



Community HealthChoices

Encounter Databook

Commonwealth of Pennsylvania
June 17, 2021



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Introduction

Overview

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

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

Purpose of this Databook

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

The Medicaid encounter data in this databook, along with the historical fee-for-service (FFS) data summarized in the FFS databook dated June 17, 2021, will be the base data starting point for calendar year (CY) 2022 CHC capitation rate development. 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 encounter data from the CHC-MCOs participating in CHC (as listed in Table 1) for acute medical services, NF services, and HCBS.

As the CHC program was implemented with a multi-year regional phase-in and due to the Coronavirus Disease 2019 (COVID-19) pandemic impacting CY 2020 data, usable CHC program encounter data for purposes of base data are only available for the Southwest and Southeast zones. Data specific to the Lehigh/Capital, Northeast, and Northwest zones will be summarized in future rate cycles.

Table 1: CY 2019 CHC-MCOs

Southwest Zone
AmeriHealth Caritas Pennsylvania CHC (AHC)
PA Health & Wellness (PHW)
UPMC CHC (UPMC)
Southeast Zone
Keystone First CHC (KF)
PHW
UPMC

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

Time Periods

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

- CHC-MCO submitted PROMISe Encounter Data (based on date of service):
 - CY 2019 (January 1, 2019, through December 31, 2019) paid through December 31, 2020
- Member month (MM) information derived from Office of Long-Term Living (OLTL) capitation payment files (820 files):
 - CY 2019 (January 1, 2019, through December 31, 2019) as of December 31, 2020

Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions were established consistent with the CY 2021 rate-setting approach to address cost differentials within those zones.

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

Table 2: Rating Regions

Rating Region	Counties Included
Southwest — Allegheny	Allegheny
Southwest — 13 counties	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
Southeast — Philadelphia	Philadelphia
Southeast — 4 counties	Bucks, Chester, Delaware, Montgomery

Caveats

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

Documents included in this communication are this 'CY_22_ENC_PA_CHC_Databook' PDF document as well as the 'CY22 ENC Databook Exhibits_to_PA.xlsx' Excel file of the Data Summaries outlined in Section 7 of this document.

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.

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

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

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

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

2 Covered Populations

Population Groups

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

Table 3 illustrates the population groups summarized within this databook along with the corresponding capitation payment rate cells.

Table 3: Population and Capitation Rate Cells

Population Group ¹	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 (NFI) Duals

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).

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

3 Covered Services

Covered Services

The specific services covered by the CHC-MCOs are detailed in the Agreement. The data summaries reflect historical costs for the services; any differences between historical service offerings and prospective service offerings will be considered during the capitation rate development process.

For purposes of illustrating the cost and utilization patterns of the CHC eligible population groups, the historical data was summarized by major service categories. The CHC capitation rates will be established at the rate cell level, encompassing all services therein (i.e., capitation rates will not be established on a service level). Table 4 includes the major service categories outlined in the databook summaries. Note that any service coordination encounters were excluded from this databook as consideration for those activities is included as part of the non-benefit load assumptions in CHC capitation rate development.

Table 4: Covered Services

Medical Services	HCBS Waiver Services
Ambulance	Day Habilitation and Adult Day
Dental	Employment
Durable Medical Equipment (DME)/Supplies	Home Health/Therapies
Emergency Room	Other Waiver
Federally Qualified Health Center/Rural Health Clinic	Participant Directed Services/Financial Management Services
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Vendor Services
NF	Waiver DME/Supplies
Other Medical	
Outpatient	
Pharmacy	
Physician	
Vision	

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

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Base Data and Adjustments Reflected in this Databook

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

As part of the encounter data review and validation process, Mercer makes several adjustments to ensure the data is appropriate for use in rate setting. The following is a summary of the data criteria and adjustments applied to the CY 2019 encounter data:

- Data reflects both voided and adjusted encounters.
- Data only includes CHC-MCO encounter records that pass the required PROMISe edits.
- The final payment is net of these claim adjustments: recipient spend-down expenses, third-party liability recoveries, copayments, coinsurance, deductibles, and monthly payments made by Medicaid recipients (e.g., net available monthly income).
- Pharmacy encounters are gross of all market share and state supplemental rebates.
- Encounter data is allocated to COS according to the CHC Medical Service Group Hierarchy found in Appendix B(1) and Appendix B(2) of the financial reporting requirements package and exclude service coordination.
- Eligibility was attached to the encounter data based on capitation payment data provided by DHS. Attaching eligibility to the encounter data provided member demographic information, such as population group and rating region.

Encounter to Financial Alignment

As part of the encounter validation efforts, Mercer analyzed comparisons between the CHC-MCOs' encounter data and the quarter-ending December 31, 2020 financial Report #4 (lag triangles) submissions to ensure the encounter data is a usable data source in rate setting. Mercer worked with DHS and the CHC-MCOs to better understand the known drivers and issues causing the differences

between the two data sources and identify where CY 2022 rate-setting adjustments may be necessary.

As a result, Mercer applied a financial alignment adjustment to the encounter base data to align the CHC-MCOs' submitted encounters to the CHC-MCOs' financial Report #4 (lag triangles) data. Additionally, to capture amounts not reflected within the submitted encounters, Mercer reviewed CHC-MCO subcapitation, settlement, and other purchasing arrangement amounts reported in Report #4 and included as applicable. The same incurred and paid (runout) periods are used for both sources of data (December 31, 2020).

Table 5 summarizes the encounter to financial alignment adjustment made to the CY 2019 submitted encounter data by rating region and dual status of participants (as available within the Report #4 information) for each major COS (NF, Pharmacy, Other Medical, Personal Assistance, and Other HCBS Waiver). Additional detail specific to this adjustment is included in an exhibit at the end of this section.

Table 5: Encounter to Financial Alignment Adjustment

COS		Southwest — Allegheny	Southwest — 13 Counties	Southeast — Philadelphia	Southeast — 4 Counties
NF	Dual	1.0332	1.0414	1.0528	1.0438
	Non-Dual	1.0433	1.0125	1.0269	1.0260
Pharmacy	Dual	0.6968	0.8052	0.8721	0.8935
	Non-Dual	1.0125	1.0130	0.9981	1.0016
Other Medical	Dual	1.0695	1.0070	0.8725	0.9954
	Non-Dual	1.0387	1.0588	1.0339	1.0604
Personal Assistance		1.0115	1.0234	1.0099	1.0067
Other HCBS Waiver		1.0388	1.0508	1.0555	1.0212
Total		1.0220	1.0305	1.0119	1.0245

Completion Factors

This databook includes claims for dates of service from January 1, 2019 through December 31, 2019 and reflects payments through December 2020. Mercer performed an analysis of the CHC-MCOs' Report #4 (lag triangles) data and developed completion factors to estimate incurred but not reported claims (those claims not yet adjudicated). The completion factors shown in Table 6 represent the factors by which paid claims and utilization were adjusted.

Table 6: Completion Factors

COS	Dual Status	CY 2019
NF	Dual	1.0001
	Non-Dual	1.0000
Pharmacy	Dual	1.0018
	Non-Dual	1.0001
Other Medical	Dual	1.0014
	Non-Dual	1.0000
Personal Assistance	N/A (Total)	1.0000
Other HCBS Waiver	N/A (Total)	1.0019
Total		1.0002

Rating Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A
			CY 2019 Base Encounters ¹	CY 2019 Report 4 Financial Results ⁴					Encounter to Financial Alignment Factor
			Base Financial Dollars ^{2,3}	Subcaps ²	Settlements	Other Purchasing Arrangements	Total		
SW-Allegheny	Nursing Facility	Dual	\$207,222,588	\$214,102,753	\$0	\$0	\$0	\$214,102,753	1.0332
		Non-Dual	\$22,124,640	\$23,082,907	\$0	\$0	\$0	\$23,082,907	1.0433
	Pharmacy	Dual	\$5,240,556	\$4,461,891	\$0	(\$810,250)	\$0	\$3,651,641	0.6968
		Non-Dual	\$18,995,851	\$19,234,003	\$0	\$0	\$0	\$19,234,003	1.0125
	Other Medical	Dual	\$25,621,053	\$26,634,384	\$768,017	\$0	\$0	\$27,402,401	1.0695
		Non-Dual	\$30,157,660	\$31,263,728	\$62,415	\$0	\$0	\$31,326,143	1.0387
	Personal Assistance	N/A	\$277,520,411	\$280,706,986	\$0	\$0	\$0	\$280,706,986	1.0115
Other HCBS Waiver	N/A	\$18,169,354	\$18,874,688.10	\$0	\$0	\$0	\$18,874,688	1.0388	
Total			\$605,052,113	\$618,361,341	\$830,432	(\$810,250)	\$0	\$618,381,523	1.0220
SW-13Cty	Nursing Facility	Dual	\$357,447,541	\$372,251,657	\$0	\$0	\$0	\$372,251,657	1.0414
		Non-Dual	\$34,281,993	\$34,710,022	\$0	\$0	\$0	\$34,710,022	1.0125
	Pharmacy	Dual	\$9,433,001	\$7,932,538	\$0	(\$336,750)	\$0	\$7,595,788	0.8052
		Non-Dual	\$19,182,203	\$19,431,292	\$0	\$0	\$0	\$19,431,292	1.0130
	Other Medical	Dual	\$38,988,144	\$38,322,418	\$938,709	\$0	\$0	\$39,261,127	1.0070
		Non-Dual	\$34,334,098	\$36,302,193	\$51,448	\$0	\$0	\$36,353,641	1.0588
	Personal Assistance	N/A	\$227,726,207	\$233,051,131	\$0	\$0	\$0	\$233,051,131	1.0234
Other HCBS Waiver	N/A	\$37,111,634	\$38,996,218	\$0	\$0	\$0	\$38,996,218	1.0508	
Total			\$758,504,823	\$780,997,468	\$990,157	(\$336,750)	\$0	\$781,650,875	1.0305
SW Zone Total	Nursing Facility	Dual	\$564,670,128	\$586,354,410	\$0	\$0	\$0	\$586,354,410	1.0384
		Non-Dual	\$56,406,633	\$57,792,929	\$0	\$0	\$0	\$57,792,929	1.0246
	Pharmacy	Dual	\$14,673,558	\$12,394,429	\$0	(\$1,147,000)	\$0	\$11,247,429	0.7665
		Non-Dual	\$38,178,055	\$38,665,295	\$0	\$0	\$0	\$38,665,295	1.0128
	Other Medical	Dual	\$64,609,197	\$64,956,803	\$1,706,726	\$0	\$0	\$66,663,528	1.0318
		Non-Dual	\$64,491,758	\$67,565,921	\$113,863	\$0	\$0	\$67,679,784	1.0494
	Personal Assistance	N/A	\$505,246,618	\$513,758,117	\$0	\$0	\$0	\$513,758,117	1.0168
Other HCBS Waiver	N/A	\$55,280,988	\$57,870,906	\$0	\$0	\$0	\$57,870,906	1.0469	
Total			\$1,363,556,935	\$1,399,358,809	\$1,820,589	(\$1,147,000)	\$0	\$1,400,032,398	1.0268

¹Base Encounter Dollars reflect CY 2019 CHC Encounter Data with runout through December 31, 2020. Excludes service coordination costs.

²Base Financial Dollars reflect CY 2019 financial dollars based on Q4 2020 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

³Based on CHC-MCO feedback, NFCE costs related to transportation services had been reported as Expanded/Value-added Services (EVAS) from Report #5. These costs will be reclassified as a covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2020 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

⁴Financial Dollars do not include In-Lieu Of Services (ILOS) from Report #5 in Q4 2020 CHC-MCO financial submissions as none were reported to date.

Rating Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A
			CY 2019 Base Encounters ¹	CY 2019 Report 4 Financial Results ⁴					Encounter to Financial Alignment Factor
			Base Financial Dollars ^{2,3}	Subcaps ²	Settlements	Other Purchasing Arrangements	Total		
SE-Philadelphia	Nursing Facility	Dual	\$228,756,596	\$240,837,401	\$0	\$0	\$0	\$240,837,401	1.0528
		Non-Dual	\$49,964,352	\$51,310,791	\$0	\$0	\$0	\$51,310,791	1.0269
	Pharmacy	Dual	\$12,334,160	\$10,757,197	\$0	\$0	\$0	\$10,757,197	0.8721
		Non-Dual	\$137,042,105	\$136,778,027	\$0	\$0	\$0	\$136,778,027	0.9981
	Other Medical	Dual	\$94,072,360	\$80,597,995	\$1,482,375	\$0	\$0	\$82,080,370	0.8725
		Non-Dual	\$235,540,240	\$243,173,418	\$346,614	\$0	\$0	\$243,520,032	1.0339
	Personal Assistance	N/A	\$2,027,015,607	\$2,047,180,152	\$0	\$0	\$0	\$2,047,180,152	1.0099
Other HCBS Waiver	N/A	\$125,689,276	\$132,662,890	\$0	\$0	\$0	\$132,662,890	1.0555	
Total			\$2,910,414,696	\$2,943,297,870	\$1,828,989	\$0	\$0	\$2,945,126,859	1.0119
SE-4Cty	Nursing Facility	Dual	\$458,571,418	\$478,640,786	\$0	\$0	\$0	\$478,640,786	1.0438
		Non-Dual	\$58,216,392	\$59,730,930	\$0	\$0	\$0	\$59,730,930	1.0260
	Pharmacy	Dual	\$5,073,521	\$4,533,153	\$0	\$0	\$0	\$4,533,153	0.8935
		Non-Dual	\$27,314,818	\$27,359,023	\$0	\$0	\$0	\$27,359,023	1.0016
	Other Medical	Dual	\$36,166,997	\$35,137,103	\$864,705	\$0	\$0	\$36,001,807	0.9954
		Non-Dual	\$51,825,754	\$54,870,419	\$85,767	\$0	\$0	\$54,956,186	1.0604
	Personal Assistance	N/A	\$457,329,558	\$460,388,815	\$0	\$0	\$0	\$460,388,815	1.0067
Other HCBS Waiver	N/A	\$96,462,185	\$98,507,106	\$0	\$0	\$0	\$98,507,106	1.0212	
Total			\$1,190,960,644	\$1,219,167,334	\$950,472	\$0	\$0	\$1,220,117,806	1.0245
SE Zone Total	Nursing Facility	Dual	\$687,328,014	\$719,478,186	\$0	\$0	\$0	\$719,478,186	1.0468
		Non-Dual	\$108,180,744	\$111,041,721	\$0	\$0	\$0	\$111,041,721	1.0264
	Pharmacy	Dual	\$17,407,682	\$15,290,350	\$0	\$0	\$0	\$15,290,350	0.8784
		Non-Dual	\$164,356,923	\$164,137,050	\$0	\$0	\$0	\$164,137,050	0.9987
	Other Medical	Dual	\$130,239,357	\$115,735,097	\$2,347,079	\$0	\$0	\$118,082,177	0.9067
		Non-Dual	\$287,365,995	\$298,043,837	\$432,381	\$0	\$0	\$298,476,218	1.0387
	Personal Assistance	N/A	\$2,484,345,165	\$2,507,568,967	\$0	\$0	\$0	\$2,507,568,967	1.0093
Other HCBS Waiver	N/A	\$222,151,462	\$231,169,996	\$0	\$0	\$0	\$231,169,996	1.0406	
Total			\$4,101,375,341	\$4,162,465,204	\$2,779,460	\$0	\$0	\$4,165,244,664	1.0156

¹Base Encounter Dollars reflect CY 2019 CHC Encounter Data with runout through December 31, 2020. Excludes service coordination costs.

²Base Financial Dollars reflect CY 2019 financial dollars based on Q4 2020 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

³Based on CHC-MCO feedback, NFCE costs related to transportation services had been reported as Expanded/Value-added Services (EVAS) from Report #5. These costs will be reclassified as a covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2020 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

⁴Financial Dollars do not include In-Lieu Of Services (ILOS) from Report #5 in Q4 2020 CHC-MCO financial submissions as none were reported to date.

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Capitation Rate Development

Mercer will adjust the CY 2019 base data from the Southeast and Southwest zones, summarized in Section 7, in order to develop the CY 2022 CHC capitation rates. These adjustments are required by Centers for Medicare & Medicaid Services in determining actuarially sound rates for Medicaid managed care programs.

Mercer will also utilize historical time periods as described in the FFS databook dated June 17, 2021 as an additional base data source. The rate development process will reflect a blend of the two base data sources, as applicable by rating region.

Below is a list of adjustments and programmatic changes (not necessarily all-inclusive) that may be applied during the rate-setting process. These adjustments have **not** been reflected in the databook summaries in Section 7:

1. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to historical FFS.
2. Mercer may adjust data sources for programmatic changes. The Programmatic Changes Chart in Section 6 describes the programmatic changes considered in the previous capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2022 rate development process. Programmatic changes may reflect:
 - A. Those that occurred during the historical data time period (January 2019 through December 2019) and are not fully reflected in the data.
 - B. Those that occurred after the historical time period.
3. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on historical CHC program financial reports and encounter data. In addition, Mercer will consider cost and utilization trends experienced by other managed care programs within the Commonwealth and national trend indices. Cost and utilization will be trended to the midpoint of the rating period.
4. Mercer will review and consider CHC program data from the CHC-MCO financial reports.

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

6

Programmatic Changes Chart

Table 7 describes the programmatic changes previously considered in the capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2022 rate development process.

Table 7: Programmatic Changes Chart

Adjustment	Effective Date	Rate Cell	COS
Ambulance Fee Schedule Increase — Adjustment to reflect minimum fee schedule for select ambulance services.	January 1, 2019	All Rate Cells	Ambulance
Appendix 4 NF Access to Care Payments — Supplemental funding for Medicaid NF services to ensure quality of, and enhance access for CHC enrollees.	January 1, 2018	NFCE Rate Cells	Total Capitation Rate
Change in Medicare Part B Deductible — Adjustment to account for increase in Medicaid liability due to change in the Medicare Part B deductible, since Medicaid pays for these amounts for duals.	January 1, 2018	NFCE and NFI Duals	All Medical Services except: Dental, Hospice, Inpatient, NF, Pharmacy, and Vision
City of Pittsburgh Ambulance — Adjustment to reflect the incremental increase above the minimum fee schedule for the Pittsburgh City Ambulance provider for select ground ambulance procedure codes.	January 1, 2021	All Rate Cells	Ambulance
COVID-19 — Adjustment to reflect the impact of the COVID-19 pandemic, including consideration for testing and treatment costs, impact of deferred care, and acuity changes.	January 1, 2021	All Rate Cells	Total Capitation Rate
Eligibility Mapping Adjustment — Adjustment to account for observed differences in rate cell mapping between OLTL capitation payment data and rate cell mapping logic described in the Agreement language.	January 1, 2020	All Rate Cells	Total Capitation Rate
Home Accessibility Equipment — Adjustment to account for the modified service definition of DME to include some home accessibility equipment.	April 1, 2020	All Rate Cells	DME/Supplies, Vendor Services
MCO Assessment — Includes a factor of 1.0096 to account for differences between MMs and person counts.	January 1, 2018	All Rate Cells	Total Capitation Rate

Adjustment	Effective Date	Rate Cell	COS
Personal Assistance Agency Increase — Adjustment to account for increase in the fee schedule rates for personal assistance agency services by 2%.	January 1, 2020	All Rate Cells	Personal Assistance
Personal Assistance Consumer Directed Unit Cost Increase — Adjustment to increase the fee schedule rates for personal assistance consumer-directed services by \$0.28 per hour as well as by \$0.42 per hour for the overtime fee schedule rates.	January 1, 2020	All Rate Cells	Personal Assistance
Residential Habilitation Unit and Fee Change — Adjustment to account for the modified definition of a residential habilitation day unit to be based on a minimum of eight hours of support within the home, rather than the current 12-hour definition, and increasing the fee schedule rate for residential habilitation units to include consideration for a 3% Vacancy Factor.	January 1, 2020	All Rate Cells	Residential Habilitation
Statewide Preferred Drug List — Consideration for loss of market-share rebates for the CHC-MCOs, impact on trend considerations, and evaluation of any impact from utilization transitions.	January 1, 2020	All Rate Cells	Pharmacy

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Data Summaries

Data summaries for the CY 2019 historical time period is summarized by rating region, age group, population group, and COS. Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60 and older.
- **Time Period:** Tables are provided for the CY 2019 time period.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **MMs:** Number of total months that all individuals within the population group were eligible during the historical time period.
- **COS:** As outlined in Section 3, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month (PMPM) Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense for a given COS and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each COS; this is calculated by taking the total claims expense and dividing by the total utilization amount.
- **Utilization Per 1,000:** Calculated as the total utilization for each service divided by total MMs multiplied by 12,000.

Rating Region	Southwest - Allegheny
Age Group	21-59
Time Period	CY 2019

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		2,347			13,240			2,187			13,286			112,456			143,517		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 4.41	\$ 35.80	1,478	\$ 1.39	\$ 34.74	482	\$ 46.31	\$ 183.33	3,031	\$ 22.77	\$ 230.99	1,183	\$ 0.49	\$ 50.86	115	\$ 3.40	\$ 129.72	314	
Dental	\$ 5.26	\$ 28.22	2,235	\$ 3.94	\$ 46.87	1,008	\$ 12.46	\$ 52.89	2,826	\$ 6.94	\$ 57.31	1,454	\$ 4.04	\$ 49.59	979	\$ 4.45	\$ 49.73	1,074	
DME/Supplies	\$ 32.96	\$ 4.07	97,240	\$ 47.41	\$ 0.96	595,410	\$ 39.32	\$ 7.36	64,149	\$ 177.37	\$ 2.64	805,837	\$ 4.91	\$ 1.56	37,689	\$ 25.78	\$ 1.91	161,632	
Emergency Room	\$ 1.73	\$ 15.14	1,369	\$ 1.64	\$ 9.96	1,973	\$ 22.59	\$ 92.19	2,940	\$ 24.69	\$ 85.55	3,464	\$ 1.55	\$ 11.45	1,624	\$ 4.02	\$ 26.21	1,842	
FQHC/RHC	\$ 0.07	\$ 38.15	22	\$ 0.71	\$ 64.00	134	\$ 0.20	\$ 137.39	17	\$ 11.83	\$ 184.47	769	\$ 0.59	\$ 65.97	107	\$ 1.63	\$ 116.06	168	
Home Health	\$ 0.50	\$ 183.49	33	\$ 5.06	\$ 15.10	4,021	\$ 29.70	\$ 67.11	5,311	\$ 80.45	\$ 64.39	14,992	\$ 0.64	\$ 21.03	363	\$ 8.87	\$ 50.12	2,125	
Hospice	\$ 0.04	\$ 3.60	137	\$ 0.01	\$ 39.74	3	\$ 70.68	\$ 5,724.28	148	\$ 3.53	\$ 5,642.11	8	\$ 0.00	\$ 0.60	27	\$ 1.41	\$ 643.52	26	
Inpatient	\$ 77.08	\$ 253.27	3,652	\$ 55.68	\$ 127.16	5,254	\$ 1,081.53	\$ 1,749.36	7,419	\$ 639.73	\$ 1,659.18	4,627	\$ 20.86	\$ 213.40	1,173	\$ 98.45	\$ 589.21	2,005	
Laboratory/Radiology	\$ 5.04	\$ 2.81	21,496	\$ 7.01	\$ 2.87	29,343	\$ 72.24	\$ 18.17	47,710	\$ 67.05	\$ 21.25	37,865	\$ 5.12	\$ 3.62	16,987	\$ 12.05	\$ 7.02	20,602	
Nursing Facility	\$ 4,792.87	\$ 171.05	336,237	\$ 28.03	\$ 166.07	2,026	\$ 5,173.43	\$ 194.00	320,008	\$ 47.61	\$ 190.02	3,007	\$ 6.71	\$ 173.87	463	\$ 169.49	\$ 181.52	11,205	
Other Medical	\$ 2.75	\$ 1.89	17,432	\$ 5.72	\$ 2.51	27,369	\$ 26.18	\$ 11.37	27,641	\$ 35.32	\$ 20.77	20,401	\$ 3.33	\$ 3.18	12,555	\$ 6.85	\$ 5.49	14,958	
Outpatient	\$ 24.93	\$ 11.13	26,871	\$ 18.49	\$ 18.11	12,248	\$ 139.58	\$ 246.60	6,792	\$ 96.43	\$ 160.02	7,231	\$ 6.32	\$ 13.40	5,661	\$ 18.12	\$ 32.08	6,778	
Pharmacy	\$ 6.17	\$ 9.73	7,612	\$ 19.80	\$ 23.43	10,142	\$ 881.24	\$ 82.59	128,040	\$ 915.90	\$ 136.46	80,541	\$ 11.57	\$ 22.68	6,121	\$ 109.21	\$ 85.86	15,264	
Physician	\$ 21.80	\$ 4.97	52,674	\$ 13.76	\$ 3.97	41,565	\$ 202.05	\$ 30.39	79,790	\$ 102.47	\$ 36.33	33,843	\$ 8.30	\$ 5.02	19,854	\$ 20.70	\$ 10.09	24,602	
Vision	\$ 0.29	\$ 14.31	241	\$ 0.95	\$ 17.85	636	\$ 3.18	\$ 39.20	974	\$ 3.12	\$ 33.83	1,107	\$ 0.74	\$ 19.52	453	\$ 1.01	\$ 22.59	535	
Medical Services Subtotal	\$ 4,975.89	N/A	N/A	\$ 209.60	N/A	N/A	\$ 7,800.69	N/A	N/A	\$ 2,235.19	N/A	N/A	\$ 75.17	N/A	N/A	\$ 485.44	N/A	N/A	
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 14.86	\$ 46.45	3,840	\$ -	\$ -	-	\$ 7.71	\$ 40.74	2,270	\$ -	\$ -	-	\$ 2.08	\$ 44.32	564	
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.09	\$ 9.78	1,341	\$ -	\$ -	-	\$ 0.10	\$ 9.78	124	
Home Health/Therapies	\$ -	\$ -	-	\$ 142.64	\$ 12.33	138,865	\$ -	\$ -	-	\$ 231.28	\$ 11.42	242,993	\$ -	\$ -	-	\$ 34.57	\$ 11.75	35,307	
Other Waiver	\$ 19.00	\$ 106.66	2,138	\$ 54.83	\$ 17.80	36,964	\$ 16.35	\$ 74.59	2,630	\$ 23.33	\$ 17.80	15,733	\$ 0.08	\$ 17.59	52	\$ 7.84	\$ 18.88	4,982	
PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Personal Assistance	\$ 48.03	\$ 4.29	134,255	\$ 3,186.51	\$ 4.05	9,441,066	\$ 28.15	\$ 4.18	80,819	\$ 4,090.23	\$ 4.18	11,730,522	\$ 2.63	\$ 3.92	8,047	\$ 675.91	\$ 4.12	1,966,701	
Residential Habilitation	\$ -	\$ -	-	\$ 27.88	\$ 99.17	3,373	\$ -	\$ -	-	\$ 8.88	\$ 71.15	1,497	\$ -	\$ -	-	\$ 3.39	\$ 90.53	450	
Respite	\$ -	\$ -	-	\$ 0.03	\$ 4.24	84	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 4.24	8	
Vendor Services	\$ 14.43	\$ 73.46	2,357	\$ 124.17	\$ 11.72	127,158	\$ 20.02	\$ 65.26	3,681	\$ 102.57	\$ 10.47	117,511	\$ 0.10	\$ 9.74	128	\$ 21.57	\$ 11.35	22,805	
Waiver DME/Supplies	\$ -	\$ -	-	\$ 2.74	\$ 5.32	6,191	\$ 0.01	\$ 10.11	11	\$ 2.21	\$ 7.49	3,548	\$ -	\$ -	-	\$ 0.46	\$ 6.11	900	
HCBS Waiver Services Subtotal	\$ 81.46	N/A	N/A	\$ 3,553.67	N/A	N/A	\$ 64.53	N/A	N/A	\$ 4,467.31	N/A	N/A	\$ 2.81	N/A	N/A	\$ 745.93	N/A	N/A	
Total Services	\$ 5,057.35	N/A	N/A	\$ 3,763.27	N/A	N/A	\$ 7,865.22	N/A	N/A	\$ 6,702.50	N/A	N/A	\$ 77.98	N/A	N/A	\$ 1,231.37	N/A	N/A	

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2019

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		40,044			40,142			1,935			8,636			141,140			231,897		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Medical Services																			
Ambulance	\$ 2.21	\$ 28.78	921	\$ 1.27	\$ 36.90	414	\$ 40.93	\$ 142.74	3,441	\$ 20.52	\$ 192.76	1,277	\$ 0.45	\$ 43.15	124	\$ 1.98	\$ 62.09	382	
Dental	\$ 3.30	\$ 45.45	871	\$ 2.67	\$ 57.27	560	\$ 7.80	\$ 60.06	1,559	\$ 6.20	\$ 77.86	955	\$ 2.16	\$ 45.56	568	\$ 2.64	\$ 49.39	641	
DME/Supplies	\$ 5.79	\$ 3.60	19,299	\$ 58.09	\$ 0.75	927,797	\$ 58.11	\$ 18.29	38,123	\$ 95.26	\$ 1.70	671,680	\$ 7.46	\$ 1.05	85,608	\$ 19.63	\$ 0.98	241,373	
Emergency Room	\$ 0.33	\$ 8.59	458	\$ 1.10	\$ 9.22	1,429	\$ 15.33	\$ 87.86	2,094	\$ 18.42	\$ 78.09	2,830	\$ 0.76	\$ 9.85	927	\$ 1.52	\$ 18.04	1,013	
FQHC/RHC	\$ 0.05	\$ 55.04	11	\$ 1.58	\$ 73.10	259	\$ 0.09	\$ 168.50	6	\$ 17.52	\$ 178.99	1,175	\$ 0.64	\$ 65.06	118	\$ 1.32	\$ 97.90	162	
Home Health	\$ 0.08	\$ 10.85	83	\$ 1.38	\$ 6.77	2,448	\$ 13.99	\$ 83.24	2,017	\$ 58.46	\$ 77.88	9,008	\$ 0.59	\$ 16.28	436	\$ 2.91	\$ 33.03	1,055	
Hospice	\$ 0.39	\$ 383.21	12	\$ 0.05	\$ 37.46	15	\$ 54.64	\$ 20,366.84	32	\$ 16.19	\$ 13,459.77	14	\$ 0.15	\$ 264.03	7	\$ 1.22	\$ 1,528.45	10	
Inpatient	\$ 28.40	\$ 188.17	1,811	\$ 61.13	\$ 193.81	3,785	\$ 749.39	\$ 1,875.98	4,794	\$ 453.62	\$ 2,025.48	2,688	\$ 34.15	\$ 291.50	1,406	\$ 59.42	\$ 363.08	1,964	
Laboratory/Radiology	\$ 2.34	\$ 3.15	8,904	\$ 5.75	\$ 2.44	28,333	\$ 49.87	\$ 13.02	45,964	\$ 58.25	\$ 20.67	33,823	\$ 4.84	\$ 3.33	17,435	\$ 6.93	\$ 4.45	18,697	
Nursing Facility	\$ 4,798.67	\$ 165.97	346,949	\$ 70.45	\$ 169.65	4,983	\$ 5,534.50	\$ 190.40	348,815	\$ 49.38	\$ 187.06	3,168	\$ 47.85	\$ 181.51	3,163	\$ 917.97	\$ 167.60	65,728	
Other Medical	\$ 1.38	\$ 1.86	8,908	\$ 4.13	\$ 2.63	18,831	\$ 23.72	\$ 21.36	13,324	\$ 22.57	\$ 20.25	13,371	\$ 3.48	\$ 3.17	13,184	\$ 4.11	\$ 3.67	13,431	
Outpatient	\$ 5.81	\$ 15.39	4,529	\$ 10.77	\$ 14.68	8,801	\$ 133.34	\$ 86.99	18,395	\$ 85.47	\$ 304.84	3,364	\$ 4.93	\$ 19.86	2,982	\$ 10.17	\$ 27.73	4,399	
Pharmacy	\$ 3.28	\$ 5.51	7,142	\$ 14.42	\$ 18.41	9,397	\$ 351.58	\$ 40.90	103,149	\$ 516.32	\$ 78.45	78,980	\$ 9.70	\$ 19.54	5,958	\$ 31.13	\$ 36.31	10,288	
Physician	\$ 7.11	\$ 4.38	19,456	\$ 10.39	\$ 4.60	27,089	\$ 149.27	\$ 31.82	56,299	\$ 82.18	\$ 35.72	27,611	\$ 9.05	\$ 5.31	20,437	\$ 12.84	\$ 7.01	21,986	
Vision	\$ 0.22	\$ 12.89	205	\$ 0.82	\$ 14.11	697	\$ 2.27	\$ 36.44	747	\$ 3.76	\$ 36.78	1,227	\$ 0.89	\$ 15.16	706	\$ 0.88	\$ 16.59	638	
Medical Services Subtotal	\$ 4,859.34	N/A	N/A	\$ 243.99	N/A	N/A	\$ 7,184.84	N/A	N/A	\$ 1,504.13	N/A	N/A	\$ 127.10	N/A	N/A	\$ 1,074.66	N/A	N/A	
HCBS Waiver Services																			
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 13.77	\$ 70.60	2,340	\$ -	\$ -	-	\$ 0.82	\$ 58.39	168	\$ -	\$ -	-	\$ 2.41	\$ 70.42	411	
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Home Health/Therapies	\$ 0.00	\$ 11.02	2	\$ 20.66	\$ 12.01	20,647	\$ -	\$ -	-	\$ 22.05	\$ 11.12	23,799	\$ 0.00	\$ 11.02	1	\$ 4.40	\$ 11.83	4,462	
Other Waiver	\$ 7.98	\$ 142.97	669	\$ 7.78	\$ 26.88	3,475	\$ 7.82	\$ 74.97	1,252	\$ 10.16	\$ 25.47	4,788	\$ 0.61	\$ 86.06	85	\$ 3.54	\$ 44.36	958	
PDS/FMS	\$ -	\$ -	-	\$ 0.35	\$ 94.81	44	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.06	\$ 94.81	8	
Personal Assistance	\$ 9.16	\$ 4.16	26,385	\$ 3,508.96	\$ 4.23	9,964,259	\$ 34.92	\$ 4.33	96,699	\$ 4,816.74	\$ 4.25	13,609,927	\$ 5.95	\$ 4.12	17,330	\$ 792.28	\$ 4.23	2,247,593	
Residential Habilitation	\$ -	\$ -	-	\$ 2.20	\$ 247.67	107	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.38	\$ 247.67	18	
Respite	\$ -	\$ -	-	\$ 0.55	\$ 4.16	1,581	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.09	\$ 4.16	274	
Vendor Services	\$ 2.31	\$ 24.45	1,135	\$ 132.90	\$ 8.99	177,343	\$ 6.77	\$ 16.70	4,865	\$ 70.89	\$ 9.59	88,742	\$ 0.21	\$ 8.23	309	\$ 26.23	\$ 9.14	34,428	
Waiver DME/Supplies	\$ 0.01	\$ 9.99	13	\$ 5.19	\$ 6.04	10,296	\$ 0.03	\$ 10.68	39	\$ 2.65	\$ 9.38	3,390	\$ 0.01	\$ 57.71	3	\$ 1.01	\$ 6.32	1,913	
HCBS Waiver Services Subtotal	\$ 19.46	N/A	N/A	\$ 3,692.36	N/A	N/A	\$ 49.55	N/A	N/A	\$ 4,923.31	N/A	N/A	\$ 6.79	N/A	N/A	\$ 830.41	N/A	N/A	
Total Services	\$ 4,878.80	N/A	N/A	\$ 3,936.35	N/A	N/A	\$ 7,234.39	N/A	N/A	\$ 6,427.44	N/A	N/A	\$ 133.89	N/A	N/A	\$ 1,905.07	N/A	N/A	

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2019

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		4,205			20,843			3,357			13,953			204,074			246,432		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 5.33	\$ 26.44	2,417	\$ 2.28	\$ 35.21	778	\$ 57.71	\$ 186.71	3,709	\$ 34.87	\$ 264.40	1,583	\$ 0.73	\$ 49.75	175	\$ 3.65	\$ 111.51	392	
Dental	\$ 7.98	\$ 59.42	1,612	\$ 5.08	\$ 51.54	1,182	\$ 12.32	\$ 71.91	2,055	\$ 10.70	\$ 69.60	1,845	\$ 5.43	\$ 53.10	1,226	\$ 5.83	\$ 54.88	1,275	
DME/Supplies	\$ 39.05	\$ 2.32	202,101	\$ 55.54	\$ 1.00	663,937	\$ 103.49	\$ 19.30	64,343	\$ 263.79	\$ 3.37	939,798	\$ 5.25	\$ 1.49	42,351	\$ 26.06	\$ 2.10	148,762	
Emergency Room	\$ 0.93	\$ 6.68	1,660	\$ 1.21	\$ 7.71	1,887	\$ 24.54	\$ 93.52	3,149	\$ 30.13	\$ 89.24	4,051	\$ 1.15	\$ 9.85	1,401	\$ 3.11	\$ 23.04	1,620	
FQHC/RHC	\$ 0.35	\$ 63.01	66	\$ 1.44	\$ 53.89	322	\$ 0.90	\$ 136.58	79	\$ 4.49	\$ 142.61	378	\$ 1.36	\$ 55.79	292	\$ 1.52	\$ 62.28	293	
Home Health	\$ 0.33	\$ 32.11	124	\$ 4.32	\$ 21.40	2,421	\$ 25.98	\$ 74.69	4,175	\$ 94.50	\$ 60.37	18,786	\$ 1.02	\$ 47.81	257	\$ 6.92	\$ 53.94	1,540	
Hospice	\$ 0.10	\$ 47.03	26	\$ 0.00	\$ 81.30	1	\$ 46.66	\$ 8,701.43	64	\$ 10.97	\$ 72,172.28	2	\$ 0.01	\$ 7.42	11	\$ 1.26	\$ 1,485.18	10	
Inpatient	\$ 46.99	\$ 131.87	4,276	\$ 40.52	\$ 168.39	2,888	\$ 1,308.22	\$ 1,204.68	13,031	\$ 607.74	\$ 1,659.81	4,394	\$ 14.73	\$ 205.84	859	\$ 68.66	\$ 566.38	1,455	
Laboratory/Radiology	\$ 5.09	\$ 2.21	27,588	\$ 6.04	\$ 2.65	27,345	\$ 75.57	\$ 12.94	70,081	\$ 83.74	\$ 19.43	51,724	\$ 4.60	\$ 1.80	30,700	\$ 10.18	\$ 3.81	32,090	
Nursing Facility	\$ 4,808.26	\$ 175.78	328,255	\$ 26.44	\$ 167.87	1,890	\$ 5,151.32	\$ 200.03	309,033	\$ 97.75	\$ 202.17	5,802	\$ 5.31	\$ 181.58	351	\$ 164.38	\$ 186.28	10,590	
Other Medical	\$ 7.28	\$ 4.25	20,561	\$ 5.29	\$ 2.54	25,005	\$ 29.31	\$ 11.39	30,873	\$ 45.97	\$ 21.42	25,761	\$ 3.61	\$ 3.33	13,000	\$ 6.56	\$ 5.21	15,110	
Outpatient	\$ 19.98	\$ 15.98	15,006	\$ 12.08	\$ 23.06	6,285	\$ 127.85	\$ 289.95	5,291	\$ 100.35	\$ 328.54	3,665	\$ 5.34	\$ 18.17	3,525	\$ 13.21	\$ 39.75	3,987	
Pharmacy	\$ 7.20	\$ 6.64	13,027	\$ 25.61	\$ 32.90	9,339	\$ 685.40	\$ 56.90	144,546	\$ 857.98	\$ 109.92	93,669	\$ 15.26	\$ 29.87	6,128	\$ 72.84	\$ 65.43	13,359	
Physician	\$ 12.87	\$ 3.02	51,168	\$ 12.56	\$ 3.37	44,792	\$ 194.56	\$ 28.23	82,715	\$ 125.84	\$ 34.67	43,553	\$ 9.06	\$ 5.29	20,544	\$ 18.56	\$ 8.82	25,267	
Vision	\$ 0.43	\$ 10.79	478	\$ 0.85	\$ 17.64	576	\$ 1.95	\$ 31.11	753	\$ 3.78	\$ 33.92	1,337	\$ 0.86	\$ 20.50	501	\$ 1.03	\$ 22.13	557	
Medical Services Subtotal	\$ 4,962.17	N/A	N/A	\$ 199.26	N/A	N/A	\$ 7,845.80	N/A	N/A	\$ 2,372.60	N/A	N/A	\$ 73.70	N/A	N/A	\$ 403.77	N/A	N/A	
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 32.76	\$ 29.03	13,542	\$ -	\$ -	-	\$ 23.91	\$ 29.58	9,699	\$ -	\$ -	-	\$ 4.12	\$ 29.21	1,695	
Employment	\$ -	\$ -	-	\$ 12.26	\$ 7.50	19,605	\$ -	\$ -	-	\$ 13.35	\$ 6.27	25,565	\$ -	\$ -	-	\$ 1.79	\$ 6.93	3,106	
Home Health/Therapies	\$ -	\$ -	-	\$ 434.02	\$ 11.33	459,599	\$ 6.49	\$ 11.47	6,786	\$ 567.22	\$ 11.59	587,293	\$ -	\$ -	-	\$ 68.91	\$ 11.45	72,217	
Other Waiver	\$ 17.05	\$ 86.68	2,360	\$ 25.28	\$ 24.25	12,511	\$ 26.86	\$ 141.80	2,273	\$ 14.76	\$ 24.15	7,333	\$ 0.23	\$ 45.43	61	\$ 3.82	\$ 28.76	1,595	
PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.76	\$ 71.07	297	\$ -	\$ -	-	\$ 0.10	\$ 71.07	17	
Personal Assistance	\$ 23.33	\$ 4.20	66,571	\$ 3,040.15	\$ 4.01	9,091,684	\$ 18.05	\$ 4.42	48,971	\$ 2,965.73	\$ 4.07	8,753,683	\$ 2.08	\$ 4.22	5,905	\$ 427.41	\$ 4.03	1,271,284	
Residential Habilitation	\$ -	\$ -	-	\$ 59.37	\$ 38.11	18,696	\$ -	\$ -	-	\$ 42.10	\$ 46.49	10,868	\$ -	\$ -	-	\$ 7.41	\$ 40.46	2,197	
Respite	\$ -	\$ -	-	\$ 0.19	\$ 4.33	535	\$ -	\$ -	-	\$ 0.06	\$ 3.62	198	\$ -	\$ -	-	\$ 0.02	\$ 4.19	56	
Vendor Services	\$ 8.61	\$ 49.87	2,071	\$ 169.65	\$ 15.62	130,316	\$ 18.54	\$ 48.75	4,564	\$ 153.63	\$ 12.31	149,796	\$ 0.08	\$ 6.96	143	\$ 23.52	\$ 14.31	19,720	
Waiver DME/Supplies	\$ 0.09	\$ 50.75	21	\$ 3.70	\$ 5.23	8,498	\$ -	\$ -	-	\$ 4.34	\$ 6.72	7,754	\$ 0.00	\$ 5.01	0	\$ 0.56	\$ 5.81	1,158	
HCBS Waiver Services Subtotal	\$ 49.07	N/A	N/A	\$ 3,777.39	N/A	N/A	\$ 69.93	N/A	N/A	\$ 3,786.85	N/A	N/A	\$ 2.39	N/A	N/A	\$ 537.67	N/A	N/A	
Total Services	\$ 5,011.24	N/A	N/A	\$ 3,976.65	N/A	N/A	\$ 7,915.73	N/A	N/A	\$ 6,159.45	N/A	N/A	\$ 76.10	N/A	N/A	\$ 941.44	N/A	N/A	

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2019

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		72,116			40,179			2,751			4,449			220,705			340,200		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 2.60	\$ 26.64	1,173	\$ 3.32	\$ 40.76	978	\$ 33.19	\$ 165.55	2,406	\$ 43.22	\$ 263.99	1,965	\$ 0.71	\$ 36.90	231	\$ 2.24	\$ 48.05	559	
Dental	\$ 3.55	\$ 46.34	920	\$ 2.41	\$ 58.84	491	\$ 5.71	\$ 48.34	1,418	\$ 6.82	\$ 72.70	1,125	\$ 2.58	\$ 50.47	613	\$ 2.85	\$ 50.45	677	
DME/Supplies	\$ 6.05	\$ 2.14	33,961	\$ 58.27	\$ 0.69	1,015,720	\$ 21.84	\$ 5.07	51,696	\$ 202.26	\$ 2.87	846,213	\$ 8.45	\$ 1.19	85,462	\$ 16.47	\$ 1.02	194,087	
Emergency Room	\$ 0.38	\$ 7.29	624	\$ 1.14	\$ 8.24	1,657	\$ 13.89	\$ 89.31	1,866	\$ 28.43	\$ 89.09	3,830	\$ 0.65	\$ 8.65	900	\$ 1.12	\$ 13.75	977	
FQHC/RHC	\$ 0.06	\$ 10.41	68	\$ 0.98	\$ 51.36	229	\$ 0.21	\$ 41.45	60	\$ 2.53	\$ 129.45	234	\$ 1.06	\$ 51.31	249	\$ 0.85	\$ 49.60	206	
Home Health	\$ 0.09	\$ 11.42	94	\$ 2.13	\$ 16.28	1,570	\$ 14.41	\$ 74.57	2,318	\$ 111.39	\$ 78.20	17,092	\$ 0.99	\$ 48.89	243	\$ 2.49	\$ 49.29	605	
Hospice	\$ 0.47	\$ 483.88	12	\$ 0.08	\$ 34.44	29	\$ 80.18	\$ -	-	\$ 31.50	\$ 33,049.29	11	\$ 0.12	\$ 333.88	4	\$ 1.25	\$ 1,682.97	9	
Inpatient	\$ 24.86	\$ 141.03	2,115	\$ 50.27	\$ 160.67	3,755	\$ 572.32	\$ 1,634.22	4,203	\$ 724.51	\$ 1,544.57	5,629	\$ 28.18	\$ 237.80	1,422	\$ 43.59	\$ 272.18	1,922	
Laboratory/Radiology	\$ 3.21	\$ 2.29	16,842	\$ 5.57	\$ 2.28	29,264	\$ 53.04	\$ 12.66	50,255	\$ 89.12	\$ 18.07	59,178	\$ 4.73	\$ 3.49	16,289	\$ 6.00	\$ 3.84	18,774	
Nursing Facility	\$ 4,699.81	\$ 162.79	346,434	\$ 91.36	\$ 177.71	6,169	\$ 5,533.04	\$ 194.60	341,201	\$ 186.85	\$ 196.61	11,404	\$ 35.46	\$ 183.97	2,313	\$ 1,077.25	\$ 164.52	78,575	
Other Medical	\$ 2.31	\$ 3.09	8,999	\$ 3.97	\$ 2.96	16,085	\$ 15.79	\$ 7.55	25,104	\$ 55.36	\$ 30.18	22,013	\$ 4.35	\$ 3.88	13,431	\$ 4.63	\$ 4.27	13,011	
Outpatient	\$ 4.16	\$ 24.76	2,017	\$ 12.56	\$ 22.69	6,643	\$ 86.41	\$ 262.29	3,953	\$ 142.48	\$ 343.49	4,978	\$ 4.75	\$ 27.81	2,050	\$ 8.01	\$ 36.42	2,639	
Pharmacy	\$ 5.97	\$ 6.12	11,720	\$ 15.39	\$ 17.98	10,270	\$ 500.23	\$ 48.84	122,910	\$ 850.83	\$ 102.27	99,837	\$ 13.04	\$ 22.62	6,918	\$ 26.72	\$ 30.58	10,485	
Physician	\$ 6.01	\$ 4.14	17,432	\$ 10.62	\$ 4.48	28,463	\$ 132.05	\$ 32.79	48,320	\$ 132.14	\$ 32.55	48,720	\$ 9.60	\$ 5.47	21,080	\$ 11.55	\$ 6.37	21,760	
Vision	\$ 0.33	\$ 10.71	366	\$ 0.75	\$ 13.25	682	\$ 2.04	\$ 28.36	864	\$ 4.93	\$ 35.01	1,691	\$ 0.83	\$ 14.80	672	\$ 0.78	\$ 14.96	623	
Medical Services Subtotal	\$ 4,759.86	N/A	N/A	\$ 258.83	N/A	N/A	\$ 7,064.34	N/A	N/A	\$ 2,612.36	N/A	N/A	\$ 115.50	N/A	N/A	\$ 1,205.79	N/A	N/A	
Day Habilitation and Adult Day	\$ 0.02	\$ 75.01	4	\$ 8.12	\$ 44.29	2,199	\$ -	\$ -	-	\$ 13.91	\$ 37.02	4,507	\$ -	\$ -	-	\$ 1.15	\$ 43.03	319	
Employment	\$ -	\$ -	-	\$ 1.66	\$ 6.29	3,164	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.20	\$ 6.29	374	
Home Health/Therapies	\$ -	\$ -	-	\$ 57.41	\$ 11.32	60,874	\$ 0.05	\$ 16.54	37	\$ 17.59	\$ 11.39	18,531	\$ 0.09	\$ 10.99	100	\$ 7.07	\$ 11.32	7,497	
Other Waiver	\$ 4.36	\$ 84.78	618	\$ 9.74	\$ 45.79	2,553	\$ 12.32	\$ 110.65	1,336	\$ 1.65	\$ 29.23	676	\$ 0.10	\$ 64.71	18	\$ 2.26	\$ 58.48	464	
PDS/FMS	\$ -	\$ -	-	\$ 17.72	\$ 247.06	861	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 2.09	\$ 247.06	102	
Personal Assistance	\$ 8.46	\$ 4.40	23,088	\$ 2,850.69	\$ 4.23	8,087,614	\$ 9.31	\$ 3.83	29,144	\$ 2,715.03	\$ 4.15	7,855,647	\$ 2.24	\$ 4.18	6,417	\$ 375.50	\$ 4.22	1,067,200	
Residential Habilitation	\$ -	\$ -	-	\$ 5.92	\$ 32.68	2,175	\$ -	\$ -	-	\$ 17.18	\$ 264.15	781	\$ -	\$ -	-	\$ 0.92	\$ 41.53	267	
Respite	\$ -	\$ -	-	\$ 0.83	\$ 4.01	2,482	\$ -	\$ -	-	\$ 1.64	\$ 3.33	5,926	\$ -	\$ -	-	\$ 0.12	\$ 3.87	371	
Vendor Services	\$ 1.83	\$ 26.65	826	\$ 151.19	\$ 9.42	192,640	\$ 5.09	\$ 114.59	533	\$ 140.17	\$ 9.76	172,349	\$ 0.14	\$ 7.33	232	\$ 20.21	\$ 9.57	25,335	
Waiver DME/Supplies	\$ 0.02	\$ 51.99	5	\$ 7.09	\$ 2.52	33,775	\$ -	\$ -	-	\$ 4.89	\$ 9.95	5,901	\$ 0.00	\$ 0.38	19	\$ 0.91	\$ 2.67	4,079	
HCBS Waiver Services Subtotal	\$ 14.70	N/A	N/A	\$ 3,110.37	N/A	N/A	\$ 26.77	N/A	N/A	\$ 2,912.05	N/A	N/A	\$ 2.57	N/A	N/A	\$ 410.43	N/A	N/A	
Total Services	\$ 4,774.56	N/A	N/A	\$ 3,369.20	N/A	N/A	\$ 7,091.11	N/A	N/A	\$ 5,524.41	N/A	N/A	\$ 118.07	N/A	N/A	\$ 1,616.22	N/A	N/A	

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2019

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		2,718			75,808			3,348			123,259			180,240			385,373		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 5.91	\$ 33.08	2,145	\$ 1.77	\$ 84.71	250	\$ 38.42	\$ 163.47	2,820	\$ 15.68	\$ 229.35	820	\$ 0.72	\$ 85.18	101	\$ 6.07	\$ 182.88	398	
Dental	\$ 11.74	\$ 64.61	2,180	\$ 6.04	\$ 55.46	1,307	\$ 14.82	\$ 56.79	3,131	\$ 9.10	\$ 56.90	1,919	\$ 5.00	\$ 52.10	1,151	\$ 6.65	\$ 54.94	1,452	
DME/Supplies	\$ 28.92	\$ 1.82	190,310	\$ 19.22	\$ 0.77	298,488	\$ 69.50	\$ 13.01	64,083	\$ 89.40	\$ 2.32	462,418	\$ 2.33	\$ 0.91	30,861	\$ 34.27	\$ 1.84	222,951	
Emergency Room	\$ 2.73	\$ 23.95	1,370	\$ 2.57	\$ 23.61	1,307	\$ 23.96	\$ 115.10	2,498	\$ 46.25	\$ 157.30	3,528	\$ 2.66	\$ 24.11	1,325	\$ 16.77	\$ 98.82	2,036	
FQHC/RHC	\$ 0.09	\$ 67.30	15	\$ 2.84	\$ 106.65	319	\$ 1.23	\$ 190.25	78	\$ 15.28	\$ 185.60	988	\$ 2.43	\$ 103.66	281	\$ 6.59	\$ 154.80	511	
Home Health	\$ -	\$ -	-	\$ 3.03	\$ 12.43	2,924	\$ 19.80	\$ 104.60	2,272	\$ 40.91	\$ 76.23	6,440	\$ 1.03	\$ 19.20	642	\$ 14.33	\$ 58.21	2,955	
Hospice	\$ 0.04	\$ -	-	\$ 0.00	\$ 56.78	1	\$ 15.04	\$ -	-	\$ 5.83	\$ -	-	\$ 0.00	\$ 0.52	18	\$ 2.00	\$ 2,802.42	9	
Inpatient	\$ 99.03	\$ 397.52	2,989	\$ 38.80	\$ 313.84	1,483	\$ 1,277.68	\$ 2,066.64	7,419	\$ 726.84	\$ 2,681.49	3,253	\$ 16.27	\$ 290.03	673	\$ 259.52	\$ 1,797.40	1,733	
Laboratory/Radiology	\$ 4.73	\$ 3.14	18,041	\$ 5.77	\$ 3.51	19,719	\$ 55.71	\$ 18.47	36,186	\$ 64.51	\$ 26.25	29,492	\$ 4.01	\$ 4.21	11,415	\$ 24.16	\$ 15.18	19,092	
Nursing Facility	\$ 6,778.50	\$ 247.19	329,065	\$ 13.60	\$ 208.68	782	\$ 6,463.56	\$ 235.88	328,823	\$ 28.81	\$ 210.99	1,638	\$ 7.00	\$ 195.77	429	\$ 119.13	\$ 236.04	6,057	
Other Medical	\$ 11.14	\$ 7.25	18,440	\$ 4.96	\$ 5.59	10,660	\$ 31.16	\$ 25.99	14,386	\$ 60.00	\$ 49.45	14,560	\$ 2.45	\$ 5.37	5,471	\$ 21.66	\$ 27.17	9,568	
Outpatient	\$ 10.34	\$ 8.71	14,243	\$ 13.01	\$ 6.85	22,801	\$ 134.32	\$ 44.16	36,505	\$ 139.03	\$ 150.82	11,062	\$ 6.33	\$ 10.03	7,564	\$ 51.23	\$ 51.32	11,979	
Pharmacy	\$ 17.89	\$ 15.92	13,480	\$ 19.48	\$ 28.34	8,249	\$ 639.96	\$ 58.57	131,107	\$ 802.63	\$ 107.10	89,930	\$ 8.15	\$ 24.78	3,944	\$ 270.04	\$ 96.83	33,465	
Physician	\$ 13.02	\$ 3.10	50,340	\$ 11.22	\$ 4.15	32,432	\$ 153.73	\$ 26.78	68,893	\$ 112.33	\$ 23.38	57,661	\$ 7.05	\$ 5.54	15,271	\$ 42.86	\$ 15.62	32,918	
Vision	\$ 1.09	\$ 24.57	532	\$ 0.50	\$ 15.66	387	\$ 2.15	\$ 30.73	841	\$ 2.36	\$ 39.21	724	\$ 0.38	\$ 17.57	259	\$ 1.06	\$ 28.91	440	
Medical Services Subtotal	\$ 6,985.17	N/A	N/A	\$ 142.80	N/A	N/A	\$ 8,941.03	N/A	N/A	\$ 2,158.96	N/A	N/A	\$ 65.80	N/A	N/A	\$ 876.35	N/A	N/A	
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 6.41	\$ 43.85	1,754	\$ 0.52	\$ 75.02	83	\$ 3.52	\$ 45.92	920	\$ 0.00	\$ 14.32	3	\$ 2.39	\$ 44.77	642	
Employment	\$ -	\$ -	-	\$ 0.03	\$ 8.86	43	\$ -	\$ -	-	\$ 0.00	\$ 12.67	3	\$ -	\$ -	-	\$ 0.01	\$ 9.26	9	
Home Health/Therapies	\$ 11.06	\$ 11.02	12,047	\$ 87.30	\$ 11.06	94,727	\$ 19.71	\$ 11.00	21,497	\$ 83.57	\$ 11.34	88,468	\$ 0.01	\$ 16.55	8	\$ 44.16	\$ 11.22	47,205	
Other Waiver	\$ 8.50	\$ 287.38	355	\$ 28.65	\$ 35.42	9,705	\$ 10.81	\$ 88.41	1,467	\$ 34.78	\$ 75.14	5,554	\$ 0.14	\$ 33.12	52	\$ 16.98	\$ 54.70	3,725	
PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Personal Assistance	\$ 49.16	\$ 4.86	121,454	\$ 4,318.01	\$ 4.72	10,976,066	\$ 72.50	\$ 4.83	180,025	\$ 4,217.38	\$ 4.76	10,638,889	\$ 16.28	\$ 4.60	42,479	\$ 2,206.90	\$ 4.74	5,584,202	
Residential Habilitation	\$ -	\$ -	-	\$ 2.51	\$ 97.51	309	\$ 2.67	\$ 264.12	121	\$ 4.59	\$ 36.59	1,506	\$ -	\$ -	-	\$ 1.99	\$ 43.84	543	
Respite	\$ -	\$ -	-	\$ 0.08	\$ 4.67	194	\$ -	\$ -	-	\$ 0.07	\$ 4.31	190	\$ -	\$ -	-	\$ 0.04	\$ 4.45	99	
Vendor Services	\$ 3.68	\$ 30.92	1,429	\$ 47.39	\$ 12.27	46,333	\$ 7.43	\$ 101.39	880	\$ 50.13	\$ 10.61	56,712	\$ 0.20	\$ 7.89	305	\$ 25.54	\$ 11.18	27,414	
Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.18	\$ 138.10	15	\$ -	\$ -	-	\$ 0.30	\$ 325.41	11	\$ -	\$ -	-	\$ 0.13	\$ 238.87	6	
HCBS Waiver Services Subtotal	\$ 72.40	N/A	N/A	\$ 4,490.55	N/A	N/A	\$ 113.65	N/A	N/A	\$ 4,394.34	N/A	N/A	\$ 16.64	N/A	N/A	\$ 2,298.13	N/A	N/A	
Total Services	\$ 7,057.58	N/A	N/A	\$ 4,633.35	N/A	N/A	\$ 9,054.68	N/A	N/A	\$ 6,553.30	N/A	N/A	\$ 82.44	N/A	N/A	\$ 3,174.47	N/A	N/A	

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2019

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		38,125			260,855			3,987			49,943			365,060			717,971		
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	\$ 3.02	\$ 42.27	857	\$ 2.03	\$ 105.96	230	\$ 26.99	\$ 126.03	2,570	\$ 16.14	\$ 240.15	807	\$ 0.73	\$ 109.74	80	\$ 2.54	\$ 127.10	240	
Dental	\$ 11.46	\$ 77.27	1,780	\$ 4.61	\$ 65.26	847	\$ 15.25	\$ 79.28	2,309	\$ 8.29	\$ 64.60	1,539	\$ 3.78	\$ 59.38	763	\$ 4.86	\$ 64.12	910	
DME/Supplies	\$ 5.11	\$ 1.36	45,201	\$ 38.11	\$ 0.61	746,013	\$ 34.02	\$ 10.08	40,505	\$ 63.78	\$ 1.69	453,229	\$ 5.33	\$ 0.65	97,980	\$ 21.45	\$ 0.73	355,015	
Emergency Room	\$ 0.66	\$ 12.94	616	\$ 1.71	\$ 24.22	848	\$ 15.83	\$ 97.52	1,948	\$ 30.44	\$ 144.53	2,528	\$ 1.50	\$ 25.31	710	\$ 3.62	\$ 48.95	888	
FQHC/RHC	\$ 0.02	\$ 61.80	3	\$ 2.52	\$ 98.48	307	\$ 0.16	\$ 105.06	19	\$ 16.39	\$ 185.56	1,060	\$ 2.78	\$ 96.52	345	\$ 3.47	\$ 115.29	361	
Home Health	\$ 0.34	\$ 39.14	105	\$ 1.54	\$ 14.10	1,313	\$ 2.94	\$ 52.91	666	\$ 42.88	\$ 79.30	6,489	\$ 0.69	\$ 20.62	404	\$ 3.93	\$ 41.26	1,143	
Hospice	\$ 0.08	\$ -	-	\$ 0.31	\$ 4,270.31	1	\$ 42.55	\$ -	-	\$ 10.81	\$ 524,040.81	0	\$ 0.07	\$ 222.05	4	\$ 1.14	\$ 5,759.81	2	
Inpatient	\$ 37.68	\$ 318.66	1,419	\$ 56.57	\$ 409.51	1,658	\$ 1,048.26	\$ 2,520.47	4,991	\$ 797.09	\$ 2,749.51	3,479	\$ 33.31	\$ 406.68	983	\$ 100.76	\$ 835.55	1,447	
Laboratory/Radiology	\$ 1.80	\$ 2.50	8,631	\$ 5.34	\$ 4.45	14,395	\$ 43.68	\$ 15.21	34,453	\$ 62.57	\$ 25.76	29,147	\$ 4.27	\$ 5.35	9,578	\$ 8.80	\$ 8.27	12,777	
Nursing Facility	\$ 5,190.94	\$ 179.04	347,920	\$ 27.87	\$ 180.11	1,857	\$ 5,966.76	\$ 208.77	342,963	\$ 46.60	\$ 212.49	2,632	\$ 41.03	\$ 194.01	2,538	\$ 343.01	\$ 182.71	22,528	
Other Medical	\$ 2.28	\$ 4.27	6,408	\$ 5.80	\$ 7.59	9,168	\$ 33.01	\$ 35.04	11,304	\$ 58.23	\$ 46.83	14,920	\$ 3.71	\$ 7.16	6,223	\$ 8.35	\$ 12.63	7,936	
Outpatient	\$ 5.30	\$ 12.80	4,974	\$ 7.86	\$ 8.96	10,521	\$ 102.90	\$ 47.92	25,769	\$ 135.08	\$ 122.16	13,269	\$ 4.37	\$ 15.62	3,355	\$ 15.33	\$ 26.81	6,859	
Pharmacy	\$ 3.94	\$ 5.04	9,388	\$ 16.32	\$ 18.89	10,365	\$ 477.97	\$ 48.45	118,386	\$ 677.11	\$ 88.00	92,329	\$ 9.26	\$ 25.03	4,439	\$ 60.60	\$ 53.47	13,602	
Physician	\$ 5.77	\$ 3.76	18,397	\$ 10.89	\$ 5.86	22,313	\$ 124.85	\$ 33.89	44,211	\$ 113.45	\$ 23.89	56,985	\$ 8.53	\$ 6.76	15,155	\$ 17.19	\$ 9.82	20,999	
Vision	\$ 0.55	\$ 16.51	401	\$ 0.69	\$ 14.64	567	\$ 2.21	\$ 28.37	937	\$ 3.19	\$ 39.12	978	\$ 0.63	\$ 15.03	504	\$ 0.84	\$ 18.01	557	
Medical Services Subtotal	\$ 5,268.95	N/A	N/A	\$ 182.18	N/A	N/A	\$ 7,937.39	N/A	N/A	\$ 2,082.05	N/A	N/A	\$ 120.00	N/A	N/A	\$ 595.90	N/A	N/A	
HCBS Waiver Services																			
Day Habilitation and Adult Day	\$ 0.04	\$ 75.01	7	\$ 134.56	\$ 64.06	25,204	\$ -	\$ -	-	\$ 35.19	\$ 61.00	6,923	\$ 0.35	\$ 62.31	68	\$ 51.52	\$ 63.91	9,674	
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Home Health/Therapies	\$ -	\$ -	-	\$ 12.83	\$ 10.80	14,253	\$ 0.07	\$ 3.67	229	\$ 8.40	\$ 11.47	8,785	\$ 0.09	\$ 11.02	101	\$ 5.29	\$ 10.87	5,842	
Other Waiver	\$ 1.05	\$ 56.67	222	\$ 96.16	\$ 33.24	34,712	\$ 2.26	\$ 47.81	566	\$ 58.73	\$ 54.62	12,901	\$ 0.35	\$ 37.15	113	\$ 39.27	\$ 34.69	13,581	
PDS/FMS	\$ -	\$ -	-	\$ 0.20	\$ 182.51	13	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.07	\$ 182.51	5	
Personal Assistance	\$ 15.87	\$ 4.77	39,947	\$ 3,800.76	\$ 4.76	9,575,177	\$ 63.99	\$ 4.78	160,742	\$ 4,010.57	\$ 4.75	10,136,429	\$ 11.43	\$ 4.42	31,007	\$ 1,666.89	\$ 4.76	4,202,767	
Residential Habilitation	\$ 0.23	\$ 264.12	11	\$ 0.06	\$ 25.88	26	\$ -	\$ -	-	\$ 0.60	\$ 206.34	35	\$ -	\$ -	-	\$ 0.07	\$ 72.05	12	
Respite	\$ 0.09	\$ 2.12	482	\$ 2.15	\$ 4.23	6,110	\$ -	\$ -	-	\$ 0.02	\$ 0.51	382	\$ -	\$ -	-	\$ 0.79	\$ 4.16	2,272	
Vendor Services	\$ 2.54	\$ 34.07	895	\$ 92.39	\$ 10.06	110,215	\$ 11.54	\$ 48.41	2,860	\$ 71.18	\$ 9.21	92,777	\$ 0.31	\$ 8.77	419	\$ 38.87	\$ 9.97	46,774	
Waiver DME/Supplies	\$ 0.01	\$ 195.21	1	\$ 0.63	\$ 41.54	182	\$ -	\$ -	-	\$ 0.42	\$ 106.30	48	\$ -	\$ -	0	\$ 0.26	\$ 44.68	70	
HCBS Waiver Services Subtotal	\$ 19.83	N/A	N/A	\$ 4,139.73	N/A	N/A	\$ 77.85	N/A	N/A	\$ 4,185.10	N/A	N/A	\$ 12.53	N/A	N/A	\$ 1,803.04	N/A	N/A	
Total Services	\$ 5,288.78	N/A	N/A	\$ 4,321.90	N/A	N/A	\$ 8,015.24	N/A	N/A	\$ 6,267.15	N/A	N/A	\$ 132.53	N/A	N/A	\$ 2,398.94	N/A	N/A	

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2019

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		5,634			21,207			5,160			17,700			112,718			162,419		
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	\$ 3.82	\$ 28.76	1,593	\$ 2.53	\$ 97.07	313	\$ 39.29	\$ 127.99	3,684	\$ 19.80	\$ 239.54	992	\$ 0.63	\$ 74.00	102	\$ 4.31	\$ 131.75	392	
Dental	\$ 13.38	\$ 64.71	2,482	\$ 8.33	\$ 51.94	1,924	\$ 16.66	\$ 56.43	3,544	\$ 10.18	\$ 57.65	2,119	\$ 7.49	\$ 53.87	1,669	\$ 8.39	\$ 54.74	1,839	
DME/Supplies	\$ 15.55	\$ 1.12	166,331	\$ 31.21	\$ 0.91	413,467	\$ 43.01	\$ 10.92	47,252	\$ 153.71	\$ 2.62	704,722	\$ 3.38	\$ 1.28	31,742	\$ 25.08	\$ 1.88	160,085	
Emergency Room	\$ 1.77	\$ 14.04	1,516	\$ 2.67	\$ 22.43	1,430	\$ 25.28	\$ 119.57	2,537	\$ 40.31	\$ 147.95	3,270	\$ 2.58	\$ 23.35	1,327	\$ 7.40	\$ 55.59	1,597	
FQHC/RHC	\$ -	\$ -	-	\$ 1.40	\$ 118.24	142	\$ 0.40	\$ 151.09	32	\$ 5.13	\$ 167.79	367	\$ 1.40	\$ 108.05	156	\$ 1.73	\$ 123.69	168	
Home Health	\$ 0.01	\$ 0.50	312	\$ 3.64	\$ 17.41	2,508	\$ 14.70	\$ 82.05	2,150	\$ 78.25	\$ 87.53	10,728	\$ 1.17	\$ 2.48	5,644	\$ 10.28	\$ 22.46	5,493	
Hospice	\$ 0.07	\$ 30.38	28	\$ 0.05	\$ 115.34	5	\$ 37.72	\$ 91,802.03	5	\$ 6.98	\$ -	-	\$ 0.02	\$ 6.58	31	\$ 1.98	\$ 1,007.29	24	
Inpatient	\$ 49.25	\$ 172.99	3,416	\$ 61.62	\$ 333.68	2,216	\$ 1,465.30	\$ 2,526.82	6,959	\$ 823.40	\$ 2,333.06	4,235	\$ 20.61	\$ 197.66	1,251	\$ 160.35	\$ 982.24	1,959	
Laboratory/Radiology	\$ 3.15	\$ 2.14	17,675	\$ 5.93	\$ 3.77	18,851	\$ 45.64	\$ 14.37	38,111	\$ 60.94	\$ 27.50	26,597	\$ 4.94	\$ 4.65	12,748	\$ 12.40	\$ 9.29	16,031	
Nursing Facility	\$ 5,184.75	\$ 190.21	327,088	\$ 22.09	\$ 201.89	1,313	\$ 6,030.54	\$ 220.03	328,899	\$ 41.14	\$ 198.71	2,485	\$ 6.90	\$ 195.24	424	\$ 383.60	\$ 204.30	22,532	
Other Medical	\$ 19.91	\$ 12.05	19,834	\$ 5.44	\$ 3.98	16,416	\$ 67.87	\$ 41.84	19,466	\$ 62.48	\$ 43.64	17,184	\$ 3.41	\$ 4.45	9,198	\$ 12.73	\$ 13.05	11,706	
Outpatient	\$ 16.27	\$ 16.75	11,658	\$ 13.52	\$ 7.16	22,638	\$ 112.18	\$ 41.81	32,200	\$ 144.47	\$ 199.47	8,692	\$ 6.61	\$ 13.25	5,988	\$ 26.23	\$ 33.18	9,486	
Pharmacy	\$ 11.95	\$ 9.63	14,889	\$ 34.65	\$ 65.09	6,387	\$ 703.27	\$ 60.72	138,995	\$ 884.79	\$ 135.81	78,177	\$ 8.74	\$ 31.06	3,376	\$ 129.77	\$ 93.65	16,629	
Physician	\$ 15.30	\$ 3.47	52,938	\$ 11.47	\$ 3.63	37,895	\$ 196.12	\$ 25.68	91,653	\$ 107.41	\$ 20.48	62,932	\$ 7.37	\$ 4.30	20,576	\$ 25.08	\$ 9.76	30,834	
Vision	\$ 0.71	\$ 15.67	546	\$ 0.37	\$ 13.80	324	\$ 2.62	\$ 24.59	1,277	\$ 1.84	\$ 39.96	553	\$ 0.41	\$ 17.79	275	\$ 0.64	\$ 21.76	353	
Medical Services Subtotal	\$ 5,335.90	N/A	N/A	\$ 204.92	N/A	N/A	\$ 8,800.62	N/A	N/A	\$ 2,440.85	N/A	N/A	\$ 75.67	N/A	N/A	\$ 809.96	N/A	N/A	
HCBS Waiver Services																			
Day Habilitation and Adult Day	\$ 3.34	\$ 33.92	1,183	\$ 285.70	\$ 30.89	110,979	\$ 2.72	\$ 32.72	998	\$ 97.62	\$ 29.52	39,690	\$ 1.13	\$ 27.22	499	\$ 48.93	\$ 30.53	19,235	
Employment	\$ -	\$ -	-	\$ 18.54	\$ 6.57	33,851	\$ -	\$ -	-	\$ 7.88	\$ 6.08	15,548	\$ -	\$ -	-	\$ 3.28	\$ 6.44	6,114	
Home Health/Therapies	\$ -	\$ -	-	\$ 549.88	\$ 12.20	540,660	\$ 0.71	\$ 19.99	429	\$ 749.65	\$ 12.52	718,730	\$ 0.93	\$ 15.11	736	\$ 154.16	\$ 12.38	149,444	
Other Waiver	\$ 9.66	\$ 50.55	2,294	\$ 167.97	\$ 16.77	120,190	\$ 8.08	\$ 66.68	1,455	\$ 126.96	\$ 18.72	81,372	\$ 0.45	\$ 38.40	142	\$ 36.67	\$ 17.76	24,785	
PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Personal Assistance	\$ 15.68	\$ 4.88	38,558	\$ 3,904.88	\$ 4.66	10,055,743	\$ 17.64	\$ 4.43	47,792	\$ 4,020.23	\$ 4.70	10,271,959	\$ 6.64	\$ 4.62	17,268	\$ 953.69	\$ 4.68	2,447,238	
Residential Habilitation	\$ 15.23	\$ 44.90	4,069	\$ 705.18	\$ 71.75	117,943	\$ 9.32	\$ 82.33	1,359	\$ 289.32	\$ 59.50	58,352	\$ 1.51	\$ 36.98	491	\$ 125.48	\$ 67.57	22,284	
Respite	\$ -	\$ -	-	\$ 1.61	\$ 4.48	4,302	\$ -	\$ -	-	\$ 3.33	\$ 4.44	8,996	\$ -	\$ -	-	\$ 0.57	\$ 4.45	1,542	
Vendor Services	\$ 2.83	\$ 32.44	1,048	\$ 49.76	\$ 15.36	38,875	\$ 4.46	\$ 40.70	1,316	\$ 53.25	\$ 13.64	46,835	\$ 0.08	\$ 7.82	130	\$ 12.60	\$ 14.61	10,348	
Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.67	\$ 26.63	300	\$ -	\$ -	-	\$ 0.40	\$ 60.16	80	\$ 0.00	\$ 5.21	1	\$ 0.13	\$ 32.21	49	
HCBS Waiver Services Subtotal	\$ 46.75	N/A	N/A	\$ 5,684.17	N/A	N/A	\$ 42.95	N/A	N/A	\$ 5,348.64	N/A	N/A	\$ 10.75	N/A	N/A	\$ 1,335.52	N/A	N/A	
Total Services	\$ 5,382.65	N/A	N/A	\$ 5,889.09	N/A	N/A	\$ 8,843.56	N/A	N/A	\$ 7,789.49	N/A	N/A	\$ 86.42	N/A	N/A	\$ 2,145.48	N/A	N/A	

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2019

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		91,643			64,251			4,962			8,455			160,705			330,015		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 1.66	\$ 31.10	639	\$ 2.39	\$ 65.92	436	\$ 26.86	\$ 121.66	2,649	\$ 17.54	\$ 246.27	855	\$ 0.95	\$ 86.40	132	\$ 2.24	\$ 69.28	388	
Dental	\$ 10.18	\$ 63.64	1,919	\$ 5.72	\$ 61.16	1,121	\$ 15.26	\$ 66.07	2,772	\$ 10.02	\$ 63.94	1,881	\$ 4.89	\$ 57.33	1,024	\$ 6.81	\$ 60.98	1,340	
DME/Supplies	\$ 3.02	\$ 1.60	22,631	\$ 48.84	\$ 0.62	944,995	\$ 22.08	\$ 11.02	24,056	\$ 69.77	\$ 1.57	533,274	\$ 5.34	\$ 0.73	87,731	\$ 15.07	\$ 0.73	247,012	
Emergency Room	\$ 0.45	\$ 10.75	503	\$ 1.78	\$ 23.89	896	\$ 14.79	\$ 101.46	1,749	\$ 26.78	\$ 140.55	2,286	\$ 1.37	\$ 24.97	656	\$ 2.05	\$ 34.16	719	
FQHC/RHC	\$ 0.01	\$ 86.67	1	\$ 0.69	\$ 107.04	78	\$ 0.61	\$ 177.69	41	\$ 5.94	\$ 162.28	439	\$ 1.00	\$ 104.41	115	\$ 0.78	\$ 113.21	83	
Home Health	\$ 0.02	\$ 3.83	63	\$ 1.27	\$ 7.07	2,161	\$ 8.95	\$ 102.87	1,044	\$ 50.16	\$ 86.75	6,938	\$ 0.61	\$ 19.09	383	\$ 1.97	\$ 28.89	818	
Hospice	\$ 0.73	\$ 1,376.30	6	\$ 0.48	\$ 1,558.87	4	\$ 54.46	\$ 18,195.04	36	\$ 16.55	\$ -	-	\$ 0.11	\$ 199.72	6	\$ 1.59	\$ 3,103.89	6	
Inpatient	\$ 23.48	\$ 234.96	1,199	\$ 53.43	\$ 320.09	2,003	\$ 1,023.03	\$ 2,538.09	4,837	\$ 655.09	\$ 2,208.67	3,559	\$ 30.24	\$ 357.90	1,014	\$ 63.82	\$ 554.63	1,381	
Laboratory/Radiology	\$ 1.31	\$ 0.18	85,892	\$ 5.00	\$ 4.38	13,709	\$ 40.15	\$ 16.25	29,652	\$ 51.81	\$ 27.56	22,559	\$ 4.82	\$ 5.76	10,052	\$ 5.62	\$ 2.08	32,439	
Nursing Facility	\$ 4,754.82	\$ 164.43	346,999	\$ 67.94	\$ 172.01	4,740	\$ 5,527.54	\$ 194.32	341,342	\$ 54.01	\$ 188.51	3,438	\$ 50.53	\$ 186.78	3,247	\$ 1,442.70	\$ 166.33	104,083	
Other Medical	\$ 3.28	\$ 5.79	6,804	\$ 4.44	\$ 4.56	11,681	\$ 27.85	\$ 22.58	14,800	\$ 60.08	\$ 42.14	17,108	\$ 4.11	\$ 5.14	9,597	\$ 5.73	\$ 7.24	9,498	
Outpatient	\$ 4.46	\$ 13.46	3,978	\$ 11.04	\$ 8.38	15,808	\$ 57.55	\$ 234.99	2,939	\$ 155.08	\$ 171.05	10,879	\$ 5.72	\$ 22.77	3,013	\$ 11.01	\$ 22.12	5,972	
Pharmacy	\$ 5.18	\$ 5.69	10,916	\$ 13.96	\$ 19.01	8,815	\$ 532.62	\$ 55.87	114,396	\$ 642.11	\$ 96.26	80,050	\$ 8.62	\$ 31.26	3,307	\$ 32.81	\$ 38.87	10,129	
Physician	\$ 5.49	\$ 3.77	17,452	\$ 9.94	\$ 4.72	25,264	\$ 143.23	\$ 26.69	64,408	\$ 102.78	\$ 20.73	59,507	\$ 8.68	\$ 5.30	19,671	\$ 12.47	\$ 6.85	21,837	
Vision	\$ 0.55	\$ 15.42	429	\$ 0.64	\$ 12.19	634	\$ 2.65	\$ 26.73	1,190	\$ 2.82	\$ 39.55	855	\$ 0.61	\$ 13.23	555	\$ 0.69	\$ 14.95	553	
Medical Services Subtotal	\$ 4,814.65	N/A	N/A	\$ 227.57	N/A	N/A	\$ 7,497.64	N/A	N/A	\$ 1,920.54	N/A	N/A	\$ 127.59	N/A	N/A	\$ 1,605.36	N/A	N/A	
Day Habilitation and Adult Day	\$ 0.16	\$ 38.50	49	\$ 175.03	\$ 61.80	33,987	\$ 9.83	\$ 34.36	3,434	\$ 204.35	\$ 56.57	43,348	\$ 0.43	\$ 72.24	72	\$ 39.72	\$ 60.88	7,828	
Employment	\$ -	\$ -	-	\$ 0.25	\$ 5.34	553	\$ -	\$ -	-	\$ 6.96	\$ 4.96	16,851	\$ -	\$ -	-	\$ 0.23	\$ 5.03	539	
Home Health/Therapies	\$ 0.13	\$ 12.01	126	\$ 41.97	\$ 12.56	40,100	\$ 0.07	\$ 11.02	77	\$ 97.45	\$ 10.55	110,857	\$ 0.04	\$ 16.55	26	\$ 10.72	\$ 12.03	10,696	
Other Waiver	\$ 1.09	\$ 22.38	583	\$ 109.10	\$ 29.51	44,360	\$ 7.17	\$ 21.92	3,925	\$ 137.83	\$ 27.75	59,611	\$ 0.37	\$ 28.97	153	\$ 25.36	\$ 29.10	10,459	
PDS/FMS	\$ -	\$ -	-	\$ 0.11	\$ 101.10	13	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 101.10	2	
Personal Assistance	\$ 8.02	\$ 4.68	20,581	\$ 4,166.42	\$ 4.75	10,517,301	\$ 16.03	\$ 4.42	43,572	\$ 4,193.89	\$ 4.77	10,558,209	\$ 9.70	\$ 4.64	25,079	\$ 925.80	\$ 4.75	2,336,704	
Residential Habilitation	\$ 1.37	\$ 26.72	614	\$ 42.24	\$ 64.95	7,805	\$ 21.27	\$ 128.14	1,992	\$ 140.88	\$ 127.70	13,239	\$ -	\$ -	-	\$ 12.53	\$ 73.04	2,059	
Respite	\$ -	\$ -	-	\$ 6.40	\$ 4.11	18,709	\$ -	\$ -	-	\$ 0.64	\$ 4.78	1,616	\$ -	\$ -	-	\$ 1.26	\$ 4.12	3,684	
Vendor Services	\$ 1.02	\$ 30.49	401	\$ 97.63	\$ 10.60	110,488	\$ 2.08	\$ 24.94	1,000	\$ 56.25	\$ 9.30	72,611	\$ 0.15	\$ 8.90	199	\$ 20.83	\$ 10.60	23,594	
Waiver DME/Supplies	\$ 0.01	\$ 187.78	0	\$ 2.14	\$ 38.98	660	\$ -	\$ -	-	\$ 1.00	\$ 37.88	316	\$ 0.00	\$ 36.81	0	\$ 0.45	\$ 39.03	137	
HCBS Waiver Services Subtotal	\$ 11.79	N/A	N/A	\$ 4,641.29	N/A	N/A	\$ 56.46	N/A	N/A	\$ 4,839.26	N/A	N/A	\$ 10.68	N/A	N/A	\$ 1,036.92	N/A	N/A	
Total Services	\$ 4,826.44	N/A	N/A	\$ 4,868.87	N/A	N/A	\$ 7,554.10	N/A	N/A	\$ 6,759.80	N/A	N/A	\$ 138.28	N/A	N/A	\$ 2,642.28	N/A	N/A	

Mercer Government

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