical Services Subtotal</b>		<b>\$ 4,736.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 112.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,349.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,927.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,646.29</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.08	\$ 70.50	13	\$ 163.65	\$ 65.71	29,885	\$ 4.04	\$ 34.81	1,393	\$ 219.54	\$ 59.73	44,110	\$ -	\$ -	-	\$ 31.56	\$ 64.75	5,850
	Employment	\$ -	\$ -	-	\$ 0.36	\$ 6.54	669	\$ -	\$ -	-	\$ 10.32	\$ 6.08	20,392	\$ -	\$ -	-	\$ 0.26	\$ 6.18	497
	Home Health/Therapies	\$ 0.16	\$ 12.44	154	\$ 39.07	\$ 12.96	36,172	\$ -	\$ -	-	\$ 133.87	\$ 12.01	133,769	\$ 0.00	\$ 16.55	1	\$ 9.10	\$ 12.68	8,615
	Other Waiver	\$ 0.12	\$ 16.80	83	\$ 96.52	\$ 26.86	43,115	\$ 2.90	\$ 17.48	1,992	\$ 184.55	\$ 30.36	72,957	\$ 0.15	\$ 6.31	285	\$ 19.76	\$ 27.02	8,776
	PDS/FMS	\$ 0.01	\$ 79.04	1	\$ 8.25	\$ 79.74	1,241	\$ 0.05	\$ 79.04	7	\$ 8.93	\$ 79.89	1,342	\$ 0.00	\$ 79.04	0	\$ 1.55	\$ 79.75	233
	Personal Assistance	\$ 6.51	\$ 4.83	16,160	\$ 3,842.36	\$ 4.77	9,669,861	\$ 12.35	\$ 4.78	30,993	\$ 3,808.48	\$ 4.75	9,627,619	\$ 0.19	\$ 4.80	486	\$ 715.96	\$ 4.77	1,802,560
	Residential Habilitation	\$ 0.63	\$ 489.09	15	\$ 40.46	\$ 76.20	6,371	\$ 9.95	\$ 179.90	664	\$ 170.02	\$ 119.80	17,031	\$ 0.48	\$ 367.13	16	\$ 10.55	\$ 89.89	1,408
	Respite	\$ 0.12	\$ 201.14	7	\$ 6.81	\$ 8.83	9,259	\$ -	\$ -	-	\$ 4.77	\$ 7.28	7,856	\$ 0.02	\$ 139.56	2	\$ 1.27	\$ 9.00	1,698
	Service Coordination	\$ 1.01	\$ 21.34	565	\$ 220.07	\$ 21.43	123,206	\$ 2.99	\$ 21.41	1,674	\$ 230.03	\$ 21.43	128,797	\$ 0.09	\$ 22.09	51	\$ 41.50	\$ 21.43	23,235
	Vendor Services	\$ 0.26	\$ 16.69	190	\$ 120.99	\$ 16.56	87,654	\$ 5.16	\$ 305.69	203	\$ 99.19	\$ 26.46	44,984	\$ 0.01	\$ 6.76	25	\$ 22.25	\$ 17.16	15,563
	Waiver DME/Supplies	\$ 0.01	\$ 47.40	1	\$ 3.31	\$ 63.37	627	\$ -	\$ -	-	\$ 0.61	\$ 39.55	184	\$ -	\$ -	-	\$ 0.57	\$ 62.55	109
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 8.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,541.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 37.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,870.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 854.33</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,745.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,654.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,386.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,798.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,500.62</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	21-59
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		8,492			21,548			4,050			13,683			289,063			336,837		
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	\$ 0.36	\$ 22.74	188	\$ 0.58	\$ 77.53	90	\$ 19.81	\$ 131.01	1,815	\$ 16.78	\$ 55.86	3,604	\$ 0.25	\$ 57.69	51	\$ 1.18	\$ 63.44	223
	Dental	\$ 5.78	\$ 19.35	3,583	\$ 5.16	\$ 55.75	1,110	\$ 7.39	\$ 6.83	12,986	\$ 11.45	\$ 66.75	2,058	\$ 4.60	\$ 47.11	1,171	\$ 4.97	\$ 42.46	1,406
	DME/Supplies	\$ 50.46	\$ 3.03	199,564	\$ 38.31	\$ 0.77	596,511	\$ 51.02	\$ 21.80	28,084	\$ 233.61	\$ 2.88	973,034	\$ 3.25	\$ 1.24	31,526	\$ 16.61	\$ 1.81	110,111
	Emergency Room	\$ 0.17	\$ 2.92	688	\$ 0.39	\$ 4.31	1,080	\$ 11.84	\$ 107.65	1,320	\$ 27.72	\$ 74.31	4,476	\$ 0.79	\$ 8.97	1,060	\$ 1.98	\$ 19.88	1,193
	FQHC/RHC	\$ 0.57	\$ 65.80	105	\$ 3.84	\$ 83.26	553	\$ 0.91	\$ 142.28	77	\$ 9.85	\$ 94.09	1,256	\$ 3.87	\$ 76.52	608	\$ 4.00	\$ 78.43	611
	Home Health	\$ 0.28	\$ 81.93	41	\$ 0.01	\$ 3.34	25	\$ 5.97	\$ 80.21	893	\$ 67.22	\$ 53.86	14,979	\$ 0.19	\$ 67.71	33	\$ 2.97	\$ 54.81	650
	Hospice	\$ 0.03	\$ 1.82	172	\$ -	\$ -	2	\$ 91.60	\$ 157.41	6,983	\$ 12.97	\$ 324.44	480	\$ 0.01	\$ 54.81	2	\$ 1.64	\$ 179.34	109
	Inpatient	\$ 97.57	\$ 346.68	3,377	\$ 26.49	\$ 129.34	2,457	\$ 1,016.19	\$ 2,224.87	5,481	\$ 730.74	\$ 2,219.29	3,951	\$ 11.37	\$ 232.07	588	\$ 55.81	\$ 688.21	973
	Laboratory/Radiology	\$ 1.66	\$ 3.25	6,132	\$ 2.65	\$ 5.03	6,331	\$ 48.01	\$ 14.73	39,114	\$ 64.83	\$ 18.37	42,354	\$ 2.83	\$ 7.80	4,361	\$ 5.85	\$ 10.82	6,493
	Nursing Facility	\$ 5,591.73	\$ 194.36	345,238	\$ 3.03	\$ 150.82	241	\$ 5,748.15	\$ 208.17	331,346	\$ 0.14	\$ 168.93	10	\$ 0.56	\$ 129.62	51	\$ 210.77	\$ 198.40	12,748
	Other Medical	\$ 27.84	\$ 11.52	28,990	\$ 2.13	\$ 1.21	21,038	\$ 52.14	\$ 15.09	41,474	\$ 51.12	\$ 25.69	23,877	\$ 2.20	\$ 2.28	11,571	\$ 5.43	\$ 4.84	13,476
	Outpatient	\$ 0.86	\$ 20.49	502	\$ 1.38	\$ 22.50	735	\$ 18.20	\$ 159.42	1,370	\$ 89.69	\$ 57.42	18,745	\$ 2.11	\$ 15.98	1,587	\$ 5.79	\$ 31.56	2,200
	Pharmacy	\$ 8.13	\$ 10.07	9,691	\$ 10.42	\$ 26.40	4,739	\$ 715.03	\$ 70.36	121,954	\$ 839.47	\$ 108.35	92,973	\$ 7.49	\$ 24.13	3,726	\$ 50.00	\$ 66.76	8,988
	Physician	\$ 6.45	\$ 2.11	36,676	\$ 4.99	\$ 1.72	34,866	\$ 150.26	\$ 23.61	76,382	\$ 128.05	\$ 25.10	61,229	\$ 5.31	\$ 3.08	20,691	\$ 12.05	\$ 5.95	24,318
	Vision	\$ 0.10	\$ 2.55	454	\$ 0.20	\$ 6.98	343	\$ 2.22	\$ 33.58	794	\$ 5.15	\$ 42.07	1,469	\$ 0.28	\$ 14.44	229	\$ 0.49	\$ 19.56	299
<b>Medical Services Subtotal</b>		<b>\$ 5,791.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 99.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,938.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,288.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.11</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 379.54</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 1.10	\$ 28.55	463	\$ 98.69	\$ 33.55	35,302	\$ 0.26	\$ 34.56	89	\$ 87.47	\$ 34.31	30,590	\$ 0.00	\$ 9.16	5	\$ 9.90	\$ 33.77	3,518
	Employment	\$ 0.02	\$ 2.06	113	\$ 5.42	\$ 7.78	8,360	\$ -	\$ -	-	\$ 5.12	\$ 7.02	8,746	\$ 0.00	\$ 2.67	18	\$ 0.56	\$ 7.38	908
	Home Health/Therapies	\$ 8.54	\$ 11.23	9,120	\$ 557.23	\$ 11.37	588,360	\$ 4.93	\$ 12.65	4,672	\$ 600.82	\$ 11.14	647,347	\$ -	\$ -	-	\$ 60.33	\$ 11.27	64,222
	Other Waiver	\$ 0.47	\$ 17.15	329	\$ 50.98	\$ 15.52	39,418	\$ 0.04	\$ 174.00	3	\$ 29.75	\$ 15.50	23,031	\$ 0.01	\$ 4.73	30	\$ 4.49	\$ 15.44	3,491
	PDS/FMS	\$ 0.16	\$ 79.59	24	\$ 36.52	\$ 82.81	5,292	\$ 0.09	\$ 179.58	6	\$ 31.07	\$ 84.41	4,416	\$ 0.00	\$ 99.47	0	\$ 3.61	\$ 83.38	519
	Personal Assistance	\$ 31.72	\$ 4.33	87,842	\$ 3,166.97	\$ 4.01	9,480,362	\$ 10.10	\$ 4.56	26,595	\$ 3,238.89	\$ 4.10	9,490,276	\$ 0.08	\$ 4.26	219	\$ 335.16	\$ 4.04	994,720
	Residential Habilitation	\$ 2.95	\$ 65.35	541	\$ 148.67	\$ 121.30	14,708	\$ 0.52	\$ 264.15	24	\$ 101.82	\$ 127.30	9,598	\$ 0.32	\$ 9.12	423	\$ 14.00	\$ 98.41	1,708
	Respite	\$ -	\$ -	-	\$ 1.70	\$ 3.49	5,867	\$ -	\$ -	-	\$ 1.11	\$ 4.34	3,077	\$ 0.00	\$ 25.34	1	\$ 0.16	\$ 3.76	502
	Service Coordination	\$ 3.24	\$ 19.08	2,036	\$ 184.52	\$ 18.78	117,898	\$ 2.18	\$ 18.82	1,393	\$ 183.15	\$ 18.78	117,048	\$ 0.05	\$ 21.49	27	\$ 19.39	\$ 18.79	12,389
	Vendor Services	\$ 3.91	\$ 443.28	106	\$ 97.59	\$ 191.41	6,118	\$ 4.67	\$ 859.77	65	\$ 89.00	\$ 201.23	5,307	\$ -	\$ -	-	\$ 10.01	\$ 196.84	610
	Waiver DME/Supplies	\$ 0.11	\$ 136.69	10	\$ 4.25	\$ 107.05	476	\$ -	\$ -	-	\$ 3.22	\$ 104.13	371	\$ -	\$ -	-	\$ 0.41	\$ 106.25	46
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 52.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,352.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 22.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,371.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 458.02</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,844.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,452.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,961.53</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,660.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 837.55</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		134,592			43,638			3,319			5,924			278,406			465,879		
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	\$ 0.26	\$ 23.60	131	\$ 0.41	\$ 54.64	91	\$ 13.42	\$ 132.03	1,220	\$ 10.69	\$ 113.96	1,126	\$ 0.13	\$ 53.46	29	\$ 0.42	\$ 58.45	87
	Dental	\$ 4.25	\$ 14.62	3,490	\$ 2.59	\$ 61.27	507	\$ 7.40	\$ 7.38	12,022	\$ 5.85	\$ 64.08	1,095	\$ 2.97	\$ 50.27	709	\$ 3.37	\$ 25.63	1,579
	DME/Supplies	\$ 8.81	\$ 5.85	18,077	\$ 55.28	\$ 0.74	899,430	\$ 24.27	\$ 29.52	9,867	\$ 99.94	\$ 1.84	650,697	\$ 3.54	\$ 0.86	49,542	\$ 11.29	\$ 1.06	127,421
	Emergency Room	\$ 0.05	\$ 3.43	191	\$ 0.22	\$ 3.80	708	\$ 7.23	\$ 103.80	836	\$ 18.96	\$ 107.93	2,108	\$ 0.31	\$ 7.27	510	\$ 0.51	\$ 13.44	459
	FQHC/RHC	\$ 0.22	\$ 45.48	58	\$ 3.88	\$ 79.13	589	\$ 1.02	\$ 116.09	105	\$ 24.48	\$ 126.65	2,320	\$ 3.42	\$ 69.14	594	\$ 2.79	\$ 73.26	457
	Home Health	\$ -	\$ -	1	\$ 0.11	\$ 37.43	36	\$ 2.98	\$ 76.68	467	\$ 30.05	\$ 77.07	4,678	\$ 0.03	\$ 20.84	15	\$ 0.43	\$ 68.21	76
	Hospice	\$ 0.31	\$ 49.33	75	\$ 0.37	\$ 166.53	26	\$ 180.17	\$ 155.08	13,941	\$ 46.63	\$ 176.87	3,164	\$ 0.03	\$ 166.19	2	\$ 2.02	\$ 146.83	165
	Inpatient	\$ 10.12	\$ 151.69	800	\$ 27.23	\$ 152.67	2,140	\$ 608.08	\$ 2,236.53	3,263	\$ 609.94	\$ 2,016.72	3,629	\$ 14.38	\$ 197.99	872	\$ 26.16	\$ 307.13	1,022
	Laboratory/Radiology	\$ 0.90	\$ 4.03	2,669	\$ 1.90	\$ 4.80	4,766	\$ 39.81	\$ 14.35	33,301	\$ 53.03	\$ 20.16	31,572	\$ 1.93	\$ 6.39	3,619	\$ 2.55	\$ 7.61	4,019
	Nursing Facility	\$ 4,542.44	\$ 157.55	345,986	\$ 8.13	\$ 113.37	860	\$ 5,002.12	\$ 174.58	343,826	\$ 2.74	\$ 178.56	184	\$ 4.32	\$ 137.18	378	\$ 1,351.32	\$ 157.87	102,713
	Other Medical	\$ 2.66	\$ 4.67	6,834	\$ 1.46	\$ 1.24	14,105	\$ 47.88	\$ 6.40	89,747	\$ 47.62	\$ 12.93	44,212	\$ 3.17	\$ 2.62	14,522	\$ 3.75	\$ 3.41	13,176
	Outpatient	\$ 0.30	\$ 29.88	122	\$ 1.49	\$ 38.01	472	\$ 14.78	\$ 291.84	608	\$ 50.25	\$ 94.67	6,370	\$ 1.37	\$ 42.06	391	\$ 1.79	\$ 53.94	398
	Pharmacy	\$ 4.90	\$ 6.13	9,583	\$ 8.99	\$ 21.28	5,073	\$ 630.94	\$ 67.87	111,550	\$ 589.43	\$ 84.69	83,516	\$ 5.19	\$ 18.66	3,335	\$ 17.35	\$ 29.35	7,094
	Physician	\$ 2.77	\$ 3.35	9,929	\$ 3.59	\$ 1.81	23,807	\$ 104.01	\$ 28.76	43,390	\$ 80.15	\$ 23.62	40,721	\$ 4.44	\$ 2.91	18,324	\$ 5.55	\$ 3.95	16,876
	Vision	\$ 0.09	\$ 3.60	304	\$ 0.21	\$ 5.90	420	\$ 2.32	\$ 32.63	854	\$ 4.06	\$ 37.93	1,286	\$ 0.37	\$ 10.14	442	\$ 0.34	\$ 9.78	414
<b>Medical Services Subtotal</b>		<b>\$ 4,578.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 115.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,686.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,673.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.61</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,429.63</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 41.60	11	\$ 30.10	\$ 51.79	6,974	\$ -	\$ -	-	\$ 14.99	\$ 40.89	4,400	\$ 0.03	\$ 65.85	5	\$ 3.04	\$ 50.95	715
	Employment	\$ -	\$ -	-	\$ 0.34	\$ 6.96	585	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 6.96	55
	Home Health/Therapies	\$ 0.20	\$ 11.26	215	\$ 58.21	\$ 11.46	60,970	\$ -	\$ -	-	\$ 51.53	\$ 11.63	53,188	\$ 0.00	\$ 16.55	1	\$ 6.17	\$ 11.47	6,450
	Other Waiver	\$ 0.01	\$ 6.97	15	\$ 5.59	\$ 9.43	7,109	\$ -	\$ -	-	\$ 14.27	\$ 14.34	11,943	\$ 0.00	\$ 2.20	0	\$ 0.71	\$ 10.32	822
	PDS/FMS	\$ 0.01	\$ 81.07	2	\$ 25.52	\$ 93.71	3,268	\$ 0.11	\$ 178.02	7	\$ 16.41	\$ 82.94	2,374	\$ 0.00	\$ 80.60	0	\$ 2.60	\$ 92.73	337
	Personal Assistance	\$ 5.74	\$ 4.51	15,291	\$ 3,350.54	\$ 4.25	9,451,376	\$ 3.36	\$ 4.16	9,697	\$ 4,185.00	\$ 4.37	11,495,418	\$ 0.54	\$ 4.45	1,449	\$ 369.06	\$ 4.27	1,036,818
	Residential Habilitation	\$ 0.34	\$ 15.63	263	\$ 11.89	\$ 233.29	612	\$ -	\$ -	-	\$ 27.01	\$ 256.88	1,262	\$ 0.02	\$ 298.42	1	\$ 1.57	\$ 125.54	150
	Respite	\$ 0.28	\$ 205.16	16	\$ 6.80	\$ 7.13	11,429	\$ -	\$ -	-	\$ 0.79	\$ 4.49	2,117	\$ -	\$ -	-	\$ 0.73	\$ 7.92	1,102
	Service Coordination	\$ 0.65	\$ 18.84	413	\$ 179.83	\$ 18.77	114,976	\$ 1.18	\$ 18.78	752	\$ 171.52	\$ 18.77	109,634	\$ 0.04	\$ 18.80	28	\$ 19.25	\$ 18.77	12,305
	Vendor Services	\$ 0.59	\$ 40.11	177	\$ 157.29	\$ 16.60	113,672	\$ 0.05	\$ 6.30	101	\$ 75.06	\$ 23.37	38,535	\$ 0.01	\$ 8.28	21	\$ 15.87	\$ 17.00	11,201
	Waiver DME/Supplies	\$ 0.02	\$ 62.54	3	\$ 9.75	\$ 65.71	1,781	\$ -	\$ -	-	\$ 5.13	\$ 58.62	1,049	\$ 0.00	\$ 57.79	0	\$ 0.98	\$ 65.16	181
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 7.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,835.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,561.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 420.00</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,585.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,951.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,691.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,235.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,849.63</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	21-59
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		8,452			22,691			4,324			16,252			282,371			334,090		
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	\$ 0.40	\$ 23.53	202	\$ 0.33	\$ 63.00	62	\$ 19.33	\$ 120.45	1,926	\$ 20.66	\$ 54.43	4,554	\$ 0.27	\$ 48.80	66	\$ 1.51	\$ 58.31	311
	Dental	\$ 5.52	\$ 18.37	3,610	\$ 4.37	\$ 50.16	1,045	\$ 7.36	\$ 7.31	12,085	\$ 10.14	\$ 56.70	2,146	\$ 4.80	\$ 50.14	1,148	\$ 5.08	\$ 43.75	1,394
	DME/Supplies	\$ 67.13	\$ 2.75	292,683	\$ 43.09	\$ 0.81	636,157	\$ 64.84	\$ 60.66	12,828	\$ 258.08	\$ 3.26	949,087	\$ 3.38	\$ 1.20	33,675	\$ 20.87	\$ 2.00	125,409
	Emergency Room	\$ 0.21	\$ 3.33	760	\$ 0.31	\$ 2.78	1,358	\$ 10.26	\$ 109.74	1,121	\$ 28.59	\$ 82.94	4,137	\$ 0.82	\$ 8.12	1,218	\$ 2.25	\$ 19.87	1,357
	FQHC/RHC	\$ 0.30	\$ 75.42	48	\$ 4.14	\$ 81.44	610	\$ 1.07	\$ 151.15	85	\$ 9.37	\$ 105.96	1,061	\$ 4.35	\$ 76.49	682	\$ 4.43	\$ 79.18	672
	Home Health	\$ -	\$ -	7	\$ 0.13	\$ 4.20	360	\$ 4.69	\$ 77.64	725	\$ 60.98	\$ 49.58	14,760	\$ 0.23	\$ 61.18	46	\$ 3.23	\$ 49.07	791
	Hospice	\$ 0.03	\$ 0.68	556	\$ -	\$ -	2	\$ 71.41	\$ 195.26	4,389	\$ 6.81	\$ 284.29	287	\$ 0.03	\$ 52.69	6	\$ 1.28	\$ 170.34	90
	Inpatient	\$ 38.67	\$ 186.62	2,487	\$ 31.27	\$ 149.94	2,503	\$ 1,041.38	\$ 2,032.51	6,148	\$ 699.49	\$ 2,119.32	3,961	\$ 13.67	\$ 221.75	740	\$ 62.16	\$ 659.88	1,130
	Laboratory/Radiology	\$ 1.65	\$ 3.80	5,211	\$ 2.34	\$ 5.13	5,475	\$ 49.16	\$ 16.49	35,775	\$ 62.75	\$ 18.80	40,064	\$ 2.94	\$ 8.26	4,280	\$ 6.38	\$ 11.72	6,533
	Nursing Facility	\$ 5,585.37	\$ 195.37	343,061	\$ 5.56	\$ 189.51	352	\$ 5,952.71	\$ 210.71	339,002	\$ 0.32	\$ 179.56	21	\$ 0.73	\$ 144.86	60	\$ 219.35	\$ 200.29	13,142
	Other Medical	\$ 28.95	\$ 10.81	32,143	\$ 1.94	\$ 0.95	24,496	\$ 64.53	\$ 10.29	75,244	\$ 56.34	\$ 23.32	28,987	\$ 2.31	\$ 1.75	15,895	\$ 6.39	\$ 4.19	18,295
	Outpatient	\$ 0.68	\$ 14.21	576	\$ 1.37	\$ 13.86	1,185	\$ 17.18	\$ 222.60	926	\$ 105.73	\$ 31.56	40,200	\$ 2.97	\$ 18.80	1,897	\$ 7.99	\$ 26.15	3,666
	Pharmacy	\$ 10.65	\$ 13.62	9,380	\$ 11.25	\$ 29.08	4,641	\$ 761.57	\$ 74.22	123,126	\$ 886.72	\$ 114.50	92,931	\$ 7.88	\$ 25.14	3,761	\$ 60.69	\$ 73.97	9,845
	Physician	\$ 5.54	\$ 1.76	37,748	\$ 4.47	\$ 1.49	35,931	\$ 155.55	\$ 25.35	73,636	\$ 131.61	\$ 24.00	65,803	\$ 5.29	\$ 3.10	20,515	\$ 13.33	\$ 6.43	24,888
	Vision	\$ 0.10	\$ 2.62	476	\$ 0.19	\$ 6.46	349	\$ 2.84	\$ 33.93	1,006	\$ 5.46	\$ 36.24	1,807	\$ 0.27	\$ 12.88	251	\$ 0.55	\$ 18.77	349
<b>Medical Services Subtotal</b>		<b>\$ 5,745.21</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 110.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,223.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,343.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 415.50</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.66	\$ 34.56	228	\$ 97.91	\$ 33.29	35,293	\$ 0.70	\$ 34.56	244	\$ 74.49	\$ 34.23	26,117	\$ -	\$ -	-	\$ 10.30	\$ 33.62	3,676
	Employment	\$ -	\$ -	-	\$ 5.26	\$ 6.99	9,017	\$ -	\$ -	-	\$ 1.99	\$ 7.49	3,192	\$ 0.01	\$ 6.25	11	\$ 0.46	\$ 7.09	777
	Home Health/Therapies	\$ 2.58	\$ 11.02	2,811	\$ 555.11	\$ 11.42	583,458	\$ 0.59	\$ 14.06	505	\$ 567.35	\$ 11.16	610,194	\$ -	\$ -	-	\$ 65.37	\$ 11.31	69,389
	Other Waiver	\$ 0.68	\$ 6.74	1,219	\$ 40.66	\$ 10.34	47,181	\$ 0.53	\$ 8.94	713	\$ 26.96	\$ 19.07	16,962	\$ 0.09	\$ 6.04	188	\$ 4.18	\$ 11.85	4,229
	PDS/FMS	\$ 0.09	\$ 102.50	10	\$ 33.59	\$ 82.27	4,899	\$ 0.11	\$ 119.43	11	\$ 26.58	\$ 84.48	3,775	\$ 0.01	\$ 146.26	1	\$ 3.59	\$ 83.15	517
	Personal Assistance	\$ 25.32	\$ 4.47	68,013	\$ 3,398.93	\$ 4.08	9,997,058	\$ 13.81	\$ 4.51	36,772	\$ 3,606.62	\$ 4.20	10,315,891	\$ 0.15	\$ 4.26	419	\$ 407.24	\$ 4.13	1,183,363
	Residential Habilitation	\$ 12.24	\$ 62.36	2,354	\$ 167.47	\$ 114.23	17,592	\$ 3.54	\$ 66.07	643	\$ 122.55	\$ 126.44	11,631	\$ 0.29	\$ 27.67	124	\$ 17.93	\$ 111.29	1,934
	Respite	\$ -	\$ -	-	\$ 1.79	\$ 3.65	5,883	\$ -	\$ -	-	\$ 0.17	\$ 4.17	489	\$ 0.05	\$ 231.79	3	\$ 0.17	\$ 4.82	425
	Service Coordination	\$ 2.50	\$ 19.38	1,545	\$ 176.07	\$ 18.78	112,534	\$ 3.88	\$ 18.93	2,457	\$ 172.16	\$ 18.76	110,132	\$ 0.07	\$ 22.02	38	\$ 20.51	\$ 18.78	13,103
	Vendor Services	\$ 5.18	\$ 970.20	64	\$ 96.19	\$ 186.29	6,196	\$ 13.83	\$ 1,754.60	95	\$ 89.62	\$ 220.10	4,886	\$ 0.00	\$ 30.00	0	\$ 11.20	\$ 203.26	661
	Waiver DME/Supplies	\$ 0.02	\$ 58.24	4	\$ 4.13	\$ 86.88	571	\$ -	\$ -	-	\$ 3.04	\$ 77.24	473	\$ -	\$ -	-	\$ 0.43	\$ 83.25	62
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 49.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,577.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 37.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,691.52</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 541.38</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,794.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,687.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,260.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,034.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 50.61</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 956.88</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	60+
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		134,210			52,154			3,624			8,037			292,817			490,842		
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	\$ 0.22	\$ 21.31	122	\$ 0.25	\$ 52.91	57	\$ 14.16	\$ 129.17	1,315	\$ 10.77	\$ 98.10	1,318	\$ 0.11	\$ 62.17	21	\$ 0.43	\$ 62.23	83
	Dental	\$ 4.34	\$ 16.48	3,164	\$ 2.56	\$ 52.63	585	\$ 8.86	\$ 10.60	10,033	\$ 5.98	\$ 59.12	1,214	\$ 3.08	\$ 51.22	721	\$ 3.46	\$ 28.61	1,452
	DME/Supplies	\$ 12.52	\$ 6.51	23,083	\$ 54.57	\$ 0.77	855,190	\$ 19.21	\$ 23.97	9,618	\$ 97.93	\$ 1.89	623,034	\$ 3.65	\$ 0.86	50,637	\$ 13.14	\$ 1.15	137,660
	Emergency Room	\$ 0.06	\$ 3.07	222	\$ 0.23	\$ 3.07	886	\$ 7.50	\$ 102.30	880	\$ 17.94	\$ 113.79	1,892	\$ 0.25	\$ 5.09	595	\$ 0.54	\$ 11.83	547
	FQHC/RHC	\$ 0.15	\$ 80.88	22	\$ 4.50	\$ 83.55	646	\$ 1.58	\$ 160.80	118	\$ 27.26	\$ 159.74	2,047	\$ 4.06	\$ 70.26	694	\$ 3.40	\$ 78.01	523
	Home Health	\$ -	\$ -	1	\$ 0.07	\$ 17.47	45	\$ 5.03	\$ 84.40	715	\$ 24.63	\$ 64.81	4,561	\$ 0.10	\$ 36.56	33	\$ 0.51	\$ 58.13	105
	Hospice	\$ 0.55	\$ 57.96	115	\$ 1.02	\$ 120.80	102	\$ 135.45	\$ 157.78	10,302	\$ 42.29	\$ 177.02	2,867	\$ 0.03	\$ 67.91	5	\$ 1.97	\$ 140.46	168
	Inpatient	\$ 13.08	\$ 157.71	995	\$ 34.86	\$ 164.11	2,549	\$ 771.51	\$ 2,263.20	4,091	\$ 567.69	\$ 1,886.03	3,612	\$ 15.02	\$ 180.98	996	\$ 31.23	\$ 305.58	1,227
	Laboratory/Radiology	\$ 0.70	\$ 3.91	2,152	\$ 1.97	\$ 5.17	4,568	\$ 41.46	\$ 14.77	33,684	\$ 53.15	\$ 19.37	32,926	\$ 1.99	\$ 6.96	3,424	\$ 2.76	\$ 8.49	3,904
	Nursing Facility	\$ 4,559.16	\$ 158.38	345,435	\$ 8.26	\$ 151.06	656	\$ 4,899.20	\$ 174.80	336,337	\$ 5.13	\$ 189.78	325	\$ 4.49	\$ 154.66	348	\$ 1,286.41	\$ 158.79	97,218
	Other Medical	\$ 2.20	\$ 3.49	7,568	\$ 1.33	\$ 0.99	16,139	\$ 47.87	\$ 5.86	97,981	\$ 49.94	\$ 16.79	35,696	\$ 2.73	\$ 1.87	17,549	\$ 3.55	\$ 2.73	15,561
	Outpatient	\$ 0.27	\$ 21.84	149	\$ 1.23	\$ 31.76	465	\$ 13.09	\$ 296.90	529	\$ 59.89	\$ 61.24	11,735	\$ 1.42	\$ 26.46	644	\$ 2.13	\$ 38.12	670
	Pharmacy	\$ 6.00	\$ 8.51	8,469	\$ 9.90	\$ 22.06	5,384	\$ 593.13	\$ 65.29	109,011	\$ 631.72	\$ 89.97	84,260	\$ 6.12	\$ 21.67	3,386	\$ 21.06	\$ 35.64	7,092
	Physician	\$ 2.52	\$ 2.72	11,129	\$ 3.46	\$ 1.83	22,702	\$ 110.38	\$ 21.30	62,187	\$ 89.11	\$ 28.06	38,110	\$ 4.13	\$ 2.67	18,517	\$ 5.79	\$ 3.95	17,585
	Vision	\$ 0.09	\$ 3.58	309	\$ 0.25	\$ 6.36	478	\$ 2.42	\$ 31.53	922	\$ 3.76	\$ 35.92	1,255	\$ 0.40	\$ 9.66	492	\$ 0.37	\$ 9.68	456
<b>Medical Services Subtotal</b>		<b>\$ 4,601.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 124.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,670.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,687.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,376.76</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.09	\$ 66.28	17	\$ 27.32	\$ 51.62	6,351	\$ 0.21	\$ 68.42	37	\$ 15.08	\$ 45.60	3,968	\$ 0.01	\$ 67.06	2	\$ 3.18	\$ 51.22	746
	Employment	\$ -	\$ -	-	\$ 0.25	\$ 6.96	431	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 6.96	46
	Home Health/Therapies	\$ 0.12	\$ 12.28	115	\$ 73.92	\$ 11.50	77,167	\$ 0.10	\$ 13.99	86	\$ 40.54	\$ 11.45	42,492	\$ 0.01	\$ 11.02	6	\$ 8.55	\$ 11.49	8,931
	Other Waiver	\$ 0.04	\$ 21.64	23	\$ 9.25	\$ 6.47	17,158	\$ 0.16	\$ 30.00	64	\$ 12.86	\$ 15.93	9,685	\$ 0.04	\$ 8.24	65	\$ 1.23	\$ 7.29	2,027
	PDS/FMS	\$ 0.02	\$ 92.07	3	\$ 22.56	\$ 102.63	2,638	\$ 0.11	\$ 80.29	17	\$ 10.89	\$ 83.22	1,570	\$ -	\$ -	-	\$ 2.58	\$ 100.96	307
	Personal Assistance	\$ 7.49	\$ 4.48	20,084	\$ 3,845.62	\$ 4.34	10,643,464	\$ 10.22	\$ 4.11	29,815	\$ 4,717.33	\$ 4.46	12,704,072	\$ 0.49	\$ 4.51	1,315	\$ 488.27	\$ 4.35	1,345,427
	Residential Habilitation	\$ 0.20	\$ 459.75	5	\$ 12.45	\$ 141.08	1,059	\$ -	\$ -	-	\$ 24.40	\$ 114.80	2,550	\$ 0.31	\$ 467.49	8	\$ 1.96	\$ 146.69	160
	Respite	\$ 0.21	\$ 153.81	16	\$ 5.60	\$ 9.09	7,393	\$ -	\$ -	-	\$ 1.87	\$ 7.17	3,137	\$ -	\$ -	-	\$ 0.68	\$ 9.72	841
	Service Coordination	\$ 0.78	\$ 18.84	499	\$ 172.26	\$ 18.77	110,143	\$ 0.95	\$ 18.79	607	\$ 150.18	\$ 18.75	96,097	\$ 0.08	\$ 20.19	45	\$ 21.03	\$ 18.77	13,444
	Vendor Services	\$ 0.41	\$ 24.59	202	\$ 136.51	\$ 13.99	117,056	\$ 14.35	\$ 458.99	375	\$ 63.97	\$ 15.38	49,899	\$ 0.02	\$ 7.67	26	\$ 15.78	\$ 14.21	13,328
	Waiver DME/Supplies	\$ 0.02	\$ 62.78	4	\$ 9.38	\$ 62.52	1,801	\$ -	\$ -	-	\$ 6.45	\$ 74.74	1,035	\$ 0.00	\$ 23.54	0	\$ 1.11	\$ 63.46	210
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,315.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 26.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,043.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 544.42</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,611.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,439.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,696.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,730.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.53</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,921.18</b>	<b>N/A</b>	<b>N/A</b>



Rating Region	Northeast/Northwest
Age Group	21-59
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		7,964			28,740			5,195			17,207			350,326			409,431		
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	\$ 0.39	\$ 27.91	169	\$ 0.56	\$ 78.95	85	\$ 30.31	\$ 131.62	2,763	\$ 20.22	\$ 33.42	7,259	\$ 0.20	\$ 12.21	195	\$ 1.45	\$ 33.73	516
	Dental	\$ 9.25	\$ 37.70	2,946	\$ 7.16	\$ 57.87	1,484	\$ 9.48	\$ 15.14	7,512	\$ 10.61	\$ 55.28	2,303	\$ 7.23	\$ 54.68	1,586	\$ 7.43	\$ 52.14	1,711
	DME/Supplies	\$ 32.44	\$ 3.29	118,448	\$ 34.89	\$ 0.83	506,760	\$ 54.34	\$ 21.88	29,804	\$ 205.81	\$ 3.29	749,608	\$ 3.22	\$ 1.12	34,553	\$ 15.17	\$ 1.83	99,322
	Emergency Room	\$ 0.22	\$ 2.12	1,259	\$ 0.46	\$ 3.44	1,610	\$ 17.23	\$ 103.25	2,002	\$ 24.72	\$ 57.33	5,174	\$ 0.75	\$ 6.89	1,311	\$ 1.94	\$ 15.48	1,502
	FQHC/RHC	\$ 1.75	\$ 35.87	585	\$ 4.31	\$ 57.07	906	\$ 7.95	\$ 123.95	770	\$ 9.25	\$ 70.99	1,564	\$ 4.01	\$ 59.32	812	\$ 4.26	\$ 60.49	845
	Home Health	\$ 0.04	\$ 27.10	20	\$ 0.42	\$ 49.09	102	\$ 12.99	\$ 69.80	2,234	\$ 64.75	\$ 57.86	13,430	\$ 0.14	\$ 52.68	31	\$ 3.03	\$ 58.06	627
	Hospice	\$ 0.18	\$ 35.85	60	\$ 0.00	\$ 4.37	3	\$ 43.64	\$ 140.17	3,736	\$ 13.24	\$ 316.11	503	\$ 0.04	\$ 135.29	3	\$ 1.15	\$ 188.86	73
	Inpatient	\$ 41.13	\$ 165.09	2,989	\$ 24.48	\$ 163.01	1,802	\$ 1,104.03	\$ 2,348.84	5,640	\$ 541.84	\$ 2,176.77	2,987	\$ 11.06	\$ 222.84	595	\$ 48.76	\$ 656.50	891
	Laboratory/Radiology	\$ 2.28	\$ 3.09	8,855	\$ 3.07	\$ 5.08	7,259	\$ 64.15	\$ 15.12	50,914	\$ 73.63	\$ 19.82	44,577	\$ 3.37	\$ 7.53	5,365	\$ 7.05	\$ 10.86	7,792
	Nursing Facility	\$ 4,230.67	\$ 151.97	334,072	\$ 2.65	\$ 110.27	288	\$ 5,114.62	\$ 187.53	327,291	\$ 0.91	\$ 155.19	70	\$ 1.29	\$ 177.54	87	\$ 148.51	\$ 165.80	10,748
	Other Medical	\$ 11.21	\$ 4.40	30,556	\$ 2.17	\$ 1.27	20,500	\$ 95.92	\$ 6.93	166,164	\$ 48.00	\$ 24.32	23,685	\$ 1.89	\$ 1.94	11,668	\$ 5.22	\$ 4.14	15,121
	Outpatient	\$ 1.40	\$ 25.84	648	\$ 2.55	\$ 10.83	2,819	\$ 26.08	\$ 28.88	10,838	\$ 90.92	\$ 33.30	32,761	\$ 1.84	\$ 15.68	1,407	\$ 5.93	\$ 24.30	2,928
	Pharmacy	\$ 6.81	\$ 9.31	8,778	\$ 10.09	\$ 25.89	4,675	\$ 789.85	\$ 69.07	137,235	\$ 824.60	\$ 100.54	98,421	\$ 6.88	\$ 24.37	3,386	\$ 51.40	\$ 66.51	9,274
	Physician	\$ 6.41	\$ 1.34	57,247	\$ 5.09	\$ 1.55	39,383	\$ 128.10	\$ 16.83	91,345	\$ 99.73	\$ 18.93	63,208	\$ 5.69	\$ 2.88	23,669	\$ 11.16	\$ 4.79	27,946
	Vision	\$ 0.09	\$ 2.63	431	\$ 0.19	\$ 6.61	342	\$ 1.72	\$ 32.16	643	\$ 3.79	\$ 29.32	1,551	\$ 0.28	\$ 11.01	310	\$ 0.44	\$ 14.22	371
<b>Medical Services Subtotal</b>		<b>\$ 4,344.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 98.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,500.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,032.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.88</b>	<b>NA</b>	<b>N/A</b>	<b>\$ 312.91</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.43	\$ 7.09	735	\$ 49.24	\$ 34.36	17,193	\$ 0.86	\$ 34.53	298	\$ 37.91	\$ 35.07	12,970	\$ 0.03	\$ 8.49	39	\$ 5.09	\$ 33.88	1,803
	Employment	\$ 0.43	\$ 8.02	646	\$ 0.65	\$ 6.50	1,197	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 2.92	58	\$ 0.07	\$ 5.41	146
	Home Health/Therapies	\$ 0.90	\$ 11.02	981	\$ 291.96	\$ 11.14	314,435	\$ 19.12	\$ 10.87	21,096	\$ 265.31	\$ 11.26	282,648	\$ 0.04	\$ 11.02	42	\$ 31.94	\$ 11.18	34,273
	Other Waiver	\$ 0.16	\$ 9.43	202	\$ 17.77	\$ 16.42	12,985	\$ 0.12	\$ 25.53	55	\$ 12.01	\$ 15.27	9,435	\$ 0.04	\$ 9.88	48	\$ 1.79	\$ 15.87	1,354
	PDS/FMS	\$ 0.22	\$ 95.40	27	\$ 39.56	\$ 89.87	5,282	\$ 0.10	\$ 128.53	9	\$ 43.11	\$ 105.40	4,908	\$ 0.01	\$ 139.73	0	\$ 4.60	\$ 95.46	578
	Personal Assistance	\$ 31.81	\$ 4.61	82,820	\$ 2,708.14	\$ 4.03	8,059,170	\$ 17.15	\$ 4.70	43,762	\$ 2,780.63	\$ 4.05	8,234,552	\$ 0.20	\$ 4.53	524	\$ 307.96	\$ 4.04	914,391
	Residential Habilitation	\$ 6.51	\$ 42.12	1,855	\$ 174.76	\$ 101.70	20,620	\$ 2.22	\$ 251.18	106	\$ 107.07	\$ 122.52	10,487	\$ 0.32	\$ 17.86	212	\$ 17.19	\$ 97.90	2,107
	Respite	\$ 0.85	\$ 140.74	72	\$ 0.57	\$ 3.97	1,710	\$ -	\$ -	-	\$ 0.28	\$ 4.34	784	\$ -	\$ -	-	\$ 0.07	\$ 5.30	154
	Service Coordination	\$ 7.91	\$ 20.15	4,712	\$ 210.21	\$ 20.09	125,592	\$ 7.65	\$ 20.05	4,576	\$ 210.68	\$ 20.07	125,948	\$ 0.08	\$ 20.47	44	\$ 23.93	\$ 20.08	14,297
	Vendor Services	\$ 12.73	\$ 974.87	157	\$ 87.95	\$ 182.42	5,786	\$ 6.47	\$ 672.04	116	\$ 91.19	\$ 212.07	5,160	\$ 0.00	\$ 6.05	2	\$ 10.34	\$ 197.19	629
	Waiver DME/Supplies	\$ 0.03	\$ 69.67	6	\$ 2.63	\$ 142.48	221	\$ 0.02	\$ 39.84	5	\$ 3.15	\$ 144.50	262	\$ -	\$ -	-	\$ 0.32	\$ 142.77	27
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 61.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,583.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,551.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 403.29</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,406.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,681.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,554.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,583.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.59</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 716.20</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast/Northwest
Age Group	60+
Time Period	CY 2017

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		156,753			66,001			3,992			6,261			315,350			548,358		
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	\$ 0.20	\$ 24.83	97	\$ 0.30	\$ 66.17	55	\$ 20.86	\$ 138.24	1,811	\$ 15.65	\$ 63.14	2,975	\$ 0.11	\$ 58.78	23	\$ 0.49	\$ 62.02	95
	Dental	\$ 4.09	\$ 29.48	1,665	\$ 3.44	\$ 80.03	515	\$ 7.94	\$ 10.33	9,227	\$ 6.82	\$ 75.17	1,088	\$ 3.67	\$ 61.61	714	\$ 3.83	\$ 44.66	1,028
	DME/Supplies	\$ 5.16	\$ 3.37	18,357	\$ 50.62	\$ 0.73	832,782	\$ 21.48	\$ 9.41	27,396	\$ 148.36	\$ 3.00	592,809	\$ 5.88	\$ 0.84	84,464	\$ 12.80	\$ 0.95	161,025
	Emergency Room	\$ 0.11	\$ 3.36	386	\$ 0.42	\$ 4.53	1,126	\$ 11.90	\$ 113.82	1,254	\$ 22.16	\$ 81.83	3,250	\$ 0.29	\$ 4.70	728	\$ 0.59	\$ 9.88	711
	FQHC/RHC	\$ 1.17	\$ 35.06	402	\$ 3.06	\$ 46.62	787	\$ 7.75	\$ 108.51	857	\$ 18.12	\$ 116.80	1,861	\$ 2.83	\$ 53.28	637	\$ 2.59	\$ 51.57	604
	Home Health	\$ 0.01	\$ 8.60	8	\$ 0.20	\$ 39.73	62	\$ 7.29	\$ 77.73	1,125	\$ 41.20	\$ 73.55	6,722	\$ 0.08	\$ 29.89	32	\$ 0.59	\$ 63.36	113
	Hospice	\$ 0.14	\$ 22.07	74	\$ 0.04	\$ 43.75	12	\$ 54.71	\$ 134.85	4,869	\$ 33.88	\$ 144.74	2,809	\$ 0.08	\$ 97.95	9	\$ 0.87	\$ 109.61	96
	Inpatient	\$ 12.10	\$ 137.18	1,059	\$ 24.17	\$ 134.80	2,152	\$ 651.61	\$ 1,810.68	4,318	\$ 552.22	\$ 1,782.13	3,718	\$ 12.64	\$ 167.49	905	\$ 24.69	\$ 256.21	1,156
	Laboratory/Radiology	\$ 1.05	\$ 3.38	3,708	\$ 2.27	\$ 4.78	5,693	\$ 46.36	\$ 14.36	38,735	\$ 64.30	\$ 18.50	41,718	\$ 2.38	\$ 5.77	4,955	\$ 3.01	\$ 6.76	5,353
	Nursing Facility	\$ 4,129.68	\$ 145.45	340,719	\$ 17.53	\$ 141.30	1,489	\$ 4,865.05	\$ 172.78	337,889	\$ 9.92	\$ 163.10	730	\$ 5.66	\$ 143.84	472	\$ 1,221.40	\$ 146.11	100,317
	Other Medical	\$ 1.43	\$ 2.56	6,725	\$ 1.30	\$ 1.17	13,274	\$ 45.17	\$ 4.77	113,660	\$ 53.10	\$ 9.02	70,661	\$ 4.06	\$ 2.75	17,699	\$ 3.83	\$ 3.00	15,333
	Outpatient	\$ 0.44	\$ 27.70	189	\$ 1.15	\$ 25.61	538	\$ 20.03	\$ 160.65	1,496	\$ 68.67	\$ 43.10	19,120	\$ 1.30	\$ 29.39	529	\$ 1.94	\$ 35.66	652
	Pharmacy	\$ 4.03	\$ 5.83	8,305	\$ 6.05	\$ 16.11	4,508	\$ 696.47	\$ 65.97	126,697	\$ 701.13	\$ 84.60	99,452	\$ 5.44	\$ 21.51	3,037	\$ 18.09	\$ 32.30	6,721
	Physician	\$ 2.88	\$ 2.63	13,181	\$ 3.60	\$ 1.94	22,226	\$ 91.10	\$ 21.71	50,347	\$ 86.40	\$ 21.96	47,214	\$ 4.64	\$ 2.56	21,722	\$ 5.58	\$ 3.37	19,841
	Vision	\$ 0.11	\$ 4.03	314	\$ 0.18	\$ 5.90	372	\$ 1.51	\$ 34.15	532	\$ 2.82	\$ 31.76	1,064	\$ 0.36	\$ 7.55	565	\$ 0.30	\$ 7.56	476
<b>Medical Services Subtotal</b>		<b>\$ 4,162.59</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 114.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,549.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,824.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,300.61</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.02	\$ 4.39	66	\$ 13.33	\$ 53.29	3,002	\$ 0.11	\$ 3.14	403	\$ 17.97	\$ 37.28	5,786	\$ -	\$ -	-	\$ 1.82	\$ 48.54	449
	Employment	\$ -	\$ -	-	\$ 0.19	\$ 6.50	346	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 6.50	42
	Home Health/Therapies	\$ 0.19	\$ 11.72	195	\$ 48.70	\$ 12.17	48,029	\$ 0.32	\$ 15.22	249	\$ 25.65	\$ 12.00	25,650	\$ -	\$ -	-	\$ 6.21	\$ 12.16	6,131
	Other Waiver	\$ 0.01	\$ 70.92	2	\$ 4.61	\$ 24.38	2,271	\$ -	\$ -	-	\$ 2.98	\$ 15.77	2,269	\$ 0.00	\$ 2.94	9	\$ 0.59	\$ 23.38	305
	PDS/FMS	\$ 0.07	\$ 90.46	9	\$ 24.95	\$ 88.68	3,376	\$ 0.10	\$ 80.91	15	\$ 21.01	\$ 83.37	3,024	\$ 0.01	\$ 92.28	1	\$ 3.27	\$ 88.28	444
	Personal Assistance	\$ 10.71	\$ 4.55	28,223	\$ 2,874.28	\$ 4.32	7,987,651	\$ 34.17	\$ 4.72	86,851	\$ 3,219.33	\$ 4.46	8,662,465	\$ 0.39	\$ 3.82	1,217	\$ 386.25	\$ 4.33	1,069,720
	Residential Habilitation	\$ 0.63	\$ 18.29	410	\$ 7.19	\$ 209.99	411	\$ 1.05	\$ 280.41	45	\$ 88.82	\$ 56.36	18,910	\$ 0.03	\$ 35.34	9	\$ 2.08	\$ 64.33	388
	Respite	\$ 0.18	\$ 28.69	75	\$ 5.55	\$ 14.89	4,472	\$ -	\$ -	-	\$ 1.58	\$ 100.70	188	\$ -	\$ -	-	\$ 0.74	\$ 15.75	562
	Service Coordination	\$ 1.43	\$ 20.09	855	\$ 161.91	\$ 20.07	96,811	\$ 4.77	\$ 19.79	2,894	\$ 191.68	\$ 20.11	114,379	\$ 0.06	\$ 20.05	39	\$ 22.16	\$ 20.07	13,246
	Vendor Services	\$ 0.85	\$ 30.44	334	\$ 104.68	\$ 12.93	97,173	\$ 1.61	\$ 73.22	264	\$ 80.19	\$ 24.58	39,154	\$ 0.00	\$ 11.35	4	\$ 13.77	\$ 13.50	12,242
	Waiver DME/Supplies	\$ 0.03	\$ 60.41	6	\$ 6.83	\$ 57.53	1,425	\$ -	\$ -	-	\$ 4.88	\$ 83.74	700	\$ -	\$ -	-	\$ 0.89	\$ 58.71	181
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 14.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,252.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 42.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,654.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 437.79</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,176.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,366.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,591.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,478.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,738.40</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast/Northwest
Age Group	21-59
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		7,487			29,540			5,010			18,726			339,157			399,920		
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	\$ 0.76	\$ 37.58	243	\$ 0.39	\$ 46.98	98	\$ 32.01	\$ 120.83	3,179	\$ 18.93	\$ 33.85	6,711	\$ 0.21	\$ 41.52	60	\$ 1.51	\$ 43.37	417
	Dental	\$ 8.76	\$ 37.35	2,814	\$ 5.88	\$ 54.02	1,307	\$ 9.64	\$ 20.94	5,523	\$ 10.30	\$ 61.43	2,012	\$ 6.40	\$ 53.67	1,432	\$ 6.63	\$ 52.13	1,527
	DME/Supplies	\$ 46.75	\$ 4.74	118,281	\$ 35.95	\$ 0.81	535,593	\$ 58.98	\$ 21.94	32,259	\$ 241.56	\$ 3.74	774,538	\$ 3.73	\$ 1.23	36,337	\$ 18.74	\$ 2.06	109,264
	Emergency Room	\$ 0.48	\$ 4.72	1,232	\$ 0.47	\$ 3.39	1,655	\$ 17.70	\$ 98.94	2,147	\$ 26.26	\$ 53.93	5,843	\$ 0.84	\$ 7.49	1,346	\$ 2.21	\$ 16.68	1,588
	FQHC/RHC	\$ 2.04	\$ 50.93	481	\$ 4.76	\$ 60.05	951	\$ 6.81	\$ 118.24	691	\$ 9.13	\$ 73.56	1,489	\$ 3.99	\$ 62.06	771	\$ 4.28	\$ 63.35	811
	Home Health	\$ -	\$ -	16	\$ 0.62	\$ 33.33	223	\$ 11.94	\$ 84.97	1,686	\$ 67.21	\$ 58.04	13,895	\$ 0.13	\$ 43.90	35	\$ 3.45	\$ 57.66	718
	Hospice	\$ 0.01	\$ 4.84	35	\$ 0.43	\$ 561.67	9	\$ 38.82	\$ 134.79	3,456	\$ 14.63	\$ 239.25	734	\$ 0.04	\$ 104.98	4	\$ 1.23	\$ 179.59	82
	Inpatient	\$ 65.14	\$ 208.06	3,757	\$ 27.17	\$ 168.93	1,930	\$ 944.88	\$ 1,972.09	5,750	\$ 546.65	\$ 2,043.88	3,210	\$ 11.27	\$ 215.06	629	\$ 50.22	\$ 622.14	969
	Laboratory/Radiology	\$ 2.80	\$ 3.97	8,458	\$ 2.83	\$ 5.22	6,505	\$ 65.38	\$ 15.95	49,180	\$ 78.30	\$ 20.69	45,408	\$ 3.58	\$ 8.50	5,051	\$ 7.78	\$ 12.18	7,665
	Nursing Facility	\$ 4,298.99	\$ 155.92	330,863	\$ 2.96	\$ 117.06	304	\$ 5,194.88	\$ 190.86	326,612	\$ 0.59	\$ 174.85	40	\$ 1.54	\$ 185.98	99	\$ 147.10	\$ 169.84	10,394
	Other Medical	\$ 7.07	\$ 3.36	25,222	\$ 2.14	\$ 1.12	22,982	\$ 95.75	\$ 7.76	148,105	\$ 52.70	\$ 22.48	28,126	\$ 2.14	\$ 1.93	13,332	\$ 5.77	\$ 4.16	16,648
	Outpatient	\$ 1.69	\$ 6.30	3,218	\$ 2.92	\$ 10.65	3,288	\$ 30.40	\$ 59.07	6,176	\$ 102.58	\$ 30.85	39,902	\$ 1.87	\$ 23.86	943	\$ 7.02	\$ 27.64	3,048
	Pharmacy	\$ 7.93	\$ 11.24	8,470	\$ 8.71	\$ 21.23	4,923	\$ 863.08	\$ 72.52	142,806	\$ 897.16	\$ 107.51	100,142	\$ 7.39	\$ 25.11	3,533	\$ 59.88	\$ 71.88	9,997
	Physician	\$ 6.50	\$ 1.65	47,326	\$ 4.99	\$ 1.69	35,389	\$ 135.07	\$ 18.17	89,213	\$ 104.13	\$ 17.46	71,565	\$ 5.24	\$ 2.96	21,236	\$ 11.50	\$ 5.31	25,978
	Vision	\$ 0.16	\$ 3.30	583	\$ 0.20	\$ 6.87	346	\$ 2.33	\$ 34.68	806	\$ 4.27	\$ 29.18	1,756	\$ 0.33	\$ 11.59	338	\$ 0.52	\$ 15.12	416
<b>Medical Services Subtotal</b>		<b>\$ 4,449.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 100.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,507.67</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,174.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 327.87</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 53.32	\$ 34.65	18,465	\$ 2.05	\$ 34.56	711	\$ 29.82	\$ 35.11	10,193	\$ -	\$ -	-	\$ 5.36	\$ 34.77	1,850
	Employment	\$ 0.06	\$ 6.50	115	\$ 0.53	\$ 6.50	976	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 17.75	3	\$ 0.04	\$ 6.84	77
	Home Health/Therapies	\$ 1.53	\$ 11.02	1,671	\$ 309.68	\$ 11.18	332,262	\$ 12.15	\$ 10.86	13,428	\$ 305.10	\$ 11.17	327,695	\$ -	\$ -	-	\$ 37.34	\$ 11.18	40,086
	Other Waiver	\$ 0.72	\$ 5.26	1,648	\$ 19.81	\$ 14.58	16,301	\$ 0.77	\$ 13.93	663	\$ 9.84	\$ 8.95	13,182	\$ 0.06	\$ 3.82	197	\$ 2.00	\$ 11.84	2,027
	PDS/FMS	\$ 0.18	\$ 109.38	19	\$ 37.26	\$ 90.92	4,917	\$ 0.18	\$ 102.55	22	\$ 37.56	\$ 107.93	4,176	\$ 0.01	\$ 146.22	1	\$ 4.53	\$ 96.95	560
	Personal Assistance	\$ 35.80	\$ 4.73	90,912	\$ 2,860.75	\$ 4.10	8,375,584	\$ 29.82	\$ 4.65	77,005	\$ 3,015.90	\$ 4.19	8,641,673	\$ 0.08	\$ 3.39	271	\$ 353.64	\$ 4.14	1,026,205
	Residential Habilitation	\$ 9.33	\$ 91.18	1,229	\$ 181.16	\$ 110.53	19,668	\$ 9.35	\$ 132.61	846	\$ 84.74	\$ 98.34	10,340	\$ 0.52	\$ 31.75	195	\$ 18.08	\$ 101.57	2,136
	Respite	\$ 0.10	\$ 6.13	192	\$ 0.35	\$ 4.18	992	\$ -	\$ -	-	\$ 0.20	\$ 3.88	611	\$ 0.02	\$ 7.06	26	\$ 0.05	\$ 4.66	127
	Service Coordination	\$ 7.83	\$ 20.36	4,614	\$ 200.87	\$ 20.09	120,005	\$ 5.38	\$ 20.10	3,212	\$ 200.66	\$ 20.08	119,886	\$ 0.07	\$ 22.32	36	\$ 24.50	\$ 20.09	14,635
	Vendor Services	\$ 11.19	\$ 707.89	190	\$ 94.93	\$ 195.79	5,818	\$ 15.85	\$ 1,650.03	115	\$ 91.89	\$ 209.49	5,264	\$ 0.02	\$ 487.35	0	\$ 11.74	\$ 206.64	682
	Waiver DME/Supplies	\$ 0.02	\$ 59.23	3	\$ 3.92	\$ 174.03	271	\$ -	\$ -	-	\$ 3.70	\$ 138.34	321	\$ 0.00	\$ 79.00	0	\$ 0.46	\$ 158.47	35
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 66.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,762.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 75.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,779.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 457.74</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,515.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,862.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,583.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,953.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 785.61</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast/Northwest
Age Group	60+
Time Period	CY 2018

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		155,626			70,877			3,898			7,492			326,143			564,036		
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	\$ 0.23	\$ 20.60	132	\$ 0.32	\$ 66.00	59	\$ 20.22	\$ 123.96	1,958	\$ 21.86	\$ 62.63	4,189	\$ 0.10	\$ 48.86	25	\$ 0.59	\$ 55.73	127
	Dental	\$ 4.03	\$ 27.36	1,766	\$ 3.09	\$ 68.23	544	\$ 7.00	\$ 24.48	3,430	\$ 6.40	\$ 68.73	1,118	\$ 3.28	\$ 58.32	674	\$ 3.53	\$ 43.02	984
	DME/Supplies	\$ 7.33	\$ 3.92	22,446	\$ 52.40	\$ 0.76	822,582	\$ 22.57	\$ 9.91	27,315	\$ 126.24	\$ 2.63	576,959	\$ 6.22	\$ 0.86	86,821	\$ 14.03	\$ 1.00	167,614
	Emergency Room	\$ 0.18	\$ 5.46	393	\$ 0.55	\$ 5.53	1,191	\$ 10.06	\$ 100.08	1,206	\$ 23.45	\$ 82.82	3,398	\$ 0.35	\$ 5.66	745	\$ 0.70	\$ 11.35	743
	FQHC/RHC	\$ 1.16	\$ 34.38	405	\$ 3.45	\$ 49.53	836	\$ 9.67	\$ 110.77	1,048	\$ 16.20	\$ 106.90	1,819	\$ 3.27	\$ 56.68	691	\$ 2.92	\$ 54.15	648
	Home Health	\$ 0.00	\$ 2.05	4	\$ 0.20	\$ 47.34	52	\$ 6.32	\$ 75.03	1,011	\$ 49.32	\$ 74.13	7,983	\$ 0.06	\$ 22.70	29	\$ 0.76	\$ 65.99	138
	Hospice	\$ 0.03	\$ 6.24	65	\$ 0.04	\$ 17.46	25	\$ 73.83	\$ 149.09	5,943	\$ 23.12	\$ 135.37	2,050	\$ 0.01	\$ 24.01	5	\$ 0.84	\$ 108.45	93
	Inpatient	\$ 13.44	\$ 153.15	1,053	\$ 29.64	\$ 152.75	2,328	\$ 743.98	\$ 2,175.75	4,103	\$ 657.52	\$ 1,954.75	4,036	\$ 14.94	\$ 180.52	993	\$ 29.95	\$ 289.94	1,240
	Laboratory/Radiology	\$ 1.07	\$ 3.97	3,237	\$ 2.59	\$ 5.65	5,498	\$ 48.64	\$ 15.63	37,340	\$ 72.74	\$ 20.39	42,804	\$ 2.46	\$ 6.36	4,640	\$ 3.35	\$ 7.88	5,094
	Nursing Facility	\$ 4,194.32	\$ 147.78	340,587	\$ 19.06	\$ 149.11	1,534	\$ 4,852.54	\$ 174.06	334,545	\$ 13.10	\$ 176.29	892	\$ 6.04	\$ 142.79	507	\$ 1,196.87	\$ 148.40	96,783
	Other Medical	\$ 1.19	\$ 1.86	7,714	\$ 1.84	\$ 1.45	15,190	\$ 53.68	\$ 6.41	100,474	\$ 52.50	\$ 9.33	67,552	\$ 3.83	\$ 2.61	17,634	\$ 3.84	\$ 2.91	15,825
	Outpatient	\$ 0.43	\$ 24.92	209	\$ 1.50	\$ 31.53	572	\$ 19.12	\$ 74.88	3,063	\$ 62.55	\$ 66.86	11,226	\$ 1.44	\$ 32.28	535	\$ 2.10	\$ 41.44	609
	Pharmacy	\$ 5.05	\$ 8.26	7,337	\$ 6.67	\$ 18.14	4,412	\$ 771.34	\$ 72.47	127,719	\$ 761.00	\$ 91.92	99,352	\$ 6.43	\$ 25.60	3,013	\$ 21.39	\$ 39.34	6,524
	Physician	\$ 2.97	\$ 2.70	13,160	\$ 3.56	\$ 1.81	23,532	\$ 92.22	\$ 22.97	48,170	\$ 97.06	\$ 18.51	62,922	\$ 4.35	\$ 2.69	19,391	\$ 5.71	\$ 3.61	18,969
	Vision	\$ 0.11	\$ 3.79	341	\$ 0.18	\$ 5.30	399	\$ 1.72	\$ 33.50	616	\$ 3.85	\$ 31.80	1,454	\$ 0.36	\$ 7.45	575	\$ 0.32	\$ 7.71	500
<b>Medical Services Subtotal</b>		<b>\$ 4,231.53</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 125.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,732.91</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,986.91</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,286.90</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.01	\$ 71.79	1	\$ 12.96	\$ 48.93	3,177	\$ -	\$ -	-	\$ 14.68	\$ 37.60	4,686	\$ -	\$ -	-	\$ 1.82	\$ 47.42	462
	Employment	\$ -	\$ -	-	\$ 0.13	\$ 6.50	246	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 6.50	31
	Home Health/Therapies	\$ 0.14	\$ 12.82	132	\$ 60.29	\$ 12.07	59,915	\$ 0.06	\$ 16.55	40	\$ 21.96	\$ 11.72	22,486	\$ 0.01	\$ 11.02	6	\$ 7.91	\$ 12.06	7,868
	Other Waiver	\$ 0.02	\$ 10.14	24	\$ 3.92	\$ 24.07	1,953	\$ -	\$ -	-	\$ 4.23	\$ 22.73	2,234	\$ 0.04	\$ 4.23	102	\$ 0.57	\$ 20.25	341
	PDS/FMS	\$ 0.06	\$ 91.13	9	\$ 22.59	\$ 88.27	3,071	\$ 0.16	\$ 79.43	25	\$ 17.65	\$ 82.45	2,569	\$ 0.00	\$ 81.64	0	\$ 3.09	\$ 87.81	423
	Personal Assistance	\$ 11.31	\$ 4.48	30,296	\$ 3,179.50	\$ 4.39	8,687,666	\$ 45.32	\$ 4.56	119,344	\$ 3,547.90	\$ 4.53	9,389,857	\$ 0.84	\$ 4.54	2,209	\$ 450.58	\$ 4.41	1,226,885
	Residential Habilitation	\$ 0.48	\$ 96.56	59	\$ 10.63	\$ 193.62	659	\$ 1.08	\$ 466.30	28	\$ 61.59	\$ 47.49	15,562	\$ 0.10	\$ 13.91	87	\$ 2.35	\$ 79.23	356
	Respite	\$ 0.19	\$ 173.29	13	\$ 5.42	\$ 15.95	4,076	\$ 3.27	\$ 217.94	180	\$ 2.88	\$ 176.56	196	\$ 0.01	\$ 4.77	24	\$ 0.80	\$ 17.99	533
	Service Coordination	\$ 1.57	\$ 20.05	941	\$ 168.59	\$ 20.07	100,809	\$ 4.11	\$ 19.96	2,472	\$ 179.03	\$ 20.12	106,800	\$ 0.12	\$ 20.38	72	\$ 24.10	\$ 20.07	14,405
	Vendor Services	\$ 1.22	\$ 40.83	358	\$ 113.96	\$ 12.76	107,192	\$ 2.70	\$ 45.14	717	\$ 75.80	\$ 18.29	49,721	\$ 0.03	\$ 7.63	44	\$ 15.70	\$ 13.21	14,259
	Waiver DME/Supplies	\$ 0.02	\$ 40.52	7	\$ 7.36	\$ 59.77	1,477	\$ -	\$ -	-	\$ 4.48	\$ 78.81	682	\$ 0.00	\$ 32.69	0	\$ 0.99	\$ 60.42	197
	<b>HCBS Waiver Services Subtotal</b>		<b>\$ 15.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,585.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 56.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,930.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 507.94</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,246.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,710.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,789.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,917.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 54.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,794.84</b>	<b>N/A</b>	<b>N/A</b>

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