
***Commonwealth of Virginia
Department of Medical
Assistance Services***

DRAFT

Medallion 4.0 Data Book

**Base Data for Fiscal Year 2019
Capitation Rates
Effective: August 1, 2018 through
June 30, 2019**

Prepared August 2017

Submitted by:

PricewaterhouseCoopers LLP

Three Embarcadero Center

San Francisco, CA 94111





Mr. William J. Lessard, Jr.
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

August 8, 2017

Dear Bill:

Re: Medallion 4.0 Data Book:
Base Data for Rates Effective August 1, 2018 through June 30, 2019

The enclosed data book provides a detailed description of the base data expected to be used to develop the FY 2019 capitation rates for the Virginia Medicaid Medallion 4.0 program.

Draft rates for the FY 2019 Medallion 4.0 program will be developed in the Fall of 2017, with a target date of October 1, 2017. The draft rates will incorporate known program adjustments, other projected benefits costs, and trend.

We look forward to your review and comments.

Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary, oversaw the preparation of the data book.

Please call Sandra Hunt if you have any questions regarding the rate certification. She can be reached at 415.498.5365.

Very Truly Yours,

PricewaterhouseCoopers

PricewaterhouseCoopers LLP



Disclaimer

In preparing this Medallion 4.0 report, we relied on data and other information provided by the Commonwealth and select Medicaid vendors. We have not audited or verified this data or other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data for reasonableness and consistency and believe that the overall data are reasonable.

If there are material errors or omissions in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between the historical base data and future experience depend on unknown changes in policy and programs, and on the extent to which future experience conforms to the assumptions made in the report and by the reviewer. It is certain that actual experience will not conform exactly to the experience presented in the report. We also note that some Medallion 4.0 populations have small numbers of eligibles, and the historical utilization and costs for these cohorts may be particularly unreliable. These summaries are based on our understanding of Medallion 4.0 covered services and populations at the time the Data Book was prepared. To the extent that the Commonwealth's definitions change or our understanding changes, the Medallion 4.0 base data and capitation rates will be adjusted to reflect those changes.

This report is intended to assist the Commonwealth of Virginia and the potential participating MCOs to assess the health risk of the Medallion 4.0 populations and to determine how the historical experience of the current Medallion 3.0 populations may differ after the implementation of Medallion 4.0. It may not be appropriate for other uses. PricewaterhouseCoopers does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should be reviewed only in its entirety. It assumes the reader is familiar with the Medallion 4.0 populations and programs and can interpret and review historical Medicaid eligibility and claims payment data.

The results in this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely upon these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

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Introduction

A. Background

PricewaterhouseCoopers LLP (PwC) has prepared a data book describing the historical base data expected to be used to develop the Fiscal Year 2019 Medicaid managed care capitation rates for the Virginia Department of Medical Assistance Services (DMAS) Medallion 4.0 program (effective August 1, 2018 to June 30, 2019).

Medallion 4.0 will cover Medicaid eligibles in the Low Income Families and Children (LIFC) and Adoption Assistance and Foster Care (AA/FC) eligibility categories. Medallion 4.0 also includes the Family Access to Medical Insurance Security (FAMIS) and FAMIS MOMS.

B. Overview of Virginia Medicaid managed care programs

Virginia DMAS is in the process of modifying the structure of its Medicaid managed care programs, and changes will take place over the 17 month time period, August 1, 2017 to November 30, 2018. At the completion of the transition, Virginia's two major Medicaid managed care programs will be CCC Plus and Medallion 4.0 as described below:

- The Commonwealth Coordinated Care Plus (CCC Plus) managed care program will serve the Medicaid-Medicare Duals population, the Non-Dual population that is currently in Medicaid Fee for Service (FFS), that receive Long Term Services and Support (LTSS) or are in waiver programs, and two of the populations that are currently enrolled in the Medallion 3.0 Medicaid managed care program. The Medallion 3.0 Health and Acute Care Program (HAP) population will transition to the CCC Plus managed care program in regional phases during the first six months of Contract Year 2018, from August 1, 2017 to November 30, 2017. The Medallion 3.0 Aged Blind and Disabled (ABAD) population will transition in its entirety to CCC Plus as of January 1, 2018.
- The Medallion 4.0 managed care programs will serve the remaining populations that are currently in Medallion 3.0 -- LIFC, AA, and FC. Medallion 4.0 will expand to include the LIFC, AA, and FC populations that are currently in FFS and have been excluded from Medallion 3.0 because they have a source of private comprehensive insurance coverage (FFS with Major TPL). At the beginning of FY 2019, these remaining Medallion 3.0 and FFS with Major TPL LIFC, AA, and FC populations will transition to the new Medallion 4.0 Medicaid managed care program in regional phases over the period August 1, 2018 to November 30, 2018. The state Title XXI, Children's Health Insurance Program, called FAMIS and the FAMIS MOMS will be covered under Medallion 4.0. The Medallion 4.0 program will also expand to include FAMIS populations that are FFS with Major TPL. The FAMIS and FAMIS MOMS populations will phase into Medallion 4.0 on the same regional schedule as the Medallion 3.0 Medicaid managed care populations.

A summary of the FY 2015-FY 2016 base data for the populations that will be enrolled in Medallion 4.0 is shown in the follow tables. The historical base data expected to be used to develop the FY 2019 Medallion 4.0 capitation rates are presented in the exhibits in the appendices of the accompanying documentation.

Introduction. Table 1a
Fiscal Year 2019 Capitation Rate Development
FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
Acute Care Services – MCO Enrolled

Medallion 4.0 Region

Aid Category	Age Group	Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Under 1	\$501.03	\$466.99	\$382.63	\$490.12	\$529.99	\$556.31	\$476.69
	1-5	\$117.35	\$111.11	\$104.13	\$117.16	\$119.76	\$121.47	\$114.26
	6-14	\$107.24	\$113.04	\$91.57	\$121.54	\$136.43	\$112.35	\$108.32
	Female 15-20	\$206.90	\$228.60	\$166.99	\$248.85	\$253.03	\$210.92	\$210.13
	Female 21-44	\$128.71	\$136.11	\$134.03	\$151.93	\$144.66	\$143.39	\$137.61
	Male 15-20	\$476.45	\$478.09	\$497.53	\$504.22	\$502.74	\$443.01	\$475.26
	Male 21-44	\$328.34	\$303.57	\$258.70	\$331.55	\$349.82	\$279.33	\$307.27
	Over 44	\$638.82	\$638.74	\$517.83	\$673.46	\$647.13	\$651.27	\$617.94
	Average	\$211.40	\$209.40	\$170.81	\$224.53	\$238.61	\$217.65	\$206.16
Foster Care	<21							\$368.18
Adoption Assistance	<21							\$285.10
FAMIS	Under 1							\$390.51
	1-5							\$115.53
	6-14							\$96.83
	Female 15-18							\$135.98
	Male 15-18							\$128.84
		Average						
FAMIS MOMS	All Ages							\$901.47

Note:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017

Introduction. Table 1b
Fiscal Year 2019 Capitation Rate Development
FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
New Carve In Services - MCO Enrolled –Community Mental Health Services/ARTS

Medallion 4.0 Region

Aid Category	Age Group	Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Under 1	\$0.96	\$0.28	\$0.10	\$0.67	\$0.06	\$1.06	\$0.59
	1-5	\$16.14	\$14.99	\$4.61	\$16.06	\$22.25	\$10.18	\$12.04
	6-14	\$81.32	\$81.95	\$25.42	\$84.75	\$113.94	\$62.90	\$65.75
	Female 15-20	\$56.30	\$45.27	\$23.41	\$50.02	\$38.50	\$47.30	\$44.12
	Female 21-44	\$64.71	\$60.12	\$27.12	\$58.16	\$56.56	\$59.01	\$53.30
	Male 15-20	\$72.90	\$27.97	\$14.37	\$43.86	\$12.45	\$29.75	\$39.52
	Male 21-44	\$19.35	\$14.53	\$4.06	\$18.44	\$6.49	\$5.99	\$11.82
	Over 44	\$75.88	\$33.15	\$8.29	\$55.61	\$13.13	\$29.32	\$39.16
	Average		\$55.18	\$46.92	\$16.08	\$50.77	\$56.03	\$38.12
Foster Care	<21							\$363.98
Adoption Assistance	<21							\$157.55
FAMIS	Under 1							\$0.18
	1-5							\$2.43
	6-14							\$24.49
	Female 15-18							\$17.19
	Male 15-18							\$22.00
	Average							
FAMIS MOMS	All Ages							\$1.22

Note:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017

Introduction. Table 1c
Fiscal Year 2019 Capitation Rate Development
FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
Acute Care Services – FFS with Major TPL

Medallion 4.0 Region

Aid Category	Age Group	Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Under 1	\$153.47	\$46.75	\$217.31	\$93.31	\$44.79	\$44.13	\$123.89
	1-5	\$86.27	\$49.48	\$128.75	\$34.88	\$35.19	\$28.43	\$66.94
	6-14	\$52.78	\$41.02	\$65.85	\$50.65	\$49.78	\$38.84	\$49.39
	Female 15-20	\$85.17	\$83.16	\$91.73	\$97.52	\$79.24	\$57.96	\$79.82
	Female 21-44	\$85.96	\$55.36	\$84.42	\$85.69	\$46.07	\$36.55	\$66.50
	Male 15-20	\$95.25	\$125.24	\$89.31	\$117.49	\$128.33	\$93.47	\$102.07
	Male 21-44	\$30.82	\$22.13	\$18.88	\$28.74	\$59.65	\$39.91	\$31.79
	Over 44	\$88.79	\$54.04	\$49.07	\$89.45	\$71.01	\$43.61	\$65.19
	Average	\$74.57	\$64.11	\$88.09	\$70.25	\$62.28	\$50.66	\$68.25
Foster Care	<21							\$424.89
Adoption Assistance	<21							\$102.68
FAMIS	Under 1							\$30.47
	1-5							\$24.26
	6-14							\$22.96
	Female 15-18							\$30.48
	Male 15-18							\$34.32
		Average						
FAMIS MOMS	All Ages							\$159.96

Note:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017

Introduction. Table 1d

Fiscal Year 2019 Capitation Rate Development

FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM

New Carve in Services - FFS with Major TPL- Community Mental Health Services /ARTS

Medallion 4.0 Region

Aid Category	Age Group	Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Under 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1-5	\$28.97	\$15.55	\$25.49	\$17.98	\$12.43	\$7.21	\$19.23
	6-14	\$61.79	\$52.66	\$55.09	\$57.71	\$50.42	\$34.71	\$51.45
	Female 15-20	\$28.36	\$28.92	\$20.13	\$30.19	\$14.23	\$23.61	\$25.06
	Female 21-44	\$38.99	\$41.48	\$168.88	\$32.62	\$10.55	\$32.86	\$56.19
	Male 15-20	\$7.88	\$4.98	\$1.75	\$3.42	\$1.63	\$5.22	\$5.08
	Male 21-44	\$2.29	\$0.07	\$2.09	\$0.00	\$0.16	\$0.75	\$1.28
	Over 44	\$26.70	\$2.19	\$0.00	\$68.17	\$5.91	\$33.92	\$22.46
	Average	\$37.49	\$32.30	\$44.35	\$34.83	\$27.51	\$22.83	\$33.37
Foster Care	<21							\$498.97
Adoption Assistance	<21							\$100.31
FAMIS	Under 1							\$0.00
	1-5							\$3.21
	6-14							\$21.92
	Female 15-18							\$27.37
	Male 15-18							\$10.00
	Average							\$15.94
FAMIS MOMS	All Ages							\$00.0

Note:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017

Introduction. Table 1e
Fiscal Year 2019 Capitation Rate Development
FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
Early Intervention - MCO Enrolled - Acute and Carve In

			Medallion 4.0 Region						
Aid Category	Age Group		Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Acute	Under 1	\$2,087.14	\$1,311.12	\$2,153.53	\$1,938.79	\$2,092.84	\$2,259.98	\$2,010.03
		1-5	\$541.14	\$453.03	\$671.77	\$319.17	\$333.21	\$618.45	\$536.47
		Average	\$863.32	\$622.22	\$1,006.12	\$658.43	\$744.40	\$913.44	\$842.11
	Carve-In	Under 1	\$344.23	\$324.51	\$372.86	\$329.20	\$490.65	\$331.25	\$355.84
		1-5	\$428.70	\$371.93	\$402.60	\$371.05	\$502.07	\$415.67	\$409.43
		Average	\$411.10	\$362.58	\$395.89	\$362.28	\$499.40	\$400.50	\$398.32
	TOTAL		\$1,274.42	\$984.80	\$1,402.01	\$1,020.71	\$1,243.80	\$1,313.94	\$1,240.42
Foster Care	Acute	Age 0-3	\$877.47	\$267.78	\$335.40	\$843.91	\$514.25	\$565.57	\$576.99
	Carve-In		\$374.33	\$380.47	\$385.39	\$386.19	\$504.69	\$426.72	\$403.08
	Average		\$1,251.80	\$648.25	\$720.79	\$1,230.09	\$1,018.94	\$992.29	\$980.07
Adoption Assistance	Acute	Age 0-3	\$363.58	\$92.16	\$135.22	\$862.73	\$252.02	\$194.50	\$272.28
	Carve-In		\$437.72	\$265.55	\$399.83	\$506.64	\$539.24	\$376.28	\$408.86
	TOTAL		\$801.31	\$357.71	\$535.05	\$1,369.37	\$791.25	\$570.78	\$681.14
FAMIS	Acute	Under 1	\$1,538.74	\$205.84	\$2,794.76	\$3,995.47	\$411.21	\$1,694.30	\$2,061.85
		1-5	\$283.70	\$267.69	\$949.13	\$153.79	\$219.84	\$378.86	\$518.88
		Average	\$420.07	\$262.10	\$1,115.63	\$527.19	\$227.17	\$486.44	\$661.34
	Carve-In	Under 1	\$309.28	\$331.99	\$414.14	\$314.03	\$607.46	\$443.52	\$371.37
		1-5	\$377.82	\$374.17	\$392.90	\$370.07	\$461.68	\$398.38	\$387.78
		Average	\$370.37	\$370.36	\$394.82	\$364.63	\$467.26	\$402.07	\$386.26
	TOTAL		\$790.45	\$632.45	\$1,510.44	\$891.82	\$694.43	\$888.51	\$1,047.60

Notes:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017
 USER Base PMPM
 Carve in services include EI Specialty Services and CMHS

Introduction. Table 1f
Fiscal Year 2019 Capitation Rate Development
FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
Early Intervention – FFS with Major TPL - Acute and Carve In

			Medallion 4.0 Region						
Aid Category	Age Group		Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Acute	Under 1	\$950.89	\$290.55	\$514.98	\$79.60	\$80.99	\$115.68	\$483.57
		1-5	\$1,067.07	\$443.39	\$1,747.17	\$506.01	\$94.69	\$103.71	\$862.29
		Average	\$1,042.34	\$406.73	\$1,213.10	\$359.90	\$94.12	\$105.16	\$755.73
	Carve-In	Under 1	\$294.88	\$277.83	\$286.26	\$234.38	\$261.07	\$335.71	\$283.63
		1-5	\$494.06	\$384.35	\$406.33	\$304.87	\$723.12	\$375.24	\$429.72
		Average	\$451.66	\$358.81	\$354.29	\$280.72	\$703.76	\$370.43	\$388.62
	TOTAL		\$1,493.99	\$765.54	\$1,567.39	\$640.62	\$797.88	\$475.60	\$1,144.35
Foster Care	Acute	Age 0-3	\$592.82	\$0.00	\$85.49	\$0.00	\$10.01	\$9,465.47	\$5,363.76
	Carve-In		\$238.43	\$0.00	\$395.82	\$0.00	\$482.57	\$454.92	\$409.78
	TOTAL		\$831.25	\$0.00	\$481.31	\$0.00	\$492.58	\$9,920.39	\$5,773.55
Adoption Assistance	Acute	Age 0-3	\$149.09	\$0.00	\$51.21	\$72.76	\$0.00	\$1,246.52	\$475.55
	Carve-In		\$192.91	\$0.00	\$221.08	\$711.71	\$239.92	\$254.59	\$239.53
	TOTAL		\$342.01	\$0.00	\$272.30	\$784.46	\$239.92	\$1,501.11	\$715.08
FAMIS	Acute	Under 1	\$49.55	\$9.08	\$0.00	\$10.22	\$0.00	\$0.00	\$26.52
		1-5	\$27.01	\$57.48	\$157.99	\$30.34	\$0.00	\$80.01	\$64.18
		Average	\$31.38	\$34.85	\$157.99	\$27.99	\$0.00	\$80.01	\$58.35
	Carve-In	Under 1	\$114.16	\$160.40	\$0.00	\$213.77	\$0.00	\$0.00	\$147.32
		1-5	\$385.58	\$573.67	\$464.63	\$373.37	\$0.00	\$409.24	\$419.31
		Average	\$333.01	\$380.41	\$464.63	\$354.78	#DIV/0!	\$409.24	\$377.17
	TOTAL		\$364.39	\$415.26	\$622.62	\$382.78	#DIV/0!	\$489.25	\$435.51

Notes:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017
 USER Base PMPM
 Carve in services include EI Specialty Services and CMHS

**Introduction. Table 1g
 Fiscal Year 2019 Capitation Rate Development
 FY 2015 - FY 2016 Average Historical Base Healthcare Costs PMPM
 Psych Residential Treatment Centers - FFS Medicaid Only, Major and Minor TPL – Acute and Carve In**

Medallion 4.0 Region

Aid Category	Age Group	Central Virginia	Charlottesville/Western	Northern/Winchester	Roanoke/Alleghany	Southwest	Tidewater	Statewide Average
Low Income Families with Children (LIFC)	Under 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1-5	\$1,302.32	\$5,253.27	\$8,120.21	\$12,536.20	\$0.00	\$0.00	\$7,135.11
	6-14	\$11,197.66	\$11,262.43	\$10,846.08	\$10,928.89	\$11,602.70	\$10,270.53	\$10,907.01
	Female 15-20	\$11,078.96	\$11,390.29	\$9,904.24	\$10,854.38	\$11,619.68	\$9,502.36	\$10,424.18
	Male 15-20	\$10,873.75	\$10,980.01	\$10,127.65	\$9,642.82	\$10,334.36	\$9,186.49	\$10,273.95
	Average	\$11,061.78	\$11,197.61	\$10,341.46	\$10,595.94	\$11,102.85	\$9,817.54	\$10,600.13
Foster Care	<21	\$10,793.10	\$10,269.22	\$10,440.57	\$9,960.16	\$10,666.36	\$11,663.96	\$10,664.76
Adoption Assistance	<21	\$10,869.63	\$11,587.77	\$10,141.04	\$11,332.36	\$11,745.64	\$10,629.91	\$10,910.75

Notes:

Historical base FY 2015-FY2016 with run out to February 2017, except for FAMIS MOMS Oct 2015-Nov 2016 with run out to February 2017
 USER Base PMPM
 Includes Acute and Carve In
 Carve in service is CMHS

I. Medallion 4.0 Data Book

1. Program Description

A. Description of Managed Care Plans

Medallion 4.0 will cover the longstanding Medicaid managed care program for Medicaid eligibles in the Low Income Families and Children (LIFC) aid categories. It also covers Adoption Assistance and Foster Care (AA/FC), and Family Access to Medical Insurance Security (FAMIS) and FAMIS MOMS.

At present, the Medallion 3.0 program contracts with six managed care organizations to deliver services to the LIFC, AA, FC, FAMIS and FAMIS MOMS populations. The Commonwealth of Virginia is conducting a new procurement for Medallion 4.0. The number of plans that will be selected and sign contracts for Medallion 4.0 is not known at this time.

B. Description or list of benefits that are required to be provided by the managed care MCOs

The services covered by the Medallion 4.0 health plans will be the same for each of the covered populations. Under Medallion 3.0, managed care plans are responsible for nearly the full range of acute health services, with certain specific exceptions. Medallion 3.0 managed care plans have not been responsible for the ingredient cost of immunizations if providers participate in the Vaccines for Children program, for school-based health services, community based behavioral health services, dental services, Applied Behavioral Analysis services, and for Early Intervention (Part C) services.

For Medallion 4.0, many of the community based behavioral and mental health services currently paid under FFS will be added to the MCO contractual responsibility. Early intervention services for children 3 and under will also become a health plan responsibility. Effective December 2018, health plans will be responsible for residential treatment in psychiatric facilities for LIFC Child, AA and FC populations (<age 21).

A full list of services currently understood to be covered under Medallion 4.0 are listed as Attachment B in the recently released Medallion 4.0 health plan procurement found at http://www.dmas.virginia.gov/Content_attachments/m4/RFP201703.MEDALLION4FINAL.pdf. To the extent that the final definitions of services covered under Medallion 4.0 is different from this list, the base data and capitation rates will be adjusted.

C. Areas of the state covered by the managed care MCOs

The Medallion 3.0 program is statewide; however not all MCOs have statewide service areas. Medallion 4.0 will be statewide, and DMAS is expected to contract with at least three MCOs in each region. Medallion 4.0 managed care programs will serve the LIFC, AA, FC, FAMIS and FAMIS MOMS population. Virginia DMAS is in the process of modifying the structure of the Medicaid managed care programs and changes will take place over the 17 month time period. At the beginning of FY 2019, the Medallion 3.0, LIFC, AA, and FC, FAMIS, and FAMIS MOMS populations will transition to the new Medallion 4.0 Medicaid managed care program in regional phases over the period August 1, 2018 to November 30, 2018. A new managed care expansion population, the LIFC, AA, FC, and FAMIS populations in FFS with Major TPL, will transition to Medallion 4.0 on the same schedule as the Medallion 3.0 population.

The Medallion 4.0 regions differ from the Medallion 3.0 regions. Although the FIPS localities for the Roanoke/Allegheny and the Southwest regions are the same between the programs, other Medallion 4.0 regions will include FIPS from two to four of the Medallion 3.0 regions. This data book maps the FY 2015-FY 2016 MCO base data and all other data sources to the new Medallion 4.0 regions. Table 1 summarizes the transition schedule from Medallion 3.0 regions to Medallion 4.0 regions. A full listing of the FIPS localities for the Medallion 3.0 and the Medallion 4.0 regions is included in the Appendices.

Section I. Table 1

Regional Transition into Medallion 4.0

Transition Month	Medallion 4.0 Region	Medallion 3.0 Region(s)	Number of Med 3.0 Counties Transitioned
8/1/2018	Tidewater	Rural	2
		Tidewater	14
9/1/2018	Central Virginia	Northern Virginia	3
		Richmond/Charlottesville	19
		Rural	16
		Tidewater	1
10/1/2018	Northern/Winchester	Northern Virginia	12
		Other MSA	2
		Rural	4
11/1/2018	Charlottesville/Western	Other MSA	8
		Richmond/Charlottesville	6
		Rural	8
12/1/2018	Roanoke/Allegheny	Roanoke/Alleghany	23
12/1/2018	Southwest	Far Southwest	15

D. Rating period

The FY 2019 Medallion 4.0 DMAS contract with the MCOs will be for an 11 month period, August 1, 2018 to June 30, 2019, to align with the regional transition from the Medallion 3.0 program to the Medallion 4.0 program. The capitation rates for each population group under Medallion 4.0 will be effective for the time period that the population group will be in Medallion 4.0 during FY 2019, a range of 7 to 11 months.

The FAMIS and FAMIS MOMS populations will phase into the new Medallion 4.0 Medicaid managed care program on the same regional schedule. Table 2 summarizes the proposed timeline for the transition of Medallion 3.0 populations to the new CCC Plus and Medallion 4.0 programs.

**Section I. Table 2
Medallion 3.0 Phase Out Schedule**

Aid Category	New Program	New Program Region	Program Transition Month
HAP Adult, HAP Child	CCC Plus	Tidewater	8/1/2017
		Central Virginia	9/1/2017
		Charlottesville/Western	10/1/2017
		Roanoke/Alleghany	11/1/2017
		Southwest	11/1/2017
		Northern/Winchester	12/1/2017
ABAD	CCC Plus	Statewide	1/1/2018
LIFC Child, LIFC Adult, FC, AA	Med 4.0	Tidewater	8/1/2018
		Central Virginia	9/1/2018
		Northern/Winchester	10/1/2018
		Charlottesville/Western	11/1/2018
		Roanoke/Alleghany	12/1/2018
		Southwest	12/1/2018
FAMIS FAMIS MOMS	Med 4.0	Tidewater	8/1/2018
		Central Virginia	9/1/2018
		Northern/Winchester	10/1/2018
		Charlottesville/Western	11/1/2018
		Roanoke/Alleghany	12/1/2018
		Southwest	12/1/2018

E. Covered Population

The current Virginia Medallion 3.0 program provides health care coverage statewide to Medicaid members through a mandatory enrollment mechanism for designated eligibility categories. The primary exclusions are members who are dually eligible for Medicare and Medicaid, who reside in nursing homes, and some members who are in a home and community based waiver. It also excludes those who have other comprehensive private insurance as a primary payer. Medallion 3.0 managed care enrollees who are LIFC, AA, FC and FAMIS and FAMIS MOMS will be enrolled in Medallion 4.0.

Medallion 4.0 will expand to include LIFC, AA, FC, and FAMIS eligibles currently in FFS and covered by comprehensive private insurance. As in Medallion 3.0, Medallion 4.0 enrollees may not be dual eligible for Medicare, live in institutions such as Nursing facilities or ICFs or receive services under HCBC waivers.

Capitation rate cells for Medallion 4.0 will vary based on the following criteria:

- **Aid Category.** Members eligible for participation in the program include LIFC, AA/FC, FAMIS, and FAMIS MOMS.
- **Demographics:** Demographic groups used in Medallion 4.0 will be the same as those established for the Medallion 3.0 program, other than changes in regional definitions.

LIFC capitation rates will be paid separately by region and by age/gender.

- LIFC capitation rates will be paid separately within six regions: Tidewater, Central Virginia, Northern/Winchester, Charlottesville/Western, Roanoke/Allegheny, and Southwest. No other population groups will have rate cells that vary by region.
- LIFC rates within a region will vary by the following age/gender groups: Under 1, 1-5, 6-14, 15-20, Female 15-20, Male 15-20, Female 21-44, Male 21-44, and 45 and Over

Adoption Assistance and Foster Care will be a single statewide rate cell. All eligibles are under age 21.

FAMIS will use five age rate cells: Under 1, 1-5, 6-14, 15-20, Female 15-18, and Male 15-18. FAMIS rates also vary by family income: <=150% of the Federal Poverty Limit (FPL) and >150% of FPL.

FAMIS MOMS is paid as a single statewide rate.

2. *Data*

This section summarizes the base data expected to be used to develop the FY 2019 Medallion 4.0 capitation rates. The historical base data is presented in the Appendices as the Exhibits 1.

A. *Base data sources*

Table 3 below illustrates the data provided by DMAS and the contracting health plans for the relevant time periods. The majority of the MCO encounter and FFS data is submitted with claim level detail. Vendor and subcapitation payment amounts may be submitted with claim level detail or documented as PMPM amounts.

i. *Eligibility Data*

For the MCO enrolled population, the member month count and claim matching process uses the DMAS capitation payment file as the record of health plan membership and the length of eligibility. Consistent with DMAS operations and the health plan contract terms, a person is assumed to be eligible for the full month for which a capitation payment is made. The calculation of age for rate cell groupings is based on age at the first of the month.

The eligibility file was used to identify the FFS population with any major commercial TPL that will transition to Medallion 4.0. This excludes TPL for Duals who have primary coverage under Medicare. Those with “minor” TPL coverage, such as through an auto insurance policy, have been included in Medallion 3.0 and will be in Medallion 4.0. FFS with Major TPL populations who transition into Medallion 4.0 exclude individuals who are eligible for waivers.

ii. MCO Encounter and FFS Data Sources

Section I. Table 3

Description of the Data Sources

Source	Data	Time period
Virginia DMAS	Medicaid Eligibility File (monthly) Capitation Payment invoice files (monthly) FFS paid claims files (monthly) Magellan (Behavioral Health vendor)	All service categories (invoices) for Base period FY 2014 to FY 2016 with run out to February 2017 November 2014 to February 2017
Participating Health Plans	MCO encounter data (annual submission of three years of data with updates) MCO subcapitation and vendor payment data Administrative data, as requested	Base period FY 2014 to FY 2016 with run out to February 2017
BOI Report	Financial data as submitted to the Virginia Bureau of Insurance (annual)	Base period CY 2016

iii. Arrangements with subcapitated vendors

Managed care plans submit subcapitated vendor data for lab, radiology, mental health, and non-emergency transportation. During the FY 2015-FY 2016 period, one plan used a vendor for behavioral and mental health services for the entire base period and another plan had six months of behavioral and mental health data for the time period before it converted these services to a FFS Administrative Services Only contract on January 1, 2015. There is also a minor amount of primary care professional services capitation reported by the health plans.

Section I. Table 4

Subcapitated Service Costs Added to Base Data

Medallion 4.0

Aid Category	Time Period	Non-Mental Health Subcapitated Service Payment	% of Total Non-Mental Health Subcapitated Service Payment to Total Base Period Payment	Mental Health Subcapitated Service Payment	Total Subcapitated Service Payment Including MH	% of Total Subcapitated Service Payment to Total Base Period Payment
LIFC	FY 2015-FY 2016	\$79,290,086	2.69%	\$31,119,293	\$110,409,379	3.75%
LIFC Child		\$66,502,850	3.72%	\$25,525,872	\$92,028,722	5.15%
LIFC Adult		\$12,787,236	1.10%	\$5,593,421	\$18,380,657	1.59%
AA	FY 2015-FY 2016	\$774,280	1.97%	\$1,207,006	\$1,981,286	5.04%
FC	FY 2015-FY 2016	\$643,665	1.55%	\$2,742,823	\$3,386,489	8.17%
TOTAL		\$80,708,032	2.67%	\$35,069,122	\$115,777,154	3.83%

FAMIS and FAMIS MOMS

Aid Category	Time Period	Non-Mental Health Subcapitated Service Payment	% of Total Non-Mental Health Subcapitated Service Payment to Total Base Period Payment	Mental Health Subcapitated Service Payment	Total Subcapitated Service Payment Including MH	% of Total Subcapitated Service Payment to Total Base Period Payment
FAMIS	FY 2015-FY 2016	\$3,973,290	2.46%	\$1,133,857	\$5,107,147	3.17%
FAMIS MOMS	Oct 2015 - Sep 2016	\$58,817	0.59%	\$10,811	\$69,628	0.70%
TOTAL		\$4,032,108	2.35%	\$1,144,668	\$5,176,775	3.02%

B. Base data summary

i. Description of the data

The primary historical base data presented in the data book uses the same MCO source data used to develop the Contract Year 2018 Medallion 3.0 rates. The major change is that the Medallion 4.0 uses a different configuration of localities than Medallion 3.0. This data book has been organized to present the base data using the Medallion 4.0 regions.

The Medallion 4.0 data book uses the health plan FY 2015 and FY 2016 incurred data with run out through February 2017.

(a) Types of data

The base data for established Medicaid managed care programs will primarily be managed care organization encounter data. Medallion 4.0 will enroll populations that currently ineligible for managed care and will include new carve-in services that have previously been paid under FFS. Therefore, a portion of the base data uses DMAS FFS claims data or a combination of MCO encounter data and the DMAS FFS claims data.

The type of data includes:

- Virginia Medicaid eligibility and capitation payment files;
- FFS data for the population to be covered by the managed care program expansions;
- FFS data for new services added to the health plan contracts;
- Health plan encounter data for the population in managed care;
- Health plan vendor payments for subcontracted services;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- Other administrative data, such as the health insurance premium fee assessment;
- For some components of the analysis, data from other Medicaid programs.

(b) Age of the data

With the exception of FAMIS MOMS, the base data covers the two year period from July 1, 2014 to June 30, 2016 (State Fiscal Years 2015 and 2016) with run out through February 2017. The FAMIS MOMS program stopped accepting new enrollment as of January 1, 2014 and did not resume until late in CY 2014. The base period for this population is October 2015 to November 2016, which represents a period of stabilized enrollment levels and average enrollment duration.

ii. Validation of data

(a) Completeness of the data

Each year, MCOs are required to submit encounter data for the most recent three years. For the FY 2019 rate development, this will be the period FY 2014 through FY 2016.

Participating MCOs and PwC reviewed the encounter data for reasonableness and compared it to the prior MCOs data submission for reasonableness and to identify unexpected changes. DMAS provides final review and approval of the base data used in the capitation rate development. Claims and encounter data reflect at least eight months of runout after the incurred period.

In general, the data included in the data book reflects the incurred period July 1, 2014 to June 30, 2016 with run out through February 2017. No completion factors have been applied to the base data, though it should be substantially complete.

(b) Accuracy of the data

Checks for accuracy begin with DMAS and the participating MCOs review process. The MCO encounter data submitted for rate development is certified to be accurate by a responsible health plan executive, such as the Chief Executive Officer, the Chief Financial Officer or the lead actuary, and is subject to validation checks by the consulting actuary. PwC did not audit or verify this data or other information. DMAS and PwC reviewed the data for reasonableness and compared it to prior data submissions. Managed care plans also submit documentation that ties the data submission to annual financial reports submitted to the Virginia Bureau of Insurance.

The FFS eligibility and expenditure data for the Medallion 4.0 populations with Major TPL and the new carve-in services were reviewed by DMAS for reasonableness and consistency with DMAS internal reporting.

The base data that is summarized in the accompanying appendices represent the most current understanding of Medallion 4.0 covered populations and services. To the extent that these definitions are revised, the base data used for the FY 2019 draft and final capitation rates may vary from the data book that is presented here. Any changes from the base data presented here will be documented in the reports that describe the draft and final FY 2019 Medallion 4.0 rates.

(c) Consistency of data across data sources

The health plan encounter data, DMAS FFS paid claims, and the Magellan Behavioral Health files are read in and summarized using a consistent methodology for data edits, member aid code and rate cell assignment, and classifying claims into service categories. Unit counts are also standardized by type of service across the data sources.

Additional processing necessary to develop the data sets is described in the next section.

Health Plan Encounter Data

The health plan encounter data for the Medallion 4.0 base period relies on the data and data cleaning performed for the Contract Year 2018 Medallion 3.0 rate development. After initial cleaning to remove duplicate claims and claims incurred outside of the historical base data period, members and their associated claims may be dropped

due to missing or invalid ID, assignment to an aid category that was not included in the Medallion 4.0 program, or claims that were incurred outside of the member eligibility period.

Additional processing is required to capture all newborns covered under the managed care programs. DMAS policy provides three months for the mother and the health plan to submit the necessary documentation to obtain a permanent ID for an eligible newborn. A separate reconciliation process exists where MCOs submit information on the number of newborns to be reimbursed for capitation payments due to coverage during the three-month temporary eligibility period. Capitation payments for the newborn may not be reflected in the capitation payment file until a few months after the birth.

The newborn processing requires multiple steps. We make an adjustment to count member months for the period up until a newborn is assigned a permanent Medicaid identification number. This is based on checking the first nine digits of the newborn ID to match the mother ID, checking for the mother's eligibility, and then imputing up to three months of membership based on the first record of a newborn capitation payment made within four months of the birth. However, a newborn ID does not necessarily link to the mother's ID. .

To assure that all newborn MM are included, we use the birth date on the capitation payment file to identify all newborns in the past three years who had a capitation payment within the first four months of birth. These newborn IDs are captured and then compared to the DMAS eligibility file to confirm the newborn eligibility before the first month of capitation payment. Up to three months of eligibility, the month of birth and the two months following, can be added to the member month count. For populations covered under this certification, 49,680 newborn member months were added to the base period age under 1 count. This represents 5.3% of the age under 1 population.

Newborn claims that still could not be matched to a newborn ID are first assigned based on the health plan encounter record information. As a final step, non-matched newborns and their claims are allocated based on each plan's matched newborn distribution by aid category and region.

The Kaiser MCO encounter data was incorporated into the historical base as is, with the exception of repricing of professional claims paid to Kaiser salaried physicians. The Kaiser professional paid amounts were submitted as if they had been paid at the Medicare fee schedule. Those paid amounts were re-priced to 90% of the Medicare Washington DC-Baltimore MD-Northern Virginia fee schedule, similar to the percent of Medicare that Kaiser paid to external physicians. Total Kaiser paid amounts represented about 4.3% of the Northern Virginia region total paid amounts and about 0.7% of total paid claims in the base historical data. We expect this proportion to grow as Kaiser continues to increase enrollment.

DMAS FFS and Magellan Behavioral Health Services Data

All attempts have been made to make the FFS data sources consistent with the health plan encounter data source. The DMAS FFS paid claims and Magellan Behavioral Health Services data for the Medallion 4.0 base period uses the same incurred base period and run out as the health plan encounter data. Eligible populations were selected using the same eligibility categories. One difference is that period of enrollment and member months is determined using the DMAS eligibility file. Eligibility spans are calculated by begin and end dates that will include both full and partial months of eligibility. After initial cleaning to remove claims incurred outside of the historical base data period, denied claims and claims with zero paid amounts, members and their associated claims may be dropped due to missing or invalid ID, assignment to an aid category that is not included in the Medallion 4.0 program, or claims that were incurred outside of the member eligibility period.

(d) Actuary's assessment of the data

Under ASOP 23, Data Quality, PwC relied upon data and information provided by DMAS, participating health plans and their vendors. The base data presented in this report are dependent upon that reliance. The MCO encounter and DMAS FFS paid claims and vendor data represents the most appropriate primary source of data to be used to

develop actuarially sound capitation rates for the Medallion 4.0 populations. The actuary has no specific concerns with the data.

(e) Credibility concerns

Data for the Medallion 4.0 eligible populations in the aggregate are considered credible. The data are summarized and presented as is, and have not been smoothed for outliers or shock claims. Detailed cost and utilization data by rate code, geographic, and demographic segments are presented in the data book. Some data book rate cells represent small populations and may not be considered credible. They are provided for information purposes only.

C. Data Book Description

This Data book includes four appendices that summarize the FY 2015 – FY2016 base data that will be used for FY 2019 Medallion 4.0 rate development. All appendices are structured similar to “Exhibits 1” presented in the annual Medallion 3.0 rate reports. The structure of the data book by covered population, covered services and source of data is summarized in Table 6.

Section I. Table 6

Structure and Source of Data for the Medallion 4.0 Data Book Appendices

Covered Services	Medallion 4.0 Population Group		
	MCO Enrolled LIFC / AA / FC	MCO Enrolled FAMIS / FAMIS MOMS	FFS with Major TPL LIFC / AA / FC/ FAMIS
Med 3.0 Covered Services	MCO Encounter	MCO Encounter	FFS DMAS
Acute Care	✓	✓	✓
Med 4.0 New Carve In Services	FFS DMAS and Magellan Behavioral Health Vendor		
CMHS	✓	✓	✓
Early Intervention	✓	✓	✓
Residential Psych/PRTC <21 yr	✓		✓

The major data source is the MCO encounter data for the Medallion 3.0 population that will transition to the Medallion 4.0 program. This is supplemented by DMAS FFS paid claims and the Magellan Behavioral Health vendor files for the new FFS with Major TPL population and the new carve-in services that will be added to Medallion 4.0.

The primary data source for the new FFS with Major TPL population is the DMAS FFS invoices. Psychiatric and behavioral health services currently covered under Medallion 3.0 are added from the Magellan Behavioral Health vendor files.

The source of base costs PMPM for all the new carve-in services in Medallion 4.0 is from the DMAS FFS invoices and the Magellan Behavioral Health vendor files. The primary source varies by each new carve-in service.

Community Mental Health Services: The historical base data includes FFS data for Community Mental Health Services that have been carved out of the Medallion 3.0 contracts, but which will be included in the Medallion 4.0 contracts. The primary data source for the CMHS data is the Magellan Behavioral Health vendor data, although small amounts were paid through the DMAS MMIS system at the beginning of the data period. The FFS data from DMAS uses paid claims for the same period, FY 2015 and FY 2016 with run out to February 2017.

Early Intervention: Children age 0-3 who qualify for Early Intervention (EI) have been enrolled in Medallion 3.0 managed care. There are also EI children in FFS with Major TPL. The EI specialty therapy services for all these children have been paid FFS. Those EI specialty services will be carved-in for the Medallion 4.0 contract. The data source for the EI specialty services is primarily the DMAS FFS invoices with a small amount coming from the

Magellan Behavioral Health vendor files. The FFS data uses paid claims for the period FY 2015 and FY 2016 with run out to February 2017.

Psychiatric Residential Treatment Centers (PRTC): Children who reside in psychiatric residential facilities have been excluded from Medallion 3.0. All the psychiatric residential treatment facility and related services have been paid FFS. These children and the costs for psychiatric residential treatment will be carved-in for the Medallion 4.0 contract. The data source for the PRTC children is primarily the Magellan Behavioral Health vendor files with a small amount coming from the DMAS FFS invoices and uses paid claims for the period FY 2015 and FY 2016 with run out to February 2017.

i. Appendices that summarize current Medallion 3.0 covered services for the Medallion 4.0 populations

Acute Care: The acute care appendices summarize the data by the new Medallion 4.0 regions and show historical enrollment, total claims paid by service category, utilization rates and cost per unit. There are separate appendices for the current Medallion 3.0 populations enrolled in MCOs and for the current FFS population with Major TPL that will be enrolled in Medallion 4.0.

- The first tab of each workbook is the Summary of the FY2015 – FY2016 Member Months for each population rate cell.
- The second tab of each workbook is the Summary of the FY2015 – FY2016 PMPM for each population rate cell.
- The third tab of each workbook is a listing of county by region for both the Medallion 4.0 and the Medallion 3.0 programs
- The fourth tab is a summary of incurred claims by service category for the total eligibles in the population group.
- Subsequent tabs are a summary of incurred claims by service category of the total eligibles in the population group by subset groupings and by rate cell.

Within each tab that is an “Exhibit 1” summarized by service category, the first table is the summary for the population group for the Medallion 4.0 region definition. For the MCO enrolled LIFC, AA, FC, and FAMIS populations, there are additional tables below that summarize the Medallion 3.0 population by region that is included in the Medallion 4.0 rate cell. The Medallion 3.0 tables will sum to the Medallion 4.0 Exhibit at the top of the tab. Some of the Medallion 3.0 subsets contain small numbers that may not be credible. This is provided for information only.

ii. Appendices that summarize Medallion 4.0 carve in covered services for the Medallion 4.0 populations

There are separate carve-in appendices for the current Medallion 3.0 populations enrolled in MCOs and for the FFS population with Major TPL that will be enrolled in Medallion 4.0. These are described below and the historical data is summarized by service category in the appendices. They are organized similarly to the Acute Care Appendices.

- The first tab of each workbook is the Summary of the FY2015 – FY2016 Member Months for each population rate cell.
- The second tab of each workbook is the Summary of the FY2015 – FY2016 PMPM for each population rate cell. For the CMHS workbook, this is the new carve-in base PMPM only. For the EI and PRTC populations, this is the sum of acute care and all new carve-in services.
- The third tab of each workbook is a listing of county by region for both the Medallion 4.0 and the Medallion 3.0 programs
- The fourth tab is a summary of incurred claims by service category for the total eligibles in the population group.

Subsequent tabs are a summary of incurred claims by service category of the total eligibles in the population group by subset groupings and by rate cell.

Community Mental Health Services: A number of community mental health services (CMHS) that are currently carved out of the Medallion 3.0 contract and paid FFS, will be added to the MCO contracts in Medallion 4.0. These services are defined by HCPCS codes provided by DMAS. There are separate appendices for the Medallion 3.0 populations enrolled in MCOs and for the FFS population with major TPL that will be enrolled in Medallion 4.0. The CMHS amounts also include the Addiction and Recovery Treatment Services (ARTS) services that have been paid under FFS. These tabs are presented by rate cell for each Medallion 4.0 population.

Early Intervention Services: There are less than 4,000 average monthly enrollees in the Early Intervention (EI/Part C) services across the LIFC, AA, FC and FAMIS populations and were identified by use of the EI indicator in the DMAS eligibility file benefit span. These are children age 0-3 who may be enrolled in either managed care or FFS for their acute care services. The EI specialty services have been carved out of the Medallion 3.0 program and paid FFS. The specialty services are defined by HCPCS codes provided by DMAS. There are separate appendices for the EI Medallion 3.0 population and for the EI FFS population with Major TPL that will be enrolled in Medallion 4.0.

The appendix for the EI population presents cost per user. The tabs by rate cell for each Medallion 4.0 population separates the new EI carve-in specialty services base PMPM from the acute care services PMPM. The EI acute care PMPM is a subset of the Age Under 1 and Age 1-5 base PMPM for the relevant MCO Enrolled and FFS with Major TPL populations summarized in Appendix I – Acute Care Services – MCO Enrolled and Appendix III - Acute Care Services – FFS with Major TPL.

The EI children use some CMHS services. Similar to the EI Acute care services, the EI CMHS base PMPM is a subset of the Age Under 1 and Age 1-5 base PMPM for the relevant MCO Enrolled and FFS with Major TPL populations summarized in Appendix II – New Carve In Services- CMHS and ARTS - MCO Enrolled and Appendix IV - New Carve In Services- CMHS and ARTS - FFS with Major TPL

There is a third section to this appendix, Early Intervention FFS Medicaid Only (no TPL) and Minor TPL with approximately 300 monthly average enrollees. Because they do not have major TPL, we believe that this is EI population for LIFC, AA, FC and FAMIS in FFS “pre-assignment” who will be enrolled in the MCOs. This is provided for information only.

Psychiatric Residential Treatment Centers (PRTC): The population under age 21 that is in residential psychiatric treatment facilities have been excluded from managed care and are currently in the FFS system. . This population will be enrolled in Medallion 4.0. There are less than 1,000 average monthly enrollees in PRTC and includes those who are FFS Medicaid only (no TPL), those with Minor TPL and those with Major TPL.

The appendix for the PRTC population presents cost per user. The costs for the PRTC services are shown in a new service line, IP-Psych Residential, which represents 70% or more of the base PMPM. There are separate worksheets for the CMHS new carve-in services. These tabs are presented by rate cell for each Medallion 4.0 population. Because of the small number of LIFC, AA, and FC children in PRTC, the rate cell detail is not credible and is presented for information purposes only.

Total Base Period Costs: Total historical base data for the Medallion 4.0 population is derived by adding the acute care and the new carve in services amounts for each rate cell.

iii. *List of Appendices*

The appendices are:

Appendix I: Acute Care Services – MCO Enrolled

- Exh 1- Acute Care Services –MCO Enrolled LIFC19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – MCO Enrolled FosterCare AA19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – MCO Enrolled FAMIS19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – MCO Enrolled FAMISMOMS19 HC 08.01.2017.xlsx

Appendix II New Carve In Services- CMHS and ARTS - MCO Enrolled

- Exh 1- New Carve In Services –MCO Enrolled LIFC19 HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – MCO Enrolled FosterCare AA19 HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – MCO Enrolled FAMIS19 HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – MCO Enrolled FAMISMOMS19 HC 08.01.2017.xlsx

Appendix III: Acute Care Services – FFS with Major TPL

- Exh 1- Acute Care Services – Major TPL LIFC19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – Major TPL FosterCare AA19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – Major TPL FAMIS19 HC 08.01.2017.xlsx
- Exh 1- Acute Care Services – Major TPL FAMISMOMS19 HC 08.01.2017.xlsx

Appendix IV: New Carve In Services- CMHS and ARTS - FFS with Major TPL

- Exh 1- New Carve In Services – Major TPL LIFC19 HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – Major TPL FosterCare AA19.HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – Major TPL FAMIS19 HC 08.01.2017.xlsx
- Exh 1- New Carve In Services – Major TPL FAMISMOMS19 HC 08.01.2017.xlsx

Appendix V: New Carve In Services-Early Intervention – MCO Enrolled and FFS with Major and Minor TPL

- Exh 1- Early Intervention – MCO Enrolled LIFC19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – MCO Enrolled Foster Care AA19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – MCO Enrolled FAMIS19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – Major TPL LIFC19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – Major TPL Foster Care AA19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – Major TPL FAMIS19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – Minor TPL LIFC19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – Minor TPL Foster Care AA19 HC 08.08.2017.xlsx
- Exh 1- Early Intervention – MinorTPL FAMIS19 HC 08.08.2017.xlsx

Appendix VI: New Carve In Services- Psych Residential –FFS

- Exh 1- Psych Residential – LIFC19 HC 08.08.2017.xlsx
- Exh 1- Psych Residential – Foster Care AA19 HC 08.08.2017.xls