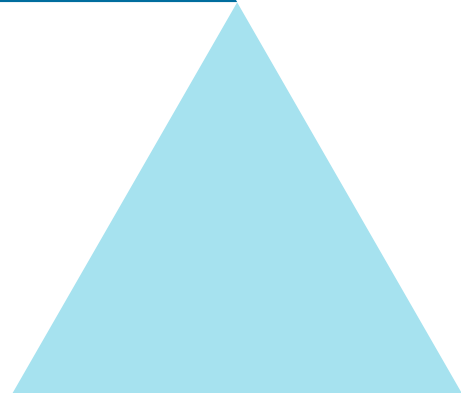
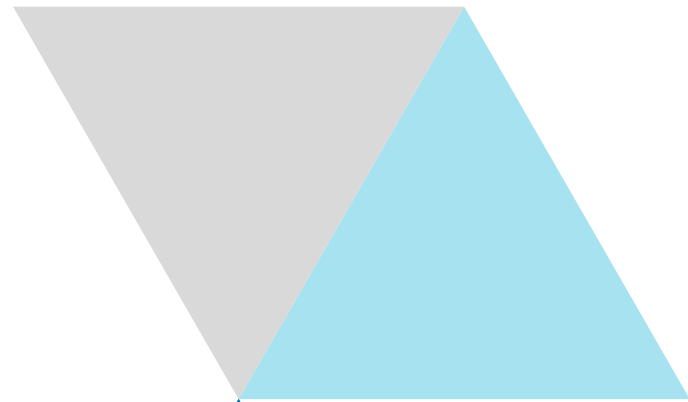
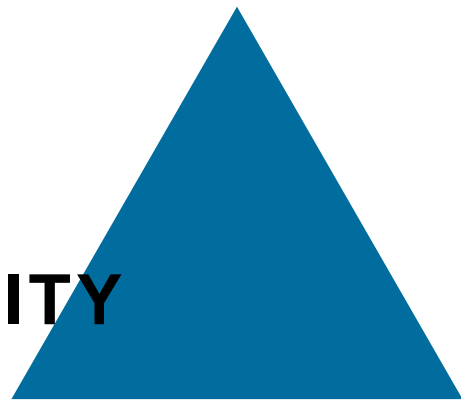


# DATA BOOK FOR COMMUNITY HEALTHCHOICES

April 15, 2019

COMMONWEALTH OF PENNSYLVANIA



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## 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 a multiyear regional phase-in of Community HealthChoices (CHC), a managed long term care program. CHC is a mandatory program through which eligible participants receive medical assistance physical health (PH) benefits and long term services and supports (LTSS), including nursing facility (NF) and home and community based services (HCBS). CHC was implemented on January 1, 2018 in the Southwest zone, on January 1, 2019 in the Southeast zone, and will be implemented on January 1, 2020 in the remaining zones (Lehigh/Capital, Northeast and Northwest).

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

### PURPOSE OF THIS DATA BOOK

The intent of this data book is to summarize historical Medicaid cost and utilization information for 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 data book developed by Mercer in March 2018.

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

### CONTENT OF THIS DATA BOOK

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

### Time Periods

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

- Claims Data (based on date of service):
  - Calendar Year (CY) 2016 (January 1, 2016, through December 31, 2016) paid through June 2018
  - CY 2017 (January 1, 2017, through December 31, 2017) paid through June 2018

### Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions have been established consistent with the CY 2019 rate setting approach to address cost differentials within those zones. For the zones to be 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 data book 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 data book are cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, written or implied, that this data book is 100% accurate or error-free. This document is being provided for informational purposes only. The Commonwealth and Mercer reserve the right to refine it as they see fit at any time.**

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

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## COVERED POPULATIONS

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

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

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

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

- Individuals under the age of 21
- Individuals receiving services through the Office of Developmental Program's Consolidated Waiver, Person/Family-Directed Supports Waiver, 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

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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.

- Educational Placements
- Residents of State Mental Hospitals
- 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 data book along with the corresponding capitation payment rate cells.

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

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

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



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## COVERED SERVICES

The specific services required to be covered by the CHC-MCOs are detailed in the Agreement. Mercer applied logic to extract claims experience for the covered services from the FFS and HC PH encounter data. Changes were incorporated in this service logic compared to the March 2018 issued CHC data book to align services based on service type first rather than by type of provider. The modified logic primarily impacted pharmaceuticals being administered by a physician or by a provider at an inpatient facility (excluding pharmaceuticals administered during an inpatient stay) as well as reclassified some claims captured on emergency room encounters. The pharmaceutical claims are now captured as a pharmacy service rather than aligning them with the type of provider while claims associated with emergency room encounters are now remapped to the emergency room service line. These category of service logic changes led to a remapping of approximately 1% of total included CHC claims compared to the prior data book logic and are budget neutral in that they do not include or exclude any claims or service types compared to the service logic applied in the prior data book.

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

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

**TABLE 3: COVERED SERVICES**

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

**EXCLUDED SERVICES**

The list below summarizes the claims-based exclusions:

- Behavioral Health (BH) services that will be the responsibility of the BH-MCOs.
- Since the PH-MCO will continue to be responsible for all claims during at least the first 30 days of a PH-MCO enrollee NF stay, claims associated with these 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>1</sup>.
- Non-Medicaid services funded through State-only funds.
- As a result of the CMS Medicaid Managed Care regulations, federal financial participation of capitation payments is not authorized for individuals with an IMD stay longer than 15 days in a given month. Although the CHC program does not cover IMD services, all claims and members were excluded from the data summaries for individuals who met these criteria.

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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.

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## ADJUSTMENTS REFLECTED IN THIS DATA BOOK

The Commonwealth provided Mercer with historical Medicaid FFS claims, HC encounter data, and eligibility data. This section lists the adjustments 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 data book includes claims for dates of service from January 1, 2016 through December 31, 2017 and reflects payments through June 2018. 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 2016	CY 2017
Medical Services, excluding Nursing Facility and Pharmacy	1.0014	1.0288
Nursing Facility	1.0000	1.0018
Pharmacy	1.0004	1.0049
Personal Assistance	1.0000	1.0023
All Other HCBS Waiver Services	1.0002	1.0091
<b>Total</b>	<b>1.0001</b>	<b>1.0048</b>

### NF SUPPLEMENTAL PAYMENTS

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

Based on guidance and historical CY 2016 and CY 2017 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 data book for these two supplemental payments was approximately 0.5% in CY16 and 0.4% in CY17 for each rating region and NFCE population group combination during each base data time period. No adjustment was applied to the NF claim costs for the NFI populations.

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 data book summaries in Section 6).

## COORDINATION OF BENEFITS (COB)

An adjustment was applied to the pharmacy service line for all NFCE Dual and NFI Dual rate cells 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, capitation rate cell, 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 rate cells for each base data year. Note that the impact for each rate cell applies uniformly to each of the underlying population groups.

**TABLE 5A: COB ADJUSTMENT 2016**

RATING REGION	NFCE DUAL		NFI DUAL	
	21	59	21	59
Southwest — Allegheny	-29.4%	-28.9%	-60.7%	-37.9%
Southwest — 13 Counties	-19.5%	-15.7%	-50.7%	-31.8%
Southeast — Philadelphia	-47.3%	-15.5%	-64.0%	-47.1%
Southeast — 4 Counties	-36.9%	-15.0%	-66.0%	-43.2%
Lehigh/Capital	-30.7%	-14.8%	-66.3%	-40.0%
Northeast/Northwest	-23.0%	-14.3%	-57.4%	-32.6%

**TABLE 5B: COB ADJUSTMENT 2017**

RATING REGION	NFCE DUAL		NFCE DUAL	NFI DUAL		NFI DUAL
	21	59	60+	21	59	60+
Southwest — Allegheny		-16.1%	-11.9%		-61.3%	-39.6%
Southwest — 13 Counties		-32.5%	-7.4%		-58.6%	-29.7%
Southeast — Philadelphia		-50.6%	-9.8%		-69.2%	-49.3%
Southeast — 4 Counties		-34.5%	-9.5%		-67.8%	-48.1%
Lehigh/Capital		-47.1%	-15.9%		-66.7%	-39.0%
Northeast/Northwest		-26.7%	-16.6%		-62.5%	-38.7%

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## CAPITATION RATE DEVELOPMENT

Mercer will make adjustments to the base data summarized in Section 6 in order to develop the CY 2020 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 data book summaries in Section 6:

1. Mercer will consider data from both illustrated historical time periods to smooth anomalies. The two years of data will be blended to arrive at a single historical data set, which will then be further projected and adjusted through the rate development process.
2. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and NF populations that have occurred since the historical CY 2016 and CY 2017 data time periods.
3. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on available FFS and PH encounter data. In addition, Mercer will consider cost and utilization trends experienced by other managed care programs within the Commonwealth and national trend indices. Cost and utilization will be trended to the midpoint of the rating period.
4. Mercer may adjust direct data sources for the following programmatic changes:
  - A. Those that occurred during the historical data time period (January 2016 through December 2017) 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 adjustments to reflect CHC-MCO reported experience for the CY 2018 CHC program in the Southwest zone.
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.

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## DATA SUMMARIES

Data summaries for the CY 2016 and CY 2017 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 2016 and CY 2017 time periods.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **Member Months (MMs):** Number of total months that all individuals within the population group were eligible during the historical time period.
- **Category of Service:** As outlined in Section 3, this includes all covered services outlined in the Agreement 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 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,799			12,055			2,556			9,337			134,450			161,197		
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	\$ 1.00	\$ 41.16	292	\$ 0.38	\$ 53.34	86	\$ 33.35	\$ 117.89	3,394	\$ 31.79	\$ 55.75	6,844	\$ 0.20	\$ 32.28	73	\$ 2.58	\$ 59.23	523
	Dental	\$ 9.24	\$ 43.61	2,541	\$ 4.52	\$ 57.64	941	\$ 14.96	\$ 55.92	3,209	\$ 10.28	\$ 61.88	1,994	\$ 4.52	\$ 54.33	998	\$ 5.10	\$ 54.97	1,113
	DME/Supplies	\$ 44.84	\$ 5.36	100,453	\$ 31.30	\$ 0.85	440,546	\$ 68.76	\$ 31.68	26,043	\$ 207.44	\$ 2.98	834,077	\$ 3.07	\$ 1.34	27,532	\$ 18.78	\$ 2.12	106,378
	Emergency Room	\$ 0.21	\$ 2.13	1,168	\$ 0.43	\$ 3.67	1,396	\$ 16.82	\$ 73.64	2,740	\$ 95.63	\$ 36.92	31,083	\$ 1.41	\$ 10.69	1,578	\$ 7.01	\$ 25.62	3,285
	FQHC/RHC	\$ 0.05	\$ 145.90	4	\$ 0.30	\$ 32.83	109	\$ 1.04	\$ 147.05	85	\$ 0.67	\$ 62.26	130	\$ 0.46	\$ 44.55	125	\$ 0.46	\$ 46.07	121
	Home Health	\$ 0.35	\$ 64.25	65	\$ 0.57	\$ 65.17	106	\$ 21.28	\$ 81.76	3,123	\$ 118.99	\$ 57.54	24,815	\$ 0.27	\$ 53.83	60	\$ 7.50	\$ 58.24	1,546
	Hospice	\$ 0.01	\$ 0.32	507	\$ -	\$ -	-	\$ 71.63	\$ 145.39	5,912	\$ 4.27	\$ 568.80	90	\$ -	\$ -	1	\$ 1.38	\$ 152.98	109
	Inpatient	\$ 51.91	\$ 131.47	4,738	\$ 22.73	\$ 92.58	2,947	\$ 1,404.46	\$ 1,928.82	8,738	\$ 794.72	\$ 2,060.13	4,629	\$ 12.71	\$ 167.48	911	\$ 81.51	\$ 665.85	1,469
	Laboratory/Radiology	\$ 2.63	\$ 3.71	8,490	\$ 2.36	\$ 4.92	5,750	\$ 73.60	\$ 12.49	70,706	\$ 63.01	\$ 15.68	48,222	\$ 3.01	\$ 8.10	4,456	\$ 7.55	\$ 11.03	8,208
	Nursing Facility	\$ 4,487.43	\$ 163.02	330,313	\$ 2.07	\$ 89.03	279	\$ 5,215.58	\$ 193.68	323,149	\$ 2.65	\$ 170.51	186	\$ 0.50	\$ 98.73	60	\$ 161.33	\$ 176.95	10,941
	Other Medical	\$ 12.59	\$ 3.31	45,696	\$ 1.76	\$ 0.92	22,927	\$ 80.41	\$ 9.21	104,821	\$ 42.39	\$ 19.02	26,750	\$ 1.54	\$ 1.46	12,610	\$ 5.36	\$ 3.96	16,237
	Outpatient	\$ 1.79	\$ 17.27	1,241	\$ 0.84	\$ 4.57	2,218	\$ 19.89	\$ 155.28	1,537	\$ 68.80	\$ 14.99	55,077	\$ 1.24	\$ 7.61	1,948	\$ 5.42	\$ 12.95	5,027
	Pharmacy	\$ 6.53	\$ 9.62	8,147	\$ 7.52	\$ 15.01	6,015	\$ 953.13	\$ 84.53	135,300	\$ 1,008.58	\$ 138.34	87,485	\$ 7.16	\$ 23.51	3,654	\$ 80.18	\$ 88.66	10,852
	Physician	\$ 9.17	\$ 1.42	77,578	\$ 4.89	\$ 1.05	55,707	\$ 180.49	\$ 19.73	109,781	\$ 112.77	\$ 28.87	46,870	\$ 4.87	\$ 2.26	25,895	\$ 13.98	\$ 5.32	31,567
	Vision	\$ 0.03	\$ 0.93	365	\$ 0.15	\$ 8.82	197	\$ 2.41	\$ 42.12	686	\$ 5.13	\$ 43.16	1,425	\$ 0.19	\$ 13.56	165	\$ 0.50	\$ 23.90	252
<b>Medical Services Subtotal</b>		<b>\$ 4,627.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 79.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,157.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,567.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 41.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 398.67</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.20	\$ 34.56	69	\$ 28.27	\$ 36.51	9,293	\$ -	\$ -	-	\$ 11.95	\$ 42.46	3,378	\$ 0.02	\$ 3.36	74	\$ 2.83	\$ 35.59	953
	Employment	\$ -	\$ -	-	\$ 5.44	\$ 6.42	10,166	\$ -	\$ -	-	\$ 7.64	\$ 12.65	7,249	\$ 0.00	\$ 16.81	2	\$ 0.85	\$ 8.65	1,181
	Home Health/Therapies	\$ 0.47	\$ 11.46	489	\$ 172.31	\$ 12.02	171,976	\$ -	\$ -	-	\$ 316.64	\$ 11.45	331,787	\$ -	\$ -	-	\$ 31.23	\$ 11.68	32,087
	Other Waiver	\$ 0.44	\$ 87.98	60	\$ 61.05	\$ 13.67	53,590	\$ -	\$ -	-	\$ 33.39	\$ 15.60	25,688	\$ 0.00	\$ 32.19	1	\$ 6.51	\$ 14.21	5,498
	PDS/FMS	\$ 0.35	\$ 98.84	43	\$ 25.96	\$ 81.57	3,819	\$ 0.11	\$ 277.00	5	\$ 21.69	\$ 82.34	3,161	\$ 0.01	\$ 54.22	2	\$ 3.21	\$ 81.84	471
	Personal Assistance	\$ 63.24	\$ 4.25	178,652	\$ 2,747.02	\$ 4.00	8,247,840	\$ 12.32	\$ 4.38	33,759	\$ 2,837.76	\$ 4.05	8,404,082	\$ 0.11	\$ 3.29	385	\$ 371.18	\$ 4.02	1,107,535
	Residential Habilitation	\$ 2.29	\$ 25.61	1,072	\$ 55.10	\$ 70.08	9,436	\$ 4.39	\$ 8.89	5,922	\$ 11.91	\$ 77.98	1,833	\$ 0.45	\$ 14.60	367	\$ 5.29	\$ 51.62	1,230
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 5.79	12	\$ 0.01	\$ 5.79	10
	Service Coordination	\$ 6.22	\$ 18.56	4,022	\$ 151.33	\$ 18.49	98,228	\$ 0.91	\$ 18.79	582	\$ 146.03	\$ 18.48	94,818	\$ 0.06	\$ 19.52	34	\$ 19.94	\$ 18.49	12,946
	Vendor Services	\$ 1.59	\$ 90.59	210	\$ 63.39	\$ 111.89	6,798	\$ 0.28	\$ 37.11	89	\$ 46.83	\$ 103.72	5,418	\$ 0.00	\$ 30.00	0	\$ 7.49	\$ 108.54	828
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 2.52	\$ 2,340.09	13	\$ -	\$ -	-	\$ 0.50	\$ 776.39	8	\$ -	\$ -	-	\$ 0.22	\$ 1,846.25	1
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 74.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,312.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 18.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,434.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 448.76</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,702.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,392.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,175.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,001.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 41.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 847.43</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		45,753			30,826			2,089			5,534			128,469			212,671		
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	\$ 0.41	\$ 47.48	103	\$ 0.32	\$ 55.49	69	\$ 23.10	\$ 135.40	2,047	\$ 15.32	\$ 65.26	2,818	\$ 0.06	\$ 17.04	43	\$ 0.80	\$ 63.00	152
	Dental	\$ 4.54	\$ 48.56	1,122	\$ 2.52	\$ 68.90	439	\$ 9.00	\$ 52.60	2,053	\$ 4.88	\$ 75.45	776	\$ 2.43	\$ 59.70	489	\$ 3.03	\$ 56.69	641
	DME/Supplies	\$ 5.23	\$ 2.02	31,088	\$ 52.61	\$ 0.78	804,871	\$ 24.94	\$ 20.54	14,568	\$ 113.35	\$ 2.07	657,294	\$ 6.37	\$ 0.96	79,794	\$ 15.79	\$ 1.00	188,797
	Emergency Room	\$ 0.08	\$ 2.91	347	\$ 0.45	\$ 5.70	946	\$ 10.62	\$ 83.00	1,536	\$ 40.32	\$ 39.85	12,144	\$ 0.50	\$ 8.08	745	\$ 1.54	\$ 18.61	993
	FQHC/RHC	\$ 0.03	\$ 71.92	5	\$ 0.91	\$ 75.26	145	\$ -	\$ -	-	\$ 29.97	\$ 152.26	2,362	\$ 0.41	\$ 37.94	129	\$ 1.16	\$ 86.52	161
	Home Health	\$ 0.01	\$ 27.64	3	\$ 0.18	\$ 33.80	62	\$ 11.06	\$ 82.70	1,605	\$ 73.03	\$ 79.47	11,028	\$ 0.17	\$ 38.76	54	\$ 2.14	\$ 74.47	345
	Hospice	\$ 0.51	\$ 28.83	214	\$ 0.00	\$ 0.39	120	\$ 141.13	\$ 132.02	12,828	\$ 30.29	\$ 156.30	2,326	\$ 0.00	\$ 4.73	3	\$ 2.29	\$ 109.01	252
	Inpatient	\$ 22.65	\$ 144.58	1,880	\$ 24.99	\$ 108.38	2,767	\$ 980.46	\$ 2,089.66	5,630	\$ 683.92	\$ 2,016.19	4,071	\$ 14.42	\$ 136.01	1,272	\$ 44.63	\$ 308.66	1,735
	Laboratory/Radiology	\$ 0.91	\$ 3.64	2,998	\$ 2.27	\$ 5.86	4,662	\$ 52.73	\$ 12.50	50,607	\$ 49.09	\$ 17.52	33,615	\$ 2.07	\$ 6.71	3,699	\$ 3.57	\$ 8.69	4,927
	Nursing Facility	\$ 4,700.63	\$ 164.62	342,662	\$ 8.45	\$ 120.36	842	\$ 5,541.78	\$ 193.23	344,164	\$ 9.26	\$ 186.95	594	\$ 3.66	\$ 141.24	311	\$ 1,069.39	\$ 165.74	77,426
	Other Medical	\$ 2.66	\$ 2.86	11,152	\$ 1.73	\$ 1.76	11,817	\$ 57.04	\$ 9.76	70,127	\$ 37.04	\$ 15.08	29,480	\$ 2.47	\$ 2.24	13,223	\$ 3.84	\$ 3.40	13,556
	Outpatient	\$ 0.45	\$ 18.63	287	\$ 1.05	\$ 12.51	1,005	\$ 18.41	\$ 82.42	2,681	\$ 23.57	\$ 15.68	18,036	\$ 0.77	\$ 11.02	839	\$ 1.51	\$ 14.95	1,210
	Pharmacy	\$ 3.10	\$ 3.58	10,401	\$ 6.79	\$ 13.25	6,153	\$ 562.81	\$ 55.44	121,819	\$ 561.80	\$ 97.30	69,285	\$ 5.55	\$ 18.66	3,567	\$ 25.15	\$ 36.43	8,283
	Physician	\$ 3.51	\$ 2.41	17,478	\$ 4.04	\$ 1.62	29,985	\$ 126.30	\$ 19.13	79,235	\$ 70.59	\$ 20.94	40,456	\$ 4.49	\$ 2.05	26,299	\$ 7.13	\$ 3.31	25,824
	Vision	\$ 0.05	\$ 2.21	297	\$ 0.19	\$ 7.28	307	\$ 2.62	\$ 43.02	730	\$ 2.90	\$ 38.39	908	\$ 0.32	\$ 10.28	379	\$ 0.34	\$ 10.96	368
<b>Medical Services Subtotal</b>		<b>\$ 4,744.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 106.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,562.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,745.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 43.69</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,182.30</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 23.46	22	\$ 39.08	\$ 65.54	7,156	\$ -	\$ -	-	\$ 0.08	\$ 60.76	15	\$ 0.01	\$ 3.36	33	\$ 5.68	\$ 64.17	1,062
	Employment	\$ -	\$ -	-	\$ 0.49	\$ 6.29	931	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 1.95	24	\$ 0.07	\$ 5.87	149
	Home Health/Therapies	\$ 0.01	\$ 15.86	8	\$ 36.59	\$ 12.79	34,323	\$ -	\$ -	-	\$ 32.57	\$ 11.46	34,104	\$ -	\$ -	-	\$ 6.15	\$ 12.59	5,864
	Other Waiver	\$ 0.00	\$ 4.22	8	\$ 7.54	\$ 5.93	15,241	\$ -	\$ -	-	\$ 9.13	\$ 15.90	6,891	\$ -	\$ -	-	\$ 1.33	\$ 6.68	2,390
	PDS/FMS	\$ 0.05	\$ 79.04	8	\$ 17.27	\$ 80.73	2,567	\$ 0.15	\$ 79.04	23	\$ 16.84	\$ 80.58	2,507	\$ -	\$ -	-	\$ 2.95	\$ 80.70	439
	Personal Assistance	\$ 5.35	\$ 4.13	15,540	\$ 2,529.61	\$ 4.09	7,419,543	\$ 9.19	\$ 3.87	28,490	\$ 3,190.86	\$ 4.16	9,200,956	\$ 0.68	\$ 4.38	1,858	\$ 451.33	\$ 4.10	1,319,575
	Residential Habilitation	\$ 0.39	\$ 15.63	301	\$ 6.68	\$ 72.92	1,100	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.19	\$ 131.54	17	\$ 1.17	\$ 59.73	235
	Respite	\$ 0.11	\$ 202.86	6	\$ 6.21	\$ 25.23	2,955	\$ -	\$ -	-	\$ 1.05	\$ 181.51	69	\$ 0.02	\$ 4.29	54	\$ 0.96	\$ 24.88	464
	Service Coordination	\$ 0.87	\$ 18.54	561	\$ 134.34	\$ 18.49	87,208	\$ 0.75	\$ 18.49	488	\$ 129.76	\$ 18.48	84,272	\$ 0.06	\$ 16.49	40	\$ 23.08	\$ 18.48	14,983
	Vendor Services	\$ 1.44	\$ 44.37	390	\$ 120.94	\$ 10.54	137,676	\$ 2.29	\$ 29.48	931	\$ 45.01	\$ 11.60	46,550	\$ 0.01	\$ 17.11	6	\$ 19.04	\$ 10.74	21,263
	Waiver DME/Supplies	\$ 0.02	\$ 23.92	11	\$ 4.69	\$ 27.69	2,032	\$ -	\$ -	-	\$ 1.55	\$ 15.22	1,225	\$ -	\$ -	-	\$ 0.72	\$ 26.45	329
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 8.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,903.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 12.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,426.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 512.49</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,753.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,009.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,574.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,172.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 44.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,694.79</b>	<b>N/A</b>	<b>N/A</b>

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			11,719			2,606			9,831			130,228			157,044		
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	\$ 1.29	\$ 64.59	239	\$ 0.28	\$ 66.80	50	\$ 37.31	\$ 127.30	3,517	\$ 28.90	\$ 57.38	6,045	\$ 0.18	\$ 31.82	68	\$ 2.62	\$ 62.80	501
	Dental	\$ 7.21	\$ 50.99	1,696	\$ 4.89	\$ 58.71	1,000	\$ 12.81	\$ 50.14	3,065	\$ 11.33	\$ 61.75	2,202	\$ 4.40	\$ 55.96	944	\$ 5.06	\$ 56.48	1,075
	DME/Supplies	\$ 7.78	\$ 1.26	73,871	\$ 32.16	\$ 0.86	451,108	\$ 44.90	\$ 43.31	12,442	\$ 250.47	\$ 3.86	779,324	\$ 3.26	\$ 1.29	30,464	\$ 21.66	\$ 2.38	109,169
	Emergency Room	\$ 0.48	\$ 6.10	934	\$ 0.34	\$ 2.38	1,708	\$ 20.39	\$ 27.50	8,897	\$ 82.32	\$ 34.38	28,736	\$ 1.25	\$ 9.21	1,623	\$ 6.56	\$ 22.90	3,436
	FQHC/RHC	\$ 0.12	\$ 31.42	46	\$ 0.84	\$ 28.91	347	\$ 1.74	\$ 151.04	138	\$ 1.02	\$ 82.24	149	\$ 0.75	\$ 38.94	232	\$ 0.78	\$ 40.65	231
	Home Health	\$ 0.24	\$ 61.90	46	\$ 0.09	\$ 31.35	34	\$ 11.05	\$ 75.61	1,754	\$ 102.34	\$ 60.74	20,219	\$ 0.23	\$ 44.02	64	\$ 6.80	\$ 60.35	1,351
	Hospice	\$ 0.01	\$ 1.35	78	\$ 0.01	\$ 6.34	11	\$ 78.57	\$ 148.13	6,365	\$ 8.30	\$ 327.31	304	\$ 0.03	\$ 735.61	1	\$ 1.85	\$ 174.61	127
	Inpatient	\$ 54.52	\$ 154.45	4,236	\$ 36.91	\$ 169.42	2,614	\$ 1,231.73	\$ 1,843.59	8,017	\$ 786.82	\$ 2,248.11	4,200	\$ 21.34	\$ 308.06	831	\$ 91.07	\$ 808.28	1,352
	Laboratory/Radiology	\$ 2.72	\$ 3.91	8,347	\$ 2.45	\$ 4.73	6,206	\$ 67.48	\$ 13.08	61,922	\$ 65.59	\$ 17.53	44,894	\$ 2.75	\$ 7.35	4,495	\$ 7.74	\$ 11.36	8,170
	Nursing Facility	\$ 4,528.83	\$ 166.58	326,252	\$ 1.11	\$ 111.46	119	\$ 5,213.13	\$ 194.02	322,426	\$ 0.13	\$ 217.32	7	\$ 0.39	\$ 113.05	42	\$ 163.61	\$ 179.81	10,919
	Other Medical	\$ 6.72	\$ 2.08	38,699	\$ 1.85	\$ 0.86	25,944	\$ 115.29	\$ 4.39	314,978	\$ 41.65	\$ 20.37	24,535	\$ 1.61	\$ 1.72	11,176	\$ 6.10	\$ 3.93	18,622
	Outpatient	\$ 1.13	\$ 14.15	960	\$ 0.72	\$ 3.90	2,229	\$ 32.53	\$ 204.32	1,911	\$ 62.25	\$ 37.60	19,866	\$ 1.45	\$ 12.71	1,367	\$ 5.71	\$ 26.44	2,592
	Pharmacy	\$ 6.09	\$ 8.60	8,495	\$ 13.57	\$ 24.64	6,606	\$ 857.83	\$ 80.46	127,932	\$ 960.37	\$ 138.28	83,342	\$ 7.07	\$ 21.35	3,977	\$ 81.34	\$ 86.57	11,275
	Physician	\$ 8.88	\$ 1.35	78,883	\$ 4.37	\$ 1.13	46,612	\$ 163.41	\$ 18.65	105,139	\$ 115.33	\$ 26.26	52,698	\$ 4.50	\$ 2.06	26,256	\$ 14.14	\$ 5.36	31,630
	Vision	\$ 0.10	\$ 3.33	377	\$ 0.15	\$ 7.12	251	\$ 2.90	\$ 41.03	849	\$ 4.29	\$ 36.87	1,395	\$ 0.20	\$ 14.51	169	\$ 0.50	\$ 22.45	267
<b>Medical Services Subtotal</b>		<b>\$ 4,626.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 99.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,891.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,521.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 415.54</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 34.56	18	\$ 22.09	\$ 41.85	6,335	\$ 0.27	\$ 27.09	121	\$ 11.71	\$ 40.46	3,472	\$ -	\$ -	-	\$ 2.39	\$ 41.36	692
	Employment	\$ -	\$ -	-	\$ 5.05	\$ 6.29	9,639	\$ -	\$ -	-	\$ 0.35	\$ 40.48	103	\$ 0.00	\$ 1.95	26	\$ 0.40	\$ 6.46	747
	Home Health/Therapies	\$ -	\$ -	-	\$ 162.01	\$ 12.05	161,380	\$ -	\$ -	-	\$ 312.45	\$ 11.52	325,590	\$ -	\$ -	-	\$ 31.65	\$ 11.71	32,425
	Other Waiver	\$ 0.65	\$ 43.88	177	\$ 68.04	\$ 13.28	61,491	\$ 0.04	\$ 18.39	28	\$ 36.35	\$ 14.57	29,939	\$ 0.02	\$ 4.66	42	\$ 7.38	\$ 13.62	6,501
	PDS/FMS	\$ 0.18	\$ 79.04	27	\$ 27.45	\$ 81.00	4,067	\$ 0.17	\$ 145.73	14	\$ 19.64	\$ 81.91	2,877	\$ -	\$ -	-	\$ 3.28	\$ 81.37	484
	Personal Assistance	\$ 27.86	\$ 4.08	82,022	\$ 3,122.03	\$ 4.02	9,324,992	\$ 14.43	\$ 4.24	40,799	\$ 3,438.81	\$ 4.14	9,965,470	\$ 0.00	\$ 3.97	7	\$ 448.96	\$ 4.08	1,321,776
	Residential Habilitation	\$ 12.86	\$ 31.43	4,911	\$ 43.69	\$ 91.03	5,760	\$ 3.45	\$ 197.75	209	\$ 12.84	\$ 70.17	2,196	\$ 0.12	\$ 14.28	100	\$ 4.44	\$ 72.25	737
	Respite	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.56	\$ 3.75	1,783	\$ 0.02	\$ 15.10	20	\$ 0.06	\$ 5.20	128
	Service Coordination	\$ 3.13	\$ 19.34	1,941	\$ 182.10	\$ 18.47	118,285	\$ 2.46	\$ 18.81	1,567	\$ 171.69	\$ 18.48	111,495	\$ 0.05	\$ 22.35	29	\$ 24.47	\$ 18.48	15,889
	Vendor Services	\$ 0.59	\$ 44.59	160	\$ 84.08	\$ 137.85	7,319	\$ 0.21	\$ 44.65	56	\$ 58.52	\$ 122.31	5,742	\$ -	\$ -	-	\$ 9.95	\$ 131.33	909
	Waiver DME/Supplies	\$ 0.04	\$ 52.64	9	\$ 0.93	\$ 538.12	21	\$ -	\$ -	-	\$ 1.69	\$ 497.12	41	\$ -	\$ -	-	\$ 0.18	\$ 495.85	4
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 45.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,717.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 21.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,064.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 533.16</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,671.48</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,817.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,912.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,585.69</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 948.69</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		45,144			32,047			2,047			6,371			135,553			221,162		
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	\$ 62.99	80	\$ 0.36	\$ 79.00	54	\$ 30.90	\$ 133.35	2,780	\$ 15.09	\$ 73.07	2,478	\$ 0.13	\$ 46.23	33	\$ 0.94	\$ 79.31	142
	Dental	\$ 4.68	\$ 51.24	1,095	\$ 2.58	\$ 78.54	394	\$ 7.87	\$ 44.55	2,119	\$ 6.34	\$ 72.44	1,051	\$ 2.32	\$ 60.86	457	\$ 3.01	\$ 59.04	611
	DME/Supplies	\$ 8.22	\$ 4.35	22,691	\$ 54.80	\$ 0.78	841,308	\$ 25.11	\$ 46.75	6,445	\$ 95.19	\$ 2.01	569,060	\$ 6.17	\$ 0.97	76,273	\$ 16.38	\$ 1.04	189,740
	Emergency Room	\$ 0.11	\$ 3.79	360	\$ 0.48	\$ 5.49	1,056	\$ 10.07	\$ 71.12	1,699	\$ 26.78	\$ 44.46	7,228	\$ 0.47	\$ 7.15	790	\$ 1.25	\$ 16.00	935
	FQHC/RHC	\$ 0.11	\$ 32.34	42	\$ 2.05	\$ 61.06	402	\$ 0.09	\$ 184.21	6	\$ 32.96	\$ 183.00	2,161	\$ 0.78	\$ 34.11	273	\$ 1.75	\$ 70.66	296
	Home Health	\$ 0.05	\$ 59.16	11	\$ 0.42	\$ 54.10	93	\$ 8.20	\$ 71.75	1,371	\$ 59.32	\$ 78.19	9,103	\$ 0.13	\$ 52.75	30	\$ 1.94	\$ 75.24	309
	Hospice	\$ 0.42	\$ 38.39	131	\$ 0.39	\$ 109.58	43	\$ 132.65	\$ 127.47	12,488	\$ 38.15	\$ 157.53	2,906	\$ 0.18	\$ 178.73	12	\$ 2.58	\$ 129.17	240
	Inpatient	\$ 17.38	\$ 125.90	1,656	\$ 34.38	\$ 169.12	2,439	\$ 1,461.40	\$ 1,884.40	9,306	\$ 625.72	\$ 2,097.26	3,580	\$ 17.18	\$ 173.58	1,188	\$ 50.61	\$ 377.50	1,609
	Laboratory/Radiology	\$ 0.90	\$ 3.69	2,916	\$ 2.46	\$ 5.67	5,207	\$ 51.40	\$ 12.75	48,360	\$ 44.10	\$ 19.02	27,826	\$ 2.10	\$ 6.40	3,933	\$ 3.57	\$ 8.56	5,009
	Nursing Facility	\$ 4,714.17	\$ 165.35	342,133	\$ 8.50	\$ 127.71	799	\$ 5,514.28	\$ 193.57	341,855	\$ 7.94	\$ 193.26	493	\$ 3.13	\$ 140.08	268	\$ 1,016.70	\$ 166.45	73,296
	Other Medical	\$ 1.71	\$ 2.33	8,797	\$ 2.09	\$ 1.72	14,573	\$ 58.18	\$ 5.56	125,522	\$ 34.14	\$ 9.85	41,612	\$ 3.21	\$ 2.81	13,700	\$ 4.14	\$ 3.39	14,665
	Outpatient	\$ 0.66	\$ 26.58	297	\$ 1.23	\$ 9.71	1,518	\$ 27.35	\$ 256.16	1,281	\$ 27.04	\$ 205.44	1,579	\$ 1.39	\$ 14.61	1,139	\$ 2.19	\$ 25.41	1,036
	Pharmacy	\$ 4.89	\$ 6.04	9,724	\$ 8.36	\$ 15.66	6,404	\$ 533.29	\$ 53.12	120,466	\$ 642.36	\$ 114.14	67,536	\$ 6.71	\$ 21.67	3,715	\$ 29.76	\$ 43.29	8,250
	Physician	\$ 3.14	\$ 2.40	15,701	\$ 3.79	\$ 1.49	30,399	\$ 147.26	\$ 21.11	83,705	\$ 65.88	\$ 19.54	40,460	\$ 4.33	\$ 1.97	26,350	\$ 7.11	\$ 3.32	25,700
	Vision	\$ 0.07	\$ 3.19	258	\$ 0.22	\$ 8.45	312	\$ 2.95	\$ 40.96	865	\$ 2.66	\$ 36.22	880	\$ 0.33	\$ 11.02	361	\$ 0.35	\$ 12.02	353
<b>Medical Services Subtotal</b>		<b>\$ 4,756.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 122.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,010.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,723.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,142.26</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 26.64	\$ 67.74	4,720	\$ -	\$ -	-	\$ 0.86	\$ 58.39	177	\$ -	\$ -	-	\$ 3.89	\$ 67.67	689
	Employment	\$ -	\$ -	-	\$ 0.33	\$ 6.29	628	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 6.29	91
	Home Health/Therapies	\$ 0.02	\$ 16.55	15	\$ 36.42	\$ 12.46	35,061	\$ 0.32	\$ 11.02	344	\$ 18.92	\$ 12.28	18,486	\$ -	\$ -	-	\$ 5.83	\$ 12.45	5,619
	Other Waiver	\$ 0.00	\$ 16.16	3	\$ 6.52	\$ 6.76	11,573	\$ -	\$ -	-	\$ 9.64	\$ 14.89	7,764	\$ -	\$ -	-	\$ 1.22	\$ 7.72	1,901
	PDS/FMS	\$ 0.04	\$ 90.11	5	\$ 16.23	\$ 80.47	2,420	\$ 0.16	\$ 79.04	24	\$ 10.78	\$ 80.25	1,612	\$ 0.00	\$ 79.04	0	\$ 2.67	\$ 80.47	399
	Personal Assistance	\$ 5.83	\$ 4.18	16,714	\$ 3,120.42	\$ 4.15	9,020,293	\$ 11.79	\$ 4.14	34,168	\$ 3,698.01	\$ 4.25	10,439,377	\$ 0.16	\$ 4.10	480	\$ 560.08	\$ 4.17	1,611,805
	Residential Habilitation	\$ 0.63	\$ 20.28	372	\$ 4.77	\$ 78.34	731	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.04	\$ 259.44	2	\$ 0.85	\$ 55.45	183
	Respite	\$ 0.08	\$ 5.79	164	\$ 2.86	\$ 56.91	604	\$ -	\$ -	-	\$ 0.48	\$ 179.08	32	\$ 0.01	\$ 5.79	17	\$ 0.45	\$ 40.84	132
	Service Coordination	\$ 1.02	\$ 18.56	660	\$ 162.35	\$ 18.48	105,434	\$ 1.35	\$ 18.50	874	\$ 159.66	\$ 18.48	103,686	\$ 0.04	\$ 19.07	23	\$ 28.37	\$ 18.48	18,422
	Vendor Services	\$ 3.30	\$ 115.87	342	\$ 131.89	\$ 11.14	142,071	\$ 12.55	\$ 2,116.80	71	\$ 50.06	\$ 15.51	38,740	\$ 0.01	\$ 11.98	6	\$ 21.35	\$ 11.76	21,776
	Waiver DME/Supplies	\$ 0.15	\$ 193.60	9	\$ 14.33	\$ 73.99	2,324	\$ 0.01	\$ 6.91	12	\$ 4.82	\$ 48.17	1,202	\$ -	\$ -	-	\$ 2.25	\$ 72.19	373
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 11.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,522.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 26.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,953.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 626.99</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,768.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,644.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,037.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,676.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,769.26</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		5,076			18,905			3,342			11,703			233,325			272,351		
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	\$ 0.66	\$ 45.98	173	\$ 0.20	\$ 48.58	50	\$ 33.50	\$ 92.09	4,365	\$ 28.01	\$ 24.67	13,624	\$ 0.16	\$ 26.97	72	\$ 1.78	\$ 30.19	707
	Dental	\$ 9.96	\$ 49.90	2,395	\$ 5.76	\$ 60.06	1,151	\$ 11.48	\$ 48.69	2,829	\$ 10.98	\$ 69.36	1,900	\$ 6.09	\$ 56.96	1,283	\$ 6.42	\$ 57.45	1,340
	DME/Supplies	\$ 56.10	\$ 2.44	276,342	\$ 36.73	\$ 0.86	511,795	\$ 69.44	\$ 22.83	36,503	\$ 217.52	\$ 2.80	933,282	\$ 4.44	\$ 1.47	36,130	\$ 17.60	\$ 1.88	112,181
	Emergency Room	\$ 0.08	\$ 0.92	1,105	\$ 0.44	\$ 3.17	1,682	\$ 15.89	\$ 86.68	2,200	\$ 78.49	\$ 42.64	22,091	\$ 1.11	\$ 9.38	1,418	\$ 4.55	\$ 23.45	2,328
	FQHC/RHC	\$ 0.80	\$ 46.50	206	\$ 2.73	\$ 58.70	558	\$ 1.48	\$ 104.98	169	\$ 1.29	\$ 41.92	369	\$ 1.95	\$ 55.52	422	\$ 1.95	\$ 55.46	422
	Home Health	\$ 0.00	\$ 1.00	43	\$ 0.06	\$ 9.40	79	\$ 21.50	\$ 77.75	3,318	\$ 93.62	\$ 48.37	23,226	\$ 0.34	\$ 50.63	80	\$ 4.58	\$ 49.36	1,114
	Hospice	\$ 0.05	\$ 6.84	88	\$ -	\$ -	10	\$ 107.42	\$ 144.27	8,935	\$ 13.76	\$ 183.05	902	\$ 0.00	\$ 7.71	2	\$ 1.91	\$ 150.70	152
	Inpatient	\$ 28.28	\$ 91.13	3,724	\$ 20.71	\$ 107.81	2,305	\$ 960.22	\$ 1,883.68	6,117	\$ 534.93	\$ 1,891.66	3,393	\$ 12.27	\$ 182.52	807	\$ 47.25	\$ 496.70	1,141
	Laboratory/Radiology	\$ 2.67	\$ 3.55	9,032	\$ 2.68	\$ 5.78	5,559	\$ 61.91	\$ 12.45	59,670	\$ 67.82	\$ 15.76	51,645	\$ 3.26	\$ 8.62	4,538	\$ 6.70	\$ 10.88	7,394
	Nursing Facility	\$ 4,596.75	\$ 166.55	331,206	\$ 4.58	\$ 126.70	434	\$ 5,495.38	\$ 200.17	329,437	\$ 0.50	\$ 196.02	31	\$ 1.67	\$ 293.72	68	\$ 154.89	\$ 180.35	10,306
	Other Medical	\$ 12.42	\$ 3.63	41,057	\$ 2.25	\$ 0.96	28,111	\$ 57.19	\$ 14.32	47,919	\$ 41.84	\$ 22.03	22,790	\$ 2.14	\$ 1.80	14,287	\$ 4.72	\$ 3.43	16,523
	Outpatient	\$ 2.19	\$ 21.48	1,223	\$ 2.04	\$ 15.57	1,572	\$ 25.14	\$ 61.63	4,896	\$ 50.82	\$ 70.79	8,615	\$ 1.65	\$ 19.41	1,019	\$ 4.09	\$ 34.17	1,435
	Pharmacy	\$ 8.76	\$ 8.41	12,505	\$ 19.46	\$ 43.83	5,329	\$ 796.03	\$ 67.00	142,579	\$ 950.24	\$ 119.32	95,564	\$ 9.26	\$ 32.68	3,402	\$ 60.05	\$ 76.88	9,373
	Physician	\$ 7.67	\$ 1.46	62,806	\$ 4.48	\$ 1.29	41,610	\$ 142.57	\$ 20.76	82,400	\$ 108.99	\$ 27.78	47,081	\$ 5.20	\$ 2.46	25,322	\$ 11.34	\$ 4.73	28,786
	Vision	\$ 0.10	\$ 2.40	509	\$ 0.13	\$ 6.53	236	\$ 2.15	\$ 37.25	694	\$ 4.34	\$ 35.80	1,453	\$ 0.22	\$ 13.37	199	\$ 0.41	\$ 18.57	267
<b>Medical Services Subtotal</b>		<b>\$ 4,726.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 102.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,801.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,203.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 328.24</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.07	\$ 2.27	381	\$ 31.58	\$ 30.16	12,565	\$ 1.10	\$ 34.56	381	\$ 34.67	\$ 30.73	13,538	\$ 0.03	\$ 4.43	78	\$ 3.72	\$ 29.14	1,533
	Employment	\$ 0.01	\$ 2.88	57	\$ 21.24	\$ 7.96	32,002	\$ -	\$ -	-	\$ 15.75	\$ 6.67	28,350	\$ 0.02	\$ 3.05	67	\$ 2.17	\$ 7.43	3,498
	Home Health/Therapies	\$ 6.32	\$ 11.07	6,858	\$ 387.93	\$ 11.22	414,823	\$ 0.77	\$ 11.02	840	\$ 558.81	\$ 11.35	590,640	\$ -	\$ -	-	\$ 51.07	\$ 11.28	54,313
	Other Waiver	\$ 0.16	\$ 17.91	106	\$ 20.07	\$ 19.82	12,151	\$ -	\$ -	-	\$ 14.82	\$ 25.17	7,067	\$ 0.03	\$ 19.62	18	\$ 2.06	\$ 21.21	1,165
	PDS/FMS	\$ 0.32	\$ 90.04	43	\$ 30.56	\$ 80.76	4,542	\$ 0.34	\$ 95.54	43	\$ 30.96	\$ 86.69	4,286	\$ 0.00	\$ 80.60	0	\$ 3.46	\$ 82.97	501
	Personal Assistance	\$ 32.86	\$ 4.31	91,424	\$ 2,800.25	\$ 3.96	8,489,245	\$ 30.23	\$ 4.10	88,538	\$ 2,711.05	\$ 3.97	8,190,246	\$ 0.08	\$ 4.33	218	\$ 311.92	\$ 3.96	944,184
	Residential Habilitation	\$ 20.12	\$ 13.92	17,338	\$ 60.85	\$ 50.87	14,354	\$ 1.93	\$ 247.67	93	\$ 59.54	\$ 55.91	12,778	\$ 0.22	\$ 13.76	189	\$ 7.37	\$ 43.51	2,032
	Respite	\$ 1.05	\$ 5.68	2,218	\$ 0.21	\$ 4.43	568	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 5.48	19	\$ 0.04	\$ 5.14	97
	Service Coordination	\$ 5.64	\$ 19.46	3,480	\$ 187.50	\$ 19.19	117,253	\$ 5.18	\$ 18.98	3,275	\$ 191.05	\$ 19.23	119,189	\$ 0.10	\$ 19.18	62	\$ 21.48	\$ 19.21	13,419
	Vendor Services	\$ 2.01	\$ 119.88	201	\$ 93.76	\$ 160.43	7,013	\$ 2.40	\$ 308.83	93	\$ 99.03	\$ 181.22	6,557	\$ 0.01	\$ 421.14	0	\$ 10.84	\$ 168.11	774
	Waiver DME/Supplies	\$ 0.11	\$ 581.00	2	\$ 1.78	\$ 257.16	83	\$ -	\$ -	-	\$ 4.26	\$ 845.23	61	\$ -	\$ -	-	\$ 0.31	\$ 440.51	8
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 68.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,635.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 41.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,719.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 414.43</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,795.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,737.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,843.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,923.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 50.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 742.67</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		81,468			32,860			2,258			2,544			203,530			322,659		
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	\$ 0.44	\$ 35.49	147	\$ 0.74	\$ 102.37	86	\$ 25.54	\$ 119.71	2,560	\$ 31.10	\$ 33.49	11,144	\$ 0.06	\$ 36.50	20	\$ 0.65	\$ 47.26	164
	Dental	\$ 5.68	\$ 49.78	1,370	\$ 2.61	\$ 72.02	435	\$ 7.03	\$ 55.22	1,527	\$ 7.31	\$ 66.08	1,328	\$ 2.85	\$ 64.17	532	\$ 3.60	\$ 57.87	747
	DME/Supplies	\$ 6.47	\$ 1.91	40,685	\$ 53.81	\$ 0.78	831,952	\$ 25.16	\$ 17.60	17,157	\$ 195.04	\$ 2.63	888,786	\$ 7.59	\$ 1.09	83,763	\$ 13.62	\$ 1.05	154,963
	Emergency Room	\$ 0.14	\$ 4.04	404	\$ 0.31	\$ 3.99	927	\$ 13.73	\$ 67.10	2,455	\$ 68.64	\$ 62.45	13,188	\$ 0.39	\$ 7.01	676	\$ 0.95	\$ 15.36	744
	FQHC/RHC	\$ 0.23	\$ 38.41	73	\$ 1.23	\$ 46.09	321	\$ 1.62	\$ 74.81	261	\$ 5.74	\$ 97.15	709	\$ 1.64	\$ 51.33	384	\$ 1.28	\$ 50.97	301
	Home Health	\$ 0.00	\$ 2.40	10	\$ 0.05	\$ 12.76	47	\$ 15.91	\$ 70.25	2,718	\$ 106.56	\$ 71.14	17,975	\$ 0.10	\$ 26.93	45	\$ 1.02	\$ 62.29	197
	Hospice	\$ 0.46	\$ 41.85	132	\$ 0.00	\$ 1.66	15	\$ 81.37	\$ 137.04	7,125	\$ 54.29	\$ 157.15	4,145	\$ 0.04	\$ 22.08	19	\$ 1.14	\$ 105.33	129
	Inpatient	\$ 14.09	\$ 104.74	1,614	\$ 24.43	\$ 99.58	2,944	\$ 984.01	\$ 1,916.20	6,162	\$ 751.09	\$ 1,715.30	5,255	\$ 12.18	\$ 128.13	1,140	\$ 26.53	\$ 210.71	1,511
	Laboratory/Radiology	\$ 1.05	\$ 3.51	3,584	\$ 1.85	\$ 5.11	4,335	\$ 50.53	\$ 12.03	50,414	\$ 68.92	\$ 18.17	45,525	\$ 2.07	\$ 6.67	3,734	\$ 2.66	\$ 7.23	4,414
	Nursing Facility	\$ 4,541.93	\$ 158.87	343,060	\$ 12.69	\$ 135.86	1,120	\$ 5,434.13	\$ 193.25	337,440	\$ 18.55	\$ 189.52	1,174	\$ 5.24	\$ 155.29	405	\$ 1,189.56	\$ 159.75	89,359
	Other Medical	\$ 1.46	\$ 1.90	9,202	\$ 1.40	\$ 0.95	17,678	\$ 37.70	\$ 10.56	42,818	\$ 56.25	\$ 17.47	38,648	\$ 5.11	\$ 2.98	20,558	\$ 4.44	\$ 3.01	17,696
	Outpatient	\$ 0.65	\$ 25.33	306	\$ 1.49	\$ 19.86	902	\$ 14.36	\$ 216.00	798	\$ 45.86	\$ 224.83	2,448	\$ 1.33	\$ 21.47	743	\$ 1.62	\$ 29.26	663
	Pharmacy	\$ 4.89	\$ 4.81	12,193	\$ 10.81	\$ 26.29	4,935	\$ 725.95	\$ 64.54	134,971	\$ 993.19	\$ 106.99	111,396	\$ 6.50	\$ 22.04	3,541	\$ 19.35	\$ 30.40	7,638
	Physician	\$ 3.05	\$ 2.40	15,251	\$ 3.31	\$ 1.32	30,134	\$ 121.94	\$ 20.66	70,817	\$ 110.65	\$ 27.49	48,292	\$ 4.16	\$ 2.05	24,341	\$ 5.46	\$ 2.83	23,150
	Vision	\$ 0.07	\$ 2.76	323	\$ 0.11	\$ 5.03	251	\$ 2.07	\$ 39.00	638	\$ 3.17	\$ 32.05	1,186	\$ 0.23	\$ 9.16	298	\$ 0.21	\$ 8.25	309
<b>Medical Services Subtotal</b>		<b>\$ 4,580.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 114.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,541.06</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,516.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,272.08</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 4.99	113	\$ 15.38	\$ 65.31	2,826	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.58	\$ 59.89	316
	Employment	\$ 0.00	\$ 2.88	18	\$ 2.05	\$ 6.29	3,904	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 2.15	1	\$ 0.21	\$ 6.24	403
	Home Health/Therapies	\$ 0.02	\$ 11.34	21	\$ 40.11	\$ 11.57	41,606	\$ -	\$ -	-	\$ 65.31	\$ 11.08	70,741	\$ -	\$ -	-	\$ 4.61	\$ 11.51	4,800
	Other Waiver	\$ 0.01	\$ 7.16	9	\$ 2.49	\$ 13.98	2,134	\$ -	\$ -	-	\$ 7.24	\$ 130.66	665	\$ 0.00	\$ 28.88	0	\$ 0.31	\$ 16.63	225
	PDS/FMS	\$ 0.03	\$ 79.57	5	\$ 31.42	\$ 187.79	2,008	\$ 1.49	\$ 1,124.73	16	\$ 32.47	\$ 126.30	3,085	\$ -	\$ -	-	\$ 3.48	\$ 181.14	230
	Personal Assistance	\$ 6.90	\$ 4.35	19,054	\$ 2,103.80	\$ 4.22	5,976,015	\$ 9.05	\$ 4.41	24,646	\$ 2,410.69	\$ 4.14	6,994,790	\$ 0.06	\$ 4.41	157	\$ 235.10	\$ 4.22	668,833
	Residential Habilitation	\$ 0.85	\$ 16.09	635	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 89.24	1	\$ 0.22	\$ 16.38	161
	Respite	\$ 0.20	\$ 17.61	136	\$ 2.92	\$ 58.77	596	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.35	\$ 43.94	95
	Service Coordination	\$ 0.90	\$ 18.98	568	\$ 138.24	\$ 19.03	87,173	\$ 1.62	\$ 18.90	1,031	\$ 160.12	\$ 19.17	100,243	\$ 0.03	\$ 19.32	17	\$ 15.60	\$ 19.04	9,829
	Vendor Services	\$ 0.40	\$ 12.45	388	\$ 108.49	\$ 10.77	120,929	\$ 0.94	\$ 16.14	702	\$ 83.71	\$ 17.19	58,422	\$ 0.01	\$ 7.46	15	\$ 11.82	\$ 11.01	12,888
	Waiver DME/Supplies	\$ 0.03	\$ 22.74	16	\$ 8.58	\$ 32.40	3,179	\$ 0.01	\$ 15.01	11	\$ 4.09	\$ 56.55	868	\$ 0.00	\$ 20.97	0	\$ 0.91	\$ 32.77	335
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,453.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 13.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,763.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 274.18</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,590.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,568.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,554.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,280.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.59</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,546.26</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			18,571			3,668			11,563			230,553			269,458		
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	\$ 0.54	\$ 32.54	198	\$ 0.29	\$ 28.42	122	\$ 42.86	\$ 104.10	4,941	\$ 29.34	\$ 27.09	13,000	\$ 0.17	\$ 20.35	101	\$ 2.02	\$ 33.49	723
	Dental	\$ 6.92	\$ 40.54	2,049	\$ 5.73	\$ 51.92	1,325	\$ 10.98	\$ 57.98	2,272	\$ 12.98	\$ 72.55	2,147	\$ 5.70	\$ 55.06	1,243	\$ 6.11	\$ 55.71	1,317
	DME/Supplies	\$ 33.89	\$ 1.51	268,760	\$ 41.60	\$ 0.92	542,172	\$ 27.25	\$ 9.13	35,831	\$ 244.72	\$ 3.18	922,904	\$ 4.33	\$ 1.47	35,395	\$ 18.09	\$ 1.92	112,832
	Emergency Room	\$ 0.06	\$ 0.64	1,184	\$ 0.56	\$ 5.12	1,319	\$ 20.24	\$ 78.72	3,085	\$ 75.45	\$ 44.17	20,499	\$ 1.17	\$ 10.86	1,288	\$ 4.55	\$ 25.55	2,137
	FQHC/RHC	\$ 0.45	\$ 48.40	111	\$ 2.60	\$ 55.14	566	\$ 1.74	\$ 125.31	167	\$ 1.49	\$ 34.25	523	\$ 1.79	\$ 50.07	429	\$ 1.81	\$ 50.09	433
	Home Health	\$ -	\$ -	10	\$ 0.35	\$ 23.13	180	\$ 20.29	\$ 79.07	3,079	\$ 117.37	\$ 53.00	26,573	\$ 0.36	\$ 50.32	86	\$ 5.65	\$ 53.41	1,288
	Hospice	\$ 0.05	\$ 15.28	40	\$ 0.00	\$ 0.16	6	\$ 96.73	\$ 152.80	7,597	\$ 9.69	\$ 429.49	271	\$ 0.00	\$ 1.77	1	\$ 1.73	\$ 177.11	117
	Inpatient	\$ 72.90	\$ 228.85	3,822	\$ 23.51	\$ 143.44	1,967	\$ 1,486.81	\$ 1,916.51	9,309	\$ 713.29	\$ 2,074.40	4,126	\$ 13.05	\$ 232.33	674	\$ 65.01	\$ 716.78	1,088
	Laboratory/Radiology	\$ 2.10	\$ 2.56	9,875	\$ 2.62	\$ 4.86	6,471	\$ 77.07	\$ 14.05	65,820	\$ 75.92	\$ 17.27	52,737	\$ 3.23	\$ 8.15	4,757	\$ 7.29	\$ 11.13	7,862
	Nursing Facility	\$ 4,732.82	\$ 170.48	333,143	\$ 3.59	\$ 122.98	350	\$ 5,555.06	\$ 203.95	326,842	\$ 0.44	\$ 203.71	26	\$ 1.09	\$ 220.07	59	\$ 166.43	\$ 184.36	10,833
	Other Medical	\$ 9.53	\$ 2.76	41,469	\$ 2.52	\$ 0.97	31,321	\$ 53.98	\$ 5.40	120,025	\$ 44.99	\$ 20.05	26,929	\$ 2.08	\$ 1.80	13,855	\$ 4.80	\$ 3.28	17,588
	Outpatient	\$ 2.71	\$ 25.08	1,298	\$ 1.25	\$ 8.07	1,853	\$ 25.53	\$ 107.28	2,856	\$ 61.97	\$ 94.26	7,889	\$ 1.80	\$ 20.86	1,035	\$ 4.68	\$ 39.71	1,415
	Pharmacy	\$ 9.32	\$ 9.05	12,361	\$ 15.47	\$ 31.22	5,947	\$ 815.93	\$ 68.78	142,355	\$ 975.81	\$ 120.76	96,971	\$ 9.15	\$ 28.76	3,820	\$ 62.06	\$ 74.38	10,011
	Physician	\$ 7.49	\$ 1.43	62,709	\$ 4.66	\$ 1.16	48,437	\$ 174.32	\$ 21.28	98,316	\$ 116.87	\$ 27.23	51,510	\$ 5.20	\$ 2.60	24,008	\$ 12.30	\$ 5.16	28,616
	Vision	\$ 0.10	\$ 3.63	324	\$ 0.12	\$ 7.40	197	\$ 2.14	\$ 39.37	653	\$ 4.02	\$ 34.67	1,391	\$ 0.26	\$ 16.39	191	\$ 0.43	\$ 20.74	252
<b>Medical Services Subtotal</b>		<b>\$ 4,878.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 104.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,410.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,484.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 362.97</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 2.57	176	\$ 44.29	\$ 29.34	18,115	\$ -	\$ -	-	\$ 29.17	\$ 30.49	11,478	\$ -	\$ -	-	\$ 4.30	\$ 29.61	1,744
	Employment	\$ -	\$ -	-	\$ 19.97	\$ 7.09	33,780	\$ -	\$ -	-	\$ 15.76	\$ 6.22	30,415	\$ 0.00	\$ 4.38	13	\$ 2.06	\$ 6.77	3,644
	Home Health/Therapies	\$ 2.79	\$ 11.38	2,936	\$ 454.94	\$ 11.34	481,538	\$ 11.49	\$ 11.23	12,280	\$ 519.65	\$ 11.28	552,663	\$ 0.01	\$ 10.05	6	\$ 53.87	\$ 11.31	57,132
	Other Waiver	\$ 0.08	\$ 18.08	54	\$ 18.97	\$ 18.62	12,225	\$ 0.33	\$ 5.15	779	\$ 10.67	\$ 20.67	6,195	\$ 0.03	\$ 6.51	63	\$ 1.80	\$ 18.41	1,174
	PDS/FMS	\$ 0.34	\$ 79.04	52	\$ 30.71	\$ 80.59	4,573	\$ 0.09	\$ 79.04	13	\$ 31.85	\$ 86.59	4,414	\$ 0.00	\$ 98.13	0	\$ 3.49	\$ 82.84	506
	Personal Assistance	\$ 30.28	\$ 4.19	86,751	\$ 3,024.85	\$ 4.00	9,082,739	\$ 16.10	\$ 4.33	44,574	\$ 2,954.61	\$ 3.99	8,885,692	\$ 0.23	\$ 4.35	642	\$ 336.25	\$ 3.99	1,010,090
	Residential Habilitation	\$ 9.49	\$ 19.45	5,853	\$ 90.59	\$ 41.48	26,208	\$ 4.21	\$ 507.41	99	\$ 44.53	\$ 48.42	11,036	\$ 0.29	\$ 14.43	245	\$ 8.64	\$ 39.87	2,601
	Respite	\$ -	\$ -	-	\$ 0.14	\$ 4.29	395	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 5.41	2	\$ 0.01	\$ 4.34	29
	Service Coordination	\$ 5.78	\$ 19.62	3,534	\$ 215.69	\$ 19.15	135,137	\$ 2.01	\$ 19.49	1,237	\$ 217.19	\$ 19.16	136,034	\$ 0.08	\$ 20.69	46	\$ 24.39	\$ 19.16	15,274
	Vendor Services	\$ 4.59	\$ 279.94	197	\$ 130.48	\$ 205.27	7,628	\$ 14.64	\$ 1,970.66	89	\$ 111.35	\$ 190.20	7,025	\$ 0.00	\$ 42.21	1	\$ 14.06	\$ 202.58	833
	Waiver DME/Supplies	\$ 0.01	\$ 42.38	2	\$ 2.93	\$ 240.56	146	\$ -	\$ -	-	\$ 2.69	\$ 353.82	91	\$ -	\$ -	-	\$ 0.32	\$ 271.51	14
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 53.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,033.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,937.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 449.20</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,932.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,138.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,459.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,421.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 50.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 812.17</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		80,516			32,856			2,552			3,004			213,270			332,199		
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	\$ 0.28	\$ 28.99	116	\$ 0.36	\$ 51.59	84	\$ 32.15	\$ 136.35	2,830	\$ 37.25	\$ 47.98	9,317	\$ 0.08	\$ 25.78	36	\$ 0.74	\$ 53.48	165
	Dental	\$ 4.58	\$ 50.55	1,088	\$ 2.41	\$ 63.28	457	\$ 4.85	\$ 44.96	1,295	\$ 6.63	\$ 63.40	1,255	\$ 2.74	\$ 63.24	520	\$ 3.21	\$ 57.93	664
	DME/Supplies	\$ 6.27	\$ 2.37	31,804	\$ 52.50	\$ 0.77	813,615	\$ 19.26	\$ 12.37	18,676	\$ 172.65	\$ 2.63	786,541	\$ 6.80	\$ 1.01	80,698	\$ 12.78	\$ 1.04	147,244
	Emergency Room	\$ 0.16	\$ 4.76	395	\$ 0.33	\$ 4.86	824	\$ 16.08	\$ 80.52	2,396	\$ 73.12	\$ 47.18	18,599	\$ 0.39	\$ 6.65	703	\$ 1.11	\$ 16.28	815
	FQHC/RHC	\$ 0.18	\$ 27.52	77	\$ 1.23	\$ 43.03	344	\$ 1.00	\$ 69.67	172	\$ 5.25	\$ 97.03	649	\$ 1.56	\$ 46.84	399	\$ 1.22	\$ 46.32	316
	Home Health	\$ 0.00	\$ 0.65	4	\$ 0.12	\$ 42.07	33	\$ 17.73	\$ 72.37	2,941	\$ 122.11	\$ 77.63	18,875	\$ 0.13	\$ 32.93	48	\$ 1.34	\$ 70.31	228
	Hospice	\$ 0.35	\$ 30.84	137	\$ 0.00	\$ 0.39	107	\$ 65.78	\$ 130.93	6,029	\$ 63.42	\$ 218.35	3,485	\$ 0.20	\$ 98.50	25	\$ 1.30	\$ 112.96	138
	Inpatient	\$ 15.46	\$ 126.48	1,467	\$ 26.72	\$ 126.21	2,540	\$ 1,170.59	\$ 2,207.15	6,364	\$ 839.93	\$ 2,008.56	5,018	\$ 14.34	\$ 164.08	1,049	\$ 32.18	\$ 281.02	1,374
	Laboratory/Radiology	\$ 1.20	\$ 3.25	4,439	\$ 1.97	\$ 4.20	5,631	\$ 59.26	\$ 13.20	53,867	\$ 77.21	\$ 18.29	50,664	\$ 2.19	\$ 6.70	3,928	\$ 3.05	\$ 7.28	5,027
	Nursing Facility	\$ 4,572.08	\$ 160.62	341,588	\$ 10.26	\$ 155.68	791	\$ 5,499.60	\$ 195.96	336,777	\$ 5.90	\$ 188.10	376	\$ 2.65	\$ 130.44	244	\$ 1,153.17	\$ 161.63	85,617
	Other Medical	\$ 1.59	\$ 1.88	10,144	\$ 1.64	\$ 1.11	17,767	\$ 51.10	\$ 6.85	89,483	\$ 58.81	\$ 6.66	105,949	\$ 4.50	\$ 2.73	19,805	\$ 4.36	\$ 2.82	18,576
	Outpatient	\$ 0.63	\$ 22.99	331	\$ 1.49	\$ 16.30	1,094	\$ 15.95	\$ 229.32	834	\$ 53.28	\$ 148.19	4,315	\$ 1.23	\$ 17.62	837	\$ 1.69	\$ 26.36	771
	Pharmacy	\$ 5.87	\$ 6.00	11,754	\$ 13.12	\$ 28.10	5,604	\$ 744.11	\$ 62.69	142,447	\$ 960.41	\$ 103.38	111,483	\$ 8.20	\$ 27.23	3,614	\$ 22.39	\$ 34.33	7,826
	Physician	\$ 3.11	\$ 2.33	16,003	\$ 3.72	\$ 1.56	28,525	\$ 131.83	\$ 24.63	64,232	\$ 125.56	\$ 24.98	60,325	\$ 4.22	\$ 2.16	23,392	\$ 5.98	\$ 3.15	22,757
	Vision	\$ 0.08	\$ 3.66	270	\$ 0.15	\$ 7.23	249	\$ 2.16	\$ 39.55	656	\$ 4.97	\$ 34.58	1,726	\$ 0.26	\$ 10.44	296	\$ 0.26	\$ 10.45	301
<b>Medical Services Subtotal</b>		<b>\$ 4,611.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 116.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,831.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,606.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.48</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,244.77</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.01	\$ 2.37	35	\$ 13.73	\$ 57.90	2,846	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 8.11	4	\$ 1.36	\$ 55.86	293
	Employment	\$ -	\$ -	-	\$ 2.46	\$ 6.29	4,696	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.24	\$ 6.29	464
	Home Health/Therapies	\$ 0.03	\$ 11.22	27	\$ 57.45	\$ 11.39	60,544	\$ -	\$ -	-	\$ 33.52	\$ 11.02	36,489	\$ 0.01	\$ 16.55	5	\$ 6.00	\$ 11.37	6,328
	Other Waiver	\$ 0.01	\$ 50.27	3	\$ 2.87	\$ 14.79	2,330	\$ -	\$ -	-	\$ 2.72	\$ 144.75	225	\$ 0.00	\$ 3.12	8	\$ 0.31	\$ 15.77	238
	PDS/FMS	\$ 0.05	\$ 90.55	6	\$ 34.15	\$ 181.04	2,264	\$ 0.14	\$ 178.02	9	\$ 26.05	\$ 105.90	2,952	\$ 0.00	\$ 79.04	0	\$ 3.63	\$ 172.42	253
	Personal Assistance	\$ 6.41	\$ 4.38	17,560	\$ 2,528.65	\$ 4.22	7,183,481	\$ 7.16	\$ 4.20	20,450	\$ 2,903.29	\$ 4.19	8,309,619	\$ 0.44	\$ 4.13	1,272	\$ 278.24	\$ 4.22	790,861
	Residential Habilitation	\$ 0.80	\$ 11.45	842	\$ 4.58	\$ 40.66	1,352	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.18	\$ 15.04	147	\$ 0.77	\$ 21.27	432
	Respite	\$ 0.12	\$ 112.34	13	\$ 3.07	\$ 39.45	933	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.33	\$ 41.81	95
	Service Coordination	\$ 1.08	\$ 19.26	673	\$ 175.32	\$ 19.01	110,699	\$ 1.48	\$ 19.49	911	\$ 202.01	\$ 19.09	126,967	\$ 0.09	\$ 19.63	57	\$ 19.50	\$ 19.02	12,303
	Vendor Services	\$ 0.67	\$ 24.79	322	\$ 156.00	\$ 14.53	128,795	\$ 2.95	\$ 53.32	664	\$ 98.13	\$ 20.05	58,720	\$ 0.02	\$ 7.94	23	\$ 16.51	\$ 14.82	13,367
	Waiver DME/Supplies	\$ 0.20	\$ 263.19	9	\$ 44.94	\$ 163.33	3,301	\$ -	\$ -	-	\$ 33.23	\$ 509.87	782	\$ 0.00	\$ 82.31	1	\$ 4.80	\$ 171.21	336
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,023.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 11.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,298.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 331.69</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,621.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,139.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,843.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,905.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 50.23</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,576.46</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		3,748			57,151			5,051			78,211			224,094			368,255		
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	\$ 0.96	\$ 38.98	295	\$ 0.75	\$ 103.93	87	\$ 42.96	\$ 134.98	3,819	\$ 22.16	\$ 54.60	4,869	\$ 0.20	\$ 38.73	63	\$ 5.54	\$ 58.30	1,141
	Dental	\$ 11.06	\$ 39.31	3,375	\$ 7.09	\$ 58.97	1,443	\$ 13.89	\$ 24.23	6,877	\$ 11.29	\$ 52.67	2,573	\$ 6.46	\$ 51.66	1,501	\$ 7.74	\$ 51.21	1,813
	DME/Supplies	\$ 78.31	\$ 3.17	296,503	\$ 20.78	\$ 0.79	314,685	\$ 56.86	\$ 11.05	61,726	\$ 115.71	\$ 2.26	615,282	\$ 2.63	\$ 0.87	36,105	\$ 30.98	\$ 1.81	205,347
	Emergency Room	\$ 0.11	\$ 1.01	1,279	\$ 0.73	\$ 6.76	1,299	\$ 20.39	\$ 112.55	2,174	\$ 121.15	\$ 106.94	13,595	\$ 2.06	\$ 17.17	1,441	\$ 27.38	\$ 81.96	4,009
	FQHC/RHC	\$ 0.77	\$ 99.44	93	\$ 3.22	\$ 89.36	432	\$ 1.71	\$ 183.97	112	\$ 4.43	\$ 73.44	724	\$ 2.97	\$ 82.32	433	\$ 3.28	\$ 80.84	487
	Home Health	\$ -	\$ -	26	\$ 0.16	\$ 54.65	35	\$ 8.67	\$ 88.00	1,182	\$ 60.18	\$ 70.46	10,249	\$ 0.20	\$ 42.06	56	\$ 13.04	\$ 70.11	2,233
	Hospice	\$ 0.06	\$ 1.64	439	\$ 0.00	\$ 1.43	8	\$ 53.16	\$ 192.13	3,320	\$ 8.34	\$ 256.40	390	\$ 0.00	\$ 0.06	1	\$ 2.50	\$ 223.25	134
	Inpatient	\$ 83.64	\$ 156.09	6,431	\$ 20.31	\$ 115.23	2,115	\$ 1,710.73	\$ 2,224.96	9,227	\$ 695.02	\$ 2,095.54	3,980	\$ 13.46	\$ 205.98	784	\$ 183.27	\$ 1,193.60	1,843
	Laboratory/Radiology	\$ 1.86	\$ 2.23	10,001	\$ 2.18	\$ 3.85	6,802	\$ 56.79	\$ 14.64	46,559	\$ 44.00	\$ 9.43	56,006	\$ 2.05	\$ 5.90	4,169	\$ 11.73	\$ 8.67	16,228
	Nursing Facility	\$ 6,119.05	\$ 222.68	329,746	\$ 1.91	\$ 60.75	378	\$ 5,976.37	\$ 227.03	315,893	\$ 1.41	\$ 249.47	68	\$ 1.50	\$ 157.66	114	\$ 145.77	\$ 223.34	7,832
	Other Medical	\$ 4.39	\$ 2.71	19,467	\$ 3.40	\$ 2.08	19,613	\$ 85.94	\$ 8.11	127,161	\$ 87.69	\$ 43.66	24,098	\$ 2.79	\$ 3.73	8,975	\$ 22.07	\$ 17.01	15,566
	Outpatient	\$ 0.29	\$ 2.08	1,654	\$ 1.34	\$ 6.66	2,405	\$ 18.19	\$ 150.75	1,448	\$ 91.18	\$ 15.42	70,937	\$ 1.24	\$ 5.62	2,647	\$ 20.58	\$ 14.45	17,086
	Pharmacy	\$ 4.53	\$ 3.77	14,437	\$ 8.46	\$ 19.36	5,245	\$ 824.18	\$ 77.36	127,851	\$ 892.96	\$ 95.10	112,672	\$ 5.58	\$ 15.70	4,268	\$ 205.71	\$ 84.42	29,241
	Physician	\$ 3.98	\$ 0.83	57,753	\$ 3.44	\$ 1.17	35,101	\$ 132.96	\$ 18.87	84,531	\$ 132.05	\$ 33.83	46,836	\$ 3.54	\$ 2.31	18,350	\$ 32.59	\$ 13.82	28,308
	Vision	\$ 0.02	\$ 0.27	917	\$ 0.10	\$ 4.04	284	\$ 1.30	\$ 38.05	409	\$ 2.81	\$ 35.28	955	\$ 0.14	\$ 7.95	208	\$ 0.71	\$ 22.03	388
<b>Medical Services Subtotal</b>		<b>\$ 6,309.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 73.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,004.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,290.37</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 44.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 712.89</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 1.25	\$ 34.56	435	\$ 6.53	\$ 40.09	1,953	\$ 0.77	\$ 34.56	266	\$ 4.98	\$ 40.62	1,472	\$ 0.00	\$ 2.57	2	\$ 2.09	\$ 40.22	625
	Employment	\$ -	\$ -	-	\$ 0.13	\$ 40.68	38	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 17.75	20	\$ 0.04	\$ 25.31	18
	Home Health/Therapies	\$ 24.44	\$ 11.36	25,812	\$ 62.63	\$ 11.41	65,868	\$ 10.49	\$ 11.17	11,262	\$ 95.85	\$ 11.03	104,254	\$ -	\$ -	-	\$ 30.47	\$ 11.15	32,781
	Other Waiver	\$ 0.79	\$ 21.89	435	\$ 25.75	\$ 34.46	8,967	\$ 1.13	\$ 33.31	409	\$ 16.23	\$ 73.12	2,664	\$ 0.00	\$ 135.00	0	\$ 7.47	\$ 45.55	1,967
	PDS/FMS	\$ 0.15	\$ 79.04	22	\$ 20.75	\$ 80.08	3,110	\$ 0.09	\$ 79.04	14	\$ 16.90	\$ 80.77	2,511	\$ 0.00	\$ 44.52	0	\$ 6.81	\$ 80.44	1,016
	Personal Assistance	\$ 82.75	\$ 4.80	206,724	\$ 3,196.32	\$ 4.57	8,395,765	\$ 82.17	\$ 4.79	205,817	\$ 3,005.86	\$ 4.62	7,814,968	\$ 0.31	\$ 4.67	792	\$ 1,136.60	\$ 4.60	2,968,145
	Residential Habilitation	\$ 5.54	\$ 98.45	676	\$ 6.08	\$ 44.46	1,641	\$ 3.92	\$ 11.99	3,920	\$ 0.17	\$ 18.52	107	\$ 0.36	\$ 17.88	239	\$ 1.31	\$ 32.40	484
	Respite	\$ -	\$ -	-	\$ 0.44	\$ 4.76	1,099	\$ -	\$ -	-	\$ 0.18	\$ 4.56	473	\$ -	\$ -	-	\$ 0.11	\$ 4.68	271
	Service Coordination	\$ 7.10	\$ 21.43	3,974	\$ 168.03	\$ 21.45	93,985	\$ 8.68	\$ 21.47	4,849	\$ 168.57	\$ 21.46	94,279	\$ 0.08	\$ 21.12	43	\$ 62.12	\$ 21.46	34,742
	Vendor Services	\$ 8.37	\$ 407.13	247	\$ 35.29	\$ 82.31	5,145	\$ 5.04	\$ 302.86	200	\$ 27.09	\$ 71.67	4,536	\$ 0.06	\$ 3,282.29	0	\$ 11.42	\$ 77.55	1,767
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.52	\$ 992.46	6	\$ -	\$ -	-	\$ 0.04	\$ 216.11	2	\$ -	\$ -	-	\$ 0.09	\$ 733.68	1
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 130.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,522.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 112.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,335.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.83</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,258.52</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 6,439.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,596.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 9,116.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,626.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,971.41</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		52,604			178,936			4,757			24,237			361,385			621,919		
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	\$ 1.97	\$ 110.86	213	\$ 1.91	\$ 161.58	142	\$ 40.61	\$ 142.83	3,412	\$ 19.80	\$ 74.16	3,204	\$ 0.16	\$ 72.92	26	\$ 1.89	\$ 100.86	225
	Dental	\$ 10.27	\$ 46.34	2,660	\$ 7.64	\$ 61.66	1,487	\$ 12.11	\$ 30.62	4,745	\$ 7.39	\$ 58.20	1,523	\$ 5.90	\$ 61.55	1,150	\$ 6.87	\$ 58.23	1,417
	DME/Supplies	\$ 10.61	\$ 1.10	115,295	\$ 56.12	\$ 0.71	951,850	\$ 15.98	\$ 5.60	34,255	\$ 69.75	\$ 1.76	474,966	\$ 7.82	\$ 0.71	132,295	\$ 24.43	\$ 0.77	379,261
	Emergency Room	\$ 0.11	\$ 2.52	502	\$ 0.09	\$ 1.75	640	\$ 13.40	\$ 121.02	1,328	\$ 58.39	\$ 100.59	6,965	\$ 0.44	\$ 9.99	533	\$ 2.67	\$ 39.20	818
	FQHC/RHC	\$ 0.12	\$ 125.34	11	\$ 1.68	\$ 65.51	307	\$ 0.55	\$ 136.54	48	\$ 10.44	\$ 135.31	926	\$ 2.19	\$ 67.58	388	\$ 2.17	\$ 74.24	351
	Home Health	\$ -	\$ -	3	\$ 0.11	\$ 28.26	45	\$ 6.01	\$ 90.87	793	\$ 41.74	\$ 83.99	5,964	\$ 0.11	\$ 45.62	29	\$ 1.77	\$ 78.99	288
	Hospice	\$ 0.29	\$ 28.74	122	\$ 0.17	\$ 92.44	22	\$ 101.43	\$ 181.74	6,697	\$ 25.73	\$ 186.71	1,653	\$ 0.07	\$ 111.21	7	\$ 1.89	\$ 166.23	136
	Inpatient	\$ 21.72	\$ 125.63	2,074	\$ 21.28	\$ 124.82	2,046	\$ 1,127.62	\$ 2,133.63	6,342	\$ 701.94	\$ 2,188.28	3,849	\$ 9.88	\$ 130.29	910	\$ 49.68	\$ 399.74	1,491
	Laboratory/Radiology	\$ 0.96	\$ 2.97	3,878	\$ 1.47	\$ 4.28	4,110	\$ 39.50	\$ 13.78	34,412	\$ 41.47	\$ 13.07	38,065	\$ 1.35	\$ 6.11	2,660	\$ 3.21	\$ 8.02	4,803
	Nursing Facility	\$ 5,033.95	\$ 177.08	341,130	\$ 8.78	\$ 124.76	845	\$ 5,732.07	\$ 206.61	332,917	\$ 10.43	\$ 188.09	665	\$ 6.37	\$ 143.85	531	\$ 476.27	\$ 178.72	31,978
	Other Medical	\$ 3.15	\$ 4.43	8,516	\$ 1.44	\$ 1.47	11,730	\$ 74.73	\$ 11.54	77,695	\$ 60.53	\$ 23.16	31,367	\$ 1.40	\$ 2.55	6,590	\$ 4.42	\$ 5.45	9,741
	Outpatient	\$ 0.30	\$ 5.76	633	\$ 0.83	\$ 13.05	759	\$ 14.33	\$ 82.97	2,072	\$ 56.28	\$ 20.66	32,699	\$ 0.97	\$ 9.54	1,214	\$ 3.13	\$ 16.55	2,288
	Pharmacy	\$ 5.29	\$ 4.41	14,408	\$ 8.19	\$ 9.33	10,545	\$ 598.02	\$ 63.75	112,568	\$ 756.15	\$ 94.32	96,198	\$ 4.18	\$ 9.85	5,090	\$ 39.28	\$ 39.87	11,821
	Physician	\$ 2.39	\$ 1.35	21,251	\$ 2.38	\$ 1.37	20,756	\$ 107.21	\$ 22.43	57,350	\$ 90.85	\$ 24.83	43,900	\$ 2.69	\$ 2.31	13,990	\$ 6.81	\$ 4.53	18,048
Vision	\$ 0.06	\$ 1.42	535	\$ 0.16	\$ 3.40	578	\$ 1.85	\$ 34.15	649	\$ 2.76	\$ 35.40	934	\$ 0.22	\$ 5.81	448	\$ 0.30	\$ 7.02	513	
<b>Medical Services Subtotal</b>		<b>\$ 5,091.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 112.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,885.39</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,953.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 43.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 624.79</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.36	\$ 75.01	58	\$ 119.20	\$ 73.68	19,413	\$ -	\$ -	-	\$ 38.70	\$ 70.93	6,547	\$ 0.00	\$ 2.57	6	\$ 35.83	\$ 73.52	5,849
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.02	\$ 11.38	26	\$ 11.96	\$ 12.14	11,815	\$ -	\$ -	-	\$ 12.83	\$ 11.56	13,313	\$ -	\$ -	-	\$ 3.94	\$ 12.07	3,921
	Other Waiver	\$ 0.05	\$ 8.55	71	\$ 31.60	\$ 24.99	15,169	\$ -	\$ -	-	\$ 19.97	\$ 33.27	7,201	\$ 0.00	\$ 135.00	0	\$ 9.87	\$ 25.47	4,651
	PDS/FMS	\$ 0.06	\$ 79.04	10	\$ 12.02	\$ 82.43	1,750	\$ 0.02	\$ 79.04	3	\$ 15.39	\$ 79.56	2,321	\$ 0.00	\$ 79.04	0	\$ 4.06	\$ 81.99	595
	Personal Assistance	\$ 22.64	\$ 4.76	57,014	\$ 2,302.94	\$ 4.67	5,912,348	\$ 17.28	\$ 4.81	43,086	\$ 2,500.94	\$ 4.60	6,519,313	\$ 0.10	\$ 4.80	259	\$ 762.17	\$ 4.67	1,960,446
	Residential Habilitation	\$ 0.07	\$ 15.89	54	\$ 0.25	\$ 66.09	46	\$ -	\$ -	-	\$ 3.07	\$ 114.30	322	\$ -	\$ -	-	\$ 0.20	\$ 78.41	30
	Respite	\$ 0.13	\$ 11.04	136	\$ 3.53	\$ 12.60	3,360	\$ -	\$ -	-	\$ 0.74	\$ 11.23	792	\$ -	\$ -	-	\$ 1.05	\$ 12.54	1,009
	Service Coordination	\$ 1.57	\$ 21.42	881	\$ 123.66	\$ 21.46	69,157	\$ 2.29	\$ 21.47	1,279	\$ 137.31	\$ 21.45	76,820	\$ 0.07	\$ 21.47	41	\$ 41.12	\$ 21.46	22,999
	Vendor Services	\$ 1.06	\$ 25.62	498	\$ 58.31	\$ 9.01	77,669	\$ 1.17	\$ 15.08	934	\$ 40.97	\$ 11.40	43,133	\$ 0.01	\$ 73.30	2	\$ 18.48	\$ 9.21	24,078
	Waiver DME/Supplies	\$ 0.01	\$ 465.00	0	\$ 0.56	\$ 184.50	37	\$ -	\$ -	-	\$ 0.28	\$ 121.72	27	\$ -	\$ -	-	\$ 0.17	\$ 179.23	12
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 25.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,664.04</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 20.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,770.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.19</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 876.91</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,117.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,776.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,906.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,723.80</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 43.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,501.70</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			65,114			4,828			94,341			216,560			384,321		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 4.41	\$ 150.91	351	\$ 2.28	\$ 153.17	178	\$ 32.14	\$ 138.66	2,782	\$ 19.11	\$ 54.91	4,177	\$ 0.20	\$ 41.82	58	\$ 5.64	\$ 60.04	1,126
	Dental	\$ 9.86	\$ 39.68	2,983	\$ 7.18	\$ 56.40	1,528	\$ 13.76	\$ 27.88	5,921	\$ 11.76	\$ 53.65	2,632	\$ 6.57	\$ 49.95	1,578	\$ 8.07	\$ 51.08	1,896
	DME/Supplies	\$ 80.61	\$ 6.97	138,830	\$ 19.71	\$ 0.80	297,410	\$ 65.69	\$ 8.55	92,227	\$ 112.71	\$ 2.27	595,965	\$ 2.66	\$ 0.99	32,171	\$ 34.06	\$ 1.88	217,226
	Emergency Room	\$ 0.44	\$ 4.27	1,231	\$ 1.06	\$ 10.41	1,223	\$ 18.83	\$ 105.97	2,133	\$ 136.45	\$ 103.10	15,883	\$ 2.45	\$ 22.53	1,306	\$ 35.30	\$ 86.80	4,880
	FQHC/RHC	\$ 0.46	\$ 86.62	63	\$ 3.39	\$ 87.55	465	\$ 1.76	\$ 178.12	119	\$ 6.14	\$ 73.89	996	\$ 3.58	\$ 87.27	492	\$ 4.12	\$ 82.10	603
	Home Health	\$ 0.68	\$ 70.71	115	\$ 0.47	\$ 61.08	92	\$ 9.40	\$ 92.84	1,215	\$ 64.49	\$ 68.89	11,232	\$ 0.34	\$ 65.97	61	\$ 16.22	\$ 68.95	2,824
	Hospice	\$ 0.06	\$ 7.08	101	\$ 0.00	\$ 1.51	1	\$ 63.81	\$ 184.69	4,146	\$ 7.41	\$ 253.88	350	\$ 0.04	\$ 88.80	6	\$ 2.65	\$ 222.90	142
	Inpatient	\$ 51.59	\$ 134.28	4,611	\$ 20.06	\$ 128.49	1,873	\$ 1,222.56	\$ 2,191.17	6,695	\$ 732.46	\$ 2,325.41	3,780	\$ 11.72	\$ 196.25	717	\$ 205.63	\$ 1,390.16	1,775
	Laboratory/Radiology	\$ 1.80	\$ 2.30	9,403	\$ 1.86	\$ 3.65	6,108	\$ 51.91	\$ 14.40	43,266	\$ 47.02	\$ 9.07	62,187	\$ 2.12	\$ 6.00	4,242	\$ 13.72	\$ 8.52	19,319
	Nursing Facility	\$ 5,935.24	\$ 222.93	319,488	\$ 1.62	\$ 50.23	387	\$ 5,914.36	\$ 224.71	315,834	\$ 0.57	\$ 180.92	38	\$ 1.48	\$ 199.96	89	\$ 129.25	\$ 222.10	6,983
	Other Medical	\$ 6.54	\$ 3.18	24,720	\$ 3.28	\$ 1.89	20,814	\$ 79.28	\$ 4.79	198,810	\$ 90.86	\$ 47.69	22,866	\$ 3.34	\$ 4.30	9,309	\$ 25.80	\$ 18.10	17,106
	Outpatient	\$ 0.57	\$ 4.59	1,483	\$ 3.21	\$ 9.39	4,097	\$ 26.14	\$ 171.83	1,826	\$ 90.89	\$ 16.02	68,099	\$ 2.21	\$ 11.02	2,412	\$ 24.43	\$ 15.59	18,806
	Pharmacy	\$ 15.80	\$ 11.99	15,821	\$ 8.86	\$ 21.01	5,060	\$ 855.72	\$ 79.10	129,824	\$ 921.86	\$ 98.02	112,855	\$ 6.40	\$ 18.39	4,178	\$ 242.29	\$ 88.95	32,688
	Physician	\$ 5.60	\$ 1.01	66,358	\$ 3.91	\$ 1.46	32,203	\$ 139.03	\$ 21.51	77,566	\$ 142.53	\$ 33.43	51,168	\$ 4.33	\$ 3.28	15,838	\$ 39.89	\$ 16.79	28,516
	Vision	\$ 0.06	\$ 0.87	886	\$ 0.14	\$ 6.59	248	\$ 1.72	\$ 35.56	581	\$ 3.14	\$ 33.04	1,140	\$ 0.17	\$ 10.85	185	\$ 0.91	\$ 24.75	441
<b>Medical Services Subtotal</b>		<b>\$ 6,113.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 77.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,496.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,387.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 787.98</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 5.79	\$ 46.69	1,488	\$ -	\$ -	-	\$ 4.06	\$ 48.35	1,008	\$ -	\$ -	-	\$ 1.98	\$ 47.52	500
	Employment	\$ -	\$ -	-	\$ 0.12	\$ 10.95	132	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 17.75	11	\$ 0.03	\$ 12.45	29
	Home Health/Therapies	\$ 3.33	\$ 11.02	3,630	\$ 74.34	\$ 11.29	79,034	\$ 4.49	\$ 11.33	4,762	\$ 91.49	\$ 11.10	98,932	\$ -	\$ -	-	\$ 35.14	\$ 11.17	37,769
	Other Waiver	\$ 0.66	\$ 81.50	97	\$ 24.46	\$ 37.61	7,806	\$ 0.68	\$ 141.68	58	\$ 15.88	\$ 71.52	2,664	\$ 0.04	\$ 3.18	149	\$ 8.08	\$ 47.02	2,062
	PDS/FMS	\$ 0.18	\$ 79.04	28	\$ 16.67	\$ 79.74	2,509	\$ 0.13	\$ 79.04	20	\$ 12.33	\$ 80.35	1,842	\$ 0.00	\$ 9.60	0	\$ 5.86	\$ 80.04	878
	Personal Assistance	\$ 77.62	\$ 4.80	193,909	\$ 3,553.11	\$ 4.66	9,153,286	\$ 69.99	\$ 4.79	175,510	\$ 3,373.87	\$ 4.71	8,604,574	\$ 0.23	\$ 4.81	585	\$ 1,431.90	\$ 4.69	3,667,303
	Residential Habilitation	\$ 6.13	\$ 47.25	1,557	\$ 3.95	\$ 64.23	738	\$ 0.72	\$ 264.15	33	\$ 0.98	\$ 63.78	184	\$ 0.71	\$ 46.67	182	\$ 1.37	\$ 57.35	287
	Respite	\$ 0.10	\$ 6.11	204	\$ 0.28	\$ 4.60	737	\$ -	\$ -	-	\$ 0.11	\$ 6.11	218	\$ -	\$ -	-	\$ 0.08	\$ 5.07	180
	Service Coordination	\$ 5.83	\$ 21.45	3,262	\$ 183.94	\$ 21.45	102,886	\$ 7.75	\$ 21.47	4,330	\$ 188.49	\$ 21.46	105,423	\$ 0.07	\$ 22.65	39	\$ 77.63	\$ 21.46	43,416
	Vendor Services	\$ 14.03	\$ 753.71	223	\$ 53.54	\$ 110.64	5,807	\$ 6.95	\$ 373.34	223	\$ 38.93	\$ 89.77	5,204	\$ 0.00	\$ 32.98	1	\$ 18.84	\$ 99.76	2,267
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.23	\$ 210.92	13	\$ -	\$ -	-	\$ 0.07	\$ 208.79	4	\$ -	\$ -	-	\$ 0.06	\$ 210.26	3
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 107.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,916.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 90.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,726.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.07</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,580.96</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 6,221.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,993.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,586.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,113.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,368.94</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		51,142			206,766			5,021			32,481			367,059			662,469		
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	\$ 0.89	\$ 104.40	102	\$ 2.75	\$ 150.61	219	\$ 26.80	\$ 134.11	2,398	\$ 17.87	\$ 79.08	2,712	\$ 0.14	\$ 97.84	18	\$ 2.09	\$ 105.54	237
	Dental	\$ 8.49	\$ 43.43	2,346	\$ 6.29	\$ 64.61	1,168	\$ 11.18	\$ 27.67	4,849	\$ 9.32	\$ 58.95	1,897	\$ 5.45	\$ 60.18	1,087	\$ 6.18	\$ 58.05	1,278
	DME/Supplies	\$ 10.59	\$ 2.71	46,878	\$ 52.62	\$ 0.71	886,204	\$ 25.11	\$ 10.22	29,474	\$ 64.11	\$ 1.68	457,534	\$ 6.92	\$ 0.72	115,393	\$ 24.41	\$ 0.80	366,809
	Emergency Room	\$ 0.09	\$ 2.74	400	\$ 0.17	\$ 3.29	608	\$ 12.08	\$ 106.37	1,363	\$ 62.81	\$ 100.32	7,513	\$ 0.63	\$ 14.26	527	\$ 3.58	\$ 48.16	892
	FQHC/RHC	\$ 0.07	\$ 75.43	11	\$ 2.45	\$ 79.19	371	\$ 0.68	\$ 167.93	49	\$ 14.49	\$ 140.92	1,234	\$ 2.90	\$ 78.26	444	\$ 3.09	\$ 87.53	424
	Home Health	\$ -	\$ -	3	\$ 0.03	\$ 13.54	28	\$ 4.84	\$ 77.90	746	\$ 40.13	\$ 84.35	5,710	\$ 0.11	\$ 43.57	29	\$ 2.07	\$ 80.07	311
	Hospice	\$ 0.61	\$ 58.61	124	\$ 0.19	\$ 103.30	22	\$ 97.71	\$ 163.84	7,156	\$ 19.24	\$ 204.10	1,131	\$ 0.05	\$ 159.90	4	\$ 1.82	\$ 170.06	128
	Inpatient	\$ 19.49	\$ 112.77	2,074	\$ 19.59	\$ 120.02	1,959	\$ 1,046.16	\$ 2,047.23	6,132	\$ 630.84	\$ 2,227.10	3,399	\$ 10.69	\$ 145.30	883	\$ 52.40	\$ 426.68	1,474
	Laboratory/Radiology	\$ 0.88	\$ 2.98	3,522	\$ 1.37	\$ 4.50	3,655	\$ 42.59	\$ 13.58	37,634	\$ 45.45	\$ 13.52	40,337	\$ 1.32	\$ 6.03	2,630	\$ 3.78	\$ 8.83	5,133
	Nursing Facility	\$ 4,998.61	\$ 175.92	340,961	\$ 5.75	\$ 115.58	597	\$ 5,764.35	\$ 205.57	336,485	\$ 7.56	\$ 194.84	466	\$ 6.22	\$ 154.61	483	\$ 435.19	\$ 177.94	29,349
	Other Medical	\$ 2.13	\$ 2.81	9,102	\$ 1.75	\$ 1.79	11,705	\$ 106.52	\$ 4.44	288,124	\$ 69.01	\$ 12.28	67,442	\$ 1.84	\$ 3.34	6,604	\$ 5.92	\$ 5.26	13,506
	Outpatient	\$ 0.44	\$ 14.57	362	\$ 0.92	\$ 13.59	816	\$ 18.42	\$ 260.11	850	\$ 57.49	\$ 29.51	23,379	\$ 0.83	\$ 12.43	800	\$ 3.74	\$ 23.89	1,879
	Pharmacy	\$ 6.94	\$ 6.31	13,206	\$ 9.34	\$ 11.12	10,080	\$ 681.65	\$ 70.73	115,652	\$ 726.76	\$ 88.35	98,711	\$ 4.77	\$ 12.95	4,422	\$ 46.89	\$ 45.63	12,332
	Physician	\$ 2.69	\$ 1.79	18,026	\$ 2.44	\$ 1.46	20,149	\$ 123.80	\$ 22.13	67,137	\$ 95.64	\$ 25.91	44,301	\$ 2.72	\$ 2.62	12,479	\$ 8.11	\$ 5.63	17,276
Vision	\$ 0.08	\$ 1.92	481	\$ 0.19	\$ 4.97	461	\$ 1.96	\$ 33.11	711	\$ 3.17	\$ 33.94	1,120	\$ 0.26	\$ 8.41	375	\$ 0.38	\$ 10.19	449	
<b>Medical Services Subtotal</b>		<b>\$ 5,051.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 105.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,963.87</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,863.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 44.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 599.65</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.34	\$ 75.01	54	\$ 118.49	\$ 73.50	19,346	\$ -	\$ -	-	\$ 34.36	\$ 73.72	5,593	\$ 0.03	\$ 75.01	4	\$ 38.71	\$ 73.51	6,319
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.46	\$ 12.13	458	\$ 11.41	\$ 12.12	11,299	\$ 0.30	\$ 15.75	230	\$ 7.43	\$ 11.27	7,905	\$ -	\$ -	-	\$ 3.96	\$ 12.04	3,951
	Other Waiver	\$ 0.20	\$ 25.64	95	\$ 60.14	\$ 26.34	27,400	\$ 0.06	\$ 139.54	5	\$ 26.62	\$ 35.27	9,058	\$ 0.00	\$ 28.39	1	\$ 20.10	\$ 26.78	9,004
	PDS/FMS	\$ 0.06	\$ 79.04	10	\$ 10.16	\$ 83.65	1,458	\$ 0.03	\$ 79.04	5	\$ 11.09	\$ 79.70	1,669	\$ 0.00	\$ 79.04	0	\$ 3.72	\$ 83.04	538
	Personal Assistance	\$ 31.52	\$ 4.80	78,786	\$ 2,773.89	\$ 4.73	7,032,207	\$ 16.04	\$ 4.84	39,777	\$ 2,994.43	\$ 4.71	7,630,584	\$ 0.34	\$ 4.51	895	\$ 1,015.33	\$ 4.73	2,575,856
	Residential Habilitation	\$ 0.93	\$ 43.13	259	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.29	\$ 103.03	34	\$ 0.22	\$ 23.84	110	\$ 0.21	\$ 30.08	83
	Respite	\$ 0.06	\$ 212.30	3	\$ 3.21	\$ 11.92	3,228	\$ -	\$ -	-	\$ 0.56	\$ 10.92	618	\$ -	\$ -	-	\$ 1.03	\$ 11.94	1,038
	Service Coordination	\$ 2.13	\$ 21.48	1,192	\$ 152.88	\$ 21.45	85,535	\$ 2.08	\$ 21.47	1,162	\$ 167.16	\$ 21.43	93,585	\$ 0.04	\$ 21.56	24	\$ 56.12	\$ 21.45	31,399
	Vendor Services	\$ 0.52	\$ 14.27	440	\$ 64.52	\$ 10.27	75,391	\$ 0.51	\$ 8.63	707	\$ 47.52	\$ 13.69	41,663	\$ 0.02	\$ 18.98	10	\$ 22.52	\$ 10.55	25,618
	Waiver DME/Supplies	\$ 0.02	\$ 841.00	0	\$ 0.71	\$ 214.18	40	\$ -	\$ -	-	\$ 0.39	\$ 112.58	41	\$ 0.00	\$ 55.96	0	\$ 0.24	\$ 199.62	15
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 36.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,195.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 19.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,289.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,161.94</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,088.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,301.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,982.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,153.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,761.58</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		6,705			16,244			5,797			10,783			135,541			175,070		
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	\$ 0.82	\$ 59.44	167	\$ 0.27	\$ 24.39	134	\$ 39.04	\$ 149.43	3,135	\$ 18.12	\$ 45.21	4,809	\$ 0.26	\$ 35.12	88	\$ 2.66	\$ 65.69	487
	Dental	\$ 9.98	\$ 30.98	3,865	\$ 6.51	\$ 55.21	1,415	\$ 16.17	\$ 30.45	6,374	\$ 7.73	\$ 45.81	2,026	\$ 7.09	\$ 51.01	1,667	\$ 7.48	\$ 47.13	1,906
	DME/Supplies	\$ 22.04	\$ 0.89	296,264	\$ 28.98	\$ 0.76	460,625	\$ 43.26	\$ 11.83	43,875	\$ 214.13	\$ 3.02	849,659	\$ 3.06	\$ 0.95	38,508	\$ 20.53	\$ 1.79	137,687
	Emergency Room	\$ 0.10	\$ 1.42	838	\$ 0.25	\$ 2.47	1,196	\$ 19.11	\$ 107.66	2,130	\$ 117.73	\$ 97.28	14,522	\$ 2.07	\$ 17.13	1,453	\$ 9.52	\$ 51.15	2,233
	FQHC/RHC	\$ 0.05	\$ 48.27	13	\$ 1.58	\$ 134.11	141	\$ 0.73	\$ 175.87	50	\$ 1.75	\$ 98.62	213	\$ 1.62	\$ 108.14	180	\$ 1.54	\$ 109.92	168
	Home Health	\$ 0.14	\$ 69.37	25	\$ 0.39	\$ 43.11	109	\$ 7.66	\$ 80.06	1,148	\$ 88.00	\$ 32.97	32,026	\$ 0.50	\$ 59.39	101	\$ 6.10	\$ 34.88	2,100
	Hospice	\$ 0.01	\$ 1.08	61	\$ 0.00	\$ 0.24	64	\$ 82.76	\$ 177.14	5,806	\$ 11.14	\$ 2,662.38	50	\$ -	\$ -	1	\$ 3.43	\$ 207.92	198
	Inpatient	\$ 71.69	\$ 240.71	3,574	\$ 22.94	\$ 135.62	2,030	\$ 1,665.18	\$ 2,116.76	9,440	\$ 674.19	\$ 2,458.00	3,291	\$ 17.20	\$ 221.22	933	\$ 114.85	\$ 881.85	1,563
	Laboratory/Radiology	\$ 1.83	\$ 2.66	8,248	\$ 2.68	\$ 5.23	6,148	\$ 52.10	\$ 14.10	44,327	\$ 44.36	\$ 11.91	44,708	\$ 2.97	\$ 6.52	5,478	\$ 7.08	\$ 9.09	9,349
	Nursing Facility	\$ 4,957.09	\$ 175.34	339,253	\$ 3.09	\$ 70.36	527	\$ 5,981.61	\$ 216.88	330,961	\$ 1.79	\$ 264.96	81	\$ 2.49	\$ 153.79	194	\$ 390.23	\$ 193.86	24,155
	Other Medical	\$ 35.19	\$ 13.88	30,420	\$ 1.89	\$ 1.23	18,342	\$ 97.83	\$ 23.60	49,743	\$ 77.70	\$ 38.33	24,326	\$ 2.15	\$ 2.67	9,653	\$ 11.21	\$ 9.98	13,486
	Outpatient	\$ 0.66	\$ 10.20	781	\$ 1.54	\$ 3.22	5,746	\$ 15.77	\$ 178.66	1,059	\$ 43.93	\$ 12.73	41,401	\$ 1.55	\$ 6.10	3,059	\$ 4.60	\$ 10.01	5,516
	Pharmacy	\$ 6.74	\$ 7.81	10,346	\$ 9.10	\$ 29.75	3,671	\$ 662.69	\$ 61.81	128,663	\$ 972.32	\$ 136.96	85,195	\$ 8.07	\$ 25.38	3,814	\$ 89.18	\$ 81.09	13,197
	Physician	\$ 6.27	\$ 1.41	53,183	\$ 3.24	\$ 1.01	38,653	\$ 145.72	\$ 20.64	84,704	\$ 94.66	\$ 21.40	53,077	\$ 4.57	\$ 2.18	25,206	\$ 14.74	\$ 5.67	31,212
Vision	\$ 0.03	\$ 0.55	747	\$ 0.06	\$ 2.94	248	\$ 2.44	\$ 36.55	802	\$ 2.02	\$ 36.49	666	\$ 0.13	\$ 7.17	221	\$ 0.31	\$ 13.02	290	
<b>Medical Services Subtotal</b>		<b>\$ 5,112.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 82.52</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,832.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,369.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.74</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 683.46</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 2.34	\$ 30.90	907	\$ 271.09	\$ 31.72	102,555	\$ -	\$ -	-	\$ 147.78	\$ 32.29	54,914	\$ 0.04	\$ 4.62	91	\$ 34.37	\$ 31.72	13,004
	Employment	\$ -	\$ -	-	\$ 35.98	\$ 8.57	50,374	\$ -	\$ -	-	\$ 23.72	\$ 7.39	38,550	\$ 0.01	\$ 2.82	62	\$ 4.81	\$ 8.13	7,097
	Home Health/Therapies	\$ 7.34	\$ 12.20	7,222	\$ 641.23	\$ 12.34	623,569	\$ 6.00	\$ 11.02	6,538	\$ 1,178.80	\$ 12.93	1,094,175	\$ -	\$ -	-	\$ 132.59	\$ 12.65	125,748
	Other Waiver	\$ 0.22	\$ 33.78	79	\$ 187.60	\$ 15.94	141,214	\$ 0.14	\$ 102.00	17	\$ 135.30	\$ 16.06	101,127	\$ 0.01	\$ 20.82	4	\$ 25.76	\$ 15.98	19,338
	PDS/FMS	\$ 0.15	\$ 79.04	23	\$ 19.92	\$ 80.02	2,988	\$ 0.10	\$ 79.04	14	\$ 19.48	\$ 81.47	2,869	\$ -	\$ -	-	\$ 3.06	\$ 80.58	455
	Personal Assistance	\$ 34.93	\$ 4.76	88,042	\$ 3,041.94	\$ 4.51	8,085,436	\$ 24.56	\$ 4.75	62,075	\$ 3,035.20	\$ 4.51	8,067,058	\$ 0.24	\$ 4.88	588	\$ 471.54	\$ 4.52	1,252,996
	Residential Habilitation	\$ 6.34	\$ 19.21	3,960	\$ 697.82	\$ 72.01	116,291	\$ 1.89	\$ 8.68	2,611	\$ 330.42	\$ 84.88	46,712	\$ 0.29	\$ 14.77	234	\$ 85.63	\$ 72.94	14,087
	Respite	\$ 3.44	\$ 7.83	5,269	\$ 3.04	\$ 4.50	8,097	\$ -	\$ -	-	\$ 4.31	\$ 4.02	12,863	\$ 0.11	\$ 8.83	146	\$ 0.76	\$ 4.92	1,858
	Service Coordination	\$ 4.63	\$ 21.25	2,617	\$ 187.25	\$ 21.44	104,787	\$ 2.37	\$ 21.47	1,325	\$ 197.35	\$ 21.42	110,555	\$ 0.12	\$ 21.30	66	\$ 29.88	\$ 21.43	16,728
	Vendor Services	\$ 7.92	\$ 570.77	166	\$ 68.25	\$ 167.53	4,889	\$ 6.57	\$ 692.76	114	\$ 50.71	\$ 151.97	4,005	\$ -	\$ -	-	\$ 9.98	\$ 168.53	710
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.77	\$ 231.91	40	\$ -	\$ -	-	\$ 1.06	\$ 819.49	16	\$ -	\$ -	-	\$ 0.14	\$ 352.89	5
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 67.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,154.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 41.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,124.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 798.51</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,179.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,237.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,873.71</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,493.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 54.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,481.97</b>	<b>N/A</b>	<b>N/A</b>

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

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		105,732			39,644			4,713			3,182			154,319			307,590		
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	\$ 0.32	\$ 34.38	112	\$ 1.46	\$ 82.35	213	\$ 25.66	\$ 144.85	2,126	\$ 31.75	\$ 28.73	13,259	\$ 0.12	\$ 23.14	64	\$ 1.08	\$ 48.51	268
	Dental	\$ 8.15	\$ 34.73	2,815	\$ 5.76	\$ 55.72	1,240	\$ 11.60	\$ 22.44	6,203	\$ 8.89	\$ 65.23	1,636	\$ 5.50	\$ 56.20	1,175	\$ 6.57	\$ 43.13	1,829
	DME/Supplies	\$ 4.07	\$ 0.84	58,329	\$ 65.92	\$ 0.69	1,141,095	\$ 16.76	\$ 12.39	16,236	\$ 86.99	\$ 1.29	810,708	\$ 7.17	\$ 0.74	116,343	\$ 14.65	\$ 0.75	234,127
	Emergency Room	\$ 0.05	\$ 2.17	285	\$ 0.13	\$ 2.36	655	\$ 8.10	\$ 110.87	877	\$ 71.32	\$ 104.75	8,170	\$ 0.57	\$ 12.28	558	\$ 1.18	\$ 25.33	560
	FQHC/RHC	\$ 0.01	\$ 69.55	2	\$ 0.51	\$ 109.09	56	\$ 0.35	\$ 166.51	25	\$ 4.52	\$ 154.43	351	\$ 0.85	\$ 90.71	112	\$ 0.55	\$ 96.26	68
	Home Health	\$ 0.00	\$ 6.50	4	\$ 0.08	\$ 20.12	46	\$ 5.42	\$ 95.61	681	\$ 51.11	\$ 78.84	7,780	\$ 0.20	\$ 56.40	43	\$ 0.72	\$ 72.55	120
	Hospice	\$ 0.31	\$ 25.50	145	\$ 0.47	\$ 77.95	72	\$ 79.55	\$ 164.19	5,814	\$ 16.48	\$ 196.16	1,008	\$ 0.04	\$ 82.61	6	\$ 1.58	\$ 116.98	162
	Inpatient	\$ 14.11	\$ 122.51	1,382	\$ 22.08	\$ 114.65	2,311	\$ 962.50	\$ 2,263.51	5,103	\$ 659.72	\$ 2,023.04	3,913	\$ 14.99	\$ 178.82	1,006	\$ 36.79	\$ 316.16	1,396
	Laboratory/Radiology	\$ 0.77	\$ 3.20	2,898	\$ 1.49	\$ 4.28	4,160	\$ 38.35	\$ 14.18	32,452	\$ 44.73	\$ 14.32	37,479	\$ 1.79	\$ 6.15	3,498	\$ 2.41	\$ 6.92	4,172
	Nursing Facility	\$ 4,788.21	\$ 165.90	346,334	\$ 11.78	\$ 135.05	1,046	\$ 5,567.53	\$ 194.84	342,892	\$ 18.62	\$ 204.32	1,094	\$ 7.18	\$ 171.56	502	\$ 1,736.53	\$ 167.11	124,702
	Other Medical	\$ 7.20	\$ 11.33	7,629	\$ 1.14	\$ 1.18	11,639	\$ 56.86	\$ 12.68	53,802	\$ 68.31	\$ 28.50	28,762	\$ 2.43	\$ 2.68	10,871	\$ 5.42	\$ 6.08	10,698
	Outpatient	\$ 0.20	\$ 12.65	192	\$ 0.62	\$ 11.27	657	\$ 11.86	\$ 268.32	530	\$ 53.41	\$ 14.78	43,372	\$ 0.89	\$ 10.03	1,070	\$ 1.33	\$ 13.97	1,144
	Pharmacy	\$ 4.56	\$ 4.22	12,968	\$ 8.15	\$ 12.33	7,930	\$ 557.25	\$ 59.02	113,310	\$ 632.87	\$ 92.68	81,943	\$ 6.83	\$ 21.71	3,773	\$ 21.13	\$ 25.46	9,957
	Physician	\$ 2.23	\$ 1.69	15,803	\$ 2.31	\$ 1.17	23,622	\$ 102.49	\$ 21.61	56,908	\$ 75.96	\$ 19.22	47,425	\$ 3.22	\$ 1.88	20,529	\$ 5.04	\$ 3.00	20,139
	Vision	\$ 0.06	\$ 1.61	460	\$ 0.14	\$ 3.13	551	\$ 2.67	\$ 34.40	930	\$ 2.55	\$ 39.95	767	\$ 0.22	\$ 4.97	536	\$ 0.22	\$ 5.04	520
<b>Medical Services Subtotal</b>		<b>\$ 4,830.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 122.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,446.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,827.25</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 52.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,835.20</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.16	\$ 49.53	39	\$ 144.52	\$ 67.96	25,516	\$ 0.30	\$ 34.56	104	\$ 165.25	\$ 57.00	34,791	\$ 0.02	\$ 6.47	41	\$ 20.41	\$ 66.47	3,684
	Employment	\$ -	\$ -	-	\$ 0.86	\$ 6.54	1,572	\$ -	\$ -	-	\$ 22.22	\$ 6.54	40,765	\$ 0.00	\$ 2.06	6	\$ 0.34	\$ 6.52	627
	Home Health/Therapies	\$ 0.02	\$ 12.54	23	\$ 35.69	\$ 12.68	33,779	\$ 0.00	\$ 16.55	3	\$ 72.25	\$ 11.53	75,182	\$ 0.00	\$ 16.55	1	\$ 5.36	\$ 12.50	5,140
	Other Waiver	\$ 0.02	\$ 19.95	11	\$ 19.36	\$ 10.14	22,919	\$ 0.36	\$ 18.60	232	\$ 60.82	\$ 15.77	46,286	\$ 0.00	\$ 19.42	2	\$ 3.14	\$ 10.94	3,441
	PDS/FMS	\$ 0.02	\$ 79.04	3	\$ 12.32	\$ 81.03	1,825	\$ 0.02	\$ 79.04	3	\$ 18.04	\$ 80.71	2,682	\$ 0.01	\$ 163.02	0	\$ 1.78	\$ 81.05	264
	Personal Assistance	\$ 7.38	\$ 4.79	18,482	\$ 2,735.35	\$ 4.66	7,040,633	\$ 12.99	\$ 4.83	32,285	\$ 2,905.39	\$ 4.56	7,641,618	\$ 0.47	\$ 4.83	1,170	\$ 385.58	\$ 4.66	993,926
	Residential Habilitation	\$ 0.48	\$ 472.39	12	\$ 35.70	\$ 80.29	5,335	\$ 1.37	\$ 247.67	66	\$ 127.03	\$ 100.74	15,131	\$ 0.46	\$ 92.01	60	\$ 6.33	\$ 86.38	879
	Respite	\$ 0.04	\$ 234.93	2	\$ 12.05	\$ 7.67	18,859	\$ -	\$ -	-	\$ 6.74	\$ 5.10	15,877	\$ 0.01	\$ 3.76	22	\$ 1.64	\$ 7.56	2,607
	Service Coordination	\$ 0.83	\$ 21.40	467	\$ 175.58	\$ 21.45	98,219	\$ 1.23	\$ 21.47	690	\$ 173.12	\$ 21.42	97,011	\$ 0.15	\$ 21.50	85	\$ 24.80	\$ 21.45	13,876
	Vendor Services	\$ 0.28	\$ 13.38	247	\$ 70.41	\$ 11.63	72,646	\$ 0.78	\$ 26.44	354	\$ 54.95	\$ 19.73	33,428	\$ 0.00	\$ 9.49	4	\$ 9.75	\$ 11.94	9,801
	Waiver DME/Supplies	\$ 0.00	\$ 64.20	1	\$ 2.34	\$ 45.53	616	\$ -	\$ -	-	\$ 0.64	\$ 24.98	309	\$ 0.00	\$ 27.50	0	\$ 0.31	\$ 44.78	83
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 9.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,244.18</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 17.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,606.46</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.12</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 459.44</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,839.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,366.21</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,463.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,433.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,294.63</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			17,522			5,823			12,436			133,062			175,466		
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	\$ 0.30	\$ 34.13	105	\$ 0.17	\$ 12.40	166	\$ 29.89	\$ 134.57	2,666	\$ 15.83	\$ 66.61	2,852	\$ 0.17	\$ 21.32	94	\$ 2.27	\$ 71.24	382
	Dental	\$ 12.05	\$ 33.18	4,358	\$ 8.74	\$ 57.06	1,839	\$ 13.55	\$ 24.38	6,671	\$ 10.74	\$ 49.47	2,606	\$ 7.67	\$ 52.57	1,751	\$ 8.35	\$ 48.16	2,082
	DME/Supplies	\$ 26.29	\$ 2.61	120,974	\$ 26.18	\$ 0.72	435,250	\$ 33.44	\$ 8.86	45,314	\$ 212.00	\$ 3.04	836,948	\$ 3.21	\$ 1.06	36,278	\$ 22.18	\$ 1.95	136,363
	Emergency Room	\$ 0.28	\$ 4.38	766	\$ 1.21	\$ 13.25	1,099	\$ 14.67	\$ 92.82	1,896	\$ 130.25	\$ 113.20	13,807	\$ 2.56	\$ 23.44	1,309	\$ 11.79	\$ 65.11	2,173
	FQHC/RHC	\$ 0.03	\$ 73.69	6	\$ 1.39	\$ 112.02	149	\$ 0.70	\$ 199.71	42	\$ 2.34	\$ 67.84	415	\$ 1.92	\$ 106.46	216	\$ 1.79	\$ 102.04	210
	Home Health	\$ -	\$ -	9	\$ 0.51	\$ 40.45	153	\$ 10.81	\$ 95.99	1,351	\$ 87.72	\$ 57.09	18,439	\$ 0.89	\$ 86.87	123	\$ 7.30	\$ 60.00	1,461
	Hospice	\$ 1.05	\$ 19.46	648	\$ -	\$ -	7	\$ 123.59	\$ 185.14	8,011	\$ 3.59	\$ 133.56	323	\$ -	\$ -	0	\$ 4.40	\$ 167.90	314
	Inpatient	\$ 59.04	\$ 194.20	3,648	\$ 22.65	\$ 143.98	1,887	\$ 1,282.78	\$ 2,335.31	6,592	\$ 808.37	\$ 2,799.90	3,465	\$ 16.59	\$ 244.22	815	\$ 116.94	\$ 996.06	1,409
	Laboratory/Radiology	\$ 1.70	\$ 2.53	8,065	\$ 2.03	\$ 4.11	5,916	\$ 45.39	\$ 13.86	39,283	\$ 48.66	\$ 10.60	55,073	\$ 2.83	\$ 7.20	4,712	\$ 7.37	\$ 9.14	9,675
	Nursing Facility	\$ 4,961.53	\$ 176.56	337,212	\$ 5.10	\$ 118.12	518	\$ 5,923.32	\$ 216.78	327,885	\$ 0.38	\$ 433.84	11	\$ 2.42	\$ 211.99	137	\$ 386.21	\$ 195.01	23,766
	Other Medical	\$ 21.00	\$ 6.89	36,576	\$ 3.88	\$ 2.50	18,593	\$ 79.94	\$ 7.75	123,761	\$ 83.18	\$ 39.10	25,526	\$ 2.35	\$ 3.17	8,883	\$ 11.51	\$ 8.69	15,890
	Outpatient	\$ 1.83	\$ 25.26	872	\$ 2.04	\$ 15.22	1,611	\$ 18.22	\$ 212.51	1,029	\$ 58.12	\$ 14.81	47,108	\$ 1.70	\$ 9.98	2,042	\$ 6.29	\$ 14.75	5,115
	Pharmacy	\$ 4.68	\$ 4.95	11,343	\$ 9.70	\$ 33.92	3,431	\$ 673.70	\$ 62.42	129,520	\$ 1,039.63	\$ 145.37	85,817	\$ 8.02	\$ 25.72	3,741	\$ 103.27	\$ 88.59	13,988
	Physician	\$ 5.72	\$ 1.40	49,075	\$ 3.60	\$ 1.28	33,722	\$ 166.62	\$ 21.96	91,047	\$ 113.10	\$ 23.55	57,640	\$ 4.90	\$ 2.71	21,732	\$ 17.84	\$ 7.43	28,807
	Vision	\$ 0.12	\$ 1.77	781	\$ 0.12	\$ 6.19	238	\$ 2.82	\$ 36.95	917	\$ 1.92	\$ 35.12	657	\$ 0.18	\$ 10.25	209	\$ 0.38	\$ 15.86	289
<b>Medical Services Subtotal</b>		<b>\$ 5,095.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 87.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,419.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,615.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 55.40</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 707.87</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 275.09	\$ 30.96	106,612	\$ 0.31	\$ 34.56	106	\$ 154.23	\$ 31.98	57,879	\$ 0.01	\$ 2.75	27	\$ 38.42	\$ 31.21	14,773
	Employment	\$ -	\$ -	-	\$ 32.16	\$ 7.45	51,834	\$ -	\$ -	-	\$ 17.33	\$ 7.18	28,970	\$ 0.00	\$ 3.48	12	\$ 4.44	\$ 7.36	7,238
	Home Health/Therapies	\$ 0.70	\$ 11.02	758	\$ 674.20	\$ 12.25	660,175	\$ 0.86	\$ 12.21	843	\$ 976.48	\$ 12.45	940,978	\$ 0.07	\$ 12.80	69	\$ 136.64	\$ 12.35	132,725
	Other Waiver	\$ 0.13	\$ 16.30	98	\$ 188.10	\$ 16.18	139,497	\$ 0.87	\$ 19.66	533	\$ 147.53	\$ 16.26	108,869	\$ 0.03	\$ 3.98	80	\$ 29.29	\$ 16.18	21,728
	PDS/FMS	\$ 0.02	\$ 79.04	4	\$ 18.62	\$ 80.27	2,784	\$ 0.03	\$ 79.04	4	\$ 16.89	\$ 81.28	2,494	\$ 0.00	\$ 79.67	0	\$ 3.06	\$ 80.66	455
	Personal Assistance	\$ 13.54	\$ 4.81	33,811	\$ 3,326.68	\$ 4.57	8,744,409	\$ 26.35	\$ 4.81	65,684	\$ 3,289.35	\$ 4.59	8,596,457	\$ 0.15	\$ 4.19	429	\$ 566.83	\$ 4.58	1,486,270
	Residential Habilitation	\$ 6.10	\$ 19.44	3,765	\$ 711.20	\$ 70.19	121,584	\$ 3.80	\$ 26.56	1,715	\$ 359.39	\$ 78.64	54,844	\$ 1.05	\$ 38.01	332	\$ 97.65	\$ 71.10	16,480
	Respite	\$ -	\$ -	-	\$ 3.00	\$ 4.54	7,925	\$ -	\$ -	-	\$ 3.13	\$ 4.15	9,031	\$ 0.05	\$ 85.27	7	\$ 0.56	\$ 4.68	1,437
	Service Coordination	\$ 2.87	\$ 21.07	1,635	\$ 203.83	\$ 21.44	114,061	\$ 2.88	\$ 21.21	1,631	\$ 205.67	\$ 21.44	115,112	\$ 0.14	\$ 22.29	74	\$ 35.24	\$ 21.44	19,721
	Vendor Services	\$ 4.34	\$ 581.79	89	\$ 68.94	\$ 156.85	5,274	\$ 1.03	\$ 228.90	54	\$ 71.70	\$ 191.30	4,498	\$ 0.00	\$ 35.00	0	\$ 12.16	\$ 171.57	851
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.04	\$ 224.85	55	\$ 0.02	\$ 128.00	2	\$ 1.66	\$ 373.01	54	\$ -	\$ -	-	\$ 0.22	\$ 284.03	9
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 27.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,502.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 36.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,243.36</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 924.52</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,123.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,590.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,455.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,859.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 56.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,632.39</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		104,276			45,645			4,875			4,446			160,183			319,424		
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	\$ 0.41	\$ 57.88	86	\$ 0.81	\$ 49.27	197	\$ 21.95	\$ 140.43	1,876	\$ 16.89	\$ 85.66	2,366	\$ 0.08	\$ 17.28	58	\$ 0.86	\$ 70.60	147
	Dental	\$ 7.73	\$ 33.57	2,763	\$ 5.83	\$ 64.12	1,091	\$ 10.71	\$ 18.22	7,051	\$ 7.41	\$ 56.77	1,566	\$ 5.28	\$ 57.91	1,094	\$ 6.27	\$ 43.34	1,736
	DME/Supplies	\$ 3.31	\$ 1.65	24,056	\$ 63.13	\$ 0.70	1,079,422	\$ 17.27	\$ 10.38	19,962	\$ 89.79	\$ 1.55	692,969	\$ 6.25	\$ 0.74	101,203	\$ 14.75	\$ 0.79	222,800
	Emergency Room	\$ 0.05	\$ 2.71	229	\$ 0.07	\$ 1.33	620	\$ 9.55	\$ 112.36	1,020	\$ 64.59	\$ 111.82	6,931	\$ 0.63	\$ 14.79	509	\$ 1.39	\$ 31.36	530
	FQHC/RHC	\$ 0.01	\$ 77.67	2	\$ 0.75	\$ 105.75	85	\$ 0.49	\$ 167.93	35	\$ 6.59	\$ 131.08	603	\$ 1.21	\$ 93.85	154	\$ 0.82	\$ 98.76	99
	Home Health	\$ 0.00	\$ 19.72	2	\$ 0.02	\$ 6.96	31	\$ 3.03	\$ 80.28	453	\$ 59.44	\$ 88.90	8,024	\$ 0.15	\$ 50.63	35	\$ 0.95	\$ 80.89	141
	Hospice	\$ 0.48	\$ 43.23	134	\$ 0.05	\$ 42.78	14	\$ 123.03	\$ 162.78	9,070	\$ 36.89	\$ 197.50	2,241	\$ 0.00	\$ 5.63	5	\$ 2.56	\$ 140.83	218
	Inpatient	\$ 13.91	\$ 130.26	1,281	\$ 18.58	\$ 111.19	2,005	\$ 817.39	\$ 2,054.82	4,773	\$ 713.40	\$ 2,251.48	3,802	\$ 11.79	\$ 163.92	863	\$ 35.51	\$ 337.30	1,263
	Laboratory/Radiology	\$ 0.64	\$ 2.89	2,672	\$ 1.30	\$ 4.09	3,822	\$ 37.99	\$ 14.41	31,627	\$ 45.17	\$ 13.97	38,807	\$ 1.51	\$ 5.60	3,229	\$ 2.36	\$ 6.97	4,061
	Nursing Facility	\$ 4,727.39	\$ 164.33	345,209	\$ 9.86	\$ 136.07	869	\$ 5,559.00	\$ 193.48	344,783	\$ 5.24	\$ 178.85	352	\$ 6.59	\$ 186.66	424	\$ 1,632.88	\$ 165.64	118,297
	Other Medical	\$ 4.80	\$ 8.31	6,931	\$ 1.67	\$ 1.66	12,101	\$ 76.34	\$ 8.13	112,720	\$ 64.42	\$ 11.35	68,134	\$ 2.52	\$ 3.04	9,931	\$ 5.13	\$ 5.29	11,641
	Outpatient	\$ 0.20	\$ 12.58	193	\$ 0.58	\$ 10.15	686	\$ 13.08	\$ 291.52	538	\$ 70.82	\$ 19.17	44,327	\$ 0.95	\$ 19.22	593	\$ 1.81	\$ 20.05	1,084
	Pharmacy	\$ 5.53	\$ 5.40	12,299	\$ 9.57	\$ 14.38	7,985	\$ 434.38	\$ 45.94	113,457	\$ 563.12	\$ 82.01	82,396	\$ 7.02	\$ 24.75	3,404	\$ 21.16	\$ 26.07	9,741
	Physician	\$ 2.42	\$ 2.03	14,357	\$ 2.21	\$ 1.26	20,952	\$ 115.03	\$ 26.53	52,031	\$ 77.33	\$ 23.75	39,072	\$ 3.24	\$ 2.18	17,816	\$ 5.56	\$ 3.72	17,953
	Vision	\$ 0.06	\$ 1.67	433	\$ 0.15	\$ 4.06	439	\$ 2.67	\$ 34.31	935	\$ 2.06	\$ 37.10	665	\$ 0.26	\$ 7.62	411	\$ 0.24	\$ 6.68	434
<b>Medical Services Subtotal</b>		<b>\$ 4,766.97</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 114.57</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,241.91</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,823.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,732.25</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.16	\$ 43.66	43	\$ 157.30	\$ 67.89	27,803	\$ -	\$ -	-	\$ 196.63	\$ 58.92	40,044	\$ 0.02	\$ 2.99	75	\$ 25.28	\$ 66.19	4,582
	Employment	\$ -	\$ -	-	\$ 0.48	\$ 6.54	882	\$ -	\$ -	-	\$ 17.23	\$ 6.54	31,617	\$ -	\$ -	-	\$ 0.31	\$ 6.54	566
	Home Health/Therapies	\$ 0.09	\$ 13.11	85	\$ 44.79	\$ 12.44	43,204	\$ -	\$ -	-	\$ 78.50	\$ 12.29	76,658	\$ 0.00	\$ 11.02	0	\$ 7.52	\$ 12.42	7,268
	Other Waiver	\$ 0.10	\$ 28.17	41	\$ 45.79	\$ 15.85	34,661	\$ -	\$ -	-	\$ 114.22	\$ 19.18	71,466	\$ 0.01	\$ 2.86	36	\$ 8.17	\$ 16.39	5,979
	PDS/FMS	\$ 0.02	\$ 79.04	3	\$ 10.73	\$ 80.73	1,595	\$ 0.03	\$ 79.04	5	\$ 14.04	\$ 80.58	2,091	\$ -	\$ -	-	\$ 1.74	\$ 80.71	258
	Personal Assistance	\$ 6.55	\$ 4.81	16,330	\$ 3,254.74	\$ 4.72	8,274,310	\$ 12.99	\$ 4.83	32,258	\$ 3,393.73	\$ 4.67	8,729,394	\$ 0.28	\$ 4.87	688	\$ 514.80	\$ 4.72	1,310,045
	Residential Habilitation	\$ 0.10	\$ 42.04	29	\$ 35.74	\$ 78.33	5,475	\$ -	\$ -	-	\$ 158.83	\$ 105.27	18,106	\$ 0.24	\$ 374.29	8	\$ 7.47	\$ 85.56	1,048
	Respite	\$ 0.12	\$ 190.85	7	\$ 9.58	\$ 7.91	14,531	\$ 1.94	\$ 202.78	115	\$ 9.16	\$ 7.98	13,768	\$ 0.00	\$ 6.11	3	\$ 1.56	\$ 8.25	2,274
	Service Coordination	\$ 0.83	\$ 21.37	465	\$ 189.12	\$ 21.44	105,842	\$ 1.58	\$ 21.47	884	\$ 186.37	\$ 21.35	104,730	\$ 0.07	\$ 21.67	37	\$ 29.95	\$ 21.43	16,766
	Vendor Services	\$ 0.52	\$ 27.26	230	\$ 77.24	\$ 12.90	71,836	\$ 0.20	\$ 15.56	153	\$ 60.15	\$ 17.88	40,381	\$ 0.01	\$ 16.88	5	\$ 12.05	\$ 13.26	10,907
	Waiver DME/Supplies	\$ 0.01	\$ 124.13	1	\$ 2.59	\$ 46.89	663	\$ -	\$ -	-	\$ 1.14	\$ 39.05	349	\$ -	\$ -	-	\$ 0.39	\$ 46.86	100
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 8.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,828.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 16.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,229.99</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 609.24</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,775.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,942.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,258.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,053.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.09</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,341.49</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		8,508			20,756			4,029			12,719			289,011			335,023		
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	\$ 0.82	\$ 53.32	184	\$ 2.22	\$ 105.32	253	\$ 26.10	\$ 105.76	2,962	\$ 17.66	\$ 31.27	6,778	\$ 0.27	\$ 54.65	59	\$ 1.37	\$ 45.28	364
	Dental	\$ 5.53	\$ 18.49	3,585	\$ 5.16	\$ 48.17	1,286	\$ 5.01	\$ 5.98	10,044	\$ 9.81	\$ 57.89	2,033	\$ 4.78	\$ 47.18	1,215	\$ 5.01	\$ 42.47	1,417
	DME/Supplies	\$ 57.46	\$ 2.62	263,263	\$ 37.76	\$ 0.76	600,189	\$ 60.61	\$ 23.16	31,409	\$ 183.79	\$ 2.37	931,247	\$ 3.43	\$ 1.20	34,133	\$ 14.46	\$ 1.59	109,048
	Emergency Room	\$ 0.24	\$ 4.13	707	\$ 0.43	\$ 4.43	1,174	\$ 13.82	\$ 66.93	2,478	\$ 61.29	\$ 52.70	13,957	\$ 1.31	\$ 11.08	1,413	\$ 3.65	\$ 23.44	1,869
	FQHC/RHC	\$ 0.45	\$ 35.71	151	\$ 3.06	\$ 77.67	472	\$ 1.11	\$ 159.26	83	\$ 6.56	\$ 127.92	616	\$ 3.77	\$ 76.45	592	\$ 3.72	\$ 78.50	568
	Home Health	\$ -	\$ -	7	\$ 0.02	\$ 7.60	29	\$ 7.03	\$ 76.45	1,103	\$ 65.57	\$ 53.96	14,582	\$ 0.36	\$ 63.18	68	\$ 2.88	\$ 55.15	627
	Hospice	\$ 3.08	\$ 132.65	278	\$ 0.01	\$ 12.00	10	\$ 91.96	\$ 159.07	6,938	\$ 12.53	\$ 424.37	354	\$ 0.00	\$ 32.96	1	\$ 1.66	\$ 189.27	105
	Inpatient	\$ 64.18	\$ 250.34	3,077	\$ 21.18	\$ 98.70	2,575	\$ 1,599.00	\$ 2,078.85	9,230	\$ 664.84	\$ 2,188.05	3,646	\$ 9.05	\$ 148.74	730	\$ 55.22	\$ 593.19	1,117
	Laboratory/Radiology	\$ 1.92	\$ 3.52	6,529	\$ 2.66	\$ 5.02	6,362	\$ 57.80	\$ 13.25	52,344	\$ 68.58	\$ 19.54	42,123	\$ 3.32	\$ 8.11	4,920	\$ 6.38	\$ 10.89	7,033
	Nursing Facility	\$ 5,633.95	\$ 196.17	344,629	\$ 4.25	\$ 111.90	456	\$ 5,698.17	\$ 205.99	331,946	\$ -	\$ -	-	\$ 0.45	\$ 94.77	57	\$ 212.24	\$ 198.66	12,821
	Other Medical	\$ 32.52	\$ 12.42	31,413	\$ 2.08	\$ 1.13	22,194	\$ 83.62	\$ 18.17	55,232	\$ 52.65	\$ 22.21	28,445	\$ 2.20	\$ 2.41	10,952	\$ 5.86	\$ 5.26	13,364
	Outpatient	\$ 1.13	\$ 13.43	1,008	\$ 1.59	\$ 9.42	2,026	\$ 21.73	\$ 119.46	2,183	\$ 74.53	\$ 184.85	4,838	\$ 1.72	\$ 17.68	1,170	\$ 4.71	\$ 41.20	1,371
	Pharmacy	\$ 5.09	\$ 5.93	10,310	\$ 10.09	\$ 30.03	4,034	\$ 777.69	\$ 71.79	129,994	\$ 868.69	\$ 109.94	94,815	\$ 6.67	\$ 21.99	3,640	\$ 48.84	\$ 66.49	8,815
	Physician	\$ 6.14	\$ 1.80	40,934	\$ 4.51	\$ 1.43	37,935	\$ 156.44	\$ 23.79	78,916	\$ 113.29	\$ 22.89	59,384	\$ 5.16	\$ 3.00	20,620	\$ 11.07	\$ 5.45	24,382
	Vision	\$ 0.14	\$ 3.19	539	\$ 0.14	\$ 4.78	355	\$ 2.03	\$ 33.10	737	\$ 4.80	\$ 40.73	1,414	\$ 0.28	\$ 12.39	273	\$ 0.46	\$ 16.62	334
<b>Medical Services Subtotal</b>		<b>\$ 5,812.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 95.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,602.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,204.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 42.77</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 377.54</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 3.31	\$ 27.07	1,468	\$ 91.06	\$ 33.50	32,618	\$ 2.85	\$ 14.90	2,294	\$ 81.33	\$ 35.46	27,521	\$ 0.02	\$ 3.45	64	\$ 8.86	\$ 33.39	3,186
	Employment	\$ -	\$ -	-	\$ 4.90	\$ 11.85	4,957	\$ -	\$ -	-	\$ 6.39	\$ 7.47	10,252	\$ 0.01	\$ 3.97	16	\$ 0.55	\$ 9.30	710
	Home Health/Therapies	\$ 9.12	\$ 11.18	9,795	\$ 504.12	\$ 11.24	537,985	\$ 11.35	\$ 11.27	12,089	\$ 585.89	\$ 11.15	630,840	\$ -	\$ -	-	\$ 53.85	\$ 11.20	57,675
	Other Waiver	\$ 0.80	\$ 14.55	659	\$ 46.61	\$ 14.73	37,984	\$ 0.28	\$ 15.16	220	\$ 33.39	\$ 13.84	28,943	\$ 0.01	\$ 19.71	7	\$ 4.19	\$ 14.46	3,478
	PDS/FMS	\$ 0.20	\$ 85.68	28	\$ 37.93	\$ 83.11	5,477	\$ 0.04	\$ 80.60	6	\$ 34.44	\$ 84.24	4,906	\$ 0.00	\$ 66.09	0	\$ 3.66	\$ 83.50	527
	Personal Assistance	\$ 25.38	\$ 4.34	70,192	\$ 2,922.89	\$ 3.96	8,855,444	\$ 14.45	\$ 4.51	38,471	\$ 2,880.24	\$ 3.99	8,658,273	\$ 0.11	\$ 3.91	330	\$ 291.35	\$ 3.97	879,888
	Residential Habilitation	\$ 6.41	\$ 233.21	330	\$ 144.82	\$ 111.69	15,560	\$ 6.12	\$ 93.68	783	\$ 86.67	\$ 169.79	6,126	\$ 0.44	\$ 14.92	351	\$ 12.88	\$ 101.83	1,517
	Respite	\$ 0.55	\$ 7.95	824	\$ 3.20	\$ 3.75	10,220	\$ -	\$ -	-	\$ 0.51	\$ 4.11	1,499	\$ 0.03	\$ 7.21	57	\$ 0.26	\$ 4.12	760
	Service Coordination	\$ 3.85	\$ 18.87	2,445	\$ 185.30	\$ 18.78	118,428	\$ 5.00	\$ 19.09	3,143	\$ 179.37	\$ 18.78	114,602	\$ 0.06	\$ 20.28	36	\$ 18.50	\$ 18.78	11,819
	Vendor Services	\$ 2.06	\$ 246.84	100	\$ 100.41	\$ 204.15	5,902	\$ 12.97	\$ 1,632.47	95	\$ 116.49	\$ 266.82	5,239	\$ 0.00	\$ 30.00	0	\$ 10.85	\$ 229.06	569
	Waiver DME/Supplies	\$ 0.00	\$ 15.42	3	\$ 2.43	\$ 108.11	270	\$ -	\$ -	-	\$ 2.06	\$ 141.58	175	\$ 0.00	\$ 79.00	0	\$ 0.23	\$ 117.18	24
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 51.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,043.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 53.05</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,006.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.68</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 405.18</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,864.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,138.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 8,655.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,211.38</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 43.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 782.72</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Lehigh/Capital
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		135,066			39,282			3,259			4,840			261,549			443,995		
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	\$ 33.38	83	\$ 0.43	\$ 62.73	83	\$ 16.54	\$ 131.66	1,508	\$ 10.97	\$ 119.65	1,100	\$ 0.10	\$ 52.14	22	\$ 0.41	\$ 70.99	69
	Dental	\$ 4.57	\$ 16.14	3,398	\$ 2.89	\$ 59.70	580	\$ 6.95	\$ 6.84	12,192	\$ 4.75	\$ 61.07	934	\$ 3.20	\$ 54.19	709	\$ 3.64	\$ 27.22	1,602
	DME/Supplies	\$ 7.33	\$ 2.89	30,467	\$ 57.15	\$ 0.74	928,198	\$ 22.61	\$ 24.76	10,958	\$ 92.09	\$ 1.67	661,423	\$ 3.87	\$ 0.88	52,582	\$ 10.74	\$ 0.99	129,655
	Emergency Room	\$ 0.05	\$ 3.08	193	\$ 0.30	\$ 4.77	767	\$ 10.61	\$ 78.88	1,614	\$ 29.18	\$ 57.53	6,086	\$ 0.42	\$ 8.28	611	\$ 0.69	\$ 14.58	565
	FQHC/RHC	\$ 0.25	\$ 26.58	115	\$ 3.31	\$ 77.79	510	\$ 2.58	\$ 128.98	240	\$ 21.13	\$ 135.62	1,869	\$ 3.33	\$ 72.77	549	\$ 2.58	\$ 72.77	426
	Home Health	\$ -	\$ -	2	\$ 0.05	\$ 19.87	32	\$ 5.20	\$ 65.14	959	\$ 28.40	\$ 71.58	4,761	\$ 0.02	\$ 13.54	17	\$ 0.36	\$ 60.39	72
	Hospice	\$ 0.86	\$ 68.03	151	\$ 0.38	\$ 92.41	50	\$ 169.96	\$ 145.93	13,976	\$ 54.67	\$ 169.56	3,869	\$ 0.09	\$ 57.60	19	\$ 2.19	\$ 127.44	206
	Inpatient	\$ 9.50	\$ 129.02	883	\$ 20.59	\$ 97.55	2,533	\$ 818.16	\$ 1,883.32	5,213	\$ 637.79	\$ 2,007.14	3,813	\$ 10.07	\$ 121.16	997	\$ 23.60	\$ 244.13	1,160
	Laboratory/Radiology	\$ 0.90	\$ 4.13	2,601	\$ 2.15	\$ 5.02	5,126	\$ 42.56	\$ 13.14	38,857	\$ 55.95	\$ 20.18	33,271	\$ 2.24	\$ 6.83	3,935	\$ 2.70	\$ 7.70	4,211
	Nursing Facility	\$ 4,568.15	\$ 158.28	346,328	\$ 10.66	\$ 139.83	915	\$ 5,038.41	\$ 176.43	342,692	\$ 5.09	\$ 178.68	342	\$ 3.89	\$ 132.34	353	\$ 1,429.93	\$ 158.64	108,163
	Other Medical	\$ 3.91	\$ 6.70	6,995	\$ 1.64	\$ 1.50	13,115	\$ 58.28	\$ 13.73	50,941	\$ 45.43	\$ 17.67	30,850	\$ 3.10	\$ 2.63	14,173	\$ 4.08	\$ 3.97	12,348
	Outpatient	\$ 0.33	\$ 21.94	181	\$ 1.17	\$ 18.72	749	\$ 13.62	\$ 154.96	1,055	\$ 53.70	\$ 68.28	9,438	\$ 1.36	\$ 21.84	748	\$ 1.69	\$ 30.17	673
	Pharmacy	\$ 3.63	\$ 4.07	10,675	\$ 7.26	\$ 21.02	4,145	\$ 513.59	\$ 54.11	113,897	\$ 665.58	\$ 89.14	89,597	\$ 4.69	\$ 18.21	3,090	\$ 15.53	\$ 25.72	7,247
	Physician	\$ 2.66	\$ 2.94	10,852	\$ 3.48	\$ 1.77	23,648	\$ 108.14	\$ 23.22	55,883	\$ 77.33	\$ 21.09	43,992	\$ 4.16	\$ 2.68	18,622	\$ 5.20	\$ 3.62	17,253
	Vision	\$ 0.09	\$ 2.81	372	\$ 0.16	\$ 3.69	507	\$ 2.22	\$ 35.77	745	\$ 4.34	\$ 39.84	1,306	\$ 0.31	\$ 7.10	519	\$ 0.28	\$ 7.07	484
<b>Medical Services Subtotal</b>		<b>\$ 4,602.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 111.63</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,829.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,786.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 40.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,503.63</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.06	\$ 29.65	26	\$ 31.61	\$ 54.36	6,979	\$ -	\$ -	-	\$ 15.16	\$ 43.15	4,215	\$ 0.00	\$ 60.86	0	\$ 2.98	\$ 53.30	672
	Employment	\$ 0.00	\$ 2.43	18	\$ 0.43	\$ 6.96	734	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 2.06	8	\$ 0.04	\$ 6.31	75
	Home Health/Therapies	\$ 0.21	\$ 11.39	225	\$ 34.56	\$ 11.55	35,898	\$ 1.26	\$ 11.14	1,355	\$ 37.50	\$ 11.77	38,239	\$ 0.00	\$ 16.55	1	\$ 3.54	\$ 11.57	3,672
	Other Waiver	\$ 0.02	\$ 10.95	17	\$ 4.89	\$ 8.49	6,915	\$ -	\$ -	-	\$ 18.72	\$ 14.69	15,292	\$ 0.00	\$ 13.62	2	\$ 0.64	\$ 9.83	785
	PDS/FMS	\$ 0.03	\$ 94.85	3	\$ 26.43	\$ 90.48	3,505	\$ 0.07	\$ 79.04	11	\$ 22.84	\$ 83.75	3,273	\$ 0.00	\$ 76.56	1	\$ 2.60	\$ 89.79	347
	Personal Assistance	\$ 4.25	\$ 4.43	11,509	\$ 2,887.23	\$ 4.19	8,278,673	\$ 9.85	\$ 4.37	27,079	\$ 3,549.85	\$ 4.25	10,027,924	\$ 0.17	\$ 3.72	559	\$ 295.61	\$ 4.19	845,788
	Residential Habilitation	\$ 0.10	\$ 73.93	16	\$ 8.85	\$ 212.37	500	\$ -	\$ -	-	\$ 19.54	\$ 264.15	888	\$ 0.07	\$ 149.43	5	\$ 1.07	\$ 206.61	62
	Respite	\$ 0.38	\$ 179.15	25	\$ 9.03	\$ 8.07	13,421	\$ -	\$ -	-	\$ 0.84	\$ 5.60	1,803	\$ 0.00	\$ 5.91	2	\$ 0.92	\$ 9.11	1,216
	Service Coordination	\$ 0.74	\$ 18.78	476	\$ 165.81	\$ 18.77	105,993	\$ 1.45	\$ 17.99	969	\$ 159.52	\$ 18.78	101,941	\$ 0.04	\$ 19.21	25	\$ 16.67	\$ 18.77	10,655
	Vendor Services	\$ 0.42	\$ 17.54	285	\$ 121.54	\$ 14.13	103,213	\$ 0.17	\$ 7.88	261	\$ 62.83	\$ 20.95	35,988	\$ 0.02	\$ 24.22	8	\$ 11.58	\$ 14.44	9,617
	Waiver DME/Supplies	\$ 0.01	\$ 55.64	3	\$ 8.26	\$ 60.33	1,644	\$ 0.05	\$ 79.00	7	\$ 3.53	\$ 45.20	937	\$ 0.00	\$ 51.50	0	\$ 0.77	\$ 59.32	157
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 6.22</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,298.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 12.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,890.34</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 336.42</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,608.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,410.27</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,842.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,676.75</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 41.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,840.05</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			21,636			4,059			13,737			288,726			336,650		
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	\$ 28.16	172	\$ 0.61	\$ 79.54	93	\$ 20.49	\$ 121.55	2,023	\$ 17.34	\$ 52.93	3,931	\$ 0.25	\$ 52.16	58	\$ 1.22	\$ 59.82	245
	Dental	\$ 5.88	\$ 19.38	3,641	\$ 5.24	\$ 55.79	1,127	\$ 7.53	\$ 6.84	13,205	\$ 11.72	\$ 65.83	2,136	\$ 4.69	\$ 47.14	1,195	\$ 5.08	\$ 42.46	1,436
	DME/Supplies	\$ 51.22	\$ 3.15	194,903	\$ 38.35	\$ 0.77	597,208	\$ 49.88	\$ 21.06	28,414	\$ 240.29	\$ 2.92	988,738	\$ 3.36	\$ 1.28	31,434	\$ 17.05	\$ 1.84	110,944
	Emergency Room	\$ 0.17	\$ 3.03	681	\$ 0.48	\$ 5.27	1,095	\$ 14.12	\$ 96.07	1,763	\$ 64.71	\$ 40.61	19,122	\$ 1.33	\$ 12.31	1,293	\$ 3.98	\$ 23.93	1,998
	FQHC/RHC	\$ 0.58	\$ 65.98	105	\$ 3.91	\$ 83.44	563	\$ 0.93	\$ 142.18	78	\$ 9.86	\$ 92.57	1,278	\$ 3.94	\$ 76.83	616	\$ 4.06	\$ 78.59	620
	Home Health	\$ 0.31	\$ 82.30	45	\$ 0.01	\$ 3.45	25	\$ 6.82	\$ 80.04	1,022	\$ 69.38	\$ 53.97	15,425	\$ 0.19	\$ 71.96	32	\$ 3.09	\$ 55.11	672
	Hospice	\$ 2.90	\$ 83.26	418	\$ -	\$ -	2	\$ 88.92	\$ 156.04	6,839	\$ 14.21	\$ 343.51	496	\$ 0.01	\$ 56.89	2	\$ 1.73	\$ 180.88	115
	Inpatient	\$ 28.79	\$ 122.18	2,828	\$ 27.05	\$ 135.06	2,404	\$ 1,018.24	\$ 2,240.40	5,454	\$ 754.20	\$ 2,252.42	4,018	\$ 11.85	\$ 239.84	593	\$ 55.68	\$ 693.17	964
	Laboratory/Radiology	\$ 1.77	\$ 3.36	6,321	\$ 2.80	\$ 5.22	6,428	\$ 48.73	\$ 14.80	39,510	\$ 67.07	\$ 18.46	43,588	\$ 2.94	\$ 7.99	4,422	\$ 6.07	\$ 11.01	6,620
	Nursing Facility	\$ 5,592.84	\$ 194.57	344,939	\$ 2.54	\$ 141.86	215	\$ 5,730.09	\$ 208.31	330,085	\$ 0.14	\$ 169.01	10	\$ 0.52	\$ 129.64	48	\$ 210.80	\$ 198.59	12,737
	Other Medical	\$ 28.07	\$ 11.55	29,159	\$ 2.13	\$ 1.21	21,177	\$ 51.71	\$ 14.87	41,721	\$ 53.54	\$ 25.10	25,595	\$ 2.30	\$ 2.33	11,862	\$ 5.63	\$ 4.89	13,818
	Outpatient	\$ 1.04	\$ 16.57	754	\$ 1.46	\$ 13.41	1,305	\$ 20.15	\$ 139.25	1,737	\$ 57.41	\$ 102.96	6,691	\$ 1.84	\$ 14.19	1,556	\$ 4.28	\$ 29.69	1,732
	Pharmacy	\$ 5.20	\$ 6.43	9,701	\$ 11.24	\$ 28.38	4,754	\$ 717.03	\$ 70.47	122,102	\$ 845.09	\$ 108.46	93,500	\$ 7.86	\$ 25.28	3,729	\$ 50.72	\$ 67.36	9,036
	Physician	\$ 6.39	\$ 2.07	37,045	\$ 4.93	\$ 1.73	34,207	\$ 147.97	\$ 23.51	75,539	\$ 131.18	\$ 25.33	62,145	\$ 5.33	\$ 3.09	20,663	\$ 12.18	\$ 6.02	24,301
	Vision	\$ 0.10	\$ 2.57	465	\$ 0.20	\$ 7.11	345	\$ 2.28	\$ 33.73	813	\$ 5.31	\$ 42.09	1,513	\$ 0.28	\$ 14.51	233	\$ 0.50	\$ 19.72	305
<b>Medical Services Subtotal</b>		<b>\$ 5,725.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 100.96</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,924.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,341.43</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 382.07</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 1.12	\$ 28.56	471	\$ 99.54	\$ 33.55	35,605	\$ 0.26	\$ 34.56	90	\$ 86.42	\$ 34.31	30,228	\$ 0.00	\$ 9.16	5	\$ 9.96	\$ 33.76	3,539
	Employment	\$ 0.02	\$ 2.06	113	\$ 5.47	\$ 7.78	8,432	\$ -	\$ -	-	\$ 5.16	\$ 7.02	8,816	\$ 0.00	\$ 2.67	18	\$ 0.57	\$ 7.38	920
	Home Health/Therapies	\$ 8.65	\$ 11.23	9,240	\$ 562.18	\$ 11.37	593,554	\$ 4.93	\$ 12.65	4,674	\$ 607.10	\$ 11.15	653,520	\$ -	\$ -	-	\$ 61.18	\$ 11.28	65,102
	Other Waiver	\$ 0.48	\$ 17.14	334	\$ 51.38	\$ 15.52	39,742	\$ 0.04	\$ 174.00	3	\$ 30.02	\$ 15.51	23,222	\$ 0.01	\$ 4.72	31	\$ 4.55	\$ 15.44	3,536
	PDS/FMS	\$ 0.16	\$ 79.59	24	\$ 36.81	\$ 82.81	5,334	\$ 0.09	\$ 178.63	6	\$ 31.32	\$ 84.37	4,454	\$ 0.00	\$ 99.56	0	\$ 3.65	\$ 83.37	526
	Personal Assistance	\$ 31.79	\$ 4.33	88,039	\$ 3,171.87	\$ 4.01	9,495,244	\$ 10.09	\$ 4.56	26,579	\$ 3,245.79	\$ 4.10	9,510,459	\$ 0.07	\$ 4.18	211	\$ 337.28	\$ 4.04	1,001,024
	Residential Habilitation	\$ 3.00	\$ 65.36	551	\$ 149.98	\$ 121.14	14,858	\$ 0.53	\$ 264.15	24	\$ 98.82	\$ 135.26	8,768	\$ 0.30	\$ 9.23	389	\$ 14.01	\$ 101.24	1,661
	Respite	\$ -	\$ -	-	\$ 1.72	\$ 3.49	5,920	\$ -	\$ -	-	\$ 0.85	\$ 4.29	2,376	\$ 0.00	\$ 15.27	3	\$ 0.15	\$ 3.71	480
	Service Coordination	\$ 3.26	\$ 19.08	2,049	\$ 186.06	\$ 18.78	118,886	\$ 2.21	\$ 18.82	1,412	\$ 184.75	\$ 18.78	118,070	\$ 0.05	\$ 21.38	26	\$ 19.65	\$ 18.79	12,549
	Vendor Services	\$ 3.70	\$ 431.92	103	\$ 98.39	\$ 191.55	6,164	\$ 4.61	\$ 885.40	62	\$ 89.71	\$ 201.42	5,345	\$ -	\$ -	-	\$ 10.13	\$ 196.89	618
	Waiver DME/Supplies	\$ 0.11	\$ 136.61	10	\$ 4.21	\$ 105.81	478	\$ -	\$ -	-	\$ 3.22	\$ 104.36	371	\$ -	\$ -	-	\$ 0.41	\$ 105.51	46
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 52.29</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,367.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 22.76</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,383.16</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.45</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 461.52</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 5,777.94</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,468.58</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,947.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,724.59</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 843.60</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		134,616			43,635			3,325			5,926			278,401			465,904		
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	\$ 0.30	\$ 30.12	120	\$ 0.42	\$ 55.15	91	\$ 14.49	\$ 138.89	1,252	\$ 10.99	\$ 107.99	1,222	\$ 0.13	\$ 53.78	30	\$ 0.45	\$ 63.04	86
	Dental	\$ 4.34	\$ 14.56	3,575	\$ 2.64	\$ 61.26	516	\$ 7.51	\$ 7.38	12,224	\$ 6.03	\$ 65.17	1,110	\$ 3.03	\$ 50.20	724	\$ 3.44	\$ 25.55	1,615
	DME/Supplies	\$ 8.64	\$ 5.73	18,098	\$ 55.83	\$ 0.73	914,513	\$ 21.09	\$ 24.28	10,424	\$ 104.43	\$ 1.88	666,870	\$ 3.53	\$ 0.85	49,947	\$ 11.32	\$ 1.05	129,283
	Emergency Room	\$ 0.06	\$ 3.87	180	\$ 0.33	\$ 5.74	688	\$ 8.10	\$ 97.13	1,001	\$ 30.22	\$ 63.07	5,751	\$ 0.47	\$ 10.11	557	\$ 0.77	\$ 17.46	530
	FQHC/RHC	\$ 0.22	\$ 45.73	59	\$ 3.96	\$ 79.23	600	\$ 1.04	\$ 116.32	107	\$ 25.06	\$ 127.11	2,366	\$ 3.49	\$ 69.30	604	\$ 2.84	\$ 73.46	465
	Home Health	\$ -	\$ -	1	\$ 0.12	\$ 37.06	37	\$ 3.32	\$ 77.16	517	\$ 30.65	\$ 77.48	4,747	\$ 0.02	\$ 19.22	15	\$ 0.44	\$ 68.45	77
	Hospice	\$ 0.31	\$ 49.95	75	\$ 0.38	\$ 174.54	26	\$ 184.07	\$ 155.11	14,240	\$ 45.41	\$ 168.73	3,230	\$ 0.03	\$ 176.99	2	\$ 2.04	\$ 145.37	168
	Inpatient	\$ 10.42	\$ 153.55	814	\$ 27.69	\$ 152.80	2,175	\$ 627.05	\$ 2,213.05	3,400	\$ 626.29	\$ 2,034.30	3,694	\$ 14.01	\$ 193.24	870	\$ 26.42	\$ 307.75	1,030
	Laboratory/Radiology	\$ 0.92	\$ 4.06	2,712	\$ 2.04	\$ 5.00	4,895	\$ 40.68	\$ 14.30	34,127	\$ 54.36	\$ 20.14	32,380	\$ 1.99	\$ 6.53	3,659	\$ 2.63	\$ 7.72	4,084
	Nursing Facility	\$ 4,546.50	\$ 157.72	345,915	\$ 7.92	\$ 116.41	816	\$ 5,002.45	\$ 174.79	343,436	\$ 2.75	\$ 178.65	185	\$ 4.21	\$ 138.31	365	\$ 1,352.63	\$ 158.06	102,695
	Other Medical	\$ 2.69	\$ 4.67	6,907	\$ 1.87	\$ 1.49	15,009	\$ 48.95	\$ 6.40	91,838	\$ 48.50	\$ 12.92	45,049	\$ 3.23	\$ 2.64	14,712	\$ 3.85	\$ 3.44	13,421
	Outpatient	\$ 0.32	\$ 22.05	172	\$ 1.67	\$ 26.33	759	\$ 16.44	\$ 186.00	1,060	\$ 47.31	\$ 153.37	3,702	\$ 1.35	\$ 31.22	520	\$ 1.78	\$ 43.79	487
	Pharmacy	\$ 4.50	\$ 5.62	9,606	\$ 10.17	\$ 24.01	5,080	\$ 632.94	\$ 67.90	111,860	\$ 592.27	\$ 84.66	83,947	\$ 5.26	\$ 18.90	3,340	\$ 17.44	\$ 29.43	7,113
	Physician	\$ 2.78	\$ 3.33	9,996	\$ 3.55	\$ 1.79	23,851	\$ 103.82	\$ 28.68	43,434	\$ 75.42	\$ 22.59	40,069	\$ 4.42	\$ 2.89	18,331	\$ 5.48	\$ 3.89	16,895
	Vision	\$ 0.09	\$ 3.61	307	\$ 0.21	\$ 5.96	426	\$ 2.36	\$ 32.61	869	\$ 4.18	\$ 37.96	1,322	\$ 0.38	\$ 10.15	447	\$ 0.34	\$ 9.81	419
<b>Medical Services Subtotal</b>		<b>\$ 4,582.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 118.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,714.31</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,703.88</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 45.56</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,431.86</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.04	\$ 41.54	11	\$ 30.25	\$ 51.88	6,997	\$ -	\$ -	-	\$ 15.15	\$ 40.90	4,445	\$ 0.03	\$ 65.88	5	\$ 3.05	\$ 51.03	718
	Employment	\$ -	\$ -	-	\$ 0.34	\$ 6.96	590	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 6.96	55
	Home Health/Therapies	\$ 0.20	\$ 11.26	218	\$ 58.72	\$ 11.46	61,497	\$ -	\$ -	-	\$ 52.03	\$ 11.63	53,708	\$ 0.00	\$ 16.55	1	\$ 6.22	\$ 11.47	6,506
	Other Waiver	\$ 0.01	\$ 6.52	15	\$ 5.54	\$ 9.30	7,148	\$ -	\$ -	-	\$ 14.39	\$ 14.34	12,039	\$ 0.00	\$ 2.20	0	\$ 0.70	\$ 10.22	827
	PDS/FMS	\$ 0.01	\$ 81.07	2	\$ 25.67	\$ 93.51	3,294	\$ 0.11	\$ 177.58	7	\$ 16.49	\$ 82.77	2,391	\$ 0.00	\$ 80.61	0	\$ 2.62	\$ 92.54	340
	Personal Assistance	\$ 5.75	\$ 4.51	15,321	\$ 3,355.61	\$ 4.25	9,465,474	\$ 3.37	\$ 4.16	9,728	\$ 4,192.35	\$ 4.37	11,515,114	\$ 0.54	\$ 4.45	1,452	\$ 369.61	\$ 4.27	1,038,353
	Residential Habilitation	\$ 0.35	\$ 15.63	267	\$ 12.01	\$ 233.33	618	\$ -	\$ -	-	\$ 27.28	\$ 256.87	1,274	\$ 0.02	\$ 298.42	1	\$ 1.58	\$ 125.26	152
	Respite	\$ 0.28	\$ 205.13	16	\$ 6.82	\$ 7.19	11,394	\$ -	\$ -	-	\$ 0.80	\$ 4.49	2,139	\$ -	\$ -	-	\$ 0.73	\$ 7.97	1,099
	Service Coordination	\$ 0.65	\$ 18.84	414	\$ 181.33	\$ 18.77	115,940	\$ 1.19	\$ 18.78	762	\$ 173.07	\$ 18.77	110,624	\$ 0.04	\$ 18.80	28	\$ 19.41	\$ 18.77	12,408
	Vendor Services	\$ 0.59	\$ 40.14	175	\$ 157.77	\$ 16.76	112,982	\$ 0.05	\$ 6.33	95	\$ 74.81	\$ 23.79	37,738	\$ 0.01	\$ 8.36	20	\$ 15.91	\$ 17.16	11,125
	Waiver DME/Supplies	\$ 0.02	\$ 63.15	3	\$ 9.79	\$ 65.78	1,786	\$ -	\$ -	-	\$ 5.17	\$ 58.79	1,055	\$ 0.00	\$ 57.61	0	\$ 0.99	\$ 65.24	182
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 7.90</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,843.86</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4.72</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,571.54</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.64</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 420.86</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,589.98</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,962.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,719.03</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,275.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.20</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,852.71</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast/Northwest
Age Group	21-59
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		8,313			29,136			5,071			17,187			352,537			412,244		
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	\$ 0.44	\$ 29.65	179	\$ 0.46	\$ 98.79	56	\$ 31.92	\$ 126.60	3,025	\$ 22.59	\$ 33.01	8,213	\$ 0.21	\$ 33.31	75	\$ 1.55	\$ 41.32	451
	Dental	\$ 7.73	\$ 41.59	2,231	\$ 7.03	\$ 57.51	1,467	\$ 8.70	\$ 28.74	3,633	\$ 8.64	\$ 55.66	1,863	\$ 7.50	\$ 55.71	1,616	\$ 7.54	\$ 54.71	1,653
	DME/Supplies	\$ 40.82	\$ 2.53	193,270	\$ 37.76	\$ 0.87	521,888	\$ 41.78	\$ 11.93	42,034	\$ 209.82	\$ 3.13	804,801	\$ 3.55	\$ 1.14	37,328	\$ 15.79	\$ 1.77	106,775
	Emergency Room	\$ 0.26	\$ 2.43	1,292	\$ 0.70	\$ 4.43	1,897	\$ 18.69	\$ 91.50	2,451	\$ 64.86	\$ 40.78	19,088	\$ 1.15	\$ 8.33	1,654	\$ 3.97	\$ 19.85	2,401
	FQHC/RHC	\$ 1.66	\$ 33.04	604	\$ 3.77	\$ 58.25	776	\$ 6.63	\$ 116.14	685	\$ 6.72	\$ 71.90	1,121	\$ 3.78	\$ 57.70	785	\$ 3.89	\$ 58.82	794
	Home Health	\$ 0.02	\$ 5.55	33	\$ 0.67	\$ 73.55	109	\$ 16.14	\$ 77.27	2,507	\$ 64.99	\$ 54.76	14,240	\$ 0.25	\$ 77.48	39	\$ 3.17	\$ 57.11	666
	Hospice	\$ 0.25	\$ 17.39	173	\$ -	\$ -	3	\$ 35.07	\$ 141.54	2,973	\$ 20.28	\$ 837.34	291	\$ 0.00	\$ 7.67	1	\$ 1.28	\$ 287.54	54
	Inpatient	\$ 34.44	\$ 127.73	3,236	\$ 27.19	\$ 150.85	2,163	\$ 1,095.04	\$ 1,883.65	6,976	\$ 634.85	\$ 2,168.56	3,513	\$ 10.80	\$ 198.88	652	\$ 51.79	\$ 616.73	1,008
	Laboratory/Radiology	\$ 2.72	\$ 3.02	10,790	\$ 3.54	\$ 5.51	7,698	\$ 64.00	\$ 14.04	54,705	\$ 70.03	\$ 17.68	47,539	\$ 3.74	\$ 7.74	5,792	\$ 7.21	\$ 10.33	8,370
	Nursing Facility	\$ 4,188.38	\$ 150.24	334,532	\$ 3.60	\$ 92.96	465	\$ 5,053.40	\$ 188.08	322,418	\$ 0.89	\$ 174.05	61	\$ 1.07	\$ 152.41	84	\$ 147.83	\$ 163.96	10,820
	Other Medical	\$ 10.10	\$ 4.27	28,398	\$ 2.47	\$ 1.11	26,702	\$ 78.36	\$ 11.88	79,130	\$ 48.20	\$ 22.33	25,909	\$ 1.84	\$ 1.57	14,064	\$ 4.92	\$ 3.57	16,541
	Outpatient	\$ 1.41	\$ 12.46	1,355	\$ 2.24	\$ 8.90	3,021	\$ 21.96	\$ 36.56	7,207	\$ 53.23	\$ 30.54	20,912	\$ 1.84	\$ 10.37	2,132	\$ 4.25	\$ 16.87	3,024
	Pharmacy	\$ 5.67	\$ 7.71	8,837	\$ 14.80	\$ 37.45	4,741	\$ 911.97	\$ 81.48	134,311	\$ 849.90	\$ 100.39	101,596	\$ 7.20	\$ 25.89	3,337	\$ 53.97	\$ 69.98	9,255
	Physician	\$ 6.39	\$ 1.29	59,262	\$ 5.12	\$ 1.21	50,542	\$ 120.22	\$ 15.35	93,970	\$ 104.05	\$ 20.73	60,227	\$ 5.45	\$ 2.52	25,945	\$ 10.97	\$ 4.30	30,621
	Vision	\$ 0.10	\$ 2.45	507	\$ 0.20	\$ 4.96	490	\$ 1.83	\$ 32.09	685	\$ 3.54	\$ 31.43	1,352	\$ 0.30	\$ 9.37	379	\$ 0.44	\$ 12.16	434
<b>Medical Services Subtotal</b>		<b>\$ 4,300.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 109.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,505.70</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,162.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.67</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 318.58</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.11	\$ 4.04	336	\$ 42.40	\$ 34.34	14,816	\$ 0.30	\$ 5.04	703	\$ 37.94	\$ 34.06	13,369	\$ 0.02	\$ 3.68	69	\$ 4.60	\$ 32.89	1,679
	Employment	\$ -	\$ -	-	\$ 6.36	\$ 21.93	3,479	\$ -	\$ -	-	\$ 1.22	\$ 39.88	367	\$ 0.03	\$ 2.74	144	\$ 0.53	\$ 16.51	384
	Home Health/Therapies	\$ 3.36	\$ 11.02	3,658	\$ 266.30	\$ 11.23	284,533	\$ 0.05	\$ 21.33	26	\$ 262.25	\$ 11.09	283,776	\$ 0.06	\$ 10.05	72	\$ 29.87	\$ 11.18	32,077
	Other Waiver	\$ 0.09	\$ 28.08	39	\$ 22.01	\$ 16.21	16,286	\$ 0.29	\$ 18.31	192	\$ 15.64	\$ 15.96	11,758	\$ 0.01	\$ 2.23	73	\$ 2.22	\$ 15.64	1,707
	PDS/FMS	\$ 0.35	\$ 81.55	52	\$ 39.53	\$ 88.49	5,361	\$ 0.15	\$ 128.06	14	\$ 43.59	\$ 102.26	5,115	\$ 0.00	\$ 160.36	0	\$ 4.62	\$ 93.46	594
	Personal Assistance	\$ 43.34	\$ 4.43	117,454	\$ 2,519.18	\$ 3.98	7,596,775	\$ 22.51	\$ 4.71	57,390	\$ 2,545.24	\$ 3.97	7,684,125	\$ 0.05	\$ 4.42	139	\$ 285.36	\$ 3.98	860,471
	Residential Habilitation	\$ 6.09	\$ 15.70	4,657	\$ 166.76	\$ 93.81	21,333	\$ 8.51	\$ 15.86	6,441	\$ 105.54	\$ 121.99	10,382	\$ 0.25	\$ 20.37	147	\$ 16.63	\$ 89.10	2,239
	Respite	\$ 0.15	\$ 5.41	322	\$ 1.60	\$ 4.31	4,463	\$ -	\$ -	-	\$ 1.73	\$ 4.23	4,901	\$ 0.01	\$ 6.75	21	\$ 0.20	\$ 4.37	544
	Service Coordination	\$ 6.88	\$ 20.02	4,125	\$ 198.08	\$ 20.09	118,293	\$ 6.12	\$ 20.00	3,675	\$ 204.81	\$ 20.10	122,258	\$ 0.06	\$ 19.47	37	\$ 22.80	\$ 20.10	13,618
	Vendor Services	\$ 17.96	\$ 1,275.99	169	\$ 90.88	\$ 198.75	5,487	\$ 9.49	\$ 829.77	137	\$ 89.40	\$ 211.32	5,077	\$ 0.00	\$ 30.00	0	\$ 10.63	\$ 210.97	605
	Waiver DME/Supplies	\$ 0.51	\$ 471.60	13	\$ 2.63	\$ 187.45	168	\$ 0.01	\$ 52.80	2	\$ 3.05	\$ 221.32	166	\$ -	\$ -	-	\$ 0.32	\$ 203.40	19
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 78.85</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,355.73</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 47.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,310.42</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.50</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 377.79</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,379.26</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,465.28</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,553.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,473.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.17</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 696.37</b>	<b>N/A</b>	<b>N/A</b>

Rating Region	Northeast/Northwest
Age Group	60+
Time Period	CY 2016

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		158,489			63,953			3,914			5,210			299,651			531,217		
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	\$ 0.24	\$ 31.26	92	\$ 0.39	\$ 82.78	57	\$ 20.07	\$ 124.30	1,938	\$ 19.55	\$ 75.52	3,106	\$ 0.16	\$ 47.62	39	\$ 0.55	\$ 64.78	101
	Dental	\$ 4.05	\$ 26.25	1,852	\$ 3.58	\$ 76.88	558	\$ 5.79	\$ 16.63	4,174	\$ 6.50	\$ 66.74	1,169	\$ 4.21	\$ 65.26	774	\$ 4.12	\$ 45.01	1,099
	DME/Supplies	\$ 4.59	\$ 1.92	28,693	\$ 51.25	\$ 0.74	828,873	\$ 20.04	\$ 11.71	20,541	\$ 143.24	\$ 2.90	592,254	\$ 6.51	\$ 0.90	86,628	\$ 12.76	\$ 0.94	163,174
	Emergency Room	\$ 0.14	\$ 4.20	407	\$ 0.50	\$ 5.02	1,192	\$ 12.54	\$ 103.43	1,455	\$ 40.64	\$ 47.09	10,357	\$ 0.41	\$ 5.80	842	\$ 0.82	\$ 11.59	852
	FQHC/RHC	\$ 1.15	\$ 33.20	416	\$ 2.56	\$ 40.22	764	\$ 10.06	\$ 114.97	1,050	\$ 15.77	\$ 112.42	1,684	\$ 2.60	\$ 51.35	607	\$ 2.35	\$ 48.30	583
	Home Health	\$ 0.00	\$ 4.77	7	\$ 0.14	\$ 31.38	53	\$ 8.41	\$ 73.37	1,375	\$ 43.75	\$ 68.21	7,697	\$ 0.07	\$ 18.23	47	\$ 0.55	\$ 54.66	120
	Hospice	\$ 0.12	\$ 16.71	87	\$ 0.01	\$ 2.63	43	\$ 90.88	\$ 129.13	8,445	\$ 44.71	\$ 174.41	3,076	\$ 0.03	\$ 43.96	9	\$ 1.16	\$ 108.69	128
	Inpatient	\$ 12.38	\$ 141.80	1,047	\$ 25.62	\$ 144.98	2,120	\$ 733.37	\$ 2,189.75	4,019	\$ 609.66	\$ 1,860.48	3,932	\$ 13.04	\$ 154.69	1,012	\$ 25.52	\$ 253.77	1,207
	Laboratory/Radiology	\$ 1.12	\$ 3.67	3,673	\$ 2.57	\$ 5.24	5,892	\$ 44.70	\$ 13.24	40,516	\$ 63.79	\$ 18.09	42,317	\$ 2.61	\$ 5.94	5,266	\$ 3.07	\$ 6.71	5,490
	Nursing Facility	\$ 4,127.88	\$ 144.85	341,965	\$ 18.41	\$ 134.90	1,638	\$ 4,952.11	\$ 174.21	341,115	\$ 19.66	\$ 175.14	1,347	\$ 5.88	\$ 139.64	505	\$ 1,273.77	\$ 145.53	105,034
	Other Medical	\$ 1.61	\$ 2.60	7,421	\$ 1.42	\$ 1.09	15,589	\$ 42.70	\$ 8.56	59,828	\$ 41.93	\$ 15.64	32,161	\$ 4.72	\$ 2.48	22,800	\$ 4.04	\$ 2.74	17,708
	Outpatient	\$ 0.51	\$ 16.24	380	\$ 1.11	\$ 11.90	1,122	\$ 15.05	\$ 101.47	1,780	\$ 43.40	\$ 31.45	16,560	\$ 1.38	\$ 18.13	911	\$ 1.60	\$ 20.48	938
	Pharmacy	\$ 3.44	\$ 4.64	8,892	\$ 5.39	\$ 14.49	4,462	\$ 558.71	\$ 54.79	122,365	\$ 756.57	\$ 87.10	104,231	\$ 5.00	\$ 19.60	3,063	\$ 16.03	\$ 28.12	6,842
	Physician	\$ 2.82	\$ 2.35	14,416	\$ 3.57	\$ 1.60	26,794	\$ 89.97	\$ 22.29	48,448	\$ 87.90	\$ 18.62	56,656	\$ 4.49	\$ 2.06	26,193	\$ 5.33	\$ 2.76	23,215
	Vision	\$ 0.10	\$ 3.08	389	\$ 0.17	\$ 3.91	516	\$ 1.74	\$ 32.09	651	\$ 2.74	\$ 31.58	1,043	\$ 0.34	\$ 5.71	714	\$ 0.28	\$ 5.66	596
<b>Medical Services Subtotal</b>		<b>\$ 4,160.15</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 116.69</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,606.14</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,939.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 51.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,351.95</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.03	\$ 6.24	62	\$ 11.41	\$ 54.77	2,500	\$ -	\$ -	-	\$ 16.10	\$ 38.37	5,036	\$ 0.00	\$ 4.82	10	\$ 1.54	\$ 49.43	375
	Employment	\$ 0.00	\$ 1.82	5	\$ 0.05	\$ 9.04	67	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 7.82	10
	Home Health/Therapies	\$ 0.08	\$ 12.32	75	\$ 50.47	\$ 12.18	49,718	\$ 0.04	\$ 16.55	28	\$ 14.83	\$ 13.15	13,528	\$ 0.00	\$ 14.71	2	\$ 6.25	\$ 12.20	6,142
	Other Waiver	\$ 0.03	\$ 67.33	6	\$ 4.67	\$ 31.87	1,758	\$ 0.03	\$ 114.50	3	\$ 2.03	\$ 20.98	1,161	\$ 0.00	\$ 11.25	0	\$ 0.59	\$ 31.57	225
	PDS/FMS	\$ 0.09	\$ 95.60	12	\$ 25.66	\$ 88.95	3,462	\$ 0.10	\$ 82.16	15	\$ 26.62	\$ 82.53	3,870	\$ 0.00	\$ 134.73	0	\$ 3.38	\$ 88.50	459
	Personal Assistance	\$ 10.68	\$ 4.48	28,591	\$ 2,542.91	\$ 4.25	7,174,497	\$ 15.08	\$ 4.49	40,278	\$ 2,495.10	\$ 4.24	7,069,684	\$ 0.26	\$ 4.19	730	\$ 334.05	\$ 4.25	942,314
	Residential Habilitation	\$ 0.21	\$ 19.15	130	\$ 4.14	\$ 195.19	254	\$ -	\$ -	-	\$ 112.53	\$ 50.92	26,519	\$ 0.01	\$ 12.83	9	\$ 1.67	\$ 59.83	335
	Respite	\$ 0.09	\$ 185.45	6	\$ 5.34	\$ 20.29	3,157	\$ -	\$ -	-	\$ 0.58	\$ 187.34	37	\$ -	\$ -	-	\$ 0.67	\$ 21.16	382
	Service Coordination	\$ 1.34	\$ 20.07	802	\$ 153.24	\$ 20.08	91,588	\$ 2.31	\$ 20.17	1,374	\$ 169.78	\$ 20.13	101,231	\$ 0.07	\$ 20.07	39	\$ 20.57	\$ 20.08	12,291
	Vendor Services	\$ 0.75	\$ 20.05	446	\$ 99.73	\$ 11.95	100,117	\$ 18.11	\$ 269.42	806	\$ 71.98	\$ 17.34	49,824	\$ 0.00	\$ 11.87	4	\$ 13.07	\$ 12.37	12,683
	Waiver DME/Supplies	\$ 0.02	\$ 40.06	6	\$ 5.93	\$ 52.50	1,356	\$ 0.00	\$ 17.00	3	\$ 3.31	\$ 62.01	640	\$ 0.00	\$ 47.22	0	\$ 0.75	\$ 52.71	172
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 13.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,903.55</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 35.67</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,912.84</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.35</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 382.56</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,173.47</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,020.24</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,641.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 4,852.65</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 51.79</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,734.51</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		7,965			28,847			5,233			17,264			350,212			409,522		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 0.43	\$ 39.38	132	\$ 0.57	\$ 77.99	88	\$ 33.12	\$ 49.17	8,082	\$ 20.78	\$ 31.44	7,931	\$ 0.20	\$ 12.16	196	\$ 1.52	\$ 29.65	614
	Dental	\$ 9.29	\$ 37.28	2,992	\$ 7.25	\$ 57.68	1,508	\$ 9.83	\$ 15.43	7,647	\$ 10.91	\$ 55.18	2,372	\$ 7.38	\$ 54.69	1,618	\$ 7.58	\$ 52.13	1,746
	DME/Supplies	\$ 33.63	\$ 3.50	115,214	\$ 34.66	\$ 0.82	510,323	\$ 53.92	\$ 15.81	40,928	\$ 211.56	\$ 3.34	759,429	\$ 3.22	\$ 1.11	34,781	\$ 15.45	\$ 1.85	100,471
	Emergency Room	\$ 0.23	\$ 2.38	1,156	\$ 0.82	\$ 5.79	1,695	\$ 19.85	\$ 86.83	2,743	\$ 58.18	\$ 40.77	17,124	\$ 1.11	\$ 9.69	1,371	\$ 3.72	\$ 21.52	2,071
	FQHC/RHC	\$ 1.78	\$ 35.77	597	\$ 4.39	\$ 57.22	920	\$ 8.07	\$ 123.57	784	\$ 9.47	\$ 71.84	1,582	\$ 4.10	\$ 59.71	824	\$ 4.35	\$ 60.88	858
	Home Health	\$ 0.17	\$ 56.83	37	\$ 0.39	\$ 46.66	99	\$ 16.65	\$ 75.02	2,663	\$ 65.99	\$ 58.89	13,447	\$ 0.15	\$ 55.78	31	\$ 3.15	\$ 59.49	635
	Hospice	\$ 0.18	\$ 35.77	61	\$ 0.00	\$ 4.28	3	\$ 44.39	\$ 141.20	3,773	\$ 13.95	\$ 327.11	512	\$ 0.05	\$ 174.37	4	\$ 1.20	\$ 194.47	74
	Inpatient	\$ 38.53	\$ 154.49	2,993	\$ 23.12	\$ 158.13	1,754	\$ 1,108.28	\$ 2,391.40	5,561	\$ 533.81	\$ 2,127.25	3,011	\$ 11.39	\$ 231.06	592	\$ 48.79	\$ 660.90	886
	Laboratory/Radiology	\$ 2.32	\$ 3.09	8,996	\$ 3.17	\$ 5.14	7,409	\$ 65.48	\$ 15.10	52,032	\$ 75.78	\$ 19.91	45,681	\$ 3.43	\$ 7.60	5,420	\$ 7.24	\$ 10.96	7,922
	Nursing Facility	\$ 4,231.15	\$ 151.96	334,136	\$ 2.84	\$ 113.00	302	\$ 5,075.34	\$ 187.42	324,961	\$ 0.91	\$ 155.24	70	\$ 1.20	\$ 173.33	83	\$ 148.41	\$ 165.72	10,747
	Other Medical	\$ 11.41	\$ 4.42	30,996	\$ 2.20	\$ 1.27	20,764	\$ 97.92	\$ 6.96	168,755	\$ 50.09	\$ 24.66	24,374	\$ 1.96	\$ 1.96	12,044	\$ 5.42	\$ 4.18	15,549
	Outpatient	\$ 1.56	\$ 11.70	1,597	\$ 2.58	\$ 7.94	3,906	\$ 28.14	\$ 32.82	10,292	\$ 59.65	\$ 32.61	21,950	\$ 1.88	\$ 11.00	2,054	\$ 4.70	\$ 18.07	3,119
	Pharmacy	\$ 5.97	\$ 8.13	8,803	\$ 10.63	\$ 27.19	4,690	\$ 790.43	\$ 69.09	137,283	\$ 826.62	\$ 100.30	98,896	\$ 6.90	\$ 24.44	3,389	\$ 51.72	\$ 66.57	9,323
	Physician	\$ 6.33	\$ 1.33	57,230	\$ 5.08	\$ 1.58	38,634	\$ 128.55	\$ 16.43	93,898	\$ 101.80	\$ 19.21	63,579	\$ 5.52	\$ 2.85	23,205	\$ 11.14	\$ 4.85	27,559
	Vision	\$ 0.10	\$ 2.63	438	\$ 0.19	\$ 6.61	345	\$ 1.82	\$ 32.31	677	\$ 3.89	\$ 29.37	1,591	\$ 0.29	\$ 11.02	314	\$ 0.45	\$ 14.30	377
<b>Medical Services Subtotal</b>		<b>\$ 4,343.08</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 97.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,481.81</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 2,043.41</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 48.78</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 314.83</b>	<b>N/A</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.44	\$ 7.14	738	\$ 49.62	\$ 34.36	17,327	\$ 0.85	\$ 34.53	296	\$ 38.10	\$ 35.07	13,035	\$ 0.03	\$ 8.57	39	\$ 5.14	\$ 33.89	1,822
	Employment	\$ 0.43	\$ 8.02	647	\$ 0.65	\$ 6.50	1,206	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 2.90	60	\$ 0.07	\$ 5.39	149
	Home Health/Therapies	\$ 0.90	\$ 11.02	981	\$ 294.64	\$ 11.14	317,324	\$ 18.86	\$ 10.84	20,869	\$ 267.80	\$ 11.26	285,308	\$ 0.04	\$ 11.02	42	\$ 32.34	\$ 11.18	34,702
	Other Waiver	\$ 0.16	\$ 9.42	204	\$ 17.97	\$ 16.47	13,089	\$ 0.12	\$ 25.51	56	\$ 12.09	\$ 15.30	9,476	\$ 0.04	\$ 10.40	45	\$ 1.81	\$ 15.94	1,364
	PDS/FMS	\$ 0.22	\$ 95.38	27	\$ 39.88	\$ 89.86	5,325	\$ 0.17	\$ 113.69	18	\$ 43.46	\$ 105.44	4,946	\$ 0.01	\$ 139.67	0	\$ 4.65	\$ 95.46	585
	Personal Assistance	\$ 32.11	\$ 4.61	83,557	\$ 2,712.23	\$ 4.03	8,070,790	\$ 18.98	\$ 4.66	48,817	\$ 2,785.49	\$ 4.05	8,247,718	\$ 0.14	\$ 4.38	388	\$ 309.47	\$ 4.04	918,803
	Residential Habilitation	\$ 6.57	\$ 42.12	1,872	\$ 176.42	\$ 101.69	20,817	\$ 2.52	\$ 75.97	397	\$ 108.05	\$ 122.46	10,588	\$ 0.31	\$ 18.20	205	\$ 17.41	\$ 98.10	2,129
	Respite	\$ 0.87	\$ 78.98	133	\$ 0.39	\$ 3.69	1,271	\$ 0.19	\$ 3.76	608	\$ 0.29	\$ 4.34	788	\$ 0.01	\$ 4.39	19	\$ 0.06	\$ 5.21	149
	Service Coordination	\$ 7.95	\$ 20.15	4,733	\$ 211.96	\$ 20.09	126,637	\$ 7.98	\$ 20.05	4,778	\$ 212.23	\$ 20.07	126,878	\$ 0.08	\$ 20.48	45	\$ 24.20	\$ 20.08	14,461
	Vendor Services	\$ 12.82	\$ 993.91	155	\$ 88.68	\$ 182.48	5,832	\$ 6.80	\$ 577.23	141	\$ 91.90	\$ 212.33	5,194	\$ 0.00	\$ 41.55	0	\$ 10.46	\$ 197.71	635
	Waiver DME/Supplies	\$ 0.04	\$ 69.72	6	\$ 2.60	\$ 140.02	223	\$ 0.05	\$ 79.53	7	\$ 3.11	\$ 141.80	263	\$ -	\$ -	-	\$ 0.32	\$ 140.24	27
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 62.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,595.02</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 56.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,562.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.66</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 405.93</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,405.59</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,692.91</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 7,538.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,605.93</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.44</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 720.76</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		156,743			66,008			4,001			6,267			315,338			548,357		
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	\$ 38.52	70	\$ 0.31	\$ 68.54	54	\$ 21.91	\$ 128.28	2,050	\$ 16.13	\$ 57.16	3,386	\$ 0.12	\$ 63.72	22	\$ 0.51	\$ 66.32	93
	Dental	\$ 4.15	\$ 29.36	1,698	\$ 3.50	\$ 79.67	527	\$ 8.08	\$ 10.35	9,361	\$ 7.01	\$ 75.02	1,122	\$ 3.73	\$ 61.31	731	\$ 3.89	\$ 44.50	1,050
	DME/Supplies	\$ 5.13	\$ 3.39	18,135	\$ 51.17	\$ 0.72	847,674	\$ 25.24	\$ 10.30	29,421	\$ 152.48	\$ 3.03	604,252	\$ 5.90	\$ 0.83	85,771	\$ 12.95	\$ 0.95	163,666
	Emergency Room	\$ 0.11	\$ 3.75	358	\$ 0.46	\$ 5.21	1,056	\$ 13.07	\$ 102.76	1,526	\$ 44.31	\$ 48.52	10,959	\$ 0.39	\$ 6.44	725	\$ 0.91	\$ 13.99	783
	FQHC/RHC	\$ 1.19	\$ 35.03	409	\$ 3.13	\$ 46.69	804	\$ 7.88	\$ 108.80	869	\$ 18.51	\$ 116.78	1,902	\$ 2.88	\$ 53.47	647	\$ 2.65	\$ 51.70	614
	Home Health	\$ 0.01	\$ 8.51	8	\$ 0.21	\$ 40.26	62	\$ 8.55	\$ 78.07	1,313	\$ 41.66	\$ 73.35	6,815	\$ 0.08	\$ 29.53	32	\$ 0.61	\$ 63.38	116
	Hospice	\$ 0.14	\$ 22.07	75	\$ 0.04	\$ 43.47	12	\$ 55.85	\$ 135.00	4,965	\$ 34.42	\$ 144.53	2,858	\$ 0.08	\$ 98.34	9	\$ 0.89	\$ 109.91	97
	Inpatient	\$ 12.21	\$ 137.31	1,067	\$ 24.35	\$ 134.06	2,179	\$ 663.06	\$ 1,812.55	4,390	\$ 567.43	\$ 1,790.62	3,803	\$ 12.59	\$ 166.24	909	\$ 24.99	\$ 257.22	1,166
	Laboratory/Radiology	\$ 1.06	\$ 3.40	3,759	\$ 2.33	\$ 4.82	5,790	\$ 47.51	\$ 14.45	39,447	\$ 66.29	\$ 18.62	42,728	\$ 2.42	\$ 5.80	5,007	\$ 3.08	\$ 6.81	5,427
	Nursing Facility	\$ 4,136.55	\$ 145.56	341,028	\$ 17.60	\$ 141.62	1,491	\$ 4,847.85	\$ 172.88	336,491	\$ 9.94	\$ 163.17	731	\$ 5.49	\$ 143.40	459	\$ 1,223.15	\$ 146.21	100,387
	Other Medical	\$ 1.46	\$ 2.52	6,928	\$ 1.33	\$ 1.18	13,495	\$ 44.66	\$ 4.65	115,251	\$ 54.75	\$ 9.10	72,186	\$ 4.13	\$ 2.76	17,934	\$ 3.90	\$ 3.01	15,584
	Outpatient	\$ 0.48	\$ 13.05	444	\$ 1.26	\$ 11.94	1,268	\$ 22.00	\$ 253.54	1,041	\$ 49.66	\$ 62.62	9,516	\$ 1.40	\$ 15.24	1,099	\$ 1.82	\$ 21.26	1,028
	Pharmacy	\$ 3.99	\$ 5.75	8,323	\$ 6.21	\$ 16.50	4,516	\$ 698.23	\$ 65.98	126,981	\$ 704.37	\$ 84.70	99,790	\$ 5.42	\$ 21.39	3,041	\$ 18.15	\$ 32.32	6,738
	Physician	\$ 2.88	\$ 2.63	13,121	\$ 3.55	\$ 1.95	21,896	\$ 90.89	\$ 21.46	50,821	\$ 86.29	\$ 21.88	47,323	\$ 4.51	\$ 2.53	21,397	\$ 5.50	\$ 3.36	19,603
	Vision	\$ 0.11	\$ 4.03	318	\$ 0.19	\$ 5.93	376	\$ 1.55	\$ 33.91	550	\$ 2.87	\$ 31.83	1,082	\$ 0.36	\$ 7.55	569	\$ 0.30	\$ 7.58	480
	<b>Medical Services Subtotal</b>		<b>\$ 4,169.69</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 115.62</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,556.32</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,856.10</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 49.51</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,303.30</b>	<b>N/A</b>
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.02	\$ 4.40	66	\$ 13.45	\$ 53.28	3,031	\$ 0.11	\$ 3.14	403	\$ 18.12	\$ 37.28	5,832	\$ -	\$ -	-	\$ 1.83	\$ 48.55	453
	Employment	\$ -	\$ -	-	\$ 0.19	\$ 6.50	349	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 6.50	42
	Home Health/Therapies	\$ 0.19	\$ 11.66	194	\$ 49.37	\$ 12.15	48,756	\$ 0.32	\$ 15.21	253	\$ 25.79	\$ 11.99	25,808	\$ -	\$ -	-	\$ 6.29	\$ 12.14	6,221
	Other Waiver	\$ 0.01	\$ 70.88	2	\$ 4.65	\$ 24.38	2,289	\$ 0.20	\$ 6.63	363	\$ 3.01	\$ 15.77	2,290	\$ 0.00	\$ 2.94	9	\$ 0.60	\$ 23.24	310
	PDS/FMS	\$ 0.07	\$ 90.47	9	\$ 25.01	\$ 88.48	3,392	\$ 0.12	\$ 80.59	18	\$ 21.10	\$ 83.00	3,050	\$ 0.01	\$ 92.67	1	\$ 3.28	\$ 88.07	446
	Personal Assistance	\$ 10.73	\$ 4.55	28,276	\$ 2,877.36	\$ 4.32	7,997,314	\$ 34.50	\$ 4.71	87,869	\$ 3,225.70	\$ 4.46	8,682,776	\$ 0.39	\$ 3.83	1,217	\$ 386.77	\$ 4.33	1,071,333
	Residential Habilitation	\$ 0.63	\$ 18.29	415	\$ 7.27	\$ 209.91	415	\$ 4.87	\$ 15.57	3,757	\$ 89.44	\$ 56.31	19,060	\$ 0.03	\$ 35.47	9	\$ 2.13	\$ 60.95	419
	Respite	\$ 0.18	\$ 28.85	75	\$ 5.56	\$ 14.97	4,460	\$ -	\$ -	-	\$ 1.60	\$ 101.33	189	\$ -	\$ -	-	\$ 0.74	\$ 15.84	560
	Service Coordination	\$ 1.43	\$ 20.10	856	\$ 163.12	\$ 20.07	97,544	\$ 5.15	\$ 19.88	3,105	\$ 191.90	\$ 20.11	114,515	\$ 0.07	\$ 20.05	39	\$ 22.31	\$ 20.07	13,340
	Vendor Services	\$ 0.84	\$ 31.34	323	\$ 104.53	\$ 12.99	96,568	\$ 1.62	\$ 73.46	265	\$ 80.37	\$ 25.06	38,480	\$ 0.00	\$ 11.37	4	\$ 13.76	\$ 13.57	12,161
	Waiver DME/Supplies	\$ 0.02	\$ 39.90	6	\$ 6.81	\$ 57.10	1,430	\$ -	\$ -	-	\$ 4.99	\$ 85.40	701	\$ -	\$ -	-	\$ 0.88	\$ 58.19	182
<b>HCBS Waiver Services Subtotal</b>		<b>\$ 14.13</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,257.33</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 46.89</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,662.01</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.49</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 438.62</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Services</b>		<b>\$ 4,183.82</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 3,372.95</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 6,603.21</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 5,518.11</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 50.00</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 1,741.92</b>	<b>N/A</b>	<b>N/A</b>

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