



IA Health Link:

State Fiscal Year 2018 Capitation Rate Certification

July 1, 2017 through June 30, 2018

State of Iowa

Department of Human Services, Division of Medical Assistance

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INTRODUCTION

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Iowa, Department of Human Services, Division of Medical Assistance (DHS) to provide actuarial and consulting services related to the development of capitation rates for the Iowa Health Link program. This report provides documentation for the development of the actuarially sound capitation rates for the state fiscal year (SFY) 2018 rating period. It also includes the required actuarial certification.

To facilitate review, this document has been organized in the same manner as the 2017-2018 Medicaid Managed Care Rate Development Guide (CMS Guide), released by the Centers for Medicare & Medicaid Services (CMS) in April 2017. Section II of the CMS Guide is only applicable to the long-term services and supports (LTSS) provided to the noted waiver and institutional populations included in this certification. Section III of the CMS Guide is only applicable to the Iowa Health and Wellness (Wellness Plan) population in this certification.

In developing the capitation rates and supporting documentation herein, we have applied the three principles of the regulation outlined in the CMS Guide:

- The capitation rates are reasonable and comply with all applicable laws (statutes and regulations) for Medicaid managed care.
- The rate development process complies with all applicable laws (statutes and regulations) for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity.
- The documentation is sufficient to demonstrate that the rate development process meets the requirements of 42 CFR 438 and generally accepted actuarial principles and practices.

SUMMARY OF CAPITATION RATES

The certified capitation rates for the IA Health Link managed care program are illustrated in Appendix 1. These rates are effective for SFY 2018, from July 1, 2017 through June 30, 2018. Table 1 provides a comparison of the SFY 2018 rates relative to the rates effective July 1, 2016 to June 30, 2017 (SFY 2017) for the IA Health Link populations. The rates illustrated in Table 1, for both SFY 2017 and 2018, include payments for GME and University of Iowa UPL payments. The composite rates illustrated for both SFY 2017 and SFY 2018 have been developed based on estimated average monthly enrollment in SFY 2018. The rates illustrated for the LTSS populations include both medical and LTSS components.

The rates illustrated in this report are applicable to all MCOs participating in DHS's Medicaid managed care programs.

Table 1
State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link SFY 2018 Capitation Rate Development
Gross Capitation Rates Effective July 1, 2017
Comparison with June 2017 Rates (PMPM Rates)

Population	Estimated Monthly Average Enrollment	June 2017 Composite Capitation Rates	SFY 2018 Composite Capitation Rates	% Change
Children	306,300	\$ 178.45	\$ 182.01	2.0%
TANF Adult	58,000	377.47	405.90	7.5%
Pregnant Women	7,000	351.11	376.03	7.1%
Maternity Case Rate	1,100	5,750.75	5,930.93	3.1%
Wellness Plan	148,600	400.65	472.35	17.9%
Disabled	29,500	1,039.62	1,221.18	17.5%
Dual eligible	34,300	415.44	426.38	2.6%
LTSS Elderly	18,100	2,954.65	2,875.10	(2.7%)
LTSS Physically Disabled	6,100	4,304.80	3,841.61	(10.8%)
LTSS Intellectually Disabled	12,800	5,314.70	5,384.41	1.3%
LTSS Children's Mental Health	1,300	3,791.95	3,093.77	(18.4%)
Composite	622,000	\$ 550.48	\$ 574.97	4.4%

Notes:

1. June 2017 and SFY 2018 composite rates were developed with monthly projected enrollment.
2. Values shown in Table 1 exclude amounts related to the Health Insurance Providers Fee (HIF).
3. Member month values are rounded to the nearest hundred.
4. Maternity member months represent projected SFY 2018 delivery counts and are not included in the composite member month figure.
5. Maternity rates reflect per delivery case rates.
6. Values include 1915(b)(3), GME, Physician ACR, and Habilitation risk pool amounts.
7. Children population includes: TANF Child, CHIP and hawk-i populations.

FISCAL IMPACT ESTIMATE

The estimated fiscal impact of the SFY 2018 IA Health Link rate changes on a state and federal basis is \$182.8 million based on projected monthly enrollment and the gross rates noted in Table 1. Development of estimated total expenditures, as well as federal only expenditures, is illustrated on a composite basis in Table 2. Table 2 compares the estimated federal and state expenditures under the June 2017 contracted capitation rates compared to the SFY 2018 contracted capitation rates, based on estimated enrollment in SFY 2018. Revenue shown in Table 2 includes the identified pass-through payments.

Table 2 State of Iowa Department of Human Services, Division of Medical Assistance IA Health Link SFY 2018 Capitation Rate Development Gross Capitation Rates Effective July 1, 2017 Comparison with June 2017 Rates (Aggregate Expenditures \$ Millions)			
Population	June 2017 Annualized Expenditures	SFY 2018 Annualized Expenditures	Expenditure Change
Children	\$ 655.9	\$ 669.0	\$ 13.1
TANF Adult	262.9	282.7	19.8
Pregnant Women	29.4	31.5	2.1
Maternity Case Rate	76.6	79.0	2.4
Wellness Plan	714.6	842.5	127.9
Disabled	367.6	431.8	64.2
Dual eligible	170.9	175.4	4.5
LTSS Elderly	642.6	625.3	(17.3)
LTSS Physically Disabled	313.2	279.5	(33.7)
LTSS Intellectually Disabled	815.7	826.4	10.7
LTSS Children's Mental Health	59.2	48.3	(10.9)
Composite	\$ 4,108.6	\$ 4,291.4	\$ 182.8
Federal	\$ 2,673.8	\$ 2,820.8	\$ 147.0
State	\$ 1,434.8	\$ 1,470.6	\$ 35.8

Notes:

1. June 2017 and SFY 2018 annualized expenditures were developed with projected enrollment.
2. Values shown in Table 2 exclude amounts related to the Health Insurance Providers Fee (HIF).
3. State expenditures based on Federal Fiscal Year (FFY) 2017 FMAP of 56.74% and FFY 2018 FMAP of 58.48% for non-CHIP and non-expansion populations.
4. State expenditures based on CY 2017 FMAP of 95% and CY 2018 FMAP of 94% for the Wellness plan population.
5. CHIP and Breast and Cervical cancer rate cell expenditures receive enhanced FMAPs.
6. Values include 1915(b)(3), GME, Physician ACR, and Habilitation risk pool amounts.
7. Children population includes: TANF Child, CHIP and hawk-i populations.

RATE DEVELOPMENT SUMMARY

Table 3 illustrates the changes from the SFY 2017 capitation rates to the SFY 2018 capitation rates by certain rate action items. The PMPM values reflected in Table 3 do not include pass-through payments.

Table 3 State of Iowa Department of Human Services, Division of Medical Assistance Capitation Rate Buildup						
	Gross Medical		Gross LTSS		Gross Total	
Projected Membership	622,000		622,000		622,000	
Previous SFY 2017 Composite Rate	\$ 311.03		\$ 214.22		\$ 525.25	
Emerging Experience Rate Update	322.30	3.6%	217.22	1.4%	539.52	2.7%
Trend Period Update	329.17	2.1%	220.02	1.3%	549.19	1.8%
Base Data Update	337.97	2.7%	213.78	(2.8%)	551.75	0.5%
Trend Factors Update	343.61	1.7%	211.53	(1.1%)	555.14	0.6%
Managed Care Factor Update	362.52	5.5%	211.99	0.2%	574.50	3.5%
Program Adjustment Update	360.68	(0.5%)	213.74	0.8%	574.42	0.0%
Administrative Load Changes	357.19	(1.0%)	215.44	0.8%	572.63	(0.3%)
Cost Containment Initiatives	344.65	(3.5%)	215.44	0.0%	560.10	(2.2%)
IHH/CCHH Administrative Load Adjustment	349.85	1.5%	215.44	0.0%	565.29	0.9%
Rate Change prior to Experience Update	12.5%		0.6%		7.6%	
Rate Change after Experience Update	8.5%		(0.8%)		4.8%	

APPENDICES

Appendix 1 illustrates state fiscal year 2018 capitation rates for each population by rate cell, split between medical and LTSS components. The cost of 1915(b)(3) services is illustrated separately for CMS reporting purposes. The habilitation services are shown separately as these amounts will be allocated to the risk pool.

Appendix 2 contains actuarial models for each population by rate cell which were used as the basis for the capitation rates. Separate models are illustrated for the FFS and voluntary managed care experience that was used as the base experience for the SFY 2018 capitation rate development. This model contains all adjustments including incomplete data adjustments, trend adjustments, managed care adjustments, program & policy adjustments, and other data adjustments.

Appendix 3 contains the development of the fully loaded capitation rates for each population by rate cell.

Appendix 4 provides a summary of the non-benefit costs assumptions applied to each rate cell.

SECTION I. MEDICAID MANAGED CARE RATES

1. GENERAL INFORMATION

This section provides information listed under the General Information section of the 2017-2018 Medicaid Managed Care Rate Development Guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care plan for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective as of January 1, 2017.
- The most recent *Medicaid Managed Care Rate Development Guide* published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”¹

A. RATE DEVELOPMENT STANDARDS

i. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the one-year rating period from July 1, 2017 through June 30, 2018.

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

ii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Robert M. Damler, is included in this report. Mr. Damler meets the qualification standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board, that certify that the final rates meet the standards in 42 CFR 438.4 and 42 CFR 438.5.

(b) Certified capitation rates

The certified capitation rates are illustrated in Appendix 1 for each population by rate cell. Projected member months represent estimated values for SFY 2018. These rates are the contracted capitation rates prior to risk adjustment and rebalancing.

(c) Certified rate range

Not applicable, a rate range was not developed.

(d) Program information

(i) Managed care program

This certification was developed for the IA Health Link program, the Medicaid managed care program operated by the State of Iowa. The program covers all state plan services and long term services and supports with the exception of the following:

- Prescription drug claims for factor replacement products used for the treatment of hemophilia A, hemophilia B, and Von Willebrand's Disease, which include factor VII, VIII, and IX products. These drugs were covered under the IA Health Link contract effective April 1, 2016 through June 30, 2017.
- Prescription drug claims for Exondys-51™. These drugs were covered under the IA Health Link contract effective April 1, 2016 through June 30, 2017.
- Prescription drug claims for Spinraza™. These drugs were covered under the IA Health Link contract effective April 1, 2016 through June 30, 2017.
- Dental services billed on dental.
- Local Education Authority (LEA) claims.
- Residential care facility state supplementary assistance payments.
- Money Follows the Person waiver services.

Non-waiver habilitation services were covered under the IA Health Link contract effective April 1, 2016 through June 30, 2017. These services will be paid to the health plans through an amount allocated to a risk pool. The risk pool will be budget neutral to the state.

Health plans participating in the Medicaid managed care program are all classified as managed care organizations (MCOs) and are health maintenance organization (HMO) insurance companies registered with the National Association of Insurance Commissioners (NAIC) that provide comprehensive care to enrollees.

The IA Health Link program was established in April 2016 to modernize Iowa's Medicaid program by implementing a comprehensive statewide managed care program for a majority of the Medicaid eligible population. IA Health Link enrolls the Healthy Children, Healthy Parents and Caretakers, hawk-i members, Iowa Health and Wellness Plan, and Aged, Blind, or Disabled populations into full risk-based managed care plans. The program includes Medicare-Medicaid dual eligible members and individuals receiving long-term services and supports. The capitation rates shown in this report have been developed for the twelve month time period from July 1, 2017 through June 30, 2018.

(ii) Rating period

This actuarial certification is effective for the one-year rating period July 1, 2017 through June 30, 2018.

(iii) Covered populations

The following populations are **included** in the IA Health Link program:

- Breast and Cervical Cancer eligible population
- Healthy Children and Foster Care/Adoption Assistance
- Children's Health Insurance Program (including *hawk-i*)
- Healthy Parents / Caretakers
- Pregnant Women obtaining coverage under the Mothers and Children (MAC) program
- Home and Community Based Services (HCBS) Waiver enrolled populations
- Institutionalized Populations
- Iowa Health and Wellness Plan {Including those historically in Marketplace Choice}
 - Medically Exempt
 - Non-Medically Exempt
- Dual Eligibles (Medicare and Medicaid, excluding those only with Medicare Savings Program. That is, individuals not eligible for Medicaid benefits beyond coverage of Medicare premiums and cost sharing.)
- Non-Dual Aged, Blind, or Disabled (ABD) populations including Medicaid for employed persons with disabilities (MEPD)

The following populations are **excluded** from the IA Health Link program:

- Undocumented immigrants receiving time-limited emergency coverage
- Retroactive eligibility periods and individuals whose eligibility is only retroactive
- Medically Needy – Spend-down and non-spend-down
- Program for All Inclusive Care for the Elderly (PACE) enrolled individuals
- Health Insurance Premium Payment Program (HIPP) enrolled individuals
- Individuals residing in Iowa Veterans Home
- Medicare Savings Program Only - That is, individuals not eligible for Medicaid benefits beyond coverage of Medicare premiums and cost sharing.

Table 4 illustrates the capitation rate cells and the underlying populations. For the LTSS populations, a blended rate cell is established using the institutionalized and waiver capitation rates and a targeted rebalancing of the populations.

Table 4
State of Iowa
Department of Human Services, Division of Medical Assistance
Iowa Health Link Program
Rate Cell Definitions

Capitation Rate Cell	Description
Children 0-59 days M&F	
Children 60-364 days M&F	
Children 1-4 M&F	
Children 5-14 M&F	
Children 15-20 F	Low-income Children, Foster Children, Adoption Assistance, American Indian/Alaskan Native (AI/AN are voluntary), CHIP
Children 15-20 M	
Non-Expansion Adults 21-34 F	
Non-Expansion Adults 21-34 M	
Non-Expansion Adults 35-49 F	
Non-Expansion Adults 35-49 M	
Non-Expansion Adults 50+ M&F	
Pregnant Women	Women eligible due to pregnancy up to 375% FPL
hawk-i	Children's Health Insurance Program (CHIP) enrollees
Wellness Plan 19-24 F	
Wellness Plan 19-24 M	
Wellness Plan 25-34 F	Medicaid expansion population covered under Iowa's 1115 Waiver [capitation rates are split for two distinct populations: medically exempt and non-medically exempt]
Wellness Plan 25-34 M	
Wellness Plan 35-49 F	
Wellness Plan 35-49 M	
Wellness Plan 50+ M&F	
ABD Non-Dual <21 M&F	Aged, Blind or Disabled, not eligible for Medicare, and not institutionalized or on an HCBS waiver
ABD Non-Dual 21 + M&F	
Breast and Cervical Cancer	Individuals that qualify due to breast and cervical cancer diagnosis
Residential Care Facility	Individuals residing in a residential care facility
Dual Eligible 0-64 M&F	Eligible for Medicare and full-benefit Medicaid without long-term services and supports
Dual Eligible 65+ M&F	
LTSS – Elderly	Custodial Care 65+, Hospice 65+, Elderly waiver
LTSS – Non-Dual and/or Pre-65	Custodial Care <65, Hospice<65, Non-Dual Skilled Nursing Facility, Physical Disability waiver, Health and Disability waiver, AIDS waiver, Brain Injury waiver
LTSS – Intellectual Disability	ICF / MR, State Resource Center, Intellectual Disability waiver
LTSS – Children's Mental Health	Children in Psychiatric Mental Institute, Children's Mental Health waiver

(iv) Eligibility criteria

The Health and Wellness program includes two sets of capitation rates for those identified as Medically Exempt and those who are Non-Medically Exempt. The Medically Exempt population will have to meet specific diagnosis or activities of daily living limitation criteria, as defined in 42 CFR 440.315(f). The American Indian and Alaskan Native populations are voluntarily enrolled in the program. All other populations are mandatorily enrolled in the risk based managed care program.

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development:

- Withhold arrangement
- Minimum medical loss ratio requirement
- Non-waiver population habilitation services risk pool

Please refer to Section I, subsection 4 for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report does not include a retroactive adjustment to the SFY 2018 capitation rates.

iii. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

iv. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments for any other rate cell.

v. Effective dates

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2018 capitation rates.

vi. Generally accepted actuarial principles and practices

(a) Reasonable, appropriate, and attainable

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The SFY 2018 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment.

vii. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period July 1, 2017 through June 30, 2018.

viii. Procedures for rate certification and contract amendments

In general, a new rate certification will be submitted when the rates change. The following exceptions are permitted:

1. A contract amendment that does not affect the rates.
2. Risk adjustment, under a methodology described in this certification, which possibly changes the rates paid to the plans.

In case 1 listed above, a contract amendment must still be submitted to CMS.

B. APPROPRIATE DOCUMENTATION

i. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

ii. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

iii. Different FMAP

Capitated payments made for children enrolled in IA Health Link who are eligible for Title XXI benefits receive an enhanced FMAP rate of 92.72% during federal fiscal year (FFY) 2017 and 93.94% during FFY 2018.

Capitated payments made for the Iowa Health and Wellness plan population receive an FMAP rate of 95.0% during CY 2017 and 94% in CY 2018. Capitated payments made for IA Health Link members enrolled in the Breast and Cervical Cancer rate cell receive an enhanced FMAP rate of 69.72% during FFY 2017 and 70.94% in FFY 2018. All other capitated payments made receive the regular state FMAP of 56.74% for FFY 2017 and 58.48% for FFY 2018. The capitation rates were developed without regard to the FMAP.

iv. Assumptions and methodology for development and certification of rate ranges

Not applicable, a rate range was not developed.

v. Documentation of development and certification of rate ranges

Not applicable, a rate range was not developed.

2. DATA

This section provides information on the base data used to develop the capitation rates. The base experience described in this section is illustrated in Appendix 2.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR 438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, subsection 2 provides documentation of the data types, sources, validation processes, material adjustments, and other information relevant to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

As the actuary contracted by DHS to provide consulting services and associated financial analyses for many aspects of the Iowa Medicaid program (and not strictly limited to capitation rate development), Milliman intakes and summarizes eligibility and expenditure data on a monthly basis from DHS. As such, there is no separate data request from Milliman to the State pertaining specifically to the base data for capitation rate development. The remainder of this section details the base data and validation processes utilized in the SFY 2018 capitation rate development.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The capitation rate development for the IA Health Link populations utilized the following data sources:

- Historical capitation payment and eligibility files provided by DHS;
- Encounter data submitted by the IA Health Link MCOs;
- Fee-for-service (FFS) claims and enrollment data provided by DHS;
- Historical encounter data provided by MCOs operating in Iowa Medicaid prior to the IA Health Link program;
- Encounter Utilization Monitoring (EUM) cost report data submitted by the MCOs;
- MCO surveys submitted by the MCOs; and,
- CY 2016 statutory financials reported by the MCOs.

(ii) Age of the data

The data utilized as the base experience in the capitation rate development represents benefit expenses incurred during CY 2015, which includes FFS experience provided by DHS and encounter data from MCOs prior to the implementation of the IA Health Link program. The fee-for-service data used in our rate development process reflects adjudicated data through February 2017.

Encounter data and EUM cost report data submitted by current IA Health Link MCOs is specific to the time period following implementation of the IA Health Link program. Encounter data reflects claims incurred through CY 2016, paid through February 2017, and EUM reports with incurred dates for April to September 2016, paid through December 31, 2016.

For the purposes of evaluating the impact of policy and program adjustments, we utilized MCO-submitted encounter data and fee-for-service (FFS) data incurred in CY 2015. The encounter and FFS data used in our rate development process reflects claims adjudicated through February 28, 2017.

For the purposes of additional trend and managed care adjustment factor development, we reviewed emerging CY 2016 encounter data and quarterly EUM cost report data on an incurred basis over the period from April 2016 to December 2016 (where available).

(iii) **Data sources**

Eligibility information

We received eligibility and enrollment extracts from DHS for the CY 2015 and 2016 experience.

FFS and MCO encounter data

We received FFS claim and MCO encounter data extracts from the State. The data was provided through a process of monthly data extracts that were composited for the entire base data time period. CY 2015 encounter data was specific to behavioral health services, a voluntary managed care program, and the hawk-i population. Additional data subsequent to CY 2015 was utilized to review emerging experience and trends in the data.

Encounter utilization monitoring report expenditure data

We received quarterly EUM cost report data that each MCO submitted to DHS for the April to September 30, 2016 time period. EUM expenditures are submitted to DHS for services that require encounter reporting by the MCOs for the IA Health Link program.

MCO survey data

Each MCO was requested to complete a managed care survey (MCO survey) in March 2017. The MCO survey captured information related to subcapitated arrangements, affiliated party contracts, non-benefit expense costs, reimbursement and utilization during April to December 2016, and other information pertinent to the SFY 2018 rate development.

Financial data

CY 2016 audited statutory financial statements were accessed through SNL Financial.

(iv) **Subcapitated arrangements**

The CY 2015 FFS base data did not include subcapitation payments. The CY 2015 encounter data for the voluntary MCO and behavioral health contracts was assumed to be complete and reflect all claims incurred by the providers. For the EUM analysis, we requested subcapitation amounts be identified in the EUM reports provided by the MCOs and separately requested details regarding subcapitated arrangements in the MCO survey. As part of the MCO Survey, each MCO was required to provide the following information in the subcapitation reporting template for each subcapitated arrangement effective in the base period:

1. Vendor;
2. Contract type (ASO or subcapitated);
3. Subcapitated amount;
4. Shadow priced amount;
5. Delegated administrative costs within arrangement;
6. Amount reported in encounter data;

(b) **Availability and quality of the data**

(i) **Steps taken to validate the data**

The base experience used to develop the capitation rates is comprised of historical fee-for-service data and encounter data from the voluntary HMO program and behavioral health HMO for time periods prior to implementation of the IA Health Link program. FFS data was reviewed in comparison to summaries prepared by the state. Encounter data was reviewed relative to statutory financial experience for CY 2015 as the vendors providing services during the base period are no longer in operation within the State of Iowa. Additional consideration was given to expenditure data provided through the EUM reports and encounter data during CY 2016.

We affirmed the data was reasonable in relation to historical summaries based on a detailed review by category of service and population.

Completeness

The FFS data was deemed to be complete based on our analyses and review of the data.

Accuracy

We summarized and reviewed base period data to ensure that the data for each service group is consistent across experience period and with prior historical periods. Stratification by rate cell facilitated this review, as it minimized the impact of changes in population mix.

We validated membership levels and high level PMPM expenditures to alternative sources, including: independent information posted to the DHS website and NAIC statutory statements.

Consistency of data across data sources

We compared data across all sources during our base data review and analysis. Through the data validation process, we identified several inconsistencies in reported data across sources. Namely, we identified issues with IA Health Link MCO submitted encounter data that limited our ability to utilize that source of data as the base experience for development of the SFY 2018 rates.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that we have relied upon certain data and information provided by DHS and their vendors. The values presented in this letter are dependent upon this reliance.

We find the data used to develop the SFY 2018 capitation rates to be suitable for the purpose of developing actuarially sound rates. The data have been reviewed by multiple parties for completeness, accuracy, and consistency. The base data used in the development of the SFY 2018 capitation rates is reasonably consistent with historical payments made by the State of Iowa and MCOs that were in operation during the base experience period.

(iii) Data concerns

We found disparity between MCO encounter utilization, EUM reported utilization, and MCO reported expenditures for the time period for which the IA Health Link program was in effect. We believe the encounter data quality is inadequate for purposes of capitation rate development and thus have relied upon other sources as outlined in Section I, subsection 2.B.ii.(a).(iii) of this report. We found variances between reported amounts of utilization and expenditures, and certain data that appeared to be missing or misreported from MCO encounter data, rendering the direct usage of IA Health Link encounter data as the base experience for rate development not possible.

We will continue to work with the State and current MCOs to ensure that encounter data is suitable for future rate development processes.

(c) Appropriate data

(i) Use of encounter and fee-for-service data

The source of data utilized in the SFY 2018 capitation rate development was primarily FFS claims data and managed care encounter data for CY 2015.

Managed care encounter data for current MCOs was used in the development of managed care adjustment factors, trend, and policy and program adjustment factors to the extent encounter data was of sufficient quality for those purposes. Managed care encounter data did not have sufficient quality or consistency to be used as the base experience in the rate development.

(ii) Use of managed care encounter data

Managed care encounter data for the programs in effect during CY 2015 were used in the development of the base experience. Managed care encounter data specific to the IA Health Link program (April 1, 2016 and forward) did not have sufficient quality or consistency to be used as the base experience in the rate development.

(d) Reliance on a data book

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed fee-for-service and encounter claims data and enrollment for all covered services and populations.

iii. Data adjustments

Capitation rates were developed from CY 2015 FFS experience and managed care encounter data along with additional consideration of EUM expenditure data, current MCO encounter data, and MCO survey data. Adjustments were made to the base experience for completion, policy & program changes, and other data adjustments.

(a) Credibility adjustment

The CY 2015 FFS data and MCO encounter data, in aggregate, was considered fully credible. No adjustments were made for credibility.

(b) Completion adjustment

Capitation rates were developed from FFS and managed care encounter data incurred in CY 2015 and paid through February 28, 2017.

Historical claims experience was run through an internal Milliman claims reserving system to estimate completion factors. Separate sets of factors were developed for each population and category of service. The development of the completion factors for CY 2015 experience was based on traditional actuarial techniques utilizing paid data through February 2017. Average adjustments were applied to CY 2015 experience to account for the runout applicable to each of the experience periods. Applied completion factors are illustrated in Appendix 2.

(c) Errors found in the data

We relied on data sources from CY 2015 experience as outlined in Section I, subsection 2.B.ii.(a).(iii) of this report. No explicit adjustments were made to the FFS or managed care encounter data from CY 2015 for errors.

(d) Program change adjustments

The following list provides program and reimbursement changes that occurred in the State of Iowa Medicaid program since January 1, 2015, the beginning of the base experience period used in the capitation rate development. The purpose of these adjustments was to align historical costs to the most appropriate time period based on reimbursement changes employed in the state's Medicaid program. Each of the program adjustments applied are described below.

Inpatient Hospital Repricing

Inpatient hospital claims for all populations were repriced to the Medicaid FFS fee schedule effective October 1, 2015. We utilized the fee schedule provided by DHS to calculate a repriced paid amount for each of the inpatient claims summarized in the base experience data. The adjustments to the inpatient service lines were developed on a composite basis across rating groups. Dual eligible members were excluded from this adjustment due to coordination of benefit issues with Medicare.

The next inpatient hospital fee schedule update is scheduled for October 1, 2018, so no further adjustment was made for inpatient hospital unit cost changes.

Pharmacy Dispensing Fee

Based on a change in the dispensing fee from \$11.73 to \$10.02 effective August 1, 2016, we have adjusted the historical pharmacy expenditures to reflect the reduced cost.

FQHC/RHC Reimbursement

An adjustment was applied to reflect changes in the reimbursement for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC). Historical experience for services provided in an FQHC or RHC setting were adjusted to the prospective payment system (PPS) reimbursement levels effective January 1, 2017. This adjustment is reflected in the Office/Home Visits/Consults service category. Dual eligible members were excluded from this adjustment due to coordination of benefit issues with Medicare.

Topical Fluoride Varnish

Effective July 1, 2017, MCOs will be required to cover the application of topical fluoride varnish during well child visits. The estimated cost of coverage for this service is approximately \$0.6 million dollars. An adjustment was applied to the physician physical exams service category for the TANF and CHIP populations for the one- through four-year old rate cells to reflect this program change.

Home Health Low Utilization Payment Adjustment (LUPA)

A rate adjustment was made for home health agency low utilization payment adjustment (LUPA) rates. The historical claims experience was adjusted to the LUPA rates effective July 1, 2017. Medicare crossover claims were excluded from this adjustment due to coordination of benefit issues.

Nursing Facility Reimbursement

Claims related to Nursing Facility utilization were repriced to the Medicaid FFS fee schedule effective January 1, 2017. We utilized the fee schedule provided by DHS to calculate a repriced paid amount for each of the nursing facility cost per day rates summarized in the base experience data. The nursing facility per diem rates will be rebased effective July 1, 2017, pending CMS approval of the state plan amendment. We will review the impact of the change in the nursing facility rates effective July 1, 2017 to determine whether the SFY 2018 capitation rates will be updated for this program adjustment.

Hospice Reimbursement

Claims related to hospice utilization were repriced to the Medicaid FFS fee schedule effective October 1, 2016. We utilized the fee schedule provided by DHS to calculate a repriced paid amount for each of the hospice rates summarized in the base experience data. The next hospice rate update is scheduled to be effective October 1, 2017. We estimated a 2.0% increase in hospice reimbursement October 1, 2017, which impacts the last 9 months of the SFY 2018 rating period. This adjustment is included within the hospice rate cell and service category program adjustment factor.

Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)

Claims related to intermediate care facilities for the intellectually disabled (ICF/ID) utilization were repriced to the Medicaid FFS fee schedule effective as of January 1, 2017. We utilized the current fee schedule provided by DHS to calculate a repriced paid amount for each of the ICF/ID rates summarized in the base experience data. Based on data repriced to the January 1, 2017 fee schedule, we estimated no further change in aggregate ICF/ID reimbursement from the rates effective January 1, 2017 through SFY 2018.

State Resource Center (SRC)

Claims related to state resource centers (SRC) utilization were repriced to the Medicaid FFS fee schedule effective as of January 1, 2017. We utilized the current fee schedule provided by DHS to calculate a repriced paid amount for each of the SRC rates summarized in the base experience data. State resource center fee schedules are updated approximately every

six months. We estimated a 2.0% increase in SRC reimbursement effective in SFY 2018 relative to the reimbursement to the rates effective January 1, 2017, and this adjustment is included within the SRC program adjustment factor.

Home and Community Based Services (HCBS) Rate Floor

Home and community based services (HCBS) covered under the HCBS rate floor were repriced to the floor effective July 1, 2016. We utilized the HCBS rate floor provided by DHS to apply a repriced paid amount for the HCBS services summarized in the base experience data.

Community Mental Health Centers (CMHC)

An adjustment for cost settlements paid to community mental health centers (CMHC) for SFY 2015, paid by the prior behavioral health managed care vendor, was included as a program adjustment to the behavioral service categories. Aggregate expenditures of \$5.8 million for the CMHC adjustment were allocated proportionally to the behavioral health expenditures for each rate cell.

Consumer Choice Option (CCO) Recoveries

In CY 2015, the state pre-funded Consumer Choice Option (CCO) individual budgets allotted to waiver members for purchase of waiver services and supports. To the extent the budgets are unspent, DHS recoups these amounts. Separate recoupments are made for unspent amounts, which were not reflected included in the base data source used for capitation rate setting. The aggregate recoupment is estimated to be \$12.9 million in CY 2015. The recoupment was applied in the program adjustment factor for HCBS services and was allocated based on CY 2015 CCO expenditures. Members of the intellectual disability, brain injury, and non-dual HCBS waivers utilize approximately 95% of the CCO services.

Institution for Mental Disease (IMD)

For enrollees aged 21 to 64 years residing in an institution for mental disease (IMD), experience specific to beneficiaries residing in an IMD for less than fifteen days during the base period have been identified by DHS. We estimated total IMD expenditures using CY 2016 utilization of IMD services and comparable state plan service cost per day metrics. We estimated an average per diem of comparable state plan providers of \$919.42 using inpatient psychiatric per diem rates. No change in utilization of services was estimated between CY 2016 and SFY 2018.

The SFY 2018 aggregate cost of IMD services was estimated to be \$1.9 million. This amount was allocated across the Wellness Plan and Disabled populations as a program adjustment to the Inpatient MH/SA service category. Approximately 83% of the estimated SFY 2018 IMD cost was attributed to the Wellness Plan population with the remainder attributed to the Disabled population.

Marketplace Choice Adjustment

Adjustments have been applied to the Wellness Plan rate cells for inclusion of Marketplace Choice enrollees who were enrolled in the Health Insurance Marketplace during CY 2015. Due to the lack of historical experience for these beneficiaries in CY 2015, we applied adjustments based on relative estimated morbidity for members once they transitioned into the Wellness Plan. We have incorporated adjustments to adjust the base experience to the estimated CY 2015 morbidity level inclusive of Marketplace Choice members.

We estimated these factors to be 1.0016 for medically exempt members and 0.9920 for non-medically exempt members. These factors were applied in aggregate across all service categories.

Intellectual Disability Waiver Tiered Rates

The provider reimbursement structure is anticipated to be modified for supported community living, day habilitation, and adult day services provided to the Intellectual Disability Waiver population. The reimbursement will change in SFY 2018 to a tiered rate structure that reflects member support needs. The reimbursement rates are being finalized at this time. We will review the fiscal impact of the final tiered reimbursement rates and determine whether an adjustment to the SFY 2018 capitation rates is necessary beyond the cost per unit trend incorporated into the capitation rate development.

Transportation services are being carved out of the supported community living tiered rates. Providers will bill for transportation services separately beginning the effective date of the supported community living tiered rate, which is anticipated to be October 1, 2017. We have included a budget neutral program adjustment to reflect an estimated shift of \$2.2 million in SFY 2018 from residential services to LTSS transportation services.

SFY 2018 Legislative Cost Containment Initiatives

Six legislatively mandated cost-containment initiatives are to be implemented within the Iowa Medicaid program effective July 1, 2017. The aggregate percentage savings of the cost containment initiatives was developed and applied to the estimated SFY 2018 benefit cost. The adjustment is illustrated in Appendix 3. The six legislatively mandated cost-containment initiatives are as follows:

- **Coordination of Benefits for Medicare Part A and Part B Crossover Claims** – The Medicaid reimbursement amount for Medicare Part A and Part B crossover claims will be limited to the lesser of the Medicare cost sharing amount and the difference between the Medicaid fee schedule amount and the sum of the payment Medicare and all other third parties. Prior to this policy, Iowa Medicaid paid the full Medicare cost sharing amount. Estimated savings from this cost containment initiative is \$27.0 million in SFY 2018 in the IA Health Link program.
- **Increase in Diagnosis-Related Group (DRG) Cost Outlier Threshold** – The DRG cost outlier threshold will be increased to the greater of two times the statewide average DRG payment for the claim- and hospital-specific DRG payment plus \$75,000. The previous outlier threshold utilized a constant amount of \$16,000 as opposed to \$75,000. Historical claims were repriced using the increased threshold. Estimated savings from this cost containment initiative is \$34.6 million in SFY 2018 in the IA Health Link program.
- **Elimination of Current Procedural Terminology (CPT) Codes for Consultation Services** – Consultation procedure codes are no longer payable under the Iowa Medicaid program. Services previously billed via a consultation code will be billed through a different visit code, as specified in Iowa DHS Informational Letter No. 1798-MC-FFS. Historical consultation claims were repriced to a weighted average, when applicable, of comparable visit codes. For example, the office consults were repriced to a weighted average of new patient and established patient office visit codes. Estimated savings from this cost containment initiative is \$2.3 million in SFY 2018.
- **Site of Service Differential** – A site of service payment differential will be applied for claims eligible for the Medicare site of service differential program. Historical claims were repriced using the site of service differentials in the applicable places of services as outlined in Informational Letter No. 1800-MC-FFS. Estimated savings from this cost containment initiative is \$12.7 million in SFY 2018.
- **Elimination of Increased Payments to Qualifying Primary Care Physicians for Certain Services** – The enhanced payment to primary care physicians for certain services (identified as factor code “Y” or “Z” on the DHS fee schedules web page) will end June 30, 2017. Historical enhanced payment amounts were identified and repriced to estimate the savings of transitioning to the normal fee schedule amount. Estimated savings from this cost containment initiative is \$14.3 million in SFY 2018.
- **Anesthesia Conversion Factor** – The Medicaid anesthesia conversion factor will be changed from \$1.76 per minute to \$1.40 per minute effective July 1, 2017. Historical anesthesia claims experience was repriced to estimate the savings of the lower conversion factor. Estimated savings from this cost containment initiative is \$2.8 million in SFY 2018.

Program changes deemed immaterial to benefit expenses in the rate period

All policy changes provided to us by DHS were analyzed for their effect on the Medicaid managed care program. Program adjustments that were made in the SFY 2018 rate development had policy or reimbursement changes that were deemed to have a material cost impact to the MCOs. Adjustment factors that did not warrant an adjustment factor were deemed immaterial and were not applied to the base experience.

We evaluated the composite impact of all immaterial items to assess whether an aggregate impact should be applied in the SFY 2018 rate development process. Based on this analysis, the impact of the immaterial program adjustments is immaterial on a composite basis and no further adjustments are warranted.

(e) **Exclusion of payments or services from the data**

The data utilized to establish the base experience was net of member copays and certain third party liability recoveries. Additional adjustments were made to the data to reflect the impact of pay-and-chase third party liability recoveries and other wrap around services that will continue to be covered by DHS for MCO enrolled members. The list of services that will continue to be paid on a FFS basis for MCO enrollees includes:

- Prescription drug claims for factor replacement products used for the treatment of hemophilia A, hemophilia B, and Von Willebrand's Disease, which include factor VII, VIII, and IX products;
- Prescription drug claims for Exondys-51™;
- Prescription drug claims for Spinraza™;;
- Dental services billed on dental;
- Local Education Authority (LEA) claims;
- Residential care facility state supplementary assistance payments; and,
- Money Follows the Person waiver services.

Expenditures for MediPASS PCCM fees and services of Iowa Veteran's home were also excluded from the base experience.

3. PROJECTED BENEFIT COST AND TRENDS

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period for the development of capitation rates.

A. RATE DEVELOPMENT STANDARDS

i. Final capitation rate compliance

The final capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.36(c)(1)(ii) and 438.3(e). Costs related to non-state plan services were not included in the base experience period data. An adjustment was made to the base experience to include estimated costs for beneficiaries that utilize institutions for mental disease (IMD), which the MCOs may utilize as an approved in-lieu-of service.

ii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of Federal financial participation associated with the population.

iii. Benefit cost trend assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, subsection 3.B.iii of this report.

iv. In-lieu-of services

The projected benefit costs include costs for in-lieu-of services associated with beneficiaries residing in an IMD up to fifteen days during a given month.

v. Benefit expenses associated with members residing in an IMD

For enrollees aged 21 to 64 years residing in an institution for mental disease (IMD), experience specific to beneficiaries residing in an IMD for less than fifteen days during the base period have been identified by DHS. These beneficiaries and all associated managed care expenditures, both related to IMD stays and other services rendered, have been included in the SFY 2018 capitation rates.

vi. IMDs as an in-lieu-of service provider

The projected benefit costs include costs for in-lieu-of services associated with beneficiaries residing in an IMD up to fifteen days during a given month.

B. APPROPRIATE DOCUMENTATION

i. Projected benefit costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of projected benefit costs

(a) Description of the data, assumptions, and methodologies

The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries.

The capitation rates were developed from historical claims and enrollment data from the populations that are now enrolled in the IA Health Link managed care program. This data consisted of CY 2015 incurred FFS claims data and MCO encounter data for managed care programs in place during CY 2015.

Step 2: Apply historical and other adjustments to cost summaries.

As documented in the previous section, utilization and cost per service rates from the base experience period were adjusted for a number of items, including but not limited to, incomplete data adjustments and policy and program changes that occurred over the course of the base experience period (CY 2015).

Step 3: Adjust for prospective program and policy changes and trend to SFY 2018.

We adjusted the CY 2015 base experience for known policy and program changes that have occurred or are expected to be implemented between January 1, 2016 and June 30, 2018. These adjustments are documented in Section 1, subsection 2.B.iii.(d) of this report. The adjusted per member per month (PMPM) values from the base experience period were trended forward from the midpoint of the base experience period to the midpoint of the rating period (January 1, 2018). We applied 30 months of trend based on an experience period midpoint of July 1, 2015. The trend rate development is outlined in Section 1, subsection 3.B.iii of this report.

There were no changes to covered populations or services other than those outlined in the program change adjustments in Section 1, subsection 2.B.iii.(d) of this report.

Additionally, we targeted improvements in managed care efficiencies for specific service categories that are estimated to impact projected SFY 2018 benefit expense. The resulting PMPMs established the adjusted benefit expense by rate cell for the rating period. The following section outlines the development of managed care efficiency adjustments.

Managed care efficiency adjustments

We calculated adjustments to the experience data to reflect the utilization and cost per unit differential between the base period and the levels targeted for the rating period managed care environment.

We developed the managed care efficiency adjustments by reviewing CY 2015 utilization levels by major category of service. The managed care efficiency adjustments applied to the CY 2015 data are illustrated by service line detail and population in Appendix 3. The following provides a description of our process for evaluating and identifying the opportunities for managed care efficiencies.

PRM Analytics Potentially Avoidable Costs

Introduction

Milliman PRM Analytics (PRM) has developed a proprietary algorithm to retrospectively identify potentially avoidable healthcare expenses. The term 'potentially avoidable' healthcare expenses refers to the acute services related to chronic conditions that have potential to be avoided via appropriate care in an ambulatory setting. An algorithm to identify these expenses was developed based upon Milliman and published clinical research. This algorithm identifies inpatient admissions and emergency room visits for conditions such as heart failure, chronic obstructive pulmonary disease, diabetes, and other conditions that clinical literature indicates are sensitive to appropriate care in the ambulatory setting. The algorithm does not identify services as potentially avoidable based upon cost, but rather on the designation of the condition associated with the service as being ambulatory care sensitive.

Background

Managed Care Risk Adjustment

Risk adjustment in managed care describes patient morbidity and management burden - and estimates the associated cost - of patient populations through the use of risk scores. A risk score is a number calculated based on a patient's demographics and diagnosis history that provides an estimate of the expected cost of a given patient, relative to a benchmark or population average. Risk scores are useful in describing the expected cost of patients and populations, though they do not identify the risks and costs in the patient population that may be reduced through improved patient management. Research has indicated that up to approximately 30% of healthcare expenses for certain chronic conditions may potentially be avoided through improved patient management.

Milliman PRM Analytics' potentially avoidable expenses algorithm complements risk score methodology to estimate not only the total expected cost of a patient population, but also the amount of that cost that may be potentially avoidable through improved patient management. The potentially avoidable cost algorithm, therefore, identifies not only the cost burden represented by the patient population, but also the effects of local patient management practices and the influence of managed care.

Algorithm development

To develop the potentially avoidable expenses algorithm, Milliman consultants performed a review of clinical literature using MEDLINE. The literature review was designed to identify research that was conducted on potentially avoidable healthcare expenses within the last ten years and reported in the clinical literature. Search terms related to potentially avoidable expenses were used. Additional material was included in the literature review through internet searches, reviews of the research base supporting quality measures and third-party algorithms to identify avoidable costs such as the NYU algorithm and input from Milliman and external clinical consultants.

The clinical literature suggested that potentially avoidable expenses are associated with certain chronic conditions that have been identified as ambulatory care sensitive conditions. The Agency for Healthcare Research and Quality (AHRQ) defines ambulatory care sensitive conditions as, "conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease." Milliman utilized AHRQ's Prevention Quality Indicator (PQI) measures, sources available in the clinical literature, and clinical expertise from Milliman's consulting staff to develop code sets to identify potentially avoidable expenses in healthcare claims data. PQIs were developed by AHRQ to identify ambulatory care sensitive conditions in hospital discharge data. PQIs are used to flag potential quality issues in a community and to help health agencies, data organizations, health systems, and others improve health care quality in their communities.

The code sets were reviewed and validated by clinical consultants from multiple Milliman offices. To test the results of the algorithm, Milliman ran the algorithm against third-party national data sets and internal client data across multiple lines of business including fee-for-service and managed Medicaid, Medicare, and commercial populations. Milliman actuaries validated the results of the algorithm against Milliman well-managed and loosely-managed benchmarks.

Potentially Avoidable Expenses

Description of Potentially Avoidable Expenses

Milliman describes potentially avoidable expenses as those healthcare expenditures occurring in an acute setting that may have been avoided had the patient received appropriate care in an ambulatory setting. Potentially avoidable expenses are associated with facility charges for certain chronic conditions, including but not limited to: asthma, chronic obstructive pulmonary disease (COPD), diabetes, and congestive heart failure (CHF).

Note that potentially avoidable expenses are independent of the cost of the condition. Traditionally high-cost conditions such as malignancies and hemophilia are not identified as potentially avoidable. Although these conditions may result in higher risk scores, the facility expenses associated with these conditions were not shown by the clinical research Milliman reviewed to be influenced by care provided in an ambulatory setting.

Identification of potentially avoidable healthcare expenses requires more effort than simply flagging claims against a reference table. Not all potentially avoidable claims have diagnosis or procedure codes to indicate their potentially avoidable status. For example, a skilled nursing facility claim may only contain a diagnosis of 'rehabilitation', regardless of whether the claim is potentially avoidable. PRM associates skilled nursing facility claims, transportation claims, physician claims, and any other applicable claim with an inpatient or emergency department claim to create a potentially avoidable episode.

Example of Care Management Impacting Potentially Avoidable Expenses

A case study from Milliman PRM's client work illustrates how potentially avoidable expenses can be impacted by appropriate care management in a non-acute setting. In this example, a patient routinely received treatment in an inpatient setting that could have been provided in an outpatient setting. The patient had been diagnosed with a chronic, ambulatory-sensitive chronic condition. Based on the avoidable costs, the client targeted the patient for care management. The care manager intervened with the patient and discovered that the patient was dissatisfied with their outpatient treatment facility and did not show up to scheduled outpatient treatment. The result was that the patient's condition deteriorated until it required the patient to receive treatment in the emergency department and in the inpatient setting. The care manager was able to find an alternative outpatient treatment facility for the patient, and thereby saved the health system thousands of dollars of healthcare expense.

A description of specific categories of service where we have identified managed care efficiencies are listed below:

Inpatient hospital

We developed managed care adjustments to reflect higher levels of care management during the rating period relative to the base period. Inpatient hospital managed care adjustments were developed by applying assumed reductions to same-DRG readmissions and potentially avoidable inpatient admissions. We analyzed the frequency of short term readmissions for each DRG, where the original admission and readmission used the same DRG. We also identified potentially avoidable admissions using the Agency for Healthcare Research and Quality (AHRQ) prevention quality indicators (PQI).

Emergency room

For the outpatient hospital 'Emergency Room' service categories and the corresponding physician 'ER Visits' category, we reviewed the following: (1) CY 2015 managed care utilization levels and (2) the resulting classification of claims using the New York University Center for Health and Public Service Research (NYU CHPSR) Emergency Department Algorithm. The NYU CHPSR tool classifies emergency room utilization into four primary categories as well as categories that are excluded from the grouping. The four primary categories are: Non-emergent, Emergent – Primary Care Treatable, Emergent – Preventable/Avoidable, and Emergent – Not Preventable/Avoidable. Subsequent to the review of the experience into these defined categories, we developed specific adjustments for the first three categories to reflect the target utilization levels for the managed care plans.

When applying the adjustments listed above, higher reductions were taken from lower intensity emergency room claims than higher intensity emergency room claims. In coordination with determination of the managed care adjustments for hospital outpatient emergency room services, we assumed that most emergency room visits reduced would be replaced with an office visit. The utilization of professional office visits and consults was increased by approximately 75% of the outpatient emergency room utilization reductions.

Pharmacy services

Based on the State's preferred drug listing (PDL), we have not made any adjustments to reflect generic drug dispensing switches outside of the State's anticipated PDL changes. We have developed pharmacy managed care efficiency adjustments by rate cell to reflect utilization reductions, but have not applied any efficiencies related to cost.

Maternity delivery case rate

We reviewed the mix of vaginal and cesarean section deliveries present in the base experience data and emerging reported information from the MCOs to determine appropriate efficiency adjustments for the maternity delivery case rate. Vaginal delivery percentages were adjusted to levels achieved by MCOs with a minimum assumed percentage of 73.5%. Managed care savings were estimated by evaluating the cost per delivery difference between cesarean and vaginal deliveries. No adjustments were made to the total number of deliveries.

Professional and Ancillary Services

Utilization and cost adjustments specific to the professional and ancillary service categories were developed based on a review of benchmark utilization statistics in other state Medicaid programs operating under managed care environments. We developed efficiency adjustments for specific service lines where it was deemed that historical FFS utilization was above the targeted managed care benchmark. Note that adjustments to the visit lines for inpatient and emergency room under the professional category of service were based on parallel adjustments in the respective facility category of service. The office visits line reflects assumed additional visits based on reductions in emergency room utilization.

(b) Material changes to the data, assumptions, and methodologies

Material changes to the rate development methodology include the following items:

Base experience

The program year 1 capitation rates paid through June 30, 2017 were based on FFS and MCO experience from SFY 2014, trended and adjusted to the rating period from April 1, 2016 to June 30, 2017. We have rebased all IA Health Link populations and rate cells utilizing FFS and MCO experience for dates of service in CY 2015.

Institution for mental disease

Historical utilization and expenditures for Medicaid beneficiaries between the ages of 21 and 64 which have been provided services in an IMD for stays less than 15 days in a month were added to the base experience data for SFY 2018. Adjustments specific to the inclusion of this experience are reflected in the Wellness Plan and Disabled rate cells in Appendix 2.

Managed care efficiencies

We have developed managed care efficiency adjustments utilizing available FFS and MCO encounter data for SFY 2018 capitation rates. All managed care efficiency adjustments have been developed uniquely for the SFY 2018 capitation rates, separate from analyses performed for the program year 1 rates.

LTSS rebalancing

The program year 1 rate development included a rebalancing of LTSS members between institutional and waiver settings. We have reviewed emerging enrollment by MCO since inception of the IA Health Link program and have made updates to the rebalancing assumptions. Separate baseline enrollment is reflected in Appendix 1 for purposes of rebalancing the LTSS rates.

iii. Projected benefit cost trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period to the rating period of this certification. We evaluated prospective trend rates using base experience, as well as external data sources.

Trends were developed separately by service category for utilization and unit cost. Total effective benefit cost trends are illustrated in Tables 5-9.

(a) Required elements

(i) Data

CY 2015 FFS and MCO experience, FFS experience for January to March 2016, and emerging MCO experience in CY 2016 were analyzed to develop estimated, prospective non-pharmacy trend rates.

Similar data sets and prospective changes in pharmacy coverage were used to develop prospective pharmacy trend rates. We reviewed FFS and MCO experience for incurred months from January 2015 through December 2016 with paid dates through February 28, 2017. We relied upon emerging MCO experience in CY 2016 to establish targeted PMPM levels commensurate with trending from the most recent experience months.

External data sources that were referenced include:

- *National Health Expenditure (NHE) projections* developed by the CMS office of the actuary, specifically those related to Medicaid. Please note that as these are expenditure projections, projected growth reflects not only unit cost and utilization, but also aggregate enrollment growth and enrollment mix changes such as aging. For trends used in this certification, we are interested only in unit cost and utilization trends, so in general, our combinations of unit cost and utilization trends should be lower than NHE trends. NHE tables and documentation may be found in the location listed below:
<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>
- *Other sources:* We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

Non-pharmacy trends

To evaluate prospective non-pharmacy trend for the IA Health Link populations, we stratified summarized experience by population and rating group, and then summarized by major category of service on a monthly basis. The data were adjusted for completion. The resulting utilization per 1,000 and cost per service data points were compared to historical experience, internal sources from other managed care programs, and NHE projections. We used the resulting analysis, along with actuarial judgment, to estimate the prospective trend rates for the period from the midpoint of the base period to the midpoint of the rating period.

Pharmacy trends

We developed a Medicaid Pharmacy Trend tool (trend tool) for the purpose of studying and projecting detailed pharmacy trend information. The trend tool summarizes pharmacy claims data by month, drug type (brand, generic, specialty brand, and specialty generic), covered population, and therapeutic class (according to GPI-4 assignments). For this analysis, we used data with dates of service incurred through March 2017, and projected through SFY 2018. Projected values were estimated using the base period data as a starting point and applying anticipated shifts and trends. There are several areas for consideration.

Brand patent loss

When a brand drug loses patent, the utilization often shifts from the brand drug to the new generic alternatives. When selecting which brand drugs would experience a utilization shift as a result of patent loss, we only selected brand drugs that are expected to be non-preferred on the Iowa Medicaid drug list by the end of SFY 2018. We received guidance that none of the new generics expected to launch in the next 12 months would be preferred for their first year on the market. As a result, we did not assume a utilization shift for brand drugs that will come off patent prior to June 2018. We did model a utilization shift for brand name drugs that became non-preferred on the Iowa Medicaid PDL between March 2016 and March 2017.

Cost per script trends

Projected costs per script in the first month of the projection period are based on the average costs per script in the most recent three months of the experience period, adjusted for any anomalies in the data. These costs are trended forward using separate cost trend assumptions by therapeutic class for brand, generic, and specialty products.

In developing cost trends, we relied on a combination of Milliman research, publicly available industry trend reports, and the historical average wholesale price (AWP) trends using historical FFS data. Generic drugs, which historically had modest price increases, have experienced more significant price increases in recent years, due to ingredient shortages, changes to legislation, and consolidation of generic manufacturers resulting in reduction in competition. However, this pattern has begun to slow, and generic trends are expected by the industry to return to more typical levels over the next few years. As a result, generic cost trends were dampened for therapeutic classes that experienced significant price increases in recent years.

Changes in utilization

Utilization levels for the first month of the projection period were set based on the average utilization in the experience period. We applied monthly utilization trends to this starting point to project the remainder of the projection period. To set these utilization trends, we relied on a combination of Milliman research, publicly available industry trend reports, and the historical utilization trends using Iowa Medicaid encounter data. Monthly seasonality is accounted for in our trend development. Each month is projected separately (rather than relying on an average value across all months) such that our projection period accounts for the appropriate seasonality.

Carved-out drugs

The carved-out hemophilia and Von Willebrand's disease drugs, Spinraza™, and Exondys-51™ were removed from the claims analysis based on these drugs being paid on a carve-out basis from the managed care contract. The cost impact of other high cost drugs included in the IA Health Link program was reviewed and included within the pharmacy trend rates.

(iii) Comparisons

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not explicitly rely on the trend projections due to anomalies observed in the data. We referred to the sources listed in the prior section as well as considered changing practice patterns, the impact of reimbursement changes on utilization in the managed care populations, and shifting population mix.

Explicit adjustments were made outside of trend to reflect all recent or planned changes in reimbursement from the base period to the rating period.

(b) Benefit cost trend components

Table 5 illustrates the utilization component of the trend rate assumptions by population and category of service for non-pharmacy services.

Table 5
State of Iowa
Department of Human Services, Division of Medical Assistance
Selected Utilization Trend by Population and COS

Population	Inpatient Hospital	Outpatient Hospital	Prof Visits	Other Prof	Ancillary	IP and OP MH/SA	Prof MH/SA
TANF Child	(0.50%)	1.50%	1.00%	1.50%	0.50%	1.00%	2.00%
TANF Adult	1.00%	1.50%	1.00%	1.50%	1.00%	1.00%	2.00%
Pregnant Women	0.00%	0.50%	2.00%	1.00%	0.75%	1.00%	2.00%
Wellness Plan	1.00%	1.50%	1.00%	1.50%	1.00%	2.00%	2.50%
Disabled	1.00%	1.00%	1.50%	1.00%	(1.00%)	2.00%	2.50%
Dual	(1.00%)	1.00%	0.50%	1.00%	1.00%	2.00%	2.50%
LTSS Elderly	(1.00%)	1.00%	0.50%	1.00%	1.00%	1.00%	1.00%
LTSS Physically Disabled	(1.00%)	1.00%	0.50%	1.00%	1.00%	1.00%	1.00%
LTSS Intellectually Disabled	0.00%	0.00%	2.00%	2.00%	1.00%	1.00%	1.00%
LTSS Children's Mental Health	0.00%	0.00%	2.00%	2.00%	1.00%	1.00%	1.00%
Maternity Case Rate	0.50%	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%

Table 6 illustrates the unit cost component of the trend rate assumptions by population and category of service for non-pharmacy services. The unit cost component reflects the estimated future mix or intensity of services provided.

Table 6
State of Iowa
Department of Human Services, Division of Medical Assistance
Selected Cost Per Service Trend by Population and COS

Population	Inpatient Hospital	Outpatient Hospital	Prof Visits	Other Prof	Ancillary	IP and OP MH/SA	Prof MH/SA
TANF Child	0.00%	0.50%	0.00%	0.50%	1.00%	0.50%	0.50%
TANF Adult	0.00%	0.50%	0.25%	0.00%	0.50%	0.50%	0.50%
Pregnant Women	1.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.50%
Wellness Plan	0.00%	0.50%	0.25%	0.00%	0.50%	1.00%	1.00%
Disabled	(1.00%)	0.50%	0.50%	0.00%	1.00%	1.00%	1.00%
Dual	0.00%	0.50%	0.25%	0.50%	0.50%	1.00%	1.00%
LTSS Elderly	0.00%	0.50%	0.25%	0.50%	0.50%	0.50%	0.50%
LTSS Physically Disabled	0.00%	0.50%	0.25%	0.50%	0.50%	0.50%	0.50%
LTSS Intellectually Disabled	(0.50%)	0.50%	0.50%	0.50%	(0.50%)	0.50%	0.50%
LTSS Children's Mental Health	(0.50%)	0.50%	0.50%	0.50%	(0.50%)	0.50%	0.50%
Maternity Case Rate	0.50%	0.00%	0.00%	0.50%	0.00%	0.00%	0.00%

Table 7 illustrates the utilization and unit cost components of the pharmacy trend rate assumptions by population. Note, the pharmacy trend assumptions illustrated in Table 7 reflect the annualized trend from the CY 2015 base experience period to the SFY 2018 rate period. These trend assumptions reflect a combination of our review of emerging pharmacy claims data through March 2017, as well as prospective trend rates through June 2018 developed from our Medicaid Pharmacy Trend tool.

Table 7 State of Iowa Department of Human Services, Division of Medical Assistance RX Trend by Population			
Population	Utilization	Unit Cost	Composite
Disabled	1.69%	6.09%	7.88%
Dual	1.81%	4.44%	6.34%
LTSS Children's Mental Health	3.49%	(1.19%)	2.26%
LTSS Intellectually Disabled	2.15%	0.94%	3.11%
Pregnant Women	1.17%	7.30%	8.56%
TANF Adult	3.64%	5.02%	8.84%
TANF Child	1.16%	4.29%	5.50%
Wellness Plan	4.18%	5.71%	10.12%

Tables 8 and 9 provide the assumed HCBS waiver trends and institutional trends, respectively.

Table 8 State of Iowa Department of Human Services, Division of Medical Assistance HCBS LTSS Trend by Rate Cell			
Rate Cell	Utilization	Unit Cost	Composite
Elderly HCBS Waiver	0.50%	0.50%	1.00%
Dual HCBS Waivers: PD; H&D	1.00%	0.50%	1.51%
Non-Dual HCBS Waivers: PD; H&D; AIDS	1.00%	0.50%	1.51%
Brain Injury HCBS Waiver	1.00%	0.50%	1.51%
Intellectual Disability HCBS Waiver	1.00%	1.50%	2.52%
Children's Mental Health HCBS Waiver	(0.50%)	0.50%	(0.00%)
Custodial Care Nursing Facility 65+	0.50%	0.50%	1.00%
Hospice 65+	0.50%	0.50%	1.00%
Custodial Care Nursing Facility <65	1.00%	0.50%	1.51%
Hospice <65	1.00%	0.50%	1.51%
Non-Dual Skilled Nursing Facility	1.00%	0.50%	1.51%
ICF/MR	1.00%	1.50%	2.52%
State Resource Center	1.00%	1.50%	2.52%
PMIC	(0.50%)	0.50%	(0.00%)

Table 9 State of Iowa Department of Human Services, Division of Medical Assistance Institutional LTSS Trend by Rate Cell			
Rate Cell	Utilization	Unit Cost	Composite
Elderly HCBS Waiver	0.00%	0.00%	0.00%
Dual HCBS Waivers: PD; H&D	(0.25%)	0.00%	(0.25%)
Non-Dual HCBS Waivers: PD; H&D; AIDS	(0.25%)	0.00%	(0.25%)
Brain Injury HCBS Waiver	(0.25%)	0.00%	(0.25%)
Intellectual Disability HCBS Waiver	0.00%	0.00%	0.00%
Children's Mental Health HCBS Waiver	0.00%	0.00%	0.00%
Custodial Care Nursing Facility 65+	0.00%	0.00%	0.00%
Hospice 65+	(0.25%)	0.00%	(0.25%)
Custodial Care Nursing Facility <65	(0.25%)	0.00%	(0.25%)
Hospice <65	0.25%	0.00%	0.25%
Non-Dual Skilled Nursing Facility	0.25%	1.25%	1.50%
ICF/MR	0.00%	0.00%	0.00%
State Resource Center	0.25%	0.00%	0.25%
PMIC	0.00%	0.00%	0.00%

(c) Variation

We developed trends by population and major category of service as outlined in Section 1, subsection 3.B.iii.(a).(ii) of this report. The estimated trend rates reflect variation due to mix of services and the case-mix for each population. We did not observe significant variation within a credible population and have made no further delineations in the application of trend rates other than those outlined herein. The trend rate assumptions outlined in the previous section were applied to all populations accordingly.

(d) Material adjustments

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not explicitly rely on the historical trend projections due to anomalies observed in the data. We referred to the sources listed in the prior section, considered changing practice patterns, the impact of reimbursement changes on utilization in the Medicaid managed care populations, and shifting population mix.

We made adjustments to the non-pharmacy trend rates derived from historical experience in cases where the resulting trends did not appear reasonably sustainable, or were not within consensus parameters derived from other sources. For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the methodologies identified to develop prospective trend.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect impacts related to managed care efficiencies for utilization or unit cost. The capitation rates have separate, explicit adjustments for the managed care efficiencies. However, we did make consideration of the managed care efficiencies and emerging data when evaluating the trends applied to the CY 2015 base experience.

(ii) Trend changes other than utilization and unit cost

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

iv. Mental Health Parity and Addiction Equity Act service adjustment

We are not aware of any considerable policy changes at this time that would require an adjustment for compliance with the Mental Health Parity and Addiction Equity Act as required by 42 CFR 438.3(c)(ii).

v. In-lieu-of services

The projected benefit costs include costs for in-lieu-of services associated with beneficiaries residing in an IMD up to fifteen days during a given month.

vi. Retrospective eligibility periods

(a) Health plan responsibility

During program year 1 of the IA Health Link program, MCOs were not responsible for periods of retroactive eligibility. We have made an adjustment to remove the first 3 months of a member's FFS experience (if in the base experience period) in developing the capitation rates. MCO requirements for the rating period are consistent with the program year 1 rates, and MCOs continue to not be responsible for periods of retroactive eligibility.

(b) Claims treatment

As noted above, MCOs are not responsible for paying claims incurred during the retrospective eligibility period; therefore, we have made an adjustment to remove the first 3 months of a member's FFS claims experience during the base experience period in developing the capitation rates.

(c) Enrollment treatment

Enrollment is treated consistently with claims. We have excluded the first 3 months of a member's FFS eligibility experience during the base experience period in developing the capitation rates.

(d) Adjustments

As the base experience used in the SFY 2018 rate development is FFS and MCO experience data, we made adjustments to the FFS experience to remove the first 3 months of a beneficiary's claims and enrollment.

vii. Impact of material changes

This section pertains to material changes in covered benefits or services since the previous rate certification. The previous rate certification for the IA Health Link program was for the April 1, 2016 to June 30, 2017 rating period. The previous certification was subsequently amended to reflect emerging experience adjustments.

(a) Change to covered benefits

Material changes to covered benefits have been described in program adjustments outlined in Section I, subsection 2.B.iii.(d).

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the MCOs in their survey responses and an adjustment factor was applied to reflect any such recoveries.

(c) Change to payment requirements

Material changes to required provider payments have been described in program adjustments outlined in Section I, subsection 2.B.iii.(d).

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of material changes

Material changes to covered benefits and provider payments have been outlined in Section I, subsection 2.B.iii.(d). This information includes the estimated impact of the change on the amount of projected benefit costs and a description of the data, assumptions, and methodology used to develop the adjustment for each program change. Estimated impacts are illustrated by rate cell in Appendix 2. Immaterial changes to covered benefits or provider payments have also been described in Section I, subsection 2.B.iii.(d). of the report.

4. SPECIAL CONTRACT PROVISIONS RELATED TO PAYMENT

A. INCENTIVE ARRANGEMENTS

There are no incentive payments in the certified rates paid under the contract.

B. WITHHOLD ARRANGEMENTS

i. Rate development standards

This section provides documentation of the withhold arrangement in the IA Health Link managed care program.

ii. Appropriate documentation

(a) Description of the withhold arrangement

(i) Time period and purpose

The withhold arrangement is measured on a program year basis. For the SFY 2018 rating period, the time period of the withhold arrangement is SFY 2018 dates of service. The withholds primarily relate to value based purchasing, access to care, network distance standards, and the appeal process.

(ii) Description of total percentage withheld

In SFY 2018, MCOs will be eligible for pay-for-performance (P4P) payments up to 2.5% of medical capitation revenue and 0.5% of LTSS capitation revenue for members enrolled in a waiver rate cell. Payment for the medical withhold will be divided equally between five applicable measures, and payment for the LTSS waiver withhold is attributable to one withhold measure.

The 0.5% of LTSS capitation withhold for members enrolled in a waiver rate cell is developed at the rate cell level. The LTSS capitation payment net of the withhold will be blended and rebalanced consistent with the LTSS capitation payment gross of the withhold.

The capitation rates illustrated in this letter are shown before offset for the withhold amount; however, the SFY 2018 capitation rates documented in this report are actuarially sound after adjustment for the amount of the withhold not expected to be earned.

The overall composite withhold is 1.75% of the total medical plus LTSS capitation rates for SFY 2018 contract year. This is a slight decrease from the 2.0% withhold in contract year 1 of the IA Health Link program.

(iii) Estimate of percentage to be returned

We have not estimated an exact percentage of withhold to be returned in contract year 1. As of the time of this report, DHS has not calculated the result of measures in place during contract year 1. However, based on discussions with DHS, we anticipate that the measures in place for SFY 2018 will be attainable by the contracted health plans. We anticipate that the health plans will receive 75% or more of the withhold.

Based on emerging experience of the MCOs during program year 1 of IA Health Link, we do not anticipate that health plans, in aggregate, will receive the full 2% of SFY 2017 withhold amounts. In discussions with the health plans, the health plans are estimating a return of 50% to 75% of the program year 1 withhold.

(iv) Reasonableness of withhold arrangement

Our review of the total withhold percentage of 2.5% of medical capitation revenue and 0.5% of LTSS capitation revenue indicates that it is reasonable within the context of the capitation rate development.

(v) Effect on capitation rate development

The capitation rates in this report are certified as actuarially sound after adjustment for the amount of the withhold not expected to be earned back.

C. OTHER RISK SHARING ARRANGEMENTS

i. Rate development standards

This section provides documentation of the risk-sharing mechanisms in the IA Health Link managed care program.

ii. Appropriate documentation

The IA Health Link care capitation rates have been developed as full risk rates. The MCOs assume risk for the cost of services covered under the contract and incur gains or losses if the cost of furnishing the services is less than or exceeds the payments under the contract.

Rebalancing for the LTSS population helps account for differences in distribution of lives across the different rate cells within an LTSS rating group.

Non-waiver member habilitation services, as defined by HCPCS code H2016, have been carved out of the base capitation rates. DHS will instead establish a risk pool to reimburse MCOs for the amount of habilitation services incurred. The risk pool will be budget neutral.

(a) Description of risk-sharing mechanism

LTSS Rebalancing

The LTSS population will include rebalancing assumptions to reflect a shift of members from institutional settings to waiver-based settings. The rebalancing assumptions will be applicable to experience observed during SFY 2017. Table 10 provides a summary of the rebalancing assumptions applied to the LTSS populations for SFY 2018.

Table 10 State of Iowa Department of Human Services, Division of Medical Assistance IA Health Link LTSS Rebalancing Allocation by Rate Cell	
Capitation Rate Cell	Population Shift
Custodial Care Nursing Facility 65+	(3.25%)
Hospice 65+	
Elderly HCBS Waiver	3.25%
Custodial Care Nursing Facility <65	(1.80%)
Hospice <65	
Non-Dual Skilled Nursing Facility	
Dual HCBS Waivers: PD; H&D	0.60%
Non-Dual HCBS Waivers: PD; H&D; AIDS	0.60%
Brain Injury HCBS Waiver	0.60%
ICF/MR	(0.80%)
State Resource Center	(0.20%)
Intellectual Disability HCBS Waiver	1.00%
PMIC	(1.50%)
Children's Mental Health HCBS Waiver	1.50%

Non-Waiver Member Habilitation Services Risk Pool

DHS will establish a risk pool for non-waiver member habilitation services to more accurately allocate the costs of these services to the separate MCOs. The carve out of habilitation services from the capitation rates is estimated to result in a fiscal impact to the rates of approximately \$113 million. The MCOs will continue to administer the claims for habilitation services, but then will get reimbursed for benefit expenditures from the risk pool. Due to the continued administration of these claims, the non-benefit costs were set to be equivalent to the non-benefit expense levels prior to the habilitation services carve out. Section I, subsection 5 includes further description of the administrative expense load. The risk pool is projected to be budget neutral.

Further specifications of the risk pool remittance and the timing of remittances will be specified in the SFY 2018 contract.

(b) Medical loss ratio

(i) Description

DHS requires all MCOs participating in the Medicaid managed care program to maintain a minimum medical loss ratio (MLR) of 88%. Benefit costs and revenue included in the MLR calculation will be accrued on an incurred basis for the calculation of MLR for the SFY 2018 rating period. The specific language from the provider agreement between DHS and the MCOs should be referenced for final contract specifications and definitions.

(ii) Financial consequences

If an MCO does not meet the minimum MLR threshold, then DHS will recoup the capitation revenue that represents the difference between the total capitation revenue multiplied by the minimum medical loss ratio, less actual medical expenses incurred for State plan, 1915(b)(3), and 1915(c) covered services.

(c) Reinsurance requirements and effect on capitation rates

(i) Description

The contracts between DHS and the MCOs require that the MCOs shall comply with reinsurance requirements of 191 Iowa Administrative Code §40.17 and shall file with the Agency all contracts of reinsurance or a summary of the plan of self-insurance. The Contractor shall provide to the Agency the risk analysis, assumptions, cost estimates, and rationale supporting its proposed reinsurance arrangement.

(ii) Effect on capitation rate development

We have not developed the reinsurance premium amounts pertaining to these certified rates.

(iii) Generally accepted actuarial principles and practices

We have not developed the reinsurance premium amounts pertaining to these certified rates.

(iv) Reinsurance premium methodology

Not applicable.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

The IA Health Link program includes a performance withhold that includes a measurement threshold related to value based purchasing. The withhold parameter indicates the following: “The Contractor must have at least 40% of the population defined by the Agency in a value based purchasing arrangement (use of VIS and TCOC or MLR) with the healthcare delivery system by the end of calendar year 2018.” This withhold parameter is 20% of the 2.5% medical performance withhold, or 0.5% of the medical component of the capitation rate. No explicit adjustment has been included in the rate setting parameters for this requirement.

E. PASS-THROUGH PAYMENTS

i. Rate development standards

This section provides information on the pass-through payments reflected in the capitation rates for the SFY 2018 rating period. Graduate Medical Education (GME) and University of Iowa Physician ACR payments are pass-through payments included in the SFY 2018 capitation rates.

ii. Appropriate documentation

(a) Description of pass-through payments

(i) Description

GME payments made in the State of Iowa Medicaid program are done so on a pass-through basis. The payments are made to teaching hospitals for purposes of funding graduate medical education within the state. The GME payments are received by teaching hospitals with an accredited medical education program. The GME payments are funded with direct State appropriations to the Medicaid agency. These amounts are paid to the teaching hospitals by the MCOs, but are not included in the contracted rates between the plans and the hospitals.

The University of Iowa Physician ACR payments are made to qualifying physicians with the University of Iowa. University of Iowa physicians are key healthcare providers serving Medicaid beneficiaries. The additional payments made to the physicians provide support for contracting and maintain access for Medicaid beneficiaries to the University of Iowa physicians and the MCOs.

(ii) Amount

The amount of GME payments included in the SFY 2018 rates is approximately \$22.7 million utilizing a PMPM of \$5.28 for the medical component of all rate cells. The allocated amount of GME payments on a PMPM basis is consistent with the amount included in the SFY 2017 capitation rates for the IA Health Link program. The estimated amount for University of Iowa ACR payments is \$49.6 million and is allocated across the rate cells based on utilization of services by qualifying physicians.

(iii) Providers receiving the payment

The providers receiving the GME payments are teaching hospitals. The providers receiving the adjusted UPL payments are University of Iowa qualifying physicians.

(iv) Financing mechanism

GME payments are funded with direct State appropriations to the Medicaid agency. The University of Iowa UPL payments are funded through intergovernmental transfers (IGT).

(v) Pass-through payments in the previous rating period

The GME payment amount in SFY 2017 capitation rates was approximately \$22.3 million utilizing a PMPM of \$5.28. The University of Iowa ACR payment amount was estimated to be \$57.0 million in the SFY 2017 IA Health Link capitation rates.

(vi) Pass-through payments for the rating period in effect on July 5, 2016.

The rating period in effect on July 5, 2016 was the program year 1 rating period.

The GME payment amount in the SFY 2017 capitation rates was approximately \$22.3 million utilizing a PMPM of \$5.28. The University of Iowa ACR payment amount was estimated to be \$57.0 million in the SFY 2017 IA Health Link capitation rates.

(b) Hospital pass-through payments

Not applicable, there are no hospital pass-through payments in the IA Health Link managed care program.

5. PROJECTED NON-BENEFIT COSTS

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR 438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate, and attainable expenses related to MCO operation of the IA Health Link managed care program.

The remainder of Section I, subsection 5 documents the data, assumptions, and methodology utilized to develop the non-benefit cost component of the capitation rates.

ii. PMPM versus percentage basis

The non-benefit cost was developed as a percentage for the medical capitation rates and as a PMPM amount for the LTSS capitation rates.

iii. Basis for variation in assumptions

We developed non-benefit costs to meet the needs of the IA Health Link program on a combination basis using both fixed administration components on a per member per month basis and percentage of capitation rate basis. The fixed administration component amounts are used for the long-term services and supports (LTSS) capitation rate cells. The percentage of capitation rates also vary by capitation rate cell. The Integrated Health Home and Chronic Condition Health Home amounts were included on a per member per month basis to the medical capitation rate cells. Also, the percentage of capitation rate values were developed with the inclusion of the non-waiver member habilitation amounts to reflect the health plan management of these services.

iv. Health insurance providers fee

Details regarding the health insurance providers fee are provided in Section I, subsection 5.B.iii of this report.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

Data

The primary data sources used in the development of the SFY 2018 non-benefit costs are listed below:

- Historical non-benefit expense loads;
- CY 2016 MCO survey responses;
- Allocated statutory financial statement data; and,
- Supplemental MCO data related to subcapitated arrangements.

In addition, we reviewed average costs from the financial statements of Medicaid health plans nationally, as summarized by Palmer, Pettit, and McCulla. These reports date from 2012 through 2016, analyzing financial results from 2011 through 2015. The 2016 report analyzing administrative costs for 2015 may be accessed at the following address:

<http://www.milliman.com/insight/2016/Medicaid-risk-based-managed-care-Analysis-of-administrative-costs-for-2015/>

MCO encounter data and historical capitation payments were used to determine adjustments for Integrated Health Home and Chronic Condition Health Home payments.

Assumptions and methodology

In developing the non-benefit costs, we reviewed historical MCO administrative and healthcare quality initiative (HQI) expenses for the Medicaid managed care program along with national Medicaid health plan administrative expenses. We considered the size of participating health plans and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of IA Health Link populations.

Appendix 4 provides a summary of the non-benefit costs utilized in the SFY 2018 capitation rate development. The costs are also included in Appendix 3 for the specific rate cell development. Note, the percentage amounts illustrated in Appendix 4 were applied to the base capitation rate amounts prior to application of the cost containment initiatives.

Historical non-benefit expense assumptions were utilized as the baseline for SFY 2018 capitation rates. Administrative and HQI expenses reported in the CY 2016 MCO survey were analyzed for reasonableness and completeness. This data was supplemented with delegated administrative and care coordination costs related to subcapitated arrangements that were otherwise reported as benefit expense in the EUM and/or statutory financial data. There is a significant amount of variation in the reporting of non-benefit expenses among the MCOs, both in the magnitude of expenses and in the allocation methodology utilized.

(b) Material changes

We relied on MCO reported non-benefit expenditures for the allocation of non-benefit expense assumptions across different rating groups in the SFY 2018 rate development. This detail was not available for the IA Health Link program before its implementation; therefore, we previously relied on national MCO non-benefit expenditures balanced with the expectations of the MCOs in the IA Health Link program.

(c) Other material adjustments

The following material adjustments are applicable to the non-benefit cost component of the capitation rates.

Non-Waiver Member Habilitation Services

An adjustment for the non-waiver member habilitation services carve out was developed using CY15 FFS claims data. While these services are allocated to a separate risk pool, MCOs will continue to administer the claims, and manage the services with reimbursement from the risk pool. Therefore, we developed the non-benefit expense load inclusive of the expenditures associated with the habilitation services. However, the non-benefit expense load will not be allocated to the risk pool. Only the benefit cost for habilitation services will be allocated to the risk pool. The non-benefit expense load will be paid inclusive of the amount of the habilitation services.

Integrated Health Home (IHH)

An adjustment for integrated health home (IHH) payments was developed using MCO encounter data from the IA Health Link program. IHH payments observed in the IA Health Link encounter data were annualized to estimate a service cost of \$35.5 million dollars for SFY 2018. The adjustment was applied to each rate cell proportionally to the IHH expenditures observed in the MCO encounter data. Historical IHH expenditures were reviewed for reasonability of this adjustment, and were not included in the base experience illustrated in the CY 2015 cost models. This service has been moved from a medical claim expense to an administrative expense.

Chronic Condition Health Home (CCHH)

An adjustment for the chronic condition health home (CCHH) program was included consistent with the IHH adjustment. CCHHs provide care coordination for members with chronic conditions, which primarily include members in the disabled and dual eligible IA Health Link populations. The CCHH program is estimated to cost \$3.2 million across all populations in SFY 2018 based on historical capitation payments made to these providers and anticipated plans for expanding the program. This service has been moved from a medical claim expense to an administrative expense.

ii. Non-benefit costs, by cost category

Non-benefit expenses were developed based on individual components, utilizing historically applied non-benefit expense assumptions and allocated based upon MCO survey responses. The SFY 2018 non-benefit cost allowance was reviewed by population, and non-benefit expense assumptions were developed by category and rate cell on a percentage basis for the medical capitation rates and on a PMPM basis for the LTSS capitation rates. The resulting non-benefit costs are illustrated by rate cell in Appendix 4.

The following table illustrates the combined medical and LTSS administrative load by cost category on a composite basis across all populations:

Table 11 State of Iowa Department of Human Services, Division of Medical Assistance Administrative Load by Cost Category	
Cost Category	PMPM
Administrative Costs	\$ 42.55
Provision for Margin	3.84
Taxes, Fees, and Assessments	-
Other Material Non-Benefit Costs	-
Total Non-Benefit Costs	\$ 46.39

Note: Certain MCOs reported a nominal amount of expenses categorized as “taxes, fees, and assessments”. For purposes of reviewing the non-benefit expense allocation, these expenses were included under the “administrative costs” category.

iii. Health insurance providers fee

(a) Whether the fee is incorporated in the rates

Historically, DHS has compensated MCOs liable for the health insurance providers fee (HIF) by adjusting the rates for the data year. Therefore, we anticipate making adjustments to the SFY 2018 capitation rates for the HIF once the amount associated with these rates is known. Based on the timing of the capitation rates, we will make adjustments to the July to December 2017 payments for amounts due on September 30, 2018, and adjustments to the January to June 2018 payments for amounts due on September 30, 2019.

(b) Fee year or data year

The HIF for each insurer is calculated based on the data year. Amended SFY 2018 capitation rates will be based on the HIF payments due on September 30, 2018 and September 30, 2019 for July to December 2017 payments and January to June 2018 payments, respectively.

(c) Fee impact to rates

The calculation of the HIF reimbursement for each MCO subject to the HIF will be based on the final Form 8963 premium amounts reported by the insurer, HIF premium base, final HIF IRS invoices provided to the MCOs, Form 8963 premium amounts attributable to DHS, data year HIF tax percentages, and adjustments for premium revenue based on benefits described in 26 CFR §57.2(h)(2)(ix) such as nursing home and home health care. Final fee amounts are adjusted for the applicable income tax impact to reflect the non-tax deductible status of the HIF. The SFY 2018 capitation rates will be amended based on the HIF payments due on September 30, 2018 and September 30, 2019 for July to December 2017 payments and January to June 2018 payments, respectively.

(d) Timing of adjustment

The SFY 2018 capitation rates illustrated in this certification do not reflect an adjustment for HIF reimbursement. After the actual amount of the HIF is known, the capitation rates will be retrospectively adjusted as appropriate to include the HIF amount. We anticipate completing the analysis to amend the SFY 2018 rates for July to December 2017 payments in the last quarter of calendar year 2018, and completing the analysis to amend the January to June 2018 payments in the last quarter of calendar year 2019.

(e) Identification of long-term care benefits

Long-term care benefits are provided for members in the LTSS capitation rate cells. The medical capitation rate cells do not contain benefits for long-term care services.

6. RISK ADJUSTMENT AND ACUITY ADJUSTMENTS

This section provides information on the risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR 438.5(g), we will follow the rate development standards related to budget-neutral risk adjustment for the IA Health Link managed care program. The composite rates for each of the TANF Children, TANF Adults, Wellness Plan, Disabled Children, Disabled Adults, dual eligible, and LTSS populations will be prospectively risk adjusted by MCO to reflect estimated prospective morbidity differences in the underlying population enrolling with each MCO.

ii. Risk adjustment model

We will perform risk adjustment for populations in the rating period July 1, 2017 through June 30, 2018. For populations other than the LTSS population, we will use the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) version 6.2.

For the LTSS population, we will risk adjust the MCO LTSS rates based on an MCO's CY 2015 base cost relative to the statewide composite for each LTSS rate cell.

B. APPROPRIATE DOCUMENTATION

i. Prospective risk adjustment

(a) Data and adjustments

The risk adjustment analysis for populations other than LTSS will use October 1, 2015 through September 30, 2016 FFS and encounter data for medical risk adjustment purposes. We will provide full documentation of the results and methodology for the risk adjustment analysis, including any adjustments, when it is complete.

The risk adjustment analysis for the LTSS population will use the calendar year 2015 base data used in the SFY 2018 capitation rate development. The calendar year 2015 time period will be used rather than the October 1, 2015 through September 30, 2016 time period due to the sensitivity of the LTSS risk adjustment methodology to the management of the LTSS populations by the MCOs, and due to the quality of the reported reimbursement on the encounter data. Utilizing calendar year 2015 data mitigates these issues.

(b) Risk adjustment model

Risk scores will be calculated for each MCO by rate group. The rate groups for purposes of medical risk adjustment will be TANF Children, TANF Adults, Wellness Plan, Disabled Children, Disabled Adults, dual eligible, and LTSS populations. Medical risk adjustment will not be performed for the maternity case rates, pregnant women, or newborn rate cells.

For the LTSS populations, we will risk adjust the MCO LTSS rates based on an MCO's cost relative to the statewide composite for each LTSS rate cell. The results of the LTSS risk adjustment process will be incorporated into the blended LTSS capitation rate, which will be specific to each MCO's mix of beneficiaries by rate cell. To maintain cost neutrality for the risk adjustment process, we will make adjustments, to the extent necessary, which will result in the composite blended LTSS rate across MCOs being equal before and after the risk adjustment is applied.

(c) Risk adjustment methodology

The DHS risk adjustment is designed to be cost neutral for each of the defined populations. Relative scores will be normalized in a manner to result in an estimated composite prospective risk score of 1.000 for each population group, across all MCOs. The risk adjustment methodology uses generally accepted actuarial principles and practices.

(d) **Magnitude of the adjustment**

The magnitude of the adjustment per MCO is not known at this time. We will provide full documentation of the results and methodology for the risk adjustment analysis when it is complete.

(e) **Assessment of predictive value**

We will provide full documentation of the results and methodology for the risk adjustment analysis when it is complete.

(f) **Concerns with the risk adjustment process**

At this time, we have no concerns with the risk adjustment process.

ii. Retrospective risk adjustment

Not applicable, the risk adjustment analysis will use a prospective methodology.

iii. Changes to the risk adjustment model

In SFY 2018, we will apply risk adjustment to the dual and LTSS populations.

iv. Acuity adjustments

Not applicable, no acuity adjustments are proposed for the SFY 2018 capitation rates.

SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES AND SUPPORTS

1. MANAGED LONG-TERM SERVICES AND SUPPORTS

A. REQUIRED CONTENT

The development of capitation rates for the LTSS portion of the IA Health Link managed care program is consistent with all requirements outlined in Section I of this report.

This section provides information about included managed long-term services and supports (LTSS) provided to certain beneficiaries enrolled in the IA Health Link managed care program. The IA Health Link program covers individuals receiving these services across several rating cells. Beneficiaries in these rate cells include elderly and disabled individuals age 19 and older who do not qualify for Medicare coverage and are receiving Medicaid assistance, including all home and community based waiver enrollees. A significant portion of services provided to these members are LTSS benefits including nursing facility, home care, and home and community based (HCBS) waiver services. IA Health Link includes individuals receiving the following services:

- Intermediate care facility or nursing home care
- ICF/ID facilities
- State resource centers
- Hospice
- Psychiatric mental institutions for children
- Home and Community Based Waiver Services, including:
 - Physical Disability waiver
 - Health and Disability waiver
 - AIDS waiver
 - Brain Injury waiver
 - Elderly waiver
 - Children's Mental Health waiver
 - Intellectual Disability waiver

The capitation rates were developed with the LTSS benefits separate from the medical services. The LTSS managed care program will include individuals that are either dual eligible for both Medicare and Medicaid or Medicaid only eligible. Separate payments were developed for these services and are identified in Appendix 1.

We completed Section I of this report for MLTSS and other medical services.

B. RATE DEVELOPMENT STANDARDS

The LTSS capitation rates for the IA Health Link managed care program have been developed as a single blended capitation rate for each LTSS rating group.

C. APPROPRIATE DOCUMENTATION

i. Required elements

This section contains documentation of the required elements of the LTSS managed care capitation rate development.

(a) Capitation rate structure

Capitation payments for LTSS benefits will be paid as a single capitation rate for each LTSS rating group though the rate will vary by MCO. MCO payments will vary based on actual MCO enrollment mix. The capitation rates for those eligible for LTSS benefits will be separated into two components: (i) base medical expenditure capitation rate, and (ii) LTSS capitation rate. The LTSS capitation rate will be a blend of the institutional component and the home and community based services component. The blend will reflect a targeted transition during the contract period from institutional setting to HCBS setting. The targeted blending is shown in Appendix 1 and varies by institutional and waiver type. The capitation rate for acute care services will not be blended.

(b) Structure, data, assumptions, and methodology

The structure, data, assumptions, and methodology used to develop the LTSS capitation rates are discussed in (a) above.

(c) Other payment structures

The LTSS capitation rate payments will have a withhold incentive component as discussed in Section I of this report. There are no other payment structures, incentives, or disincentives used to pay the MCOs.

(d) Expected effect of managed LTSS

The rate cell structure encourages MCOs to manage the population toward lower cost settings by way of the blended LTSS rate. This is the basis for management efficiencies in LTSS programs. The transition between settings (e.g. nursing facility to HCBS) is gradual in nature and is not an immediate transition. Most often, individuals who reside in a nursing facility for a long period of time have lost their community supports and it becomes difficult to transition from an institutional setting.

(e) Expected effect of care management by care setting and on level of care

We have assumed that manage care will impact utilization level of waiver services as the base data is from a FFS program. Additionally, we have assumed rebalancing between site of service. The rebalancing values are shown in Table 10.

ii. Non-Benefit cost

As documented in Section I of this report, non-benefit costs will be provided for both the base medical services capitation rate and the LTSS capitation rate. The LTSS non-benefit costs will be included on a per member per month basis. The LTSS non-benefit costs primarily reflect care management services, along with a portion for general costs of health plans (e.g., claims processing, overhead support, and risk / contingency margin).

iii. Experience and assumptions

The LTSS capitation rates were developed from historical FFS experience. For LTSS benefits, we used a combination of population rebalancing assumptions from other state Medicaid programs and requirements included in the IA Health Link program to determine the percentage shift of each LTSS population from an institutional setting of care to a community setting of care. Blended LTSS rate cells were determined using peer groups, matching the HCBS waiver populations with similar institutionalized populations. The percentage shift represents the average goal of rebalancing over the contract period.

SECTION III. NEW ADULT GROUP CAPITATION RATES

1. DATA

A. DESCRIPTION OF DATA

The new adult group capitation rates were developed from experience for the population from CY 2015 experience consistent with discussion in Section I of this report. The experience is primarily from the FFS delivery system and a voluntary HMO population. A portion of the population was enrolled in the health insurance marketplace. Data and information for the population enrolled in the health insurance marketplace was not available, but assumptions were developed based on the relative morbidity of the population once they transitioned to the Iowa Health and Wellness Plan.

Section I, subsection 2 of this report thoroughly describes the data used in developing actuarially sound SFY 2018 capitation rates for the Wellness Plan population.

B. NEW ADULT GROUP POPULATION COVERED IN PREVIOUS RATING PERIODS

i. Availability of new data

For the SFY 2018 Wellness Plan rate development, we relied on FFS and MCO experience data specific to the population from CY 2015. New data sources available for the SFY 2018 rate development include emerging MCO encounter data, EUM expenditure data, and MCO survey information. MCO encounter data was used primarily to evaluate emerging experience for this population.

ii. Experience monitoring

In the course of the SFY 2018 rate development, we reviewed emerging experience for each MCO during program year 1 of the IA Health Link program. We identified that an adjustment was necessary to account for higher than initially projected experience for this population. Additionally, we have reviewed emerging encounter data through December 2016. With improvement in encounter data, we anticipate having a greater ability to evaluate emerging experience data and utilize the emerging data for rate setting purposes in the future.

iii. Actual versus projected experience

Table 12 illustrates the changes in projected enrollment for the Wellness Plan population from the prior certification.

Table 12 State of Iowa Department of Human Services, Division of Medical Assistance Wellness Plan Enrollment Projection Differences			
Rate Cell	SFY 2014 Enrollment	Current Projection	% Change
WP 19-24 F (Medically Exempt)	700	1,125	60.7%
WP 19-24 M (Medically Exempt)	649	838	29.1%
WP 25-34 F (Medically Exempt)	1,056	2,271	115.1%
WP 25-34 M (Medically Exempt)	1,161	2,000	72.3%
WP 35-49 F (Medically Exempt)	1,375	3,470	152.4%
WP 35-49 M (Medically Exempt)	1,347	2,862	112.5%
WP 50+ M&F (Medically Exempt)	2,500	5,427	117.1%
WP 19-24 F (Non-Medically Exempt)	6,303	15,813	150.9%
WP 19-24 M (Non-Medically Exempt)	5,839	12,625	116.2%
WP 25-34 F (Non-Medically Exempt)	9,508	19,289	102.9%
WP 25-34 M (Non-Medically Exempt)	10,448	15,500	48.4%
WP 35-49 F (Non-Medically Exempt)	12,372	19,118	54.5%
WP 35-49 M (Non-Medically Exempt)	12,122	16,939	39.7%
WP 50+ M&F (Non-Medically Exempt)	22,503	31,358	39.4%

Additionally, the program year 1 capitation rates were developed based on a composite Wellness Plan population (medically and non-medically exempt combined) for each rate cell with a relativity factor applied to develop separate rates based on the medically exempt status. We have utilized actual experience specific to each population in developing the SFY 2018 capitation rates.

iv. Adjustments for differences between projected and actual experience

The SFY 2018 Wellness Plan capitation rates are based on CY 2015 FFS and MCO experience. We have considered emerging experience through December 2016 based upon reported MCO information. We have otherwise made no specific adjustments to reflect differences in projected vs. actual experience.

2. PROJECTED BENEFIT COSTS

A. NEW ADULT GROUP CONSIDERATIONS

i. New adult groups covered in previous rating periods

(a) Experience specific to newly eligible adults

CY 2015 experience for the Wellness Plan population comprised the underlying data used in the development of the SFY 2018 capitation rates as outlined in Section I of this report.

(b) Changes in data sources, assumptions, or methodologies since last certification

The data sources, assumptions, and methodologies are consistent with the program year 1 certification, but with additional acknowledgement of emerging MCO experience as outlined in Section I of this report.

(c) Assumption changes since last certification

Assumptions were developed using FFS and MCO experience for the Wellness Plan population as outlined in Section I of this report. Assumptions in the program year 1 capitation rate certification and corresponding rate amendments were based on a blend of FFS and MCO experience.

B. REQUIRED ELEMENTS

i. Acuity or health status adjustments

Not applicable, no acuity adjustments were applied in the development of Wellness Plan capitation rates.

ii. Adjustments for pent-up demand

Not applicable, no pent-up demand adjustments were applied in the development of Wellness Plan capitation rates.

iii. Adjustments for adverse selection

Not applicable, no adverse selection adjustments were applied in the development of Wellness Plan capitation rates.

iv. Adjustments for demographics

Not applicable, no demographic adjustments were applied in the development of Wellness Plan capitation rates.

v. Differences in provider reimbursement rates or provider networks

No adjustments for provider reimbursement or provider network were applied in the development of Wellness Plan capitation rates, other than those documented in Section I of this report.

vi. Other material adjustments

No other material adjustments were applied in the development of Wellness Plan capitation rates.

C. CHANGES TO BENEFIT PLAN

No benefit changes have been made to services covered under the Wellness Plan, other than those documented in Section I of this report.

D. OTHER MATERIAL CHANGES OR ADJUSTMENTS

In developing capitation rates for previous rating periods, we applied a relativity factor for medically exempt and non-medically exempt beneficiaries. We have removed the relativity factor for SFY 2018 capitation rate development based on establishing capitation rates specific to those populations by utilizing historical experience only for those individuals.

We relied upon FFS and MCO experience from CY 2015 for the SFY 2018 rate development for the Wellness Plan.

All other material adjustments or changes in the Wellness Plan rate development are documented in Section I of this report.

3. PROJECTED NON-BENEFIT COSTS

A. NEW ADULT GROUP CONSIDERATIONS

i. Changes in data sources, assumptions, or methodologies since last certification

Non-benefit cost development for the Wellness Plan population is consistent with the development documented in Section I of this report. The resulting non-benefit cost assumptions are not materially different from the assumptions developed for SFY 2017 capitation rates.

ii. Assumption changes since previous certification

Assumption changes for the Wellness Plan population since the previous certification are documented in Section I of this report.

iii. Key assumptions

Key assumptions related to the Wellness Plan population are documented in Section I of this report.

4. FINAL CERTIFIED RATES OR RATE RANGES

A. REQUIRED ELEMENTS

i. Comparison to previous certification

Tables 1 and 2 illustrate the changes in estimated capitation rates from the June 2017 rates to the SFY 2018 capitation rates. On an aggregate basis, the Wellness Plan rates are estimated to increase by 17.9% from the June 2017 rates.

ii. Description of other material changes to the capitation rates

All material changes to the Wellness Plan rate development methodology have been documented in Section I of this report.

5. RISK MITIGATION STRATEGIES

A. DESCRIPTION OF RISK MITIGATION STRATEGY

The risk mitigation strategy for the Wellness Plan population is documented in Section I, subsection 6 of this report. No additional risk mitigation strategies are in effect for the SFY 2018 rating period.

B. NEW ADULT GROUPS COVERED IN PREVIOUS RATE SETTING

i. Changes in risk mitigation strategy relative to previous rating periods

A risk corridor had been proposed for the Wellness population in the contract year 1. The risk corridor is still under CMS review. A risk corridor will not be used in contract year 2.

ii. Rationale for changes in risk mitigation strategy

Not with additional data available, we do not anticipate changes in the population experience from the baseline data.

iii. Relevant experience, results, or preliminary information

Experience for contract year 1 is still under review.

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link Program SFY 2018 Capitation Rates
Actuarial Certification

I, Robert M. Damler, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Iowa, Department of Human Services, Division of Medical Assistance to perform an actuarial review and certification regarding the development of capitation rates for the IA Health Link program effective July 1, 2017 for the covered populations. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the MCO for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:

"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."

The assumptions used in the development of the actuarially sound capitation rates have been documented in my correspondence with the State of Iowa. The actuarially sound capitation rates that are associated with this certification are effective for state fiscal year 2018, July 1, 2017 to June 30, 2018.

The actuarially sound capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the actuarially sound capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the actuarially sound capitation rates that are associated with this certification.


ELECTRONIC SIGNATURE

Robert M. Damler, FSA
Member, American Academy of Actuaries

August 21, 2017

Date

LIMITATIONS

The services provided for this project were performed under the contract between Milliman and the State of Iowa dated June 14, 2017.

The information contained in this report has been prepared for the State of Iowa, Department of Human Services, Division of Medical Assistance (DHS) and their consultants and advisors to provide documentation of the development of the state fiscal year 2018 actuarially sound capitation rates for IA Health Link program populations served under the Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

It is our understanding that the information contained in this letter will be shared with CMS and may be utilized in a public document. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for DHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this letter must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has relied upon certain data and information provided by DHS and the participating Medicaid MCOs in the development of the state fiscal year 2018 capitation rates. The information may not be appropriate for any other purpose. Milliman has relied upon DHS and the MCOs for the accuracy of the data and accepted it without audit. To the extent that the data provided is not accurate, the capitation rate development would need to be modified to reflect revised information. Although the capitation rates have been certified as actuarially sound, the capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. DHS and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this report.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

APPENDIX 1: SFY 2018 CAPITATION RATES

State of Iowa - Department of Human Services, Division of Medical Assistance
IA Health Link
State Fiscal Year 2018 Capitation Rate Summary

Capitation Rate Cell	SFY18 Monthly Enrollment	Medical Gross Capitation							
		Gross Base Medical	Habilitation Services Risk		GME Supplemental	UIHC Supplemental	Gross Total	Habilitation Services Risk	
		Capitation	1915b(3)	Pool	PMPM	PMPM	State Plan Rate	1915b(3)	Pool
Children 0-59 days M&F	4,018	\$ 1,838.52	\$ 0.00	\$ 0.00	\$ 5.28	\$ 50.24	\$ 1,894.04	\$ 0.00	\$ 0.00
Children 60-364 days M&F	17,116	210.02	-	-	5.28	8.69	223.99	-	-
Children 1-4 M&F	61,875	127.97	-	-	5.28	3.59	136.84	-	-
Children 5-14 M&F	122,890	141.72	(0.43)	(0.04)	5.28	2.37	148.80	0.43	0.04
Children 15-20 F	20,897	229.96	(2.99)	(2.55)	5.28	3.77	233.47	2.99	2.55
Children 15-20 M	18,973	203.44	(4.07)	(2.81)	5.28	2.84	204.68	4.07	2.81
Non-Expansion Adults 21-34 F	27,764	336.66	(8.75)	(0.45)	5.28	8.29	341.03	8.75	0.45
Non-Expansion Adults 21-34 M	6,092	218.14	(1.75)	(0.27)	5.28	5.08	226.48	1.75	0.27
Non-Expansion Adults 35-49 F	14,949	517.44	(5.17)	(0.53)	5.28	9.53	526.55	5.17	0.53
Non-Expansion Adults 35-49 M	6,183	386.49	(1.55)	(0.27)	5.28	11.52	401.47	1.55	0.27
Non-Expansion Adults 50+ M&F	3,052	635.65	(1.91)	(0.38)	5.28	13.13	651.77	1.91	0.38
Pregnant Women	6,972	351.63	(5.63)	(0.22)	5.28	19.12	370.18	5.63	0.22
CHIP - Children 0-59 days M&F	9	\$ 1,838.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,838.52	\$ 0.00	\$ 0.00
CHIP - Children 60-364 days M&F	163	210.02	-	-	-	-	210.02	-	-
CHIP - Children 1-4 M&F	53	127.97	-	-	-	-	127.97	-	-
CHIP - Children 5-14 M&F	12,015	141.72	(0.43)	(0.04)	-	-	141.25	0.43	0.04
CHIP - Children 15-20 F	2,023	229.96	(2.99)	(2.55)	-	-	224.42	2.99	2.55
CHIP - Children 15-20 M	2,021	203.44	(4.07)	(2.81)	-	-	196.56	4.07	2.81
CHIP - Hawk-i	44,246	131.99	-	-	-	-	131.99	-	-
TANF Maternity Case Rate	445	\$ 6,258.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,258.82	\$ 0.00	\$ 0.00
Pregnant Women Maternity Case Rate	665	5,707.37	-	-	-	-	5,707.37	-	-
WP 19-24 F (Medically Exempt)	1,125	\$ 595.78	\$ (24.43)	\$ (41.41)	\$ 0.00	\$ 7.40	\$ 537.34	\$ 24.43	\$ 41.41
WP 19-24 M (Medically Exempt)	838	544.29	(8.16)	(50.76)	-	4.67	490.04	8.16	50.76
WP 25-34 F (Medically Exempt)	2,271	776.16	(44.24)	(12.33)	-	11.55	731.14	44.24	12.33
WP 25-34 M (Medically Exempt)	2,000	725.80	(18.87)	(28.13)	-	8.75	687.55	18.87	28.13
WP 35-49 F (Medically Exempt)	3,470	1,086.65	(23.91)	(12.78)	-	18.62	1,068.58	23.91	12.78
WP 35-49 M (Medically Exempt)	2,862	1,054.35	(15.82)	(24.31)	-	19.19	1,033.41	15.82	24.31
WP 50+ M&F (Medically Exempt)	5,427	1,329.04	(2.66)	(22.20)	-	27.52	1,331.70	2.66	22.20
WP 19-24 F (Non-Medically Exempt)	15,813	\$ 204.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.89	\$ 208.85	\$ 0.00	\$ 0.00
WP 19-24 M (Non-Medically Exempt)	12,625	155.52	-	-	-	3.84	159.36	-	-
WP 25-34 F (Non-Medically Exempt)	19,289	266.04	-	-	-	5.99	272.03	-	-
WP 25-34 M (Non-Medically Exempt)	15,500	232.34	-	-	-	6.02	238.36	-	-
WP 35-49 F (Non-Medically Exempt)	19,118	453.27	-	-	-	9.99	463.26	-	-
WP 35-49 M (Non-Medically Exempt)	16,939	406.02	-	-	-	9.85	415.87	-	-
WP 50+ M&F (Non-Medically Exempt)	31,358	665.26	-	-	-	16.72	681.98	-	-
ABD Non-Dual <21 M&F	9,082	\$ 774.81	\$ (3.10)	\$ (46.31)	\$ 5.28	\$ 27.40	\$ 758.08	\$ 3.10	\$ 46.31
ABD Non-Dual 21+ M&F	19,666	1,332.01	(10.66)	(122.49)	5.28	26.11	1,230.25	10.66	122.49
Breast and Cervical Cancer	143	1,827.28	(1.83)	-	-	34.06	1,859.51	1.83	-
Residential Care Facility	575	2,716.79	(46.19)	(1,430.05)	5.28	5.06	1,250.89	46.19	1,430.05
Dual Eligible 0-64 M&F	27,774	\$ 475.59	\$ (15.69)	\$ (176.02)	\$ 0.00	\$ 0.00	\$ 283.88	\$ 15.69	\$ 176.02
Dual Eligible 65+ M&F	6,507	216.80	(1.08)	(46.79)	-	-	168.93	1.08	46.79
Custodial Care Nursing Facility 65+	8,678	\$ 127.56	\$ (0.13)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 127.43	\$ 0.13	\$ 0.00
Hospice 65+	656	127.56	(0.13)	-	-	-	127.43	0.13	-
<u>Elderly HCBS Waiver</u>	8,790	239.66	(1.44)	-	-	-	238.22	1.44	-
Custodial Care Nursing Facility <65	1,570	\$ 803.78	\$ (2.41)	\$ 0.00	\$ 5.28	\$ 14.42	\$ 821.07	\$ 2.41	\$ 0.00
Hospice <65	55	803.78	(2.41)	-	5.28	14.42	821.07	2.41	-
Non-Dual Skilled Nursing Facility	142	2,288.14	-	-	5.28	30.71	2,324.13	-	-
Dual HCBS Waivers: PD; H&D	1,450	321.50	(5.14)	-	-	0.01	316.37	5.14	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,472	1,356.83	(1.36)	-	5.28	37.01	1,397.76	1.36	-
<u>Brain Injury HCBS Waiver</u>	1,374	719.99	(5.76)	-	5.28	14.62	734.13	5.76	-
ICF/MR	1,209	\$ 473.04	\$ 0.00	\$ 0.00	\$ 5.28	\$ 3.81	\$ 482.13	\$ 0.00	\$ 0.00
State Resource Center	332	147.55	-	-	5.28	0.12	152.95	-	-
<u>Intellectual Disability HCBS Waiver</u>	11,249	357.89	(3.94)	-	5.28	7.01	366.24	3.94	-
PMIC	308	\$ 814.70	\$ (30.14)	\$ 0.00	\$ 5.28	\$ 3.15	\$ 792.99	\$ 30.14	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	993	732.86	(3.66)	-	5.28	6.00	740.48	3.66	-

**State of Iowa - Department of Human Services, Division of Medical Assistance
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State Fiscal Year 2018 Capitation Rate Summary**

Capitation Rate Cell	SFY18 Monthly Enrollment	Medical Net Capitation								
		Net Base Medical	Habilitation Services Risk		GME Supplemental	UIHC Supplemental		Net Total State	Habilitation Services Risk	
		Capitation	1915b(3)	Pool	PMPM	PMPM	Plan Rate	1915b(3)	Pool	
Children 0-59 days M&F	4,018	\$ 1,792.56	\$ 0.00	\$ 0.00	\$ 5.28	\$ 50.24	\$ 1,848.08	\$ 0.00	\$ 0.00	
Children 60-364 days M&F	17,116	204.77	-	-	5.28	8.69	218.74	-	-	
Children 1-4 M&F	61,875	124.77	-	-	5.28	3.59	133.64	-	-	
Children 5-14 M&F	122,890	138.18	(0.42)	(0.04)	5.28	2.37	145.37	0.42	0.04	
Children 15-20 F	20,897	224.21	(2.92)	(2.49)	5.28	3.77	227.85	2.92	2.49	
Children 15-20 M	18,973	198.35	(3.97)	(2.74)	5.28	2.84	199.76	3.97	2.74	
Non-Expansion Adults 21-34 F	27,764	328.24	(8.53)	(0.44)	5.28	8.29	332.84	8.53	0.44	
Non-Expansion Adults 21-34 M	6,092	212.69	(1.71)	(0.27)	5.28	5.08	221.07	1.71	0.27	
Non-Expansion Adults 35-49 F	14,949	504.50	(5.04)	(0.51)	5.28	9.53	513.76	5.04	0.51	
Non-Expansion Adults 35-49 M	6,183	376.83	(1.51)	(0.27)	5.28	11.52	391.85	1.51	0.27	
Non-Expansion Adults 50+ M&F	3,052	619.76	(1.86)	(0.37)	5.28	13.13	635.94	1.86	0.37	
Pregnant Women	6,972	342.84	(5.49)	(0.22)	5.28	19.12	361.53	5.49	0.22	
CHIP - Children 0-59 days M&F	9	\$ 1,792.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,792.56	\$ 0.00	\$ 0.00	
CHIP - Children 60-364 days M&F	163	204.77	-	-	-	-	204.77	-	-	
CHIP - Children 1-4 M&F	53	124.77	-	-	-	-	124.77	-	-	
CHIP - Children 5-14 M&F	12,015	138.18	(0.42)	(0.04)	-	-	137.72	0.42	0.04	
CHIP - Children 15-20 F	2,023	224.21	(2.92)	(2.49)	-	-	218.80	2.92	2.49	
CHIP - Children 15-20 M	2,021	198.35	(3.97)	(2.74)	-	-	191.64	3.97	2.74	
CHIP - Hawk-i	44,246	128.69	-	-	-	-	128.69	-	-	
TANF Maternity Case Rate	445	\$ 6,102.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,102.35	\$ 0.00	\$ 0.00	
Pregnant Women Maternity Case Rate	665	5,564.69	-	-	-	-	5,564.69	-	-	
WP 19-24 F (Medically Exempt)	1,125	\$ 580.89	\$ (23.82)	\$ (40.38)	\$ 0.00	\$ 7.40	\$ 524.09	\$ 23.82	\$ 40.38	
WP 19-24 M (Medically Exempt)	838	530.68	(7.96)	(49.49)	-	4.67	477.90	7.96	49.49	
WP 25-34 F (Medically Exempt)	2,271	756.76	(43.13)	(12.03)	-	11.55	713.15	43.13	12.03	
WP 25-34 M (Medically Exempt)	2,000	707.65	(18.40)	(27.42)	-	8.75	670.58	18.40	27.42	
WP 35-49 F (Medically Exempt)	3,470	1,059.48	(23.31)	(12.46)	-	18.62	1,042.33	23.31	12.46	
WP 35-49 M (Medically Exempt)	2,862	1,027.99	(15.42)	(23.70)	-	19.19	1,008.06	15.42	23.70	
WP 50+ M&F (Medically Exempt)	5,427	1,295.81	(2.59)	(21.64)	-	27.52	1,299.10	2.59	21.64	
WP 19-24 F (Non-Medically Exempt)	15,813	\$ 199.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.89	\$ 203.73	\$ 0.00	\$ 0.00	
WP 19-24 M (Non-Medically Exempt)	12,625	151.63	-	-	-	3.84	155.47	-	-	
WP 25-34 F (Non-Medically Exempt)	19,289	259.39	-	-	-	5.99	265.38	-	-	
WP 25-34 M (Non-Medically Exempt)	15,500	226.53	-	-	-	6.02	232.55	-	-	
WP 35-49 F (Non-Medically Exempt)	19,118	441.94	-	-	-	9.99	451.93	-	-	
WP 35-49 M (Non-Medically Exempt)	16,939	395.87	-	-	-	9.85	405.72	-	-	
WP 50+ M&F (Non-Medically Exempt)	31,358	648.63	-	-	-	16.72	665.35	-	-	
ABD Non-Dual <21 M&F	9,082	\$ 755.44	\$ (3.02)	\$ (45.15)	\$ 5.28	\$ 27.40	\$ 739.95	\$ 3.02	\$ 45.15	
ABD Non-Dual 21+ M&F	19,666	1,298.71	(10.39)	(119.43)	5.28	26.11	1,200.28	10.39	119.43	
Breast and Cervical Cancer	143	1,781.60	(1.78)	-	-	34.06	1,813.88	1.78	-	
Residential Care Facility	575	2,648.87	(45.04)	(1,394.30)	5.28	5.06	1,219.87	45.04	1,394.30	
Dual Eligible 0-64 M&F	27,774	\$ 463.70	\$ (15.30)	\$ (171.62)	\$ 0.00	\$ 0.00	\$ 276.78	\$ 15.30	\$ 171.62	
Dual Eligible 65+ M&F	6,507	211.38	(1.05)	(45.62)	-	-	164.71	1.05	45.62	
Custodial Care Nursing Facility 65+	8,678	\$ 124.37	\$ (0.13)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 124.24	\$ 0.13	\$ 0.00	
Hospice 65+	656	124.37	(0.13)	-	-	-	124.24	0.13	-	
<u>Elderly HCBS Waiver</u>	8,790	233.67	(1.40)	-	-	-	232.27	1.40	-	
Custodial Care Nursing Facility <65	1,570	\$ 783.69	\$ (2.35)	\$ 0.00	\$ 5.28	\$ 14.42	\$ 801.04	\$ 2.35	\$ 0.00	
Hospice <65	55	783.69	(2.35)	-	5.28	14.42	801.04	2.35	-	
Non-Dual Skilled Nursing Facility	142	2,230.94	-	-	5.28	30.71	2,266.93	-	-	
Dual HCBS Waivers: PD; H&D	1,450	313.46	(5.01)	-	-	0.01	308.46	5.01	-	
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,472	1,322.91	(1.33)	-	5.28	37.01	1,363.87	1.33	-	
<u>Brain Injury HCBS Waiver</u>	1,374	701.99	(5.62)	-	5.28	14.62	716.27	5.62	-	
ICF/MR	1,209	\$ 461.21	\$ 0.00	\$ 0.00	\$ 5.28	\$ 3.81	\$ 470.30	\$ 0.00	\$ 0.00	
State Resource Center	332	143.86	-	-	5.28	0.12	149.26	-	-	
<u>Intellectual Disability HCBS Waiver</u>	11,249	348.94	(3.84)	-	5.28	7.01	357.39	3.84	-	
PMIC	308	\$ 794.33	\$ (29.39)	\$ 0.00	\$ 5.28	\$ 3.15	\$ 773.37	\$ 29.39	\$ 0.00	
<u>Children's Mental Health HCBS Waiver</u>	993	714.54	(3.57)	-	5.28	6.00	722.25	3.57	-	

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Capitation Rate Cell	Gross LTSS Capitation										
	SFY18	LTSS	Gross LTSS		Habilitation	GME	UIHC	Gross Total		Habilitation	
	Monthly	Baseline	Capitation	1915b(3)	Services Risk	Supplemental	Supplemental	State Plan Rate	1915b(3)	Services Risk	
Enrollment	Enrollment			Pool	PMPM	PMPM				Pool	
Children 0-59 days M&F	4,018		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Children 60-364 days M&F	17,116		-	-	-	-	-	-	-	-	-
Children 1-4 M&F	61,875		-	-	-	-	-	-	-	-	-
Children 5-14 M&F	122,890		-	-	-	-	-	-	-	-	-
Children 15-20 F	20,897		-	-	-	-	-	-	-	-	-
Children 15-20 M	18,973		-	-	-	-	-	-	-	-	-
Non-Expansion Adults 21-34 F	27,764		-	-	-	-	-	-	-	-	-
Non-Expansion Adults 21-34 M	6,092		-	-	-	-	-	-	-	-	-
Non-Expansion Adults 35-49 F	14,949		-	-	-	-	-	-	-	-	-
Non-Expansion Adults 35-49 M	6,183		-	-	-	-	-	-	-	-	-
Non-Expansion Adults 50+ M&F	3,052		-	-	-	-	-	-	-	-	-
Pregnant Women	6,972		-	-	-	-	-	-	-	-	-
CHIP - Children 0-59 days M&F	9		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CHIP - Children 60-364 days M&F	163		-	-	-	-	-	-	-	-	-
CHIP - Children 1-4 M&F	53		-	-	-	-	-	-	-	-	-
CHIP - Children 5-14 M&F	12,015		-	-	-	-	-	-	-	-	-
CHIP - Children 15-20 F	2,023		-	-	-	-	-	-	-	-	-
CHIP - Children 15-20 M	2,021		-	-	-	-	-	-	-	-	-
CHIP - Hawk-i	44,246		-	-	-	-	-	-	-	-	-
TANF Maternity Case Rate	445		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Pregnant Women Maternity Case Rate	665		-	-	-	-	-	-	-	-	-
WP 19-24 F (Medically Exempt)	1,125		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
WP 19-24 M (Medically Exempt)	838		-	-	-	-	-	-	-	-	-
WP 25-34 F (Medically Exempt)	2,271		-	-	-	-	-	-	-	-	-
WP 25-34 M (Medically Exempt)	2,000		-	-	-	-	-	-	-	-	-
WP 35-49 F (Medically Exempt)	3,470		-	-	-	-	-	-	-	-	-
WP 35-49 M (Medically Exempt)	2,862		-	-	-	-	-	-	-	-	-
WP 50+ M&F (Medically Exempt)	5,427		-	-	-	-	-	-	-	-	-
WP 19-24 F (Non-Medically Exempt)	15,813		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
WP 19-24 M (Non-Medically Exempt)	12,625		-	-	-	-	-	-	-	-	-
WP 25-34 F (Non-Medically Exempt)	19,289		-	-	-	-	-	-	-	-	-
WP 25-34 M (Non-Medically Exempt)	15,500		-	-	-	-	-	-	-	-	-
WP 35-49 F (Non-Medically Exempt)	19,118		-	-	-	-	-	-	-	-	-
WP 35-49 M (Non-Medically Exempt)	16,939		-	-	-	-	-	-	-	-	-
WP 50+ M&F (Non-Medically Exempt)	31,358		-	-	-	-	-	-	-	-	-
ABD Non-Dual <21 M&F	9,082		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ABD Non-Dual 21+ M&F	19,666		-	-	-	-	-	-	-	-	-
Breast and Cervical Cancer	143		-	-	-	-	-	-	-	-	-
Residential Care Facility	575		-	-	-	-	-	-	-	-	-
Dual Eligible 0-64 M&F	27,774		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Dual Eligible 65+ M&F	6,507		-	-	-	-	-	-	-	-	-
Custodial Care Nursing Facility 65+	8,678	9,440	\$ 4,113.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,113.42	\$ 0.00	\$ 0.00	\$ 0.00
Hospice 65+	656	639	3,059.44	-	-	-	-	3,059.44	-	-	-
<u>Elderly HCBS Waiver</u>	<u>8,790</u>	<u>7,746</u>	<u>1,153.03</u>	-	-	-	-	<u>1,153.03</u>	-	-	-
LTSS blended with actual membership mix	18,124	17,825	\$ 2,789.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,789.22	\$ 0.00	\$ 0.00	\$ 0.00
LTSS blended with 3.25% rebalanced membership			\$ 2,693.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,693.09	\$ 0.00	\$ 0.00	\$ 0.00
Custodial Care Nursing Facility <65	1,570	1,757	\$ 4,342.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,342.43	\$ 0.00	\$ 0.00	\$ 0.00
Hospice <65	55	55	4,817.87	-	-	-	-	4,817.87	-	-	-
Non-Dual Skilled Nursing Facility	142	141	18,505.41	-	-	-	-	18,505.41	-	-	-
Dual HCBS Waivers: PD; H&D	1,450	1,352	1,297.11	-	-	-	-	1,297.11	-	-	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,472	1,375	1,686.90	-	-	-	-	1,686.90	-	-	-
<u>Brain Injury HCBS Waiver</u>	<u>1,374</u>	<u>1,285</u>	<u>2,703.10</u>	-	-	-	-	<u>2,703.10</u>	-	-	-
LTSS blended with actual membership mix	6,063	5,964	\$ 3,026.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,026.11	\$ 0.00	\$ 0.00	\$ 0.00
LTSS blended with 1.80% rebalanced membership			\$ 2,981.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,981.79	\$ 0.00	\$ 0.00	\$ 0.00
ICF/MR	1,209	1,375	\$ 9,919.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,919.02	\$ 0.00	\$ 0.00	\$ 0.00
State Resource Center	332	353	28,463.93	-	-	-	-	28,463.93	-	-	-
<u>Intellectual Disability HCBS Waiver</u>	<u>11,249</u>	<u>11,062</u>	<u>3,766.29</u>	-	-	-	-	<u>3,766.29</u>	-	-	-
LTSS blended with actual membership mix	12,790	12,789	\$ 5,109.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,109.26	\$ 0.00	\$ 0.00	\$ 0.00
LTSS blended with 1.00% rebalanced membership			\$ 5,009.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,009.44	\$ 0.00	\$ 0.00	\$ 0.00
PMIC	308	370	\$ 5,938.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,938.67	\$ 0.00	\$ 0.00	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>993</u>	<u>911</u>	<u>977.33</u>	-	-	-	-	<u>977.33</u>	-	-	-
LTSS blended with actual membership mix	1,301	1,280	\$ 2,409.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,409.53	\$ 0.00	\$ 0.00	\$ 0.00
LTSS blended with 1.50% rebalanced membership			\$ 2,333.95	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,333.95	\$ 0.00	\$ 0.00	\$ 0.00

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Capitation Rate Cell	Net LTSS Capitation									
	SFY18	LTSS	Habilitation		GME	UIHC	Net Total State	Habilitation		
	Monthly	Baseline	Net LTSS	Services Risk	Supplemental	Supplemental		1915b(3)	Services Risk	
Enrollment	Enrollment	Capitation	Pool	PMPM	PMPM	Plan Rate	1915b(3)	Pool		
Children 0-59 days M&F	4,018		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Children 60-364 days M&F	17,116		-	-	-	-	-	-	-	
Children 1-4 M&F	61,875		-	-	-	-	-	-	-	
Children 5-14 M&F	122,890		-	-	-	-	-	-	-	
Children 15-20 F	20,897		-	-	-	-	-	-	-	
Children 15-20 M	18,973		-	-	-	-	-	-	-	
Non-Expansion Adults 21-34 F	27,764		-	-	-	-	-	-	-	
Non-Expansion Adults 21-34 M	6,092		-	-	-	-	-	-	-	
Non-Expansion Adults 35-49 F	14,949		-	-	-	-	-	-	-	
Non-Expansion Adults 35-49 M	6,183		-	-	-	-	-	-	-	
Non-Expansion Adults 50+ M&F	3,052		-	-	-	-	-	-	-	
Pregnant Women	6,972		-	-	-	-	-	-	-	
CHIP - Children 0-59 days M&F	9		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
CHIP - Children 60-364 days M&F	163		-	-	-	-	-	-	-	
CHIP - Children 1-4 M&F	53		-	-	-	-	-	-	-	
CHIP - Children 5-14 M&F	12,015		-	-	-	-	-	-	-	
CHIP - Children 15-20 F	2,023		-	-	-	-	-	-	-	
CHIP - Children 15-20 M	2,021		-	-	-	-	-	-	-	
CHIP - Hawk-i	44,246		-	-	-	-	-	-	-	
TANF Maternity Case Rate	445		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Pregnant Women Maternity Case Rate	665		-	-	-	-	-	-	-	
WP 19-24 F (Medically Exempt)	1,125		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
WP 19-24 M (Medically Exempt)	838		-	-	-	-	-	-	-	
WP 25-34 F (Medically Exempt)	2,271		-	-	-	-	-	-	-	
WP 25-34 M (Medically Exempt)	2,000		-	-	-	-	-	-	-	
WP 35-49 F (Medically Exempt)	3,470		-	-	-	-	-	-	-	
WP 35-49 M (Medically Exempt)	2,862		-	-	-	-	-	-	-	
WP 50+ M&F (Medically Exempt)	5,427		-	-	-	-	-	-	-	
WP 19-24 F (Non-Medically Exempt)	15,813		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
WP 19-24 M (Non-Medically Exempt)	12,625		-	-	-	-	-	-	-	
WP 25-34 F (Non-Medically Exempt)	19,289		-	-	-	-	-	-	-	
WP 25-34 M (Non-Medically Exempt)	15,500		-	-	-	-	-	-	-	
WP 35-49 F (Non-Medically Exempt)	19,118		-	-	-	-	-	-	-	
WP 35-49 M (Non-Medically Exempt)	16,939		-	-	-	-	-	-	-	
WP 50+ M&F (Non-Medically Exempt)	31,358		-	-	-	-	-	-	-	
ABD Non-Dual <21 M&F	9,082		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
ABD Non-Dual 21+ M&F	19,666		-	-	-	-	-	-	-	
Breast and Cervical Cancer	143		-	-	-	-	-	-	-	
Residential Care Facility	575		-	-	-	-	-	-	-	
Dual Eligible 0-64 M&F	27,774		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Dual Eligible 65+ M&F	6,507		-	-	-	-	-	-	-	
Custodial Care Nursing Facility 65+	8,678	9,440	\$ 4,113.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,113.42	\$ 0.00	\$ 0.00	
Hospice 65+	656	639	3,059.44	-	-	-	3,059.44	-	-	
<u>Elderly HCBS Waiver</u>	<u>8,790</u>	<u>7,746</u>	<u>1,147.26</u>	-	-	-	<u>1,147.26</u>	-	-	
LTSS blended with actual membership mix	18,124	17,825	\$ 2,786.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,786.71	\$ 0.00	\$ 0.00	
LTSS blended with 3.25% rebalanced membership			\$ 2,690.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,690.39	\$ 0.00	\$ 0.00	
Custodial Care Nursing Facility <65	1,570	1,757	\$ 4,342.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,342.43	\$ 0.00	\$ 0.00	
Hospice <65	55	55	4,817.87	-	-	-	4,817.87	-	-	
Non-Dual Skilled Nursing Facility	142	141	18,505.41	-	-	-	18,505.41	-	-	
Dual HCBS Waivers: PD; H&D	1,450	1,352	1,290.62	-	-	-	1,290.62	-	-	
Non-Dual HCBS Waivers: PD; H&D; AIDS	1,472	1,375	1,678.47	-	-	-	1,678.47	-	-	
<u>Brain Injury HCBS Waiver</u>	<u>1,374</u>	<u>1,285</u>	<u>2,689.58</u>	-	-	-	<u>2,689.58</u>	-	-	
LTSS blended with actual membership mix	6,063	5,964	\$ 3,019.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,019.78	\$ 0.00	\$ 0.00	
LTSS blended with 1.80% rebalanced membership			\$ 2,975.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,975.30	\$ 0.00	\$ 0.00	
ICF/MR	1,209	1,375	\$ 9,919.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,919.02	\$ 0.00	\$ 0.00	
State Resource Center	332	353	28,463.93	-	-	-	28,463.93	-	-	
<u>Intellectual Disability HCBS Waiver</u>	<u>11,249</u>	<u>11,062</u>	<u>3,747.46</u>	-	-	-	<u>3,747.46</u>	-	-	
LTSS blended with actual membership mix	12,790	12,789	\$ 5,092.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,092.97	\$ 0.00	\$ 0.00	
LTSS blended with 1.00% rebalanced membership			\$ 4,992.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,992.96	\$ 0.00	\$ 0.00	
PMIC	308	370	\$ 5,938.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,938.67	\$ 0.00	\$ 0.00	
<u>Children's Mental Health HCBS Waiver</u>	<u>993</u>	<u>911</u>	<u>972.44</u>	-	-	-	<u>972.44</u>	-	-	
LTSS blended with actual membership mix	1,301	1,280	\$ 2,406.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,406.05	\$ 0.00	\$ 0.00	
LTSS blended with 1.50% rebalanced membership			\$ 2,330.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,330.39	\$ 0.00	\$ 0.00	

APPENDIX 2: FFS AND VHMO ACTUARIAL MODELS

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Children 0-59 days M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	11,073.5	\$ 1,386.29	\$ 1,279.26	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	10,607.0	\$ 1,336.75	\$ 1,181.58	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-	
Inpatient Well Newborn	5,108.2	792.21	337.23	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	4,893.0	763.90	311.48	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-	
Other Inpatient	196.2	2,188.60	35.78	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	187.9	2,110.47	33.05	
Subtotal			\$ 1,652.27										\$ 1,526.11	
Outpatient														
Outpatient Emergency Room	957.8	\$ 253.70	\$ 20.25	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	775.4	\$ 259.37	\$ 16.76	
Outpatient Surgery	40.4	1,503.71	5.06	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	35.6	1,539.58	4.57	
Outpatient Radiology	268.6	135.36	3.03	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	237.0	138.25	2.73	
Outpatient Pathology/Lab	2,271.2	18.55	3.51	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	2,003.7	18.98	3.17	
Outpatient Pharmacy	473.3	8.62	0.34	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	417.6	8.91	0.31	
Outpatient MH/SA	0.7	-	-	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	0.6	-	-	
Other Outpatient	1,973.6	92.42	15.20	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	1,741.2	94.76	13.75	
Subtotal			\$ 47.39										\$ 41.29	
Pharmacy														
Pharmacy	2,128.0	\$ 24.19	\$ 4.29	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	2,025.9	\$ 26.48	\$ 4.47	
Subtotal			\$ 4.29										\$ 4.47	
Ancillaries														
Transportation	119.0	\$ 314.65	\$ 3.12	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	111.4	\$ 324.12	\$ 3.01	
DME/Prosthetics	326.8	168.54	4.59	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	306.1	173.69	4.43	
Dental	1,330.3	11.55	1.28	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	1,245.9	11.94	1.24	
Other Ancillary	142.5	114.53	1.36	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	133.5	117.79	1.31	
Subtotal			\$ 10.35										\$ 9.99	
Physician														
Inpatient and Outpatient Surgery	1,803.1	\$ 183.88	\$ 27.63	1.0000	1.0379	1.0125	0.9700	0.9900	1.0000	1.0000	1,815.3	\$ 184.30	\$ 27.88	
Anesthesia	79.8	446.62	2.97	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	80.3	452.58	3.03	
Inpatient Visits	7,212.2	281.69	169.30	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	7,172.1	278.88	166.68	
MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	1,110.8	75.19	6.96	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	888.3	75.92	5.62	
Office/Home Visits/Consults	6,509.9	111.91	60.71	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	6,874.2	111.65	63.96	
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	1,708.1	49.04	6.98	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,639.9	49.61	6.78	
Radiology	3,801.9	15.34	4.86	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	3,650.1	15.52	4.72	
Office Administered Drugs	33.0	3.64	0.01	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	32.6	3.69	0.01	
Physical Exams	11,043.1	79.26	72.94	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.0000	11,887.5	79.26	78.52	
Therapy	308.5	39.67	1.02	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	292.6	39.79	0.97	
Vision	8.1	74.26	0.05	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	8.3	72.46	0.05	
Other Professional	1,608.4	46.86	6.28	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,544.1	47.41	6.10	
Subtotal			\$ 359.71										\$ 364.32	
Behavioral Health														
Inpatient and Outpatient MH/SA	0.2	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	0.2	\$ 0.00	\$ 0.00	
Professional MH/SA	0.2	-	-	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	0.2	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 2,074.01										\$ 1,946.18	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Children 60-364 days M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	222.8	\$ 1,714.52	\$ 31.83	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	213.4	\$ 1,653.23	\$ 29.40
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Other Inpatient	8.7	2,131.49	1.54	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	8.3	2,053.01	1.42
Subtotal			\$ 33.37										\$ 30.82
Outpatient													
Outpatient Emergency Room	1,148.5	\$ 239.16	\$ 22.89	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	929.8	\$ 244.57	\$ 18.95
Outpatient Surgery	62.6	2,191.05	11.43	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	55.2	2,240.09	10.31
Outpatient Radiology	172.3	139.31	2.00	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	152.0	142.11	1.80
Outpatient Pathology/Lab	1,039.8	25.39	2.20	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	917.3	25.90	1.98
Outpatient Pharmacy	581.1	7.85	0.38	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	512.7	7.96	0.34
Outpatient MH/SA	19.5	61.66	0.10	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	17.2	62.90	0.09
Other Outpatient	1,697.2	65.19	9.22	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	1,497.3	66.84	8.34
Subtotal			\$ 48.22										\$ 41.81
Pharmacy													
Pharmacy	5,001.9	\$ 43.16	\$ 17.99	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	4,761.8	\$ 47.25	\$ 18.75
Subtotal			\$ 17.99										\$ 18.75
Ancillaries													
Transportation	34.5	\$ 233.25	\$ 0.67	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	32.3	\$ 241.64	\$ 0.65
DME/Prosthetics	565.2	115.92	5.46	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	529.4	119.46	5.27
Dental	1,246.6	11.46	1.19	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	1,167.5	11.82	1.15
Other Ancillary	33.7	117.61	0.33	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	31.5	121.79	0.32
Subtotal			\$ 7.65										\$ 7.39
Physician													
Inpatient and Outpatient Surgery	224.3	\$ 245.02	\$ 4.58	1.0000	1.0379	1.0125	0.9400	0.9900	1.0000	1.0000	218.8	\$ 245.66	\$ 4.48
Anesthesia	94.5	203.13	1.60	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	95.2	205.55	1.63
Inpatient Visits	301.9	300.55	7.56	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	300.2	297.43	7.44
MH/SA	0.4	-	-	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	0.3	-	-
Emergency Room	1,153.6	66.88	6.43	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	922.5	67.51	5.19
Office/Home Visits/Consults	5,667.7	92.06	43.48	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	5,984.8	91.85	45.81
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	1,574.3	15.93	2.09	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,511.4	16.12	2.03
Radiology	735.9	19.73	1.21	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	706.5	20.04	1.18
Office Administered Drugs	202.2	8.90	0.15	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	199.3	9.03	0.15
Physical Exams	4,750.0	66.34	26.26	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.0000	5,113.1	66.35	28.27
Therapy	273.2	36.89	0.84	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	259.1	37.05	0.80
Vision	24.3	74.17	0.15	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	24.9	72.35	0.15
Other Professional	952.9	48.99	3.89	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	914.8	49.58	3.78
Subtotal			\$ 98.24										\$ 100.91
Behavioral Health													
Inpatient and Outpatient MH/SA	0.2	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	0.2	\$ 0.00	\$ 0.00
Professional MH/SA	1.5	82.19	0.01	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1.4	84.51	0.01
Subtotal			\$ 0.01										\$ 0.01
Total Medical Cost			\$ 205.48										\$ 199.69
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Children 1-4 M&F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	73.8	\$ 2,175.16	\$ 13.37	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	70.7	\$ 2,097.66	\$ 12.35	
Inpatient MH/SA	0.1	1,200.00	0.01	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	0.1	1,200.00	0.01	
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-	
Other Inpatient	1.4	4,985.92	0.59	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	1.4	4,764.71	0.54	
Subtotal			\$ 13.97										\$ 12.90	
Outpatient														
Outpatient Emergency Room	764.3	\$ 240.53	\$ 15.32	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	618.8	\$ 245.92	\$ 12.68	
Outpatient Surgery	88.5	2,198.96	16.21	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	78.0	2,248.08	14.62	
Outpatient Radiology	86.4	133.29	0.96	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	76.3	136.92	0.87	
Outpatient Pathology/Lab	847.7	22.93	1.62	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	747.9	23.43	1.46	
Outpatient Pharmacy	165.0	20.36	0.28	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	145.6	20.60	0.25	
Outpatient MH/SA	9.9	84.76	0.07	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	8.7	82.38	0.06	
Other Outpatient	1,532.4	76.67	9.79	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	1,351.9	78.65	8.86	
Subtotal			\$ 44.25										\$ 38.80	
Pharmacy														
Pharmacy	3,835.8	\$ 42.11	\$ 13.46	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	3,651.7	\$ 46.10	\$ 14.03	
Subtotal			\$ 13.46										\$ 14.03	
Ancillaries														
Transportation	20.0	\$ 215.57	\$ 0.36	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	18.8	\$ 223.76	\$ 0.35	
DME/Prosthetics	216.6	100.84	1.82	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	202.8	104.13	1.76	
Dental	1,362.9	10.83	1.23	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	1,276.4	11.19	1.19	
Other Ancillary	5.5	87.59	0.04	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	5.1	93.57	0.04	
Subtotal			\$ 3.45										\$ 3.34	
Physician														
Inpatient and Outpatient Surgery	257.1	\$ 231.55	\$ 4.96	1.0000	1.0379	1.0125	0.9000	1.0000	1.0000	1.0000	240.1	\$ 234.39	\$ 4.69	
Anesthesia	130.2	190.78	2.07	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	131.1	193.16	2.11	
Inpatient Visits	68.2	184.64	1.05	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	67.9	182.14	1.03	
MH/SA	2.1	112.68	0.02	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	2.0	118.81	0.02	
Emergency Room	733.1	64.17	3.92	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	586.2	64.89	3.17	
Office/Home Visits/Consults	3,570.3	83.42	24.82	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	3,770.1	83.23	26.15	
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	1,469.0	13.81	1.69	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,410.3	13.95	1.64	
Radiology	379.7	19.59	0.62	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	364.6	19.75	0.60	
Office Administered Drugs	95.4	13.84	0.11	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	94.1	14.04	0.11	
Physical Exams	1,349.7	63.48	7.14	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.1503	1,452.8	73.02	8.84	
Therapy	181.5	39.67	0.60	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	172.1	39.74	0.57	
Vision	137.4	69.02	0.79	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	140.8	69.02	0.81	
Other Professional	560.6	48.80	2.28	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	538.2	49.50	2.22	
Subtotal			\$ 50.07										\$ 51.96	
Behavioral Health														
Inpatient and Outpatient MH/SA	6.2	\$ 97.40	\$ 0.05	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	5.7	\$ 105.63	\$ 0.05	
Professional MH/SA	440.7	75.97	2.79	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	428.4	77.04	2.75	
Subtotal			\$ 2.84										\$ 2.80	
Total Medical Cost			\$ 128.04										\$ 123.83	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
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FFS Children 5-14 M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	34.0	\$ 2,025.29	\$ 5.74	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	32.6	\$ 1,952.12	\$ 5.30
Inpatient MH/SA	0.2	750.00	0.01	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	0.2	800.00	0.01
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Other Inpatient	3.1	705.88	0.18	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	2.9	696.25	0.17
Subtotal			\$ 5.93										\$ 5.48
Outpatient													
Outpatient Emergency Room	361.2	\$ 301.64	\$ 9.08	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	292.4	\$ 308.58	\$ 7.52
Outpatient Surgery	34.4	2,148.21	6.16	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	30.4	2,197.63	5.56
Outpatient Radiology	112.4	159.15	1.49	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	99.1	162.23	1.34
Outpatient Pathology/Lab	646.1	22.47	1.21	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	570.0	22.95	1.09
Outpatient Pharmacy	74.1	113.33	0.70	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	65.4	115.61	0.63
Outpatient MH/SA	2.4	199.17	0.04	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	2.1	225.35	0.04
Other Outpatient	769.5	71.89	4.61	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	678.9	73.71	4.17
Subtotal			\$ 23.29										\$ 20.35
Pharmacy													
Pharmacy	5,546.6	\$ 85.24	\$ 39.40	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	5,280.4	\$ 93.31	\$ 41.06
Subtotal			\$ 39.40										\$ 41.06
Ancillaries													
Transportation	10.5	\$ 194.29	\$ 0.17	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	9.8	\$ 195.32	\$ 0.16
DME/Prosthetics	149.5	111.61	1.39	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	140.0	114.88	1.34
Dental	272.3	21.15	0.48	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	255.0	21.64	0.46
Other Ancillary	0.8	-	-	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	0.8	-	-
Subtotal			\$ 2.04										\$ 1.96
Physician													
Inpatient and Outpatient Surgery	180.5	\$ 182.84	\$ 2.75	1.0000	1.0379	1.0125	0.9100	1.0000	1.0000	1.0000	170.5	\$ 185.14	\$ 2.63
Anesthesia	50.7	194.27	0.82	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	51.0	197.69	0.84
Inpatient Visits	29.0	148.91	0.36	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	28.9	145.58	0.35
MH/SA	3.2	150.94	0.04	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	3.0	158.94	0.04
Emergency Room	346.6	65.78	1.90	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	277.2	66.24	1.53
Office/Home Visits/Consults	2,150.0	86.40	15.48	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	2,270.3	86.21	16.31
Maternity	0.3	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	0.3	-	-
Pathology/Lab	886.6	13.67	1.01	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	851.2	13.82	0.98
Radiology	414.2	24.05	0.83	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	397.7	24.44	0.81
Office Administered Drugs	41.8	158.08	0.55	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	41.2	160.31	0.55
Physical Exams	565.2	60.30	2.84	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.0000	608.4	60.35	3.06
Therapy	277.3	40.68	0.94	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	263.0	40.61	0.89
Vision	480.3	66.47	2.66	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	492.4	66.54	2.73
Other Professional	289.2	49.38	1.19	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	277.7	50.13	1.16
Subtotal			\$ 31.37										\$ 31.88
Behavioral Health													
Inpatient and Outpatient MH/SA	81.5	\$ 397.55	\$ 2.70	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	75.2	\$ 402.13	\$ 2.52
Professional MH/SA	3,913.8	86.37	28.17	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	3,804.2	87.44	27.72
Subtotal			\$ 30.87										\$ 30.24
Total Medical Cost			\$ 132.90										\$ 130.97
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
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FFS Children 15-20 F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	68.0	\$ 2,016.18	\$ 11.42	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	65.1	\$ 1,944.40	\$ 10.55
Inpatient MH/SA	0.9	558.14	0.04	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	0.8	585.37	0.04
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Other Inpatient	8.0	973.78	0.65	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	7.7	938.72	0.60
Subtotal			\$ 12.11										\$ 11.19
Outpatient													
Outpatient Emergency Room	748.3	\$ 374.29	\$ 23.34	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	605.8	\$ 382.70	\$ 19.32
Outpatient Surgery	49.0	2,559.35	10.44	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	43.2	2,617.88	9.42
Outpatient Radiology	322.2	198.11	5.32	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	284.3	202.62	4.80
Outpatient Pathology/Lab	2,431.5	26.01	5.27	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	2,145.1	26.57	4.75
Outpatient Pharmacy	177.9	127.48	1.89	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	157.0	130.74	1.71
Outpatient MH/SA	1.3	186.05	0.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	1.1	210.53	0.02
Other Outpatient	1,046.6	75.33	6.57	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	923.3	77.20	5.94
Subtotal			\$ 52.85										\$ 45.96
Pharmacy													
Pharmacy	9,229.7	\$ 50.52	\$ 38.86	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	8,786.8	\$ 55.30	\$ 40.49
Subtotal			\$ 38.86										\$ 40.49
Ancillaries													
Transportation	47.6	\$ 191.56	\$ 0.76	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	44.6	\$ 196.46	\$ 0.73
DME/Prosthetics	176.8	116.04	1.71	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	165.6	119.55	1.65
Dental	51.3	11.71	0.05	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	48.0	12.50	0.05
Other Ancillary	15.2	173.57	0.22	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	14.3	176.84	0.21
Subtotal			\$ 2.74										\$ 2.64
Physician													
Inpatient and Outpatient Surgery	298.6	\$ 184.46	\$ 4.59	1.0000	1.0379	1.0125	0.9200	1.0000	1.0000	1.0000	285.1	\$ 186.87	\$ 4.44
Anesthesia	96.6	250.91	2.02	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	97.3	254.16	2.06
Inpatient Visits	80.7	129.43	0.87	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	80.2	128.66	0.86
MH/SA	30.5	59.07	0.15	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	28.9	58.13	0.14
Emergency Room	713.3	77.05	4.58	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	570.4	77.84	3.70
Office/Home Visits/Consults	3,277.5	88.16	24.08	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	3,460.9	87.97	25.37
Maternity	114.0	75.78	0.72	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	118.3	77.07	0.76
Pathology/Lab	2,887.8	18.24	4.39	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	2,772.4	18.48	4.27
Radiology	1,055.1	41.63	3.66	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,012.9	42.17	3.56
Office Administered Drugs	605.5	26.56	1.34	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	597.0	26.93	1.34
Physical Exams	498.8	57.98	2.41	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.0000	537.0	57.88	2.59
Therapy	795.9	44.03	2.92	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	754.8	44.04	2.77
Vision	547.2	67.11	3.06	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	561.0	67.17	3.14
Other Professional	410.3	120.80	4.13	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	393.9	122.17	4.01
Subtotal			\$ 58.92										\$ 59.01
Behavioral Health													
Inpatient and Outpatient MH/SA	323.0	\$ 391.58	\$ 10.54	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	298.0	\$ 396.60	\$ 9.85
Professional MH/SA	4,921.0	108.37	44.44	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	4,783.2	109.74	43.74
Subtotal			\$ 54.98										\$ 53.59
Total Medical Cost			\$ 220.46										\$ 212.88
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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 SFY 2018 Capitation Rate Development

FFS Children 15-20 M Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	54.4	\$ 2,529.80	\$ 11.46	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	52.1	\$ 2,438.26	\$ 10.58
Inpatient MH/SA	1.1	750.00	0.07	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	1.1	672.90	0.06
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	-	-	-
Other Inpatient	3.7	1,019.18	0.31	1.0000	0.9875	1.0000	0.9700	0.9900	1.0000	0.9740	3.5	994.29	0.29
Subtotal			\$ 11.84										\$ 10.93
Outpatient													
Outpatient Emergency Room	404.0	\$ 414.67	\$ 13.96	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	327.1	\$ 424.16	\$ 11.56
Outpatient Surgery	34.4	2,846.51	8.16	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	30.4	2,910.05	7.36
Outpatient Radiology	176.3	194.69	2.86	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	155.5	199.07	2.58
Outpatient Pathology/Lab	791.7	24.10	1.59	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	698.4	24.57	1.43
Outpatient Pharmacy	108.9	222.59	2.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	96.1	227.33	1.82
Outpatient MH/SA	1.7	210.53	0.03	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	1.5	238.41	0.03
Other Outpatient	675.2	63.45	3.57	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0027	595.6	65.07	3.23
Subtotal			\$ 32.19										\$ 28.01
Pharmacy													
Pharmacy	6,818.1	\$ 86.58	\$ 49.19	1.0000	1.0292	1.1107	0.9250	1.0000	1.0000	0.9855	6,490.9	\$ 94.77	\$ 51.26
Subtotal			\$ 49.19										\$ 51.26
Ancillaries													
Transportation	32.4	\$ 174.13	\$ 0.47	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	30.3	\$ 177.98	\$ 0.45
DME/Prosthetics	171.7	125.81	1.80	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	160.8	129.85	1.74
Dental	7.9	15.21	0.01	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	1.0000	7.4	16.24	0.01
Other Ancillary	0.3	413.79	0.01	1.0000	1.0125	1.0252	0.9250	1.0050	1.0000	0.9999	0.3	444.44	0.01
Subtotal			\$ 2.29										\$ 2.21
Physician													
Inpatient and Outpatient Surgery	235.8	\$ 204.05	\$ 4.01	1.0000	1.0379	1.0125	0.9300	1.0000	1.0000	1.0000	227.6	\$ 206.65	\$ 3.92
Anesthesia	47.8	228.60	0.91	1.0000	1.0379	1.0125	0.9700	1.0000	1.0000	1.0000	48.1	232.06	0.93
Inpatient Visits	54.9	135.54	0.62	1.0000	1.0252	1.0000	0.9700	0.9900	1.0000	1.0000	54.6	134.09	0.61
MH/SA	3.9	277.63	0.09	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	3.7	292.68	0.09
Emergency Room	391.3	72.68	2.37	1.0000	1.0252	1.0000	0.7800	1.0100	1.0000	1.0000	312.9	73.25	1.91
Office/Home Visits/Consults	1,888.9	86.02	13.54	1.0000	1.0252	1.0000	1.0300	1.0400	1.0000	0.9594	1,994.6	85.85	14.27
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	1,037.9	18.27	1.58	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	996.5	18.55	1.54
Radiology	732.2	30.81	1.88	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	702.9	31.24	1.83
Office Administered Drugs	47.4	81.00	0.32	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	46.8	82.14	0.32
Physical Exams	407.4	62.74	2.13	1.0000	1.0252	1.0000	1.0500	1.0000	1.0000	1.0000	438.6	62.66	2.29
Therapy	585.0	45.95	2.24	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	554.7	45.86	2.12
Vision	411.4	65.64	2.25	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	421.7	65.73	2.31
Other Professional	269.5	46.76	1.05	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	258.7	47.31	1.02
Subtotal			\$ 32.99										\$ 33.16
Behavioral Health													
Inpatient and Outpatient MH/SA	309.0	\$ 316.53	\$ 8.15	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	285.1	\$ 320.32	\$ 7.61
Professional MH/SA	8,102.1	92.01	62.12	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	7,875.2	93.15	61.13
Subtotal			\$ 70.27										\$ 68.74
Total Medical Cost			\$ 198.77										\$ 194.31
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS Non-Expansion Adults 21-34 F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	153.0	\$ 2,293.03	\$ 29.24	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	141.2	\$ 2,276.93	\$ 26.79
Inpatient MH/SA	0.7	1,253.73	0.07	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	0.6	1,161.29	0.06
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Other Inpatient	2.2	818.18	0.15	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	2.0	827.59	0.14
Subtotal			\$ 29.46										\$ 26.99
Outpatient													
Outpatient Emergency Room	1,318.5	\$ 412.55	\$ 45.33	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	1,067.4	\$ 421.91	\$ 37.53
Outpatient Surgery	128.1	2,711.64	28.94	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	113.0	2,772.99	26.11
Outpatient Radiology	642.5	207.89	11.13	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	566.8	212.56	10.04
Outpatient Pathology/Lab	4,391.6	26.64	9.75	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	3,874.3	27.26	8.80
Outpatient Pharmacy	377.6	102.01	3.21	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	333.1	104.46	2.90
Outpatient MH/SA	1.1	114.29	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	0.9	129.03	0.01
Other Outpatient	1,518.0	86.49	10.94	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9997	1,339.2	88.44	9.87
Subtotal			\$ 109.31										\$ 95.26
Pharmacy													
Pharmacy	14,071.8	\$ 47.35	\$ 55.52	1.0000	1.0935	1.1302	0.9250	1.0000	1.0000	0.9763	14,233.5	\$ 52.25	\$ 61.97
Subtotal			\$ 55.52										\$ 61.97
Ancillaries													
Transportation	77.9	\$ 172.53	\$ 1.12	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	73.9	\$ 175.44	\$ 1.08
DME/Prosthetics	245.6	131.93	2.70	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	232.9	134.48	2.61
Dental	53.0	13.58	0.06	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	50.3	14.33	0.06
Other Ancillary	12.1	168.04	0.17	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	11.5	166.81	0.16
Subtotal			\$ 4.05										\$ 3.91
Physician													
Inpatient and Outpatient Surgery	629.4	\$ 230.31	\$ 12.08	1.0000	1.0379	1.0000	0.8800	0.9900	1.0000	1.0000	574.9	\$ 227.94	\$ 10.92
Anesthesia	255.9	258.42	5.51	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0000	239.0	258.58	5.15
Inpatient Visits	171.1	112.93	1.61	1.0000	1.0252	1.0063	0.9000	0.9800	1.0000	1.0000	157.9	110.99	1.46
MH/SA	43.1	58.52	0.21	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0000	39.7	57.39	0.19
Emergency Room	1,272.0	81.61	8.65	1.0000	1.0252	1.0063	0.7800	1.0100	1.0000	1.0000	1,017.2	82.94	7.03
Office/Home Visits/Consults	4,492.2	92.21	34.52	1.0000	1.0252	1.0063	1.0350	1.0400	1.0000	0.9645	4,766.6	93.07	36.97
Maternity	271.6	77.31	1.75	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	281.9	77.47	1.82
Pathology/Lab	4,839.4	20.36	8.21	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	4,646.1	20.35	7.88
Radiology	2,211.7	46.61	8.59	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	2,123.4	46.62	8.25
Office Administered Drugs	672.1	61.25	3.43	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	645.2	61.19	3.29
Physical Exams	389.4	65.33	2.12	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0000	419.2	65.84	2.30
Therapy	996.6	43.59	3.62	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	945.1	43.81	3.45
Vision	405.6	68.63	2.32	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	415.9	68.97	2.39
Other Professional	553.0	113.28	5.22	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	530.9	113.25	5.01
Subtotal			\$ 97.84										\$ 96.11
Behavioral Health													
Inpatient and Outpatient MH/SA	512.3	\$ 209.18	\$ 8.93	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	472.7	\$ 211.73	\$ 8.34
Professional MH/SA	2,658.4	112.98	25.03	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	2,584.0	114.38	24.63
Subtotal			\$ 33.96										\$ 32.97
Total Medical Cost			\$ 330.14										\$ 317.21
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS Non-Expansion Adults 21-34 M	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	147.4	\$ 2,419.86	\$ 29.73	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	136.0	\$ 2,403.00	\$ 27.24
Inpatient MH/SA	0.2	545.45	0.01	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	0.2	600.00	0.01
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Other Inpatient	0.9	1,078.65	0.08	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	0.8	1,024.39	0.07
Subtotal			\$ 29.82										\$ 27.32
Outpatient													
Outpatient Emergency Room	914.4	\$ 421.28	\$ 32.10	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	740.2	\$ 430.74	\$ 26.57
Outpatient Surgery	83.6	2,068.17	14.41	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	73.8	2,114.97	13.00
Outpatient Radiology	268.8	245.50	5.50	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	237.2	250.96	4.96
Outpatient Pathology/Lab	1,154.5	25.57	2.46	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	1,018.5	26.16	2.22
Outpatient Pharmacy	165.7	79.68	1.10	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	146.2	81.29	0.99
Outpatient MH/SA	0.7	179.10	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	0.6	203.39	0.01
Other Outpatient	781.6	92.58	6.03	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9997	689.5	94.67	5.44
Subtotal			\$ 61.61										\$ 53.19
Pharmacy													
Pharmacy	8,353.7	\$ 57.63	\$ 40.12	1.0000	1.0935	1.1302	0.9250	1.0000	1.0000	0.9763	8,449.7	\$ 63.60	\$ 44.78
Subtotal			\$ 40.12										\$ 44.78
Ancillaries													
Transportation	57.4	\$ 190.34	\$ 0.91	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	54.4	\$ 194.12	\$ 0.88
DME/Prosthetics	281.1	167.79	3.93	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	266.5	170.63	3.79
Dental	0.4	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	0.4	-	-
Other Ancillary	0.7	537.31	0.03	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	0.6	562.50	0.03
Subtotal			\$ 4.87										\$ 4.70
Physician													
Inpatient and Outpatient Surgery	398.7	\$ 229.95	\$ 7.64	1.0000	1.0379	1.0000	0.8800	0.9900	1.0000	1.0000	364.2	\$ 227.71	\$ 6.91
Anesthesia	73.8	230.83	1.42	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0000	69.0	231.44	1.33
Inpatient Visits	158.3	119.76	1.58	1.0000	1.0252	1.0063	0.9000	0.9800	1.0000	1.0000	146.1	118.29	1.44
MH/SA	2.7	89.89	0.02	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0000	2.5	97.56	0.02
Emergency Room	901.5	76.94	5.78	1.0000	1.0252	1.0063	0.7800	1.0100	1.0000	1.0000	720.9	78.24	4.70
Office/Home Visits/Consults	2,285.0	86.18	16.41	1.0000	1.0252	1.0063	1.0350	1.0400	1.0000	0.9645	2,424.6	87.01	17.58
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	1,261.9	18.35	1.93	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	1,211.5	18.32	1.85
Radiology	1,199.0	35.63	3.56	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	1,151.1	35.65	3.42
Office Administered Drugs	139.6	113.43	1.32	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	134.1	113.68	1.27
Physical Exams	97.6	70.07	0.57	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0000	105.1	70.80	0.62
Therapy	606.2	43.95	2.22	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	574.8	44.26	2.12
Vision	238.4	70.48	1.40	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	244.4	70.71	1.44
Other Professional	343.1	58.76	1.68	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	329.4	58.65	1.61
Subtotal			\$ 45.53										\$ 44.31
Behavioral Health													
Inpatient and Outpatient MH/SA	376.2	\$ 214.97	\$ 6.74	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	347.2	\$ 217.77	\$ 6.30
Professional MH/SA	1,784.2	101.09	15.03	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,734.3	102.34	14.79
Subtotal			\$ 21.77										\$ 21.09
Total Medical Cost			\$ 203.72										\$ 195.39
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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FFS Non-Expansion Adults 35-49 F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	318.3	\$ 2,541.16	\$ 67.40	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	293.7	\$ 2,523.65	\$ 61.76
Inpatient MH/SA	1.1	571.43	0.05	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	1.0	618.56	0.05
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Other Inpatient	6.5	406.78	0.22	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	6.0	400.67	0.20
Subtotal			\$ 67.67										\$ 62.01
Outpatient													
Outpatient Emergency Room	1,090.0	\$ 490.91	\$ 44.59	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	882.4	\$ 502.09	\$ 36.92
Outpatient Surgery	222.3	2,532.06	46.90	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	196.1	2,589.22	42.31
Outpatient Radiology	1,008.9	195.19	16.41	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	890.0	199.55	14.80
Outpatient Pathology/Lab	4,373.7	25.54	9.31	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	3,858.6	26.12	8.40
Outpatient Pharmacy	471.5	158.07	6.21	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	415.9	161.57	5.60
Outpatient MH/SA	3.3	179.64	0.05	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	3.0	203.39	0.05
Other Outpatient	2,414.9	83.38	16.78	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9997	2,130.5	85.22	15.13
Subtotal			\$ 140.25										\$ 123.21
Pharmacy													
Pharmacy	26,291.8	\$ 57.39	\$ 125.74	1.0000	1.0935	1.1302	0.9250	1.0000	1.0000	0.9763	26,593.8	\$ 63.33	\$ 140.34
Subtotal			\$ 125.74										\$ 140.34
Ancillaries													
Transportation	89.9	\$ 177.53	\$ 1.33	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	85.3	\$ 180.18	\$ 1.28
DME/Prosthetics	666.5	124.59	6.92	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	632.1	126.82	6.68
Dental	5.3	22.47	0.01	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	5.1	23.72	0.01
Other Ancillary	10.8	144.71	0.13	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	10.2	152.64	0.13
Subtotal			\$ 8.39										\$ 8.10
Physician													
Inpatient and Outpatient Surgery	1,012.2	\$ 249.08	\$ 21.01	1.0000	1.0379	1.0000	0.8800	0.9900	1.0000	1.0000	924.5	\$ 246.62	\$ 19.00
Anesthesia	220.9	233.56	4.30	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0000	206.4	233.75	4.02
Inpatient Visits	289.6	122.67	2.96	1.0000	1.0252	1.0063	0.9000	0.9800	1.0000	1.0000	267.2	120.83	2.69
MH/SA	11.5	73.36	0.07	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0000	10.6	68.18	0.06
Emergency Room	1,125.2	86.49	8.11	1.0000	1.0252	1.0063	0.7800	1.0100	1.0000	1.0000	899.8	87.89	6.59
Office/Home Visits/Consults	5,503.0	85.74	39.32	1.0000	1.0252	1.0063	1.0350	1.0400	1.0000	0.9645	5,839.2	86.54	42.11
Maternity	74.5	67.61	0.42	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	77.4	68.24	0.44
Pathology/Lab	4,809.5	20.31	8.14	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	4,617.4	20.30	7.81
Radiology	2,717.6	42.35	9.59	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	2,609.1	42.36	9.21
Office Administered Drugs	799.9	126.91	8.46	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	768.0	126.88	8.12
Physical Exams	345.8	74.97	2.16	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0000	372.2	75.44	2.34
Therapy	1,370.1	46.51	5.31	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	1,299.3	46.83	5.07
Vision	487.1	70.70	2.87	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	499.4	71.13	2.96
Other Professional	956.6	65.36	5.21	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	918.3	65.34	5.00
Subtotal			\$ 117.93										\$ 115.42
Behavioral Health													
Inpatient and Outpatient MH/SA	464.7	\$ 228.54	\$ 8.85	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	428.8	\$ 231.46	\$ 8.27
Professional MH/SA	3,295.9	99.72	27.39	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	3,203.6	100.99	26.96
Subtotal			\$ 36.24										\$ 35.23
Total Medical Cost			\$ 496.22										\$ 484.31
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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FFS Non-Expansion Adults 35-49 M	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	340.7	\$ 2,615.99	\$ 74.27	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	314.4	\$ 2,597.74	\$ 68.05
Inpatient MH/SA	2.2	1,333.33	0.24	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	2.0	1,326.63	0.22
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Other Inpatient	37.2	860.37	2.67	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	34.4	855.65	2.45
Subtotal			\$ 77.18										\$ 70.72
Outpatient													
Outpatient Emergency Room	763.1	\$ 525.87	\$ 33.44	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	617.8	\$ 537.68	\$ 27.68
Outpatient Surgery	153.3	2,653.01	33.89	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	135.2	2,712.71	30.57
Outpatient Radiology	470.4	277.53	10.88	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	415.0	283.93	9.82
Outpatient Pathology/Lab	2,402.9	23.52	4.71	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	2,119.9	24.06	4.25
Outpatient Pharmacy	385.4	166.28	5.34	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	340.0	170.12	4.82
Outpatient MH/SA	2.2	111.11	0.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	1.9	125.65	0.02
Other Outpatient	1,933.9	91.59	14.76	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9997	1,706.1	93.62	13.31
Subtotal			\$ 103.04										\$ 90.47
Pharmacy													
Pharmacy	17,635.4	\$ 59.86	\$ 87.97	1.0000	1.0935	1.1302	0.9250	1.0000	1.0000	0.9763	17,838.0	\$ 66.05	\$ 98.18
Subtotal			\$ 87.97										\$ 98.18
Ancillaries													
Transportation	85.3	\$ 206.82	\$ 1.47	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	80.9	\$ 210.68	\$ 1.42
DME/Prosthetics	877.2	145.83	10.66	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	831.9	148.44	10.29
Dental	0.5	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	0.5	-	-
Other Ancillary	1.2	700.00	0.07	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	1.1	736.84	0.07
Subtotal			\$ 12.20										\$ 11.78
Physician													
Inpatient and Outpatient Surgery	742.7	\$ 245.93	\$ 15.22	1.0000	1.0379	1.0000	0.8800	0.9900	1.0000	1.0000	678.3	\$ 243.43	\$ 13.76
Anesthesia	131.2	252.48	2.76	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0000	122.5	252.65	2.58
Inpatient Visits	339.7	130.69	3.70	1.0000	1.0252	1.0063	0.9000	0.9800	1.0000	1.0000	313.5	129.01	3.37
MH/SA	3.6	100.00	0.03	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0000	3.3	108.43	0.03
Emergency Room	805.1	86.89	5.83	1.0000	1.0252	1.0063	0.7800	1.0100	1.0000	1.0000	643.8	88.35	4.74
Office/Home Visits/Consults	3,613.1	86.52	26.05	1.0000	1.0252	1.0063	1.0350	1.0400	1.0000	0.9645	3,833.8	87.33	27.90
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	2,510.8	16.92	3.54	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	2,410.5	16.93	3.40
Radiology	1,717.4	41.78	5.98	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	1,648.8	41.78	5.74
Office Administered Drugs	387.8	92.52	2.99	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	372.3	92.51	2.87
Physical Exams	159.3	70.81	0.94	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0000	171.5	71.38	1.02
Therapy	962.7	46.49	3.73	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	913.0	46.79	3.56
Vision	373.6	70.66	2.20	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	383.0	71.12	2.27
Other Professional	793.4	55.81	3.69	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	761.7	55.77	3.54
Subtotal			\$ 76.66										\$ 74.78
Behavioral Health													
Inpatient and Outpatient MH/SA	338.5	\$ 283.58	\$ 8.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	312.4	\$ 286.99	\$ 7.47
Professional MH/SA	2,055.0	102.89	17.62	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,997.4	104.17	17.34
Subtotal			\$ 25.62										\$ 24.81
Total Medical Cost			\$ 382.67										\$ 370.74
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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FFS Non-Expansion Adults 50+ M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	468.5	\$ 2,687.16	\$ 104.90	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	432.2	\$ 2,668.30	\$ 96.11
Inpatient MH/SA	3.6	972.07	0.29	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	3.3	981.82	0.27
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	-	-	-
Other Inpatient	47.1	2,420.38	9.50	1.0000	1.0252	1.0000	0.9000	0.9800	1.0000	1.0133	43.5	2,402.21	8.70
Subtotal			\$ 114.69										\$ 105.08
Outpatient													
Outpatient Emergency Room	640.5	\$ 569.77	\$ 30.41	1.0000	1.0379	1.0125	0.7800	1.0100	1.0000	1.0000	518.5	\$ 582.76	\$ 25.18
Outpatient Surgery	299.0	2,289.71	57.05	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	263.8	2,341.59	51.47
Outpatient Radiology	1,254.8	214.69	22.45	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	1,107.0	219.51	20.25
Outpatient Pathology/Lab	4,815.6	25.47	10.22	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	4,248.4	26.04	9.22
Outpatient Pharmacy	862.2	248.87	17.88	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	760.6	254.48	16.13
Outpatient MH/SA	3.6	167.60	0.05	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0000	3.2	189.87	0.05
Other Outpatient	3,716.4	85.63	26.52	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9997	3,278.6	87.55	23.92
Subtotal			\$ 164.58										\$ 146.22
Pharmacy													
Pharmacy	31,538.7	\$ 62.64	\$ 164.63	1.0000	1.0935	1.1302	0.9250	1.0000	1.0000	0.9763	31,901.0	\$ 69.12	\$ 183.74
Subtotal			\$ 164.63										\$ 183.74
Ancillaries													
Transportation	92.2	\$ 183.61	\$ 1.41	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	87.4	\$ 186.75	\$ 1.36
DME/Prosthetics	1,203.1	118.09	11.84	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	1,140.9	120.22	11.43
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	8.7	1,020.69	0.74	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0000	8.3	1,032.73	0.71
Subtotal			\$ 13.99										\$ 13.50
Physician													
Inpatient and Outpatient Surgery	1,243.6	\$ 278.20	\$ 28.83	1.0000	1.0379	1.0000	0.8800	0.9900	1.0000	1.0000	1,135.8	\$ 275.43	\$ 26.07
Anesthesia	237.0	243.00	4.80	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0000	221.4	242.80	4.48
Inpatient Visits	456.2	127.06	4.83	1.0000	1.0252	1.0063	0.9000	0.9800	1.0000	1.0000	420.9	125.16	4.39
MH/SA	1.5	155.84	0.02	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0000	1.4	169.01	0.02
Emergency Room	705.0	91.58	5.38	1.0000	1.0252	1.0063	0.7800	1.0100	1.0000	1.0000	563.7	93.02	4.37
Office/Home Visits/Consults	5,538.5	88.68	40.93	1.0000	1.0252	1.0063	1.0350	1.0400	1.0000	0.9645	5,876.8	89.52	43.84
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	4,509.9	17.85	6.71	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	4,329.8	17.85	6.44
Radiology	2,791.8	41.91	9.75	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	2,680.3	41.91	9.36
Office Administered Drugs	731.1	130.65	7.96	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	701.9	130.62	7.64
Physical Exams	319.0	75.24	2.00	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0000	343.4	75.84	2.17
Therapy	1,231.3	50.97	5.23	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	1,167.6	51.28	4.99
Vision	530.9	71.42	3.16	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	544.3	71.87	3.26
Other Professional	1,427.9	57.65	6.86	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0000	1,370.9	57.69	6.59
Subtotal			\$ 126.46										\$ 123.62
Behavioral Health													
Inpatient and Outpatient MH/SA	178.7	\$ 319.68	\$ 4.76	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	164.9	\$ 323.91	\$ 4.45
Professional MH/SA	1,930.6	96.53	15.53	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,876.6	97.71	15.28
Subtotal			\$ 20.29										\$ 19.73
Total Medical Cost			\$ 604.64										\$ 591.89
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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FFS Pregnant Women	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	177.1	\$ 1,658.63	\$ 24.48	1.0000	1.0000	1.0252	0.9500	0.9800	1.0000	1.0319	168.3	\$ 1,719.58	\$ 24.11	
Inpatient MH/SA	-	-	-	1.0000	1.0000	1.0252	0.9500	0.9800	1.0000	1.0319	-	-	-	
Inpatient Well Newborn	0.2	1,411.76	0.02	1.0000	1.0000	1.0252	0.9500	0.9800	1.0000	1.0319	0.2	1,500.00	0.02	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	1.0252	0.9500	0.9800	1.0000	1.0319	-	-	-	
Other Inpatient	1.9	1,290.32	0.20	1.0000	1.0000	1.0252	0.9500	0.9800	1.0000	1.0319	1.8	1,355.93	0.20	
Subtotal			\$ 24.70										\$ 24.33	
Outpatient														
Outpatient Emergency Room	1,171.4	\$ 422.99	\$ 41.29	1.0000	1.0125	1.0000	0.8800	1.0300	1.0000	1.0000	1,043.7	\$ 435.65	\$ 37.89	
Outpatient Surgery	75.0	2,473.27	15.46	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	1.0000	64.6	2,498.14	13.44	
Outpatient Radiology	1,420.4	164.06	19.42	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	1.0000	1,222.5	165.70	16.88	
Outpatient Pathology/Lab	9,341.1	23.93	18.63	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	1.0000	8,039.2	24.17	16.19	
Outpatient Pharmacy	922.0	62.35	4.79	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	1.0000	793.5	62.91	4.16	
Outpatient MH/SA	1.2	-	-	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	1.0000	1.0	-	-	
Other Outpatient	3,309.2	95.62	26.37	1.0000	1.0125	1.0000	0.8500	1.0100	1.0000	0.9996	2,848.0	96.53	22.91	
Subtotal			\$ 125.96										\$ 111.47	
Pharmacy														
Pharmacy	8,669.6	\$ 31.24	\$ 22.57	1.0000	1.0296	1.1927	0.9250	1.0000	1.0000	0.9691	8,256.8	\$ 36.12	\$ 24.85	
Subtotal			\$ 22.57										\$ 24.85	
Ancillaries														
Transportation	83.1	\$ 199.18	\$ 1.38	1.0000	1.0189	1.0000	0.9250	1.0050	1.0000	1.0000	78.4	\$ 200.61	\$ 1.31	
DME/Prosthetics	190.3	117.28	1.86	1.0000	1.0189	1.0000	0.9250	1.0050	1.0000	1.0000	179.4	117.75	1.76	
Dental	462.3	12.72	0.49	1.0000	1.0189	1.0000	0.9250	1.0050	1.0000	1.0000	435.7	12.67	0.46	
Other Ancillary	85.9	114.62	0.82	1.0000	1.0189	1.0000	0.9250	1.0050	1.0000	1.0000	80.9	115.68	0.78	
Subtotal			\$ 4.55										\$ 4.31	
Physician														
Inpatient and Outpatient Surgery	431.8	\$ 188.16	\$ 6.77	1.0000	1.0252	1.0000	0.9200	0.9900	1.0000	1.0000	407.2	\$ 186.23	\$ 6.32	
Anesthesia	904.4	289.80	21.84	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	880.8	289.79	21.27	
Inpatient Visits	316.8	87.88	2.32	1.0000	1.0508	1.0000	0.9500	0.9800	1.0000	1.0000	316.3	86.13	2.27	
MH/SA	351.7	54.25	1.59	1.0000	1.0508	1.0000	0.9000	1.0000	1.0000	1.0000	332.6	54.12	1.50	
Emergency Room	984.8	83.96	6.89	1.0000	1.0508	1.0000	0.8800	1.0300	1.0000	1.0000	910.6	86.45	6.56	
Office/Home Visits/Consults	4,284.4	122.09	43.59	1.0000	1.0508	1.0000	1.0150	1.0400	1.0000	0.9714	4,569.5	123.35	46.97	
Maternity	1,775.0	74.16	10.97	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	1,819.7	74.19	11.25	
Pathology/Lab	8,135.6	18.50	12.54	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	7,715.0	18.49	11.89	
Radiology	4,098.3	61.96	21.16	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	3,886.4	61.97	20.07	
Office Administered Drugs	476.1	64.27	2.55	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	451.5	64.32	2.42	
Physical Exams	798.7	34.86	2.32	1.0000	1.0508	1.0000	1.0500	1.0000	1.0000	1.0000	881.2	34.86	2.56	
Therapy	952.6	42.33	3.36	1.0000	1.0508	1.0000	0.9250	1.0000	1.0000	1.0000	925.9	42.38	3.27	
Vision	338.5	68.43	1.93	1.0000	1.0508	1.0000	1.0000	1.0000	1.0000	1.0000	355.7	68.49	2.03	
Other Professional	547.9	174.55	7.97	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	519.6	174.59	7.56	
Subtotal			\$ 145.80										\$ 145.94	
Behavioral Health														
Inpatient and Outpatient MH/SA	270.8	\$ 248.20	\$ 5.60	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	249.8	\$ 251.22	\$ 5.23	
Professional MH/SA	1,037.3	117.42	10.15	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,008.2	118.90	9.99	
Subtotal			\$ 15.75										\$ 15.22	
Total Medical Cost			\$ 339.33										\$ 326.12	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS CHIP - hawk-i Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	40.8	\$ 2,719.92	\$ 9.25	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9740	39.9	\$ 1,606.02	\$ 5.34
Inpatient MH/SA	2.4	1,195.02	0.24	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9740	2.4	711.86	0.14
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9740	-	-	-
Inpatient Maternity Delivery	0.3	1,384.62	0.03	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9740	0.3	960.00	0.02
Other Inpatient	34.0	1,947.00	5.51	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9740	33.2	1,149.40	3.18
Subtotal			\$ 15.03										\$ 8.68
Outpatient													
Outpatient Emergency Room	278.7	\$ 576.53	\$ 13.39	1.0000	1.0379	1.0125	0.8200	1.0100	0.5400	1.0000	237.2	\$ 318.21	\$ 6.29
Outpatient Surgery	62.6	3,431.03	17.91	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	60.1	1,879.61	9.42
Outpatient Radiology	146.3	310.83	3.79	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	140.5	169.99	1.99
Outpatient Pathology/Lab	596.2	39.05	1.94	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	572.4	21.38	1.02
Outpatient Pharmacy	49.0	367.57	1.50	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	47.0	201.66	0.79
Outpatient MH/SA	54.5	380.92	1.73	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	52.3	208.72	0.91
Other Outpatient	358.1	200.74	5.99	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0027	343.8	110.31	3.16
Subtotal			\$ 46.25										\$ 23.58
Pharmacy													
Pharmacy	4,678.3	\$ 74.98	\$ 29.23	1.0000	1.0292	1.1107	0.9500	1.0000	1.1700	0.9855	4,574.1	\$ 96.02	\$ 36.60
Subtotal			\$ 29.23										\$ 36.60
Ancillaries													
Transportation	11.6	\$ 1,461.14	\$ 1.41	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	11.1	\$ 603.23	\$ 0.56
DME/Prosthetics	137.8	189.04	2.17	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	132.5	77.89	0.86
Dental	1.5	248.28	0.03	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	1.4	86.33	0.01
Other Ancillary	13.5	204.29	0.23	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	0.9999	13.0	83.14	0.09
Subtotal			\$ 3.84										\$ 1.52
Physician													
Inpatient and Outpatient Surgery	259.7	\$ 295.76	\$ 6.40	1.0000	1.0379	1.0125	1.0000	1.0000	0.7400	1.0000	269.5	\$ 221.74	\$ 4.98
Anesthesia	72.3	454.71	2.74	1.0000	1.0379	1.0125	0.9900	1.0000	0.7400	1.0000	74.3	340.78	2.11
Inpatient Visits	74.0	142.80	0.88	1.0000	1.0252	1.0000	0.9900	1.0100	0.7400	1.0000	75.1	107.11	0.67
MH/SA	717.9	111.15	6.65	1.0000	1.0252	1.0000	0.9500	1.0000	0.7400	1.0000	699.2	82.20	4.79
Emergency Room	277.6	115.42	2.67	1.0000	1.0252	1.0000	0.8200	1.0100	0.7400	1.0000	233.4	86.39	1.68
Office/Home Visits/Consults	2,700.2	102.93	23.16	1.0000	1.0252	1.0000	1.0300	1.0300	0.7400	0.9594	2,851.3	75.25	17.88
Maternity	0.8	623.38	0.04	1.0000	1.0379	1.0125	1.0000	1.0000	0.7400	1.0000	0.8	450.00	0.03
Pathology/Lab	1,531.3	17.32	2.21	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	1,509.9	12.95	1.63
Radiology	502.7	53.47	2.24	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	495.6	39.95	1.65
Office Administered Drugs	132.9	72.24	0.80	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	131.0	54.03	0.59
Physical Exams	1,020.0	139.06	11.82	1.0000	1.0252	1.0000	1.0250	1.0000	0.7400	1.0000	1,071.8	102.89	9.19
Therapy	259.8	84.05	1.82	1.0000	1.0252	1.0000	0.9500	1.0000	0.7400	1.0000	253.1	62.12	1.31
Vision	343.8	104.03	2.98	1.0000	1.0252	1.0000	1.0000	1.0000	0.7400	1.0000	352.4	76.96	2.26
Other Professional	373.6	87.05	2.71	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	368.4	65.15	2.00
Subtotal			\$ 67.12										\$ 50.77
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	0.6000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0508	1.0125	0.9250	1.0000	0.7400	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 161.47										\$ 121.15
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS TANF Maternity Case Rate	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Inpatient Well Newborn	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Inpatient Maternity Delivery	29,958.4	1,915.37	4,781.78	1.0002	1.0125	1.0125	1.0000	0.9900	1.0000	1.0299	30,338.9	1,977.32	4,999.16
Other Inpatient	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Subtotal			\$ 4,781.78										\$ 4,999.16
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity	12,281.9	1,144.95	1,171.85	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	12,595.2	1,159.26	1,216.76
Pathology/Lab	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 1,171.85										\$ 1,216.76
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 5,953.63										\$ 6,215.92
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Pregnant Women Maternity Case Rate	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Inpatient Well Newborn	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Inpatient Maternity Delivery	30,774.1	1,684.90	4,320.94	1.0002	1.0125	1.0125	1.0000	0.9800	1.0000	1.0299	31,165.0	1,721.83	4,471.74
Other Inpatient	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0299	-	-	-
Subtotal			\$ 4,320.94										\$ 4,471.74
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity	11,102.5	1,134.33	1,049.49	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	11,385.7	1,148.50	1,089.71
Pathology/Lab	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 1,049.49										\$ 1,089.71
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 5,370.43										\$ 5,561.45
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS WP 19-24 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	178.4	\$ 2,103.36	\$ 31.27	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	164.6	\$ 2,111.17	\$ 28.96
Inpatient MH/SA	1.7	2,790.70	0.40	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	1.6	11,320.75	1.50
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	3.5	1,008.70	0.29	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	3.2	1,018.87	0.27
Subtotal			\$ 31.96										\$ 30.73
Outpatient													
Outpatient Emergency Room	1,938.2	\$ 400.51	\$ 64.69	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,609.4	\$ 410.25	\$ 55.02
Outpatient Surgery	108.6	2,455.47	22.22	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	95.8	2,515.24	20.08
Outpatient Radiology	579.1	220.05	10.62	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	510.9	225.47	9.60
Outpatient Pathology/Lab	4,445.3	25.97	9.62	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	3,921.7	26.59	8.69
Outpatient Pharmacy	340.4	306.33	8.69	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	300.3	313.67	7.85
Outpatient MH/SA	0.9	-	-	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	0.8	-	-
Other Outpatient	1,734.9	70.21	10.15	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	1,530.5	71.11	9.07
Subtotal			\$ 125.99										\$ 110.31
Pharmacy													
Pharmacy	22,229.8	\$ 49.13	\$ 91.02	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	22,163.6	\$ 55.32	\$ 102.17
Subtotal			\$ 91.02										\$ 102.17
Ancillaries													
Transportation	144.8	\$ 150.84	\$ 1.82	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	137.3	\$ 153.81	\$ 1.76
DME/Prosthetics	359.4	151.59	4.54	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	340.8	154.58	4.39
Dental	37.1	12.95	0.04	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	35.1	13.66	0.04
Other Ancillary	6.0	99.50	0.05	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	5.7	104.90	0.05
Subtotal			\$ 6.45										\$ 6.24
Physician													
Inpatient and Outpatient Surgery	592.9	\$ 219.59	\$ 10.85	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	541.6	\$ 220.04	\$ 9.93
Anesthesia	126.7	217.85	2.30	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	118.3	218.02	2.15
Inpatient Visits	199.1	139.24	2.31	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	183.7	140.45	2.15
MH/SA	32.8	73.28	0.20	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	30.2	75.45	0.19
Emergency Room	1,965.0	83.18	13.62	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,611.6	84.66	11.37
Office/Home Visits/Consults	5,423.4	87.31	39.46	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	5,726.9	89.39	42.66
Maternity	71.5	104.01	0.62	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	74.2	103.45	0.64
Pathology/Lab	6,120.7	21.02	10.72	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	5,876.2	21.05	10.31
Radiology	2,362.3	41.96	8.26	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,267.9	42.01	7.94
Office Administered Drugs	762.7	26.27	1.67	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	732.3	26.38	1.61
Physical Exams	412.0	78.65	2.70	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	443.5	79.29	2.93
Therapy	1,151.4	40.65	3.90	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,091.9	40.99	3.73
Vision	433.5	66.99	2.42	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	444.4	67.50	2.50
Other Professional	736.0	82.34	5.05	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	706.6	82.54	4.86
Subtotal			\$ 104.08										\$ 102.97
Behavioral Health													
Inpatient and Outpatient MH/SA	1,478.0	\$ 366.17	\$ 45.10	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	1,397.8	\$ 375.42	\$ 43.73
Professional MH/SA	12,060.3	143.00	143.72	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	11,866.4	146.60	144.97
Subtotal			\$ 188.82										\$ 188.70
Total Medical Cost			\$ 548.32										\$ 541.12
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS WP 19-24 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	212.0	\$ 2,225.62	\$ 39.31	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	195.6	\$ 2,233.59	\$ 36.40
Inpatient MH/SA	35.1	758.11	2.22	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	32.4	3,090.68	8.35
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	4.4	2,487.47	0.91	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	4.1	2,488.89	0.84
Subtotal			\$ 42.44										\$ 45.59
Outpatient													
Outpatient Emergency Room	1,292.6	\$ 367.73	\$ 39.61	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,073.3	\$ 376.68	\$ 33.69
Outpatient Surgery	64.8	2,983.79	16.11	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	57.2	3,056.68	14.56
Outpatient Radiology	232.8	202.04	3.92	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	205.4	206.82	3.54
Outpatient Pathology/Lab	1,827.4	23.51	3.58	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,612.2	24.04	3.23
Outpatient Pharmacy	239.4	221.54	4.42	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	211.2	226.69	3.99
Outpatient MH/SA	3.3	145.90	0.04	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2.9	165.52	0.04
Other Outpatient	1,086.1	91.59	8.29	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	958.2	92.80	7.41
Subtotal			\$ 75.97										\$ 66.46
Pharmacy													
Pharmacy	16,425.7	\$ 70.84	\$ 96.97	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	16,376.8	\$ 79.76	\$ 108.85
Subtotal			\$ 96.97										\$ 108.85
Ancillaries													
Transportation	185.6	\$ 151.94	\$ 2.35	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	176.0	\$ 154.76	\$ 2.27
DME/Prosthetics	228.4	149.72	2.85	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	216.6	152.34	2.75
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	-	-	-
Subtotal			\$ 5.20										\$ 5.02
Physician													
Inpatient and Outpatient Surgery	369.0	\$ 226.67	\$ 6.97	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	340.9	\$ 227.08	\$ 6.45
Anesthesia	69.2	215.06	1.24	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	64.6	215.38	1.16
Inpatient Visits	272.4	124.25	2.82	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	251.3	125.11	2.62
MH/SA	8.8	68.26	0.05	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	8.1	73.98	0.05
Emergency Room	1,336.5	82.42	9.18	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,096.2	83.86	7.66
Office/Home Visits/Consults	2,614.8	89.77	19.56	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	2,761.1	91.88	21.14
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	1,694.5	20.11	2.84	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,626.8	20.14	2.73
Radiology	1,312.4	31.27	3.42	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,259.9	31.34	3.29
Office Administered Drugs	145.0	42.22	0.51	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	139.2	42.25	0.49
Physical Exams	105.4	84.23	0.74	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	113.5	84.59	0.80
Therapy	452.5	40.58	1.53	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	429.1	40.83	1.46
Vision	324.0	71.12	1.92	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	332.1	71.54	1.98
Other Professional	550.2	43.40	1.99	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	528.2	43.39	1.91
Subtotal			\$ 52.77										\$ 51.74
Behavioral Health													
Inpatient and Outpatient MH/SA	2,215.1	\$ 385.29	\$ 71.12	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	2,094.8	\$ 394.97	\$ 68.95
Professional MH/SA	10,920.5	151.76	138.11	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	10,744.9	155.58	139.31
Subtotal			\$ 209.23										\$ 208.26
Total Medical Cost			\$ 482.58										\$ 485.92
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 25-34 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	450.6	\$ 1,911.63	\$ 71.78	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	415.8	\$ 1,918.85	\$ 66.48
Inpatient MH/SA	7.1	810.13	0.48	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	6.6	3,310.98	1.81
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	45.1	1,358.19	5.10	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	41.6	1,362.19	4.72
Subtotal			\$ 77.36										\$ 73.01
Outpatient													
Outpatient Emergency Room	2,039.1	\$ 391.59	\$ 66.54	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,693.1	\$ 401.10	\$ 56.59
Outpatient Surgery	223.9	2,155.36	40.21	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	197.5	2,207.39	36.33
Outpatient Radiology	752.7	207.09	12.99	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	664.1	212.15	11.74
Outpatient Pathology/Lab	5,237.3	25.16	10.98	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	4,620.4	25.76	9.92
Outpatient Pharmacy	606.2	161.34	8.15	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	534.8	165.16	7.36
Outpatient MH/SA	2.9	126.32	0.03	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2.5	143.43	0.03
Other Outpatient	2,802.2	82.73	19.32	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	2,472.2	83.83	17.27
Subtotal			\$ 158.22										\$ 139.24
Pharmacy													
Pharmacy	34,550.5	\$ 51.79	\$ 149.12	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	34,447.6	\$ 58.31	\$ 167.38
Subtotal			\$ 149.12										\$ 167.38
Ancillaries													
Transportation	189.7	\$ 184.69	\$ 2.92	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	179.9	\$ 188.09	\$ 2.82
DME/Prosthetics	755.1	162.42	10.22	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	716.1	165.57	9.88
Dental	23.7	10.12	0.02	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	22.5	10.67	0.02
Other Ancillary	130.9	74.25	0.81	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	124.1	74.43	0.77
Subtotal			\$ 13.97										\$ 13.49
Physician													
Inpatient and Outpatient Surgery	1,026.4	\$ 234.88	\$ 20.09	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	937.5	\$ 235.27	\$ 18.38
Anesthesia	219.6	213.66	3.91	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	205.1	214.11	3.66
Inpatient Visits	519.4	126.85	5.49	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	479.2	127.96	5.11
MH/SA	26.6	81.33	0.18	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	24.5	83.23	0.17
Emergency Room	2,136.8	85.14	15.16	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,752.5	86.69	12.66
Office/Home Visits/Consults	6,527.4	87.80	47.76	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	6,892.7	89.89	51.63
Maternity	47.9	87.66	0.35	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	49.7	86.87	0.36
Pathology/Lab	6,884.6	21.32	12.23	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	6,609.6	21.35	11.76
Radiology	2,982.5	38.95	9.68	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,863.3	39.02	9.31
Office Administered Drugs	899.8	48.01	3.60	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	863.8	48.07	3.46
Physical Exams	374.7	72.06	2.25	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	403.4	72.59	2.44
Therapy	1,512.1	46.90	5.91	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,433.9	47.28	5.65
Vision	443.5	71.44	2.64	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	454.7	72.05	2.73
Other Professional	988.5	74.05	6.10	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	949.0	74.23	5.87
Subtotal			\$ 135.35										\$ 133.19
Behavioral Health													
Inpatient and Outpatient MH/SA	2,764.3	\$ 247.83	\$ 57.09	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	2,614.2	\$ 254.07	\$ 55.35
Professional MH/SA	13,015.0	120.91	131.14	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	12,805.8	123.96	132.28
Subtotal			\$ 188.23										\$ 187.63
Total Medical Cost			\$ 722.25										\$ 713.94
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS WP 25-34 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	635.2	\$ 1,760.09	\$ 93.16	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	586.0	\$ 1,766.50	\$ 86.27
Inpatient MH/SA	37.6	725.24	2.27	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	34.7	2,956.72	8.54
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	21.0	886.14	1.55	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	19.4	892.10	1.44
Subtotal			\$ 96.98										\$ 96.25
Outpatient													
Outpatient Emergency Room	1,412.3	\$ 428.76	\$ 50.46	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,172.6	\$ 439.12	\$ 42.91
Outpatient Surgery	152.4	2,101.81	26.70	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	134.5	2,153.18	24.13
Outpatient Radiology	340.2	193.29	5.48	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	300.2	197.90	4.95
Outpatient Pathology/Lab	2,577.6	22.21	4.77	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2,274.0	22.74	4.31
Outpatient Pharmacy	296.0	346.17	8.54	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	261.2	354.71	7.72
Outpatient MH/SA	2.2	162.90	0.03	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2.0	184.62	0.03
Other Outpatient	1,742.5	90.35	13.12	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	1,537.3	91.56	11.73
Subtotal			\$ 109.10										\$ 95.78
Pharmacy													
Pharmacy	23,958.6	\$ 66.16	\$ 132.09	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	23,887.2	\$ 74.49	\$ 148.27
Subtotal			\$ 132.09										\$ 148.27
Ancillaries													
Transportation	271.7	\$ 162.07	\$ 3.67	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	257.7	\$ 165.31	\$ 3.55
DME/Prosthetics	588.8	127.59	6.26	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	558.3	130.03	6.05
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	34.8	182.76	0.53	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	33.0	185.45	0.51
Subtotal			\$ 10.46										\$ 10.11
Physician													
Inpatient and Outpatient Surgery	674.9	\$ 238.78	\$ 13.43	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	623.4	\$ 239.25	\$ 12.43
Anesthesia	126.5	242.88	2.56	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	118.2	243.76	2.40
Inpatient Visits	649.0	120.38	6.51	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	598.8	121.25	6.05
MH/SA	10.5	91.52	0.08	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	9.7	86.78	0.07
Emergency Room	1,597.3	87.60	11.66	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,310.0	89.22	9.74
Office/Home Visits/Consults	3,566.8	90.94	27.03	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	3,766.4	93.10	29.22
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	3,611.0	20.40	6.14	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	3,466.8	20.42	5.90
Radiology	1,988.3	33.31	5.52	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,908.9	33.38	5.31
Office Administered Drugs	387.7	51.07	1.65	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	372.2	51.26	1.59
Physical Exams	132.0	72.73	0.80	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	142.1	73.47	0.87
Therapy	729.1	49.71	3.02	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	691.4	50.16	2.89
Vision	275.6	70.97	1.63	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	282.6	71.35	1.68
Other Professional	937.8	59.37	4.64	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	900.4	59.44	4.46
Subtotal			\$ 84.67										\$ 82.61
Behavioral Health													
Inpatient and Outpatient MH/SA	3,396.7	\$ 336.50	\$ 95.25	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	3,212.3	\$ 344.98	\$ 92.35
Professional MH/SA	12,609.2	133.09	139.85	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	12,406.5	136.45	141.07
Subtotal			\$ 235.10										\$ 233.42
Total Medical Cost			\$ 668.40										\$ 666.44
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS WP 35-49 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	670.7	\$ 2,262.76	\$ 126.46	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	618.8	\$ 2,271.04	\$ 117.11
Inpatient MH/SA	2.3	2,882.10	0.55	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	2.1	11,772.51	2.07
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	34.4	1,228.62	3.52	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	31.7	1,233.29	3.26
Subtotal			\$ 130.53										\$ 122.44
Outpatient													
Outpatient Emergency Room	1,764.1	\$ 453.39	\$ 66.65	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,464.7	\$ 464.36	\$ 56.68
Outpatient Surgery	401.5	2,479.69	82.96	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	354.2	2,539.73	74.96
Outpatient Radiology	1,710.4	177.86	25.35	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,508.9	182.20	22.91
Outpatient Pathology/Lab	6,533.9	23.42	12.75	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	5,764.3	23.98	11.52
Outpatient Pharmacy	801.3	178.66	11.93	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	706.9	182.99	10.78
Outpatient MH/SA	5.2	160.31	0.07	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	4.6	155.84	0.06
Other Outpatient	5,405.5	88.13	39.70	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	4,768.8	89.31	35.49
Subtotal			\$ 239.41										\$ 212.40
Pharmacy													
Pharmacy	57,607.5	\$ 56.61	\$ 271.78	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	57,435.9	\$ 63.74	\$ 305.06
Subtotal			\$ 271.78										\$ 305.06
Ancillaries													
Transportation	237.4	\$ 168.32	\$ 3.33	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	225.1	\$ 171.63	\$ 3.22
DME/Prosthetics	1,576.8	125.04	16.43	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	1,495.3	127.44	15.88
Dental	2.3	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	2.2	-	-
Other Ancillary	57.6	212.39	1.02	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	54.7	212.99	0.97
Subtotal			\$ 20.78										\$ 20.07
Physician													
Inpatient and Outpatient Surgery	1,840.0	\$ 247.50	\$ 37.95	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	1,680.6	\$ 247.91	\$ 34.72
Anesthesia	344.5	233.04	6.69	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	321.8	233.44	6.26
Inpatient Visits	626.8	126.36	6.60	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	578.3	127.41	6.14
MH/SA	13.1	100.76	0.11	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	12.1	99.26	0.10
Emergency Room	1,963.8	89.83	14.70	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,610.6	91.42	12.27
Office/Home Visits/Consults	8,350.4	88.67	61.70	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	8,817.6	90.77	66.70
Maternity	8.8	95.02	0.07	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	9.2	91.50	0.07
Pathology/Lab	7,403.7	20.60	12.71	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	7,108.0	20.63	12.22
Radiology	4,345.2	39.74	14.39	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	4,171.6	39.81	13.84
Office Administered Drugs	972.3	97.38	7.89	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	933.4	97.58	7.59
Physical Exams	380.2	75.12	2.38	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	409.3	75.65	2.58
Therapy	1,930.1	49.86	8.02	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,830.3	50.29	7.67
Vision	537.7	72.98	3.27	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	551.3	73.58	3.38
Other Professional	1,677.0	63.11	8.82	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,610.0	63.21	8.48
Subtotal			\$ 185.30										\$ 182.02
Behavioral Health													
Inpatient and Outpatient MH/SA	1,795.8	\$ 313.06	\$ 46.85	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	1,698.3	\$ 320.93	\$ 45.42
Professional MH/SA	12,779.7	107.81	114.81	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	12,574.2	110.52	115.81
Subtotal			\$ 161.66										\$ 161.23
Total Medical Cost			\$ 1,009.46										\$ 1,003.22
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 35-49 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,019.1	\$ 2,135.23	\$ 181.34	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	940.3	\$ 2,143.16	\$ 167.94
Inpatient MH/SA	33.2	838.55	2.32	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	30.6	3,420.18	8.73
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	134.8	1,019.06	11.45	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	124.4	1,022.51	10.60
Subtotal			\$ 195.11										\$ 187.27
Outpatient													
Outpatient Emergency Room	1,539.4	\$ 488.28	\$ 62.64	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	1,278.2	\$ 500.10	\$ 53.27
Outpatient Surgery	255.5	2,254.02	47.99	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	225.4	2,308.43	43.36
Outpatient Radiology	760.8	235.64	14.94	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	671.2	241.36	13.50
Outpatient Pathology/Lab	4,423.9	20.40	7.52	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	3,902.9	20.91	6.80
Outpatient Pharmacy	625.2	236.68	12.33	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	551.5	242.38	11.14
Outpatient MH/SA	5.7	126.98	0.06	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	5.0	120.00	0.05
Other Outpatient	3,797.6	118.31	37.44	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	3,350.3	119.88	33.47
Subtotal			\$ 182.92										\$ 161.59
Pharmacy													
Pharmacy	39,758.7	\$ 68.19	\$ 225.93	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	39,640.2	\$ 76.77	\$ 253.60
Subtotal			\$ 225.93										\$ 253.60
Ancillaries													
Transportation	409.4	\$ 162.99	\$ 5.56	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	388.2	\$ 166.00	\$ 5.37
DME/Prosthetics	1,489.2	134.41	16.68	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	1,412.2	136.97	16.12
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	160.8	407.59	5.46	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	152.4	410.13	5.21
Subtotal			\$ 27.70										\$ 26.70
Physician													
Inpatient and Outpatient Surgery	1,272.6	\$ 241.02	\$ 25.56	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	1,175.5	\$ 241.42	\$ 23.65
Anesthesia	207.3	246.59	4.26	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	193.7	247.25	3.99
Inpatient Visits	1,181.9	126.10	12.42	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	1,090.5	127.10	11.55
MH/SA	13.4	98.80	0.11	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	12.3	97.32	0.10
Emergency Room	1,863.4	94.80	14.72	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,528.3	96.50	12.29
Office/Home Visits/Consults	5,570.6	92.16	42.78	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	5,882.3	94.35	46.25
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	4,767.7	18.60	7.39	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	4,577.3	18.64	7.11
Radiology	3,318.6	38.33	10.60	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	3,186.0	38.38	10.19
Office Administered Drugs	510.2	123.49	5.25	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	489.8	123.73	5.05
Physical Exams	194.0	73.63	1.19	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	208.8	74.15	1.29
Therapy	939.4	50.84	3.98	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	890.8	51.19	3.80
Vision	370.1	73.28	2.26	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	379.4	74.01	2.34
Other Professional	1,669.8	53.68	7.47	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,603.1	53.75	7.18
Subtotal			\$ 137.99										\$ 134.79
Behavioral Health													
Inpatient and Outpatient MH/SA	3,318.6	\$ 280.28	\$ 77.51	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	3,138.4	\$ 287.34	\$ 75.15
Professional MH/SA	12,584.3	133.63	140.14	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	12,382.0	137.00	141.36
Subtotal			\$ 217.65										\$ 216.51
Total Medical Cost			\$ 987.30										\$ 980.46
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 50+ M&F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,327.0	\$ 2,082.02	\$ 230.23	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	1,224.4	\$ 2,089.68	\$ 213.21
Inpatient MH/SA	3.2	1,142.86	0.30	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	2.9	4,659.79	1.13
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	246.4	586.90	12.05	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	227.3	589.10	11.16
Subtotal			\$ 242.58										\$ 225.50
Outpatient													
Outpatient Emergency Room	1,194.1	\$ 589.09	\$ 58.62	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	991.5	\$ 603.33	\$ 49.85
Outpatient Surgery	485.1	2,139.47	86.49	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	428.0	2,191.28	78.15
Outpatient Radiology	2,016.2	207.72	34.90	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,778.7	212.78	31.54
Outpatient Pathology/Lab	8,313.1	20.97	14.53	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	7,334.0	21.48	13.13
Outpatient Pharmacy	1,318.7	176.36	19.38	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,163.3	180.62	17.51
Outpatient MH/SA	7.2	133.52	0.08	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	6.3	132.49	0.07
Other Outpatient	7,296.6	100.48	61.10	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	6,437.2	101.84	54.63
Subtotal			\$ 275.10										\$ 244.88
Pharmacy													
Pharmacy	62,096.4	\$ 63.71	\$ 329.68	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	61,911.4	\$ 71.73	\$ 370.06
Subtotal			\$ 329.68										\$ 370.06
Ancillaries													
Transportation	354.1	\$ 165.40	\$ 4.88	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	335.8	\$ 168.70	\$ 4.72
DME/Prosthetics	2,501.7	122.79	25.60	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	2,372.4	125.14	24.74
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	259.9	198.11	4.29	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	246.4	199.16	4.09
Subtotal			\$ 34.77										\$ 33.55
Physician													
Inpatient and Outpatient Surgery	2,152.9	\$ 250.38	\$ 44.92	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	1,988.7	\$ 250.78	\$ 41.56
Anesthesia	348.4	234.88	6.82	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	325.5	235.23	6.38
Inpatient Visits	1,409.2	124.58	14.63	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	1,300.3	125.60	13.61
MH/SA	8.5	98.36	0.07	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	7.9	106.60	0.07
Emergency Room	1,508.6	99.11	12.46	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	1,237.3	100.87	10.40
Office/Home Visits/Consults	8,472.7	90.30	63.76	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	8,946.8	92.45	68.93
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	6,999.7	19.08	11.13	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	6,720.1	19.11	10.70
Radiology	4,842.8	42.52	17.16	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	4,649.3	42.59	16.50
Office Administered Drugs	1,373.3	225.53	25.81	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,318.4	225.91	24.82
Physical Exams	356.8	76.69	2.28	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	384.0	77.18	2.47
Therapy	1,458.9	53.88	6.55	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,383.5	54.30	6.26
Vision	550.8	75.39	3.46	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	564.6	76.09	3.58
Other Professional	2,520.6	54.65	11.48	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,419.9	54.75	11.04
Subtotal			\$ 220.53										\$ 216.32
Behavioral Health													
Inpatient and Outpatient MH/SA	1,601.2	\$ 319.56	\$ 42.64	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	1,514.3	\$ 327.60	\$ 41.34
Professional MH/SA	10,515.2	123.44	108.17	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	10,346.2	126.55	109.11
Subtotal			\$ 150.81										\$ 150.45
Total Medical Cost			\$ 1,253.47										\$ 1,240.76
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 19-24 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	105.8	\$ 2,077.10	\$ 18.32	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	97.7	\$ 2,085.19	\$ 16.97
Inpatient MH/SA	1.1	660.55	0.06	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	1.0	2,732.67	0.23
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	7.1	1,164.56	0.69	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	6.6	1,170.73	0.64
Subtotal			\$ 19.07										\$ 17.84
Outpatient													
Outpatient Emergency Room	933.3	\$ 374.41	\$ 29.12	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	775.0	\$ 383.56	\$ 24.77
Outpatient Surgery	66.3	2,363.06	13.05	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	58.5	2,420.12	11.79
Outpatient Radiology	361.9	211.88	6.39	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	319.3	216.86	5.77
Outpatient Pathology/Lab	3,029.8	26.81	6.77	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2,672.9	27.48	6.12
Outpatient Pharmacy	201.9	246.63	4.15	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	178.1	252.61	3.75
Outpatient MH/SA	0.6	187.50	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	0.6	214.29	0.01
Other Outpatient	925.0	69.66	5.37	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	816.1	70.58	4.80
Subtotal			\$ 64.86										\$ 57.01
Pharmacy													
Pharmacy	8,552.6	\$ 46.61	\$ 33.22	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	8,527.1	\$ 52.48	\$ 37.29
Subtotal			\$ 33.22										\$ 37.29
Ancillaries													
Transportation	41.0	\$ 175.52	\$ 0.60	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	38.9	\$ 178.92	\$ 0.58
DME/Prosthetics	144.2	116.49	1.40	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	136.8	118.45	1.35
Dental	24.6	14.63	0.03	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	23.3	15.42	0.03
Other Ancillary	2.9	123.29	0.03	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	2.8	129.96	0.03
Subtotal			\$ 2.06										\$ 1.99
Physician													
Inpatient and Outpatient Surgery	369.8	\$ 202.52	\$ 6.24	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	337.7	\$ 202.90	\$ 5.71
Anesthesia	75.3	219.92	1.38	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	70.3	220.07	1.29
Inpatient Visits	91.9	133.20	1.02	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	84.8	134.45	0.95
MH/SA	16.0	60.19	0.08	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	14.7	57.07	0.07
Emergency Room	895.9	79.29	5.92	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	734.8	80.67	4.94
Office/Home Visits/Consults	3,278.8	86.78	23.71	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	3,462.3	88.83	25.63
Maternity	56.8	124.67	0.59	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	58.9	124.19	0.61
Pathology/Lab	3,451.6	19.99	5.75	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	3,313.7	20.03	5.53
Radiology	1,282.4	43.98	4.70	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,231.2	44.06	4.52
Office Administered Drugs	681.6	52.64	2.99	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	654.4	52.81	2.88
Physical Exams	400.2	81.86	2.73	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	430.8	82.45	2.96
Therapy	751.6	45.34	2.84	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	712.8	45.62	2.71
Vision	253.5	70.05	1.48	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	259.9	70.64	1.53
Other Professional	375.3	105.51	3.30	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	360.3	105.57	3.17
Subtotal			\$ 62.73										\$ 62.50
Behavioral Health													
Inpatient and Outpatient MH/SA	160.8	\$ 361.17	\$ 4.84	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	152.1	\$ 370.07	\$ 4.69
Professional MH/SA	1,114.2	108.24	10.05	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,096.3	110.99	10.14
Subtotal			\$ 14.89										\$ 14.83
Total Medical Cost			\$ 196.83										\$ 191.46
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 19-24 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	119.4	\$ 2,208.23	\$ 21.97	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	110.2	\$ 2,216.78	\$ 20.35
Inpatient MH/SA	1.9	1,102.70	0.17	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	1.7	4,491.23	0.64
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	2.0	1,340.10	0.22	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	1.8	1,318.68	0.20
Subtotal			\$ 22.36										\$ 21.19
Outpatient													
Outpatient Emergency Room	665.4	\$ 399.09	\$ 22.13	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	552.5	\$ 408.76	\$ 18.82
Outpatient Surgery	44.8	2,571.43	9.60	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	39.5	2,632.59	8.67
Outpatient Radiology	170.2	186.81	2.65	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	150.2	190.97	2.39
Outpatient Pathology/Lab	993.7	25.60	2.12	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	876.6	26.28	1.92
Outpatient Pharmacy	135.8	293.46	3.32	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	119.8	300.58	3.00
Outpatient MH/SA	0.5	244.90	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	0.4	279.07	0.01
Other Outpatient	557.0	80.58	3.74	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	491.4	81.57	3.34
Subtotal			\$ 43.57										\$ 38.15
Pharmacy													
Pharmacy	4,603.2	\$ 74.48	\$ 28.57	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	4,589.5	\$ 83.85	\$ 32.07
Subtotal			\$ 28.57										\$ 32.07
Ancillaries													
Transportation	54.8	\$ 175.28	\$ 0.80	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	51.9	\$ 177.90	\$ 0.77
DME/Prosthetics	137.5	154.48	1.77	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	130.4	157.39	1.71
Dental	0.3	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	0.2	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	-	-	-
Subtotal			\$ 2.57										\$ 2.48
Physician													
Inpatient and Outpatient Surgery	270.3	\$ 238.40	\$ 5.37	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	249.7	\$ 238.87	\$ 4.97
Anesthesia	56.1	241.58	1.13	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	52.4	242.61	1.06
Inpatient Visits	108.0	132.28	1.19	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	99.6	133.73	1.11
MH/SA	1.5	81.08	0.01	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	1.4	87.59	0.01
Emergency Room	639.9	76.70	4.09	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	524.8	77.97	3.41
Office/Home Visits/Consults	1,606.8	86.78	11.62	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	1,696.7	88.83	12.56
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	883.9	17.38	1.28	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	848.6	17.39	1.23
Radiology	857.7	33.86	2.42	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	823.4	33.96	2.33
Office Administered Drugs	134.7	88.22	0.99	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	129.3	88.18	0.95
Physical Exams	150.3	90.23	1.13	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	161.8	91.24	1.23
Therapy	446.7	47.82	1.78	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	423.6	48.16	1.70
Vision	156.0	71.56	0.93	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	159.9	72.05	0.96
Other Professional	237.2	50.59	1.00	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	227.7	50.59	0.96
Subtotal			\$ 32.94										\$ 32.48
Behavioral Health													
Inpatient and Outpatient MH/SA	316.5	\$ 210.45	\$ 5.55	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	299.3	\$ 215.72	\$ 5.38
Professional MH/SA	1,199.9	103.31	10.33	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,180.6	105.92	10.42
Subtotal			\$ 15.88										\$ 15.80
Total Medical Cost			\$ 145.89										\$ 142.17
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 25-34 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	139.3	\$ 2,052.56	\$ 23.82	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	128.5	\$ 2,060.24	\$ 22.06
Inpatient MH/SA	3.6	793.39	0.24	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	3.4	3,223.88	0.90
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	7.2	1,721.45	1.03	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	6.6	1,722.05	0.95
Subtotal			\$ 25.09										\$ 23.91
Outpatient													
Outpatient Emergency Room	910.0	\$ 419.86	\$ 31.84	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	755.6	\$ 430.07	\$ 27.08
Outpatient Surgery	120.2	2,702.62	27.06	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	106.0	2,767.92	24.45
Outpatient Radiology	492.5	228.04	9.36	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	434.5	233.63	8.46
Outpatient Pathology/Lab	3,242.3	25.91	7.00	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2,860.4	26.56	6.33
Outpatient Pharmacy	241.8	120.60	2.43	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	213.3	123.76	2.20
Outpatient MH/SA	1.1	108.11	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1.0	122.45	0.01
Other Outpatient	1,350.7	72.14	8.12	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	1,191.6	73.11	7.26
Subtotal			\$ 85.82										\$ 75.79
Pharmacy													
Pharmacy	12,289.6	\$ 45.18	\$ 46.27	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	12,253.0	\$ 50.87	\$ 51.94
Subtotal			\$ 46.27										\$ 51.94
Ancillaries													
Transportation	53.5	\$ 168.13	\$ 0.75	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	50.8	\$ 170.21	\$ 0.72
DME/Prosthetics	232.5	126.99	2.46	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	220.4	129.56	2.38
Dental	11.0	10.95	0.01	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	10.4	11.55	0.01
Other Ancillary	0.8	148.15	0.01	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	0.8	155.84	0.01
Subtotal			\$ 3.23										\$ 3.12
Physician													
Inpatient and Outpatient Surgery	565.1	\$ 229.13	\$ 10.79	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	516.1	\$ 229.48	\$ 9.87
Anesthesia	121.1	224.90	2.27	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	113.1	224.85	2.12
Inpatient Visits	134.8	127.29	1.43	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	124.4	128.31	1.33
MH/SA	10.4	68.97	0.06	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	9.6	74.77	0.06
Emergency Room	892.8	82.26	6.12	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	732.3	83.74	5.11
Office/Home Visits/Consults	3,899.7	87.85	28.55	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	4,118.0	89.93	30.86
Maternity	38.6	115.12	0.37	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	40.0	113.91	0.38
Pathology/Lab	3,593.9	20.94	6.27	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	3,450.4	20.97	6.03
Radiology	1,585.3	44.74	5.91	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,522.0	44.78	5.68
Office Administered Drugs	572.6	62.45	2.98	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	549.8	62.64	2.87
Physical Exams	398.8	76.13	2.53	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	429.3	76.59	2.74
Therapy	1,045.2	45.92	4.00	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	991.2	46.25	3.82
Vision	192.6	73.51	1.18	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	197.5	74.13	1.22
Other Professional	506.9	89.49	3.78	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	486.7	89.51	3.63
Subtotal			\$ 76.24										\$ 75.72
Behavioral Health													
Inpatient and Outpatient MH/SA	243.5	\$ 221.28	\$ 4.49	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	230.3	\$ 226.69	\$ 4.35
Professional MH/SA	1,666.7	98.78	13.72	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,639.9	101.28	13.84
Subtotal			\$ 18.21										\$ 18.19
Total Medical Cost			\$ 254.86										\$ 248.67
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS WP 25-34 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	211.5	\$ 2,154.84	\$ 37.97	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	195.1	\$ 2,162.58	\$ 35.16
Inpatient MH/SA	2.0	1,611.94	0.27	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	1.9	6,616.22	1.02
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	13.5	808.89	0.91	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	12.5	808.99	0.84
Subtotal			\$ 39.15										\$ 37.02
Outpatient													
Outpatient Emergency Room	789.2	\$ 407.78	\$ 26.82	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	655.3	\$ 417.69	\$ 22.81
Outpatient Surgery	86.4	2,228.14	16.05	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	76.3	2,281.67	14.50
Outpatient Radiology	275.4	234.86	5.39	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	243.0	240.53	4.87
Outpatient Pathology/Lab	1,559.1	23.24	3.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,375.4	23.82	2.73
Outpatient Pharmacy	154.9	158.06	2.04	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	136.6	161.59	1.84
Outpatient MH/SA	0.6	210.53	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	0.5	240.00	0.01
Other Outpatient	1,080.3	84.53	7.61	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	953.1	85.62	6.80
Subtotal			\$ 60.94										\$ 53.56
Pharmacy													
Pharmacy	8,125.7	\$ 69.31	\$ 46.93	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	8,101.5	\$ 78.03	\$ 52.68
Subtotal			\$ 46.93										\$ 52.68
Ancillaries													
Transportation	70.4	\$ 187.61	\$ 1.10	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	66.7	\$ 190.65	\$ 1.06
DME/Prosthetics	330.2	140.66	3.87	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	313.1	143.35	3.74
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	6.3	151.90	0.08	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	6.0	160.27	0.08
Subtotal			\$ 5.05										\$ 4.88
Physician													
Inpatient and Outpatient Surgery	415.4	\$ 247.26	\$ 8.56	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	383.8	\$ 247.66	\$ 7.92
Anesthesia	85.2	243.69	1.73	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	79.6	244.28	1.62
Inpatient Visits	217.7	120.18	2.18	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	200.9	121.28	2.03
MH/SA	4.6	104.58	0.04	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	4.2	113.21	0.04
Emergency Room	776.5	79.59	5.15	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	636.9	81.02	4.30
Office/Home Visits/Consults	2,296.6	89.40	17.11	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	2,425.1	91.54	18.50
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	1,368.9	18.41	2.10	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,314.2	18.45	2.02
Radiology	1,148.1	37.10	3.55	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,102.3	37.12	3.41
Office Administered Drugs	125.1	199.50	2.08	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	120.1	199.82	2.00
Physical Exams	161.4	78.07	1.05	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	173.7	78.74	1.14
Therapy	613.7	46.15	2.36	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	582.0	46.60	2.26
Vision	114.2	76.71	0.73	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	117.1	76.87	0.75
Other Professional	377.7	52.42	1.65	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	362.6	52.61	1.59
Subtotal			\$ 48.29										\$ 47.58
Behavioral Health													
Inpatient and Outpatient MH/SA	472.6	\$ 233.10	\$ 9.18	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	446.9	\$ 238.96	\$ 8.90
Professional MH/SA	1,745.3	105.61	15.36	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,717.3	108.24	15.49
Subtotal			\$ 24.54										\$ 24.39
Total Medical Cost			\$ 224.90										\$ 220.11
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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IA Health Link
SFY 2018 Capitation Rate Development

FFS WP 35-49 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	319.9	\$ 2,259.03	\$ 60.22	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	295.2	\$ 2,267.38	\$ 55.77
Inpatient MH/SA	1.6	1,267.08	0.17	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	1.5	5,154.36	0.64
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	27.2	927.84	2.10	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	25.1	928.97	1.94
Subtotal			\$ 62.49										\$ 58.35
Outpatient													
Outpatient Emergency Room	853.2	\$ 494.39	\$ 35.15	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	708.4	\$ 506.32	\$ 29.89
Outpatient Surgery	232.2	2,746.84	53.14	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	204.8	2,813.53	48.02
Outpatient Radiology	1,161.7	182.53	17.67	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,024.9	186.99	15.97
Outpatient Pathology/Lab	4,280.0	24.48	8.73	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	3,775.9	25.07	7.89
Outpatient Pharmacy	476.3	137.80	5.47	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	420.2	141.07	4.94
Outpatient MH/SA	1.3	91.60	0.01	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1.2	103.45	0.01
Other Outpatient	2,586.8	81.04	17.47	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	2,282.1	82.13	15.62
Subtotal			\$ 137.64										\$ 122.34
Pharmacy													
Pharmacy	23,249.5	\$ 52.55	\$ 101.81	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	23,180.3	\$ 59.16	\$ 114.28
Subtotal			\$ 101.81										\$ 114.28
Ancillaries													
Transportation	71.3	\$ 181.89	\$ 1.08	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	67.6	\$ 184.70	\$ 1.04
DME/Prosthetics	616.7	127.07	6.53	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	584.8	129.48	6.31
Dental	2.0	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	1.9	-	-
Other Ancillary	6.5	203.08	0.11	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	6.2	194.81	0.10
Subtotal			\$ 7.72										\$ 7.45
Physician													
Inpatient and Outpatient Surgery	1,008.2	\$ 251.27	\$ 21.11	1.0000	1.0379	1.0000	0.8800	1.0000	1.0000	1.0016	920.8	\$ 251.65	\$ 19.31
Anesthesia	198.4	229.29	3.79	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	185.3	229.92	3.55
Inpatient Visits	279.5	130.54	3.04	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	257.8	131.71	2.83
MH/SA	6.4	93.46	0.05	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	5.9	101.35	0.05
Emergency Room	881.4	86.72	6.37	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	722.9	88.31	5.32
Office/Home Visits/Consults	5,024.3	89.73	37.57	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	5,305.4	91.85	40.61
Maternity	8.8	149.49	0.11	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	9.2	144.10	0.11
Pathology/Lab	4,014.8	20.59	6.89	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	3,854.4	20.64	6.63
Radiology	2,593.7	40.02	8.65	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,490.1	40.09	8.32
Office Administered Drugs	671.5	117.59	6.58	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	644.7	117.83	6.33
Physical Exams	385.6	79.36	2.55	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	415.1	80.08	2.77
Therapy	1,301.7	47.38	5.14	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,234.4	47.73	4.91
Vision	229.4	74.81	1.43	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	235.2	75.53	1.48
Other Professional	921.8	63.27	4.86	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	885.0	63.32	4.67
Subtotal			\$ 108.14										\$ 106.89
Behavioral Health													
Inpatient and Outpatient MH/SA	186.2	\$ 306.72	\$ 4.76	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	176.1	\$ 314.79	\$ 4.62
Professional MH/SA	1,568.7	97.30	12.72	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,543.5	99.75	12.83
Subtotal			\$ 17.48										\$ 17.45
Total Medical Cost			\$ 435.28										\$ 426.76
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS WP 35-49 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	414.2	\$ 2,293.10	\$ 79.15	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	382.2	\$ 2,301.59	\$ 73.30
Inpatient MH/SA	4.2	1,416.87	0.49	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	3.8	5,765.01	1.84
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	22.0	648.21	1.19	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	20.3	649.29	1.10
Subtotal			\$ 80.83										\$ 76.24
Outpatient													
Outpatient Emergency Room	766.4	\$ 511.38	\$ 32.66	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	636.4	\$ 523.86	\$ 27.78
Outpatient Surgery	165.2	2,326.47	32.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	145.7	2,382.54	28.93
Outpatient Radiology	495.0	260.38	10.74	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	436.7	266.56	9.70
Outpatient Pathology/Lab	2,939.1	22.25	5.45	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	2,592.9	22.77	4.92
Outpatient Pharmacy	410.7	127.70	4.37	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	362.3	130.83	3.95
Outpatient MH/SA	1.3	184.62	0.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1.2	208.70	0.02
Other Outpatient	2,176.1	92.75	16.82	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	1,919.8	94.01	15.04
Subtotal			\$ 102.08										\$ 90.34
Pharmacy													
Pharmacy	16,726.7	\$ 67.38	\$ 93.92	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	16,676.8	\$ 75.86	\$ 105.42
Subtotal			\$ 93.92										\$ 105.42
Ancillaries													
Transportation	98.1	\$ 179.76	\$ 1.47	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	93.1	\$ 183.11	\$ 1.42
DME/Prosthetics	775.1	152.49	9.85	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	735.0	155.42	9.52
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	2.4	495.87	0.10	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	2.3	524.02	0.10
Subtotal			\$ 11.42										\$ 11.04
Physician													
Inpatient and Outpatient Surgery	726.7	\$ 258.74	\$ 15.67	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	671.3	\$ 259.19	\$ 14.50
Anesthesia	141.1	233.09	2.74	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	131.8	233.13	2.56
Inpatient Visits	405.0	124.75	4.21	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	373.7	125.89	3.92
MH/SA	2.3	103.00	0.02	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	2.2	111.63	0.02
Emergency Room	818.8	87.64	5.98	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	671.6	89.17	4.99
Office/Home Visits/Consults	3,470.2	91.26	26.39	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	3,664.4	93.43	28.53
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	2,275.7	16.77	3.18	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,184.8	16.81	3.06
Radiology	1,645.2	40.70	5.58	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,579.5	40.80	5.37
Office Administered Drugs	311.2	127.23	3.30	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	298.8	127.30	3.17
Physical Exams	222.7	78.67	1.46	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	239.7	79.09	1.58
Therapy	809.2	48.19	3.25	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	767.4	48.63	3.11
Vision	151.5	77.62	0.98	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	155.3	78.03	1.01
Other Professional	843.1	59.92	4.21	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	809.4	60.04	4.05
Subtotal			\$ 76.97										\$ 75.87
Behavioral Health													
Inpatient and Outpatient MH/SA	371.1	\$ 249.31	\$ 7.71	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	351.0	\$ 255.76	\$ 7.48
Professional MH/SA	1,417.1	109.74	12.96	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,394.3	112.48	13.07
Subtotal			\$ 20.67										\$ 20.55
Total Medical Cost			\$ 385.89										\$ 379.46
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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FFS WP 50+ M&F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCP Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	728.8	\$ 2,411.56	\$ 146.46	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	672.4	\$ 2,420.56	\$ 135.64
Inpatient MH/SA	0.6	1,448.28	0.07	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	4.0771	0.5	5,777.78	0.26
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	-	-	-
Other Inpatient	92.3	726.92	5.59	1.0000	1.0252	1.0000	0.9000	1.0000	1.0000	1.0037	85.1	730.09	5.18
Subtotal			\$ 152.12										\$ 141.08
Outpatient													
Outpatient Emergency Room	546.7	\$ 651.68	\$ 29.69	1.0000	1.0379	1.0125	0.8000	1.0100	1.0000	1.0016	453.9	\$ 667.49	\$ 25.25
Outpatient Surgery	352.1	2,192.45	64.33	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	310.6	2,245.63	58.13
Outpatient Radiology	1,496.2	211.41	26.36	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1,320.0	216.55	23.82
Outpatient Pathology/Lab	5,787.0	22.64	10.92	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	5,105.4	23.20	9.87
Outpatient Pharmacy	901.5	194.35	14.60	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	795.3	199.02	13.19
Outpatient MH/SA	1.7	145.45	0.02	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	1.0016	1.5	164.38	0.02
Other Outpatient	4,285.1	90.31	32.25	1.0000	1.0379	1.0125	0.8500	1.0100	1.0000	0.9910	3,780.4	91.51	28.83
Subtotal			\$ 178.17										\$ 159.11
Pharmacy													
Pharmacy	31,516.0	\$ 59.09	\$ 155.18	1.0000	1.1078	1.1488	0.9000	1.0000	1.0000	0.9800	31,422.0	\$ 66.52	\$ 174.18
Subtotal			\$ 155.18										\$ 174.18
Ancillaries													
Transportation	101.5	\$ 195.02	\$ 1.65	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	96.3	\$ 198.17	\$ 1.59
DME/Prosthetics	1,100.1	130.02	11.92	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	1,043.3	132.51	11.52
Dental	-	-	-	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	1.0016	-	-	-
Other Ancillary	60.5	240.08	1.21	1.0000	1.0252	1.0125	0.9250	1.0050	1.0000	0.9891	57.4	240.63	1.15
Subtotal			\$ 14.78										\$ 14.26
Physician													
Inpatient and Outpatient Surgery	1,387.2	\$ 278.20	\$ 32.16	1.0000	1.0379	1.0000	0.8900	1.0000	1.0000	1.0016	1,281.4	\$ 278.61	\$ 29.75
Anesthesia	250.8	241.64	5.05	1.0000	1.0379	1.0000	0.9000	1.0000	1.0000	1.0016	234.3	241.77	4.72
Inpatient Visits	685.3	127.49	7.28	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	632.3	128.49	6.77
MH/SA	2.1	114.83	0.02	1.0000	1.0252	1.0063	0.9000	1.0000	1.0000	1.0016	1.9	124.35	0.02
Emergency Room	644.4	95.16	5.11	1.0000	1.0252	1.0063	0.8000	1.0100	1.0000	1.0016	528.5	96.95	4.27
Office/Home Visits/Consults	5,429.1	91.33	41.32	1.0000	1.0252	1.0063	1.0300	1.0400	1.0000	0.9782	5,732.9	93.50	44.67
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-
Pathology/Lab	4,222.2	19.44	6.84	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	4,053.6	19.48	6.58
Radiology	3,060.7	44.22	11.28	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	2,938.5	44.31	10.85
Office Administered Drugs	737.4	235.80	14.49	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	708.0	236.11	13.93
Physical Exams	414.3	79.95	2.76	1.0000	1.0252	1.0063	1.0500	1.0000	1.0000	1.0016	446.0	80.46	2.99
Therapy	1,168.6	50.52	4.92	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1,108.2	50.89	4.70
Vision	212.9	77.20	1.37	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	218.3	78.05	1.42
Other Professional	1,434.6	51.95	6.21	1.0000	1.0379	1.0000	0.9250	1.0000	1.0000	1.0016	1,377.3	52.02	5.97
Subtotal			\$ 138.81										\$ 136.64
Behavioral Health													
Inpatient and Outpatient MH/SA	143.4	\$ 302.87	\$ 3.62	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	135.6	\$ 310.53	\$ 3.51
Professional MH/SA	910.3	106.51	8.08	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	895.7	109.19	8.15
Subtotal			\$ 11.70										\$ 11.66
Total Medical Cost			\$ 650.76										\$ 636.93
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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FFS ABD Non-Dual 21+ M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,346.4	\$ 2,015.67	\$ 226.16	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	1,297.5	\$ 1,890.65	\$ 204.43
Inpatient MH/SA	3.5	726.22	0.21	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	3.0421	3.3	2,083.83	0.58
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Inpatient Maternity Delivery	25.4	1,925.11	4.07	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	24.5	1,806.13	3.68
Other Inpatient	376.7	703.76	22.09	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	363.0	660.20	19.97
Subtotal			\$ 252.53										\$ 228.66
Outpatient													
Outpatient Emergency Room	1,399.9	\$ 503.10	\$ 58.69	1.0000	1.0252	1.0125	0.8100	1.0200	1.0000	1.0000	1,162.5	\$ 519.54	\$ 50.33
Outpatient Surgery	300.4	2,410.31	60.33	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	261.7	2,464.74	53.76
Outpatient Radiology	1,313.7	232.93	25.50	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,144.8	238.16	22.72
Outpatient Pathology/Lab	7,088.9	22.16	13.09	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	6,177.4	22.65	11.66
Outpatient Pharmacy	1,577.4	201.75	26.52	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,374.6	206.29	23.63
Outpatient MH/SA	4.4	192.66	0.07	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	3.8	189.47	0.06
Other Outpatient	5,351.4	122.73	54.73	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9979	4,663.3	125.24	48.67
Subtotal			\$ 238.93										\$ 210.83
Pharmacy													
Pharmacy	51,839.2	\$ 83.27	\$ 359.71	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9861	48,652.1	\$ 95.18	\$ 385.90
Subtotal			\$ 359.71										\$ 385.90
Ancillaries													
Transportation	338.3	\$ 165.32	\$ 4.66	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	296.9	\$ 170.17	\$ 4.21
DME/Prosthetics	3,345.2	120.24	33.52	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	2,936.0	123.88	30.31
Dental	5.9	20.51	0.01	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	5.1	23.39	0.01
Other Ancillary	792.8	174.07	11.50	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0009	695.8	179.53	10.41
Subtotal			\$ 49.69										\$ 44.94
Physician													
Inpatient and Outpatient Surgery	1,483.8	\$ 240.68	\$ 29.76	1.0000	1.0252	1.0000	0.9200	0.9700	1.0000	1.0000	1,399.5	\$ 233.48	\$ 27.23
Anesthesia	254.9	247.61	5.26	1.0000	1.0252	1.0000	0.9400	1.0000	1.0000	1.0000	245.7	247.66	5.07
Inpatient Visits	1,433.4	129.59	15.48	1.0000	1.0379	1.0125	0.9400	0.9600	1.0000	1.0000	1,398.5	125.97	14.68
MH/SA	35.6	4,234.70	12.57	1.0000	1.0379	1.0125	0.9000	1.0000	1.0000	1.0000	33.3	4,288.55	11.89
Emergency Room	1,653.5	93.62	12.90	1.0000	1.0379	1.0125	0.8100	1.0200	1.0000	1.0000	1,390.1	96.68	11.20
Office/Home Visits/Consults	6,636.1	87.45	48.36	1.0000	1.0379	1.0125	1.0250	1.0400	1.0000	0.9775	7,059.8	90.02	52.96
Maternity	37.2	348.76	1.08	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	38.1	349.61	1.11
Pathology/Lab	6,557.1	17.88	9.77	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	6,218.1	17.87	9.26
Radiology	3,868.3	40.20	12.96	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	3,668.4	40.20	12.29
Office Administered Drugs	1,419.1	198.72	23.50	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	1,382.1	198.75	22.89
Physical Exams	292.4	71.40	1.74	1.0000	1.0379	1.0125	1.0500	1.0000	1.0000	1.0000	318.7	72.30	1.92
Therapy	960.8	47.46	3.80	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	922.5	48.00	3.69
Vision	492.5	69.68	2.86	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	511.2	70.66	3.01
Other Professional	2,431.1	64.56	13.08	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	2,305.4	64.54	12.40
Subtotal			\$ 193.12										\$ 189.60
Behavioral Health													
Inpatient and Outpatient MH/SA	625.2	\$ 464.08	\$ 24.18	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	591.3	\$ 475.70	\$ 23.44
Professional MH/SA	13,148.1	164.39	180.12	1.0000	1.0637	1.0252	0.9500	1.0000	1.0000	1.0000	13,286.4	168.53	186.60
Subtotal			\$ 204.30										\$ 210.04
Total Medical Cost			\$ 1,298.28										\$ 1,269.97
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
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SFY 2018 Capitation Rate Development

FFS ABD Non-Dual <21 M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	922.1	\$ 1,819.92	\$ 139.84	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	888.6	\$ 1,706.99	\$ 126.40
Inpatient MH/SA	8.6	940.35	0.67	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	3.0421	8.2	2,679.61	1.84
Inpatient Well Newborn	0.3	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	0.3	-	-
Inpatient Maternity Delivery	20.4	1,686.49	2.86	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	19.6	1,584.91	2.59
Other Inpatient	164.8	1,756.83	24.13	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	158.8	1,647.70	21.81
Subtotal			\$ 167.50										\$ 152.64
Outpatient													
Outpatient Emergency Room	759.6	\$ 312.47	\$ 19.78	1.0000	1.0252	1.0125	0.8100	1.0200	1.0000	1.0000	630.8	\$ 322.64	\$ 16.96
Outpatient Surgery	103.9	2,529.60	21.90	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	90.5	2,587.43	19.52
Outpatient Radiology	293.2	183.78	4.49	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	255.5	187.88	4.00
Outpatient Pathology/Lab	2,843.5	21.78	5.16	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,477.9	22.28	4.60
Outpatient Pharmacy	523.4	176.32	7.69	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	456.1	180.23	6.85
Outpatient MH/SA	35.6	117.94	0.35	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	31.0	119.88	0.31
Other Outpatient	7,431.9	161.81	100.21	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9979	6,476.3	165.11	89.11
Subtotal			\$ 159.58										\$ 141.35
Pharmacy													
Pharmacy	16,781.8	\$ 129.04	\$ 180.46	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9861	15,750.1	\$ 147.50	\$ 193.60
Subtotal			\$ 180.46										\$ 193.60
Ancillaries													
Transportation	82.0	\$ 238.45	\$ 1.63	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	72.0	\$ 245.00	\$ 1.47
DME/Prosthetics	2,523.6	163.29	34.34	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	2,214.9	168.23	31.05
Dental	324.7	14.41	0.39	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	285.0	14.74	0.35
Other Ancillary	90.0	215.90	1.62	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0009	79.0	223.21	1.47
Subtotal			\$ 37.98										\$ 34.34
Physician													
Inpatient and Outpatient Surgery	432.5	\$ 251.95	\$ 9.08	1.0000	1.0252	1.0000	0.9300	0.9700	1.0000	1.0000	412.3	\$ 244.47	\$ 8.40
Anesthesia	169.0	293.19	4.13	1.0000	1.0252	1.0000	0.9400	1.0000	1.0000	1.0000	162.9	293.19	3.98
Inpatient Visits	686.8	279.91	16.02	1.0000	1.0379	1.0125	0.9400	0.9600	1.0000	1.0000	670.0	272.04	15.19
MH/SA	28.5	1,539.00	3.65	1.0000	1.0379	1.0125	0.9000	1.0000	1.0000	1.0000	26.6	1,557.56	3.45
Emergency Room	806.3	78.29	5.26	1.0000	1.0379	1.0125	0.8100	1.0200	1.0000	1.0000	677.8	80.91	4.57
Office/Home Visits/Consults	3,456.8	82.38	23.73	1.0000	1.0379	1.0125	1.0250	1.0400	1.0000	0.9775	3,677.5	84.78	25.98
Maternity	20.7	429.61	0.74	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	21.2	430.39	0.76
Pathology/Lab	1,926.2	16.38	2.63	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	1,826.6	16.36	2.49
Radiology	1,325.7	26.52	2.93	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	1,257.2	26.54	2.78
Office Administered Drugs	195.0	60.30	0.98	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	189.9	60.02	0.95
Physical Exams	611.7	62.19	3.17	1.0000	1.0379	1.0125	1.0500	1.0000	1.0000	1.0000	666.6	63.01	3.50
Therapy	393.1	45.79	1.50	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	377.4	46.43	1.46
Vision	457.6	64.25	2.45	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	474.9	64.94	2.57
Other Professional	1,384.1	82.97	9.57	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	1,312.5	83.02	9.08
Subtotal			\$ 85.84										\$ 85.16
Behavioral Health													
Inpatient and Outpatient MH/SA	622.9	\$ 426.69	\$ 22.15	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	589.1	\$ 437.53	\$ 21.48
Professional MH/SA	9,300.7	144.49	111.99	1.0000	1.0637	1.0252	0.9500	1.0000	1.0000	1.0000	9,398.5	148.13	116.02
Subtotal			\$ 134.14										\$ 137.50
Total Medical Cost			\$ 765.50										\$ 744.59
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS Breast and Cervical Cancer	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,390.7	\$ 2,346.45	\$ 271.94	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	1,340.2	\$ 2,200.91	\$ 245.81
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Other Inpatient	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Subtotal			\$ 271.94										\$ 245.81
Outpatient													
Outpatient Emergency Room	720.9	\$ 708.27	\$ 42.55	1.0000	1.0252	1.0125	0.8100	1.0200	1.0000	1.0000	598.7	\$ 731.45	\$ 36.49
Outpatient Surgery	590.4	2,900.04	142.67	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	514.4	2,965.71	127.14
Outpatient Radiology	7,890.3	262.49	172.59	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	6,875.7	268.42	153.80
Outpatient Pathology/Lab	10,898.8	22.04	20.02	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	9,497.4	22.54	17.84
Outpatient Pharmacy	5,971.6	281.91	140.29	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	5,203.8	288.30	125.02
Outpatient MH/SA	5.7	126.76	0.06	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	5.0	121.21	0.05
Other Outpatient	9,036.9	75.48	56.84	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9979	7,874.9	77.03	50.55
Subtotal			\$ 575.02										\$ 510.89
Pharmacy													
Pharmacy	44,327.3	\$ 109.87	\$ 405.86	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9861	41,602.1	\$ 125.59	\$ 435.41
Subtotal			\$ 405.86										\$ 435.41
Ancillaries													
Transportation	90.8	\$ 177.05	\$ 1.34	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	79.7	\$ 182.16	\$ 1.21
DME/Prosthetics	2,202.5	122.26	22.44	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	1,933.1	125.96	20.29
Dental	-	-	-	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	79.5	1,253.30	8.30	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0009	69.8	1,292.04	7.51
Subtotal			\$ 32.08										\$ 29.01
Physician													
Inpatient and Outpatient Surgery	2,310.3	\$ 334.14	\$ 64.33	1.0000	1.0252	1.0000	0.9100	0.9700	1.0000	1.0000	2,155.4	\$ 324.14	\$ 58.22
Anesthesia	505.2	294.77	12.41	1.0000	1.0252	1.0000	0.9400	1.0000	1.0000	1.0000	486.9	294.79	11.96
Inpatient Visits	1,106.9	149.17	13.76	1.0000	1.0379	1.0125	0.9400	0.9600	1.0000	1.0000	1,079.9	145.01	13.05
MH/SA	5.7	105.63	0.05	1.0000	1.0379	1.0125	0.9000	1.0000	1.0000	1.0000	5.3	112.99	0.05
Emergency Room	925.3	94.03	7.25	1.0000	1.0379	1.0125	0.8100	1.0200	1.0000	1.0000	777.9	97.03	6.29
Office/Home Visits/Consults	10,456.0	72.80	63.43	1.0000	1.0379	1.0125	1.0250	1.0400	1.0000	0.9775	11,123.6	74.93	69.46
Maternity	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	13,720.0	20.96	23.96	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	13,010.8	20.95	22.72
Radiology	9,082.3	77.86	58.93	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	8,612.9	77.86	55.88
Office Administered Drugs	6,556.3	500.40	273.40	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	6,385.4	500.41	266.28
Physical Exams	403.0	72.65	2.44	1.0000	1.0379	1.0125	1.0500	1.0000	1.0000	1.0000	439.2	73.49	2.69
Therapy	2,202.5	43.70	8.02	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	2,114.5	44.27	7.80
Vision	510.9	70.47	3.00	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	530.2	71.29	3.15
Other Professional	1,663.2	57.07	7.91	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	1,577.2	57.06	7.50
Subtotal			\$ 538.89										\$ 525.05
Behavioral Health													
Inpatient and Outpatient MH/SA	272.5	\$ 234.74	\$ 5.33	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	257.7	\$ 240.76	\$ 5.17
Professional MH/SA	1,998.1	106.00	17.65	1.0000	1.0637	1.0252	0.9500	1.0000	1.0000	1.0000	2,019.1	108.70	18.29
Subtotal			\$ 22.98										\$ 23.46
Total Medical Cost			\$ 1,846.77										\$ 1,769.63
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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FFS Residential Care Facility	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	544.5	\$ 1,441.49	\$ 65.41	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	524.8	\$ 1,351.96	\$ 59.12
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	-	-	-
Inpatient Maternity Delivery	2.4	1,728.40	0.35	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	2.3	1,641.03	0.32
Other Inpatient	2,514.7	167.11	35.02	1.0000	1.0252	0.9752	0.9400	0.9600	1.0000	1.0019	2,423.4	156.72	31.65
Subtotal			\$ 100.78										\$ 91.09
Outpatient													
Outpatient Emergency Room	931.0	\$ 337.95	\$ 26.22	1.0000	1.0252	1.0125	0.8100	1.0200	1.0000	1.0000	773.1	\$ 349.07	\$ 22.49
Outpatient Surgery	200.6	803.59	13.43	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	174.8	821.93	11.97
Outpatient Radiology	888.5	115.21	8.53	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	774.2	117.79	7.60
Outpatient Pathology/Lab	9,295.7	21.73	16.83	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	8,100.4	22.22	15.00
Outpatient Pharmacy	1,809.8	111.99	16.89	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,577.1	114.52	15.05
Outpatient MH/SA	164.1	43.88	0.60	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	143.0	44.48	0.53
Other Outpatient	7,474.9	55.63	34.65	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9979	6,513.8	56.76	30.81
Subtotal			\$ 117.15										\$ 103.45
Pharmacy													
Pharmacy	48,634.5	\$ 70.84	\$ 287.09	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9861	45,644.4	\$ 80.97	\$ 307.99
Subtotal			\$ 287.09										\$ 307.99
Ancillaries													
Transportation	470.4	\$ 142.87	\$ 5.60	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	412.8	\$ 147.08	\$ 5.06
DME/Prosthetics	3,611.1	44.73	13.46	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	3,169.4	46.08	12.17
Dental	-	-	-	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	912.8	516.13	39.26	1.0000	0.9752	1.0252	0.9000	1.0050	1.0000	1.0009	801.1	532.19	35.53
Subtotal			\$ 58.32										\$ 52.76
Physician													
Inpatient and Outpatient Surgery	2,049.2	\$ 56.74	\$ 9.69	1.0000	1.0252	1.0000	0.9200	0.9700	1.0000	1.0000	1,932.8	\$ 55.07	\$ 8.87
Anesthesia	286.8	80.32	1.92	1.0000	1.0252	1.0000	0.9400	1.0000	1.0000	1.0000	276.4	80.31	1.85
Inpatient Visits	2,726.2	45.78	10.40	1.0000	1.0379	1.0125	0.9400	0.9600	1.0000	1.0000	2,659.8	44.49	9.86
MH/SA	2,642.4	1,466.92	323.01	1.0000	1.0379	1.0125	0.9000	1.0000	1.0000	1.0000	2,468.3	1,485.26	305.50
Emergency Room	974.8	49.98	4.06	1.0000	1.0379	1.0125	0.8100	1.0200	1.0000	1.0000	819.5	51.69	3.53
Office/Home Visits/Consults	7,250.1	43.99	26.58	1.0000	1.0379	1.0125	1.0250	1.0400	1.0000	0.9775	7,713.0	45.29	29.11
Maternity	4.9	370.37	0.15	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	5.0	361.45	0.15
Pathology/Lab	2,356.7	15.28	3.00	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	2,295.3	15.27	2.92
Radiology	2,785.8	14.99	3.48	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	2,713.2	14.99	3.39
Office Administered Drugs	863.0	41.16	2.96	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	840.5	41.12	2.88
Physical Exams	221.2	87.88	1.62	1.0000	1.0379	1.0125	1.0500	1.0000	1.0000	1.0000	241.1	89.10	1.79
Therapy	1,183.8	24.83	2.45	1.0000	1.0379	1.0125	0.9250	1.0000	1.0000	1.0000	1,136.5	25.13	2.38
Vision	1,007.6	47.04	3.95	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	1,045.8	47.62	4.15
Other Professional	2,968.1	208.58	51.59	1.0000	1.0252	1.0000	0.9250	1.0000	1.0000	1.0000	2,814.7	208.56	48.92
Subtotal			\$ 444.86										\$ 425.30
Behavioral Health													
Inpatient and Outpatient MH/SA	904.3	\$ 544.34	\$ 41.02	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	855.2	\$ 558.04	\$ 39.77
Professional MH/SA	76,412.0	222.76	1,418.46	1.0000	1.0637	1.0252	0.9500	1.0000	1.0000	1.0000	77,215.5	228.37	1,469.50
Subtotal			\$ 1,459.48										\$ 1,509.27
Total Medical Cost			\$ 2,467.68										\$ 2,489.86
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
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FFS Dual Eligible 0-64 M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	11.8	\$ 1,446.52	\$ 1.42	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	10.6	\$ 1,430.46	\$ 1.26
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	0.1	2,571.43	0.03	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	0.1	2,769.23	0.03
Other Inpatient	1,511.0	268.19	33.77	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	1,355.7	265.46	29.99
Subtotal			\$ 35.22										\$ 31.28
Outpatient													
Outpatient Emergency Room	1,328.3	\$ 164.79	\$ 18.24	1.0000	1.0252	1.0125	0.8200	1.0200	1.0000	1.0000	1,116.6	\$ 170.23	\$ 15.84
Outpatient Surgery	377.8	481.84	15.17	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	338.9	492.87	13.92
Outpatient Radiology	1,174.2	73.17	7.16	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	1,053.4	74.85	6.57
Outpatient Pathology/Lab	5,147.3	3.59	1.54	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	4,617.4	3.66	1.41
Outpatient Pharmacy	4,292.7	30.05	10.75	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	3,850.7	30.73	9.86
Outpatient MH/SA	189.6	52.52	0.83	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	170.1	53.61	0.76
Other Outpatient	10,667.8	41.41	36.81	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	9,569.5	42.35	33.77
Subtotal			\$ 90.50										\$ 82.13
Pharmacy													
Pharmacy	2,677.1	\$ 38.46	\$ 8.58	1.0000	1.0459	1.1148	0.9250	1.0000	1.0000	0.9707	2,590.0	\$ 41.61	\$ 8.98
Subtotal			\$ 8.58										\$ 8.98
Ancillaries													
Transportation	365.5	\$ 130.99	\$ 3.99	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	338.3	\$ 133.37	\$ 3.76
DME/Prosthetics	4,502.0	34.17	12.82	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	4,166.8	34.76	12.07
Dental	3.1	-	-	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	2.9	-	-
Other Ancillary	1,311.1	165.94	18.13	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	1,213.4	168.81	17.07
Subtotal			\$ 34.94										\$ 32.90
Physician													
Inpatient and Outpatient Surgery	2,053.9	\$ 47.97	\$ 8.21	1.0000	1.0252	1.0125	0.8800	1.0100	1.0000	1.0000	1,853.0	\$ 49.02	\$ 7.57
Anesthesia	317.4	49.53	1.31	1.0000	1.0252	1.0125	0.9200	1.0000	1.0000	1.0000	299.4	50.11	1.25
Inpatient Visits	1,956.6	30.97	5.05	1.0000	1.0125	1.0063	0.9200	0.9900	1.0000	1.0000	1,822.6	30.88	4.69
MH/SA	1,596.2	218.85	29.11	1.0000	1.0125	1.0063	0.9000	1.0000	1.0000	1.0000	1,454.5	220.20	26.69
Emergency Room	1,372.4	27.11	3.10	1.0000	1.0125	1.0063	0.8200	1.0200	1.0000	1.0000	1,139.4	27.80	2.64
Office/Home Visits/Consults	8,342.5	21.56	14.99	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	1.0000	8,573.5	22.35	15.97
Maternity	18.6	109.62	0.17	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	19.1	113.21	0.18
Pathology/Lab	695.8	13.62	0.79	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	677.7	13.81	0.78
Radiology	3,783.1	10.18	3.21	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	3,684.5	10.32	3.17
Office Administered Drugs	1,669.3	61.89	8.61	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,625.8	62.66	8.49
Physical Exams	91.1	80.40	0.61	1.0000	1.0125	1.0063	1.0500	1.0000	1.0000	1.0000	96.8	80.58	0.65
Therapy	1,825.7	13.54	2.06	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	1,709.9	13.61	1.94
Vision	780.0	41.38	2.69	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	789.8	41.63	2.74
Other Professional	3,263.9	26.21	7.13	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	3,095.2	26.56	6.85
Subtotal			\$ 87.04										\$ 83.61
Behavioral Health													
Inpatient and Outpatient MH/SA	225.1	\$ 124.72	\$ 2.34	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	212.9	\$ 127.94	\$ 2.27
Professional MH/SA	16,288.5	152.51	207.01	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	16,026.6	156.35	208.81
Subtotal			\$ 209.35										\$ 211.08
Total Medical Cost			\$ 465.63										\$ 449.98
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS Dual Eligible 65+ M&F Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	12.9	\$ 1,919.63	\$ 2.07	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	11.6	\$ 1,901.81	\$ 1.84
Inpatient MH/SA	0.2	1,500.00	0.02	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	0.1	1,714.29	0.02
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	-	-	-
Other Inpatient	1,877.9	216.56	33.89	1.0000	0.9752	1.0000	0.9200	0.9900	1.0000	1.0000	1,684.8	214.39	30.10
Subtotal			\$ 35.98										\$ 31.96
Outpatient													
Outpatient Emergency Room	614.2	\$ 223.91	\$ 11.46	1.0000	1.0252	1.0125	0.8200	1.0200	1.0000	1.0000	516.3	\$ 231.26	\$ 9.95
Outpatient Surgery	251.1	474.61	9.93	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	225.2	485.39	9.11
Outpatient Radiology	981.4	76.67	6.27	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	880.3	78.38	5.75
Outpatient Pathology/Lab	3,305.0	4.03	1.11	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	2,964.8	4.13	1.02
Outpatient Pharmacy	2,074.6	31.76	5.49	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	1,861.0	32.50	5.04
Outpatient MH/SA	32.3	137.63	0.37	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	28.9	140.98	0.34
Other Outpatient	7,728.2	43.94	28.30	1.0000	1.0252	1.0125	0.8750	1.0100	1.0000	1.0000	6,932.6	44.94	25.96
Subtotal			\$ 62.93										\$ 57.17
Pharmacy													
Pharmacy	1,846.4	\$ 15.40	\$ 2.37	1.0000	1.0459	1.1148	0.9250	1.0000	1.0000	0.9707	1,786.3	\$ 16.66	\$ 2.48
Subtotal			\$ 2.37										\$ 2.48
Ancillaries													
Transportation	322.2	\$ 128.88	\$ 3.46	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	298.2	\$ 131.20	\$ 3.26
DME/Prosthetics	3,755.1	30.10	9.42	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	3,475.5	30.63	8.87
Dental	-	-	-	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	1,505.0	148.07	18.57	1.0031	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	1,392.9	150.68	17.49
Subtotal			\$ 31.45										\$ 29.62
Physician													
Inpatient and Outpatient Surgery	1,703.8	\$ 44.09	\$ 6.26	1.0000	1.0252	1.0125	0.8800	1.0100	1.0000	1.0000	1,537.1	\$ 45.12	\$ 5.78
Anesthesia	202.4	48.61	0.82	1.0000	1.0252	1.0125	0.9200	1.0000	1.0000	1.0000	190.9	49.02	0.78
Inpatient Visits	1,962.4	30.57	5.00	1.0000	1.0125	1.0063	0.9200	0.9900	1.0000	1.0000	1,828.0	30.46	4.64
MH/SA	237.0	875.48	17.29	1.0000	1.0125	1.0063	0.9000	1.0000	1.0000	1.0000	216.0	880.72	15.85
Emergency Room	707.0	29.87	1.76	1.0000	1.0125	1.0063	0.8200	1.0200	1.0000	1.0000	587.0	30.66	1.50
Office/Home Visits/Consults	5,615.5	23.10	10.81	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	1.0000	5,770.9	23.93	11.51
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	543.6	11.70	0.53	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	529.4	11.79	0.52
Radiology	3,144.9	10.34	2.71	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	3,062.9	10.46	2.67
Office Administered Drugs	1,322.0	51.29	5.65	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,287.6	51.91	5.57
Physical Exams	35.9	63.56	0.19	1.0000	1.0125	1.0063	1.0500	1.0000	1.0000	1.0000	38.1	62.94	0.20
Therapy	832.7	13.40	0.93	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	779.8	13.54	0.88
Vision	791.2	36.85	2.43	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	801.1	37.15	2.48
Other Professional	2,927.0	36.41	8.88	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	0.9986	2,775.7	36.79	8.51
Subtotal			\$ 63.26										\$ 60.89
Behavioral Health													
Inpatient and Outpatient MH/SA	56.0	\$ 96.41	\$ 0.45	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	53.0	\$ 99.68	\$ 0.44
Professional MH/SA	1,978.3	230.14	37.94	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,946.5	235.94	38.27
Subtotal			\$ 38.39										\$ 38.71
Total Medical Cost			\$ 234.38										\$ 220.83
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

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FFS Custodial Care Nursing Facility 65+	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	5.7	\$ 1,081.27	\$ 0.51	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	4.7	\$ 1,151.39	\$ 0.45
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Subtotal			\$ 0.51										\$ 0.45
Outpatient													
Outpatient Emergency Room	515.0	\$ 543.18	\$ 23.31	1.0000	1.0252	1.0125	0.8900	1.0300	1.0000	1.0000	469.9	\$ 566.45	\$ 22.18
Outpatient Surgery	135.3	559.77	6.31	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	117.9	572.11	5.62
Outpatient Radiology	406.0	70.64	2.39	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	353.8	72.24	2.13
Outpatient Pathology/Lab	1,570.4	3.82	0.50	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,368.5	3.95	0.45
Outpatient Pharmacy	1,710.2	19.16	2.73	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,490.3	19.57	2.43
Outpatient MH/SA	18.0	73.33	0.11	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	15.7	76.48	0.10
Other Outpatient	23,017.7	9.03	17.32	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9991	20,058.1	9.23	15.42
Subtotal			\$ 52.67										\$ 48.33
Pharmacy													
Pharmacy	15,522.9	\$ 10.74	\$ 13.89	1.0000	1.0459	1.1148	0.9000	1.0000	1.0000	0.9414	14,611.9	\$ 11.27	\$ 13.72
Subtotal			\$ 13.89										\$ 13.72
Ancillaries													
Transportation	646.0	\$ 108.11	\$ 5.82	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	597.0	\$ 109.95	\$ 5.47
DME/Prosthetics	3,374.8	105.82	29.76	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	3,118.8	107.69	27.99
Dental	0.2	-	-	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	0.2	-	-
Other Ancillary	849.7	176.95	12.53	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	785.3	180.02	11.78
Subtotal			\$ 48.11										\$ 45.24
Physician													
Inpatient and Outpatient Surgery	2,379.9	\$ 21.33	\$ 4.23	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,073.9	\$ 21.81	\$ 3.77
Anesthesia	107.6	41.26	0.37	1.0000	1.0252	1.0125	0.8500	1.0000	1.0000	1.0000	93.8	42.24	0.33
Inpatient Visits	5,840.0	24.66	12.00	1.0000	1.0125	1.0063	0.8500	1.0200	1.0000	1.0000	5,026.1	25.31	10.60
MH/SA	1,214.0	19.57	1.98	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	1,167.7	19.73	1.92
Emergency Room	432.9	29.11	1.05	1.0000	1.0125	1.0063	0.8900	1.0300	1.0000	1.0000	390.1	30.15	0.98
Office/Home Visits/Consults	1,984.9	21.95	3.63	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9990	2,039.8	22.71	3.86
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	251.3	10.03	0.21	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	244.8	10.30	0.21
Radiology	2,816.8	7.84	1.84	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	2,743.4	7.92	1.81
Office Administered Drugs	318.0	89.44	2.37	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	309.7	90.67	2.34
Physical Exams	2.1	116.50	0.02	1.0000	1.0125	1.0063	1.0100	1.0000	1.0000	1.0000	2.1	113.74	0.02
Therapy	100.2	11.98	0.10	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	93.8	11.51	0.09
Vision	540.7	31.96	1.44	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	547.5	32.22	1.47
Other Professional	2,062.9	34.61	5.95	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	1,956.2	35.03	5.71
Subtotal			\$ 35.19										\$ 33.11
Behavioral Health													
Inpatient and Outpatient MH/SA	0.1	\$ 1,200.00	\$ 0.01	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	0.1	\$ 1,333.33	\$ 0.01
Professional MH/SA	94.7	189.99	1.50	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	89.8	192.34	1.44
Subtotal			\$ 1.51										\$ 1.45
Total Medical Cost			\$ 151.88										\$ 142.30
Long Term Supports and Services													
Nursing Home/Hospice	336,423.2	\$ 140.04	\$ 3,925.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0284	336,423.2	\$ 144.01	\$ 4,037.43
Home Health	99.6	124.12	1.03	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	0.9879	95.8	124.03	0.99
Residential Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	0.9879	-	-	-
Day Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	0.9879	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	0.9879	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	0.9879	-	-	-
Subtotal			\$ 3,926.96										\$ 4,038.42

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FFS Hospice 65+	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	158.3	\$ 366.97	\$ 4.84	1.0000	1.0252	1.0125	0.8900	1.0300	1.0000	1.0000	144.4	\$ 383.08	\$ 4.61
Outpatient Surgery	30.3	744.31	1.88	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	26.4	763.35	1.68
Outpatient Radiology	42.1	51.32	0.18	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	36.7	52.34	0.16
Outpatient Pathology/Lab	218.9	2.19	0.04	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	190.8	2.52	0.04
Outpatient Pharmacy	53.9	91.31	0.41	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	47.0	94.57	0.37
Outpatient MH/SA	1.7	-	-	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1.5	-	-
Other Outpatient	1,565.9	39.01	5.09	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9991	1,364.5	39.84	4.53
Subtotal			\$ 12.44										\$ 11.39
Pharmacy													
Pharmacy	2,788.3	\$ 11.84	\$ 2.75	1.0000	1.0459	1.1148	0.9000	1.0000	1.0000	0.9414	2,624.6	\$ 12.44	\$ 2.72
Subtotal			\$ 2.75										\$ 2.72
Ancillaries													
Transportation	181.8	\$ 93.05	\$ 1.41	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	168.1	\$ 94.97	\$ 1.33
DME/Prosthetics	1,735.9	42.86	6.20	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	1,604.3	43.61	5.83
Dental	-	-	-	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	133.0	193.96	2.15	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	122.9	197.19	2.02
Subtotal			\$ 9.76										\$ 9.18
Physician													
Inpatient and Outpatient Surgery	1,377.3	\$ 15.42	\$ 1.77	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,200.2	\$ 15.80	\$ 1.58
Anesthesia	11.8	40.71	0.04	1.0000	1.0252	1.0125	0.8500	1.0000	1.0000	1.0000	10.3	46.74	0.04
Inpatient Visits	3,599.8	23.23	6.97	1.0000	1.0125	1.0063	0.8500	1.0200	1.0000	1.0000	3,098.1	23.86	6.16
MH/SA	592.7	13.97	0.69	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	570.1	14.10	0.67
Emergency Room	114.5	27.25	0.26	1.0000	1.0125	1.0063	0.8900	1.0300	1.0000	1.0000	103.2	27.92	0.24
Office/Home Visits/Consults	740.8	21.54	1.33	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9990	761.4	22.38	1.42
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	52.2	16.09	0.07	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	50.8	16.52	0.07
Radiology	985.0	9.50	0.78	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	959.3	9.63	0.77
Office Administered Drugs	94.3	73.81	0.58	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	91.8	74.49	0.57
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0100	1.0000	1.0000	1.0000	-	-	-
Therapy	32.0	7.50	0.02	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	30.0	8.01	0.02
Vision	242.5	34.64	0.70	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	245.5	34.71	0.71
Other Professional	754.3	30.70	1.93	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	715.3	31.04	1.85
Subtotal			\$ 15.14										\$ 14.10
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	40.4	74.24	0.25	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	38.3	75.16	0.24
Subtotal			\$ 0.25										\$ 0.24
Total Medical Cost			\$ 40.34										\$ 37.63
Long Term Supports and Services													
Nursing Home/Hospice	295,751.9	\$ 118.00	\$ 2,908.25	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0326	293,918.3	\$ 121.85	\$ 2,984.44
Home Health	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0125	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 2,908.25										\$ 2,984.44

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FFS Elderly HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	23.0	\$ 1,745.55	\$ 3.35	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	19.1	\$ 1,835.52	\$ 2.92
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8500	1.0200	1.0000	1.0325	-	-	-
Subtotal			\$ 3.35										\$ 2.92
Outpatient													
Outpatient Emergency Room	1,100.8	\$ 464.51	\$ 42.61	1.0000	1.0252	1.0125	0.8900	1.0300	1.0000	1.0000	1,004.4	\$ 484.48	\$ 40.55
Outpatient Surgery	359.6	562.32	16.85	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	313.4	575.20	15.02
Outpatient Radiology	1,021.0	82.98	7.06	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	889.8	84.83	6.29
Outpatient Pathology/Lab	4,429.1	3.74	1.38	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	3,859.6	3.82	1.23
Outpatient Pharmacy	4,133.3	19.51	6.72	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	3,601.8	19.96	5.99
Outpatient MH/SA	46.4	240.36	0.93	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	40.5	246.17	0.83
Other Outpatient	9,956.6	34.87	28.93	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9991	8,676.4	35.63	25.76
Subtotal			\$ 104.48										\$ 95.67
Pharmacy													
Pharmacy	3,873.3	\$ 14.34	\$ 4.63	1.0000	1.0459	1.1148	0.9000	1.0000	1.0000	0.9414	3,645.9	\$ 15.04	\$ 4.57
Subtotal			\$ 4.63										\$ 4.57
Ancillaries													
Transportation	741.7	\$ 125.23	\$ 7.74	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	685.4	\$ 127.45	\$ 7.28
DME/Prosthetics	11,341.9	39.85	37.66	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	10,481.7	40.54	35.41
Dental	-	-	-	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	1,076.6	221.03	19.83	1.0016	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	995.0	224.93	18.65
Subtotal			\$ 65.23										\$ 61.34
Physician													
Inpatient and Outpatient Surgery	2,806.2	\$ 35.54	\$ 8.31	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,445.3	\$ 36.36	\$ 7.41
Anesthesia	244.1	44.25	0.90	1.0000	1.0252	1.0125	0.8500	1.0000	1.0000	1.0000	212.7	44.58	0.79
Inpatient Visits	2,983.4	29.08	7.23	1.0000	1.0125	1.0063	0.8500	1.0200	1.0000	1.0000	2,567.6	29.87	6.39
MH/SA	213.3	21.37	0.38	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	205.2	21.64	0.37
Emergency Room	1,065.2	28.95	2.57	1.0000	1.0125	1.0063	0.8900	1.0300	1.0000	1.0000	959.9	30.00	2.40
Office/Home Visits/Consults	8,207.7	21.74	14.87	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9990	8,435.0	22.51	15.82
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	635.5	11.14	0.59	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	618.9	11.25	0.58
Radiology	4,232.7	9.04	3.19	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	4,122.4	9.17	3.15
Office Administered Drugs	1,786.7	52.05	7.75	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,740.2	52.68	7.64
Physical Exams	26.5	67.92	0.15	1.0000	1.0125	1.0063	1.0250	1.0000	1.0000	1.0000	27.5	69.82	0.16
Therapy	870.2	14.07	1.02	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	815.0	14.13	0.96
Vision	847.3	32.86	2.32	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	857.9	33.01	2.36
Other Professional	4,516.0	23.76	8.94	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	4,282.6	24.04	8.58
Subtotal			\$ 58.22										\$ 56.61
Behavioral Health													
Inpatient and Outpatient MH/SA	3.6	\$ 167.13	\$ 0.05	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	3.3	\$ 181.27	\$ 0.05
Professional MH/SA	1,528.6	202.70	25.82	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	1,449.6	205.22	24.79
Subtotal			\$ 25.87										\$ 24.84
Total Medical Cost			\$ 261.78										\$ 245.95
Long Term Supports and Services													
Nursing Home/Hospice	1,712.2	\$ 186.29	\$ 26.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0278	1,712.2	\$ 191.47	\$ 27.32
Home Health	28,478.6	127.01	301.43	1.0000	1.0125	1.0125	0.9500	1.0050	1.0000	0.9936	27,392.9	128.42	293.14
Residential Services	24,809.7	305.00	630.57	1.0000	1.0125	1.0125	0.9500	1.0050	1.0000	0.9936	23,863.8	308.36	613.23
Day Services	207.0	448.05	7.73	1.0000	1.0125	1.0125	0.9500	1.0050	1.0000	0.9936	199.1	453.15	7.52
LTSS Transportation	1,123.2	112.72	10.55	1.0000	1.0125	1.0125	0.9500	1.0050	1.0000	0.9936	1,080.4	113.96	10.26
Other HCBS Services	8,202.4	62.53	42.74	1.0000	1.0125	1.0125	0.9500	1.0050	1.0000	0.9936	7,889.7	63.21	41.56
Subtotal			\$ 1,019.60										\$ 993.03

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FFS Custodial Care Nursing Facility <65 Category of Service	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,281.6	\$ 1,847.02	\$ 197.26	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	1,074.8	\$ 1,830.54	\$ 163.96
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 197.26										\$ 163.96
Outpatient													
Outpatient Emergency Room	1,100.6	\$ 587.14	\$ 53.85	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	981.6	\$ 612.32	\$ 50.09
Outpatient Surgery	567.7	1,016.79	48.10	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	494.7	1,039.70	42.86
Outpatient Radiology	1,184.7	114.87	11.34	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,032.3	117.52	10.11
Outpatient Pathology/Lab	11,613.3	13.30	12.87	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	10,120.1	13.60	11.47
Outpatient Pharmacy	6,902.8	29.54	16.99	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	6,015.2	30.20	15.14
Outpatient MH/SA	64.4	57.73	0.31	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	56.2	59.84	0.28
Other Outpatient	43,134.2	18.96	68.15	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	37,588.0	19.34	60.57
Subtotal			\$ 211.61										\$ 190.52
Pharmacy													
Pharmacy	50,717.9	\$ 49.74	\$ 210.23	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9848	47,599.7	\$ 56.78	\$ 225.24
Subtotal			\$ 210.23										\$ 225.24
Ancillaries													
Transportation	1,632.4	\$ 127.91	\$ 17.40	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	1,506.2	\$ 130.18	\$ 16.34
DME/Prosthetics	7,845.3	153.89	100.61	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	7,238.7	156.59	94.46
Dental	-	-	-	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	589.5	223.50	10.98	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	543.9	227.45	10.31
Subtotal			\$ 128.99										\$ 121.11
Physician													
Inpatient and Outpatient Surgery	4,259.5	\$ 59.28	\$ 21.04	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	3,755.5	\$ 60.01	\$ 18.78
Anesthesia	381.1	110.53	3.51	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	336.0	111.80	3.13
Inpatient Visits	11,364.5	40.89	38.72	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	9,895.7	41.15	33.93
MH/SA	2,784.5	50.90	11.81	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	2,678.4	51.21	11.43
Emergency Room	1,230.6	55.49	5.69	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	1,084.0	57.56	5.20
Office/Home Visits/Consults	5,462.0	44.01	20.03	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9840	5,613.3	44.87	20.99
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	3,054.1	12.57	3.20	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	2,974.5	12.75	3.16
Radiology	6,076.8	15.01	7.60	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	5,918.4	15.19	7.49
Office Administered Drugs	1,144.3	122.38	11.67	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,114.5	123.93	11.51
Physical Exams	52.7	86.56	0.38	1.0000	1.0125	1.0063	1.0100	1.0000	1.0000	1.0000	53.9	86.88	0.39
Therapy	265.1	24.90	0.55	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	248.3	25.14	0.52
Vision	833.3	40.75	2.83	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	843.7	40.96	2.88
Other Professional	4,757.1	37.38	14.82	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	4,511.2	37.85	14.23
Subtotal			\$ 141.85										\$ 133.64
Behavioral Health													
Inpatient and Outpatient MH/SA	28.0	\$ 411.13	\$ 0.96	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	25.9	\$ 417.79	\$ 0.90
Professional MH/SA	1,575.2	141.54	18.58	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	1,493.8	143.31	17.84
Subtotal			\$ 19.54										\$ 18.74
Total Medical Cost			\$ 909.48										\$ 853.21
Long Term Supports and Services													
Nursing Home/Hospice	324,142.9	\$ 153.48	\$ 4,145.82	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0333	322,133.2	\$ 158.59	\$ 4,257.32
Home Health	659.6	178.48	9.81	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	0.9924	676.2	179.42	10.11
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	0.9924	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	0.9924	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	0.9924	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	0.9924	-	-	-
Subtotal			\$ 4,155.63										\$ 4,267.43

State of Iowa
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FFS Hospice <65	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	94.4	\$ 2,888.09	\$ 22.71	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	79.1	\$ 2,862.77	\$ 18.88
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 22.71										\$ 18.88
Outpatient													
Outpatient Emergency Room	393.2	\$ 1,044.71	\$ 34.23	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	350.7	\$ 1,089.51	\$ 31.84
Outpatient Surgery	31.5	1,148.49	3.01	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	27.4	1,173.29	2.68
Outpatient Radiology	235.9	56.97	1.12	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	205.6	58.37	1.00
Outpatient Pathology/Lab	3,224.1	27.47	7.38	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,809.6	28.10	6.58
Outpatient Pharmacy	267.4	4.04	0.09	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	233.0	4.12	0.08
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	-	-	-
Other Outpatient	3,648.8	14.77	4.49	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	3,179.6	15.06	3.99
Subtotal			\$ 50.32										\$ 46.17
Pharmacy													
Pharmacy	14,264.7	\$ 50.05	\$ 59.50	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9848	13,387.7	\$ 57.14	\$ 63.75
Subtotal			\$ 59.50										\$ 63.75
Ancillaries													
Transportation	581.9	\$ 124.76	\$ 6.05	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	536.9	\$ 126.95	\$ 5.68
DME/Prosthetics	3,397.1	62.98	17.83	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	3,134.5	64.09	16.74
Dental	-	-	-	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	125.8	220.31	2.31	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	116.1	224.31	2.17
Subtotal			\$ 26.19										\$ 24.59
Physician													
Inpatient and Outpatient Surgery	1,384.0	\$ 34.51	\$ 3.98	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	1,220.2	\$ 34.91	\$ 3.55
Anesthesia	78.6	53.41	0.35	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	69.3	53.66	0.31
Inpatient Visits	6,904.3	36.46	20.98	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	6,012.0	36.69	18.38
MH/SA	865.0	13.46	0.97	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	832.0	13.56	0.94
Emergency Room	408.9	49.89	1.70	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	360.2	51.64	1.55
Office/Home Visits/Consults	1,541.3	63.06	8.10	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9840	1,584.0	64.32	8.49
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	786.4	9.31	0.61	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	765.9	9.40	0.60
Radiology	1,855.8	10.35	1.60	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,807.5	10.49	1.58
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0100	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	-	-	-
Vision	377.5	48.64	1.53	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	382.2	48.98	1.56
Other Professional	1,258.2	12.78	1.34	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	1,193.2	12.97	1.29
Subtotal			\$ 41.16										\$ 38.25
Behavioral Health													
Inpatient and Outpatient MH/SA	15.7	\$ 15.26	\$ 0.02	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	14.5	\$ 16.54	\$ 0.02
Professional MH/SA	519.0	76.30	3.30	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	492.2	77.29	3.17
Subtotal			\$ 3.32										\$ 3.19
Total Medical Cost			\$ 203.20										\$ 194.83
Long Term Supports and Services													
Nursing Home/Hospice	378,605.5	\$ 139.63	\$ 4,405.25	1.0000	1.0063	1.0000	1.0000	1.0000	1.0000	1.0699	380,990.7	\$ 149.39	\$ 4,742.87
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 4,405.25										\$ 4,742.87

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Non-Dual Skilled Nursing Facility	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	3,583.3	\$ 2,696.62	\$ 805.23	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	3,005.2	\$ 2,672.61	\$ 669.31
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 805.23										\$ 669.31
Outpatient													
Outpatient Emergency Room	909.2	\$ 438.72	\$ 33.24	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	810.9	\$ 457.55	\$ 30.92
Outpatient Surgery	441.2	3,661.22	134.62	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	384.5	3,743.88	119.96
Outpatient Radiology	1,143.2	146.64	13.97	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	996.2	149.97	12.45
Outpatient Pathology/Lab	11,050.7	19.08	17.57	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	9,629.8	19.51	15.66
Outpatient Pharmacy	3,028.4	100.17	25.28	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,639.0	102.45	22.53
Outpatient MH/SA	20.1	23.93	0.04	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	17.5	27.46	0.04
Other Outpatient	13,838.4	317.78	366.46	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	12,059.1	324.08	325.68
Subtotal			\$ 591.18										\$ 527.24
Pharmacy													
Pharmacy	71,485.2	\$ 77.19	\$ 459.82	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9848	67,090.3	\$ 88.12	\$ 492.65
Subtotal			\$ 459.82										\$ 492.65
Ancillaries													
Transportation	1,169.9	\$ 155.40	\$ 15.15	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	1,079.5	\$ 158.08	\$ 14.22
DME/Prosthetics	16,084.7	191.30	256.41	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	14,841.0	194.66	240.74
Dental	-	-	-	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	1,136.5	153.42	14.53	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	1,048.6	156.09	13.64
Subtotal			\$ 286.09										\$ 268.60
Physician													
Inpatient and Outpatient Surgery	3,229.0	\$ 198.42	\$ 53.39	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	2,846.9	\$ 200.89	\$ 47.66
Anesthesia	762.1	241.85	15.36	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	671.9	244.84	13.71
Inpatient Visits	16,800.0	103.34	144.68	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	14,628.6	103.99	126.77
MH/SA	240.7	2,793.20	56.02	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	231.5	2,810.66	54.22
Emergency Room	728.7	80.20	4.87	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	641.9	83.19	4.45
Office/Home Visits/Consults	5,461.8	62.46	28.43	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9840	5,613.1	63.71	29.80
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	4,713.1	13.55	5.32	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	4,590.3	13.72	5.25
Radiology	6,123.7	20.28	10.35	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	5,964.1	20.54	10.21
Office Administered Drugs	702.0	539.70	31.57	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	683.7	546.41	31.13
Physical Exams	80.2	70.31	0.47	1.0000	1.0125	1.0063	1.0100	1.0000	1.0000	1.0000	82.0	70.22	0.48
Therapy	387.7	46.11	1.49	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	363.1	46.26	1.40
Vision	514.8	53.85	2.31	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	521.2	54.11	2.35
Other Professional	4,626.2	54.24	20.91	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	0.9932	4,387.1	54.54	19.94
Subtotal			\$ 375.17										\$ 347.37
Behavioral Health													
Inpatient and Outpatient MH/SA	80.2	\$ 50.86	\$ 0.34	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	74.0	\$ 51.88	\$ 0.32
Professional MH/SA	735.4	92.52	5.67	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	697.4	93.61	5.44
Subtotal			\$ 6.01										\$ 5.76
Total Medical Cost			\$ 2,523.50										\$ 2,310.93
Long Term Supports and Services													
Nursing Home/Hospice	282,825.6	\$ 751.42	\$ 17,710.10	1.0000	1.0063	1.0315	1.0000	1.0000	1.0000	1.0003	284,607.4	\$ 775.32	\$ 18,388.57
Home Health	1,925.4	250.68	40.22	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0021	1,973.9	254.36	41.84
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0021	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0021	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0021	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0021	-	-	-
Subtotal			\$ 17,750.32										\$ 18,430.41

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS Dual HCBS Waivers: PD; H&D	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	113.7	\$ 664.91	\$ 6.30	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	95.4	\$ 659.40	\$ 5.24
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 6.30										\$ 5.24
Outpatient													
Outpatient Emergency Room	1,519.5	\$ 355.94	\$ 45.07	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	1,355.3	\$ 371.17	\$ 41.92
Outpatient Surgery	688.3	476.34	27.32	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	599.8	487.20	24.35
Outpatient Radiology	1,302.4	65.97	7.16	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,135.0	67.46	6.38
Outpatient Pathology/Lab	6,376.0	3.37	1.79	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	5,556.2	3.46	1.60
Outpatient Pharmacy	6,778.3	32.42	18.31	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	5,906.7	33.16	16.32
Outpatient MH/SA	123.2	34.10	0.35	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	107.3	34.66	0.31
Other Outpatient	13,691.8	35.63	40.65	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	11,931.3	36.34	36.13
Subtotal			\$ 140.65										\$ 127.01
Pharmacy													
Pharmacy	3,761.7	\$ 15.22	\$ 4.77	1.0000	1.0459	1.1148	0.9000	1.0000	1.0000	0.9848	3,540.9	\$ 16.71	\$ 4.93
Subtotal			\$ 4.77										\$ 4.93
Ancillaries													
Transportation	797.7	\$ 122.61	\$ 8.15	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	736.0	\$ 124.73	\$ 7.65
DME/Prosthetics	19,573.3	42.85	69.90	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	18,059.9	43.61	65.63
Dental	-	-	-	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	679.6	265.20	15.02	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	627.1	269.82	14.10
Subtotal			\$ 93.07										\$ 87.38
Physician													
Inpatient and Outpatient Surgery	3,323.2	\$ 37.08	\$ 10.27	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,895.9	\$ 37.92	\$ 9.15
Anesthesia	377.3	47.39	1.49	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	332.7	47.98	1.33
Inpatient Visits	3,866.8	29.67	9.56	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	3,367.0	29.87	8.38
MH/SA	980.3	20.57	1.68	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	942.9	20.74	1.63
Emergency Room	1,467.8	26.32	3.22	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	1,293.0	27.29	2.94
Office/Home Visits/Consults	10,168.7	19.47	16.50	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9840	10,450.2	19.85	17.29
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	719.3	12.51	0.75	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	700.5	12.68	0.74
Radiology	5,091.7	8.01	3.40	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	4,959.0	8.11	3.35
Office Administered Drugs	1,686.6	41.55	5.84	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,642.7	42.08	5.76
Physical Exams	41.4	81.26	0.28	1.0000	1.0125	1.0063	1.0250	1.0000	1.0000	1.0000	42.9	81.10	0.29
Therapy	1,895.9	13.54	2.14	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	1,775.7	13.65	2.02
Vision	766.6	37.10	2.37	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	776.2	37.26	2.41
Other Professional	4,903.0	15.05	6.15	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	4,649.6	15.25	5.91
Subtotal			\$ 63.65										\$ 61.20
Behavioral Health													
Inpatient and Outpatient MH/SA	55.1	\$ 82.71	\$ 0.38	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	50.9	\$ 84.92	\$ 0.36
Professional MH/SA	4,838.4	118.40	47.74	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	4,588.3	119.89	45.84
Subtotal			\$ 48.12										\$ 46.20
Total Medical Cost			\$ 356.56										\$ 331.96
Long Term Supports and Services													
Nursing Home/Hospice	716.7	\$ 199.25	\$ 11.90	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0296	712.2	\$ 205.21	\$ 12.18
Home Health	37,713.3	166.99	524.82	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9908	36,730.5	168.36	515.34
Residential Services	14,610.0	458.27	557.94	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9908	14,229.3	462.03	547.86
Day Services	77.5	380.80	2.46	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9908	75.5	384.64	2.42
LTSS Transportation	128.4	157.07	1.68	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9908	120.0	158.39	1.65
Other HCBS Services	4,861.7	144.94	58.72	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9908	4,735.0	146.13	57.66
Subtotal			\$ 1,157.52										\$ 1,137.11

State of Iowa
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 SFY 2018 Capitation Rate Development

FFS Non-Dual HCBS Waivers: PD; H&D; AIDS	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	1,394.0	\$ 1,900.32	\$ 220.76	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	1,169.1	\$ 1,883.44	\$ 183.50
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 220.76										\$ 183.50
Outpatient													
Outpatient Emergency Room	783.1	\$ 461.24	\$ 30.10	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	698.5	\$ 481.05	\$ 28.00
Outpatient Surgery	371.7	1,703.03	52.75	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	323.9	1,741.65	47.01
Outpatient Radiology	890.7	141.46	10.50	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	776.2	144.70	9.36
Outpatient Pathology/Lab	6,361.8	20.54	10.89	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	5,543.8	21.00	9.70
Outpatient Pharmacy	1,370.0	133.31	15.22	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,193.9	136.30	13.56
Outpatient MH/SA	11.6	196.72	0.19	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	10.1	201.98	0.17
Other Outpatient	17,058.0	79.30	112.72	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	14,864.6	80.87	100.18
Subtotal			\$ 232.37										\$ 207.98
Pharmacy													
Pharmacy	51,919.7	\$ 101.64	\$ 439.74	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9848	48,727.7	\$ 116.03	\$ 471.14
Subtotal			\$ 439.74										\$ 471.14
Ancillaries													
Transportation	311.3	\$ 181.20	\$ 4.70	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	287.2	\$ 184.27	\$ 4.41
DME/Prosthetics	17,716.1	150.21	221.76	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	16,346.3	152.85	208.21
Dental	86.9	13.81	0.10	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	80.2	13.47	0.09
Other Ancillary	17.4	179.52	0.26	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	16.0	179.55	0.24
Subtotal			\$ 226.82										\$ 212.95
Physician													
Inpatient and Outpatient Surgery	1,529.0	\$ 181.14	\$ 23.08	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	1,348.1	\$ 183.38	\$ 20.60
Anesthesia	303.0	240.02	6.06	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	267.1	243.03	5.41
Inpatient Visits	1,387.4	134.93	15.60	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	1,208.1	135.78	13.67
MH/SA	61.3	37.22	0.19	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	58.9	36.66	0.18
Emergency Room	971.0	92.69	7.50	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	855.4	96.10	6.85
Office/Home Visits/Consults	5,893.2	78.25	38.43	1.0000	1.0125	1.0063	1.0150	1.0400	1.0000	0.9840	6,056.4	80.58	40.67
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	4,994.2	13.84	5.76	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	4,864.1	14.01	5.68
Radiology	2,767.4	30.22	6.97	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	2,695.3	30.59	6.87
Office Administered Drugs	1,409.8	523.40	61.49	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,373.0	529.98	60.64
Physical Exams	404.0	59.71	2.01	1.0000	1.0125	1.0063	1.0250	1.0000	1.0000	1.0000	419.3	60.11	2.10
Therapy	1,727.7	51.61	7.43	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	1,618.1	51.91	7.00
Vision	421.4	61.52	2.16	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	426.6	61.88	2.20
Other Professional	3,242.6	76.27	20.61	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	3,074.9	77.23	19.79
Subtotal			\$ 197.29										\$ 191.66
Behavioral Health													
Inpatient and Outpatient MH/SA	87.8	\$ 146.32	\$ 1.07	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	81.0	\$ 148.20	\$ 1.00
Professional MH/SA	5,910.6	127.13	62.62	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	5,605.1	128.73	60.13
Subtotal			\$ 63.69										\$ 61.13
Total Medical Cost			\$ 1,380.67										\$ 1,328.36
Long Term Supports and Services													
Nursing Home/Hospice	827.0	\$ 311.10	\$ 21.44	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0189	821.9	\$ 316.99	\$ 21.71
Home Health	17,291.4	582.32	839.10	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9599	16,840.8	568.79	798.24
Residential Services	8,802.2	609.19	446.85	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9599	8,572.8	595.03	425.09
Day Services	15.7	320.41	0.42	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9599	15.3	313.32	0.40
LTSS Transportation	135.8	138.77	1.57	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9599	132.2	135.23	1.49
Other HCBS Services	3,743.4	943.43	294.30	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9599	3,645.8	921.50	279.97
Subtotal			\$ 1,603.68										\$ 1,526.90

State of Iowa
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FFS Brain Injury HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	304.2	\$ 2,348.24	\$ 59.52	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	255.1	\$ 2,327.18	\$ 49.47
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	0.8600	1.0000	1.0000	0.9911	-	-	-
Subtotal			\$ 59.52										\$ 49.47
Outpatient													
Outpatient Emergency Room	920.0	\$ 355.83	\$ 27.28	1.0000	1.0252	1.0125	0.8700	1.0300	1.0000	1.0000	820.6	\$ 371.02	\$ 25.37
Outpatient Surgery	315.4	1,024.22	26.92	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	274.9	1,047.41	23.99
Outpatient Radiology	913.4	86.18	6.56	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	796.0	88.19	5.85
Outpatient Pathology/Lab	2,958.4	13.47	3.32	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	2,578.0	13.78	2.96
Outpatient Pharmacy	606.5	88.05	4.45	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	528.5	90.15	3.97
Outpatient MH/SA	90.8	116.33	0.88	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	79.1	118.32	0.78
Other Outpatient	15,131.5	45.56	57.45	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	0.9973	13,185.9	46.47	51.06
Subtotal			\$ 126.86										\$ 113.98
Pharmacy													
Pharmacy	21,055.7	\$ 96.44	\$ 169.22	1.0000	1.0428	1.1592	0.9000	1.0000	1.0000	0.9848	19,761.2	\$ 110.09	\$ 181.30
Subtotal			\$ 169.22										\$ 181.30
Ancillaries													
Transportation	322.9	\$ 117.81	\$ 3.17	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	297.9	\$ 120.04	\$ 2.98
DME/Prosthetics	10,404.3	123.99	107.50	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	9,599.9	126.16	100.93
Dental	32.8	10.99	0.03	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0000	30.2	11.91	0.03
Other Ancillary	160.0	203.20	2.71	1.0000	1.0252	1.0125	0.9000	1.0050	1.0000	1.0001	147.7	206.41	2.54
Subtotal			\$ 113.41										\$ 106.48
Physician													
Inpatient and Outpatient Surgery	1,784.7	\$ 76.85	\$ 11.43	1.0000	1.0252	1.0125	0.8500	1.0100	1.0000	1.0000	1,555.3	\$ 78.62	\$ 10.19
Anesthesia	276.1	154.30	3.55	1.0000	1.0252	1.0125	0.8600	1.0000	1.0000	1.0000	243.4	156.27	3.17
Inpatient Visits	1,197.9	54.19	5.41	1.0000	1.0125	1.0063	0.8600	1.0000	1.0000	1.0000	1,043.1	54.53	4.74
MH/SA	835.8	2,176.30	151.57	1.0000	1.0125	1.0063	0.9500	1.0000	1.0000	1.0000	803.9	2,190.00	146.71
Emergency Room	901.3	48.60	3.65	1.0000	1.0125	1.0063	0.8700	1.0300	1.0000	1.0000	793.9	50.33	3.33
Office/Home Visits/Consults	6,457.7	38.93	20.95	1.0000	1.0125	1.0063	1.0150	1.0300	1.0000	0.9840	6,636.5	39.71	21.96
Maternity	0.9	127.66	0.01	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	1.0	125.00	0.01
Pathology/Lab	1,708.0	14.40	2.05	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,663.5	14.57	2.02
Radiology	2,837.6	16.32	3.86	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	2,763.7	16.54	3.81
Office Administered Drugs	1,033.2	184.55	15.89	1.0000	1.0252	1.0125	0.9500	1.0000	1.0000	1.0000	1,006.3	186.86	15.67
Physical Exams	286.4	68.72	1.64	1.0000	1.0125	1.0063	1.0250	1.0000	1.0000	1.0000	297.2	69.04	1.71
Therapy	2,580.3	34.69	7.46	1.0000	1.0125	1.0063	0.9250	1.0000	1.0000	1.0000	2,416.6	34.91	7.03
Vision	691.6	47.71	2.75	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	700.3	47.98	2.80
Other Professional	2,813.3	48.71	11.42	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	2,667.9	49.34	10.97
Subtotal			\$ 241.64										\$ 234.12
Behavioral Health													
Inpatient and Outpatient MH/SA	68.3	\$ 228.34	\$ 1.30	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	63.0	\$ 230.33	\$ 1.21
Professional MH/SA	3,572.3	83.51	24.86	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	3,387.7	84.55	23.87
Subtotal			\$ 26.16										\$ 25.08
Total Medical Cost			\$ 736.81										\$ 710.43
Long Term Supports and Services													
Nursing Home/Hospice	1,037.9	\$ 434.49	\$ 37.58	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0098	1,031.5	\$ 438.71	\$ 37.71
Home Health	13,482.5	376.52	423.03	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9597	13,131.1	367.69	402.35
Residential Services	11,393.5	1,613.17	1,531.64	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9597	11,096.6	1,575.34	1,456.75
Day Services	2,627.1	388.68	85.09	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9597	2,558.6	379.57	80.93
LTSS Transportation	1,624.7	265.08	35.89	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9597	1,582.4	258.90	34.14
Other HCBS Services	4,983.6	1,053.74	437.62	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	0.9597	4,853.8	1,029.03	416.22
Subtotal			\$ 2,550.85										\$ 2,428.10

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FFS ICF/MR	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	473.6	\$ 1,483.41	\$ 58.55	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	431.0	\$ 1,461.96	\$ 52.51
Inpatient MH/SA	0.7	2,228.57	0.13	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	0.6	2,250.00	0.12
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Subtotal			\$ 58.68										\$ 52.63
Outpatient													
Outpatient Emergency Room	554.2	\$ 433.70	\$ 20.03	1.0000	1.0000	1.0125	0.8600	1.0300	1.0000	1.0000	476.6	\$ 452.18	\$ 17.96
Outpatient Surgery	292.9	984.19	24.02	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	248.9	1,006.51	20.88
Outpatient Radiology	531.1	83.60	3.70	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	451.4	85.59	3.22
Outpatient Pathology/Lab	3,941.9	20.00	6.57	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	3,350.6	20.45	5.71
Outpatient Pharmacy	701.4	39.35	2.30	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	596.2	40.26	2.00
Outpatient MH/SA	10.5	34.25	0.03	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	8.9	40.31	0.03
Other Outpatient	4,022.4	26.13	8.76	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	0.9995	3,419.1	26.71	7.61
Subtotal			\$ 65.41										\$ 57.41
Pharmacy													
Pharmacy	45,512.7	\$ 62.79	\$ 238.16	1.0000	1.0547	1.0237	0.9000	1.0000	1.0000	0.9858	43,202.0	\$ 63.37	\$ 228.14
Subtotal			\$ 238.16										\$ 228.14
Ancillaries													
Transportation	199.7	\$ 152.04	\$ 2.53	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	184.8	\$ 150.62	\$ 2.32
DME/Prosthetics	5,394.3	118.86	53.43	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	4,993.1	117.95	49.08
Dental	4.2	-	-	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	3.9	-	-
Other Ancillary	215.8	128.45	2.31	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	199.8	127.36	2.12
Subtotal			\$ 58.27										\$ 53.52
Physician													
Inpatient and Outpatient Surgery	1,892.5	\$ 52.12	\$ 8.22	1.0000	1.0508	1.0125	0.8900	1.0000	1.0000	1.0000	1,769.8	\$ 52.75	\$ 7.78
Anesthesia	302.7	120.92	3.05	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	289.4	122.31	2.95
Inpatient Visits	2,224.6	48.28	8.95	1.0000	1.0508	1.0125	0.9100	0.9900	1.0000	1.0000	2,127.2	48.40	8.58
MH/SA	179.4	67.57	1.01	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	179.1	68.36	1.02
Emergency Room	518.5	51.61	2.23	1.0000	1.0508	1.0125	0.8600	1.0300	1.0000	1.0000	468.5	53.78	2.10
Office/Home Visits/Consults	4,857.6	42.76	17.31	1.0000	1.0508	1.0125	1.0150	1.0300	1.0000	0.9821	5,180.9	43.80	18.91
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	1,950.6	13.53	2.20	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,947.2	13.68	2.22
Radiology	2,131.4	11.88	2.11	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	2,127.7	12.01	2.13
Office Administered Drugs	447.7	258.92	9.66	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	446.9	262.05	9.76
Physical Exams	442.8	88.62	3.27	1.0000	1.0508	1.0125	1.0100	1.0000	1.0000	1.0000	470.0	89.62	3.51
Therapy	292.2	24.64	0.60	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	284.0	24.93	0.59
Vision	1,089.5	44.28	4.02	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	1,144.9	44.86	4.28
Other Professional	1,991.9	28.25	4.69	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,936.2	28.63	4.62
Subtotal			\$ 67.32										\$ 68.45
Behavioral Health													
Inpatient and Outpatient MH/SA	18.9	\$ 418.60	\$ 0.66	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	17.5	\$ 426.12	\$ 0.62
Professional MH/SA	1,685.1	114.94	16.14	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	1,598.0	116.40	15.50
Subtotal			\$ 16.80										\$ 16.12
Total Medical Cost			\$ 504.64										\$ 476.27
Long Term Supports and Services													
Nursing Home/Hospice	351,068.1	\$ 333.71	\$ 9,762.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0083	351,068.1	\$ 336.48	\$ 9,843.82
Home Health	14.7	163.15	0.20	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9621	15.1	159.15	0.20
Residential Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9621	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9621	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9621	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9621	-	-	-
Subtotal			\$ 9,762.99										\$ 9,844.02

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FFS State Resource Center	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	118.5	\$ 2,631.55	\$ 25.98	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	107.8	\$ 2,593.45	\$ 23.30
Inpatient MH/SA	15.8	1,275.95	1.68	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	14.4	1,260.08	1.51
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Subtotal			\$ 27.66										\$ 24.81
Outpatient													
Outpatient Emergency Room	595.0	\$ 673.82	\$ 33.41	1.0000	1.0000	1.0125	0.8600	1.0300	1.0000	1.0000	511.7	\$ 702.60	\$ 29.96
Outpatient Surgery	310.7	871.05	22.55	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	264.1	890.71	19.60
Outpatient Radiology	502.9	49.40	2.07	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	427.4	50.54	1.80
Outpatient Pathology/Lab	3,290.9	23.81	6.53	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	2,797.3	24.37	5.68
Outpatient Pharmacy	281.7	26.84	0.63	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	239.5	27.56	0.55
Outpatient MH/SA	5.3	68.31	0.03	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	4.5	80.36	0.03
Other Outpatient	581.8	28.46	1.38	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	0.9995	494.6	29.12	1.20
Subtotal			\$ 66.60										\$ 58.82
Pharmacy													
Pharmacy	158.0	\$ 34.19	\$ 0.45	1.0000	1.0459	1.1148	0.9000	1.0000	1.0000	0.9858	148.7	\$ 37.93	\$ 0.47
Subtotal			\$ 0.45										\$ 0.47
Ancillaries													
Transportation	695.0	\$ 102.90	\$ 5.96	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	643.4	\$ 102.21	\$ 5.48
DME/Prosthetics	666.1	128.45	7.13	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	616.6	127.48	6.55
Dental	-	-	-	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	36.9	2,077.05	6.38	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	34.1	2,060.96	5.86
Subtotal			\$ 19.47										\$ 17.89
Physician													
Inpatient and Outpatient Surgery	1,469.1	\$ 49.83	\$ 6.10	1.0000	1.0508	1.0125	0.8700	1.0000	1.0000	1.0000	1,343.0	\$ 50.48	\$ 5.65
Anesthesia	545.0	54.17	2.46	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	521.1	54.80	2.38
Inpatient Visits	2,959.2	38.48	9.49	1.0000	1.0508	1.0125	0.9100	0.9900	1.0000	1.0000	2,829.7	38.59	9.10
MH/SA	76.4	22.00	0.14	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	76.2	22.04	0.14
Emergency Room	692.4	40.03	2.31	1.0000	1.0508	1.0125	0.8600	1.0300	1.0000	1.0000	625.7	41.81	2.18
Office/Home Visits/Consults	2,932.9	35.64	8.71	1.0000	1.0508	1.0125	1.0150	1.0300	1.0000	0.9821	3,128.1	36.48	9.51
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	1,748.1	21.69	3.16	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,745.1	21.94	3.19
Radiology	4,844.2	10.16	4.10	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	4,835.8	10.27	4.14
Office Administered Drugs	213.3	251.54	4.47	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	212.9	254.79	4.52
Physical Exams	26.3	100.27	0.22	1.0000	1.0508	1.0125	1.0100	1.0000	1.0000	1.0000	27.9	103.08	0.24
Therapy	5.3	-	-	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	5.1	-	-
Vision	1,190.0	42.45	4.21	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	1,250.5	42.99	4.48
Other Professional	2,564.3	23.73	5.07	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	2,492.5	24.02	4.99
Subtotal			\$ 50.44										\$ 50.52
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	5.3	159.39	0.07	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	5.0	168.00	0.07
Subtotal			\$ 0.07										\$ 0.07
Total Medical Cost			\$ 164.69										\$ 152.58
Long Term Supports and Services													
Nursing Home/Hospice	351,978.1	\$ 900.89	\$ 26,424.54	1.0000	1.0063	1.0000	1.0000	1.0000	1.0000	1.0676	354,195.5	\$ 961.79	\$ 28,388.57
Home Health	2.6	1,596.96	0.35	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9655	2.7	1,600.00	0.36
Residential Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9655	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9655	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9655	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	0.9655	-	-	-
Subtotal			\$ 26,424.89										\$ 28,388.93

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

FFS Intellectual Disability HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	184.1	\$ 2,057.79	\$ 31.57	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	167.5	\$ 2,027.82	\$ 28.31
Inpatient MH/SA	30.7	394.79	1.01	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	27.9	390.84	0.91
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Inpatient Maternity Delivery	2.2	1,444.44	0.26	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	2.0	1,401.02	0.23
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	0.9100	0.9900	1.0000	1.0080	-	-	-
Subtotal			\$ 32.84										\$ 29.45
Outpatient													
Outpatient Emergency Room	539.9	\$ 325.62	\$ 14.65	1.0000	1.0000	1.0125	0.8600	1.0300	1.0000	1.0000	464.3	\$ 339.60	\$ 13.14
Outpatient Surgery	165.1	1,182.19	16.26	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	140.3	1,208.64	14.13
Outpatient Radiology	422.2	102.89	3.62	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	358.9	105.33	3.15
Outpatient Pathology/Lab	2,457.6	15.67	3.21	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	2,089.0	16.03	2.79
Outpatient Pharmacy	562.1	46.54	2.18	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	477.8	47.47	1.89
Outpatient MH/SA	91.1	52.71	0.40	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	77.4	54.26	0.35
Other Outpatient	8,279.5	51.10	35.26	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	0.9995	7,037.6	52.23	30.63
Subtotal			\$ 75.58										\$ 66.08
Pharmacy													
Pharmacy	19,129.8	\$ 81.49	\$ 129.90	1.0000	1.0547	1.0237	0.9000	1.0000	1.0000	0.9858	18,158.6	\$ 82.23	\$ 124.43
Subtotal			\$ 129.90										\$ 124.43
Ancillaries													
Transportation	134.6	\$ 131.05	\$ 1.47	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	124.6	\$ 130.02	\$ 1.35
DME/Prosthetics	5,142.9	97.91	41.96	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	4,760.5	97.18	38.55
Dental	32.4	14.81	0.04	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	30.0	15.99	0.04
Other Ancillary	88.7	169.05	1.25	1.0032	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	82.1	168.03	1.15
Subtotal			\$ 44.72										\$ 41.09
Physician													
Inpatient and Outpatient Surgery	1,443.6	\$ 51.12	\$ 6.15	1.0000	1.0508	1.0125	0.8800	1.0000	1.0000	1.0000	1,334.9	\$ 51.78	\$ 5.76
Anesthesia	167.7	134.51	1.88	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	160.4	136.18	1.82
Inpatient Visits	545.3	67.56	3.07	1.0000	1.0508	1.0125	0.9100	0.9900	1.0000	1.0000	521.5	67.66	2.94
MH/SA	633.6	27.84	1.47	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	632.5	28.27	1.49
Emergency Room	506.4	52.37	2.21	1.0000	1.0508	1.0125	0.8600	1.0300	1.0000	1.0000	457.7	54.54	2.08
Office/Home Visits/Consults	5,046.4	41.83	17.59	1.0000	1.0508	1.0125	1.0150	1.0300	1.0000	0.9821	5,382.3	42.83	19.21
Maternity	3.4	321.43	0.09	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	3.5	339.94	0.10
Pathology/Lab	1,270.8	13.69	1.45	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,268.6	13.91	1.47
Radiology	1,409.9	15.15	1.78	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,407.4	15.35	1.80
Office Administered Drugs	615.4	61.81	3.17	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	614.4	62.50	3.20
Physical Exams	348.5	78.86	2.29	1.0000	1.0508	1.0125	1.0250	1.0000	1.0000	1.0000	375.3	79.93	2.50
Therapy	1,003.0	28.83	2.41	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	974.9	29.17	2.37
Vision	717.8	46.98	2.81	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	754.3	47.57	2.99
Other Professional	1,785.9	56.71	8.44	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,735.8	57.45	8.31
Subtotal			\$ 54.81										\$ 56.04
Behavioral Health													
Inpatient and Outpatient MH/SA	65.5	\$ 256.68	\$ 1.40	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	60.4	\$ 260.31	\$ 1.31
Professional MH/SA	3,970.7	100.27	33.18	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	3,765.5	101.53	31.86
Subtotal			\$ 34.58										\$ 33.17
Total Medical Cost			\$ 372.43										\$ 350.26
Long Term Supports and Services													
Nursing Home/Hospice	327.8	\$ 385.15	\$ 10.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0118	327.8	\$ 389.54	\$ 10.64
Home Health	4,361.9	403.20	146.56	1.0000	1.0252	1.0379	0.9500	1.0050	1.0000	0.9837	4,248.2	413.71	146.46
Residential Services	11,217.2	2,581.33	2,412.94	1.0000	1.0252	1.0379	0.9500	1.0050	1.0000	0.9771	10,924.9	2,630.90	2,395.19
Day Services	12,140.6	533.75	540.00	1.0000	1.0252	1.0379	0.9500	1.0050	1.0000	0.9837	11,824.2	547.67	539.65
LTSS Transportation	4,637.5	327.41	126.53	1.0000	1.0252	1.0379	0.9500	1.0050	1.0000	1.1095	4,516.7	378.91	142.62
Other HCBS Services	2,065.7	1,492.39	256.90	1.0000	1.0252	1.0379	0.9500	1.0050	1.0000	0.9837	2,011.9	1,531.31	256.73
Subtotal			\$ 3,493.45										\$ 3,491.29

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS PMIC	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	94.3	\$ 2,896.60	\$ 22.76	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	85.8	\$ 2,990.21	\$ 21.38
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Inpatient Maternity Delivery	12.4	1,663.17	1.72	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	11.3	1,721.88	1.62
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Subtotal			\$ 24.48										\$ 23.00
Outpatient													
Outpatient Emergency Room	478.9	\$ 411.18	\$ 16.41	1.0000	1.0000	1.0125	0.8800	1.0300	1.0000	1.0000	421.4	\$ 428.82	\$ 15.06
Outpatient Surgery	49.6	1,615.15	6.68	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	42.2	1,652.52	5.81
Outpatient Radiology	220.8	177.69	3.27	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	187.7	181.56	2.84
Outpatient Pathology/Lab	11,603.0	15.43	14.92	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	9,862.5	15.78	12.97
Outpatient Pharmacy	270.5	14.20	0.32	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	229.9	14.62	0.28
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	-	-	-
Other Outpatient	1,506.2	76.56	9.61	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0371	1,280.3	81.17	8.66
Subtotal			\$ 51.21										\$ 45.62
Pharmacy													
Pharmacy	68,717.1	\$ 55.80	\$ 319.51	1.0000	1.0895	0.9706	0.9000	1.0000	1.0000	0.9849	67,380.6	\$ 53.34	\$ 299.49
Subtotal			\$ 319.51										\$ 299.49
Ancillaries													
Transportation	76.9	\$ 943.84	\$ 6.05	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	71.0	\$ 936.73	\$ 5.54
DME/Prosthetics	235.7	66.18	1.30	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	217.5	65.66	1.19
Dental	-	-	-	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	-	-	-
Subtotal			\$ 7.35										\$ 6.73
Physician													
Inpatient and Outpatient Surgery	488.8	\$ 140.42	\$ 5.72	1.0000	1.0508	1.0125	0.8900	1.0000	1.0000	1.0000	457.2	\$ 142.27	\$ 5.42
Anesthesia	69.5	208.98	1.21	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	66.4	211.32	1.17
Inpatient Visits	1,057.1	64.37	5.67	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	1,010.8	65.18	5.49
MH/SA	5.0	2,975.81	1.23	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	5.0	3,006.06	1.24
Emergency Room	521.1	88.66	3.85	1.0000	1.0508	1.0125	0.8000	0.8000	1.0000	1.0000	438.1	71.77	2.62
Office/Home Visits/Consults	3,667.5	72.83	22.26	1.0000	1.0508	1.0125	1.0300	1.0300	1.0000	0.9855	3,969.4	74.85	24.76
Maternity	22.3	376.18	0.70	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	23.5	378.52	0.74
Pathology/Lab	7,084.4	26.90	15.88	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	7,072.0	27.23	16.05
Radiology	1,024.8	25.18	2.15	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,023.0	25.45	2.17
Office Administered Drugs	181.1	41.07	0.62	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	180.8	41.81	0.63
Physical Exams	1,238.2	48.94	5.05	1.0000	1.0508	1.0125	1.0100	1.0000	1.0000	1.0000	1,314.1	49.58	5.43
Therapy	804.0	59.26	3.97	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	781.5	60.04	3.91
Vision	1,536.0	73.05	9.35	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	1,614.0	73.98	9.95
Other Professional	1,687.3	38.33	5.39	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,640.1	38.78	5.30
Subtotal			\$ 83.05										\$ 84.88
Behavioral Health													
Inpatient and Outpatient MH/SA	2,126.6	\$ 157.27	\$ 27.87	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	1,962.1	\$ 159.26	\$ 26.04
Professional MH/SA	18,588.1	111.87	173.28	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	17,627.3	113.27	166.38
Subtotal			\$ 201.15										\$ 192.42
Total Medical Cost			\$ 686.75										\$ 652.14
Long Term Supports and Services													
Nursing Home/Hospice	272,843.7	\$ 257.89	\$ 5,863.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	272,843.7	\$ 257.89	\$ 5,863.67
Home Health	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 5,863.67										\$ 5,863.67

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

FFS Children's Mental Health HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	28.8	\$ 2,445.06	\$ 5.86	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	26.2	\$ 2,526.56	\$ 5.51
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	0.9100	1.0000	1.0000	1.0454	-	-	-
Subtotal			\$ 5.86										\$ 5.51
Outpatient													
Outpatient Emergency Room	408.7	\$ 379.07	\$ 12.91	1.0000	1.0000	1.0125	0.8800	1.0300	1.0000	1.0000	359.6	\$ 395.40	\$ 11.85
Outpatient Surgery	54.5	2,684.53	12.19	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	46.3	2,746.11	10.60
Outpatient Radiology	178.6	180.73	2.69	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	151.8	184.96	2.34
Outpatient Pathology/Lab	1,945.0	21.16	3.43	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	1,653.3	21.63	2.98
Outpatient Pharmacy	87.8	527.62	3.86	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	74.6	540.34	3.36
Outpatient MH/SA	13.6	140.97	0.16	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0000	11.6	145.08	0.14
Other Outpatient	3,349.7	73.08	20.40	1.0000	1.0000	1.0125	0.8500	1.0100	1.0000	1.0371	2,847.2	77.51	18.39
Subtotal			\$ 55.64										\$ 49.66
Pharmacy													
Pharmacy	39,171.0	\$ 94.97	\$ 309.99	1.0000	1.0895	0.9706	0.9000	1.0000	1.0000	0.9849	38,409.2	\$ 90.78	\$ 290.57
Subtotal			\$ 309.99										\$ 290.57
Ancillaries													
Transportation	16.7	\$ 165.77	\$ 0.23	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	15.4	\$ 164.06	\$ 0.21
DME/Prosthetics	838.6	89.15	6.23	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	773.7	88.41	5.70
Dental	69.6	32.74	0.19	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	64.3	31.75	0.17
Other Ancillary	-	-	-	1.0000	1.0252	0.9875	0.9000	1.0050	1.0000	1.0000	-	-	-
Subtotal			\$ 6.65										\$ 6.08
Physician													
Inpatient and Outpatient Surgery	264.9	\$ 166.26	\$ 3.67	1.0000	1.0508	1.0125	0.8700	1.0100	1.0000	1.0000	242.2	\$ 169.98	\$ 3.43
Anesthesia	62.1	233.97	1.21	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	59.3	236.60	1.17
Inpatient Visits	39.4	118.93	0.39	1.0000	1.0508	1.0125	0.9100	1.0000	1.0000	1.0000	37.6	121.18	0.38
MH/SA	16.7	64.86	0.09	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	16.6	64.98	0.09
Emergency Room	381.4	74.25	2.36	1.0000	1.0508	1.0125	0.7750	0.7750	1.0000	1.0000	310.6	58.33	1.51
Office/Home Visits/Consults	2,968.2	83.85	20.74	1.0000	1.0508	1.0125	1.0400	1.0400	1.0000	0.9855	3,243.8	87.01	23.52
Maternity	1.5	317.88	0.04	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	1.6	301.89	0.04
Pathology/Lab	1,854.2	15.47	2.39	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	1,851.0	15.69	2.42
Radiology	682.6	29.18	1.66	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	681.5	29.58	1.68
Office Administered Drugs	112.0	21.43	0.20	1.0000	1.0508	1.0125	0.9500	1.0000	1.0000	1.0000	111.8	21.46	0.20
Physical Exams	532.8	59.46	2.64	1.0000	1.0508	1.0125	1.0250	1.0000	1.0000	1.0000	573.9	60.22	2.88
Therapy	717.5	40.31	2.41	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	697.4	40.78	2.37
Vision	584.3	60.18	2.93	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	613.9	60.98	3.12
Other Professional	593.3	66.13	3.27	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	576.7	67.00	3.22
Subtotal			\$ 44.00										\$ 46.03
Behavioral Health													
Inpatient and Outpatient MH/SA	326.9	\$ 272.34	\$ 7.42	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	301.7	\$ 275.67	\$ 6.93
Professional MH/SA	21,027.3	86.36	151.33	1.0000	1.0252	1.0125	0.9250	1.0000	1.0000	1.0000	19,940.4	87.44	145.30
Subtotal			\$ 158.75										\$ 152.23
Total Medical Cost			\$ 580.89										\$ 550.08
Long Term Supports and Services													
Nursing Home/Hospice	1,191.2	\$ 391.97	\$ 38.91	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1,191.2	\$ 391.97	\$ 38.91
Home Health	28.8	171.07	0.41	1.0000	0.9875	1.0125	0.9500	1.0050	1.0000	1.0187	27.0	177.91	0.40
Residential Services	8,044.9	902.20	604.84	1.0000	0.9875	1.0125	0.9500	1.0050	1.0000	1.0187	7,547.1	935.21	588.18
Day Services	-	-	-	1.0000	0.9875	1.0125	0.9500	1.0050	1.0000	1.0187	-	-	-
LTSS Transportation	-	-	-	1.0000	0.9875	1.0125	0.9500	1.0050	1.0000	1.0187	-	-	-
Other HCBS Services	8,200.8	285.66	195.22	1.0000	0.9875	1.0125	0.9500	1.0050	1.0000	1.0187	7,693.4	296.11	189.84
Subtotal			\$ 839.38										\$ 817.33

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Children 0-59 days M&F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	10,267.8	\$ 1,276.91	\$ 1,092.59	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	10,038.1	\$ 1,250.60	\$ 1,046.14
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-
Inpatient Well Newborn	4,249.4	810.99	287.18	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	4,154.3	794.28	274.97
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-
Other Inpatient	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-
Subtotal			\$ 1,379.77										\$ 1,321.11
Outpatient													
Outpatient Emergency Room	1,102.2	\$ 328.26	\$ 30.15	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	938.0	\$ 335.69	\$ 26.24
Outpatient Surgery	79.6	1,291.31	8.57	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	76.5	1,310.49	8.35
Outpatient Radiology	355.5	136.70	4.05	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	341.3	138.87	3.95
Outpatient Pathology/Lab	1,693.8	14.24	2.01	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1,626.1	14.46	1.96
Outpatient Pharmacy	900.2	10.13	0.76	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	864.3	10.27	0.74
Outpatient MH/SA	7.1	50.63	0.03	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	6.8	52.71	0.03
Other Outpatient	2,265.5	76.22	14.39	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	2,175.0	77.46	14.04
Subtotal			\$ 59.96										\$ 55.31
Pharmacy													
Pharmacy	2,525.7	\$ 23.85	\$ 5.02	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	2,469.5	\$ 26.00	\$ 5.35
Subtotal			\$ 5.02										\$ 5.35
Ancillaries													
Transportation	91.0	\$ 199.08	\$ 1.51	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	87.6	\$ 205.60	\$ 1.50
DME/Prosthetics	339.9	135.93	3.85	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	326.9	140.21	3.82
Dental	878.9	11.47	0.84	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	845.4	11.78	0.83
Other Ancillary	201.9	111.12	1.87	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	194.2	114.29	1.85
Subtotal			\$ 8.07										\$ 8.00
Physician													
Inpatient and Outpatient Surgery	1,799.0	\$ 188.10	\$ 28.20	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	1,867.2	\$ 190.43	\$ 29.63
Anesthesia	78.2	452.57	2.95	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	80.4	458.38	3.07
Inpatient Visits	6,526.2	263.99	143.57	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	6,623.7	266.62	147.17
MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Emergency Room	1,224.5	77.13	7.87	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	1,029.4	77.87	6.68
Office/Home Visits/Consults	4,695.9	61.69	24.14	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	4,958.7	64.93	26.83
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	3,568.1	28.38	8.44	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	3,518.2	28.75	8.43
Radiology	3,809.9	16.69	5.30	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	3,756.6	16.90	5.29
Office Administered Drugs	39.8	3.01	0.01	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	40.3	2.98	0.01
Physical Exams	13,740.7	76.51	87.61	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	14,439.1	76.51	92.06
Therapy	311.5	40.84	1.06	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	303.3	40.75	1.03
Vision	11.4	84.36	0.08	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	11.7	82.26	0.08
Other Professional	1,571.5	46.58	6.10	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,549.5	47.16	6.09
Subtotal			\$ 315.33										\$ 326.37
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 1,768.15										\$ 1,716.14
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Children 60-364 days M&F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	241.9	\$ 1,681.04	\$ 33.88	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	236.4	\$ 1,646.42	\$ 32.44	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Other Inpatient	53.4	854.09	3.80	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	52.2	836.78	3.64	
Subtotal			\$ 37.68										\$ 36.08	
Outpatient														
Outpatient Emergency Room	1,221.1	\$ 276.24	\$ 28.11	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	1,039.3	\$ 282.55	\$ 24.47	
Outpatient Surgery	99.0	1,468.03	12.11	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	95.0	1,489.90	11.80	
Outpatient Radiology	218.8	132.75	2.42	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	210.0	134.84	2.36	
Outpatient Pathology/Lab	914.3	19.03	1.45	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	877.8	19.28	1.41	
Outpatient Pharmacy	702.5	10.25	0.60	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	674.4	10.32	0.58	
Outpatient MH/SA	25.7	74.74	0.16	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	24.7	77.86	0.16	
Other Outpatient	1,750.4	66.02	9.63	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	1,680.5	67.05	9.39	
Subtotal			\$ 54.48										\$ 50.17	
Pharmacy														
Pharmacy	4,887.0	\$ 49.60	\$ 20.20	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	4,778.2	\$ 54.05	\$ 21.52	
Subtotal			\$ 20.20										\$ 21.52	
Ancillaries														
Transportation	42.7	\$ 154.53	\$ 0.55	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	41.1	\$ 160.66	\$ 0.55	
DME/Prosthetics	555.0	100.97	4.67	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	533.8	104.08	4.63	
Dental	776.4	11.44	0.74	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	746.8	11.73	0.73	
Other Ancillary	53.1	110.73	0.49	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	51.1	115.11	0.49	
Subtotal			\$ 6.45										\$ 6.40	
Physician														
Inpatient and Outpatient Surgery	220.5	\$ 213.88	\$ 3.93	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	228.9	\$ 216.55	\$ 4.13	
Anesthesia	109.1	213.40	1.94	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	112.1	216.25	2.02	
Inpatient Visits	329.6	231.92	6.37	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	334.5	234.25	6.53	
MH/SA	0.6	-	-	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	0.6	-	-	
Emergency Room	1,230.9	70.78	7.26	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	1,034.8	71.44	6.16	
Office/Home Visits/Consults	4,852.4	61.41	24.83	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	5,123.9	64.62	27.59	
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	1,913.5	13.55	2.16	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,886.7	13.74	2.16	
Radiology	784.2	21.58	1.41	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	773.2	21.88	1.41	
Office Administered Drugs	315.5	8.37	0.22	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	319.2	8.65	0.23	
Physical Exams	6,381.7	67.28	35.78	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	6,706.1	67.28	37.60	
Therapy	237.0	38.49	0.76	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	230.8	38.48	0.74	
Vision	22.5	69.30	0.13	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	23.1	67.59	0.13	
Other Professional	1,230.9	47.48	4.87	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,213.7	48.05	4.86	
Subtotal			\$ 89.66										\$ 93.56	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	10.1	95.05	0.08	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	9.8	97.76	0.08	
Subtotal			\$ 0.08										\$ 0.08	
Total Medical Cost			\$ 208.55										\$ 207.81	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Children 1-4 M&F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	40.1	\$ 2,182.91	\$ 7.30	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	39.2	\$ 2,138.16	\$ 6.99	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Well Newborn	0.2	1,043.48	0.02	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	0.2	1,090.91	0.02	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Other Inpatient	2.1	932.04	0.16	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	2.0	895.52	0.15	
Subtotal			\$ 7.48										\$ 7.16	
Outpatient														
Outpatient Emergency Room	881.6	\$ 267.76	\$ 19.67	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	750.3	\$ 273.82	\$ 17.12	
Outpatient Surgery	121.8	1,357.86	13.78	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	116.9	1,378.38	13.43	
Outpatient Radiology	95.5	110.55	0.88	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	91.7	112.54	0.86	
Outpatient Pathology/Lab	766.5	15.19	0.97	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	735.9	15.49	0.95	
Outpatient Pharmacy	164.8	15.29	0.21	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	158.2	15.17	0.20	
Outpatient MH/SA	11.0	87.19	0.08	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	10.6	90.82	0.08	
Other Outpatient	1,308.3	70.26	7.66	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	1,256.1	71.36	7.47	
Subtotal			\$ 43.25										\$ 40.11	
Pharmacy														
Pharmacy	3,584.5	\$ 39.87	\$ 11.91	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	3,504.7	\$ 43.45	\$ 12.69	
Subtotal			\$ 11.91										\$ 12.69	
Ancillaries														
Transportation	27.2	\$ 141.28	\$ 0.32	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	26.1	\$ 146.90	\$ 0.32	
DME/Prosthetics	203.3	89.72	1.52	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	195.6	92.66	1.51	
Dental	816.5	11.02	0.75	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	785.4	11.31	0.74	
Other Ancillary	6.5	110.09	0.06	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	6.3	114.47	0.06	
Subtotal			\$ 2.65										\$ 2.63	
Physician														
Inpatient and Outpatient Surgery	220.5	\$ 170.34	\$ 3.13	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	228.9	\$ 172.51	\$ 3.29	
Anesthesia	111.7	191.26	1.78	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	114.8	193.46	1.85	
Inpatient Visits	57.6	152.19	0.73	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	58.4	154.06	0.75	
MH/SA	1.2	104.35	0.01	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	1.1	107.14	0.01	
Emergency Room	873.0	68.05	4.95	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	733.9	68.68	4.20	
Office/Home Visits/Consults	3,141.2	60.67	15.88	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	3,316.9	63.85	17.65	
Maternity	0.1	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	0.1	-	-	
Pathology/Lab	1,944.9	12.77	2.07	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,917.6	12.95	2.07	
Radiology	416.7	18.72	0.65	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	410.9	18.98	0.65	
Office Administered Drugs	132.2	9.08	0.10	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	133.8	8.97	0.10	
Physical Exams	2,085.8	64.61	11.23	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	2,191.8	64.60	11.80	
Therapy	181.4	45.64	0.69	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	176.7	45.51	0.67	
Vision	102.4	70.31	0.60	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	105.0	70.87	0.62	
Other Professional	739.3	44.64	2.75	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	728.9	45.27	2.75	
Subtotal			\$ 44.57										\$ 46.41	
Behavioral Health														
Inpatient and Outpatient MH/SA	8.6	\$ 83.72	\$ 0.06	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	7.9	\$ 90.68	\$ 0.06	
Professional MH/SA	296.6	69.17	1.71	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	288.3	69.92	1.68	
Subtotal			\$ 1.77										\$ 1.74	
Total Medical Cost			\$ 111.63										\$ 110.74	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO Children 5-14 M&F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	33.8	\$ 2,632.33	\$ 7.41	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	33.0	\$ 2,576.62	\$ 7.09	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Other Inpatient	2.8	636.04	0.15	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	2.8	606.50	0.14	
Subtotal			\$ 7.56										\$ 7.23	
Outpatient														
Outpatient Emergency Room	407.2	\$ 304.16	\$ 10.32	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	346.5	\$ 310.98	\$ 8.98	
Outpatient Surgery	48.8	1,368.83	5.57	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	46.9	1,389.93	5.43	
Outpatient Radiology	108.8	134.56	1.22	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	104.5	136.72	1.19	
Outpatient Pathology/Lab	592.6	15.39	0.76	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	568.9	15.61	0.74	
Outpatient Pharmacy	80.7	69.91	0.47	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	77.5	71.26	0.46	
Outpatient MH/SA	1.9	256.68	0.04	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1.8	266.67	0.04	
Other Outpatient	697.6	67.43	3.92	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	669.7	68.45	3.82	
Subtotal			\$ 22.30										\$ 20.66	
Pharmacy														
Pharmacy	4,328.0	\$ 82.32	\$ 29.69	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	4,231.6	\$ 89.70	\$ 31.63	
Subtotal			\$ 29.69										\$ 31.63	
Ancillaries														
Transportation	13.6	\$ 150.22	\$ 0.17	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	13.1	\$ 156.20	\$ 0.17	
DME/Prosthetics	110.9	96.29	0.89	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	106.7	98.98	0.88	
Dental	129.4	20.40	0.22	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	124.5	21.21	0.22	
Other Ancillary	0.1	-	-	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	0.1	-	-	
Subtotal			\$ 1.28										\$ 1.27	
Physician														
Inpatient and Outpatient Surgery	180.7	\$ 158.69	\$ 2.39	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	187.6	\$ 160.57	\$ 2.51	
Anesthesia	45.9	214.47	0.82	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	47.1	216.38	0.85	
Inpatient Visits	38.0	126.22	0.40	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	38.6	127.46	0.41	
MH/SA	2.0	180.90	0.03	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	1.9	185.57	0.03	
Emergency Room	405.2	70.49	2.38	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	340.6	71.17	2.02	
Office/Home Visits/Consults	1,845.9	64.29	9.89	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	1,949.2	67.66	10.99	
Maternity	1.0	116.50	0.01	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	1.1	112.15	0.01	
Pathology/Lab	1,135.2	14.16	1.34	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,119.3	14.37	1.34	
Radiology	454.4	27.99	1.06	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	448.1	28.39	1.06	
Office Administered Drugs	47.4	20.24	0.08	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	48.0	20.00	0.08	
Physical Exams	790.8	63.59	4.19	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	830.9	63.54	4.40	
Therapy	243.4	43.88	0.89	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	237.1	44.04	0.87	
Vision	369.6	74.03	2.28	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	378.9	74.11	2.34	
Other Professional	278.4	45.69	1.06	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	274.5	46.34	1.06	
Subtotal			\$ 26.82										\$ 27.97	
Behavioral Health														
Inpatient and Outpatient MH/SA	53.4	\$ 528.09	\$ 2.35	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	49.3	\$ 535.82	\$ 2.20	
Professional MH/SA	3,330.2	79.78	22.14	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	3,237.0	80.78	21.79	
Subtotal			\$ 24.49										\$ 23.99	
Total Medical Cost			\$ 112.14										\$ 112.75	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO Children 15-20 F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	53.0	\$ 3,023.76	\$ 13.36	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	51.8	\$ 2,961.22	\$ 12.79	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Well Newborn	1.5	662.07	0.08	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	1.4	676.06	0.08	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Other Inpatient	2.0	650.25	0.11	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	2.0	666.67	0.11	
Subtotal			\$ 13.55										\$ 12.98	
Outpatient														
Outpatient Emergency Room	951.8	\$ 419.58	\$ 33.28	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	810.1	\$ 429.01	\$ 28.96	
Outpatient Surgery	70.7	1,760.11	10.37	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	67.9	1,787.27	10.11	
Outpatient Radiology	281.6	169.58	3.98	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	270.4	172.20	3.88	
Outpatient Pathology/Lab	1,862.5	21.26	3.30	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1,788.1	21.61	3.22	
Outpatient Pharmacy	219.9	132.59	2.43	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	211.1	134.70	2.37	
Outpatient MH/SA	0.3	413.79	0.01	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	0.3	428.57	0.01	
Other Outpatient	1,017.0	72.45	6.14	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	976.4	73.62	5.99	
Subtotal			\$ 59.51										\$ 54.54	
Pharmacy														
Pharmacy	7,548.1	\$ 50.16	\$ 31.55	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	7,380.1	\$ 54.65	\$ 33.61	
Subtotal			\$ 31.55										\$ 33.61	
Ancillaries														
Transportation	59.1	\$ 156.32	\$ 0.77	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	56.9	\$ 160.39	\$ 0.76	
DME/Prosthetics	127.5	127.07	1.35	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	122.6	131.13	1.34	
Dental	65.5	14.66	0.08	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	63.0	15.24	0.08	
Other Ancillary	18.3	105.21	0.16	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	17.6	109.40	0.16	
Subtotal			\$ 2.36										\$ 2.34	
Physician														
Inpatient and Outpatient Surgery	309.5	\$ 162.48	\$ 4.19	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	321.2	\$ 164.39	\$ 4.40	
Anesthesia	130.7	281.93	3.07	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	134.3	285.10	3.19	
Inpatient Visits	89.0	97.13	0.72	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	90.3	98.36	0.74	
MH/SA	39.1	52.15	0.17	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	38.1	53.54	0.17	
Emergency Room	886.9	81.18	6.00	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	745.6	81.92	5.09	
Office/Home Visits/Consults	2,798.1	60.99	14.22	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	2,954.6	64.17	15.80	
Maternity	295.0	167.62	4.12	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	306.1	169.73	4.33	
Pathology/Lab	4,290.8	18.40	6.58	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	4,230.8	18.63	6.57	
Radiology	1,278.6	46.64	4.97	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,260.8	47.21	4.96	
Office Administered Drugs	708.1	32.20	1.90	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	716.6	32.65	1.95	
Physical Exams	647.9	65.20	3.52	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	680.8	65.22	3.70	
Therapy	636.9	48.99	2.60	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	620.3	48.95	2.53	
Vision	352.6	75.21	2.21	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	361.5	75.35	2.27	
Other Professional	368.6	139.03	4.27	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	363.4	140.68	4.26	
Subtotal			\$ 58.54										\$ 59.96	
Behavioral Health														
Inpatient and Outpatient MH/SA	197.9	\$ 442.67	\$ 7.30	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	182.6	\$ 448.22	\$ 6.82	
Professional MH/SA	2,190.8	109.06	19.91	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	2,129.4	110.40	19.59	
Subtotal			\$ 27.21										\$ 26.41	
Total Medical Cost			\$ 192.72										\$ 189.84	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO Children 15-20 M	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	63.3	\$ 2,679.72	\$ 14.14	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	61.9	\$ 2,624.88	\$ 13.54	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Other Inpatient	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	1.0000	0.9697	-	-	-	
Subtotal			\$ 14.14										\$ 13.54	
Outpatient														
Outpatient Emergency Room	475.5	\$ 399.28	\$ 15.82	1.0000	1.0379	1.0125	0.8200	1.0100	1.0000	1.0000	404.7	\$ 408.35	\$ 13.77	
Outpatient Surgery	52.3	1,832.73	7.98	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	50.2	1,861.24	7.78	
Outpatient Radiology	175.1	220.69	3.22	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	168.1	224.15	3.14	
Outpatient Pathology/Lab	636.0	19.43	1.03	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	610.6	19.65	1.00	
Outpatient Pharmacy	75.8	90.26	0.57	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	72.8	92.37	0.56	
Outpatient MH/SA	1.0	346.15	0.03	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1.0	360.00	0.03	
Other Outpatient	515.9	73.50	3.16	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0011	495.3	74.62	3.08	
Subtotal			\$ 31.81										\$ 29.36	
Pharmacy														
Pharmacy	4,398.4	\$ 71.70	\$ 26.28	1.0000	1.0292	1.1107	0.9500	1.0000	1.0000	0.9811	4,300.5	\$ 78.13	\$ 28.00	
Subtotal			\$ 26.28										\$ 28.00	
Ancillaries														
Transportation	38.1	\$ 126.12	\$ 0.40	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	36.6	\$ 131.11	\$ 0.40	
DME/Prosthetics	145.0	169.67	2.05	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	139.5	174.67	2.03	
Dental	27.3	17.56	0.04	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	26.3	18.25	0.04	
Other Ancillary	0.4	1,028.57	0.03	1.0000	1.0125	1.0252	0.9500	1.0050	1.0000	1.0000	0.3	1,058.82	0.03	
Subtotal			\$ 2.52										\$ 2.50	
Physician														
Inpatient and Outpatient Surgery	253.3	\$ 184.77	\$ 3.90	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	262.9	\$ 187.15	\$ 4.10	
Anesthesia	46.7	241.49	0.94	1.0000	1.0379	1.0125	0.9900	1.0000	1.0000	1.0000	48.0	245.00	0.98	
Inpatient Visits	69.6	138.03	0.80	1.0000	1.0252	1.0000	0.9900	1.0100	1.0000	1.0000	70.6	139.40	0.82	
MH/SA	2.4	99.17	0.02	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	2.4	101.69	0.02	
Emergency Room	473.4	77.82	3.07	1.0000	1.0252	1.0000	0.8200	1.0100	1.0000	1.0000	398.0	78.70	2.61	
Office/Home Visits/Consults	1,513.2	63.60	8.02	1.0000	1.0252	1.0000	1.0300	1.0300	1.0000	1.0218	1,597.9	66.91	8.91	
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	1,315.6	17.06	1.87	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	1,297.2	17.30	1.87	
Radiology	781.7	34.39	2.24	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	770.7	34.88	2.24	
Office Administered Drugs	61.9	48.43	0.25	1.0000	1.0379	1.0125	0.9750	1.0000	1.0000	1.0000	62.7	49.78	0.26	
Physical Exams	469.6	67.72	2.65	1.0000	1.0252	1.0000	1.0250	1.0000	1.0000	1.0000	493.4	67.61	2.78	
Therapy	409.4	53.35	1.82	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	398.7	53.28	1.77	
Vision	274.8	72.94	1.67	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	281.7	72.85	1.71	
Other Professional	242.6	52.44	1.06	1.0000	1.0379	1.0125	0.9500	1.0000	1.0000	1.0000	239.2	53.18	1.06	
Subtotal			\$ 28.31										\$ 29.13	
Behavioral Health														
Inpatient and Outpatient MH/SA	179.6	\$ 400.91	\$ 6.00	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	165.7	\$ 406.28	\$ 5.61	
Professional MH/SA	1,902.8	104.75	16.61	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,849.5	106.08	16.35	
Subtotal			\$ 22.61										\$ 21.96	
Total Medical Cost			\$ 125.67										\$ 124.49	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO Non-Expansion Adults 21-34 F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	85.1	\$ 2,095.42	\$ 14.86	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	82.9	\$ 2,108.11	\$ 14.56	
Inpatient MH/SA	0.7	1,913.04	0.11	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	0.7	1,970.15	0.11	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Subtotal			\$ 14.97										\$ 14.67	
Outpatient														
Outpatient Emergency Room	1,455.5	\$ 449.17	\$ 54.48	1.0000	1.0379	1.0125	0.8300	1.0100	1.0000	1.0000	1,253.8	\$ 459.30	\$ 47.99	
Outpatient Surgery	143.8	2,222.19	26.62	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	138.0	2,255.49	25.94	
Outpatient Radiology	517.1	165.94	7.15	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	496.4	168.49	6.97	
Outpatient Pathology/Lab	3,241.5	21.21	5.73	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	3,112.0	21.52	5.58	
Outpatient Pharmacy	328.0	122.20	3.34	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	314.9	123.85	3.25	
Outpatient MH/SA	0.5	260.87	0.01	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	0.4	272.73	0.01	
Other Outpatient	1,553.9	78.15	10.12	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0054	1,491.8	79.79	9.92	
Subtotal			\$ 107.45										\$ 99.66	
Pharmacy														
Pharmacy	11,720.6	\$ 43.48	\$ 42.47	1.0000	1.0935	1.1302	0.9500	1.0000	1.0000	0.9744	12,175.6	\$ 47.89	\$ 48.59	
Subtotal			\$ 42.47										\$ 48.59	
Ancillaries														
Transportation	79.8	\$ 144.34	\$ 0.96	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	77.7	\$ 146.66	\$ 0.95	
DME/Prosthetics	181.2	96.01	1.45	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	176.5	97.89	1.44	
Dental	40.9	11.72	0.04	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	39.9	12.04	0.04	
Other Ancillary	8.3	115.94	0.08	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	8.1	119.11	0.08	
Subtotal			\$ 2.53										\$ 2.51	
Physician														
Inpatient and Outpatient Surgery	579.6	\$ 186.13	\$ 8.99	1.0000	1.0379	1.0000	0.9300	1.0200	1.0000	1.0000	559.5	\$ 189.82	\$ 8.85	
Anesthesia	217.8	276.57	5.02	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	214.8	276.59	4.95	
Inpatient Visits	144.4	95.54	1.15	1.0000	1.0252	1.0063	0.9500	1.0400	1.0000	1.0000	140.7	99.80	1.17	
MH/SA	31.5	53.32	0.14	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	29.9	52.21	0.13	
Emergency Room	1,392.7	84.53	9.81	1.0000	1.0252	1.0063	0.8300	1.0100	1.0000	1.0000	1,185.1	85.87	8.48	
Office/Home Visits/Consults	3,667.9	62.16	19.00	1.0000	1.0252	1.0063	1.0350	1.0300	1.0000	1.0235	3,891.9	65.95	21.39	
Maternity	452.2	174.09	6.56	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	469.3	174.12	6.81	
Pathology/Lab	7,356.9	20.29	12.44	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	7,254.0	20.30	12.27	
Radiology	2,171.0	52.23	9.45	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	2,140.6	52.25	9.32	
Office Administered Drugs	803.2	40.64	2.72	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	791.9	40.61	2.68	
Physical Exams	513.4	73.16	3.13	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0000	539.5	73.63	3.31	
Therapy	781.6	44.99	2.93	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0000	761.2	45.25	2.87	
Vision	303.4	80.69	2.04	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	311.0	81.02	2.10	
Other Professional	582.8	116.74	5.67	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	574.7	116.73	5.59	
Subtotal			\$ 89.05										\$ 89.92	
Behavioral Health														
Inpatient and Outpatient MH/SA	306.1	\$ 236.36	\$ 6.03	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	282.5	\$ 239.18	\$ 5.63	
Professional MH/SA	2,079.0	107.42	18.61	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	2,020.8	108.73	18.31	
Subtotal			\$ 24.64										\$ 23.94	
Total Medical Cost			\$ 281.11										\$ 279.29	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO Non-Expansion Adults 21-34 M	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	193.8	\$ 1,419.41	\$ 22.92	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	188.7	\$ 1,428.15	\$ 22.46	
Inpatient MH/SA	6.3	1,822.78	0.96	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	6.2	1,831.17	0.94	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Subtotal			\$ 23.88										\$ 23.40	
Outpatient														
Outpatient Emergency Room	886.7	\$ 456.34	\$ 33.72	1.0000	1.0379	1.0125	0.8300	1.0100	1.0000	1.0000	763.9	\$ 466.74	\$ 29.71	
Outpatient Surgery	124.3	2,305.95	23.88	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	119.3	2,340.46	23.27	
Outpatient Radiology	232.7	188.72	3.66	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	223.4	191.74	3.57	
Outpatient Pathology/Lab	939.4	20.44	1.60	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	901.8	20.76	1.56	
Outpatient Pharmacy	62.1	287.78	1.49	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	59.7	291.70	1.45	
Outpatient MH/SA	2.1	113.74	0.02	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	2.0	118.23	0.02	
Other Outpatient	824.6	66.51	4.57	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0054	791.6	67.91	4.48	
Subtotal			\$ 68.94										\$ 64.06	
Pharmacy														
Pharmacy	7,045.2	\$ 65.95	\$ 38.72	1.0000	1.0935	1.1302	0.9500	1.0000	1.0000	0.9744	7,318.7	\$ 72.64	\$ 44.30	
Subtotal			\$ 38.72										\$ 44.30	
Ancillaries														
Transportation	56.9	\$ 166.70	\$ 0.79	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	55.4	\$ 168.98	\$ 0.78	
DME/Prosthetics	264.3	191.58	4.22	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	257.4	194.84	4.18	
Dental	3.2	37.97	0.01	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	3.1	38.96	0.01	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	-	-	-	
Subtotal			\$ 5.02										\$ 4.97	
Physician														
Inpatient and Outpatient Surgery	416.0	\$ 225.30	\$ 7.81	1.0000	1.0379	1.0000	0.9400	1.0300	1.0000	1.0000	405.8	\$ 232.12	\$ 7.85	
Anesthesia	82.1	276.11	1.89	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	81.0	275.59	1.86	
Inpatient Visits	241.2	121.91	2.45	1.0000	1.0252	1.0063	0.9500	1.0400	1.0000	1.0000	234.9	127.72	2.50	
MH/SA	2.1	113.74	0.02	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	2.0	120.00	0.02	
Emergency Room	879.3	83.79	6.14	1.0000	1.0252	1.0063	0.8300	1.0100	1.0000	1.0000	748.2	85.16	5.31	
Office/Home Visits/Consults	2,049.3	66.46	11.35	1.0000	1.0252	1.0063	1.0350	1.0300	1.0000	1.0235	2,174.5	70.53	12.78	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	1,700.8	18.27	2.59	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	1,677.0	18.25	2.55	
Radiology	1,313.2	39.38	4.31	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	1,294.8	39.39	4.25	
Office Administered Drugs	146.4	140.18	1.71	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	144.3	140.51	1.69	
Physical Exams	175.9	79.83	1.17	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0000	184.8	80.52	1.24	
Therapy	628.7	50.39	2.64	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0000	612.3	50.76	2.59	
Vision	196.9	77.39	1.27	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	201.9	77.86	1.31	
Other Professional	397.0	49.27	1.63	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	391.5	49.35	1.61	
Subtotal			\$ 44.98										\$ 45.56	
Behavioral Health														
Inpatient and Outpatient MH/SA	394.9	\$ 231.85	\$ 7.63	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	364.4	\$ 234.81	\$ 7.13	
Professional MH/SA	1,338.5	118.43	13.21	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,301.0	119.91	13.00	
Subtotal			\$ 20.84										\$ 20.13	
Total Medical Cost			\$ 202.38										\$ 202.42	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO Non-Expansion Adults 35-49 F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	244.4	\$ 2,769.19	\$ 56.39	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	238.0	\$ 2,786.84	\$ 55.27	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Other Inpatient	10.3	140.35	0.12	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	10.0	144.14	0.12	
Subtotal			\$ 56.51										\$ 55.39	
Outpatient														
Outpatient Emergency Room	1,218.4	\$ 544.07	\$ 55.24	1.0000	1.0379	1.0125	0.8300	1.0100	1.0000	1.0000	1,049.6	\$ 556.34	\$ 48.66	
Outpatient Surgery	276.6	2,060.23	47.49	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	265.6	2,091.28	46.28	
Outpatient Radiology	941.8	167.69	13.16	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	904.1	170.15	12.82	
Outpatient Pathology/Lab	3,312.5	20.79	5.74	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	3,180.2	21.09	5.59	
Outpatient Pharmacy	422.3	80.99	2.85	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	405.4	82.29	2.78	
Outpatient MH/SA	3.4	210.53	0.06	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	3.3	219.51	0.06	
Other Outpatient	2,550.6	76.83	16.33	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0054	2,448.7	78.41	16.00	
Subtotal			\$ 140.87										\$ 132.19	
Pharmacy														
Pharmacy	23,263.0	\$ 51.16	\$ 99.17	1.0000	1.0935	1.1302	0.9500	1.0000	1.0000	0.9744	24,166.2	\$ 56.33	\$ 113.45	
Subtotal			\$ 99.17										\$ 113.45	
Ancillaries														
Transportation	92.4	\$ 128.61	\$ 0.99	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	90.0	\$ 130.72	\$ 0.98	
DME/Prosthetics	607.0	88.37	4.47	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	591.2	89.92	4.43	
Dental	3.4	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	3.3	-	-	
Other Ancillary	16.6	93.86	0.13	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	16.2	96.36	0.13	
Subtotal			\$ 5.59										\$ 5.54	
Physician														
Inpatient and Outpatient Surgery	948.6	\$ 219.73	\$ 17.37	1.0000	1.0379	1.0000	0.9400	1.0200	1.0000	1.0000	925.5	\$ 224.19	\$ 17.29	
Anesthesia	195.5	246.76	4.02	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	192.8	246.54	3.96	
Inpatient Visits	301.5	116.20	2.92	1.0000	1.0252	1.0063	0.9500	1.0400	1.0000	1.0000	293.7	121.77	2.98	
MH/SA	7.8	76.73	0.05	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	7.4	80.86	0.05	
Emergency Room	1,236.5	89.77	9.25	1.0000	1.0252	1.0063	0.8300	1.0100	1.0000	1.0000	1,052.1	91.24	8.00	
Office/Home Visits/Consults	4,973.2	65.58	27.18	1.0000	1.0252	1.0063	1.0350	1.0300	1.0000	1.0235	5,277.0	69.59	30.60	
Maternity	93.8	148.35	1.16	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	97.4	147.86	1.20	
Pathology/Lab	7,453.5	21.25	13.20	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	7,349.1	21.26	13.02	
Radiology	2,854.1	45.83	10.90	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	2,814.2	45.84	10.75	
Office Administered Drugs	919.8	73.45	5.63	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	906.9	73.44	5.55	
Physical Exams	498.5	80.88	3.36	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0000	523.8	81.32	3.55	
Therapy	1,272.6	54.22	5.75	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0000	1,239.5	54.60	5.64	
Vision	381.7	79.23	2.52	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	391.3	79.73	2.60	
Other Professional	1,102.1	60.65	5.57	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	1,086.6	60.63	5.49	
Subtotal			\$ 108.88										\$ 110.68	
Behavioral Health														
Inpatient and Outpatient MH/SA	363.1	\$ 294.45	\$ 8.91	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	335.0	\$ 297.99	\$ 8.32	
Professional MH/SA	2,992.4	101.42	25.29	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	2,908.6	102.69	24.89	
Subtotal			\$ 34.20										\$ 33.21	
Total Medical Cost			\$ 445.22										\$ 450.46	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO Non-Expansion Adults 35-49 M	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	173.8	\$ 2,782.35	\$ 40.30	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	169.3	\$ 2,800.09	\$ 39.50	
Inpatient MH/SA	1.2	3,934.43	0.40	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	1.2	3,932.77	0.39	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Other Inpatient	36.5	16.46	0.05	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	35.5	16.90	0.05	
Subtotal			\$ 40.75										\$ 39.94	
Outpatient														
Outpatient Emergency Room	749.9	\$ 506.29	\$ 31.64	1.0000	1.0379	1.0125	0.8300	1.0100	1.0000	1.0000	646.0	\$ 517.69	\$ 27.87	
Outpatient Surgery	182.3	1,492.76	22.68	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	175.0	1,515.08	22.10	
Outpatient Radiology	347.6	224.39	6.50	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	333.7	227.61	6.33	
Outpatient Pathology/Lab	1,763.6	19.26	2.83	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1,693.2	19.56	2.76	
Outpatient Pharmacy	279.6	140.80	3.28	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	268.4	143.08	3.20	
Outpatient MH/SA	2.4	49.38	0.01	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	2.3	51.50	0.01	
Other Outpatient	1,330.9	105.40	11.69	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0054	1,277.7	107.53	11.45	
Subtotal			\$ 78.63										\$ 73.72	
Pharmacy														
Pharmacy	15,332.7	\$ 50.47	\$ 64.49	1.0000	1.0935	1.1302	0.9500	1.0000	1.0000	0.9744	15,928.0	\$ 55.59	\$ 73.78	
Subtotal			\$ 64.49										\$ 73.78	
Ancillaries														
Transportation	68.1	\$ 149.87	\$ 0.85	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	66.3	\$ 152.06	\$ 0.84	
DME/Prosthetics	763.3	105.33	6.70	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	743.4	107.18	6.64	
Dental	2.4	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	2.4	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	-	-	-	
Subtotal			\$ 7.55										\$ 7.48	
Physician														
Inpatient and Outpatient Surgery	687.9	\$ 194.49	\$ 11.15	1.0000	1.0379	1.0000	0.9400	1.0200	1.0000	1.0000	671.2	\$ 198.46	\$ 11.10	
Anesthesia	94.8	239.24	1.89	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	93.5	238.79	1.86	
Inpatient Visits	209.1	112.51	1.96	1.0000	1.0252	1.0063	0.9500	1.0400	1.0000	1.0000	203.6	117.88	2.00	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	774.2	88.66	5.72	1.0000	1.0252	1.0063	0.8300	1.0100	1.0000	1.0000	658.8	90.16	4.95	
Office/Home Visits/Consults	3,111.5	66.99	17.37	1.0000	1.0252	1.0063	1.0350	1.0300	1.0000	1.0235	3,301.6	71.06	19.55	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	3,143.1	16.34	4.28	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	3,099.1	16.34	4.22	
Radiology	1,567.9	42.71	5.58	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	1,546.0	42.69	5.50	
Office Administered Drugs	323.3	93.90	2.53	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	318.8	93.73	2.49	
Physical Exams	251.6	81.56	1.71	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0000	264.4	82.15	1.81	
Therapy	842.3	44.59	3.13	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0000	820.4	44.91	3.07	
Vision	312.4	78.37	2.04	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	320.2	78.69	2.10	
Other Professional	725.6	65.49	3.96	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	715.5	65.41	3.90	
Subtotal			\$ 61.32										\$ 62.55	
Behavioral Health														
Inpatient and Outpatient MH/SA	277.1	\$ 244.23	\$ 5.64	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	255.7	\$ 247.33	\$ 5.27	
Professional MH/SA	1,574.0	121.22	15.90	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,529.9	122.75	15.65	
Subtotal			\$ 21.54										\$ 20.92	
Total Medical Cost			\$ 274.28										\$ 278.39	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO Non-Expansion Adults 50+ M&F	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	385.3	\$ 3,307.55	\$ 106.20	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	375.3	\$ 3,328.25	\$ 104.08	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	-	-	-	
Other Inpatient	37.2	1,016.13	3.15	1.0000	1.0252	1.0000	0.9500	1.0400	1.0000	0.9676	36.2	1,023.46	3.09	
Subtotal			\$ 109.35										\$ 107.17	
Outpatient														
Outpatient Emergency Room	627.1	\$ 740.74	\$ 38.71	1.0000	1.0379	1.0125	0.8300	1.0100	1.0000	1.0000	540.2	\$ 757.47	\$ 34.10	
Outpatient Surgery	358.7	1,854.93	55.45	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	344.4	1,882.98	54.04	
Outpatient Radiology	1,310.0	171.02	18.67	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1,257.7	173.56	18.19	
Outpatient Pathology/Lab	4,012.4	18.30	6.12	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	3,852.1	18.57	5.96	
Outpatient Pharmacy	1,171.8	42.50	4.15	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	1,125.0	43.09	4.04	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0000	-	-	-	
Other Outpatient	3,866.3	77.53	24.98	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0054	3,711.8	79.11	24.47	
Subtotal			\$ 148.08										\$ 140.80	
Pharmacy														
Pharmacy	29,155.0	\$ 63.16	\$ 153.46	1.0000	1.0935	1.1302	0.9500	1.0000	1.0000	0.9744	30,286.9	\$ 69.56	\$ 175.56	
Subtotal			\$ 153.46										\$ 175.56	
Ancillaries														
Transportation	109.0	\$ 182.84	\$ 1.66	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	106.1	\$ 186.60	\$ 1.65	
DME/Prosthetics	1,254.2	152.41	15.93	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	1,221.5	155.12	15.79	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	-	-	-	
Other Ancillary	5.3	45.20	0.02	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0000	5.2	46.42	0.02	
Subtotal			\$ 17.61										\$ 17.46	
Physician														
Inpatient and Outpatient Surgery	1,214.4	\$ 225.70	\$ 22.84	1.0000	1.0379	1.0000	0.9400	1.0200	1.0000	1.0000	1,184.8	\$ 230.23	\$ 22.73	
Anesthesia	132.9	231.22	2.56	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	131.0	230.84	2.52	
Inpatient Visits	457.0	139.16	5.30	1.0000	1.0252	1.0063	0.9500	1.0400	1.0000	1.0000	445.1	145.58	5.40	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	696.2	95.32	5.53	1.0000	1.0252	1.0063	0.8300	1.0100	1.0000	1.0000	592.4	96.83	4.78	
Office/Home Visits/Consults	5,165.6	66.60	28.67	1.0000	1.0252	1.0063	1.0350	1.0300	1.0000	1.0235	5,481.2	70.65	32.27	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	7,320.6	15.51	9.46	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	7,218.2	15.51	9.33	
Radiology	2,744.9	43.94	10.05	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	2,706.5	43.94	9.91	
Office Administered Drugs	730.7	43.85	2.67	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	720.5	43.80	2.63	
Physical Exams	470.3	80.62	3.16	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0000	494.2	81.09	3.34	
Therapy	1,336.6	60.42	6.73	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0000	1,301.8	60.84	6.60	
Vision	467.7	78.77	3.07	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0000	479.5	79.34	3.17	
Other Professional	1,594.3	48.47	6.44	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0000	1,572.0	48.47	6.35	
Subtotal			\$ 106.48										\$ 109.03	
Behavioral Health														
Inpatient and Outpatient MH/SA	154.1	\$ 269.40	\$ 3.46	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	142.2	\$ 272.57	\$ 3.23	
Professional MH/SA	1,373.8	112.33	12.86	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	1,335.3	113.77	12.66	
Subtotal			\$ 16.32										\$ 15.89	
Total Medical Cost			\$ 551.30										\$ 565.91	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO Pregnant Women	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	183.9	\$ 1,592.17	\$ 24.40	1.0000	1.0000	1.0252	0.9800	1.0100	1.0000	0.9273	180.2	\$ 1,528.80	\$ 22.96	
Inpatient MH/SA	-	-	-	1.0000	1.0000	1.0252	0.9800	1.0100	1.0000	0.9273	-	-	-	
Inpatient Well Newborn	1.9	505.26	0.08	1.0000	1.0000	1.0252	0.9800	1.0100	1.0000	0.9273	1.9	516.13	0.08	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	1.0252	0.9800	1.0100	1.0000	0.9273	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0000	1.0252	0.9800	1.0100	1.0000	0.9273	-	-	-	
Subtotal			\$ 24.48										\$ 23.04	
Outpatient														
Outpatient Emergency Room	923.3	\$ 467.76	\$ 35.99	1.0000	1.0125	1.0000	0.9300	1.0300	1.0000	1.0000	869.4	\$ 481.85	\$ 34.91	
Outpatient Surgery	87.2	2,076.37	15.09	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0000	81.7	2,081.78	14.17	
Outpatient Radiology	1,090.1	128.46	11.67	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0000	1,021.0	128.82	10.96	
Outpatient Pathology/Lab	6,303.8	20.56	10.80	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0000	5,903.9	20.61	10.14	
Outpatient Pharmacy	993.4	107.38	8.89	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0000	930.4	107.69	8.35	
Outpatient MH/SA	4.7	126.58	0.05	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0000	4.4	135.14	0.05	
Other Outpatient	3,453.4	92.22	26.54	1.0000	1.0125	1.0000	0.9250	1.0025	1.0000	1.0003	3,234.3	92.50	24.93	
Subtotal			\$ 109.03										\$ 103.51	
Pharmacy														
Pharmacy	8,000.6	\$ 31.62	\$ 21.08	1.0000	1.0296	1.1927	0.9500	1.0000	1.0000	0.9702	7,825.6	\$ 36.59	\$ 23.86	
Subtotal			\$ 21.08										\$ 23.86	
Ancillaries														
Transportation	66.4	\$ 177.22	\$ 0.98	1.0000	1.0189	1.0000	0.9500	1.0050	1.0000	1.0000	64.2	\$ 177.49	\$ 0.95	
DME/Prosthetics	177.3	137.42	2.03	1.0000	1.0189	1.0000	0.9500	1.0050	1.0000	1.0000	171.6	137.77	1.97	
Dental	275.9	12.62	0.29	1.0000	1.0189	1.0000	0.9500	1.0050	1.0000	1.0000	267.0	12.58	0.28	
Other Ancillary	94.8	111.40	0.88	1.0000	1.0189	1.0000	0.9500	1.0050	1.0000	1.0000	91.8	112.48	0.86	
Subtotal			\$ 4.18										\$ 4.06	
Physician														
Inpatient and Outpatient Surgery	468.3	\$ 168.10	\$ 6.56	1.0000	1.0252	1.0000	0.9600	1.0100	1.0000	1.0000	460.9	\$ 169.76	\$ 6.52	
Anesthesia	854.1	308.11	21.93	1.0000	1.0252	1.0000	0.9800	1.0000	1.0000	1.0000	858.1	308.07	22.03	
Inpatient Visits	438.0	85.49	3.12	1.0000	1.0508	1.0000	0.9800	1.0100	1.0000	1.0000	451.0	86.48	3.25	
MH/SA	262.6	51.18	1.12	1.0000	1.0508	1.0000	0.9250	1.0000	1.0000	1.0000	255.2	51.25	1.09	
Emergency Room	715.7	83.33	4.97	1.0000	1.0508	1.0000	0.9300	1.0300	1.0000	1.0000	699.4	85.79	5.00	
Office/Home Visits/Consults	2,530.1	56.25	11.86	1.0000	1.0508	1.0000	1.0150	1.0300	1.0000	1.0283	2,698.5	59.59	13.40	
Maternity	2,904.5	163.98	39.69	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	2,977.7	163.98	40.69	
Pathology/Lab	9,352.4	16.54	12.89	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	9,108.7	16.53	12.55	
Radiology	3,718.8	63.15	19.57	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	3,621.9	63.15	19.06	
Office Administered Drugs	537.5	69.21	3.10	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	523.5	69.23	3.02	
Physical Exams	802.0	43.09	2.88	1.0000	1.0508	1.0000	1.0250	1.0000	1.0000	1.0000	863.8	43.07	3.10	
Therapy	816.2	46.17	3.14	1.0000	1.0508	1.0000	0.9500	1.0000	1.0000	1.0000	814.8	46.10	3.13	
Vision	272.1	72.78	1.65	1.0000	1.0508	1.0000	1.0000	1.0000	1.0000	1.0000	285.9	72.62	1.73	
Other Professional	646.5	211.04	11.37	1.0000	1.0252	1.0000	0.9500	1.0000	1.0000	1.0000	629.7	210.97	11.07	
Subtotal			\$ 143.85										\$ 145.64	
Behavioral Health														
Inpatient and Outpatient MH/SA	132.7	\$ 244.14	\$ 2.70	1.0000	1.0252	1.0125	0.9000	1.0000	1.0000	1.0000	122.5	\$ 246.96	\$ 2.52	
Professional MH/SA	874.0	126.04	9.18	1.0000	1.0508	1.0125	0.9250	1.0000	1.0000	1.0000	849.5	127.55	9.03	
Subtotal			\$ 11.88										\$ 11.55	
Total Medical Cost			\$ 314.50										\$ 311.66	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO CHIP - hawk-i	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9697	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9697	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9697	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9697	-	-	-	
Other Inpatient	-	-	-	1.0000	0.9875	1.0000	0.9900	1.0100	0.6000	0.9697	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8200	1.0100	0.5400	1.0000	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0000	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	0.5400	1.0011	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0292	1.1107	0.9500	1.0000	1.1700	0.9811	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	-	-	-	
Dental	-	-	-	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0125	1.0252	0.9500	1.0050	0.4000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	1.0000	1.0000	0.7400	1.0000	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0125	0.9900	1.0000	0.7400	1.0000	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0000	0.9900	1.0100	0.7400	1.0000	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0000	0.7400	1.0000	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0000	0.8200	1.0100	0.7400	1.0000	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0000	1.0300	1.0300	0.7400	1.0218	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	0.7400	1.0000	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0000	1.0250	1.0000	0.7400	1.0000	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0000	0.7400	1.0000	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	0.7400	1.0000	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0125	0.9500	1.0000	0.7400	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9000	1.0000	0.6000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0508	1.0125	0.9250	1.0000	0.7400	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO TANF Maternity Case Rate	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-
Inpatient Well Newborn	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-
Inpatient Maternity Delivery	30,526.3	1,854.50	4,717.60	1.0002	1.0125	1.0125	1.0000	0.9800	1.0000	1.0491	30,914.1	1,930.48	4,973.26
Other Inpatient	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-
Subtotal			\$ 4,717.60										\$ 4,973.26
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity	12,675.9	756.55	799.16	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	12,999.2	766.01	829.79
Pathology/Lab	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 799.16										\$ 829.79
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 5,516.76										\$ 5,803.05
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO Pregnant Women Maternity Case Rate	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-	
Inpatient Well Newborn	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-	
Inpatient Maternity Delivery	33,223.2	1,732.65	4,797.01	1.0002	1.0125	1.0125	1.0000	0.9800	1.0000	1.0491	33,645.3	1,803.63	5,056.97	
Other Inpatient	-	-	-	1.0002	1.0125	1.0125	1.0000	1.0000	1.0000	1.0491	-	-	-	
Subtotal			\$ 4,797.01										\$ 5,056.97	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Dental	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Visits	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Maternity	12,758.4	752.06	799.59	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	13,083.9	761.46	830.24	
Pathology/Lab	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Radiology	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office Administered Drugs	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Physical Exams	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Therapy	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Vision	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Professional	-	-	-	1.0003	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 799.59										\$ 830.24	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0002	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0003	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 5,596.60										\$ 5,887.21	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 19-24 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 19-24 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 25-34 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 25-34 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 35-49 F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 35-49 M (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO WP 50+ M&F (Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	-	-	-	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	-	-	-	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	-	-	-	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Radiology	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Physical Exams	-	-	-	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	-	-	-	
Therapy	-	-	-	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	-	-	-	
Vision	-	-	-	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	-	-	-	
Other Professional	-	-	-	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO WP 19-24 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	73.8	\$ 1,818.13	\$ 11.18	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	71.9	\$ 1,848.34	\$ 11.07	
Inpatient MH/SA	14.2	684.99	0.81	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	13.8	2,830.68	3.26	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 11.99										\$ 14.33	
Outpatient														
Outpatient Emergency Room	1,017.9	\$ 436.31	\$ 37.01	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	887.4	\$ 446.90	\$ 33.05	
Outpatient Surgery	88.0	1,668.11	12.23	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	84.5	1,696.22	11.94	
Outpatient Radiology	303.7	188.49	4.77	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	291.5	191.81	4.66	
Outpatient Pathology/Lab	2,468.1	22.90	4.71	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	2,369.5	23.30	4.60	
Outpatient Pharmacy	213.8	752.10	13.40	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	205.3	764.69	13.08	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	1,084.1	85.01	7.68	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	1,040.8	86.59	7.51	
Subtotal			\$ 79.80										\$ 74.84	
Pharmacy														
Pharmacy	7,794.1	\$ 42.52	\$ 27.62	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	7,986.7	\$ 47.85	\$ 31.85	
Subtotal			\$ 27.62										\$ 31.85	
Ancillaries														
Transportation	47.3	\$ 142.07	\$ 0.56	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	46.1	\$ 145.86	\$ 0.56	
DME/Prosthetics	91.8	162.16	1.24	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	89.4	165.16	1.23	
Dental	6.6	36.25	0.02	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	6.5	37.21	0.02	
Other Ancillary	1.0	126.32	0.01	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	0.9	129.03	0.01	
Subtotal			\$ 1.83										\$ 1.82	
Physician														
Inpatient and Outpatient Surgery	325.4	\$ 156.72	\$ 4.25	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	337.8	\$ 157.04	\$ 4.42	
Anesthesia	70.0	234.86	1.37	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	69.0	234.71	1.35	
Inpatient Visits	78.5	105.45	0.69	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	76.5	111.42	0.71	
MH/SA	18.0	66.78	0.10	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	17.0	70.42	0.10	
Emergency Room	961.1	83.90	6.72	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	827.7	85.39	5.89	
Office/Home Visits/Consults	2,706.5	61.59	13.89	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	2,857.9	66.59	15.86	
Maternity	111.6	185.97	1.73	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	115.9	186.43	1.80	
Pathology/Lab	4,562.6	19.57	7.44	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	4,498.7	19.61	7.35	
Radiology	1,311.2	44.85	4.90	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,292.8	44.93	4.84	
Office Administered Drugs	696.3	48.26	2.80	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	686.5	48.42	2.77	
Physical Exams	474.9	85.66	3.39	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	499.0	86.33	3.59	
Therapy	577.1	44.09	2.12	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	562.0	44.41	2.08	
Vision	154.2	74.71	0.96	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	158.1	75.15	0.99	
Other Professional	386.0	90.78	2.92	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	380.6	90.81	2.88	
Subtotal			\$ 53.28										\$ 54.63	
Behavioral Health														
Inpatient and Outpatient MH/SA	140.0	\$ 305.98	\$ 3.57	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	132.4	\$ 313.57	\$ 3.46	
Professional MH/SA	1,032.1	97.43	8.38	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,015.5	99.85	8.45	
Subtotal			\$ 11.95										\$ 11.91	
Total Medical Cost			\$ 186.47										\$ 189.38	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO WP 19-24 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	116.1	\$ 2,810.89	\$ 27.20	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	113.1	\$ 2,857.55	\$ 26.93	
Inpatient MH/SA	6.5	830.77	0.45	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	6.3	3,431.28	1.81	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 27.65										\$ 28.74	
Outpatient														
Outpatient Emergency Room	799.8	\$ 423.55	\$ 28.23	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	697.3	\$ 433.84	\$ 25.21	
Outpatient Surgery	67.8	1,996.17	11.28	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	65.1	2,029.49	11.01	
Outpatient Radiology	144.9	254.23	3.07	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	139.1	258.77	3.00	
Outpatient Pathology/Lab	898.3	22.04	1.65	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	862.4	22.40	1.61	
Outpatient Pharmacy	161.6	107.65	1.45	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	155.2	109.82	1.42	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	672.6	63.16	3.54	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	645.7	64.30	3.46	
Subtotal			\$ 49.22										\$ 45.71	
Pharmacy														
Pharmacy	4,176.5	\$ 85.05	\$ 29.60	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	4,279.7	\$ 95.73	\$ 34.14	
Subtotal			\$ 29.60										\$ 34.14	
Ancillaries														
Transportation	66.0	\$ 158.30	\$ 0.87	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	64.2	\$ 160.67	\$ 0.86	
DME/Prosthetics	115.2	132.30	1.27	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	112.2	134.77	1.26	
Dental	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	-	-	-	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 2.14										\$ 2.12	
Physician														
Inpatient and Outpatient Surgery	306.6	\$ 226.26	\$ 5.78	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	318.2	\$ 226.67	\$ 6.01	
Anesthesia	66.9	269.14	1.50	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	65.9	269.34	1.48	
Inpatient Visits	181.1	115.93	1.75	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	176.4	122.44	1.80	
MH/SA	-	-	-	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	-	-	-	
Emergency Room	768.2	79.51	5.09	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	661.6	80.90	4.46	
Office/Home Visits/Consults	1,438.0	65.42	7.84	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	1,518.5	70.73	8.95	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	1,056.2	20.11	1.77	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,041.4	20.16	1.75	
Radiology	993.0	32.14	2.66	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	979.1	32.23	2.63	
Office Administered Drugs	71.5	8.39	0.05	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	70.5	8.51	0.05	
Physical Exams	148.6	97.69	1.21	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	156.2	98.35	1.28	
Therapy	374.4	58.98	1.84	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	364.6	59.57	1.81	
Vision	115.2	76.05	0.73	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	118.1	76.21	0.75	
Other Professional	259.2	47.69	1.03	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	255.5	47.90	1.02	
Subtotal			\$ 31.25										\$ 31.99	
Behavioral Health														
Inpatient and Outpatient MH/SA	387.4	\$ 236.67	\$ 7.64	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	366.3	\$ 242.73	\$ 7.41	
Professional MH/SA	1,255.9	100.32	10.50	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,235.7	102.84	10.59	
Subtotal			\$ 18.14										\$ 18.00	
Total Medical Cost			\$ 158.00										\$ 160.70	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO WP 25-34 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	45.4	\$ 2,839.39	\$ 10.74	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	44.2	\$ 2,885.32	\$ 10.63	
Inpatient MH/SA	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 10.74										\$ 10.63	
Outpatient														
Outpatient Emergency Room	1,065.2	\$ 426.73	\$ 37.88	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	928.7	\$ 437.13	\$ 33.83	
Outpatient Surgery	145.4	1,676.66	20.31	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	139.6	1,704.34	19.82	
Outpatient Radiology	441.3	190.37	7.00	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	423.6	193.47	6.83	
Outpatient Pathology/Lab	2,672.8	22.72	5.06	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	2,566.0	23.10	4.94	
Outpatient Pharmacy	216.0	135.54	2.44	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	207.4	137.70	2.38	
Outpatient MH/SA	1.2	104.35	0.01	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1.1	109.09	0.01	
Other Outpatient	1,404.8	73.55	8.61	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	1,348.7	74.92	8.42	
Subtotal			\$ 81.31										\$ 76.23	
Pharmacy														
Pharmacy	11,960.9	\$ 52.20	\$ 52.03	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	12,256.5	\$ 58.75	\$ 60.01	
Subtotal			\$ 52.03										\$ 60.01	
Ancillaries														
Transportation	55.7	\$ 142.11	\$ 0.66	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	54.3	\$ 145.91	\$ 0.66	
DME/Prosthetics	266.6	121.99	2.71	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	259.6	124.33	2.69	
Dental	2.9	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	2.8	-	-	
Other Ancillary	9.2	117.52	0.09	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	9.0	120.67	0.09	
Subtotal			\$ 3.46										\$ 3.44	
Physician														
Inpatient and Outpatient Surgery	539.5	\$ 171.94	\$ 7.73	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	560.0	\$ 172.30	\$ 8.04	
Anesthesia	96.5	231.25	1.86	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	95.2	232.01	1.84	
Inpatient Visits	75.3	108.41	0.68	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	73.3	114.58	0.70	
MH/SA	6.9	52.25	0.03	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	6.5	55.13	0.03	
Emergency Room	1,007.8	85.14	7.15	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	867.9	86.70	6.27	
Office/Home Visits/Consults	3,487.5	64.10	18.63	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	3,682.7	69.34	21.28	
Maternity	66.1	187.07	1.03	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	68.6	187.25	1.07	
Pathology/Lab	5,156.0	20.97	9.01	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	5,083.8	21.01	8.90	
Radiology	1,574.3	46.12	6.05	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,552.2	46.15	5.97	
Office Administered Drugs	598.7	48.51	2.42	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	590.3	48.59	2.39	
Physical Exams	498.1	79.26	3.29	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	523.5	79.78	3.48	
Therapy	853.8	47.51	3.38	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	831.5	47.91	3.32	
Vision	173.5	76.77	1.11	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	177.9	77.58	1.15	
Other Professional	586.6	77.12	3.77	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	578.4	77.18	3.72	
Subtotal			\$ 66.14										\$ 66.16	
Behavioral Health														
Inpatient and Outpatient MH/SA	295.9	\$ 229.54	\$ 5.66	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	279.8	\$ 235.43	\$ 5.49	
Professional MH/SA	1,689.7	90.33	12.72	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,662.6	92.60	12.83	
Subtotal			\$ 18.38										\$ 18.32	
Total Medical Cost			\$ 232.06										\$ 236.79	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO WP 25-34 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	151.7	\$ 2,484.31	\$ 31.41	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	147.8	\$ 2,525.55	\$ 31.10	
Inpatient MH/SA	8.6	1,260.21	0.90	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	8.4	5,202.40	3.62	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 32.31										\$ 34.72	
Outpatient														
Outpatient Emergency Room	928.8	\$ 454.93	\$ 35.21	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	809.7	\$ 465.94	\$ 31.44	
Outpatient Surgery	104.6	2,086.06	18.18	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	100.4	2,120.32	17.74	
Outpatient Radiology	234.4	188.88	3.69	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	225.1	191.93	3.60	
Outpatient Pathology/Lab	1,332.5	21.43	2.38	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1,279.3	21.76	2.32	
Outpatient Pharmacy	257.2	107.80	2.31	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	246.9	109.36	2.25	
Outpatient MH/SA	-	-	-	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	-	-	-	
Other Outpatient	1,078.8	80.76	7.26	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	1,035.7	82.27	7.10	
Subtotal			\$ 69.03										\$ 64.45	
Pharmacy														
Pharmacy	6,575.4	\$ 62.34	\$ 34.16	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	6,737.9	\$ 70.17	\$ 39.40	
Subtotal			\$ 34.16										\$ 39.40	
Ancillaries														
Transportation	74.2	\$ 137.56	\$ 0.85	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	72.2	\$ 139.57	\$ 0.84	
DME/Prosthetics	231.4	130.14	2.51	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	225.4	132.56	2.49	
Dental	0.9	139.53	0.01	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	0.8	142.86	0.01	
Other Ancillary	0.9	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	0.8	-	-	
Subtotal			\$ 3.37										\$ 3.34	
Physician														
Inpatient and Outpatient Surgery	412.7	\$ 231.73	\$ 7.97	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	428.4	\$ 232.23	\$ 8.29	
Anesthesia	88.3	231.06	1.70	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	87.1	231.59	1.68	
Inpatient Visits	164.6	116.66	1.60	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	160.3	123.53	1.65	
MH/SA	1.7	70.18	0.01	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	1.6	74.07	0.01	
Emergency Room	887.2	82.51	6.10	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	764.0	84.03	5.35	
Office/Home Visits/Consults	1,828.4	65.70	10.01	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	1,930.7	71.04	11.43	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	1,512.5	17.85	2.25	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,491.3	17.86	2.22	
Radiology	1,215.9	39.77	4.03	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,198.9	39.84	3.98	
Office Administered Drugs	140.2	52.23	0.61	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	138.2	52.10	0.60	
Physical Exams	155.2	82.76	1.07	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	163.0	83.17	1.13	
Therapy	432.9	53.78	1.94	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	421.6	54.08	1.90	
Vision	100.3	77.77	0.65	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	102.8	78.19	0.67	
Other Professional	301.7	55.68	1.40	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	297.5	55.66	1.38	
Subtotal			\$ 39.34										\$ 40.29	
Behavioral Health														
Inpatient and Outpatient MH/SA	496.3	\$ 233.81	\$ 9.67	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	469.4	\$ 239.82	\$ 9.38	
Professional MH/SA	1,962.9	99.28	16.24	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,931.4	101.77	16.38	
Subtotal			\$ 25.91										\$ 25.76	
Total Medical Cost			\$ 204.12										\$ 207.96	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

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MCO WP 35-49 F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	231.1	\$ 2,364.68	\$ 45.53	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	225.0	\$ 2,403.95	\$ 45.08	
Inpatient MH/SA	1.8	3,545.45	0.52	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	1.7	14,666.67	2.09	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Subtotal			\$ 46.05										\$ 47.17	
Outpatient														
Outpatient Emergency Room	1,099.6	\$ 544.15	\$ 49.86	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	958.6	\$ 557.30	\$ 44.52	
Outpatient Surgery	256.3	1,851.02	39.53	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	246.0	1,881.72	38.58	
Outpatient Radiology	1,043.3	154.25	13.41	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1,001.6	156.83	13.09	
Outpatient Pathology/Lab	3,334.4	19.51	5.42	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	3,201.2	19.83	5.29	
Outpatient Pharmacy	533.1	108.96	4.84	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	511.8	110.67	4.72	
Outpatient MH/SA	1.8	409.09	0.06	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1.7	426.04	0.06	
Other Outpatient	2,156.9	80.73	14.51	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	2,070.7	82.17	14.18	
Subtotal			\$ 127.63										\$ 120.44	
Pharmacy														
Pharmacy	21,477.2	\$ 48.22	\$ 86.31	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	22,008.0	\$ 54.27	\$ 99.54	
Subtotal			\$ 86.31										\$ 99.54	
Ancillaries														
Transportation	78.6	\$ 128.28	\$ 0.84	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	76.5	\$ 130.15	\$ 0.83	
DME/Prosthetics	514.3	132.30	5.67	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	500.9	134.88	5.63	
Dental	1.2	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	1.1	-	-	
Other Ancillary	4.1	58.54	0.02	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	4.0	60.15	0.02	
Subtotal			\$ 6.53										\$ 6.48	
Physician														
Inpatient and Outpatient Surgery	880.8	\$ 224.79	\$ 16.50	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	914.2	\$ 225.12	\$ 17.15	
Anesthesia	171.8	238.85	3.42	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	169.4	239.41	3.38	
Inpatient Visits	324.3	99.54	2.69	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	315.8	105.24	2.77	
MH/SA	5.3	68.18	0.03	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	5.0	71.86	0.03	
Emergency Room	1,096.0	90.54	8.27	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	943.9	92.17	7.25	
Office/Home Visits/Consults	4,435.1	66.64	24.63	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	4,683.3	72.08	28.13	
Maternity	18.8	102.29	0.16	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	19.5	104.72	0.17	
Pathology/Lab	5,338.8	21.15	9.41	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	5,264.1	21.18	9.29	
Radiology	2,634.2	38.63	8.48	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	2,597.4	38.67	8.37	
Office Administered Drugs	664.4	65.20	3.61	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	655.1	65.39	3.57	
Physical Exams	452.1	84.14	3.17	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	475.1	84.86	3.36	
Therapy	964.1	49.66	3.99	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	939.0	50.10	3.92	
Vision	197.6	76.51	1.26	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	202.6	77.00	1.30	
Other Professional	982.3	57.42	4.70	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	968.5	57.49	4.64	
Subtotal			\$ 90.32										\$ 93.33	
Behavioral Health														
Inpatient and Outpatient MH/SA	367.1	\$ 196.79	\$ 6.02	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	347.2	\$ 201.86	\$ 5.84	
Professional MH/SA	1,612.7	114.52	15.39	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,586.7	117.37	15.52	
Subtotal			\$ 21.41										\$ 21.36	
Total Medical Cost			\$ 378.25										\$ 388.32	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
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MCO WP 35-49 M (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	328.2	\$ 2,741.55	\$ 74.97	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	319.6	\$ 2,786.73	\$ 74.22	
Inpatient MH/SA	17.3	1,157.04	1.67	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	16.9	4,780.08	6.72	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	30.7	304.49	0.78	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	29.9	308.62	0.77	
Subtotal			\$ 77.42										\$ 81.71	
Outpatient														
Outpatient Emergency Room	973.6	\$ 547.85	\$ 44.45	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	848.9	\$ 561.09	\$ 39.69	
Outpatient Surgery	206.9	1,794.81	30.95	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	198.7	1,824.83	30.21	
Outpatient Radiology	508.7	218.21	9.25	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	488.4	221.89	9.03	
Outpatient Pathology/Lab	2,683.2	19.05	4.26	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	2,576.0	19.38	4.16	
Outpatient Pharmacy	394.8	93.00	3.06	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	379.1	94.66	2.99	
Outpatient MH/SA	1.7	346.82	0.05	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1.7	361.45	0.05	
Other Outpatient	2,155.9	89.73	16.12	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	2,069.8	91.37	15.76	
Subtotal			\$ 108.14										\$ 101.89	
Pharmacy														
Pharmacy	14,676.7	\$ 70.99	\$ 86.83	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	15,039.5	\$ 79.90	\$ 100.14	
Subtotal			\$ 86.83										\$ 100.14	
Ancillaries														
Transportation	107.8	\$ 148.05	\$ 1.33	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	105.0	\$ 150.87	\$ 1.32	
DME/Prosthetics	710.0	137.92	8.16	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	691.5	140.57	8.10	
Dental	0.9	137.93	0.01	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	0.9	141.18	0.01	
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	-	-	-	
Subtotal			\$ 9.50										\$ 9.43	
Physician														
Inpatient and Outpatient Surgery	742.0	\$ 237.89	\$ 14.71	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	770.1	\$ 238.24	\$ 15.29	
Anesthesia	145.9	236.07	2.87	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	143.9	236.08	2.83	
Inpatient Visits	459.3	123.84	4.74	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	447.4	131.17	4.89	
MH/SA	3.0	118.81	0.03	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	2.9	125.44	0.03	
Emergency Room	987.9	89.52	7.37	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	850.8	91.12	6.46	
Office/Home Visits/Consults	3,114.0	66.20	17.18	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	3,288.2	71.60	19.62	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	2,964.2	17.00	4.20	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	2,922.7	17.04	4.15	
Radiology	1,858.9	37.57	5.82	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,832.9	37.64	5.75	
Office Administered Drugs	245.0	75.91	1.55	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	241.6	75.99	1.53	
Physical Exams	243.7	79.76	1.62	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	256.1	80.59	1.72	
Therapy	607.0	54.77	2.77	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	591.1	55.22	2.72	
Vision	120.4	78.77	0.79	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	123.4	79.75	0.82	
Other Professional	811.3	52.95	3.58	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	799.9	53.10	3.54	
Subtotal			\$ 67.23										\$ 69.35	
Behavioral Health														
Inpatient and Outpatient MH/SA	436.0	\$ 277.19	\$ 10.07	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	412.3	\$ 284.07	\$ 9.76	
Professional MH/SA	1,673.7	129.63	18.08	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,646.7	132.92	18.24	
Subtotal			\$ 28.15										\$ 28.00	
Total Medical Cost			\$ 377.27										\$ 390.52	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO WP 50+ M&F (Non-Medically Exempt)	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	627.0	\$ 2,443.26	\$ 127.65	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	610.6	\$ 2,483.68	\$ 126.38	
Inpatient MH/SA	8.9	2,181.82	1.62	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	3.9325	8.7	9,000.00	6.51	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	-	-	-	
Other Inpatient	13.8	945.77	1.09	1.0000	1.0252	1.0000	0.9500	1.0500	1.0000	0.9681	13.5	962.14	1.08	
Subtotal			\$ 130.36										\$ 133.97	
Outpatient														
Outpatient Emergency Room	682.9	\$ 663.01	\$ 37.73	1.0000	1.0379	1.0125	0.8400	1.0100	1.0000	1.0016	595.4	\$ 679.04	\$ 33.69	
Outpatient Surgery	392.2	2,022.08	66.08	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	376.5	2,055.83	64.50	
Outpatient Radiology	1,213.7	184.11	18.62	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	1,165.2	187.13	18.17	
Outpatient Pathology/Lab	4,361.0	19.70	7.16	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	4,186.8	20.03	6.99	
Outpatient Pharmacy	816.3	111.29	7.57	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	783.7	113.16	7.39	
Outpatient MH/SA	2.5	292.68	0.06	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0016	2.4	305.08	0.06	
Other Outpatient	3,723.0	81.77	25.37	1.0000	1.0379	1.0125	0.9250	1.0025	1.0000	1.0030	3,574.3	83.26	24.80	
Subtotal			\$ 162.59										\$ 155.60	
Pharmacy														
Pharmacy	25,780.1	\$ 54.38	\$ 116.82	1.0000	1.1078	1.1488	0.9250	1.0000	1.0000	0.9797	26,417.2	\$ 61.20	\$ 134.73	
Subtotal			\$ 116.82										\$ 134.73	
Ancillaries														
Transportation	108.8	\$ 148.91	\$ 1.35	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	106.0	\$ 151.77	\$ 1.34	
DME/Prosthetics	909.1	116.56	8.83	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	885.4	118.73	8.76	
Dental	0.6	-	-	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0016	0.6	-	-	
Other Ancillary	16.0	75.09	0.10	1.0000	1.0252	1.0125	0.9500	1.0050	1.0000	1.0018	15.6	77.12	0.10	
Subtotal			\$ 10.28										\$ 10.20	
Physician														
Inpatient and Outpatient Surgery	1,223.8	\$ 271.12	\$ 27.65	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	1,270.2	\$ 271.52	\$ 28.74	
Anesthesia	224.4	253.53	4.74	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	221.2	253.88	4.68	
Inpatient Visits	640.2	118.84	6.34	1.0000	1.0252	1.0063	0.9500	1.0500	1.0000	1.0016	623.5	125.68	6.53	
MH/SA	2.8	86.64	0.02	1.0000	1.0252	1.0063	0.9250	1.0000	1.0000	1.0016	2.6	91.25	0.02	
Emergency Room	749.3	97.53	6.09	1.0000	1.0252	1.0063	0.8400	1.0100	1.0000	1.0016	645.3	99.31	5.34	
Office/Home Visits/Consults	4,671.7	66.01	25.70	1.0000	1.0252	1.0063	1.0300	1.0300	1.0000	1.0434	4,933.1	71.39	29.35	
Maternity	-	-	-	1.0000	1.0379	1.0000	1.0000	1.0000	1.0000	1.0016	-	-	-	
Pathology/Lab	5,543.0	17.77	8.21	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	5,465.4	17.81	8.11	
Radiology	2,953.1	45.10	11.10	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	2,911.8	45.17	10.96	
Office Administered Drugs	634.9	152.90	8.09	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	626.1	153.15	7.99	
Physical Exams	457.0	83.24	3.17	1.0000	1.0252	1.0063	1.0250	1.0000	1.0000	1.0016	480.2	83.96	3.36	
Therapy	961.0	57.81	4.63	1.0000	1.0252	1.0063	0.9500	1.0000	1.0000	1.0016	936.0	58.33	4.55	
Vision	219.7	78.09	1.43	1.0000	1.0252	1.0063	1.0000	1.0000	1.0000	1.0016	225.3	78.84	1.48	
Other Professional	1,471.2	49.92	6.12	1.0000	1.0379	1.0000	0.9500	1.0000	1.0000	1.0016	1,450.6	49.97	6.04	
Subtotal			\$ 113.29										\$ 117.15	
Behavioral Health														
Inpatient and Outpatient MH/SA	229.0	\$ 275.68	\$ 5.26	1.0000	1.0508	1.0252	0.9000	1.0000	1.0000	1.0000	216.5	\$ 282.64	\$ 5.10	
Professional MH/SA	1,099.0	119.02	10.90	1.0000	1.0637	1.0252	0.9250	1.0000	1.0000	1.0000	1,081.3	122.07	11.00	
Subtotal			\$ 16.16										\$ 16.10	
Total Medical Cost			\$ 549.50										\$ 567.75	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO ABD Non-Dual 21+ M&F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0379	1.0125	1.0250	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO ABD Non-Dual <21 M&F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0379	1.0125	1.0250	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Breast and Cervical Cancer	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0379	1.0125	1.0250	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Residential Care Facility	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Inpatient	-	-	-	1.0000	1.0252	0.9752	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-	
Dental	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Ancillary	-	-	-	1.0000	0.9752	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
MH/SA	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0379	1.0125	1.0250	1.0000	1.0000	1.0000	-	-	-	
Maternity	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Radiology	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Physical Exams	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Therapy	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Vision	-	-	-	1.0000	1.0379	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Professional	-	-	-	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Dual Eligible 0-64 M&F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Dual Eligible 65+ M&F	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0031	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0252	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0637	1.0252	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Custodial Care Nursing Facility 65+	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Hospice 65+	CY 2015 Base Experience			Prospective Data Adjustments								SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM	
Inpatient														
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Outpatient														
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Pharmacy														
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Subtotal			\$ 0.00										\$ 0.00	
Ancillaries														
Transportation	-	\$ 0.00	\$ 0.00	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
DME/Prosthetics	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Dental	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Ancillary	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Physician														
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-	
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Behavioral Health														
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	
Total Medical Cost			\$ 0.00										\$ 0.00	
Long Term Supports and Services														
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00	
Home Health	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Residential Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Day Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
LTSS Transportation	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Other HCBS Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-	
Subtotal			\$ 0.00										\$ 0.00	

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Elderly HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0016	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0125	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Custodial Care Nursing Facility <65	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Hospice <65	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0063	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Non-Dual Skilled Nursing Facility	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0063	1.0315	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Dual HCBS Waivers: PD; H&D	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Non-Dual HCBS Waivers: PD; H&D; AIDS	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Brain Injury HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	0.9752	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0428	1.1592	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0125	1.0063	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0125	1.0063	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
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MCO ICF/MR	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0547	1.0237	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0508	1.0125	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
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MCO State Resource Center	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0459	1.1148	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0508	1.0125	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0063	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Intellectual Disability HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0547	1.0237	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0032	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0508	1.0125	1.0150	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	1.0252	1.0379	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO PMIC	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0895	0.9706	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

MCO Children's Mental Health HCBS Waiver	CY 2015 Base Experience			Prospective Data Adjustments							SFY 2018 Adjusted MCO Experience		
	Utilization per 1,000	Cost per Service	PMPM	Completion Factor	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
Inpatient													
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Well Newborn	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Maternity Delivery	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Inpatient	-	-	-	1.0000	1.0000	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Outpatient													
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Radiology	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pathology/Lab	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient Pharmacy	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Outpatient MH/SA	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Outpatient	-	-	-	1.0000	1.0000	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Pharmacy													
Pharmacy	-	\$ 0.00	\$ 0.00	1.0000	1.0895	0.9706	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00										\$ 0.00
Ancillaries													
Transportation	-	\$ 0.00	\$ 0.00	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Dental	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Ancillary	-	-	-	1.0000	1.0252	0.9875	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Physician													
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Inpatient Visits	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
MH/SA	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Emergency Room	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office/Home Visits/Consults	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Pathology/Lab	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Radiology	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Office Administered Drugs	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Physical Exams	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Therapy	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Vision	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Professional	-	-	-	1.0000	1.0508	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Behavioral Health													
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	1.0000	1.0252	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00
Total Medical Cost			\$ 0.00										\$ 0.00
Long Term Supports and Services													
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Residential Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
LTSS Transportation	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS Services	-	-	-	1.0000	0.9875	1.0125	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal			\$ 0.00										\$ 0.00

APPENDIX 3: BLENDED RATE DEVELOPMENT

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 0-59 days M&F

Calendar Year 2015 Member Months

50,526

8,438

Projected SFY18 Average Enrollment
4,018

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	10,607.0	\$ 1,336.75	\$ 1,181.58	10,038.1	\$ 1,250.60	\$ 1,046.14	10,525.6	\$ 1,325.00	\$ 1,162.20
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	4,893.0	763.90	311.48	4,154.3	794.28	274.97	4,787.3	767.68	306.26
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	187.9	2,110.47	33.05	-	-	-	161.0	2,110.41	28.32
Subtotal			\$ 1,526.11			\$ 1,321.11			\$ 1,496.78
Outpatient									
Outpatient Emergency Room	775.4	\$ 259.37	\$ 16.76	938.0	\$ 335.69	\$ 26.24	798.7	\$ 272.24	\$ 18.12
Outpatient Surgery	35.6	1,539.58	4.57	76.5	1,310.49	8.35	41.5	1,479.02	5.11
Outpatient Radiology	237.0	138.25	2.73	341.3	138.87	3.95	251.9	138.15	2.90
Outpatient Pathology/Lab	2,003.7	18.98	3.17	1,626.1	14.46	1.96	1,949.7	18.46	3.00
Outpatient Pharmacy	417.6	8.91	0.31	864.3	10.27	0.74	481.5	9.22	0.37
Outpatient MH/SA	0.6	-	-	6.8	52.71	0.03	1.5	-	-
Other Outpatient	1,741.2	94.76	13.75	2,175.0	77.46	14.04	1,803.3	91.77	13.79
Subtotal			\$ 41.29			\$ 55.31			\$ 43.29
Pharmacy									
Pharmacy	2,025.9	\$ 26.48	\$ 4.47	2,469.5	\$ 26.00	\$ 5.35	2,089.4	\$ 26.42	\$ 4.60
Subtotal			\$ 4.47			\$ 5.35			\$ 4.60
Ancillaries									
Transportation	111.4	\$ 324.12	\$ 3.01	87.6	\$ 205.60	\$ 1.50	108.0	\$ 309.94	\$ 2.79
DME/Prosthetics	306.1	173.69	4.43	326.9	140.21	3.82	309.1	168.51	4.34
Dental	1,245.9	11.94	1.24	845.4	11.78	0.83	1,188.6	11.91	1.18
Other Ancillary	133.5	117.79	1.31	194.2	114.29	1.85	142.2	117.33	1.39
Subtotal			\$ 9.99			\$ 8.00			\$ 9.70
Physician									
Inpatient and Outpatient Surgery	1,815.3	\$ 184.30	\$ 27.88	1,867.2	\$ 190.43	\$ 29.63	1,822.7	\$ 185.20	\$ 28.13
Anesthesia	80.3	452.58	3.03	80.4	458.38	3.07	80.3	454.07	3.04
Inpatient Visits	7,172.1	278.88	166.68	6,623.7	266.62	147.17	7,093.7	277.24	163.89
MH/SA	-	-	-	-	-	-	-	-	-
Emergency Room	888.3	75.92	5.62	1,029.4	77.87	6.68	908.4	76.22	5.77
Office/Home Visits/Consults	6,874.2	111.65	63.96	4,958.7	64.93	26.83	6,600.1	106.64	58.65
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,639.9	49.61	6.78	3,518.2	28.75	8.43	1,908.7	44.14	7.02
Radiology	3,650.1	15.52	4.72	3,756.6	16.90	5.29	3,665.3	15.71	4.80
Office Administered Drugs	32.6	3.69	0.01	40.3	2.98	0.01	33.7	3.57	0.01
Physical Exams	11,887.5	79.26	78.52	14,439.1	76.51	92.06	12,252.6	78.80	80.46
Therapy	292.6	39.79	0.97	303.3	40.75	1.03	294.1	39.99	0.98
Vision	8.3	72.46	0.05	11.7	82.26	0.08	8.8	68.42	0.05
Other Professional	1,544.1	47.41	6.10	1,549.5	47.16	6.09	1,544.9	47.38	6.10
Subtotal			\$ 364.32			\$ 326.37			\$ 358.90
Behavioral Health									
Inpatient and Outpatient MH/SA	0.2	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	0.2	\$ 0.00	\$ 0.00
Professional MH/SA	0.2	-	-	-	-	-	0.2	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Total Medical Cost			\$ 1,946.18			\$ 1,716.14			\$ 1,913.27
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,913.27
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(26.79)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	198.03
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	(13.05%)	(246.19)
Gross Capitation Rate		\$ 1,838.52
Less Withhold	2.5%	(45.96)
Net Capitation Rate		\$ 1,792.56

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 60-364 days M&F

Calendar Year 2015 Member Months

164,662

41,579

Projected SFY18 Average Enrollment
17,116

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	213.4	\$ 1,653.23	\$ 29.40	236.4	\$ 1,646.42	\$ 32.44	218.0	\$ 1,651.62	\$ 30.01
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	8.3	2,053.01	1.42	52.2	836.78	3.64	17.2	1,308.45	1.87
Subtotal			\$ 30.82			\$ 36.08			\$ 31.88
Outpatient									
Outpatient Emergency Room	929.8	\$ 244.57	\$ 18.95	1,039.3	\$ 282.55	\$ 24.47	951.9	\$ 252.89	\$ 20.06
Outpatient Surgery	55.2	2,240.09	10.31	95.0	1,489.90	11.80	63.3	2,012.65	10.61
Outpatient Radiology	152.0	142.11	1.80	210.0	134.84	2.36	163.7	140.02	1.91
Outpatient Pathology/Lab	917.3	25.90	1.98	877.8	19.28	1.41	909.4	24.68	1.87
Outpatient Pharmacy	512.7	7.96	0.34	674.4	10.32	0.58	545.3	8.58	0.39
Outpatient MH/SA	17.2	62.90	0.09	24.7	77.86	0.16	18.7	64.24	0.10
Other Outpatient	1,497.3	66.84	8.34	1,680.5	67.05	9.39	1,534.2	66.88	8.55
Subtotal			\$ 41.81			\$ 50.17			\$ 43.49
Pharmacy									
Pharmacy	4,761.8	\$ 47.25	\$ 18.75	4,778.2	\$ 54.05	\$ 21.52	4,765.1	\$ 48.63	\$ 19.31
Subtotal			\$ 18.75			\$ 21.52			\$ 19.31
Ancillaries									
Transportation	32.3	\$ 241.64	\$ 0.65	41.1	\$ 160.66	\$ 0.55	34.1	\$ 222.03	\$ 0.63
DME/Prosthetics	529.4	119.46	5.27	533.8	104.08	4.63	530.3	116.32	5.14
Dental	1,167.5	11.82	1.15	746.8	11.73	0.73	1,082.7	11.86	1.07
Other Ancillary	31.5	121.79	0.32	51.1	115.11	0.49	35.5	118.41	0.35
Subtotal			\$ 7.39			\$ 6.40			\$ 7.19
Physician									
Inpatient and Outpatient Surgery	218.8	\$ 245.66	\$ 4.48	228.9	\$ 216.55	\$ 4.13	220.9	\$ 239.61	\$ 4.41
Anesthesia	95.2	205.55	1.63	112.1	216.25	2.02	98.6	208.18	1.71
Inpatient Visits	300.2	297.43	7.44	334.5	234.25	6.53	307.1	283.69	7.26
MH/SA	0.3	-	-	0.6	-	-	0.4	-	-
Emergency Room	922.5	67.51	5.19	1,034.8	71.44	6.16	945.2	68.43	5.39
Office/Home Visits/Consults	5,984.8	91.85	45.81	5,123.9	64.62	27.59	5,811.3	87.02	42.14
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,511.4	16.12	2.03	1,886.7	13.74	2.16	1,587.1	15.58	2.06
Radiology	706.5	20.04	1.18	773.2	21.88	1.41	720.0	20.50	1.23
Office Administered Drugs	199.3	9.03	0.15	319.2	8.65	0.23	223.5	9.13	0.17
Physical Exams	5,113.1	66.35	28.27	6,706.1	67.28	37.60	5,434.3	66.58	30.15
Therapy	259.1	37.05	0.80	230.8	38.48	0.74	253.4	37.41	0.79
Vision	24.9	72.35	0.15	23.1	67.59	0.13	24.5	73.41	0.15
Other Professional	914.8	49.58	3.78	1,213.7	48.05	4.86	975.1	49.23	4.00
Subtotal			\$ 100.91			\$ 93.56			\$ 99.46
Behavioral Health									
Inpatient and Outpatient MH/SA	0.2	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	0.2	\$ 0.00	\$ 0.00
Professional MH/SA	1.4	84.51	0.01	9.8	97.76	0.08	3.1	77.17	0.02
Subtotal			\$ 0.01			\$ 0.08			\$ 0.02
Total Medical Cost			\$ 199.69			\$ 207.81			\$ 201.35
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 201.35
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.82)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	20.84
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	(4.81%)	(9.55)
Gross Capitation Rate		\$ 210.02
Less Withhold	2.5%	(5.25)
Net Capitation Rate		\$ 204.77

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 1-4 M&F

Calendar Year 2015 Member Months

598,245

104,652

Projected SFY18 Average Enrollment
61,875

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	70.7	\$ 2,097.66	\$ 12.35	39.2	\$ 2,138.16	\$ 6.99	66.0	\$ 2,100.95	\$ 11.55
Inpatient MH/SA	0.1	1,200.00	0.01	-	-	-	0.1	1,333.33	0.01
Inpatient Well Newborn	-	-	-	0.2	1,090.91	0.02	0.0	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	1.4	4,764.71	0.54	2.0	895.52	0.15	1.5	3,945.21	0.48
Subtotal			\$ 12.90			\$ 7.16			\$ 12.04
Outpatient									
Outpatient Emergency Room	618.8	\$ 245.92	\$ 12.68	750.3	\$ 273.82	\$ 17.12	638.3	\$ 250.78	\$ 13.34
Outpatient Surgery	78.0	2,248.08	14.62	116.9	1,378.38	13.43	83.8	2,067.04	14.44
Outpatient Radiology	76.3	136.92	0.87	91.7	112.54	0.86	78.6	132.91	0.87
Outpatient Pathology/Lab	747.9	23.43	1.46	735.9	15.49	0.95	746.1	22.20	1.38
Outpatient Pharmacy	145.6	20.60	0.25	158.2	15.17	0.20	147.5	19.53	0.24
Outpatient MH/SA	8.7	82.38	0.06	10.6	90.82	0.08	9.0	79.91	0.06
Other Outpatient	1,351.9	78.65	8.86	1,256.1	71.36	7.47	1,337.6	77.60	8.65
Subtotal			\$ 38.80			\$ 40.11			\$ 38.98
Pharmacy									
Pharmacy	3,651.7	\$ 46.10	\$ 14.03	3,504.7	\$ 43.45	\$ 12.69	3,629.8	\$ 45.72	\$ 13.83
Subtotal			\$ 14.03			\$ 12.69			\$ 13.83
Ancillaries									
Transportation	18.8	\$ 223.76	\$ 0.35	26.1	\$ 146.90	\$ 0.32	19.9	\$ 211.37	\$ 0.35
DME/Prosthetics	202.8	104.13	1.76	195.6	92.66	1.51	201.8	102.30	1.72
Dental	1,276.4	11.19	1.19	785.4	11.31	0.74	1,203.3	11.17	1.12
Other Ancillary	5.1	93.57	0.04	6.3	114.47	0.06	5.3	90.57	0.04
Subtotal			\$ 3.34			\$ 2.63			\$ 3.23
Physician									
Inpatient and Outpatient Surgery	240.1	\$ 234.39	\$ 4.69	228.9	\$ 172.51	\$ 3.29	238.4	\$ 225.47	\$ 4.48
Anesthesia	131.1	193.16	2.11	114.8	193.46	1.85	128.7	193.08	2.07
Inpatient Visits	67.9	182.14	1.03	58.4	154.06	0.75	66.5	178.78	0.99
MH/SA	2.0	118.81	0.02	1.1	107.14	0.01	1.9	126.98	0.02
Emergency Room	586.2	64.89	3.17	733.9	68.68	4.20	608.2	65.51	3.32
Office/Home Visits/Consults	3,770.1	83.23	26.15	3,316.9	63.85	17.65	3,702.6	80.64	24.88
Maternity	-	-	-	0.1	-	-	0.0	-	-
Pathology/Lab	1,410.3	13.95	1.64	1,917.6	12.95	2.07	1,485.9	13.73	1.70
Radiology	364.6	19.75	0.60	410.9	18.98	0.65	371.5	19.71	0.61
Office Administered Drugs	94.1	14.04	0.11	133.8	8.97	0.10	100.0	13.20	0.11
Physical Exams	1,452.8	73.02	8.84	2,191.8	64.60	11.80	1,562.9	71.25	9.28
Therapy	172.1	39.74	0.57	176.7	45.51	0.67	172.8	40.28	0.58
Vision	140.8	69.02	0.81	105.0	70.87	0.62	135.5	69.09	0.78
Other Professional	538.2	49.50	2.22	728.9	45.27	2.75	566.6	48.71	2.30
Subtotal			\$ 51.96			\$ 46.41			\$ 51.12
Behavioral Health									
Inpatient and Outpatient MH/SA	5.7	\$ 105.63	\$ 0.05	7.9	\$ 90.68	\$ 0.06	6.0	\$ 99.67	\$ 0.05
Professional MH/SA	428.4	77.04	2.75	288.3	69.92	1.68	407.5	76.27	2.59
Subtotal			\$ 2.80			\$ 1.74			\$ 2.64
Total Medical Cost			\$ 123.83			\$ 110.74			\$ 121.84
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 121.84
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.67)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	12.61
IHH/CCHH Administrative Load Adjustment	0.24%	0.29
Cost Containment Initiative Gross Adjustment	(4.41%)	(5.30)
Gross Capitation Rate		\$ 127.97
Less Withhold	2.5%	(3.20)
Net Capitation Rate		\$ 124.77

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 5-14 M&F

Calendar Year 2015 Member Months

1,349,228

186,506

Projected SFY18 Average Enrollment
122,890

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	32.6	\$ 1,952.12	\$ 5.30	33.0	\$ 2,576.62	\$ 7.09	32.6	\$ 2,030.03	\$ 5.52
Inpatient MH/SA	0.2	800.00	0.01	-	-	-	0.1	923.08	0.01
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	2.9	696.25	0.17	2.8	606.50	0.14	2.9	701.03	0.17
Subtotal			\$ 5.48			\$ 7.23			\$ 5.70
Outpatient									
Outpatient Emergency Room	292.4	\$ 308.58	\$ 7.52	346.5	\$ 310.98	\$ 8.98	299.0	\$ 309.02	\$ 7.70
Outpatient Surgery	30.4	2,197.63	5.56	46.9	1,389.93	5.43	32.4	2,053.75	5.54
Outpatient Radiology	99.1	162.23	1.34	104.5	136.72	1.19	99.8	158.77	1.32
Outpatient Pathology/Lab	570.0	22.95	1.09	568.9	15.61	0.74	569.9	22.11	1.05
Outpatient Pharmacy	65.4	115.61	0.63	77.5	71.26	0.46	66.9	109.48	0.61
Outpatient MH/SA	2.1	225.35	0.04	1.8	266.67	0.04	2.1	229.67	0.04
Other Outpatient	678.9	73.71	4.17	669.7	68.45	3.82	677.8	73.12	4.13
Subtotal			\$ 20.35			\$ 20.66			\$ 20.39
Pharmacy									
Pharmacy	5,280.4	\$ 93.31	\$ 41.06	4,231.6	\$ 89.70	\$ 31.63	5,153.1	\$ 92.94	\$ 39.91
Subtotal			\$ 41.06			\$ 31.63			\$ 39.91
Ancillaries									
Transportation	9.8	\$ 195.32	\$ 0.16	13.1	\$ 156.20	\$ 0.17	10.2	\$ 187.87	\$ 0.16
DME/Prosthetics	140.0	114.88	1.34	106.7	98.98	0.88	135.9	113.00	1.28
Dental	255.0	21.64	0.46	124.5	21.21	0.22	239.2	21.57	0.43
Other Ancillary	0.8	-	-	0.1	-	-	0.7	-	-
Subtotal			\$ 1.96			\$ 1.27			\$ 1.87
Physician									
Inpatient and Outpatient Surgery	170.5	\$ 185.14	\$ 2.63	187.6	\$ 160.57	\$ 2.51	172.6	\$ 182.21	\$ 2.62
Anesthesia	51.0	197.69	0.84	47.1	216.38	0.85	50.5	199.52	0.84
Inpatient Visits	28.9	145.58	0.35	38.6	127.46	0.41	30.0	143.86	0.36
MH/SA	3.0	158.94	0.04	1.9	185.57	0.03	2.9	166.09	0.04
Emergency Room	277.2	66.24	1.53	340.6	71.17	2.02	284.9	66.98	1.59
Office/Home Visits/Consults	2,270.3	86.21	16.31	1,949.2	67.66	10.99	2,231.3	84.22	15.66
Maternity	0.3	-	-	1.1	112.15	0.01	0.4	-	-
Pathology/Lab	851.2	13.82	0.98	1,119.3	14.37	1.34	883.7	13.85	1.02
Radiology	397.7	24.44	0.81	448.1	28.39	1.06	403.8	24.96	0.84
Office Administered Drugs	41.2	160.31	0.55	48.0	20.00	0.08	42.0	140.00	0.49
Physical Exams	608.4	60.35	3.06	830.9	63.54	4.40	635.5	60.81	3.22
Therapy	263.0	40.61	0.89	237.1	44.04	0.87	259.8	41.10	0.89
Vision	492.4	66.54	2.73	378.9	74.11	2.34	478.6	67.20	2.68
Other Professional	277.7	50.13	1.16	274.5	46.34	1.06	277.3	49.77	1.15
Subtotal			\$ 31.88			\$ 27.97			\$ 31.40
Behavioral Health									
Inpatient and Outpatient MH/SA	75.2	\$ 402.13	\$ 2.52	49.3	\$ 535.82	\$ 2.20	72.1	\$ 413.05	\$ 2.48
Professional MH/SA	3,804.2	87.44	27.72	3,237.0	80.78	21.79	3,735.3	86.74	27.00
Subtotal			\$ 30.24			\$ 23.99			\$ 29.48
Total Medical Cost			\$ 130.97			\$ 112.75			\$ 128.75
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 128.75
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.39)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	13.37
IHH/CCHH Administrative Load Adjustment	2.81%	3.68
Cost Containment Initiative Gross Adjustment	(2.27%)	(2.89)
Gross Capitation Rate		\$ 141.72
Less Withhold	2.5%	(3.54)
Net Capitation Rate		\$ 138.18

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 15-20 F

Calendar Year 2015 Member Months

223,321

41,416

Projected SFY18 Average Enrollment
20,897

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	65.1	\$ 1,944.40	\$ 10.55	51.8	\$ 2,961.22	\$ 12.79	63.0	\$ 2,075.20	\$ 10.90
Inpatient MH/SA	0.8	585.37	0.04	-	-	-	0.7	521.74	0.03
Inpatient Well Newborn	-	-	-	1.4	676.06	0.08	0.2	545.45	0.01
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	7.7	938.72	0.60	2.0	666.67	0.11	6.8	920.35	0.52
Subtotal			\$ 11.19			\$ 12.98			\$ 11.46
Outpatient									
Outpatient Emergency Room	605.8	\$ 382.70	\$ 19.32	810.1	\$ 429.01	\$ 28.96	637.8	\$ 391.94	\$ 20.83
Outpatient Surgery	43.2	2,617.88	9.42	67.9	1,787.27	10.11	47.0	2,431.12	9.53
Outpatient Radiology	284.3	202.62	4.80	270.4	172.20	3.88	282.1	198.22	4.66
Outpatient Pathology/Lab	2,145.1	26.57	4.75	1,788.1	21.61	3.22	2,089.2	25.90	4.51
Outpatient Pharmacy	157.0	130.74	1.71	211.1	134.70	2.37	165.4	131.29	1.81
Outpatient MH/SA	1.1	210.53	0.02	0.3	428.57	0.01	1.0	237.62	0.02
Other Outpatient	923.3	77.20	5.94	976.4	73.62	5.99	931.6	76.64	5.95
Subtotal			\$ 45.96			\$ 54.54			\$ 47.31
Pharmacy									
Pharmacy	8,786.8	\$ 55.30	\$ 40.49	7,380.1	\$ 54.65	\$ 33.61	8,566.7	\$ 55.20	\$ 39.41
Subtotal			\$ 40.49			\$ 33.61			\$ 39.41
Ancillaries									
Transportation	44.6	\$ 196.46	\$ 0.73	56.9	\$ 160.39	\$ 0.76	46.5	\$ 188.35	\$ 0.73
DME/Prosthetics	165.6	119.55	1.65	122.6	131.13	1.34	158.9	120.84	1.60
Dental	48.0	12.50	0.05	63.0	15.24	0.08	50.4	11.92	0.05
Other Ancillary	14.3	176.84	0.21	17.6	109.40	0.16	14.8	162.49	0.20
Subtotal			\$ 2.64			\$ 2.34			\$ 2.58
Physician									
Inpatient and Outpatient Surgery	285.1	\$ 186.87	\$ 4.44	321.2	\$ 164.39	\$ 4.40	290.8	\$ 182.83	\$ 4.43
Anesthesia	97.3	254.16	2.06	134.3	285.10	3.19	103.1	260.84	2.24
Inpatient Visits	80.2	128.66	0.86	90.3	98.36	0.74	81.8	123.24	0.84
MH/SA	28.9	58.13	0.14	38.1	53.54	0.17	30.3	55.37	0.14
Emergency Room	570.4	77.84	3.70	745.6	81.92	5.09	597.8	78.69	3.92
Office/Home Visits/Consults	3,460.9	87.97	25.37	2,954.6	64.17	15.80	3,381.7	84.70	23.87
Maternity	118.3	77.07	0.76	306.1	169.73	4.33	147.7	107.23	1.32
Pathology/Lab	2,772.4	18.48	4.27	4,230.8	18.63	6.57	3,000.6	18.52	4.63
Radiology	1,012.9	42.17	3.56	1,260.8	47.21	4.96	1,051.7	43.13	3.78
Office Administered Drugs	597.0	26.93	1.34	716.6	32.65	1.95	615.7	28.06	1.44
Physical Exams	537.0	57.88	2.59	680.8	65.22	3.70	559.5	59.20	2.76
Therapy	754.8	44.04	2.77	620.3	48.95	2.53	733.7	44.65	2.73
Vision	561.0	67.17	3.14	361.5	75.35	2.27	529.8	67.95	3.00
Other Professional	393.9	122.17	4.01	363.4	140.68	4.26	389.1	124.90	4.05
Subtotal			\$ 59.01			\$ 59.96			\$ 59.15
Behavioral Health									
Inpatient and Outpatient MH/SA	298.0	\$ 396.60	\$ 9.85	182.6	\$ 448.22	\$ 6.82	280.0	\$ 402.04	\$ 9.38
Professional MH/SA	4,783.2	109.74	43.74	2,129.4	110.40	19.59	4,368.0	109.78	39.96
Subtotal			\$ 53.59			\$ 26.41			\$ 49.34
Total Medical Cost			\$ 212.88			\$ 189.84			\$ 209.25
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 209.25
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.24)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	21.73
IHH/CCHH Administrative Load Adjustment	2.26%	4.79
Cost Containment Initiative Gross Adjustment	(1.82%)	(3.77)
Gross Capitation Rate		\$ 229.96
Less Withhold	2.5%	(5.75)
Net Capitation Rate		\$ 224.21

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Children 15-20 M

Calendar Year 2015 Member Months

203,741

34,679

Projected SFY18 Average Enrollment
18,973

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	52.1	\$ 2,438.26	\$ 10.58	61.9	\$ 2,624.88	\$ 13.54	53.5	\$ 2,469.53	\$ 11.01
Inpatient MH/SA	1.1	672.90	0.06	-	-	-	0.9	659.34	0.05
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	3.5	994.29	0.29	-	-	-	3.0	1,003.34	0.25
Subtotal			\$ 10.93			\$ 13.54			\$ 11.31
Outpatient									
Outpatient Emergency Room	327.1	\$ 424.16	\$ 11.56	404.7	\$ 408.35	\$ 13.77	338.3	\$ 421.35	\$ 11.88
Outpatient Surgery	30.4	2,910.05	7.36	50.2	1,861.24	7.78	33.2	2,679.51	7.42
Outpatient Radiology	155.5	199.07	2.58	168.1	224.15	3.14	157.4	202.86	2.66
Outpatient Pathology/Lab	698.4	24.57	1.43	610.6	19.65	1.00	685.6	23.98	1.37
Outpatient Pharmacy	96.1	227.33	1.82	72.8	92.37	0.56	92.7	212.34	1.64
Outpatient MH/SA	1.5	238.41	0.03	1.0	360.00	0.03	1.4	250.00	0.03
Other Outpatient	595.6	65.07	3.23	495.3	74.62	3.08	581.0	66.29	3.21
Subtotal			\$ 28.01			\$ 29.36			\$ 28.21
Pharmacy									
Pharmacy	6,490.9	\$ 94.77	\$ 51.26	4,300.5	\$ 78.13	\$ 28.00	6,172.3	\$ 93.09	\$ 47.88
Subtotal			\$ 51.26			\$ 28.00			\$ 47.88
Ancillaries									
Transportation	30.3	\$ 177.98	\$ 0.45	36.6	\$ 131.11	\$ 0.40	31.3	\$ 168.96	\$ 0.44
DME/Prosthetics	160.8	129.85	1.74	139.5	174.67	2.03	157.7	135.45	1.78
Dental	7.4	16.24	0.01	26.3	18.25	0.04	10.1	11.83	0.01
Other Ancillary	0.3	444.44	0.01	0.3	1,058.82	0.03	0.3	428.57	0.01
Subtotal			\$ 2.21			\$ 2.50			\$ 2.24
Physician									
Inpatient and Outpatient Surgery	227.6	\$ 206.65	\$ 3.92	262.9	\$ 187.15	\$ 4.10	232.8	\$ 203.64	\$ 3.95
Anesthesia	48.1	232.06	0.93	48.0	245.00	0.98	48.1	234.61	0.94
Inpatient Visits	54.6	134.09	0.61	70.6	139.40	0.82	56.9	134.93	0.64
MH/SA	3.7	292.68	0.09	2.4	101.69	0.02	3.5	274.29	0.08
Emergency Room	312.9	73.25	1.91	398.0	78.70	2.61	325.3	74.15	2.01
Office/Home Visits/Consults	1,994.6	85.85	14.27	1,597.9	66.91	8.91	1,936.9	83.58	13.49
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	996.5	18.55	1.54	1,297.2	17.30	1.87	1,040.2	18.34	1.59
Radiology	702.9	31.24	1.83	770.7	34.88	2.24	712.8	31.82	1.89
Office Administered Drugs	46.8	82.14	0.32	62.7	49.78	0.26	49.1	75.81	0.31
Physical Exams	438.6	62.66	2.29	493.4	67.61	2.78	446.5	63.42	2.36
Therapy	554.7	45.86	2.12	398.7	53.28	1.77	532.0	46.69	2.07
Vision	421.7	65.73	2.31	281.7	72.85	1.71	401.4	66.38	2.22
Other Professional	258.7	47.31	1.02	239.2	53.18	1.06	255.9	48.31	1.03
Subtotal			\$ 33.16			\$ 29.13			\$ 32.58
Behavioral Health									
Inpatient and Outpatient MH/SA	285.1	\$ 320.32	\$ 7.61	165.7	\$ 406.28	\$ 5.61	267.7	\$ 328.10	\$ 7.32
Professional MH/SA	7,875.2	93.15	61.13	1,849.5	106.08	16.35	6,998.7	93.65	54.62
Subtotal			\$ 68.74			\$ 21.96			\$ 61.94
Total Medical Cost			\$ 194.31			\$ 124.49			\$ 184.16
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 184.16
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.71)	
Non-Emergency Medical Transportation	0.20	
Administrative Load	9.50%	19.15
IHH/CCHH Administrative Load Adjustment	2.72%	5.11
Cost Containment Initiative Gross Adjustment	(1.90%)	(3.47)
Gross Capitation Rate		\$ 203.44
Less Withhold	2.5%	(5.09)
Net Capitation Rate		\$ 198.35

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

**State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development**

Non-Expansion Adults 21-34 F

Calendar Year 2015 Member Months

251,107

52,173

Projected SFY18 Average Enrollment
27,764

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	141.2	\$ 2,276.93	\$ 26.79	82.9	\$ 2,108.11	\$ 14.56	131.2	\$ 2,258.92	\$ 24.69
Inpatient MH/SA	0.6	1,161.29	0.06	0.7	1,970.15	0.11	0.6	1,333.33	0.07
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	2.0	827.59	0.14	-	-	-	1.7	857.14	0.12
Subtotal			\$ 26.99			\$ 14.67			\$ 24.88
Outpatient									
Outpatient Emergency Room	1,067.4	\$ 421.91	\$ 37.53	1,253.8	\$ 459.30	\$ 47.99	1,099.5	\$ 429.25	\$ 39.33
Outpatient Surgery	113.0	2,772.99	26.11	138.0	2,255.49	25.94	117.3	2,668.26	26.08
Outpatient Radiology	566.8	212.56	10.04	496.4	168.49	6.97	554.7	205.74	9.51
Outpatient Pathology/Lab	3,874.3	27.26	8.80	3,112.0	21.52	5.58	3,743.2	26.45	8.25
Outpatient Pharmacy	333.1	104.46	2.90	314.9	123.85	3.25	330.0	107.64	2.96
Outpatient MH/SA	0.9	129.03	0.01	0.4	272.73	0.01	0.9	141.18	0.01
Other Outpatient	1,339.2	88.44	9.87	1,491.8	79.79	9.92	1,365.4	86.83	9.88
Subtotal			\$ 95.26			\$ 99.66			\$ 96.02
Pharmacy									
Pharmacy	14,233.5	\$ 52.25	\$ 61.97	12,175.6	\$ 47.89	\$ 48.59	13,879.5	\$ 51.59	\$ 59.67
Subtotal			\$ 61.97			\$ 48.59			\$ 59.67
Ancillaries									
Transportation	73.9	\$ 175.44	\$ 1.08	77.7	\$ 146.66	\$ 0.95	74.5	\$ 170.67	\$ 1.06
DME/Prosthetics	232.9	134.48	2.61	176.5	97.89	1.44	223.2	129.58	2.41
Dental	50.3	14.33	0.06	39.9	12.04	0.04	48.5	14.85	0.06
Other Ancillary	11.5	166.81	0.16	8.1	119.11	0.08	10.9	164.84	0.15
Subtotal			\$ 3.91			\$ 2.51			\$ 3.68
Physician									
Inpatient and Outpatient Surgery	574.9	\$ 227.94	\$ 10.92	559.5	\$ 189.82	\$ 8.85	572.2	\$ 221.45	\$ 10.56
Anesthesia	239.0	258.58	5.15	214.8	276.59	4.95	234.8	261.64	5.12
Inpatient Visits	157.9	110.99	1.46	140.7	99.80	1.17	154.9	109.23	1.41
MH/SA	39.7	57.39	0.19	29.9	52.21	0.13	38.0	56.78	0.18
Emergency Room	1,017.2	82.94	7.03	1,185.1	85.87	8.48	1,046.0	83.52	7.28
Office/Home Visits/Consults	4,766.6	93.07	36.97	3,891.9	65.95	21.39	4,616.1	89.14	34.29
Maternity	281.9	77.47	1.82	469.3	174.12	6.81	314.2	102.37	2.68
Pathology/Lab	4,646.1	20.35	7.88	7,254.0	20.30	12.27	5,094.7	20.35	8.64
Radiology	2,123.4	46.62	8.25	2,140.6	52.25	9.32	2,126.3	47.58	8.43
Office Administered Drugs	645.2	61.19	3.29	791.9	40.61	2.68	670.5	57.10	3.19
Physical Exams	419.2	65.84	2.30	539.5	73.63	3.31	439.9	67.38	2.47
Therapy	945.1	43.81	3.45	761.2	45.25	2.87	913.4	44.01	3.35
Vision	415.9	68.97	2.39	311.0	81.02	2.10	397.8	70.58	2.34
Other Professional	530.9	113.25	5.01	574.7	116.73	5.59	538.4	113.89	5.11
Subtotal			\$ 96.11			\$ 89.92			\$ 95.05
Behavioral Health									
Inpatient and Outpatient MH/SA	472.7	\$ 211.73	\$ 8.34	282.5	\$ 239.18	\$ 5.63	440.0	\$ 214.66	\$ 7.87
Professional MH/SA	2,584.0	114.38	24.63	2,020.8	108.73	18.31	2,487.1	113.58	23.54
Subtotal			\$ 32.97			\$ 23.94			\$ 31.41
Total Medical Cost			\$ 317.21			\$ 279.29			\$ 310.71
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 310.71
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(3.91)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	34.09
IHH/CCHH Administrative Load Adjustment	0.34%	1.06
Cost Containment Initiative Gross Adjustment	(1.97%)	(6.04)
Gross Capitation Rate		\$ 336.66
Less Withhold	2.5%	(8.42)
Net Capitation Rate		\$ 328.24

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Expansion Adults 21-34 M

Calendar Year 2015 Member Months

53,966

11,395

Projected SFY18 Average Enrollment
6,092

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	136.0	\$ 2,403.00	\$ 27.24	188.7	\$ 1,428.15	\$ 22.46	145.2	\$ 2,182.34	\$ 26.41
Inpatient MH/SA	0.2	600.00	0.01	6.2	1,831.17	0.94	1.2	1,645.16	0.17
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	0.8	1,024.39	0.07	-	-	-	0.7	1,058.82	0.06
Subtotal			\$ 27.32			\$ 23.40			\$ 26.64
Outpatient									
Outpatient Emergency Room	740.2	\$ 430.74	\$ 26.57	763.9	\$ 466.74	\$ 29.71	744.3	\$ 437.22	\$ 27.12
Outpatient Surgery	73.8	2,114.97	13.00	119.3	2,340.46	23.27	81.7	2,172.34	14.79
Outpatient Radiology	237.2	250.96	4.96	223.4	191.74	3.57	234.8	241.26	4.72
Outpatient Pathology/Lab	1,018.5	26.16	2.22	901.8	20.76	1.56	998.2	25.25	2.10
Outpatient Pharmacy	146.2	81.29	0.99	59.7	291.70	1.45	131.1	97.96	1.07
Outpatient MH/SA	0.6	203.39	0.01	2.0	118.23	0.02	0.8	142.86	0.01
Other Outpatient	689.5	94.67	5.44	791.6	67.91	4.48	707.3	89.41	5.27
Subtotal			\$ 53.19			\$ 64.06			\$ 55.08
Pharmacy									
Pharmacy	8,449.7	\$ 63.60	\$ 44.78	7,318.7	\$ 72.64	\$ 44.30	8,252.5	\$ 65.00	\$ 44.70
Subtotal			\$ 44.78			\$ 44.30			\$ 44.70
Ancillaries									
Transportation	54.4	\$ 194.12	\$ 0.88	55.4	\$ 168.98	\$ 0.78	54.6	\$ 189.11	\$ 0.86
DME/Prosthetics	266.5	170.63	3.79	257.4	194.84	4.18	265.0	174.83	3.86
Dental	0.4	-	-	3.1	38.96	0.01	0.9	-	-
Other Ancillary	0.6	562.50	0.03	-	-	-	0.5	452.83	0.02
Subtotal			\$ 4.70			\$ 4.97			\$ 4.74
Physician									
Inpatient and Outpatient Surgery	364.2	\$ 227.71	\$ 6.91	405.8	\$ 232.12	\$ 7.85	371.4	\$ 228.42	\$ 7.07
Anesthesia	69.0	231.44	1.33	81.0	275.59	1.86	71.1	239.80	1.42
Inpatient Visits	146.1	118.29	1.44	234.9	127.72	2.50	161.6	120.33	1.62
MH/SA	2.5	97.56	0.02	2.0	120.00	0.02	2.4	100.84	0.02
Emergency Room	720.9	78.24	4.70	748.2	85.16	5.31	725.6	79.54	4.81
Office/Home Visits/Consults	2,424.6	87.01	17.58	2,174.5	70.53	12.78	2,381.0	84.37	16.74
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,211.5	18.32	1.85	1,677.0	18.25	2.55	1,292.7	18.29	1.97
Radiology	1,151.1	35.65	3.42	1,294.8	39.39	4.25	1,176.2	36.32	3.56
Office Administered Drugs	134.1	113.68	1.27	144.3	140.51	1.69	135.9	118.37	1.34
Physical Exams	105.1	70.80	0.62	184.8	80.52	1.24	119.0	73.63	0.73
Therapy	574.8	44.26	2.12	612.3	50.76	2.59	581.4	45.41	2.20
Vision	244.4	70.71	1.44	201.9	77.86	1.31	237.0	71.91	1.42
Other Professional	329.4	58.65	1.61	391.5	49.35	1.61	340.2	56.79	1.61
Subtotal			\$ 44.31			\$ 45.56			\$ 44.51
Behavioral Health									
Inpatient and Outpatient MH/SA	347.2	\$ 217.77	\$ 6.30	364.4	\$ 234.81	\$ 7.13	350.2	\$ 220.71	\$ 6.44
Professional MH/SA	1,734.3	102.34	14.79	1,301.0	119.91	13.00	1,658.7	104.76	14.48
Subtotal			\$ 21.09			\$ 20.13			\$ 20.92
Total Medical Cost			\$ 195.39			\$ 202.42			\$ 196.59
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 196.59
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.46)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	21.57
IHH/CCHH Administrative Load Adjustment	3.26%	6.54
Cost Containment Initiative Gross Adjustment	(2.50%)	(4.85)
Gross Capitation Rate		\$ 218.14
Less Withhold	2.5%	(5.45)
Net Capitation Rate		\$ 212.69

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Expansion Adults 35-49 F

Calendar Year 2015 Member Months

125,739

24,554

Projected SFY18 Average Enrollment
14,949

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	293.7	\$ 2,523.65	\$ 61.76	238.0	\$ 2,786.84	\$ 55.27	284.6	\$ 2,559.65	\$ 60.70
Inpatient MH/SA	1.0	618.56	0.05	-	-	-	0.8	592.59	0.04
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	6.0	400.67	0.20	10.0	144.14	0.12	6.6	343.37	0.19
Subtotal			\$ 62.01			\$ 55.39			\$ 60.93
Outpatient									
Outpatient Emergency Room	882.4	\$ 502.09	\$ 36.92	1,049.6	\$ 556.34	\$ 48.66	909.7	\$ 512.34	\$ 38.84
Outpatient Surgery	196.1	2,589.22	42.31	265.6	2,091.28	46.28	207.4	2,485.15	42.96
Outpatient Radiology	890.0	199.55	14.80	904.1	170.15	12.82	892.3	194.73	14.48
Outpatient Pathology/Lab	3,858.6	26.12	8.40	3,180.2	21.09	5.59	3,747.8	25.42	7.94
Outpatient Pharmacy	415.9	161.57	5.60	405.4	82.29	2.78	414.2	148.91	5.14
Outpatient MH/SA	3.0	203.39	0.05	3.3	219.51	0.06	3.0	200.00	0.05
Other Outpatient	2,130.5	85.22	15.13	2,448.7	78.41	16.00	2,182.5	83.96	15.27
Subtotal			\$ 123.21			\$ 132.19			\$ 124.68
Pharmacy									
Pharmacy	26,593.8	\$ 63.33	\$ 140.34	24,166.2	\$ 56.33	\$ 113.45	26,197.2	\$ 62.27	\$ 135.95
Subtotal			\$ 140.34			\$ 113.45			\$ 135.95
Ancillaries									
Transportation	85.3	\$ 180.18	\$ 1.28	90.0	\$ 130.72	\$ 0.98	86.0	\$ 171.59	\$ 1.23
DME/Prosthetics	632.1	126.82	6.68	591.2	89.92	4.43	625.4	121.08	6.31
Dental	5.1	23.72	0.01	3.3	-	-	4.8	25.10	0.01
Other Ancillary	10.2	152.64	0.13	16.2	96.36	0.13	11.2	139.29	0.13
Subtotal			\$ 8.10			\$ 5.54			\$ 7.68
Physician									
Inpatient and Outpatient Surgery	924.5	\$ 246.62	\$ 19.00	925.5	\$ 224.19	\$ 17.29	924.7	\$ 242.95	\$ 18.72
Anesthesia	206.4	233.75	4.02	192.8	246.54	3.96	204.1	235.72	4.01
Inpatient Visits	267.2	120.83	2.69	293.7	121.77	2.98	271.5	121.11	2.74
MH/SA	10.6	68.18	0.06	7.4	80.86	0.05	10.1	71.64	0.06
Emergency Room	899.8	87.89	6.59	1,052.1	91.24	8.00	924.7	88.51	6.82
Office/Home Visits/Consults	5,839.2	86.54	42.11	5,277.0	69.59	30.60	5,747.3	84.00	40.23
Maternity	77.4	68.24	0.44	97.4	147.86	1.20	80.6	83.33	0.56
Pathology/Lab	4,617.4	20.30	7.81	7,349.1	21.26	13.02	5,063.7	20.52	8.66
Radiology	2,609.1	42.36	9.21	2,814.2	45.84	10.75	2,642.6	42.96	9.46
Office Administered Drugs	768.0	126.88	8.12	906.9	73.44	5.55	790.7	116.86	7.70
Physical Exams	372.2	75.44	2.34	523.8	81.32	3.55	397.0	76.78	2.54
Therapy	1,299.3	46.83	5.07	1,239.5	54.60	5.64	1,289.5	48.02	5.16
Vision	499.4	71.13	2.96	391.3	79.73	2.60	481.7	72.24	2.90
Other Professional	918.3	65.34	5.00	1,086.6	60.63	5.49	945.8	64.45	5.08
Subtotal			\$ 115.42			\$ 110.68			\$ 114.64
Behavioral Health									
Inpatient and Outpatient MH/SA	428.8	\$ 231.46	\$ 8.27	335.0	\$ 297.99	\$ 8.32	413.4	\$ 240.33	\$ 8.28
Professional MH/SA	3,203.6	100.99	26.96	2,908.6	102.69	24.89	3,155.4	101.24	26.62
Subtotal			\$ 35.23			\$ 33.21			\$ 34.90
Total Medical Cost			\$ 484.31			\$ 450.46			\$ 478.78
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 478.78
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(6.21)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	52.51
IHH/CCHH Administrative Load Adjustment	0.40%	1.91
Cost Containment Initiative Gross Adjustment	(2.18%)	(10.30)
Gross Capitation Rate		\$ 517.44
Less Withhold	2.5%	(12.94)
Net Capitation Rate		\$ 504.50

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Expansion Adults 35-49 M

Calendar Year 2015 Member Months

49,945

9,873

Projected SFY18 Average Enrollment

6,183

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	314.4	\$ 2,597.74	\$ 68.05	169.3	\$ 2,800.09	\$ 39.50	290.4	\$ 2,617.27	\$ 63.34
Inpatient MH/SA	2.0	1,326.63	0.22	1.2	3,932.77	0.39	1.9	1,612.90	0.25
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	34.4	855.65	2.45	35.5	16.90	0.05	34.6	712.01	2.05
Subtotal			\$ 70.72			\$ 39.94			\$ 65.64
Outpatient									
Outpatient Emergency Room	617.8	\$ 537.68	\$ 27.68	646.0	\$ 517.69	\$ 27.87	622.4	\$ 534.24	\$ 27.71
Outpatient Surgery	135.2	2,712.71	30.57	175.0	1,515.08	22.10	141.8	2,468.55	29.17
Outpatient Radiology	415.0	283.93	9.82	333.7	227.61	6.33	401.6	276.09	9.24
Outpatient Pathology/Lab	2,119.9	24.06	4.25	1,693.2	19.56	2.76	2,049.4	23.42	4.00
Outpatient Pharmacy	340.0	170.12	4.82	268.4	143.08	3.20	328.2	166.38	4.55
Outpatient MH/SA	1.9	125.65	0.02	2.3	51.50	0.01	2.0	121.21	0.02
Other Outpatient	1,706.1	93.62	13.31	1,277.7	107.53	11.45	1,635.4	95.39	13.00
Subtotal			\$ 90.47			\$ 73.72			\$ 87.69
Pharmacy									
Pharmacy	17,838.0	\$ 66.05	\$ 98.18	15,928.0	\$ 55.59	\$ 73.78	17,522.8	\$ 64.48	\$ 94.15
Subtotal			\$ 98.18			\$ 73.78			\$ 94.15
Ancillaries									
Transportation	80.9	\$ 210.68	\$ 1.42	66.3	\$ 152.06	\$ 0.84	78.5	\$ 201.86	\$ 1.32
DME/Prosthetics	831.9	148.44	10.29	743.4	107.18	6.64	817.3	142.28	9.69
Dental	0.5	-	-	2.4	-	-	0.8	-	-
Other Ancillary	1.1	736.84	0.07	-	-	-	1.0	757.89	0.06
Subtotal			\$ 11.78			\$ 7.48			\$ 11.07
Physician									
Inpatient and Outpatient Surgery	678.3	\$ 243.43	\$ 13.76	671.2	\$ 198.46	\$ 11.10	677.1	\$ 236.06	\$ 13.32
Anesthesia	122.5	252.65	2.58	93.5	238.79	1.86	117.7	250.72	2.46
Inpatient Visits	313.5	129.01	3.37	203.6	117.88	2.00	295.3	127.59	3.14
MH/SA	3.3	108.43	0.03	-	-	-	2.8	129.96	0.03
Emergency Room	643.8	88.35	4.74	658.8	90.16	4.95	646.3	88.57	4.77
Office/Home Visits/Consults	3,833.8	87.33	27.90	3,301.6	71.06	19.55	3,745.9	84.96	26.52
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	2,410.5	16.93	3.40	3,099.1	16.34	4.22	2,524.1	16.83	3.54
Radiology	1,648.8	41.78	5.74	1,546.0	42.69	5.50	1,631.8	41.92	5.70
Office Administered Drugs	372.3	92.51	2.87	318.8	93.73	2.49	363.5	92.77	2.81
Physical Exams	171.5	71.38	1.02	264.4	82.15	1.81	186.8	73.87	1.15
Therapy	913.0	46.79	3.56	820.4	44.91	3.07	897.7	46.52	3.48
Vision	383.0	71.12	2.27	320.2	78.69	2.10	372.7	72.13	2.24
Other Professional	761.7	55.77	3.54	715.5	65.41	3.90	754.0	57.29	3.60
Subtotal			\$ 74.78			\$ 62.55			\$ 72.76
Behavioral Health									
Inpatient and Outpatient MH/SA	312.4	\$ 286.99	\$ 7.47	255.7	\$ 247.33	\$ 5.27	303.0	\$ 281.58	\$ 7.11
Professional MH/SA	1,997.4	104.17	17.34	1,529.9	122.75	15.65	1,920.3	106.61	17.06
Subtotal			\$ 24.81			\$ 20.92			\$ 24.17
Total Medical Cost			\$ 370.74			\$ 278.39			\$ 355.48
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 355.48
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(4.64)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	38.98
IHH/CCHH Administrative Load Adjustment	1.81%	6.45
Cost Containment Initiative Gross Adjustment	(3.00%)	(10.53)
Gross Capitation Rate		\$ 386.49
Less Withhold	2.5%	(9.66)
Net Capitation Rate		\$ 376.83

LTSS Capitation Rate	
Total LTSS Component	\$ 0.00
Non-Claim Based Adjustments	
Administrative Load	-
Gross Capitation Rate	\$ 0.00
Less Withhold	0.0%
Net Capitation Rate	\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Expansion Adults 50+ M&F

Calendar Year 2015 Member Months

23,439

4,516

Projected SFY18 Average Enrollment
3,052

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	432.2	\$ 2,668.30	\$ 96.11	375.3	\$ 3,328.25	\$ 104.08	423.0	\$ 2,762.92	\$ 97.40
Inpatient MH/SA	3.3	981.82	0.27	-	-	-	2.8	996.39	0.23
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	43.5	2,402.21	8.70	36.2	1,023.46	3.09	42.3	2,210.45	7.79
Subtotal			\$ 105.08			\$ 107.17			\$ 105.42
Outpatient									
Outpatient Emergency Room	518.5	\$ 582.76	\$ 25.18	540.2	\$ 757.47	\$ 34.10	522.0	\$ 611.94	\$ 26.62
Outpatient Surgery	263.8	2,341.59	51.47	344.4	1,882.98	54.04	276.8	2,249.65	51.89
Outpatient Radiology	1,107.0	219.51	20.25	1,257.7	173.56	18.19	1,131.4	211.28	19.92
Outpatient Pathology/Lab	4,248.4	26.04	9.22	3,852.1	18.57	5.96	4,184.4	24.92	8.69
Outpatient Pharmacy	760.6	254.48	16.13	1,125.0	43.09	4.04	819.5	207.65	14.18
Outpatient MH/SA	3.2	189.87	0.05	-	-	-	2.7	181.13	0.04
Other Outpatient	3,278.6	87.55	23.92	3,711.8	79.11	24.47	3,348.6	86.04	24.01
Subtotal			\$ 146.22			\$ 140.80			\$ 145.35
Pharmacy									
Pharmacy	31,901.0	\$ 69.12	\$ 183.74	30,286.9	\$ 69.56	\$ 175.56	31,640.3	\$ 69.19	\$ 182.42
Subtotal			\$ 183.74			\$ 175.56			\$ 182.42
Ancillaries									
Transportation	87.4	\$ 186.75	\$ 1.36	106.1	\$ 186.60	\$ 1.65	90.4	\$ 187.15	\$ 1.41
DME/Prosthetics	1,140.9	120.22	11.43	1,221.5	155.12	15.79	1,154.0	126.14	12.13
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	8.3	1,032.73	0.71	5.2	46.42	0.02	7.8	929.03	0.60
Subtotal			\$ 13.50			\$ 17.46			\$ 14.14
Physician									
Inpatient and Outpatient Surgery	1,135.8	\$ 275.43	\$ 26.07	1,184.8	\$ 230.23	\$ 22.73	1,143.7	\$ 267.86	\$ 25.53
Anesthesia	221.4	242.80	4.48	131.0	230.84	2.52	206.8	241.38	4.16
Inpatient Visits	420.9	125.16	4.39	445.1	145.58	5.40	424.8	128.53	4.55
MH/SA	1.4	169.01	0.02	-	-	-	1.2	201.68	0.02
Emergency Room	563.7	93.02	4.37	592.4	96.83	4.78	568.4	93.74	4.44
Office/Home Visits/Consults	5,876.8	89.52	43.84	5,481.2	70.65	32.27	5,812.9	86.64	41.97
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	4,329.8	17.85	6.44	7,218.2	15.51	9.33	4,796.4	17.29	6.91
Radiology	2,680.3	41.91	9.36	2,706.5	43.94	9.91	2,684.5	42.24	9.45
Office Administered Drugs	701.9	130.62	7.64	720.5	43.80	2.63	704.9	116.27	6.83
Physical Exams	343.4	75.84	2.17	494.2	81.09	3.34	367.7	77.01	2.36
Therapy	1,167.6	51.28	4.99	1,301.8	60.84	6.60	1,189.3	52.97	5.25
Vision	544.3	71.87	3.26	479.5	79.34	3.17	533.8	73.06	3.25
Other Professional	1,370.9	57.69	6.59	1,572.0	48.47	6.35	1,403.4	56.01	6.55
Subtotal			\$ 123.62			\$ 109.03			\$ 121.27
Behavioral Health									
Inpatient and Outpatient MH/SA	164.9	\$ 323.91	\$ 4.45	142.2	\$ 272.57	\$ 3.23	161.2	\$ 316.38	\$ 4.25
Professional MH/SA	1,876.6	97.71	15.28	1,335.3	113.77	12.66	1,789.1	99.67	14.86
Subtotal			\$ 19.73			\$ 15.89			\$ 19.11
Total Medical Cost			\$ 591.89			\$ 565.91			\$ 587.71
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 587.71
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(7.96)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	64.42
IHH/CCHH Administrative Load Adjustment	0.70%	4.06
Cost Containment Initiative Gross Adjustment	(2.30%)	(13.33)
Gross Capitation Rate		\$ 635.65
Less Withhold	2.5%	(15.89)
Net Capitation Rate		\$ 619.76

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Pregnant Women

Calendar Year 2015 Member Months

70,871

12,659

Projected SFY18 Average Enrollment
6,972

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	168.3	\$ 1,719.58	\$ 24.11	180.2	\$ 1,528.80	\$ 22.96	170.1	\$ 1,689.29	\$ 23.94
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	0.2	1,500.00	0.02	1.9	516.13	0.08	0.4	857.14	0.03
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	1.8	1,355.93	0.20	-	-	-	1.5	1,360.00	0.17
Subtotal			\$ 24.33			\$ 23.04			\$ 24.14
Outpatient									
Outpatient Emergency Room	1,043.7	\$ 435.65	\$ 37.89	869.4	\$ 481.85	\$ 34.91	1,017.3	\$ 441.65	\$ 37.44
Outpatient Surgery	64.6	2,498.14	13.44	81.7	2,081.78	14.17	67.2	2,421.44	13.55
Outpatient Radiology	1,222.5	165.70	16.88	1,021.0	128.82	10.96	1,191.9	160.88	15.98
Outpatient Pathology/Lab	8,039.2	24.17	16.19	5,903.9	20.61	10.14	7,715.6	23.75	15.27
Outpatient Pharmacy	793.5	62.91	4.16	930.4	107.69	8.35	814.2	70.60	4.79
Outpatient MH/SA	1.0	-	-	4.4	135.14	0.05	1.5	77.92	0.01
Other Outpatient	2,848.0	96.53	22.91	3,234.3	92.50	24.93	2,906.5	95.87	23.22
Subtotal			\$ 111.47			\$ 103.51			\$ 110.26
Pharmacy									
Pharmacy	8,256.8	\$ 36.12	\$ 24.85	7,825.6	\$ 36.59	\$ 23.86	8,191.4	\$ 36.18	\$ 24.70
Subtotal			\$ 24.85			\$ 23.86			\$ 24.70
Ancillaries									
Transportation	78.4	\$ 200.61	\$ 1.31	64.2	\$ 177.49	\$ 0.95	76.2	\$ 198.37	\$ 1.26
DME/Prosthetics	179.4	117.75	1.76	171.6	137.77	1.97	178.2	120.55	1.79
Dental	435.7	12.67	0.46	267.0	12.58	0.28	410.1	12.58	0.43
Other Ancillary	80.9	115.68	0.78	91.8	112.48	0.86	82.6	114.84	0.79
Subtotal			\$ 4.31			\$ 4.06			\$ 4.27
Physician									
Inpatient and Outpatient Surgery	407.2	\$ 186.23	\$ 6.32	460.9	\$ 169.76	\$ 6.52	415.4	\$ 183.45	\$ 6.35
Anesthesia	880.8	289.79	21.27	858.1	308.07	22.03	877.3	292.57	21.39
Inpatient Visits	316.3	86.13	2.27	451.0	86.48	3.25	336.7	86.26	2.42
MH/SA	332.6	54.12	1.50	255.2	51.25	1.09	320.9	53.85	1.44
Emergency Room	910.6	86.45	6.56	699.4	85.79	5.00	878.6	86.32	6.32
Office/Home Visits/Consults	4,569.5	123.35	46.97	2,698.5	59.59	13.40	4,286.0	117.26	41.88
Maternity	1,819.7	74.19	11.25	2,977.7	163.98	40.69	1,995.2	94.49	15.71
Pathology/Lab	7,715.0	18.49	11.89	9,108.7	16.53	12.55	7,926.3	18.15	11.99
Radiology	3,886.4	61.97	20.07	3,621.9	63.15	19.06	3,846.3	62.15	19.92
Office Administered Drugs	451.5	64.32	2.42	523.5	69.23	3.02	462.4	65.14	2.51
Physical Exams	881.2	34.86	2.56	863.8	43.07	3.10	878.6	36.06	2.64
Therapy	925.9	42.38	3.27	814.8	46.10	3.13	909.1	42.90	3.25
Vision	355.7	68.49	2.03	285.9	72.62	1.73	345.1	68.85	1.98
Other Professional	519.6	174.59	7.56	629.7	210.97	11.07	536.3	181.02	8.09
Subtotal			\$ 145.94			\$ 145.64			\$ 145.89
Behavioral Health									
Inpatient and Outpatient MH/SA	249.8	\$ 251.22	\$ 5.23	122.5	\$ 246.96	\$ 2.52	230.5	\$ 250.91	\$ 4.82
Professional MH/SA	1,008.2	118.90	9.99	849.5	127.55	9.03	984.2	119.98	9.84
Subtotal			\$ 15.22			\$ 11.55			\$ 14.66
Total Medical Cost			\$ 326.12			\$ 311.66			\$ 323.92
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 323.92
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(4.33)	
Non-Emergency Medical Transportation	0.75	
Administrative Load	10.00%	35.51
IHH/CCHH Administrative Load Adjustment	0.22%	0.70
Cost Containment Initiative Gross Adjustment	(1.54%)	(4.92)
Gross Capitation Rate		\$ 351.63
Less Withhold	2.5%	(8.79)
Net Capitation Rate		\$ 342.84

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

CHIP - hawk-i

Calendar Year 2015 Member Months

454,031

Projected SFY18 Average Enrollment
44,246

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	39.9	\$ 1,606.02	\$ 5.34	-	\$ 0.00	\$ 0.00	39.9	\$ 1,606.02	\$ 5.34
Inpatient MH/SA	2.4	711.86	0.14	-	-	-	2.4	711.86	0.14
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	0.3	960.00	0.02	-	-	-	0.3	960.00	0.02
Other Inpatient	33.2	1,149.40	3.18	-	-	-	33.2	1,149.40	3.18
Subtotal			\$ 8.68			\$ 0.00			\$ 8.68
Outpatient									
Outpatient Emergency Room	237.2	\$ 318.21	\$ 6.29	-	\$ 0.00	\$ 0.00	237.2	\$ 318.21	\$ 6.29
Outpatient Surgery	60.1	1,879.61	9.42	-	-	-	60.1	1,879.61	9.42
Outpatient Radiology	140.5	169.99	1.99	-	-	-	140.5	169.99	1.99
Outpatient Pathology/Lab	572.4	21.38	1.02	-	-	-	572.4	21.38	1.02
Outpatient Pharmacy	47.0	201.66	0.79	-	-	-	47.0	201.66	0.79
Outpatient MH/SA	52.3	208.72	0.91	-	-	-	52.3	208.72	0.91
Other Outpatient	343.8	110.31	3.16	-	-	-	343.8	110.31	3.16
Subtotal			\$ 23.58			\$ 0.00			\$ 23.58
Pharmacy									
Pharmacy	4,574.1	\$ 96.02	\$ 36.60	-	\$ 0.00	\$ 0.00	4,574.1	\$ 96.02	\$ 36.60
Subtotal			\$ 36.60			\$ 0.00			\$ 36.60
Ancillaries									
Transportation	11.1	\$ 603.23	\$ 0.56	-	\$ 0.00	\$ 0.00	11.1	\$ 603.23	\$ 0.56
DME/Prosthetics	132.5	77.89	0.86	-	-	-	132.5	77.89	0.86
Dental	1.4	86.33	0.01	-	-	-	1.4	86.33	0.01
Other Ancillary	13.0	83.14	0.09	-	-	-	13.0	83.14	0.09
Subtotal			\$ 1.52			\$ 0.00			\$ 1.52
Physician									
Inpatient and Outpatient Surgery	269.5	\$ 221.74	\$ 4.98	-	\$ 0.00	\$ 0.00	269.5	\$ 221.74	\$ 4.98
Anesthesia	74.3	340.78	2.11	-	-	-	74.3	340.78	2.11
Inpatient Visits	75.1	107.11	0.67	-	-	-	75.1	107.11	0.67
MH/SA	699.2	82.20	4.79	-	-	-	699.2	82.20	4.79
Emergency Room	233.4	86.39	1.68	-	-	-	233.4	86.39	1.68
Office/Home Visits/Consults	2,851.3	75.25	17.88	-	-	-	2,851.3	75.25	17.88
Maternity	0.8	450.00	0.03	-	-	-	0.8	450.00	0.03
Pathology/Lab	1,509.9	12.95	1.63	-	-	-	1,509.9	12.95	1.63
Radiology	495.6	39.95	1.65	-	-	-	495.6	39.95	1.65
Office Administered Drugs	131.0	54.03	0.59	-	-	-	131.0	54.03	0.59
Physical Exams	1,071.8	102.89	9.19	-	-	-	1,071.8	102.89	9.19
Therapy	253.1	62.12	1.31	-	-	-	253.1	62.12	1.31
Vision	352.4	76.96	2.26	-	-	-	352.4	76.96	2.26
Other Professional	368.4	65.15	2.00	-	-	-	368.4	65.15	2.00
Subtotal			\$ 50.77			\$ 0.00			\$ 50.77
Behavioral Health									
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Total Medical Cost			\$ 121.15			\$ 0.00			\$ 121.15
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 121.15
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.70)	
Non-Emergency Medical Transportation	-	
Administrative Load	9.50%	12.54
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	0.00%	-
Gross Capitation Rate		\$ 131.99
Less Withhold	2.5%	(3.30)
Net Capitation Rate		\$ 128.69

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

TANF Maternity Case Rate

Calendar Year 2015 Member Months

4,469

1,083

Projected SFY18 Average Enrollment
445

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	30,338.9	1,977.32	4,999.16	30,914.1	1,930.48	4,973.26	30,451.1	1,968.05	4,994.11
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 4,999.16			\$ 4,973.26			\$ 4,994.11
Outpatient									
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	-	-	-	-	-	-
Outpatient Radiology	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	-	-	-	-	-	-	-	-	-
Outpatient Pharmacy	-	-	-	-	-	-	-	-	-
Outpatient MH/SA	-	-	-	-	-	-	-	-	-
Other Outpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Pharmacy									
Pharmacy	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Ancillaries									
Transportation	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Physician									
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	-	-	-	-	-	-
Inpatient Visits	-	-	-	-	-	-	-	-	-
MH/SA	-	-	-	-	-	-	-	-	-
Emergency Room	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	-	-	-	-	-	-	-	-	-
Maternity	12,595.2	1,159.26	1,216.76	12,999.2	766.01	829.79	12,674.0	1,080.58	1,141.28
Pathology/Lab	-	-	-	-	-	-	-	-	-
Radiology	-	-	-	-	-	-	-	-	-
Office Administered Drugs	-	-	-	-	-	-	-	-	-
Physical Exams	-	-	-	-	-	-	-	-	-
Therapy	-	-	-	-	-	-	-	-	-
Vision	-	-	-	-	-	-	-	-	-
Other Professional	-	-	-	-	-	-	-	-	-
Subtotal			\$ 1,216.76			\$ 829.79			\$ 1,141.28
Behavioral Health									
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Total Medical Cost			\$ 6,215.92			\$ 5,803.05			\$ 6,135.39
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 6,135.39
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	-	-
Non-Emergency Medical Transportation	-	-
Administrative Load	2.25%	141.22
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	(0.29%)	(17.79)
Gross Capitation Rate		\$ 6,258.82
Less Withhold	2.5%	(156.47)
Net Capitation Rate		\$ 6,102.35

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

Pregnant Women Maternity Case Rate

Calendar Year 2015 Member Months

5,883

981

Projected SFY18 Average Enrollment
665

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	31,165.0	1,721.83	4,471.74	33,645.3	1,803.63	5,056.97	31,519.5	1,734.31	4,555.38
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 4,471.74			\$ 5,056.97			\$ 4,555.38
Outpatient									
Outpatient Emergency Room	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Surgery	-	-	-	-	-	-	-	-	-
Outpatient Radiology	-	-	-	-	-	-	-	-	-
Outpatient Pathology/Lab	-	-	-	-	-	-	-	-	-
Outpatient Pharmacy	-	-	-	-	-	-	-	-	-
Outpatient MH/SA	-	-	-	-	-	-	-	-	-
Other Outpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Pharmacy									
Pharmacy	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Ancillaries									
Transportation	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	-	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Physician									
Inpatient and Outpatient Surgery	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Anesthesia	-	-	-	-	-	-	-	-	-
Inpatient Visits	-	-	-	-	-	-	-	-	-
MH/SA	-	-	-	-	-	-	-	-	-
Emergency Room	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	-	-	-	-	-	-	-	-	-
Maternity	11,385.7	1,148.50	1,089.71	13,083.9	761.46	830.24	11,628.4	1,086.27	1,052.63
Pathology/Lab	-	-	-	-	-	-	-	-	-
Radiology	-	-	-	-	-	-	-	-	-
Office Administered Drugs	-	-	-	-	-	-	-	-	-
Physical Exams	-	-	-	-	-	-	-	-	-
Therapy	-	-	-	-	-	-	-	-	-
Vision	-	-	-	-	-	-	-	-	-
Other Professional	-	-	-	-	-	-	-	-	-
Subtotal			\$ 1,089.71			\$ 830.24			\$ 1,052.63
Behavioral Health									
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Professional MH/SA	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Total Medical Cost			\$ 5,561.45			\$ 5,887.21			\$ 5,608.01
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 5,608.01
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	-	-
Non-Emergency Medical Transportation	-	-
Administrative Load	2.25%	129.08
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	(0.53%)	(29.72)
Gross Capitation Rate		\$ 5,707.37
Less Withhold	2.5%	(142.68)
Net Capitation Rate		\$ 5,564.69

LTSS Capitation Rate	
Total LTSS Component	\$ 0.00
Non-Claim Based Adjustments	
Administrative Load	-
Gross Capitation Rate	\$ 0.00
Less Withhold	0.0%
Net Capitation Rate	\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 19-24 F (Medically Exempt)

Calendar Year 2015 Member Months

13,924

Projected SFY18 Average Enrollment
1,125

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	164.6	\$ 2,111.17	\$ 28.96	-	\$ 0.00	\$ 0.00	164.6	\$ 2,111.17	\$ 28.96
Inpatient MH/SA	1.6	11,320.75	1.50	-	-	-	1.6	11,320.75	1.50
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	3.2	1,018.87	0.27	-	-	-	3.2	1,018.87	0.27
Subtotal			\$ 30.73			\$ 0.00			\$ 30.73
Outpatient									
Outpatient Emergency Room	1,609.4	\$ 410.25	\$ 55.02	-	\$ 0.00	\$ 0.00	1,609.4	\$ 410.25	\$ 55.02
Outpatient Surgery	95.8	2,515.24	20.08	-	-	-	95.8	2,515.24	20.08
Outpatient Radiology	510.9	225.47	9.60	-	-	-	510.9	225.47	9.60
Outpatient Pathology/Lab	3,921.7	26.59	8.69	-	-	-	3,921.7	26.59	8.69
Outpatient Pharmacy	300.3	313.67	7.85	-	-	-	300.3	313.67	7.85
Outpatient MH/SA	0.8	-	-	-	-	-	0.8	-	-
Other Outpatient	1,530.5	71.11	9.07	-	-	-	1,530.5	71.11	9.07
Subtotal			\$ 110.31			\$ 0.00			\$ 110.31
Pharmacy									
Pharmacy	22,163.6	\$ 55.32	\$ 102.17	-	\$ 0.00	\$ 0.00	22,163.6	\$ 55.32	\$ 102.17
Subtotal			\$ 102.17			\$ 0.00			\$ 102.17
Ancillaries									
Transportation	137.3	\$ 153.81	\$ 1.76	-	\$ 0.00	\$ 0.00	137.3	\$ 153.81	\$ 1.76
DME/Prosthetics	340.8	154.58	4.39	-	-	-	340.8	154.58	4.39
Dental	35.1	13.66	0.04	-	-	-	35.1	13.66	0.04
Other Ancillary	5.7	104.90	0.05	-	-	-	5.7	104.90	0.05
Subtotal			\$ 6.24			\$ 0.00			\$ 6.24
Physician									
Inpatient and Outpatient Surgery	541.6	\$ 220.04	\$ 9.93	-	\$ 0.00	\$ 0.00	541.6	\$ 220.04	\$ 9.93
Anesthesia	118.3	218.02	2.15	-	-	-	118.3	218.02	2.15
Inpatient Visits	183.7	140.45	2.15	-	-	-	183.7	140.45	2.15
MH/SA	30.2	75.45	0.19	-	-	-	30.2	75.45	0.19
Emergency Room	1,611.6	84.66	11.37	-	-	-	1,611.6	84.66	11.37
Office/Home Visits/Consults	5,726.9	89.39	42.66	-	-	-	5,726.9	89.39	42.66
Maternity	74.2	103.45	0.64	-	-	-	74.2	103.45	0.64
Pathology/Lab	5,876.2	21.05	10.31	-	-	-	5,876.2	21.05	10.31
Radiology	2,267.9	42.01	7.94	-	-	-	2,267.9	42.01	7.94
Office Administered Drugs	732.3	26.38	1.61	-	-	-	732.3	26.38	1.61
Physical Exams	443.5	79.29	2.93	-	-	-	443.5	79.29	2.93
Therapy	1,091.9	40.99	3.73	-	-	-	1,091.9	40.99	3.73
Vision	444.4	67.50	2.50	-	-	-	444.4	67.50	2.50
Other Professional	706.6	82.54	4.86	-	-	-	706.6	82.54	4.86
Subtotal			\$ 102.97			\$ 0.00			\$ 102.97
Behavioral Health									
Inpatient and Outpatient MH/SA	1,397.8	\$ 375.42	\$ 43.73	-	\$ 0.00	\$ 0.00	1,397.8	\$ 375.42	\$ 43.73
Professional MH/SA	11,866.4	146.60	144.97	-	-	-	11,866.4	146.60	144.97
Subtotal			\$ 188.70			\$ 0.00			\$ 188.70
Total Medical Cost			\$ 541.12			\$ 0.00			\$ 541.12
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 541.12
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(4.93)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	46.63
IHH/CCHH Administrative Load Adjustment	2.85%	15.74
Cost Containment Initiative Gross Adjustment	(1.73%)	(9.28)
Gross Capitation Rate		\$ 595.78
Less Withhold	2.5%	(14.89)
Net Capitation Rate		\$ 580.89

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 19-24 M (Medically Exempt)

Calendar Year 2015 Member Months

10,927

Projected SFY18 Average Enrollment
838

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	195.6	\$ 2,233.59	\$ 36.40	-	\$ 0.00	\$ 0.00	195.6	\$ 2,233.59	\$ 36.40
Inpatient MH/SA	32.4	3,090.68	8.35	-	-	-	32.4	3,090.68	8.35
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	4.1	2,488.89	0.84	-	-	-	4.1	2,488.89	0.84
Subtotal			\$ 45.59			\$ 0.00			\$ 45.59
Outpatient									
Outpatient Emergency Room	1,073.3	\$ 376.68	\$ 33.69	-	\$ 0.00	\$ 0.00	1,073.3	\$ 376.68	\$ 33.69
Outpatient Surgery	57.2	3,056.68	14.56	-	-	-	57.2	3,056.68	14.56
Outpatient Radiology	205.4	206.82	3.54	-	-	-	205.4	206.82	3.54
Outpatient Pathology/Lab	1,612.2	24.04	3.23	-	-	-	1,612.2	24.04	3.23
Outpatient Pharmacy	211.2	226.69	3.99	-	-	-	211.2	226.69	3.99
Outpatient MH/SA	2.9	165.52	0.04	-	-	-	2.9	165.52	0.04
Other Outpatient	958.2	92.80	7.41	-	-	-	958.2	92.80	7.41
Subtotal			\$ 66.46			\$ 0.00			\$ 66.46
Pharmacy									
Pharmacy	16,376.8	\$ 79.76	\$ 108.85	-	\$ 0.00	\$ 0.00	16,376.8	\$ 79.76	\$ 108.85
Subtotal			\$ 108.85			\$ 0.00			\$ 108.85
Ancillaries									
Transportation	176.0	\$ 154.76	\$ 2.27	-	\$ 0.00	\$ 0.00	176.0	\$ 154.76	\$ 2.27
DME/Prosthetics	216.6	152.34	2.75	-	-	-	216.6	152.34	2.75
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 5.02			\$ 0.00			\$ 5.02
Physician									
Inpatient and Outpatient Surgery	340.9	\$ 227.08	\$ 6.45	-	\$ 0.00	\$ 0.00	340.9	\$ 227.08	\$ 6.45
Anesthesia	64.6	215.38	1.16	-	-	-	64.6	215.38	1.16
Inpatient Visits	251.3	125.11	2.62	-	-	-	251.3	125.11	2.62
MH/SA	8.1	73.98	0.05	-	-	-	8.1	73.98	0.05
Emergency Room	1,096.2	83.86	7.66	-	-	-	1,096.2	83.86	7.66
Office/Home Visits/Consults	2,761.1	91.88	21.14	-	-	-	2,761.1	91.88	21.14
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,626.8	20.14	2.73	-	-	-	1,626.8	20.14	2.73
Radiology	1,259.9	31.34	3.29	-	-	-	1,259.9	31.34	3.29
Office Administered Drugs	139.2	42.25	0.49	-	-	-	139.2	42.25	0.49
Physical Exams	113.5	84.59	0.80	-	-	-	113.5	84.59	0.80
Therapy	429.1	40.83	1.46	-	-	-	429.1	40.83	1.46
Vision	332.1	71.54	1.98	-	-	-	332.1	71.54	1.98
Other Professional	528.2	43.39	1.91	-	-	-	528.2	43.39	1.91
Subtotal			\$ 51.74			\$ 0.00			\$ 51.74
Behavioral Health									
Inpatient and Outpatient MH/SA	2,094.8	\$ 394.97	\$ 68.95	-	\$ 0.00	\$ 0.00	2,094.8	\$ 394.97	\$ 68.95
Professional MH/SA	10,744.9	155.58	139.31	-	-	-	10,744.9	155.58	139.31
Subtotal			\$ 208.26			\$ 0.00			\$ 208.26
Total Medical Cost			\$ 485.92			\$ 0.00			\$ 485.92
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 485.92
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(3.89)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	41.92
IHH/CCHH Administrative Load Adjustment	3.68%	18.42
Cost Containment Initiative Gross Adjustment	(0.95%)	(4.58)
Gross Capitation Rate		\$ 544.29
Less Withhold	2.5%	(13.61)
Net Capitation Rate		\$ 530.68

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 25-34 F (Medically Exempt)

Calendar Year 2015 Member Months

25,300

Projected SFY18 Average Enrollment
2,271

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	415.8	\$ 1,918.85	\$ 66.48	-	\$ 0.00	\$ 0.00	415.8	\$ 1,918.85	\$ 66.48
Inpatient MH/SA	6.6	3,310.98	1.81	-	-	-	6.6	3,310.98	1.81
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	41.6	1,362.19	4.72	-	-	-	41.6	1,362.19	4.72
Subtotal			\$ 73.01			\$ 0.00			\$ 73.01
Outpatient									
Outpatient Emergency Room	1,693.1	\$ 401.10	\$ 56.59	-	\$ 0.00	\$ 0.00	1,693.1	\$ 401.10	\$ 56.59
Outpatient Surgery	197.5	2,207.39	36.33	-	-	-	197.5	2,207.39	36.33
Outpatient Radiology	664.1	212.15	11.74	-	-	-	664.1	212.15	11.74
Outpatient Pathology/Lab	4,620.4	25.76	9.92	-	-	-	4,620.4	25.76	9.92
Outpatient Pharmacy	534.8	165.16	7.36	-	-	-	534.8	165.16	7.36
Outpatient MH/SA	2.5	143.43	0.03	-	-	-	2.5	143.43	0.03
Other Outpatient	2,472.2	83.83	17.27	-	-	-	2,472.2	83.83	17.27
Subtotal			\$ 139.24			\$ 0.00			\$ 139.24
Pharmacy									
Pharmacy	34,447.6	\$ 58.31	\$ 167.38	-	\$ 0.00	\$ 0.00	34,447.6	\$ 58.31	\$ 167.38
Subtotal			\$ 167.38			\$ 0.00			\$ 167.38
Ancillaries									
Transportation	179.9	\$ 188.09	\$ 2.82	-	\$ 0.00	\$ 0.00	179.9	\$ 188.09	\$ 2.82
DME/Prosthetics	716.1	165.57	9.88	-	-	-	716.1	165.57	9.88
Dental	22.5	10.67	0.02	-	-	-	22.5	10.67	0.02
Other Ancillary	124.1	74.43	0.77	-	-	-	124.1	74.43	0.77
Subtotal			\$ 13.49			\$ 0.00			\$ 13.49
Physician									
Inpatient and Outpatient Surgery	937.5	\$ 235.27	\$ 18.38	-	\$ 0.00	\$ 0.00	937.5	\$ 235.27	\$ 18.38
Anesthesia	205.1	214.11	3.66	-	-	-	205.1	214.11	3.66
Inpatient Visits	479.2	127.96	5.11	-	-	-	479.2	127.96	5.11
MH/SA	24.5	83.23	0.17	-	-	-	24.5	83.23	0.17
Emergency Room	1,752.5	86.69	12.66	-	-	-	1,752.5	86.69	12.66
Office/Home Visits/Consults	6,892.7	89.89	51.63	-	-	-	6,892.7	89.89	51.63
Maternity	49.7	86.87	0.36	-	-	-	49.7	86.87	0.36
Pathology/Lab	6,609.6	21.35	11.76	-	-	-	6,609.6	21.35	11.76
Radiology	2,863.3	39.02	9.31	-	-	-	2,863.3	39.02	9.31
Office Administered Drugs	863.8	48.07	3.46	-	-	-	863.8	48.07	3.46
Physical Exams	403.4	72.59	2.44	-	-	-	403.4	72.59	2.44
Therapy	1,433.9	47.28	5.65	-	-	-	1,433.9	47.28	5.65
Vision	454.7	72.05	2.73	-	-	-	454.7	72.05	2.73
Other Professional	949.0	74.23	5.87	-	-	-	949.0	74.23	5.87
Subtotal			\$ 133.19			\$ 0.00			\$ 133.19
Behavioral Health									
Inpatient and Outpatient MH/SA	2,614.2	\$ 254.07	\$ 55.35	-	\$ 0.00	\$ 0.00	2,614.2	\$ 254.07	\$ 55.35
Professional MH/SA	12,805.8	123.96	132.28	-	-	-	12,805.8	123.96	132.28
Subtotal			\$ 187.63			\$ 0.00			\$ 187.63
Total Medical Cost			\$ 713.94			\$ 0.00			\$ 713.94
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 713.94
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(7.37)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	61.44
IHH/CCHH Administrative Load Adjustment	2.13%	15.36
Cost Containment Initiative Gross Adjustment	(1.94%)	(13.71)
Gross Capitation Rate		\$ 776.16
Less Withhold	2.5%	(19.40)
Net Capitation Rate		\$ 756.76

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 25-34 M (Medically Exempt)

Calendar Year 2015 Member Months

21,727

Projected SFY18 Average Enrollment
2,000

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	586.0	\$ 1,766.50	\$ 86.27	-	\$ 0.00	\$ 0.00	586.0	\$ 1,766.50	\$ 86.27
Inpatient MH/SA	34.7	2,956.72	8.54	-	-	-	34.7	2,956.72	8.54
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	19.4	892.10	1.44	-	-	-	19.4	892.10	1.44
Subtotal			\$ 96.25			\$ 0.00			\$ 96.25
Outpatient									
Outpatient Emergency Room	1,172.6	\$ 439.12	\$ 42.91	-	\$ 0.00	\$ 0.00	1,172.6	\$ 439.12	\$ 42.91
Outpatient Surgery	134.5	2,153.18	24.13	-	-	-	134.5	2,153.18	24.13
Outpatient Radiology	300.2	197.90	4.95	-	-	-	300.2	197.90	4.95
Outpatient Pathology/Lab	2,274.0	22.74	4.31	-	-	-	2,274.0	22.74	4.31
Outpatient Pharmacy	261.2	354.71	7.72	-	-	-	261.2	354.71	7.72
Outpatient MH/SA	2.0	184.62	0.03	-	-	-	2.0	184.62	0.03
Other Outpatient	1,537.3	91.56	11.73	-	-	-	1,537.3	91.56	11.73
Subtotal			\$ 95.78			\$ 0.00			\$ 95.78
Pharmacy									
Pharmacy	23,887.2	\$ 74.49	\$ 148.27	-	\$ 0.00	\$ 0.00	23,887.2	\$ 74.49	\$ 148.27
Subtotal			\$ 148.27			\$ 0.00			\$ 148.27
Ancillaries									
Transportation	257.7	\$ 165.31	\$ 3.55	-	\$ 0.00	\$ 0.00	257.7	\$ 165.31	\$ 3.55
DME/Prosthetics	558.3	130.03	6.05	-	-	-	558.3	130.03	6.05
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	33.0	185.45	0.51	-	-	-	33.0	185.45	0.51
Subtotal			\$ 10.11			\$ 0.00			\$ 10.11
Physician									
Inpatient and Outpatient Surgery	623.4	\$ 239.25	\$ 12.43	-	\$ 0.00	\$ 0.00	623.4	\$ 239.25	\$ 12.43
Anesthesia	118.2	243.76	2.40	-	-	-	118.2	243.76	2.40
Inpatient Visits	598.8	121.25	6.05	-	-	-	598.8	121.25	6.05
MH/SA	9.7	86.78	0.07	-	-	-	9.7	86.78	0.07
Emergency Room	1,310.0	89.22	9.74	-	-	-	1,310.0	89.22	9.74
Office/Home Visits/Consults	3,766.4	93.10	29.22	-	-	-	3,766.4	93.10	29.22
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	3,466.8	20.42	5.90	-	-	-	3,466.8	20.42	5.90
Radiology	1,908.9	33.38	5.31	-	-	-	1,908.9	33.38	5.31
Office Administered Drugs	372.2	51.26	1.59	-	-	-	372.2	51.26	1.59
Physical Exams	142.1	73.47	0.87	-	-	-	142.1	73.47	0.87
Therapy	691.4	50.16	2.89	-	-	-	691.4	50.16	2.89
Vision	282.6	71.35	1.68	-	-	-	282.6	71.35	1.68
Other Professional	900.4	59.44	4.46	-	-	-	900.4	59.44	4.46
Subtotal			\$ 82.61			\$ 0.00			\$ 82.61
Behavioral Health									
Inpatient and Outpatient MH/SA	3,212.3	\$ 344.98	\$ 92.35	-	\$ 0.00	\$ 0.00	3,212.3	\$ 344.98	\$ 92.35
Professional MH/SA	12,406.5	136.45	141.07	-	-	-	12,406.5	136.45	141.07
Subtotal			\$ 233.42			\$ 0.00			\$ 233.42
Total Medical Cost			\$ 666.44			\$ 0.00			\$ 666.44
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 666.44
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(6.06)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	57.42
IHH/CCHH Administrative Load Adjustment	2.70%	18.34
Cost Containment Initiative Gross Adjustment	(2.55%)	(16.84)
Gross Capitation Rate		\$ 725.80
Less Withhold	2.5%	(18.15)
Net Capitation Rate		\$ 707.65

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 35-49 F (Medically Exempt)

Calendar Year 2015 Member Months

36,645

Projected SFY18 Average Enrollment
3,470

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	618.8	\$ 2,271.04	\$ 117.11	-	\$ 0.00	\$ 0.00	618.8	\$ 2,271.04	\$ 117.11
Inpatient MH/SA	2.1	11,772.51	2.07	-	-	-	2.1	11,772.51	2.07
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	31.7	1,233.29	3.26	-	-	-	31.7	1,233.29	3.26
Subtotal			\$ 122.44			\$ 0.00			\$ 122.44
Outpatient									
Outpatient Emergency Room	1,464.7	\$ 464.36	\$ 56.68	-	\$ 0.00	\$ 0.00	1,464.7	\$ 464.36	\$ 56.68
Outpatient Surgery	354.2	2,539.73	74.96	-	-	-	354.2	2,539.73	74.96
Outpatient Radiology	1,508.9	182.20	22.91	-	-	-	1,508.9	182.20	22.91
Outpatient Pathology/Lab	5,764.3	23.98	11.52	-	-	-	5,764.3	23.98	11.52
Outpatient Pharmacy	706.9	182.99	10.78	-	-	-	706.9	182.99	10.78
Outpatient MH/SA	4.6	155.84	0.06	-	-	-	4.6	155.84	0.06
Other Outpatient	4,768.8	89.31	35.49	-	-	-	4,768.8	89.31	35.49
Subtotal			\$ 212.40			\$ 0.00			\$ 212.40
Pharmacy									
Pharmacy	57,435.9	\$ 63.74	\$ 305.06	-	\$ 0.00	\$ 0.00	57,435.9	\$ 63.74	\$ 305.06
Subtotal			\$ 305.06			\$ 0.00			\$ 305.06
Ancillaries									
Transportation	225.1	\$ 171.63	\$ 3.22	-	\$ 0.00	\$ 0.00	225.1	\$ 171.63	\$ 3.22
DME/Prosthetics	1,495.3	127.44	15.88	-	-	-	1,495.3	127.44	15.88
Dental	2.2	-	-	-	-	-	2.2	-	-
Other Ancillary	54.7	212.99	0.97	-	-	-	54.7	212.99	0.97
Subtotal			\$ 20.07			\$ 0.00			\$ 20.07
Physician									
Inpatient and Outpatient Surgery	1,680.6	\$ 247.91	\$ 34.72	-	\$ 0.00	\$ 0.00	1,680.6	\$ 247.91	\$ 34.72
Anesthesia	321.8	233.44	6.26	-	-	-	321.8	233.44	6.26
Inpatient Visits	578.3	127.41	6.14	-	-	-	578.3	127.41	6.14
MH/SA	12.1	99.26	0.10	-	-	-	12.1	99.26	0.10
Emergency Room	1,610.6	91.42	12.27	-	-	-	1,610.6	91.42	12.27
Office/Home Visits/Consults	8,817.6	90.77	66.70	-	-	-	8,817.6	90.77	66.70
Maternity	9.2	91.50	0.07	-	-	-	9.2	91.50	0.07
Pathology/Lab	7,108.0	20.63	12.22	-	-	-	7,108.0	20.63	12.22
Radiology	4,171.6	39.81	13.84	-	-	-	4,171.6	39.81	13.84
Office Administered Drugs	933.4	97.58	7.59	-	-	-	933.4	97.58	7.59
Physical Exams	409.3	75.65	2.58	-	-	-	409.3	75.65	2.58
Therapy	1,830.3	50.29	7.67	-	-	-	1,830.3	50.29	7.67
Vision	551.3	73.58	3.38	-	-	-	551.3	73.58	3.38
Other Professional	1,610.0	63.21	8.48	-	-	-	1,610.0	63.21	8.48
Subtotal			\$ 182.02			\$ 0.00			\$ 182.02
Behavioral Health									
Inpatient and Outpatient MH/SA	1,698.3	\$ 320.93	\$ 45.42	-	\$ 0.00	\$ 0.00	1,698.3	\$ 320.93	\$ 45.42
Professional MH/SA	12,574.2	110.52	115.81	-	-	-	12,574.2	110.52	115.81
Subtotal			\$ 161.23			\$ 0.00			\$ 161.23
Total Medical Cost			\$ 1,003.22			\$ 0.00			\$ 1,003.22
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,003.22
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(11.79)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	86.21
IHH/CCHH Administrative Load Adjustment	2.00%	20.26
Cost Containment Initiative Gross Adjustment	(1.79%)	(17.75)
Gross Capitation Rate		\$ 1,086.65
Less Withhold	2.5%	(27.17)
Net Capitation Rate		\$ 1,059.48

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 35-49 M (Medically Exempt)

Calendar Year 2015 Member Months

29,637

Projected SFY18 Average Enrollment
2,862

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	940.3	\$ 2,143.16	\$ 167.94	-	\$ 0.00	\$ 0.00	940.3	\$ 2,143.16	\$ 167.94
Inpatient MH/SA	30.6	3,420.18	8.73	-	-	-	30.6	3,420.18	8.73
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	124.4	1,022.51	10.60	-	-	-	124.4	1,022.51	10.60
Subtotal			\$ 187.27			\$ 0.00			\$ 187.27
Outpatient									
Outpatient Emergency Room	1,278.2	\$ 500.10	\$ 53.27	-	\$ 0.00	\$ 0.00	1,278.2	\$ 500.10	\$ 53.27
Outpatient Surgery	225.4	2,308.43	43.36	-	-	-	225.4	2,308.43	43.36
Outpatient Radiology	671.2	241.36	13.50	-	-	-	671.2	241.36	13.50
Outpatient Pathology/Lab	3,902.9	20.91	6.80	-	-	-	3,902.9	20.91	6.80
Outpatient Pharmacy	551.5	242.38	11.14	-	-	-	551.5	242.38	11.14
Outpatient MH/SA	5.0	120.00	0.05	-	-	-	5.0	120.00	0.05
Other Outpatient	3,350.3	119.88	33.47	-	-	-	3,350.3	119.88	33.47
Subtotal			\$ 161.59			\$ 0.00			\$ 161.59
Pharmacy									
Pharmacy	39,640.2	\$ 76.77	\$ 253.60	-	\$ 0.00	\$ 0.00	39,640.2	\$ 76.77	\$ 253.60
Subtotal			\$ 253.60			\$ 0.00			\$ 253.60
Ancillaries									
Transportation	388.2	\$ 166.00	\$ 5.37	-	\$ 0.00	\$ 0.00	388.2	\$ 166.00	\$ 5.37
DME/Prosthetics	1,412.2	136.97	16.12	-	-	-	1,412.2	136.97	16.12
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	152.4	410.13	5.21	-	-	-	152.4	410.13	5.21
Subtotal			\$ 26.70			\$ 0.00			\$ 26.70
Physician									
Inpatient and Outpatient Surgery	1,175.5	\$ 241.42	\$ 23.65	-	\$ 0.00	\$ 0.00	1,175.5	\$ 241.42	\$ 23.65
Anesthesia	193.7	247.25	3.99	-	-	-	193.7	247.25	3.99
Inpatient Visits	1,090.5	127.10	11.55	-	-	-	1,090.5	127.10	11.55
MH/SA	12.3	97.32	0.10	-	-	-	12.3	97.32	0.10
Emergency Room	1,528.3	96.50	12.29	-	-	-	1,528.3	96.50	12.29
Office/Home Visits/Consults	5,882.3	94.35	46.25	-	-	-	5,882.3	94.35	46.25
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	4,577.3	18.64	7.11	-	-	-	4,577.3	18.64	7.11
Radiology	3,186.0	38.38	10.19	-	-	-	3,186.0	38.38	10.19
Office Administered Drugs	489.8	123.73	5.05	-	-	-	489.8	123.73	5.05
Physical Exams	208.8	74.15	1.29	-	-	-	208.8	74.15	1.29
Therapy	890.8	51.19	3.80	-	-	-	890.8	51.19	3.80
Vision	379.4	74.01	2.34	-	-	-	379.4	74.01	2.34
Other Professional	1,603.1	53.75	7.18	-	-	-	1,603.1	53.75	7.18
Subtotal			\$ 134.79			\$ 0.00			\$ 134.79
Behavioral Health									
Inpatient and Outpatient MH/SA	3,138.4	\$ 287.34	\$ 75.15	-	\$ 0.00	\$ 0.00	3,138.4	\$ 287.34	\$ 75.15
Professional MH/SA	12,382.0	137.00	141.36	-	-	-	12,382.0	137.00	141.36
Subtotal			\$ 216.51			\$ 0.00			\$ 216.51
Total Medical Cost			\$ 980.46			\$ 0.00			\$ 980.46
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 980.46
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(10.70)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	84.33
IHH/CCHH Administrative Load Adjustment	2.24%	22.17
Cost Containment Initiative Gross Adjustment	(2.93%)	(28.41)
Gross Capitation Rate		\$ 1,054.35
Less Withhold	2.5%	(26.36)
Net Capitation Rate		\$ 1,027.99

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

WP 50+ M&F (Medically Exempt)

Calendar Year 2015 Member Months

53,382

Projected SFY18 Average Enrollment
5,427

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	1,224.4	\$ 2,089.68	\$ 213.21	-	\$ 0.00	\$ 0.00	1,224.4	\$ 2,089.68	\$ 213.21
Inpatient MH/SA	2.9	4,659.79	1.13	-	-	-	2.9	4,659.79	1.13
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	227.3	589.10	11.16	-	-	-	227.3	589.10	11.16
Subtotal			\$ 225.50			\$ 0.00			\$ 225.50
Outpatient									
Outpatient Emergency Room	991.5	\$ 603.33	\$ 49.85	-	\$ 0.00	\$ 0.00	991.5	\$ 603.33	\$ 49.85
Outpatient Surgery	428.0	2,191.28	78.15	-	-	-	428.0	2,191.28	78.15
Outpatient Radiology	1,778.7	212.78	31.54	-	-	-	1,778.7	212.78	31.54
Outpatient Pathology/Lab	7,334.0	21.48	13.13	-	-	-	7,334.0	21.48	13.13
Outpatient Pharmacy	1,163.3	180.62	17.51	-	-	-	1,163.3	180.62	17.51
Outpatient MH/SA	6.3	132.49	0.07	-	-	-	6.3	132.49	0.07
Other Outpatient	6,437.2	101.84	54.63	-	-	-	6,437.2	101.84	54.63
Subtotal			\$ 244.88			\$ 0.00			\$ 244.88
Pharmacy									
Pharmacy	61,911.4	\$ 71.73	\$ 370.06	-	\$ 0.00	\$ 0.00	61,911.4	\$ 71.73	\$ 370.06
Subtotal			\$ 370.06			\$ 0.00			\$ 370.06
Ancillaries									
Transportation	335.8	\$ 168.70	\$ 4.72	-	\$ 0.00	\$ 0.00	335.8	\$ 168.70	\$ 4.72
DME/Prosthetics	2,372.4	125.14	24.74	-	-	-	2,372.4	125.14	24.74
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	246.4	199.16	4.09	-	-	-	246.4	199.16	4.09
Subtotal			\$ 33.55			\$ 0.00			\$ 33.55
Physician									
Inpatient and Outpatient Surgery	1,988.7	\$ 250.78	\$ 41.56	-	\$ 0.00	\$ 0.00	1,988.7	\$ 250.78	\$ 41.56
Anesthesia	325.5	235.23	6.38	-	-	-	325.5	235.23	6.38
Inpatient Visits	1,300.3	125.60	13.61	-	-	-	1,300.3	125.60	13.61
MH/SA	7.9	106.60	0.07	-	-	-	7.9	106.60	0.07
Emergency Room	1,237.3	100.87	10.40	-	-	-	1,237.3	100.87	10.40
Office/Home Visits/Consults	8,946.8	92.45	68.93	-	-	-	8,946.8	92.45	68.93
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	6,720.1	19.11	10.70	-	-	-	6,720.1	19.11	10.70
Radiology	4,649.3	42.59	16.50	-	-	-	4,649.3	42.59	16.50
Office Administered Drugs	1,318.4	225.91	24.82	-	-	-	1,318.4	225.91	24.82
Physical Exams	384.0	77.18	2.47	-	-	-	384.0	77.18	2.47
Therapy	1,383.5	54.30	6.26	-	-	-	1,383.5	54.30	6.26
Vision	564.6	76.09	3.58	-	-	-	564.6	76.09	3.58
Other Professional	2,419.9	54.75	11.04	-	-	-	2,419.9	54.75	11.04
Subtotal			\$ 216.32			\$ 0.00			\$ 216.32
Behavioral Health									
Inpatient and Outpatient MH/SA	1,514.3	\$ 327.60	\$ 41.34	-	\$ 0.00	\$ 0.00	1,514.3	\$ 327.60	\$ 41.34
Professional MH/SA	10,346.2	126.55	109.11	-	-	-	10,346.2	126.55	109.11
Subtotal			\$ 150.45			\$ 0.00			\$ 150.45
Total Medical Cost			\$ 1,240.76			\$ 0.00			\$ 1,240.76
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,240.76
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(15.26)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	8.00%	106.57
IHH/CCHH Administrative Load Adjustment	1.75%	21.84
Cost Containment Initiative Gross Adjustment	(2.56%)	(31.37)
Gross Capitation Rate		\$ 1,329.04
Less Withhold	2.5%	(33.23)
Net Capitation Rate		\$ 1,295.81

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

**State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development**

WP 19-24 F (Non-Medically Exempt)

Calendar Year 2015 Member Months

131,634

12,685

Projected SFY18 Average Enrollment
15,813

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	97.7	\$ 2,085.19	\$ 16.97	71.9	\$ 1,848.34	\$ 11.07	95.4	\$ 2,069.40	\$ 16.45
Inpatient MH/SA	1.0	2,732.67	0.23	13.8	2,830.68	3.26	2.1	2,803.74	0.50
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	6.6	1,170.73	0.64	-	-	-	6.0	1,163.88	0.58
Subtotal			\$ 17.84			\$ 14.33			\$ 17.53
Outpatient									
Outpatient Emergency Room	775.0	\$ 383.56	\$ 24.77	887.4	\$ 446.90	\$ 33.05	784.8	\$ 389.89	\$ 25.50
Outpatient Surgery	58.5	2,420.12	11.79	84.5	1,696.22	11.94	60.8	2,330.86	11.80
Outpatient Radiology	319.3	216.86	5.77	291.5	191.81	4.66	316.8	214.75	5.67
Outpatient Pathology/Lab	2,672.9	27.48	6.12	2,369.5	23.30	4.60	2,646.2	27.16	5.99
Outpatient Pharmacy	178.1	252.61	3.75	205.3	764.69	13.08	180.5	303.79	4.57
Outpatient MH/SA	0.6	214.29	0.01	-	-	-	0.5	235.29	0.01
Other Outpatient	816.1	70.58	4.80	1,040.8	86.59	7.51	835.8	72.36	5.04
Subtotal			\$ 57.01			\$ 74.84			\$ 58.58
Pharmacy									
Pharmacy	8,527.1	\$ 52.48	\$ 37.29	7,986.7	\$ 47.85	\$ 31.85	8,479.6	\$ 52.09	\$ 36.81
Subtotal			\$ 37.29			\$ 31.85			\$ 36.81
Ancillaries									
Transportation	38.9	\$ 178.92	\$ 0.58	46.1	\$ 145.86	\$ 0.56	39.5	\$ 176.07	\$ 0.58
DME/Prosthetics	136.8	118.45	1.35	89.4	165.16	1.23	132.6	121.27	1.34
Dental	23.3	15.42	0.03	6.5	37.21	0.02	21.9	16.47	0.03
Other Ancillary	2.8	129.96	0.03	0.9	129.03	0.01	2.6	137.93	0.03
Subtotal			\$ 1.99			\$ 1.82			\$ 1.98
Physician									
Inpatient and Outpatient Surgery	337.7	\$ 202.90	\$ 5.71	337.8	\$ 157.04	\$ 4.42	337.7	\$ 198.99	\$ 5.60
Anesthesia	70.3	220.07	1.29	69.0	234.71	1.35	70.2	222.16	1.30
Inpatient Visits	84.8	134.45	0.95	76.5	111.42	0.71	84.1	132.76	0.93
MH/SA	14.7	57.07	0.07	17.0	70.42	0.10	14.9	56.30	0.07
Emergency Room	734.8	80.67	4.94	827.7	85.39	5.89	743.0	81.08	5.02
Office/Home Visits/Consults	3,462.3	88.83	25.63	2,857.9	66.59	15.86	3,409.2	87.19	24.77
Maternity	58.9	124.19	0.61	115.9	186.43	1.80	63.9	133.25	0.71
Pathology/Lab	3,313.7	20.03	5.53	4,498.7	19.61	7.35	3,417.9	19.98	5.69
Radiology	1,231.2	44.06	4.52	1,292.8	44.93	4.84	1,236.6	44.15	4.55
Office Administered Drugs	654.4	52.81	2.88	686.5	48.42	2.77	657.2	52.40	2.87
Physical Exams	430.8	82.45	2.96	499.0	86.33	3.59	436.8	82.97	3.02
Therapy	712.8	45.62	2.71	562.0	44.41	2.08	699.5	45.46	2.65
Vision	259.9	70.64	1.53	158.1	75.15	0.99	251.0	70.77	1.48
Other Professional	360.3	105.57	3.17	380.6	90.81	2.88	362.1	104.06	3.14
Subtotal			\$ 62.50			\$ 54.63			\$ 61.80
Behavioral Health									
Inpatient and Outpatient MH/SA	152.1	\$ 370.07	\$ 4.69	132.4	\$ 313.57	\$ 3.46	150.4	\$ 365.55	\$ 4.58
Professional MH/SA	1,096.3	110.99	10.14	1,015.5	99.85	8.45	1,089.2	110.07	9.99
Subtotal			\$ 14.83			\$ 11.91			\$ 14.57
Total Medical Cost			\$ 191.46			\$ 189.38			\$ 191.27
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 191.27
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.47)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	20.98
IHH/CCHH Administrative Load Adjustment	0.22%	0.41
Cost Containment Initiative Gross Adjustment	(2.77%)	(5.23)
Gross Capitation Rate		\$ 204.96
Less Withhold	2.5%	(5.12)
Net Capitation Rate		\$ 199.84

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 19-24 M (Non-Medically Exempt)

Calendar Year 2015 Member Months

97,492

12,918

Projected SFY18 Average Enrollment
12,625

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	110.2	\$ 2,216.78	\$ 20.35	113.1	\$ 2,857.55	\$ 26.93	110.5	\$ 2,293.57	\$ 21.12
Inpatient MH/SA	1.7	4,491.23	0.64	6.3	3,431.28	1.81	2.3	4,160.00	0.78
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	1.8	1,318.68	0.20	-	-	-	1.6	1,341.61	0.18
Subtotal			\$ 21.19			\$ 28.74			\$ 22.08
Outpatient									
Outpatient Emergency Room	552.5	\$ 408.76	\$ 18.82	697.3	\$ 433.84	\$ 25.21	569.4	\$ 412.41	\$ 19.57
Outpatient Surgery	39.5	2,632.59	8.67	65.1	2,029.49	11.01	42.5	2,523.64	8.94
Outpatient Radiology	150.2	190.97	2.39	139.1	258.77	3.00	148.9	198.27	2.46
Outpatient Pathology/Lab	876.6	26.28	1.92	862.4	22.40	1.61	875.0	25.78	1.88
Outpatient Pharmacy	119.8	300.58	3.00	155.2	109.82	1.42	123.9	273.10	2.82
Outpatient MH/SA	0.4	279.07	0.01	-	-	-	0.4	315.79	0.01
Other Outpatient	491.4	81.57	3.34	645.7	64.30	3.46	509.4	78.91	3.35
Subtotal			\$ 38.15			\$ 45.71			\$ 39.03
Pharmacy									
Pharmacy	4,589.5	\$ 83.85	\$ 32.07	4,279.7	\$ 95.73	\$ 34.14	4,553.3	\$ 85.15	\$ 32.31
Subtotal			\$ 32.07			\$ 34.14			\$ 32.31
Ancillaries									
Transportation	51.9	\$ 177.90	\$ 0.77	64.2	\$ 160.67	\$ 0.86	53.4	\$ 175.35	\$ 0.78
DME/Prosthetics	130.4	157.39	1.71	112.2	134.77	1.26	128.3	155.32	1.66
Dental	0.2	-	-	-	-	-	0.2	-	-
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 2.48			\$ 2.12			\$ 2.44
Physician									
Inpatient and Outpatient Surgery	249.7	\$ 238.87	\$ 4.97	318.2	\$ 226.67	\$ 6.01	257.7	\$ 237.03	\$ 5.09
Anesthesia	52.4	242.61	1.06	65.9	269.34	1.48	54.0	246.62	1.11
Inpatient Visits	99.6	133.73	1.11	176.4	122.44	1.80	108.6	131.50	1.19
MH/SA	1.4	87.59	0.01	-	-	-	1.2	99.17	0.01
Emergency Room	524.8	77.97	3.41	661.6	80.90	4.46	540.8	78.32	3.53
Office/Home Visits/Consults	1,696.7	88.83	12.56	1,518.5	70.73	8.95	1,675.8	86.93	12.14
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	848.6	17.39	1.23	1,041.4	20.16	1.75	871.2	17.77	1.29
Radiology	823.4	33.96	2.33	979.1	32.23	2.63	841.6	33.79	2.37
Office Administered Drugs	129.3	88.18	0.95	70.5	8.51	0.05	122.4	82.35	0.84
Physical Exams	161.8	91.24	1.23	156.2	98.35	1.28	161.1	92.35	1.24
Therapy	423.6	48.16	1.70	364.6	59.57	1.81	416.7	49.25	1.71
Vision	159.9	72.05	0.96	118.1	76.21	0.75	155.0	72.78	0.94
Other Professional	227.7	50.59	0.96	255.5	47.90	1.02	231.0	50.40	0.97
Subtotal			\$ 32.48			\$ 31.99			\$ 32.43
Behavioral Health									
Inpatient and Outpatient MH/SA	299.3	\$ 215.72	\$ 5.38	366.3	\$ 242.73	\$ 7.41	307.1	\$ 219.58	\$ 5.62
Professional MH/SA	1,180.6	105.92	10.42	1,235.7	102.84	10.59	1,187.0	105.54	10.44
Subtotal			\$ 15.80			\$ 18.00			\$ 16.06
Total Medical Cost			\$ 142.17			\$ 160.70			\$ 144.35
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 144.35
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.80)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	15.84
IHH/CCHH Administrative Load Adjustment	0.34%	0.48
Cost Containment Initiative Gross Adjustment	(2.35%)	(3.35)
Gross Capitation Rate		\$ 155.52
Less Withhold	2.5%	(3.89)
Net Capitation Rate		\$ 151.63

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 25-34 F (Non-Medically Exempt)

Calendar Year 2015 Member Months

162,091

20,886

Projected SFY18 Average Enrollment
19,289

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	128.5	\$ 2,060.24	\$ 22.06	44.2	\$ 2,885.32	\$ 10.63	118.9	\$ 2,095.73	\$ 20.76
Inpatient MH/SA	3.4	3,223.88	0.90	-	-	-	3.0	3,232.32	0.80
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	6.6	1,722.05	0.95	-	-	-	5.9	1,720.14	0.84
Subtotal			\$ 23.91			\$ 10.63			\$ 22.40
Outpatient									
Outpatient Emergency Room	755.6	\$ 430.07	\$ 27.08	928.7	\$ 437.13	\$ 33.83	775.4	\$ 431.03	\$ 27.85
Outpatient Surgery	106.0	2,767.92	24.45	139.6	1,704.34	19.82	109.8	2,613.49	23.92
Outpatient Radiology	434.5	233.63	8.46	423.6	193.47	6.83	433.3	229.04	8.27
Outpatient Pathology/Lab	2,860.4	26.56	6.33	2,566.0	23.10	4.94	2,826.8	26.19	6.17
Outpatient Pharmacy	213.3	123.76	2.20	207.4	137.70	2.38	212.6	125.28	2.22
Outpatient MH/SA	1.0	122.45	0.01	1.1	109.09	0.01	1.0	121.21	0.01
Other Outpatient	1,191.6	73.11	7.26	1,348.7	74.92	8.42	1,209.5	73.32	7.39
Subtotal			\$ 75.79			\$ 76.23			\$ 75.83
Pharmacy									
Pharmacy	12,253.0	\$ 50.87	\$ 51.94	12,256.5	\$ 58.75	\$ 60.01	12,253.4	\$ 51.77	\$ 52.86
Subtotal			\$ 51.94			\$ 60.01			\$ 52.86
Ancillaries									
Transportation	50.8	\$ 170.21	\$ 0.72	54.3	\$ 145.91	\$ 0.66	51.2	\$ 166.54	\$ 0.71
DME/Prosthetics	220.4	129.56	2.38	259.6	124.33	2.69	224.9	129.12	2.42
Dental	10.4	11.55	0.01	2.8	-	-	9.5	12.61	0.01
Other Ancillary	0.8	155.84	0.01	9.0	120.67	0.09	1.7	141.18	0.02
Subtotal			\$ 3.12			\$ 3.44			\$ 3.16
Physician									
Inpatient and Outpatient Surgery	516.1	\$ 229.48	\$ 9.87	560.0	\$ 172.30	\$ 8.04	521.1	\$ 222.44	\$ 9.66
Anesthesia	113.1	224.85	2.12	95.2	232.01	1.84	111.1	225.76	2.09
Inpatient Visits	124.4	128.31	1.33	73.3	114.58	0.70	118.6	127.53	1.26
MH/SA	9.6	74.77	0.06	6.5	55.13	0.03	9.3	77.59	0.06
Emergency Room	732.3	83.74	5.11	867.9	86.70	6.27	747.7	84.09	5.24
Office/Home Visits/Consults	4,118.0	89.93	30.86	3,682.7	69.34	21.28	4,068.3	87.81	29.77
Maternity	40.0	113.91	0.38	68.6	187.25	1.07	43.3	127.51	0.46
Pathology/Lab	3,450.4	20.97	6.03	5,083.8	21.01	8.90	3,636.8	20.99	6.36
Radiology	1,522.0	44.78	5.68	1,552.2	46.15	5.97	1,525.5	44.92	5.71
Office Administered Drugs	549.8	62.64	2.87	590.3	48.59	2.39	554.4	61.04	2.82
Physical Exams	429.3	76.59	2.74	523.5	79.78	3.48	440.1	76.90	2.82
Therapy	991.2	46.25	3.82	831.5	47.91	3.32	972.9	46.37	3.76
Vision	197.5	74.13	1.22	177.9	77.58	1.15	195.2	74.37	1.21
Other Professional	486.7	89.51	3.63	578.4	77.18	3.72	497.1	87.87	3.64
Subtotal			\$ 75.72			\$ 68.16			\$ 74.86
Behavioral Health									
Inpatient and Outpatient MH/SA	230.3	\$ 226.69	\$ 4.35	279.8	\$ 235.43	\$ 5.49	235.9	\$ 227.86	\$ 4.48
Professional MH/SA	1,639.9	101.28	13.84	1,662.6	92.60	12.83	1,642.5	100.24	13.72
Subtotal			\$ 18.19			\$ 18.32			\$ 18.20
Total Medical Cost			\$ 248.67			\$ 236.79			\$ 247.31
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 247.31
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(3.21)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	27.12
IHH/CCHH Administrative Load Adjustment	0.17%	0.41
Cost Containment Initiative Gross Adjustment	(2.29%)	(5.59)
Gross Capitation Rate		\$ 266.04
Less Withhold	2.5%	(6.65)
Net Capitation Rate		\$ 259.39

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

**State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development**

WP 25-34 M (Non-Medically Exempt)

Calendar Year 2015 Member Months

125,361

27,999

Projected SFY18 Average Enrollment
15,500

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	195.1	\$ 2,162.58	\$ 35.16	147.8	\$ 2,525.55	\$ 31.10	186.5	\$ 2,215.17	\$ 34.42
Inpatient MH/SA	1.9	6,616.22	1.02	8.4	5,202.40	3.62	3.0	5,881.58	1.49
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	12.5	808.99	0.84	-	-	-	10.2	812.56	0.69
Subtotal			\$ 37.02			\$ 34.72			\$ 36.60
Outpatient									
Outpatient Emergency Room	655.3	\$ 417.69	\$ 22.81	809.7	\$ 465.94	\$ 31.44	683.5	\$ 428.20	\$ 24.39
Outpatient Surgery	76.3	2,281.67	14.50	100.4	2,120.32	17.74	80.7	2,244.70	15.09
Outpatient Radiology	243.0	240.53	4.87	225.1	191.93	3.60	239.7	232.29	4.64
Outpatient Pathology/Lab	1,375.4	23.82	2.73	1,279.3	21.76	2.32	1,357.9	23.51	2.66
Outpatient Pharmacy	136.6	161.59	1.84	246.9	109.36	2.25	156.8	146.20	1.91
Outpatient MH/SA	0.5	240.00	0.01	-	-	-	0.4	292.68	0.01
Other Outpatient	953.1	85.62	6.80	1,035.7	82.27	7.10	968.2	84.90	6.85
Subtotal			\$ 53.56			\$ 64.45			\$ 55.55
Pharmacy									
Pharmacy	8,101.5	\$ 78.03	\$ 52.68	6,737.9	\$ 70.17	\$ 39.40	7,852.5	\$ 76.81	\$ 50.26
Subtotal			\$ 52.68			\$ 39.40			\$ 50.26
Ancillaries									
Transportation	66.7	\$ 190.65	\$ 1.06	72.2	\$ 139.57	\$ 0.84	67.7	\$ 180.74	\$ 1.02
DME/Prosthetics	313.1	143.35	3.74	225.4	132.56	2.49	297.1	141.78	3.51
Dental	-	-	-	0.8	142.86	0.01	0.2	-	-
Other Ancillary	6.0	160.27	0.08	0.8	-	-	5.1	166.34	0.07
Subtotal			\$ 4.88			\$ 3.34			\$ 4.60
Physician									
Inpatient and Outpatient Surgery	383.8	\$ 247.66	\$ 7.92	428.4	\$ 232.23	\$ 8.29	391.9	\$ 244.65	\$ 7.99
Anesthesia	79.6	244.28	1.62	87.1	231.59	1.68	80.9	241.66	1.63
Inpatient Visits	200.9	121.28	2.03	160.3	123.53	1.65	193.4	121.59	1.96
MH/SA	4.2	113.21	0.04	1.6	74.07	0.01	3.8	95.74	0.03
Emergency Room	636.9	81.02	4.30	764.0	84.03	5.35	660.1	81.63	4.49
Office/Home Visits/Consults	2,425.1	91.54	18.50	1,930.7	71.04	11.43	2,334.8	88.45	17.21
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,314.2	18.45	2.02	1,491.3	17.86	2.22	1,346.5	18.36	2.06
Radiology	1,102.3	37.12	3.41	1,198.9	39.84	3.98	1,119.9	37.61	3.51
Office Administered Drugs	120.1	199.82	2.00	138.2	52.10	0.60	123.4	169.19	1.74
Physical Exams	173.7	78.74	1.14	163.0	83.17	1.13	171.8	79.64	1.14
Therapy	582.0	46.60	2.26	421.6	54.08	1.90	552.7	47.55	2.19
Vision	117.1	76.87	0.75	102.8	78.19	0.67	114.5	77.57	0.74
Other Professional	362.6	52.61	1.59	297.5	55.66	1.38	350.8	53.03	1.55
Subtotal			\$ 47.58			\$ 40.29			\$ 46.24
Behavioral Health									
Inpatient and Outpatient MH/SA	446.9	\$ 238.96	\$ 8.90	469.4	\$ 239.82	\$ 9.38	451.0	\$ 239.19	\$ 8.99
Professional MH/SA	1,717.3	108.24	15.49	1,931.4	101.77	16.38	1,756.4	106.93	15.65
Subtotal			\$ 24.39			\$ 25.76			\$ 24.64
Total Medical Cost			\$ 220.11			\$ 207.96			\$ 217.89
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 217.89
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.71)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	23.91
IHH/CCHH Administrative Load Adjustment	0.22%	0.48
Cost Containment Initiative Gross Adjustment	(3.36%)	(7.23)
Gross Capitation Rate		\$ 232.34
Less Withhold	2.5%	(5.81)
Net Capitation Rate		\$ 226.53

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 35-49 F (Non-Medically Exempt)

Calendar Year 2015 Member Months

164,379

20,463

Projected SFY18 Average Enrollment
19,118

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	295.2	\$ 2,267.38	\$ 55.77	225.0	\$ 2,403.95	\$ 45.08	287.4	\$ 2,279.33	\$ 54.59
Inpatient MH/SA	1.5	5,154.36	0.64	1.7	14,666.67	2.09	1.5	6,357.62	0.80
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	25.1	928.97	1.94	-	-	-	22.3	931.36	1.73
Subtotal			\$ 58.35			\$ 47.17			\$ 57.12
Outpatient									
Outpatient Emergency Room	708.4	\$ 506.32	\$ 29.89	958.6	\$ 557.30	\$ 44.52	736.1	\$ 513.68	\$ 31.51
Outpatient Surgery	204.8	2,813.53	48.02	246.0	1,881.72	38.58	209.4	2,692.08	46.97
Outpatient Radiology	1,024.9	186.99	15.97	1,001.6	156.83	13.09	1,022.3	183.71	15.65
Outpatient Pathology/Lab	3,775.9	25.07	7.89	3,201.2	19.83	5.29	3,712.3	24.57	7.60
Outpatient Pharmacy	420.2	141.07	4.94	511.8	110.67	4.72	430.4	137.19	4.92
Outpatient MH/SA	1.2	103.45	0.01	1.7	426.04	0.06	1.2	196.72	0.02
Other Outpatient	2,282.1	82.13	15.62	2,070.7	82.17	14.18	2,258.7	82.13	15.46
Subtotal			\$ 122.34			\$ 120.44			\$ 122.13
Pharmacy									
Pharmacy	23,180.3	\$ 59.16	\$ 114.28	22,008.0	\$ 54.27	\$ 99.54	23,050.5	\$ 58.65	\$ 112.65
Subtotal			\$ 114.28			\$ 99.54			\$ 112.65
Ancillaries									
Transportation	67.6	\$ 184.70	\$ 1.04	76.5	\$ 130.15	\$ 0.83	68.6	\$ 178.53	\$ 1.02
DME/Prosthetics	584.8	129.48	6.31	500.9	134.88	5.63	575.5	129.91	6.23
Dental	1.9	-	-	1.1	-	-	1.8	-	-
Other Ancillary	6.2	194.81	0.10	4.0	60.15	0.02	5.9	182.43	0.09
Subtotal			\$ 7.45			\$ 6.48			\$ 7.34
Physician									
Inpatient and Outpatient Surgery	920.8	\$ 251.65	\$ 19.31	914.2	\$ 225.12	\$ 17.15	920.1	\$ 248.72	\$ 19.07
Anesthesia	185.3	229.92	3.55	169.4	239.41	3.38	183.5	230.82	3.53
Inpatient Visits	257.8	131.71	2.83	315.8	105.24	2.77	264.3	128.06	2.82
MH/SA	5.9	101.35	0.05	5.0	71.86	0.03	5.8	103.09	0.05
Emergency Room	722.9	88.31	5.32	943.9	92.17	7.25	747.4	88.79	5.53
Office/Home Visits/Consults	5,305.4	91.85	40.61	4,683.3	72.08	28.13	5,236.6	89.90	39.23
Maternity	9.2	144.10	0.11	19.5	104.72	0.17	10.3	139.81	0.12
Pathology/Lab	3,854.4	20.64	6.63	5,264.1	21.18	9.29	4,010.5	20.71	6.92
Radiology	2,490.1	40.09	8.32	2,597.4	38.67	8.37	2,502.0	39.95	8.33
Office Administered Drugs	644.7	117.83	6.33	655.1	65.39	3.57	645.8	111.86	6.02
Physical Exams	415.1	80.08	2.77	475.1	84.86	3.36	421.7	80.81	2.84
Therapy	1,234.4	47.73	4.91	939.0	50.10	3.92	1,201.7	47.93	4.80
Vision	235.2	75.53	1.48	202.6	77.00	1.30	231.6	75.66	1.46
Other Professional	885.0	63.32	4.67	968.5	57.49	4.64	894.2	62.67	4.67
Subtotal			\$ 106.89			\$ 93.33			\$ 105.39
Behavioral Health									
Inpatient and Outpatient MH/SA	176.1	\$ 314.79	\$ 4.62	347.2	\$ 201.86	\$ 5.84	195.1	\$ 292.83	\$ 4.76
Professional MH/SA	1,543.5	99.75	12.83	1,586.7	117.37	15.52	1,548.3	101.76	13.13
Subtotal			\$ 17.45			\$ 21.36			\$ 17.89
Total Medical Cost			\$ 426.76			\$ 388.32			\$ 422.52
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 422.52
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(5.66)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	46.32
IHH/CCHH Administrative Load Adjustment	0.10%	0.43
Cost Containment Initiative Gross Adjustment	(2.48%)	(10.34)
Gross Capitation Rate		\$ 453.27
Less Withhold	2.5%	(11.33)
Net Capitation Rate		\$ 441.94

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 35-49 M (Non-Medically Exempt)

Calendar Year 2015 Member Months

138,917

27,719

Projected SFY18 Average Enrollment
16,939

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	382.2	\$ 2,301.59	\$ 73.30	319.6	\$ 2,786.73	\$ 74.22	371.8	\$ 2,370.88	\$ 73.45
Inpatient MH/SA	3.8	5,765.01	1.84	16.9	4,780.08	6.72	6.0	5,300.00	2.65
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	20.3	649.29	1.10	29.9	308.62	0.77	21.9	574.56	1.05
Subtotal			\$ 76.24			\$ 81.71			\$ 77.15
Outpatient									
Outpatient Emergency Room	636.4	\$ 523.86	\$ 27.78	848.9	\$ 561.09	\$ 39.69	671.7	\$ 531.67	\$ 29.76
Outpatient Surgery	145.7	2,382.54	28.93	198.7	1,824.83	30.21	154.5	2,263.01	29.14
Outpatient Radiology	436.7	266.56	9.70	488.4	221.89	9.03	445.3	258.45	9.59
Outpatient Pathology/Lab	2,592.9	22.77	4.92	2,576.0	19.38	4.16	2,590.1	22.19	4.79
Outpatient Pharmacy	362.3	130.83	3.95	379.1	94.66	2.99	365.1	124.58	3.79
Outpatient MH/SA	1.2	208.70	0.02	1.7	361.45	0.05	1.2	195.12	0.02
Other Outpatient	1,919.8	94.01	15.04	2,069.8	91.37	15.76	1,944.7	93.55	15.16
Subtotal			\$ 90.34			\$ 101.89			\$ 92.25
Pharmacy									
Pharmacy	16,676.8	\$ 75.86	\$ 105.42	15,039.5	\$ 79.90	\$ 100.14	16,404.5	\$ 76.47	\$ 104.54
Subtotal			\$ 105.42			\$ 100.14			\$ 104.54
Ancillaries									
Transportation	93.1	\$ 183.11	\$ 1.42	105.0	\$ 150.87	\$ 1.32	95.0	\$ 176.77	\$ 1.40
DME/Prosthetics	735.0	155.42	9.52	691.5	140.57	8.10	727.8	153.01	9.28
Dental	-	-	-	0.9	141.18	0.01	0.1	-	-
Other Ancillary	2.3	524.02	0.10	-	-	-	1.9	502.62	0.08
Subtotal			\$ 11.04			\$ 9.43			\$ 10.76
Physician									
Inpatient and Outpatient Surgery	671.3	\$ 259.19	\$ 14.50	770.1	\$ 238.24	\$ 15.29	687.8	\$ 255.27	\$ 14.63
Anesthesia	131.8	233.13	2.56	143.9	236.08	2.83	133.8	233.22	2.60
Inpatient Visits	373.7	125.89	3.92	447.4	131.17	4.89	385.9	126.87	4.08
MH/SA	2.2	111.63	0.02	2.9	125.44	0.03	2.3	105.73	0.02
Emergency Room	671.6	89.17	4.99	850.8	91.12	6.46	701.4	89.48	5.23
Office/Home Visits/Consults	3,664.4	93.43	28.53	3,288.2	71.60	19.62	3,601.8	90.12	27.05
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	2,184.8	16.81	3.06	2,922.7	17.04	4.15	2,307.5	16.85	3.24
Radiology	1,579.5	40.80	5.37	1,832.9	37.64	5.75	1,621.6	40.18	5.43
Office Administered Drugs	298.8	127.30	3.17	241.6	75.99	1.53	289.3	120.29	2.90
Physical Exams	239.7	79.09	1.58	256.1	80.59	1.72	242.5	79.19	1.60
Therapy	767.4	48.63	3.11	591.1	55.22	2.72	738.1	49.59	3.05
Vision	155.3	78.03	1.01	123.4	79.75	0.82	150.0	78.39	0.98
Other Professional	809.4	60.04	4.05	799.9	53.10	3.54	807.8	58.97	3.97
Subtotal			\$ 75.87			\$ 69.35			\$ 74.78
Behavioral Health									
Inpatient and Outpatient MH/SA	351.0	\$ 255.76	\$ 7.48	412.3	\$ 284.07	\$ 9.76	361.2	\$ 261.16	\$ 7.86
Professional MH/SA	1,394.3	112.48	13.07	1,646.7	132.92	18.24	1,436.3	116.38	13.93
Subtotal			\$ 20.55			\$ 28.00			\$ 21.79
Total Medical Cost			\$ 379.46			\$ 390.52			\$ 381.27
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 381.27
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(5.03)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	41.80
IHH/CCHH Administrative Load Adjustment	0.11%	0.43
Cost Containment Initiative Gross Adjustment	(3.31%)	(12.45)
Gross Capitation Rate		\$ 406.02
Less Withhold	2.5%	(10.15)
Net Capitation Rate		\$ 395.87

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

WP 50+ M&F (Non-Medically Exempt)

Calendar Year 2015 Member Months

269,823

39,046

Projected SFY18 Average Enrollment
31,358

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	672.4	\$ 2,420.56	\$ 135.64	610.6	\$ 2,483.68	\$ 126.38	664.6	\$ 2,427.91	\$ 134.47
Inpatient MH/SA	0.5	5,777.78	0.26	8.7	9,000.00	6.51	1.6	8,025.48	1.05
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	85.1	730.09	5.18	13.5	962.14	1.08	76.1	735.02	4.66
Subtotal			\$ 141.08			\$ 133.97			\$ 140.18
Outpatient									
Outpatient Emergency Room	453.9	\$ 667.49	\$ 25.25	595.4	\$ 679.04	\$ 33.69	471.8	\$ 669.41	\$ 26.32
Outpatient Surgery	310.6	2,245.63	58.13	376.5	2,055.83	64.50	319.0	2,217.46	58.94
Outpatient Radiology	1,320.0	216.55	23.82	1,165.2	187.13	18.17	1,300.4	213.25	23.11
Outpatient Pathology/Lab	5,105.4	23.20	9.87	4,186.8	20.03	6.99	4,989.3	22.87	9.51
Outpatient Pharmacy	795.3	199.02	13.19	783.7	113.16	7.39	793.8	188.35	12.46
Outpatient MH/SA	1.5	164.38	0.02	2.4	305.08	0.06	1.6	229.30	0.03
Other Outpatient	3,780.4	91.51	28.83	3,574.3	83.26	24.80	3,754.3	90.52	28.32
Subtotal			\$ 159.11			\$ 155.60			\$ 158.69
Pharmacy									
Pharmacy	31,422.0	\$ 66.52	\$ 174.18	26,417.2	\$ 61.20	\$ 134.73	30,789.3	\$ 65.94	\$ 169.19
Subtotal			\$ 174.18			\$ 134.73			\$ 169.19
Ancillaries									
Transportation	96.3	\$ 198.17	\$ 1.59	106.0	\$ 151.77	\$ 1.34	97.5	\$ 192.00	\$ 1.56
DME/Prosthetics	1,043.3	132.51	11.52	885.4	118.73	8.76	1,023.3	130.99	11.17
Dental	-	-	-	0.6	-	-	0.1	-	-
Other Ancillary	57.4	240.63	1.15	15.6	77.12	0.10	52.1	235.07	1.02
Subtotal			\$ 14.26			\$ 10.20			\$ 13.75
Physician									
Inpatient and Outpatient Surgery	1,281.4	\$ 278.61	\$ 29.75	1,270.2	\$ 271.52	\$ 28.74	1,280.0	\$ 277.70	\$ 29.62
Anesthesia	234.3	241.77	4.72	221.2	253.88	4.68	232.6	242.97	4.71
Inpatient Visits	632.3	128.49	6.77	623.5	125.68	6.53	631.2	128.15	6.74
MH/SA	1.9	124.35	0.02	2.6	91.25	0.02	2.0	118.81	0.02
Emergency Room	528.5	96.95	4.27	645.3	99.31	5.34	543.3	97.41	4.41
Office/Home Visits/Consults	5,732.9	93.50	44.67	4,933.1	71.39	29.35	5,631.8	91.05	42.73
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	4,053.6	19.48	6.58	5,465.4	17.81	8.11	4,232.0	19.20	6.77
Radiology	2,938.5	44.31	10.85	2,911.8	45.17	10.96	2,935.1	44.40	10.86
Office Administered Drugs	708.0	236.11	13.93	626.1	153.15	7.99	697.6	226.72	13.18
Physical Exams	446.0	80.46	2.99	480.2	83.96	3.36	450.3	81.02	3.04
Therapy	1,108.2	50.89	4.70	936.0	58.33	4.55	1,086.4	51.69	4.68
Vision	218.3	78.05	1.42	225.3	78.84	1.48	219.2	78.29	1.43
Other Professional	1,377.3	52.02	5.97	1,450.6	49.97	6.04	1,386.6	51.75	5.98
Subtotal			\$ 136.64			\$ 117.15			\$ 134.17
Behavioral Health									
Inpatient and Outpatient MH/SA	135.6	\$ 310.53	\$ 3.51	216.5	\$ 282.64	\$ 5.10	145.9	\$ 305.20	\$ 3.71
Professional MH/SA	895.7	109.19	8.15	1,081.3	122.07	11.00	919.2	111.10	8.51
Subtotal			\$ 11.66			\$ 16.10			\$ 12.22
Total Medical Cost			\$ 636.93			\$ 567.75			\$ 628.20
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 628.20
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(8.62)	
Non-Emergency Medical Transportation	-	
Administrative Load	10.00%	68.84
IHH/CCHH Administrative Load Adjustment	0.04%	0.26
Cost Containment Initiative Gross Adjustment	(3.78%)	(23.42)
Gross Capitation Rate		\$ 665.26
Less Withhold	2.5%	(16.63)
Net Capitation Rate		\$ 648.63

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load	-	
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

ABD Non-Dual 21+ M&F

Calendar Year 2015 Member Months

242,190

-

Projected SFY18 Average Enrollment
19,666

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	1,297.5	\$ 1,890.65	\$ 204.43	-	\$ 0.00	\$ 0.00	1,297.5	\$ 1,890.65	\$ 204.43
Inpatient MH/SA	3.3	2,083.83	0.58	-	-	-	3.3	2,083.83	0.58
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	24.5	1,806.13	3.68	-	-	-	24.5	1,806.13	3.68
Other Inpatient	363.0	660.20	19.97	-	-	-	363.0	660.20	19.97
Subtotal			\$ 228.66			\$ 0.00			\$ 228.66
Outpatient									
Outpatient Emergency Room	1,162.5	\$ 519.54	\$ 50.33	-	\$ 0.00	\$ 0.00	1,162.5	\$ 519.54	\$ 50.33
Outpatient Surgery	261.7	2,464.74	53.76	-	-	-	261.7	2,464.74	53.76
Outpatient Radiology	1,144.8	238.16	22.72	-	-	-	1,144.8	238.16	22.72
Outpatient Pathology/Lab	6,177.4	22.65	11.66	-	-	-	6,177.4	22.65	11.66
Outpatient Pharmacy	1,374.6	206.29	23.63	-	-	-	1,374.6	206.29	23.63
Outpatient MH/SA	3.8	189.47	0.06	-	-	-	3.8	189.47	0.06
Other Outpatient	4,663.3	125.24	48.67	-	-	-	4,663.3	125.24	48.67
Subtotal			\$ 210.83			\$ 0.00			\$ 210.83
Pharmacy									
Pharmacy	48,652.1	\$ 95.18	\$ 385.90	-	\$ 0.00	\$ 0.00	48,652.1	\$ 95.18	\$ 385.90
Subtotal			\$ 385.90			\$ 0.00			\$ 385.90
Ancillaries									
Transportation	296.9	\$ 170.17	\$ 4.21	-	\$ 0.00	\$ 0.00	296.9	\$ 170.17	\$ 4.21
DME/Prosthetics	2,936.0	123.88	30.31	-	-	-	2,936.0	123.88	30.31
Dental	5.1	23.39	0.01	-	-	-	5.1	23.39	0.01
Other Ancillary	695.8	179.53	10.41	-	-	-	695.8	179.53	10.41
Subtotal			\$ 44.94			\$ 0.00			\$ 44.94
Physician									
Inpatient and Outpatient Surgery	1,399.5	\$ 233.48	\$ 27.23	-	\$ 0.00	\$ 0.00	1,399.5	\$ 233.48	\$ 27.23
Anesthesia	245.7	247.66	5.07	-	-	-	245.7	247.66	5.07
Inpatient Visits	1,398.5	125.97	14.68	-	-	-	1,398.5	125.97	14.68
MH/SA	33.3	4,288.55	11.89	-	-	-	33.3	4,288.55	11.89
Emergency Room	1,390.1	96.68	11.20	-	-	-	1,390.1	96.68	11.20
Office/Home Visits/Consults	7,059.8	90.02	52.96	-	-	-	7,059.8	90.02	52.96
Maternity	38.1	349.61	1.11	-	-	-	38.1	349.61	1.11
Pathology/Lab	6,218.1	17.87	9.26	-	-	-	6,218.1	17.87	9.26
Radiology	3,668.4	40.20	12.29	-	-	-	3,668.4	40.20	12.29
Office Administered Drugs	1,382.1	198.75	22.89	-	-	-	1,382.1	198.75	22.89
Physical Exams	318.7	72.30	1.92	-	-	-	318.7	72.30	1.92
Therapy	922.5	48.00	3.69	-	-	-	922.5	48.00	3.69
Vision	511.2	70.66	3.01	-	-	-	511.2	70.66	3.01
Other Professional	2,305.4	64.54	12.40	-	-	-	2,305.4	64.54	12.40
Subtotal			\$ 189.60			\$ 0.00			\$ 189.60
Behavioral Health									
Inpatient and Outpatient MH/SA	591.3	\$ 475.70	\$ 23.44	-	\$ 0.00	\$ 0.00	591.3	\$ 475.70	\$ 23.44
Professional MH/SA	13,286.4	168.53	186.60	-	-	-	13,286.4	168.53	186.60
Subtotal			\$ 210.04			\$ 0.00			\$ 210.04
Total Medical Cost			\$ 1,269.97			\$ 0.00			\$ 1,269.97
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,269.97
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(14.84)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	5.75%	76.57
IHH/CCHH Administrative Load Adjustment	2.02%	25.94
Cost Containment Initiative Gross Adjustment	(2.56%)	(32.13)
Gross Capitation Rate		\$ 1,332.01
Less Withhold	2.5%	(33.30)
Net Capitation Rate		\$ 1,298.71

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

ABD Non-Dual <21 M&F

Calendar Year 2015 Member Months

110,882

Projected SFY18 Average Enrollment
9,082

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	888.6	\$ 1,706.99	\$ 126.40	-	\$ 0.00	\$ 0.00	888.6	\$ 1,706.99	\$ 126.40
Inpatient MH/SA	8.2	2,679.61	1.84	-	-	-	8.2	2,679.61	1.84
Inpatient Well Newborn	0.3	-	-	-	-	-	0.3	-	-
Inpatient Maternity Delivery	19.6	1,584.91	2.59	-	-	-	19.6	1,584.91	2.59
Other Inpatient	158.8	1,647.70	21.81	-	-	-	158.8	1,647.70	21.81
Subtotal			\$ 152.64			\$ 0.00			\$ 152.64
Outpatient									
Outpatient Emergency Room	630.8	\$ 322.64	\$ 16.96	-	\$ 0.00	\$ 0.00	630.8	\$ 322.64	\$ 16.96
Outpatient Surgery	90.5	2,587.43	19.52	-	-	-	90.5	2,587.43	19.52
Outpatient Radiology	255.5	187.88	4.00	-	-	-	255.5	187.88	4.00
Outpatient Pathology/Lab	2,477.9	22.28	4.60	-	-	-	2,477.9	22.28	4.60
Outpatient Pharmacy	456.1	180.23	6.85	-	-	-	456.1	180.23	6.85
Outpatient MH/SA	31.0	119.88	0.31	-	-	-	31.0	119.88	0.31
Other Outpatient	6,476.3	165.11	89.11	-	-	-	6,476.3	165.11	89.11
Subtotal			\$ 141.35			\$ 0.00			\$ 141.35
Pharmacy									
Pharmacy	15,750.1	\$ 147.50	\$ 193.60	-	\$ 0.00	\$ 0.00	15,750.1	\$ 147.50	\$ 193.60
Subtotal			\$ 193.60			\$ 0.00			\$ 193.60
Ancillaries									
Transportation	72.0	\$ 245.00	\$ 1.47	-	\$ 0.00	\$ 0.00	72.0	\$ 245.00	\$ 1.47
DME/Prosthetics	2,214.9	168.23	31.05	-	-	-	2,214.9	168.23	31.05
Dental	285.0	14.74	0.35	-	-	-	285.0	14.74	0.35
Other Ancillary	79.0	223.21	1.47	-	-	-	79.0	223.21	1.47
Subtotal			\$ 34.34			\$ 0.00			\$ 34.34
Physician									
Inpatient and Outpatient Surgery	412.3	\$ 244.47	\$ 8.40	-	\$ 0.00	\$ 0.00	412.3	\$ 244.47	\$ 8.40
Anesthesia	162.9	293.19	3.98	-	-	-	162.9	293.19	3.98
Inpatient Visits	670.0	272.04	15.19	-	-	-	670.0	272.04	15.19
MH/SA	26.6	1,557.56	3.45	-	-	-	26.6	1,557.56	3.45
Emergency Room	677.8	80.91	4.57	-	-	-	677.8	80.91	4.57
Office/Home Visits/Consults	3,677.5	84.78	25.98	-	-	-	3,677.5	84.78	25.98
Maternity	21.2	430.39	0.76	-	-	-	21.2	430.39	0.76
Pathology/Lab	1,826.6	16.36	2.49	-	-	-	1,826.6	16.36	2.49
Radiology	1,257.2	26.54	2.78	-	-	-	1,257.2	26.54	2.78
Office Administered Drugs	189.9	60.02	0.95	-	-	-	189.9	60.02	0.95
Physical Exams	666.6	63.01	3.50	-	-	-	666.6	63.01	3.50
Therapy	377.4	46.43	1.46	-	-	-	377.4	46.43	1.46
Vision	474.9	64.94	2.57	-	-	-	474.9	64.94	2.57
Other Professional	1,312.5	83.02	9.08	-	-	-	1,312.5	83.02	9.08
Subtotal			\$ 85.16			\$ 0.00			\$ 85.16
Behavioral Health									
Inpatient and Outpatient MH/SA	589.1	\$ 437.53	\$ 21.48	-	\$ 0.00	\$ 0.00	589.1	\$ 437.53	\$ 21.48
Professional MH/SA	9,398.5	148.13	116.02	-	-	-	9,398.5	148.13	116.02
Subtotal			\$ 137.50			\$ 0.00			\$ 137.50
Total Medical Cost			\$ 744.59			\$ 0.00			\$ 744.59
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 744.59
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(8.50)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	6.50%	51.17
IHH/CCHH Administrative Load Adjustment	2.13%	16.01
Cost Containment Initiative Gross Adjustment	(4.75%)	(34.96)
Gross Capitation Rate		\$ 774.81
Less Withhold	2.5%	(19.37)
Net Capitation Rate		\$ 755.44

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Breast and Cervical Cancer

Calendar Year 2015 Member Months

2,114

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Projected SFY18 Average Enrollment

143

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	1,340.2	\$ 2,200.91	\$ 245.81	-	\$ 0.00	\$ 0.00	1,340.2	\$ 2,200.91	\$ 245.81
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 245.81			\$ 0.00			\$ 245.81
Outpatient									
Outpatient Emergency Room	598.7	\$ 731.45	\$ 36.49	-	\$ 0.00	\$ 0.00	598.7	\$ 731.45	\$ 36.49
Outpatient Surgery	514.4	2,965.71	127.14	-	-	-	514.4	2,965.71	127.14
Outpatient Radiology	6,875.7	268.42	153.80	-	-	-	6,875.7	268.42	153.80
Outpatient Pathology/Lab	9,497.4	22.54	17.84	-	-	-	9,497.4	22.54	17.84
Outpatient Pharmacy	5,203.8	288.30	125.02	-	-	-	5,203.8	288.30	125.02
Outpatient MH/SA	5.0	121.21	0.05	-	-	-	5.0	121.21	0.05
Other Outpatient	7,874.9	77.03	50.55	-	-	-	7,874.9	77.03	50.55
Subtotal			\$ 510.89			\$ 0.00			\$ 510.89
Pharmacy									
Pharmacy	41,602.1	\$ 125.59	\$ 435.41	-	\$ 0.00	\$ 0.00	41,602.1	\$ 125.59	\$ 435.41
Subtotal			\$ 435.41			\$ 0.00			\$ 435.41
Ancillaries									
Transportation	79.7	\$ 182.16	\$ 1.21	-	\$ 0.00	\$ 0.00	79.7	\$ 182.16	\$ 1.21
DME/Prosthetics	1,933.1	125.96	20.29	-	-	-	1,933.1	125.96	20.29
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	69.8	1,292.04	7.51	-	-	-	69.8	1,292.04	7.51
Subtotal			\$ 29.01			\$ 0.00			\$ 29.01
Physician									
Inpatient and Outpatient Surgery	2,155.4	\$ 324.14	\$ 58.22	-	\$ 0.00	\$ 0.00	2,155.4	\$ 324.14	\$ 58.22
Anesthesia	486.9	294.79	11.96	-	-	-	486.9	294.79	11.96
Inpatient Visits	1,079.9	145.01	13.05	-	-	-	1,079.9	145.01	13.05
MH/SA	5.3	112.99	0.05	-	-	-	5.3	112.99	0.05
Emergency Room	777.9	97.03	6.29	-	-	-	777.9	97.03	6.29
Office/Home Visits/Consults	11,123.6	74.93	69.46	-	-	-	11,123.6	74.93	69.46
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	13,010.8	20.95	22.72	-	-	-	13,010.8	20.95	22.72
Radiology	8,612.9	77.86	55.88	-	-	-	8,612.9	77.86	55.88
Office Administered Drugs	6,385.4	500.41	266.28	-	-	-	6,385.4	500.41	266.28
Physical Exams	439.2	73.49	2.69	-	-	-	439.2	73.49	2.69
Therapy	2,114.5	44.27	7.80	-	-	-	2,114.5	44.27	7.80
Vision	530.2	71.29	3.15	-	-	-	530.2	71.29	3.15
Other Professional	1,577.2	57.06	7.50	-	-	-	1,577.2	57.06	7.50
Subtotal			\$ 525.05			\$ 0.00			\$ 525.05
Behavioral Health									
Inpatient and Outpatient MH/SA	257.7	\$ 240.76	\$ 5.17	-	\$ 0.00	\$ 0.00	257.7	\$ 240.76	\$ 5.17
Professional MH/SA	2,019.1	108.70	18.29	-	-	-	2,019.1	108.70	18.29
Subtotal			\$ 23.46			\$ 0.00			\$ 23.46
Total Medical Cost			\$ 1,769.63			\$ 0.00			\$ 1,769.63
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,769.63
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(24.45)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	5.75%	106.47
IHH/CCHH Administrative Load Adjustment	0.30%	5.26
Cost Containment Initiative Gross Adjustment	(2.07%)	(36.13)
Gross Capitation Rate		\$ 1,827.28
Less Withhold	2.5%	(45.68)
Net Capitation Rate		\$ 1,781.60

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Residential Care Facility

Calendar Year 2015 Member Months

9,873

Projected SFY18 Average Enrollment
575

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	524.8	\$ 1,351.96	\$ 59.12	-	\$ 0.00	\$ 0.00	524.8	\$ 1,351.96	\$ 59.12
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	2.3	1,641.03	0.32	-	-	-	2.3	1,641.03	0.32
Other Inpatient	2,423.4	156.72	31.65	-	-	-	2,423.4	156.72	31.65
Subtotal			\$ 91.09			\$ 0.00			\$ 91.09
Outpatient									
Outpatient Emergency Room	773.1	\$ 349.07	\$ 22.49	-	\$ 0.00	\$ 0.00	773.1	\$ 349.07	\$ 22.49
Outpatient Surgery	174.8	821.93	11.97	-	-	-	174.8	821.93	11.97
Outpatient Radiology	774.2	117.79	7.60	-	-	-	774.2	117.79	7.60
Outpatient Pathology/Lab	8,100.4	22.22	15.00	-	-	-	8,100.4	22.22	15.00
Outpatient Pharmacy	1,577.1	114.52	15.05	-	-	-	1,577.1	114.52	15.05
Outpatient MH/SA	143.0	44.48	0.53	-	-	-	143.0	44.48	0.53
Other Outpatient	6,513.8	56.76	30.81	-	-	-	6,513.8	56.76	30.81
Subtotal			\$ 103.45			\$ 0.00			\$ 103.45
Pharmacy									
Pharmacy	45,644.4	\$ 80.97	\$ 307.99	-	\$ 0.00	\$ 0.00	45,644.4	\$ 80.97	\$ 307.99
Subtotal			\$ 307.99			\$ 0.00			\$ 307.99
Ancillaries									
Transportation	412.8	\$ 147.08	\$ 5.06	-	\$ 0.00	\$ 0.00	412.8	\$ 147.08	\$ 5.06
DME/Prosthetics	3,169.4	46.08	12.17	-	-	-	3,169.4	46.08	12.17
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	801.1	532.19	35.53	-	-	-	801.1	532.19	35.53
Subtotal			\$ 52.76			\$ 0.00			\$ 52.76
Physician									
Inpatient and Outpatient Surgery	1,932.8	\$ 55.07	\$ 8.87	-	\$ 0.00	\$ 0.00	1,932.8	\$ 55.07	\$ 8.87
Anesthesia	276.4	80.31	1.85	-	-	-	276.4	80.31	1.85
Inpatient Visits	2,659.8	44.49	9.86	-	-	-	2,659.8	44.49	9.86
MH/SA	2,468.3	1,485.26	305.50	-	-	-	2,468.3	1,485.26	305.50
Emergency Room	819.5	51.69	3.53	-	-	-	819.5	51.69	3.53
Office/Home Visits/Consults	7,713.0	45.29	29.11	-	-	-	7,713.0	45.29	29.11
Maternity	5.0	361.45	0.15	-	-	-	5.0	361.45	0.15
Pathology/Lab	2,295.3	15.27	2.92	-	-	-	2,295.3	15.27	2.92
Radiology	2,713.2	14.99	3.39	-	-	-	2,713.2	14.99	3.39
Office Administered Drugs	840.5	41.12	2.88	-	-	-	840.5	41.12	2.88
Physical Exams	241.1	89.10	1.79	-	-	-	241.1	89.10	1.79
Therapy	1,136.5	25.13	2.38	-	-	-	1,136.5	25.13	2.38
Vision	1,045.8	47.62	4.15	-	-	-	1,045.8	47.62	4.15
Other Professional	2,814.7	208.56	48.92	-	-	-	2,814.7	208.56	48.92
Subtotal			\$ 425.30			\$ 0.00			\$ 425.30
Behavioral Health									
Inpatient and Outpatient MH/SA	855.2	\$ 558.04	\$ 39.77	-	\$ 0.00	\$ 0.00	855.2	\$ 558.04	\$ 39.77
Professional MH/SA	77,215.5	228.37	1,469.50	-	-	-	77,215.5	228.37	1,469.50
Subtotal			\$ 1,509.27			\$ 0.00			\$ 1,509.27
Total Medical Cost			\$ 2,489.86			\$ 0.00			\$ 2,489.86
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 2,489.86
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(13.73)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	5.75%	151.06
IHH/CCHH Administrative Load Adjustment	4.73%	122.97
Cost Containment Initiative Gross Adjustment	(1.61%)	(39.87)
Gross Capitation Rate		\$ 2,716.79
Less Withhold	2.5%	(67.92)
Net Capitation Rate		\$ 2,648.87

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Dual Eligible 0-64 M&F

Calendar Year 2015 Member Months

339,098

Projected SFY18 Average Enrollment
27,774

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	10.6	\$ 1,430.46	\$ 1.26	-	\$ 0.00	\$ 0.00	10.6	\$ 1,430.46	\$ 1.26
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	0.1	2,769.23	0.03	-	-	-	0.1	2,769.23	0.03
Other Inpatient	1,355.7	265.46	29.99	-	-	-	1,355.7	265.46	29.99
Subtotal			\$ 31.28			\$ 0.00			\$ 31.28
Outpatient									
Outpatient Emergency Room	1,116.6	\$ 170.23	\$ 15.84	-	\$ 0.00	\$ 0.00	1,116.6	\$ 170.23	\$ 15.84
Outpatient Surgery	338.9	492.87	13.92	-	-	-	338.9	492.87	13.92
Outpatient Radiology	1,053.4	74.85	6.57	-	-	-	1,053.4	74.85	6.57
Outpatient Pathology/Lab	4,617.4	3.66	1.41	-	-	-	4,617.4	3.66	1.41
Outpatient Pharmacy	3,850.7	30.73	9.86	-	-	-	3,850.7	30.73	9.86
Outpatient MH/SA	170.1	53.61	0.76	-	-	-	170.1	53.61	0.76
Other Outpatient	9,569.5	42.35	33.77	-	-	-	9,569.5	42.35	33.77
Subtotal			\$ 82.13			\$ 0.00			\$ 82.13
Pharmacy									
Pharmacy	2,590.0	\$ 41.61	\$ 8.98	-	\$ 0.00	\$ 0.00	2,590.0	\$ 41.61	\$ 8.98
Subtotal			\$ 8.98			\$ 0.00			\$ 8.98
Ancillaries									
Transportation	338.3	\$ 133.37	\$ 3.76	-	\$ 0.00	\$ 0.00	338.3	\$ 133.37	\$ 3.76
DME/Prosthetics	4,166.8	34.76	12.07	-	-	-	4,166.8	34.76	12.07
Dental	2.9	-	-	-	-	-	2.9	-	-
Other Ancillary	1,213.4	168.81	17.07	-	-	-	1,213.4	168.81	17.07
Subtotal			\$ 32.90			\$ 0.00			\$ 32.90
Physician									
Inpatient and Outpatient Surgery	1,853.0	\$ 49.02	\$ 7.57	-	\$ 0.00	\$ 0.00	1,853.0	\$ 49.02	\$ 7.57
Anesthesia	299.4	50.11	1.25	-	-	-	299.4	50.11	1.25
Inpatient Visits	1,822.6	30.88	4.69	-	-	-	1,822.6	30.88	4.69
MH/SA	1,454.5	220.20	26.69	-	-	-	1,454.5	220.20	26.69
Emergency Room	1,139.4	27.80	2.64	-	-	-	1,139.4	27.80	2.64
Office/Home Visits/Consults	8,573.5	22.35	15.97	-	-	-	8,573.5	22.35	15.97
Maternity	19.1	113.21	0.18	-	-	-	19.1	113.21	0.18
Pathology/Lab	677.7	13.81	0.78	-	-	-	677.7	13.81	0.78
Radiology	3,684.5	10.32	3.17	-	-	-	3,684.5	10.32	3.17
Office Administered Drugs	1,625.8	62.66	8.49	-	-	-	1,625.8	62.66	8.49
Physical Exams	96.8	80.58	0.65	-	-	-	96.8	80.58	0.65
Therapy	1,709.9	13.61	1.94	-	-	-	1,709.9	13.61	1.94
Vision	789.8	41.63	2.74	-	-	-	789.8	41.63	2.74
Other Professional	3,095.2	26.56	6.85	-	-	-	3,095.2	26.56	6.85
Subtotal			\$ 83.61			\$ 0.00			\$ 83.61
Behavioral Health									
Inpatient and Outpatient MH/SA	212.9	\$ 127.94	\$ 2.27	-	\$ 0.00	\$ 0.00	212.9	\$ 127.94	\$ 2.27
Professional MH/SA	16,026.6	156.35	208.81	-	-	-	16,026.6	156.35	208.81
Subtotal			\$ 211.08			\$ 0.00			\$ 211.08
Total Medical Cost			\$ 449.98			\$ 0.00			\$ 449.98
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 449.98
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(3.34)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	6.75%	32.33
IHH/CCHH Administrative Load Adjustment	6.67%	31.93
Cost Containment Initiative Gross Adjustment	(9.36%)	(41.81)
Gross Capitation Rate		\$ 475.59
Less Withhold	2.5%	(11.89)
Net Capitation Rate		\$ 463.70

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Dual Eligible 65+ M&F

Calendar Year 2015 Member Months

73,270

Projected SFY18 Average Enrollment
6,507

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	11.6	\$ 1,901.81	\$ 1.84	-	\$ 0.00	\$ 0.00	11.6	\$ 1,901.81	\$ 1.84
Inpatient MH/SA	0.1	1,714.29	0.02	-	-	-	0.1	1,714.29	0.02
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	1,684.8	214.39	30.10	-	-	-	1,684.8	214.39	30.10
Subtotal			\$ 31.96			\$ 0.00			\$ 31.96
Outpatient									
Outpatient Emergency Room	516.3	\$ 231.26	\$ 9.95	-	\$ 0.00	\$ 0.00	516.3	\$ 231.26	\$ 9.95
Outpatient Surgery	225.2	485.39	9.11	-	-	-	225.2	485.39	9.11
Outpatient Radiology	880.3	78.38	5.75	-	-	-	880.3	78.38	5.75
Outpatient Pathology/Lab	2,964.8	4.13	1.02	-	-	-	2,964.8	4.13	1.02
Outpatient Pharmacy	1,861.0	32.50	5.04	-	-	-	1,861.0	32.50	5.04
Outpatient MH/SA	28.9	140.98	0.34	-	-	-	28.9	140.98	0.34
Other Outpatient	6,932.6	44.94	25.96	-	-	-	6,932.6	44.94	25.96
Subtotal			\$ 57.17			\$ 0.00			\$ 57.17
Pharmacy									
Pharmacy	1,786.3	\$ 16.66	\$ 2.48	-	\$ 0.00	\$ 0.00	1,786.3	\$ 16.66	\$ 2.48
Subtotal			\$ 2.48			\$ 0.00			\$ 2.48
Ancillaries									
Transportation	298.2	\$ 131.20	\$ 3.26	-	\$ 0.00	\$ 0.00	298.2	\$ 131.20	\$ 3.26
DME/Prosthetics	3,475.5	30.63	8.87	-	-	-	3,475.5	30.63	8.87
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	1,392.9	150.68	17.49	-	-	-	1,392.9	150.68	17.49
Subtotal			\$ 29.62			\$ 0.00			\$ 29.62
Physician									
Inpatient and Outpatient Surgery	1,537.1	\$ 45.12	\$ 5.78	-	\$ 0.00	\$ 0.00	1,537.1	\$ 45.12	\$ 5.78
Anesthesia	190.9	49.02	0.78	-	-	-	190.9	49.02	0.78
Inpatient Visits	1,828.0	30.46	4.64	-	-	-	1,828.0	30.46	4.64
MH/SA	216.0	880.72	15.85	-	-	-	216.0	880.72	15.85
Emergency Room	587.0	30.66	1.50	-	-	-	587.0	30.66	1.50
Office/Home Visits/Consults	5,770.9	23.93	11.51	-	-	-	5,770.9	23.93	11.51
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	529.4	11.79	0.52	-	-	-	529.4	11.79	0.52
Radiology	3,062.9	10.46	2.67	-	-	-	3,062.9	10.46	2.67
Office Administered Drugs	1,287.6	51.91	5.57	-	-	-	1,287.6	51.91	5.57
Physical Exams	38.1	62.94	0.20	-	-	-	38.1	62.94	0.20
Therapy	779.8	13.54	0.88	-	-	-	779.8	13.54	0.88
Vision	801.1	37.15	2.48	-	-	-	801.1	37.15	2.48
Other Professional	2,775.7	36.79	8.51	-	-	-	2,775.7	36.79	8.51
Subtotal			\$ 60.89			\$ 0.00			\$ 60.89
Behavioral Health									
Inpatient and Outpatient MH/SA	53.0	\$ 99.68	\$ 0.44	-	\$ 0.00	\$ 0.00	53.0	\$ 99.68	\$ 0.44
Professional MH/SA	1,946.5	235.94	38.27	-	-	-	1,946.5	235.94	38.27
Subtotal			\$ 38.71			\$ 0.00			\$ 38.71
Total Medical Cost			\$ 220.83			\$ 0.00			\$ 220.83
Long Term Supports and Services									
Nursing Home/Hospice	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00

Medical Capitation Rate		
Total Acute Medical Component		\$ 220.83
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.55)	
Non-Emergency Medical Transportation	6.50	
Administrative Load	6.75%	15.80
IHH/CCHH Administrative Load Adjustment	3.15%	7.11
Cost Containment Initiative Gross Adjustment	(14.15%)	(30.89)
Gross Capitation Rate		\$ 216.80
Less Withhold	2.5%	(5.42)
Net Capitation Rate		\$ 211.38

LTSS Capitation Rate		
Total LTSS Component		\$ 0.00
Non-Claim Based Adjustments		
Administrative Load		-
Gross Capitation Rate		\$ 0.00
Less Withhold	0.0%	-
Net Capitation Rate		\$ 0.00

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Custodial Care Nursing Facility 65+

Calendar Year 2015 Member Months

116,652

Projected SFY18 Average Enrollment
8,678

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	4.7	\$ 1,151.39	\$ 0.45	-	\$ 0.00	\$ 0.00	4.7	\$ 1,151.39	\$ 0.45
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.45			\$ 0.00			\$ 0.45
Outpatient									
Outpatient Emergency Room	469.9	\$ 566.45	\$ 22.18	-	\$ 0.00	\$ 0.00	469.9	\$ 566.45	\$ 22.18
Outpatient Surgery	117.9	572.11	5.62	-	-	-	117.9	572.11	5.62
Outpatient Radiology	353.8	72.24	2.13	-	-	-	353.8	72.24	2.13
Outpatient Pathology/Lab	1,368.5	3.95	0.45	-	-	-	1,368.5	3.95	0.45
Outpatient Pharmacy	1,490.3	19.57	2.43	-	-	-	1,490.3	19.57	2.43
Outpatient MH/SA	15.7	76.48	0.10	-	-	-	15.7	76.48	0.10
Other Outpatient	20,058.1	9.23	15.42	-	-	-	20,058.1	9.23	15.42
Subtotal			\$ 48.33			\$ 0.00			\$ 48.33
Pharmacy									
Pharmacy	14,611.9	\$ 11.27	\$ 13.72	-	\$ 0.00	\$ 0.00	14,611.9	\$ 11.27	\$ 13.72
Subtotal			\$ 13.72			\$ 0.00			\$ 13.72
Ancillaries									
Transportation	597.0	\$ 109.95	\$ 5.47	-	\$ 0.00	\$ 0.00	597.0	\$ 109.95	\$ 5.47
DME/Prosthetics	3,118.8	107.69	27.99	-	-	-	3,118.8	107.69	27.99
Dental	0.2	-	-	-	-	-	0.2	-	-
Other Ancillary	785.3	180.02	11.78	-	-	-	785.3	180.02	11.78
Subtotal			\$ 45.24			\$ 0.00			\$ 45.24
Physician									
Inpatient and Outpatient Surgery	2,073.9	\$ 21.81	\$ 3.77	-	\$ 0.00	\$ 0.00	2,073.9	\$ 21.81	\$ 3.77
Anesthesia	93.8	42.24	0.33	-	-	-	93.8	42.24	0.33
Inpatient Visits	5,026.1	25.31	10.60	-	-	-	5,026.1	25.31	10.60
MH/SA	1,167.7	19.73	1.92	-	-	-	1,167.7	19.73	1.92
Emergency Room	390.1	30.15	0.98	-	-	-	390.1	30.15	0.98
Office/Home Visits/Consults	2,039.8	22.71	3.86	-	-	-	2,039.8	22.71	3.86
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	244.8	10.30	0.21	-	-	-	244.8	10.30	0.21
Radiology	2,743.4	7.92	1.81	-	-	-	2,743.4	7.92	1.81
Office Administered Drugs	309.7	90.67	2.34	-	-	-	309.7	90.67	2.34
Physical Exams	2.1	113.74	0.02	-	-	-	2.1	113.74	0.02
Therapy	93.8	11.51	0.09	-	-	-	93.8	11.51	0.09
Vision	547.5	32.22	1.47	-	-	-	547.5	32.22	1.47
Other Professional	1,956.2	35.03	5.71	-	-	-	1,956.2	35.03	5.71
Subtotal			\$ 33.11			\$ 0.00			\$ 33.11
Behavioral Health									
Inpatient and Outpatient MH/SA	0.1	\$ 1,333.33	\$ 0.01	-	\$ 0.00	\$ 0.00	0.1	\$ 1,333.33	\$ 0.01
Professional MH/SA	89.8	192.34	1.44	-	-	-	89.8	192.34	1.44
Subtotal			\$ 1.45			\$ 0.00			\$ 1.45
Total Medical Cost			\$ 142.30			\$ 0.00			\$ 142.30
Long Term Supports and Services									
Nursing Home/Hospice	336,423.2	\$ 144.01	\$ 4,037.43	-	\$ 0.00	\$ 0.00	336,423.2	\$ 144.01	\$ 4,037.43
Home Health	95.8	124.03	0.99	-	-	-	95.8	124.03	0.99
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 4,038.42			\$ 0.00			\$ 4,038.42

Medical Capitation Rate		
Total Acute Medical Component		\$ 142.30
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(1.97)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	8.00%	12.20
IHH/CCHH Administrative Load Adjustment	0.51%	0.72
Cost Containment Initiative Gross Adjustment	(15.94%)	(22.37)
Gross Capitation Rate		\$ 134.38
Less Withhold	2.5%	(3.36)
Net Capitation Rate		\$ 131.02

LTSS Capitation Rate	
Total LTSS Component	\$ 4,038.42
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 4,113.42
Less Withhold	0.0%
Net Capitation Rate	\$ 4,113.42

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Hospice 65+

Calendar Year 2015 Member Months

7,127

Projected SFY18 Average Enrollment
656

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 0.00			\$ 0.00			\$ 0.00
Outpatient									
Outpatient Emergency Room	144.4	\$ 383.08	\$ 4.61	-	\$ 0.00	\$ 0.00	144.4	\$ 383.08	\$ 4.61
Outpatient Surgery	26.4	763.35	1.68	-	-	-	26.4	763.35	1.68
Outpatient Radiology	36.7	52.34	0.16	-	-	-	36.7	52.34	0.16
Outpatient Pathology/Lab	190.8	2.52	0.04	-	-	-	190.8	2.52	0.04
Outpatient Pharmacy	47.0	94.57	0.37	-	-	-	47.0	94.57	0.37
Outpatient MH/SA	1.5	-	-	-	-	-	1.5	-	-
Other Outpatient	1,364.5	39.84	4.53	-	-	-	1,364.5	39.84	4.53
Subtotal			\$ 11.39			\$ 0.00			\$ 11.39
Pharmacy									
Pharmacy	2,624.6	\$ 12.44	\$ 2.72	-	\$ 0.00	\$ 0.00	2,624.6	\$ 12.44	\$ 2.72
Subtotal			\$ 2.72			\$ 0.00			\$ 2.72
Ancillaries									
Transportation	168.1	\$ 94.97	\$ 1.33	-	\$ 0.00	\$ 0.00	168.1	\$ 94.97	\$ 1.33
DME/Prosthetics	1,604.3	43.61	5.83	-	-	-	1,604.3	43.61	5.83
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	122.9	197.19	2.02	-	-	-	122.9	197.19	2.02
Subtotal			\$ 9.18			\$ 0.00			\$ 9.18
Physician									
Inpatient and Outpatient Surgery	1,200.2	\$ 15.80	\$ 1.58	-	\$ 0.00	\$ 0.00	1,200.2	\$ 15.80	\$ 1.58
Anesthesia	10.3	46.74	0.04	-	-	-	10.3	46.74	0.04
Inpatient Visits	3,098.1	23.86	6.16	-	-	-	3,098.1	23.86	6.16
MH/SA	570.1	14.10	0.67	-	-	-	570.1	14.10	0.67
Emergency Room	103.2	27.92	0.24	-	-	-	103.2	27.92	0.24
Office/Home Visits/Consults	761.4	22.38	1.42	-	-	-	761.4	22.38	1.42
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	50.8	16.52	0.07	-	-	-	50.8	16.52	0.07
Radiology	959.3	9.63	0.77	-	-	-	959.3	9.63	0.77
Office Administered Drugs	91.8	74.49	0.57	-	-	-	91.8	74.49	0.57
Physical Exams	-	-	-	-	-	-	-	-	-
Therapy	30.0	8.01	0.02	-	-	-	30.0	8.01	0.02
Vision	245.5	34.71	0.71	-	-	-	245.5	34.71	0.71
Other Professional	715.3	31.04	1.85	-	-	-	715.3	31.04	1.85
Subtotal			\$ 14.10			\$ 0.00			\$ 14.10
Behavioral Health									
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Professional MH/SA	38.3	75.16	0.24	-	-	-	38.3	75.16	0.24
Subtotal			\$ 0.24			\$ 0.00			\$ 0.24
Total Medical Cost			\$ 37.63			\$ 0.00			\$ 37.63
Long Term Supports and Services									
Nursing Home/Hospice	293,918.3	\$ 121.85	\$ 2,984.44	-	\$ 0.00	\$ 0.00	293,918.3	\$ 121.85	\$ 2,984.44
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 2,984.44			\$ 0.00			\$ 2,984.44

Medical Capitation Rate		
Total Acute Medical Component		\$ 37.63
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(0.52)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	8.00%	3.23
IHH/CCHH Administrative Load Adjustment	1.15%	0.43
Cost Containment Initiative Gross Adjustment	(18.64%)	(6.92)
Gross Capitation Rate		\$ 37.35
Less Withhold	2.5%	(0.93)
Net Capitation Rate		\$ 36.42

LTSS Capitation Rate	
Total LTSS Component	\$ 2,984.44
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 3,059.44
Less Withhold	0.0%
Net Capitation Rate	\$ 3,059.44

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Elderly HCBS Waiver

Calendar Year 2015 Member Months

96,914

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Projected SFY18 Average Enrollment
8,790

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	19.1	\$ 1,835.52	\$ 2.92	-	\$ 0.00	\$ 0.00	19.1	\$ 1,835.52	\$ 2.92
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 2.92			\$ 0.00			\$ 2.92
Outpatient									
Outpatient Emergency Room	1,004.4	\$ 484.48	\$ 40.55	-	\$ 0.00	\$ 0.00	1,004.4	\$ 484.48	\$ 40.55
Outpatient Surgery	313.4	575.20	15.02	-	-	-	313.4	575.20	15.02
Outpatient Radiology	889.8	84.83	6.29	-	-	-	889.8	84.83	6.29
Outpatient Pathology/Lab	3,859.6	3.82	1.23	-	-	-	3,859.6	3.82	1.23
Outpatient Pharmacy	3,601.8	19.96	5.99	-	-	-	3,601.8	19.96	5.99
Outpatient MH/SA	40.5	246.17	0.83	-	-	-	40.5	246.17	0.83
Other Outpatient	8,676.4	35.63	25.76	-	-	-	8,676.4	35.63	25.76
Subtotal			\$ 95.67			\$ 0.00			\$ 95.67
Pharmacy									
Pharmacy	3,645.9	\$ 15.04	\$ 4.57	-	\$ 0.00	\$ 0.00	3,645.9	\$ 15.04	\$ 4.57
Subtotal			\$ 4.57			\$ 0.00			\$ 4.57
Ancillaries									
Transportation	685.4	\$ 127.45	\$ 7.28	-	\$ 0.00	\$ 0.00	685.4	\$ 127.45	\$ 7.28
DME/Prosthetics	10,481.7	40.54	35.41	-	-	-	10,481.7	40.54	35.41
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	995.0	224.93	18.65	-	-	-	995.0	224.93	18.65
Subtotal			\$ 61.34			\$ 0.00			\$ 61.34
Physician									
Inpatient and Outpatient Surgery	2,445.3	\$ 36.36	\$ 7.41	-	\$ 0.00	\$ 0.00	2,445.3	\$ 36.36	\$ 7.41
Anesthesia	212.7	44.58	0.79	-	-	-	212.7	44.58	0.79
Inpatient Visits	2,567.6	29.87	6.39	-	-	-	2,567.6	29.87	6.39
MH/SA	205.2	21.64	0.37	-	-	-	205.2	21.64	0.37
Emergency Room	959.9	30.00	2.40	-	-	-	959.9	30.00	2.40
Office/Home Visits/Consults	8,435.0	22.51	15.82	-	-	-	8,435.0	22.51	15.82
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	618.9	11.25	0.58	-	-	-	618.9	11.25	0.58
Radiology	4,122.4	9.17	3.15	-	-	-	4,122.4	9.17	3.15
Office Administered Drugs	1,740.2	52.68	7.64	-	-	-	1,740.2	52.68	7.64
Physical Exams	27.5	69.82	0.16	-	-	-	27.5	69.82	0.16
Therapy	815.0	14.13	0.96	-	-	-	815.0	14.13	0.96
Vision	857.9	33.01	2.36	-	-	-	857.9	33.01	2.36
Other Professional	4,282.6	24.04	8.58	-	-	-	4,282.6	24.04	8.58
Subtotal			\$ 56.61			\$ 0.00			\$ 56.61
Behavioral Health									
Inpatient and Outpatient MH/SA	3.3	\$ 181.27	\$ 0.05	-	\$ 0.00	\$ 0.00	3.3	\$ 181.27	\$ 0.05
Professional MH/SA	1,449.6	205.22	24.79	-	-	-	1,449.6	205.22	24.79
Subtotal			\$ 24.84			\$ 0.00			\$ 24.84
Total Medical Cost			\$ 245.95			\$ 0.00			\$ 245.95
Long Term Supports and Services									
Nursing Home/Hospice	1,712.2	\$ 191.47	\$ 27.32	-	\$ 0.00	\$ 0.00	1,712.2	\$ 191.47	\$ 27.32
Home Health	27,392.9	128.42	293.14	-	-	-	27,392.9	128.42	293.14
Residential Services	23,863.8	308.36	613.23	-	-	-	23,863.8	308.36	613.23
Day Services	199.1	453.15	7.52	-	-	-	199.1	453.15	7.52
LTSS Transportation	1,080.4	113.96	10.26	-	-	-	1,080.4	113.96	10.26
Other HCBS Services	7,889.7	63.21	41.56	-	-	-	7,889.7	63.21	41.56
Subtotal			\$ 993.03			\$ 0.00			\$ 993.03

Medical Capitation Rate		
Total Acute Medical Component		\$ 245.95
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(3.10)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	8.00%	21.12
IHH/CCHH Administrative Load Adjustment	1.08%	2.66
Cost Containment Initiative Gross Adjustment	(14.81%)	(35.97)
Gross Capitation Rate		\$ 239.66
Less Withhold	2.5%	(5.99)
Net Capitation Rate		\$ 233.67

LTSS Capitation Rate		
Total LTSS Component		\$ 993.03
Non-Claim Based Adjustments		
Administrative Load		160.00
Gross Capitation Rate		\$ 1,153.03
Less Withhold	0.5%	(5.77)
Net Capitation Rate		\$ 1,147.26

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Custodial Care Nursing Facility <65

Calendar Year 2015 Member Months

21,414

Projected SFY18 Average Enrollment
1,570

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	1,074.8	\$ 1,830.54	\$ 163.96	-	\$ 0.00	\$ 0.00	1,074.8	\$ 1,830.54	\$ 163.96
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 163.96			\$ 0.00			\$ 163.96
Outpatient									
Outpatient Emergency Room	981.6	\$ 612.32	\$ 50.09	-	\$ 0.00	\$ 0.00	981.6	\$ 612.32	\$ 50.09
Outpatient Surgery	494.7	1,039.70	42.86	-	-	-	494.7	1,039.70	42.86
Outpatient Radiology	1,032.3	117.52	10.11	-	-	-	1,032.3	117.52	10.11
Outpatient Pathology/Lab	10,120.1	13.60	11.47	-	-	-	10,120.1	13.60	11.47
Outpatient Pharmacy	6,015.2	30.20	15.14	-	-	-	6,015.2	30.20	15.14
Outpatient MH/SA	56.2	59.84	0.28	-	-	-	56.2	59.84	0.28
Other Outpatient	37,588.0	19.34	60.57	-	-	-	37,588.0	19.34	60.57
Subtotal			\$ 190.52			\$ 0.00			\$ 190.52
Pharmacy									
Pharmacy	47,599.7	\$ 56.78	\$ 225.24	-	\$ 0.00	\$ 0.00	47,599.7	\$ 56.78	\$ 225.24
Subtotal			\$ 225.24			\$ 0.00			\$ 225.24
Ancillaries									
Transportation	1,506.2	\$ 130.18	\$ 16.34	-	\$ 0.00	\$ 0.00	1,506.2	\$ 130.18	\$ 16.34
DME/Prosthetics	7,238.7	156.59	94.46	-	-	-	7,238.7	156.59	94.46
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	543.9	227.45	10.31	-	-	-	543.9	227.45	10.31
Subtotal			\$ 121.11			\$ 0.00			\$ 121.11
Physician									
Inpatient and Outpatient Surgery	3,755.5	\$ 60.01	\$ 18.78	-	\$ 0.00	\$ 0.00	3,755.5	\$ 60.01	\$ 18.78
Anesthesia	336.0	111.80	3.13	-	-	-	336.0	111.80	3.13
Inpatient Visits	9,895.7	41.15	33.93	-	-	-	9,895.7	41.15	33.93
MH/SA	2,678.4	51.21	11.43	-	-	-	2,678.4	51.21	11.43
Emergency Room	1,084.0	57.56	5.20	-	-	-	1,084.0	57.56	5.20
Office/Home Visits/Consults	5,613.3	44.87	20.99	-	-	-	5,613.3	44.87	20.99
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	2,974.5	12.75	3.16	-	-	-	2,974.5	12.75	3.16
Radiology	5,918.4	15.19	7.49	-	-	-	5,918.4	15.19	7.49
Office Administered Drugs	1,114.5	123.93	11.51	-	-	-	1,114.5	123.93	11.51
Physical Exams	53.9	86.88	0.39	-	-	-	53.9	86.88	0.39
Therapy	248.3	25.14	0.52	-	-	-	248.3	25.14	0.52
Vision	843.7	40.96	2.88	-	-	-	843.7	40.96	2.88
Other Professional	4,511.2	37.85	14.23	-	-	-	4,511.2	37.85	14.23
Subtotal			\$ 133.64			\$ 0.00			\$ 133.64
Behavioral Health									
Inpatient and Outpatient MH/SA	25.9	\$ 417.79	\$ 0.90	-	\$ 0.00	\$ 0.00	25.9	\$ 417.79	\$ 0.90
Professional MH/SA	1,493.8	143.31	17.84	-	-	-	1,493.8	143.31	17.84
Subtotal			\$ 18.74			\$ 0.00			\$ 18.74
Total Medical Cost			\$ 853.21			\$ 0.00			\$ 853.21
Long Term Supports and Services									
Nursing Home/Hospice	322,133.2	\$ 158.59	\$ 4,257.32	-	\$ 0.00	\$ 0.00	322,133.2	\$ 158.59	\$ 4,257.32
Home Health	676.2	179.42	10.11	-	-	-	676.2	179.42	10.11
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 4,267.43			\$ 0.00			\$ 4,267.43

Medical Capitation Rate		
Total Acute Medical Component		\$ 853.21
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(11.68)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	4.75%	41.97
IHH/CCHH Administrative Load Adjustment	0.70%	5.96
Cost Containment Initiative Gross Adjustment	(8.05%)	(67.74)
Gross Capitation Rate		\$ 825.22
Less Withhold	2.5%	(20.63)
Net Capitation Rate		\$ 804.59

LTSS Capitation Rate	
Total LTSS Component	\$ 4,267.43
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 4,342.43
Less Withhold	0.0%
Net Capitation Rate	\$ 4,342.43

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Hospice <65

Calendar Year 2015 Member Months

763

Projected SFY18 Average Enrollment
55

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	79.1	\$ 2,862.77	\$ 18.88	-	\$ 0.00	\$ 0.00	79.1	\$ 2,862.77	\$ 18.88
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 18.88			\$ 0.00			\$ 18.88
Outpatient									
Outpatient Emergency Room	350.7	\$ 1,089.51	\$ 31.84	-	\$ 0.00	\$ 0.00	350.7	\$ 1,089.51	\$ 31.84
Outpatient Surgery	27.4	1,173.29	2.68	-	-	-	27.4	1,173.29	2.68
Outpatient Radiology	205.6	58.37	1.00	-	-	-	205.6	58.37	1.00
Outpatient Pathology/Lab	2,809.6	28.10	6.58	-	-	-	2,809.6	28.10	6.58
Outpatient Pharmacy	233.0	4.12	0.08	-	-	-	233.0	4.12	0.08
Outpatient MH/SA	-	-	-	-	-	-	-	-	-
Other Outpatient	3,179.6	15.06	3.99	-	-	-	3,179.6	15.06	3.99
Subtotal			\$ 46.17			\$ 0.00			\$ 46.17
Pharmacy									
Pharmacy	13,387.7	\$ 57.14	\$ 63.75	-	\$ 0.00	\$ 0.00	13,387.7	\$ 57.14	\$ 63.75
Subtotal			\$ 63.75			\$ 0.00			\$ 63.75
Ancillaries									
Transportation	536.9	\$ 126.95	\$ 5.68	-	\$ 0.00	\$ 0.00	536.9	\$ 126.95	\$ 5.68
DME/Prosthetics	3,134.5	64.09	16.74	-	-	-	3,134.5	64.09	16.74
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	116.1	224.31	2.17	-	-	-	116.1	224.31	2.17
Subtotal			\$ 24.59			\$ 0.00			\$ 24.59
Physician									
Inpatient and Outpatient Surgery	1,220.2	\$ 34.91	\$ 3.55	-	\$ 0.00	\$ 0.00	1,220.2	\$ 34.91	\$ 3.55
Anesthesia	69.3	53.66	0.31	-	-	-	69.3	53.66	0.31
Inpatient Visits	6,012.0	36.69	18.38	-	-	-	6,012.0	36.69	18.38
MH/SA	832.0	13.56	0.94	-	-	-	832.0	13.56	0.94
Emergency Room	360.2	51.64	1.55	-	-	-	360.2	51.64	1.55
Office/Home Visits/Consults	1,584.0	64.32	8.49	-	-	-	1,584.0	64.32	8.49
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	765.9	9.40	0.60	-	-	-	765.9	9.40	0.60
Radiology	1,807.5	10.49	1.58	-	-	-	1,807.5	10.49	1.58
Office Administered Drugs	-	-	-	-	-	-	-	-	-
Physical Exams	-	-	-	-	-	-	-	-	-
Therapy	-	-	-	-	-	-	-	-	-
Vision	382.2	48.98	1.56	-	-	-	382.2	48.98	1.56
Other Professional	1,193.2	12.97	1.29	-	-	-	1,193.2	12.97	1.29
Subtotal			\$ 38.25			\$ 0.00			\$ 38.25
Behavioral Health									
Inpatient and Outpatient MH/SA	14.5	\$ 16.54	\$ 0.02	-	\$ 0.00	\$ 0.00	14.5	\$ 16.54	\$ 0.02
Professional MH/SA	492.2	77.29	3.17	-	-	-	492.2	77.29	3.17
Subtotal			\$ 3.19			\$ 0.00			\$ 3.19
Total Medical Cost			\$ 194.83			\$ 0.00			\$ 194.83
Long Term Supports and Services									
Nursing Home/Hospice	380,990.7	\$ 149.39	\$ 4,742.87	-	\$ 0.00	\$ 0.00	380,990.7	\$ 149.39	\$ 4,742.87
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 4,742.87			\$ 0.00			\$ 4,742.87

Medical Capitation Rate		
Total Acute Medical Component		\$ 194.83
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.68)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	4.75%	9.58
IHH/CCHH Administrative Load Adjustment	0.38%	0.74
Cost Containment Initiative Gross Adjustment	(7.38%)	(14.18)
Gross Capitation Rate		\$ 191.79
Less Withhold	2.5%	(4.79)
Net Capitation Rate		\$ 187.00

LTSS Capitation Rate	
Total LTSS Component	\$ 4,742.87
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 4,817.87
Less Withhold	0.0%
Net Capitation Rate	\$ 4,817.87

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Dual Skilled Nursing Facility

Calendar Year 2015 Member Months

1,795

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Projected SFY18 Average Enrollment

142

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	3,005.2	\$ 2,672.61	\$ 669.31	-	\$ 0.00	\$ 0.00	3,005.2	\$ 2,672.61	\$ 669.31
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 669.31			\$ 0.00			\$ 669.31
Outpatient									
Outpatient Emergency Room	810.9	\$ 457.55	\$ 30.92	-	\$ 0.00	\$ 0.00	810.9	\$ 457.55	\$ 30.92
Outpatient Surgery	384.5	3,743.88	119.96	-	-	-	384.5	3,743.88	119.96
Outpatient Radiology	996.2	149.97	12.45	-	-	-	996.2	149.97	12.45
Outpatient Pathology/Lab	9,629.8	19.51	15.66	-	-	-	9,629.8	19.51	15.66
Outpatient Pharmacy	2,639.0	102.45	22.53	-	-	-	2,639.0	102.45	22.53
Outpatient MH/SA	17.5	27.46	0.04	-	-	-	17.5	27.46	0.04
Other Outpatient	12,059.1	324.08	325.68	-	-	-	12,059.1	324.08	325.68
Subtotal			\$ 527.24			\$ 0.00			\$ 527.24
Pharmacy									
Pharmacy	67,090.3	\$ 88.12	\$ 492.65	-	\$ 0.00	\$ 0.00	67,090.3	\$ 88.12	\$ 492.65
Subtotal			\$ 492.65			\$ 0.00			\$ 492.65
Ancillaries									
Transportation	1,079.5	\$ 158.08	\$ 14.22	-	\$ 0.00	\$ 0.00	1,079.5	\$ 158.08	\$ 14.22
DME/Prosthetics	14,841.0	194.66	240.74	-	-	-	14,841.0	194.66	240.74
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	1,048.6	156.09	13.64	-	-	-	1,048.6	156.09	13.64
Subtotal			\$ 268.60			\$ 0.00			\$ 268.60
Physician									
Inpatient and Outpatient Surgery	2,846.9	\$ 200.89	\$ 47.66	-	\$ 0.00	\$ 0.00	2,846.9	\$ 200.89	\$ 47.66
Anesthesia	671.9	244.84	13.71	-	-	-	671.9	244.84	13.71
Inpatient Visits	14,628.6	103.99	126.77	-	-	-	14,628.6	103.99	126.77
MH/SA	231.5	2,810.66	54.22	-	-	-	231.5	2,810.66	54.22
Emergency Room	641.9	83.19	4.45	-	-	-	641.9	83.19	4.45
Office/Home Visits/Consults	5,613.1	63.71	29.80	-	-	-	5,613.1	63.71	29.80
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	4,590.3	13.72	5.25	-	-	-	4,590.3	13.72	5.25
Radiology	5,964.1	20.54	10.21	-	-	-	5,964.1	20.54	10.21
Office Administered Drugs	683.7	546.41	31.13	-	-	-	683.7	546.41	31.13
Physical Exams	82.0	70.22	0.48	-	-	-	82.0	70.22	0.48
Therapy	363.1	46.26	1.40	-	-	-	363.1	46.26	1.40
Vision	521.2	54.11	2.35	-	-	-	521.2	54.11	2.35
Other Professional	4,387.1	54.54	19.94	-	-	-	4,387.1	54.54	19.94
Subtotal			\$ 347.37			\$ 0.00			\$ 347.37
Behavioral Health									
Inpatient and Outpatient MH/SA	74.0	\$ 51.88	\$ 0.32	-	\$ 0.00	\$ 0.00	74.0	\$ 51.88	\$ 0.32
Professional MH/SA	697.4	93.61	5.44	-	-	-	697.4	93.61	5.44
Subtotal			\$ 5.76			\$ 0.00			\$ 5.76
Total Medical Cost			\$ 2,310.93			\$ 0.00			\$ 2,310.93
Long Term Supports and Services									
Nursing Home/Hospice	284,607.4	\$ 775.32	\$ 18,388.57	-	\$ 0.00	\$ 0.00	284,607.4	\$ 775.32	\$ 18,388.57
Home Health	1,973.9	254.36	41.84	-	-	-	1,973.9	254.36	41.84
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 18,430.41			\$ 0.00			\$ 18,430.41

Medical Capitation Rate		
Total Acute Medical Component		\$ 2,310.93
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(32.27)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	4.75%	113.63
IHH/CCHH Administrative Load Adjustment	0.03%	0.59
Cost Containment Initiative Gross Adjustment	(4.75%)	(108.24)
Gross Capitation Rate		\$ 2,288.14
Less Withhold	2.5%	(57.20)
Net Capitation Rate		\$ 2,230.94

LTSS Capitation Rate	
Total LTSS Component	\$ 18,430.41
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 18,505.41
Less Withhold	0.0%
Net Capitation Rate	\$ 18,505.41

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Dual HCBS Waivers: PD; H&D

Calendar Year 2015 Member Months

13,931

Projected SFY18 Average Enrollment
1,450

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	95.4	\$ 659.40	\$ 5.24	-	\$ 0.00	\$ 0.00	95.4	\$ 659.40	\$ 5.24
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 5.24			\$ 0.00			\$ 5.24
Outpatient									
Outpatient Emergency Room	1,355.3	\$ 371.17	\$ 41.92	-	\$ 0.00	\$ 0.00	1,355.3	\$ 371.17	\$ 41.92
Outpatient Surgery	599.8	487.20	24.35	-	-	-	599.8	487.20	24.35
Outpatient Radiology	1,135.0	67.46	6.38	-	-	-	1,135.0	67.46	6.38
Outpatient Pathology/Lab	5,556.2	3.46	1.60	-	-	-	5,556.2	3.46	1.60
Outpatient Pharmacy	5,906.7	33.16	16.32	-	-	-	5,906.7	33.16	16.32
Outpatient MH/SA	107.3	34.66	0.31	-	-	-	107.3	34.66	0.31
Other Outpatient	11,931.3	36.34	36.13	-	-	-	11,931.3	36.34	36.13
Subtotal			\$ 127.01			\$ 0.00			\$ 127.01
Pharmacy									
Pharmacy	3,540.9	\$ 16.71	\$ 4.93	-	\$ 0.00	\$ 0.00	3,540.9	\$ 16.71	\$ 4.93
Subtotal			\$ 4.93			\$ 0.00			\$ 4.93
Ancillaries									
Transportation	736.0	\$ 124.73	\$ 7.65	-	\$ 0.00	\$ 0.00	736.0	\$ 124.73	\$ 7.65
DME/Prosthetics	18,059.9	43.61	65.63	-	-	-	18,059.9	43.61	65.63
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	627.1	269.82	14.10	-	-	-	627.1	269.82	14.10
Subtotal			\$ 87.38			\$ 0.00			\$ 87.38
Physician									
Inpatient and Outpatient Surgery	2,895.9	\$ 37.92	\$ 9.15	-	\$ 0.00	\$ 0.00	2,895.9	\$ 37.92	\$ 9.15
Anesthesia	332.7	47.98	1.33	-	-	-	332.7	47.98	1.33
Inpatient Visits	3,367.0	29.87	8.38	-	-	-	3,367.0	29.87	8.38
MH/SA	942.9	20.74	1.63	-	-	-	942.9	20.74	1.63
Emergency Room	1,293.0	27.29	2.94	-	-	-	1,293.0	27.29	2.94
Office/Home Visits/Consults	10,450.2	19.85	17.29	-	-	-	10,450.2	19.85	17.29
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	700.5	12.68	0.74	-	-	-	700.5	12.68	0.74
Radiology	4,959.0	8.11	3.35	-	-	-	4,959.0	8.11	3.35
Office Administered Drugs	1,642.7	42.08	5.76	-	-	-	1,642.7	42.08	5.76
Physical Exams	42.9	81.10	0.29	-	-	-	42.9	81.10	0.29
Therapy	1,775.7	13.65	2.02	-	-	-	1,775.7	13.65	2.02
Vision	776.2	37.26	2.41	-	-	-	776.2	37.26	2.41
Other Professional	4,649.6	15.25	5.91	-	-	-	4,649.6	15.25	5.91
Subtotal			\$ 61.20			\$ 0.00			\$ 61.20
Behavioral Health									
Inpatient and Outpatient MH/SA	50.9	\$ 84.92	\$ 0.36	-	\$ 0.00	\$ 0.00	50.9	\$ 84.92	\$ 0.36
Professional MH/SA	4,588.3	119.89	45.84	-	-	-	4,588.3	119.89	45.84
Subtotal			\$ 46.20			\$ 0.00			\$ 46.20
Total Medical Cost			\$ 331.96			\$ 0.00			\$ 331.96
Long Term Supports and Services									
Nursing Home/Hospice	712.2	\$ 205.21	\$ 12.18	-	\$ 0.00	\$ 0.00	712.2	\$ 205.21	\$ 12.18
Home Health	36,730.5	168.36	515.34	-	-	-	36,730.5	168.36	515.34
Residential Services	14,229.3	462.03	547.86	-	-	-	14,229.3	462.03	547.86
Day Services	75.5	384.64	2.42	-	-	-	75.5	384.64	2.42
LTSS Transportation	125.0	158.39	1.65	-	-	-	125.0	158.39	1.65
Other HCBS Services	4,735.0	146.13	57.66	-	-	-	4,735.0	146.13	57.66
Subtotal			\$ 1,137.11			\$ 0.00			\$ 1,137.11

Medical Capitation Rate		
Total Acute Medical Component		\$ 331.96
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(4.00)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	8.00%	28.52
IHH/CCHH Administrative Load Adjustment	1.49%	4.95
Cost Containment Initiative Gross Adjustment	(14.92%)	(48.93)
Gross Capitation Rate		\$ 321.50
Less Withhold	2.5%	(8.04)
Net Capitation Rate		\$ 313.46

LTSS Capitation Rate		
Total LTSS Component	\$ 1,137.11	
Non-Claim Based Adjustments		
Administrative Load	160.00	
Gross Capitation Rate	\$ 1,297.11	
Less Withhold	0.5%	(6.49)
Net Capitation Rate	\$ 1,290.62	

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Non-Dual HCBS Waivers: PD; H&D; AIDS

Calendar Year 2015 Member Months

14,496

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Projected SFY18 Average Enrollment
1,472

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	1,169.1	\$ 1,883.44	\$ 183.50	-	\$ 0.00	\$ 0.00	1,169.1	\$ 1,883.44	\$ 183.50
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 183.50			\$ 0.00			\$ 183.50
Outpatient									
Outpatient Emergency Room	698.5	\$ 481.05	\$ 28.00	-	\$ 0.00	\$ 0.00	698.5	\$ 481.05	\$ 28.00
Outpatient Surgery	323.9	1,741.65	47.01	-	-	-	323.9	1,741.65	47.01
Outpatient Radiology	776.2	144.70	9.36	-	-	-	776.2	144.70	9.36
Outpatient Pathology/Lab	5,543.8	21.00	9.70	-	-	-	5,543.8	21.00	9.70
Outpatient Pharmacy	1,193.9	136.30	13.56	-	-	-	1,193.9	136.30	13.56
Outpatient MH/SA	10.1	201.98	0.17	-	-	-	10.1	201.98	0.17
Other Outpatient	14,864.6	80.87	100.18	-	-	-	14,864.6	80.87	100.18
Subtotal			\$ 207.98			\$ 0.00			\$ 207.98
Pharmacy									
Pharmacy	48,727.7	\$ 116.03	\$ 471.14	-	\$ 0.00	\$ 0.00	48,727.7	\$ 116.03	\$ 471.14
Subtotal			\$ 471.14			\$ 0.00			\$ 471.14
Ancillaries									
Transportation	287.2	\$ 184.27	\$ 4.41	-	\$ 0.00	\$ 0.00	287.2	\$ 184.27	\$ 4.41
DME/Prosthetics	16,346.3	152.85	208.21	-	-	-	16,346.3	152.85	208.21
Dental	80.2	13.47	0.09	-	-	-	80.2	13.47	0.09
Other Ancillary	16.0	179.55	0.24	-	-	-	16.0	179.55	0.24
Subtotal			\$ 212.95			\$ 0.00			\$ 212.95
Physician									
Inpatient and Outpatient Surgery	1,348.1	\$ 183.38	\$ 20.60	-	\$ 0.00	\$ 0.00	1,348.1	\$ 183.38	\$ 20.60
Anesthesia	267.1	243.03	5.41	-	-	-	267.1	243.03	5.41
Inpatient Visits	1,208.1	135.78	13.67	-	-	-	1,208.1	135.78	13.67
MH/SA	58.9	36.66	0.18	-	-	-	58.9	36.66	0.18
Emergency Room	855.4	96.10	6.85	-	-	-	855.4	96.10	6.85
Office/Home Visits/Consults	6,056.4	80.58	40.67	-	-	-	6,056.4	80.58	40.67
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	4,864.1	14.01	5.68	-	-	-	4,864.1	14.01	5.68
Radiology	2,695.3	30.59	6.87	-	-	-	2,695.3	30.59	6.87
Office Administered Drugs	1,373.0	529.98	60.64	-	-	-	1,373.0	529.98	60.64
Physical Exams	419.3	60.11	2.10	-	-	-	419.3	60.11	2.10
Therapy	1,618.1	51.91	7.00	-	-	-	1,618.1	51.91	7.00
Vision	426.6	61.88	2.20	-	-	-	426.6	61.88	2.20
Other Professional	3,074.9	77.23	19.79	-	-	-	3,074.9	77.23	19.79
Subtotal			\$ 191.66			\$ 0.00			\$ 191.66
Behavioral Health									
Inpatient and Outpatient MH/SA	81.0	\$ 148.20	\$ 1.00	-	\$ 0.00	\$ 0.00	81.0	\$ 148.20	\$ 1.00
Professional MH/SA	5,605.1	128.73	60.13	-	-	-	5,605.1	128.73	60.13
Subtotal			\$ 61.13			\$ 0.00			\$ 61.13
Total Medical Cost			\$ 1,328.36			\$ 0.00			\$ 1,328.36
Long Term Supports and Services									
Nursing Home/Hospice	821.9	\$ 316.99	\$ 21.71	-	\$ 0.00	\$ 0.00	821.9	\$ 316.99	\$ 21.71
Home Health	16,840.8	568.79	798.24	-	-	-	16,840.8	568.79	798.24
Residential Services	8,572.8	595.03	425.09	-	-	-	8,572.8	595.03	425.09
Day Services	15.3	313.32	0.40	-	-	-	15.3	313.32	0.40
LTSS Transportation	132.2	135.23	1.49	-	-	-	132.2	135.23	1.49
Other HCBS Services	3,645.8	921.50	279.97	-	-	-	3,645.8	921.50	279.97
Subtotal			\$ 1,526.90			\$ 0.00			\$ 1,526.90

Medical Capitation Rate		
Total Acute Medical Component		\$ 1,328.36
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(17.74)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	5.00%	68.98
IHH/CCHH Administrative Load Adjustment	0.36%	4.80
Cost Containment Initiative Gross Adjustment	(2.79%)	(36.57)
Gross Capitation Rate		\$ 1,356.83
Less Withhold	2.5%	(33.92)
Net Capitation Rate		\$ 1,322.91

LTSS Capitation Rate		
Total LTSS Component	\$ 1,526.90	
Non-Claim Based Adjustments		
Administrative Load	160.00	
Gross Capitation Rate	\$ 1,686.90	
Less Withhold	0.5%	(8.43)
Net Capitation Rate	\$ 1,678.47	

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Brain Injury HCBS Waiver

Calendar Year 2015 Member Months

12,822

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Projected SFY18 Average Enrollment
1,374

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	255.1	\$ 2,327.18	\$ 49.47	-	\$ 0.00	\$ 0.00	255.1	\$ 2,327.18	\$ 49.47
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 49.47			\$ 0.00			\$ 49.47
Outpatient									
Outpatient Emergency Room	820.6	\$ 371.02	\$ 25.37	-	\$ 0.00	\$ 0.00	820.6	\$ 371.02	\$ 25.37
Outpatient Surgery	274.9	1,047.41	23.99	-	-	-	274.9	1,047.41	23.99
Outpatient Radiology	796.0	88.19	5.85	-	-	-	796.0	88.19	5.85
Outpatient Pathology/Lab	2,578.0	13.78	2.96	-	-	-	2,578.0	13.78	2.96
Outpatient Pharmacy	528.5	90.15	3.97	-	-	-	528.5	90.15	3.97
Outpatient MH/SA	79.1	118.32	0.78	-	-	-	79.1	118.32	0.78
Other Outpatient	13,185.9	46.47	51.06	-	-	-	13,185.9	46.47	51.06
Subtotal			\$ 113.98			\$ 0.00			\$ 113.98
Pharmacy									
Pharmacy	19,761.2	\$ 110.09	\$ 181.30	-	\$ 0.00	\$ 0.00	19,761.2	\$ 110.09	\$ 181.30
Subtotal			\$ 181.30			\$ 0.00			\$ 181.30
Ancillaries									
Transportation	297.9	\$ 120.04	\$ 2.98	-	\$ 0.00	\$ 0.00	297.9	\$ 120.04	\$ 2.98
DME/Prosthetics	9,599.9	126.16	100.93	-	-	-	9,599.9	126.16	100.93
Dental	30.2	11.91	0.03	-	-	-	30.2	11.91	0.03
Other Ancillary	147.7	206.41	2.54	-	-	-	147.7	206.41	2.54
Subtotal			\$ 106.48			\$ 0.00			\$ 106.48
Physician									
Inpatient and Outpatient Surgery	1,555.3	\$ 78.62	\$ 10.19	-	\$ 0.00	\$ 0.00	1,555.3	\$ 78.62	\$ 10.19
Anesthesia	243.4	156.27	3.17	-	-	-	243.4	156.27	3.17
Inpatient Visits	1,043.1	54.53	4.74	-	-	-	1,043.1	54.53	4.74
MH/SA	803.9	2,190.00	146.71	-	-	-	803.9	2,190.00	146.71
Emergency Room	793.9	50.33	3.33	-	-	-	793.9	50.33	3.33
Office/Home Visits/Consults	6,636.5	39.71	21.96	-	-	-	6,636.5	39.71	21.96
Maternity	1.0	125.00	0.01	-	-	-	1.0	125.00	0.01
Pathology/Lab	1,663.5	14.57	2.02	-	-	-	1,663.5	14.57	2.02
Radiology	2,763.7	16.54	3.81	-	-	-	2,763.7	16.54	3.81
Office Administered Drugs	1,006.3	186.86	15.67	-	-	-	1,006.3	186.86	15.67
Physical Exams	297.2	69.04	1.71	-	-	-	297.2	69.04	1.71
Therapy	2,416.6	34.91	7.03	-	-	-	2,416.6	34.91	7.03
Vision	700.3	47.98	2.80	-	-	-	700.3	47.98	2.80
Other Professional	2,667.9	49.34	10.97	-	-	-	2,667.9	49.34	10.97
Subtotal			\$ 234.12			\$ 0.00			\$ 234.12
Behavioral Health									
Inpatient and Outpatient MH/SA	63.0	\$ 230.33	\$ 1.21	-	\$ 0.00	\$ 0.00	63.0	\$ 230.33	\$ 1.21
Professional MH/SA	3,387.7	84.55	23.87	-	-	-	3,387.7	84.55	23.87
Subtotal			\$ 25.08			\$ 0.00			\$ 25.08
Total Medical Cost			\$ 710.43			\$ 0.00			\$ 710.43
Long Term Supports and Services									
Nursing Home/Hospice	1,031.5	\$ 438.71	\$ 37.71	-	\$ 0.00	\$ 0.00	1,031.5	\$ 438.71	\$ 37.71
Home Health	13,131.1	367.69	402.35	-	-	-	13,131.1	367.69	402.35
Residential Services	11,096.6	1,575.34	1,456.75	-	-	-	11,096.6	1,575.34	1,456.75
Day Services	2,558.6	379.57	80.93	-	-	-	2,558.6	379.57	80.93
LTSS Transportation	1,582.4	258.90	34.14	-	-	-	1,582.4	258.90	34.14
Other HCBS Services	4,853.8	1,029.03	416.22	-	-	-	4,853.8	1,029.03	416.22
Subtotal			\$ 2,428.10			\$ 0.00			\$ 2,428.10

Medical Capitation Rate		
Total Acute Medical Component		\$ 710.43
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(9.59)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	5.00%	36.89
IHH/CCHH Administrative Load Adjustment	0.34%	2.41
Cost Containment Initiative Gross Adjustment	(4.16%)	(29.15)
Gross Capitation Rate		\$ 719.99
Less Withhold	2.5%	(18.00)
Net Capitation Rate		\$ 701.99

LTSS Capitation Rate		
Total LTSS Component		\$ 2,428.10
Non-Claim Based Adjustments		
Administrative Load		275.00
Gross Capitation Rate		\$ 2,703.10
Less Withhold	0.5%	(13.52)
Net Capitation Rate		\$ 2,689.58

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

ICF/MR

Calendar Year 2015 Member Months

17,127

Projected SFY18 Average Enrollment
1,209

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	431.0	\$ 1,461.96	\$ 52.51	-	\$ 0.00	\$ 0.00	431.0	\$ 1,461.96	\$ 52.51
Inpatient MH/SA	0.6	2,250.00	0.12	-	-	-	0.6	2,250.00	0.12
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 52.63			\$ 0.00			\$ 52.63
Outpatient									
Outpatient Emergency Room	476.6	\$ 452.18	\$ 17.96	-	\$ 0.00	\$ 0.00	476.6	\$ 452.18	\$ 17.96
Outpatient Surgery	248.9	1,006.51	20.88	-	-	-	248.9	1,006.51	20.88
Outpatient Radiology	451.4	85.59	3.22	-	-	-	451.4	85.59	3.22
Outpatient Pathology/Lab	3,350.6	20.45	5.71	-	-	-	3,350.6	20.45	5.71
Outpatient Pharmacy	596.2	40.26	2.00	-	-	-	596.2	40.26	2.00
Outpatient MH/SA	8.9	40.31	0.03	-	-	-	8.9	40.31	0.03
Other Outpatient	3,419.1	26.71	7.61	-	-	-	3,419.1	26.71	7.61
Subtotal			\$ 57.41			\$ 0.00			\$ 57.41
Pharmacy									
Pharmacy	43,202.0	\$ 63.37	\$ 228.14	-	\$ 0.00	\$ 0.00	43,202.0	\$ 63.37	\$ 228.14
Subtotal			\$ 228.14			\$ 0.00			\$ 228.14
Ancillaries									
Transportation	184.8	\$ 150.62	\$ 2.32	-	\$ 0.00	\$ 0.00	184.8	\$ 150.62	\$ 2.32
DME/Prosthetics	4,993.1	117.95	49.08	-	-	-	4,993.1	117.95	49.08
Dental	3.9	-	-	-	-	-	3.9	-	-
Other Ancillary	199.8	127.36	2.12	-	-	-	199.8	127.36	2.12
Subtotal			\$ 53.52			\$ 0.00			\$ 53.52
Physician									
Inpatient and Outpatient Surgery	1,769.8	\$ 52.75	\$ 7.78	-	\$ 0.00	\$ 0.00	1,769.8	\$ 52.75	\$ 7.78
Anesthesia	289.4	122.31	2.95	-	-	-	289.4	122.31	2.95
Inpatient Visits	2,127.2	48.40	8.58	-	-	-	2,127.2	48.40	8.58
MH/SA	179.1	68.36	1.02	-	-	-	179.1	68.36	1.02
Emergency Room	468.5	53.78	2.10	-	-	-	468.5	53.78	2.10
Office/Home Visits/Consults	5,180.9	43.80	18.91	-	-	-	5,180.9	43.80	18.91
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,947.2	13.68	2.22	-	-	-	1,947.2	13.68	2.22
Radiology	2,127.7	12.01	2.13	-	-	-	2,127.7	12.01	2.13
Office Administered Drugs	446.9	262.05	9.76	-	-	-	446.9	262.05	9.76
Physical Exams	470.0	89.62	3.51	-	-	-	470.0	89.62	3.51
Therapy	284.0	24.93	0.59	-	-	-	284.0	24.93	0.59
Vision	1,144.9	44.86	4.28	-	-	-	1,144.9	44.86	4.28
Other Professional	1,936.2	28.63	4.62	-	-	-	1,936.2	28.63	4.62
Subtotal			\$ 68.45			\$ 0.00			\$ 68.45
Behavioral Health									
Inpatient and Outpatient MH/SA	17.5	\$ 426.12	\$ 0.62	-	\$ 0.00	\$ 0.00	17.5	\$ 426.12	\$ 0.62
Professional MH/SA	1,598.0	116.40	15.50	-	-	-	1,598.0	116.40	15.50
Subtotal			\$ 16.12			\$ 0.00			\$ 16.12
Total Medical Cost			\$ 476.27			\$ 0.00			\$ 476.27
Long Term Supports and Services									
Nursing Home/Hospice	351,068.1	\$ 336.48	\$ 9,843.82	-	\$ 0.00	\$ 0.00	351,068.1	\$ 336.48	\$ 9,843.82
Home Health	15.1	159.15	0.20	-	-	-	15.1	159.15	0.20
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 9,844.02			\$ 0.00			\$ 9,844.02

Medical Capitation Rate		
Total Acute Medical Component		\$ 476.27
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(6.44)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	4.75%	23.43
IHH/CCHH Administrative Load Adjustment	0.30%	1.42
Cost Containment Initiative Gross Adjustment	(5.35%)	(25.14)
Gross Capitation Rate		\$ 473.04
Less Withhold	2.5%	(11.83)
Net Capitation Rate		\$ 461.21

LTSS Capitation Rate	
Total LTSS Component	\$ 9,844.02
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 9,919.02
Less Withhold	0.0%
Net Capitation Rate	\$ 9,919.02

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

State Resource Center

Calendar Year 2015 Member Months

4,558

Projected SFY18 Average Enrollment

332

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	107.8	\$ 2,593.45	\$ 23.30	-	\$ 0.00	\$ 0.00	107.8	\$ 2,593.45	\$ 23.30
Inpatient MH/SA	14.4	1,260.08	1.51	-	-	-	14.4	1,260.08	1.51
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 24.81			\$ 0.00			\$ 24.81
Outpatient									
Outpatient Emergency Room	511.7	\$ 702.60	\$ 29.96	-	\$ 0.00	\$ 0.00	511.7	\$ 702.60	\$ 29.96
Outpatient Surgery	264.1	890.71	19.60	-	-	-	264.1	890.71	19.60
Outpatient Radiology	427.4	50.54	1.80	-	-	-	427.4	50.54	1.80
Outpatient Pathology/Lab	2,797.3	24.37	5.68	-	-	-	2,797.3	24.37	5.68
Outpatient Pharmacy	239.5	27.56	0.55	-	-	-	239.5	27.56	0.55
Outpatient MH/SA	4.5	80.36	0.03	-	-	-	4.5	80.36	0.03
Other Outpatient	494.6	29.12	1.20	-	-	-	494.6	29.12	1.20
Subtotal			\$ 58.82			\$ 0.00			\$ 58.82
Pharmacy									
Pharmacy	148.7	\$ 37.93	\$ 0.47	-	\$ 0.00	\$ 0.00	148.7	\$ 37.93	\$ 0.47
Subtotal			\$ 0.47			\$ 0.00			\$ 0.47
Ancillaries									
Transportation	643.4	\$ 102.21	\$ 5.48	-	\$ 0.00	\$ 0.00	643.4	\$ 102.21	\$ 5.48
DME/Prosthetics	616.6	127.48	6.55	-	-	-	616.6	127.48	6.55
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	34.1	2,060.96	5.86	-	-	-	34.1	2,060.96	5.86
Subtotal			\$ 17.89			\$ 0.00			\$ 17.89
Physician									
Inpatient and Outpatient Surgery	1,343.0	\$ 50.48	\$ 5.65	-	\$ 0.00	\$ 0.00	1,343.0	\$ 50.48	\$ 5.65
Anesthesia	521.1	54.80	2.38	-	-	-	521.1	54.80	2.38
Inpatient Visits	2,829.7	38.59	9.10	-	-	-	2,829.7	38.59	9.10
MH/SA	76.2	22.04	0.14	-	-	-	76.2	22.04	0.14
Emergency Room	625.7	41.81	2.18	-	-	-	625.7	41.81	2.18
Office/Home Visits/Consults	3,128.1	36.48	9.51	-	-	-	3,128.1	36.48	9.51
Maternity	-	-	-	-	-	-	-	-	-
Pathology/Lab	1,745.1	21.94	3.19	-	-	-	1,745.1	21.94	3.19
Radiology	4,835.8	10.27	4.14	-	-	-	4,835.8	10.27	4.14
Office Administered Drugs	212.9	254.79	4.52	-	-	-	212.9	254.79	4.52
Physical Exams	27.9	103.08	0.24	-	-	-	27.9	103.08	0.24
Therapy	5.1	-	-	-	-	-	5.1	-	-
Vision	1,250.5	42.99	4.48	-	-	-	1,250.5	42.99	4.48
Other Professional	2,492.5	24.02	4.99	-	-	-	2,492.5	24.02	4.99
Subtotal			\$ 50.52			\$ 0.00			\$ 50.52
Behavioral Health									
Inpatient and Outpatient MH/SA	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Professional MH/SA	5.0	168.00	0.07	-	-	-	5.0	168.00	0.07
Subtotal			\$ 0.07			\$ 0.00			\$ 0.07
Total Medical Cost			\$ 152.58			\$ 0.00			\$ 152.58
Long Term Supports and Services									
Nursing Home/Hospice	354,195.5	\$ 961.79	\$ 28,388.57	-	\$ 0.00	\$ 0.00	354,195.5	\$ 961.79	\$ 28,388.57
Home Health	2.7	1,600.00	0.36	-	-	-	2.7	1,600.00	0.36
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 28,388.93			\$ 0.00			\$ 28,388.93

Medical Capitation Rate		
Total Acute Medical Component		\$ 152.58
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(2.14)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	8.00%	13.08
IHH/CCHH Administrative Load Adjustment	0.00%	-
Cost Containment Initiative Gross Adjustment	(12.94%)	(19.47)
Gross Capitation Rate		\$ 147.55
Less Withhold	2.5%	(3.69)
Net Capitation Rate		\$ 143.86

LTSS Capitation Rate	
Total LTSS Component	\$ 28,388.93
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 28,463.93
Less Withhold	0.0%
Net Capitation Rate	\$ 28,463.93

State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development

Intellectual Disability HCBS Waiver

Calendar Year 2015 Member Months

139,160

Projected SFY18 Average Enrollment

11,249

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	167.5	\$ 2,027.82	\$ 28.31	-	\$ 0.00	\$ 0.00	167.5	\$ 2,027.82	\$ 28.31
Inpatient MH/SA	27.9	390.84	0.91	-	-	-	27.9	390.84	0.91
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	2.0	1,401.02	0.23	-	-	-	2.0	1,401.02	0.23
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 29.45			\$ 0.00			\$ 29.45
Outpatient									
Outpatient Emergency Room	464.3	\$ 339.60	\$ 13.14	-	\$ 0.00	\$ 0.00	464.3	\$ 339.60	\$ 13.14
Outpatient Surgery	140.3	1,208.64	14.13	-	-	-	140.3	1,208.64	14.13
Outpatient Radiology	358.9	105.33	3.15	-	-	-	358.9	105.33	3.15
Outpatient Pathology/Lab	2,089.0	16.03	2.79	-	-	-	2,089.0	16.03	2.79
Outpatient Pharmacy	477.8	47.47	1.89	-	-	-	477.8	47.47	1.89
Outpatient MH/SA	77.4	54.26	0.35	-	-	-	77.4	54.26	0.35
Other Outpatient	7,037.6	52.23	30.63	-	-	-	7,037.6	52.23	30.63
Subtotal			\$ 66.08			\$ 0.00			\$ 66.08
Pharmacy									
Pharmacy	18,158.6	\$ 82.23	\$ 124.43	-	\$ 0.00	\$ 0.00	18,158.6	\$ 82.23	\$ 124.43
Subtotal			\$ 124.43			\$ 0.00			\$ 124.43
Ancillaries									
Transportation	124.6	\$ 130.02	\$ 1.35	-	\$ 0.00	\$ 0.00	124.6	\$ 130.02	\$ 1.35
DME/Prosthetics	4,760.5	97.18	38.55	-	-	-	4,760.5	97.18	38.55
Dental	30.0	15.99	0.04	-	-	-	30.0	15.99	0.04
Other Ancillary	82.1	168.03	1.15	-	-	-	82.1	168.03	1.15
Subtotal			\$ 41.09			\$ 0.00			\$ 41.09
Physician									
Inpatient and Outpatient Surgery	1,334.9	\$ 51.78	\$ 5.76	-	\$ 0.00	\$ 0.00	1,334.9	\$ 51.78	\$ 5.76
Anesthesia	160.4	136.18	1.82	-	-	-	160.4	136.18	1.82
Inpatient Visits	521.5	67.66	2.94	-	-	-	521.5	67.66	2.94
MH/SA	632.5	28.27	1.49	-	-	-	632.5	28.27	1.49
Emergency Room	457.7	54.54	2.08	-	-	-	457.7	54.54	2.08
Office/Home Visits/Consults	5,382.3	42.83	19.21	-	-	-	5,382.3	42.83	19.21
Maternity	3.5	339.94	0.10	-	-	-	3.5	339.94	0.10
Pathology/Lab	1,268.6	13.91	1.47	-	-	-	1,268.6	13.91	1.47
Radiology	1,407.4	15.35	1.80	-	-	-	1,407.4	15.35	1.80
Office Administered Drugs	614.4	62.50	3.20	-	-	-	614.4	62.50	3.20
Physical Exams	375.3	79.93	2.50	-	-	-	375.3	79.93	2.50
Therapy	974.9	29.17	2.37	-	-	-	974.9	29.17	2.37
Vision	754.3	47.57	2.99	-	-	-	754.3	47.57	2.99
Other Professional	1,735.8	57.45	8.31	-	-	-	1,735.8	57.45	8.31
Subtotal			\$ 56.04			\$ 0.00			\$ 56.04
Behavioral Health									
Inpatient and Outpatient MH/SA	60.4	\$ 260.31	\$ 1.31	-	\$ 0.00	\$ 0.00	60.4	\$ 260.31	\$ 1.31
Professional MH/SA	3,765.5	101.53	31.86	-	-	-	3,765.5	101.53	31.86
Subtotal			\$ 33.17			\$ 0.00			\$ 33.17
Total Medical Cost			\$ 350.26			\$ 0.00			\$ 350.26
Long Term Supports and Services									
Nursing Home/Hospice	327.8	\$ 389.54	\$ 10.64	-	\$ 0.00	\$ 0.00	327.8	\$ 389.54	\$ 10.64
Home Health	4,248.2	413.71	146.46	-	-	-	4,248.2	413.71	146.46
Residential Services	10,924.9	2,630.90	2,395.19	-	-	-	10,924.9	2,630.90	2,395.19
Day Services	11,824.2	547.67	539.65	-	-	-	11,824.2	547.67	539.65
LTSS Transportation	4,516.7	378.91	142.62	-	-	-	4,516.7	378.91	142.62
Other HCBS Services	2,011.9	1,531.31	256.73	-	-	-	2,011.9	1,531.31	256.73
Subtotal			\$ 3,491.29			\$ 0.00			\$ 3,491.29

Medical Capitation Rate		
Total Acute Medical Component		\$ 350.26
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(4.44)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	4.75%	17.25
IHH/CCHH Administrative Load Adjustment	0.52%	1.80
Cost Containment Initiative Gross Adjustment	(4.62%)	(15.98)
Gross Capitation Rate		\$ 357.89
Less Withhold	2.5%	(8.95)
Net Capitation Rate		\$ 348.94

LTSS Capitation Rate		
Total LTSS Component		\$ 3,491.29
Non-Claim Based Adjustments		
Administrative Load		275.00
Gross Capitation Rate		\$ 3,766.29
Less Withhold	0.5%	(18.83)
Net Capitation Rate		\$ 3,747.46

State of Iowa
 Department of Human Services, Division of Medical Assistance
 IA Health Link
 SFY 2018 Capitation Rate Development

PMIC
 Calendar Year 2015 Member Months 4,836 - Projected SFY18 Average Enrollment 308

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	85.8	\$ 2,990.21	\$ 21.38	-	\$ 0.00	\$ 0.00	85.8	\$ 2,990.21	\$ 21.38
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	11.3	1,721.88	1.62	-	-	-	11.3	1,721.88	1.62
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 23.00			\$ 0.00			\$ 23.00
Outpatient									
Outpatient Emergency Room	421.4	\$ 428.82	\$ 15.06	-	\$ 0.00	\$ 0.00	421.4	\$ 428.82	\$ 15.06
Outpatient Surgery	42.2	1,652.52	5.81	-	-	-	42.2	1,652.52	5.81
Outpatient Radiology	187.7	181.56	2.84	-	-	-	187.7	181.56	2.84
Outpatient Pathology/Lab	9,862.5	15.78	12.97	-	-	-	9,862.5	15.78	12.97
Outpatient Pharmacy	229.9	14.62	0.28	-	-	-	229.9	14.62	0.28
Outpatient MH/SA	-	-	-	-	-	-	-	-	-
Other Outpatient	1,280.3	81.17	8.66	-	-	-	1,280.3	81.17	8.66
Subtotal			\$ 45.62			\$ 0.00			\$ 45.62
Pharmacy									
Pharmacy	67,380.6	\$ 53.34	\$ 299.49	-	\$ 0.00	\$ 0.00	67,380.6	\$ 53.34	\$ 299.49
Subtotal			\$ 299.49			\$ 0.00			\$ 299.49
Ancillaries									
Transportation	71.0	\$ 936.73	\$ 5.54	-	\$ 0.00	\$ 0.00	71.0	\$ 936.73	\$ 5.54
DME/Prosthetics	217.5	65.66	1.19	-	-	-	217.5	65.66	1.19
Dental	-	-	-	-	-	-	-	-	-
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 6.73			\$ 0.00			\$ 6.73
Physician									
Inpatient and Outpatient Surgery	457.2	\$ 142.27	\$ 5.42	-	\$ 0.00	\$ 0.00	457.2	\$ 142.27	\$ 5.42
Anesthesia	66.4	211.32	1.17	-	-	-	66.4	211.32	1.17
Inpatient Visits	1,010.8	65.18	5.49	-	-	-	1,010.8	65.18	5.49
MH/SA	5.0	3,006.06	1.24	-	-	-	5.0	3,006.06	1.24
Emergency Room	438.1	71.77	2.62	-	-	-	438.1	71.77	2.62
Office/Home Visits/Consults	3,969.4	74.85	24.76	-	-	-	3,969.4	74.85	24.76
Maternity	23.5	378.52	0.74	-	-	-	23.5	378.52	0.74
Pathology/Lab	7,072.0	27.23	16.05	-	-	-	7,072.0	27.23	16.05
Radiology	1,023.0	25.45	2.17	-	-	-	1,023.0	25.45	2.17
Office Administered Drugs	180.8	41.81	0.63	-	-	-	180.8	41.81	0.63
Physical Exams	1,314.1	49.58	5.43	-	-	-	1,314.1	49.58	5.43
Therapy	781.5	60.04	3.91	-	-	-	781.5	60.04	3.91
Vision	1,614.0	73.98	9.95	-	-	-	1,614.0	73.98	9.95
Other Professional	1,640.1	38.78	5.30	-	-	-	1,640.1	38.78	5.30
Subtotal			\$ 84.88			\$ 0.00			\$ 84.88
Behavioral Health									
Inpatient and Outpatient MH/SA	1,962.1	\$ 159.26	\$ 26.04	-	\$ 0.00	\$ 0.00	1,962.1	\$ 159.26	\$ 26.04
Professional MH/SA	17,627.3	113.27	166.38	-	-	-	17,627.3	113.27	166.38
Subtotal			\$ 192.42			\$ 0.00			\$ 192.42
Total Medical Cost			\$ 652.14			\$ 0.00			\$ 652.14
Long Term Supports and Services									
Nursing Home/Hospice	272,843.7	\$ 257.89	\$ 5,863.67	-	\$ 0.00	\$ 0.00	272,843.7	\$ 257.89	\$ 5,863.67
Home Health	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	-	-	-	-	-	-	-	-	-
Subtotal			\$ 5,863.67			\$ 0.00			\$ 5,863.67

Medical Capitation Rate		
Total Acute Medical Component		\$ 652.14
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(6.44)	
Non-Emergency Medical Transportation	3.50	
Administrative Load	4.75%	32.20
IHH/CCHH Administrative Load Adjustment	17.73%	139.11
Cost Containment Initiative Gross Adjustment	(0.90%)	(5.81)
Gross Capitation Rate		\$ 814.70
Less Withhold	2.5%	(20.37)
Net Capitation Rate		\$ 794.33

LTSS Capitation Rate	
Total LTSS Component	\$ 5,863.67
Non-Claim Based Adjustments	
Administrative Load	75.00
Gross Capitation Rate	\$ 5,938.67
Less Withhold	0.0%
Net Capitation Rate	\$ 5,938.67

**State of Iowa
Department of Human Services, Division of Medical Assistance
IA Health Link
SFY 2018 Capitation Rate Development**

Children's Mental Health HCBS Waiver

Calendar Year 2015 Member Months

7,928

Projected SFY18 Average Enrollment
993

Category of Service	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization per 1,000	Cost per Service	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Inpatient									
Inpatient Medical/Surgical/Non-Delivery	26.2	\$ 2,526.56	\$ 5.51	-	\$ 0.00	\$ 0.00	26.2	\$ 2,526.56	\$ 5.51
Inpatient MH/SA	-	-	-	-	-	-	-	-	-
Inpatient Well Newborn	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-	-
Subtotal			\$ 5.51			\$ 0.00			\$ 5.51
Outpatient									
Outpatient Emergency Room	359.6	\$ 395.40	\$ 11.85	-	\$ 0.00	\$ 0.00	359.6	\$ 395.40	\$ 11.85
Outpatient Surgery	46.3	2,746.11	10.60	-	-	-	46.3	2,746.11	10.60
Outpatient Radiology	151.8	184.96	2.34	-	-	-	151.8	184.96	2.34
Outpatient Pathology/Lab	1,653.3	21.63	2.98	-	-	-	1,653.3	21.63	2.98
Outpatient Pharmacy	74.6	540.34	3.36	-	-	-	74.6	540.34	3.36
Outpatient MH/SA	11.6	145.08	0.14	-	-	-	11.6	145.08	0.14
Other Outpatient	2,847.2	77.51	18.39	-	-	-	2,847.2	77.51	18.39
Subtotal			\$ 49.66			\$ 0.00			\$ 49.66
Pharmacy									
Pharmacy	38,409.2	\$ 90.78	\$ 290.57	-	\$ 0.00	\$ 0.00	38,409.2	\$ 90.78	\$ 290.57
Subtotal			\$ 290.57			\$ 0.00			\$ 290.57
Ancillaries									
Transportation	15.4	\$ 164.06	\$ 0.21	-	\$ 0.00	\$ 0.00	15.4	\$ 164.06	\$ 0.21
DME/Prosthetics	773.7	88.41	5.70	-	-	-	773.7	88.41	5.70
Dental	64.3	31.75	0.17	-	-	-	64.3	31.75	0.17
Other Ancillary	-	-	-	-	-	-	-	-	-
Subtotal			\$ 6.08			\$ 0.00			\$ 6.08
Physician									
Inpatient and Outpatient Surgery	242.2	\$ 169.98	\$ 3.43	-	\$ 0.00	\$ 0.00	242.2	\$ 169.98	\$ 3.43
Anesthesia	59.3	236.60	1.17	-	-	-	59.3	236.60	1.17
Inpatient Visits	37.6	121.18	0.38	-	-	-	37.6	121.18	0.38
MH/SA	16.6	64.98	0.09	-	-	-	16.6	64.98	0.09
Emergency Room	310.6	58.33	1.51	-	-	-	310.6	58.33	1.51
Office/Home Visits/Consults	3,243.8	87.01	23.52	-	-	-	3,243.8	87.01	23.52
Maternity	1.6	301.89	0.04	-	-	-	1.6	301.89	0.04
Pathology/Lab	1,851.0	15.69	2.42	-	-	-	1,851.0	15.69	2.42
Radiology	681.5	29.58	1.68	-	-	-	681.5	29.58	1.68
Office Administered Drugs	111.8	21.46	0.20	-	-	-	111.8	21.46	0.20
Physical Exams	573.9	60.22	2.88	-	-	-	573.9	60.22	2.88
Therapy	697.4	40.78	2.37	-	-	-	697.4	40.78	2.37
Vision	613.9	60.98	3.12	-	-	-	613.9	60.98	3.12
Other Professional	576.7	67.00	3.22	-	-	-	576.7	67.00	3.22
Subtotal			\$ 46.03			\$ 0.00			\$ 46.03
Behavioral Health									
Inpatient and Outpatient MH/SA	301.7	\$ 275.67	\$ 6.93	-	\$ 0.00	\$ 0.00	301.7	\$ 275.67	\$ 6.93
Professional MH/SA	19,940.4	87.44	145.30	-	-	-	19,940.4	87.44	145.30
Subtotal			\$ 152.23			\$ 0.00			\$ 152.23
Total Medical Cost			\$ 550.08			\$ 0.00			\$ 550.08
Long Term Supports and Services									
Nursing Home/Hospice	1,191.2	\$ 391.97	\$ 38.91	-	\$ 0.00	\$ 0.00	1,191.2	\$ 391.97	\$ 38.91
Home Health	27.0	177.91	0.40	-	-	-	27.0	177.91	0.40
Residential Services	7,547.1	935.21	588.18	-	-	-	7,547.1	935.21	588.18
Day Services	-	-	-	-	-	-	-	-	-
LTSS Transportation	-	-	-	-	-	-	-	-	-
Other HCBS Services	7,693.4	296.11	189.84	-	-	-	7,693.4	296.11	189.84
Subtotal			\$ 817.33			\$ 0.00			\$ 817.33

Medical Capitation Rate		
Total Acute Medical Component		\$ 550.08
Non-Claim Based Adjustments		
Third Party Liability and Other Recoveries	(5.57)	
Non-Emergency Medical Transportation	9.00	
Administrative Load	4.75%	27.15
IHH/CCHH Administrative Load Adjustment	22.22%	155.52
Cost Containment Initiative Gross Adjustment	(0.61%)	(3.32)
Gross Capitation Rate		\$ 732.86
Less Withhold	2.5%	(18.32)
Net Capitation Rate		\$ 714.54

LTSS Capitation Rate	
Total LTSS Component	\$ 817.33
Non-Claim Based Adjustments	
Administrative Load	160.00
Gross Capitation Rate	\$ 977.33
Less Withhold	0.5% (4.89)
Net Capitation Rate	\$ 972.44

APPENDIX 4: NON-BENEFIT EXPENSE ADJUSTMENTS

State of Iowa - Department of Human Services, Division of Medical Assistance
Iowa Medicaid Enterprise
IA Health Link
Administrative Loads

<u>Capitation Rate Cell</u>	<u>Admin % of Medical</u>	<u>IHH/CCHH Admin PMPM</u>	<u>LTSS Admin PMPM</u>
Children 0-59 days M&F	9.50%	\$ 0.00	\$ 0.00
Children 60-364 days M&F	9.50%	-	-
Children 1-4 M&F	9.50%	0.29	-
Children 5-14 M&F	9.50%	3.68	-
Children 15-20 F	9.50%	4.79	-
Children 15-20 M	9.50%	5.11	-
Non-Expansion Adults 21-34 F	10.00%	1.06	-
Non-Expansion Adults 21-34 M	10.00%	6.54	-
Non-Expansion Adults 35-49 F	10.00%	1.91	-
Non-Expansion Adults 35-49 M	10.00%	6.45	-
Non-Expansion Adults 50+ M&F	10.00%	4.06	-
Pregnant Women	10.00%	0.70	-
CHIP - Children 0-59 days M&F	9.50%	\$ 0.00	\$ 0.00
CHIP - Children 60-364 days M&F	9.50%	-	-
CHIP - Children 1-4 M&F	9.50%	0.29	-
CHIP - Children 5-14 M&F	9.50%	3.68	-
CHIP - Children 15-20 F	9.50%	4.79	-
CHIP - Children 15-20 M	9.50%	5.11	-
CHIP - Hawk-i	9.50%	-	-
TANF Maternity Case Rate	2.25%	\$ 0.00	\$ 0.00
Pregnant Women Maternity Case Rate	2.25%	-	-
WP 19-24 F (Medically Exempt)	8.00%	\$ 15.74	\$ 0.00
WP 19-24 M (Medically Exempt)	8.00%	18.42	-
WP 25-34 F (Medically Exempt)	8.00%	15.36	-
WP 25-34 M (Medically Exempt)	8.00%	18.34	-
WP 35-49 F (Medically Exempt)	8.00%	20.26	-
WP 35-49 M (Medically Exempt)	8.00%	22.17	-
WP 50+ M&F (Medically Exempt)	8.00%	21.84	-
WP 19-24 F (Non-Medically Exempt)	10.00%	\$ 0.41	\$ 0.00
WP 19-24 M (Non-Medically Exempt)	10.00%	0.48	-
WP 25-34 F (Non-Medically Exempt)	10.00%	0.41	-
WP 25-34 M (Non-Medically Exempt)	10.00%	0.48	-
WP 35-49 F (Non-Medically Exempt)	10.00%	0.43	-
WP 35-49 M (Non-Medically Exempt)	10.00%	0.43	-
WP 50+ M&F (Non-Medically Exempt)	10.00%	0.26	-
ABD Non-Dual <21 M&F	6.50%	\$ 16.01	\$ 0.00
ABD Non-Dual 21+ M&F	5.75%	25.94	-
Breast and Cervical Cancer	5.75%	5.26	-
Residential Care Facility	5.75%	122.97	-
Dual Eligible 0-64 M&F	6.75%	\$ 31.93	\$ 0.00
Dual Eligible 65+ M&F	6.75%	7.11	-
Custodial Care Nursing Facility 65+	8.00%	\$ 0.72	\$ 75.00
Hospice 65+	8.00%	0.43	75.00
<u>Elderly HCBS Waiver</u>	8.00%	2.66	160.00
LTSS blended with actual membership mix			
LTSS blended with 3.25% rebalanced membership			
Custodial Care Nursing Facility <65	4.75%	\$ 5.96	\$ 75.00
Hospice <65	4.75%	0.74	75.00
Non-Dual Skilled Nursing Facility	4.75%	0.59	75.00
Dual HCBS Waivers: PD; H&D	8.00%	4.95	160.00
Non-Dual HCBS Waivers: PD; H&D; AIDS	5.00%	4.80	160.00
<u>Brain Injury HCBS Waiver</u>	5.00%	2.41	275.00
LTSS blended with actual membership mix			
LTSS blended with 1.80% rebalanced membership			
ICF/MR	4.75%	\$ 1.42	\$ 75.00
State Resource Center	8.00%	-	75.00
<u>Intellectual Disability HCBS Waiver</u>	4.75%	1.80	275.00
LTSS blended with actual membership mix			
LTSS blended with 1.00% rebalanced membership			
PMIC	4.75%	\$ 139.11	\$ 75.00
<u>Children's Mental Health HCBS Waiver</u>	4.75%	155.52	160.00
LTSS blended with actual membership mix			