

Community HealthChoices

Fee-For-Service Databook

Commonwealth of Pennsylvania
June 17, 2021



Contents

- 1. Introduction 1
 - Overview 1
 - Purpose of this Databook..... 1
 - Content of this Databook..... 1
 - Caveats 3
- 2. Covered Populations..... 4
 - Population Groups 5
- 3. Covered Services..... 7
 - Excluded Services..... 8
- 4. Adjustments Reflected in this Databook 9
 - Completion Factors 9
 - NF Supplemental Payments 10
 - Coordination of Benefits..... 10
- 5. Capitation Rate Development..... 12
- 6. Programmatic Changes Chart 14
- 7. Data Summaries 16

1

Introduction

Overview

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

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

Purpose of this Databook

The intent of this databook is to summarize historical Medicaid cost and utilization information for CHC eligible populations for the Southeast, Lehigh/Capital, Northeast, and Northwest zones. Mercer utilized covered population and service criteria consistent with information in the agreement between DHS and the CHC-Managed Care Organizations (MCOs) (Agreement). The criteria were also consistent with the process utilized as part of the CHC databook containing data from the fee-for-service (FFS) program and the HealthChoices Physical Health (HC-PH) managed care program developed by Mercer in April 2020.

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

Content of this Databook

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

Time Periods

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

- Claims Data (based on date of service):
 - Calendar Year (CY) 2018 (January 1, 2018, through December 31, 2018) paid through June 2020.
 - CY 2019 (January 1, 2019, through December 31, 2019) paid through June 2020.
 - As CHC was implemented in the Southeast zone January 1, 2019, historical FFS and HC-PH managed care data was not available for the CY 2019 period and is not included in this databook.

Given CHC was implemented in the Southwest zone January 1, 2018, historical FFS and HC-PH managed care data was not available for the CY 2018 and CY 2019 time periods and is not included in this databook. As such, the Southwest zone is not referenced further within this document.

Rating Regions

Within the Southeast zone, separate capitation rating regions have been established to address cost differentials within those zones. The Lehigh/Capital, Northeast, and Northwest zones were established as separate capitation rating regions respectively to reflect the cost differentials across those zones.

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

Table 1: Rating Regions

Rating Region	Counties Included
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	Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming
Northwest	Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, Warren

Caveats

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

Documents included in this communication are this 'CY22_FFS_PA_CHC_Databook' PDF document as well as the 'CY22 FFS Databook Exhibits_to_PA.xlsx' Excel file of the Data Summaries outlined in Section 7 of this document.

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

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

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

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

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

2

Covered Populations

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

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

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

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

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

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

- Residents of Intermediate Care Facilities (ICF) for Individuals with Intellectual Disabilities
- Residents of Veterans' Homes
- Residents of South Mountain Restoration Center Long-Term Care Unit
- Residents of ICF for Persons with Other Related Conditions (ORCs)
- Individuals who are enrolled in the Omnibus Budget Reconciliation Act 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 facility for more than 15 days in a given month, as a result of the Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Care regulations

Population Groups

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

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

Table 2: Population and Capitation Rate Cells

Population Group ²	Capitation Rate Cell
Dually Eligible Individuals Residing in a NF	NFCE Duals
Dually Eligible Individuals Enrolled in a HCBS Waiver	
Medicaid Only Individuals Residing in a NF	NFCE Non-Duals
Medicaid Only Individuals Enrolled in a HCBS Waiver	
Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	NF Ineligible (NFI) Duals

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

² Population and capitation rate cells are further delineated by age groupings (ages 21–59 and ages 60 and over) and rating region.

3

Covered Services

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

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

Table 3: Covered Services

Medical Services	HCBS Waiver Services
Ambulance	Day Habilitation and Adult Day
Dental	Employment
Durable Medical Equipment (DME)/Supplies	Home Health/Therapies
Emergency Room	Other Waiver
Federally Qualified Health Center/Rural Health Clinic	Participant Directed Services/Financial Management Services
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Service Coordination
NF	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 program³.
- Non-Medicaid services funded through State-only funds.

³ Individuals enrolled in the PACE program and meeting the CHC eligibility criteria will be eligible to dis-enroll from PACE and enroll into CHC if they so choose.

4

Adjustments Reflected in this Databook

The Commonwealth provided Mercer with historical Medicaid FFS claims, HC-PH 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 7.

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
- Participant copayments, coinsurance, and deductibles
- Monthly payments made by Medicaid recipients (e.g., net available monthly income)

Completion Factors

This databook includes claims for dates of service from January 1, 2018, through December 31, 2019, and reflects payments through June 2020. 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

COS	CY 2018	CY 2019
Medical Services, excluding NF and Pharmacy	1.0013	1.0251
NF	1.0000	1.0016
Pharmacy	1.0000	1.0045
Personal Assistance	1.0000	1.0015
All Other HCBS Waiver Services	1.0000	1.0024
Total	1.0001	1.0031

NF Supplemental Payments

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

Based on guidance from OLTL and information of payments made to NFs during CY 2018 and CY 2019, 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 NF claim costs illustrated in this databook for these two supplemental payments was approximately 0.6% in CY 2018 and 0.3% in CY 2019 for each rating region and population group combination.

An adjustment for the NF Access to Care Payments (outlined in Appendix 4 of the Agreement) will be considered separately during the rate development process (those amounts are not reflected in the databook summaries in Section 7).

Coordination of Benefits

An adjustment was applied to the pharmacy service line for all NFCE Dual and NFI Dual population groups to include consideration for instances where drug costs within the historical experience should have been covered by Medicare Part B and/or Medicare Part D instead of being paid by Medicaid. As outlined in the Agreement, the CHC-MCOs are not responsible for these drug costs for dually eligible individuals, particularly for Part D drugs that are fully covered by Medicare.

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

Table 5A and Table 5B summarize the percentage impact of the coordination of benefits (COB) adjustment to the pharmacy service line by rating region for the dually eligible population groups for each base data year. As historical CY 2019 FFS and PH encounter data was not available for the Southeast rating regions due to CHC implementation, no CY 2019 COB adjustment was calculated for those rating regions.

Table 5A: COB Adjustment CY 2018

Rating Region	Dually Eligible Individuals Enrolled in a HCBS Waiver		Dually Eligible Individuals Residing in a NF		Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	
	21-59	60+	21-59	60+	21-59	60+
Southeast — Philadelphia	-54.7%	-12.5%	-89.8%	-22.4%	-66.5%	-42.8%
Southeast — 4 Counties	-63.9%	-5.8%	-28.7%	-13.3%	-68.4%	-40.5%
Lehigh/Capital	-43.3%	-11.5%	-20.9%	-10.4%	-64.2%	-36.7%
Northeast	-42.5%	-30.9%	-37.6%	-21.2%	-64.1%	-37.3%
Northwest	-25.8%	-6.3%	-36.2%	-10.2%	-66.0%	-42.1%

Table 5B: COB Adjustment CY 2019

Rating Region	Dually Eligible Individuals Enrolled in a HCBS Waiver		Dually Eligible Individuals Residing in a NF		Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	
	21-59	60+	21-59	60+	21-59	60+
Southeast — Philadelphia	N/A	N/A	N/A	N/A	N/A	N/A
Southeast — 4 Counties	N/A	N/A	N/A	N/A	N/A	N/A
Lehigh/Capital	-14.7%	-14.6%	-16.2%	-5.8%	-48.3%	-25.0%
Northeast	-21.0%	-7.2%	-24.5%	-8.7%	-55.4%	-22.9%
Northwest	-25.9%	-12.8%	-4.4%	-9.9%	-43.2%	-25.7%

5

Capitation Rate Development

Mercer will make adjustments to the base data summarized in Section 7 in order to develop the CY 2022 CHC capitation rates. These adjustments are required by CMS in determining actuarially sound rates for Medicaid managed care programs.

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

1. Mercer will consider data from both illustrated historical time periods, as available for each rating region, to smooth anomalies. The two years of data will be blended to arrive at a single historical data set, which will then be further projected and adjusted through the rate development process.
 - A. Mercer will also utilize available CHC program data (encounter data and financial reports) as an additional base data source. A similar databook will be distributed to all CHC-MCOs reflecting this data source and all applicable adjustments. The rate development process will reflect a blend of the two base data sources, as applicable by rating region.
2. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to FFS.
3. Mercer may adjust for programmatic changes. The Programmatic Changes Chart in Section 6 describes the programmatic changes considered in the previous capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2022 rate development process. Programmatic changes may reflect:
 - A. Those that occurred during the historical data time period (January 2018 through December 2019) and are not fully reflected in the data.
 - B. Those that occurred after the historical time period.
4. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on available FFS, PH encounter data, CHC financial reports, and CHC 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.

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

6

Programmatic Changes Chart

Table 6 describes the programmatic changes previously considered in the capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the CY 2022 rate development process.

Table 6: Programmatic Changes Chart

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

Adjustment	Effective Date	Rate Cell	COS
MCO Assessment — Includes a factor of 1.0096 to account for differences between member months (MMs) and person counts.	January 1, 2018	All Rate Cells	Total Capitation Rate
Personal Assistance Agency Increase — Adjustment to account for increase in the fee schedule rates for personal assistance agency services by 2.0%.	January 1, 2020	All Rate Cells	Personal Assistance
Personal Assistance Consumer Directed Unit Cost Increase — Adjustment to increase the fee schedule rates for personal assistance consumer-directed services by \$0.28 per hour as well as by \$0.42 per hour for the overtime fee schedule rates.	January 1, 2020	All Rate Cells	Personal Assistance
Residential Habilitation Unit and Fee Change — Adjustment to account for the modified definition of a residential habilitation day unit to be based on a minimum of eight hours of support within the home, rather than the current 12-hour definition, and increasing the fee schedule rate for residential habilitation units to include consideration for a 3.0% Vacancy Factor.	January 1, 2020	All Rate Cells	Residential Habilitation
Statewide Preferred Drug List — Consideration for loss of market-share rebates for the CHC-MCOs, impact on trend considerations and evaluation of any impact from utilization transitions.	January 1, 2020	All Rate Cells	Pharmacy

7

Data Summaries

Data summaries for the CY 2018 and CY 2019 historical time periods are summarized by rating region, age group, population group, and category of service (COS). Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60 and over.
- **Time Period:** Separate tables are provided for the CY 2018 and CY 2019 time periods.
 - As noted earlier, no CY 2018 or CY 2019 data summaries based on historical FFS and PH encounters are included in this databook for the Southwest rating regions, nor any CY 2019 data summaries for the Southeast rating regions, due to CHC implementation timing for these zones.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **MMs:** Number of total months that all individuals within the population group were eligible during the historical time period.
- **COS:** As outlined in Section 3, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense (FFS and PH encounter data) for a given COS and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each COS; this is calculated by taking the total claims expense and dividing by the total utilization amount.
- **Utilization Per 1,000:** Calculated as the total utilization for each service divided by total MMs multiplied by 12,000.

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			3,412			74,687			4,729			115,398			202,000			400,226		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 1.10	\$ 61.35	215	\$ 3.07	\$ 173.00	213	\$ 28.19	\$ 117.05	2,890	\$ 16.39	\$ 45.56	4,316	\$ 0.19	\$ 46.47	49	\$ 5.74	\$ 51.18	1,345		
Dental	\$ 9.74	\$ 37.04	3,157	\$ 5.86	\$ 52.97	1,329	\$ 11.32	\$ 25.38	5,352	\$ 9.28	\$ 50.22	2,216	\$ 5.60	\$ 48.88	1,374	\$ 6.81	\$ 48.92	1,671		
DME/Supplies	\$ 75.84	\$ 5.07	179,458	\$ 19.38	\$ 0.78	296,735	\$ 53.78	\$ 10.75	60,050	\$ 106.32	\$ 2.35	542,186	\$ 2.37	\$ 0.89	32,104	\$ 36.75	\$ 1.92	230,147		
Emergency Room	\$ 0.16	\$ 1.52	1,267	\$ 0.40	\$ 4.03	1,176	\$ 12.79	\$ 103.25	1,486	\$ 47.76	\$ 109.28	5,244	\$ 0.93	\$ 9.71	1,153	\$ 14.47	\$ 74.13	2,342		
FQHC/RHC	\$ 0.33	\$ 65.66	60	\$ 4.05	\$ 89.14	545	\$ 1.61	\$ 190.18	102	\$ 7.83	\$ 76.24	1,232	\$ 3.89	\$ 90.25	517	\$ 5.00	\$ 83.32	720		
Home Health	\$ -	\$ -	7	\$ 0.32	\$ 31.88	120	\$ 7.20	\$ 77.98	1,107	\$ 56.20	\$ 77.91	8,657	\$ 0.28	\$ 2.75	1,201	\$ 16.49	\$ 63.06	3,138		
Hospice	\$ 0.00	\$ 0.01	158	\$ 0.01	\$ 96.85	2	\$ 52.89	\$ 206.25	3,077	\$ 6.32	\$ 344.60	220	\$ -	\$ -	1	\$ 2.45	\$ 288.84	102		
Inpatient	\$ 53.06	\$ 143.47	4,438	\$ 32.11	\$ 190.22	2,026	\$ 1,532.04	\$ 2,405.64	7,642	\$ 702.81	\$ 2,462.02	3,426	\$ 10.62	\$ 169.11	753	\$ 232.55	\$ 1,489.06	1,874		
Laboratory/Radiology	\$ 1.55	\$ 2.45	7,609	\$ 2.21	\$ 5.16	5,150	\$ 49.38	\$ 15.18	39,047	\$ 45.59	\$ 9.11	60,037	\$ 2.06	\$ 6.05	4,087	\$ 15.19	\$ 8.74	20,861		
Nursing Facility	\$ 5,942.07	\$ 222.55	320,407	\$ 2.82	\$ 79.76	424	\$ 6,021.55	\$ 228.00	316,931	\$ 1.18	\$ 222.51	64	\$ 2.99	\$ 215.60	167	\$ 124.18	\$ 223.83	6,658		
Other Medical	\$ 13.36	\$ 4.73	33,876	\$ 3.21	\$ 1.87	20,540	\$ 112.77	\$ 4.46	303,434	\$ 77.93	\$ 43.63	21,432	\$ 2.87	\$ 3.71	9,278	\$ 25.96	\$ 16.78	18,569		
Outpatient	\$ 2.34	\$ 36.16	778	\$ 3.29	\$ 10.08	3,919	\$ 21.31	\$ 235.75	1,085	\$ 174.95	\$ 34.78	60,365	\$ 2.70	\$ 15.22	2,131	\$ 52.69	\$ 32.88	19,231		
Pharmacy	\$ 6.48	\$ 8.30	9,379	\$ 10.27	\$ 21.83	5,644	\$ 784.77	\$ 80.07	117,610	\$ 941.95	\$ 105.44	107,198	\$ 6.98	\$ 20.58	4,073	\$ 286.36	\$ 96.83	35,487		
Physician	\$ 6.87	\$ 1.15	71,738	\$ 4.26	\$ 1.60	31,965	\$ 147.70	\$ 20.78	85,297	\$ 133.87	\$ 33.01	48,660	\$ 3.70	\$ 2.85	15,582	\$ 43.06	\$ 17.53	29,479		
Vision	\$ 0.07	\$ 0.97	919	\$ 0.18	\$ 6.85	311	\$ 2.43	\$ 37.82	770	\$ 3.22	\$ 31.53	1,225	\$ 0.18	\$ 9.72	221	\$ 1.08	\$ 24.03	540		
Medical Services Subtotal	\$ 6,112.99	N/A	N/A	\$ 91.43	N/A	N/A	\$ 8,839.73	N/A	N/A	\$ 2,331.59	N/A	N/A	\$ 45.36	N/A	N/A	\$ 868.79	N/A	N/A		
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 6.65	\$ 46.57	1,714	\$ -	\$ -	-	\$ 3.36	\$ 47.58	848	\$ -	\$ -	-	\$ 2.21	\$ 47.01	564		
Employment	\$ -	\$ -	-	\$ 0.06	\$ 10.89	61	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 17.75	7	\$ 0.02	\$ 12.53	15		
Home Health/Therapies	\$ 1.90	\$ 11.02	2,068	\$ 80.93	\$ 11.32	85,817	\$ 3.46	\$ 11.02	3,771	\$ 77.65	\$ 11.19	83,309	\$ -	\$ -	-	\$ 37.55	\$ 11.24	40,097		
Other Waiver	\$ 0.49	\$ 103.50	56	\$ 22.63	\$ 53.10	5,114	\$ 0.70	\$ 144.00	58	\$ 15.30	\$ 76.46	2,401	\$ 0.11	\$ 4.94	270	\$ 8.70	\$ 58.53	1,784		
PDS/FMS	\$ 0.21	\$ 100.78	25	\$ 12.77	\$ 79.42	1,929	\$ 0.07	\$ 79.04	10	\$ 8.59	\$ 79.72	1,293	\$ 0.00	\$ 16.09	0	\$ 4.86	\$ 79.56	734		
Personal Assistance	\$ 66.92	\$ 4.82	166,607	\$ 3,904.04	\$ 4.72	9,926,149	\$ 80.95	\$ 4.83	201,105	\$ 3,727.56	\$ 4.77	9,384,882	\$ 0.31	\$ 5.15	729	\$ 1,805.00	\$ 4.75	4,562,462		
Residential Habilitation	\$ 3.68	\$ 570.30	77	\$ 3.56	\$ 127.68	334	\$ 0.28	\$ 439.74	8	\$ 3.48	\$ 38.21	1,094	\$ 0.46	\$ 15.04	369	\$ 1.94	\$ 41.14	565		
Respite	\$ -	\$ -	-	\$ 0.20	\$ 4.78	509	\$ -	\$ -	-	\$ 0.05	\$ 4.78	130	\$ -	\$ -	-	\$ 0.05	\$ 4.78	133		
Service Coordination	\$ 7.57	\$ 21.52	4,224	\$ 201.50	\$ 21.44	112,791	\$ 7.47	\$ 21.49	4,170	\$ 206.59	\$ 21.44	115,606	\$ 0.11	\$ 23.08	56	\$ 97.38	\$ 21.44	54,495		
Vendor Services	\$ 2.19	\$ 102.53	257	\$ 59.26	\$ 112.27	6,334	\$ 5.55	\$ 201.91	330	\$ 39.13	\$ 82.36	5,702	\$ 0.00	\$ 39.50	1	\$ 22.43	\$ 95.01	2,833		
Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.27	\$ 184.66	18	\$ 0.02	\$ 79.00	3	\$ 0.13	\$ 197.53	8	\$ -	\$ -	-	\$ 0.09	\$ 189.28	6		
HCBS Waiver Services Subtotal	\$ 82.95	N/A	N/A	\$ 4,291.88	N/A	N/A	\$ 98.50	N/A	N/A	\$ 4,081.86	N/A	N/A	\$ 1.01	N/A	N/A	\$ 1,980.23	N/A	N/A		
Total Services	\$ 6,195.94	N/A	N/A	\$ 4,383.31	N/A	N/A	\$ 8,938.23	N/A	N/A	\$ 6,413.45	N/A	N/A	\$ 46.37	N/A	N/A	\$ 2,849.01	N/A	N/A		

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			49,364			244,546			4,966			42,150			365,638			706,663		
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	\$ 0.85	\$ 63.13	162	\$ 2.63	\$ 166.91	189	\$ 21.61	\$ 116.31	2,230	\$ 16.46	\$ 60.27	3,277	\$ 0.16	\$ 48.32	40	\$ 2.19	\$ 85.05	308	
	Dental	\$ 8.77	\$ 41.45	2,538	\$ 5.33	\$ 64.69	989	\$ 10.14	\$ 26.36	4,614	\$ 7.21	\$ 57.71	1,500	\$ 4.81	\$ 58.91	980	\$ 5.45	\$ 56.93	1,149	
	DME/Supplies	\$ 9.26	\$ 2.07	53,729	\$ 48.79	\$ 0.73	803,734	\$ 31.06	\$ 12.33	30,231	\$ 61.24	\$ 1.65	445,197	\$ 6.08	\$ 0.73	99,771	\$ 24.54	\$ 0.82	360,281	
	Emergency Room	\$ 0.10	\$ 2.58	455	\$ 0.10	\$ 1.88	636	\$ 9.90	\$ 92.36	1,287	\$ 21.57	\$ 107.69	2,404	\$ 0.28	\$ 6.46	517	\$ 1.54	\$ 27.54	672	
	FQHC/RHC	\$ 0.05	\$ 92.63	7	\$ 3.24	\$ 82.68	471	\$ 0.93	\$ 170.41	65	\$ 16.91	\$ 137.29	1,478	\$ 3.85	\$ 83.55	554	\$ 4.14	\$ 92.17	538	
	Home Health	\$ 0.00	\$ 6.53	3	\$ 0.06	\$ 24.72	28	\$ 6.53	\$ 82.86	946	\$ 37.65	\$ 80.00	5,648	\$ 0.18	\$ 53.05	41	\$ 2.40	\$ 77.06	374	
	Hospice	\$ 1.53	\$ 66.24	276	\$ 0.28	\$ 145.76	23	\$ 92.62	\$ 177.09	6,276	\$ 17.38	\$ 209.77	994	\$ 0.28	\$ 143.20	23	\$ 2.03	\$ 171.06	143	
	Inpatient	\$ 30.12	\$ 185.48	1,949	\$ 28.43	\$ 173.77	1,963	\$ 1,121.17	\$ 2,330.69	5,773	\$ 694.61	\$ 2,283.37	3,650	\$ 16.52	\$ 219.16	905	\$ 69.80	\$ 543.22	1,542	
	Laboratory/Radiology	\$ 0.81	\$ 3.23	3,014	\$ 1.53	\$ 5.46	3,354	\$ 41.19	\$ 13.41	36,851	\$ 44.24	\$ 13.89	38,228	\$ 1.48	\$ 6.54	2,721	\$ 4.28	\$ 9.66	5,318	
	Nursing Facility	\$ 4,948.39	\$ 174.48	340,337	\$ 5.19	\$ 105.80	589	\$ 5,743.56	\$ 205.61	335,212	\$ 8.45	\$ 194.94	520	\$ 7.56	\$ 150.06	604	\$ 392.24	\$ 176.44	26,677	
	Other Medical	\$ 2.26	\$ 2.41	11,256	\$ 1.79	\$ 1.69	12,715	\$ 114.48	\$ 5.36	256,539	\$ 63.81	\$ 12.26	62,470	\$ 1.85	\$ 2.78	8,001	\$ 6.35	\$ 5.13	14,855	
	Outpatient	\$ 0.28	\$ 22.02	155	\$ 0.69	\$ 23.10	361	\$ 17.53	\$ 63.34	3,321	\$ 104.27	\$ 44.53	28,095	\$ 1.29	\$ 21.53	720	\$ 7.27	\$ 39.53	2,207	
	Pharmacy	\$ 5.59	\$ 7.57	8,864	\$ 11.85	\$ 13.78	10,318	\$ 551.52	\$ 60.91	108,657	\$ 732.40	\$ 91.25	96,316	\$ 6.90	\$ 18.80	4,405	\$ 55.62	\$ 51.43	12,977	
	Physician	\$ 3.08	\$ 1.79	20,616	\$ 2.32	\$ 1.49	18,708	\$ 119.67	\$ 23.18	61,963	\$ 96.05	\$ 24.66	46,734	\$ 2.74	\$ 2.55	12,905	\$ 9.01	\$ 6.07	17,815	
	Vision	\$ 0.10	\$ 1.86	632	\$ 0.23	\$ 4.77	579	\$ 2.49	\$ 36.95	808	\$ 3.19	\$ 33.30	1,151	\$ 0.30	\$ 7.56	476	\$ 0.45	\$ 9.55	565	
	Medical Services Subtotal	\$ 5,011.20	N/A	N/A	\$ 112.46	N/A	N/A	\$ 7,884.39	N/A	N/A	\$ 1,925.44	N/A	N/A	\$ 54.28	N/A	N/A	\$ 587.31	N/A	N/A	
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.05	\$ 75.01	8	\$ 120.39	\$ 73.43	19,676	\$ -	\$ -	-	\$ 33.93	\$ 74.24	5,485	\$ 0.01	\$ 75.01	2	\$ 43.70	\$ 73.46	7,138	
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
	Home Health/Therapies	\$ 0.01	\$ 11.02	16	\$ 12.11	\$ 11.60	12,521	\$ 0.39	\$ 11.02	425	\$ 12.74	\$ 11.47	13,328	\$ -	\$ -	-	\$ 4.95	\$ 11.58	5,132	
	Other Waiver	\$ 0.44	\$ 65.24	81	\$ 89.22	\$ 31.91	33,557	\$ 1.99	\$ 62.05	384	\$ 52.17	\$ 54.75	11,434	\$ 0.01	\$ 26.70	2	\$ 34.04	\$ 33.19	12,304	
	PDS/FMS	\$ 0.06	\$ 79.04	9	\$ 7.75	\$ 82.99	1,121	\$ 0.13	\$ 79.04	19	\$ 7.84	\$ 79.35	1,186	\$ 0.00	\$ 79.04	0	\$ 3.16	\$ 82.42	460	
	Personal Assistance	\$ 27.09	\$ 4.77	68,197	\$ 3,287.99	\$ 4.78	8,259,018	\$ 74.22	\$ 4.75	187,466	\$ 3,477.00	\$ 4.77	8,752,805	\$ 0.16	\$ 4.78	412	\$ 1,347.72	\$ 4.78	3,386,461	
	Residential Habilitation	\$ 0.32	\$ 525.20	7	\$ 0.03	\$ 319.85	1	\$ -	\$ -	-	\$ 0.20	\$ 103.23	23	\$ 0.03	\$ 306.36	1	\$ 0.06	\$ 248.72	3	
	Respite	\$ 0.31	\$ 53.41	70	\$ 2.20	\$ 10.00	2,640	\$ -	\$ -	-	\$ 0.18	\$ 6.06	350	\$ -	\$ -	-	\$ 0.79	\$ 10.14	939	
	Service Coordination	\$ 2.42	\$ 21.49	1,354	\$ 173.63	\$ 21.45	97,144	\$ 7.76	\$ 21.47	4,338	\$ 197.54	\$ 21.44	110,539	\$ 0.04	\$ 21.50	22	\$ 72.11	\$ 21.45	40,347	
	Vendor Services	\$ 2.60	\$ 63.36	493	\$ 98.36	\$ 14.30	82,558	\$ 1.42	\$ 13.59	1,249	\$ 73.91	\$ 18.08	49,045	\$ 0.00	\$ 39.83	1	\$ 38.64	\$ 14.70	31,539	
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.11	\$ 222.89	60	\$ -	\$ -	-	\$ 0.38	\$ 93.44	48	\$ -	\$ -	-	\$ 0.41	\$ 206.98	23	
	HCBS Waiver Services Subtotal	\$ 33.31	N/A	N/A	\$ 3,792.79	N/A	N/A	\$ 85.90	N/A	N/A	\$ 3,855.89	N/A	N/A	\$ 0.25	N/A	N/A	\$ 1,545.57	N/A	N/A	
	Total Services	\$ 5,044.51	N/A	N/A	\$ 3,905.25	N/A	N/A	\$ 7,970.30	N/A	N/A	\$ 5,781.33	N/A	N/A	\$ 54.53	N/A	N/A	\$ 2,132.89	N/A	N/A	

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			6,552			19,852			5,852			14,476			127,361			174,093		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.74	\$ 34.81	255	\$ 0.22	\$ 17.68	152	\$ 26.28	\$ 102.09	3,089	\$ 13.59	\$ 59.56	2,738	\$ 0.20	\$ 23.21	103	\$ 2.21	\$ 61.20	434		
Dental	\$ 9.09	\$ 27.61	3,952	\$ 7.24	\$ 53.06	1,637	\$ 13.03	\$ 24.32	6,430	\$ 10.41	\$ 56.18	2,225	\$ 6.78	\$ 51.87	1,568	\$ 7.43	\$ 47.33	1,884		
DME/Supplies	\$ 21.53	\$ 1.76	147,091	\$ 25.71	\$ 0.73	422,465	\$ 31.02	\$ 16.02	23,240	\$ 168.51	\$ 2.79	723,488	\$ 3.07	\$ 1.06	34,797	\$ 21.04	\$ 1.80	140,105		
Emergency Room	\$ 0.19	\$ 2.25	1,001	\$ 0.38	\$ 3.17	1,438	\$ 12.48	\$ 96.53	1,551	\$ 42.96	\$ 102.51	5,029	\$ 0.78	\$ 7.75	1,214	\$ 4.62	\$ 35.49	1,560		
FQHC/RHC	\$ 0.06	\$ 77.70	9	\$ 1.98	\$ 120.49	197	\$ 0.99	\$ 187.25	64	\$ 4.75	\$ 75.30	757	\$ 1.68	\$ 101.93	198	\$ 1.89	\$ 97.27	233		
Home Health	\$ -	\$ -	9	\$ 0.37	\$ 50.25	89	\$ 6.08	\$ 80.40	907	\$ 82.24	\$ 64.11	15,393	\$ 0.34	\$ 29.05	139	\$ 7.33	\$ 61.83	1,423		
Hospice	\$ 6.79	\$ 101.22	805	\$ -	\$ -	5	\$ 85.97	\$ 179.10	5,760	\$ 3.85	\$ 345.37	134	\$ -	\$ -	0	\$ 3.47	\$ 176.26	236		
Inpatient	\$ 64.33	\$ 194.82	3,963	\$ 21.65	\$ 125.56	2,069	\$ 1,432.20	\$ 2,079.48	8,265	\$ 684.34	\$ 2,299.84	3,571	\$ 14.30	\$ 208.74	822	\$ 120.40	\$ 925.38	1,561		
Laboratory/Radiology	\$ 1.72	\$ 3.64	5,662	\$ 1.67	\$ 3.81	5,268	\$ 48.28	\$ 14.25	40,665	\$ 50.34	\$ 11.66	51,827	\$ 2.79	\$ 7.37	4,546	\$ 8.11	\$ 9.91	9,816		
Nursing Facility	\$ 5,065.27	\$ 179.50	338,622	\$ 3.03	\$ 76.21	478	\$ 6,018.25	\$ 217.36	332,257	\$ 2.44	\$ 180.80	162	\$ 2.86	\$ 245.36	140	\$ 395.58	\$ 197.10	24,084		
Other Medical	\$ 19.76	\$ 5.89	40,236	\$ 2.12	\$ 1.18	21,626	\$ 98.61	\$ 6.64	178,336	\$ 69.83	\$ 41.75	20,071	\$ 3.06	\$ 3.59	10,251	\$ 12.35	\$ 7.74	19,143		
Outpatient	\$ 1.29	\$ 7.73	2,009	\$ 2.71	\$ 4.37	7,434	\$ 18.95	\$ 279.12	815	\$ 151.89	\$ 38.54	47,288	\$ 3.05	\$ 8.38	4,366	\$ 15.85	\$ 23.56	8,076		
Pharmacy	\$ 10.86	\$ 12.79	10,186	\$ 14.95	\$ 51.24	3,502	\$ 753.82	\$ 69.65	129,878	\$ 1,139.50	\$ 155.68	87,833	\$ 9.03	\$ 27.19	3,986	\$ 128.81	\$ 100.58	15,368		
Physician	\$ 6.76	\$ 1.51	53,849	\$ 6.91	\$ 2.30	36,080	\$ 177.09	\$ 21.42	99,231	\$ 112.43	\$ 23.71	56,908	\$ 4.54	\$ 2.54	21,447	\$ 19.66	\$ 7.89	29,898		
Vision	\$ 0.14	\$ 2.06	823	\$ 0.09	\$ 4.48	244	\$ 3.32	\$ 35.93	1,108	\$ 2.20	\$ 34.58	763	\$ 0.15	\$ 8.79	206	\$ 0.42	\$ 16.26	310		
Medical Services Subtotal	\$ 5,208.53	N/A	N/A	\$ 89.06	N/A	N/A	\$ 8,726.37	N/A	N/A	\$ 2,539.27	N/A	N/A	\$ 52.63	N/A	N/A	\$ 749.16	N/A	N/A		
Day Habilitation and Adult Day	\$ 3.51	\$ 30.29	1,390	\$ 295.11	\$ 31.30	113,146	\$ 0.35	\$ 34.56	123	\$ 114.12	\$ 33.45	40,938	\$ -	\$ -	-	\$ 43.28	\$ 31.74	16,362		
Employment	\$ -	\$ -	-	\$ 27.66	\$ 7.25	45,787	\$ -	\$ -	-	\$ 12.87	\$ 6.67	23,157	\$ 0.01	\$ 17.75	5	\$ 4.23	\$ 7.10	7,150		
Home Health/Therapies	\$ 4.26	\$ 11.42	4,476	\$ 644.69	\$ 12.12	638,133	\$ 2.18	\$ 11.33	2,307	\$ 841.28	\$ 12.47	809,658	\$ -	\$ -	-	\$ 143.70	\$ 12.29	140,334		
Other Waiver	\$ 1.46	\$ 22.71	771	\$ 175.83	\$ 16.53	127,675	\$ 0.12	\$ 86.26	16	\$ 114.36	\$ 16.93	81,044	\$ 0.05	\$ 5.44	100	\$ 29.65	\$ 16.63	21,400		
PDS/FMS	\$ 0.04	\$ 79.04	5	\$ 15.96	\$ 79.74	2,402	\$ -	\$ -	-	\$ 13.68	\$ 80.24	2,045	\$ 0.01	\$ 29.56	4	\$ 2.96	\$ 79.64	447		
Personal Assistance	\$ 10.56	\$ 4.79	26,418	\$ 3,630.17	\$ 4.64	9,397,228	\$ 7.24	\$ 4.88	17,801	\$ 3,862.64	\$ 4.67	9,928,741	\$ 0.17	\$ 4.77	435	\$ 735.89	\$ 4.65	1,899,036		
Residential Habilitation	\$ 12.06	\$ 73.99	1,956	\$ 743.04	\$ 68.94	129,335	\$ 0.72	\$ 264.15	33	\$ 317.81	\$ 72.93	52,291	\$ 0.33	\$ 25.36	158	\$ 111.88	\$ 69.61	19,287		
Respite	\$ -	\$ -	-	\$ 1.77	\$ 4.32	4,902	\$ -	\$ -	-	\$ 2.22	\$ 4.07	6,556	\$ 0.02	\$ 7.98	23	\$ 0.40	\$ 4.25	1,121		
Service Coordination	\$ 3.13	\$ 20.99	1,787	\$ 205.20	\$ 21.41	114,990	\$ 2.36	\$ 21.45	1,323	\$ 220.33	\$ 21.43	123,396	\$ 0.11	\$ 23.31	57	\$ 42.00	\$ 21.42	23,526		
Vendor Services	\$ 3.96	\$ 432.47	110	\$ 76.69	\$ 163.24	5,637	\$ 6.89	\$ 984.10	84	\$ 96.83	\$ 230.73	5,036	\$ 0.00	\$ 35.00	0	\$ 17.18	\$ 192.89	1,069		
Waiver DME/Supplies	\$ -	\$ -	-	\$ 1.21	\$ 229.61	63	\$ 0.04	\$ 128.00	4	\$ 1.46	\$ 297.68	59	\$ -	\$ -	-	\$ 0.26	\$ 255.62	12		
HCBS Waiver Services Subtotal	\$ 38.97	N/A	N/A	\$ 5,817.33	N/A	N/A	\$ 19.91	N/A	N/A	\$ 5,597.60	N/A	N/A	\$ 0.70	N/A	N/A	\$ 1,131.43	N/A	N/A		
Total Services	\$ 5,247.50	N/A	N/A	\$ 5,906.38	N/A	N/A	\$ 8,746.28	N/A	N/A	\$ 8,136.87	N/A	N/A	\$ 53.33	N/A	N/A	\$ 1,880.59	N/A	N/A		

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			101,847			55,505			5,221			6,279			163,401			332,252		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.32	\$ 31.16	123	\$ 0.39	\$ 41.06	115	\$ 20.64	\$ 103.67	2,389	\$ 10.14	\$ 98.07	1,241	\$ 0.06	\$ 16.87	41	\$ 0.71	\$ 61.47	138		
Dental	\$ 7.21	\$ 32.04	2,699	\$ 5.12	\$ 64.57	952	\$ 11.71	\$ 26.87	5,231	\$ 8.47	\$ 61.30	1,657	\$ 4.35	\$ 54.30	961	\$ 5.55	\$ 42.34	1,573		
DME/Supplies	\$ 3.68	\$ 1.62	27,243	\$ 56.25	\$ 0.71	945,349	\$ 19.00	\$ 14.68	15,530	\$ 72.08	\$ 1.49	581,471	\$ 5.37	\$ 0.74	87,465	\$ 14.83	\$ 0.81	220,525		
Emergency Room	\$ 0.04	\$ 1.70	276	\$ 0.07	\$ 1.19	697	\$ 8.15	\$ 103.66	943	\$ 21.52	\$ 117.41	2,199	\$ 0.16	\$ 4.14	464	\$ 0.64	\$ 15.74	486		
FQHC/RHC	\$ 0.03	\$ 119.71	3	\$ 0.69	\$ 116.09	71	\$ 0.51	\$ 177.32	35	\$ 7.35	\$ 124.24	710	\$ 1.25	\$ 93.89	160	\$ 0.89	\$ 100.94	105		
Home Health	\$ 0.00	\$ 2.39	4	\$ 0.10	\$ 36.79	34	\$ 4.31	\$ 80.07	646	\$ 46.03	\$ 91.52	6,035	\$ 0.14	\$ 42.72	39	\$ 1.02	\$ 81.75	150		
Hospice	\$ 2.22	\$ 70.30	380	\$ 0.85	\$ 172.36	59	\$ 107.22	\$ 171.27	7,513	\$ 41.95	\$ 173.35	2,904	\$ 0.01	\$ 44.78	3	\$ 3.31	\$ 132.03	300		
Inpatient	\$ 18.29	\$ 184.44	1,190	\$ 19.13	\$ 137.21	1,673	\$ 910.17	\$ 1,991.66	5,484	\$ 698.70	\$ 2,318.84	3,616	\$ 13.00	\$ 189.25	824	\$ 42.70	\$ 425.55	1,204		
Laboratory/Radiology	\$ 0.59	\$ 3.42	2,074	\$ 1.28	\$ 4.81	3,189	\$ 39.62	\$ 14.25	33,373	\$ 49.03	\$ 16.00	36,762	\$ 1.55	\$ 6.89	2,707	\$ 2.71	\$ 8.74	3,719		
Nursing Facility	\$ 4,698.46	\$ 164.12	343,542	\$ 10.83	\$ 139.76	930	\$ 5,528.22	\$ 192.67	344,305	\$ 9.26	\$ 191.17	581	\$ 6.74	\$ 181.80	445	\$ 1,532.41	\$ 165.51	111,103		
Other Medical	\$ 3.48	\$ 5.52	7,580	\$ 1.26	\$ 1.12	13,498	\$ 64.76	\$ 7.80	99,669	\$ 66.98	\$ 15.23	52,779	\$ 2.56	\$ 2.68	11,450	\$ 4.82	\$ 4.53	12,773		
Outpatient	\$ 0.20	\$ 20.64	119	\$ 0.43	\$ 13.92	375	\$ 13.64	\$ 313.55	522	\$ 110.84	\$ 27.68	48,047	\$ 0.97	\$ 25.35	461	\$ 2.92	\$ 28.24	1,242		
Pharmacy	\$ 6.72	\$ 7.77	10,377	\$ 12.71	\$ 18.58	8,212	\$ 489.53	\$ 54.06	108,664	\$ 665.94	\$ 103.21	77,429	\$ 8.33	\$ 32.83	3,046	\$ 28.56	\$ 37.16	9,221		
Physician	\$ 2.31	\$ 1.77	15,686	\$ 2.29	\$ 1.24	22,254	\$ 130.52	\$ 23.65	66,229	\$ 80.43	\$ 21.23	45,462	\$ 3.00	\$ 2.03	17,764	\$ 6.14	\$ 3.84	19,162		
Vision	\$ 0.07	\$ 1.59	508	\$ 0.19	\$ 3.97	578	\$ 3.40	\$ 35.20	1,159	\$ 2.41	\$ 35.00	827	\$ 0.24	\$ 6.32	464	\$ 0.27	\$ 6.34	515		
Medical Services Subtotal	\$ 4,743.63	N/A	N/A	\$ 111.62	N/A	N/A	\$ 7,351.41	N/A	N/A	\$ 1,891.13	N/A	N/A	\$ 47.74	N/A	N/A	\$ 1,647.47	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.07	\$ 70.51	13	\$ 163.03	\$ 65.70	29,775	\$ 4.01	\$ 34.81	1,384	\$ 218.64	\$ 59.71	43,942	\$ -	\$ -	-	\$ 31.45	\$ 64.74	5,830		
Employment	\$ -	\$ -	-	\$ 0.36	\$ 6.54	666	\$ -	\$ -	-	\$ 10.28	\$ 6.08	20,303	\$ -	\$ -	-	\$ 0.25	\$ 6.18	495		
Home Health/Therapies	\$ 0.16	\$ 12.44	154	\$ 39.87	\$ 12.94	36,969	\$ -	\$ -	-	\$ 132.94	\$ 12.00	132,893	\$ 0.00	\$ 16.55	1	\$ 9.22	\$ 12.67	8,735		
Other Waiver	\$ 0.12	\$ 16.80	83	\$ 96.10	\$ 26.85	42,946	\$ 2.88	\$ 17.48	1,979	\$ 183.66	\$ 30.34	72,629	\$ 0.15	\$ 6.31	283	\$ 19.68	\$ 27.01	8,743		
PDS/FMS	\$ 0.01	\$ 79.04	1	\$ 8.22	\$ 79.74	1,237	\$ 0.05	\$ 79.04	7	\$ 8.89	\$ 79.89	1,336	\$ 0.00	\$ 79.04	0	\$ 1.54	\$ 79.75	232		
Personal Assistance	\$ 6.51	\$ 4.83	16,168	\$ 3,836.22	\$ 4.77	9,654,410	\$ 12.32	\$ 4.78	30,934	\$ 3,808.41	\$ 4.75	9,626,306	\$ 0.19	\$ 4.80	486	\$ 715.12	\$ 4.77	1,800,428		
Residential Habilitation	\$ 0.63	\$ 491.00	15	\$ 40.30	\$ 76.21	6,345	\$ 9.89	\$ 179.86	660	\$ 169.31	\$ 119.77	16,964	\$ 0.47	\$ 367.23	15	\$ 10.51	\$ 89.91	1,403		
Respite	\$ 0.12	\$ 201.16	7	\$ 6.72	\$ 8.72	9,244	\$ -	\$ -	-	\$ 4.75	\$ 7.28	7,842	\$ 0.02	\$ 139.56	2	\$ 1.26	\$ 8.91	1,695		
Service Coordination	\$ 1.00	\$ 21.34	564	\$ 219.69	\$ 21.43	122,989	\$ 2.99	\$ 21.41	1,676	\$ 228.91	\$ 21.43	128,170	\$ 0.09	\$ 22.09	51	\$ 41.43	\$ 21.43	23,192		
Vendor Services	\$ 0.29	\$ 17.97	195	\$ 120.72	\$ 16.54	87,562	\$ 5.09	\$ 302.06	202	\$ 97.84	\$ 26.21	44,793	\$ 0.01	\$ 6.75	25	\$ 22.19	\$ 17.13	15,550		
Waiver DME/Supplies	\$ 0.01	\$ 47.39	1	\$ 3.31	\$ 63.27	628	\$ -	\$ -	-	\$ 0.60	\$ 39.51	183	\$ -	\$ -	-	\$ 0.57	\$ 62.45	109		
HCBS Waiver Services Subtotal	\$ 8.92	N/A	N/A	\$ 4,534.55	N/A	N/A	\$ 37.24	N/A	N/A	\$ 4,864.23	N/A	N/A	\$ 0.95	N/A	N/A	\$ 853.23	N/A	N/A		
Total Services	\$ 4,752.55	N/A	N/A	\$ 4,646.17	N/A	N/A	\$ 7,388.65	N/A	N/A	\$ 6,755.36	N/A	N/A	\$ 48.69	N/A	N/A	\$ 2,500.70	N/A	N/A		

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			8,452			22,691			4,324			16,252			282,359			334,078		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.37	\$ 20.38	217	\$ 0.32	\$ 56.29	68	\$ 18.91	\$ 119.61	1,897	\$ 20.02	\$ 45.61	5,268	\$ 0.25	\$ 44.09	68	\$ 1.46	\$ 50.31	349		
Dental	\$ 5.39	\$ 18.38	3,522	\$ 4.27	\$ 50.22	1,020	\$ 7.15	\$ 7.25	11,837	\$ 9.34	\$ 57.55	1,947	\$ 4.64	\$ 50.05	1,112	\$ 4.89	\$ 43.62	1,346		
DME/Supplies	\$ 65.50	\$ 2.76	285,066	\$ 42.37	\$ 0.81	625,868	\$ 67.54	\$ 64.88	12,492	\$ 251.07	\$ 3.21	938,173	\$ 3.21	\$ 1.16	33,210	\$ 20.34	\$ 1.97	123,592		
Emergency Room	\$ 0.22	\$ 3.41	760	\$ 0.31	\$ 2.74	1,348	\$ 9.82	\$ 109.64	1,075	\$ 27.68	\$ 83.18	3,993	\$ 0.79	\$ 7.79	1,211	\$ 2.16	\$ 19.35	1,342		
FQHC/RHC	\$ 0.30	\$ 75.78	47	\$ 4.04	\$ 81.33	596	\$ 1.05	\$ 151.25	83	\$ 9.64	\$ 95.05	1,217	\$ 4.29	\$ 75.94	678	\$ 4.39	\$ 78.06	675		
Home Health	\$ -	\$ -	7	\$ 0.12	\$ 4.18	353	\$ 4.72	\$ 78.20	725	\$ 58.86	\$ 49.29	14,330	\$ 0.19	\$ 52.51	44	\$ 3.09	\$ 48.37	768		
Hospice	\$ 0.03	\$ 0.66	550	\$ -	\$ -	2	\$ 69.21	\$ 193.40	4,294	\$ 6.80	\$ 266.74	306	\$ -	\$ -	4	\$ 1.23	\$ 167.77	88		
Inpatient	\$ 41.81	\$ 190.99	2,627	\$ 31.97	\$ 154.70	2,480	\$ 1,043.05	\$ 2,037.04	6,144	\$ 672.40	\$ 2,083.70	3,872	\$ 12.86	\$ 211.96	728	\$ 60.31	\$ 647.20	1,118		
Laboratory/Radiology	\$ 1.61	\$ 3.78	5,113	\$ 2.27	\$ 4.98	5,479	\$ 47.95	\$ 16.55	34,763	\$ 60.73	\$ 18.68	39,013	\$ 2.82	\$ 8.04	4,204	\$ 6.15	\$ 11.53	6,402		
Nursing Facility	\$ 5,591.72	\$ 195.62	343,020	\$ 5.57	\$ 189.95	352	\$ 5,959.55	\$ 211.07	338,827	\$ 0.32	\$ 179.94	21	\$ 0.76	\$ 146.31	63	\$ 219.64	\$ 200.56	13,141		
Other Medical	\$ 28.26	\$ 10.76	31,518	\$ 1.91	\$ 0.96	23,935	\$ 63.81	\$ 10.30	74,372	\$ 54.68	\$ 23.29	28,178	\$ 2.27	\$ 1.75	15,530	\$ 6.25	\$ 4.19	17,883		
Outpatient	\$ 0.77	\$ 16.64	557	\$ 1.34	\$ 13.39	1,199	\$ 16.20	\$ 218.00	892	\$ 104.15	\$ 30.35	41,185	\$ 2.78	\$ 17.14	1,944	\$ 7.73	\$ 24.72	3,754		
Pharmacy	\$ 10.80	\$ 13.83	9,374	\$ 11.03	\$ 28.54	4,637	\$ 758.01	\$ 74.22	122,559	\$ 884.73	\$ 114.46	92,753	\$ 7.42	\$ 23.81	3,740	\$ 60.15	\$ 73.56	9,811		
Physician	\$ 5.50	\$ 1.79	36,806	\$ 4.34	\$ 1.50	34,653	\$ 153.74	\$ 25.62	72,000	\$ 127.50	\$ 24.00	63,742	\$ 5.16	\$ 3.13	19,767	\$ 12.99	\$ 6.49	24,025		
Vision	\$ 0.10	\$ 2.61	468	\$ 0.19	\$ 6.52	343	\$ 2.75	\$ 33.93	972	\$ 5.28	\$ 36.24	1,747	\$ 0.26	\$ 12.76	245	\$ 0.53	\$ 18.63	340		
Medical Services Subtotal	\$ 5,752.39	N/A	N/A	\$ 110.03	N/A	N/A	\$ 8,223.48	N/A	N/A	\$ 2,293.18	N/A	N/A	\$ 47.70	N/A	N/A	\$ 411.31	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.65	\$ 34.56	227	\$ 97.59	\$ 33.29	35,175	\$ 0.70	\$ 34.56	244	\$ 74.23	\$ 34.23	26,026	\$ -	\$ -	-	\$ 10.26	\$ 33.62	3,664		
Employment	\$ -	\$ -	-	\$ 5.24	\$ 7.00	8,987	\$ -	\$ -	-	\$ 1.99	\$ 7.49	3,189	\$ 0.01	\$ 6.30	12	\$ 0.46	\$ 7.08	776		
Home Health/Therapies	\$ 2.58	\$ 11.02	2,810	\$ 553.34	\$ 11.42	581,605	\$ 0.59	\$ 14.06	505	\$ 565.45	\$ 11.15	608,776	\$ -	\$ -	-	\$ 65.16	\$ 11.30	69,196		
Other Waiver	\$ 0.68	\$ 6.74	1,214	\$ 40.57	\$ 10.37	46,926	\$ 0.53	\$ 8.94	710	\$ 26.92	\$ 19.11	16,905	\$ 0.10	\$ 6.06	191	\$ 4.17	\$ 11.89	4,211		
PDS/FMS	\$ 0.08	\$ 102.56	10	\$ 33.47	\$ 82.27	4,882	\$ 0.11	\$ 119.42	11	\$ 26.49	\$ 84.48	3,762	\$ 0.01	\$ 146.39	1	\$ 3.57	\$ 83.16	516		
Personal Assistance	\$ 25.27	\$ 4.47	67,888	\$ 3,393.27	\$ 4.08	9,980,119	\$ 13.79	\$ 4.51	36,717	\$ 3,600.09	\$ 4.20	10,297,031	\$ 0.15	\$ 4.27	420	\$ 406.55	\$ 4.13	1,181,335		
Residential Habilitation	\$ 12.17	\$ 62.33	2,343	\$ 166.83	\$ 114.26	17,521	\$ 3.54	\$ 66.23	641	\$ 122.11	\$ 126.44	11,588	\$ 0.29	\$ 27.87	126	\$ 17.87	\$ 111.25	1,928		
Respite	\$ -	\$ -	-	\$ 1.82	\$ 3.66	5,944	\$ -	\$ -	-	\$ 0.17	\$ 4.17	488	\$ 0.05	\$ 231.75	3	\$ 0.17	\$ 4.82	430		
Service Coordination	\$ 2.48	\$ 19.37	1,538	\$ 175.56	\$ 18.78	112,204	\$ 3.87	\$ 18.93	2,451	\$ 171.63	\$ 18.75	109,824	\$ 0.07	\$ 22.02	38	\$ 20.45	\$ 18.78	13,066		
Vendor Services	\$ 5.18	\$ 972.46	64	\$ 95.79	\$ 186.17	6,174	\$ 13.82	\$ 1,810.93	92	\$ 89.38	\$ 220.28	4,869	\$ 0.00	\$ 30.00	0	\$ 11.16	\$ 203.27	659		
Waiver DME/Supplies	\$ 0.02	\$ 58.33	4	\$ 4.15	\$ 86.89	573	\$ -	\$ -	-	\$ 3.04	\$ 77.22	472	\$ -	\$ -	-	\$ 0.43	\$ 83.26	62		
HCBS Waiver Services Subtotal	\$ 49.12	N/A	N/A	\$ 4,567.61	N/A	N/A	\$ 36.95	N/A	N/A	\$ 4,681.50	N/A	N/A	\$ 0.67	N/A	N/A	\$ 540.27	N/A	N/A		
Total Services	\$ 5,801.51	N/A	N/A	\$ 4,677.65	N/A	N/A	\$ 8,260.43	N/A	N/A	\$ 6,974.67	N/A	N/A	\$ 48.37	N/A	N/A	\$ 951.58	N/A	N/A		

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			134,204			52,154			3,632			8,037			292,788			490,815		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.21	\$ 18.93	130	\$ 0.24	\$ 52.35	56	\$ 13.89	\$ 124.23	1,341	\$ 10.42	\$ 88.09	1,420	\$ 0.11	\$ 48.48	27	\$ 0.42	\$ 55.58	91		
Dental	\$ 4.22	\$ 16.46	3,079	\$ 2.48	\$ 52.52	567	\$ 8.63	\$ 10.63	9,746	\$ 5.58	\$ 59.30	1,130	\$ 2.99	\$ 51.30	700	\$ 3.36	\$ 28.58	1,410		
DME/Supplies	\$ 12.45	\$ 6.65	22,453	\$ 53.43	\$ 0.77	837,411	\$ 18.79	\$ 24.25	9,300	\$ 95.09	\$ 1.87	610,113	\$ 3.65	\$ 0.88	49,817	\$ 12.95	\$ 1.15	134,900		
Emergency Room	\$ 0.05	\$ 2.87	220	\$ 0.20	\$ 2.72	894	\$ 7.02	\$ 97.89	860	\$ 17.34	\$ 114.48	1,818	\$ 0.25	\$ 4.95	594	\$ 0.52	\$ 11.39	546		
FQHC/RHC	\$ 0.14	\$ 78.69	22	\$ 4.39	\$ 83.35	632	\$ 1.51	\$ 176.74	102	\$ 26.74	\$ 156.44	2,051	\$ 3.98	\$ 70.02	683	\$ 3.33	\$ 77.65	515		
Home Health	\$ -	\$ -	1	\$ 0.06	\$ 17.45	44	\$ 4.59	\$ 84.11	655	\$ 23.81	\$ 64.60	4,422	\$ 0.10	\$ 36.35	32	\$ 0.49	\$ 57.74	102		
Hospice	\$ 0.53	\$ 57.26	112	\$ 0.98	\$ 129.20	91	\$ 132.07	\$ 157.66	10,053	\$ 41.05	\$ 177.33	2,778	\$ 0.04	\$ 86.34	6	\$ 1.92	\$ 141.20	163		
Inpatient	\$ 12.91	\$ 157.27	985	\$ 34.37	\$ 164.82	2,503	\$ 754.79	\$ 2,253.77	4,019	\$ 552.99	\$ 1,863.56	3,561	\$ 14.88	\$ 181.10	986	\$ 30.70	\$ 304.06	1,212		
Laboratory/Radiology	\$ 0.68	\$ 3.88	2,119	\$ 1.83	\$ 4.95	4,440	\$ 40.41	\$ 14.79	32,774	\$ 51.85	\$ 19.46	31,975	\$ 1.93	\$ 6.86	3,368	\$ 2.68	\$ 8.40	3,826		
Nursing Facility	\$ 4,568.49	\$ 158.61	345,644	\$ 8.59	\$ 151.13	682	\$ 4,914.76	\$ 175.07	336,886	\$ 5.13	\$ 190.16	324	\$ 4.76	\$ 155.82	367	\$ 1,289.37	\$ 159.02	97,299		
Other Medical	\$ 2.12	\$ 3.57	7,144	\$ 1.30	\$ 0.99	15,815	\$ 46.82	\$ 5.88	95,619	\$ 48.77	\$ 16.97	34,478	\$ 2.60	\$ 1.84	16,964	\$ 3.42	\$ 2.73	15,025		
Outpatient	\$ 0.27	\$ 21.78	147	\$ 1.18	\$ 30.20	468	\$ 13.48	\$ 303.63	533	\$ 58.18	\$ 63.66	10,968	\$ 1.36	\$ 27.37	596	\$ 2.06	\$ 39.32	629		
Pharmacy	\$ 6.03	\$ 8.55	8,462	\$ 10.19	\$ 22.73	5,382	\$ 590.27	\$ 65.20	108,639	\$ 623.39	\$ 89.05	84,010	\$ 5.93	\$ 21.13	3,367	\$ 20.84	\$ 35.36	7,074		
Physician	\$ 2.49	\$ 2.78	10,759	\$ 3.39	\$ 1.89	21,515	\$ 108.63	\$ 22.56	57,789	\$ 86.77	\$ 28.18	36,949	\$ 4.06	\$ 2.70	18,057	\$ 5.69	\$ 4.01	17,032		
Vision	\$ 0.09	\$ 3.60	302	\$ 0.25	\$ 6.37	468	\$ 2.33	\$ 31.61	886	\$ 3.64	\$ 35.88	1,217	\$ 0.39	\$ 9.67	482	\$ 0.36	\$ 9.67	446		
Medical Services Subtotal	\$ 4,610.70	N/A	N/A	\$ 122.90	N/A	N/A	\$ 6,658.01	N/A	N/A	\$ 1,650.75	N/A	N/A	\$ 47.02	N/A	N/A	\$ 1,378.11	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.09	\$ 66.27	17	\$ 27.22	\$ 51.62	6,327	\$ 0.21	\$ 68.42	36	\$ 15.02	\$ 45.60	3,954	\$ 0.01	\$ 67.06	2	\$ 3.17	\$ 51.22	743		
Employment	\$ -	\$ -	-	\$ 0.25	\$ 6.96	430	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 6.96	46		
Home Health/Therapies	\$ 0.12	\$ 12.29	114	\$ 73.68	\$ 11.50	76,916	\$ 0.10	\$ 14.00	86	\$ 40.38	\$ 11.45	42,329	\$ 0.01	\$ 11.02	6	\$ 8.53	\$ 11.49	8,902		
Other Waiver	\$ 0.04	\$ 21.61	23	\$ 9.22	\$ 6.48	17,063	\$ 0.16	\$ 30.00	63	\$ 12.81	\$ 15.93	9,649	\$ 0.04	\$ 8.23	65	\$ 1.23	\$ 7.31	2,016		
PDS/FMS	\$ 0.03	\$ 91.76	3	\$ 22.57	\$ 102.64	2,639	\$ 0.11	\$ 80.29	17	\$ 10.86	\$ 83.22	1,566	\$ -	\$ -	-	\$ 2.58	\$ 100.97	307		
Personal Assistance	\$ 7.48	\$ 4.48	20,044	\$ 3,841.94	\$ 4.34	10,632,757	\$ 10.17	\$ 4.11	29,670	\$ 4,708.47	\$ 4.46	12,680,166	\$ 0.49	\$ 4.51	1,312	\$ 487.76	\$ 4.36	1,343,959		
Residential Habilitation	\$ 0.20	\$ 459.76	5	\$ 12.40	\$ 141.17	1,054	\$ -	\$ -	-	\$ 24.30	\$ 114.95	2,537	\$ 0.31	\$ 467.34	8	\$ 1.95	\$ 146.77	160		
Respite	\$ 0.21	\$ 153.79	16	\$ 5.61	\$ 9.03	7,454	\$ -	\$ -	-	\$ 1.87	\$ 7.19	3,115	\$ -	\$ -	-	\$ 0.68	\$ 9.67	847		
Service Coordination	\$ 0.79	\$ 18.84	502	\$ 171.91	\$ 18.77	109,926	\$ 0.94	\$ 18.79	601	\$ 150.08	\$ 18.75	96,031	\$ 0.08	\$ 20.19	45	\$ 20.99	\$ 18.77	13,422		
Vendor Services	\$ 0.42	\$ 24.24	206	\$ 136.59	\$ 13.92	117,724	\$ 14.47	\$ 456.83	380	\$ 64.11	\$ 15.29	50,318	\$ 0.02	\$ 7.67	26	\$ 15.79	\$ 14.14	13,408		
Waiver DME/Supplies	\$ 0.02	\$ 62.78	4	\$ 9.39	\$ 62.52	1,802	\$ -	\$ -	-	\$ 6.44	\$ 74.20	1,041	\$ 0.00	\$ 23.59	0	\$ 1.11	\$ 63.42	210		
HCBS Waiver Services Subtotal	\$ 9.38	N/A	N/A	\$ 4,310.78	N/A	N/A	\$ 26.15	N/A	N/A	\$ 5,034.34	N/A	N/A	\$ 0.96	N/A	N/A	\$ 543.83	N/A	N/A		
Total Services	\$ 4,620.07	N/A	N/A	\$ 4,433.68	N/A	N/A	\$ 6,684.16	N/A	N/A	\$ 6,685.09	N/A	N/A	\$ 47.98	N/A	N/A	\$ 1,921.94	N/A	N/A		

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

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			4,848			16,329			3,302			9,539			208,508			242,527		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.74	\$ 28.62	312	\$ 0.22	\$ 46.79	57	\$ 30.81	\$ 128.81	2,870	\$ 19.45	\$ 40.14	5,815	\$ 0.23	\$ 39.65	68	\$ 1.41	\$ 50.21	337		
Dental	\$ 10.13	\$ 34.45	3,530	\$ 5.30	\$ 51.42	1,238	\$ 9.10	\$ 15.43	7,077	\$ 10.68	\$ 63.01	2,033	\$ 6.50	\$ 53.28	1,465	\$ 6.69	\$ 50.54	1,589		
DME/Supplies	\$ 14.79	\$ 1.39	127,786	\$ 37.62	\$ 0.80	562,098	\$ 45.75	\$ 15.98	34,350	\$ 258.61	\$ 3.43	905,310	\$ 3.95	\$ 1.25	37,769	\$ 17.02	\$ 1.87	108,947		
Emergency Room	\$ 0.49	\$ 4.78	1,229	\$ 0.51	\$ 4.36	1,406	\$ 17.39	\$ 100.46	2,077	\$ 21.50	\$ 44.78	5,762	\$ 0.80	\$ 7.77	1,242	\$ 1.82	\$ 15.14	1,441		
FQHC/RHC	\$ 1.22	\$ 40.56	362	\$ 3.40	\$ 71.27	573	\$ 6.80	\$ 109.90	742	\$ 10.81	\$ 73.42	1,767	\$ 2.77	\$ 62.09	535	\$ 3.15	\$ 64.60	585		
Home Health	\$ -	\$ -	25	\$ 0.84	\$ 40.58	248	\$ 9.78	\$ 87.90	1,335	\$ 75.22	\$ 65.27	13,829	\$ 0.16	\$ 52.56	36	\$ 3.28	\$ 64.57	611		
Hospice	\$ 0.02	\$ 5.85	45	\$ 0.00	\$ 0.07	7	\$ 49.75	\$ 138.91	4,298	\$ 13.32	\$ 225.29	710	\$ 0.01	\$ 288.93	0	\$ 1.21	\$ 164.80	88		
Inpatient	\$ 40.88	\$ 144.68	3,391	\$ 23.78	\$ 151.00	1,890	\$ 902.81	\$ 2,000.38	5,416	\$ 620.99	\$ 1,870.28	3,984	\$ 11.14	\$ 193.84	690	\$ 48.71	\$ 573.98	1,018		
Laboratory/Radiology	\$ 2.02	\$ 3.07	7,897	\$ 2.25	\$ 4.64	5,807	\$ 65.09	\$ 16.41	47,610	\$ 75.08	\$ 21.46	41,979	\$ 3.07	\$ 7.89	4,672	\$ 6.67	\$ 11.66	6,865		
Nursing Facility	\$ 4,406.28	\$ 158.72	333,129	\$ 2.79	\$ 101.37	331	\$ 5,310.30	\$ 195.88	325,317	\$ 0.32	\$ 155.39	25	\$ 1.08	\$ 145.48	89	\$ 161.51	\$ 173.23	11,188		
Other Medical	\$ 9.57	\$ 5.67	20,249	\$ 1.63	\$ 1.13	17,316	\$ 98.95	\$ 8.23	144,260	\$ 47.64	\$ 22.36	25,572	\$ 1.80	\$ 1.86	11,623	\$ 5.07	\$ 4.19	14,533		
Outpatient	\$ 1.81	\$ 4.86	4,459	\$ 3.57	\$ 9.60	4,459	\$ 30.49	\$ 51.72	7,076	\$ 117.84	\$ 51.13	27,656	\$ 1.89	\$ 27.94	814	\$ 6.95	\$ 36.72	2,273		
Pharmacy	\$ 8.96	\$ 14.52	7,406	\$ 7.58	\$ 18.84	4,830	\$ 846.32	\$ 73.76	137,690	\$ 967.61	\$ 111.11	104,498	\$ 7.08	\$ 23.71	3,582	\$ 56.36	\$ 70.90	9,538		
Physician	\$ 6.23	\$ 1.64	45,637	\$ 4.55	\$ 1.87	29,166	\$ 133.41	\$ 18.30	87,488	\$ 101.83	\$ 12.10	101,009	\$ 5.08	\$ 3.06	19,926	\$ 10.62	\$ 5.06	25,171		
Vision	\$ 0.18	\$ 3.23	654	\$ 0.23	\$ 7.11	385	\$ 2.49	\$ 33.58	891	\$ 4.30	\$ 25.75	2,002	\$ 0.35	\$ 11.02	381	\$ 0.52	\$ 13.71	457		
Medical Services Subtotal	\$ 4,503.32	N/A	N/A	\$ 94.28	N/A	N/A	\$ 7,559.24	N/A	N/A	\$ 2,345.20	N/A	N/A	\$ 45.91	N/A	N/A	\$ 331.00	N/A	N/A		
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 33.40	\$ 35.14	11,404	\$ 2.75	\$ 34.56	956	\$ 28.75	\$ 35.18	9,808	\$ -	\$ -	-	\$ 3.42	\$ 35.15	1,167		
Employment	\$ 0.10	\$ 6.50	178	\$ 0.95	\$ 6.50	1,757	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 17.75	4	\$ 0.07	\$ 6.84	126		
Home Health/Therapies	\$ 2.35	\$ 11.02	2,557	\$ 404.13	\$ 11.25	431,238	\$ 18.21	\$ 10.86	20,132	\$ 363.72	\$ 11.27	387,137	\$ -	\$ -	-	\$ 41.81	\$ 11.25	44,588		
Other Waiver	\$ 1.11	\$ 5.23	2,535	\$ 30.58	\$ 13.58	27,017	\$ 0.78	\$ 18.07	516	\$ 17.24	\$ 13.62	15,191	\$ 0.09	\$ 3.64	297	\$ 2.85	\$ 12.52	2,729		
PDS/FMS	\$ 0.05	\$ 82.16	7	\$ 35.90	\$ 91.84	4,691	\$ 0.26	\$ 105.35	29	\$ 30.66	\$ 84.73	4,342	\$ 0.01	\$ 111.28	1	\$ 3.63	\$ 89.39	488		
Personal Assistance	\$ 29.64	\$ 4.78	74,410	\$ 2,969.03	\$ 4.12	8,638,411	\$ 30.58	\$ 4.58	80,152	\$ 2,973.17	\$ 4.11	8,679,111	\$ 0.09	\$ 3.49	315	\$ 317.93	\$ 4.12	925,843		
Residential Habilitation	\$ 11.56	\$ 75.03	1,849	\$ 174.47	\$ 95.48	21,926	\$ 8.99	\$ 94.51	1,141	\$ 114.04	\$ 77.21	17,724	\$ 0.70	\$ 44.14	190	\$ 17.19	\$ 86.33	2,389		
Respite	\$ 0.15	\$ 6.13	297	\$ 0.59	\$ 4.26	1,650	\$ -	\$ -	-	\$ 0.39	\$ 3.88	1,195	\$ 0.02	\$ 7.51	37	\$ 0.08	\$ 4.76	196		
Service Coordination	\$ 4.73	\$ 20.52	2,767	\$ 187.68	\$ 20.01	112,576	\$ 3.54	\$ 20.00	2,126	\$ 189.28	\$ 20.00	113,582	\$ 0.06	\$ 22.46	35	\$ 20.28	\$ 20.01	12,161		
Vendor Services	\$ 8.92	\$ 686.39	156	\$ 92.11	\$ 202.06	5,470	\$ 20.85	\$ 2,220.95	113	\$ 87.24	\$ 210.04	4,984	\$ 0.00	\$ 35.43	0	\$ 10.10	\$ 212.80	569		
Waiver DME/Supplies	\$ -	\$ -	-	\$ 4.84	\$ 147.05	395	\$ -	\$ -	-	\$ 5.30	\$ 126.65	502	\$ 0.00	\$ 79.00	0	\$ 0.54	\$ 138.29	46		
HCBS Waiver Services Subtotal	\$ 58.61	N/A	N/A	\$ 3,933.68	N/A	N/A	\$ 85.96	N/A	N/A	\$ 3,809.80	N/A	N/A	\$ 0.98	N/A	N/A	\$ 417.89	N/A	N/A		
Total Services	\$ 4,561.93	N/A	N/A	\$ 4,027.95	N/A	N/A	\$ 7,645.19	N/A	N/A	\$ 6,155.00	N/A	N/A	\$ 46.89	N/A	N/A	\$ 748.89	N/A	N/A		

Rating Region	Northeast
Age Group	60+
Time Period	CY 2018

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			105,264			39,743			2,692			3,532			222,513			373,744		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.19	\$ 16.11	143	\$ 0.34	\$ 41.84	99	\$ 17.88	\$ 119.94	1,789	\$ 22.23	\$ 61.19	4,360	\$ 0.10	\$ 41.52	28	\$ 0.49	\$ 48.12	121		
Dental	\$ 4.21	\$ 24.12	2,094	\$ 2.94	\$ 68.95	512	\$ 7.61	\$ 21.49	4,251	\$ 7.41	\$ 74.28	1,197	\$ 3.27	\$ 58.56	669	\$ 3.57	\$ 39.47	1,085		
DME/Supplies	\$ 2.79	\$ 1.35	24,874	\$ 58.04	\$ 0.76	916,918	\$ 24.89	\$ 9.05	32,999	\$ 141.45	\$ 2.33	729,805	\$ 6.32	\$ 0.84	90,144	\$ 12.24	\$ 0.89	165,311		
Emergency Room	\$ 0.17	\$ 5.81	361	\$ 0.65	\$ 8.06	962	\$ 8.84	\$ 101.64	1,044	\$ 21.79	\$ 78.09	3,348	\$ 0.33	\$ 5.64	703	\$ 0.58	\$ 10.60	661		
FQHC/RHC	\$ 1.06	\$ 38.10	334	\$ 1.90	\$ 41.61	548	\$ 7.52	\$ 105.33	856	\$ 13.21	\$ 91.91	1,725	\$ 2.13	\$ 55.58	460	\$ 1.95	\$ 52.11	449		
Home Health	\$ 0.00	\$ 2.34	5	\$ 0.35	\$ 58.49	71	\$ 5.80	\$ 66.33	1,049	\$ 46.87	\$ 73.57	7,644	\$ 0.05	\$ 21.46	31	\$ 0.55	\$ 62.14	107		
Hospice	\$ 0.04	\$ 6.97	66	\$ 0.06	\$ 59.01	12	\$ 83.81	\$ 147.38	6,824	\$ 34.95	\$ 148.73	2,820	\$ 0.04	\$ 69.42	6	\$ 0.97	\$ 117.23	100		
Inpatient	\$ 13.13	\$ 150.89	1,044	\$ 27.22	\$ 140.89	2,318	\$ 642.89	\$ 2,229.23	3,461	\$ 727.69	\$ 2,058.79	4,241	\$ 14.19	\$ 165.76	1,028	\$ 26.55	\$ 261.72	1,217		
Laboratory/Radiology	\$ 0.97	\$ 3.87	2,999	\$ 2.14	\$ 5.53	4,654	\$ 47.05	\$ 16.15	34,967	\$ 71.96	\$ 20.80	41,526	\$ 2.18	\$ 5.96	4,386	\$ 2.82	\$ 7.35	4,595		
Nursing Facility	\$ 4,269.47	\$ 150.38	340,693	\$ 22.78	\$ 152.17	1,797	\$ 5,023.70	\$ 180.10	334,732	\$ 13.36	\$ 182.86	877	\$ 7.32	\$ 150.60	584	\$ 1,245.58	\$ 151.11	98,913		
Other Medical	\$ 1.16	\$ 2.16	6,473	\$ 1.40	\$ 1.50	11,240	\$ 48.44	\$ 5.04	115,431	\$ 53.89	\$ 8.25	78,361	\$ 3.93	\$ 2.82	16,691	\$ 3.67	\$ 3.03	14,528		
Outpatient	\$ 0.37	\$ 35.32	126	\$ 1.23	\$ 40.09	367	\$ 15.74	\$ 350.05	540	\$ 74.22	\$ 68.62	12,979	\$ 1.34	\$ 36.00	448	\$ 1.85	\$ 47.46	467		
Pharmacy	\$ 4.28	\$ 8.93	5,752	\$ 6.14	\$ 18.17	4,056	\$ 809.48	\$ 81.63	119,002	\$ 855.28	\$ 100.50	102,128	\$ 6.19	\$ 24.38	3,047	\$ 19.46	\$ 41.05	5,688		
Physician	\$ 2.95	\$ 2.76	12,806	\$ 3.28	\$ 2.01	19,635	\$ 88.97	\$ 25.84	41,311	\$ 93.99	\$ 14.97	75,329	\$ 4.26	\$ 2.80	18,255	\$ 5.25	\$ 3.58	17,573		
Vision	\$ 0.12	\$ 3.58	387	\$ 0.19	\$ 5.49	420	\$ 1.67	\$ 33.19	602	\$ 3.77	\$ 30.06	1,507	\$ 0.40	\$ 7.32	659	\$ 0.34	\$ 7.23	564		
Medical Services Subtotal	\$ 4,300.91	N/A	N/A	\$ 128.67	N/A	N/A	\$ 6,834.30	N/A	N/A	\$ 2,182.07	N/A	N/A	\$ 52.06	N/A	N/A	\$ 1,325.87	N/A	N/A		
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 11.19	\$ 56.58	2,373	\$ -	\$ -	-	\$ 4.15	\$ 68.42	727	\$ -	\$ -	-	\$ 1.23	\$ 56.89	259		
Employment	\$ -	\$ -	-	\$ 0.24	\$ 6.50	437	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.03	\$ 6.50	46		
Home Health/Therapies	\$ 0.14	\$ 11.79	141	\$ 35.52	\$ 12.90	33,058	\$ -	\$ -	-	\$ 30.73	\$ 11.58	31,826	\$ 0.00	\$ 11.00	0	\$ 4.11	\$ 12.78	3,856		
Other Waiver	\$ 0.01	\$ 119.94	1	\$ 4.18	\$ 18.36	2,732	\$ -	\$ -	-	\$ 8.62	\$ 22.52	4,593	\$ 0.05	\$ 4.23	148	\$ 0.56	\$ 15.93	423		
PDS/FMS	\$ 0.05	\$ 96.69	6	\$ 21.78	\$ 91.80	2,847	\$ 0.03	\$ 82.16	4	\$ 19.88	\$ 83.28	2,864	\$ 0.00	\$ 82.16	0	\$ 2.52	\$ 91.12	332		
Personal Assistance	\$ 9.91	\$ 4.56	26,104	\$ 3,338.45	\$ 4.43	9,047,085	\$ 26.49	\$ 4.77	66,617	\$ 3,136.25	\$ 4.42	8,512,444	\$ 1.11	\$ 4.54	2,922	\$ 388.28	\$ 4.43	1,052,058		
Residential Habilitation	\$ 0.27	\$ 466.30	7	\$ 5.16	\$ 136.99	452	\$ 1.56	\$ 466.30	40	\$ 82.85	\$ 32.50	30,596	\$ 0.14	\$ 14.23	120	\$ 1.50	\$ 43.88	411		
Respite	\$ 0.18	\$ 143.33	15	\$ 7.59	\$ 12.69	7,171	\$ 4.69	\$ 217.85	259	\$ 5.54	\$ 177.95	374	\$ 0.01	\$ 4.77	35	\$ 0.95	\$ 14.39	793		
Service Coordination	\$ 1.33	\$ 19.93	803	\$ 158.46	\$ 19.96	95,280	\$ 2.94	\$ 19.72	1,792	\$ 167.63	\$ 20.06	100,281	\$ 0.11	\$ 20.40	63	\$ 18.90	\$ 19.97	11,356		
Vendor Services	\$ 0.83	\$ 36.42	274	\$ 118.27	\$ 12.77	111,150	\$ 0.69	\$ 16.82	495	\$ 82.27	\$ 16.54	59,674	\$ 0.03	\$ 7.28	52	\$ 13.61	\$ 13.07	12,495		
Waiver DME/Supplies	\$ 0.02	\$ 39.00	5	\$ 9.36	\$ 66.66	1,686	\$ -	\$ -	-	\$ 7.25	\$ 92.16	944	\$ 0.00	\$ 32.70	0	\$ 1.07	\$ 67.59	190		
HCBS Waiver Services Subtotal	\$ 12.73	N/A	N/A	\$ 3,710.19	N/A	N/A	\$ 36.41	N/A	N/A	\$ 3,545.16	N/A	N/A	\$ 1.46	N/A	N/A	\$ 432.75	N/A	N/A		
Total Services	\$ 4,313.65	N/A	N/A	\$ 3,838.86	N/A	N/A	\$ 6,870.71	N/A	N/A	\$ 5,727.23	N/A	N/A	\$ 53.52	N/A	N/A	\$ 1,758.62	N/A	N/A		

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

CHC Eligible Population Group																			
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,639			13,210			1,708			9,187			130,649			157,393		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 0.52	\$ 37.23	168	\$ 0.57	\$ 68.54	100	\$ 29.33	\$ 99.90	3,523	\$ 16.95	\$ 20.88	9,740	\$ 0.16	\$ 48.97	39	\$ 1.50	\$ 27.60	650	
Dental	\$ 5.59	\$ 51.89	1,292	\$ 6.26	\$ 56.80	1,322	\$ 10.14	\$ 53.26	2,285	\$ 8.99	\$ 61.70	1,749	\$ 5.85	\$ 54.40	1,291	\$ 6.11	\$ 55.10	1,331	
DME/Supplies	\$ 103.39	\$ 12.93	95,959	\$ 32.66	\$ 0.82	479,600	\$ 94.19	\$ 41.90	26,976	\$ 212.85	\$ 4.24	603,034	\$ 3.13	\$ 1.16	32,409	\$ 20.52	\$ 2.36	104,258	
Emergency Room	\$ 0.76	\$ 7.62	1,197	\$ 0.51	\$ 3.11	1,955	\$ 16.49	\$ 95.08	2,082	\$ 30.10	\$ 64.65	5,588	\$ 0.92	\$ 7.27	1,514	\$ 2.75	\$ 18.46	1,790	
FQHC/RHC	\$ 3.45	\$ 62.36	664	\$ 6.24	\$ 54.53	1,373	\$ 6.05	\$ 139.56	520	\$ 7.42	\$ 75.22	1,184	\$ 5.76	\$ 62.50	1,106	\$ 5.86	\$ 62.86	1,119	
Home Health	\$ -	\$ -	-	\$ 0.20	\$ 13.04	183	\$ 15.08	\$ 78.43	2,308	\$ 58.10	\$ 51.50	13,538	\$ 0.08	\$ 29.83	31	\$ 3.64	\$ 50.94	857	
Hospice	\$ -	\$ -	14	\$ 0.93	\$ 1,027.11	11	\$ 16.30	\$ 113.99	1,716	\$ 14.20	\$ 288.09	591	\$ 0.06	\$ 86.14	8	\$ 1.13	\$ 222.01	61	
Inpatient	\$ 104.48	\$ 300.42	4,173	\$ 25.91	\$ 164.27	1,892	\$ 943.61	\$ 1,876.55	6,034	\$ 410.01	\$ 2,262.81	2,174	\$ 10.17	\$ 236.34	516	\$ 46.54	\$ 657.16	850	
Laboratory/Radiology	\$ 3.72	\$ 5.04	8,865	\$ 3.40	\$ 5.76	7,088	\$ 60.97	\$ 15.33	47,741	\$ 75.99	\$ 19.62	46,472	\$ 4.11	\$ 8.86	5,570	\$ 8.86	\$ 12.36	8,598	
Nursing Facility	\$ 4,141.30	\$ 151.30	328,451	\$ 3.40	\$ 140.24	291	\$ 4,993.89	\$ 181.36	330,433	\$ 0.86	\$ 184.40	56	\$ 2.28	\$ 229.79	119	\$ 125.84	\$ 163.82	9,218	
Other Medical	\$ 1.90	\$ 0.69	33,129	\$ 2.58	\$ 1.06	29,030	\$ 81.76	\$ 6.81	144,086	\$ 54.67	\$ 22.53	29,125	\$ 2.60	\$ 2.03	15,371	\$ 6.49	\$ 4.09	19,014	
Outpatient	\$ 1.44	\$ 20.64	837	\$ 1.93	\$ 15.77	1,471	\$ 22.82	\$ 314.15	872	\$ 82.55	\$ 19.05	51,990	\$ 1.54	\$ 16.23	1,141	\$ 6.53	\$ 18.99	4,129	
Pharmacy	\$ 8.77	\$ 10.18	10,332	\$ 9.74	\$ 23.19	5,042	\$ 883.37	\$ 70.35	150,682	\$ 887.97	\$ 112.17	94,992	\$ 6.39	\$ 22.19	3,458	\$ 67.69	\$ 76.30	10,647	
Physician	\$ 6.32	\$ 1.59	47,794	\$ 5.24	\$ 1.52	41,417	\$ 127.57	\$ 18.02	84,945	\$ 100.88	\$ 32.37	37,399	\$ 5.17	\$ 2.80	22,170	\$ 12.11	\$ 5.64	25,785	
Vision	\$ 0.12	\$ 3.54	419	\$ 0.15	\$ 6.55	281	\$ 1.90	\$ 37.29	612	\$ 3.97	\$ 33.98	1,402	\$ 0.28	\$ 13.06	253	\$ 0.50	\$ 18.08	329	
Medical Services Subtotal	\$ 4,381.77	N/A	N/A	\$ 99.72	N/A	N/A	\$ 7,303.48	N/A	N/A	\$ 1,965.54	N/A	N/A	\$ 48.51	N/A	N/A	\$ 316.08	N/A	N/A	
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 77.48	\$ 34.40	27,028	\$ 0.65	\$ 34.56	225	\$ 30.73	\$ 35.04	10,523	\$ -	\$ -	-	\$ 8.30	\$ 34.54	2,885	
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Home Health/Therapies	\$ 0.04	\$ 11.02	41	\$ 190.52	\$ 11.03	207,341	\$ 0.39	\$ 11.02	422	\$ 242.13	\$ 11.02	263,730	\$ -	\$ -	-	\$ 30.13	\$ 11.02	32,802	
Other Waiver	\$ 0.01	\$ 17.00	9	\$ 6.35	\$ 26.14	2,913	\$ 0.75	\$ 9.55	942	\$ 2.08	\$ 2.28	10,928	\$ 0.02	\$ 6.35	35	\$ 0.68	\$ 8.82	922	
PDS/FMS	\$ 0.37	\$ 122.81	36	\$ 38.67	\$ 89.91	5,162	\$ 0.05	\$ 79.04	7	\$ 44.51	\$ 134.30	3,977	\$ 0.02	\$ 184.30	1	\$ 5.86	\$ 105.52	667	
Personal Assistance	\$ 46.94	\$ 4.66	120,772	\$ 2,720.16	\$ 4.07	8,027,403	\$ 28.22	\$ 4.80	70,570	\$ 3,048.78	\$ 4.27	8,568,068	\$ 0.05	\$ 3.13	199	\$ 407.41	\$ 4.15	1,176,855	
Residential Habilitation	\$ 5.19	\$ 721.27	86	\$ 187.81	\$ 134.94	16,702	\$ 9.91	\$ 445.43	267	\$ 53.73	\$ 247.67	2,603	\$ 0.22	\$ 13.15	202	\$ 19.28	\$ 134.05	1,726	
Respite	\$ -	\$ -	-	\$ 0.04	\$ 3.12	172	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 3.00	7	\$ 0.01	\$ 3.09	20	
Service Coordination	\$ 13.58	\$ 20.28	8,040	\$ 216.27	\$ 20.17	128,674	\$ 8.86	\$ 20.18	5,270	\$ 211.66	\$ 20.17	125,947	\$ 0.07	\$ 22.13	38	\$ 30.89	\$ 20.17	18,375	
Vendor Services	\$ 15.27	\$ 789.85	232	\$ 99.91	\$ 193.06	6,210	\$ 6.16	\$ 618.62	119	\$ 96.08	\$ 208.48	5,530	\$ 0.04	\$ 1,283.63	0	\$ 14.35	\$ 202.69	850	
Waiver DME/Supplies	\$ 0.04	\$ 59.25	9	\$ 2.75	\$ 287.63	115	\$ -	\$ -	-	\$ 2.02	\$ 182.53	133	\$ -	\$ -	-	\$ 0.35	\$ 239.24	18	
HCBS Waiver Services Subtotal	\$ 81.45	N/A	N/A	\$ 3,539.97	N/A	N/A	\$ 54.98	N/A	N/A	\$ 3,731.71	N/A	N/A	\$ 0.42	N/A	N/A	\$ 517.26	N/A	N/A	
Total Services	\$ 4,463.22	N/A	N/A	\$ 3,639.68	N/A	N/A	\$ 7,358.46	N/A	N/A	\$ 5,697.25	N/A	N/A	\$ 48.93	N/A	N/A	\$ 833.33	N/A	N/A	

Rating Region	Northwest
Age Group	60+
Time Period	CY 2018

CHC Eligible Population Group																			
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		50,362			31,139			1,212			3,966			103,605			190,284		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	
Ambulance	\$ 0.24	\$ 18.94	151	\$ 0.28	\$ 76.54	44	\$ 22.72	\$ 129.68	2,102	\$ 19.85	\$ 62.44	3,814	\$ 0.10	\$ 37.23	32	\$ 0.72	\$ 54.96	157	
Dental	\$ 3.38	\$ 42.72	949	\$ 3.19	\$ 67.96	563	\$ 5.08	\$ 45.59	1,337	\$ 5.11	\$ 62.65	979	\$ 3.06	\$ 58.10	632	\$ 3.22	\$ 53.96	716	
DME/Supplies	\$ 16.49	\$ 12.44	15,903	\$ 42.73	\$ 0.78	659,724	\$ 28.45	\$ 24.62	13,865	\$ 105.50	\$ 3.07	412,880	\$ 5.59	\$ 0.91	73,516	\$ 16.78	\$ 1.25	160,889	
Emergency Room	\$ 0.22	\$ 5.97	450	\$ 0.47	\$ 3.79	1,477	\$ 11.67	\$ 92.94	1,506	\$ 24.01	\$ 84.82	3,397	\$ 0.40	\$ 5.83	821	\$ 0.93	\$ 12.53	888	
FQHC/RHC	\$ 1.29	\$ 29.75	521	\$ 5.27	\$ 54.50	1,160	\$ 13.67	\$ 117.46	1,397	\$ 18.47	\$ 120.94	1,833	\$ 5.48	\$ 57.79	1,138	\$ 4.66	\$ 56.23	995	
Home Health	\$ 0.00	\$ 0.93	2	\$ 0.02	\$ 7.88	25	\$ 7.98	\$ 85.57	1,120	\$ 49.21	\$ 75.30	7,842	\$ 0.06	\$ 26.58	29	\$ 1.11	\$ 70.05	191	
Hospice	\$ 0.02	\$ 4.99	59	\$ 0.00	\$ 0.77	40	\$ 44.95	\$ 156.81	3,440	\$ 15.29	\$ 116.96	1,569	\$ 0.00	\$ 5.49	8	\$ 0.61	\$ 90.82	81	
Inpatient	\$ 13.18	\$ 158.38	998	\$ 37.23	\$ 193.91	2,304	\$ 923.66	\$ 2,067.79	5,360	\$ 545.81	\$ 1,824.37	3,590	\$ 15.04	\$ 204.75	882	\$ 35.03	\$ 341.68	1,230	
Laboratory/Radiology	\$ 1.23	\$ 4.18	3,528	\$ 3.06	\$ 5.73	6,405	\$ 47.93	\$ 14.62	39,347	\$ 68.69	\$ 19.94	41,329	\$ 2.89	\$ 7.01	4,943	\$ 4.14	\$ 8.58	5,785	
Nursing Facility	\$ 4,057.52	\$ 143.03	340,416	\$ 14.93	\$ 143.46	1,249	\$ 4,509.96	\$ 161.84	334,398	\$ 12.87	\$ 171.26	902	\$ 4.08	\$ 128.80	380	\$ 1,107.56	\$ 143.44	92,657	
Other Medical	\$ 1.21	\$ 1.49	9,794	\$ 2.65	\$ 1.62	19,566	\$ 61.20	\$ 12.06	60,915	\$ 48.01	\$ 10.59	54,382	\$ 3.39	\$ 2.20	18,551	\$ 3.99	\$ 2.75	17,416	
Outpatient	\$ 0.56	\$ 17.30	392	\$ 1.74	\$ 24.76	844	\$ 28.34	\$ 44.07	7,717	\$ 49.07	\$ 66.50	8,855	\$ 1.55	\$ 25.52	729	\$ 2.48	\$ 34.13	873	
Pharmacy	\$ 6.70	\$ 7.57	10,618	\$ 7.63	\$ 18.78	4,878	\$ 676.17	\$ 55.97	144,968	\$ 682.84	\$ 85.19	96,191	\$ 6.15	\$ 25.19	2,929	\$ 24.91	\$ 36.76	8,132	
Physician	\$ 2.92	\$ 2.69	13,009	\$ 3.72	\$ 1.62	27,485	\$ 92.19	\$ 18.90	58,532	\$ 96.96	\$ 24.06	48,357	\$ 4.32	\$ 2.50	20,717	\$ 6.34	\$ 3.69	20,601	
Vision	\$ 0.09	\$ 4.54	226	\$ 0.15	\$ 5.08	349	\$ 1.68	\$ 34.00	595	\$ 3.70	\$ 33.25	1,336	\$ 0.24	\$ 8.18	357	\$ 0.27	\$ 9.35	343	
Medical Services Subtotal	\$ 4,105.05	N/A	N/A	\$ 123.07	N/A	N/A	\$ 6,475.65	N/A	N/A	\$ 1,745.39	N/A	N/A	\$ 52.35	N/A	N/A	\$ 1,212.74	N/A	N/A	
Day Habilitation and Adult Day	\$ 0.02	\$ 71.79	3	\$ 15.12	\$ 43.40	4,180	\$ -	\$ -	-	\$ 23.96	\$ 35.16	8,176	\$ -	\$ -	-	\$ 2.98	\$ 41.79	855	
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	
Home Health/Therapies	\$ 0.14	\$ 15.51	112	\$ 91.37	\$ 11.70	93,676	\$ 0.18	\$ 16.55	129	\$ 13.97	\$ 11.98	13,989	\$ 0.02	\$ 11.02	17	\$ 15.29	\$ 11.72	15,660	
Other Waiver	\$ 0.03	\$ 5.79	72	\$ 3.57	\$ 44.63	959	\$ -	\$ -	-	\$ 0.28	\$ 29.02	115	\$ -	\$ -	-	\$ 0.60	\$ 40.25	179	
PDS/FMS	\$ 0.10	\$ 85.87	14	\$ 23.63	\$ 84.45	3,357	\$ 0.46	\$ 79.04	69	\$ 15.65	\$ 81.54	2,303	\$ 0.00	\$ 79.04	0	\$ 4.22	\$ 84.22	602	
Personal Assistance	\$ 14.27	\$ 4.38	39,077	\$ 2,970.52	\$ 4.34	8,207,418	\$ 86.55	\$ 4.42	234,852	\$ 3,909.18	\$ 4.61	10,166,593	\$ 0.26	\$ 4.53	677	\$ 572.05	\$ 4.38	1,567,178	
Residential Habilitation	\$ 0.92	\$ 65.09	169	\$ 17.51	\$ 229.43	916	\$ -	\$ -	-	\$ 42.16	\$ 247.67	2,042	\$ 0.01	\$ 8.08	13	\$ 3.99	\$ 195.96	244	
Respite	\$ 0.22	\$ 267.63	10	\$ 2.82	\$ 129.87	260	\$ -	\$ -	-	\$ 0.63	\$ 178.98	42	\$ 0.04	\$ 167.17	3	\$ 0.55	\$ 139.53	48	
Service Coordination	\$ 2.07	\$ 20.21	1,231	\$ 180.70	\$ 20.20	107,358	\$ 6.54	\$ 20.21	3,881	\$ 188.43	\$ 20.16	112,158	\$ 0.15	\$ 20.34	88	\$ 34.17	\$ 20.19	20,305	
Vendor Services	\$ 2.02	\$ 44.33	547	\$ 108.87	\$ 12.79	102,132	\$ 7.11	\$ 71.24	1,198	\$ 70.08	\$ 20.19	41,657	\$ 0.02	\$ 9.11	26	\$ 19.87	\$ 13.43	17,748	
Waiver DME/Supplies	\$ 0.04	\$ 42.03	11	\$ 4.85	\$ 48.00	1,213	\$ -	\$ -	-	\$ 1.98	\$ 53.11	448	\$ -	\$ -	-	\$ 0.85	\$ 48.14	211	
HCBS Waiver Services Subtotal	\$ 19.83	N/A	N/A	\$ 3,418.95	N/A	N/A	\$ 100.83	N/A	N/A	\$ 4,266.30	N/A	N/A	\$ 0.49	N/A	N/A	\$ 654.56	N/A	N/A	
Total Services	\$ 4,124.88	N/A	N/A	\$ 3,542.02	N/A	N/A	\$ 6,576.48	N/A	N/A	\$ 6,011.69	N/A	N/A	\$ 52.85	N/A	N/A	\$ 1,867.31	N/A	N/A	

Rating Region	Lehigh/Capital
Age Group	21-59
Time Period	CY 2019

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			8,034			23,684			4,504			19,341			265,817			321,380		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.20	\$ 10.10	243	\$ 0.49	\$ 72.95	81	\$ 30.59	\$ 138.85	2,644	\$ 25.06	\$ 76.43	3,934	\$ 0.40	\$ 77.02	62	\$ 2.31	\$ 82.13	337		
Dental	\$ 5.72	\$ 19.86	3,457	\$ 3.73	\$ 45.91	975	\$ 10.09	\$ 9.83	12,312	\$ 10.11	\$ 62.48	1,942	\$ 4.23	\$ 46.58	1,090	\$ 4.67	\$ 41.51	1,349		
DME/Supplies	\$ 70.98	\$ 3.06	278,387	\$ 44.32	\$ 0.86	621,758	\$ 44.63	\$ 51.63	10,373	\$ 219.28	\$ 3.25	810,365	\$ 3.29	\$ 1.12	35,128	\$ 21.58	\$ 1.98	130,748		
Emergency Room	\$ 0.14	\$ 2.41	696	\$ 0.32	\$ 2.99	1,301	\$ 11.54	\$ 106.07	1,306	\$ 29.52	\$ 76.36	4,640	\$ 0.68	\$ 6.92	1,174	\$ 2.53	\$ 21.93	1,382		
FQHC/RHC	\$ 0.37	\$ 72.52	61	\$ 3.98	\$ 86.17	554	\$ 1.37	\$ 104.05	158	\$ 12.11	\$ 80.85	1,797	\$ 5.03	\$ 85.64	705	\$ 5.21	\$ 85.00	736		
Home Health	\$ 0.06	\$ 43.93	15	\$ 0.16	\$ 25.04	76	\$ 3.88	\$ 59.14	787	\$ 49.53	\$ 47.64	12,474	\$ 0.10	\$ 31.16	40	\$ 3.13	\$ 46.97	800		
Hospice	\$ 1.30	\$ 351.54	44	\$ 0.00	\$ 11.23	4	\$ 87.45	\$ 193.85	5,414	\$ 14.80	\$ 305.26	582	\$ 0.00	\$ 0.27	1	\$ 2.15	\$ 227.50	113		
Inpatient	\$ 34.52	\$ 129.06	3,210	\$ 34.54	\$ 147.41	2,811	\$ 1,037.56	\$ 1,738.44	7,162	\$ 654.96	\$ 1,882.37	4,175	\$ 11.73	\$ 172.28	817	\$ 67.06	\$ 612.11	1,315		
Laboratory/Radiology	\$ 1.10	\$ 3.26	4,031	\$ 2.22	\$ 5.55	4,805	\$ 50.07	\$ 15.53	38,680	\$ 65.92	\$ 21.41	36,949	\$ 2.38	\$ 7.93	3,600	\$ 6.83	\$ 13.22	6,198		
Nursing Facility	\$ 5,780.59	\$ 200.62	345,760	\$ 5.61	\$ 134.93	499	\$ 5,877.51	\$ 212.11	332,514	\$ 0.63	\$ 153.44	49	\$ 1.97	\$ 153.73	154	\$ 228.96	\$ 203.96	13,471		
Other Medical	\$ 22.83	\$ 9.92	27,621	\$ 2.27	\$ 1.11	24,501	\$ 48.95	\$ 11.30	51,991	\$ 50.62	\$ 21.94	27,689	\$ 2.09	\$ 1.52	16,460	\$ 6.20	\$ 4.02	18,506		
Outpatient	\$ 0.71	\$ 17.22	498	\$ 1.48	\$ 20.80	855	\$ 21.51	\$ 136.24	1,895	\$ 99.71	\$ 49.17	24,332	\$ 1.65	\$ 18.28	1,085	\$ 7.80	\$ 37.97	2,464		
Pharmacy	\$ 11.88	\$ 15.18	9,390	\$ 13.07	\$ 34.26	4,580	\$ 789.52	\$ 72.77	130,192	\$ 840.48	\$ 114.88	87,793	\$ 7.68	\$ 31.38	2,936	\$ 69.25	\$ 82.22	10,108		
Physician	\$ 5.14	\$ 1.71	36,007	\$ 4.37	\$ 1.53	34,204	\$ 158.19	\$ 23.01	82,478	\$ 132.82	\$ 24.61	64,764	\$ 4.25	\$ 2.87	17,789	\$ 14.17	\$ 7.34	23,188		
Vision	\$ 0.16	\$ 3.64	537	\$ 0.16	\$ 5.38	358	\$ 2.53	\$ 32.55	934	\$ 5.69	\$ 36.37	1,878	\$ 0.19	\$ 11.34	205	\$ 0.55	\$ 19.83	335		
Medical Services Subtotal	\$ 5,935.70	N/A	N/A	\$ 116.74	N/A	N/A	\$ 8,175.39	N/A	N/A	\$ 2,211.23	N/A	N/A	\$ 45.67	N/A	N/A	\$ 442.41	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.20	\$ 34.56	70	\$ 101.77	\$ 33.40	36,564	\$ 0.32	\$ 34.56	112	\$ 73.08	\$ 34.18	25,656	\$ 0.04	\$ 34.56	13	\$ 11.94	\$ 33.69	4,253		
Employment	\$ -	\$ -	-	\$ 4.27	\$ 6.96	7,369	\$ -	\$ -	-	\$ 0.35	\$ 10.07	412	\$ 0.00	\$ 17.75	0	\$ 0.34	\$ 7.10	568		
Home Health/Therapies	\$ 0.30	\$ 16.26	221	\$ 535.64	\$ 11.34	567,036	\$ 0.26	\$ 19.12	163	\$ 520.24	\$ 11.21	556,734	\$ 0.05	\$ 20.97	27	\$ 70.83	\$ 11.28	75,322		
Other Waiver	\$ 0.63	\$ 5.16	1,474	\$ 38.39	\$ 4.77	96,548	\$ 0.01	\$ 13.50	11	\$ 28.29	\$ 18.31	18,547	\$ 0.12	\$ 6.89	200	\$ 4.64	\$ 6.61	8,434		
PDS/FMS	\$ 0.05	\$ 95.59	6	\$ 34.39	\$ 95.53	4,320	\$ 0.11	\$ 99.90	13	\$ 24.50	\$ 96.37	3,051	\$ 0.02	\$ 186.78	1	\$ 4.03	\$ 96.00	503		
Personal Assistance	\$ 6.52	\$ 4.36	17,946	\$ 3,585.33	\$ 4.15	10,366,591	\$ 17.53	\$ 4.36	48,253	\$ 4,138.82	\$ 4.30	11,557,938	\$ 0.51	\$ 4.50	1,369	\$ 514.13	\$ 4.22	1,461,786		
Residential Habilitation	\$ 2.75	\$ 85.19	387	\$ 165.31	\$ 147.65	13,435	\$ 2.95	\$ 379.41	93	\$ 117.68	\$ 108.01	13,075	\$ 1.40	\$ 46.73	360	\$ 20.53	\$ 118.16	2,085		
Respite	\$ -	\$ -	-	\$ 1.07	\$ 3.55	3,630	\$ -	\$ -	-	\$ 0.06	\$ 4.49	171	\$ -	\$ -	-	\$ 0.08	\$ 3.59	278		
Service Coordination	\$ 1.75	\$ 19.09	1,101	\$ 169.49	\$ 18.77	108,360	\$ 2.50	\$ 19.06	1,571	\$ 165.11	\$ 18.77	105,580	\$ 0.15	\$ 21.52	84	\$ 22.63	\$ 18.78	14,458		
Vendor Services	\$ 4.45	\$ 775.58	69	\$ 126.07	\$ 241.67	6,260	\$ 6.84	\$ 1,709.02	48	\$ 108.16	\$ 302.94	4,284	\$ 0.00	\$ 33.67	1	\$ 16.01	\$ 265.85	723		
Waiver DME/Supplies	\$ -	\$ -	-	\$ 4.37	\$ 88.39	593	\$ -	\$ -	-	\$ 2.91	\$ 79.71	438	\$ -	\$ -	-	\$ 0.50	\$ 85.13	70		
HCBS Waiver Services Subtotal	\$ 16.65	N/A	N/A	\$ 4,766.10	N/A	N/A	\$ 30.52	N/A	N/A	\$ 5,179.21	N/A	N/A	\$ 2.28	N/A	N/A	\$ 665.66	N/A	N/A		
Total Services	\$ 5,952.35	N/A	N/A	\$ 4,882.84	N/A	N/A	\$ 8,205.92	N/A	N/A	\$ 7,390.45	N/A	N/A	\$ 47.95	N/A	N/A	\$ 1,108.07	N/A	N/A		

Rating Region	Lehigh/Capital
Age Group	60+
Time Period	CY 2019

CHC Eligible Population Group																		
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total			
Member Months			62,148			3,588			10,276			297,162			505,489			
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Ambulance	\$ 0.28	\$ 19.25	174	\$ 0.47	\$ 88.28	64	\$ 22.49	\$ 153.84	1,755	\$ 15.60	\$ 134.81	1,389	\$ 0.13	\$ 58.33	27	\$ 0.68	\$ 74.80	110
Dental	\$ 4.59	\$ 16.13	3,415	\$ 2.54	\$ 53.83	565	\$ 9.60	\$ 11.27	10,221	\$ 6.26	\$ 65.94	1,140	\$ 2.76	\$ 48.75	680	\$ 3.33	\$ 27.42	1,459
DME/Supplies	\$ 16.72	\$ 8.06	24,899	\$ 48.70	\$ 0.78	753,441	\$ 27.10	\$ 24.21	13,428	\$ 74.02	\$ 1.78	500,280	\$ 4.07	\$ 0.88	55,610	\$ 14.45	\$ 1.22	142,107
Emergency Room	\$ 0.05	\$ 2.56	232	\$ 0.26	\$ 3.05	1,023	\$ 6.47	\$ 112.43	691	\$ 18.08	\$ 126.17	1,720	\$ 0.27	\$ 4.58	718	\$ 0.62	\$ 11.46	649
FQHC/RHC	\$ 0.10	\$ 71.01	17	\$ 5.23	\$ 91.64	685	\$ 1.22	\$ 147.93	99	\$ 24.41	\$ 158.34	1,850	\$ 4.96	\$ 80.61	738	\$ 4.09	\$ 87.49	561
Home Health	\$ 0.01	\$ 21.36	3	\$ 0.03	\$ 15.25	23	\$ 3.77	\$ 73.36	617	\$ 16.21	\$ 69.41	2,802	\$ 0.04	\$ 12.05	40	\$ 0.39	\$ 52.23	88
Hospice	\$ 0.84	\$ 63.64	158	\$ 1.23	\$ 143.90	103	\$ 90.13	\$ 161.38	6,702	\$ 33.19	\$ 149.61	2,662	\$ 0.20	\$ 183.76	13	\$ 1.80	\$ 132.50	163
Inpatient	\$ 13.63	\$ 163.73	999	\$ 38.90	\$ 179.09	2,606	\$ 784.73	\$ 2,106.05	4,471	\$ 435.39	\$ 1,949.53	2,680	\$ 17.89	\$ 208.65	1,029	\$ 33.29	\$ 313.78	1,273
Laboratory/Radiology	\$ 0.69	\$ 4.15	2,002	\$ 1.87	\$ 5.30	4,223	\$ 43.89	\$ 14.57	36,136	\$ 52.68	\$ 20.32	31,117	\$ 1.80	\$ 6.90	3,134	\$ 2.85	\$ 9.07	3,775
Nursing Facility	\$ 4,648.41	\$ 160.36	347,848	\$ 11.31	\$ 153.27	886	\$ 5,067.18	\$ 180.41	337,038	\$ 8.72	\$ 198.49	527	\$ 14.52	\$ 162.69	1,071	\$ 1,262.82	\$ 160.88	94,193
Other Medical	\$ 2.14	\$ 3.61	7,097	\$ 1.55	\$ 1.20	15,530	\$ 64.46	\$ 3.27	236,672	\$ 44.16	\$ 18.81	28,166	\$ 2.21	\$ 2.05	12,949	\$ 3.40	\$ 3.00	13,632
Outpatient	\$ 0.36	\$ 30.38	141	\$ 1.21	\$ 20.88	693	\$ 13.58	\$ 165.91	983	\$ 46.40	\$ 92.69	6,007	\$ 1.23	\$ 29.95	493	\$ 2.00	\$ 44.47	541
Pharmacy	\$ 6.69	\$ 9.67	8,301	\$ 9.65	\$ 21.12	5,484	\$ 652.54	\$ 62.57	125,153	\$ 596.56	\$ 88.20	81,164	\$ 7.43	\$ 27.07	3,296	\$ 24.07	\$ 39.44	7,323
Physician	\$ 2.50	\$ 2.59	11,594	\$ 3.47	\$ 2.04	20,377	\$ 129.86	\$ 20.19	77,178	\$ 83.16	\$ 27.93	35,729	\$ 3.87	\$ 2.88	16,130	\$ 5.97	\$ 4.39	16,297
Vision	\$ 0.10	\$ 4.03	311	\$ 0.23	\$ 5.96	461	\$ 3.71	\$ 34.93	1,273	\$ 4.08	\$ 35.47	1,382	\$ 0.34	\$ 9.00	454	\$ 0.37	\$ 9.91	442
Medical Services Subtotal	\$ 4,697.10	N/A	N/A	\$ 126.64	N/A	N/A	\$ 6,920.73	N/A	N/A	\$ 1,458.93	N/A	N/A	\$ 61.73	N/A	N/A	\$ 1,360.14	N/A	N/A
Day Habilitation and Adult Day	\$ 0.04	\$ 68.21	7	\$ 30.40	\$ 50.88	7,171	\$ 0.27	\$ 68.42	47	\$ 12.84	\$ 53.12	2,902	\$ 0.01	\$ 65.63	1	\$ 4.01	\$ 51.07	943
Employment	\$ -	\$ -	-	\$ 0.15	\$ 6.96	256	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 6.96	32
Home Health/Therapies	\$ 0.28	\$ 11.10	305	\$ 62.69	\$ 11.69	64,377	\$ -	\$ -	-	\$ 27.98	\$ 11.43	29,371	\$ 0.00	\$ 11.02	2	\$ 8.35	\$ 11.66	8,593
Other Waiver	\$ 0.05	\$ 14.73	37	\$ 14.37	\$ 5.29	32,605	\$ 0.20	\$ 30.00	80	\$ 17.17	\$ 20.74	9,939	\$ 0.04	\$ 4.15	126	\$ 2.15	\$ 6.02	4,295
PDS/FMS	\$ 0.01	\$ 119.66	1	\$ 19.16	\$ 109.95	2,091	\$ 0.03	\$ 99.59	3	\$ 8.58	\$ 96.18	1,071	\$ 0.00	\$ 143.84	0	\$ 2.53	\$ 108.89	279
Personal Assistance	\$ 4.67	\$ 4.54	12,328	\$ 4,385.02	\$ 4.40	11,950,445	\$ 7.26	\$ 4.43	19,660	\$ 5,511.06	\$ 4.50	14,695,909	\$ 0.97	\$ 4.52	2,579	\$ 653.00	\$ 4.42	1,772,894
Residential Habilitation	\$ 0.42	\$ 463.93	11	\$ 13.16	\$ 156.72	1,008	\$ 1.33	\$ 8.08	1,974	\$ 11.65	\$ 92.95	1,504	\$ 0.21	\$ 131.44	19	\$ 2.10	\$ 137.84	183
Respite	\$ 0.09	\$ 172.08	6	\$ 4.34	\$ 9.52	5,472	\$ -	\$ -	-	\$ 1.92	\$ 10.30	2,235	\$ -	\$ -	-	\$ 0.60	\$ 9.93	720
Service Coordination	\$ 0.56	\$ 18.97	356	\$ 169.00	\$ 18.76	108,121	\$ 1.29	\$ 19.18	810	\$ 152.45	\$ 18.76	97,530	\$ 0.08	\$ 19.13	48	\$ 24.08	\$ 18.76	15,403
Vendor Services	\$ 0.94	\$ 75.25	150	\$ 167.42	\$ 16.89	118,971	\$ 8.36	\$ 215.11	466	\$ 77.45	\$ 20.18	46,046	\$ 0.09	\$ 30.47	35	\$ 22.52	\$ 17.29	15,626
Waiver DME/Supplies	\$ 0.01	\$ 58.79	3	\$ 8.98	\$ 66.90	1,610	\$ -	\$ -	-	\$ 3.46	\$ 60.89	681	\$ 0.00	\$ 71.04	0	\$ 1.18	\$ 66.49	213
HCBS Waiver Services Subtotal	\$ 7.06	N/A	N/A	\$ 4,874.70	N/A	N/A	\$ 18.73	N/A	N/A	\$ 5,824.55	N/A	N/A	\$ 1.41	N/A	N/A	\$ 720.54	N/A	N/A
Total Services	\$ 4,704.17	N/A	N/A	\$ 5,001.33	N/A	N/A	\$ 6,939.46	N/A	N/A	\$ 7,283.48	N/A	N/A	\$ 63.14	N/A	N/A	\$ 2,080.68	N/A	N/A

Rating Region	Northeast
Age Group	21-59
Time Period	CY 2019

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			4,282			16,476			3,176			9,986			197,706			231,625		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.78	\$ 23.19	405	\$ 0.33	\$ 60.69	65	\$ 42.50	\$ 108.41	4,704	\$ 35.17	\$ 60.19	7,013	\$ 0.35	\$ 70.84	59	\$ 2.43	\$ 68.04	429		
Dental	\$ 8.33	\$ 33.48	2,985	\$ 4.83	\$ 50.58	1,146	\$ 9.36	\$ 18.70	6,003	\$ 9.16	\$ 66.54	1,653	\$ 5.93	\$ 52.84	1,348	\$ 6.09	\$ 50.69	1,440		
DME/Supplies	\$ 47.08	\$ 4.07	138,701	\$ 39.11	\$ 0.77	611,125	\$ 36.29	\$ 13.72	31,731	\$ 217.03	\$ 2.99	871,112	\$ 3.64	\$ 0.99	44,038	\$ 16.61	\$ 1.64	121,614		
Emergency Room	\$ 0.15	\$ 1.34	1,319	\$ 0.54	\$ 4.62	1,393	\$ 14.57	\$ 112.10	1,560	\$ 25.55	\$ 65.52	4,680	\$ 0.72	\$ 7.12	1,211	\$ 1.96	\$ 17.00	1,381		
FQHC/RHC	\$ 2.60	\$ 57.38	545	\$ 5.51	\$ 98.54	671	\$ 11.20	\$ 144.64	929	\$ 12.34	\$ 64.01	2,313	\$ 4.24	\$ 86.82	586	\$ 4.75	\$ 84.92	671		
Home Health	\$ 0.14	\$ 50.95	34	\$ 0.61	\$ 82.85	88	\$ 8.10	\$ 81.48	1,192	\$ 75.35	\$ 64.13	14,100	\$ 0.20	\$ 70.44	35	\$ 3.58	\$ 65.01	661		
Hospice	\$ 0.05	\$ 5.32	122	\$ -	\$ -	-	\$ 62.02	\$ 165.04	4,509	\$ 7.74	\$ 294.70	315	\$ 0.00	\$ 1.16	1	\$ 1.19	\$ 181.36	78		
Inpatient	\$ 29.77	\$ 129.71	2,755	\$ 23.16	\$ 142.92	1,945	\$ 963.93	\$ 2,020.07	5,726	\$ 597.79	\$ 2,044.18	3,509	\$ 9.73	\$ 173.80	671	\$ 49.49	\$ 598.52	992		
Laboratory/Radiology	\$ 1.65	\$ 2.84	6,990	\$ 2.30	\$ 5.11	5,408	\$ 69.95	\$ 16.54	50,749	\$ 74.63	\$ 21.31	42,035	\$ 2.55	\$ 7.22	4,245	\$ 6.55	\$ 11.83	6,645		
Nursing Facility	\$ 4,411.63	\$ 159.78	331,322	\$ 3.92	\$ 125.71	374	\$ 5,151.10	\$ 193.25	319,857	\$ 0.74	\$ 231.19	38	\$ 3.14	\$ 188.97	199	\$ 155.17	\$ 173.88	10,709		
Other Medical	\$ 7.65	\$ 4.71	19,480	\$ 1.99	\$ 1.48	16,115	\$ 98.64	\$ 8.21	144,203	\$ 48.83	\$ 23.77	24,654	\$ 1.82	\$ 2.19	9,980	\$ 5.29	\$ 4.86	13,065		
Outpatient	\$ 1.09	\$ 20.43	639	\$ 2.44	\$ 11.36	2,573	\$ 28.61	\$ 215.40	1,594	\$ 143.72	\$ 88.30	19,531	\$ 1.42	\$ 28.60	594	\$ 7.99	\$ 61.24	1,566		
Pharmacy	\$ 9.88	\$ 15.29	7,755	\$ 9.86	\$ 25.00	4,733	\$ 821.46	\$ 67.02	147,092	\$ 1,160.89	\$ 148.66	93,709	\$ 5.34	\$ 23.68	2,705	\$ 66.75	\$ 90.55	8,846		
Physician	\$ 5.41	\$ 1.56	41,610	\$ 3.94	\$ 1.93	24,481	\$ 135.11	\$ 18.04	89,872	\$ 98.08	\$ 13.98	84,176	\$ 4.35	\$ 3.20	16,299	\$ 10.18	\$ 5.74	21,284		
Vision	\$ 0.10	\$ 2.55	464	\$ 0.18	\$ 5.78	383	\$ 3.00	\$ 34.44	1,046	\$ 4.94	\$ 26.31	2,252	\$ 0.28	\$ 9.84	339	\$ 0.51	\$ 13.91	437		
Medical Services Subtotal	\$ 4,526.32	N/A	N/A	\$ 98.72	N/A	N/A	\$ 7,455.82	N/A	N/A	\$ 2,511.98	N/A	N/A	\$ 43.70	N/A	N/A	\$ 338.53	N/A	N/A		
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 35.80	\$ 35.27	12,178	\$ 0.54	\$ 34.56	189	\$ 22.85	\$ 35.42	7,742	\$ -	\$ -	-	\$ 3.54	\$ 35.31	1,203		
Employment	\$ -	\$ -	-	\$ 0.09	\$ 6.50	166	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.07	\$ 12.35	69	\$ 0.07	\$ 11.37	71		
Home Health/Therapies	\$ 17.04	\$ 11.02	18,557	\$ 401.22	\$ 11.24	428,301	\$ -	\$ -	-	\$ 394.54	\$ 11.32	418,238	\$ -	\$ -	-	\$ 45.86	\$ 11.27	48,839		
Other Waiver	\$ 0.38	\$ 9.98	462	\$ 26.23	\$ 14.35	21,935	\$ -	\$ -	-	\$ 13.28	\$ 14.74	10,810	\$ 0.11	\$ 5.60	239	\$ 2.54	\$ 13.62	2,239		
PDS/FMS	\$ 0.16	\$ 86.68	22	\$ 33.85	\$ 96.49	4,210	\$ -	\$ -	-	\$ 33.45	\$ 107.94	3,718	\$ 0.01	\$ 100.33	1	\$ 3.86	\$ 100.47	461		
Personal Assistance	\$ 25.30	\$ 4.66	65,186	\$ 3,160.97	\$ 4.21	9,001,963	\$ 10.23	\$ 4.83	25,399	\$ 3,213.21	\$ 4.21	9,160,804	\$ 0.34	\$ 4.39	934	\$ 364.27	\$ 4.21	1,037,607		
Residential Habilitation	\$ 11.21	\$ 73.44	1,832	\$ 181.30	\$ 102.53	21,220	\$ 2.33	\$ 321.49	87	\$ 92.65	\$ 83.59	13,301	\$ 0.95	\$ 37.29	307	\$ 17.94	\$ 90.48	2,380		
Respite	\$ -	\$ -	-	\$ 1.05	\$ 4.50	2,814	\$ -	\$ -	-	\$ 0.15	\$ 3.23	544	\$ -	\$ -	-	\$ 0.08	\$ 4.37	224		
Service Coordination	\$ 5.54	\$ 20.39	3,261	\$ 177.33	\$ 19.96	106,596	\$ 4.62	\$ 19.57	2,835	\$ 170.06	\$ 19.96	102,237	\$ 0.11	\$ 22.65	59	\$ 20.21	\$ 19.97	12,139		
Vendor Services	\$ 0.80	\$ 122.63	79	\$ 139.23	\$ 303.22	5,510	\$ 3.98	\$ 419.76	114	\$ 123.56	\$ 301.84	4,912	\$ 0.02	\$ 159.02	1	\$ 15.31	\$ 302.36	608		
Waiver DME/Supplies	\$ 0.01	\$ 40.03	3	\$ 3.35	\$ 96.83	415	\$ -	\$ -	-	\$ 2.68	\$ 77.03	417	\$ -	\$ -	-	\$ 0.35	\$ 89.28	48		
HCBS Waiver Services Subtotal	\$ 60.46	N/A	N/A	\$ 4,160.43	N/A	N/A	\$ 21.71	N/A	N/A	\$ 4,066.41	N/A	N/A	\$ 1.61	N/A	N/A	\$ 474.04	N/A	N/A		
Total Services	\$ 4,586.78	N/A	N/A	\$ 4,259.15	N/A	N/A	\$ 7,477.53	N/A	N/A	\$ 6,578.39	N/A	N/A	\$ 45.31	N/A	N/A	\$ 812.56	N/A	N/A		

Rating Region	Northeast
Age Group	60+
Time Period	CY 2019

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			102,795			43,111			2,764			3,772			224,998			377,440		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.29	\$ 13.07	270	\$ 0.73	\$ 83.94	104	\$ 41.65	\$ 207.98	2,403	\$ 44.24	\$ 140.90	3,768	\$ 0.20	\$ 66.70	36	\$ 1.03	\$ 76.21	162		
Dental	\$ 4.54	\$ 23.70	2,301	\$ 2.33	\$ 65.38	428	\$ 10.54	\$ 22.62	5,592	\$ 8.12	\$ 74.47	1,309	\$ 3.09	\$ 56.91	653	\$ 3.51	\$ 37.62	1,119		
DME/Supplies	\$ 4.11	\$ 1.75	28,155	\$ 60.72	\$ 0.78	932,120	\$ 26.85	\$ 22.67	14,216	\$ 120.20	\$ 1.75	822,353	\$ 6.65	\$ 0.83	95,992	\$ 13.42	\$ 0.90	179,679		
Emergency Room	\$ 0.16	\$ 5.58	343	\$ 0.72	\$ 9.26	939	\$ 11.61	\$ 86.87	1,604	\$ 26.18	\$ 83.69	3,753	\$ 0.34	\$ 5.67	722	\$ 0.68	\$ 11.93	680		
FQHC/RHC	\$ 1.42	\$ 44.45	382	\$ 2.88	\$ 72.32	477	\$ 18.29	\$ 228.45	961	\$ 15.47	\$ 101.87	1,823	\$ 3.33	\$ 83.46	479	\$ 2.99	\$ 76.40	469		
Home Health	\$ 0.00	\$ 3.97	4	\$ 0.08	\$ 29.94	34	\$ 6.42	\$ 63.55	1,212	\$ 39.15	\$ 74.81	6,280	\$ 0.03	\$ 11.14	31	\$ 0.47	\$ 58.67	95		
Hospice	\$ 0.45	\$ 44.15	121	\$ 0.01	\$ 3.23	33	\$ 66.13	\$ 138.81	5,716	\$ 66.05	\$ 144.28	5,494	\$ 0.22	\$ 153.36	17	\$ 1.40	\$ 116.68	144		
Inpatient	\$ 12.97	\$ 151.76	1,026	\$ 25.37	\$ 167.60	1,816	\$ 793.76	\$ 1,887.90	5,045	\$ 634.49	\$ 2,096.15	3,632	\$ 15.24	\$ 188.55	970	\$ 27.67	\$ 291.68	1,138		
Laboratory/Radiology	\$ 0.95	\$ 3.52	3,232	\$ 2.15	\$ 5.48	4,701	\$ 56.89	\$ 16.18	42,183	\$ 78.59	\$ 22.14	42,606	\$ 2.00	\$ 5.52	4,339	\$ 2.90	\$ 7.33	4,739		
Nursing Facility	\$ 4,384.11	\$ 153.19	343,435	\$ 23.43	\$ 150.36	1,870	\$ 5,177.14	\$ 182.29	340,807	\$ 13.75	\$ 174.88	944	\$ 15.99	\$ 146.99	1,305	\$ 1,244.26	\$ 153.88	97,031		
Other Medical	\$ 1.15	\$ 2.35	5,891	\$ 1.39	\$ 1.52	10,969	\$ 47.43	\$ 5.88	96,820	\$ 67.77	\$ 12.84	63,335	\$ 3.62	\$ 2.90	15,012	\$ 3.66	\$ 3.34	13,148		
Outpatient	\$ 0.55	\$ 43.32	152	\$ 1.38	\$ 39.36	419	\$ 28.45	\$ 79.02	4,320	\$ 109.31	\$ 91.33	14,362	\$ 1.29	\$ 37.40	412	\$ 2.37	\$ 55.81	510		
Pharmacy	\$ 5.06	\$ 10.46	5,802	\$ 6.60	\$ 20.37	3,891	\$ 757.32	\$ 64.38	141,154	\$ 921.30	\$ 115.40	95,805	\$ 6.68	\$ 26.50	3,024	\$ 20.87	\$ 43.04	5,818		
Physician	\$ 2.65	\$ 2.65	12,019	\$ 3.30	\$ 2.59	15,308	\$ 112.87	\$ 22.60	59,940	\$ 96.30	\$ 15.79	73,183	\$ 4.04	\$ 3.00	16,190	\$ 5.30	\$ 4.01	15,843		
Vision	\$ 0.13	\$ 3.86	398	\$ 0.20	\$ 5.27	458	\$ 2.43	\$ 31.45	927	\$ 3.73	\$ 29.52	1,516	\$ 0.39	\$ 7.52	626	\$ 0.35	\$ 7.49	556		
Medical Services Subtotal	\$ 4,418.54	N/A	N/A	\$ 131.29	N/A	N/A	\$ 7,157.78	N/A	N/A	\$ 2,244.65	N/A	N/A	\$ 63.12	N/A	N/A	\$ 1,330.85	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.01	\$ 62.36	3	\$ 10.70	\$ 56.62	2,267	\$ -	\$ -	-	\$ 3.00	\$ 71.79	501	\$ -	\$ -	-	\$ 1.26	\$ 56.92	265		
Employment	\$ -	\$ -	-	\$ 0.48	\$ 6.50	894	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.06	\$ 6.50	102		
Home Health/Therapies	\$ 0.16	\$ 11.02	173	\$ 45.83	\$ 12.29	44,740	\$ -	\$ -	-	\$ 33.89	\$ 11.22	36,249	\$ 0.02	\$ 13.83	15	\$ 5.63	\$ 12.21	5,529		
Other Waiver	\$ 0.02	\$ 24.65	8	\$ 4.69	\$ 15.26	3,686	\$ -	\$ -	-	\$ 6.28	\$ 16.44	4,582	\$ 0.02	\$ 4.10	69	\$ 0.62	\$ 14.50	510		
PDS/FMS	\$ 0.04	\$ 100.88	4	\$ 23.14	\$ 110.97	2,503	\$ 0.07	\$ 91.16	9	\$ 22.09	\$ 96.66	2,742	\$ 0.01	\$ 113.55	1	\$ 2.88	\$ 109.69	315		
Personal Assistance	\$ 8.76	\$ 4.68	22,486	\$ 3,599.71	\$ 4.49	9,626,266	\$ 7.30	\$ 4.56	19,228	\$ 3,322.89	\$ 4.33	9,215,017	\$ 1.62	\$ 4.62	4,196	\$ 447.77	\$ 4.48	1,200,368		
Residential Habilitation	\$ 0.39	\$ 479.15	10	\$ 9.09	\$ 71.67	1,522	\$ -	\$ -	-	\$ 59.18	\$ 35.00	20,289	\$ 0.18	\$ 10.86	197	\$ 1.84	\$ 44.52	497		
Respite	\$ 0.23	\$ 172.03	16	\$ 6.05	\$ 11.73	6,191	\$ 0.19	\$ 176.48	13	\$ 3.84	\$ 176.55	261	\$ 0.00	\$ 183.37	0	\$ 0.79	\$ 13.35	714		
Service Coordination	\$ 1.15	\$ 19.92	694	\$ 156.28	\$ 19.95	94,005	\$ 3.30	\$ 20.08	1,972	\$ 168.05	\$ 20.01	100,794	\$ 0.16	\$ 20.60	94	\$ 19.96	\$ 19.96	12,004		
Vendor Services	\$ 1.12	\$ 47.02	285	\$ 148.13	\$ 15.09	117,834	\$ 0.56	\$ 6.77	997	\$ 107.22	\$ 16.74	76,880	\$ 0.13	\$ 22.43	69	\$ 18.38	\$ 15.36	14,354		
Waiver DME/Supplies	\$ 0.03	\$ 58.80	6	\$ 8.19	\$ 62.07	1,583	\$ 0.09	\$ 250.00	4	\$ 3.77	\$ 64.57	701	\$ 0.00	\$ 39.15	1	\$ 0.98	\$ 62.11	190		
HCBS Waiver Services Subtotal	\$ 11.91	N/A	N/A	\$ 4,012.30	N/A	N/A	\$ 11.51	N/A	N/A	\$ 3,730.21	N/A	N/A	\$ 2.14	N/A	N/A	\$ 500.17	N/A	N/A		
Total Services	\$ 4,430.45	N/A	N/A	\$ 4,143.59	N/A	N/A	\$ 7,169.29	N/A	N/A	\$ 5,974.86	N/A	N/A	\$ 65.26	N/A	N/A	\$ 1,831.02	N/A	N/A		

Rating Region	Northwest
Age Group	21-59
Time Period	CY 2019

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			2,610			13,270			1,551			10,307			122,491			150,229		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 1.04	\$ 23.52	531	\$ 0.36	\$ 46.39	94	\$ 63.24	\$ 242.47	3,130	\$ 29.46	\$ 41.16	8,588	\$ 0.25	\$ 77.38	39	\$ 2.93	\$ 52.40	671		
Dental	\$ 10.15	\$ 57.49	2,119	\$ 6.07	\$ 62.26	1,169	\$ 9.96	\$ 58.28	2,051	\$ 7.64	\$ 60.03	1,527	\$ 5.26	\$ 53.70	1,175	\$ 5.63	\$ 55.16	1,224		
DME/Supplies	\$ 59.66	\$ 9.71	73,730	\$ 34.11	\$ 0.85	480,452	\$ 34.20	\$ 16.40	25,029	\$ 174.98	\$ 3.69	569,416	\$ 3.54	\$ 1.29	32,857	\$ 19.29	\$ 2.11	109,836		
Emergency Room	\$ 1.41	\$ 10.03	1,682	\$ 0.75	\$ 5.20	1,736	\$ 15.18	\$ 99.72	1,826	\$ 32.40	\$ 72.40	5,370	\$ 0.90	\$ 7.84	1,373	\$ 3.20	\$ 22.74	1,689		
FQHC/RHC	\$ 2.53	\$ 42.64	713	\$ 7.66	\$ 63.05	1,458	\$ 9.55	\$ 128.51	891	\$ 8.93	\$ 71.16	1,507	\$ 6.77	\$ 68.44	1,187	\$ 6.95	\$ 68.29	1,222		
Home Health	\$ -	\$ -	9	\$ 0.01	\$ 1.99	48	\$ 9.18	\$ 79.92	1,379	\$ 56.01	\$ 57.63	11,663	\$ 0.06	\$ 32.13	21	\$ 3.98	\$ 57.20	836		
Hospice	\$ 0.04	\$ 6.21	74	\$ 0.00	\$ 0.09	7	\$ 48.45	\$ 135.11	4,303	\$ 10.80	\$ 203.77	636	\$ 0.02	\$ 78.54	3	\$ 1.26	\$ 163.55	92		
Inpatient	\$ 142.93	\$ 512.50	3,347	\$ 25.76	\$ 134.40	2,300	\$ 878.76	\$ 2,225.84	4,738	\$ 417.15	\$ 2,112.41	2,370	\$ 11.54	\$ 235.78	587	\$ 51.86	\$ 653.92	952		
Laboratory/Radiology	\$ 3.53	\$ 4.96	8,533	\$ 3.66	\$ 6.80	6,468	\$ 64.41	\$ 17.62	43,876	\$ 75.48	\$ 21.49	42,140	\$ 3.23	\$ 8.08	4,794	\$ 8.86	\$ 13.34	7,973		
Nursing Facility	\$ 4,250.51	\$ 152.69	334,056	\$ 7.21	\$ 128.17	675	\$ 4,885.21	\$ 184.11	318,415	\$ -	\$ -	-	\$ 3.69	\$ 191.05	232	\$ 127.93	\$ 164.36	9,340		
Other Medical	\$ 7.91	\$ 2.66	35,675	\$ 2.65	\$ 1.12	28,396	\$ 86.43	\$ 6.06	171,102	\$ 49.43	\$ 20.83	28,472	\$ 2.15	\$ 1.88	13,754	\$ 6.41	\$ 4.26	18,062		
Outpatient	\$ 2.73	\$ 21.08	1,555	\$ 1.69	\$ 15.72	1,288	\$ 24.01	\$ 167.20	1,724	\$ 66.33	\$ 44.47	17,897	\$ 1.89	\$ 19.70	1,152	\$ 6.54	\$ 33.73	2,326		
Pharmacy	\$ 8.94	\$ 12.21	8,785	\$ 11.87	\$ 25.92	5,496	\$ 759.11	\$ 67.54	134,880	\$ 782.33	\$ 105.43	89,043	\$ 7.97	\$ 34.67	2,759	\$ 69.21	\$ 79.95	10,389		
Physician	\$ 5.17	\$ 1.43	43,472	\$ 4.73	\$ 1.34	42,482	\$ 119.92	\$ 18.05	79,749	\$ 105.72	\$ 32.52	39,012	\$ 4.43	\$ 2.43	21,842	\$ 12.61	\$ 5.86	25,816		
Vision	\$ 0.16	\$ 4.93	394	\$ 0.17	\$ 6.69	305	\$ 2.57	\$ 38.57	800	\$ 4.21	\$ 30.89	1,634	\$ 0.21	\$ 10.97	228	\$ 0.50	\$ 17.75	340		
Medical Services Subtotal	\$ 4,496.71	N/A	N/A	\$ 106.72	N/A	N/A	\$ 7,010.20	N/A	N/A	\$ 1,820.88	N/A	N/A	\$ 51.91	N/A	N/A	\$ 327.17	N/A	N/A		
Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 81.47	\$ 34.50	28,339	\$ -	\$ -	-	\$ 27.58	\$ 34.66	9,548	\$ -	\$ -	-	\$ 9.09	\$ 34.53	3,158		
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 17.75	4	\$ 0.00	\$ 17.75	3		
Home Health/Therapies	\$ 10.02	\$ 11.15	10,779	\$ 188.81	\$ 11.05	205,086	\$ 2.16	\$ 11.02	2,353	\$ 235.17	\$ 11.03	255,965	\$ -	\$ -	-	\$ 33.01	\$ 11.04	35,889		
Other Waiver	\$ 0.03	\$ 66.28	5	\$ 4.75	\$ 13.84	4,119	\$ -	\$ -	-	\$ 4.48	\$ 1.76	30,534	\$ 0.03	\$ 4.82	74	\$ 0.75	\$ 3.58	2,519		
PDS/FMS	\$ 0.31	\$ 115.75	32	\$ 39.87	\$ 101.70	4,704	\$ 0.12	\$ 89.37	16	\$ 40.93	\$ 154.83	3,173	\$ 0.02	\$ 168.29	1	\$ 6.35	\$ 120.04	635		
Personal Assistance	\$ 32.83	\$ 4.68	84,169	\$ 2,895.77	\$ 4.16	8,350,824	\$ 15.87	\$ 4.73	40,292	\$ 3,552.37	\$ 4.43	9,611,965	\$ 0.41	\$ 4.18	1,190	\$ 500.59	\$ 4.29	1,399,964		
Residential Habilitation	\$ 7.05	\$ 374.05	226	\$ 180.36	\$ 167.72	12,904	\$ 0.94	\$ 37.16	303	\$ 46.94	\$ 241.31	2,334	\$ 0.47	\$ 25.58	223	\$ 19.67	\$ 158.58	1,489		
Respite	\$ -	\$ -	-	\$ 0.18	\$ 4.77	452	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.00	\$ 507.12	0	\$ 0.02	\$ 5.77	40		
Service Coordination	\$ 9.38	\$ 20.27	5,554	\$ 199.10	\$ 20.18	118,375	\$ 3.01	\$ 20.30	1,782	\$ 192.55	\$ 20.18	114,488	\$ 0.20	\$ 22.15	109	\$ 31.16	\$ 20.19	18,515		
Vendor Services	\$ 4.25	\$ 245.65	208	\$ 164.92	\$ 314.69	6,289	\$ 1.64	\$ 169.66	116	\$ 105.58	\$ 239.80	5,283	\$ 0.03	\$ 184.78	2	\$ 21.92	\$ 284.67	924		
Waiver DME/Supplies	\$ -	\$ -	-	\$ 3.98	\$ 236.37	202	\$ -	\$ -	-	\$ 2.43	\$ 171.71	170	\$ -	\$ -	-	\$ 0.52	\$ 210.86	29		
HCBS Waiver Services Subtotal	\$ 63.86	N/A	N/A	\$ 3,759.22	N/A	N/A	\$ 23.74	N/A	N/A	\$ 4,208.04	N/A	N/A	\$ 1.17	N/A	N/A	\$ 623.08	N/A	N/A		
Total Services	\$ 4,560.57	N/A	N/A	\$ 3,865.93	N/A	N/A	\$ 7,033.94	N/A	N/A	\$ 6,028.92	N/A	N/A	\$ 53.08	N/A	N/A	\$ 950.26	N/A	N/A		

Rating Region	Northwest
Age Group	60+
Time Period	CY 2019

CHC Eligible Population Group																				
Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total					
Member Months			49,422			32,846			1,241			4,320			106,405			194,234		
Category of Service	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000		
Ambulance	\$ 0.42	\$ 19.16	265	\$ 0.71	\$ 97.12	88	\$ 36.91	\$ 218.11	2,031	\$ 30.38	\$ 94.35	3,864	\$ 0.30	\$ 95.71	38	\$ 1.31	\$ 77.55	202		
Dental	\$ 3.64	\$ 49.31	885	\$ 2.70	\$ 68.23	475	\$ 5.41	\$ 56.67	1,145	\$ 5.16	\$ 76.40	811	\$ 2.98	\$ 60.08	595	\$ 3.16	\$ 57.79	657		
DME/Supplies	\$ 19.20	\$ 11.23	20,522	\$ 43.17	\$ 0.77	669,176	\$ 23.65	\$ 17.05	16,647	\$ 80.67	\$ 2.69	360,273	\$ 5.85	\$ 0.95	73,685	\$ 17.34	\$ 1.25	166,868		
Emergency Room	\$ 0.28	\$ 7.96	415	\$ 0.57	\$ 5.05	1,347	\$ 9.62	\$ 87.92	1,313	\$ 25.92	\$ 84.20	3,695	\$ 0.48	\$ 7.29	795	\$ 1.07	\$ 14.92	859		
FQHC/RHC	\$ 1.36	\$ 31.05	527	\$ 6.31	\$ 63.32	1,197	\$ 11.17	\$ 98.45	1,361	\$ 18.98	\$ 102.42	2,223	\$ 6.29	\$ 63.59	1,188	\$ 5.36	\$ 61.49	1,045		
Home Health	\$ -	\$ -	1	\$ 0.02	\$ 8.50	27	\$ 9.86	\$ 83.22	1,421	\$ 46.73	\$ 72.32	7,755	\$ 0.04	\$ 28.86	15	\$ 1.12	\$ 69.41	194		
Hospice	\$ 0.73	\$ 79.22	111	\$ 0.04	\$ 53.99	8	\$ 28.73	\$ 119.28	2,891	\$ 12.07	\$ 125.48	1,154	\$ 0.04	\$ 82.58	6	\$ 0.67	\$ 104.03	77		
Inpatient	\$ 14.52	\$ 169.54	1,028	\$ 32.01	\$ 180.43	2,129	\$ 782.37	\$ 1,835.20	5,116	\$ 424.51	\$ 1,980.53	2,572	\$ 15.83	\$ 213.55	889	\$ 32.22	\$ 322.59	1,199		
Laboratory/Radiology	\$ 1.18	\$ 4.29	3,313	\$ 3.10	\$ 6.40	5,823	\$ 38.80	\$ 13.92	33,453	\$ 66.81	\$ 21.20	37,824	\$ 2.68	\$ 6.99	4,605	\$ 4.03	\$ 8.95	5,406		
Nursing Facility	\$ 4,133.07	\$ 145.32	341,282	\$ 16.32	\$ 149.80	1,308	\$ 4,528.96	\$ 167.35	324,755	\$ 6.61	\$ 169.99	467	\$ 16.14	\$ 157.91	1,227	\$ 1,092.33	\$ 145.94	89,816		
Other Medical	\$ 0.98	\$ 1.40	8,392	\$ 2.98	\$ 2.10	17,057	\$ 68.17	\$ 6.43	127,250	\$ 38.72	\$ 32.62	14,243	\$ 3.38	\$ 2.55	15,895	\$ 3.90	\$ 3.15	14,857		
Outpatient	\$ 0.80	\$ 23.80	403	\$ 2.03	\$ 29.72	818	\$ 9.93	\$ 242.54	491	\$ 45.20	\$ 86.59	6,263	\$ 1.56	\$ 25.60	731	\$ 2.47	\$ 37.80	784		
Pharmacy	\$ 7.15	\$ 9.60	8,937	\$ 7.12	\$ 17.03	5,017	\$ 533.35	\$ 49.29	129,856	\$ 644.87	\$ 86.65	89,303	\$ 5.53	\$ 23.15	2,867	\$ 23.81	\$ 38.04	7,509		
Physician	\$ 2.62	\$ 2.69	11,691	\$ 3.72	\$ 1.98	22,499	\$ 77.88	\$ 20.75	45,027	\$ 92.89	\$ 26.42	42,188	\$ 4.08	\$ 2.52	19,456	\$ 6.09	\$ 3.92	18,664		
Vision	\$ 0.09	\$ 5.02	219	\$ 0.20	\$ 6.06	399	\$ 2.57	\$ 34.74	888	\$ 3.62	\$ 35.04	1,241	\$ 0.27	\$ 8.32	391	\$ 0.30	\$ 9.81	371		
Medical Services Subtotal	\$ 4,186.05	N/A	N/A	\$ 121.00	N/A	N/A	\$ 6,167.36	N/A	N/A	\$ 1,543.14	N/A	N/A	\$ 65.45	N/A	N/A	\$ 1,195.17	N/A	N/A		
Day Habilitation and Adult Day	\$ 0.00	\$ 29.52	0	\$ 14.06	\$ 42.49	3,971	\$ -	\$ -	-	\$ 17.23	\$ 35.62	5,805	\$ -	\$ -	-	\$ 2.76	\$ 41.38	801		
Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-		
Home Health/Therapies	\$ 0.51	\$ 12.10	511	\$ 108.22	\$ 11.48	113,108	\$ 2.15	\$ 11.02	2,341	\$ 32.39	\$ 11.44	33,962	\$ 0.01	\$ 11.02	6	\$ 19.17	\$ 11.48	20,030		
Other Waiver	\$ 0.01	\$ 66.84	1	\$ 3.77	\$ 32.48	1,393	\$ -	\$ -	-	\$ 2.65	\$ 14.82	2,145	\$ 0.00	\$ 150.02	0	\$ 0.70	\$ 29.58	284		
PDS/FMS	\$ 0.06	\$ 96.38	8	\$ 24.96	\$ 98.20	3,050	\$ -	\$ -	-	\$ 15.91	\$ 94.76	2,015	\$ 0.01	\$ 148.07	1	\$ 4.60	\$ 97.96	563		
Personal Assistance	\$ 12.67	\$ 4.70	32,346	\$ 3,313.29	\$ 4.41	9,021,313	\$ 26.65	\$ 4.87	65,686	\$ 4,536.40	\$ 4.67	11,650,379	\$ 0.65	\$ 4.60	1,704	\$ 664.95	\$ 4.45	1,794,265		
Residential Habilitation	\$ 0.37	\$ 115.78	38	\$ 19.79	\$ 78.09	3,041	\$ 0.18	\$ 222.86	10	\$ 27.73	\$ 247.67	1,344	\$ 0.42	\$ 119.13	42	\$ 4.29	\$ 89.17	577		
Respite	\$ -	\$ -	-	\$ 1.11	\$ 32.65	406	\$ -	\$ -	-	\$ 0.19	\$ 134.13	17	\$ -	\$ -	-	\$ 0.19	\$ 33.19	69		
Service Coordination	\$ 1.64	\$ 20.30	971	\$ 160.11	\$ 20.18	95,193	\$ 3.87	\$ 20.21	2,297	\$ 183.49	\$ 20.15	109,273	\$ 0.21	\$ 20.80	124	\$ 31.72	\$ 20.18	18,858		
Vendor Services	\$ 2.90	\$ 90.12	387	\$ 136.40	\$ 15.64	104,630	\$ 14.08	\$ 470.60	359	\$ 60.22	\$ 17.79	40,629	\$ 0.16	\$ 192.98	10	\$ 25.32	\$ 16.25	18,703		
Waiver DME/Supplies	\$ 0.02	\$ 36.01	6	\$ 5.38	\$ 51.49	1,254	\$ -	\$ -	-	\$ 2.97	\$ 85.37	417	\$ 0.00	\$ 6.79	0	\$ 0.98	\$ 52.78	223		
HCBS Waiver Services Subtotal	\$ 18.20	N/A	N/A	\$ 3,787.08	N/A	N/A	\$ 46.93	N/A	N/A	\$ 4,879.18	N/A	N/A	\$ 1.46	N/A	N/A	\$ 754.67	N/A	N/A		
Total Services	\$ 4,204.25	N/A	N/A	\$ 3,908.08	N/A	N/A	\$ 6,214.29	N/A	N/A	\$ 6,422.32	N/A	N/A	\$ 66.91	N/A	N/A	\$ 1,949.84	N/A	N/A		

Mercer Health & Benefits LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402
www.mercer-government.mercer.com

Services provided by Mercer Health & Benefits LLC.

A business of Marsh McLennan