



FINANCE UPDATE

Chris Gordon, CFO
Deputy Director of Finance

Agenda

- ❑ FY23 Q1-3 Actuals by Program
- ❑ FY23 10-month Enrollment Snapshot
- ❑ Capitation Rates
- ❑ Summary
- ❑ Appendix

Comparing: FY20-23 first nine months

In Millions

Expenditures	Actuals Q1-Q3				FM9 FY22 v. FY23	
	FM9 2020	FM9 2021	FM9 2022	FM9 2023	Change	%
Managed Care: Medallion 4	3,141.7	3,949.4	4,592.2	5,451.8	859.6	18.7%
Managed Care: CCC+	3,948.3	4,576.8	5,148.5	6,148.4	999.9	19.4%
Fee-For-Service: General Medical Care	1,183.3	1,116.7	1,220.5	1,350.7	130.2	10.7%
Fee-For-Service: BH & Rehabilitative Svcs	46.9	40.5	32.2	33.4	1.2	3.7%
Fee-For-Service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	388.6	30.3%
Supplemental Hospital Payments	401.5	392.6	550.2	529.1	(21.1)	-3.8%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,996.3	443.1	28.5%
Total Title XIX	\$ 10,633.9	\$ 12,340.6	\$ 14,378.2	\$ 17,179.7	\$ 2,801.5	19.5%
Total GF Expenditures (Title XIX)	\$ 3,606.0	\$ 3,224.2	\$ 3,770.0	\$ 4,318.8	\$ 548.8	14.6%

Comparing: FY20-23 first nine months

In Millions

Expenditures	Actuals Q1-Q3				FM9 FY22 v. FY23	
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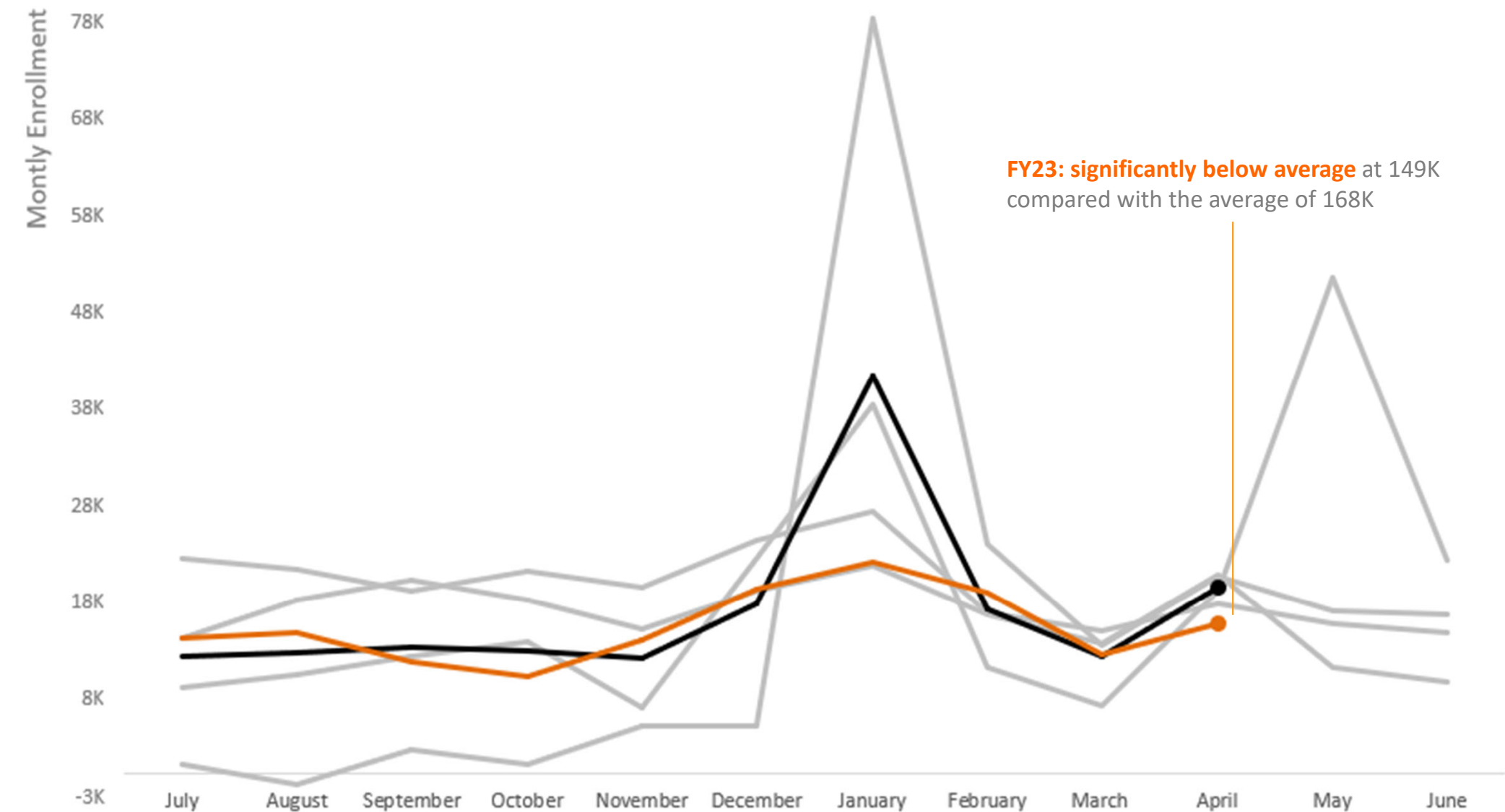
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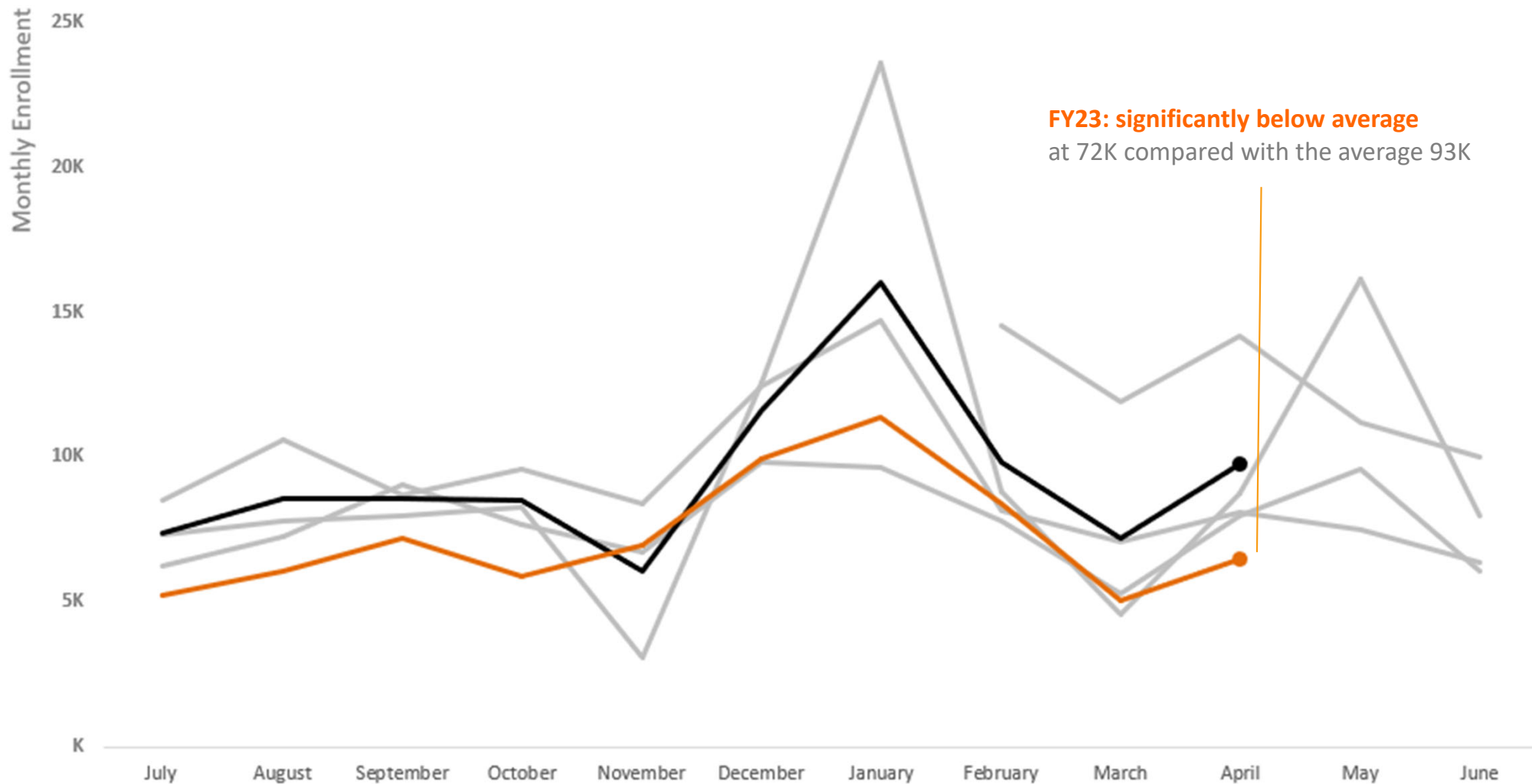
Monthly Enrollment in Medicaid

FY23 Monthly Enrollment: **significantly below average** in first 10 months



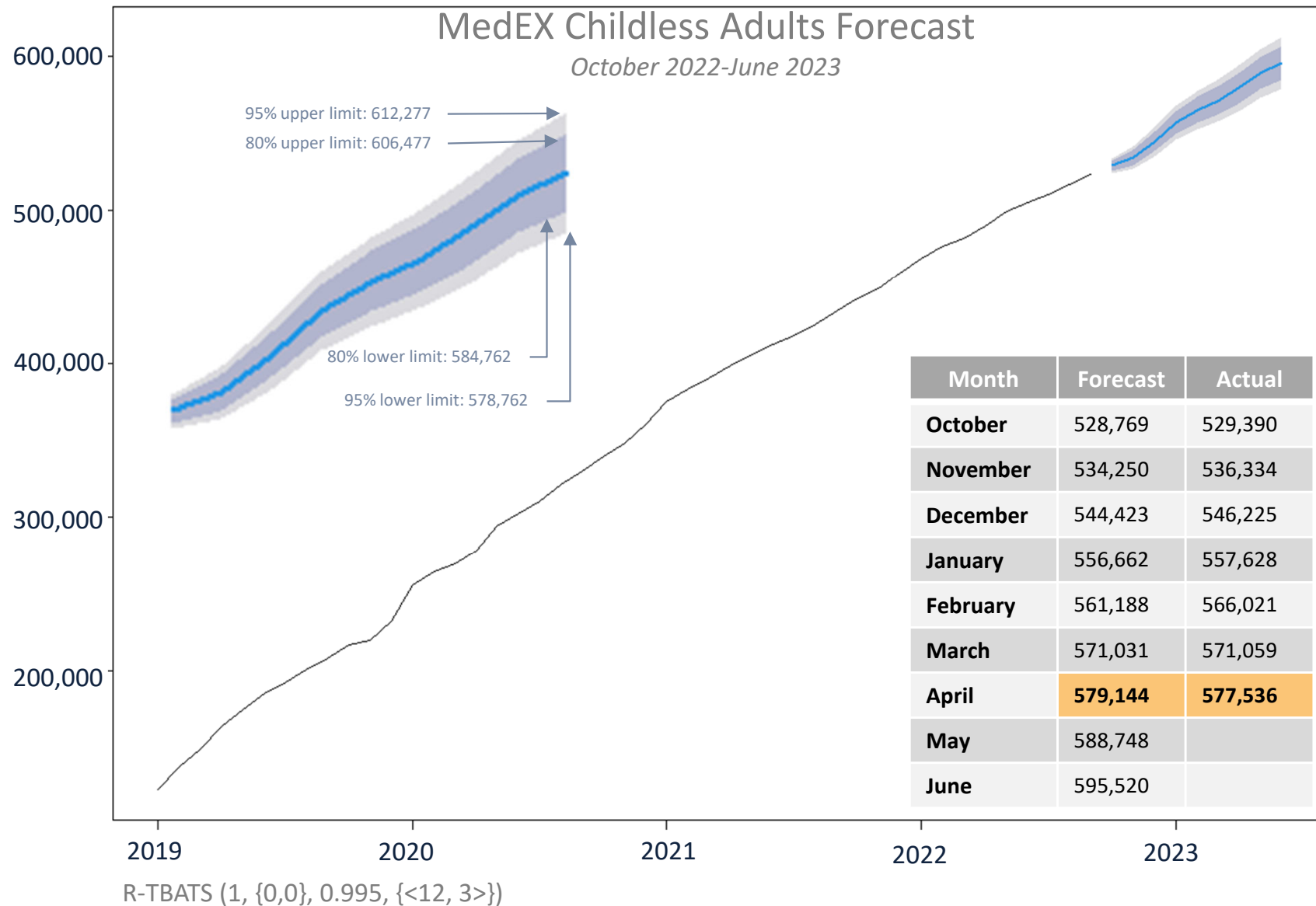
ACA Childless Adult Enrollment

FY23 Childless Adult: **significantly below average** in first 10 months



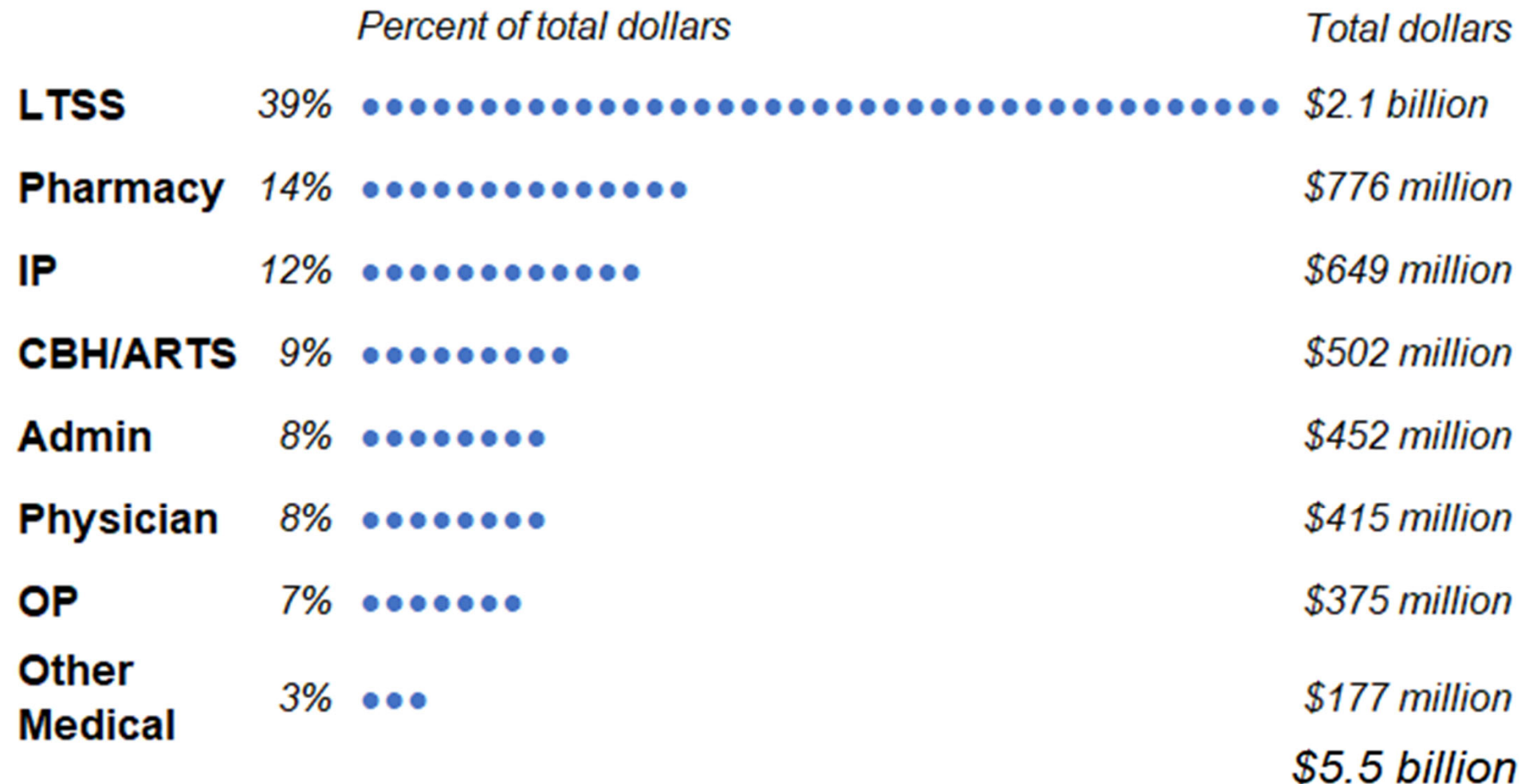
ACA Childless Adult Forecast

9-month Forecast for MedEX Childless Adults: October 2022 – June 2023



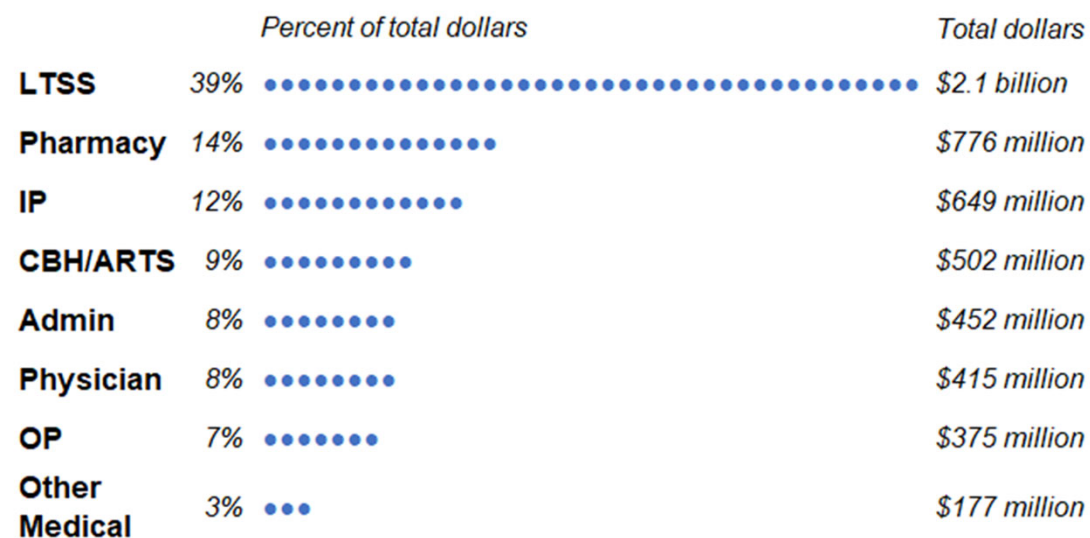
Capitation: a look-back at FY20

FY20 CCC+

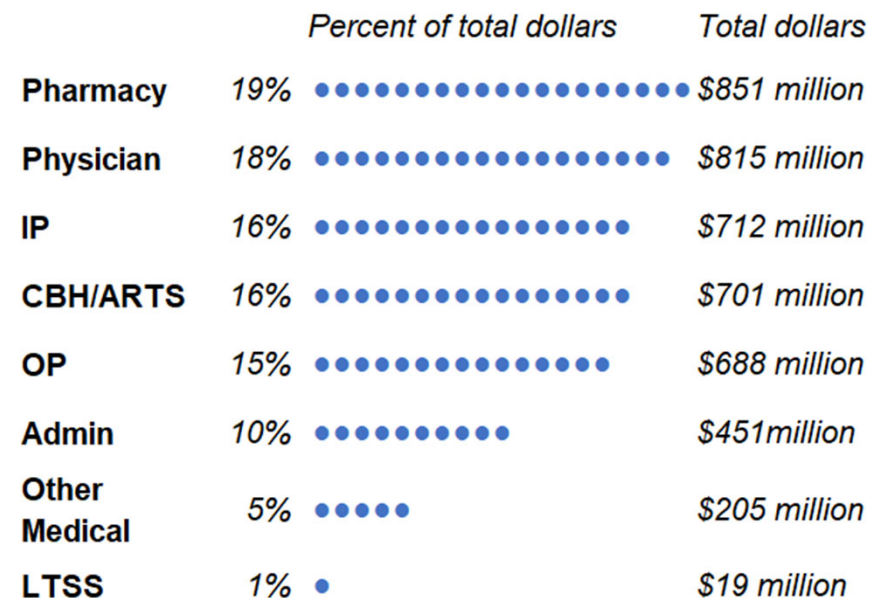


Capitation: a look back at FY20

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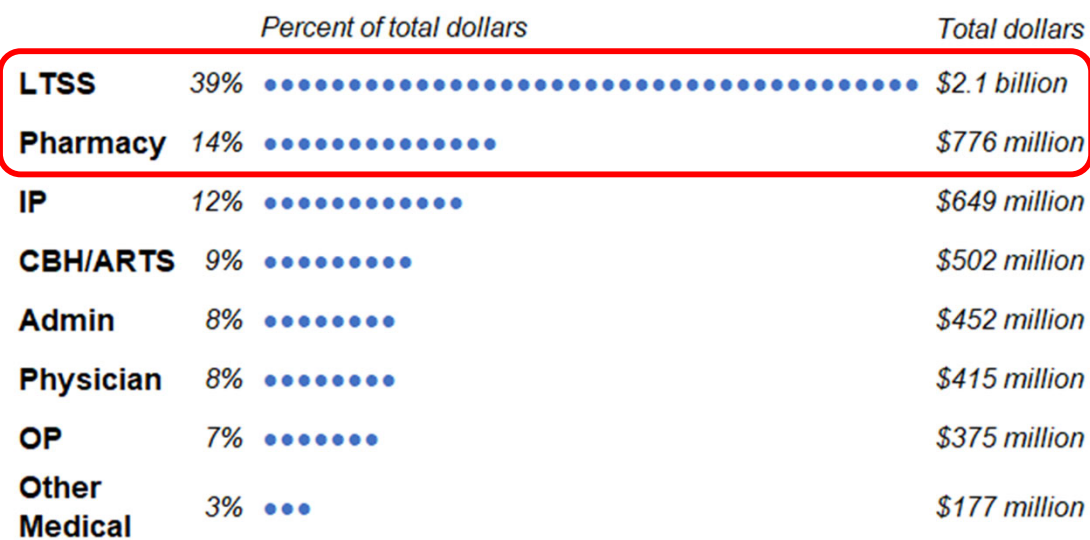


FY20 Medallion 4.0

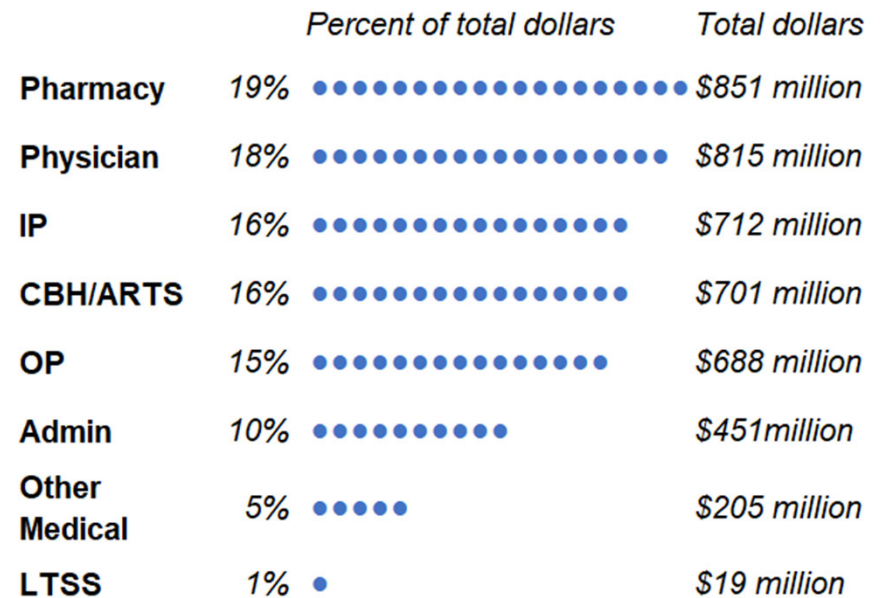


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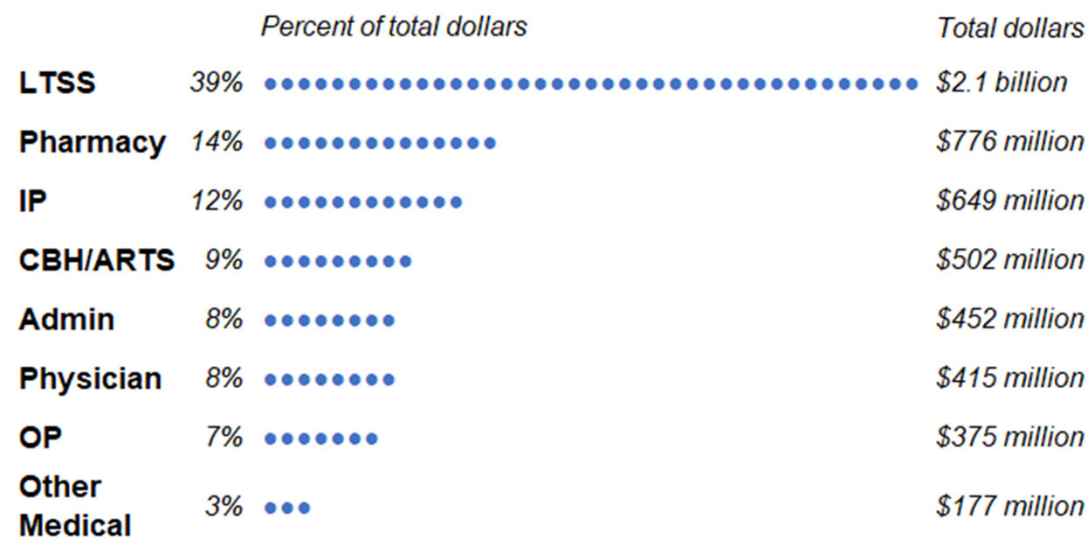


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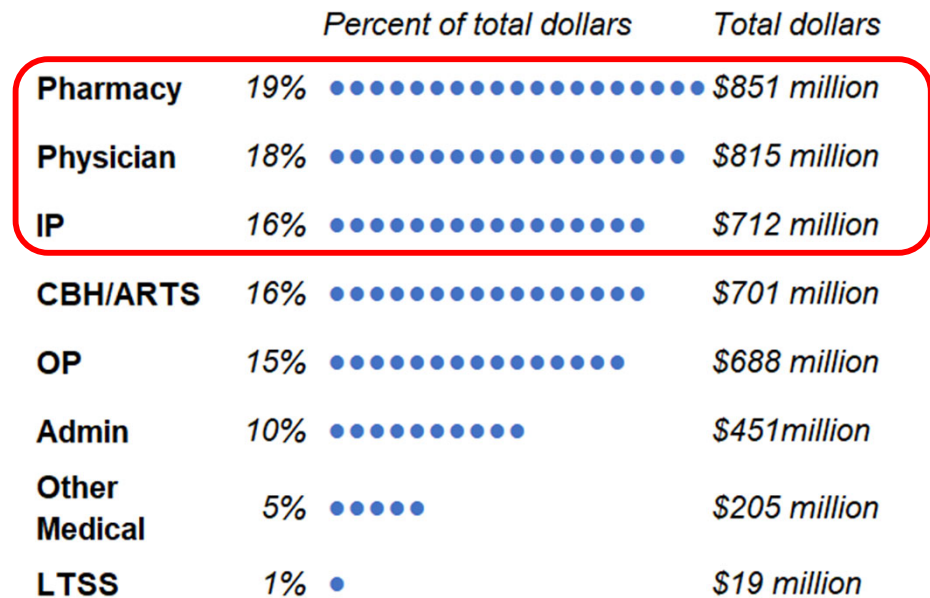


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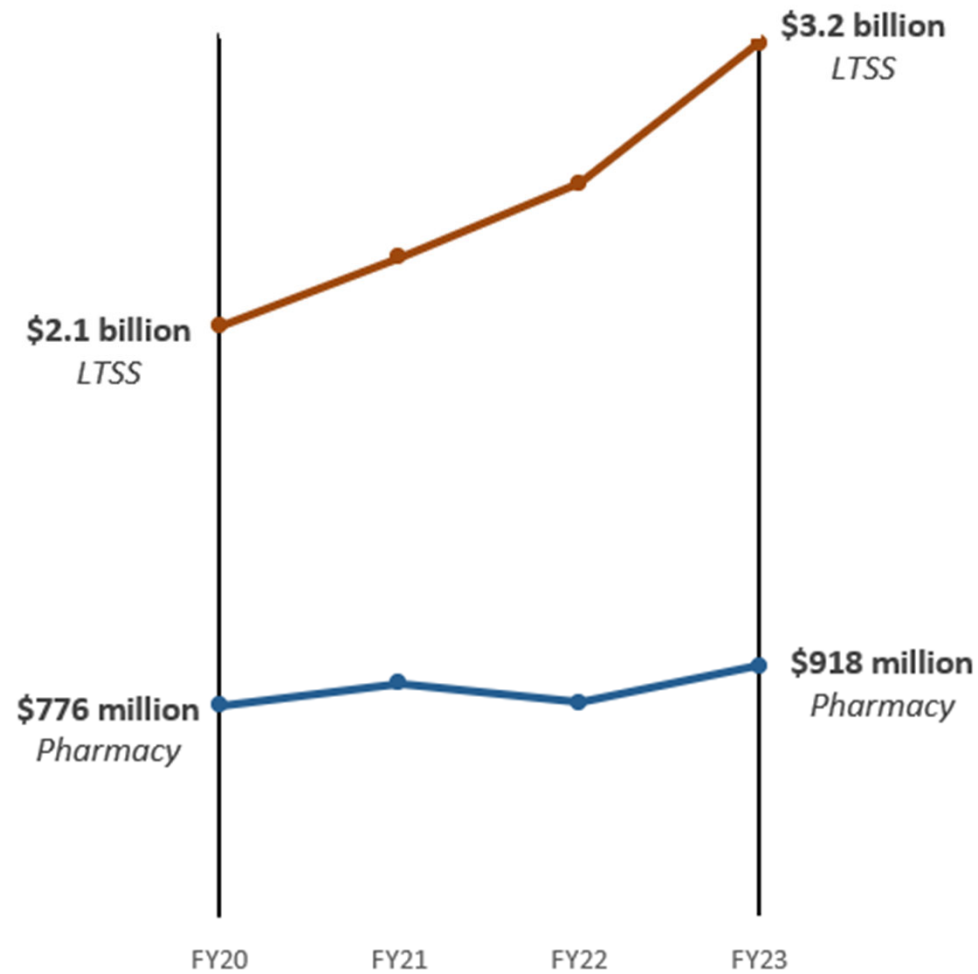


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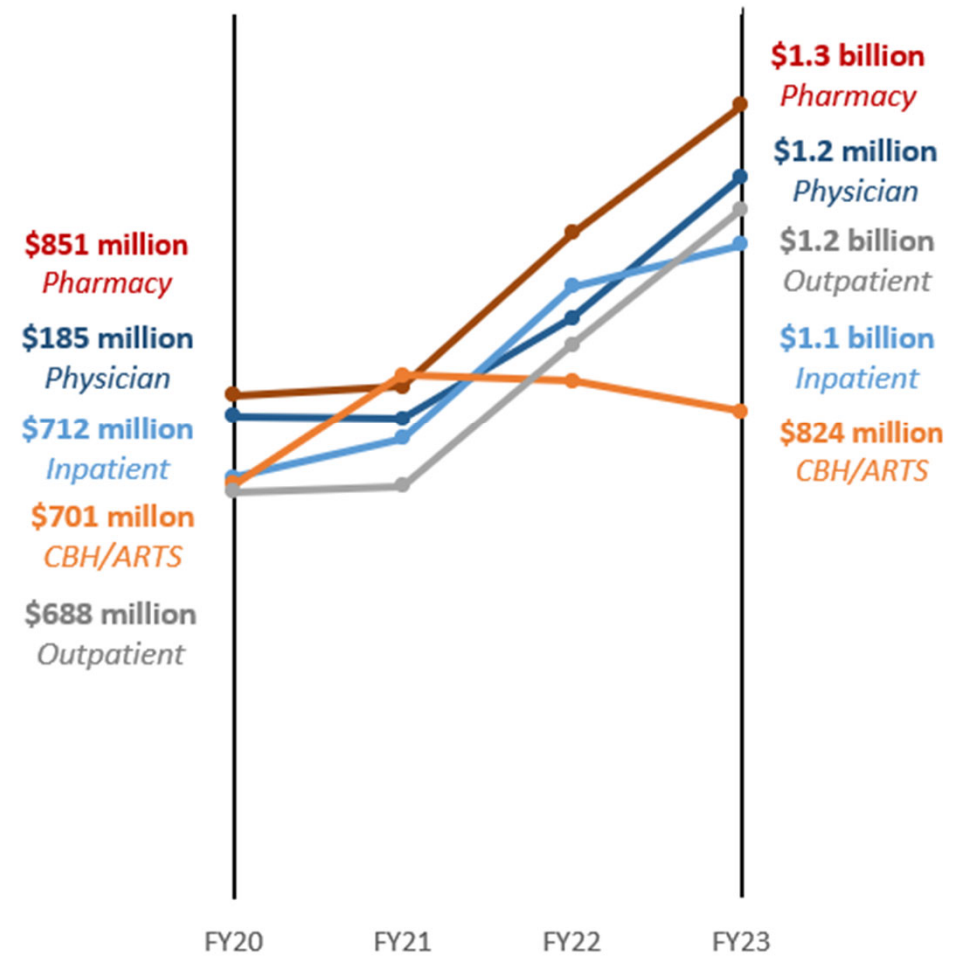


Capitation: a look back at FY20-23

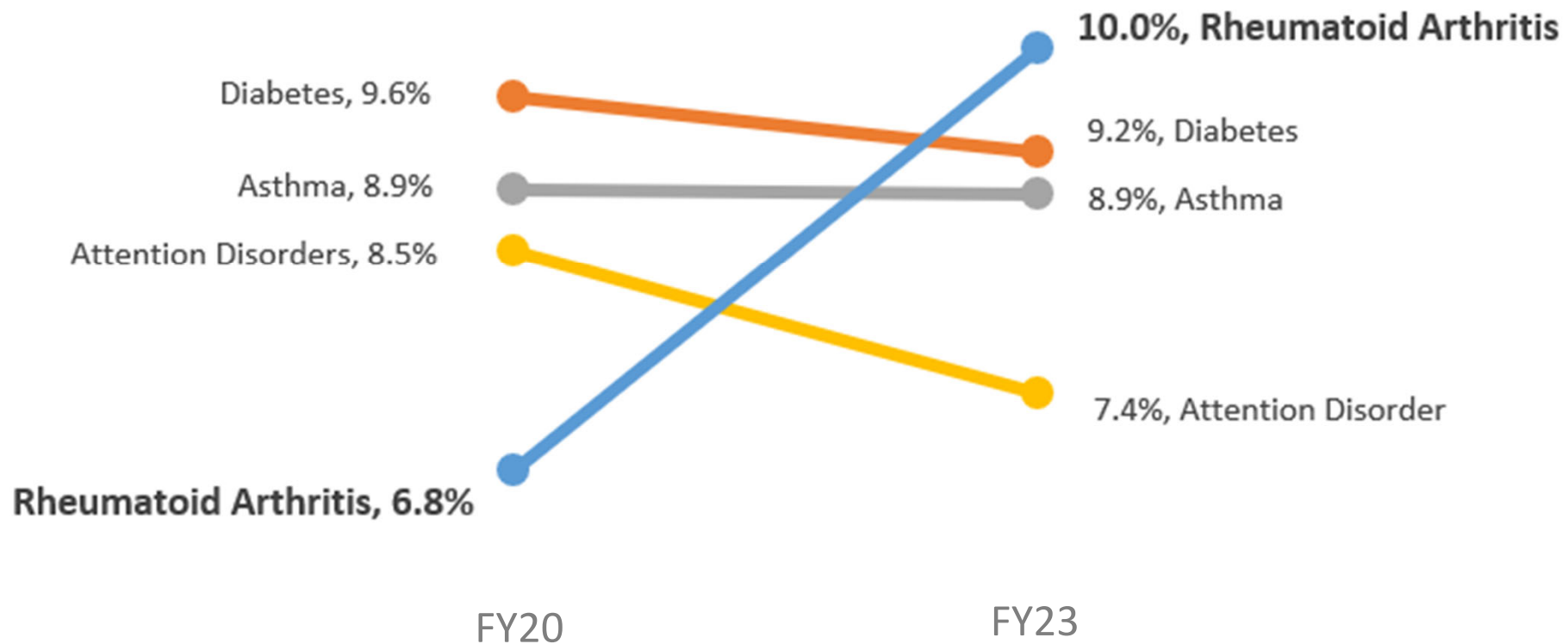
CCC+ Top 50% of Total Capitation Cost



Medallion 4.0 Top 50% of Total Capitation Cost



Capitation: Percent of total Pharmacy dollars



Summary

- ❑ Monthly capitation **peak payment occurs in May**, will decline going forward
- ❑ **Medicaid enrollment** follows **ACA Childless Adult enrollment**
- ❑ **Pharmacy is #1 and #2 positive cost driver** in Medallion and CCC+ capitation rates, respectively
- ❑ **Four therapeutic drug classes account for nearly 40%** of all pharmaceutical spend

Appendix: Pharmacy—top 25 Therapeutic Classes

Therapeutic Classes	Projected Percentage of Total Pharmacy Dollars			
	FY2020	FY2021	FY2022	FY2023
Specialty - Rheumatoid Arthritis and Other Inflammatory Conditions	6.80%	7.55%	9.05%	10.01%
Traditional - Diabetes	9.63%	9.81%	8.59%	9.22%
Traditional - Asthma	8.93%	8.71%	8.43%	8.91%
Traditional - Attention Disorders	8.47%	8.18%	8.33%	7.38%
Specialty - HIV	4.80%	4.93%	4.60%	4.78%
Traditional - Seizures	5.40%	5.43%	4.91%	4.69%
Traditional - Mental/Neuro Disorders	4.92%	4.93%	5.01%	4.54%
Specialty - Oncology	4.05%	4.51%	4.65%	4.45%
Specialty - Misc: Antipsychotic Injectable	3.60%	3.61%	3.79%	4.01%
Specialty - Other Specialty Condition	4.29%	4.38%	5.08%	3.91%
Specialty - Pulmonary	3.48%	3.59%	4.13%	3.37%
Traditional - Other	5.39%	5.10%	4.82%	2.84%
Traditional - Infections	3.61%	3.31%	3.15%	2.81%
Traditional - Substance Abuse/ Dependence	2.30%	2.38%	2.41%	2.63%
Traditional - Gastrointestinal Disorders	N/A	N/A	N/A	2.23%
Specialty - Movement/Neuro Disorders	N/A	N/A	N/A	1.87%
Traditional - Blood Modifying	1.68%	1.64%	1.76%	1.82%
Specialty - Multiple Sclerosis	2.04%	2.00%	1.45%	1.72%
Traditional - Skin Conditions	2.13%	2.06%	1.87%	1.72%
Specialty - Hepatitis	1.90%	1.98%	1.92%	1.62%
Specialty - Growth Hormone	1.43%	1.43%	1.44%	1.55%
Specialty - Pulmonary Hypertension	1.65%	1.72%	1.41%	1.38%
Specialty - Enzyme Deficiency	0.93%	0.97%	1.24%	1.34%
Traditional - Pain	1.45%	1.23%	1.13%	1.25%
Traditional - Depression	1.39%	1.31%	1.20%	1.20%
Top 25 Therapeutic Classes	90.27%	90.76%	90.37%	91.25%

Notes:

1. Projected percentage of total pharmacy dollars for each fiscal year are estimated prior to any adjustments for potential rebates.
2. Prior to FY2023, Traditional - Gastrointestinal Disorders and Specialty - Movement/Neuro Disorders therapeutic classes were previously grouped into Traditional - Other and Specialty - Other Specialty Condition, respectively, before being classified in their own group.

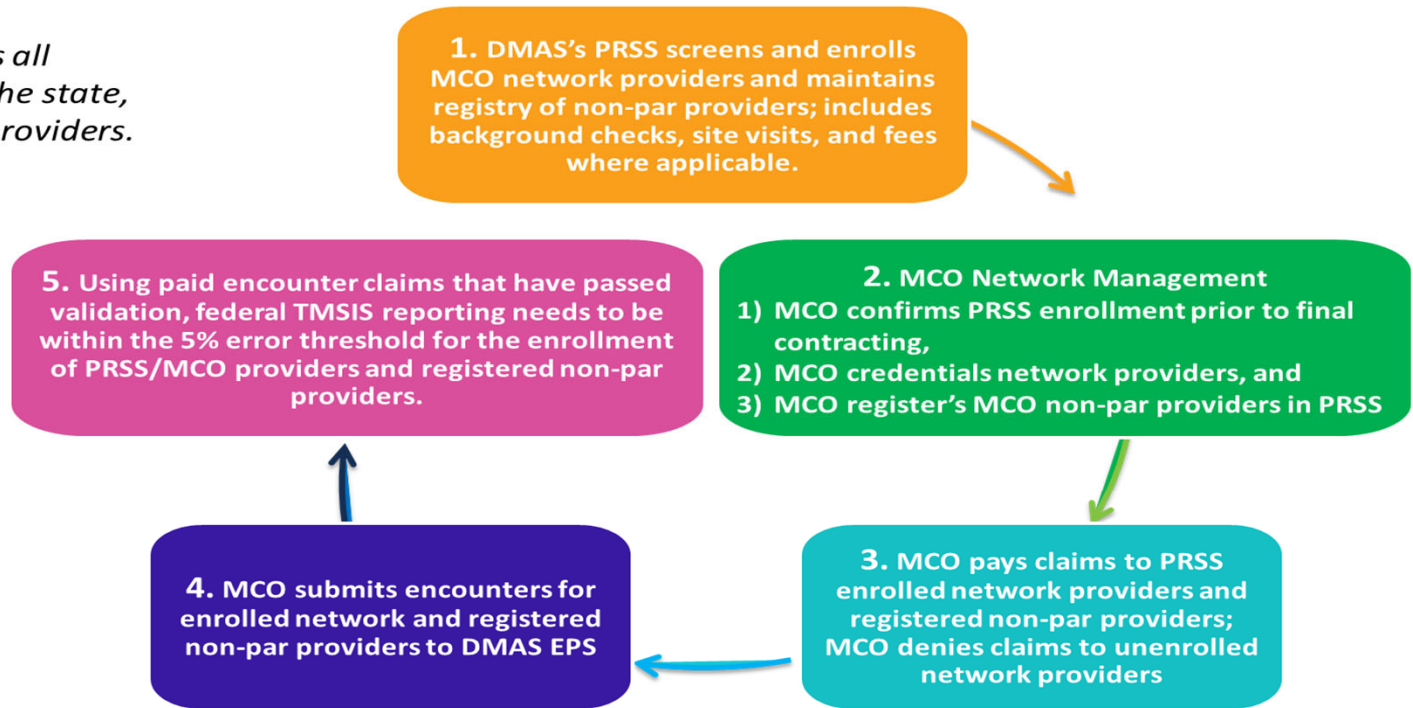
Medicaid Managed Care Updates - PRSS

Five Dimensions of MCO Provider Enrollment

The 21st Century Cures Act requires all Medicaid providers to enroll with the state, including managed care network providers.

As we move to comply with Cures Act requirements, our goal is to 1) ensure network access, 2) mitigate member disruption, and 3) avoid any unnecessary provider abrasion.

MCO provider enrollment is needed to satisfy a variety of state and federal requirements, including network adequacy, claims payment, encounter processing, and TMSIS federal reporting.



Represents the fully-operational system

Medicaid Managed Care Updates

Maternal and Child Health

- Partnership for Petersburg
- Doulas
- Regional Meetings
- Low-Risk Cesarean Affinity Group
- May is Foster Care Month
- Infant and Well Child Affinity Group
- Baby Steps VA Bi-monthly – May 12th at 10:00

COMPLEX CARE UPDATES FOR EFRC
APRIL 14, 2023

LTSS Impacts - 2023 General Assembly Update

DMAS Bills

1. **DME/Nursing Facilities - HB1512 *Adams***

- **304 #7h- Pending Budget Appropriation**
- Amend the State Plan for durable medical equipment; complex rehabilitation technology (Specialized Wheelchairs) for individuals in Nursing Facilities

2. **Screenings/Nursing Facilities- HB1681 *Robinson***

- Long-term services and supports screening after admission; coverage of institutional long-term services and supports. (companion to Lewis' SB1457)

3. **DD Waiver Services/Assistive Technology and Electronic Home Based Supports – HB 1963 *Runion***

- **304 #13h/304 #13s –Pending Budget Appropriation**
- Combining annual AT/EHBS budget caps for individuals with developmental disabilities; financial flexibility (Companion to Sutterlein's SB945)

LTSS Impacts - 2023 General Assembly Update

GIB - Biennium Bill HB30

Waiver Services

304 I
Add 500 developmental disability waiver slots
304 VVVV
Implement telehealth service delivery options for developmental disability waivers (language only)
304 XXXX
Increase rates for consumer directed personal care, respite, and companion services

Behavioral Health/ARTS

304 WWWW
Improve access to peer recovery support services

Workgroups

308 EE
Convene a workgroup to examine inclusion of residential treatment services in managed care

LTSS & Managed Care Impacts - 2023 General Assembly Update (Cont'd)

Committee Reports

Waiver Services

- Eliminate Priority One DD Waiver Waitlist
- 6 Rate Increases/Adjustments

DME

- Reimbursement Rate to 100% of Medicare rural rate for certain equipment products

Nursing Facilities

- 2 Rate Adjustments

Behavioral Health/Arts

- Collaborative Care Management Services for Substance Use Treatment
- 3 Rate Increase/Adjustment & 1 Study

Managed Care

- Review of Managed Care Re-Procurement

Right Help. Right Now.

Behavioral Health Transformation

- On December 14, 2022, Governor Youngkin announced his three-year plan to transform Virginia’s behavioral health system, entitled “Right Help, Right Now.”
 - The Governor proposed additional spend and budget language amendments for the first year totaling over \$230M
- **An aligned approach to Behavioral Health** that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families.



RHRN. The Commonwealth's Behavioral Health Plan is founded on Six Workstreams

**RIGHT HELP.
RIGHT NOW.**

Transforming Behavioral Health Care for Virginians

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Developmental Disability Waivers

DD Waitlist

Dates	3-Mar	10-Mar	17-Mar	24-Mar
P1	3473	3491	3519	3528
P2	6310	6311	6310	6312
P3	5002	5007	5012	5023
Total	14785	14809	14841	14863

DD Slots

Dates	3-Mar	10-Mar	17-Mar	24-Mar
BI	327	327	327	327
FIS	4457	4456	4454	4459
CL	11753	11755	11751	11750

Brain Injury Services (BIS) Project Update

2022 General Assembly Mandates:

1. Add Targeted Case Management for Severe TBI to Virginia Medicaid State Plan (FY-2024) (HB680)
2. Legislative Report and Budget Item for Waiver Services and Institutional Neurobehavioral Science Unit (NBU) for Brain Injury and Neurocognitive Disorders (Virginia Acts of the Assembly – Chapter 224 Enactment Clause 1, 308 CC.1-2)

Brain Injury Services (BIS) Project Update

Virginia Department of Medical Assistance Services (DMAS) Rate Study

State Plan Targeted Case Management (TCM)

- For people with severe traumatic brain injury

1915(c) Home and Community-Based Services

- For people with brain injury or neurocognitive disorder
- Wide range of services including Residential, Behavioral Health, In-Home Services, Day and Employment, Nursing, and Equipment and Modification services

Neurobehavioral Unit

- For people who need a level of care as an institutional alternative beyond what is available through waiver

Rate Methodology and Rate Development

Service Identification, Eligibility Criteria, Definitions, and Specifications

Stakeholder Engagement

Documentation and Reporting - Submit Budget Package Request Summer 2023

Brain Injury Targeted Case Management (TCM) Timeline

Brain Injury Case Management Implementation Timeline

April-December 2023

Case Management Implementation Planning
Provider Recruitment
Develop MCO Rate impacts
Submit CMS State Plan Amendment
MCO Operational Readiness
Assess Cost Impacts of Eligibility Criteria
Submit Budget Item To Address Cost Estimates and Eligibility Criteria
Provider Enrollment (PRSS Process) begins

April 1-

- DMAS and MCO pre-implementation planning and MES changes finalized

May 1-

- New TCM Reimbursement rate finalized and released
- MCO training and readiness work, provider operations training begins
- Policy public comment period

June 1st-June 30th:

- Final Policy Manual posted
- Official DMAS Provider Training begins

July 1-

- New Providers will be able to start enrollment and contracting processes

MCO CLAIMS EXPENSE AND UTILIZATION REVIEW

April 2023

Key Metric Definitions

- Three ingredients give you all three standardized key Metrics
 - Enrollment – Count of members enrolled each month
 - Cost – MCO expenditures on medical and pharmacy claims
 - Claim count – Count of MCO medical and pharmacy claims
- PMPM
 - “Per member per month”
 - Standardized way of looking at cost based on enrollment trends
 - Critical as we have large fluctuations in membership
 - Total Cost divided by Enrollment
- Utilization
 - Annualized metric for assessing volume of claims and services received by membership
 - Total Count of Claims divided by Enrollment (which is divided by 1,000)
- Cost per Claim
 - Average cost of a paid claim
 - Total Cost divided by Total Count of Claims

The following slides contain dashboards where:

- SFY23 reflects dates of service July 1, 2022, through December 31, 2022, and paid through April 3, 2022
- Completion factors are not included & MCO claims data is via DMAS’ EDWS

Summary – All Programs



Virginia Medicaid Utilization and Expenses

Per Member
Per Month Cost

\$531

5% YOY▲

\$495

SFY2021

\$506

2%▲

SFY2022

\$531

5%▲

SFY2023

Cost Per Claim

\$188

5% YOY▲

\$176

SFY2021

\$179

2%▲

SFY2022

\$188

5%▲

SFY2023

Claims Per
1000 Members

33,921

0% YOY▲

33,666

SFY2021

33,889

1%▲

SFY2022

33,921

0%▲

SFY2023

Medallion 4 Overview (Managed Care)

Big 3 By Cost Category						
Program		Healthplan		Eligibility Category		
MEDALLION4		(All)		(All)		
		SFY2021	SFY2022	SFY2023	% Difference	
Grand Total	PMPM	\$282	\$289	\$303	4.9%▲	
	Cost Per Claim	\$167	\$164	\$170	3.7%▲	
	Claims Per 12K Members	20,308	21,112	21,341	1.1%▲	
ER	PMPM	\$14	\$16	\$21	36.4%▲	
	Cost Per Claim	\$123	\$124	\$163	31.6%▲	
	Claims Per 12K Members	1,322	1,512	1,567	3.6%▲	
In-Patient	PMPM	\$58	\$57	\$50	-11.4%▼	
	Cost Per Claim	\$8,910	\$8,643	\$7,812	-9.6%▼	
	Claims Per 12K Members	78	79	77	-2.0%▼	
Nursing Facility	PMPM	\$0	\$0	\$0	61.4%▲	
	Cost Per Claim	\$2,849	\$2,200	\$3,265	48.4%▲	
	Claims Per 12K Members	0	0	0	8.8%▲	
Other Facility	PMPM	\$5	\$4	\$5	18.3%▲	
	Cost Per Claim	\$1,121	\$1,046	\$1,264	20.9%▲	
	Claims Per 12K Members	50	49	48	-2.1%▼	
Out-Patient	PMPM	\$34	\$33	\$43	30.6%▲	
	Cost Per Claim	\$406	\$389	\$575	48.0%▲	
	Claims Per 12K Members	998	1,016	896	-11.8%▼	
Pharmacy	PMPM	\$72	\$73	\$78	6.5%▲	
	Cost Per Claim	\$109	\$107	\$108	0.8%▲	
	Claims Per 12K Members	7,965	8,235	8,701	5.7%▲	
Physician Services	PMPM	\$100	\$106	\$105	-0.7%▼	
	Cost Per Claim	\$121	\$125	\$126	1.0%▲	
	Claims Per 12K Members	9,895	10,222	10,051	-1.7%▼	

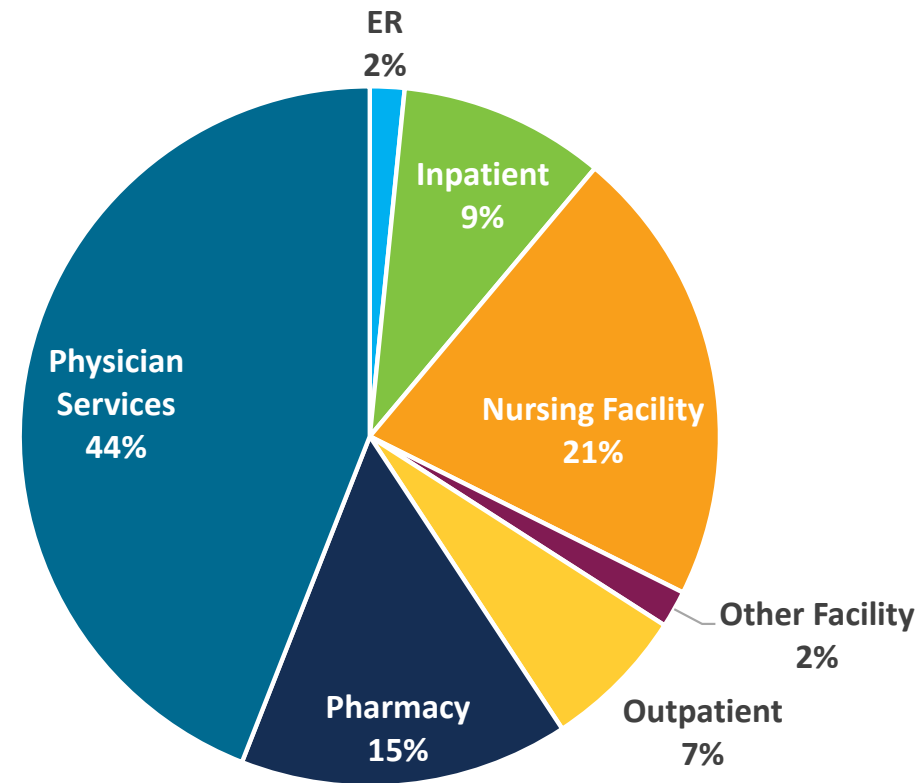
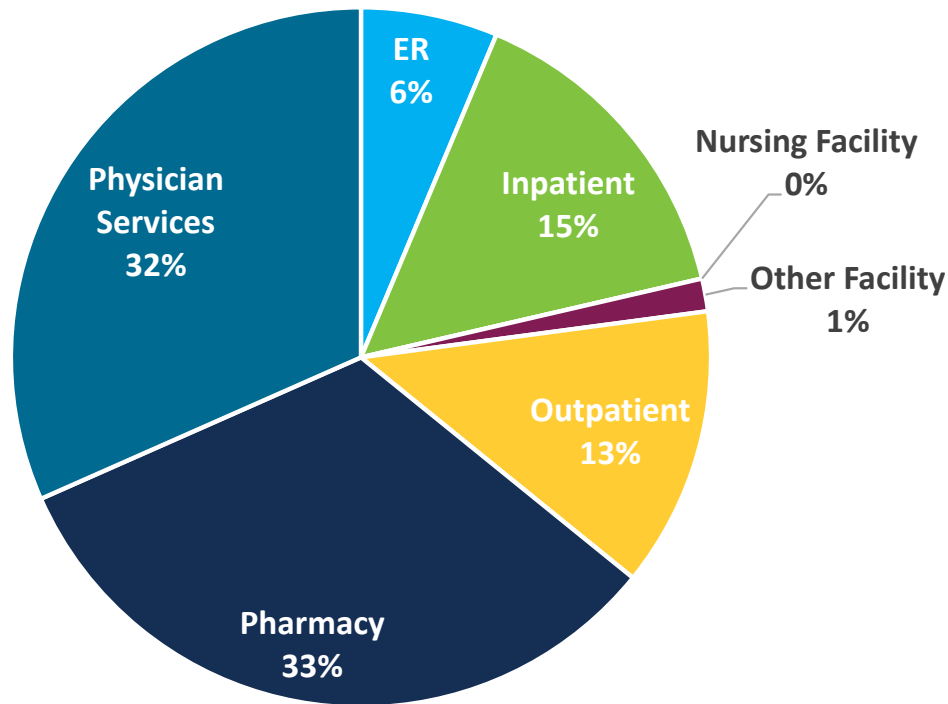
CCC Plus Overview (Managed Care)

Big 3 By Cost Category						
Program	Healthplan	Eligibility Category				
CCCPLUS	(All)	(All)				
		SFY2021	SFY2022	SFY2023	% Difference	
Grand Total	PMPM	\$1,540	\$1,644	\$1,755	6.8%▲	
	Cost Per Claim	\$186	\$196	\$208	6.1%▲	
	Claims Per 12K Members	90,442	100,803	101,459	0.7%▲	
ER	PMPM	\$20	\$22	\$28	31.6%▲	
	Cost Per Claim	\$82	\$85	\$113	32.6%▲	
	Claims Per 12K Members	2,955	3,030	3,007	-0.8%▼	
In-Patient	PMPM	\$179	\$180	\$167	-7.2%▼	
	Cost Per Claim	\$7,349	\$7,298	\$6,942	-4.9%▼	
	Claims Per 12K Members	292	297	289	-2.4%▼	
Nursing Facility	PMPM	\$338	\$344	\$373	8.3%▲	
	Cost Per Claim	\$4,107	\$4,571	\$5,471	19.7%▲	
	Claims Per 12K Members	988	904	818	-9.5%▼	
Other Facility	PMPM	\$27	\$28	\$30	5.2%▲	
	Cost Per Claim	\$520	\$531	\$597	12.5%▲	
	Claims Per 12K Members	631	639	598	-6.5%▼	
Out-Patient	PMPM	\$82	\$82	\$117	42.4%▲	
	Cost Per Claim	\$357	\$361	\$548	51.9%▲	
	Claims Per 12K Members	2,772	2,728	2,556	-6.3%▼	
Pharmacy	PMPM	\$245	\$250	\$267	6.6%▲	
	Cost Per Claim	\$120	\$125	\$127	1.8%▲	
	Claims Per 12K Members	24,508	24,094	25,238	4.7%▲	
Physician Services	PMPM	\$648	\$738	\$773	4.8%▲	
	Cost Per Claim	\$116	\$128	\$135	5.1%▲	
	Claims Per 12K Members	67,298	69,111	68,953	-0.2%▼	

Cost Category Comparison by Program

Medallion 4 Managed Care Expenses by Category SFY2023

CCC Plus Managed Care Expenses by Category SFY2023



- Physician Services, Pharmacy and Inpatient make up **80%** of Medallion 4
- Physician Services, Nursing Facility and Pharmacy make up **80%** of CCC Plus
 - Predictably the largest difference in percent of spend is Nursing Facility
 - Medallion 4 with 18 percentage points higher Pharmacy
 - CCC Plus Physician Services 12 percentage points more than Medallion 4

Medallion 4 PMPM YTD vs Prior YTD

PMPM Comparison				
	Where we ended up	Where we were this time last year	Where we are now	
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	\$289	\$292	\$303▲	4%▲
ER	\$16	\$16	\$21▲	29%▲
In-Patient	\$57	\$60	\$50▼	-16%▼
Nursing Facility	\$0	\$0	\$0▲	4%▲
Other Facility	\$4	\$4	\$5▲	15%▲
Out-Patient	\$33	\$33	\$43▲	29%▲
Pharmacy	\$73	\$72	\$78▲	8%▲
Physician Services	\$106	\$106	\$105▼	0%▼

Medallion 4 Utilization YTD vs Prior YTD

Claims per 1000 Members Comparison				
PMPM	Cost Per Claim	Claims Per 1000 Members	<< Back	
Program	Healthplan	Eligibility Category		
MEDALLION4	(All)	(All)		
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	21,112	21,048	21,341▲	1%▲
ER	1,512	1,600	1,567▼	-2%▼
In-Patient	79	81	77▼	-5%▼
Nursing Facility	0	0	0▼	-11%▼
Other Facility	49	49	48▼	-2%▼
Out-Patient	1,016	1,064	896▼	-16%▼
Pharmacy	8,235	8,004	8,701▲	9%▲
Physician Services	10,222	10,250	10,051▼	-2%▼

CCC Plus PMPM YTD vs Prior YTD

MPPM Comparison				
PMPM	Cost Per Claim		Claims per 1000 Members	<< Back
Program	Healthplan		Eligibility Category	
CCCPLUS	(All)		(All)	
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	\$1,644	\$1,664	\$1,755▲	5%▲
ER	\$22	\$22	\$28▲	30%▲
In-Patient	\$180	\$184	\$167▼	-9%▼
Nursing Facility	\$344	\$350	\$373▲	7%▲
Other Facility	\$28	\$28	\$30▲	7%▲
Out-Patient	\$82	\$81	\$117▲	43%▲
Pharmacy	\$250	\$245	\$267▲	9%▲
Physician Services	\$738	\$754	\$773▲	3%▲

CCC Plus Utilization YTD vs Prior YTD

Claims per 1000 Members Comparison				
PMPM	Cost Per Claim	Claims Per 1000 Members	<< Back	
Program	Healthplan	Eligibility Category		
CCCPLUS	(All)	(All)		
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	100,803	101,408	101,459▲	0%▲
ER	3,030	3,096	3,007▼	-3%▼
In-Patient	297	298	289▼	-3%▼
Nursing Facility	904	921	818▼	-11%▼
Other Facility	639	617	598▼	-3%▼
Out-Patient	2,728	2,742	2,556▼	-7%▼
Pharmacy	24,094	23,256	25,238▲	9%▲
Physician Services	69,111	70,478	68,953▼	-2%▼

Major Service Category Outlier Analysis

- Recall our previous findings
 - Medallion 4 “Physician – Other” only category of 36 to be two standard deviations above or below 2022 mean (~95% of values in samples should fall within this range)
 - January 2022-June 2022 average PMPM is \$24.56
 - January 2021-December 2021 PMPM was \$14.44
 - No statistically significant or material outliers with CCC Plus

Major Service Category Outlier Analysis – Medallion 4

Medallion	Base Mean (Jan 2021 - Dec 2021)	2StdDev	UCL	LCL	Mean (Jan 2022 - Jul 2022)	Delta (Mean)	Outcome	Jan 2021 - Jul 2022 trend	Jan - July Data Points (Current CY)
Medallion	\$289.90	\$25.23	\$315.13	\$264.68	\$281.67	-\$8.24	OK		
Pharmacy/Prescription Drugs	\$73.23	\$7.30	\$80.53	\$65.93	\$74.22	\$0.99	OK		
Outpatient - Other	\$28.58	\$3.75	\$32.33	\$24.84	\$27.46	-\$1.12	OK		
Inpatient - Other	\$35.17	\$5.94	\$41.10	\$29.23	\$29.48	-\$5.68	OK		
Physician - PCP/Evaluation & Management	\$29.85	\$4.07	\$33.92	\$25.78	\$29.92	-\$1.95	OK		
Physician - Other	\$14.44	\$5.40	\$19.85	\$9.04	\$24.56	\$10.12	CHECK		
Outpatient - ER	\$16.37	\$3.57	\$19.94	\$12.80	\$16.50	\$0.13	OK		
Addiction and Recovery Treatment Services (ARTS)	\$14.39	\$1.33	\$15.72	\$13.06	\$14.70	\$0.30	OK		
Community Behavioral Health	\$21.52	\$5.03	\$26.55	\$16.49	\$14.19	-\$7.32	CHECK		
Inpatient - Maternity Kick	\$7.93	\$0.92	\$8.85	\$7.01	\$7.82	-\$0.11	OK		
Inpatient - Newborn	\$10.11	\$2.33	\$12.44	\$7.79	\$8.31	-\$1.80	OK		
Physician - Specialist	\$8.43	\$1.14	\$9.57	\$7.29	\$7.88	-\$0.56	OK		
Lab and X-Ray Services	\$8.00	\$1.21	\$9.21	\$6.79	\$7.68	-\$0.32	OK		
Inpatient - Psych	\$5.49	\$0.48	\$5.96	\$5.01	\$5.14	-\$0.35	OK		
Transportation/Non-emergency	\$2.37	\$0.41	\$2.78	\$1.97	\$2.55	\$0.17	OK		
DME/Supplies	\$3.22	\$0.32	\$3.53	\$2.90	\$2.83	-\$0.38	CHECK		
Physician - Maternity	\$2.82	\$0.28	\$3.11	\$2.54	\$2.68	-\$0.14	OK		
FQHC / RHC	\$1.59	\$0.33	\$1.92	\$1.25	\$1.59	\$0.01	OK		
Outpatient - Psych	\$0.67	\$0.12	\$0.79	\$0.54	\$0.92	\$0.25	CHECK		
Early Intervention	\$1.53	\$0.18	\$1.71	\$1.35	\$1.54	\$0.01	OK		
Outpatient - Maternity	\$0.81	\$0.11	\$0.93	\$0.70	\$0.81	\$0.00	OK		
Transportation/Emergency	\$0.99	\$0.15	\$1.14	\$0.83	\$0.87	-\$0.12	OK		
Other Waiver Services	\$0.64	\$0.14	\$0.78	\$0.49	\$0.70	\$0.06	OK		
Inpatient - Maternity (excluding Maternity Kick)	\$0.71	\$0.43	\$1.14	\$0.28	\$0.57	-\$0.14	OK		
Home Health Services	\$0.39	\$0.04	\$0.42	\$0.35	\$0.34	-\$0.05	CHECK		
Physician Clinic	\$0.08	\$0.06	\$0.15	\$0.02	\$0.12	\$0.03	OK		
Nursing Facility	\$0.15	\$0.03	\$0.18	\$0.12	\$0.12	-\$0.03	OK		
Hospice Care	\$0.09	\$0.07	\$0.15	\$0.02	\$0.05	-\$0.03	OK		
Physician - OP Mental Health	\$0.06	\$0.03	\$0.09	\$0.03	\$0.06	\$0.00	OK		
Case Management Services	\$0.07	\$0.02	\$0.08	\$0.05	\$0.05	-\$0.02	CHECK		
Physician - IP Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	OK		
Consumer Directed - Personal Care	\$0.00	\$0.02	\$0.02	-\$0.01	\$0.00	\$0.00	OK		
Personal Care Agency - Respite Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	OK		
Personal Care Agency - Personal Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	OK		
Physician - Dental	\$0.23	\$0.48	\$0.71	-\$0.25	\$0.00	-\$0.23	OK		
Consumer Directed - Respite Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CHECK		
Adult Day Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	OK		

Major Service Category Outlier Analysis

- The increase in Physician Other expenses across time periods looks like it's being caused by some new procedures which became effective in December of 2021
- Most significantly, for both Medallion and CCC+ these are:
 - **S9482** - Community Stabilization - Family stabilization services, per 15 minutes as maintained by CMS falls under Miscellaneous Supplies and Services
 - **97153** - Adaptive behavior treatment by protocol is administered by a technician under the direction of a physician/other QHP, who may provide direction during the actual treatment, which represents face-to-face skill training delivered to a patient
 - **97155** - Adaptive behavior treatment with protocol modification is administered by a physician/other QHP face-to-face with a single patient to resolve one or more problems
- These are all fairly expensive services relative to others (average) in the Physician Other category and therefore have increased PMPM and Cost per Service of the category while leaving Utilization relatively flat/unaffected (see cost trends on the following slide)
- Going forward, the post December metrics will need to be the new baseline for the Physician Other category

Major Service Category Outlier Analysis

PROGRAM Medallion

Sum of EX_MCO_PAID	2021-09-01	2021-10-01	2021-11-01	2021-12-01	2022-01-01	2022-02-01	Grand Total
S9482			\$189,516	\$6,874,187	\$9,458,733	\$10,031,432	\$26,553,868
U0003	\$4,438,618	\$3,162,285	\$2,241,669	\$3,186,261	\$4,040,988	\$1,484,082	\$18,553,903
97153	\$4,843	\$4,024	\$71,461	\$3,192,978	\$3,315,387	\$3,705,962	\$10,294,655
97155	\$3,075	\$1,606	\$26,398	\$1,695,883	\$1,913,268	\$1,965,874	\$5,606,105
97110	\$940,413	\$969,431	\$976,570	\$926,615	\$793,751	\$966,094	\$5,572,873
J7170	\$705,725	\$682,630	\$721,630	\$628,101	\$818,035	\$671,918	\$4,228,039
92507	\$614,514	\$645,215	\$655,084	\$610,567	\$648,711	\$738,243	\$3,912,334
J9271	\$416,445	\$540,526	\$674,410	\$528,068	\$499,790	\$513,681	\$3,172,920
T1019	\$404,680	\$443,278	\$453,260	\$465,632	\$478,942	\$462,271	\$2,708,062
95165	\$336,691	\$356,384	\$362,097	\$332,979	\$296,797	\$343,294	\$2,028,241

PROGRAM CCC Plus

Sum of EX_MCO_PAID	2021-09-01	2021-10-01	2021-11-01	2021-12-01	2022-01-01	2022-02-01	Grand Total
T1019	\$3,776,679	\$3,944,580	\$4,072,858	\$4,054,554	\$4,137,635	\$3,788,439	\$23,774,744
S9482			\$128,870	\$5,233,275	\$6,188,545	\$6,238,230	\$17,788,920
97153	\$2,303	\$3,919	\$26,293	\$2,187,713	\$2,262,036	\$2,481,351	\$6,963,614
G2021	\$5,159,770	\$4,570	\$1,118				\$5,165,458
J9271	\$831,279	\$789,170	\$781,744	\$870,869	\$680,726	\$793,511	\$4,747,298
J7170	\$669,068	\$762,848	\$689,657	\$525,432	\$703,026	\$586,644	\$3,936,675
97155	\$300	\$620	\$6,949	\$987,086	\$1,181,833	\$1,196,607	\$3,373,395
J1428	\$414,682	\$454,582	\$527,408	\$498,502	\$418,790	\$524,774	\$2,838,739
97110	\$395,906	\$396,958	\$407,173	\$387,116	\$331,477	\$378,545	\$2,297,174
J0178	\$301,405	\$347,637	\$306,685	\$313,241	\$342,700	\$306,493	\$1,918,160