



Iowa High Quality Healthcare Initiative: April 2016 to June 2017 Capitation Rate Development – Amendment

State of Iowa, Department of Human Services
Division of Medical Services, Iowa Medicaid Enterprise (IME)

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I. BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Iowa, Department of Human Services, Division of Medical Services, Iowa Medicaid Enterprise (IME) to develop and certify actuarially sound capitation rates for the Iowa High Quality Healthcare Initiative (IHQHI). The capitation rate development provided in this report is being provided as an amendment to the prior capitation rate certification as documented in the report, "Iowa High Quality Healthcare Initiative: January 2016 to June 2017 Capitation Rate Development – Bidder's Report" (Report) dated July 30, 2015.

The amendment has been developed to document the modifications that were applied to the previously certified capitation rates. The modifications were made due to policy and program changes, as well as a change in the effective date. We are also providing additional clarification in response to questions from the Centers for Medicare and Medicaid (CMS) regarding the capitation rate development.

The amendment should be considered a supplement to the prior capitation rate report. All information presented in the prior report should be considered as part of the documentation of the revised capitation rates, unless specifically modified in the amendment.

The amendment has also been developed to document to CMS compliance with actuarially sound capitation rate requirements as outlined in 42 CFR §438.6(c).

The capitation rates within this amendment are certified as actuarially sound consistent with the documentation of the prior report.

II. EXECUTIVE SUMMARY

Appendix A illustrates the updated capitation rates for the IHQHI. The values shown in Appendix A have not been adjusted to reflect provision for the ACA-mandated health insurer fee. The health insurer fee will be an additional amount paid to the health plans on a retrospective basis and is included under this capitation rate certification. There is a withhold arrangement under IHQHI defined as a 2% reduction to the capitation rate, which will be returned to the health plans upon achievement of certain measures included as terms of the state-health plan contract. The values in Appendix A are illustrated on both a gross and net of the 2% withhold basis. The capitation rates have been shown for the state plan, including 1915(c) waiver services, and for the 1915(b)(3) expenditures. The following highlights the modifications that were included with this amendment.

(a) Policy and Program Changes.

The initial capitation rate certification reflected various policy and program changes. These were outlined in Section I.2.B.iv. on pages 13 and 14 of the certification report. Four of these items were not implemented. We have removed these adjustments from the calculations.

- **Home Health Low Utilization Payment Adjustment (LUPA):** CMS requested that the rate adjustment be removed from the capitation rates until the state receives approval. The estimated fiscal impact in our July 30, 2015 report was an increase of 2.06% to the impacted services. This impacted all rate cells which had home health services in their base experience.
- **HCBS Provider Rate Increase:** This adjustment was an inflation rate increase for HCBS providers. The increase was not implemented as stated in our July 30, 2015 report. The estimated fiscal impact was noted as an increase of 0.32% to the impacted services. This impacted the LTSS component for each of the HCBS waiver rate cells.
- **Supported Employment Rate Adjustment:** This adjustment represented an increase in certain HCBS waiver codes for supported employment services. The estimated fiscal impact in our July 30, 2015 report was an increase of 0.49% to the impacted services. This impacted the LTSS component for each of the HCBS waiver rate cells.
- **Waiver Management:** Rules related to a limitation or cap on total Intellectual Disability (ID) waiver services costs were not approved by the Legislature. Other waiver management changes noted in our July 30, 2015 report were implemented. The cap on ID waiver service was approximately 20% of the estimated (1.59%) decrease in expenditures for this policy change. We have amended the estimated fiscal impact to (1.27%) reduction of expenditures associated with waiver management. This impacted the LTSS component for each of the HCBS waiver rate cells.

(b) The rating periods covered by the certification.

The capitation rates were initially certified for an 18-month period, January 1, 2016 through June 30, 2017. Based on delayed implementation of the managed care program, we have adjusted the certification period to 15 months, from April 1, 2016 through June 30, 2017. The change in the rating period required 1.5 additional months of trend be applied to base experience. This change impacted all rate cells.

(c) FQHC / RHC Base Data Adjustment

The CMS review of the initial rate certification requested clarification regarding how the expenditures were adjusted for FQHC / RHC providers that receive an interim cost-based rate, rather than a PPS rate. The initial rate certification did not include an adjustment to reduce the cost-based values to a PPS rate. IME performed an analysis that estimated the fiscal impact to the clinic based expenditures to be \$4.87 million out of \$47.70 million in the fee-for-service base models or 10.21% reduction. We

applied the 10.21% reduction to the clinic category of service expenditures in the base model. This impacted all rate cells which had clinic services in their base experience.

(d) Hospital Rebasing

IME is updating the hospital fee schedule for non-critical access hospitals. Both hospital inpatient and hospital outpatient fee schedule values are being updated. The hospital inpatient fee schedule modifications reflect changes to the hospital inpatient DRG relative values, as well as the hospital specific conversion factors. The hospital outpatient fee schedule was also rebased, as well. We compared the updated hospital fee schedule to the baseline data to determine adjustment factors for the capitation rates. The fiscal impact associated with the hospital rebasing was (\$7.7) million inpatient and \$2.1 million outpatient. This impacted all rate cells with the exception of the Family Planning, Dual Eligible, LTSS-Elderly, and LTSS-Children’s Mental Health rate cells. Table 1 provides the percentage impact on inpatient and outpatient services for each population.

Table 1 State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise Iowa High Quality Health Care Initiative Hospital Rebasing Impact Summary				
Group Name	Inpatient		Outpatient	
	Non-CAH Impact	All Hospital Impact ¹	Non-CAH Impact	All Hospital Impact ²
Newborn	(6.50%)	(6.02%)	0.50%	0.37%
Children	(2.62%)	(2.42%)	0.05%	0.04%
Non-Expansion Adult	0.79%	0.73%	1.06%	0.79%
Pregnant Women	(1.69%)	(1.57%)	6.98%	5.22%
Maternity Case Rate	3.15%	2.92%	0.00%	0.00%
Wellness Plan	(1.10%)	(1.02%)	0.89%	0.66%
Non-Dual <21	(11.83%)	(10.96%)	0.13%	0.10%
Breast and Cervical Cancer	(9.27%)	(8.59%)	0.00%	0.00%
Non-Dual 21+	(1.56%)	(1.44%)	0.10%	0.07%
Dual Eligible	0.00%	0.00%	0.00%	0.00%
Composite	(1.90%)	(1.76%)	0.65%	0.49%

Notes: 1. Critical Access Hospitals (CAH) were estimated at 7.39% of total hospital inpatient expenditures.
 2. Critical Access Hospitals (CAH) were estimated at 25.16% of total hospital outpatient expenditures.

(e) 1915(b)(3) Services

The initial capitation rate certification included state plan services and 1915(b)(3) services. The 1915(b)(3) services relate to behavioral health care services under the contract. We were requested to separate the capitation rate into the component for state plan services and the component for 1915(b)(3) services. The stratification of the capitation rates into these two separate components did not have a fiscal impact on the capitation rates. Each component includes both health care costs and administrative load. Further, the withhold will be applied consistently to each of the components.

(f) Pass-through Payments

We have added two additional components to the capitation rates. These amounts are not at-risk payments.

- **Graduate Medical Education (GME):** We have added approximately \$21.4 million to the capitation rates to reflect the inclusion of GME. Prior to implementation of IHQHI, IME made GME payments directly to qualifying hospitals. The payments are lump sum payments that do not coincide to individual claims. The GME will be paid on a per member per month basis within the capitation rates. The GME was allocated to the capitation rate cells for populations that qualify for GME payments. The health plans will be responsible for making the GME payments under the terms of the contract. The GME component is shown separately under the capitation rate summary.
- **University of Iowa Physician Upper Payment Limit (UPL) Payment:** The state of Iowa recently received CMS approval for a state plan amendment for UPL payments to be made to qualifying physicians with the University of Iowa. We have estimated the fiscal impact by identifying the qualifying physicians within the historical data and estimating the value of the increase to the average commercial reimbursement rate approved under the state plan amendment. The adjustment factor for the qualifying physicians was approximately \$50.0 million. The payment has been shown as a pass-through on a per member per month basis using the historical utilization of services for the qualifying physicians and the reimbursement adjustment. The pass-through payment reflects the difference between the enhanced reimbursement and the underlying base fee-for-service reimbursement rate.

All other assumptions outlined in the initial capitation rate certification report have not been modified. The non-benefit cost component was allowed to change for the components that were calculated as a percentage of the capitation rate; however, we have not applied the non-benefit cost component to the pass-through payments.

Table 2 illustrates the fiscal impact of the policy and program changes that were applied to the capitation rates in the July 30, 2015 rate certification document. The fiscal impact analysis utilizes the SFY 2014 member months to estimate the expenditure change.

Table 2
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Health Care Initiative
Capitation Rate Amendment Changes
(values in millions)

Policy / Program Change	Projected Fiscal Impact (State and Federal)
July 30, 2015 Rate Certification – Baseline	\$3,671.9
Adjust Clinic Services	(5.0)
Add 1.5 Months of Trend	7.9
Update HCBS Rate Increase	(1.7)
Update Employment Rate Increase	(2.8)
Update Waiver Management Rate Reduction	1.8
Remove Home Health Adjustment	(2.7)
Rebasing Hospital Inpatient	(7.7)
Rebasing Hospital Outpatient	2.1
GME Pass-through	21.4
Physician UPL Pass-through	50.0
Updated Rate Certification – Amendment	\$3,735.3

III. DATA RELIANCE

We relied upon certain information provided by the State of Iowa, Department of Human Services. This includes fee-for-service claim expenditures, health plan encounter data, including medical services health plan data and behavioral health plan data, and Medicaid enrollment files.

We have relied upon IME for the accuracy of the information provided. Although the data were reviewed for reasonableness, we have accepted the data without audit. To the extent the data provided to Milliman was incomplete or was otherwise inaccurate, the information presented in this report will need to be modified. 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 letter. IME and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free. The capitation rates provided in this letter will change to the extent that there are material errors in the information that was provided.

IV. ACTUARIAL CERTIFICATION

I, Robert M. Damler, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I was retained by the State of Iowa, Department of Human Services, to perform an actuarial review and certification regarding the development of the capitation rates for the Iowa High Quality Healthcare Initiative (IHQHI) populations to be effective for the April 1, 2016 through June 30, 2017 contract period. I have experience in the examination of financial calculations for Medicaid programs and meet the qualification standards for rendering this opinion.

I reviewed the information provided for reasonableness and consistency with an understanding of reimbursement for medical services under the Medicaid program in the state of Iowa. I have developed certain actuarial assumptions and actuarial methodologies regarding the projection of healthcare expenditures into future periods.

The capitation rates provided with this certification meet the requirements defined in 42 CFR 438.6(c), including:

- The capitation rates have been developed in accordance with generally accepted actuarial principles and practices.
- The capitation rates are appropriate for the populations to be covered, and the services to be furnished under the contract.

For the purposes of this certification “actuarial soundness” is defined as follows:

Medicaid capitation rates are “actuarially sound” if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected capitation rates – including expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income – provide for all reasonable, appropriate, and attainable costs, including health benefits; health benefit settlement expenses; marketing and administrative expenses; any government-mandated assessments, fees, and taxes; and the cost of capital.

This certification is intended for the State of Iowa and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial projections of the type in this certification, so as to properly interpret the projection results. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted MCO’s situation and experience.

This actuarial certification has been based on the actuarial methods, considerations, and analyses promulgated from time to time through the Actuarial Standards of Practice by the Actuarial Standards Board.


ELECTRONIC
SIGNATURE

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

March 10, 2016

Date

V. LIMITATIONS

The services provided for this project were performed under the contract between Milliman and State of Iowa dated July 17, 2014 and amended January 26, 2015.

The information contained in this report has been prepared for the State of Iowa, Department of Human Services, Division of Medical Services, Iowa Medicaid Enterprise (IME) and their consultants and advisors. It is our understanding that the information contained in this report may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, it should be distributed 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 data 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 IME 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 report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends. Any user of the values and information contained herein should have access to the entire capitation rate certification report.

The information contained in this letter was prepared as documentation of the actuarially sound capitation rates for Medicaid managed care for the IHQHI managed care program in the State of Iowa. The information may not be appropriate for any other purpose. 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. IME and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free.

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 in this report.

APPENDIX A

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base	GME		UIHC		Gross Total State Plan Rate
		Medical Capitation	1915b(3)	Supplemental PMPM	Supplemental PMPM	1915b(3)	
Children 0-59 days M&F	57,527	\$ 1,804.01	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,849.42	\$ 0.00
Children 60-364 days M&F	194,558	212.03	-	5.28	11.42	228.73	-
Children 1-4 M&F	717,933	115.11	(0.02)	5.28	5.39	125.75	0.02
Children 5-14 M&F	1,342,686	126.61	(0.36)	5.28	3.11	134.64	0.36
Children 15-20 F	243,143	217.73	(2.92)	5.28	6.39	226.48	2.92
Children 15-20 M	217,242	197.27	(4.10)	5.28	3.32	201.77	4.10
Non-Expansion Adults 21-34 F	303,557	312.62	(8.34)	5.28	9.92	319.47	8.34
Non-Expansion Adults 21-34 M	70,383	210.05	(1.70)	5.28	4.84	218.47	1.70
Non-Expansion Adults 35-49 F	126,218	453.46	(4.72)	5.28	11.80	465.82	4.72
Non-Expansion Adults 35-49 M	54,475	378.05	(1.50)	5.28	8.17	390.00	1.50
Non-Expansion Adults 50+ M&F	23,288	536.08	(1.83)	5.28	13.75	553.27	1.83
Pregnant Women	118,189	329.67	(5.27)	5.28	21.29	350.97	5.27
CHIP - Children 0-59 days M&F	-	\$ 1,804.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,804.01	\$ 0.00
CHIP - Children 60-364 days M&F	-	212.03	-	-	-	212.03	\$ 0.00
CHIP - Children 1-4 M&F	-	115.11	(0.02)	-	-	115.09	\$ 0.02
CHIP - Children 5-14 M&F	156,522	126.61	(0.36)	-	-	126.25	\$ 0.36
CHIP - Children 15-20 F	26,346	217.73	(2.92)	-	-	214.81	\$ 2.92
CHIP - Children 15-20 M	25,645	197.27	(4.10)	-	-	193.17	\$ 4.10
CHIP - Hawk-i	396,408	\$ 155.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 155.69	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,172.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,172.05	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,468.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,468.90	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 231.40	\$ (0.71)	\$ 0.00	\$ 9.74	\$ 240.43	\$ 0.71
Wellness Plan 19-24 M (Medically Exempt)	7,785	223.74	(0.26)	-	5.60	229.09	0.26
Wellness Plan 25-34 F (Medically Exempt)	12,677	329.61	(1.40)	-	12.26	340.47	1.40
Wellness Plan 25-34 M (Medically Exempt)	13,931	325.87	(0.64)	-	8.24	333.47	0.64
Wellness Plan 35-49 F (Medically Exempt)	16,496	525.69	(0.87)	-	18.17	542.99	0.87
Wellness Plan 35-49 M (Medically Exempt)	16,162	508.97	(0.57)	-	14.13	522.53	0.57
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 659.01	\$ (0.12)	\$ 0.00	\$ 21.08	\$ 679.97	\$ 0.12
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 183.02	\$ (0.57)	\$ 0.00	\$ 7.75	\$ 190.20	\$ 0.57
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	176.92	(0.20)	-	4.46	181.18	0.20
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	261.18	(1.11)	-	9.75	269.83	1.11
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	258.21	(0.51)	-	6.56	264.26	0.51
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	417.25	(0.69)	-	14.46	431.02	0.69
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	403.94	(0.45)	-	11.25	414.73	0.45
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 523.36	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 540.04	\$ 0.09
Family Planning Waiver	288,967	\$ 20.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.49	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 601.26	\$ (2.50)	\$ 5.28	\$ 12.18	\$ 616.22	\$ 2.50
ABD Non-Dual 21+ M&F	246,727	1,133.05	(9.71)	5.28	26.27	1,154.89	9.71
Breast and Cervical Cancer	2,694	1,667.89	(1.19)	-	22.24	1,688.94	1.19
Residential Care Facility	8,517	\$ 1,775.04	\$ (31.73)	\$ 5.28	\$ 11.43	\$ 1,760.02	\$ 31.73
Dual Eligible 0-64 M&F	315,371	\$ 444.57	\$ (15.18)	\$ 0.00	\$ 0.00	\$ 429.39	\$ 15.18
Dual Eligible 65+ M&F	71,746	\$ 222.63	\$ (1.15)	\$ 0.00	\$ 0.00	\$ 221.48	\$ 1.15

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April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Gross Capitation					
		Gross Base		GME	UHC	Gross Total	
		Medical Capitation	1915b(3)	Supplemental PMPM	Supplemental PMPM	State Plan Rate	1915b(3)
Custodial Care Nursing Facility 65+	122,793	\$ 123.20	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 123.13	\$ 0.07
Hospice 65+	7,556	123.20	(0.07)	-	-	123.13	0.07
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 242.74</u>	<u>\$ (1.50)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 241.24</u>	<u>\$ 1.50</u>
LTSS blended with actual membership mix	236,171						
LTSS blended with 3.25% rebalanced membership							
Custodial Care Nursing Facility <65	20,745	\$ 783.05	\$ (2.39)	\$ 5.28	\$ 22.50	\$ 808.43	\$ 2.39
Hospice <65	1,831	783.05	(2.39)	5.28	22.50	808.43	2.39
Non-Dual Skilled Nursing Facility	947	2,473.63	(0.16)	5.28	60.70	2,539.44	0.16
Dual HCBS Waivers: PD; H&D	17,055	355.82	(5.91)	-	-	349.91	5.91
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,578.62	(2.21)	5.28	38.85	1,620.54	2.21
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 802.83</u>	<u>\$ (6.43)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 843.64</u>	<u>\$ 6.43</u>
LTSS blended with actual membership mix	71,616						
LTSS blended with 2.25% rebalanced membership							
ICF/MR	18,095	\$ 475.97	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 491.45	\$ 0.07
State Resource Center	4,880	177.91	(0.01)	5.28	6.47	189.65	0.01
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 519.00</u>	<u>\$ (5.91)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 548.36</u>	<u>\$ 5.91</u>
LTSS blended with actual membership mix	163,964						
LTSS blended with 1.0% rebalanced membership							
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 568.14	\$ (21.49)	\$ 5.28	\$ 10.61	\$ 562.54	\$ 21.49
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 946.50</u>	<u>\$ (4.71)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 954.29</u>	<u>\$ 4.71</u>
LTSS blended with actual membership mix	15,184						
LTSS blended with 3.0% rebalanced membership							

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					
		Net Base	GME		UIHC		Net State Total Plan Rate
		Medical Capitation	1915b(3)	Supplemental PMPM	Supplemental PMPM	1915b(3)	
Children 0-59 days M&F	57,527	\$ 1,767.93	\$ 0.00	\$ 5.28	\$ 40.14	\$ 1,813.34	\$ 0.00
Children 60-364 days M&F	194,558	207.79	-	5.28	11.42	224.49	-
Children 1-4 M&F	717,933	112.81	(0.02)	5.28	5.39	123.45	0.02
Children 5-14 M&F	1,342,686	124.08	(0.36)	5.28	3.11	132.11	0.36
Children 15-20 F	243,143	213.38	(2.87)	5.28	6.39	222.18	2.87
Children 15-20 M	217,242	193.32	(4.01)	5.28	3.32	197.91	4.01
Non-Expansion Adults 21-34 F	303,557	306.37	(8.18)	5.28	9.92	313.38	8.18
Non-Expansion Adults 21-34 M	70,383	205.85	(1.67)	5.28	4.84	214.30	1.67
Non-Expansion Adults 35-49 F	126,218	444.39	(4.62)	5.28	11.80	456.85	4.62
Non-Expansion Adults 35-49 M	54,475	370.49	(1.47)	5.28	8.17	382.47	1.47
Non-Expansion Adults 50+ M&F	23,288	525.36	(1.80)	5.28	13.75	542.58	1.80
Pregnant Women	118,189	323.08	(5.17)	5.28	21.29	344.48	5.17
CHIP - Children 0-59 days M&F	-	\$ 1,767.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,767.93	\$ 0.00
CHIP - Children 60-364 days M&F	-	207.79	-	-	-	207.79	-
CHIP - Children 1-4 M&F	-	112.81	(0.02)	-	-	112.79	0.02
CHIP - Children 5-14 M&F	156,522	124.08	(0.36)	-	-	123.72	0.36
CHIP - Children 15-20 F	26,346	213.38	(2.87)	-	-	210.51	2.87
CHIP - Children 15-20 M	25,645	193.32	(4.01)	-	-	189.31	4.01
CHIP - Hawk-i	396,408	\$ 152.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 152.57	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 6,048.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,048.61	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 5,359.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,359.53	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 226.77	\$ (0.69)	\$ 0.00	\$ 9.74	\$ 235.82	\$ 0.69
Wellness Plan 19-24 M (Medically Exempt)	7,785	219.27	(0.25)	-	5.60	224.62	0.25
Wellness Plan 25-34 F (Medically Exempt)	12,677	323.02	(1.37)	-	12.26	333.91	1.37
Wellness Plan 25-34 M (Medically Exempt)	13,931	319.36	(0.63)	-	8.24	326.97	0.63
Wellness Plan 35-49 F (Medically Exempt)	16,496	515.18	(0.86)	-	18.17	532.49	0.86
Wellness Plan 35-49 M (Medically Exempt)	16,162	498.79	(0.56)	-	14.13	512.36	0.56
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 645.83	\$ (0.12)	\$ 0.00	\$ 21.08	\$ 666.79	\$ 0.12
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 179.36	\$ (0.56)	\$ 0.00	\$ 7.75	\$ 186.55	\$ 0.56
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	173.38	(0.20)	-	4.46	177.64	0.20
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	255.96	(1.09)	-	9.75	264.62	1.09
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	253.05	(0.50)	-	6.56	259.11	0.50
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	408.90	(0.68)	-	14.46	422.68	0.68
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	395.86	(0.45)	-	11.25	406.66	0.45
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 512.89	\$ (0.09)	\$ 0.00	\$ 16.78	\$ 529.58	\$ 0.09
Family Planning Waiver	288,967	\$ 20.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.08	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 589.23	\$ (2.45)	\$ 5.28	\$ 12.18	\$ 604.24	\$ 2.45
ABD Non-Dual 21+ M&F	246,727	1,110.39	(9.52)	5.28	26.27	1,132.42	9.52
Breast and Cervical Cancer	2,694	1,634.53	(1.16)	-	22.24	1,655.61	1.16
Residential Care Facility	8,517	\$ 1,739.54	\$ (31.10)	\$ 5.28	\$ 11.43	\$ 1,725.15	\$ 31.10
Dual Eligible 0-64 M&F	315,371	\$ 435.68	\$ (14.88)	\$ 0.00	\$ 0.00	\$ 420.80	\$ 14.88
Dual Eligible 65+ M&F	71,746	\$ 218.18	\$ (1.13)	\$ 0.00	\$ 0.00	\$ 217.05	\$ 1.13

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Medical Net Capitation					Net State Total Plan Rate	1915b(3)
		Net Base		GME	UIHC			
		Medical Capitation	1915b(3)	Supplemental PMPM	Supplemental PMPM			
Custodial Care Nursing Facility 65+	122,793	\$ 120.73	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 120.67	\$ 0.07	
Hospice 65+	7,556	120.73	(0.07)	-	-	120.67	0.07	
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 237.89</u>	<u>\$ (1.47)</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 236.42</u>	<u>\$ 1.47</u>	
LTSS blended with actual membership mix	236,171							
LTSS blended with 3.25% rebalanced membership								
Custodial Care Nursing Facility <65	20,745	\$ 767.38	\$ (2.35)	\$ 5.28	\$ 22.50	\$ 792.81	\$ 2.35	
Hospice <65	1,831	767.38	(2.35)	5.28	22.50	792.81	2.35	
Non-Dual Skilled Nursing Facility	947	2,424.16	(0.16)	5.28	60.70	2,489.97	0.16	
Dual HCBS Waivers: PD; H&D	17,055	348.70	(5.79)	-	-	342.91	5.79	
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,547.05	(2.17)	5.28	38.85	1,589.01	2.17	
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 786.77</u>	<u>\$ (6.30)</u>	<u>\$ 5.28</u>	<u>\$ 41.96</u>	<u>\$ 827.71</u>	<u>\$ 6.30</u>	
LTSS blended with actual membership mix	71,616							
LTSS blended with 2.25% rebalanced membership								
ICF/MR	18,095	\$ 466.45	\$ (0.07)	\$ 5.28	\$ 10.28	\$ 481.93	\$ 0.07	
State Resource Center	4,880	174.35	(0.01)	5.28	6.47	186.09	0.01	
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 508.62</u>	<u>\$ (5.79)</u>	<u>\$ 5.28</u>	<u>\$ 29.99</u>	<u>\$ 538.10</u>	<u>\$ 5.79</u>	
LTSS blended with actual membership mix	163,964							
LTSS blended with 1.0% rebalanced membership								
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 556.78	\$ (21.06)	\$ 5.28	\$ 10.61	\$ 551.61	\$ 21.06	
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 927.57</u>	<u>\$ (4.62)</u>	<u>\$ 5.28</u>	<u>\$ 7.22</u>	<u>\$ 935.45</u>	<u>\$ 4.62</u>	
LTSS blended with actual membership mix	15,184							
LTSS blended with 3.0% rebalanced membership								

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation					
		Gross LTSS Capitation	GME		UIHC		Gross State Total Plan Rate
			1915b(3)	PMPM	PMPM	1915b(3)	
Children 0-59 days M&F	57,527	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Children 60-364 days M&F	194,558	-	-	-	-	-	-
Children 1-4 M&F	717,933	-	-	-	-	-	-
Children 5-14 M&F	1,342,686	-	-	-	-	-	-
Children 15-20 F	243,143	-	-	-	-	-	-
Children 15-20 M	217,242	-	-	-	-	-	-
Non-Expansion Adults 21-34 F	303,557	-	-	-	-	-	-
Non-Expansion Adults 21-34 M	70,383	-	-	-	-	-	-
Non-Expansion Adults 35-49 F	126,218	-	-	-	-	-	-
Non-Expansion Adults 35-49 M	54,475	-	-	-	-	-	-
Non-Expansion Adults 50+ M&F	23,288	-	-	-	-	-	-
Pregnant Women	118,189	-	-	-	-	-	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	-	-	-	-	-
CHIP - Children 1-4 M&F	-	-	-	-	-	-	-
CHIP - Children 5-14 M&F	156,522	-	-	-	-	-	-
CHIP - Children 15-20 F	26,346	-	-	-	-	-	-
CHIP - Children 15-20 M	25,645	-	-	-	-	-	-
CHIP - Hawk-i	396,408	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	-	-	-	-	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	-	-	-	-	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	-	-	-	-	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	-	-	-	-	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	-	-	-	-	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	-	-	-	-	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	-	-	-	-	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	-	-	-	-	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	-	-	-	-	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	-	-	-	-	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	-	-	-	-	-
Breast and Cervical Cancer	2,694	-	-	-	-	-	-
Residential Care Facility	8,517	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary

Capitation Rate Cell	SFY14 Member Months	Gross LTSS Capitation					
		Gross LTSS Capitation	GME		UIHC		Gross State Total Plan Rate
			1915b(3)	Supplemental PMPM	Supplemental PMPM	1915b(3)	
Custodial Care Nursing Facility 65+	122,793	\$ 4,173.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,173.65	\$ 0.00
Hospice 65+	7,556	3,083.83	-	-	-	3,083.83	-
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>\$ 1,100.68</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,100.68</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	236,171	\$ 2,761.87	\$ 0.00	\$ 0.00	\$ 0.00	2,761.87	\$ 0.00
LTSS blended with 3.25% rebalanced membership		\$ 2,661.99	\$ 0.00	\$ 0.00	\$ 0.00	2,661.99	\$ 0.00
Custodial Care Nursing Facility <65	20,745	\$ 4,752.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,752.82	\$ 0.00
Hospice <65	1,831	2,993.68	-	-	-	2,993.68	-
Non-Dual Skilled Nursing Facility	947	22,610.33	-	-	-	22,610.33	-
Dual HCBS Waivers: PD; H&D	17,055	1,192.54	-	-	-	1,192.54	-
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,657.86	-	-	-	1,657.86	-
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>\$ 2,571.28</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 2,571.28</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	71,616	\$ 2,933.48	\$ 0.00	\$ 0.00	\$ 0.00	2,933.48	\$ 0.00
LTSS blended with 2.25% rebalanced membership		\$ 2,867.20	\$ 0.00	\$ 0.00	\$ 0.00	2,867.20	\$ 0.00
ICF/MR	18,095	\$ 10,224.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,224.84	\$ 0.00
State Resource Center	4,880	25,825.16	-	-	-	25,825.16	-
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>\$ 3,313.05</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 3,313.05</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	163,964	\$ 4,745.85	\$ 0.00	\$ 0.00	\$ 0.00	4,745.85	\$ 0.00
LTSS blended with 1.0% rebalanced membership		\$ 4,645.53	\$ 0.00	\$ 0.00	\$ 0.00	4,645.53	\$ 0.00
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,658.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,658.04	\$ 0.00
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>\$ 1,041.24</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,041.24</u>	<u>\$ 0.00</u>
LTSS blended with actual membership mix	15,184	\$ 2,802.64	\$ 0.00	\$ 0.00	\$ 0.00	2,802.64	\$ 0.00
LTSS blended with 3.0% rebalanced membership		\$ 2,664.14	\$ 0.00	\$ 0.00	\$ 0.00	2,664.14	\$ 0.00

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation				Net State Total	
		Net LTSS Capitation	1915b(3)	GME	UHC	Plan Rate	1915b(3)
				Supplemental PMPM	Supplemental PMPM		
Children 0-59 days M&F	57,527	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Children 60-364 days M&F	194,558	-	-	-	-	-	-
Children 1-4 M&F	717,933	-	-	-	-	-	-
Children 5-14 M&F	1,342,686	-	-	-	-	-	-
Children 15-20 F	243,143	-	-	-	-	-	-
Children 15-20 M	217,242	-	-	-	-	-	-
Non-Expansion Adults 21-34 F	303,557	-	-	-	-	-	-
Non-Expansion Adults 21-34 M	70,383	-	-	-	-	-	-
Non-Expansion Adults 35-49 F	126,218	-	-	-	-	-	-
Non-Expansion Adults 35-49 M	54,475	-	-	-	-	-	-
Non-Expansion Adults 50+ M&F	23,288	-	-	-	-	-	-
Pregnant Women	118,189	-	-	-	-	-	-
CHIP - Children 0-59 days M&F	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CHIP - Children 60-364 days M&F	-	-	-	-	-	-	-
CHIP - Children 1-4 M&F	-	-	-	-	-	-	-
CHIP - Children 5-14 M&F	156,522	-	-	-	-	-	-
CHIP - Children 15-20 F	26,346	-	-	-	-	-	-
CHIP - Children 15-20 M	25,645	-	-	-	-	-	-
CHIP - Hawk-i	396,408	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TANF Maternity Case Rate	4,374	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Pregnant Women Maternity Case Rate	9,224	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	-	-	-	-	-	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	-	-	-	-	-	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	-	-	-	-	-	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	-	-	-	-	-	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	-	-	-	-	-	-
Wellness Plan 50+ M & F (Medically Exempt)	30,004	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	-	-	-	-	-	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	-	-	-	-	-	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	-	-	-	-	-	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	-	-	-	-	-	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	-	-	-	-	-	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Family Planning Waiver	288,967	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	-	-	-	-	-	-
Breast and Cervical Cancer	2,694	-	-	-	-	-	-
Residential Care Facility	8,517	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Dual Eligible 0-64 M&F	315,371	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Dual Eligible 65+ M&F	71,746	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	SFY14 Member Months	Net LTSS Capitation						Net State Total Plan Rate	1915b(3)
		Net LTSS Capitation	GME		UIHC				
			1915b(3)	Supplemental PMPM	Supplemental PMPM	Supplemental PMPM			
Custodial Care Nursing Facility 65+	122,793	\$ 4,090.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,090.18	\$ 0.00	
Hospice 65+	7,556	3,022.15	-	-	-	-	3,022.15	-	
<u>Elderly HCBS Waiver</u>	<u>105,822</u>	<u>1,078.67</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,078.67</u>	<u>\$ 0.00</u>	
LTSS blended with actual membership mix	236,171	\$ 2,706.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,706.63	\$ 0.00	
LTSS blended with 3.25% rebalanced membership		\$ 2,608.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,608.76	\$ 0.00	
Custodial Care Nursing Facility <65	20,745	\$ 4,657.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,657.76	\$ 0.00	
Hospice <65	1,831	2,933.81	-	-	-	-	2,933.81	-	
Non-Dual Skilled Nursing Facility	947	22,158.12	-	-	-	-	22,158.12	-	
Dual HCBS Waivers: PD; H&D	17,055	1,168.69	-	-	-	-	1,168.69	-	
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,624.70	-	-	-	-	1,624.70	-	
<u>Brain Injury HCBS Waiver</u>	<u>14,011</u>	<u>2,519.85</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,519.85</u>	<u>\$ 0.00</u>	
LTSS blended with actual membership mix	71,616	\$ 2,874.81	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,874.81	\$ 0.00	
LTSS blended with 2.25% rebalanced membership		\$ 2,809.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,809.86	\$ 0.00	
ICF/MR	18,095	\$ 10,020.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,020.34	\$ 0.00	
State Resource Center	4,880	25,308.66	-	-	-	-	25,308.66	-	
<u>Intellectual Disability HCBS Waiver</u>	<u>140,989</u>	<u>3,246.79</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,246.79</u>	<u>\$ 0.00</u>	
LTSS blended with actual membership mix	163,964	\$ 4,650.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,650.94	\$ 0.00	
LTSS blended with 1.0% rebalanced membership		\$ 4,552.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,552.62	\$ 0.00	
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 5,544.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,544.88	\$ 0.00	
<u>Children's Mental Health HCBS Waiver</u>	<u>9,391</u>	<u>1,020.42</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,020.42</u>	<u>\$ 0.00</u>	
LTSS blended with actual membership mix	15,184	\$ 2,746.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,746.59	\$ 0.00	
LTSS blended with 3.0% rebalanced membership		\$ 2,610.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,610.86	\$ 0.00	

APPENDIX B

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Children 0-59 days M&F

Member Months

48,063

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,042.5	\$ 2,235.40	\$ 194.20	0.9857	0.9928	0.7750	1.0100	1.0000	0.9398	796.4	\$ 2,106.48	\$ 139.80
Psychiatric/SUD	0.5	1,680.00	0.07	0.9857	0.9928	0.8750	1.0025	1.0000	0.9398	0.4	1,800.00	0.06
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	5,246.8	837.86	366.34	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	5,068.3	773.92	326.87
Other Newborn	9,329.2	1,346.56	1,046.86	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	9,011.8	1,243.81	934.08
Subtotal	15,619.0	\$ 1,235.01	\$ 1,607.47							14,876.9	\$ 1,129.92	\$ 1,400.81
Outpatient Hospital												
Emergency Room	1,256.8	\$ 82.21	\$ 8.61	1.0144	1.0736	0.7750	1.0050	1.0000	1.0037	988.1	\$ 89.02	\$ 7.33
General	6,869.5	47.65	27.28	1.0144	1.0736	0.8000	1.0100	1.0000	1.0037	5,575.0	51.87	24.10
Subtotal	8,126.3	\$ 53.00	\$ 35.89							6,563.1	\$ 57.47	\$ 31.43
Ancillary												
Pharmacy	2,371.0	\$ 55.82	\$ 11.03	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	2,104.6	\$ 60.61	\$ 10.63
DME/Supplies/Prosthetics	362.3	216.28	6.53	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	316.8	229.55	6.06
Ambulance	186.8	143.90	2.24	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	163.3	168.28	2.29
Non-Emergency Transportation	72.6	34.71	0.21	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	63.5	35.91	0.19
Home Health/Hospice	1,430.1	83.41	9.94	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1,250.4	88.48	9.22
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	5.6	85.71	0.04	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	4.9	97.96	0.04
Other Ancillary	351.1	31.44	0.92	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	307.0	33.22	0.85
Subtotal	4,779.5	\$ 77.61	\$ 30.91							4,210.5	\$ 83.45	\$ 29.28
Professional												
Surgery	1,750.3	\$ 194.44	\$ 28.36	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,528.6	\$ 197.28	\$ 25.13
Anesthesia	75.3	524.30	3.29	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	65.8	530.70	2.91
Inpatient Visits	11,614.6	175.60	169.96	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	9,528.7	179.91	142.86
Urgent Care/Emergency Room	1,019.7	67.67	5.75	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	836.6	68.99	4.81
Office/Home Visits	3,725.0	67.07	20.82	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,101.0	68.03	23.25
Preventive Care	13,920.9	69.80	80.97	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	15,178.5	70.81	89.56
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	0.8	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.7	-	-
Lab/Path/Rad	5,097.8	14.57	6.19	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,452.1	14.77	5.48
Office Adm. Drugs	39.7	30.23	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	34.7	31.12	0.09
Clinic	2,776.6	161.38	37.34	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	2,424.9	146.98	29.70
Psych/SUD	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Physical Therapy	11.6	41.38	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	10.1	47.52	0.04
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,395.4	51.34	5.97	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,218.6	52.09	5.29
Subtotal	41,428.0	\$ 103.93	\$ 358.79							39,380.6	\$ 100.29	\$ 329.12
Total Medical	69,952.8	\$ 348.76	\$ 2,033.06							65,031.1	\$ 330.42	\$ 1,790.64
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	5.9	61.02	0.03	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	5.4	66.67	0.03
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
Total Behavioral Health	5.9	\$ 81.36	\$ 0.04							5.4	\$ 88.89	\$ 0.04
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Children 0-59 days M&F

Member Months

9,464

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	686.3	\$ 2,888.71	\$ 165.21	0.9857	0.9928	0.9000	1.0025	1.0000	0.9398	608.8	\$ 2,702.17	\$ 137.09
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9398	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	-	-	-
Other Newborn	11,878.7	1,131.66	1,120.22	0.9857	0.9928	0.9800	0.9900	1.0000	0.9398	11,474.6	1,045.30	999.53
Subtotal	12,565.0	\$ 1,227.63	\$ 1,285.43							12,083.4	\$ 1,128.78	\$ 1,136.62
Outpatient Hospital												
Emergency Room	1,610.2	\$ 120.21	\$ 16.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.0037	1,306.8	\$ 129.84	\$ 14.14
General	7,333.9	51.56	31.51	1.0144	1.0736	0.9250	1.0025	1.0000	1.0037	6,881.8	55.69	31.94
Subtotal	8,944.1	\$ 63.92	\$ 47.64							8,188.6	\$ 67.53	\$ 46.08
Ancillary												
Pharmacy	2,656.4	\$ 53.58	\$ 11.86	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	2,560.0	\$ 58.17	\$ 12.41
DME/Supplies/Prosthetics	530.0	139.92	6.18	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	489.2	148.41	6.05
Ambulance	136.4	75.66	0.86	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	125.9	88.64	0.93
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	398.8	94.78	3.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	368.1	100.73	3.09
Chiropractic Services	284.3	29.55	0.70	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	262.4	31.55	0.69
Podiatry	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	16.7	50.30	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	15.4	54.55	0.07
Other Ancillary	66.9	34.08	0.19	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	61.7	36.95	0.19
Subtotal	4,089.5	\$ 67.52	\$ 23.01							3,882.7	\$ 72.41	\$ 23.43
Professional												
Surgery	1,934.3	\$ 128.23	\$ 20.67	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,894.0	\$ 130.07	\$ 20.53
Anesthesia	88.5	409.49	3.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	86.7	415.22	3.00
Inpatient Visits	14,298.2	159.67	190.25	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	13,622.3	162.38	184.33
Urgent Care/Emergency Room	1,399.4	71.69	8.36	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,185.1	72.91	7.20
Office/Home Visits	5,053.8	63.26	26.64	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,510.4	64.18	29.47
Preventive Care	19,250.7	62.20	99.79	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	20,480.4	63.10	107.70
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	5,883.7	13.42	6.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,605.6	13.61	6.36
Office Adm. Drugs	41.0	5.85	0.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	40.1	5.99	0.02
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	20.5	52.68	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	20.1	53.73	0.09
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,636.7	44.65	6.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,602.6	45.30	6.05
Subtotal	49,606.8	\$ 87.45	\$ 361.51							50,047.3	\$ 87.46	\$ 364.75
Total Medical	75,205.4	\$ 274.06	\$ 1,717.59							74,202.0	\$ 254.04	\$ 1,570.88

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Children 60-364 days M&F**

Member Months

158,872

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	252.9	\$ 1,940.21	\$ 40.89	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	193.2	\$ 1,898.14	\$ 30.56
Psychiatric/SUD	0.2	2,400.00	0.04	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.2	1,800.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	0.2	600.00	0.01	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.2	600.00	0.01
Other Newborn	0.9	1,466.67	0.11	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	0.9	1,333.33	0.10
Subtotal	254.2	\$ 1,937.84	\$ 41.05							194.5	\$ 1,894.09	\$ 30.70
Outpatient Hospital												
Emergency Room	1,608.6	\$ 96.23	\$ 12.90	1.0144	1.0736	0.7750	1.0050	1.0000	1.0004	1,264.7	\$ 103.90	\$ 10.95
General	6,189.7	58.98	30.42	1.0144	1.0736	0.8000	1.0100	1.0000	1.0004	5,023.3	63.97	26.78
Subtotal	7,798.3	\$ 66.66	\$ 43.32							6,288.0	\$ 72.00	\$ 37.73
Ancillary												
Pharmacy	5,194.2	\$ 53.83	\$ 23.30	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,610.6	\$ 58.46	\$ 22.46
DME/Supplies/Prosthetics	631.9	103.31	5.44	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	552.5	109.68	5.05
Ambulance	60.4	95.36	0.48	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	52.8	111.36	0.49
Non-Emergency Transportation	43.9	38.27	0.14	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	38.4	40.63	0.13
Home Health/Hospice	996.3	59.02	4.90	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	871.1	62.68	4.55
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	32.3	59.44	0.16	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	28.2	63.83	0.15
Other Ancillary	350.5	29.79	0.87	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	306.5	31.71	0.81
Subtotal	7,309.5	\$ 57.94	\$ 35.29							6,460.1	\$ 62.49	\$ 33.64
Professional												
Surgery	224.6	\$ 250.58	\$ 4.69	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	196.2	\$ 254.43	\$ 4.16
Anesthesia	95.2	224.37	1.78	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	83.1	228.16	1.58
Inpatient Visits	499.5	163.36	6.80	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	409.8	167.50	5.72
Urgent Care/Emergency Room	1,102.6	63.56	5.84	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	904.6	64.74	4.88
Office/Home Visits	3,965.6	66.18	21.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,365.8	67.15	24.43
Preventive Care	6,456.4	51.06	27.47	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	7,039.7	51.79	30.38
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	8.9	53.93	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7.8	61.54	0.04
Lab/Path/Rad	2,222.4	15.93	2.95	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,940.9	16.14	2.61
Office Adm. Drugs	184.4	27.33	0.42	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	161.0	27.58	0.37
Clinic	1,609.3	161.36	21.64	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,405.5	146.94	17.21
Psych/SUD	1.0	120.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.9	133.33	0.01
Physical Therapy	33.5	35.82	0.10	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	29.3	36.86	0.09
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	748.4	57.08	3.56	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	653.6	57.83	3.15
Subtotal	17,151.8	\$ 67.98	\$ 97.17							17,198.2	\$ 66.03	\$ 94.63
Total Medical	32,513.8	\$ 80.03	\$ 216.83							30,140.8	\$ 78.31	\$ 196.70
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	8.0	75.00	0.05	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	7.3	82.19	0.05
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	0.01
Total Behavioral Health	8.0	\$ 90.00	\$ 0.06							7.3	\$ 98.63	\$ 0.06
Short Term Institutional / HCBS	1.8	\$ 600.00	\$ 0.09	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	1.8	\$ 600.00	\$ 0.09

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO**

**Region: Statewide
Rate Cell: Children 60-364 days M&F**

Member Months

35,686

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	238.5	\$ 1,689.06	\$ 33.57	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	211.6	\$ 1,640.08	\$ 28.92
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	238.5	\$ 1,689.06	\$ 33.57							211.6	\$ 1,640.08	\$ 28.92
Outpatient Hospital												
Emergency Room	2,026.2	\$ 113.30	\$ 19.13	1.0144	1.0736	0.8000	1.0025	1.0000	1.0004	1,644.4	\$ 122.01	\$ 16.72
General	6,563.7	69.25	37.88	1.0144	1.0736	0.9250	1.0025	1.0000	1.0004	6,159.1	74.56	38.27
Subtotal	8,589.9	\$ 79.64	\$ 57.01							7,803.5	\$ 84.56	\$ 54.99
Ancillary												
Pharmacy	4,912.2	\$ 72.77	\$ 29.79	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,734.0	\$ 79.04	\$ 31.18
DME/Supplies/Prosthetics	647.2	105.13	5.67	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	597.3	111.50	5.55
Ambulance	72.3	73.03	0.44	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	66.7	84.56	0.47
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	119.1	96.73	0.96	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	109.9	102.64	0.94
Chiropractic Services	261.3	30.31	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	241.2	32.34	0.65
Podiatry	1.0	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	0.9	-	-
Vision	25.9	50.97	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	23.9	55.23	0.11
Other Ancillary	98.3	29.30	0.24	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.7	31.75	0.24
Subtotal	6,137.3	\$ 74.05	\$ 37.87							5,864.6	\$ 80.09	\$ 39.14
Professional												
Surgery	219.4	\$ 164.63	\$ 3.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	214.8	\$ 167.04	\$ 2.99
Anesthesia	90.8	190.31	1.44	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	88.9	193.03	1.43
Inpatient Visits	623.9	143.10	7.44	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	594.4	145.56	7.21
Urgent Care/Emergency Room	1,449.1	70.14	8.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,227.2	71.28	7.29
Office/Home Visits	5,116.9	62.31	26.57	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,579.2	63.21	29.39
Preventive Care	9,678.3	48.43	39.06	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	10,296.5	49.14	42.16
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	3.1	38.71	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	3.0	40.00	0.01
Lab/Path/Rad	3,008.2	13.44	3.37	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,866.0	13.65	3.26
Office Adm. Drugs	216.4	7.76	0.14	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	211.9	7.93	0.14
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	42.9	36.36	0.13	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	42.0	37.14	0.13
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,164.1	46.90	4.55	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,139.9	47.58	4.52
Subtotal	21,613.1	\$ 52.30	\$ 94.19							22,263.8	\$ 53.11	\$ 98.53
Total Medical	36,578.8	\$ 73.04	\$ 222.64							36,143.5	\$ 73.57	\$ 221.58

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Children 1-4 M&F

Member Months

627,602

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	65.4	\$ 2,034.86	\$ 11.09	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 1,989.60	\$ 8.29
Psychiatric/SUD	0.1	2,400.00	0.02	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	65.5	\$ 2,035.42	\$ 11.11							50.1	\$ 1,990.42	\$ 8.31
Outpatient Hospital												
Emergency Room	1,087.7	\$ 102.71	\$ 9.31	1.0144	1.0736	0.7750	1.0050	1.0000	1.0004	855.1	\$ 110.86	\$ 7.90
General	4,570.8	80.73	30.75	1.0144	1.0736	0.8000	1.0100	1.0000	1.0004	3,709.5	87.57	27.07
Subtotal	5,658.5	\$ 84.96	\$ 40.06							4,564.6	\$ 91.93	\$ 34.97
Ancillary												
Pharmacy	3,733.3	\$ 37.90	\$ 11.79	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	3,313.8	\$ 41.17	\$ 11.37
DME/Supplies/Prosthetics	228.5	85.08	1.62	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	199.8	90.09	1.50
Ambulance	39.9	87.22	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	34.9	103.15	0.30
Non-Emergency Transportation	26.0	41.54	0.09	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	22.7	42.29	0.08
Home Health/Hospice	182.5	80.88	1.23	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	159.6	85.71	1.14
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	225.5	41.51	0.78	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	197.2	43.81	0.72
Other Ancillary	256.1	28.58	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	223.9	30.55	0.57
Subtotal	4,691.8	\$ 41.97	\$ 16.41							4,151.9	\$ 45.32	\$ 15.68
Professional												
Surgery	243.7	\$ 224.05	\$ 4.55	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	212.8	\$ 227.26	\$ 4.03
Anesthesia	112.0	202.50	1.89	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	97.8	204.91	1.67
Inpatient Visits	90.8	116.30	0.88	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	74.5	119.19	0.74
Urgent Care/Emergency Room	682.6	61.53	3.50	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	560.0	62.79	2.93
Office/Home Visits	2,629.2	63.30	13.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,894.6	64.22	15.49
Preventive Care	1,620.6	54.87	7.41	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,767.0	55.69	8.20
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	20.2	89.11	0.15	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	17.6	88.64	0.13
Lab/Path/Rad	1,739.3	14.76	2.14	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,519.0	15.01	1.90
Office Adm. Drugs	78.3	19.92	0.13	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	68.4	21.05	0.12
Clinic	804.3	160.09	10.73	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	702.4	145.90	8.54
Psych/SUD	4.1	58.54	0.02	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3.6	66.67	0.02
Physical Therapy	22.6	42.48	0.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	19.7	42.64	0.07
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	326.2	49.29	1.34	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	284.9	50.12	1.19
Subtotal	8,373.9	\$ 66.91	\$ 46.69							8,222.3	\$ 65.72	\$ 45.03
Total Medical	18,789.7	\$ 72.98	\$ 114.27							16,988.9	\$ 73.45	\$ 103.99
Category of Service - Iowa Plan for BH												
Inpatient Treatment	1.0	\$ 480.00	\$ 0.04	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	462.5	78.88	3.04	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	421.7	78.82	2.77
Intermediate Care	-	-	-	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	463.5	\$ 118.58	\$ 4.58							422.6	\$ 122.39	\$ 4.31
Short Term Institutional / HCBS	0.2	\$ 600.00	\$ 0.01	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	0.2	\$ 600.00	\$ 0.01

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Children 1-4 M&F

Member Months

90,331

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	87.1	\$ 1,795.18	\$ 13.03	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	77.3	\$ 1,743.34	\$ 11.23
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	87.1	\$ 1,795.18	\$ 13.03							77.3	\$ 1,743.34	\$ 11.23
Outpatient Hospital												
Emergency Room	1,345.5	\$ 111.75	\$ 12.53	1.0144	1.0736	0.8000	1.0025	1.0000	1.0004	1,091.9	\$ 120.34	\$ 10.95
General	4,548.5	69.44	26.32	1.0144	1.0736	0.9250	1.0025	1.0000	1.0004	4,268.1	74.76	26.59
Subtotal	5,894.0	\$ 79.10	\$ 38.85							5,360.0	\$ 84.04	\$ 37.54
Ancillary												
Pharmacy	3,558.6	\$ 31.53	\$ 9.35	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	3,429.5	\$ 34.26	\$ 9.79
DME/Supplies/Prosthetics	148.4	78.44	0.97	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	137.0	83.21	0.95
Ambulance	51.6	67.44	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	47.6	78.15	0.31
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.0	84.00	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	9.2	91.30	0.07
Chiropractic Services	167.4	30.82	0.43	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	154.5	32.62	0.42
Podiatry	4.4	54.55	0.02	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	4.1	58.54	0.02
Vision	212.6	38.95	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	196.2	41.59	0.68
Other Ancillary	128.6	27.99	0.30	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	118.7	29.32	0.29
Subtotal	4,281.6	\$ 33.97	\$ 12.12							4,096.8	\$ 36.70	\$ 12.53
Professional												
Surgery	238.3	\$ 141.00	\$ 2.80	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	233.3	\$ 142.99	\$ 2.78
Anesthesia	100.8	201.19	1.69	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	98.7	204.26	1.68
Inpatient Visits	108.6	104.97	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	103.5	106.67	0.92
Urgent Care/Emergency Room	974.0	67.39	5.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	824.8	68.53	4.71
Office/Home Visits	3,157.0	62.30	16.39	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,442.2	63.20	18.13
Preventive Care	2,323.0	54.71	10.59	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	2,471.4	55.50	11.43
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	14.2	50.70	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	13.9	51.80	0.06
Lab/Path/Rad	2,638.0	12.83	2.82	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,513.3	13.03	2.73
Office Adm. Drugs	96.0	11.25	0.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	94.0	11.49	0.09
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Physical Therapy	52.0	39.23	0.17	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	50.9	40.08	0.17
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	453.8	45.75	1.73	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	444.4	46.44	1.72
Subtotal	10,155.8	\$ 50.52	\$ 42.76							10,290.5	\$ 51.80	\$ 44.42
Total Medical	20,418.5	\$ 62.74	\$ 106.76							19,824.6	\$ 63.99	\$ 105.72

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Children 5-14 M&F**

Member Months

1,327,369

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	35.6	\$ 2,349.44	\$ 6.97	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	27.2	\$ 2,298.53	\$ 5.21
Psychiatric/SUD	0.3	1,200.00	0.03	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	35.9	\$ 2,339.83	\$ 7.00							27.5	\$ 2,286.55	\$ 5.24
Outpatient Hospital												
Emergency Room	531.8	\$ 112.82	\$ 5.00	1.0144	1.0736	0.7750	1.0050	1.0000	1.0004	418.1	\$ 121.69	\$ 4.24
General	2,623.9	79.58	17.40	1.0144	1.0736	0.8000	1.0100	1.0000	1.0004	2,129.4	86.33	15.32
Subtotal	3,155.7	\$ 85.18	\$ 22.40							2,547.5	\$ 92.14	\$ 19.56
Ancillary												
Pharmacy	5,374.5	\$ 74.62	\$ 33.42	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	4,770.6	\$ 81.05	\$ 32.22
DME/Supplies/Prosthetics	141.3	109.55	1.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	123.5	116.60	1.20
Ambulance	20.1	89.55	0.15	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	17.6	102.27	0.15
Non-Emergency Transportation	19.9	42.21	0.07	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	41.38	0.06
Home Health/Hospice	65.1	35.02	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	56.9	37.96	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	887.6	35.15	2.60	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	776.1	37.26	2.41
Other Ancillary	280.2	29.98	0.70	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	245.0	31.84	0.65
Subtotal	6,788.7	\$ 67.91	\$ 38.42							6,007.1	\$ 73.65	\$ 36.87
Professional												
Surgery	178.9	\$ 191.84	\$ 2.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	\$ 194.37	\$ 2.53
Anesthesia	45.6	218.42	0.83	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	39.8	223.12	0.74
Inpatient Visits	43.7	98.86	0.36	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	35.9	100.28	0.30
Urgent Care/Emergency Room	319.2	64.29	1.71	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	261.9	65.52	1.43
Office/Home Visits	1,537.8	69.22	8.87	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,693.0	70.24	9.91
Preventive Care	635.0	52.91	2.80	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	692.4	53.73	3.10
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Allergy/Immunotherapy	71.4	65.55	0.39	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	62.4	67.31	0.35
Lab/Path/Rad	1,183.3	17.75	1.75	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,033.4	18.00	1.55
Office Adm. Drugs	40.1	71.82	0.24	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	35.0	72.00	0.21
Clinic	510.6	159.11	6.77	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	445.9	145.05	5.39
Psych/SUD	2.0	60.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1.7	70.59	0.01
Physical Therapy	89.3	33.59	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	78.0	33.85	0.22
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	154.6	48.12	0.62	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	135.0	48.89	0.55
Subtotal	4,811.8	\$ 68.48	\$ 27.46							4,670.9	\$ 67.54	\$ 26.29
Total Medical	14,792.1	\$ 77.30	\$ 95.28							13,253.0	\$ 79.64	\$ 87.96
Category of Service - Iowa Plan for BH												
Inpatient Treatment	24.7	\$ 1,583.81	\$ 3.26	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	21.9	\$ 1,583.56	\$ 2.89
Outpatient Treatment	4,219.3	81.08	28.51	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	3,847.0	81.07	25.99
Intermediate Care	2.8	257.14	0.06	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	4,246.8	\$ 94.18	\$ 33.33							3,871.5	\$ 94.32	\$ 30.43
Short Term Institutional / HCBS	3.5	\$ 480.00	\$ 0.14	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	3.6	\$ 500.00	\$ 0.15

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Children 5-14 M&F

Member Months

171,839

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	26.3	\$ 2,555.13	\$ 5.60	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	23.3	\$ 2,482.40	\$ 4.82
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	26.3	\$ 2,555.13	\$ 5.60							23.3	\$ 2,482.40	\$ 4.82
Outpatient Hospital												
Emergency Room	650.4	\$ 117.90	\$ 6.39	1.0144	1.0736	0.8000	1.0025	1.0000	1.0004	527.8	\$ 126.87	\$ 5.58
General	2,670.2	60.13	13.38	1.0144	1.0736	0.9250	1.0025	1.0000	1.0004	2,505.6	64.75	13.52
Subtotal	3,320.6	\$ 71.44	\$ 19.77							3,033.4	\$ 75.56	\$ 19.10
Ancillary												
Pharmacy	4,855.1	\$ 74.72	\$ 30.23	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,679.0	\$ 81.15	\$ 31.64
DME/Supplies/Prosthetics	98.0	101.63	0.83	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	90.4	107.52	0.81
Ambulance	20.9	63.16	0.11	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	19.3	74.61	0.12
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	1.3	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	1.2	-	-
Chiropractic Services	264.6	31.29	0.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	244.2	33.42	0.68
Podiatry	23.5	66.38	0.13	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	21.7	71.89	0.13
Vision	817.5	34.50	2.35	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	754.5	36.58	2.30
Other Ancillary	65.0	27.69	0.15	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	60.0	30.00	0.15
Subtotal	6,145.9	\$ 67.34	\$ 34.49							5,870.3	\$ 73.24	\$ 35.83
Professional												
Surgery	189.3	\$ 125.52	\$ 1.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	185.4	\$ 127.51	\$ 1.97
Anesthesia	42.0	205.71	0.72	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	41.1	210.22	0.72
Inpatient Visits	39.1	98.21	0.32	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	37.3	99.73	0.31
Urgent Care/Emergency Room	466.2	68.98	2.68	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	394.8	70.21	2.31
Office/Home Visits	1,761.7	63.82	9.37	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,920.9	64.72	10.36
Preventive Care	895.1	54.56	4.07	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	952.3	55.32	4.39
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	109.09	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1.1	109.09	0.01
Allergy/Immunotherapy	78.0	36.92	0.24	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	76.4	37.70	0.24
Lab/Path/Rad	1,640.9	15.80	2.16	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,563.3	16.04	2.09
Office Adm. Drugs	39.7	18.14	0.06	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	38.9	18.51	0.06
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.8	150.00	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	127.0	31.18	0.33	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	124.4	31.83	0.33
Family Planning	0.1	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Other Professional	155.2	44.07	0.57	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	152.0	45.00	0.57
Subtotal	5,436.2	\$ 49.71	\$ 22.52							5,488.8	\$ 51.09	\$ 23.37
Total Medical	14,929.0	\$ 66.22	\$ 82.38							14,415.8	\$ 69.19	\$ 83.12

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Children 15-20 F**

Member Months

235,745

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	65.5	\$ 2,297.40	\$ 12.54	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	50.0	\$ 2,248.80	\$ 9.37
Psychiatric/SUD	0.9	1,733.33	0.13	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	0.8	1,650.00	0.11
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	11.7	1,312.82	1.28	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.3	1,263.72	1.19
Well Newborn	-	-	-	0.9857	0.9928	0.9800	-	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	78.1	\$ 2,143.41	\$ 13.95							62.1	\$ 2,061.84	\$ 10.67
Outpatient Hospital												
Emergency Room	1,239.1	\$ 107.98	\$ 11.15	1.0144	1.0736	0.7750	1.0050	1.0000	1.0004	974.2	\$ 116.53	\$ 9.46
General	8,835.4	62.05	45.69	1.0144	1.0736	0.8000	1.0100	1.0000	1.0004	7,170.4	67.31	40.22
Subtotal	10,074.5	\$ 67.70	\$ 56.84							8,144.6	\$ 73.20	\$ 49.68
Ancillary												
Pharmacy	9,105.5	\$ 46.51	\$ 35.29	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	8,082.4	\$ 50.51	\$ 34.02
DME/Supplies/Prosthetics	158.0	126.08	1.66	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	138.1	133.82	1.54
Ambulance	90.9	80.53	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	79.5	93.58	0.62
Non-Emergency Transportation	28.5	33.68	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	24.9	33.73	0.07
Home Health/Hospice	58.7	59.28	0.29	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	51.3	63.16	0.27
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,068.7	34.36	3.06	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	934.4	36.47	2.84
Other Ancillary	679.3	31.80	1.80	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	594.0	33.74	1.67
Subtotal	11,189.6	\$ 45.89	\$ 42.79							9,904.6	\$ 49.71	\$ 41.03
Professional												
Surgery	290.2	\$ 208.41	\$ 5.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	253.4	\$ 211.68	\$ 4.47
Anesthesia	55.5	250.81	1.16	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	48.5	254.85	1.03
Inpatient Visits	112.9	88.22	0.83	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	92.6	90.71	0.70
Urgent Care/Emergency Room	722.3	76.26	4.59	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	592.6	77.76	3.84
Office/Home Visits	2,334.7	68.62	13.35	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,570.3	69.61	14.91
Preventive Care	607.6	53.32	2.70	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	662.5	54.16	2.99
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	145.5	171.55	2.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	127.1	173.72	1.84
Allergy/Immunotherapy	76.8	64.06	0.41	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	67.1	64.38	0.36
Lab/Path/Rad	3,900.3	26.40	8.58	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3,406.3	26.77	7.60
Office Adm. Drugs	634.4	30.08	1.59	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	554.0	30.54	1.41
Clinic	880.7	161.87	11.88	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	769.1	147.45	9.45
Psych/SUD	28.9	49.83	0.12	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25.2	52.38	0.11
Physical Therapy	397.0	31.44	1.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	346.7	31.84	0.92
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	351.0	117.95	3.45	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	306.5	119.80	3.06
Subtotal	10,537.8	\$ 64.70	\$ 56.82							9,821.9	\$ 64.37	\$ 52.69
Total Medical	31,880.0	\$ 64.14	\$ 170.40							27,933.2	\$ 66.19	\$ 154.07
Category of Service - Iowa Plan for BH												
Inpatient Treatment	85.9	\$ 1,779.74	\$ 12.74	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	76.2	\$ 1,779.53	\$ 11.30
Outpatient Treatment	4,858.8	96.54	39.09	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	4,430.1	96.54	35.64
Intermediate Care	53.5	379.07	1.69	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	4,998.2	\$ 132.10	\$ 55.02							4,555.1	\$ 131.67	\$ 49.98
Short Term Institutional / HCBS	20.7	\$ 771.01	\$ 1.33	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	21.0	\$ 788.57	\$ 1.38

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Children 15-20 F

Member Months

33,744

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	61.6	\$ 2,370.78	\$ 12.17	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	54.6	\$ 2,305.49	\$ 10.49
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	12.2	1,357.38	1.38	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	11.8	1,301.69	1.28
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	73.8	\$ 2,203.25	\$ 13.55							66.4	\$ 2,127.11	\$ 11.77
Outpatient Hospital												
Emergency Room	1,815.8	\$ 118.29	\$ 17.90	1.0144	1.0736	0.8000	1.0025	1.0000	1.0004	1,473.6	\$ 127.36	\$ 15.64
General	10,557.4	49.60	43.64	1.0144	1.0736	0.9250	1.0025	1.0000	1.0004	9,906.6	53.41	44.09
Subtotal	12,373.2	\$ 59.68	\$ 61.54							11,380.2	\$ 62.98	\$ 59.73
Ancillary												
Pharmacy	8,091.4	\$ 40.96	\$ 27.62	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	7,797.8	\$ 44.49	\$ 28.91
DME/Supplies/Prosthetics	134.2	93.89	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	123.9	99.76	1.03
Ambulance	129.5	61.16	0.66	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	119.5	71.30	0.71
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.1	95.05	0.08	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	9.3	103.23	0.08
Chiropractic Services	705.0	31.49	1.85	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	650.7	33.38	1.81
Podiatry	45.8	75.98	0.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	42.3	79.43	0.28
Vision	957.2	33.72	2.69	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	883.4	35.73	2.63
Other Ancillary	84.8	29.72	0.21	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	78.3	32.18	0.21
Subtotal	10,158.0	\$ 40.70	\$ 34.45							9,705.2	\$ 44.09	\$ 35.66
Professional												
Surgery	355.4	\$ 158.69	\$ 4.70	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	348.0	\$ 161.03	\$ 4.67
Anesthesia	60.1	229.62	1.15	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	58.8	232.65	1.14
Inpatient Visits	140.3	81.25	0.95	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	133.7	82.57	0.92
Urgent Care/Emergency Room	1,141.1	81.18	7.72	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	966.4	82.57	6.65
Office/Home Visits	2,832.7	60.62	14.31	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,088.6	61.50	15.83
Preventive Care	849.0	52.01	3.68	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	903.2	52.75	3.97
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	296.4	223.48	5.52	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	290.2	226.60	5.48
Allergy/Immunotherapy	22.3	53.81	0.10	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	21.8	55.05	0.10
Lab/Path/Rad	6,004.2	22.94	11.48	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,720.4	23.29	11.10
Office Adm. Drugs	852.6	26.88	1.91	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	834.9	27.31	1.90
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	37.4	51.34	0.16	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	36.6	52.46	0.16
Physical Therapy	618.4	28.53	1.47	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	605.5	28.93	1.46
Family Planning	8.3	14.46	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	8.1	14.81	0.01
Other Professional	345.7	145.79	4.20	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	338.5	147.83	4.17
Subtotal	13,563.9	\$ 50.75	\$ 57.36							13,354.7	\$ 51.72	\$ 57.56
Total Medical	36,168.9	\$ 55.37	\$ 166.90							34,506.5	\$ 57.28	\$ 164.72

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Children 15-20 M**

Member Months

213,983

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	87.6	\$ 2,212.33	\$ 16.15	0.9857	0.9928	0.7750	1.0100	1.0000	0.9758	66.9	\$ 2,165.02	\$ 12.07
Psychiatric/SUD	4.2	1,142.86	0.40	0.9857	0.9928	0.8750	1.0025	1.0000	0.9758	3.6	1,133.33	0.34
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	91.8	\$ 2,163.40	\$ 16.55							70.5	\$ 2,112.34	\$ 12.41
Outpatient Hospital												
Emergency Room	732.2	\$ 118.66	\$ 7.24	1.0144	1.0736	0.7750	1.0050	1.0000	1.0004	575.7	\$ 127.98	\$ 6.14
General	3,729.2	87.82	27.29	1.0144	1.0736	0.8000	1.0100	1.0000	1.0004	3,026.4	95.24	24.02
Subtotal	4,461.4	\$ 92.88	\$ 34.53							3,602.1	\$ 100.47	\$ 30.16
Ancillary												
Pharmacy	6,460.3	\$ 80.67	\$ 43.43	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	5,734.4	\$ 87.60	\$ 41.86
DME/Supplies/Prosthetics	151.3	145.14	1.83	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	132.3	154.20	1.70
Ambulance	64.1	84.24	0.45	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	56.0	98.57	0.46
Non-Emergency Transportation	19.9	48.24	0.08	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	17.4	48.28	0.07
Home Health/Hospice	37.1	61.46	0.19	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	32.4	66.67	0.18
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	793.4	34.33	2.27	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	693.7	36.50	2.11
Other Ancillary	450.0	31.47	1.18	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	393.5	33.24	1.09
Subtotal	7,976.2	\$ 74.37	\$ 49.43							7,059.8	\$ 80.69	\$ 47.47
Professional												
Surgery	233.3	\$ 229.92	\$ 4.47	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	203.7	\$ 233.28	\$ 3.96
Anesthesia	44.3	260.05	0.96	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	38.7	263.57	0.85
Inpatient Visits	96.2	88.57	0.71	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	78.9	91.25	0.60
Urgent Care/Emergency Room	414.7	71.47	2.47	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	340.2	73.02	2.07
Office/Home Visits	1,356.4	69.71	7.88	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,493.3	70.72	8.80
Preventive Care	425.4	55.29	1.96	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	463.8	56.14	2.17
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	50.6	59.29	0.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	44.2	59.73	0.22
Lab/Path/Rad	1,599.1	26.11	3.48	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,396.5	26.47	3.08
Office Adm. Drugs	51.7	62.67	0.27	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	45.2	63.72	0.24
Clinic	448.7	156.72	5.86	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	391.9	142.69	4.66
Psych/SUD	5.6	64.29	0.03	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4.9	73.47	0.03
Physical Therapy	344.8	29.93	0.86	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	301.1	30.29	0.76
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	178.8	44.30	0.66	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	156.2	44.56	0.58
Subtotal	5,249.6	\$ 68.26	\$ 29.86							4,958.6	\$ 67.81	\$ 28.02
Total Medical	17,779.0	\$ 87.99	\$ 130.37							15,691.0	\$ 90.29	\$ 118.06
Category of Service - Iowa Plan for BH												
Inpatient Treatment	65.6	\$ 1,825.61	\$ 9.98	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	58.2	\$ 1,824.74	\$ 8.85
Outpatient Treatment	7,573.8	93.75	59.17	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	6,905.5	93.75	53.95
Intermediate Care	90.6	284.77	2.15	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	82.6	284.75	1.96
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	7,730.0	\$ 113.01	\$ 72.80							7,046.3	\$ 112.84	\$ 66.26
Short Term Institutional / HCBS	13.6	\$ 855.88	\$ 0.97	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	13.8	\$ 878.26	\$ 1.01

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO**

**Region: Statewide
Rate Cell: Children 15-20 M**

Member Months

28,904

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	104.8	\$ 2,856.87	\$ 24.95	0.9857	0.9928	0.9000	1.0025	1.0000	0.9758	93.0	\$ 2,774.19	\$ 21.50
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9758	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	104.8	\$ 2,856.87	\$ 24.95							93.0	\$ 2,774.19	\$ 21.50
Outpatient Hospital												
Emergency Room	933.5	\$ 121.99	\$ 9.49	1.0144	1.0736	0.8000	1.0025	1.0000	1.0004	757.6	\$ 131.31	\$ 8.29
General	3,782.8	75.34	23.75	1.0144	1.0736	0.9250	1.0025	1.0000	1.0004	3,549.6	81.10	23.99
Subtotal	4,716.3	\$ 84.57	\$ 33.24							4,307.2	\$ 89.93	\$ 32.28
Ancillary												
Pharmacy	4,914.8	\$ 81.87	\$ 33.53	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	4,736.5	\$ 88.90	\$ 35.09
DME/Supplies/Prosthetics	104.9	120.11	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	96.8	127.69	1.03
Ambulance	79.2	60.61	0.40	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	73.1	70.59	0.43
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	350.0	31.54	0.92	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	323.0	33.44	0.90
Podiatry	35.8	67.04	0.20	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	33.0	72.73	0.20
Vision	622.1	33.95	1.76	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	574.2	35.95	1.72
Other Ancillary	29.9	28.09	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	27.6	30.43	0.07
Subtotal	6,136.7	\$ 74.17	\$ 37.93							5,864.2	\$ 80.71	\$ 39.44
Professional												
Surgery	270.9	\$ 166.56	\$ 3.76	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	265.3	\$ 168.71	\$ 3.73
Anesthesia	48.3	243.48	0.98	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	47.3	246.09	0.97
Inpatient Visits	90.3	115.61	0.87	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	86.0	117.21	0.84
Urgent Care/Emergency Room	589.2	74.75	3.67	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	499.0	75.99	3.16
Office/Home Visits	1,406.1	63.84	7.48	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,533.1	64.73	8.27
Preventive Care	577.9	54.20	2.61	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	614.8	55.04	2.82
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	49.1	43.99	0.18	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	48.1	44.91	0.18
Lab/Path/Rad	1,826.1	23.53	3.58	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	1,739.8	23.86	3.46
Office Adm. Drugs	25.6	14.06	0.03	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	25.1	14.34	0.03
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	0.4	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Physical Therapy	589.2	29.12	1.43	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	576.9	29.54	1.42
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	147.8	45.47	0.56	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	144.7	46.44	0.56
Subtotal	5,620.9	\$ 53.69	\$ 25.15							5,580.5	\$ 54.70	\$ 25.44
Total Medical	16,578.7	\$ 87.78	\$ 121.27							15,844.9	\$ 89.87	\$ 118.66

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 F

Member Months

251,247

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	121.9	\$ 2,677.60	\$ 27.20	0.9857	0.9928	0.7750	1.0100	1.0000	1.0073	93.1	\$ 2,705.48	\$ 20.99
Psychiatric/SUD	1.6	600.00	0.08	0.9857	0.9928	0.8750	1.0025	1.0000	1.0073	1.4	600.00	0.07
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	28.7	1,459.23	3.49	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	27.7	1,446.93	3.34
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	0.5	480.00	0.02	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	0.5	480.00	0.02
Subtotal	152.7	\$ 2,419.65	\$ 30.79							122.7	\$ 2,388.26	\$ 24.42
Outpatient Hospital												
Emergency Room	2,358.5	\$ 100.74	\$ 19.80	1.0144	1.0736	0.7750	1.0050	1.0000	1.0079	1,854.2	\$ 109.57	\$ 16.93
General	16,774.1	63.84	89.24	1.0144	1.0736	0.8000	1.0100	1.0000	1.0079	13,613.1	69.77	79.15
Subtotal	19,132.6	\$ 68.39	\$ 109.04							15,467.3	\$ 74.54	\$ 96.08
Ancillary												
Pharmacy	13,809.7	\$ 40.14	\$ 46.19	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	12,258.0	\$ 43.59	\$ 44.53
DME/Supplies/Prosthetics	254.4	113.21	2.40	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	222.4	120.32	2.23
Ambulance	133.3	76.52	0.85	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	116.6	89.54	0.87
Non-Emergency Transportation	23.4	35.90	0.07	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	20.5	35.12	0.06
Home Health/Hospice	40.4	151.49	0.51	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	35.3	159.77	0.47
Chiropractic Services	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.3	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.3	-	-
Vision	872.3	36.18	2.63	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	762.7	38.39	2.44
Other Ancillary	950.7	31.93	2.53	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	831.3	33.92	2.35
Subtotal	16,084.5	\$ 41.17	\$ 55.18							14,247.1	\$ 44.60	\$ 52.95
Professional												
Surgery	605.9	\$ 228.35	\$ 11.53	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	529.2	\$ 231.52	\$ 10.21
Anesthesia	128.6	235.15	2.52	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	112.3	238.29	2.23
Inpatient Visits	223.5	81.07	1.51	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	183.4	83.10	1.27
Urgent Care/Emergency Room	1,312.3	77.45	8.47	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	1,076.6	78.92	7.08
Office/Home Visits	3,219.5	64.41	17.28	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	3,544.4	65.34	19.30
Preventive Care	655.3	46.51	2.54	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	714.5	47.19	2.81
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	340.2	161.55	4.58	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	297.1	163.99	4.06
Allergy/Immunotherapy	41.3	95.88	0.33	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	36.1	96.40	0.29
Lab/Path/Rad	6,577.4	29.45	16.14	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	5,744.3	29.87	14.30
Office Adm. Drugs	683.9	48.78	2.78	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	597.3	49.42	2.46
Clinic	1,149.2	163.00	15.61	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,003.6	148.51	12.42
Psych/SUD	33.5	50.15	0.14	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	29.3	49.15	0.12
Physical Therapy	432.6	28.29	1.02	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	377.8	28.59	0.90
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	557.7	97.26	4.52	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	487.1	98.54	4.00
Subtotal	15,960.9	\$ 66.89	\$ 88.97							14,733.0	\$ 66.34	\$ 81.45
Total Medical	51,330.7	\$ 66.39	\$ 283.98							44,570.1	\$ 68.63	\$ 254.90
Category of Service - Iowa Plan for BH												
Inpatient Treatment	56.8	\$ 1,231.69	\$ 5.83	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	50.4	\$ 1,230.95	\$ 5.17
Outpatient Treatment	2,577.6	89.20	19.16	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	2,350.2	89.20	17.47
Intermediate Care	129.6	711.11	7.68	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	118.2	710.66	7.00
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,764.0	\$ 148.35	\$ 34.17							2,518.8	\$ 148.36	\$ 31.14
Short Term Institutional / HCBS	29.7	\$ 347.47	\$ 0.86	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	30.1	\$ 354.82	\$ 0.89

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 F

Member Months

52,310

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	101.6	\$ 2,377.56	\$ 20.13	0.9857	0.9928	0.9000	1.0025	1.0000	1.0073	90.1	\$ 2,384.02	\$ 17.90
Psychiatric/SUD	2.5	1,680.00	0.35	0.9857	0.9928	0.9500	1.0025	1.0000	1.0073	2.3	1,721.74	0.33
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	36.1	761.22	2.29	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	34.9	753.01	2.19
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	140.2	\$ 1,948.93	\$ 22.77							127.3	\$ 1,924.90	\$ 20.42
Outpatient Hospital												
Emergency Room	2,798.1	\$ 121.75	\$ 28.39	1.0144	1.0736	0.8000	1.0025	1.0000	1.0079	2,270.8	\$ 132.06	\$ 24.99
General	17,500.2	56.93	83.02	1.0144	1.0736	0.9250	1.0025	1.0000	1.0079	16,421.5	61.76	84.51
Subtotal	20,298.3	\$ 65.86	\$ 111.41							18,692.3	\$ 70.30	\$ 109.50
Ancillary												
Pharmacy	12,402.8	\$ 40.44	\$ 41.80	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	11,952.8	\$ 43.92	\$ 43.75
DME/Supplies/Prosthetics	242.1	113.51	2.29	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	223.4	120.32	2.24
Ambulance	171.8	57.28	0.82	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	158.6	66.58	0.88
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	8.6	97.67	0.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	7.9	106.33	0.07
Chiropractic Services	905.6	32.33	2.44	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	835.8	34.31	2.39
Podiatry	61.4	64.50	0.33	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	56.7	67.72	0.32
Vision	819.7	35.87	2.45	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	756.5	38.07	2.40
Other Ancillary	118.7	32.35	0.32	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	109.6	33.94	0.31
Subtotal	14,730.7	\$ 41.15	\$ 50.52							14,101.3	\$ 44.56	\$ 52.36
Professional												
Surgery	665.8	\$ 160.59	\$ 8.91	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	651.9	\$ 162.91	\$ 8.85
Anesthesia	106.5	236.62	2.10	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	104.3	240.46	2.09
Inpatient Visits	259.0	81.54	1.76	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	246.8	83.14	1.71
Urgent Care/Emergency Room	1,784.1	84.21	12.52	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,510.9	85.62	10.78
Office/Home Visits	3,785.9	60.64	19.13	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	4,127.9	61.51	21.16
Preventive Care	995.3	47.86	3.97	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	1,058.9	48.50	4.28
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	533.3	229.74	10.21	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	522.2	233.01	10.14
Allergy/Immunotherapy	35.5	67.61	0.20	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	34.8	68.97	0.20
Lab/Path/Rad	10,239.0	26.05	22.23	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	9,755.0	26.42	21.48
Office Adm. Drugs	833.1	25.64	1.78	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	815.8	26.04	1.77
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	43.9	46.47	0.17	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	43.0	47.44	0.17
Physical Therapy	453.5	27.78	1.05	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	444.1	28.10	1.04
Family Planning	9.5	50.53	0.04	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	9.3	51.61	0.04
Other Professional	552.8	115.27	5.31	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	541.3	116.83	5.27
Subtotal	20,297.2	\$ 52.84	\$ 89.38							19,866.2	\$ 53.75	\$ 88.98
Total Medical	55,466.4	\$ 59.30	\$ 274.08							52,787.1	\$ 61.67	\$ 271.26

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 M**

Member Months

57,287

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	233.5	\$ 2,330.11	\$ 45.34	0.9857	0.9928	0.7750	1.0100	1.0000	1.0073	178.4	\$ 2,352.91	\$ 34.98
Psychiatric/SUD	3.0	920.00	0.23	0.9857	0.9928	0.8750	1.0025	1.0000	1.0073	2.6	923.08	0.20
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	236.5	\$ 2,312.22	\$ 45.57							181.0	\$ 2,332.38	\$ 35.18
Outpatient Hospital												
Emergency Room	1,568.3	\$ 105.67	\$ 13.81	1.0144	1.0736	0.7750	1.0050	1.0000	1.0079	1,233.0	\$ 114.94	\$ 11.81
General	7,558.9	79.19	49.88	1.0144	1.0736	0.8000	1.0100	1.0000	1.0079	6,134.5	86.54	44.24
Subtotal	9,127.2	\$ 83.74	\$ 63.69							7,367.5	\$ 91.29	\$ 56.05
Ancillary												
Pharmacy	7,903.8	\$ 52.76	\$ 34.75	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	7,015.7	\$ 57.30	\$ 33.50
DME/Supplies/Prosthetics	326.0	139.14	3.78	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	285.0	147.79	3.51
Ambulance	114.2	83.01	0.79	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	99.9	97.30	0.81
Non-Emergency Transportation	0.1	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Home Health/Hospice	41.5	176.39	0.61	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	36.3	188.43	0.57
Chiropractic Services	0.7	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.6	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	626.2	37.18	1.94	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	547.5	39.45	1.80
Other Ancillary	660.0	32.00	1.76	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	577.1	33.89	1.63
Subtotal	9,672.5	\$ 54.13	\$ 43.63							8,562.2	\$ 58.61	\$ 41.82
Professional												
Surgery	414.3	\$ 244.46	\$ 8.44	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	361.8	\$ 248.09	\$ 7.48
Anesthesia	82.5	257.45	1.77	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	72.0	261.67	1.57
Inpatient Visits	260.6	89.33	1.94	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	213.8	91.49	1.63
Urgent Care/Emergency Room	861.9	73.79	5.30	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	707.1	75.18	4.43
Office/Home Visits	1,743.2	66.84	9.71	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	1,919.1	67.78	10.84
Preventive Care	226.4	42.40	0.80	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	246.9	42.77	0.88
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.2	600.00	0.01
Allergy/Immunotherapy	18.7	77.01	0.12	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	16.3	80.98	0.11
Lab/Path/Rad	2,493.7	25.26	5.25	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2,177.8	25.62	4.65
Office Adm. Drugs	232.2	29.46	0.57	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	202.8	29.59	0.50
Clinic	571.0	157.83	7.51	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	498.7	143.65	5.97
Psych/SUD	0.9	133.33	0.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	279.3	27.93	0.65	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	243.9	28.54	0.58
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	371.0	55.63	1.72	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	324.0	56.30	1.52
Subtotal	7,555.9	\$ 69.56	\$ 43.80							6,985.2	\$ 69.03	\$ 40.18
Total Medical	26,592.1	\$ 88.76	\$ 196.69							23,095.9	\$ 90.01	\$ 173.23
Category of Service - Iowa Plan for BH												
Inpatient Treatment	57.8	\$ 1,060.90	\$ 5.11	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	51.3	\$ 1,059.65	\$ 4.53
Outpatient Treatment	1,615.5	82.15	11.06	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	1,473.0	82.12	10.08
Intermediate Care	32.5	590.77	1.60	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	29.6	591.89	1.46
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,705.8	\$ 135.56	\$ 19.27							1,553.9	\$ 135.68	\$ 17.57
Short Term Institutional / HCBS	4.8	\$ 150.00	\$ 0.06	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	4.9	\$ 146.94	\$ 0.06

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 M

Member Months

13,096

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	203.9	\$ 2,334.09	\$ 39.66	0.9857	0.9928	0.9000	1.0025	1.0000	1.0073	180.9	\$ 2,339.64	\$ 35.27
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	203.9	\$ 2,334.09	\$ 39.66							180.9	\$ 2,339.64	\$ 35.27
Outpatient Hospital												
Emergency Room	2,035.2	\$ 115.98	\$ 19.67	1.0144	1.0736	0.8000	1.0025	1.0000	1.0079	1,651.7	\$ 125.83	\$ 17.32
General	8,939.6	63.72	47.47	1.0144	1.0736	0.9250	1.0025	1.0000	1.0079	8,388.6	69.12	48.32
Subtotal	10,974.8	\$ 73.41	\$ 67.14							10,040.3	\$ 78.45	\$ 65.64
Ancillary												
Pharmacy	6,624.0	\$ 59.18	\$ 32.67	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	6,383.7	\$ 64.27	\$ 34.19
DME/Supplies/Prosthetics	318.9	115.90	3.08	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	294.3	123.14	3.02
Ambulance	96.7	62.05	0.50	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	89.2	72.65	0.54
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	40.9	96.82	0.33	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	37.7	101.86	0.32
Chiropractic Services	628.5	32.08	1.68	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	580.1	34.13	1.65
Podiatry	69.7	70.59	0.41	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	64.3	74.65	0.40
Vision	528.1	39.31	1.73	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	487.4	41.61	1.69
Other Ancillary	93.0	32.26	0.25	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	85.8	33.57	0.24
Subtotal	8,399.8	\$ 58.07	\$ 40.65							8,022.5	\$ 62.90	\$ 42.05
Professional												
Surgery	459.8	\$ 199.39	\$ 7.64	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	450.2	\$ 202.31	\$ 7.59
Anesthesia	92.7	257.61	1.99	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	90.8	261.67	1.98
Inpatient Visits	299.4	87.37	2.18	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	285.2	88.78	2.11
Urgent Care/Emergency Room	1,174.5	81.43	7.97	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	994.6	82.77	6.86
Office/Home Visits	1,954.0	65.65	10.69	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	2,130.5	66.58	11.82
Preventive Care	444.9	43.43	1.61	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	473.3	44.12	1.74
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	51.0	58.82	0.25	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	49.9	60.12	0.25
Lab/Path/Rad	2,817.0	25.52	5.99	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	2,683.8	25.89	5.79
Office Adm. Drugs	69.5	12.09	0.07	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	68.1	12.33	0.07
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	824.1	29.27	2.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	807.0	29.74	2.00
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	300.3	52.75	1.32	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	294.1	53.45	1.31
Subtotal	8,487.2	\$ 58.99	\$ 41.72							8,327.5	\$ 59.83	\$ 41.52
Total Medical	28,065.7	\$ 80.88	\$ 189.17							26,571.2	\$ 83.31	\$ 184.48

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 F**

Member Months

104,993

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	321.7	\$ 2,356.73	\$ 63.18	0.9857	0.9928	0.7750	1.0100	1.0000	1.0073	245.8	\$ 2,379.98	\$ 48.75
Psychiatric/SUD	2.2	872.73	0.16	0.9857	0.9928	0.8750	1.0025	1.0000	1.0073	1.9	884.21	0.14
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	3.7	1,816.22	0.56	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	3.6	1,800.00	0.54
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	327.6	\$ 2,340.66	\$ 63.90							251.3	\$ 2,360.37	\$ 49.43
Outpatient Hospital												
Emergency Room	1,969.9	\$ 103.38	\$ 16.97	1.0144	1.0736	0.7750	1.0050	1.0000	1.0079	1,548.7	\$ 112.43	\$ 14.51
General	18,224.9	79.43	120.64	1.0144	1.0736	0.8000	1.0100	1.0000	1.0079	14,790.5	86.81	107.00
Subtotal	20,194.8	\$ 81.77	\$ 137.61							16,339.2	\$ 89.24	\$ 121.51
Ancillary												
Pharmacy	24,289.5	\$ 47.84	\$ 96.83	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	21,560.3	\$ 51.95	\$ 93.34
DME/Supplies/Prosthetics	637.9	117.57	6.25	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	557.8	124.78	5.80
Ambulance	168.0	75.71	1.06	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	146.9	88.22	1.08
Non-Emergency Transportation	8.2	43.90	0.03	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	7.2	50.00	0.03
Home Health/Hospice	124.6	134.83	1.40	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	108.9	143.25	1.30
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1.0	-	-
Podiatry	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,098.7	37.57	3.44	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	960.7	39.85	3.19
Other Ancillary	1,184.6	31.81	3.14	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1,035.8	33.71	2.91
Subtotal	27,512.7	\$ 48.92	\$ 112.15							24,378.6	\$ 52.99	\$ 107.65
Professional												
Surgery	960.0	\$ 245.75	\$ 19.66	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	838.4	\$ 249.33	\$ 17.42
Anesthesia	189.9	243.29	3.85	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	165.8	246.80	3.41
Inpatient Visits	428.0	81.31	2.90	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	351.1	83.40	2.44
Urgent Care/Emergency Room	1,081.7	81.65	7.36	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	887.4	83.30	6.16
Office/Home Visits	4,151.4	66.28	22.93	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,570.4	67.24	25.61
Preventive Care	535.7	52.19	2.33	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	584.1	53.00	2.58
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	78.9	138.40	0.91	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	68.9	141.07	0.81
Allergy/Immunotherapy	79.8	72.18	0.48	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	69.7	74.03	0.43
Lab/Path/Rad	6,800.7	29.68	16.82	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	5,939.3	30.10	14.90
Office Adm. Drugs	709.7	69.83	4.13	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	619.8	70.86	3.66
Clinic	1,204.5	161.00	16.16	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,051.9	146.71	12.86
Psych/SUD	12.4	38.71	0.04	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	10.8	44.44	0.04
Physical Therapy	751.5	28.10	1.76	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	656.3	28.52	1.56
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	925.8	57.03	4.40	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	808.5	57.88	3.90
Subtotal	17,910.0	\$ 69.50	\$ 103.73							16,622.4	\$ 69.15	\$ 95.78
Total Medical	65,945.1	\$ 75.95	\$ 417.39							57,591.5	\$ 78.01	\$ 374.37
Category of Service - Iowa Plan for BH												
Inpatient Treatment	67.5	\$ 1,445.33	\$ 8.13	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	59.9	\$ 1,444.41	\$ 7.21
Outpatient Treatment	3,311.7	81.89	22.60	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	3,019.5	81.91	20.61
Intermediate Care	72.3	668.88	4.03	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	65.9	668.29	3.67
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	3,451.5	\$ 126.07	\$ 36.26							3,145.3	\$ 125.86	\$ 32.99
Short Term Institutional / HCBS	37.1	\$ 342.86	\$ 1.06	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	37.6	\$ 351.06	\$ 1.10

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 F

Member Months

21,225

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	359.8	\$ 2,429.02	\$ 72.83	0.9857	0.9928	0.9000	1.0025	1.0000	1.0073	319.2	\$ 2,435.34	\$ 64.78
Psychiatric/SUD	1.8	2,066.67	0.31	0.9857	0.9928	0.9500	1.0025	1.0000	1.0073	1.7	2,047.06	0.29
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	2.4	1,800.00	0.36	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	2.3	1,773.91	0.34
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	364.0	\$ 2,423.08	\$ 73.50							323.2	\$ 2,428.59	\$ 65.41
Outpatient Hospital												
Emergency Room	2,550.4	\$ 123.56	\$ 26.26	1.0144	1.0736	0.8000	1.0025	1.0000	1.0079	2,069.8	\$ 134.04	\$ 23.12
General	20,735.8	73.68	127.32	1.0144	1.0736	0.9250	1.0025	1.0000	1.0079	19,457.6	79.93	129.60
Subtotal	23,286.2	\$ 79.14	\$ 153.58							21,527.4	\$ 85.13	\$ 152.72
Ancillary												
Pharmacy	23,974.0	\$ 44.38	\$ 88.66	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	23,104.2	\$ 48.19	\$ 92.79
DME/Supplies/Prosthetics	567.3	172.18	8.14	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	523.6	182.66	7.97
Ambulance	260.4	57.14	1.24	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	240.3	66.92	1.34
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	110.1	113.35	1.04	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	101.6	120.47	1.02
Chiropractic Services	1,185.7	31.78	3.14	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	1,094.3	33.78	3.08
Podiatry	157.2	56.49	0.74	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	145.1	59.55	0.72
Vision	1,057.2	37.46	3.30	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	975.7	39.73	3.23
Other Ancillary	143.4	34.31	0.41	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	132.3	36.28	0.40
Subtotal	27,455.3	\$ 46.62	\$ 106.67							26,317.1	\$ 50.41	\$ 110.55
Professional												
Surgery	1,174.2	\$ 188.96	\$ 18.49	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,149.8	\$ 191.72	\$ 18.37
Anesthesia	190.5	254.49	4.04	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	186.5	258.02	4.01
Inpatient Visits	469.6	86.63	3.39	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	447.4	87.97	3.28
Urgent Care/Emergency Room	1,583.7	89.64	11.83	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,341.2	91.17	10.19
Office/Home Visits	5,218.4	65.10	28.31	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,689.8	66.03	31.31
Preventive Care	942.6	55.76	4.38	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	1,002.8	56.60	4.73
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	98.9	189.28	1.56	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	96.8	192.15	1.55
Allergy/Immunotherapy	153.3	35.23	0.45	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	150.1	35.98	0.45
Lab/Path/Rad	10,771.9	26.62	23.90	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	10,262.7	27.01	23.10
Office Adm. Drugs	779.0	87.96	5.71	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	762.8	89.20	5.67
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	9.7	49.48	0.04	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	9.5	50.53	0.04
Physical Therapy	1,257.7	28.81	3.02	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,231.5	29.23	3.00
Family Planning	6.9	17.39	0.01	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	6.8	17.65	0.01
Other Professional	1,111.3	65.65	6.08	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,088.2	66.61	6.04
Subtotal	23,767.7	\$ 56.15	\$ 111.21							23,425.9	\$ 57.24	\$ 111.75
Total Medical	74,873.2	\$ 71.31	\$ 444.96							71,593.6	\$ 73.82	\$ 440.43

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 M**

Member Months

45,580

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	396.6	\$ 2,770.05	\$ 91.55	0.9857	0.9928	0.7750	1.0100	1.0000	1.0073	303.0	\$ 2,797.62	\$ 70.64
Psychiatric/SUD	2.0	1,380.00	0.23	0.9857	0.9928	0.8750	1.0025	1.0000	1.0073	1.7	1,411.76	0.20
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	398.6	\$ 2,763.07	\$ 91.78							304.7	\$ 2,789.89	\$ 70.84
Outpatient Hospital												
Emergency Room	1,505.4	\$ 108.09	\$ 13.56	1.0144	1.0736	0.7750	1.0050	1.0000	1.0079	1,183.5	\$ 117.52	\$ 11.59
General	12,210.1	94.11	95.76	1.0144	1.0736	0.8000	1.0100	1.0000	1.0079	9,909.2	102.85	84.93
Subtotal	13,715.5	\$ 95.65	\$ 109.32							11,092.7	\$ 104.41	\$ 96.52
Ancillary												
Pharmacy	16,420.8	\$ 53.84	\$ 73.68	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	14,575.7	\$ 58.47	\$ 71.02
DME/Supplies/Prosthetics	845.3	123.36	8.69	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	739.1	130.86	8.06
Ambulance	166.9	89.87	1.25	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	145.9	105.28	1.28
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	73.2	227.87	1.39	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	64.0	241.88	1.29
Chiropractic Services	1.7	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1.5	-	-
Podiatry	2.9	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	2.5	-	-
Vision	854.5	38.20	2.72	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	747.1	40.48	2.52
Other Ancillary	940.5	32.03	2.51	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	822.3	34.00	2.33
Subtotal	19,305.8	\$ 56.09	\$ 90.24							17,098.1	\$ 60.71	\$ 86.50
Professional												
Surgery	724.5	\$ 257.56	\$ 15.55	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	632.7	\$ 261.36	\$ 13.78
Anesthesia	147.8	254.13	3.13	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	129.1	257.47	2.77
Inpatient Visits	563.0	81.21	3.81	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	461.9	83.13	3.20
Urgent Care/Emergency Room	840.6	80.80	5.66	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	689.6	82.31	4.73
Office/Home Visits	2,901.0	67.55	16.33	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	3,193.8	68.53	18.24
Preventive Care	306.4	42.30	1.08	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	334.1	42.74	1.19
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	33.1	97.89	0.27	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	28.9	99.65	0.24
Lab/Path/Rad	4,134.8	27.22	9.38	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3,611.1	27.61	8.31
Office Adm. Drugs	403.5	58.59	1.97	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	352.4	59.59	1.75
Clinic	812.4	159.97	10.83	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	709.5	145.79	8.62
Psych/SUD	4.4	54.55	0.02	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	3.8	63.16	0.02
Physical Therapy	689.4	28.20	1.62	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	602.1	28.70	1.44
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	846.9	54.27	3.83	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	739.6	55.00	3.39
Subtotal	12,407.8	\$ 71.06	\$ 73.48							11,488.6	\$ 70.69	\$ 67.68
Total Medical	45,827.7	\$ 95.53	\$ 364.82							39,984.1	\$ 96.50	\$ 321.54
Category of Service - Iowa Plan for BH												
Inpatient Treatment	50.2	\$ 1,525.10	\$ 6.38	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	44.5	\$ 1,526.29	\$ 5.66
Outpatient Treatment	2,022.3	91.62	15.44	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	1,843.9	91.63	14.08
Intermediate Care	23.3	664.38	1.29	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	21.2	667.92	1.18
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,095.8	\$ 140.91	\$ 24.61							1,909.6	\$ 140.89	\$ 22.42
Short Term Institutional / HCBS	204.3	\$ 483.99	\$ 8.24	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	207.3	\$ 496.09	\$ 8.57

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 M

Member Months

8,895

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	356.4	\$ 2,575.42	\$ 76.49	0.9857	0.9928	0.9000	1.0025	1.0000	1.0073	316.2	\$ 2,581.78	\$ 68.03
Psychiatric/SUD	-	-	0.46	0.9857	0.9928	0.9500	1.0025	1.0000	1.0073	-	-	0.43
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	356.4	\$ 2,590.91	\$ 76.95							316.2	\$ 2,598.10	\$ 68.46
Outpatient Hospital												
Emergency Room	1,673.5	\$ 125.41	\$ 17.49	1.0144	1.0736	0.8000	1.0025	1.0000	1.0079	1,358.1	\$ 136.07	\$ 15.40
General	13,030.2	74.53	80.93	1.0144	1.0736	0.9250	1.0025	1.0000	1.0079	12,227.0	80.85	82.38
Subtotal	14,703.7	\$ 80.32	\$ 98.42							13,585.1	\$ 86.37	\$ 97.78
Ancillary												
Pharmacy	15,741.0	\$ 48.99	\$ 64.26	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	15,169.9	\$ 53.20	\$ 67.25
DME/Supplies/Prosthetics	748.7	150.98	9.42	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	691.0	160.29	9.23
Ambulance	164.2	59.20	0.81	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	151.5	68.91	0.87
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	16.4	95.12	0.13	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	15.1	103.31	0.13
Chiropractic Services	787.0	32.33	2.12	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	726.4	34.36	2.08
Podiatry	80.8	62.38	0.42	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	74.6	65.95	0.41
Vision	692.6	41.76	2.41	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	639.2	44.31	2.36
Other Ancillary	50.6	30.83	0.13	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	46.7	33.40	0.13
Subtotal	18,281.3	\$ 52.32	\$ 79.70							17,514.4	\$ 56.50	\$ 82.46
Professional												
Surgery	773.8	\$ 242.39	\$ 15.63	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	757.7	\$ 245.95	\$ 15.53
Anesthesia	144.7	277.82	3.35	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	141.7	282.00	3.33
Inpatient Visits	464.0	87.67	3.39	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	442.1	89.03	3.28
Urgent Care/Emergency Room	999.0	90.09	7.50	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	846.0	91.63	6.46
Office/Home Visits	3,439.2	66.89	19.17	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,749.9	67.84	21.20
Preventive Care	605.9	45.35	2.29	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	644.6	45.98	2.47
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	87.80	0.03	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	4.0	90.00	0.03
Lab/Path/Rad	5,569.5	24.35	11.30	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	5,306.2	24.70	10.92
Office Adm. Drugs	245.7	28.82	0.59	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	240.6	29.43	0.59
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	1.4	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1.4	-	-
Physical Therapy	1,082.2	29.83	2.69	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,059.7	30.23	2.67
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	739.7	70.24	4.33	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	724.3	71.24	4.30
Subtotal	14,069.2	\$ 59.94	\$ 70.27							13,918.2	\$ 61.03	\$ 70.78
Total Medical	47,410.6	\$ 82.35	\$ 325.34							45,333.9	\$ 84.57	\$ 319.48

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Non-Expansion Adults 50+ M&F

Member Months

20,217

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	708.4	\$ 2,457.26	\$ 145.06	0.9857	0.9928	0.7750	1.0100	1.0000	1.0073	541.2	\$ 2,481.82	\$ 111.93
Psychiatric/SUD	4.2	285.71	0.10	0.9857	0.9928	0.8750	1.0025	1.0000	1.0073	3.6	300.00	0.09
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	712.6	\$ 2,444.46	\$ 145.16							544.8	\$ 2,467.40	\$ 112.02
Outpatient Hospital												
Emergency Room	1,153.3	\$ 108.73	\$ 10.45	1.0144	1.0736	0.7750	1.0050	1.0000	1.0079	906.7	\$ 118.19	\$ 8.93
General	18,647.2	90.30	140.32	1.0144	1.0736	0.8000	1.0100	1.0000	1.0079	15,133.2	98.68	124.45
Subtotal	19,800.5	\$ 91.37	\$ 150.77							16,039.9	\$ 99.79	\$ 133.38
Ancillary												
Pharmacy	26,964.3	\$ 43.91	\$ 98.67	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	23,934.5	\$ 47.69	\$ 95.11
DME/Supplies/Prosthetics	1,335.6	114.91	12.79	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1,167.8	121.97	11.87
Ambulance	252.4	81.77	1.72	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	220.7	95.70	1.76
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	450.6	210.65	7.91	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	394.0	223.55	7.34
Chiropractic Services	16.0	7.50	0.01	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	14.0	8.57	0.01
Podiatry	15.5	23.23	0.03	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	13.6	26.47	0.03
Vision	1,234.3	39.37	4.05	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1,079.2	41.81	3.76
Other Ancillary	943.5	31.92	2.51	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	825.0	33.89	2.33
Subtotal	31,212.2	\$ 49.09	\$ 127.69							27,648.8	\$ 53.04	\$ 122.21
Professional												
Surgery	1,330.0	\$ 273.56	\$ 30.32	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,161.5	\$ 277.50	\$ 26.86
Anesthesia	231.5	251.40	4.85	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	202.2	255.19	4.30
Inpatient Visits	986.0	73.51	6.04	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	808.9	75.36	5.08
Urgent Care/Emergency Room	746.7	85.50	5.32	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	612.6	87.17	4.45
Office/Home Visits	4,226.0	64.86	22.84	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,652.5	65.80	25.51
Preventive Care	495.5	47.71	1.97	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	540.3	48.42	2.18
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	74.5	35.44	0.22	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	65.1	35.02	0.19
Lab/Path/Rad	7,052.9	30.68	18.03	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	6,159.5	31.11	15.97
Office Adm. Drugs	718.3	212.50	12.72	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	627.3	215.59	11.27
Clinic	1,217.0	171.47	17.39	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,062.8	156.15	13.83
Psych/SUD	33.1	29.00	0.08	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	28.9	29.07	0.07
Physical Therapy	785.6	28.87	1.89	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	686.1	29.21	1.67
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,575.4	46.16	6.06	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	1,375.8	46.84	5.37
Subtotal	19,472.5	\$ 78.71	\$ 127.73							17,983.5	\$ 77.90	\$ 116.75
Total Medical	71,197.8	\$ 92.93	\$ 551.35							62,217.0	\$ 93.42	\$ 484.36
Category of Service - Iowa Plan for BH												
Inpatient Treatment	38.5	\$ 2,122.60	\$ 6.81	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	34.2	\$ 2,119.30	\$ 6.04
Outpatient Treatment	2,593.3	86.44	18.68	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	2,364.5	86.43	17.03
Intermediate Care	7.5	1,664.00	1.04	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	6.8	1,676.47	0.95
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,639.3	\$ 127.44	\$ 28.03							2,405.5	\$ 127.31	\$ 25.52
Short Term Institutional / HCBS	233.8	\$ 249.96	\$ 4.87	1.0144	1.0144	1.0000	1.0000	1.0000	1.0109	237.2	\$ 256.49	\$ 5.07

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO**

**Region: Statewide
Rate Cell: Non-Expansion Adults 50+ M&F**

Member Months

3,071

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	225.7	\$ 3,727.60	\$ 70.11	0.9857	0.9928	0.9000	1.0025	1.0000	1.0073	200.2	\$ 3,737.86	\$ 62.36
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	1.0073	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Other Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	1.0073	-	-	-
Subtotal	225.7	\$ 3,727.60	\$ 70.11							200.2	\$ 3,737.86	\$ 62.36
Outpatient Hospital												
Emergency Room	1,388.3	\$ 125.07	\$ 14.47	1.0144	1.0736	0.8000	1.0025	1.0000	1.0079	1,126.7	\$ 135.69	\$ 12.74
General	17,087.7	67.76	96.49	1.0144	1.0736	0.9250	1.0025	1.0000	1.0079	16,034.4	73.51	98.22
Subtotal	18,476.0	\$ 72.07	\$ 110.96							17,161.1	\$ 77.59	\$ 110.96
Ancillary												
Pharmacy	26,579.0	\$ 46.77	\$ 103.60	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	25,614.7	\$ 50.80	\$ 108.43
DME/Supplies/Prosthetics	721.5	148.69	8.94	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	665.9	157.86	8.76
Ambulance	261.7	57.32	1.25	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	241.5	67.08	1.35
Non-Emergency Transportation	-	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	174.4	116.97	1.70	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	161.0	124.47	1.67
Chiropractic Services	927.7	29.88	2.31	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	856.2	31.67	2.26
Podiatry	115.0	50.09	0.48	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	106.1	53.16	0.47
Vision	1,692.8	38.07	5.37	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	1,562.4	40.40	5.26
Other Ancillary	210.1	43.41	0.76	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	193.9	45.80	0.74
Subtotal	30,682.2	\$ 48.66	\$ 124.41							29,401.7	\$ 52.63	\$ 128.94
Professional												
Surgery	1,122.6	\$ 194.44	\$ 18.19	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,099.2	\$ 197.27	\$ 18.07
Anesthesia	130.4	242.02	2.63	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	127.7	245.26	2.61
Inpatient Visits	454.6	83.68	3.17	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	433.1	85.06	3.07
Urgent Care/Emergency Room	901.3	96.53	7.25	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	763.3	98.10	6.24
Office/Home Visits	5,466.9	66.66	30.37	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	5,960.8	67.62	33.59
Preventive Care	996.1	50.60	4.20	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	1,059.7	51.30	4.53
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	102.8	31.52	0.27	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	100.7	32.17	0.27
Lab/Path/Rad	10,261.8	24.51	20.96	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	9,776.7	24.87	20.26
Office Adm. Drugs	565.3	46.28	2.18	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	553.5	47.05	2.17
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,423.1	28.28	5.71	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	2,372.7	28.68	5.67
Family Planning	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,351.9	43.14	4.86	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	1,323.8	43.78	4.83
Subtotal	23,776.8	\$ 50.36	\$ 99.79							23,571.2	\$ 51.58	\$ 101.31
Total Medical	73,160.7	\$ 66.47	\$ 405.27							70,334.2	\$ 68.85	\$ 403.57

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Family Planning Waiver

Member Months

288,967

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1.9	\$ 2,842.11	\$ 0.45	1.0000	1.0000	0.7750	1.0100	1.0000	1.0000	1.5	\$ 2,800.00	\$ 0.35
Psychiatric/SUD	0.5	1,440.00	0.06	1.0000	1.0000	0.8750	1.0025	1.0000	1.0000	0.4	1,500.00	0.05
Maternity - Delivery	-	-	-	1.0000	1.0000	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	0.1	1,200.00	0.01	1.0000	1.0000	0.9800	0.9900	1.0000	1.0000	0.1	1,200.00	0.01
Well Newborn	-	-	-	1.0000	1.0000	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0000	1.0000	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	2.5	\$ 2,496.00	\$ 0.52							2.0	\$ 2,460.00	\$ 0.41
Outpatient Hospital												
Emergency Room	4.5	\$ 80.00	\$ 0.03	1.0000	1.0000	0.7750	1.0050	1.0000	1.0000	3.5	\$ 68.57	\$ 0.02
General	130.0	95.08	1.03	1.0000	1.0000	0.8000	1.0100	1.0000	1.0000	104.0	95.77	0.83
Subtotal	134.5	\$ 94.57	\$ 1.06							107.5	\$ 94.88	\$ 0.85
Ancillary												
Pharmacy	527.2	\$ 47.12	\$ 2.07	1.0000	1.0000	0.8750	0.9800	1.0000	1.0250	461.3	\$ 47.34	\$ 1.82
DME/Supplies/Prosthetics	39.1	3.07	0.01	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	35.2	3.41	0.01
Ambulance	0.7	171.43	0.01	1.0000	1.0000	0.9000	1.0025	1.0000	1.1000	0.6	200.00	0.01
Non-Emergency Transportation	-	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	-	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	0.1	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Other Ancillary	-	-	-	1.0000	1.0000	0.9000	1.0025	1.0000	1.0000	-	-	-
Subtotal	567.1	\$ 44.23	\$ 2.09							497.2	\$ 44.41	\$ 1.84
Professional												
Surgery	121.9	\$ 131.91	\$ 1.34	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	102.0	\$ 135.29	\$ 1.15
Anesthesia	2.3	260.87	0.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1.9	252.63	0.04
Inpatient Visits	4.4	81.82	0.03	1.0144	1.0290	0.7750	1.0100	1.0000	1.0000	3.5	68.57	0.02
Urgent Care/Emergency Room	2.3	104.35	0.02	1.0144	1.0290	0.7750	1.0050	1.0000	1.0000	1.8	133.33	0.02
Office/Home Visits	340.9	50.34	1.43	1.0144	1.0290	1.0400	1.0000	1.0000	1.0000	359.7	51.71	1.55
Preventive Care	329.7	95.72	2.63	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	344.5	98.58	2.83
Maternity - Delivery	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.7	171.43	0.01
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	1,137.3	32.18	3.05	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	951.8	33.16	2.63
Office Adm. Drugs	1,674.2	39.28	5.48	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	1,401.2	40.42	4.72
Clinic	0.8	150.00	0.01	1.0144	1.0290	0.8250	1.0000	1.0000	0.8979	0.7	171.43	0.01
Psych/SUD	1.0	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	0.8	-	-
Physical Therapy	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	266.9	174.00	3.87	1.0144	1.0290	0.8250	1.0000	1.0000	1.0000	223.4	178.87	3.33
Subtotal	3,882.5	\$ 55.39	\$ 17.92							3,392.0	\$ 57.70	\$ 16.31
Total Medical	4,586.6	\$ 56.49	\$ 21.59							3,998.7	\$ 58.25	\$ 19.41
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0000	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	-	-	-	1.0000	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Intermediate Care	-	-	-	1.0000	1.0000	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Behavioral Health	-	\$ 0.00	\$ 0.00							-	\$ 0.00	\$ 0.00
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Pregnant Women

Member Months

100,193

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	61.8	\$ 2,242.72	\$ 11.55	0.9857	0.9928	0.7750	1.0100	1.0000	0.9843	47.2	\$ 2,214.41	\$ 8.71
Psychiatric/SUD	2.7	400.00	0.09	0.9857	0.9928	0.8750	1.0025	1.0000	0.9843	2.3	417.39	0.08
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	-	-	-
Maternity Non-Delivery	146.8	1,589.10	19.44	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	141.8	1,537.66	18.17
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	-	-	-
Other Newborn	0.1	2,400.00	0.02	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	0.1	2,400.00	0.02
Subtotal	211.4	\$ 1,765.37	\$ 31.10							191.4	\$ 1,691.54	\$ 26.98
Outpatient Hospital												
Emergency Room	1,607.1	\$ 114.17	\$ 15.29	1.0144	1.0736	0.7750	1.0050	1.0000	1.0522	1,263.5	\$ 129.64	\$ 13.65
General	25,560.5	57.78	123.08	1.0144	1.0736	0.8000	1.0100	1.0000	1.0522	20,743.7	65.93	113.97
Subtotal	27,167.6	\$ 61.12	\$ 138.37							22,007.2	\$ 69.59	\$ 127.62
Ancillary												
Pharmacy	8,104.6	\$ 29.42	\$ 19.87	1.0144	1.0811	0.8750	0.9800	1.0000	1.0250	7,193.9	\$ 31.94	\$ 19.15
DME/Supplies/Prosthetics	204.6	105.57	1.80	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	178.9	112.02	1.67
Ambulance	166.1	96.81	1.34	0.9715	1.0586	0.9000	1.0025	1.0000	1.1000	145.2	113.22	1.37
Non-Emergency Transportation	73.8	37.40	0.23	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	64.5	39.07	0.21
Home Health/Hospice	182.1	104.12	1.58	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	159.2	110.80	1.47
Chiropractic Services	1.2	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	1.0	-	-
Podiatry	0.1	-	-	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	736.8	35.34	2.17	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	644.2	37.44	2.01
Other Ancillary	1,030.2	32.50	2.79	0.9715	1.0586	0.9000	1.0025	1.0000	1.0000	900.8	34.50	2.59
Subtotal	10,499.5	\$ 34.04	\$ 29.78							9,287.8	\$ 36.78	\$ 28.47
Professional												
Surgery	420.6	\$ 211.70	\$ 7.42	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	367.3	\$ 214.65	\$ 6.57
Anesthesia	88.2	213.61	1.57	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	77.0	216.62	1.39
Inpatient Visits	439.5	72.63	2.66	1.0586	1.0144	0.7750	1.0100	1.0000	1.0000	360.6	74.54	2.24
Urgent Care/Emergency Room	1,017.5	85.39	7.24	1.0586	1.0144	0.7750	1.0050	1.0000	1.0000	834.8	87.11	6.06
Office/Home Visits	2,052.5	69.22	11.84	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,259.7	70.20	13.22
Preventive Care	1,450.6	19.69	2.38	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	1,581.7	19.95	2.63
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	2,538.8	186.56	39.47	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2,217.2	189.27	34.97
Allergy/Immunotherapy	2.8	128.57	0.03	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2.4	150.00	0.03
Lab/Path/Rad	12,583.5	37.72	39.55	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	10,989.6	38.26	35.04
Office Adm. Drugs	469.0	51.43	2.01	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	409.6	52.15	1.78
Clinic	1,729.3	173.06	24.94	1.0586	1.0144	0.8250	1.0000	1.0000	0.8979	1,510.3	157.64	19.84
Psych/SUD	440.1	48.53	1.78	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	384.4	49.32	1.58
Physical Therapy	187.6	32.62	0.51	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	163.8	32.97	0.45
Family Planning	-	-	-	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	558.9	165.11	7.69	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	488.1	167.42	6.81
Subtotal	23,978.9	\$ 74.61	\$ 149.09							21,646.5	\$ 73.51	\$ 132.61
Total Medical	61,857.4	\$ 67.58	\$ 348.34							53,132.9	\$ 71.30	\$ 315.68
Category of Service - Iowa Plan for BH												
Inpatient Treatment	20.6	\$ 1,275.73	\$ 2.19	0.9857	1.0000	0.9000	1.0000	1.0000	1.0000	18.3	\$ 1,272.13	\$ 1.94
Outpatient Treatment	1,215.2	84.83	8.59	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	1,108.0	84.80	7.83
Intermediate Care	114.5	531.35	5.07	0.9857	1.0000	0.9250	1.0000	1.0000	1.0000	104.4	531.03	4.62
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,350.3	\$ 154.19	\$ 17.35							1,230.7	\$ 154.94	\$ 15.89
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Pregnant Women

Member Months

17,996

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	28.5	\$ 2,964.21	\$ 7.04	0.9857	0.9928	0.9000	1.0025	1.0000	0.9843	25.3	\$ 2,902.77	\$ 6.12
Psychiatric/SUD	-	-	-	0.9857	0.9928	0.9500	1.0025	1.0000	0.9843	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	-	-	-
Maternity Non-Delivery	196.2	757.80	12.39	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	189.5	733.30	11.58
Well Newborn	-	-	-	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	-	-	-
Other Newborn	1.4	857.14	0.10	0.9857	0.9928	0.9800	0.9900	1.0000	0.9843	1.4	771.43	0.09
Subtotal	226.1	\$ 1,036.53	\$ 19.53							216.2	\$ 987.42	\$ 17.79
Outpatient Hospital												
Emergency Room	1,728.1	\$ 123.74	\$ 17.82	1.0144	1.0736	0.8000	1.0025	1.0000	1.0522	1,402.4	\$ 140.16	\$ 16.38
General	22,944.9	56.43	107.89	1.0144	1.0736	0.9250	1.0025	1.0000	1.0522	21,530.6	63.90	114.65
Subtotal	24,673.0	\$ 61.14	\$ 125.71							22,933.0	\$ 68.56	\$ 131.03
Ancillary												
Pharmacy	9,172.0	\$ 32.75	\$ 25.03	1.0144	1.0811	0.9500	0.9800	1.0000	1.0250	8,839.2	\$ 35.57	\$ 26.20
DME/Supplies/Prosthetics	169.8	113.78	1.61	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	156.7	121.00	1.58
Ambulance	200.3	62.91	1.05	0.9715	1.0586	0.9500	1.0025	1.0000	1.1000	184.9	73.34	1.13
Non-Emergency Transportation	2.0	-	-	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	1.8	-	-
Home Health/Hospice	69.0	99.13	0.57	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	63.7	105.49	0.56
Chiropractic Services	1,068.3	31.34	2.79	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	986.0	33.23	2.73
Podiatry	19.6	61.22	0.10	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	18.1	66.30	0.10
Vision	673.8	36.87	2.07	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	621.9	39.17	2.03
Other Ancillary	131.9	46.40	0.51	0.9715	1.0586	0.9500	1.0025	1.0000	1.0000	121.7	49.30	0.50
Subtotal	11,506.7	\$ 35.18	\$ 33.73							10,994.0	\$ 38.02	\$ 34.83
Professional												
Surgery	627.3	\$ 155.52	\$ 8.13	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	614.2	\$ 157.86	\$ 8.08
Anesthesia	120.1	208.83	2.09	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	117.6	212.24	2.08
Inpatient Visits	572.7	71.24	3.40	1.0586	1.0144	0.9000	1.0025	1.0000	1.0000	545.6	72.36	3.29
Urgent Care/Emergency Room	1,208.1	84.13	8.47	1.0586	1.0144	0.8000	1.0025	1.0000	1.0000	1,023.1	85.50	7.29
Office/Home Visits	2,926.3	53.47	13.04	1.0586	1.0144	1.0300	1.0000	1.0000	1.0000	3,190.7	54.23	14.42
Preventive Care	1,660.8	24.42	3.38	1.0586	1.0144	1.0050	1.0000	1.0000	1.0000	1,766.9	24.79	3.65
Maternity - Delivery	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	4,429.8	243.64	89.94	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	4,337.6	247.16	89.34
Allergy/Immunotherapy	4.0	120.00	0.04	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	3.9	123.08	0.04
Lab/Path/Rad	17,855.0	28.50	42.40	1.0586	1.0144	0.9000	1.0000	1.0000	1.0000	17,010.9	28.91	40.98
Office Adm. Drugs	585.5	26.44	1.29	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	573.3	26.79	1.28
Clinic	-	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	0.8979	-	-	-
Psych/SUD	306.3	47.01	1.20	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	299.9	47.62	1.19
Physical Therapy	207.1	33.61	0.58	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	202.8	34.32	0.58
Family Planning	2.7	-	-	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	2.6	-	-
Other Professional	773.0	180.70	11.64	1.0586	1.0144	0.9250	1.0000	1.0000	1.0000	756.9	183.27	11.56
Subtotal	31,278.7	\$ 71.21	\$ 185.60							30,446.0	\$ 72.44	\$ 183.78
Total Medical	67,684.5	\$ 64.64	\$ 364.57							64,589.2	\$ 68.26	\$ 367.43

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Wellness Plan 19-24 F

Member Months

39,187

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	118.5	\$ 2,466.84	\$ 24.36	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	90.6	\$ 2,418.54	\$ 18.26
Psychiatric/SUD	5.2	2,746.15	1.19	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	4.5	2,666.67	1.00
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	10.3	2,248.54	1.93	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	10.0	2,148.00	1.79
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	134.0	\$ 2,460.90	\$ 27.48							105.1	\$ 2,403.43	\$ 21.05
Outpatient Hospital												
Emergency Room	1,616.5	\$ 103.78	\$ 13.98	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,269.3	\$ 114.87	\$ 12.15
General	10,860.3	66.65	60.32	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	8,802.7	74.13	54.38
Subtotal	12,476.8	\$ 71.46	\$ 74.30							10,072.0	\$ 79.27	\$ 66.53
Ancillary												
Pharmacy	6,695.4	\$ 36.40	\$ 20.31	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	6,013.5	\$ 37.52	\$ 18.80
DME/Supplies/Prosthetics	130.5	149.89	1.63	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	114.4	156.29	1.49
Ambulance	90.0	80.00	0.60	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	78.9	91.25	0.60
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	19.6	104.08	0.17	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	17.2	111.63	0.16
Chiropractic Services	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	224.8	67.79	1.27	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	197.1	70.62	1.16
Other Ancillary	545.2	31.47	1.43	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	477.9	32.89	1.31
Subtotal	7,705.5	\$ 39.57	\$ 25.41							6,899.0	\$ 40.91	\$ 23.52
Professional												
Surgery	368.4	\$ 227.36	\$ 6.98	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	324.3	\$ 230.16	\$ 6.22
Anesthesia	61.4	263.84	1.35	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	54.0	266.67	1.20
Inpatient Visits	170.6	92.85	1.32	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	141.1	95.25	1.12
Urgent Care/Emergency Room	901.5	81.06	6.09	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	745.4	82.59	5.13
Office/Home Visits	2,121.4	66.13	11.69	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	2,354.0	66.98	13.14
Preventive Care	421.7	69.72	2.45	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	463.4	70.69	2.73
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	25.7	158.75	0.34	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	22.6	159.29	0.30
Allergy/Immunotherapy	53.6	132.09	0.59	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	47.2	134.75	0.53
Lab/Path/Rad	4,025.7	27.54	9.24	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	3,543.6	27.90	8.24
Office Adm. Drugs	659.3	35.49	1.95	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	580.3	35.98	1.74
Clinic	680.4	162.79	9.23	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	598.9	148.07	7.39
Psych/SUD	15.8	53.16	0.07	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	13.9	51.80	0.06
Physical Therapy	239.7	29.54	0.59	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	211.0	30.14	0.53
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	311.3	99.07	2.57	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	274.0	100.29	2.29
Subtotal	10,056.5	\$ 64.98	\$ 54.46							9,373.7	\$ 64.80	\$ 50.62
Total Medical	30,372.8	\$ 71.77	\$ 181.65							26,449.8	\$ 73.37	\$ 161.72
Category of Service - Iowa Plan for BH												
Inpatient Treatment	89.8	\$ 1,651.67	\$ 12.36	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	79.8	\$ 1,628.57	\$ 10.83
Outpatient Treatment	2,152.4	84.07	15.08	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	1,964.9	83.00	13.59
Intermediate Care	14.2	456.34	0.54	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	13.0	452.31	0.49
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,256.4	\$ 156.78	\$ 29.48							2,057.7	\$ 154.02	\$ 26.41
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 19-24 F

Member Months

2,835

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	77.0	\$ 1,566.23	\$ 10.05	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	68.4	\$ 1,522.81	\$ 8.68
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	77.0	\$ 1,566.23	\$ 10.05							68.4	\$ 1,522.81	\$ 8.68
Outpatient Hospital												
Emergency Room	2,440.5	\$ 133.79	\$ 27.21	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	1,978.1	\$ 147.72	\$ 24.35
General	16,048.2	58.59	78.36	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	15,040.2	64.68	81.07
Subtotal	18,488.7	\$ 68.52	\$ 105.57							17,018.3	\$ 74.33	\$ 105.42
Ancillary												
Pharmacy	8,004.2	\$ 33.36	\$ 22.25	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	7,805.2	\$ 34.39	\$ 22.37
DME/Supplies/Prosthetics	98.8	172.47	1.42	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	91.4	179.87	1.37
Ambulance	128.8	54.04	0.58	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	119.2	62.42	0.62
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Chiropractic Services	382.2	30.46	0.97	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	353.6	31.90	0.94
Podiatry	21.5	39.07	0.07	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	19.9	42.21	0.07
Vision	287.7	65.07	1.56	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	266.2	67.62	1.50
Other Ancillary	154.6	28.72	0.37	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	143.0	30.21	0.36
Subtotal	9,077.8	\$ 35.98	\$ 27.22							8,798.5	\$ 37.14	\$ 27.23
Professional												
Surgery	308.3	\$ 176.71	\$ 4.54	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	304.3	\$ 179.03	\$ 4.54
Anesthesia	64.2	302.80	1.62	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	63.4	306.62	1.62
Inpatient Visits	81.4	109.09	0.74	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	78.2	110.49	0.72
Urgent Care/Emergency Room	1,550.1	81.29	10.50	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	1,323.1	82.53	9.10
Office/Home Visits	2,749.0	62.16	14.24	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	3,021.1	62.96	15.85
Preventive Care	817.9	65.14	4.44	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	877.0	65.95	4.82
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	47.1	346.50	1.36	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	46.5	350.97	1.36
Allergy/Immunotherapy	8.6	111.63	0.08	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	8.5	112.94	0.08
Lab/Path/Rad	5,168.4	26.03	11.21	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	4,963.1	26.35	10.90
Office Adm. Drugs	582.3	27.82	1.35	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	574.7	28.19	1.35
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	17.1	56.14	0.08	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	16.9	56.80	0.08
Physical Therapy	154.2	38.13	0.49	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	152.2	38.63	0.49
Family Planning	102.8	11.67	0.10	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	101.5	11.82	0.10
Other Professional	462.5	75.24	2.90	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	456.5	76.23	2.90
Subtotal	12,113.9	\$ 53.15	\$ 53.65							11,987.0	\$ 53.97	\$ 53.91
Total Medical	39,757.4	\$ 59.31	\$ 196.49							37,872.2	\$ 61.86	\$ 195.24

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Wellness Plan 19-24 M

Member Months

35,627

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	210.5	\$ 2,231.83	\$ 39.15	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	161.0	\$ 2,187.58	\$ 29.35
Psychiatric/SUD	12.0	1,200.00	1.20	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	10.4	1,165.38	1.01
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	222.5	\$ 2,176.18	\$ 40.35							171.4	\$ 2,125.55	\$ 30.36
Outpatient Hospital												
Emergency Room	1,407.4	\$ 110.16	\$ 12.92	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,105.1	\$ 121.94	\$ 11.23
General	6,529.5	73.46	39.97	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	5,292.4	81.69	36.03
Subtotal	7,936.9	\$ 79.97	\$ 52.89							6,397.5	\$ 88.65	\$ 47.26
Ancillary												
Pharmacy	4,264.1	\$ 81.72	\$ 29.04	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	3,829.8	\$ 84.26	\$ 26.89
DME/Supplies/Prosthetics	117.8	208.83	2.05	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	103.3	217.23	1.87
Ambulance	142.5	80.00	0.95	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	124.9	91.27	0.95
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	47.9	142.80	0.57	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	42.0	148.57	0.52
Chiropractic Services	2.7	44.44	0.01	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	2.4	50.00	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	139.4	73.17	0.85	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	122.2	76.60	0.78
Other Ancillary	348.3	31.70	0.92	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	305.3	33.02	0.84
Subtotal	5,062.7	\$ 81.51	\$ 34.39							4,529.9	\$ 84.40	\$ 31.86
Professional												
Surgery	279.3	\$ 231.58	\$ 5.39	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	245.9	\$ 234.73	\$ 4.81
Anesthesia	69.2	249.71	1.44	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	60.9	252.22	1.28
Inpatient Visits	276.3	94.25	2.17	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	228.5	96.63	1.84
Urgent Care/Emergency Room	747.0	77.91	4.85	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	617.7	79.26	4.08
Office/Home Visits	1,142.3	66.18	6.30	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	1,267.5	67.03	7.08
Preventive Care	133.0	62.26	0.69	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	146.2	63.20	0.77
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	23.2	129.31	0.25	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	20.4	129.41	0.22
Lab/Path/Rad	1,671.7	28.07	3.91	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	1,471.5	28.46	3.49
Office Adm. Drugs	123.8	54.28	0.56	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	109.0	55.05	0.50
Clinic	393.3	163.23	5.35	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	346.2	148.35	4.28
Psych/SUD	3.1	77.42	0.02	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	2.7	88.89	0.02
Physical Therapy	129.3	29.70	0.32	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	113.8	30.58	0.29
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	218.6	52.70	0.96	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	192.4	53.64	0.86
Subtotal	5,210.1	\$ 74.19	\$ 32.21							4,822.7	\$ 73.45	\$ 29.52
Total Medical	18,432.2	\$ 104.06	\$ 159.84							15,921.5	\$ 104.76	\$ 139.00
Category of Service - Iowa Plan for BH												
Inpatient Treatment	163.7	\$ 1,639.10	\$ 22.36	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	145.4	\$ 1,617.61	\$ 19.60
Outpatient Treatment	2,332.5	85.35	16.59	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	2,129.4	84.25	14.95
Intermediate Care	3.3	1,018.18	0.28	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	3.0	1,000.00	0.25
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,499.5	\$ 195.54	\$ 40.73							2,277.8	\$ 191.24	\$ 36.30
Short Term Institutional / HCBS	18.6	\$ 1,432.26	\$ 2.22	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	18.8	\$ 1,448.94	\$ 2.27

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO**

**Region: Statewide
Rate Cell: Wellness Plan 19-24 M**

Member Months

3,297

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	206.3	\$ 3,258.56	\$ 56.02	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	183.2	\$ 3,170.96	\$ 48.41
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	206.3	\$ 3,258.56	\$ 56.02							183.2	\$ 3,170.96	\$ 48.41
Outpatient Hospital												
Emergency Room	1,681.1	\$ 123.13	\$ 17.25	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	1,362.6	\$ 135.89	\$ 15.43
General	7,888.0	64.75	42.56	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	7,392.6	71.47	44.03
Subtotal	9,569.1	\$ 75.00	\$ 59.81							8,755.2	\$ 81.50	\$ 59.46
Ancillary												
Pharmacy	4,633.3	\$ 73.97	\$ 28.56	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	4,518.1	\$ 76.25	\$ 28.71
DME/Supplies/Prosthetics	125.6	105.10	1.10	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	116.2	109.47	1.06
Ambulance	166.2	58.48	0.81	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	153.8	67.10	0.86
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Chiropractic Services	454.2	32.50	1.23	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	420.3	33.98	1.19
Podiatry	62.8	89.81	0.47	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	58.1	92.94	0.45
Vision	144.0	70.83	0.85	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	133.2	73.87	0.82
Other Ancillary	92.3	32.50	0.25	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	85.4	33.72	0.24
Subtotal	5,678.4	\$ 70.31	\$ 33.27							5,485.1	\$ 72.92	\$ 33.33
Professional												
Surgery	290.9	\$ 135.72	\$ 3.29	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	287.1	\$ 137.51	\$ 3.29
Anesthesia	62.6	251.12	1.31	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	61.8	254.37	1.31
Inpatient Visits	136.2	76.65	0.87	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	130.8	77.98	0.85
Urgent Care/Emergency Room	942.6	81.48	6.40	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	804.6	82.77	5.55
Office/Home Visits	1,391.8	62.94	7.30	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	1,529.6	63.78	8.13
Preventive Care	246.7	62.26	1.28	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	264.5	63.06	1.39
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	22.1	21.72	0.04	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	21.8	22.02	0.04
Lab/Path/Rad	1,947.8	30.62	4.97	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	1,870.4	30.99	4.83
Office Adm. Drugs	99.4	7.24	0.06	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	98.1	7.34	0.06
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Physical Therapy	110.5	36.92	0.34	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	109.1	37.40	0.34
Family Planning	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Other Professional	316.6	26.91	0.71	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	312.5	27.26	0.71
Subtotal	5,567.2	\$ 57.27	\$ 26.57							5,490.3	\$ 57.92	\$ 26.50
Total Medical	21,021.0	\$ 100.28	\$ 175.67							19,913.8	\$ 101.06	\$ 167.70

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Wellness Plan 25-34 F**

Member Months

59,284

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	223.1	\$ 2,029.94	\$ 37.74	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	170.6	\$ 1,989.92	\$ 28.29
Psychiatric/SUD	18.9	1,066.67	1.68	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	16.3	1,038.04	1.41
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	4.2	1,714.29	0.60	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	4.1	1,639.02	0.56
Well Newborn	-	-	-	0.9869	0.9935	0.9800	-	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	246.2	\$ 1,950.61	\$ 40.02							191.0	\$ 1,901.15	\$ 30.26
Outpatient Hospital												
Emergency Room	1,941.4	\$ 100.07	\$ 16.19	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,524.4	\$ 110.76	\$ 14.07
General	14,343.0	66.15	79.07	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	11,625.6	73.58	71.28
Subtotal	16,284.4	\$ 70.20	\$ 95.26							13,150.0	\$ 77.89	\$ 85.35
Ancillary												
Pharmacy	11,481.3	\$ 38.35	\$ 36.69	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	10,312.0	\$ 39.53	\$ 33.97
DME/Supplies/Prosthetics	196.1	111.37	1.82	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	171.9	115.88	1.66
Ambulance	128.4	74.77	0.80	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	112.6	85.26	0.80
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	58.7	120.61	0.59	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	51.5	125.83	0.54
Chiropractic Services	2.3	52.17	0.01	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	2.0	60.00	0.01
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	204.4	72.21	1.23	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	179.2	75.00	1.12
Other Ancillary	839.1	31.89	2.23	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	735.5	33.28	2.04
Subtotal	12,910.3	\$ 40.31	\$ 43.37							11,564.7	\$ 41.65	\$ 40.14
Professional												
Surgery	539.1	\$ 225.04	\$ 10.11	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	474.5	\$ 228.11	\$ 9.02
Anesthesia	103.7	241.85	2.09	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	91.3	244.47	1.86
Inpatient Visits	297.8	89.05	2.21	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	246.3	91.11	1.87
Urgent Care/Emergency Room	1,033.3	82.57	7.11	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	854.4	84.13	5.99
Office/Home Visits	2,674.5	66.40	14.80	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	2,967.7	67.28	16.64
Preventive Care	417.7	71.25	2.48	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	459.0	72.16	2.76
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	11.7	276.92	0.27	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	10.3	279.61	0.24
Allergy/Immunotherapy	31.2	115.38	0.30	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	27.5	117.82	0.27
Lab/Path/Rad	4,678.8	28.31	11.04	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	4,118.5	28.67	9.84
Office Adm. Drugs	517.0	34.35	1.48	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	455.1	34.81	1.32
Clinic	937.8	162.64	12.71	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	825.5	147.98	10.18
Psych/SUD	6.1	59.02	0.03	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	5.4	66.67	0.03
Physical Therapy	367.9	28.38	0.87	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	323.8	28.91	0.78
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	393.8	82.58	2.71	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	346.6	83.79	2.42
Subtotal	12,010.4	\$ 68.15	\$ 68.21							11,205.9	\$ 67.70	\$ 63.22
Total Medical	41,451.3	\$ 71.47	\$ 246.86							36,111.6	\$ 72.76	\$ 218.97
Category of Service - Iowa Plan for BH												
Inpatient Treatment	130.5	\$ 1,545.75	\$ 16.81	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	115.9	\$ 1,526.14	\$ 14.74
Outpatient Treatment	3,713.8	86.01	26.62	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	3,390.4	84.87	23.98
Intermediate Care	15.5	890.32	1.15	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	14.2	878.87	1.04
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	3,859.8	\$ 143.26	\$ 46.08							3,520.5	\$ 140.64	\$ 41.26
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 25-34 F

Member Months

4,102

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	46.9	\$ 2,210.66	\$ 8.64	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	41.7	\$ 2,149.64	\$ 7.47
Psychiatric/SUD	-	-	-	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	-	-	-
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	6.3	2,495.24	1.31	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	6.1	2,400.00	1.22
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	53.2	\$ 2,244.36	\$ 9.95							47.8	\$ 2,181.59	\$ 8.69
Outpatient Hospital												
Emergency Room	2,910.2	\$ 129.64	\$ 31.44	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	2,358.8	\$ 143.11	\$ 28.13
General	17,404.6	56.42	81.83	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	16,311.4	62.28	84.66
Subtotal	20,314.8	\$ 66.91	\$ 113.27							18,670.2	\$ 72.49	\$ 112.79
Ancillary												
Pharmacy	12,775.2	\$ 43.27	\$ 46.07	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	12,457.6	\$ 44.61	\$ 46.31
DME/Supplies/Prosthetics	222.6	122.91	2.28	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	206.0	128.16	2.20
Ambulance	169.2	60.28	0.85	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	156.6	68.97	0.90
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	14.8	129.73	0.16	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	13.7	131.39	0.15
Chiropractic Services	1,228.8	31.05	3.18	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	1,137.0	32.40	3.07
Podiatry	47.5	48.00	0.19	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	44.0	49.09	0.18
Vision	329.5	63.00	1.73	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	304.9	65.73	1.67
Other Ancillary	154.3	29.55	0.38	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	142.8	31.09	0.37
Subtotal	14,941.9	\$ 44.04	\$ 54.84							14,462.6	\$ 45.51	\$ 54.85
Professional												
Surgery	657.0	\$ 136.99	\$ 7.50	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	648.4	\$ 138.80	\$ 7.50
Anesthesia	94.7	250.90	1.98	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	93.5	254.12	1.98
Inpatient Visits	85.8	95.10	0.68	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	82.4	96.12	0.66
Urgent Care/Emergency Room	1,695.7	82.66	11.68	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	1,447.4	83.90	10.12
Office/Home Visits	3,669.6	62.23	19.03	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,032.8	63.05	21.19
Preventive Care	867.1	63.80	4.61	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	929.8	64.66	5.01
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	59.2	283.78	1.40	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	58.4	287.67	1.40
Allergy/Immunotherapy	38.5	84.16	0.27	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	38.0	85.26	0.27
Lab/Path/Rad	7,389.6	27.61	17.00	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	7,096.0	27.97	16.54
Office Adm. Drugs	680.7	85.15	4.83	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	671.8	86.28	4.83
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	3.0	40.00	0.01	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	3.0	40.00	0.01
Physical Therapy	541.6	30.13	1.36	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	534.5	30.53	1.36
Family Planning	32.6	18.40	0.05	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	32.2	18.63	0.05
Other Professional	547.5	86.79	3.96	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	540.4	87.93	3.96
Subtotal	16,362.6	\$ 54.53	\$ 74.36							16,208.6	\$ 55.44	\$ 74.88
Total Medical	51,672.5	\$ 58.62	\$ 252.42							49,389.2	\$ 61.04	\$ 251.21

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Wellness Plan 25-34 M**

Member Months

63,461

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	374.5	\$ 2,757.92	\$ 86.07	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	286.4	\$ 2,703.35	\$ 64.52
Psychiatric/SUD	27.8	1,014.39	2.35	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	24.0	985.00	1.97
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	402.3	\$ 2,637.43	\$ 88.42							310.4	\$ 2,570.49	\$ 66.49
Outpatient Hospital												
Emergency Room	1,549.6	\$ 109.96	\$ 14.20	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,216.8	\$ 121.70	\$ 12.34
General	9,792.3	74.36	60.68	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	7,937.1	82.70	54.70
Subtotal	11,341.9	\$ 79.22	\$ 74.88							9,153.9	\$ 87.88	\$ 67.04
Ancillary												
Pharmacy	7,165.0	\$ 58.37	\$ 34.85	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	6,435.3	\$ 60.17	\$ 32.27
DME/Supplies/Prosthetics	195.9	161.72	2.64	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	171.7	168.43	2.41
Ambulance	178.8	77.18	1.15	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	156.7	88.83	1.16
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	41.0	184.39	0.63	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	35.9	193.87	0.58
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	1.1	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	123.8	76.58	0.79	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	108.5	79.63	0.72
Other Ancillary	386.5	31.67	1.02	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	338.8	32.94	0.93
Subtotal	8,092.3	\$ 60.92	\$ 41.08							7,248.0	\$ 63.03	\$ 38.07
Professional												
Surgery	414.8	\$ 251.40	\$ 8.69	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	365.1	\$ 254.72	\$ 7.75
Anesthesia	82.9	273.58	1.89	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	73.0	277.81	1.69
Inpatient Visits	535.6	90.29	4.03	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	442.9	92.39	3.41
Urgent Care/Emergency Room	895.0	81.52	6.08	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	740.1	83.02	5.12
Office/Home Visits	1,621.7	68.37	9.24	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	1,799.5	69.29	10.39
Preventive Care	167.4	57.35	0.80	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	184.0	58.04	0.89
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	10.5	68.57	0.06	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	9.2	65.22	0.05
Lab/Path/Rad	2,432.2	27.43	5.56	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	2,140.9	27.80	4.96
Office Adm. Drugs	179.0	85.81	1.28	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	157.6	86.80	1.14
Clinic	527.7	160.55	7.06	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	464.5	145.96	5.65
Psych/SUD	8.8	68.18	0.05	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	7.7	62.34	0.04
Physical Therapy	234.0	30.26	0.59	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	206.0	30.87	0.53
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	396.8	51.11	1.69	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	349.3	51.88	1.51
Subtotal	7,506.4	\$ 75.17	\$ 47.02							6,939.8	\$ 74.58	\$ 43.13
Total Medical	27,342.9	\$ 110.33	\$ 251.40							23,652.1	\$ 108.94	\$ 214.73
Category of Service - Iowa Plan for BH												
Inpatient Treatment	181.4	\$ 1,659.76	\$ 25.09	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	161.1	\$ 1,637.99	\$ 21.99
Outpatient Treatment	3,244.2	80.71	21.82	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	2,961.7	79.66	19.66
Intermediate Care	7.6	742.11	0.47	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	6.9	730.43	0.42
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	3,433.2	\$ 170.85	\$ 48.88							3,129.7	\$ 167.06	\$ 43.57
Short Term Institutional / HCBS	11.6	\$ 755.17	\$ 0.73	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	11.8	\$ 762.71	\$ 0.75

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 25-34 M

Member Months

6,193

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	352.4	\$ 1,386.27	\$ 40.71	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	313.0	\$ 1,348.75	\$ 35.18
Psychiatric/SUD	22.8	1,484.21	2.82	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	21.4	1,441.12	2.57
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	375.2	\$ 1,392.22	\$ 43.53							334.4	\$ 1,354.67	\$ 37.75
Outpatient Hospital												
Emergency Room	2,067.2	\$ 129.16	\$ 22.25	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	1,675.6	\$ 142.59	\$ 19.91
General	10,340.1	72.20	62.21	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	9,690.6	79.70	64.36
Subtotal	12,407.3	\$ 81.69	\$ 84.46							11,366.2	\$ 88.97	\$ 84.27
Ancillary												
Pharmacy	7,527.9	\$ 55.38	\$ 34.74	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	7,340.8	\$ 57.08	\$ 34.92
DME/Supplies/Prosthetics	176.9	148.56	2.19	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	163.7	154.67	2.11
Ambulance	220.2	53.41	0.98	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	203.7	61.27	1.04
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	11.8	122.03	0.12	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	10.9	132.11	0.12
Chiropractic Services	452.2	32.91	1.24	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	418.4	34.42	1.20
Podiatry	27.5	43.64	0.10	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	25.4	47.24	0.10
Vision	141.5	73.78	0.87	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	130.9	77.01	0.84
Other Ancillary	76.7	28.16	0.18	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	71.0	28.73	0.17
Subtotal	8,634.7	\$ 56.17	\$ 40.42							8,364.8	\$ 58.10	\$ 40.50
Professional												
Surgery	405.8	\$ 173.58	\$ 5.87	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	400.5	\$ 175.88	\$ 5.87
Anesthesia	72.5	251.59	1.52	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	71.6	254.75	1.52
Inpatient Visits	490.0	79.10	3.23	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	470.5	80.34	3.15
Urgent Care/Emergency Room	1,174.2	80.02	7.83	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	1,002.3	81.29	6.79
Office/Home Visits	1,946.5	66.70	10.82	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	2,139.2	67.60	12.05
Preventive Care	262.7	53.44	1.17	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	281.7	54.10	1.27
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.6	238.78	0.39	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	19.3	242.49	0.39
Lab/Path/Rad	3,500.9	26.98	7.87	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	3,361.8	27.34	7.66
Office Adm. Drugs	129.4	41.73	0.45	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	127.7	42.29	0.45
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	2.0	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	2.0	-	-
Physical Therapy	466.5	32.67	1.27	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	460.4	33.10	1.27
Family Planning	2.0	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	2.0	-	-
Other Professional	397.9	39.81	1.32	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	392.7	40.34	1.32
Subtotal	8,870.0	\$ 56.47	\$ 41.74							8,731.7	\$ 57.36	\$ 41.74
Total Medical	30,287.2	\$ 83.26	\$ 210.15							28,797.1	\$ 85.12	\$ 204.26

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Wellness Plan 35-49 F

Member Months

77,415

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	470.3	\$ 2,325.24	\$ 91.13	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	359.7	\$ 2,279.23	\$ 68.32
Psychiatric/SUD	7.2	1,550.00	0.93	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	6.2	1,509.68	0.78
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	0.5	2,880.00	0.12	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	0.5	2,640.00	0.11
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	478.0	\$ 2,314.14	\$ 92.18							366.4	\$ 2,266.70	\$ 69.21
Outpatient Hospital												
Emergency Room	1,834.2	\$ 112.01	\$ 17.12	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,440.2	\$ 123.98	\$ 14.88
General	20,714.1	78.91	136.21	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	16,789.7	87.76	122.79
Subtotal	22,548.3	\$ 81.60	\$ 153.33							18,229.9	\$ 90.62	\$ 137.67
Ancillary												
Pharmacy	21,606.5	\$ 42.19	\$ 75.96	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	19,406.0	\$ 43.49	\$ 70.33
DME/Supplies/Prosthetics	521.2	126.63	5.50	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	456.9	131.85	5.02
Ambulance	222.7	78.13	1.45	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	195.2	89.75	1.46
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	100.9	137.96	1.16	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	88.4	143.89	1.06
Chiropractic Services	1.3	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	1.1	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	289.7	74.15	1.79	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	253.9	77.51	1.64
Other Ancillary	976.7	32.19	2.62	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	856.1	33.50	2.39
Subtotal	23,719.0	\$ 44.76	\$ 88.48							21,257.6	\$ 46.23	\$ 81.90
Professional												
Surgery	938.1	\$ 241.77	\$ 18.90	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	825.8	\$ 244.85	\$ 16.85
Anesthesia	179.4	254.85	3.81	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	157.9	258.39	3.40
Inpatient Visits	653.3	83.02	4.52	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	540.2	84.86	3.82
Urgent Care/Emergency Room	1,068.5	87.37	7.78	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	883.5	88.96	6.55
Office/Home Visits	3,823.9	69.20	22.05	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	4,243.2	70.11	24.79
Preventive Care	392.3	71.88	2.35	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	431.1	72.93	2.62
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	2.4	250.00	0.05	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	2.1	228.57	0.04
Allergy/Immunotherapy	36.7	104.63	0.32	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	32.3	107.74	0.29
Lab/Path/Rad	6,635.9	28.77	15.91	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	5,841.2	29.15	14.19
Office Adm. Drugs	488.0	69.59	2.83	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	429.6	70.39	2.52
Clinic	1,318.2	161.68	17.76	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	1,160.3	147.07	14.22
Psych/SUD	6.0	40.00	0.02	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	5.3	45.28	0.02
Physical Therapy	725.7	27.28	1.65	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	638.8	27.61	1.47
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	868.8	61.05	4.42	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	764.8	61.82	3.94
Subtotal	17,137.2	\$ 71.68	\$ 102.37							15,956.1	\$ 71.24	\$ 94.72
Total Medical	63,882.5	\$ 81.97	\$ 436.36							55,810.0	\$ 82.46	\$ 383.50
Category of Service - Iowa Plan for BH												
Inpatient Treatment	112.1	\$ 1,565.03	\$ 14.62	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	99.6	\$ 1,544.58	\$ 12.82
Outpatient Treatment	3,273.1	78.49	21.41	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	2,988.0	77.47	19.29
Intermediate Care	10.6	905.66	0.80	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	9.7	890.72	0.72
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	3,395.8	\$ 135.45	\$ 38.33							3,097.3	\$ 133.01	\$ 34.33
Short Term Institutional / HCBS	4.2	\$ 1,714.29	\$ 0.60	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	4.3	\$ 1,702.33	\$ 0.61

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 35-49 F

Member Months

5,063

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	393.0	\$ 1,719.08	\$ 56.30	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	349.1	\$ 1,672.30	\$ 48.65
Psychiatric/SUD	20.3	390.15	0.66	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	19.0	378.95	0.60
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	413.3	\$ 1,653.81	\$ 56.96							368.1	\$ 1,605.54	\$ 49.25
Outpatient Hospital												
Emergency Room	2,324.1	\$ 135.79	\$ 26.30	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	1,883.8	\$ 149.89	\$ 23.53
General	24,109.7	74.22	149.12	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	22,595.4	81.94	154.28
Subtotal	26,433.8	\$ 79.63	\$ 175.42							24,479.2	\$ 87.16	\$ 177.81
Ancillary												
Pharmacy	21,016.0	\$ 36.11	\$ 63.24	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	20,493.6	\$ 37.22	\$ 63.57
DME/Supplies/Prosthetics	543.5	156.54	7.09	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	502.9	163.21	6.84
Ambulance	341.5	52.71	1.50	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	316.0	60.38	1.59
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	7.2	100.00	0.06	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	6.7	107.46	0.06
Chiropractic Services	1,130.2	30.47	2.87	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	1,045.7	31.79	2.77
Podiatry	57.7	64.47	0.31	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	53.4	67.42	0.30
Vision	418.4	65.11	2.27	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	387.1	67.89	2.19
Other Ancillary	185.2	32.40	0.50	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	171.4	33.61	0.48
Subtotal	23,699.7	\$ 39.41	\$ 77.84							22,976.8	\$ 40.63	\$ 77.80
Professional												
Surgery	997.4	\$ 204.41	\$ 16.99	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	984.4	\$ 207.11	\$ 16.99
Anesthesia	194.2	256.44	4.15	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	191.7	259.78	4.15
Inpatient Visits	481.9	81.93	3.29	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	462.8	83.23	3.21
Urgent Care/Emergency Room	1,321.1	90.74	9.99	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	1,127.7	92.15	8.66
Office/Home Visits	4,284.6	66.91	23.89	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	4,708.7	67.79	26.60
Preventive Care	652.2	71.02	3.86	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	699.4	71.89	4.19
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	19.2	150.00	0.24	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	18.9	152.38	0.24
Allergy/Immunotherapy	127.1	28.32	0.30	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	125.4	28.71	0.30
Lab/Path/Rad	8,869.0	26.60	19.66	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	8,516.6	26.94	19.12
Office Adm. Drugs	896.7	95.15	7.11	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	885.0	96.41	7.11
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	9.6	50.00	0.04	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	9.5	50.53	0.04
Physical Therapy	776.8	30.28	1.96	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	766.7	30.68	1.96
Family Planning	4.8	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	4.7	-	-
Other Professional	961.5	55.29	4.43	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	948.9	56.02	4.43
Subtotal	19,596.1	\$ 58.73	\$ 95.91							19,450.4	\$ 59.84	\$ 97.00
Total Medical	70,142.9	\$ 69.48	\$ 406.13							67,274.5	\$ 71.68	\$ 401.86

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Wellness Plan 35-49 M

Member Months

74,065

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	728.2	\$ 2,152.32	\$ 130.61	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	557.0	\$ 2,109.37	\$ 97.91
Psychiatric/SUD	26.1	1,085.06	2.36	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	22.5	1,056.00	1.98
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	754.3	\$ 2,115.39	\$ 132.97							579.5	\$ 2,068.47	\$ 99.89
Outpatient Hospital												
Emergency Room	1,644.1	\$ 115.69	\$ 15.85	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	1,291.0	\$ 127.99	\$ 13.77
General	15,618.8	81.72	106.37	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	12,659.7	90.89	95.89
Subtotal	17,262.9	\$ 84.96	\$ 122.22							13,950.7	\$ 94.33	\$ 109.66
Ancillary												
Pharmacy	14,514.5	\$ 51.93	\$ 62.81	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	13,036.3	\$ 53.53	\$ 58.15
DME/Supplies/Prosthetics	581.9	169.72	8.23	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	510.1	176.91	7.52
Ambulance	281.2	72.97	1.71	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	246.5	83.73	1.72
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	84.2	173.87	1.22	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	73.8	180.49	1.11
Chiropractic Services	0.3	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	0.3	-	-
Podiatry	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	193.7	76.20	1.23	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	169.8	79.15	1.12
Other Ancillary	490.3	31.33	1.28	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	429.8	32.67	1.17
Subtotal	16,146.1	\$ 56.84	\$ 76.48							14,466.6	\$ 58.72	\$ 70.79
Professional												
Surgery	776.2	\$ 271.94	\$ 17.59	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	683.2	\$ 275.59	\$ 15.69
Anesthesia	150.3	270.66	3.39	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	132.3	273.92	3.02
Inpatient Visits	938.3	87.09	6.81	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	775.9	89.08	5.76
Urgent Care/Emergency Room	986.2	88.95	7.31	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	815.5	90.50	6.15
Office/Home Visits	2,719.5	70.34	15.94	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	3,017.7	71.26	17.92
Preventive Care	209.7	62.95	1.10	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	230.5	63.51	1.22
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	6.9	139.13	0.08	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	6.1	137.70	0.07
Lab/Path/Rad	4,210.2	27.73	9.73	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	3,706.0	28.11	8.68
Office Adm. Drugs	168.5	84.75	1.19	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	148.3	85.77	1.06
Clinic	899.6	161.67	12.12	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	791.9	146.99	9.70
Psych/SUD	7.1	67.61	0.04	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	6.2	77.42	0.04
Physical Therapy	501.9	28.45	1.19	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	441.8	28.79	1.06
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	947.3	54.60	4.31	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	833.9	55.26	3.84
Subtotal	12,521.7	\$ 77.43	\$ 80.80							11,589.3	\$ 76.84	\$ 74.21
Total Medical	46,685.0	\$ 106.02	\$ 412.47							40,586.1	\$ 104.83	\$ 354.55
Category of Service - Iowa Plan for BH												
Inpatient Treatment	163.6	\$ 1,852.08	\$ 25.25	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	145.3	\$ 1,827.67	\$ 22.13
Outpatient Treatment	3,106.4	83.71	21.67	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	2,835.9	82.60	19.52
Intermediate Care	10.5	731.43	0.64	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	9.6	725.00	0.58
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	3,280.5	\$ 179.46	\$ 49.06							2,990.8	\$ 175.46	\$ 43.73
Short Term Institutional / HCBS	16.4	\$ 724.39	\$ 0.99	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	16.6	\$ 730.12	\$ 1.01

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 35-49 M

Member Months

6,747

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,716.1	\$ 778.42	\$ 111.32	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	1,524.3	\$ 757.25	\$ 96.19
Psychiatric/SUD	1.9	3,347.37	0.53	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	1.8	3,200.00	0.48
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	1,718.0	\$ 781.26	\$ 111.85							1,526.1	\$ 760.13	\$ 96.67
Outpatient Hospital												
Emergency Room	2,511.3	\$ 135.71	\$ 28.40	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	2,035.5	\$ 149.80	\$ 25.41
General	18,967.7	75.75	119.73	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	17,776.3	83.62	123.87
Subtotal	21,479.0	\$ 82.76	\$ 148.13							19,811.8	\$ 90.42	\$ 149.28
Ancillary												
Pharmacy	13,908.4	\$ 63.05	\$ 73.08	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	13,562.6	\$ 65.00	\$ 73.46
DME/Supplies/Prosthetics	422.3	150.32	5.29	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	390.7	156.64	5.10
Ambulance	328.4	55.54	1.52	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	303.9	63.57	1.61
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	28.9	112.11	0.27	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	26.7	116.85	0.26
Chiropractic Services	283.3	30.50	0.72	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	262.1	31.59	0.69
Podiatry	81.2	42.86	0.29	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	75.1	44.74	0.28
Vision	305.0	62.95	1.60	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	282.2	65.49	1.54
Other Ancillary	88.4	29.86	0.22	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	81.8	30.81	0.21
Subtotal	15,445.9	\$ 64.48	\$ 82.99							14,985.1	\$ 66.59	\$ 83.15
Professional												
Surgery	809.7	\$ 197.11	\$ 13.30	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	799.1	\$ 199.72	\$ 13.30
Anesthesia	125.9	277.36	2.91	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	124.3	280.93	2.91
Inpatient Visits	762.9	79.28	5.04	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	732.6	80.59	4.92
Urgent Care/Emergency Room	1,338.6	91.71	10.23	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	1,142.6	93.16	8.87
Office/Home Visits	3,015.5	66.06	16.60	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	3,314.0	66.92	18.48
Preventive Care	332.9	66.33	1.84	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	357.0	67.23	2.00
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.8	54.55	0.09	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	19.5	55.38	0.09
Lab/Path/Rad	4,886.7	26.96	10.98	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	4,692.5	27.31	10.68
Office Adm. Drugs	185.3	164.49	2.54	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	182.9	166.65	2.54
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.8	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1.8	-	-
Physical Therapy	800.7	33.12	2.21	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	790.2	33.56	2.21
Family Planning	1.8	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1.8	-	-
Other Professional	860.0	39.35	2.82	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	848.8	39.87	2.82
Subtotal	13,141.6	\$ 62.60	\$ 68.56							13,007.1	\$ 63.49	\$ 68.82
Total Medical	51,784.5	\$ 95.36	\$ 411.53							49,330.1	\$ 96.80	\$ 397.92

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Wellness Plan 50+ M&F**

Member Months

140,846

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	971.3	\$ 2,202.08	\$ 178.24	0.9869	0.9935	0.7750	1.0100	1.0000	0.9768	742.9	\$ 2,158.35	\$ 133.62
Psychiatric/SUD	18.4	834.78	1.28	0.9869	0.9935	0.8750	1.0025	1.0000	0.9768	15.9	815.09	1.08
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	989.7	\$ 2,176.66	\$ 179.52							758.8	\$ 2,130.21	\$ 134.70
Outpatient Hospital												
Emergency Room	1,106.2	\$ 123.02	\$ 11.34	1.0132	1.1084	0.7750	1.0050	1.0000	0.9934	868.6	\$ 136.08	\$ 9.85
General	21,754.5	89.51	162.27	1.0132	1.1084	0.8000	1.0100	1.0000	0.9934	17,633.0	99.55	146.28
Subtotal	22,860.7	\$ 91.13	\$ 173.61							18,501.6	\$ 101.26	\$ 156.13
Ancillary												
Pharmacy	23,450.0	\$ 39.55	\$ 77.28	1.0265	1.0399	0.8750	0.9800	1.0000	1.0116	21,061.8	\$ 40.77	\$ 71.55
DME/Supplies/Prosthetics	749.7	144.06	9.00	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	657.2	150.09	8.22
Ambulance	281.0	79.86	1.87	0.9740	1.0534	0.9000	1.0025	1.0000	1.0856	246.3	91.60	1.88
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	299.1	183.35	4.57	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	262.2	190.85	4.17
Chiropractic Services	1.0	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	0.9	-	-
Podiatry	0.7	-	-	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	0.6	-	-
Vision	251.4	75.89	1.59	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	220.4	78.95	1.45
Other Ancillary	632.9	31.66	1.67	0.9740	1.0534	0.9000	1.0025	1.0000	0.9869	554.8	33.09	1.53
Subtotal	25,665.8	\$ 44.88	\$ 95.98							23,004.2	\$ 46.32	\$ 88.80
Professional												
Surgery	1,203.6	\$ 280.86	\$ 28.17	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	1,059.5	\$ 284.51	\$ 25.12
Anesthesia	215.1	262.20	4.70	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	189.3	265.61	4.19
Inpatient Visits	1,261.5	85.90	9.03	1.0670	1.0265	0.7750	1.0100	1.0000	0.9869	1,043.1	87.89	7.64
Urgent Care/Emergency Room	754.3	94.50	5.94	1.0670	1.0265	0.7750	1.0050	1.0000	0.9869	623.7	96.20	5.00
Office/Home Visits	3,783.9	71.35	22.50	1.0670	1.0265	1.0400	1.0000	1.0000	0.9869	4,198.8	72.28	25.29
Preventive Care	340.2	67.72	1.92	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	373.9	68.68	2.14
Maternity - Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	21.4	72.90	0.13	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	18.8	76.60	0.12
Lab/Path/Rad	6,561.2	30.20	16.51	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	5,775.5	30.58	14.72
Office Adm. Drugs	409.1	173.94	5.93	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	360.1	176.28	5.29
Clinic	1,313.3	161.73	17.70	1.0670	1.0265	0.8250	1.0000	1.0000	0.8861	1,156.0	147.09	14.17
Psych/SUD	5.0	48.00	0.02	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	4.4	54.55	0.02
Physical Therapy	735.1	27.59	1.69	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	647.1	28.00	1.51
Family Planning	-	-	-	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,378.9	50.13	5.76	1.0670	1.0265	0.8250	1.0000	1.0000	0.9869	1,213.8	50.82	5.14
Subtotal	17,982.6	\$ 80.08	\$ 120.00							16,664.0	\$ 79.46	\$ 110.35
Total Medical	67,498.8	\$ 101.18	\$ 569.11							58,928.6	\$ 99.78	\$ 489.98
Category of Service - Iowa Plan for BH												
Inpatient Treatment	83.0	\$ 2,002.41	\$ 13.85	0.9869	1.0000	0.9000	1.0000	1.0000	0.9869	73.7	\$ 1,976.66	\$ 12.14
Outpatient Treatment	2,069.2	83.80	14.45	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	1,889.0	82.71	13.02
Intermediate Care	6.7	644.78	0.36	0.9869	1.0000	0.9250	1.0000	1.0000	0.9869	6.1	629.51	0.32
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	2,158.9	\$ 167.64	\$ 30.16							1,968.8	\$ 164.45	\$ 26.98
Short Term Institutional / HCBS	66.1	\$ 757.03	\$ 4.17	1.0132	1.0132	1.0000	1.0000	1.0000	0.9977	67.0	\$ 764.78	\$ 4.27

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Wellness Plan 50+ M&F

Member Months

9,176

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	881.3	\$ 2,132.99	\$ 156.65	0.9869	0.9935	0.9000	1.0025	1.0000	0.9768	782.8	\$ 2,075.01	\$ 135.36
Psychiatric/SUD	49.0	680.82	2.78	0.9869	0.9935	0.9500	1.0025	1.0000	0.9768	45.9	664.05	2.54
Maternity - Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Maternity Non-Delivery	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Well Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Other Newborn	-	-	-	0.9869	0.9935	0.9800	0.9900	1.0000	0.9768	-	-	-
Subtotal	930.3	\$ 2,056.50	\$ 159.43							828.7	\$ 1,996.86	\$ 137.90
Outpatient Hospital												
Emergency Room	1,534.6	\$ 147.95	\$ 18.92	1.0132	1.1084	0.8000	1.0025	1.0000	0.9934	1,243.9	\$ 163.33	\$ 16.93
General	25,088.4	87.37	182.67	1.0132	1.1084	0.9250	1.0025	1.0000	0.9934	23,512.6	96.45	188.99
Subtotal	26,623.0	\$ 90.86	\$ 201.59							24,756.5	\$ 99.81	\$ 205.92
Ancillary												
Pharmacy	21,432.9	\$ 41.21	\$ 73.60	1.0265	1.0399	0.9500	0.9800	1.0000	1.0116	20,900.1	\$ 42.48	\$ 73.98
DME/Supplies/Prosthetics	756.3	209.92	13.23	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	699.8	218.81	12.76
Ambulance	380.8	53.26	1.69	0.9740	1.0534	0.9500	1.0025	1.0000	1.0856	352.3	60.97	1.79
Non-Emergency Transportation	-	-	-	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	31.8	116.98	0.31	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	29.4	122.45	0.30
Chiropractic Services	614.3	31.84	1.63	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	568.4	33.15	1.57
Podiatry	163.2	66.91	0.91	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	151.0	69.93	0.88
Vision	399.4	68.50	2.28	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	369.6	71.43	2.20
Other Ancillary	70.3	32.43	0.19	0.9740	1.0534	0.9500	1.0025	1.0000	0.9869	65.0	33.23	0.18
Subtotal	23,849.0	\$ 47.22	\$ 93.84							23,135.6	\$ 48.58	\$ 93.66
Professional												
Surgery	1,198.6	\$ 217.65	\$ 21.74	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1,182.9	\$ 220.54	\$ 21.74
Anesthesia	203.7	249.19	4.23	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	201.0	252.54	4.23
Inpatient Visits	1,120.5	79.25	7.40	1.0670	1.0265	0.9000	1.0025	1.0000	0.9869	1,076.0	80.52	7.22
Urgent Care/Emergency Room	1,035.9	98.12	8.47	1.0670	1.0265	0.8000	1.0025	1.0000	0.9869	884.2	99.62	7.34
Office/Home Visits	4,569.5	70.43	26.82	1.0670	1.0265	1.0300	1.0000	1.0000	0.9869	5,021.8	71.35	29.86
Preventive Care	674.7	62.43	3.51	1.0670	1.0265	1.0050	1.0000	1.0000	0.9869	723.5	63.19	3.81
Maternity - Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	5.3	45.28	0.02	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	5.2	46.15	0.02
Lab/Path/Rad	9,377.1	26.78	20.93	1.0670	1.0265	0.9000	1.0000	1.0000	0.9869	9,004.5	27.13	20.36
Office Adm. Drugs	423.3	54.15	1.91	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	417.8	54.86	1.91
Clinic	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.8861	-	-	-
Psych/SUD	1.3	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1.3	-	-
Physical Therapy	1,452.6	30.90	3.74	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1,433.6	31.31	3.74
Family Planning	-	-	-	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,487.0	43.50	5.39	1.0670	1.0265	0.9250	1.0000	1.0000	0.9869	1,467.6	44.07	5.39
Subtotal	21,549.5	\$ 58.00	\$ 104.16							21,419.4	\$ 59.17	\$ 105.62
Total Medical	72,951.8	\$ 91.95	\$ 559.02							70,140.2	\$ 92.92	\$ 543.10

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

Region: Statewide
Rate Cell: ABD Non-Dual <21 M&F

Member Months

106,302

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	673.4	\$ 2,448.83	\$ 137.42	0.9436	1.0437	0.7500	1.0150	1.0000	0.8904	476.6	\$ 2,309.86	\$ 91.74
Psychiatric/SUD	6.1	944.26	0.48	0.9436	1.0437	0.8500	1.0050	1.0000	0.8904	4.9	881.63	0.36
Maternity - Delivery	15.1	1,692.72	2.13	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	14.2	1,580.28	1.87
Maternity Non-Delivery	2.5	864.00	0.18	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	2.4	800.00	0.16
Well Newborn	1.0	840.00	0.07	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	0.9	800.00	0.06
Other Newborn	171.8	2,619.32	37.50	0.9436	1.0437	1.0000	1.0000	1.0000	0.8904	162.1	2,434.05	32.88
Subtotal	869.9	\$ 2,452.42	\$ 177.78							661.1	\$ 2,306.52	\$ 127.07
Outpatient Hospital												
Emergency Room	1,208.7	\$ 102.26	\$ 10.30	1.0437	1.0437	0.7500	1.0050	1.0000	1.0010	946.2	\$ 107.42	\$ 8.47
General	14,319.4	72.93	87.03	1.0437	1.0437	0.7750	1.0100	1.0000	1.0010	11,582.9	76.95	74.28
Subtotal	15,528.1	\$ 75.22	\$ 97.33							12,529.1	\$ 79.26	\$ 82.75
Ancillary												
Pharmacy	16,554.7	\$ 120.96	\$ 166.87	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	15,106.8	\$ 136.01	\$ 171.22
DME/Supplies/Prosthetics	1,909.4	168.49	26.81	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,766.9	178.82	26.33
Ambulance	118.3	141.00	1.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	109.5	164.38	1.50
Non-Emergency Transportation	105.4	37.57	0.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	97.5	39.38	0.32
Home Health/Hospice	854.1	676.50	48.15	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	790.4	717.97	47.29
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	740.8	33.86	2.09	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	685.5	35.89	2.05
Other Ancillary	339.4	30.76	0.87	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	314.1	32.47	0.85
Subtotal	20,622.1	\$ 143.44	\$ 246.51							18,870.7	\$ 158.70	\$ 249.56
Professional												
Surgery	348.2	\$ 285.70	\$ 8.29	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	294.9	\$ 289.73	\$ 7.12
Anesthesia	135.5	319.70	3.61	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	114.8	324.04	3.10
Inpatient Visits	1,002.3	184.97	15.45	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	795.8	190.45	12.63
Urgent Care/Emergency Room	672.7	76.71	4.30	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	534.1	78.19	3.48
Office/Home Visits	2,326.6	80.10	15.53	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	2,561.4	81.24	17.34
Preventive Care	606.6	53.61	2.71	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	680.7	54.30	3.08
Maternity - Delivery	4.6	1,330.43	0.51	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.9	1,353.85	0.44
Maternity - Non-Delivery	21.8	126.61	0.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	18.5	129.73	0.20
Allergy/Immunotherapy	50.4	57.14	0.24	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	42.7	59.02	0.21
Lab/Path/Rad	2,642.2	23.66	5.21	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	2,307.5	24.03	4.62
Office Adm. Drugs	146.6	70.40	0.86	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	124.2	71.50	0.74
Clinic	531.2	159.94	7.08	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	449.9	145.63	5.46
Psych/SUD	31.0	363.87	0.94	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	26.3	369.58	0.81
Physical Therapy	200.5	53.87	0.90	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	169.8	54.42	0.77
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	757.3	64.18	4.05	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	641.3	65.12	3.48
Subtotal	9,477.5	\$ 88.52	\$ 69.91							8,765.8	\$ 86.90	\$ 63.48
Total Medical	46,497.6	\$ 152.66	\$ 591.53							40,826.7	\$ 153.68	\$ 522.86
Category of Service - Iowa Plan for BH												
Inpatient Treatment	137.9	\$ 2,341.70	\$ 26.91	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	129.5	\$ 2,342.55	\$ 25.28
Outpatient Treatment	10,165.4	119.17	100.95	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	10,079.5	119.17	100.10
Intermediate Care	18.5	525.41	0.81	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	18.3	524.59	0.80
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	10,321.8	\$ 151.33	\$ 130.17							10,227.3	\$ 149.81	\$ 127.68
Short Term Institutional / HCBS	59.4	\$ 680.81	\$ 3.37	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	59.8	\$ 694.31	\$ 3.46

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: ABD Non-Dual 21+ M&F

Member Months

246,727

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,666.4	\$ 1,987.23	\$ 275.96	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	1,179.3	\$ 2,074.89	\$ 203.91
Psychiatric/SUD	17.3	929.48	1.34	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	13.9	958.27	1.11
Maternity - Delivery	23.3	1,998.28	3.88	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	22.0	2,056.36	3.77
Maternity Non-Delivery	4.9	1,273.47	0.52	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	4.6	1,304.35	0.50
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Subtotal	1,711.9	\$ 1,974.65	\$ 281.70							1,219.8	\$ 2,058.93	\$ 209.29
Outpatient Hospital												
Emergency Room	2,473.0	\$ 101.22	\$ 20.86	1.0437	1.0437	0.7500	1.0050	1.0000	1.0007	1,935.9	\$ 106.25	\$ 17.14
General	30,738.7	78.17	200.24	1.0437	1.0437	0.7750	1.0100	1.0000	1.0007	24,864.3	82.47	170.87
Subtotal	33,211.7	\$ 79.89	\$ 221.10							26,800.2	\$ 84.18	\$ 188.01
Ancillary												
Pharmacy	49,806.1	\$ 71.87	\$ 298.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	45,449.9	\$ 80.81	\$ 306.07
DME/Supplies/Prosthetics	3,029.5	128.58	32.46	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2,803.5	136.46	31.88
Ambulance	519.3	71.87	3.11	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	480.6	83.90	3.36
Non-Emergency Transportation	5.0	24.00	0.01	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	4.6	26.09	0.01
Home Health/Hospice	1,906.3	166.06	26.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,764.1	176.25	25.91
Chiropractic Services	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	795.1	39.69	2.63	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	735.8	42.08	2.58
Other Ancillary	674.5	31.85	1.79	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	624.2	33.84	1.76
Subtotal	56,735.8	\$ 77.13	\$ 364.68							51,862.7	\$ 85.97	\$ 371.57
Professional												
Surgery	1,312.8	\$ 244.70	\$ 26.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,111.8	\$ 248.25	\$ 23.00
Anesthesia	207.2	276.25	4.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	175.5	280.34	4.10
Inpatient Visits	1,973.6	85.73	14.10	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	1,566.9	88.30	11.53
Urgent Care/Emergency Room	1,364.2	89.90	10.22	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	1,083.1	91.63	8.27
Office/Home Visits	4,420.4	67.68	24.93	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	4,866.5	68.65	27.84
Preventive Care	404.1	40.98	1.38	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	453.4	41.55	1.57
Maternity - Delivery	8.1	1,170.37	0.79	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	6.9	1,182.61	0.68
Maternity - Non-Delivery	28.8	141.67	0.34	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	24.4	142.62	0.29
Allergy/Immunotherapy	46.0	67.83	0.26	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	39.0	67.69	0.22
Lab/Path/Rad	8,954.5	27.46	20.49	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	7,820.3	27.85	18.15
Office Adm. Drugs	1,232.8	198.86	20.43	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,044.0	201.72	17.55
Clinic	1,169.9	160.42	15.64	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	990.8	146.06	12.06
Psych/SUD	14.9	1,763.76	2.19	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12.6	1,790.48	1.88
Physical Therapy	612.3	28.61	1.46	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	518.5	28.93	1.25
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,233.2	53.30	9.92	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,891.2	54.06	8.52
Subtotal	23,982.8	\$ 76.90	\$ 153.69							21,604.9	\$ 76.04	\$ 136.91
Total Medical	115,642.2	\$ 105.97	\$ 1,021.17							101,487.6	\$ 107.10	\$ 905.78
Category of Service - Iowa Plan for BH												
Inpatient Treatment	191.0	\$ 2,185.13	\$ 34.78	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	179.4	\$ 2,185.28	\$ 32.67
Outpatient Treatment	14,272.1	121.68	144.72	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	14,151.5	121.68	143.50
Intermediate Care	43.8	545.21	1.99	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	43.4	544.70	1.97
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	14,506.9	\$ 151.37	\$ 182.99							14,374.3	\$ 149.97	\$ 179.64
Short Term Institutional / HCBS	287.8	\$ 294.37	\$ 7.06	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	289.9	\$ 299.69	\$ 7.24

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Dual HCBS Waivers: PD; H&D

Member Months

17,055

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	2,062.4	\$ 264.86	\$ 45.52	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,931.2	\$ 261.72	\$ 42.12
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	2,062.4	\$ 264.86	\$ 45.52							1,931.2	\$ 261.72	\$ 42.12
Outpatient Hospital												
Emergency Room	2,079.3	\$ 34.05	\$ 5.90	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,785.8	\$ 35.35	\$ 5.26
General	48,023.0	21.95	87.86	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	47,689.4	22.81	90.65
Subtotal	50,102.3	\$ 22.46	\$ 93.76							49,475.2	\$ 23.26	\$ 95.91
Ancillary												
Pharmacy	3,542.4	\$ 20.77	\$ 6.13	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,365.3	\$ 20.86	\$ 5.85
DME/Supplies/Prosthetics	20,187.6	40.40	67.97	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	16,670.7	44.10	61.26
Ambulance	1,180.0	56.34	5.54	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	974.4	67.61	5.49
Non-Emergency Transportation	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	1,386.5	9.00	1.04	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,145.0	9.85	0.94
Podiatry	912.1	16.97	1.29	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	753.2	18.48	1.16
Vision	1,255.7	24.66	2.58	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,036.9	26.96	2.33
Other Ancillary	107.5	16.74	0.15	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	88.8	18.92	0.14
Subtotal	28,571.8	\$ 35.57	\$ 84.70							24,034.3	\$ 38.53	\$ 77.17
Professional												
Surgery	2,677.6	\$ 39.48	\$ 8.81	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,548.7	\$ 42.99	\$ 9.13
Anesthesia	382.2	43.96	1.40	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	363.8	47.83	1.45
Inpatient Visits	5,572.0	18.84	8.75	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	5,160.3	20.56	8.84
Urgent Care/Emergency Room	1,674.4	24.73	3.45	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	1,378.4	26.99	3.10
Office/Home Visits	9,791.1	20.00	16.32	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	10,377.5	21.77	18.83
Preventive Care	65.7	56.62	0.31	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	67.9	61.86	0.35
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	79.1	15.17	0.10	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	75.3	15.94	0.10
Lab/Path/Rad	6,113.9	8.69	4.43	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	5,662.2	9.47	4.47
Office Adm. Drugs	2,110.3	41.17	7.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,008.7	44.81	7.50
Clinic	12.7	28.35	0.03	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	12.1	29.75	0.03
Psych/SUD	1,259.7	21.34	2.24	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,199.0	23.22	2.32
Physical Therapy	1,338.8	9.41	1.05	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,274.3	10.26	1.09
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,852.4	15.11	4.85	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	3,666.9	16.46	5.03
Subtotal	34,929.9	\$ 20.26	\$ 58.98							33,795.1	\$ 22.10	\$ 62.24
Total Medical	115,666.4	\$ 29.36	\$ 282.96							109,235.8	\$ 30.48	\$ 277.44
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,718.7	111.02	62.16	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	6,672.0	117.52	65.34
Intermediate Care	-	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	6,718.7	\$ 113.70	\$ 63.66							6,672.0	\$ 120.22	\$ 66.84
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Dual HCBS Waivers: PD; H&D

Member Months

17,055

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	527.2	\$ 183.92	\$ 8.08	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	497.5	\$ 175.36	\$ 7.27
Home Health/Hospice	34,121.6	174.06	494.94	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	28,177.3	189.97	446.08
Attendant Care/Nursing/Home Aide	8,469.5	616.73	435.28	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	8,279.5	629.70	434.47
Supported community living	9,897.7	136.76	112.80	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	9,675.7	139.64	112.59
Adult day care	60.2	424.58	2.13	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	58.8	434.69	2.13
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	43.9	1,697.49	6.21	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	42.9	1,734.27	6.20
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	121.1	592.57	5.98	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	118.4	605.07	5.97
Waiver Transportation	180.7	142.11	2.14	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	176.6	145.41	2.14
Other HCBS waiver	439.9	705.71	25.87	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	430.0	720.56	25.82
Total Long Term Services and Supp	53,861.8	\$ 243.61	\$ 1,093.43	1.0024	1.0554	0.9051	1.0038	1.0000	0.9932	47,456.7	\$ 263.65	\$ 1,042.67

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide

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

Member Months

17,027

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,751.6	\$ 2,010.39	\$ 293.45	1.0586	1.0736	0.8750	1.0025	1.0000	0.9856	1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	0.9856	-	-	-
Subtotal	1,751.6	\$ 2,010.39	\$ 293.45							1,622.4	\$ 2,132.54	\$ 288.32
Outpatient Hospital												
Emergency Room	1,477.2	\$ 106.82	\$ 13.15	0.9436	1.0586	0.7750	1.0025	1.0000	1.0007	1,080.2	\$ 113.42	\$ 10.21
General	36,879.1	75.90	233.25	0.9436	1.0586	0.9000	1.0025	1.0000	1.0007	31,318.3	80.60	210.36
Subtotal	38,356.3	\$ 77.09	\$ 246.40							32,398.5	\$ 81.70	\$ 220.57
Ancillary												
Pharmacy	54,589.2	\$ 113.22	\$ 515.03	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	17,010.5	163.78	232.17	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	16,393.4	173.81	237.45
Ambulance	832.5	71.21	4.94	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	802.3	83.16	5.56
Non-Emergency Transportation	21.3	39.44	0.07	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	20.5	40.98	0.07
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	41.9	8.59	0.03	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	40.4	8.91	0.03
Podiatry	11.4	21.05	0.02	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	11.0	21.82	0.02
Vision	793.2	36.76	2.43	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	764.4	39.09	2.49
Other Ancillary	556.8	32.33	1.50	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	536.6	34.22	1.53
Subtotal	73,856.8	\$ 122.86	\$ 756.19							69,792.9	\$ 135.93	\$ 790.55
Professional												
Surgery	1,412.2	\$ 205.04	\$ 24.13	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,383.7	\$ 207.96	\$ 23.98
Anesthesia	263.2	322.80	7.08	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	257.9	327.57	7.04
Inpatient Visits	2,405.3	92.25	18.49	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	2,291.3	93.80	17.91
Urgent Care/Emergency Room	1,161.5	92.47	8.95	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	980.0	94.04	7.68
Office/Home Visits	5,104.9	79.81	33.95	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	5,780.0	80.95	38.99
Preventive Care	584.1	52.80	2.57	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	645.4	53.55	2.88
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	45.8	123.14	0.47	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	44.9	125.61	0.47
Lab/Path/Rad	8,136.7	22.79	15.45	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	7,751.1	23.11	14.93
Office Adm. Drugs	2,258.2	265.11	49.89	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,212.6	268.95	49.59
Clinic	813.2	156.86	10.63	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	796.8	142.92	9.49
Psych/SUD	71.2	30.34	0.18	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	69.8	30.95	0.18
Physical Therapy	1,574.5	44.81	5.88	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1,542.7	45.43	5.84
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,403.9	83.23	23.61	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	3,335.2	84.44	23.47
Subtotal	27,234.7	\$ 88.69	\$ 201.28							27,091.4	\$ 89.67	\$ 202.45
Total Medical	141,199.4	\$ 127.25	\$ 1,497.32							130,905.2	\$ 137.68	\$ 1,501.89
Category of Service - Iowa Plan for BH												
Inpatient Treatment	47.2	\$ 1,723.73	\$ 6.78	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	6,004.8	117.31	58.70	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	6,052.7	\$ 132.93	\$ 67.05							6,009.4	\$ 128.92	\$ 64.56
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide

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

Member Months

17,027

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	450.1	\$ 291.94	\$ 10.95	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	463.2	\$ 299.48	\$ 11.56
Home Health/Hospice	17,359.1	533.49	771.74	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	16,729.3	566.15	789.28
Attendant Care/Nursing/Home Aide	4,003.3	645.22	215.25	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	3,969.5	658.78	217.92
Supported community living	2,316.5	111.74	21.57	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	2,296.9	114.10	21.84
Adult day care	8.5	211.76	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	8.4	214.29	0.15
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	24.1	2,982.57	5.99	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	23.9	3,042.68	6.06
Family and community support	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	4,699.0	659.12	258.10	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	4,659.3	672.98	261.30
Waiver Transportation	143.8	141.03	1.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	142.6	143.90	1.71
Other HCBS waiver	2,039.6	1,150.87	195.61	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	2,022.4	1,175.08	198.04
Total Long Term Services and Supp	31,044.0	\$ 572.50	\$ 1,481.05	1.0284	1.0443	0.9504	1.0037	1.0000	0.9941	30,315.5	\$ 596.87	\$ 1,507.86

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Elderly HCBS Waiver

Member Months

105,822

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,619.4	\$ 320.04	\$ 43.19	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	1,516.4	\$ 316.22	\$ 39.96
Psychiatric/SUD	-	-	-	0.9857	0.9857	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9857	0.9857	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,619.4	\$ 320.04	\$ 43.19							1,516.4	\$ 316.22	\$ 39.96
Outpatient Hospital												
Emergency Room	1,184.0	\$ 43.07	\$ 4.25	1.0736	1.0364	0.8000	1.0025	1.0000	1.0000	1,016.9	\$ 44.72	\$ 3.79
General	31,628.6	25.34	66.78	1.0736	1.0364	0.9250	1.0025	1.0000	1.0000	31,408.9	26.32	68.90
Subtotal	32,812.6	\$ 25.98	\$ 71.03							32,425.8	\$ 26.90	\$ 72.69
Ancillary												
Pharmacy	3,627.9	\$ 15.05	\$ 4.55	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	3,446.5	\$ 15.11	\$ 4.34
DME/Supplies/Prosthetics	11,838.1	39.27	38.74	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	9,775.8	42.87	34.92
Ambulance	991.7	59.90	4.95	0.9715	1.0887	0.8500	1.0025	1.0000	1.1000	818.9	71.95	4.91
Non-Emergency Transportation	4.0	210.00	0.07	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	3.3	218.18	0.06
Home Health/Hospice	-	-	-	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	674.0	9.79	0.55	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	556.6	10.78	0.50
Podiatry	1,123.2	16.77	1.57	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	927.5	18.37	1.42
Vision	1,353.6	23.49	2.65	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	1,117.8	25.66	2.39
Other Ancillary	134.2	19.67	0.22	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	110.8	21.66	0.20
Subtotal	19,746.7	\$ 32.39	\$ 53.30							16,757.2	\$ 34.90	\$ 48.74
Professional												
Surgery	1,958.4	\$ 43.26	\$ 7.06	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,864.1	\$ 47.12	\$ 7.32
Anesthesia	229.2	43.46	0.83	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	218.2	47.30	0.86
Inpatient Visits	3,848.9	19.39	6.22	1.0290	1.0887	0.9000	1.0025	1.0000	1.0000	3,564.5	21.18	6.29
Urgent Care/Emergency Room	1,034.5	26.10	2.25	1.0290	1.0887	0.8000	1.0025	1.0000	1.0000	851.6	28.46	2.02
Office/Home Visits	7,447.0	21.58	13.39	1.0290	1.0887	1.0300	1.0000	1.0000	1.0000	7,893.0	23.49	15.45
Preventive Care	38.8	40.21	0.13	1.0290	1.0887	1.0050	1.0000	1.0000	1.0000	40.1	44.89	0.15
Maternity - Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	10.8	22.22	0.02	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	10.3	23.30	0.02
Lab/Path/Rad	4,728.0	10.00	3.94	1.0290	1.0887	0.9000	1.0000	1.0000	1.0000	4,378.7	10.88	3.97
Office Adm. Drugs	1,730.7	52.49	7.57	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	1,647.4	57.11	7.84
Clinic	55.7	68.94	0.32	1.0290	1.0887	0.9250	1.0000	1.0000	0.8979	53.0	67.92	0.30
Psych/SUD	231.6	21.24	0.41	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	220.4	22.87	0.42
Physical Therapy	619.7	10.26	0.53	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	589.9	11.19	0.55
Family Planning	-	-	-	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,127.5	14.08	3.67	1.0290	1.0887	0.9250	1.0000	1.0000	1.0000	2,976.9	15.32	3.80
Subtotal	25,060.8	\$ 22.19	\$ 46.34							24,308.1	\$ 24.18	\$ 48.99
Total Medical	79,239.5	\$ 32.39	\$ 213.86							75,007.5	\$ 33.66	\$ 210.38
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	1.0736	1.0586	0.9000	1.0000	1.0000	1.0000	0.3	\$ 3,600.00	\$ 0.09
Outpatient Treatment	1,477.0	148.27	18.25	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	1,466.7	156.92	19.18
Intermediate Care	0.1	-	-	1.0736	1.0586	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,477.4	\$ 161.15	\$ 19.84							1,467.1	\$ 169.89	\$ 20.77
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Elderly HCBS Waiver

Member Months

105,822

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	1,269.5	\$ 163.34	\$ 17.28	0.9436	0.9436	1.0000	1.0000	1.0000	1.0109	1,197.9	\$ 155.77	\$ 15.55
Home Health/Hospice	26,796.5	139.37	311.23	0.9715	1.0887	0.8500	1.0025	1.0000	1.0000	22,128.3	152.12	280.51
Attendant Care/Nursing/Home Aide	7,021.2	547.44	320.31	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	6,863.7	558.96	319.71
Supported community living	24,454.5	145.51	296.53	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	23,906.0	148.57	295.98
Adult day care	178.3	494.67	7.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	174.3	505.34	7.34
Day Habilitation	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	88.0	102.27	0.75	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	86.0	104.65	0.75
Family and community support	0.2	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	0.2	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	88.0	394.09	2.89	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	86.0	401.86	2.88
Waiver Transportation	1,196.8	118.82	11.85	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,170.0	121.33	11.83
Other HCBS waiver	286.9	690.55	16.51	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	280.5	705.03	16.48
Total Long Term Services and Supp	61,379.9	\$ 192.51	\$ 984.70	1.0093	1.0464	0.9193	1.0041	1.0000	0.9917	55,892.9	\$ 204.18	\$ 951.03

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Intellectual Disability HCBS Waiver**

Member Months

140,989

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	474.8	\$ 957.62	\$ 37.89	1.0736	0.9575	0.9000	1.0025	1.0000	0.9856	458.8	\$ 905.75	\$ 34.63
Psychiatric/SUD	1.0	3,120.00	0.26	1.0736	0.9575	0.9500	1.0025	1.0000	0.9856	1.0	3,000.00	0.25
Maternity - Delivery	1.4	2,142.86	0.25	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	0.9856	-	-	-
Subtotal	477.2	\$ 965.63	\$ 38.40							461.3	\$ 913.85	\$ 35.13
Outpatient Hospital												
Emergency Room	739.7	\$ 70.08	\$ 4.32	1.0144	0.9162	0.8000	1.0025	1.0000	1.0007	600.3	\$ 64.37	\$ 3.22
General	15,518.4	54.21	70.10	1.0144	0.9162	0.9250	1.0025	1.0000	1.0007	14,561.8	49.82	60.46
Subtotal	16,258.1	\$ 54.93	\$ 74.42							15,162.1	\$ 50.40	\$ 63.68
Ancillary												
Pharmacy	19,000.7	\$ 74.44	\$ 117.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	18,311.4	\$ 76.39	\$ 116.57
DME/Supplies/Prosthetics	5,225.1	99.63	43.38	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	4,822.5	107.22	43.09
Ambulance	224.2	61.02	1.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	206.9	72.50	1.25
Non-Emergency Transportation	222.5	201.71	3.74	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	205.4	217.33	3.72
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	487.8	9.84	0.40	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	450.2	10.66	0.40
Podiatry	758.9	16.60	1.05	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	700.4	17.82	1.04
Vision	1,205.8	31.25	3.14	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,112.9	33.64	3.12
Other Ancillary	328.5	29.22	0.80	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	303.2	31.27	0.79
Subtotal	27,453.5	\$ 74.97	\$ 171.51							26,112.9	\$ 78.11	\$ 169.98
Professional												
Surgery	898.2	\$ 75.35	\$ 5.64	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	904.5	\$ 76.42	\$ 5.76
Anesthesia	165.7	142.67	1.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	166.9	144.52	2.01
Inpatient Visits	898.3	38.21	2.86	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	880.2	38.85	2.85
Urgent Care/Emergency Room	504.3	49.73	2.09	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	439.2	50.55	1.85
Office/Home Visits	4,508.2	41.13	15.45	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	5,055.3	41.73	17.58
Preventive Care	438.1	68.48	2.50	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	479.3	69.35	2.77
Maternity - Delivery	0.9	800.00	0.06	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3.4	141.18	0.04
Allergy/Immunotherapy	88.9	32.40	0.24	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	89.5	33.52	0.25
Lab/Path/Rad	2,620.2	15.57	3.40	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	2,567.3	15.80	3.38
Office Adm. Drugs	568.2	64.20	3.04	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	572.2	65.22	3.11
Clinic	324.8	155.91	4.22	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	327.1	141.97	3.87
Psych/SUD	1,231.9	1,006.64	103.34	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,240.6	1,021.15	105.57
Physical Therapy	562.4	23.04	1.08	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	566.4	23.31	1.10
Family Planning	0.2	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	0.2	-	-
Other Professional	1,207.8	59.31	5.97	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,216.3	60.18	6.10
Subtotal	14,021.5	\$ 130.00	\$ 151.90							14,509.3	\$ 129.27	\$ 156.30
Total Medical	58,210.3	\$ 89.93	\$ 436.23							56,245.6	\$ 90.69	\$ 425.09
Category of Service - Iowa Plan for BH												
Inpatient Treatment	58.4	\$ 2,340.41	\$ 11.39	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	54.9	\$ 2,441.53	\$ 11.17
Outpatient Treatment	6,656.6	95.38	52.91	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,426.6	99.56	53.32
Intermediate Care	2.0	840.00	0.14	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	6,717.0	\$ 117.80	\$ 65.94							6,483.4	\$ 122.40	\$ 66.13
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Intellectual Disability HCBS Waiver

Member Months

140,989

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	165.5	\$ 318.31	\$ 4.39	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	160.8	\$ 312.69	\$ 4.19
Home Health/Hospice	5,049.2	342.47	144.10	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	4,660.1	368.59	143.14
Attendant Care/Nursing/Home Aide	739.2	1,029.87	63.44	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	722.6	1,051.54	63.32
Supported community living	9,993.1	2,611.68	2,174.90	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	9,768.9	2,666.65	2,170.85
Adult day care	283.5	808.89	19.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	277.1	825.84	19.07
Day Habilitation	7,394.7	611.50	376.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	7,228.8	624.37	376.12
Env/home and vehicle mod	2.4	1,750.00	0.35	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2.3	1,826.09	0.35
Family and community support	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	2,323.7	308.40	59.72	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,271.6	314.90	59.61
Waiver Transportation	4,030.4	263.41	88.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	3,940.0	268.96	88.31
Other HCBS waiver	1,571.8	1,438.89	188.47	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,536.5	1,469.21	188.12
Total Long Term Services and Supp	31,553.5	\$ 1,186.47	\$ 3,119.77	1.0263	1.0310	0.9501	1.0049	1.0000	0.9879	30,568.7	\$ 1,222.07	\$ 3,113.08

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Brain Injury HCBS Waiver

Member Months

14,011

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,265.3	\$ 1,115.88	\$ 117.66	1.0736	0.9575	0.9000	1.0025	1.0000	1.0000	1,222.6	\$ 1,071.03	\$ 109.12
Psychiatric/SUD	5.2	1,200.00	0.52	1.0736	0.9575	0.9500	1.0025	1.0000	1.0000	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0736	0.9575	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,270.5	\$ 1,116.22	\$ 118.18							1,227.9	\$ 1,071.39	\$ 109.63
Outpatient Hospital												
Emergency Room	1,116.6	\$ 69.00	\$ 6.42	1.0144	0.9162	0.8000	1.0025	1.0000	1.0000	906.2	\$ 63.43	\$ 4.79
General	29,718.9	53.71	133.01	1.0144	0.9162	0.9250	1.0025	1.0000	1.0000	27,887.0	49.33	114.63
Subtotal	30,835.5	\$ 54.26	\$ 139.43							28,793.2	\$ 49.77	\$ 119.42
Ancillary												
Pharmacy	21,669.9	\$ 76.90	\$ 138.86	1.0144	1.0217	0.9500	0.9800	1.0000	1.0250	20,883.7	\$ 78.92	\$ 137.34
DME/Supplies/Prosthetics	10,106.3	122.56	103.22	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	9,327.5	131.91	102.53
Ambulance	537.4	56.05	2.51	0.9715	1.0736	0.9500	1.0025	1.0000	1.1000	496.0	66.29	2.74
Non-Emergency Transportation	101.1	199.41	1.68	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	93.3	214.79	1.67
Home Health/Hospice	-	-	-	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	862.8	8.48	0.61	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	796.3	9.19	0.61
Podiatry	471.6	18.32	0.72	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	435.3	19.85	0.72
Vision	1,154.8	30.14	2.90	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	1,065.8	32.43	2.88
Other Ancillary	500.8	28.75	1.20	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	462.2	30.90	1.19
Subtotal	35,404.7	\$ 85.31	\$ 251.70							33,560.1	\$ 89.28	\$ 249.68
Professional												
Surgery	1,381.8	\$ 106.21	\$ 12.23	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,391.5	\$ 107.71	\$ 12.49
Anesthesia	235.4	182.50	3.58	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	237.1	185.24	3.66
Inpatient Visits	1,863.3	39.99	6.21	1.0887	1.0144	0.9000	1.0025	1.0000	1.0000	1,825.7	40.69	6.19
Urgent Care/Emergency Room	898.9	53.80	4.03	1.0887	1.0144	0.8000	1.0025	1.0000	1.0000	782.9	54.72	3.57
Office/Home Visits	6,095.8	44.65	22.68	1.0887	1.0144	1.0300	1.0000	1.0000	1.0000	6,835.6	45.29	25.80
Preventive Care	348.9	59.50	1.73	1.0887	1.0144	1.0050	1.0000	1.0000	1.0000	381.7	60.36	1.92
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	127.9	24.39	0.26	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	128.8	25.16	0.27
Lab/Path/Rad	4,469.3	18.31	6.82	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	4,379.1	18.58	6.78
Office Adm. Drugs	750.3	213.99	13.38	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	755.6	217.10	13.67
Clinic	244.4	161.05	3.28	1.0887	1.0144	0.9250	1.0000	1.0000	0.8979	246.1	146.77	3.01
Psych/SUD	1,462.4	1,000.52	121.93	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	1,472.7	1,014.95	124.56
Physical Therapy	3,130.9	30.32	7.91	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	3,153.0	30.75	8.08
Family Planning	-	-	-	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,034.7	49.95	8.47	1.0887	1.0144	0.9250	1.0000	1.0000	1.0000	2,049.0	50.66	8.65
Subtotal	23,044.0	\$ 110.66	\$ 212.51							23,638.8	\$ 111.00	\$ 218.65
Total Medical	90,554.7	\$ 95.65	\$ 721.82							87,220.0	\$ 95.95	\$ 697.38
Category of Service - Iowa Plan for BH												
Inpatient Treatment	34.5	\$ 2,765.22	\$ 7.95	1.0437	1.0437	0.9000	1.0000	1.0000	1.0000	32.4	\$ 2,885.19	\$ 7.79
Outpatient Treatment	6,875.2	118.50	67.89	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	6,637.7	123.68	68.41
Intermediate Care	4.3	502.33	0.18	1.0437	1.0437	0.9250	1.0000	1.0000	1.0000	4.2	514.29	0.18
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	6,914.0	\$ 134.54	\$ 77.52							6,674.3	\$ 140.02	\$ 77.88
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Brain Injury HCBS Waiver

Member Months

14,011

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	305.7	\$ 415.70	\$ 10.59	0.9715	0.9715	1.0000	1.0000	1.0000	1.0109	297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	13,627.5	355.43	403.63	0.9715	1.0736	0.9500	1.0025	1.0000	1.0000	12,577.4	382.52	400.93
Attendant Care/Nursing/Home Aide	3,144.9	892.19	233.82	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	3,074.4	910.93	233.38
Supported community living	7,369.5	1,922.17	1,180.45	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	7,204.2	1,962.61	1,178.25
Adult day care	646.5	648.35	34.93	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	632.0	661.90	34.86
Day Habilitation	476.1	486.45	19.30	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	465.4	496.61	19.26
Env/home and vehicle mod	33.6	2,182.14	6.11	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	32.8	2,231.71	6.10
Family and community support	157.5	263.62	3.46	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	154.0	268.83	3.45
In-home family therapy	-	-	-	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Respite	2,598.3	699.60	151.48	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,540.0	714.33	151.20
Waiver Transportation	1,644.4	248.99	34.12	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	1,607.5	254.26	34.06
Other HCBS waiver	2,748.9	1,311.27	300.38	1.0290	1.0290	0.9500	1.0050	1.0000	0.9873	2,687.2	1,338.88	299.82
Total Long Term Services and Supp	32,752.9	\$ 871.35	\$ 2,378.27	1.0190	1.0363	0.9502	1.0046	1.0000	0.9896	31,271.9	\$ 909.98	\$ 2,371.41

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Custodial Care Nursing Facility <65**

Member Months

20,745

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	2,502.2	\$ 940.88	\$ 196.19	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	2,172.0	\$ 877.18	\$ 158.77
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Subtotal	2,502.2	\$ 940.88	\$ 196.19							2,172.0	\$ 877.18	\$ 158.77
Outpatient Hospital												
Emergency Room	1,113.9	\$ 73.26	\$ 6.80	1.0290	0.9715	0.8000	1.0025	1.0000	1.0007	917.0	\$ 71.45	\$ 5.46
General	61,482.8	26.94	138.05	1.0290	0.9715	0.9250	1.0025	1.0000	1.0007	58,522.0	26.26	128.07
Subtotal	62,596.7	\$ 27.77	\$ 144.85							59,439.0	\$ 26.96	\$ 133.53
Ancillary												
Pharmacy	51,000.1	\$ 45.79	\$ 194.62	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	49,149.8	\$ 51.49	\$ 210.89
DME/Supplies/Prosthetics	7,354.5	98.93	60.63	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	7,396.1	103.51	63.80
Ambulance	2,131.9	55.16	9.80	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,144.0	63.47	11.34
Non-Emergency Transportation	2.9	124.14	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	2.9	124.14	0.03
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	172.0	8.37	0.12	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	173.0	9.02	0.13
Podiatry	1,611.2	12.88	1.73	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,620.3	13.48	1.82
Vision	1,265.4	29.97	3.16	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,272.6	31.40	3.33
Other Ancillary	90.7	22.49	0.17	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	91.2	23.68	0.18
Subtotal	63,628.7	\$ 50.97	\$ 270.26							61,849.9	\$ 56.56	\$ 291.52
Professional												
Surgery	2,543.3	\$ 81.63	\$ 17.30	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,386.5	\$ 83.97	\$ 16.70
Anesthesia	324.2	119.19	3.22	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	304.2	122.68	3.11
Inpatient Visits	9,741.4	34.44	27.96	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	8,893.9	35.53	26.33
Urgent Care/Emergency Room	972.6	53.79	4.36	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	789.3	55.49	3.65
Office/Home Visits	4,032.1	34.67	11.65	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,213.0	35.69	12.53
Preventive Care	52.1	39.16	0.17	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	53.1	40.68	0.18
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.7	25.53	0.01	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	4.4	27.27	0.01
Lab/Path/Rad	7,132.6	16.64	9.89	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,512.1	17.12	9.29
Office Adm. Drugs	1,274.6	93.58	9.94	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,196.0	96.32	9.60
Clinic	551.3	146.27	6.72	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	517.3	135.24	5.83
Psych/SUD	2,423.9	42.63	8.61	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,274.5	43.84	8.31
Physical Therapy	114.1	30.50	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	107.1	31.37	0.28
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,534.1	37.76	11.12	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,316.3	38.86	10.74
Subtotal	32,701.0	\$ 40.82	\$ 111.24							30,567.7	\$ 41.83	\$ 106.56
Total Medical	161,428.6	\$ 53.71	\$ 722.54							154,028.6	\$ 53.79	\$ 690.38
Category of Service - Iowa Plan for BH												
Inpatient Treatment	36.9	\$ 1,320.33	\$ 4.06	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	33.4	\$ 1,246.71	\$ 3.47
Outpatient Treatment	1,459.2	98.19	11.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	1,359.5	92.68	10.50
Intermediate Care	0.6	400.00	0.02	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,496.7	\$ 140.47	\$ 17.52							1,393.5	\$ 133.39	\$ 15.49
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Custodial Care Nursing Facility <65

Member Months

20,745

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	345,149.3	\$ 174.35	\$ 5,014.79	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	350,134.1	\$ 184.46	\$ 5,382.16
Home Health/Hospice	1,686.7	146.63	20.61	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,696.2	153.45	21.69
Attendant Care/Nursing/Home Aide	10.4	496.15	0.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	10.4	496.15	0.43
Supported community living	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	0.6	600.00	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.6	600.00	0.03
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	2.3	521.74	0.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.3	521.74	0.10
Total Long Term Services and Supp	346,849.3	\$ 174.23	\$ 5,035.96	1.0146	1.0002	0.9998	1.0000	1.0000	1.0577	351,843.6	\$ 184.32	\$ 5,404.41

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Children's Mental Health HCBS Waiver

Member Months

9,391

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	24.5	\$ 3,854.69	\$ 7.87	1.0586	1.0736	0.8750	1.0025	1.0000	1.0000	22.7	\$ 4,149.78	\$ 7.85
Psychiatric/SUD	-	-	-	1.0586	1.0736	0.9250	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0586	1.0736	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	24.5	\$ 3,854.69	\$ 7.87							22.7	\$ 4,149.78	\$ 7.85
Outpatient Hospital												
Emergency Room	631.6	\$ 108.49	\$ 5.71	0.9436	1.0586	0.7750	1.0025	1.0000	1.0000	461.9	\$ 115.09	\$ 4.43
General	6,756.3	63.80	35.92	0.9436	1.0586	0.9000	1.0025	1.0000	1.0000	5,737.5	67.70	32.37
Subtotal	7,387.9	\$ 67.62	\$ 41.63							6,199.4	\$ 71.23	\$ 36.80
Ancillary												
Pharmacy	38,190.0	\$ 80.30	\$ 255.56	1.0144	1.1194	0.9250	0.9800	1.0000	1.0250	35,835.9	\$ 90.29	\$ 269.64
DME/Supplies/Prosthetics	659.5	90.61	4.98	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	635.6	96.10	5.09
Ambulance	43.8	84.93	0.31	1.0144	1.0586	0.9500	1.0025	1.0000	1.1000	42.2	99.53	0.35
Non-Emergency Transportation	229.6	25.61	0.49	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	221.3	27.11	0.50
Home Health/Hospice	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	1,151.9	34.27	3.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	1,110.1	36.32	3.36
Other Ancillary	507.8	31.90	1.35	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	489.4	33.84	1.38
Subtotal	40,782.6	\$ 78.26	\$ 265.98							38,334.5	\$ 87.75	\$ 280.32
Professional												
Surgery	161.5	\$ 237.77	\$ 3.20	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	158.2	\$ 241.21	\$ 3.18
Anesthesia	39.8	331.66	1.10	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	39.0	335.38	1.09
Inpatient Visits	55.8	116.13	0.54	1.0887	1.0144	0.8750	1.0025	1.0000	1.0000	53.2	117.29	0.52
Urgent Care/Emergency Room	345.5	78.49	2.26	1.0887	1.0144	0.7750	1.0025	1.0000	1.0000	291.5	79.86	1.94
Office/Home Visits	2,088.6	93.77	16.32	1.0887	1.0144	1.0400	1.0000	1.0000	1.0000	2,364.8	95.15	18.75
Preventive Care	574.7	54.29	2.60	1.0887	1.0144	1.0150	1.0000	1.0000	1.0000	635.1	54.98	2.91
Maternity - Delivery	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	1.1	-	-
Allergy/Immunotherapy	190.9	74.80	1.19	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	187.0	75.72	1.18
Lab/Path/Rad	2,515.9	19.70	4.13	1.0887	1.0144	0.8750	1.0000	1.0000	1.0000	2,396.7	19.98	3.99
Office Adm. Drugs	56.5	55.22	0.26	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	55.4	56.32	0.26
Clinic	632.8	160.62	8.47	1.0887	1.0144	0.9000	1.0000	1.0000	0.8979	620.0	146.32	7.56
Psych/SUD	90.7	136.27	1.03	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	88.9	137.68	1.02
Physical Therapy	604.4	43.08	2.17	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	592.2	43.77	2.16
Family Planning	-	-	-	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	288.9	98.86	2.38	1.0887	1.0144	0.9000	1.0000	1.0000	1.0000	283.1	100.46	2.37
Subtotal	7,647.1	\$ 71.63	\$ 45.65							7,766.2	\$ 72.51	\$ 46.93
Total Medical	55,842.1	\$ 77.60	\$ 361.13							52,322.8	\$ 85.29	\$ 371.90
Category of Service - Iowa Plan for BH												
Inpatient Treatment	232.3	\$ 1,634.44	\$ 31.64	1.0736	0.9715	0.9000	1.0000	1.0000	1.0000	224.5	\$ 1,587.53	\$ 29.70
Outpatient Treatment	58,555.3	104.32	509.05	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	58,148.6	101.35	491.12
Intermediate Care	-	-	-	1.0736	0.9715	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	58,787.6	\$ 110.67	\$ 542.19							58,373.1	\$ 107.38	\$ 522.32
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Children's Mental Health HCBS Waiver

Member Months

9,391

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	23.4	\$ 266.67	\$ 0.52	1.0290	1.0144	1.0000	1.0000	1.0000	1.0109	24.1	\$ 273.86	\$ 0.55
Home Health/Hospice	164.9	166.65	2.29	1.0144	1.0586	0.9500	1.0025	1.0000	1.0000	158.9	176.71	2.34
Attendant Care/Nursing/Home Aide	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Supported community living	1.3	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	1.3	-	-
Adult day care	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Day Habilitation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	1.3	1,384.62	0.15
Family and community support	5,157.1	247.65	106.43	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	5,113.5	252.86	107.75
In-home family therapy	3,930.4	341.00	111.69	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	3,897.2	348.19	113.08
Respite	9,390.7	842.35	659.19	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	9,311.3	860.08	667.37
Waiver Transportation	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Other HCBS waiver	-	-	-	1.0437	1.0290	0.9500	1.0050	1.0000	0.9873	-	-	-
Total Long Term Services and Supp	18,669.1	\$ 565.81	\$ 880.27	1.0436	1.0291	0.9500	1.0050	1.0000	0.9874	18,507.6	\$ 577.86	\$ 891.24

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Custodial Care Nursing Facility 65+

Member Months

122,793

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	955.1	\$ 282.44	\$ 22.48	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	881.5	\$ 259.47	\$ 19.06
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	955.1	\$ 282.44	\$ 22.48							881.5	\$ 259.47	\$ 19.06
Outpatient Hospital												
Emergency Room	497.3	\$ 47.54	\$ 1.97	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	433.1	\$ 43.78	\$ 1.58
General	24,834.3	17.00	35.18	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	25,009.3	15.61	32.54
Subtotal	25,331.6	\$ 17.60	\$ 37.15							25,442.4	\$ 16.09	\$ 34.12
Ancillary												
Pharmacy	15,391.2	\$ 10.67	\$ 13.68	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	14,621.6	\$ 10.71	\$ 13.05
DME/Supplies/Prosthetics	3,353.4	77.22	21.58	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	2,891.6	83.12	20.03
Ambulance	776.0	51.03	3.30	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	669.1	60.44	3.37
Non-Emergency Transportation	1.5	160.00	0.02	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1.3	184.62	0.02
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	93.9	8.95	0.07	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	81.0	8.89	0.06
Podiatry	1,486.6	13.48	1.67	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,281.9	14.51	1.55
Vision	753.7	23.88	1.50	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	649.9	25.67	1.39
Other Ancillary	75.1	23.97	0.15	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	64.8	25.93	0.14
Subtotal	21,931.4	\$ 22.96	\$ 41.97							20,261.2	\$ 23.46	\$ 39.61
Professional												
Surgery	911.7	\$ 32.91	\$ 2.50	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	867.8	\$ 33.88	\$ 2.45
Anesthesia	83.3	40.34	0.28	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	79.3	40.86	0.27
Inpatient Visits	5,052.1	20.09	8.46	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	4,678.8	20.72	8.08
Urgent Care/Emergency Room	373.0	26.70	0.83	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	307.1	27.35	0.70
Office/Home Visits	1,592.1	22.16	2.94	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	1,687.5	22.83	3.21
Preventive Care	3.2	37.50	0.01	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	3.3	36.36	0.01
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	29.27	0.01	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	3.9	30.77	0.01
Lab/Path/Rad	2,556.5	8.21	1.75	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,367.6	8.46	1.67
Office Adm. Drugs	293.6	65.80	1.61	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	279.5	67.84	1.58
Clinic	10.2	47.06	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	9.7	49.48	0.04
Psych/SUD	1,004.5	19.83	1.66	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	956.1	20.46	1.63
Physical Therapy	17.6	13.64	0.02	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	16.8	14.29	0.02
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,799.0	12.07	1.81	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	1,712.4	12.40	1.77
Subtotal	13,700.9	\$ 19.20	\$ 21.92							12,969.8	\$ 19.84	\$ 21.44
Total Medical	61,919.0	\$ 23.94	\$ 123.52							59,554.9	\$ 23.02	\$ 114.23
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.1	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	0.1	\$ 0.00	\$ 0.00
Outpatient Treatment	49.4	102.02	0.42	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	47.0	107.23	0.42
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	49.5	\$ 465.45	\$ 1.92							47.1	\$ 489.17	\$ 1.92
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Custodial Care Nursing Facility 65+

Member Months

122,793

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	345,149.2	\$ 165.60	\$ 4,762.94	1.0144	1.0000	1.0000	1.0000	1.0000	1.0580	350,134.0	\$ 175.20	\$ 5,111.86
Home Health/Hospice	1,380.5	203.49	23.41	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,190.4	219.05	21.73
Attendant Care/Nursing/Home Aide	2.2	436.36	0.08	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.1	457.14	0.08
Supported community living	2.9	496.55	0.12	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	2.8	471.43	0.11
Adult day care	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	0.2	1,200.00	0.02	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	0.2	1,200.00	0.02
Total Long Term Services and Supp	346,535.0	\$ 165.75	\$ 4,786.57	1.0144	1.0004	0.9993	1.0000	1.0000	1.0577	351,329.5	\$ 175.35	\$ 5,133.80

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Non-Dual Skilled Nursing Facility

Member Months

947

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	4,704.2	\$ 2,320.46	\$ 909.66	0.9645	0.9436	0.9000	1.0025	1.0000	0.9856	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Subtotal	4,704.2	\$ 2,320.46	\$ 909.66							4,083.4	\$ 2,163.34	\$ 736.15
Outpatient Hospital												
Emergency Room	829.9	\$ 166.00	\$ 11.48	1.0290	0.9715	0.8000	1.0025	1.0000	1.0007	683.2	\$ 161.77	\$ 9.21
General	30,452.5	62.08	157.55	1.0290	0.9715	0.9250	1.0025	1.0000	1.0007	28,986.0	60.51	146.16
Subtotal	31,282.4	\$ 64.84	\$ 169.03							29,669.2	\$ 62.84	\$ 155.37
Ancillary												
Pharmacy	122,731.6	\$ 66.45	\$ 679.65	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,017.4	230.65	442.42	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	23,147.6	241.34	465.54
Ambulance	2,934.8	59.21	14.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	2,951.4	68.14	16.76
Non-Emergency Transportation	12.8	140.63	0.15	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	12.9	148.84	0.16
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	628.0	54.46	2.85	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	631.6	57.00	3.00
Other Ancillary	230.7	30.17	0.58	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	232.0	31.55	0.61
Subtotal	149,555.3	\$ 91.48	\$ 1,140.13							145,254.4	\$ 101.00	\$ 1,222.54
Professional												
Surgery	2,551.1	\$ 280.63	\$ 59.66	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	705.1	320.12	18.81	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	661.6	329.38	18.16
Inpatient Visits	14,050.3	84.93	99.44	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	12,827.9	87.62	93.66
Urgent Care/Emergency Room	923.0	104.79	8.06	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	749.1	108.13	6.75
Office/Home Visits	4,422.8	91.19	33.61	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,621.3	93.84	36.14
Preventive Care	38.5	96.62	0.31	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	39.3	100.76	0.33
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	11,255.7	21.82	20.47	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	10,276.4	22.46	19.23
Office Adm. Drugs	692.3	890.08	51.35	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	649.6	915.89	49.58
Clinic	115.4	147.66	1.42	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	108.3	136.29	1.23
Psych/SUD	25.6	8,175.00	17.44	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	24.0	8,420.00	16.84
Physical Therapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,871.6	72.54	17.36	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,694.6	74.64	16.76
Subtotal	37,651.4	\$ 104.52	\$ 327.93							35,045.9	\$ 108.30	\$ 316.29
Total Medical	223,193.3	\$ 136.93	\$ 2,546.75							214,052.9	\$ 136.25	\$ 2,430.35
Category of Service - Iowa Plan for BH												
Inpatient Treatment	39.2	\$ 2,103.06	\$ 6.87	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	300.2	117.52	2.94	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	279.7	110.69	2.58
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	339.4	\$ 399.88	\$ 11.31							315.2	\$ 379.19	\$ 9.96
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Non-Dual Skilled Nursing Facility

Member Months

947

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	348,752.4	\$ 759.65	\$ 22,077.56	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	353,789.2	\$ 767.93	\$ 22,640.54
Home Health/Hospice	1,268.8	572.01	60.48	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	1,276.0	598.50	63.64
Attendant Care/Nursing/Home Aide	12.7	897.64	0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	12.7	897.64	0.95
Supported community living	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	350,033.9	\$ 758.98	\$ 22,138.99	1.0146	1.0001	0.9999	1.0000	1.0000	1.0109	355,077.9	\$ 767.33	\$ 22,705.13

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Residential Care Facility**

Member Months

8,517

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,393.4	\$ 593.45	\$ 68.91	0.9436	1.0437	0.7500	1.0150	1.0000	0.9856	986.1	\$ 619.65	\$ 50.92
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9856	-	-	-
Maternity - Delivery	5.7	1,221.05	0.58	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	5.4	1,244.44	0.56
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9856	-	-	-
Subtotal	1,399.1	\$ 596.01	\$ 69.49							991.5	\$ 623.06	\$ 51.48
Outpatient Hospital												
Emergency Room	1,140.4	\$ 71.97	\$ 6.84	1.0437	1.0437	0.7500	1.0050	1.0000	1.0007	892.7	\$ 75.55	\$ 5.62
General	27,052.8	38.44	86.65	1.0437	1.0437	0.7750	1.0100	1.0000	1.0007	21,882.8	40.55	73.94
Subtotal	28,193.2	\$ 39.79	\$ 93.49							22,775.5	\$ 41.92	\$ 79.56
Ancillary												
Pharmacy	51,712.8	\$ 61.10	\$ 263.30	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	47,189.8	\$ 68.70	\$ 270.16
DME/Supplies/Prosthetics	4,056.9	42.03	14.21	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	3,754.2	44.62	13.96
Ambulance	674.5	65.11	3.66	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	624.2	75.94	3.95
Non-Emergency Transportation	2.8	85.71	0.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	2.6	92.31	0.02
Home Health/Hospice	1,709.0	155.32	22.12	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,581.5	164.81	21.72
Chiropractic Services	529.4	8.84	0.39	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	489.9	9.31	0.38
Podiatry	1,091.4	16.27	1.48	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,010.0	17.23	1.45
Vision	1,845.6	31.92	4.91	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,707.9	33.87	4.82
Other Ancillary	509.4	31.33	1.33	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	471.4	33.35	1.31
Subtotal	62,131.8	\$ 60.15	\$ 311.42							56,831.5	\$ 67.10	\$ 317.77
Professional												
Surgery	1,328.9	\$ 74.14	\$ 8.21	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,125.4	\$ 75.17	\$ 7.05
Anesthesia	463.0	59.09	2.28	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	392.1	59.98	1.96
Inpatient Visits	3,046.5	25.76	6.54	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	2,418.7	26.54	5.35
Urgent Care/Emergency Room	775.9	52.58	3.40	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	616.0	53.57	2.75
Office/Home Visits	6,258.8	33.46	17.45	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	6,890.5	33.94	19.49
Preventive Care	297.2	73.89	1.83	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	333.5	74.84	2.08
Maternity - Delivery	1.4	1,371.43	0.16	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1.2	1,400.00	0.14
Maternity - Non-Delivery	8.6	125.58	0.09	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	7.3	131.51	0.08
Allergy/Immunotherapy	4.3	27.91	0.01	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	3.6	33.33	0.01
Lab/Path/Rad	4,972.7	15.71	6.51	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	4,342.8	15.94	5.77
Office Adm. Drugs	460.1	16.95	0.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	389.6	17.25	0.56
Clinic	690.2	161.87	9.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	584.5	147.41	7.18
Psych/SUD	2,512.1	25.17	5.27	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,127.4	25.55	4.53
Physical Therapy	322.9	20.81	0.56	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	273.5	21.06	0.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,536.1	19.45	2.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,300.9	19.74	2.14
Subtotal	22,678.7	\$ 34.27	\$ 64.76							20,807.0	\$ 34.36	\$ 59.57
Total Medical	114,402.8	\$ 56.55	\$ 539.16							101,405.5	\$ 60.16	\$ 508.38
Category of Service - Iowa Plan for BH												
Inpatient Treatment	240.4	\$ 3,092.35	\$ 61.95	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	225.8	\$ 3,092.47	\$ 58.19
Outpatient Treatment	107,714.8	121.03	1,086.40	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	106,804.3	121.03	1,077.22
Intermediate Care	-	-	-	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	107,955.2	\$ 127.81	\$ 1,149.85							107,030.1	\$ 127.47	\$ 1,136.91
Short Term Institutional / HCBS	607.1	\$ 161.29	\$ 8.16	1.0081	1.0071	1.0000	1.0000	1.0000	1.0108	612.0	\$ 164.12	\$ 8.37

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
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Region: Statewide
Rate Cell: ICF/MR

Member Months

18,095

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	850.9	\$ 921.19	\$ 65.32	0.9928	0.9436	0.9000	1.0025	1.0000	0.9856	760.3	\$ 858.77	\$ 54.41
Psychiatric/SUD	-	-	-	0.9928	0.9436	0.9500	1.0025	1.0000	0.9856	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	0.9856	-	-	-
Subtotal	850.9	\$ 921.19	\$ 65.32							760.3	\$ 858.77	\$ 54.41
Outpatient Hospital												
Emergency Room	687.5	\$ 73.66	\$ 4.22	0.9857	1.0736	0.8000	1.0025	1.0000	1.0007	542.1	\$ 79.25	\$ 3.58
General	14,252.8	43.87	52.10	0.9857	1.0736	0.9250	1.0025	1.0000	1.0007	12,995.2	47.24	51.16
Subtotal	14,940.3	\$ 45.24	\$ 56.32							13,537.3	\$ 48.52	\$ 54.74
Ancillary												
Pharmacy	44,381.7	\$ 54.16	\$ 200.31	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	43,386.2	\$ 60.90	\$ 220.18
DME/Supplies/Prosthetics	5,180.5	134.91	58.24	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	4,851.1	137.19	55.46
Ambulance	430.5	61.32	2.20	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	403.1	68.47	2.30
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	107.8	11.13	0.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	100.9	11.89	0.10
Podiatry	646.1	16.34	0.88	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	605.0	16.66	0.84
Vision	1,474.9	33.93	4.17	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	1,381.1	34.49	3.97
Other Ancillary	863.0	18.22	1.31	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	808.1	18.56	1.25
Subtotal	53,084.5	\$ 60.40	\$ 267.21							51,535.5	\$ 66.15	\$ 284.10
Professional												
Surgery	1,374.9	\$ 71.74	\$ 8.22	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	1,200.0	\$ 66.70	\$ 6.67
Anesthesia	312.9	139.60	3.64	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	273.1	129.62	2.95
Inpatient Visits	2,681.5	35.08	7.84	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	2,277.2	32.72	6.21
Urgent Care/Emergency Room	536.7	51.65	2.31	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	405.1	48.28	1.63
Office/Home Visits	4,520.7	37.72	14.21	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	4,393.6	35.07	12.84
Preventive Care	635.9	85.30	4.52	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	603.0	79.40	3.99
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	12.1	49.59	0.05	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	10.6	45.28	0.04
Lab/Path/Rad	3,543.8	12.33	3.64	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	3,009.4	11.44	2.87
Office Adm. Drugs	483.8	325.42	13.12	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	422.3	302.63	10.65
Clinic	284.1	161.77	3.83	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	248.0	135.00	2.79
Psych/SUD	452.3	26.27	0.99	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	394.8	24.32	0.80
Physical Therapy	46.9	20.47	0.08	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	40.9	17.60	0.06
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	957.5	31.58	2.52	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	835.7	29.44	2.05
Subtotal	15,843.1	\$ 49.21	\$ 64.97							14,113.7	\$ 45.53	\$ 53.55
Total Medical	84,718.8	\$ 64.28	\$ 453.82							79,946.8	\$ 67.06	\$ 446.80
Category of Service - Iowa Plan for BH												
Inpatient Treatment	30.9	\$ 1,941.75	\$ 5.00	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	27.0	\$ 1,835.56	\$ 4.13
Outpatient Treatment	1,486.8	58.84	7.29	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	1,336.1	55.50	6.18
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,517.7	\$ 109.03	\$ 13.79							1,363.1	\$ 103.97	\$ 11.81
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: ICF/MR

Member Months

18,095

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	356,626.6	\$ 340.01	\$ 10,104.77	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	440.5	57.21	2.10	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	412.5	58.18	2.00
Attendant Care/Nursing/Home Aide	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Supported community living	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	357,067.1	\$ 339.66	\$ 10,106.87	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	359,608.4	\$ 358.41	\$ 10,740.46

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: State Resource Center

Member Months

4,880

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	995.3	\$ 536.40	\$ 44.49	0.9928	0.9436	0.9000	1.0025	1.0000	1.0000	889.3	\$ 507.37	\$ 37.60
Psychiatric/SUD	40.2	856.72	2.87	0.9928	0.9436	0.9500	1.0025	1.0000	1.0000	37.9	810.55	2.56
Maternity - Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,035.5	\$ 548.84	\$ 47.36							927.2	\$ 519.76	\$ 40.16
Outpatient Hospital												
Emergency Room	329.5	\$ 44.43	\$ 1.22	0.9857	1.0736	0.8000	1.0025	1.0000	1.0000	259.8	\$ 48.04	\$ 1.04
General	10,498.5	26.82	23.46	0.9857	1.0736	0.9250	1.0025	1.0000	1.0000	9,572.2	28.86	23.02
Subtotal	10,828.0	\$ 27.35	\$ 24.68							9,832.0	\$ 29.37	\$ 24.06
Ancillary												
Pharmacy	218.9	\$ 26.86	\$ 0.49	1.0290	1.1194	0.9500	0.9800	1.0000	1.0250	214.0	\$ 30.28	\$ 0.54
DME/Supplies/Prosthetics	953.3	145.89	11.59	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	892.7	148.40	11.04
Ambulance	1,037.7	52.73	4.56	0.9857	1.0144	0.9500	1.0025	1.0000	1.1000	971.7	59.03	4.78
Non-Emergency Transportation	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	-	-	-	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	347.5	23.83	0.69	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	325.4	24.34	0.66
Vision	804.3	46.10	3.09	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	753.2	46.84	2.94
Other Ancillary	1,052.6	20.41	1.79	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	985.7	20.70	1.70
Subtotal	4,414.3	\$ 60.38	\$ 22.21							4,142.7	\$ 62.74	\$ 21.66
Professional												
Surgery	934.2	\$ 63.07	\$ 4.91	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	815.4	\$ 58.57	\$ 3.98
Anesthesia	419.9	77.73	2.72	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	366.5	72.36	2.21
Inpatient Visits	4,074.5	24.95	8.47	0.9436	0.9298	0.9000	1.0025	1.0000	1.0000	3,460.1	23.24	6.70
Urgent Care/Emergency Room	713.0	43.09	2.56	0.9436	0.9298	0.8000	1.0025	1.0000	1.0000	538.2	40.13	1.80
Office/Home Visits	2,482.0	34.91	7.22	0.9436	0.9298	1.0300	1.0000	1.0000	1.0000	2,412.2	32.44	6.52
Preventive Care	2.5	96.00	0.02	0.9436	0.9298	1.0050	1.0000	1.0000	1.0000	2.4	100.00	0.02
Maternity - Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	350.3	45.22	1.32	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	305.7	42.00	1.07
Lab/Path/Rad	5,175.2	12.85	5.54	0.9436	0.9298	0.9000	1.0000	1.0000	1.0000	4,394.9	11.93	4.37
Office Adm. Drugs	144.1	295.63	3.55	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	125.8	274.72	2.88
Clinic	2.5	192.00	0.04	0.9436	0.9298	0.9250	1.0000	1.0000	0.8979	2.2	163.64	0.03
Psych/SUD	29.8	1,453.69	3.61	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	26.0	1,352.31	2.93
Physical Therapy	2.5	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	2.2	-	-
Family Planning	-	-	-	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,011.2	17.68	1.49	0.9436	0.9298	0.9250	1.0000	1.0000	1.0000	882.6	16.45	1.21
Subtotal	15,341.7	\$ 32.42	\$ 41.45							13,334.2	\$ 30.35	\$ 33.72
Total Medical	31,619.5	\$ 51.50	\$ 135.70							28,236.1	\$ 50.83	\$ 119.60
Category of Service - Iowa Plan for BH												
Inpatient Treatment	280.3	\$ 1,325.87	\$ 30.97	0.9715	0.9436	0.9000	1.0000	1.0000	1.0000	245.1	\$ 1,250.92	\$ 25.55
Outpatient Treatment	4,205.2	63.64	22.30	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	3,779.0	60.05	18.91
Intermediate Care	-	-	-	0.9715	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	4,485.5	\$ 146.53	\$ 54.77							4,024.1	\$ 137.05	\$ 45.96
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

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4,880

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	357,994.5	\$ 835.16	\$ 24,915.31	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	7.4	616.22	0.38	0.9857	1.0144	0.9500	1.0025	1.0000	1.0000	6.9	626.09	0.36
Attendant Care/Nursing/Home Aide	14.8	105.41	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.8	105.41	0.13
Supported community living	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	2.5	48.00	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.5	48.00	0.01
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	358,019.2	\$ 835.12	\$ 24,915.83	1.0072	1.0437	1.0000	1.0000	1.0000	1.0109	360,597.8	\$ 881.15	\$ 26,478.30

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

**Region: Statewide
Rate Cell: Breast and Cervical Cancer**

Member Months

2,694

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	699.5	\$ 2,847.75	\$ 166.00	0.9436	1.0437	0.7500	1.0150	1.0000	0.9141	495.0	\$ 2,757.82	\$ 113.76
Psychiatric/SUD	-	-	-	0.9436	1.0437	0.8500	1.0050	1.0000	0.9141	-	-	-
Maternity - Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Maternity Non-Delivery	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Well Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Other Newborn	-	-	-	0.9436	1.0437	1.0000	1.0000	1.0000	0.9141	-	-	-
Subtotal	699.5	\$ 2,847.75	\$ 166.00							495.0	\$ 2,757.82	\$ 113.76
Outpatient Hospital												
Emergency Room	1,224.9	\$ 97.48	\$ 9.95	1.0437	1.0437	0.7500	1.0050	1.0000	1.0000	958.9	\$ 102.24	\$ 8.17
General	51,462.9	152.63	654.56	1.0437	1.0437	0.7750	1.0100	1.0000	1.0000	41,628.0	160.90	558.15
Subtotal	52,687.8	\$ 151.35	\$ 664.51							42,586.9	\$ 159.58	\$ 566.32
Ancillary												
Pharmacy	42,581.1	\$ 70.44	\$ 249.96	1.0736	1.1194	0.8500	0.9800	1.0000	1.0250	38,856.8	\$ 79.20	\$ 256.47
DME/Supplies/Prosthetics	1,810.2	126.09	19.02	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,675.1	133.82	18.68
Ambulance	196.9	79.84	1.31	1.0887	1.0586	0.8500	1.0025	1.0000	1.1000	182.2	93.52	1.42
Non-Emergency Transportation	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	924.4	165.77	12.77	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	855.4	175.92	12.54
Chiropractic Services	25.7	18.68	0.04	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	23.8	20.17	0.04
Podiatry	-	-	-	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	1,091.3	39.70	3.61	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,009.9	42.18	3.55
Other Ancillary	1,309.5	30.97	3.38	1.0887	1.0586	0.8500	1.0025	1.0000	1.0000	1,211.8	32.88	3.32
Subtotal	47,939.1	\$ 72.61	\$ 290.09							43,815.0	\$ 81.07	\$ 296.02
Professional												
Surgery	2,969.5	\$ 297.63	\$ 73.65	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	2,514.8	\$ 301.91	\$ 63.27
Anesthesia	726.3	260.55	15.77	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	615.1	264.35	13.55
Inpatient Visits	863.8	79.32	5.71	1.0586	1.0144	0.7500	1.0150	1.0000	1.0000	685.8	81.71	4.67
Urgent Care/Emergency Room	769.2	88.14	5.65	1.0586	1.0144	0.7500	1.0050	1.0000	1.0000	610.7	89.80	4.57
Office/Home Visits	10,773.7	66.17	59.41	1.0586	1.0144	1.0400	1.0000	1.0000	1.0000	11,861.1	67.13	66.35
Preventive Care	580.2	42.61	2.06	1.0586	1.0144	1.0600	1.0000	1.0000	1.0000	651.0	43.13	2.34
Maternity - Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	180.5	24.60	0.37	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	152.9	25.11	0.32
Lab/Path/Rad	28,681.1	49.68	118.73	1.0586	1.0144	0.8250	1.0000	1.0000	1.0000	25,048.1	50.39	105.19
Office Adm. Drugs	15,281.7	344.33	438.49	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	12,941.6	349.30	376.71
Clinic	911.1	162.13	12.31	1.0586	1.0144	0.8000	1.0000	1.0000	0.8979	771.6	147.74	9.50
Psych/SUD	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,346.4	26.70	5.22	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,987.1	27.05	4.48
Family Planning	-	-	-	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,174.5	45.42	8.23	1.0586	1.0144	0.8000	1.0000	1.0000	1.0000	1,841.5	46.07	7.07
Subtotal	66,258.0	\$ 135.04	\$ 745.60							59,681.3	\$ 132.31	\$ 658.02
Total Medical	167,584.4	\$ 133.63	\$ 1,866.20							146,578.2	\$ 133.78	\$ 1,634.12
Category of Service - Iowa Plan for BH												
Inpatient Treatment	17.3	\$ 1,172.25	\$ 1.69	1.0437	1.0000	0.9000	1.0000	1.0000	1.0000	16.3	\$ 1,170.55	\$ 1.59
Outpatient Treatment	1,486.2	76.79	9.51	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	1,473.6	76.79	9.43
Intermediate Care	13.0	1,024.62	1.11	1.0437	1.0000	0.9500	1.0000	1.0000	1.0000	12.9	1,023.26	1.10
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,516.5	\$ 109.28	\$ 13.81							1,502.8	\$ 108.76	\$ 13.62
Short Term Institutional / HCBS	13.0	\$ 2,196.92	\$ 2.38	1.0072	1.0072	1.0000	1.0000	1.0000	1.0109	13.1	\$ 2,235.11	\$ 2.44

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Dual Eligible 0-64 M&F

Member Months

315,371

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,316.1	\$ 354.32	\$ 38.86	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	1,241.3	\$ 325.40	\$ 33.66
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,316.1	\$ 354.32	\$ 38.86							1,241.3	\$ 325.40	\$ 33.66
Outpatient Hospital												
Emergency Room	1,930.0	\$ 34.20	\$ 5.50	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	1,566.3	\$ 37.85	\$ 4.94
General	33,741.7	23.27	65.44	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	31,661.8	25.76	67.96
Subtotal	35,671.7	\$ 23.86	\$ 70.94							33,228.1	\$ 26.33	\$ 72.90
Ancillary												
Pharmacy	1,844.3	\$ 25.31	\$ 3.89	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	5,015.7	30.96	12.94	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	4,202.3	28.87	10.11
Ambulance	586.7	55.22	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	491.6	56.63	2.32
Non-Emergency Transportation	2.1	57.14	0.01	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1.8	66.67	0.01
Home Health/Hospice	2,599.6	120.30	26.06	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	2,178.0	112.12	20.35
Chiropractic Services	1,596.0	9.85	1.31	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,337.2	9.15	1.02
Podiatry	528.0	18.18	0.80	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	442.4	16.82	0.62
Vision	1,366.8	26.95	3.07	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,145.2	25.15	2.40
Other Ancillary	88.0	10.91	0.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	73.7	9.77	0.06
Subtotal	13,627.2	\$ 44.79	\$ 50.86							11,624.3	\$ 41.91	\$ 40.60
Professional												
Surgery	1,755.2	\$ 48.95	\$ 7.16	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,658.8	\$ 50.35	\$ 6.96
Anesthesia	310.4	45.62	1.18	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	293.4	47.03	1.15
Inpatient Visits	3,117.5	18.78	4.88	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	2,866.7	19.38	4.63
Urgent Care/Emergency Room	1,363.0	24.92	2.83	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	1,114.1	25.74	2.39
Office/Home Visits	7,895.3	22.28	14.66	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	8,308.7	22.93	15.88
Preventive Care	112.3	64.11	0.60	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	115.3	65.57	0.63
Maternity - Delivery	3.7	291.89	0.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	3.5	308.57	0.09
Maternity - Non-Delivery	14.3	41.96	0.05	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	13.5	44.44	0.05
Allergy/Immunotherapy	106.2	11.30	0.10	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	100.4	11.95	0.10
Lab/Path/Rad	4,298.6	10.27	3.68	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,952.7	10.56	3.48
Office Adm. Drugs	1,630.7	59.53	8.09	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,541.2	61.28	7.87
Clinic	23.2	82.76	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.9	76.71	0.14
Psych/SUD	1,878.0	34.06	5.33	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,774.9	35.02	5.18
Physical Therapy	1,145.3	8.38	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,082.4	8.65	0.78
Family Planning	0.4	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Other Professional	2,485.2	17.19	3.56	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,348.7	17.68	3.46
Subtotal	26,139.3	\$ 24.41	\$ 53.17							25,196.6	\$ 25.14	\$ 52.79
Total Medical	76,754.3	\$ 33.43	\$ 213.83							71,290.3	\$ 33.66	\$ 199.95
Category of Service - Iowa Plan for BH												
Inpatient Treatment	1.7	\$ 3,035.29	\$ 0.43	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	1.8	\$ 3,000.00	\$ 0.45
Outpatient Treatment	19,001.5	124.58	197.27	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	20,223.2	126.38	212.99
Intermediate Care	39.8	425.13	1.41	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	42.4	430.19	1.52
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	19,043.0	\$ 126.41	\$ 200.61							20,267.4	\$ 128.16	\$ 216.46
Short Term Institutional / HCBS	261.3	\$ 191.04	\$ 4.16	1.0887	1.0144	1.0000	1.0000	1.0000	1.0109	284.5	\$ 195.71	\$ 4.64

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Dual Eligible 65+ M&F

Member Months

71,746

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	1,034.5	\$ 322.47	\$ 27.80	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	0.9928	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9928	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,034.5	\$ 322.47	\$ 27.80							975.7	\$ 296.16	\$ 24.08
Outpatient Hospital												
Emergency Room	827.0	\$ 40.77	\$ 2.81	1.0144	1.1040	0.8000	1.0025	1.0000	1.0000	671.2	\$ 45.05	\$ 2.52
General	20,492.3	25.75	43.98	1.0144	1.1040	0.9250	1.0025	1.0000	1.0000	19,229.1	28.50	45.67
Subtotal	21,319.3	\$ 26.34	\$ 46.79							19,900.3	\$ 29.06	\$ 48.19
Ancillary												
Pharmacy	2,475.9	\$ 23.02	\$ 4.75	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,977.8	34.90	11.57	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	3,332.8	32.55	9.04
Ambulance	619.8	59.63	3.08	0.9857	0.9298	0.8500	1.0025	1.0000	1.1000	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	2,198.0	108.75	19.92	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,841.6	101.39	15.56
Chiropractic Services	807.7	10.25	0.69	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	676.7	9.58	0.54
Podiatry	505.2	17.10	0.72	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	423.3	15.88	0.56
Vision	1,298.1	24.96	2.70	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	1,087.6	23.28	2.11
Other Ancillary	104.3	18.41	0.16	0.9857	0.9298	0.8500	1.0025	1.0000	1.0000	87.4	16.48	0.12
Subtotal	11,986.8	\$ 43.64	\$ 43.59							10,320.8	\$ 40.82	\$ 35.11
Professional												
Surgery	1,490.2	\$ 51.86	\$ 6.44	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	237.2	45.53	0.90	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	224.2	47.10	0.88
Inpatient Visits	3,722.9	19.37	6.01	1.0217	1.0290	0.9000	1.0025	1.0000	1.0000	3,423.4	19.98	5.70
Urgent Care/Emergency Room	715.7	28.00	1.67	1.0217	1.0290	0.8000	1.0025	1.0000	1.0000	585.0	28.92	1.41
Office/Home Visits	5,048.4	23.53	9.90	1.0217	1.0290	1.0300	1.0000	1.0000	1.0000	5,312.8	24.21	10.72
Preventive Care	41.3	52.30	0.18	1.0217	1.0290	1.0050	1.0000	1.0000	1.0000	42.4	53.77	0.19
Maternity - Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	24.2	9.92	0.02	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	22.9	10.48	0.02
Lab/Path/Rad	3,736.7	10.31	3.21	1.0217	1.0290	0.9000	1.0000	1.0000	1.0000	3,436.1	10.62	3.04
Office Adm. Drugs	1,077.2	44.89	4.03	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	1,018.0	46.21	3.92
Clinic	22.9	83.84	0.16	1.0217	1.0290	0.9250	1.0000	1.0000	0.8979	21.6	77.78	0.14
Psych/SUD	256.6	37.41	0.80	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	242.5	38.60	0.78
Physical Therapy	480.0	9.25	0.37	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	453.6	9.52	0.36
Family Planning	-	-	-	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,473.2	13.63	2.81	1.0217	1.0290	0.9250	1.0000	1.0000	1.0000	2,337.4	14.02	2.73
Subtotal	19,326.5	\$ 22.66	\$ 36.50							18,528.3	\$ 23.41	\$ 36.15
Total Medical	53,667.1	\$ 34.59	\$ 154.68							49,725.1	\$ 34.64	\$ 143.53
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	1.1506	1.0144	0.9000	1.0000	1.0000	1.0000	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	1,945.8	195.25	31.66	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	2,070.9	198.06	34.18
Intermediate Care	1.8	666.67	0.10	1.1506	1.0144	0.9250	1.0000	1.0000	1.0000	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	1,948.1	\$ 205.43	\$ 33.35							2,073.3	\$ 207.67	\$ 35.88
Short Term Institutional / HCBS	4,856.2	\$ 170.92	\$ 69.17	1.0886	1.0145	1.0000	1.0000	1.0000	1.0109	5,286.4	\$ 175.29	\$ 77.22

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
January 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide

Rate Cell: Children in a Psychiatric Mental Institute

Member Months

5,793

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	64.6	\$ 2,190.09	\$ 11.79	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	56.1	\$ 2,070.59	\$ 9.68
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	64.6	\$ 2,190.09	\$ 11.79							56.1	\$ 2,070.59	\$ 9.68
Outpatient Hospital												
Emergency Room	687.0	\$ 132.58	\$ 7.59	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	565.5	\$ 129.23	\$ 6.09
General	17,024.4	34.60	49.09	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	16,204.6	33.70	45.51
Subtotal	17,711.4	\$ 38.40	\$ 56.68							16,770.1	\$ 36.92	\$ 51.60
Ancillary												
Pharmacy	74,108.9	\$ 49.76	\$ 307.29	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	71,420.3	\$ 55.95	\$ 332.98
DME/Supplies/Prosthetics	211.9	122.89	2.17	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	213.1	128.39	2.28
Ambulance	127.6	65.83	0.70	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	128.3	75.76	0.81
Non-Emergency Transportation	15.4	23.38	0.03	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	15.5	23.23	0.03
Home Health/Hospice	16.7	79.04	0.11	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	16.8	85.71	0.12
Chiropractic Services	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	3,219.5	34.96	9.38	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	3,237.7	36.58	9.87
Other Ancillary	222.9	24.76	0.46	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	224.2	25.69	0.48
Subtotal	77,922.9	\$ 49.30	\$ 320.14							75,255.9	\$ 55.26	\$ 346.57
Professional												
Surgery	418.1	\$ 135.47	\$ 4.72	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	392.3	\$ 139.49	\$ 4.56
Anesthesia	47.3	190.27	0.75	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	44.4	194.59	0.72
Inpatient Visits	985.8	48.20	3.96	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	900.0	49.73	3.73
Urgent Care/Emergency Room	434.1	85.97	3.11	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	352.3	88.56	2.60
Office/Home Visits	2,846.5	75.17	17.83	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	2,974.2	77.35	19.17
Preventive Care	1,662.9	47.63	6.60	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	1,695.4	48.98	6.92
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	13.3	45.11	0.05	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	12.5	48.00	0.05
Lab/Path/Rad	7,530.2	37.98	23.83	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	6,875.1	39.08	22.39
Office Adm. Drugs	117.1	29.72	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	109.9	30.57	0.28
Clinic	288.2	163.64	3.93	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	270.4	151.33	3.41
Psych/SUD	1.8	466.67	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1.7	494.12	0.07
Physical Therapy	329.2	37.55	1.03	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	308.9	38.46	0.99
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,563.3	32.24	4.20	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	1,466.9	33.21	4.06
Subtotal	16,237.8	\$ 52.00	\$ 70.37							15,404.0	\$ 53.71	\$ 68.95
Total Medical	111,936.7	\$ 49.20	\$ 458.98							107,486.1	\$ 53.23	\$ 476.80
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	23,470.2	77.36	151.30	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	21,866.3	72.99	133.01
Intermediate Care	25.0	1,627.20	3.39	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	23.3	1,534.76	2.98
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	23,495.2	\$ 79.77	\$ 156.19							21,889.6	\$ 75.37	\$ 137.49
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
January 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide

Rate Cell: Children in a Psychiatric Mental Institute

Member Months

5,793

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	53.2	\$ 342.86	\$ 1.52	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	54.0	\$ 346.67	\$ 1.56
Psychiatric Mental Institute for Childr	17,190.3	4,551.29	6,519.84	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	15,582.7	4,294.48	5,576.63
Attendant Care/Nursing/Home Aide	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Supported community living	6.3	2,971.43	1.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.3	2,971.43	1.56
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	14.5	140.69	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	14.5	140.69	0.17
In-home family therapy	16.6	195.18	0.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	16.6	195.18	0.27
Respite	62.1	550.72	2.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	62.1	550.72	2.85
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	17,343.0	\$ 4,515.63	\$ 6,526.21	1.0034	1.0000	1.0000	1.0000	1.0000	1.0026	15,736.2	\$ 4,257.48	\$ 5,583.04

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS**

Region: Statewide
Rate Cell: Hospice 0-64 M&F

Member Months

1,831

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	8,308.5	\$ 1,261.31	\$ 873.30	0.9645	0.9436	0.9000	1.0025	1.0000	1.0000	7,212.1	\$ 1,193.11	\$ 717.07
Psychiatric/SUD	-	-	-	0.9645	0.9436	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9645	0.9436	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	8,308.5	\$ 1,261.31	\$ 873.30							7,212.1	\$ 1,193.11	\$ 717.07
Outpatient Hospital												
Emergency Room	2,260.2	\$ 86.12	\$ 16.22	1.0290	0.9715	0.8000	1.0025	1.0000	1.0000	1,860.6	\$ 83.84	\$ 13.00
General	43,680.9	58.22	211.91	1.0290	0.9715	0.9250	1.0025	1.0000	1.0000	41,577.4	56.70	196.45
Subtotal	45,941.1	\$ 59.59	\$ 228.13							43,438.0	\$ 57.86	\$ 209.45
Ancillary												
Pharmacy	23,196.5	\$ 66.87	\$ 129.26	1.0144	1.1194	0.9500	0.9800	1.0000	1.0250	22,354.9	\$ 75.19	\$ 140.07
DME/Supplies/Prosthetics	4,834.4	58.41	23.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	4,861.7	61.11	24.76
Ambulance	4,101.7	67.14	22.95	1.0586	1.0437	0.9500	1.0025	1.0000	1.1000	4,124.9	77.27	26.56
Non-Emergency Transportation	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	125.8	18.12	0.19	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	126.5	18.97	0.20
Podiatry	470.0	13.53	0.53	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	472.7	14.22	0.56
Vision	517.9	31.74	1.37	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	520.8	33.18	1.44
Other Ancillary	37.5	22.40	0.07	1.0586	1.0437	0.9500	1.0025	1.0000	1.0000	37.7	22.28	0.07
Subtotal	33,283.8	\$ 64.14	\$ 177.90							32,499.2	\$ 71.51	\$ 193.66
Professional												
Surgery	2,675.4	\$ 137.88	\$ 30.74	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,510.5	\$ 141.87	\$ 29.68
Anesthesia	452.8	146.55	5.53	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	424.9	150.81	5.34
Inpatient Visits	25,276.2	49.19	103.61	1.0144	1.0290	0.9000	1.0025	1.0000	1.0000	23,077.1	50.74	97.58
Urgent Care/Emergency Room	2,382.4	69.46	13.79	1.0144	1.0290	0.8000	1.0025	1.0000	1.0000	1,933.4	71.63	11.54
Office/Home Visits	3,888.3	49.90	16.17	1.0144	1.0290	1.0300	1.0000	1.0000	1.0000	4,062.8	51.36	17.39
Preventive Care	70.0	27.43	0.16	1.0144	1.0290	1.0050	1.0000	1.0000	1.0000	71.4	28.57	0.17
Maternity - Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	14,469.3	26.07	31.44	1.0144	1.0290	0.9000	1.0000	1.0000	1.0000	13,210.4	26.83	29.54
Office Adm. Drugs	2,816.4	142.69	33.49	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	2,642.8	146.84	32.34
Clinic	669.2	155.47	8.67	1.0144	1.0290	0.9250	1.0000	1.0000	0.8979	628.0	143.69	7.52
Psych/SUD	139.6	24.93	0.29	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	131.0	25.65	0.28
Physical Therapy	79.8	10.53	0.07	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	74.9	11.21	0.07
Family Planning	-	-	-	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,592.9	23.45	7.02	1.0144	1.0290	0.9250	1.0000	1.0000	1.0000	3,371.4	24.13	6.78
Subtotal	56,512.3	\$ 53.29	\$ 250.98							52,138.6	\$ 54.83	\$ 238.23
Total Medical	144,045.7	\$ 127.49	\$ 1,530.31							135,287.9	\$ 120.49	\$ 1,358.41
Category of Service - Iowa Plan for BH												
Inpatient Treatment	81.3	\$ 66.42	\$ 0.45	1.0072	0.9436	0.9000	1.0000	1.0000	1.0000	73.7	\$ 61.87	\$ 0.38
Outpatient Treatment	4,127.4	22.24	7.65	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	3,845.4	21.00	6.73
Intermediate Care	-	-	-	1.0072	0.9436	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	4,208.7	\$ 27.37	\$ 9.60							3,919.1	\$ 26.36	\$ 8.61
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Hospice 0-64 M&F

Member Months

1,831

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	3,834.9	\$ 169.04	\$ 54.02	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	45,751.2	754.57	2,876.87	1.0586	1.0437	1.0000	1.0000	1.0000	1.0000	48,431.5	787.57	3,178.60
Attendant Care/Nursing/Home Aide	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Supported community living	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	49,586.1	\$ 709.29	\$ 2,930.89	1.0578	1.0429	1.0000	1.0000	1.0000	1.0002	52,321.8	\$ 741.72	\$ 3,234.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Hospice Dual 65+ M&F

Member Months

7,556

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	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 Hospital												
Medical/Surgical	623.5	\$ 280.22	\$ 14.56	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	0.9715	0.9162	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9715	0.9162	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	623.5	\$ 280.22	\$ 14.56							575.5	\$ 257.31	\$ 12.34
Outpatient Hospital												
Emergency Room	383.4	\$ 47.26	\$ 1.51	1.0887	0.9162	0.8000	1.0025	1.0000	1.0000	333.9	\$ 43.49	\$ 1.21
General	7,540.4	18.33	11.52	1.0887	0.9162	0.9250	1.0025	1.0000	1.0000	7,593.5	16.85	10.66
Subtotal	7,923.8	\$ 19.73	\$ 13.03							7,927.4	\$ 17.97	\$ 11.87
Ancillary												
Pharmacy	5,089.0	\$ 11.01	\$ 4.67	1.0000	1.0000	0.9500	0.9800	1.0000	1.0250	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,966.5	57.85	9.48	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,695.7	62.28	8.80
Ambulance	960.8	47.84	3.83	1.0144	1.0736	0.8500	1.0025	1.0000	1.1000	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	-	-	-
Chiropractic Services	6.4	18.75	0.01	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	5.5	21.82	0.01
Podiatry	1,178.9	14.15	1.39	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	1,016.5	15.23	1.29
Vision	364.1	25.38	0.77	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	314.0	27.13	0.71
Other Ancillary	30.5	27.54	0.07	1.0144	1.0736	0.8500	1.0025	1.0000	1.0000	26.3	27.38	0.06
Subtotal	9,596.2	\$ 25.29	\$ 20.22							8,721.1	\$ 26.47	\$ 19.24
Professional												
Surgery	428.4	\$ 29.41	\$ 1.05	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	407.8	\$ 30.31	\$ 1.03
Anesthesia	35.4	47.46	0.14	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	33.7	49.85	0.14
Inpatient Visits	6,718.2	20.22	11.32	1.0290	1.0290	0.9000	1.0025	1.0000	1.0000	6,221.8	20.85	10.81
Urgent Care/Emergency Room	381.7	27.35	0.87	1.0290	1.0290	0.8000	1.0025	1.0000	1.0000	314.2	28.26	0.74
Office/Home Visits	666.8	21.24	1.18	1.0290	1.0290	1.0300	1.0000	1.0000	1.0000	706.7	21.90	1.29
Preventive Care	-	-	-	1.0290	1.0290	1.0050	1.0000	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	2,267.8	7.62	1.44	1.0290	1.0290	0.9000	1.0000	1.0000	1.0000	2,100.3	7.83	1.37
Office Adm. Drugs	91.8	27.45	0.21	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	87.4	28.83	0.21
Clinic	11.3	42.48	0.04	1.0290	1.0290	0.9250	1.0000	1.0000	0.8979	10.8	44.44	0.04
Psych/SUD	444.5	19.98	0.74	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	423.1	20.42	0.72
Physical Therapy	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	694.2	8.12	0.47	1.0290	1.0290	0.9250	1.0000	1.0000	1.0000	660.8	8.35	0.46
Subtotal	11,740.1	\$ 17.85	\$ 17.46							10,966.6	\$ 18.39	\$ 16.81
Total Medical	29,883.6	\$ 26.21	\$ 65.27							28,190.6	\$ 25.65	\$ 60.26
Category of Service - Iowa Plan for BH												
Inpatient Treatment	6.4	\$ 0.00	\$ 0.00	1.0290	1.0586	0.9000	1.0000	1.0000	1.0000	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	327.1	5.87	0.16	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	311.3	6.17	0.16
Intermediate Care	-	-	-	1.0290	1.0586	0.9250	1.0000	1.0000	1.0000	-	-	-
Magellan Mass Adjustments	-	-	1.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	-	1.50
Total Behavioral Health	333.5	\$ 59.73	\$ 1.66							317.2	\$ 62.80	\$ 1.66
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
March 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Hospice Dual 65+ M&F

Member Months

7,556

Category of Service - LTSS (Institutional & Waiver)	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	PMPM
NF/ICFMR	10,019.4	\$ 170.96	\$ 142.74	1.0144	1.0000	1.0000	1.0000	1.0000	1.0109	10,164.1	\$ 172.82	\$ 146.38
Home Health/Hospice	46,162.1	903.86	3,477.01	1.0144	1.0736	1.0000	1.0000	1.0000	1.0000	46,828.8	970.36	3,786.73
Attendant Care/Nursing/Home Aide	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Supported community living	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Adult day care	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Day Habilitation	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Env/home and vehicle mod	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Family and community support	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
In-home family therapy	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Respite	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Waiver Transportation	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Other HCBS waiver	-	-	-	1.0000	1.0000	0.9500	1.0000	1.0000	1.0000	-	-	-
Total Long Term Services and Supp	56,181.5	\$ 773.15	\$ 3,619.75	1.0144	1.0707	1.0000	1.0000	1.0000	1.0004	56,992.9	\$ 828.13	\$ 3,933.11

APPENDIX B – hawk-i

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Hawk-I

Member Months

396,408

	Base Data			Prospective Adjustments							Rating Period		
	Utilization per 1,000	Cost per Service	PMPM	Completion Adjustment	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 Hospital													
Medical/Surgical	60.8	\$ 3,559.08	\$ 18.05	1.0038	0.9575	1.0586	0.9500	1.0025	0.6000	0.9758	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	52.0	1,088.97	4.72	1.0038	0.9575	1.0586	0.9500	1.0025	1.0000	0.9758	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,405.90	0.11	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Well Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Other Newborn	-	-	-	1.0038	0.9575	1.0586	0.9800	0.9900	1.0000	0.9758	-	-	-
Subtotal	113.8	\$ 2,412.75	\$ 22.87								103.9	\$ 1,709.72	\$ 14.80
Outpatient Hospital													
Emergency Room	399.2	\$ 300.21	\$ 9.99	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0004	377.9	\$ 185.89	\$ 5.85
General	2,276.9	236.24	44.82	1.0038	0.9928	1.0290	0.9500	1.0025	0.6000	1.0004	2,155.7	146.28	26.28
Subtotal	2,676.1	\$ 245.78	\$ 54.81								2,533.6	\$ 152.18	\$ 32.13
Ancillary													
Pharmacy	5,760.3	\$ 69.03	\$ 33.13	1.0000	1.0144	1.0887	0.9500	0.9800	0.8000	1.0350	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	171.1	149.88	2.14	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	161.0	82.94	1.11
Ambulance	23.4	693.97	1.35	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Chiropractic Services	436.2	35.04	1.27	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	410.5	19.39	0.66
Podiatry	-	-	-	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	-	-	-
Vision	657.9	93.04	5.10	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	619.0	51.49	2.66
Other Ancillary	1.5	369.27	0.04	1.0028	0.9575	1.1040	0.9800	1.0025	0.5000	1.0000	1.4	204.34	0.02
Subtotal	7,050.3	\$ 73.26	\$ 43.04								6,765.2	\$ 59.19	\$ 33.37
Professional													
Surgery	561.0	\$ 170.02	\$ 7.95	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	550.8	\$ 123.69	\$ 5.68
Anesthesia	83.3	455.40	3.16	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	81.8	331.31	2.26
Inpatient Visits	119.2	133.91	1.33	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	120.2	97.67	0.98
Urgent Care/Emergency Room	324.5	121.03	3.27	1.0028	1.0586	1.0290	0.9500	1.0025	0.7070	1.0000	327.3	88.27	2.41
Office/Home Visits	3,335.1	100.51	27.93	1.0028	1.0586	1.0290	1.0050	1.0000	0.7070	1.0000	3,558.2	73.12	21.68
Preventive Care	595.8	121.71	6.04	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	585.1	88.55	4.32
Maternity - Delivery	0.4	2,478.08	0.08	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	268.10	0.01	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	0.3	195.05	0.00
Allergy/Immunotherapy	151.2	108.34	1.37	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	148.5	78.82	0.98
Lab/Path/Rad	2,317.2	26.66	5.15	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	2,275.4	19.40	3.68
Office Adm. Drugs	603.7	114.36	5.75	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	592.8	83.20	4.11
Clinic	13.1	202.79	0.22	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	12.8	147.54	0.16
Psych/SUD	758.4	102.92	6.50	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	744.7	74.87	4.65
Physical Therapy	593.8	40.42	2.00	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	583.1	29.41	1.43
Family Planning	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Targeted Case Management	-	-	-	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	-	-	-
Other Professional	1,969.5	52.46	8.61	1.0028	1.0586	1.0290	0.9250	1.0000	0.7070	1.0000	1,934.0	38.17	6.15
Subtotal	11,426.6	\$ 83.36	\$ 79.37								11,515.5	\$ 60.99	\$ 58.53
Total Medical	21,266.8	\$ 112.91	\$ 200.10								20,918.2	\$ 79.64	\$ 138.83

APPENDIX B - MATERNITY

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

3,530

3,530

	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	Cost per Delivery
Inpatient Hospital												
Maternity Normal Delivery	1,584.1	\$ 1,935.16	\$ 3,065.48	1.0144	0.9928	1.0275	1.0000	1.0000	1.0292	1,651.2	\$ 1,977.41	\$ 3,265.04
Maternity Cesarean Delivery	947.4	2,266.11	2,146.91	1.0144	0.9928	0.9350	1.0000	1.0000	1.0292	898.6	2,249.86	2,080.82
Subtotal	2,531.5	\$ 2,059.01	\$ 5,212.39							2,549.8	\$ 2,096.60	\$ 5,345.86
Professional												
Maternity Normal Delivery	685.6	\$ 1,267.52	\$ 869.01	1.0290	1.0144	1.0275	1.0000	1.0100	1.0000	724.9	\$ 1,298.68	\$ 941.41
Maternity Cesarean Delivery	380.0	1,126.68	428.14	1.0290	1.0144	0.9350	1.0000	1.0100	1.0000	365.6	1,154.38	422.05
Subtotal	1,065.6	\$ 1,217.30	\$ 1,297.15							1,090.5	\$ 1,250.30	\$ 1,363.47
Total Medical	3,597.1	\$ 1,809.66	\$ 6,509.54							3,640.3	\$ 1,843.08	\$ 6,709.33

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

	844			844						844		
	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	Cost per Delivery
Inpatient Hospital												
Maternity Normal Delivery	1,373.6	\$ 2,056.29	\$ 2,824.52	1.0144	0.9928	1.0275	1.0000	1.0000	1.0292	1,431.8	\$ 2,101.19	\$ 3,008.40
Maternity Cesarean Delivery	744.6	2,510.85	1,869.58	1.0144	0.9928	0.9350	1.0000	1.0000	1.0292	706.3	2,565.68	1,812.03
Subtotal	2,118.2	\$ 2,216.08	\$ 4,694.10							2,138.0	\$ 2,254.63	\$ 4,820.42
Professional												
Maternity Normal Delivery	702.4	\$ 761.85	\$ 535.12	1.0290	1.0144	1.0275	1.0000	1.0000	1.0000	742.7	\$ 772.85	\$ 573.96
Maternity Cesarean Delivery	336.6	761.59	256.35	1.0290	1.0144	0.9350	1.0000	1.0000	1.0000	323.9	772.59	250.21
Subtotal	1,039.0	\$ 761.76	\$ 791.47							1,066.5	\$ 772.77	\$ 824.17
Total Medical	3,157.2	\$ 1,737.48	\$ 5,485.57							3,204.5	\$ 1,761.44	\$ 5,644.59

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count	7,320									7,320		
	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	Cost per Delivery
Inpatient Hospital												
Maternity Normal Delivery	1,646.9	\$ 2,044.71	\$ 3,367.44	1.0144	0.9928	1.0275	1.0000	1.0000	1.0292	1,716.6	\$ 2,089.36	\$ 3,586.66
Maternity Cesarean Delivery	996.6	2,395.81	2,387.66	1.0144	0.9928	0.9350	1.0000	1.0000	1.0292	945.3	2,378.63	2,314.16
Subtotal	2,643.5	\$ 2,177.08	\$ 5,755.10							2,661.9	\$ 2,216.76	\$ 5,900.82
Professional												
Maternity Normal Delivery	628.1	\$ 1,508.12	\$ 947.25	1.0290	1.0144	1.0275	1.0000	1.0100	1.0000	664.1	\$ 1,545.20	\$ 1,026.17
Maternity Cesarean Delivery	350.3	1,240.94	434.70	1.0290	1.0144	0.9350	1.0000	1.0100	1.0000	337.0	1,271.45	428.52
Subtotal	978.4	\$ 1,412.46	\$ 1,381.95							1,001.1	\$ 1,453.04	\$ 1,454.69
Total Medical	3,621.9	\$ 1,970.53	\$ 7,137.05							3,663.0	\$ 2,008.03	\$ 7,355.51

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development
HMO

Region: Statewide
Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

	1,904									1,904		
	Base Data			Prospective Adjustments						Rating Period		
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization Trend	Unit Cost Trend	Mgd Care Utilization	Mgd Care Cost	Contracting Adjustment	Policy & Prog Adj.	Utilization per 1,000	Cost per Service	Cost per Delivery
Inpatient Hospital												
Maternity Normal Delivery	1,314.9	\$ 2,055.61	\$ 2,702.92	1.0144	0.9928	1.0275	1.0000	1.0000	1.0292	1,370.6	\$ 2,100.49	\$ 2,878.88
Maternity Cesarean Delivery	834.3	2,284.03	1,905.57	1.0144	0.9928	0.9350	1.0000	1.0000	1.0292	791.3	2,333.91	1,846.91
Subtotal	2,149.2	\$ 2,144.28	\$ 4,608.49							2,161.9	\$ 2,185.93	\$ 4,725.79
Professional												
Maternity Normal Delivery	600.1	\$ 756.16	\$ 453.77	1.0290	1.0144	1.0275	1.0000	1.0000	1.0000	634.5	\$ 767.08	\$ 486.71
Maternity Cesarean Delivery	310.8	754.86	234.61	1.0290	1.0144	0.9350	1.0000	1.0000	1.0000	299.0	765.76	228.99
Subtotal	910.9	\$ 755.71	\$ 688.38							933.5	\$ 766.66	\$ 715.69
Total Medical	3,060.1	\$ 1,730.95	\$ 5,296.87							3,095.4	\$ 1,757.90	\$ 5,441.48

APPENDIX C

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 0-59 days M&F

Member Months	48,063						9,464			57,527
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	796.4	\$ 2,106.48	\$ 139.80	608.8	\$ 2,702.17	\$ 137.09	765.5	\$ 2,184.45	\$ 139.35	
Psychiatric/SUD	0.4	1,800.00	0.06	-	-	-	0.3	2,000.00	0.05	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	5,068.3	773.92	326.87	-	-	-	4,234.5	773.93	273.10	
Other Newborn	9,011.8	1,243.81	934.08	11,474.6	1,045.30	999.53	9,417.0	1,204.01	944.85	
Subtotal	14,876.9	\$ 1,129.92	\$ 1,400.81	12,083.4	\$ 1,128.78	\$ 1,136.62	14,417.3	\$ 1,129.77	\$ 1,357.35	
Outpatient Hospital										
Emergency Room	988.1	\$ 89.02	\$ 7.33	1,306.8	\$ 129.84	\$ 14.14	1,040.5	\$ 97.45	\$ 8.45	
General	5,575.0	51.87	24.10	6,881.8	55.69	31.94	5,790.0	52.62	25.39	
Subtotal	6,563.1	\$ 57.47	\$ 31.43	8,188.6	\$ 67.53	\$ 46.08	6,830.5	\$ 59.45	\$ 33.84	
Ancillary										
Pharmacy	2,104.6	\$ 60.61	\$ 10.63	2,560.0	\$ 58.17	\$ 12.41	2,179.5	\$ 60.12	\$ 10.92	
DME/Supplies/Prosthetics	316.8	229.55	6.06	489.2	148.41	6.05	345.2	210.66	6.06	
Ambulance	163.3	168.28	2.29	125.9	88.64	0.93	157.1	158.12	2.07	
Non-Emergency Transportation	63.5	35.91	0.19	-	-	-	53.1	36.16	0.16	
Home Health/Hospice	1,250.4	88.48	9.22	368.1	100.73	3.09	1,105.2	89.14	8.21	
Chiropractic Services	-	-	-	262.4	31.55	0.69	43.2	30.56	0.11	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	4.9	97.96	0.04	15.4	54.55	0.07	6.6	72.73	0.04	
Other Ancillary	307.0	33.22	0.85	61.7	36.95	0.19	266.6	33.31	0.74	
Subtotal	4,210.5	\$ 83.45	\$ 29.28	3,882.7	\$ 72.41	\$ 23.43	4,156.5	\$ 81.73	\$ 28.31	
Professional										
Surgery	1,528.6	\$ 197.28	\$ 25.13	1,894.0	\$ 130.07	\$ 20.53	1,588.7	\$ 184.08	\$ 24.37	
Anesthesia	65.8	530.70	2.91	86.7	415.22	3.00	69.2	506.36	2.92	
Inpatient Visits	9,528.7	179.91	142.86	13,622.3	162.38	184.33	10,202.2	176.06	149.68	
Urgent Care/Emergency Room	836.6	68.99	4.81	1,185.1	72.91	7.20	893.9	69.81	5.20	
Office/Home Visits	4,101.0	68.03	23.25	5,510.4	64.18	29.47	4,332.9	67.22	24.27	
Preventive Care	15,178.5	70.81	89.56	20,480.4	63.10	107.70	16,050.7	69.19	92.54	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	0.7	-	-	-	-	-	0.6	-	-	
Lab/Path/Rad	4,452.1	14.77	5.48	5,605.6	13.61	6.36	4,641.9	14.53	5.62	
Office Adm. Drugs	34.7	31.12	0.09	40.1	5.99	0.02	35.6	26.97	0.08	
Clinic	2,424.9	146.98	29.70	-	-	-	2,026.0	146.95	24.81	
Psych/SUD	0.3	-	-	-	-	-	0.3	-	-	
Physical Therapy	10.1	47.52	0.04	20.1	53.73	0.09	11.7	51.28	0.05	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,218.6	52.09	5.29	1,602.6	45.30	6.05	1,281.8	50.74	5.42	
Subtotal	39,380.6	\$ 100.29	\$ 329.12	50,047.3	\$ 87.46	\$ 364.75	41,135.5	\$ 97.71	\$ 334.96	
Total Medical	65,031.1	\$ 330.42	\$ 1,790.64	74,202.0	\$ 254.04	\$ 1,570.88	66,539.8	\$ 316.40	\$ 1,754.46	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	5.4	66.67	0.03	-	-	-	5.4	66.67	0.03	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	0.01	-	-	-	-	-	0.01	
Total Behavioral Health	5.4	\$ 88.89	\$ 0.04	-	\$ 0.00	\$ 0.00	5.4	\$ 88.89	\$ 0.04	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 1,754.50
Third Party Liability Adjustment	(140.36)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
Gross Capitation Rate	\$ 1,804.01
Less Withhold	2.0%
Net Capitation Rate	\$ 1,767.93

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 60-364 days M&F

Member Months	158,872						35,686			194,558
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	193.2	\$ 1,898.14	\$ 30.56	211.6	\$ 1,640.08	\$ 28.92	196.6	\$ 1,847.00	\$ 30.26	
Psychiatric/SUD	0.2	1,800.00	0.03	-	-	-	0.2	1,200.00	0.02	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01	
Other Newborn	0.9	1,333.33	0.10	-	-	-	0.7	1,371.43	0.08	
Subtotal	194.5	\$ 1,894.09	\$ 30.70	211.6	\$ 1,640.08	\$ 28.92	197.7	\$ 1,843.40	\$ 30.37	
Outpatient Hospital										
Emergency Room	1,264.7	\$ 103.90	\$ 10.95	1,644.4	\$ 122.01	\$ 16.72	1,334.3	\$ 108.01	\$ 12.01	
General	5,023.3	63.97	26.78	6,159.1	74.56	38.27	5,231.6	66.27	28.89	
Subtotal	6,288.0	\$ 72.00	\$ 37.73	7,803.5	\$ 84.56	\$ 54.99	6,565.9	\$ 74.75	\$ 40.90	
Ancillary										
Pharmacy	4,610.6	\$ 58.46	\$ 22.46	4,734.0	\$ 79.04	\$ 31.18	4,633.2	\$ 62.32	\$ 24.06	
DME/Supplies/Prosthetics	552.5	109.68	5.05	597.3	111.50	5.55	560.7	110.01	5.14	
Ambulance	52.8	111.36	0.49	66.7	84.56	0.47	55.3	106.33	0.49	
Non-Emergency Transportation	38.4	40.63	0.13	-	-	-	31.4	42.04	0.11	
Home Health/Hospice	871.1	62.68	4.55	109.9	102.64	0.94	731.5	63.81	3.89	
Chiropractic Services	-	-	-	241.2	32.34	0.65	44.2	32.58	0.12	
Podiatry	-	-	-	0.9	-	-	0.2	-	-	
Vision	28.2	63.83	0.15	23.9	55.23	0.11	27.4	61.31	0.14	
Other Ancillary	306.5	31.71	0.81	90.7	31.75	0.24	266.9	31.92	0.71	
Subtotal	6,460.1	\$ 62.49	\$ 33.64	5,864.6	\$ 80.09	\$ 39.14	6,350.8	\$ 65.49	\$ 34.66	
Professional										
Surgery	196.2	\$ 254.43	\$ 4.16	214.8	\$ 167.04	\$ 2.99	199.6	\$ 237.47	\$ 3.95	
Anesthesia	83.1	228.16	1.58	88.9	193.03	1.43	84.2	220.90	1.55	
Inpatient Visits	409.8	167.50	5.72	594.4	145.56	7.21	443.7	162.00	5.99	
Urgent Care/Emergency Room	904.6	64.74	4.88	1,227.2	71.28	7.29	963.8	66.24	5.32	
Office/Home Visits	4,365.8	67.15	24.43	5,579.2	63.21	29.39	4,588.4	66.27	25.34	
Preventive Care	7,039.7	51.79	30.38	10,296.5	49.14	42.16	7,637.1	51.13	32.54	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	7.8	61.54	0.04	3.0	40.00	0.01	6.9	52.17	0.03	
Lab/Path/Rad	1,940.9	16.14	2.61	2,866.0	13.65	3.26	2,110.6	15.52	2.73	
Office Adm. Drugs	161.0	27.58	0.37	211.9	7.93	0.14	170.3	23.25	0.33	
Clinic	1,405.5	146.94	17.21	-	-	-	1,147.7	146.90	14.05	
Psych/SUD	0.9	133.33	0.01	-	-	-	0.7	171.43	0.01	
Physical Therapy	29.3	36.86	0.09	42.0	37.14	0.13	31.6	37.97	0.10	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	653.6	57.83	3.15	1,139.9	47.58	4.52	742.8	54.93	3.40	
Subtotal	17,198.2	\$ 66.03	\$ 94.63	22,263.8	\$ 53.11	\$ 98.53	18,127.4	\$ 63.11	\$ 95.34	
Total Medical	30,140.8	\$ 78.31	\$ 196.70	36,143.5	\$ 73.57	\$ 221.58	31,241.8	\$ 77.31	\$ 201.27	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	7.3	82.19	0.05	-	-	-	7.3	82.19	0.05	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	0.01	-	-	-	-	-	0.01	
Total Behavioral Health	7.3	\$ 98.63	\$ 0.06	-	\$ 0.00	\$ 0.00	7.3	\$ 98.63	\$ 0.06	
Short Term Institutional / HCBS	1.8	\$ 600.00	\$ 0.09	-	\$ 0.00	\$ 0.00	1.5	\$ 560.00	\$ 0.07	

Total Acute Medical Component	\$ 201.40
Third Party Liability Adjustment	(12.08)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
	22.21
Gross Capitation Rate	\$ 212.03
Less Withhold	2.0%
	(4.24)
Net Capitation Rate	\$ 207.79

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 1-4 M&F

Member Months	627,602						90,331			717,933
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	50.0	\$ 1,989.60	\$ 8.29	77.3	\$ 1,743.34	\$ 11.23	53.4	\$ 1,946.07	\$ 8.66	
Psychiatric/SUD	0.1	2,400.00	0.02	-	-	-	0.1	2,400.00	0.02	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	50.1	\$ 1,990.42	\$ 8.31	77.3	\$ 1,743.34	\$ 11.23	53.5	\$ 1,946.92	\$ 8.68	
Outpatient Hospital										
Emergency Room	855.1	\$ 110.86	\$ 7.90	1,091.9	\$ 120.34	\$ 10.95	884.9	\$ 112.28	\$ 8.28	
General	3,709.5	87.57	27.07	4,268.1	74.76	26.59	3,779.8	85.75	27.01	
Subtotal	4,564.6	\$ 91.93	\$ 34.97	5,360.0	\$ 84.04	\$ 37.54	4,664.7	\$ 90.78	\$ 35.29	
Ancillary										
Pharmacy	3,313.8	\$ 41.17	\$ 11.37	3,429.5	\$ 34.26	\$ 9.79	3,328.4	\$ 40.27	\$ 11.17	
DME/Supplies/Prosthetics	199.8	90.09	1.50	137.0	83.21	0.95	191.9	89.42	1.43	
Ambulance	34.9	103.15	0.30	47.6	78.15	0.31	36.5	98.63	0.30	
Non-Emergency Transportation	22.7	42.29	0.08	-	-	-	19.8	42.42	0.07	
Home Health/Hospice	159.6	85.71	1.14	9.2	91.30	0.07	140.7	86.14	1.01	
Chiropractic Services	-	-	-	154.5	32.62	0.42	19.4	30.93	0.05	
Podiatry	-	-	-	4.1	58.54	0.02	0.5	-	-	
Vision	197.2	43.81	0.72	196.2	41.59	0.68	197.1	43.23	0.71	
Other Ancillary	223.9	30.55	0.57	118.7	29.32	0.29	210.7	30.19	0.53	
Subtotal	4,151.9	\$ 45.32	\$ 15.68	4,096.8	\$ 36.70	\$ 12.53	4,145.0	\$ 44.21	\$ 15.27	
Professional										
Surgery	212.8	\$ 227.26	\$ 4.03	233.3	\$ 142.99	\$ 2.78	215.4	\$ 215.60	\$ 3.87	
Anesthesia	97.8	204.91	1.67	98.7	204.26	1.68	97.9	204.70	1.67	
Inpatient Visits	74.5	119.19	0.74	103.5	106.67	0.92	78.1	116.77	0.76	
Urgent Care/Emergency Room	560.0	62.79	2.93	824.8	68.53	4.71	593.3	63.71	3.15	
Office/Home Visits	2,894.6	64.22	15.49	3,442.2	63.20	18.13	2,963.5	64.06	15.82	
Preventive Care	1,767.0	55.69	8.20	2,471.4	55.50	11.43	1,855.6	55.68	8.61	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	17.6	88.64	0.13	13.9	51.80	0.06	17.1	84.21	0.12	
Lab/Path/Rad	1,519.0	15.01	1.90	2,513.3	13.03	2.73	1,644.1	14.60	2.00	
Office Adm. Drugs	68.4	21.05	0.12	94.0	11.49	0.09	71.6	20.11	0.12	
Clinic	702.4	145.90	8.54	-	-	-	614.0	145.99	7.47	
Psych/SUD	3.6	66.67	0.02	0.1	-	-	3.2	75.00	0.02	
Physical Therapy	19.7	42.64	0.07	50.9	40.08	0.17	23.6	40.68	0.08	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	284.9	50.12	1.19	444.4	46.44	1.72	305.0	49.57	1.26	
Subtotal	8,222.3	\$ 65.72	\$ 45.03	10,290.5	\$ 51.80	\$ 44.42	8,482.4	\$ 63.59	\$ 44.95	
Total Medical	16,988.9	\$ 73.45	\$ 103.99	19,824.6	\$ 63.99	\$ 105.72	17,345.6	\$ 72.08	\$ 104.19	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	0.9	\$ 533.33	\$ 0.04	-	\$ 0.00	\$ 0.00	0.9	\$ 533.33	\$ 0.04	
Outpatient Treatment	421.7	78.82	2.77	-	-	-	421.7	78.82	2.77	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	422.6	\$ 122.39	\$ 4.31	-	\$ 0.00	\$ 0.00	422.6	\$ 122.39	\$ 4.31	
Short Term Institutional / HCBS	0.2	\$ 600.00	\$ 0.01	-	\$ 0.00	\$ 0.00	0.2	\$ 600.00	\$ 0.01	

Total Acute Medical Component	\$ 108.51
Third Party Liability Adjustment	(7.29)
Copayment Adjustment	-
Retroactivity Adjustment	1.36
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
	12.03
Gross Capitation Rate	\$ 115.11
Less Withhold	2.0%
	(2.30)
Net Capitation Rate	\$ 112.81

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 5-14 M&F

Member Months	1,327,369						171,839			1,499,208
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	27.2	\$ 2,298.53	\$ 5.21	23.3	\$ 2,482.40	\$ 4.82	26.8	\$ 2,314.93	\$ 5.17	
Psychiatric/SUD	0.3	1,200.00	0.03	-	-	-	0.3	1,200.00	0.03	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	27.5	\$ 2,286.55	\$ 5.24	23.3	\$ 2,482.40	\$ 4.82	27.1	\$ 2,302.58	\$ 5.20	
Outpatient Hospital										
Emergency Room	418.1	\$ 121.69	\$ 4.24	527.8	\$ 126.87	\$ 5.58	430.7	\$ 122.31	\$ 4.39	
General	2,129.4	86.33	15.32	2,505.6	64.75	13.52	2,172.5	83.46	15.11	
Subtotal	2,547.5	\$ 92.14	\$ 19.56	3,033.4	\$ 75.56	\$ 19.10	2,603.2	\$ 89.89	\$ 19.50	
Ancillary										
Pharmacy	4,770.6	\$ 81.05	\$ 32.22	4,679.0	\$ 81.15	\$ 31.64	4,760.1	\$ 81.05	\$ 32.15	
DME/Supplies/Prosthetics	123.5	116.60	1.20	90.4	107.52	0.81	119.7	116.29	1.16	
Ambulance	17.6	102.27	0.15	19.3	74.61	0.12	17.8	101.12	0.15	
Non-Emergency Transportation	17.4	41.38	0.06	-	-	-	15.4	38.96	0.05	
Home Health/Hospice	56.9	37.96	0.18	1.2	-	-	50.5	38.02	0.16	
Chiropractic Services	-	-	-	244.2	33.42	0.68	28.0	34.29	0.08	
Podiatry	-	-	-	21.7	71.89	0.13	2.5	48.00	0.01	
Vision	776.1	37.26	2.41	754.5	36.58	2.30	773.6	37.23	2.40	
Other Ancillary	245.0	31.84	0.65	60.0	30.00	0.15	223.8	31.64	0.59	
Subtotal	6,007.1	\$ 73.65	\$ 36.87	5,870.3	\$ 73.24	\$ 35.83	5,991.4	\$ 73.61	\$ 36.75	
Professional										
Surgery	156.2	\$ 194.37	\$ 2.53	185.4	\$ 127.51	\$ 1.97	159.5	\$ 185.83	\$ 2.47	
Anesthesia	39.8	223.12	0.74	41.1	210.22	0.72	39.9	222.56	0.74	
Inpatient Visits	35.9	100.28	0.30	37.3	99.73	0.31	36.1	99.72	0.30	
Urgent Care/Emergency Room	261.9	65.52	1.43	394.8	70.21	2.31	277.1	66.26	1.53	
Office/Home Visits	1,693.0	70.24	9.91	1,920.9	64.72	10.36	1,719.1	69.52	9.96	
Preventive Care	692.4	53.73	3.10	952.3	55.32	4.39	722.2	54.00	3.25	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	0.3	-	-	1.1	109.09	0.01	0.4	-	-	
Allergy/Immunotherapy	62.4	67.31	0.35	76.4	37.70	0.24	64.0	63.75	0.34	
Lab/Path/Rad	1,033.4	18.00	1.55	1,563.3	16.04	2.09	1,094.1	17.66	1.61	
Office Adm. Drugs	35.0	72.00	0.21	38.9	18.51	0.06	35.4	64.41	0.19	
Clinic	445.9	145.05	5.39	-	-	-	394.8	144.98	4.77	
Psych/SUD	1.7	70.59	0.01	0.8	150.00	0.01	1.6	75.00	0.01	
Physical Therapy	78.0	33.85	0.22	124.4	31.83	0.33	83.3	33.13	0.23	
Family Planning	-	-	-	0.1	-	-	-	-	-	
Other Professional	135.0	48.89	0.55	152.0	45.00	0.57	136.9	48.21	0.55	
Subtotal	4,670.9	\$ 67.54	\$ 26.29	5,488.8	\$ 51.09	\$ 23.37	4,764.4	\$ 65.36	\$ 25.95	
Total Medical	13,253.0	\$ 79.64	\$ 87.96	14,415.8	\$ 69.19	\$ 83.12	13,386.1	\$ 78.35	\$ 87.40	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	21.9	\$ 1,583.56	\$ 2.89	-	\$ 0.00	\$ 0.00	21.9	\$ 1,583.56	\$ 2.89	
Outpatient Treatment	3,847.0	81.07	25.99	-	-	-	3,847.0	81.07	25.99	
Intermediate Care	2.6	230.77	0.05	-	-	-	2.6	230.77	0.05	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	3,871.5	\$ 94.32	\$ 30.43	-	\$ 0.00	\$ 0.00	3,871.5	\$ 94.32	\$ 30.43	
Short Term Institutional / HCBS	3.6	\$ 500.00	\$ 0.15	-	\$ 0.00	\$ 0.00	3.2	\$ 487.50	\$ 0.13	

Total Acute Medical Component	\$ 117.96
Third Party Liability Adjustment	(6.56)
Copayment Adjustment	-
Retroactivity Adjustment	1.47
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
	13.24
Gross Capitation Rate	\$ 126.61
Less Withhold	2.0%
	(2.53)
Net Capitation Rate	\$ 124.08

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 15-20 F

Member Months	235,745						33,744			269,489
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	50.0	\$ 2,248.80	\$ 9.37	54.6	\$ 2,305.49	\$ 10.49	50.6	\$ 2,255.34	\$ 9.51	
Psychiatric/SUD	0.8	1,650.00	0.11	-	-	-	0.7	1,714.29	0.10	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	11.3	1,263.72	1.19	11.8	1,301.69	1.28	11.4	1,263.16	1.20	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	62.1	\$ 2,061.84	\$ 10.67	66.4	\$ 2,127.11	\$ 11.77	62.7	\$ 2,068.90	\$ 10.81	
Outpatient Hospital										
Emergency Room	974.2	\$ 116.53	\$ 9.46	1,473.6	\$ 127.36	\$ 15.64	1,036.7	\$ 118.41	\$ 10.23	
General	7,170.4	67.31	40.22	9,906.6	53.41	44.09	7,513.0	65.01	40.70	
Subtotal	8,144.6	\$ 73.20	\$ 49.68	11,380.2	\$ 62.98	\$ 59.73	8,549.7	\$ 71.48	\$ 50.93	
Ancillary										
Pharmacy	8,082.4	\$ 50.51	\$ 34.02	7,797.8	\$ 44.49	\$ 28.91	8,046.8	\$ 49.78	\$ 33.38	
DME/Supplies/Prosthetics	138.1	133.82	1.54	123.9	99.76	1.03	136.3	130.30	1.48	
Ambulance	79.5	93.58	0.62	119.5	71.30	0.71	84.5	89.47	0.63	
Non-Emergency Transportation	24.9	33.73	0.07	-	-	-	21.8	33.03	0.06	
Home Health/Hospice	51.3	63.16	0.27	9.3	103.23	0.08	46.0	65.22	0.25	
Chiropractic Services	-	-	-	650.7	33.38	1.81	81.5	33.87	0.23	
Podiatry	-	-	-	42.3	79.43	0.28	5.3	90.57	0.04	
Vision	934.4	36.47	2.84	883.4	35.73	2.63	928.0	36.34	2.81	
Other Ancillary	594.0	33.74	1.67	78.3	32.18	0.21	529.4	33.77	1.49	
Subtotal	9,904.6	\$ 49.71	\$ 41.03	9,705.2	\$ 44.09	\$ 35.66	9,879.6	\$ 49.03	\$ 40.37	
Professional										
Surgery	253.4	\$ 211.68	\$ 4.47	348.0	\$ 161.03	\$ 4.67	265.2	\$ 203.62	\$ 4.50	
Anesthesia	48.5	254.85	1.03	58.8	232.65	1.14	49.8	250.60	1.04	
Inpatient Visits	92.6	90.71	0.70	133.7	82.57	0.92	97.7	89.66	0.73	
Urgent Care/Emergency Room	592.6	77.76	3.84	966.4	82.57	6.65	639.4	78.64	4.19	
Office/Home Visits	2,570.3	69.61	14.91	3,088.6	61.50	15.83	2,635.2	68.44	15.03	
Preventive Care	662.5	54.16	2.99	903.2	52.75	3.97	692.6	53.88	3.11	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	127.1	173.72	1.84	290.2	226.60	5.48	147.5	187.12	2.30	
Allergy/Immunotherapy	67.1	64.38	0.36	21.8	55.05	0.10	61.4	64.50	0.33	
Lab/Path/Rad	3,406.3	26.77	7.60	5,720.4	23.29	11.10	3,696.1	26.10	8.04	
Office Adm. Drugs	554.0	30.54	1.41	834.9	27.31	1.90	589.2	29.94	1.47	
Clinic	769.1	147.45	9.45	-	-	-	672.8	147.50	8.27	
Psych/SUD	25.2	52.38	0.11	36.6	52.46	0.16	26.6	54.14	0.12	
Physical Therapy	346.7	31.84	0.92	605.5	28.93	1.46	379.1	31.34	0.99	
Family Planning	-	-	-	8.1	14.81	0.01	1.0	-	-	
Other Professional	306.5	119.80	3.06	338.5	147.83	4.17	310.5	123.67	3.20	
Subtotal	9,821.9	\$ 64.37	\$ 52.69	13,354.7	\$ 51.72	\$ 57.56	10,264.1	\$ 62.34	\$ 53.32	
Total Medical	27,933.2	\$ 66.19	\$ 154.07	34,506.5	\$ 57.28	\$ 164.72	28,756.1	\$ 64.86	\$ 155.43	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	76.2	\$ 1,779.53	\$ 11.30	-	\$ 0.00	\$ 0.00	76.2	\$ 1,779.53	\$ 11.30	
Outpatient Treatment	4,430.1	96.54	35.64	-	-	-	4,430.1	96.54	35.64	
Intermediate Care	48.8	378.69	1.54	-	-	-	48.8	378.69	1.54	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	4,555.1	\$ 131.67	\$ 49.98	-	\$ 0.00	\$ 0.00	4,555.1	\$ 131.67	\$ 49.98	
Short Term Institutional / HCBS	21.0	\$ 788.57	\$ 1.38	-	\$ 0.00	\$ 0.00	18.4	\$ 789.13	\$ 1.21	

Total Acute Medical Component	\$ 206.62
Third Party Liability Adjustment	(14.77)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	2.58
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
	22.81
Gross Capitation Rate	\$ 217.73
Less Withhold	2.0%
	(4.35)
Net Capitation Rate	\$ 213.38

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children 15-20 M

Member Months	213,983						28,904			242,887
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	66.9	\$ 2,165.02	\$ 12.07	93.0	\$ 2,774.19	\$ 21.50	70.0	\$ 2,261.14	\$ 13.19	
Psychiatric/SUD	3.6	1,133.33	0.34	-	-	-	3.2	1,125.00	0.30	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	70.5	\$ 2,112.34	\$ 12.41	93.0	\$ 2,774.19	\$ 21.50	73.2	\$ 2,211.48	\$ 13.49	
Outpatient Hospital										
Emergency Room	575.7	\$ 127.98	\$ 6.14	757.6	\$ 131.31	\$ 8.29	597.3	\$ 128.58	\$ 6.40	
General	3,026.4	95.24	24.02	3,549.6	81.10	23.99	3,088.7	93.32	24.02	
Subtotal	3,602.1	\$ 100.47	\$ 30.16	4,307.2	\$ 89.93	\$ 32.28	3,686.0	\$ 99.03	\$ 30.42	
Ancillary										
Pharmacy	5,734.4	\$ 87.60	\$ 41.86	4,736.5	\$ 88.90	\$ 35.09	5,615.6	\$ 87.72	\$ 41.05	
DME/Supplies/Prosthetics	132.3	154.20	1.70	96.8	127.69	1.03	128.1	151.76	1.62	
Ambulance	56.0	98.57	0.46	73.1	70.59	0.43	58.0	95.17	0.46	
Non-Emergency Transportation	17.4	48.28	0.07	-	-	-	15.3	47.06	0.06	
Home Health/Hospice	32.4	66.67	0.18	-	-	-	28.5	67.37	0.16	
Chiropractic Services	-	-	-	323.0	33.44	0.90	38.4	34.38	0.11	
Podiatry	0.1	-	-	33.0	72.73	0.20	4.0	60.00	0.02	
Vision	693.7	36.50	2.11	574.2	35.95	1.72	679.5	36.38	2.06	
Other Ancillary	393.5	33.24	1.09	27.6	30.43	0.07	350.0	33.26	0.97	
Subtotal	7,059.8	\$ 80.69	\$ 47.47	5,864.2	\$ 80.71	\$ 39.44	6,917.4	\$ 80.68	\$ 46.51	
Professional										
Surgery	203.7	\$ 233.28	\$ 3.96	265.3	\$ 168.71	\$ 3.73	211.0	\$ 223.51	\$ 3.93	
Anesthesia	38.7	263.57	0.85	47.3	246.09	0.97	39.7	259.95	0.86	
Inpatient Visits	78.9	91.25	0.60	86.0	117.21	0.84	79.7	94.86	0.63	
Urgent Care/Emergency Room	340.2	73.02	2.07	499.0	75.99	3.16	359.1	73.52	2.20	
Office/Home Visits	1,493.3	70.72	8.80	1,533.1	64.73	8.27	1,498.0	70.01	8.74	
Preventive Care	463.8	56.14	2.17	614.8	55.04	2.82	481.8	56.04	2.25	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	44.2	59.73	0.22	48.1	44.91	0.18	44.7	59.06	0.22	
Lab/Path/Rad	1,396.5	26.47	3.08	1,739.8	23.86	3.46	1,437.4	26.13	3.13	
Office Adm. Drugs	45.2	63.72	0.24	25.1	14.34	0.03	42.8	61.68	0.22	
Clinic	391.9	142.69	4.66	-	-	-	345.3	142.83	4.11	
Psych/SUD	4.9	73.47	0.03	0.4	-	-	4.4	81.82	0.03	
Physical Therapy	301.1	30.29	0.76	576.9	29.54	1.42	333.9	30.19	0.84	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	156.2	44.56	0.58	144.7	46.44	0.56	154.8	44.96	0.58	
Subtotal	4,958.6	\$ 67.81	\$ 28.02	5,580.5	\$ 54.70	\$ 25.44	5,032.6	\$ 66.14	\$ 27.74	
Total Medical	15,691.0	\$ 90.29	\$ 118.06	15,844.9	\$ 89.87	\$ 118.66	15,709.2	\$ 90.26	\$ 118.16	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	58.2	\$ 1,824.74	\$ 8.85	-	\$ 0.00	\$ 0.00	58.2	\$ 1,824.74	\$ 8.85	
Outpatient Treatment	6,905.5	93.75	53.95	-	-	-	6,905.5	93.75	53.95	
Intermediate Care	82.6	284.75	1.96	-	-	-	82.6	284.75	1.96	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	7,046.3	\$ 112.84	\$ 66.26	-	\$ 0.00	\$ 0.00	7,046.3	\$ 112.84	\$ 66.26	
Short Term Institutional / HCBS	13.8	\$ 878.26	\$ 1.01	-	\$ 0.00	\$ 0.00	12.2	\$ 875.41	\$ 0.89	

Total Acute Medical Component	\$ 185.31
Third Party Liability Adjustment	(11.52)
Copayment Adjustment	-
Retroactivity Adjustment	2.32
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
	20.66
Gross Capitation Rate	\$ 197.27
Less Withhold	2.0%
	(3.95)
Net Capitation Rate	\$ 193.32

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 F

Member Months	251,247						52,310			303,557
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	93.1	\$ 2,705.48	\$ 20.99	90.1	\$ 2,384.02	\$ 17.90	92.6	\$ 2,651.40	\$ 20.46	
Psychiatric/SUD	1.4	600.00	0.07	2.3	1,721.74	0.33	1.6	825.00	0.11	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	27.7	1,446.93	3.34	34.9	753.01	2.19	28.9	1,303.81	3.14	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	0.5	480.00	0.02	-	-	-	0.4	600.00	0.02	
Subtotal	122.7	\$ 2,388.26	\$ 24.42	127.3	\$ 1,924.90	\$ 20.42	123.5	\$ 2,305.75	\$ 23.73	
Outpatient Hospital										
Emergency Room	1,854.2	\$ 109.57	\$ 16.93	2,270.8	\$ 132.06	\$ 24.99	1,926.0	\$ 114.14	\$ 18.32	
General	13,613.1	69.77	79.15	16,421.5	61.76	84.51	14,097.1	68.16	80.07	
Subtotal	15,467.3	\$ 74.54	\$ 96.08	18,692.3	\$ 70.30	\$ 109.50	16,023.1	\$ 73.69	\$ 98.39	
Ancillary										
Pharmacy	12,258.0	\$ 43.59	\$ 44.53	11,952.8	\$ 43.92	\$ 43.75	12,205.4	\$ 43.65	\$ 44.40	
DME/Supplies/Prosthetics	222.4	120.32	2.23	223.4	120.32	2.24	222.6	120.22	2.23	
Ambulance	116.6	89.54	0.87	158.6	66.58	0.88	123.8	84.33	0.87	
Non-Emergency Transportation	20.5	35.12	0.06	-	-	-	17.0	35.29	0.05	
Home Health/Hospice	35.3	159.77	0.47	7.9	106.33	0.07	30.6	156.86	0.40	
Chiropractic Services	-	-	-	835.8	34.31	2.39	144.0	34.17	0.41	
Podiatry	0.3	-	-	56.7	67.72	0.32	10.0	72.00	0.06	
Vision	762.7	38.39	2.44	756.5	38.07	2.40	761.6	38.29	2.43	
Other Ancillary	831.3	33.92	2.35	109.6	33.94	0.31	706.9	33.95	2.00	
Subtotal	14,247.1	\$ 44.60	\$ 52.95	14,101.3	\$ 44.56	\$ 52.36	14,221.9	\$ 44.59	\$ 52.85	
Professional										
Surgery	529.2	\$ 231.52	\$ 10.21	651.9	\$ 162.91	\$ 8.85	550.3	\$ 217.63	\$ 9.98	
Anesthesia	112.3	238.29	2.23	104.3	240.46	2.09	110.9	239.13	2.21	
Inpatient Visits	183.4	83.10	1.27	246.8	83.14	1.71	194.3	83.38	1.35	
Urgent Care/Emergency Room	1,076.6	78.92	7.08	1,510.9	85.62	10.78	1,151.4	80.46	7.72	
Office/Home Visits	3,544.4	65.34	19.30	4,127.9	61.51	21.16	3,645.0	64.59	19.62	
Preventive Care	714.5	47.19	2.81	1,058.9	48.50	4.28	773.8	47.45	3.06	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	297.1	163.99	4.06	522.2	233.01	10.14	335.9	182.55	5.11	
Allergy/Immunotherapy	36.1	96.40	0.29	34.8	68.97	0.20	35.9	90.25	0.27	
Lab/Path/Rad	5,744.3	29.87	14.30	9,755.0	26.42	21.48	6,435.4	28.98	15.54	
Office Adm. Drugs	597.3	49.42	2.46	815.8	26.04	1.77	635.0	44.22	2.34	
Clinic	1,003.6	148.51	12.42	-	-	-	830.7	148.50	10.28	
Psych/SUD	29.3	49.15	0.12	43.0	47.44	0.17	31.7	49.21	0.13	
Physical Therapy	377.8	28.59	0.90	444.1	28.10	1.04	389.2	28.37	0.92	
Family Planning	-	-	-	9.3	51.61	0.04	1.6	75.00	0.01	
Other Professional	487.1	98.54	4.00	541.3	116.83	5.27	496.4	102.01	4.22	
Subtotal	14,733.0	\$ 66.34	\$ 81.45	19,866.2	\$ 53.75	\$ 88.98	15,617.5	\$ 63.59	\$ 82.76	
Total Medical	44,570.1	\$ 68.63	\$ 254.90	52,787.1	\$ 61.67	\$ 271.26	45,986.0	\$ 67.25	\$ 257.73	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	50.4	\$ 1,230.95	\$ 5.17	-	\$ 0.00	\$ 0.00	50.4	\$ 1,230.95	\$ 5.17	
Outpatient Treatment	2,350.2	89.20	17.47	-	-	-	2,350.2	89.20	17.47	
Intermediate Care	118.2	710.66	7.00	-	-	-	118.2	710.66	7.00	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	2,518.8	\$ 148.36	\$ 31.14	-	\$ 0.00	\$ 0.00	2,518.8	\$ 148.36	\$ 31.14	
Short Term Institutional / HCBS	30.1	\$ 354.82	\$ 0.89	-	\$ 0.00	\$ 0.00	24.9	\$ 356.63	\$ 0.74	

Total Acute Medical Component	\$ 289.61
Third Party Liability Adjustment	(12.24)
Copayment Adjustment	(2.09)
Retroactivity Adjustment	3.62
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
	32.72
Gross Capitation Rate	\$ 312.62
Less Withhold	2.0%
	(6.25)
Net Capitation Rate	\$ 306.37

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Expansion Adults 21-34 M

Member Months	57,287						13,096			70,383
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	178.4	\$ 2,352.91	\$ 34.98	180.9	\$ 2,339.64	\$ 35.27	178.9	\$ 2,349.69	\$ 35.03	
Psychiatric/SUD	2.6	923.08	0.20	-	-	-	2.1	914.29	0.16	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	181.0	\$ 2,332.38	\$ 35.18	180.9	\$ 2,339.64	\$ 35.27	181.0	\$ 2,333.04	\$ 35.19	
Outpatient Hospital										
Emergency Room	1,233.0	\$ 114.94	\$ 11.81	1,651.7	\$ 125.83	\$ 17.32	1,310.9	\$ 117.54	\$ 12.84	
General	6,134.5	86.54	44.24	8,388.6	69.12	48.32	6,553.9	82.39	45.00	
Subtotal	7,367.5	\$ 91.29	\$ 56.05	10,040.3	\$ 78.45	\$ 65.64	7,864.8	\$ 88.25	\$ 57.84	
Ancillary										
Pharmacy	7,015.7	\$ 57.30	\$ 33.50	6,383.7	\$ 64.27	\$ 34.19	6,898.1	\$ 58.50	\$ 33.63	
DME/Supplies/Prosthetics	285.0	147.79	3.51	294.3	123.14	3.02	286.7	143.15	3.42	
Ambulance	99.9	97.30	0.81	89.2	72.65	0.54	97.9	93.16	0.76	
Non-Emergency Transportation	0.1	-	-	-	-	-	0.1	-	-	
Home Health/Hospice	36.3	188.43	0.57	37.7	101.86	0.32	36.6	170.49	0.52	
Chiropractic Services	0.6	-	-	580.1	34.13	1.65	108.4	34.32	0.31	
Podiatry	-	-	-	64.3	74.65	0.40	12.0	70.00	0.07	
Vision	547.5	39.45	1.80	487.4	41.61	1.69	536.3	39.83	1.78	
Other Ancillary	577.1	33.89	1.63	85.8	33.57	0.24	485.7	33.85	1.37	
Subtotal	8,562.2	\$ 58.61	\$ 41.82	8,022.5	\$ 62.90	\$ 42.05	8,461.8	\$ 59.36	\$ 41.86	
Professional										
Surgery	361.8	\$ 248.09	\$ 7.48	450.2	\$ 202.31	\$ 7.59	378.2	\$ 237.97	\$ 7.50	
Anesthesia	72.0	261.67	1.57	90.8	261.67	1.98	75.5	262.25	1.65	
Inpatient Visits	213.8	91.49	1.63	285.2	88.78	2.11	227.1	90.89	1.72	
Urgent Care/Emergency Room	707.1	75.18	4.43	994.6	82.77	6.86	760.6	76.99	4.88	
Office/Home Visits	1,919.1	67.78	10.84	2,130.5	66.58	11.82	1,958.4	67.52	11.02	
Preventive Care	246.9	42.77	0.88	473.3	44.12	1.74	289.0	43.18	1.04	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	0.2	600.00	0.01	-	-	-	0.2	600.00	0.01	
Allergy/Immunotherapy	16.3	80.98	0.11	49.9	60.12	0.25	22.6	74.34	0.14	
Lab/Path/Rad	2,177.8	25.62	4.65	2,683.8	25.89	5.79	2,272.0	25.67	4.86	
Office Adm. Drugs	202.8	29.59	0.50	68.1	12.33	0.07	177.7	28.36	0.42	
Clinic	498.7	143.65	5.97	-	-	-	405.9	143.68	4.86	
Psych/SUD	0.8	150.00	0.01	-	-	-	0.7	171.43	0.01	
Physical Therapy	243.9	28.54	0.58	807.0	29.74	2.00	348.7	28.91	0.84	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	324.0	56.30	1.52	294.1	53.45	1.31	318.4	55.78	1.48	
Subtotal	6,985.2	\$ 69.03	\$ 40.18	8,327.5	\$ 59.83	\$ 41.52	7,235.0	\$ 67.06	\$ 40.43	
Total Medical	23,095.9	\$ 90.01	\$ 173.23	26,571.2	\$ 83.31	\$ 184.48	23,742.6	\$ 88.61	\$ 175.32	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	51.3	\$ 1,059.65	\$ 4.53	-	\$ 0.00	\$ 0.00	51.3	\$ 1,059.65	\$ 4.53	
Outpatient Treatment	1,473.0	82.12	10.08	-	-	-	1,473.0	82.12	10.08	
Intermediate Care	29.6	591.89	1.46	-	-	-	29.6	591.89	1.46	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,553.9	\$ 135.68	\$ 17.57	-	\$ 0.00	\$ 0.00	1,553.9	\$ 135.68	\$ 17.57	
Short Term Institutional / HCBS	4.9	\$ 146.94	\$ 0.06	-	\$ 0.00	\$ 0.00	4.0	\$ 150.00	\$ 0.05	

Total Acute Medical Component	\$ 192.94
Third Party Liability Adjustment	(7.01)
Copayment Adjustment	(1.24)
Retroactivity Adjustment	2.41
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
	21.95
Gross Capitation Rate	\$ 210.05
Less Withhold	2.0%
	(4.20)
Net Capitation Rate	\$ 205.85

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 F

Member Months	104,993			21,225			126,218		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	245.8	\$ 2,379.98	\$ 48.75	319.2	\$ 2,435.34	\$ 64.78	258.1	\$ 2,392.10	\$ 51.45
Psychiatric/SUD	1.9	884.21	0.14	1.7	2,047.06	0.29	1.9	1,073.68	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	3.6	1,800.00	0.54	2.3	1,773.91	0.34	3.4	1,800.00	0.51
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	251.3	\$ 2,360.37	\$ 49.43	323.2	\$ 2,428.59	\$ 65.41	263.4	\$ 2,374.94	\$ 52.13
Outpatient Hospital									
Emergency Room	1,548.7	\$ 112.43	\$ 14.51	2,069.8	\$ 134.04	\$ 23.12	1,636.3	\$ 117.04	\$ 15.96
General	14,790.5	86.81	107.00	19,457.6	79.93	129.60	15,575.3	85.37	110.80
Subtotal	16,339.2	\$ 89.24	\$ 121.51	21,527.4	\$ 85.13	\$ 152.72	17,211.6	\$ 88.38	\$ 126.76
Ancillary									
Pharmacy	21,560.3	\$ 51.95	\$ 93.34	23,104.2	\$ 48.19	\$ 92.79	21,819.9	\$ 51.28	\$ 93.25
DME/Supplies/Prosthetics	557.8	124.78	5.80	523.6	182.66	7.97	552.0	133.91	6.16
Ambulance	146.9	88.22	1.08	240.3	66.92	1.34	162.6	82.66	1.12
Non-Emergency Transportation	7.2	50.00	0.03	-	-	-	6.0	40.00	0.02
Home Health/Hospice	108.9	143.25	1.30	101.6	120.47	1.02	107.7	139.28	1.25
Chiropractic Services	1.0	-	-	1,094.3	33.78	3.08	184.9	33.75	0.52
Podiatry	-	-	-	145.1	59.55	0.72	24.4	59.02	0.12
Vision	960.7	39.85	3.19	975.7	39.73	3.23	963.2	39.87	3.20
Other Ancillary	1,035.8	33.71	2.91	132.3	36.28	0.40	883.9	33.80	2.49
Subtotal	24,378.6	\$ 52.99	\$ 107.65	26,317.1	\$ 50.41	\$ 110.55	24,704.6	\$ 52.52	\$ 108.13
Professional									
Surgery	838.4	\$ 249.33	\$ 17.42	1,149.8	\$ 191.72	\$ 18.37	890.8	\$ 236.82	\$ 17.58
Anesthesia	165.8	246.80	3.41	186.5	258.02	4.01	169.3	248.79	3.51
Inpatient Visits	351.1	83.40	2.44	447.4	87.97	3.28	367.3	84.29	2.58
Urgent Care/Emergency Room	887.4	83.30	6.16	1,341.2	91.17	10.19	963.7	85.17	6.84
Office/Home Visits	4,570.4	67.24	25.61	5,689.8	66.03	31.31	4,758.6	67.00	26.57
Preventive Care	584.1	53.00	2.58	1,002.8	56.60	4.73	654.5	53.90	2.94
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	68.9	141.07	0.81	96.8	192.15	1.55	73.6	151.63	0.93
Allergy/Immunotherapy	69.7	74.03	0.43	150.1	35.98	0.45	83.2	62.02	0.43
Lab/Path/Rad	5,939.3	30.10	14.90	10,262.7	27.01	23.10	6,666.3	29.31	16.28
Office Adm. Drugs	619.8	70.86	3.66	762.8	89.20	5.67	643.8	74.56	4.00
Clinic	1,051.9	146.71	12.86	-	-	-	875.0	146.74	10.70
Psych/SUD	10.8	44.44	0.04	9.5	50.53	0.04	10.6	45.28	0.04
Physical Therapy	656.3	28.52	1.56	1,231.5	29.23	3.00	753.0	28.69	1.80
Family Planning	-	-	-	6.8	17.65	0.01	1.1	-	-
Other Professional	808.5	57.88	3.90	1,088.2	66.61	6.04	855.5	59.75	4.26
Subtotal	16,622.4	\$ 69.15	\$ 95.78	23,425.9	\$ 57.24	\$ 111.75	17,766.3	\$ 66.50	\$ 98.46
Total Medical	57,591.5	\$ 78.01	\$ 374.37	71,593.6	\$ 73.82	\$ 440.43	59,945.9	\$ 77.17	\$ 385.48
Category of Service - Iowa Plan for BH									
Inpatient Treatment	59.9	\$ 1,444.41	\$ 7.21	-	\$ 0.00	\$ 0.00	59.9	\$ 1,444.41	\$ 7.21
Outpatient Treatment	3,019.5	81.91	20.61	-	-	-	3,019.5	81.91	20.61
Intermediate Care	65.9	668.29	3.67	-	-	-	65.9	668.29	3.67
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,145.3	\$ 125.86	\$ 32.99	-	\$ 0.00	\$ 0.00	3,145.3	\$ 125.86	\$ 32.99
Short Term Institutional / HCBS	37.6	\$ 351.06	\$ 1.10	-	\$ 0.00	\$ 0.00	31.3	\$ 352.72	\$ 0.92

Total Acute Medical Component	\$ 419.39
Third Party Liability Adjustment	(16.38)
Copayment Adjustment	(3.30)
Retroactivity Adjustment	5.24
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 47.51
Gross Capitation Rate	\$ 453.46
Less Withhold	2.0% (9.07)
Net Capitation Rate	\$ 444.39

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Expansion Adults 35-49 M

Member Months	45,580						8,895			54,475
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	303.0	\$ 2,797.62	\$ 70.64	316.2	\$ 2,581.78	\$ 68.03	305.2	\$ 2,760.55	\$ 70.21	
Psychiatric/SUD	1.7	1,411.76	0.20	-	-	0.43	1.4	2,057.14	0.24	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	304.7	\$ 2,789.89	\$ 70.84	316.2	\$ 2,598.10	\$ 68.46	306.6	\$ 2,757.34	\$ 70.45	
Outpatient Hospital										
Emergency Room	1,183.5	\$ 117.52	\$ 11.59	1,358.1	\$ 136.07	\$ 15.40	1,212.0	\$ 120.89	\$ 12.21	
General	9,909.2	102.85	84.93	12,227.0	80.85	82.38	10,287.7	98.58	84.51	
Subtotal	11,092.7	\$ 104.41	\$ 96.52	13,585.1	\$ 86.37	\$ 97.78	11,499.7	\$ 100.93	\$ 96.72	
Ancillary										
Pharmacy	14,575.7	\$ 58.47	\$ 71.02	15,169.9	\$ 53.20	\$ 67.25	14,672.7	\$ 57.58	\$ 70.40	
DME/Supplies/Prosthetics	739.1	130.86	8.06	691.0	160.29	9.23	731.2	135.39	8.25	
Ambulance	145.9	105.28	1.28	151.5	68.91	0.87	146.8	98.91	1.21	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	64.0	241.88	1.29	15.1	103.31	0.13	56.0	235.71	1.10	
Chiropractic Services	1.5	-	-	726.4	34.36	2.08	119.9	34.03	0.34	
Podiatry	2.5	-	-	74.6	65.95	0.41	14.3	58.74	0.07	
Vision	747.1	40.48	2.52	639.2	44.31	2.36	729.5	40.96	2.49	
Other Ancillary	822.3	34.00	2.33	46.7	33.40	0.13	695.7	33.98	1.97	
Subtotal	17,098.1	\$ 60.71	\$ 86.50	17,514.4	\$ 56.50	\$ 82.46	17,166.1	\$ 60.00	\$ 85.83	
Professional										
Surgery	632.7	\$ 261.36	\$ 13.78	757.7	\$ 245.95	\$ 15.53	653.1	\$ 258.52	\$ 14.07	
Anesthesia	129.1	257.47	2.77	141.7	282.00	3.33	131.2	261.59	2.86	
Inpatient Visits	461.9	83.13	3.20	442.1	89.03	3.28	458.7	83.98	3.21	
Urgent Care/Emergency Room	689.6	82.31	4.73	846.0	91.63	6.46	715.1	84.07	5.01	
Office/Home Visits	3,193.8	68.53	18.24	3,749.9	67.84	21.20	3,284.6	68.39	18.72	
Preventive Care	334.1	42.74	1.19	644.6	45.98	2.47	384.8	43.66	1.40	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	28.9	99.65	0.24	4.0	90.00	0.03	24.8	101.61	0.21	
Lab/Path/Rad	3,611.1	27.61	8.31	5,306.2	24.70	10.92	3,887.9	26.98	8.74	
Office Adm. Drugs	352.4	59.59	1.75	240.6	29.43	0.59	334.1	56.03	1.56	
Clinic	709.5	145.79	8.62	-	-	-	593.6	145.75	7.21	
Psych/SUD	3.8	63.16	0.02	1.4	-	-	3.4	70.59	0.02	
Physical Therapy	602.1	28.70	1.44	1,059.7	30.23	2.67	676.8	29.08	1.64	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	739.6	55.00	3.39	724.3	71.24	4.30	737.1	57.63	3.54	
Subtotal	11,488.6	\$ 70.69	\$ 67.68	13,918.2	\$ 61.03	\$ 70.78	11,885.2	\$ 68.85	\$ 68.19	
Total Medical	39,984.1	\$ 96.50	\$ 321.54	45,333.9	\$ 84.57	\$ 319.48	40,857.6	\$ 94.33	\$ 321.19	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	44.5	\$ 1,526.29	\$ 5.66	-	\$ 0.00	\$ 0.00	44.5	\$ 1,526.29	\$ 5.66	
Outpatient Treatment	1,843.9	91.63	14.08	-	-	-	1,843.9	91.63	14.08	
Intermediate Care	21.2	667.92	1.18	-	-	-	21.2	667.92	1.18	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,909.6	\$ 140.89	\$ 22.42	-	\$ 0.00	\$ 0.00	1,909.6	\$ 140.89	\$ 22.42	
Short Term Institutional / HCBS	207.3	\$ 496.09	\$ 8.57	-	\$ 0.00	\$ 0.00	173.5	\$ 495.91	\$ 7.17	

Total Acute Medical Component	\$ 350.78
Third Party Liability Adjustment	(15.26)
Copayment Adjustment	(2.44)
Retroactivity Adjustment	4.38
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
	39.59
Gross Capitation Rate	\$ 378.05
Less Withhold	2.0%
	(7.56)
Net Capitation Rate	\$ 370.49

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Expansion Adults 50+ M&F

Member Months	20,217			3,071			23,288		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	541.2	\$ 2,481.82	\$ 111.93	200.2	\$ 3,737.86	\$ 62.36	496.2	\$ 2,548.73	\$ 105.39
Psychiatric/SUD	3.6	300.00	0.09	-	-	-	3.1	309.68	0.08
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	544.8	\$ 2,467.40	\$ 112.02	200.2	\$ 3,737.86	\$ 62.36	499.3	\$ 2,534.83	\$ 105.47
Outpatient Hospital									
Emergency Room	906.7	\$ 118.19	\$ 8.93	1,126.7	\$ 135.69	\$ 12.74	935.7	\$ 120.94	\$ 9.43
General	15,133.2	98.68	124.45	16,034.4	73.51	98.22	15,252.0	95.19	120.99
Subtotal	16,039.9	\$ 99.79	\$ 133.38	17,161.1	\$ 77.59	\$ 110.96	16,187.7	\$ 96.68	\$ 130.42
Ancillary									
Pharmacy	23,934.5	\$ 47.69	\$ 95.11	25,614.7	\$ 50.80	\$ 108.43	24,156.1	\$ 48.12	\$ 96.87
DME/Supplies/Prosthetics	1,167.8	121.97	11.87	665.9	157.86	8.76	1,101.6	124.84	11.46
Ambulance	220.7	95.70	1.76	241.5	67.08	1.35	223.4	91.85	1.71
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	394.0	223.55	7.34	161.0	124.47	1.67	363.3	217.67	6.59
Chiropractic Services	14.0	8.57	0.01	856.2	31.67	2.26	125.1	29.74	0.31
Podiatry	13.6	26.47	0.03	106.1	53.16	0.47	25.8	41.86	0.09
Vision	1,079.2	41.81	3.76	1,562.4	40.40	5.26	1,142.9	41.58	3.96
Other Ancillary	825.0	33.89	2.33	193.9	45.80	0.74	741.8	34.29	2.12
Subtotal	27,648.8	\$ 53.04	\$ 122.21	29,401.7	\$ 52.63	\$ 128.94	27,880.0	\$ 52.99	\$ 123.11
Professional									
Surgery	1,161.5	\$ 277.50	\$ 26.86	1,099.2	\$ 197.27	\$ 18.07	1,153.3	\$ 267.41	\$ 25.70
Anesthesia	202.2	255.19	4.30	127.7	245.26	2.61	192.4	254.47	4.08
Inpatient Visits	808.9	75.36	5.08	433.1	85.06	3.07	759.3	76.02	4.81
Urgent Care/Emergency Room	612.6	87.17	4.45	763.3	98.10	6.24	632.5	88.98	4.69
Office/Home Visits	4,652.5	65.80	25.51	5,960.8	67.62	33.59	4,825.0	66.11	26.58
Preventive Care	540.3	48.42	2.18	1,059.7	51.30	4.53	608.8	49.08	2.49
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	65.1	35.02	0.19	100.7	32.17	0.27	69.8	34.38	0.20
Lab/Path/Rad	6,159.5	31.11	15.97	9,776.7	24.87	20.26	6,636.5	29.91	16.54
Office Adm. Drugs	627.3	215.59	11.27	553.5	47.05	2.17	617.6	195.66	10.07
Clinic	1,062.8	156.15	13.83	-	-	-	922.6	156.21	12.01
Psych/SUD	28.9	29.07	0.07	-	-	-	25.1	28.69	0.06
Physical Therapy	686.1	29.21	1.67	2,372.7	28.68	5.67	908.5	29.06	2.20
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,375.8	46.84	5.37	1,323.8	43.78	4.83	1,368.9	46.46	5.30
Subtotal	17,983.5	\$ 77.90	\$ 116.75	23,571.2	\$ 51.58	\$ 101.31	18,720.3	\$ 73.54	\$ 114.73
Total Medical	62,217.0	\$ 93.42	\$ 484.36	70,334.2	\$ 68.85	\$ 403.57	63,287.3	\$ 89.82	\$ 473.73
Category of Service - Iowa Plan for BH									
Inpatient Treatment	34.2	\$ 2,119.30	\$ 6.04	-	\$ 0.00	\$ 0.00	34.2	\$ 2,119.30	\$ 6.04
Outpatient Treatment	2,364.5	86.43	17.03	-	-	-	2,364.5	86.43	17.03
Intermediate Care	6.8	1,676.47	0.95	-	-	-	6.8	1,676.47	0.95
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,405.5	\$ 127.31	\$ 25.52	-	\$ 0.00	\$ 0.00	2,405.5	\$ 127.31	\$ 25.52
Short Term Institutional / HCBS	237.2	\$ 256.49	\$ 5.07	-	\$ 0.00	\$ 0.00	205.9	\$ 256.44	\$ 4.40

Total Acute Medical Component	\$ 503.65
Third Party Liability Adjustment	(27.24)
Copayment Adjustment	(3.81)
Retroactivity Adjustment	6.30
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
	56.18
Gross Capitation Rate	\$ 536.08
Less Withhold	2.0%
	(10.72)
Net Capitation Rate	\$ 525.36

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Family Planning Waiver

Member Months	288,967						-			288,967
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	1.5	\$ 2,800.00	\$ 0.35	-	\$ 0.00	\$ 0.00	1.5	\$ 2,800.00	\$ 0.35	
Psychiatric/SUD	0.4	1,500.00	0.05	-	-	-	0.4	1,500.00	0.05	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	0.1	1,200.00	0.01	-	-	-	0.1	1,200.00	0.01	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	2.0	\$ 2,460.00	\$ 0.41	-	\$ 0.00	\$ 0.00	2.0	\$ 2,460.00	\$ 0.41	
Outpatient Hospital										
Emergency Room	3.5	\$ 68.57	\$ 0.02	-	\$ 0.00	\$ 0.00	3.5	\$ 68.57	\$ 0.02	
General	104.0	95.77	0.83	-	-	-	104.0	95.77	0.83	
Subtotal	107.5	\$ 94.88	\$ 0.85	-	\$ 0.00	\$ 0.00	107.5	\$ 94.88	\$ 0.85	
Ancillary										
Pharmacy	461.3	\$ 47.34	\$ 1.82	-	\$ 0.00	\$ 0.00	461.3	\$ 47.34	\$ 1.82	
DME/Supplies/Prosthetics	35.2	3.41	0.01	-	-	-	35.2	3.41	0.01	
Ambulance	0.6	200.00	0.01	-	-	-	0.6	200.00	0.01	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	0.1	-	-	-	-	-	0.1	-	-	
Other Ancillary	-	-	-	-	-	-	-	-	-	
Subtotal	497.2	\$ 44.41	\$ 1.84	-	\$ 0.00	\$ 0.00	497.2	\$ 44.41	\$ 1.84	
Professional										
Surgery	102.0	\$ 135.29	\$ 1.15	-	\$ 0.00	\$ 0.00	102.0	\$ 135.29	\$ 1.15	
Anesthesia	1.9	252.63	0.04	-	-	-	1.9	252.63	0.04	
Inpatient Visits	3.5	68.57	0.02	-	-	-	3.5	68.57	0.02	
Urgent Care/Emergency Room	1.8	133.33	0.02	-	-	-	1.8	133.33	0.02	
Office/Home Visits	359.7	51.71	1.55	-	-	-	359.7	51.71	1.55	
Preventive Care	344.5	98.58	2.83	-	-	-	344.5	98.58	2.83	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01	
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-	
Lab/Path/Rad	951.8	33.16	2.63	-	-	-	951.8	33.16	2.63	
Office Adm. Drugs	1,401.2	40.42	4.72	-	-	-	1,401.2	40.42	4.72	
Clinic	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01	
Psych/SUD	0.8	-	-	-	-	-	0.8	-	-	
Physical Therapy	-	-	-	-	-	-	-	-	-	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	223.4	178.87	3.33	-	-	-	223.4	178.87	3.33	
Subtotal	3,392.0	\$ 57.70	\$ 16.31	-	\$ 0.00	\$ 0.00	3,392.0	\$ 57.70	\$ 16.31	
Total Medical	3,998.7	\$ 58.25	\$ 19.41	-	\$ 0.00	\$ 0.00	3,998.7	\$ 58.25	\$ 19.41	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	-	-	-	-	-	-	-	-	-	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	-	-	-	-	-	-	-	
Total Behavioral Health	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 19.41
Third Party Liability Adjustment	(1.07)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	-
Other administrative expense	10.50% 2.15
Gross Capitation Rate	\$ 20.49
Less Withhold	2.0% (0.41)
Net Capitation Rate	\$ 20.08

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Pregnant Women

Member Months	100,193			17,996			118,189		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	47.2	\$ 2,214.41	\$ 8.71	25.3	\$ 2,902.77	\$ 6.12	43.9	\$ 2,274.26	\$ 8.32
Psychiatric/SUD	2.3	417.39	0.08	-	-	-	1.9	442.11	0.07
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	141.8	1,537.66	18.17	189.5	733.30	11.58	149.1	1,381.89	17.17
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.1	2,400.00	0.02	1.4	771.43	0.09	0.3	1,200.00	0.03
Subtotal	191.4	\$ 1,691.54	\$ 26.98	216.2	\$ 987.42	\$ 17.79	195.2	\$ 1,573.16	\$ 25.59
Outpatient Hospital									
Emergency Room	1,263.5	\$ 129.64	\$ 13.65	1,402.4	\$ 140.16	\$ 16.38	1,284.6	\$ 131.43	\$ 14.07
General	20,743.7	65.93	113.97	21,530.6	63.90	114.65	20,863.5	65.61	114.07
Subtotal	22,007.2	\$ 69.59	\$ 127.62	22,933.0	\$ 68.56	\$ 131.03	22,148.1	\$ 69.43	\$ 128.14
Ancillary									
Pharmacy	7,193.9	\$ 31.94	\$ 19.15	8,839.2	\$ 35.57	\$ 26.20	7,444.4	\$ 32.59	\$ 20.22
DME/Supplies/Prosthetics	178.9	112.02	1.67	156.7	121.00	1.58	175.5	113.50	1.66
Ambulance	145.2	113.22	1.37	184.9	73.34	1.13	151.2	105.56	1.33
Non-Emergency Transportation	64.5	39.07	0.21	1.8	-	-	55.0	39.27	0.18
Home Health/Hospice	159.2	110.80	1.47	63.7	105.49	0.56	144.7	110.30	1.33
Chiropractic Services	1.0	-	-	986.0	33.23	2.73	151.0	33.38	0.42
Podiatry	0.1	-	-	18.1	66.30	0.10	2.8	85.71	0.02
Vision	644.2	37.44	2.01	621.9	39.17	2.03	640.8	37.64	2.01
Other Ancillary	900.8	34.50	2.59	121.7	49.30	0.50	782.2	34.82	2.27
Subtotal	9,287.8	\$ 36.78	\$ 28.47	10,994.0	\$ 38.02	\$ 34.83	9,547.6	\$ 37.00	\$ 29.44
Professional									
Surgery	367.3	\$ 214.65	\$ 6.57	614.2	\$ 157.86	\$ 8.08	404.9	\$ 201.53	\$ 6.80
Anesthesia	77.0	216.62	1.39	117.6	212.24	2.08	83.2	216.35	1.50
Inpatient Visits	360.6	74.54	2.24	545.6	72.36	3.29	388.8	74.07	2.40
Urgent Care/Emergency Room	834.8	87.11	6.06	1,023.1	85.50	7.29	863.5	86.86	6.25
Office/Home Visits	2,259.7	70.20	13.22	3,190.7	54.23	14.42	2,401.5	66.96	13.40
Preventive Care	1,581.7	19.95	2.63	1,766.9	24.79	3.65	1,609.9	20.80	2.79
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	2,217.2	189.27	34.97	4,337.6	247.16	89.34	2,540.1	204.32	43.25
Allergy/Immunotherapy	2.4	150.00	0.03	3.9	123.08	0.04	2.6	138.46	0.03
Lab/Path/Rad	10,989.6	38.26	35.04	17,010.9	28.91	40.98	11,906.4	36.22	35.94
Office Adm. Drugs	409.6	52.15	1.78	573.3	26.79	1.28	434.5	46.95	1.70
Clinic	1,510.3	157.64	19.84	-	-	-	1,280.3	157.65	16.82
Psych/SUD	384.4	49.32	1.58	299.9	47.62	1.19	371.5	49.10	1.52
Physical Therapy	163.8	32.97	0.45	202.8	34.32	0.58	169.7	33.24	0.47
Family Planning	-	-	-	2.6	-	-	0.4	-	-
Other Professional	488.1	167.42	6.81	756.9	183.27	11.56	529.0	170.81	7.53
Subtotal	21,646.5	\$ 73.51	\$ 132.61	30,446.0	\$ 72.44	\$ 183.78	22,986.3	\$ 73.30	\$ 140.40
Total Medical	53,132.9	\$ 71.30	\$ 315.68	64,589.2	\$ 68.26	\$ 367.43	54,877.2	\$ 70.76	\$ 323.57
Category of Service - Iowa Plan for BH									
Inpatient Treatment	18.3	\$ 1,272.13	\$ 1.94	-	\$ 0.00	\$ 0.00	18.3	\$ 1,272.13	\$ 1.94
Outpatient Treatment	1,108.0	84.80	7.83	-	-	-	1,108.0	84.80	7.83
Intermediate Care	104.4	531.03	4.62	-	-	-	104.4	531.03	4.62
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,230.7	\$ 154.94	\$ 15.89	-	\$ 0.00	\$ 0.00	1,230.7	\$ 154.94	\$ 15.89
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 339.46
Third Party Liability Adjustment	(45.30)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
	34.51
Gross Capitation Rate	\$ 329.67
Less Withhold	2.0%
	(6.59)
Net Capitation Rate	\$ 323.08

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 19-24 F

Member Months	39,187						2,835			42,022
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	90.6	\$ 2,418.54	\$ 18.26	68.4	\$ 1,522.81	\$ 8.68	89.1	\$ 2,371.72	\$ 17.61	
Psychiatric/SUD	4.5	2,666.67	1.00	-	-	-	4.2	2,657.14	0.93	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	10.0	2,148.00	1.79	-	-	-	9.3	2,154.84	1.67	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	105.1	\$ 2,403.43	\$ 21.05	68.4	\$ 1,522.81	\$ 8.68	102.6	\$ 2,363.74	\$ 20.21	
Outpatient Hospital										
Emergency Room	1,269.3	\$ 114.87	\$ 12.15	1,978.1	\$ 147.72	\$ 24.35	1,317.1	\$ 118.17	\$ 12.97	
General	8,802.7	74.13	54.38	15,040.2	64.68	81.07	9,223.5	73.09	56.18	
Subtotal	10,072.0	\$ 79.27	\$ 66.53	17,018.3	\$ 74.33	\$ 105.42	10,540.6	\$ 78.72	\$ 69.15	
Ancillary										
Pharmacy	6,013.5	\$ 37.52	\$ 18.80	7,805.2	\$ 34.39	\$ 22.37	6,134.4	\$ 37.25	\$ 19.04	
DME/Supplies/Prosthetics	114.4	156.29	1.49	91.4	179.87	1.37	112.8	157.45	1.48	
Ambulance	78.9	91.25	0.60	119.2	62.42	0.62	81.6	88.24	0.60	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	17.2	111.63	0.16	-	-	-	16.0	112.50	0.15	
Chiropractic Services	-	-	-	353.6	31.90	0.94	23.9	30.13	0.06	
Podiatry	-	-	-	19.9	42.21	0.07	1.3	-	-	
Vision	197.1	70.62	1.16	266.2	67.62	1.50	201.8	70.17	1.18	
Other Ancillary	477.9	32.89	1.31	143.0	30.21	0.36	455.3	32.95	1.25	
Subtotal	6,899.0	\$ 40.91	\$ 23.52	8,798.5	\$ 37.14	\$ 27.23	7,027.1	\$ 40.57	\$ 23.76	
Professional										
Surgery	324.3	\$ 230.16	\$ 6.22	304.3	\$ 179.03	\$ 4.54	323.0	\$ 227.00	\$ 6.11	
Anesthesia	54.0	266.67	1.20	63.4	306.62	1.62	54.6	270.33	1.23	
Inpatient Visits	141.1	95.25	1.12	78.2	110.49	0.72	136.9	95.54	1.09	
Urgent Care/Emergency Room	745.4	82.59	5.13	1,323.1	82.53	9.10	784.4	82.61	5.40	
Office/Home Visits	2,354.0	66.98	13.14	3,021.1	62.96	15.85	2,399.0	66.63	13.32	
Preventive Care	463.4	70.69	2.73	877.0	65.95	4.82	491.3	70.10	2.87	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	22.6	159.29	0.30	46.5	350.97	1.36	24.2	183.47	0.37	
Allergy/Immunotherapy	47.2	134.75	0.53	8.5	112.94	0.08	44.6	134.53	0.50	
Lab/Path/Rad	3,543.6	27.90	8.24	4,963.1	26.35	10.90	3,639.4	27.76	8.42	
Office Adm. Drugs	580.3	35.98	1.74	574.7	28.19	1.35	579.9	35.39	1.71	
Clinic	598.9	148.07	7.39	-	-	-	558.5	148.04	6.89	
Psych/SUD	13.9	51.80	0.06	16.9	56.80	0.08	14.1	51.06	0.06	
Physical Therapy	211.0	30.14	0.53	152.2	38.63	0.49	207.0	30.72	0.53	
Family Planning	-	-	-	101.5	11.82	0.10	6.8	17.65	0.01	
Other Professional	274.0	100.29	2.29	456.5	76.23	2.90	286.3	97.66	2.33	
Subtotal	9,373.7	\$ 64.80	\$ 50.62	11,987.0	\$ 53.97	\$ 53.91	9,550.0	\$ 63.88	\$ 50.84	
Total Medical	26,449.8	\$ 73.37	\$ 161.72	37,872.2	\$ 61.86	\$ 195.24	27,220.3	\$ 72.28	\$ 163.96	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	79.8	\$ 1,628.57	\$ 10.83	-	\$ 0.00	\$ 0.00	79.8	\$ 1,628.57	\$ 10.83	
Outpatient Treatment	1,964.9	83.00	13.59	-	-	-	1,964.9	83.00	13.59	
Intermediate Care	13.0	452.31	0.49	-	-	-	13.0	452.31	0.49	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	2,057.7	\$ 154.02	\$ 26.41	-	\$ 0.00	\$ 0.00	2,057.7	\$ 154.02	\$ 26.41	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 190.37
Third Party Liability Adjustment	(13.53)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	20.75
Gross Capitation Rate	\$ 198.84
Less Withhold	2.0%
	(3.98)
Net Capitation Rate	\$ 194.86

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 19-24 M

Member Months	35,627						3,297			38,924
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	161.0	\$ 2,187.58	\$ 29.35	183.2	\$ 3,170.96	\$ 48.41	162.9	\$ 2,280.66	\$ 30.96	
Psychiatric/SUD	10.4	1,165.38	1.01	-	-	-	9.5	1,162.11	0.92	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	171.4	\$ 2,125.55	\$ 30.36	183.2	\$ 3,170.96	\$ 48.41	172.4	\$ 2,219.03	\$ 31.88	
Outpatient Hospital										
Emergency Room	1,105.1	\$ 121.94	\$ 11.23	1,362.6	\$ 135.89	\$ 15.43	1,126.9	\$ 123.42	\$ 11.59	
General	5,292.4	81.69	36.03	7,392.6	71.47	44.03	5,470.3	80.53	36.71	
Subtotal	6,397.5	\$ 88.65	\$ 47.26	8,755.2	\$ 81.50	\$ 59.46	6,597.2	\$ 87.86	\$ 48.30	
Ancillary										
Pharmacy	3,829.8	\$ 84.26	\$ 26.89	4,518.1	\$ 76.25	\$ 28.71	3,888.1	\$ 83.45	\$ 27.04	
DME/Supplies/Prosthetics	103.3	217.23	1.87	116.2	109.47	1.06	104.4	206.90	1.80	
Ambulance	124.9	91.27	0.95	153.8	67.10	0.86	127.3	88.61	0.94	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	42.0	148.57	0.52	-	-	-	38.4	150.00	0.48	
Chiropractic Services	2.4	50.00	0.01	420.3	33.98	1.19	37.8	34.92	0.11	
Podiatry	-	-	-	58.1	92.94	0.45	4.9	97.96	0.04	
Vision	122.2	76.60	0.78	133.2	73.87	0.82	123.1	76.04	0.78	
Other Ancillary	305.3	33.02	0.84	85.4	33.72	0.24	286.7	33.07	0.79	
Subtotal	4,529.9	\$ 84.40	\$ 31.86	5,485.1	\$ 72.92	\$ 33.33	4,610.7	\$ 83.23	\$ 31.98	
Professional										
Surgery	245.9	\$ 234.73	\$ 4.81	287.1	\$ 137.51	\$ 3.29	249.4	\$ 225.18	\$ 4.68	
Anesthesia	60.9	252.22	1.28	61.8	254.37	1.31	61.0	251.80	1.28	
Inpatient Visits	228.5	96.63	1.84	130.8	77.98	0.85	220.2	95.91	1.76	
Urgent Care/Emergency Room	617.7	79.26	4.08	804.6	82.77	5.55	633.5	79.56	4.20	
Office/Home Visits	1,267.5	67.03	7.08	1,529.6	63.78	8.13	1,289.7	66.71	7.17	
Preventive Care	146.2	63.20	0.77	264.5	63.06	1.39	156.2	63.00	0.82	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	20.4	129.41	0.22	21.8	22.02	0.04	20.5	117.07	0.20	
Lab/Path/Rad	1,471.5	28.46	3.49	1,870.4	30.99	4.83	1,505.3	28.70	3.60	
Office Adm. Drugs	109.0	55.05	0.50	98.1	7.34	0.06	108.1	51.06	0.46	
Clinic	346.2	148.35	4.28	-	-	-	316.9	148.44	3.92	
Psych/SUD	2.7	88.89	0.02	-	-	-	2.5	96.00	0.02	
Physical Therapy	113.8	30.58	0.29	109.1	37.40	0.34	113.4	30.69	0.29	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	192.4	53.64	0.86	312.5	27.26	0.71	202.6	50.35	0.85	
Subtotal	4,822.7	\$ 73.45	\$ 29.52	5,490.3	\$ 57.92	\$ 26.50	4,879.3	\$ 71.94	\$ 29.25	
Total Medical	15,921.5	\$ 104.76	\$ 139.00	19,913.8	\$ 101.06	\$ 167.70	16,259.6	\$ 104.36	\$ 141.41	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	145.4	\$ 1,617.61	\$ 19.60	-	\$ 0.00	\$ 0.00	145.4	\$ 1,617.61	\$ 19.60	
Outpatient Treatment	2,129.4	84.25	14.95	-	-	-	2,129.4	84.25	14.95	
Intermediate Care	3.0	1,000.00	0.25	-	-	-	3.0	1,000.00	0.25	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	2,277.8	\$ 191.24	\$ 36.30	-	\$ 0.00	\$ 0.00	2,277.8	\$ 191.24	\$ 36.30	
Short Term Institutional / HCBS	18.8	\$ 1,448.94	\$ 2.27	-	\$ 0.00	\$ 0.00	17.2	\$ 1,451.16	\$ 2.08	

Total Acute Medical Component	\$ 179.79
Third Party Liability Adjustment	(8.84)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	20.06
Gross Capitation Rate	\$ 192.26
Less Withhold	2.0%
	(3.85)
Net Capitation Rate	\$ 188.41

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 25-34 F

Member Months	59,284			4,102			63,386		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	170.6	\$ 1,989.92	\$ 28.29	41.7	\$ 2,149.64	\$ 7.47	162.3	\$ 1,991.87	\$ 26.94
Psychiatric/SUD	16.3	1,038.04	1.41	-	-	-	15.2	1,042.11	1.32
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	4.1	1,639.02	0.56	6.1	2,400.00	1.22	4.2	1,714.29	0.60
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	191.0	\$ 1,901.15	\$ 30.26	47.8	\$ 2,181.59	\$ 8.69	181.7	\$ 1,906.00	\$ 28.86
Outpatient Hospital									
Emergency Room	1,524.4	\$ 110.76	\$ 14.07	2,358.8	\$ 143.11	\$ 28.13	1,578.4	\$ 113.89	\$ 14.98
General	11,625.6	73.58	71.28	16,311.4	62.28	84.66	11,928.8	72.58	72.15
Subtotal	13,150.0	\$ 77.89	\$ 85.35	18,670.2	\$ 72.49	\$ 112.79	13,507.2	\$ 77.41	\$ 87.13
Ancillary									
Pharmacy	10,312.0	\$ 39.53	\$ 33.97	12,457.6	\$ 44.61	\$ 46.31	10,450.9	\$ 39.92	\$ 34.77
DME/Supplies/Prosthetics	171.9	115.88	1.66	206.0	128.16	2.20	174.1	116.48	1.69
Ambulance	112.6	85.26	0.80	156.6	68.97	0.90	115.4	84.23	0.81
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	51.5	125.83	0.54	13.7	131.39	0.15	49.1	124.64	0.51
Chiropractic Services	2.0	60.00	0.01	1,137.0	32.40	3.07	75.5	33.38	0.21
Podiatry	-	-	-	44.0	49.09	0.18	2.8	42.86	0.01
Vision	179.2	75.00	1.12	304.9	65.73	1.67	187.3	74.32	1.16
Other Ancillary	735.5	33.28	2.04	142.8	31.09	0.37	697.1	33.22	1.93
Subtotal	11,564.7	\$ 41.65	\$ 40.14	14,462.6	\$ 45.51	\$ 54.85	11,752.2	\$ 41.96	\$ 41.09
Professional									
Surgery	474.5	\$ 228.11	\$ 9.02	648.4	\$ 138.80	\$ 7.50	485.8	\$ 220.34	\$ 8.92
Anesthesia	91.3	244.47	1.86	93.5	254.12	1.98	91.4	245.51	1.87
Inpatient Visits	246.3	91.11	1.87	82.4	96.12	0.66	235.7	91.13	1.79
Urgent Care/Emergency Room	854.4	84.13	5.99	1,447.4	83.90	10.12	892.8	84.14	6.26
Office/Home Visits	2,967.7	67.28	16.64	4,032.8	63.05	21.19	3,036.6	66.90	16.93
Preventive Care	459.0	72.16	2.76	929.8	64.66	5.01	489.5	71.34	2.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	10.3	279.61	0.24	58.4	287.67	1.40	13.4	286.57	0.32
Allergy/Immunotherapy	27.5	117.82	0.27	38.0	85.26	0.27	28.2	114.89	0.27
Lab/Path/Rad	4,118.5	28.67	9.84	7,096.0	27.97	16.54	4,311.2	28.59	10.27
Office Adm. Drugs	455.1	34.81	1.32	671.8	86.28	4.83	469.1	39.65	1.55
Clinic	825.5	147.98	10.18	-	-	-	772.1	147.96	9.52
Psych/SUD	5.4	66.67	0.03	3.0	40.00	0.01	5.2	69.23	0.03
Physical Therapy	323.8	28.91	0.78	534.5	30.53	1.36	337.4	29.16	0.82
Family Planning	-	-	-	32.2	18.63	0.05	2.1	-	-
Other Professional	346.6	83.79	2.42	540.4	87.93	3.96	359.1	84.21	2.52
Subtotal	11,205.9	\$ 67.70	\$ 63.22	16,208.6	\$ 55.44	\$ 74.88	11,529.6	\$ 66.59	\$ 63.98
Total Medical	36,111.6	\$ 72.76	\$ 218.97	49,389.2	\$ 61.04	\$ 251.21	36,970.7	\$ 71.75	\$ 221.06
Category of Service - Iowa Plan for BH									
Inpatient Treatment	115.9	\$ 1,526.14	\$ 14.74	-	\$ 0.00	\$ 0.00	115.9	\$ 1,526.14	\$ 14.74
Outpatient Treatment	3,390.4	84.87	23.98	-	-	-	3,390.4	84.87	23.98
Intermediate Care	14.2	878.87	1.04	-	-	-	14.2	878.87	1.04
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,520.5	\$ 140.64	\$ 41.26	-	\$ 0.00	\$ 0.00	3,520.5	\$ 140.64	\$ 41.26
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 262.32
Third Party Liability Adjustment	(9.95)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	29.61
Gross Capitation Rate	\$ 283.23
Less Withhold	2.0%
	(5.66)
Net Capitation Rate	\$ 277.57

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 25-34 M

Member Months	63,461						6,193			69,654
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	286.4	\$ 2,703.35	\$ 64.52	313.0	\$ 1,348.75	\$ 35.18	288.8	\$ 2,572.44	\$ 61.91	
Psychiatric/SUD	24.0	985.00	1.97	21.4	1,441.12	2.57	23.8	1,018.49	2.02	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	310.4	\$ 2,570.49	\$ 66.49	334.4	\$ 1,354.67	\$ 37.75	312.6	\$ 2,454.13	\$ 63.93	
Outpatient Hospital										
Emergency Room	1,216.8	\$ 121.70	\$ 12.34	1,675.6	\$ 142.59	\$ 19.91	1,257.6	\$ 124.14	\$ 13.01	
General	7,937.1	82.70	54.70	9,690.6	79.70	64.36	8,093.0	82.38	55.56	
Subtotal	9,153.9	\$ 87.88	\$ 67.04	11,366.2	\$ 88.97	\$ 84.27	9,350.6	\$ 88.00	\$ 68.57	
Ancillary										
Pharmacy	6,435.3	\$ 60.17	\$ 32.27	7,340.8	\$ 57.08	\$ 34.92	6,515.8	\$ 59.87	\$ 32.51	
DME/Supplies/Prosthetics	171.7	168.43	2.41	163.7	154.67	2.11	171.0	167.02	2.38	
Ambulance	156.7	88.83	1.16	203.7	61.27	1.04	160.9	85.77	1.15	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	35.9	193.87	0.58	10.9	132.11	0.12	33.7	192.28	0.54	
Chiropractic Services	1.1	-	-	418.4	34.42	1.20	38.2	34.55	0.11	
Podiatry	-	-	-	25.4	47.24	0.10	2.3	52.17	0.01	
Vision	108.5	79.63	0.72	130.9	77.01	0.84	110.5	79.28	0.73	
Other Ancillary	338.8	32.94	0.93	71.0	28.73	0.17	315.0	32.76	0.86	
Subtotal	7,248.0	\$ 63.03	\$ 38.07	8,364.8	\$ 58.10	\$ 40.50	7,347.4	\$ 62.54	\$ 38.29	
Professional										
Surgery	365.1	\$ 254.72	\$ 7.75	400.5	\$ 175.88	\$ 5.87	368.2	\$ 247.04	\$ 7.58	
Anesthesia	73.0	277.81	1.69	71.6	254.75	1.52	72.9	274.90	1.67	
Inpatient Visits	442.9	92.39	3.41	470.5	80.34	3.15	445.4	91.33	3.39	
Urgent Care/Emergency Room	740.1	83.02	5.12	1,002.3	81.29	6.79	763.4	82.84	5.27	
Office/Home Visits	1,799.5	69.29	10.39	2,139.2	67.60	12.05	1,829.7	69.13	10.54	
Preventive Care	184.0	58.04	0.89	281.7	54.10	1.27	192.7	57.29	0.92	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	9.2	65.22	0.05	19.3	242.49	0.39	10.1	95.05	0.08	
Lab/Path/Rad	2,140.9	27.80	4.96	3,361.8	27.34	7.66	2,249.5	27.74	5.20	
Office Adm. Drugs	157.6	86.80	1.14	127.7	42.29	0.45	154.9	83.67	1.08	
Clinic	464.5	145.96	5.65	-	-	-	423.2	146.03	5.15	
Psych/SUD	7.7	62.34	0.04	2.0	-	-	7.2	66.67	0.04	
Physical Therapy	206.0	30.87	0.53	460.4	33.10	1.27	228.6	31.50	0.60	
Family Planning	-	-	-	2.0	-	-	0.2	-	-	
Other Professional	349.3	51.88	1.51	392.7	40.34	1.32	353.2	50.62	1.49	
Subtotal	6,939.8	\$ 74.58	\$ 43.13	8,731.7	\$ 57.36	\$ 41.74	7,099.2	\$ 72.70	\$ 43.01	
Total Medical	23,652.1	\$ 108.94	\$ 214.73	28,797.1	\$ 85.12	\$ 204.26	24,109.8	\$ 106.41	\$ 213.80	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	161.1	\$ 1,637.99	\$ 21.99	-	\$ 0.00	\$ 0.00	161.1	\$ 1,637.99	\$ 21.99	
Outpatient Treatment	2,961.7	79.66	19.66	-	-	-	2,961.7	79.66	19.66	
Intermediate Care	6.9	730.43	0.42	-	-	-	6.9	730.43	0.42	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	3,129.7	\$ 167.06	\$ 43.57	-	\$ 0.00	\$ 0.00	3,129.7	\$ 167.06	\$ 43.57	
Short Term Institutional / HCBS	11.8	\$ 762.71	\$ 0.75	-	\$ 0.00	\$ 0.00	10.8	\$ 755.56	\$ 0.68	

Total Acute Medical Component	\$ 258.05
Third Party Liability Adjustment	(8.55)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	29.27
Gross Capitation Rate	\$ 280.02
Less Withhold	2.0%
	(5.60)
Net Capitation Rate	\$ 274.42

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 35-49 F

Member Months	77,415						5,063			82,478
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	359.7	\$ 2,279.23	\$ 68.32	349.1	\$ 1,672.30	\$ 48.65	359.0	\$ 2,243.23	\$ 67.11	
Psychiatric/SUD	6.2	1,509.68	0.78	19.0	378.95	0.60	7.0	1,320.00	0.77	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	0.5	2,640.00	0.11	-	-	-	0.5	2,400.00	0.10	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	366.4	\$ 2,266.70	\$ 69.21	368.1	\$ 1,605.54	\$ 49.25	366.5	\$ 2,225.81	\$ 67.98	
Outpatient Hospital										
Emergency Room	1,440.2	\$ 123.98	\$ 14.88	1,883.8	\$ 149.89	\$ 23.53	1,467.4	\$ 126.02	\$ 15.41	
General	16,789.7	87.76	122.79	22,595.4	81.94	154.28	17,146.1	87.29	124.72	
Subtotal	18,229.9	\$ 90.62	\$ 137.67	24,479.2	\$ 87.16	\$ 177.81	18,613.5	\$ 90.34	\$ 140.13	
Ancillary										
Pharmacy	19,406.0	\$ 43.49	\$ 70.33	20,493.6	\$ 37.22	\$ 63.57	19,472.8	\$ 43.09	\$ 69.92	
DME/Supplies/Prosthetics	456.9	131.85	5.02	502.9	163.21	6.84	459.7	133.91	5.13	
Ambulance	195.2	89.75	1.46	316.0	60.38	1.59	202.6	87.07	1.47	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	88.4	143.89	1.06	6.7	107.46	0.06	83.4	143.88	1.00	
Chiropractic Services	1.1	-	-	1,045.7	31.79	2.77	65.2	31.29	0.17	
Podiatry	-	-	-	53.4	67.42	0.30	3.3	72.73	0.02	
Vision	253.9	77.51	1.64	387.1	67.89	2.19	262.1	76.46	1.67	
Other Ancillary	856.1	33.50	2.39	171.4	33.61	0.48	814.1	33.46	2.27	
Subtotal	21,257.6	\$ 46.23	\$ 81.90	22,976.8	\$ 40.63	\$ 77.80	21,363.2	\$ 45.86	\$ 81.65	
Professional										
Surgery	825.8	\$ 244.85	\$ 16.85	984.4	\$ 207.11	\$ 16.99	835.5	\$ 242.15	\$ 16.86	
Anesthesia	157.9	258.39	3.40	191.7	259.78	4.15	160.0	258.75	3.45	
Inpatient Visits	540.2	84.86	3.82	462.8	83.23	3.21	535.4	84.72	3.78	
Urgent Care/Emergency Room	883.5	88.96	6.55	1,127.7	92.15	8.66	898.5	89.22	6.68	
Office/Home Visits	4,243.2	70.11	24.79	4,708.7	67.79	26.60	4,271.8	69.95	24.90	
Preventive Care	431.1	72.93	2.62	699.4	71.89	4.19	447.6	72.92	2.72	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	2.1	228.57	0.04	18.9	152.38	0.24	3.1	193.55	0.05	
Allergy/Immunotherapy	32.3	107.74	0.29	125.4	28.71	0.30	38.0	91.58	0.29	
Lab/Path/Rad	5,841.2	29.15	14.19	8,516.6	26.94	19.12	6,005.4	28.95	14.49	
Office Adm. Drugs	429.6	70.39	2.52	885.0	96.41	7.11	457.6	73.43	2.80	
Clinic	1,160.3	147.07	14.22	-	-	-	1,089.1	147.09	13.35	
Psych/SUD	5.3	45.28	0.02	9.5	50.53	0.04	5.6	42.86	0.02	
Physical Therapy	638.8	27.61	1.47	766.7	30.68	1.96	646.7	27.83	1.50	
Family Planning	-	-	-	4.7	-	-	0.3	-	-	
Other Professional	764.8	61.82	3.94	948.9	56.02	4.43	776.1	61.38	3.97	
Subtotal	15,956.1	\$ 71.24	\$ 94.72	19,450.4	\$ 59.84	\$ 97.00	16,170.7	\$ 70.39	\$ 94.86	
Total Medical	55,810.0	\$ 82.46	\$ 383.50	67,274.5	\$ 71.68	\$ 401.86	56,513.9	\$ 81.67	\$ 384.62	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	99.6	\$ 1,544.58	\$ 12.82	-	\$ 0.00	\$ 0.00	99.6	\$ 1,544.58	\$ 12.82	
Outpatient Treatment	2,988.0	77.47	19.29	-	-	-	2,988.0	77.47	19.29	
Intermediate Care	9.7	890.72	0.72	-	-	-	9.7	890.72	0.72	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	3,097.3	\$ 133.01	\$ 34.33	-	\$ 0.00	\$ 0.00	3,097.3	\$ 133.01	\$ 34.33	
Short Term Institutional / HCBS	4.3	\$ 1,702.33	\$ 0.61	-	\$ 0.00	\$ 0.00	4.0	\$ 1,710.00	\$ 0.57	

Total Acute Medical Component	\$ 419.52
Third Party Liability Adjustment	(16.35)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	47.30
Gross Capitation Rate	\$ 451.72
Less Withhold	2.0%
	(9.03)
Net Capitation Rate	\$ 442.69

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 35-49 M

Member Months	74,065						6,747			80,812
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	557.0	\$ 2,109.37	\$ 97.91	1,524.3	\$ 757.25	\$ 96.19	637.8	\$ 1,839.51	\$ 97.77	
Psychiatric/SUD	22.5	1,056.00	1.98	1.8	3,200.00	0.48	20.8	1,067.31	1.85	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	579.5	\$ 2,068.47	\$ 99.89	1,526.1	\$ 760.13	\$ 96.67	658.6	\$ 1,815.12	\$ 99.62	
Outpatient Hospital										
Emergency Room	1,291.0	\$ 127.99	\$ 13.77	2,035.5	\$ 149.80	\$ 25.41	1,353.2	\$ 130.71	\$ 14.74	
General	12,659.7	90.89	95.89	17,776.3	83.62	123.87	13,086.9	90.07	98.23	
Subtotal	13,950.7	\$ 94.33	\$ 109.66	19,811.8	\$ 90.42	\$ 149.28	14,440.1	\$ 93.88	\$ 112.97	
Ancillary										
Pharmacy	13,036.3	\$ 53.53	\$ 58.15	13,562.6	\$ 65.00	\$ 73.46	13,080.2	\$ 54.52	\$ 59.43	
DME/Supplies/Prosthetics	510.1	176.91	7.52	390.7	156.64	5.10	500.1	175.64	7.32	
Ambulance	246.5	83.73	1.72	303.9	63.57	1.61	251.3	81.66	1.71	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	73.8	180.49	1.11	26.7	116.85	0.26	69.9	178.54	1.04	
Chiropractic Services	0.3	-	-	262.1	31.59	0.69	22.2	32.43	0.06	
Podiatry	-	-	-	75.1	44.74	0.28	6.3	38.10	0.02	
Vision	169.8	79.15	1.12	282.2	65.49	1.54	179.2	77.68	1.16	
Other Ancillary	429.8	32.67	1.17	81.8	30.81	0.21	400.7	32.64	1.09	
Subtotal	14,466.6	\$ 58.72	\$ 70.79	14,985.1	\$ 66.59	\$ 83.15	14,509.9	\$ 59.40	\$ 71.83	
Professional										
Surgery	683.2	\$ 275.59	\$ 15.69	799.1	\$ 199.72	\$ 13.30	692.9	\$ 268.26	\$ 15.49	
Anesthesia	132.3	273.92	3.02	124.3	280.93	2.91	131.6	274.47	3.01	
Inpatient Visits	775.9	89.08	5.76	732.6	80.59	4.92	772.3	88.41	5.69	
Urgent Care/Emergency Room	815.5	90.50	6.15	1,142.6	93.16	8.87	842.8	90.84	6.38	
Office/Home Visits	3,017.7	71.26	17.92	3,314.0	66.92	18.48	3,042.4	70.88	17.97	
Preventive Care	230.5	63.51	1.22	357.0	67.23	2.00	241.1	64.21	1.29	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	6.1	137.70	0.07	19.5	55.38	0.09	7.2	116.67	0.07	
Lab/Path/Rad	3,706.0	28.11	8.68	4,692.5	27.31	10.68	3,788.4	28.03	8.85	
Office Adm. Drugs	148.3	85.77	1.06	182.9	166.65	2.54	151.2	93.65	1.18	
Clinic	791.9	146.99	9.70	-	-	-	725.8	146.98	8.89	
Psych/SUD	6.2	77.42	0.04	1.8	-	-	5.8	82.76	0.04	
Physical Therapy	441.8	28.79	1.06	790.2	33.56	2.21	470.9	29.56	1.16	
Family Planning	-	-	-	1.8	-	-	0.2	-	-	
Other Professional	833.9	55.26	3.84	848.8	39.87	2.82	835.1	53.89	3.75	
Subtotal	11,589.3	\$ 76.84	\$ 74.21	13,007.1	\$ 63.49	\$ 68.82	11,707.7	\$ 75.61	\$ 73.77	
Total Medical	40,586.1	\$ 104.83	\$ 354.55	49,330.1	\$ 96.80	\$ 397.92	41,316.3	\$ 104.03	\$ 358.19	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	145.3	\$ 1,827.67	\$ 22.13	-	\$ 0.00	\$ 0.00	145.3	\$ 1,827.67	\$ 22.13	
Outpatient Treatment	2,835.9	82.60	19.52	-	-	-	2,835.9	82.60	19.52	
Intermediate Care	9.6	725.00	0.58	-	-	-	9.6	725.00	0.58	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	2,990.8	\$ 175.46	\$ 43.73	-	\$ 0.00	\$ 0.00	2,990.8	\$ 175.46	\$ 43.73	
Short Term Institutional / HCBS	16.6	\$ 730.12	\$ 1.01	-	\$ 0.00	\$ 0.00	15.2	\$ 734.21	\$ 0.93	

Total Acute Medical Component	\$ 402.85
Third Party Liability Adjustment	(12.54)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	45.79
Gross Capitation Rate	\$ 437.35
Less Withhold	2.0%
	(8.75)
Net Capitation Rate	\$ 428.60

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Wellness Plan 50+ M&F

Member Months	140,846						9,176			150,022
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	742.9	\$ 2,158.35	\$ 133.62	782.8	\$ 2,075.01	\$ 135.36	745.3	\$ 2,153.17	\$ 133.73	
Psychiatric/SUD	15.9	815.09	1.08	45.9	664.05	2.54	17.7	793.22	1.17	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	758.8	\$ 2,130.21	\$ 134.70	828.7	\$ 1,996.86	\$ 137.90	763.0	\$ 2,121.63	\$ 134.90	
Outpatient Hospital										
Emergency Room	868.6	\$ 136.08	\$ 9.85	1,243.9	\$ 163.33	\$ 16.93	891.6	\$ 138.36	\$ 10.28	
General	17,633.0	99.55	146.28	23,512.6	96.45	188.99	17,992.6	99.30	148.89	
Subtotal	18,501.6	\$ 101.26	\$ 156.13	24,756.5	\$ 99.81	\$ 205.92	18,884.2	\$ 101.14	\$ 159.17	
Ancillary										
Pharmacy	21,061.8	\$ 40.77	\$ 71.55	20,900.1	\$ 42.48	\$ 73.98	21,051.9	\$ 40.87	\$ 71.70	
DME/Supplies/Prosthetics	657.2	150.09	8.22	699.8	218.81	12.76	659.8	154.59	8.50	
Ambulance	246.3	91.60	1.88	352.3	60.97	1.79	252.8	88.77	1.87	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	262.2	190.85	4.17	29.4	122.45	0.30	248.0	190.16	3.93	
Chiropractic Services	0.9	-	-	568.4	33.15	1.57	35.6	33.71	0.10	
Podiatry	0.6	-	-	151.0	69.93	0.88	9.8	61.22	0.05	
Vision	220.4	78.95	1.45	369.6	71.43	2.20	229.5	78.43	1.50	
Other Ancillary	554.8	33.09	1.53	65.0	33.23	0.18	524.8	33.16	1.45	
Subtotal	23,004.2	\$ 46.32	\$ 88.80	23,135.6	\$ 48.58	\$ 93.66	23,012.2	\$ 46.46	\$ 89.10	
Professional										
Surgery	1,059.5	\$ 284.51	\$ 25.12	1,182.9	\$ 220.54	\$ 21.74	1,067.0	\$ 280.15	\$ 24.91	
Anesthesia	189.3	265.61	4.19	201.0	252.54	4.23	190.0	264.63	4.19	
Inpatient Visits	1,043.1	87.89	7.64	1,076.0	80.52	7.22	1,045.1	87.38	7.61	
Urgent Care/Emergency Room	623.7	96.20	5.00	884.2	99.62	7.34	639.6	96.44	5.14	
Office/Home Visits	4,198.8	72.28	25.29	5,021.8	71.35	29.86	4,249.1	72.21	25.57	
Preventive Care	373.9	68.68	2.14	723.5	63.19	3.81	395.3	68.00	2.24	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	18.8	76.60	0.12	5.2	46.15	0.02	18.0	73.33	0.11	
Lab/Path/Rad	5,775.5	30.58	14.72	9,004.5	27.13	20.36	5,973.0	30.26	15.06	
Office Adm. Drugs	360.1	176.28	5.29	417.8	54.86	1.91	363.6	167.66	5.08	
Clinic	1,156.0	147.09	14.17	-	-	-	1,085.3	147.06	13.30	
Psych/SUD	4.4	54.55	0.02	1.3	-	-	4.2	57.14	0.02	
Physical Therapy	647.1	28.00	1.51	1,433.6	31.31	3.74	695.2	28.48	1.65	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,213.8	50.82	5.14	1,467.6	44.07	5.39	1,229.3	50.37	5.16	
Subtotal	16,664.0	\$ 79.46	\$ 110.35	21,419.4	\$ 59.17	\$ 105.62	16,954.7	\$ 77.88	\$ 110.04	
Total Medical	58,928.6	\$ 99.78	\$ 489.98	70,140.2	\$ 92.92	\$ 543.10	59,614.1	\$ 99.28	\$ 493.21	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	73.7	\$ 1,976.66	\$ 12.14	-	\$ 0.00	\$ 0.00	73.7	\$ 1,976.66	\$ 12.14	
Outpatient Treatment	1,889.0	82.71	13.02	-	-	-	1,889.0	82.71	13.02	
Intermediate Care	6.1	629.51	0.32	-	-	-	6.1	629.51	0.32	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,968.8	\$ 164.45	\$ 26.98	-	\$ 0.00	\$ 0.00	1,968.8	\$ 164.45	\$ 26.98	
Short Term Institutional / HCBS	67.0	\$ 764.78	\$ 4.27	-	\$ 0.00	\$ 0.00	62.9	\$ 765.02	\$ 4.01	

Total Acute Medical Component	\$ 524.20
Third Party Liability Adjustment	(18.50)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
	59.33
Gross Capitation Rate	\$ 566.28
Less Withhold	2.0%
	(11.33)
Net Capitation Rate	\$ 554.95

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: ABD Non-Dual <21 M&F

Member Months	106,302						-			106,302
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	476.6	\$ 2,309.86	\$ 91.74	-	\$ 0.00	\$ 0.00	476.6	\$ 2,309.86	\$ 91.74	
Psychiatric/SUD	4.9	881.63	0.36	-	-	-	4.9	881.63	0.36	
Maternity - Delivery	14.2	1,580.28	1.87	-	-	-	14.2	1,580.28	1.87	
Maternity Non-Delivery	2.4	800.00	0.16	-	-	-	2.4	800.00	0.16	
Well Newborn	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06	
Other Newborn	162.1	2,434.05	32.88	-	-	-	162.1	2,434.05	32.88	
Subtotal	661.1	\$ 2,306.52	\$ 127.07	-	\$ 0.00	\$ 0.00	661.1	\$ 2,306.52	\$ 127.07	
Outpatient Hospital										
Emergency Room	946.2	\$ 107.42	\$ 8.47	-	\$ 0.00	\$ 0.00	946.2	\$ 107.42	\$ 8.47	
General	11,582.9	76.95	74.28	-	-	-	11,582.9	76.95	74.28	
Subtotal	12,529.1	\$ 79.26	\$ 82.75	-	\$ 0.00	\$ 0.00	12,529.1	\$ 79.26	\$ 82.75	
Ancillary										
Pharmacy	15,106.8	\$ 136.01	\$ 171.22	-	\$ 0.00	\$ 0.00	15,106.8	\$ 136.01	\$ 171.22	
DME/Supplies/Prosthetics	1,766.9	178.82	26.33	-	-	-	1,766.9	178.82	26.33	
Ambulance	109.5	164.38	1.50	-	-	-	109.5	164.38	1.50	
Non-Emergency Transportation	97.5	39.38	0.32	-	-	-	97.5	39.38	0.32	
Home Health/Hospice	790.4	717.97	47.29	-	-	-	790.4	717.97	47.29	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	685.5	35.89	2.05	-	-	-	685.5	35.89	2.05	
Other Ancillary	314.1	32.47	0.85	-	-	-	314.1	32.47	0.85	
Subtotal	18,870.7	\$ 158.70	\$ 249.56	-	\$ 0.00	\$ 0.00	18,870.7	\$ 158.70	\$ 249.56	
Professional										
Surgery	294.9	\$ 289.73	\$ 7.12	-	\$ 0.00	\$ 0.00	294.9	\$ 289.73	\$ 7.12	
Anesthesia	114.8	324.04	3.10	-	-	-	114.8	324.04	3.10	
Inpatient Visits	795.8	190.45	12.63	-	-	-	795.8	190.45	12.63	
Urgent Care/Emergency Room	534.1	78.19	3.48	-	-	-	534.1	78.19	3.48	
Office/Home Visits	2,561.4	81.24	17.34	-	-	-	2,561.4	81.24	17.34	
Preventive Care	680.7	54.30	3.08	-	-	-	680.7	54.30	3.08	
Maternity - Delivery	3.9	1,353.85	0.44	-	-	-	3.9	1,353.85	0.44	
Maternity - Non-Delivery	18.5	129.73	0.20	-	-	-	18.5	129.73	0.20	
Allergy/Immunotherapy	42.7	59.02	0.21	-	-	-	42.7	59.02	0.21	
Lab/Path/Rad	2,307.5	24.03	4.62	-	-	-	2,307.5	24.03	4.62	
Office Adm. Drugs	124.2	71.50	0.74	-	-	-	124.2	71.50	0.74	
Clinic	449.9	145.63	5.46	-	-	-	449.9	145.63	5.46	
Psych/SUD	26.3	369.58	0.81	-	-	-	26.3	369.58	0.81	
Physical Therapy	169.8	54.42	0.77	-	-	-	169.8	54.42	0.77	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	641.3	65.12	3.48	-	-	-	641.3	65.12	3.48	
Subtotal	8,765.8	\$ 86.90	\$ 63.48	-	\$ 0.00	\$ 0.00	8,765.8	\$ 86.90	\$ 63.48	
Total Medical	40,826.7	\$ 153.68	\$ 522.86	-	\$ 0.00	\$ 0.00	40,826.7	\$ 153.68	\$ 522.86	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	129.5	\$ 2,342.55	\$ 25.28	-	\$ 0.00	\$ 0.00	129.5	\$ 2,342.55	\$ 25.28	
Outpatient Treatment	10,079.5	119.17	100.10	-	-	-	10,079.5	119.17	100.10	
Intermediate Care	18.3	524.59	0.80	-	-	-	18.3	524.59	0.80	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	10,227.3	\$ 149.81	\$ 127.68	-	\$ 0.00	\$ 0.00	10,227.3	\$ 149.81	\$ 127.68	
Short Term Institutional / HCBS	59.8	\$ 694.31	\$ 3.46	-	\$ 0.00	\$ 0.00	59.8	\$ 694.31	\$ 3.46	

Total Acute Medical Component	\$ 654.00
Third Party Liability Adjustment	(77.12)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	(26.16)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25%
	43.05
Gross Capitation Rate	\$ 601.26
Less Withhold	2.0%
	(12.03)
Net Capitation Rate	\$ 589.23

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: ABD Non-Dual 21+ M&F

Member Months	246,727						-			246,727
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	1,179.3	\$ 2,074.89	\$ 203.91	-	\$ 0.00	\$ 0.00	1,179.3	\$ 2,074.89	\$ 203.91	
Psychiatric/SUD	13.9	958.27	1.11	-	-	-	13.9	958.27	1.11	
Maternity - Delivery	22.0	2,056.36	3.77	-	-	-	22.0	2,056.36	3.77	
Maternity Non-Delivery	4.6	1,304.35	0.50	-	-	-	4.6	1,304.35	0.50	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	1,219.8	\$ 2,058.93	\$ 209.29	-	\$ 0.00	\$ 0.00	1,219.8	\$ 2,058.93	\$ 209.29	
Outpatient Hospital										
Emergency Room	1,935.9	\$ 106.25	\$ 17.14	-	\$ 0.00	\$ 0.00	1,935.9	\$ 106.25	\$ 17.14	
General	24,864.3	82.47	170.87	-	-	-	24,864.3	82.47	170.87	
Subtotal	26,800.2	\$ 84.18	\$ 188.01	-	\$ 0.00	\$ 0.00	26,800.2	\$ 84.18	\$ 188.01	
Ancillary										
Pharmacy	45,449.9	\$ 80.81	\$ 306.07	-	\$ 0.00	\$ 0.00	45,449.9	\$ 80.81	\$ 306.07	
DME/Supplies/Prosthetics	2,803.5	136.46	31.88	-	-	-	2,803.5	136.46	31.88	
Ambulance	480.6	83.90	3.36	-	-	-	480.6	83.90	3.36	
Non-Emergency Transportation	4.6	26.09	0.01	-	-	-	4.6	26.09	0.01	
Home Health/Hospice	1,764.1	176.25	25.91	-	-	-	1,764.1	176.25	25.91	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	735.8	42.08	2.58	-	-	-	735.8	42.08	2.58	
Other Ancillary	624.2	33.84	1.76	-	-	-	624.2	33.84	1.76	
Subtotal	51,862.7	\$ 85.97	\$ 371.57	-	\$ 0.00	\$ 0.00	51,862.7	\$ 85.97	\$ 371.57	
Professional										
Surgery	1,111.8	\$ 248.25	\$ 23.00	-	\$ 0.00	\$ 0.00	1,111.8	\$ 248.25	\$ 23.00	
Anesthesia	175.5	280.34	4.10	-	-	-	175.5	280.34	4.10	
Inpatient Visits	1,566.9	88.30	11.53	-	-	-	1,566.9	88.30	11.53	
Urgent Care/Emergency Room	1,083.1	91.63	8.27	-	-	-	1,083.1	91.63	8.27	
Office/Home Visits	4,866.5	68.65	27.84	-	-	-	4,866.5	68.65	27.84	
Preventive Care	453.4	41.55	1.57	-	-	-	453.4	41.55	1.57	
Maternity - Delivery	6.9	1,182.61	0.68	-	-	-	6.9	1,182.61	0.68	
Maternity - Non-Delivery	24.4	142.62	0.29	-	-	-	24.4	142.62	0.29	
Allergy/Immunotherapy	39.0	67.69	0.22	-	-	-	39.0	67.69	0.22	
Lab/Path/Rad	7,820.3	27.85	18.15	-	-	-	7,820.3	27.85	18.15	
Office Adm. Drugs	1,044.0	201.72	17.55	-	-	-	1,044.0	201.72	17.55	
Clinic	990.8	146.06	12.06	-	-	-	990.8	146.06	12.06	
Psych/SUD	12.6	1,790.48	1.88	-	-	-	12.6	1,790.48	1.88	
Physical Therapy	518.5	28.93	1.25	-	-	-	518.5	28.93	1.25	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,891.2	54.06	8.52	-	-	-	1,891.2	54.06	8.52	
Subtotal	21,604.9	\$ 76.04	\$ 136.91	-	\$ 0.00	\$ 0.00	21,604.9	\$ 76.04	\$ 136.91	
Total Medical	101,487.6	\$ 107.10	\$ 905.78	-	\$ 0.00	\$ 0.00	101,487.6	\$ 107.10	\$ 905.78	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	179.4	\$ 2,185.28	\$ 32.67	-	\$ 0.00	\$ 0.00	179.4	\$ 2,185.28	\$ 32.67	
Outpatient Treatment	14,151.5	121.68	143.50	-	-	-	14,151.5	121.68	143.50	
Intermediate Care	43.4	544.70	1.97	-	-	-	43.4	544.70	1.97	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	14,374.3	\$ 149.97	\$ 179.64	-	\$ 0.00	\$ 0.00	14,374.3	\$ 149.97	\$ 179.64	
Short Term Institutional / HCBS	289.9	\$ 299.69	\$ 7.24	-	\$ 0.00	\$ 0.00	289.9	\$ 299.69	\$ 7.24	

Total Acute Medical Component	\$ 1,092.66
Third Party Liability Adjustment	(29.44)
Copayment Adjustment	(5.61)
Retroactivity Adjustment	(13.66)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 81.60
Gross Capitation Rate	\$ 1,133.05
Less Withhold	2.0% (22.66)
Net Capitation Rate	\$ 1,110.39

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Dual HCBS Waivers: PD; H&D

Member Months	17,055						-			17,055
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	1,931.2	\$ 261.72	\$ 42.12	-	\$ 0.00	\$ 0.00	1,931.2	\$ 261.72	\$ 42.12	
Outpatient Hospital										
Emergency Room	1,785.8	\$ 35.35	\$ 5.26	-	\$ 0.00	\$ 0.00	1,785.8	\$ 35.35	\$ 5.26	
General	47,689.4	22.81	90.65	-	-	-	47,689.4	22.81	90.65	
Subtotal	49,475.2	\$ 23.26	\$ 95.91	-	\$ 0.00	\$ 0.00	49,475.2	\$ 23.26	\$ 95.91	
Ancillary										
Pharmacy	3,365.3	\$ 20.86	\$ 5.85	-	\$ 0.00	\$ 0.00	3,365.3	\$ 20.86	\$ 5.85	
DME/Supplies/Prosthetics	16,670.7	44.10	61.26	-	-	-	16,670.7	44.10	61.26	
Ambulance	974.4	67.61	5.49	-	-	-	974.4	67.61	5.49	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	1,145.0	9.85	0.94	-	-	-	1,145.0	9.85	0.94	
Podiatry	753.2	18.48	1.16	-	-	-	753.2	18.48	1.16	
Vision	1,036.9	26.96	2.33	-	-	-	1,036.9	26.96	2.33	
Other Ancillary	88.8	18.92	0.14	-	-	-	88.8	18.92	0.14	
Subtotal	24,034.3	\$ 38.53	\$ 77.17	-	\$ 0.00	\$ 0.00	24,034.3	\$ 38.53	\$ 77.17	
Professional										
Surgery	2,548.7	\$ 42.99	\$ 9.13	-	\$ 0.00	\$ 0.00	2,548.7	\$ 42.99	\$ 9.13	
Anesthesia	363.8	47.83	1.45	-	-	-	363.8	47.83	1.45	
Inpatient Visits	5,160.3	20.56	8.84	-	-	-	5,160.3	20.56	8.84	
Urgent Care/Emergency Room	1,378.4	26.99	3.10	-	-	-	1,378.4	26.99	3.10	
Office/Home Visits	10,377.5	21.77	18.83	-	-	-	10,377.5	21.77	18.83	
Preventive Care	67.9	61.86	0.35	-	-	-	67.9	61.86	0.35	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	75.3	15.94	0.10	-	-	-	75.3	15.94	0.10	
Lab/Path/Rad	5,662.2	9.47	4.47	-	-	-	5,662.2	9.47	4.47	
Office Adm. Drugs	2,008.7	44.81	7.50	-	-	-	2,008.7	44.81	7.50	
Clinic	12.1	29.75	0.03	-	-	-	12.1	29.75	0.03	
Psych/SUD	1,199.0	23.22	2.32	-	-	-	1,199.0	23.22	2.32	
Physical Therapy	1,274.3	10.26	1.09	-	-	-	1,274.3	10.26	1.09	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	3,666.9	16.46	5.03	-	-	-	3,666.9	16.46	5.03	
Subtotal	33,795.1	\$ 22.10	\$ 62.24	-	\$ 0.00	\$ 0.00	33,795.1	\$ 22.10	\$ 62.24	
Total Medical	109,235.8	\$ 30.48	\$ 277.44	-	\$ 0.00	\$ 0.00	109,235.8	\$ 30.48	\$ 277.44	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	6,672.0	117.52	65.34	-	-	-	6,672.0	117.52	65.34	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	6,672.0	\$ 120.22	\$ 66.84	-	\$ 0.00	\$ 0.00	6,672.0	\$ 120.22	\$ 66.84	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 344.28
Third Party Liability Adjustment	(9.02)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	3.75% 13.06
Gross Capitation Rate	\$ 355.82
Less Withhold	2.0% (7.12)
Net Capitation Rate	\$ 348.70

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Dual HCBS Waivers: PD; H&D

Member Months	17,055						-			17,055
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	
Category of Service - LTSS (Institutional & Waiver)										
NF/ICFMR	497.5	\$ 175.36	\$ 7.27				497.5	\$ 175.36	\$ 7.27	
Home Health/Hospice	28,177.3	189.97	446.08				28,177.3	189.97	446.08	
Attendant Care/Nursing/Home Aide	8,279.5	629.70	434.47				8,279.5	629.70	434.47	
Supported community living	9,675.7	139.64	112.59				9,675.7	139.64	112.59	
Adult day care	58.8	434.69	2.13				58.8	434.69	2.13	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	42.9	1,734.27	6.20				42.9	1,734.27	6.20	
Family and community support	-	-	-				-	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	118.4	605.07	5.97				118.4	605.07	5.97	
Waiver Transportation	176.6	145.41	2.14				176.6	145.41	2.14	
Other HCBS waiver	430.0	720.56	25.82				430.0	720.56	25.82	
Total Long Term Services and Supports	47,456.7	\$ 263.65	\$ 1,042.67				47,456.7	\$ 263.65	\$ 1,042.67	
Total LTSS Component									\$ 1,042.67	
Member Financial Participation									(0.13)	
Administrative Load									150.00	
Gross Capitation Rate									\$ 1,192.54	
Less Withhold									2.0% (23.85)	
Net Capitation Rate									\$ 1,168.69	

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Dual HCBS Waivers: PD; H&D; AIDS

Member Months	17,027						17,027		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00	1,622.4	\$ 2,132.54	\$ 288.32
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,622.4	\$ 2,132.54	\$ 288.32	-	\$ 0.00	\$ 0.00	1,622.4	\$ 2,132.54	\$ 288.32
Outpatient Hospital									
Emergency Room	1,080.2	\$ 113.42	\$ 10.21	-	\$ 0.00	\$ 0.00	1,080.2	\$ 113.42	\$ 10.21
General	31,318.3	80.60	210.36	-	-	-	31,318.3	80.60	210.36
Subtotal	32,398.5	\$ 81.70	\$ 220.57	-	\$ 0.00	\$ 0.00	32,398.5	\$ 81.70	\$ 220.57
Ancillary									
Pharmacy	51,224.3	\$ 127.30	\$ 543.40	-	\$ 0.00	\$ 0.00	51,224.3	\$ 127.30	\$ 543.40
DME/Supplies/Prosthetics	16,393.4	173.81	237.45	-	-	-	16,393.4	173.81	237.45
Ambulance	802.3	83.16	5.56	-	-	-	802.3	83.16	5.56
Non-Emergency Transportation	20.5	40.98	0.07	-	-	-	20.5	40.98	0.07
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	40.4	8.91	0.03	-	-	-	40.4	8.91	0.03
Podiatry	11.0	21.82	0.02	-	-	-	11.0	21.82	0.02
Vision	764.4	39.09	2.49	-	-	-	764.4	39.09	2.49
Other Ancillary	536.6	34.22	1.53	-	-	-	536.6	34.22	1.53
Subtotal	69,792.9	\$ 135.93	\$ 790.55	-	\$ 0.00	\$ 0.00	69,792.9	\$ 135.93	\$ 790.55
Professional									
Surgery	1,383.7	\$ 207.96	\$ 23.98	-	\$ 0.00	\$ 0.00	1,383.7	\$ 207.96	\$ 23.98
Anesthesia	257.9	327.57	7.04	-	-	-	257.9	327.57	7.04
Inpatient Visits	2,291.3	93.80	17.91	-	-	-	2,291.3	93.80	17.91
Urgent Care/Emergency Room	980.0	94.04	7.68	-	-	-	980.0	94.04	7.68
Office/Home Visits	5,780.0	80.95	38.99	-	-	-	5,780.0	80.95	38.99
Preventive Care	645.4	53.55	2.88	-	-	-	645.4	53.55	2.88
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.9	125.61	0.47	-	-	-	44.9	125.61	0.47
Lab/Path/Rad	7,751.1	23.11	14.93	-	-	-	7,751.1	23.11	14.93
Office Adm. Drugs	2,212.6	268.95	49.59	-	-	-	2,212.6	268.95	49.59
Clinic	796.8	142.92	9.49	-	-	-	796.8	142.92	9.49
Psych/SUD	69.8	30.95	0.18	-	-	-	69.8	30.95	0.18
Physical Therapy	1,542.7	45.43	5.84	-	-	-	1,542.7	45.43	5.84
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,335.2	84.44	23.47	-	-	-	3,335.2	84.44	23.47
Subtotal	27,091.4	\$ 89.67	\$ 202.45	-	\$ 0.00	\$ 0.00	27,091.4	\$ 89.67	\$ 202.45
Total Medical	130,905.2	\$ 137.68	\$ 1,501.89	-	\$ 0.00	\$ 0.00	130,905.2	\$ 137.68	\$ 1,501.89
Category of Service - Iowa Plan for BH									
Inpatient Treatment	45.6	\$ 1,673.68	\$ 6.36	-	\$ 0.00	\$ 0.00	45.6	\$ 1,673.68	\$ 6.36
Outpatient Treatment	5,963.1	113.96	56.63	-	-	-	5,963.1	113.96	56.63
Intermediate Care	0.7	1,200.00	0.07	-	-	-	0.7	1,200.00	0.07
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,009.4	\$ 128.92	\$ 64.56	-	\$ 0.00	\$ 0.00	6,009.4	\$ 128.92	\$ 64.56
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 1,566.45
Third Party Liability Adjustment	(101.38)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.75%
	106.05
Gross Capitation Rate	\$ 1,578.62
Less Withhold	2.0%
	(31.57)
Net Capitation Rate	\$ 1,547.05

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide

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

Member Months	17,027						-			17,027		
	Rating Period											
	FFS/MediPASS			HMO			Capitation Rate					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM			
Category of Service - LTSS (Institutional & Waiver)												
NF/ICFMR	463.2	\$ 299.48	\$ 11.56				463.2	\$ 299.48	\$ 11.56			
Home Health/Hospice	16,729.3	566.15	789.28				16,729.3	566.15	789.28			
Attendant Care/Nursing/Home Aide	3,969.5	658.78	217.92				3,969.5	658.78	217.92			
Supported community living	2,296.9	114.10	21.84				2,296.9	114.10	21.84			
Adult day care	8.4	214.29	0.15				8.4	214.29	0.15			
Day Habilitation	-	-	-				-	-	-			
Env/home and vehicle mod	23.9	3,042.68	6.06				23.9	3,042.68	6.06			
Family and community support	-	-	-				-	-	-			
In-home family therapy	-	-	-				-	-	-			
Respite	4,659.3	672.98	261.30				4,659.3	672.98	261.30			
Waiver Transportation	142.6	143.90	1.71				142.6	143.90	1.71			
Other HCBS waiver	2,022.4	1,175.08	198.04				2,022.4	1,175.08	198.04			
Total Long Term Services and Supports	30,315.5	\$ 596.87	\$ 1,507.86				30,315.5	\$ 596.87	\$ 1,507.86			
Total LTSS Component										\$ 1,507.86		
Member Financial Participation										-		
Administrative Load										150.00		
Gross Capitation Rate										\$ 1,657.86		
Less Withhold										2.0% (33.16)		
Net Capitation Rate										\$ 1,624.70		

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Elderly HCBS Waiver

Member Months	105,822						-			105,822
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	1,516.4	\$ 316.22	\$ 39.96	-	\$ 0.00	\$ 0.00	1,516.4	\$ 316.22	\$ 39.96	
Outpatient Hospital										
Emergency Room	1,016.9	\$ 44.72	\$ 3.79	-	\$ 0.00	\$ 0.00	1,016.9	\$ 44.72	\$ 3.79	
General	31,408.9	26.32	68.90	-	-	-	31,408.9	26.32	68.90	
Subtotal	32,425.8	\$ 26.90	\$ 72.69	-	\$ 0.00	\$ 0.00	32,425.8	\$ 26.90	\$ 72.69	
Ancillary										
Pharmacy	3,446.5	\$ 15.11	\$ 4.34	-	\$ 0.00	\$ 0.00	3,446.5	\$ 15.11	\$ 4.34	
DME/Supplies/Prosthetics	9,775.8	42.87	34.92	-	-	-	9,775.8	42.87	34.92	
Ambulance	818.9	71.95	4.91	-	-	-	818.9	71.95	4.91	
Non-Emergency Transportation	3.3	218.18	0.06	-	-	-	3.3	218.18	0.06	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	556.6	10.78	0.50	-	-	-	556.6	10.78	0.50	
Podiatry	927.5	18.37	1.42	-	-	-	927.5	18.37	1.42	
Vision	1,117.8	25.66	2.39	-	-	-	1,117.8	25.66	2.39	
Other Ancillary	110.8	21.66	0.20	-	-	-	110.8	21.66	0.20	
Subtotal	16,757.2	\$ 34.90	\$ 48.74	-	\$ 0.00	\$ 0.00	16,757.2	\$ 34.90	\$ 48.74	
Professional										
Surgery	1,864.1	\$ 47.12	\$ 7.32	-	\$ 0.00	\$ 0.00	1,864.1	\$ 47.12	\$ 7.32	
Anesthesia	218.2	47.30	0.86	-	-	-	218.2	47.30	0.86	
Inpatient Visits	3,564.5	21.18	6.29	-	-	-	3,564.5	21.18	6.29	
Urgent Care/Emergency Room	851.6	28.46	2.02	-	-	-	851.6	28.46	2.02	
Office/Home Visits	7,893.0	23.49	15.45	-	-	-	7,893.0	23.49	15.45	
Preventive Care	40.1	44.89	0.15	-	-	-	40.1	44.89	0.15	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	10.3	23.30	0.02	-	-	-	10.3	23.30	0.02	
Lab/Path/Rad	4,378.7	10.88	3.97	-	-	-	4,378.7	10.88	3.97	
Office Adm. Drugs	1,647.4	57.11	7.84	-	-	-	1,647.4	57.11	7.84	
Clinic	53.0	67.92	0.30	-	-	-	53.0	67.92	0.30	
Psych/SUD	220.4	22.87	0.42	-	-	-	220.4	22.87	0.42	
Physical Therapy	589.9	11.19	0.55	-	-	-	589.9	11.19	0.55	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	2,976.9	15.32	3.80	-	-	-	2,976.9	15.32	3.80	
Subtotal	24,308.1	\$ 24.18	\$ 48.99	-	\$ 0.00	\$ 0.00	24,308.1	\$ 24.18	\$ 48.99	
Total Medical	75,007.5	\$ 33.66	\$ 210.38	-	\$ 0.00	\$ 0.00	75,007.5	\$ 33.66	\$ 210.38	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.3	\$ 3,600.00	\$ 0.09	
Outpatient Treatment	1,466.7	156.92	19.18	-	-	-	1,466.7	156.92	19.18	
Intermediate Care	0.1	-	-	-	-	-	0.1	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,467.1	\$ 169.89	\$ 20.77	-	\$ 0.00	\$ 0.00	1,467.1	\$ 169.89	\$ 20.77	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 231.15
Third Party Liability Adjustment	(4.73)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	3.75% 8.82
Gross Capitation Rate	\$ 242.74
Less Withhold	2.0% (4.85)
Net Capitation Rate	\$ 237.89

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Elderly HCBS Waiver

Member Months	105,822						105,822		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	1,197.9	\$ 155.77	\$ 15.55				1,197.9	\$ 155.77	\$ 15.55
Home Health/Hospice	22,128.3	152.12	280.51				22,128.3	152.12	280.51
Attendant Care/Nursing/Home Aide	6,863.7	558.96	319.71				6,863.7	558.96	319.71
Supported community living	23,906.0	148.57	295.98				23,906.0	148.57	295.98
Adult day care	174.3	505.34	7.34				174.3	505.34	7.34
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	86.0	104.65	0.75				86.0	104.65	0.75
Family and community support	0.2	-	-				0.2	-	-
In-home family therapy	-	-	-				-	-	-
Respite	86.0	401.86	2.88				86.0	401.86	2.88
Waiver Transportation	1,170.0	121.33	11.83				1,170.0	121.33	11.83
Other HCBS waiver	280.5	705.03	16.48				280.5	705.03	16.48
Total Long Term Services and Supports	55,892.9	\$ 204.18	\$ 951.03				55,892.9	\$ 204.18	\$ 951.03

Total LTSS Component	\$ 951.03
Member Financial Participation	(0.35)
Administrative Load	150.00
Gross Capitation Rate	\$ 1,100.68
Less Withhold	2.0% (22.01)
Net Capitation Rate	\$ 1,078.67

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Intellectual Disability HCBS Waiver

Member Months	140,989						-			140,989
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	458.8	\$ 905.75	\$ 34.63	-	\$ 0.00	\$ 0.00	458.8	\$ 905.75	\$ 34.63	
Psychiatric/SUD	1.0	3,000.00	0.25	-	-	-	1.0	3,000.00	0.25	
Maternity - Delivery	1.5	2,000.00	0.25	-	-	-	1.5	2,000.00	0.25	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	461.3	\$ 913.85	\$ 35.13	-	\$ 0.00	\$ 0.00	461.3	\$ 913.85	\$ 35.13	
Outpatient Hospital										
Emergency Room	600.3	\$ 64.37	\$ 3.22	-	\$ 0.00	\$ 0.00	600.3	\$ 64.37	\$ 3.22	
General	14,561.8	49.82	60.46	-	-	-	14,561.8	49.82	60.46	
Subtotal	15,162.1	\$ 50.40	\$ 63.68	-	\$ 0.00	\$ 0.00	15,162.1	\$ 50.40	\$ 63.68	
Ancillary										
Pharmacy	18,311.4	\$ 76.39	\$ 116.57	-	\$ 0.00	\$ 0.00	18,311.4	\$ 76.39	\$ 116.57	
DME/Supplies/Prosthetics	4,822.5	107.22	43.09	-	-	-	4,822.5	107.22	43.09	
Ambulance	206.9	72.50	1.25	-	-	-	206.9	72.50	1.25	
Non-Emergency Transportation	205.4	217.33	3.72	-	-	-	205.4	217.33	3.72	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	450.2	10.66	0.40	-	-	-	450.2	10.66	0.40	
Podiatry	700.4	17.82	1.04	-	-	-	700.4	17.82	1.04	
Vision	1,112.9	33.64	3.12	-	-	-	1,112.9	33.64	3.12	
Other Ancillary	303.2	31.27	0.79	-	-	-	303.2	31.27	0.79	
Subtotal	26,112.9	\$ 78.11	\$ 169.98	-	\$ 0.00	\$ 0.00	26,112.9	\$ 78.11	\$ 169.98	
Professional										
Surgery	904.5	\$ 76.42	\$ 5.76	-	\$ 0.00	\$ 0.00	904.5	\$ 76.42	\$ 5.76	
Anesthesia	166.9	144.52	2.01	-	-	-	166.9	144.52	2.01	
Inpatient Visits	880.2	38.85	2.85	-	-	-	880.2	38.85	2.85	
Urgent Care/Emergency Room	439.2	50.55	1.85	-	-	-	439.2	50.55	1.85	
Office/Home Visits	5,055.3	41.73	17.58	-	-	-	5,055.3	41.73	17.58	
Preventive Care	479.3	69.35	2.77	-	-	-	479.3	69.35	2.77	
Maternity - Delivery	0.9	800.00	0.06	-	-	-	0.9	800.00	0.06	
Maternity - Non-Delivery	3.4	141.18	0.04	-	-	-	3.4	141.18	0.04	
Allergy/Immunotherapy	89.5	33.52	0.25	-	-	-	89.5	33.52	0.25	
Lab/Path/Rad	2,567.3	15.80	3.38	-	-	-	2,567.3	15.80	3.38	
Office Adm. Drugs	572.2	65.22	3.11	-	-	-	572.2	65.22	3.11	
Clinic	327.1	141.97	3.87	-	-	-	327.1	141.97	3.87	
Psych/SUD	1,240.6	1,021.15	105.57	-	-	-	1,240.6	1,021.15	105.57	
Physical Therapy	566.4	23.31	1.10	-	-	-	566.4	23.31	1.10	
Family Planning	0.2	-	-	-	-	-	0.2	-	-	
Other Professional	1,216.3	60.18	6.10	-	-	-	1,216.3	60.18	6.10	
Subtotal	14,509.3	\$ 129.27	\$ 156.30	-	\$ 0.00	\$ 0.00	14,509.3	\$ 129.27	\$ 156.30	
Total Medical	56,245.6	\$ 90.69	\$ 425.09	-	\$ 0.00	\$ 0.00	56,245.6	\$ 90.69	\$ 425.09	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	54.9	\$ 2,441.53	\$ 11.17	-	\$ 0.00	\$ 0.00	54.9	\$ 2,441.53	\$ 11.17	
Outpatient Treatment	6,426.6	99.56	53.32	-	-	-	6,426.6	99.56	53.32	
Intermediate Care	1.9	884.21	0.14	-	-	-	1.9	884.21	0.14	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	6,483.4	\$ 122.40	\$ 66.13	-	\$ 0.00	\$ 0.00	6,483.4	\$ 122.40	\$ 66.13	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 491.22
Third Party Liability Adjustment	(11.69)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 31.97
Gross Capitation Rate	\$ 519.00
Less Withhold	2.0% (10.38)
Net Capitation Rate	\$ 508.62

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Intellectual Disability HCBS Waiver

Member Months	140,989						140,989		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	160.8	\$ 312.69	\$ 4.19				160.8	\$ 312.69	\$ 4.19
Home Health/Hospice	4,660.1	368.59	143.14				4,660.1	368.59	143.14
Attendant Care/Nursing/Home Aide	722.6	1,051.54	63.32				722.6	1,051.54	63.32
Supported community living	9,768.9	2,666.65	2,170.85				9,768.9	2,666.65	2,170.85
Adult day care	277.1	825.84	19.07				277.1	825.84	19.07
Day Habilitation	7,228.8	624.37	376.12				7,228.8	624.37	376.12
Env/home and vehicle mod	2.3	1,826.09	0.35				2.3	1,826.09	0.35
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	2,271.6	314.90	59.61				2,271.6	314.90	59.61
Waiver Transportation	3,940.0	268.96	88.31				3,940.0	268.96	88.31
Other HCBS waiver	1,536.5	1,469.21	188.12				1,536.5	1,469.21	188.12
Total Long Term Services and Supports	30,568.7	\$ 1,222.07	\$ 3,113.08				30,568.7	\$ 1,222.07	\$ 3,113.08
Total LTSS Component									\$ 3,113.08
Member Financial Participation									(0.03)
Administrative Load									200.00
Gross Capitation Rate									\$ 3,313.05
Less Withhold									2.0% (66.26)
Net Capitation Rate									\$ 3,246.79

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Brain Injury HCBS Waiver

Member Months	14,011						14,011		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	1,222.6	\$ 1,071.03	\$ 109.12	-	\$ 0.00	\$ 0.00	1,222.6	\$ 1,071.03	\$ 109.12
Psychiatric/SUD	5.3	1,154.72	0.51	-	-	-	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,227.9	\$ 1,071.39	\$ 109.63	-	\$ 0.00	\$ 0.00	1,227.9	\$ 1,071.39	\$ 109.63
Outpatient Hospital									
Emergency Room	906.2	\$ 63.43	\$ 4.79	-	\$ 0.00	\$ 0.00	906.2	\$ 63.43	\$ 4.79
General	27,887.0	49.33	114.63	-	-	-	27,887.0	49.33	114.63
Subtotal	28,793.2	\$ 49.77	\$ 119.42	-	\$ 0.00	\$ 0.00	28,793.2	\$ 49.77	\$ 119.42
Ancillary									
Pharmacy	20,883.7	\$ 78.92	\$ 137.34	-	\$ 0.00	\$ 0.00	20,883.7	\$ 78.92	\$ 137.34
DME/Supplies/Prosthetics	9,327.5	131.91	102.53	-	-	-	9,327.5	131.91	102.53
Ambulance	496.0	66.29	2.74	-	-	-	496.0	66.29	2.74
Non-Emergency Transportation	93.3	214.79	1.67	-	-	-	93.3	214.79	1.67
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	796.3	9.19	0.61	-	-	-	796.3	9.19	0.61
Podiatry	435.3	19.85	0.72	-	-	-	435.3	19.85	0.72
Vision	1,065.8	32.43	2.88	-	-	-	1,065.8	32.43	2.88
Other Ancillary	462.2	30.90	1.19	-	-	-	462.2	30.90	1.19
Subtotal	33,560.1	\$ 89.28	\$ 249.68	-	\$ 0.00	\$ 0.00	33,560.1	\$ 89.28	\$ 249.68
Professional									
Surgery	1,391.5	\$ 107.71	\$ 12.49	-	\$ 0.00	\$ 0.00	1,391.5	\$ 107.71	\$ 12.49
Anesthesia	237.1	185.24	3.66	-	-	-	237.1	185.24	3.66
Inpatient Visits	1,825.7	40.69	6.19	-	-	-	1,825.7	40.69	6.19
Urgent Care/Emergency Room	782.9	54.72	3.57	-	-	-	782.9	54.72	3.57
Office/Home Visits	6,835.6	45.29	25.80	-	-	-	6,835.6	45.29	25.80
Preventive Care	381.7	60.36	1.92	-	-	-	381.7	60.36	1.92
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	128.8	25.16	0.27	-	-	-	128.8	25.16	0.27
Lab/Path/Rad	4,379.1	18.58	6.78	-	-	-	4,379.1	18.58	6.78
Office Adm. Drugs	755.6	217.10	13.67	-	-	-	755.6	217.10	13.67
Clinic	246.1	146.77	3.01	-	-	-	246.1	146.77	3.01
Psych/SUD	1,472.7	1,014.95	124.56	-	-	-	1,472.7	1,014.95	124.56
Physical Therapy	3,153.0	30.75	8.08	-	-	-	3,153.0	30.75	8.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,049.0	50.66	8.65	-	-	-	2,049.0	50.66	8.65
Subtotal	23,638.8	\$ 111.00	\$ 218.65	-	\$ 0.00	\$ 0.00	23,638.8	\$ 111.00	\$ 218.65
Total Medical	87,220.0	\$ 95.95	\$ 697.38	-	\$ 0.00	\$ 0.00	87,220.0	\$ 95.95	\$ 697.38
Category of Service - Iowa Plan for BH									
Inpatient Treatment	32.4	\$ 2,885.19	\$ 7.79	-	\$ 0.00	\$ 0.00	32.4	\$ 2,885.19	\$ 7.79
Outpatient Treatment	6,637.7	123.68	68.41	-	-	-	6,637.7	123.68	68.41
Intermediate Care	4.2	514.29	0.18	-	-	-	4.2	514.29	0.18
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,674.3	\$ 140.02	\$ 77.88	-	\$ 0.00	\$ 0.00	6,674.3	\$ 140.02	\$ 77.88
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 775.26
Third Party Liability Adjustment	(29.64)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 49.71
Gross Capitation Rate	\$ 802.83
Less Withhold	2.0% (16.06)
Net Capitation Rate	\$ 786.77

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Brain Injury HCBS Waiver

Member Months	14,011						14,011		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	297.0	\$ 408.08	\$ 10.10				297.0	\$ 408.08	\$ 10.10
Home Health/Hospice	12,577.4	382.52	400.93				12,577.4	382.52	400.93
Attendant Care/Nursing/Home Aide	3,074.4	910.93	233.38				3,074.4	910.93	233.38
Supported community living	7,204.2	1,962.61	1,178.25				7,204.2	1,962.61	1,178.25
Adult day care	632.0	661.90	34.86				632.0	661.90	34.86
Day Habilitation	465.4	496.61	19.26				465.4	496.61	19.26
Env/home and vehicle mod	32.8	2,231.71	6.10				32.8	2,231.71	6.10
Family and community support	154.0	268.83	3.45				154.0	268.83	3.45
In-home family therapy	-	-	-				-	-	-
Respite	2,540.0	714.33	151.20				2,540.0	714.33	151.20
Waiver Transportation	1,607.5	254.26	34.06				1,607.5	254.26	34.06
Other HCBS waiver	2,687.2	1,338.88	299.82				2,687.2	1,338.88	299.82
Total Long Term Services and Supports	31,271.9	\$ 909.98	\$ 2,371.41				31,271.9	\$ 909.98	\$ 2,371.41
Total LTSS Component							\$ 2,371.41		
Member Financial Participation							(0.13)		
Administrative Load							200.00		
Gross Capitation Rate							\$ 2,571.28		
Less Withhold							2.0%		(51.43)
Net Capitation Rate							\$ 2,519.85		

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children's Mental Health HCBS Waiver

Member Months	9,391						-			9,391
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	22.7	\$ 4,149.78	\$ 7.85	-	\$ 0.00	\$ 0.00	22.7	\$ 4,149.78	\$ 7.85	
Outpatient Hospital										
Emergency Room	461.9	\$ 115.09	\$ 4.43	-	\$ 0.00	\$ 0.00	461.9	\$ 115.09	\$ 4.43	
General	5,737.5	67.70	32.37	-	-	-	5,737.5	67.70	32.37	
Subtotal	6,199.4	\$ 71.23	\$ 36.80	-	\$ 0.00	\$ 0.00	6,199.4	\$ 71.23	\$ 36.80	
Ancillary										
Pharmacy	35,835.9	\$ 90.29	\$ 269.64	-	\$ 0.00	\$ 0.00	35,835.9	\$ 90.29	\$ 269.64	
DME/Supplies/Prosthetics	635.6	96.10	5.09	-	-	-	635.6	96.10	5.09	
Ambulance	42.2	99.53	0.35	-	-	-	42.2	99.53	0.35	
Non-Emergency Transportation	221.3	27.11	0.50	-	-	-	221.3	27.11	0.50	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	1,110.1	36.32	3.36	-	-	-	1,110.1	36.32	3.36	
Other Ancillary	489.4	33.84	1.38	-	-	-	489.4	33.84	1.38	
Subtotal	38,334.5	\$ 87.75	\$ 280.32	-	\$ 0.00	\$ 0.00	38,334.5	\$ 87.75	\$ 280.32	
Professional										
Surgery	158.2	\$ 241.21	\$ 3.18	-	\$ 0.00	\$ 0.00	158.2	\$ 241.21	\$ 3.18	
Anesthesia	39.0	335.38	1.09	-	-	-	39.0	335.38	1.09	
Inpatient Visits	53.2	117.29	0.52	-	-	-	53.2	117.29	0.52	
Urgent Care/Emergency Room	291.5	79.86	1.94	-	-	-	291.5	79.86	1.94	
Office/Home Visits	2,364.8	95.15	18.75	-	-	-	2,364.8	95.15	18.75	
Preventive Care	635.1	54.98	2.91	-	-	-	635.1	54.98	2.91	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	1.1	-	-	-	-	-	1.1	-	-	
Allergy/Immunotherapy	187.0	75.72	1.18	-	-	-	187.0	75.72	1.18	
Lab/Path/Rad	2,396.7	19.98	3.99	-	-	-	2,396.7	19.98	3.99	
Office Adm. Drugs	55.4	56.32	0.26	-	-	-	55.4	56.32	0.26	
Clinic	620.0	146.32	7.56	-	-	-	620.0	146.32	7.56	
Psych/SUD	88.9	137.68	1.02	-	-	-	88.9	137.68	1.02	
Physical Therapy	592.2	43.77	2.16	-	-	-	592.2	43.77	2.16	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	283.1	100.46	2.37	-	-	-	283.1	100.46	2.37	
Subtotal	7,766.2	\$ 72.51	\$ 46.93	-	\$ 0.00	\$ 0.00	7,766.2	\$ 72.51	\$ 46.93	
Total Medical	52,322.8	\$ 85.29	\$ 371.90	-	\$ 0.00	\$ 0.00	52,322.8	\$ 85.29	\$ 371.90	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	224.5	\$ 1,587.53	\$ 29.70	-	\$ 0.00	\$ 0.00	224.5	\$ 1,587.53	\$ 29.70	
Outpatient Treatment	58,148.6	101.35	491.12	-	-	-	58,148.6	101.35	491.12	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	58,373.1	\$ 107.38	\$ 522.32	-	\$ 0.00	\$ 0.00	58,373.1	\$ 107.38	\$ 522.32	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 894.22
Third Party Liability Adjustment	(18.60)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.75%
	63.38
Gross Capitation Rate	\$ 946.50
Less Withhold	2.0%
	(18.93)
Net Capitation Rate	\$ 927.57

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children's Mental Health HCBS Waiver

Member Months	9,391						-			9,391
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	
Category of Service - LTSS (Institutional & Waiver)										
NF/ICFMR	24.1	\$ 273.86	\$ 0.55				24.1	\$ 273.86	\$ 0.55	
Home Health/Hospice	158.9	176.71	2.34				158.9	176.71	2.34	
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-	
Supported community living	1.3	-	-				1.3	-	-	
Adult day care	-	-	-				-	-	-	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	1.3	1,384.62	0.15				1.3	1,384.62	0.15	
Family and community support	5,113.5	252.86	107.75				5,113.5	252.86	107.75	
In-home family therapy	3,897.2	348.19	113.08				3,897.2	348.19	113.08	
Respite	9,311.3	860.08	667.37				9,311.3	860.08	667.37	
Waiver Transportation	-	-	-				-	-	-	
Other HCBS waiver	-	-	-				-	-	-	
Total Long Term Services and Supports	18,507.6	\$ 577.86	\$ 891.24				18,507.6	\$ 577.86	\$ 891.24	
Total LTSS Component										\$ 891.24
Member Financial Participation										-
Administrative Load										150.00
Gross Capitation Rate										\$ 1,041.24
Less Withhold										2.0% (20.82)
Net Capitation Rate										\$ 1,020.42

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Custodial Care Nursing Facility <65

Member Months	20,745						20,745		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	2,172.0	\$ 877.18	\$ 158.77	-	\$ 0.00	\$ 0.00	2,172.0	\$ 877.18	\$ 158.77
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	2,172.0	\$ 877.18	\$ 158.77	-	\$ 0.00	\$ 0.00	2,172.0	\$ 877.18	\$ 158.77
Outpatient Hospital									
Emergency Room	917.0	\$ 71.45	\$ 5.46	-	\$ 0.00	\$ 0.00	917.0	\$ 71.45	\$ 5.46
General	58,522.0	26.26	128.07	-	-	-	58,522.0	26.26	128.07
Subtotal	59,439.0	\$ 26.96	\$ 133.53	-	\$ 0.00	\$ 0.00	59,439.0	\$ 26.96	\$ 133.53
Ancillary									
Pharmacy	49,149.8	\$ 51.49	\$ 210.89	-	\$ 0.00	\$ 0.00	49,149.8	\$ 51.49	\$ 210.89
DME/Supplies/Prosthetics	7,396.1	103.51	63.80	-	-	-	7,396.1	103.51	63.80
Ambulance	2,144.0	63.47	11.34	-	-	-	2,144.0	63.47	11.34
Non-Emergency Transportation	2.9	124.14	0.03	-	-	-	2.9	124.14	0.03
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	173.0	9.02	0.13	-	-	-	173.0	9.02	0.13
Podiatry	1,620.3	13.48	1.82	-	-	-	1,620.3	13.48	1.82
Vision	1,272.6	31.40	3.33	-	-	-	1,272.6	31.40	3.33
Other Ancillary	91.2	23.68	0.18	-	-	-	91.2	23.68	0.18
Subtotal	61,849.9	\$ 56.56	\$ 291.52	-	\$ 0.00	\$ 0.00	61,849.9	\$ 56.56	\$ 291.52
Professional									
Surgery	2,386.5	\$ 83.97	\$ 16.70	-	\$ 0.00	\$ 0.00	2,386.5	\$ 83.97	\$ 16.70
Anesthesia	304.2	122.68	3.11	-	-	-	304.2	122.68	3.11
Inpatient Visits	8,893.9	35.53	26.33	-	-	-	8,893.9	35.53	26.33
Urgent Care/Emergency Room	789.3	55.49	3.65	-	-	-	789.3	55.49	3.65
Office/Home Visits	4,213.0	35.69	12.53	-	-	-	4,213.0	35.69	12.53
Preventive Care	53.1	40.68	0.18	-	-	-	53.1	40.68	0.18
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	4.4	27.27	0.01	-	-	-	4.4	27.27	0.01
Lab/Path/Rad	6,512.1	17.12	9.29	-	-	-	6,512.1	17.12	9.29
Office Adm. Drugs	1,196.0	96.32	9.60	-	-	-	1,196.0	96.32	9.60
Clinic	517.3	135.24	5.83	-	-	-	517.3	135.24	5.83
Psych/SUD	2,274.5	43.84	8.31	-	-	-	2,274.5	43.84	8.31
Physical Therapy	107.1	31.37	0.28	-	-	-	107.1	31.37	0.28
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,316.3	38.86	10.74	-	-	-	3,316.3	38.86	10.74
Subtotal	30,567.7	\$ 41.83	\$ 106.56	-	\$ 0.00	\$ 0.00	30,567.7	\$ 41.83	\$ 106.56
Total Medical	154,028.6	\$ 53.79	\$ 690.38	-	\$ 0.00	\$ 0.00	154,028.6	\$ 53.79	\$ 690.38
Category of Service - Iowa Plan for BH									
Inpatient Treatment	33.4	\$ 1,246.71	\$ 3.47	-	\$ 0.00	\$ 0.00	33.4	\$ 1,246.71	\$ 3.47
Outpatient Treatment	1,359.5	92.68	10.50	-	-	-	1,359.5	92.68	10.50
Intermediate Care	0.6	400.00	0.02	-	-	-	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,393.5	\$ 133.39	\$ 15.49	-	\$ 0.00	\$ 0.00	1,393.5	\$ 133.39	\$ 15.49
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 705.87
Third Party Liability Adjustment	(15.53)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 30.64
Gross Capitation Rate	\$ 728.48
Less Withhold	2.0% (14.57)
Net Capitation Rate	\$ 713.91

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Custodial Care Nursing Facility <65

Member Months	20,745						20,745		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	350,134.1	\$ 184.46	\$ 5,382.16				350,134.1	\$ 184.46	\$ 5,382.16
Home Health/Hospice	1,696.2	153.45	21.69				1,696.2	153.45	21.69
Attendant Care/Nursing/Home Aide	10.4	496.15	0.43				10.4	496.15	0.43
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	0.6	600.00	0.03				0.6	600.00	0.03
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	2.3	521.74	0.10				2.3	521.74	0.10
Total Long Term Services and Supports	351,843.6	\$ 184.32	\$ 5,404.41				351,843.6	\$ 184.32	\$ 5,404.41
Total LTSS Component									\$ 5,404.41
Member Financial Participation									(726.59)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,752.82
Less Withhold									2.0% (95.06)
Net Capitation Rate									\$ 4,657.76

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Custodial Care Nursing Facility 65+

Member Months	122,793						-			122,793
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	881.5	\$ 259.47	\$ 19.06	-	\$ 0.00	\$ 0.00	881.5	\$ 259.47	\$ 19.06	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	881.5	\$ 259.47	\$ 19.06	-	\$ 0.00	\$ 0.00	881.5	\$ 259.47	\$ 19.06	
Outpatient Hospital										
Emergency Room	433.1	\$ 43.78	\$ 1.58	-	\$ 0.00	\$ 0.00	433.1	\$ 43.78	\$ 1.58	
General	25,009.3	15.61	32.54	-	-	-	25,009.3	15.61	32.54	
Subtotal	25,442.4	\$ 16.09	\$ 34.12	-	\$ 0.00	\$ 0.00	25,442.4	\$ 16.09	\$ 34.12	
Ancillary										
Pharmacy	14,621.6	\$ 10.71	\$ 13.05	-	\$ 0.00	\$ 0.00	14,621.6	\$ 10.71	\$ 13.05	
DME/Supplies/Prosthetics	2,891.6	83.12	20.03	-	-	-	2,891.6	83.12	20.03	
Ambulance	669.1	60.44	3.37	-	-	-	669.1	60.44	3.37	
Non-Emergency Transportation	1.3	184.62	0.02	-	-	-	1.3	184.62	0.02	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	81.0	8.89	0.06	-	-	-	81.0	8.89	0.06	
Podiatry	1,281.9	14.51	1.55	-	-	-	1,281.9	14.51	1.55	
Vision	649.9	25.67	1.39	-	-	-	649.9	25.67	1.39	
Other Ancillary	64.8	25.93	0.14	-	-	-	64.8	25.93	0.14	
Subtotal	20,261.2	\$ 23.46	\$ 39.61	-	\$ 0.00	\$ 0.00	20,261.2	\$ 23.46	\$ 39.61	
Professional										
Surgery	867.8	\$ 33.88	\$ 2.45	-	\$ 0.00	\$ 0.00	867.8	\$ 33.88	\$ 2.45	
Anesthesia	79.3	40.86	0.27	-	-	-	79.3	40.86	0.27	
Inpatient Visits	4,678.8	20.72	8.08	-	-	-	4,678.8	20.72	8.08	
Urgent Care/Emergency Room	307.1	27.35	0.70	-	-	-	307.1	27.35	0.70	
Office/Home Visits	1,687.5	22.83	3.21	-	-	-	1,687.5	22.83	3.21	
Preventive Care	3.3	36.36	0.01	-	-	-	3.3	36.36	0.01	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	3.9	30.77	0.01	-	-	-	3.9	30.77	0.01	
Lab/Path/Rad	2,367.6	8.46	1.67	-	-	-	2,367.6	8.46	1.67	
Office Adm. Drugs	279.5	67.84	1.58	-	-	-	279.5	67.84	1.58	
Clinic	9.7	49.48	0.04	-	-	-	9.7	49.48	0.04	
Psych/SUD	956.1	20.46	1.63	-	-	-	956.1	20.46	1.63	
Physical Therapy	16.8	14.29	0.02	-	-	-	16.8	14.29	0.02	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,712.4	12.40	1.77	-	-	-	1,712.4	12.40	1.77	
Subtotal	12,969.8	\$ 19.84	\$ 21.44	-	\$ 0.00	\$ 0.00	12,969.8	\$ 19.84	\$ 21.44	
Total Medical	59,554.9	\$ 23.02	\$ 114.23	-	\$ 0.00	\$ 0.00	59,554.9	\$ 23.02	\$ 114.23	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	0.1	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	0.1	\$ 0.00	\$ 0.00	
Outpatient Treatment	47.0	107.23	0.42	-	-	-	47.0	107.23	0.42	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	47.1	\$ 489.17	\$ 1.92	-	\$ 0.00	\$ 0.00	47.1	\$ 489.17	\$ 1.92	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 116.15
Third Party Liability Adjustment	(2.28)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25%
	5.05
Gross Capitation Rate	\$ 126.42
Less Withhold	2.0%
	(2.53)
Net Capitation Rate	\$ 123.89

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Custodial Care Nursing Facility 65+

Member Months	122,793						122,793		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	350,134.0	\$ 175.20	\$ 5,111.86				350,134.0	\$ 175.20	\$ 5,111.86
Home Health/Hospice	1,190.4	219.05	21.73				1,190.4	219.05	21.73
Attendant Care/Nursing/Home Aide	2.1	457.14	0.08				2.1	457.14	0.08
Supported community living	2.8	471.43	0.11				2.8	471.43	0.11
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	0.2	1,200.00	0.02				0.2	1,200.00	0.02
Total Long Term Services and Supports	351,329.5	\$ 175.35	\$ 5,133.80				351,329.5	\$ 175.35	\$ 5,133.80
Total LTSS Component									\$ 5,133.80
Member Financial Participation									(1,035.15)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,173.65
Less Withhold									2.0% (83.47)
Net Capitation Rate									\$ 4,090.18

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Dual Skilled Nursing Facility

Member Months	947						947		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	4,083.4	\$ 2,163.34	\$ 736.15	-	\$ 0.00	\$ 0.00	4,083.4	\$ 2,163.34	\$ 736.15
Outpatient Hospital									
Emergency Room	683.2	\$ 161.77	\$ 9.21	-	\$ 0.00	\$ 0.00	683.2	\$ 161.77	\$ 9.21
General	28,986.0	60.51	146.16	-	-	-	28,986.0	60.51	146.16
Subtotal	29,669.2	\$ 62.84	\$ 155.37	-	\$ 0.00	\$ 0.00	29,669.2	\$ 62.84	\$ 155.37
Ancillary									
Pharmacy	118,278.9	\$ 74.72	\$ 736.47	-	\$ 0.00	\$ 0.00	118,278.9	\$ 74.72	\$ 736.47
DME/Supplies/Prosthetics	23,147.6	241.34	465.54	-	-	-	23,147.6	241.34	465.54
Ambulance	2,951.4	68.14	16.76	-	-	-	2,951.4	68.14	16.76
Non-Emergency Transportation	12.9	148.84	0.16	-	-	-	12.9	148.84	0.16
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	631.6	57.00	3.00	-	-	-	631.6	57.00	3.00
Other Ancillary	232.0	31.55	0.61	-	-	-	232.0	31.55	0.61
Subtotal	145,254.4	\$ 101.00	\$ 1,222.54	-	\$ 0.00	\$ 0.00	145,254.4	\$ 101.00	\$ 1,222.54
Professional									
Surgery	2,393.8	\$ 288.80	\$ 57.61	-	\$ 0.00	\$ 0.00	2,393.8	\$ 288.80	\$ 57.61
Anesthesia	661.6	329.38	18.16	-	-	-	661.6	329.38	18.16
Inpatient Visits	12,827.9	87.62	93.66	-	-	-	12,827.9	87.62	93.66
Urgent Care/Emergency Room	749.1	108.13	6.75	-	-	-	749.1	108.13	6.75
Office/Home Visits	4,621.3	93.84	36.14	-	-	-	4,621.3	93.84	36.14
Preventive Care	39.3	100.76	0.33	-	-	-	39.3	100.76	0.33
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	10,276.4	22.46	19.23	-	-	-	10,276.4	22.46	19.23
Office Adm. Drugs	649.6	915.89	49.58	-	-	-	649.6	915.89	49.58
Clinic	108.3	136.29	1.23	-	-	-	108.3	136.29	1.23
Psych/SUD	24.0	8,420.00	16.84	-	-	-	24.0	8,420.00	16.84
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,694.6	74.64	16.76	-	-	-	2,694.6	74.64	16.76
Subtotal	35,045.9	\$ 108.30	\$ 316.29	-	\$ 0.00	\$ 0.00	35,045.9	\$ 108.30	\$ 316.29
Total Medical	214,052.9	\$ 136.25	\$ 2,430.35	-	\$ 0.00	\$ 0.00	214,052.9	\$ 136.25	\$ 2,430.35
Category of Service - Iowa Plan for BH									
Inpatient Treatment	35.5	\$ 1,987.61	\$ 5.88	-	\$ 0.00	\$ 0.00	35.5	\$ 1,987.61	\$ 5.88
Outpatient Treatment	279.7	110.69	2.58	-	-	-	279.7	110.69	2.58
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	315.2	\$ 379.19	\$ 9.96	-	\$ 0.00	\$ 0.00	315.2	\$ 379.19	\$ 9.96
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 2,440.31
Third Party Liability Adjustment	(78.99)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 104.81
Gross Capitation Rate	\$ 2,473.63
Less Withhold	2.0% (49.47)
Net Capitation Rate	\$ 2,424.16

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Non-Dual Skilled Nursing Facility

Member Months	947						947		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	353,789.2	\$ 767.93	\$ 22,640.54				353,789.2	\$ 767.93	\$ 22,640.54
Home Health/Hospice	1,276.0	598.50	63.64				1,276.0	598.50	63.64
Attendant Care/Nursing/Home Aide	12.7	897.64	0.95				12.7	897.64	0.95
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	355,077.9	\$ 767.33	\$ 22,705.13				355,077.9	\$ 767.33	\$ 22,705.13
Total LTSS Component									\$ 22,705.13
Member Financial Participation									(169.80)
Administrative Load									75.00
Gross Capitation Rate									\$ 22,610.33
Less Withhold									2.0% (452.21)
Net Capitation Rate									\$ 22,158.12

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Residential Care Facility

Member Months	8,517						-			8,517
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	986.1	\$ 619.65	\$ 50.92	-	\$ 0.00	\$ 0.00	986.1	\$ 619.65	\$ 50.92	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	5.4	1,244.44	0.56	-	-	-	5.4	1,244.44	0.56	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	991.5	\$ 623.06	\$ 51.48	-	\$ 0.00	\$ 0.00	991.5	\$ 623.06	\$ 51.48	
Outpatient Hospital										
Emergency Room	892.7	\$ 75.55	\$ 5.62	-	\$ 0.00	\$ 0.00	892.7	\$ 75.55	\$ 5.62	
General	21,882.8	40.55	73.94	-	-	-	21,882.8	40.55	73.94	
Subtotal	22,775.5	\$ 41.92	\$ 79.56	-	\$ 0.00	\$ 0.00	22,775.5	\$ 41.92	\$ 79.56	
Ancillary										
Pharmacy	47,189.8	\$ 68.70	\$ 270.16	-	\$ 0.00	\$ 0.00	47,189.8	\$ 68.70	\$ 270.16	
DME/Supplies/Prosthetics	3,754.2	44.62	13.96	-	-	-	3,754.2	44.62	13.96	
Ambulance	624.2	75.94	3.95	-	-	-	624.2	75.94	3.95	
Non-Emergency Transportation	2.6	92.31	0.02	-	-	-	2.6	92.31	0.02	
Home Health/Hospice	1,581.5	164.81	21.72	-	-	-	1,581.5	164.81	21.72	
Chiropractic Services	489.9	9.31	0.38	-	-	-	489.9	9.31	0.38	
Podiatry	1,010.0	17.23	1.45	-	-	-	1,010.0	17.23	1.45	
Vision	1,707.9	33.87	4.82	-	-	-	1,707.9	33.87	4.82	
Other Ancillary	471.4	33.35	1.31	-	-	-	471.4	33.35	1.31	
Subtotal	56,831.5	\$ 67.10	\$ 317.77	-	\$ 0.00	\$ 0.00	56,831.5	\$ 67.10	\$ 317.77	
Professional										
Surgery	1,125.4	\$ 75.17	\$ 7.05	-	\$ 0.00	\$ 0.00	1,125.4	\$ 75.17	\$ 7.05	
Anesthesia	392.1	59.98	1.96	-	-	-	392.1	59.98	1.96	
Inpatient Visits	2,418.7	26.54	5.35	-	-	-	2,418.7	26.54	5.35	
Urgent Care/Emergency Room	616.0	53.57	2.75	-	-	-	616.0	53.57	2.75	
Office/Home Visits	6,890.5	33.94	19.49	-	-	-	6,890.5	33.94	19.49	
Preventive Care	333.5	74.84	2.08	-	-	-	333.5	74.84	2.08	
Maternity - Delivery	1.2	1,400.00	0.14	-	-	-	1.2	1,400.00	0.14	
Maternity - Non-Delivery	7.3	131.51	0.08	-	-	-	7.3	131.51	0.08	
Allergy/Immunotherapy	3.6	33.33	0.01	-	-	-	3.6	33.33	0.01	
Lab/Path/Rad	4,342.8	15.94	5.77	-	-	-	4,342.8	15.94	5.77	
Office Adm. Drugs	389.6	17.25	0.56	-	-	-	389.6	17.25	0.56	
Clinic	584.5	147.41	7.18	-	-	-	584.5	147.41	7.18	
Psych/SUD	2,127.4	25.55	4.53	-	-	-	2,127.4	25.55	4.53	
Physical Therapy	273.5	21.06	0.48	-	-	-	273.5	21.06	0.48	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,300.9	19.74	2.14	-	-	-	1,300.9	19.74	2.14	
Subtotal	20,807.0	\$ 34.36	\$ 59.57	-	\$ 0.00	\$ 0.00	20,807.0	\$ 34.36	\$ 59.57	
Total Medical	101,405.5	\$ 60.16	\$ 508.38	-	\$ 0.00	\$ 0.00	101,405.5	\$ 60.16	\$ 508.38	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	225.8	\$ 3,092.47	\$ 58.19	-	\$ 0.00	\$ 0.00	225.8	\$ 3,092.47	\$ 58.19	
Outpatient Treatment	106,804.3	121.03	1,077.22	-	-	-	106,804.3	121.03	1,077.22	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	107,030.1	\$ 127.47	\$ 1,136.91	-	\$ 0.00	\$ 0.00	107,030.1	\$ 127.47	\$ 1,136.91	
Short Term Institutional / HCBS	612.0	\$ 164.12	\$ 8.37	-	\$ 0.00	\$ 0.00	612.0	\$ 164.12	\$ 8.37	

Total Acute Medical Component	\$ 1,653.66
Third Party Liability Adjustment	(13.98)
Copayment Adjustment	(0.29)
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25%
	128.15
Gross Capitation Rate	\$ 1,775.04
Less Withhold	2.0%
	(35.50)
Net Capitation Rate	\$ 1,739.54

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: ICF/MR

Member Months	18,095						-			18,095
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	760.3	\$ 858.77	\$ 54.41	-	\$ 0.00	\$ 0.00	760.3	\$ 858.77	\$ 54.41	
Outpatient Hospital										
Emergency Room	542.1	\$ 79.25	\$ 3.58	-	\$ 0.00	\$ 0.00	542.1	\$ 79.25	\$ 3.58	
General	12,995.2	47.24	51.16	-	-	-	12,995.2	47.24	51.16	
Subtotal	13,537.3	\$ 48.52	\$ 54.74	-	\$ 0.00	\$ 0.00	13,537.3	\$ 48.52	\$ 54.74	
Ancillary										
Pharmacy	43,386.2	\$ 60.90	\$ 220.18	-	\$ 0.00	\$ 0.00	43,386.2	\$ 60.90	\$ 220.18	
DME/Supplies/Prosthetics	4,851.1	137.19	55.46	-	-	-	4,851.1	137.19	55.46	
Ambulance	403.1	68.47	2.30	-	-	-	403.1	68.47	2.30	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	100.9	11.89	0.10	-	-	-	100.9	11.89	0.10	
Podiatry	605.0	16.66	0.84	-	-	-	605.0	16.66	0.84	
Vision	1,381.1	34.49	3.97	-	-	-	1,381.1	34.49	3.97	
Other Ancillary	808.1	18.56	1.25	-	-	-	808.1	18.56	1.25	
Subtotal	51,535.5	\$ 66.15	\$ 284.10	-	\$ 0.00	\$ 0.00	51,535.5	\$ 66.15	\$ 284.10	
Professional										
Surgery	1,200.0	\$ 66.70	\$ 6.67	-	\$ 0.00	\$ 0.00	1,200.0	\$ 66.70	\$ 6.67	
Anesthesia	273.1	129.62	2.95	-	-	-	273.1	129.62	2.95	
Inpatient Visits	2,277.2	32.72	6.21	-	-	-	2,277.2	32.72	6.21	
Urgent Care/Emergency Room	405.1	48.28	1.63	-	-	-	405.1	48.28	1.63	
Office/Home Visits	4,393.6	35.07	12.84	-	-	-	4,393.6	35.07	12.84	
Preventive Care	603.0	79.40	3.99	-	-	-	603.0	79.40	3.99	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	10.6	45.28	0.04	-	-	-	10.6	45.28	0.04	
Lab/Path/Rad	3,009.4	11.44	2.87	-	-	-	3,009.4	11.44	2.87	
Office Adm. Drugs	422.3	302.63	10.65	-	-	-	422.3	302.63	10.65	
Clinic	248.0	135.00	2.79	-	-	-	248.0	135.00	2.79	
Psych/SUD	394.8	24.32	0.80	-	-	-	394.8	24.32	0.80	
Physical Therapy	40.9	17.60	0.06	-	-	-	40.9	17.60	0.06	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	835.7	29.44	2.05	-	-	-	835.7	29.44	2.05	
Subtotal	14,113.7	\$ 45.53	\$ 53.55	-	\$ 0.00	\$ 0.00	14,113.7	\$ 45.53	\$ 53.55	
Total Medical	79,946.8	\$ 67.06	\$ 446.80	-	\$ 0.00	\$ 0.00	79,946.8	\$ 67.06	\$ 446.80	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	27.0	\$ 1,835.56	\$ 4.13	-	\$ 0.00	\$ 0.00	27.0	\$ 1,835.56	\$ 4.13	
Outpatient Treatment	1,336.1	55.50	6.18	-	-	-	1,336.1	55.50	6.18	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,363.1	\$ 103.97	\$ 11.81	-	\$ 0.00	\$ 0.00	1,363.1	\$ 103.97	\$ 11.81	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 458.61
Third Party Liability Adjustment	(10.05)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 19.91
Gross Capitation Rate	\$ 475.97
Less Withhold	2.0% (9.52)
Net Capitation Rate	\$ 466.45

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: ICF/MR

Member Months	18,095						18,095		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	359,195.9	\$ 358.75	\$ 10,738.46				359,195.9	\$ 358.75	\$ 10,738.46
Home Health/Hospice	412.5	58.18	2.00				412.5	58.18	2.00
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	359,608.4	\$ 358.41	\$ 10,740.46				359,608.4	\$ 358.41	\$ 10,740.46
Total LTSS Component									\$ 10,740.46
Member Financial Participation									(590.62)
Administrative Load									75.00
Gross Capitation Rate									\$ 10,224.84
Less Withhold									2.0% (204.50)
Net Capitation Rate									\$ 10,020.34

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: State Resource Center

Member Months	4,880						-			4,880
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	889.3	\$ 507.37	\$ 37.60	-	\$ 0.00	\$ 0.00	889.3	\$ 507.37	\$ 37.60	
Psychiatric/SUD	37.9	810.55	2.56	-	-	-	37.9	810.55	2.56	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	927.2	\$ 519.76	\$ 40.16	-	\$ 0.00	\$ 0.00	927.2	\$ 519.76	\$ 40.16	
Outpatient Hospital										
Emergency Room	259.8	\$ 48.04	\$ 1.04	-	\$ 0.00	\$ 0.00	259.8	\$ 48.04	\$ 1.04	
General	9,572.2	28.86	23.02	-	-	-	9,572.2	28.86	23.02	
Subtotal	9,832.0	\$ 29.37	\$ 24.06	-	\$ 0.00	\$ 0.00	9,832.0	\$ 29.37	\$ 24.06	
Ancillary										
Pharmacy	214.0	\$ 30.28	\$ 0.54	-	\$ 0.00	\$ 0.00	214.0	\$ 30.28	\$ 0.54	
DME/Supplies/Prosthetics	892.7	148.40	11.04	-	-	-	892.7	148.40	11.04	
Ambulance	971.7	59.03	4.78	-	-	-	971.7	59.03	4.78	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	325.4	24.34	0.66	-	-	-	325.4	24.34	0.66	
Vision	753.2	46.84	2.94	-	-	-	753.2	46.84	2.94	
Other Ancillary	985.7	20.70	1.70	-	-	-	985.7	20.70	1.70	
Subtotal	4,142.7	\$ 62.74	\$ 21.66	-	\$ 0.00	\$ 0.00	4,142.7	\$ 62.74	\$ 21.66	
Professional										
Surgery	815.4	\$ 58.57	\$ 3.98	-	\$ 0.00	\$ 0.00	815.4	\$ 58.57	\$ 3.98	
Anesthesia	366.5	72.36	2.21	-	-	-	366.5	72.36	2.21	
Inpatient Visits	3,460.1	23.24	6.70	-	-	-	3,460.1	23.24	6.70	
Urgent Care/Emergency Room	538.2	40.13	1.80	-	-	-	538.2	40.13	1.80	
Office/Home Visits	2,412.2	32.44	6.52	-	-	-	2,412.2	32.44	6.52	
Preventive Care	2.4	100.00	0.02	-	-	-	2.4	100.00	0.02	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	305.7	42.00	1.07	-	-	-	305.7	42.00	1.07	
Lab/Path/Rad	4,394.9	11.93	4.37	-	-	-	4,394.9	11.93	4.37	
Office Adm. Drugs	125.8	274.72	2.88	-	-	-	125.8	274.72	2.88	
Clinic	2.2	163.64	0.03	-	-	-	2.2	163.64	0.03	
Psych/SUD	26.0	1,352.31	2.93	-	-	-	26.0	1,352.31	2.93	
Physical Therapy	2.2	-	-	-	-	-	2.2	-	-	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	882.6	16.45	1.21	-	-	-	882.6	16.45	1.21	
Subtotal	13,334.2	\$ 30.35	\$ 33.72	-	\$ 0.00	\$ 0.00	13,334.2	\$ 30.35	\$ 33.72	
Total Medical	28,236.1	\$ 50.83	\$ 119.60	-	\$ 0.00	\$ 0.00	28,236.1	\$ 50.83	\$ 119.60	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	245.1	\$ 1,250.92	\$ 25.55	-	\$ 0.00	\$ 0.00	245.1	\$ 1,250.92	\$ 25.55	
Outpatient Treatment	3,779.0	60.05	18.91	-	-	-	3,779.0	60.05	18.91	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	4,024.1	\$ 137.05	\$ 45.96	-	\$ 0.00	\$ 0.00	4,024.1	\$ 137.05	\$ 45.96	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 165.56
Third Party Liability Adjustment	(2.39)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 7.24
Gross Capitation Rate	\$ 177.91
Less Withhold	2.0% (3.56)
Net Capitation Rate	\$ 174.35

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: State Resource Center

Member Months 4,880 - 4,880

Category of Service - LTSS (Institutional & Waiver)	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			
NF/ICFMR	360,573.6	\$ 881.19	\$ 26,477.80				360,573.6	\$ 881.19	\$ 26,477.80
Home Health/Hospice	6.9	626.09	0.36				6.9	626.09	0.36
Attendant Care/Nursing/Home Aide	14.8	105.41	0.13				14.8	105.41	0.13
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	2.5	48.00	0.01				2.5	48.00	0.01
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	360,597.8	\$ 881.15	\$ 26,478.30				360,597.8	\$ 881.15	\$ 26,478.30

Total LTSS Component	\$ 26,478.30
Member Financial Participation	(728.14)
Administrative Load	75.00
Gross Capitation Rate	\$ 25,825.16
Less Withhold	2.0% (516.50)
Net Capitation Rate	\$ 25,308.66

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Breast and Cervical Cancer

Member Months	2,694						-			2,694
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	495.0	\$ 2,757.82	\$ 113.76	-	\$ 0.00	\$ 0.00	495.0	\$ 2,757.82	\$ 113.76	
Outpatient Hospital										
Emergency Room	958.9	\$ 102.24	\$ 8.17	-	\$ 0.00	\$ 0.00	958.9	\$ 102.24	\$ 8.17	
General	41,628.0	160.90	558.15	-	-	-	41,628.0	160.90	558.15	
Subtotal	42,586.9	\$ 159.58	\$ 566.32	-	\$ 0.00	\$ 0.00	42,586.9	\$ 159.58	\$ 566.32	
Ancillary										
Pharmacy	38,856.8	\$ 79.20	\$ 256.47	-	\$ 0.00	\$ 0.00	38,856.8	\$ 79.20	\$ 256.47	
DME/Supplies/Prosthetics	1,675.1	133.82	18.68	-	-	-	1,675.1	133.82	18.68	
Ambulance	182.2	93.52	1.42	-	-	-	182.2	93.52	1.42	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	855.4	175.92	12.54	-	-	-	855.4	175.92	12.54	
Chiropractic Services	23.8	20.17	0.04	-	-	-	23.8	20.17	0.04	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	1,009.9	42.18	3.55	-	-	-	1,009.9	42.18	3.55	
Other Ancillary	1,211.8	32.88	3.32	-	-	-	1,211.8	32.88	3.32	
Subtotal	43,815.0	\$ 81.07	\$ 296.02	-	\$ 0.00	\$ 0.00	43,815.0	\$ 81.07	\$ 296.02	
Professional										
Surgery	2,514.8	\$ 301.91	\$ 63.27	-	\$ 0.00	\$ 0.00	2,514.8	\$ 301.91	\$ 63.27	
Anesthesia	615.1	264.35	13.55	-	-	-	615.1	264.35	13.55	
Inpatient Visits	685.8	81.71	4.67	-	-	-	685.8	81.71	4.67	
Urgent Care/Emergency Room	610.7	89.80	4.57	-	-	-	610.7	89.80	4.57	
Office/Home Visits	11,861.1	67.13	66.35	-	-	-	11,861.1	67.13	66.35	
Preventive Care	651.0	43.13	2.34	-	-	-	651.0	43.13	2.34	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	152.9	25.11	0.32	-	-	-	152.9	25.11	0.32	
Lab/Path/Rad	25,048.1	50.39	105.19	-	-	-	25,048.1	50.39	105.19	
Office Adm. Drugs	12,941.6	349.30	376.71	-	-	-	12,941.6	349.30	376.71	
Clinic	771.6	147.74	9.50	-	-	-	771.6	147.74	9.50	
Psych/SUD	-	-	-	-	-	-	-	-	-	
Physical Therapy	1,987.1	27.05	4.48	-	-	-	1,987.1	27.05	4.48	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,841.5	46.07	7.07	-	-	-	1,841.5	46.07	7.07	
Subtotal	59,681.3	\$ 132.31	\$ 658.02	-	\$ 0.00	\$ 0.00	59,681.3	\$ 132.31	\$ 658.02	
Total Medical	146,578.2	\$ 133.78	\$ 1,634.12	-	\$ 0.00	\$ 0.00	146,578.2	\$ 133.78	\$ 1,634.12	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	16.3	\$ 1,170.55	\$ 1.59	-	\$ 0.00	\$ 0.00	16.3	\$ 1,170.55	\$ 1.59	
Outpatient Treatment	1,473.6	76.79	9.43	-	-	-	1,473.6	76.79	9.43	
Intermediate Care	12.9	1,023.26	1.10	-	-	-	12.9	1,023.26	1.10	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	1,502.8	\$ 108.76	\$ 13.62	-	\$ 0.00	\$ 0.00	1,502.8	\$ 108.76	\$ 13.62	
Short Term Institutional / HCBS	13.1	\$ 2,235.11	\$ 2.44	-	\$ 0.00	\$ 0.00	13.1	\$ 2,235.11	\$ 2.44	

Total Acute Medical Component	\$ 1,650.18
Third Party Liability Adjustment	(36.77)
Copayment Adjustment	(7.39)
Retroactivity Adjustment	(66.01)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 120.38
Gross Capitation Rate	\$ 1,667.89
Less Withhold	2.0% (33.36)
Net Capitation Rate	\$ 1,634.53

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Dual Eligible 0-64 M&F

Member Months	315,371						-			315,371
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	1,241.3	\$ 325.40	\$ 33.66	-	\$ 0.00	\$ 0.00	1,241.3	\$ 325.40	\$ 33.66	
Outpatient Hospital										
Emergency Room	1,566.3	\$ 37.85	\$ 4.94	-	\$ 0.00	\$ 0.00	1,566.3	\$ 37.85	\$ 4.94	
General	31,661.8	25.76	67.96	-	-	-	31,661.8	25.76	67.96	
Subtotal	33,228.1	\$ 26.33	\$ 72.90	-	\$ 0.00	\$ 0.00	33,228.1	\$ 26.33	\$ 72.90	
Ancillary										
Pharmacy	1,752.1	\$ 25.41	\$ 3.71	-	\$ 0.00	\$ 0.00	1,752.1	\$ 25.41	\$ 3.71	
DME/Supplies/Prosthetics	4,202.3	28.87	10.11	-	-	-	4,202.3	28.87	10.11	
Ambulance	491.6	56.63	2.32	-	-	-	491.6	56.63	2.32	
Non-Emergency Transportation	1.8	66.67	0.01	-	-	-	1.8	66.67	0.01	
Home Health/Hospice	2,178.0	112.12	20.35	-	-	-	2,178.0	112.12	20.35	
Chiropractic Services	1,337.2	9.15	1.02	-	-	-	1,337.2	9.15	1.02	
Podiatry	442.4	16.82	0.62	-	-	-	442.4	16.82	0.62	
Vision	1,145.2	25.15	2.40	-	-	-	1,145.2	25.15	2.40	
Other Ancillary	73.7	9.77	0.06	-	-	-	73.7	9.77	0.06	
Subtotal	11,624.3	\$ 41.91	\$ 40.60	-	\$ 0.00	\$ 0.00	11,624.3	\$ 41.91	\$ 40.60	
Professional										
Surgery	1,658.8	\$ 50.35	\$ 6.96	-	\$ 0.00	\$ 0.00	1,658.8	\$ 50.35	\$ 6.96	
Anesthesia	293.4	47.03	1.15	-	-	-	293.4	47.03	1.15	
Inpatient Visits	2,866.7	19.38	4.63	-	-	-	2,866.7	19.38	4.63	
Urgent Care/Emergency Room	1,114.1	25.74	2.39	-	-	-	1,114.1	25.74	2.39	
Office/Home Visits	8,308.7	22.93	15.88	-	-	-	8,308.7	22.93	15.88	
Preventive Care	115.3	65.57	0.63	-	-	-	115.3	65.57	0.63	
Maternity - Delivery	3.5	308.57	0.09	-	-	-	3.5	308.57	0.09	
Maternity - Non-Delivery	13.5	44.44	0.05	-	-	-	13.5	44.44	0.05	
Allergy/Immunotherapy	100.4	11.95	0.10	-	-	-	100.4	11.95	0.10	
Lab/Path/Rad	3,952.7	10.56	3.48	-	-	-	3,952.7	10.56	3.48	
Office Adm. Drugs	1,541.2	61.28	7.87	-	-	-	1,541.2	61.28	7.87	
Clinic	21.9	76.71	0.14	-	-	-	21.9	76.71	0.14	
Psych/SUD	1,774.9	35.02	5.18	-	-	-	1,774.9	35.02	5.18	
Physical Therapy	1,082.4	8.65	0.78	-	-	-	1,082.4	8.65	0.78	
Family Planning	0.4	-	-	-	-	-	0.4	-	-	
Other Professional	2,348.7	17.68	3.46	-	-	-	2,348.7	17.68	3.46	
Subtotal	25,196.6	\$ 25.14	\$ 52.79	-	\$ 0.00	\$ 0.00	25,196.6	\$ 25.14	\$ 52.79	
Total Medical	71,290.3	\$ 33.66	\$ 199.95	-	\$ 0.00	\$ 0.00	71,290.3	\$ 33.66	\$ 199.95	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	1.8	\$ 3,000.00	\$ 0.45	-	\$ 0.00	\$ 0.00	1.8	\$ 3,000.00	\$ 0.45	
Outpatient Treatment	20,223.2	126.38	212.99	-	-	-	20,223.2	126.38	212.99	
Intermediate Care	42.4	430.19	1.52	-	-	-	42.4	430.19	1.52	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	20,267.4	\$ 128.16	\$ 216.46	-	\$ 0.00	\$ 0.00	20,267.4	\$ 128.16	\$ 216.46	
Short Term Institutional / HCBS	284.5	\$ 195.71	\$ 4.64	-	\$ 0.00	\$ 0.00	284.5	\$ 195.71	\$ 4.64	

Total Acute Medical Component	\$ 421.05
Third Party Liability Adjustment	(8.00)
Copayment Adjustment	(2.25)
Retroactivity Adjustment	(1.05)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25%
	27.32
Gross Capitation Rate	\$ 444.57
Less Withhold	2.0%
	(8.89)
Net Capitation Rate	\$ 435.68

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Dual Eligible 65+ M&F

Member Months	71,746						71,746		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	975.7	\$ 296.16	\$ 24.08	-	\$ 0.00	\$ 0.00	975.7	\$ 296.16	\$ 24.08
Outpatient Hospital									
Emergency Room	671.2	\$ 45.05	\$ 2.52	-	\$ 0.00	\$ 0.00	671.2	\$ 45.05	\$ 2.52
General	19,229.1	28.50	45.67	-	-	-	19,229.1	28.50	45.67
Subtotal	19,900.3	\$ 29.06	\$ 48.19	-	\$ 0.00	\$ 0.00	19,900.3	\$ 29.06	\$ 48.19
Ancillary									
Pharmacy	2,352.1	\$ 23.11	\$ 4.53	-	\$ 0.00	\$ 0.00	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,332.8	32.55	9.04	-	-	-	3,332.8	32.55	9.04
Ambulance	519.3	61.24	2.65	-	-	-	519.3	61.24	2.65
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	1,841.6	101.39	15.56	-	-	-	1,841.6	101.39	15.56
Chiropractic Services	676.7	9.58	0.54	-	-	-	676.7	9.58	0.54
Podiatry	423.3	15.88	0.56	-	-	-	423.3	15.88	0.56
Vision	1,087.6	23.28	2.11	-	-	-	1,087.6	23.28	2.11
Other Ancillary	87.4	16.48	0.12	-	-	-	87.4	16.48	0.12
Subtotal	10,320.8	\$ 40.82	\$ 35.11	-	\$ 0.00	\$ 0.00	10,320.8	\$ 40.82	\$ 35.11
Professional									
Surgery	1,408.4	\$ 53.34	\$ 6.26	-	\$ 0.00	\$ 0.00	1,408.4	\$ 53.34	\$ 6.26
Anesthesia	224.2	47.10	0.88	-	-	-	224.2	47.10	0.88
Inpatient Visits	3,423.4	19.98	5.70	-	-	-	3,423.4	19.98	5.70
Urgent Care/Emergency Room	585.0	28.92	1.41	-	-	-	585.0	28.92	1.41
Office/Home Visits	5,312.8	24.21	10.72	-	-	-	5,312.8	24.21	10.72
Preventive Care	42.4	53.77	0.19	-	-	-	42.4	53.77	0.19
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	22.9	10.48	0.02	-	-	-	22.9	10.48	0.02
Lab/Path/Rad	3,436.1	10.62	3.04	-	-	-	3,436.1	10.62	3.04
Office Adm. Drugs	1,018.0	46.21	3.92	-	-	-	1,018.0	46.21	3.92
Clinic	21.6	77.78	0.14	-	-	-	21.6	77.78	0.14
Psych/SUD	242.5	38.60	0.78	-	-	-	242.5	38.60	0.78
Physical Therapy	453.6	9.52	0.36	-	-	-	453.6	9.52	0.36
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,337.4	14.02	2.73	-	-	-	2,337.4	14.02	2.73
Subtotal	18,528.3	\$ 23.41	\$ 36.15	-	\$ 0.00	\$ 0.00	18,528.3	\$ 23.41	\$ 36.15
Total Medical	49,725.1	\$ 34.64	\$ 143.53	-	\$ 0.00	\$ 0.00	49,725.1	\$ 34.64	\$ 143.53
Category of Service - Iowa Plan for BH									
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	-	\$ 0.00	\$ 0.00	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	2,070.9	198.06	34.18	-	-	-	2,070.9	198.06	34.18
Intermediate Care	1.9	694.74	0.11	-	-	-	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,073.3	\$ 207.67	\$ 35.88	-	\$ 0.00	\$ 0.00	2,073.3	\$ 207.67	\$ 35.88
Short Term Institutional / HCBS	5,286.4	\$ 175.29	\$ 77.22	-	\$ 0.00	\$ 0.00	5,286.4	\$ 175.29	\$ 77.22

Total Acute Medical Component	\$ 256.63
Third Party Liability Adjustment	(3.95)
Copayment Adjustment	(20.20)
Retroactivity Adjustment	(30.80)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 13.45
Gross Capitation Rate	\$ 222.63
Less Withhold	2.0% (4.45)
Net Capitation Rate	\$ 218.18

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
January 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children in a Psychiatric Mental Institute

Member Months	5,793						-			5,793
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	56.1	\$ 2,070.59	\$ 9.68	-	\$ 0.00	\$ 0.00	56.1	\$ 2,070.59	\$ 9.68	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	56.1	\$ 2,070.59	\$ 9.68	-	\$ 0.00	\$ 0.00	56.1	\$ 2,070.59	\$ 9.68	
Outpatient Hospital										
Emergency Room	565.5	\$ 129.23	\$ 6.09	-	\$ 0.00	\$ 0.00	565.5	\$ 129.23	\$ 6.09	
General	16,204.6	33.70	45.51	-	-	-	16,204.6	33.70	45.51	
Subtotal	16,770.1	\$ 36.92	\$ 51.60	-	\$ 0.00	\$ 0.00	16,770.1	\$ 36.92	\$ 51.60	
Ancillary										
Pharmacy	71,420.3	\$ 55.95	\$ 332.98	-	\$ 0.00	\$ 0.00	71,420.3	\$ 55.95	\$ 332.98	
DME/Supplies/Prosthetics	213.1	128.39	2.28	-	-	-	213.1	128.39	2.28	
Ambulance	128.3	75.76	0.81	-	-	-	128.3	75.76	0.81	
Non-Emergency Transportation	15.5	23.23	0.03	-	-	-	15.5	23.23	0.03	
Home Health/Hospice	16.8	85.71	0.12	-	-	-	16.8	85.71	0.12	
Chiropractic Services	-	-	-	-	-	-	-	-	-	
Podiatry	-	-	-	-	-	-	-	-	-	
Vision	3,237.7	36.58	9.87	-	-	-	3,237.7	36.58	9.87	
Other Ancillary	224.2	25.69	0.48	-	-	-	224.2	25.69	0.48	
Subtotal	75,255.9	\$ 55.26	\$ 346.57	-	\$ 0.00	\$ 0.00	75,255.9	\$ 55.26	\$ 346.57	
Professional										
Surgery	392.3	\$ 139.49	\$ 4.56	-	\$ 0.00	\$ 0.00	392.3	\$ 139.49	\$ 4.56	
Anesthesia	44.4	194.59	0.72	-	-	-	44.4	194.59	0.72	
Inpatient Visits	900.0	49.73	3.73	-	-	-	900.0	49.73	3.73	
Urgent Care/Emergency Room	352.3	88.56	2.60	-	-	-	352.3	88.56	2.60	
Office/Home Visits	2,974.2	77.35	19.17	-	-	-	2,974.2	77.35	19.17	
Preventive Care	1,695.4	48.98	6.92	-	-	-	1,695.4	48.98	6.92	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	12.5	48.00	0.05	-	-	-	12.5	48.00	0.05	
Lab/Path/Rad	6,875.1	39.08	22.39	-	-	-	6,875.1	39.08	22.39	
Office Adm. Drugs	109.9	30.57	0.28	-	-	-	109.9	30.57	0.28	
Clinic	270.4	151.33	3.41	-	-	-	270.4	151.33	3.41	
Psych/SUD	1.7	494.12	0.07	-	-	-	1.7	494.12	0.07	
Physical Therapy	308.9	38.46	0.99	-	-	-	308.9	38.46	0.99	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	1,466.9	33.21	4.06	-	-	-	1,466.9	33.21	4.06	
Subtotal	15,404.0	\$ 53.71	\$ 68.95	-	\$ 0.00	\$ 0.00	15,404.0	\$ 53.71	\$ 68.95	
Total Medical	107,486.1	\$ 53.23	\$ 476.80	-	\$ 0.00	\$ 0.00	107,486.1	\$ 53.23	\$ 476.80	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Outpatient Treatment	21,866.3	72.99	133.01	-	-	-	21,866.3	72.99	133.01	
Intermediate Care	23.3	1,534.76	2.98	-	-	-	23.3	1,534.76	2.98	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	21,889.6	\$ 75.37	\$ 137.49	-	\$ 0.00	\$ 0.00	21,889.6	\$ 75.37	\$ 137.49	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 614.29
Third Party Liability Adjustment	(77.48)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 23.83
Gross Capitation Rate	\$ 568.14
Less Withhold	2.0% (11.36)
Net Capitation Rate	\$ 556.78

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
January 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Children in a Psychiatric Mental Institute

Member Months	5,793						5,793		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	54.0	\$ 346.67	\$ 1.56				54.0	\$ 346.67	\$ 1.56
Psychiatric Mental Institute for Children	15,582.7	4,294.48	5,576.63				15,582.7	4,294.48	5,576.63
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	6.3	2,971.43	1.56				6.3	2,971.43	1.56
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	14.5	140.69	0.17				14.5	140.69	0.17
In-home family therapy	16.6	195.18	0.27				16.6	195.18	0.27
Respite	62.1	550.72	2.85				62.1	550.72	2.85
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	15,736.2	\$ 4,257.48	\$ 5,583.04				15,736.2	\$ 4,257.48	\$ 5,583.04
Total LTSS Component									\$ 5,583.04
Member Financial Participation									-
Administrative Load									75.00
Gross Capitation Rate									\$ 5,658.04
Less Withhold									2.0% (113.16)
Net Capitation Rate									\$ 5,544.88

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Hospice 0-64 M&F

Member Months	1,831						-			1,831
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	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 Hospital										
Medical/Surgical	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07	
Psychiatric/SUD	-	-	-	-	-	-	-	-	-	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-	
Well Newborn	-	-	-	-	-	-	-	-	-	
Other Newborn	-	-	-	-	-	-	-	-	-	
Subtotal	7,212.1	\$ 1,193.11	\$ 717.07	-	\$ 0.00	\$ 0.00	7,212.1	\$ 1,193.11	\$ 717.07	
Outpatient Hospital										
Emergency Room	1,860.6	\$ 83.84	\$ 13.00	-	\$ 0.00	\$ 0.00	1,860.6	\$ 83.84	\$ 13.00	
General	41,577.4	56.70	196.45	-	-	-	41,577.4	56.70	196.45	
Subtotal	43,438.0	\$ 57.86	\$ 209.45	-	\$ 0.00	\$ 0.00	43,438.0	\$ 57.86	\$ 209.45	
Ancillary										
Pharmacy	22,354.9	\$ 75.19	\$ 140.07	-	\$ 0.00	\$ 0.00	22,354.9	\$ 75.19	\$ 140.07	
DME/Supplies/Prosthetics	4,861.7	61.11	24.76	-	-	-	4,861.7	61.11	24.76	
Ambulance	4,124.9	77.27	26.56	-	-	-	4,124.9	77.27	26.56	
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-	
Home Health/Hospice	-	-	-	-	-	-	-	-	-	
Chiropractic Services	126.5	18.97	0.20	-	-	-	126.5	18.97	0.20	
Podiatry	472.7	14.22	0.56	-	-	-	472.7	14.22	0.56	
Vision	520.8	33.18	1.44	-	-	-	520.8	33.18	1.44	
Other Ancillary	37.7	22.28	0.07	-	-	-	37.7	22.28	0.07	
Subtotal	32,499.2	\$ 71.51	\$ 193.66	-	\$ 0.00	\$ 0.00	32,499.2	\$ 71.51	\$ 193.66	
Professional										
Surgery	2,510.5	\$ 141.87	\$ 29.68	-	\$ 0.00	\$ 0.00	2,510.5	\$ 141.87	\$ 29.68	
Anesthesia	424.9	150.81	5.34	-	-	-	424.9	150.81	5.34	
Inpatient Visits	23,077.1	50.74	97.58	-	-	-	23,077.1	50.74	97.58	
Urgent Care/Emergency Room	1,933.4	71.63	11.54	-	-	-	1,933.4	71.63	11.54	
Office/Home Visits	4,062.8	51.36	17.39	-	-	-	4,062.8	51.36	17.39	
Preventive Care	71.4	28.57	0.17	-	-	-	71.4	28.57	0.17	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-	
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-	
Lab/Path/Rad	13,210.4	26.83	29.54	-	-	-	13,210.4	26.83	29.54	
Office Adm. Drugs	2,642.8	146.84	32.34	-	-	-	2,642.8	146.84	32.34	
Clinic	628.0	143.69	7.52	-	-	-	628.0	143.69	7.52	
Psych/SUD	131.0	25.65	0.28	-	-	-	131.0	25.65	0.28	
Physical Therapy	74.9	11.21	0.07	-	-	-	74.9	11.21	0.07	
Family Planning	-	-	-	-	-	-	-	-	-	
Other Professional	3,371.4	24.13	6.78	-	-	-	3,371.4	24.13	6.78	
Subtotal	52,138.6	\$ 54.83	\$ 238.23	-	\$ 0.00	\$ 0.00	52,138.6	\$ 54.83	\$ 238.23	
Total Medical	135,287.9	\$ 120.49	\$ 1,358.41	-	\$ 0.00	\$ 0.00	135,287.9	\$ 120.49	\$ 1,358.41	
Category of Service - Iowa Plan for BH										
Inpatient Treatment	73.7	\$ 61.87	\$ 0.38	-	\$ 0.00	\$ 0.00	73.7	\$ 61.87	\$ 0.38	
Outpatient Treatment	3,845.4	21.00	6.73	-	-	-	3,845.4	21.00	6.73	
Intermediate Care	-	-	-	-	-	-	-	-	-	
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50	
Total Behavioral Health	3,919.1	\$ 26.36	\$ 8.61	-	\$ 0.00	\$ 0.00	3,919.1	\$ 26.36	\$ 8.61	
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	

Total Acute Medical Component	\$ 1,367.02
Third Party Liability Adjustment	(30.56)
Copayment Adjustment	(1.93)
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 59.24
Gross Capitation Rate	\$ 1,401.27
Less Withhold	2.0% (28.03)
Net Capitation Rate	\$ 1,373.24

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Hospice 0-64 M&F

Member Months	1,831						1,831		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	3,890.3	\$ 170.89	\$ 55.40				3,890.3	\$ 170.89	\$ 55.40
Home Health/Hospice	48,431.5	787.57	3,178.60				48,431.5	787.57	3,178.60
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	52,321.8	\$ 741.72	\$ 3,234.00				52,321.8	\$ 741.72	\$ 3,234.00
Total LTSS Component									\$ 3,234.00
Member Financial Participation									(315.32)
Administrative Load									75.00
Gross Capitation Rate									\$ 2,993.68
Less Withhold									2.0% (59.87)
Net Capitation Rate									\$ 2,933.81

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Hospice Dual 65+ M&F

Member Months	7,556						7,556		
	Rating Period								
	FFS/MediPASS			HMO			Capitation Rate		
	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 Hospital									
Medical/Surgical	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	575.5	\$ 257.31	\$ 12.34	-	\$ 0.00	\$ 0.00	575.5	\$ 257.31	\$ 12.34
Outpatient Hospital									
Emergency Room	333.9	\$ 43.49	\$ 1.21	-	\$ 0.00	\$ 0.00	333.9	\$ 43.49	\$ 1.21
General	7,593.5	16.85	10.66	-	-	-	7,593.5	16.85	10.66
Subtotal	7,927.4	\$ 17.97	\$ 11.87	-	\$ 0.00	\$ 0.00	7,927.4	\$ 17.97	\$ 11.87
Ancillary									
Pharmacy	4,834.6	\$ 11.07	\$ 4.46	-	\$ 0.00	\$ 0.00	4,834.6	\$ 11.07	\$ 4.46
DME/Supplies/Prosthetics	1,695.7	62.28	8.80	-	-	-	1,695.7	62.28	8.80
Ambulance	828.5	56.63	3.91	-	-	-	828.5	56.63	3.91
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	5.5	21.82	0.01	-	-	-	5.5	21.82	0.01
Podiatry	1,016.5	15.23	1.29	-	-	-	1,016.5	15.23	1.29
Vision	314.0	27.13	0.71	-	-	-	314.0	27.13	0.71
Other Ancillary	26.3	27.38	0.06	-	-	-	26.3	27.38	0.06
Subtotal	8,721.1	\$ 26.47	\$ 19.24	-	\$ 0.00	\$ 0.00	8,721.1	\$ 26.47	\$ 19.24
Professional									
Surgery	407.8	\$ 30.31	\$ 1.03	-	\$ 0.00	\$ 0.00	407.8	\$ 30.31	\$ 1.03
Anesthesia	33.7	49.85	0.14	-	-	-	33.7	49.85	0.14
Inpatient Visits	6,221.8	20.85	10.81	-	-	-	6,221.8	20.85	10.81
Urgent Care/Emergency Room	314.2	28.26	0.74	-	-	-	314.2	28.26	0.74
Office/Home Visits	706.7	21.90	1.29	-	-	-	706.7	21.90	1.29
Preventive Care	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	2,100.3	7.83	1.37	-	-	-	2,100.3	7.83	1.37
Office Adm. Drugs	87.4	28.83	0.21	-	-	-	87.4	28.83	0.21
Clinic	10.8	44.44	0.04	-	-	-	10.8	44.44	0.04
Psych/SUD	423.1	20.42	0.72	-	-	-	423.1	20.42	0.72
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	660.8	8.35	0.46	-	-	-	660.8	8.35	0.46
Subtotal	10,966.6	\$ 18.39	\$ 16.81	-	\$ 0.00	\$ 0.00	10,966.6	\$ 18.39	\$ 16.81
Total Medical	28,190.6	\$ 25.65	\$ 60.26	-	\$ 0.00	\$ 0.00	28,190.6	\$ 25.65	\$ 60.26
Category of Service - Iowa Plan for BH									
Inpatient Treatment	5.9	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	311.3	6.17	0.16	-	-	-	311.3	6.17	0.16
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	317.2	\$ 62.80	\$ 1.66	-	\$ 0.00	\$ 0.00	317.2	\$ 62.80	\$ 1.66
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 61.92
Third Party Liability Adjustment	(1.21)
Copayment Adjustment	(0.02)
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25%
Gross Capitation Rate	\$ 70.88
Less Withhold	2.0%
Net Capitation Rate	\$ 69.46

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Hospice Dual 65+ M&F

Member Months	7,556						7,556		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO			Utilization	Cost per	PMPM
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	per 1,000	Service	PMPM
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	10,164.1	\$ 172.82	\$ 146.38				10,164.1	\$ 172.82	\$ 146.38
Home Health/Hospice	46,828.8	970.36	3,786.73				46,828.8	970.36	3,786.73
Attendant Care/Nursing/Home Aide	-	-	-				-	-	-
Supported community living	-	-	-				-	-	-
Adult day care	-	-	-				-	-	-
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	-	-	-				-	-	-
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	-	-	-				-	-	-
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	56,992.9	\$ 828.13	\$ 3,933.11				56,992.9	\$ 828.13	\$ 3,933.11
Total LTSS Component									\$ 3,933.11
Member Financial Participation									(924.28)
Administrative Load									75.00
Gross Capitation Rate									\$ 3,083.83
Less Withhold									2.0% (61.68)
Net Capitation Rate									\$ 3,022.15

APPENDIX C – hawk-i

**State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development**

**Region: Statewide
Rate Cell: hawk-i**

Member Months 396,408

	Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital			
Medical/Surgical	55.6	\$ 2,211.27	\$ 10.24
Psychiatric/SUD	47.5	1,127.64	4.46
Maternity - Delivery	0.9	1,437.66	0.11
Maternity Non-Delivery	-	-	-
Well Newborn	-	-	-
Other Newborn	-	-	-
Subtotal	103.9	\$ 1,709.72	\$ 14.80
Outpatient Hospital			
Emergency Room	377.9	\$ 185.89	\$ 5.85
General	2,155.7	146.28	26.28
Subtotal	2,533.6	\$ 152.18	\$ 32.13
Ancillary			
Pharmacy	5,551.3	\$ 60.98	\$ 28.21
DME/Supplies/Prosthetics	161.0	82.94	1.11
Ambulance	22.0	384.02	0.70
Non-Emergency Transportation	-	-	-
Home Health/Hospice	-	-	-
Chiropractic Services	410.5	19.39	0.66
Podiatry	-	-	-
Vision	619.0	51.49	2.66
Other Ancillary	1.4	204.34	0.02
Subtotal	6,765.2	\$ 59.19	\$ 33.37
Professional			
Surgery	550.8	\$ 123.69	\$ 5.68
Anesthesia	81.8	331.31	2.26
Inpatient Visits	120.2	97.67	0.98
Urgent Care/Emergency Room	327.3	88.27	2.41
Office/Home Visits	3,558.2	73.12	21.68
Preventive Care	585.1	88.55	4.32
Maternity - Delivery	0.4	1,802.84	0.05
Maternity - Non-Delivery	0.3	195.05	0.00
Allergy/Immunotherapy	148.5	78.82	0.98
Lab/Path/Rad	2,275.4	19.40	3.68
Office Adm. Drugs	592.8	83.20	4.11
Clinic	12.8	147.54	0.16
Psych/SUD	744.7	74.87	4.65
Physical Therapy	583.1	29.41	1.43
Family Planning	-	-	-
Case Management	-	-	-
Targeted Case Management	-	-	-
Other Professional	1,934.0	38.17	6.15
Subtotal	11,515.5	\$ 60.99	\$ 58.53
Total Medical	20,918.2	\$ 79.64	\$ 138.83
Total Acute Medical Component			\$ 138.83
Third Party Liability Adjustment			-
Copayment Adjustment			-
Retroactivity Adjustment			-
Administrative Load			
Non-emergency medical transportation			1.00
Other administrative expense		10.25%	15.86
Gross Capitation Rate			\$ 155.69
Less Withhold		2.0%	(3.11)
Net Capitation Rate			\$ 152.57

APPENDIX C – MATERNITY

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: TANF Delivery Case Rate

Delivery Count	Rating Period						Capitation Rate		
	3,530			844			4,374		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization per 1,000	Cost per Service	Cost per Delivery
Inpatient Hospital									
Maternity Normal Delivery	1,651.2	\$ 1,977.41	\$ 3,265.04	1,431.8	\$ 2,101.19	\$ 3,008.40	1,608.8	\$ 1,998.71	\$ 3,215.52
Maternity Cesarean Delivery	898.6	2,249.86	2,080.82	706.3	2,565.68	1,812.03	861.5	2,355.14	2,028.95
Subtotal	2,549.8	\$ 2,096.60	\$ 5,345.86	2,138.0	\$ 2,254.63	\$ 4,820.42	2,470.3	\$ 2,123.01	\$ 5,244.47
Professional									
Maternity Normal Delivery	724.9	\$ 1,298.68	\$ 941.41	742.7	\$ 772.85	\$ 573.96	728.3	\$ 1,195.26	\$ 870.51
Maternity Cesarean Delivery	365.6	1,154.38	422.05	323.9	772.59	250.21	357.6	1,087.51	388.89
Subtotal	1,090.5	\$ 1,250.30	\$ 1,363.47	1,066.5	\$ 772.77	\$ 824.17	1,085.9	\$ 1,159.78	\$ 1,259.41
Total Medical	3,640.3	\$ 1,843.08	\$ 6,709.33	3,204.5	\$ 1,761.44	\$ 5,644.59	3,556.2	\$ 1,828.88	\$ 6,503.88

Total Acute Medical Component	\$ 6,503.88
Third Party Liability Adjustment	(455.27)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Case Management / TCM	-
Non-emergency medical transportation	-
Other administrative expense	2.00% 123.44
Gross Capitation Rate	\$ 6,172.05
Less Withhold	2.0% (123.44)
Net Capitation Rate	\$ 6,048.61

State of Iowa - Department of Human Services, Division of Medical Services
Iowa High Quality Healthcare Initiative (IHQHI)
April 2016 to June 2017 Capitation Rate Development

Region: Statewide
Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count	7,320						1,904			9,224
	Rating Period									
	FFS/MediPASS			HMO			Capitation Rate			
	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization per 1,000	Cost per Service	Cost per Delivery	Utilization per 1,000	Cost per Service	Cost per Delivery	
Inpatient Hospital										
Maternity Normal Delivery	1,716.6	\$ 2,089.36	\$ 3,586.66	1,370.6	\$ 2,100.49	\$ 2,878.88	1,645.2	\$ 2,091.27	\$ 3,440.56	
Maternity Cesarean Delivery	945.3	2,378.63	2,314.16	791.3	2,333.91	1,846.91	913.5	2,427.71	2,217.71	
Subtotal	2,661.9	\$ 2,216.76	\$ 5,900.82	2,161.9	\$ 2,185.93	\$ 4,725.79	2,558.7	\$ 2,211.39	\$ 5,658.27	
Professional										
Maternity Normal Delivery	664.1	\$ 1,545.20	\$ 1,026.17	634.5	\$ 767.08	\$ 486.71	658.0	\$ 1,390.30	\$ 914.82	
Maternity Cesarean Delivery	337.0	1,271.45	428.52	299.0	765.76	228.99	329.2	1,176.60	387.34	
Subtotal	1,001.1	\$ 1,453.04	\$ 1,454.69	933.5	\$ 766.66	\$ 715.69	987.2	\$ 1,319.03	\$ 1,302.15	
Total Medical	3,663.0	\$ 2,008.03	\$ 7,355.51	3,095.4	\$ 1,757.90	\$ 5,441.48	3,545.9	\$ 1,962.95	\$ 6,960.42	

Total Acute Medical Component	\$ 6,960.42
Third Party Liability Adjustment	(1,600.90)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Case Management / TCM	-
Non-emergency medical transportation	-
Other administrative expense	2.00% 109.38
Gross Capitation Rate	\$ 5,468.90
Less Withhold	2.0% (109.38)
Net Capitation Rate	\$ 5,359.53