

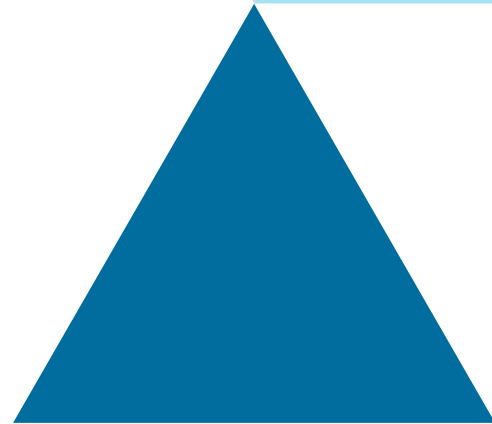
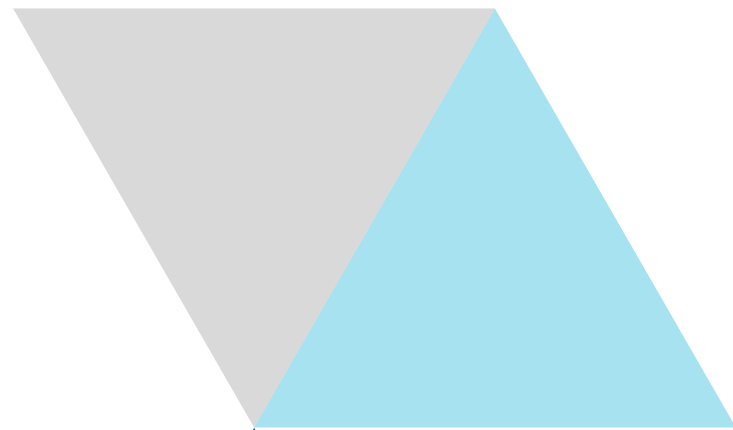
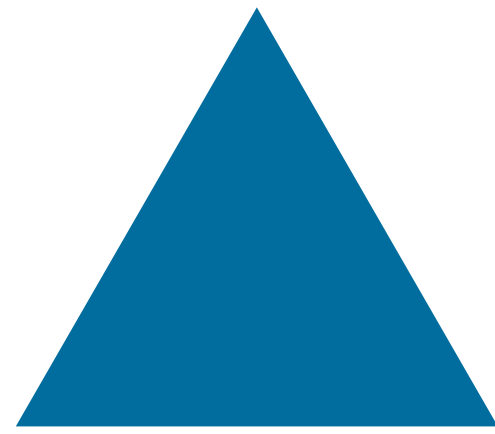
HEALTH WEALTH CAREER

CHILDREN'S MEDICAL SERVICES PLAN DATA BOOK

JANUARY 17, 2018

Florida Department of Health

Children's Medical Services Plan



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INTRODUCTION

The purpose of this Data Book is to provide relevant background information to potential vendors responding to the Children's Medical Services Plan (CMS Plan) Invitation to Negotiate (ITN) [Solicitation Number: DOH17-026]. Provided is summarized historical fee-for-service (FFS) data for the populations served by the CMS Plan. This Data Book provides information on adjustments that were made to the historical data and provides an overview of the process used to develop actuarially sound capitation rates.

1.1. PROGRAM BACKGROUND

The Department of Health (DOH) is the State of Florida's designated Title V Maternal and Child Health (MCH) Block Grant Agency. The Office of Children's Medical Services (CMS) within the DOH, administers the children with special health care needs portion of the Title V MCH Block Grant and serves children and youth with special health care needs through a variety of programs. CMS operates the Children's Medical Services Managed Care Plan (CMS Plan), which serves children with special health care needs who are eligible for Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program or CHIP). The CMS Plan currently serves more than 62,000 Title XIX and Title XXI children and youth with special health care needs throughout the State. Children and youth must meet certain financial and clinical criteria to be eligible for the CMS Plan.

The CMS Plan currently serves Title XIX-eligible children with special health care needs through an agreement with Florida's Agency for Health Care Administration (AHCA) under the Statewide Medicaid Managed Care (SMMC) program. The CMS Plan also serves Title XXI-eligible children who have special health care needs. Please note that Title XXI-eligible children who under the age of 1 are eligible through a Medicaid expansion program and are served through the contract with AHCA under SMMC. Their data is included in the Title XIX data and are included in any reference to Title XIX population in this Data Book.

The CMS Plan currently contracts with two vendors, Ped-I-Care and the South Florida Community Care Network (SFCCN), to provide administrative services to the CMS Plan. These vendors are referred to as Integrated Care Systems (ICSs).

Additional information regarding the populations served and the services included in each program can be found in later sections of this Data Book.

1.2. PURPOSE OF ITN

The purpose of this ITN to establish a contract between the CMS Plan and a qualified vendor or vendors to administer the Title XIX and Title XXI managed care programs currently operated by the CMS Plan. The CMS Plan has several key goals in entering into this contract, including: improving outcomes for members, encouraging participation in the plan, paying providers competitively, streamlining administrative activities and remaining cost-effective.

Under the contract resulting from this ITN, the CMS Plan intends to transition risk to a qualified vendor or vendors for the services delivered to the Title XIX and XXI populations. Potential vendors will have the opportunity to assume the risk for the included services in a two-year phased-in approach or enter into a full-risk agreement upon contract commencement for one or more of three Regional Clusters or on a statewide basis.

1.3. OVERVIEW OF DATA BOOK CONTENTS

This Data Book contains historical information for the populations served by the CMS Plan in Fiscal Years 2015/2016 and 2016/2017. With the exception of non-emergency transportation and pharmacy services, claims and encounter data for services paid on a non-risk basis by the CMS Plan was provided by MED3000 for both the Title XIX and Title XXI members. MED3000 also provided the eligibility data for both Title XIX and Title XXI members.

The CMS Plan's current ICSs (Ped-I-Care and SFCCN) contract for non-emergency transportation (NEMT) services directly with NEMT providers. Encounter data for the NEMT services provided to Title XIX and Title XXI members was provided by the ICSs.

Under the current program design, AHCA has financial responsibility for pharmacy services delivered to Title XIX-eligible members of the CMS Plan. Pharmacy claims and encounter data for these CMS Plan members were provided by AHCA's vendor, Magellan. The CMS Plan currently has financial responsibility for pharmacy services delivered to Title-XXI-eligible members. Pharmacy claim and encounter data for the Title XXI-eligible population were provided by MedImpact.

1.3.1. Caveats

Mercer has used and relied upon eligibility, claim and encounter data and information supplied by the CMS Plan and its vendors. The CMS Plan is solely responsible for the validity and completeness of these supplied data and information. Mercer has reviewed the summarized data in compliance with the Actuarial Standard of Practice (ASOP) on data quality (ASOP 23), but did not perform a complete audit.

This document assumes the reader is familiar with the CMS Plan Medicaid program, Medicaid eligibility rules and actuarial rating techniques. It is intended for CMS, AHCA, and potential vendors, and should not be relied upon by other parties. Other readers

should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these data. This document should only be reviewed in its entirety. Users of this Data Book are cautioned against relying solely on the data contained herein. The CMS Plan and Mercer provide no guarantee, either written or implied, that this Data Book is 100% accurate or error-free.

This document is being provided for informational purposes only. CMS and Mercer reserve the right to refine it as they see fit at any time.

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

Tom Dahl, FSA, MAAA

Bridget Huss, ASA, MAAA

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COVERED POPULATIONS

2.1. OVERVIEW OF COVERED POPULATIONS

Children eligible for the CMS Plan must meet both financial (either Title XIX or Title XXI) and clinical eligibility requirements to participate. Children can be eligible for the Medicaid (Title XIX) program up to the age of 21, while children can be eligible for the CHIP (Title XXI) program up to the age of 19.

2.1.1. Financial eligibility

Financial eligibility for Title XIX is determined by Florida's Department of Children and Families, while financial eligibility for Title XXI is determined by Florida KidCare.

2.1.2. Clinical eligibility

To be clinically eligible for the CMS Plan, children must have a condition that meets the statutory definition of "children with special health care needs." In Section 391.021(2), F.S., children with special health care needs are, "...children under age 21 years whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by these children exceeds the statistically expected usage of the normal child adjusted for chronological age. These children often need complex care requiring multiple providers, rehabilitation services and specialized equipment in a number of different settings."

Clinical eligibility for the CMS Plan can be determined in several ways.

- An authorized representative from the CMS Plan Area Office can in conduct a clinical screen using the standardized CMS Clinical Eligibility Screening Form. The form can be accessed at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-06270>.
- A child's physician can complete the CMS Clinical Eligibility Attestation form and confirm the child has been diagnosed with one or more of the health conditions listed on the form. The form can be accessed at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-07444>.
- If a child applies to the CMS Plan with a diagnosis not included on the CMS Clinical Eligibility Attestation form, parents can request a review by CMS's Medical Review Panel. Upon review of the child's clinical eligibility, the panel will complete the CMS

Medical Panel Review for Clinical Eligibility Determination Form. The form can be accessed at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-07445>.

Please note that Title XXI children in the Behavioral Health Network (BNET) receive their medical services through the CMS Plan, including medically necessary behavioral health services above the coverage limits of BNET.

2.2. EXCLUDED POPULATIONS

The following individuals are not eligible to participate in the CMS Plan:

- Children who do not meet clinical eligibility requirements for the CMS Plan;
- Children who do not meet financial eligibility requirements for either Medicaid (Title XIX) or CHIP (Title XXI) in Florida;
- Siblings of children who are eligible for the CMS Plan are not eligible unless they also meet the clinical and financial eligibility requirements;
- Individuals eligible for Title XIX and are age 21 or older;
- Individuals eligible for Title XXI and are age 19 or older;
- Babies born to mothers in the CMS Plan are not eligible unless they also meet the clinical and financial eligibility requirements.

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COVERED SERVICE AREAS

The CMS Plan is available statewide to eligible children in both the Title XIX and Title XXI programs. Information in this Data Book is summarized both statewide and regionally. The Title XIX data is summarized into the eleven (11) regions, as defined by AHCA in the SMMC program. The Title XXI data has been collapsed into three larger Regional Clusters (North, Central/SW and South/SE) to enhance data credibility.

The following table outlines the counties included in each of the 11 regions, as defined by AHCA in the SMMC program.

REGION NUMBER	COUNTIES
1	Escambia, Okaloosa, Santa Rosa and Walton
2	Bay, Calhoun, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
5	Pasco and Pinellas
6	Hardee, Highlands, Hillsborough, Manatee and Polk
7	Brevard, Orange, Osceola and Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
10	Broward
11	Miami-Dade and Monroe

The following table outlines the Regional Clusters in which the Title XXI data is summarized.

REGIONAL CLUSTERS	AHCA-DEFINED REGIONS INCLUDED
North	1, 2, 3 and 4
Central/SW	5, 6, 7 and 8
South/SE	9, 10 and 11

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COVERED SERVICES

4.1. LIST OF COVERED SERVICES

For each service outlined in the ITN, the following table provides the Data Book categories of service (COS) into which each service has been mapped. The table also indicates whether there is a difference in coverage responsibility for the Vendor across the Title XIX and Title XXI programs.

In addition, the CMS Plan is allowing potential vendors the option of taking financial risk for all services immediately upon contract commencement within a Regional Cluster or phasing in the services for which they will be at-risk under the contract in a Regional Cluster. The following outlines the schedule of at-risk services for vendors who opt to phase-in financial risk.

- Year One: Outpatient Services (all services other than Inpatient Hospital, Nursing Facility Services and Pharmacy)
- Year Two: Outpatient Services and Pharmacy
- Year Three: All services

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Allergy Services	Physician Specialist	At-risk	At-risk
Ambulatory Surgical Center Services	Outpatient	At-risk	At-risk
Assistive Care Services	Home Health	At-risk	Not applicable (must be over age 18)

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Behavioral Analysis (BA) Services	Behavioral Health/ Counseling Specialist	Not at-risk. Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Birth Center	Inpatient Physical Health	Non-risk in Years One and Two; At-risk in Year Three and after	Non-risk in Years One and Two; At-risk in Year Three and after
Child Health Check-Up	Physician	At-risk	At-risk
Child Health Services Targeted Case Management	Care Management (See "New Services" Chart)	At-risk	At-risk
Chiropractic Services	Physician Specialist	At-risk	At-risk
Community Behavioral Health Services (excluding Behavior Analysis Services)	Behavioral Health/ Counseling Specialist	At-risk	At-risk
Clinic Services (Rural Health Clinic Services, Federally Qualified Health Center (FQHC) Services, and County Health Department Services)	Outpatient	At-risk	At-risk
Dental Services	Dental	Not at-risk — Provider to bill to separate Dental contract	At-risk

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Dialysis Services	Outpatient, Physician Specialist, and Laboratory	At-risk	At-risk
Durable Medical Equipment (DME)	DME	At-risk	At-risk
Early Intervention Services	Home Health (See "New Services" Chart)	At-risk	At-risk
Emergency Transportation	EMT	At-risk	At-risk
Exondys 51	Pharmacy	Not at-risk — Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Hearing screenings for newborns and infants	Physician Specialist	Not at-risk — Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Hemophilia drugs covered under Hemophilia Disease Management (DM) Program	Pharmacy	Not at-risk — Provider not responsible for hemophilia drugs covered under the Hemophilia DM program	Non-risk in Year One; At-risk in Year Two and after
Home Health Services	Home Health	At-risk	At-risk
Hospice Services	Hospice	At-risk	At-risk

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Inpatient Hospital Services (See "Transplant Services" below for further clarification on transplant services)	Inpatient Physical Health and Inpatient Behavioral Health	Non-risk in Years One and Two; At-risk in Year Three and after	Non-risk in Years One and Two; At-risk in Year Three and after
Laboratory and Imaging Services	Lab	At-risk	At-risk
Medical Foster Care Services	Medical Foster Care Services (See "New Services" Chart)	At-risk	Not applicable (Must be eligible for Title XIX)
Mental Health Targeted Case Management	Care Management (See "New Services" Chart)	At-risk	At-risk
Non-Emergency Transportation	NEMT	At-risk	At-risk
Nursing Facility Services	Nursing Facility (See "New Services" Chart)	Non-risk in Years One and Two; At-risk in Year Three and after	Non-risk in Years One and Two; At-risk in Year Three and after
Occupational Therapy	Occupational Therapy	At-risk	At-risk
Oral and Maxillofacial Surgery Services	Dental	Not at-risk — Provider to bill to separate Dental contract	At-risk
Outpatient Hospital Services	Outpatient	At-risk	At-risk
Medicaid Program for All-Inclusive Care for Children (PACC) services/ Partners in Care: Together for Kids (PIC-TFK)	Hospice	Not at-risk — Provider to bill directly to Medicaid through FMMIS (FFS)	At-risk

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Physical Therapy	Physical Therapy	At-risk	At-risk
Physician Specialists	Physician Specialist	At-risk	At-risk
Prescribed Drugs and Dispensing Fees (Excluding Spinraza, Exondys 51, Hemophilia blood factors)	Pharmacy	Non-risk Year One; At-risk Year Two and after	Non-risk Year One; At-risk Year Two and after
Prescribed Pediatric Extended Care (PPEC)	Home health	Not at-risk — Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Primary Care Physician, Advanced Registered Nurse Practitioner, and Physician Assistant Services	Physician	At-risk	At-risk
Private Duty Nursing	Home Health	At-risk	At-risk
Respiratory Services	Physical Therapy	At-risk	At-risk
Speech Therapy	Speech Therapy	At-risk	At-risk
Spinraza	Pharmacy	Not at-risk — Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Transplant Services	See “Transplant Coverage” chart below.	See “Transplant Coverage” chart below.	See “Transplant Coverage” chart below.

SERVICE	DATA BOOK CATEGORY OF SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Vaccines	Physician	Vaccines billed to the Vaccines for Children (VFC) program	At-risk
Visual Aid Services	Physician Specialist	At-risk	At-risk
Visual Care Services	Physician Specialist	At-risk	At-risk

4.2. TRANSPLANT SERVICES

The following chart describes the Vendor's responsibility and payment for transplant services. Financial risk for all transplants is effective in Year Three.

TRANSPLANT SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Evaluation	At-risk	At-risk
Bone Marrow	At-risk	At-risk
Cornea	At-risk	At-risk
Heart	At-risk — payment is made through a kick payment established by AHCA	At-risk
Intestinal/ Multivisceral	Not at-risk — Provider to bill directly to Medicaid directly through FMMIS (FFS)	At-risk
Kidney	At-risk	At-risk
Liver	At-risk — payment is made through a kick payment established by AHCA	At-risk
Lung	At-risk — payment is made through a kick payment established by AHCA	At-risk

TRANSPLANT SERVICE	VENDOR RESPONSIBILITY FOR TITLE XIX ENROLLEES AGE 0 UP TO AGE 21	VENDOR RESPONSIBILITY FOR TITLE XXI ENROLLEES AGE 1 UP TO AGE 19
Pancreas	At-risk	At-risk
Pre- and Post-Transplant Care, including Transplants Not Covered by Title XIX/Title XXI	At-risk	At-risk
Other Transplants Not Covered by Medicaid	Not at-risk	Not at-risk

4.3. EXCLUDED SERVICES

The following services are not the responsibility of the Vendor for Title XIX-eligible children:

- County Health Department (CHD) Certified Match Program services;
- HCBS waiver services for members participating in an HCBS waiver, including the Developmental Disabilities Individual Budgeting, Familial Dysautonomia, and Model waivers);
- ICF/IDD services;
- School-based services provided through Medicaid Certified School Match Program;
- Behavioral Analysis services;
- Hemophilia related drugs covered under the Hemophilia DM Program;
- Exondys 51 (see next section on “Physician Administered Drugs”);
- Spinraza (see next section on “Physician Administered Drugs”);
- Dental services;
- PACC/PIC-TFK;
- PPEC;

- Long-term Care services for dual eligible enrollees;
- Intestinal/Multivisceral transplants;
- Newborn hearing screenings;
- Substance Abuse County Match Program services.

4.4. CLASSIFICATION OF PHYSICIAN ADMINISTERED DRUGS

With the exception of Exondys 51, Spinraza, and Hemophilia drugs for the Title XIX-eligible population, costs and utilization of physician-administered drugs are classified as follows:

- If the product is a drug dispensed by a retail pharmacy, an outpatient pharmacy or home infusion pharmacy, the drug is classified as a Pharmacy expense. The drug product for any physician administered drug is classified as a Pharmacy expense whether purchased by the outpatient hospital or from a pharmacy.
- Medical supplies and hospital medications that are part of medical outpatient services are classified as Outpatient expenses.
- Any cost of administration covered by a pharmacy dispensing fee is classified as a Pharmacy expense.

If the administration of a drug is billed separately as a medical/outpatient service (i.e., a physician administered drug, home health/infusion), it is classified as an Outpatient expense and the costs will be included in the capitated payment. The Vendor is not at-risk for the Pharmacy category of service in Year One but is at-risk in Year Two and after. The Vendor is at-risk for Outpatient categories of service beginning in Year One.

For the Title XIX-eligible population, the costs for the Exondys 51, Spinraza, and Hemophilia drug products are not the responsibility of the Vendor and should be billed directly to AHCA. The cost of administering these drugs is the responsibility of the Vendor and is classified in the outpatient categories of service.

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DATA COMPLETION

5.1. DATA COMPLETION

This Data Book is based on claims data for services delivered in SFY 2015/2016 and SFY 2016/2017, with claims paid through June 2017. Consequently, completion factors were applied to incorporate consideration for any outstanding claims not captured in the run-out period. To establish the completion factors, claims were grouped into five categories. The table below summarizes the completion factors that were applied to the data.

TABLE 2: COMPLETION FACTOR SUMMARY

CATEGORY OF SERVICE	FY 2015/2016	FY 2016/2017
Inpatient/Facility	1.0063	1.2469
Physician	1.0107	1.1852
Home Health/Therapy	1.0012	1.1295
Pharmacy	1.0000	1.0000
Other	1.0021	1.1434

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APPENDICES DESCRIPTIONS

6.1. TITLE XIX STATEWIDE AND REGIONAL HISTORICAL FFS SUMMARIES

Appendix A: Statewide summary of Title XIX historical FFS data

Appendix A summarizes Title XIX paid claims for the prior two SFY time periods. Claims are summarized by COS and include the default “At-Risk” status for each COS. The following table defines “units” for each COS.

CATEGORY OF SERVICE	UNITS
Inpatient Physical Health, Inpatient Behavioral Health	Days
Pharmacy	Prescriptions
All other COS	Claims

The following metrics are included for vendor reference.

METRIC	DEFINITION
Util/1000	Annualized utilization per 100 members: $\text{Units/Member Months} \times \frac{12,000}{100}$
Unit Cost	Cost per unit of service: Paid Claims/Units
PMPM	Paid Claims Per Member Per Month: $\text{Paid Claims/Member Months}$

Appendix B: Regional summaries of Title XIX historical FFS data (11 regions as defined by AHCA)

See notes under Appendix A for more information regarding the layout, unit definitions, and metric definitions.

6.2. TITLE XXI STATEWIDE AND REGIONAL HISTORICAL FFS SUMMARIES

Appendix C: Statewide summary of Title XXI historical FFS data

See notes under Appendix A for more information regarding the layout, unit definitions, and metric definitions.

Appendix D: Regional summaries of Title XXI historical FFS data (Regional Clusters: North, Central/SW and South/SE)

See notes under Appendix A for more information regarding the layout, unit definitions, and metric definitions.

6.3. NEW SERVICES PMPMS

Appendix E: Summary of amounts added during the rate setting process to reflect the inclusion of new services for the Title XIX population.

6.4. INPATIENT ADMISSIONS

Appendix F: Summary of historical inpatient physical health and inpatient behavioral health admissions for Title XIX and Title XXI populations.

6.5. TITLE XIX RISK SCORES

Appendix G: Regional summary of Title XIX risk scores for historical CMS population

This appendix summarizes CDPS risk scores for the Title XIX population by region and quarter. The data are provided to help vendors assess changing membership acuity due to recent enrollment changes. Please note that the CDPS risk scores shown here are based on national Medicaid cost weights that focus on relative costs of chronic conditions and do not fully account for costs associated with for certain risk characteristics, such as functional limitations, Private Duty Nursing service needs, and DME requirements. Consequently, CDPS risk scores should be treated as a general indicator of change in general population acuity and not a measurement of change in expected total costs.

6.6. TITLE XXI RISK SCORES

Appendix H: Regional summary of Title XXI risk scores for historical CMS population

Please see notes above regarding Appendix G and limitations of CDPS risk scores.

6.7. SAFETY-NET SPECIALTY PROVIDER REPORTS

Appendix I: Reported data for Safety-Net Specialty Providers

Additional client and clinic occurrence data are provided for safety-net specialty providers. Please note that these visits are not included in Appendices A through D.

7

ADJUSTMENTS NOT INCLUDED IN THIS DATA BOOK

7.1. SETTING ACTUARIALLY SOUND CAPITATION RATES

Because potential vendors have the option of bidding full-risk for all services or only outpatient services in Year One, two sets of capitation rate ranges were established for purposes of evaluating vendor cost proposals and subsequent capitation rate discussions. The rate ranges were developed in accordance with generally accepted actuarial principles and are considered actuarially sound. The final contract rates will be certified by CMS' actuary and subsequently approved by the federal Centers for Medicare & Medicaid Services (federal CMS). The following is a description of the rate-setting process.

7.1.1. Base Data

The base data for rate setting was the data presented in this Data Book. The actuarially-sound rate ranges were developed consistently with the geographic breakdowns presented in this the Data Book (i.e., 11 Regions for Title XIX and three Regional Clusters for Title XXI).

Although both years of data presented in the Data Book were reviewed during the rate-setting process, the most recent year (SFY 2016/2017) was considered fully credible for purposes of establishing a rate base period. Consequently the base period utilization/1,000, unit cost and PMPMs are equivalent to the SFY 2016/2017 experience.

Adjustments were applied to the base data using the process described below.

7.1.2. Trend

Trend is an estimate of the change in the overall cost of providing a specific service over a finite period of time. Typical components of a trend factor include changes in service delivery, service costs and utilization. A trend factor is necessary to estimate the expenses of providing health care services in some future year, based on expenses incurred in prior years. Federal CMS requires the FFS and encounter data be trended forward from the base period to the contract period. In addition to the trends observed in the historical CMS Plan experience, supplemental data sources were considered to establish trend assumptions, such as the Consumer Price Index as well as similar trend experience for similar programs in other states. Annual trend assumptions were applied from the midpoint of the base period to the midpoint of the contract period.

7.1.3. Programmatic Changes

The rate-setting methodology used to determine capitation rates incorporates the impact of any significant programmatic changes that have taken place or are anticipated to take place between the experience period and the contract period. The following are programmatic changes that were accounted for during the rate-setting process.

- Certain services have not historically been the responsibility of the CMS Plan or were recently added such that the data does not fully reflect their full inclusion. See the “New Services” table provided in Section 6 of this Data Book for information on the Title XIX data used in the rate-setting process to reflect the inclusion of these services. Please note: the PMPM amounts are based on CMS Plan data included in the most recent AHCA ITN for the SMMC program, trended to the contract year.

Since Nursing Facility (NF) costs became the responsibility of CMS in March 2017, a small amount of actual utilization data exists. Consequently an adjustment factor was applied to normalize the AHCA ITN projected costs for actual experience.

- Inpatient hospital, outpatient hospital and NF rate changes — the impact of this programmatic change will be calculated by repricing the units for Inpatient hospital, outpatient hospital and NF in the experience period at the most current rates. Please note that periodic updates for the inpatient hospital, outpatient hospital and NF fee schedules will be accounted for in final contracted capitation rates with the selected vendor. **For purposes of negotiating capitation rates, inpatient hospital, outpatient hospital and NF fees will remain at the fee schedule levels reflected in the base data.**
- Title XXI Prescription Drug Cost Containment Measures — CMS made changes to the Title XXI pharmacy program to more cost effectively manage prescription drug costs. These changes took effect during the first half of 2017 (January through June). The adjustment amount is shown below.

CATEGORY OF SERVICE	ADJUSTMENT AMOUNT
Pharmacy	-4.8%

- MMA Physician Incentive Program — Capitated plans in AHCA’s SMMC program are required to increase reimbursement to certain physician providers. The following adjustments were applied to the COSs below for this change.

CATEGORY OF SERVICE	ADJUSTMENT AMOUNT	
	TITLE XIX	TITLE XXI
Physician	15.9%	24.5%

CATEGORY OF SERVICE	ADJUSTMENT AMOUNT	
	TITLE XIX	TITLE XXI
Physician Specialist	2.4%	2.2%

- Acuity adjustment — Due to a change in the clinical screening process for the CMS Plan, which took place largely during 2015, some Title XIX and Title XXI members moved from the CMS Plan to other health plans. The members who moved into the other health plans tended to have lower acuity than those who remained in the CMS Plan. The change in population acuity has continued into early 2017. Therefore, adjustments were applied to the Title XIX and Title XXI claims data to reflect the anticipated acuity of the CMS Plan. These adjustments will be applied to all COS in the Data book with the exception of Medical Foster Care services, as those costs are not expected to be affected by these population changes.

CATEGORY OF SERVICE	ADJUSTMENT AMOUNT	
	TITLE XIX	TITLE XXI
All except Medical Foster Care Services	3.0%	2.7%

7.1.4. Managed Care Adjustments

The vendor is anticipated to provide care in a coordinated and cost-effective manner. As part of the rate-setting process, areas in which care could be more efficiently delivered were identified and adjustments applied to reflect the increased efficiencies expected under the vendor's contract.

7.1.5. Non-benefit load

The non-benefit load was included as a percent of the capitation rate and consists of two components: the administration expense load and the underwriting gain.

7.1.5.1. Administration Expense for the Vendor

An allowance for the vendor's administrative expense was incorporated in the capitation rates. This adjustment reflects consideration for operating overhead and other administration expenses. Care management services are also included in the administration expense allowance. The allowance assumes the vendor will be economically and efficiently operated.

Please note that the administrative allowance included in the capitation rates will differ depending on whether the potential vendor chooses to assume risk for all services in Year One or to phase in at-risk services over the three year period. In both cases, the

administrative allowance was designed to cover the vendor's expenses as described above.

If the Vendor chooses to transition risk, administrative costs during the first year will be as follows:

- An administrative allowance for the at-risk services will be included in the capitation rate.
- An administrative allowance for the non-risk services will be paid on a non-risk, PMPM basis.

7.1.5.2. CMS Plan Costs Outside of the Vendor

If the Vendor chooses to assume risk for all services (or once the vendor assumes all risk under the phase-in option), the administrative allowance will also include consideration for historical CMS Plan administrative costs.

- For the first two years of the contract if the Vendor is using a phase-in risk model, the Vendor does not have any responsibility for CMS Plan administrative expenses outside of the Vendor.
- After the first two years using a phase-in risk model or in the event that the Vendor chooses to adopt an at-risk model upon contract signature, a final capitated rate negotiated between CMS and AHCA will include an administrative allocation for the CMS Plan (including costs for state employees).

7.1.5.3. Underwriting Gain

Consideration for underwriting gain was included as a component of the non-benefit load. The underwriting gain provides compensation for the cost of capital and risks assumed by the vendor, including insurance, investment, inflation, and other risks. The underwriting gain will only be included in capitation rate development for at-risk services.

APPENDIX A

Statewide summary of Title XIX historical FFS data

Title
Region

Title XIX
Statewide

July 2015 through June 2016						
Member Months	651,811					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$146,055,307	61,751	1,137	\$2,365.24	\$224.08
Inpatient Behavioral Health	Year 3	\$7,839,526	17,299	318	\$453.17	\$12.03
Nursing Facility	Year 3	\$774,983	311	6	\$2,492.33	\$1.19
Outpatient	Year 1	\$14,275,175	39,483	727	\$361.55	\$21.90
Emergency Room	Year 1	\$15,438,142	49,870	918	\$309.57	\$23.69
Physician	Year 1	\$49,560,715	313,423	5,770	\$158.13	\$76.04
Physician Specialist	Year 1	\$41,078,908	436,459	8,035	\$94.12	\$63.02
Behavioral Health/Counseling Specialist	Year 1	\$12,429,338	134,578	2,478	\$92.36	\$19.07
Home Health	Year 1	\$117,641,067	77,555	1,428	\$1,516.88	\$180.48
Hospice	Year 1	\$1,909,976	822	15	\$2,324.42	\$2.93
Physical Therapy	Year 1	\$20,302,661	171,912	3,165	\$118.10	\$31.15
Speech Therapy	Year 1	\$39,557,730	329,498	6,066	\$120.05	\$60.69
Occupational Therapy	Year 1	\$32,095,462	290,036	5,340	\$110.66	\$49.24
DME	Year 1	\$52,686,009	188,529	3,471	\$279.46	\$80.83
Emergency Transportation	Year 1	\$1,231,984	6,112	113	\$201.58	\$1.89
NEMT	Year 1	\$11,137,401	341,175	6,281	\$32.64	\$17.09
Lab	Year 1	\$16,781,744	185,954	3,423	\$90.25	\$25.75
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$199,356,814	909,202	16,739	\$219.27	\$305.85
Care Management	Year 1	\$1,340,314	14,329	264	\$93.54	\$2.06
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$781,493,254				\$1,198.96
At Risk - Year 1		\$427,466,624				\$655.81
Not At-Risk - Year 1		\$354,026,630				\$543.14
At Risk - Year 2		\$626,823,438				\$961.66
Not At-Risk - Year 2		\$154,669,816				\$237.29

July 2016 through June 2017						
Member Months	612,853					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$172,831,642	57,303	1,122	\$3,016.10	\$282.01
Inpatient Behavioral Health	Year 3	\$6,178,195	14,233	279	\$434.07	\$10.08
Nursing Facility	Year 3	\$4,798,626	506	10	\$9,479.04	\$7.83
Outpatient	Year 1	\$4,609,646	12,948	254	\$356.02	\$7.52
Emergency Room	Year 1	\$16,324,963	52,287	1,024	\$312.22	\$26.64
Physician	Year 1	\$77,547,826	371,962	7,283	\$208.48	\$126.54
Physician Specialist	Year 1	\$42,408,796	434,921	8,516	\$97.51	\$69.20
Behavioral Health/Counseling Specialist	Year 1	\$16,135,960	179,203	3,509	\$90.04	\$26.33
Home Health	Year 1	\$129,555,816	85,992	1,684	\$1,506.60	\$211.40
Hospice	Year 1	\$1,762,639	745	15	\$2,364.46	\$2.88
Physical Therapy	Year 1	\$23,970,076	201,622	3,948	\$118.89	\$39.11
Speech Therapy	Year 1	\$40,728,880	376,116	7,365	\$108.29	\$66.46
Occupational Therapy	Year 1	\$37,105,178	352,385	6,900	\$105.30	\$60.54
DME	Year 1	\$59,054,906	206,090	4,035	\$286.55	\$96.36
Emergency Transportation	Year 1	\$1,095,665	4,938	97	\$221.88	\$1.79
NEMT	Year 1	\$14,242,027	441,004	8,635	\$32.29	\$23.24
Lab	Year 1	\$16,422,387	190,105	3,722	\$86.39	\$26.80
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$209,590,187	894,439	17,514	\$234.33	\$341.99
Care Management	Year 1	\$2,311,051	24,045	471	\$96.11	\$3.77
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$876,674,465				\$1,430.48
At Risk - Year 1		\$483,275,816				\$788.57
Not At-Risk - Year 1		\$393,398,649				\$641.91
At Risk - Year 2		\$692,866,002				\$1,130.56
Not At-Risk - Year 2		\$183,808,463				\$299.92

APPENDIX B

Regional summaries of Title XIX historical FFS data (11 regions as defined by AHCA)

Title
Region

Title XIX
01

July 2015 through June 2016							
Member Months	16,765						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$4,233,196	2,000	1,431	\$2,117.10	\$252.51	
Inpatient Behavioral Health	Year 3	\$112,602	261	187	\$432.03	\$6.72	
Nursing Facility	Year 3	\$0	0	0	\$0.00	\$0.00	
Outpatient	Year 1	\$484,468	1,062	760	\$456.34	\$28.90	
Emergency Room	Year 1	\$428,011	1,584	1,134	\$270.22	\$25.53	
Physician	Year 1	\$543,322	7,646	5,473	\$71.06	\$32.41	
Physician Specialist	Year 1	\$1,180,367	11,496	8,229	\$102.68	\$70.41	
Behavioral Health/Counseling Specialist	Year 1	\$130,688	2,116	1,515	\$61.75	\$7.80	
Home Health	Year 1	\$3,662,100	2,432	1,741	\$1,505.86	\$218.44	
Hospice	Year 1	\$115,044	71	51	\$1,616.98	\$6.86	
Physical Therapy	Year 1	\$244,319	2,726	1,951	\$89.62	\$14.57	
Speech Therapy	Year 1	\$568,982	4,679	3,349	\$121.61	\$33.94	
Occupational Therapy	Year 1	\$370,457	3,814	2,730	\$97.14	\$22.10	
DME	Year 1	\$1,636,203	5,363	3,839	\$305.09	\$97.60	
Emergency Transportation	Year 1	\$47,323	205	147	\$230.36	\$2.82	
NEMT	Year 1	\$361,981	13,930	9,971	\$25.99	\$21.59	
Lab	Year 1	\$283,266	4,076	2,918	\$69.49	\$16.90	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$6,873,666	30,834	22,071	\$222.92	\$410.01	
Care Management	Year 1	\$3,481	19	14	\$181.26	\$0.21	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$21,279,475				\$1,269.30	
At Risk - Year 1		\$10,060,011				\$600.07	
Not At-Risk - Year 1		\$11,219,464				\$669.23	
At Risk - Year 2		\$16,933,677				\$1,010.07	
Not At-Risk - Year 2		\$4,345,798				\$259.22	

July 2016 through June 2017							
Member Months	15,455						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$4,377,203	1,823	1,415	\$2,401.17	\$283.21	
Inpatient Behavioral Health	Year 3	\$122,876	298	231	\$412.33	\$7.95	
Nursing Facility	Year 3	\$75,509	9	7	\$8,651.11	\$4.89	
Outpatient	Year 1	\$97,070	332	258	\$292.67	\$6.28	
Emergency Room	Year 1	\$341,313	1,571	1,220	\$217.25	\$22.08	
Physician	Year 1	\$825,406	8,545	6,635	\$96.59	\$53.41	
Physician Specialist	Year 1	\$1,283,833	11,970	9,294	\$107.25	\$83.07	
Behavioral Health/Counseling Specialist	Year 1	\$187,404	2,508	1,947	\$74.73	\$12.13	
Home Health	Year 1	\$4,184,210	3,214	2,496	\$1,301.68	\$270.73	
Hospice	Year 1	\$17,121	13	10	\$1,361.31	\$1.11	
Physical Therapy	Year 1	\$295,900	3,521	2,733	\$84.05	\$19.15	
Speech Therapy	Year 1	\$442,633	5,522	4,287	\$80.16	\$28.64	
Occupational Therapy	Year 1	\$327,842	4,301	3,339	\$76.22	\$21.21	
DME	Year 1	\$1,895,093	5,835	4,530	\$324.80	\$122.62	
Emergency Transportation	Year 1	\$39,830	155	121	\$256.15	\$2.58	
NEMT	Year 1	\$487,881	18,620	14,457	\$26.20	\$31.57	
Lab	Year 1	\$289,314	5,649	4,386	\$51.21	\$18.72	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$7,666,161	31,227	24,245	\$245.50	\$496.02	
Care Management	Year 1	\$2,332	24	18	\$98.40	\$0.15	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$22,958,931				\$1,485.49	
At Risk - Year 1		\$10,717,182				\$693.42	
Not At-Risk - Year 1		\$12,241,749				\$792.07	
At Risk - Year 2		\$18,383,343				\$1,189.44	
Not At-Risk - Year 2		\$4,575,588				\$296.05	

Title
Region

Title XIX
02

July 2015 through June 2016							
Member Months	48,867						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$6,073,837	3,046	748	\$1,993.99	\$124.29	
Inpatient Behavioral Health	Year 3	\$856,188	1,611	396	\$531.43	\$17.52	
Nursing Facility	Year 3	\$79,936	66	16	\$1,203.57	\$1.64	
Outpatient	Year 1	\$523,237	1,850	454	\$282.89	\$10.71	
Emergency Room	Year 1	\$831,771	3,491	857	\$238.27	\$17.02	
Physician	Year 1	\$1,120,056	15,012	3,686	\$74.61	\$22.92	
Physician Specialist	Year 1	\$2,140,421	22,499	5,525	\$95.13	\$43.80	
Behavioral Health/Counseling Specialist	Year 1	\$1,254,788	15,015	3,687	\$83.57	\$25.68	
Home Health	Year 1	\$2,328,765	1,294	318	\$1,800.30	\$47.66	
Hospice	Year 1	\$510,182	141	35	\$3,610.83	\$10.44	
Physical Therapy	Year 1	\$718,225	6,851	1,682	\$104.83	\$14.70	
Speech Therapy	Year 1	\$1,455,163	12,206	2,997	\$119.22	\$29.78	
Occupational Therapy	Year 1	\$924,930	10,629	2,610	\$87.02	\$18.93	
DME	Year 1	\$1,865,591	6,811	1,673	\$273.91	\$38.18	
Emergency Transportation	Year 1	\$93,914	449	110	\$209.20	\$1.92	
NEMT	Year 1	\$644,308	13,488	3,312	\$47.77	\$13.19	
Lab	Year 1	\$805,402	11,074	2,719	\$72.73	\$16.48	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$11,700,075	62,837	15,431	\$186.20	\$239.43	
Care Management	Year 1	\$334,548	2,332	573	\$143.49	\$6.85	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$34,261,337				\$701.12	
At Risk - Year 1		\$15,551,301				\$318.24	
Not At-Risk - Year 1		\$18,710,036				\$382.88	
At Risk - Year 2		\$27,251,376				\$557.67	
Not At-Risk - Year 2		\$7,009,961				\$143.45	

July 2016 through June 2017							
Member Months	44,617						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$7,988,369	3,067	825	\$2,604.33	\$179.04	
Inpatient Behavioral Health	Year 3	\$1,111,306	2,623	706	\$423.61	\$24.91	
Nursing Facility	Year 3	\$135,899	26	7	\$5,190.04	\$3.05	
Outpatient	Year 1	\$187,889	642	173	\$292.60	\$4.21	
Emergency Room	Year 1	\$1,119,259	3,670	987	\$305.01	\$25.09	
Physician	Year 1	\$1,532,372	16,218	4,362	\$94.49	\$34.35	
Physician Specialist	Year 1	\$2,181,718	22,403	6,026	\$97.38	\$48.90	
Behavioral Health/Counseling Specialist	Year 1	\$1,208,498	18,164	4,885	\$66.53	\$27.09	
Home Health	Year 1	\$2,573,422	1,484	399	\$1,733.97	\$57.68	
Hospice	Year 1	\$275,385	71	19	\$3,884.76	\$6.17	
Physical Therapy	Year 1	\$793,584	7,538	2,027	\$105.28	\$17.79	
Speech Therapy	Year 1	\$1,312,348	11,325	3,046	\$115.88	\$29.41	
Occupational Therapy	Year 1	\$1,114,653	11,837	3,184	\$94.17	\$24.98	
DME	Year 1	\$2,219,170	7,481	2,012	\$296.64	\$49.74	
Emergency Transportation	Year 1	\$108,681	388	104	\$280.39	\$2.44	
NEMT	Year 1	\$1,290,874	26,919	7,240	\$47.95	\$28.93	
Lab	Year 1	\$937,579	11,553	3,107	\$81.16	\$21.01	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$12,209,156	58,374	15,700	\$209.15	\$273.65	
Care Management	Year 1	\$331,134	2,430	653	\$136.29	\$7.42	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$38,631,298				\$865.85	
At Risk - Year 1		\$17,186,568				\$385.21	
Not At-Risk - Year 1		\$21,444,731				\$480.64	
At Risk - Year 2		\$29,395,724				\$658.85	
Not At-Risk - Year 2		\$9,235,574				\$207.00	

Title
Region

Title XIX
03

July 2015 through June 2016						
Member Months	66,933					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$15,816,282	6,919	1,241	\$2,285.81	\$236.30
Inpatient Behavioral Health	Year 3	\$1,543,600	3,117	559	\$495.30	\$23.06
Nursing Facility	Year 3	\$34,950	81	14	\$434.14	\$0.52
Outpatient	Year 1	\$1,391,931	4,450	798	\$312.80	\$20.80
Emergency Room	Year 1	\$1,085,496	4,585	822	\$236.76	\$16.22
Physician	Year 1	\$5,061,856	39,715	7,120	\$127.46	\$75.63
Physician Specialist	Year 1	\$3,745,045	42,962	7,702	\$87.17	\$55.95
Behavioral Health/Counseling Specialist	Year 1	\$645,749	7,316	1,312	\$88.26	\$9.65
Home Health	Year 1	\$5,933,277	3,822	685	\$1,552.58	\$88.65
Hospice	Year 1	\$36,161	16	3	\$2,255.38	\$0.54
Physical Therapy	Year 1	\$1,350,216	13,822	2,478	\$97.69	\$20.17
Speech Therapy	Year 1	\$2,992,384	29,853	5,352	\$100.24	\$44.71
Occupational Therapy	Year 1	\$2,152,520	23,533	4,219	\$91.47	\$32.16
DME	Year 1	\$4,706,014	15,767	2,827	\$298.48	\$70.31
Emergency Transportation	Year 1	\$134,533	649	116	\$207.18	\$2.01
NEMT	Year 1	\$1,743,238	52,291	9,375	\$33.34	\$26.04
Lab	Year 1	\$1,615,558	23,670	4,244	\$68.25	\$24.14
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$21,068,917	107,084	19,199	\$196.75	\$314.78
Care Management	Year 1	\$56,175	1,244	223	\$45.15	\$0.84
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$71,113,901				\$1,062.47
At Risk - Year 1		\$32,650,152				\$487.81
Not At-Risk - Year 1		\$38,463,749				\$574.66
At Risk - Year 2		\$53,719,069				\$802.58
Not At-Risk - Year 2		\$17,394,832				\$259.89

July 2016 through June 2017						
Member Months	57,017					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$14,368,661	4,474	942	\$3,211.72	\$252.00
Inpatient Behavioral Health	Year 3	\$665,597	1,363	287	\$488.39	\$11.67
Nursing Facility	Year 3	\$114,109	36	8	\$3,155.69	\$2.00
Outpatient	Year 1	\$468,896	1,410	297	\$332.50	\$8.22
Emergency Room	Year 1	\$1,061,308	4,354	916	\$243.75	\$18.61
Physician	Year 1	\$7,277,039	41,143	8,659	\$176.87	\$127.63
Physician Specialist	Year 1	\$3,515,735	39,165	8,243	\$89.77	\$61.66
Behavioral Health/Counseling Specialist	Year 1	\$957,894	11,880	2,500	\$80.63	\$16.80
Home Health	Year 1	\$5,488,450	3,894	820	\$1,409.32	\$96.26
Hospice	Year 1	\$98,063	24	5	\$4,084.17	\$1.72
Physical Therapy	Year 1	\$1,466,783	14,727	3,099	\$99.60	\$25.73
Speech Therapy	Year 1	\$2,527,718	31,312	6,590	\$80.73	\$44.33
Occupational Therapy	Year 1	\$2,455,128	29,941	6,301	\$82.00	\$43.06
DME	Year 1	\$4,768,151	16,584	3,490	\$287.51	\$83.63
Emergency Transportation	Year 1	\$110,563	519	109	\$213.00	\$1.94
NEMT	Year 1	\$1,850,753	65,630	13,813	\$28.20	\$32.46
Lab	Year 1	\$1,489,826	19,778	4,162	\$75.33	\$26.13
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$20,579,598	97,915	20,607	\$210.18	\$360.93
Care Management	Year 1	\$83,418	1,721	362	\$48.47	\$1.46
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$69,347,691				\$1,216.25
At Risk - Year 1		\$33,619,726				\$589.64
Not At-Risk - Year 1		\$35,727,965				\$626.61
At Risk - Year 2		\$54,199,324				\$950.57
Not At-Risk - Year 2		\$15,148,367				\$265.68

Title
Region

Title XIX
04

July 2015 through June 2016						
Member Months	54,972					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$11,555,081	5,725	1,250	\$2,018.41	\$210.20
Inpatient Behavioral Health	Year 3	\$1,226,943	2,786	608	\$440.33	\$22.32
Nursing Facility	Year 3	\$73,805	33	7	\$2,222.51	\$1.34
Outpatient	Year 1	\$835,410	3,165	691	\$263.97	\$15.20
Emergency Room	Year 1	\$1,079,812	4,586	1,001	\$235.47	\$19.64
Physician	Year 1	\$3,172,068	30,374	6,630	\$104.43	\$57.70
Physician Specialist	Year 1	\$3,583,700	37,596	8,207	\$95.32	\$65.19
Behavioral Health/Counseling Specialist	Year 1	\$896,544	10,572	2,308	\$84.80	\$16.31
Home Health	Year 1	\$13,152,039	13,822	3,017	\$951.56	\$239.25
Hospice	Year 1	\$48,955	22	5	\$2,220.63	\$0.89
Physical Therapy	Year 1	\$1,025,779	12,515	2,732	\$81.96	\$18.66
Speech Therapy	Year 1	\$1,356,084	16,055	3,505	\$84.46	\$24.67
Occupational Therapy	Year 1	\$1,277,091	15,733	3,434	\$81.17	\$23.23
DME	Year 1	\$5,664,676	21,037	4,592	\$269.28	\$103.05
Emergency Transportation	Year 1	\$108,570	583	127	\$186.16	\$1.98
NEMT	Year 1	\$1,113,345	39,261	8,570	\$28.36	\$20.25
Lab	Year 1	\$1,052,119	14,579	3,183	\$72.17	\$19.14
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$18,516,889	84,814	18,514	\$218.32	\$336.84
Care Management	Year 1	\$164,835	3,698	807	\$44.57	\$3.00
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$65,903,746				\$1,198.86
At Risk - Year 1		\$34,531,027				\$628.16
Not At-Risk - Year 1		\$31,372,719				\$570.70
At Risk - Year 2		\$53,047,916				\$965.00
Not At-Risk - Year 2		\$12,855,830				\$233.86

July 2016 through June 2017						
Member Months	48,596					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$14,934,067	5,020	1,240	\$2,974.94	\$307.31
Inpatient Behavioral Health	Year 3	\$729,382	1,966	486	\$370.93	\$15.01
Nursing Facility	Year 3	\$65,046	10	2	\$6,520.82	\$1.34
Outpatient	Year 1	\$195,516	744	184	\$262.65	\$4.02
Emergency Room	Year 1	\$1,069,711	4,388	1,083	\$243.79	\$22.01
Physician	Year 1	\$4,110,677	31,649	7,815	\$129.88	\$84.59
Physician Specialist	Year 1	\$3,749,113	36,720	9,067	\$102.10	\$77.15
Behavioral Health/Counseling Specialist	Year 1	\$844,381	9,812	2,423	\$86.06	\$17.38
Home Health	Year 1	\$12,420,936	13,302	3,285	\$933.78	\$255.60
Hospice	Year 1	\$108,519	50	12	\$2,157.09	\$2.23
Physical Therapy	Year 1	\$1,086,786	12,780	3,156	\$85.04	\$22.36
Speech Therapy	Year 1	\$1,273,379	16,032	3,959	\$79.43	\$26.20
Occupational Therapy	Year 1	\$1,297,805	16,718	4,128	\$77.63	\$26.71
DME	Year 1	\$5,956,468	22,596	5,580	\$263.60	\$122.57
Emergency Transportation	Year 1	\$78,532	406	100	\$193.48	\$1.62
NEMT	Year 1	\$1,468,751	52,007	12,842	\$28.24	\$30.22
Lab	Year 1	\$985,713	13,804	3,409	\$71.41	\$20.28
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$18,861,258	78,804	19,459	\$239.34	\$388.12
Care Management	Year 1	\$190,093	4,308	1,064	\$44.12	\$3.91
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$69,426,132				\$1,428.64
At Risk - Year 1		\$34,836,379				\$716.86
Not At-Risk - Year 1		\$34,589,753				\$711.78
At Risk - Year 2		\$53,697,637				\$1,104.98
Not At-Risk - Year 2		\$15,728,495				\$323.66

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July 2015 through June 2016						
Member Months	44,524					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$13,356,606	4,478	1,207	\$2,982.69	\$299.98
Inpatient Behavioral Health	Year 3	\$650,913	1,479	399	\$440.03	\$14.62
Nursing Facility	Year 3	\$270	1	0	\$268.32	\$0.01
Outpatient	Year 1	\$1,252,216	2,602	701	\$481.20	\$28.12
Emergency Room	Year 1	\$1,656,119	3,417	921	\$484.61	\$37.20
Physician	Year 1	\$2,570,314	19,444	5,240	\$132.19	\$57.73
Physician Specialist	Year 1	\$3,122,802	30,427	8,200	\$102.63	\$70.14
Behavioral Health/Counseling Specialist	Year 1	\$633,987	7,999	2,156	\$79.26	\$14.24
Home Health	Year 1	\$7,222,930	4,222	1,138	\$1,710.77	\$162.22
Hospice	Year 1	\$77,641	65	18	\$1,192.01	\$1.74
Physical Therapy	Year 1	\$1,715,516	10,809	2,913	\$158.71	\$38.53
Speech Therapy	Year 1	\$3,486,085	19,776	5,330	\$176.28	\$78.30
Occupational Therapy	Year 1	\$2,078,235	14,203	3,828	\$146.32	\$46.68
DME	Year 1	\$3,472,965	10,812	2,914	\$321.20	\$78.00
Emergency Transportation	Year 1	\$87,830	448	121	\$196.08	\$1.97
NEMT	Year 1	\$721,129	25,738	6,937	\$28.02	\$16.20
Lab	Year 1	\$1,662,875	13,833	3,728	\$120.21	\$37.35
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$14,932,655	66,759	17,993	\$223.68	\$335.38
Care Management	Year 1	\$153,437	2,054	553	\$74.71	\$3.45
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$58,854,526				\$1,321.85
At Risk - Year 1		\$29,914,081				\$671.86
Not At-Risk - Year 1		\$28,940,445				\$649.99
At Risk - Year 2		\$44,846,737				\$1,007.24
Not At-Risk - Year 2		\$14,007,790				\$314.61

July 2016 through June 2017						
Member Months	43,610					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$12,999,392	3,670	1,010	\$3,542.47	\$298.08
Inpatient Behavioral Health	Year 3	\$314,558	672	185	\$468.04	\$7.21
Nursing Facility	Year 3	\$449,872	32	9	\$13,876.81	\$10.32
Outpatient	Year 1	\$479,890	1,065	293	\$450.67	\$11.00
Emergency Room	Year 1	\$1,806,278	3,722	1,024	\$485.30	\$41.42
Physician	Year 1	\$4,245,924	23,532	6,475	\$180.43	\$97.36
Physician Specialist	Year 1	\$3,171,989	31,113	8,561	\$101.95	\$72.74
Behavioral Health/Counseling Specialist	Year 1	\$803,614	9,447	2,600	\$85.07	\$18.43
Home Health	Year 1	\$8,230,450	4,702	1,294	\$1,750.43	\$188.73
Hospice	Year 1	\$162,785	82	23	\$1,977.42	\$3.73
Physical Therapy	Year 1	\$1,841,338	12,939	3,560	\$142.31	\$42.22
Speech Therapy	Year 1	\$3,141,399	23,127	6,364	\$135.83	\$72.03
Occupational Therapy	Year 1	\$2,385,762	20,696	5,695	\$115.27	\$54.71
DME	Year 1	\$3,765,086	11,514	3,168	\$327.01	\$86.34
Emergency Transportation	Year 1	\$106,673	341	94	\$313.08	\$2.45
NEMT	Year 1	\$846,082	35,751	9,837	\$23.67	\$19.40
Lab	Year 1	\$1,523,549	15,177	4,176	\$100.39	\$34.94
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$15,597,942	66,312	18,247	\$235.22	\$357.67
Care Management	Year 1	\$302,285	3,961	1,090	\$76.32	\$6.93
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$62,174,868				\$1,425.71
At Risk - Year 1		\$32,813,104				\$752.42
Not At-Risk - Year 1		\$29,361,764				\$673.28
At Risk - Year 2		\$48,411,046				\$1,110.09
Not At-Risk - Year 2		\$13,763,822				\$315.61

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July 2015 through June 2016							
Member Months	89,163						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$22,751,734	9,159	1,233	\$2,483.99	\$255.17	
Inpatient Behavioral Health	Year 3	\$515,077	1,541	207	\$334.32	\$5.78	
Nursing Facility	Year 3	\$29,291	44	6	\$661.53	\$0.33	
Outpatient	Year 1	\$2,410,576	5,299	713	\$454.90	\$27.04	
Emergency Room	Year 1	\$2,087,848	6,873	925	\$303.77	\$23.42	
Physician	Year 1	\$6,575,003	41,543	5,591	\$158.27	\$73.74	
Physician Specialist	Year 1	\$5,942,332	63,945	8,606	\$92.93	\$66.65	
Behavioral Health/Counseling Specialist	Year 1	\$672,277	8,100	1,090	\$82.99	\$7.54	
Home Health	Year 1	\$14,942,324	8,649	1,164	\$1,727.57	\$167.58	
Hospice	Year 1	\$532,320	217	29	\$2,448.01	\$5.97	
Physical Therapy	Year 1	\$2,513,031	22,948	3,088	\$109.51	\$28.18	
Speech Therapy	Year 1	\$5,338,158	45,882	6,175	\$116.35	\$59.87	
Occupational Therapy	Year 1	\$3,314,554	31,896	4,293	\$103.92	\$37.17	
DME	Year 1	\$8,640,401	27,559	3,709	\$313.52	\$96.91	
Emergency Transportation	Year 1	\$183,146	1,001	135	\$182.95	\$2.05	
NEMT	Year 1	\$1,569,402	45,450	6,117	\$34.53	\$17.60	
Lab	Year 1	\$2,852,659	28,232	3,800	\$101.04	\$31.99	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$29,788,149	131,524	17,701	\$226.48	\$334.08	
Care Management	Year 1	\$42,082	276	37	\$152.52	\$0.47	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$110,700,363				\$1,241.55	
At Risk - Year 1		\$57,616,112				\$646.19	
Not At-Risk - Year 1		\$53,084,251				\$595.36	
At Risk - Year 2		\$87,404,261				\$980.27	
Not At-Risk - Year 2		\$23,296,102				\$261.27	

July 2016 through June 2017							
Member Months	82,160						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$27,999,962	8,431	1,231	\$3,320.90	\$340.80	
Inpatient Behavioral Health	Year 3	\$968,149	2,350	343	\$411.91	\$11.78	
Nursing Facility	Year 3	\$172,261	32	5	\$5,313.58	\$2.10	
Outpatient	Year 1	\$760,807	1,763	258	\$431.52	\$9.26	
Emergency Room	Year 1	\$2,137,784	7,373	1,077	\$289.95	\$26.02	
Physician	Year 1	\$10,128,282	46,588	6,805	\$217.40	\$123.28	
Physician Specialist	Year 1	\$6,276,723	65,748	9,603	\$95.47	\$76.40	
Behavioral Health/Counseling Specialist	Year 1	\$1,074,291	12,814	1,872	\$83.84	\$13.08	
Home Health	Year 1	\$17,943,593	9,824	1,435	\$1,826.49	\$218.40	
Hospice	Year 1	\$496,417	278	41	\$1,786.72	\$6.04	
Physical Therapy	Year 1	\$3,119,206	27,053	3,951	\$115.30	\$37.97	
Speech Therapy	Year 1	\$4,794,719	46,359	6,771	\$103.43	\$58.36	
Occupational Therapy	Year 1	\$3,423,977	36,631	5,350	\$93.47	\$41.67	
DME	Year 1	\$9,705,308	30,439	4,446	\$318.85	\$118.13	
Emergency Transportation	Year 1	\$137,720	632	92	\$217.82	\$1.68	
NEMT	Year 1	\$1,913,586	57,092	8,339	\$33.52	\$23.29	
Lab	Year 1	\$2,676,368	30,360	4,434	\$88.16	\$32.58	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$32,865,389	129,816	18,961	\$253.17	\$400.02	
Care Management	Year 1	\$105,647	721	105	\$146.61	\$1.29	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$126,700,188				\$1,542.12	
At Risk - Year 1		\$64,694,428				\$787.42	
Not At-Risk - Year 1		\$62,005,761				\$754.70	
At Risk - Year 2		\$97,559,816				\$1,187.44	
Not At-Risk - Year 2		\$29,140,372				\$354.68	

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July 2015 through June 2016							
Member Months	83,789						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$16,263,089	5,192	744	\$3,132.63	\$194.10	
Inpatient Behavioral Health	Year 3	\$1,142,230	2,414	346	\$473.15	\$13.63	
Nursing Facility	Year 3	\$73,346	12	2	\$6,073.87	\$0.88	
Outpatient	Year 1	\$1,412,724	4,675	670	\$302.17	\$16.86	
Emergency Room	Year 1	\$2,147,959	6,700	960	\$320.59	\$25.64	
Physician	Year 1	\$6,105,625	36,393	5,212	\$167.77	\$72.87	
Physician Specialist	Year 1	\$4,815,291	58,174	8,332	\$82.77	\$57.47	
Behavioral Health/Counseling Specialist	Year 1	\$2,546,045	25,536	3,657	\$99.70	\$30.39	
Home Health	Year 1	\$16,774,059	8,956	1,283	\$1,873.01	\$200.19	
Hospice	Year 1	\$132,269	61	9	\$2,163.85	\$1.58	
Physical Therapy	Year 1	\$2,408,614	23,506	3,366	\$102.47	\$28.75	
Speech Therapy	Year 1	\$5,808,745	53,682	7,688	\$108.21	\$69.33	
Occupational Therapy	Year 1	\$4,108,042	46,664	6,683	\$88.04	\$49.03	
DME	Year 1	\$8,463,931	27,979	4,007	\$302.51	\$101.02	
Emergency Transportation	Year 1	\$135,288	722	103	\$187.25	\$1.61	
NEMT	Year 1	\$1,049,170	33,876	4,852	\$30.97	\$12.52	
Lab	Year 1	\$1,690,021	17,885	2,561	\$94.49	\$20.17	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$25,770,430	117,570	16,838	\$219.19	\$307.56	
Care Management	Year 1	\$359,947	2,240	321	\$160.72	\$4.30	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$101,206,824				\$1,207.88	
At Risk - Year 1		\$57,957,729				\$691.71	
Not At-Risk - Year 1		\$43,249,095				\$516.17	
At Risk - Year 2		\$83,728,159				\$999.28	
Not At-Risk - Year 2		\$17,478,665				\$208.60	

July 2016 through June 2017							
Member Months	78,590						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$18,131,464	5,298	809	\$3,422.31	\$230.71	
Inpatient Behavioral Health	Year 3	\$498,982	1,025	156	\$486.84	\$6.35	
Nursing Facility	Year 3	\$95	1	0	\$75.95	\$0.00	
Outpatient	Year 1	\$492,589	1,510	231	\$326.22	\$6.27	
Emergency Room	Year 1	\$2,004,665	6,559	1,001	\$305.65	\$25.51	
Physician	Year 1	\$9,253,383	43,131	6,586	\$214.54	\$117.74	
Physician Specialist	Year 1	\$5,066,904	58,701	8,963	\$86.32	\$64.47	
Behavioral Health/Counseling Specialist	Year 1	\$4,029,056	38,096	5,817	\$105.76	\$51.27	
Home Health	Year 1	\$15,972,275	8,368	1,278	\$1,908.68	\$203.23	
Hospice	Year 1	\$125,684	27	4	\$4,580.20	\$1.60	
Physical Therapy	Year 1	\$2,914,212	30,296	4,626	\$96.19	\$37.08	
Speech Therapy	Year 1	\$5,586,482	60,647	9,260	\$92.12	\$71.08	
Occupational Therapy	Year 1	\$4,842,440	60,333	9,212	\$80.26	\$61.62	
DME	Year 1	\$9,166,955	30,807	4,704	\$297.56	\$116.64	
Emergency Transportation	Year 1	\$104,118	503	77	\$206.96	\$1.32	
NEMT	Year 1	\$1,634,998	49,498	7,558	\$33.03	\$20.80	
Lab	Year 1	\$1,678,088	17,069	2,606	\$98.31	\$21.35	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$26,266,025	116,873	17,845	\$224.74	\$334.21	
Care Management	Year 1	\$1,037,315	8,180	1,249	\$126.81	\$13.20	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$108,805,731				\$1,384.46	
At Risk - Year 1		\$63,909,165				\$813.19	
Not At-Risk - Year 1		\$44,896,566				\$571.27	
At Risk - Year 2		\$90,175,190				\$1,147.41	
Not At-Risk - Year 2		\$18,630,541				\$237.06	

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July 2015 through June 2016						
Member Months	40,181					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$11,471,627	4,379	1,308	\$2,619.44	\$285.50
Inpatient Behavioral Health	Year 3	\$541,733	1,276	381	\$424.56	\$13.48
Nursing Facility	Year 3	\$61,880	12	4	\$5,124.40	\$1.54
Outpatient	Year 1	\$871,255	2,660	794	\$327.58	\$21.68
Emergency Room	Year 1	\$749,091	2,941	878	\$254.67	\$18.64
Physician	Year 1	\$4,036,444	21,103	6,302	\$191.27	\$100.46
Physician Specialist	Year 1	\$2,816,864	29,653	8,856	\$94.99	\$70.10
Behavioral Health/Counseling Specialist	Year 1	\$444,065	4,443	1,327	\$99.95	\$11.05
Home Health	Year 1	\$5,221,116	3,441	1,028	\$1,517.28	\$129.94
Hospice	Year 1	\$138,867	36	11	\$3,849.44	\$3.46
Physical Therapy	Year 1	\$812,075	7,715	2,304	\$105.26	\$20.21
Speech Therapy	Year 1	\$2,015,352	14,945	4,463	\$134.85	\$50.16
Occupational Therapy	Year 1	\$1,600,217	13,358	3,989	\$119.80	\$39.82
DME	Year 1	\$3,309,247	10,536	3,146	\$314.10	\$82.36
Emergency Transportation	Year 1	\$102,025	429	128	\$237.88	\$2.54
NEMT	Year 1	\$887,373	17,799	5,316	\$49.86	\$22.08
Lab	Year 1	\$1,098,918	11,782	3,519	\$93.27	\$27.35
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$15,126,519	62,077	18,539	\$243.67	\$376.46
Care Management	Year 1	\$1,698	9	3	\$186.67	\$0.04
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$51,306,364				\$1,276.87
At Risk - Year 1		\$24,104,605				\$599.89
Not At-Risk - Year 1		\$27,201,760				\$676.97
At Risk - Year 2		\$39,231,124				\$976.35
Not At-Risk - Year 2		\$12,075,240				\$300.52

July 2016 through June 2017						
Member Months	36,816					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$13,140,646	4,271	1,392	\$3,077.02	\$356.92
Inpatient Behavioral Health	Year 3	\$435,505	954	311	\$456.57	\$11.83
Nursing Facility	Year 3	\$248,290	30	10	\$8,297.00	\$6.74
Outpatient	Year 1	\$295,158	923	301	\$319.89	\$8.02
Emergency Room	Year 1	\$879,317	3,170	1,033	\$277.42	\$23.88
Physician	Year 1	\$6,685,478	28,101	9,159	\$237.91	\$181.59
Physician Specialist	Year 1	\$3,132,384	31,407	10,237	\$99.73	\$85.08
Behavioral Health/Counseling Specialist	Year 1	\$367,335	4,260	1,388	\$86.24	\$9.98
Home Health	Year 1	\$5,591,652	3,584	1,168	\$1,560.26	\$151.88
Hospice	Year 1	\$201,360	46	15	\$4,402.80	\$5.47
Physical Therapy	Year 1	\$1,205,786	9,405	3,066	\$128.21	\$32.75
Speech Therapy	Year 1	\$2,153,284	21,294	6,941	\$101.12	\$58.49
Occupational Therapy	Year 1	\$1,875,986	18,435	6,009	\$101.76	\$50.96
DME	Year 1	\$4,272,057	11,798	3,846	\$362.09	\$116.04
Emergency Transportation	Year 1	\$99,655	388	126	\$257.11	\$2.71
NEMT	Year 1	\$939,639	19,937	6,498	\$47.13	\$25.52
Lab	Year 1	\$1,083,801	11,862	3,866	\$91.36	\$29.44
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$15,217,402	62,192	20,271	\$244.68	\$413.33
Care Management	Year 1	\$4,373	57	19	\$76.88	\$0.12
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$57,829,109				\$1,570.74
At Risk - Year 1		\$28,787,265				\$781.91
Not At-Risk - Year 1		\$29,041,843				\$788.83
At Risk - Year 2		\$44,004,668				\$1,195.25
Not At-Risk - Year 2		\$13,824,441				\$375.50

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July 2015 through June 2016							
Member Months	60,823						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$12,659,348	6,496	1,282	\$1,948.89	\$208.13	
Inpatient Behavioral Health	Year 3	\$797,335	1,985	392	\$401.59	\$13.11	
Nursing Facility	Year 3	\$229,509	31	6	\$7,357.16	\$3.77	
Outpatient	Year 1	\$818,466	2,724	537	\$300.46	\$13.46	
Emergency Room	Year 1	\$1,173,095	4,612	910	\$254.36	\$19.29	
Physician	Year 1	\$3,919,065	26,814	5,290	\$146.16	\$64.43	
Physician Specialist	Year 1	\$3,913,745	39,931	7,878	\$98.01	\$64.35	
Behavioral Health/Counseling Specialist	Year 1	\$2,730,502	28,561	5,635	\$95.60	\$44.89	
Home Health	Year 1	\$12,794,314	8,149	1,608	\$1,570.10	\$210.35	
Hospice	Year 1	\$224,124	144	28	\$1,553.20	\$3.68	
Physical Therapy	Year 1	\$1,731,413	14,076	2,777	\$123.01	\$28.47	
Speech Therapy	Year 1	\$3,408,508	26,303	5,190	\$129.58	\$56.04	
Occupational Therapy	Year 1	\$2,335,433	20,400	4,025	\$114.48	\$38.40	
DME	Year 1	\$3,913,115	10,344	2,041	\$378.28	\$64.34	
Emergency Transportation	Year 1	\$130,005	503	99	\$258.44	\$2.14	
NEMT	Year 1	\$1,214,920	28,922	5,706	\$42.01	\$19.97	
Lab	Year 1	\$1,375,322	15,936	3,144	\$86.30	\$22.61	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$16,243,209	79,417	15,669	\$204.53	\$267.06	
Care Management	Year 1	\$195,047	2,194	433	\$88.90	\$3.21	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$69,806,477				\$1,147.70	
At Risk - Year 1		\$39,877,075				\$655.63	
Not At-Risk - Year 1		\$29,929,401				\$492.07	
At Risk - Year 2		\$56,120,284				\$922.68	
Not At-Risk - Year 2		\$13,686,193				\$225.02	

July 2016 through June 2017							
Member Months	55,049						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$16,343,165	6,201	1,352	\$2,635.67	\$296.88	
Inpatient Behavioral Health	Year 3	\$560,175	1,253	273	\$447.02	\$10.18	
Nursing Facility	Year 3	\$446,242	45	10	\$9,941.25	\$8.11	
Outpatient	Year 1	\$249,593	911	199	\$273.83	\$4.53	
Emergency Room	Year 1	\$1,062,970	4,390	957	\$242.12	\$19.31	
Physician	Year 1	\$5,930,643	30,787	6,711	\$192.63	\$107.73	
Physician Specialist	Year 1	\$3,982,998	38,933	8,487	\$102.30	\$72.35	
Behavioral Health/Counseling Specialist	Year 1	\$2,735,317	30,450	6,638	\$89.83	\$49.69	
Home Health	Year 1	\$14,346,455	9,154	1,996	\$1,567.18	\$260.61	
Hospice	Year 1	\$167,330	48	10	\$3,484.50	\$3.04	
Physical Therapy	Year 1	\$1,858,598	15,535	3,386	\$119.64	\$33.76	
Speech Therapy	Year 1	\$3,214,615	27,399	5,973	\$117.33	\$58.40	
Occupational Therapy	Year 1	\$2,435,360	21,018	4,582	\$115.87	\$44.24	
DME	Year 1	\$4,542,735	12,144	2,647	\$374.08	\$82.52	
Emergency Transportation	Year 1	\$117,888	494	108	\$238.67	\$2.14	
NEMT	Year 1	\$1,411,000	35,988	7,845	\$39.21	\$25.63	
Lab	Year 1	\$1,220,424	15,034	3,277	\$81.18	\$22.17	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$17,097,171	74,691	16,282	\$228.91	\$310.58	
Care Management	Year 1	\$206,363	2,223	485	\$92.81	\$3.75	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$77,929,044				\$1,415.63	
At Risk - Year 1		\$43,482,290				\$789.88	
Not At-Risk - Year 1		\$34,446,753				\$625.75	
At Risk - Year 2		\$60,579,462				\$1,100.47	
Not At-Risk - Year 2		\$17,349,582				\$315.17	

July 2015 through June 2016						
Member Months	76,824					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$16,619,774	8,720	1,362	\$1,906.02	\$216.34
Inpatient Behavioral Health	Year 3	\$267,914	397	62	\$674.02	\$3.49
Nursing Facility	Year 3	\$146,984	19	3	\$7,687.58	\$1.91
Outpatient	Year 1	\$1,615,703	3,777	590	\$427.81	\$21.03
Emergency Room	Year 1	\$1,933,795	5,980	934	\$323.35	\$25.17
Physician	Year 1	\$5,876,541	35,647	5,568	\$164.86	\$76.49
Physician Specialist	Year 1	\$5,292,945	53,454	8,350	\$99.02	\$68.90
Behavioral Health/Counseling Specialist	Year 1	\$1,263,416	13,019	2,034	\$97.04	\$16.45
Home Health	Year 1	\$18,559,801	15,277	2,386	\$1,214.87	\$241.59
Hospice	Year 1	\$77,467	41	6	\$1,885.52	\$1.01
Physical Therapy	Year 1	\$3,041,997	22,790	3,560	\$133.48	\$39.60
Speech Therapy	Year 1	\$4,295,100	39,028	6,096	\$110.05	\$55.91
Occupational Therapy	Year 1	\$4,146,735	38,327	5,987	\$108.19	\$53.98
DME	Year 1	\$5,290,011	30,877	4,823	\$171.33	\$68.86
Emergency Transportation	Year 1	\$124,715	723	113	\$172.38	\$1.62
NEMT	Year 1	\$887,967	31,438	4,911	\$28.24	\$11.56
Lab	Year 1	\$2,140,017	22,663	3,540	\$94.43	\$27.86
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$19,390,046	81,245	12,691	\$238.66	\$252.40
Care Management	Year 1	\$19,611	222	35	\$88.20	\$0.26
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$90,990,539				\$1,184.40
At Risk - Year 1		\$54,565,820				\$710.27
Not At-Risk - Year 1		\$36,424,719				\$474.13
At Risk - Year 2		\$73,955,866				\$962.67
Not At-Risk - Year 2		\$17,034,673				\$221.74

July 2016 through June 2017						
Member Months	72,584					
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM
Inpatient Physical Health	Year 3	\$21,640,131	8,322	1,376	\$2,600.44	\$298.14
Inpatient Behavioral Health	Year 3	\$419,579	979	162	\$428.66	\$5.78
Nursing Facility	Year 3	\$2,794,882	251	41	\$11,151.70	\$38.51
Outpatient	Year 1	\$458,088	1,216	201	\$376.81	\$6.31
Emergency Room	Year 1	\$2,021,984	6,555	1,084	\$308.47	\$27.86
Physician	Year 1	\$8,785,542	41,122	6,799	\$213.65	\$121.04
Physician Specialist	Year 1	\$5,068,292	47,841	7,909	\$105.94	\$69.83
Behavioral Health/Counseling Specialist	Year 1	\$1,779,589	20,366	3,367	\$87.38	\$24.52
Home Health	Year 1	\$22,632,904	19,624	3,244	\$1,153.30	\$311.82
Hospice	Year 1	\$109,723	103	17	\$1,066.28	\$1.51
Physical Therapy	Year 1	\$3,268,490	24,334	4,023	\$134.32	\$45.03
Speech Therapy	Year 1	\$4,317,737	40,707	6,730	\$106.07	\$59.49
Occupational Therapy	Year 1	\$4,348,993	39,414	6,516	\$110.34	\$59.92
DME	Year 1	\$5,813,409	29,499	4,877	\$197.07	\$80.09
Emergency Transportation	Year 1	\$120,015	689	114	\$174.07	\$1.65
NEMT	Year 1	\$1,162,782	33,376	5,518	\$34.84	\$16.02
Lab	Year 1	\$2,048,329	23,654	3,911	\$86.60	\$28.22
Dental	Year 1	\$0	0	0	\$0.00	\$0.00
Pharmacy	Year 2	\$20,453,896	81,466	13,469	\$251.07	\$281.80
Care Management	Year 1	\$12,089	151	25	\$80.31	\$0.17
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00
Total		\$107,256,453				\$1,477.70
At Risk - Year 1		\$61,947,965				\$853.47
Not At-Risk - Year 1		\$45,308,488				\$624.23
At Risk - Year 2		\$82,401,861				\$1,135.27
Not At-Risk - Year 2		\$24,854,592				\$342.43

July 2015 through June 2016							
Member Months	68,970						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$15,254,733	5,637	981	\$2,706.03	\$221.18	
Inpatient Behavioral Health	Year 3	\$184,991	432	75	\$428.51	\$2.68	
Nursing Facility	Year 3	\$45,011	11	2	\$4,066.30	\$0.65	
Outpatient	Year 1	\$2,659,189	7,220	1,256	\$368.30	\$38.56	
Emergency Room	Year 1	\$2,265,144	5,101	888	\$444.06	\$32.84	
Physician	Year 1	\$10,580,421	39,734	6,913	\$266.28	\$153.41	
Physician Specialist	Year 1	\$4,525,397	46,322	8,060	\$97.69	\$65.61	
Behavioral Health/Counseling Specialist	Year 1	\$1,211,277	11,899	2,070	\$101.79	\$17.56	
Home Health	Year 1	\$17,050,343	7,492	1,304	\$2,275.82	\$247.21	
Hospice	Year 1	\$16,948	6	1	\$2,818.80	\$0.25	
Physical Therapy	Year 1	\$4,741,476	34,154	5,942	\$138.83	\$68.75	
Speech Therapy	Year 1	\$8,833,169	67,091	11,673	\$131.66	\$128.07	
Occupational Therapy	Year 1	\$9,787,248	71,480	12,437	\$136.92	\$141.91	
DME	Year 1	\$5,723,856	21,444	3,731	\$266.92	\$82.99	
Emergency Transportation	Year 1	\$84,634	398	69	\$212.74	\$1.23	
NEMT	Year 1	\$944,569	38,982	6,782	\$24.23	\$13.70	
Lab	Year 1	\$2,205,586	22,223	3,867	\$99.25	\$31.98	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$19,946,257	85,041	14,796	\$234.55	\$289.20	
Care Management	Year 1	\$9,454	41	7	\$228.15	\$0.14	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$106,069,703				\$1,537.91	
At Risk - Year 1		\$70,638,711				\$1,024.19	
Not At-Risk - Year 1		\$35,430,992				\$513.72	
At Risk - Year 2		\$90,584,968				\$1,313.40	
Not At-Risk - Year 2		\$15,484,734				\$224.51	

July 2016 through June 2017							
Member Months	78,358						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$20,908,582	6,727	1,030	\$3,108.18	\$266.83	
Inpatient Behavioral Health	Year 3	\$352,085	749	115	\$469.84	\$4.49	
Nursing Facility	Year 3	\$296,422	34	5	\$8,804.80	\$3.78	
Outpatient	Year 1	\$924,150	2,431	372	\$380.09	\$11.79	
Emergency Room	Year 1	\$2,820,375	6,536	1,001	\$431.50	\$35.99	
Physician	Year 1	\$18,773,080	61,146	9,364	\$307.02	\$239.58	
Physician Specialist	Year 1	\$4,979,108	50,919	7,798	\$97.79	\$63.54	
Behavioral Health/Counseling Specialist	Year 1	\$2,148,582	21,406	3,278	\$100.38	\$27.42	
Home Health	Year 1	\$20,171,468	8,840	1,354	\$2,281.75	\$257.43	
Hospice	Year 1	\$252	3	1	\$73.55	\$0.00	
Physical Therapy	Year 1	\$6,119,393	43,495	6,661	\$140.69	\$78.10	
Speech Therapy	Year 1	\$11,964,565	92,393	14,149	\$129.50	\$152.69	
Occupational Therapy	Year 1	\$12,597,231	93,060	14,251	\$135.37	\$160.76	
DME	Year 1	\$6,950,474	27,394	4,195	\$253.72	\$88.70	
Emergency Transportation	Year 1	\$71,989	423	65	\$170.17	\$0.92	
NEMT	Year 1	\$1,235,681	46,186	7,073	\$26.75	\$15.77	
Lab	Year 1	\$2,489,396	26,165	4,007	\$95.14	\$31.77	
Dental	Year 1	\$0	0	0	\$0.00	\$0.00	
Pharmacy	Year 2	\$22,776,188	96,769	14,819	\$235.37	\$290.67	
Care Management	Year 1	\$36,002	270	41	\$133.23	\$0.46	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$135,615,020				\$1,730.70	
At Risk - Year 1		\$91,281,743				\$1,164.93	
Not At-Risk - Year 1		\$44,333,277				\$565.78	
At Risk - Year 2		\$114,057,931				\$1,455.59	
Not At-Risk - Year 2		\$21,557,089				\$275.11	

APPENDIX C

Statewide summary of Title XXI historical FFS data

Title
Region

Title XXI
Statewide

July 2015 through June 2016							
Member Months	121,891						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$8,438,881	3,506	345	\$2,407.01	\$69.23	
Inpatient Behavioral Health	Year 3	\$759,434	1,417	139	\$535.99	\$6.23	
Nursing Facility	Year 3	\$422,877	52	5	\$8,081.33	\$3.47	
Outpatient	Year 1	\$1,343,501	4,204	414	\$319.55	\$11.02	
Emergency Room	Year 1	\$1,427,499	4,506	444	\$316.78	\$11.71	
Physician	Year 1	\$4,033,803	36,429	3,586	\$110.73	\$33.09	
Physician Specialist	Year 1	\$4,725,813	51,511	5,071	\$91.74	\$38.77	
Behavioral Health/Counseling Specialist	Year 1	\$5,074,341	28,962	2,851	\$175.21	\$41.63	
Home Health	Year 1	\$1,943,311	1,383	136	\$1,405.50	\$15.94	
Hospice	Year 1	\$9,292	72	7	\$128.79	\$0.08	
Physical Therapy	Year 1	\$1,370,922	11,009	1,084	\$124.53	\$11.25	
Speech Therapy	Year 1	\$3,905,579	33,889	3,336	\$115.24	\$32.04	
Occupational Therapy	Year 1	\$2,852,450	25,985	2,558	\$109.77	\$23.40	
DME	Year 1	\$2,486,514	6,500	640	\$382.51	\$20.40	
Emergency Transportation	Year 1	\$43,139	201	20	\$214.18	\$0.35	
NEMT	Year 1	\$168,496	5,067	499	\$33.25	\$1.38	
Lab	Year 1	\$2,118,365	23,606	2,324	\$89.74	\$17.38	
Dental	Year 1	\$1,843,254	13,725	1,351	\$134.30	\$15.12	
Pharmacy	Year 2	\$32,137,809	133,907	13,183	\$240.00	\$263.66	
Care Management	Year 1	\$54,425	533	52	\$102.18	\$0.45	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$75,159,706				\$616.62	
At Risk - Year 1		\$33,400,705				\$274.02	
Not At-Risk - Year 1		\$41,759,001				\$342.59	
At Risk - Year 2		\$65,538,514				\$537.68	
Not At-Risk - Year 2		\$9,621,192				\$78.93	

July 2016 through June 2017							
Member Months	113,741						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$8,581,285	2,739	289	\$3,132.53	\$75.45	
Inpatient Behavioral Health	Year 3	\$1,061,126	2,161	228	\$491.07	\$9.33	
Nursing Facility	Year 3	\$3,246	4	0	\$867.70	\$0.03	
Outpatient	Year 1	\$407,072	1,247	132	\$326.47	\$3.58	
Emergency Room	Year 1	\$1,381,264	4,517	477	\$305.76	\$12.14	
Physician	Year 1	\$5,942,163	42,538	4,488	\$139.69	\$52.24	
Physician Specialist	Year 1	\$4,739,643	51,062	5,387	\$92.82	\$41.67	
Behavioral Health/Counseling Specialist	Year 1	\$6,390,024	34,312	3,620	\$186.23	\$56.18	
Home Health	Year 1	\$3,020,988	2,103	222	\$1,436.47	\$26.56	
Hospice	Year 1	\$4,613	46	5	\$100.88	\$0.04	
Physical Therapy	Year 1	\$1,900,510	15,553	1,641	\$122.20	\$16.71	
Speech Therapy	Year 1	\$4,589,820	45,688	4,820	\$100.46	\$40.35	
Occupational Therapy	Year 1	\$3,832,596	38,177	4,028	\$100.39	\$33.70	
DME	Year 1	\$3,463,159	8,830	932	\$392.20	\$30.45	
Emergency Transportation	Year 1	\$30,641	138	15	\$221.48	\$0.27	
NEMT	Year 1	\$207,356	6,677	704	\$31.05	\$1.82	
Lab	Year 1	\$2,257,171	23,710	2,501	\$95.20	\$19.84	
Dental	Year 1	\$1,723,139	13,263	1,399	\$129.92	\$15.15	
Pharmacy	Year 2	\$32,425,418	129,795	13,694	\$249.82	\$285.08	
Care Management	Year 1	\$110,579	1,056	111	\$104.72	\$0.97	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$82,071,812				\$721.56	
At Risk - Year 1		\$40,000,737				\$351.68	
Not At-Risk - Year 1		\$42,071,075				\$369.88	
At Risk - Year 2		\$72,426,155				\$636.76	
Not At-Risk - Year 2		\$9,645,657				\$84.80	

APPENDIX D

Regional summaries of Title XXI historical FFS data
(Regional Clusters: North, Central/SW and South/SE)

Title
Region

Title XXI
North

July 2015 through June 2016							
Member Months	30,828						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$2,570,626	1,088	423	\$2,363.12	\$83.39	
Inpatient Behavioral Health	Year 3	\$189,172	390	152	\$484.50	\$6.14	
Nursing Facility	Year 3	\$123,102	24	9	\$5,097.12	\$3.99	
Outpatient	Year 1	\$297,497	1,113	433	\$267.30	\$9.65	
Emergency Room	Year 1	\$318,249	1,286	501	\$247.46	\$10.32	
Physician	Year 1	\$1,112,851	10,402	4,049	\$106.99	\$36.10	
Physician Specialist	Year 1	\$1,302,796	13,558	5,277	\$96.09	\$42.26	
Behavioral Health/Counseling Specialist	Year 1	\$918,993	6,034	2,349	\$152.31	\$29.81	
Home Health	Year 1	\$386,550	297	116	\$1,299.96	\$12.54	
Hospice	Year 1	\$2,150	41	16	\$52.33	\$0.07	
Physical Therapy	Year 1	\$273,340	2,643	1,029	\$103.41	\$8.87	
Speech Therapy	Year 1	\$593,503	6,602	2,570	\$89.90	\$19.25	
Occupational Therapy	Year 1	\$371,076	4,421	1,721	\$83.93	\$12.04	
DME	Year 1	\$798,382	1,957	762	\$407.95	\$25.90	
Emergency Transportation	Year 1	\$11,582	57	22	\$202.77	\$0.38	
NEMT	Year 1	\$72,673	2,630	1,024	\$27.63	\$2.36	
Lab	Year 1	\$523,184	5,986	2,330	\$87.40	\$16.97	
Dental	Year 1	\$426,134	3,086	1,201	\$138.07	\$13.82	
Pharmacy	Year 2	\$9,944,619	42,555	16,565	\$233.69	\$322.58	
Care Management	Year 1	\$5,244	132	52	\$39.60	\$0.17	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$20,241,724				\$656.60	
At Risk - Year 1		\$7,414,205				\$240.50	
Not At-Risk - Year 1		\$12,827,519				\$416.10	
At Risk - Year 2		\$17,358,825				\$563.08	
Not At-Risk - Year 2		\$2,882,899				\$93.51	

July 2016 through June 2017							
Member Months	27,178						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$1,921,528	726	320	\$2,647.87	\$70.70	
Inpatient Behavioral Health	Year 3	\$320,906	717	317	\$447.59	\$11.81	
Nursing Facility	Year 3	\$3,246	4	2	\$867.70	\$0.12	
Outpatient	Year 1	\$75,915	279	123	\$271.80	\$2.79	
Emergency Room	Year 1	\$293,971	1,140	503	\$257.95	\$10.82	
Physician	Year 1	\$1,547,080	11,385	5,027	\$135.89	\$56.92	
Physician Specialist	Year 1	\$1,219,815	13,301	5,873	\$91.71	\$44.88	
Behavioral Health/Counseling Specialist	Year 1	\$931,093	6,285	2,775	\$148.15	\$34.26	
Home Health	Year 1	\$690,363	448	198	\$1,539.62	\$25.40	
Hospice	Year 1	\$940	21	9	\$45.69	\$0.03	
Physical Therapy	Year 1	\$330,829	3,306	1,460	\$100.07	\$12.17	
Speech Therapy	Year 1	\$644,787	8,248	3,642	\$78.17	\$23.72	
Occupational Therapy	Year 1	\$490,423	6,226	2,749	\$78.77	\$18.04	
DME	Year 1	\$951,412	2,538	1,121	\$374.83	\$35.01	
Emergency Transportation	Year 1	\$8,158	32	14	\$254.82	\$0.30	
NEMT	Year 1	\$85,351	2,996	1,323	\$28.49	\$3.14	
Lab	Year 1	\$549,193	5,632	2,487	\$97.51	\$20.21	
Dental	Year 1	\$388,047	2,857	1,262	\$135.81	\$14.28	
Pharmacy	Year 2	\$9,601,858	39,748	17,550	\$241.57	\$353.30	
Care Management	Year 1	\$15,488	314	139	\$49.31	\$0.57	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$20,070,403				\$738.48	
At Risk - Year 1		\$8,222,865				\$302.56	
Not At-Risk - Year 1		\$11,847,537				\$435.93	
At Risk - Year 2		\$17,824,723				\$655.85	
Not At-Risk - Year 2		\$2,245,680				\$82.63	

Title
Region

Title XXI
Central/SW

July 2015 through June 2016							
Member Months	44,416						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$2,847,015	1,119	302	\$2,544.23	\$64.10	
Inpatient Behavioral Health	Year 3	\$245,701	480	130	\$511.87	\$5.53	
Nursing Facility	Year 3	\$12,193	6	2	\$2,019.40	\$0.27	
Outpatient	Year 1	\$487,303	1,410	381	\$345.65	\$10.97	
Emergency Room	Year 1	\$565,859	1,666	450	\$339.56	\$12.74	
Physician	Year 1	\$1,481,076	12,950	3,499	\$114.36	\$33.35	
Physician Specialist	Year 1	\$1,706,343	19,144	5,172	\$89.13	\$38.42	
Behavioral Health/Counseling Specialist	Year 1	\$1,825,955	10,009	2,704	\$182.42	\$41.11	
Home Health	Year 1	\$758,848	521	141	\$1,457.58	\$17.09	
Hospice	Year 1	\$6,879	28	8	\$245.17	\$0.15	
Physical Therapy	Year 1	\$513,513	4,039	1,091	\$127.14	\$11.56	
Speech Therapy	Year 1	\$1,341,303	11,157	3,014	\$120.22	\$30.20	
Occupational Therapy	Year 1	\$900,211	8,064	2,179	\$111.64	\$20.27	
DME	Year 1	\$1,075,741	2,797	756	\$384.63	\$24.22	
Emergency Transportation	Year 1	\$21,184	92	25	\$229.78	\$0.48	
NEMT	Year 1	\$51,408	1,398	378	\$36.78	\$1.16	
Lab	Year 1	\$837,906	8,963	2,421	\$93.49	\$18.87	
Dental	Year 1	\$766,973	5,507	1,488	\$139.26	\$17.27	
Pharmacy	Year 2	\$13,734,524	52,867	14,283	\$259.79	\$309.23	
Care Management	Year 1	\$33,050	254	69	\$130.28	\$0.74	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$29,212,984				\$657.72	
At Risk - Year 1		\$12,373,551				\$278.58	
Not At-Risk - Year 1		\$16,839,433				\$379.13	
At Risk - Year 2		\$26,108,075				\$587.81	
Not At-Risk - Year 2		\$3,104,909				\$69.91	

July 2016 through June 2017							
Member Months	45,060						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$4,132,789	1,155	307	\$3,579.36	\$91.72	
Inpatient Behavioral Health	Year 3	\$449,561	786	209	\$572.30	\$9.98	
Nursing Facility	Year 3	\$0	0	0	\$0.00	\$0.00	
Outpatient	Year 1	\$165,105	470	125	\$351.23	\$3.66	
Emergency Room	Year 1	\$580,382	1,849	492	\$313.87	\$12.88	
Physician	Year 1	\$2,356,610	16,684	4,443	\$141.25	\$52.30	
Physician Specialist	Year 1	\$2,116,505	21,863	5,822	\$96.81	\$46.97	
Behavioral Health/Counseling Specialist	Year 1	\$2,099,131	11,916	3,173	\$176.16	\$46.59	
Home Health	Year 1	\$1,299,603	810	216	\$1,604.79	\$28.84	
Hospice	Year 1	\$3,227	23	6	\$141.13	\$0.07	
Physical Therapy	Year 1	\$806,512	6,188	1,648	\$130.33	\$17.90	
Speech Therapy	Year 1	\$1,636,396	16,103	4,288	\$101.62	\$36.32	
Occupational Therapy	Year 1	\$1,329,812	13,847	3,688	\$96.03	\$29.51	
DME	Year 1	\$1,608,933	3,949	1,052	\$407.41	\$35.71	
Emergency Transportation	Year 1	\$13,519	58	16	\$231.84	\$0.30	
NEMT	Year 1	\$89,211	2,491	663	\$35.81	\$1.98	
Lab	Year 1	\$933,439	9,746	2,595	\$95.78	\$20.72	
Dental	Year 1	\$781,888	5,765	1,535	\$135.63	\$17.35	
Pharmacy	Year 2	\$15,344,288	54,616	14,545	\$280.95	\$340.53	
Care Management	Year 1	\$83,824	634	169	\$132.20	\$1.86	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$35,830,735				\$795.18	
At Risk - Year 1		\$15,904,097				\$352.96	
Not At-Risk - Year 1		\$19,926,638				\$442.23	
At Risk - Year 2		\$31,248,385				\$693.49	
Not At-Risk - Year 2		\$4,582,350				\$101.69	

Title
Region

Title XXI
South/SE

July 2015 through June 2016							
Member Months	46,647						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$3,021,240	1,299	334	\$2,325.58	\$64.77	
Inpatient Behavioral Health	Year 3	\$324,562	546	141	\$593.98	\$6.96	
Nursing Facility	Year 3	\$287,583	22	6	\$12,990.09	\$6.17	
Outpatient	Year 1	\$558,701	1,682	433	\$332.26	\$11.98	
Emergency Room	Year 1	\$543,391	1,554	400	\$349.73	\$11.65	
Physician	Year 1	\$1,439,876	13,077	3,364	\$110.11	\$30.87	
Physician Specialist	Year 1	\$1,716,674	18,809	4,839	\$91.27	\$36.80	
Behavioral Health/Counseling Specialist	Year 1	\$2,329,393	12,919	3,323	\$180.31	\$49.94	
Home Health	Year 1	\$797,913	565	145	\$1,413.05	\$17.11	
Hospice	Year 1	\$263	3	1	\$87.50	\$0.01	
Physical Therapy	Year 1	\$584,068	4,327	1,113	\$134.98	\$12.52	
Speech Therapy	Year 1	\$1,970,773	16,130	4,150	\$122.18	\$42.25	
Occupational Therapy	Year 1	\$1,581,163	13,500	3,473	\$117.12	\$33.90	
DME	Year 1	\$612,391	1,747	449	\$350.62	\$13.13	
Emergency Transportation	Year 1	\$10,373	52	13	\$199.08	\$0.22	
NEMT	Year 1	\$44,415	1,039	267	\$42.74	\$0.95	
Lab	Year 1	\$757,275	8,657	2,227	\$87.48	\$16.23	
Dental	Year 1	\$650,147	5,132	1,320	\$126.69	\$13.94	
Pharmacy	Year 2	\$8,458,666	38,485	9,900	\$219.79	\$181.33	
Care Management	Year 1	\$16,132	147	38	\$110.08	\$0.35	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$25,704,999				\$551.06	
At Risk - Year 1		\$13,612,949				\$291.83	
Not At-Risk - Year 1		\$12,092,050				\$259.23	
At Risk - Year 2		\$22,071,615				\$473.17	
Not At-Risk - Year 2		\$3,633,384				\$77.89	

July 2016 through June 2017							
Member Months	41,504						
Category of Service	At Risk	Paid Claims	Units	Util/1,000	Unit Cost	PMPM	
Inpatient Physical Health	Year 3	\$2,526,968	859	248	\$2,941.40	\$60.89	
Inpatient Behavioral Health	Year 3	\$290,659	658	190	\$441.49	\$7.00	
Nursing Facility	Year 3	\$0	0	0	\$0.00	\$0.00	
Outpatient	Year 1	\$166,051	498	144	\$333.77	\$4.00	
Emergency Room	Year 1	\$506,911	1,529	442	\$331.60	\$12.21	
Physician	Year 1	\$2,038,474	14,470	4,184	\$140.88	\$49.12	
Physician Specialist	Year 1	\$1,403,324	15,898	4,597	\$88.27	\$33.81	
Behavioral Health/Counseling Specialist	Year 1	\$3,359,800	16,111	4,658	\$208.54	\$80.95	
Home Health	Year 1	\$1,031,022	845	244	\$1,220.37	\$24.84	
Hospice	Year 1	\$446	2	1	\$195.01	\$0.01	
Physical Therapy	Year 1	\$763,169	6,058	1,752	\$125.97	\$18.39	
Speech Therapy	Year 1	\$2,308,637	21,337	6,169	\$108.20	\$55.62	
Occupational Therapy	Year 1	\$2,012,361	18,104	5,234	\$111.15	\$48.49	
DME	Year 1	\$902,813	2,343	677	\$385.36	\$21.75	
Emergency Transportation	Year 1	\$8,964	48	14	\$186.67	\$0.22	
NEMT	Year 1	\$32,794	1,191	344	\$27.54	\$0.79	
Lab	Year 1	\$774,539	8,332	2,409	\$92.96	\$18.66	
Dental	Year 1	\$553,204	4,641	1,342	\$119.20	\$13.33	
Pharmacy	Year 2	\$7,479,273	35,431	10,244	\$211.09	\$180.21	
Care Management	Year 1	\$11,267	108	31	\$104.47	\$0.27	
Medical Foster Care	Year 1	\$0	0	0	\$0.00	\$0.00	
Total		\$26,170,674				\$630.56	
At Risk - Year 1		\$15,873,775				\$382.47	
Not At-Risk - Year 1		\$10,296,899				\$248.10	
At Risk - Year 2		\$23,353,048				\$562.67	
Not At-Risk - Year 2		\$2,817,627				\$67.89	

APPENDIX E

Summary of amounts added during the rate setting process to reflect the inclusion of new services for the Title XIX population

New Service Description	Assigned COS	PMPM Cost - AHCA Databook¹	NF Services Actual Utilization Adjustment²	Trend - SFY 15/16 to SFY 16/17	Projected SFY 16/17 Cost PMPM
Nursing Facility Services (Ages 0-17)	Nursing Facility	\$19.46	17%	0%	\$22.73
Medical Foster Care Services	Medical Foster Care Services	\$7.69	-	0%	\$7.69
Early Intervention Services	Home Health	\$3.26	-	8%	\$3.53
Child Health Services Targeted Case Management	Care Management	\$1.66	-	12%	\$1.86
Total		\$32.07	-	-	\$35.80

1. FFS data for CMS Network from July 2015 - June 2016

2. Adjustment for observed NF utilization from March 2017 - June 2017. This factor removes the need for a separate SFY 16/17 trend adjustment.

APPENDIX F

Summary of historical inpatient physical health and inpatient behavioral health admissions for Title XIX and Title XXI populations

<u>Title XIX Population</u>	Year of Service	
	SFY 15/16	SFY 16/17
Category of Service		
Inpatient - Physical Health	10,308	8,442
Inpatient - Behavioral Health	1,022	930
Total	11,330	9,372

<u>Title XXI Population</u>	Year of Service	
	SFY 15/16	SFY 16/17
Category of Service		
Inpatient - Physical Health	653	516
Inpatient - Behavioral Health	93	90
Total	746	606

APPENDIX G

Regional summary of Title XIX risk scores for historical
CMS population

CDPS Quarterly Risk Scores by Region - Title XIX

Quarter	Region 1			Region 2			Region 3			Region 4		
	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score
2015Q1	4,414	1.4763	n/a	13,536	0.7570	n/a	18,512	1.1017	n/a	15,753	1.2247	n/a
2015Q2	4,595	1.5194	n/a	14,196	0.7599	n/a	19,493	1.1097	n/a	16,418	1.2344	n/a
2015Q3	4,388	1.5860	n/a	13,117	0.8103	n/a	18,178	1.1680	n/a	15,022	1.3073	n/a
2015Q4	4,119	1.6482	n/a	11,758	0.8821	n/a	16,436	1.2632	n/a	13,392	1.4447	n/a
2016Q1	4,138	1.6059	8.8%	11,896	0.8798	16.2%	16,408	1.2647	14.8%	13,456	1.4297	16.7%
2016Q2	4,075	1.6506	8.6%	11,877	0.8853	16.5%	15,523	1.2927	16.5%	12,579	1.4809	20.0%
2016Q3	3,872	1.7032	7.4%	11,715	0.9075	12.0%	14,996	1.3172	12.8%	12,511	1.5097	15.5%
2016Q4	3,834	1.7471	6.0%	11,262	0.9334	5.8%	14,283	1.3328	5.5%	12,218	1.5310	6.0%

Quarter	Region 5			Region 6			Region 7			Region 8		
	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score
2015Q1	11,094	1.2420	n/a	23,225	1.4115	n/a	23,080	1.2467	n/a	12,486	1.2140	n/a
2015Q2	11,648	1.2463	n/a	24,398	1.4116	n/a	24,148	1.2392	n/a	12,861	1.2215	n/a
2015Q3	11,379	1.2645	n/a	23,575	1.4380	n/a	22,006	1.3182	n/a	11,087	1.3489	n/a
2015Q4	11,053	1.3056	n/a	21,755	1.5081	n/a	20,625	1.3813	n/a	9,764	1.4681	n/a
2016Q1	11,015	1.2905	3.9%	21,861	1.4989	6.2%	20,491	1.3845	11.1%	9,699	1.4883	22.6%
2016Q2	10,864	1.3060	4.8%	21,501	1.5204	7.7%	20,129	1.3980	12.8%	9,340	1.5419	26.2%
2016Q3	10,899	1.3138	3.9%	20,929	1.5574	8.3%	19,776	1.4118	7.1%	9,171	1.5877	17.7%
2016Q4	10,938	1.3152	0.7%	20,429	1.5830	5.0%	19,560	1.4130	2.3%	9,262	1.5980	8.8%

Quarter	Region 9			Region 10			Region 11			Statewide		
	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score
2015Q1	15,949	1.1007	n/a	20,140	1.1675	n/a	17,082	1.3252	n/a	175,271	1.2018	n/a
2015Q2	16,976	1.1084	n/a	21,292	1.1865	n/a	18,542	1.2930	n/a	184,567	1.2045	n/a
2015Q3	16,284	1.1296	n/a	20,625	1.2131	n/a	17,792	1.3234	n/a	173,453	1.2549	n/a
2015Q4	14,714	1.2190	n/a	18,842	1.2856	n/a	16,962	1.3468	n/a	159,420	1.3319	n/a
2016Q1	14,899	1.2031	9%	18,974	1.2889	10.4%	17,043	1.3561	2.3%	159,880	1.3284	10.5%
2016Q2	14,692	1.2204	10%	18,150	1.3439	13.3%	17,080	1.3574	5.0%	155,810	1.3533	12.4%
2016Q3	14,222	1.2437	10%	17,960	1.3814	13.9%	17,874	1.3511	2.1%	153,925	1.3767	9.7%
2016Q4	13,777	1.2807	5%	18,012	1.3799	7.3%	19,262	1.3404	-0.5%	152,837	1.3899	4.4%

Notes:

1. Source: Mercer analysis of CMS program claims and pharmacy data using the Combined Chronic Illness & Pharmacy Payment System (CDPS+Rx) model version 6.1, with national Medicaid disabled population cost weights. The CDPS suite of models targets Medicaid populations, and focuses primarily on chronic conditions. As a result, its predictive ability with respect to costs associated with functional limitations, including private duty nursing and durable medical equipment, is somewhat limited. Mercer's model use focused on tracking acuity as membership changed over time and Mercer finds the model useful to understand direction and general magnitude of the impacts of changes in clinical screening criteria.

2. Excludes newborns

APPENDIX H

Regional summary of Title XXI risk scores for historical
CMS population

CDPS Quarterly Risk Scores by Super Region - Title XXI

Quarter	North			Central/SW		
	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score
2015Q1	10,103	0.5849	n/a	13,919	0.6007	n/a
2015Q2	10,328	0.5991	n/a	14,395	0.6062	n/a
2015Q3	9,298	0.6113	n/a	13,017	0.6169	n/a
2015Q4	7,949	0.6271	n/a	10,846	0.6431	n/a
2016Q1	6,873	0.6469	10.6%	10,002	0.6473	7.8%
2016Q2	6,582	0.7051	17.7%	10,317	0.6641	9.6%
2016Q3	6,636	0.7041	15.2%	10,754	0.6849	11.0%
2016Q4	6,587	0.7223	15.2%	10,684	0.6991	8.7%

Quarter	South/SE			Statewide		
	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score	Member Months	Weighted Avg Risk Score	12 Month % Change in Weighted Avg Risk Score
2015Q1	14,794	0.4834	n/a	38,816	0.5519	n/a
2015Q2	15,366	0.4762	n/a	40,089	0.5545	n/a
2015Q3	13,915	0.4868	n/a	36,230	0.5655	n/a
2015Q4	12,010	0.5166	n/a	30,805	0.5896	n/a
2016Q1	10,531	0.5337	10%	27,406	0.6035	9.4%
2016Q2	10,082	0.5645	19%	26,981	0.6369	14.8%
2016Q3	10,046	0.5808	19%	27,436	0.6514	15.2%
2016Q4	9,909	0.6057	17%	27,180	0.6707	13.7%

Notes:

1. Source: Mercer analysis of CMS program claims and pharmacy data using the Combined Chronic Illness & Pharmacy Payment System (CDPS+Rx) model version 6.1, with national Medicaid disabled population cost weights. The CDPS suite of models targets Medicaid populations, and focuses primarily on chronic conditions. As a result, its predictive ability with respect to costs associated with functional limitations, including private duty nursing and durable medical equipment, is somewhat limited. Mercer's model use focused on tracking acuity as membership changed over time and Mercer finds the model useful to understand direction and general magnitude of the impacts of changes in clinical screening criteria.

2. Excludes newborns

APPENDIX I

Reported data for Safety-Net Specialty Providers

Specialty Clinic Occurrences and Clients for 7/1/17-9/30/17

Area	Clinic Type	Occurrences This Quarter (7/1/17 - 9/30/17)	Number of Title XIX Clients	Number of Title XXI Clients
Daytona	Behavioral Health	4	5	2
	Cardiology	0	4	2
	Endocrinology	3	39	2
	Genetics	0	10	0
	Hematology/Oncology	0	5	0
	Immunology/Infectious Disease	6	43	0
	Neurology	6	108	15
	Nutrition	1	12	4
	Renal/Nephrology	0	4	0
Rheumatology	1	7	0	
Ft. Lauderdale	Genetics	0	1	0
	Nutrition	13	133	30
	Spina Bifida	0	2	0
Ft. Myers	Craniofacial/Cleft Lip/Palate	0	13	0
	Genetics	1	33	7
	GI	2	60	2
	Neurology	2	32	0
	Renal/Nephrology	1	11	1
Ft. Pierce	Endocrinology	12	639	93
	Genetics	6	96	6
	Hematology/Oncology	0	5	0
	Neurology	0	112	5
	Nutrition	3	133	28
	Physiatry	3	350	11
	Pulmonary	1	93	4
	Renal/Nephrology	3	129	16
Urology	0	1	0	
Lakeland	Craniofacial/Cleft Lip/Palate	1	16	0
	Endocrinology	1	43	3
	Genetics	1	10	2
	GI	0	8	1
	Immunology/Infectious Disease	1	11	0
	Neurology	4	97	9
	Nutrition	2	34	3
	Orthopedic	2	22	4
	Pulmonary	1	26	2
	Renal/Nephrology	2	16	0
Naples	Renal/Nephrology	1	11	0
Orlando	ABA Clinic	0	43	14
	Ancillary	2	8	0
	Behavioral Health	33	673	103
	Genetics	2	43	2
	GI	0	3	0
	Immunology/Infectious Disease	10	76	7
	Neurology	17	336	48
	Nutrition	2	30	7
	Ophthalmology	0	63	16
	Orthopedics	5	155	21
Renal/Nephrology	0	5	0	
Panama City	Behavioral Health	10	233	67
	Cardiology	3	73	14
	Counseling	21	68	1
	Genetics	5	136	21
	Hematology	2	29	0
	Ortho 1	0	1	0
	Ortho 2	4	78	24
	Renal/Nephrology	2	23	0

Specialty Clinic Occurrences and Clients for 7/1/17-9/30/17

Area	Clinic Type	Occurrences This Quarter (7/1/17 - 9/30/17)	Number of Title XIX Clients	Number of Title XXI Clients
Pensacola	Behavioral Health	13	92	0
	Craniofacial/CleftLip/Palate	2	13	0
	Genetics	2	23	2
	Immunology/Infectious Disease	4	29	0
	Neurology	11	470	7
Pinellas Park	Ancillary	2	32	4
	Craniofacial/Cleft Lip/Palate	3	36	0
	Genetics	2	10	2
	Neurology	3	57	12
	Orthopedics	9	88	9
Sarasota	Craniofacial/Cleft Lip/Palate	0	7	1
	Endocrinology	2	20	4
	Genetics	1	19	1
	Immunology/Infectious Disease	1	7	0
	Neurology	0	28	4
	Nutrition	3	32	1
	Orthopedics	1	9	1
	Pulmonary	1	52	3
	Renal/Nephrology	0	11	2
Tallahassee	Ancillary	3	3	12
	Behavioral Health	13	258	15
	Cardiology	7	68	4
	Endocrinology	3	38	7
	Hematology/Oncology	0	5	0
	Immunology/Infectious Disease	1	9	0
	Nutrition	3	40	0
	Orthopedics	7	102	3
	Psychiatry	11	92	13
	Renal/Nephrology	0	0	0
Tampa	Behavioral Health	11	97	14
	Craniofacial/Cleft Lip/Palate	3	219	19
	Endocrinology	14	222	47
	Genetics	3	12	1
	GI	2	48	6
	Neurology	16	291	27
	Nutrition	2	10	2
	Pulmonary	0	9	0
Viera	Behavioral Health	10	172	18
	Cardiology	0	7	0
	Craniofacial/Cleft Lip/Palate	1	9	0
	Endocrinology	14	410	86
	ENT	2	60	2
	Genetics	0	16	3
	GI	3	98	10
	Hematology/Oncology	3	29	3
	Neurology	13	231	13
Renal/Nephrology	3	46	0	
West Palm Beach	Craniofacial/Cleft Lip/Palate	0	4	1
	Endocrinology	6	114	7
	ENT	3	67	9
	Genetics	1	52	4
	Immunology/Infectious Disease	2	94	0
	Neurology	0	89	9
	Nutrition	6	16	1
	Orthopedics	5	143	11
	Physiatry	0	18	1
Pulmonary	3	97	10	

MERCER (US) INC.
333 South 7th Street, Suite 1400
Minneapolis, MN 55402
www.mercer.com