



Iowa High Quality Healthcare Initiative: January 2016 to June 2017 Capitation Rate Development – Bidder's Report

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

Prepared for:
Elizabeth Matney
Executive Officer 3
Medicaid Managed Care Director

Prepared by:
Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary

Jennifer L. Gerstorff, FSA MAAA
Consulting Actuary

Chase Center/Circle
111 Monument Circle
Suite 601
Indianapolis, IN 46204 USA

Tel +1 317 639 1000
Fax +1 317 639 1001

milliman.com

Table of Contents

I. BACKGROUND	4
CMS Guide Index [Section I.1.C]	4
II. EXECUTIVE SUMMARY	5
Summary of Capitation Rates [Section I.1.D.ii]	5
Capitation Rate Ranges [Section I.1.D.iii]	5
Brief Description of Program Information [Section I.1.D.iv]	5
III. DEVELOPMENT OF ACTUARIALLY SOUND RATES	10
A. Data [section I.2]	10
Description of Data [Section I.2.A.i]	10
Availability and Quality of Data [Section I.2.A.ii]	11
Use of Data Other Than Fee-For-Service Claims or Managed Care Encounter Data [Section I.2.A.iii]	12
Use of Data Other Than Managed Care Encounter Data in a Mature Program [Section I.2.A.iv]	12
Reliance or Use of a Data Book [Section I.2.A.v]	12
Adjustments made to the Data for Credibility [Section I.2.B.i]	12
Adjustments made to the Data for Completion [Section I.2.B.ii]	12
Adjustments made for Errors Found in the Data [Section I.2.B.iii]	13
Adjustments made to the Data for Changes in the Program [Section I.2.B.iv]	13
Adjustments made to the Data for the Exclusion of Certain Payments or Services [Section I.2.B.v]	14
B. Projected benefit costs and trends [Section i.3]	15
Description of Data, Assumptions, and Methodologies Used to Develop the Projected Benefit Costs [Section I.3.A.i]	15
Material Changes in the Data, Assumptions, and Methodologies Used to Develop the Projected Benefit Costs Since the Last Certification [Section I.3.A.ii]	16
Benefit Cost Trends [Section I.3.B.i]	16
Components of Benefit Trends [Section I.3.B.ii]	16
Variations in Projected Benefit Cost Trends [Section I.3.B.iii]	17
Other Material Adjustments to Projected Benefit Cost Trends [Section I.3.B.iv]	17
Other Adjustments to Projected Benefit Cost Trends [Section I.3.B.v]	18
Categories of Service that Contain Costs for In Lieu of Services (i.e., substitutes for State Plan Services) [Section I.3.C]	22
MCO Responsibility for Retrospective Eligibility Periods [Section I.3.D.i]	22
Retrospective Eligibility Period Claims Information [Section I.3.D.ii]	22
Retrospective Eligibility Period Enrollment or Exposure Information [Section I.3.D.iii]	22
Adjustment of Capitation Rates for Retrospective Eligibility Period [Section I.3.D.iv]	22
Final Projected Benefit Costs [Section I.3.E]	22
Impact of Covered Benefit or Service Changes on Projected Benefit Costs [Section I.3.F.i]	23
Impact of Changes in Provider Payment Requirements [Section I.3.F.ii]	23
Impact of Changes in any Applicable Waiver Requirements or Conditions [Section I.3.F.iii]	23
Impact of Changes in any Litigation Requirements or Conditions [Section I.3.F.iv]	23
Description of Data, Assumptions, and Methodologies Used in Adjusting Data for Changes in Benefits or Services [Section I.3.G]	23
C. Pass-Through Payments [Section i.4]	23
D. Projection of non-benefit costs [Section i.5]	23

Description of Data, Assumptions, and Methodologies Used to Develop Projected Non-Benefit Costs [Section I.5.A.i]	23
Material Changes in the Data, Assumptions, and Methodologies Used to Develop Projected Non-Benefit Costs Since the Last Certification [Section I.5.A.ii]	23
Projected Non-Benefit Cost Categories [Section I.5.B]	24
Development of Non-Benefit Costs on a PMPM Basis [Section I.5.C]	24
Development of Non-Benefit Costs as a Percentage of Benefit Costs or Total Capitation Rate [Section I.5.D]	24
Incorporation of Health Insurance Providers Fee in the Capitation Rates [Section I.5.E.i]	25
Inclusion of Health Insurance Providers Fee in an Initial Rate Certification [Section I.5.E.ii]	25
Amount of Health Insurance Providers Fee and any Adjustments Once Actual Amounts are Known [Section I.5.E.iii]	25
Exclusion of Health Insurance Providers Fee from the Rates [Section I.5.E.iv]	25
Services Excluded From the Health Insurance Providers Fee [Section I.5.E.v]	26
E. Rate Range Development [Section i.6]	26
F. Risk mitigation, incentives and related contractual provisions [Section i.7]	26
Description of any Risk Mitigation, Incentives, or Similar Contractual Provisions [Section I.7.A]	26
Risk Adjustment Model(s) Used to Calculate Risk Scores [Section I.7.B.i]	26
Data, Including Sources, Being Used by the Risk Adjustment Model(s) [Section I.7.B.ii]	26
Frequency of Risk Score Calculation [Section I.7.B.iii]	26
Use of Risk Scores to Adjust Capitation Rates [Section I.7.B.iv]	26
Attestation that Risk Adjustment Model is Cost Neutral [Section I.7.B.v]	26
Use of Non-Cost Neutral Risk Sharing Model [Section I.7.C]	27
Risk Sharing Arrangement [Section I.7.D]	27
Medical Loss Ratio [Section I.7.E]	27
Description of Reinsurance Requirements [Section I.7.F]	27
Description of Incentives or Withhold Amounts [Section I.7.G]	27
Certification that Incentive Payments will not Exceed 105% of the Certified Rates Paid [Section I.7.G.i]	27
Percentage of the Certified Capitation Rates Being Withheld [Section I.7.G.ii]	27
Estimated Percentage of Withhold that is Expected to be Returned and Basis for that Determination [Section I.7.G.iii]	27
Effect of Incentive or Withhold Arrangements on the Development of Capitation Rates [Section I.7.G.iv]	27
IV. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES AND SUPPORTS [SECTION II]	28
Provision of Information Required of All Managed Care Rates [Section II.1.A]	28
Structure of Capitation Rates and Rate Cells or Rating Categories [Section II.1.B]	28
Expected Effect that Managing LTSS has on the Utilization and Unit Costs of Services [Section II.1.C]	28
Projected Non-Benefit Costs [Section II.1.D]	28
Historical Experience, Analysis, and Other Sources (e.g., studies or research) Used to Develop the Assumptions Used in the Rate Setting [Section II.1.E]	29
V. NEW ADULT GROUP CAPITATION RATES [SECTION III]	30
A. Data [section 3.1]	30
Description of Data [Section 3.1.A]	30
Availability of New Data for the New Adult Group [Section III.1.B.i]	30
Monitoring of New Adult Group's Costs and Experience [Section III.1.B.ii]	30
Comparison of New Adult Group's Actual Experience to Assumptions and Expectations [Section III.1.B.iii]	30
Impact of Adult Group's Actual Experience on Assumptions and Expectations Used in the Development of the Rates [Section III.1.B.iv]	30
B. Projected Benefit costs [section III.2]	31
States that Covered the New Adult Group in 2014 and/or 2015 [Section III.2.A.i]	31

Documentation on the Following, Regardless if the New Adult Population were Covered in 2015 and/or 2015 [Section III.1.B]	31
Description of Any Changes to the Benefit Plan Offered to the New Adult Group [Section III.1.C]	32
Description of Any Other Material Changes or Adjustments to Projected Benefit Costs [Section III.1.D]	32
C. Projected Non-Benefit costs [section III.3]	32
Description of Any Changes in Data Sources, Assumptions, or Methodologies Used to Develop Projected Non-Benefit Costs Since the Last Certification [Section III.3.A.i]	32
How Assumption Changed from the 2014 and/or 2015 Rate Certification on the Following Issues: [Section III.3.A.ii]	32
How Assumption Differ For this Population and Those Used for Other Medicaid Populations [Section III.3.B.ii]	32
D. Final certified rates or rate ranges [section III.4]	32
Comparison to the Final Certified Rates or Rate Ranges in the Previous Rate Certification [Section III.4.A.i]	32
Description of Material Changes to the Capitation Rates or the Rate Development Process Not Otherwise Addressed on Other Sections [Section III.4.A.ii]	32
E. Risk Mitigation Strategies [section III.5]	33
Description of Risk Mitigation Strategies Specific to the New Adult Group Rates [Section III.5.A]	33
VI. DATA RELIANCE	34
VII. ACTUARIAL CERTIFICATION	35
[Section I.1.D.i]	35
VIII. LIMITATIONS	36
Appendix A: IHQHI Capitation Rate Summary	
Appendix B: SFY 2014 Base Data Actuarial Models	
Appendix C: January 2016 to June 2017 Capitation Rate Development	

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 information to potential contractors responding to IHQHI Request for Proposal number Med-16-009 (RFP) issued on February 16, 2015, and amended on March 26, 2015 and April 23, 2015. This report has also been developed to document to the Centers for Medicare and Medicaid CMS (CMS) compliance with actuarially sound capitation rate requirements as outlined in 42 CFR §438.6(c).

The capitation rates developed are certified as actuarially sound using published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board, CMS, and federal regulations to ensure compliance with generally accepted actuarial practices and regulatory requirements. Specifically, the following were referenced during the rate development:

- AAA health practice council practice note, published in August 2005 titled: *Actuarial Certification of Rates for Medicaid Managed Care Programs*.
- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Federal regulation 42 CFR §438.6(c).
- *Draft 2016 Medicaid Managed Care Rate Development Guide* published by CMS on June 5, 2015.
- Throughout this document, the term “actuarially sound” will be 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.”

CMS Guide Index [Section I.1.C]

Throughout this report, sub-headings (like the one above) are utilized to identify the page number for items described within the *Draft 2016 Medicaid Managed Care Rate Development Guide*, and index those sections to the table of contents.

II. EXECUTIVE SUMMARY

The IHQHI has been established to modernize Iowa's Medicaid program by implementing a comprehensive statewide managed care program for a majority of the Medicaid eligible population. IHQHI will enroll the Healthy Children, Healthy Parents and Caretakers, hawk-i members, Iowa Health and Wellness Plan, and Aged, Blind, or Disabled populations into full risk-based managed care plans. The program will include Medicare-Medicaid dual eligible members and individuals receiving long-term services and supports. The capitation rates shown in this report have been developed for the eighteen month period from January 1, 2016 through June 30, 2017. Capitation rates in future periods will be established in twelve-month increments consistent with the state fiscal year of July 1 through June 30.

Summary of Capitation Rates [Section I.1.D.ii]

Appendix A illustrates the 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.

Capitation Rate Ranges [Section I.1.D.iii]

The capitation rates to be contracted with the health plans are shown in Appendix A. The capitation rates were developed on a deterministic rate basis. A capitation rate range was not established.

Brief Description of Program Information [Section I.1.D.iv]

IME issued a request for proposal to implement a statewide managed care program. The program will become effective January 1, 2016. The following provides a brief description of the managed care program.

(a) Summary of managed care programs covered by this certification.

This capitation rate certification includes a new managed care program, IHQHI. The IHQHI is a statewide full-risk managed care program for the majority of the Iowa Medicaid population, and IME intends to select two to four health plans to participate in the initiative. The populations are identified in section (c) below.

(b) The rating periods covered by the certification.

The capitation rates are certified for an 18-month period, January 1, 2016 through June 30, 2017.

(c) The Medicaid populations covered through the managed care programs for which this certification applies.

All eligible populations will be mandatorily enrolled in the IHQHI with the exception of individuals identified as American Indian or Alaskan Native who will have the voluntary option to enroll.

The following populations are **included** in IHQHI:

- Breast and Cervical Cancer eligible population
- Healthy Children and Foster Care/Adoption Assistance
- Children's Health Insurance Program (including *hawk-i*)
- Healthy Parents / Caretakers
- Pregnant Women obtaining coverage under the Mothers and Children (MAC) program
- Family Planning Waiver population
- Home and Community Based Services (HCBS) Waiver enrolled populations
- Institutionalized Populations
- Iowa Health and Wellness Plan (H&W) {Including those currently in Marketplace Choice}
 - Medically Exempt
 - Non-Medically Exempt
- Dual Eligibles (Medicare and Medicaid, excluding those only with Medicare Savings Program. That is, individuals not eligible for Medicaid benefits beyond coverage of Medicare premiums and cost sharing.)
- Non-Dual Aged, Blind, or Disabled (ABD) populations including Medicaid for employed persons with disabilities (MEPD)
- Iowa Department of Public Health (IDPH) Participants¹

The following populations are **excluded** from IHQHI:

- Undocumented immigrants receiving time-limited emergency coverage
- Retroactive eligibility periods and individuals whose eligibility is only retroactive
- Medically Needy – Spend-down and non-spend-down
- Program for All Inclusive Care for the Elderly (PACE) enrolled individuals
- Health Insurance Premium Payment Program (HIPP) enrolled individuals
- Medicare Savings Program Only - That is, individuals not eligible for Medicaid benefits beyond coverage of Medicare premiums and cost sharing.
- IowaCare, this limited benefit program was terminated with the establishment of the Iowa Health & Wellness Plan on January 1, 2014

Table 1 illustrates the capitation rate cells and the underlying populations. For the LTSS populations, a blended rate cell will be established using the institutionalized and waiver capitation rates and a targeted rebalancing of the populations.

¹ The MCO will not be at risk for the IDPH participants and the services will not be paid through capitation. Claims will be funded separately through the Iowa Department of Public Health plus an ASO fee. IDPH experience is not included in the Data Book nor the capitation rates provided in this report. IDPH funding summary is provided as an attachment.

Table 1
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Health Care Initiative
Rate Cell Definitions

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

**Note: a composite rate will be paid for LTSS services reflecting the target blend. The medical services component will not be blended and will be paid for each population.*

(d) Any eligibility or enrollment criteria that could have a significant influence on the specific population to be covered within the managed care program

The Health and Wellness program will include two sets of capitation rates for those identified as Medically Exempt and those who are Non-Medically Exempt. The Medically Exempt population will have to meet specific diagnosis or activities of daily living limitation criteria, as defined in 42 CFR §440.315(f). Implementation of the guidance by the State of Iowa is described on the agency's website (<http://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Toolkit.pdf>). The American Indian and Alaskan Native populations will be voluntarily enrolled in the program. All other populations will be mandatorily enrolled in the risk based managed care program.

(e) A general description or list of the benefits that are required to be provided by the managed care plan or plans

The RFP describes the covered services by population. Table 2 provides a summary of the categories of service included in the capitation rate development.

Table 2 State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise Iowa High Quality Health Care Initiative January 2016 to June 2017 Capitation Rate Development Covered Categories of Service	
<i>State Plan Medical</i>	
Hospital Inpatient	Pharmacy
Hospital Outpatient	Clinic
Ambulance	Institutional
Physician and Other Professional	Non-Emergency Transportation (Certain Populations)
Optometric Services	EPSDT Screening Services
Family Planning	Behavioral Health Services
Laboratory and Radiology	DME/Medical Supplies
Podiatric Services	Chiropractic
Home Health Services	Hospice
<i>Behavioral Health</i>	
Assertive Community Treatment	Case Management
Integrated Services and Supports	Intensive Psychiatric Rehabilitation
Clinic Services	Inpatient Psych for Under 21
Services of Social Workers	Community Supports
Intensive Psychiatric Rehabilitation	Clinically Managed Residential Treatment Substance Abuse
Peer Support	Respite
Behavioral Health Intervention Services	Psychiatric Medical Institutions for Children
Habilitation	Psychologist Services
Targeted Case Management	
<i>Long-Term Institutional</i>	
<i>Home and Community Based Services (Waiver)</i>	

The IHQHI contracted health plans will not be responsible for dental services, unless performed in an outpatient hospital setting.

Appendix A illustrates the IHQHI capitation rates effective January 1, 2016 through June 30, 2017.

Appendix B illustrates the base data utilized in the development of the actuarially sound capitation rates, including SFY 2014 FFS/MediPASS and HMO experience data with trend, managed care adjustments, and program adjustments summarized into actuarial cost models.

Appendix C illustrates the development of the capitation rates for each rate cell, including the blending of the trended and adjusted FFS/MediPASS and HMO data as well as the addition of applicable third party liability, copayment, and retroactive eligibility adjustments and the application of the administrative cost allowance.

III. DEVELOPMENT OF ACTUARIALLY SOUND RATES

The actuarially sound capitation were developed using the following methodology:

- SFY 2014 Claim and Enrollment: We utilized SFY 2014 data for both fee-for-service and voluntary managed care enrolled populations. The fee-for-service data included individuals that were either enrolled in a PCCM program or in fee-for-service without any managed care. Certain populations were allowed to enroll on a voluntary basis in a full-risk managed care plan.
- Completion Factors: The SFY 2014 data reflected claims either paid through December 31, 2014 or in the encounter data warehouse through December 31, 2014. We developed completion factors using historical data for SFY 2013 and SFY 2014.
- Trend Factors: The data was trended forward to the January 1, 2016 through June 30, 2017 rate period. We developed trend rates for utilization rates per 1,000 and for total costs on a per member per month (PMPM) basis. The cost per unit trends were calculated from the PMPM trend rates and the utilization trend rates.
- Policy, Program and non-MMIS Adjustments: The data was adjusted to reflect policy and program changes that occurred during the historical period or following the historical period. We also applied adjustments that occurred outside of the MMIS system.
- Managed Care Adjustment Factors: The historical data was adjusted to reflect the anticipated impact of a risk-based managed care program on the cost of covered services.

The remainder of this section provides additional detail regarding each of these steps.

A. DATA [SECTION I.2]

Description of Data [Section I.2.A.i]

The capitation rates were developed from historical information from the data sources listed in Table 3. The combined information from all data sources provides a comprehensive summary of the historical enrollment, utilization, and cost of the covered services for the populations eligible for the IHQHI. All data were provided to Milliman from IME from their MMIS and encounter data warehouse systems.

Table 3 State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise Iowa High Quality Health Care Initiative January 2016 to June 2017 Capitation Rate Development Data Sources	
Data Source	Time Period Provided in IHQHI Data Book
FFS / MediPASS data	SFY 2014
Iowa Plan PIHP encounter data	SFY 2014
Wellness Plan FFS / PCP data	January 1, 2014 – June 30, 2014
Wellness Plan encounter data	January 1, 2014 – June 30, 2014
hawk-i encounter data	SFY 2014

Summaries of historical FFS, MediPASS, and encounter data for all populations are included in Appendix B. The FFS and MediPASS data were paid through December 31, 2014, and the HMO/PIHP encounters were submitted to IME's encounter data warehouse through December 31, 2014. The FFS and MediPASS populations were combined for the rate development.

Each data source is described in more detail below:

- > **FFS / MediPASS data** – includes all services that the State pays for on a FFS basis for each population, including those enrolled in the state's PCCM program, MediPASS. This includes claims for the Wellness Plan population covered under FFS. The Wellness Plan PCP experience is included in FFS.
- > **Encounter data** – as part of the annual capitation rate setting process, the State's HMO and PIHP contractors submit detailed claim level encounter data. The HMO provided covered services for Healthy Children, Healthy Parents, Pregnant Women, and H&W populations on a voluntary enrollment basis. The PIHP provided coverage for mental health services on a statewide basis.
- > **Non-System Costs** includes items that impact the cost of the services provided that are not included in the claims data. Additional information on such costs, and any adjustments made to the data for these costs is provided in the response to I.2.B.v.

Additionally, we included provision for non-emergency medical transportation (NEMT) under the new program. Historically, IME has contracted with a third party vendor to provide NEMT to all Medicaid beneficiaries, excluding the Health & Wellness non-medically exempt members. Under IHQHI, the contracted health plans will be at risk for NEMT. The Health and Wellness Plan non-Medically Exempt population does not receive NEMT services, and the cost for this service is removed in the final capitation rates illustrated in Appendix A.

The hawk-i encounter data reflected commercial reimbursement rates. We have applied the following adjustments to estimate Medicaid fee-for-service reimbursement levels.

- Hospital Inpatient Medical / Surgical: 60%
- Hospital Outpatient: 60%
- Pharmacy: 80%
- Ancillary: 50%
- Physician: 70%

Availability and Quality of Data [Section I.2.A.ii]

- (a) The majority of the data utilized in the capitation rate setting process was developed from historical fee-for-service data. The enrollment member months and expenditures from the fee-for-service data were compared with summaries prepared by the state. We also utilized encounter data for the voluntary HMO program population. We compared the data to state fiscal year 2014 expenditures provided by the state Medicaid DHS. We validated the data was reasonable in relation to the historical summaries. We stratified the data by category of service, and also viewed the data in a lag triangle format. Following these reviews, we believe the data is complete and accurate.
- (b) With the exception of adjustment for traditional claims completion, we believe the data are complete and accurate and provide reasonable reliability for estimation of medical claims projections under the managed care contract.
- (c) There are no other concerns over the availability or quality of the data.

Use of Data Other Than Fee-For-Service Claims or Managed Care Encounter Data [Section I.2.A.iii]

The source of data utilized in the capitation rate development was primarily fee-for-service and managed care encounter data. Please refer to the response to Section I.2.A.i.

Use of Data Other Than Managed Care Encounter Data in a Mature Program [Section I.2.A.iv]

While we utilized all available encounter data in the development of the capitation rates, IHQHI is a new program and as such does not have sufficient encounter data to rely exclusively upon encounter data for capitation rate setting.

Reliance or Use of a Data Book [Section I.2.A.v]

We utilized fee-for-service and encounter data to develop baseline data summaries. These baseline data summaries were used to develop the actuarial models presented in the attachments to this report. We did not utilize any external data books for the development of the capitation rates.

Adjustments made to the Data for Credibility [Section I.2.B.i]

The data utilized to develop capitation rates were deemed to be fully credible.

Adjustments made to the Data for Completion [Section I.2.B.ii]

The capitation rates were developed from state fiscal year 2014 claims data with six months of claim payment run-out through December 31, 2014. Table 4 and Table 5 illustrates the completion factors that were applied to the base data.

Table 4
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Completion Factors - Fee for Service

Population Group	Inpatient	Outpatient	Professional	Pharmacy	Ancillary	LTC Inst.	Waiver
TANF / H&W	1.0066	0.9879	0.9875	0.9999	0.9835	0.9985	1.0000
ABD – Non Dual	0.9934	0.9859	0.9860	0.9999	0.9901	0.9793	1.0000
Community - Dual	0.9861	0.9946	0.9914	0.9999	0.9768	1.0242	1.0000
Waiver - Non Dual	0.9927	0.9933	1.0000	0.9999	0.9916	0.9834	0.9948
Waiver – Dual	0.9844	0.9905	0.9959	0.9999	0.9952	0.9902	0.9932
NF – Non Dual	0.9940	0.9924	0.9885	0.9997	0.9887	0.9954	1.0000
NF – Dual	0.9863	0.9921	0.9939	0.9993	0.9728	0.9964	1.0000
ICFMR/ SMH	0.9791	0.9926	0.9898	1.0000	0.9906	0.9996	1.0000
ID Waiver	0.9989	0.9958	1.0000	1.0000	0.9951	0.9936	0.9971
Family Planning	0.9999	0.9878	0.9896	1.0000	0.9969	1.0000	1.0000
Maternity	0.9813	1.0000	0.9855	1.0000	1.0000	1.0000	1.0000

Table 5
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Completion Factors - HMO & Iowa Plan

Population Group	Inpatient	Outpatient	Professional	Ancillary	BH
TANF / H&W	0.9349	0.9851	0.9885	0.9856	0.9947
ABD – Non Dual	N/A	N/A	N/A	N/A	0.9958
Community - Dual	N/A	N/A	N/A	N/A	0.9981
Waiver - Non Dual	N/A	N/A	N/A	N/A	0.9904
Waiver - Dual	N/A	N/A	N/A	N/A	0.9969
NF – Non Dual	N/A	N/A	N/A	N/A	0.9972
NF – Dual	N/A	N/A	N/A	N/A	1.0000
ICFMR/ SMH	N/A	N/A	N/A	N/A	0.9955
ID Waiver	N/A	N/A	N/A	N/A	0.9998
Family Planning	N/A	N/A	N/A	N/A	1.0000
Maternity	0.9738	N/A	0.9750	N/A	N/A

Adjustments made for Errors Found in the Data [Section I.2.B.iii]

We did not make any explicit adjustments for errors found in the data.

Adjustments made to the Data for Changes in the Program [Section I.2.B.iv]

The following describes the policy and program changes that occurred between July 1, 2013 and June 30, 2015 that would impact the capitation rates.

- Physician Fee Schedule Increase

The State of Iowa chose to continue the primary care physician fee schedule increase that was included in the Affordable Care Act. The baseline data included the primary care physician fee increase for calendar years 2013 and 2014. No further adjustments were applied to the base data.

- Pharmacy Dispensing Fee

The State of Iowa increased the pharmacy dispensing fee to \$11.73 on August 2014 (previously \$10.12). This reflected an estimated impact to the pharmacy expenditures of \$10.4 million or approximately 2.5%.

- Ambulance

The State of Iowa increased the reimbursement to ambulance providers by 10% on July 1, 2014.

- Nursing Home providers

The State of Iowa increased the reimbursement to nursing home providers by \$2.8 million or approximately 0.4% on July 1, 2014.

The following describes the policy and program changes that occurred on July 1, 2015.

- Nursing Facility Rebase: Intermediate Care Facility provider category of service (COS 25) less the Iowa Veterans Home plus client participation amounts not included in the MMIS reimbursement amount. The fiscal impact was \$29.8 million or 4.24%.
- Home Health Low Utilization Payment Adjustment (LUPA) Adjustment: Home Health provider type (PT 09) within the Home Health category of services (COS 30). The fiscal impact was \$2.2 million or 2.06%.
- Increased Nursing Facility Spend due to Assessment Increase: Intermediate Care Facility provider category of service (COS 25) less the Iowa Veterans Home, Nursing Facility for the Mentally Ill provider category of service (COS 27), and Skilled Nursing Facility provider category of service (COS 20). The fiscal impact was \$8.1 million or 1.09%.
- HCBS Provider Rate Increase: Inflation rate increase. The fiscal impact was \$2.2 million or 0.32%.
- Supported Employment Rate Adjustment: Increase in certain HCBS waiver codes for supported employment services. The fiscal impact was \$3.3 million or 0.49%.
- Waiver Management: Including but not limited to the following components: (1) cap or limit on total ID waiver service cost (2) thorough review of exception to policy and (3) standardized assessments. The fiscal impact was (\$10.9) million or (1.59%).

Adjustments made to the Data for the Exclusion of Certain Payments or Services [Section I.2.B.v]

The following expenditures were excluded from the baseline data.

- Dental services: Expenditures associated with dental services were excluded from the baseline data. The health plans under IHQHI will not be at risk for dental services. Emergency dental services that occur in a hospital outpatient setting were retained within the baseline data.
- MediPASS PCCM fees: Under the MediPASS program, the state of Iowa made primary care case management (PCCM) fee payments to physicians for managing the enrolled members. We have excluded these payments from the baseline data.
- Local Education Agency (LEA), Area Education Agency (AEA), and Infant & Toddler Program services are not included.
- State supplemental payments to members residing at Residential Care Facilities are excluded. These payments will continue to be paid by the State.
- Money Follows the Person covered services are not included as they will continue to be paid by the State.
- Services of Iowa Veteran's Home are not included.

The following table identifies the fiscal impact associated with additional payments or recoveries outside of the claim payment system.

○ State Recoveries

The following summarizes the State's recoveries. These are outside of the claim payment system. The additional recoveries shown in Table 6 were reflected as an additional 2% reduction to the medical services expenditures.

One percent additional was reflected for the external adjustments shown in Table 6 and 1% additional was included to reflect health plans ability to collect more TPL recoveries and/or enhanced fraud and abuse activities.

Table 6 State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise Iowa High Quality Health Care Initiative	
State Recoveries	SFY 2014
TPL (late recoveries not included in claims)	\$ 19,548,702
Program Integrity	2,300,122
Claim Error	1,583,449
Other	887,301
HCBS Reviews	16,227
Total	\$ 24,335,801

○ Iowa Plan Mass Adjustments

There are some payments made by the PIHP that are mass adjustments and not linked to an individual. These payments have been allocated across all Iowa Plan services. The mass adjustment amount in SFY 2014 was \$7,912,144. We have reflected the additional mass adjustment by including an additional \$1.50 per member per month for all capitation rate cells, except newborns.

B. PROJECTED BENEFIT COSTS AND TRENDS [SECTION I.3]

Description of Data, Assumptions, and Methodologies Used to Develop the Projected Benefit Costs [Section I.3.A.i]

This section of the report outlines the methodology utilized to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps, as documented in the prior section.

- Stratify state fiscal year 2014 fee-for-service/MediPASS and managed care encounter data by capitation rate cell
- Apply claim completion factors
- Apply policy and program changes
- Apply adjustments for gross adjustment payments or recoveries outside the claim system

The baseline benefit costs were then used to develop the projected benefit costs. The following adjustments were applied to the baseline benefit costs.

- Apply trend adjustments to reflect utilization and cost per unit health care inflation
- Apply managed care adjustment factors to reflect the expected benefit costs under a full-risk managed care contract. Separate factors were applied to utilization and cost per unit, which reflects intensity of service charge under managed care.

In addition to these two components, the following adjustments were applied to the projected benefit costs.

- Third party liability recoveries (TPL): TPL recoveries vary by population with some populations having coverage up to 375% of the federal poverty level (FPL). The base values reflect allowed amounts and do not reflect any recoveries.
- Copayments
- Retroactive eligibility period adjustment
- Member financial participation

The remainder of this section provides detailed information regarding the development of the projected benefit costs.

Material Changes in the Data, Assumptions, and Methodologies Used to Develop the Projected Benefit Costs Since the Last Certification [Section I.3.A.ii]

Although the State of Iowa has previously had a voluntary managed care program for medical services and an at-risk behavioral health contract, we are viewing the capitation rate development under this process to be for a new managed care program. We are utilizing fee-for-service and encounter data to establish the capitation rates. The data is adjusted to reflect anticipated managed care efficiencies with the new managed care program.

Benefit Cost Trends [Section I.3.B.i]

This section describes development of the trend rates. The capitation rates were developed using one year of data from SFY 2014. The data was trended from the base data mid-point of January 1, 2014 forward to the mid-point of the contract period, October 1, 2016. Note, the Health and Wellness Plan base data had a center point of April 1, 2014, since it reflects the Iowa H&W population, which began on January 1, 2014.

- (a) We are utilizing a regression model using monthly data from state fiscal years 2013 and 2014. The data has been stratified by general population type and broad categories of service.
- (b) We used a regression model on twenty-five months of data. The trend rates were developed for both utilization rates and per member per month costs. The cost per unit trend rate was determined from these two components. To the extent that there were any artificial trend impacts due to fee schedule changes, these were identified separately in the rate setting model. The cost per unit trend rate is primarily focused on mix and intensity of services for non-pharmacy claims.
- (c) The regression trend rates were compared across the various capitation rate cell groupings by category of service to identify any outlier trend rates. The trend rates were analyzed and compared with external data sources for informational purposes to establish the final trend rates used in the rate development.

Components of Benefit Trends [Section I.3.B.ii]

The projected benefit cost trends were developed separately on a utilization rate per 1,000 basis and on a per member per month basis. The cost per unit trend rate was developed as the residual from these two components. The cost per unit trend rate primarily reflected a change in mix and intensity of services. Any fee schedule changes were explicitly included in the capitation rate development separate from the trend. Table 7 illustrates the estimated utilization trend rates. Table 8 illustrates the estimated cost per unit trend rates.

Table 7
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Utilization Trends

Population Group	Inpatient	Outpatient	Professional	Pharmacy	Ancillary	Inst. LTC	Waiver	BH
TANF / H&W	(0.50%)	0.50%	2.00%	0.50%	(1.00%)	0.50%	(1.00%)	(0.50%)
ABD – Non Dual	(2.00%)	1.50%	2.00%	2.50%	3.00%	0.25%	2.50%	1.50%
Community - Dual	(0.25%)	0.50%	0.75%	0.00%	(0.50%)	3.00%	(0.50%)	5.00%
Waiver - Non Dual	2.00%	(2.00%)	3.00%	0.50%	0.50%	1.00%	1.50%	2.50%
Waiver - Dual	(0.50%)	2.50%	1.00%	0.00%	(1.00%)	(2.00%)	1.00%	2.50%
NF – Non Dual	(1.25%)	1.00%	0.50%	0.50%	2.00%	0.50%	0.00%	0.25%
NF – Dual	(1.00%)	3.00%	1.00%	0.00%	0.50%	0.50%	0.00%	1.00%
ICFMR/ SMH	(0.25%)	(0.50%)	(2.00%)	1.00%	(0.50%)	0.25%	0.00%	(1.00%)
ID Waiver	2.50%	0.50%	3.00%	0.50%	(1.00%)	(1.00%)	1.00%	1.50%
Family Planning	0.00%	0.00%	0.50%	0.00%	0.00%	0.00%	0.00%	0.00%
Maternity	0.50%	N/A	1.00%	N/A	N/A	N/A	N/A	N/A

Table 8
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Cost per Unit Trends

Population Group	Inpatient	Outpatient	Professional	Pharmacy	Ancillary	LTC	Waiver	BH
TANF / H&W	(0.25%)	2.50%	0.50%	2.75%	2.00%	0.50%	0.00%	0.00%
ABD – Non Dual	1.50%	1.50%	0.50%	4.00%	2.00%	0.25%	0.00%	0.00%
Community - Dual	(3.00%)	3.50%	1.00%	0.00%	(2.50%)	0.50%	1.00%	0.50%
Waiver - Non Dual	2.50%	2.00%	0.50%	4.00%	2.00%	0.50%	1.00%	(1.00%)
Waiver - Dual	(0.50%)	1.25%	3.00%	0.00%	3.00%	(2.00%)	1.00%	2.00%
NF – Non Dual	(2.00%)	(1.00%)	1.00%	4.00%	1.50%	0.00%	0.00%	(2.00%)
NF – Dual	(3.00%)	(3.00%)	1.00%	0.00%	2.50%	0.00%	0.00%	2.00%
ICFMR/ SMH	(2.00%)	2.50%	(2.50%)	4.00%	0.50%	1.50%	0.00%	(2.00%)
ID Waiver	(1.50%)	(3.00%)	0.50%	0.75%	2.50%	(1.00%)	1.00%	1.50%
Family Planning	0.00%	0.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maternity	(0.25%)	N/A	0.50%	N/A	N/A	N/A	N/A	N/A

Variations in Projected Benefit Cost Trends [Section I.3.B.iii]

The trend rates were developed by the various capitation rate cell groupings and category of service components. The groupings were established to reflect common payment and risk classifications.

Other Material Adjustments to Projected Benefit Cost Trends [Section I.3.B.iv]

There were no other material adjustments to projected benefit cost trends.

Other Adjustments to Projected Benefit Cost Trends [Section I.3.B.v]

(a) Impact of managed care utilization and unit cost

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost. The capitation rates have an explicit adjustment for the managed care adjustments. The managed care adjustments reflect that the populations will be moving from either a fee-for-service or a non-risk based primary care management program to a full-risk based managed care program. A portion of the population was previously enrolled in a full-risk based managed care program. The managed care adjustments were applied at different rates of impact between the base data for the fee-for-service and MediPASS population and the managed care plan population.

The managed care adjustments were developed based on our review of the historical experience with comparison to other managed care experience. The adjustments were also based on experience with managed care capitation rate setting and actuarial judgement. The managed care adjustments varied between utilization and cost per unit of service. The cost per unit of service primarily reflects increases due to a higher mix and intensity of services with the management and reduction of utilization. Tables 9a through 9g summarize the managed care adjustment factors by population and category of service.

Table 9a
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Inpatient Hospital

Population Group	Utilization			Cost		
	Medical/ Surgical	Psychiatric/ SUD	Other IP	Medical/ Surgical	Psychiatric/ SUD	Other IP
FFS & MediPASS						
TANF/H&W/FP	0.7750	0.8750	0.9800	1.0100	1.0025	0.9900
Non-Dual – Community	0.7500	0.8500	1.0000	1.0150	1.0050	1.0000
Non-Dual – Inst. and I/D	0.9000	0.9500	0.9800	1.0025	1.0025	0.9900
Non-Dual Waiver	0.8750	0.9250	0.9800	1.0025	1.0025	0.9900
Dual	0.9500	0.9500	0.9800	1.0025	1.0025	0.9900
Maternity Normal Delivery	1.0000	1.0000	1.0275	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	0.9350	1.0000	1.0000	1.0000
HMO & Iowa Plan						
TANF	0.9000	0.9500	0.9800	1.0025	1.0025	0.9900
Maternity Normal Delivery	1.0000	1.0000	1.0275	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	0.9350	1.0000	1.0000	1.0000

Table 9b
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Outpatient Hospital

	Utilization		Cost	
	ER	General	ER	General
FFS & MediPASS				
TANF/H&W/FP	0.7750	0.8000	1.0050	1.0100
Non-Dual – Community	0.7500	0.7750	1.0050	1.0100
Non-Dual – Inst. and I/D	0.8000	0.9250	1.0025	1.0025
Non-Dual Waiver	0.7750	0.9000	1.0025	1.0025
Dual	0.8000	0.9250	1.0025	1.0025
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000
HMO & Iowa Plan				
TANF	0.8000	0.9250	1.0025	1.0025
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000

Table 9c
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Ancillary

	Utilization		Cost	
	Pharmacy	Other Anc.	Pharmacy	Other Anc.
FFS & MediPASS				
TANF/H&W/FP	0.8750	0.9000	0.9800	1.0025
Non-Dual – Community	0.8500	0.8500	0.9800	1.0025
Non-Dual – Inst. and I/D	0.9500	0.9500	0.9800	1.0025
Non-Dual Waiver	0.9250	0.9500	0.9800	1.0025
Dual	0.9500	0.8500 ¹	0.9800	1.0025 ¹
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000
HMO & Iowa Plan				
TANF	0.9500	0.9500	0.9800	1.0025
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000

Note: 1. The managed care adjustment for the Home Health/Hospice category of service for the Hospice population was set to a 1.0000 factor.

Table 9d
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Professional

Population Group	Utilization					
	Inpatient Visits	Urgent Care/ER	Office/Home Visits	Preventive Care	Lab/Path/Rad	Other Profession
FFS & MediPASS						
TANF/H&W/FP	0.7750	0.7750	1.0400	1.0300	0.8250	0.8250
Non-Dual – Community	0.7500	0.7500	1.0400	1.0600	0.8250	0.8250
Non-Dual – Inst. and I/D	0.9000	0.8000	1.0300	1.0050	0.9000	0.9250
Non-Dual Waiver	0.8750	0.7750	1.0400	1.0150	0.8750	0.9000
Dual	0.9000	0.8000	1.0300	1.0050	0.9000	0.9250
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0275
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	0.9350
HMO & Iowa Plan						
TANF	0.9000	0.8000	1.0300	1.0050	0.9000	0.9250
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0275
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	0.9350

Table 9e
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Professional

Population Group	Cost					
	Inpatient Visits	Urgent Care/ER	Office/Home Visits	Preventive Care	Lab/Path/Rad	Other Professional
FFS & MediPASS						
TANF/H&W/FP	1.0100	1.0050	1.0000	1.0000	1.0000	1.0000
Non-Dual – Community	1.0150	1.0050	1.0000	1.0000	1.0000	1.0000
Non-Dual - Inst. and I/D	1.0025	1.0025	1.0000	1.0000	1.0000	1.0000
Non-Dual Waiver	1.0025	1.0025	1.0000	1.0000	1.0000	1.0000
Dual	1.0025	1.0025	1.0000	1.0000	1.0000	1.0000
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
HMO & Iowa Plan						
TANF	1.0025	1.0025	1.0000	1.0000	1.0000	1.0000
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	0.9350

Table 9f
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - Behavioral Health

Population Group	Utilization			Cost		
	Inpatient Treatment	Outpatient Treatment	Intermediate Care	Inpatient Treatment	Outpatient Treatment	Intermediate Care
FFS & MediPASS						
TANF/H&W/FP	0.9000	0.9250	0.9250	1.0000	1.0000	1.0000
Non-Dual – Community	0.9000	0.9500	0.9500	1.0000	1.0000	1.0000
Non-Dual - Inst. and I/D	0.9000	0.9250	0.9250	1.0000	1.0000	1.0000
Non-Dual Waiver	0.9000	0.9250	0.9250	1.0000	1.0000	1.0000
Dual	0.9000	0.9250	0.9250	1.0000	1.0000	1.0000
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
HMO & Iowa Plan						
TANF	0.9000	0.9250	0.9250	1.0000	1.0000	1.0000
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 9g
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Healthcare Initiative
January 2016 to June 2017 Capitation Rate Development
Managed Care Adjustments - LTSS

Population Group	Utilization		Cost	
	NF/ICFMR	Waiver	NF/ICFMR	Waiver
FFS & MediPASS				
TANF/H&W/FP	1.0000	1.0000	1.0000	1.0000
Non-Dual – Community	1.0000	1.0000	1.0000	1.0000
Non-Dual – Inst. and I/D	1.0000	0.9500	1.0000	1.0050
Non-Dual Waiver	1.0000	0.9500	1.0000	1.0050
Dual	1.0000	0.9500	1.0000	1.0050
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000
HMO & Iowa Plan				
TANF	1.0000	1.0000	1.0000	1.0000
Maternity Normal Delivery	1.0000	1.0000	1.0000	1.0000
Maternity Cesarean Delivery	1.0000	1.0000	1.0000	1.0000

(b) Changes to projected benefit costs outside regular changes in utilization or cost of services.

There were no changes in projected benefit costs in the rating period outside of regular changes in utilization or unit cost of services.

Categories of Service that Contain Costs for In Lieu of Services (i.e., substitutes for State Plan Services) [Section I.3.C]

The behavioral health costs include integrated health home costs, which are 1915(b)(3) service expenditures.

MCO Responsibility for Retrospective Eligibility Periods [Section I.3.D.i]

The health plans are not responsible for retrospective eligibility periods.

For an individual who is already enrolled in a health plan, then retrospectively deemed eligible for Medicare (becomes dual eligible), the health plan will receive a retrospective adjustment to the capitation rates to reflect that Medicare becomes the primary payer for acute medical care services. A separate capitation rate cell has been developed for the dual eligible population.

Retrospective Eligibility Period Claims Information [Section I.3.D.ii]

IME does not track retroactive eligibility changes in their MMIS data warehouse, and as such we were unable to identify the claims or eligibility included under retroactive periods. We developed a proxy retroactivity flag which identified the first three months of a member's eligibility as a retrospective eligibility period for newly enrolled individuals. All claims identified for members in flagged months were considered retrospective eligibility period claims, and we adjusted the capitation rates to reflect exclusion of these claims.

Retrospective Eligibility Period Enrollment or Exposure Information [Section I.3.D.iii]

As indicated above, we assigned a proxy retrospective eligibility period to the first three months of enrollment for newly enrolled individuals. We did not assign retrospective eligibility periods for children under age 1, H&W plan members, maternity case rates, pregnant women, or family planning waiver enrollees. The final appendix illustrates the total member months identified in our base data as well as member months reduced by the approximated retrospective eligibility.

Adjustment of Capitation Rates for Retrospective Eligibility Period [Section I.3.D.iv]

We compared the eligibility and claims for all data which was not flagged as "retrospective eligibility" to the base data cost models which included all MMIS claims and eligibility information. Adjustments were developed for certain populations which would be expected to have a retrospective eligibility period and have an impact on the capitation rates: Healthy Children, Healthy Parent / Caretaker, and Aged, Blind or Disabled populations.

Final Projected Benefit Costs [Section I.3.E]

Appendices B and C contain the development of the final capitation rates for most rate cells. The projected benefit costs after application of all adjustments are shown by category of service and in aggregate for each of the individual rate cells.

The Iowa Health and Wellness population is further adjusted to split the membership into Medically Exempt versus Non-Medically Exempt enrollees, adjusting for acuity, reversal of pent-up demand, and removal of NEMT services from the Non-Medically Exempt rates.

Impact of Covered Benefit or Service Changes on Projected Benefit Costs [Section I.3.F.i]

All changes in covered benefits or service changes on projected benefit costs have been identified in the policy and program changes, as previously documented.

Impact of Changes in Provider Payment Requirements [Section I.3.F.ii]

There are not any anticipated impacts due to changes in provider payment requirements.

Impact of Changes in any Applicable Waiver Requirements or Conditions [Section I.3.F.iii]

There are not any anticipated changes due to waiver requirements or conditions.

Impact of Changes in any Litigation Requirements or Conditions [Section I.3.F.iv]

There are not any anticipated changes due to any litigation requirements or conditions.

Description of Data, Assumptions, and Methodologies Used in Adjusting Data for Changes in Benefits or Services [Section I.3.G]

There are not any changes in Benefits or Services.

C. PASS-THROUGH PAYMENTS [SECTION I.4]

The capitation payments do not include any pass-through or supplemental payments.

D. PROJECTION OF NON-BENEFIT COSTS [SECTION I.5]

Description of Data, Assumptions, and Methodologies Used to Develop Projected Non-Benefit Costs [Section I.5.A.i]

The following sub-sections outline the non-benefit cost assumptions utilized in the capitation rate setting process.

Material Changes in the Data, Assumptions, and Methodologies Used to Develop Projected Non-Benefit Costs Since the Last Certification [Section I.5.A.ii]

Although the State of Iowa has had risk-based managed care programs, the new IHQHI creates a significantly different program. The prior programs had a voluntary managed care program for the Healthy Children and Parents / Caretaker populations. The state also operated a stand-alone behavioral health managed care program. Further, the state had a portion of the CHIP population enrolled in a separate risk-based managed care plan. Finally, the Health and Wellness population had an option of enrolling on the Marketplace. The IHQHI enrolls nearly all Medicaid beneficiaries into risk-based managed care plans. Therefore, we have developed non-benefit costs to meet the needs of the new health care delivery system. We have developed the non-benefit costs on a combination basis using both fixed administration components on a per member per month basis and some percentage of capitation rate basis. The fixed administration component amounts are primarily used for the long-term services and supports (LTSS) capitation rate cells. The percentage of capitation rates also vary by capitation rate cell with the higher valued capitation rate cells having a lower percentage, which still results in an overall higher per member per month value.

Projected Non-Benefit Cost Categories [Section I.5.B]

This information is provided in the response to Section 1.5.D.

Development of Non-Benefit Costs on a PMPM Basis [Section I.5.C]

This information was not available.

Development of Non-Benefit Costs as a Percentage of Benefit Costs or Total Capitation Rate [Section I.5.D]

Tables 10a and 10b illustrate the development of the non-benefit costs by component. The non-benefit costs are stratified by capitation rate cell. The following provides a description of each of the components.

- Human capital: costs associated with the employment of health plan staff. The staff would include care coordination, case management, and claims processing.
- Bricks and mortar: costs associated with maintaining the property used by the health plan to conduct business.
- Outsourcing: costs associated with contracting with third party vendors.
- Operating expenses: costs associated with the day-to-day costs of running the health plan. These would include the overhead expenses associated with the health plan.
- Taxes and fees: costs associated with taxes and fees incurred by the health plans. The payroll taxes were allocated to human capital costs. This excludes the health insurer fee under the ACA. The health insurer fee is accounted for separately. There is not a premium tax in Iowa.
- Miscellaneous expenses: non-specific costs reported by health plans.
- Risk / Contingency Margin and Cost of Capital: cost associated with assuming the health insurance risk.
- Fixed Fee: we have allocated fixed fee costs to reflect care and case management costs associated with the LTSS populations, including the institutionalized and the HCBS waiver populations.

Table 10a State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise Iowa High Quality Health Care Initiative January 2016 to June 2017 Capitation Rate Development Projected Non-Benefit Cost Components				
Component	TANF / Family Planning / H&W	Maternity Case Rate	Non-Dual ABD	Dual Community
Human Capital	5.50%	1.5%	3.50%	2.50%
Bricks and Mortar	0.50%	0.0%	0.50%	0.50%
Outsourcing	2.00%	0.0%	1.50%	1.50%
Operating Expenses	1.50%	0.0%	0.75%	0.75%
Taxes and Fees	0.00%	0.0%	0.00%	0.00%
Miscellaneous	0.50%	0.0%	0.50%	0.50%
Risk / Contingency	0.50%	0.5%	0.50%	0.50%
Total	10.50%	2.0%	7.25%	6.25%
Fixed Fee PMPM	\$0.00	\$0.00	\$0.00	\$0.00

Table 10b
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Health Care Initiative
January 2016 to June 2017 Capitation Rate Development
Projected Non-Benefit Cost Components

Component	Dual Waiver	Non-Dual Waiver	ID Waiver	Institutionalized
Human Capital	1.00%	3.00%	2.50%	1.00%
Bricks and Mortar	0.50%	0.50%	0.50%	0.50%
Outsourcing	0.25%	1.50%	1.50%	0.25%
Operating Expenses	1.00%	0.75%	0.75%	1.50%
Taxes and Fees	0.00%	0.00%	0.00%	0.00%
Miscellaneous	0.50%	0.50%	0.50%	0.50%
Risk / Contingency	0.50%	0.50%	0.50%	0.50%
Total	3.75%	6.75%	6.25%	4.25%
Fixed Fee PMPM	\$150.00	\$150.00	\$200.00	\$75.00

Incorporation of Health Insurance Providers Fee in the Capitation Rates [Section I.5.E.i]

The rates developed in this certification 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.

Inclusion of Health Insurance Providers Fee in an Initial Rate Certification [Section I.5.E.ii]

The rates developed in this certification have not been adjusted to reflect provision for the ACA-mandated health insurer fee.

Amount of Health Insurance Providers Fee and any Adjustments Once Actual Amounts are Known [Section I.5.E.iii]

The capitation rates shown in this rate certification do not include an explicit adjustment for the health insurer fee. The capitation rates will be adjusted to reflect the actual health insurer fee and any related income tax gross-up on a health plan by health plan basis. We will utilize the actual amounts due to adjust the capitation rates on a retrospective basis. The health insurer fee will be paid in relation to the base year applied for the fee. For example, the health insurer fee due by the health plans in calendar year 2017 based on calendar year 2016 revenue will be paid to the health plans reflecting the calendar year 2016 capitation rates, which are part of this certification. The capitation rate certification included with this report reflects the inclusion of the future amounts due for the health insurer fee.

Exclusion of Health Insurance Providers Fee from the Rates [Section I.5.E.iv]

The ACA-mandated health insurer fee has not been calculated and included in these capitation rates, however provision for the fee is estimated at 0% to 5% of the capitation rates illustrated in Appendix A.

Services Excluded From the Health Insurance Providers Fee [Section I.5.E.v]

The capitation rates will exclude benefits as described in 26 CFR 57.2(h)(2)(ix) (e.g., long-term care, nursing home care, home health care, or community-based care). We have separated the capitation rates into two components: (i) base medical expenditures and (ii) managed long-term care services and supports. The managed long-term care services and supports includes nursing facilities, ICF/ID facilities, home health care services and services related to home and community based care.

E. RATE RANGE DEVELOPMENT [SECTION I.6]

The capitation rates were developed on a deterministic basis. We did not develop a capitation rate range.

F. RISK MITIGATION, INCENTIVES AND RELATED CONTRACTUAL PROVISIONS [SECTION I.7]

Description of any Risk Mitigation, Incentives, or Similar Contractual Provisions [Section I.7.A]

Because this is a new program, we did not calculate risk scores for any of the populations. As indicated in the RFP and health plan contracts, the capitation rates will be risk adjusted retroactively to January 1, 2016 and continue to be effective through June 30, 2017. Risk adjustment will be implemented on a revenue neutral basis to address selection adjustment between the plans.

No incentive arrangements are included in the current MCO contracts.

Risk Adjustment Model(s) Used to Calculate Risk Scores [Section I.7.B.i]

We will use the most current version of CDPS+Medicaid Rx which is available at the time of the risk score calculation.

Data, Including Sources, Being Used by the Risk Adjustment Model(s) [Section I.7.B.ii]

For the initial period, we intend to utilize a combination of fee-for-service and encounter data, including both diagnosis codes and pharmacy data, to reflect the morbidity variation among the health plans after enrollment has been established.

Frequency of Risk Score Calculation [Section I.7.B.iii]

The initial risk scores will be calculated using enrollment information from 180-days post January 1, 2016 to determine the enrollee mix among the health plans. Claims data for the twelve-month period ending September 30, 2015 will be used in assigning morbidity to Medicaid enrollees.

Use of Risk Scores to Adjust Capitation Rates [Section I.7.B.iv]

Risk scores will be established for all of the populations with the exception of the dual eligible population, children under age 1, and maternity case rate payments. The risk scores will be applied to the medical services capitation rate only. The risk scores will be developed on a revenue neutral basis.

Attestation that Risk Adjustment Model is Cost Neutral [Section I.7.B.v]

The risk adjustment model will be developed on a revenue neutral basis.

Use of Non-Cost Neutral Risk Sharing Model [Section I.7.C]

The capitation rate development did not include an acuity adjustment. The capitation rates will not be adjusted by a non-cost neutral risk sharing method.

Risk Sharing Arrangement [Section I.7.D]

The IHQHI does not include a risk sharing arrangement.

Medical Loss Ratio [Section I.7.E]

The medical loss ratio will be developed according to the terms of the contract.

If a health plan has a medical loss ratio below the minimum requirement, the health plan is required to return the excess amounts to IME.

Description of Reinsurance Requirements [Section I.7.F]

The health plans shall comply with the reinsurance requirements of Iowa Administrative Code r. 191-40.17(514B).

Description of Incentives or Withhold Amounts [Section I.7.G]

The contract will have a 2% withhold from the capitation rates. The withhold will be applied to both the base medical services capitation rate and the LTSS capitation rates.

Certification that Incentive Payments will not Exceed 105% of the Certified Rates Paid [Section I.7.G.i]

The contract does not include any incentive payments.

Percentage of the Certified Capitation Rates Being Withheld [Section I.7.G.ii]

A 2% withhold will be applied to the certified capitation rates.

Estimated Percentage of Withhold that is Expected to be Returned and Basis for that Determination [Section I.7.G.iii]

Based upon the five requirements outlined in the contract, we estimate that the health plans on average will earn back approximately 75% of the withhold, or 1.5% of the capitation rate. The initial withhold amounts are returned based on administrative implementation functions. It is our understanding that the health plans will be reasonably able to meet the requirements of the contract terms related to the withhold.

Effect of Incentive or Withhold Arrangements on the Development of Capitation Rates [Section I.7.G.iv]

The capitation rate development is independent of the incentive and withhold arrangements. The capitation rate development followed generally accepted actuarial practice. The capitation rates are actuarially sound without application of the withhold and are actuarially sound considering the reduction for the loss of 25%, or 0.5%, of the withhold.

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

Provision of Information Required of All Managed Care Rates [Section II.1.A]

The IHQHI includes individuals currently receiving long-term services and supports (LTSS). The IHQHI includes individuals receiving the following services:

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

The capitation rates were developed to have the LTSS services separate from the medical services. The LTSS managed care program will include individuals that are either dual eligible for both Medicare and Medicaid or Medicaid only eligible.

Structure of Capitation Rates and Rate Cells or Rating Categories [Section II.1.B]

The capitation rates for those with LTSS services will be separated into two components: (i) base medical expenditure capitation rate and (ii) LTSS services capitation rate. The LTSS services capitation rate will be a blend of the institutional component and the home and community based services component. The blend will reflect a targeted transition during the 18-month contract period from institutional setting to HCBS setting. The targeted blending is shown in Appendix A and varies by institutional and waiver type. The capitation rate for acute care services will not be blended.

Expected Effect that Managing LTSS has on the Utilization and Unit Costs of Services [Section II.1.C]

It is anticipated that managing the LTSS services will result in a decrease in the number of individuals residing in an institutional setting. This will increase the number of members using the HCBS waiver.

Projected Non-Benefit Costs [Section II.1.D]

As previously indicated, non-benefit costs will be provided for both the base medical services capitation rate and the LTSS capitation rate. The LTSS non-benefit costs will be included on a per member per month basis. The LTSS non-benefit costs primarily reflects care management services with a portion also for general costs of health plans: claims processing, overhead support, and risk / contingency margin. The non-benefit costs for the LTSS capitation rate were illustrated in Table 10.

Historical Experience, Analysis, and Other Sources (e.g., studies or research) Used to Develop the Assumptions Used in the Rate Setting [Section II.1.E]

The LTSS capitation rates were developed from historical fee-for-service experience. For LTSS services, we used a combination of population rebalancing assumptions from other state Medicaid programs and requirements included in the IHQHI health plan contracts to determine the percentage shift of each LTSS population (defined below) out of the institution and into the community. Blended LTSS rate cells were determined using peer groups, matching the HCBS waiver populations with similar institutionalized populations. The percentage shift represents the average goal of rebalancing over the initial 18 month contract period.

Table 11 illustrates the anticipated percentage shift in each LTSS grouping. Appendix A clearly identifies the approximate number of member months shifted based on these assumptions and the baseline blended LTSS capitation rates which will be paid to all health plans for the first six months of the program, following which a retrospective case-mix adjustment will be made to reflect each plan's actual population mix adjusted for the population shift assumptions.

Table 11 State of Iowa Department of Human Services, Division of Medical Services Iowa Medicaid Enterprise January 2016 to June 2017 Capitation Rate Development LTSS Managed Care Population Shift	
Population	Population Shift
LTSS – Elderly	3.25%
LTSS – Non-Dual and/or Pre-65	2.25%
LTSS – Intellectual Disability	1.00%
LTSS – Children's Mental Health	3.00%

V. NEW ADULT GROUP CAPITATION RATES [SECTION III]

The new adult group capitation rates were developed from experience for the population from January 1, 2014 through June 30, 2014. The experience is primarily from fee-for-service experience and a voluntary HMO population. A portion of the population was enrolled in the health insurance marketplace. Data and information for the population enrolled in the health insurance marketplace was not available.

A. DATA [SECTION 3.1]

Description of Data [Section 3.1.A]

The data was developed using the historical cost for those in the Health and Wellness Plan, including the medically exempt population. The historical data was assumed to reflect some pent-up demand, since the six-month experience period was the initial coverage period. The historical data was adjusted to reflect a reduction of pent-up demand of 5%. Separate capitation rates were developed for the Health and Wellness Plan, non-medically exempt, and Health and Wellness Plan, medically exempt.

Availability of New Data for the New Adult Group [Section III.1.B.i]

The base data period used to establish the capitation rates was January 1, 2014 through June 30, 2014.

Monitoring of New Adult Group's Costs and Experience [Section III.1.B.ii]

Through the managed care plan encounter reporting process, the state will monitor the cost of the new adult group experience as it continues to evolve during the contract period.

Comparison of New Adult Group's Actual Experience to Assumptions and Expectations [Section III.1.B.iii]

Since only six months of data was available, we have not had a chance to fully analyze the historical experience to the initial rate setting assumptions.

Impact of Adult Group's Actual Experience on Assumptions and Expectations Used in the Development of the Rates [Section III.1.B.iv]

The actual experience for the first six months of new enrollment was used in the development of the projected capitation rates. The actual experience was blended between the medically exempt population and the non-medically exempt population. To develop the capitation rates, we assumed a morbidity relativity between medically exempt population and the non-medically exempt population. We also assumed that the medically exempt population would be 10% of the Health and Wellness population. Table 12 illustrates the mix of the population and the morbidity relativities. The relativities are shown in relation to the composite Health and Wellness population.

Table 12
State of Iowa
Department of Human Services, Division of Medical Services
Iowa Medicaid Enterprise
Iowa High Quality Health Care Initiative
January 2016 to June 2017 Capitation Rate Development
Health & Wellness Population Acuity Distribution Assumptions

Population	Assumed Distribution	Relative Morbidity
Non-Medically Exempt	90%	0.975
Medically Exempt	10%	1.225
Composite	100%	1.000

B. PROJECTED BENEFIT COSTS [SECTION III.2]

States that Covered the New Adult Group in 2014 and/or 2015 [Section III.2.A.i]

We utilized the historical data from the new adult group incurred during the period of January 1, 2014 through June 30, 2014 with paid claims runout through December 31, 2014. The data were from both fee-for-service and encounter data, and we applied managed care adjustments to reflect the transition to a full managed care environment. In addition to the managed care adjustments, we have applied an assumption that the base data includes pent-up demand utilization of services for newly enrolling members who were previously uninsured with limited access to medical services. We have applied a 0.95 factor to remove the pent-up demand component from the utilization of services included in the base data. Note, the pent-up demand factor is applied in the final rate calculation (Appendix A) and is not shown in the rate development illustrated in Appendix C.

Documentation on the Following, Regardless if the New Adult Population were Covered in 2014 and/or 2015 [Section III.1.B]

The Iowa Health and Wellness (H&W) Plan was established on January 1, 2014 and provides comprehensive health coverage to low-income adults. Non-Medically Exempt individuals age 19-64 with income up to and including 100% of the federal poverty level (FPL) are eligible for the Alternative Benefit Package (ABP) with plan coverage equivalent to the State employee's benefit plan. Non-emergency medical transportation is not covered.

Medically Exempt adults age 19-64 with income up to 138% of the FPL are eligible for full Medicaid coverage (although they may opt to select the ABP). Historically, H&W members were able to choose to obtain coverage through the Iowa HMO program or the H&W PCP program. Where available, the PCP program was mandatory unless the individual chose the HMO option. In some regions of the state, managed care is not available and H&W members received coverage under FFS. H&W members received behavioral health, which includes mental health and substance use disorder, coverage through the Iowa Plan, the contracted behavioral health managed care plan.

Under Marketplace Choice, the State paid the premiums for adults age 19-64 with income between 100% and 138% of the Federal Poverty Level (FPL) to obtain coverage from select plans available through the health insurance exchange. Under IHQHI, Marketplace Choice members will transition to the same ABP as the H&W Non-Medically Exempt. We have estimated that the Marketplace Choice members have an average morbidity of 0.8893 in relation to the Wellness Plan population. The morbidity relationship was developed using MEPS data and self-reported health status by FPL.

By blending the Marketplace Choice population into the capitation rates, we adjusted the historical experience by a factor of 0.9869 based on actual enrollment during the six-month experience period.

Provider reimbursement is consistent between the H&W population and the Medicaid population.

Description of Any Changes to the Benefit Plan Offered to the New Adult Group [Section III.1.C]

As previously indicated, the new adult group between 100% and 138% FPL had an option to enroll on the health insurance marketplace health plans. These members will be transitioned to the IHQHI on January 1, 2016.

Description of Any Other Material Changes or Adjustments to Projected Benefit Costs [Section III.1.D]

There were no further material changes.

C. PROJECTED NON-BENEFIT COSTS [SECTION III.3]

Description of Any Changes in Data Sources, Assumptions, or Methodologies Used to Develop Projected Non-Benefit Costs Since the Last Certification [Section III.3.A.i]

The IHQHI is a new managed care program for the state.

How Assumption Changed from the 2014 and/or 2015 Rate Certification on the Following Issues: [Section III.3.A.ii]

The non-benefit costs were previously documented and summarized in Table 10. As the IHQHI is a new program, the assumptions are newly developed.

How Assumption Differ For this Population and Those Used for Other Medicaid Populations [Section III.3.B.ii]

The non-benefit costs are consistent between the Health and Wellness Plan population (i.e., Medicaid expansion) and the Healthy Parents / Caretaker population on a percentage of premium basis.

D. FINAL CERTIFIED RATES OR RATE RANGES [SECTION III.4]

Comparison to the Final Certified Rates or Rate Ranges in the Previous Rate Certification [Section III.4.A.i]

The IHQHI is a new program, and as such we do not have changes to the previous capitation rates.

Description of Material Changes to the Capitation Rates or the Rate Development Process Not Otherwise Addressed on Other Sections [Section III.4.A.ii]

The IHQHI is a new program, and as such we do not have changes to the previous rate development process.

E. RISK MITIGATION STRATEGIES [SECTION III.5]

Description of Risk Mitigation Strategies Specific to the New Adult Group Rates [Section III.5.A]

There are no risk mitigation strategies specific to the new adult group population. The normal risk adjustment as described for the other Medicaid populations will be applied to this population, as well.

VI. 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.

VII. ACTUARIAL CERTIFICATION

[Section I.1.D.i]

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 January 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

July 30, 2015
Date

VIII. 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)
January 2016 to June 2017 Capitation Rate Summary**

Capitation Rate Cell	Member Months	Base Medical Capitation		LTSS Capitation	
		Gross	Net	Gross	Net
Children 0-59 days M&F	57,527	\$ 1,896.52	\$ 1,858.59	\$ 0.00	\$ 0.00
Children 60-364 days M&F	194,558	213.97	209.69	-	-
Children 1-4 M&F	717,933	115.89	113.57	-	-
Children 5-14 M&F	1,499,208	127.04	124.50	-	-
Children 15-20 F	269,489	218.49	214.12	-	-
Children 15-20 M	242,887	197.75	193.79	-	-
Non-Expansion Adults 21-34 F	303,557	312.04	305.80	-	-
Non-Expansion Adults 21-34 M	70,383	209.41	205.22	-	-
Non-Expansion Adults 35-49 F	126,218	452.12	443.08	-	-
Non-Expansion Adults 35-49 M	54,475	376.74	369.21	-	-
Non-Expansion Adults 50+ M&F	23,288	534.50	523.81	-	-
Pregnant Women	118,189	324.91	318.41	-	-
Hawk-i	396,408	155.65	152.53		
TANF Maternity Case Rate	8,578	\$ 6,096.11	\$ 5,974.19		
Pregnant Women Maternity Case Rate	18,671	5,448.65	5,339.68		
Wellness Plan 19-24 F (Medically Exempt)	8,404	\$ 231.26	\$ 226.64	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Medically Exempt)	7,785	223.78	219.30	-	-
Wellness Plan 25-34 F (Medically Exempt)	12,677	329.55	322.96	-	-
Wellness Plan 25-34 M (Medically Exempt)	13,931	326.15	319.63	-	-
Wellness Plan 35-49 F (Medically Exempt)	16,496	525.65	515.14	-	-
Wellness Plan 35-49 M (Medically Exempt)	16,162	509.41	499.22	-	-
Wellness Plan 50+ M &F (Medically Exempt)	30,004	659.66	646.47	-	-
Wellness Plan 19-24 F (Non-Medically Exempt)	75,640	\$ 182.91	\$ 179.25	\$ 0.00	\$ 0.00
Wellness Plan 19-24 M (Non-Medically Exempt)	70,063	176.95	173.41	-	-
Wellness Plan 25-34 F (Non-Medically Exempt)	114,095	261.14	255.91	-	-
Wellness Plan 25-34 M (Non-Medically Exempt)	125,377	258.43	253.26	-	-
Wellness Plan 35-49 F (Non-Medically Exempt)	148,460	417.22	408.88	-	-
Wellness Plan 35-49 M (Non-Medically Exempt)	145,462	404.29	396.20	-	-
Wellness Plan 50+ M&F (Non-Medically Exempt)	270,040	523.88	513.40	-	-
Family Planning Waiver	288,967	\$ 20.46	\$ 20.05	\$ 0.00	\$ 0.00
ABD Non-Dual <21 M&F	106,302	\$ 614.07	\$ 601.79	\$ 0.00	\$ 0.00
ABD Non-Dual 21+ M&F	246,727	1,133.79	1,111.11	-	-
Breast and Cervical Cancer	2,694	1,673.60	1,640.13	-	-
Residential Care Facility	8,517	1,771.78	1,736.34	-	-
Dual Eligible 0-64 M&F	315,371	\$ 443.28	\$ 434.41	\$ 0.00	\$ 0.00
Dual Eligible 65+ M&F	71,746	222.43	217.98	-	-

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

Capitation Rate Cell	Member Months	Base Medical Capitation		LTSS Capitation	
		Gross	Net	Gross	Net
Custodial Care Nursing Facility 65+	122,793	\$ 123.12	\$ 120.66	\$ 4,171.46	\$ 4,088.03
Hospice 65+	7,556	123.12	120.66	3,132.49	3,069.84
Elderly HCBS Waiver	105,822	242.00	237.16	1,107.37	1,085.22
LTSS blended with actual membership mix	236,171				\$ 2,709.97
LTSS blended with 3.25% rebalanced membership					\$ 2,612.38
Custodial Care Nursing Facility <65	20,745	\$ 784.97	\$ 769.27	\$ 4,750.26	\$ 4,655.25
Hospice <65	1,831	784.97	769.27	3,040.07	2,979.27
Non-Dual Skilled Nursing Facility	947	2,480.86	2,431.24	22,597.34	22,145.39
Dual HCBS Waivers: PD; H&D	17,055	354.55	347.46	1,202.02	1,177.98
Non-Dual HCBS Waivers: PD; H&D; AIDS	17,027	1,577.44	1,545.89	1,672.82	1,639.36
Brain Injury HCBS Waiver	14,011	801.75	785.71	2,583.43	2,531.76
LTSS blended with actual membership mix	71,616				\$ 2,883.10
LTSS blended with 2.25% rebalanced membership					\$ 2,818.48
ICF/MR	18,095	\$ 476.07	\$ 466.55	\$ 10,202.86	\$ 9,998.80
State Resource Center	4,880	178.36	174.79	25,769.28	25,253.89
Intellectual Disability HCBS Waiver	140,989	518.84	508.46	3,322.69	3,256.24
LTSS blended with actual membership mix	163,964				\$ 4,655.05
LTSS blended with 1.0% rebalanced membership					\$ 4,557.12
Children in a Psychiatric Mental Institute (PMIC)	5,793	\$ 566.97	\$ 555.63	\$ 5,670.40	\$ 5,556.99
Children's Mental Health HCBS Waiver	9,391	944.57	925.68	1,042.81	1,021.95
LTSS blended with actual membership mix	15,184				\$ 2,752.16
LTSS blended with 3.0% rebalanced membership					\$ 2,616.11

APPENDIX B

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	796.9	\$ 2,242.19	\$ 148.90
Psychiatric/SUD	0.5	1,680.00	0.07	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	0.4	1,800.00	0.06
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	5,246.8	837.86	366.34	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	5,071.5	823.78	348.15
Other Newborn	9,329.2	1,346.56	1,046.86	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	9,017.5	1,323.95	994.89
Subtotal	15,619.0	\$ 1,235.01	\$ 1,607.47							14,886.3	\$ 1,202.72	\$ 1,492.00
Outpatient Hospital												
Emergency Room	1,256.8	\$ 82.21	\$ 8.61	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	987.5	\$ 88.47	\$ 7.28
General	6,869.5	47.65	27.28	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	5,571.5	51.52	23.92
Subtotal	8,126.3	\$ 53.00	\$ 35.89							6,559.0	\$ 57.08	\$ 31.20
Ancillary												
Pharmacy	2,371.0	\$ 55.82	\$ 11.03	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	2,103.3	\$ 60.42	\$ 10.59
DME/Supplies/Prosthetics	362.3	216.28	6.53	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	317.2	228.88	6.05
Ambulance	186.8	143.90	2.24	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	163.5	167.34	2.28
Non-Emergency Transportation	72.6	34.71	0.21	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	63.6	35.85	0.19
Home Health/Hospice	1,430.1	83.41	9.94	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	1,252.0	90.10	9.40
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	5.6	85.71	0.04	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	4.9	97.96	0.04
Other Ancillary	351.1	31.44	0.92	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	307.4	33.18	0.85
Subtotal	4,779.5	\$ 77.61	\$ 30.91							4,211.9	\$ 83.76	\$ 29.40
Professional												
Surgery	1,750.3	\$ 194.44	\$ 28.36	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,524.8	\$ 197.14	\$ 25.05
Anesthesia	75.3	524.30	3.29	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	65.6	532.32	2.91
Inpatient Visits	11,614.6	175.60	169.96	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	9,505.1	179.80	142.42
Urgent Care/Emergency Room	1,019.7	67.67	5.75	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	834.5	68.88	4.79
Office/Home Visits	3,725.0	67.07	20.82	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	4,090.8	68.00	23.18
Preventive Care	13,920.9	69.80	80.97	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	15,141.0	70.76	89.28
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	0.8	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.7	-	-
Lab/Path/Rad	5,097.8	14.57	6.19	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	4,441.1	14.78	5.47
Office Adm. Drugs	39.7	30.23	0.10	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	34.6	31.21	0.09
Clinic	2,776.6	161.38	37.34	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	2,418.9	163.61	32.98
Psych/SUD	0.3	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Physical Therapy	11.6	41.38	0.04	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	10.1	47.52	0.04
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,395.4	51.34	5.97	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,215.6	52.02	5.27
Subtotal	41,428.0	\$ 103.93	\$ 358.79							39,283.1	\$ 101.26	\$ 331.48
Total Medical	69,952.8	\$ 348.76	\$ 2,033.06							64,940.3	\$ 348.15	\$ 1,884.08
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	5.9	61.02	0.03	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	5.4	66.67	0.03
Intermediate Care	-	-	-	0.9863	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	609.2	\$ 2,876.10	\$ 146.01
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	11,878.7	1,131.66	1,120.22	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	11,481.8	1,112.66	1,064.61
Subtotal	12,565.0	\$ 1,227.63	\$ 1,285.43							12,091.0	\$ 1,201.51	\$ 1,210.62
Outpatient Hospital												
Emergency Room	1,610.2	\$ 120.21	\$ 16.13	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,305.9	\$ 129.01	\$ 14.04
General	7,333.9	51.56	31.51	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	6,877.5	55.31	31.70
Subtotal	8,944.1	\$ 63.92	\$ 47.64							8,183.4	\$ 67.07	\$ 45.74
Ancillary												
Pharmacy	2,656.4	\$ 53.58	\$ 11.86	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	2,558.4	\$ 57.97	\$ 12.36
DME/Supplies/Prosthetics	530.0	139.92	6.18	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	489.8	148.22	6.05
Ambulance	136.4	75.66	0.86	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	126.0	88.57	0.93
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	398.8	94.78	3.15	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	368.5	102.58	3.15
Chiropractic Services	284.3	29.55	0.70	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	262.7	31.06	0.68
Podiatry	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	16.7	50.30	0.07	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	15.4	54.55	0.07
Other Ancillary	66.9	34.08	0.19	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	61.8	36.89	0.19
Subtotal	4,089.5	\$ 67.52	\$ 23.01							3,882.6	\$ 72.42	\$ 23.43
Professional												
Surgery	1,934.3	\$ 128.23	\$ 20.67	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,889.4	\$ 130.01	\$ 20.47
Anesthesia	88.5	409.49	3.02	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	86.4	415.28	2.99
Inpatient Visits	14,298.2	159.67	190.25	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	13,588.6	162.28	183.76
Urgent Care/Emergency Room	1,399.4	71.69	8.36	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	1,182.2	72.88	7.18
Office/Home Visits	5,053.8	63.26	26.64	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	5,496.7	64.14	29.38
Preventive Care	19,250.7	62.20	99.79	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	20,429.8	63.06	107.36
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	5,883.7	13.42	6.58	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	5,591.7	13.61	6.34
Office Adm. Drugs	41.0	5.85	0.02	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	40.0	6.00	0.02
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	20.5	52.68	0.09	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	20.0	54.00	0.09
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,636.7	44.65	6.09	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,598.7	45.26	6.03
Subtotal	49,606.8	\$ 87.45	\$ 361.51							49,923.5	\$ 87.40	\$ 363.62
Total Medical	75,205.4	\$ 274.06	\$ 1,717.59							74,080.5	\$ 266.21	\$ 1,643.41

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	193.3	\$ 1,946.20	\$ 31.35
Psychiatric/SUD	0.2	2,400.00	0.04	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	0.2	1,800.00	0.03
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	0.2	600.00	0.01	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	0.2	600.00	0.01
Other Newborn	0.9	1,466.67	0.11	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	0.9	1,333.33	0.10
Subtotal	254.2	\$ 1,937.84	\$ 41.05							194.6	\$ 1,941.83	\$ 31.49
Outpatient Hospital												
Emergency Room	1,608.6	\$ 96.23	\$ 12.90	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,263.9	\$ 103.49	\$ 10.90
General	6,189.7	58.98	30.42	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	5,020.1	63.75	26.67
Subtotal	7,798.3	\$ 66.66	\$ 43.32							6,284.0	\$ 71.74	\$ 37.57
Ancillary												
Pharmacy	5,194.2	\$ 53.83	\$ 23.30	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	4,607.7	\$ 58.26	\$ 22.37
DME/Supplies/Prosthetics	631.9	103.31	5.44	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	553.2	109.33	5.04
Ambulance	60.4	95.36	0.48	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	52.9	111.15	0.49
Non-Emergency Transportation	43.9	38.27	0.14	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	38.4	40.63	0.13
Home Health/Hospice	996.3	59.02	4.90	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	872.2	63.70	4.63
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	32.3	59.44	0.16	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	28.3	63.60	0.15
Other Ancillary	350.5	29.79	0.87	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	306.9	31.67	0.81
Subtotal	7,309.5	\$ 57.94	\$ 35.29							6,459.6	\$ 62.46	\$ 33.62
Professional												
Surgery	224.6	\$ 250.58	\$ 4.69	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	195.7	\$ 253.86	\$ 4.14
Anesthesia	95.2	224.37	1.78	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	82.9	227.26	1.57
Inpatient Visits	499.5	163.36	6.80	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	408.8	167.32	5.70
Urgent Care/Emergency Room	1,102.6	63.56	5.84	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	902.3	64.77	4.87
Office/Home Visits	3,965.6	66.18	21.87	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	4,355.0	67.10	24.35
Preventive Care	6,456.4	51.06	27.47	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	7,022.3	51.76	30.29
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	8.9	53.93	0.04	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	7.8	61.54	0.04
Lab/Path/Rad	2,222.4	15.93	2.95	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,936.1	16.18	2.61
Office Adm. Drugs	184.4	27.33	0.42	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	160.6	27.65	0.37
Clinic	1,609.3	161.36	21.64	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,402.0	163.57	19.11
Psych/SUD	1.0	120.00	0.01	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.9	133.33	0.01
Physical Therapy	33.5	35.82	0.10	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	29.2	36.99	0.09
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	748.4	57.08	3.56	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	652.0	57.79	3.14
Subtotal	17,151.8	\$ 67.98	\$ 97.17							17,155.6	\$ 67.35	\$ 96.29
Total Medical	32,513.8	\$ 80.03	\$ 216.83							30,093.8	\$ 79.34	\$ 198.97
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	8.0	75.00	0.05	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	7.3	82.19	0.05
Intermediate Care	-	-	-	0.9863	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	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	211.7	\$ 1,681.81	\$ 29.67
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	238.5	\$ 1,689.06	\$ 33.57							211.7	\$ 1,681.81	\$ 29.67
Outpatient Hospital												
Emergency Room	2,026.2	\$ 113.30	\$ 19.13	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,643.3	\$ 121.58	\$ 16.65
General	6,563.7	69.25	37.88	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	6,155.3	74.30	38.11
Subtotal	8,589.9	\$ 79.64	\$ 57.01							7,798.6	\$ 84.26	\$ 54.76
Ancillary												
Pharmacy	4,912.2	\$ 72.77	\$ 29.79	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	4,731.0	\$ 78.76	\$ 31.05
DME/Supplies/Prosthetics	647.2	105.13	5.67	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	598.1	111.35	5.55
Ambulance	72.3	73.03	0.44	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	66.8	84.43	0.47
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	119.1	96.73	0.96	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	110.1	104.63	0.96
Chiropractic Services	261.3	30.31	0.66	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	241.5	32.30	0.65
Podiatry	1.0	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	0.9	-	-
Vision	25.9	50.97	0.11	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	23.9	55.23	0.11
Other Ancillary	98.3	29.30	0.24	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	90.8	30.40	0.23
Subtotal	6,137.3	\$ 74.05	\$ 37.87							5,863.1	\$ 79.86	\$ 39.02
Professional												
Surgery	219.4	\$ 164.63	\$ 3.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	214.3	\$ 166.87	\$ 2.98
Anesthesia	90.8	190.31	1.44	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	88.7	193.46	1.43
Inpatient Visits	623.9	143.10	7.44	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	592.9	145.52	7.19
Urgent Care/Emergency Room	1,449.1	70.14	8.47	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	1,224.2	71.26	7.27
Office/Home Visits	5,116.9	62.31	26.57	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	5,565.4	63.18	29.30
Preventive Care	9,678.3	48.43	39.06	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	10,271.1	49.09	42.02
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	3.1	38.71	0.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	3.0	40.00	0.01
Lab/Path/Rad	3,008.2	13.44	3.37	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	2,858.9	13.64	3.25
Office Adm. Drugs	216.4	7.76	0.14	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	211.4	7.95	0.14
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	42.9	36.36	0.13	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	41.9	37.23	0.13
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,164.1	46.90	4.55	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,137.1	47.59	4.51
Subtotal	21,613.1	\$ 52.30	\$ 94.19							22,208.9	\$ 53.08	\$ 98.23
Total Medical	36,578.8	\$ 73.04	\$ 222.64							36,082.3	\$ 73.72	\$ 221.68

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	50.0	\$ 2,040.00	\$ 8.50
Psychiatric/SUD	0.1	2,400.00	0.02	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	0.1	2,400.00	0.02
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	65.5	\$ 2,035.42	\$ 11.11							50.1	\$ 2,040.72	\$ 8.52
Outpatient Hospital												
Emergency Room	1,087.7	\$ 102.71	\$ 9.31	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	854.6	\$ 110.51	\$ 7.87
General	4,570.8	80.73	30.75	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	3,707.1	87.27	26.96
Subtotal	5,658.5	\$ 84.96	\$ 40.06							4,561.7	\$ 91.62	\$ 34.83
Ancillary												
Pharmacy	3,733.3	\$ 37.90	\$ 11.79	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	3,311.8	\$ 41.02	\$ 11.32
DME/Supplies/Prosthetics	228.5	85.08	1.62	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	200.0	90.00	1.50
Ambulance	39.9	87.22	0.29	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	34.9	103.15	0.30
Non-Emergency Transportation	26.0	41.54	0.09	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	22.8	42.11	0.08
Home Health/Hospice	182.5	80.88	1.23	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	159.8	87.11	1.16
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	225.5	41.51	0.78	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	197.4	43.77	0.72
Other Ancillary	256.1	28.58	0.61	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	224.2	30.51	0.57
Subtotal	4,691.8	\$ 41.97	\$ 16.41							4,150.9	\$ 45.24	\$ 15.65
Professional												
Surgery	243.7	\$ 224.05	\$ 4.55	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	212.3	\$ 227.23	\$ 4.02
Anesthesia	112.0	202.50	1.89	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	97.6	205.33	1.67
Inpatient Visits	90.8	116.30	0.88	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	74.3	119.52	0.74
Urgent Care/Emergency Room	682.6	61.53	3.50	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	558.6	62.73	2.92
Office/Home Visits	2,629.2	63.30	13.87	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	2,887.4	64.17	15.44
Preventive Care	1,620.6	54.87	7.41	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	1,762.6	55.62	8.17
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	20.2	89.11	0.15	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	17.6	88.64	0.13
Lab/Path/Rad	1,739.3	14.76	2.14	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,515.2	14.97	1.89
Office Adm. Drugs	78.3	19.92	0.13	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	68.2	19.35	0.11
Clinic	804.3	160.09	10.73	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	700.7	162.35	9.48
Psych/SUD	4.1	58.54	0.02	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	3.6	66.67	0.02
Physical Therapy	22.6	42.48	0.08	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	19.7	42.64	0.07
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	326.2	49.29	1.34	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	284.2	49.82	1.18
Subtotal	8,373.9	\$ 66.91	\$ 46.69							8,202.0	\$ 67.07	\$ 45.84
Total Medical	18,789.7	\$ 72.98	\$ 114.27							16,964.7	\$ 74.16	\$ 104.84
Category of Service - Iowa Plan for BH												
Inpatient Treatment	1.0	\$ 480.00	\$ 0.04	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	0.9	\$ 533.33	\$ 0.04
Outpatient Treatment	462.5	78.88	3.04	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	422.0	78.77	2.77
Intermediate Care	-	-	-	0.9863	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							422.9	\$ 122.30	\$ 4.31
Short Term Institutional / HCBS	0.2	\$ 600.00	\$ 0.01	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	77.3	\$ 1,788.36	\$ 11.52
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	87.1	\$ 1,795.18	\$ 13.03							77.3	\$ 1,788.36	\$ 11.52
Outpatient Hospital												
Emergency Room	1,345.5	\$ 111.75	\$ 12.53	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,091.3	\$ 119.86	\$ 10.90
General	4,548.5	69.44	26.32	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	4,265.5	74.50	26.48
Subtotal	5,894.0	\$ 79.10	\$ 38.85							5,356.8	\$ 83.74	\$ 37.38
Ancillary												
Pharmacy	3,558.6	\$ 31.53	\$ 9.35	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	3,427.4	\$ 34.14	\$ 9.75
DME/Supplies/Prosthetics	148.4	78.44	0.97	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	137.1	83.15	0.95
Ambulance	51.6	67.44	0.29	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	47.7	77.99	0.31
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.0	84.00	0.07	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	9.2	91.30	0.07
Chiropractic Services	167.4	30.82	0.43	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	154.7	32.58	0.42
Podiatry	4.4	54.55	0.02	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	4.1	58.54	0.02
Vision	212.6	38.95	0.69	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	196.5	41.53	0.68
Other Ancillary	128.6	27.99	0.30	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	118.8	29.29	0.29
Subtotal	4,281.6	\$ 33.97	\$ 12.12							4,095.5	\$ 36.60	\$ 12.49
Professional												
Surgery	238.3	\$ 141.00	\$ 2.80	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	232.8	\$ 142.78	\$ 2.77
Anesthesia	100.8	201.19	1.69	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	98.5	203.45	1.67
Inpatient Visits	108.6	104.97	0.95	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	103.2	106.98	0.92
Urgent Care/Emergency Room	974.0	67.39	5.47	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	822.8	68.55	4.70
Office/Home Visits	3,157.0	62.30	16.39	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	3,433.7	63.15	18.07
Preventive Care	2,323.0	54.71	10.59	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	2,465.3	55.44	11.39
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	14.2	50.70	0.06	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	13.9	51.80	0.06
Lab/Path/Rad	2,638.0	12.83	2.82	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	2,507.1	13.02	2.72
Office Adm. Drugs	96.0	11.25	0.09	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	93.8	11.51	0.09
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	0.1	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Physical Therapy	52.0	39.23	0.17	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	50.8	40.16	0.17
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	453.8	45.75	1.73	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	443.3	46.29	1.71
Subtotal	10,155.8	\$ 50.52	\$ 42.76							10,265.3	\$ 51.75	\$ 44.27
Total Medical	20,418.5	\$ 62.74	\$ 106.76							19,794.9	\$ 64.05	\$ 105.66

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	27.2	\$ 2,355.88	\$ 5.34
Psychiatric/SUD	0.3	1,200.00	0.03	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	0.3	1,200.00	0.03
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	35.9	\$ 2,339.83	\$ 7.00							27.5	\$ 2,343.27	\$ 5.37
Outpatient Hospital												
Emergency Room	531.8	\$ 112.82	\$ 5.00	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	417.8	\$ 121.49	\$ 4.23
General	2,623.9	79.58	17.40	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	2,128.1	85.99	15.25
Subtotal	3,155.7	\$ 85.18	\$ 22.40							2,545.9	\$ 91.82	\$ 19.48
Ancillary												
Pharmacy	5,374.5	\$ 74.62	\$ 33.42	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	4,767.6	\$ 80.77	\$ 32.09
DME/Supplies/Prosthetics	141.3	109.55	1.29	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	123.7	116.41	1.20
Ambulance	20.1	89.55	0.15	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	17.6	102.27	0.15
Non-Emergency Transportation	19.9	42.21	0.07	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	17.4	41.38	0.06
Home Health/Hospice	65.1	35.02	0.19	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	57.0	37.89	0.18
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	887.6	35.15	2.60	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	777.1	37.22	2.41
Other Ancillary	280.2	29.98	0.70	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	245.3	31.80	0.65
Subtotal	6,788.7	\$ 67.91	\$ 38.42							6,005.7	\$ 73.41	\$ 36.74
Professional												
Surgery	178.9	\$ 191.84	\$ 2.86	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	155.9	\$ 194.74	\$ 2.53
Anesthesia	45.6	218.42	0.83	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	39.7	220.65	0.73
Inpatient Visits	43.7	98.86	0.36	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	35.8	100.56	0.30
Urgent Care/Emergency Room	319.2	64.29	1.71	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	261.2	65.70	1.43
Office/Home Visits	1,537.8	69.22	8.87	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	1,688.8	70.20	9.88
Preventive Care	635.0	52.91	2.80	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	690.7	53.68	3.09
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.3	-	-
Allergy/Immunotherapy	71.4	65.55	0.39	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	62.2	65.59	0.34
Lab/Path/Rad	1,183.3	17.75	1.75	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,030.9	18.04	1.55
Office Adm. Drugs	40.1	71.82	0.24	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	34.9	72.21	0.21
Clinic	510.6	159.11	6.77	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	444.8	161.33	5.98
Psych/SUD	2.0	60.00	0.01	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1.7	70.59	0.01
Physical Therapy	89.3	33.59	0.25	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	77.8	33.93	0.22
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	154.6	48.12	0.62	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	134.7	49.00	0.55
Subtotal	4,811.8	\$ 68.48	\$ 27.46							4,659.4	\$ 69.07	\$ 26.82
Total Medical	14,792.1	\$ 77.30	\$ 95.28							13,238.5	\$ 80.14	\$ 88.41
Category of Service - Iowa Plan for BH												
Inpatient Treatment	24.7	\$ 1,583.81	\$ 3.26	0.9863	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	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	3,849.4	81.08	26.01
Intermediate Care	2.8	257.14	0.06	0.9863	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							3,873.9	\$ 94.32	\$ 30.45
Short Term Institutional / HCBS	3.5	\$ 480.00	\$ 0.14	1.0138	1.0138	1.0000	1.0000	1.0000	1.0109	3.5	\$ 514.29	\$ 0.15

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
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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	23.3	\$ 2,549.36	\$ 4.95
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	26.3	\$ 2,555.13	\$ 5.60							23.3	\$ 2,549.36	\$ 4.95
Outpatient Hospital												
Emergency Room	650.4	\$ 117.90	\$ 6.39	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	527.5	\$ 126.48	\$ 5.56
General	2,670.2	60.13	13.38	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	2,504.0	64.50	13.46
Subtotal	3,320.6	\$ 71.44	\$ 19.77							3,031.5	\$ 75.29	\$ 19.02
Ancillary												
Pharmacy	4,855.1	\$ 74.72	\$ 30.23	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	4,676.0	\$ 80.86	\$ 31.51
DME/Supplies/Prosthetics	98.0	101.63	0.83	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	90.6	107.28	0.81
Ambulance	20.9	63.16	0.11	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	19.3	74.61	0.12
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	1.3	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	1.2	-	-
Chiropractic Services	264.6	31.29	0.69	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	244.5	33.37	0.68
Podiatry	23.5	66.38	0.13	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	21.7	71.89	0.13
Vision	817.5	34.50	2.35	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	755.5	36.53	2.30
Other Ancillary	65.0	27.69	0.15	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	60.1	29.95	0.15
Subtotal	6,145.9	\$ 67.34	\$ 34.49							5,868.9	\$ 72.99	\$ 35.70
Professional												
Surgery	189.3	\$ 125.52	\$ 1.98	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	184.9	\$ 127.20	\$ 1.96
Anesthesia	42.0	205.71	0.72	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	41.0	207.80	0.71
Inpatient Visits	39.1	98.21	0.32	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	37.2	100.00	0.31
Urgent Care/Emergency Room	466.2	68.98	2.68	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	393.8	70.09	2.30
Office/Home Visits	1,761.7	63.82	9.37	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	1,916.1	64.69	10.33
Preventive Care	895.1	54.56	4.07	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	949.9	55.33	4.38
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	109.09	0.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1.1	109.09	0.01
Allergy/Immunotherapy	78.0	36.92	0.24	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	76.2	37.80	0.24
Lab/Path/Rad	1,640.9	15.80	2.16	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	1,559.5	16.01	2.08
Office Adm. Drugs	39.7	18.14	0.06	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	38.8	18.56	0.06
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	0.8	150.00	0.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	127.0	31.18	0.33	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	124.0	31.94	0.33
Family Planning	0.1	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	0.1	-	-
Other Professional	155.2	44.07	0.57	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	151.6	44.33	0.56
Subtotal	5,436.2	\$ 49.71	\$ 22.52							5,475.0	\$ 51.02	\$ 23.28
Total Medical	14,929.0	\$ 66.22	\$ 82.38							14,398.7	\$ 69.13	\$ 82.95

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	50.1	\$ 2,301.80	\$ 9.61
Psychiatric/SUD	0.9	1,733.33	0.13	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	0.8	1,650.00	0.11
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	11.7	1,312.82	1.28	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	11.3	1,295.58	1.22
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	78.1	\$ 2,143.41	\$ 13.95							62.2	\$ 2,110.61	\$ 10.94
Outpatient Hospital												
Emergency Room	1,239.1	\$ 107.98	\$ 11.15	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	973.6	\$ 116.11	\$ 9.42
General	8,835.4	62.05	45.69	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	7,165.9	67.08	40.06
Subtotal	10,074.5	\$ 67.70	\$ 56.84							8,139.5	\$ 72.95	\$ 49.48
Ancillary												
Pharmacy	9,105.5	\$ 46.51	\$ 35.29	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	8,077.3	\$ 50.33	\$ 33.88
DME/Supplies/Prosthetics	158.0	126.08	1.66	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	138.3	133.62	1.54
Ambulance	90.9	80.53	0.61	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	79.6	93.47	0.62
Non-Emergency Transportation	28.5	33.68	0.08	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	25.0	33.60	0.07
Home Health/Hospice	58.7	59.28	0.29	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	51.4	63.04	0.27
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,068.7	34.36	3.06	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	935.6	36.43	2.84
Other Ancillary	679.3	31.80	1.80	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	594.7	33.70	1.67
Subtotal	11,189.6	\$ 45.89	\$ 42.79							9,901.9	\$ 49.55	\$ 40.89
Professional												
Surgery	290.2	\$ 208.41	\$ 5.04	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	252.8	\$ 211.23	\$ 4.45
Anesthesia	55.5	250.81	1.16	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	48.4	252.89	1.02
Inpatient Visits	112.9	88.22	0.83	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	92.4	90.91	0.70
Urgent Care/Emergency Room	722.3	76.26	4.59	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	591.1	77.75	3.83
Office/Home Visits	2,334.7	68.62	13.35	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	2,564.0	69.55	14.86
Preventive Care	607.6	53.32	2.70	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	660.9	54.11	2.98
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	145.5	171.55	2.08	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	126.8	174.13	1.84
Allergy/Immunotherapy	76.8	64.06	0.41	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	66.9	64.57	0.36
Lab/Path/Rad	3,900.3	26.40	8.58	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	3,397.8	26.77	7.58
Office Adm. Drugs	634.4	30.08	1.59	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	552.7	30.40	1.40
Clinic	880.7	161.87	11.88	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	767.2	164.08	10.49
Psych/SUD	28.9	49.83	0.12	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	25.2	52.38	0.11
Physical Therapy	397.0	31.44	1.04	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	345.9	31.92	0.92
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	351.0	117.95	3.45	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	305.8	119.69	3.05
Subtotal	10,537.8	\$ 64.70	\$ 56.82							9,797.9	\$ 65.63	\$ 53.59
Total Medical	31,880.0	\$ 64.14	\$ 170.40							27,901.5	\$ 66.62	\$ 154.90
Category of Service - Iowa Plan for BH												
Inpatient Treatment	85.9	\$ 1,779.74	\$ 12.74	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	76.3	\$ 1,778.77	\$ 11.31
Outpatient Treatment	4,858.8	96.54	39.09	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	4,432.9	96.53	35.66
Intermediate Care	53.5	379.07	1.69	0.9863	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							4,558.0	\$ 131.66	\$ 50.01
Short Term Institutional / HCBS	20.7	\$ 771.01	\$ 1.33	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	54.7	\$ 2,360.51	\$ 10.76
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	12.2	1,357.38	1.38	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	11.8	1,332.20	1.31
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	73.8	\$ 2,203.25	\$ 13.55							66.5	\$ 2,178.05	\$ 12.07
Outpatient Hospital												
Emergency Room	1,815.8	\$ 118.29	\$ 17.90	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,472.7	\$ 126.95	\$ 15.58
General	10,557.4	49.60	43.64	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	9,900.5	53.22	43.91
Subtotal	12,373.2	\$ 59.68	\$ 61.54							11,373.2	\$ 62.77	\$ 59.49
Ancillary												
Pharmacy	8,091.4	\$ 40.96	\$ 27.62	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	7,793.0	\$ 44.33	\$ 28.79
DME/Supplies/Prosthetics	134.2	93.89	1.05	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	124.0	99.68	1.03
Ambulance	129.5	61.16	0.66	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	119.7	71.18	0.71
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	10.1	95.05	0.08	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	9.3	103.23	0.08
Chiropractic Services	705.0	31.49	1.85	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	651.5	33.34	1.81
Podiatry	45.8	75.98	0.29	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	42.3	79.43	0.28
Vision	957.2	33.72	2.69	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	884.6	35.68	2.63
Other Ancillary	84.8	29.72	0.21	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	78.4	32.14	0.21
Subtotal	10,158.0	\$ 40.70	\$ 34.45							9,702.8	\$ 43.95	\$ 35.54
Professional												
Surgery	355.4	\$ 158.69	\$ 4.70	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	347.1	\$ 160.76	\$ 4.65
Anesthesia	60.1	229.62	1.15	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	58.7	233.05	1.14
Inpatient Visits	140.3	81.25	0.95	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	133.3	82.82	0.92
Urgent Care/Emergency Room	1,141.1	81.18	7.72	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	964.0	82.53	6.63
Office/Home Visits	2,832.7	60.62	14.31	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	3,081.0	61.46	15.78
Preventive Care	849.0	52.01	3.68	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	901.0	52.74	3.96
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	296.4	223.48	5.52	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	289.5	226.74	5.47
Allergy/Immunotherapy	22.3	53.81	0.10	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	21.8	55.05	0.10
Lab/Path/Rad	6,004.2	22.94	11.48	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	5,706.2	23.26	11.06
Office Adm. Drugs	852.6	26.88	1.91	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	832.8	27.23	1.89
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	37.4	51.34	0.16	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	36.5	52.60	0.16
Physical Therapy	618.4	28.53	1.47	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	604.0	29.01	1.46
Family Planning	8.3	14.46	0.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	8.1	14.81	0.01
Other Professional	345.7	145.79	4.20	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	337.7	147.82	4.16
Subtotal	13,563.9	\$ 50.75	\$ 57.36							13,321.7	\$ 51.70	\$ 57.39
Total Medical	36,168.9	\$ 55.37	\$ 166.90							34,464.2	\$ 57.27	\$ 164.49

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 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	67.0	\$ 2,217.31	\$ 12.38
Psychiatric/SUD	4.2	1,142.86	0.40	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	3.6	1,133.33	0.34
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	91.8	\$ 2,163.40	\$ 16.55							70.6	\$ 2,162.04	\$ 12.72
Outpatient Hospital												
Emergency Room	732.2	\$ 118.66	\$ 7.24	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	575.3	\$ 127.66	\$ 6.12
General	3,729.2	87.82	27.29	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	3,024.6	94.94	23.93
Subtotal	4,461.4	\$ 92.88	\$ 34.53							3,599.9	\$ 100.17	\$ 30.05
Ancillary												
Pharmacy	6,460.3	\$ 80.67	\$ 43.43	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	5,730.8	\$ 87.32	\$ 41.70
DME/Supplies/Prosthetics	151.3	145.14	1.83	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	132.5	153.96	1.70
Ambulance	64.1	84.24	0.45	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	56.1	98.40	0.46
Non-Emergency Transportation	19.9	48.24	0.08	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	17.4	48.28	0.07
Home Health/Hospice	37.1	61.46	0.19	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	32.5	66.46	0.18
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.1	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	793.4	34.33	2.27	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	694.6	36.28	2.10
Other Ancillary	450.0	31.47	1.18	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	394.0	33.20	1.09
Subtotal	7,976.2	\$ 74.37	\$ 49.43							7,058.0	\$ 80.42	\$ 47.30
Professional												
Surgery	233.3	\$ 229.92	\$ 4.47	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	203.2	\$ 233.27	\$ 3.95
Anesthesia	44.3	260.05	0.96	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	38.6	264.25	0.85
Inpatient Visits	96.2	88.57	0.71	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	78.7	89.96	0.59
Urgent Care/Emergency Room	414.7	71.47	2.47	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	339.4	72.83	2.06
Office/Home Visits	1,356.4	69.71	7.88	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	1,489.6	70.65	8.77
Preventive Care	425.4	55.29	1.96	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	462.7	56.02	2.16
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	50.6	59.29	0.25	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	44.1	59.86	0.22
Lab/Path/Rad	1,599.1	26.11	3.48	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,393.1	26.44	3.07
Office Adm. Drugs	51.7	62.67	0.27	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	45.0	64.00	0.24
Clinic	448.7	156.72	5.86	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	390.9	159.02	5.18
Psych/SUD	5.6	64.29	0.03	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	4.9	73.47	0.03
Physical Therapy	344.8	29.93	0.86	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	300.4	30.36	0.76
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	178.8	44.30	0.66	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	155.8	44.67	0.58
Subtotal	5,249.6	\$ 68.26	\$ 29.86							4,946.4	\$ 69.04	\$ 28.46
Total Medical	17,779.0	\$ 87.99	\$ 130.37							15,674.9	\$ 90.74	\$ 118.53
Category of Service - Iowa Plan for BH												
Inpatient Treatment	65.6	\$ 1,825.61	\$ 9.98	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	58.2	\$ 1,826.80	\$ 8.86
Outpatient Treatment	7,573.8	93.75	59.17	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	6,909.9	93.74	53.98
Intermediate Care	90.6	284.77	2.15	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	82.7	284.40	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							7,050.8	\$ 112.84	\$ 66.30
Short Term Institutional / HCBS	13.6	\$ 855.88	\$ 0.97	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	93.0	\$ 2,845.16	\$ 22.05
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	104.8	\$ 2,856.87	\$ 24.95							93.0	\$ 2,845.16	\$ 22.05
Outpatient Hospital												
Emergency Room	933.5	\$ 121.99	\$ 9.49	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	757.1	\$ 130.92	\$ 8.26
General	3,782.8	75.34	23.75	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	3,547.4	80.85	23.90
Subtotal	4,716.3	\$ 84.57	\$ 33.24							4,304.5	\$ 89.66	\$ 32.16
Ancillary												
Pharmacy	4,914.8	\$ 81.87	\$ 33.53	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	4,733.5	\$ 88.60	\$ 34.95
DME/Supplies/Prosthetics	104.9	120.11	1.05	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	96.9	127.55	1.03
Ambulance	79.2	60.61	0.40	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	73.2	70.49	0.43
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	350.0	31.54	0.92	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	323.4	33.40	0.90
Podiatry	35.8	67.04	0.20	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	33.1	72.51	0.20
Vision	622.1	33.95	1.76	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	574.9	35.90	1.72
Other Ancillary	29.9	28.09	0.07	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	27.6	30.43	0.07
Subtotal	6,136.7	\$ 74.17	\$ 37.93							5,862.6	\$ 80.44	\$ 39.30
Professional												
Surgery	270.9	\$ 166.56	\$ 3.76	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	264.6	\$ 168.71	\$ 3.72
Anesthesia	48.3	243.48	0.98	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	47.2	246.61	0.97
Inpatient Visits	90.3	115.61	0.87	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	85.8	117.48	0.84
Urgent Care/Emergency Room	589.2	74.75	3.67	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	497.7	75.95	3.15
Office/Home Visits	1,406.1	63.84	7.48	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	1,529.3	64.74	8.25
Preventive Care	577.9	54.20	2.61	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	613.3	54.98	2.81
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	49.1	43.99	0.18	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	48.0	45.00	0.18
Lab/Path/Rad	1,826.1	23.53	3.58	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	1,735.5	23.85	3.45
Office Adm. Drugs	25.6	14.06	0.03	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	25.0	14.40	0.03
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	0.4	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Physical Therapy	589.2	29.12	1.43	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	575.5	29.61	1.42
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	147.8	45.47	0.56	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	144.4	45.71	0.55
Subtotal	5,620.9	\$ 53.69	\$ 25.15							5,566.7	\$ 54.69	\$ 25.37
Total Medical	16,578.7	\$ 87.78	\$ 121.27							15,826.8	\$ 90.14	\$ 118.88

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: 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	93.2	\$ 2,685.84	\$ 20.86
Psychiatric/SUD	1.6	600.00	0.08	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	1.4	600.00	0.07
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	28.7	1,459.23	3.49	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	27.7	1,438.27	3.32
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	0.5	480.00	0.02	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	0.5	480.00	0.02
Subtotal	152.7	\$ 2,419.65	\$ 30.79							122.8	\$ 2,371.66	\$ 24.27
Outpatient Hospital												
Emergency Room	2,358.5	\$ 100.74	\$ 19.80	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,853.1	\$ 108.34	\$ 16.73
General	16,774.1	63.84	89.24	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	13,604.6	69.01	78.24
Subtotal	19,132.6	\$ 68.39	\$ 109.04							15,457.7	\$ 73.73	\$ 94.97
Ancillary												
Pharmacy	13,809.7	\$ 40.14	\$ 46.19	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	12,250.4	\$ 43.44	\$ 44.35
DME/Supplies/Prosthetics	254.4	113.21	2.40	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	222.7	119.62	2.22
Ambulance	133.3	76.52	0.85	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	116.7	89.46	0.87
Non-Emergency Transportation	23.4	35.90	0.07	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	20.5	35.12	0.06
Home Health/Hospice	40.4	151.49	0.51	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	35.4	162.71	0.48
Chiropractic Services	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Podiatry	0.3	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	0.3	-	-
Vision	872.3	36.18	2.63	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	763.7	38.34	2.44
Other Ancillary	950.7	31.93	2.53	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	832.3	33.74	2.34
Subtotal	16,084.5	\$ 41.17	\$ 55.18							14,242.0	\$ 44.45	\$ 52.76
Professional												
Surgery	605.9	\$ 228.35	\$ 11.53	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	527.8	\$ 231.45	\$ 10.18
Anesthesia	128.6	235.15	2.52	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	112.0	238.93	2.23
Inpatient Visits	223.5	81.07	1.51	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	182.9	83.32	1.27
Urgent Care/Emergency Room	1,312.3	77.45	8.47	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	1,074.0	78.88	7.06
Office/Home Visits	3,219.5	64.41	17.28	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	3,535.7	65.30	19.24
Preventive Care	655.3	46.51	2.54	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	712.7	47.14	2.80
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	340.2	161.55	4.58	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	296.4	163.97	4.05
Allergy/Immunotherapy	41.3	95.88	0.33	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	36.0	96.67	0.29
Lab/Path/Rad	6,577.4	29.45	16.14	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	5,730.1	29.84	14.25
Office Adm. Drugs	683.9	48.78	2.78	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	595.8	49.55	2.46
Clinic	1,149.2	163.00	15.61	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,001.2	165.28	13.79
Psych/SUD	33.5	50.15	0.14	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	29.2	49.32	0.12
Physical Therapy	432.6	28.29	1.02	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	376.9	28.65	0.90
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	557.7	97.26	4.52	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	485.9	98.54	3.99
Subtotal	15,960.9	\$ 66.89	\$ 88.97							14,696.6	\$ 67.47	\$ 82.63
Total Medical	51,330.7	\$ 66.39	\$ 283.98							44,519.1	\$ 68.63	\$ 254.63
Category of Service - Iowa Plan for BH												
Inpatient Treatment	56.8	\$ 1,231.69	\$ 5.83	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	50.4	\$ 1,233.33	\$ 5.18
Outpatient Treatment	2,577.6	89.20	19.16	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	2,351.6	89.20	17.48
Intermediate Care	129.6	711.11	7.68	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	118.2	711.68	7.01
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							2,520.2	\$ 148.42	\$ 31.17
Short Term Institutional / HCBS	29.7	\$ 347.47	\$ 0.86	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	90.2	\$ 2,366.74	\$ 17.79
Psychiatric/SUD	2.5	1,680.00	0.35	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	2.3	1,721.74	0.33
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	36.1	761.22	2.29	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	34.9	749.57	2.18
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	140.2	\$ 1,948.93	\$ 22.77							127.4	\$ 1,912.09	\$ 20.30
Outpatient Hospital												
Emergency Room	2,798.1	\$ 121.75	\$ 28.39	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	2,269.4	\$ 130.66	\$ 24.71
General	17,500.2	56.93	83.02	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	16,411.2	61.08	83.53
Subtotal	20,298.3	\$ 65.86	\$ 111.41							18,680.6	\$ 69.53	\$ 108.24
Ancillary												
Pharmacy	12,402.8	\$ 40.44	\$ 41.80	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	11,945.4	\$ 43.77	\$ 43.57
DME/Supplies/Prosthetics	242.1	113.51	2.29	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	223.7	120.16	2.24
Ambulance	171.8	57.28	0.82	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	158.8	66.50	0.88
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	8.6	97.67	0.07	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	7.9	106.33	0.07
Chiropractic Services	905.6	32.33	2.44	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	836.9	34.27	2.39
Podiatry	61.4	64.50	0.33	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	56.7	67.72	0.32
Vision	819.7	35.87	2.45	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	757.5	38.02	2.40
Other Ancillary	118.7	32.35	0.32	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	109.7	33.91	0.31
Subtotal	14,730.7	\$ 41.15	\$ 50.52							14,096.6	\$ 44.42	\$ 52.18
Professional												
Surgery	665.8	\$ 160.59	\$ 8.91	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	650.3	\$ 162.76	\$ 8.82
Anesthesia	106.5	236.62	2.10	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	104.0	240.00	2.08
Inpatient Visits	259.0	81.54	1.76	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	246.1	82.89	1.70
Urgent Care/Emergency Room	1,784.1	84.21	12.52	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	1,507.2	85.59	10.75
Office/Home Visits	3,785.9	60.64	19.13	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	4,117.7	61.46	21.09
Preventive Care	995.3	47.86	3.97	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	1,056.3	48.51	4.27
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	533.3	229.74	10.21	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	520.9	232.90	10.11
Allergy/Immunotherapy	35.5	67.61	0.20	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	34.7	69.16	0.20
Lab/Path/Rad	10,239.0	26.05	22.23	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	9,730.8	26.42	21.42
Office Adm. Drugs	833.1	25.64	1.78	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	813.7	25.96	1.76
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	43.9	46.47	0.17	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	42.9	47.55	0.17
Physical Therapy	453.5	27.78	1.05	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	443.0	28.17	1.04
Family Planning	9.5	50.53	0.04	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	9.3	51.61	0.04
Other Professional	552.8	115.27	5.31	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	540.0	116.89	5.26
Subtotal	20,297.2	\$ 52.84	\$ 89.38							19,816.9	\$ 53.72	\$ 88.71
Total Medical	55,466.4	\$ 59.30	\$ 274.08							52,721.5	\$ 61.33	\$ 269.43

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: 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	178.5	\$ 2,336.81	\$ 34.76
Psychiatric/SUD	3.0	920.00	0.23	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	2.6	923.08	0.20
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	236.5	\$ 2,312.22	\$ 45.57							181.1	\$ 2,316.51	\$ 34.96
Outpatient Hospital												
Emergency Room	1,568.3	\$ 105.67	\$ 13.81	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,232.2	\$ 113.65	\$ 11.67
General	7,558.9	79.19	49.88	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	6,130.6	85.60	43.73
Subtotal	9,127.2	\$ 83.74	\$ 63.69							7,362.8	\$ 90.29	\$ 55.40
Ancillary												
Pharmacy	7,903.8	\$ 52.76	\$ 34.75	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	7,011.3	\$ 57.10	\$ 33.36
DME/Supplies/Prosthetics	326.0	139.14	3.78	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	285.4	147.16	3.50
Ambulance	114.2	83.01	0.79	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	100.0	97.20	0.81
Non-Emergency Transportation	0.1	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Home Health/Hospice	41.5	176.39	0.61	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	36.3	191.74	0.58
Chiropractic Services	0.7	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	0.6	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	626.2	37.18	1.94	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	548.2	39.40	1.80
Other Ancillary	660.0	32.00	1.76	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	577.8	33.85	1.63
Subtotal	9,672.5	\$ 54.13	\$ 43.63							8,559.7	\$ 58.43	\$ 41.68
Professional												
Surgery	414.3	\$ 244.46	\$ 8.44	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	360.9	\$ 247.71	\$ 7.45
Anesthesia	82.5	257.45	1.77	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	71.9	260.36	1.56
Inpatient Visits	260.6	89.33	1.94	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	213.3	91.70	1.63
Urgent Care/Emergency Room	861.9	73.79	5.30	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	705.4	75.19	4.42
Office/Home Visits	1,743.2	66.84	9.71	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	1,914.4	67.76	10.81
Preventive Care	226.4	42.40	0.80	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	246.2	42.89	0.88
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.2	600.00	0.01	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.2	600.00	0.01
Allergy/Immunotherapy	18.7	77.01	0.12	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	16.3	80.98	0.11
Lab/Path/Rad	2,493.7	25.26	5.25	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	2,172.4	25.63	4.64
Office Adm. Drugs	232.2	29.46	0.57	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	202.3	29.66	0.50
Clinic	571.0	157.83	7.51	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	497.4	159.95	6.63
Psych/SUD	0.9	133.33	0.01	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	0.8	150.00	0.01
Physical Therapy	279.3	27.93	0.65	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	243.3	28.11	0.57
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	371.0	55.63	1.72	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	323.2	56.44	1.52
Subtotal	7,555.9	\$ 69.56	\$ 43.80							6,968.0	\$ 70.16	\$ 40.74
Total Medical	26,592.1	\$ 88.76	\$ 196.69							23,071.6	\$ 89.87	\$ 172.78
Category of Service - Iowa Plan for BH												
Inpatient Treatment	57.8	\$ 1,060.90	\$ 5.11	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	51.3	\$ 1,061.99	\$ 4.54
Outpatient Treatment	1,615.5	82.15	11.06	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	1,473.9	82.15	10.09
Intermediate Care	32.5	590.77	1.60	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	29.7	589.90	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							1,554.9	\$ 135.75	\$ 17.59
Short Term Institutional / HCBS	4.8	\$ 150.00	\$ 0.06	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	181.0	\$ 2,323.76	\$ 35.05
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	203.9	\$ 2,334.09	\$ 39.66							181.0	\$ 2,323.76	\$ 35.05
Outpatient Hospital												
Emergency Room	2,035.2	\$ 115.98	\$ 19.67	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,650.6	\$ 124.46	\$ 17.12
General	8,939.6	63.72	47.47	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	8,383.3	68.36	47.76
Subtotal	10,974.8	\$ 73.41	\$ 67.14							10,033.9	\$ 77.59	\$ 64.88
Ancillary												
Pharmacy	6,624.0	\$ 59.18	\$ 32.67	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	6,379.7	\$ 64.05	\$ 34.05
DME/Supplies/Prosthetics	318.9	115.90	3.08	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	294.7	122.57	3.01
Ambulance	96.7	62.05	0.50	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	89.4	72.48	0.54
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	40.9	96.82	0.33	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	37.8	104.76	0.33
Chiropractic Services	628.5	32.08	1.68	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	580.8	33.88	1.64
Podiatry	69.7	70.59	0.41	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	64.4	74.53	0.40
Vision	528.1	39.31	1.73	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	488.0	41.56	1.69
Other Ancillary	93.0	32.26	0.25	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	85.9	33.53	0.24
Subtotal	8,399.8	\$ 58.07	\$ 40.65							8,020.7	\$ 62.69	\$ 41.90
Professional												
Surgery	459.8	\$ 199.39	\$ 7.64	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	449.1	\$ 202.27	\$ 7.57
Anesthesia	92.7	257.61	1.99	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	90.5	261.22	1.97
Inpatient Visits	299.4	87.37	2.18	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	284.5	89.00	2.11
Urgent Care/Emergency Room	1,174.5	81.43	7.97	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	992.2	82.73	6.84
Office/Home Visits	1,954.0	65.65	10.69	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	2,125.3	66.57	11.79
Preventive Care	444.9	43.43	1.61	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	472.1	43.97	1.73
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	51.0	58.82	0.25	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	49.8	60.24	0.25
Lab/Path/Rad	2,817.0	25.52	5.99	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	2,677.2	25.86	5.77
Office Adm. Drugs	69.5	12.09	0.07	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	67.9	12.37	0.07
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	824.1	29.27	2.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	805.0	29.66	1.99
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	300.3	52.75	1.32	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	293.3	53.60	1.31
Subtotal	8,487.2	\$ 58.99	\$ 41.72							8,306.9	\$ 59.81	\$ 41.40
Total Medical	28,065.7	\$ 80.88	\$ 189.17							26,542.5	\$ 82.84	\$ 183.23

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: 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	245.9	\$ 2,363.89	\$ 48.44
Psychiatric/SUD	2.2	872.73	0.16	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	1.9	884.21	0.14
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	3.7	1,816.22	0.56	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	3.6	1,766.67	0.53
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	327.6	\$ 2,340.66	\$ 63.90							251.4	\$ 2,344.15	\$ 49.11
Outpatient Hospital												
Emergency Room	1,969.9	\$ 103.38	\$ 16.97	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,547.8	\$ 111.18	\$ 14.34
General	18,224.9	79.43	120.64	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	14,781.3	85.87	105.77
Subtotal	20,194.8	\$ 81.77	\$ 137.61							16,329.1	\$ 88.27	\$ 120.11
Ancillary												
Pharmacy	24,289.5	\$ 47.84	\$ 96.83	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	21,546.8	\$ 51.78	\$ 92.97
DME/Supplies/Prosthetics	637.9	117.57	6.25	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	558.5	124.40	5.79
Ambulance	168.0	75.71	1.06	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	147.1	88.10	1.08
Non-Emergency Transportation	8.2	43.90	0.03	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	7.2	50.00	0.03
Home Health/Hospice	124.6	134.83	1.40	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	109.1	145.19	1.32
Chiropractic Services	1.2	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1.1	-	-
Podiatry	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Vision	1,098.7	37.57	3.44	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	961.9	39.80	3.19
Other Ancillary	1,184.6	31.81	3.14	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1,037.1	33.67	2.91
Subtotal	27,512.7	\$ 48.92	\$ 112.15							24,368.8	\$ 52.83	\$ 107.29
Professional												
Surgery	960.0	\$ 245.75	\$ 19.66	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	836.3	\$ 249.10	\$ 17.36
Anesthesia	189.9	243.29	3.85	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	165.4	246.67	3.40
Inpatient Visits	428.0	81.31	2.90	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	350.3	83.24	2.43
Urgent Care/Emergency Room	1,081.7	81.65	7.36	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	885.2	83.24	6.14
Office/Home Visits	4,151.4	66.28	22.93	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	4,559.1	67.20	25.53
Preventive Care	535.7	52.19	2.33	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	582.7	52.93	2.57
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	78.9	138.40	0.91	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	68.7	139.74	0.80
Allergy/Immunotherapy	79.8	72.18	0.48	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	69.5	72.52	0.42
Lab/Path/Rad	6,800.7	29.68	16.82	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	5,924.6	30.10	14.86
Office Adm. Drugs	709.7	69.83	4.13	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	618.3	70.84	3.65
Clinic	1,204.5	161.00	16.16	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,049.3	163.19	14.27
Psych/SUD	12.4	38.71	0.04	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	10.8	44.44	0.04
Physical Therapy	751.5	28.10	1.76	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	654.7	28.41	1.55
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	925.8	57.03	4.40	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	806.5	57.88	3.89
Subtotal	17,910.0	\$ 69.50	\$ 103.73							16,581.4	\$ 70.13	\$ 96.91
Total Medical	65,945.1	\$ 75.95	\$ 417.39							57,530.7	\$ 77.89	\$ 373.42
Category of Service - Iowa Plan for BH												
Inpatient Treatment	67.5	\$ 1,445.33	\$ 8.13	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	59.9	\$ 1,446.41	\$ 7.22
Outpatient Treatment	3,311.7	81.89	22.60	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	3,021.4	81.90	20.62
Intermediate Care	72.3	668.88	4.03	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	66.0	669.09	3.68
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							3,147.3	\$ 125.90	\$ 33.02
Short Term Institutional / HCBS	37.1	\$ 342.86	\$ 1.06	1.0138	1.0138	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)
January 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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	319.4	\$ 2,418.41	\$ 64.37
Psychiatric/SUD	1.8	2,066.67	0.31	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	1.7	2,047.06	0.29
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	2.4	1,800.00	0.36	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	2.3	1,773.91	0.34
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	364.0	\$ 2,423.08	\$ 73.50							323.4	\$ 2,411.87	\$ 65.00
Outpatient Hospital												
Emergency Room	2,550.4	\$ 123.56	\$ 26.26	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	2,068.5	\$ 132.56	\$ 22.85
General	20,735.8	73.68	127.32	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	19,445.5	79.06	128.11
Subtotal	23,286.2	\$ 79.14	\$ 153.58							21,514.0	\$ 84.20	\$ 150.96
Ancillary												
Pharmacy	23,974.0	\$ 44.38	\$ 88.66	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	23,089.8	\$ 48.03	\$ 92.42
DME/Supplies/Prosthetics	567.3	172.18	8.14	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	524.2	182.22	7.96
Ambulance	260.4	57.14	1.24	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	240.6	66.33	1.33
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	110.1	113.35	1.04	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	101.7	122.71	1.04
Chiropractic Services	1,185.7	31.78	3.14	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	1,095.7	33.62	3.07
Podiatry	157.2	56.49	0.74	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	145.3	59.46	0.72
Vision	1,057.2	37.46	3.30	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	977.0	39.67	3.23
Other Ancillary	143.4	34.31	0.41	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	132.5	36.23	0.40
Subtotal	27,455.3	\$ 46.62	\$ 106.67							26,306.8	\$ 50.25	\$ 110.17
Professional												
Surgery	1,174.2	\$ 188.96	\$ 18.49	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,146.9	\$ 191.58	\$ 18.31
Anesthesia	190.5	254.49	4.04	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	186.1	257.93	4.00
Inpatient Visits	469.6	86.63	3.39	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	446.3	87.92	3.27
Urgent Care/Emergency Room	1,583.7	89.64	11.83	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	1,337.9	91.13	10.16
Office/Home Visits	5,218.4	65.10	28.31	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	5,675.8	66.01	31.22
Preventive Care	942.6	55.76	4.38	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	1,000.3	56.50	4.71
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	98.9	189.28	1.56	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	96.6	191.30	1.54
Allergy/Immunotherapy	153.3	35.23	0.45	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	149.7	36.07	0.45
Lab/Path/Rad	10,771.9	26.62	23.90	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	10,237.3	27.00	23.03
Office Adm. Drugs	779.0	87.96	5.71	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	760.9	89.11	5.65
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	9.7	49.48	0.04	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	9.5	50.53	0.04
Physical Therapy	1,257.7	28.81	3.02	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,228.5	29.21	2.99
Family Planning	6.9	17.39	0.01	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	6.7	17.91	0.01
Other Professional	1,111.3	65.65	6.08	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,085.5	66.55	6.02
Subtotal	23,767.7	\$ 56.15	\$ 111.21							23,368.0	\$ 57.21	\$ 111.40
Total Medical	74,873.2	\$ 71.31	\$ 444.96							71,512.2	\$ 73.42	\$ 437.53

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: 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	303.2	\$ 2,777.97	\$ 70.19
Psychiatric/SUD	2.0	1,380.00	0.23	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	1.7	1,411.76	0.20
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	398.6	\$ 2,763.07	\$ 91.78							304.9	\$ 2,770.35	\$ 70.39
Outpatient Hospital												
Emergency Room	1,505.4	\$ 108.09	\$ 13.56	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,182.8	\$ 116.27	\$ 11.46
General	12,210.1	94.11	95.76	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	9,903.0	101.73	83.95
Subtotal	13,715.5	\$ 95.65	\$ 109.32							11,085.8	\$ 103.28	\$ 95.41
Ancillary												
Pharmacy	16,420.8	\$ 53.84	\$ 73.68	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	14,566.6	\$ 58.28	\$ 70.74
DME/Supplies/Prosthetics	845.3	123.36	8.69	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	740.0	130.54	8.05
Ambulance	166.9	89.87	1.25	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	146.1	104.31	1.27
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	73.2	227.87	1.39	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	64.1	245.24	1.31
Chiropractic Services	1.7	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1.5	-	-
Podiatry	2.9	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	2.5	-	-
Vision	854.5	38.20	2.72	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	748.1	40.42	2.52
Other Ancillary	940.5	32.03	2.51	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	823.4	33.96	2.33
Subtotal	19,305.8	\$ 56.09	\$ 90.24							17,092.3	\$ 60.53	\$ 86.22
Professional												
Surgery	724.5	\$ 257.56	\$ 15.55	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	631.2	\$ 261.03	\$ 13.73
Anesthesia	147.8	254.13	3.13	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	128.8	257.14	2.76
Inpatient Visits	563.0	81.21	3.81	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	460.7	83.09	3.19
Urgent Care/Emergency Room	840.6	80.80	5.66	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	687.9	82.34	4.72
Office/Home Visits	2,901.0	67.55	16.33	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	3,185.9	68.48	18.18
Preventive Care	306.4	42.30	1.08	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	333.3	42.84	1.19
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	33.1	97.89	0.27	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	28.8	100.00	0.24
Lab/Path/Rad	4,134.8	27.22	9.38	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	3,602.1	27.58	8.28
Office Adm. Drugs	403.5	58.59	1.97	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	351.5	59.40	1.74
Clinic	812.4	159.97	10.83	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	707.7	162.27	9.57
Psych/SUD	4.4	54.55	0.02	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	3.8	63.16	0.02
Physical Therapy	689.4	28.20	1.62	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	600.6	28.57	1.43
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	846.9	54.27	3.83	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	737.8	54.97	3.38
Subtotal	12,407.8	\$ 71.06	\$ 73.48							11,460.1	\$ 71.65	\$ 68.43
Total Medical	45,827.7	\$ 95.53	\$ 364.82							39,943.1	\$ 96.27	\$ 320.45
Category of Service - Iowa Plan for BH												
Inpatient Treatment	50.2	\$ 1,525.10	\$ 6.38	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	44.6	\$ 1,522.87	\$ 5.66
Outpatient Treatment	2,022.3	91.62	15.44	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	1,845.0	91.64	14.09
Intermediate Care	23.3	664.38	1.29	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	21.3	664.79	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							1,910.9	\$ 140.86	\$ 22.43
Short Term Institutional / HCBS	204.3	\$ 483.99	\$ 8.24	1.0138	1.0138	1.0000	1.0000	1.0000	1.0109	207.1	\$ 495.99	\$ 8.56

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
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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	316.4	\$ 2,563.84	\$ 67.60
Psychiatric/SUD	-	-	0.46	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	0.43
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	356.4	\$ 2,590.91	\$ 76.95							316.4	\$ 2,580.15	\$ 68.03
Outpatient Hospital												
Emergency Room	1,673.5	\$ 125.41	\$ 17.49	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,357.3	\$ 134.56	\$ 15.22
General	13,030.2	74.53	80.93	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	12,219.4	79.97	81.43
Subtotal	14,703.7	\$ 80.32	\$ 98.42							13,576.7	\$ 85.43	\$ 96.65
Ancillary												
Pharmacy	15,741.0	\$ 48.99	\$ 64.26	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	15,160.5	\$ 53.02	\$ 66.98
DME/Supplies/Prosthetics	748.7	150.98	9.42	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	691.9	159.91	9.22
Ambulance	164.2	59.20	0.81	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	151.7	68.82	0.87
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	16.4	95.12	0.13	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	15.2	102.63	0.13
Chiropractic Services	787.0	32.33	2.12	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	727.3	34.15	2.07
Podiatry	80.8	62.38	0.42	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	74.7	65.86	0.41
Vision	692.6	41.76	2.41	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	640.0	44.25	2.36
Other Ancillary	50.6	30.83	0.13	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	46.8	33.33	0.13
Subtotal	18,281.3	\$ 52.32	\$ 79.70							17,508.1	\$ 56.32	\$ 82.17
Professional												
Surgery	773.8	\$ 242.39	\$ 15.63	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	755.8	\$ 245.78	\$ 15.48
Anesthesia	144.7	277.82	3.35	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	141.3	281.95	3.32
Inpatient Visits	464.0	87.67	3.39	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	441.0	88.98	3.27
Urgent Care/Emergency Room	999.0	90.09	7.50	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	843.9	91.57	6.44
Office/Home Visits	3,439.2	66.89	19.17	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	3,740.6	67.82	21.14
Preventive Care	605.9	45.35	2.29	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	643.0	45.91	2.46
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	87.80	0.03	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	4.0	90.00	0.03
Lab/Path/Rad	5,569.5	24.35	11.30	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	5,293.1	24.69	10.89
Office Adm. Drugs	245.7	28.82	0.59	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	240.0	29.00	0.58
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	1.4	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1.4	-	-
Physical Therapy	1,082.2	29.83	2.69	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,057.1	30.20	2.66
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	739.7	70.24	4.33	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	722.5	71.25	4.29
Subtotal	14,069.2	\$ 59.94	\$ 70.27							13,883.7	\$ 60.99	\$ 70.56
Total Medical	47,410.6	\$ 82.35	\$ 325.34							45,284.9	\$ 84.11	\$ 317.41

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: 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	541.5	\$ 2,464.71	\$ 111.22
Psychiatric/SUD	4.2	285.71	0.10	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	3.6	300.00	0.09
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	712.6	\$ 2,444.46	\$ 145.16							545.1	\$ 2,450.41	\$ 111.31
Outpatient Hospital												
Emergency Room	1,153.3	\$ 108.73	\$ 10.45	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	906.2	\$ 116.93	\$ 8.83
General	18,647.2	90.30	140.32	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	15,123.8	97.61	123.02
Subtotal	19,800.5	\$ 91.37	\$ 150.77							16,030.0	\$ 98.70	\$ 131.85
Ancillary												
Pharmacy	26,964.3	\$ 43.91	\$ 98.67	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	23,919.6	\$ 47.52	\$ 94.73
DME/Supplies/Prosthetics	1,335.6	114.91	12.79	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1,169.3	121.61	11.85
Ambulance	252.4	81.77	1.72	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	221.0	95.02	1.75
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	450.6	210.65	7.91	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	394.5	227.53	7.48
Chiropractic Services	16.0	7.50	0.01	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	14.0	8.57	0.01
Podiatry	15.5	23.23	0.03	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	13.6	26.47	0.03
Vision	1,234.3	39.37	4.05	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1,080.6	41.64	3.75
Other Ancillary	943.5	31.92	2.51	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	826.0	33.85	2.33
Subtotal	31,212.2	\$ 49.09	\$ 127.69							27,638.6	\$ 52.94	\$ 121.93
Professional												
Surgery	1,330.0	\$ 273.56	\$ 30.32	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,158.7	\$ 277.35	\$ 26.78
Anesthesia	231.5	251.40	4.85	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	201.7	254.64	4.28
Inpatient Visits	986.0	73.51	6.04	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	806.9	75.25	5.06
Urgent Care/Emergency Room	746.7	85.50	5.32	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	611.1	87.19	4.44
Office/Home Visits	4,226.0	64.86	22.84	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	4,641.0	65.75	25.43
Preventive Care	495.5	47.71	1.97	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	538.9	48.32	2.17
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	74.5	35.44	0.22	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	64.9	35.13	0.19
Lab/Path/Rad	7,052.9	30.68	18.03	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	6,144.3	31.09	15.92
Office Adm. Drugs	718.3	212.50	12.72	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	625.8	215.34	11.23
Clinic	1,217.0	171.47	17.39	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,060.2	173.85	15.36
Psych/SUD	33.1	29.00	0.08	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	28.8	29.17	0.07
Physical Therapy	785.6	28.87	1.89	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	684.4	29.28	1.67
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,575.4	46.16	6.06	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,372.4	46.78	5.35
Subtotal	19,472.5	\$ 78.71	\$ 127.73							17,939.1	\$ 78.90	\$ 117.95
Total Medical	71,197.8	\$ 92.93	\$ 551.35							62,152.8	\$ 93.26	\$ 483.04
Category of Service - Iowa Plan for BH												
Inpatient Treatment	38.5	\$ 2,122.60	\$ 6.81	0.9863	1.0000	0.9000	1.0000	1.0000	1.0000	34.2	\$ 2,122.81	\$ 6.05
Outpatient Treatment	2,593.3	86.44	18.68	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	2,366.0	86.42	17.04
Intermediate Care	7.5	1,664.00	1.04	0.9863	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							2,407.0	\$ 127.33	\$ 25.54
Short Term Institutional / HCBS	233.8	\$ 249.96	\$ 4.87	1.0138	1.0138	1.0000	1.0000	1.0000	1.0109	237.0	\$ 256.20	\$ 5.06

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
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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	200.3	\$ 3,712.03	\$ 61.96
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	225.7	\$ 3,727.60	\$ 70.11							200.3	\$ 3,712.03	\$ 61.96
Outpatient Hospital												
Emergency Room	1,388.3	\$ 125.07	\$ 14.47	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,126.0	\$ 134.17	\$ 12.59
General	17,087.7	67.76	96.49	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	16,024.4	72.71	97.09
Subtotal	18,476.0	\$ 72.07	\$ 110.96							17,150.4	\$ 76.74	\$ 109.68
Ancillary												
Pharmacy	26,579.0	\$ 46.77	\$ 103.60	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	25,598.8	\$ 50.62	\$ 107.99
DME/Supplies/Prosthetics	721.5	148.69	8.94	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	666.7	157.49	8.75
Ambulance	261.7	57.32	1.25	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	241.8	67.00	1.35
Non-Emergency Transportation	-	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	174.4	116.97	1.70	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	161.2	126.55	1.70
Chiropractic Services	927.7	29.88	2.31	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	857.3	31.63	2.26
Podiatry	115.0	50.09	0.48	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	106.3	53.06	0.47
Vision	1,692.8	38.07	5.37	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	1,564.3	40.27	5.25
Other Ancillary	210.1	43.41	0.76	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	194.2	45.73	0.74
Subtotal	30,682.2	\$ 48.66	\$ 124.41							29,390.6	\$ 52.47	\$ 128.51
Professional												
Surgery	1,122.6	\$ 194.44	\$ 18.19	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,096.5	\$ 197.10	\$ 18.01
Anesthesia	130.4	242.02	2.63	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	127.4	244.90	2.60
Inpatient Visits	454.6	83.68	3.17	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	432.0	85.00	3.06
Urgent Care/Emergency Room	901.3	96.53	7.25	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	761.4	98.03	6.22
Office/Home Visits	5,466.9	66.66	30.37	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	5,946.1	67.59	33.49
Preventive Care	996.1	50.60	4.20	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	1,057.1	51.31	4.52
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	102.8	31.52	0.27	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	100.4	32.27	0.27
Lab/Path/Rad	10,261.8	24.51	20.96	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	9,752.5	24.84	20.19
Office Adm. Drugs	565.3	46.28	2.18	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	552.2	46.94	2.16
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,423.1	28.28	5.71	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	2,366.8	28.65	5.65
Family Planning	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,351.9	43.14	4.86	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	1,320.5	43.71	4.81
Subtotal	23,776.8	\$ 50.36	\$ 99.79							23,512.9	\$ 51.54	\$ 100.98
Total Medical	73,160.7	\$ 66.47	\$ 405.27							70,254.2	\$ 68.52	\$ 401.13

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: 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	1.0206	-	-	-
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	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	102.0	\$ 135.29	\$ 1.15
Anesthesia	2.3	260.87	0.05	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	1.9	252.63	0.04
Inpatient Visits	4.4	81.82	0.03	1.0138	1.0277	0.7750	1.0100	1.0000	1.0000	3.5	68.57	0.02
Urgent Care/Emergency Room	2.3	104.35	0.02	1.0138	1.0277	0.7750	1.0050	1.0000	1.0000	1.8	133.33	0.02
Office/Home Visits	340.9	50.34	1.43	1.0138	1.0277	1.0400	1.0000	1.0000	1.0000	359.4	51.75	1.55
Preventive Care	329.7	95.72	2.63	1.0138	1.0277	1.0300	1.0000	1.0000	1.0000	344.3	98.29	2.82
Maternity - Delivery	-	-	-	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	0.8	150.00	0.01	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	0.7	171.43	0.01
Allergy/Immunotherapy	-	-	-	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	1,137.3	32.18	3.05	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	951.2	33.05	2.62
Office Adm. Drugs	1,674.2	39.28	5.48	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	1,400.3	40.36	4.71
Clinic	0.8	150.00	0.01	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	0.7	171.43	0.01
Psych/SUD	1.0	-	-	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	0.8	-	-
Physical Therapy	-	-	-	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	266.9	174.00	3.87	1.0138	1.0277	0.8250	1.0000	1.0000	1.0000	223.2	179.03	3.33
Subtotal	3,882.5	\$ 55.39	\$ 17.92							3,389.8	\$ 57.63	\$ 16.28
Total Medical	4,586.6	\$ 56.49	\$ 21.59							3,996.5	\$ 58.19	\$ 19.38
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)
January 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	0.9863	0.9931	0.7750	1.0100	1.0000	1.0000	47.2	\$ 2,252.54	\$ 8.86
Psychiatric/SUD	2.7	400.00	0.09	0.9863	0.9931	0.8750	1.0025	1.0000	1.0000	2.3	417.39	0.08
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	146.8	1,589.10	19.44	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	141.9	1,561.95	18.47
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	0.1	2,400.00	0.02	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	0.1	2,400.00	0.02
Subtotal	211.4	\$ 1,765.37	\$ 31.10							191.5	\$ 1,718.85	\$ 27.43
Outpatient Hospital												
Emergency Room	1,607.1	\$ 114.17	\$ 15.29	1.0138	1.0703	0.7750	1.0050	1.0000	1.0000	1,262.7	\$ 122.78	\$ 12.92
General	25,560.5	57.78	123.08	1.0138	1.0703	0.8000	1.0100	1.0000	1.0000	20,730.8	62.46	107.91
Subtotal	27,167.6	\$ 61.12	\$ 138.37							21,993.5	\$ 65.93	\$ 120.83
Ancillary												
Pharmacy	8,104.6	\$ 29.42	\$ 19.87	1.0138	1.0775	0.8750	0.9800	1.0000	1.0250	7,189.5	\$ 31.85	\$ 19.08
DME/Supplies/Prosthetics	204.6	105.57	1.80	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	179.1	111.89	1.67
Ambulance	166.1	96.81	1.34	0.9727	1.0560	0.9000	1.0025	1.0000	1.1000	145.4	113.07	1.37
Non-Emergency Transportation	73.8	37.40	0.23	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	64.6	39.01	0.21
Home Health/Hospice	182.1	104.12	1.58	0.9727	1.0560	0.9000	1.0025	1.0000	1.0206	159.4	112.17	1.49
Chiropractic Services	1.2	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	1.1	-	-
Podiatry	0.1	-	-	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	0.1	-	-
Vision	736.8	35.34	2.17	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	645.0	37.40	2.01
Other Ancillary	1,030.2	32.50	2.79	0.9727	1.0560	0.9000	1.0025	1.0000	1.0000	901.9	34.46	2.59
Subtotal	10,499.5	\$ 34.04	\$ 29.78							9,286.1	\$ 36.73	\$ 28.42
Professional												
Surgery	420.6	\$ 211.70	\$ 7.42	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	366.4	\$ 214.52	\$ 6.55
Anesthesia	88.2	213.61	1.57	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	76.8	217.19	1.39
Inpatient Visits	439.5	72.63	2.66	1.0560	1.0138	0.7750	1.0100	1.0000	1.0000	359.7	74.40	2.23
Urgent Care/Emergency Room	1,017.5	85.39	7.24	1.0560	1.0138	0.7750	1.0050	1.0000	1.0000	832.7	87.04	6.04
Office/Home Visits	2,052.5	69.22	11.84	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	2,254.1	70.17	13.18
Preventive Care	1,450.6	19.69	2.38	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	1,577.7	19.93	2.62
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	2,538.8	186.56	39.47	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	2,211.7	189.14	34.86
Allergy/Immunotherapy	2.8	128.57	0.03	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	2.4	150.00	0.03
Lab/Path/Rad	12,583.5	37.72	39.55	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	10,962.4	38.24	34.93
Office Adm. Drugs	469.0	51.43	2.01	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	408.6	52.28	1.78
Clinic	1,729.3	173.06	24.94	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	1,506.5	175.48	22.03
Psych/SUD	440.1	48.53	1.78	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	383.4	49.14	1.57
Physical Therapy	187.6	32.62	0.51	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	163.4	33.05	0.45
Family Planning	-	-	-	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	-	-	-
Other Professional	558.9	165.11	7.69	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	486.9	167.34	6.79
Subtotal	23,978.9	\$ 74.61	\$ 149.09							21,592.7	\$ 74.72	\$ 134.45
Total Medical	61,857.4	\$ 67.58	\$ 348.34							53,063.8	\$ 70.36	\$ 311.13
Category of Service - Iowa Plan for BH												
Inpatient Treatment	20.6	\$ 1,275.73	\$ 2.19	0.9863	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	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	1,108.7	84.86	7.84
Intermediate Care	114.5	531.35	5.07	0.9863	1.0000	0.9250	1.0000	1.0000	1.0000	104.5	531.67	4.63
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							1,231.5	\$ 155.03	\$ 15.91
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
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	0.9863	0.9931	0.9000	1.0025	1.0000	1.0000	25.3	\$ 2,950.20	\$ 6.22
Psychiatric/SUD	-	-	-	0.9863	0.9931	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	196.2	757.80	12.39	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	189.6	744.94	11.77
Well Newborn	-	-	-	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	1.4	857.14	0.10	0.9863	0.9931	0.9800	0.9900	1.0000	1.0000	1.4	857.14	0.10
Subtotal	226.1	\$ 1,036.53	\$ 19.53							216.3	\$ 1,003.61	\$ 18.09
Outpatient Hospital												
Emergency Room	1,728.1	\$ 123.74	\$ 17.82	1.0138	1.0703	0.8000	1.0025	1.0000	1.0000	1,401.6	\$ 132.79	\$ 15.51
General	22,944.9	56.43	107.89	1.0138	1.0703	0.9250	1.0025	1.0000	1.0000	21,517.1	60.54	108.56
Subtotal	24,673.0	\$ 61.14	\$ 125.71							22,918.7	\$ 64.96	\$ 124.07
Ancillary												
Pharmacy	9,172.0	\$ 32.75	\$ 25.03	1.0138	1.0775	0.9500	0.9800	1.0000	1.0250	8,833.7	\$ 35.44	\$ 26.09
DME/Supplies/Prosthetics	169.8	113.78	1.61	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	156.9	120.84	1.58
Ambulance	200.3	62.91	1.05	0.9727	1.0560	0.9500	1.0025	1.0000	1.1000	185.1	73.26	1.13
Non-Emergency Transportation	2.0	-	-	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	1.8	-	-
Home Health/Hospice	69.0	99.13	0.57	0.9727	1.0560	0.9500	1.0025	1.0000	1.0206	63.8	107.21	0.57
Chiropractic Services	1,068.3	31.34	2.79	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	987.2	33.18	2.73
Podiatry	19.6	61.22	0.10	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	18.1	66.30	0.10
Vision	673.8	36.87	2.07	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	622.7	39.12	2.03
Other Ancillary	131.9	46.40	0.51	0.9727	1.0560	0.9500	1.0025	1.0000	1.0000	121.9	49.22	0.50
Subtotal	11,506.7	\$ 35.18	\$ 33.73							10,991.2	\$ 37.92	\$ 34.73
Professional												
Surgery	627.3	\$ 155.52	\$ 8.13	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	612.7	\$ 157.66	\$ 8.05
Anesthesia	120.1	208.83	2.09	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	117.3	211.76	2.07
Inpatient Visits	572.7	71.24	3.40	1.0560	1.0138	0.9000	1.0025	1.0000	1.0000	544.3	72.31	3.28
Urgent Care/Emergency Room	1,208.1	84.13	8.47	1.0560	1.0138	0.8000	1.0025	1.0000	1.0000	1,020.6	85.48	7.27
Office/Home Visits	2,926.3	53.47	13.04	1.0560	1.0138	1.0300	1.0000	1.0000	1.0000	3,182.8	54.22	14.38
Preventive Care	1,660.8	24.42	3.38	1.0560	1.0138	1.0050	1.0000	1.0000	1.0000	1,762.5	24.78	3.64
Maternity - Delivery	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	4,429.8	243.64	89.94	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	4,326.9	246.99	89.06
Allergy/Immunotherapy	4.0	120.00	0.04	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	3.9	123.08	0.04
Lab/Path/Rad	17,855.0	28.50	42.40	1.0560	1.0138	0.9000	1.0000	1.0000	1.0000	16,968.9	28.89	40.85
Office Adm. Drugs	585.5	26.44	1.29	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	571.9	26.86	1.28
Clinic	-	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Psych/SUD	306.3	47.01	1.20	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	299.2	47.73	1.19
Physical Therapy	207.1	33.61	0.58	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	202.3	33.81	0.57
Family Planning	2.7	-	-	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	2.6	-	-
Other Professional	773.0	180.70	11.64	1.0560	1.0138	0.9250	1.0000	1.0000	1.0000	755.0	183.26	11.53
Subtotal	31,278.7	\$ 71.21	\$ 185.60							30,370.9	\$ 72.39	\$ 183.21
Total Medical	67,684.5	\$ 64.64	\$ 364.57							64,497.1	\$ 67.00	\$ 360.10

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	90.7	\$ 2,443.66	\$ 18.47
Psychiatric/SUD	5.2	2,746.15	1.19	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	4.5	2,693.33	1.01
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	10.3	2,248.54	1.93	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	10.0	2,172.00	1.81
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	134.0	\$ 2,460.90	\$ 27.48							105.2	\$ 2,428.52	\$ 21.29
Outpatient Hospital												
Emergency Room	1,616.5	\$ 103.78	\$ 13.98	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,268.5	\$ 113.52	\$ 12.00
General	10,860.3	66.65	60.32	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	8,797.3	73.28	53.72
Subtotal	12,476.8	\$ 71.46	\$ 74.30							10,065.8	\$ 78.35	\$ 65.72
Ancillary												
Pharmacy	6,695.4	\$ 36.40	\$ 20.31	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	6,006.0	\$ 37.46	\$ 18.75
DME/Supplies/Prosthetics	130.5	149.89	1.63	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	114.5	156.16	1.49
Ambulance	90.0	80.00	0.60	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	79.0	91.14	0.60
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	19.6	104.08	0.17	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	17.2	111.63	0.16
Chiropractic Services	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	224.8	67.79	1.27	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	197.3	70.55	1.16
Other Ancillary	545.2	31.47	1.43	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	478.5	32.60	1.30
Subtotal	7,705.5	\$ 39.57	\$ 25.41							6,892.5	\$ 40.84	\$ 23.46
Professional												
Surgery	368.4	\$ 227.36	\$ 6.98	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	323.3	\$ 230.13	\$ 6.20
Anesthesia	61.4	263.84	1.35	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	53.9	267.16	1.20
Inpatient Visits	170.6	92.85	1.32	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	140.6	94.74	1.11
Urgent Care/Emergency Room	901.5	81.06	6.09	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	743.2	82.35	5.10
Office/Home Visits	2,121.4	66.13	11.69	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	2,346.7	66.89	13.08
Preventive Care	421.7	69.72	2.45	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	462.0	70.65	2.72
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	25.7	158.75	0.34	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	22.6	159.29	0.30
Allergy/Immunotherapy	53.6	132.09	0.59	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	47.0	132.77	0.52
Lab/Path/Rad	4,025.7	27.54	9.24	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	3,532.7	27.85	8.20
Office Adm. Drugs	659.3	35.49	1.95	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	578.6	35.88	1.73
Clinic	680.4	162.79	9.23	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	597.1	164.60	8.19
Psych/SUD	15.8	53.16	0.07	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	13.9	51.80	0.06
Physical Therapy	239.7	29.54	0.59	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	210.3	29.67	0.52
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	311.3	99.07	2.57	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	273.2	100.15	2.28
Subtotal	10,056.5	\$ 64.98	\$ 54.46							9,345.1	\$ 65.76	\$ 51.21
Total Medical	30,372.8	\$ 71.77	\$ 181.65							26,408.6	\$ 73.47	\$ 161.68
Category of Service - Iowa Plan for BH												
Inpatient Treatment	89.8	\$ 1,651.67	\$ 12.36	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	79.8	\$ 1,630.08	\$ 10.84
Outpatient Treatment	2,152.4	84.07	15.08	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	1,966.2	82.94	13.59
Intermediate Care	14.2	456.34	0.54	0.9875	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							2,059.0	\$ 153.98	\$ 26.42
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
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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	68.4	\$ 1,540.35	\$ 8.78
Psychiatric/SUD	-	-	-	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	-	-	-
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	77.0	\$ 1,566.23	\$ 10.05							68.4	\$ 1,540.35	\$ 8.78
Outpatient Hospital												
Emergency Room	2,440.5	\$ 133.79	\$ 27.21	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	1,976.9	\$ 145.99	\$ 24.05
General	16,048.2	58.59	78.36	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	15,030.8	63.94	80.09
Subtotal	18,488.7	\$ 68.52	\$ 105.57							17,007.7	\$ 73.48	\$ 104.14
Ancillary												
Pharmacy	8,004.2	\$ 33.36	\$ 22.25	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	7,795.5	\$ 34.33	\$ 22.30
DME/Supplies/Prosthetics	98.8	172.47	1.42	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	91.5	179.67	1.37
Ambulance	128.8	54.04	0.58	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	119.3	61.36	0.61
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	-	-	-
Chiropractic Services	382.2	30.46	0.97	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	354.1	31.52	0.93
Podiatry	21.5	39.07	0.07	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	19.9	42.21	0.07
Vision	287.7	65.07	1.56	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	266.5	67.54	1.50
Other Ancillary	154.6	28.72	0.37	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	143.2	30.17	0.36
Subtotal	9,077.8	\$ 35.98	\$ 27.22							8,790.0	\$ 37.05	\$ 27.14
Professional												
Surgery	308.3	\$ 176.71	\$ 4.54	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	303.3	\$ 178.83	\$ 4.52
Anesthesia	64.2	302.80	1.62	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	63.2	305.70	1.61
Inpatient Visits	81.4	109.09	0.74	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	77.9	110.91	0.72
Urgent Care/Emergency Room	1,550.1	81.29	10.50	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	1,319.0	82.43	9.06
Office/Home Visits	2,749.0	62.16	14.24	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	3,011.8	62.87	15.78
Preventive Care	817.9	65.14	4.44	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	874.3	65.88	4.80
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	47.1	346.50	1.36	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	46.3	349.89	1.35
Allergy/Immunotherapy	8.6	111.63	0.08	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	8.5	112.94	0.08
Lab/Path/Rad	5,168.4	26.03	11.21	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	4,947.8	26.34	10.86
Office Adm. Drugs	582.3	27.82	1.35	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	572.9	28.07	1.34
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	17.1	56.14	0.08	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	16.8	57.14	0.08
Physical Therapy	154.2	38.13	0.49	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	151.7	38.76	0.49
Family Planning	102.8	11.67	0.10	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	101.1	11.87	0.10
Other Professional	462.5	75.24	2.90	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	455.1	76.20	2.89
Subtotal	12,113.9	\$ 53.15	\$ 53.65							11,949.7	\$ 53.91	\$ 53.68
Total Medical	39,757.4	\$ 59.31	\$ 196.49							37,815.8	\$ 61.48	\$ 193.74

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	161.1	\$ 2,210.80	\$ 29.68
Psychiatric/SUD	12.0	1,200.00	1.20	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	10.4	1,176.92	1.02
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	222.5	\$ 2,176.18	\$ 40.35							171.5	\$ 2,148.10	\$ 30.70
Outpatient Hospital												
Emergency Room	1,407.4	\$ 110.16	\$ 12.92	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,104.4	\$ 120.50	\$ 11.09
General	6,529.5	73.46	39.97	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	5,289.1	80.77	35.60
Subtotal	7,936.9	\$ 79.97	\$ 52.89							6,393.5	\$ 87.63	\$ 46.69
Ancillary												
Pharmacy	4,264.1	\$ 81.72	\$ 29.04	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	3,825.1	\$ 84.08	\$ 26.80
DME/Supplies/Prosthetics	117.8	208.83	2.05	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	103.4	217.02	1.87
Ambulance	142.5	80.00	0.95	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	125.1	91.13	0.95
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	47.9	142.80	0.57	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	42.0	151.43	0.53
Chiropractic Services	2.7	44.44	0.01	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	2.4	50.00	0.01
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	139.4	73.17	0.85	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	122.3	76.53	0.78
Other Ancillary	348.3	31.70	0.92	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	305.7	32.97	0.84
Subtotal	5,062.7	\$ 81.51	\$ 34.39							4,526.0	\$ 84.26	\$ 31.78
Professional												
Surgery	279.3	\$ 231.58	\$ 5.39	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	245.1	\$ 234.52	\$ 4.79
Anesthesia	69.2	249.71	1.44	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	60.7	253.05	1.28
Inpatient Visits	276.3	94.25	2.17	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	227.8	96.40	1.83
Urgent Care/Emergency Room	747.0	77.91	4.85	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	615.8	79.31	4.07
Office/Home Visits	1,142.3	66.18	6.30	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	1,263.6	66.95	7.05
Preventive Care	133.0	62.26	0.69	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	145.7	62.59	0.76
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	23.2	129.31	0.25	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	20.4	129.41	0.22
Lab/Path/Rad	1,671.7	28.07	3.91	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	1,467.0	28.38	3.47
Office Adm. Drugs	123.8	54.28	0.56	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	108.6	55.25	0.50
Clinic	393.3	163.23	5.35	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	345.1	165.17	4.75
Psych/SUD	3.1	77.42	0.02	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	2.7	88.89	0.02
Physical Therapy	129.3	29.70	0.32	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	113.5	29.60	0.28
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	218.6	52.70	0.96	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	191.8	53.18	0.85
Subtotal	5,210.1	\$ 74.19	\$ 32.21							4,807.8	\$ 74.55	\$ 29.87
Total Medical	18,432.2	\$ 104.06	\$ 159.84							15,898.8	\$ 104.94	\$ 139.04
Category of Service - Iowa Plan for BH												
Inpatient Treatment	163.7	\$ 1,639.10	\$ 22.36	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	145.5	\$ 1,617.32	\$ 19.61
Outpatient Treatment	2,332.5	85.35	16.59	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	2,130.7	84.25	14.96
Intermediate Care	3.3	1,018.18	0.28	0.9875	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							2,279.2	\$ 191.22	\$ 36.32
Short Term Institutional / HCBS	18.6	\$ 1,432.26	\$ 2.22	1.0125	1.0125	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)
January 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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	183.4	\$ 3,202.84	\$ 48.95
Psychiatric/SUD	-	-	-	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	-	-	-
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	206.3	\$ 3,258.56	\$ 56.02							183.4	\$ 3,202.84	\$ 48.95
Outpatient Hospital												
Emergency Room	1,681.1	\$ 123.13	\$ 17.25	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	1,361.8	\$ 134.38	\$ 15.25
General	7,888.0	64.75	42.56	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	7,387.9	70.66	43.50
Subtotal	9,569.1	\$ 75.00	\$ 59.81							8,749.7	\$ 80.57	\$ 58.75
Ancillary												
Pharmacy	4,633.3	\$ 73.97	\$ 28.56	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	4,512.5	\$ 76.11	\$ 28.62
DME/Supplies/Prosthetics	125.6	105.10	1.10	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	116.4	109.28	1.06
Ambulance	166.2	58.48	0.81	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	154.0	67.01	0.86
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	-	-	-
Chiropractic Services	454.2	32.50	1.23	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	420.8	33.65	1.18
Podiatry	62.8	89.81	0.47	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	58.2	92.78	0.45
Vision	144.0	70.83	0.85	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	133.4	73.76	0.82
Other Ancillary	92.3	32.50	0.25	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	85.5	33.68	0.24
Subtotal	5,678.4	\$ 70.31	\$ 33.27							5,480.8	\$ 72.76	\$ 33.23
Professional												
Surgery	290.9	\$ 135.72	\$ 3.29	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	286.2	\$ 137.53	\$ 3.28
Anesthesia	62.6	251.12	1.31	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	61.6	253.25	1.30
Inpatient Visits	136.2	76.65	0.87	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	130.4	77.30	0.84
Urgent Care/Emergency Room	942.6	81.48	6.40	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	802.1	82.58	5.52
Office/Home Visits	1,391.8	62.94	7.30	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	1,524.8	63.67	8.09
Preventive Care	246.7	62.26	1.28	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	263.7	62.80	1.38
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	22.1	21.72	0.04	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	21.7	22.12	0.04
Lab/Path/Rad	1,947.8	30.62	4.97	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	1,864.6	30.96	4.81
Office Adm. Drugs	99.4	7.24	0.06	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	97.8	7.36	0.06
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Physical Therapy	110.5	36.92	0.34	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	108.7	37.53	0.34
Family Planning	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Other Professional	316.6	26.91	0.71	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	311.5	27.35	0.71
Subtotal	5,567.2	\$ 57.27	\$ 26.57							5,473.1	\$ 57.82	\$ 26.37
Total Medical	21,021.0	\$ 100.28	\$ 175.67							19,887.0	\$ 100.95	\$ 167.30

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	170.7	\$ 2,011.25	\$ 28.61
Psychiatric/SUD	18.9	1,066.67	1.68	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	16.3	1,052.76	1.43
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	4.2	1,714.29	0.60	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	4.1	1,639.02	0.56
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	246.2	\$ 1,950.61	\$ 40.02							191.1	\$ 1,921.51	\$ 30.60
Outpatient Hospital												
Emergency Room	1,941.4	\$ 100.07	\$ 16.19	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,523.5	\$ 109.48	\$ 13.90
General	14,343.0	66.15	79.07	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	11,618.4	72.73	70.42
Subtotal	16,284.4	\$ 70.20	\$ 95.26							13,141.9	\$ 76.99	\$ 84.32
Ancillary												
Pharmacy	11,481.3	\$ 38.35	\$ 36.69	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	10,299.2	\$ 39.45	\$ 33.86
DME/Supplies/Prosthetics	196.1	111.37	1.82	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	172.1	115.75	1.66
Ambulance	128.4	74.77	0.80	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	112.7	85.18	0.80
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	58.7	120.61	0.59	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	51.5	128.16	0.55
Chiropractic Services	2.3	52.17	0.01	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	2.0	60.00	0.01
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	204.4	72.21	1.23	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	179.4	74.92	1.12
Other Ancillary	839.1	31.89	2.23	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	736.5	33.08	2.03
Subtotal	12,910.3	\$ 40.31	\$ 43.37							11,553.4	\$ 41.58	\$ 40.03
Professional												
Surgery	539.1	\$ 225.04	\$ 10.11	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	473.1	\$ 227.77	\$ 8.98
Anesthesia	103.7	241.85	2.09	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	91.0	245.27	1.86
Inpatient Visits	297.8	89.05	2.21	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	245.5	90.92	1.86
Urgent Care/Emergency Room	1,033.3	82.57	7.11	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	851.8	83.96	5.96
Office/Home Visits	2,674.5	66.40	14.80	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	2,958.6	67.17	16.56
Preventive Care	417.7	71.25	2.48	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	457.6	72.12	2.75
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	11.7	276.92	0.27	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	10.3	279.61	0.24
Allergy/Immunotherapy	31.2	115.38	0.30	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	27.4	118.25	0.27
Lab/Path/Rad	4,678.8	28.31	11.04	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	4,105.8	28.64	9.80
Office Adm. Drugs	517.0	34.35	1.48	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	453.7	34.65	1.31
Clinic	937.8	162.64	12.71	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	823.0	164.47	11.28
Psych/SUD	6.1	59.02	0.03	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	5.4	66.67	0.03
Physical Therapy	367.9	28.38	0.87	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	322.8	28.62	0.77
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	393.8	82.58	2.71	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	345.6	83.68	2.41
Subtotal	12,010.4	\$ 68.15	\$ 68.21							11,171.6	\$ 68.83	\$ 64.08
Total Medical	41,451.3	\$ 71.47	\$ 246.86							36,058.0	\$ 72.89	\$ 219.03
Category of Service - Iowa Plan for BH												
Inpatient Treatment	130.5	\$ 1,545.75	\$ 16.81	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	116.0	\$ 1,524.83	\$ 14.74
Outpatient Treatment	3,713.8	86.01	26.62	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	3,392.5	84.89	24.00
Intermediate Care	15.5	890.32	1.15	0.9875	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							3,522.7	\$ 140.62	\$ 41.28
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
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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	41.7	\$ 2,172.66	\$ 7.55
Psychiatric/SUD	-	-	-	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	-	-	-
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	6.3	2,495.24	1.31	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	6.1	2,419.67	1.23
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	53.2	\$ 2,244.36	\$ 9.95							47.8	\$ 2,204.18	\$ 8.78
Outpatient Hospital												
Emergency Room	2,910.2	\$ 129.64	\$ 31.44	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	2,357.4	\$ 141.46	\$ 27.79
General	17,404.6	56.42	81.83	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	16,301.3	61.57	83.64
Subtotal	20,314.8	\$ 66.91	\$ 113.27							18,658.7	\$ 71.66	\$ 111.43
Ancillary												
Pharmacy	12,775.2	\$ 43.27	\$ 46.07	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	12,442.1	\$ 44.53	\$ 46.17
DME/Supplies/Prosthetics	222.6	122.91	2.28	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	206.2	128.03	2.20
Ambulance	169.2	60.28	0.85	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	156.8	68.88	0.90
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	14.8	129.73	0.16	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	13.7	140.15	0.16
Chiropractic Services	1,228.8	31.05	3.18	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	1,138.4	32.26	3.06
Podiatry	47.5	48.00	0.19	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	44.0	49.09	0.18
Vision	329.5	63.00	1.73	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	305.3	65.64	1.67
Other Ancillary	154.3	29.55	0.38	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	142.9	31.07	0.37
Subtotal	14,941.9	\$ 44.04	\$ 54.84							14,449.4	\$ 45.44	\$ 54.71
Professional												
Surgery	657.0	\$ 136.99	\$ 7.50	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	646.4	\$ 138.68	\$ 7.47
Anesthesia	94.7	250.90	1.98	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	93.2	253.65	1.97
Inpatient Visits	85.8	95.10	0.68	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	82.1	96.47	0.66
Urgent Care/Emergency Room	1,695.7	82.66	11.68	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	1,442.9	83.83	10.08
Office/Home Visits	3,669.6	62.23	19.03	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	4,020.4	62.95	21.09
Preventive Care	867.1	63.80	4.61	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	926.9	64.60	4.99
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	59.2	283.78	1.40	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	58.2	286.60	1.39
Allergy/Immunotherapy	38.5	84.16	0.27	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	37.9	85.49	0.27
Lab/Path/Rad	7,389.6	27.61	17.00	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	7,074.1	27.94	16.47
Office Adm. Drugs	680.7	85.15	4.83	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	669.7	86.19	4.81
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	3.0	40.00	0.01	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	3.0	40.00	0.01
Physical Therapy	541.6	30.13	1.36	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	532.9	30.40	1.35
Family Planning	32.6	18.40	0.05	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	32.1	18.69	0.05
Other Professional	547.5	86.79	3.96	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	538.7	87.77	3.94
Subtotal	16,362.6	\$ 54.53	\$ 74.36							16,158.5	\$ 55.36	\$ 74.55
Total Medical	51,672.5	\$ 58.62	\$ 252.42							49,314.4	\$ 60.71	\$ 249.47

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	286.6	\$ 2,732.03	\$ 65.25
Psychiatric/SUD	27.8	1,014.39	2.35	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	24.0	1,000.00	2.00
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	402.3	\$ 2,637.43	\$ 88.42							310.6	\$ 2,598.20	\$ 67.25
Outpatient Hospital												
Emergency Room	1,549.6	\$ 109.96	\$ 14.20	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,216.0	\$ 120.30	\$ 12.19
General	9,792.3	74.36	60.68	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	7,932.1	81.75	54.04
Subtotal	11,341.9	\$ 79.22	\$ 74.88							9,148.1	\$ 86.88	\$ 66.23
Ancillary												
Pharmacy	7,165.0	\$ 58.37	\$ 34.85	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	6,427.3	\$ 60.06	\$ 32.17
DME/Supplies/Prosthetics	195.9	161.72	2.64	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	171.9	168.24	2.41
Ambulance	178.8	77.18	1.15	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	156.9	87.95	1.15
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	41.0	184.39	0.63	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	36.0	196.67	0.59
Chiropractic Services	1.3	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	1.1	-	-
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	123.8	76.58	0.79	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	108.7	79.48	0.72
Other Ancillary	386.5	31.67	1.02	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	339.2	32.90	0.93
Subtotal	8,092.3	\$ 60.92	\$ 41.08							7,241.1	\$ 62.92	\$ 37.97
Professional												
Surgery	414.8	\$ 251.40	\$ 8.69	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	364.0	\$ 254.51	\$ 7.72
Anesthesia	82.9	273.58	1.89	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	72.7	277.30	1.68
Inpatient Visits	535.6	90.29	4.03	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	441.5	92.14	3.39
Urgent Care/Emergency Room	895.0	81.52	6.08	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	737.8	82.95	5.10
Office/Home Visits	1,621.7	68.37	9.24	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	1,794.0	69.16	10.34
Preventive Care	167.4	57.35	0.80	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	183.4	58.23	0.89
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	10.5	68.57	0.06	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	9.2	65.22	0.05
Lab/Path/Rad	2,432.2	27.43	5.56	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	2,134.3	27.77	4.94
Office Adm. Drugs	179.0	85.81	1.28	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	157.1	87.08	1.14
Clinic	527.7	160.55	7.06	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	463.1	162.47	6.27
Psych/SUD	8.8	68.18	0.05	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	7.7	62.34	0.04
Physical Therapy	234.0	30.26	0.59	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	205.3	30.39	0.52
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	396.8	51.11	1.69	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	348.2	51.69	1.50
Subtotal	7,506.4	\$ 75.17	\$ 47.02							6,918.3	\$ 75.59	\$ 43.58
Total Medical	27,342.9	\$ 110.33	\$ 251.40							23,618.1	\$ 109.25	\$ 215.03
Category of Service - Iowa Plan for BH												
Inpatient Treatment	181.4	\$ 1,659.76	\$ 25.09	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	161.2	\$ 1,638.46	\$ 22.01
Outpatient Treatment	3,244.2	80.71	21.82	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	2,963.5	79.65	19.67
Intermediate Care	7.6	742.11	0.47	0.9875	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							3,131.6	\$ 167.07	\$ 43.60
Short Term Institutional / HCBS	11.6	\$ 755.17	\$ 0.73	1.0125	1.0125	1.0000	1.0000	1.0000	0.9977	11.7	\$ 769.23	\$ 0.75

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
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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	313.2	\$ 1,362.84	\$ 35.57
Psychiatric/SUD	22.8	1,484.21	2.82	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	21.4	1,457.94	2.60
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	375.2	\$ 1,392.22	\$ 43.53							334.6	\$ 1,368.92	\$ 38.17
Outpatient Hospital												
Emergency Room	2,067.2	\$ 129.16	\$ 22.25	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	1,674.5	\$ 140.96	\$ 19.67
General	10,340.1	72.20	62.21	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	9,684.6	78.79	63.59
Subtotal	12,407.3	\$ 81.69	\$ 84.46							11,359.1	\$ 87.96	\$ 83.26
Ancillary												
Pharmacy	7,527.9	\$ 55.38	\$ 34.74	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	7,331.6	\$ 56.98	\$ 34.81
DME/Supplies/Prosthetics	176.9	148.56	2.19	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	163.9	154.48	2.11
Ambulance	220.2	53.41	0.98	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	204.0	61.18	1.04
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	11.8	122.03	0.12	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	10.9	132.11	0.12
Chiropractic Services	452.2	32.91	1.24	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	418.9	34.09	1.19
Podiatry	27.5	43.64	0.10	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	25.5	47.06	0.10
Vision	141.5	73.78	0.87	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	131.1	76.89	0.84
Other Ancillary	76.7	28.16	0.18	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	71.1	28.69	0.17
Subtotal	8,634.7	\$ 56.17	\$ 40.42							8,357.0	\$ 57.98	\$ 40.38
Professional												
Surgery	405.8	\$ 173.58	\$ 5.87	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	399.3	\$ 175.51	\$ 5.84
Anesthesia	72.5	251.59	1.52	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	71.3	254.14	1.51
Inpatient Visits	490.0	79.10	3.23	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	469.1	80.32	3.14
Urgent Care/Emergency Room	1,174.2	80.02	7.83	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	999.2	81.18	6.76
Office/Home Visits	1,946.5	66.70	10.82	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	2,132.6	67.47	11.99
Preventive Care	262.7	53.44	1.17	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	280.8	54.27	1.27
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.6	238.78	0.39	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	19.3	242.49	0.39
Lab/Path/Rad	3,500.9	26.98	7.87	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	3,351.4	27.28	7.62
Office Adm. Drugs	129.4	41.73	0.45	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	127.3	42.42	0.45
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	2.0	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	2.0	-	-
Physical Therapy	466.5	32.67	1.27	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	459.0	32.94	1.26
Family Planning	2.0	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	2.0	-	-
Other Professional	397.9	39.81	1.32	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	391.5	40.15	1.31
Subtotal	8,870.0	\$ 56.47	\$ 41.74							8,704.8	\$ 57.26	\$ 41.54
Total Medical	30,287.2	\$ 83.26	\$ 210.15							28,755.5	\$ 84.86	\$ 203.35

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	359.9	\$ 2,303.64	\$ 69.09
Psychiatric/SUD	7.2	1,550.00	0.93	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	6.2	1,529.03	0.79
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	0.5	2,880.00	0.12	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	0.5	2,640.00	0.11
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	478.0	\$ 2,314.14	\$ 92.18							366.6	\$ 2,291.00	\$ 69.99
Outpatient Hospital												
Emergency Room	1,834.2	\$ 112.01	\$ 17.12	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,439.3	\$ 122.56	\$ 14.70
General	20,714.1	78.91	136.21	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	16,779.2	86.76	121.31
Subtotal	22,548.3	\$ 81.60	\$ 153.33							18,218.5	\$ 89.59	\$ 136.01
Ancillary												
Pharmacy	21,606.5	\$ 42.19	\$ 75.96	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	19,381.9	\$ 43.41	\$ 70.11
DME/Supplies/Prosthetics	521.2	126.63	5.50	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	457.4	131.70	5.02
Ambulance	222.7	78.13	1.45	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	195.5	89.62	1.46
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	100.9	137.96	1.16	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	88.6	146.28	1.08
Chiropractic Services	1.3	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	1.1	-	-
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	289.7	74.15	1.79	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	254.3	76.92	1.63
Other Ancillary	976.7	32.19	2.62	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	857.2	33.46	2.39
Subtotal	23,719.0	\$ 44.76	\$ 88.48							21,236.0	\$ 46.16	\$ 81.69
Professional												
Surgery	938.1	\$ 241.77	\$ 18.90	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	823.2	\$ 244.61	\$ 16.78
Anesthesia	179.4	254.85	3.81	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	157.4	257.69	3.38
Inpatient Visits	653.3	83.02	4.52	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	538.5	84.90	3.81
Urgent Care/Emergency Room	1,068.5	87.37	7.78	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	880.8	88.83	6.52
Office/Home Visits	3,823.9	69.20	22.05	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	4,230.1	70.01	24.68
Preventive Care	392.3	71.88	2.35	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	429.8	72.59	2.60
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	2.4	250.00	0.05	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	2.1	228.57	0.04
Allergy/Immunotherapy	36.7	104.63	0.32	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	32.2	104.35	0.28
Lab/Path/Rad	6,635.9	28.77	15.91	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	5,823.2	29.12	14.13
Office Adm. Drugs	488.0	69.59	2.83	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	428.2	70.34	2.51
Clinic	1,318.2	161.68	17.76	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	1,156.8	163.59	15.77
Psych/SUD	6.0	40.00	0.02	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	5.3	45.28	0.02
Physical Therapy	725.7	27.28	1.65	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	636.8	27.51	1.46
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	868.8	61.05	4.42	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	762.4	61.70	3.92
Subtotal	17,137.2	\$ 71.68	\$ 102.37							15,906.8	\$ 72.35	\$ 95.90
Total Medical	63,882.5	\$ 81.97	\$ 436.36							55,727.9	\$ 82.60	\$ 383.59
Category of Service - Iowa Plan for BH												
Inpatient Treatment	112.1	\$ 1,565.03	\$ 14.62	0.9875	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	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	2,989.9	77.46	19.30
Intermediate Care	10.6	905.66	0.80	0.9875	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							3,099.2	\$ 132.96	\$ 34.34
Short Term Institutional / HCBS	4.2	\$ 1,714.29	\$ 0.60	1.0125	1.0125	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)
January 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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	349.3	\$ 1,690.24	\$ 49.20
Psychiatric/SUD	20.3	390.15	0.66	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	19.0	385.26	0.61
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	413.3	\$ 1,653.81	\$ 56.96							368.3	\$ 1,622.92	\$ 49.81
Outpatient Hospital												
Emergency Room	2,324.1	\$ 135.79	\$ 26.30	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	1,882.6	\$ 148.20	\$ 23.25
General	24,109.7	74.22	149.12	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	22,581.3	81.00	152.42
Subtotal	26,433.8	\$ 79.63	\$ 175.42							24,463.9	\$ 86.17	\$ 175.67
Ancillary												
Pharmacy	21,016.0	\$ 36.11	\$ 63.24	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	20,468.1	\$ 37.15	\$ 63.37
DME/Supplies/Prosthetics	543.5	156.54	7.09	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	503.5	162.78	6.83
Ambulance	341.5	52.71	1.50	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	316.4	60.30	1.59
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	7.2	100.00	0.06	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	6.7	107.46	0.06
Chiropractic Services	1,130.2	30.47	2.87	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	1,047.0	31.63	2.76
Podiatry	57.7	64.47	0.31	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	53.5	67.29	0.30
Vision	418.4	65.11	2.27	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	387.6	67.80	2.19
Other Ancillary	185.2	32.40	0.50	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	171.6	33.57	0.48
Subtotal	23,699.7	\$ 39.41	\$ 77.84							22,954.4	\$ 40.56	\$ 77.58
Professional												
Surgery	997.4	\$ 204.41	\$ 16.99	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	981.3	\$ 206.79	\$ 16.91
Anesthesia	194.2	256.44	4.15	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	191.1	259.34	4.13
Inpatient Visits	481.9	81.93	3.29	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	461.3	82.98	3.19
Urgent Care/Emergency Room	1,321.1	90.74	9.99	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	1,124.2	92.01	8.62
Office/Home Visits	4,284.6	66.91	23.89	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	4,694.2	67.69	26.48
Preventive Care	652.2	71.02	3.86	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	697.2	71.77	4.17
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	19.2	150.00	0.24	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	18.9	152.38	0.24
Allergy/Immunotherapy	127.1	28.32	0.30	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	125.1	28.78	0.30
Lab/Path/Rad	8,869.0	26.60	19.66	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	8,490.4	26.91	19.04
Office Adm. Drugs	896.7	95.15	7.11	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	882.3	96.29	7.08
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	9.6	50.00	0.04	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	9.4	51.06	0.04
Physical Therapy	776.8	30.28	1.96	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	764.3	30.62	1.95
Family Planning	4.8	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	4.7	-	-
Other Professional	961.5	55.29	4.43	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	946.0	55.94	4.41
Subtotal	19,596.1	\$ 58.73	\$ 95.91							19,390.4	\$ 59.76	\$ 96.56
Total Medical	70,142.9	\$ 69.48	\$ 406.13							67,177.0	\$ 71.39	\$ 399.62

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	557.3	\$ 2,132.14	\$ 99.02
Psychiatric/SUD	26.1	1,085.06	2.36	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	22.6	1,067.26	2.01
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	754.3	\$ 2,115.39	\$ 132.97							579.9	\$ 2,090.64	\$ 101.03
Outpatient Hospital												
Emergency Room	1,644.1	\$ 115.69	\$ 15.85	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	1,290.2	\$ 126.59	\$ 13.61
General	15,618.8	81.72	106.37	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	12,651.8	89.85	94.73
Subtotal	17,262.9	\$ 84.96	\$ 122.22							13,942.0	\$ 93.25	\$ 108.34
Ancillary												
Pharmacy	14,514.5	\$ 51.93	\$ 62.81	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	13,020.1	\$ 53.43	\$ 57.97
DME/Supplies/Prosthetics	581.9	169.72	8.23	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	510.7	176.46	7.51
Ambulance	281.2	72.97	1.71	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	246.8	83.63	1.72
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	84.2	173.87	1.22	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	73.9	185.12	1.14
Chiropractic Services	0.3	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	0.3	-	-
Podiatry	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Vision	193.7	76.20	1.23	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	170.0	79.06	1.12
Other Ancillary	490.3	31.33	1.28	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	430.3	32.63	1.17
Subtotal	16,146.1	\$ 56.84	\$ 76.48							14,452.1	\$ 58.65	\$ 70.63
Professional												
Surgery	776.2	\$ 271.94	\$ 17.59	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	681.1	\$ 275.20	\$ 15.62
Anesthesia	150.3	270.66	3.39	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	131.9	273.84	3.01
Inpatient Visits	938.3	87.09	6.81	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	773.5	89.05	5.74
Urgent Care/Emergency Room	986.2	88.95	7.31	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	813.0	90.48	6.13
Office/Home Visits	2,719.5	70.34	15.94	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	3,008.4	71.16	17.84
Preventive Care	209.7	62.95	1.10	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	229.7	63.74	1.22
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	6.9	139.13	0.08	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	6.1	137.70	0.07
Lab/Path/Rad	4,210.2	27.73	9.73	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	3,694.6	28.06	8.64
Office Adm. Drugs	168.5	84.75	1.19	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	147.9	86.00	1.06
Clinic	899.6	161.67	12.12	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	789.4	163.57	10.76
Psych/SUD	7.1	67.61	0.04	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	6.2	77.42	0.04
Physical Therapy	501.9	28.45	1.19	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	440.4	28.88	1.06
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	947.3	54.60	4.31	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	831.3	55.29	3.83
Subtotal	12,521.7	\$ 77.43	\$ 80.80							11,553.5	\$ 77.92	\$ 75.02
Total Medical	46,685.0	\$ 106.02	\$ 412.47							40,527.5	\$ 105.12	\$ 355.02
Category of Service - Iowa Plan for BH												
Inpatient Treatment	163.6	\$ 1,852.08	\$ 25.25	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	145.4	\$ 1,828.06	\$ 22.15
Outpatient Treatment	3,106.4	83.71	21.67	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	2,837.6	82.63	19.54
Intermediate Care	10.5	731.43	0.64	0.9875	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							2,992.6	\$ 175.51	\$ 43.77
Short Term Institutional / HCBS	16.4	\$ 724.39	\$ 0.99	1.0125	1.0125	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)
January 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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	1,525.3	\$ 765.33	\$ 97.28
Psychiatric/SUD	1.9	3,347.37	0.53	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	1.8	3,266.67	0.49
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	1,718.0	\$ 781.26	\$ 111.85							1,527.1	\$ 768.28	\$ 97.77
Outpatient Hospital												
Emergency Room	2,511.3	\$ 135.71	\$ 28.40	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	2,034.2	\$ 148.13	\$ 25.11
General	18,967.7	75.75	119.73	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	17,765.3	82.66	122.38
Subtotal	21,479.0	\$ 82.76	\$ 148.13							19,799.5	\$ 89.39	\$ 147.49
Ancillary												
Pharmacy	13,908.4	\$ 63.05	\$ 73.08	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	13,545.8	\$ 64.87	\$ 73.23
DME/Supplies/Prosthetics	422.3	150.32	5.29	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	391.2	156.13	5.09
Ambulance	328.4	55.54	1.52	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	304.2	63.51	1.61
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	28.9	112.11	0.27	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	26.8	120.90	0.27
Chiropractic Services	283.3	30.50	0.72	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	262.5	31.54	0.69
Podiatry	81.2	42.86	0.29	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	75.2	44.68	0.28
Vision	305.0	62.95	1.60	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	282.6	65.39	1.54
Other Ancillary	88.4	29.86	0.22	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	81.9	30.77	0.21
Subtotal	15,445.9	\$ 64.48	\$ 82.99							14,970.2	\$ 66.47	\$ 82.92
Professional												
Surgery	809.7	\$ 197.11	\$ 13.30	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	796.7	\$ 199.42	\$ 13.24
Anesthesia	125.9	277.36	2.91	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	123.9	280.87	2.90
Inpatient Visits	762.9	79.28	5.04	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	730.3	80.35	4.89
Urgent Care/Emergency Room	1,338.6	91.71	10.23	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	1,139.1	93.02	8.83
Office/Home Visits	3,015.5	66.06	16.60	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	3,303.7	66.83	18.40
Preventive Care	332.9	66.33	1.84	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	355.9	67.10	1.99
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	19.8	54.55	0.09	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	19.5	55.38	0.09
Lab/Path/Rad	4,886.7	26.96	10.98	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	4,678.1	27.27	10.63
Office Adm. Drugs	185.3	164.49	2.54	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	182.3	166.54	2.53
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	1.8	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1.8	-	-
Physical Therapy	800.7	33.12	2.21	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	787.8	33.51	2.20
Family Planning	1.8	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1.8	-	-
Other Professional	860.0	39.35	2.82	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	846.2	39.85	2.81
Subtotal	13,141.6	\$ 62.60	\$ 68.56							12,967.1	\$ 63.40	\$ 68.51
Total Medical	51,784.5	\$ 95.36	\$ 411.53							49,263.9	\$ 96.63	\$ 396.69

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: 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	0.9875	0.9938	0.7750	1.0100	1.0000	0.9869	743.4	\$ 2,181.28	\$ 135.13
Psychiatric/SUD	18.4	834.78	1.28	0.9875	0.9938	0.8750	1.0025	1.0000	0.9869	15.9	822.64	1.09
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	989.7	\$ 2,176.66	\$ 179.52							759.3	\$ 2,152.82	\$ 136.22
Outpatient Hospital												
Emergency Room	1,106.2	\$ 123.02	\$ 11.34	1.0125	1.1030	0.7750	1.0050	1.0000	0.9869	868.1	\$ 134.64	\$ 9.74
General	21,754.5	89.51	162.27	1.0125	1.1030	0.8000	1.0100	1.0000	0.9869	17,622.0	98.41	144.52
Subtotal	22,860.7	\$ 91.13	\$ 173.61							18,490.1	\$ 100.11	\$ 154.26
Ancillary												
Pharmacy	23,450.0	\$ 39.55	\$ 77.28	1.0252	1.0379	0.8750	0.9800	1.0000	1.0116	21,035.6	\$ 40.69	\$ 71.33
DME/Supplies/Prosthetics	749.7	144.06	9.00	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	658.0	149.73	8.21
Ambulance	281.0	79.86	1.87	0.9752	1.0508	0.9000	1.0025	1.0000	1.0856	246.6	91.48	1.88
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	299.1	183.35	4.57	0.9752	1.0508	0.9000	1.0025	1.0000	1.0072	262.5	194.74	4.26
Chiropractic Services	1.0	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	0.9	-	-
Podiatry	0.7	-	-	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	0.6	-	-
Vision	251.4	75.89	1.59	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	220.6	78.88	1.45
Other Ancillary	632.9	31.66	1.67	0.9752	1.0508	0.9000	1.0025	1.0000	0.9869	555.5	32.84	1.52
Subtotal	25,665.8	\$ 44.88	\$ 95.98							22,980.3	\$ 46.29	\$ 88.65
Professional												
Surgery	1,203.6	\$ 280.86	\$ 28.17	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	1,056.2	\$ 284.15	\$ 25.01
Anesthesia	215.1	262.20	4.70	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	188.8	265.04	4.17
Inpatient Visits	1,261.5	85.90	9.03	1.0637	1.0252	0.7750	1.0100	1.0000	0.9869	1,039.9	87.82	7.61
Urgent Care/Emergency Room	754.3	94.50	5.94	1.0637	1.0252	0.7750	1.0050	1.0000	0.9869	621.8	96.11	4.98
Office/Home Visits	3,783.9	71.35	22.50	1.0637	1.0252	1.0400	1.0000	1.0000	0.9869	4,185.8	72.19	25.18
Preventive Care	340.2	67.72	1.92	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	372.7	68.58	2.13
Maternity - Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	21.4	72.90	0.13	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	18.8	76.60	0.12
Lab/Path/Rad	6,561.2	30.20	16.51	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	5,757.7	30.55	14.66
Office Adm. Drugs	409.1	173.94	5.93	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	359.0	175.82	5.26
Clinic	1,313.3	161.73	17.70	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	1,152.5	163.57	15.71
Psych/SUD	5.0	48.00	0.02	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	4.4	54.55	0.02
Physical Therapy	735.1	27.59	1.69	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	645.1	27.90	1.50
Family Planning	-	-	-	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,378.9	50.13	5.76	1.0637	1.0252	0.8250	1.0000	1.0000	0.9869	1,210.0	50.68	5.11
Subtotal	17,982.6	\$ 80.08	\$ 120.00							16,612.7	\$ 80.51	\$ 111.46
Total Medical	67,498.8	\$ 101.18	\$ 569.11							58,842.4	\$ 100.05	\$ 490.59
Category of Service - Iowa Plan for BH												
Inpatient Treatment	83.0	\$ 2,002.41	\$ 13.85	0.9875	1.0000	0.9000	1.0000	1.0000	0.9869	73.8	\$ 1,975.61	\$ 12.15
Outpatient Treatment	2,069.2	83.80	14.45	0.9875	1.0000	0.9250	1.0000	1.0000	0.9869	1,890.2	82.72	13.03
Intermediate Care	6.7	644.78	0.36	0.9875	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							1,970.1	\$ 164.46	\$ 27.00
Short Term Institutional / HCBS	66.1	\$ 757.03	\$ 4.17	1.0125	1.0125	1.0000	1.0000	1.0000	0.9977	66.9	\$ 765.92	\$ 4.27

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
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	0.9875	0.9938	0.9000	1.0025	1.0000	0.9869	783.3	\$ 2,097.13	\$ 136.89
Psychiatric/SUD	49.0	680.82	2.78	0.9875	0.9938	0.9500	1.0025	1.0000	0.9869	46.0	667.83	2.56
Maternity - Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Maternity Non-Delivery	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Well Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Other Newborn	-	-	-	0.9875	0.9938	0.9800	0.9900	1.0000	0.9869	-	-	-
Subtotal	930.3	\$ 2,056.50	\$ 159.43							829.3	\$ 2,017.85	\$ 139.45
Outpatient Hospital												
Emergency Room	1,534.6	\$ 147.95	\$ 18.92	1.0125	1.1030	0.8000	1.0025	1.0000	0.9869	1,243.1	\$ 161.50	\$ 16.73
General	25,088.4	87.37	182.67	1.0125	1.1030	0.9250	1.0025	1.0000	0.9869	23,497.9	95.35	186.71
Subtotal	26,623.0	\$ 90.86	\$ 201.59							24,741.0	\$ 98.67	\$ 203.44
Ancillary												
Pharmacy	21,432.9	\$ 41.21	\$ 73.60	1.0252	1.0379	0.9500	0.9800	1.0000	1.0116	20,874.1	\$ 42.40	\$ 73.76
DME/Supplies/Prosthetics	756.3	209.92	13.23	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	700.7	218.18	12.74
Ambulance	380.8	53.26	1.69	0.9752	1.0508	0.9500	1.0025	1.0000	1.0856	352.8	60.88	1.79
Non-Emergency Transportation	-	-	-	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	-	-	-
Home Health/Hospice	31.8	116.98	0.31	0.9752	1.0508	0.9500	1.0025	1.0000	1.0072	29.5	122.03	0.30
Chiropractic Services	614.3	31.84	1.63	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	569.1	33.10	1.57
Podiatry	163.2	66.91	0.91	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	151.2	69.84	0.88
Vision	399.4	68.50	2.28	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	370.0	71.35	2.20
Other Ancillary	70.3	32.43	0.19	0.9752	1.0508	0.9500	1.0025	1.0000	0.9869	65.1	33.18	0.18
Subtotal	23,849.0	\$ 47.22	\$ 93.84							23,112.5	\$ 48.50	\$ 93.42
Professional												
Surgery	1,198.6	\$ 217.65	\$ 21.74	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1,179.3	\$ 220.20	\$ 21.64
Anesthesia	203.7	249.19	4.23	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	200.4	252.10	4.21
Inpatient Visits	1,120.5	79.25	7.40	1.0637	1.0252	0.9000	1.0025	1.0000	0.9869	1,072.7	80.43	7.19
Urgent Care/Emergency Room	1,035.9	98.12	8.47	1.0637	1.0252	0.8000	1.0025	1.0000	0.9869	881.5	99.51	7.31
Office/Home Visits	4,569.5	70.43	26.82	1.0637	1.0252	1.0300	1.0000	1.0000	0.9869	5,006.3	71.26	29.73
Preventive Care	674.7	62.43	3.51	1.0637	1.0252	1.0050	1.0000	1.0000	0.9869	721.3	63.22	3.80
Maternity - Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Maternity - Non-Delivery	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Allergy/Immunotherapy	5.3	45.28	0.02	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	5.2	46.15	0.02
Lab/Path/Rad	9,377.1	26.78	20.93	1.0637	1.0252	0.9000	1.0000	1.0000	0.9869	8,976.8	27.10	20.27
Office Adm. Drugs	423.3	54.15	1.91	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	416.5	54.74	1.90
Clinic	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Psych/SUD	1.3	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1.3	-	-
Physical Therapy	1,452.6	30.90	3.74	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1,429.2	31.23	3.72
Family Planning	-	-	-	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	-	-	-
Other Professional	1,487.0	43.50	5.39	1.0637	1.0252	0.9250	1.0000	1.0000	0.9869	1,463.1	44.04	5.37
Subtotal	21,549.5	\$ 58.00	\$ 104.16							21,353.6	\$ 59.10	\$ 105.16
Total Medical	72,951.8	\$ 91.95	\$ 559.02							70,036.4	\$ 92.78	\$ 541.47

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: 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	0.9460	1.0418	0.7500	1.0150	1.0000	1.0000	477.8	\$ 2,589.12	\$ 103.09
Psychiatric/SUD	6.1	944.26	0.48	0.9460	1.0418	0.8500	1.0050	1.0000	1.0000	4.9	979.59	0.40
Maternity - Delivery	15.1	1,692.72	2.13	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	14.3	1,762.24	2.10
Maternity Non-Delivery	2.5	864.00	0.18	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	2.4	900.00	0.18
Well Newborn	1.0	840.00	0.07	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	0.9	933.33	0.07
Other Newborn	171.8	2,619.32	37.50	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	162.5	2,729.35	36.96
Subtotal	869.9	\$ 2,452.42	\$ 177.78							662.8	\$ 2,585.40	\$ 142.80
Outpatient Hospital												
Emergency Room	1,208.7	\$ 102.26	\$ 10.30	1.0418	1.0418	0.7500	1.0050	1.0000	1.0000	944.4	\$ 107.12	\$ 8.43
General	14,319.4	72.93	87.03	1.0418	1.0418	0.7750	1.0100	1.0000	1.0000	11,561.3	76.75	73.94
Subtotal	15,528.1	\$ 75.22	\$ 97.33							12,505.7	\$ 79.04	\$ 82.37
Ancillary												
Pharmacy	16,554.7	\$ 120.96	\$ 166.87	1.0703	1.1139	0.8500	0.9800	1.0000	1.0250	15,060.2	\$ 135.34	\$ 169.86
DME/Supplies/Prosthetics	1,909.4	168.49	26.81	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,760.4	178.39	26.17
Ambulance	118.3	141.00	1.39	1.0847	1.0560	0.8500	1.0025	1.0000	1.1000	109.1	163.89	1.49
Non-Emergency Transportation	105.4	37.57	0.33	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	97.2	39.51	0.32
Home Health/Hospice	854.1	676.50	48.15	1.0847	1.0560	0.8500	1.0025	1.0000	1.0206	787.5	730.82	47.96
Chiropractic Services	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	740.8	33.86	2.09	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	683.0	35.84	2.04
Other Ancillary	339.4	30.76	0.87	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	312.9	32.60	0.85
Subtotal	20,622.1	\$ 143.44	\$ 246.51							18,810.3	\$ 158.65	\$ 248.69
Professional												
Surgery	348.2	\$ 285.70	\$ 8.29	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	294.2	\$ 289.60	\$ 7.10
Anesthesia	135.5	319.70	3.61	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	114.5	323.84	3.09
Inpatient Visits	1,002.3	184.97	15.45	1.0560	1.0138	0.7500	1.0150	1.0000	1.0000	793.8	190.33	12.59
Urgent Care/Emergency Room	672.7	76.71	4.30	1.0560	1.0138	0.7500	1.0050	1.0000	1.0000	532.8	78.15	3.47
Office/Home Visits	2,326.6	80.10	15.53	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	2,555.1	81.20	17.29
Preventive Care	606.6	53.61	2.71	1.0560	1.0138	1.0600	1.0000	1.0000	1.0000	679.0	54.43	3.08
Maternity - Delivery	4.6	1,330.43	0.51	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	3.9	1,353.85	0.44
Maternity - Non-Delivery	21.8	126.61	0.23	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	18.4	130.43	0.20
Allergy/Immunotherapy	50.4	57.14	0.24	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	42.6	59.15	0.21
Lab/Path/Rad	2,642.2	23.66	5.21	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	2,301.8	23.98	4.60
Office Adm. Drugs	146.6	70.40	0.86	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	123.8	71.73	0.74
Clinic	531.2	159.94	7.08	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	448.7	162.07	6.06
Psych/SUD	31.0	363.87	0.94	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	26.2	370.99	0.81
Physical Therapy	200.5	53.87	0.90	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	169.4	54.55	0.77
Family Planning	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	757.3	64.18	4.05	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	639.7	65.09	3.47
Subtotal	9,477.5	\$ 88.52	\$ 69.91							8,743.9	\$ 87.72	\$ 63.92
Total Medical	46,497.6	\$ 152.66	\$ 591.53							40,722.7	\$ 158.47	\$ 537.78
Category of Service - Iowa Plan for BH												
Inpatient Treatment	137.9	\$ 2,341.70	\$ 26.91	1.0418	1.0000	0.9000	1.0000	1.0000	1.0000	129.3	\$ 2,341.53	\$ 25.23
Outpatient Treatment	10,165.4	119.17	100.95	1.0418	1.0000	0.9500	1.0000	1.0000	1.0000	10,060.7	119.17	99.91
Intermediate Care	18.5	525.41	0.81	1.0418	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							10,208.3	\$ 149.81	\$ 127.44
Short Term Institutional / HCBS	59.4	\$ 680.81	\$ 3.37	1.0069	1.0069	1.0000	1.0000	1.0000	1.0109	59.8	\$ 692.31	\$ 3.45

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: 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	0.9460	1.0418	0.7500	1.0150	1.0000	1.0000	1,182.3	\$ 2,101.29	\$ 207.03
Psychiatric/SUD	17.3	929.48	1.34	0.9460	1.0418	0.8500	1.0050	1.0000	1.0000	13.9	975.54	1.13
Maternity - Delivery	23.3	1,998.28	3.88	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	22.0	2,083.64	3.82
Maternity Non-Delivery	4.9	1,273.47	0.52	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	4.6	1,330.43	0.51
Well Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal	1,711.9	\$ 1,974.65	\$ 281.70							1,222.8	\$ 2,085.28	\$ 212.49
Outpatient Hospital												
Emergency Room	2,473.0	\$ 101.22	\$ 20.86	1.0418	1.0418	0.7500	1.0050	1.0000	1.0000	1,932.3	\$ 105.95	\$ 17.06
General	30,738.7	78.17	200.24	1.0418	1.0418	0.7750	1.0100	1.0000	1.0000	24,818.1	82.25	170.11
Subtotal	33,211.7	\$ 79.89	\$ 221.10							26,750.4	\$ 83.96	\$ 187.17
Ancillary												
Pharmacy	49,806.1	\$ 71.87	\$ 298.30	1.0703	1.1139	0.8500	0.9800	1.0000	1.0250	45,309.8	\$ 80.42	\$ 303.64
DME/Supplies/Prosthetics	3,029.5	128.58	32.46	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	2,793.1	136.11	31.68
Ambulance	519.3	71.87	3.11	1.0847	1.0560	0.8500	1.0025	1.0000	1.1000	478.8	83.71	3.34
Non-Emergency Transportation	5.0	24.00	0.01	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	4.6	26.09	0.01
Home Health/Hospice	1,906.3	166.06	26.38	1.0847	1.0560	0.8500	1.0025	1.0000	1.0206	1,757.6	179.43	26.28
Chiropractic Services	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	795.1	39.69	2.63	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	733.1	42.07	2.57
Other Ancillary	674.5	31.85	1.79	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	621.9	33.77	1.75
Subtotal	56,735.8	\$ 77.13	\$ 364.68							51,698.9	\$ 85.71	\$ 369.27
Professional												
Surgery	1,312.8	\$ 244.70	\$ 26.77	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,109.0	\$ 248.12	\$ 22.93
Anesthesia	207.2	276.25	4.77	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	175.0	280.46	4.09
Inpatient Visits	1,973.6	85.73	14.10	1.0560	1.0138	0.7500	1.0150	1.0000	1.0000	1,563.0	88.21	11.49
Urgent Care/Emergency Room	1,364.2	89.90	10.22	1.0560	1.0138	0.7500	1.0050	1.0000	1.0000	1,080.4	91.63	8.25
Office/Home Visits	4,420.4	67.68	24.93	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	4,854.5	68.62	27.76
Preventive Care	404.1	40.98	1.38	1.0560	1.0138	1.0600	1.0000	1.0000	1.0000	452.3	41.65	1.57
Maternity - Delivery	8.1	1,170.37	0.79	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	6.8	1,200.00	0.68
Maternity - Non-Delivery	28.8	141.67	0.34	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	24.3	143.21	0.29
Allergy/Immunotherapy	46.0	67.83	0.26	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	38.9	67.87	0.22
Lab/Path/Rad	8,954.5	27.46	20.49	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	7,800.9	27.84	18.10
Office Adm. Drugs	1,232.8	198.86	20.43	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,041.4	201.65	17.50
Clinic	1,169.9	160.42	15.64	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	988.3	162.58	13.39
Psych/SUD	14.9	1,763.76	2.19	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	12.6	1,790.48	1.88
Physical Therapy	612.3	28.61	1.46	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	517.3	29.00	1.25
Family Planning	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,233.2	53.30	9.92	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,886.5	54.07	8.50
Subtotal	23,982.8	\$ 76.90	\$ 153.69							21,551.2	\$ 76.78	\$ 137.90
Total Medical	115,642.2	\$ 105.97	\$ 1,021.17							101,223.3	\$ 107.50	\$ 906.83
Category of Service - Iowa Plan for BH												
Inpatient Treatment	191.0	\$ 2,185.13	\$ 34.78	1.0418	1.0000	0.9000	1.0000	1.0000	1.0000	179.1	\$ 2,184.92	\$ 32.61
Outpatient Treatment	14,272.1	121.68	144.72	1.0418	1.0000	0.9500	1.0000	1.0000	1.0000	14,125.2	121.68	143.23
Intermediate Care	43.8	545.21	1.99	1.0418	1.0000	0.9500	1.0000	1.0000	1.0000	43.3	545.96	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							14,347.6	\$ 149.97	\$ 179.31
Short Term Institutional / HCBS	287.8	\$ 294.37	\$ 7.06	1.0069	1.0069	1.0000	1.0000	1.0000	1.0109	289.8	\$ 299.79	\$ 7.24

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: 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	0.9863	0.9863	0.9500	1.0025	1.0000	1.0000	1,932.5	\$ 261.86	\$ 42.17
Psychiatric/SUD	-	-	-	0.9863	0.9863	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	2,062.4	\$ 264.86	\$ 45.52							1,932.5	\$ 261.86	\$ 42.17
Outpatient Hospital												
Emergency Room	2,079.3	\$ 34.05	\$ 5.90	1.0703	1.0348	0.8000	1.0025	1.0000	1.0000	1,780.3	\$ 35.32	\$ 5.24
General	48,023.0	21.95	87.86	1.0703	1.0348	0.9250	1.0025	1.0000	1.0000	47,542.5	22.77	90.23
Subtotal	50,102.3	\$ 22.46	\$ 93.76							49,322.8	\$ 23.23	\$ 95.47
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	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	16,691.7	43.93	61.11
Ambulance	1,180.0	56.34	5.54	0.9727	1.0847	0.8500	1.0025	1.0000	1.1000	975.7	67.40	5.48
Non-Emergency Transportation	-	-	-	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9727	1.0847	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	1,386.5	9.00	1.04	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	1,146.4	9.84	0.94
Podiatry	912.1	16.97	1.29	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	754.2	18.46	1.16
Vision	1,255.7	24.66	2.58	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	1,038.2	26.82	2.32
Other Ancillary	107.5	16.74	0.15	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	88.9	17.55	0.13
Subtotal	28,571.8	\$ 35.57	\$ 84.70							24,060.4	\$ 38.40	\$ 76.99
Professional												
Surgery	2,677.6	\$ 39.48	\$ 8.81	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	2,545.5	\$ 42.80	\$ 9.08
Anesthesia	382.2	43.96	1.40	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	363.3	47.56	1.44
Inpatient Visits	5,572.0	18.84	8.75	1.0277	1.0847	0.9000	1.0025	1.0000	1.0000	5,153.9	20.49	8.80
Urgent Care/Emergency Room	1,674.4	24.73	3.45	1.0277	1.0847	0.8000	1.0025	1.0000	1.0000	1,376.7	26.85	3.08
Office/Home Visits	9,791.1	20.00	16.32	1.0277	1.0847	1.0300	1.0000	1.0000	1.0000	10,364.6	21.70	18.74
Preventive Care	65.7	56.62	0.31	1.0277	1.0847	1.0050	1.0000	1.0000	1.0000	67.9	61.86	0.35
Maternity - Delivery	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	79.1	15.17	0.10	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	75.2	15.96	0.10
Lab/Path/Rad	6,113.9	8.69	4.43	1.0277	1.0847	0.9000	1.0000	1.0000	1.0000	5,655.2	9.42	4.44
Office Adm. Drugs	2,110.3	41.17	7.24	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	2,006.2	44.68	7.47
Clinic	12.7	28.35	0.03	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	12.1	29.75	0.03
Psych/SUD	1,259.7	21.34	2.24	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	1,197.5	23.15	2.31
Physical Therapy	1,338.8	9.41	1.05	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	1,272.7	10.18	1.08
Family Planning	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,852.4	15.11	4.85	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	3,662.3	16.38	5.00
Subtotal	34,929.9	\$ 20.26	\$ 58.98							33,753.1	\$ 22.01	\$ 61.92
Total Medical	115,666.4	\$ 29.36	\$ 282.96							109,068.8	\$ 30.43	\$ 276.55
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0703	1.0560	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,718.7	111.02	62.16	1.0703	1.0560	0.9250	1.0000	1.0000	1.0000	6,651.5	117.23	64.98
Intermediate Care	-	-	-	1.0703	1.0560	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							6,651.5	\$ 119.94	\$ 66.48
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: 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	0.9460	0.9460	1.0000	1.0000	1.0000	1.0109	498.7	\$ 175.90	\$ 7.31
Home Health/Hospice	34,121.6	174.06	494.94	0.9727	1.0847	0.8500	1.0025	1.0000	1.0206	28,212.7	193.17	454.16
Attendant Care/Nursing/Home Aide	8,469.5	616.73	435.28	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	8,269.2	631.97	435.49
Supported community living	9,897.7	136.76	112.80	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	9,663.7	140.13	112.85
Adult day care	60.2	424.58	2.13	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	58.8	434.69	2.13
Day Habilitation	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Env/home and vehicle mod	43.9	1,697.49	6.21	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	42.9	1,737.06	6.21
Family and community support	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
In-home family therapy	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Respite	121.1	592.57	5.98	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	118.2	607.11	5.98
Waiver Transportation	180.7	142.11	2.14	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	176.4	145.58	2.14
Other HCBS waiver	439.9	705.71	25.87	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	429.5	723.07	25.88
Total Long Term Services and Supp	53,861.8	\$ 243.61	\$ 1,093.43	1.0022	1.0529	0.9051	1.0038	1.0000	1.0051	47,470.1	\$ 265.97	\$ 1,052.15

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: 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	1.0560	1.0703	0.8750	1.0025	1.0000	1.0000	1,618.4	\$ 2,157.09	\$ 290.92
Psychiatric/SUD	-	-	-	1.0560	1.0703	0.9250	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,751.6	\$ 2,010.39	\$ 293.45							1,618.4	\$ 2,157.09	\$ 290.92
Outpatient Hospital												
Emergency Room	1,477.2	\$ 106.82	\$ 13.15	0.9460	1.0560	0.7750	1.0025	1.0000	1.0000	1,083.0	\$ 113.13	\$ 10.21
General	36,879.1	75.90	233.25	0.9460	1.0560	0.9000	1.0025	1.0000	1.0000	31,397.5	80.35	210.22
Subtotal	38,356.3	\$ 77.09	\$ 246.40							32,480.5	\$ 81.44	\$ 220.43
Ancillary												
Pharmacy	54,589.2	\$ 113.22	\$ 515.03	1.0138	1.1139	0.9250	0.9800	1.0000	1.0250	51,192.4	\$ 126.68	\$ 540.41
DME/Supplies/Prosthetics	17,010.5	163.78	232.17	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	16,383.1	173.38	236.71
Ambulance	832.5	71.21	4.94	1.0138	1.0560	0.9500	1.0025	1.0000	1.1000	801.8	82.91	5.54
Non-Emergency Transportation	21.3	39.44	0.07	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	20.5	40.98	0.07
Home Health/Hospice	-	-	-	1.0138	1.0560	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	41.9	8.59	0.03	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	40.4	8.91	0.03
Podiatry	11.4	21.05	0.02	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	11.0	21.82	0.02
Vision	793.2	36.76	2.43	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	763.9	38.96	2.48
Other Ancillary	556.8	32.33	1.50	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	536.3	34.23	1.53
Subtotal	73,856.8	\$ 122.86	\$ 756.19							69,749.4	\$ 135.36	\$ 786.79
Professional												
Surgery	1,412.2	\$ 205.04	\$ 24.13	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	1,378.6	\$ 207.86	\$ 23.88
Anesthesia	263.2	322.80	7.08	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	256.9	327.44	7.01
Inpatient Visits	2,405.3	92.25	18.49	1.0847	1.0138	0.8750	1.0025	1.0000	1.0000	2,282.9	93.78	17.84
Urgent Care/Emergency Room	1,161.5	92.47	8.95	1.0847	1.0138	0.7750	1.0025	1.0000	1.0000	976.4	94.02	7.65
Office/Home Visits	5,104.9	79.81	33.95	1.0847	1.0138	1.0400	1.0000	1.0000	1.0000	5,758.7	80.91	38.83
Preventive Care	584.1	52.80	2.57	1.0847	1.0138	1.0150	1.0000	1.0000	1.0000	643.1	53.55	2.87
Maternity - Delivery	-	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	45.8	123.14	0.47	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	44.7	126.17	0.47
Lab/Path/Rad	8,136.7	22.79	15.45	1.0847	1.0138	0.8750	1.0000	1.0000	1.0000	7,722.5	23.11	14.87
Office Adm. Drugs	2,258.2	265.11	49.89	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	2,204.5	268.80	49.38
Clinic	813.2	156.86	10.63	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	793.9	159.01	10.52
Psych/SUD	71.2	30.34	0.18	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	69.5	31.08	0.18
Physical Therapy	1,574.5	44.81	5.88	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	1,537.0	45.44	5.82
Family Planning	-	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,403.9	83.23	23.61	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	3,322.9	84.40	23.37
Subtotal	27,234.7	\$ 88.69	\$ 201.28							26,991.6	\$ 90.11	\$ 202.69
Total Medical	141,199.4	\$ 127.25	\$ 1,497.32							130,839.9	\$ 137.65	\$ 1,500.83
Category of Service - Iowa Plan for BH												
Inpatient Treatment	47.2	\$ 1,723.73	\$ 6.78	1.0703	0.9727	0.9000	1.0000	1.0000	1.0000	45.5	\$ 1,674.73	\$ 6.35
Outpatient Treatment	6,004.8	117.31	58.70	1.0703	0.9727	0.9250	1.0000	1.0000	1.0000	5,944.7	114.11	56.53
Intermediate Care	0.7	1,200.00	0.07	1.0703	0.9727	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							5,990.9	\$ 129.10	\$ 64.45
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: 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	1.0277	1.0138	1.0000	1.0000	1.0000	1.0109	462.6	\$ 299.09	\$ 11.53
Home Health/Hospice	17,359.1	533.49	771.74	1.0138	1.0560	0.9500	1.0025	1.0000	1.0206	16,718.9	576.39	803.05
Attendant Care/Nursing/Home Aide	4,003.3	645.22	215.25	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	3,962.1	661.16	218.30
Supported community living	2,316.5	111.74	21.57	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	2,292.6	114.52	21.88
Adult day care	8.5	211.76	0.15	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	8.4	214.29	0.15
Day Habilitation	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Env/home and vehicle mod	24.1	2,982.57	5.99	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	23.9	3,047.70	6.07
Family and community support	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
In-home family therapy	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Respite	4,699.0	659.12	258.10	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	4,650.6	675.40	261.75
Waiver Transportation	143.8	141.03	1.69	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	142.3	144.20	1.71
Other HCBS waiver	2,039.6	1,150.87	195.61	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	2,018.6	1,179.31	198.38
Total Long Term Services and Supp	31,044.0	\$ 572.50	\$ 1,481.05	1.0271	1.0423	0.9504	1.0037	1.0000	1.0071	30,280.0	\$ 603.50	\$ 1,522.82

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: 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	0.9863	0.9863	0.9500	1.0025	1.0000	1.0000	1,517.4	\$ 316.41	\$ 40.01
Psychiatric/SUD	-	-	-	0.9863	0.9863	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9863	0.9863	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,619.4	\$ 320.04	\$ 43.19							1,517.4	\$ 316.41	\$ 40.01
Outpatient Hospital												
Emergency Room	1,184.0	\$ 43.07	\$ 4.25	1.0703	1.0348	0.8000	1.0025	1.0000	1.0000	1,013.8	\$ 44.62	\$ 3.77
General	31,628.6	25.34	66.78	1.0703	1.0348	0.9250	1.0025	1.0000	1.0000	31,312.1	26.28	68.58
Subtotal	32,812.6	\$ 25.98	\$ 71.03							32,325.9	\$ 26.86	\$ 72.35
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	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	9,788.1	42.70	34.83
Ambulance	991.7	59.90	4.95	0.9727	1.0847	0.8500	1.0025	1.0000	1.1000	820.0	71.71	4.90
Non-Emergency Transportation	4.0	210.00	0.07	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	3.3	218.18	0.06
Home Health/Hospice	-	-	-	0.9727	1.0847	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	674.0	9.79	0.55	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	557.3	10.55	0.49
Podiatry	1,123.2	16.77	1.57	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	928.7	18.22	1.41
Vision	1,353.6	23.49	2.65	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	1,119.2	25.52	2.38
Other Ancillary	134.2	19.67	0.22	0.9727	1.0847	0.8500	1.0025	1.0000	1.0000	111.0	21.62	0.20
Subtotal	19,746.7	\$ 32.39	\$ 53.30							16,774.1	\$ 34.78	\$ 48.61
Professional												
Surgery	1,958.4	\$ 43.26	\$ 7.06	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	1,861.8	\$ 46.92	\$ 7.28
Anesthesia	229.2	43.46	0.83	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	217.9	47.36	0.86
Inpatient Visits	3,848.9	19.39	6.22	1.0277	1.0847	0.9000	1.0025	1.0000	1.0000	3,560.1	21.10	6.26
Urgent Care/Emergency Room	1,034.5	26.10	2.25	1.0277	1.0847	0.8000	1.0025	1.0000	1.0000	850.6	28.36	2.01
Office/Home Visits	7,447.0	21.58	13.39	1.0277	1.0847	1.0300	1.0000	1.0000	1.0000	7,883.2	23.40	15.37
Preventive Care	38.8	40.21	0.13	1.0277	1.0847	1.0050	1.0000	1.0000	1.0000	40.1	44.89	0.15
Maternity - Delivery	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	10.8	22.22	0.02	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	10.3	23.30	0.02
Lab/Path/Rad	4,728.0	10.00	3.94	1.0277	1.0847	0.9000	1.0000	1.0000	1.0000	4,373.2	10.84	3.95
Office Adm. Drugs	1,730.7	52.49	7.57	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	1,645.3	56.96	7.81
Clinic	55.7	68.94	0.32	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	53.0	74.72	0.33
Psych/SUD	231.6	21.24	0.41	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	220.2	22.89	0.42
Physical Therapy	619.7	10.26	0.53	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	589.1	11.20	0.55
Family Planning	-	-	-	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,127.5	14.08	3.67	1.0277	1.0847	0.9250	1.0000	1.0000	1.0000	2,973.2	15.26	3.78
Subtotal	25,060.8	\$ 22.19	\$ 46.34							24,278.0	\$ 24.12	\$ 48.79
Total Medical	79,239.5	\$ 32.39	\$ 213.86							74,895.4	\$ 33.61	\$ 209.76
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.3	\$ 3,600.00	\$ 0.09	1.0703	1.0560	0.9000	1.0000	1.0000	1.0000	0.3	\$ 3,600.00	\$ 0.09
Outpatient Treatment	1,477.0	148.27	18.25	1.0703	1.0560	0.9250	1.0000	1.0000	1.0000	1,462.2	156.59	19.08
Intermediate Care	0.1	-	-	1.0703	1.0560	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							1,462.6	\$ 169.59	\$ 20.67
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: 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	0.9460	0.9460	1.0000	1.0000	1.0000	1.0109	1,200.9	\$ 156.18	\$ 15.63
Home Health/Hospice	26,796.5	139.37	311.23	0.9727	1.0847	0.8500	1.0025	1.0000	1.0206	22,156.1	154.68	285.59
Attendant Care/Nursing/Home Aide	7,021.2	547.44	320.31	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	6,855.2	560.96	320.46
Supported community living	24,454.5	145.51	296.53	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	23,876.3	149.10	296.67
Adult day care	178.3	494.67	7.35	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	174.1	506.61	7.35
Day Habilitation	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Env/home and vehicle mod	88.0	102.27	0.75	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	85.9	104.77	0.75
Family and community support	0.2	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	0.2	-	-
In-home family therapy	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Respite	88.0	394.09	2.89	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	85.9	403.73	2.89
Waiver Transportation	1,196.8	118.82	11.85	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	1,168.5	121.80	11.86
Other HCBS waiver	286.9	690.55	16.51	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	280.1	707.75	16.52
Total Long Term Services and Supp	61,379.9	\$ 192.51	\$ 984.70	1.0089	1.0443	0.9193	1.0041	1.0000	1.0014	55,883.2	\$ 205.65	\$ 957.72

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: 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	1.0703	0.9593	0.9000	1.0025	1.0000	1.0000	457.3	\$ 921.06	\$ 35.10
Psychiatric/SUD	1.0	3,120.00	0.26	1.0703	0.9593	0.9500	1.0025	1.0000	1.0000	1.0	3,000.00	0.25
Maternity - Delivery	1.4	2,142.86	0.25	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	1.5	2,000.00	0.25
Maternity Non-Delivery	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	477.2	\$ 965.63	\$ 38.40							459.8	\$ 929.10	\$ 35.60
Outpatient Hospital												
Emergency Room	739.7	\$ 70.08	\$ 4.32	1.0138	0.9196	0.8000	1.0025	1.0000	1.0000	599.9	\$ 64.61	\$ 3.23
General	15,518.4	54.21	70.10	1.0138	0.9196	0.9250	1.0025	1.0000	1.0000	14,552.8	49.98	60.61
Subtotal	16,258.1	\$ 54.93	\$ 74.42							15,152.7	\$ 50.56	\$ 63.84
Ancillary												
Pharmacy	19,000.7	\$ 74.44	\$ 117.86	1.0138	1.0208	0.9500	0.9800	1.0000	1.0250	18,299.9	\$ 76.32	\$ 116.39
DME/Supplies/Prosthetics	5,225.1	99.63	43.38	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	4,828.5	106.89	43.01
Ambulance	224.2	61.02	1.14	0.9727	1.0703	0.9500	1.0025	1.0000	1.1000	207.2	71.81	1.24
Non-Emergency Transportation	222.5	201.71	3.74	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	205.6	216.54	3.71
Home Health/Hospice	-	-	-	0.9727	1.0703	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	487.8	9.84	0.40	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	450.8	10.65	0.40
Podiatry	758.9	16.60	1.05	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	701.3	17.80	1.04
Vision	1,205.8	31.25	3.14	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	1,114.3	33.49	3.11
Other Ancillary	328.5	29.22	0.80	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	303.6	31.23	0.79
Subtotal	27,453.5	\$ 74.97	\$ 171.51							26,111.2	\$ 77.98	\$ 169.69
Professional												
Surgery	898.2	\$ 75.35	\$ 5.64	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	901.2	\$ 76.43	\$ 5.74
Anesthesia	165.7	142.67	1.97	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	166.3	144.32	2.00
Inpatient Visits	898.3	38.21	2.86	1.0847	1.0138	0.9000	1.0025	1.0000	1.0000	876.9	38.86	2.84
Urgent Care/Emergency Room	504.3	49.73	2.09	1.0847	1.0138	0.8000	1.0025	1.0000	1.0000	437.6	50.46	1.84
Office/Home Visits	4,508.2	41.13	15.45	1.0847	1.0138	1.0300	1.0000	1.0000	1.0000	5,036.7	41.69	17.50
Preventive Care	438.1	68.48	2.50	1.0847	1.0138	1.0050	1.0000	1.0000	1.0000	477.6	69.35	2.76
Maternity - Delivery	0.9	800.00	0.06	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	0.9	800.00	0.06
Maternity - Non-Delivery	3.4	141.18	0.04	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	3.4	141.18	0.04
Allergy/Immunotherapy	88.9	32.40	0.24	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	89.2	32.29	0.24
Lab/Path/Rad	2,620.2	15.57	3.40	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	2,557.9	15.76	3.36
Office Adm. Drugs	568.2	64.20	3.04	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	570.1	65.04	3.09
Clinic	324.8	155.91	4.22	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	325.9	157.96	4.29
Psych/SUD	1,231.9	1,006.64	103.34	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	1,236.0	1,020.58	105.12
Physical Therapy	562.4	23.04	1.08	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	564.3	23.39	1.10
Family Planning	0.2	-	-	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	0.2	-	-
Other Professional	1,207.8	59.31	5.97	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	1,211.8	60.11	6.07
Subtotal	14,021.5	\$ 130.00	\$ 151.90							14,456.0	\$ 129.54	\$ 156.05
Total Medical	58,210.3	\$ 89.93	\$ 436.23							56,179.7	\$ 90.82	\$ 425.18
Category of Service - Iowa Plan for BH												
Inpatient Treatment	58.4	\$ 2,340.41	\$ 11.39	1.0418	1.0418	0.9000	1.0000	1.0000	1.0000	54.8	\$ 2,437.23	\$ 11.13
Outpatient Treatment	6,656.6	95.38	52.91	1.0418	1.0418	0.9250	1.0000	1.0000	1.0000	6,414.7	99.37	53.12
Intermediate Care	2.0	840.00	0.14	1.0418	1.0418	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							6,471.4	\$ 122.18	\$ 65.89
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)
January 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	0.9727	0.9727	1.0000	1.0000	1.0000	1.0109	161.0	\$ 313.04	\$ 4.20
Home Health/Hospice	5,049.2	342.47	144.10	0.9727	1.0703	0.9500	1.0025	1.0000	1.0206	4,666.0	375.02	145.82
Attendant Care/Nursing/Home Aide	739.2	1,029.87	63.44	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	721.7	1,055.34	63.47
Supported community living	9,993.1	2,611.68	2,174.90	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	9,756.8	2,676.21	2,175.94
Adult day care	283.5	808.89	19.11	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	276.8	828.90	19.12
Day Habilitation	7,394.7	611.50	376.82	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	7,219.8	626.61	377.00
Env/home and vehicle mod	2.4	1,750.00	0.35	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	2.3	1,826.09	0.35
Family and community support	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
In-home family therapy	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Respite	2,323.7	308.40	59.72	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	2,268.8	316.03	59.75
Waiver Transportation	4,030.4	263.41	88.47	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	3,935.1	269.91	88.51
Other HCBS waiver	1,571.8	1,438.89	188.47	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	1,534.6	1,474.47	188.56
Total Long Term Services and Supp	31,553.5	\$ 1,186.47	\$ 3,119.77	1.0251	1.0296	0.9501	1.0049	1.0000	0.9934	30,542.9	\$ 1,226.89	\$ 3,122.72

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: 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	1.0703	0.9593	0.9000	1.0025	1.0000	1.0000	1,218.8	\$ 1,073.09	\$ 108.99
Psychiatric/SUD	5.2	1,200.00	0.52	1.0703	0.9593	0.9500	1.0025	1.0000	1.0000	5.3	1,154.72	0.51
Maternity - Delivery	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0703	0.9593	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,270.5	\$ 1,116.22	\$ 118.18							1,224.1	\$ 1,073.44	\$ 109.50
Outpatient Hospital												
Emergency Room	1,116.6	\$ 69.00	\$ 6.42	1.0138	0.9196	0.8000	1.0025	1.0000	1.0000	905.6	\$ 63.60	\$ 4.80
General	29,718.9	53.71	133.01	1.0138	0.9196	0.9250	1.0025	1.0000	1.0000	27,869.6	49.52	115.00
Subtotal	30,835.5	\$ 54.26	\$ 139.43							28,775.2	\$ 49.96	\$ 119.80
Ancillary												
Pharmacy	21,669.9	\$ 76.90	\$ 138.86	1.0138	1.0208	0.9500	0.9800	1.0000	1.0250	20,870.7	\$ 78.85	\$ 137.13
DME/Supplies/Prosthetics	10,106.3	122.56	103.22	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	9,339.3	131.50	102.34
Ambulance	537.4	56.05	2.51	0.9727	1.0703	0.9500	1.0025	1.0000	1.1000	496.6	66.21	2.74
Non-Emergency Transportation	101.1	199.41	1.68	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	93.4	214.56	1.67
Home Health/Hospice	-	-	-	0.9727	1.0703	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	862.8	8.48	0.61	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	797.3	9.03	0.60
Podiatry	471.6	18.32	0.72	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	435.8	19.55	0.71
Vision	1,154.8	30.14	2.90	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	1,067.2	32.38	2.88
Other Ancillary	500.8	28.75	1.20	0.9727	1.0703	0.9500	1.0025	1.0000	1.0000	462.8	30.86	1.19
Subtotal	35,404.7	\$ 85.31	\$ 251.70							33,563.1	\$ 89.12	\$ 249.26
Professional												
Surgery	1,381.8	\$ 106.21	\$ 12.23	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	1,386.4	\$ 107.67	\$ 12.44
Anesthesia	235.4	182.50	3.58	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	236.2	184.93	3.64
Inpatient Visits	1,863.3	39.99	6.21	1.0847	1.0138	0.9000	1.0025	1.0000	1.0000	1,819.0	40.64	6.16
Urgent Care/Emergency Room	898.9	53.80	4.03	1.0847	1.0138	0.8000	1.0025	1.0000	1.0000	780.0	54.62	3.55
Office/Home Visits	6,095.8	44.65	22.68	1.0847	1.0138	1.0300	1.0000	1.0000	1.0000	6,810.4	45.27	25.69
Preventive Care	348.9	59.50	1.73	1.0847	1.0138	1.0050	1.0000	1.0000	1.0000	380.3	60.27	1.91
Maternity - Delivery	-	-	-	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	127.9	24.39	0.26	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	128.3	24.32	0.26
Lab/Path/Rad	4,469.3	18.31	6.82	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	4,363.0	18.57	6.75
Office Adm. Drugs	750.3	213.99	13.38	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	752.8	216.95	13.61
Clinic	244.4	161.05	3.28	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	245.2	163.46	3.34
Psych/SUD	1,462.4	1,000.52	121.93	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	1,467.3	1,014.35	124.03
Physical Therapy	3,130.9	30.32	7.91	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	3,141.3	30.75	8.05
Family Planning	-	-	-	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,034.7	49.95	8.47	1.0847	1.0138	0.9250	1.0000	1.0000	1.0000	2,041.5	50.67	8.62
Subtotal	23,044.0	\$ 110.66	\$ 212.51							23,551.7	\$ 111.10	\$ 218.05
Total Medical	90,554.7	\$ 95.65	\$ 721.82							87,114.1	\$ 95.96	\$ 696.61
Category of Service - Iowa Plan for BH												
Inpatient Treatment	34.5	\$ 2,765.22	\$ 7.95	1.0418	1.0418	0.9000	1.0000	1.0000	1.0000	32.3	\$ 2,886.69	\$ 7.77
Outpatient Treatment	6,875.2	118.50	67.89	1.0418	1.0418	0.9250	1.0000	1.0000	1.0000	6,625.3	123.45	68.16
Intermediate Care	4.3	502.33	0.18	1.0418	1.0418	0.9250	1.0000	1.0000	1.0000	4.1	526.83	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							6,661.7	\$ 139.80	\$ 77.61
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)
January 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	0.9727	0.9727	1.0000	1.0000	1.0000	1.0109	297.4	\$ 408.74	\$ 10.13
Home Health/Hospice	13,627.5	355.43	403.63	0.9727	1.0703	0.9500	1.0025	1.0000	1.0206	12,593.2	389.21	408.45
Attendant Care/Nursing/Home Aide	3,144.9	892.19	233.82	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	3,070.5	914.24	233.93
Supported community living	7,369.5	1,922.17	1,180.45	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	7,195.2	1,969.66	1,181.01
Adult day care	646.5	648.35	34.93	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	631.2	664.45	34.95
Day Habilitation	476.1	486.45	19.30	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	464.8	498.54	19.31
Env/home and vehicle mod	33.6	2,182.14	6.11	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	32.8	2,235.37	6.11
Family and community support	157.5	263.62	3.46	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	153.8	269.96	3.46
In-home family therapy	-	-	-	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Respite	2,598.3	699.60	151.48	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	2,536.9	716.86	151.55
Waiver Transportation	1,644.4	248.99	34.12	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	1,605.5	255.17	34.14
Other HCBS waiver	2,748.9	1,311.27	300.38	1.0277	1.0277	0.9500	1.0050	1.0000	0.9921	2,683.9	1,343.66	300.52
Total Long Term Services and Supp	32,752.9	\$ 871.35	\$ 2,378.27	1.0182	1.0347	0.9502	1.0046	1.0000	0.9970	31,265.2	\$ 914.84	\$ 2,383.56

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'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	1.0560	1.0703	0.8750	1.0025	1.0000	1.0000	22.6	\$ 4,141.59	\$ 7.80
Psychiatric/SUD	-	-	-	1.0560	1.0703	0.9250	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0560	1.0703	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	24.5	\$ 3,854.69	\$ 7.87							22.6	\$ 4,141.59	\$ 7.80
Outpatient Hospital												
Emergency Room	631.6	\$ 108.49	\$ 5.71	0.9460	1.0560	0.7750	1.0025	1.0000	1.0000	463.0	\$ 114.82	\$ 4.43
General	6,756.3	63.80	35.92	0.9460	1.0560	0.9000	1.0025	1.0000	1.0000	5,752.1	67.53	32.37
Subtotal	7,387.9	\$ 67.62	\$ 41.63							6,215.1	\$ 71.05	\$ 36.80
Ancillary												
Pharmacy	38,190.0	\$ 80.30	\$ 255.56	1.0138	1.1139	0.9250	0.9800	1.0000	1.0250	35,813.6	\$ 89.85	\$ 268.15
DME/Supplies/Prosthetics	659.5	90.61	4.98	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	635.2	95.97	5.08
Ambulance	43.8	84.93	0.31	1.0138	1.0560	0.9500	1.0025	1.0000	1.1000	42.2	99.53	0.35
Non-Emergency Transportation	229.6	25.61	0.49	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	221.1	27.14	0.50
Home Health/Hospice	-	-	-	1.0138	1.0560	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	1,151.9	34.27	3.29	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	1,109.4	36.24	3.35
Other Ancillary	507.8	31.90	1.35	1.0138	1.0560	0.9500	1.0025	1.0000	1.0000	489.1	33.86	1.38
Subtotal	40,782.6	\$ 78.26	\$ 265.98							38,310.6	\$ 87.33	\$ 278.81
Professional												
Surgery	161.5	\$ 237.77	\$ 3.20	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	157.7	\$ 241.22	\$ 3.17
Anesthesia	39.8	331.66	1.10	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	38.9	336.25	1.09
Inpatient Visits	55.8	116.13	0.54	1.0847	1.0138	0.8750	1.0025	1.0000	1.0000	53.0	117.74	0.52
Urgent Care/Emergency Room	345.5	78.49	2.26	1.0847	1.0138	0.7750	1.0025	1.0000	1.0000	290.4	79.75	1.93
Office/Home Visits	2,088.6	93.77	16.32	1.0847	1.0138	1.0400	1.0000	1.0000	1.0000	2,356.1	95.04	18.66
Preventive Care	574.7	54.29	2.60	1.0847	1.0138	1.0150	1.0000	1.0000	1.0000	632.7	55.00	2.90
Maternity - Delivery	-	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	1.1	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	1.1	-	-
Allergy/Immunotherapy	190.9	74.80	1.19	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	186.4	75.97	1.18
Lab/Path/Rad	2,515.9	19.70	4.13	1.0847	1.0138	0.8750	1.0000	1.0000	1.0000	2,387.8	19.95	3.97
Office Adm. Drugs	56.5	55.22	0.26	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	55.2	56.52	0.26
Clinic	632.8	160.62	8.47	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	617.7	162.80	8.38
Psych/SUD	90.7	136.27	1.03	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	88.5	138.31	1.02
Physical Therapy	604.4	43.08	2.17	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	590.0	43.73	2.15
Family Planning	-	-	-	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	-	-	-
Other Professional	288.9	98.86	2.38	1.0847	1.0138	0.9000	1.0000	1.0000	1.0000	282.0	100.43	2.36
Subtotal	7,647.1	\$ 71.63	\$ 45.65							7,737.5	\$ 73.81	\$ 47.59
Total Medical	55,842.1	\$ 77.60	\$ 361.13							52,285.8	\$ 85.15	\$ 371.00
Category of Service - Iowa Plan for BH												
Inpatient Treatment	232.3	\$ 1,634.44	\$ 31.64	1.0703	0.9727	0.9000	1.0000	1.0000	1.0000	223.8	\$ 1,589.81	\$ 29.65
Outpatient Treatment	58,555.3	104.32	509.05	1.0703	0.9727	0.9250	1.0000	1.0000	1.0000	57,969.4	101.48	490.22
Intermediate Care	-	-	-	1.0703	0.9727	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							58,193.2	\$ 107.51	\$ 521.37
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'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	1.0277	1.0138	1.0000	1.0000	1.0000	1.0109	24.0	\$ 275.00	\$ 0.55
Home Health/Hospice	164.9	166.65	2.29	1.0138	1.0560	0.9500	1.0025	1.0000	1.0206	158.8	179.85	2.38
Attendant Care/Nursing/Home Aide	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Supported community living	1.3	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	1.3	-	-
Adult day care	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Day Habilitation	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Env/home and vehicle mod	1.3	1,384.62	0.15	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	1.3	1,384.62	0.15
Family and community support	5,157.1	247.65	106.43	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	5,104.0	253.78	107.94
In-home family therapy	3,930.4	341.00	111.69	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	3,889.9	349.43	113.27
Respite	9,390.7	842.35	659.19	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	9,294.0	863.16	668.52
Waiver Transportation	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Other HCBS waiver	-	-	-	1.0418	1.0277	0.9500	1.0050	1.0000	0.9921	-	-	-
Total Long Term Services and Supp	18,669.1	\$ 565.81	\$ 880.27	1.0417	1.0278	0.9500	1.0050	1.0000	0.9922	18,473.3	\$ 579.96	\$ 892.81

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: 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	0.9660	0.9460	0.9000	1.0025	1.0000	1.0000	2,175.4	\$ 892.25	\$ 161.75
Psychiatric/SUD	-	-	-	0.9660	0.9460	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	2,502.2	\$ 940.88	\$ 196.19							2,175.4	\$ 892.25	\$ 161.75
Outpatient Hospital												
Emergency Room	1,113.9	\$ 73.26	\$ 6.80	1.0277	0.9727	0.8000	1.0025	1.0000	1.0000	915.8	\$ 71.41	\$ 5.45
General	61,482.8	26.94	138.05	1.0277	0.9727	0.9250	1.0025	1.0000	1.0000	58,449.3	26.28	127.98
Subtotal	62,596.7	\$ 27.77	\$ 144.85							59,365.1	\$ 26.97	\$ 133.43
Ancillary												
Pharmacy	51,000.1	\$ 45.79	\$ 194.62	1.0138	1.1139	0.9500	0.9800	1.0000	1.0250	49,119.2	\$ 51.24	\$ 209.73
DME/Supplies/Prosthetics	7,354.5	98.93	60.63	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	7,377.8	103.32	63.52
Ambulance	2,131.9	55.16	9.80	1.0560	1.0418	0.9500	1.0025	1.0000	1.1000	2,138.7	63.35	11.29
Non-Emergency Transportation	2.9	124.14	0.03	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	2.9	124.14	0.03
Home Health/Hospice	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	172.0	8.37	0.12	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	172.5	9.04	0.13
Podiatry	1,611.2	12.88	1.73	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	1,616.3	13.44	1.81
Vision	1,265.4	29.97	3.16	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	1,269.4	31.29	3.31
Other Ancillary	90.7	22.49	0.17	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	91.0	23.74	0.18
Subtotal	63,628.7	\$ 50.97	\$ 270.26							61,787.8	\$ 56.32	\$ 290.00
Professional												
Surgery	2,543.3	\$ 81.63	\$ 17.30	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,385.0	\$ 83.87	\$ 16.67
Anesthesia	324.2	119.19	3.22	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	304.0	122.37	3.10
Inpatient Visits	9,741.4	34.44	27.96	1.0138	1.0277	0.9000	1.0025	1.0000	1.0000	8,888.3	35.48	26.28
Urgent Care/Emergency Room	972.6	53.79	4.36	1.0138	1.0277	0.8000	1.0025	1.0000	1.0000	788.8	55.38	3.64
Office/Home Visits	4,032.1	34.67	11.65	1.0138	1.0277	1.0300	1.0000	1.0000	1.0000	4,210.4	35.63	12.50
Preventive Care	52.1	39.16	0.17	1.0138	1.0277	1.0050	1.0000	1.0000	1.0000	53.1	40.68	0.18
Maternity - Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.7	25.53	0.01	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	4.4	27.27	0.01
Lab/Path/Rad	7,132.6	16.64	9.89	1.0138	1.0277	0.9000	1.0000	1.0000	1.0000	6,508.0	17.09	9.27
Office Adm. Drugs	1,274.6	93.58	9.94	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	1,195.3	96.18	9.58
Clinic	551.3	146.27	6.72	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	517.0	150.41	6.48
Psych/SUD	2,423.9	42.63	8.61	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,273.1	43.82	8.30
Physical Therapy	114.1	30.50	0.29	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	107.0	31.40	0.28
Family Planning	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,534.1	37.76	11.12	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	3,314.2	38.81	10.72
Subtotal	32,701.0	\$ 40.82	\$ 111.24							30,548.6	\$ 42.04	\$ 107.01
Total Medical	161,428.6	\$ 53.71	\$ 722.54							153,876.9	\$ 53.98	\$ 692.19
Category of Service - Iowa Plan for BH												
Inpatient Treatment	36.9	\$ 1,320.33	\$ 4.06	1.0069	0.9460	0.9000	1.0000	1.0000	1.0000	33.4	\$ 1,250.30	\$ 3.48
Outpatient Treatment	1,459.2	98.19	11.94	1.0069	0.9460	0.9250	1.0000	1.0000	1.0000	1,359.1	92.88	10.52
Intermediate Care	0.6	400.00	0.02	1.0069	0.9460	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							1,393.1	\$ 133.69	\$ 15.52
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: 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	1.0138	1.0000	1.0000	1.0000	1.0000	1.0580	349,915.9	\$ 184.46	\$ 5,378.80
Home Health/Hospice	1,686.7	146.63	20.61	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	1,692.0	156.31	22.04
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	1.0140	1.0002	0.9998	1.0000	1.0000	1.0578	351,621.2	\$ 184.34	\$ 5,401.40

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: 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	0.9727	0.9196	0.9500	1.0025	1.0000	1.0000	882.6	\$ 260.37	\$ 19.15
Psychiatric/SUD	-	-	-	0.9727	0.9196	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	955.1	\$ 282.44	\$ 22.48							882.6	\$ 260.37	\$ 19.15
Outpatient Hospital												
Emergency Room	497.3	\$ 47.54	\$ 1.97	1.0847	0.9196	0.8000	1.0025	1.0000	1.0000	431.5	\$ 43.94	\$ 1.58
General	24,834.3	17.00	35.18	1.0847	0.9196	0.9250	1.0025	1.0000	1.0000	24,917.0	15.67	32.54
Subtotal	25,331.6	\$ 17.60	\$ 37.15							25,348.5	\$ 16.15	\$ 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	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	2,889.8	82.84	19.95
Ambulance	776.0	51.03	3.30	1.0138	1.0703	0.8500	1.0025	1.0000	1.1000	668.7	60.30	3.36
Non-Emergency Transportation	1.5	160.00	0.02	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	1.3	184.62	0.02
Home Health/Hospice	-	-	-	1.0138	1.0703	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	93.9	8.95	0.07	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	80.9	8.90	0.06
Podiatry	1,486.6	13.48	1.67	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	1,281.1	14.43	1.54
Vision	753.7	23.88	1.50	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	649.5	25.68	1.39
Other Ancillary	75.1	23.97	0.15	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	64.7	25.97	0.14
Subtotal	21,931.4	\$ 22.96	\$ 41.97							20,257.6	\$ 23.40	\$ 39.51
Professional												
Surgery	911.7	\$ 32.91	\$ 2.50	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	866.7	\$ 33.78	\$ 2.44
Anesthesia	83.3	40.34	0.28	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	79.2	40.91	0.27
Inpatient Visits	5,052.1	20.09	8.46	1.0277	1.0277	0.9000	1.0025	1.0000	1.0000	4,673.0	20.70	8.06
Urgent Care/Emergency Room	373.0	26.70	0.83	1.0277	1.0277	0.8000	1.0025	1.0000	1.0000	306.7	27.39	0.70
Office/Home Visits	1,592.1	22.16	2.94	1.0277	1.0277	1.0300	1.0000	1.0000	1.0000	1,685.4	22.78	3.20
Preventive Care	3.2	37.50	0.01	1.0277	1.0277	1.0050	1.0000	1.0000	1.0000	3.3	36.36	0.01
Maternity - Delivery	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	4.1	29.27	0.01	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	3.9	30.77	0.01
Lab/Path/Rad	2,556.5	8.21	1.75	1.0277	1.0277	0.9000	1.0000	1.0000	1.0000	2,364.7	8.42	1.66
Office Adm. Drugs	293.6	65.80	1.61	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	279.1	67.50	1.57
Clinic	10.2	47.06	0.04	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	9.7	49.48	0.04
Psych/SUD	1,004.5	19.83	1.66	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	954.9	20.36	1.62
Physical Therapy	17.6	13.64	0.02	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	16.7	14.37	0.02
Family Planning	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,799.0	12.07	1.81	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	1,710.2	12.42	1.77
Subtotal	13,700.9	\$ 19.20	\$ 21.92							12,953.5	\$ 19.80	\$ 21.37
Total Medical	61,919.0	\$ 23.94	\$ 123.52							59,442.2	\$ 23.04	\$ 114.15
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.1	\$ 0.00	\$ 0.00	1.0277	1.0560	0.9000	1.0000	1.0000	1.0000	0.1	\$ 0.00	\$ 0.00
Outpatient Treatment	49.4	102.02	0.42	1.0277	1.0560	0.9250	1.0000	1.0000	1.0000	47.0	107.23	0.42
Intermediate Care	-	-	-	1.0277	1.0560	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)
January 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
Category of Service - LTSS (Institutional & Waiver)												
NF/ICFMR	345,149.2	\$ 165.60	\$ 4,762.94	1.0138	1.0000	1.0000	1.0000	1.0000	1.0580	349,915.8	\$ 175.20	\$ 5,108.67
Home Health/Hospice	1,380.5	203.49	23.41	1.0138	1.0703	0.8500	1.0025	1.0000	1.0206	1,189.6	222.83	22.09
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	1.0138	1.0003	0.9993	1.0000	1.0000	1.0578	351,110.5	\$ 175.36	\$ 5,130.97

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: 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	0.9660	0.9460	0.9000	1.0025	1.0000	1.0000	4,089.8	\$ 2,200.57	\$ 749.99
Psychiatric/SUD	-	-	-	0.9660	0.9460	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	4,704.2	\$ 2,320.46	\$ 909.66							4,089.8	\$ 2,200.57	\$ 749.99
Outpatient Hospital												
Emergency Room	829.9	\$ 166.00	\$ 11.48	1.0277	0.9727	0.8000	1.0025	1.0000	1.0000	682.3	\$ 161.81	\$ 9.20
General	30,452.5	62.08	157.55	1.0277	0.9727	0.9250	1.0025	1.0000	1.0000	28,950.0	60.54	146.06
Subtotal	31,282.4	\$ 64.84	\$ 169.03							29,632.3	\$ 62.87	\$ 155.26
Ancillary												
Pharmacy	122,731.6	\$ 66.45	\$ 679.65	1.0138	1.1139	0.9500	0.9800	1.0000	1.0250	118,205.2	\$ 74.35	\$ 732.41
DME/Supplies/Prosthetics	23,017.4	230.65	442.42	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	23,090.3	240.90	463.53
Ambulance	2,934.8	59.21	14.48	1.0560	1.0418	0.9500	1.0025	1.0000	1.1000	2,944.1	68.03	16.69
Non-Emergency Transportation	12.8	140.63	0.15	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	12.8	150.00	0.16
Home Health/Hospice	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	628.0	54.46	2.85	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	630.0	56.95	2.99
Other Ancillary	230.7	30.17	0.58	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	231.4	31.63	0.61
Subtotal	149,555.3	\$ 91.48	\$ 1,140.13							145,113.8	\$ 100.59	\$ 1,216.39
Professional												
Surgery	2,551.1	\$ 280.63	\$ 59.66	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,392.4	\$ 288.41	\$ 57.50
Anesthesia	705.1	320.12	18.81	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	661.2	329.04	18.13
Inpatient Visits	14,050.3	84.93	99.44	1.0138	1.0277	0.9000	1.0025	1.0000	1.0000	12,819.9	87.50	93.48
Urgent Care/Emergency Room	923.0	104.79	8.06	1.0138	1.0277	0.8000	1.0025	1.0000	1.0000	748.6	108.04	6.74
Office/Home Visits	4,422.8	91.19	33.61	1.0138	1.0277	1.0300	1.0000	1.0000	1.0000	4,618.4	93.72	36.07
Preventive Care	38.5	96.62	0.31	1.0138	1.0277	1.0050	1.0000	1.0000	1.0000	39.2	97.96	0.32
Maternity - Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	11,255.7	21.82	20.47	1.0138	1.0277	0.9000	1.0000	1.0000	1.0000	10,270.0	22.43	19.20
Office Adm. Drugs	692.3	890.08	51.35	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	649.2	914.79	49.49
Clinic	115.4	147.66	1.42	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	108.2	151.94	1.37
Psych/SUD	25.6	8,175.00	17.44	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	24.0	8,405.00	16.81
Physical Therapy	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,871.6	72.54	17.36	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,692.9	74.55	16.73
Subtotal	37,651.4	\$ 104.52	\$ 327.93							35,024.0	\$ 108.21	\$ 315.84
Total Medical	223,193.3	\$ 136.93	\$ 2,546.75							213,859.9	\$ 136.77	\$ 2,437.48
Category of Service - Iowa Plan for BH												
Inpatient Treatment	39.2	\$ 2,103.06	\$ 6.87	1.0069	0.9460	0.9000	1.0000	1.0000	1.0000	35.5	\$ 1,990.99	\$ 5.89
Outpatient Treatment	300.2	117.52	2.94	1.0069	0.9460	0.9250	1.0000	1.0000	1.0000	279.6	111.16	2.59
Intermediate Care	-	-	-	1.0069	0.9460	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							315.1	\$ 380.07	\$ 9.98
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: 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	1.0138	1.0000	1.0000	1.0000	1.0000	1.0109	353,568.8	\$ 767.93	\$ 22,626.42
Home Health/Hospice	1,268.8	572.01	60.48	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	1,272.8	609.71	64.67
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	1.0139	1.0001	0.9999	1.0000	1.0000	1.0109	354,854.3	\$ 767.37	\$ 22,692.04

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: 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	0.9460	1.0418	0.7500	1.0150	1.0000	1.0000	988.6	\$ 627.55	\$ 51.70
Psychiatric/SUD	-	-	-	0.9460	1.0418	0.8500	1.0050	1.0000	1.0000	-	-	-
Maternity - Delivery	5.7	1,221.05	0.58	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	5.4	1,266.67	0.57
Maternity Non-Delivery	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal	1,399.1	\$ 596.01	\$ 69.49							994.0	\$ 631.03	\$ 52.27
Outpatient Hospital												
Emergency Room	1,140.4	\$ 71.97	\$ 6.84	1.0418	1.0418	0.7500	1.0050	1.0000	1.0000	891.0	\$ 75.42	\$ 5.60
General	27,052.8	38.44	86.65	1.0418	1.0418	0.7750	1.0100	1.0000	1.0000	21,842.2	40.44	73.61
Subtotal	28,193.2	\$ 39.79	\$ 93.49							22,733.2	\$ 41.81	\$ 79.21
Ancillary												
Pharmacy	51,712.8	\$ 61.10	\$ 263.30	1.0703	1.1139	0.8500	0.9800	1.0000	1.0250	47,044.4	\$ 68.36	\$ 268.01
DME/Supplies/Prosthetics	4,056.9	42.03	14.21	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	3,740.4	44.50	13.87
Ambulance	674.5	65.11	3.66	1.0847	1.0560	0.8500	1.0025	1.0000	1.1000	621.9	75.83	3.93
Non-Emergency Transportation	2.8	85.71	0.02	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	2.6	92.31	0.02
Home Health/Hospice	1,709.0	155.32	22.12	1.0847	1.0560	0.8500	1.0025	1.0000	1.0206	1,575.7	167.77	22.03
Chiropractic Services	529.4	8.84	0.39	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	488.1	9.34	0.38
Podiatry	1,091.4	16.27	1.48	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,006.2	17.17	1.44
Vision	1,845.6	31.92	4.91	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,701.6	33.78	4.79
Other Ancillary	509.4	31.33	1.33	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	469.7	33.21	1.30
Subtotal	62,131.8	\$ 60.15	\$ 311.42							56,650.6	\$ 66.89	\$ 315.77
Professional												
Surgery	1,328.9	\$ 74.14	\$ 8.21	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,122.6	\$ 75.15	\$ 7.03
Anesthesia	463.0	59.09	2.28	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	391.1	59.83	1.95
Inpatient Visits	3,046.5	25.76	6.54	1.0560	1.0138	0.7500	1.0150	1.0000	1.0000	2,412.8	26.51	5.33
Urgent Care/Emergency Room	775.9	52.58	3.40	1.0560	1.0138	0.7500	1.0050	1.0000	1.0000	614.5	53.51	2.74
Office/Home Visits	6,258.8	33.46	17.45	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	6,873.5	33.92	19.43
Preventive Care	297.2	73.89	1.83	1.0560	1.0138	1.0600	1.0000	1.0000	1.0000	332.7	75.02	2.08
Maternity - Delivery	1.4	1,371.43	0.16	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1.2	1,400.00	0.14
Maternity - Non-Delivery	8.6	125.58	0.09	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	7.3	131.51	0.08
Allergy/Immunotherapy	4.3	27.91	0.01	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	3.6	33.33	0.01
Lab/Path/Rad	4,972.7	15.71	6.51	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	4,332.1	15.93	5.75
Office Adm. Drugs	460.1	16.95	0.65	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	388.7	17.29	0.56
Clinic	690.2	161.87	9.31	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	583.1	164.02	7.97
Psych/SUD	2,512.1	25.17	5.27	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	2,122.2	25.50	4.51
Physical Therapy	322.9	20.81	0.56	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	272.8	21.11	0.48
Family Planning	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,536.1	19.45	2.49	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,297.7	19.70	2.13
Subtotal	22,678.7	\$ 34.27	\$ 64.76							20,755.9	\$ 34.80	\$ 60.19
Total Medical	114,402.8	\$ 56.55	\$ 539.16							101,133.7	\$ 60.21	\$ 507.44
Category of Service - Iowa Plan for BH												
Inpatient Treatment	240.4	\$ 3,092.35	\$ 61.95	1.0418	1.0000	0.9000	1.0000	1.0000	1.0000	225.4	\$ 3,092.64	\$ 58.09
Outpatient Treatment	107,714.8	121.03	1,086.40	1.0418	1.0000	0.9500	1.0000	1.0000	1.0000	106,605.7	121.03	1,075.21
Intermediate Care	-	-	-	1.0418	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							106,831.1	\$ 127.47	\$ 1,134.80
Short Term Institutional / HCBS	607.1	\$ 161.29	\$ 8.16	1.0077	1.0068	1.0000	1.0000	1.0000	1.0108	611.8	\$ 164.17	\$ 8.37

**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: 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	0.9931	0.9460	0.9000	1.0025	1.0000	1.0000	760.6	\$ 873.57	\$ 55.37
Psychiatric/SUD	-	-	-	0.9931	0.9460	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	850.9	\$ 921.19	\$ 65.32							760.6	\$ 873.57	\$ 55.37
Outpatient Hospital												
Emergency Room	687.5	\$ 73.66	\$ 4.22	0.9863	1.0703	0.8000	1.0025	1.0000	1.0000	542.5	\$ 78.97	\$ 3.57
General	14,252.8	43.87	52.10	0.9863	1.0703	0.9250	1.0025	1.0000	1.0000	13,003.4	47.06	51.00
Subtotal	14,940.3	\$ 45.24	\$ 56.32							13,545.9	\$ 48.34	\$ 54.57
Ancillary												
Pharmacy	44,381.7	\$ 54.16	\$ 200.31	1.0277	1.1139	0.9500	0.9800	1.0000	1.0250	43,332.3	\$ 60.60	\$ 218.83
DME/Supplies/Prosthetics	5,180.5	134.91	58.24	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	4,854.1	137.10	55.46
Ambulance	430.5	61.32	2.20	0.9863	1.0138	0.9500	1.0025	1.0000	1.1000	403.4	68.42	2.30
Non-Emergency Transportation	-	-	-	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9863	1.0138	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	107.8	11.13	0.10	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	101.0	11.88	0.10
Podiatry	646.1	16.34	0.88	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	605.4	16.65	0.84
Vision	1,474.9	33.93	4.17	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	1,382.0	34.47	3.97
Other Ancillary	863.0	18.22	1.31	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	808.6	18.55	1.25
Subtotal	53,084.5	\$ 60.40	\$ 267.21							51,486.8	\$ 65.90	\$ 282.75
Professional												
Surgery	1,374.9	\$ 71.74	\$ 8.22	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	1,203.1	\$ 66.93	\$ 6.71
Anesthesia	312.9	139.60	3.64	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	273.8	130.17	2.97
Inpatient Visits	2,681.5	35.08	7.84	0.9460	0.9327	0.9000	1.0025	1.0000	1.0000	2,282.9	32.80	6.24
Urgent Care/Emergency Room	536.7	51.65	2.31	0.9460	0.9327	0.8000	1.0025	1.0000	1.0000	406.2	48.15	1.63
Office/Home Visits	4,520.7	37.72	14.21	0.9460	0.9327	1.0300	1.0000	1.0000	1.0000	4,404.7	35.17	12.91
Preventive Care	635.9	85.30	4.52	0.9460	0.9327	1.0050	1.0000	1.0000	1.0000	604.5	79.60	4.01
Maternity - Delivery	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	12.1	49.59	0.05	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	10.6	45.28	0.04
Lab/Path/Rad	3,543.8	12.33	3.64	0.9460	0.9327	0.9000	1.0000	1.0000	1.0000	3,017.1	11.49	2.89
Office Adm. Drugs	483.8	325.42	13.12	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	423.3	303.61	10.71
Clinic	284.1	161.77	3.83	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	248.6	151.09	3.13
Psych/SUD	452.3	26.27	0.99	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	395.8	24.56	0.81
Physical Therapy	46.9	20.47	0.08	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	41.0	20.49	0.07
Family Planning	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	957.5	31.58	2.52	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	837.8	29.51	2.06
Subtotal	15,843.1	\$ 49.21	\$ 64.97							14,149.4	\$ 45.95	\$ 54.18
Total Medical	84,718.8	\$ 64.28	\$ 453.82							79,942.7	\$ 67.08	\$ 446.87
Category of Service - Iowa Plan for BH												
Inpatient Treatment	30.9	\$ 1,941.75	\$ 5.00	0.9727	0.9460	0.9000	1.0000	1.0000	1.0000	27.1	\$ 1,833.21	\$ 4.14
Outpatient Treatment	1,486.8	58.84	7.29	0.9727	0.9460	0.9250	1.0000	1.0000	1.0000	1,337.8	55.61	6.20
Intermediate Care	-	-	-	0.9727	0.9460	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							1,364.9	\$ 104.10	\$ 11.84
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)
January 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	1.0069	1.0418	1.0000	1.0000	1.0000	1.0109	359,083.8	\$ 358.08	\$ 10,715.15
Home Health/Hospice	440.5	57.21	2.10	0.9863	1.0138	0.9500	1.0025	1.0000	1.0206	412.7	59.32	2.04
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	1.0069	1.0418	1.0000	1.0000	1.0000	1.0109	359,496.5	\$ 357.74	\$ 10,717.19

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: 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	0.9931	0.9460	0.9000	1.0025	1.0000	1.0000	889.6	\$ 508.68	\$ 37.71
Psychiatric/SUD	40.2	856.72	2.87	0.9931	0.9460	0.9500	1.0025	1.0000	1.0000	37.9	813.72	2.57
Maternity - Delivery	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9931	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,035.5	\$ 548.84	\$ 47.36							927.5	\$ 521.14	\$ 40.28
Outpatient Hospital												
Emergency Room	329.5	\$ 44.43	\$ 1.22	0.9863	1.0703	0.8000	1.0025	1.0000	1.0000	260.0	\$ 47.54	\$ 1.03
General	10,498.5	26.82	23.46	0.9863	1.0703	0.9250	1.0025	1.0000	1.0000	9,578.2	28.77	22.96
Subtotal	10,828.0	\$ 27.35	\$ 24.68							9,838.2	\$ 29.26	\$ 23.99
Ancillary												
Pharmacy	218.9	\$ 26.86	\$ 0.49	1.0277	1.1139	0.9500	0.9800	1.0000	1.0250	213.7	\$ 30.32	\$ 0.54
DME/Supplies/Prosthetics	953.3	145.89	11.59	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	893.2	148.32	11.04
Ambulance	1,037.7	52.73	4.56	0.9863	1.0138	0.9500	1.0025	1.0000	1.1000	972.3	58.99	4.78
Non-Emergency Transportation	-	-	-	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	0.9863	1.0138	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	347.5	23.83	0.69	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	325.6	24.32	0.66
Vision	804.3	46.10	3.09	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	753.6	46.82	2.94
Other Ancillary	1,052.6	20.41	1.79	0.9863	1.0138	0.9500	1.0025	1.0000	1.0000	986.3	20.68	1.70
Subtotal	4,414.3	\$ 60.38	\$ 22.21							4,144.7	\$ 62.71	\$ 21.66
Professional												
Surgery	934.2	\$ 63.07	\$ 4.91	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	817.4	\$ 58.87	\$ 4.01
Anesthesia	419.9	77.73	2.72	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	367.4	72.51	2.22
Inpatient Visits	4,074.5	24.95	8.47	0.9460	0.9327	0.9000	1.0025	1.0000	1.0000	3,468.9	23.32	6.74
Urgent Care/Emergency Room	713.0	43.09	2.56	0.9460	0.9327	0.8000	1.0025	1.0000	1.0000	539.6	40.25	1.81
Office/Home Visits	2,482.0	34.91	7.22	0.9460	0.9327	1.0300	1.0000	1.0000	1.0000	2,418.3	32.55	6.56
Preventive Care	2.5	96.00	0.02	0.9460	0.9327	1.0050	1.0000	1.0000	1.0000	2.4	100.00	0.02
Maternity - Delivery	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	350.3	45.22	1.32	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	306.5	42.28	1.08
Lab/Path/Rad	5,175.2	12.85	5.54	0.9460	0.9327	0.9000	1.0000	1.0000	1.0000	4,406.0	11.98	4.40
Office Adm. Drugs	144.1	295.63	3.55	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	126.1	275.97	2.90
Clinic	2.5	192.00	0.04	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	2.2	163.64	0.03
Psych/SUD	29.8	1,453.69	3.61	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	26.1	1,356.32	2.95
Physical Therapy	2.5	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	2.2	-	-
Family Planning	-	-	-	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,011.2	17.68	1.49	0.9460	0.9327	0.9250	1.0000	1.0000	1.0000	884.8	16.55	1.22
Subtotal	15,341.7	\$ 32.42	\$ 41.45							13,367.9	\$ 30.47	\$ 33.94
Total Medical	31,619.5	\$ 51.50	\$ 135.70							28,278.3	\$ 50.87	\$ 119.87
Category of Service - Iowa Plan for BH												
Inpatient Treatment	280.3	\$ 1,325.87	\$ 30.97	0.9727	0.9460	0.9000	1.0000	1.0000	1.0000	245.4	\$ 1,254.28	\$ 25.65
Outpatient Treatment	4,205.2	63.64	22.30	0.9727	0.9460	0.9250	1.0000	1.0000	1.0000	3,783.8	60.19	18.98
Intermediate Care	-	-	-	0.9727	0.9460	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							4,029.2	\$ 137.39	\$ 46.13
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)
January 2016 to June 2017 Capitation Rate Development
FFS/MediPASS

Region: Statewide
Rate Cell: State Resource Center

Member Months

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	1.0069	1.0418	1.0000	1.0000	1.0000	1.0109	360,461.1	\$ 879.55	\$ 26,420.33
Home Health/Hospice	7.4	616.22	0.38	0.9863	1.0138	0.9500	1.0025	1.0000	1.0206	6.9	643.48	0.37
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	1.0069	1.0418	1.0000	1.0000	1.0000	1.0109	360,485.3	\$ 879.51	\$ 26,420.84

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: 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	0.9460	1.0418	0.7500	1.0150	1.0000	1.0000	496.3	\$ 3,011.00	\$ 124.53
Psychiatric/SUD	-	-	-	0.9460	1.0418	0.8500	1.0050	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9460	1.0418	1.0000	1.0000	1.0000	1.0000	-	-	-
Subtotal	699.5	\$ 2,847.75	\$ 166.00							496.3	\$ 3,011.00	\$ 124.53
Outpatient Hospital												
Emergency Room	1,224.9	\$ 97.48	\$ 9.95	1.0418	1.0418	0.7500	1.0050	1.0000	1.0000	957.1	\$ 102.06	\$ 8.14
General	51,462.9	152.63	654.56	1.0418	1.0418	0.7750	1.0100	1.0000	1.0000	41,550.6	160.60	556.08
Subtotal	52,687.8	\$ 151.35	\$ 664.51							42,507.7	\$ 159.28	\$ 564.22
Ancillary												
Pharmacy	42,581.1	\$ 70.44	\$ 249.96	1.0703	1.1139	0.8500	0.9800	1.0000	1.0250	38,737.0	\$ 78.82	\$ 254.43
DME/Supplies/Prosthetics	1,810.2	126.09	19.02	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,669.0	133.45	18.56
Ambulance	196.9	79.84	1.31	1.0847	1.0560	0.8500	1.0025	1.0000	1.1000	181.5	93.22	1.41
Non-Emergency Transportation	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	924.4	165.77	12.77	1.0847	1.0560	0.8500	1.0025	1.0000	1.0206	852.3	179.09	12.72
Chiropractic Services	25.7	18.68	0.04	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	23.7	20.25	0.04
Podiatry	-	-	-	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	-	-	-
Vision	1,091.3	39.70	3.61	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,006.2	41.98	3.52
Other Ancillary	1,309.5	30.97	3.38	1.0847	1.0560	0.8500	1.0025	1.0000	1.0000	1,207.3	32.80	3.30
Subtotal	47,939.1	\$ 72.61	\$ 290.09							43,677.0	\$ 80.77	\$ 293.98
Professional												
Surgery	2,969.5	\$ 297.63	\$ 73.65	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	2,508.6	\$ 301.75	\$ 63.08
Anesthesia	726.3	260.55	15.77	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	613.6	264.21	13.51
Inpatient Visits	863.8	79.32	5.71	1.0560	1.0138	0.7500	1.0150	1.0000	1.0000	684.1	81.57	4.65
Urgent Care/Emergency Room	769.2	88.14	5.65	1.0560	1.0138	0.7500	1.0050	1.0000	1.0000	609.2	89.82	4.56
Office/Home Visits	10,773.7	66.17	59.41	1.0560	1.0138	1.0400	1.0000	1.0000	1.0000	11,831.7	67.09	66.15
Preventive Care	580.2	42.61	2.06	1.0560	1.0138	1.0600	1.0000	1.0000	1.0000	649.4	43.24	2.34
Maternity - Delivery	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	180.5	24.60	0.37	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	152.5	25.18	0.32
Lab/Path/Rad	28,681.1	49.68	118.73	1.0560	1.0138	0.8250	1.0000	1.0000	1.0000	24,986.2	50.36	104.86
Office Adm. Drugs	15,281.7	344.33	438.49	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	12,909.6	349.08	375.54
Clinic	911.1	162.13	12.31	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	769.7	164.32	10.54
Psych/SUD	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Physical Therapy	2,346.4	26.70	5.22	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,982.2	27.06	4.47
Family Planning	-	-	-	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,174.5	45.42	8.23	1.0560	1.0138	0.8000	1.0000	1.0000	1.0000	1,837.0	46.05	7.05
Subtotal	66,258.0	\$ 135.04	\$ 745.60							59,533.8	\$ 132.44	\$ 657.07
Total Medical	167,584.4	\$ 133.63	\$ 1,866.20							146,214.8	\$ 134.58	\$ 1,639.80
Category of Service - Iowa Plan for BH												
Inpatient Treatment	17.3	\$ 1,172.25	\$ 1.69	1.0418	1.0000	0.9000	1.0000	1.0000	1.0000	16.2	\$ 1,170.37	\$ 1.58
Outpatient Treatment	1,486.2	76.79	9.51	1.0418	1.0000	0.9500	1.0000	1.0000	1.0000	1,470.9	76.77	9.41
Intermediate Care	13.0	1,024.62	1.11	1.0418	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							1,500.0	\$ 108.72	\$ 13.59
Short Term Institutional / HCBS	13.0	\$ 2,196.92	\$ 2.38	1.0069	1.0069	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)
January 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	0.9931	0.9196	0.9500	1.0025	1.0000	1.0000	1,241.7	\$ 326.65	\$ 33.80
Psychiatric/SUD	-	-	-	0.9931	0.9196	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,316.1	\$ 354.32	\$ 38.86							1,241.7	\$ 326.65	\$ 33.80
Outpatient Hospital												
Emergency Room	1,930.0	\$ 34.20	\$ 5.50	1.0138	1.0992	0.8000	1.0025	1.0000	1.0000	1,565.3	\$ 37.72	\$ 4.92
General	33,741.7	23.27	65.44	1.0138	1.0992	0.9250	1.0025	1.0000	1.0000	31,642.1	25.65	67.63
Subtotal	35,671.7	\$ 23.86	\$ 70.94							33,207.4	\$ 26.22	\$ 72.55
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	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	4,205.0	28.94	10.14
Ambulance	586.7	55.22	2.70	0.9863	0.9327	0.8500	1.0025	1.0000	1.1000	491.9	56.84	2.33
Non-Emergency Transportation	2.1	57.14	0.01	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	1.8	66.67	0.01
Home Health/Hospice	2,599.6	120.30	26.06	0.9863	0.9327	0.8500	1.0025	1.0000	1.0206	2,179.4	114.80	20.85
Chiropractic Services	1,596.0	9.85	1.31	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	1,338.0	9.24	1.03
Podiatry	528.0	18.18	0.80	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	442.7	17.08	0.63
Vision	1,366.8	26.95	3.07	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	1,145.9	25.24	2.41
Other Ancillary	88.0	10.91	0.08	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	73.8	9.76	0.06
Subtotal	13,627.2	\$ 44.79	\$ 50.86							11,630.6	\$ 42.48	\$ 41.17
Professional												
Surgery	1,755.2	\$ 48.95	\$ 7.16	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,657.3	\$ 50.32	\$ 6.95
Anesthesia	310.4	45.62	1.18	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	293.1	47.08	1.15
Inpatient Visits	3,117.5	18.78	4.88	1.0208	1.0277	0.9000	1.0025	1.0000	1.0000	2,864.0	19.36	4.62
Urgent Care/Emergency Room	1,363.0	24.92	2.83	1.0208	1.0277	0.8000	1.0025	1.0000	1.0000	1,113.0	25.66	2.38
Office/Home Visits	7,895.3	22.28	14.66	1.0208	1.0277	1.0300	1.0000	1.0000	1.0000	8,301.0	22.90	15.84
Preventive Care	112.3	64.11	0.60	1.0208	1.0277	1.0050	1.0000	1.0000	1.0000	115.2	65.63	0.63
Maternity - Delivery	3.7	291.89	0.09	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	3.5	308.57	0.09
Maternity - Non-Delivery	14.3	41.96	0.05	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	13.5	44.44	0.05
Allergy/Immunotherapy	106.2	11.30	0.10	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	100.3	11.96	0.10
Lab/Path/Rad	4,298.6	10.27	3.68	1.0208	1.0277	0.9000	1.0000	1.0000	1.0000	3,949.1	10.54	3.47
Office Adm. Drugs	1,630.7	59.53	8.09	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,539.7	61.18	7.85
Clinic	23.2	82.76	0.16	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	21.9	87.67	0.16
Psych/SUD	1,878.0	34.06	5.33	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,773.2	34.99	5.17
Physical Therapy	1,145.3	8.38	0.80	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,081.4	8.66	0.78
Family Planning	0.4	-	-	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	0.4	-	-
Other Professional	2,485.2	17.19	3.56	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	2,346.5	17.64	3.45
Subtotal	26,139.3	\$ 24.41	\$ 53.17							25,173.1	\$ 25.12	\$ 52.69
Total Medical	76,754.3	\$ 33.43	\$ 213.83							71,252.8	\$ 33.72	\$ 200.21
Category of Service - Iowa Plan for BH												
Inpatient Treatment	1.7	\$ 3,035.29	\$ 0.43	1.1436	1.0138	0.9000	1.0000	1.0000	1.0000	1.7	\$ 3,176.47	\$ 0.45
Outpatient Treatment	19,001.5	124.58	197.27	1.1436	1.0138	0.9250	1.0000	1.0000	1.0000	20,100.2	126.30	211.56
Intermediate Care	39.8	425.13	1.41	1.1436	1.0138	0.9250	1.0000	1.0000	1.0000	42.1	430.40	1.51
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							20,144.0	\$ 128.09	\$ 215.02
Short Term Institutional / HCBS	261.3	\$ 191.04	\$ 4.16	1.0847	1.0138	1.0000	1.0000	1.0000	1.0109	283.4	\$ 195.62	\$ 4.62

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: 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	0.9931	0.9196	0.9500	1.0025	1.0000	1.0000	976.0	\$ 297.30	\$ 24.18
Psychiatric/SUD	-	-	-	0.9931	0.9196	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9931	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	1,034.5	\$ 322.47	\$ 27.80							976.0	\$ 297.30	\$ 24.18
Outpatient Hospital												
Emergency Room	827.0	\$ 40.77	\$ 2.81	1.0138	1.0992	0.8000	1.0025	1.0000	1.0000	670.7	\$ 44.91	\$ 2.51
General	20,492.3	25.75	43.98	1.0138	1.0992	0.9250	1.0025	1.0000	1.0000	19,217.2	28.38	45.45
Subtotal	21,319.3	\$ 26.34	\$ 46.79							19,887.9	\$ 28.94	\$ 47.96
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	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	3,334.8	32.64	9.07
Ambulance	619.8	59.63	3.08	0.9863	0.9327	0.8500	1.0025	1.0000	1.1000	519.6	61.43	2.66
Non-Emergency Transportation	-	-	-	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	2,198.0	108.75	19.92	0.9863	0.9327	0.8500	1.0025	1.0000	1.0206	1,842.7	103.80	15.94
Chiropractic Services	807.7	10.25	0.69	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	677.1	9.57	0.54
Podiatry	505.2	17.10	0.72	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	423.5	15.87	0.56
Vision	1,298.1	24.96	2.70	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	1,088.3	23.38	2.12
Other Ancillary	104.3	18.41	0.16	0.9863	0.9327	0.8500	1.0025	1.0000	1.0000	87.4	17.85	0.13
Subtotal	11,986.8	\$ 43.64	\$ 43.59							10,325.5	\$ 41.32	\$ 35.55
Professional												
Surgery	1,490.2	\$ 51.86	\$ 6.44	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,407.1	\$ 53.30	\$ 6.25
Anesthesia	237.2	45.53	0.90	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	224.0	46.61	0.87
Inpatient Visits	3,722.9	19.37	6.01	1.0208	1.0277	0.9000	1.0025	1.0000	1.0000	3,420.2	19.96	5.69
Urgent Care/Emergency Room	715.7	28.00	1.67	1.0208	1.0277	0.8000	1.0025	1.0000	1.0000	584.4	28.95	1.41
Office/Home Visits	5,048.4	23.53	9.90	1.0208	1.0277	1.0300	1.0000	1.0000	1.0000	5,307.8	24.19	10.70
Preventive Care	41.3	52.30	0.18	1.0208	1.0277	1.0050	1.0000	1.0000	1.0000	42.4	53.77	0.19
Maternity - Delivery	-	-	-	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	24.2	9.92	0.02	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	22.8	10.53	0.02
Lab/Path/Rad	3,736.7	10.31	3.21	1.0208	1.0277	0.9000	1.0000	1.0000	1.0000	3,432.8	10.59	3.03
Office Adm. Drugs	1,077.2	44.89	4.03	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	1,017.1	46.13	3.91
Clinic	22.9	83.84	0.16	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	21.6	88.89	0.16
Psych/SUD	256.6	37.41	0.80	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	242.3	38.63	0.78
Physical Therapy	480.0	9.25	0.37	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	453.2	9.53	0.36
Family Planning	-	-	-	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	2,473.2	13.63	2.81	1.0208	1.0277	0.9250	1.0000	1.0000	1.0000	2,335.2	14.03	2.73
Subtotal	19,326.5	\$ 22.66	\$ 36.50							18,510.9	\$ 23.40	\$ 36.10
Total Medical	53,667.1	\$ 34.59	\$ 154.68							49,700.3	\$ 34.72	\$ 143.79
Category of Service - Iowa Plan for BH												
Inpatient Treatment	0.5	\$ 2,160.00	\$ 0.09	1.1436	1.0138	0.9000	1.0000	1.0000	1.0000	0.5	\$ 2,160.00	\$ 0.09
Outpatient Treatment	1,945.8	195.25	31.66	1.1436	1.0138	0.9250	1.0000	1.0000	1.0000	2,058.3	197.93	33.95
Intermediate Care	1.8	666.67	0.10	1.1436	1.0138	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							2,060.7	\$ 207.60	\$ 35.65
Short Term Institutional / HCBS	4,856.2	\$ 170.92	\$ 69.17	1.0846	1.0138	1.0000	1.0000	1.0000	1.0109	5,266.9	\$ 175.18	\$ 76.89

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	0.9660	0.9460	0.9000	1.0025	1.0000	1.0000	56.2	\$ 2,075.44	\$ 9.72
Psychiatric/SUD	-	-	-	0.9660	0.9460	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	64.6	\$ 2,190.09	\$ 11.79							56.2	\$ 2,075.44	\$ 9.72
Outpatient Hospital												
Emergency Room	687.0	\$ 132.58	\$ 7.59	1.0277	0.9727	0.8000	1.0025	1.0000	1.0000	564.8	\$ 129.39	\$ 6.09
General	17,024.4	34.60	49.09	1.0277	0.9727	0.9250	1.0025	1.0000	1.0000	16,184.4	33.74	45.51
Subtotal	17,711.4	\$ 38.40	\$ 56.68							16,749.2	\$ 36.97	\$ 51.60
Ancillary												
Pharmacy	74,108.9	\$ 49.76	\$ 307.29	1.0138	1.1139	0.9500	0.9800	1.0000	1.0250	71,375.7	\$ 55.67	\$ 331.15
DME/Supplies/Prosthetics	211.9	122.89	2.17	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	212.6	128.13	2.27
Ambulance	127.6	65.83	0.70	1.0560	1.0418	0.9500	1.0025	1.0000	1.1000	128.0	75.94	0.81
Non-Emergency Transportation	15.4	23.38	0.03	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	15.4	23.38	0.03
Home Health/Hospice	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	-	-	-
Podiatry	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	-	-	-
Vision	3,219.5	34.96	9.38	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	3,229.7	36.52	9.83
Other Ancillary	222.9	24.76	0.46	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	223.6	25.76	0.48
Subtotal	77,906.2	\$ 49.29	\$ 320.03							75,185.0	\$ 55.00	\$ 344.57
Professional												
Surgery	418.1	\$ 135.47	\$ 4.72	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	392.1	\$ 139.25	\$ 4.55
Anesthesia	47.3	190.27	0.75	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	44.4	194.59	0.72
Inpatient Visits	985.8	48.20	3.96	1.0138	1.0277	0.9000	1.0025	1.0000	1.0000	899.5	49.63	3.72
Urgent Care/Emergency Room	434.1	85.97	3.11	1.0138	1.0277	0.8000	1.0025	1.0000	1.0000	352.1	88.61	2.60
Office/Home Visits	2,846.5	75.17	17.83	1.0138	1.0277	1.0300	1.0000	1.0000	1.0000	2,972.4	77.27	19.14
Preventive Care	1,662.9	47.63	6.60	1.0138	1.0277	1.0050	1.0000	1.0000	1.0000	1,694.3	48.94	6.91
Maternity - Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	13.3	45.11	0.05	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	12.5	48.00	0.05
Lab/Path/Rad	7,530.2	37.98	23.83	1.0138	1.0277	0.9000	1.0000	1.0000	1.0000	6,870.8	39.03	22.35
Office Adm. Drugs	117.1	29.72	0.29	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	109.8	30.60	0.28
Clinic	288.2	163.64	3.93	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	270.3	168.26	3.79
Psych/SUD	1.8	466.67	0.07	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	1.7	494.12	0.07
Physical Therapy	329.2	37.55	1.03	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	308.7	38.48	0.99
Family Planning	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	1,563.3	32.24	4.20	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	1,466.0	33.15	4.05
Subtotal	16,237.8	\$ 52.00	\$ 70.37							15,394.6	\$ 53.96	\$ 69.22
Total Medical	111,920.0	\$ 49.20	\$ 458.87							107,385.0	\$ 53.09	\$ 475.11
Category of Service - Iowa Plan for BH												
Inpatient Treatment	-	\$ 0.00	\$ 0.00	1.0069	0.9460	0.9000	1.0000	1.0000	1.0000	-	\$ 0.00	\$ 0.00
Outpatient Treatment	23,470.2	77.36	151.30	1.0069	0.9460	0.9250	1.0000	1.0000	1.0000	21,859.5	73.18	133.30
Intermediate Care	25.0	1,627.20	3.39	1.0069	0.9460	0.9250	1.0000	1.0000	1.0000	23.3	1,539.91	2.99
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							21,882.8	\$ 75.56	\$ 137.79
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

	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
Category of Service - LTSS (Institutional & Waiver)												
NF/ICFMR	53.2	\$ 342.86	\$ 1.52	1.0138	1.0000	1.0000	1.0000	1.0000	1.0109	53.9	\$ 347.31	\$ 1.56
Psychiatric Mental Institute for Childr	17,190.3	4,551.29	6,519.84	1.0069	0.9460	0.9000	1.0000	1.0000	1.0000	15,577.9	4,305.32	5,588.99
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	1.0042	1.0007	0.9992	1.0000	1.0000	1.0029	15,731.3	\$ 4,268.23	\$ 5,595.40

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: 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	0.9660	0.9460	0.9000	1.0025	1.0000	1.0000	7,223.4	\$ 1,196.13	\$ 720.01
Psychiatric/SUD	-	-	-	0.9660	0.9460	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9660	0.9460	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	8,308.5	\$ 1,261.31	\$ 873.30							7,223.4	\$ 1,196.13	\$ 720.01
Outpatient Hospital												
Emergency Room	2,260.2	\$ 86.12	\$ 16.22	1.0277	0.9727	0.8000	1.0025	1.0000	1.0000	1,858.3	\$ 83.95	\$ 13.00
General	43,680.9	58.22	211.91	1.0277	0.9727	0.9250	1.0025	1.0000	1.0000	41,525.7	56.77	196.45
Subtotal	45,941.1	\$ 59.59	\$ 228.13							43,384.0	\$ 57.93	\$ 209.45
Ancillary												
Pharmacy	23,196.5	\$ 66.87	\$ 129.26	1.0138	1.1139	0.9500	0.9800	1.0000	1.0250	22,341.0	\$ 74.82	\$ 139.30
DME/Supplies/Prosthetics	4,834.4	58.41	23.53	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	4,849.7	60.99	24.65
Ambulance	4,101.7	67.14	22.95	1.0560	1.0418	0.9500	1.0025	1.0000	1.1000	4,114.7	77.14	26.45
Non-Emergency Transportation	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0560	1.0418	0.9500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	125.8	18.12	0.19	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	126.2	19.02	0.20
Podiatry	470.0	13.53	0.53	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	471.5	14.25	0.56
Vision	517.9	31.74	1.37	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	519.5	33.26	1.44
Other Ancillary	37.5	22.40	0.07	1.0560	1.0418	0.9500	1.0025	1.0000	1.0000	37.6	22.34	0.07
Subtotal	33,283.8	\$ 64.14	\$ 177.90							32,460.2	\$ 71.23	\$ 192.67
Professional												
Surgery	2,675.4	\$ 137.88	\$ 30.74	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,508.9	\$ 141.72	\$ 29.63
Anesthesia	452.8	146.55	5.53	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	424.6	150.64	5.33
Inpatient Visits	25,276.2	49.19	103.61	1.0138	1.0277	0.9000	1.0025	1.0000	1.0000	23,062.7	50.68	97.40
Urgent Care/Emergency Room	2,382.4	69.46	13.79	1.0138	1.0277	0.8000	1.0025	1.0000	1.0000	1,932.2	71.55	11.52
Office/Home Visits	3,888.3	49.90	16.17	1.0138	1.0277	1.0300	1.0000	1.0000	1.0000	4,060.3	51.28	17.35
Preventive Care	70.0	27.43	0.16	1.0138	1.0277	1.0050	1.0000	1.0000	1.0000	71.3	28.61	0.17
Maternity - Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	14,469.3	26.07	31.44	1.0138	1.0277	0.9000	1.0000	1.0000	1.0000	13,202.2	26.80	29.48
Office Adm. Drugs	2,816.4	142.69	33.49	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	2,641.1	146.67	32.28
Clinic	669.2	155.47	8.67	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	627.6	159.85	8.36
Psych/SUD	139.6	24.93	0.29	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	130.9	25.67	0.28
Physical Therapy	79.8	10.53	0.07	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	74.8	11.23	0.07
Family Planning	-	-	-	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	3,592.9	23.45	7.02	1.0138	1.0277	0.9250	1.0000	1.0000	1.0000	3,369.3	24.11	6.77
Subtotal	56,512.3	\$ 53.29	\$ 250.98							52,105.9	\$ 54.96	\$ 238.64
Total Medical	144,045.7	\$ 127.49	\$ 1,530.31							135,173.5	\$ 120.80	\$ 1,360.77
Category of Service - Iowa Plan for BH												
Inpatient Treatment	81.3	\$ 66.42	\$ 0.45	1.0069	0.9460	0.9000	1.0000	1.0000	1.0000	73.7	\$ 63.50	\$ 0.39
Outpatient Treatment	4,127.4	22.24	7.65	1.0069	0.9460	0.9250	1.0000	1.0000	1.0000	3,844.2	21.04	6.74
Intermediate Care	-	-	-	1.0069	0.9460	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							3,917.9	\$ 26.43	\$ 8.63
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: 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	1.0138	1.0000	1.0000	1.0000	1.0000	1.0109	3,887.9	\$ 170.87	\$ 55.36
Home Health/Hospice	45,751.2	754.57	2,876.87	1.0560	1.0418	1.0000	1.0000	1.0000	1.0206	48,311.8	802.30	3,230.04
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	1.0552	1.0410	1.0000	1.0000	1.0000	1.0204	52,199.7	\$ 755.27	\$ 3,285.40

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: 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	0.9727	0.9196	0.9500	1.0025	1.0000	1.0000	576.2	\$ 258.24	\$ 12.40
Psychiatric/SUD	-	-	-	0.9727	0.9196	0.9500	1.0025	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Maternity Non-Delivery	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	0.9727	0.9196	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	623.5	\$ 280.22	\$ 14.56							576.2	\$ 258.24	\$ 12.40
Outpatient Hospital												
Emergency Room	383.4	\$ 47.26	\$ 1.51	1.0847	0.9196	0.8000	1.0025	1.0000	1.0000	332.7	\$ 43.64	\$ 1.21
General	7,540.4	18.33	11.52	1.0847	0.9196	0.9250	1.0025	1.0000	1.0000	7,565.5	16.91	10.66
Subtotal	7,923.8	\$ 19.73	\$ 13.03							7,898.2	\$ 18.03	\$ 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	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	1,694.6	62.10	8.77
Ambulance	960.8	47.84	3.83	1.0138	1.0703	0.8500	1.0025	1.0000	1.1000	828.0	56.52	3.90
Non-Emergency Transportation	-	-	-	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0138	1.0703	0.8500	1.0025	1.0000	1.0206	-	-	-
Chiropractic Services	6.4	18.75	0.01	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	5.5	21.82	0.01
Podiatry	1,178.9	14.15	1.39	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	1,015.9	15.24	1.29
Vision	364.1	25.38	0.77	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	313.8	27.15	0.71
Other Ancillary	30.5	27.54	0.07	1.0138	1.0703	0.8500	1.0025	1.0000	1.0000	26.3	27.38	0.06
Subtotal	9,596.2	\$ 25.29	\$ 20.22							8,718.7	\$ 26.43	\$ 19.20
Professional												
Surgery	428.4	\$ 29.41	\$ 1.05	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	407.3	\$ 30.35	\$ 1.03
Anesthesia	35.4	47.46	0.14	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	33.7	49.85	0.14
Inpatient Visits	6,718.2	20.22	11.32	1.0277	1.0277	0.9000	1.0025	1.0000	1.0000	6,214.1	20.84	10.79
Urgent Care/Emergency Room	381.7	27.35	0.87	1.0277	1.0277	0.8000	1.0025	1.0000	1.0000	313.8	28.30	0.74
Office/Home Visits	666.8	21.24	1.18	1.0277	1.0277	1.0300	1.0000	1.0000	1.0000	705.9	21.76	1.28
Preventive Care	-	-	-	1.0277	1.0277	1.0050	1.0000	1.0000	1.0000	-	-	-
Maternity - Delivery	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Maternity - Non-Delivery	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Allergy/Immunotherapy	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Lab/Path/Rad	2,267.8	7.62	1.44	1.0277	1.0277	0.9000	1.0000	1.0000	1.0000	2,097.6	7.84	1.37
Office Adm. Drugs	91.8	27.45	0.21	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	87.3	28.87	0.21
Clinic	11.3	42.48	0.04	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	10.7	44.86	0.04
Psych/SUD	444.5	19.98	0.74	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	422.6	20.44	0.72
Physical Therapy	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Family Planning	-	-	-	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	-	-	-
Other Professional	694.2	8.12	0.47	1.0277	1.0277	0.9250	1.0000	1.0000	1.0000	659.9	8.36	0.46
Subtotal	11,740.1	\$ 17.85	\$ 17.46							10,952.9	\$ 18.38	\$ 16.78
Total Medical	29,883.6	\$ 26.21	\$ 65.27							28,146.0	\$ 25.69	\$ 60.25
Category of Service - Iowa Plan for BH												
Inpatient Treatment	6.4	\$ 0.00	\$ 0.00	1.0277	1.0560	0.9000	1.0000	1.0000	1.0000	5.9	\$ 0.00	\$ 0.00
Outpatient Treatment	327.1	5.87	0.16	1.0277	1.0560	0.9250	1.0000	1.0000	1.0000	311.0	6.17	0.16
Intermediate Care	-	-	-	1.0277	1.0560	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							316.9	\$ 62.86	\$ 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)
January 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	1.0138	1.0000	1.0000	1.0000	1.0000	1.0109	10,157.8	\$ 172.82	\$ 146.29
Home Health/Hospice	46,162.1	903.86	3,477.01	1.0138	1.0703	1.0000	1.0000	1.0000	1.0206	46,799.6	987.30	3,850.43
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	1.0138	1.0675	1.0000	1.0000	1.0000	1.0202	56,957.4	\$ 842.04	\$ 3,996.72

APPENDIX B – hawk-i

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: 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	0.9593	1.0560	0.9500	1.0025	0.6000	1.0000	55.7	\$ 2,260.60	\$ 10.49
Psychiatric/SUD	52.0	1,088.97	4.72	1.0038	0.9593	1.0560	0.9500	1.0025	1.0000	1.0000	47.5	1,152.80	4.57
Maternity - Delivery	0.9	1,405.90	0.11	1.0038	0.9593	1.0560	0.9800	0.9900	1.0000	1.0000	0.9	1,469.74	0.11
Maternity Non-Delivery	-	-	-	1.0038	0.9593	1.0560	0.9800	0.9900	1.0000	1.0000	-	-	-
Well Newborn	-	-	-	1.0038	0.9593	1.0560	0.9800	0.9900	1.0000	1.0000	-	-	-
Other Newborn	-	-	-	1.0038	0.9593	1.0560	0.9800	0.9900	1.0000	1.0000	-	-	-
Subtotal	113.8	\$ 2,412.75	\$ 22.87								104.1	\$ 1,747.86	\$ 15.16
Outpatient Hospital													
Emergency Room	399.2	\$ 300.21	\$ 9.99	1.0038	0.9931	1.0277	0.9500	1.0025	0.6000	1.0000	378.1	\$ 185.58	\$ 5.85
General	2,276.9	236.24	44.82	1.0038	0.9931	1.0277	0.9500	1.0025	0.6000	1.0000	2,156.4	146.04	26.24
Subtotal	2,676.1	\$ 245.78	\$ 54.81								2,534.4	\$ 151.94	\$ 32.09
Ancillary													
Pharmacy	5,760.3	\$ 69.03	\$ 33.13	1.0000	1.0138	1.0847	0.9500	0.9800	0.8000	1.0350	5,547.8	\$ 60.75	\$ 28.09
DME/Supplies/Prosthetics	171.1	149.88	2.14	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	161.3	82.58	1.11
Ambulance	23.4	693.97	1.35	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	22.1	382.37	0.70
Non-Emergency Transportation	-	-	-	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	-	-	-
Home Health/Hospice	-	-	-	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	-	-	-
Chiropractic Services	436.2	35.04	1.27	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	411.3	19.31	0.66
Podiatry	-	-	-	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	-	-	-
Vision	657.9	93.04	5.10	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	620.2	51.27	2.65
Other Ancillary	1.5	369.27	0.04	1.0028	0.9593	1.0992	0.9800	1.0025	0.5000	1.0000	1.4	203.46	0.02
Subtotal	7,050.3	\$ 73.26	\$ 43.04								6,764.0	\$ 58.96	\$ 33.23
Professional													
Surgery	561.0	\$ 170.02	\$ 7.95	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	549.5	\$ 123.54	\$ 5.66
Anesthesia	83.3	455.40	3.16	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	81.6	330.90	2.25
Inpatient Visits	119.2	133.91	1.33	1.0028	1.0560	1.0277	0.9500	1.0025	0.7070	1.0000	119.9	97.55	0.97
Urgent Care/Emergency Room	324.5	121.03	3.27	1.0028	1.0560	1.0277	0.9500	1.0025	0.7070	1.0000	326.5	88.16	2.40
Office/Home Visits	3,335.1	100.51	27.93	1.0028	1.0560	1.0277	1.0050	1.0000	0.7070	1.0000	3,549.4	73.03	21.60
Preventive Care	595.8	121.71	6.04	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	583.6	88.44	4.30
Maternity - Delivery	0.4	2,478.08	0.08	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	0.4	1,800.60	0.05
Maternity - Non-Delivery	0.3	268.10	0.01	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	0.3	194.81	0.00
Allergy/Immunotherapy	151.2	108.34	1.37	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	148.1	78.72	0.97
Lab/Path/Rad	2,317.2	26.66	5.15	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	2,269.8	19.37	3.66
Office Adm. Drugs	603.7	114.36	5.75	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	591.4	83.10	4.10
Clinic	13.1	202.79	0.22	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	12.8	147.35	0.16
Psych/SUD	758.4	102.92	6.50	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	742.9	74.78	4.63
Physical Therapy	593.8	40.42	2.00	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	581.7	29.37	1.42
Family Planning	-	-	-	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	-	-	-
Case Management	-	-	-	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	-	-	-
Targeted Case Management	-	-	-	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	-	-	-
Other Professional	1,969.5	52.46	8.61	1.0028	1.0560	1.0277	0.9250	1.0000	0.7070	1.0000	1,929.2	38.12	6.13
Subtotal	11,426.6	\$ 83.36	\$ 79.37								11,487.0	\$ 60.91	\$ 58.31
Total Medical	21,266.8	\$ 112.91	\$ 200.10								20,889.6	\$ 79.73	\$ 138.80

APPENDIX B - MATERNITY

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
SFY 2014 Fee-For-Service

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

7,509

7,509

	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	1,584.0	\$ 1,936.57	\$ 3,067.53	1.0138	0.9931	1.0275	1.0000	1.0000	1.0000	1,650.0	\$ 1,923.29	\$ 3,173.49
Maternity Cesarean Delivery	946.0	2,268.93	2,146.41	1.0138	0.9931	0.9350	1.0000	1.0000	1.0000	896.7	2,253.37	2,020.65
Subtotal	2,530.0	\$ 2,060.85	\$ 5,213.94							2,546.8	\$ 2,039.51	\$ 5,194.14
Professional												
Maternity Normal Delivery	685.5	\$ 1,267.29	\$ 868.73	1.0277	1.0138	1.0275	1.0000	1.0100	1.0000	723.9	\$ 1,297.64	\$ 939.35
Maternity Cesarean Delivery	379.1	1,129.07	428.03	1.0277	1.0138	0.9350	1.0000	1.0100	1.0000	364.3	1,156.11	421.16
Subtotal	1,064.6	\$ 1,218.07	\$ 1,296.76							1,088.2	\$ 1,250.26	\$ 1,360.51
Total Medical	3,594.6	\$ 1,811.24	\$ 6,510.70							3,634.9	\$ 1,803.23	\$ 6,554.65

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
SFY 2014 HMO Encounters

Region: Statewide

Rate Cell: Healthy Parents / Healthy Children Delivery Case Rate

Delivery Count

1,069

1,069

	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	1,374.0	\$ 2,056.02	\$ 2,824.97	1.0138	0.9931	1.0275	1.0000	1.0000	1.0000	1,431.3	\$ 2,041.91	\$ 2,922.56
Maternity Cesarean Delivery	744.4	2,511.57	1,869.61	1.0138	0.9931	0.9350	1.0000	1.0000	1.0000	705.6	2,494.34	1,760.07
Subtotal	2,118.4	\$ 2,216.10	\$ 4,694.58							2,136.9	\$ 2,191.31	\$ 4,682.63
Professional												
Maternity Normal Delivery	702.4	\$ 761.76	\$ 535.06	1.0277	1.0138	1.0275	1.0000	1.0000	1.0000	741.7	\$ 772.28	\$ 572.83
Maternity Cesarean Delivery	336.5	761.46	256.23	1.0277	1.0138	0.9350	1.0000	1.0000	1.0000	323.4	771.97	249.62
Subtotal	1,038.9	\$ 761.66	\$ 791.29							1,065.1	\$ 772.19	\$ 822.45
Total Medical	3,157.3	\$ 1,737.52	\$ 5,485.87							3,202.0	\$ 1,719.26	\$ 5,505.08

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
SFY 2014 Fee-For-Service

Region: Statewide
Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

16,129

16,129

	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	1,648.1	\$ 2,047.36	\$ 3,374.25	1.0138	0.9931	1.0275	1.0000	1.0000	1.0000	1,716.8	\$ 2,033.31	\$ 3,490.81
Maternity Cesarean Delivery	997.4	2,395.47	2,389.24	1.0138	0.9931	0.9350	1.0000	1.0000	1.0000	945.4	2,379.04	2,249.26
Subtotal	2,645.5	\$ 2,178.60	\$ 5,763.49							2,662.3	\$ 2,156.09	\$ 5,740.07
Professional												
Maternity Normal Delivery	626.9	\$ 1,511.42	\$ 947.51	1.0277	1.0138	1.0275	1.0000	1.0100	1.0000	662.0	\$ 1,547.62	\$ 1,024.54
Maternity Cesarean Delivery	349.1	1,242.97	433.92	1.0277	1.0138	0.9350	1.0000	1.0100	1.0000	335.5	1,272.74	426.96
Subtotal	976.0	\$ 1,415.40	\$ 1,381.43							997.5	\$ 1,455.17	\$ 1,451.49
Total Medical	3,621.5	\$ 1,972.92	\$ 7,144.92							3,659.7	\$ 1,965.05	\$ 7,191.56

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
SFY 2014 HMO Encounters

Region: Statewide
Rate Cell: Pregnant Women Delivery Case Rate

Delivery Count

2,542

2,542

	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	1.0138	0.9931	1.0275	1.0000	1.0000	1.0000	1,369.7	\$ 2,041.51	\$ 2,796.29
Maternity Cesarean Delivery	834.3	2,284.03	1,905.57	1.0138	0.9931	0.9350	1.0000	1.0000	1.0000	790.8	2,268.37	1,793.92
Subtotal	2,149.2	\$ 2,144.28	\$ 4,608.49							2,160.6	\$ 2,124.55	\$ 4,590.21
Professional												
Maternity Normal Delivery	600.1	\$ 756.16	\$ 453.77	1.0277	1.0138	1.0275	1.0000	1.0000	1.0000	633.7	\$ 766.60	\$ 485.80
Maternity Cesarean Delivery	310.8	754.86	234.61	1.0277	1.0138	0.9350	1.0000	1.0000	1.0000	298.7	765.28	228.56
Subtotal	910.9	\$ 755.71	\$ 688.38							932.4	\$ 766.18	\$ 714.36
Total Medical	3,060.1	\$ 1,730.95	\$ 5,296.87							3,092.9	\$ 1,715.06	\$ 5,304.57

APPENDIX C

**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 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	796.9	\$ 2,242.19	\$ 148.90	609.2	\$ 2,876.10	\$ 146.01	766.0	\$ 2,325.12	\$ 148.42
Psychiatric/SUD	0.4	1,800.00	0.06	-	-	-	0.3	2,000.00	0.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	5,071.5	823.78	348.15	-	-	-	4,237.2	823.76	290.87
Other Newborn	9,017.5	1,323.95	994.89	11,481.8	1,112.66	1,064.61	9,422.9	1,281.59	1,006.36
Subtotal	14,886.3	\$ 1,202.72	\$ 1,492.00	12,091.0	\$ 1,201.51	\$ 1,210.62	14,426.4	\$ 1,202.55	\$ 1,445.70
Outpatient Hospital									
Emergency Room	987.5	\$ 88.47	\$ 7.28	1,305.9	\$ 129.01	\$ 14.04	1,039.9	\$ 96.82	\$ 8.39
General	5,571.5	51.52	23.92	6,877.5	55.31	31.70	5,786.4	52.26	25.20
Subtotal	6,559.0	\$ 57.08	\$ 31.20	8,183.4	\$ 67.07	\$ 45.74	6,826.3	\$ 59.05	\$ 33.59
Ancillary									
Pharmacy	2,103.3	\$ 60.42	\$ 10.59	2,558.4	\$ 57.97	\$ 12.36	2,178.2	\$ 59.94	\$ 10.88
DME/Supplies/Prosthetics	317.2	228.88	6.05	489.8	148.22	6.05	345.6	210.07	6.05
Ambulance	163.5	167.34	2.28	126.0	88.57	0.93	157.3	157.15	2.06
Non-Emergency Transportation	63.6	35.85	0.19	-	-	-	53.1	36.16	0.16
Home Health/Hospice	1,252.0	90.10	9.40	368.5	102.58	3.15	1,106.7	90.76	8.37
Chiropractic Services	-	-	-	262.7	31.06	0.68	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	307.4	33.18	0.85	61.8	36.89	0.19	267.0	33.26	0.74
Subtotal	4,211.9	\$ 83.76	\$ 29.40	3,882.6	\$ 72.42	\$ 23.43	4,157.7	\$ 82.00	\$ 28.41
Professional									
Surgery	1,524.8	\$ 197.14	\$ 25.05	1,889.4	\$ 130.01	\$ 20.47	1,584.8	\$ 184.00	\$ 24.30
Anesthesia	65.6	532.32	2.91	86.4	415.28	2.99	69.0	507.83	2.92
Inpatient Visits	9,505.1	179.80	142.42	13,588.6	162.28	183.76	10,176.9	175.95	149.22
Urgent Care/Emergency Room	834.5	68.88	4.79	1,182.2	72.88	7.18	891.7	69.71	5.18
Office/Home Visits	4,090.8	68.00	23.18	5,496.7	64.14	29.38	4,322.1	67.19	24.20
Preventive Care	15,141.0	70.76	89.28	20,429.8	63.06	107.36	16,011.1	69.14	92.25
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	0.7	-	-	-	-	-	0.6	-	-
Lab/Path/Rad	4,441.1	14.78	5.47	5,591.7	13.61	6.34	4,630.4	14.54	5.61
Office Adm. Drugs	34.6	31.21	0.09	40.0	6.00	0.02	35.5	27.04	0.08
Clinic	2,418.9	163.61	32.98	-	-	-	2,021.0	163.58	27.55
Psych/SUD	0.3	-	-	-	-	-	0.3	-	-
Physical Therapy	10.1	47.52	0.04	20.0	54.00	0.09	11.7	51.28	0.05
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,215.6	52.02	5.27	1,598.7	45.26	6.03	1,278.6	50.68	5.40
Subtotal	39,283.1	\$ 101.26	\$ 331.48	49,923.5	\$ 87.40	\$ 363.62	41,033.7	\$ 98.48	\$ 336.76
Total Medical	64,940.3	\$ 348.15	\$ 1,884.08	74,080.5	\$ 266.21	\$ 1,643.41	66,444.1	\$ 333.11	\$ 1,844.46
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	\$ 1,844.50
Third Party Liability Adjustment	(147.56)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 199.08
Gross Capitation Rate	\$ 1,896.52
Less Withhold	2.0% (37.93)
Net Capitation Rate	\$ 1,858.59

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 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	193.3	\$ 1,946.20	\$ 31.35	211.7	\$ 1,681.81	\$ 29.67	196.7	\$ 1,893.65	\$ 31.04
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	194.6	\$ 1,941.83	\$ 31.49	211.7	\$ 1,681.81	\$ 29.67	197.8	\$ 1,889.79	\$ 31.15
Outpatient Hospital									
Emergency Room	1,263.9	\$ 103.49	\$ 10.90	1,643.3	\$ 121.58	\$ 16.65	1,333.5	\$ 107.54	\$ 11.95
General	5,020.1	63.75	26.67	6,155.3	74.30	38.11	5,228.3	66.03	28.77
Subtotal	6,284.0	\$ 71.74	\$ 37.57	7,798.6	\$ 84.26	\$ 54.76	6,561.8	\$ 74.47	\$ 40.72
Ancillary									
Pharmacy	4,607.7	\$ 58.26	\$ 22.37	4,731.0	\$ 78.76	\$ 31.05	4,630.3	\$ 62.10	\$ 23.96
DME/Supplies/Prosthetics	553.2	109.33	5.04	598.1	111.35	5.55	561.4	109.65	5.13
Ambulance	52.9	111.15	0.49	66.8	84.43	0.47	55.4	106.14	0.49
Non-Emergency Transportation	38.4	40.63	0.13	-	-	-	31.4	42.04	0.11
Home Health/Hospice	872.2	63.70	4.63	110.1	104.63	0.96	732.4	64.88	3.96
Chiropractic Services	-	-	-	241.5	32.30	0.65	44.3	32.51	0.12
Podiatry	-	-	-	0.9	-	-	0.2	-	-
Vision	28.3	63.60	0.15	23.9	55.23	0.11	27.5	61.09	0.14
Other Ancillary	306.9	31.67	0.81	90.8	30.40	0.23	267.3	31.43	0.70
Subtotal	6,459.6	\$ 62.46	\$ 33.62	5,863.1	\$ 79.86	\$ 39.02	6,350.2	\$ 65.40	\$ 34.61
Professional									
Surgery	195.7	\$ 253.86	\$ 4.14	214.3	\$ 166.87	\$ 2.98	199.1	\$ 236.87	\$ 3.93
Anesthesia	82.9	227.26	1.57	88.7	193.46	1.43	84.0	220.00	1.54
Inpatient Visits	408.8	167.32	5.70	592.9	145.52	7.19	442.6	161.86	5.97
Urgent Care/Emergency Room	902.3	64.77	4.87	1,224.2	71.26	7.27	961.3	66.29	5.31
Office/Home Visits	4,355.0	67.10	24.35	5,565.4	63.18	29.30	4,577.0	66.23	25.26
Preventive Care	7,022.3	51.76	30.29	10,271.1	49.09	42.02	7,618.2	51.10	32.44
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	1,936.1	16.18	2.61	2,858.9	13.64	3.25	2,105.4	15.56	2.73
Office Adm. Drugs	160.6	27.65	0.37	211.4	7.95	0.14	169.9	23.31	0.33
Clinic	1,402.0	163.57	19.11	-	-	-	1,144.8	163.52	15.60
Psych/SUD	0.9	133.33	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	29.2	36.99	0.09	41.9	37.23	0.13	31.5	38.10	0.10
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	652.0	57.79	3.14	1,137.1	47.59	4.51	741.0	54.90	3.39
Subtotal	17,155.6	\$ 67.35	\$ 96.29	22,208.9	\$ 53.08	\$ 98.23	18,082.4	\$ 64.13	\$ 96.64
Total Medical	30,093.8	\$ 79.34	\$ 198.97	36,082.3	\$ 73.72	\$ 221.68	31,192.2	\$ 78.14	\$ 203.12
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	\$ 203.25
Third Party Liability Adjustment	(12.19)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 22.41
Gross Capitation Rate	\$ 213.97
Less Withhold	2.0% (4.28)
Net Capitation Rate	\$ 209.69

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 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	\$ 2,040.00	\$ 8.50	77.3	\$ 1,788.36	\$ 11.52	53.4	\$ 1,995.51	\$ 8.88
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	\$ 2,040.72	\$ 8.52	77.3	\$ 1,788.36	\$ 11.52	53.5	\$ 1,996.26	\$ 8.90
Outpatient Hospital									
Emergency Room	854.6	\$ 110.51	\$ 7.87	1,091.3	\$ 119.86	\$ 10.90	884.4	\$ 111.94	\$ 8.25
General	3,707.1	87.27	26.96	4,265.5	74.50	26.48	3,777.4	85.46	26.90
Subtotal	4,561.7	\$ 91.62	\$ 34.83	5,356.8	\$ 83.74	\$ 37.38	4,661.8	\$ 90.48	\$ 35.15
Ancillary									
Pharmacy	3,311.8	\$ 41.02	\$ 11.32	3,427.4	\$ 34.14	\$ 9.75	3,326.3	\$ 40.12	\$ 11.12
DME/Supplies/Prosthetics	200.0	90.00	1.50	137.1	83.15	0.95	192.1	89.33	1.43
Ambulance	34.9	103.15	0.30	47.7	77.99	0.31	36.5	98.63	0.30
Non-Emergency Transportation	22.8	42.11	0.08	-	-	-	19.9	42.21	0.07
Home Health/Hospice	159.8	87.11	1.16	9.2	91.30	0.07	140.9	86.87	1.02
Chiropractic Services	-	-	-	154.7	32.58	0.42	19.5	30.77	0.05
Podiatry	-	-	-	4.1	58.54	0.02	0.5	-	-
Vision	197.4	43.77	0.72	196.5	41.53	0.68	197.3	43.18	0.71
Other Ancillary	224.2	30.51	0.57	118.8	29.29	0.29	210.9	30.16	0.53
Subtotal	4,150.9	\$ 45.24	\$ 15.65	4,095.5	\$ 36.60	\$ 12.49	4,143.9	\$ 44.10	\$ 15.23
Professional									
Surgery	212.3	\$ 227.23	\$ 4.02	232.8	\$ 142.78	\$ 2.77	214.9	\$ 215.54	\$ 3.86
Anesthesia	97.6	205.33	1.67	98.5	203.45	1.67	97.7	205.12	1.67
Inpatient Visits	74.3	119.52	0.74	103.2	106.98	0.92	77.9	117.07	0.76
Urgent Care/Emergency Room	558.6	62.73	2.92	822.8	68.55	4.70	591.8	63.67	3.14
Office/Home Visits	2,887.4	64.17	15.44	3,433.7	63.15	18.07	2,956.1	64.02	15.77
Preventive Care	1,762.6	55.62	8.17	2,465.3	55.44	11.39	1,851.0	55.62	8.58
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	1,515.2	14.97	1.89	2,507.1	13.02	2.72	1,640.0	14.56	1.99
Office Adm. Drugs	68.2	19.35	0.11	93.8	11.51	0.09	71.4	18.49	0.11
Clinic	700.7	162.35	9.48	-	-	-	612.5	162.42	8.29
Psych/SUD	3.6	66.67	0.02	0.1	-	-	3.2	75.00	0.02
Physical Therapy	19.7	42.64	0.07	50.8	40.16	0.17	23.6	40.68	0.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	284.2	49.82	1.18	443.3	46.29	1.71	304.2	49.31	1.25
Subtotal	8,202.0	\$ 67.07	\$ 45.84	10,265.3	\$ 51.75	\$ 44.27	8,461.4	\$ 64.73	\$ 45.64
Total Medical	16,964.7	\$ 74.16	\$ 104.84	19,794.9	\$ 64.05	\$ 105.66	17,320.6	\$ 72.69	\$ 104.92
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	422.0	78.77	2.77	-	-	-	422.0	78.77	2.77
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	422.9	\$ 122.30	\$ 4.31	-	\$ 0.00	\$ 0.00	422.9	\$ 122.30	\$ 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	\$ 109.24
Third Party Liability Adjustment	(7.34)
Copayment Adjustment	-
Retroactivity Adjustment	1.37
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50%
Gross Capitation Rate	\$ 115.89
Less Withhold	2.0%
Net Capitation Rate	\$ 113.57

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 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	\$ 2,355.88	\$ 5.34	23.3	\$ 2,549.36	\$ 4.95	26.8	\$ 2,373.13	\$ 5.30
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	\$ 2,343.27	\$ 5.37	23.3	\$ 2,549.36	\$ 4.95	27.1	\$ 2,360.15	\$ 5.33
Outpatient Hospital									
Emergency Room	417.8	\$ 121.49	\$ 4.23	527.5	\$ 126.48	\$ 5.56	430.4	\$ 122.12	\$ 4.38
General	2,128.1	85.99	15.25	2,504.0	64.50	13.46	2,171.2	83.12	15.04
Subtotal	2,545.9	\$ 91.82	\$ 19.48	3,031.5	\$ 75.29	\$ 19.02	2,601.6	\$ 89.58	\$ 19.42
Ancillary									
Pharmacy	4,767.6	\$ 80.77	\$ 32.09	4,676.0	\$ 80.86	\$ 31.51	4,757.1	\$ 80.77	\$ 32.02
DME/Supplies/Prosthetics	123.7	116.41	1.20	90.6	107.28	0.81	119.9	116.10	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	57.0	37.89	0.18	1.2	-	-	50.6	37.94	0.16
Chiropractic Services	-	-	-	244.5	33.37	0.68	28.0	34.29	0.08
Podiatry	-	-	-	21.7	71.89	0.13	2.5	48.00	0.01
Vision	777.1	37.22	2.41	755.5	36.53	2.30	774.6	37.18	2.40
Other Ancillary	245.3	31.80	0.65	60.1	29.95	0.15	224.1	31.59	0.59
Subtotal	6,005.7	\$ 73.41	\$ 36.74	5,868.9	\$ 72.99	\$ 35.70	5,990.0	\$ 73.36	\$ 36.62
Professional									
Surgery	155.9	\$ 194.74	\$ 2.53	184.9	\$ 127.20	\$ 1.96	159.2	\$ 185.43	\$ 2.46
Anesthesia	39.7	220.65	0.73	41.0	207.80	0.71	39.8	220.10	0.73
Inpatient Visits	35.8	100.56	0.30	37.2	100.00	0.31	36.0	100.00	0.30
Urgent Care/Emergency Room	261.2	65.70	1.43	393.8	70.09	2.30	276.4	66.43	1.53
Office/Home Visits	1,688.8	70.20	9.88	1,916.1	64.69	10.33	1,714.9	69.49	9.93
Preventive Care	690.7	53.68	3.09	949.9	55.33	4.38	720.4	53.97	3.24
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	0.3	-	-	1.1	109.09	0.01	0.4	-	-
Allergy/Immunotherapy	62.2	65.59	0.34	76.2	37.80	0.24	63.8	62.07	0.33
Lab/Path/Rad	1,030.9	18.04	1.55	1,559.5	16.01	2.08	1,091.5	17.70	1.61
Office Adm. Drugs	34.9	72.21	0.21	38.8	18.56	0.06	35.3	64.59	0.19
Clinic	444.8	161.33	5.98	-	-	-	393.8	161.20	5.29
Psych/SUD	1.7	70.59	0.01	0.8	150.00	0.01	1.6	75.00	0.01
Physical Therapy	77.8	33.93	0.22	124.0	31.94	0.33	83.1	33.21	0.23
Family Planning	-	-	-	0.1	-	-	-	-	-
Other Professional	134.7	49.00	0.55	151.6	44.33	0.56	136.6	48.32	0.55
Subtotal	4,659.4	\$ 69.07	\$ 26.82	5,475.0	\$ 51.02	\$ 23.28	4,752.8	\$ 66.66	\$ 26.40
Total Medical	13,238.5	\$ 80.14	\$ 88.41	14,398.7	\$ 69.13	\$ 82.95	13,371.5	\$ 78.77	\$ 87.77
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	3,849.4	81.08	26.01	-	-	-	3,849.4	81.08	26.01
Intermediate Care	2.6	230.77	0.05	-	-	-	2.6	230.77	0.05
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,873.9	\$ 94.32	\$ 30.45	-	\$ 0.00	\$ 0.00	3,873.9	\$ 94.32	\$ 30.45
Short Term Institutional / HCBS	3.5	\$ 514.29	\$ 0.15	-	\$ 0.00	\$ 0.00	3.1	\$ 503.23	\$ 0.13

Total Acute Medical Component	\$ 118.35
Third Party Liability Adjustment	(6.58)
Copayment Adjustment	-
Retroactivity Adjustment	1.48
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 13.29
Gross Capitation Rate	\$ 127.04
Less Withhold	2.0% (2.54)
Net Capitation Rate	\$ 124.50

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 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	50.1	\$ 2,301.80	\$ 9.61	54.7	\$ 2,360.51	\$ 10.76	50.7	\$ 2,307.69	\$ 9.75
Psychiatric/SUD	0.8	1,650.00	0.11	-	-	-	0.7	1,714.29	0.10
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	11.3	1,295.58	1.22	11.8	1,332.20	1.31	11.4	1,294.74	1.23
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	62.2	\$ 2,110.61	\$ 10.94	66.5	\$ 2,178.05	\$ 12.07	62.8	\$ 2,117.20	\$ 11.08
Outpatient Hospital									
Emergency Room	973.6	\$ 116.11	\$ 9.42	1,472.7	\$ 126.95	\$ 15.58	1,036.1	\$ 118.02	\$ 10.19
General	7,165.9	67.08	40.06	9,900.5	53.22	43.91	7,508.3	64.79	40.54
Subtotal	8,139.5	\$ 72.95	\$ 49.48	11,373.2	\$ 62.77	\$ 59.49	8,544.4	\$ 71.25	\$ 50.73
Ancillary									
Pharmacy	8,077.3	\$ 50.33	\$ 33.88	7,793.0	\$ 44.33	\$ 28.79	8,041.7	\$ 49.60	\$ 33.24
DME/Supplies/Prosthetics	138.3	133.62	1.54	124.0	99.68	1.03	136.5	130.11	1.48
Ambulance	79.6	93.47	0.62	119.7	71.18	0.71	84.6	89.36	0.63
Non-Emergency Transportation	25.0	33.60	0.07	-	-	-	21.9	32.88	0.06
Home Health/Hospice	51.4	63.04	0.27	9.3	103.23	0.08	46.1	65.08	0.25
Chiropractic Services	-	-	-	651.5	33.34	1.81	81.6	33.82	0.23
Podiatry	-	-	-	42.3	79.43	0.28	5.3	90.57	0.04
Vision	935.6	36.43	2.84	884.6	35.68	2.63	929.2	36.29	2.81
Other Ancillary	594.7	33.70	1.67	78.4	32.14	0.21	530.1	33.73	1.49
Subtotal	9,901.9	\$ 49.55	\$ 40.89	9,702.8	\$ 43.95	\$ 35.54	9,877.0	\$ 48.88	\$ 40.23
Professional									
Surgery	252.8	\$ 211.23	\$ 4.45	347.1	\$ 160.76	\$ 4.65	264.6	\$ 203.17	\$ 4.48
Anesthesia	48.4	252.89	1.02	58.7	233.05	1.14	49.7	251.11	1.04
Inpatient Visits	92.4	90.91	0.70	133.3	82.82	0.92	97.5	89.85	0.73
Urgent Care/Emergency Room	591.1	77.75	3.83	964.0	82.53	6.63	637.8	78.65	4.18
Office/Home Visits	2,564.0	69.55	14.86	3,081.0	61.46	15.78	2,628.7	68.38	14.98
Preventive Care	660.9	54.11	2.98	901.0	52.74	3.96	691.0	53.84	3.10
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	126.8	174.13	1.84	289.5	226.74	5.47	147.2	186.68	2.29
Allergy/Immunotherapy	66.9	64.57	0.36	21.8	55.05	0.10	61.3	64.60	0.33
Lab/Path/Rad	3,397.8	26.77	7.58	5,706.2	23.26	11.06	3,686.8	26.10	8.02
Office Adm. Drugs	552.7	30.40	1.40	832.8	27.23	1.89	587.8	29.81	1.46
Clinic	767.2	164.08	10.49	-	-	-	671.1	164.15	9.18
Psych/SUD	25.2	52.38	0.11	36.5	52.60	0.16	26.6	54.14	0.12
Physical Therapy	345.9	31.92	0.92	604.0	29.01	1.46	378.2	31.41	0.99
Family Planning	-	-	-	8.1	14.81	0.01	1.0	-	-
Other Professional	305.8	119.69	3.05	337.7	147.82	4.16	309.8	123.56	3.19
Subtotal	9,797.9	\$ 65.63	\$ 53.59	13,321.7	\$ 51.70	\$ 57.39	10,239.1	\$ 63.39	\$ 54.09
Total Medical	27,901.5	\$ 66.62	\$ 154.90	34,464.2	\$ 57.27	\$ 164.49	28,723.3	\$ 65.23	\$ 156.13
Category of Service - Iowa Plan for BH									
Inpatient Treatment	76.3	\$ 1,778.77	\$ 11.31	-	\$ 0.00	\$ 0.00	76.3	\$ 1,778.77	\$ 11.31
Outpatient Treatment	4,432.9	96.53	35.66	-	-	-	4,432.9	96.53	35.66
Intermediate Care	48.8	378.69	1.54	-	-	-	48.8	378.69	1.54
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	4,558.0	\$ 131.66	\$ 50.01	-	\$ 0.00	\$ 0.00	4,558.0	\$ 131.66	\$ 50.01
Short Term Institutional / HCBS	21.0	\$ 788.57	\$ 1.38	-	\$ 0.00	\$ 0.00	18.4	\$ 789.13	\$ 1.21

Total Acute Medical Component	\$ 207.35
Third Party Liability Adjustment	(14.83)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	2.59
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 22.89
Gross Capitation Rate	\$ 218.49
Less Withhold	2.0% (4.37)
Net Capitation Rate	\$ 214.12

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 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	67.0	\$ 2,217.31	\$ 12.38	93.0	\$ 2,845.16	\$ 22.05	70.1	\$ 2,316.12	\$ 13.53
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	70.6	\$ 2,162.04	\$ 12.72	93.0	\$ 2,845.16	\$ 22.05	73.3	\$ 2,264.12	\$ 13.83
Outpatient Hospital									
Emergency Room	575.3	\$ 127.66	\$ 6.12	757.1	\$ 130.92	\$ 8.26	596.9	\$ 128.06	\$ 6.37
General	3,024.6	94.94	23.93	3,547.4	80.85	23.90	3,086.8	93.03	23.93
Subtotal	3,599.9	\$ 100.17	\$ 30.05	4,304.5	\$ 89.66	\$ 32.16	3,683.7	\$ 98.71	\$ 30.30
Ancillary									
Pharmacy	5,730.8	\$ 87.32	\$ 41.70	4,733.5	\$ 88.60	\$ 34.95	5,612.1	\$ 87.45	\$ 40.90
DME/Supplies/Prosthetics	132.5	153.96	1.70	96.9	127.55	1.03	128.3	151.52	1.62
Ambulance	56.1	98.40	0.46	73.2	70.49	0.43	58.1	95.01	0.46
Non-Emergency Transportation	17.4	48.28	0.07	-	-	-	15.3	47.06	0.06
Home Health/Hospice	32.5	66.46	0.18	-	-	-	28.6	67.13	0.16
Chiropractic Services	-	-	-	323.4	33.40	0.90	38.5	34.29	0.11
Podiatry	0.1	-	-	33.1	72.51	0.20	4.0	60.00	0.02
Vision	694.6	36.28	2.10	574.9	35.90	1.72	680.4	36.16	2.05
Other Ancillary	394.0	33.20	1.09	27.6	30.43	0.07	350.4	33.22	0.97
Subtotal	7,058.0	\$ 80.42	\$ 47.30	5,862.6	\$ 80.44	\$ 39.30	6,915.7	\$ 80.43	\$ 46.35
Professional									
Surgery	203.2	\$ 233.27	\$ 3.95	264.6	\$ 168.71	\$ 3.72	210.5	\$ 223.47	\$ 3.92
Anesthesia	38.6	264.25	0.85	47.2	246.61	0.97	39.6	260.61	0.86
Inpatient Visits	78.7	89.96	0.59	85.8	117.48	0.84	79.5	93.58	0.62
Urgent Care/Emergency Room	339.4	72.83	2.06	497.7	75.95	3.15	358.2	73.37	2.19
Office/Home Visits	1,489.6	70.65	8.77	1,529.3	64.74	8.25	1,494.3	69.95	8.71
Preventive Care	462.7	56.02	2.16	613.3	54.98	2.81	480.6	55.93	2.24
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.1	59.86	0.22	48.0	45.00	0.18	44.6	59.19	0.22
Lab/Path/Rad	1,393.1	26.44	3.07	1,735.5	23.85	3.45	1,433.8	26.11	3.12
Office Adm. Drugs	45.0	64.00	0.24	25.0	14.40	0.03	42.6	61.97	0.22
Clinic	390.9	159.02	5.18	-	-	-	344.4	158.89	4.56
Psych/SUD	4.9	73.47	0.03	0.4	-	-	4.4	81.82	0.03
Physical Therapy	300.4	30.36	0.76	575.5	29.61	1.42	333.1	30.26	0.84
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	155.8	44.67	0.58	144.4	45.71	0.55	154.4	45.08	0.58
Subtotal	4,946.4	\$ 69.04	\$ 28.46	5,566.7	\$ 54.69	\$ 25.37	5,020.0	\$ 67.20	\$ 28.11
Total Medical	15,674.9	\$ 90.74	\$ 118.53	15,826.8	\$ 90.14	\$ 118.88	15,692.7	\$ 90.68	\$ 118.59
Category of Service - Iowa Plan for BH									
Inpatient Treatment	58.2	\$ 1,826.80	\$ 8.86	-	\$ 0.00	\$ 0.00	58.2	\$ 1,826.80	\$ 8.86
Outpatient Treatment	6,909.9	93.74	53.98	-	-	-	6,909.9	93.74	53.98
Intermediate Care	82.7	284.40	1.96	-	-	-	82.7	284.40	1.96
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	7,050.8	\$ 112.84	\$ 66.30	-	\$ 0.00	\$ 0.00	7,050.8	\$ 112.84	\$ 66.30
Short Term Institutional / HCBS	13.8	\$ 878.26	\$ 1.01	-	\$ 0.00	\$ 0.00	12.2	\$ 875.41	\$ 0.89

Total Acute Medical Component	\$ 185.78
Third Party Liability Adjustment	(11.56)
Copayment Adjustment	-
Retroactivity Adjustment	2.32
Administrative Load	
Non-emergency medical transportation	0.50
Other administrative expense	10.50% 20.71
Gross Capitation Rate	\$ 197.75
Less Withhold	2.0% (3.96)
Net Capitation Rate	\$ 193.79

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: 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	93.2	\$ 2,685.84	\$ 20.86	90.2	\$ 2,366.74	\$ 17.79	92.7	\$ 2,631.72	\$ 20.33
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	1,438.27	3.32	34.9	749.57	2.18	28.9	1,295.50	3.12
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.5	480.00	0.02	-	-	-	0.4	600.00	0.02
Subtotal	122.8	\$ 2,371.66	\$ 24.27	127.4	\$ 1,912.09	\$ 20.30	123.6	\$ 2,289.32	\$ 23.58
Outpatient Hospital									
Emergency Room	1,853.1	\$ 108.34	\$ 16.73	2,269.4	\$ 130.66	\$ 24.71	1,924.8	\$ 112.91	\$ 18.11
General	13,604.6	69.01	78.24	16,411.2	61.08	83.53	14,088.2	67.42	79.15
Subtotal	15,457.7	\$ 73.73	\$ 94.97	18,680.6	\$ 69.53	\$ 108.24	16,013.0	\$ 72.89	\$ 97.26
Ancillary									
Pharmacy	12,250.4	\$ 43.44	\$ 44.35	11,945.4	\$ 43.77	\$ 43.57	12,197.8	\$ 43.50	\$ 44.22
DME/Supplies/Prosthetics	222.7	119.62	2.22	223.7	120.16	2.24	222.9	119.52	2.22
Ambulance	116.7	89.46	0.87	158.8	66.50	0.88	124.0	84.19	0.87
Non-Emergency Transportation	20.5	35.12	0.06	-	-	-	17.0	35.29	0.05
Home Health/Hospice	35.4	162.71	0.48	7.9	106.33	0.07	30.7	160.26	0.41
Chiropractic Services	-	-	-	836.9	34.27	2.39	144.2	34.12	0.41
Podiatry	0.3	-	-	56.7	67.72	0.32	10.0	72.00	0.06
Vision	763.7	38.34	2.44	757.5	38.02	2.40	762.6	38.24	2.43
Other Ancillary	832.3	33.74	2.34	109.7	33.91	0.31	707.8	33.74	1.99
Subtotal	14,242.0	\$ 44.45	\$ 52.76	14,096.6	\$ 44.42	\$ 52.18	14,217.0	\$ 44.45	\$ 52.66
Professional									
Surgery	527.8	\$ 231.45	\$ 10.18	650.3	\$ 162.76	\$ 8.82	548.9	\$ 217.53	\$ 9.95
Anesthesia	112.0	238.93	2.23	104.0	240.00	2.08	110.6	238.70	2.20
Inpatient Visits	182.9	83.32	1.27	246.1	82.89	1.70	193.8	82.97	1.34
Urgent Care/Emergency Room	1,074.0	78.88	7.06	1,507.2	85.59	10.75	1,148.7	80.44	7.70
Office/Home Visits	3,535.7	65.30	19.24	4,117.7	61.46	21.09	3,636.0	64.55	19.56
Preventive Care	712.7	47.14	2.80	1,056.3	48.51	4.27	771.9	47.42	3.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	296.4	163.97	4.05	520.9	232.90	10.11	335.1	182.27	5.09
Allergy/Immunotherapy	36.0	96.67	0.29	34.7	69.16	0.20	35.8	90.50	0.27
Lab/Path/Rad	5,730.1	29.84	14.25	9,730.8	26.42	21.42	6,419.5	28.96	15.49
Office Adm. Drugs	595.8	49.55	2.46	813.7	25.96	1.76	633.3	44.34	2.34
Clinic	1,001.2	165.28	13.79	-	-	-	828.7	165.22	11.41
Psych/SUD	29.2	49.32	0.12	42.9	47.55	0.17	31.6	49.37	0.13
Physical Therapy	376.9	28.65	0.90	443.0	28.17	1.04	388.3	28.43	0.92
Family Planning	-	-	-	9.3	51.61	0.04	1.6	75.00	0.01
Other Professional	485.9	98.54	3.99	540.0	116.89	5.26	495.2	102.02	4.21
Subtotal	14,696.6	\$ 67.47	\$ 82.63	19,816.9	\$ 53.72	\$ 88.71	15,579.0	\$ 64.45	\$ 83.67
Total Medical	44,519.1	\$ 68.63	\$ 254.63	52,721.5	\$ 61.33	\$ 269.43	45,932.6	\$ 67.19	\$ 257.17
Category of Service - Iowa Plan for BH									
Inpatient Treatment	50.4	\$ 1,233.33	\$ 5.18	-	\$ 0.00	\$ 0.00	50.4	\$ 1,233.33	\$ 5.18
Outpatient Treatment	2,351.6	89.20	17.48	-	-	-	2,351.6	89.20	17.48
Intermediate Care	118.2	711.68	7.01	-	-	-	118.2	711.68	7.01
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,520.2	\$ 148.42	\$ 31.17	-	\$ 0.00	\$ 0.00	2,520.2	\$ 148.42	\$ 31.17
Short Term Institutional / HCBS	30.1	\$ 354.82	\$ 0.89	-	\$ 0.00	\$ 0.00	24.9	\$ 356.63	\$ 0.74

Total Acute Medical Component	\$ 289.08
Third Party Liability Adjustment	(12.22)
Copayment Adjustment	(2.09)
Retroactivity Adjustment	3.61
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 32.66
Gross Capitation Rate	\$ 312.04
Less Withhold	2.0% (6.24)
Net Capitation Rate	\$ 305.80

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: 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	178.5	\$ 2,336.81	\$ 34.76	181.0	\$ 2,323.76	\$ 35.05	179.0	\$ 2,333.63	\$ 34.81
Psychiatric/SUD	2.6	923.08	0.20	-	-	-	2.1	914.29	0.16
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	181.1	\$ 2,316.51	\$ 34.96	181.0	\$ 2,323.76	\$ 35.05	181.1	\$ 2,317.17	\$ 34.97
Outpatient Hospital									
Emergency Room	1,232.2	\$ 113.65	\$ 11.67	1,650.6	\$ 124.46	\$ 17.12	1,310.1	\$ 116.14	\$ 12.68
General	6,130.6	85.60	43.73	8,383.3	68.36	47.76	6,549.8	81.49	44.48
Subtotal	7,362.8	\$ 90.29	\$ 55.40	10,033.9	\$ 77.59	\$ 64.88	7,859.9	\$ 87.27	\$ 57.16
Ancillary									
Pharmacy	7,011.3	\$ 57.10	\$ 33.36	6,379.7	\$ 64.05	\$ 34.05	6,893.8	\$ 58.30	\$ 33.49
DME/Supplies/Prosthetics	285.4	147.16	3.50	294.7	122.57	3.01	287.1	142.53	3.41
Ambulance	100.0	97.20	0.81	89.4	72.48	0.54	98.0	93.06	0.76
Non-Emergency Transportation	0.1	-	-	-	-	-	0.1	-	-
Home Health/Hospice	36.3	191.74	0.58	37.8	104.76	0.33	36.6	173.77	0.53
Chiropractic Services	0.6	-	-	580.8	33.88	1.64	108.6	34.25	0.31
Podiatry	-	-	-	64.4	74.53	0.40	12.0	70.00	0.07
Vision	548.2	39.40	1.80	488.0	41.56	1.69	537.0	39.78	1.78
Other Ancillary	577.8	33.85	1.63	85.9	33.53	0.24	486.3	33.81	1.37
Subtotal	8,559.7	\$ 58.43	\$ 41.68	8,020.7	\$ 62.69	\$ 41.90	8,459.5	\$ 59.18	\$ 41.72
Professional									
Surgery	360.9	\$ 247.71	\$ 7.45	449.1	\$ 202.27	\$ 7.57	377.3	\$ 237.58	\$ 7.47
Anesthesia	71.9	260.36	1.56	90.5	261.22	1.97	75.4	261.01	1.64
Inpatient Visits	213.3	91.70	1.63	284.5	89.00	2.11	226.5	91.13	1.72
Urgent Care/Emergency Room	705.4	75.19	4.42	992.2	82.73	6.84	758.8	77.02	4.87
Office/Home Visits	1,914.4	67.76	10.81	2,125.3	66.57	11.79	1,953.6	67.51	10.99
Preventive Care	246.2	42.89	0.88	472.1	43.97	1.73	288.2	43.30	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	49.8	60.24	0.25	22.5	74.67	0.14
Lab/Path/Rad	2,172.4	25.63	4.64	2,677.2	25.86	5.77	2,266.3	25.68	4.85
Office Adm. Drugs	202.3	29.66	0.50	67.9	12.37	0.07	177.3	28.43	0.42
Clinic	497.4	159.95	6.63	-	-	-	404.8	160.08	5.40
Psych/SUD	0.8	150.00	0.01	-	-	-	0.7	171.43	0.01
Physical Therapy	243.3	28.11	0.57	805.0	29.66	1.99	347.8	28.64	0.83
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	323.2	56.44	1.52	293.3	53.60	1.31	317.6	55.92	1.48
Subtotal	6,968.0	\$ 70.16	\$ 40.74	8,306.9	\$ 59.81	\$ 41.40	7,217.0	\$ 67.96	\$ 40.87
Total Medical	23,071.6	\$ 89.87	\$ 172.78	26,542.5	\$ 82.84	\$ 183.23	23,717.5	\$ 88.40	\$ 174.72
Category of Service - Iowa Plan for BH									
Inpatient Treatment	51.3	\$ 1,061.99	\$ 4.54	-	\$ 0.00	\$ 0.00	51.3	\$ 1,061.99	\$ 4.54
Outpatient Treatment	1,473.9	82.15	10.09	-	-	-	1,473.9	82.15	10.09
Intermediate Care	29.7	589.90	1.46	-	-	-	29.7	589.90	1.46
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,554.9	\$ 135.75	\$ 17.59	-	\$ 0.00	\$ 0.00	1,554.9	\$ 135.75	\$ 17.59
Short Term Institutional / HCBS	4.9	\$ 146.94	\$ 0.06	-	\$ 0.00	\$ 0.00	4.0	\$ 150.00	\$ 0.05

Total Acute Medical Component	\$ 192.36
Third Party Liability Adjustment	(6.99)
Copayment Adjustment	(1.24)
Retroactivity Adjustment	2.40
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 21.88
Gross Capitation Rate	\$ 209.41
Less Withhold	2.0% (4.19)
Net Capitation Rate	\$ 205.22

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

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	245.9	\$ 2,363.89	\$ 48.44	319.4	\$ 2,418.41	\$ 64.37	258.3	\$ 2,374.91	\$ 51.12
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	1,766.67	0.53	2.3	1,773.91	0.34	3.4	1,764.71	0.50
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	251.4	\$ 2,344.15	\$ 49.11	323.4	\$ 2,411.87	\$ 65.00	263.6	\$ 2,357.66	\$ 51.79
Outpatient Hospital									
Emergency Room	1,547.8	\$ 111.18	\$ 14.34	2,068.5	\$ 132.56	\$ 22.85	1,635.4	\$ 115.71	\$ 15.77
General	14,781.3	85.87	105.77	19,445.5	79.06	128.11	15,565.6	84.44	109.53
Subtotal	16,329.1	\$ 88.27	\$ 120.11	21,514.0	\$ 84.20	\$ 150.96	17,201.0	\$ 87.41	\$ 125.30
Ancillary									
Pharmacy	21,546.8	\$ 51.78	\$ 92.97	23,089.8	\$ 48.03	\$ 92.42	21,806.3	\$ 51.11	\$ 92.88
DME/Supplies/Prosthetics	558.5	124.40	5.79	524.2	182.22	7.96	552.7	133.53	6.15
Ambulance	147.1	88.10	1.08	240.6	66.33	1.33	162.8	82.56	1.12
Non-Emergency Transportation	7.2	50.00	0.03	-	-	-	6.0	40.00	0.02
Home Health/Hospice	109.1	145.19	1.32	101.7	122.71	1.04	107.9	141.24	1.27
Chiropractic Services	1.1	-	-	1,095.7	33.62	3.07	185.2	33.69	0.52
Podiatry	-	-	-	145.3	59.46	0.72	24.4	59.02	0.12
Vision	961.9	39.80	3.19	977.0	39.67	3.23	964.4	39.82	3.20
Other Ancillary	1,037.1	33.67	2.91	132.5	36.23	0.40	885.0	33.76	2.49
Subtotal	24,368.8	\$ 52.83	\$ 107.29	26,306.8	\$ 50.25	\$ 110.17	24,694.7	\$ 52.37	\$ 107.77
Professional									
Surgery	836.3	\$ 249.10	\$ 17.36	1,146.9	\$ 191.58	\$ 18.31	888.5	\$ 236.62	\$ 17.52
Anesthesia	165.4	246.67	3.40	186.1	257.93	4.00	168.9	248.67	3.50
Inpatient Visits	350.3	83.24	2.43	446.3	87.92	3.27	366.4	84.17	2.57
Urgent Care/Emergency Room	885.2	83.24	6.14	1,337.9	91.13	10.16	961.3	85.13	6.82
Office/Home Visits	4,559.1	67.20	25.53	5,675.8	66.01	31.22	4,746.9	66.97	26.49
Preventive Care	582.7	52.93	2.57	1,000.3	56.50	4.71	652.9	53.85	2.93
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	68.7	139.74	0.80	96.6	191.30	1.54	73.4	150.41	0.92
Allergy/Immunotherapy	69.5	72.52	0.42	149.7	36.07	0.45	83.0	62.17	0.43
Lab/Path/Rad	5,924.6	30.10	14.86	10,237.3	27.00	23.03	6,649.8	29.29	16.23
Office Adm. Drugs	618.3	70.84	3.65	760.9	89.11	5.65	642.3	74.54	3.99
Clinic	1,049.3	163.19	14.27	-	-	-	872.8	163.20	11.87
Psych/SUD	10.8	44.44	0.04	9.5	50.53	0.04	10.6	45.28	0.04
Physical Therapy	654.7	28.41	1.55	1,228.5	29.21	2.99	751.2	28.59	1.79
Family Planning	-	-	-	6.7	17.91	0.01	1.1	-	-
Other Professional	806.5	57.88	3.89	1,085.5	66.55	6.02	853.4	59.76	4.25
Subtotal	16,581.4	\$ 70.13	\$ 96.91	23,368.0	\$ 57.21	\$ 111.40	17,722.5	\$ 67.27	\$ 99.35
Total Medical	57,530.7	\$ 77.89	\$ 373.42	71,512.2	\$ 73.42	\$ 437.53	59,881.8	\$ 76.99	\$ 384.21
Category of Service - Iowa Plan for BH									
Inpatient Treatment	59.9	\$ 1,446.41	\$ 7.22	-	\$ 0.00	\$ 0.00	59.9	\$ 1,446.41	\$ 7.22
Outpatient Treatment	3,021.4	81.90	20.62	-	-	-	3,021.4	81.90	20.62
Intermediate Care	66.0	669.09	3.68	-	-	-	66.0	669.09	3.68
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,147.3	\$ 125.90	\$ 33.02	-	\$ 0.00	\$ 0.00	3,147.3	\$ 125.90	\$ 33.02
Short Term Institutional / HCBS	37.6	\$ 351.06	\$ 1.10	-	\$ 0.00	\$ 0.00	31.3	\$ 352.72	\$ 0.92

Total Acute Medical Component	\$ 418.15
Third Party Liability Adjustment	(16.33)
Copayment Adjustment	(3.30)
Retroactivity Adjustment	5.23
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 47.37
Gross Capitation Rate	\$ 452.12
Less Withhold	2.0% (9.04)
Net Capitation Rate	\$ 443.08

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: 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	303.2	\$ 2,777.97	\$ 70.19	316.4	\$ 2,563.84	\$ 67.60	305.4	\$ 2,741.45	\$ 69.77
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	304.9	\$ 2,770.35	\$ 70.39	316.4	\$ 2,580.15	\$ 68.03	306.8	\$ 2,738.33	\$ 70.01
Outpatient Hospital									
Emergency Room	1,182.8	\$ 116.27	\$ 11.46	1,357.3	\$ 134.56	\$ 15.22	1,211.3	\$ 119.57	\$ 12.07
General	9,903.0	101.73	83.95	12,219.4	79.97	81.43	10,281.2	97.51	83.54
Subtotal	11,085.8	\$ 103.28	\$ 95.41	13,576.7	\$ 85.43	\$ 96.65	11,492.5	\$ 99.83	\$ 95.61
Ancillary									
Pharmacy	14,566.6	\$ 58.28	\$ 70.74	15,160.5	\$ 53.02	\$ 66.98	14,663.6	\$ 57.39	\$ 70.13
DME/Supplies/Prosthetics	740.0	130.54	8.05	691.9	159.91	9.22	732.1	135.06	8.24
Ambulance	146.1	104.31	1.27	151.7	68.82	0.87	147.0	97.96	1.20
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	64.1	245.24	1.31	15.2	102.63	0.13	56.1	239.57	1.12
Chiropractic Services	1.5	-	-	727.3	34.15	2.07	120.0	34.00	0.34
Podiatry	2.5	-	-	74.7	65.86	0.41	14.3	58.74	0.07
Vision	748.1	40.42	2.52	640.0	44.25	2.36	730.4	40.91	2.49
Other Ancillary	823.4	33.96	2.33	46.8	33.33	0.13	696.6	33.94	1.97
Subtotal	17,092.3	\$ 60.53	\$ 86.22	17,508.1	\$ 56.32	\$ 82.17	17,160.1	\$ 59.83	\$ 85.56
Professional									
Surgery	631.2	\$ 261.03	\$ 13.73	755.8	\$ 245.78	\$ 15.48	651.5	\$ 258.23	\$ 14.02
Anesthesia	128.8	257.14	2.76	141.3	281.95	3.32	130.8	261.47	2.85
Inpatient Visits	460.7	83.09	3.19	441.0	88.98	3.27	457.5	83.93	3.20
Urgent Care/Emergency Room	687.9	82.34	4.72	843.9	91.57	6.44	713.4	84.10	5.00
Office/Home Visits	3,185.9	68.48	18.18	3,740.6	67.82	21.14	3,276.5	68.34	18.66
Preventive Care	333.3	42.84	1.19	643.0	45.91	2.46	383.9	43.76	1.40
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	28.8	100.00	0.24	4.0	90.00	0.03	24.8	101.61	0.21
Lab/Path/Rad	3,602.1	27.58	8.28	5,293.1	24.69	10.89	3,878.2	26.95	8.71
Office Adm. Drugs	351.5	59.40	1.74	240.0	29.00	0.58	333.3	55.81	1.55
Clinic	707.7	162.27	9.57	-	-	-	592.1	162.34	8.01
Psych/SUD	3.8	63.16	0.02	1.4	-	-	3.4	70.59	0.02
Physical Therapy	600.6	28.57	1.43	1,057.1	30.20	2.66	675.1	28.97	1.63
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	737.8	54.97	3.38	722.5	71.25	4.29	735.3	57.61	3.53
Subtotal	11,460.1	\$ 71.65	\$ 68.43	13,883.7	\$ 60.99	\$ 70.56	11,855.8	\$ 69.63	\$ 68.79
Total Medical	39,943.1	\$ 96.27	\$ 320.45	45,284.9	\$ 84.11	\$ 317.41	40,815.2	\$ 94.07	\$ 319.97
Category of Service - Iowa Plan for BH									
Inpatient Treatment	44.6	\$ 1,522.87	\$ 5.66	-	\$ 0.00	\$ 0.00	44.6	\$ 1,522.87	\$ 5.66
Outpatient Treatment	1,845.0	91.64	14.09	-	-	-	1,845.0	91.64	14.09
Intermediate Care	21.3	664.79	1.18	-	-	-	21.3	664.79	1.18
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,910.9	\$ 140.86	\$ 22.43	-	\$ 0.00	\$ 0.00	1,910.9	\$ 140.86	\$ 22.43
Short Term Institutional / HCBS	207.1	\$ 495.99	\$ 8.56	-	\$ 0.00	\$ 0.00	173.3	\$ 495.79	\$ 7.16

Total Acute Medical Component	\$ 349.56
Third Party Liability Adjustment	(15.20)
Copayment Adjustment	(2.44)
Retroactivity Adjustment	4.37
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 39.45
Gross Capitation Rate	\$ 376.74
Less Withhold	2.0% (7.53)
Net Capitation Rate	\$ 369.21

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: 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	541.5	\$ 2,464.71	\$ 111.22	200.3	\$ 3,712.03	\$ 61.96	496.5	\$ 2,531.00	\$ 104.72
Psychiatric/SUD	3.6	300.00	0.09	-	-	-	3.1	309.68	0.08
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	545.1	\$ 2,450.41	\$ 111.31	200.3	\$ 3,712.03	\$ 61.96	499.6	\$ 2,517.21	\$ 104.80
Outpatient Hospital									
Emergency Room	906.2	\$ 116.93	\$ 8.83	1,126.0	\$ 134.17	\$ 12.59	935.2	\$ 119.72	\$ 9.33
General	15,123.8	97.61	123.02	16,024.4	72.71	97.09	15,242.6	94.16	119.60
Subtotal	16,030.0	\$ 98.70	\$ 131.85	17,150.4	\$ 76.74	\$ 109.68	16,177.8	\$ 95.63	\$ 128.93
Ancillary									
Pharmacy	23,919.6	\$ 47.52	\$ 94.73	25,598.8	\$ 50.62	\$ 107.99	24,141.0	\$ 47.96	\$ 96.48
DME/Supplies/Prosthetics	1,169.3	121.61	11.85	666.7	157.49	8.75	1,103.0	124.46	11.44
Ambulance	221.0	95.02	1.75	241.8	67.00	1.35	223.7	91.19	1.70
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	394.5	227.53	7.48	161.2	126.55	1.70	363.7	221.72	6.72
Chiropractic Services	14.0	8.57	0.01	857.3	31.63	2.26	125.2	29.71	0.31
Podiatry	13.6	26.47	0.03	106.3	53.06	0.47	25.8	41.86	0.09
Vision	1,080.6	41.64	3.75	1,564.3	40.27	5.25	1,144.4	41.42	3.95
Other Ancillary	826.0	33.85	2.33	194.2	45.73	0.74	742.7	34.25	2.12
Subtotal	27,638.6	\$ 52.94	\$ 121.93	29,390.6	\$ 52.47	\$ 128.51	27,869.5	\$ 52.88	\$ 122.81
Professional									
Surgery	1,158.7	\$ 277.35	\$ 26.78	1,096.5	\$ 197.10	\$ 18.01	1,150.5	\$ 267.22	\$ 25.62
Anesthesia	201.7	254.64	4.28	127.4	244.90	2.60	191.9	253.88	4.06
Inpatient Visits	806.9	75.25	5.06	432.0	85.00	3.06	757.5	76.04	4.80
Urgent Care/Emergency Room	611.1	87.19	4.44	761.4	98.03	6.22	630.9	88.83	4.67
Office/Home Visits	4,641.0	65.75	25.43	5,946.1	67.59	33.49	4,813.1	66.04	26.49
Preventive Care	538.9	48.32	2.17	1,057.1	51.31	4.52	607.2	49.01	2.48
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	64.9	35.13	0.19	100.4	32.27	0.27	69.6	34.48	0.20
Lab/Path/Rad	6,144.3	31.09	15.92	9,752.5	24.84	20.19	6,620.1	29.87	16.48
Office Adm. Drugs	625.8	215.34	11.23	552.2	46.94	2.16	616.1	195.36	10.03
Clinic	1,060.2	173.85	15.36	-	-	-	920.4	173.79	13.33
Psych/SUD	28.8	29.17	0.07	-	-	-	25.0	28.80	0.06
Physical Therapy	684.4	29.28	1.67	2,366.8	28.65	5.65	906.3	29.00	2.19
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,372.4	46.78	5.35	1,320.5	43.71	4.81	1,365.6	46.40	5.28
Subtotal	17,939.1	\$ 78.90	\$ 117.95	23,512.9	\$ 51.54	\$ 100.98	18,674.2	\$ 74.34	\$ 115.69
Total Medical	62,152.8	\$ 93.26	\$ 483.04	70,254.2	\$ 68.52	\$ 401.13	63,221.1	\$ 89.63	\$ 472.23
Category of Service - Iowa Plan for BH									
Inpatient Treatment	34.2	\$ 2,122.81	\$ 6.05	-	\$ 0.00	\$ 0.00	34.2	\$ 2,122.81	\$ 6.05
Outpatient Treatment	2,366.0	86.42	17.04	-	-	-	2,366.0	86.42	17.04
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	2,407.0	\$ 127.33	\$ 25.54	-	\$ 0.00	\$ 0.00	2,407.0	\$ 127.33	\$ 25.54
Short Term Institutional / HCBS	237.0	\$ 256.20	\$ 5.06	-	\$ 0.00	\$ 0.00	205.7	\$ 256.10	\$ 4.39

Total Acute Medical Component	\$ 502.16
Third Party Liability Adjustment	(27.15)
Copayment Adjustment	(3.81)
Retroactivity Adjustment	6.28
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50%
Gross Capitation Rate	\$ 534.50
Less Withhold	2.0%
Net Capitation Rate	\$ 523.81

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: 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	359.4	51.75	1.55	-	-	-	359.4	51.75	1.55	
Preventive Care	344.3	98.29	2.82	-	-	-	344.3	98.29	2.82	
Maternity - Delivery	-	-	-	-	-	-	-	-	-	
Maternity - Non-Delivery	0.7	171.43	0.01	-	-	-	0.7	171.43	0.01	
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-	
Lab/Path/Rad	951.2	33.05	2.62	-	-	-	951.2	33.05	2.62	
Office Adm. Drugs	1,400.3	40.36	4.71	-	-	-	1,400.3	40.36	4.71	
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	223.2	179.03	3.33	-	-	-	223.2	179.03	3.33	
Subtotal	3,389.8	\$ 57.63	\$ 16.28	-	\$ 0.00	\$ 0.00	3,389.8	\$ 57.63	\$ 16.28	
Total Medical	3,996.5	\$ 58.19	\$ 19.38	-	\$ 0.00	\$ 0.00	3,996.5	\$ 58.19	\$ 19.38	
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	\$ 19.38
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	\$ 20.46
Less Withhold	2.0% (0.41)
Net Capitation Rate	\$ 20.05

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: 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	\$ 2,252.54	\$ 8.86	25.3	\$ 2,950.20	\$ 6.22	43.9	\$ 2,312.53	\$ 8.46
Psychiatric/SUD	2.3	417.39	0.08	-	-	-	1.9	442.11	0.07
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	141.9	1,561.95	18.47	189.6	744.94	11.77	149.2	1,403.49	17.45
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	0.1	2,400.00	0.02	1.4	857.14	0.10	0.3	1,200.00	0.03
Subtotal	191.5	\$ 1,718.85	\$ 27.43	216.3	\$ 1,003.61	\$ 18.09	195.3	\$ 1,598.16	\$ 26.01
Outpatient Hospital									
Emergency Room	1,262.7	\$ 122.78	\$ 12.92	1,401.6	\$ 132.79	\$ 15.51	1,283.8	\$ 124.41	\$ 13.31
General	20,730.8	62.46	107.91	21,517.1	60.54	108.56	20,850.5	62.16	108.01
Subtotal	21,993.5	\$ 65.93	\$ 120.83	22,918.7	\$ 64.96	\$ 124.07	22,134.3	\$ 65.77	\$ 121.32
Ancillary									
Pharmacy	7,189.5	\$ 31.85	\$ 19.08	8,833.7	\$ 35.44	\$ 26.09	7,439.9	\$ 32.50	\$ 20.15
DME/Supplies/Prosthetics	179.1	111.89	1.67	156.9	120.84	1.58	175.7	113.38	1.66
Ambulance	145.4	113.07	1.37	185.1	73.26	1.13	151.4	105.42	1.33
Non-Emergency Transportation	64.6	39.01	0.21	1.8	-	-	55.0	39.27	0.18
Home Health/Hospice	159.4	112.17	1.49	63.8	107.21	0.57	144.8	111.88	1.35
Chiropractic Services	1.1	-	-	987.2	33.18	2.73	151.2	33.33	0.42
Podiatry	0.1	-	-	18.1	66.30	0.10	2.8	85.71	0.02
Vision	645.0	37.40	2.01	622.7	39.12	2.03	641.6	37.59	2.01
Other Ancillary	901.9	34.46	2.59	121.9	49.22	0.50	783.1	34.78	2.27
Subtotal	9,286.1	\$ 36.73	\$ 28.42	10,991.2	\$ 37.92	\$ 34.73	9,545.5	\$ 36.95	\$ 29.39
Professional									
Surgery	366.4	\$ 214.52	\$ 6.55	612.7	\$ 157.66	\$ 8.05	403.9	\$ 201.44	\$ 6.78
Anesthesia	76.8	217.19	1.39	117.3	211.76	2.07	83.0	215.42	1.49
Inpatient Visits	359.7	74.40	2.23	544.3	72.31	3.28	387.8	73.96	2.39
Urgent Care/Emergency Room	832.7	87.04	6.04	1,020.6	85.48	7.27	861.3	86.80	6.23
Office/Home Visits	2,254.1	70.17	13.18	3,182.8	54.22	14.38	2,395.5	66.93	13.36
Preventive Care	1,577.7	19.93	2.62	1,762.5	24.78	3.64	1,605.8	20.77	2.78
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	2,211.7	189.14	34.86	4,326.9	246.99	89.06	2,533.8	204.17	43.11
Allergy/Immunotherapy	2.4	150.00	0.03	3.9	123.08	0.04	2.6	138.46	0.03
Lab/Path/Rad	10,962.4	38.24	34.93	16,968.9	28.89	40.85	11,877.0	36.20	35.83
Office Adm. Drugs	408.6	52.28	1.78	571.9	26.86	1.28	433.5	47.06	1.70
Clinic	1,506.5	175.48	22.03	-	-	-	1,277.1	175.52	18.68
Psych/SUD	383.4	49.14	1.57	299.2	47.73	1.19	370.6	48.89	1.51
Physical Therapy	163.4	33.05	0.45	202.3	33.81	0.57	169.3	33.31	0.47
Family Planning	-	-	-	2.6	-	-	0.4	-	-
Other Professional	486.9	167.34	6.79	755.0	183.26	11.53	527.7	170.78	7.51
Subtotal	21,592.7	\$ 74.72	\$ 134.45	30,370.9	\$ 72.39	\$ 183.21	22,929.3	\$ 74.25	\$ 141.87
Total Medical	53,063.8	\$ 70.36	\$ 311.13	64,497.1	\$ 67.00	\$ 360.10	54,804.4	\$ 69.76	\$ 318.59
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	1,108.7	84.86	7.84	-	-	-	1,108.7	84.86	7.84
Intermediate Care	104.5	531.67	4.63	-	-	-	104.5	531.67	4.63
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,231.5	\$ 155.03	\$ 15.91	-	\$ 0.00	\$ 0.00	1,231.5	\$ 155.03	\$ 15.91
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 334.50
Third Party Liability Adjustment	(44.60)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.00
Other administrative expense	10.50% 34.01
Gross Capitation Rate	\$ 324.91
Less Withhold	2.0% (6.50)
Net Capitation Rate	\$ 318.41

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: 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	90.7	\$ 2,443.66	\$ 18.47	68.4	\$ 1,540.35	\$ 8.78	89.2	\$ 2,397.31	\$ 17.82
Psychiatric/SUD	4.5	2,693.33	1.01	-	-	-	4.2	2,685.71	0.94
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	10.0	2,172.00	1.81	-	-	-	9.3	2,180.65	1.69
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	105.2	\$ 2,428.52	\$ 21.29	68.4	\$ 1,540.35	\$ 8.78	102.7	\$ 2,389.48	\$ 20.45
Outpatient Hospital									
Emergency Room	1,268.5	\$ 113.52	\$ 12.00	1,976.9	\$ 145.99	\$ 24.05	1,316.3	\$ 116.78	\$ 12.81
General	8,797.3	73.28	53.72	15,030.8	63.94	80.09	9,217.8	72.25	55.50
Subtotal	10,065.8	\$ 78.35	\$ 65.72	17,007.7	\$ 73.48	\$ 104.14	10,534.1	\$ 77.82	\$ 68.31
Ancillary									
Pharmacy	6,006.0	\$ 37.46	\$ 18.75	7,795.5	\$ 34.33	\$ 22.30	6,126.7	\$ 37.19	\$ 18.99
DME/Supplies/Prosthetics	114.5	156.16	1.49	91.5	179.67	1.37	112.9	157.31	1.48
Ambulance	79.0	91.14	0.60	119.3	61.36	0.61	81.7	88.13	0.60
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	17.2	111.63	0.16	-	-	-	16.0	112.50	0.15
Chiropractic Services	-	-	-	354.1	31.52	0.93	23.9	30.13	0.06
Podiatry	-	-	-	19.9	42.21	0.07	1.3	-	-
Vision	197.3	70.55	1.16	266.5	67.54	1.50	202.0	70.10	1.18
Other Ancillary	478.5	32.60	1.30	143.2	30.17	0.36	455.9	32.64	1.24
Subtotal	6,892.5	\$ 40.84	\$ 23.46	8,790.0	\$ 37.05	\$ 27.14	7,020.4	\$ 40.51	\$ 23.70
Professional									
Surgery	323.3	\$ 230.13	\$ 6.20	303.3	\$ 178.83	\$ 4.52	322.0	\$ 226.96	\$ 6.09
Anesthesia	53.9	267.16	1.20	63.2	305.70	1.61	54.5	270.83	1.23
Inpatient Visits	140.6	94.74	1.11	77.9	110.91	0.72	136.4	95.01	1.08
Urgent Care/Emergency Room	743.2	82.35	5.10	1,319.0	82.43	9.06	782.0	82.40	5.37
Office/Home Visits	2,346.7	66.89	13.08	3,011.8	62.87	15.78	2,391.6	66.53	13.26
Preventive Care	462.0	70.65	2.72	874.3	65.88	4.80	489.8	70.07	2.86
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	22.6	159.29	0.30	46.3	349.89	1.35	24.2	183.47	0.37
Allergy/Immunotherapy	47.0	132.77	0.52	8.5	112.94	0.08	44.4	132.43	0.49
Lab/Path/Rad	3,532.7	27.85	8.20	4,947.8	26.34	10.86	3,628.2	27.72	8.38
Office Adm. Drugs	578.6	35.88	1.73	572.9	28.07	1.34	578.2	35.28	1.70
Clinic	597.1	164.60	8.19	-	-	-	556.8	164.66	7.64
Psych/SUD	13.9	51.80	0.06	16.8	57.14	0.08	14.1	51.06	0.06
Physical Therapy	210.3	29.67	0.52	151.7	38.76	0.49	206.3	30.25	0.52
Family Planning	-	-	-	101.1	11.87	0.10	6.8	17.65	0.01
Other Professional	273.2	100.15	2.28	455.1	76.20	2.89	285.5	97.51	2.32
Subtotal	9,345.1	\$ 65.76	\$ 51.21	11,949.7	\$ 53.91	\$ 53.68	9,520.8	\$ 64.76	\$ 51.38
Total Medical	26,408.6	\$ 73.47	\$ 161.68	37,815.8	\$ 61.48	\$ 193.74	27,178.0	\$ 72.34	\$ 163.84
Category of Service - Iowa Plan for BH									
Inpatient Treatment	79.8	\$ 1,630.08	\$ 10.84	-	\$ 0.00	\$ 0.00	79.8	\$ 1,630.08	\$ 10.84
Outpatient Treatment	1,966.2	82.94	13.59	-	-	-	1,966.2	82.94	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	2,059.0	\$ 153.98	\$ 26.42	-	\$ 0.00	\$ 0.00	2,059.0	\$ 153.98	\$ 26.42
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 190.26
Third Party Liability Adjustment	(13.52)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50%
Gross Capitation Rate	\$ 198.72
Less Withhold	2.0%
Net Capitation Rate	\$ 194.75

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: 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	161.1	\$ 2,210.80	\$ 29.68	183.4	\$ 3,202.84	\$ 48.95	163.0	\$ 2,305.03	\$ 31.31
Psychiatric/SUD	10.4	1,176.92	1.02	-	-	-	9.5	1,174.74	0.93
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	171.5	\$ 2,148.10	\$ 30.70	183.4	\$ 3,202.84	\$ 48.95	172.5	\$ 2,242.78	\$ 32.24
Outpatient Hospital									
Emergency Room	1,104.4	\$ 120.50	\$ 11.09	1,361.8	\$ 134.38	\$ 15.25	1,126.2	\$ 121.90	\$ 11.44
General	5,289.1	80.77	35.60	7,387.9	70.66	43.50	5,466.9	79.61	36.27
Subtotal	6,393.5	\$ 87.63	\$ 46.69	8,749.7	\$ 80.57	\$ 58.75	6,593.1	\$ 86.84	\$ 47.71
Ancillary									
Pharmacy	3,825.1	\$ 84.08	\$ 26.80	4,512.5	\$ 76.11	\$ 28.62	3,883.3	\$ 83.28	\$ 26.95
DME/Supplies/Prosthetics	103.4	217.02	1.87	116.4	109.28	1.06	104.5	206.70	1.80
Ambulance	125.1	91.13	0.95	154.0	67.01	0.86	127.5	88.47	0.94
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	42.0	151.43	0.53	-	-	-	38.4	153.13	0.49
Chiropractic Services	2.4	50.00	0.01	420.8	33.65	1.18	37.8	34.92	0.11
Podiatry	-	-	-	58.2	92.78	0.45	4.9	97.96	0.04
Vision	122.3	76.53	0.78	133.4	73.76	0.82	123.2	75.97	0.78
Other Ancillary	305.7	32.97	0.84	85.5	33.68	0.24	287.0	33.03	0.79
Subtotal	4,526.0	\$ 84.26	\$ 31.78	5,480.8	\$ 72.76	\$ 33.23	4,606.6	\$ 83.10	\$ 31.90
Professional									
Surgery	245.1	\$ 234.52	\$ 4.79	286.2	\$ 137.53	\$ 3.28	248.6	\$ 224.94	\$ 4.66
Anesthesia	60.7	253.05	1.28	61.6	253.25	1.30	60.8	252.63	1.28
Inpatient Visits	227.8	96.40	1.83	130.4	77.30	0.84	219.5	95.67	1.75
Urgent Care/Emergency Room	615.8	79.31	4.07	802.1	82.58	5.52	631.6	79.61	4.19
Office/Home Visits	1,263.6	66.95	7.05	1,524.8	63.67	8.09	1,285.7	66.64	7.14
Preventive Care	145.7	62.59	0.76	263.7	62.80	1.38	155.7	62.43	0.81
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	20.4	129.41	0.22	21.7	22.12	0.04	20.5	117.07	0.20
Lab/Path/Rad	1,467.0	28.38	3.47	1,864.6	30.96	4.81	1,500.7	28.63	3.58
Office Adm. Drugs	108.6	55.25	0.50	97.8	7.36	0.06	107.7	51.25	0.46
Clinic	345.1	165.17	4.75	-	-	-	315.9	165.24	4.35
Psych/SUD	2.7	88.89	0.02	-	-	-	2.5	96.00	0.02
Physical Therapy	113.5	29.60	0.28	108.7	37.53	0.34	113.1	30.77	0.29
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	191.8	53.18	0.85	311.5	27.35	0.71	201.9	49.93	0.84
Subtotal	4,807.8	\$ 74.55	\$ 29.87	5,473.1	\$ 57.82	\$ 26.37	4,864.2	\$ 72.95	\$ 29.57
Total Medical	15,898.8	\$ 104.94	\$ 139.04	19,887.0	\$ 100.95	\$ 167.30	16,236.4	\$ 104.52	\$ 141.42
Category of Service - Iowa Plan for BH									
Inpatient Treatment	145.5	\$ 1,617.32	\$ 19.61	-	\$ 0.00	\$ 0.00	145.5	\$ 1,617.32	\$ 19.61
Outpatient Treatment	2,130.7	84.25	14.96	-	-	-	2,130.7	84.25	14.96
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	2,279.2	\$ 191.22	\$ 36.32	-	\$ 0.00	\$ 0.00	2,279.2	\$ 191.22	\$ 36.32
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	\$ 179.82
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	\$ 192.29
Less Withhold	2.0% (3.85)
Net Capitation Rate	\$ 188.44

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: 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	170.7	\$ 2,011.25	\$ 28.61	41.7	\$ 2,172.66	\$ 7.55	162.4	\$ 2,013.55	\$ 27.25
Psychiatric/SUD	16.3	1,052.76	1.43	-	-	-	15.2	1,057.89	1.34
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	4.1	1,639.02	0.56	6.1	2,419.67	1.23	4.2	1,714.29	0.60
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	191.1	\$ 1,921.51	\$ 30.60	47.8	\$ 2,204.18	\$ 8.78	181.8	\$ 1,926.73	\$ 29.19
Outpatient Hospital									
Emergency Room	1,523.5	\$ 109.48	\$ 13.90	2,357.4	\$ 141.46	\$ 27.79	1,577.5	\$ 112.58	\$ 14.80
General	11,618.4	72.73	70.42	16,301.3	61.57	83.64	11,921.5	71.75	71.28
Subtotal	13,141.9	\$ 76.99	\$ 84.32	18,658.7	\$ 71.66	\$ 111.43	13,499.0	\$ 76.52	\$ 86.08
Ancillary									
Pharmacy	10,299.2	\$ 39.45	\$ 33.86	12,442.1	\$ 44.53	\$ 46.17	10,437.9	\$ 39.85	\$ 34.66
DME/Supplies/Prosthetics	172.1	115.75	1.66	206.2	128.03	2.20	174.3	116.35	1.69
Ambulance	112.7	85.18	0.80	156.8	68.88	0.90	115.6	84.08	0.81
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	51.5	128.16	0.55	13.7	140.15	0.16	49.1	127.09	0.52
Chiropractic Services	2.0	60.00	0.01	1,138.4	32.26	3.06	75.5	33.38	0.21
Podiatry	-	-	-	44.0	49.09	0.18	2.8	42.86	0.01
Vision	179.4	74.92	1.12	305.3	65.64	1.67	187.5	74.24	1.16
Other Ancillary	736.5	33.08	2.03	142.9	31.07	0.37	698.1	33.00	1.92
Subtotal	11,553.4	\$ 41.58	\$ 40.03	14,449.4	\$ 45.44	\$ 54.71	11,740.8	\$ 41.88	\$ 40.98
Professional									
Surgery	473.1	\$ 227.77	\$ 8.98	646.4	\$ 138.68	\$ 7.47	484.3	\$ 220.03	\$ 8.88
Anesthesia	91.0	245.27	1.86	93.2	253.65	1.97	91.1	246.32	1.87
Inpatient Visits	245.5	90.92	1.86	82.1	96.47	0.66	234.9	90.93	1.78
Urgent Care/Emergency Room	851.8	83.96	5.96	1,442.9	83.83	10.08	890.1	83.99	6.23
Office/Home Visits	2,958.6	67.17	16.56	4,020.4	62.95	21.09	3,027.3	66.79	16.85
Preventive Care	457.6	72.12	2.75	926.9	64.60	4.99	488.0	71.07	2.89
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	10.3	279.61	0.24	58.2	286.60	1.39	13.4	277.61	0.31
Allergy/Immunotherapy	27.4	118.25	0.27	37.9	85.49	0.27	28.1	115.30	0.27
Lab/Path/Rad	4,105.8	28.64	9.80	7,074.1	27.94	16.47	4,297.9	28.56	10.23
Office Adm. Drugs	453.7	34.65	1.31	669.7	86.19	4.81	467.7	39.51	1.54
Clinic	823.0	164.47	11.28	-	-	-	769.7	164.48	10.55
Psych/SUD	5.4	66.67	0.03	3.0	40.00	0.01	5.2	69.23	0.03
Physical Therapy	322.8	28.62	0.77	532.9	30.40	1.35	336.4	28.89	0.81
Family Planning	-	-	-	32.1	18.69	0.05	2.1	-	-
Other Professional	345.6	83.68	2.41	538.7	87.77	3.94	358.1	84.11	2.51
Subtotal	11,171.6	\$ 68.83	\$ 64.08	16,158.5	\$ 55.36	\$ 74.55	11,494.3	\$ 67.60	\$ 64.75
Total Medical	36,058.0	\$ 72.89	\$ 219.03	49,314.4	\$ 60.71	\$ 249.47	36,915.9	\$ 71.84	\$ 221.00
Category of Service - Iowa Plan for BH									
Inpatient Treatment	116.0	\$ 1,524.83	\$ 14.74	-	\$ 0.00	\$ 0.00	116.0	\$ 1,524.83	\$ 14.74
Outpatient Treatment	3,392.5	84.89	24.00	-	-	-	3,392.5	84.89	24.00
Intermediate Care	14.2	878.87	1.04	-	-	-	14.2	878.87	1.04
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,522.7	\$ 140.62	\$ 41.28	-	\$ 0.00	\$ 0.00	3,522.7	\$ 140.62	\$ 41.28
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 262.28
Third Party Liability Adjustment	(9.95)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 29.60
Gross Capitation Rate	\$ 283.18
Less Withhold	2.0% (5.66)
Net Capitation Rate	\$ 277.52

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: 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	286.6	\$ 2,732.03	\$ 65.25	313.2	\$ 1,362.84	\$ 35.57	289.0	\$ 2,599.72	\$ 62.61
Psychiatric/SUD	24.0	1,000.00	2.00	21.4	1,457.94	2.60	23.8	1,033.61	2.05
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	310.6	\$ 2,598.20	\$ 67.25	334.6	\$ 1,368.92	\$ 38.17	312.8	\$ 2,480.56	\$ 64.66
Outpatient Hospital									
Emergency Room	1,216.0	\$ 120.30	\$ 12.19	1,674.5	\$ 140.96	\$ 19.67	1,256.8	\$ 122.79	\$ 12.86
General	7,932.1	81.75	54.04	9,684.6	78.79	63.59	8,087.9	81.44	54.89
Subtotal	9,148.1	\$ 86.88	\$ 66.23	11,359.1	\$ 87.96	\$ 83.26	9,344.7	\$ 87.00	\$ 67.75
Ancillary									
Pharmacy	6,427.3	\$ 60.06	\$ 32.17	7,331.6	\$ 56.98	\$ 34.81	6,507.7	\$ 59.74	\$ 32.40
DME/Supplies/Prosthetics	171.9	168.24	2.41	163.9	154.48	2.11	171.2	166.82	2.38
Ambulance	156.9	87.95	1.15	204.0	61.18	1.04	161.1	84.92	1.14
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	36.0	196.67	0.59	10.9	132.11	0.12	33.8	195.27	0.55
Chiropractic Services	1.1	-	-	418.9	34.09	1.19	38.2	34.55	0.11
Podiatry	-	-	-	25.5	47.06	0.10	2.3	52.17	0.01
Vision	108.7	79.48	0.72	131.1	76.89	0.84	110.7	79.13	0.73
Other Ancillary	339.2	32.90	0.93	71.1	28.69	0.17	315.4	32.72	0.86
Subtotal	7,241.1	\$ 62.92	\$ 37.97	8,357.0	\$ 57.98	\$ 40.38	7,340.4	\$ 62.42	\$ 38.18
Professional									
Surgery	364.0	\$ 254.51	\$ 7.72	399.3	\$ 175.51	\$ 5.84	367.1	\$ 246.80	\$ 7.55
Anesthesia	72.7	277.30	1.68	71.3	254.14	1.51	72.6	274.38	1.66
Inpatient Visits	441.5	92.14	3.39	469.1	80.32	3.14	444.0	91.08	3.37
Urgent Care/Emergency Room	737.8	82.95	5.10	999.2	81.18	6.76	761.0	82.79	5.25
Office/Home Visits	1,794.0	69.16	10.34	2,132.6	67.47	11.99	1,824.1	69.01	10.49
Preventive Care	183.4	58.23	0.89	280.8	54.27	1.27	192.1	57.47	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	2,134.3	27.77	4.94	3,351.4	27.28	7.62	2,242.5	27.72	5.18
Office Adm. Drugs	157.1	87.08	1.14	127.3	42.42	0.45	154.5	83.88	1.08
Clinic	463.1	162.47	6.27	-	-	-	421.9	162.41	5.71
Psych/SUD	7.7	62.34	0.04	2.0	-	-	7.2	66.67	0.04
Physical Therapy	205.3	30.39	0.52	459.0	32.94	1.26	227.9	31.07	0.59
Family Planning	-	-	-	2.0	-	-	0.2	-	-
Other Professional	348.2	51.69	1.50	391.5	40.15	1.31	352.0	50.45	1.48
Subtotal	6,918.3	\$ 75.59	\$ 43.58	8,704.8	\$ 57.26	\$ 41.54	7,077.2	\$ 73.59	\$ 43.40
Total Medical	23,618.1	\$ 109.25	\$ 215.03	28,755.5	\$ 84.86	\$ 203.35	24,075.1	\$ 106.66	\$ 213.99
Category of Service - Iowa Plan for BH									
Inpatient Treatment	161.2	\$ 1,638.46	\$ 22.01	-	\$ 0.00	\$ 0.00	161.2	\$ 1,638.46	\$ 22.01
Outpatient Treatment	2,963.5	79.65	19.67	-	-	-	2,963.5	79.65	19.67
Intermediate Care	6.9	730.43	0.42	-	-	-	6.9	730.43	0.42
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,131.6	\$ 167.07	\$ 43.60	-	\$ 0.00	\$ 0.00	3,131.6	\$ 167.07	\$ 43.60
Short Term Institutional / HCBS	11.7	\$ 769.23	\$ 0.75	-	\$ 0.00	\$ 0.00	10.7	\$ 762.62	\$ 0.68

Total Acute Medical Component	\$ 258.27
Third Party Liability Adjustment	(8.56)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 29.30
Gross Capitation Rate	\$ 280.26
Less Withhold	2.0% (5.61)
Net Capitation Rate	\$ 274.65

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: 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	359.9	\$ 2,303.64	\$ 69.09	349.3	\$ 1,690.24	\$ 49.20	359.2	\$ 2,267.37	\$ 67.87
Psychiatric/SUD	6.2	1,529.03	0.79	19.0	385.26	0.61	7.0	1,337.14	0.78
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	0.5	2,640.00	0.11	-	-	-	0.5	2,400.00	0.10
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	366.6	\$ 2,291.00	\$ 69.99	368.3	\$ 1,622.92	\$ 49.81	366.7	\$ 2,249.80	\$ 68.75
Outpatient Hospital									
Emergency Room	1,439.3	\$ 122.56	\$ 14.70	1,882.6	\$ 148.20	\$ 23.25	1,466.5	\$ 124.54	\$ 15.22
General	16,779.2	86.76	121.31	22,581.3	81.00	152.42	17,135.4	86.29	123.22
Subtotal	18,218.5	\$ 89.59	\$ 136.01	24,463.9	\$ 86.17	\$ 175.67	18,601.9	\$ 89.31	\$ 138.44
Ancillary									
Pharmacy	19,381.9	\$ 43.41	\$ 70.11	20,468.1	\$ 37.15	\$ 63.37	19,448.6	\$ 43.01	\$ 69.70
DME/Supplies/Prosthetics	457.4	131.70	5.02	503.5	162.78	6.83	460.2	133.77	5.13
Ambulance	195.5	89.62	1.46	316.4	60.30	1.59	202.9	86.94	1.47
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	88.6	146.28	1.08	6.7	107.46	0.06	83.6	146.41	1.02
Chiropractic Services	1.1	-	-	1,047.0	31.63	2.76	65.3	31.24	0.17
Podiatry	-	-	-	53.5	67.29	0.30	3.3	72.73	0.02
Vision	254.3	76.92	1.63	387.6	67.80	2.19	262.5	75.89	1.66
Other Ancillary	857.2	33.46	2.39	171.6	33.57	0.48	815.1	33.42	2.27
Subtotal	21,236.0	\$ 46.16	\$ 81.69	22,954.4	\$ 40.56	\$ 77.58	21,341.5	\$ 45.79	\$ 81.44
Professional									
Surgery	823.2	\$ 244.61	\$ 16.78	981.3	\$ 206.79	\$ 16.91	832.9	\$ 241.90	\$ 16.79
Anesthesia	157.4	257.69	3.38	191.1	259.34	4.13	159.5	258.06	3.43
Inpatient Visits	538.5	84.90	3.81	461.3	82.98	3.19	533.8	84.75	3.77
Urgent Care/Emergency Room	880.8	88.83	6.52	1,124.2	92.01	8.62	895.7	89.09	6.65
Office/Home Visits	4,230.1	70.01	24.68	4,694.2	67.69	26.48	4,258.6	69.85	24.79
Preventive Care	429.8	72.59	2.60	697.2	71.77	4.17	446.2	72.61	2.70
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	32.2	104.35	0.28	125.1	28.78	0.30	37.9	88.65	0.28
Lab/Path/Rad	5,823.2	29.12	14.13	8,490.4	26.91	19.04	5,986.9	28.92	14.43
Office Adm. Drugs	428.2	70.34	2.51	882.3	96.29	7.08	456.1	73.40	2.79
Clinic	1,156.8	163.59	15.77	-	-	-	1,085.8	163.57	14.80
Psych/SUD	5.3	45.28	0.02	9.4	51.06	0.04	5.6	42.86	0.02
Physical Therapy	636.8	27.51	1.46	764.3	30.62	1.95	644.6	27.74	1.49
Family Planning	-	-	-	4.7	-	-	0.3	-	-
Other Professional	762.4	61.70	3.92	946.0	55.94	4.41	773.7	61.26	3.95
Subtotal	15,906.8	\$ 72.35	\$ 95.90	19,390.4	\$ 59.76	\$ 96.56	16,120.7	\$ 71.42	\$ 95.94
Total Medical	55,727.9	\$ 82.60	\$ 383.59	67,177.0	\$ 71.39	\$ 399.62	56,430.8	\$ 81.78	\$ 384.57
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	2,989.9	77.46	19.30	-	-	-	2,989.9	77.46	19.30
Intermediate Care	9.7	890.72	0.72	-	-	-	9.7	890.72	0.72
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,099.2	\$ 132.96	\$ 34.34	-	\$ 0.00	\$ 0.00	3,099.2	\$ 132.96	\$ 34.34
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	\$ 419.48
Third Party Liability Adjustment	(16.34)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 47.30
Gross Capitation Rate	\$ 451.69
Less Withhold	2.0% (9.03)
Net Capitation Rate	\$ 442.66

**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: 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	557.3	\$ 2,132.14	\$ 99.02	1,525.3	\$ 765.33	\$ 97.28	638.1	\$ 1,859.33	\$ 98.87
Psychiatric/SUD	22.6	1,067.26	2.01	1.8	3,266.67	0.49	20.9	1,079.43	1.88
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	579.9	\$ 2,090.64	\$ 101.03	1,527.1	\$ 768.28	\$ 97.77	659.0	\$ 1,834.60	\$ 100.75
Outpatient Hospital									
Emergency Room	1,290.2	\$ 126.59	\$ 13.61	2,034.2	\$ 148.13	\$ 25.11	1,352.3	\$ 129.29	\$ 14.57
General	12,651.8	89.85	94.73	17,765.3	82.66	122.38	13,078.7	89.04	97.04
Subtotal	13,942.0	\$ 93.25	\$ 108.34	19,799.5	\$ 89.39	\$ 147.49	14,431.0	\$ 92.81	\$ 111.61
Ancillary									
Pharmacy	13,020.1	\$ 53.43	\$ 57.97	13,545.8	\$ 64.87	\$ 73.23	13,064.0	\$ 54.42	\$ 59.24
DME/Supplies/Prosthetics	510.7	176.46	7.51	391.2	156.13	5.09	500.7	175.19	7.31
Ambulance	246.8	83.63	1.72	304.2	63.51	1.61	251.6	81.56	1.71
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	73.9	185.12	1.14	26.8	120.90	0.27	70.0	183.43	1.07
Chiropractic Services	0.3	-	-	262.5	31.54	0.69	22.2	32.43	0.06
Podiatry	-	-	-	75.2	44.68	0.28	6.3	38.10	0.02
Vision	170.0	79.06	1.12	282.6	65.39	1.54	179.4	77.59	1.16
Other Ancillary	430.3	32.63	1.17	81.9	30.77	0.21	401.2	32.60	1.09
Subtotal	14,452.1	\$ 58.65	\$ 70.63	14,970.2	\$ 66.47	\$ 82.92	14,495.4	\$ 59.32	\$ 71.66
Professional									
Surgery	681.1	\$ 275.20	\$ 15.62	796.7	\$ 199.42	\$ 13.24	690.8	\$ 267.86	\$ 15.42
Anesthesia	131.9	273.84	3.01	123.9	280.87	2.90	131.2	274.39	3.00
Inpatient Visits	773.5	89.05	5.74	730.3	80.35	4.89	769.9	88.38	5.67
Urgent Care/Emergency Room	813.0	90.48	6.13	1,139.1	93.02	8.83	840.2	90.84	6.36
Office/Home Visits	3,008.4	71.16	17.84	3,303.7	66.83	18.40	3,033.1	70.78	17.89
Preventive Care	229.7	63.74	1.22	355.9	67.10	1.99	240.2	63.95	1.28
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	3,694.6	28.06	8.64	4,678.1	27.27	10.63	3,776.7	27.99	8.81
Office Adm. Drugs	147.9	86.00	1.06	182.3	166.54	2.53	150.8	93.90	1.18
Clinic	789.4	163.57	10.76	-	-	-	723.5	163.54	9.86
Psych/SUD	6.2	77.42	0.04	1.8	-	-	5.8	82.76	0.04
Physical Therapy	440.4	28.88	1.06	787.8	33.51	2.20	469.4	29.65	1.16
Family Planning	-	-	-	1.8	-	-	0.2	-	-
Other Professional	831.3	55.29	3.83	846.2	39.85	2.81	832.5	53.91	3.74
Subtotal	11,553.5	\$ 77.92	\$ 75.02	12,967.1	\$ 63.40	\$ 68.51	11,671.5	\$ 76.58	\$ 74.48
Total Medical	40,527.5	\$ 105.12	\$ 355.02	49,263.9	\$ 96.63	\$ 396.69	41,256.9	\$ 104.27	\$ 358.50
Category of Service - Iowa Plan for BH									
Inpatient Treatment	145.4	\$ 1,828.06	\$ 22.15	-	\$ 0.00	\$ 0.00	145.4	\$ 1,828.06	\$ 22.15
Outpatient Treatment	2,837.6	82.63	19.54	-	-	-	2,837.6	82.63	19.54
Intermediate Care	9.6	725.00	0.58	-	-	-	9.6	725.00	0.58
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,992.6	\$ 175.51	\$ 43.77	-	\$ 0.00	\$ 0.00	2,992.6	\$ 175.51	\$ 43.77
Short Term Institutional / HCBS	16.6	\$ 730.12	\$ 1.01	-	\$ 0.00	\$ 0.00	15.2	\$ 734.21	\$ 0.93

Total Acute Medical Component	\$ 403.20
Third Party Liability Adjustment	(12.55)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 45.83
Gross Capitation Rate	\$ 437.73
Less Withhold	2.0% (8.75)
Net Capitation Rate	\$ 428.98

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: 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	743.4	\$ 2,181.28	\$ 135.13	783.3	\$ 2,097.13	\$ 136.89	745.8	\$ 2,176.03	\$ 135.24
Psychiatric/SUD	15.9	822.64	1.09	46.0	667.83	2.56	17.7	800.00	1.18
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	759.3	\$ 2,152.82	\$ 136.22	829.3	\$ 2,017.85	\$ 139.45	763.5	\$ 2,144.13	\$ 136.42
Outpatient Hospital									
Emergency Room	868.1	\$ 134.64	\$ 9.74	1,243.1	\$ 161.50	\$ 16.73	891.0	\$ 136.97	\$ 10.17
General	17,622.0	98.41	144.52	23,497.9	95.35	186.71	17,981.4	98.17	147.10
Subtotal	18,490.1	\$ 100.11	\$ 154.26	24,741.0	\$ 98.67	\$ 203.44	18,872.4	\$ 100.00	\$ 157.27
Ancillary									
Pharmacy	21,035.6	\$ 40.69	\$ 71.33	20,874.1	\$ 42.40	\$ 73.76	21,025.7	\$ 40.80	\$ 71.48
DME/Supplies/Prosthetics	658.0	149.73	8.21	700.7	218.18	12.74	660.6	154.22	8.49
Ambulance	246.6	91.48	1.88	352.8	60.88	1.79	253.1	88.66	1.87
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	262.5	194.74	4.26	29.5	122.03	0.30	248.2	194.36	4.02
Chiropractic Services	0.9	-	-	569.1	33.10	1.57	35.7	33.61	0.10
Podiatry	0.6	-	-	151.2	69.84	0.88	9.8	61.22	0.05
Vision	220.6	78.88	1.45	370.0	71.35	2.20	229.7	78.36	1.50
Other Ancillary	555.5	32.84	1.52	65.1	33.18	0.18	525.5	32.88	1.44
Subtotal	22,980.3	\$ 46.29	\$ 88.65	23,112.5	\$ 48.50	\$ 93.42	22,988.3	\$ 46.43	\$ 88.95
Professional									
Surgery	1,056.2	\$ 284.15	\$ 25.01	1,179.3	\$ 220.20	\$ 21.64	1,063.7	\$ 279.78	\$ 24.80
Anesthesia	188.8	265.04	4.17	200.4	252.10	4.21	189.5	264.06	4.17
Inpatient Visits	1,039.9	87.82	7.61	1,072.7	80.43	7.19	1,041.9	87.30	7.58
Urgent Care/Emergency Room	621.8	96.11	4.98	881.5	99.51	7.31	637.7	96.35	5.12
Office/Home Visits	4,185.8	72.19	25.18	5,006.3	71.26	29.73	4,236.0	72.12	25.46
Preventive Care	372.7	68.58	2.13	721.3	63.22	3.80	394.0	67.92	2.23
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	5,757.7	30.55	14.66	8,976.8	27.10	20.27	5,954.6	30.23	15.00
Office Adm. Drugs	359.0	175.82	5.26	416.5	54.74	1.90	362.5	167.17	5.05
Clinic	1,152.5	163.57	15.71	-	-	-	1,082.0	163.59	14.75
Psych/SUD	4.4	54.55	0.02	1.3	-	-	4.2	57.14	0.02
Physical Therapy	645.1	27.90	1.50	1,429.2	31.23	3.72	693.1	28.39	1.64
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,210.0	50.68	5.11	1,463.1	44.04	5.37	1,225.5	50.23	5.13
Subtotal	16,612.7	\$ 80.51	\$ 111.46	21,353.6	\$ 59.10	\$ 105.16	16,902.7	\$ 78.85	\$ 111.06
Total Medical	58,842.4	\$ 100.05	\$ 490.59	70,036.4	\$ 92.78	\$ 541.47	59,526.9	\$ 99.52	\$ 493.70
Category of Service - Iowa Plan for BH									
Inpatient Treatment	73.8	\$ 1,975.61	\$ 12.15	-	\$ 0.00	\$ 0.00	73.8	\$ 1,975.61	\$ 12.15
Outpatient Treatment	1,890.2	82.72	13.03	-	-	-	1,890.2	82.72	13.03
Intermediate Care	6.1	629.51	0.32	-	-	-	6.1	629.51	0.32
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,970.1	\$ 164.46	\$ 27.00	-	\$ 0.00	\$ 0.00	1,970.1	\$ 164.46	\$ 27.00
Short Term Institutional / HCBS	66.9	\$ 765.92	\$ 4.27	-	\$ 0.00	\$ 0.00	62.8	\$ 766.24	\$ 4.01

Total Acute Medical Component	\$ 524.71
Third Party Liability Adjustment	(18.51)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	1.25
Other administrative expense	10.50% 59.39
Gross Capitation Rate	\$ 566.84
Less Withhold	2.0% (11.34)
Net Capitation Rate	\$ 555.50

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: ABD Non-Dual <21 M&F

Member Months	106,302						106,302		
	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	477.8	\$ 2,589.12	\$ 103.09	-	\$ 0.00	\$ 0.00	477.8	\$ 2,589.12	\$ 103.09
Psychiatric/SUD	4.9	979.59	0.40	-	-	-	4.9	979.59	0.40
Maternity - Delivery	14.3	1,762.24	2.10	-	-	-	14.3	1,762.24	2.10
Maternity Non-Delivery	2.4	900.00	0.18	-	-	-	2.4	900.00	0.18
Well Newborn	0.9	933.33	0.07	-	-	-	0.9	933.33	0.07
Other Newborn	162.5	2,729.35	36.96	-	-	-	162.5	2,729.35	36.96
Subtotal	662.8	\$ 2,585.40	\$ 142.80	-	\$ 0.00	\$ 0.00	662.8	\$ 2,585.40	\$ 142.80
Outpatient Hospital									
Emergency Room	944.4	\$ 107.12	\$ 8.43	-	\$ 0.00	\$ 0.00	944.4	\$ 107.12	\$ 8.43
General	11,561.3	76.75	73.94	-	-	-	11,561.3	76.75	73.94
Subtotal	12,505.7	\$ 79.04	\$ 82.37	-	\$ 0.00	\$ 0.00	12,505.7	\$ 79.04	\$ 82.37
Ancillary									
Pharmacy	15,060.2	\$ 135.34	\$ 169.86	-	\$ 0.00	\$ 0.00	15,060.2	\$ 135.34	\$ 169.86
DME/Supplies/Prosthetics	1,760.4	178.39	26.17	-	-	-	1,760.4	178.39	26.17
Ambulance	109.1	163.89	1.49	-	-	-	109.1	163.89	1.49
Non-Emergency Transportation	97.2	39.51	0.32	-	-	-	97.2	39.51	0.32
Home Health/Hospice	787.5	730.82	47.96	-	-	-	787.5	730.82	47.96
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	683.0	35.84	2.04	-	-	-	683.0	35.84	2.04
Other Ancillary	312.9	32.60	0.85	-	-	-	312.9	32.60	0.85
Subtotal	18,810.3	\$ 158.65	\$ 248.69	-	\$ 0.00	\$ 0.00	18,810.3	\$ 158.65	\$ 248.69
Professional									
Surgery	294.2	\$ 289.60	\$ 7.10	-	\$ 0.00	\$ 0.00	294.2	\$ 289.60	\$ 7.10
Anesthesia	114.5	323.84	3.09	-	-	-	114.5	323.84	3.09
Inpatient Visits	793.8	190.33	12.59	-	-	-	793.8	190.33	12.59
Urgent Care/Emergency Room	532.8	78.15	3.47	-	-	-	532.8	78.15	3.47
Office/Home Visits	2,555.1	81.20	17.29	-	-	-	2,555.1	81.20	17.29
Preventive Care	679.0	54.43	3.08	-	-	-	679.0	54.43	3.08
Maternity - Delivery	3.9	1,353.85	0.44	-	-	-	3.9	1,353.85	0.44
Maternity - Non-Delivery	18.4	130.43	0.20	-	-	-	18.4	130.43	0.20
Allergy/Immunotherapy	42.6	59.15	0.21	-	-	-	42.6	59.15	0.21
Lab/Path/Rad	2,301.8	23.98	4.60	-	-	-	2,301.8	23.98	4.60
Office Adm. Drugs	123.8	71.73	0.74	-	-	-	123.8	71.73	0.74
Clinic	448.7	162.07	6.06	-	-	-	448.7	162.07	6.06
Psych/SUD	26.2	370.99	0.81	-	-	-	26.2	370.99	0.81
Physical Therapy	169.4	54.55	0.77	-	-	-	169.4	54.55	0.77
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	639.7	65.09	3.47	-	-	-	639.7	65.09	3.47
Subtotal	8,743.9	\$ 87.72	\$ 63.92	-	\$ 0.00	\$ 0.00	8,743.9	\$ 87.72	\$ 63.92
Total Medical	40,722.7	\$ 158.47	\$ 537.78	-	\$ 0.00	\$ 0.00	40,722.7	\$ 158.47	\$ 537.78
Category of Service - Iowa Plan for BH									
Inpatient Treatment	129.3	\$ 2,341.53	\$ 25.23	-	\$ 0.00	\$ 0.00	129.3	\$ 2,341.53	\$ 25.23
Outpatient Treatment	10,060.7	119.17	99.91	-	-	-	10,060.7	119.17	99.91
Intermediate Care	18.3	524.59	0.80	-	-	-	18.3	524.59	0.80
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	10,208.3	\$ 149.81	\$ 127.44	-	\$ 0.00	\$ 0.00	10,208.3	\$ 149.81	\$ 127.44
Short Term Institutional / HCBS	59.8	\$ 692.31	\$ 3.45	-	\$ 0.00	\$ 0.00	59.8	\$ 692.31	\$ 3.45

Total Acute Medical Component	\$ 668.67
Third Party Liability Adjustment	(79.32)
Copayment Adjustment	(0.01)
Retroactivity Adjustment	(26.75)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 43.98
Gross Capitation Rate	\$ 614.07
Less Withhold	2.0% (12.28)
Net Capitation Rate	\$ 601.79

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: 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	1,182.3	\$ 2,101.29	\$ 207.03	-	\$ 0.00	\$ 0.00	1,182.3	\$ 2,101.29	\$ 207.03
Psychiatric/SUD	13.9	975.54	1.13	-	-	-	13.9	975.54	1.13
Maternity - Delivery	22.0	2,083.64	3.82	-	-	-	22.0	2,083.64	3.82
Maternity Non-Delivery	4.6	1,330.43	0.51	-	-	-	4.6	1,330.43	0.51
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,222.8	\$ 2,085.28	\$ 212.49	-	\$ 0.00	\$ 0.00	1,222.8	\$ 2,085.28	\$ 212.49
Outpatient Hospital									
Emergency Room	1,932.3	\$ 105.95	\$ 17.06	-	\$ 0.00	\$ 0.00	1,932.3	\$ 105.95	\$ 17.06
General	24,818.1	82.25	170.11	-	-	-	24,818.1	82.25	170.11
Subtotal	26,750.4	\$ 83.96	\$ 187.17	-	\$ 0.00	\$ 0.00	26,750.4	\$ 83.96	\$ 187.17
Ancillary									
Pharmacy	45,309.8	\$ 80.42	\$ 303.64	-	\$ 0.00	\$ 0.00	45,309.8	\$ 80.42	\$ 303.64
DME/Supplies/Prosthetics	2,793.1	136.11	31.68	-	-	-	2,793.1	136.11	31.68
Ambulance	478.8	83.71	3.34	-	-	-	478.8	83.71	3.34
Non-Emergency Transportation	4.6	26.09	0.01	-	-	-	4.6	26.09	0.01
Home Health/Hospice	1,757.6	179.43	26.28	-	-	-	1,757.6	179.43	26.28
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	733.1	42.07	2.57	-	-	-	733.1	42.07	2.57
Other Ancillary	621.9	33.77	1.75	-	-	-	621.9	33.77	1.75
Subtotal	51,698.9	\$ 85.71	\$ 369.27	-	\$ 0.00	\$ 0.00	51,698.9	\$ 85.71	\$ 369.27
Professional									
Surgery	1,109.0	\$ 248.12	\$ 22.93	-	\$ 0.00	\$ 0.00	1,109.0	\$ 248.12	\$ 22.93
Anesthesia	175.0	280.46	4.09	-	-	-	175.0	280.46	4.09
Inpatient Visits	1,563.0	88.21	11.49	-	-	-	1,563.0	88.21	11.49
Urgent Care/Emergency Room	1,080.4	91.63	8.25	-	-	-	1,080.4	91.63	8.25
Office/Home Visits	4,854.5	68.62	27.76	-	-	-	4,854.5	68.62	27.76
Preventive Care	452.3	41.65	1.57	-	-	-	452.3	41.65	1.57
Maternity - Delivery	6.8	1,200.00	0.68	-	-	-	6.8	1,200.00	0.68
Maternity - Non-Delivery	24.3	143.21	0.29	-	-	-	24.3	143.21	0.29
Allergy/Immunotherapy	38.9	67.87	0.22	-	-	-	38.9	67.87	0.22
Lab/Path/Rad	7,800.9	27.84	18.10	-	-	-	7,800.9	27.84	18.10
Office Adm. Drugs	1,041.4	201.65	17.50	-	-	-	1,041.4	201.65	17.50
Clinic	988.3	162.58	13.39	-	-	-	988.3	162.58	13.39
Psych/SUD	12.6	1,790.48	1.88	-	-	-	12.6	1,790.48	1.88
Physical Therapy	517.3	29.00	1.25	-	-	-	517.3	29.00	1.25
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,886.5	54.07	8.50	-	-	-	1,886.5	54.07	8.50
Subtotal	21,551.2	\$ 76.78	\$ 137.90	-	\$ 0.00	\$ 0.00	21,551.2	\$ 76.78	\$ 137.90
Total Medical	101,223.3	\$ 107.50	\$ 906.83	-	\$ 0.00	\$ 0.00	101,223.3	\$ 107.50	\$ 906.83
Category of Service - Iowa Plan for BH									
Inpatient Treatment	179.1	\$ 2,184.92	\$ 32.61	-	\$ 0.00	\$ 0.00	179.1	\$ 2,184.92	\$ 32.61
Outpatient Treatment	14,125.2	121.68	143.23	-	-	-	14,125.2	121.68	143.23
Intermediate Care	43.3	545.96	1.97	-	-	-	43.3	545.96	1.97
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	14,347.6	\$ 149.97	\$ 179.31	-	\$ 0.00	\$ 0.00	14,347.6	\$ 149.97	\$ 179.31
Short Term Institutional / HCBS	289.8	\$ 299.79	\$ 7.24	-	\$ 0.00	\$ 0.00	289.8	\$ 299.79	\$ 7.24

Total Acute Medical Component	\$ 1,093.38
Third Party Liability Adjustment	(29.47)
Copayment Adjustment	(5.61)
Retroactivity Adjustment	(13.67)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 81.66
Gross Capitation Rate	\$ 1,133.79
Less Withhold	2.0% (22.68)
Net Capitation Rate	\$ 1,111.11

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: 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	1,932.5	\$ 261.86	\$ 42.17	-	\$ 0.00	\$ 0.00	1,932.5	\$ 261.86	\$ 42.17
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,932.5	\$ 261.86	\$ 42.17	-	\$ 0.00	\$ 0.00	1,932.5	\$ 261.86	\$ 42.17
Outpatient Hospital									
Emergency Room	1,780.3	\$ 35.32	\$ 5.24	-	\$ 0.00	\$ 0.00	1,780.3	\$ 35.32	\$ 5.24
General	47,542.5	22.77	90.23	-	-	-	47,542.5	22.77	90.23
Subtotal	49,322.8	\$ 23.23	\$ 95.47	-	\$ 0.00	\$ 0.00	49,322.8	\$ 23.23	\$ 95.47
Ancillary									
Pharmacy	3,365.3	\$ 20.86	\$ 5.85	-	\$ 0.00	\$ 0.00	3,365.3	\$ 20.86	\$ 5.85
DME/Supplies/Prosthetics	16,691.7	43.93	61.11	-	-	-	16,691.7	43.93	61.11
Ambulance	975.7	67.40	5.48	-	-	-	975.7	67.40	5.48
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	1,146.4	9.84	0.94	-	-	-	1,146.4	9.84	0.94
Podiatry	754.2	18.46	1.16	-	-	-	754.2	18.46	1.16
Vision	1,038.2	26.82	2.32	-	-	-	1,038.2	26.82	2.32
Other Ancillary	88.9	17.55	0.13	-	-	-	88.9	17.55	0.13
Subtotal	24,060.4	\$ 38.40	\$ 76.99	-	\$ 0.00	\$ 0.00	24,060.4	\$ 38.40	\$ 76.99
Professional									
Surgery	2,545.5	\$ 42.80	\$ 9.08	-	\$ 0.00	\$ 0.00	2,545.5	\$ 42.80	\$ 9.08
Anesthesia	363.3	47.56	1.44	-	-	-	363.3	47.56	1.44
Inpatient Visits	5,153.9	20.49	8.80	-	-	-	5,153.9	20.49	8.80
Urgent Care/Emergency Room	1,376.7	26.85	3.08	-	-	-	1,376.7	26.85	3.08
Office/Home Visits	10,364.6	21.70	18.74	-	-	-	10,364.6	21.70	18.74
Preventive Care	67.9	61.86	0.35	-	-	-	67.9	61.86	0.35
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	75.2	15.96	0.10	-	-	-	75.2	15.96	0.10
Lab/Path/Rad	5,655.2	9.42	4.44	-	-	-	5,655.2	9.42	4.44
Office Adm. Drugs	2,006.2	44.68	7.47	-	-	-	2,006.2	44.68	7.47
Clinic	12.1	29.75	0.03	-	-	-	12.1	29.75	0.03
Psych/SUD	1,197.5	23.15	2.31	-	-	-	1,197.5	23.15	2.31
Physical Therapy	1,272.7	10.18	1.08	-	-	-	1,272.7	10.18	1.08
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,662.3	16.38	5.00	-	-	-	3,662.3	16.38	5.00
Subtotal	33,753.1	\$ 22.01	\$ 61.92	-	\$ 0.00	\$ 0.00	33,753.1	\$ 22.01	\$ 61.92
Total Medical	109,068.8	\$ 30.43	\$ 276.55	-	\$ 0.00	\$ 0.00	109,068.8	\$ 30.43	\$ 276.55
Category of Service - Iowa Plan for BH									
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Treatment	6,651.5	117.23	64.98	-	-	-	6,651.5	117.23	64.98
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,651.5	\$ 119.94	\$ 66.48	-	\$ 0.00	\$ 0.00	6,651.5	\$ 119.94	\$ 66.48
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 343.03
Third Party Liability Adjustment	(8.99)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	3.75% 13.01
Gross Capitation Rate	\$ 354.55
Less Withhold	2.0% (7.09)
Net Capitation Rate	\$ 347.46

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: 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	498.7	\$ 175.90	\$ 7.31				498.7	\$ 175.90	\$ 7.31
Home Health/Hospice	28,212.7	193.17	454.16				28,212.7	193.17	454.16
Attendant Care/Nursing/Home Aide	8,269.2	631.97	435.49				8,269.2	631.97	435.49
Supported community living	9,663.7	140.13	112.85				9,663.7	140.13	112.85
Adult day care	58.8	434.69	2.13				58.8	434.69	2.13
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	42.9	1,737.06	6.21				42.9	1,737.06	6.21
Family and community support	-	-	-				-	-	-
In-home family therapy	-	-	-				-	-	-
Respite	118.2	607.11	5.98				118.2	607.11	5.98
Waiver Transportation	176.4	145.58	2.14				176.4	145.58	2.14
Other HCBS waiver	429.5	723.07	25.88				429.5	723.07	25.88
Total Long Term Services and Supports	47,470.1	\$ 265.97	\$ 1,052.15				47,470.1	\$ 265.97	\$ 1,052.15
Total LTSS Component							\$ 1,052.15		
Member Financial Participation							(0.13)		
Administrative Load							150.00		
Gross Capitation Rate							\$ 1,202.02		
Less Withhold							2.0%	(24.04)	
Net Capitation Rate							\$ 1,177.98		

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

Member Months

17,027

-

17,027

	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,618.4	\$ 2,157.09	\$ 290.92	-	\$ 0.00	\$ 0.00	1,618.4	\$ 2,157.09	\$ 290.92
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,618.4	\$ 2,157.09	\$ 290.92	-	\$ 0.00	\$ 0.00	1,618.4	\$ 2,157.09	\$ 290.92
Outpatient Hospital									
Emergency Room	1,083.0	\$ 113.13	\$ 10.21	-	\$ 0.00	\$ 0.00	1,083.0	\$ 113.13	\$ 10.21
General	31,397.5	80.35	210.22	-	-	-	31,397.5	80.35	210.22
Subtotal	32,480.5	\$ 81.44	\$ 220.43	-	\$ 0.00	\$ 0.00	32,480.5	\$ 81.44	\$ 220.43
Ancillary									
Pharmacy	51,192.4	\$ 126.68	\$ 540.41	-	\$ 0.00	\$ 0.00	51,192.4	\$ 126.68	\$ 540.41
DME/Supplies/Prosthetics	16,383.1	173.38	236.71	-	-	-	16,383.1	173.38	236.71
Ambulance	801.8	82.91	5.54	-	-	-	801.8	82.91	5.54
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	763.9	38.96	2.48	-	-	-	763.9	38.96	2.48
Other Ancillary	536.3	34.23	1.53	-	-	-	536.3	34.23	1.53
Subtotal	69,749.4	\$ 135.36	\$ 786.79	-	\$ 0.00	\$ 0.00	69,749.4	\$ 135.36	\$ 786.79
Professional									
Surgery	1,378.6	\$ 207.86	\$ 23.88	-	\$ 0.00	\$ 0.00	1,378.6	\$ 207.86	\$ 23.88
Anesthesia	256.9	327.44	7.01	-	-	-	256.9	327.44	7.01
Inpatient Visits	2,282.9	93.78	17.84	-	-	-	2,282.9	93.78	17.84
Urgent Care/Emergency Room	976.4	94.02	7.65	-	-	-	976.4	94.02	7.65
Office/Home Visits	5,758.7	80.91	38.83	-	-	-	5,758.7	80.91	38.83
Preventive Care	643.1	53.55	2.87	-	-	-	643.1	53.55	2.87
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	44.7	126.17	0.47	-	-	-	44.7	126.17	0.47
Lab/Path/Rad	7,722.5	23.11	14.87	-	-	-	7,722.5	23.11	14.87
Office Adm. Drugs	2,204.5	268.80	49.38	-	-	-	2,204.5	268.80	49.38
Clinic	793.9	159.01	10.52	-	-	-	793.9	159.01	10.52
Psych/SUD	69.5	31.08	0.18	-	-	-	69.5	31.08	0.18
Physical Therapy	1,537.0	45.44	5.82	-	-	-	1,537.0	45.44	5.82
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,322.9	84.40	23.37	-	-	-	3,322.9	84.40	23.37
Subtotal	26,991.6	\$ 90.11	\$ 202.69	-	\$ 0.00	\$ 0.00	26,991.6	\$ 90.11	\$ 202.69
Total Medical	130,839.9	\$ 137.65	\$ 1,500.83	-	\$ 0.00	\$ 0.00	130,839.9	\$ 137.65	\$ 1,500.83
Category of Service - Iowa Plan for BH									
Inpatient Treatment	45.5	\$ 1,674.73	\$ 6.35	-	\$ 0.00	\$ 0.00	45.5	\$ 1,674.73	\$ 6.35
Outpatient Treatment	5,944.7	114.11	56.53	-	-	-	5,944.7	114.11	56.53
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	5,990.9	\$ 129.10	\$ 64.45	-	\$ 0.00	\$ 0.00	5,990.9	\$ 129.10	\$ 64.45
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 1,565.28
Third Party Liability Adjustment	(101.31)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.75% 105.97
Gross Capitation Rate	\$ 1,577.44
Less Withhold	2.0% (31.55)
Net Capitation Rate	\$ 1,545.89

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: 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	462.6	\$ 299.09	\$ 11.53				462.6	\$ 299.09	\$ 11.53	
Home Health/Hospice	16,718.9	576.39	803.05				16,718.9	576.39	803.05	
Attendant Care/Nursing/Home Aide	3,962.1	661.16	218.30				3,962.1	661.16	218.30	
Supported community living	2,292.6	114.52	21.88				2,292.6	114.52	21.88	
Adult day care	8.4	214.29	0.15				8.4	214.29	0.15	
Day Habilitation	-	-	-				-	-	-	
Env/home and vehicle mod	23.9	3,047.70	6.07				23.9	3,047.70	6.07	
Family and community support	-	-	-				-	-	-	
In-home family therapy	-	-	-				-	-	-	
Respite	4,650.6	675.40	261.75				4,650.6	675.40	261.75	
Waiver Transportation	142.3	144.20	1.71				142.3	144.20	1.71	
Other HCBS waiver	2,018.6	1,179.31	198.38				2,018.6	1,179.31	198.38	
Total Long Term Services and Supports	30,280.0	\$ 603.50	\$ 1,522.82				30,280.0	\$ 603.50	\$ 1,522.82	
Total LTSS Component										\$ 1,522.82
Member Financial Participation										-
Administrative Load										150.00
Gross Capitation Rate										\$ 1,672.82
Less Withhold										2.0% (33.46)
Net Capitation Rate										\$ 1,639.36

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: 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	1,517.4	\$ 316.41	\$ 40.01	-	\$ 0.00	\$ 0.00	1,517.4	\$ 316.41	\$ 40.01
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,517.4	\$ 316.41	\$ 40.01	-	\$ 0.00	\$ 0.00	1,517.4	\$ 316.41	\$ 40.01
Outpatient Hospital									
Emergency Room	1,013.8	\$ 44.62	\$ 3.77	-	\$ 0.00	\$ 0.00	1,013.8	\$ 44.62	\$ 3.77
General	31,312.1	26.28	68.58	-	-	-	31,312.1	26.28	68.58
Subtotal	32,325.9	\$ 26.86	\$ 72.35	-	\$ 0.00	\$ 0.00	32,325.9	\$ 26.86	\$ 72.35
Ancillary									
Pharmacy	3,446.5	\$ 15.11	\$ 4.34	-	\$ 0.00	\$ 0.00	3,446.5	\$ 15.11	\$ 4.34
DME/Supplies/Prosthetics	9,788.1	42.70	34.83	-	-	-	9,788.1	42.70	34.83
Ambulance	820.0	71.71	4.90	-	-	-	820.0	71.71	4.90
Non-Emergency Transportation	3.3	218.18	0.06	-	-	-	3.3	218.18	0.06
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	557.3	10.55	0.49	-	-	-	557.3	10.55	0.49
Podiatry	928.7	18.22	1.41	-	-	-	928.7	18.22	1.41
Vision	1,119.2	25.52	2.38	-	-	-	1,119.2	25.52	2.38
Other Ancillary	111.0	21.62	0.20	-	-	-	111.0	21.62	0.20
Subtotal	16,774.1	\$ 34.78	\$ 48.61	-	\$ 0.00	\$ 0.00	16,774.1	\$ 34.78	\$ 48.61
Professional									
Surgery	1,861.8	\$ 46.92	\$ 7.28	-	\$ 0.00	\$ 0.00	1,861.8	\$ 46.92	\$ 7.28
Anesthesia	217.9	47.36	0.86	-	-	-	217.9	47.36	0.86
Inpatient Visits	3,560.1	21.10	6.26	-	-	-	3,560.1	21.10	6.26
Urgent Care/Emergency Room	850.6	28.36	2.01	-	-	-	850.6	28.36	2.01
Office/Home Visits	7,883.2	23.40	15.37	-	-	-	7,883.2	23.40	15.37
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	4,373.2	10.84	3.95	-	-	-	4,373.2	10.84	3.95
Office Adm. Drugs	1,645.3	56.96	7.81	-	-	-	1,645.3	56.96	7.81
Clinic	53.0	74.72	0.33	-	-	-	53.0	74.72	0.33
Psych/SUD	220.2	22.89	0.42	-	-	-	220.2	22.89	0.42
Physical Therapy	589.1	11.20	0.55	-	-	-	589.1	11.20	0.55
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,973.2	15.26	3.78	-	-	-	2,973.2	15.26	3.78
Subtotal	24,278.0	\$ 24.12	\$ 48.79	-	\$ 0.00	\$ 0.00	24,278.0	\$ 24.12	\$ 48.79
Total Medical	74,895.4	\$ 33.61	\$ 209.76	-	\$ 0.00	\$ 0.00	74,895.4	\$ 33.61	\$ 209.76
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	1,462.2	156.59	19.08	-	-	-	1,462.2	156.59	19.08
Intermediate Care	0.1	-	-	-	-	-	0.1	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,462.6	\$ 169.59	\$ 20.67	-	\$ 0.00	\$ 0.00	1,462.6	\$ 169.59	\$ 20.67
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 230.43
Third Party Liability Adjustment	(4.72)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	3.75% 8.79
Gross Capitation Rate	\$ 242.00
Less Withhold	2.0% (4.84)
Net Capitation Rate	\$ 237.16

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	1,200.9	\$ 156.18	\$ 15.63				1,200.9	\$ 156.18	\$ 15.63
Home Health/Hospice	22,156.1	154.68	285.59				22,156.1	154.68	285.59
Attendant Care/Nursing/Home Aide	6,855.2	560.96	320.46				6,855.2	560.96	320.46
Supported community living	23,876.3	149.10	296.67				23,876.3	149.10	296.67
Adult day care	174.1	506.61	7.35				174.1	506.61	7.35
Day Habilitation	-	-	-				-	-	-
Env/home and vehicle mod	85.9	104.77	0.75				85.9	104.77	0.75
Family and community support	0.2	-	-				0.2	-	-
In-home family therapy	-	-	-				-	-	-
Respite	85.9	403.73	2.89				85.9	403.73	2.89
Waiver Transportation	1,168.5	121.80	11.86				1,168.5	121.80	11.86
Other HCBS waiver	280.1	707.75	16.52				280.1	707.75	16.52
Total Long Term Services and Supports	55,883.2	\$ 205.65	\$ 957.72				55,883.2	\$ 205.65	\$ 957.72
Total LTSS Component									\$ 957.72
Member Financial Participation									(0.35)
Administrative Load									150.00
Gross Capitation Rate									\$ 1,107.37
Less Withhold									2.0% (22.15)
Net Capitation Rate									\$ 1,085.22

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

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	457.3	\$ 921.06	\$ 35.10	-	\$ 0.00	\$ 0.00	457.3	\$ 921.06	\$ 35.10
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	459.8	\$ 929.10	\$ 35.60	-	\$ 0.00	\$ 0.00	459.8	\$ 929.10	\$ 35.60
Outpatient Hospital									
Emergency Room	599.9	\$ 64.61	\$ 3.23	-	\$ 0.00	\$ 0.00	599.9	\$ 64.61	\$ 3.23
General	14,552.8	49.98	60.61	-	-	-	14,552.8	49.98	60.61
Subtotal	15,152.7	\$ 50.56	\$ 63.84	-	\$ 0.00	\$ 0.00	15,152.7	\$ 50.56	\$ 63.84
Ancillary									
Pharmacy	18,299.9	\$ 76.32	\$ 116.39	-	\$ 0.00	\$ 0.00	18,299.9	\$ 76.32	\$ 116.39
DME/Supplies/Prosthetics	4,828.5	106.89	43.01	-	-	-	4,828.5	106.89	43.01
Ambulance	207.2	71.81	1.24	-	-	-	207.2	71.81	1.24
Non-Emergency Transportation	205.6	216.54	3.71	-	-	-	205.6	216.54	3.71
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	450.8	10.65	0.40	-	-	-	450.8	10.65	0.40
Podiatry	701.3	17.80	1.04	-	-	-	701.3	17.80	1.04
Vision	1,114.3	33.49	3.11	-	-	-	1,114.3	33.49	3.11
Other Ancillary	303.6	31.23	0.79	-	-	-	303.6	31.23	0.79
Subtotal	26,111.2	\$ 77.98	\$ 169.69	-	\$ 0.00	\$ 0.00	26,111.2	\$ 77.98	\$ 169.69
Professional									
Surgery	901.2	\$ 76.43	\$ 5.74	-	\$ 0.00	\$ 0.00	901.2	\$ 76.43	\$ 5.74
Anesthesia	166.3	144.32	2.00	-	-	-	166.3	144.32	2.00
Inpatient Visits	876.9	38.86	2.84	-	-	-	876.9	38.86	2.84
Urgent Care/Emergency Room	437.6	50.46	1.84	-	-	-	437.6	50.46	1.84
Office/Home Visits	5,036.7	41.69	17.50	-	-	-	5,036.7	41.69	17.50
Preventive Care	477.6	69.35	2.76	-	-	-	477.6	69.35	2.76
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	89.2	32.29	0.24	-	-	-	89.2	32.29	0.24
Lab/Path/Rad	2,557.9	15.76	3.36	-	-	-	2,557.9	15.76	3.36
Office Adm. Drugs	570.1	65.04	3.09	-	-	-	570.1	65.04	3.09
Clinic	325.9	157.96	4.29	-	-	-	325.9	157.96	4.29
Psych/SUD	1,236.0	1,020.58	105.12	-	-	-	1,236.0	1,020.58	105.12
Physical Therapy	564.3	23.39	1.10	-	-	-	564.3	23.39	1.10
Family Planning	0.2	-	-	-	-	-	0.2	-	-
Other Professional	1,211.8	60.11	6.07	-	-	-	1,211.8	60.11	6.07
Subtotal	14,456.0	\$ 129.54	\$ 156.05	-	\$ 0.00	\$ 0.00	14,456.0	\$ 129.54	\$ 156.05
Total Medical	56,179.7	\$ 90.82	\$ 425.18	-	\$ 0.00	\$ 0.00	56,179.7	\$ 90.82	\$ 425.18
Category of Service - Iowa Plan for BH									
Inpatient Treatment	54.8	\$ 2,437.23	\$ 11.13	-	\$ 0.00	\$ 0.00	54.8	\$ 2,437.23	\$ 11.13
Outpatient Treatment	6,414.7	99.37	53.12	-	-	-	6,414.7	99.37	53.12
Intermediate Care	1.9	884.21	0.14	-	-	-	1.9	884.21	0.14
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,471.4	\$ 122.18	\$ 65.89	-	\$ 0.00	\$ 0.00	6,471.4	\$ 122.18	\$ 65.89
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 491.07
Third Party Liability Adjustment	(11.69)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 31.96
Gross Capitation Rate	\$ 518.84
Less Withhold	2.0% (10.38)
Net Capitation Rate	\$ 508.46

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	161.0	\$ 313.04	\$ 4.20				161.0	\$ 313.04	\$ 4.20
Home Health/Hospice	4,666.0	375.02	145.82				4,666.0	375.02	145.82
Attendant Care/Nursing/Home Aide	721.7	1,055.34	63.47				721.7	1,055.34	63.47
Supported community living	9,756.8	2,676.21	2,175.94				9,756.8	2,676.21	2,175.94
Adult day care	276.8	828.90	19.12				276.8	828.90	19.12
Day Habilitation	7,219.8	626.61	377.00				7,219.8	626.61	377.00
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	2,268.8	316.03	59.75				2,268.8	316.03	59.75
Waiver Transportation	3,935.1	269.91	88.51				3,935.1	269.91	88.51
Other HCBS waiver	1,534.6	1,474.47	188.56				1,534.6	1,474.47	188.56
Total Long Term Services and Supports	30,542.9	\$ 1,226.89	\$ 3,122.72				30,542.9	\$ 1,226.89	\$ 3,122.72
Total LTSS Component									\$ 3,122.72
Member Financial Participation									(0.03)
Administrative Load									200.00
Gross Capitation Rate									\$ 3,322.69
Less Withhold									2.0% (66.45)
Net Capitation Rate									\$ 3,256.24

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: 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	1,218.8	\$ 1,073.09	\$ 108.99	-	\$ 0.00	\$ 0.00	1,218.8	\$ 1,073.09	\$ 108.99
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	1,224.1	\$ 1,073.44	\$ 109.50	-	\$ 0.00	\$ 0.00	1,224.1	\$ 1,073.44	\$ 109.50
Outpatient Hospital									
Emergency Room	905.6	\$ 63.60	\$ 4.80	-	\$ 0.00	\$ 0.00	905.6	\$ 63.60	\$ 4.80
General	27,869.6	49.52	115.00	-	-	-	27,869.6	49.52	115.00
Subtotal	28,775.2	\$ 49.96	\$ 119.80	-	\$ 0.00	\$ 0.00	28,775.2	\$ 49.96	\$ 119.80
Ancillary									
Pharmacy	20,870.7	\$ 78.85	\$ 137.13	-	\$ 0.00	\$ 0.00	20,870.7	\$ 78.85	\$ 137.13
DME/Supplies/Prosthetics	9,339.3	131.50	102.34	-	-	-	9,339.3	131.50	102.34
Ambulance	496.6	66.21	2.74	-	-	-	496.6	66.21	2.74
Non-Emergency Transportation	93.4	214.56	1.67	-	-	-	93.4	214.56	1.67
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	797.3	9.03	0.60	-	-	-	797.3	9.03	0.60
Podiatry	435.8	19.55	0.71	-	-	-	435.8	19.55	0.71
Vision	1,067.2	32.38	2.88	-	-	-	1,067.2	32.38	2.88
Other Ancillary	462.8	30.86	1.19	-	-	-	462.8	30.86	1.19
Subtotal	33,563.1	\$ 89.12	\$ 249.26	-	\$ 0.00	\$ 0.00	33,563.1	\$ 89.12	\$ 249.26
Professional									
Surgery	1,386.4	\$ 107.67	\$ 12.44	-	\$ 0.00	\$ 0.00	1,386.4	\$ 107.67	\$ 12.44
Anesthesia	236.2	184.93	3.64	-	-	-	236.2	184.93	3.64
Inpatient Visits	1,819.0	40.64	6.16	-	-	-	1,819.0	40.64	6.16
Urgent Care/Emergency Room	780.0	54.62	3.55	-	-	-	780.0	54.62	3.55
Office/Home Visits	6,810.4	45.27	25.69	-	-	-	6,810.4	45.27	25.69
Preventive Care	380.3	60.27	1.91	-	-	-	380.3	60.27	1.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	128.3	24.32	0.26	-	-	-	128.3	24.32	0.26
Lab/Path/Rad	4,363.0	18.57	6.75	-	-	-	4,363.0	18.57	6.75
Office Adm. Drugs	752.8	216.95	13.61	-	-	-	752.8	216.95	13.61
Clinic	245.2	163.46	3.34	-	-	-	245.2	163.46	3.34
Psych/SUD	1,467.3	1,014.35	124.03	-	-	-	1,467.3	1,014.35	124.03
Physical Therapy	3,141.3	30.75	8.05	-	-	-	3,141.3	30.75	8.05
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,041.5	50.67	8.62	-	-	-	2,041.5	50.67	8.62
Subtotal	23,551.7	\$ 111.10	\$ 218.05	-	\$ 0.00	\$ 0.00	23,551.7	\$ 111.10	\$ 218.05
Total Medical	87,114.1	\$ 95.96	\$ 696.61	-	\$ 0.00	\$ 0.00	87,114.1	\$ 95.96	\$ 696.61
Category of Service - Iowa Plan for BH									
Inpatient Treatment	32.3	\$ 2,886.69	\$ 7.77	-	\$ 0.00	\$ 0.00	32.3	\$ 2,886.69	\$ 7.77
Outpatient Treatment	6,625.3	123.45	68.16	-	-	-	6,625.3	123.45	68.16
Intermediate Care	4.1	526.83	0.18	-	-	-	4.1	526.83	0.18
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	6,661.7	\$ 139.80	\$ 77.61	-	\$ 0.00	\$ 0.00	6,661.7	\$ 139.80	\$ 77.61
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 774.22
Third Party Liability Adjustment	(29.61)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 49.64
Gross Capitation Rate	\$ 801.75
Less Withhold	2.0% (16.04)
Net Capitation Rate	\$ 785.71

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: 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	
Category of Service - LTSS (Institutional & Waiver)										
NF/ICFMR	297.4	\$ 408.74	\$ 10.13				297.4	\$ 408.74	\$ 10.13	
Home Health/Hospice	12,593.2	389.21	408.45				12,593.2	389.21	408.45	
Attendant Care/Nursing/Home Aide	3,070.5	914.24	233.93				3,070.5	914.24	233.93	
Supported community living	7,195.2	1,969.66	1,181.01				7,195.2	1,969.66	1,181.01	
Adult day care	631.2	664.45	34.95				631.2	664.45	34.95	
Day Habilitation	464.8	498.54	19.31				464.8	498.54	19.31	
Env/home and vehicle mod	32.8	2,235.37	6.11				32.8	2,235.37	6.11	
Family and community support	153.8	269.96	3.46				153.8	269.96	3.46	
In-home family therapy	-	-	-				-	-	-	
Respite	2,536.9	716.86	151.55				2,536.9	716.86	151.55	
Waiver Transportation	1,605.5	255.17	34.14				1,605.5	255.17	34.14	
Other HCBS waiver	2,683.9	1,343.66	300.52				2,683.9	1,343.66	300.52	
Total Long Term Services and Supports	31,265.2	\$ 914.84	\$ 2,383.56				31,265.2	\$ 914.84	\$ 2,383.56	
Total LTSS Component										\$ 2,383.56
Member Financial Participation										(0.13)
Administrative Load										200.00
Gross Capitation Rate										\$ 2,583.43
Less Withhold										2.0% (51.67)
Net Capitation Rate										\$ 2,531.76

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's Mental Health HCBS Waiver

Member Months

9,391

-

9,391

	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	22.6	\$ 4,141.59	\$ 7.80	-	\$ 0.00	\$ 0.00	22.6	\$ 4,141.59	\$ 7.80
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	22.6	\$ 4,141.59	\$ 7.80	-	\$ 0.00	\$ 0.00	22.6	\$ 4,141.59	\$ 7.80
Outpatient Hospital									
Emergency Room	463.0	\$ 114.82	\$ 4.43	-	\$ 0.00	\$ 0.00	463.0	\$ 114.82	\$ 4.43
General	5,752.1	67.53	32.37	-	-	-	5,752.1	67.53	32.37
Subtotal	6,215.1	\$ 71.05	\$ 36.80	-	\$ 0.00	\$ 0.00	6,215.1	\$ 71.05	\$ 36.80
Ancillary									
Pharmacy	35,813.6	\$ 89.85	\$ 268.15	-	\$ 0.00	\$ 0.00	35,813.6	\$ 89.85	\$ 268.15
DME/Supplies/Prosthetics	635.2	95.97	5.08	-	-	-	635.2	95.97	5.08
Ambulance	42.2	99.53	0.35	-	-	-	42.2	99.53	0.35
Non-Emergency Transportation	221.1	27.14	0.50	-	-	-	221.1	27.14	0.50
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	1,109.4	36.24	3.35	-	-	-	1,109.4	36.24	3.35
Other Ancillary	489.1	33.86	1.38	-	-	-	489.1	33.86	1.38
Subtotal	38,310.6	\$ 87.33	\$ 278.81	-	\$ 0.00	\$ 0.00	38,310.6	\$ 87.33	\$ 278.81
Professional									
Surgery	157.7	\$ 241.22	\$ 3.17	-	\$ 0.00	\$ 0.00	157.7	\$ 241.22	\$ 3.17
Anesthesia	38.9	336.25	1.09	-	-	-	38.9	336.25	1.09
Inpatient Visits	53.0	117.74	0.52	-	-	-	53.0	117.74	0.52
Urgent Care/Emergency Room	290.4	79.75	1.93	-	-	-	290.4	79.75	1.93
Office/Home Visits	2,356.1	95.04	18.66	-	-	-	2,356.1	95.04	18.66
Preventive Care	632.7	55.00	2.90	-	-	-	632.7	55.00	2.90
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	1.1	-	-	-	-	-	1.1	-	-
Allergy/Immunotherapy	186.4	75.97	1.18	-	-	-	186.4	75.97	1.18
Lab/Path/Rad	2,387.8	19.95	3.97	-	-	-	2,387.8	19.95	3.97
Office Adm. Drugs	55.2	56.52	0.26	-	-	-	55.2	56.52	0.26
Clinic	617.7	162.80	8.38	-	-	-	617.7	162.80	8.38
Psych/SUD	88.5	138.31	1.02	-	-	-	88.5	138.31	1.02
Physical Therapy	590.0	43.73	2.15	-	-	-	590.0	43.73	2.15
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	282.0	100.43	2.36	-	-	-	282.0	100.43	2.36
Subtotal	7,737.5	\$ 73.81	\$ 47.59	-	\$ 0.00	\$ 0.00	7,737.5	\$ 73.81	\$ 47.59
Total Medical	52,285.8	\$ 85.15	\$ 371.00	-	\$ 0.00	\$ 0.00	52,285.8	\$ 85.15	\$ 371.00
Category of Service - Iowa Plan for BH									
Inpatient Treatment	223.8	\$ 1,589.81	\$ 29.65	-	\$ 0.00	\$ 0.00	223.8	\$ 1,589.81	\$ 29.65
Outpatient Treatment	57,969.4	101.48	490.22	-	-	-	57,969.4	101.48	490.22
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	58,193.2	\$ 107.51	\$ 521.37	-	\$ 0.00	\$ 0.00	58,193.2	\$ 107.51	\$ 521.37
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 892.37
Third Party Liability Adjustment	(18.55)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.75% 63.25
Gross Capitation Rate	\$ 944.57
Less Withhold	2.0% (18.89)
Net Capitation Rate	\$ 925.68

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'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	24.0	\$ 275.00	\$ 0.55				24.0	\$ 275.00	\$ 0.55
Home Health/Hospice	158.8	179.85	2.38				158.8	179.85	2.38
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	5,104.0	253.78	107.94				5,104.0	253.78	107.94
In-home family therapy	3,889.9	349.43	113.27				3,889.9	349.43	113.27
Respite	9,294.0	863.16	668.52				9,294.0	863.16	668.52
Waiver Transportation	-	-	-				-	-	-
Other HCBS waiver	-	-	-				-	-	-
Total Long Term Services and Supports	18,473.3	\$ 579.96	\$ 892.81				18,473.3	\$ 579.96	\$ 892.81
Total LTSS Component									\$ 892.81
Member Financial Participation									-
Administrative Load									150.00
Gross Capitation Rate									\$ 1,042.81
Less Withhold									2.0% (20.86)
Net Capitation Rate									\$ 1,021.95

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: Custodial Care Nursing Facility <65

Member Months

20,745

-

20,745

	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	2,175.4	\$ 892.25	\$ 161.75	-	\$ 0.00	\$ 0.00	2,175.4	\$ 892.25	\$ 161.75
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	2,175.4	\$ 892.25	\$ 161.75	-	\$ 0.00	\$ 0.00	2,175.4	\$ 892.25	\$ 161.75
Outpatient Hospital									
Emergency Room	915.8	\$ 71.41	\$ 5.45	-	\$ 0.00	\$ 0.00	915.8	\$ 71.41	\$ 5.45
General	58,449.3	26.28	127.98	-	-	-	58,449.3	26.28	127.98
Subtotal	59,365.1	\$ 26.97	\$ 133.43	-	\$ 0.00	\$ 0.00	59,365.1	\$ 26.97	\$ 133.43
Ancillary									
Pharmacy	49,119.2	\$ 51.24	\$ 209.73	-	\$ 0.00	\$ 0.00	49,119.2	\$ 51.24	\$ 209.73
DME/Supplies/Prosthetics	7,377.8	103.32	63.52	-	-	-	7,377.8	103.32	63.52
Ambulance	2,138.7	63.35	11.29	-	-	-	2,138.7	63.35	11.29
Non-Emergency Transportation	2.9	124.14	0.03	-	-	-	2.9	124.14	0.03
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	172.5	9.04	0.13	-	-	-	172.5	9.04	0.13
Podiatry	1,616.3	13.44	1.81	-	-	-	1,616.3	13.44	1.81
Vision	1,269.4	31.29	3.31	-	-	-	1,269.4	31.29	3.31
Other Ancillary	91.0	23.74	0.18	-	-	-	91.0	23.74	0.18
Subtotal	61,787.8	\$ 56.32	\$ 290.00	-	\$ 0.00	\$ 0.00	61,787.8	\$ 56.32	\$ 290.00
Professional									
Surgery	2,385.0	\$ 83.87	\$ 16.67	-	\$ 0.00	\$ 0.00	2,385.0	\$ 83.87	\$ 16.67
Anesthesia	304.0	122.37	3.10	-	-	-	304.0	122.37	3.10
Inpatient Visits	8,888.3	35.48	26.28	-	-	-	8,888.3	35.48	26.28
Urgent Care/Emergency Room	788.8	55.38	3.64	-	-	-	788.8	55.38	3.64
Office/Home Visits	4,210.4	35.63	12.50	-	-	-	4,210.4	35.63	12.50
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	6,508.0	17.09	9.27	-	-	-	6,508.0	17.09	9.27
Office Adm. Drugs	1,195.3	96.18	9.58	-	-	-	1,195.3	96.18	9.58
Clinic	517.0	150.41	6.48	-	-	-	517.0	150.41	6.48
Psych/SUD	2,273.1	43.82	8.30	-	-	-	2,273.1	43.82	8.30
Physical Therapy	107.0	31.40	0.28	-	-	-	107.0	31.40	0.28
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,314.2	38.81	10.72	-	-	-	3,314.2	38.81	10.72
Subtotal	30,548.6	\$ 42.04	\$ 107.01	-	\$ 0.00	\$ 0.00	30,548.6	\$ 42.04	\$ 107.01
Total Medical	153,876.9	\$ 53.98	\$ 692.19	-	\$ 0.00	\$ 0.00	153,876.9	\$ 53.98	\$ 692.19
Category of Service - Iowa Plan for BH									
Inpatient Treatment	33.4	\$ 1,250.30	\$ 3.48	-	\$ 0.00	\$ 0.00	33.4	\$ 1,250.30	\$ 3.48
Outpatient Treatment	1,359.1	92.88	10.52	-	-	-	1,359.1	92.88	10.52
Intermediate Care	0.6	400.00	0.02	-	-	-	0.6	400.00	0.02
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,393.1	\$ 133.69	\$ 15.52	-	\$ 0.00	\$ 0.00	1,393.1	\$ 133.69	\$ 15.52
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 707.71
Third Party Liability Adjustment	(15.57)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 30.72
Gross Capitation Rate	\$ 730.36
Less Withhold	2.0% (14.61)
Net Capitation Rate	\$ 715.75

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	349,915.9	\$ 184.46	\$ 5,378.80				349,915.9	\$ 184.46	\$ 5,378.80
Home Health/Hospice	1,692.0	156.31	22.04				1,692.0	156.31	22.04
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	351,621.2	\$ 184.34	\$ 5,401.40				351,621.2	\$ 184.34	\$ 5,401.40
Total LTSS Component									\$ 5,401.40
Member Financial Participation									(726.14)
Administrative Load									75.00
Gross Capitation Rate									\$ 4,750.26
Less Withhold									2.0% (95.01)
Net Capitation Rate									\$ 4,655.25

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: 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	882.6	\$ 260.37	\$ 19.15	-	\$ 0.00	\$ 0.00	882.6	\$ 260.37	\$ 19.15
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	882.6	\$ 260.37	\$ 19.15	-	\$ 0.00	\$ 0.00	882.6	\$ 260.37	\$ 19.15
Outpatient Hospital									
Emergency Room	431.5	\$ 43.94	\$ 1.58	-	\$ 0.00	\$ 0.00	431.5	\$ 43.94	\$ 1.58
General	24,917.0	15.67	32.54	-	-	-	24,917.0	15.67	32.54
Subtotal	25,348.5	\$ 16.15	\$ 34.12	-	\$ 0.00	\$ 0.00	25,348.5	\$ 16.15	\$ 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	2,889.8	82.84	19.95	-	-	-	2,889.8	82.84	19.95
Ambulance	668.7	60.30	3.36	-	-	-	668.7	60.30	3.36
Non-Emergency Transportation	1.3	184.62	0.02	-	-	-	1.3	184.62	0.02
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	80.9	8.90	0.06	-	-	-	80.9	8.90	0.06
Podiatry	1,281.1	14.43	1.54	-	-	-	1,281.1	14.43	1.54
Vision	649.5	25.68	1.39	-	-	-	649.5	25.68	1.39
Other Ancillary	64.7	25.97	0.14	-	-	-	64.7	25.97	0.14
Subtotal	20,257.6	\$ 23.40	\$ 39.51	-	\$ 0.00	\$ 0.00	20,257.6	\$ 23.40	\$ 39.51
Professional									
Surgery	866.7	\$ 33.78	\$ 2.44	-	\$ 0.00	\$ 0.00	866.7	\$ 33.78	\$ 2.44
Anesthesia	79.2	40.91	0.27	-	-	-	79.2	40.91	0.27
Inpatient Visits	4,673.0	20.70	8.06	-	-	-	4,673.0	20.70	8.06
Urgent Care/Emergency Room	306.7	27.39	0.70	-	-	-	306.7	27.39	0.70
Office/Home Visits	1,685.4	22.78	3.20	-	-	-	1,685.4	22.78	3.20
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	2,364.7	8.42	1.66	-	-	-	2,364.7	8.42	1.66
Office Adm. Drugs	279.1	67.50	1.57	-	-	-	279.1	67.50	1.57
Clinic	9.7	49.48	0.04	-	-	-	9.7	49.48	0.04
Psych/SUD	954.9	20.36	1.62	-	-	-	954.9	20.36	1.62
Physical Therapy	16.7	14.37	0.02	-	-	-	16.7	14.37	0.02
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,710.2	12.42	1.77	-	-	-	1,710.2	12.42	1.77
Subtotal	12,953.5	\$ 19.80	\$ 21.37	-	\$ 0.00	\$ 0.00	12,953.5	\$ 19.80	\$ 21.37
Total Medical	59,442.2	\$ 23.04	\$ 114.15	-	\$ 0.00	\$ 0.00	59,442.2	\$ 23.04	\$ 114.15
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	\$ 116.07
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	\$ 126.34
Less Withhold	2.0% (2.53)
Net Capitation Rate	\$ 123.81

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	349,915.8	\$ 175.20	\$ 5,108.67				349,915.8	\$ 175.20	\$ 5,108.67
Home Health/Hospice	1,189.6	222.83	22.09				1,189.6	222.83	22.09
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	351,110.5	\$ 175.36	\$ 5,130.97				351,110.5	\$ 175.36	\$ 5,130.97
Total LTSS Component							\$ 5,130.97		
Member Financial Participation							(1,034.51)		
Administrative Load							75.00		
Gross Capitation Rate							\$ 4,171.46		
Less Withhold							2.0%	(83.43)	
Net Capitation Rate							\$ 4,088.03		

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: Non-Dual Skilled Nursing Facility

Member Months

947

-

947

	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	4,089.8	\$ 2,200.57	\$ 749.99	-	\$ 0.00	\$ 0.00	4,089.8	\$ 2,200.57	\$ 749.99
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	4,089.8	\$ 2,200.57	\$ 749.99	-	\$ 0.00	\$ 0.00	4,089.8	\$ 2,200.57	\$ 749.99
Outpatient Hospital									
Emergency Room	682.3	\$ 161.81	\$ 9.20	-	\$ 0.00	\$ 0.00	682.3	\$ 161.81	\$ 9.20
General	28,950.0	60.54	146.06	-	-	-	28,950.0	60.54	146.06
Subtotal	29,632.3	\$ 62.87	\$ 155.26	-	\$ 0.00	\$ 0.00	29,632.3	\$ 62.87	\$ 155.26
Ancillary									
Pharmacy	118,205.2	\$ 74.35	\$ 732.41	-	\$ 0.00	\$ 0.00	118,205.2	\$ 74.35	\$ 732.41
DME/Supplies/Prosthetics	23,090.3	240.90	463.53	-	-	-	23,090.3	240.90	463.53
Ambulance	2,944.1	68.03	16.69	-	-	-	2,944.1	68.03	16.69
Non-Emergency Transportation	12.8	150.00	0.16	-	-	-	12.8	150.00	0.16
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	630.0	56.95	2.99	-	-	-	630.0	56.95	2.99
Other Ancillary	231.4	31.63	0.61	-	-	-	231.4	31.63	0.61
Subtotal	145,113.8	\$ 100.59	\$ 1,216.39	-	\$ 0.00	\$ 0.00	145,113.8	\$ 100.59	\$ 1,216.39
Professional									
Surgery	2,392.4	\$ 288.41	\$ 57.50	-	\$ 0.00	\$ 0.00	2,392.4	\$ 288.41	\$ 57.50
Anesthesia	661.2	329.04	18.13	-	-	-	661.2	329.04	18.13
Inpatient Visits	12,819.9	87.50	93.48	-	-	-	12,819.9	87.50	93.48
Urgent Care/Emergency Room	748.6	108.04	6.74	-	-	-	748.6	108.04	6.74
Office/Home Visits	4,618.4	93.72	36.07	-	-	-	4,618.4	93.72	36.07
Preventive Care	39.2	97.96	0.32	-	-	-	39.2	97.96	0.32
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	10,270.0	22.43	19.20	-	-	-	10,270.0	22.43	19.20
Office Adm. Drugs	649.2	914.79	49.49	-	-	-	649.2	914.79	49.49
Clinic	108.2	151.94	1.37	-	-	-	108.2	151.94	1.37
Psych/SUD	24.0	8,405.00	16.81	-	-	-	24.0	8,405.00	16.81
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,692.9	74.55	16.73	-	-	-	2,692.9	74.55	16.73
Subtotal	35,024.0	\$ 108.21	\$ 315.84	-	\$ 0.00	\$ 0.00	35,024.0	\$ 108.21	\$ 315.84
Total Medical	213,859.9	\$ 136.77	\$ 2,437.48	-	\$ 0.00	\$ 0.00	213,859.9	\$ 136.77	\$ 2,437.48
Category of Service - Iowa Plan for BH									
Inpatient Treatment	35.5	\$ 1,990.99	\$ 5.89	-	\$ 0.00	\$ 0.00	35.5	\$ 1,990.99	\$ 5.89
Outpatient Treatment	279.6	111.16	2.59	-	-	-	279.6	111.16	2.59
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	315.1	\$ 380.07	\$ 9.98	-	\$ 0.00	\$ 0.00	315.1	\$ 380.07	\$ 9.98
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 2,447.46
Third Party Liability Adjustment	(79.22)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 105.12
Gross Capitation Rate	\$ 2,480.86
Less Withhold	2.0% (49.62)
Net Capitation Rate	\$ 2,431.24

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	353,568.8	\$ 767.93	\$ 22,626.42				353,568.8	\$ 767.93	\$ 22,626.42
Home Health/Hospice	1,272.8	609.71	64.67				1,272.8	609.71	64.67
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	354,854.3	\$ 767.37	\$ 22,692.04				354,854.3	\$ 767.37	\$ 22,692.04
Total LTSS Component									\$ 22,692.04
Member Financial Participation									(169.70)
Administrative Load									75.00
Gross Capitation Rate									\$ 22,597.34
Less Withhold									2.0% (451.95)
Net Capitation Rate									\$ 22,145.39

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: 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	988.6	\$ 627.55	\$ 51.70	-	\$ 0.00	\$ 0.00	988.6	\$ 627.55	\$ 51.70
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	5.4	1,266.67	0.57	-	-	-	5.4	1,266.67	0.57
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	994.0	\$ 631.03	\$ 52.27	-	\$ 0.00	\$ 0.00	994.0	\$ 631.03	\$ 52.27
Outpatient Hospital									
Emergency Room	891.0	\$ 75.42	\$ 5.60	-	\$ 0.00	\$ 0.00	891.0	\$ 75.42	\$ 5.60
General	21,842.2	40.44	73.61	-	-	-	21,842.2	40.44	73.61
Subtotal	22,733.2	\$ 41.81	\$ 79.21	-	\$ 0.00	\$ 0.00	22,733.2	\$ 41.81	\$ 79.21
Ancillary									
Pharmacy	47,044.4	\$ 68.36	\$ 268.01	-	\$ 0.00	\$ 0.00	47,044.4	\$ 68.36	\$ 268.01
DME/Supplies/Prosthetics	3,740.4	44.50	13.87	-	-	-	3,740.4	44.50	13.87
Ambulance	621.9	75.83	3.93	-	-	-	621.9	75.83	3.93
Non-Emergency Transportation	2.6	92.31	0.02	-	-	-	2.6	92.31	0.02
Home Health/Hospice	1,575.7	167.77	22.03	-	-	-	1,575.7	167.77	22.03
Chiropractic Services	488.1	9.34	0.38	-	-	-	488.1	9.34	0.38
Podiatry	1,006.2	17.17	1.44	-	-	-	1,006.2	17.17	1.44
Vision	1,701.6	33.78	4.79	-	-	-	1,701.6	33.78	4.79
Other Ancillary	469.7	33.21	1.30	-	-	-	469.7	33.21	1.30
Subtotal	56,650.6	\$ 66.89	\$ 315.77	-	\$ 0.00	\$ 0.00	56,650.6	\$ 66.89	\$ 315.77
Professional									
Surgery	1,122.6	\$ 75.15	\$ 7.03	-	\$ 0.00	\$ 0.00	1,122.6	\$ 75.15	\$ 7.03
Anesthesia	391.1	59.83	1.95	-	-	-	391.1	59.83	1.95
Inpatient Visits	2,412.8	26.51	5.33	-	-	-	2,412.8	26.51	5.33
Urgent Care/Emergency Room	614.5	53.51	2.74	-	-	-	614.5	53.51	2.74
Office/Home Visits	6,873.5	33.92	19.43	-	-	-	6,873.5	33.92	19.43
Preventive Care	332.7	75.02	2.08	-	-	-	332.7	75.02	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	4,332.1	15.93	5.75	-	-	-	4,332.1	15.93	5.75
Office Adm. Drugs	388.7	17.29	0.56	-	-	-	388.7	17.29	0.56
Clinic	583.1	164.02	7.97	-	-	-	583.1	164.02	7.97
Psych/SUD	2,122.2	25.50	4.51	-	-	-	2,122.2	25.50	4.51
Physical Therapy	272.8	21.11	0.48	-	-	-	272.8	21.11	0.48
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,297.7	19.70	2.13	-	-	-	1,297.7	19.70	2.13
Subtotal	20,755.9	\$ 34.80	\$ 60.19	-	\$ 0.00	\$ 0.00	20,755.9	\$ 34.80	\$ 60.19
Total Medical	101,133.7	\$ 60.21	\$ 507.44	-	\$ 0.00	\$ 0.00	101,133.7	\$ 60.21	\$ 507.44
Category of Service - Iowa Plan for BH									
Inpatient Treatment	225.4	\$ 3,092.64	\$ 58.09	-	\$ 0.00	\$ 0.00	225.4	\$ 3,092.64	\$ 58.09
Outpatient Treatment	106,605.7	121.03	1,075.21	-	-	-	106,605.7	121.03	1,075.21
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	106,831.1	\$ 127.47	\$ 1,134.80	-	\$ 0.00	\$ 0.00	106,831.1	\$ 127.47	\$ 1,134.80
Short Term Institutional / HCBS	611.8	\$ 164.17	\$ 8.37	-	\$ 0.00	\$ 0.00	611.8	\$ 164.17	\$ 8.37

Total Acute Medical Component	\$ 1,650.61
Third Party Liability Adjustment	(13.95)
Copayment Adjustment	(0.29)
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 127.91
Gross Capitation Rate	\$ 1,771.78
Less Withhold	2.0% (35.44)
Net Capitation Rate	\$ 1,736.34

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: 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	760.6	\$ 873.57	\$ 55.37	-	\$ 0.00	\$ 0.00	760.6	\$ 873.57	\$ 55.37
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	760.6	\$ 873.57	\$ 55.37	-	\$ 0.00	\$ 0.00	760.6	\$ 873.57	\$ 55.37
Outpatient Hospital									
Emergency Room	542.5	\$ 78.97	\$ 3.57	-	\$ 0.00	\$ 0.00	542.5	\$ 78.97	\$ 3.57
General	13,003.4	47.06	51.00	-	-	-	13,003.4	47.06	51.00
Subtotal	13,545.9	\$ 48.34	\$ 54.57	-	\$ 0.00	\$ 0.00	13,545.9	\$ 48.34	\$ 54.57
Ancillary									
Pharmacy	43,332.3	\$ 60.60	\$ 218.83	-	\$ 0.00	\$ 0.00	43,332.3	\$ 60.60	\$ 218.83
DME/Supplies/Prosthetics	4,854.1	137.10	55.46	-	-	-	4,854.1	137.10	55.46
Ambulance	403.4	68.42	2.30	-	-	-	403.4	68.42	2.30
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	101.0	11.88	0.10	-	-	-	101.0	11.88	0.10
Podiatry	605.4	16.65	0.84	-	-	-	605.4	16.65	0.84
Vision	1,382.0	34.47	3.97	-	-	-	1,382.0	34.47	3.97
Other Ancillary	808.6	18.55	1.25	-	-	-	808.6	18.55	1.25
Subtotal	51,486.8	\$ 65.90	\$ 282.75	-	\$ 0.00	\$ 0.00	51,486.8	\$ 65.90	\$ 282.75
Professional									
Surgery	1,203.1	\$ 66.93	\$ 6.71	-	\$ 0.00	\$ 0.00	1,203.1	\$ 66.93	\$ 6.71
Anesthesia	273.8	130.17	2.97	-	-	-	273.8	130.17	2.97
Inpatient Visits	2,282.9	32.80	6.24	-	-	-	2,282.9	32.80	6.24
Urgent Care/Emergency Room	406.2	48.15	1.63	-	-	-	406.2	48.15	1.63
Office/Home Visits	4,404.7	35.17	12.91	-	-	-	4,404.7	35.17	12.91
Preventive Care	604.5	79.60	4.01	-	-	-	604.5	79.60	4.01
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	10.6	45.28	0.04	-	-	-	10.6	45.28	0.04
Lab/Path/Rad	3,017.1	11.49	2.89	-	-	-	3,017.1	11.49	2.89
Office Adm. Drugs	423.3	303.61	10.71	-	-	-	423.3	303.61	10.71
Clinic	248.6	151.09	3.13	-	-	-	248.6	151.09	3.13
Psych/SUD	395.8	24.56	0.81	-	-	-	395.8	24.56	0.81
Physical Therapy	41.0	20.49	0.07	-	-	-	41.0	20.49	0.07
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	837.8	29.51	2.06	-	-	-	837.8	29.51	2.06
Subtotal	14,149.4	\$ 45.95	\$ 54.18	-	\$ 0.00	\$ 0.00	14,149.4	\$ 45.95	\$ 54.18
Total Medical	79,942.7	\$ 67.08	\$ 446.87	-	\$ 0.00	\$ 0.00	79,942.7	\$ 67.08	\$ 446.87
Category of Service - Iowa Plan for BH									
Inpatient Treatment	27.1	\$ 1,833.21	\$ 4.14	-	\$ 0.00	\$ 0.00	27.1	\$ 1,833.21	\$ 4.14
Outpatient Treatment	1,337.8	55.61	6.20	-	-	-	1,337.8	55.61	6.20
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	1,364.9	\$ 104.10	\$ 11.84	-	\$ 0.00	\$ 0.00	1,364.9	\$ 104.10	\$ 11.84
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 458.71
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	\$ 476.07
Less Withhold	2.0% (9.52)
Net Capitation Rate	\$ 466.55

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	359,083.8	\$ 358.08	\$ 10,715.15				359,083.8	\$ 358.08	\$ 10,715.15
Home Health/Hospice	412.7	59.32	2.04				412.7	59.32	2.04
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	359,496.5	\$ 357.74	\$ 10,717.19				359,496.5	\$ 357.74	\$ 10,717.19
Total LTSS Component									\$ 10,717.19
Member Financial Participation									(589.33)
Administrative Load									75.00
Gross Capitation Rate									\$ 10,202.86
Less Withhold									2.0% (204.06)
Net Capitation Rate									\$ 9,998.80

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: 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	889.6	\$ 508.68	\$ 37.71	-	\$ 0.00	\$ 0.00	889.6	\$ 508.68	\$ 37.71
Psychiatric/SUD	37.9	813.72	2.57	-	-	-	37.9	813.72	2.57
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	927.5	\$ 521.14	\$ 40.28	-	\$ 0.00	\$ 0.00	927.5	\$ 521.14	\$ 40.28
Outpatient Hospital									
Emergency Room	260.0	\$ 47.54	\$ 1.03	-	\$ 0.00	\$ 0.00	260.0	\$ 47.54	\$ 1.03
General	9,578.2	28.77	22.96	-	-	-	9,578.2	28.77	22.96
Subtotal	9,838.2	\$ 29.26	\$ 23.99	-	\$ 0.00	\$ 0.00	9,838.2	\$ 29.26	\$ 23.99
Ancillary									
Pharmacy	213.7	\$ 30.32	\$ 0.54	-	\$ 0.00	\$ 0.00	213.7	\$ 30.32	\$ 0.54
DME/Supplies/Prosthetics	893.2	148.32	11.04	-	-	-	893.2	148.32	11.04
Ambulance	972.3	58.99	4.78	-	-	-	972.3	58.99	4.78
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	325.6	24.32	0.66	-	-	-	325.6	24.32	0.66
Vision	753.6	46.82	2.94	-	-	-	753.6	46.82	2.94
Other Ancillary	986.3	20.68	1.70	-	-	-	986.3	20.68	1.70
Subtotal	4,144.7	\$ 62.71	\$ 21.66	-	\$ 0.00	\$ 0.00	4,144.7	\$ 62.71	\$ 21.66
Professional									
Surgery	817.4	\$ 58.87	\$ 4.01	-	\$ 0.00	\$ 0.00	817.4	\$ 58.87	\$ 4.01
Anesthesia	367.4	72.51	2.22	-	-	-	367.4	72.51	2.22
Inpatient Visits	3,468.9	23.32	6.74	-	-	-	3,468.9	23.32	6.74
Urgent Care/Emergency Room	539.6	40.25	1.81	-	-	-	539.6	40.25	1.81
Office/Home Visits	2,418.3	32.55	6.56	-	-	-	2,418.3	32.55	6.56
Preventive Care	2.4	100.00	0.02	-	-	-	2.4	100.00	0.02
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	306.5	42.28	1.08	-	-	-	306.5	42.28	1.08
Lab/Path/Rad	4,406.0	11.98	4.40	-	-	-	4,406.0	11.98	4.40
Office Adm. Drugs	126.1	275.97	2.90	-	-	-	126.1	275.97	2.90
Clinic	2.2	163.64	0.03	-	-	-	2.2	163.64	0.03
Psych/SUD	26.1	1,356.32	2.95	-	-	-	26.1	1,356.32	2.95
Physical Therapy	2.2	-	-	-	-	-	2.2	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	884.8	16.55	1.22	-	-	-	884.8	16.55	1.22
Subtotal	13,367.9	\$ 30.47	\$ 33.94	-	\$ 0.00	\$ 0.00	13,367.9	\$ 30.47	\$ 33.94
Total Medical	28,278.3	\$ 50.87	\$ 119.87	-	\$ 0.00	\$ 0.00	28,278.3	\$ 50.87	\$ 119.87
Category of Service - Iowa Plan for BH									
Inpatient Treatment	245.4	\$ 1,254.28	\$ 25.65	-	\$ 0.00	\$ 0.00	245.4	\$ 1,254.28	\$ 25.65
Outpatient Treatment	3,783.8	60.19	18.98	-	-	-	3,783.8	60.19	18.98
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	4,029.2	\$ 137.39	\$ 46.13	-	\$ 0.00	\$ 0.00	4,029.2	\$ 137.39	\$ 46.13
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 166.00
Third Party Liability Adjustment	(2.40)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 7.26
Gross Capitation Rate	\$ 178.36
Less Withhold	2.0% (3.57)
Net Capitation Rate	\$ 174.79

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	360,461.1	\$ 879.55	\$ 26,420.33				360,461.1	\$ 879.55	\$ 26,420.33
Home Health/Hospice	6.9	643.48	0.37				6.9	643.48	0.37
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	360,485.3	\$ 879.51	\$ 26,420.84				360,485.3	\$ 879.51	\$ 26,420.84
Total LTSS Component							\$ 26,420.84		
Member Financial Participation							(726.56)		
Administrative Load							75.00		
Gross Capitation Rate							\$ 25,769.28		
Less Withhold							2.0% (515.39)		
Net Capitation Rate							\$ 25,253.89		

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: 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	496.3	\$ 3,011.00	\$ 124.53	-	\$ 0.00	\$ 0.00	496.3	\$ 3,011.00	\$ 124.53
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	496.3	\$ 3,011.00	\$ 124.53	-	\$ 0.00	\$ 0.00	496.3	\$ 3,011.00	\$ 124.53
Outpatient Hospital									
Emergency Room	957.1	\$ 102.06	\$ 8.14	-	\$ 0.00	\$ 0.00	957.1	\$ 102.06	\$ 8.14
General	41,550.6	160.60	556.08	-	-	-	41,550.6	160.60	556.08
Subtotal	42,507.7	\$ 159.28	\$ 564.22	-	\$ 0.00	\$ 0.00	42,507.7	\$ 159.28	\$ 564.22
Ancillary									
Pharmacy	38,737.0	\$ 78.82	\$ 254.43	-	\$ 0.00	\$ 0.00	38,737.0	\$ 78.82	\$ 254.43
DME/Supplies/Prosthetics	1,669.0	133.45	18.56	-	-	-	1,669.0	133.45	18.56
Ambulance	181.5	93.22	1.41	-	-	-	181.5	93.22	1.41
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	852.3	179.09	12.72	-	-	-	852.3	179.09	12.72
Chiropractic Services	23.7	20.25	0.04	-	-	-	23.7	20.25	0.04
Podiatry	-	-	-	-	-	-	-	-	-
Vision	1,006.2	41.98	3.52	-	-	-	1,006.2	41.98	3.52
Other Ancillary	1,207.3	32.80	3.30	-	-	-	1,207.3	32.80	3.30
Subtotal	43,677.0	\$ 80.77	\$ 293.98	-	\$ 0.00	\$ 0.00	43,677.0	\$ 80.77	\$ 293.98
Professional									
Surgery	2,508.6	\$ 301.75	\$ 63.08	-	\$ 0.00	\$ 0.00	2,508.6	\$ 301.75	\$ 63.08
Anesthesia	613.6	264.21	13.51	-	-	-	613.6	264.21	13.51
Inpatient Visits	684.1	81.57	4.65	-	-	-	684.1	81.57	4.65
Urgent Care/Emergency Room	609.2	89.82	4.56	-	-	-	609.2	89.82	4.56
Office/Home Visits	11,831.7	67.09	66.15	-	-	-	11,831.7	67.09	66.15
Preventive Care	649.4	43.24	2.34	-	-	-	649.4	43.24	2.34
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	152.5	25.18	0.32	-	-	-	152.5	25.18	0.32
Lab/Path/Rad	24,986.2	50.36	104.86	-	-	-	24,986.2	50.36	104.86
Office Adm. Drugs	12,909.6	349.08	375.54	-	-	-	12,909.6	349.08	375.54
Clinic	769.7	164.32	10.54	-	-	-	769.7	164.32	10.54
Psych/SUD	-	-	-	-	-	-	-	-	-
Physical Therapy	1,982.2	27.06	4.47	-	-	-	1,982.2	27.06	4.47
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,837.0	46.05	7.05	-	-	-	1,837.0	46.05	7.05
Subtotal	59,533.8	\$ 132.44	\$ 657.07	-	\$ 0.00	\$ 0.00	59,533.8	\$ 132.44	\$ 657.07
Total Medical	146,214.8	\$ 134.58	\$ 1,639.80	-	\$ 0.00	\$ 0.00	146,214.8	\$ 134.58	\$ 1,639.80
Category of Service - Iowa Plan for BH									
Inpatient Treatment	16.2	\$ 1,170.37	\$ 1.58	-	\$ 0.00	\$ 0.00	16.2	\$ 1,170.37	\$ 1.58
Outpatient Treatment	1,470.9	76.77	9.41	-	-	-	1,470.9	76.77	9.41
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	1,500.0	\$ 108.72	\$ 13.59	-	\$ 0.00	\$ 0.00	1,500.0	\$ 108.72	\$ 13.59
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	\$ 1,655.83
Third Party Liability Adjustment	(36.90)
Copayment Adjustment	(7.39)
Retroactivity Adjustment	(66.23)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	7.25% 120.79
Gross Capitation Rate	\$ 1,673.60
Less Withhold	2.0% (33.47)
Net Capitation Rate	\$ 1,640.13

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: Dual Eligible 0-64 M&F

Member Months

315,371

-

315,371

	Rating Period						Capitation Rate		
	FFS/MediPASS			HMO					
	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Medical/Surgical	1,241.7	\$ 326.65	\$ 33.80	-	\$ 0.00	\$ 0.00	1,241.7	\$ 326.65	\$ 33.80
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	1,241.7	\$ 326.65	\$ 33.80	-	\$ 0.00	\$ 0.00	1,241.7	\$ 326.65	\$ 33.80
Outpatient Hospital									
Emergency Room	1,565.3	\$ 37.72	\$ 4.92	-	\$ 0.00	\$ 0.00	1,565.3	\$ 37.72	\$ 4.92
General	31,642.1	25.65	67.63	-	-	-	31,642.1	25.65	67.63
Subtotal	33,207.4	\$ 26.22	\$ 72.55	-	\$ 0.00	\$ 0.00	33,207.4	\$ 26.22	\$ 72.55
Ancillary									
Pharmacy	1,752.1	\$ 25.41	\$ 3.71	-	\$ 0.00	\$ 0.00	1,752.1	\$ 25.41	\$ 3.71
DME/Supplies/Prosthetics	4,205.0	28.94	10.14	-	-	-	4,205.0	28.94	10.14
Ambulance	491.9	56.84	2.33	-	-	-	491.9	56.84	2.33
Non-Emergency Transportation	1.8	66.67	0.01	-	-	-	1.8	66.67	0.01
Home Health/Hospice	2,179.4	114.80	20.85	-	-	-	2,179.4	114.80	20.85
Chiropractic Services	1,338.0	9.24	1.03	-	-	-	1,338.0	9.24	1.03
Podiatry	442.7	17.08	0.63	-	-	-	442.7	17.08	0.63
Vision	1,145.9	25.24	2.41	-	-	-	1,145.9	25.24	2.41
Other Ancillary	73.8	9.76	0.06	-	-	-	73.8	9.76	0.06
Subtotal	11,630.6	\$ 42.48	\$ 41.17	-	\$ 0.00	\$ 0.00	11,630.6	\$ 42.48	\$ 41.17
Professional									
Surgery	1,657.3	\$ 50.32	\$ 6.95	-	\$ 0.00	\$ 0.00	1,657.3	\$ 50.32	\$ 6.95
Anesthesia	293.1	47.08	1.15	-	-	-	293.1	47.08	1.15
Inpatient Visits	2,864.0	19.36	4.62	-	-	-	2,864.0	19.36	4.62
Urgent Care/Emergency Room	1,113.0	25.66	2.38	-	-	-	1,113.0	25.66	2.38
Office/Home Visits	8,301.0	22.90	15.84	-	-	-	8,301.0	22.90	15.84
Preventive Care	115.2	65.63	0.63	-	-	-	115.2	65.63	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	100.3	11.96	0.10	-	-	-	100.3	11.96	0.10
Lab/Path/Rad	3,949.1	10.54	3.47	-	-	-	3,949.1	10.54	3.47
Office Adm. Drugs	1,539.7	61.18	7.85	-	-	-	1,539.7	61.18	7.85
Clinic	21.9	87.67	0.16	-	-	-	21.9	87.67	0.16
Psych/SUD	1,773.2	34.99	5.17	-	-	-	1,773.2	34.99	5.17
Physical Therapy	1,081.4	8.66	0.78	-	-	-	1,081.4	8.66	0.78
Family Planning	0.4	-	-	-	-	-	0.4	-	-
Other Professional	2,346.5	17.64	3.45	-	-	-	2,346.5	17.64	3.45
Subtotal	25,173.1	\$ 25.12	\$ 52.69	-	\$ 0.00	\$ 0.00	25,173.1	\$ 25.12	\$ 52.69
Total Medical	71,252.8	\$ 33.72	\$ 200.21	-	\$ 0.00	\$ 0.00	71,252.8	\$ 33.72	\$ 200.21
Category of Service - Iowa Plan for BH									
Inpatient Treatment	1.7	\$ 3,176.47	\$ 0.45	-	\$ 0.00	\$ 0.00	1.7	\$ 3,176.47	\$ 0.45
Outpatient Treatment	20,100.2	126.30	211.56	-	-	-	20,100.2	126.30	211.56
Intermediate Care	42.1	430.40	1.51	-	-	-	42.1	430.40	1.51
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	20,144.0	\$ 128.09	\$ 215.02	-	\$ 0.00	\$ 0.00	20,144.0	\$ 128.09	\$ 215.02
Short Term Institutional / HCBS	283.4	\$ 195.62	\$ 4.62	-	\$ 0.00	\$ 0.00	283.4	\$ 195.62	\$ 4.62

Total Acute Medical Component	\$ 419.85
Third Party Liability Adjustment	(8.01)
Copayment Adjustment	(2.25)
Retroactivity Adjustment	(1.05)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25%
Gross Capitation Rate	\$ 443.28
Less Withhold	2.0%
Net Capitation Rate	\$ 434.41

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: 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	976.0	\$ 297.30	\$ 24.18	-	\$ 0.00	\$ 0.00	976.0	\$ 297.30	\$ 24.18
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	976.0	\$ 297.30	\$ 24.18	-	\$ 0.00	\$ 0.00	976.0	\$ 297.30	\$ 24.18
Outpatient Hospital									
Emergency Room	670.7	\$ 44.91	\$ 2.51	-	\$ 0.00	\$ 0.00	670.7	\$ 44.91	\$ 2.51
General	19,217.2	28.38	45.45	-	-	-	19,217.2	28.38	45.45
Subtotal	19,887.9	\$ 28.94	\$ 47.96	-	\$ 0.00	\$ 0.00	19,887.9	\$ 28.94	\$ 47.96
Ancillary									
Pharmacy	2,352.1	\$ 23.11	\$ 4.53	-	\$ 0.00	\$ 0.00	2,352.1	\$ 23.11	\$ 4.53
DME/Supplies/Prosthetics	3,334.8	32.64	9.07	-	-	-	3,334.8	32.64	9.07
Ambulance	519.6	61.43	2.66	-	-	-	519.6	61.43	2.66
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	1,842.7	103.80	15.94	-	-	-	1,842.7	103.80	15.94
Chiropractic Services	677.1	9.57	0.54	-	-	-	677.1	9.57	0.54
Podiatry	423.5	15.87	0.56	-	-	-	423.5	15.87	0.56
Vision	1,088.3	23.38	2.12	-	-	-	1,088.3	23.38	2.12
Other Ancillary	87.4	17.85	0.13	-	-	-	87.4	17.85	0.13
Subtotal	10,325.5	\$ 41.32	\$ 35.55	-	\$ 0.00	\$ 0.00	10,325.5	\$ 41.32	\$ 35.55
Professional									
Surgery	1,407.1	\$ 53.30	\$ 6.25	-	\$ 0.00	\$ 0.00	1,407.1	\$ 53.30	\$ 6.25
Anesthesia	224.0	46.61	0.87	-	-	-	224.0	46.61	0.87
Inpatient Visits	3,420.2	19.96	5.69	-	-	-	3,420.2	19.96	5.69
Urgent Care/Emergency Room	584.4	28.95	1.41	-	-	-	584.4	28.95	1.41
Office/Home Visits	5,307.8	24.19	10.70	-	-	-	5,307.8	24.19	10.70
Preventive Care	42.4	53.77	0.19	-	-	-	42.4	53.77	0.19
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	22.8	10.53	0.02	-	-	-	22.8	10.53	0.02
Lab/Path/Rad	3,432.8	10.59	3.03	-	-	-	3,432.8	10.59	3.03
Office Adm. Drugs	1,017.1	46.13	3.91	-	-	-	1,017.1	46.13	3.91
Clinic	21.6	88.89	0.16	-	-	-	21.6	88.89	0.16
Psych/SUD	242.3	38.63	0.78	-	-	-	242.3	38.63	0.78
Physical Therapy	453.2	9.53	0.36	-	-	-	453.2	9.53	0.36
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	2,335.2	14.03	2.73	-	-	-	2,335.2	14.03	2.73
Subtotal	18,510.9	\$ 23.40	\$ 36.10	-	\$ 0.00	\$ 0.00	18,510.9	\$ 23.40	\$ 36.10
Total Medical	49,700.3	\$ 34.72	\$ 143.79	-	\$ 0.00	\$ 0.00	49,700.3	\$ 34.72	\$ 143.79
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	2,058.3	197.93	33.95	-	-	-	2,058.3	197.93	33.95
Intermediate Care	1.9	694.74	0.11	-	-	-	1.9	694.74	0.11
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	2,060.7	\$ 207.60	\$ 35.65	-	\$ 0.00	\$ 0.00	2,060.7	\$ 207.60	\$ 35.65
Short Term Institutional / HCBS	5,266.9	\$ 175.18	\$ 76.89	-	\$ 0.00	\$ 0.00	5,266.9	\$ 175.18	\$ 76.89

Total Acute Medical Component	\$ 256.33
Third Party Liability Adjustment	(3.95)
Copayment Adjustment	(20.12)
Retroactivity Adjustment	(30.76)
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	6.25% 13.43
Gross Capitation Rate	\$ 222.43
Less Withhold	2.0% (4.45)
Net Capitation Rate	\$ 217.98

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 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	56.2	\$ 2,075.44	\$ 9.72	-	\$ 0.00	\$ 0.00	56.2	\$ 2,075.44	\$ 9.72
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	56.2	\$ 2,075.44	\$ 9.72	-	\$ 0.00	\$ 0.00	56.2	\$ 2,075.44	\$ 9.72
Outpatient Hospital									
Emergency Room	564.8	\$ 129.39	\$ 6.09	-	\$ 0.00	\$ 0.00	564.8	\$ 129.39	\$ 6.09
General	16,184.4	33.74	45.51	-	-	-	16,184.4	33.74	45.51
Subtotal	16,749.2	\$ 36.97	\$ 51.60	-	\$ 0.00	\$ 0.00	16,749.2	\$ 36.97	\$ 51.60
Ancillary									
Pharmacy	71,375.7	\$ 55.67	\$ 331.15	-	\$ 0.00	\$ 0.00	71,375.7	\$ 55.67	\$ 331.15
DME/Supplies/Prosthetics	212.6	128.13	2.27	-	-	-	212.6	128.13	2.27
Ambulance	128.0	75.94	0.81	-	-	-	128.0	75.94	0.81
Non-Emergency Transportation	15.4	23.38	0.03	-	-	-	15.4	23.38	0.03
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	-	-	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-	-	-
Vision	3,229.7	36.52	9.83	-	-	-	3,229.7	36.52	9.83
Other Ancillary	223.6	25.76	0.48	-	-	-	223.6	25.76	0.48
Subtotal	75,185.0	\$ 55.00	\$ 344.57	-	\$ 0.00	\$ 0.00	75,185.0	\$ 55.00	\$ 344.57
Professional									
Surgery	392.1	\$ 139.25	\$ 4.55	-	\$ 0.00	\$ 0.00	392.1	\$ 139.25	\$ 4.55
Anesthesia	44.4	194.59	0.72	-	-	-	44.4	194.59	0.72
Inpatient Visits	899.5	49.63	3.72	-	-	-	899.5	49.63	3.72
Urgent Care/Emergency Room	352.1	88.61	2.60	-	-	-	352.1	88.61	2.60
Office/Home Visits	2,972.4	77.27	19.14	-	-	-	2,972.4	77.27	19.14
Preventive Care	1,694.3	48.94	6.91	-	-	-	1,694.3	48.94	6.91
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	12.5	48.00	0.05	-	-	-	12.5	48.00	0.05
Lab/Path/Rad	6,870.8	39.03	22.35	-	-	-	6,870.8	39.03	22.35
Office Adm. Drugs	109.8	30.60	0.28	-	-	-	109.8	30.60	0.28
Clinic	270.3	168.26	3.79	-	-	-	270.3	168.26	3.79
Psych/SUD	1.7	494.12	0.07	-	-	-	1.7	494.12	0.07
Physical Therapy	308.7	38.48	0.99	-	-	-	308.7	38.48	0.99
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	1,466.0	33.15	4.05	-	-	-	1,466.0	33.15	4.05
Subtotal	15,394.6	\$ 53.96	\$ 69.22	-	\$ 0.00	\$ 0.00	15,394.6	\$ 53.96	\$ 69.22
Total Medical	107,385.0	\$ 53.09	\$ 475.11	-	\$ 0.00	\$ 0.00	107,385.0	\$ 53.09	\$ 475.11
Category of Service - Iowa Plan for BH									
Inpatient Treatment	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Treatment	21,859.5	73.18	133.30	-	-	-	21,859.5	73.18	133.30
Intermediate Care	23.3	1,539.91	2.99	-	-	-	23.3	1,539.91	2.99
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	21,882.8	\$ 75.56	\$ 137.79	-	\$ 0.00	\$ 0.00	21,882.8	\$ 75.56	\$ 137.79
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 612.90
Third Party Liability Adjustment	(77.21)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 23.78
Gross Capitation Rate	\$ 566.97
Less Withhold	2.0% (11.34)
Net Capitation Rate	\$ 555.63

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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	53.9	\$ 347.31	\$ 1.56				53.9	\$ 347.31	\$ 1.56
Psychiatric Mental Institute for Children	15,577.9	4,305.32	5,588.99				15,577.9	4,305.32	5,588.99
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	15,731.3	\$ 4,268.23	\$ 5,595.40				15,731.3	\$ 4,268.23	\$ 5,595.40
Total LTSS Component									\$ 5,595.40
Member Financial Participation									-
Administrative Load									75.00
Gross Capitation Rate									\$ 5,670.40
Less Withhold									2.0% (113.41)
Net Capitation Rate									\$ 5,556.99

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: 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	7,223.4	\$ 1,196.13	\$ 720.01	-	\$ 0.00	\$ 0.00	7,223.4	\$ 1,196.13	\$ 720.01
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	7,223.4	\$ 1,196.13	\$ 720.01	-	\$ 0.00	\$ 0.00	7,223.4	\$ 1,196.13	\$ 720.01
Outpatient Hospital									
Emergency Room	1,858.3	\$ 83.95	\$ 13.00	-	\$ 0.00	\$ 0.00	1,858.3	\$ 83.95	\$ 13.00
General	41,525.7	56.77	196.45	-	-	-	41,525.7	56.77	196.45
Subtotal	43,384.0	\$ 57.93	\$ 209.45	-	\$ 0.00	\$ 0.00	43,384.0	\$ 57.93	\$ 209.45
Ancillary									
Pharmacy	22,341.0	\$ 74.82	\$ 139.30	-	\$ 0.00	\$ 0.00	22,341.0	\$ 74.82	\$ 139.30
DME/Supplies/Prosthetics	4,849.7	60.99	24.65	-	-	-	4,849.7	60.99	24.65
Ambulance	4,114.7	77.14	26.45	-	-	-	4,114.7	77.14	26.45
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	126.2	19.02	0.20	-	-	-	126.2	19.02	0.20
Podiatry	471.5	14.25	0.56	-	-	-	471.5	14.25	0.56
Vision	519.5	33.26	1.44	-	-	-	519.5	33.26	1.44
Other Ancillary	37.6	22.34	0.07	-	-	-	37.6	22.34	0.07
Subtotal	32,460.2	\$ 71.23	\$ 192.67	-	\$ 0.00	\$ 0.00	32,460.2	\$ 71.23	\$ 192.67
Professional									
Surgery	2,508.9	\$ 141.72	\$ 29.63	-	\$ 0.00	\$ 0.00	2,508.9	\$ 141.72	\$ 29.63
Anesthesia	424.6	150.64	5.33	-	-	-	424.6	150.64	5.33
Inpatient Visits	23,062.7	50.68	97.40	-	-	-	23,062.7	50.68	97.40
Urgent Care/Emergency Room	1,932.2	71.55	11.52	-	-	-	1,932.2	71.55	11.52
Office/Home Visits	4,060.3	51.28	17.35	-	-	-	4,060.3	51.28	17.35
Preventive Care	71.3	28.61	0.17	-	-	-	71.3	28.61	0.17
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	13,202.2	26.80	29.48	-	-	-	13,202.2	26.80	29.48
Office Adm. Drugs	2,641.1	146.67	32.28	-	-	-	2,641.1	146.67	32.28
Clinic	627.6	159.85	8.36	-	-	-	627.6	159.85	8.36
Psych/SUD	130.9	25.67	0.28	-	-	-	130.9	25.67	0.28
Physical Therapy	74.8	11.23	0.07	-	-	-	74.8	11.23	0.07
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	3,369.3	24.11	6.77	-	-	-	3,369.3	24.11	6.77
Subtotal	52,105.9	\$ 54.96	\$ 238.64	-	\$ 0.00	\$ 0.00	52,105.9	\$ 54.96	\$ 238.64
Total Medical	135,173.5	\$ 120.80	\$ 1,360.77	-	\$ 0.00	\$ 0.00	135,173.5	\$ 120.80	\$ 1,360.77
Category of Service - Iowa Plan for BH									
Inpatient Treatment	73.7	\$ 63.50	\$ 0.39	-	\$ 0.00	\$ 0.00	73.7	\$ 63.50	\$ 0.39
Outpatient Treatment	3,844.2	21.04	6.74	-	-	-	3,844.2	21.04	6.74
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	3,917.9	\$ 26.43	\$ 8.63	-	\$ 0.00	\$ 0.00	3,917.9	\$ 26.43	\$ 8.63
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 1,369.40
Third Party Liability Adjustment	(30.62)
Copayment Adjustment	(1.93)
Retroactivity Adjustment	-
Administrative Load	
Non-emergency medical transportation	7.50
Other administrative expense	4.25% 59.34
Gross Capitation Rate	\$ 1,403.69
Less Withhold	2.0% (28.07)
Net Capitation Rate	\$ 1,375.62

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: 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
Category of Service - LTSS (Institutional & Waiver)									
NF/ICFMR	3,887.9	\$ 170.87	\$ 55.36				3,887.9	\$ 170.87	\$ 55.36
Home Health/Hospice	48,311.8	802.30	3,230.04				48,311.8	802.30	3,230.04
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	52,199.7	\$ 755.27	\$ 3,285.40				52,199.7	\$ 755.27	\$ 3,285.40
Total LTSS Component									\$ 3,285.40
Member Financial Participation									(320.33)
Administrative Load									75.00
Gross Capitation Rate									\$ 3,040.07
Less Withhold									2.0% (60.80)
Net Capitation Rate									\$ 2,979.27

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: 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	576.2	\$ 258.24	\$ 12.40	-	\$ 0.00	\$ 0.00	576.2	\$ 258.24	\$ 12.40
Psychiatric/SUD	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity Non-Delivery	-	-	-	-	-	-	-	-	-
Well Newborn	-	-	-	-	-	-	-	-	-
Other Newborn	-	-	-	-	-	-	-	-	-
Subtotal	576.2	\$ 258.24	\$ 12.40	-	\$ 0.00	\$ 0.00	576.2	\$ 258.24	\$ 12.40
Outpatient Hospital									
Emergency Room	332.7	\$ 43.64	\$ 1.21	-	\$ 0.00	\$ 0.00	332.7	\$ 43.64	\$ 1.21
General	7,565.5	16.91	10.66	-	-	-	7,565.5	16.91	10.66
Subtotal	7,898.2	\$ 18.03	\$ 11.87	-	\$ 0.00	\$ 0.00	7,898.2	\$ 18.03	\$ 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	1,694.6	62.10	8.77	-	-	-	1,694.6	62.10	8.77
Ambulance	828.0	56.52	3.90	-	-	-	828.0	56.52	3.90
Non-Emergency Transportation	-	-	-	-	-	-	-	-	-
Home Health/Hospice	-	-	-	-	-	-	-	-	-
Chiropractic Services	5.5	21.82	0.01	-	-	-	5.5	21.82	0.01
Podiatry	1,015.9	15.24	1.29	-	-	-	1,015.9	15.24	1.29
Vision	313.8	27.15	0.71	-	-	-	313.8	27.15	0.71
Other Ancillary	26.3	27.38	0.06	-	-	-	26.3	27.38	0.06
Subtotal	8,718.7	\$ 26.43	\$ 19.20	-	\$ 0.00	\$ 0.00	8,718.7	\$ 26.43	\$ 19.20
Professional									
Surgery	407.3	\$ 30.35	\$ 1.03	-	\$ 0.00	\$ 0.00	407.3	\$ 30.35	\$ 1.03
Anesthesia	33.7	49.85	0.14	-	-	-	33.7	49.85	0.14
Inpatient Visits	6,214.1	20.84	10.79	-	-	-	6,214.1	20.84	10.79
Urgent Care/Emergency Room	313.8	28.30	0.74	-	-	-	313.8	28.30	0.74
Office/Home Visits	705.9	21.76	1.28	-	-	-	705.9	21.76	1.28
Preventive Care	-	-	-	-	-	-	-	-	-
Maternity - Delivery	-	-	-	-	-	-	-	-	-
Maternity - Non-Delivery	-	-	-	-	-	-	-	-	-
Allergy/Immunotherapy	-	-	-	-	-	-	-	-	-
Lab/Path/Rad	2,097.6	7.84	1.37	-	-	-	2,097.6	7.84	1.37
Office Adm. Drugs	87.3	28.87	0.21	-	-	-	87.3	28.87	0.21
Clinic	10.7	44.86	0.04	-	-	-	10.7	44.86	0.04
Psych/SUD	422.6	20.44	0.72	-	-	-	422.6	20.44	0.72
Physical Therapy	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	-	-	-
Other Professional	659.9	8.36	0.46	-	-	-	659.9	8.36	0.46
Subtotal	10,952.9	\$ 18.38	\$ 16.78	-	\$ 0.00	\$ 0.00	10,952.9	\$ 18.38	\$ 16.78
Total Medical	28,146.0	\$ 25.69	\$ 60.25	-	\$ 0.00	\$ 0.00	28,146.0	\$ 25.69	\$ 60.25
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	311.0	6.17	0.16	-	-	-	311.0	6.17	0.16
Intermediate Care	-	-	-	-	-	-	-	-	-
Magellan Mass Adjustments	-	-	1.50	-	-	-	-	-	1.50
Total Behavioral Health	316.9	\$ 62.86	\$ 1.66	-	\$ 0.00	\$ 0.00	316.9	\$ 62.86	\$ 1.66
Short Term Institutional / HCBS	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00

Total Acute Medical Component	\$ 61.91
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	\$ 70.87
Less Withhold	2.0%
Net Capitation Rate	\$ 69.45

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: 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	
Category of Service - LTSS (Institutional & Waiver)										
NF/ICFMR	10,157.8	\$ 172.82	\$ 146.29				10,157.8	\$ 172.82	\$ 146.29	
Home Health/Hospice	46,799.6	987.30	3,850.43				46,799.6	987.30	3,850.43	
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	56,957.4	\$ 842.04	\$ 3,996.72				56,957.4	\$ 842.04	\$ 3,996.72	
Total LTSS Component										\$ 3,996.72
Member Financial Participation										(939.23)
Administrative Load										75.00
Gross Capitation Rate										\$ 3,132.49
Less Withhold										2.0% (62.65)
Net Capitation Rate										\$ 3,069.84

APPENDIX C – hawk-i

**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: hawk-i**

Member Months 396,408

	Capitation Rate		
	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital			
Medical/Surgical	55.7	\$ 2,260.60	\$ 10.49
Psychiatric/SUD	47.5	1,152.80	4.57
Maternity - Delivery	0.9	1,469.74	0.11
Maternity Non-Delivery	-	-	-
Well Newborn	-	-	-
Other Newborn	-	-	-
Subtotal	104.1	\$ 1,747.86	\$ 15.16
Outpatient Hospital			
Emergency Room	378.1	\$ 185.58	\$ 5.85
General	2,156.4	146.04	26.24
Subtotal	2,534.4	\$ 151.94	\$ 32.09
Ancillary			
Pharmacy	5,547.8	\$ 60.75	\$ 28.09
DME/Supplies/Prosthetics	161.3	82.58	1.11
Ambulance	22.1	382.37	0.70
Non-Emergency Transportation	-	-	-
Home Health/Hospice	-	-	-
Chiropractic Services	411.3	19.31	0.66
Podiatry	-	-	-
Vision	620.2	51.27	2.65
Other Ancillary	1.4	203.46	0.02
Subtotal	6,764.0	\$ 58.96	\$ 33.23
Professional			
Surgery	549.5	\$ 123.54	\$ 5.66
Anesthesia	81.6	330.90	2.25
Inpatient Visits	119.9	97.55	0.97
Urgent Care/Emergency Room	326.5	88.16	2.40
Office/Home Visits	3,549.4	73.03	21.60
Preventive Care	583.6	88.44	4.30
Maternity - Delivery	0.4	1,800.60	0.05
Maternity - Non-Delivery	0.3	194.81	0.00
Allergy/Immunotherapy	148.1	78.72	0.97
Lab/Path/Rad	2,269.8	19.37	3.66
Office Adm. Drugs	591.4	83.10	4.10
Clinic	12.8	147.35	0.16
Psych/SUD	742.9	74.78	4.63
Physical Therapy	581.7	29.37	1.42
Family Planning	-	-	-
Case Management	-	-	-
Targeted Case Management	-	-	-
Other Professional	1,929.2	38.12	6.13
Subtotal	11,487.0	\$ 60.91	\$ 58.31
Total Medical	20,889.6	\$ 79.73	\$ 138.80
Total Acute Medical Component			\$ 138.80
Third Party Liability Adjustment			-
Copayment Adjustment			-
Retroactivity Adjustment			-
Administrative Load			
Non-emergency medical transportation			1.00
Other administrative expense		10.25%	15.85
Gross Capitation Rate			\$ 155.65
Less Withhold		2.0%	(3.11)
Net Capitation Rate			\$ 152.53

APPENDIX C – MATERNITY

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: TANF Delivery Case Rate

Delivery Count	7,509			1,069			8,578		
	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	1,650.0	\$ 1,923.29	\$ 3,173.49	1,431.3	\$ 2,041.91	\$ 2,922.56	1,622.8	\$ 1,936.30	\$ 3,142.22
Maternity Cesarean Delivery	896.7	2,253.37	2,020.65	705.6	2,494.34	1,760.07	872.9	2,277.67	1,988.18
Subtotal	2,546.8	\$ 2,039.51	\$ 5,194.14	2,136.9	\$ 2,191.31	\$ 4,682.63	2,495.7	\$ 2,055.70	\$ 5,130.40
Professional									
Maternity Normal Delivery	723.9	\$ 1,297.64	\$ 939.35	741.7	\$ 772.28	\$ 572.83	726.1	\$ 1,230.79	\$ 893.67
Maternity Cesarean Delivery	364.3	1,156.11	421.16	323.4	771.97	249.62	359.2	1,112.98	399.78
Subtotal	1,088.2	\$ 1,250.26	\$ 1,360.51	1,065.1	\$ 772.19	\$ 822.45	1,085.3	\$ 1,191.80	\$ 1,293.46
Total Medical	3,634.9	\$ 1,803.23	\$ 6,554.65	3,202.0	\$ 1,719.26	\$ 5,505.08	3,581.0	\$ 1,793.87	\$ 6,423.85

Total Acute Medical Component	\$ 6,423.85
Third Party Liability Adjustment	(449.67)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Case Management / TCM	-
Non-emergency medical transportation	-
Other administrative expense	2.00% 121.92
Gross Capitation Rate	\$ 6,096.11
Less Withhold	2.0% (121.92)
Net Capitation Rate	\$ 5,974.19

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: Pregnant Women Delivery Case Rate

Delivery Count	16,129						2,542			18,671
	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	1,716.8	\$ 2,033.31	\$ 3,490.81	1,369.7	\$ 2,041.51	\$ 2,796.29	1,669.6	\$ 2,034.17	\$ 3,396.25	
Maternity Cesarean Delivery	945.4	2,379.04	2,249.26	790.8	2,268.37	1,793.92	924.4	2,366.14	2,187.26	
Subtotal	2,662.3	\$ 2,156.09	\$ 5,740.07	2,160.6	\$ 2,124.55	\$ 4,590.21	2,594.0	\$ 2,152.47	\$ 5,583.52	
Professional										
Maternity Normal Delivery	662.0	\$ 1,547.62	\$ 1,024.54	633.7	\$ 766.60	\$ 485.80	658.2	\$ 1,445.14	\$ 951.19	
Maternity Cesarean Delivery	335.5	1,272.74	426.96	298.7	765.28	228.56	330.5	1,210.12	399.95	
Subtotal	997.5	\$ 1,455.17	\$ 1,451.49	932.4	\$ 766.18	\$ 714.36	988.7	\$ 1,366.58	\$ 1,351.13	
Total Medical	3,659.7	\$ 1,965.05	\$ 7,191.56	3,092.9	\$ 1,715.06	\$ 5,304.57	3,582.7	\$ 1,935.59	\$ 6,934.65	

Total Acute Medical Component	\$ 6,934.65
Third Party Liability Adjustment	(1,594.97)
Copayment Adjustment	-
Retroactivity Adjustment	-
Administrative Load	
Case Management / TCM	-
Non-emergency medical transportation	-
Other administrative expense	2.00% 108.97
Gross Capitation Rate	\$ 5,448.65
Less Withhold	2.0% (108.97)
Net Capitation Rate	\$ 5,339.68