



External Finance Review Committee (EFRC) Meeting

July 26, 2024



Agenda

Finance Review

Enrollment Review

Managed Care Program Update

Complex Care Services Update

MCO Claims Expense and Utilization Review

EFRC Meeting Requirements

Chapter 2 of the 2024 Appropriation Act

Item 292.B.4. The Department of Medical Assistance Services shall convene a meeting three times each fiscal year with the Secretary of Finance, Secretary of Health and Human Resources, or their designees, and appropriate staff from the Department of Planning and Budget, House Appropriations and Senate Finance and Appropriations Committees, and Joint Legislative Audit and Review Commission to explain any material differences in expenditures compared to the official Medicaid forecast, adjusted to reflect budget actions from each General Assembly Session. The main purpose of each meeting shall be to review and discuss the most recent Medicaid expenditures to determine the program's financial status. At each meeting, the department shall report on enrollment trends by eligibility category and indicate differences in actual enrollment as compared to the most recent forecast of enrollment. If necessary, the department shall provide options to bring expenditures in line with available resources. At each meeting, the department shall provide an update on any changes to the managed care programs, or contracts with managed care organizations, that includes detailed information and analysis on any such changes that may have an impact on the capitation rates or overall fiscal impact of the programs, including changes that may result in savings. In addition, the department shall report on utilization and other trends in the managed care programs. During each fiscal year, the meetings shall be held in April, July, and October of each year to review the time period since the last meeting.



Finance Review

Chris Gordon, Chief Financial Officer



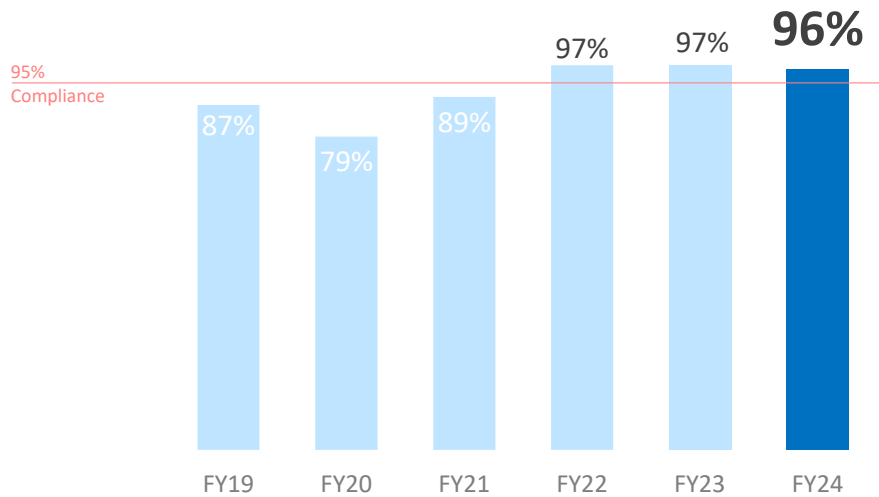
Overview

- **FY24 Review**

- Prompt Pay
- SWaM
- Revenues: CMP, VHCF
- Five-Year Expenditure comparison
- Forecast to actual for FY 2024

- **FY25 Look Ahead**

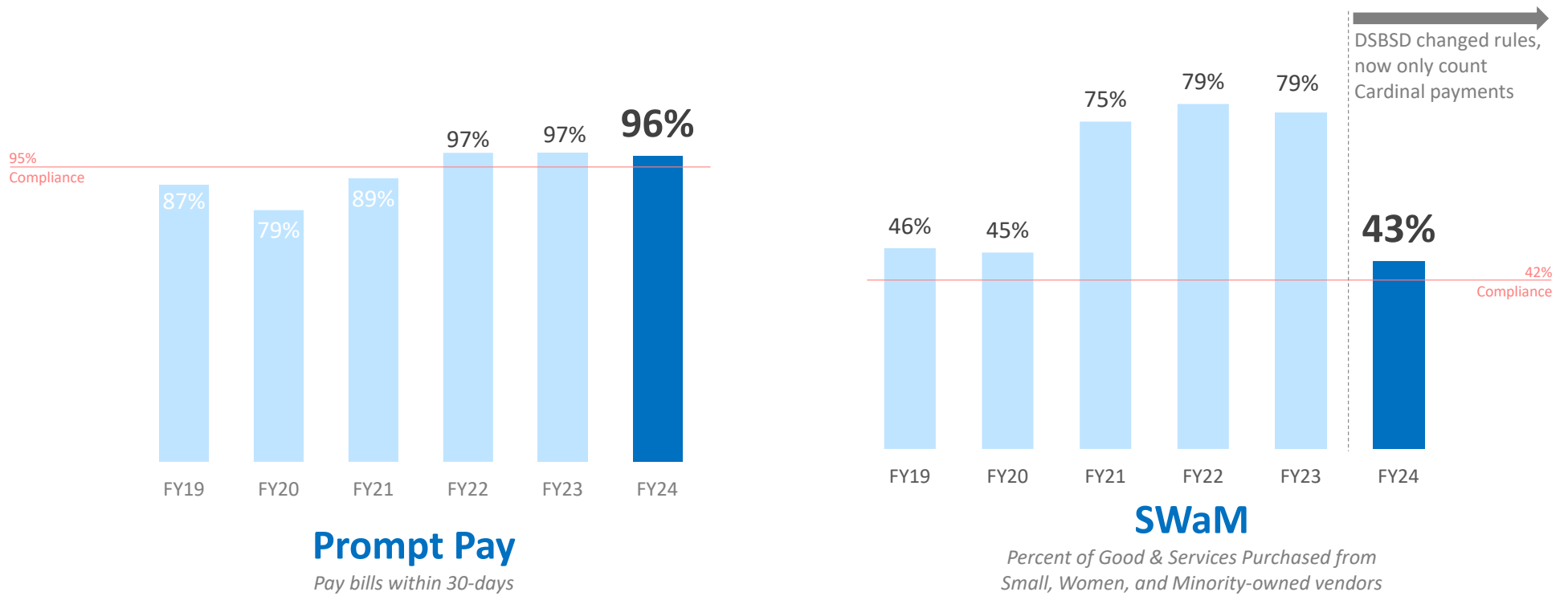
Administrative Targets



Prompt Pay

Pay bills within 30-days

Administrative Targets



Procurements

Major Contracts

Type	Count	Amount
Modifications	39	10,174,322
Renewals	6	9,307,397
Extensions	12	193,791,179
Total	57	\$213,272,898

Procurements

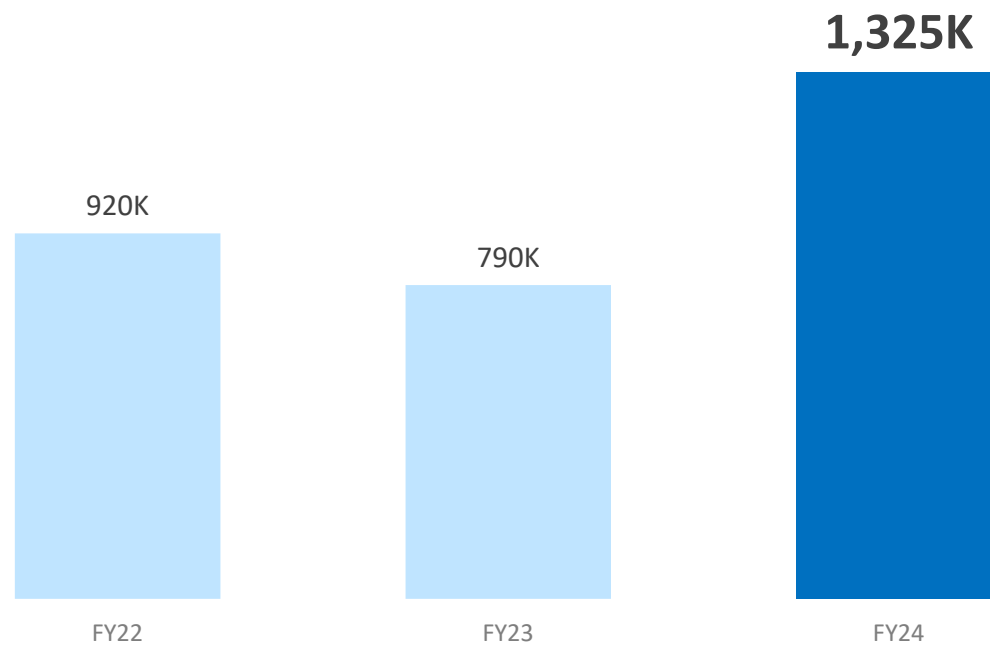
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Total	57	\$213,272,898

Inter-agency Agreements

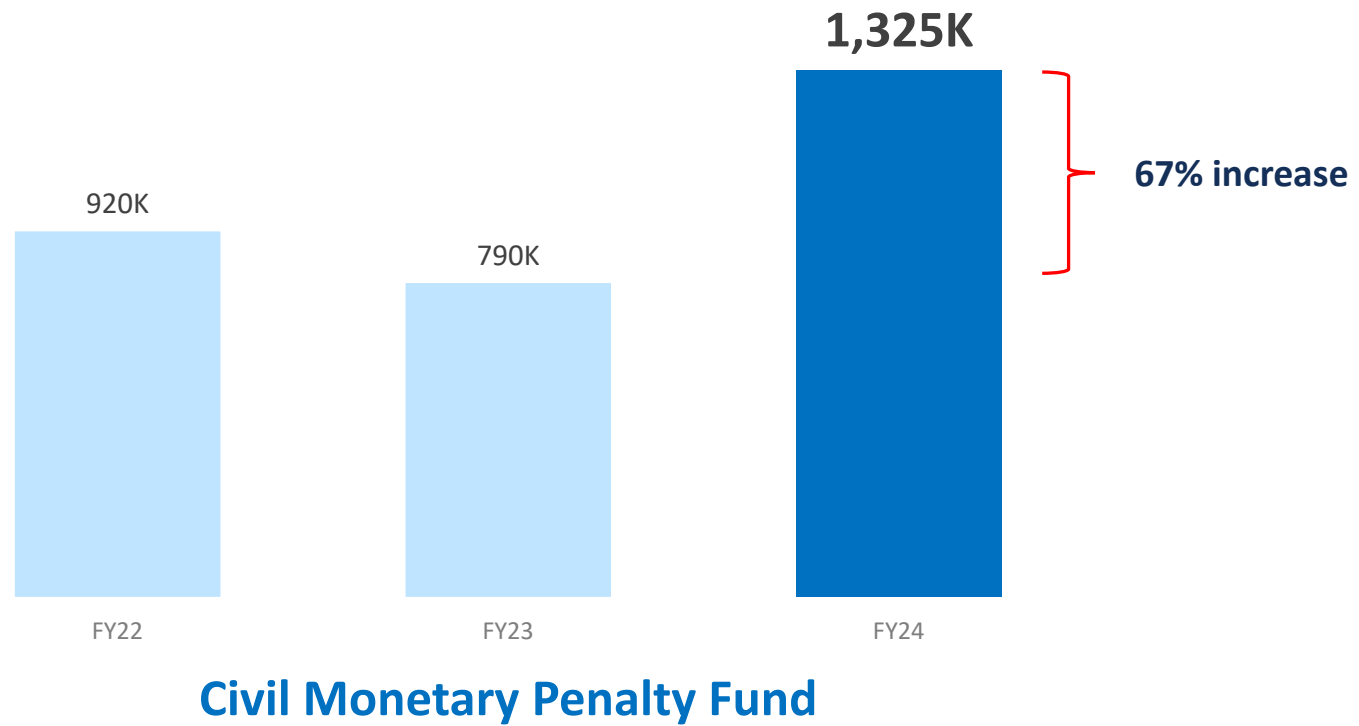
Type	Count	Amount
Modification	27	37,900,799
Renewals	3	1,988,250
New	10	1,344,024
Total	40	\$41,223,073

Revenues

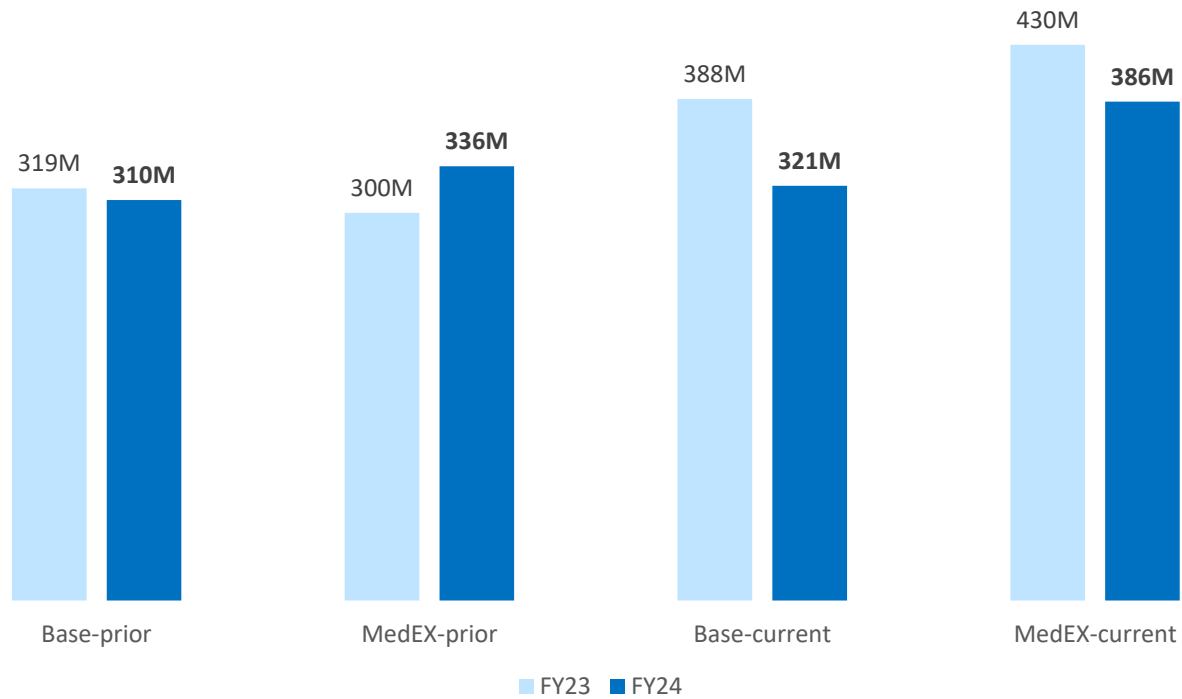


Civil Monetary Penalty Fund

Revenues

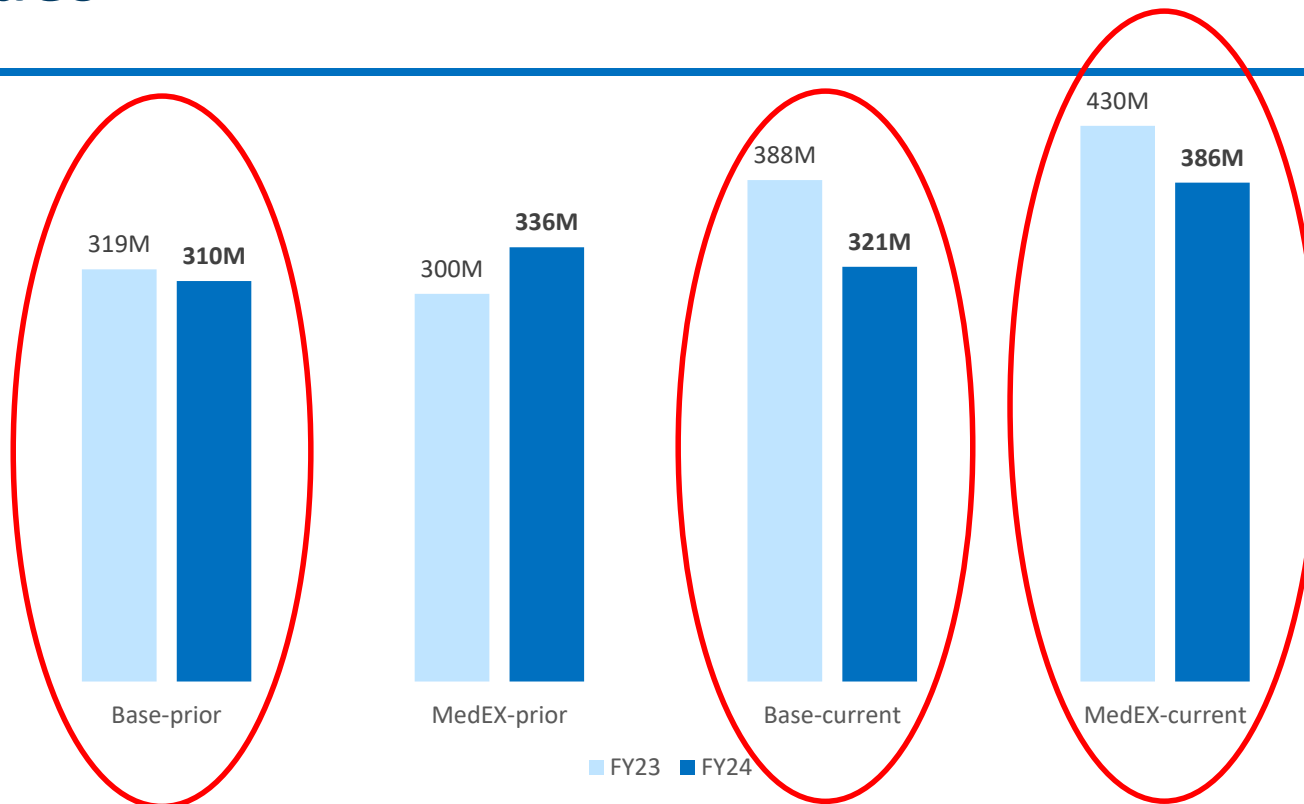


Revenues



Rx Receipts—total funds

Revenues



Rx Receipts—total funds

Revenues

2.7

June 17

Rx Receipts—timing

Revenues



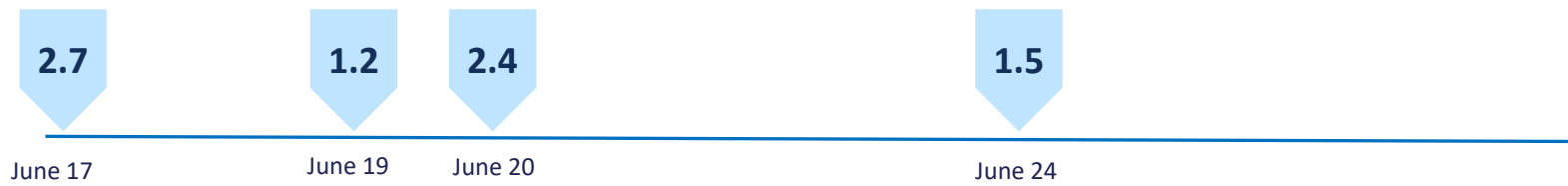
Rx Receipts—timing

Revenues



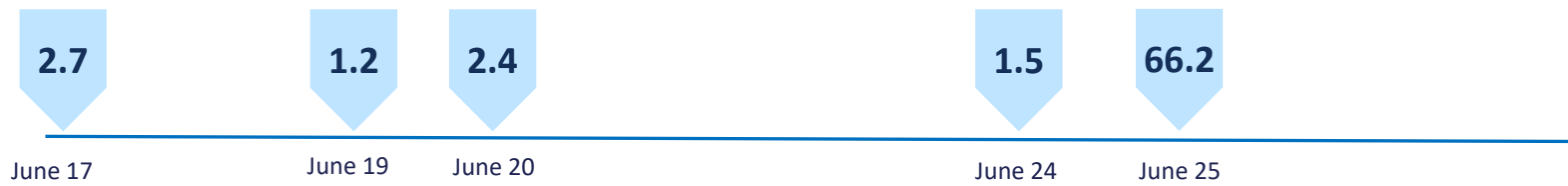
Rx Receipts—timing

Revenues



Rx Receipts—timing

Revenues



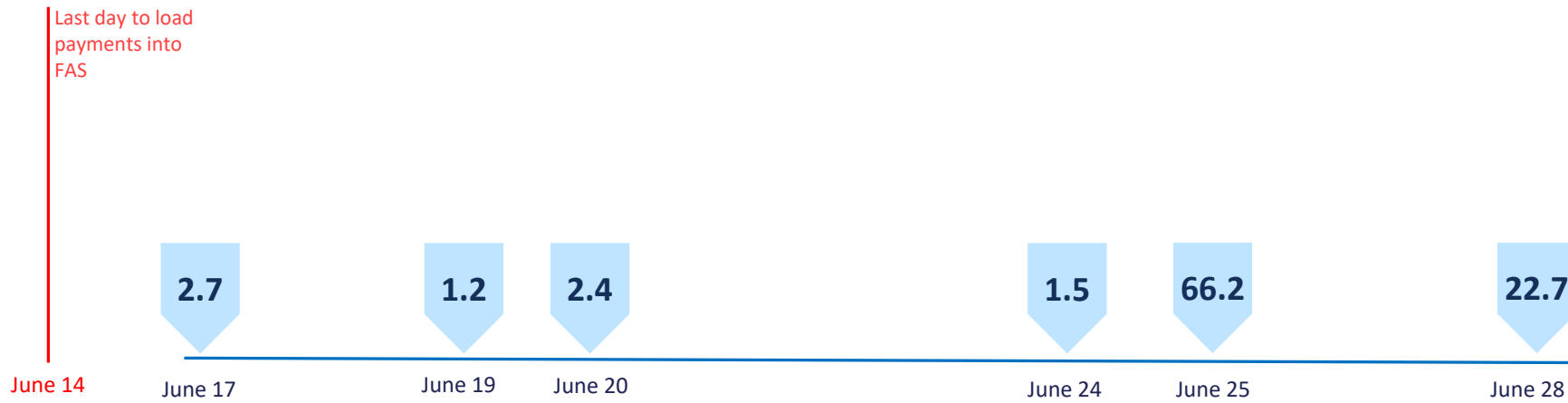
Rx Receipts—timing

Revenues



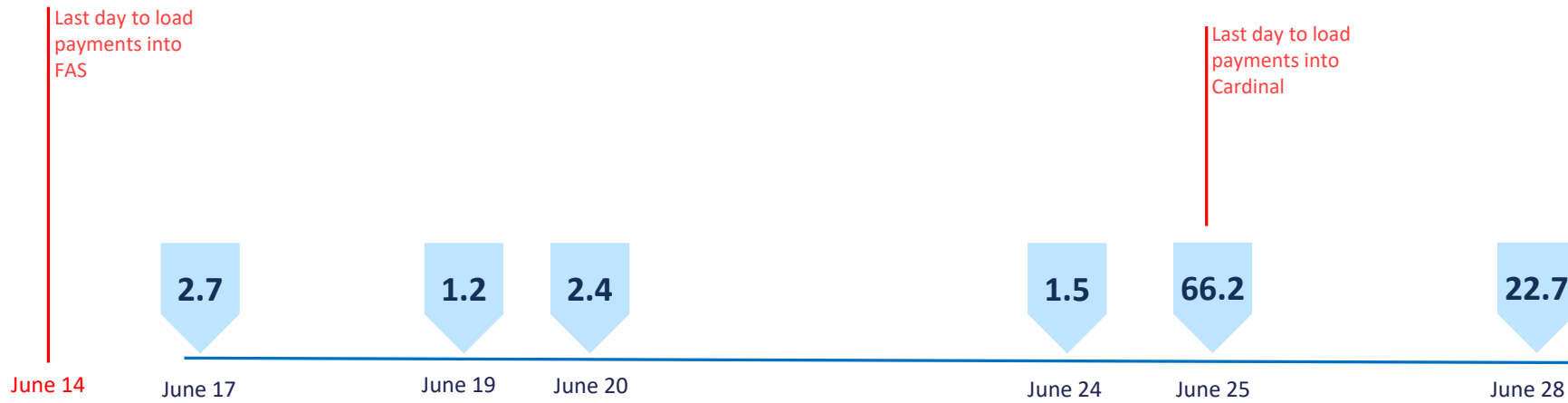
Rx Receipts—timing

Revenues



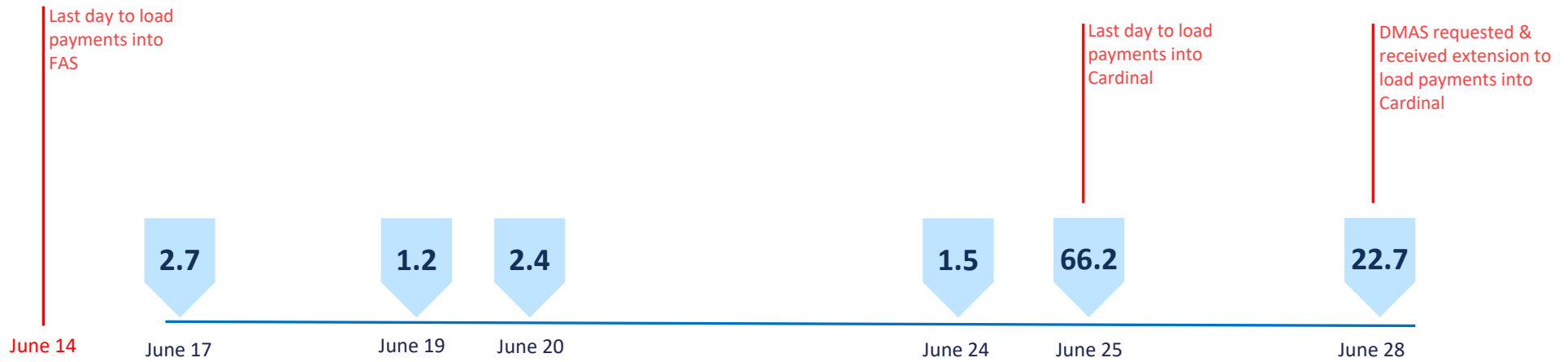
Rx Receipts—timing

Revenues



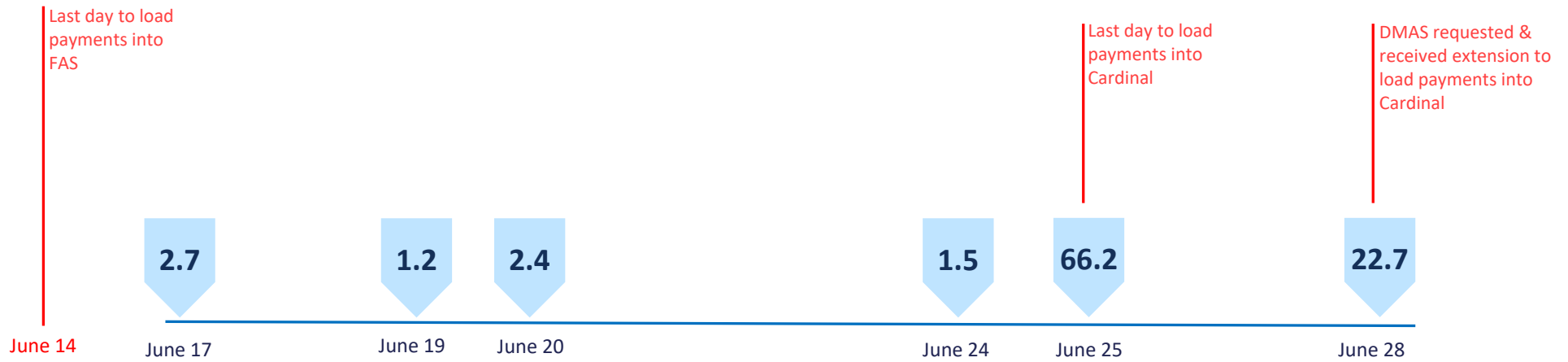
Rx Receipts—timing

Revenues



Rx Receipts—timing

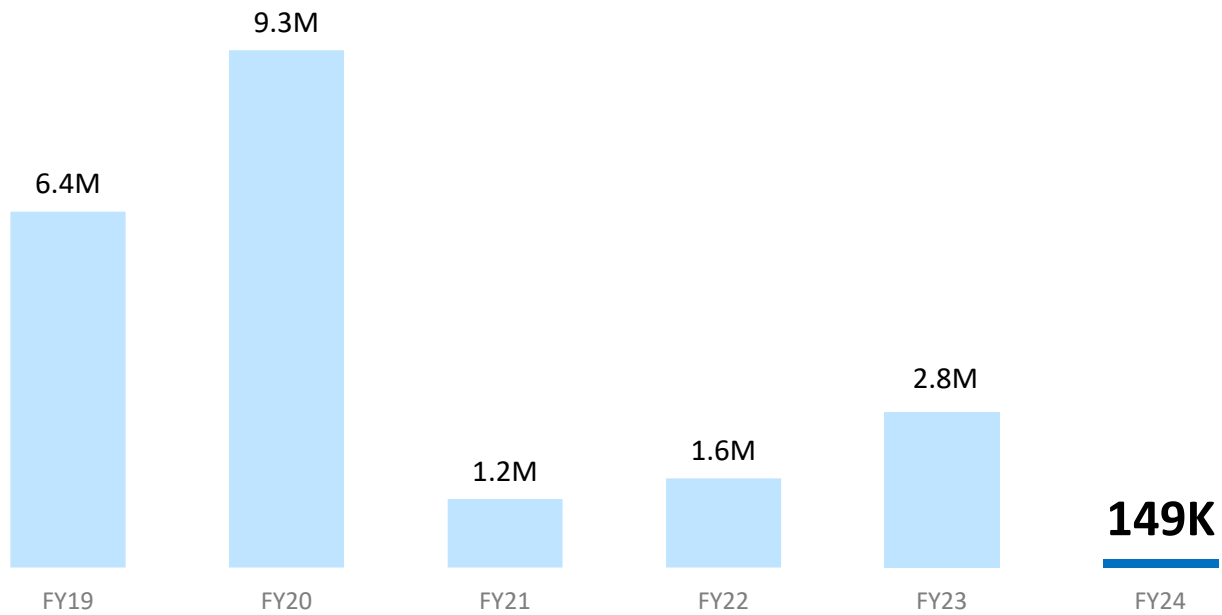
Revenues



Received **\$96M** of \$310M Rx receipts in the **last 14 days** of FY24

Rx Receipts—timing

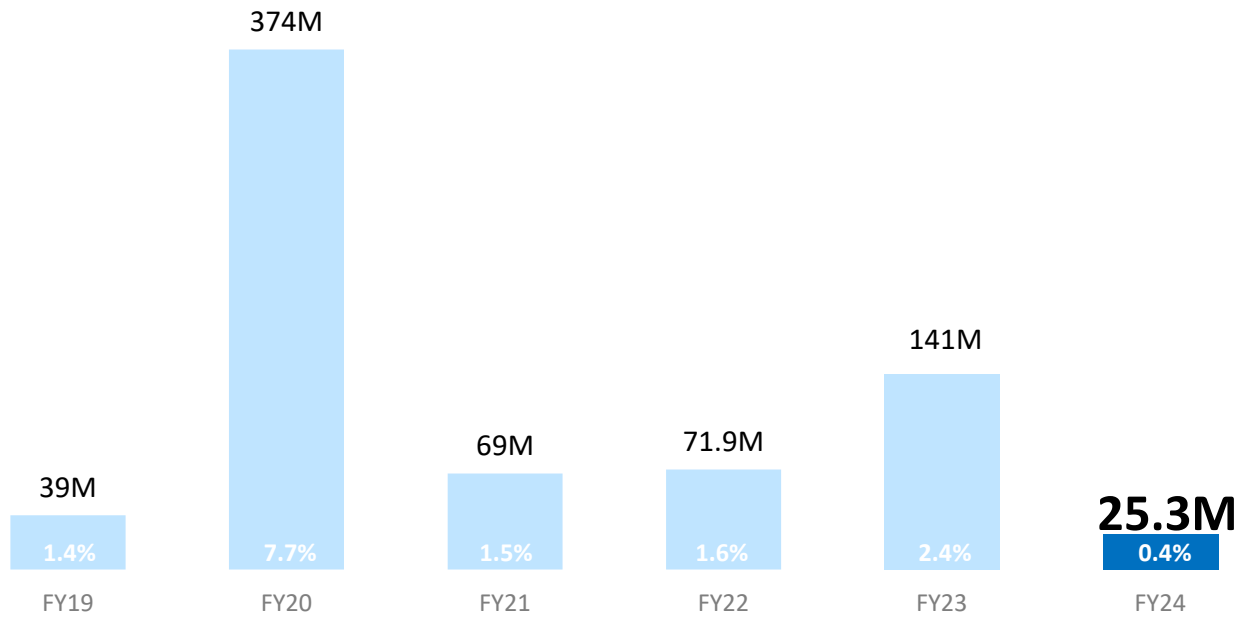
Expenditures



General Fund—Administration

Remaining Appropriation Balance

Expenditures



General Fund—Medical
Remaining Appropriation Balance

Expenditure Comparison

In Millions

Five Year Look-back (Through June)

Expenditures	Actuals through June					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	5,212.4	6,141.9	6,886.9	8,139.1	7,514.0	(625)	-7.7%
Cardinal LTSS	4,377.2	5,340.2	6,186.4	7,263.2	6,681.9	(581)	-8.0%
Fee-For-service: General Medicaid	1,578.1	1,526.7	1,607.8	1,868.3	2,062.1	194	10.4%
Fee-For-service: BH & Rehabilitative	52.1	48.3	39.6	38.2	58.4	20	52.9%
Fee-For-service: Long-Term Care Services	1,478.1	1,450.4	1,675.8	2,220.8	2,428.9	208	9.4%
Hospital Supplemental (DSH, IME/GME, Dx)	532.9	530.3	770.6	747.9	610.5	(137)	-18.4%
Hospital Rate Assessment Payments	1,035.5	1,539.1	2,095.6	2,824.0	2,810.6	(13)	-0.5%
Pharmacy Rebates	(569.7)	(650.2)	(712.7)	(819.0)	(579.3)	240	-29.3%
Title XIX Total	13,696.6	15,926.6	18,550.1	22,282.5	21,587.0	(695)	-3.1%
Fund Type							
General	4,343.5	4,263.3	4,322.7	5,577.5	5,405.9	(172)	-3.1%
Coverage Assessment	243.3	369.5	431.7	588.4	670.8	82	14.0%
Rate Assessment	343.2	420.7	564.3	767.5	837.8	70	9.2%
VA Health Care Fund	381.4	566.4	629.4	626.1	707.7	82	13.0%
Federal	8,385.3	10,306.8	12,602.0	14,723.0	13,964.9	(758)	-5.1%
Total	13,696.6	15,926.6	18,550.1	22,282.5	21,587.0	(695)	-3.1%

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Discussed Last Meeting: FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. **FY24 had a total of 11 capitation payments; normal years have 12.** From accelerations in FY24, **approximately \$34m in GF was saved through the acceleration of capitation payments alone in FY24.**

VA Health Care Fund	8,385.3	10,306.8	12,602.0	14,723.0	13,964.9	(758)	-5.1%
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Fund Type							
General	4,343.5	4,263.3	4,322.7	5,577.5	5,405.9	(172)	-3.1%
Discussed Last Meeting:	Primarily related to Medicaid Expansion: Year-over-year population growth.						
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Coverage Assessment	245.5	305.5	431.7	588.4	670.8	82	14.0%
Rate Assessment	343.2	420.7	564.3	767.5	837.8	70	9.2%
VA Health Care Fund	381.4	566.4	629.4	626.1	707.7	82	13.0%
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CSA reporting issue is now resolved and trend in this category appears to be returning to FY20 levels.

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Discussed Last Meeting: Primarily driven by DD Waiver slots added in FY24							
VA Health Care Fund	381.4	566.4	629.4	626.1	707.7	82	13.0%
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<p>Acceleration of Q1FY24 payments into FY23 for Favorable FMAP (and withholding June payments into the first remit of FY25)</p>							
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Discussed Last Meeting: Pharmacy Rebates have been trending lower all year.

Expenditure Comparison

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Fee-For-service: General Medicaid	1,578.1	1,526.7	1,607.8	1,868.3	2,062.1	194	10.4%
Fee-For-service: Special Medicaid							2.9%
Fee-For-service: Other Medicaid							9.4%
Hospital Support							8.4%
Hospital Rate Assessment Payments	1,055.5	1,559.1	2,095.6	2,824.0	2,810.6	(13)	-0.5%
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Total	13,696.6	15,926.6	18,550.1	22,282.5	21,587.0	(695)	-3.1%

Primarily due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP (11 capitation payments versus 12).

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Hospital Rate Assessment Payments	1,035.5	1,539.1	2,095.6	2,824.0	2,810.6	(13)	-0.5%
Pharmacy Reimbursement	(569.7)	(559.2)	(712.7)	(819.9)	(579.2)	240	-29.3%
Title XIX Total						(695)	-3.1%
Increased Medicaid Expansion Enrollment in the first half of FY24, and Increased UPL.							
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Coverage Assessment	243.3	369.5	431.7	588.4	670.8	82	14.0%
Rate Assessment	343.2	420.7	564.3	767.5	837.8	70	9.2%
VA Health Care Fund	381.4	566.4	629.4	626.1	707.7	82	13.0%
Federal	8,385.3	10,306.8	12,602.0	14,723.0	13,964.9	(758)	-5.1%
Total	13,696.6	15,926.6	18,550.1	22,282.5	21,587.0	(695)	-3.1%

Expenditure Comparison

In Millions

Five Year Look-back (Through June)

Expenditures	Actuals through June					FY23 vs. FY24		
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%	
Cardinal Acute	5,212.4	6,141.9	6,886.9	8,139.1	7,514.0	(625)	-7.7%	
Cardinal LTSS	4,377.2	5,340.2	6,186.4	7,263.2	6,681.9	(581)	-8.0%	
Fee-For-service: General Medicaid	1,578.1	1,526.7	1,607.8	1,868.3	2,062.1	194	10.4%	
Fee-For-service: BH & Rehabilitative	52.1	48.3	39.6	38.2	58.4	20	52.9%	
Fee-For-service: Long-Term Care Services	1,478.1	1,450.4	1,675.8	2,220.8	2,428.9	208	9.4%	
Hospital Supplemental (DSH, IME/GME, Dx)	532.9	530.3	770.6	747.9	610.5	(137)	-18.4%	
Hospital Rate Assessment Payments	1,035.5	1,539.1	2,095.6	2,824.0	2,810.6	(13)	-0.5%	
Pharmacy Reimbursement	(569.7)	(559.2)	(712.7)	(819.9)	(579.2)	240	29.3%	
Title XIX Total							1%	
			General Assembly raised the appropriation and DMAS fully utilized (down to \$0.53).					
Fund Type								
General	4,343.5	4,263.3	4,322.7	5,577.5	5,405.9	(172)	-3.1%	
Coverage Assessment	243.3	369.5	431.7	588.4	670.8	82	14.0%	
Rate Assessment	343.2	420.7	564.3	767.5	837.8	70	9.2%	
VA Health Care Fund	381.4	566.4	629.4	626.1	707.7	82	13.0%	
Federal	8,385.3	10,306.8	12,602.0	14,723.0	13,964.9	(758)	-5.1%	
Total	13,696.6	15,926.6	18,550.1	22,282.5	21,587.0	(695)	-3.1%	

Expenditure Comparison – Another way to Look at the Data In Millions

FY 2024 Compared Against the Forecast

Expenditures	YTD	YTD	Variance
	FY 2024	Forecast	
Cardinal Acute	7,514.0	7,503.6	0.1%
Cardinal LTSS	6,681.9	6,553.6	2.0%
Fee-For-service: General Medicaid	2,062.1	1,968.6	4.7%
Fee-For-service: BH & Rehabilitative	58.4	42.0	39.1%
Fee-For-service: Long-Term Care Services	2,428.9	2,376.5	2.2%
Hospital Supplemental (DSH, IME/GME, Dx)	610.5	711.9	-14.3%
Hospital Rate Assessment Payments	2,810.6	3,059.8	-8.1%
Pharmacy Rebates	(579.3)	(830.5)	-30.2%
Title XIX Total	21,587.0	21,385.6	0.9%
Fund Type			
General	5,405.9	5,425.3	-0.4%
Coverage Assessment	670.8	621.5	7.9%
Rate Assessment	837.8	905.4	-7.5%
VA Health Care Fund	707.7	653.6	8.3%
Federal	13,964.9	13,779.8	1.3%
Total	21,587.0	21,385.6	0.9%

FY24's Needs were higher than Forecasted due to a slower Unwinding and lack of anticipated pharmacy rebates.

DMAS took action to hold supplemental payments, equivalent to approximately **\$140m in GF**, into FY25 to stay within its appropriation. All payments have been paid in July.

This will impact the approach to the Forecast this year.

Summary

- Financial data shows a variance from forecast due to slower unwinding
- Lessons from FY24 will be incorporated into FY25/26 forecast



Enrollment Review

Chris Gordon, Chief Financial Officer
Sarah Hatton, Deputy for Administration & Coverage



Overview

- **Current**
- **FY24 Review**
- **FY25 Look Ahead**

Enrollment: FFS & MCO
Includes Full and Limited Benefit

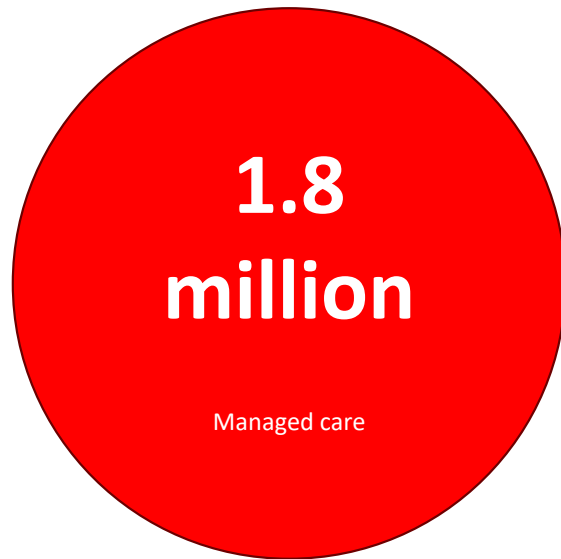
1,984,977

As of July 1, 2024

Enrollment

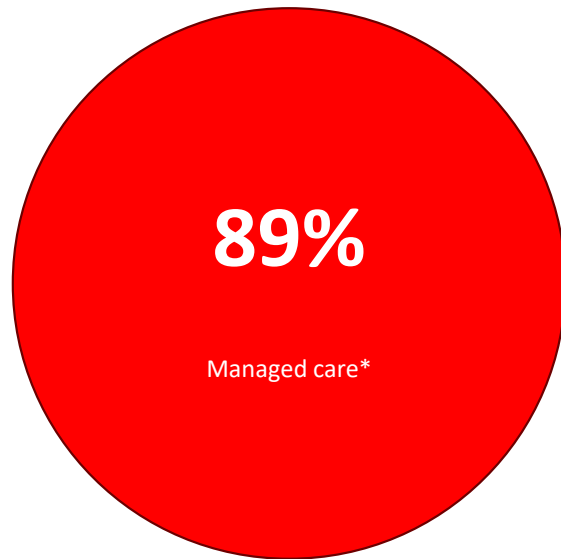
1,984,977

Enrollment



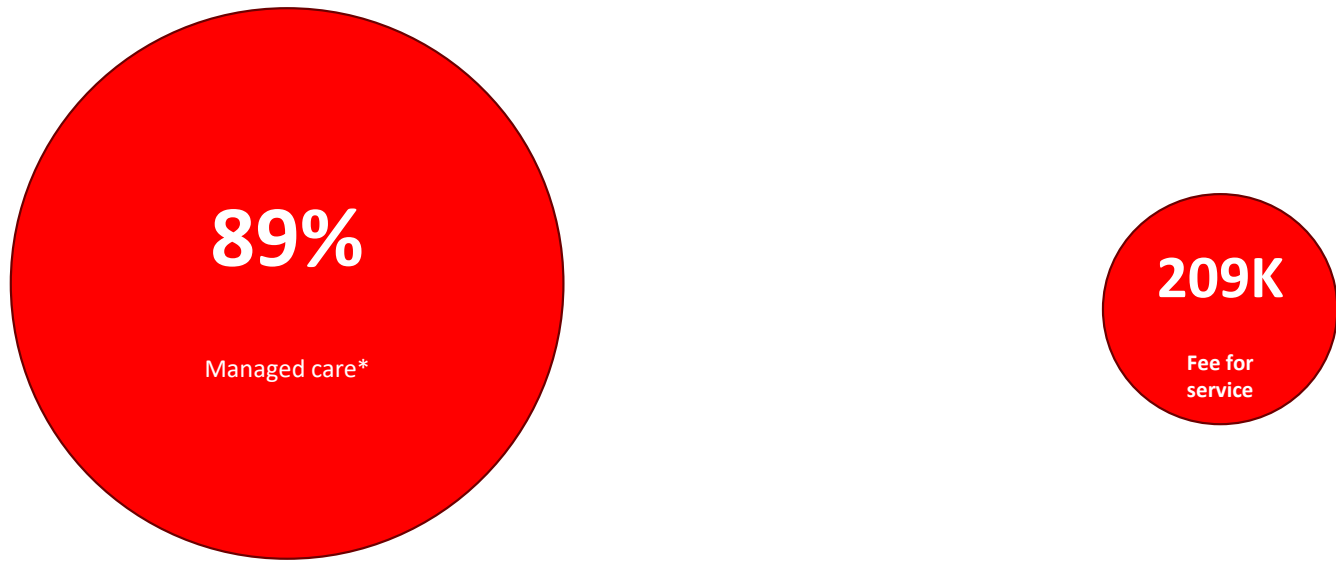
1,984,977

Enrollment



1,984,977

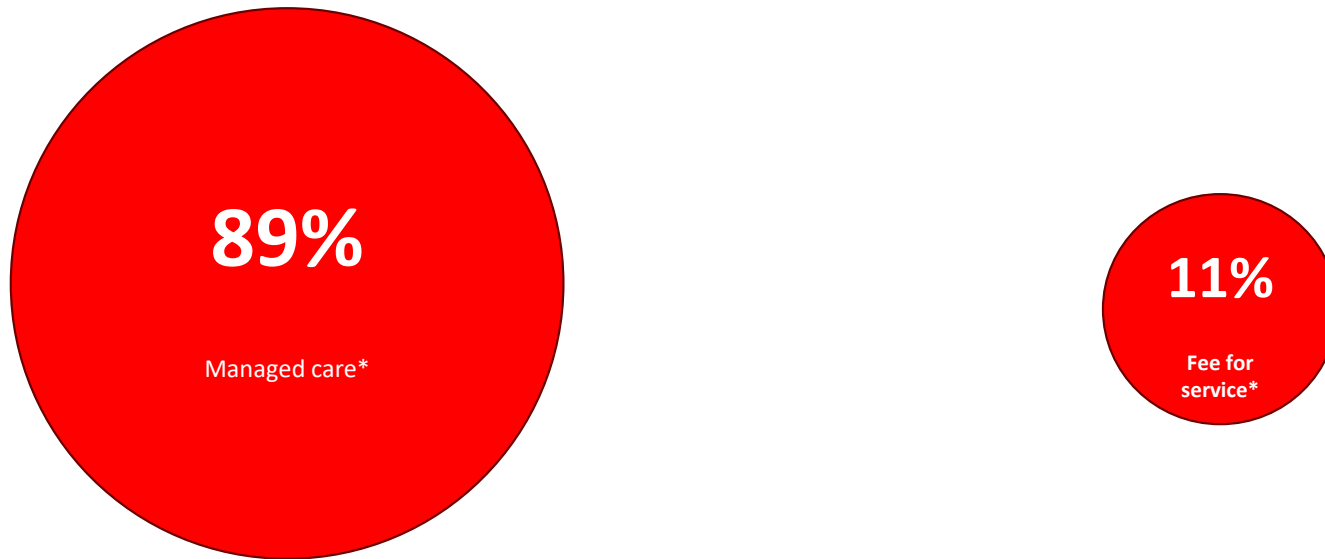
Enrollment



1,984,977

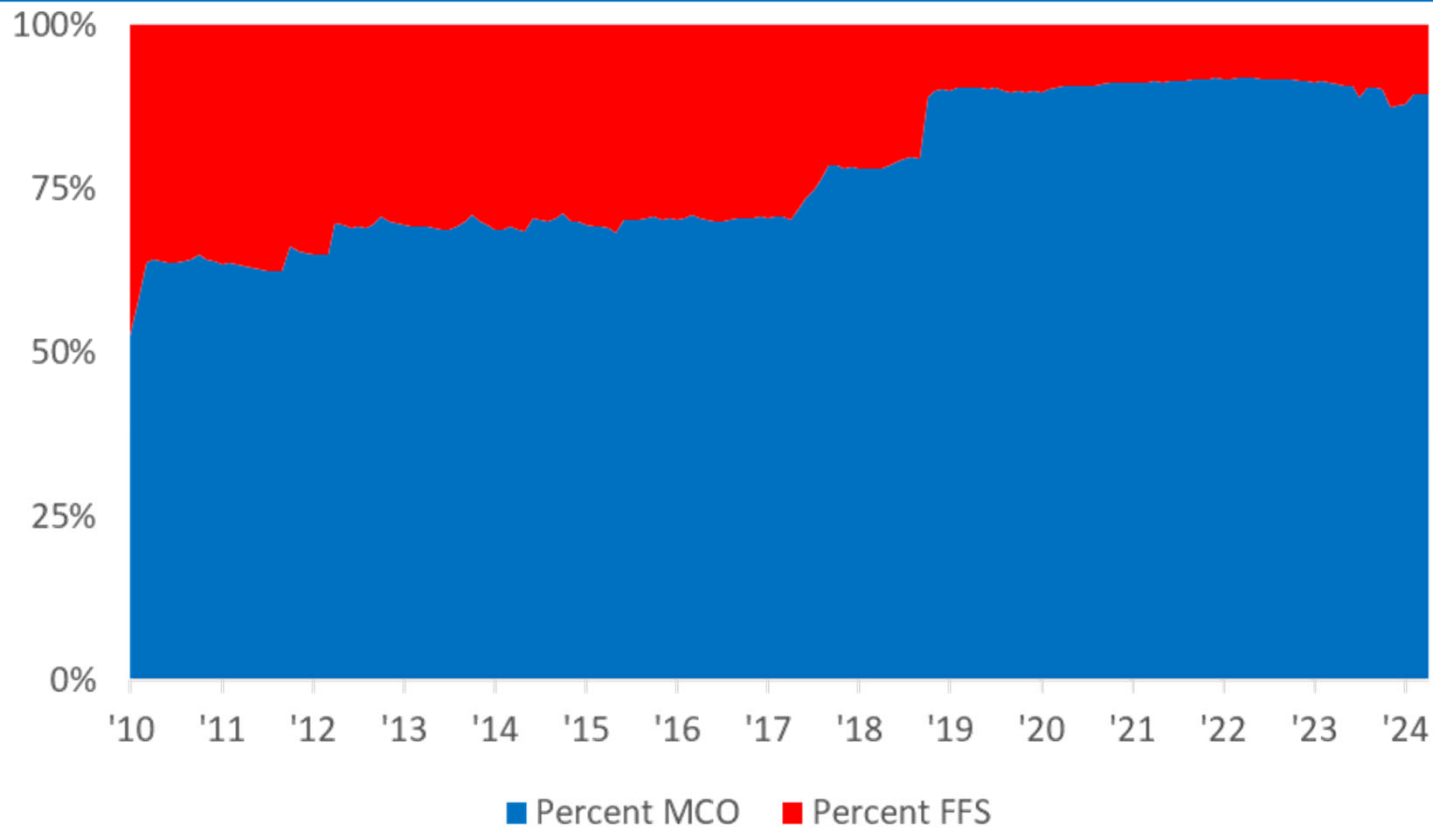
Enrollment

Includes Full and Limited Benefit



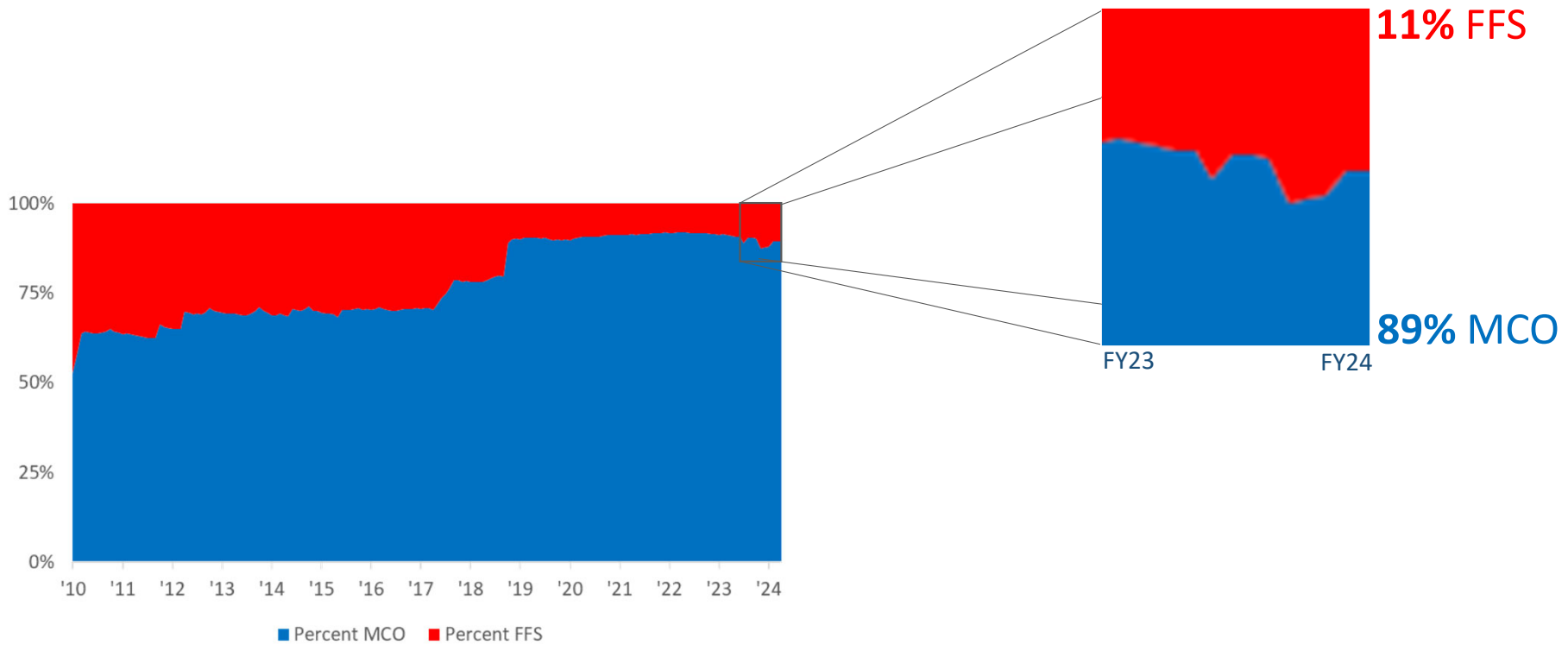
1,984,977

Enrollment: FFS & MCO *Includes Full and Limited Benefit*

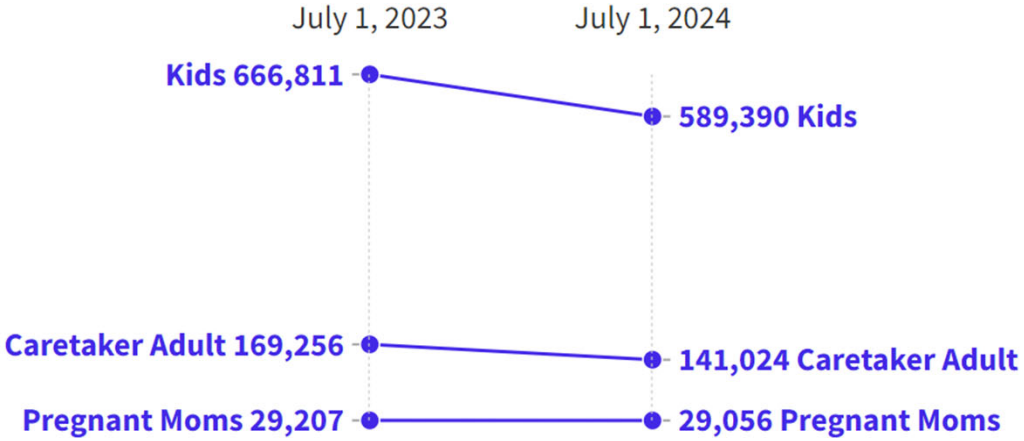


Enrollment: FFS & MCO

Includes Full and Limited Benefit



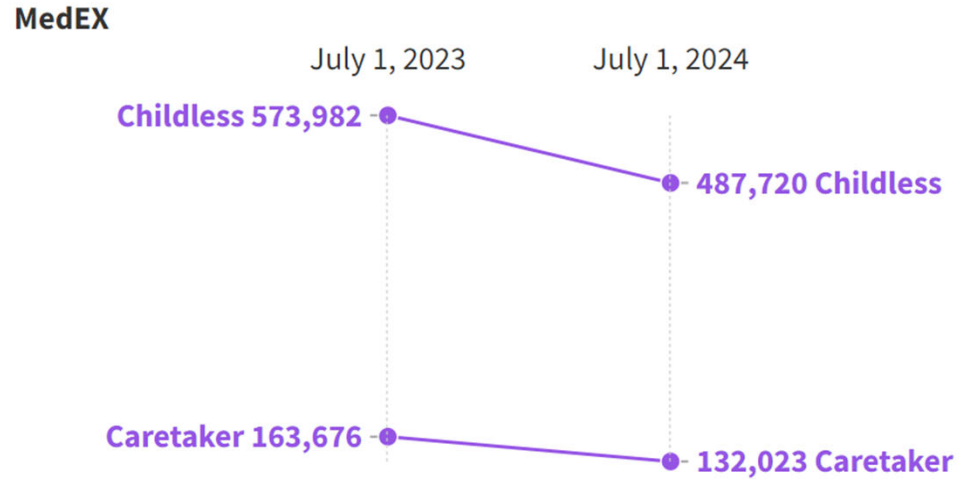
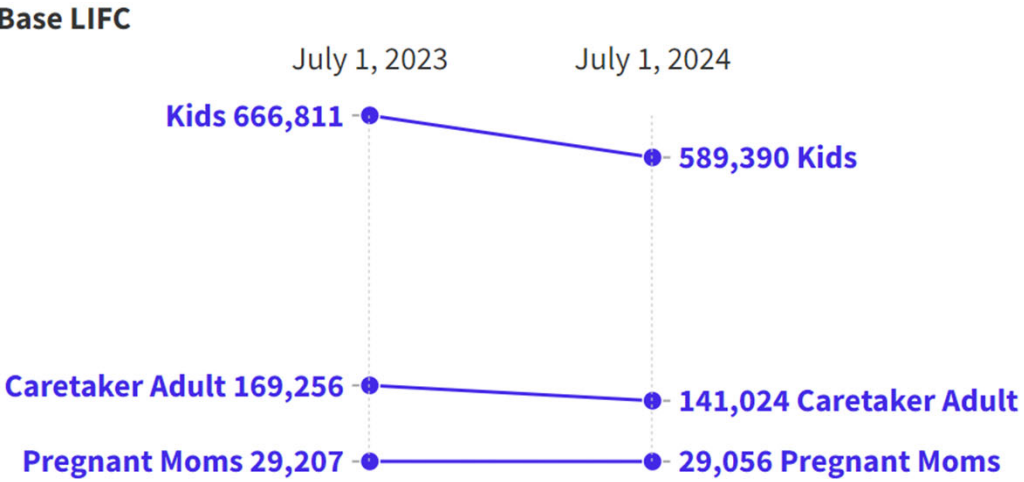
Base LIFC



Category of Service ■ Base LIFC ■ MedEX ■ LTSS ■ Title XXI



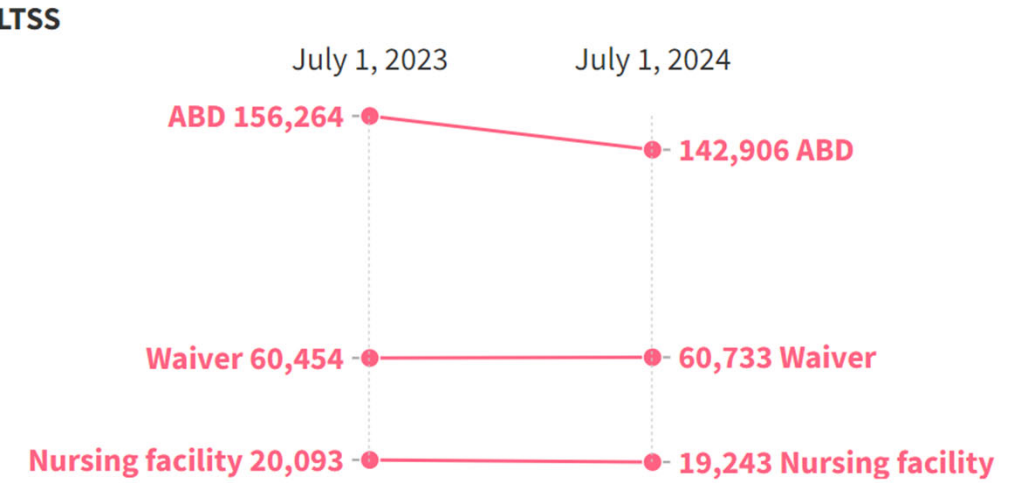
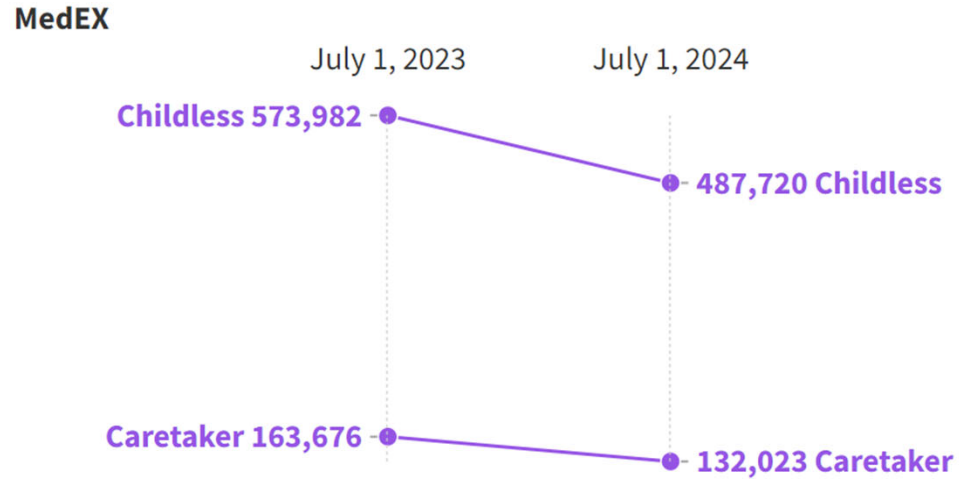
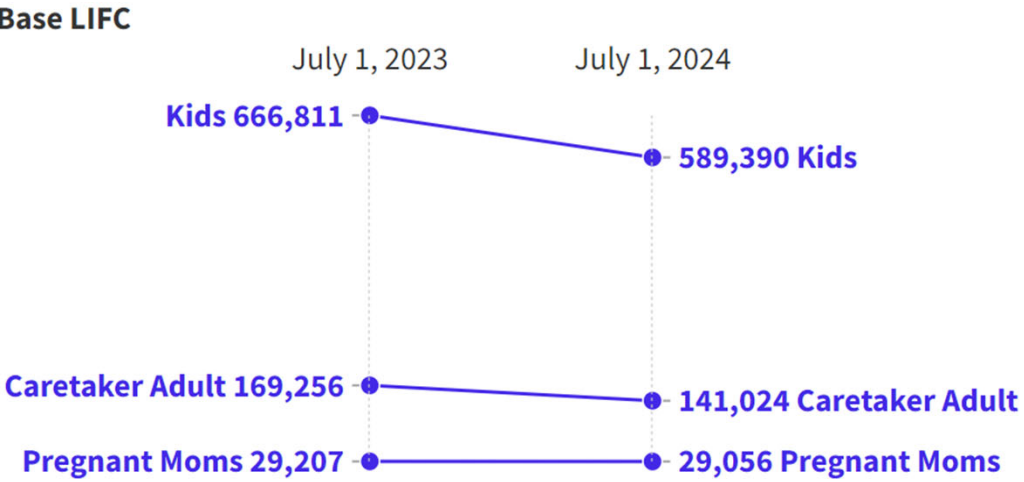
Source: DMAS Enrollment Report for July 2024, <https://www.dmas.virginia.gov/data/enrollment-reports/>



Category of Service ■ Base LIFC ■ MedEX ■ LTSS ■ Title XXI



Source: DMAS Enrollment Report for July 2024, <https://www.dmas.virginia.gov/data/enrollment-reports/>

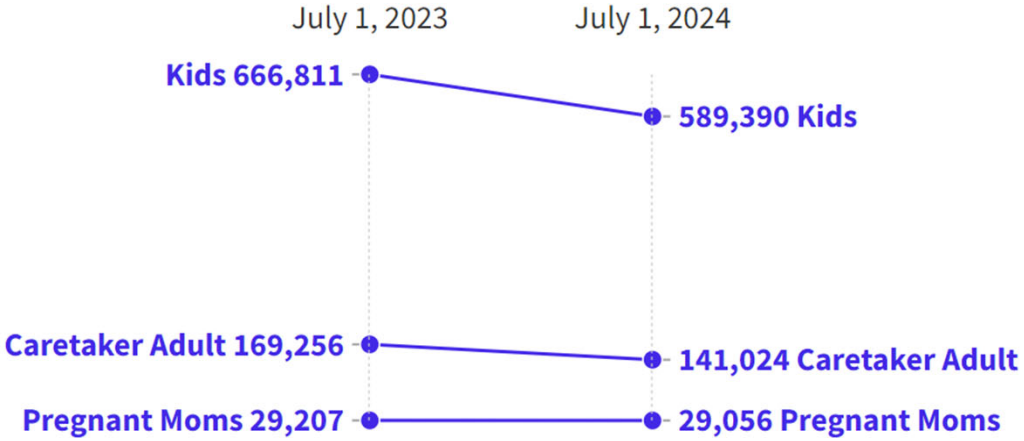


Category of Service ■ Base LIFC ■ MedEX ■ LTSS ■ Title XXI

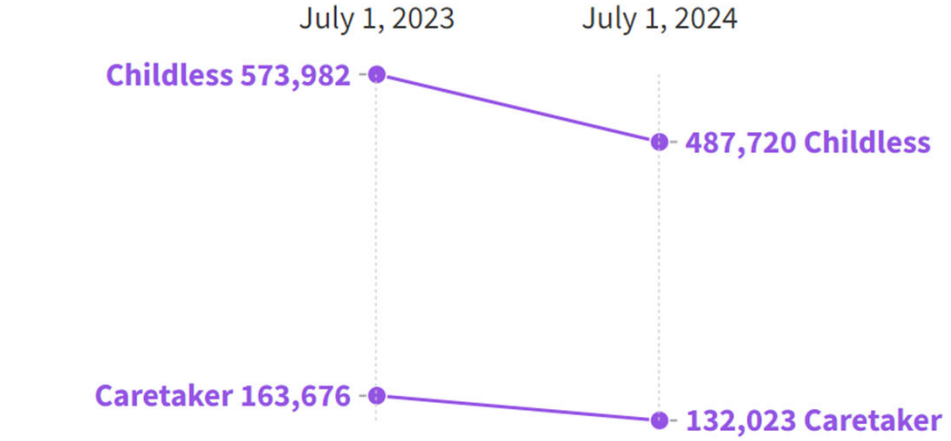


Source: DMAS Enrollment Report for July 2024, <https://www.dmas.virginia.gov/data/enrollment-reports/>

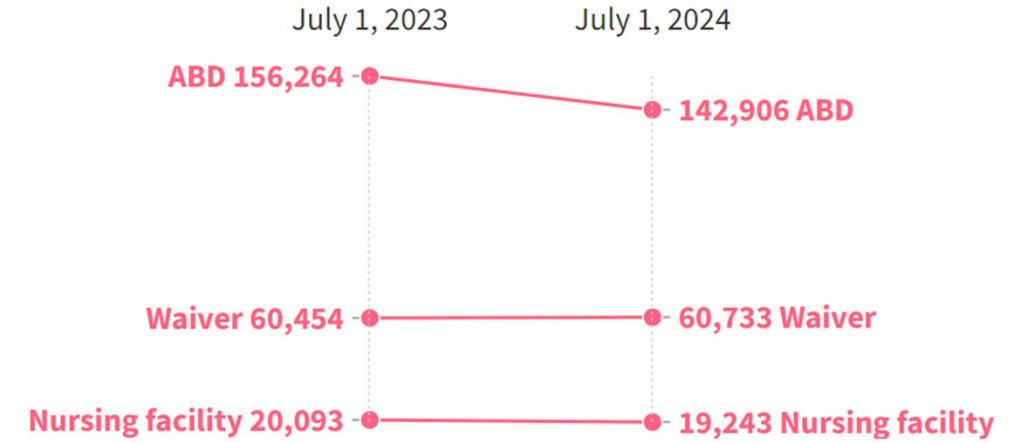
Base LIFC



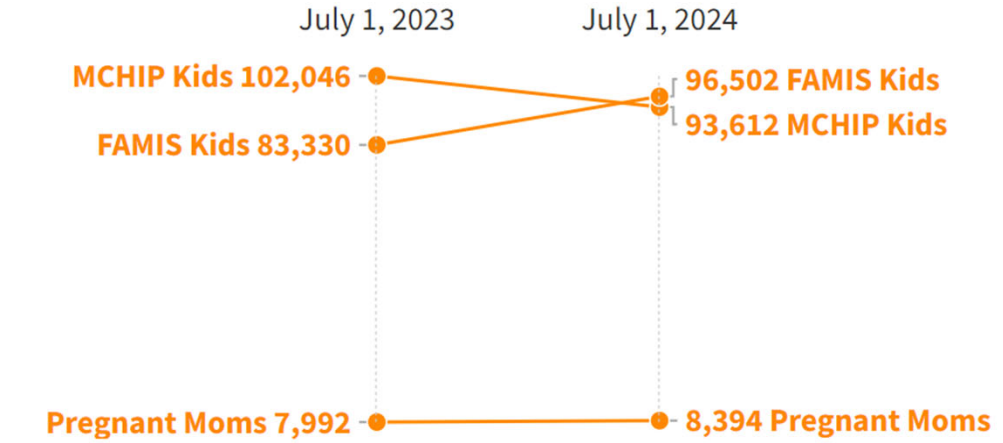
MedEX



LTSS



Title XXI



Category of Service ■ Base LIFC ■ MedEX ■ LTSS ■ Title XXI

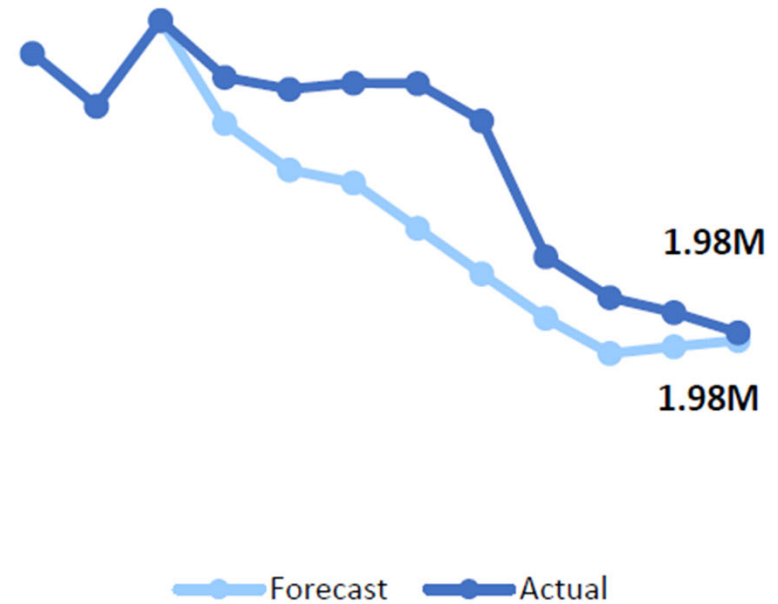


Source: DMAS Enrollment Report for July 2024, <https://www.dmas.virginia.gov/data/enrollment-reports/>

Enrollment as of 7/1/2024

Selected Categories	Forecast	Latest	Variance*
Non-Long Term Care (LTC)	148,447	142,906	-5,541
LTC Nursing Facilities	20,693	19,243	-1,450
LTC HCBS	58,880	60,733	1,853
Caretaker Adults	140,668	141,024	356
Pregnant Women	27,090	29,056	1,966
Children	584,505	589,390	4,885
Expansion - Caretaker	139,304	132,023	-7,281
Expansion - Non-Caretaker	509,617	487,720	-21,897
Title XIX Total	1,805,666	1,786,469	-19,197
MCHIP	82,141	93,612	11,471
FAMIS Kids	85,205	96,502	11,297
FAMIS MOMS	3,372	3,966	594
Title XXI Total	175,512	198,508	22,996
Total Enrollment	1,981,178	1,984,977	3,799

Total Enrollment August 2023 - July 2024



*Variance = +/- 10% of forecast

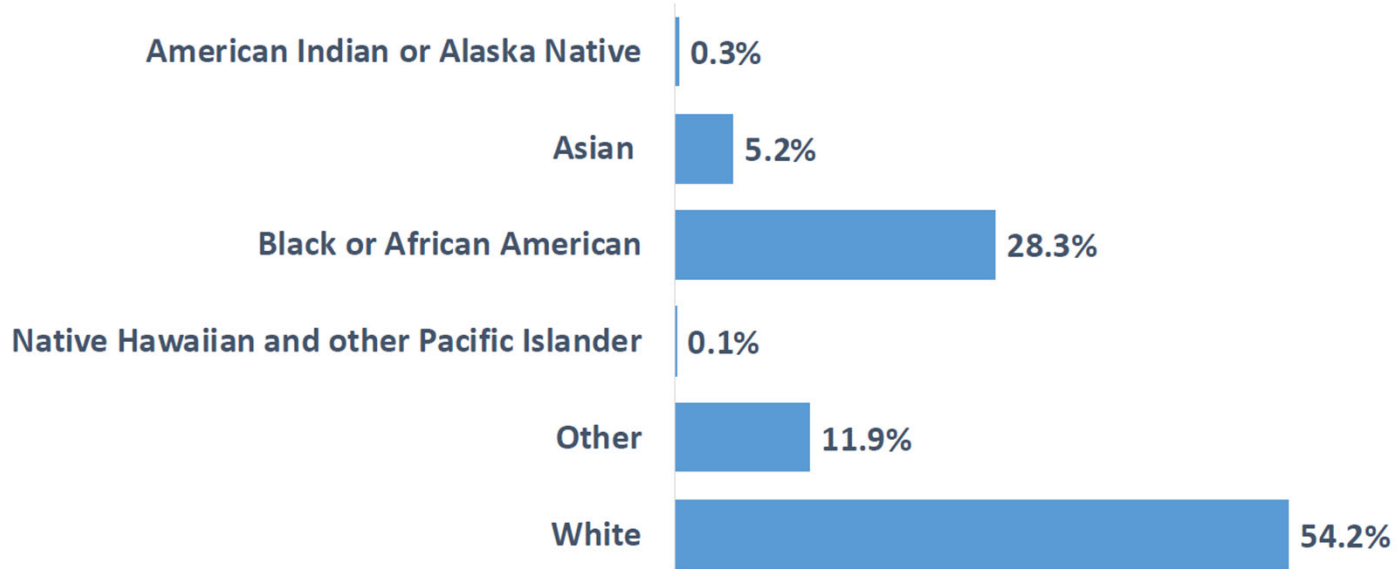
Enrollment

Characteristics of Nonelderly Adults

Universe	Category	N	%
Nonelderly adults	At or below 138% FPL	681,747	13%

Enrollment

Race



Enrollment

Hispanic Origin

Category	N	%
Hispanic Origin	86,687	12.7%

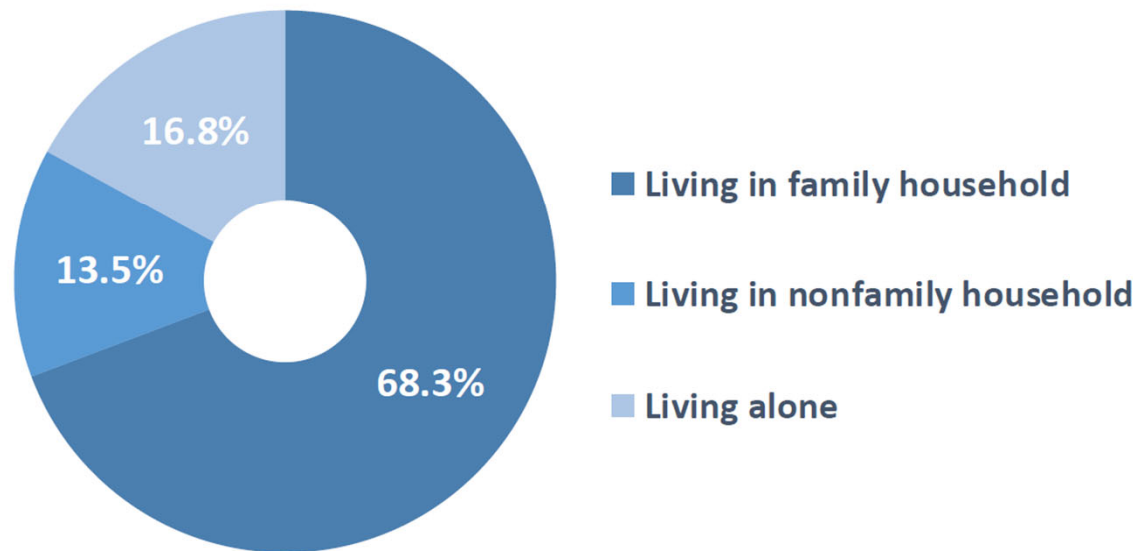
Enrollment

Citizenship Status

Category	N	%
Not a U.S. Citizen	76,731	11.3%

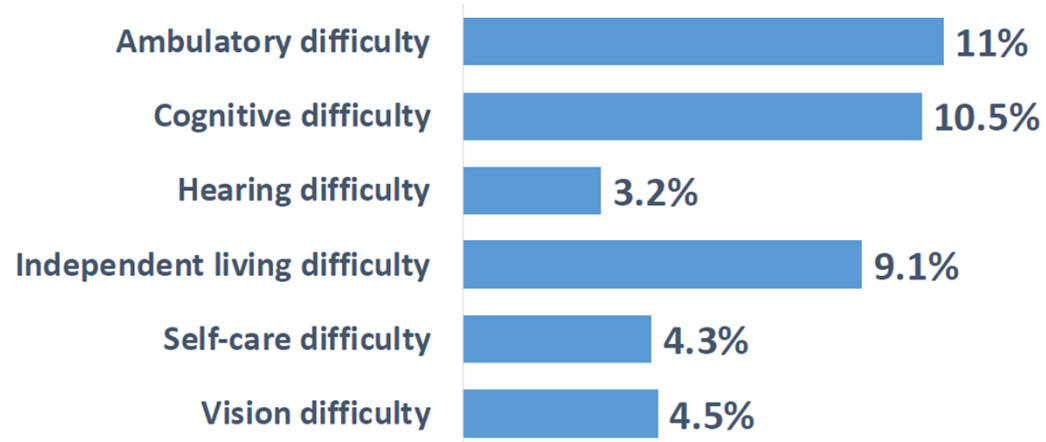
Enrollment

Living Arrangements



Enrollment

Disability



Note: Some individuals may report two or more disabilities.

Summary

- Lack of historical experience with redeterminations after pandemics led to under-forecasting
- Partnering with UVA Weldon Cooper Institute for Public Service to develop three-year population forecast for kids, pregnant women, elderly adults, and non-elderly adults



Managed Care Programs Update



Program updates

- New Access and Managed Care final rules
- Renewal contracts with plans began July 1
- Report on procurement-related changes to Cardinal Care Managed Care contract
- 360 performance review of plans
- Federal approval for foster care specialty plan
- Restarting MCO maternal and child health collaborative
- Staff are reviewing CMMI models on maternal and behavioral health

Dental benefit rebrand





Complex Care Services Update

Jason Rachel,
Division Director of Integrated Care



Program Updates

- RHRN Behavioral Health Redesign Update
- HCBS Waiver Amendments – Timeline



MCO Claims Expense and Utilization Review

July 2024



Summary – All Programs

*SFY2024 reflects claims paid July 1 – March 31, 2024



MCO Utilization and Expenditure Insights



Cardinal Care Acute Overview (Managed Care)

Big 3 By Cost Category					
Program	Healthplan*	Eligibility Category			
MEDALLION4 (Acute)	(All)	(All)			
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$291	\$311	\$319	2.6%▲
	Cost Per Claim	\$166	\$171	\$183	6.8%▲
	Claims Per 12K Members	21,061	21,766	20,906	-3.9%▼
ER	PMPM	\$16	\$19	\$21	9.7%▲
	Cost Per Claim	\$123	\$144	\$165	14.4%▲
	Claims Per 12K Members	1,513	1,577	1,511	-4.1%▼
In-Patient	PMPM	\$59	\$56	\$56	-0.7%▼
	Cost Per Claim	\$8,823	\$8,137	\$8,113	-0.3%▼
	Claims Per 12K Members	80	83	82	-0.4%▼
Nursing Facility	PMPM	\$0	\$0	\$0	67.6%▲
	Cost Per Claim	\$2,472	\$3,805	\$4,314	13.4%▲
	Claims Per 12K Members	0	0	0	47.8%▲
Other Facility	PMPM	\$4	\$5	\$5	-9.0%▼
	Cost Per Claim	\$1,071	\$1,226	\$1,262	2.9%▲
	Claims Per 12K Members	48	52	46	-11.6%▼
Out-Patient	PMPM	\$33	\$40	\$44	10.9%▲
	Cost Per Claim	\$390	\$496	\$545	9.8%▲
	Claims Per 12K Members	1,014	968	978	1.0%▲
Pharmacy	PMPM	\$73	\$80	\$83	3.6%▲
	Cost Per Claim	\$107	\$111	\$117	6.1%▲
	Claims Per 12K Members	8,233	8,671	8,467	-2.4%▼
Physician Services	PMPM	\$106	\$110	\$110	-0.2%▼
	Cost Per Claim	\$125	\$127	\$135	5.9%▲
	Claims Per 12K Members	10,173	10,415	9,822	-5.7%▼

*Beginning SFY2024, Virginia Premier has become part of Sentara.

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Cardinal Care Complex Overview (Managed Care)

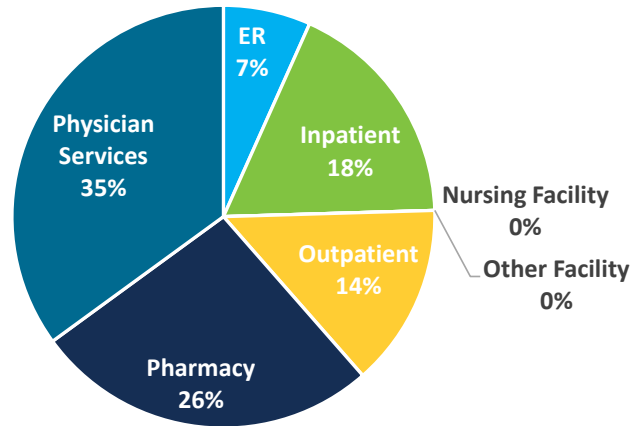
Big 3 By Cost Category						
Program	Healthplan*	Eligibility Category				
CCCPLUS (MLTSS)	(All)	(All)				
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24	
Grand Total	PMPM	\$1,650	\$1,809	\$1,925	6.4%▲	
	Cost Per Claim	\$197	\$210	\$217	3.5%▲	
	Claims Per 12K Members	100,477	103,421	106,309	2.8%▲	
ER	PMPM	\$22	\$26	\$30	13.8%▲	
	Cost Per Claim	\$85	\$100	\$114	14.0%▲	
	Claims Per 12K Members	3,041	3,155	3,152	-0.1%▼	
In-Patient	PMPM	\$185	\$182	\$195	7.4%▲	
	Cost Per Claim	\$7,448	\$6,852	\$7,131	4.1%▲	
	Claims Per 12K Members	299	318	328	3.2%▲	
Nursing Facility	PMPM	\$344	\$395	\$422	7.1%▲	
	Cost Per Claim	\$4,544	\$5,305	\$5,836	10.0%▲	
	Claims Per 12K Members	908	893	869	-2.7%▼	
Other Facility	PMPM	\$29	\$32	\$28	-11.5%▼	
	Cost Per Claim	\$543	\$587	\$657	11.8%▲	
	Claims Per 12K Members	630	657	520	-20.9%▼	
Out-Patient	PMPM	\$82	\$105	\$118	11.6%▲	
	Cost Per Claim	\$362	\$456	\$499	9.5%▲	
	Claims Per 12K Members	2,726	2,772	2,827	2.0%▲	
Pharmacy	PMPM	\$250	\$270	\$287	6.0%▲	
	Cost Per Claim	\$125	\$129	\$138	6.5%▲	
	Claims Per 12K Members	24,095	25,071	24,970	-0.4%▼	
Physician Services	PMPM	\$738	\$798	\$844	5.8%▲	
	Cost Per Claim	\$129	\$136	\$138	1.3%▲	
	Claims Per 12K Members	68,778	70,555	73,645	4.4%▲	

*Beginning SFY2024, Virginia Premier has become part of Sentara.

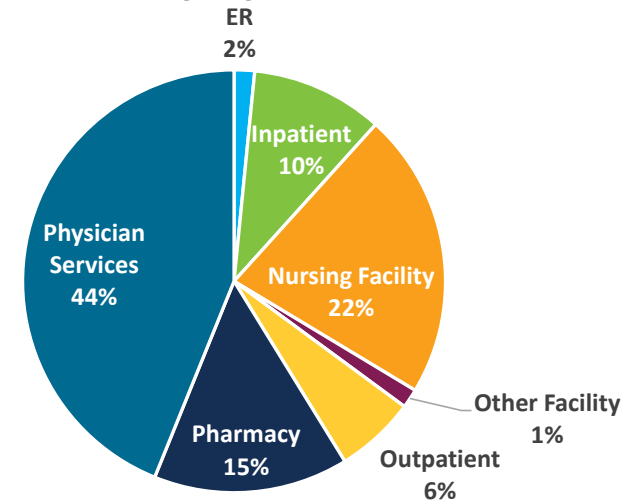
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Cost Category Comparison by Program

Cardinal Care Acute Managed Care Expenses by Category
SFY2024



Cardinal Care Complex Managed Care Expenses by Category
SFY2024



- No significant changes from SFY2023 ratios; no changes from April 2024 update
- Physician Services, Pharmacy and Inpatient make up **79%** of Cardinal Care Acute
- Physician Services, Nursing Facility and Pharmacy make up **81%** of Cardinal Care Complex
 - Cardinal Care Acute with 11 percentage points higher Pharmacy
 - Cardinal Care Complex Physician Services 9 percentage points more than Cardinal Care Acute

APPENDIX

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

Low Income Children (52% of Acute Program Enrollment; 44% of All Medicaid MCO Enrollment)

Big 3 By Cost Category					
Program	Healthplan*	Eligibility Category			
MEDALLION4 (Acute)	(All)	Low Income Children			
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$178	\$199	\$199	0.2%▲
	Cost Per Claim	\$163	\$174	\$180	3.4%▲
	Claims Per 12K Members	13,136	13,687	13,273	-3.0%▼
ER	PMPM	\$11	\$15	\$16	7.3%▲
	Cost Per Claim	\$125	\$147	\$167	13.8%▲
	Claims Per 12K Members	1,046	1,206	1,138	-5.7%▼
In-Patient	PMPM	\$36	\$38	\$32	-14.9%▼
	Cost Per Claim	\$9,445	\$9,702	\$10,166	4.8%▲
	Claims Per 12K Members	46	47	38	-18.8%▼
Nursing Facility	PMPM	\$0	\$0	\$0	3908.1%▲
	Cost Per Claim	\$4,824	\$434	\$7,668	1667.3%▲
	Claims Per 12K Members	0	0	0	126.8%▲
Other Facility	PMPM	\$1	\$2	\$2	-4.3%▼
	Cost Per Claim	\$1,344	\$1,544	\$1,537	-0.5%▼
	Claims Per 12K Members	11	12	12	-3.8%▼
Out-Patient	PMPM	\$16	\$22	\$25	11.6%▲
	Cost Per Claim	\$292	\$392	\$433	10.3%▲
	Claims Per 12K Members	674	686	694	1.2%▲
Pharmacy	PMPM	\$31	\$33	\$34	4.0%▲
	Cost Per Claim	\$96	\$93	\$98	4.5%▲
	Claims Per 12K Members	3,838	4,246	4,227	-0.4%▼
Physician Services	PMPM	\$83	\$89	\$90	1.3%▲
	Cost Per Claim	\$133	\$143	\$151	5.9%▲
	Claims Per 12K Members	7,521	7,490	7,165	-4.3%▼

*Beginning SFY2024, Virginia Premier has become part of Sentara.

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Non-ABD Adults (46% of Acute Program Enrollment; 42% of All Medicaid MCO Enrollment)

Big 3 By Cost Category					
Program	Healthplan*	Eligibility Category			
MEDALLION4 (Acute)	(All)	Non-ABD Adults			
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$412	\$422	\$434	2.8%▲
	Cost Per Claim	\$164	\$166	\$180	8.3%▲
	Claims Per 12K Members	30,216	30,513	28,959	-5.1%▼
ER	PMPM	\$21	\$23	\$26	10.2%▲
	Cost Per Claim	\$122	\$142	\$163	14.8%▲
	Claims Per 12K Members	2,036	1,958	1,879	-4.0%▼
In-Patient	PMPM	\$76	\$67	\$70	4.5%▲
	Cost Per Claim	\$9,591	\$8,043	\$7,847	-2.4%▼
	Claims Per 12K Members	95	100	107	7.2%▲
Nursing Facility	PMPM	\$0	\$0	\$0	61.5%▲
	Cost Per Claim	\$1,925	\$3,887	\$4,228	8.8%▲
	Claims Per 12K Members	0	0	0	48.5%▲
Other Facility	PMPM	\$8	\$10	\$9	-9.9%▼
	Cost Per Claim	\$1,028	\$1,177	\$1,220	3.7%▲
	Claims Per 12K Members	93	98	85	-13.1%▼
Out-Patient	PMPM	\$52	\$59	\$64	9.5%▲
	Cost Per Claim	\$456	\$571	\$627	9.7%▲
	Claims Per 12K Members	1,363	1,233	1,231	-0.2%▼
Pharmacy	PMPM	\$126	\$134	\$138	3.1%▲
	Cost Per Claim	\$112	\$118	\$126	7.1%▲
	Claims Per 12K Members	13,503	13,658	13,151	-3.7%▼
Physician Services	PMPM	\$129	\$130	\$127	-1.8%▼
	Cost Per Claim	\$118	\$115	\$122	5.7%▲
	Claims Per 12K Members	13,124	13,466	12,505	-7.1%▼

*Beginning SFY2024, Virginia Premier has become part of Sentara.

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Pregnant Members (2% of Acute Program Enrollment; 2% of All Medicaid MCO Enrollment)

Big 3 By Cost Category						
Program	Healthplan*	Eligibility Category				
MEDALLION4 (Acute)	(All)	Enrolled Due to Pregnancy				
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24	
Grand Total	PMPM	\$697	\$685	\$680	-0.7%	▼
	Cost Per Claim	\$264	\$267	\$274	2.6%	▲
	Claims Per 12K Members	31,651	30,810	29,818	-3.2%	▼
ER	PMPM	\$28	\$32	\$37	14.3%	▲
	Cost Per Claim	\$129	\$154	\$176	14.2%	▲
	Claims Per 12K Members	2,630	2,499	2,501	0.1%	▲
In-Patient	PMPM	\$319	\$297	\$295	-0.6%	▼
	Cost Per Claim	\$4,877	\$5,320	\$6,016	13.1%	▲
	Claims Per 12K Members	784	669	588	-12.1%	▼
Nursing Facility	PMPM	\$0	\$0	\$0	-100.0%	▼
	Cost Per Claim		\$2,218		-100.0%	▼
	Claims Per 12K Members	0	0	0	-100.0%	▼
Other Facility	PMPM	\$4	\$4	\$3	-27.1%	▼
	Cost Per Claim	\$1,491	\$1,478	\$1,198	-19.0%	▼
	Claims Per 12K Members	31	34	30	-10.0%	▼
Out-Patient	PMPM	\$60	\$67	\$77	14.1%	▲
	Cost Per Claim	\$269	\$351	\$407	16.1%	▲
	Claims Per 12K Members	2,677	2,308	2,268	-1.7%	▼
Pharmacy	PMPM	\$46	\$50	\$50	0.6%	▲
	Cost Per Claim	\$64	\$69	\$67	-3.3%	▼
	Claims Per 12K Members	8,602	8,643	8,995	4.1%	▲
Physician Services	PMPM	\$240	\$235	\$218	-7.1%	▼
	Cost Per Claim	\$170	\$169	\$170	0.3%	▲
	Claims Per 12K Members	16,926	16,657	15,435	-7.3%	▼

*Beginning SFY2024, Virginia Premier has become part of Sentara.

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Persons with a Disability or Blindness (47% of MLTSS Program Enrollment; 8% of All Medicaid MCO Enrollment)

Big 3 By Cost Category					
Program		Healthplan*		Eligibility Category	
CCCPLUS (MLTSS)		(All)		Blind / Disabled Individuals	
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$1,500	\$1,643	\$1,745	6.2%▲
	Cost Per Claim	\$178	\$188	\$195	3.9%▲
	Claims Per 12K Members	101,251	105,076	107,413	2.2%▲
ER	PMPM	\$23	\$27	\$31	15.1%▲
	Cost Per Claim	\$89	\$103	\$119	15.0%▲
	Claims Per 12K Members	3,062	3,181	3,184	0.1%▲
In-Patient	PMPM	\$185	\$182	\$194	6.7%▲
	Cost Per Claim	\$8,391	\$7,713	\$8,044	4.3%▲
	Claims Per 12K Members	265	283	290	2.3%▲
Nursing Facility	PMPM	\$135	\$165	\$177	7.1%▲
	Cost Per Claim	\$5,051	\$5,806	\$6,413	10.5%▲
	Claims Per 12K Members	320	342	331	-3.0%▼
Other Facility	PMPM	\$27	\$29	\$26	-11.7%▼
	Cost Per Claim	\$564	\$597	\$675	13.1%▲
	Claims Per 12K Members	570	584	456	-21.9%▼
Out-Patient	PMPM	\$81	\$102	\$117	14.6%▲
	Cost Per Claim	\$360	\$449	\$503	12.0%▲
	Claims Per 12K Members	2,706	2,734	2,796	2.3%▲
Pharmacy	PMPM	\$298	\$309	\$324	5.1%▲
	Cost Per Claim	\$136	\$138	\$145	5.2%▲
	Claims Per 12K Members	26,332	26,809	26,779	-0.1%▼
Physician Services	PMPM	\$751	\$829	\$876	5.6%▲
	Cost Per Claim	\$132	\$140	\$143	2.1%▲
	Claims Per 12K Members	67,997	71,143	73,577	3.4%▲

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Aged 65 or Older (29% of MLTSS Program Enrollment; 5% of All Medicaid MCO Enrollment)

Big 3 By Cost Category						
Program		Healthplan*		Eligibility Category		
CCCPLUS (MLTSS)		(All)		Aged Adults		
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24	
Grand Total	PMPM	\$1,919	\$2,127	\$2,289	7.6%▲	
	Cost Per Claim	\$232	\$256	\$253	-1.1%▼	
	Claims Per 12K Members	99,352	99,702	108,491	8.8%▲	
ER	PMPM	\$6	\$7	\$9	15.9%▲	
	Cost Per Claim	\$35	\$43	\$48	12.6%▲	
	Claims Per 12K Members	2,059	2,090	2,150	2.9%▲	
In-Patient	PMPM	\$81	\$81	\$90	10.7%▲	
	Cost Per Claim	\$3,051	\$3,073	\$3,440	11.9%▲	
	Claims Per 12K Members	318	317	313	-1.1%▼	
Nursing Facility	PMPM	\$906	\$1,027	\$1,078	5.0%▲	
	Cost Per Claim	\$4,327	\$5,059	\$5,549	9.7%▲	
	Claims Per 12K Members	2,513	2,436	2,332	-4.3%▼	
Other Facility	PMPM	\$21	\$22	\$19	-13.7%▼	
	Cost Per Claim	\$348	\$359	\$374	4.3%▲	
	Claims Per 12K Members	712	723	598	-17.2%▼	
Out-Patient	PMPM	\$28	\$37	\$44	18.0%▲	
	Cost Per Claim	\$159	\$203	\$230	13.1%▲	
	Claims Per 12K Members	2,127	2,178	2,272	4.3%▲	
Pharmacy	PMPM	\$46	\$54	\$62	16.0%▲	
	Cost Per Claim	\$57	\$65	\$74	14.8%▲	
	Claims Per 12K Members	9,661	9,998	10,104	1.1%▲	
Physician Services	PMPM	\$830	\$899	\$988	9.8%▲	
	Cost Per Claim	\$122	\$132	\$131	-0.8%▼	
	Claims Per 12K Members	81,961	81,960	90,722	10.7%▲	

*Realigning SFY2024, Virginia Premier has become part of Sentara.

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Adults (24% of MLTSS Program Enrollment)

Big 3 By Cost Category					
Program	Healthplan*	Eligibility Category			
CCCPLUS (MLTSS)	(All)	Non-ABD Adults			
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$1,632	\$1,738	\$1,818	4.6%▲
	Cost Per Claim	\$200	\$204	\$219	7.4%▲
	Claims Per 12K Members	97,838	102,234	99,627	-2.6%▼
ER	PMPM	\$41	\$47	\$51	9.3%▲
	Cost Per Claim	\$112	\$129	\$145	13.2%▲
	Claims Per 12K Members	4,379	4,376	4,225	-3.4%▼
In-Patient	PMPM	\$327	\$294	\$310	5.5%▲
	Cost Per Claim	\$10,888	\$8,940	\$8,894	-0.5%▼
	Claims Per 12K Members	361	394	418	6.0%▲
Nursing Facility	PMPM	\$114	\$139	\$166	19.0%▲
	Cost Per Claim	\$5,841	\$6,473	\$7,083	9.4%▲
	Claims Per 12K Members	233	259	281	8.8%▲
Other Facility	PMPM	\$44	\$51	\$45	-13.2%▼
	Cost Per Claim	\$782	\$830	\$961	15.9%▲
	Claims Per 12K Members	682	743	557	-25.1%▼
Out-Patient	PMPM	\$160	\$191	\$200	4.8%▲
	Cost Per Claim	\$534	\$648	\$690	6.5%▲
	Claims Per 12K Members	3,588	3,532	3,475	-1.6%▼
Pharmacy	PMPM	\$406	\$443	\$463	4.3%▲
	Cost Per Claim	\$127	\$136	\$146	7.5%▲
	Claims Per 12K Members	38,414	39,256	38,074	-3.0%▼
Physician Services	PMPM	\$539	\$572	\$584	2.1%▲
	Cost Per Claim	\$129	\$128	\$133	4.2%▲
	Claims Per 12K Members	50,182	53,674	52,596	-2.0%▼

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